## 2014 Gage Awards

Reference #	7492186
Status	Complete
Name of hospital or health system	Contra Costa Regional Medical Center & Health Centers
Name of project	Telephone Consultation Clinic
CEO name	Anna Roth, RN
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
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Within which of the two categories does your application best align?	Population Health
1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)	The Telephone Consultation Clinic (TCC) is a model of telephone based care involving a primary care provider working with advice nurses. Advice nurses refer patients to the TCC when their needs exceed advice nurse level of care but may be met via a clinician phone encounter rather than a face to face clinic visit. Patients benefit by getting timely care without needing to take time off of school or work, arrange transportation and/or child care to get to one of our health centers for an appointment. Our delivery system benefits by freeing up appointments for other patients who truly need a face to face encounter, improving access for all. The concept was first conceived and tested during a LEAN RIE (Rapid Improvement Event) in August, 2011. Multiple PDSA (Plan-Do-Study-Act) trials refined the processes over the next several months, and a twice weekly clinic was implemented in January, 2012. The model was spread and is now held seven days a week as of January, 2013. In the past six months 3616 patients have been referred to the TCC and 77% of them have been managed through the provider phone encounter without requiring face to face care. 94% of patients are "highly satisfied" with their TCC care.

2. Describe the methods use in this project. Include where, why, and how the project was accomplished.

Area of Opportunity: Access to care has been a challenge at Contra Costa Health Services, as in most safety net systems. The Contra Costa Health Plan (CCHP) Advice Nurse unit is a 24 hour a day, seven day a week service that handles hundreds of patient calls a day. Many are managed successfully using standardized advice nurse protocols with telephone advice by the nurse. Other patients are appropriately directed to emergency level care. A third group of patients are identified as having need for an interaction with a physician or nurse practitioner, but there often are no available appointments in our health centers to offer the patient. The patient is then directed to a contracted urgent care center, emergency room, or told to call back the next day to try again. This leads to an unsatisfied patient and either a delay in care or more expensive and uncoordinated care. Intervention: The project began with a week-long RIE that included an advice nurse, provider, clinic nurse, appointment clerk, internal improvement specialists, and a consultant from Rona Consulting. The RIE sponsor then met after each initial PDSA test of the new model with the team members and process owners, then less frequently as the model became standardized and was spread.

We used the LEAN RIE format followed by a series of PDSA cycles. We had 30, 60, 90 day follow-up meetings to ensure the process was standardized and sustained before rolling out the model. We then had periodic meetings of key stakeholders including the TCC clinicians and the advice nurses to adjust the standard work and continue the spread.

We developed standard work documents for all staff involved in the TCC. We trained advice nurses and providers in their respective roles. We modified workspace at the advice nurse unit to accommodate the TCC clinician. We provided secure data access for providers to view and document in the electronic medical record, allowing them to work off site and even from home. Advice Nurse Unit staff made follow-up calls to track patient outcomes after TCC encounters and to survey patients on their satisfaction with the service.

## 3. Describe the results of the project. What data was used to support improvement results?

From January to June, 2013, 3953 patients were referred to the TCC. 40% were managed with provider advice only. 30% were prescribed a medication, 7 were managed with a lab or x-ray order, and 2% had a referral placed for specialty care.6% were given a same day appointment,6% were given a contracted urgent care appointment, and another 3% were referred to emergency level care, based on the TCC providers' re-triaging of the patient status. An additional 6% were not able to be contacted by the TCC.

3A. Attachment, if applicable (Only graphically displayed data such as charts will be accepted. Data should include baseline and improvement data)

TelephoneConsultationClinic-ContraCostaHealthServices-statsandphotos.docx (7543k)

4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?

We now have a seven day a week model that is ongoing and sustained. Challenges include consistent provider staffing on weekends due to insufficient weekend pay differentials and reducing the percentage of patients the TCC provider is unable to contact after initial contact by the advice nurse. Currently the advice nurse asks the patient to stay by the phone and the TCC provider calls the patient back within 60 minutes. We need to understand better why some patients are not able to be reached and/or test out warm handoffs from the advice nurse to the TCC provider to minimize this problem. This project can be duplicated by other organizations. This project utilized staff knowledgeable in Lean improvement methodologies along with patient partners to drive gap and opportunity analysis of patient access to physician interaction.

A video on the development and results of this project is available on our hospital system's public website. To view the video please go to: http://cchealth.org/medicalcenter/dsrip.php Telephone Consulation Clinic, Meeting the Needs of Our Patients

## 5. Describe how patients, families, and if appropriate, community was included in the work.

Our TCC was driven by a partnership between Contra Costa and our patients. A value stream map was built to understand the flow of information related to our access line, including the defects present in the system. Multiple patients were present during this weeklong improvement activity where we sought to better understand the problems present in our system and examine patient complaints to define a course of action. A RIE was scheduled to pursue a deeper dive into how we could optimize our advice unit to meet patient's needs over the phone. Two patients participated in the weeklong RIE, with each helping to lead sub-teams focused on improving the system. They were supported as they told stories of how the system has assisted them in their pursuit of health, as well as where it had failed them. The patient partners were integral to the design process, assisting in the construction of rapid cycle tests of change. Their feedback, enthusiasm and fresh ideas aligned the members of the team toward a common purpose. This forced the team to think outside of the box, developing a solution to a problem that had existed for many years. At the end of the week the patients presented their work to the entire organization through a videotaped report out that was posted to Contra Costa's website. Their thoughts and word of encouragement were available for all members of our 3.000 employee workforce to see and hear.

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