

2014 Gage Awards

Reference #	7492209
Status	Complete
Name of hospital or health system	Chinatown Public Health Center of the Community oriented primary care of San Francisco Department of Public Health
Name of project	Nurse run orientation clinic (OC)
CEO name	Albert Yu, MD, MPH, MBA
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?	Quality

<p>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.)</p>	<p>The project is using Nurse Run orientation clinics (OC) to see new clients' who have no urgent conditions. The goals are to meet the increase demand in primary care services when facing the primary care physician shortage (Goldsmith, 2013 March 28). Chinatown Public Health Center (CPHC) of San Francisco department of public health (SFDPH) started OC in 2007 when the demand from new clients drastically increased as the Healthy San Francisco program started. OC nurse assesses client's condition and determines the appropriate follow up appointment with the client's provider. Also, base on standing orders OC nurse provides age appropriate and disease appropriate screening and health maintenance services including blood tests (lab), immunization, and mammogram referral base on client's medical, family, and social history in addition to the current medication use. Thus, client's lab results and old medical record are available at the first visit so that provider can discuss with client about the treatment plan. On 10/25/2012 the new clients wait list data was first available. It became clear that CPHC was the only health center had a zero wait list when 808 new clients were on wait list from the rest of the SFDPH's nine community oriented primary clinics (COPC). The number increased to 933 on 11/15/2012. The objective of the study is to use the evidence-based data to entice other COPC clinics the effectiveness of using OC to meet the new clients' demand. Therefore, the new client wait list can be stopped from growing and then to be eliminated.</p> <p>This is a retrospective descriptive study. Data were collected through electronic medical records review of new clients seen at CPHC and another COPC clinic (CMHC). Total 341 clients were seen at CPHC OC from 1/1/2012 to 10/31/2012 and 210 clients were seen by CMHC providers from 6/2012-8/2012.</p> <p>Findings: CPHC OC had 9% no show and CMHC new client appointment with providers had 19% no show. The percentage of clients with normal lab results were, CPHC 39% (28% saw provider once and 11% did not schedule an appointment to see their provider), and CMHC 36% (14% saw provider once, 14% saw provider once and received self-care education through telephone call by either nurses or their providers, and 8% saw their providers twice, the first visit their provider orders blood tests and the second visit their provider reviews lab results.)</p> <p>Conclusion: OC increases providers' access. OC provides screening services including appropriate lab tests base on the standing order to new clients so that their providers have their lab results to start treatment plan at the first visit. Also, OC can eliminate the waste of providers' access, new clients no show, 19% at CMHC.</p>
<p>1A. Attachment, if applicable (Applicable examples include a peer reviewed journal article, other content published in the literature, or a presentation at a national meeting)</p>	<p>Gage_application_2013.pptx (278k)</p>

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

This is a retrospective descriptive study. In CPHC OC increases providers' access. However, there is no data available to support the assumption. Thus, the idea was to collect data from another health center that does not use OC and then to compare CPHC OC data to determine whether OC increases providers' access or not. CMHC was selected because 1) its medical records were accessible electronically, 2) its active client panel and providers staffing are similar to CPHC, and 3) it faces similar challenges with access due to electronic medical record implementation. Electronic medical record review was conducted in November 2012 at CPHC. The inclusion criterion for CPHC was all the clients scheduled in OC from 1-10/2012. Total 375 new clients were scheduled and 341 clients attended OC appointment. For CMHC the daily clinic schedules of all providers were reviewed during 6-8/2012 to identify new clients. The exclusion criterion was the reason of clients' appointment described as return for any reasons. All identified clients' visit history was reviewed to assure the clients were new clients. Total 259 new clients were scheduled and 210 clients attended the appointments. Then, clinic visit progress notes and lab results of all the 551 clients were reviewed. The clients with on known medical problems, or slightly abnormal lab result(s) such as cholesterol over 200gm/dl or low vitamin D or calcium that require lifestyle changes counseling, and/or supplement such as vitamin D or Calcium were grouped as clients with normal lab results. The visit disposition of clients with normal lab results was reviewed to determine the care plan after the first visit. Any telephone encounter progress notes related to the first visit were reviewed. For example, to notify client of low Calcium level and advise to take Calcium 500mg three times a day and educate clients to take high calcium food. All the data were entered in an excel spread sheet for analysis.

<p>3. Describe the results of the project. What data was used to support improvement results?</p>	<p>The results of the study are listed below.</p> <p>CPHC: Total appointments=375, attended=341, show rate=91%, clients with normal lab results=39% (11% did not see their provider, 28% saw their provider once)</p> <p>CMHC: Total appointments=259, attended=210, show rate=81%, clients with normal lab results=36% (0% did not see their provider, 14% saw their provider once and clients were told to call back to review lab results with nurses, 14% saw their provider once and received telephone follow up for life-styles changes education and advise of starting supplement, 8% saw their provider twice, at the first visit their provider ordered lab tests and at the second visit their provider reviewed results).</p> <p>Results showed that OC increases providers' access. Reasons included: 1) 11% clients with normal lab results didn't see their provider to discuss normal lab results, 2) 8% of CMHC clients had two visits with their provider who could seen the clients once if the lab results had been available at the first visit, and 3) 19% of no show, the waste of providers' access at CMHC could be eliminated if OC had been used as the first visit with new clients. Thus, OC increase providers' access. In addition, results showed that OC provides smoother services. At CPHC 28% of clients received lab results review, and/or lifestyles changes education as well as advice of Calcium or Vitamin D supplement if indicated at the first visit. Comparatively, 14% of CMHC clients needed to call back to review lab results, and another 14% received telephone advice for lifestyles changes education as well as advice of starting Calcium or Vitamin D supplement.</p>
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<p>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?</p>	<p>In 12/2012 the result of the study was presented to the community oriented primary care (COPC) director of nursing (DON) who recognized the potential feasible solution to increase access and decrease the new clients wait list. DON discussed with COPC administration team and got support to explore the interest of implementing of OC in other COPC clinics. The study result was presented on 1/25/2013 at the quarterly COPC management team meeting where all the health centers management teams attended. Some COPC management teams showed interest. On 3/12/2013 the study result was presented to the San Francisco Quality Culture Series where 21 San Francisco primary care providers including all the COPC health center management teams attended. In end of March a COPC health center (OPHC) with a wait list of 428 on 3/13/2013 decided to implement OC after observing CPHC's OC. In 6/2013 CMHC and another COPC health center (SAFHC) implemented OC. The new client wait list dropped from the peak of 1152 on 3/13/2013 to 654 on 7/8/2013 after four COPC health centers implemented OC. OPHC's wait list dropped from the peak of 449 on 2/27/2013 to 54 on 7/8/2013. In July the idea of OC was shared in CCIVoice and was recognized as the innovation of the month. COPC administration supported the idea of hiring per diem nurses to rotate to the health centers that are interested in implementing OC. Thus, four per diem nurses were hired and started rotating to CMHC, OPHC and SAFHC to do OC in 9/2013. As of 11/25/2013 the wait list of CMHC, CPHC, OPHC and SAFHC was 34 as compared to 404 on 3/20/2013. In 11/2013 the nurse managers from CPHC, CMHC and the new patient appointment unit (NPAU) formed OC standardization committee to work on standardized standing order for lab tests, appointment type, productivity, standardized orientation and training for nurses. The target is effective 3/2014 all new clients with stable condition will be seen at OC. OC is a feasible and cost effective way to meet the anticipated drastically increase demand in primary care services from the ObamaCare in 2014. Nurses can definitely work on top of their license and play an important role in the Share the Care™ model (Ghorob & Bodenheimer, 2012) to reach the triple aim when the nation is facing primary care physicians shortage (Pettersen, 2012). In addition, it is a lot easier to hire nurses. According to the California Institute for Nursing & Health Care 2011 survey 46% of new graduate registered nurses were still looking for registered nurse position.</p>
<p>5. Describe how patients, families, and if appropriate, community was included in the work.</p>	<p>Clients were informed the intent of OC. Some clients responded that they want to establish care and get the baseline blood work so that they feel assured that they know their health status. Thus, 11% of clients did not schedule return appointment to see their providers when they knew their lab results were normal.</p>
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