Improving Ambulatory Clinical Efficiency Through a Team-Based Care Approach

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Background
Planned Parenthood of Maryland (PPM) is an ambulatory reproductive health specialty practice that provides health care services of family planning, sexually transmitted infection testing and treatment, vaccines, birth control, cancer screenings and well women care. In FY 2018 PPM served 35,000 individual patients. With an over 90-year history of providing high quality reproductive care, PPM is the trusted provider to many women and men. In the summer of 2017, cycle time and patient satisfaction metrics for the seven health centers of Planned Parenthood of Maryland were not aligned with PPFA standards. Clinical inefficiencies contributed to extended cycle times for patients which resulted in poor patient and staff satisfaction. For family planning services, cycle times ranged up to 90 or more minutes, well above the PPFA standard of 60 minutes. The seven health centers struggled with appropriate patient satisfaction as reflected in the 2017 quarter three (2017 Q3) Press Ganey score (mean standard overall score) of 83.5, with centers ranging as low as 73.5.

Team-based care is a valid approach to improving clinical efficiencies and patient satisfaction in healthcare settings. Based on a toolkit of team-base care strategies, Planned Parenthood of Maryland adapted the Team Centered Patient Care approach from PPFA, and conducted a rapid implementation at all health centers over a course of 10 weeks.

Objective
Improve the patient experience for Planned Parenthood of Maryland patients through a reduction in cycle time and improved team-based care approach.

Implementation Methods
Planned Parenthood of Maryland, implemented a state-wide roll out of team-based care through a rapid training and implementation approach. The roll-out consisted of a rapid 3-day training and implementation per center, with a team of 3-4 peer trainers. It included 20 team-based care concepts broken out across three days, and changed practice in front desk registration, customer service, clinical intake, exam room practice, documentation and use of technology. Staff were trained for approximately 1 hour, and then asked to put changes into practice immediately for that session of service. Concepts were briefed at the beginning of the day, at lunch, and debriefed at the end of the day. Cycle time metrics were tracked through a Patient Activity Tracker (PAT) that had been previously implemented. Real-time data from PAT allowed trainers and staff alike to monitor their progress and evaluate the implementation per session and across the 3 days. Peer trainers coached side-by-side throughout sessions to reinforce training, resolve flow issues, and assist staff in implementing all concepts immediately. At the end of 3 days, trainers and health center staff celebrated their success.

Results
The 3-day rapid training and implementation resulted in a reduction in cycle time by 15-30% per center. Six out of the seven ambulatory centers achieved the PPFA standard of 60 minutes or less for cycle time at the end of the 3-day training. In addition, results of increased patient satisfaction were realized and demonstrated through improved Press Ganey scores. Press Ganey mean score improved to 87.5 for 2017 Q4 and improved to 88.4 for 2018 Q1. Patient and staff satisfaction increased as well, with immediate positive feedback from frontline staff, providers, and patients.

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