

ACADEMY FOR EXCELLENCE IN HEALTHCARE

IMPACT ASSESSMENT PAPER

Improved Patient Scheduling at Blanchard Valley Health System

Academy for Excellence in Healthcare IAP C-04 BVHS

June 16, 2015



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Improved Patient Scheduling

Changes to scheduling process will establish workflow model for new EMR

Blanchard Valley Health System (BVHS) wants to “make the patient the center of its processes.” For many patients, those processes begin with scheduling an appointment. The not-for-profit, integrated-care organization, based in Findlay, Ohio, identified an improved scheduling process as a large opportunity to impact patient satisfaction, minimize patient leakage, and establish more patient-centered care. As BVHS prepares to implement a new electronic medical record (EMR) system, changes to the scheduling process also will establish and document an improvement approach and workflow model for other horizontal processes as the organization transitions to the new EMR.

“We looked at how are we going to get the most out of the Cerner [EMR implementation in 2016],” says Terrie Huddleston, Team Leader and Senior Performance Improvement Specialist. “Instead of just copying our current workflows and building those into Cerner, how do we think outside the box of what we really should be doing to put the patient and the community at the center of our operation?”

BVHS began designing its EMR implementation in November 2014. BVHS staff and a representative of the EMR vendor Cerner identified more than 10 processes — such as scheduling, registration, medication delivery — that touched all parts of the healthcare system and could offer the biggest opportunities to leverage the new information technology to come.

“What are those processes that we’re doing everywhere? How can we do them better, and make them not only better for our patients and their family members and caregivers, but also better for us to be operationally efficient? ... Scheduling bubbled to the top of that list,” says Huddleston.

Patient experience scores for scheduling activities were 77 percent for the Blanchard Valley Hospital and 71 percent for surgery in 2014 (Press Ganey data showing that approximately three-quarters of patients scored the organization a perfect 5). BVHS also conducted a random survey of scheduling practices to capture the voice of the customer. That effort revealed that most patients had no problems with scheduling appointments, yet even among this group there was a desire for a higher-touch personal experience as well as digital scheduling options (e.g., texting for appointments). The survey also found, however, that some patients were much less satisfied, and identified long holds on the phone, busy signals, and repeated calls during which patients were asked to provide information that had already been given to another BVHS department.

Blanchard Valley Health System (BVHS)

BVHS serves a semi-rural, eight-county area in northwest Ohio. The healthcare system includes Blanchard Valley Hospital, Bluffton Hospital, Bridge Home Health & Hospice, Birchaven Village, Independence House, DME, and more than 20 medical practices and specialty offices. BVHS was founded in 1891 as the Findlay Home for Friendless Women and Children, and has undergone major expansions in the years since, most recently in 2009.

BVHS employs more than 2,000 associates and is supported by more than 600 volunteers.

Working with AEH

BVHS staff became aware of an opportunity to train at the Academy for Excellence in Healthcare (AEH) at The Ohio State University. They submitted their scheduling project, which was accepted, and a cross-functional improvement team began an initial one-week training in January 2015.

Trevor Schmiedebusch, Director of Perioperative Services, says that BVHS has had a good baseline of performance-improvement training provided by Huddleston and her department, and the AEH training furthered their understanding and abilities. “We saw some of the same tools at Ohio State that we have been using, but maybe used in a different way, and saw how the tools are connected in an overall improvement approach,” adds Brenda Sciranka, Director of Medical Practices.

AEH also offered a way to bring a different perspective to BVHS’ performance-improvement efforts, adds Huddleston. “How can we look at this differently, and how can we get the right people in the room to cross-functionally look at this and see the whole picture? If we take a different process-improvement approach than what we’ve done in the past, can we get different results? I think we gained a lot by looking at the value stream and having the value-stream owners and stakeholders in the room to collectively agree that we should move forward with this.”

At the start of the AEH training week, the improvement team was encouraged by its coach Chris Dillinger to scope the scheduling problem down to a more manageable area. Although the systemwide EMR implementation had been parsed down to just scheduling for purposes of replicating and rolling out workflows, transforming the many disparate scheduling systems used by various surgery practices throughout the hospital still represented a huge undertaking. In fact, the team’s problem statement was “System growth and the implementation of multiple disparate systems over time have led to complexity and inefficiency in our scheduling system and processes for our patients, associates, and physicians.”

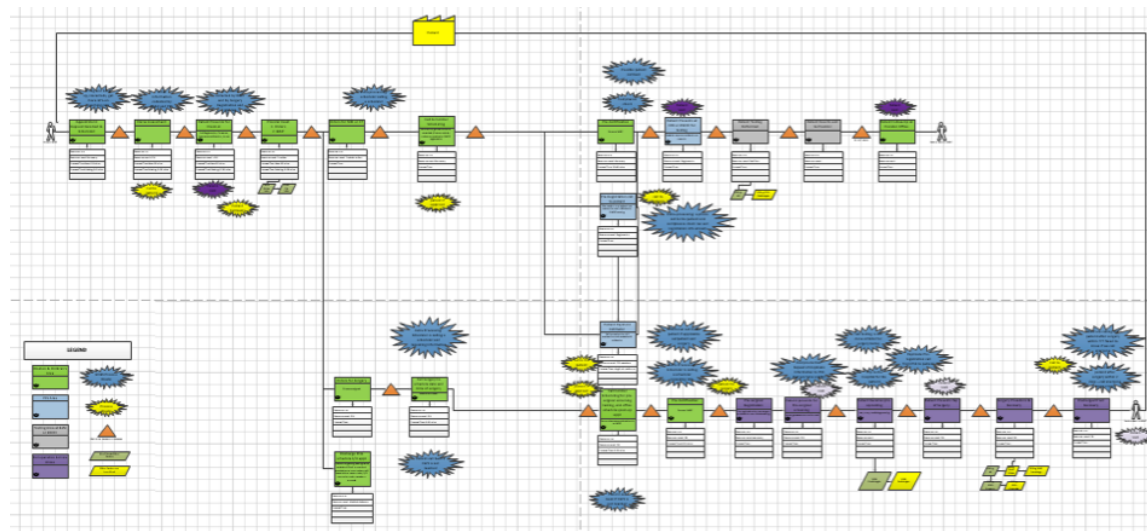
“We went there with a bigger agenda than what we actually came out with,” says Schmiedebusch. “We realized at that point we were in way over our heads. We need to scale way back.” Although hospital leadership had tasked the team to develop a single scheduling process, the team realized they needed to begin with one major, manageable scheduling process and then eventually apply their findings, effort, and improvements to others. The improvement team focused on scheduling of surgeries related to the Women & Children’s Center (W&C), an obstetrical and gynecological clinic.

At AEH the team developed a high-level value stream map of W&C scheduling activities, tracking steps from outpatient scheduling to surgery (see *High-Level Scheduling Value-Stream Map*).

BVHS Improvement Team

- Terrie Huddleston, Team Leader and Senior Performance Improvement Specialist
- Brenda Sciranka, Director of Medical Practices
- Beth Book, Director of Revenue Cycle
- Jamie Sorg, CIO
- Trevor Schmiedebusch, Director of Perioperative Services
- Sean Flynn, Solution Architect, Cerner Corp.

High-Level Scheduling Value-Stream Map



Source: Blanchard Valley Health System

Schmiedebusch says that although everyone was familiar with that overall process, there was less understanding of “the specifics of what everybody was doing behind the scenes.” Among the many scheduling steps were patient calls into the front office for an office appointment with a physician; physician communicating to a scheduler the need for a surgery; the scheduler calling the patient for pre-surgery information and scheduling the surgery; the hospital surgery or registration unit calling the patient; etc. The process included 10 to 13 phone calls, says Sciranka.

After the AEH training, a performance-improvement (PI) event was scheduled back at BVHS with much broader support and attendance. Key directors and front-line personnel involved in scheduling activities for BVHS and W&C were freed from their day-to-day schedules and required to attend the three-day event. CEO Scott Malaney — the project’s sponsor — articulated the importance of their involvement. Many knew of the AEH project, and were excited to be involved and anxious to improve the process, says Sciranka.

“Once they were here and realized what needed to be done, it didn’t take long for the front line to buy in,” says Schmiedebusch, one of the PI event attendees. But he also notes that many in his department and others were concerned that changes could impact job security. The presence of CEO Malaney helped here as well, informing participants —and, second hand, those with whom they work — that jobs would not be lost due to changes, but that their roles and where they worked in the system certainly could change.

The PI event team analyzed the W&C scheduling process in greater detail. They developed a spaghetti diagram (see *Scheduling-Flow Analysis*), which depicted a highly convoluted process that negatively affected patients (redundant questions, holds, and callbacks) and BVHS staff (multiple systems and handoffs and excessive faxing, printing, scanning, and questions of patients). Their work also showed

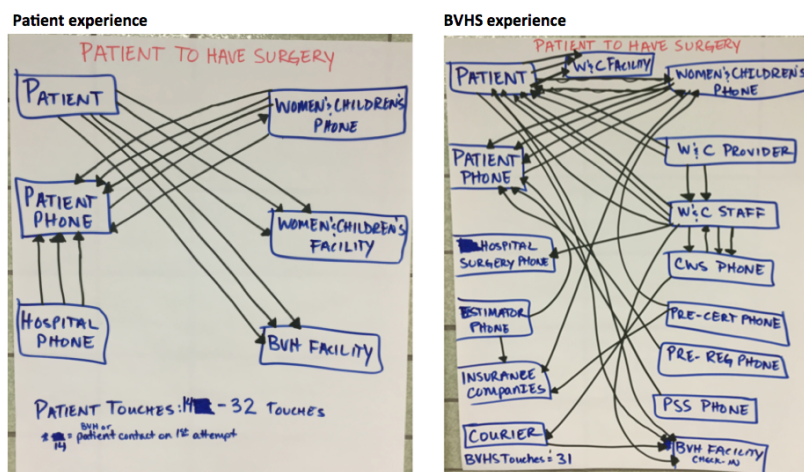
scheduling/registration process time for patients that ranged from 31 minutes to 114 minutes, and the time devoted to the process by BVHS staff of 79 minutes to 311 minutes. And these times did not include scheduling for activities such as provider exams, pre-nurse surgery interviews, and same-day surgeries. Goals were set to improve the patient experience throughout the scheduling process, to streamline/standardize the process for staff (eliminate non-value-added tasks), and to improve operational efficiencies.

“When the team started building the ideal state of putting the patient in the middle and saw all of the duplication, the hunting, fetching, and chasing that we do for information and the repetitive things that were happening for the patient, we started to become more operationally efficient in the new workflows that we are creating,” says Huddleston.

Everyone came to an “ah ha”

moment where they recognized the unneeded communication and the non-value activities. Those revelations led to improvement ideas, adds Huddleston, but they also fed some anxiety about roles given the amount of time and work that could be eliminated. She advises others who undertake such improvement initiatives in their organization to anticipate and be prepared to address such common reactions.

Scheduling-Flow Analysis



Source: Blanchard Valley Health System

Developing and Implementing Scheduling Solutions

The PI event team came up with several directions that they wanted the project to pursue after identifying the waste, inefficiencies, and pain points in the scheduling process. The BVHS improvement team then developed an affinity diagram that categorized and prioritized the potential improvements to W&C scheduling, including:

- *Establish a high-touch process and improve speed and ease of use for patients:* The team is establishing processes so that patients will have the opportunity to leave their provider appointment with a scheduled and pre-registered date and time for diagnostic testing and a scheduled and pre-registered surgery appointment with all pre-operative testing appointments. Patient services will be provided during the office visits instead of requiring involvement of another facility, when possible.

- *Create a streamlined, operationally efficient process:* A more effective process will minimize non-value tasks for BVHS staff. This solution focused on reducing duplicate information being asked of patients and entered into various IT systems by staff. Key to this solution is trying to electronically communicate information (rather than manual folders and physical handoffs) and/or place information in one location to eliminate the hunting and fetching.
- *Redistribute workloads to provide better service for patients:* This solution involves changing tasks across departments/locations and functions in a non-traditional manner (e.g., pre-surgical screening and registration done at W&C rather than at the hospital; surgery and diagnostic testing appointments to be scheduled at W&C rather than at the hospital; pre-registration for pre-admission testing and surgery done in the pre-registration office; and W&C staff schedule and pre-register all patient diagnostic testing appointments). In addition, the team plans to develop standard work for all processes in these workflows and train staff on these practices.

The improvement team also collected information regarding increased availability of the organization's call center, because a high percentage of in-bound patient calls are lost during lunch hours and after hours. The team is moving more slowly with that potential solution because of the resources, training, and call-center changes necessary.

Results and Next Steps

The improvement team in May had begun training staff and redesigning processes to accommodate the solutions that were identified. New processes began to take shape in late spring for cases at W&C.

“When we get that kind of perfected, we’re going to shift some of the pre-surgical screening interview back to their office as well,” says Schmiedebusch. “So the patient, if they don’t have any radiological work to do [in the hospital], could have their blood drawn and their pre-surgical screening done right there in Women & Children’s and not even have to come to the hospital at all prior to surgery.” That pilot change will save patients a trip or two and multiple phone contacts and transfer of information. The team also began to transition the scheduling of diagnostic tests to after the patient appointment at W&C — instead of calling another area to have them schedule it, which could force another call back to the patient.

While it was too early to measure results, Huddleston says that staff seem happier because of the reduction in non-value work, which allows them to focus on value-adding activities. And she and improvement-team members believe that less wasteful work positively impacts patient care, freeing staff for calls and meaningful interactions with patients, and that change will be reflected in patient scores in the months to come.

At a healthcare systemwide level, the changes also are contributing to the upcoming EMR implementation. The improvement team has occasionally grappled with the presumption that a new EMR can simply erase many problems. While some issues will be positively affected by the new Cerner implementation, the team realized they need to keep individuals focused on process improvement.

“We realize that’s a whole year from now,” says Schmiedebusch. “If we don’t implement things now we could lose momentum, it falls by the wayside, and nothing ever gets done. So we have to make sure that we’re responsible, and make sure it gets done now.” He says that has not always been easy during the project because current IT systems make some changes more difficult to enact than will be the case with the new system.

Sciranka adds, “When we flip the switch to Cerner next March, we’re going to have a ton of process changes. Whatever we can change now with staff, behavior, and processes is going to make it a lot easier when we’re changing everything else around us [in March].”

Throughout the project, the improvement team has taken a long-term perspective of their effort while continuing to make improvements day to day. “It takes time,” says Schmiedebusch. “This isn’t going to happen over night. When we got back here [from AEH] we didn’t implement the next day. There’s lots of training and things that you have to do to make this successful. Make sure you cross all your Ts and **dot** all your Is before you start your pilot.”

“We’re really taking the philosophy, ‘Go slow to go fast,’ and really dialing in the pieces of what needs to happen and doing a proof of concept at Women & Children’s,” adds Huddleston. “We then can quickly, vastly spread this to our other offices once we have all the specs worked out of what we need to do to get here.”

AEH Commentary

The project at Blanchard Valley Health System (BVHS) provides valuable insights on making improvements where patient care intersects a dynamically changing information technology environment. The BVHS improvement team’s work, in conjunction with its EMR vendor, focused first on establishing better, replicable processes that will be supported by technology, rather than force-feeding an IT-centric solution on the many horizontal processes that run across the healthcare provider. The team’s effort also underscores the need to keep all parties progressively moving forward with process improvements well in advance of a major IT implementation.

The BVHS project also illustrates the importance of having leadership support and sponsorship of such an improvement initiative, one that will eventually spread across the entire organization. Senior-leadership backing communicates the importance of the effort and helps to resolve workforce fears that all large, organizational changes are likely to stir up.

Lastly, the prudent path of the BVHS team — starting with a high-level perspective of the problem followed with attentive, engaged involvement of stakeholders across the value stream — helped to establish a charter that will attract buyin and support and break down organizational silos.

About AEH

The Academy for Excellence in Healthcare blends in-person class time with hands-on project work, interactive simulations, and recurrent coaching, all aimed at helping healthcare teams spark actionable change at their organization. At the heart of this program is a real-world workplace problem each participant team selects and commits to solving through five intensive days on campus, followed several weeks later by two days of project report-outs and lean leadership training. This project-based approach pays immediate dividends and lays the groundwork for transformational change.



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