



# Curtis Tucker Health Center's Continuous Improvement Team

## Reducing Patient Calls to Interpret Lab Results



February 5, 2020

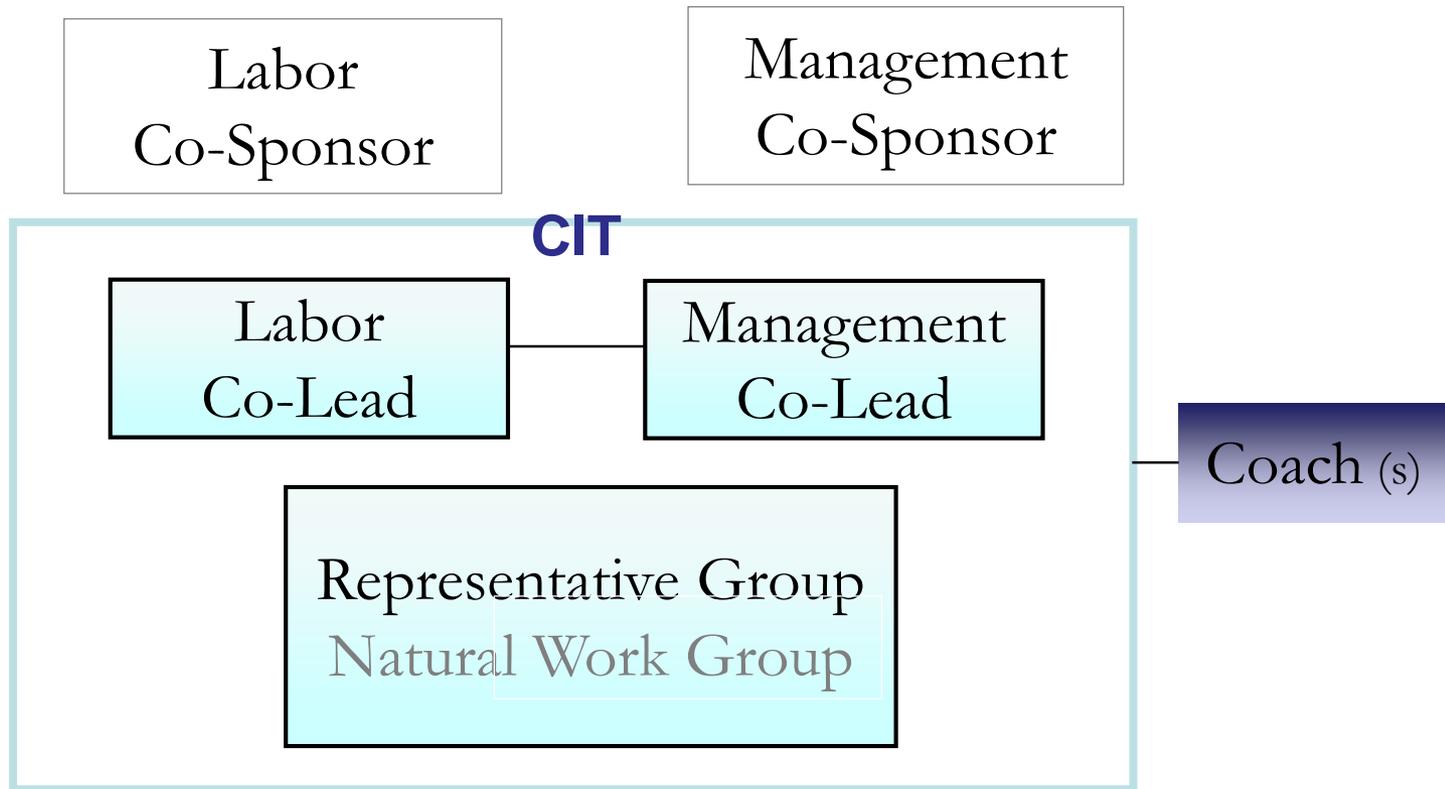


# PLAN: Assemble the Team

The QI project team: Curtis Tucker Health Center's Continuous Improvement Team (CIT) members

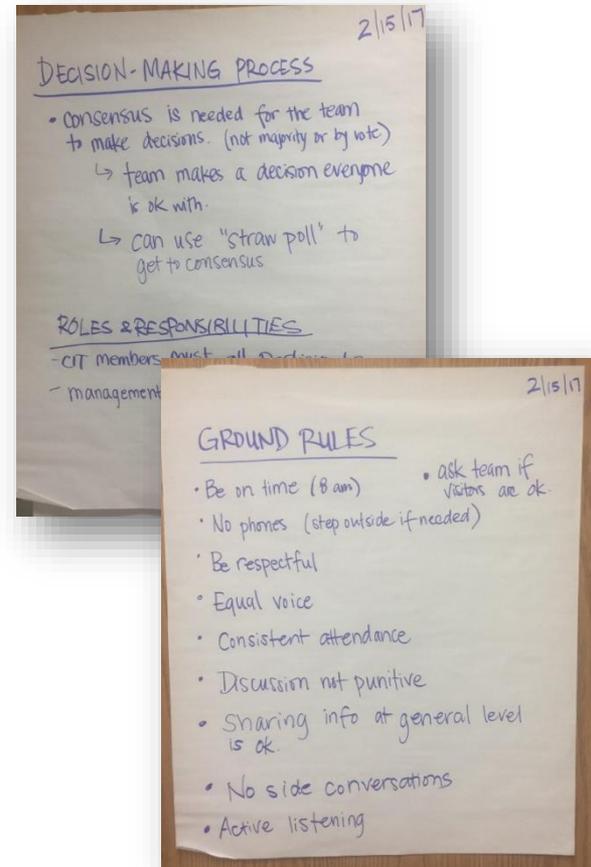


# Continuous Improvement Team (CIT) Structure



# How the CIT works together

- Everyone has a voice
- Decisions are made by “consensus”
- Focus on the system, not individuals
- Focus on issues within the team’s control (e.g., workflow, processes, etc.)
- **The team charter is an agreement of how the team will operate**

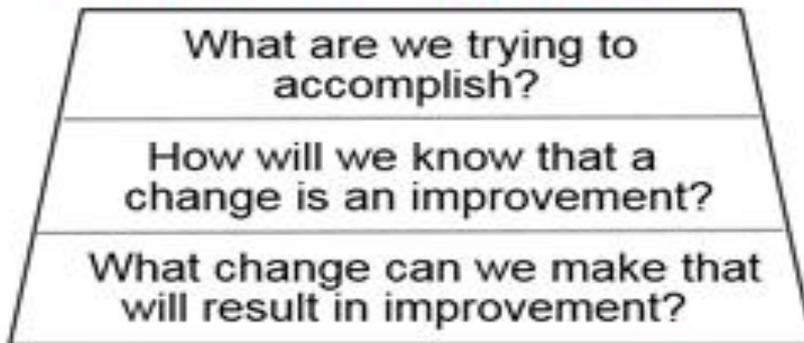


Curtis Tucker CIT Charter

# Continuous Improvement Team Process:

Institute for Healthcare Improvement (IHI) Model

## Model for Improvement



→ 3 questions



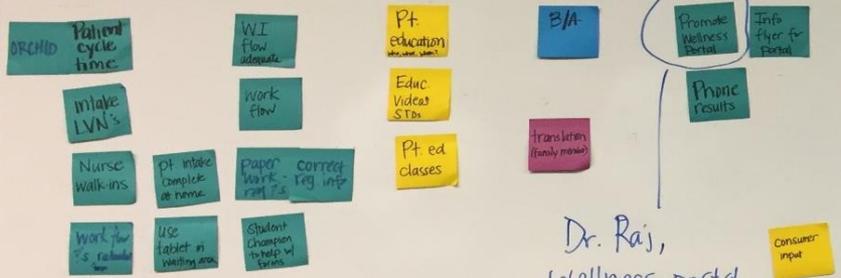
→ Plan-Do-Study-Act Cycle

# Brainstorm

CURTIS TUCKER PDSA CHART 1/24/18

PROBLEM STATEMENT:

Patients are anxious - need more information, have lots of questions



Dr. Raj,  
Wellness portal  
baseline

CI: 5/19/18  
Brainstorm

- Cycle Time
- 2 intake LVNs (help w/ flow)
- Nurse walk-in - intake person (flow issue)
- Pt Education (what, when, what??)  
Ed. videos in STD i.e. Herpes, HPV, gonorrhea, syphilis
- Soft tranquil Music - environment (for purpose of muffling external noise)
- B/A - 4-5 - per session (Look at prod report)
- Phone Results
- Promote Wellness Portal (Encourage)
- WI flow adequate (Dr Raj gives pt how to access seems to be working)
- Sign off for family member to interpret & in clinic
- Refugee at process to max. care.
- Racial ID intake questions
- Specific Ethnic or racial grp.
- Flyer w/ steps on how to access w/ portal
- Pt re-direct from 114 to 117
- Communicate w/ pt. instructions how to navigate
- Better sign for Restroom Floor lines for direction.
- Pt Ed class - peer class or "promotoras" - pt survivor
- Use tablet in waiting area
- student champion to complete forms.



## Model for Improvement



1. What were we trying to accomplish ?



Reduce average patient calls/day related to interpretation of lab results.

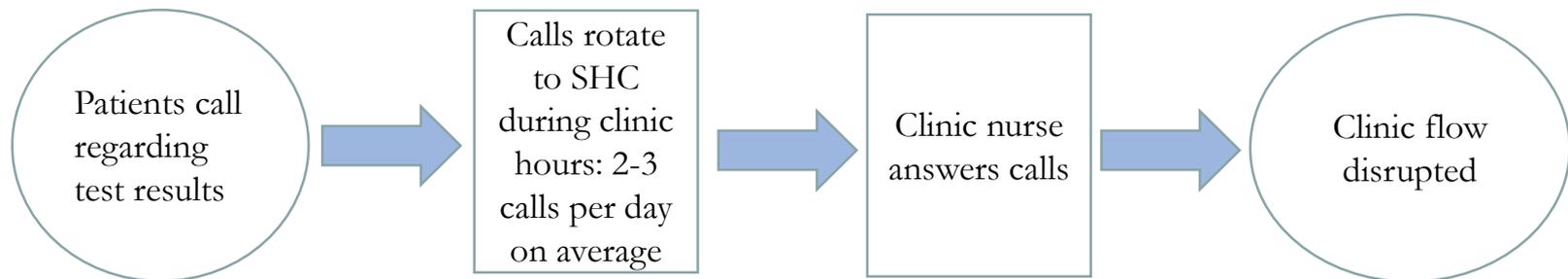
# PLAN: Identify the Problem

- The team identified that patients:
  - Were expressing difficulty understanding lab test results displayed in MyWellness Portal.
  - Were calling during clinic hours which was disruptive.



# PLAN: Examine the Current Approach

- The team examined its current approach by collecting and analyzing baseline information.
- An average of 2-3 calls/day were received for results interpretation.
- A process map to understand the impact on work flow was created and shown below:



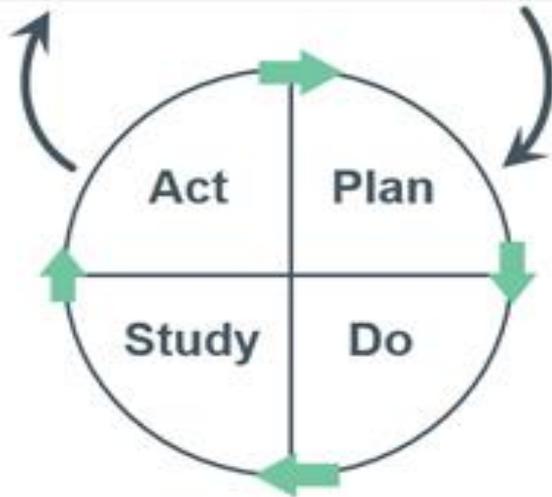
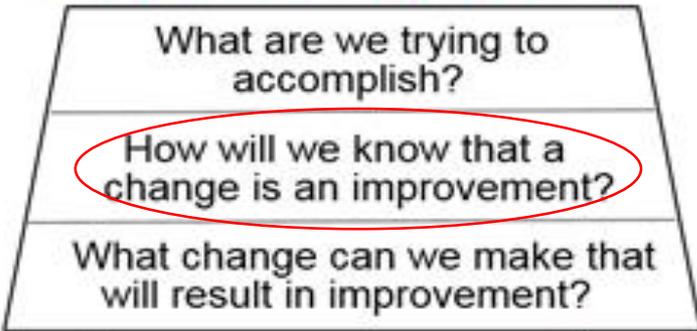
# PLAN: Identifying All Possible Causes

- Display of lab results in MyWellness Portal is technical and often difficult to understand.
- Follow up call instructions given to patients were vague.
- There was no voice mail set up.
- Staff had to understand and be able to interpret the lab results displayed in ORCHID in order to educate patients on the labs displayed in the portal.

## PLAN: Strategy Identified

- The team had several “Tests of Change” (TOC):
  - Assign nurse phone hours on Mondays and Wednesdays from 2-3:30 pm only.
  - Set up a voicemail in English and Spanish that will inform patients of phone hours.
  - Train staff on the test results displayed in ORCHID so that they can inform patients prior to discharge.
  - Develop a simple poster explaining test results.
  - Add a QR Code to the poster for electronic access.

## Model for Improvement



## 2. How will we know that a change is an improvement?



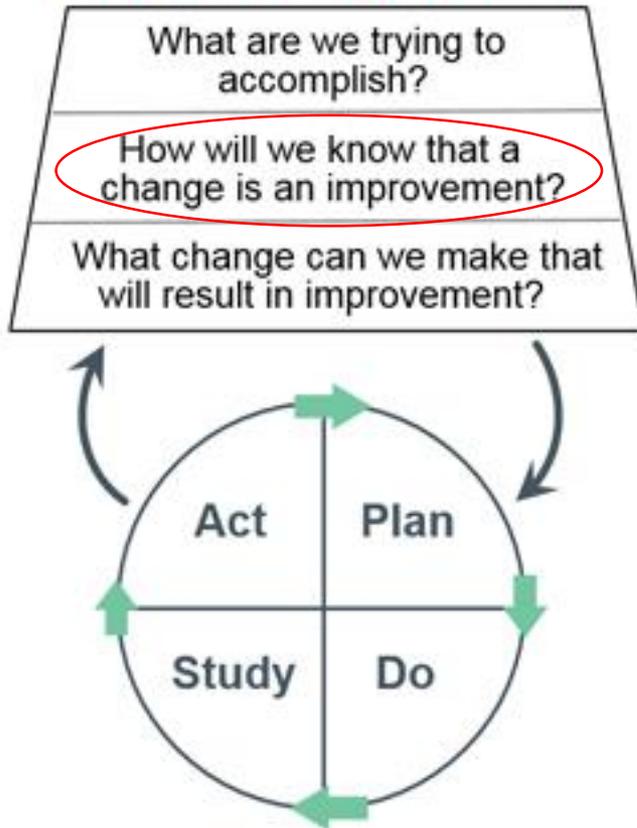
### Baseline data

Baseline data indicated an average of 2-3 calls/day.

### SMART Goal:

To reduce average calls from 2-3 calls/day to 1 call/day by May 31, 2019.

## Model for Improvement



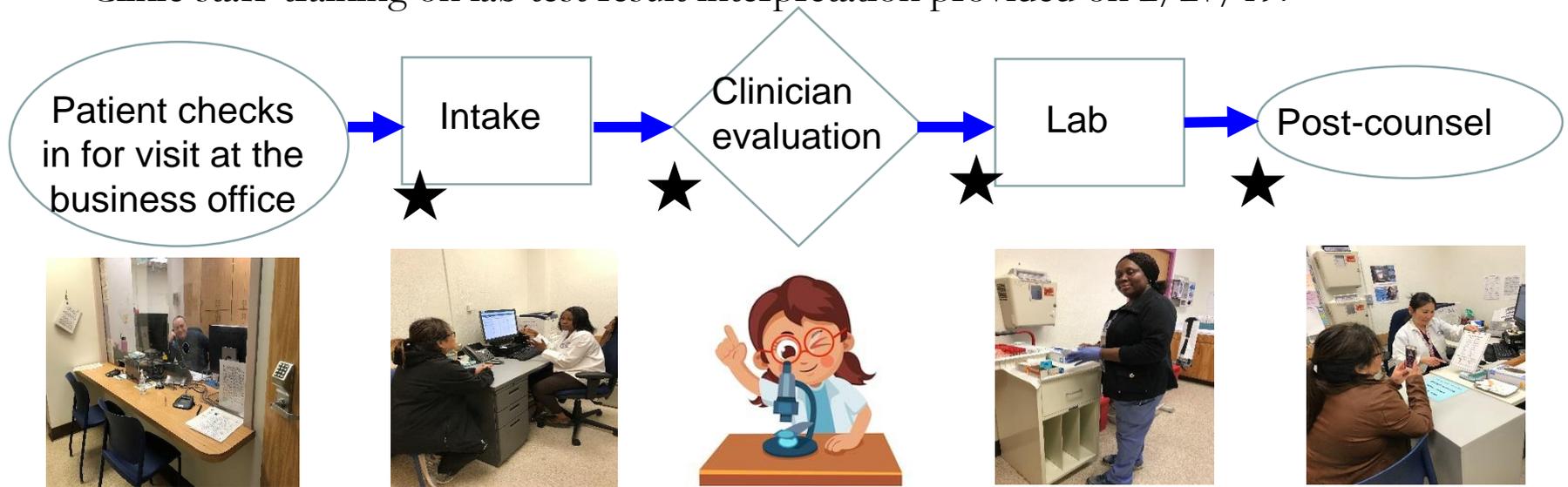
### 3. What change can we make that will result in improvement?

- Assign patient phone hours on Mondays and Wednesdays from 2-3:30 pm only.
- Set up a voicemail in English and Spanish to inform patients about phone hours.
- Train staff on the test results displayed in ORCHID so that they can inform patients prior to discharge from clinic.
- Develop a simple poster explaining the results of the test.
- Add a QR Code to the poster for electronic access.

# DO: Strategy Implemented

## New Process Steps:

- TOC put in place 2/27/19-3/6/19.
- Patient phone hours set up for Mondays and Wednesdays from 2-3:30 pm only.
- Voicemail in English and Spanish set up to inform patients of phone hours.
- Clinic staff training on lab test result interpretation provided on 2/27/19.



- ★ • Patients signed up for MyWellness Portal to obtain lab results
- Patients educated on lab results display in the portal
- Patients shown the poster and QR code for scanning

# Patient View: Test patient demo

- <https://mywellness-ladhs.ighealth.com>
- **UserName:** TestJana
- **Password:** cerner2016
- **Patient:** ZZZZTEST, JANA
- **DOB:** 04/04/1969
- **MRN:** 10014460

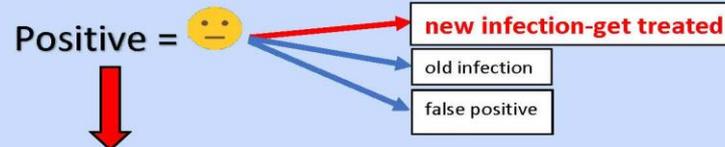
Recent Results	Delivery Record	Care Management	Ambulatory	Lab - 7 Days	Lab - 18 Months	Microbiology	Diagnostics	Vital Signs	Assessments - Provider View	Assessments View														
Flowsheet: Patient Viewable Results Level: Patient Viewable Results Table Group List																								
May 18, 2016 10:07 PDT - January 18, 2019 09:07 PST (Clinical Range)																								
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## Understanding Test Results

Test	Results
<i>C. trachomatis</i>	= Chlamydia
<i>N. gonorrhoeae</i>	= Gonorrhea
<i>T. vaginalis</i>	= Trichomonas
<i>Trep</i>	= Syphilis
RPR	= Syphilis
HIV Ag/Ab	= HIV
HSV	= Herpes
HSV1/2RT	= Herpes

Negative or Non-Reactive = 😊 No Infection



**Ask your provider which one is true for you**



# How to create a QR code

The screenshot displays the QRStuff.com website interface. At the top, the logo "QRStuff.com" is accompanied by the tagline "Get your QR codes out there!". Navigation links include HOME, SIGNUP, ABOUT, QR CODES, PHONE SOFTWARE, EXAMPLES, FAQs, AFFILIATES, and SCAN. Social media icons for Facebook, Twitter, and a BLOG link are also present. A registration section at the top right includes fields for Email and Password, with links for Register, Forgot Password?, and LOG IN.

A central banner promotes "SUBSCRIBERS GET MORE QR STUFF" with an arrow pointing to a row of feature icons: MANAGEMENT DASHBOARD, PROJECT FOLDERS, ANALYTICS, VECTOR OUTPUT, DYNAMIC QR CODES, BATCH PROCESSING, UNLIMITED QR CODES, PDF REPORTS, and PASSWORD QR CODES. A "SIGN UP NOW" button is located to the right of these icons.

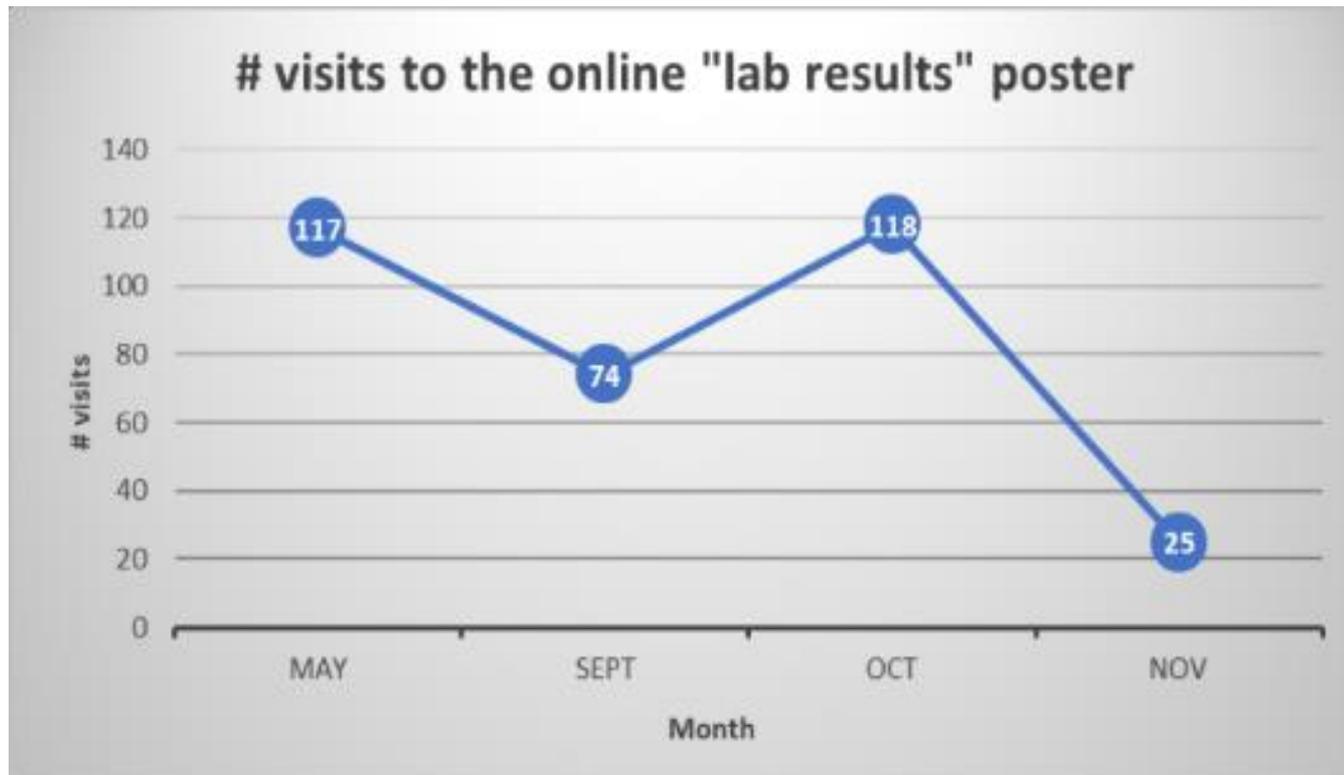
The main content area is titled "QR CODE GENERATOR" and is divided into three numbered steps:

- 1 DATA TYPE:** A list of radio buttons for selecting the data type: Website URL (selected), YouTube Video, Image File, PDF File, Google Maps Location, Twitter, Facebook, LinkedIn, Instagram, FourSquare, App Store Download, iTunes Link, Dropbox, Plain Text, Telephone Number, Skype Call, SMS Message, and Email Address.
- 2 CONTENT:** A text input field for the "Website URL" containing "http://". Below it, "Encoding Options" includes "Static - Embed URL into code as-is" and "Dynamic - Use our qrs.ly URL shortener" (selected). A link "What's the difference?" and a note about subscriber analytics are also present.
- 3 FOREGROUND COLOUR:** A color selection tool with a gradient bar and a vertical color bar. Below it, a text input field for "Foreground Colour (Hex)" contains "000000".

To the right of the configuration steps is a "QR CODE PREVIEW" section showing a generated QR code and a "DOWNLOAD QR CODE" button. At the bottom, there are buttons for "SELECT A QR CODE TEMPLATE", "STYLE YOUR QR CODE OR ADD A LOGO", and "+ STYLE YOUR CODE". A footer note states: "Subscribers can also specify image size and resolution, add logos, change the..."

# STUDY: Check the Results

- The clinic received an average of 1-2 calls/day, during the designated phone hours, reaching their goal.
- The online poster accessed via QR code is shown below:



# “Act” Phase

- The team created an internal protocol with the streamlined phone result process.
- Staff educated about lab results interpretation when ordered and displayed in ORCHID.
- Patients were educated about display of lab results via the portal
- A simple poster was created on understanding test results and displayed in the clinic.
- Education was provided on how to understand test results using the poster.
- A QR code was developed for the poster for patients to scan using their smart phones for electronic access.
- Poster was shared with all health centers for wide use.

# ACT: To Standardize or Not?

## What action should be taken next?

- 1) ADOPT – Describe how the strategy will be standardized or plan for testing on a larger scale
  - Voice mail set up for patient phone calls best practice to be shared with all 11 DPH STD Clinics.
  - The poster was widely shared with the other 11 DPH STD clinics.
  - QR code to soon point to a DPH link on the DHSP web site.
  - Discuss with PHL and ORCHID team about a simpler display of lab results in the portal.
- 2) ADAPT – Describe what variations of the strategy should be tested in the next PDSA cycle
- 3) ABANDON – Describe why the strategy is being abandoned and select a new strategy to test in the next PDSA cycle

# Acknowledgements

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