



Psychiatry Access

Improvement
INSTITUTE

Improvement Advisor: Natali Clarke

PI Director / Lead IA: Rhonda Alfaro

Mentor:

Maria

Lee

Southern California Downey

December 7, 2012

Performance Improvement Project Summary

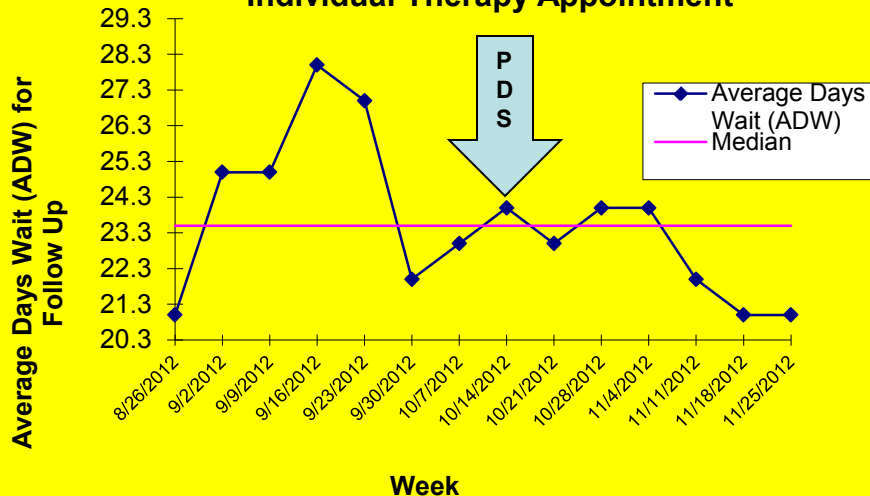
Lever: Reduce Average Days Wait between Individual Therapy Appointments from 21 days to 7 days.

"Evidence"/Expert Opinion/Basis: Meta-analysis studies indicate that a strong alliance developed in the early stages of the client/therapist relationship are essential to successful treatment outcomes*. Increased wait times impede alliance building. A reduction in wait time between therapy appointments will develop the patient/therapist alliance and result in improved treatment outcomes.

Key Changes Applied:

- ✓ Engagement Group – Group to discuss barriers to Txt for patients that chronically No Show Appts
- ✓ Provider Clinics – Providers will have a 2 hour “clinic” every other week where they can provide shorter appts or group appts to patients that are either in a “maintenance” stage of Txt or patients that have a similar diagnostic category
- ✓ Deliberate Template design – Making sure each provider knows how many sessions they can spend with each client after the initial intake. This understanding will allow for better Txt planning from the very beginning of Txt

Average Days Wait (ADW) for Follow Up Individual Therapy Appointment



Source	• * http://www.nrepp.samhsa.gov/Norcross.aspx - SAHMSA's National Registry of Evidence Based Programs and Practices
Key Assumptions	<ul style="list-style-type: none"> • No Shows clog up the system and need to be addressed • Templates are not designed to provide clinical pathways based on stages of txt or diagnoses • Patients are not being repatriated or routed to other depts, as needed
Key Enablers	<ul style="list-style-type: none"> • Strong Labor & Mgmt alliance • Incorporating front line staff
Sustainability Plan	• PI front line team is now an ongoing “Access Committee”. The committee, led by the DA will continue to monitor impact of PDSA on Average Days Wait and use the Adapt, Abandon or Adopt method to determine changes.
Contact	Improvement Advisor: Natali Clarke PI Director /Lead IA: Rhonda Alfaro

Key Improvement Metrics:

Results

Average Days Wait for Individual F/U appts	Reduction from 25 to 21 days
Average Days Wait for Intake	Increase from 10 to 31 days (This result may or may not be related to PDSA as changes to Intakes booking practices were mandated during the time of the PDSA)
Patient Satisfaction with Access	5.45 on scale of 1 to 10

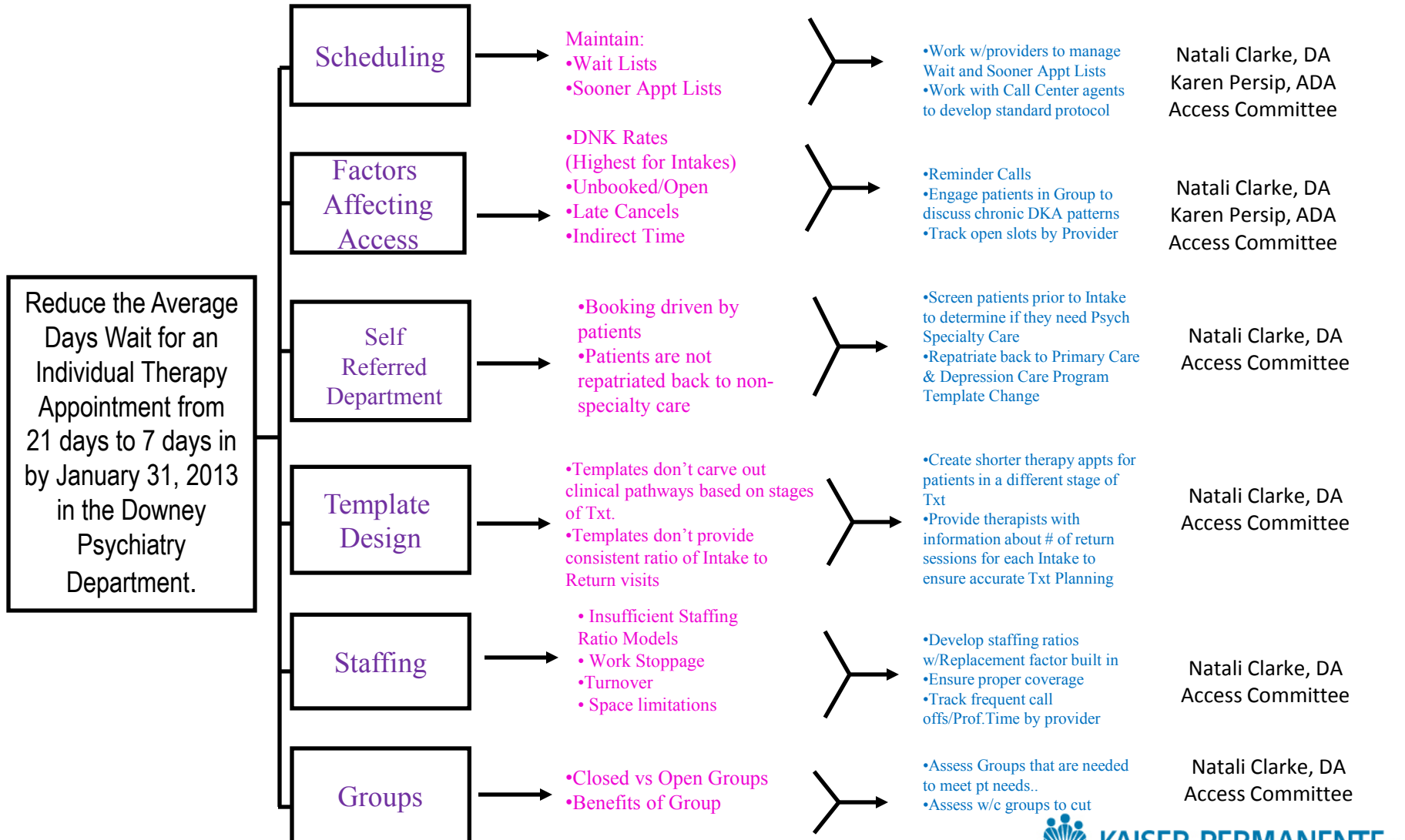
Driver Diagram Template—Downey Psychiatry Access

Primary Drivers

Secondary Drivers

Initiatives & Metrics

Accountable Leader



Project Charter: Psychiatry Access for Individual Therapy Appts

Date: May 31, 2012

Improvement Advisor: Natali Clarke

Facility: Downey

PI Director: Rhonda Alfaro

Mentor: Maria Lee

Project SMART Goal

- Reduce the Weekly Average Days Wait for an Individual Therapy Appointment from 25 days to 7 days in by January 31, 2012 in the Downey Psychiatry Department. (Baseline period is September 1, 2012)

Problem Statement and Business Case

Problem Statement	Patients are unable to receive clinically effective treatment due to long waits in between appointments with their therapists
Business Case	
Customer Benefit	Quicker resolution of mental health issues. Reduced member service complaints. Increased employer group satisfaction b/c patients able to return to work sooner.
Expected Financial Impact	12% reduction in Net Loss (Net Loss is No Shows+Unbooked – Overbooks over Total Supply of Minutes) is equivalent to 800 annualized therapy hours. At an average of \$43 an hour, this will result in approximately \$35,000 in FTE savings.

Project Timeline and Key Milestones

- Assess: May 30 – June, 2012
 - Baseline Data Obtained: June 21, 2012
 - Project Kick-Off Completed: May 30, 2012
 - Process Map Completed: May 30, 2012
 - Project Charter Completed: May 30, 2012
 - Voice of the Customer Obtained: May 30, 2012
- Identify Changes: May – September 2012
 - Cause and Effect Developed: May 30, 2012
 - Develop PDSA Action Plans Started: June 28, 2012
- Test: October – December 2012
 - PDSA Action Plans Completed
- Implement: October 2012 – December 2012
 - Sustainability Plan Completed: October 2012
 - Training and Communication Plans: September – December 2012
 - Financial Impact Validated by Finance – December 2012
 - Project Storyboard Complete and Submitted: December 2012
 - Spread Plan: February 2013

Project Team

- Sponsors: Lynn Peacock, Downey AMCA
- Champions: David Kliger, MD, PIC Downey Psychiatry
- Project Co-Leads: Natali Clarke, DA, Barbara Styzens, CPM @ Orchard, Ford Loverin, CPM @ Norwalk
- Front-Line: David Kliger, MD @ PIC of Downey Psych, Mercedes Garcia, MD @ Asst PIC of Downey Psych, Ford Loverin, Clinical Program Manager @ Norwalk, Barbara Styzens, Clinical Program Manager @ Orchard, Karen Persip, Call Center ADA, Priscilla Allen, Clerical Supervisor, Amy Lee, LCSW Therapist @ Norwalk, Nick Fox, LCSW Therapist @ Norwalk, Karen Cavazos, LCSW Therapist @ Norwalk, Josue Gonzalez, Call Center Agent, Tarina Marie, Psych RN @ Orchard, Deborah Macheski, LCSW Case Manager @ Orchard, Charlotte Pasillas, LCSW & On Duty Therapist @ Orchard, CJ Kurumada, LCSW Therapist @ Orchard, Steven Morones, Master Scheduler
- Project Oversight: PI Committee

Project Measures

- Outcome Measures: Weekly Average Day Wait (ADW) for Individual Follow Up Appts (**average # of days patients wait from the date the therapist determines they need to be seen to the actual date they were seen**)
- Process Measures: Patient Satisfaction with Access – (1 to 10 scale, 1 being very dissatisfied and 10 being very satisfied)
- Balancing Measures: Average Day Wait for Consult (Intake) Appts (**Average # of days patients wait from the date they first contact the department to the actual date they were seen**)

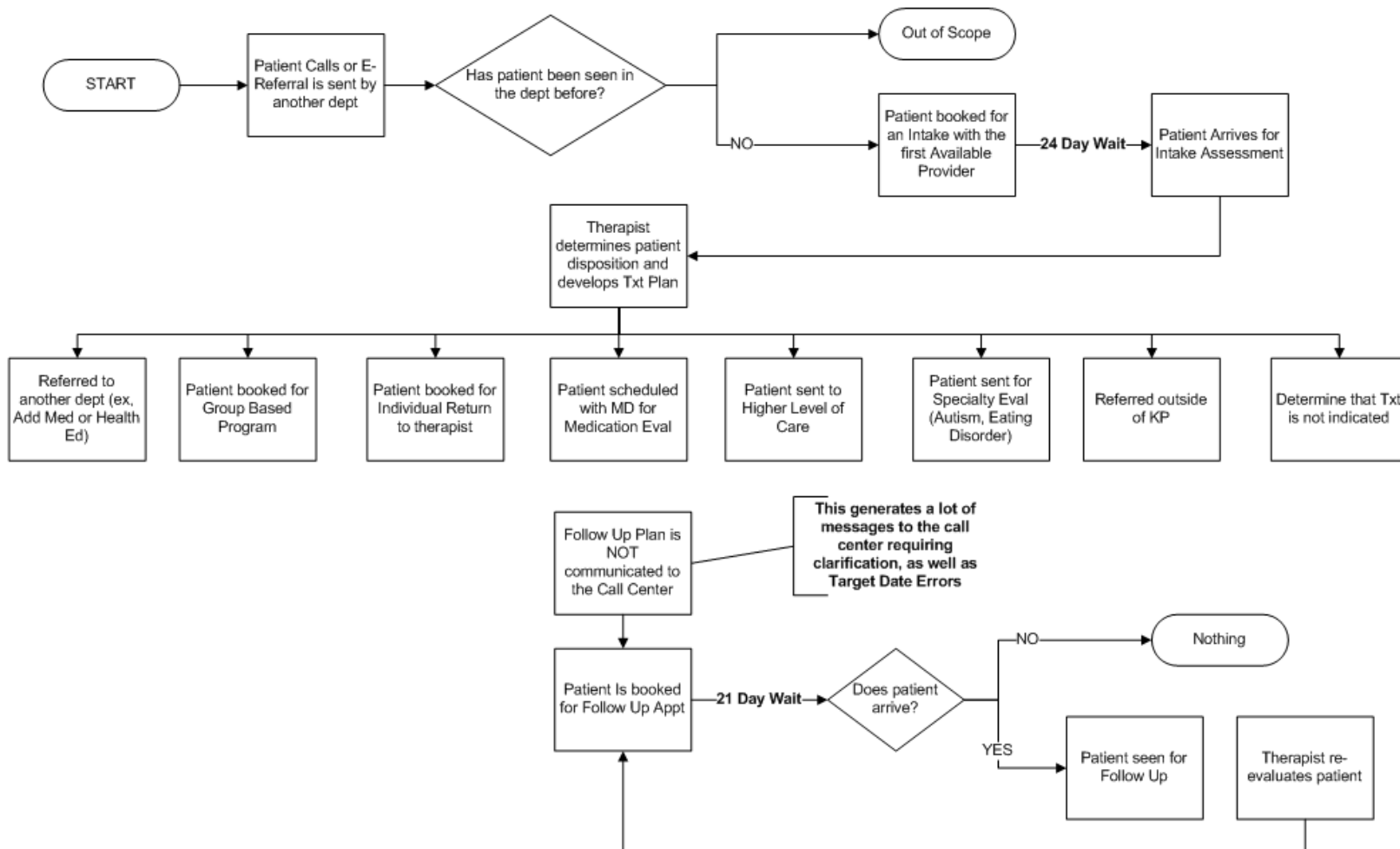
Project Scope

- In Scope: Monitoring ADW for Individual Therapy, Tracking appropriate level of care, Identifying Training Opportunities, Monitoring use of Sooner Appt List (SAL), Distinguishing Definition of Follow Up vs. Routine, Target Date Errors,
- As Needed: Workflow for Routine Appts, Group Census, Template Design, Appt Type Usage, Impact on other clinical services
- Out of Scope: Projecting needed FTEs, Changing other area's practices, Changing MD practices

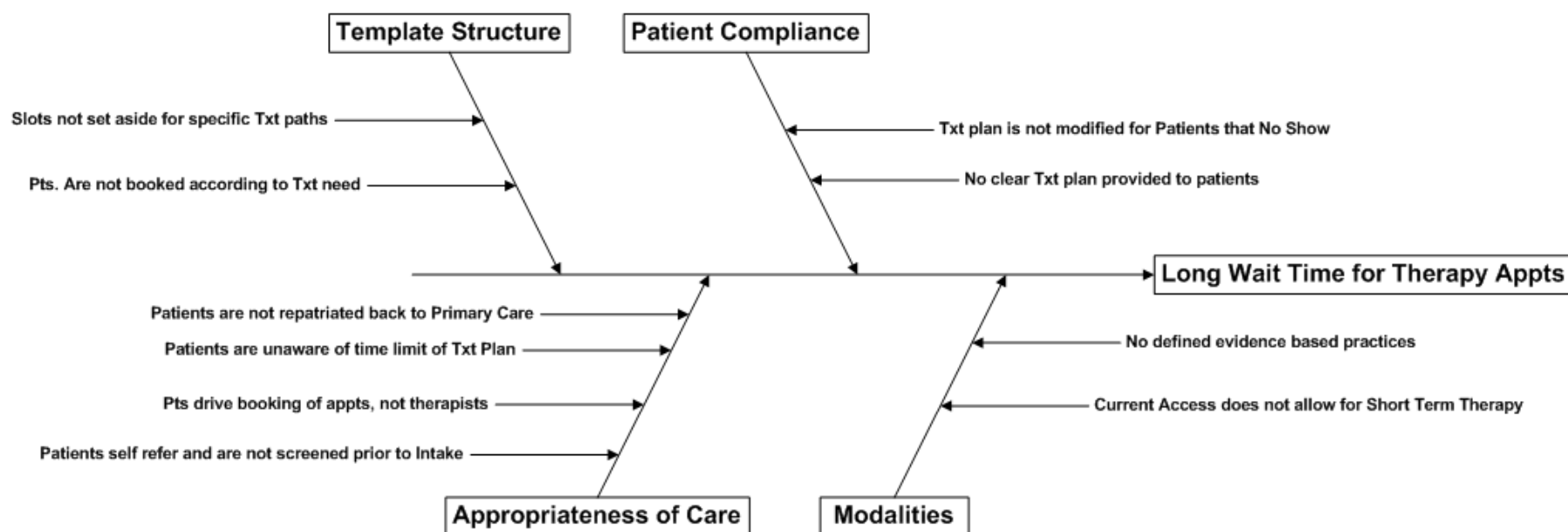
Assessment Results – Baseline Process Stream Map

Downey Psychiatry Non-Urgent New Patient Process Map

Thursday, June 28, 2012



Assessment Results – Fishbone Diagram



Patient Satisfaction with Access – Although ADW captures HEDIS standards for Access, it does not capture patient's satisfaction with access or perception of access. In order to understand this we:

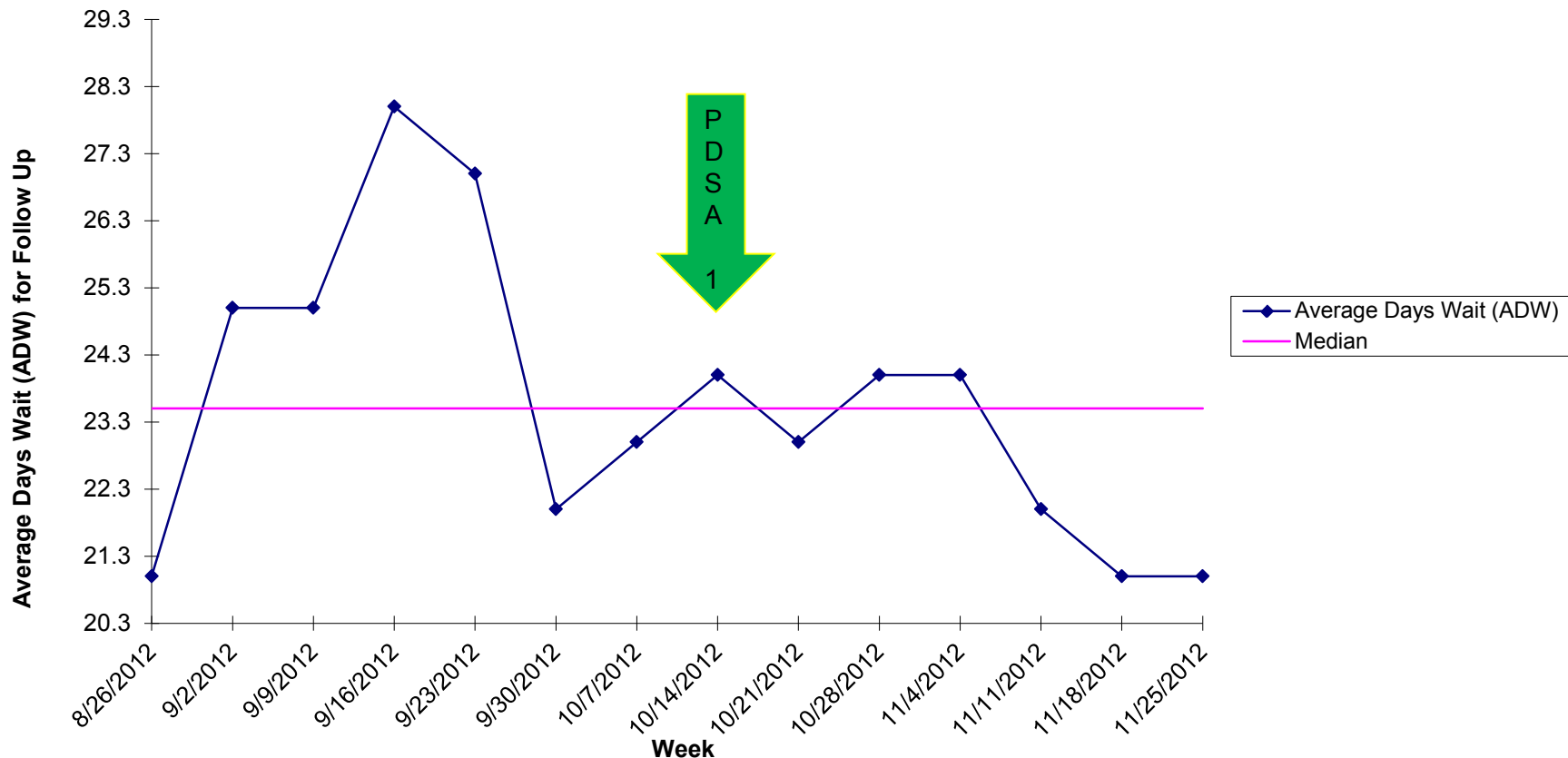
- 1. Contacted patients that had complained about access to the department. Found out that patients were frustrated with the long wait time, but also when they did get in, *it was not the type of visit they were expecting, i.e., they wanted to see an MD only, they only wanted the couples class, etc, they were dealing with primarily substance abuse issues.***
- 2. Created a Point of Survey questionnaire that is a proxy to the ASQ questionnaire, in order to obtain real time data during the PDSAs**

What Changes Lead to Improvement?

<i>Change Concept</i>	<i>PDSAs</i>	<i>Adopt, Adapt, Abandon?</i>
Remove system bottlenecks by reducing number of appointment supply consumed by patients that chronically No Show appts.	Engagement Group - Manage patients that chronically No Show by having them booked to an Engagement Group instead of to the Individual provider's schedule. The Engagement Group will focus on identifying barriers to patient engaging in treatment. By booking all of these patients to a group instead of an individual appointment, more appointments are available for individual therapy	Adopted – This change has been very successful. Patients are able to realize the importance of compliance with treatment, and we are seeing a reduction in Average Days Wait.
Improve Efficiency	Provider Clinics - Create new appointment slot concept (provider clinics) in providers schedules. These clinics are a new pathway and can serve patients that are in a later stage of treatment and don't require an hour of individual therapy. Because these are short appointments, these clinics can also be overbooked, creating even more supply	These provider clinics just started on Dec 15 and we currently don't have enough data to determine if we should adopt, adapt or abandon
Improve Efficiency	Deliberate Template Design - By looking at each individual provider's schedule, we were able to determine how many sessions they could spend with a patient after they did an Intake. By informing the providers of the number of sessions they have available, the provider is better able to develop a treatment plan and discharge the patient when appropriate, as opposed to continuously booking the patient.	The template design is schedule to start Jan 15 and we currently don't have enough data to determine if we should adopt, adapt or abandon

How Will We Know a Change is an Improvement?

Average Days Wait (ADW) for Follow Up Individual Therapy Appointment



*PDSA 1 started Oct 15 so there are not enough data points yet to determine if there is a Special Cause. PDSA 2 will be implemented on Dec 15, PDSA 3 will be implemented on Jan 15.

Soft Financial Benefit

FTE Capacity Change – Increase in 10% appt supply through overbooks and group appts.	.38 FTE	\$34,440 12-month Financial Impact	<ul style="list-style-type: none">•FTE: \$43 an hour on avg.•10% increase in appt supply through overbooks.•Net gain in available hours: 800 additional hours available with no increase in current FTEs <p>Key Assumptions</p>
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Estimated Financial Benefit = \$34,440

Sustainability Plan

Process Owner(s): Natali Clarke, DA

Daily Oversight: Ford Loverin & Barbara Styzens, CPM

Locations: Orchard & Norwalk Psychiatry

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	Item	Action	Responsible Person	Frequency
Bundle of Actions	Action 1	Train and Reinforce Policy & Procedures for Engagement Group	Karen Persip, Call Center ADA	Quarterly or as needed when new staff are on-boarded
	Action 2	Provide therapists with up to date ratios of Intakes to Returns	Steven Morones, Edna Clayton – Master Schedulers	Yearly or any time a provider adds or reduces a service (such a groups)
	Action 3	Review Census of Provider Clinics to make sure they are being overbooked	Steven Morones, Edna Clayton, Master Schedulers	Weekly on a pro-active basis
Data Analysis & Results	Gather Data	ADW for Follow Up & Intake. ASQ for Patient Satisfaction with Access	Natali Clarke, DA	Weekly
	Analyze Data	Update Run & Control Charts	Natali Clarke, DA	Weekly
	Report Results	Report at Access Meetings		Bi-Monthly
Communication	Project Team	Officially changed to an ongoing “Access Committee” Will continue to review PDSAs and develop new PDSAs	Natali Clarke, DA	Bi-Monthly
	Department Leaders	Administrative Meetings & Email	Natali Clarke, BarbaraStyzens & Ford Loverin, Clinical Program Managers (CPM)	Bi-Monthly & As needed
	Leadership	One on One & 4 pack Meetings	Natali Clarke, DA	Monthly
Training	Project Team Meetings	Keep up dated notebook with P&Ps	Karen Persip, ADA	Review 2x a Year or as needed with new changes
	Huddles	Bring up workflow issues regarding PDSAs and how to improve upon them	Barbara Styzens & Ford Loverin, (CPM)	Daily
	Other	Clerical Meetings & Staff Meetings	Natali Clarke, Barabar Styzens & Ford Loverin, CPM	Monthly

Moving Forward

- **Key to Success**
 - Engage front line staff from the beginning
 - Spend time explaining IA model to front line staff and ensuring they understand the tools and what the data will show
 - Spend sufficient amount of time brainstorming goal and measurements as a group. This gets everyone on board at the beginning and moves the process along faster
 - Using In Scope/Out of Scope technique. This really guides process when “scope creep” starts to happen
 - Documenting and providing aids for workflow changes.
 - Having sufficient time to meet as a group.
- **Barriers**
 - Getting volunteers to be the tests of change. The process used took too long, so we should have began it earlier
 - Communicating the tests of change to all staff so they understand why the volunteers are doing something different than the rest of the clinic.
- **Lessons learned**
 - Don't pick tests of change that are complicated. Even though they sound good on paper, if it is not easily understandable, it's probably too complicated to be considered a small test of change.
 - Communicate, communicate, communicate! You can't communicate the change enough. Doing this helps keep the data cleaner!
- **Next steps**
 - Continue with our 3rd test of change
 - Brainstorm additional tests of changes to improve Follow Up Access
 - Continue monitoring data and sharing data with group and staff
 - Next initiative for portfolio is Average Days Wait for Intakes