Team Spirit! Clinical Practice Redesign & Advanced Access in Spiritwood’s Primary Health Care Site

“...just another project”

April 2011
Clinical Practice Redesign

- Improved access
  - Evaluating & redesigning clinic practice by matching daily appointment supply & demand
- Office efficiency
  - Eliminate waste & inefficiencies within clinic office
Spiritwood- History

- 2006 - Acute care services temporarily closed
- Apr 2007 - the site was designated as a PHC site and one NP was hired
- Sept 2008 - second NP was added to the PHC team; acute care beds used as alternative care beds
- Dec 2009 - community-based physicians left
- Jan 2010 - acute shortages in primary care services; many community concerns expressed
- February 2010 - clinical practice redesign initiated
- Sept 2010 - permanent closure of acute care services
- Apr 2011 – we are still here
By March 2010: problems ...

- Rapidly increasing demand for services
- People turned away every day for appointments
- Wait time for appointment 2 to 3 weeks
- People cannot get through on the phone line
- Increasing levels of anger & frustration by public & staff
- Unable to meet demand for urgent care & adequate follow-up
- Staff overtime every day
Issues Affecting Access – Internal

- Physical layout of building
- Human resource
- Phone system
- Clinic services in person; little use of phone based care
- Time intervals between client follow up visits
Issues Affecting Access – External

- The population base of the service area
- Public perception of service
  - Doctor & emergency room necessary for health
- The rate of no shows for appointments
First Steps Taken

- Meeting to discuss issues & concerns
- Entered into clinical practice redesign project
  - Measured supply & demand
  - Set initial goals
March 2010: initial goal setting

1. In 6 to 10 months, third next available appt will be max of 1 week
2. In next 1-2 months, address demand for urgent care
3. RHA to increase supply with itinerant physicians
Measurements

- **February 2010** – 2 to 3 weeks
  - Demand 100% greater than supply
  - Daily overtime
- **September 2010** – 2 to 7 days
  - Supply near demand
  - Decreased overtime hours
- **March 2011** – 1 to 3 days
  - Supply near demand
  - Very little overtime hours
Supply and Demand 2010-2011

Blue is Demand / Purple is Supply
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- Measurements
- Extra same day appointments
- Lines of communication up/down hill
- Phone
- Relocating clinic rooms
- Chart number on lab requisitions
- Increased MOA services
- Increase phone follow-up
- Access to wheelchair for patients
- LPN
- Waiting room
What has been done to improve service delivery?

- Changed phone system to separate clinic number
- Relocation of clinic & clinic support services to improve proximity to front reception, charts, lab, & treatment room
- Contracted itinerant physician services with a goal of 8-10 MD clinic days a week (RHA)
  - currently 5-7 days/week
- Increased number of NP same day appointments available per day
What has been done to improve service delivery?

- Added a chronic disease NP position May 2010
- Moved waiting room back to original area to support improved confidentiality and “settle” the atmosphere of the clinical area (Jan 2011)
- Jan-Mar 2011: trialed an LPN position to assist with clinical tasks with the goal of improving efficiencies for the practitioners
Lab

25 steps along exam rooms

LPN

Exam Room

Exam Room

Treatment room

36 steps
Waiting Room to Lab

30 steps from last exam rm to treatment room
55 steps from LPN rm to Tx room
91 steps from front office to treatment room

Waiting Room

Front Office

Board room

58 steps to waiting room

Initial exam rooms
Achievements

- Closer proximity of services to each other
- Supply equal to demand (most days)
- Decrease in overtime
- Staff – better, faster, stronger
- These achievements credited to team work & “… just another project”
Next Projects

- Improve office efficiencies
  - Phone system – lines, message
  - Recall system
  - Customer satisfaction surveys
  - Electronic scheduling system

- Chart system
  - EMR in 2012 (date not set)

- Optimize supply & shape demand
  - Appointments : time, type, no shows

- Continue with contingency plan development
  - No shows, holiday coverage, seasonal demand