⓬ **Know Your Processes- Practice Core and Supporting Processes Assessment:** Ask each member of the staff to rate the core and supporting processes using this worksheet. Based on these findings, staff members choose what to work on improving. Rate each process by putting a tic mark under the heading which most closely matches your understanding of the process. Also mark if the process is a source of patient complaints. **(See Appendix, page A14-A16** for the Pareto worksheet and example to help you analyze the data.)

Steps for Improvement: Each of the processes below should be flowcharted in their current state. Explore improvements for each process based on the outcomes of the assessment tool. Once you have flowcharted the current state of your processes and determined your change ideas use the PDSA Cycle Worksheet on **page 26** to run tests of change and to measure. The collection of flowcharts will create your Practice Playbook **(see page 29)**.

Processes	Works Well	Not a Problem	Small Problem	Real Problem	Totally Broken	Cannot Rate	We're Working On It	Source of Patient Complaint
Answering phones							✔	
Appointment system		✔						
Messaging				✔				✔
Scheduling procedures								
Reporting diagnostic test results			✔					
Prescription renewals					✔			✔
Making referrals	✔							
Pre-authorization for services		✔						
Billing/Coding			✔					
Phone advice		✔						
Assignment of patients to your practice				✔				
Orientation of patients to your practice		✔						
New patient work ups		✔						
Education for patients/families				✔				
Prevention assessment/activities			✔					
Chronic disease management		✔						

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Assessing Your Practice Discoveries and Actions

Know Your Patients	Discoveries	Actions Taken
1. Age distribution	1. 30% of our patients are > 65 years old	1. Designed special group visits to review specific needs of this age group including physical limitations, dietary considerations.
2. Disease identification	2. We do not know what percent of our patients have diabetes.	2. Staff reviewed coding/billing data to determine approximate numbers of patients with diabetes.
3. Health outcomes	3. We do not know what the range of HgA1C is for our patients with diabetes or if they are receiving appropriate ADA recommended care in a timely fashion.	3. Staff conducted a chart audit with 50 charts during a lunch hour. Using a tool designed to track outcomes, each member of the staff reviewed 5 charts and noted their findings on the audit tool.
4. Most frequent diagnosis	4. We learned we had a large number of patients with stable hypertension and diabetes, seeing the physician frequently. We also learned that during certain seasons we had huge volumes of acute diseases such as URI, pharyngitis and poison ivy.	4. Designed and tested a new model of care delivery for stable hypertension and diabetes optimizing the RN role in the practice using agreed upon guidelines, protocols and tools.
5. Patient satisfaction	5. We don't know what patients think unless they complain to us.	5. Implemented the "point of service" patient survey that patients completed and left in a box before leaving the practice.
Know Your People	**Discoveries**	**Actions Taken**
1. Provider FTE	1. We were making assumptions about provider time in the clinic without really understanding how much time providers are OUT of the clinic with hospital rounds, nursing home rounds, etc.	1. Changed our scheduling process, utilized RNs to provide care for certain subpopulations.
2. Schedules	2. Several providers are gone at the same time every week, so one provider is often left and the entire staff work overtime that day.	2. Evaluated the scheduling template to even out each provider's time to provide consistent coverage of the clinic.
3. Regular meetings	3. The doctors meet together every other week. The secretaries meet once a month.	3. Entire practice meeting every other week on Wednesdays.
4. Hours of operation	4. The beginning and the end of the day are always chaotic. We realized we are on the route for patients between home and work and want to be seen when we are not open.	4. Opened one hour earlier and stayed open one hour later each day. The heavy demand was managed better and overtime dropped.
5. Activity Surveys	5. All roles are not being used to their maximum. RNs only room patients and take vital signs, medical assistants doing a great deal of secretarial paperwork and some secretaries are giving out medical advice.	5. Roles have been redesigned and matched to individual education, training and licensure.
Know Your Processes	**Discoveries**	**Actions Taken**
1. Cycle time	1. Patient lengths of visits vary a great deal. There are many delays.	1. The staff identified actions to eliminate, steps to combine, and learned to prepare the charts for the patient visit before the patient arrives. The staff also holds daily "huddles" to inform everyone on the plan of the day and any issues to consider throughout the day.
2. Key supporting processes	2. None of us could agree on how things get done in our practice.	2. Detailed flow charting of our practice to determine how to streamline and do in a consistent manner.
3. Indirect patient pulls	3. The providers are interrupted in their patient care process frequently. The number one reason is to retrieve missing equipment and supplies from the exam room.	3. The staff agreed on standardization of exam rooms and minimum inventory lists that were posted in the inside cabinet doors. A process was also determined on WHO and HOW the exam rooms would be stocked regularly and through the use of an assignment sheet, a person was identified and held accountable.
Know Your Patterns	**Discoveries**	**Actions Taken**
1. Demand on the practice	1. There are peaks and lows of the practice depending on day of the week, session of the day or season of the year.	1. Resources and roles are matched to demand volumes. Schedules are created which match resources to variation
2. Communication	2. We do not communicate in a timely way, nor do we have a standard forum to communicate	2. Every other week practice meetings to help communication and e-mail use of all staff to promote timely communication.
3. Cultural	3. The doctors don't really spend time with non-doctors.	3. The staff meetings heightened awareness of behaviors have helped to improve this.
4. Outcomes	4. We really have not paid attention to our practice outcomes.	4. Began tracking and posting on a data wall to keep us alert to outcomes.
5. Finances	5. Only the doctors and the practice manager know about the practice money.	5. Finances are discussed at the staff meetings and everyone is learning how we make a difference in our financial performance.

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Common Oversights and Wastes

Common High Yield Wastes	Recommended Method to Reduce Waste	Traps to Avoid
1. Exam rooms not stocked or standardized - missing equipment or supplies	➢ Create standard inventory supplies for all exam rooms ➢ Design process for regular stocking of exam rooms with accountable person ➢ Standardize and utilize all exam rooms	➢ Don't assume rooms are being stocked regularly - track and measure ➢ Providers will only use "their own" rooms ➢ Providers cannot agree on standard supplies; suggest "testing"
2. Too many appointment types which create chaos in scheduling	➢ Reduce appointment types to 2-4 ➢ Utilize standard building blocks to create flexibility in schedule	➢ Frozen schedules of certain types ➢ Use one time (e.g. 10-15 minute "building blocks")
3. Poor communication amongst the providers and support staff about clinical sessions and patient needs	➢ Conduct daily morning "huddles" to provide a forum to review the schedule, anticipate needs of patients, plan supplies/information needed for a highly productive interaction between patient and provider	➢ People not showing up for scheduled huddles. Gain support of providers who are interested, test idea and measure results ➢ Huddle lasts longer than 15"; use worksheet to guide huddle ➢ Don't sit down
4. Missing information or chart for patient visit	➢ Review patient charts BEFORE the patient arrives - recommended the day before to ensure information, tests results are available to support the patient visit	➢ Avoid doing chart review when patient is present ➢ If you have computerized test results, don't print the results
5. Confusing messaging system	➢ Standardize messaging process for all providers ➢ Educate/train messaging content ➢ Utilize a process with prioritization methods such as a "bin" system in each provider office.	➢ Providers want their "own" way - adding to confusion to support staff and decreases ability for cross coverage ➢ Content of message can't be agreed upon - test something
6. High prescription renewal requests via phone	➢ Anticipate patient needs ➢ Create "reminder" systems in office, e.g. posters, screensavers ➢ Standardize information that support staff obtain from patients before the provider visit - include prescription information and needs	➢ Doesn't need to to be the RN - Medical Assistants can obtain this information
7. Staff frustrated in roles and unable to see new ways to function	➢ Review current roles and functions using activity survey sheets ➢ Match talent, education, training, licensure to function ➢ Optimize every role ➢ Eliminate functions	➢ Be sure to focus on talent, training and scope of practice not individual people
8. Appointment schedules have limited same day appointment slots	➢ Evaluate follow-up appointments and return visit necessity ➢ Extend intervals of standard follow-up visits ➢ Consider RN visits ➢ Evaluate the use of protocols and guidelines to provide advice for home care - www.icsi.org ➢ Consider phone care	➢ Do not set a certain number of same day appointments without match to variations throughout the year
9. Missed disease-specific/preventive interventions and tracking	➢ Utilize flow sheets to track preventive activities and disease-specific interventions ➢ Utilize "stickers" on charts to alert staff to preventive/disease specific needs ➢ Review charts before patient visit ➢ Create registries to track subpopulation needs	➢ Be alert to creating a system for multiple diseases and not have many stickers and many registries
10. Poor communication and interactions between members	➢ Hold weekly staff meetings to review practice outcomes, staff concerns, improvement opportunities ➢ Education and Development	➢ Hold weekly meetings on a regular day, time, and place. ➢ Do not cancel - make the meeting a new habit
11. High no-show rate	➢ Consider improving same day access ➢ Reminder systems	➢ Automated reminder telephone calls are not always well received by patients
12. Patient expectations of visit not met, resulting in phone calls and repeat visits	➢ CARE vital sign sheet (www.howsyourhealth.com) ➢ Evaluating patient at time of visit if their needs were met	➢ Use reminders to question patient about needs being met ➢ New habits not easily made

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