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Josh Gottlieb
Mike Irwin
Tessa Strong
Michelle Bernardini
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
Patient Survey
Employee Survey
Peak Practice Investigation
SOP Documents
Staff Shadowing
Questions for US Clinics

Track:
1. Patient station time
2. Clinic forms use
3. Call volume
4. Payment System
**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
## Opportunity #1 – Results

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

- 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

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)?
Opportunity #2 – Waiting Time

Problem

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

<table>
<thead>
<tr>
<th></th>
<th>Waiting</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Day</td>
<td>15 min</td>
<td>61 min</td>
</tr>
<tr>
<td>Busy Day</td>
<td>31 min</td>
<td>71 min</td>
</tr>
</tbody>
</table>
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
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

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 AM – 1 PM</td>
<td>77 Calls</td>
</tr>
<tr>
<td>All Other Times</td>
<td>13 Calls</td>
</tr>
</tbody>
</table>
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)
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.

![Importance of availability of credit](chart.png)
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
## Peak Practice – Opportunities

<table>
<thead>
<tr>
<th>Work Area</th>
<th>PP Capability</th>
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<tbody>
<tr>
<td><strong>Scheduling</strong></td>
<td>• Automated availability check (multiple providers)</td>
</tr>
<tr>
<td></td>
<td>• Templates for new appointment bookings</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td>• Co-signing queues as assigned tasks</td>
</tr>
<tr>
<td></td>
<td>• Digital signatures via pin code</td>
</tr>
<tr>
<td></td>
<td>• Unique vaccine schedules linked to patient chart</td>
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<tr>
<td><strong>Lab Results</strong></td>
<td>• Coded directly into patient chart</td>
</tr>
<tr>
<td></td>
<td>• Alerts and reminders available</td>
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<tr>
<td></td>
<td>• Referrals managed by system</td>
</tr>
<tr>
<td><strong>Form Prep</strong></td>
<td>• E-forms available for patient access via portal</td>
</tr>
<tr>
<td></td>
<td>• Can add forms as editable PDF or scan as image</td>
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<tr>
<td><strong>Reporting</strong></td>
<td>• Existing reports relate to clinical and practice mgmt</td>
</tr>
<tr>
<td></td>
<td>• Custom reports can be built, though tedious</td>
</tr>
<tr>
<td></td>
<td>• PP can build necessary reports for a fee</td>
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</tbody>
</table>
# Peak Practice – Drawbacks

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

Doctor
Dr. Sid Nesbitt

Associate Doctor
Dr. Joyce Mbogo

Office Administrator
Aisha Haji

Nurse
Rose Mureithi

Cashier
Hannah Muchui

Receptionist
Rachel Muchiri

Locum Nurse
Jane Pauline ...
Organizational Chart – Proposed

Potential Clinic Expansion

Doctor
Dr. Sid Nesbitt

Associate Doctor
Dr. Joyce Mbogo

Office Administrator
Aisha Haji

Nurse
Rose Mureithi

Cashier/ Receptionist
Hannah Muchui
Rachel Muchiri

Locum Nurses
Jane
Pauline ...

Nurse(s)

Cashier(s)/ Receptionist(s)

Locum Nurses
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?
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.”
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”
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”
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
In Closing

MIT Global Entrepreneurship Lab
2010