



A Rooming Revolution

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Aim

In the OHSU IMC:

1. By August 17, 2018, we aim to decrease the total time between patients being labeled as arrived in Epic and their provider entering exam room by five minutes.
2. By August 17, 2018, we aim to increase Medical Assistant (MA) satisfaction with regards to the rooming process by five percent.

Background

Team

The OHSU Student Navigator Project (SNaP) places first-year medical students in an outpatient Internal Medicine clinic, where students take on the role of Medical Assistants (MAs) and work to improve outcomes through a Quality Improvement project. SNaP students additionally undertake patient navigation for a panel of assigned high-needs patients.

Project

Currently, 20 minutes are allocated for MAs to room patients, with MAs often tasked with additional duties that require more time than allocated, such as responding to patient phone calls and requests leading to possible burnout and decreased productivity.¹ In addition, our current rooming process leads to inefficiencies, such as duplicated tasks and unclear guidelines, resulting in patients regularly experiencing extended wait times, which can lead to patients having a negative perception of care received.²

Current State

While assessing 12 providers, we found that:

- Average time spent in waiting room was 20 minutes
- Average time spent with MA was 7.5 minutes
- Average time spent in clinic prior to seeing provider was 39 minutes
- Average time spent with provider was 28 minutes

Methods

- Used Plan, Do, Study, Act (PDSA) framework to develop and test both triage station and refined medication reconciliation interventions.
- Measures included time spent in room, time with providers, workflow productivity, and MA and provider satisfaction.
- Data was collected by SNaP students during three PDSA cycles.

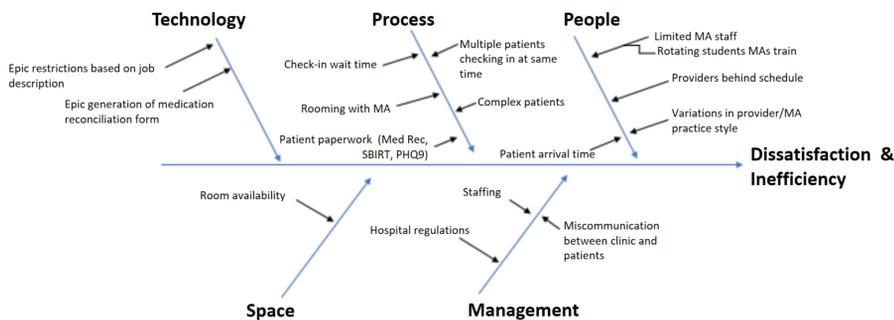
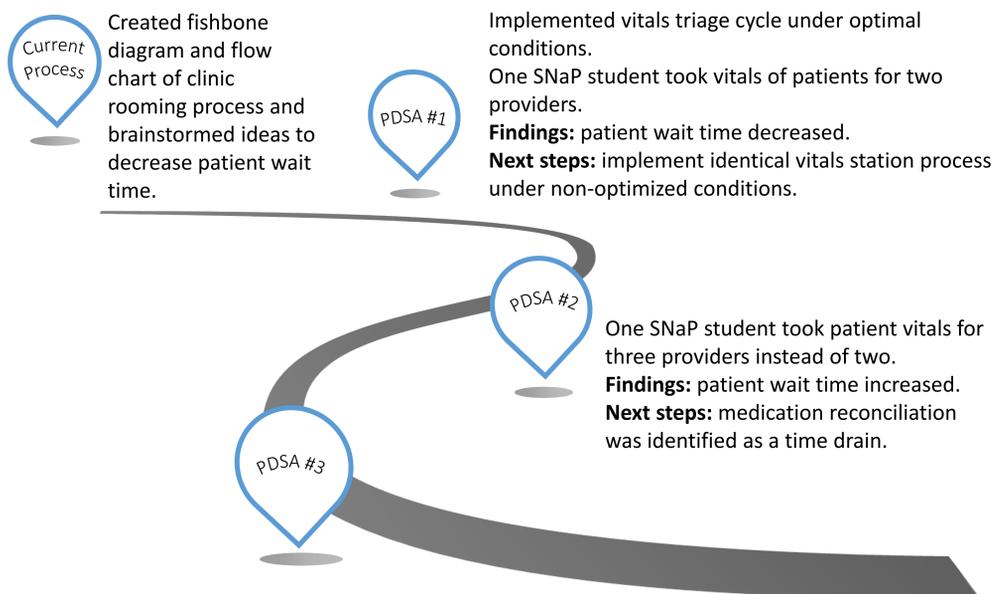


Figure 1. Fishbone Diagram of Contributors to Dissatisfaction and Inefficiency in the IMC Rooming Process

Interventions



A new medication reconciliation form which matched the Epic interface was created.
Findings: the form was easier for patients to understand and easier for MAs to input into Epic.
Outcome: The ratio of time patients spent waiting in clinic to the amount of time spent with a provider decreased. MA satisfaction and (anecdotal) provider satisfaction increased.

Patient:						
DOB:						
Provider:						
Medication List Last Reviewed:						
Allergies:						
Taking	Not Taking	Generic Name	Brand Name	Dosage Strength	Instructions for use	Change (Please describe, for ex. frequency)
<input type="checkbox"/>	<input type="checkbox"/>	cetirizine HCl (tablet)	ZYRTEC	10 mg	Take 10 mg by mouth once daily.	
<input type="checkbox"/>	<input type="checkbox"/>					

Figure 2. Medication Reconciliation Form Implemented in PDSA 3

Results

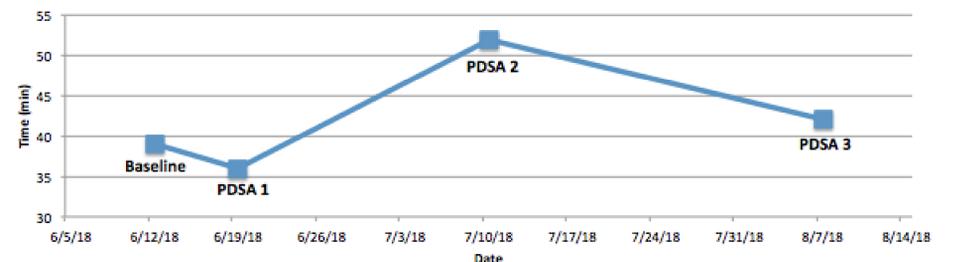


Figure 3. Average Time Spent in Clinic Prior to Seeing Provider

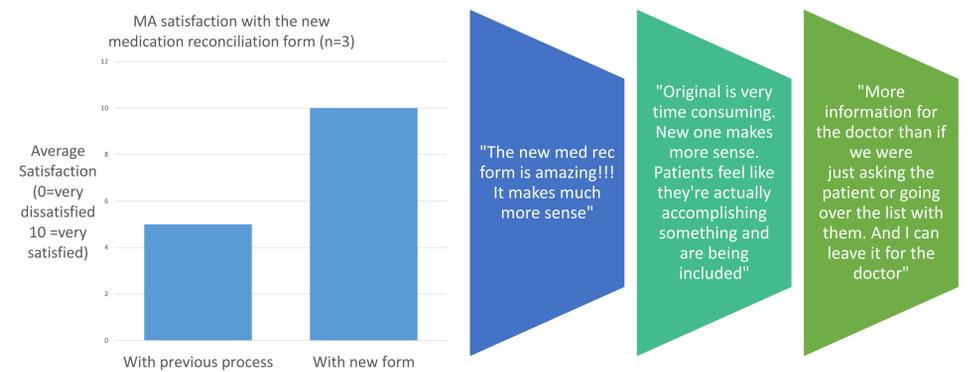


Figure 4. Qualitative and Quantitative Measures of MA Satisfaction

Of our three PDSA Interventions to streamline the rooming process, the cycle which focused solely on the medication reconciliation process had the greatest impact on efficiency; the novel form led to decreased wait time and increased provider satisfaction. Since patients personally verify their own medications, not only is their own safety enhanced but patients also feel like part of the medical team, which brings an additional potential benefit in the form of increased patient engagement.

Conclusions

- Our results highlight the benefits of adopting the new medication reconciliation form, which already reflects the current IMC rooming process, and its incorporation into clinic workflow.
- The sustainability of this change will be bolstered if the clinic's Electronic Health Record (EHR) can be configured to automatically populate medication reconciliation forms for each patient that checks into the clinic, which could be easily printed and distributed by Patient Access staff.
- Limitations of this study included lack of comparable quantitative baseline and post-intervention data regarding MA, provider, and patient satisfaction with the medication reconciliation process. These represent potential avenues for future studies, which could characterize the impact of the new medication reconciliation forms in greater detail.
- Future efforts in this area would also require engagement with stakeholders from a very early stage in the project development process, such as attending clinic QI meetings. This would allow clinic providers, staff, and leadership to validate the feasibility of planned interventions, and potentially avoid the pitfalls encountered in PDSA cycles one and two of this project.

Acknowledgements

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References

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- (2) Xie, Z., & Or, C. (2017). Associations Between Waiting Times, Service Times, and Patient Satisfaction in an Endocrinology Outpatient Department: A Time Study and Questionnaire Survey. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, 54, 0046958017739527. <http://doi.org/10.1177/0046958017739527>