DOLEWEERD Consulting

Improving Health Care from the Inside Out ™

IMPROVING ACCESS TO SURGICAL SERVICE

SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE

Thursday, Nov 23, 2011

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AGENDA

1. Introduction
2. Value
3. Review Process Maps
   – Access to Surgery Process
4. Key Issues
5. Change Ideas

LAST TIME….

Reminder: 3 Steps in Quality Improvement

(Review from Intro to Quality Improvement Session June 6 2011)

1: Start with Value

2: Check Reality

3: Act on the Process, Quickly

Start with Value

CLIENT VALUE STATEMENT

Client Value

"Please help me fully understand my health and health challenges so that I can make informed choices about surgery.

I would like timely care when it is necessary, in the most suitable location.

I want to be clear about what will happen next so I can prepare properly.

Help support my recovery at home."

The Problem

CLINIC ACTIVITY

Type of Activity in Pre-Op Clinic:

~4/10 Pre-Op Evaluation

~6/10 Follow-Up Activity

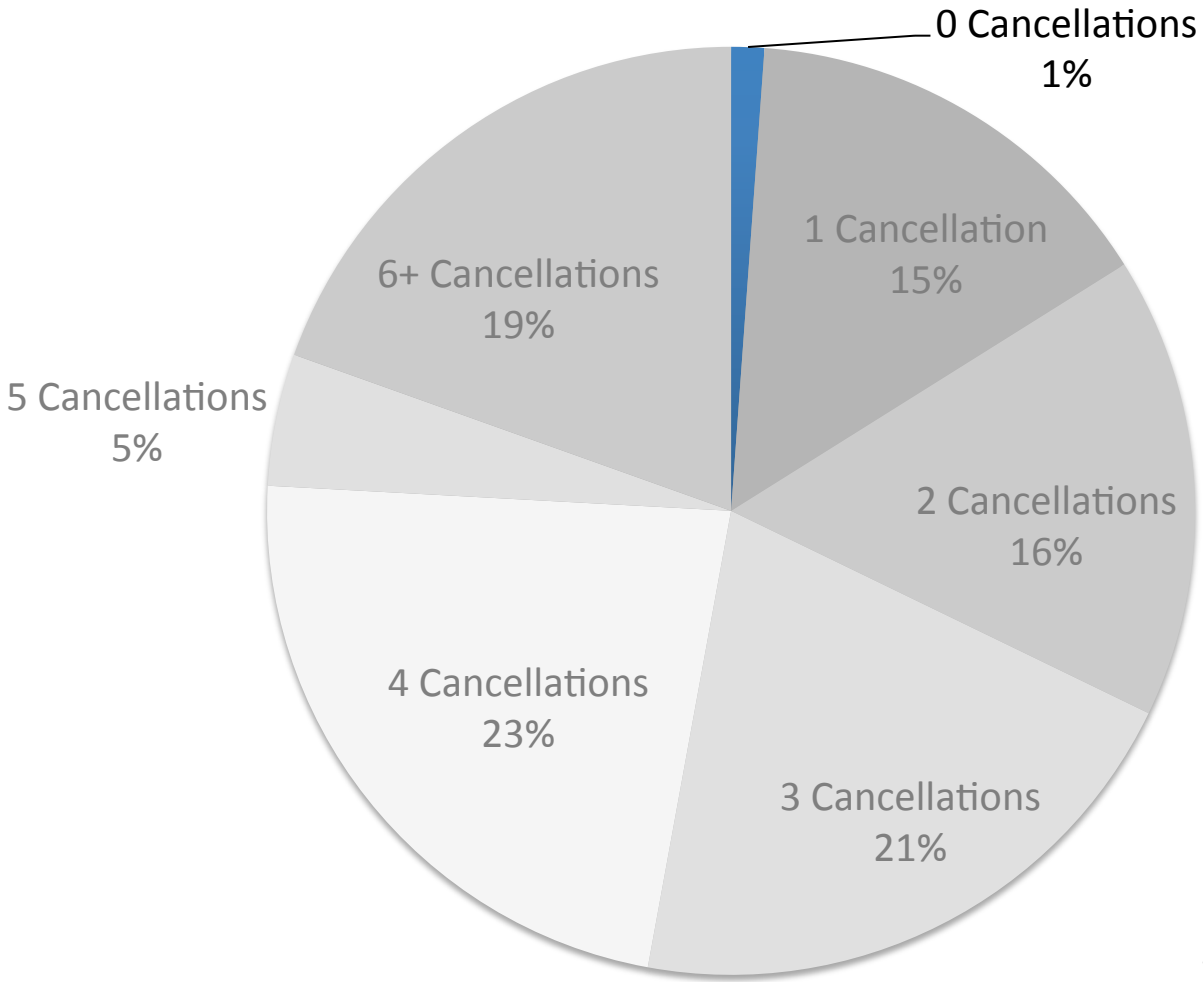
(Estimates based on partial data)

CLINIC ACTIVITY

Statistics

Chance of CLINIC cancellations on a clinic day

The clinic has 4 or more cancellations a day almost half the time



Jan-Oct 2011

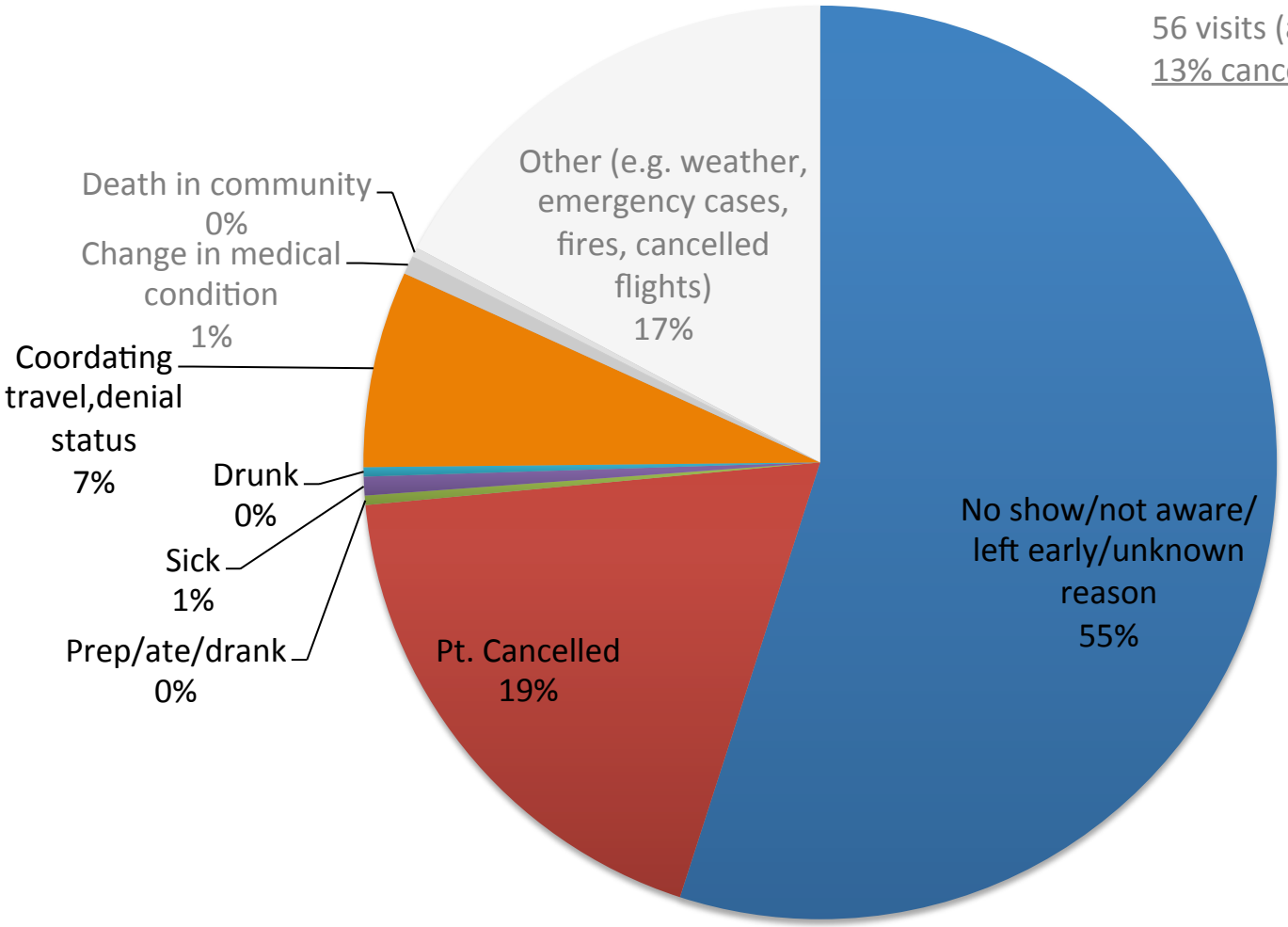
CLINIC ACTIVITY

Statistics

CLINIC Cancellation Reasons

Over half of clinic missed visits are unexplained.

Average Weekly Volumes:
2 clinic days
7 cancellations
56 visits (avg. 23/day)
13% cancellation rate



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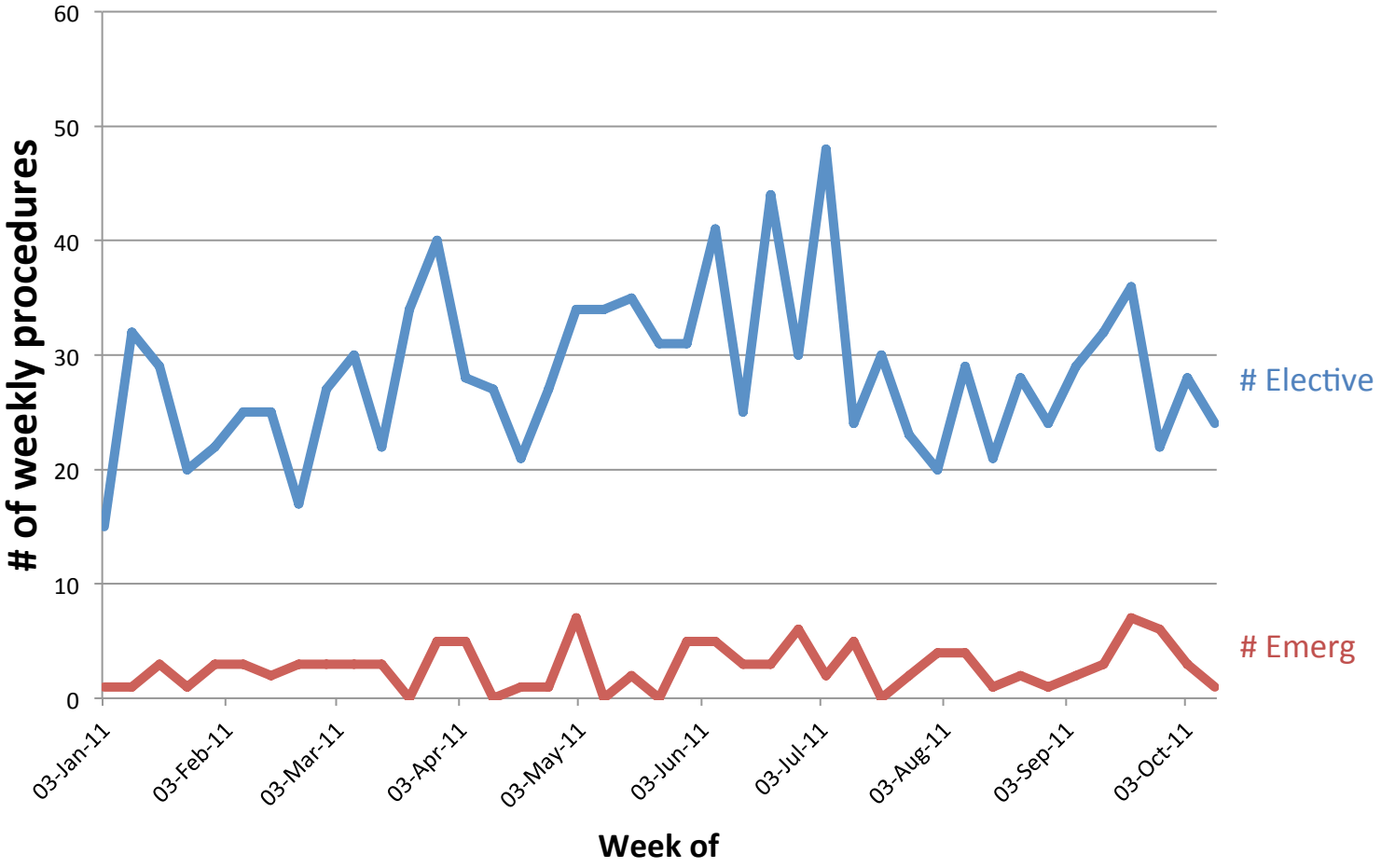
OR Activity

Statistics

Weekly Procedure Volumes

Usually between 20-40 elective procedures a week



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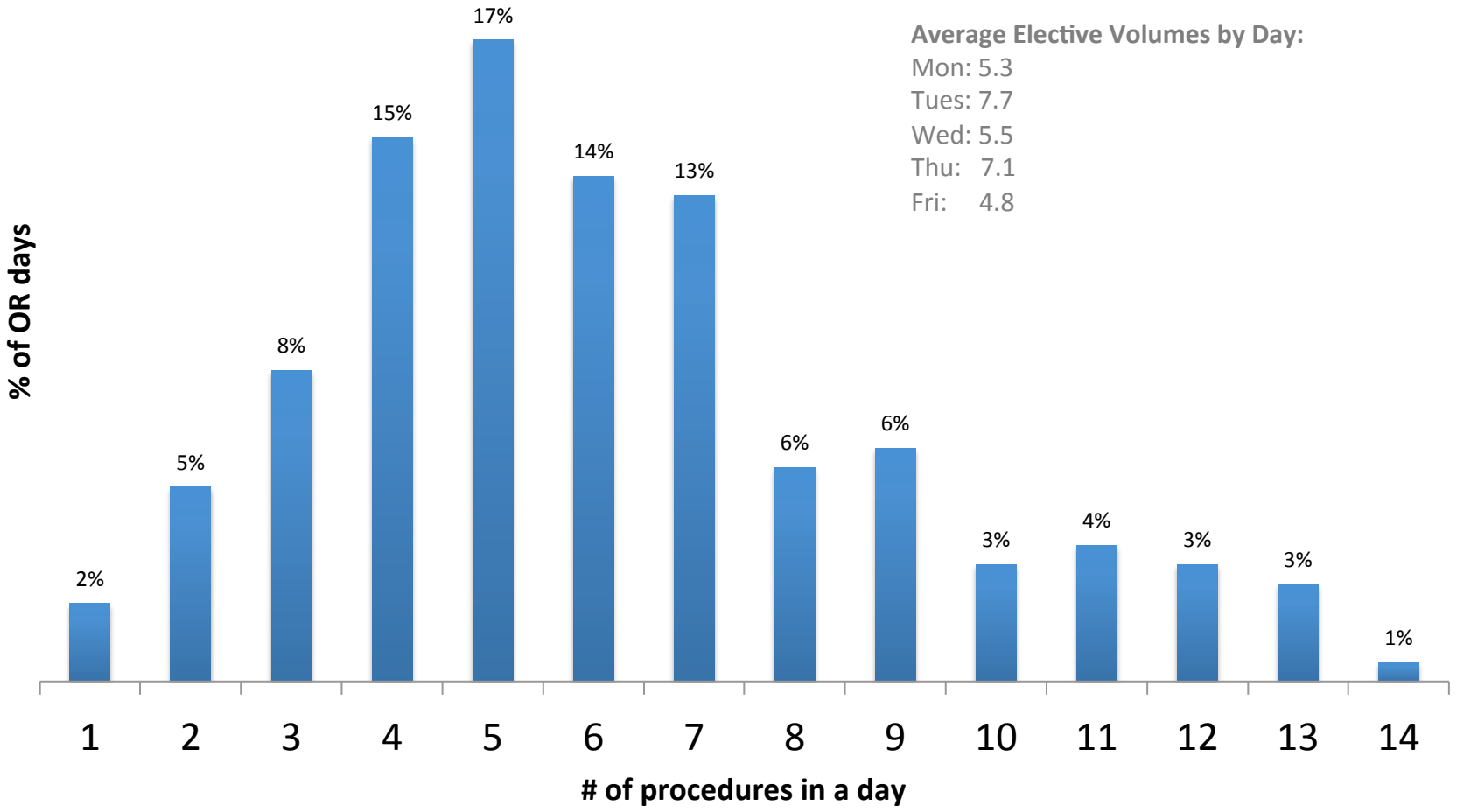
OR Activity

Statistics

of elective procedures in an OR day

Most days (59%) perform 4-7 procedures



Average Elective Volumes by Day:

Mon: 5.3
Tues: 7.7
Wed: 5.5
Thu: 7.1
Fri: 4.8

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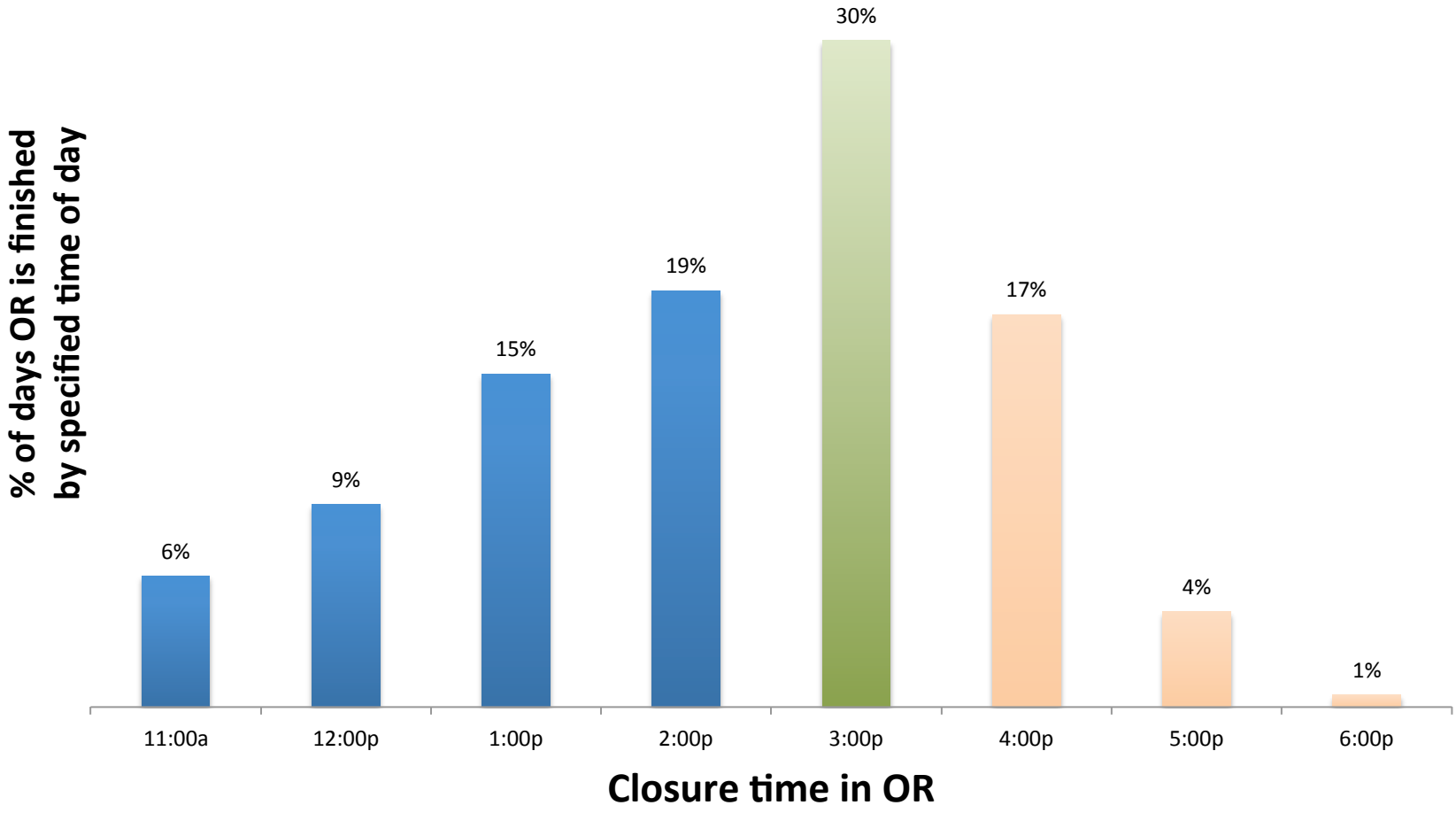
OR Activity

Statistics

When does the OR finish its daily activity?

Half of the time (49%) the OR day finishes with an hour or more before closing time (3pm)



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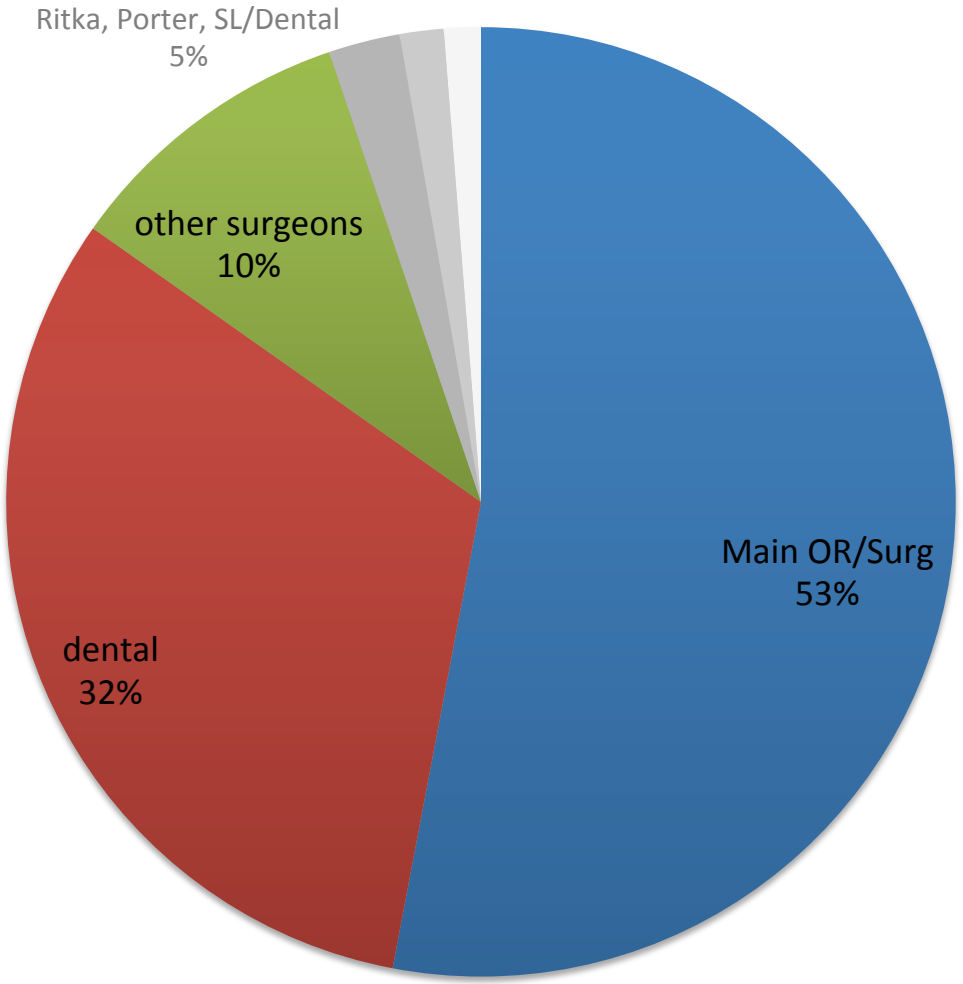
OR Activity

Statistics

% of OR procedures by type

Over half of procedures are main OR/SURG activity



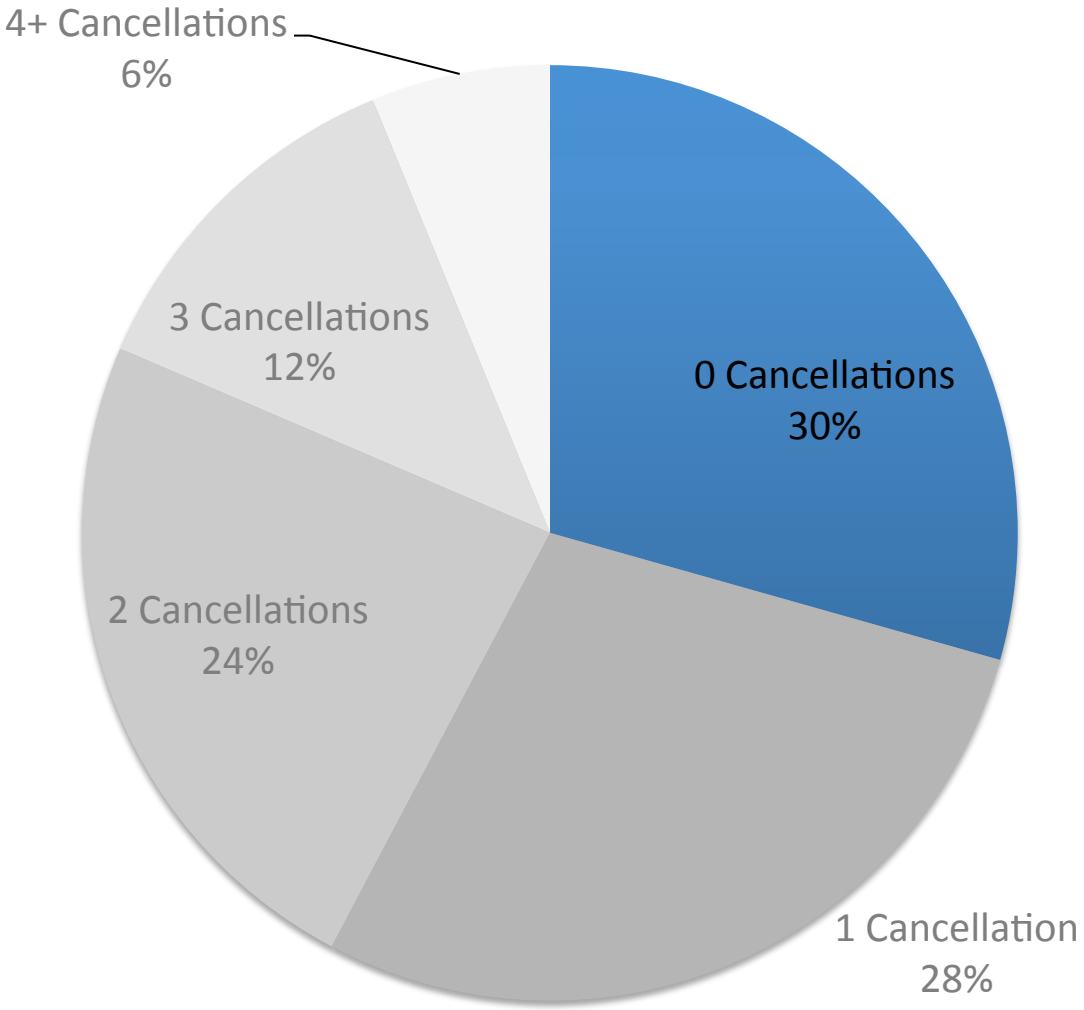
Jan-Oct 2011, Includes Emerg

OR Activity

Statistics

Chance of getting OR cancellations on a procedure day

Less than 1/3rd of days don't have a cancellation



Jan-Oct 2011

OR Activity

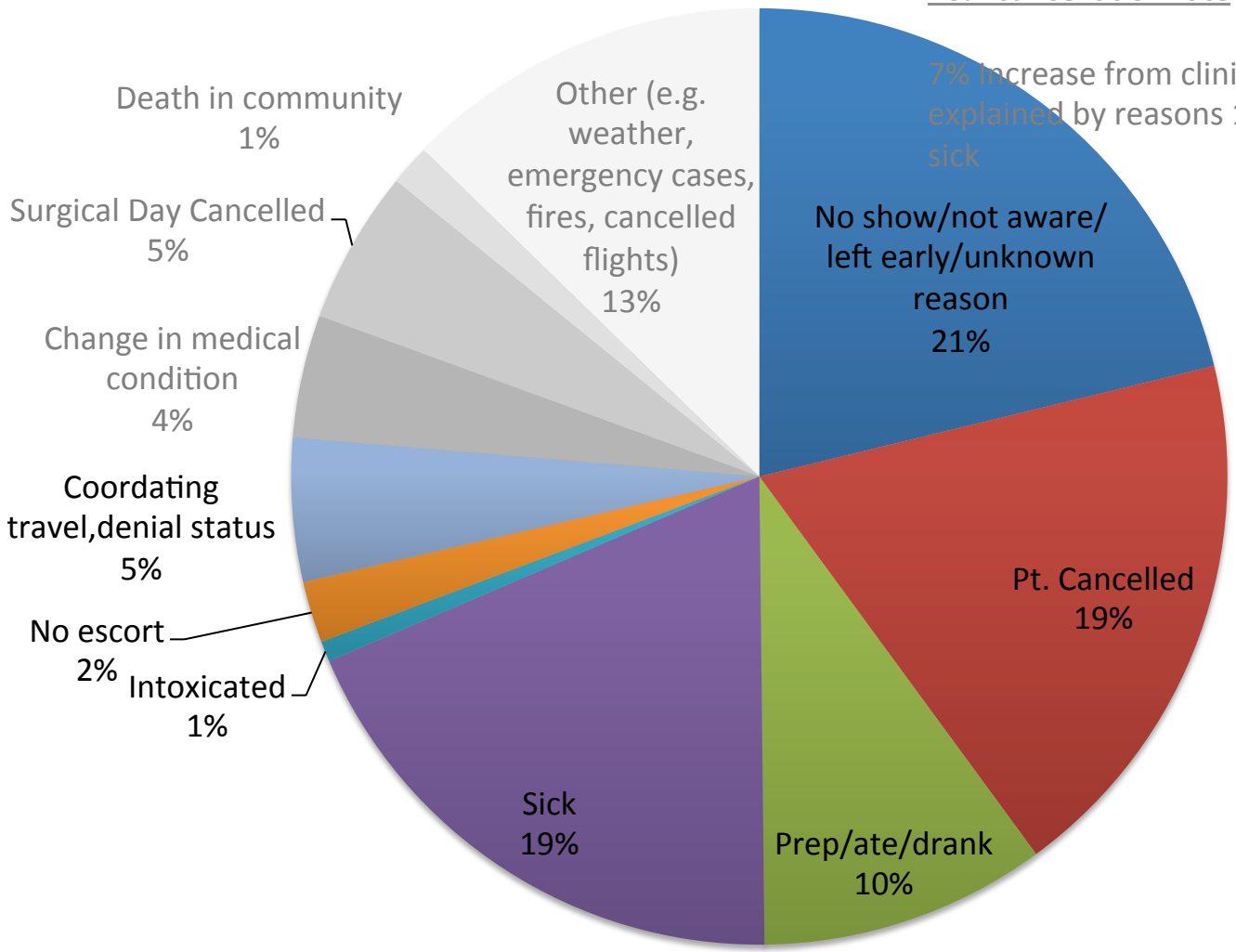
Statistics

OR Cancellation Reasons

Most OR cancellations are for preventable reasons

Average Weekly Volumes:
7 cancellations
28 procedures provided
20% cancellation rate

7% increase from clinic cancellation rate explained by reasons 1) Pre/ate/drank, 2) sick



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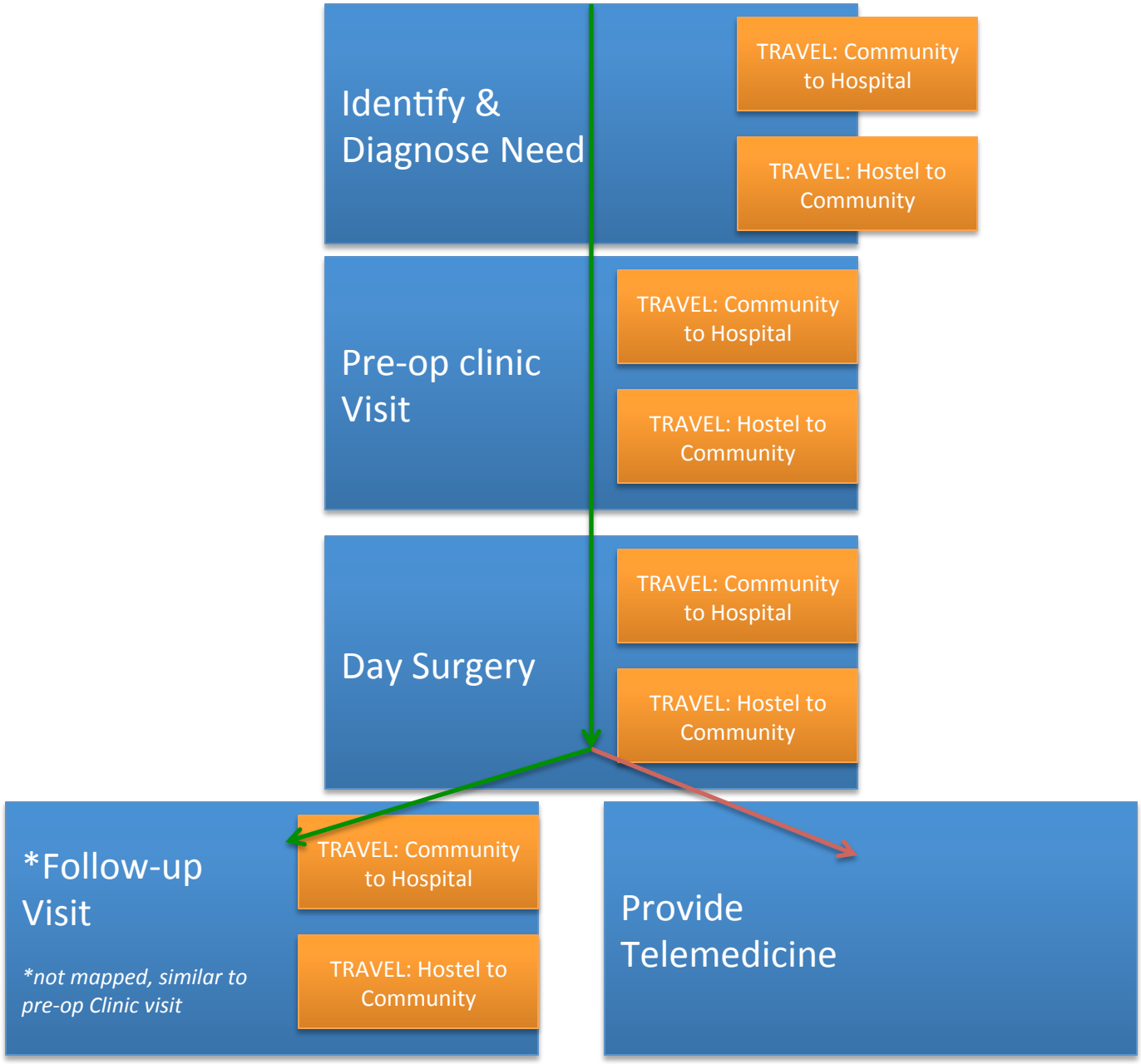
Process Review

- Provide Access to Surgery

Process Maps Overview

Process Walkthrough



PROCESS MAPS OVERVIEW

Video

- A *video* is available that provides a high level walk through of the process map

- 13 minutes

- Contact Doleweerd Consulting (jeff@doleweerd.com) or David Murray (CEO SLMHC) for access to the video

Key Issues

- Provide Access to Surgery

Key Issues

1. Inadequate access to diagnostic imaging

- Requires available GP to order (variable) + process can be lengthy
- Air travel needed and failure prone

2. Need for referral to surgery poorly understood

- Patient does not have test results explained.
- Patient engagement…?
- Stated culture = of leaving until need is 'acute'

3. Questionable reliability in health monitoring

- No online history or trending of health status (neither in community nor primary care practice)
- Reportedly high turnover in nursing staff
- Each community takes local approach

4. Demand not known

- Referrals received versus population based targets? How many people are not being referred?

5. Unclear surgical service listings

- What surgeries are available to each community, at what location, referral method

Key Issues

1. Approval process not capable of meeting demand

- Operators assigned to communities
- Demand made more variable by carving up
- Failure demand is high (faxes required for rebooking)

2. Patient travel communication fails regularly

- Batching by both Benefit Specialists and Travel Clerks- causes delays
- Reliance on faxing – very high failure rate
- No solid knowledge exchange with patient about travel, appointment reason, preparation etc

3. Patient status unknown by SLMHC until appointment

- Family arrangements may not be made
- Patients and escorts not confirmed

4. Significant waste in arranging one-way travel

- Over processing of information- one request involves 6 fax events, 4 databases, ++ copies
- Delays- days to weeks to approve and communicate

Key Issues

1. Everyday has cancellations

- 85% of days have 2+ cancellations
- E.g., Due to avoidable travel failures and lack of patient grasp of need and time
- Huge waste in rebooking

2. Heavy reliance on manual paper schedules

- 4 schedules shared across departments
- Time consuming to create, harmonize and share

3. Questionable comprehension of surgery need

- Significant information collection- uncertain relevance
- Conflicting and/or confusing pt. surgical prep instructions
- Escorts are unqualified and may be of no benefit to patient encounter

4. Necessity of travel

- Which surgeries/ procedures could be scheduled for later in same trip?

5. Unclear next steps for patient

- Is flight available to get me to my surgery? Will I be approved? My escort?
- No place to follow up to find out.
- Confidence level?

Key Issues

1. Unnecessary handoffs

- To NIHB (and within NIHB) who may not be available
- NIHB many not be available- fax back to Hostel
- Is an approval step for something 'always approved'

2. Over- processing

- 5 fax events, 6 different personnel, and 3 databases involved in organizing one trip home
- Failure prone

3. Patient Hassle

- Significant wait in Hostel lobby to get travel approval and arrangements
- Exacerbated if patient is recovering from surgery
- May miss announcement (e.g. at pharmacy pick up)
- Missed opportunities to leave = extended accommodation ++hotels

Key Issues

1. Surgery often missed

- 70% of days have cancellations. Mostly preventable reasons

2. Patients converge for 7am … then wait for hours

- 5+ booking at 7am – Patients may wait hours. SLMHC Admitting desk at reduced staffing
- Process lacks credibility with clinicians

3. Patient Surgical Experience Undermined

- Large proportion departing northern community too ill for surgery
- Patient messaging is uncontrolled, conflicting (e.g., “don’t eat or drink after midnight” versus “clear liquid diet for 24 hrs before”)
- Pop machine

4. Lacking clarity on surgical follow-up date

- Discharge instructions to nursing stations don’t arrive
- Follow up date is not booked prior to patient departure = confusion

5. Unnecessary travel for follow-up

- Wasteful repeat of process (Benefits request, appointment and travel warrants, travel, faxing etc)
- Key cause = lack of confidence in telemedicine process

Change Ideas

- Provide Access to Surgery

WHICH CHANGE IDEAS

Evaluation Criteria: Sustainable Change

1. The change improves something that has significant severity and frequency of outcome
2. When implemented, both the culture and processes do not allow 'work-around'
3. Time to comply or implement is short
4. Extra resources needed to implement change are readily available
5. Conflict with other system goals/ policies is minimal

- The greater the number of these criteria cannot be met the higher the chance that the initiative will *fail*.

CHANGE IDEAS

- 11 Primary Change Ideas
- 23 Secondary Change Ideas

Primary Change Ideas

1. Book SLMHC appointments + flight with the patient

- Make/confirm flight + clinic appointments together with the patient present. (note: reported only 5% travel rejection rate from NIHB)
- Allow northern care team to book clinic appointment times (via an real time method such as online or phone).

2. Provide clarity about purpose of SLMHC trip to patient

- Provide direct, understandable, reinforced approach to communication with client that makes purpose and importance of SLMHC trip clear

3. Create an online, updatable, Northern Health Care Service Directory that includes:

- Diagnostics services, Surgical Services, Hospital Services, Primary Care Physicians, Ensure all locums and nursing staff have access, Shared protocols and referral methods.

Secondary Change Ideas

a) After every travel date is set, examine opportunities for more value-add services within the trip

- E.g., Mammograms, other diagnostics

b) Share master physician schedule online

- Currently, it is faxed out to many departments

c) Give nursing stations access to Meditech

d) Measure Supply and Demand across North

- Measure expected need and demand for surgical services across the north

Primary Change Ideas

4. Create a method to check if people are well enough for surgery prior to departure

- Check for colds/fevers etc. before getting on flight

5. Provide access to AmeliaRes in nursing station and SLMHC

- Currently available online to Wasaya customer service agents in Communities
- List of patients getting travel. Add field for "Patient confirmed"
- Leverage it to share no-fly approval information

6. Provide food services in hostel, aligned with procedure requirements

- Prevent cancellations due to eating
- Consider wristbands and other signage to indicate food restrictions
- Provide Hostel reception staff with dietary restriction instructions. Train reception in communication with patient about dietary restrictions.

7. Increase usage of Telemedicine (once made more robust)

- Pre-op visits (e.g. tubal ligations), follow-up visits, Joint consultations with client/GP/ surgeon

Secondary Change Ideas

e) Guide transition between hostel and Hospital

- Direct patients to use the hallway between hostel & Hospital buildings
- Provide improved way-finding signage
- "Guide/walk/escort" selects patients between hostel & hospital destination

f) Give medical appointment time to Wasaya

- Allows intelligent rebooking
- Only travel warrant is visible now

g) Contact the patient directly from the Hospital/Hostel

- Select and confirm appointment time
- Requires sharing the directories maintained in each community
- Consider sending to travel coordinator AFTER connection cannot be made

h) Have SLMHC personnel greet patients arriving at airport

- Arrival times need to be shared

Secondary Change Ideas cont… (NIHB Specific)

i) Put titles on NIHB forms

- Forms are missing titles
- Overall formatting of form could be greatly improved

j) Stream by work need to be done (e.g. process travel)

- Stop linking travel clerks to specific communities, causes fluctuations in workload (e.g. when a GP tours a specific community)
- Discontinue triaging by 'urgency'

k) NIHB - Put physician orientation manual online

l) NIHB – Install a fax server

Primary Change Ideas

8. Schedule pre-op assessment and procedure for same trip

- Do pre-op day before procedure *(applicable to many procedures)*
- Schedule trips to arrive before 3pm (or extend staffing)
- Share prep instructions with hostel
- May need to ask client to begin preparations before arriving for pre-op, *assuming* that will move forward with procedure

9. Simplify surgical prep handouts

- **Goal**: help the client truly understand their procedure
- Use pictures
- Information sheets currently have duplicate and contradictory information.
- 9 pages long is too long.
- Often needs translation
- Standardize between physicians
- Make available at nursing stations (online)

Secondary Change Ideas

m) Eliminate surgical priority setting

- Do all procedures promptly
- Disappears if referrer can book directly into next available clinic time
- Use rare "exception" process for procedures that are flagged for "immediate" need

n) Book the surgical flight in pre-op clinic

- Either directly through website, or
- By calling NIHB and setting up call center to book appointment in real time
- Investigate performing select procedures on same trip as pre-op clinic (e.g., colonoscopy)

o) Create consolidated phone directory of everyone in northern communities

- Have person responsible for list in their own community, but share into a master directory

Primary Change Ideas

10. Enable *Hostel* to book all flights returning to the community

- Hostel already does this for after hours booking

Primary Change Ideas

11. Book follow-up visit AND flight while in recovery

- Client leaves with a specific appointment time, whether it be via telemed or on-site
- Provide surgery clinic with access to Wasaya booking
  (alternatively, book flight from hostel after follow-up has been booked in clinic.

12. ~~Fill same-day surgical openings with nearby community patients (already being done)~~

Secondary Change Ideas

p) Move pop machine away from surgical waiting area

q) Track cancellations by category

- See reasons provided in "OR Cancellations" statistics slides

r) Schedule patients to arrive closer to procedure time

s) Prequalify Community Escorts

- Ensure that they a) are always of age, b) have a recommendation from a trusted member of the community

Secondary Change Ideas cont …

t) Consider hiring permanent escorts, or connect to other roles

- To support a variety of surgical patients throughout the day. Trained.

u) Bring meds to hostel

- Instead of patient travelling to pharmacy

v) Do follow-up interview with each non-compliant client

- Find out rationale to prevent future cases

w) Explore how other provinces process non-insured health benefits

- Learn from practices elsewhere

SUMMARY (PRIMARY CHANGE IDEAS)

Identify Need

1. Book SLMHC appointments + flight with the patient
2. Provide clarity about purpose of SLMHC trip to the patient
3. Create an online, updatable northern health care service directory

Transport to Hospital

4. Create a method to check if people are well enough for surgery prior to departure
5. Provide access to AmeliaRes in nursing station and SLMHC
6. Facilitate surgical preparation at Hostel
7. Increase usage of telemedicine (once made more robust)

Pre-op Clinic

8. Schedule pre-op assessment and procedure for same trip
9. Simplify surgical prep handouts

Travel to Community

10. Enable *Hostel* to book all flights returning to community

Day Surgery

11. Book follow-up visit AND flight while in recovery

Your Ideas

- Send surgeons north for pre-op (with a nurse)
- Education about managing patients with oxycontin
  - Linking withdrawel unit Dr. with OR program
- Reduce documentation (NIHB client referral form) for colonoscopies and lap chole to start.
- Translate all surgical materials

Your Ideas

- Qualified escorts
- Patient navigator to guide entire "colonoscopy" process
  - The one who needs to know what to eat, not to eat
- Enable cafeteria to provide appropriate "pre-op" meal
- Don't send pre-op clients to the hotel
- Start process change ideas with colonoscopies

END