

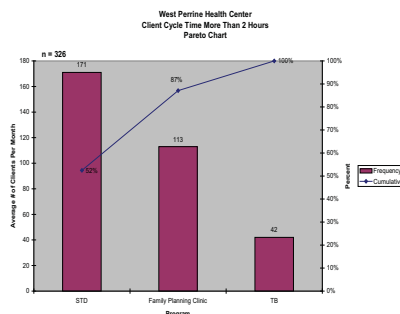
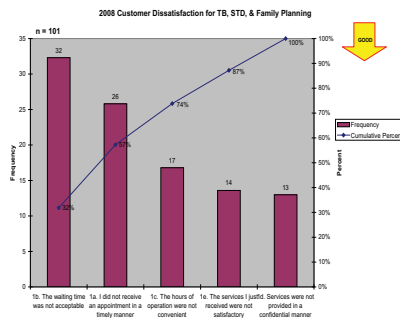
REDUCTION IN THE PERCENTAGE OF CLIENTS WITH CYCLE TIMES GREATER THAN 2 HOURS IN A FAMILY PLANNING CLINIC MIAMI-DADE COUNTY HEALTH DEPARTMENT (FLORIDA) FTES: 5/POPULATION SERVED: 2600/YR (CLINIC) FTES: 884/POPULATION SERVED: 2.4MILLION (HEALTH DEPARTMENT)

PLAN

Identify an opportunity and
Plan for Improvement

1. Getting Started

The team initially focused on the overall results from the 2008 Customer Satisfaction Survey. The data showed clients were dissatisfied, primarily with their wait time. A Pareto Chart revealed the highest dissatisfactions within the clinical programs. The team multi-voted and decided to focus on the Family Planning program.



2. Assemble the Team

Team members were identified by having a representative from each clinical program; they were chosen by their respective senior leader of that clinical program.

AIM Statement

By November 30, 2010, the percentage of the Family Planning clients at the Health District Center (HDC) with a cycle time greater than 2 hours will be reduced 50% from 37% to 19%.

3. Examine the Current Approach

Currently, there is no systematic MDCHD appointment process. The appointment process in the Family Planning clinic at the Health District Center is that, although new/annual/return appointments are provided with an appointment day and time, clients are given a number in order of arrival regardless of appointment time. Pregnancy test clients are walk-in only and receive a different color number in order of arrival up to a maximum 14 per day. Clients are served in number order rather than by appointment time.

4. Identify Potential Solutions

A few improvement theories were explored. First, if a standardized policy and procedure was developed to serve clients in order of appointment time rather than arrival time, staff would be able to decrease the percent of clients with a cycle time greater than two hours. Second, if the clinic set the HMS appointment scheduler to reflect workload capacity, it would match appointment times to provider availability. Lastly, if the clinic has leadership commitment to implement policies and procedures, it would result in the reduction of the percent of Family Planning clients with a cycle time greater than two hours.

5. Develop an Improvement Theory

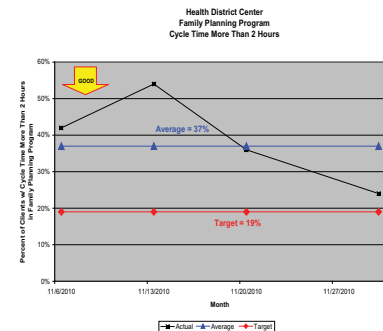
Prediction: If the Family Planning program in the HDC develops a client schedule that matches provider availability, updates the Health Management System (HMS) appointment scheduler to reflect the client schedule, trains staff on HMS Scheduler, develops/implements processes to serve clients based on their appointment time, then the cycle time of clients will decrease.

DO

Test the Theory for Improvement

6. Test the Theory

An improvement was achieved. The team reached 24%, near the target of 19%.

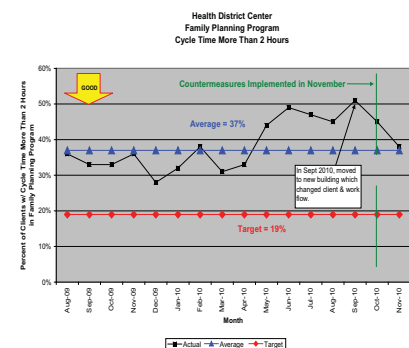


CHECK

Use Data to Study Results
of the Test

7. Check the Results

Steady improvement results are illustrated below.



ACT

Standardize the Improvement and
Establish Future Plans

8. Standardize the Improvement or Develop New Theory

When the improvement process has been validated with sufficient time and data, the process will be applied to other programs and locations.

9. Establish Future Plans

The QI Team learned that more time is needed between when the Midterm Report is approved and when the Final Report is due. This will enable the team to gather sufficient data to draw logical conclusions.