

Watertown Regional Medical Center Lake Mills Clinic

TEAM Primary Care

Together **E**ach person **A**chieves **M**ore

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What do our patients want?

What we heard.....

- You should be expecting us (be prepared)
- We don't like to wait
- We don't like it when you ask us the same questions repeatedly
- We would like to tell our story just once
- Give us your undivided attention when we are here
- Speak to us in terms that we understand
- Help us make sure we know what is next
- Don't confuse us

Driving Principles

- Design a system that our patients will value
- Test the new system, make sure it gets the results we expect
- Don't be afraid to fail – experiment with the process
- Engage the whole clinic in the process
- Approach this as a continuous improvement effort – PDSA
- Create joy in practice!



Design Concepts

- Create a Team approach to Primary Care –
 - Ask questions! Learn
 - PDSA every day
 - Respect for each other
 - Practice at the top of your position
 - Communicate (Huddles)
 - Celebrate our patients success – share stories

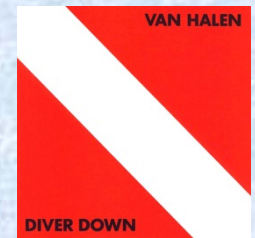
Design Concepts

- Finish the day on time, with documentation completed
- Use Flow Cell Design
 - Flow Cell = 3 MAs, 2 Providers
- Locate the team in the same space, no walls
- Incorporate MA scribe process
- Fix the visit process - Flow/ Sequence

TEAM Goals

- Reduce errors
- Improve patient satisfaction
- Improve associate/ physician satisfaction
- Improve documentation quality
- Improve communication between Clinical Support/ Provider/ Patient
- Improve continuity between visits
- Every patient leaves with clearly understood plan in hand
- Make time to offer Advanced Care Planning
- Improve workflow - Reduce non-value added time

So what did we do? A deep dive into who does what, when?



Who Does What? When? Off-Stage MA

- Pre-visit Planning
- Patient Care Tasks
- Rx Refills
- Answer patient questions
- Deal with faxes, medical record requests etc..
- Water Strider - Cue work for provider to do when they return to the flow cell
- Clean exam rooms

Who Does What? When?

On-Stage MA (scribe)

- **MA gets patient from waiting room and completes rooming process**
- **MA logs out as MA and logs in as a Scribe**
- **Signals Provider to join them**
- **Documents the following while the provider is examining the patient**
 - Chief Complaint/ HPI/ Immunizations/ Labs/ Tests
 - Medications
 - Review and discuss Health Maintenance checklist deficiencies
 - Physician exam
 - Diagnosis and treatment plan
 - Set Plan - Discuss Advanced Care Planning, enter order if patient agrees

Who Does What? When?

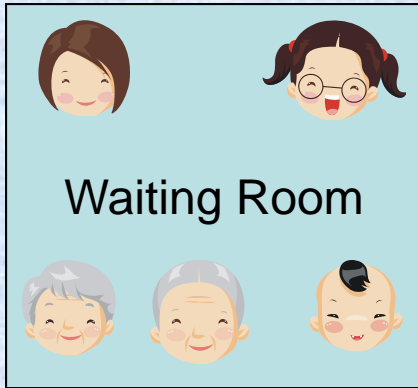
MA On-stage – Provider leaves

- Schedule needed appointments
- Conduct Health Coaching/ patient education
- Give patient printed Up-To-Date information, referral contact information, printed prescriptions, problem specific handouts, Rx specific handouts
- Print the After Visit Summary, review it, revise it and give to patient – walk patient out

Who Does What? When? Provider - Off-Stage

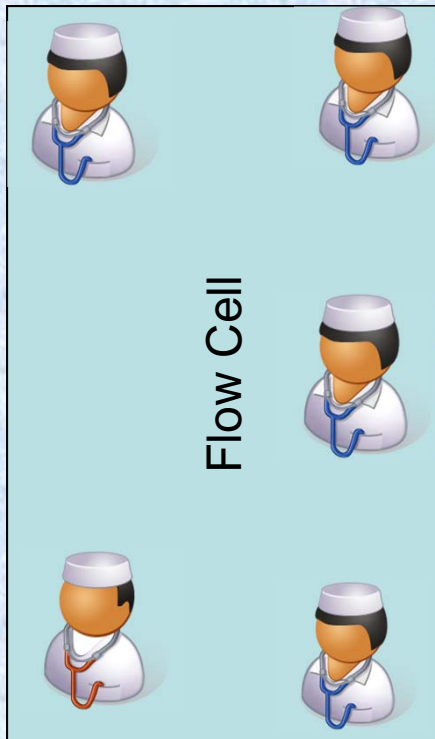
- Go to flow cell to finish documentation/dictation
- Review and sign off on MA documentation
- Completed cued-up tasks
 - cued by Water Strider (MA)
- Prepare for next patient – review record...
- Wait for signal from MA to enter exam room for next patient

EXIT



Exam Room 1

Exam Room 2



Exam Room 3

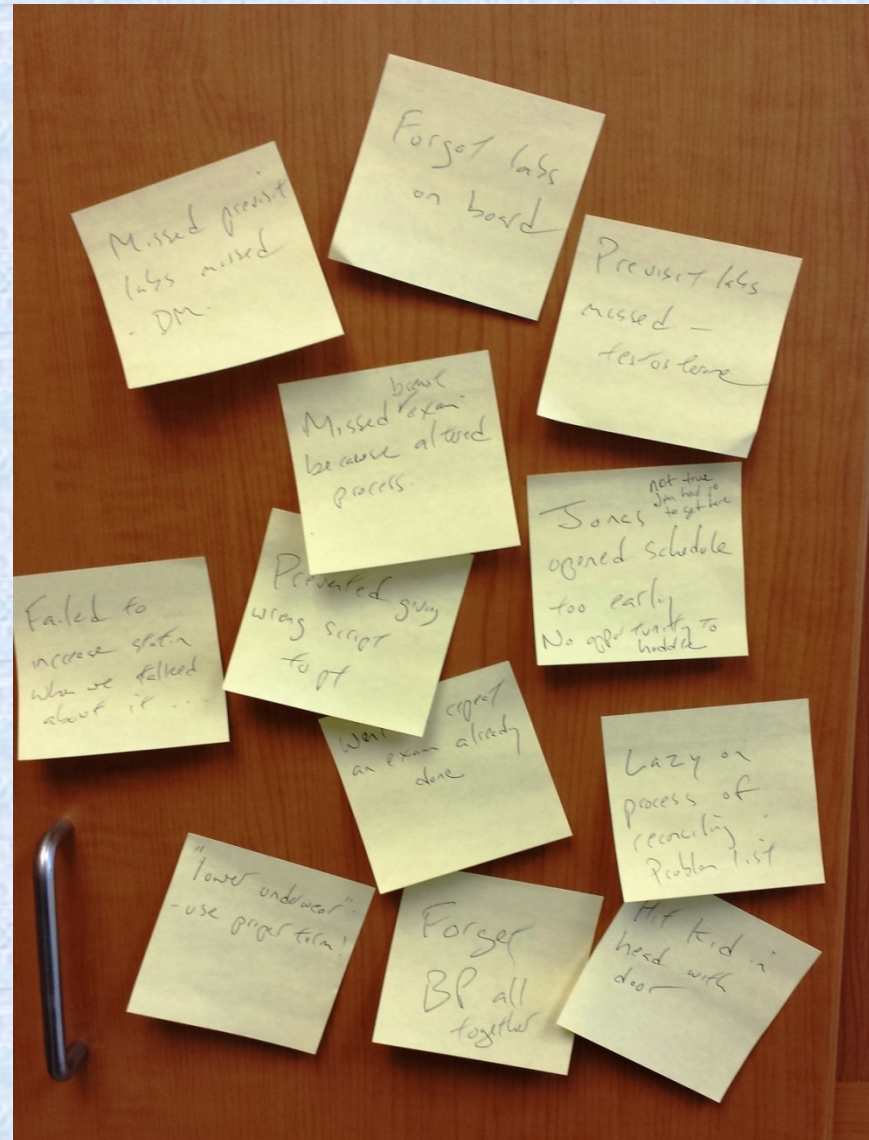
Exam Room 4

What happened?

- Pre-visit planning is consistently done, and done right which reduces rework/ defects
- Provider documentation completed sooner (un-batched)
- MAs like scribing – Providers love it!
- Patients leave with a very clear plan – not just an AVS
- Decreased duplication of questions
- Virtually eliminated patient waiting
- We made time for Advanced Care Planning
- Trust grew
- A team began to form!

Team work
begins...

Confidence/ trust
grows, defects are
avoided.



Outcomes

Before	After
Provider to MA Ratio: 1:1	Provider to MA Ratio: 2:3
Non Value Added Time: 20 - 22 Minutes per patient per visit	Non Value Added Time: 3 - 5 Minutes per patient per visit
MD Work after hours: 10 - 15 hours per week	MD Work after hours: 3 - 5 hours per week
MA/ MD Satisfaction: High stress, low satisfaction	MA/ MD Satisfaction: Much lower stress, high satisfaction

Outcomes

Before	After
<p>Visit Summaries: Printed and given to patients on their way out</p> <p>Documentation Quality: Batched, done from memory, omissions</p> <p>Pre-visit Planning: Typically no time for this</p> <p>Provider Driven: Command and control – MA follows orders</p>	<p>Visit Summaries: Printed, reviewed with patient, revised if needed</p> <p>Documentation Quality: Un-batched - nearly one piece flow, better coding</p> <p>Pre-visit Planning: Complete and accurate for all scheduled patients in advance of their visit</p> <p>Team Driven: MD is the leader, but the TEAM owns responsibility for patient care</p>

Voice of the Customer

- “This was good, I am glad the nurse stayed so in case I have to call she will be more able to help me”
- “I didn’t get the same questions asked more than once”
- “It was nice to have someone else in the room to absorb all of this information”
- “This was fine, in fact this is how it used to be a long time ago when I had a doctors appointment”
- “I hardly noticed she was in the room after a few minutes”
- “I thought the visit went well with both in the room”
- “The room was a little too small but it went ok”
- “One of them couldn’t remember the name of a drug but the other one did and that was really good....I liked it”

Challenges

- 3 MAs for 2 providers costs more than 2MAs for 2 providers...however.....
- Keeping the team staffed and trained – vacations, illnesses, MAs leave....
- Buy-in from providers – in spite of how rough they have it, resistance to change is strong
- Training
 - For MAs - learning how to scribe, and to be more assertive with the MD
 - For MDs – learning how to be a team member, and to trust and follow the process