Streamlining Process Improvement Identification and Resolution in a Hospital-at-Home Care Model

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ABSTRACT

BACKGROUND

The Mayo Clinic Virtual Care Platform, Advanced Care at Home (ACH), provides an elegant virtual and physical encounter for patients within the comfort of their own home. To effectively and safely provide care for patients in the program, the orchestration of virtual connections and communication was facilitated by a robust supplier network that interacts with over 18 domains of external service provider relationships. According to an article by the Institute for Healthcare Improvement (2005), developing a reporting system is imperative to create a culture of safety; allowing clinical teams to bring forward information on safety issues for both near misses and adverse events.

METHODS

In a collaborative effort between the Mayo Clinic ACH team and Medically Home Group, the incident reporting process was re-designed to ensure:

- Seamless incident reporting experience for key stakeholders of the program.
- A comprehensive process to triage and resolve the submitted issues.
- Robust closed loop communication to the incident submitter and leadership.

To effectively transition to the new process, education and training were tailored to different end-users one month prior to implementation.

RESULTS

The new process demonstrated an 82%-time savings for issue submission with over 18 domains of external service provider networks facilitating the process and ensuring closed loop communication. The aim of the project was to standardize and streamline the intake of service opportunities identified by front-line staff simplifying the process for issue resolution.

The solution needed to include standardization of intake within a currently leveraged system, improved tracking from initial identification through resolution, and relay of assessment results. A successful implementation would exhibit decreased processing time providing quicker resolution turnaround and increased completion of incident reporting follow-up.

IMPLEMENTATION METHODS

To ensure a smooth transition, education and training were tailored to different end-users and offered one month prior to launch. A comparison for four months pre- and post-implementation was conducted to assess the effectiveness of the work.

CONCLUSIONS

The most notable time savings outcomes included the integration of the submission form and development of the intake process. However, there was a month-over-month reduction in number of email communications submitted from September to December as the operational users became more familiar with the new process.

Prior to implementing the intervention, the Mayo Clinic ACH team and Medically Home Group hypothesized that the process changes would lead to more incident entries because the training would create heightened awareness and was more user-friendly. Contrary to that theory, the number of entries submitted was reduced by 23% after implementation. The assumption is that the closed loop communication enhanced confidence from the end-users that issues submitted would be resolved, therefore reducing multiple examples of similar incidents.

REFERENCES
