

Problem Statement

UHA was formed in 2011 with the acquisition of its first medical group. Over the next 8 years our organization expanded into 75 clinic locations and 350+ physicians. UHA's continued growth has created opportunities to both improve the patient experience at existing sites as well as onboard new sites into our C-I-CARE and continuous improvement culture.

In FY 18, we achieved an LTR of 82.5%. In FY 19, we were challenged to achieve a likelihood to recommend score of 83.4%. We need to elevate our LTR score by 0.9%.

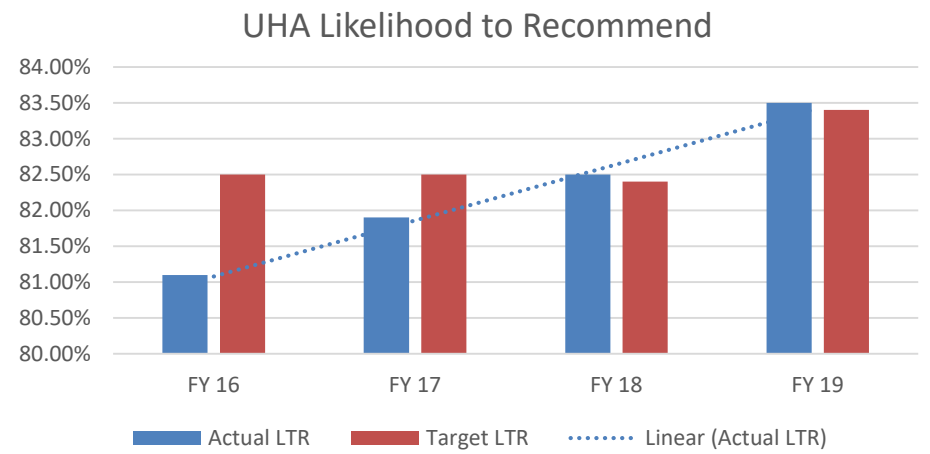
Background

Patient experience is linked to improvements in clinical outcomes. Patients are more likely to follow treatment plans, and cope with their illnesses when they have positive experiences. They are less likely to change health care providers and undergo duplicative and unnecessary testing.

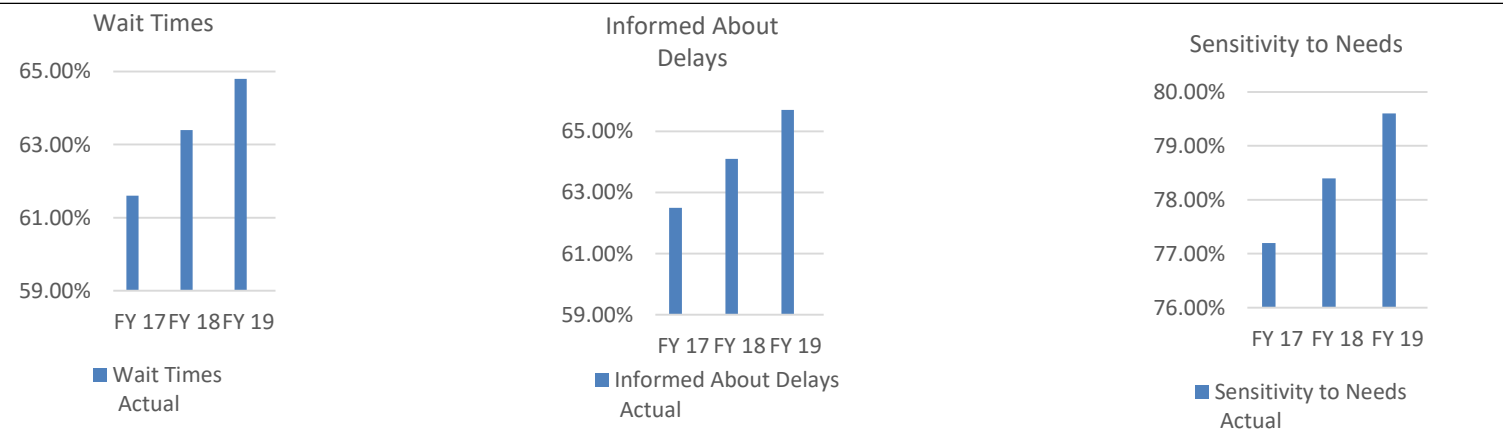
Target State: SMART Goal

Exceed University HealthCare Alliance Likelihood to Recommend Target of 83.4% in fiscal year 2019.

Current State: Identify Target / Actual / Gap

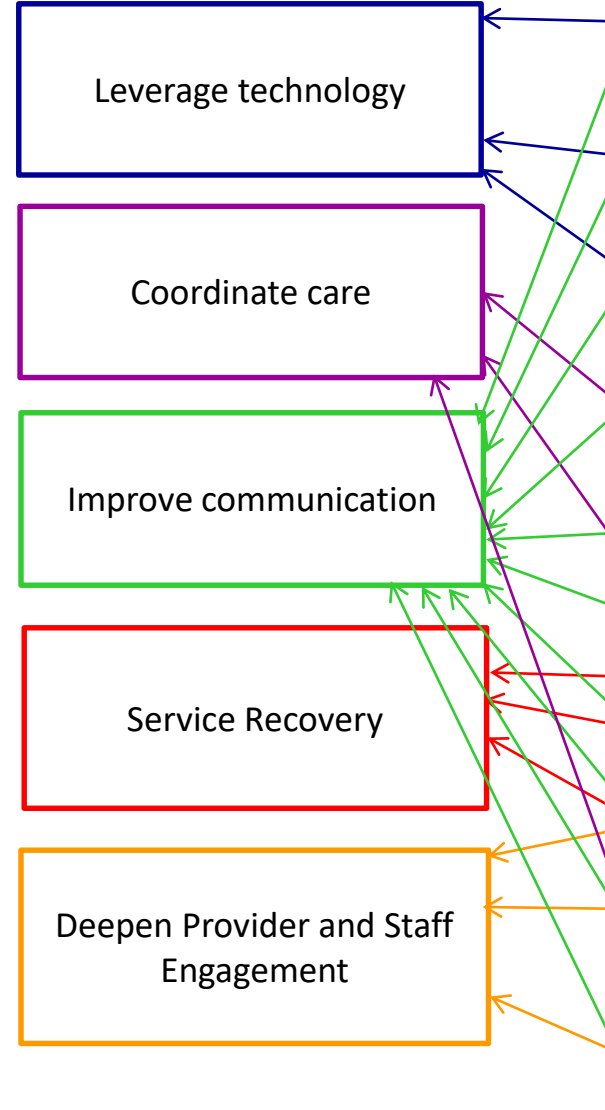


Analysis



- 1. Overbooking is common.
 - 2. Providers run behind.
 - 3. Patients arrive late for appointment.
- 1. PSR's and medical assistants not checking in with patients.
 - 2. Lack of communication between teams.
 - 3. Standard processes and tools not in place.
- 1. Lack of follow through on standard C-I-CARE practices.
 - 2. Phone prompts route patients to queues that don't meet their needs.
 - 3. Patients experience long wait times and multiple handoffs.

Key Drivers



Interventions / Countermeasures

- 3. Implement video visits—Expand video visit technology to all primary care provider clinics. Offer patients the option to be seen without having to drive to the clinic. Decrease wait times.
- 3. Implement automatic "Opt-in," MyHealth Enrollment—Use MyHealth to create more streamlined access and communication for patients.
- 3. Phone tree redesign—Patients are given fewer phone tree options resulting in more efficient patient routing and customer service. Decreases phone wait times to schedule appointments.
- 2. Centralized Call Center—Patients speak to a call center representative and experience a warm-handoff to the next level resource.
- 1. Time Management—On time start initiatives, communicate delays and offer options to reschedule appointment, alert provider alerts when she is running over time.
- 2. Patient sensitivity training—Staff trained in active listening. Annual C-I-CARE Training.
- 1. Service Recovery Amenities Pilot—Train all staff on using amenities.
- 2. Press Ganey Comments Report Follow-Up—Managers follow up with surveyed patients. Learnings for celebration and continuous improvement.
- 2. Team based care—Pre-visit preparation for patients. Provider and MA handoffs for efficient communication. Agenda setting with patient to promote communication and meet patient's needs.
- 1. Provider participation in ACES (Advancing Communication Excellence at SHC) —Providers and leadership partner on A3 development and interventions resulting in more efficient visits and decreased waiting time.

Sustain Plan

Activity to sustain	Owner	Sustain method and frequency	Report to
Expand video visits to all UHA primary care clinics.	Noelle Oliveira	Monthly project group meetings to review progress. Video Visit Provider Champion Group established. Increase patient convenience and decrease wait times.	Michael O'Connell
MyHealth Enrollment Clinic Challenges	Hilary Garrigan	Bi-annual MyHealth Enrollment challenges. Best practice sharing during monthly operations, managers' meetings. Additional avenue for patient communication and access.	Michael O'Connell
Press Ganey Patient Comments Report Outs	Hilary Garrigan	Managers share information learned during monthly one on one's with directors. Quarterly workflow check-ins. Improve service recovery and understanding of gaps and what is working well.	Michael O'Connell
Patient Strategy Committee	Dionne Hunt-Macon	Implementing six new initiatives. Weekly checkpoints. Real time adjustments to current processes and strategic decision making.	Michael O'Connell

Reliability Level:
 (1) Individuals: Feedback, checklists, training, basic standards
 (2) Procedures: Embedded standard work, reminders, constraints
 (3) Systems: Process design, fail safes, physical layout, built-in feedback, automated systems, concentration of responsibility

Maturity Bars:
 0: Untested idea
 1: Early tests / PDCA
 2: Multiple PDCAs
 3: Early implementation
 4: Working well in operation

Progress **Barrier**

Abandoned