

Using Data to Increase Capacity in Ambulatory Care



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Dan Hamilton, COO, Nor-Lea Hospital District

Speaker Introduction



Dan Hamilton
Chief Operating Officer
Nor-Lea Hospital District







Conflict of Interest



Dan Hamilton

Has no real or apparent conflicts of interest to report.





Agenda



- Who we are
- Our population boom
- How we used data to increase capacity
- The bottom line improvement
- How we used data to inform our new clinic design





Learning Objectives



- Explain how Real-time Locating Systems (RTLS) gather operational data such as wait times, room utilization, provider time with patients, etc.
- Recognize how operational data can be used to engage staff for process and workflow improvement
- Discuss specific, data-based improvements that can increase capacity in an ambulatory setting





- Improved Patient, Staff & Provider Satisfaction
- Reduced days to receive appointment in order to provide quicker **Treatment**
- We implemented a system to automatically collect **Electronic Data** on operations
- Increased access and capacity to improve the health of our **Patient Population**
- The **Savings** realized allowed our clinic to be profitable for the first time in its history







Who We Are



- 25-bed critical access hospital in Lovington, New Mexico
- Serving 110,000 people in SE New Mexico & West Texas





Who We Are

- 500 Employees
- 48 Full-time Providers

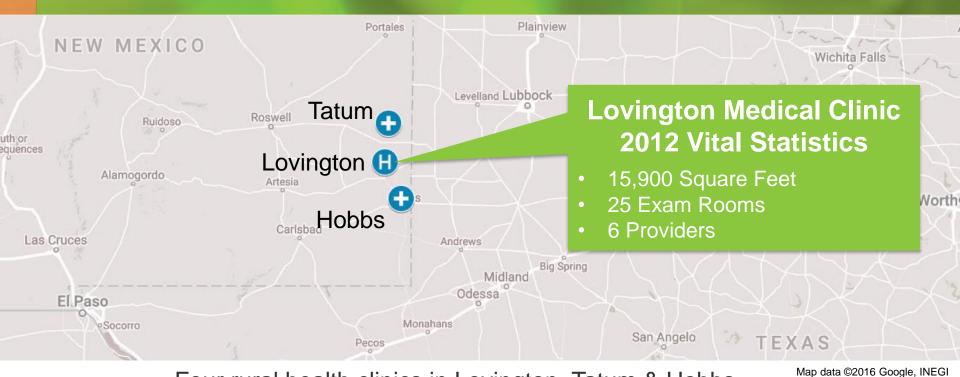






Who We Are





• Four rural health clinics in Lovington, Tatum & Hobbs

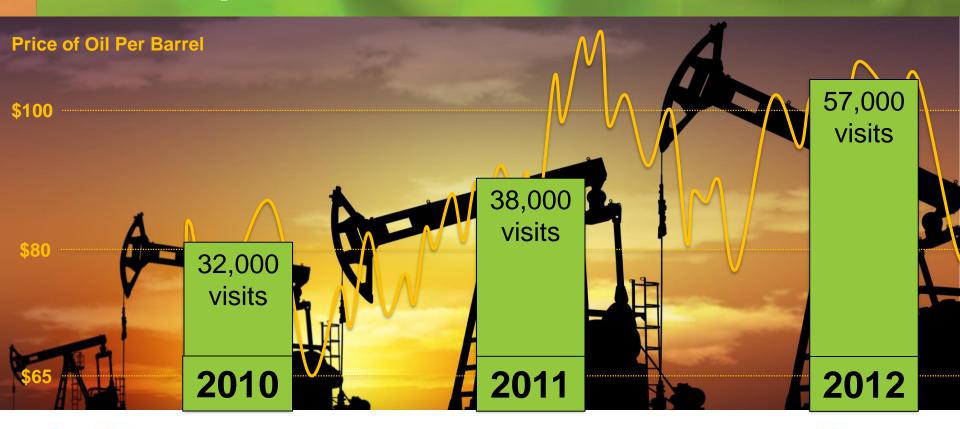
• Free-standing pediatric specialist clinic in Hobbs





Our Population Boom

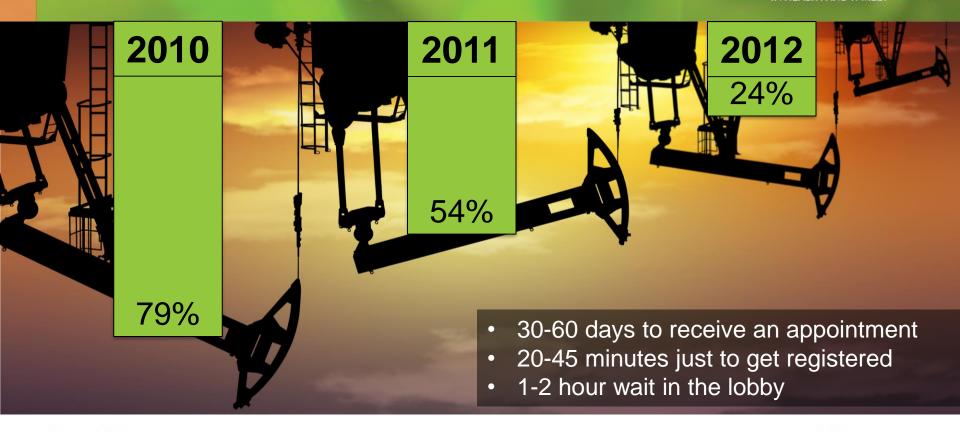








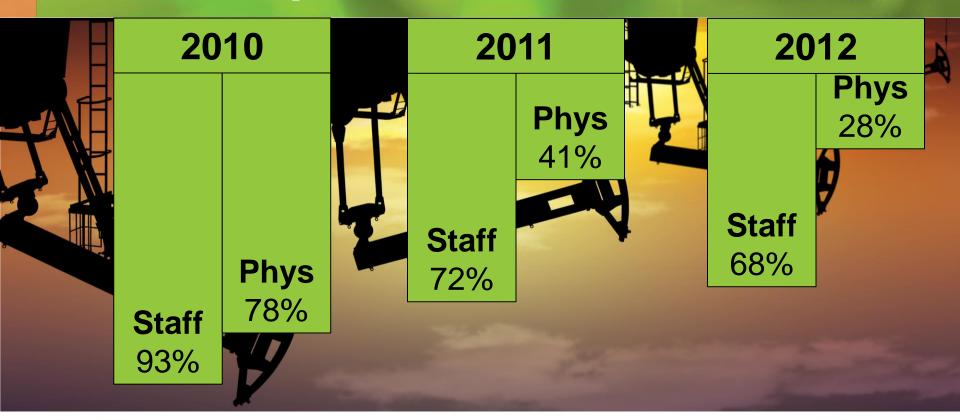
Patient Satisfaction







Staff & Physician Satisfaction







What We Tried











What Worked: RTLS



155 sensors installed in each exam room, hallways, waiting area, etc.





Accurate, Reliable

Operational Data

Real-time locating system turns location information into





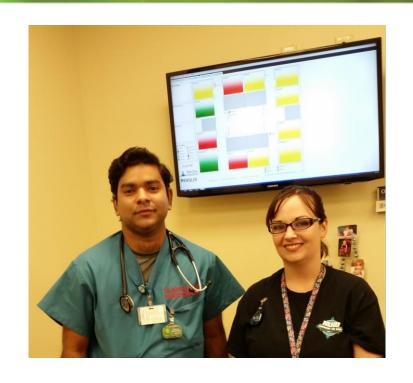




Gaining Staff Buy-In



- Engaged staff to solve issues
- Multi-disciplinary service team:
 - Administrators
 - Providers
 - Nursing
 - Support Staff





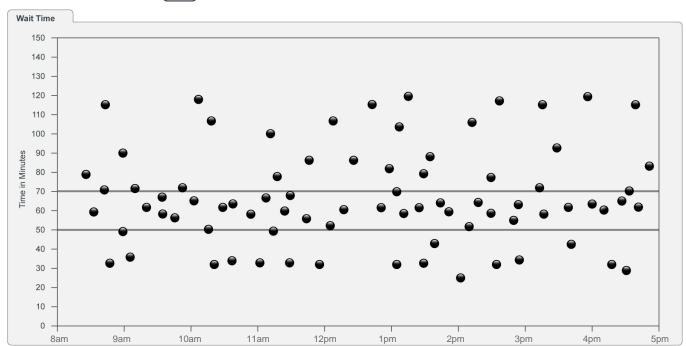


Patient Wait Times: Reports





Workflow Time Analysis







Patient Wait Times: Real-Time BRIGHTEST MINDS





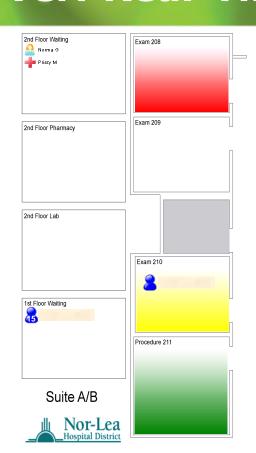
Room Turnover: Real-Time

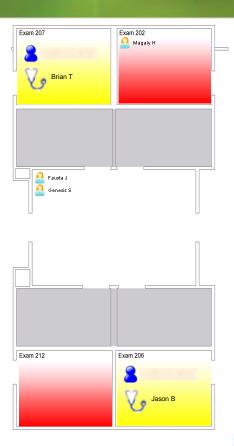
BRIGHTEST MINDS

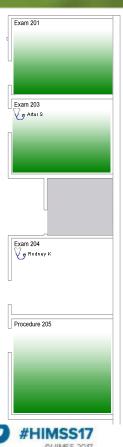
Clean & Available

In Use

Needs Turnover









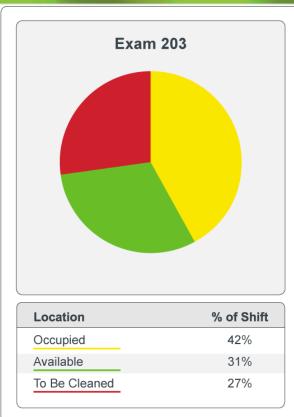
Room Turnover: Reports

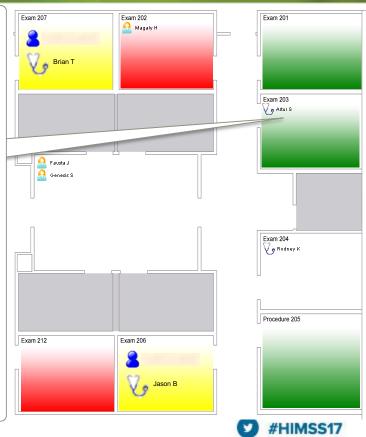
BRIGHTEST

Clean & Available

In Use

Needs Turnover







Staffing & Productivity



Practiced in FRONT of clinic



25-30 patients/day

Practiced in BACK of clinic



16 patients/day



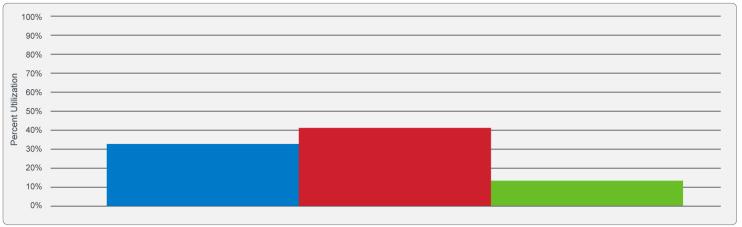


Staffing Reports





Staff Utilization by Location

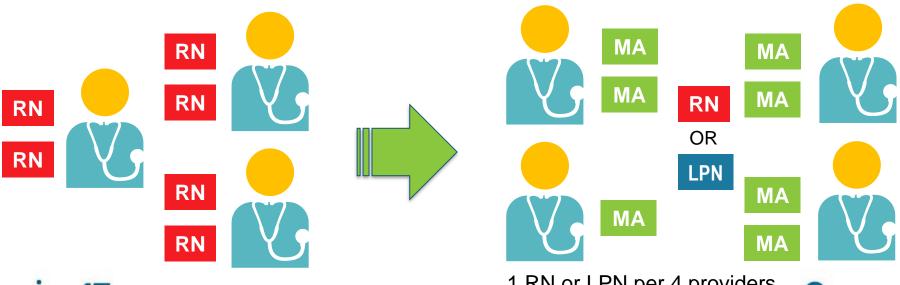


Day	Badge Type	Time Spent in Utilization Area	Total Time Spent within Location Boundaries	Percent Utilization	Individuals
4/14/2015	Medical Assistant	6:02	18:45	32.21%	3
	Provider	13:02	31:54	40.87%	5
	RN	2:18	17:35	13.04%	3





- Added a second waiting room in the back of the clinic so MAs didn't have to walk as far to room the patient
- Changed RN staffing ratio



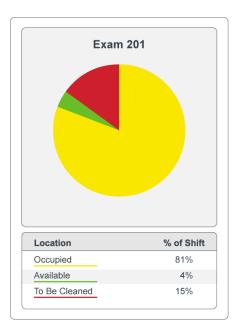


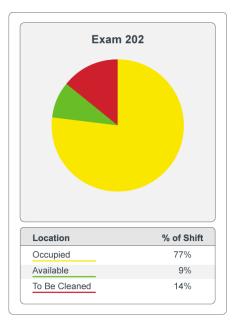
2 RNs per provider

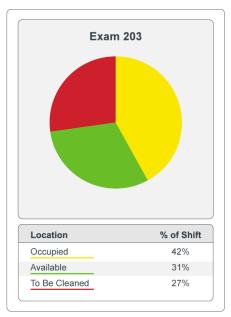
1 RN or LPN per 4 providers 1-2 MAs per provider

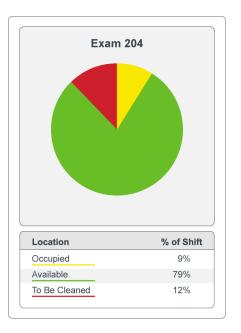
Exam Room Utilization





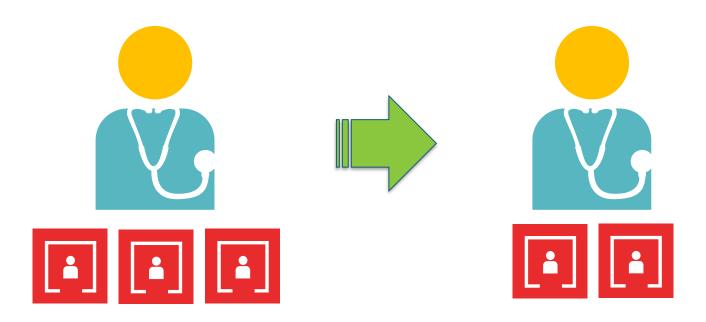










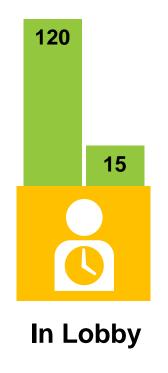






Wait Time (in minutes)









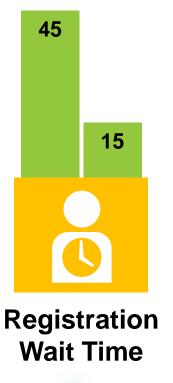




Registration Changes



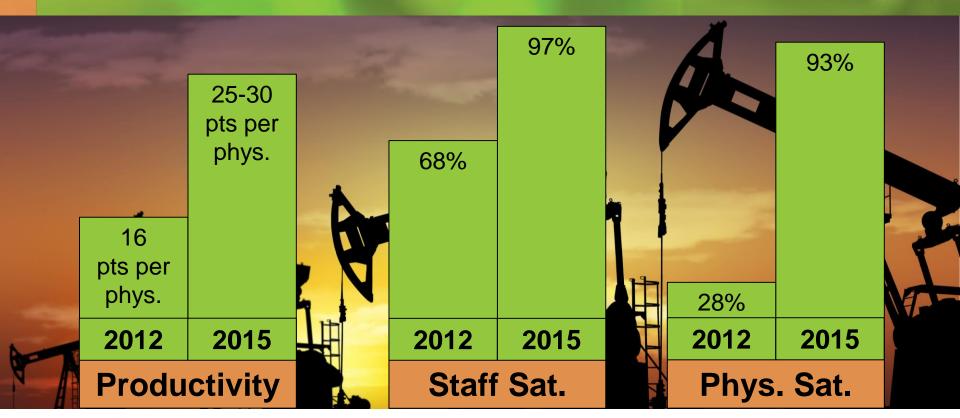
- Pre-registration the evening before patient appointment
- Change lab & X-ray registration to two bays
- Opened a call center to book the appointments
- No more ringing phones to interrupt staff







Satisfaction & Productivity

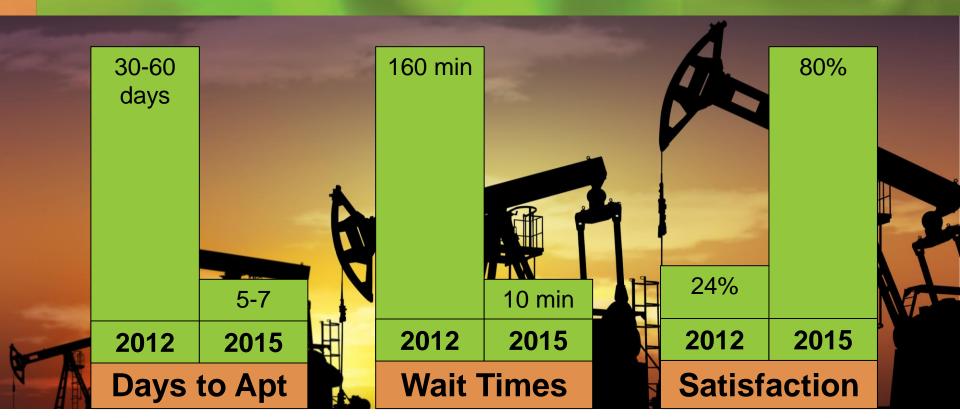






Patient Experience



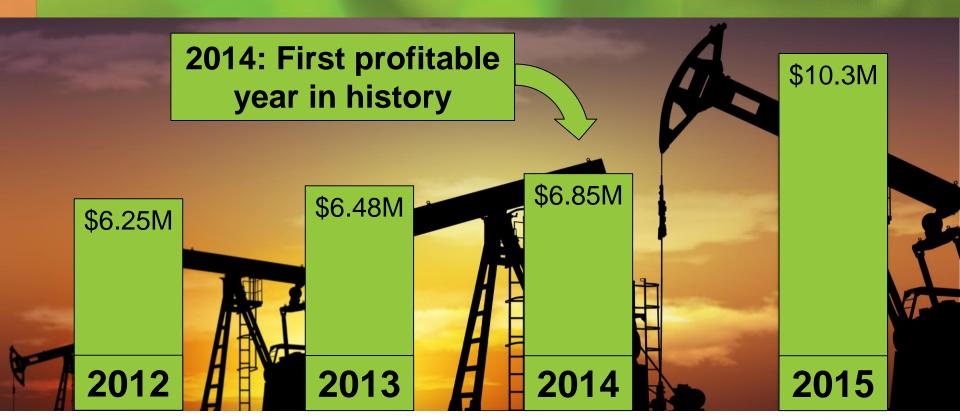






Revenue









New Clinic: Zero Wait





Used RTLS data to design:

- Number of rooms per provider
- Optimal staffing
- Efficient workflow

290 patients/day
NAIOP Award of
Merit for Healthcare
Design





Key Takeaways & Lessons



- Have a plan in place for what data you want to capture before installing the RTLS to avoid adding/changing sensor locations.
- Involve front-line staff in system implementation
- Create multi-disciplinary teams to look at data and recommend change
- Physicians must participate in committees. If they're not a part of it, they're not going to buy into it.
- Educate staff on how to collect badges at the end of the visit so patients don't walk out the door with them.
- If badges do walk out the door, have a plan in place to contact the patient (we send them mailers). Place a sensor above the exit that ends the patient visit.





Key Takeaways & Lessons



- Don't implement RTLS and process improvement during EMR projects
- Use data to plan for new builds
 - Put patient waiting areas closer to the doctors
 - Phone register patients with on-site check-in (also reduces noise & interruptions)
 - Separate check-in areas for Lab & X-ray patients
 - Place 4 providers per pod to allow for cost-effective staffing
 - Convenient locations for pharmacy, lab & other services





BRIGHTEST

- Improved Patient Satisfaction 471%
 Improved Staff Satisfaction 155%
 Improved Physician Satisfaction 232%
- Provide quicker treatment by reducing days to receive appointment by 88%
- Automatically collected operational data helped make informed improvements
- Increased provider productivity by 49% for more access to the patient population
- Saved resources and time to make the clinic profitable for the first time in history







Questions & Contact





Dan Hamilton
Chief Operating Officer
Nor-Lea Hospital District
dan.hamilton@nlgh.org





