



TELEMEDICINE PROCESS REVIEW

SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE

Thursday, Nov 24, 2011

Presented by Doleweerd Consulting – www.doleweerd.com

Jeff Doleweerd – jeff@doleweerd.com

Tim Berezny – tim@doleweerd.com

1. Introduction
2. Value
3. Review Process Maps
 - Provide Telemedicine Process
4. Key Issues
5. Change Ideas

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 problems 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 for my surgery.

Help support my recovery at home."

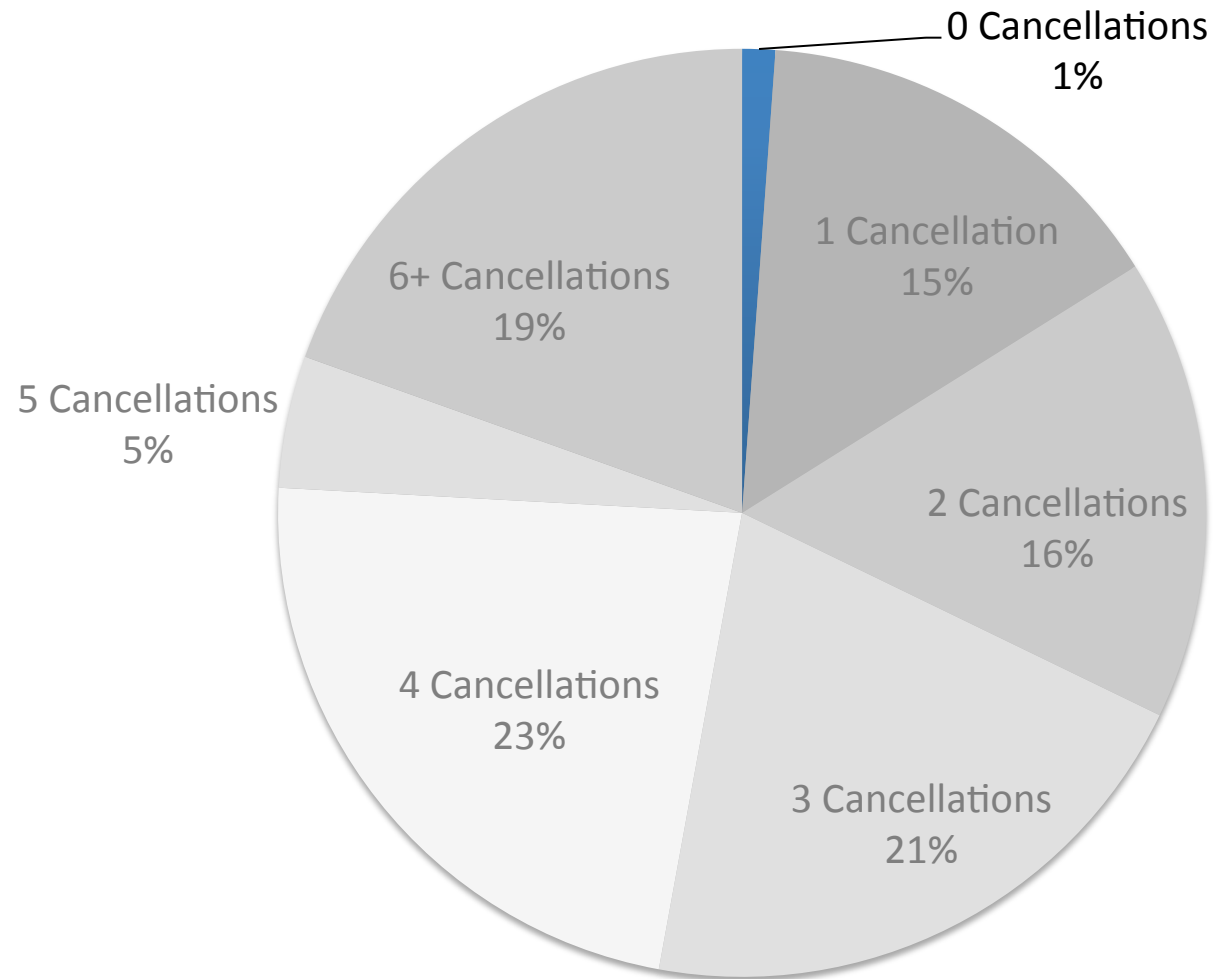
STATISTICS

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 Cancellation Reasons

Over half of clinic missed visits are unexplained.

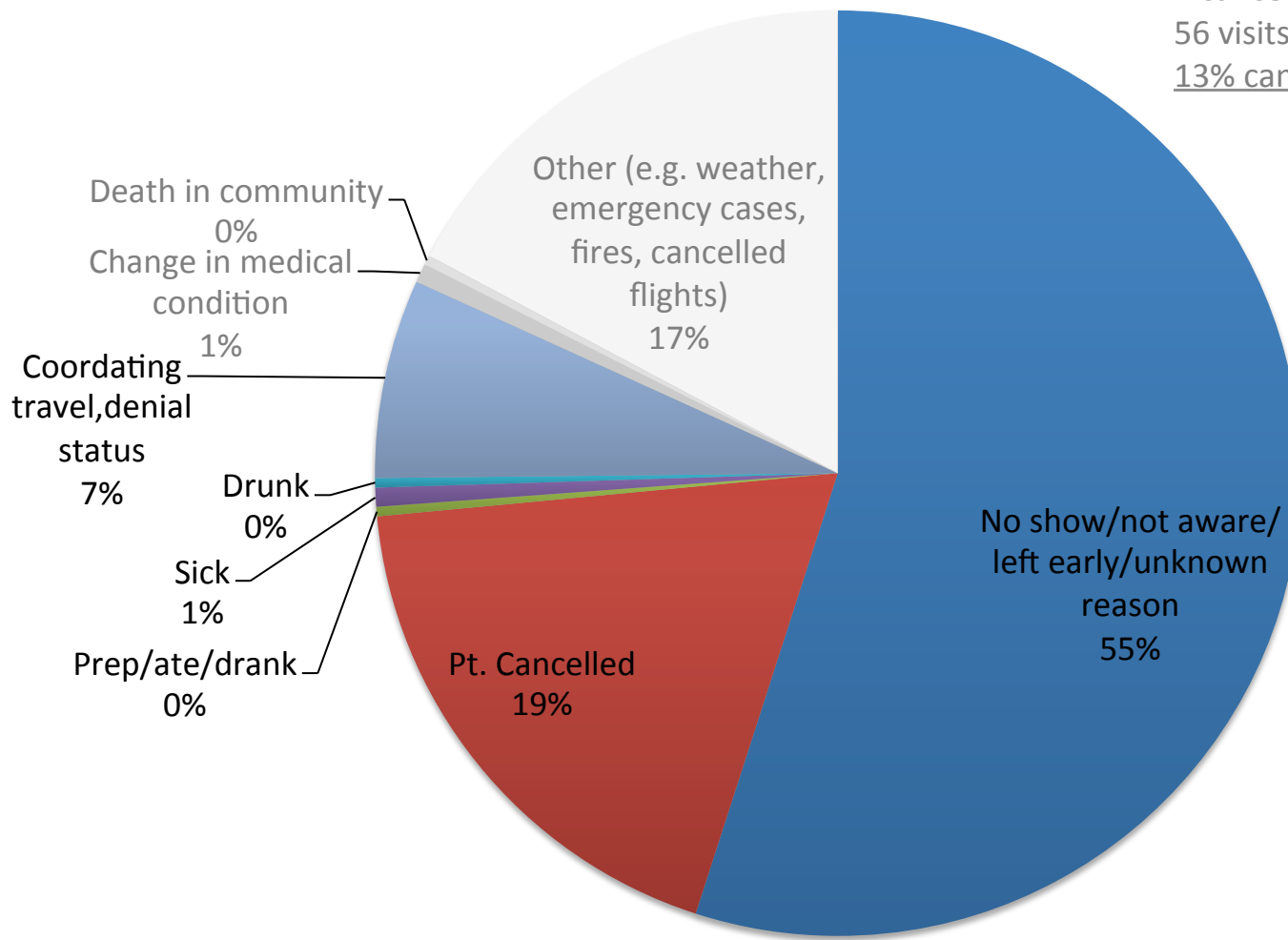
Average Weekly Volumes:

2 clinic days

7 cancellations

56 visits (avg. 23/day)

13% cancellation rate



CLINIC ACTIVITY

Statistics

Type of Activity in Pre-Op Clinic:

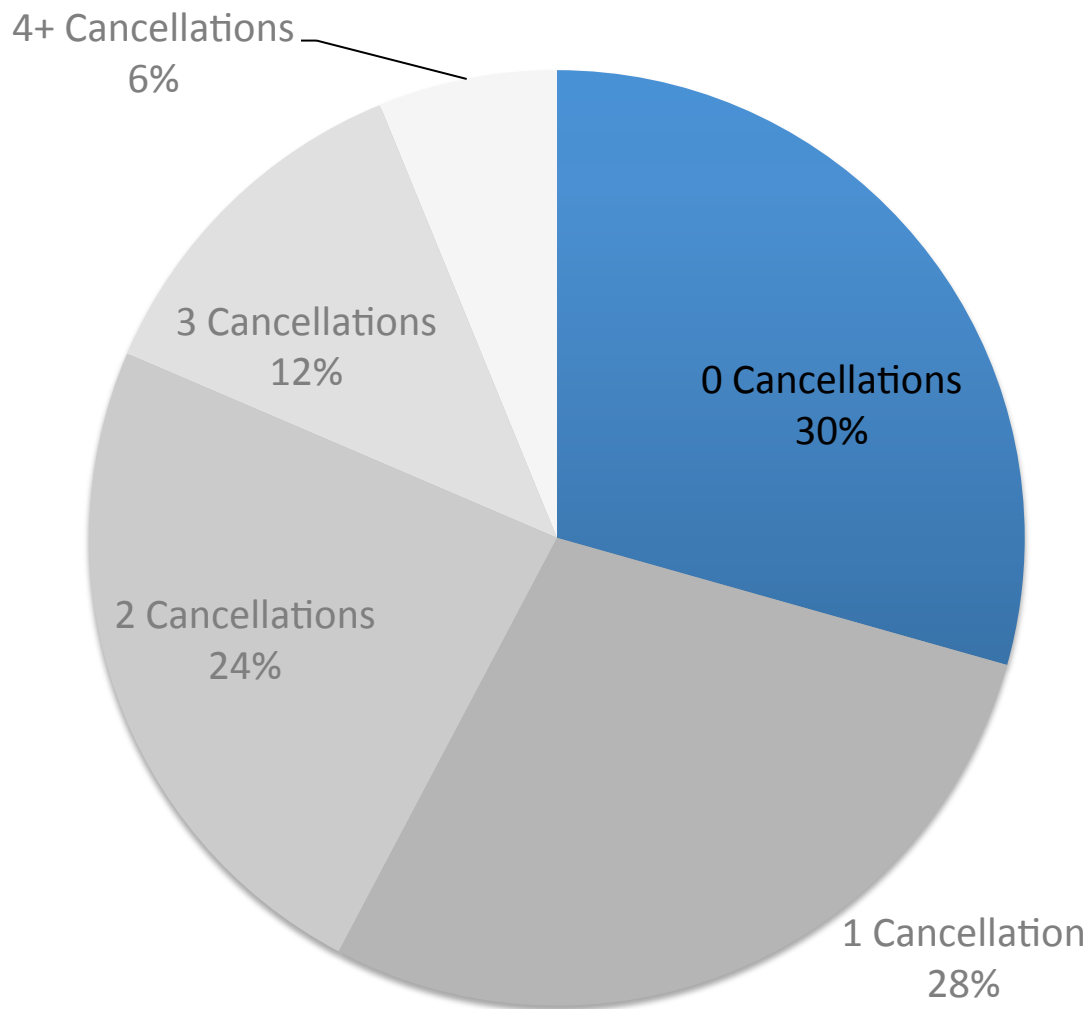
~4/10 Pre-Op Evaluation

~6/10 Follow-Up Activity

(Estimates based on partial data)

Chance of getting OR cancellations on a procedure day

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



OR ACTIVITY

Statistics

OR Cancellation Reasons

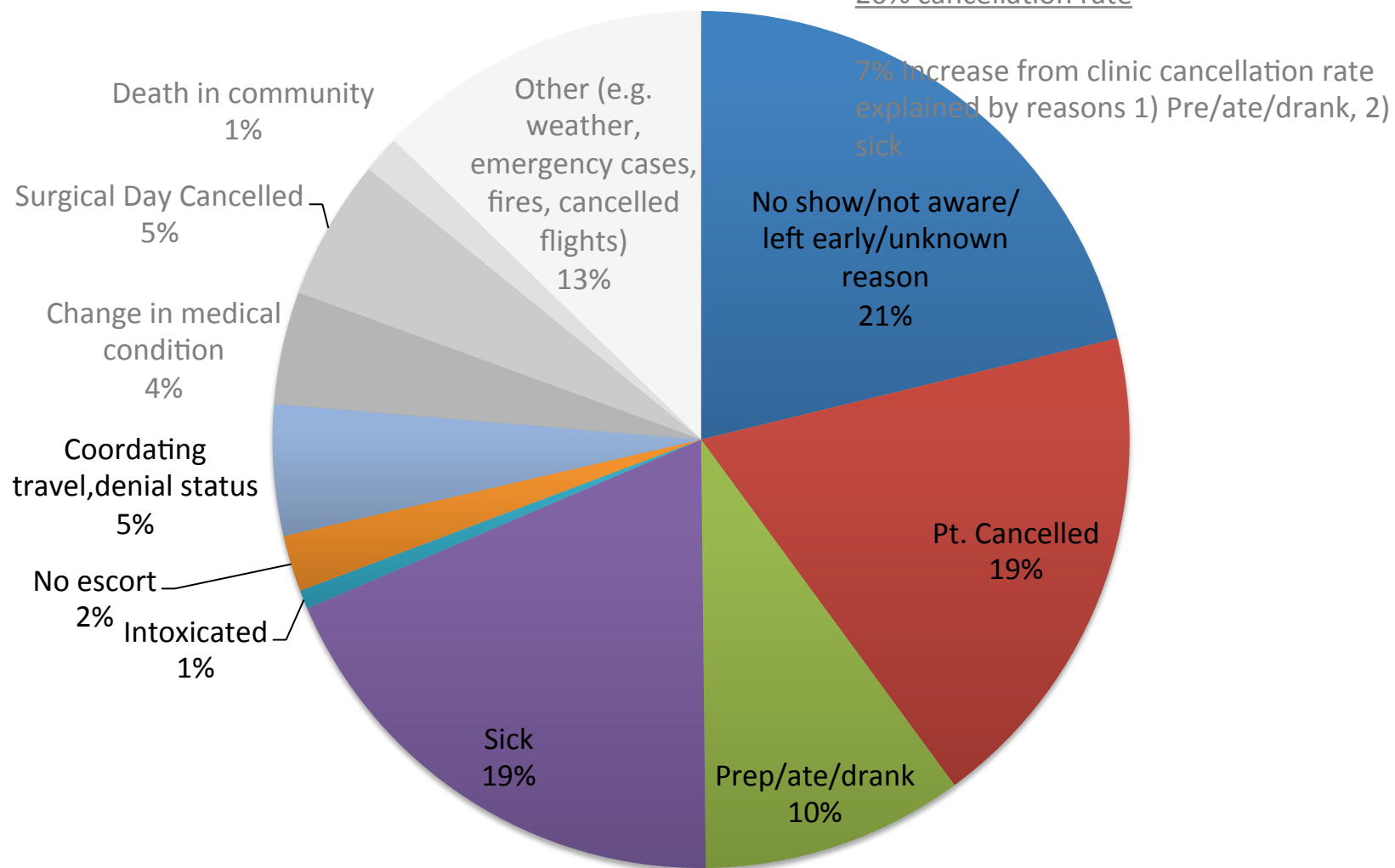
Most OR cancellations are for preventable reasons

Average Weekly Volumes:

7 cancellations

28 procedures provided

20% cancellation rate

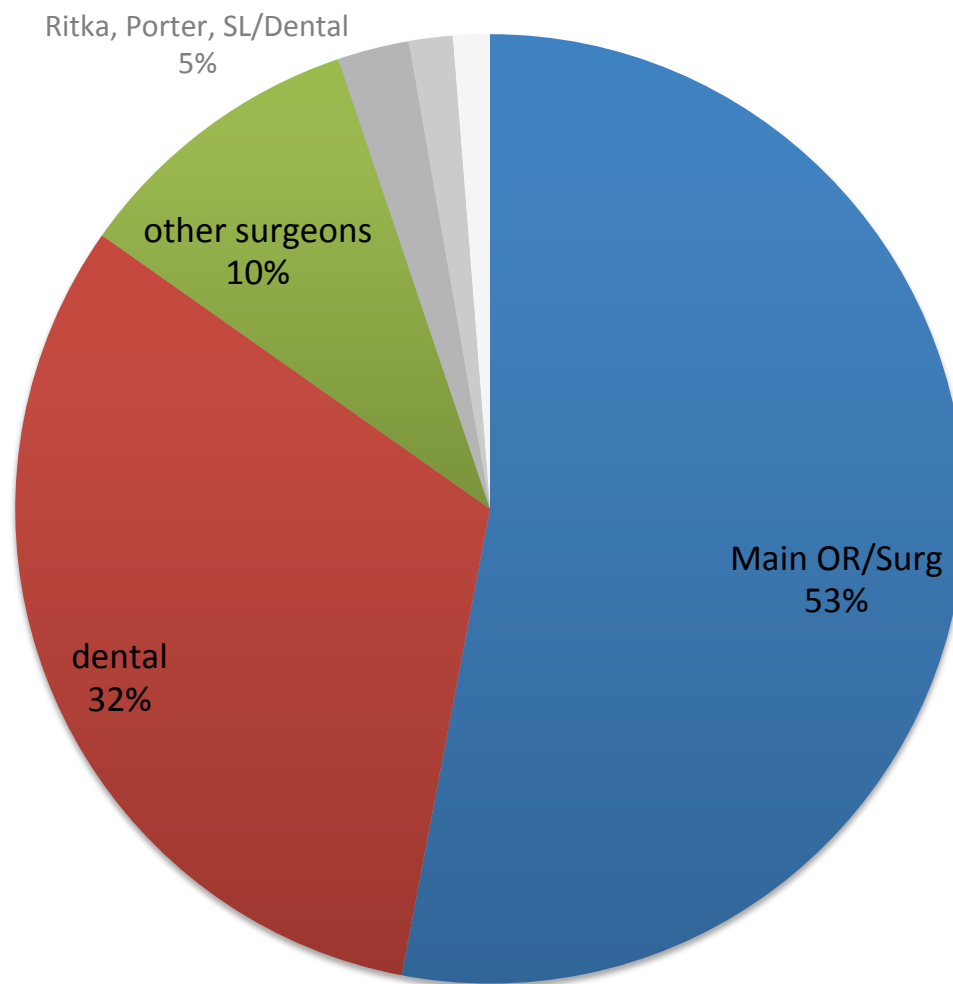


OR ACTIVITY

Statistics

% of OR procedures by type

Over half of procedures are main OR/SURG activity



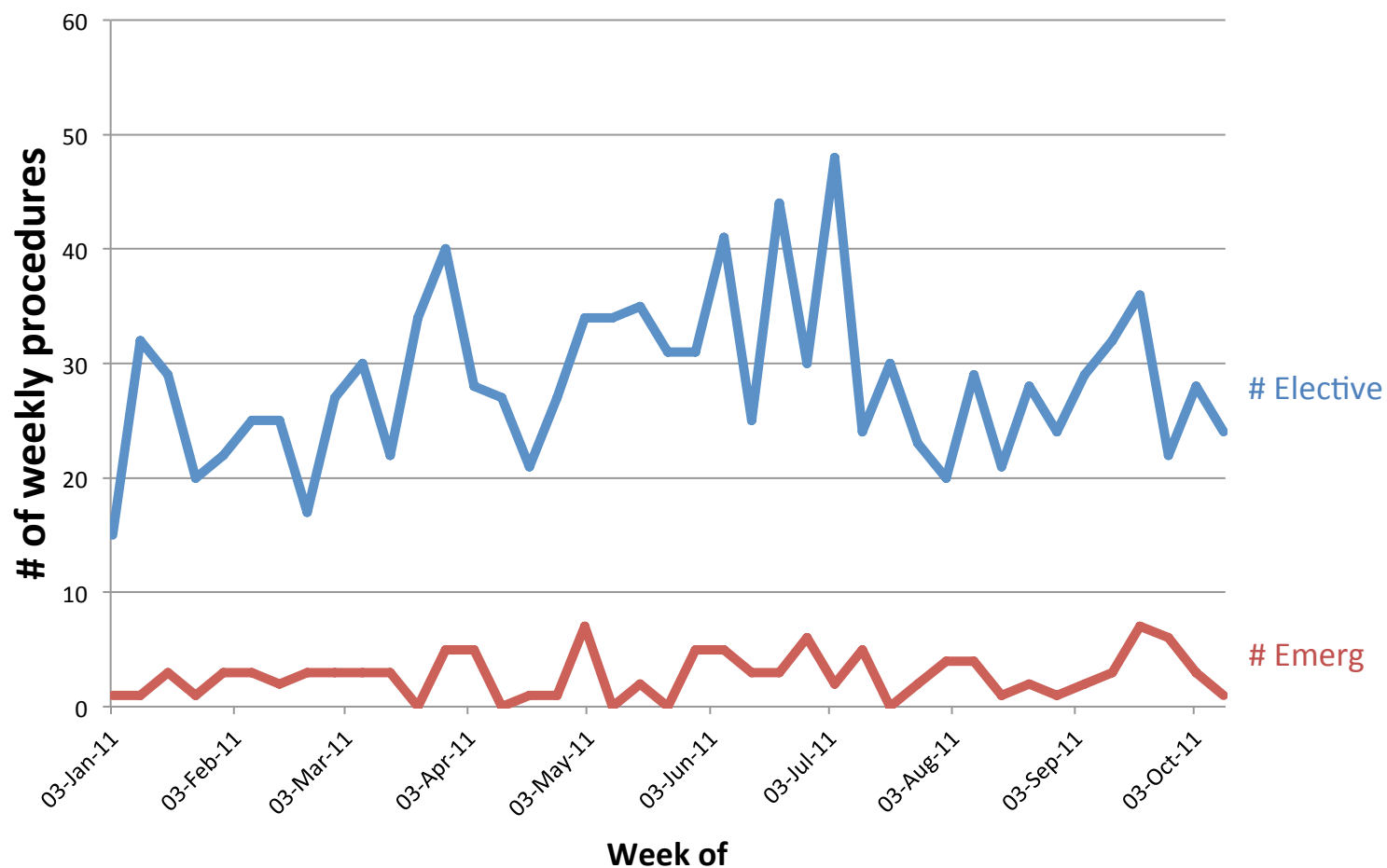
Jan-Oct 2011, Includes Emerg

OR ACTIVITY

Statistics

Weekly Procedure Volumes

Usually between 20-40 elective procedures a week



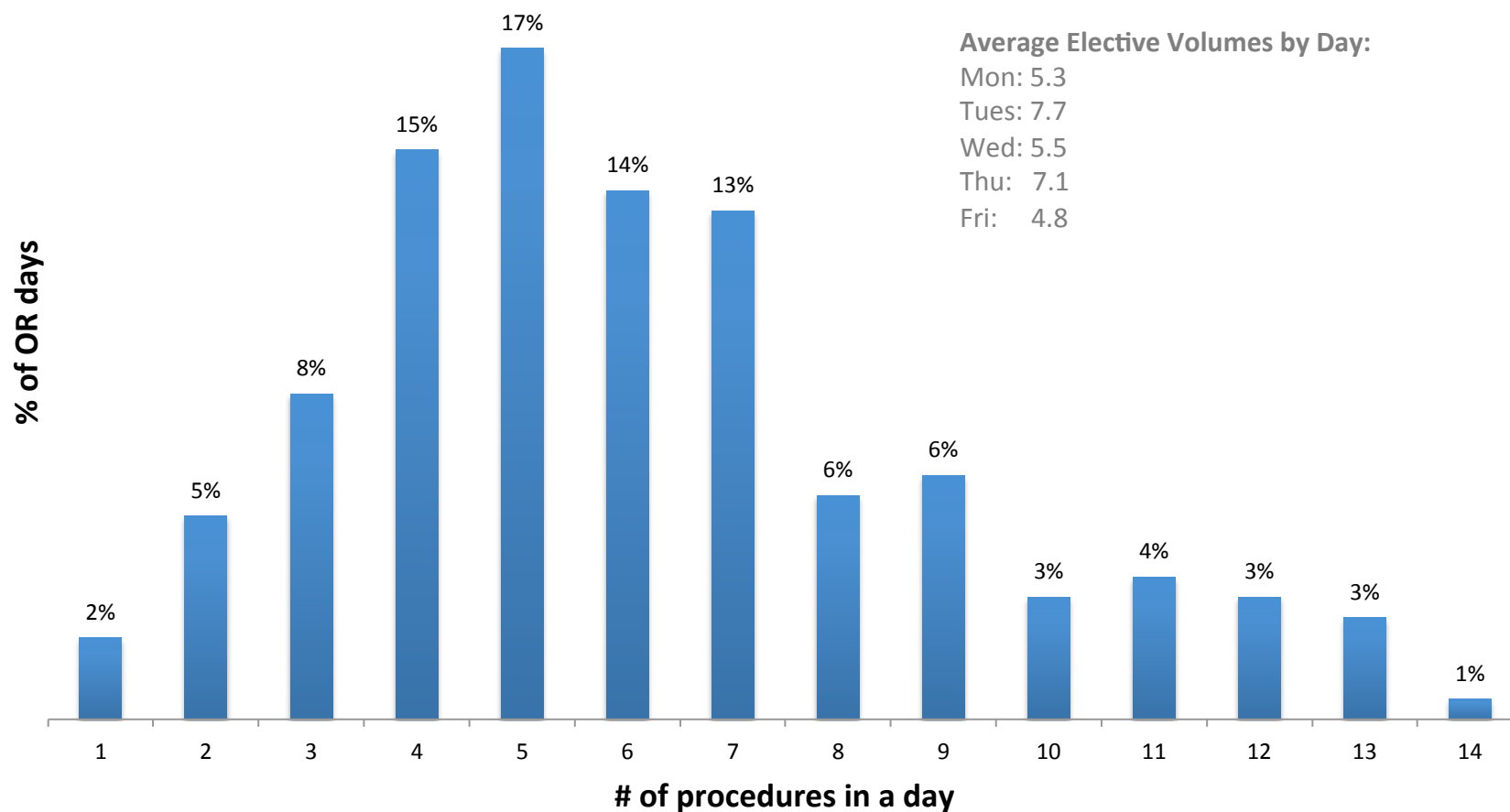
Jan-Oct 2011

OR ACTIVITY

Statistics

of elective procedures in an OR day

Most days (59%) perform 4-7 procedures



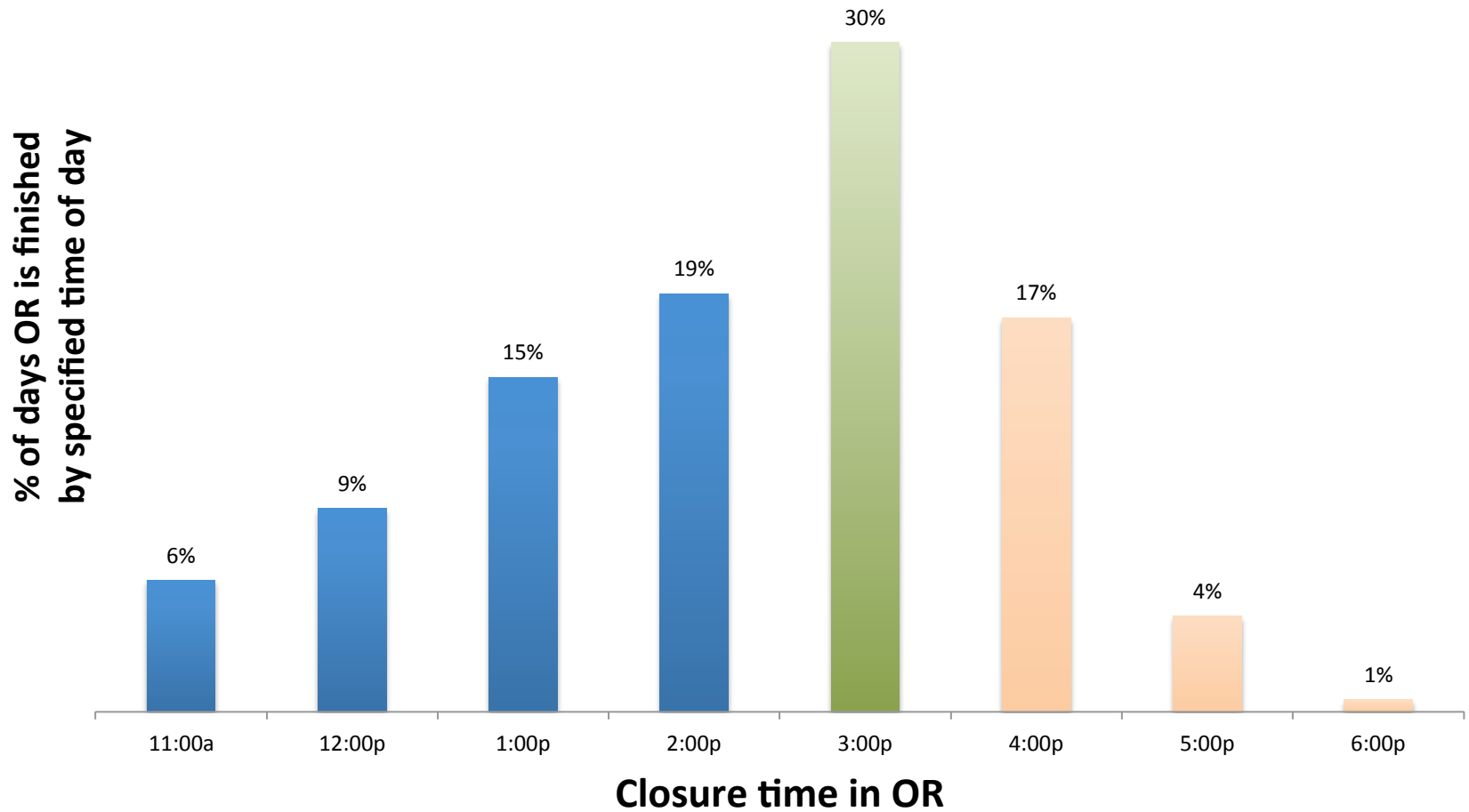
Jan-Oct 2011

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)



Jan-Oct 2011

PROCESS

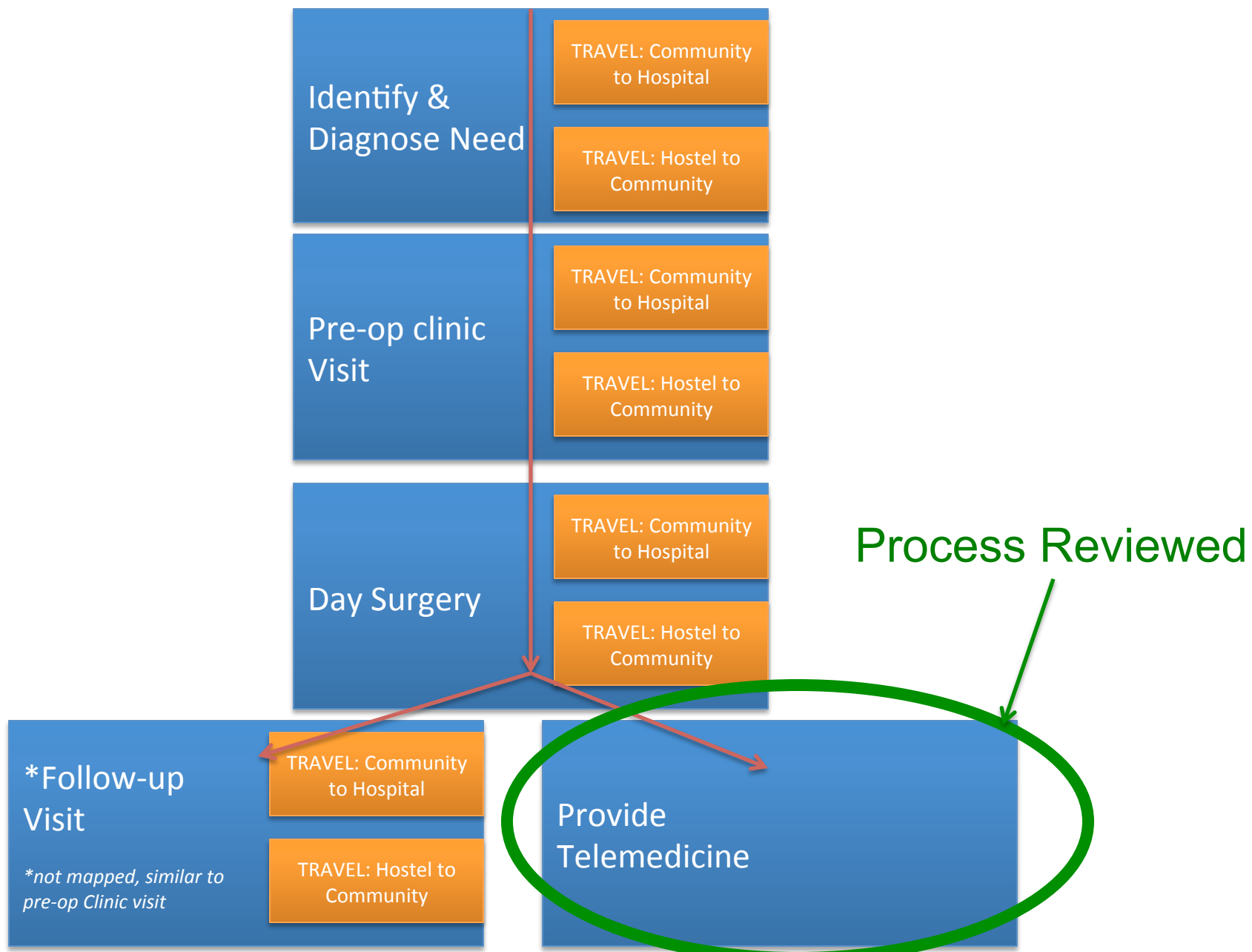
REVIEW

PROVIDE TELEMEDICINE

PROCESS

PROCESS MAPS OVERVIEW

Process Walkthrough



PROCESS MAPS OVERVIEW

Video

- A *video* is available that provides a high level walk through of the process map
- 9 minutes
- Contact Doleweerd Consulting
(jeff@doleweerd.com) or David Murray
(CEO SLMHC) for access to the video

KEY ISSUES

PROVIDE TELEMEDICINE
PROCESS

TELEMEDICINE ISSUES

Key Issues

1. Patient doesn't know next step

- Large time lag between end of surgery and notification of appointment, causes majority of waste steps in the process.
- Also, patient lacks choice, is “told” about appointment ... later

2. Too many databases

- 10 schedules exist across the system, each to solve one piece of the process.
- TSM does not solve end-to-end scheduling problem

3. Community Coordinator Training/ access to information/ Accountability?

- Many not trained in TSM?
- Latent information about clinic availability
- *Communication skills* when scheduling with client?
- Certain behaviors (e.g. not showing up for appointments) sabotages the process.

CHANGE IDEAS

PROVIDE TELEMEDICINE

PROCESS

PROCESS MAP : PROVIDE TELEMEDICINE

1. Schedule Telemedicine on same days as regular clinics

- Treat as a standard clinic day appointment. Provide telemedicine visits between regular appointments.
- Only go to telemedicine room once confirmed client has arrived at nursing stations.
- Give patients options about time of day for appointment
- Dedicate a telemedicine room to clinic work on clinic days.
- Nursing community role shifts to managing *changes* to the schedule and providing appointment reminders to patients

PROCESS MAP : PROVIDE TELEMEDICINE

Change Ideas

2. Book telemedicine appointment time immediately after procedure

- Provide patient with detailed appointment slip before they leave the Periop.

3. For 2nd follow-up visit, book at end of 1st follow-up visit

- Could be booked by physician or community coordinator
- Provide appointment slip, in local language

PROCESS MAP : PROVIDE TELEMEDICINE

Change Ideas

4. For community initiated appointments, enable patient to select appointment day

- When in community, don't "tell them" what day to come. "Ask" them, knowing what days have appointment availability.

5. Don't group telemedicine appointments by site

- It's optimizing the wrong resource.
- It overly restricts patient choice.

PROCESS MAP : PROVIDE TELEMEDICINE

Change Ideas

6. Provide appointment reminders day before

- Include in community coordinator role

7. Training and materials on “how to present” an appointment

- Some telemedicine community coordinators have experienced success modifying the “way you talk” to
 1. emphasize that importance of the appointment,
 2. describe what the appointment entails,
 3. and emphasizing patient choice.
- Applies to coordinators *and* clinic staff

8. Activate telemedicine ports in all rooms

- Ports exist but are not activated in all patient rooms?

PROCESS MAP : PROVIDE TELEMEDICINE

Change Ideas

9. Investigate enabling TSM to be used as exclusive booking database

- Currently 10 schedules. Converge.
- Modifications may be required to facilitate necessary workflow.
e.g.:
 - confirmation of patient notification,
 - appointment outcome,
 - email notification of bookings to coordinators,
 - email daily activities summaries to coordinators,
 - Build in reporting requirements (to replace batch data input by KOTM)
 - Etc...
- May be able to replace some database usage simply through training
- **Note:** The *process* must also change, otherwise “doing the wrong thing righter”.

PROCESS MAP : PROVIDE TELEMEDICINE

Change Ideas

10. Consider enhancing and clarifying management approach to Community Telemedicine Coordinator

- **Note:** Compensation, hiring, supervising, training

END