



# Chapa-De Indian Health

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## PHLN Year 2 Project Aim

By August 1, 2019 we will implement Advanced Access Scheduling for the Medical and Behavioral Health Departments at both of our clinics.

## Measures for Success

1. Reduce our TNAA from 81 days in Grass Valley and 70 days in Auburn to 3 days or less at both locations.
2. Develop a Recall system to ensure that patients do not fall through the cracks of our new scheduling system.

# Changes

## Tested Changes

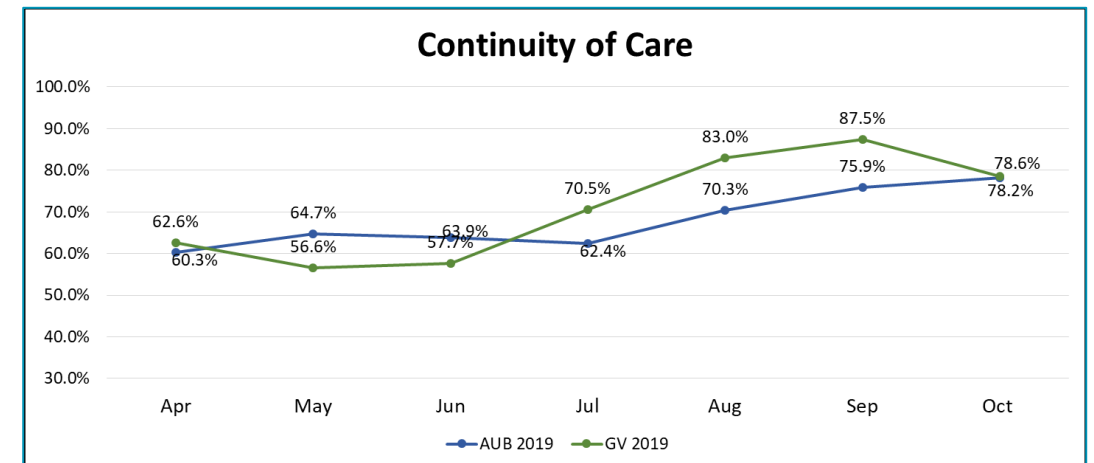
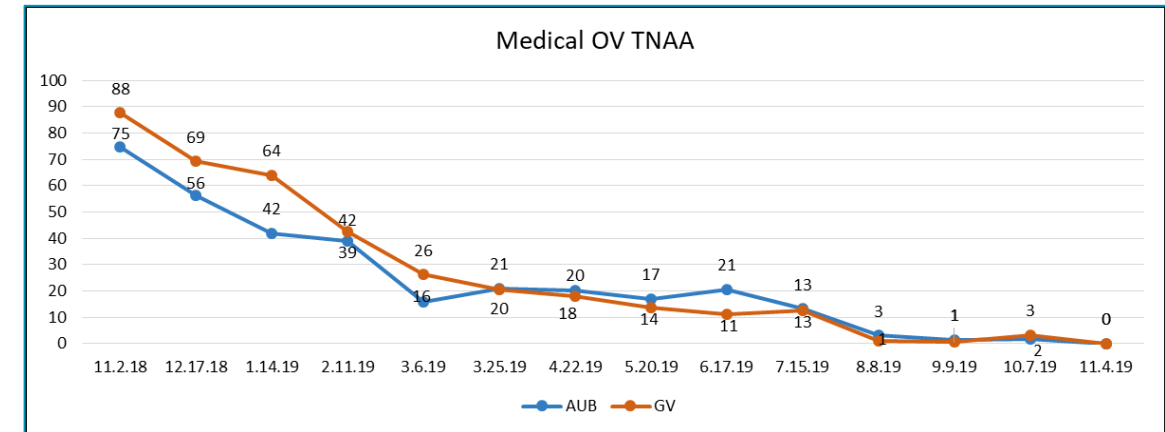
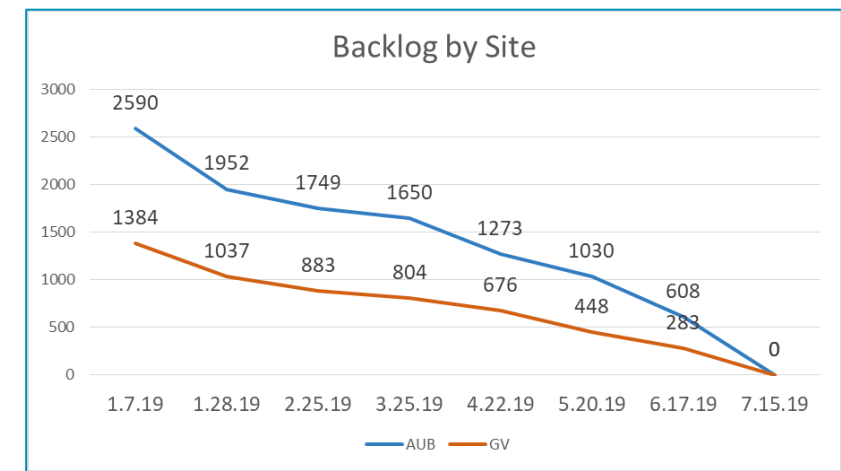
- Backlog Reports
- Backlog reduction tactics
- Panel Capacity moderation
- Manual Patient Recall Alerts
- Automated Patient Recall
- Cyber Café learning sessions
- Appointment scheduling reminder cards
- Too many to list really...

## Implemented Changes

- We implemented most of the things we tested.
- Everything we tested was adjusted and tweaked over time
- Many of the changes we made were in how we communicated the many changes we were implementing

# Using Data for Improvement

- Backlog reduction
- TNAA
- Supply and Demand
- Continuity of Care
- No Show rate
- Panel Sizes
- Missed Opportunities



# Strategies for Success

What strategies and tools helped us mitigate challenges and manage changes?

1

Project Guiding Team

3

Visual Data Displays to Track Progress

2

Problem Specific Workgroups

4

Multidisciplinary Group Presentations

# Key Tools & Resources


Close Monitoring of Visit Supply Using a Detailed Report.

Scheduling Tip Sheets for Call Center Staff

		Monday 12/2/2019	Tuesday 12/3/2019	Wednesday 12/4/2019	Thursday 12/5/2019	Friday 12/6/2019
Pod A	Garchow	14	13	0	10	8
Pod A	Orozco	18	17	18	9	0
Pod A	Armisen	9	18	9	17	9
Pod A	Shakked					
Pod B	Jornlin	16	17	18	13	9
Pod B	Borruso	16	17	18	0	9
Pod B	Mendez	16	15	16	14	8
Pod B						
Pod B						
Pod C	Dzurella	18	18	14	17	9
Pod C	Mulligan	0	0	16	11	0
Pod C	Ralik	18	18	0	0	0
Pod C	Stevens	0	0	0	7	9
Pod C	Wittekind	0	0	0	0	0
<b>AUB</b>		125	133	109	98	61
Pod 1	Gookin	18	18	18	17	9
Pod 1	Hasse	18	16	16	12	0
Pod 1	Myers	0	0	0	0	0
Pod 1	Wittekind	0	0	0	0	0
Pod 1						
Pod 2	Bland	17	18	17	7	9
Pod 2	Quion	0	14	13	13	9
Pod 2						
Pod 2						
<b>GV</b>		53	66	64	49	27
Locum	Shakked	0	0	0	0	0
Locum	Dr.Mulligan					
Locum						
Last Update:	11/25/2019					

Provider	Provider Clinical FTE	Correction Factor	Corrected FTE	Panel Size	Corrected Panel Size	Current Panel Size	% Capacity	panel availability
<b>Borruso</b>	0.80	0.16	0.64	1500	960	1001	104.3%	-41
<b>Jornlin</b>	1.00	0.20	0.80	1500	1200	1245	103.8%	-45
<b>Ralik</b>	0.40	0.08	0.32	1500	480	27	5.6%	453
<b>Armisen</b>	0.70	0.14	0.56	1500	840	837	99.6%	3

Calculation of Real Panel Capacity to Help Monitor Panel Sizes



## PEDIATRIC WELL CHILD CHECK

NEWBORN
1 & 2 WEEKS
2 MO WCC
4 MO WCC
6 MO WCC
9 MO WCC
12 MO WCC
15 MO WCC
18 MO WCC
24 MO WCC
30 MO WCC
3YR WCC
4YR WCC (*schedule at 4y3mo)
5YR WCC
6YR WCC
11YR WCC
16-18YR WCC

**\*\*General Guidelines\*\***

-If a child did not receive the previous WCC and is not at the age of the next one, schedule them for the previous one. **NEVER SCHEDULE EARLY**

**Example#1:** A patient is 5months old, did NOT have 4mo WCC, schedule that patient for a 4mo WCC.

**Example#2:** A patient is 3y9mo old, did NOT have 3yo WCC, schedule for 3yo WCC.

**Example #3:** A patient is 5y2mo, did NOT have 4yo WCC - they should be scheduled for 5yo WCC.

WCC cannot be scheduled early...for example, a child can NOT have the 2yo WCC even 1 week before they turn 2yo. This applies for ALL WCC age guidelines.

**\*4YR WCC\*** - A patient being scheduled for their Kindergarten entrance exam must be at least 4y3mo per school regulations. Do not schedule if too young. It will not be accepted by the school.

WCC is for \*School physical, Sports physical and Izzy updates.

# Next Steps

## Spreading

- Devote more time and attention to our Behavior Health Program's Advanced Access Scheduling Project
- Look at spreading into Psychiatry



## Sustaining

- Advanced Access Scheduling takes constant monitoring of Supply and Demand to Sustain



# Current Challenges or Barriers

**PROMPT:** What are the top one or two challenges you're currently encountering that fellow PHLN-ers can help you with? *Is there a specific question, curiosity or frustration you would like to brainstorm with the people listening to/reading your storyboard presentation?*

1

What's the best way to fill available appointment slots?

2