

## Improving Access; Optimizing the Care Team, a Case Study

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## This Case Study

- Team sport
- No islands
- Have to start somewhere; the question is where?

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## Objectives

- Identify the key action steps in optimizing the role of the RN in the medical office.
- Describe how improved nurse and patient satisfaction and a financially sustainable nursing model can improve clinical outcomes and nurse retention.
- Utilize a tested tool for conducting an RN Work Analysis and tracking improvement over time.
- Learn from an organization that has done this.

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## A universal struggle...

- Nursing is a profession where we try to be all things to all people.
- Setting limits is not always our strong suit.
- Compensating for broken systems is something we expect of ourselves...for awhile...and then we get angry.

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## Wide Spread Realities...

- Nurses are expensive
- Nurses are underutilized, focusing excessively on clerical duties.
- Bulky processes weigh nurses down
- Little time to do the work RN's are uniquely qualified to do.
- Trust issues with other members of the Care Team.
- All staff / providers burdened with "wrong work", bulky, redundant processes. (refills, authorizations, referrals...)
- "The buck stops here."

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## The Golden Rules of Staff Optimization



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## Golden Rule No. 1

**Understand your demand and supply for support staff.**

**Do a department profile.**

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## Golden Rule Number No. 2

**Elevate all members of the team to the highest level their education, training, and experience will allow.**

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## Golden Rule No. 3

**“Move work away from the constraint in the system.”**

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## One Group's Story

- Neighborcare Health, CHC, Seattle
- Problems with RN retention and recruitment
- Frighteningly poor morale among nurses
- Little time for pt. education and Chronic Disease management.
- Excessive triage
- Huge variation in key processes from site to site (access, messages, rx refills, labs, role of MA, role of front desk, phone systems etc.)

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## The good news...

- New grad RN program
- Leadership's strong commitment to optimize the role of the RN
- Patients love nurses! (MA's and RN's and NP's)...validated in surveys.

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## A 12 step process...

- Assessment
- Design Team established
- Look Outward
- Look Inward
- Test good ideas
- Identify RN focus, precisely
- Aggressively test
- Parallel process; other roles
- Full testing
- Final model recommended
- Implementation
- Embedding

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## Initial Assessment

**Findings:**

- RN's valued as clinical team members
- Providers and RN's would like to expand RN role.
- Reducing clerical functions creates RN capacity to move some clinical care away from providers.
- Most providers said RN's in an expanded clinical role would allow them to see more patients.
- Staffing models vary from site to site.
- Key processes vary from site to site

**Recommendations:**

- Conduct a Work Analysis to distinguish Clinical from Clerical tasks.
- Analyze Demand and Supply for all work...not just appts.
- Elevate **all staff** to highest level their education and training will allow.

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## As the RN Optimization Team was forming...

- Provider's were anxious
- MA's were fearful
- Front desk folks were concerned
- RN's were nervous

"No one can really do this stuff except the RN's."  
 "We can't trust other people to do this stuff."  
 "I'm already too busy. Changing the RN's role will make my life tougher."  
 "Don't dump your work on us."  
 "It's easier if I do it myself."  
 "It's not that much."

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## Aims and Measures

Aims	Measures
1. Improved outcomes for patients	1. - Pt satisfaction - Clinical outcomes
2. Enhanced RN recruitment and retention	2. - RN turnover - RN satisfaction - % time spent in optimal role
3. Financial sustainability	3. - RN ratio to panel size - RN ratio to provider FTE

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## RN Work Analysis

Source: Neighborcare Health, Nov. 2008

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## RN Survey

"In this office I have the opportunity to do what I do best everyday."

Response	Count
Strongly Disagree	0
Disagree	4
Agree	1
Strongly Agree	0

Source: Neighborcare Health, Nov. 2008

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## RN Work Analysis Tool

- Percent RN time:
  - Clinical Tasks
  - Clerical Tasks
  - Prescription refills
- In a perfect world what other RN duties would you have time for?
- Comments

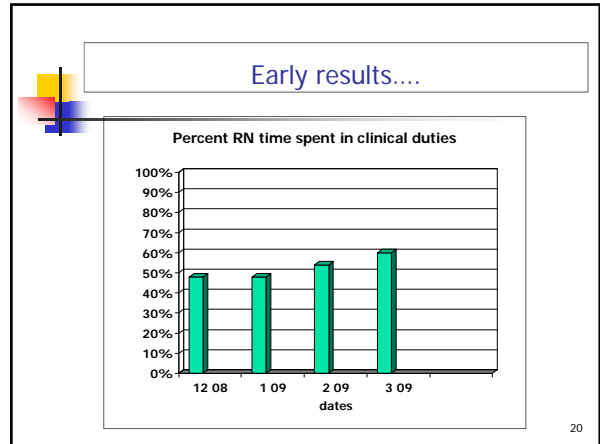
Track monthly while testing changes and implementing.

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**RN Work Analysis Worksheet**  
 Name \_\_\_\_\_  
 Date \_\_\_\_\_

Clinical Tasks... <small>common examples below</small>	Clerical Tasks... <small>common examples below</small>	% Time on Rx refills
Emergent Triage	Faxing	
Team huddles	Mailing	
Procedures	Prior authorizations	
Pt. Education	Schedule appts	
Chronic disease management	Etc...	
Etc...		
% of week spent on clinical tasks = ____%	% of week spent on clerical tasks = ____%	% of week spent on Rx refills = ____%
In a perfect world what other RN duties would you have time for?		

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- “RN Perfect World...”**
- RN's consistently described missing pieces:
- Patient education
  - Chronic disease management
- “Fax Jockey” phenomenon....
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- Literature Search**
- Building Teams in Primary Care; 15 Case Studies (Bodenheimer)
  - La Clinica (no RN's)
  - Palo Alto Medical Group (3 or 4:1)
  - South Central Foundation (1:1)
  - Care South (no RN's)
  - Others...
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- The Big Buckets...**
1. Emergent Triage.....5%
  2. Chronic Disease management...40%
  3. Patient education.....40%
  4. Selected procedures.....5%
  5. Team Communication.....10%
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- Deal Breakers...**
- RN's to be aligned with specific panels of pts and specific providers.
  - Coverage for illness and leave to be built into model.
  - Must be financially sustainable model.
  - Clerical support must be identified.
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## Then came the Recession and Economic Fallout...

- Drivers shifted
- Ratios would be slimmer than anticipated
- Now everyone anxious
  
- Design Team courage
- Leadership's courage

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## Revisiting the Buckets

- Where to cut????
- Richness of the model to determine depth of chronic disease bucket
  - Level 1 Focus: DM and HTN (36% pts)
  - Level 2 Focus: Asthma and COPD (+19%)

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## Parallel Work

- Optimize and standardize MA role, skills, rooming process,
- Standardize front desk role and protocols
  
- Assess demand for clerical work
- Clerical work to clerical people
- Add clerical support to Care Team.

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## Moving the Cups forward....

- RN's...define and test the role
- Front Desk...expand role, empower and support
- Tasking Guidelines...draft again and again, and again, and again....
- Providers willing to test and change
- MA's...role standardized
- Clerical support...define role and processes

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## Challenges... Training

- RN Self Assessment identified gaps
- Training responsibility
  - Personal
  - Organizational
- Takes time
- Showcase best partnerships

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## Challenges... Full adoption by providers

- Some providers embraced new role
- Some providers did not
  - Didn't understand the role
  - Didn't want to give up certain tasks
  - Didn't trust the RN
- Organization expectation set...for providers to be free to do the work they are uniquely qualified for, they have to embrace the role.
- Big role for Medical Director and AMD's

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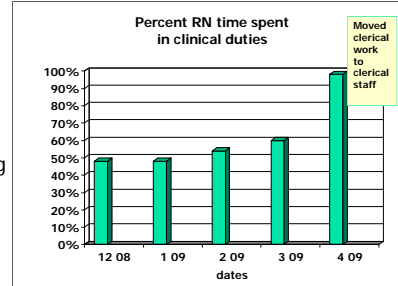
## Challenges... Access

- Poor appt access puts RN's role at tremendous risk.
- Med Director re-invigorated Access measures:
  - Delay (always)
  - Demand / Supply / site
  - Right sizing panels / PCP
  - Continuity / PCP / site
- Data drives decisions for resources

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## Preliminary results...

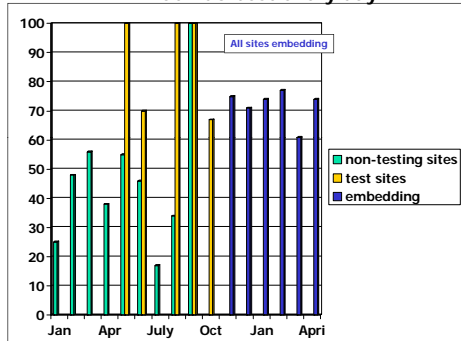
- Aggressive model testing at 2 sites
- Preparing to spread testing of model



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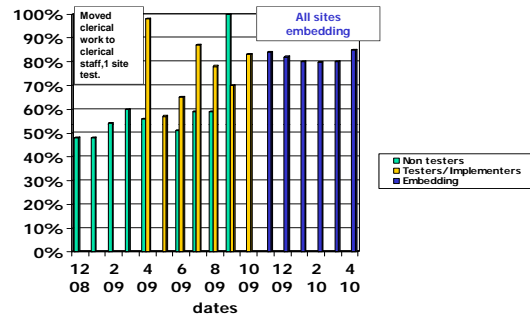
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## RN Satisfaction...Zoomerang "In this office, I have the opportunity to do what I do best every day."

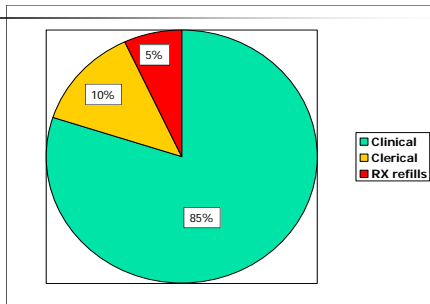


## RN Work Analysis

Percent RN time spent in clinical duties



## RN Work Analysis, April '10



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## Summary

- RN satisfaction remains significantly above baseline.
- RN time spent in clinical work now 85%. Baseline was 52%.
- RN Detail Team continues defining details of chronic disease management and patient education.

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## What we learned...

- Leadership is key
- Money is great, but more money did not improve the RN role.
- Sometimes it takes a crisis to create radical change.
- Nurses have an amazing ability to grieve and create at the same time.
- Stay flexible.
- Don't relinquish core nursing values, build on them.
- Work with others. Who do you need help from? This is a team sport.
- No one will go untouched by this work.
- It's a messy process!
- This takes Courage.
- In this tumult lies extraordinary opportunity for positive change.

## Quotes...

"I finally feel like a nurse again." (RN)

"I get to see my nurse; I like my nurse." (Pt)

"I don't like that the RN's aren't available to help room pts on a busy day....but I LOVE that I never have to stay awake at night worrying that a newly diagnosed hypertensive or diabetic pt will fall through the cracks. I know the RN will be following up with them." (PCP)

## The next right thing...

...and the next...and the next...



## Questions?????