

Advanced Access and Efficiency for Primary Care

Working for Change: South Riverdale Community Health Centre (SRCHC)

“I think change is hard, even when you know you have to do it. We’re a very busy clinic and we needed so many things to change. But we couldn’t have imagined what an incredible difference it would make.”

Pam Braithwaite, the Clinic Nurse at South Riverdale Community Health Centre, describes how she and her colleagues knew they were ready to embark on their quality improvement journey. Patients at the Centre were waiting an average of 21 days to get a routine appointment. Cycle time was high — 30-minute appointments regularly ran to almost 50 minutes. There was limited space for appointments, and the physical layout of the work environment required too much extra walking. The care team felt overwhelmed — they couldn’t get to all their daily tasks, information flow was not tight enough and they were concerned that patient care was suffering.

Starting in mid-February 2011, a quality improvement team at the Centre participated in a 10-week LEAN improvement project, led by HQO Quality Improvement Coach Kamal Babrah and Rebecca Merritt, the Centre’s Service Administration and Quality Coordinator. The work drew upon the Centre’s key strategic direction (“Leadership: Leading the Way to Healthy Communities”), which focuses on equitable, easy access for the Centre’s community members, especially at-risk and under-served populations. The team also included Diana Dizon (Medical Receptionist), Pam Braithwaite (Clinic Nurse), Pat Wilson (Primary Health Care Provider), Jerome Nguyen (Client Data Analyst) and Kathleen Foley (Health Services Manager).

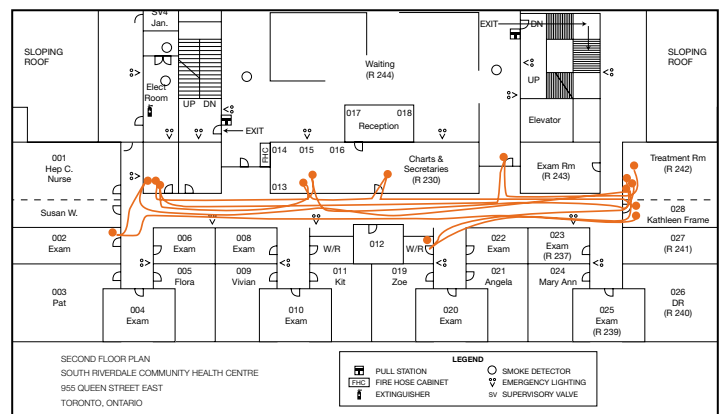
How they did it

The team identified two main goals: to improve patient access to appointments, and to improve patient flow within the clinic. Using a fishbone diagram (a tool that helps identify areas for improvement), the team uncovered the root causes, including limited physical space for appointments (there was only one exam room available); non-standard appointment lengths and types; a physical work environment that forced Pam to spend too much time walking between rooms and equipment; and a high number of daily interruptions, as team members grabbed brief moments to update each other on patients’ status and other concerns.

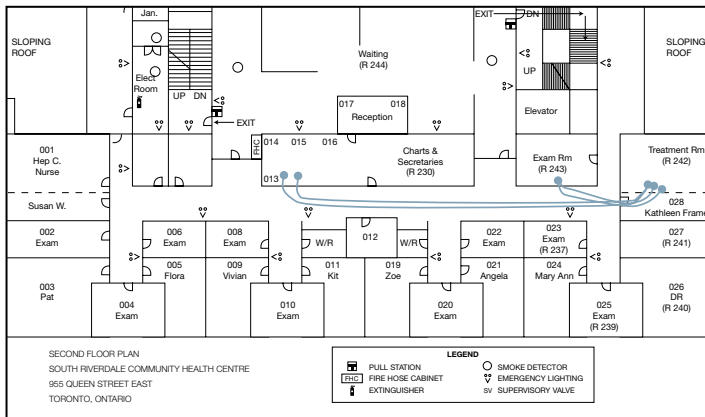
The coaches then worked closely with team members to gather data. Kamal followed Pam on her blood-work and

Spaghetti Diagram 1

(showing the physical layout of Pam’s work environment, and her walking patterns)



Spaghetti diagram 2 (after adjusting Pam's work environment)



examination rounds, creating spaghetti diagrams of her movements (see the before and after diagrams, above). A Pareto analysis (a decision-making technique that identifies the vital few factors that contribute to 80% of the outcome) revealed the frequent type of interruptions team members had to deal with each day. Value stream mapping (a LEAN technique that analyzes the flow of information and/or materials) and cycle time measurements of patients' visits uncovered how long patients were spending in the Centre.

The impact

The data had a dramatic impact on the team's understanding of what was going on, and it helped to overcome the reticence some team members had felt going into the project. I came to hate the phrase 'quality assurance,'" noted Pat. "I've been through many processes that were QA labeled, that are a lot of time and energy and produced nothing except frustration. So I was sceptical. And so gathering the data, and focusing on practical things, was a real eye-opener."

The outcome

The team's enthusiasm for change was high. Regularly scheduled huddles reduced interruptions by nearly 50%. The addition of a second examination room improved patient flow significantly. And Pam's working environment was made more efficient: a centrifuge was added to her main examination room, and clients were directed to her office, so that she didn't have to retrieve patients from the reception area every time someone arrived.

The changes had an immediate and lasting effect on every member of the team. Stress levels fell significantly as work

became more productive and efficient. The huddles became an important part of keeping momentum up, and building trust. As Diana said, "I think the most important part of our huddle is the trust created, because if you don't trust your team, then the huddle won't work. But now I am able to prioritize things. And that's what makes it successful: we know that nothing will fall through the cracks anymore."

Their success has been a catalyst to review —and ultimately improve — other processes. The team also hopes to spread their learning into other areas. "We're in the middle of an organizational change process right now, so the hope is that the office practice redesign team can start meeting up soon, and that we can bring more folks to the table," Kathleen points out. "We're eager to share our tools and processes and create more change."

WHAT THE TEAM ACHIEVED

- Average time to third next available appointment (routine) (TNA routine) declined from a baseline number of 21 days to 10.
- Daily interruptions were reduced significantly after the implementation of regularly scheduled huddles.
- Patient flow has improved through the addition of a second exam room.



Photo by James Hay

Pam Braithwaite, Diana Dizon and Pat Wilson participate in a huddle.

Questions? Contact us at: 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.