University Critical Decision Unit UBT Decreasing Telemetry Box Loss

Problem:

It is **common for nearly all CDU patients to be on telemetry monitors, which are small, easily lost or thrown away, and very expensive to replace (which happens often).**

These monitors and their wire caps **frequently leave the unit** when the patient is transported upstairs or to another facility.

Impact:

This has **decreased costs** of replacing tele boxes and their wire caps

Has **improved availability** of tele boxes and wire caps on the unit, **leading to less time spent** searching for them.

Intervention:

We **educated patient and staff by placing laminated signs in patient rooms** with picture of tele box and cap indicating that they should never be taken off the unit with a patient or thrown away when turning over the room for the next patient.

We reached out to inpatient floors to ask them to please return CDU tele boxes when they discover them

Organized telemetry devices in a tidy, consolidated area **so that it is clear where to find them and put them back**

Anytime you leave the floor, please make sure you <u>leave your heart monitor</u> in the room.
Thank you!

Cada vez que abandone el piso, <u>asegúrese de dejar su monitor cardíaco</u> en la habitación
¡Gracias!

Sample of our **new laminated sign** in a patient room in both **English and Spanish.**

Sample telemetry box

UMass Memorial Health | SHARE

Emergency Mental Health UBT
Standardizing Shift Change Huddle

Problem:

In EMH, shift change report happens every day at 7a, 3p and 11p. It is designed to include all oncoming caregivers in a 1–2-minute report on all patients, and last no more than 30 minutes.

In the winter of 2023/4, however, **report was often taking substantially longer than that, and was also often derailed by distractions, needing to repeat key info for late arrivals and going into excessive detail on individual patients.**

Result:

We have seen **noticeable improvement** in shift change report. We now **start and end on time, and distractions have decreased,** both because they've been discouraged and because staff are more confident that the huddle will end in a reasonable amount of time

Intervention:

- **Taught and reinforced** the goals and standard agenda of shift change report

- **Instructed staff in how to transfer a call** they must take to another phone outside the huddle space

- **Empowered the charge nurse** to keep discussion moving forward, and to **pause huddle if there was an interruption** (like a phone call), rather than attempt to speak over the competing phone conversation

- Encouraged staff to **huddle closer together** in the room, since some staff speak more loudly than others

- After communicating this general information broadly, the standard was **reinforced privately with individuals** who were observed not to be following the standard

Impact:

Staff are more likely to get the **information they need to work with our patients safely and effectively.**

Communication and Teamwork, it's all about the Huddles!

UMass Memorial Health | SHARE

Radiation Oncology UBT
New Gowns for Oncology Patients Receiving Radiation Treatment

Problem:

There are side effects from Radiation on patients' skin.

The gowns we are currently providing for our patients during their treatment are **rough on skin.**

They also tend to be too small and long without front opening which are **not as ideal for the breast cancer patients** who must undress from waist up.

Result:

Radiation Oncology will use the new pink supply of Jonnies!

Intervention:

The cross campus UBT teams exchanged ideas by comparing the gowns available at each campus, reached out to the Linen department to check with our vendor Century to see if there are softer and larger size gowns.

Marlboro team brought over samples of Teal gowns used at Marlboro which are better.

Impact:
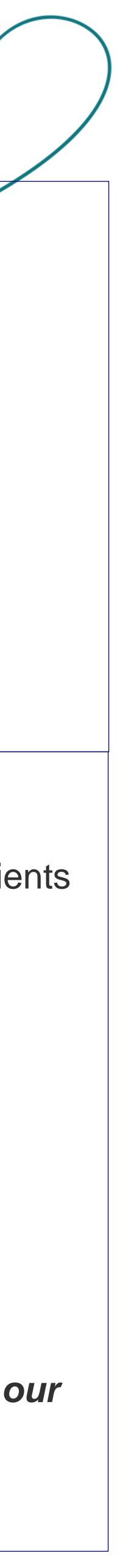
The new Jonnies **provide more comfort** to our oncology patients during their treatment. See **what our patients are saying,**

"These johnny's are"…......

- o *Comfy*
- o *Fleecy*
- o *Feel less exposed*
- o *Softer on my skin*
- o *Warmer, love the longer sleeves*
- o *A God Send, on the skin*

"The staff is happy to see this improvement we made for our patients."

UMass Memorial Health | SHARE

Radiation Oncology UBT
Avail Social Worker to more Marlboro Patients in Need

Problem:

Patients at Marlboro sometimes **need more services than we can provide with the staff here alone.**

We would like to provide resources to our Marlboro UMass patients that would be made available at other campuses.

We sometimes run into issues and **feel we are at a roadblock/ or loss to be able to help the patients with their issues.**

Intervention:

We met with the Social Services department and came up with **a plan to tackle the problem**.

- We identified **a remote social worker point of contact for Marlboro site**

- For non-urgent matters, **we submit an AMB Referral to SW order in EPIC**

- For urgent concerns, we address it directly to our **point of contact via email**
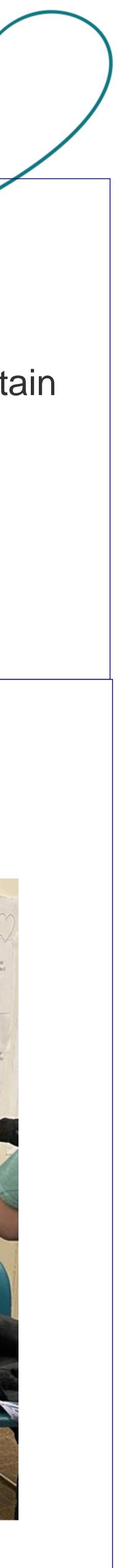
Result:

Social worker needs are documented, and we can obtain the service through the **EPIC order or direct contact.**

Impact:

Marlboro patients are better served!

Tri River Health Center UBT
New Caregivers Welcome Letter

IMPACT LEVEL 4

Problem:

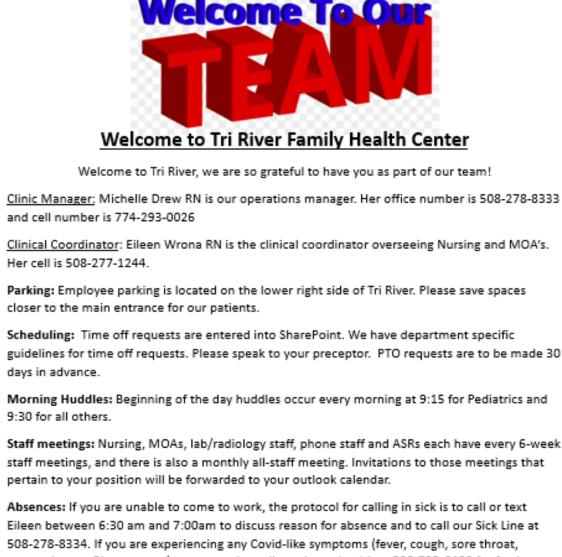We have had an **influx of new caregivers. There was no standard method of communication regarding FAQ's about being a caregiver here**.

Preceptors do not give out consistent information **leading to confusion with new staff.**

Result:

We began this process with our new ASR hired in February 2024. It was waiting for him at his desk on arrival for his first day.

We have had **five new staff** since then and all are **very happy with the handout!**

"This made me feel at ease and was very informative."

Intervention:

We created a document that **lets new caregivers get the answers to their questions that may not have been covered.**

We brought the document back to the clinic departments for review. After some minor changes **we created the document below.**
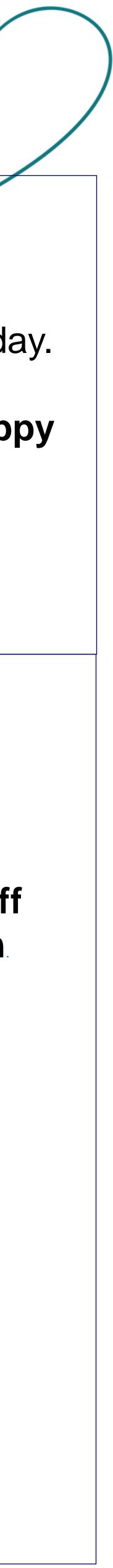
Impact:

It **takes the pressure off** the preceptors to have to remember details, some of which could be overlooked.

There is **consistency with information provided. New staff can ask questions related to the document for clarification.**

Tri River **UBT** meeting

University CT UBT
IV Room for Patients Increases Scanner Throughput

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.**

Result:

This project resulted in a **nearly 20% reduction in wait times** for our patients.

Caregiver average stress level decreased, from 3.3 before the IV room was added to 1.9 afterward (on a 5-point scale).

CT Techs' Work Experience Before and After IV Room

- Consistently not stressful
- A bit stressful
- Mixed, or sometimes stressful
- Pretty stressful
- Consistently very stressful

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 station and IV supplies where patients with tough IV access can wait** for a nurse while we continue to take other patients in the CT room.
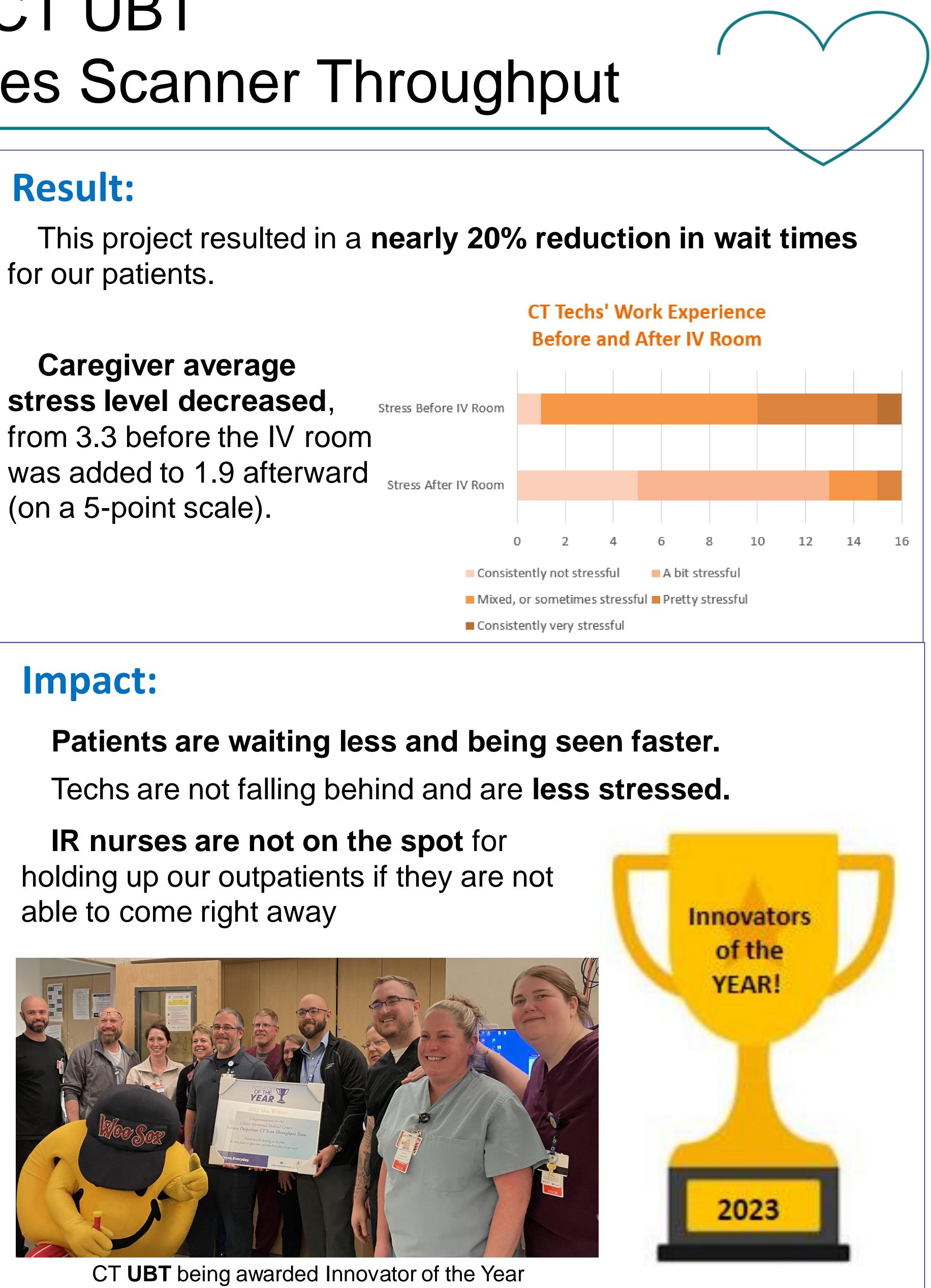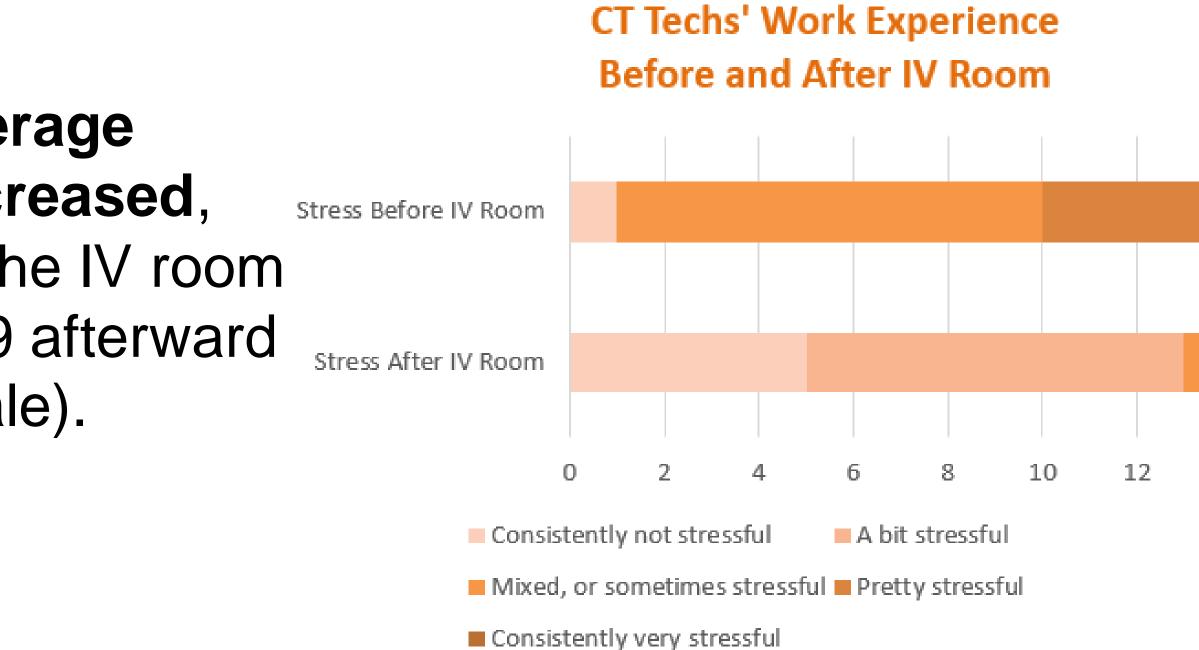
CT **UBT** meeting in the IV Room

Impact:

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 right away

CT **UBT** being awarded Innovator of the Year

University Inpatient Pharmacy UBT
IV Compounding Workflow

Problem:

   Team members identified that there were **opportunities for improvement in workflows** in the IV room to **maximize effectiveness of team members efforts** during certain parts of the shift to ensure medications were safely and accurately prepared for patients.

   This was **extremely important** because **safety and accuracy** while sterile compounding is necessary to prevent patient harm from inaccurate dosing or contamination.

Result:

   Starting April 19th, the schedule was adjusted to consolidate the IV batch compounding to two days per week with and additional team member assigned to IV coverage on those days.

   We are still collecting data on total volume of items and overall feelings of workload in the department.

Intervention:

Several ideas were reviewed to help address these workflows		
Change scheduling practice for batching sterile compounded preparations	Spread to other shifts Consolidate to certain days of the week and shift staffing coverage	Ongoing
Evaluate options for pre made formulations of commonly administered batced items (ie: 503B, Mini bag)	ie: 503B, Mini bag Vancomycin 750mg, 1750mg Cefazolin 3g as minibag	Ongoing
Returned Pediatric Infusions		Pending

Impact:

   On initial evaluation, the team is still able to produce the same weekly output, but overall is able to **manage the workload much better.**

   Speaking with team members, **this has improved the workflow** within the IV room and is **more manageable** for both technicians and pharmacists.

University Inpatient Pharmacy **UBT** meeting

University Interventional Radiology UBT
Creating Procedure-Specific Protocols

Problem:

There was **no protocol system for the various procedures and imaging that we provide.** We decided to break the problem down into two main segments.

First, **we did not have a universal and documented system on how to set up for procedures, leading to the procedure set up being different from tech to tech and from doctor to doctor.** This would also lead to **wrong equipment being dropped for case.**

Second, with the wide variety of procedures we do **it is hard for new employees to remember everything needed for a particular case.**

Intervention:

Our idea to solve this is problem is to **create and implement a protocol book** that will ultimately be approved by the physicians.

This would be in **digital and physical format** to better adapt to changes in the procedures as well as the equipment we use.

In addition, the **protocols will include the products used in the procedures, a quick explanation of the procedures, photos of the different table setups, as well as individual doctor preferences.**

Impact:

We are hopeful this will allow us to fix both problems.
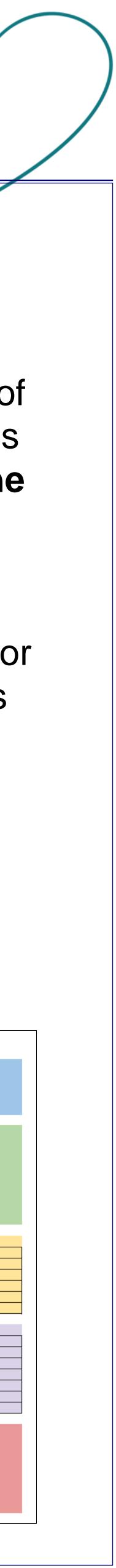
For the first issue, this would give a **clear standardization** of how we set up for each case and what equipment we use. This should **decrease both the waste in equipment and make the tables better set up for physician preferences.**

For the second part, we are hopeful this will be **useful reference for new employees** undergoing training to set up for different cases as well as a reminder for current staff on cases that aren't frequently done.

Examples of some of our recent protocol documents

University X-Ray UBT
Reduce the Number of Unnecessary Portables

Problem:

We wanted to **reduce the number of exams ordered as portables** when patients can travel.

It was an **increasing problem that needed to be fixed**. Portable studies were being **ordered unnecessarily** when a patient was able to get to the x-ray department for the exam.

Some **patients were not able to get the proper exam due to limitations when doing a portable exam, and it caused delays in care for patients in the ICU** that needed the portable exam as well as STAT exams.

Intervention:

We started by **putting a team together** which included technologists and radiologists to **implement a set of guidelines to follow when ordering a portable exam.**

Next, the guidelines were sent out to all hospital ordering providers and nurse managers **providing them with education on the barriers in patient care when ordering portables** and the importance of correct orders.

We will be monitoring this for several months to get the true impact and **plan to distribute educational information to the NEW physicians and residents** throughout the summer. (July1st-September)
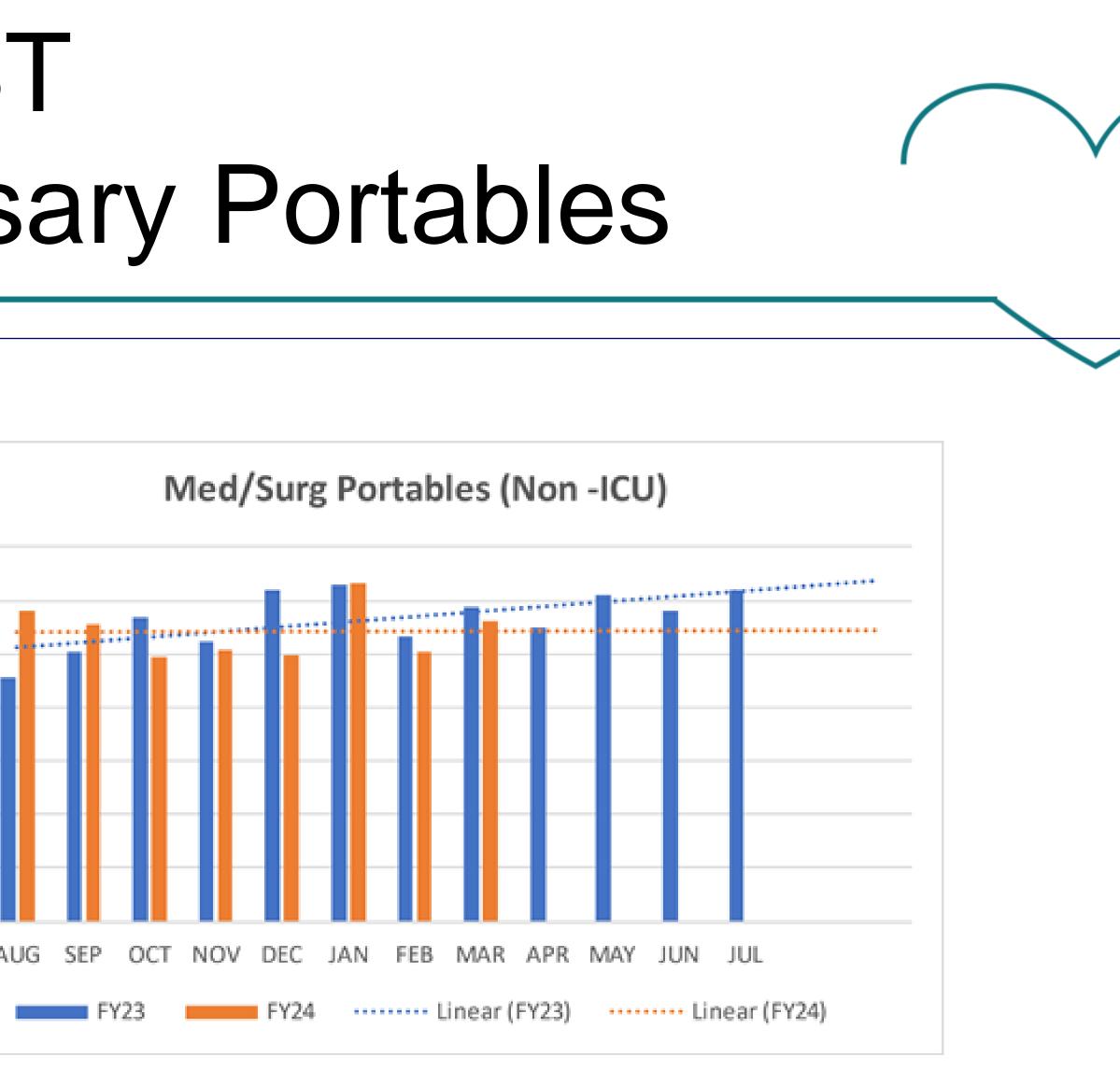
Result:

•**Reduction of Med/surg portables by 111 cases (5%)**

Impact:

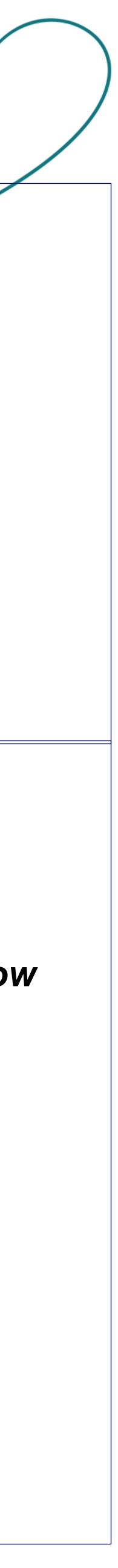There has been **a reduction of staff related injuries** from physical use of portable

"Staff feels included and engaged in improving workflow and other processes."

University X-Ray department **UBT** meeting

Barre Clinic UBT
DME Orders

Problem:

Patients were experiencing significant delays in receiving essential durable medical equipment (DME) and supplies (e.g. walkers, wheelchairs, nebulizers, oxygen, incontinence supplies, etc.). **The average turnaround time to process an in-basket request for a DME order was 19.2 days.** Some paper orders discovered were over 7 months old and remained unfulfilled.

This was a **widespread issue across the clinic, affecting every provider.** Epic settings were also contributing to the issue, automatically printing DME orders to erroneous printers, causing orders to be lost/misplaced.

Result:

We nearly eliminated missing DME orders. Providers have become better at notifying an MA when they place an order.

We **reduced the turnaround time by 16.2 days!** We have sustained the improvement to an **average of 3 days**.

DME rejections have been minimized as the information submitted is concise and includes all requirements.

We now have **a pool of trained caregivers,** rather than one point of contact, able to manage DME orders.

This **avoids delays**, **offers PTO flexibility** to the MAs that manage DME orders, and **increases confidence** for all in the clinic that DME orders will be processed **timely and efficiently.**

Intervention:

We created a standardized DME binder, trained caregivers and expanded coverage of DME order management.

DME Binder: includes **standard work for each type of DME,** list of vendors in order of availability/responsiveness and broken down by payor.

Centralized Fax Machine: standardized which of the 5 clinic fax machines to use for DME, created a fax **cover sheet specific to DME** with designated fax number on it for responses.

Training: utilized a "train the trainer" methodology with 2 **key superusers** to test the process initially and modify the standard work as it evolved, updating the binder as needed. Superusers then trained the clinic MAs on standard work and utilizing the binder.

Staffing: changed from daily to **weekly** assignment, maintained a **core group of MAs** to manage DME, with **dedicated time off the** floor. **Handoff process** at the end of each week for loop closure.

Automating Processes: This process still requires a manual notification from provider to MA, so we're trying to find a way for Epic to route those automatically. Additionally, our current letter templates are being converted for use in Epic so that the letters are included with medical records.

Impact:

Patient and employee **satisfaction went way up!**

"Medical Assistants have been empowered to advocate for patients when DME orders are outstanding, and providers are happier because they feel confident in the process."
-Tessa Nimtz, UBT Manager Co-Lead

This work aligns with the system goal of preventing hospitalizations or readmissions, as DME keeps patients as independent and as safe as possible in their home environments.

Barre Clinic UBT meeting celebrating their advancement to level 4!

Cancer Center UBT
Cancer Center Deep Dive: ASR Standard Work

Problem:

- **Clinic roles were not standardized or well defined:** created workload complexity

- **Broken workflow processes** created additional care coordination burden

- **Lack of standard work** meant staff were not working to top of certification and/or license

Result:

- We're in the process of **retraining all staff on standard work**
- **New design for registration area** in all oncology clinics

Future design for both the Check-In and the Check-Out desks in the Oncology Clinics.

Intervention:

We created an ASR subgroup and met biweekly for 3 months.

- **Developed standard work processes** for the following: registration, management of work queues, scheduling of appointments (clinic, radiology, infusion) and back desk standard work for *in clinic* provider support

- **Created a new standard work document** to retrain all existing ASR staff

- Created **new ASR training guides** for onboarding new staff
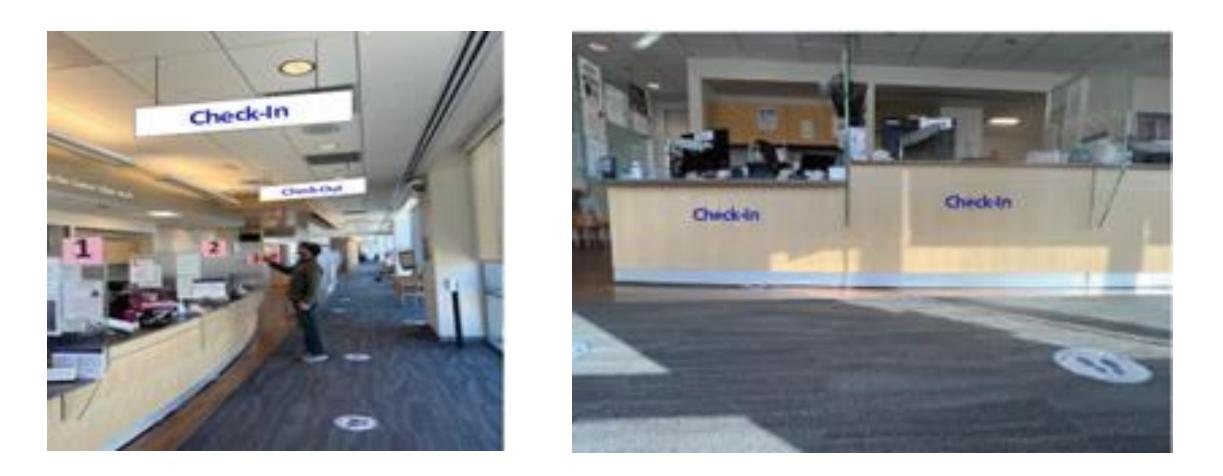
- Worked with capital planning on **reconfiguring the front desk registration workflow and signage**

Impact:

- Standard work leads to **improved registration times; improved clinic efficiency** and **decreased redundancy** in the workflow processes

- Support for all staff to work to top of license will lead to **increase staff and provider satisfaction**

- **Increased caregiver satisfaction** will lead to **decrease in ASR staff turnover rates**

- New training guidelines: preceptors will have these to support the orientation of new staff. This will result in **improved onboarding experience,** consistent training and confidence in floating to all clinics

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Cancer Center UBT
Stocking and Fitting Inclusive Wigs/Head Coverings for Everyone

IMPACT LEVEL 4

Problem:

Commercial insurance typically covers the cost of one wig for patients actively undergoing cancer treatment. **This can create a financial challenge for patients looking for other options or suitable alternatives.**

While we care for a **culturally diverse population of patients, the donated head scarfs or wigs we had onsite often failed to meet needs of our patient demographic.**

Result:

We were able to order **multiple different styles** of head-coverings and wigs. **We have given out 37 head coverings and wigs to date!**

Intervention:

- The UBT team **applied for and obtained a $15,000.00 grant from the UMass Health Equity and Inclusion Seed Program**
- The **team worked with a local Healthcare boutique**, The Women's Image Center, and ordered a variety of head coverings/wigs.
- To make space of the new head covering, **the team organized the storage closets on a weekend**
- We **stocked the closet** with new supplies
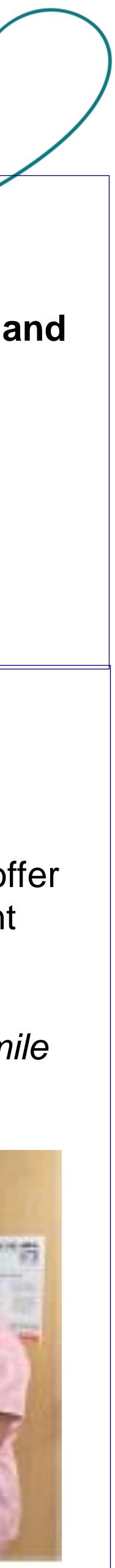
Impact:

- Our patients feel the impact of this project every day!

- Our providers and staff feel empowered now that they can offer support to those facing hair loss as a side effect of treatment

- Patients *"feel grateful and confident to resume normal activities"* One woman put on her wig and with a HUGE smile said, *"Now I can go to the supermarket!"*

Cancer Center **UBT**

Cardiology Administrative Office UBT
Admin Roles and Responsibilities

Problem:
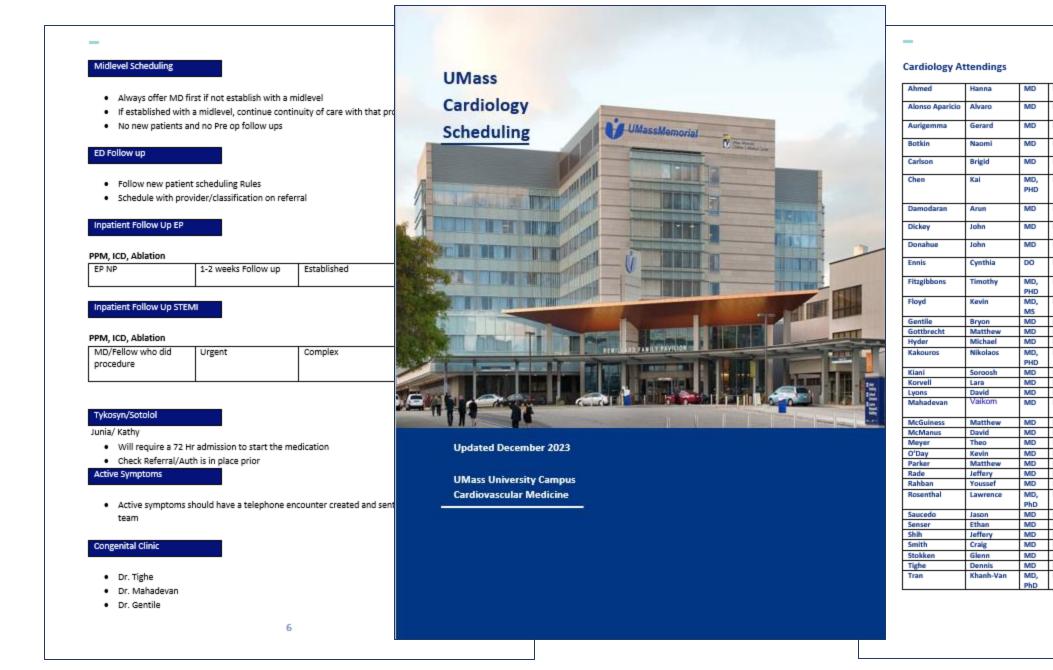
Roles and responsibilities between Cardiology's Admin, Clinic, and PAC teams were not clear. We were at a point where we felt like **each side was running in circles** trying to figure out each other's scheduling and responsibilities.

Result:

The **project was successfully completed** and implemented. The packet is a shared file that can be updated as things change in the department.

This has also become a **great training and reference guide** for new hires and it can answer many questions that come up related to less-common scenarios.

Intervention:

We created a roles and responsibilities packet. By creating a breakdown of how our job is to be done, including goals and responsibilities, it revealed some grey areas in our system that needed clarification.

One specific issue we addressed was the CT workflow. **We created a follow-up list of protocols** to ensure patients are being treated accordingly.

Impact:

"This was worth our time as it assisted all teams in establishing contacts for different tests and led to the implementation of a follow-up worklist protocol."

This project makes it **easier for admins and staff** to get appointments by understanding how to get the appointment made and what the process is for every scenario.

Cardiology Admin Office **UBT**

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Cardiovascular Clinic UBT Appointment Start Time

Problem:

Patients were showing up at the scheduled appointment time (or later) and it **did not give enough time for the check in process and the MA rooming process.**

This resulted in the **providers starting their clinics late, and frustrated patients.**

Result:

Now **every patient** will get the **arrive by time** for their appointment **instead of the actual appointment time.**

As we schedule up to a year out, it will take time for this to fully work itself out. **We have seen some success with patients that have been scheduled since we made the change**, but the biggest improvement should come in the next few months.

Intervention:

We **worked with the Epic team** to **create an arrive by time for the patient** to show up 20 minutes before the start of their appointment.

Impact:

It **helps the team's workflow to go smoother** when a patient is here at least 20 minutes before their scheduled appointment.

This allows the check in ASR **enough time to check them in** and it **allows enough time for the MAs to room the patients.**

The **patient is seen at that scheduled appointment time**, and the clinicians don't fall behind.

Cardiovascular Clinic UBT meeting.

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Dermatology Clinic UBT
Training Floats on Our Workflow

Problem:

 Floats are sent to our department unaware of our workflow, procedures and clinic practices. It is a big problem when clinics are already understaffed, and they must be shown the basics before they can help.

Result:

 This idea is still in progress, but considered **successful and it will eventually be used in other ambulatory clinics!**

 As this project is still in the beginning stages, once it is has been piloted, we will have more detailed results available.

Intervention:

 We are in the process of producing **tip sheets** that explain our basic tasks and clinic needs. **This way, floats can be supportive to our current clinic staff much sooner!**

Dermatology Clinic UBT meeting

Impact:

 The impact will be at an organizational level, as these tip sheets will likely be used in other ambulatory clinics across UMMH. Our clinical staff will be able to start clinic with a little training down time, as all the basic information is on the tip sheets.
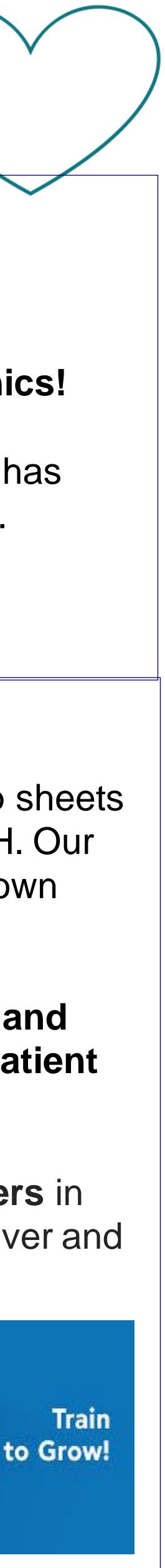
 With less training time **clinics will run more efficiently and keep providers on time**, which in turn will **cut down on patient waiting time.**

 The tip sheets will also **empower clinical float caregivers** in supporting clinics and this will also reflect on overall caregiver and patient satisfaction.

 "It will be worth it when floats can eventually come here and not need any training. They can get straight to helping the clinic!"

Train to Grow!

UMass Memorial Health | SHARE

Endocrinology Diabetes Clinic UBT
Reduce the Work Queue Wait Time for Prescriptions

IMPACT LEVEL 4 IMPACT LEVEL

Problem:

Our **prescription work queues were expected to be completed within 48 hours of receipt,** but those refill requests remained in the work queue for as long as 23 days. This was a problem for not only our clinical staff but our administrative staff as well.

Due to the delay in patient care our phone lines were being tied up with patients calling in asking for updates on their medications. We also had difficulty holding staff accountable. We did not have a method to track who was completing their work and who was not.

Intervention:

We turned this into a green belt project! We gathered our teams and worked the problem. We took the time to see where the issues were and asked the hard-hitting questions:

- Why were they sitting so long?
- Why were there duplicate orders?
- Why were there errors?

It was in this process that we were able to find the route cause, no standardized workflow between departments.

We took the whole process back to the ground and built it up! We worked with the Epic report department to create a report that looked at all Epic pool messages, which staff were touching them and what they were doing with the messages.
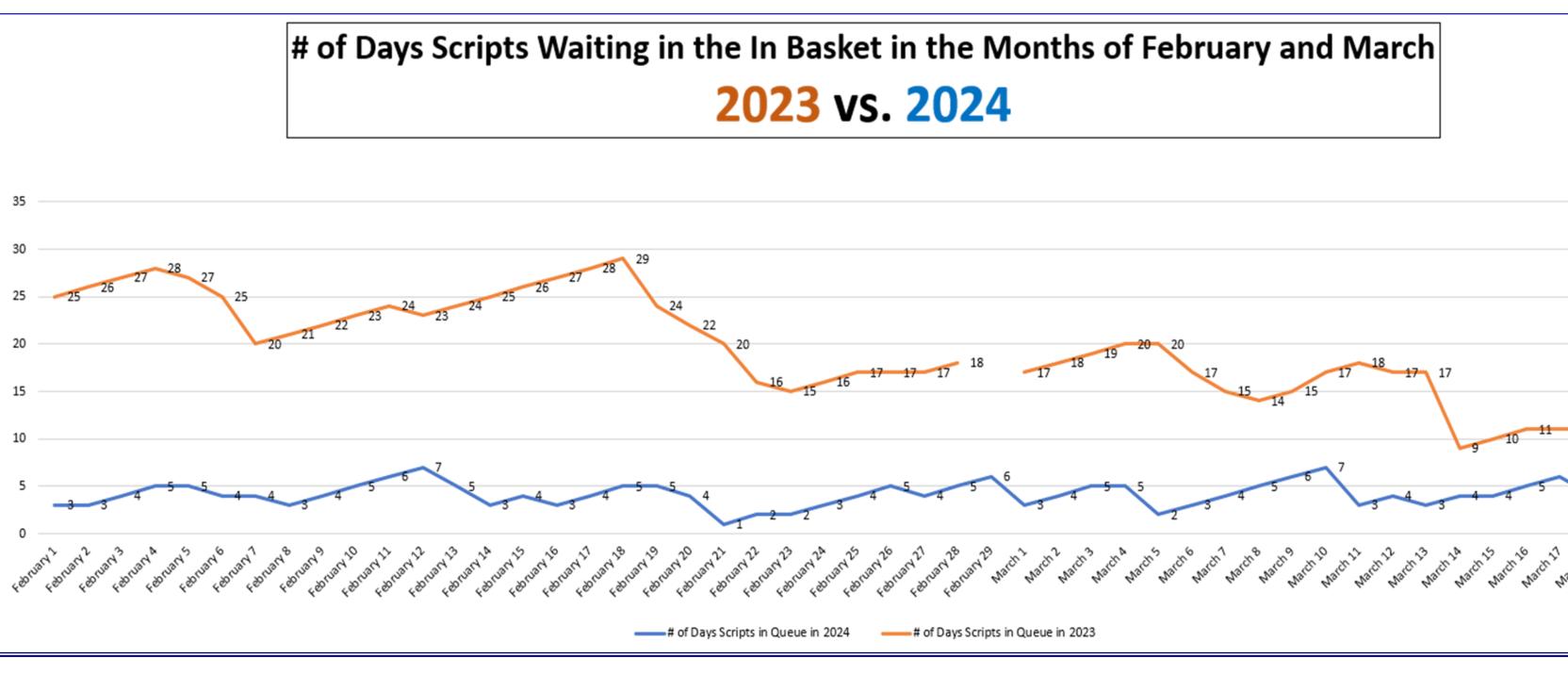
We standardized the workflow by creating a smart phrase that included all the information the providers are looking for when they go to sign the script. This includes the last time the patient was seen, by what provider or nurse practitioner, and the medication that is being requested.

Result:
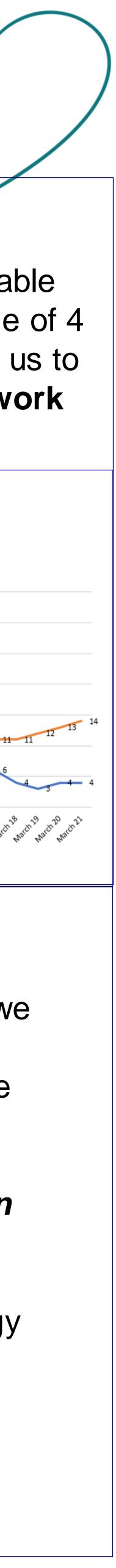
We have found this project a huge success. We have been able to reduce our prescription work queue wait time down to an average of 4 days! **That is a decrease by 82.6%!** Our productivity report allows us to look at each day and track individual staff productivity and **adjust work assignments as needed.**

of Days Scripts Waiting in the In Basket in the Months of February and March
2023 vs. 2024

— # of Days Scripts in Queue in 2024   — # of Days Scripts in Queue in 2023

Impact:

While in the beginning staff had some resistance to the change, we took the time to explain and trial a few different ways that staff had suggested and incorporated what worked into the new process. We noticed that as fewer issues started occurring the resistance also seems to reduce.

"We noticed the increase in satisfaction with the quick return on scripts from both the providers and the patients."

We have rolled out this new process in our pediatric endocrinology and diabetes clinic in March. **The report that was created has been presented to the ambulatory managers and is such an incredible tool that it is now being adopted by the ambulatory clinics.**

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Endoscopy Scheduling Office UBT
45-Day Report for Sending Prep Instructions

Problem:

Procedures are often scheduled 6-9 months in advanced and prep instructions were being mailed at the time of scheduling.

Patients were misplacing instructions, which was resulting in **patients showing up not prepped**, not having stopped taking certain medications or following the correct fasting requirements for their procedure.

This posed a **huge problem** as **patients were being cancelled due to not prepping,** which resulted in **poor patient satisfaction**, underutilization of our already **LIMITED procedure times** and **lost revenue.**

Result:

An ASR has been assigned to work on this report every day to **ensure patients who appear on it receive their instructions.**

Since the report went into effect recently, we do not yet have a measurement on the reduction of poor prep reschedules, cancellations or reduction in call volume.

We do continue to monitor the data that we receive from site nurses, ASR schedulers and phone data. We hope to have some data on this project soon that will show a positive effect!

Intervention:

We worked with the IS team to create an Epic report that would identify patients who are scheduled within 45 days that have not received their bowel prep instructions.

This report allows patients to receive their instructions closer to their scheduled procedure.

Romayne Murphy accepting the Daisy leader award

Impact:
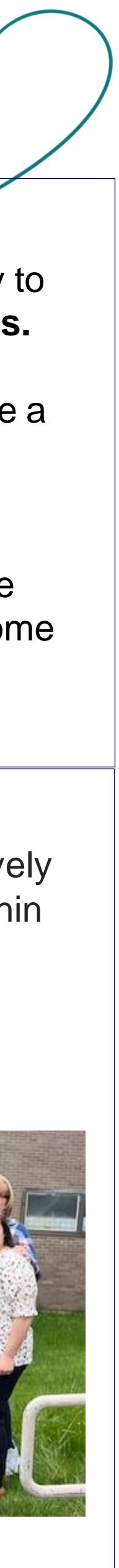
There was a flaw in our scheduling process that was negatively impacting our patients and had an impact on certain areas within our departments themselves.

This report was able to show that we **listened to patients struggles, frustrations and staff concerns.**

We are hoping to **lower our prep call volume**, which will **allow staff time to complete other tasks,** and we can retain the utilization at our scheduling sites.

Endoscopy Scheduling UBT

UMass Memorial Health | SHARE

HB DENIALS & SPECIALTY BILLING UBT ONBOARDING PROJECT

Problem:

Onboarding resources had not been updated since before 2020 and **needed to be updated to reflect remote staffing policies, changes in software and the addition of new hospital systems.**

Result:

This project has **recently been completed** and we currently have 3 open positions in the billing department. We plan to **PDSA this project with our new employees to get their feedback.**

Intervention:

- Created a **cheat sheet** of billing lingo and abbreviations for new billers.

- Created a **"what's working/what's not"** spreadsheet to keep **open discussions about processes** that could be changed.

- Updated our **onboarding power-point** to include new policies as well as software and system changes.

- Re-organized the **shared billing drive** to make resources more **easily accessible.**

Potential Impact:

We anticipate "*these updated resources will facilitate a much more **efficient training period for our future hires and a quick reference for current staff.***"

HVIL UBT
Orienting Residents to the Lab

Problem:

When new fellows begin in July, they are not given any hands-on orientation to the lab, **creating frustration with Attendings, mid-levels, staff and other fellows.**

Result:

The result was **very successful!**

Many 1st year fellows said how **helpful** it was and **useful** it was before they started in the lab and used it as a reference throughout the year when they returned to the lab.

Intervention:

We broke it down into 3 different areas

- Pre-Cath
- Procedural
- Post-Cath

We **worked together** to create a Power Point presentation focusing on all areas of the lab

PART I
PRE-PROCEDURE

PART II
THE PROCEDURE

PART III
POST-PROCEDURE

Impact:

High **positive feedback** from all staff including the Cardiology Attendings!!!

UMass Memorial Heart and Vascular Interventional Lab (HVIL) & 2 Short Stay (2SS) Fellow Orientation

THE MOST IMPORTANT SLIDE

These are just some of the amazing HVIL staff members. We are all here to help and make your experience at UMass a great one.

https://1drv.ms/p/s!ArsB5rFuawvTgS7ztnKAujpwie6P

Link to **UMass Memorial Heart and Vascular Interventional Lab (HVIL) & 2 Short Stay (2SS) Fellow Orientation Power Point.**

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Mammography Department UBT
Specimens Without an Order

Problem:

Specimens were coming down from the OR without an order. This often **caused our department to fall behind** with scheduled patients, and assistants were having to enter orders and reach out to the OR/surgeons to place specimen orders. **This also extended the time that the patient was under anesthesia.**

Result:

Having specimen orders already placed and scheduled **reduced process time from a 30+ min turnaround to a 5 min turnaround time.**

Additionally, the **stress** of reaching out to the OR was **eliminated.**

Intervention:

All breast surgery patients should have a specimen order attached to their case and scheduled with a mammography. There **was not a preset for surgeons** to select this option, **so we created one.**
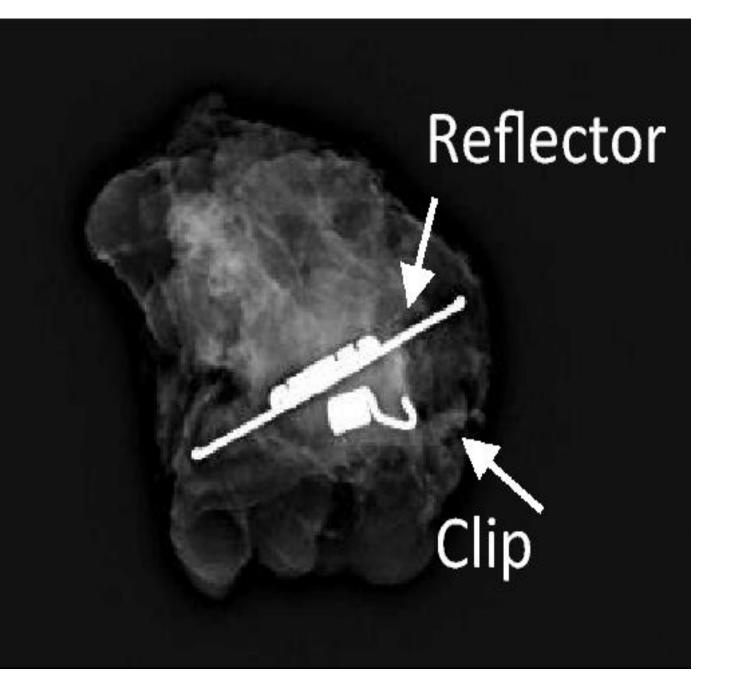
Here is a sample ultrasound, mammogram, and specimen image.

The Kubtec machine is used to create specimen images such as this.

Impact:
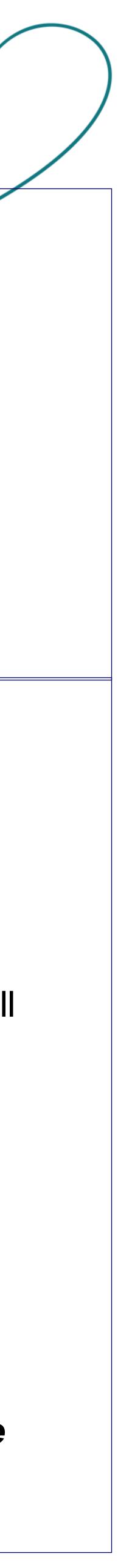
Having the orders already scheduled **greatly helped the department and radiology assistants.**

We were able to **plan our day** around the specimens and make sure someone was available to image and **show the radiologist the specimen quickly** even though we would still have to bring the specimen up to pathology.

The OR has since purchased their own KUBTEC (specimen machine) and we are no longer involved in the process at all.

This has **reduced taking technologist and radiology assistants off the floor and greatly reduced the time the patient is under anesthesia.**

"The department is thrilled that it has been taken into the hands of the OR, it saves us ALL time!"

UMass Memorial Health | SHARE

Memorial Emergency Department UBT
Pediatric Distraction Bags

Problem:

Memorial ED treats a diverse population of all age ranges. On average, we see 13 pediatric patients a day. We have found **generally patients wait 174 minutes in an Emergency Department room prior to determining their disposition.**

This is a long period of time for busy children and their families to wait. Since Memorial ED isn't a pediatric specific emergency room, **we have limited tools for entertaining and distracting these patients during their Emergency Department stays.**

Result:

We have been awarded the Innovation Fund Grant, ordered the supplies, and made 144 bags. We are looking forward to assessing **the benefit to our patients.**

Intervention:

We have been awarded an Innovation Fund Grant to trial Pediatric Distraction Bags.

These bags will be filled with toys/ fidgets suitable to children of all ages.

We believe these distraction bags will bring comfort to patients and their families during the lengthy ER visits.

Impact:

Our team is looking forward to implementing these bags and **seeing the impact for our patients and their families**.

We expect our community will think positively of our department knowing **their children are well cared** for and can leave with a little toy that is hopefully **a positive memory of their stay.**

'Our UBT is excited for this contribution to our department and expect a positive effect for our multi-disciplinary team.'

UMass **Memorial** Health | **SHARE**

Memorial Inpatient Pharmacy UBT
Telephone Triage and MAR Message Workflow

IMPACT LEVEL 4
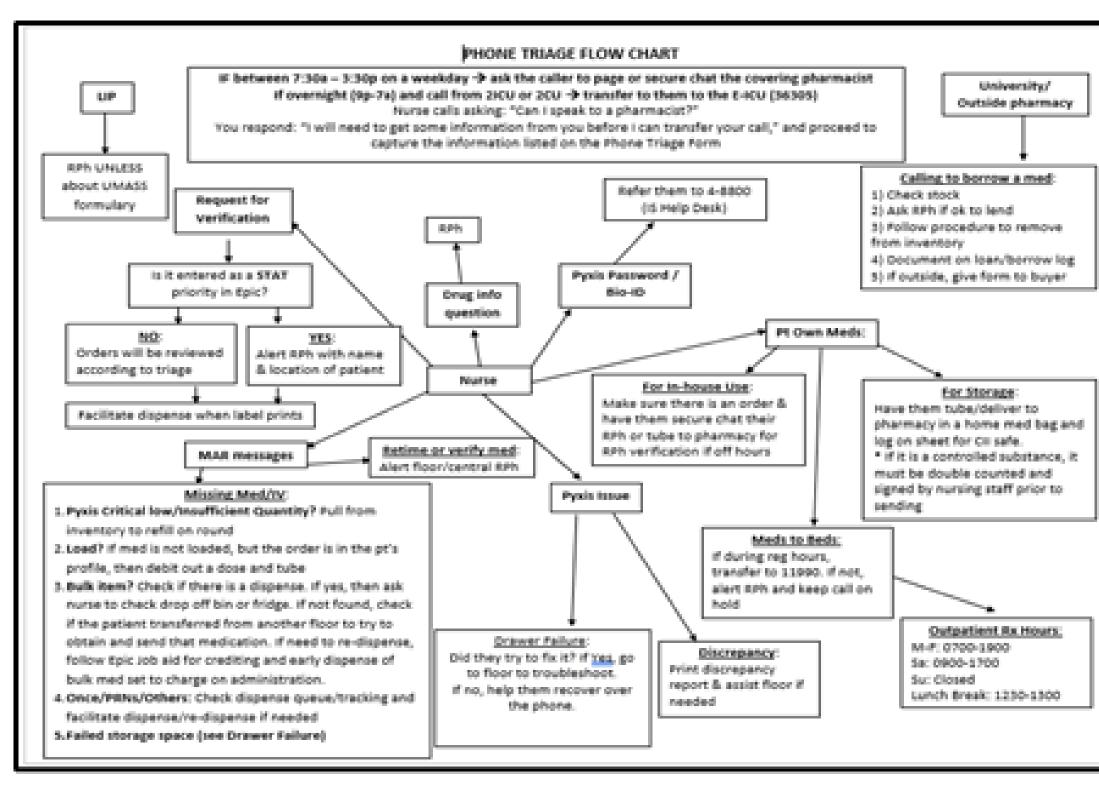
Problem:

Nonstandard training of pharmacy technician staff on telephone triage and on responding to Epic MAR messages.

Inconsistent training leads to low participation in answering telephones and in answering MAR messages.

Intervention:

1. Created **visual tool** to assist with telephone triage
2. Created **data collection tool** for telephone triage
3. Created a **practical training for telephone triage/MAR message response** in Epic playground
4. Created **competency assessment**
5. Added **Triage technician role** in pharmacy workflows

Result:

Increased participation in responding to MAR messages (Request dose and Other categories)

Date	# messages responded by techs	# messages responded by techs and Rphs	Percent
10/1/23 - 12/3/23	220	6112	3.6 %
12/5/23 - 1/21/24	360	4967	7.88 %
1/22/24 - 3/31/24	711	7220	9.85 %

Percentage of Messages Responded by Pharmacy Techs

Impact:

1. **Increased satisfaction of technician work** by being actively involved in providing patient care
2. **Increased time for pharmacists** to be able to perform other work
3. **Decreased interruptions to pharmacists** caused by telephone calls

Memorial Acute Care PCA UBT
Decreasing Linen Loss Through PCA Education

Problem:

Linen loss – **linen that is not returned** to our linen vendor because it is **thrown away, taken or hoarded – is a major avoidable expense.** Just at the Memorial campus, UMMH spent **more than $100,000 on linen loss charges in FY23**.

While there are several major causes for this linen loss, one is that when **PCAs feel that "clean" linen is too damaged or stained to be used they will sometimes throw it away.**

PCAs also sometimes feel that used linen is **just too dirty to put in a blue bag, so they put it in a red biohazard bag or trash to spare their coworkers in housekeeping from needing to handle it.**

Additionally, staff sometimes also **hoard linen if they are worried that they might run out,** which feeds a vicious cycle.

Intervention:

In addition to **partnering with the Linen dept to adjust par levels** for some inpatient floors to decrease hoarding, the **PCA Committee set out to educate PCAs about linen loss and what to do with soiled or damaged linen.**

They created a **"scavenger hunt" quiz** about linen loss that all inpatient **staff were invited to participate** in with both a floor **award (pizza party)** and an individual SHARE member **award (Supreme 300 thread county sheets).**

Quiz Example:
Q: "When is it ok to throw away linen?"
A: "**Never**"

Impact:

Many PCAs, unit secretaries and RNs participated in the linen scavenger hunt, and **best practices re linen are more broadly understood. And we had fun!**

Linen loss is still a concern, however, and we continue to hear of PCAs not using the bag on the side of the cart for clean but damaged linen.

We plan further education efforts, such as bullets to be read at shift change huddles and posters near in the breakrooms and near the clean linen.

The winners of the linen loss scavenger hunt!

Memorial X-Ray UBT
Safety Door Holders

Problem:

There were **safety concerns** where we park our portable x-ray machines in a little hallway that connects to prompt care. Our Techs had to **hold the door open with their backs when going to take portable images.**

This hallway is used by prompt care as well and they have patients on stretchers also using their backs to hold the door open. Same concern with the Spine Center door that we had to use poor body mechanics to hold the door open. There are a lot of patients in wheelchairs and stretchers. **We couldn't see who is coming in or leaving and may hit others** with the portable machine as well. **Poor body mechanics will cause injury.**

Intervention:

Since **doorstops are not allowed**, we came up with a solution of putting magnets at the 2 doors, one for each location, to hold the door open when needed.

We applied for and received an Innovation Fund Grant for our idea, purchased and installed magnets at the 2 doors.

Result:

Our Techs can now **use the magnet to hold the doors open while moving patients in wheelchairs and stretchers instead of using their bodies in injury prone positions.**

Impact:

This helped **reduce the risk of injury** while coming and going with the portable x-ray machine and taking care of spine center patients. It **minimized the potential occurrence of workplace incidents.**

"Staff feel more safe moving patients in and out of those doors."
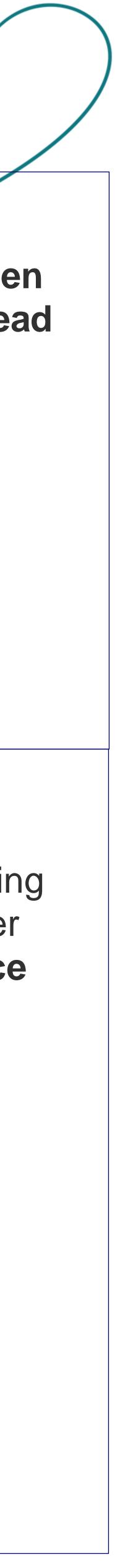
Memorial X-Ray UBT

Neurodiagnostic Clinic UBT
MRI Compatible Electrodes

Problem:

Patients that are placed in an MRI scanner without MRI conditional electrodes **could sustain a significant injury**.

Since EEG electrodes are **not MRI compatible**, technologists would need to remove and replace electrodes so that patients could have their studies completed.

This often-delayed **MRI imaging,** sometimes needing to **call in technologists in the middle of the night** to remove and replace electrodes.

Intervention:

Switching to MRI conditional electrodes **ensures patient safety.**

We converted to MRI conditional electrodes to save time and money and improve patient satisfaction.

After researching options for electrodes, we found imaging-friendly **MRI conditional electrodes**. With these, **patients can keep EEG electrodes on,** and **MRI imaging can be done in a timely manner.**

Documenting the use of MRI conditional electrodes in patient charts led to **less communication confusion between EEG, MRI and Nursing.**
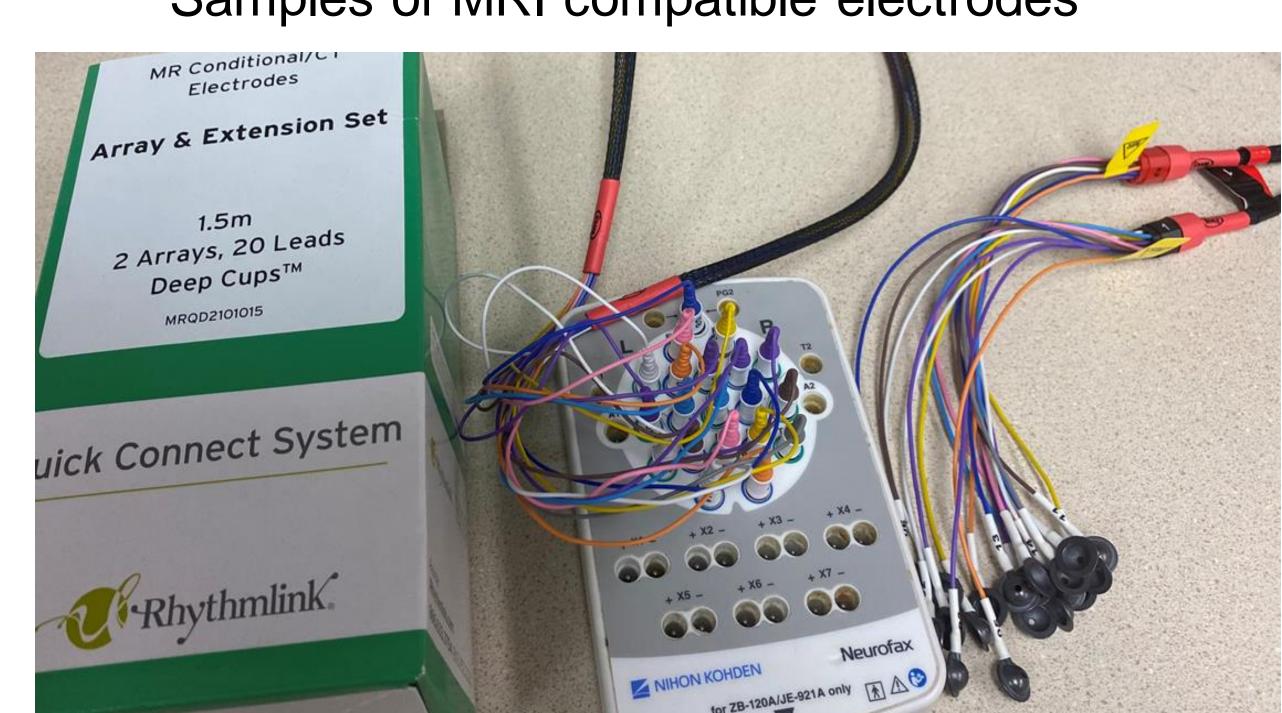
Result:

Our results were excellent! **Patient satisfaction improved** and **technicians received fewer calls** in the middle of the night.

By noting this in the patient's chart **both MRI technologists and Nursing knew when MRI conditional electrodes were in use** because it had been **documented in the chart.**

Impact:

This has impacted Nursing, MRI technologists, EEG technologists and **most importantly, our patients.**

A patient can now get their MRI study done in a timely manner.

Samples of MRI compatible electrodes

Nuclear Medicine UBT
Updating Billing/Coding for DXA Imaging

Problem:

The **billing and coding was not updated** to reflect the DXA data change.

When the **DXA equipment was upgraded** it gave us the ability to generate a trabecular bone score (TBS). The additional processing has no impact on the patient experience or radiation exposure but DOES **give additional information to ordering providers.**

Not having an IMG code available left our coding team responsible for catching and correcting the 120+ DXA exams (from UNIV campus alone). **This caused extra tedious labor, missed revenue and lack of communication to ordering providers.**

Intervention:

We brought in the relevant Departments to **dissect the problem and find possible solutions.**

The Radiant team was able to **create new IMG codes to reflect the data generated and appropriate billing documentat**

2024 **DXA orderable** update example

UMass Memorial Health
Radiology

Attention Providers who order Bone Density imaging:

Bone Density exams and descriptions have recently been updated (effective January 2024) to clarify that the new standard exam includes the trabecular bone score (TBS). Updated equipment at UMMH sites that perform bone density has made this possible, and preference lists were updated to replace the old exams with the new ones listed below.

Please be assured, this will not result in an increase to the appointment time, imaging protocol or radiation exposure to our patients. It is simply additional processing of the existing images to provide clinically appropriate information to the patients care team as standard practice.

In any instance a TBS cannot be generated, the order will be changed by the technologist at the time of the appointment to remove the additional charge and a change order notification will be sent to the ordering provider.

Indication	DXA IMG code
• A woman who has been determined by the physician or a qualified non-physician practitioner treating her to be estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and other findings • An individual with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis, osteopenia (low bone mass), or vertebral fracture • An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to 5 mg of prednisone, or greater, per day, for more than 3 months • An individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy	IMG944 – DEXA AXIAL AND TBS
• An individual with primary hyperparathyroidism • Known spinal hardware • Know bilat hip hardware	IMG943 – DEXA AXIAL AND PERIPHERAL AND TBS
• Whole body composition • Select indications (DMD, pediatric hormone therapy)	IMG942 – DEXA WHOLE BODY AND AXIAL AND TBS

DO NOT use ICD codes for osteopenia or osteoporosis when looking to rule out these conditions

Result:

The results were successful! Showing significantly fewer coding corrections were needed.

The staff are now able to bill for the exam performed However, physicians were getting confused about the new labeling for orders, so we **made some adjustments and created documentation.**

The d**ocumentation clarified the change and workflow** going forward. We also **added the announcement to MC4U** email for mass distribution.

Impact:

We are still in a transition phase where some "old" orders are still on the schedule. The **staff are aware** they need to change these orders to reflect the exam completed.

We are however, now capturing **appropriate revenue (upwards of an additional 1 million dollars)** for the department, and "*giving our patients and providers the best care possible by providing the most information in the detailed radiology reports. "*

Nuclear Medicine **UBT** meeting

Pediatric Emergency Room UBT
Improving Patient Observation Documentation and Communication

Problem:

Staff in the ED **currently track patient observations using a paper form, which has many fields and is burdensome to use, can sometimes go uncompleted, and makes it difficult to communicate important information to other members of the care team quickly.**

Staff on the inpatient floors record patient observations in Epic using WOWs or workstations in patient rooms, but in the ED, **there aren't enough workstations or WOWs (or space to put them).**

Further, these paper forms were **identified as a top pain point by our patient observers.**

Patient observation forms

Potential Impact:

We anticipate that documenting patient observation electronically will **substantially improve both its ease and accuracy, as well as make that information easier to access and factor into a patient's treatment.**
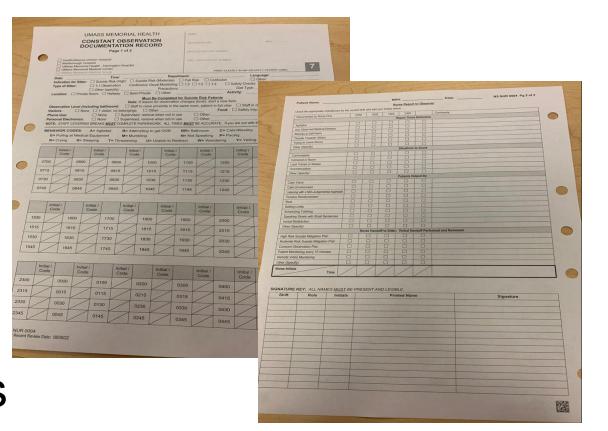
Intervention:

Fortunately, **there is an app for handheld devices called Rover** that many staff across the Medical Center already use for things like patient identification and transport.

We are working with IS to enable ED staff to use Rover devices for their patient observation documentation. Doing this will also require sourcing enough devices and standardizing a method of tracking and charging them.

We plan to pilot the change in the Pediatric ED, but if successful we hope the change can be extended throughout the ED.

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Pediatric Clinic UBT
Create a Team Board with Pictures

Problem:

The Pediatric Clinic is a large department **with different divisions & about 150 providers and support staff member**.

Patients can't identify their providers and support staff easily. Having the boards will **help improve communication.**

Intervention:

Collect photos of providers and support staff and have vendor put them together on a **board to display.**

Impact:

Almost complete! We are waiting for the vendor to install the board.

We are hoping this will **allow our patients to see who they will be interacting with!**

Pediatric Clinic **UBT** meeting

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Primary Care Clinic UBT
Increasing the eCheck-In Rate

IMPACT LEVEL 4

Problem:

The patient **line was long at check in**, and this was making the **patients late**. We wanted to encourage people to **access** and use **MyChart to check in**.

We had a high rate of people that signed up for MyChart, and **only about 40% of people were using eCheck-in.**

We were also trying to address language barriers by looking into which languages are available in MyChart.

Result:

Yes, it was successful! We saw a small **increase in the number of people using eCheck-in and we will continue to monitor our progress.**

Increase in eCheck-in Rates

(Bar chart: Starting point = 39, April measure = 44; y-axis 36 to 45)

Intervention:

After **experimenting with one approach and then trying another, we were able to make some improvements!**

After looking into multiple languages in MyChart, we discovered it is only available in English at this time.

We started with **signage, and an express line,** assigning a **specific ASR to eCheck-in.**

At first it went to the ASR in charge of check-out, but we recognized an **opportunity for continued improvement** and switched it to a check-in ASR

We first tried the signs in one place, and later moved them to another, again **using the PDSA cycle to make improvements**

(PDSA cycle graphic: ACT, PLAN, STUDY, DO)

Did you complete your check-in on MyChart?

If yes, follow the signs to our EXPRESS CHECK-IN for today's visit.

Thank you for using MyChart.

MyChart

Example of one of the signs posted in the Primary Care Clinic to direct patients

Impact:

This project affects everyone in some way. **More patients were using MyChart**, so **less volume for ASRs** checking in patients. **Fewer patients were calling** to tell us they were running late. We were **acknowledging our patients' engagement** with us by **not making them wait in line.**

We expect the impact to be that we won't need to expand check-in staff if more people are doing pre-check-in. The three **staff we have will be better able to accommodate the 250+ visits we receive per day and as we continue to increase our number of patients.**

MyChart ECheck-In

Respiratory Therapy UBT
Improving Patient Hand Off Communication

Problem:

As a respiratory therapist **working in multiple areas of the hospital**, we are required to provide **hand off communication to the next shift.**
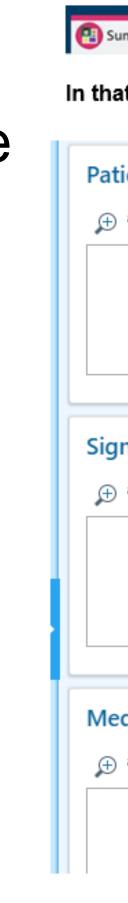
We have always used "white cards" for our hand off communication. If **not faced down, these white cards could become a HIPPA violation**, they at times got lost and were **considered an infection control issue because they could not be wiped down.**

Intervention:

About a year ago, this was brought to our UBT meeting to discuss ways we could **improve and be compliant with hand off communication. Our leadership team started to work with nursing informatics to look at different options in EPIC to provide handoff communication.** The leadership team would bring different options and updates to the UBT and we would discuss what we liked and what we didn't.

NEW HAND OFF COMMUNICATION IN EPIC

In that section you can update

OLD Hand off communication:

Result:

Nursing informatics and the respiratory leadership created a handoff tab within EPIC.

This tab **enables the respiratory therapist to update pertinent patient information into EPIC that all respiratory therapists can review and change but is not part of the medical record.**

We started training all staff on the new EPIC handoff communication and all white cards have been eliminated.

Impact:

The impact this has had on the respiratory therapy hand off communication is that it has **saved time** because we are no longer having to make new white cards or update current patient cards.

We now have a **more consistent and easier way** to give hand off communication.
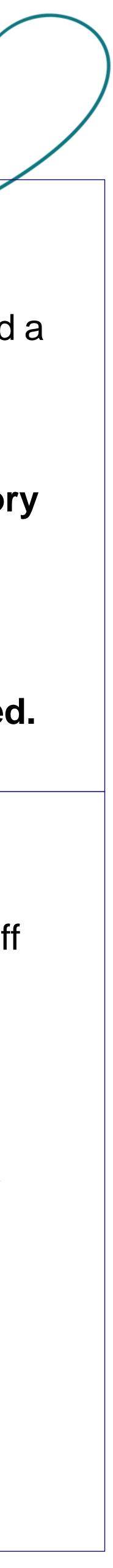
This has **saved the department a significant amount of money because they are no longer having to purchase these white cards.**

"For our patients, we have ensured patient confidentiality"

Rheumatology Clinic UBT
Improving Patient Directions

Problem:
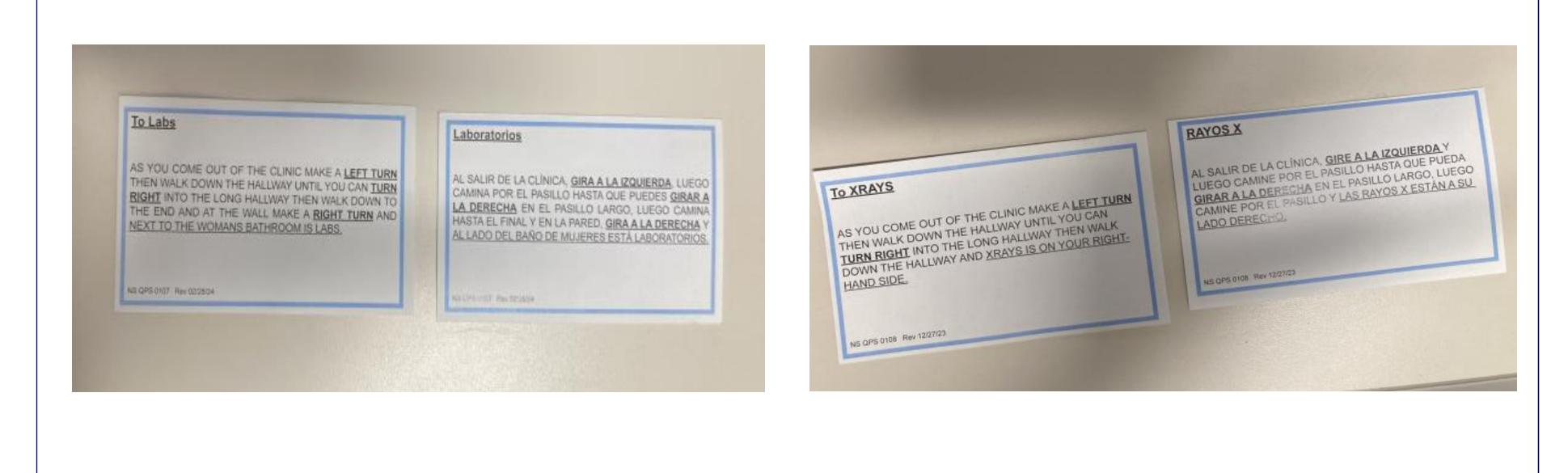
Rheumatology patients who needed to complete **labs or x-ray imaging** before their next appointment were **not able to find the location and were missing their appointments.**

The staff were giving verbal directions to the patients but they were not writing them down so they would forget or get lost in the hospital. **This resulted in frustrated patients.**

Result:

The **patients are showing up on time to their visits** because they are not getting lost.

The **staff have less work involved in their reminder calls**, and the patients are no longer getting lost and frustrated!

Intervention:

The staff **created flashcards** which have directions to both the lab and x-ray, in both English and Spanish, which were handed out to patients at check out.

We shared this idea with ambulatory leadership who facilitated the creation of a more professional card with one of our UMass vendors!

Impact:

• **Increased patient and caregiver satisfaction.** Patients no longer leave the clinic only to return frustrated and need to be redirected verbally again by clinic staff or worse, just plain leave the hospital without doing their labs or x-rays.

• **Enhanced workflow – reduced delays in medication refills** as some Rheumatological medications such as Methotrexate have labs requirements for the refill. This makes it easy for clinic nurses to queue med refill orders for providers to sign off to send to pharmacy.

• **Enhanced patient experience** – when labs and x-rays are done prior to the next scheduled appointments **the provider can review and discuss the care plan options with the patient based on the results.**

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Single Billing Office UBT
Customer Service Quality Assurance Improvement Project

Problem:

Ensure that SBO Customer Service Representatives are equipped and able to provide quality service to patients meeting performance requirements and **increasing patient satisfaction.**

Intervention:
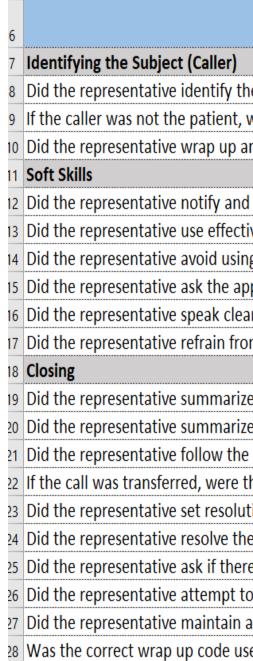
We worked with the QA department to develop a **comprehensive call quality observation form**.

The form was designed to **ascertain areas of improvement and identify coaching opportunities.**

Identify and track process improvement or quality assurance opportunities and any other findings to improve the job aids and the user's experience.

Reduce the number of Instances that a patient must contact SBO to resolve a billing inquiry.

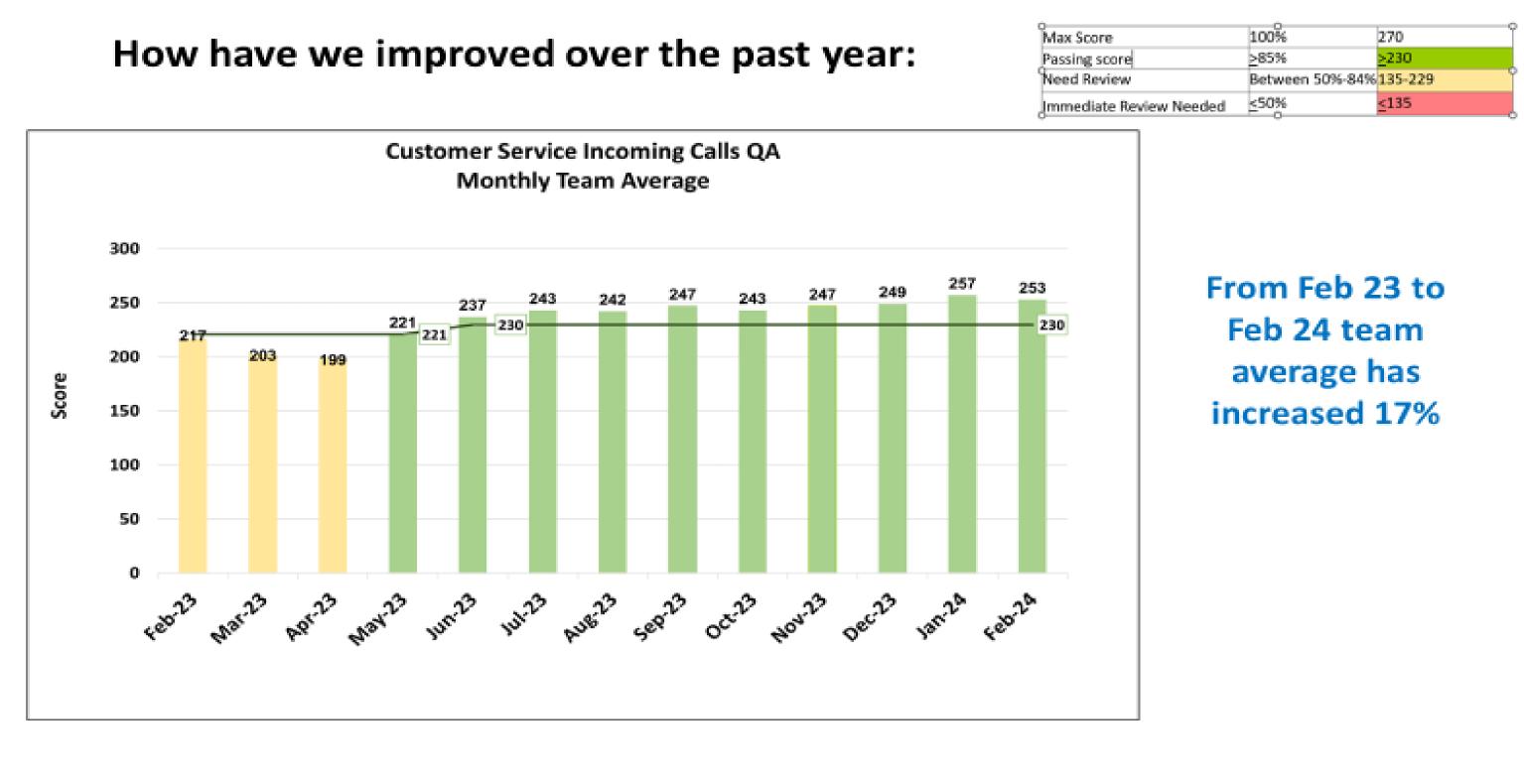| 1	Total Score Calll + Account & Guarantor QA		270
6		Score Description	Score Value
7	**Identifying the Subject (Caller)**		30
8	Did the representative identify the subject using the UMass SBO requirements (name/DOB/address)?	Pass	10
9	If the caller was not the patient, was authorization obtained/verified to provide information to the calle	Pass	10
10	Did the representative wrap up and note the previous call prior to beginning the current call?	Pass	10
11	**Soft Skills**		60
12	Did the representative notify and place the caller on hold to avoid dead air?	Pass	10
13	Did the representative use effective listening skills to allow caller to speak without interruption?	Pass	10
14	Did the representative avoid using unnecessary comments or fillers during the call?	Pass	10
15	Did the representative ask the appropriate questions to identify the issue at hand?	Pass	10
16	Did the representative speak clearly/was it easy for the caller to understand the representative?	Pass	10
17	Did the representative refrain from using billing acronyms unfamiliar to caller?	Pass	10
18	**Closing**		100
19	Did the representative summarize/understood/reiterate the caller's concerns clearly in order to take ne	Pass	10
20	Did the representative summarize/advise the caller of next steps	Pass	10
21	Did the representative follow the account escalation process /transfer to appropriate RC Division for Re	Pass	10
22	If the call was transferred, were the correct processes followed (warm transfer vs cold)?	Pass	10
23	Did the representative set resolution expectations/provide turnaround time of resolution?	Pass	10
24	Did the representative resolve the issue themselves (i.e. utilized the appropriate steps to resolve the pat	Pass	10
25	Did the representative ask if there was anything else they could help with?	Pass	10
26	Did the representative attempt to collect payment before ending the call? (if applicable)	Pass	10
27	Did the representative maintain a friendly, pleasant and professional tone throughout the call?	Pass	10
28	Was the correct wrap up code used?	Pass	10

Single Billing Office Scorecard

Result:

How have we improved over the past year:

Max Score	100%	270
Passing score	>85%	>230
Need Review	Between 50%-84%	135-229
Immediate Review Needed	<50%	<135

Customer Service Incoming Calls QA Monthly Team Average

217, 203, 199, 221, 221, 237, 230, 243, 242, 247, 243, 247, 249, 257, 253, 230

Feb-23, Mar-23, Apr-23, May-23, Jun-23, Jul-23, Aug-23, Sep-23, Oct-23, Nov-23, Dec-23, Jan-24, Feb-24

From Feb 23 to Feb 24 team average has increased 17%

Impact:

This project made great impacts on our department!
"We are now able to identify areas of training, development and coaching at the individual rep and department level. This allows us to create targeted training sessions"

This has **increased staff satisfaction and confidence when communicating with patients, increased patient satisfaction and shown a reduction in escalated patient contacts!**

The Single Billing Office is a work from home group that meets for their UBT over zoom

Memorial Acute Care Unit Secretaries UBT
Standardizing Unit Secretary Information to Improve Desk Coverage

Problem:

When a secretary or PCA covers the desk on a unit they are not familiar with, **they don't know the specific tasks that desk carries out.** Additionally, some PCAs **don't get assigned to the desk very often.**

When the desk coverage isn't familiar with general and/or unit-specific duties, **it leads to nursing having to lend additional assistance at the desk, as well as re-work to fix mistakes and sort out issues later on.**

Memorial Acute Care Unit Secretaries UBT

Intervention:

We will be rolling out **standardized binders** to keep at the unit secretary desks on each med-surg unit.

They will include general information that applies to every unit, as well as **floor specific information and forms.**

Additionally, at the front of the binders there will be a **checklist of both general and unit-specific unit secretary duties for new or unfamiliar desk coverage to follow.**

Day Shift
- Put together charts (stickers and a face sheet) for any patients who arrived on night shift.
- Scan and send via the copier the previous day's Kronos sheets to Marybeth Kalil (or covering payroll employee).
- Place yesterday's Kronos and assignment sheets either on the nurse manager's desk or in the bin on their office door.
- Check Kronos to ensure 3-11 and 11-7 staffing numbers are accurate on the paper assignment and Kronos sheets.
- Copy W3's OR admissions for the day into the daybook once the OR list is given to you by the charge nurse.

Both Shifts
- Break down patient charts upon discharge – discard stickers and face sheets, clip together any remaining medical record documents and place them into the black discharge bin on the counter above the US computer.
- Put together patient charts upon admission/transfer – include stickers and face sheet to start, followed by any scanned medical record documents.
- Monitor Epic Unit Manager for new admissions, transfers, and/or discharges.
- Arrive incoming admissions and transfers into their bed in Epic when they physically arrive on the floor.
- Discharge patients in Epic after they have physically left the floor. *Do not discharge transfers to other floors, the University campus, or Hospital at Home*
- Log all admissions, transfers, and discharges in the daybook binder (Look back at previous days for any needed clarification). Notify charge nurse of any new admissions or transfers.
- Check the telemetry battery levels Q2 and record them on the Battery Check sheet.
- Ask the PCAs and/or RNs to change the telemetry batteries as needed, as well as at the changes of shift: 0600, 1400, and 2200.
- Periodically check that documents in the wooden To Be Scanned bin have a patient sticker on them.

First draft check list

Potential Impact:

It is our hope that these binders will help **reduce the strain on other staff i**ncluding nursing when there is unfamiliar coverage on the desk.

We also hope to reduce the leftover issues and tasks for the next shift's secretary, as well as *"**help the secretary or PCA covering on an unfamiliar unit feel less overwhelmed."***

University Registration Department UBT
Registration and Workflow for our EMH Ward and Emergency Department

Problem:

The registration process and workflow for our emergency mental health ward in the emergency room.

This **problem was large** because without a full registration completed, patient identification was not fully completed, emergency contacts and family members were not verified/in the chart, and without insurance in the chart **patients were not able to be transferred/referred to inpatient units.**

It was worth our time to solve due to **patient safety and care for inpatient stays.**

Result:

An increase in effectiveness of the new registration process was noticed. More patients were either being registered in the ER pods and waiting area before reaching EMH, and if patients did reach EMH unregistered, most if not all occurrences **followed our new workflow and the flow.**

The RN was contacted to verify staff safety before entering, patient cooperation status and making sure to not disturb other patients.
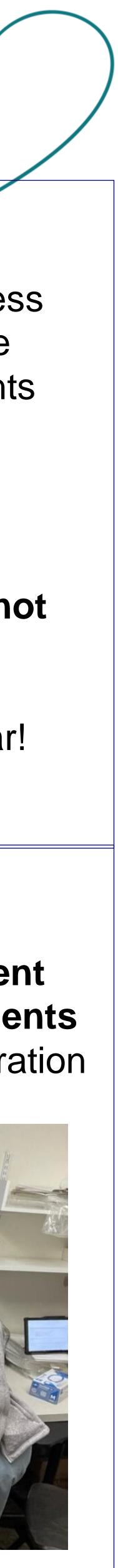
This project is newly completed but has been successful so far!

Intervention:

Our UBT team got together and discussed this issue with staff members from different shifts from registration and different staff members from EMH to **discuss what a better and more efficient workflow process would be.**

Some changes made included **directly speaking with the resource RN** to verify up to date information regarding speaking with patients, **making sure current registration staff were updated and re-trained on the new process,** and **maximizing registration in the ER pods before reaching EMH.**

Impact:

The larger impact of this process is most noticed in patient care as patient insurances are more commonly on file and **patients have less of a delay getting inpatient care** and staff in registration are communicating more. **The staff and patients feel more listened to and communicated with.**

University Registration **UBT** meeting

University Prescription Center UBT Standardize Training for Inventory

Problem:

The University Prescription Center was experiencing **issues with orders of medications not in stock or not returned properly.**

This was **due to a change in our ordering system** and EPIC changed the process to receive orders.

Intervention:

We **created a four-step process** to solve the problem:

1. **Created standard work with step-by-step instructions** on each process: how to receive an order, how to send an order and how to process a McKesson return.

2. **Set up binders** for all the new standard work documents.

3. **Trained both new and current staff** on the new standard work.

4. **PDSA the standard work.**

Result:

We now have **tighter control of inventories** and **standardized training** on inventories for all staff.

Impact:

• **Prevent delay** of prescriptions for patients.

• Patients can get their **prescriptions sooner.**

• New staff **onboarding is easier** as the staff have something to refer to.

"The Pharmacy team is happier, **as this work positively impacts everyone!"**

University Prescription Center UBT meeting

UMass Memorial Health | SHARE

Urology Clinic UBT
Make Restocking Supplies Easier

Problem:

Restocking supplies is a manual process. We would carry as much as we could at a time, **but carrying lots of supplies at once is awkward. Multiple trips were often needed.**

Items occasionally fell on the floor and would need to be wasted.

Result:

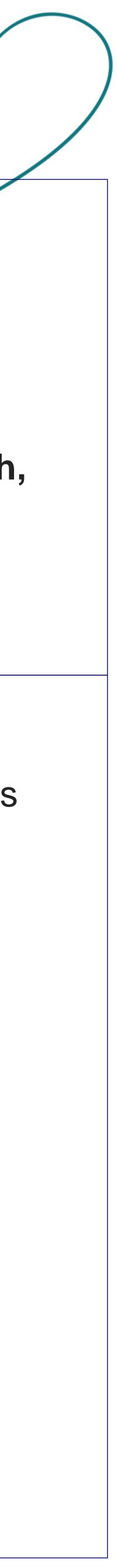We started using the baskets as soon as they were received, and they proved to be **very useful!**

It converted one or two awkward trips at a time into **one easy trip. It decreased wasted time going back and forth, and supplies were no longer wasted by falling on the floor.**

Intervention:

We ordered baskets with handles to make it easier to carry supplies from one place to another while restocking.

BEFORE:

AFTER:

Impact:

Caregivers immediately took to using the baskets. This was an exciting change for our team members.

They were **grateful for making their jobs easier** and helping them **feel like we were looking out for them!**

Department of Vascular Surgery UBT
Float admin staff to clinic for CT & surgery scheduling at checkout

IMPACT LEVEL 4

Problem:

There was a delay in scheduling of surgeries, procedures and CT scans for our patient's.

This was a larger scale problem because **patients need these procedures as soon as possible and we were backlogged with orders.** So, it was worth our time trying to solve it.

Result:

The office implemented administrative support in clinic to **schedule surgeries, procedures and CT scans in real time for the patient.**

This project was successful and **eliminated delays in scheduling** to same day versus 1-2 weeks at times depending on the procedure and failed attempts to reach the patients

Intervention:

The vascular admins are each assigned to specific surgeons. The admin attends clinic on the days that their providers are in clinic.

The surgeon will walk down the hall to get the admin and let them know a patient has a procedure. The admin then goes to the room to schedule the surgery, procedure or CT scan and follow up appointments **in person while the patient is in clinic.**

Impact:

The impact was on the **quality of patient care we provide and patient satisfaction.**

Our patients were able to leave the clinic with a clear plan in place which **lessened the stress** that comes with needing a surgery or a procedure.

This was good for office morale as well because going to clinic breaks up the monotony and **allows us face to face interaction with our providers and patients.**

"It shows our patient's that we are always looking for ways to improve and provide better care".