Assessing Your Practice Discoveries and Actions

Common High Yield Wastes	Recommended Method to Reduce Waste	Traps to Avoid
1. Exam rooms not stocked or standardized – missing supplies or equipment	- Create Standard Inventory supplies for all exam rooms. - Design process for regular stocking of exam rooms with accountable person - Standardize and utilize all exam rooms	- Don't assume rooms are being stocked regularly – track and measure. - Providers will only use "their own" rooms - Providers cannot agree on standard supplies; suggest "testing"
2. Too many appointment types which create chaos in scheduling	- Reduce appointment types to 2-4 - Utilize standard building block to create flexibility in schedule.	- Frozen schedules of certain types - Use one time (e.g. 10-15 minute "building blocks")
3. Poor communication amongst the providers and support staff about clinical sessions and patient needs.	- Conduct daily morning "huddles" to provide a forum to review the schedule, anticipate needs of patients, plan supplies/ information needed for a highly productive interaction between patient and provider.	- People not showing up for scheduled huddles. Gain support of providers who are interested, test ideas and measure results - Huddles last longer than 15 minutes, use a work sheet to guide huddle - Don't sit down
4. Missing information or chart for patient visit.	- Review patient charts BEFORE the patient arrives – recommended the day before to ensure information and test results are available to support the patient.	- Avoid doing chart review when patient is present - If you have computerized test results, don't print the results
5. Confusing messaging system	- Standardize messaging processes for all providers - Educate/ train messaging content - Utilize a process with prioritizing methods such as a "bin" system in each provider office.	- Providers want their "own" way – adding to confusion to support staff and decreases ability for cross coverage - Content of message can't be agreed upon – test something
6. High prescription renewal request via phone.	- Anticipate patient needs - Create "reminder" systems in office, e.g. posters, screensavers - Standardize information that	- Doesn't need to be the RN – Medical assistants can obtain this information
7. Staff frustrated in roles and unable to see new ways to function.	- Review current roles and functions using activity survey sheets - Match talent, education, training, licensure to function - Optimize every role - Eliminate functions	- Be sure to focus on talent, training and scope of practice not individual people.
8. Appointment schedules have limited same day appointment slots.	- Evaluate follow-up appointments and return visit necessity. - Extend intervals of standard follow-up visits - Consider RN visits - Evaluate the use of protocols and guidelines to provide advice for homecare- www.icsi.org - Consider phone care	- Don't set a certain number of same day appointments without matching variations throughout the year.
9. Missed disease-specific/ preventive interventions and tracking.	- Utilize the flow sheets to track preventative activities and disease-specific interventions. - Utilize "stickers" on charts to alert staff to preventative/ disease specific needs - Review charts before patient visits - Create registries to track subpopulation needs.	- Be alert to creating a system for multiple diseases and not have many stickers and many registries.
10. Poor communication and interactions between members.	- Hold weekly staff meetings to review practice outcomes, staff concerns, improvement opportunities. - Education and Development	- Hold weekly meetings on a regular day, time and place - Do not cancel – make the meeting a new habit
11. High no-show rate	- Consider improving same day access - Reminder systems	- Automated reminder telephone calls are not always well received by patients
12. Patient expectations of visit not met, resulting in phone calls and repeat visits.	- CARE vital sign sheet- www.howsyourhealth.org - Evaluating patient at time of visit if their needs were met	- Use reminders to question patient about needs being met - New habits not easily made.