

# Wave 1 Champions

## LSS Yellow Belt Posters



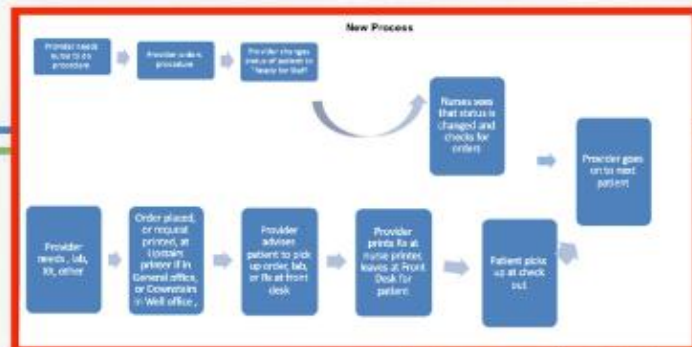
## Improving Work Flow for Providers

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Healthcare Lean Six Sigma

**Control:** We held our gains by interviewing providers asking them what was improving work flow and what was not. Some providers chose not to participate choosing work flow that suited them better. Folders were restocked as providers used forms monthly.



**Improve:** Using focus groups and best practices of BOBs, I created 3 folders with desired handouts, forms and screens that providers needed at fingertips. Each folder was labeled with the contents. A new process map was created to help work flow. Pilot ran for 2 weeks.

Before	After
Avg 2.7	0.7
Range 0-4	0-1

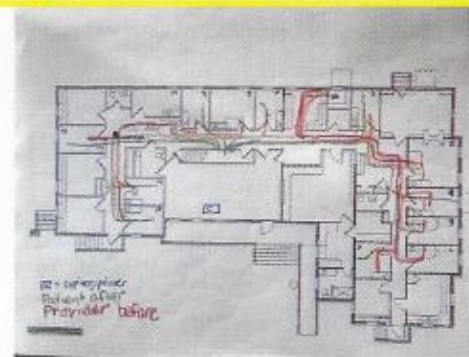


**Define:** Providers were having to leave their rooms to fetch lab orders, supplies, forms and screens. There were issues with communication with nurses when needing tests run or treatments. CTQ was being able to finish encounter without leaving room. **Goal:** Decrease # of times leaving room from average of 2.7 to 1 per day by 6/14/19. I made SIPOC and spaghetti diagrams of the as-is process. VOC was documented by doing surveys for factors for "Y". Breakout sessions and interviews were also employed. Process map was drawn.

**Measure:** Y = # of times leaving room for forms, Baseline: Average 2.7 Range: 0-4. I used C/E diagram to identify potential causes for leaving rooms. Brainstorming techniques used. Data was collected from providers for 2 weeks. Financial impact was calculated using a waste calculator. If estimating average of 3.5 minutes wasted per day X 228/60 = 13.3 hours saved X \$90/hours = \$1197 X 6 FTE = \$7192 saved.

**Summary:** Providers were frustrated when they were having to leave the rooms to fetch forms and averaging 3 times a day to get needed supplies or communicate with a nurse. By following the DMAIC method, we identified forms that were needed, and put them in folders in each room. We developed a process map to improve work flow to eliminate excess movement from rooms, reducing provider leaving room to less than once a day.

**Analyze:** I studied which forms were commonly needed in the rooms, causing providers to leave and search for them. I found variation in the work flow patterns between different providers, BOBs and WOWs were identified. Spaghetti diagrams highlighted the wasted movement of some providers going to different copiers that were inconveniently located in relation to their rooms. Data showed that 3 of the 7 providers were leaving rooms 4 times more often, primarily to fetch forms they needed and to print to printer. I concluded we could save time and movement by printing to front office and task patients with collecting their forms and printouts.





Reducing Approval Cycle Time on Special Funding Process  
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Healthcare Lean Six Sigma

**Control:** Prior to roll out of the final process, updated fillable pdf request forms were sent to all clinicians with instructions on how to complete the form and how to submit requests. Dummy “testing” emails were sent to the committee members with instructions on how to open the email and click the “voting” option. Screen shots of each step were included in the email for visuals.

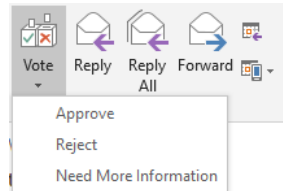
**Before** it was taking anywhere from same day response to **up to 7 days** to respond. **After**, responses were received immediately upon opening email which have been **no longer than 24 hours**. **Before** a minimum of **10 sheets** of paper per requests were being printed. **After** a minimum of **1 sheet** is being printed



**Define:** Committee members where complaining too many requests were being sent and too much paper being wasted printing out requests for review. It was taking up to a week to receive responses from committee members. The expectation was a response w/in 72 hours for standard requests and w/in 24 hours for urgent requests. We failed to meet the expectation. **Goal was to reduce amount of paper being printed and respond to request within 72 hours of receipt.**

**Improve:** Using brainstorming, we created several solutions and discussed with the IT department to see which would be the best option for a “quick win”. The solution was to convert the document in to a “fillable” pdf file for those making the request, then utilize the Outlook software to create emails using voting buttons for responses. Each committee member would be able to review the request submitted via email and respond immediately using the voting options: 1. Approve 2. Disapprove or 3. Need More Information. The responses would be automatically directed to the sponsor of the email. Once all responses received by sponsor, an email would be forwarded to the CMO for final approval from the CEO

Automated Voting



Fillable PDF



**Measure:** Y= Approval cycle time.

Baseline: (Committee Response to Requests)  
 Range: .25-7 days

Target:  $\leq 3$  days

Multiple past requests were reviewed to determine the range of approval times.

**Summary:** Committee members were feeling overwhelmed and frustrated with the amount of requests and papers to print

By following the DMAIC method, we were able reduce approval cycle time to less than 24 hours with a no-cost solution, reducing wasted paper and obtaining immediate responses to requests. This should lead to improvements in both clinician and patient satisfaction

	<u><b>BEFORE:</b></u>	<u><b>AFTER:</b></u>
<b>Time:</b>	<b>.25-7 days</b>	<b>0 – 1 days</b>
<b>Paper:</b>	<b>10 sheets</b>	<b>1 sheet</b>

**Analyze:** We found it was taking longer for some to review requests due to:

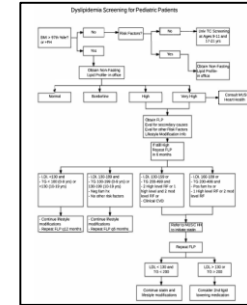
- overabundance of emails and requests getting “lost” in the shuffle
- committee members being out of the office with limited access to emails and work day schedules
- the amount of requests received varied from week to week

**Control:** In order to ensure we held the gains on these results going forward we will:

- Announce cholesterol screening rates monthly to practice providers
- Query providers for feedback on process monthly for 6 months
- Implement recommended updates/changes from providers

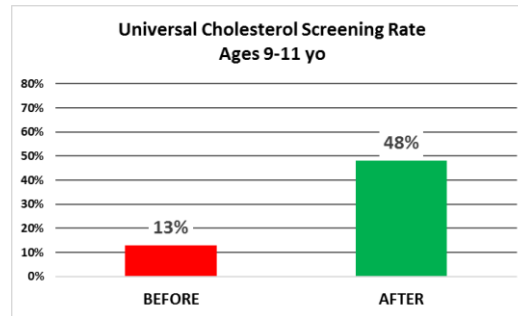


**Define:** Elevated cholesterol in pediatric patients can impact their future health and is often hard to detect. Our practice implemented a screening protocol aligned with AAP guidelines. **Goal: To increase the % of eligible patients screened.** We created a *SIPOC* and a detailed *process map*. Additionally, we looked at the *Voice of the Business* to improve the process.



**Improve:** To improve the follow-up rates we implemented the following changes and realized an improvement from 13% to 48%:

- Created/delivered educational update for Providers and MAs
- Simplified clinical decision-making flowchart with MUSC HH Program
- Created new reminder flag in EMR



**Measure:** Y = % eligible patients screened

**Baseline:** 13%

**Target:** 35%

We completed a Cause & Effect (Fishbone) Diagram to determine which factors (X) may be impacting the problem.

**Summary:** By following the DMAIC method, we improved the pediatric cholesterol screening rates from 13% to 48%, exceeding our goal of 35%.

This can help lead to better future health for our patients

**Analyze:** In studying the potential X-Factors that caused the screening levels to be less than desired, we determined the most likely *root causes* to be:

- Providers: Current guidelines confusing and controversial
- Medical Assistants: Focus on vaccines, not screening prior to provider evaluation

