

## Advanced Access and Efficiency for Primary Care

### Betty Lou Cole: Front Desk Champion

*On November 14, 2011, Betty Lou Cole from Nation River Health Clinic made a presentation at Wave 3's Learning Session One, in Ottawa. She talked about the impact that participating in Wave 2's Advanced Access and Efficiency initiative has made on the practice, its patients, and the staff and providers' lives. This is a condensed version of Betty Lou's presentation.*

I am the Office Administrator at the Nation River Family Health Organization in Eastern Ontario, a Family Health Network just south of Ottawa. The organization has four locations: in Winchester, Avonmore, South Mountain and Chesterville; and includes two doctors, a part-time preventive care nurse, and two full-time and two part-time secretaries. A resident often works with us as well.

Like many clinics, our providers and staff worked long hours trying to meet the patients' needs, yet we never seemed to get ahead. Dr. Mary Naciuk, our team's physician, works four days a week and has a roster of more than 1,200 patients; she also sees 400 non-rostered patients. She was exhausted, there were few appointments available when patients needed them and patients found it nearly impossible to get through on the phone. Short fuses on both sides of the desk flared up regularly. No one's needs were being well met.

In January 2011, our team — Dr. Naciuk, Ann Richardson (secretary), Shelley Cole (secretary) and I — began participating in Wave 2's Advanced Access and Efficiency initiative. We would

attend a learning session in Toronto, track our data, learn and test changes until July and then work to hold our gains until October. At first, I wasn't interested — I thought it would be a complete waste of time, yet another bureaucratic solution that wouldn't work. But my protests fell on deaf ears. On

March 8th we boarded a train in Brockville, bound for Toronto. At least it would be a good getaway, I thought: a nice hotel, dinner, a little shopping, and perhaps we could even learn something new.

We took our seats in the back row of the conference room the next morning with few expectations. After all, we had heard it all before — how could this be any different?

By the first coffee break, though, my interest was piqued. And by the afternoon, it was all starting to make sense — giving patients same-day appointments, becoming more efficient, reducing wait times, reducing the number of patients sent to hospital and cutting our no show rate. By the time we got on the train, we were so excited — we could do this!

The first thing to tackle was our appointment scheduling. Patients in need of urgent care could only be accommodated if someone else cancelled; it was a pretty haphazard system. We needed to open up space for emergencies and same-day visits.

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With the help of our Quality Improvement Coach, Liz Jackson, we started tracking data, looking at our demand for and supply of appointments. We soon saw that our busiest days were Tuesdays and Wednesdays. Knowing this allowed us to pre-book fewer appointments on those days and create more appointment slots to meet our daily demand for appointments.

The next piece of the puzzle was efficiency. Front office staff began standardizing and prepping the examination rooms, so that Dr. Naciuk had everything she needed before a patient arrived. Stamps were entered into charts, appointment notations were made and requisitions were all ready to go. As well, every morning now begins with a team huddle to discuss the day sheet, and what lies ahead. The 45-minute mark of every hour is left open for emergencies and catch-up, and staff can have a mini-huddle with Dr. Naciuk if needed. This means there is no leftover work at the end of the day.

There are challenges, of course. When Dr. Naciuk is away, things can get pretty backed up. We have learned to book

appointments until just 2 p.m. during her first week back, so that we can still accommodate same-day requests.

All these changes have made a huge difference. We are so much more efficient, and both staff and patients' stress levels have dropped. We are sending fewer people to the hospital, and most of those who do go, are there for issues that can't be resolved here, like chest pains or fractures.

Our participation in this initiative ended in October, but we have been sustaining — and improving on — our gains ever since. No shows are still a problem, but we are testing new ideas and finding a solution together. Each month, our team compares notes and looks at how we continue on our quality improvement journey. We have learned new ways of working together, and have educated our patients too. It hasn't always been easy, but we have become so much more productive.

I feel so empowered, so much happier at work. It's been a 180-degree turnaround for me — this really can work!



*Back row: Shelley Cole,  
Ann Richardson,  
Sue Masson.*

*Front row: Betty Lou Cole,  
Dr. Chuck Adamson.*

Questions? Contact us at: [learningcommunityinfo@hqontario.ca](mailto:learningcommunityinfo@hqontario.ca) or 1-877-794-7447, ext. 201.

## About HQO

On April 11, 2011 the Ontario government announced the formation of Health Quality Ontario (HQO). HQO is a government agency that combines the expertise of the Ontario Health Quality Council, the Medical Advisory Secretariat, the Ontario Health Technology Advisory Committee, the Ontario Health Technology Evaluation Fund, the Centre for Healthcare Quality Improvement and the Quality Improvement and Innovation Partnership.