Improving Access; Optimizing the Care Team, a Case Study

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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.

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.

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.”

The Golden Rules of Staff Optimization

This Case Study
- Team sport
- No islands
- Have to start somewhere; the question is where?
Golden Rule No. 1

Understand your demand and supply for support staff.

Do a department profile.

Golden Rule Number No. 2

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

Golden Rule No. 3

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

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.)

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.

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
**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.”
“Don’t dump your work on us.”

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**Aims and Measures**

**Aims**
1. Improved outcomes for patients
2. Enhanced RN recruitment and retention
3. Financial sustainability

**Measures**
1. - Pt satisfaction
   - Clinical outcomes
2. - RN turnover
   - RN satisfaction
   - % time spent in optimal role
3. - RN ratio to panel size
   - RN ratio to provider FTE

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**RN Work Analysis**

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Clerical</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>

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.”

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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.
**RN Work Analysis Worksheet**

Name__________________ Date______________

<table>
<thead>
<tr>
<th>Clinical Tasks…</th>
<th>Clerical Tasks…</th>
<th>% Time on Rx refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent Triage</td>
<td>Faxing</td>
<td></td>
</tr>
<tr>
<td>Team huddles</td>
<td>Making</td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td>Peer authorizations</td>
<td></td>
</tr>
<tr>
<td>Pt. Education</td>
<td>Schedule apps</td>
<td></td>
</tr>
<tr>
<td>Chronic disease</td>
<td>Etc…</td>
<td></td>
</tr>
<tr>
<td>Etc…</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

% 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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**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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**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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**Early results…**

![Graph showing percent RN time spent in clinical duties]

- 12 08
- 1 09
- 2 09
- 3 09

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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

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%)

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.

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

Challenges…

Training

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

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
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

Preliminary results...
- Aggressive model testing at 2 sites
- Preparing to spread testing of model

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

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.
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)

Questions??????