IMPLEMENTING LEAN TECHNIQUES AND QUALITY IMPROVEMENT TOOLS IN PRIMARY CARE:

# HOW TO OPTIMIZE ADMINISTRATIVE WORKFLOWS

**LEAN** Sigma, often referred to as Lean Six Sigma, is a methodology widely used across industries, including healthcare, which concentrates on improving operational efficiencies and quality of work. The principle of LEAN emphasizes minimizing waste and maximizing value by using a data driven approaches to reduce defects and variation.

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## INTRODUCTION

Health For All FHT's medical reception team experiences symptoms of uneven work distribution. Receptionists are unable to keep up with the daily demands of sorting e-faxes, completing assigned messages and answering calls.

As a consequence, there were frequent errors due to excessive multi-tasking, an increase in phone response times, over and under staffing of roles and decreased staff morale.

Medical staff restructuring, specificity to job responsibilities, digital automation and collaborative communication can help with these issues.

## OBJECTIVES

1) Increase capacity for medical receptionist to complete assigned messages within the expected timeframe.

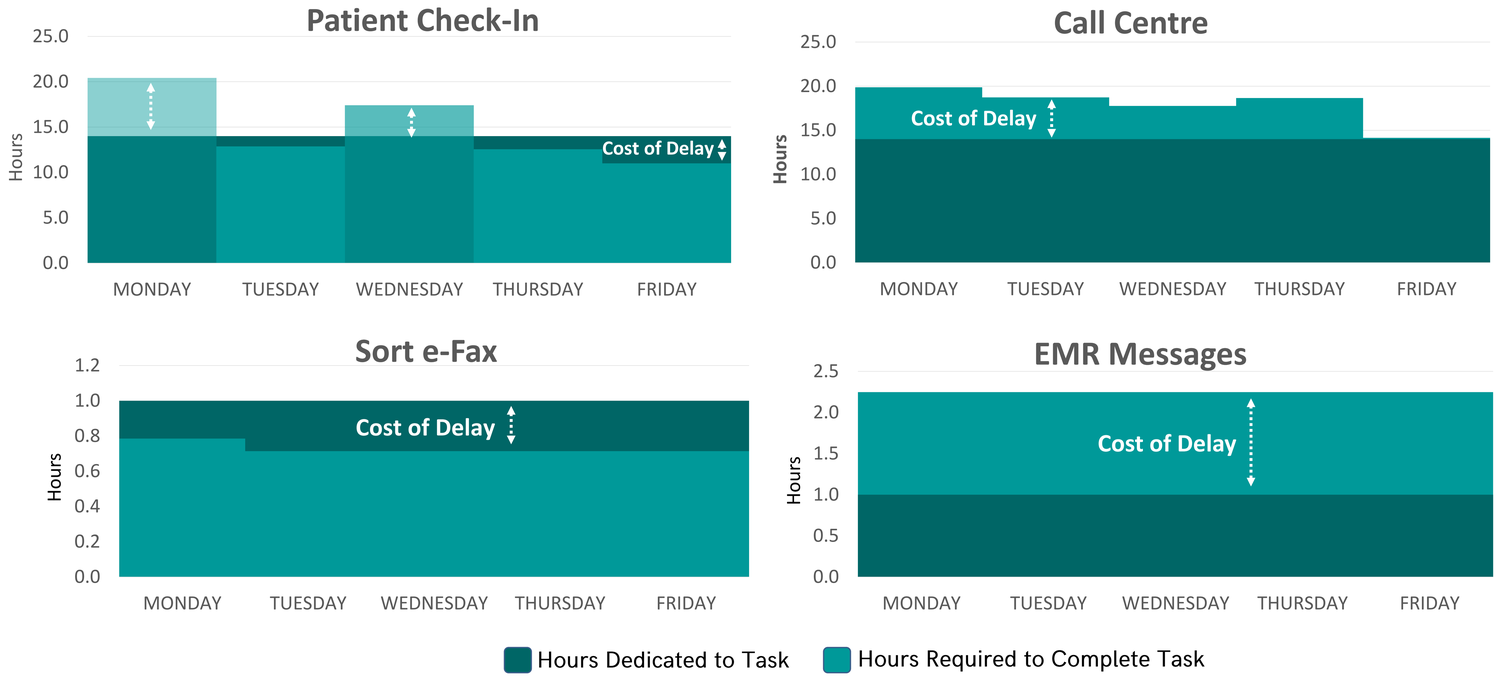
2) Develop a coverage system and staffing structures to prevent work backlog and imbalance of workloads.

## METHODOLOGY

- Surveyed primary care providers and medical receptionists on administrative workflows
- Quality Improvement Decision Support Specialist (QIDSS) conducted workshops with the administrative team to define issues
- LEAN and Quality Improvement (QI) techniques such as Ishikawa diagrams, team voting-dotocracy, parteo analysis, cost of delay (CoD) and RASCI charts were used to identify bottlenecks, gaps in processes and root causes.

- Internal data was extracted from the EMR and telephone system including:
  - Volume of messages through the EMR
  - Volume of e-faxes received by the clinic
  - Length of time to check-in patients at the reception desk
  - Volume of inbound phone calls

## ANALYSIS




## RESULTS/FINDINGS

Root cause analysis revealed several areas for improvement such as communication between team members, contingencies for unexpected absences and assignments of roles.

Cost of delay (CoD) analysis suggests there are instances where the number of hours required to complete a task exceed the number of administrative staff available to complete these tasks on particular days of week (e.g. call centre staff available to answer calls). However, there are also instances where excessive resources are dedicated to a particular task that exceed the actual time required to complete the task (e.g. EMR messages and e-faxes).

This data can be used to balance workload distribution, measure the impact of different tasks, develop alternative staffing structures and improve resource allocation.

## CONCLUSION

Through various QI and LEAN techniques, our team was able to identify strategies to help increase capacity for the medical receptionist to complete their duties and also minimize waste in our processes. These strategies are:

- Allocating more resources to weekdays with peak volume of work.
- Restructuring roles to match the amount of work required to complete them.
- Grouping medical receptionists into teams to share EMR messages and reduce the impact of unexpected absences.
- Physical relocation of the call centre and other workstations to minimize the distance between receptionists and management.

This data-driven approach will allow us to track the impact of our capacity improvement efforts and make informed decisions to optimize our administrative team's workload.

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