Triage Call Reduction in the OB GYN Clinic
A Lean Six Sigma Green Belt Project

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Charter

Project Overview

- **Problem Statement**: Due to program growth, telephone encounters by nursing staff have significantly increased over the past year. This increase must be more efficiently managed in order for nurses to spend time with patients in the clinic or manage acute callers.

- **Goal**: Reduce phone volume by 20%.

Resources

- Champion: Cathy Lenz, Dr. Sondra Summers
- Process Owner: Robyn Thurston
- OpEx Mentor: Marque Macon
- Margaret O’Connor, Nancy McDermott, Sharon Bird, Jennifer Dudek, C. Bailey, M. Steinbrenner, Urogynecology RN team.
SIPOC

Suppliers
- EPIC
- Medical Equipment
- Clinical Supplies
- Pharmaceutical
- Facility/space

Inputs
- Health Care Providers
- Nursing
- Service Reps
- Lab Techs
- Counselors
- Historical Medical Records

Outputs
- Resolved complaint
- Patient receives medical care
- Results of testing
- Interpretation of results
- Patient receives guide to better health

Customers
- THE PATIENT

Patient arrives for clinic visit
Patient receives assessment, dx, lab/radiology orders – in req.
Patient receives a treatment plan
Patient received appropriate intervention to eliminate need to call between visit A and visit B
The Goal: Patient receives all appropriate intervention necessary to eliminate the need to call between Visit A and Visit B.
Data Collection

- Epic telephone encounters are tracked through Ambulatory Services portal application. The following is captured in a clarity report:
  - Date of telephone encounter
  - RN generating telephone encounter
  - Physician
  - Reason for call

- Nursing documented 130+ reasons for patient calls. These were grouped into 14 major groups. Beginning August 15, nursing has narrowed reason for call into the following groups:
14 Reasons for Call

- Advice/Sick
- Question
- Results Follow Up
- Orders
- Appointments
- Surgery Scheduling
- Disability form
- Needs Medication
- Pain/Vaginal or Vaginal Problem
- Heavy Bleeding
- Prior Authorization/Disability Letter
Questions, advice, and test results account for 50% of total volume
Patients from two providers account for 65% of total volume.
Providers not shown are grouped in “other” and each account for less than 20% of total call volume.
Fishbone Diagram

**People**
- Growing clinical practice
- Patient expectations for results
- Patients not aware of MyLoyola
- Patients wanting sooner appts
- Doc cancels clinic

**Method**
- AVS disregarded
- Acute appts
- AVS not charted
- Communication of results
- Surgical scheduling
- MFM schedule not released
- High volume = less time w/patient

**Materials**
- Printers not in every exam room (AVS summary)

**Environment**
- Train delay
- Unclear signage

**Reasons for a high volume of triage calls**
- Patient arrives at wrong location

**Others**
Pilot Plan – Affinity Grouping

- Patient Education: AVS (discharge planning) must be clear, charted and discussed with patient
- Results Expectations: Patient given clear expectation as to when test results will be available and how they will be communicated (MyLoyola)
- Appointments: Patient makes future appts to discuss status of new treatment plans
Pilot Plan

- Selected highest call volume practice to pilot interventions – MIGS/CPP
- Incorporate – Welcome to Our Practice Letters
- Patients actively approached to sign up for MyLoyola (Tablet and Parking)
- Patient educational materials placed in the exam rooms
- Physicians to include specific information re: condition and plan in pt. instructions
- Primary RN to MIGS/CPP at Check Out Area
- AVS is charted, discussed and handed to patient
- Use APN to f/u appointment with providers – develop scripting to direct patient to APN schedule
- Printers in exam rooms (pending)
Data After Pilot

Call to Visit Ratio-Summers and Yang
Control Plan

SR Checklist:
Print MyLoyola access code for all inactive arrivals – encourage enrollment in wait room

PCT/RN Checklist:
- Offer patient tablet to sign up for MyLoyola
- Make f/u appointment from exam room – using the AVS
- Ask patients on intake if they need letters, refills, or have specific questions of providers prior to assessment – be prepared with patient educational materials
Lessons Learned

- Robyn: “Find the data – map the process, what we thought was a solution, was only part of the solution. Pilot one practice, follow results one practice, be open to changing route prior to general roll out.”

- S. Bird – “Patients in pain call often – but if we can impact this group, we can have a major impact on the entire practice.”
We also treat the human spirit.