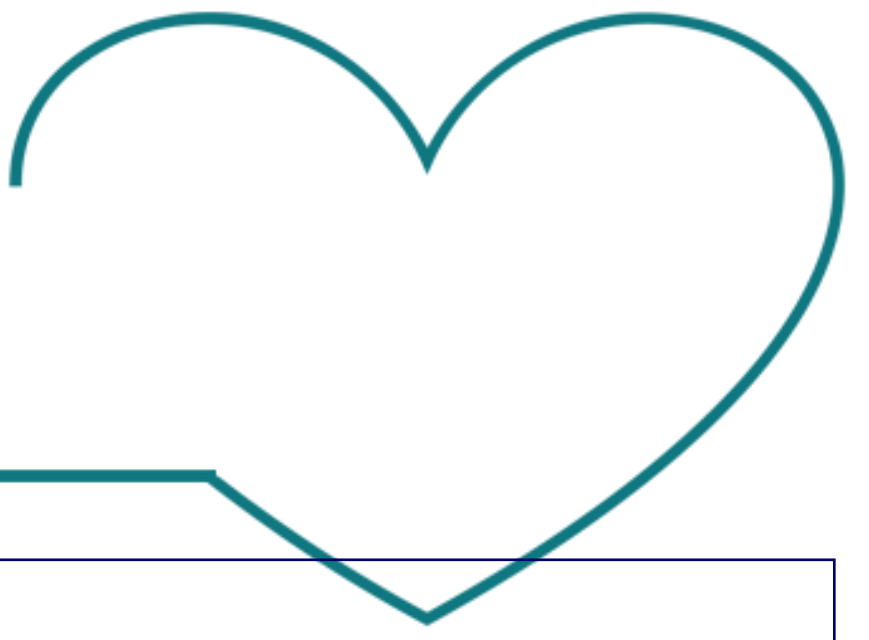# Nuclear Medicine UBT
Improving our Scheduling Template

Problem:

Our patient scheduling templates in Epic are outdated and inaccurate, requiring our schedulers to manually schedule and work around those templates in order to match appointments to the actual machines, rooms and capacity.

This manual working around leads to scheduling errors resulting in over or under booking for the nuclear medicine department causing either very busy days or very light days.

Result:

Our project is still a work in progress. However, the issues that were creating the problems are more evident now. Our newly hired staff and those that fill in for our staff can see the difficulties, and point them out to the Epic team, so that they can create new templates to fix them.

We are hoping in the long term, these changes will not only provide more clinic spots for patients but will also influence how our scheduling staff feel about their day-to-day work.

Intervention:

We reached out to the Epic build team to see how they could help us. We explained how this template was creating the loss of efficiency for our schedulers. The frustration from this was a big part of the turnover we had in our department's specialty schedulers and was leaving our department short handed.

We worked with management to expedite our resources, and the Epic build team agreed to bring our project to the forefront of the priority list.

Nuclear Medicine Department UBT labor co-lead Dayna Godin, and management co-lead Philip Bottone pictured with their UBT

Impact:

Our inaccurate scheduling template has weighed heavily on our techs and schedulers, contributing both to staff turnover and the challenge of replacing those that left. **However, we are optimistic that an accurate, refreshed template will lead to:**

- Shorter wait times for patients
- An easier transition for newly hired schedulers
- Epic templates being used as intended with minimal manual workarounds
- A decrease in the extremes of very busy or very light clinic schedules
- Providers getting their patients' appointments more efficiently
- **BETTER PATIENT CARE**

Mammography UBT
Correcting Wrong Orders and Missing Images
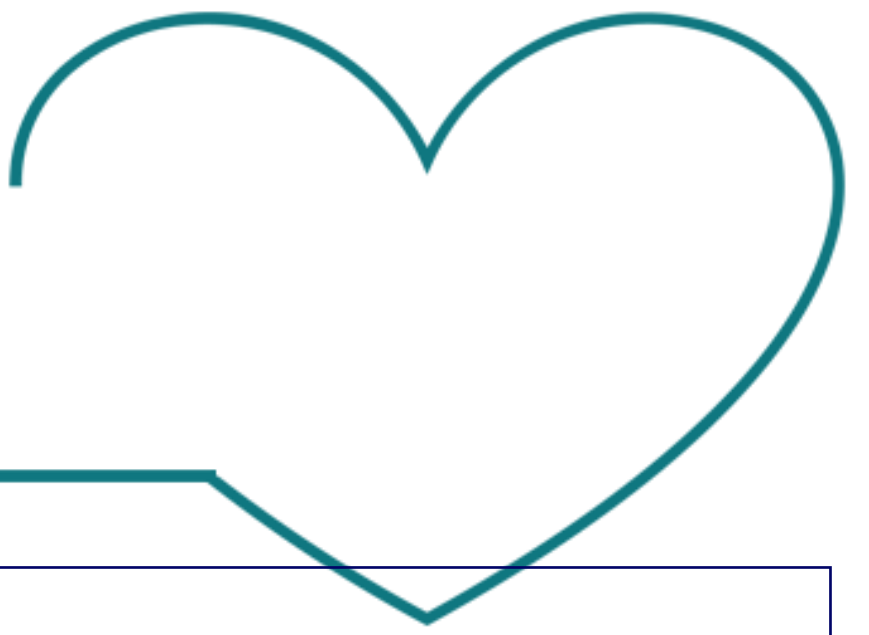
Problem:

Techs were only discovering that orders were wrong after they began the exam, as this was when they first reviewed the order. Many orders required a correction, turning what should have been a quick 15-minute exam into 45 plus minutes of research (tying up the patient and exam room, as well as the tech).

Some records were also missing outside images, which were required in order for us to complete the exam for the patient. Many of these patients were showing up for their appointment anyway, leading to confusion and distress.
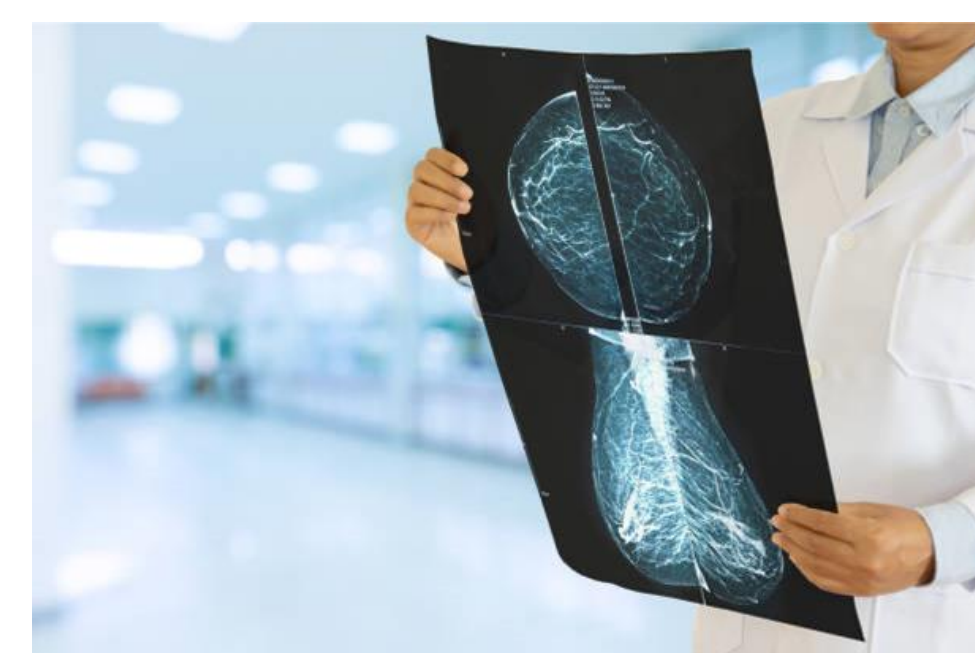
Intervention:

A new shift was created to give techs time to review (and correct) orders beforehand. The shift starts at 6:30 a.m. giving the tech an hour of uninterrupted time, and enough lead time for the order to be fixed by the time the patient arrives.

This also freed the secretaries up to screen for and assist patients needing to send or bring us outside images.

Technologist performing a scan   Example of previous scan

Result:

As a result of this intervention, appointments are less likely to run late. **Because we've pushed the work of spotting and correcting problems out of the exam room, we are saving our patients (and ourselves) time and aggravation.**

And while patients still do occasionally show up without their required outside images, it happens less than before.

Impact:

This project created more time for all staff involved. Having the technologists review the diagnostic orders before clinic starts helps to free up the secretaries so they can focus more on the screenings and requesting outside films.
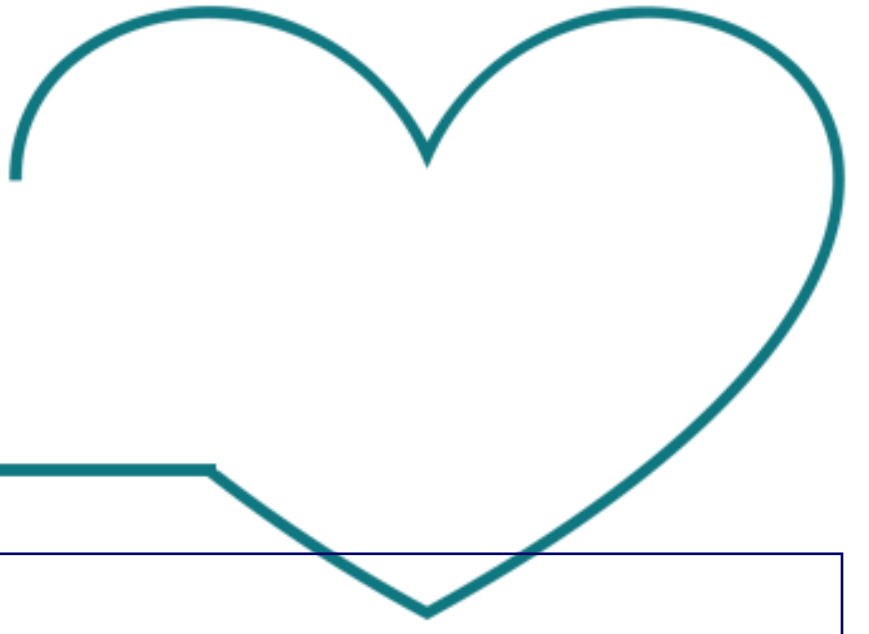
It helps the mammography and ultrasound technologists on the day of the exam by not having to research and correct the order. Saving time for caregivers and patients, *"it saves time for all involved!"*

Mammography Department UBT Jenn Bacigalupo, management co-lead (not pictured), Kelley Sielis, labor co-lead pictured with some of the mammography department committee members

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Respiratory UBT
Standardizing Supplies in the ICUs

Problem:

Disorganization and lack of supply management and oversight with respiratory supplies in the ICUs resulted in waste. This waste not only included wasted products but wasted time for both patients and staff.

Because of the disorganization and lack of supply management the staff would frequently have to make patients wait while they went searching for the supplies they needed in another unit, as well as products expiring because they were pushed to the back of the closet.

Intervention:

We organized and standardized the supply closet in one of the ICUs and used that as a model supply closet for the other ICUs. We were able to do this by accomplishing the following:

- Created a list of necessary items in the ICU so we can make sure these supplies are always in stock

- Created a list of supplies that would be needed an urgent situation and stocked them accordingly

- Measured the area to plan the best way to reorganize the closet according to the supplies most used. We did this by moving the most used supplies within reach or to the front

- Implemented a system to maintain the supply closet is always stocked

Result:

Standardization of the supply closet with visual management assists employees, travelers and floats who fluctuate throughout the department **allowing them to find the supplies necessary and in a timely manner.**

The reorganization of the supplies resulted in a total department savings of approximately 4.5 hours per day which caregivers spent previously looking for the supplies they needed.
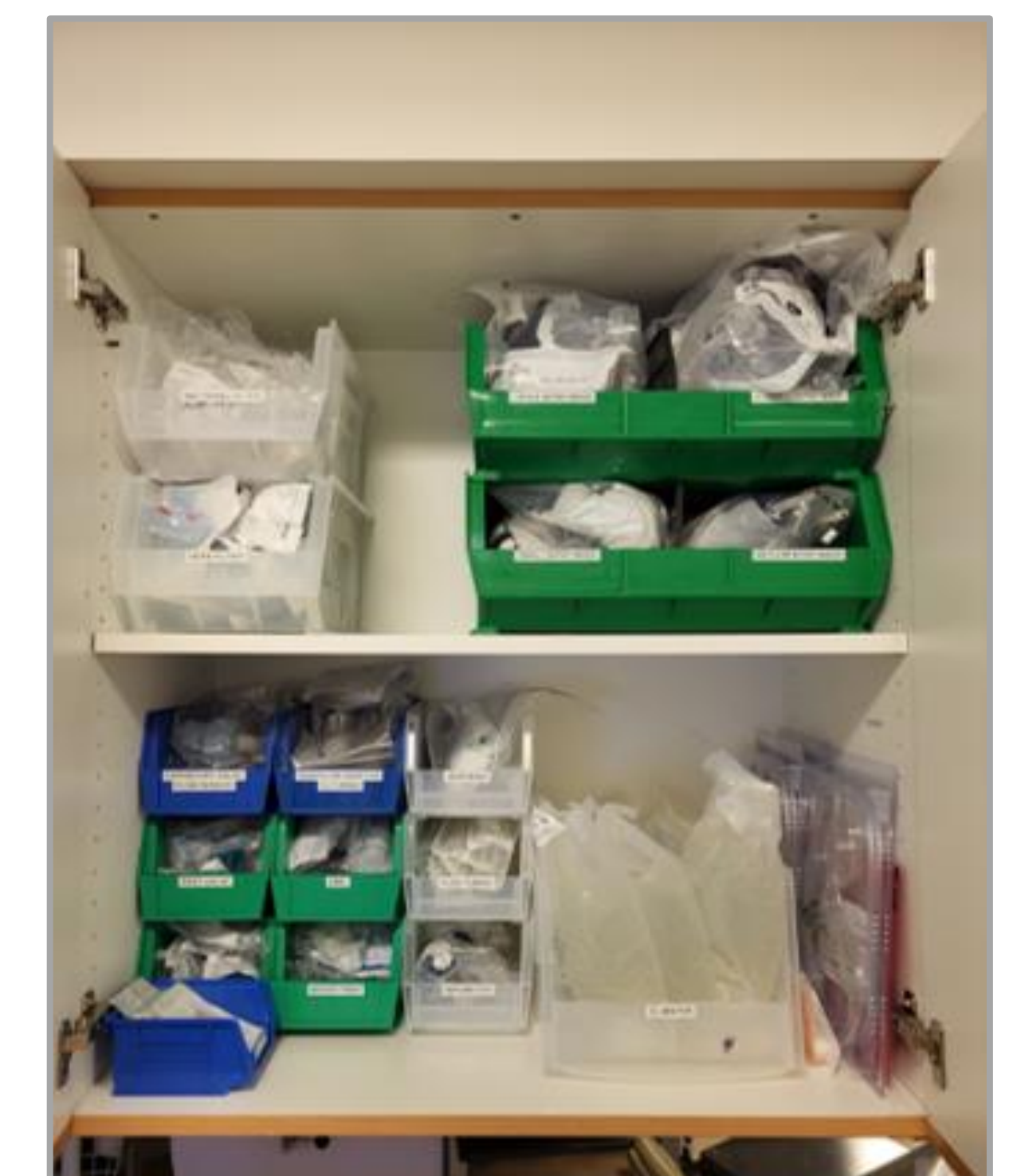
Impact:

- Improved turnaround time for patient care
- Increased quality and safety
- Increased caregiver satisfaction
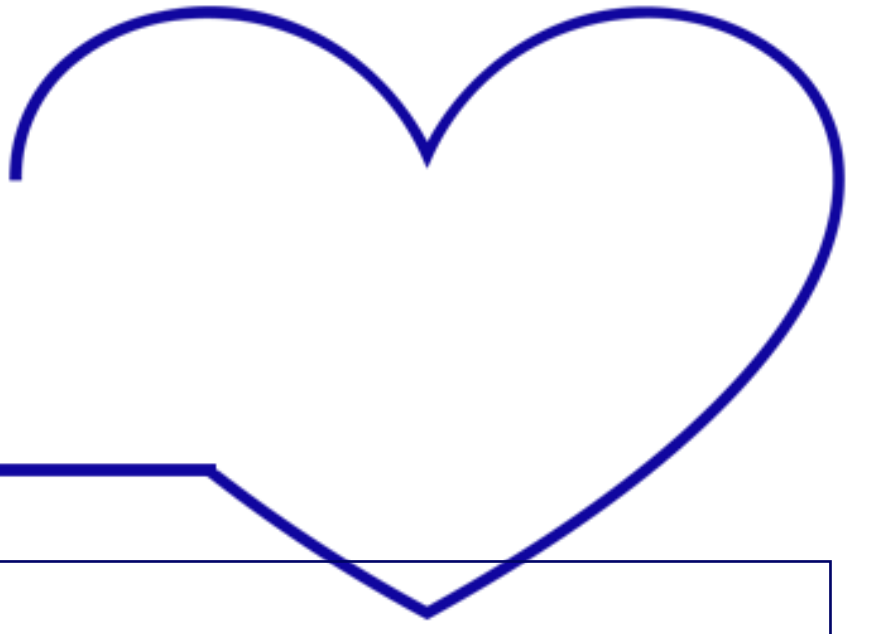- Reduced rework, workarounds and frustration

Supply closet before the UBT project

Supply closet after the reorganization

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University CT Department UBT
IV Room for Patients

Problem:

In CT, we frequently fell behind on our outpatient schedule. One of the major factors for this was IV access on a patient.

When we had a hard time getting the IV started on a patient, we would have to wait for one of our IR nurses to come. **This could often take a long time** depending on the availability of IR nurses that day and the patient would be waiting on the CT table.

Intervention:

To solve this problem, we created an IV room outside of our department to help facilitate **moving the patients through more efficiently.**

This room is a small alcove that was going unused so we set up a stretcher and IV supplies where patients with tough IV access can wait for an RN while we continue to take other patients in the CT room.

Result:

Not only are patients with tough IV access no longer holding up our schedule, but we are now able to take patients from the waiting room more quickly.

While one patient is in our room being scanned, an available tech can get the next patient from the waiting room and get their IV started. **This way, patients spend less time on the CT table, and we move through our schedule faster.**

Impact:

The IV room has benefited everyone involved in a patient's exam.

Patients are **waiting less** and being seen faster.

Techs are not falling behind and are **less stressed**.

IR nurses are not on the spot for holding up our outpatients if they are not able to come help right away.
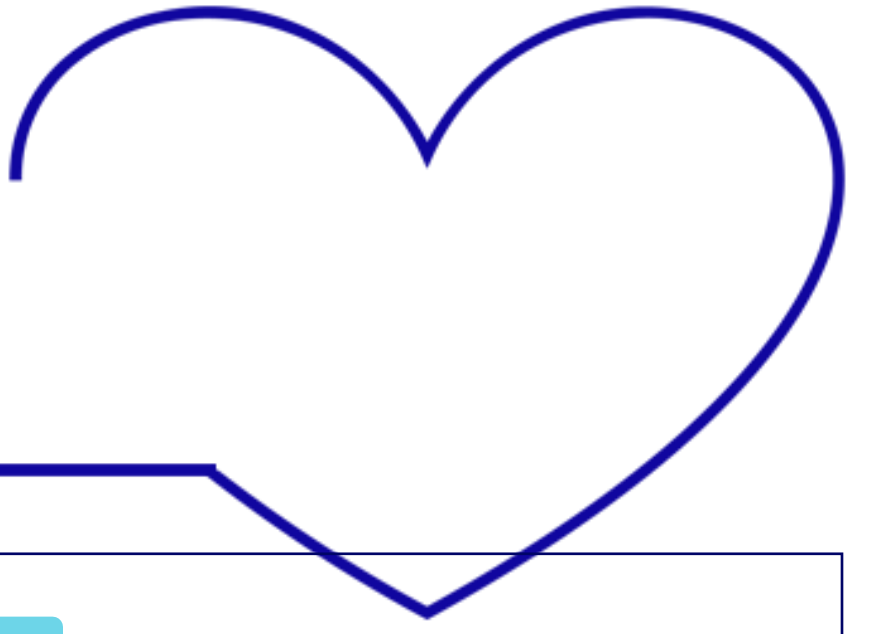
There are still other factors that can cause delays in our outpatient schedule, but this has provided **some much-needed relief!**

IV room showing stored supplies in a secure cabinet

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Memorial Inpatient PCA Committee

Orienting PCA floats to the floor

Problem:

PCAs felt that floating to other floors was very stressful and disorienting because the routines and schedules vary across the floors.

Intervention:

PCAs suggested creating a **float card for each floor**. This card would be handed to any PCA floating to the floor. The card contains information like the size of the floor, contact information, floor specific timing for different routines, and other specific details about the workload.

The committee coordinated with managers and PCAs from each floor to get the relevant information for floats. The floors will begin using these cards and seek input from floats to make sure that the information is complete, accessible, and useful.

Welcome to: _____!

We are a (bed #)-bed unit and our population of patients generally consists of (medical / surgical / mix).

Manager:

Floor phone #:

Time of VS

Time of FSBS

(anything else important)

(floor specific info) – example, W3 post op patients should not have straw; post op pts – first time OOB nurse needs to be present, etc.
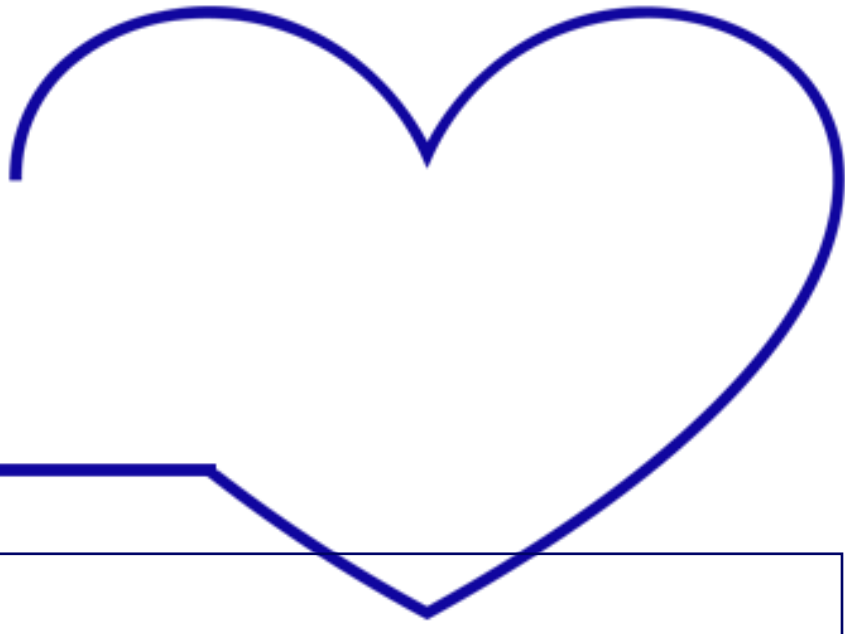
Sample float card

Memorial Inpatient PCA Committee Carolyn Odongo, labor co-lead, Lori Peasley management co-lead, Katie Rinnus, nurse manager (not pictured), Ann McCusker management co-sponsor (not pictured) Kim Latrobe labor co-sponsor pictured with UBT committee members

Memorial Inpatient PCA Committee
# Equipment Availability

Problem:

PCAs said that the supplies and equipment they needed weren't always available. This would increase time to care for patients and could increase conflict within and across floors.

Intervention:

The committee coordinated with biomedicine to get a complete inventory of equipment, which helped identify opportunities for future capital requests.

The committee also reviewed what should be in each room and how to ensure they are there when you need them.

With all this information, **each floor now has their own equipment log**. The log has contact information for each kind of equipment and a tracker for workers to note what pieces of equipment might need repairs. There is also a separate log for workers to document equipment that they are borrowing from different floors, which should help reduce conflict.

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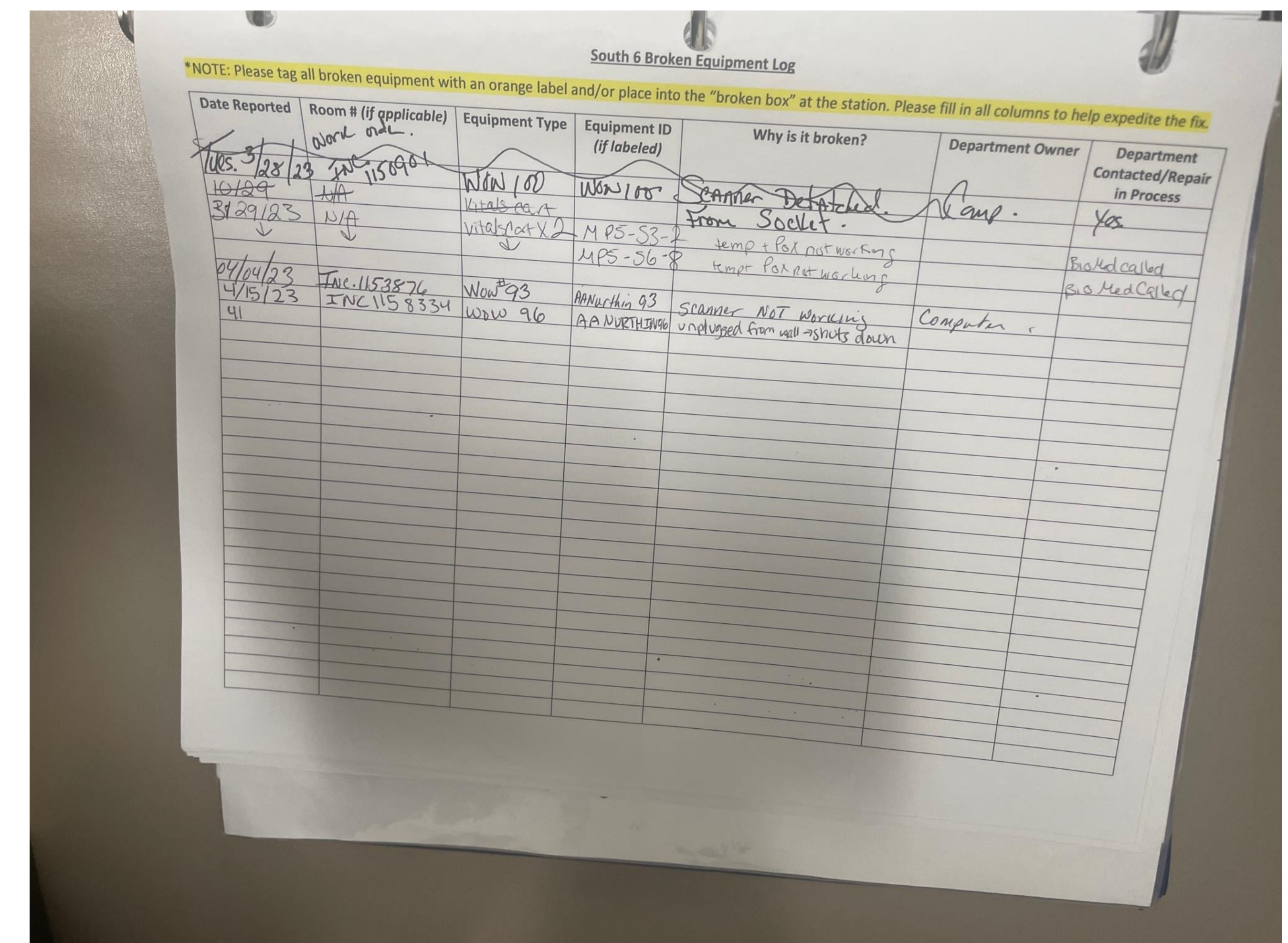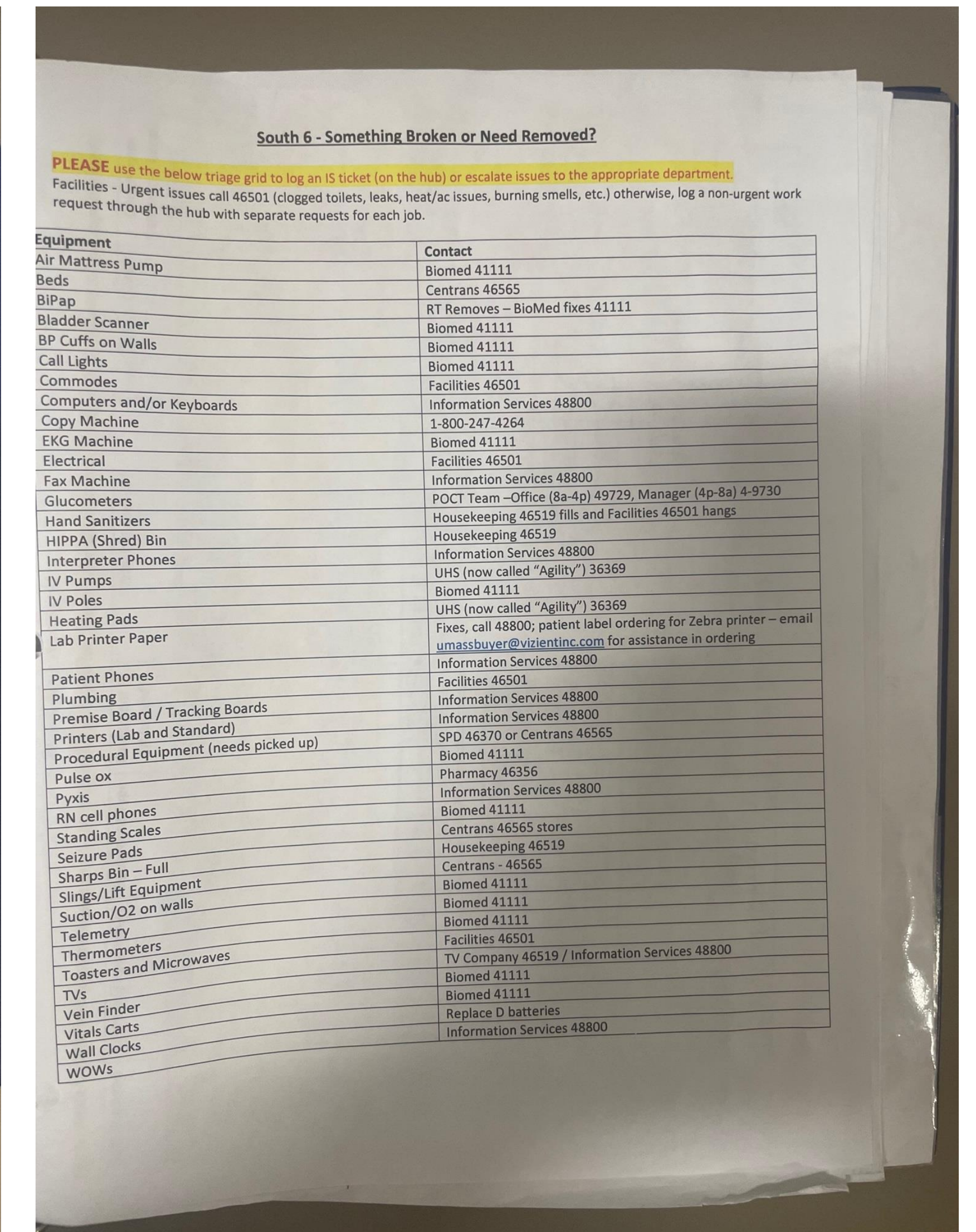
Radiology Diagnostic UBT
Reduce the Number of Portable X-rays

Problem:

Inpatient x-ray orders are being ordered on patients that are physically able to travel to the Radiology department for their study.

- This is happening due to multiple factors. The misconception that it is easier for the technologist to perform a portable study, the floor staff not wanting to wait for transport, and the thought that is faster than a regular x-ray is the cause that these are being ordered more frequently

- Portable exams are generally of poorer quality than exams performed in the department, they increase radiation exposure to staff and patients, and delay other important or STAT testing that the patient may need because the techs are their performing an x-ray.

Intervention:

- We are working in coordination with the Quality Control Committee and the radiologists, specifically Dr. Hoa Lo, to establish new guidelines, and criteria for inpatient providers and nursing staff to place an emphasis on only ordering portable x-rays when absolutely necessary.
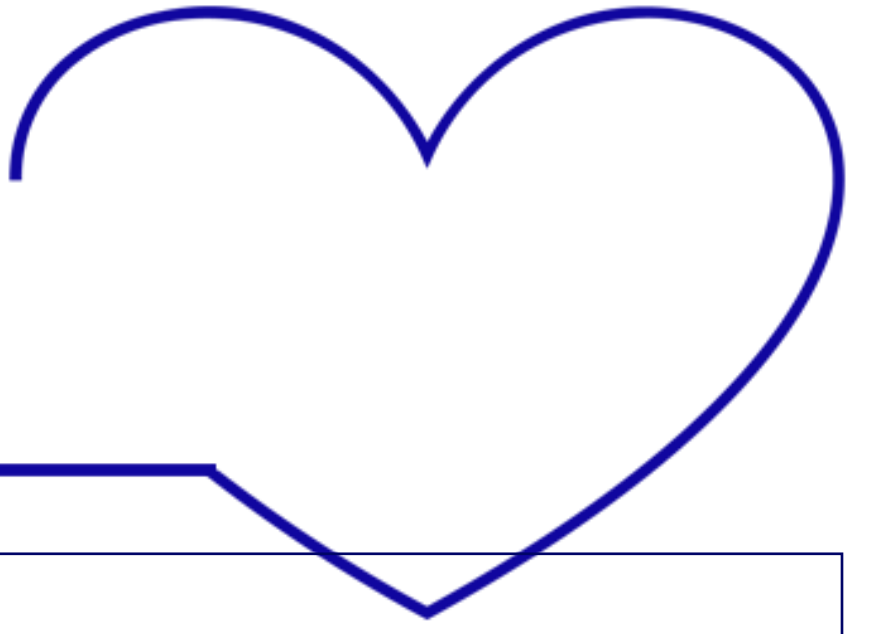
Result:

- We haven't finalized anything yet, so our results are yet to be known, but we are anticipating that our efforts to reestablish guidelines and criteria will improve this issue making things **run smoother for both staff and patients.**

Impact:

- We are anticipating the impact on the department will be to provide the correct exam for the patients in a timely manner, as well as benefit our staff.

- **Minimizing delays** for patients who do need STAT portable imaging.

- **Reduce the physical stress on the technologists** resulting form the overuse of ordering portable exams.

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Tri River Health Center UBT
Improve Communication Among Staff

Problem:

- Tri River Health Center is **writing our own Standards of Respect** taken from UMass Memorial's to make them more relatable and personal to our clinic.

Intervention:

- During our monthly clinic staff meeting in June, we will be breaking the clinic up into six groups.

- The UBT members have been partnered together and will lead each group in creating a poster having one of the standards of respect rewritten to make it more personal for the clinic.

- For example, **ACKNOWLEDGE:** the 5ft / 10ft. rule. If you are within 5ft. of someone there is a verbal acknowledgment, if you are more than 10ft. Away there is a visual acknowledgment (wave, peace sign, etc.).

Result:

- Although we have not had the final presentation of this project to the clinic staff the **UBT members are excited about working together as partners and leading the groups in this endeavor**.

- We also have had one to one meetings with most of the MOAs in the clinic to problem solve on the issues that could be translated back to the standards of respect

Impact:

- We will share results after the June staff meeting of how the project went, our goal is to combat potential behavior that are a barrier to us taking care of our patients and each other. We feel that by making the standards of respect more personal it will be easier to hold each other accountable to how we treat patients and each other.
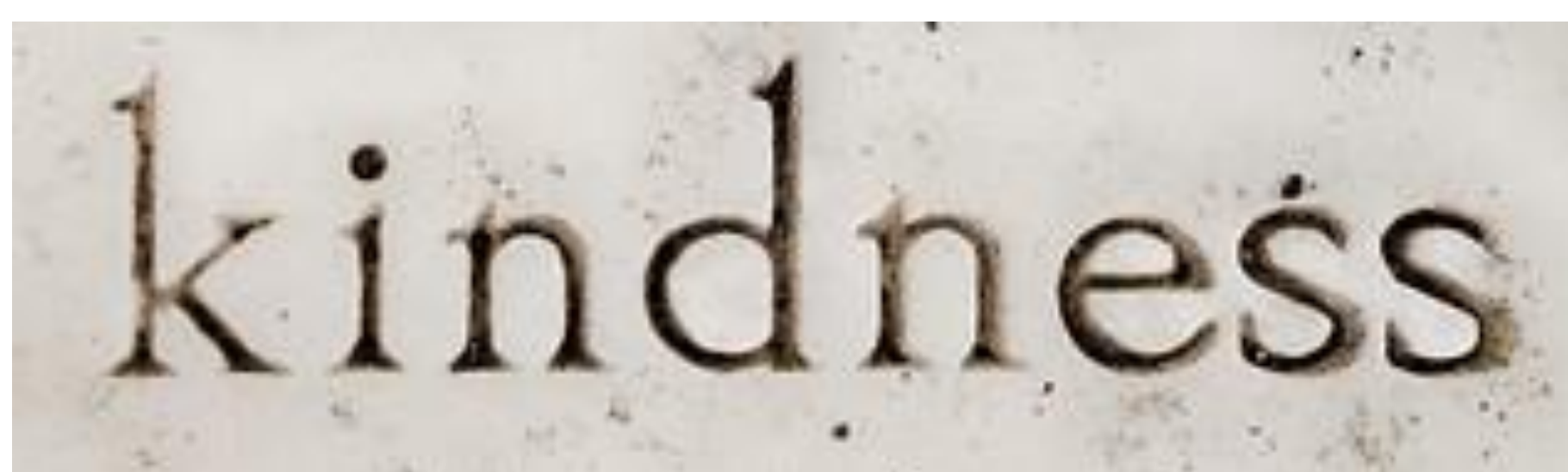
DID YOU KNOW?
AN ACT OF KINDNESS CAN:

✓ DECREASE STRESS
✓ BOOST HAPPINESS
✓ LOWER BLOOD PRESSURE
✓ RELEASE FEEL-GOOD CHEMICALS (serotonin & oxytocin)
✓ INSPIRE MORE KINDNESS!

randomactsofkindness.org

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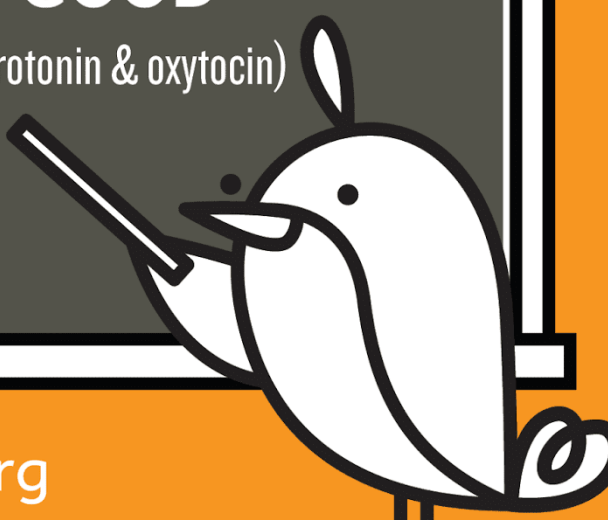
Neurodiagnostic Clinic UBT
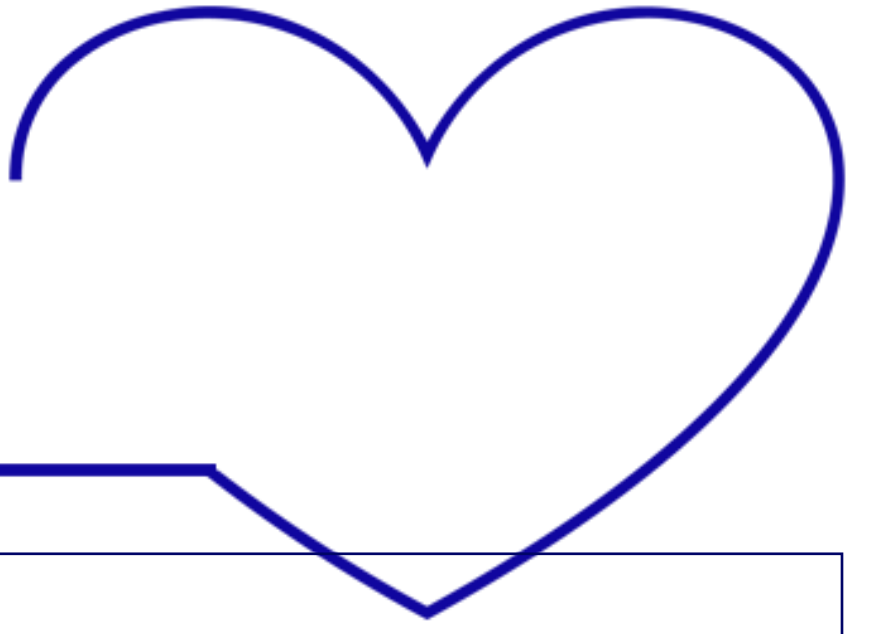# Creating a Career Ladder

Problem:

- Unable to hire qualified NDC technologists due to compensation issues, and lack of training

Intervention:

.

- Worked with senior management and HR to review pay-grades and job descriptions

- Worked with our current techs to design a training module to help advance them to other modalities.

- We created three new job descriptions reflecting the multidisciplinary procedures in the department

- By doing this we were able to create a career ladder that allow us to move existing technologists into higher paying grades based on their certifications and skill level.

Result:

- **We recently hired a technologist into one of the newly created job descriptions** because we are now able to compete with other institutions wages and compensation.

Impact:

- This has made a huge impact on our department. We can now compete with other institutions for certified technologists, and by filling open positions **we have less tech burn out.**

Neurodiagnostic UBT labor co-leads, Nancy Bellatoni, and Zenel Kurtishaj, management co-lead Andrea Paradis (not pictured) and Don Chin, pictured with UBT committee members

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University Inpatient PCA Committee

Respectful interactions
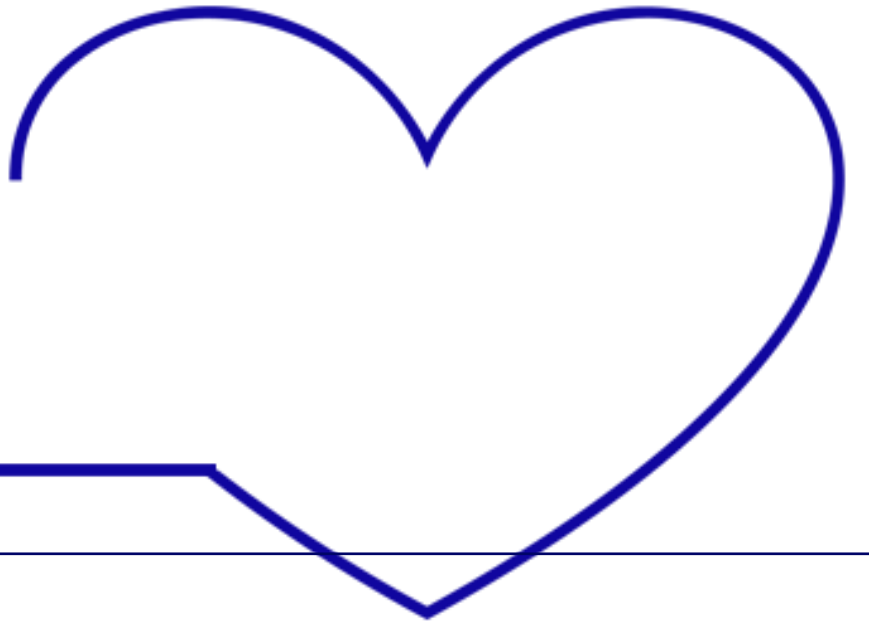
Problem:

PCAs feel that their interactions with RNs on the floor are disrespectful. Asking for help with physical tasks like changing bedpans is often ignored. PCAs hear that certain tasks are only for PCAs to do which makes work stressful when multiple patients need support at the same time.
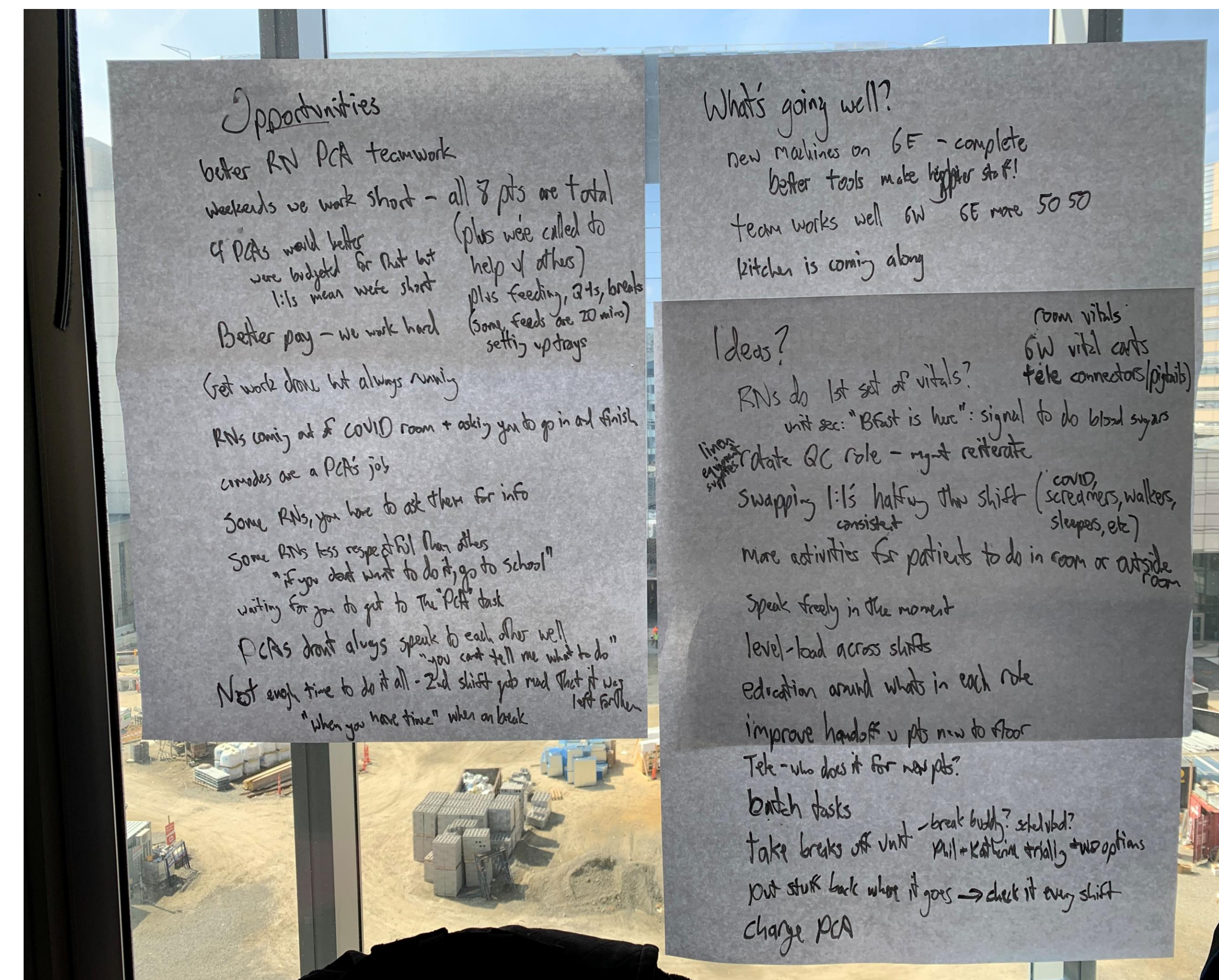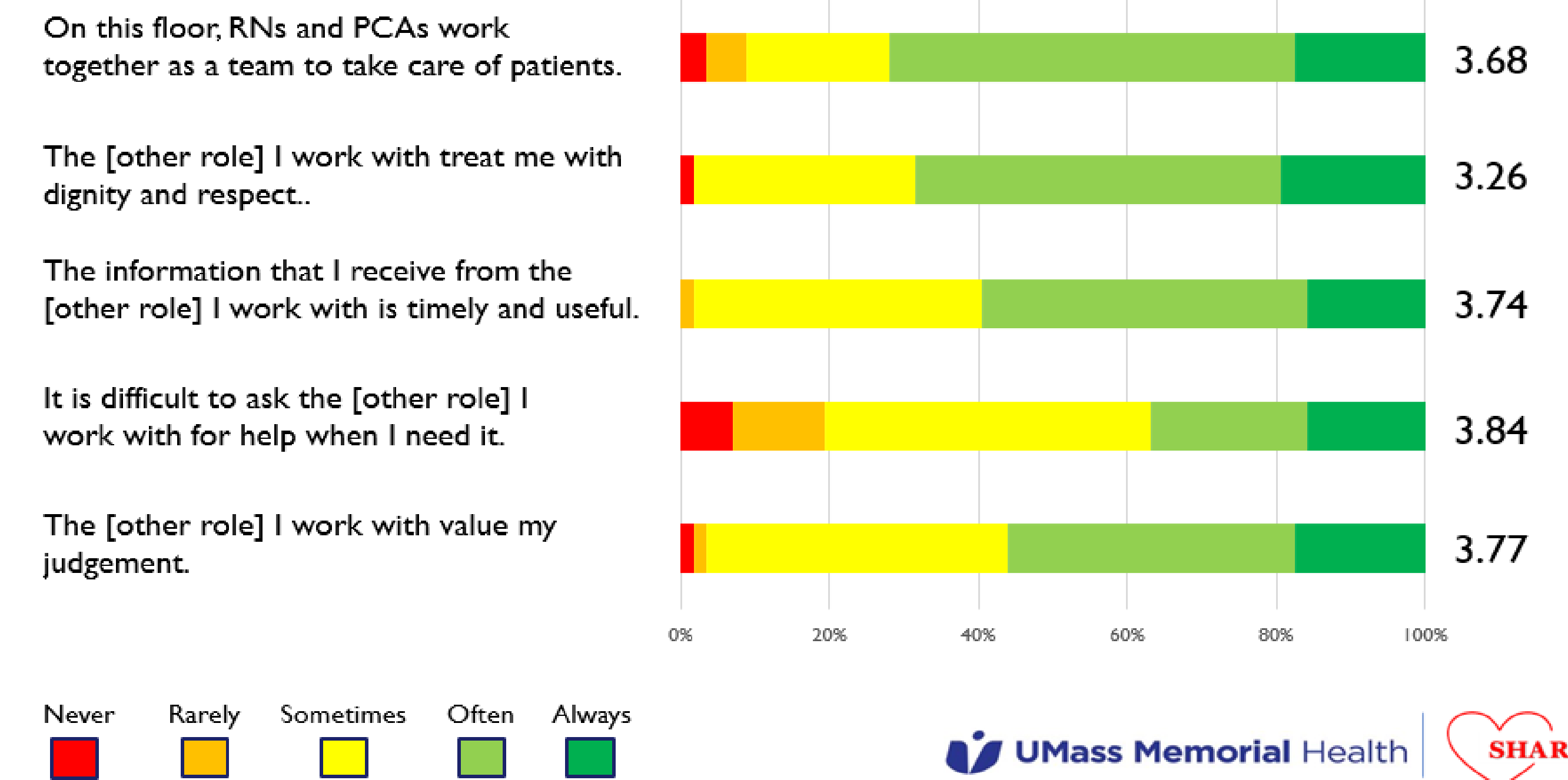
Intervention:

The committee began by running a survey of PCAs and RNs on 3E and 3W. This set a baseline of how PCAs and RNs perceive the level of teamwork and respect on their floors.

The committee has also begun **conducting listening sessions** with PCAs on each floor. PCAs speak up about what's working well and what could be better during their shifts. Each floor identified some quick fixes that frontline managers are working on, but some issues -- like the shared expectations across roles -- will be addressed holistically across the floors.

The committee will conduct listening sessions through June and use the summer to identify some universal standards to test. After testing these new standards, the committee will conduct listening sessions again to report back to the PCAs and learn from PCAs if the new standards are improving their experience of work

Summary results from the baseline survey on 3E and 3W interactions

TOPLINE RESPONSES

On this floor, RNs and PCAs work together as a team to take care of patients. — 3.68

The [other role] I work with treat me with dignity and respect.. — 3.26

The information that I receive from the [other role] I work with is timely and useful. — 3.74

It is difficult to ask the [other role] I work with for help when I need it. — 3.84

The [other role] I work with value my judgement. — 3.77

0%   20%   40%   60%   80%   100%

Never   Rarely   Sometimes   Often   Always

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Notes from a PCA listening session in April 2023

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Orthopedic Clinic UBT
Create a Check-in Process for Patients Arriving by Ambulance and Chair Van

Problem:

- High number of patients arriving by ambulance, wheelchair van & other facilities

- **Ambulance personnel did not consistently check patients in at the front desk. Drivers were bringing patients up the back elevator and no one was assigned to direct them.**

- Consequently, paperwork was left with PCA often with incorrect information as to what transport company brought them.

- Patients were waiting extended periods of time for pick up as staff tried to coordinate the transportation breakdown. Such delays resulted in patient dissatisfaction as well as overtime.

Intervention:

- Working through our Unit Based Team partnership with SHARE we built & tested a new process where Clinical staff took responsibility for greeting the transport company and taking the initial paperwork to the check in desk.

- Front desk staff would obtain an accurate transport contact number directly from the driver

- Once the provider starts to see the patient, the staff will initiate transport pick up. Initiating contact once the provider enters the exam room decreases the time the patient waits for a ride.

- All staff were trained on this new process, a test trial for a period of two weeks was rolled out to identify any steps needed to be added or changed. Process was successful and was adopted.

Result:

- All staff were trained on this new process, a test trial for a period of two weeks was rolled out to identify any steps needed to be added or changed.

- **Process was successful and was adopted.**

Impact:

Everyone knows and performs this process as part of the daily workflow, we relay instructions from and to the ambulance company, and ensure we are getting an accurate pick – up number and communication from the driver at this point **to ensure a better patient experience.**
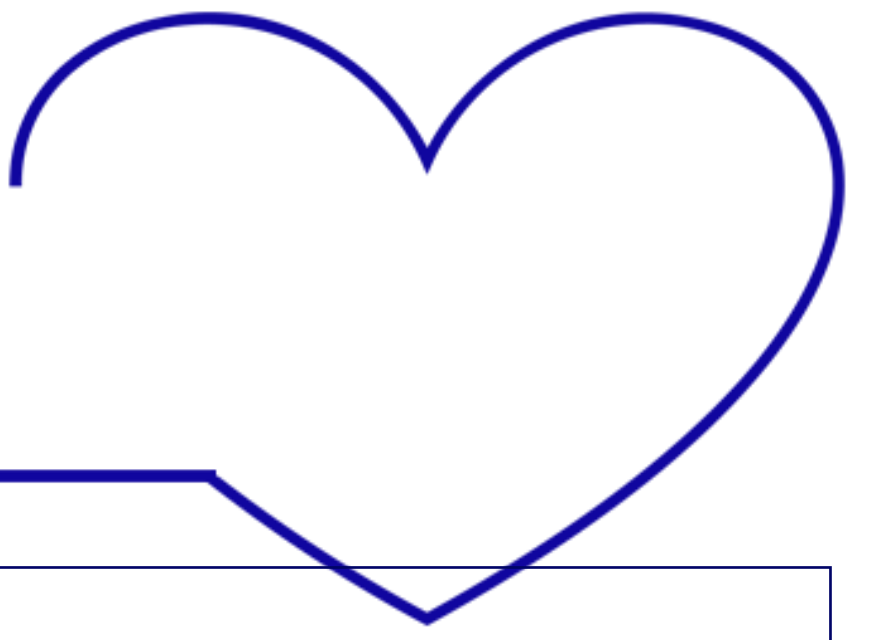

Orthopedic Clinic
Shannon Ricker and Danielle Coll, management co-leads (not pictured), Julie Walsh, labor co-lead, pictured with Dr. Teebagy and UBT committee members

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Diabetes Clinic
Improve Communication Flow among Roles in the Clinic

Problem:

There was a breakdown of communication among roles in the Diabetes Clinic.

This breakdown was happening in numerous areas, phone calls, prescription refills, paperwork, test result, etc.

Result:

We conducted a survey of our staff of the current communication work-flow, then a month after we implemented our new process, we re-surveyed the staff to see if we had made any improvement in our communication.

Many of the areas showed in improvement in all areas of the survey!

We have had to adjust several times and are in the process of re-vamping again. As EPIC continues to upgrade, we make sure to upgrade with it!

Intervention:

We looked at each type of communication; phone calls, prescription refills, paperwork and test results to name a few.

Then we looked at **the who and the how** of the way the messages were being communicated. We started to produce a best practice for who should be taking on certain tasks and how it would be communicated to them.

Lastly, we looked at the **different roles in the clinic**, LPN, providers, CDE, ASR, admins, and PCAs now (MOAs) and how information would be best communicated to them in that particular role. For example, phone note, script request, wrap up in encounters, secure chat, etc.

Impact:

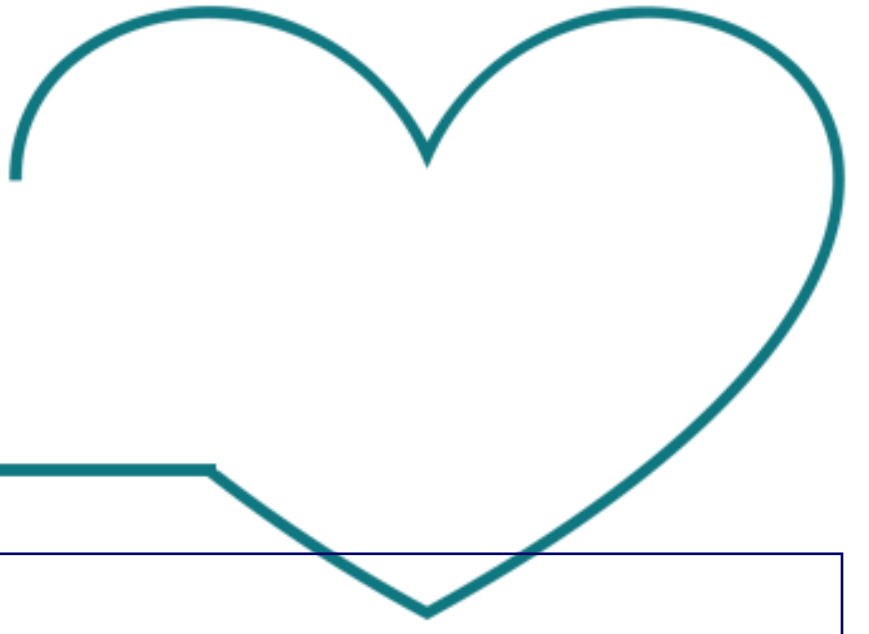**Both staff and patients were impacted by this change.**
The staff now have a better idea of the different ways to communicate more effectively with each other in both EPIC and other ways throughout the clinic.

For the patients, our communication efforts ensure that they will get the **best care possible** by the different roles being able to send and receive information **in a timely manner** to ensure that their needs are handled

Diabetes Clinic:
Sandra Durand, management co-lead, Melissa Schnauber, labor co-lead and Dr. Samir Malkani pictured with UBT committee members.

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Memorial Inpatient Pharmacy UBT
Standardizing Pharmacy Technician Training

Problem:

Low compliance level for pharmacy technician training. **Our goal was to increase compliance by completing a pharmacy technician training checklist and improve technician training during the onboarding process.**

Result:

Date	3/27/23	4/17/23	4/24/23
# technician training checklists completed	4	7	8
# technicians onboarded since 2018	18	18	18
% complete	22.2%	38.9%	44.4%

Intervention:

Current employees: We conducted an initial employee file review of employees that were onboarded from 2018. That review revealed that only 4 out of 18 techs had completed a training checklist.

New Hires: Lead technician is assigned as a mentor to all new hires to assist with coordination of training, the new hire will meet with the pharmacy technician supervisor on a weekly basis to check in, give feed back and when training is finished sign off on their checklist.

We also created a **communication village** to help assign lead technician mentors to all the technicians. Lead techs assist with trainings, answering questions, and communication pertinent information from staff meetings, idea board huddles, and new procedures.

Technician Communication Village

Dawn Buckley (lead tech)	Carlos Figueroa (lead tech)	Marilyn Casey (lead tech)	Mary Ong (lead tech)
Rama Alasmi	Raymond Amoah Yeboah	Alpha Carew	John Adu
Sebastian Smreczak	Nancy Rizkalla	Fred Dankwa	Kevonte Logan
Ahmed Rasool	Mikayla Hebert	Jeffrey Annan Koranteng	Demetrious Zouharis
Christine Reynolds	Ryann Faymen	Juanita Marfo	Kwasi Agyekum
Sarah Brown	Joshua Thomas	Confidence Azasu	
		Gigi Ly	

Impact:

This process has improved compliance with our onboarding and with HR record review. This new process will help our new caregivers feel more welcome to our department.

Each new caregiver will have a mentor to act as the point person for all of their questions and training concerns and will have a scheduled weekly meeting with their supervisor to identify what needs to be next in the training process or where they need additional support.

Inpatient Operations Training Tasks and Objectives
Inpatient Operations for Pharmacy Technicians

TRAINEE NAME _____
MANAGER name: _____   Mentor assigned: _____
Date training initiated: _____   Date training signed-off: _____
Manager signature: _____

Pharmacy Inpatient Operations Training Objectives
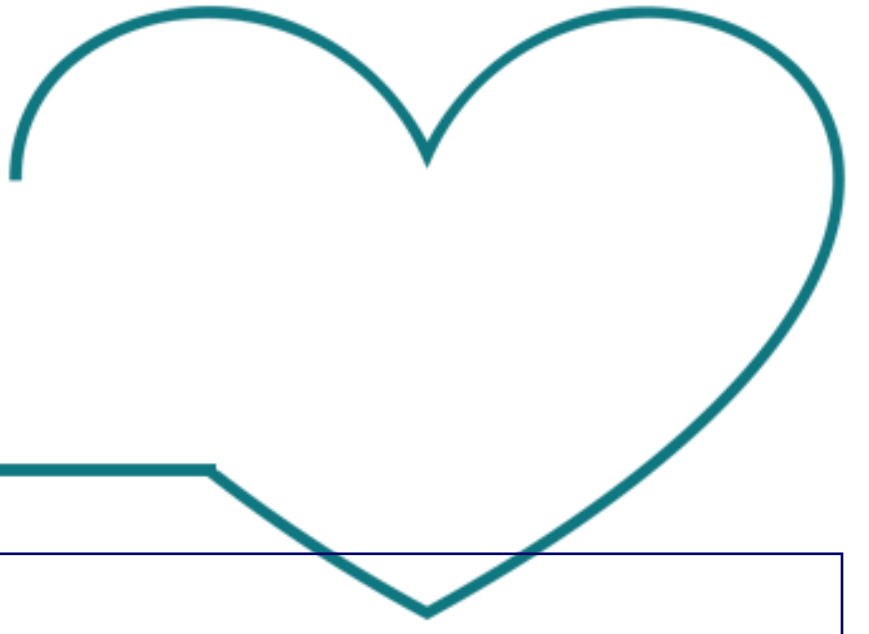
Learning Objectives:
- Prepares and packages all forms of medications. Delivers medications to automated dispensing machines and patient care areas.
- Troubleshoots common technical issues that arise with the following pharmacy technology and equipment:

Memorial Inpatient Pharmacy UBT
Angel Amaral, management co-lead, Carlos Figueroa, labor co-lead, pictured with UBT committee members

Oncology Clinic UBT
Assessing Smoking Status of New Cancer Patients

Problem:

Increase the number of cancer patients that are being assessed for the Just Ask project. This project is designed to use existing resources to assess smoking in newly diagnosed cancer patients and we were having a problem identifying them and getting the assessment completed.

Intervention:

We were able to accomplish this goal by first reviewing and reeducating the Medical Office Assistants on the smoking assessment tool and workflow.

We then built an EPIC report in collaboration with QPS Data Analyst. An urgent request was submitted, and a new data report was developed. The report was designed to extract data for new cancer patients by using the **problem list**, (new patient) and **location**: Med Center (UNV, Memorial, Hahnemann and ACC), and the Marlborough Cancer Clinic.

After this report was built and the staff were better educated on the process, we were able to identify and complete the tobacco smoking assessment tool (withing 1 year of cancer diagnosis) with our newly diagnosed patients.

Result:

The results were amazing, we were able to increase the number of patients being assessed and exceed our goal of 75%. We have been able to maintain that goal since 2021.
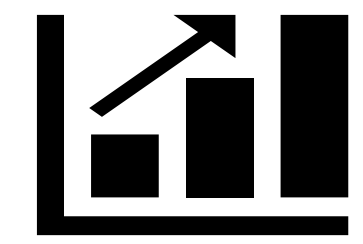
CY 2021:
1. New patients = 3495
2. Smoking assessment complete = 3453 **(99%)**
3. Patients currently smoking = 521 (15%)

January 1st, 2022 – June 30th, 2022:
1. New patients = 1706
2. Smoking assessment complete = 1687 **(99%)**
3. Patients currently smoking = 271 (16%)

July 1st – Dec 31st, 2022:
1. New patients = 1564
2. Smoking assessment complete = 1542 **(99%)**
3. Patients currently smoking = 248 (16%)

Impact:

This project allowed us to work together as a team to find a way to meet our departments target goal for the Just Ask project. Our staff felt **"accomplished and proud"** to complete this project and meet our department's goal.
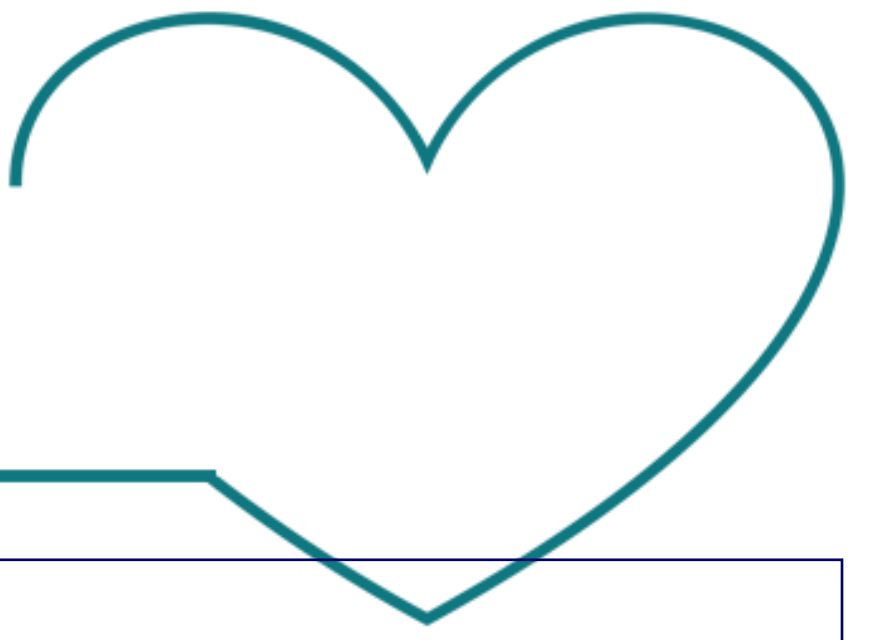
Oncology Clinic UBT Hannah Adeyinka, management co-lead, Kellie Morton, labor co-lead, pictured with UBT committee members

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Primary Care Clinic UBT
Reducing the Number of Walk-ins to the Clinic

Problem:

Patients were arriving at the office unannounced, disrupting the check-in process for scheduled patients. They were presenting for things like prescription renewal, request for completed forms, etc. If things were not able to be addressed in real-time (such as paperwork) this was resulting in a second walk-in on another date by the same patient.

Intervention:

Data collection: We collected data on the number of walk-in patients arriving to the office and for what reason to better determine why patients were presenting to the office without an appointment. The data revealed that patients presented for a myriad of reasons, including, requests for an appointment, PPD read after placement, request for forms to be completed, request for vaccines, medication questions and refills.

Multiple initiatives were implemented:
- Front end staff were given directives for various clinical and nonclinical patient request
- ASRs were educated in creating telephone encounters and navigating in basket messaging to providers
- Patients with medical concerns were scheduled into the nurse's schedule for evaluation or triaged to the ED
- Patients were proactively scheduled for follow-up visits when needed: eg PPD test reading and immunization boosters were scheduled prior to the patient leaving the office
- Patient education was provided regarding requesting refills for medications, and patients were encouraged to register with MyChart to message their care team with questions.

Result:

Although Benedict IM realized multiple wins during this project, the project was significantly impacted by COVID-19 protocols. During the height of the pandemic, the office restricted the number of patients allowed to visit, reducing the number of walk-in visitors to the office. However, the work accomplished during this project better prepared our patients for this shift during limited office access.
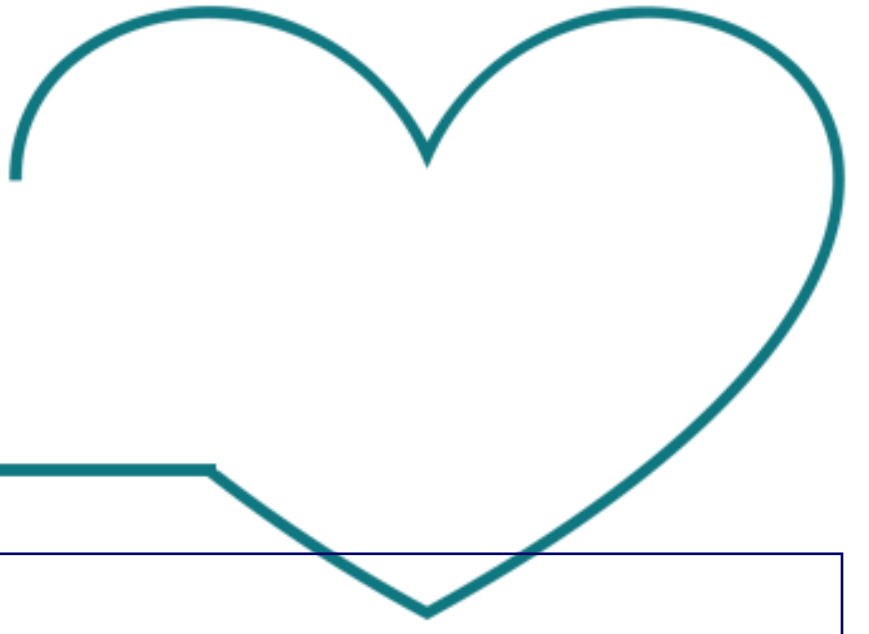
Impact:

Once the office began re-opening the number of walk-in patients began to increase again. As a result, it has been decided , this project will be continued. More efforts incorporating MyChart utilization in our patient engagement efforts will be the focus this time.

Primary Care Clinic UBT pictured: members of the UBT committee, not pictured: labor co-lead Rita Caputo and management co-lead, Heidi Simmons

Outpatient Psychiatry UBT
Improving Copay Collection

Problem:

Improve our copay collection. During the pandemic, patients got used to not paying their copay, so the staff had stopped asking. There was confusion among staff about the correct amount they should be collecting depending upon the patient's insurance. **By January 2021 we were collecting only 2% of patient copays.**

Result:

We have tripled our copay collection! There continues to be a gap between our virtual visits and our in-person visits. In March we were at 30% and have reached 40% a few times since then. We continue to work on this project so that we may reach our goal of 50%. As well as trying new ways to improve the virtual copays as 80% of our visits are telehealth.

Intervention:

To solve this issue, we created a structured process for collecting copays.

- We created a script for staff to follow when asking for the copay for both telehealth and in-person visits.

- We investigated what kind of insurance the patient had before the visit so that we could trouble shoot any problems with the insurance before the patient got to the clinic.

- We started reviewing the list of patients the day before so that we knew which patients were required to make a copay at their visit and which ones were not.

Impact:

The impact this project had on our department is vast. It got us into the habit of talking with each other about improving things together as a team. We continued to work on it even when we were short staffed.

We find it to be a good experience brainstorming together and building one each other's ideas. We find that a lot of useful information comes out in tour UBT meetings even if it may not be related to our project at that moment in time.

"Our meeting is a good opportunity to raise issues that we may have just lived with before, and now we are addressing them"

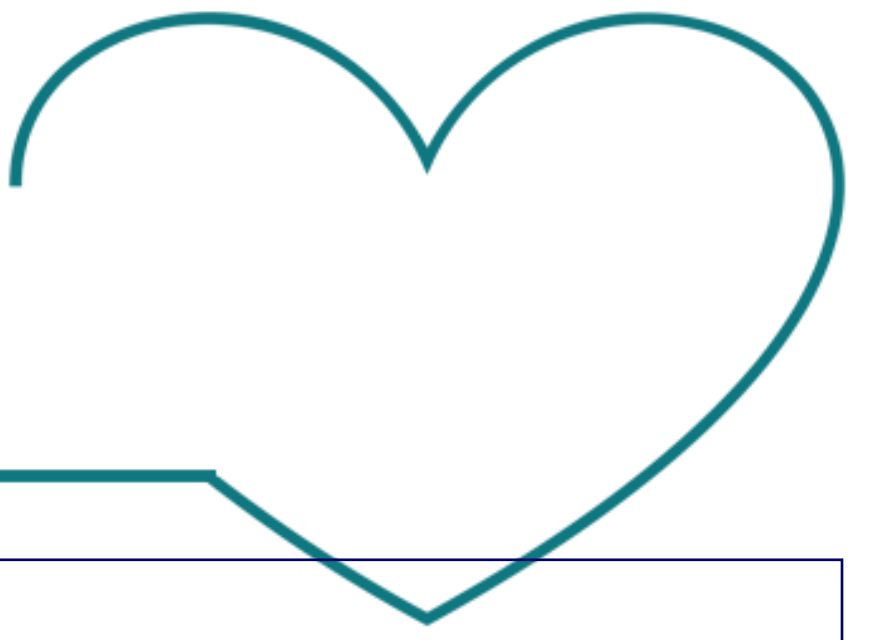### Copay collections from January 2022-March 2023
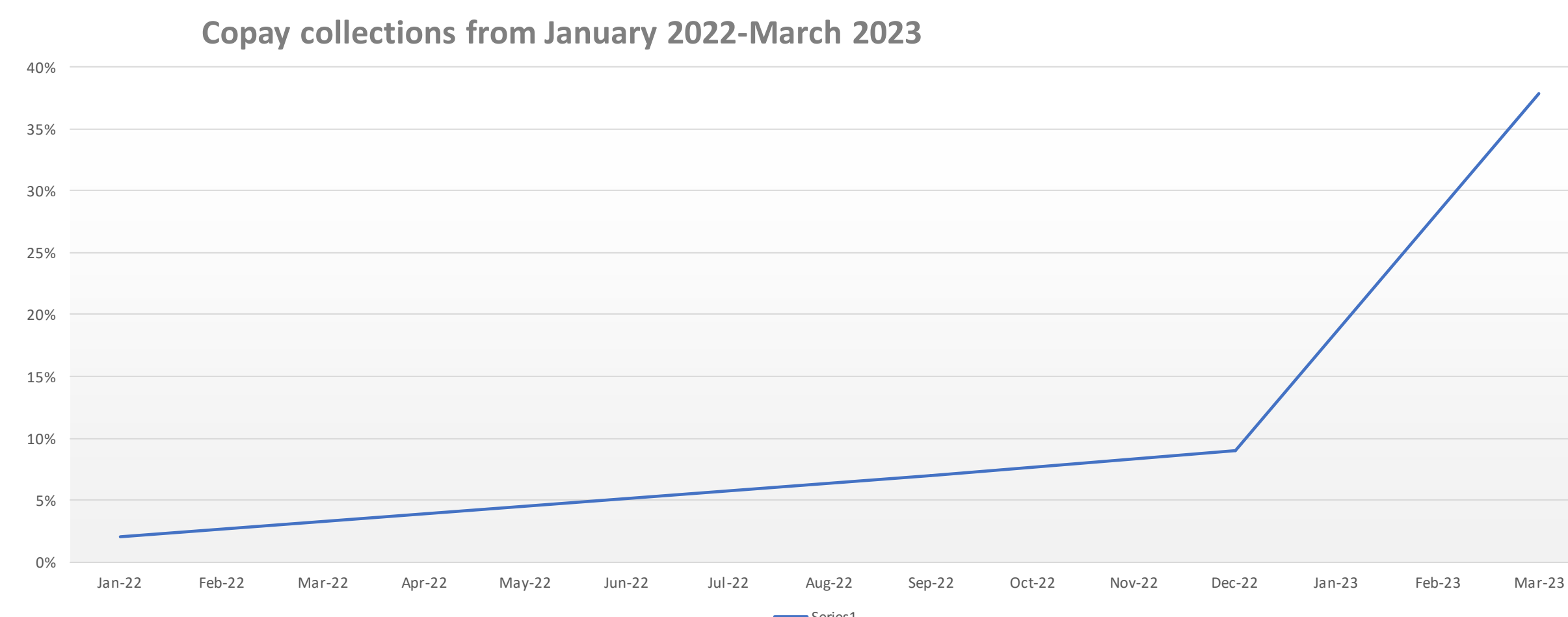
Outpatient Psychiatric Clinic
Sherrel Cooley, labor co-lead, and
Michelle Rickert, management co-lead pictured with UBT committee members, and coach

Memorial Diagnostic Radiology UBT
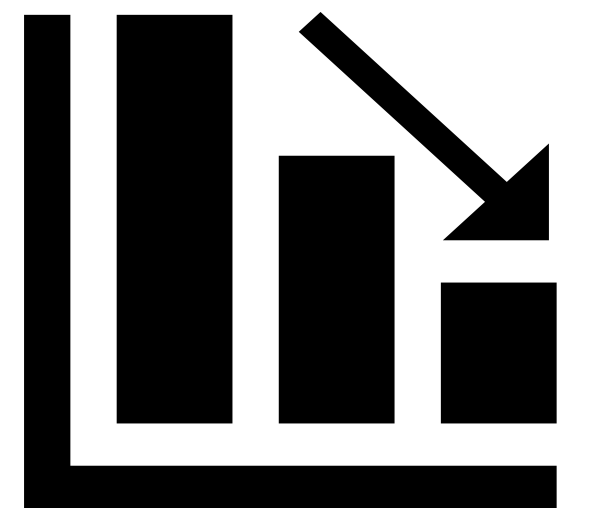# Reducing Wrong Orders from Rheumatology

Problem:

In the summer of 2021, **patients often showed up to x-ray with incorrect orders.** The proper codes were not being entered into Epic correctly.

This caused the patients to have to wait until the tech was able to contact the provider and correct the order before getting scanned. **This was causing delays in the clinic and frustration among staff and patients.**

Intervention:

We realized the number of codes for the providers to pick from was extensive, so we developed a single page cheat-sheet to help the Rheumatology providers easily order the correct study.

This cheat-sheet also enabled Radiology front desk staff to quickly catch the mistake if there was one and they were able to correct it before the patient was in the scanner room.

Cheat sheet for DX codes

CERVICAL SPINE	IMG58
THORACIC SPINE	IMG64
LUMBAR SPINE	IMG66
RIGHT RIBS (always with a PA chest)	IMG34
LEFT RIBS (always with a PA chest)	IMG48
BILATERAL HIPS	IMG1852
RIGHT HIP (including a pelvis)	IMG3058
LEFT HIP (including a pelvis)	IMG3057
RIGHT SHOULDER (3+ views)	IMG84
LEFT SHOULDER (3+ views)	IMG83
RIGHT HAND (always 3 views)	IMG111
LEFT HAND (always 3 views)	IMG110
RIGHT WRIST (always 3 views)	IMG103
LEFT WRIST (always 3 views)	IMG102
RIGHT FOOT (always 3 views)	IMG150
LEFT FOOT (always 3 views	IMG149
RIGHT ANKLE (always 3 views)	IMG144
LEFT ANKLE (always 3 views)	IMG143
RIGHT ELBOW (3+ views)	IMG93
LEFT ELBOW (3+ views)	IMG92
RIGHT KNEE (4 views)	IMG133
LEFT KNEE (4 views)	IMG132
BILATERAL KNEES	IMG134

Result:

By September of 2021, wrong orders from Rheumatology providers had dropped more than 90% to almost **zero.**

Impact:

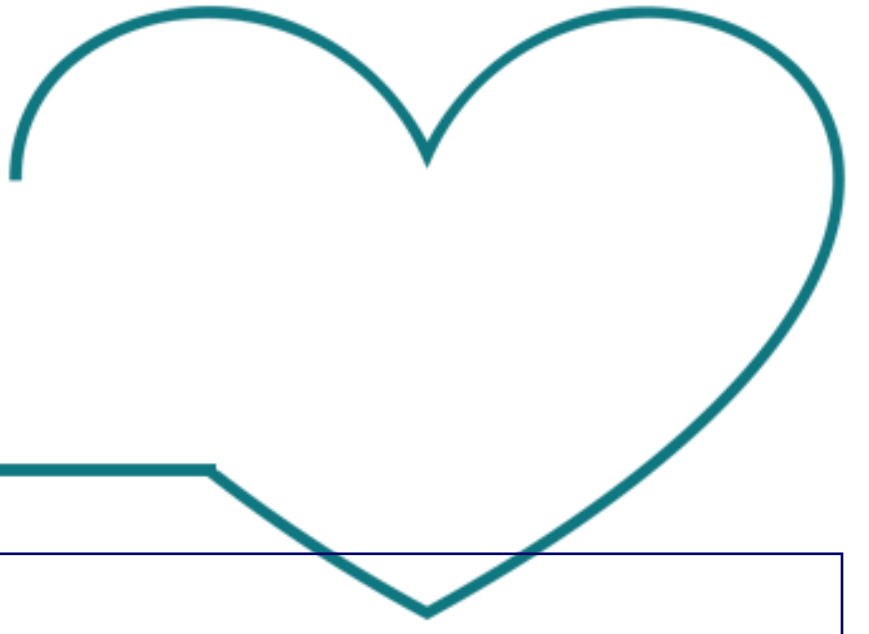**"It worked!!! We rarely have wrong orders from Rheumatology."**

Patients are happy to be taken care of in a timely manner and the techs are happy not to spend so much time fixing the codes, and to be able to take the next patient waiting".

UMMH is truly the best place to give care and get care! We try to prove this everyday in our department. We understand how busy the Rheumatology department is and in turn they keep us busy as well!

This project has increased the relationship between the two departments and increased patient satisfaction. **"Our patients are always letting us know how appreciative they are of us as well as their doctor!"**

Barre Health Center UBT
Reducing Missing Lab Orders

Problem:

Patients were arriving to their lab appointment without an active order in the system. This was making extra work for the staff, slowing down the process and frustrating both staff and patients.

Result:

This significantly decreased the number of patients arriving at the lab without orders. It has helped to speed up the process for patients and is less work on the back end for staff. To date there are **zero instances of external labs not being entered!**

"It cut out a lot of extra work."

Intervention:

Our goal was to make sure that all lab orders were entered before the patient arrived at the clinic. To do this a tick sheet was used to track the problem.

To accomplish this, ASRs began checking for orders when scheduling lab appointments. Lab staff started entering orders in real time for any outside orders that were faxed to the clinic, and when the orders were received, they were entered into Epic immediately.

Impact:

This project has had a positive impact on the clinic and the way the lab and clinic staff work together. Staff no longer must chase down providers to get orders, or ask what labs need to be drawn. Faxed orders are being entered upon receipt instead of waiting until the patient arrives. This cuts down on the time that the patient has wait in the clinic while we look for orders and enter them. It also alleviates some staff frustration!

Lab tick sheet data showed 6 weeks of data, 10 episodes of patients or specimens to lab without orders.
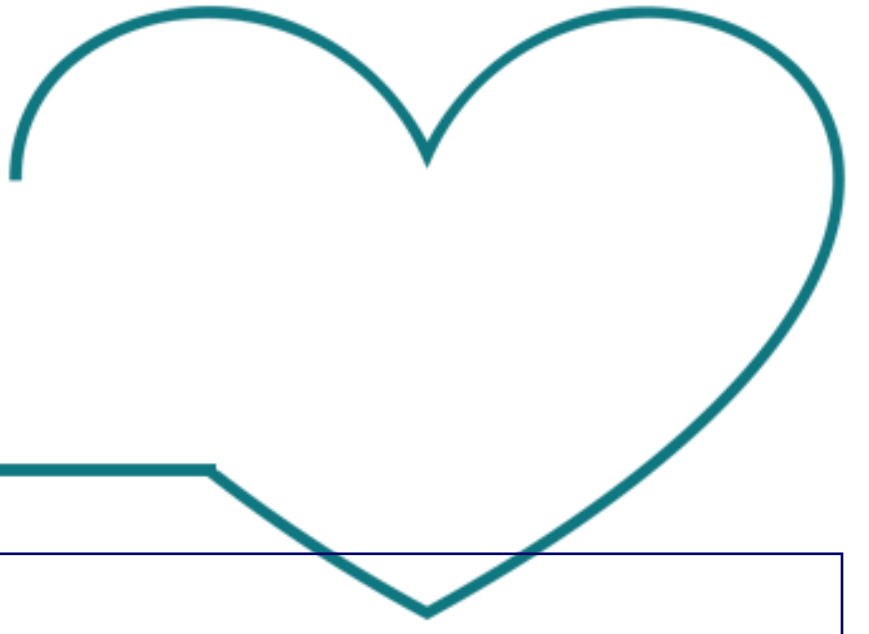
Sample tick sheet

Barre Clinic UBT
Billie-Jo Cody, labor co-lead Tessa Nimtz, and Amy Moisan, management co-leads pictured with UBT committee members

Heart and Vascular Interventional Lab UBT
Improving End of Day Coverage

Problem:

Coverage was needed at the end of the day to cover cases that were still going on in the lab past hours, resulting in staff mandating.

At least once a week our resource nurse was trying to find staff willing to stay late to finish cases. Not all staff were able to do this on a same day request. Many people had prior obligations after work that prevented them from staying.

Intervention:

Our intervention was to implement a second call team specifically to finish late cases.

We shared this decision with the rest of the department at a morning briefing, to make sure that everyone was on board.

Our first try at this was to create a fair and equitable way to assign all staff on a rotating basis.

After some trial and error with this method, we decided to try a volunteer 2nd call team. We created a way for staff that wanted the extra time to sign up for it.

Result:

The first iteration didn't work. Staff were being assigned on a fair and equitable basis, but while some staff wanted this call, some did not.
After the first month we decided to try something new. We would have staff sign up for days they wanted to cover.

This has worked much better. We've now added a 2pm cut off time the day of the second call, so that we have plenty of time to get it in the schedule for payroll purposes. This allows people who want to stay late the opportunity to do so.

Impact:

The staff are much happier now that they can plan their afternoons better or stay for some overtime if they choose to. **As a bonus this has enabled us to put an additional case on the table at 4:30.** That means that one more patient gets care without us having to mandate staff last minute.
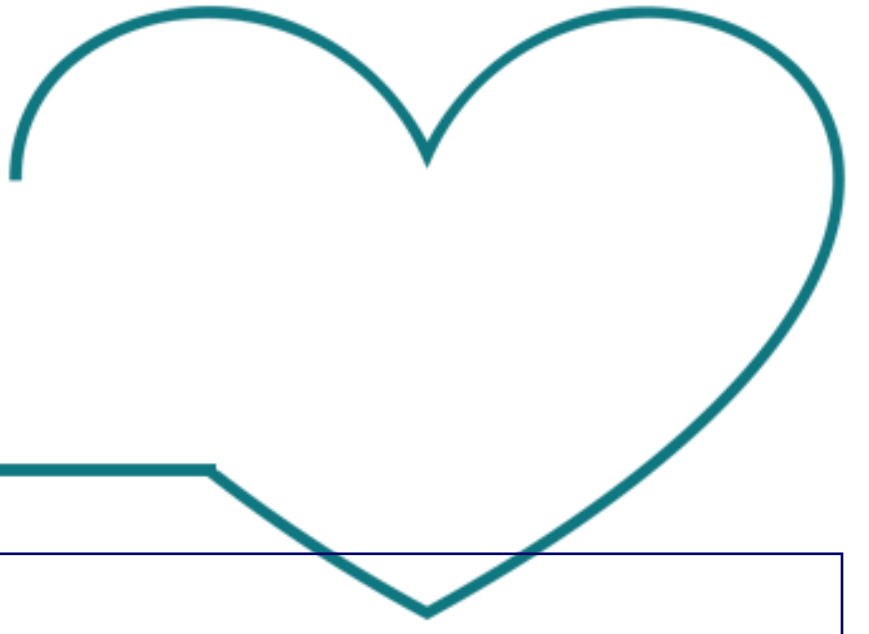
"Those who want to cover have plenty of opportunity to make extra money by staying late, and those who don't aren't being mandated."

Pictured: Second call sheet created by the **HVIL UBT** as a resolution to the end of day coverage problem.

2nd call sign up sheet		EP		posted on 4/24 pulled on 5/5	Friday 2nd RN call
		RN	RT		
Monday	8-May				
Tuesday	9-May				
Wednesday	10-May				
Thursday	11-May				
Friday	12-May				
Monday	15-May				
Tuesday	16-May				
Wednesday	17-May				
Thursday	18-May				
Friday	19-May				
Monday	22-May				
Tuesday	23-May				
Wednesday	24-May				
Thursday	25-May				
Friday	26-May				
HOLIDAY					
Tuesday	30-May				
Wednesday	31-May				
Thursday	1-Jun				
Friday	2-Jun				

Vascular Office UBT
Re-establishing Patients Lost to Follow Up

Problem:

Re-establishing patients who were lost to follow up due to cancellations or no shows.

In doing so, this would get our order work queue down to a manageable level so we can focus on pro-active scheduling patients.

Result:

We were able to measure our progress by utilizing the work queue and its metrics. This project was originally created back in 2021 as this had been an ongoing issue starting with the pandemic in 2020.

Due to loss of staffing the UBT meetings had been on pause, and we were not able to discuss interventions to address the problem. Once we were fully staffed these previous interventions proved successful.

We re-opened this project on Jan 9, 2023, and were able to bring the queue down from *1700 orders to under 75 by March 1, 2023*.

Intervention:

Through new leadership we were able to clearly outline administrative roles and responsibilities, allowing staff to focus their efforts on their assigned providers and better meet the needs of our patients.

We took advantage of the provider schedules and zoned in on scheduling from the work queue while providers were on vacations and conferences. In their absence we found more time to dedicate to working on this specific work que.

We also updated our no-show letter process, and are sending letters to patients who have no-showed three times or more by automating this in EPIC

Impact:

The new structure in the office boosted employee morale and lessened the stress and pressure felt while performing daily tasks. The greatest impact of this project is our focus on patient centered care and accessibility. Often when we reach out to these patients who were lost to follow up, they are grateful to hear from us.

"It shows the patient that we are truly here to support them and will not allow their care to fall through the cracks. Our team is proud of the care we provide, and it shows."

ACC Vascular Surgery Orders Workqueue

Starting   Goal
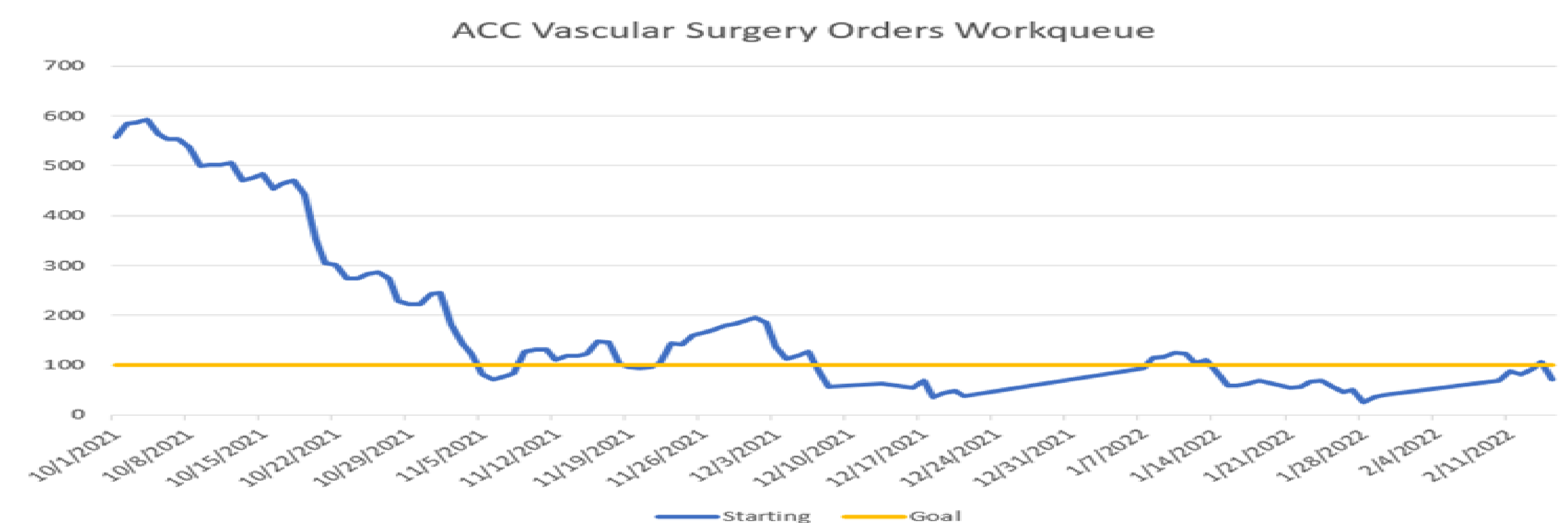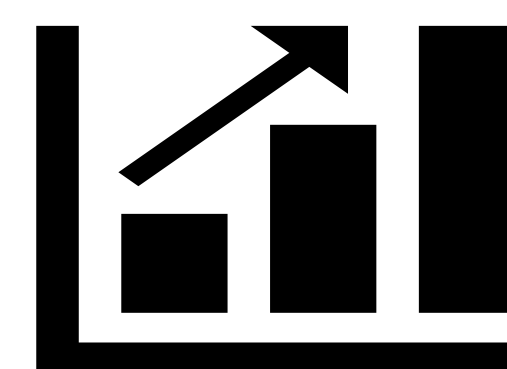
Single Billing Office UBT

Create a database of Job Aids to ensure consistent training and improve productivity among new and seasoned staff
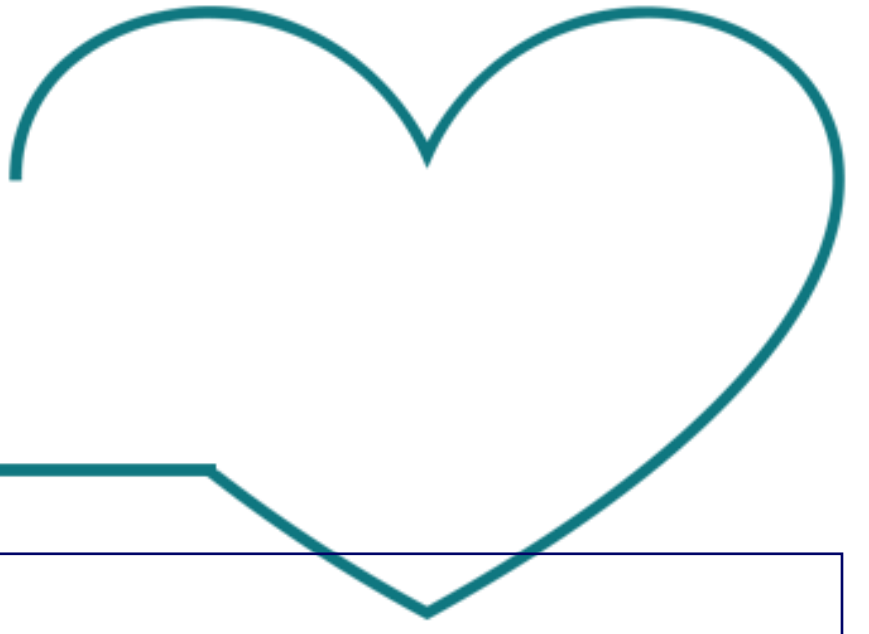
Problem:

Our training tools were outdated or nonexistent, so staff were not being trained properly or consistently. This was causing frustration for current employees and frequent turn-over for new hires.

- As a result of moving to a work form home posture, our UBT focus was improving staff productivity and effective productivity monitoring
- Our staff decided that as a first UBT project we would **increase the success of our training process.** This would include not only training for new employees but for current staff as well.

Intervention:

- Conduct time studies in each one of the SBO units to ensure productivity expectations were accurate

- Compile a list of processes needing documentation or updates and prioritize them based on impact to productivity scores

- Establish weekly meetings to review staff feedback

- SBO managers perform deep dives into productivity data and share feedback on a weekly basis

- Identify and update workflows affecting productivity

- Implement new SharePoint site for SBO and create process specific libraries

- Institute bi-weekly training sessions for all SBO staff

- SBO managers share quality assurance methods with staff and request feedback

Result:

We created and trained 61 process documents and job aids from January 2021- September 2021.

- We launched Bi-weekly training sessions and created a site in SharePoint.

- Managers began consistent 1:1 meetings with individual staff to review their productivity and see where there were areas of concern.

- Consistent deep dives were performed

- Weekly productivity meetings began, and a regular meeting was scheduled to share Quality Assurance methods

Impact:

This process really improved the way staff can learn their departments material. It was beneficial that we have a voice and a say in how changes could be made in our everyday workflow to make things better for us by making us more productive.

As a result of this project the percentage of staff meeting productivity levels rose 52%. It went from 47% in January 2021 to 100% in October 2021**.**
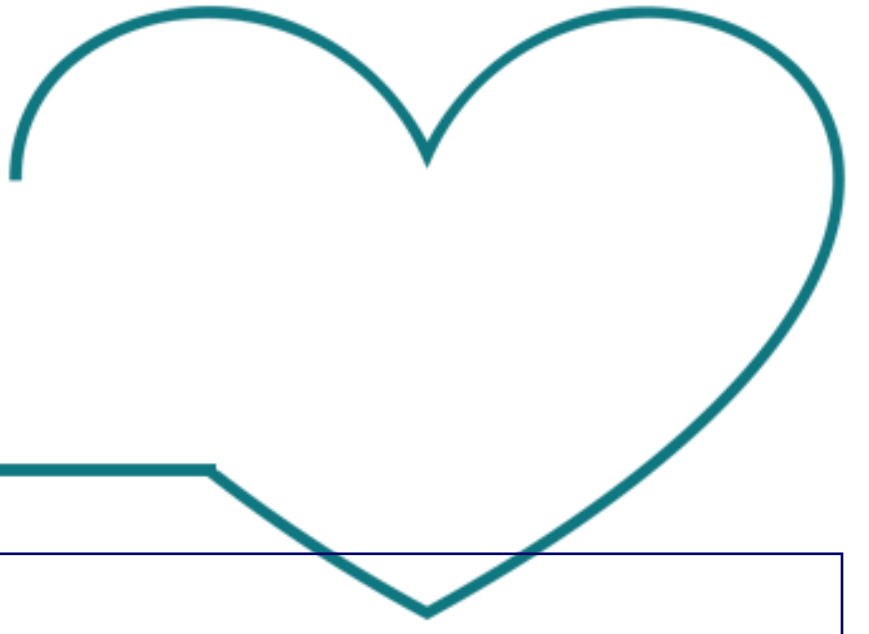
COMPARISON OF STAFF MEETING PRODUCTIVITY LEVELS JANUARY 2021, BEFORE THE CHANGES WERE IMPLEMENTED VS. OCTOBER 2021
THERE WAS AN INCREASE OF 53%

January 2021 47% of staff meeting productivity level	October 2021 100% of staff meeting Productivity level

UMass Memorial Health | SHARE

Hahnemann Family Medical Group UBT
Creating the Medical Office Book of Knowledge

Problem:

Time being wasted looking for answers to commonly needed information. We were looking through saved documents in word or emails to find answers to everyday questions such as insurances accepted by our office, phone numbers, CPT codes, etc.

Result:

It saved a lot of time by giving us instant access to a document, cutting down on wait times to find information, and having everyone on the same page when giving out information to patients and fellow caregivers.

"This proved to be very successful for us!"

Intervention:

To create a **"book of knowledge"** available to everyone to keep the most useful information at the staff's fingertips.

Each time we received a document that was of value we would print it and add it to this book. We also created word documents for the most needed information, for example:

- phone numbers for prior authorizations for imaging, CPT codes for imaging
- provider scheduling guidelines
- self-pay info pricing
- how to instructions for home health billing
- phone numbers for domestic violence hotlines.

Impact:

This has improved the flow and quality of information in our department, as well as helping to make each employee more independent. Now that we have pertinent information at our fingertips the patients can receive correct information from all staff in a timely manner.
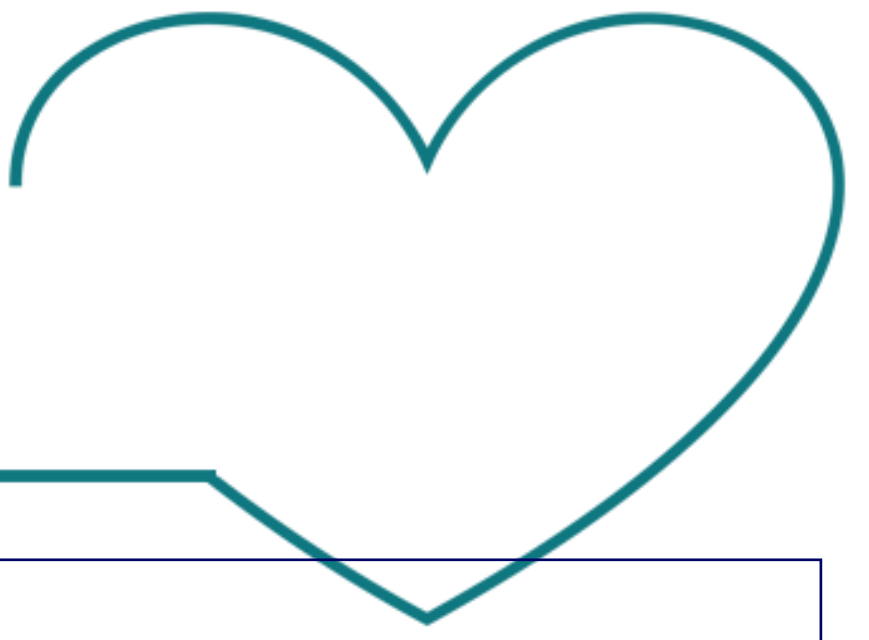
"Working anywhere has its challenges, however this guideline has improved the quality of information for all staff in our office."

CMG Hahnemann Family Medical Group
Cynthia Ide, labor co-lead, and Katherine Auger, management co-lead pictured with UBT committee members
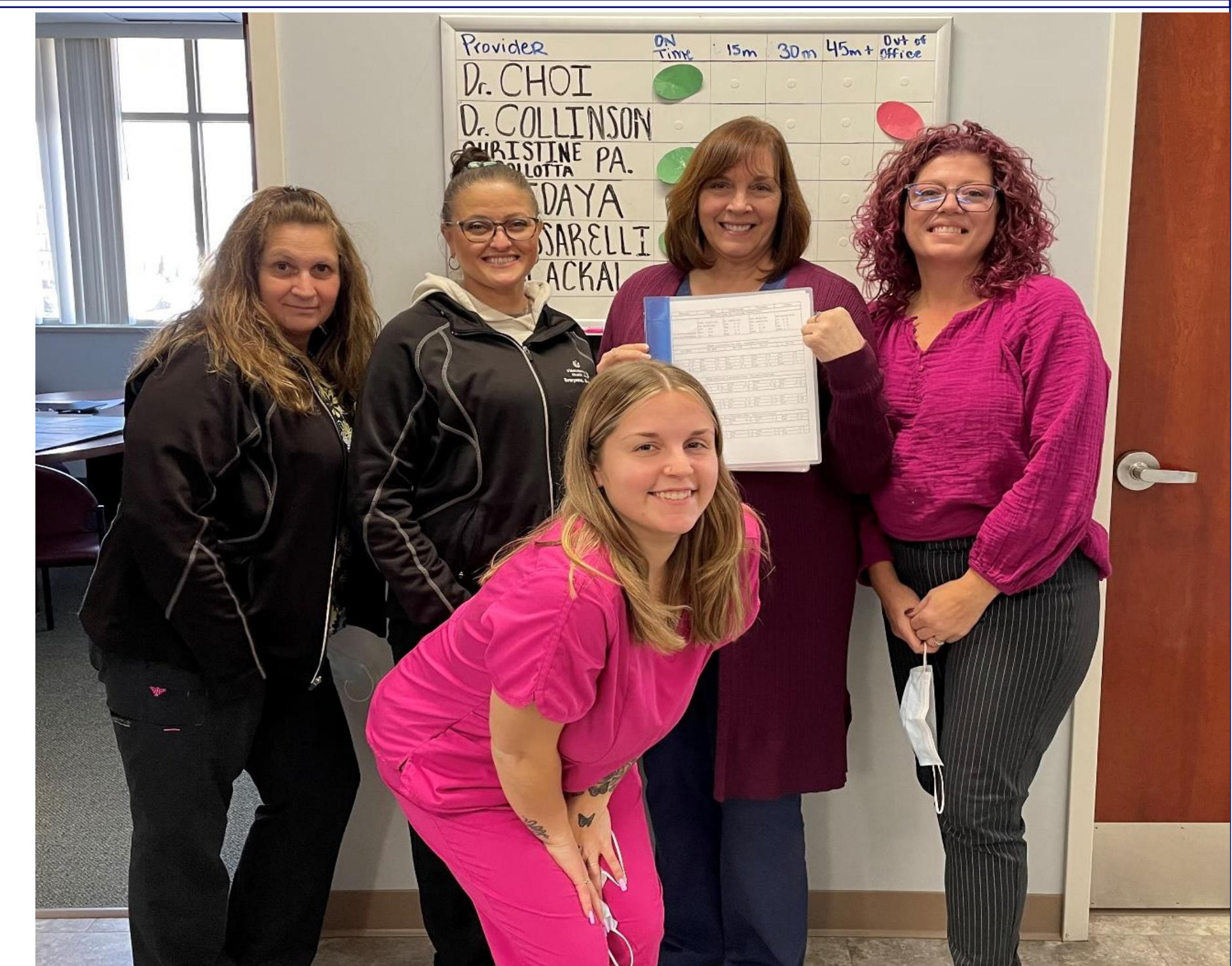
Vascular Lab UBT
Reducing Missing Orders

Problem:

Orders were being put in by providers and scheduled without having the required ABI (ankle / brachial index) also ordered. This caused scheduling issues because when patients arrived for their study the techs needed to add the ABI which caused a hold up in the lab.

Most of these patients were already scheduled to see the vascular provider right after their first appointment, causing them to be late for this appointment. This delay caused frustration for the lab, the clinic and the patients.

Intervention:

We started by re-educating the vascular providers on the importance of ordering the ABI if it was required.

We had a report created in Epic to catch any graft, iliac and LE duplex order that do not have an ABI ordered with it, this report is run weekly.

We engaged the providers after running the report to confirm the clinical need for an ABI for each order before the day of the appointment. This allows appropriate orders to be added and scheduled as needed in a timely and efficient manner.

Result:

Running the weekly report ahead of time allows for the schedule to be adjusted in a way that decreases overbookings and wait times.

Before the intervention, we were averaging 4-6 missing orders per week. After the intervention we were down to approximately 3 patients per week that were missing these orders. **Now, we are down to 0-1 per week!**

Impact:

This minimizes scheduling challenges and ensures that the patients receive the care they need in a timely manner.

"This process definitely made a positive impact for staff, patients, and providers."

Vascular Lab Team
Kathy Bianchini, labor co-lead, and Denise Kush, management co-lead pictured with UBT members

UMass Memorial Health | SHARE