California Health Improvement Project (CHIP)
Creating Care Teams at the Women's Community Clinic

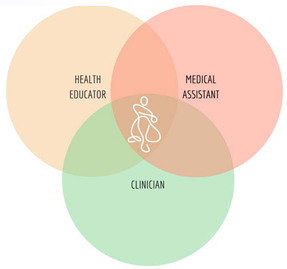
Elizabeth Steinfield CNM, WHNP
Women's Community Clinic, San Francisco, CA

Problem Statement and Underlying Causes

The clinic's visit care model was originally designed for a family planning clinic with a narrower scope of practice. This resulted in lower than standard clinician productivity, limited access for clients, and long patient cycle times. Clinic workflows were inconsistent and largely inefficient. The clinic staffing model was fragmented and relied upon a temporary and largely volunteer workforce. Women's Community Clinic responded to the changes brought by the Affordable Care Act by expanding services to include primary care, contracting with MediCal, and assisting our clients, who were uninsured, with enrollment. In addition, the Clinic was challenged to transform the visit staffing model, systems, and workflows.

Project Description

To create visit care teams comprised of clinicians, volunteer health educators, and new permanent Medical Assistant staff. Coordinated and consistent team based care with members working at the top of their scope will allow for more visits, enhanced client centered care, and high client and staff satisfaction.



Goal and Objectives

Build a sustainable visit model that ensures high quality clinical care; increases visit numbers; enhances client access and clinic efficiency; and maintains client and staff satisfaction.

Output-oriented Objectives:

1. Create and train visit care teams that include a clinician, an MA, and a volunteer health educator by October 15, 2015.
2. Complete Coleman Rapid Dramatic Improvement Process resulting in new clinic work flows by November 1, 2015.
3. Increase scheduled visits from 7-8 visits/shift to 10 visits/shift by 8/2016.

Outcome-oriented Objectives:

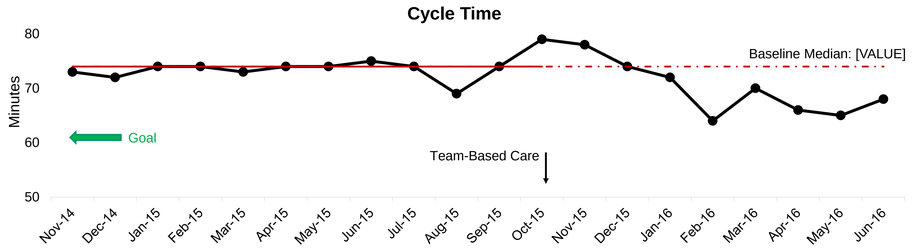
1. Increase visit count/utilization from 6.3 to 8 visits seen per four hour shift by August 2016.
2. Reduce average cycle time from 74 minutes to <60 minutes by August 2016.
3. Maintain/improve client satisfaction as measured by ongoing surveys and reported quarterly, by August 2016.
4. Maintain/improve staff satisfaction as measured quarterly by check-out surveys, by August 2016.
5. Maintain/improve volunteer satisfaction as measured by three times per year surveys, by August 2016.

Outputs & Outcomes

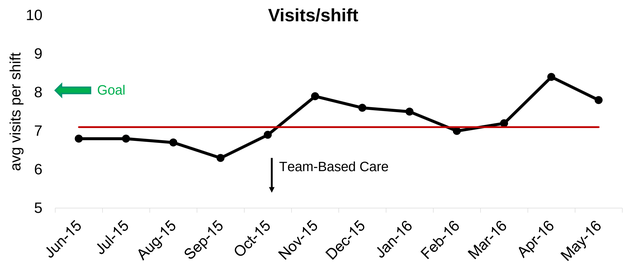
Formation of Visit Care Teams
September and October 2015
Created care teams of clinicians, volunteer health educators, and newly hired medical assistants. Hired and trained four MAs, including a Lead MA. MAs conduct health education, document histories and give injections, freeing up time for clinicians to see more clients.


Medical Assistant Team

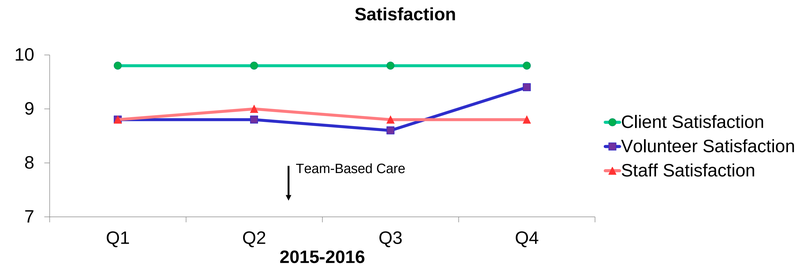
Renovation of Workflows - October 2015
Underwent the Coleman Rapid Dramatic Performance Improvement process and redesigned work processes to increase efficiency, improve communication among team members, increase visit utilization, and lower cycle times.



Visit Count - "Getting to Ten" Campaign
Rallied staff to get to 10 visits scheduled (8 seen) per four hour shift. This concept carried over to satisfaction goals as well – getting to 10 on staff, volunteer, and client satisfaction.



Satisfaction
Client, staff and volunteer satisfaction rates are measured on an ongoing basis. Staff and volunteer satisfaction surveys are conducted quarterly and client satisfaction check out surveys are continually collected in the waiting room.



Client Satisfaction:
Overall, how satisfied are you with the services you received at the Clinic today on a scale of 0 to 10?

Staff Satisfaction:
On a scale from 0 to 10, how likely are you to recommend the Clinic as a place to work to a friend or relative?

Volunteer Satisfaction:
On a scale from 0 to 10, how likely are you to recommend the Clinic as a place to volunteer to a friend or relative?

Lessons Learned

- More time and resources are needed to train and increase responsibilities of part time/temporary volunteer work force. The goal of training volunteer health educators in health counseling has not yet been achieved.
- Being part of a consistent team increased volunteer satisfaction.
- The timing of a rapid change event should not coincide with onboarding new staff and volunteers.
- Involving representative stakeholders from all aspects of the clinic in the planning process contributed to the overall success of the project.
- In a small clinic, absences of team members have a large impact on productivity, efficiency, and satisfaction.
- Team based care is a critical strategy in adapting to the changes of health care reform and meeting the triple aim, however it is not enough. The impact of increasing visit numbers and care complexity requires infrastructure change in all areas of clinic function, from registration to referrals and care coordination.

About My Organization

Since 1999, the Women's Community Clinic has used an innovative volunteer-based business model to provide affordable and accessible health care services to Bay Area women and girls. The clinic has grown from a budget of $150,000 and one staff person to a budget of $3.4 million with 32 staff and more than 100 active volunteers. The Clinic now serves 4,000 women annually with over 6,000 clinical appointments. Prior to 2014 the clinic provided reproductive and gynecological health care to uninsured and underinsured populations. With the implementation of the Affordable Care Act, the clinic expanded its services to include primary care and contracted with MediCal.

The mission of the Women's Community Clinic is to improve the health and well-being of women and girls. Central to this mission are the core values of cultural inclusion, harm reduction and client centeredness.

The clinic is a nurse-run community clinic and a registered 501(c)(3) non-profit organization.

Contact Me

For more information, contact :
Elizabeth Steinfield CNM, WHNP
Clinic Director
Liz@womenscommunityclinic.org

CHCF HEALTH CARE LEADERSHIP PROGRAM