



MHA Lean Six Sigma Project Summary

INITIATIVE TITLE: Urgent Care Throughput

ORGANIZATION NAME: Mercy Hospital Lincoln

ELECTRONIC MED RECORD: Epic

PARTICIPANT / CONTACT INFORMATION

Team Leader Name	Title	Preferred contact-type email address/phone#
Jacob Kliethermes	Director of Nursing	jacob.kliethermes@mercy.net

DEFINE – Problem Statement & Goal

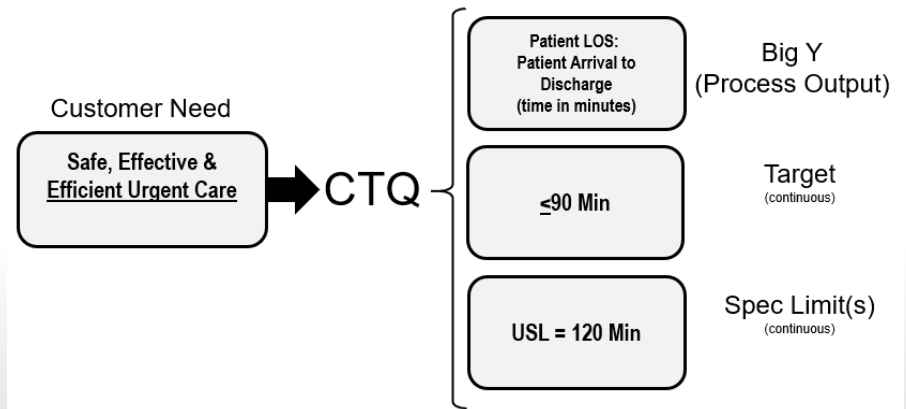
Streamline non-value add but required process steps and develop workflows to improve patient and co-worker experience and safety.

DMAIC PHASE	AVG (mins)	STD DEV (mins)	DPMO	SIGMA SCORE
Baseline	94.2	42.061	200,000	2.3
Goal	---	---	20,000	3.5
GOAL = 90% IMPROVEMENT (10-FOLD INCREASE)				

DEFINE - Initiative Scope

Urgent Care Patients
 Discharge disposition of home or self-care
 Patients arriving between 0800-1100

DEFINE –BIG Y



MEASURE - Data Collection / MSA

Data was collected by both direct observation and Epic workbench reports. The Gage R&R Short Form was used to perform MSA on the process.

Sample Size of the data collected in Measure phase was 30 (patients).

ANALYZE - Critical Xs / Root Causes Identified

- Patient Arrival to UC Waiting Room
- UC Waiting Room to UC Roomed
- RN Triage to Provider MSE
- Provider MSE to Final Registration
- Final Registration to Patient Discharge
- Arrival Hour of the Day
- Number of UC NPs

Considerations:

- Provider MSE to Final Registration Complete and Final Registration Complete to Patient Discharged are both statistically significant and are the sub processes most correlated with patient LOS
- Focus improve strategies on defining clear and consistent processes for identifying MSE is complete – Final Registration begins. Flags were consistently used by all team members, but timing was inconsistent.
- Focus improvement strategies to streamline front-end Registration processes (e.g., printer locations and extra movement/document transport).

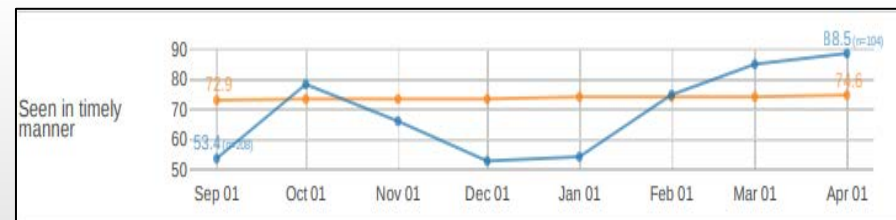
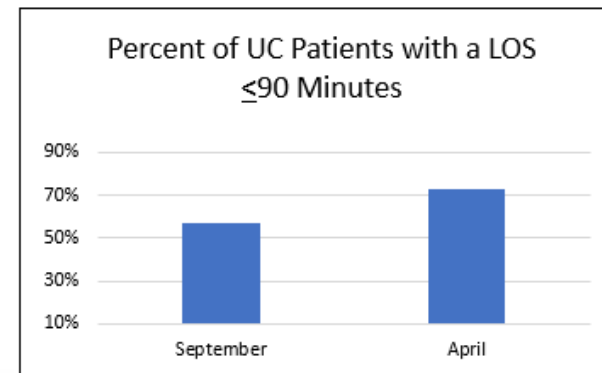
IMPROVE – What was Implemented

- Defined use of UC flag system
 - RN - Flip when start/initial room entrance
 - NP - Flip when MSE is complete and departing room
 - Reg - Flip when complete
- Dedicated Registration Co-worker stationed in UC
 - Monitors flag system and track board indicators
- Defined indicators and process for allocating additional Registration Co-workers to UC
 - Any time there is more than one patient waiting for Registration the UC RN calls 5555 to alert Registration to allocate additional resources.

IMPROVE – What was Implemented

- Decluttered signage at the Main Entrance and redesigned the take-a-number system (high visibility)
- 5S Provider Workroom
 - Installed new desk system
 - Replaced flooring
 - Replaced and repositioned printer
 - Installed sorting system for discharge paperwork
- Clarified AVS/discharge paperwork responsibilities
 - Provider standard work
- Developed effective high-volume curbside workflows
 - Identified resources required
 - Realigned responsibilities
 - Removed duplicative process steps

IMPROVE – Results to Date



CONTROL – Next Steps

How do you plan to keep momentum going to prevent critical x from reverting?

Monthly monitoring & celebrating wins

Have you calculated the project benefits to date?

Improve phase is not fully complete, but plan to summarize the benefits, share and discuss at our close out meeting.

What is your rollout plan and project “Close” timelines?

The rollout plan has been a phased approach as the various components complete. We expect all implementation complete no later than June 15, 2022. Plan for the project close out meeting on or around that date. However, we will also plan to continue

Who are you “handing-off” to?

Hannah Curtis & Karen Jacobs

“ah-ha” moments

- Recognizing the number of signs cluttering the entrance – how confusing it was for the patient.
- The amount of wasted movement happening in such a small amount of space.
- The inefficient use of the Provider room space.
- The number of work arounds throughout the process.
- Realizing we were not using the technology we have to its full potential.

OVERALL LESSONS LEARNED

Did anything surprise you?

All the work arounds Co-workers had in place (initial state) to make their processes work.

The ineffective use of the technology available.

How easy it was to use Minitab (with the instructions provided).

What would you do differently?

- Increase the sample size and scope
- Set a hard timeline for the data collection
- Train additional observers – due to the layout it required two observers to capture the data for each patient’s encounter

NEXT PROJECT(S)

Where else in your organization can you apply what you’ve learned?

Any topics you will tackle next?

ER Patient from MSE to discharge/admit
Online check in for Radiology

REWARD AND RECOGNITION

The UC and Registration Teams. The Leaders and Co-workers were fully supportive of the process and stay engaged for the duration.

The Administration Team for both support of the process improvements as well as the cost associated with the physical improvements.