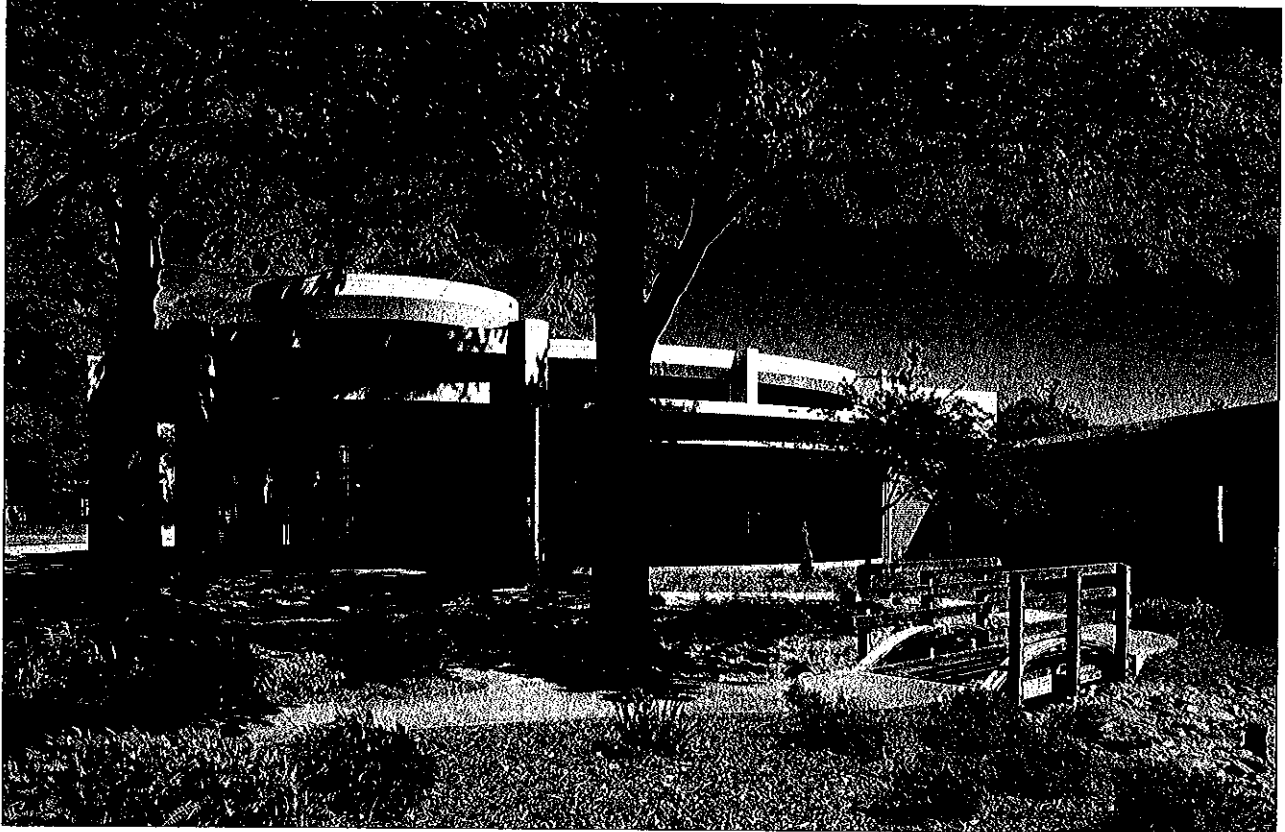


MEMORIAL HOSPITAL QUEST FOR EXCELLENCE AWARD 2009



Topic: Recurring Outpatients

Category of Criteria: Criteria 3 - Process Management
Organizational Performance Results

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OVERVIEW

State the Quality Issue worked on.

Memorial Hospital is a 25-bed Critical Access Hospital with the mission, "*We enhance the quality of life for individuals in our communities by providing excellence in health care services in the most appropriate setting.*"

Memorial Hospital strives to have systems in place that are efficient and serve as a foundation for excellent patient care outcomes. Patient and staff complaints regarding the care and treatment of recurring outpatients pointed out that we did not have a consistent process to meet the needs of recurring outpatients after the Specialty Clinic was closed. A multidisciplinary team was commissioned to develop a process that would ensure excellence in health care services for our recurring outpatients. The team's goals included developing a safe health care process for the care and treatment of our recurring outpatients and improve patient and employee satisfaction.

Describe how you identified this issue.

There were three main triggers that alerted us and focused our attention to the care and treatment of our outpatients that had scheduled recurring visits:

1. **Patient complaints** were received informing us that when recurring outpatients arrived for their treatment they couldn't find anyone to help them. At times the patients would go through patient halls to find a nurse to assist them. Frequently the nurse would not know the treatment plan, which resulted in a delay with the treatment and dissatisfaction for the patient. The nurses had a feeling of incompetence because they were not aware of the patient's appointment and not knowledgeable about the treatment plan,
2. **Patient Safety** was a concern because nursing could not always determine what the patient's treatment plan was. This resulted in a high probability that a major patient safety incident could occur.
3. **Loss revenue** due to inaccurate charges for the recurring outpatients.

Discuss the importance this issue has for your organization and patients.

The process of caring for our recurring outpatients is important to the safety and well being of our patients. The recurring outpatients that were able to receive their care during the Specialty Clinic (Hospital Outpatient Clinic) hours did not experience difficulty. The concern was with the patients who required care when the Specialty Clinic (SC) was not open. Recurring outpatients have needs that require ongoing and planned care. If the correct care is not provided or delayed, it could result in negative outcomes. This could lead to a negative impact to the reputation of Memorial Hospital as a safe organization and decrease patient satisfaction regarding our capability to serve the community along the continuum.

Staff was not accurate with their documentation and charges. This resulted with loss revenue. Memorial Hospital needed a formal systematic approach for our recurring outpatients that would ensure that the patient knew where to go for their care, the staff was ready and knowledgeable about the treatment plan, and all charges completed correctly. Thus the multidisciplinary team was commissioned to design a new process to meet these goals:

- Improve patient safety for the recurring outpatients
- Improve patient satisfaction
- Improve employee satisfaction
- Decrease loss revenue

Success of this project would impact our patients, nurses, admission office, outpatient clinic and accounting. The listed departments supported the project and committed to designing a systematic approach to meet the needs of the recurring outpatients and Memorial Hospital. A new process was desired to sustain the reputation of Memorial Hospital as an excellent healthcare provider of safe reliable service for the recurring outpatients.

METHODS

Describe the interventions approach implemented (the process you used).

In May of 2008, a multidisciplinary team met to design the system for care and treatment of our recurring outpatients, facilitated by the Director of Quality Programs.

The team utilized the steps of **Six Sigma Process Improvement Methodology**:

1. **Define** the Opportunity for Improvement
2. **Measure & Analyze**
3. **Improve** – Action Plan
4. **Control** - Evaluation of Action
5. **Monitor** for reoccurrence of problem

Team members included:

- Manager and staff of Specialty Clinic
- Director of Business Office
- Director of Nursing
- Director of HIMS
- Director of Laboratory

Step I Define.

The first task the team completed was defining key words to ensure that all team members used common verbiage to define the process. Most importantly the team needed to define “recurring outpatient”. Recurring outpatients were defined as patients who are scheduled to return for care two or more times and the care relates to the same diagnosis. The team defined three specific goals or opportunities for improvement:

1. Identify a process that is safe and efficient for the patient and staff.
2. Provide excellent patient care
3. Promote patient and employee satisfaction.

Step 2 Measure/Analyze.

Measurable data was not available. The team felt that it was necessary to move forward with the project and not delay to gather baseline data. The team was aware of the dissatisfaction of the patients and staff and felt that alone warranted immediate initiation of the project.

The team completed a flow chart of the existing steps recurring outpatients followed for their care. Delays and problem areas were identified which confirmed that we had a system failure with no consistent process for treatment and care of our recurring outpatients.

The team also completed a Root Cause Analysis (RCA) to identify the causal factors of the system failure. The causal factors were then utilized to develop an action plan to design the new process of caring for the recurring outpatient safely and efficiently.

Step 3 Improve/Action.

The causal factors for system failure became the basis for the team's action plan or interventions. Table I lists each opportunity with the correlating intervention.

Table I

OPPORTUNITY	INTERVENTION
The lack of scheduled times for patient visits after clinic hours (after hour) increased the likelihood that a nurse would not be available to assist the patient upon arrival.	The SC staff schedule appointments for all after hour appointments. Station I (Nurses Station) is notified and the appointment information is entered into the computer scheduler. The recurring outpatients are instructed to report to admissions. The admission staff will complete the registration then notified Station I of patient's arrival. The patient waited in the lobby while the nurse obtains the treatment plan and is ready to provide the care. Previously the recurring outpatient reported directly to Station I, which often resulted in the patient looking for help throughout the halls. Station I staff and Hospital Admission staff were educated on accessing the scheduler to verify patient's visit

OPPORTUNITY	INTERVENTION
	upon their arrival.
The lack of consistent process for the care and treatment of recurring outpatients resulted in dissatisfied patients and employees.	Guidelines for processing these patients were developed. (See Attachment I) Extensive education was provided to Station I staff which included competency testing. 100% of the staff completed the educational sessions or completed a self study packet with the competency testing.
The lack of detailed instructions for the recurring outpatients contributed to their confusion and dissatisfaction of services.	The team developed a list of required information that all after hours recurring outpatients would need to ensure a favorable visit. A brochure incorporating the key instructions of the process and the recurring outpatient's responsibilities was developed. (See Attachment II) Individual education of the process is provided by the SC nurse and each recurring outpatient receives a brochure. This gives them the information to understand the process including their responsibilities.
Ineffective communication between the SC and Station I resulted in nursing staff not informed and prepared to care for the recurring outpatients safely and efficiently.	A notebook was developed as a communication tool. The notebook included demographic information, physician orders, nursing documentation forms, charge sheets and Patient Service Agreement (PSA). SC staff place the notebook in a designated area at Station I and inform the staff of the appointment. Admission and/or Station I staff verify the appointment in the computer scheduler when the patient arrives.
Inadequate documentation resulted in confusion over the physician orders and the nurse's documentation of the visit.	New forms for documentation were designed and implemented.
The inconsistent charging by Station I's staff resulted in loss revenue.	Station I staff was educated about the importance of the charge process both from the aspect of compliance and loss revenue. SC staff assumed the responsibility of completing audits on 100% of the recurring outpatient records to ensure all documentation was accurate and complete. The addition of this step in the process ensured 100% compliance of documentation and charges. The audit also identified what went wrong in the process.

Guidelines for the new system were completed and include all necessary information for the after hour recurring outpatients, incorporating the information from the list of opportunities and interventions. A timeline was established with assigned tasks with completion due dates in Table II.

Table II

Task	Person Responsible	Expected Date of Completion	Completed	Comment
Revise the checklists To include a trigger to complete ABN if Medicare and do not meet the criteria	Pam	June 27, 2008	X	Done and include in guidelines
Bullet list of instruction and detailed instruction	Kathi	June 27, 2008	X	Incorporate into brochure
Make an order sheet without duplicates.	Kathi will ask Lola to complete	June 27, 2008	X	Email sent 6/13/08
Develop policy & procedure for "999999" and use of code type 20, 25, 35 and service type, etc. (include transfusions)	Melissa & Pam	June 27, 2008	X	SC will complete
Label cabinet at Station I for recurring outpatient notebooks	Bonnie	June 27, 2008	X	
Need a P&P for frequency of obtaining consents and for renewing orders (PSA)	Pam & Melissa	June 27, 2008	X	PSA revised
Revised Physician Order sheet to include Diagnosis	Bonnie	July 1, 2008	X	
Handout for patients checking in after hours - brochure	Deb & Kathi	July 15, 2008	X	
What do we do if MD wants medication	Pam will discuss this with	July 15, 2008	X	Staff educated and memo in

Task	Person Responsible	Expected Date of Completion	Completed	Comment
administered and does not meet the criteria	L. Lane			communication notebook at Station I
Make changes on the PSA	Melissa	July 15, 2008	X	
Develop and implement guidelines for the entire process	Kathi	August 1 – draft	X	
Staff education	Kathi, Pam, Melissa	September 30	X	Lola tracked to ensure that all staff completed the training course
Implementation	Trish, Melissa, staff	October 10	X	Education is ongoing

Step 4 Control.

There was no historic data. Due to the severity of system failure, the team elected to move forward without first establishing baseline data. To measure the success of the new system, SC staff agreed to complete audits of 100% of the after hour recurring outpatients records. Each record is reviewed for completeness of documentation and charges and is rated either “correct” or “not correct”. The goal was established to achieve 90% “correct”. The goal of 90% takes into consideration that some patients will begin their care when the SC is closed, resulting in disruption of the routine process. Station I staff has guidelines for initiating the recurring outpatient’s record when this occurs. Specialty Clinic staff reviews the records in the notebook to ensure that the documentation and charges are accurate prior to filing.

Step 5 Monitor.

The results of SC audits are forwarded to the Director of Quality Programs. During the first three months data revealed that additional education was needed. After the group education, the goal of 90% was still not met so individual education was provided. Notes of appreciation and congratulations were sent to staff who achieved 100% accuracy as well. The Director of Quality Programs also provided education on the cost of rework and importance of getting it right the first time (see Attachment III, data).

Identify the timeframe for interventions.

The team established timeframes for specific actions that were required to meet the stated guidelines (see Table II).

Identify the stakeholders involved.

The major stakeholders involved were the recurring outpatients and Station I staff. The recurring outpatients were dissatisfied with our service because it was not efficient and staff did not appear to know what to do. The nurses were frustrated because they were not informed and prepared to care for the recurring outpatients when presented unexpectedly. The team focused on meeting or exceeding the expectations of the recurring outpatients and Memorial Hospital's staff.

Provide demonstration of organizational buy-in (senior management and staff); how did the work environment enabled employees to participate as appropriate.

Personnel involved with the care and treatment of the recurring outpatients were involved with the decision making process by establishing steps in the guidelines that directly impacted their department. To successfully implement the process, the team solicited assistance from individuals involved in the process. The feeling of inadequacy of Station I staff was a driving factor to our success. It is important to Station I staff to be prepared and confident when a patient arrives. They were very willing to assist with the development and implementation of a process that would provide a consistent, safe, and efficient methodology for caring for the recurring outpatients. The new process ensures that the nurses have the information they need to care for the recurring outpatients and therefore ready and confident to care for those patients.

Describe the indicators to measure results.

Each after hour recurring outpatient visit their records are audited and determined to be "correct" or "not correct". The goal is to reach and maintain 90% of the records "correct".

Show how the intervention led to the improvement identified.

The team successfully completed all interventions listed in the timeline. The nurses now have a sense of confidence for receiving and caring for the recurring outpatients. The recurring outpatients now receive safe, timely and efficient care. No formal patient complaints have been received since the implementation of the new process.

RESULTS

What were your results? Discuss the improvement that was achieved as a result
Results must be measurable.

The audits show that we have not achieved our goal of 90% consistently (see Attachment III). Staff turnover impacted the education cycle. The results are improving and the team feels by continuing the individual education regarding specific errors the goal will be achieved and sustained.

LESSONS LEARNED

Barriers identified; what you would change, what you would do again.

Since this project essentially developed and implemented a new process, there was a tremendous amount of information for the staff to learn. It would have been beneficial to have individuals at Station I mentored as the "experts" of the process to mentor their peers.

It would have also been beneficial to have these individuals complete concurrent audits to ensure the documentation and charging was correct prior to sending to SC. This would have reduced the amount of rework and improved compliance sooner. The staff would have gained a higher sense of accountability through concurrent review of their work by their peers.

Sustainability of intervention.

The audit completed by the Specialty Clinic ensures that we are in 100% compliance with the final product which ensures that Memorial Hospital can sustain the new system. The goal is to achieve 90% with the concurrent documentation and charging.

Portability of intervention.

This process is very portable. Other Critical Access Hospitals could adopt this process with minor changes.



Memorial Hospital

Attachment I

DEPARTMENT: Nursing
 SUBJECT: **GUIDELINES FOR PROCESSING RECURRING OUTPATIENTS**
 EFFECTIVE DATE: September 1, 2008

APPROVED BY:

_____ Specialty Clinic Supervisor	_____ Date
_____ Director of Hospital Patient Care	_____ Date
_____ Director of Hospital Business Office	_____ Date
_____ Director of HIMS	_____ Date
_____ Director of Hospital Business Office	_____ Date
_____ CEO	_____ Date

DEFINITIONS

Recurring – A patient with a medical condition that requires continued treatment over a course of repeated visits. Patient Type #35.

Patient Visit - Each time a patient comes to Memorial Health Care Systems for service.

Admission Number – A number that is assigned for a recurring outpatient’s visit(s) each calendar day of service. The number may represent one visit in a calendar day or multiple related visits in a calendar day.

GUIDELINES

1. A white notebook titled “**RECURRING OUTPATIENT CHART**” will be implemented at the initial visit of all recurring outpatients. All documentation for the recurring outpatient or relating to the care and treatment of the recurring outpatient will be kept in the notebook until the chart is closed. The records are then forwarded to HIMS.
2. The Specialty Clinic staff has ownership of the flow of recurring outpatients and reconciliation of the records and charges.
3. The goal is to schedule recurring outpatients during Specialty Clinic hours, 0800-1630. After hours the recurring outpatients are admitted through the Hospital Admission’s Office and cared for by the nurses at Station I. The admission staff will receive the recurring outpatients, complete paperwork as required and request the patient to be seated in the waiting room until the nurse is available. The nurse will be notified of the patient’s arrival and greet the patient when ready to provide service.
4. If this is the patient’s first visit with MHCS or patient’s first visit since age of 19, provide a **NOTICE OF PRIVACY PRACTICE. (NPP)**
5. During the admission process the recurring outpatient initials and signs a Patient Service Agreement. The face sheet and patient labels are generated at that time.
6. Place the completed face sheet and Patient Service Agreement together in the notebook in the “Face Sheet, Admission” section in chronological order. The Patient Service Agreement is valid for the duration of visits for the stated medical condition. A new Patient Service Agreement will be obtained:
 - a. If the services are unrelated to the medical condition for the recurring visits.
 - b. If there is the potential for increased risk or the potential for ill effects.

7. Consents will be obtained from the patient or designee for all surgical procedures and special procedures, e.g. knee injections, invasive pain management procedures, PICC line insertion, etc.
8. A Face Sheet with a visit number is completed each calendar day the recurring outpatient has a visit. If a recurring outpatient has multiple visits in one calendar day, he/she will have a face sheet completed with the first visit of the day. For additional visits on the same day that are associated with their recurring status, a dummy number of #999999 will be entered into the MPI.
9. The admitting physician orders and diagnosis are documented on the Physician Order sheet. All physician order sheets are filed chronologically.
10. Orders for recurring outpatients must be renewed every six months.
11. Nursing documentation including medication administration is completed on the "Nurse's Notes". This form is kept in the NURSES' NOTES section of the white notebook. Date and time each new entry.

9. IT IS MANDATORY TO COMPLETE A CHECKLIST FOR THE FOLLOWING MEDICATIONS PRIOR TO ADMINISTERING THE MEDICATION:

A. NEUPOGEN (FILGRASTIM)

**B. ERYTHROPOITIN (EPOGEN, PROCIT, ARANESP)
FOR CANCER PATIENTS, MYELODYSPLASTIC SYNDROME**

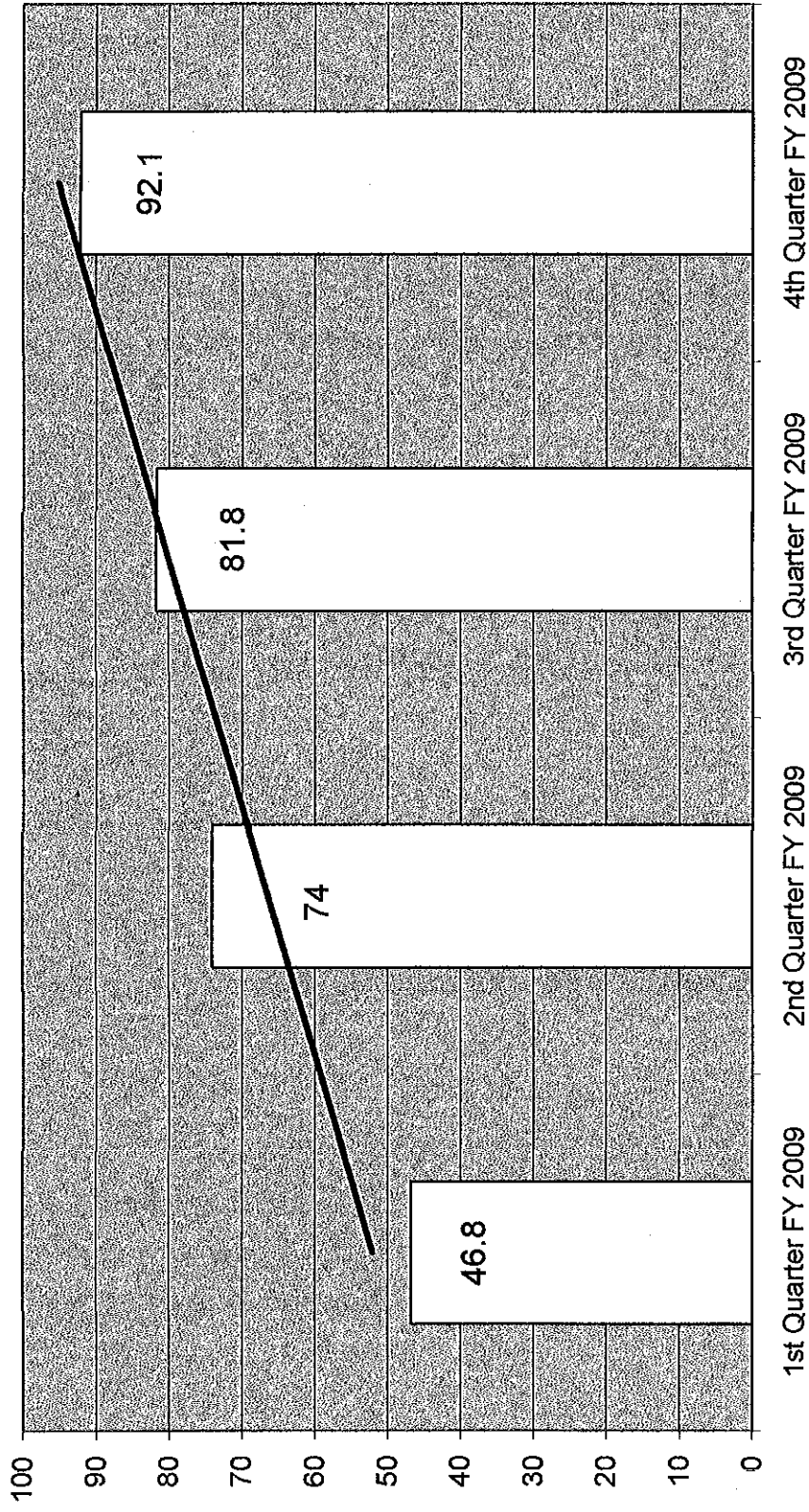
**C. ERYTHROPOITIN (EPOGEN, PROCIT, ARANESP)
FOR END STAGE RENAL DISEASE**

D. NEUMEGA

- If the patient does not meet the criteria, contact the physician.
- If the patient does not meet the criteria and physician orders to administer the medication, **all Medicare patients must sign an "Advanced Beneficiary Notice" (ABN) prior to administration of medication.**
- If the patient is not Medicare carry out the order to administer the medication or not to administer the medication – you do not give an ABN.

10. The **LABORATORY** section is for all MHCS lab results only. Place in chronological order.
11. The **RADIOLOGY** section is for all MHCS radiology results. Place in chronological order.
12. The nurse caring for the recurring outpatient is responsible for ensuring charges are complete and accurate. Green charge sheets are completed with **each visit**. If the patient has multiple visits per day, new green charge sheets must be completed for each visit. Charges include treatment room, medications and supplies. Place the completed charge sheets in the inside pocket of the front of the binder.
13. If the patient is seen at Station I the notebooks are kept in the cabinet marked "Recurring Outpatients". The Specialty Clinic staff will pick up the notebooks the next working day and process per their routine.
14. Station I staff will leave a phone message on Specialty Clinic phone when they admit a new recurring patient. The Specialty Clinic staff will pick up the white notebook the next working day and process per their routine.
15. All outside documentation/reports are filed under the "**OUTSIDE PROVIDER**" tab.
16. If the patient has an Advanced Directive, follow the same procedure as Station I by placing it in a red folder.

RECURRING OUTPATIENTS % of visits "correct" (without errors)



□ % of visits without errors
— Linear (% of visits without errors)