

Abstract or Introduction

In 2014, Secretary Robert McDonald announced My VA an initiative to move the agency to refocus on the mission which is placing the customer first. This was rolled-out using a five pillar model (1) Improving the Veteran experience (2) Improving the Employee experience (3) Improving Internal Support services (4) Establishing a Culture of continuous Improvement (5) Enhancing Strategic Partnerships.

While applying Secretary McDonald's framework to clinical practice, The Villages VA Outpatient Clinic GI team strives for excellence in practice and outcomes and does not tolerate the status quo. Therefore, when the GI staff was incurring incidental overtime two or three days per month, the team huddled to create a process improvement to mitigate the overtime. Most GI teams would accept this level of incidental overtime as a cost of doing procedures because some patients have multiple colonic polyps, tortuous colon and/or prolong effect to moderate sedation medications.

Problem Statement

The GI first case on time start rate is less than 50% for 1st quarter FY15. In addition, the time between the scope out on first patient until the scope is in on the next patient averages 40 minutes. This affects access to care and negative impact on Veteran/staff satisfaction by delays in procedures start and discharge.

Goals or Objectives

- To increase the percentage of first case starting on time from 50% to 60%
- To decrease the time between cases from 40 min to 24 min
- Increase GI clinic capacity by 3-5 cases per week, by January 29, 2016.
- Improve the Veteran and Employee Experience.



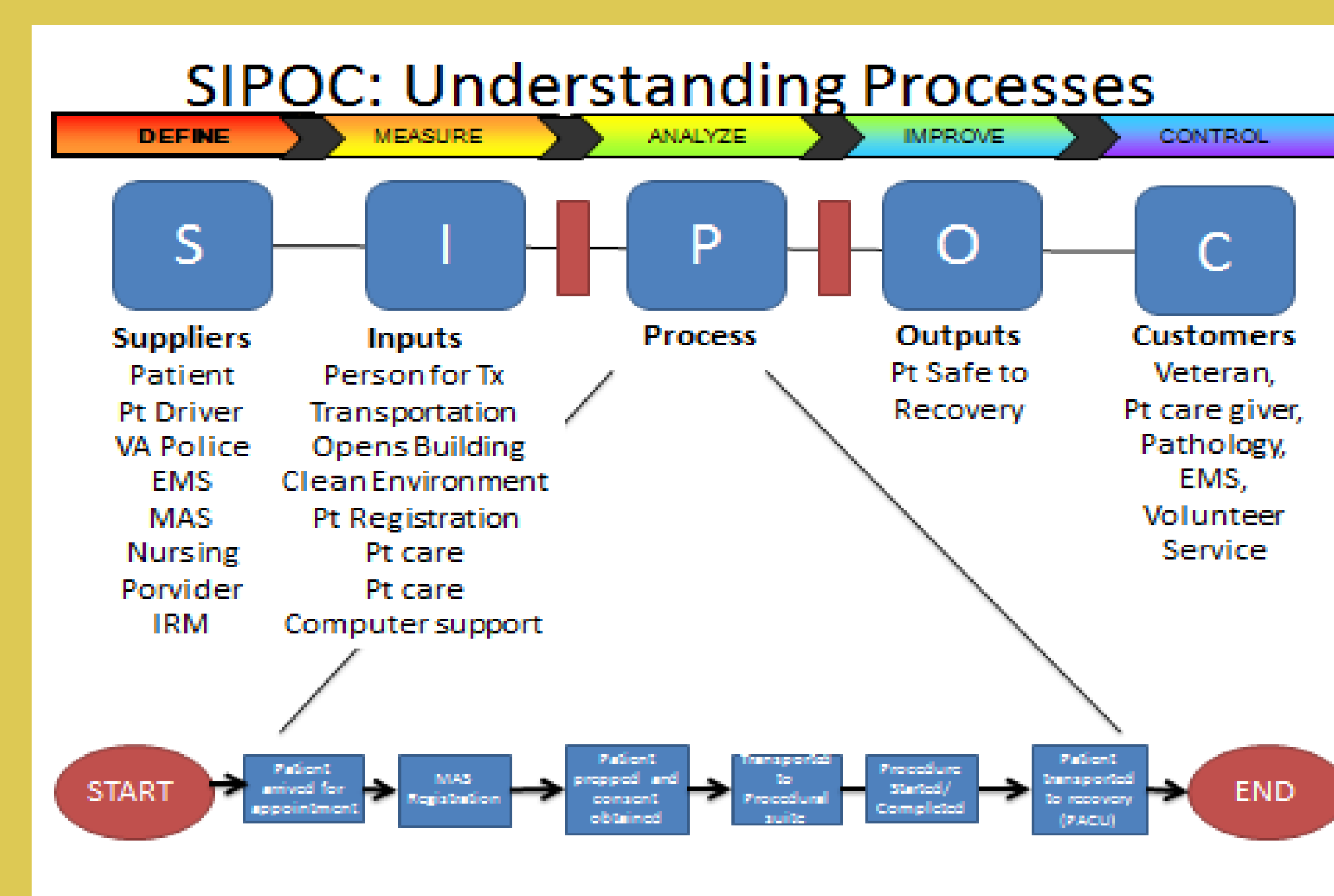
The Villages Outpatient Clinic GI Access NF/SG

Team Members

Green Belt Facilitator: Oscar W. Goolsby; Project Champion: Chad Adams, AD Outpatient Clinic and Planning; Process Owner: K. Todd Donahoe, MD; Team Members: Alec Chan-Pong, MD; Marieyves Antoine-Laroche, ARNP; Julie Scalzitti, RN; Karen Guzman, RN; Mary Jo McBride, RN; Trevor Ramsammy, RN; Lydia Garcia, RN; Ken Hanuman, RN; Karen Scheil, RN



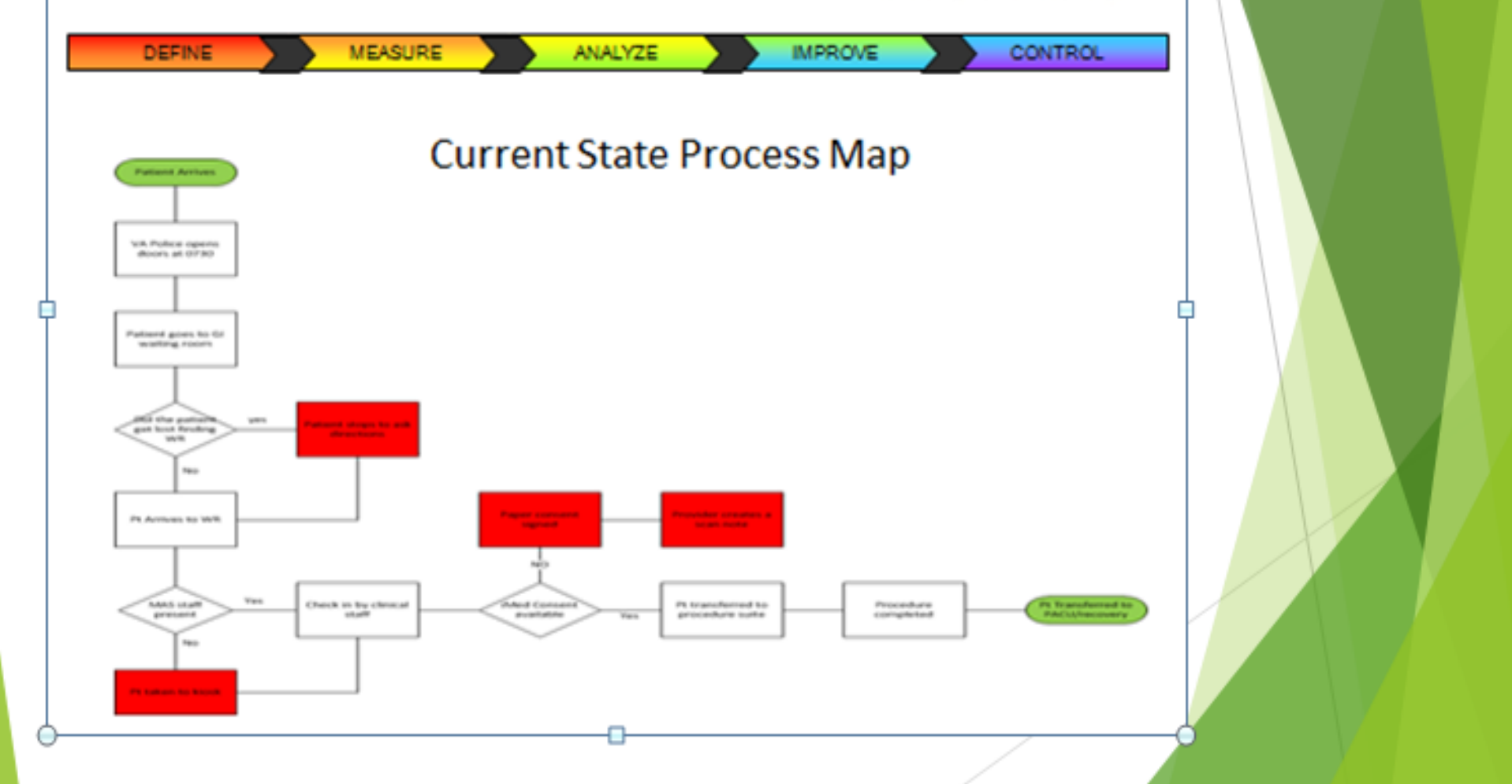
Analysis



Measure and Analyze

Metrics	Baseline Performance/Preliminary Data		
	Baseline 3/1/15 to 4/3/15	Benchmark (JOPC)	Target
1 st Case On-Time Start Rate	<50%	33%	60%
Time Between Cases	40 Minutes	24 Minutes	24 Minutes
# of Cases Per Week	19	36/2 Providers Or 18 Per Provider	3-5 More Per Week

Measure and Analyze



Analysis continued

- Developed Abnormality time study log for data collection.
- Analyzed current work flow to maximize efficiency through developing team nursing approach.
- Initiated Nurse Pre-procedure calls within 48 hours to reinforce instructions and answer questions
- Implemented new VHA Guideline on consent process
- Worked with Police Service to allow patients access to the building
- Incorporated Veteran feedback to improve clinic signage.
- Collaborated with MAS and Volunteer Service (Kiosk) to facilitate GI check-in coverage when clerk was unavailable.
- Developed a standardized pre-procedure teaching for GI consultation Clinic to improve compliance of prep and decrease no-show rate.

Conclusions or Final Outcomes

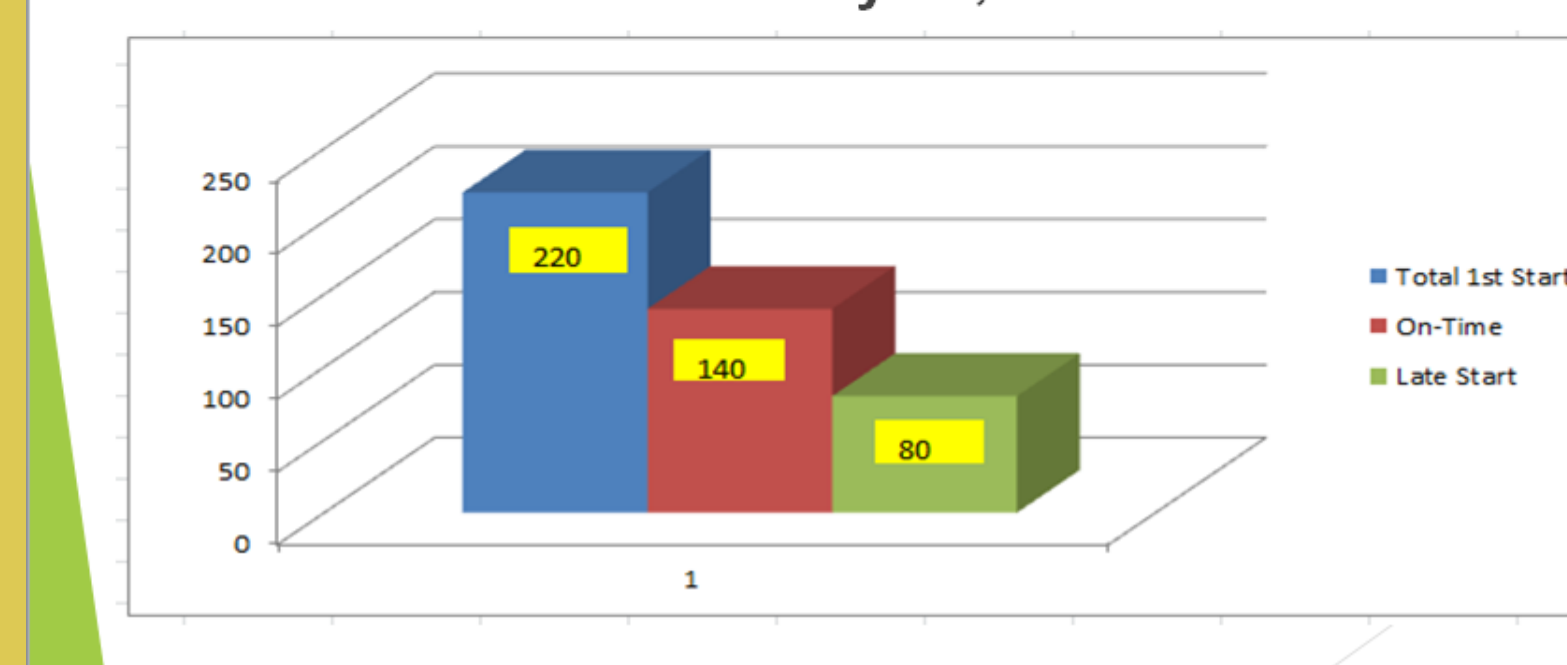
The Access project met or exceeded 70% of goals as follows:

- Improved first case on-time starts to 63% which is 3% above stated goal. +
- Decreased cycle time of room turnover from 40 minutes to 30 minutes.
- Utilization of overtime decreased by 90% per quarter.

Improve

DEFINE MEASURE ANALYZE IMPROVE CONTROL

► Total 1st start from May 4, 2015 to February 26, 2016



Sustainment and Spread

- Monthly data review with staff to identify trends and issues.
- Report issues to TVOPC Leadership at weekly meeting
- Report data to GI Access Quad meeting

Lessons Learned

- Remain diligent and focused with achieving on time start.
- Emphasize to patients the importance of arriving on time.
- Goal of being in procedure room 10' prior to on time start.
- Set specific goals monthly to remain on task for on time start.

