All sub-groups of IPRO 340 have worked towards a common goal:

PATIENT SATISFACTION
ACCESS FACTS

Chicagoland’s largest private primary health care provider

Largest network of community health care centers in the country.

50 community health centers

ACCESS' Board of Directors is composed over 51% patients and community members to ensure that programs and services are responsive to community needs.

$106 million operating budget.

* information acquired from www.accesscommunityhealth.net
ACCESS FACTS

Patients
ACCESS serves roughly 11% of all Medicaid recipients living in Cook County (Chicago and surrounding suburbs) and 7% of all Medicaid recipients living in DuPage County.

300,000 underserved patients

60,000 uninsured patients (10% of Chicago)

Staff
ACCESS employs over 800 employees, including over 200 Board Certified and Board Eligible medical providers.

Many ACCESS staff is bi-lingual or multi-lingual to meet the language needs of patients. ACCESS staff speaks a total of 34 languages.

Patient Feedback
“Strive for 5” surveys in English and Spanish (1-5 rating scale)

* information acquired from www.accesscommunityhealth.net
IPRO 340 TEAMS

4 Sub-groups created and assigned a site

Team 1  Clinics A & B
Team 2  Clinic C
Team 3  Clinic B
Team 4  Clinics D & C

Observations were recorded at each individual site

Each team decided to focus on the major issues of their respective sites
Objective

ACCESS Community Health Networks pursuit of the highest quality of healthcare is changing the way the uninsured and underinsured populations of Chicago receive healthcare. Patient Satisfaction Surveys are used as a means of evaluation of the various clinic quarterly performances.

Our focus is on the process of how the clinics receive and interpret the data and how data can impact the clinic and staffs views of the clinics performance. This will aid the clinic staff in deciding what aspect of the survey needs to be focused on.
Quarterly Patient Satisfaction Improvement

- Patients perceive a new level of service
- 2.5% of patients are surveyed
- Survey data collected and compiled by survey staff
- Data sent to clinic manager
- Staff is made aware of survey data
- Goals are set to improve service
- Receipt of data
- Staff is made aware of survey results
- Sharing of data
- Sharing of ideas
- Sharing of ideas
- Education
- Cultural issues
- Information
- Process
- Interaction with patients
- Work process
- Expression of ideas
- Proper data collection
- Analysis
- Credibility
- Presentation
- New quarter
- Survey staff
- Clinic staff
- Site manager
Service Improvement Cycle

Patient Satisfaction Metrics (Wait Time)

percentage of total

sample size

IPRO 340  Groszko  |  Martinez  |  Milesic  |  Roubeni
**Patient Satisfaction Survey**

We would like to know how you feel about the services we provided to you TODAY. Your responses will help us improve our services.

All responses are kept confidential. Thank you for your time.

Date: _________________________________
Health Centers Name: __________________________________________________
Doctor Seen Today: ______________________________________________________

Please circle: Appointment (or) Walk-In
Please circle age of Patient: 0–14 15–30 31–50 51 or older
Number of times visited this health center? 0–3 4–6 7+
Have you ever filled out this survey before? Yes (or) No
How did you hear about our clinic? Newspaper / Article / Friends / Relatives

Is there anyone that you would like to recognize today for their service?
Name: ______________________________________________

Please circle how well you think we are doing:

<table>
<thead>
<tr>
<th></th>
<th>Great</th>
<th>Good</th>
<th>OK</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Give us a score on the length of time spent waiting to see your doctor/medical provider.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Give us a score on the courtesy and caring provided by your doctor/medical provider.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Give us a score on the courtesy and caring provided by your medical assistant/nurse.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Give us a score on the courtesy and caring provided by your receptionist staff.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Give us a score on the timeliness of answering your phone call.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1 N/A</td>
</tr>
</tbody>
</table>

What is it about our clinic that keeps you coming back?

If any responses to this survey were scored a 2 or 1, please give us your reasons so that we can improve:

What can this clinic and ACCESS Community Health Network do to obtain a score of 5's?

If you would like to speak to us about your experience, please leave your name and phone number and we will call you.

Thank you for helping us provide you high quality health care.
Quarterly Comments

“What is it about our clinic that keeps you coming back?”

Reason for Returning

[List of reasons]
Quarterly Comments

“What is it about our clinic that keeps you coming back?”

doctors
service
commitment
miscellaneous
Quarterly Comments

“If any responses to this survey were scored a 2 or 1, please give us your reasons so that we can improve:”

- phone
- service / staff
- wait times
Quarterly Comments

“What can this clinic and ACCESS Community Health Network do to obtain a score of 5’s?”

- phone
- service / staff
- wait times
- reception
- miscellaneous
Quarterly Comments

“What can this clinic and ACCESS Community Health Network do to obtain a score of 5’s?”

- phone
- service / staff
- wait times
- reception
- miscellaneous
Outcome

IPRO 340

Groszko | Martinez | Milesic | Roubeni

Newly Formatted Data Received
Clinic Manager

Quarter 1

Data Distributed During Quarterly Meeting
Clinic Manager

Quarter 2

Clinic Staff Has Personal Copies & Posted in Break Room
Clinic Staff

Quarter 3

Follow-up Focus Groups
Clinic Staff

Quarter 4

SUCCESSFUL?
Regional Manager Shares Ideas with Other Clinics
Clinic Manager

UNSUCCESSFUL?
Regional Manager informs other clinics....
Can the Idea be Used at Another Location?

Ideas and Suggestions Recorded, Focus of Clinic Determined
Clinic Manager

Report tested ideas and Solutions to Regional Manager
Clinic Manager
Opportunity areas

- Scheduling and appointments
- Educating kids
- Patient/clinic interface
- Doctor-patient interaction
- Kids activity and hygiene
- Waiting room experience
- Wait Time
- User flow
- Operation efficiency
Kids - Activity & hygiene

Design principles:
Solutions must aim towards creating a better waiting experience for the kids by engaging them in activities and games while educating them about health and hygiene.

Gift making kiosk - display case of kids works
Fun interactive wall - play and learn
Different games for different wait time
Team games involving parents and kids
Sanitization kiosk for cleaning hands and toys
Dedicated play area for kids, color coded according to various wait time
Appointments and scheduling

Design principles:
Solutions must aim towards creating a transparent system which not only reduces the wait time but also takes care of patient’s needs while they wait

Mobile alerts
Dedicated walk-in time and dedicated doctor for walk-ins
Wait time index - electronic or manual color coded display to inform people about their wait time
MA station with scheduling map
Visual displays showing user flow diagram - which rooms are free and which ones are busy

Don’t take too long. See that green room there – it’s empty. Doc will see you soon.
Dad, we are in the green bunny region. I guess I don’t have much time to hang out here. I’ll just play with that puzzle there.
Sir, you still have 1 more hour. You can step out if you want to, we’ll text you when your turn comes.
We are ready to take you into the exam room in 15 minutes. Please return back to the clinic.
Access Community Health network - Kedzie
Waiting room experience

Design principles:
Solutions must aim towards designing a waiting room space that is warm and soothing, a space that nurtures and heals and a space where kids can play and learn while they wait.

Informal spaces to foster social interaction
Lounge space for the really sick
Nutrition info (health and wellness brochures), health tidbit cards
De-stress zone: Yoga TV - breath while you wait
journey to solution
File Storage system

Temporary Stored = Temporary Lost

Lack of consistency (increased waiting time in waiting room and on phone)

Technical Issues

Association with current system - bad experience - think that electronic health record will be the same.
Benefits of Electronic Medical Record System

- Drug prescription: Help with *accuracy* and *avoids conflicting prescribed drugs*, with warnings embedded in software.

- Outreach: use of email, letters, phone calls and consequently *improvement of patient health*

- Records indicated increase in *patient satisfaction*

- 24/7 access to patient record, ability for *immediate prescription renewals*

- Patients can track their *health status* online

- *Enhances detection* and reporting of vaccination

- Call management: affects overall *responsiveness of entire facility.*

- Handle more calls and deliver fast and accurate advices over phone

- Linked with appointment system

- Link to patient monitoring devices
Our Ideas

Invisible Training for Electronic System

Design intermediate process/system to introduce staff and patients to rationales behind electronic health record system

Break Link/association between current system and future system
Transition steps:

1. Identify current employee’s skill levels

   Two different generations of employees:

   a. Young generation who are mostly familiar with new technology.

   b. Older employees who may be less familiar with new technology. These are the people that we need to be focusing the most.

Our goal

To determine their computer skills before implementing the EMR system.
2. Bring everybody up to necessary system’s skill level

a. Define a system for measuring the progress:

   Developing benchmarks in order to screen and forecast computer literacy of the team.

b. Identify group leader:

   Leaders are recognized based on tests. Leader would be responsible for tracking team’s progress based on designed measurements.

c. Creating a study group:

   Defining projects for each group in order to reach better learning results. Projects are designed based on the Computer literacy syllabus.
Steps to Create Good Training:

a. Planning is the Key:
   Be Aware of the office culture.

b. Address the human side:
   If there is any resistant from the employees, it will cause the new system to fail

c. Start at the Top:
   Get employees to involve, and choose leader who is familiar with the system.

d. Involve every Layer.

e. Make the formal case:
   All of staff needs to understand why EMR is more beneficial to the organization in written format.

f. Speak to the individual
   To become aware of employees concerns about EMR program.
How do you determine a person’s computer skills?

a. create a set of basic questions about computer

Syllabus of computer skills test:
- Keyboard usage
- Windows
- Computer Settings
- Emailing
- Computer Software
- Computer Hardware and Networking
- Internet

b. Practical tests on computers
Log In
Log out
Full Name: John S

Please type the following sentence:

Have a good day!

Have a
Visit 1

Injection

Description: Flu shot

Test

Description: Blood

Select and option

Description:

Select and option

Injection

Prescription

Drugs

Appointment

Blood Sample
Do you want to save your records?

Yes  No
While an electronic medical record system is believed to improve patient satisfaction rate in variety of ways, there seems to be resistance toward it.

Our proposal tries to pave the way for staff and doctors toward adapting the new electronic system which is planned to be integrated in their future.
problems with quantitative data
prototyping
alternative methods
new model
part one: immediacy

patient

data collector

new tool

site manager

clinic staff

part two: over time

collected data

data collector

data analyst

new tool

site manager

clinic staff

Joel Jacobson, Yoonsun Kye, Hyejin Park, Angela Robertson
Questions?