MAYO

Background

- "Practice optimization" is imperative to create a quality visit and increase patient satisfaction and enhance patient care.
- A multi-disciplinary team at Mayo Clinic was created in September 2012 to initiate and implement a care team engagement model that is more satisfying for the patient, provides more efficiency for provider/ practice, and integrates nursing into the practice. By utilizing the teamwork model approach, maximizing use of current technology, and innovations, along with lean six sigma practices, patient satisfaction has been on the rise in the ambulatory setting.
- Flash forward 5 years to 2017 and this current state practice with: continued time savings, transcription savings, increased meaningful use compliance, decreased triage line/call center calls, increased patient portal usage, increased patient satisfaction scores, decreased clerical tasks for providers, increased throughput, decreased no-show rates, and collaboration with all staff within the care team model/GI divison.

Authors

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To integrate nursing support staff and a multidisciplinary team model approach into the ambulatory GI practice which will enhance the patient experience, and elevate the patient care to the highest level possible while giving benefits of time savings and decreased clerical work for the team.

- they call Mayo Clinic.
- 2. Set appropriate and productive patient expectations.
- 3. Use best practices to improve efficiency
- time for staff.
- within the division.

Ambulatory Gastroenterology Nursing: How To Transform The Practice?

Vision

Principles

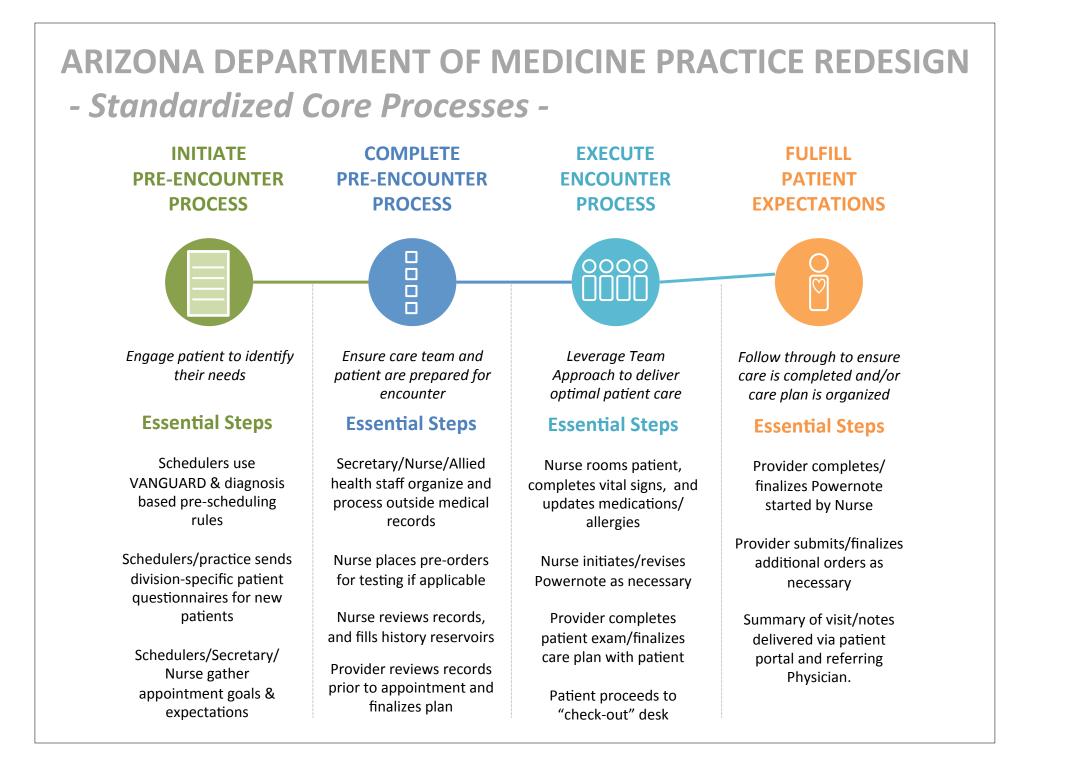
. Take care of the patient from the moment

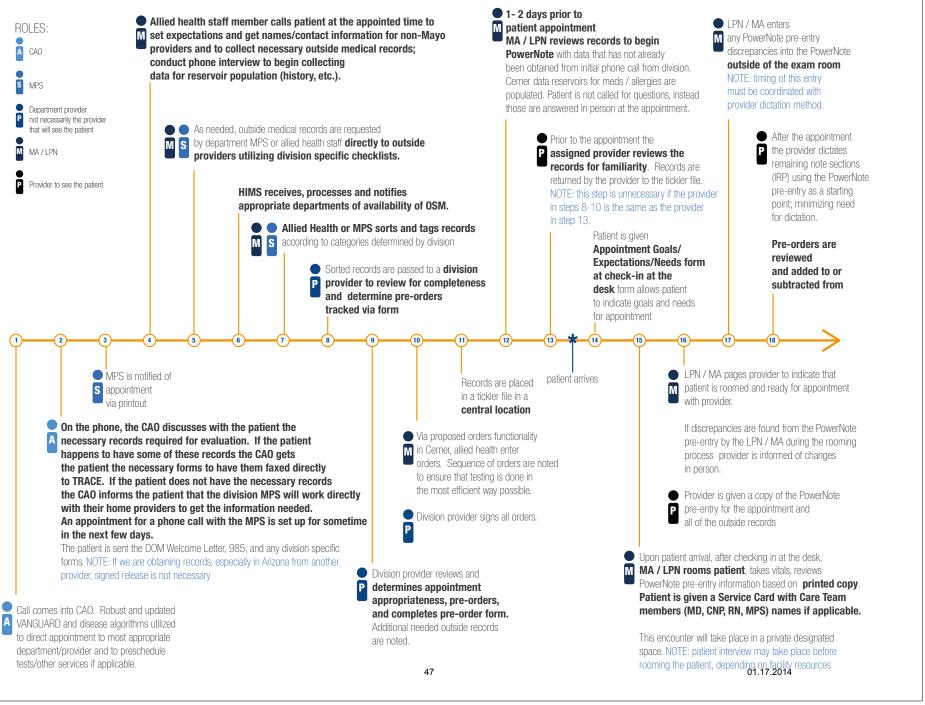
and create access of new patient visits.

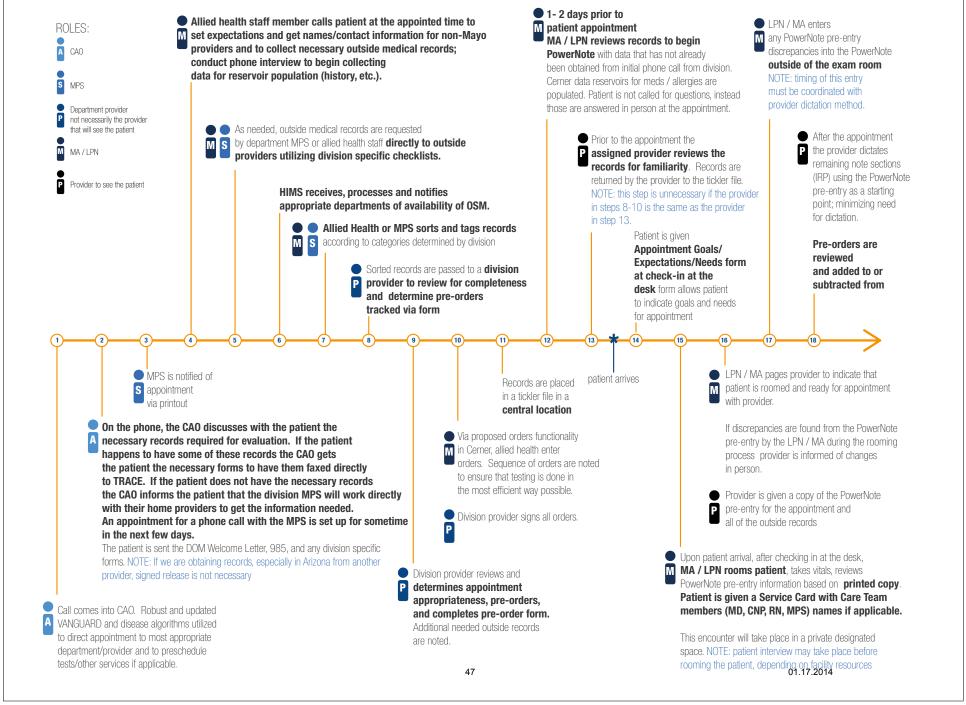
. Decrease provider clerical tasks and save

Break down silos and enhance teamwork

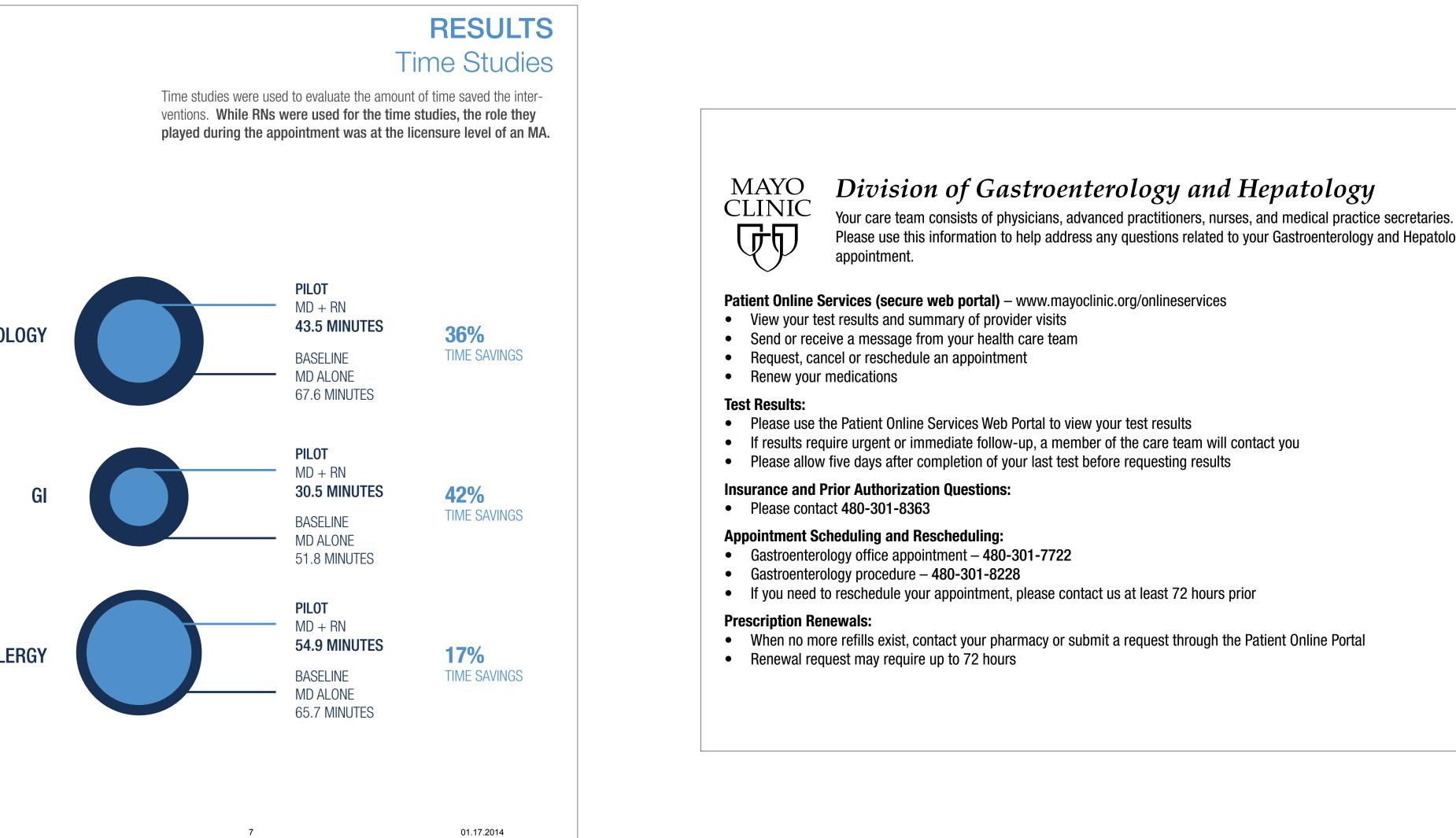
Based on early meetings and principles were developed prite to form interventions and test	r to the pilot process INTENDED INTE	RVENTIONS	
pre appointment	 CHANGES Ensure stronger collaboration between each division and the CAO so as to ensure right patient, right specialty, right physician. Most of this collaboration will come via more investment in the algorithms used to evaluate and place patients Begin communication of what specialty can and can't do for that patient (manage expectations) Tell patient practice will contact them to begin planning their visit. Tell patient what will be expected of them and how important their role will be in ensuring their visit is productive. 	QUESTIONS	
pre visit	 4 Ensure every practice connects with the patient before the eval, either by phone, email or hard copy. 5 Purpose of communications are to: determine what can / should be pre-scheduled, gather medical information to help make exam more efficient. Algorithms used by AH staff to identify pre-scheduling of tests/services, etc. 6 Gather medical information and populate and populate EMR (medications, allergies, history, family health history, etc.) 7 Request outside records from patient if patient has them or directly from outside provider. 	Eliminate 985 for all practices but general internist practices? Specialty forms for all others?· Who will review outside records -MPS? LPN/MA? NP/PA?	CARDIOLOGY
during visit	 8 LPN/MA paired with every physician(s) working on the floor. May have 1 LPN/MA per 2+ physicians. 9 Move clerical work away from physician and have LPN/MA populate Cerner as much as possible 10 Before physician enters room, LPN/MA validates Meds, allergies, and health maintenance module (if appl). LPN/MA starts PowerNote that includes above items as well as review of systems and histories. 11 Physician performs exam, dictates or uses Dragon, enters orders and bills 12 LPN/MA provides patient education and follows-up on scheduling issues, etc. LPN/MA handles paperwork if necessary 	Role of desk. Assume other clerical work? Redeploy some open FTE slots to MA/LPN positions? Train Desk staff into MA positions? LPN vs MA? Which FTE better for above? Prioritization of efforts. Which actions will yield the most time savings?	GI
after visit	 13 Transcription transcribes physician dictation and places into nurse note. Physician signs note in EMR (details of this process need improving) 14 LPN/MA responds to patient questions, handles correspondence, communicates test results 15 Time permitting, LPN/MA performs many other non-visit items for physician (e.g. clear normal results per MD instructions in message center, process Rx refills per provider approval, monitor and collate test results, help w/ prior authorizations, etc) 	Communication of test results? Need RN? 01.17.2014	







Workflow





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Results

RESULTS Provider Feedback

- roviders felt that they were **less frustrated with the new patient visit experience** and the clinical docu
- roviders observed that patients felt like "they were being taken care of" by a team.
- oviders felt they had **better interactions with patients** during the encounter. The **encounter time was better spent** on important aspects of the visit.
- roviders found that they had more time during the visit for patient education
- Stub notes / PowerNote pre-entry helped reduce dictation time

Patient Feedback

- Patients consistently indicated that they **strongly agreed** with all of the following statements during the pilots
- ly Doctor explained my illness or treatment in a way I could understand
- My Doctor answered my questions about my healt
- My Doctor listened carefully to what I had to say.
- My Doctor gave me easy to understand instructions about taking care of my health problems or concerr
- My Doctor spent enough time with me.
- My Doctor was thorough during my exam and in the treatment of my condition here was good team work among the Doctors, nurses, technicians, and other staff who cared for n
- My doctor knows all about the care I received from specialist
- My doctor always knows the important information about my medical his
- The nursing staff spent the right amount of time with n
- he nursing staff helped me to understand my health condition
- The nursing staff identified who they were when caring for me

Conclusion

The future of the ambulatory team model is bright with patient satisfaction increased, enhanced patient care and flow of patient records before, during and after the visit along with a more efficient and streamlined patient experience. This model will save time for staff, providers and will allow the division to grow as a team and keep the needs of the patient first.

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