Clinical Safety & Effectiveness
Cohort # 8

Improvement of the Quality of Patient Messages

UT Health Science Center
SAN ANTONIO

Educating for Quality Improvement & Patient Safety
Muhammad Akram, MD has no relevant financial relationships with commercial interests to disclose.
The Team

Division  UT Medicine Family Practice Group

CSE Participant
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Clinic Team
  – Clinic Manager- Maura Kraus, RN, BSN
  – Clinic Supervisors - Yvonne Herron & Sonya Williams
  – MARC Debra Cantu, RN, MSN
  – Call Center Staff - Nydia Kent & Cierra Griffin

Sponsor Department
  Dr Marijan Gillard MD—Director UT Medicine MARC clinic

Facilitator – Amruta D. Parekh, MD, MPH
What We Are Trying to Accomplish?

OUR AIM STATEMENT

Improve the quality, clarity, and accuracy of patient messages, in the Family Medicine Clinic at the MARC by increase messaging satisfaction scores by 40%, decreasing message errors by 90%, and increase use of message templates to 90% by August 3, 2011.

See Appendix B for guidance about aim statements
Project Milestones

- Team Created: May 2011
- AIM statement created: May 2011
- Weekly Team Meetings: May 3, 2011
- Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses: May 2, 10, 13
- Interventions Implemented: May 18, 2011
- Data Analysis: July 30, 2011
- CS&E Presentation: September 16, 2011
Background

• Context
• Confusing messages
• Patient Charts with grammatical and spelling errors
• Necessary information to answer patient’s question or address patient’s concerns is missing from messages. Which could potentially lead to a patient safety issue
How Will We Know That a Change is an Improvement?

We will monitor and measure change by:

- Random Message/Encounter Audits
- Patient and Staff/Provider Satisfaction Surveys before and after interventions
- Accuracy and Clarity of message

We are focusing on changing the message process and decreasing grammatical and spelling errors.

90% of message encounters use templates for documentation
Selected Process Analysis Tools

Examples:

- **Brainstorming** - perspective from all areas that are involved in the patient messaging process.
- **Flowchart** to compare current process and identify areas that would benefit from process improvement.
- **Fishbone** - identify ownership of responsibility
- **Message Audit Tool** - Random messages will be reviewed for specific items to ensure data collection is accurate
- **Patient/Staff/Provider Satisfaction Survey** - measure if improvement have impacted different populations targeted


FISHBONE

Patient
- Call for results
  - Multiple calls for same issue
    - Call to schedule and appt.
  - Angry because no call back
  - Long calls
  - Refill request

Provider
- Incomplete messages ie: no pharmacy, facility details
  - Each provider having different message protocol
    - Not checking messages frequently enough
    - Not documenting in encounter outcome of call or direction for the call center
  - Multiple Patient care sites

Call Center
- Clinical Staff not answering phones
  - Patient takes a long time giving information
  - Clinical Staff taking a long time to return calls
  - Multiple facilities calling
  - High call volume
  - Incomplete information
  - Staffing issue

Clinic Staff
- Not answering messages and calling patients in timely manner
  - Staffing Issues
  - Unclear of instruction to be given
  - Provider availability
  - Abundance of paperwork

Delay in message/call return to patient
Flowchart

Patient calls

Is call from 8 am - 5 pm

Call center answers call

Get information and route message to provider and staff simultaneously

Provider and staff review information

Can staff take care of call?

Staff takes care of patient and informs provider

End of call

Provider reviews, takes care of call by calling pt or route back to staff with treatment details
Flowchart with MY CHART

Patient accesses MY CHART

Patient sends message through MY CHART directly to provider and staff

Provider and staff review information

Can staff take care of message?

Staff takes care of patient and informs provider

End of message

Provider reviews, takes care of message by replying through MY CHART or route back to staff with treatment details
Intervention

Plan

1. Activate spell check on all call center agents computers
2. Educate call center agents on the use of template driven messaging

See Appendix C for guidance about PDCA cycle
Project Timeline

March–April 2011
Collection of preintervention data

May 2011
Introduction of Template
Staff Education
Start collection of Postintervention data

June 2011–August 2011
Study data

August–September 2011
Analyze and present data
Do: Message Review

Focused on:
• Spelling Errors
• Clarity
• Closure within 24 hours

Documented as:
1: for no errors, good clarity, closure within 24 hours
0: for errors, poor clarity and closure exceeding 24 hours
Study

Clarity of messages

Date/Time/Period

March April May June July August

Clarity
Increased errors found by reviewing messages
Closure of message (in days)

**Intervention**

- UCL: 14.94
- CL: 7.00
- 6.24
- 2.00

**Achieved target!!**
Return on Investment

Determination of return on investment was not possible due to the unexpected date change of My Chart implementation.

MY CHART advantages:
1. Increased messages directly to provider
2. Prompt response from provider
3. Patients can see their results real-time and may not be necessary for them to call the clinic for results
4. Patients can request medication refills through MY CHART that will eliminate number of call center calls
Expansion of Our Implementation Act

- Reinforce education about template usage
- Implementing MY CHART will reduce Call center burden
- Accuracy of documenting information is expected to improve
- Disseminating project protocol at the Family Practice Bready Green Clinic in downtown
Thank you!