

MIT Muthaiga Final Presentation

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Agenda

1. Project Background – why we're here
2. Process – what we did
3. Outcomes – a tale of 4 opportunities
4. Reflections – open discussion
5. Looking Ahead – continuous improvement
6. In Closing

Background – Why We're Here

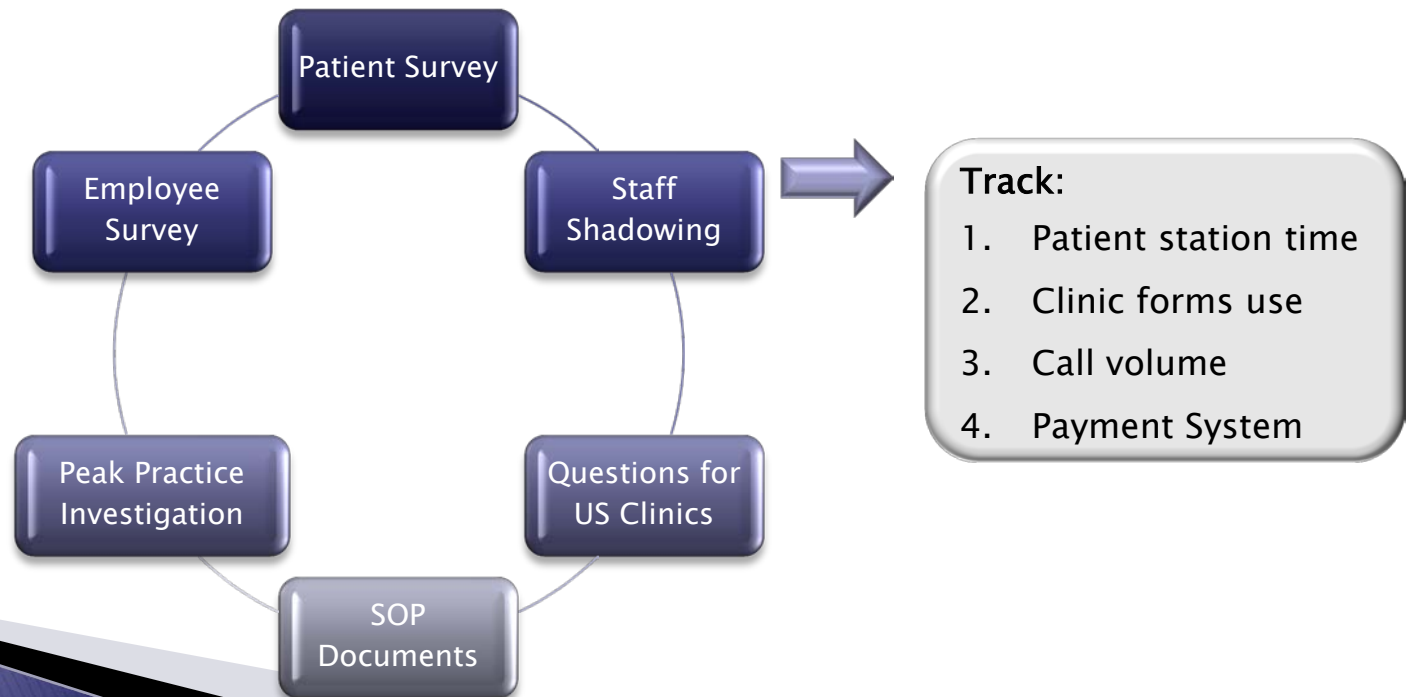
- ▶ A feeling that things can be run more smoothly
- ▶ Difficulty focusing due to constant interruptions
- ▶ Longer hours for the staff are tiring
- ▶ Patient waiting time increases dramatically on busy days
- ▶ Preparing for Peak Practice

Process – What We Did

Off-site

- U.S. clinic interviews
- U.S. pediatric research
- Kenyan company interviews

On-site



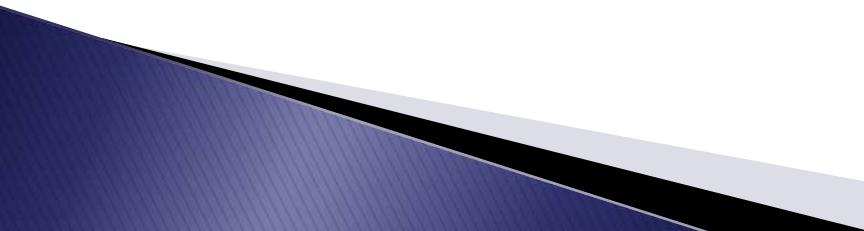
Opportunity #1 – Triage

Problem

- ▶ On busy days, concurrent triage and vaccine appointments can slow patient flow to doctors



Opportunity #1 – Method

- ▶ Shadowed triage appointments (mix of sick, newborn and developmental visits) to observe procedural bottlenecks
 - ▶ Interviewed nurses to understand challenges around vaccine and triage procedures
 - ▶ Discussed standards and alternatives with doctors
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Opportunity #1 – Results

Observation	Result
Diapers are changed prior to weighing as opposed to while in waiting room	Mother changes child during appointment, slowing triage
No template of questions is used for triaging	Questions are asked spontaneously
Vaccines require doctor approval prior to nurse administration	Doctor is pulled out of appointments to approve vaccines on the spot
Vaccines often require doctor consult; multitude of schedules means more to keep track of/verify	Nurses rarely administer vaccines without some verification with doctor during appointment
Parents forget relevant forms (growth card, vaccine card)	Parents are unaware of progress of child; additional counseling is required by nurse who has to search for and refer to previous notes

- ▶ Triage and vaccine processes offer several opportunities to address delays

Opportunity #1 – Recommendations

- ▶ Use a template of questions to triage
- ▶ Doing so will ensure that triage is a standardized process providing doctors with appropriate information for diagnosis
- ▶ Eliminates redundancy in doctor assessment in office

Opportunity #1 – Tools

Dr Nesbitt
& Associates clinic

Guidelines for Triage

Begin by encouraging parent to change diaper (if age appropriate) in preparation for weighing
all NEW patients (regardless of age)

What brought you to the clinic today?

Where was the child born (hospital and country)?

What was the mode of delivery?

When did you move to Kenya? From where?

What is the child's birth order (e.g. only child, second born etc)?

Is the child up to date with his/her vaccines? Do you have his/her vaccine record with you?

Does the child have any allergies?

Is there any history of disease in the family?

Has the child ever been admitted to the hospital or operated on?

Has your child been taking any medications?

Are there any other concerns to note about the child's health?

(if applicable) What year was the child diagnosed with condition X (e.g. ADHD, etc)?

Where does the child study?

For NEWBORN patients

Where was the child born (hospital and country)?

What was the mode of delivery?

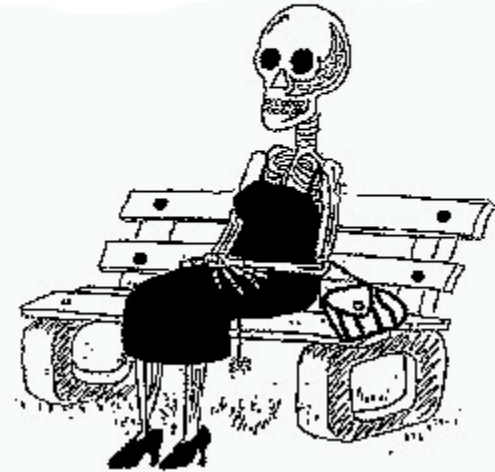


Opportunity #2 – Waiting Time

Problem

- ▶ Patient waiting time increases dramatically on busy days, angering the patients and placing stress on the staff

Waiting..



Opportunity #2 – Method

- ▶ Observed patients and recorded the amount of time they spent at each work-station
- ▶ Compared observations for a light day to a busy day

Average Patient Time in Clinic (MIT data, minutes)

	Waiting	Total
Light Day	15 min	61 min
Busy Day	31 min	71 min

Opportunity #2 – Results

Average Patient per Station (minutes)

Check-in doc.	8 min
Triage	9 min
Doctor	25 min
Vaccination	17 min
Cashier	6 min

- ▶ A doctor takes 25 minutes to see a patient,
- ▶ One doctor can see at most 16 patients in one day

Opportunity #2 – Recommendations

- ▶ Schedule no more than 16 patients per doctor per day
- ▶ Schedule no more than 8 well visits per doctor in advance, to allow room for 8 sick visits

16

8

Opportunity #3 – Reception

Problem

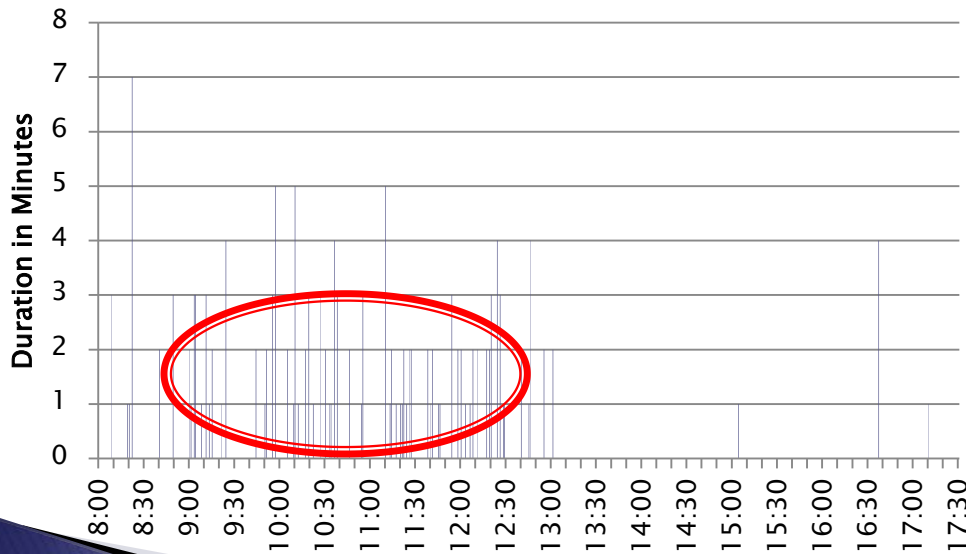
- ▶ Reception tasks are overwhelming on busy mornings, causing patient delays and requiring other staff to divert energy and pitch in



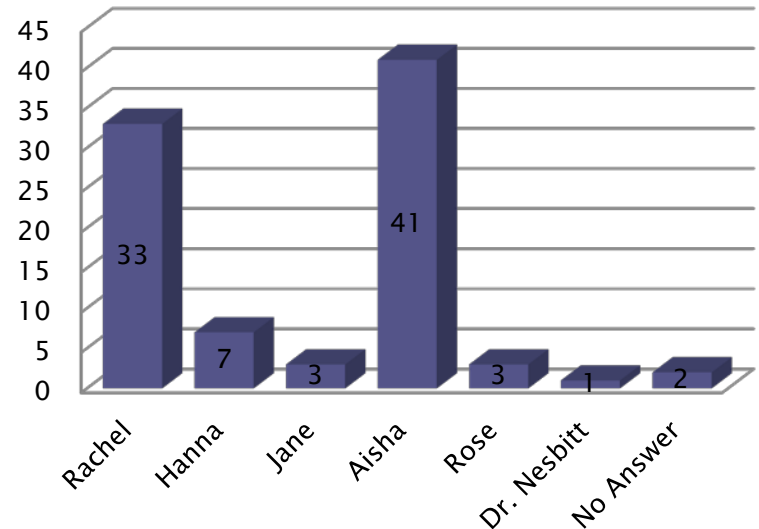
Opportunity #3 – Method

- ▶ Observed reception area, noting call time, call purpose, call duration, and who answered the phone.
- ▶ Compiled observations into patterns

Call Timing & Duration



Calls Answered (90 calls)



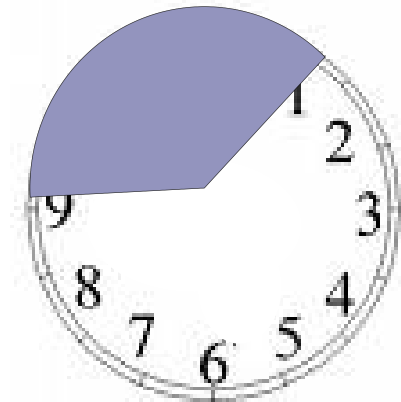
Opportunity #3 – Results

- ▶ Everyone in the clinic answered the phone at least once, detracting from other activities
- ▶ Several times, the phone was not answered in time at all
- ▶ Call volume was significantly higher between 9 AM and 1 PM

9 AM – 1 PM	All Other Times
77 Calls	13 Calls

Opportunity #3 – Recommendations

- ▶ Designate one of the office staff to help out at reception every day during the morning hours
- ▶ Station the reception helper in the reception area from 9 AM – 1 PM



Opportunity #4 – Personal credit

Problem

- ▶ Extending credit to individual patients costs the clinic money through delayed repayments and bad debts. It also takes time and is stressful for staff to recoup payments



Opportunity #4 – Method

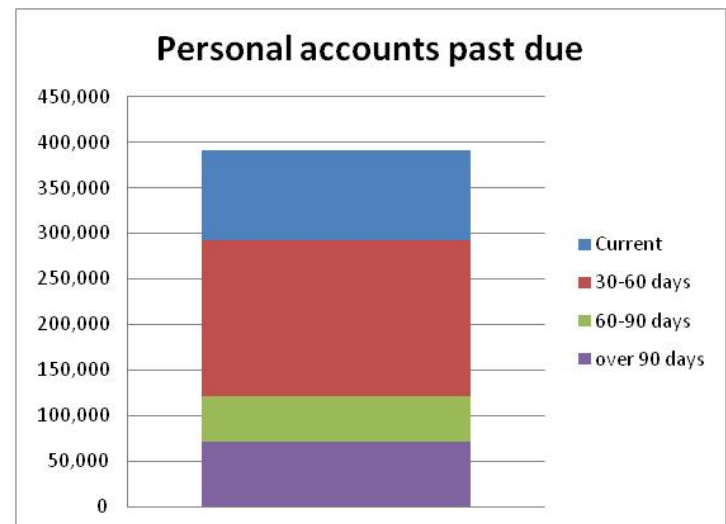
- ▶ Surveyed patients on importance of availability of personal credit
- ▶ Interviewed/shadowed employees on experience with personal credit accounts
- ▶ Obtained historical financial data from accounting (i.e. accounts turnover, volume)

Dr Nesbitt
& Associates clinic



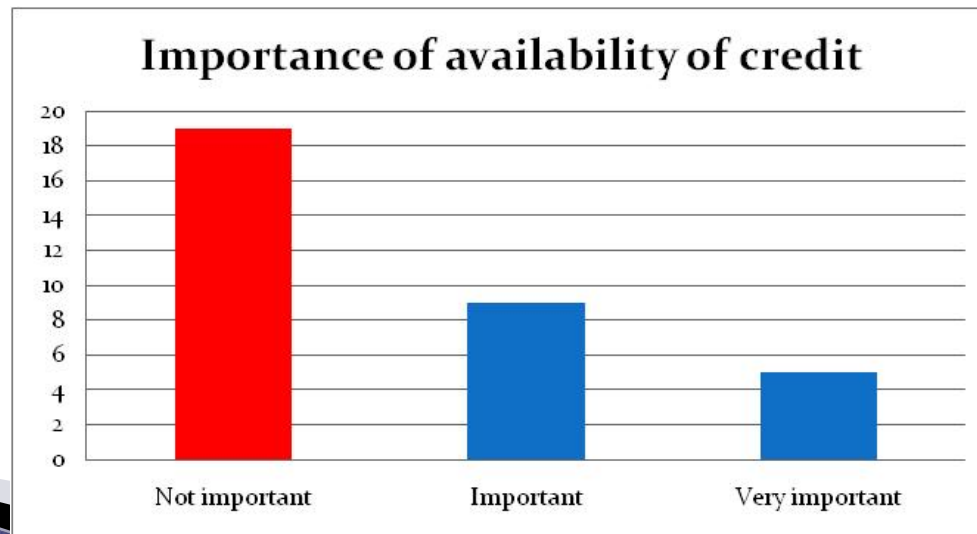
Patient Survey

As part of our dedication to patients and desire to continually improve our services we are collaborating with MIT Sloan on a review of our clinic operations and service. We would appreciate your participation in this project by completing this brief survey on your experience at the clinic and your preferences for future service.



Opportunity #4 – Results

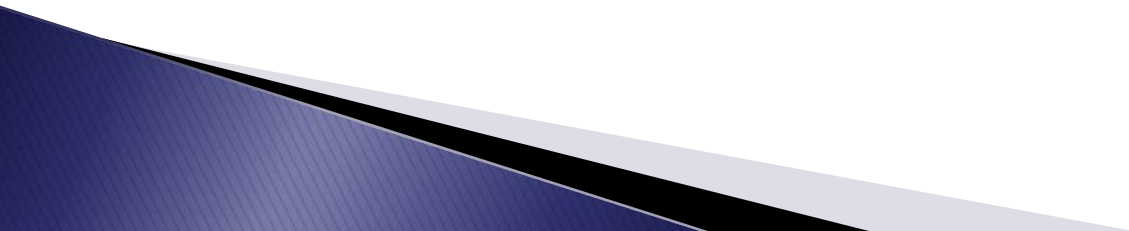
- ▶ Collections process reduces job satisfaction due to difficulty collecting and rude patients
- ▶ Most patients said availability of credit is Not Important to them (19/33 patients)
- ▶ Clinic profitability is negatively impacted due to overdue accounts and bad debts



Opportunity #4 – Recommendations

- ▶ Revise credit policy to provide formal guidelines on who can receive credit, in what situations, at what terms (e.g. must be patient for at least one year, must pay minimum % of bill, set cap for maximum credit, etc.)
- ▶ Visibly post policy in clinic and provide hand-out to patients to reduce hassles

Reflections



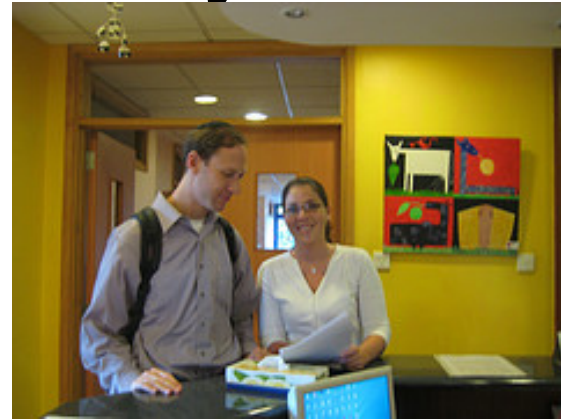
Looking Ahead

Continue to make small, specific, incremental improvement, with oversight

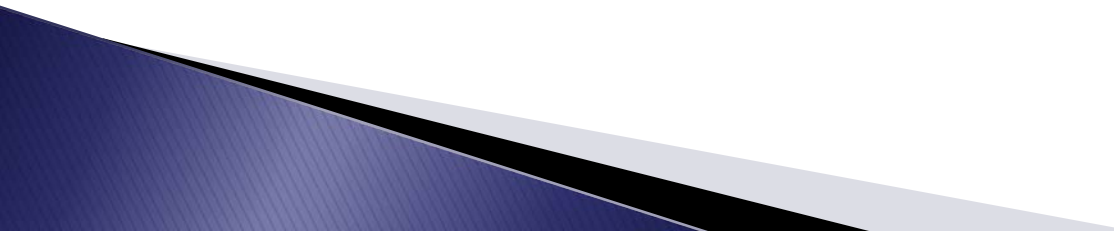
- ▶ **Small** – the change should be small enough such that it will not overtly disrupt staff routine
- ▶ **Specific** – only one person should be responsible for the improvement, which should be described in at most one sentence
- ▶ **Incremental** – each new improvement should build on past improvements
- ▶ **With oversight** – one manager should be responsible for providing guidance and planning change implementation

In Closing

Thanks so much for all your help!



Part II – Agenda

1. Peak Practice
 2. Organizational Charts
 3. Subspecialty Overview
 4. Employee Survey Results
 5. A Conversation About Management
 6. Handoff Overview
 7. Closing Thoughts
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Peak Practice – Opportunities

Work Area

- Scheduling
- Approvals
- Lab Results
- Form Prep
- Reporting

PP Capability

- Automated availability check (multiple providers)
- Templates for new appointment bookings
- Co-signing queues as assigned tasks
- Digital signatures via pin code
- Unique vaccine schedules linked to patient chart
- Coded directly into patient chart
- Alerts and reminders available
- Referrals managed by system
- E-forms available for patient access via portal
- Can add forms as editable PDF or scan as image
- Existing reports relate to clinical and practice mgmt
- Custom reports can be built, though tedious
- PP can build necessary reports for a fee

Peak Practice – Drawbacks

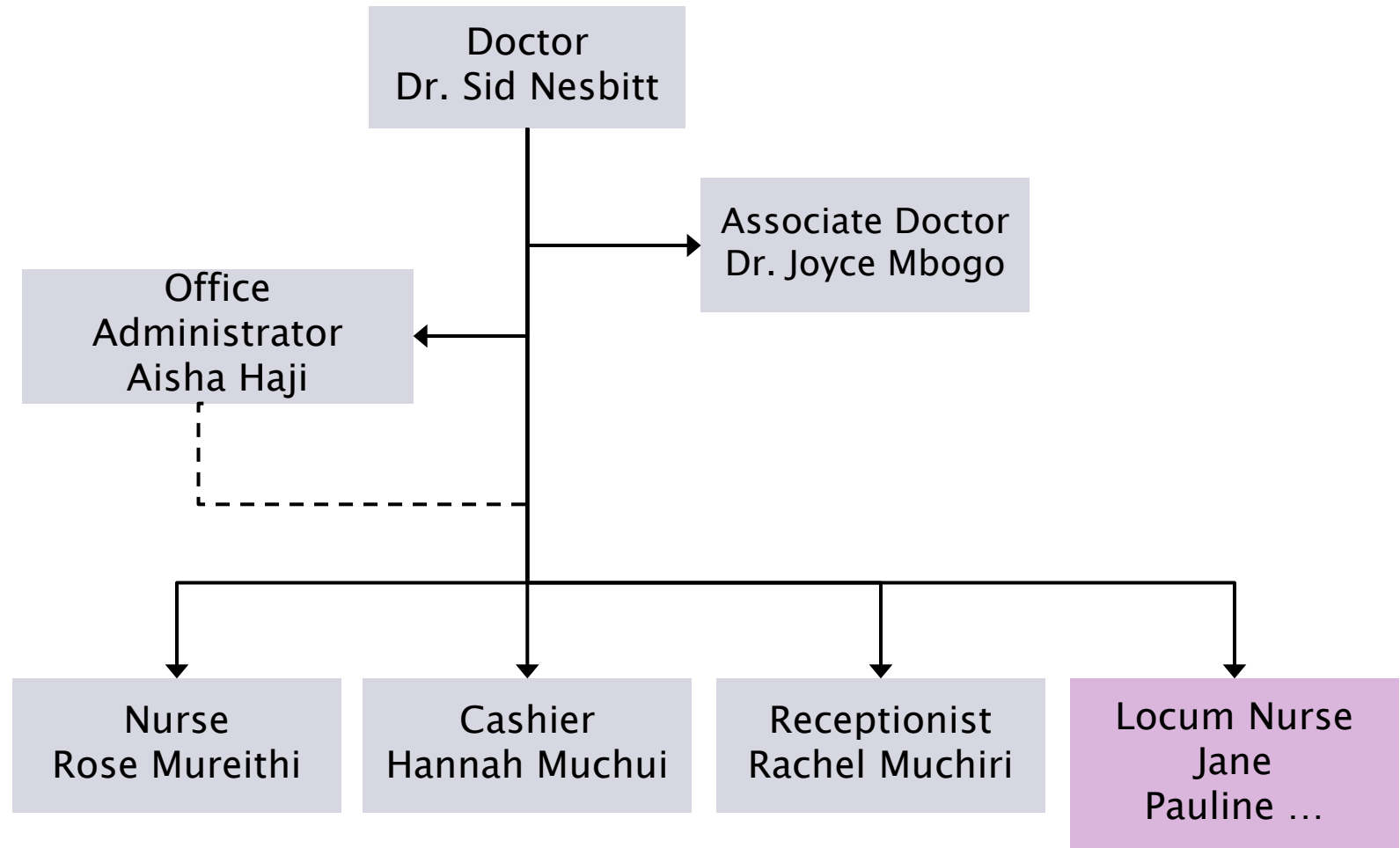
Work Area

- Inventory
- Approvals
- IT
- Integration
- Forms

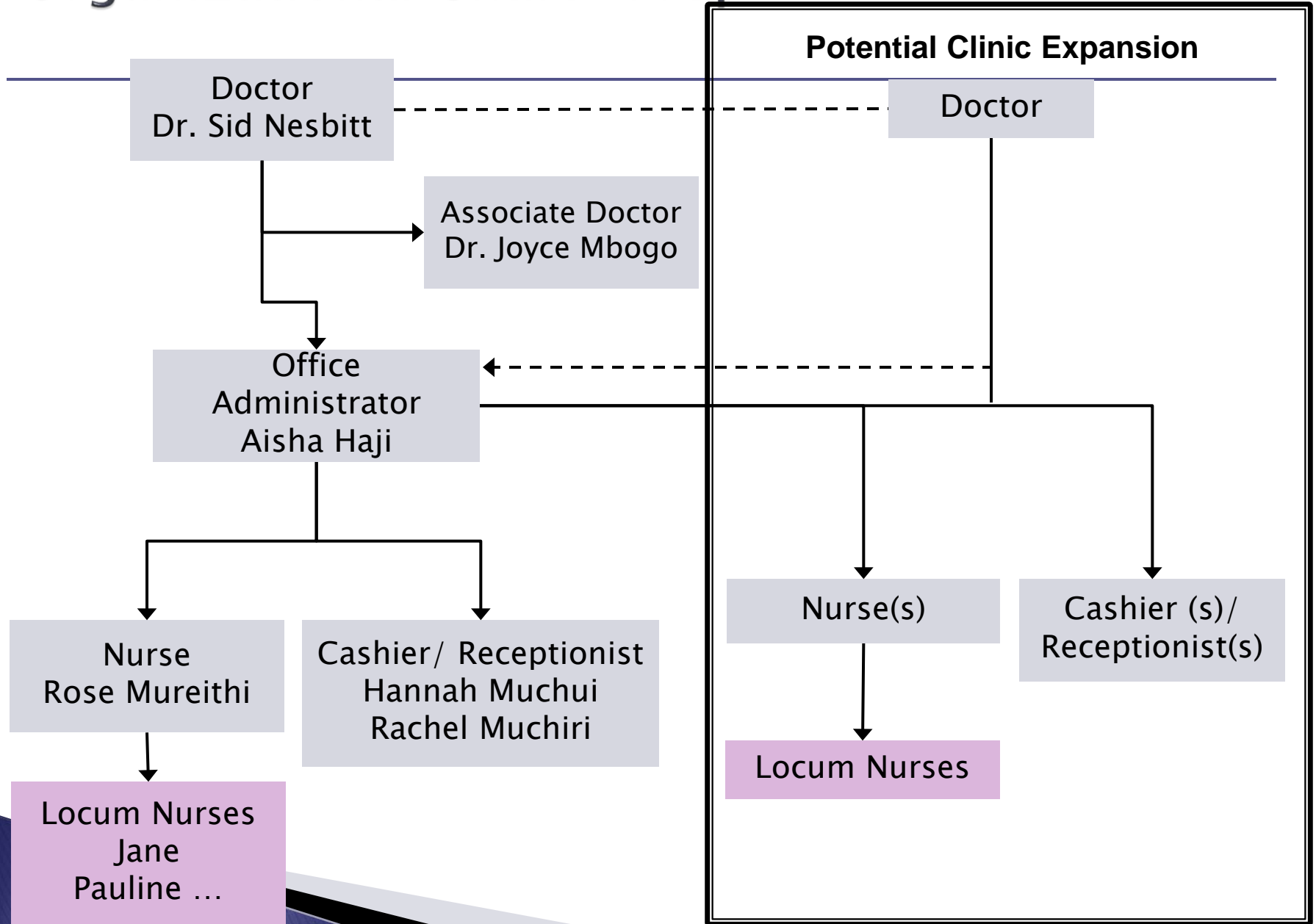
PP Capability

- Lacking basic inventory management module
- Available as an add-on (separate payment)
- Integration with mobile devices not supported
- Iphone integration in a future release
- Learning site is helpful, but clear as could be
- Data backup left to local IT
- SMS capability planned but not yet implemented
- Existing charts must be manually scanned in
- Even a Doc Clinic export would need to be imported by PP for a fee
- Forms cannot be emailed directly to a patient chart
- Complicated custom forms must be added by PP for a fee

Organizational Chart - Proposed



Organizational Chart- Proposed



Subspecialties

Recommendation: Create referral partnerships with relevant subspecialists (including X-referrals, appointment availability, etc), and encourage them to set up clinics in the Gertrude's area. Alternatively, take advantage of the existing Gertrude's specialist clinics for referrals.

▶ **Relevant specialty areas**

- Dermatology
- Allergy/Asthma
- Orthopaedics

▶ **Potential Staff Sharing**

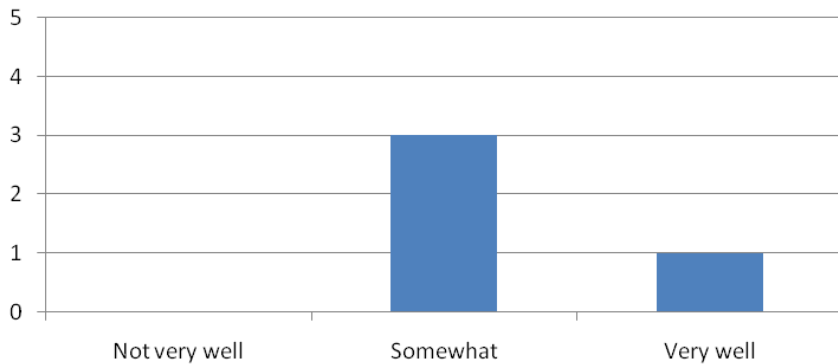
- Office administrator
- Locums
- Accountant/auditor

▶ **Important considerations**

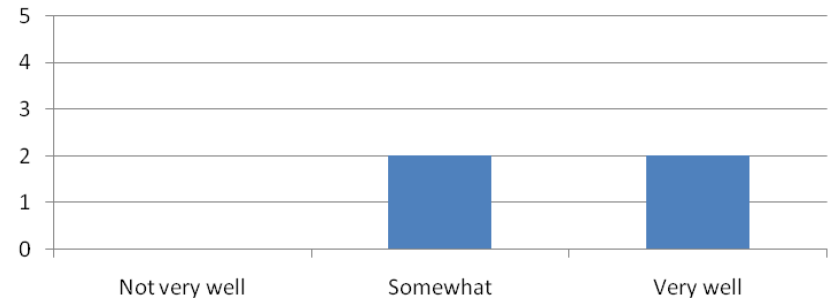
- Frequency of referrals
- Convenient access for patients
- Availability of specialty appointments
- Sharing patient files (privacy concerns, EMR, etc)

Employee Survey Results (1 / 2)

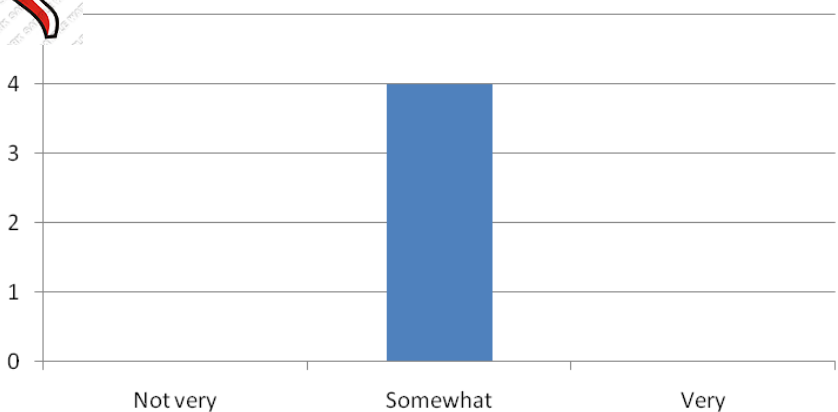
How adequately do you feel you have been trained to do your job?



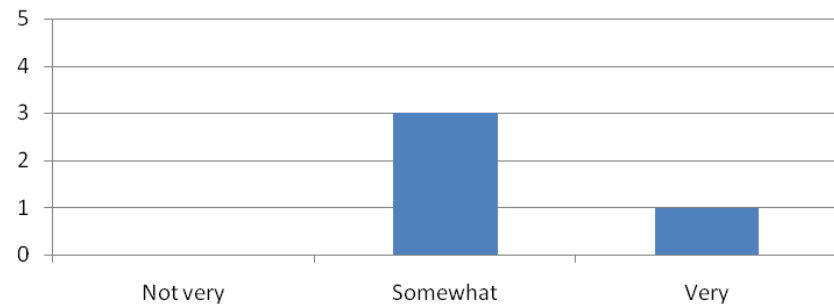
How well do you feel you know the requirements of your job and what is expected of you?



How stressed do you feel on the job?

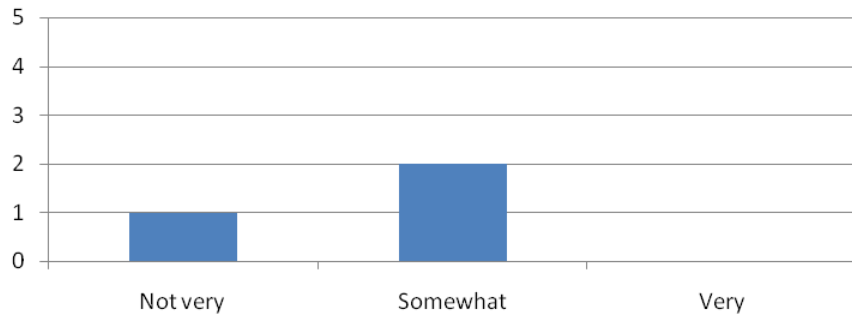


How strongly do you feel management listens to your opinions and concerns?

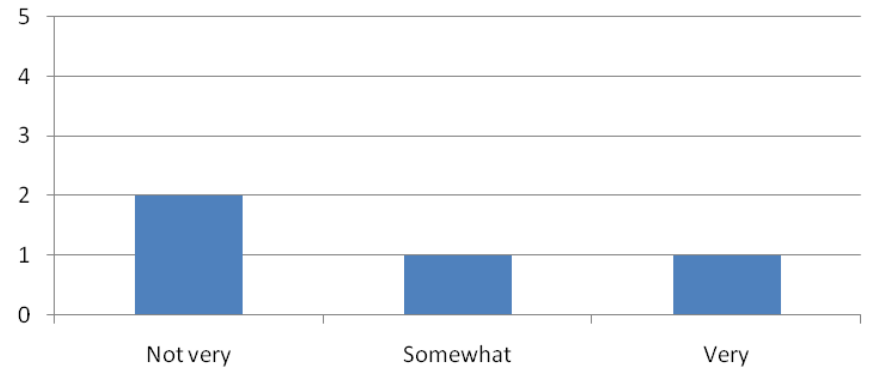


Employee Survey Results (2/2)

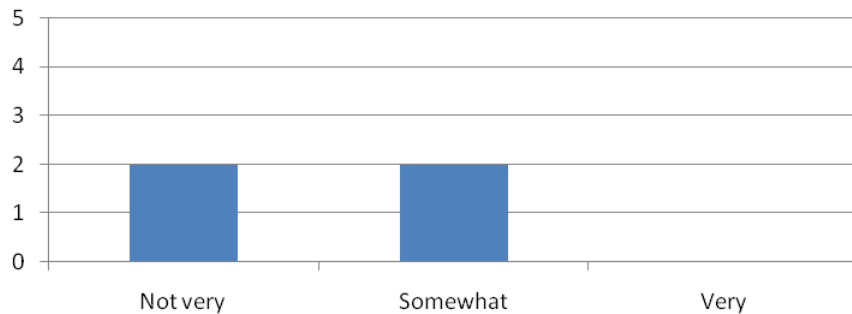
How adequately do you feel you are recognized for your efforts on the job?



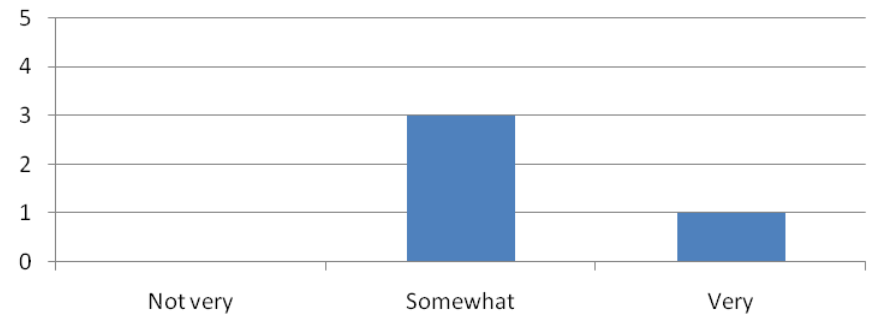
How adequately do you feel you get feedback on your job performance?



How well do you feel management respects your need to balance work and personal life?



How much are you encouraged to take creative steps to make your job more efficient?



Employee Survey Text (1 / 4)

What about the clinic makes it a great place to work?

- “It is good and has good people working together”
- “Working with children makes it enjoyable”

Why do you think patients choose to come to your clinic?

- “They get good service. They have a good relationship with everyone”
- “I think they get good services”
- “The confidence they have in the services offered and how they’re offered (e.g. attention, care, etc.)

What general concerns do you have about the clinic (e.g. patient experience, employee satisfaction, growth opportunities, etc)?

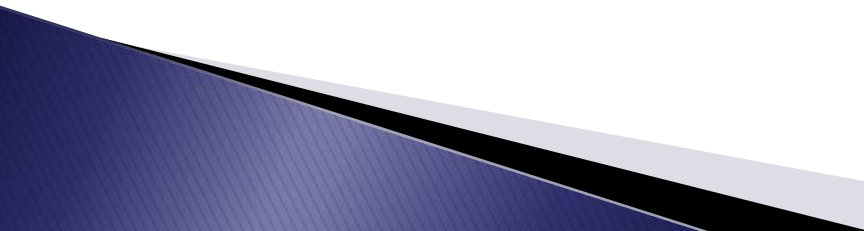
- “I would like to see more patients coming to the clinic. I won’t mind the employer reviewing the salaries according to the inflation of the country and well being of the staff”
- “Time management for booked patients. Communication amongst the staff. We need more room to be able to meet our needs for patients”
- “The long term achievement or goal of the clinic management – what is his dream? Enhancement of skills and knowledge of the steps, trainings, etc.”

Employee Survey Text (2/4)

What specific aspects of your job do you find most frustrating (e.g. paperwork or lack of empowerment in certain processes)?

- “Lack of empowerment in certain areas”
- “Have a lot of paper work” ...also useful to know who goes to the lab or x-ray
- “Doing things that should be done by parents if they are empowered. Like nobody understands the exhaustion and stress that comes with it.”
- “Feeling like I am not trusted/believed in my duties”
- “A lot of paperwork”
- “Being asked over other peoples’ duties”

What tools or equipment do you need to do your job more effectively (e.g. computer equipment, medical equipment etc.)? Please do not include items currently on order.

- “I would need a faster computer, a place to store old files”
 - “Computerization of almost all procedures”
 - “More space of rooms, working desk”
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Employee Survey Text (3 / 4)

Please share your ideas for improving the patient's experience at the clinic.

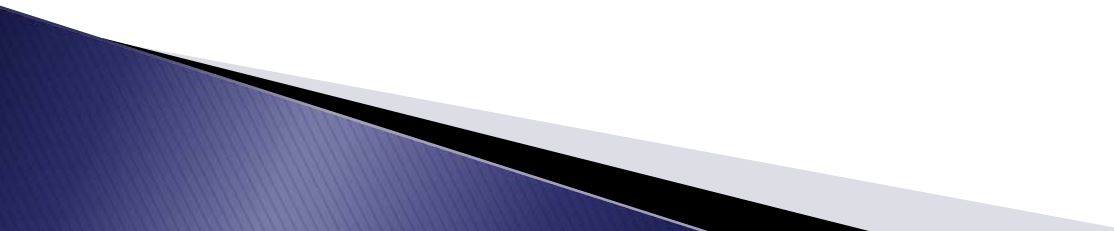
- “Let the doctors take a lot of interest in what happens before they see patients”
- “Please request the patients to be polite to us”
- “Parents to respect the staff, not to look down on the staff”
- “Have booked the number of patients that the doctors can handle to avoid long waiting time”

Please share your ideas for improving your job satisfaction.

- “Consider the time I leave late, salary increment”
- “I need to go back to school and do a few courses on modern hospital management”
- “Recognition of my input, exhaustion, respect my resting hours (e.g. lunch break)”
- “Allowance to use my skills and knowledge to the maximum”
- “Feedback given often from my boss on my performance”
- “Having a receptionist who understands medicine issues a bit and understands nurse getting tired”

Employee Survey Text (4/4)

Please share your ideas for improving camaraderie and team culture at the clinic.

- “We should share ideas amongst ourselves”
 - “Good communication from the small departments we have, each one of us should pass on information needed?”
 - “Good communication skills, correction of mistakes in the right way”
 - “Teaching and learning from each other, each of us to be responsible for his/her responsibilities”
 - “To work together and assist where/when needed”
- 

Management Thoughts

- Ensure short, focused discussions with staff
- Avoid keeping staff late if at all possible (or implement some form of compensation)
- Minimize staff interruptions during the day (non-critical can be saved for daily meeting)
- Monthly feedback meeting with individual staff members
- Create a framework to allow for idea exchange to address existing problems
- Think with small, focused steps
- Rely on a change 'champion' within your organization
- Follow up change projects with bi-monthly reviews

Handoff



1. Organizational charts



2. Job descriptions



3. Job check-lists



4. Flow-charts



5. Third party materials



6. Forms and tools



7. Reports



8. Presentations




9. Surveys



10. Peak Practice

In Closing



MIT Global
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