2 | PROBLEM AND GOAL STATEMENTS (SMART Problems/SMART Goals)

1. In July 2015, the average time to provider was 27.32 minutes.
2. Most recent CGCAHP (Quarter 3) Score was in the 68.2 Percentile

- Decrease arrival to provider time to less than 20 minutes for walk-in patients
- Increase CGCAHP score for wait time to the 75th Percentile

3 | ANALYSIS AND INVESTIGATION

Implementing items from brainstorming session
- Standing Orders for UTI, Sore Throat initiated
- Trained 2 staff members to be Super Users for wait time report
- Posting wait times on a daily basis
- Reminding providers to document
- PI project added for wait times
- Discussing quarterly at PI Committee Meeting

4 | IMPROVEMENT DESIGN AND IMPLEMENTATION

- Increased Provider working hours 1 hour per day to have 2 providers at night
- Implemented kiosks for check-in (stopped 7/15/2015 r/t duplicate entries)
- Changed the way providers update status when entering patient room
- Added an additional MD to the Urgent Care Team to staff 4 providers per day
- 4 Providers scheduled on Mondays/Fridays
- Purchased magazines, coloring books, toys for wait room
- Added status board screen at the nurses station
- 2 RN triaging during busy times, XR stepping in during bottlenecks
- Designated Wait Time Project liason

1 | DEFINE AND MONITOR

<table>
<thead>
<tr>
<th>Improvement Category &amp; Measurement Description</th>
<th>Baseline</th>
<th>Goal</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Decrease in Arrival to Provider time</td>
<td>27.32</td>
<td>&lt;27.32</td>
<td>22m 40s (Jul-Sept)</td>
<td>20m 56s (Oct-Dec)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Improve CGCAHPS Wait Time Patient Satisfaction Score</td>
<td>68%</td>
<td>75%</td>
<td>68.2%</td>
<td>74.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Team: Marty Trott, Joan Palmer, Mark Hettinger and Kristen Irvine
Scope: Walk-in Patients at the St. John's Family Practice and Urgent Care
Physician Champion(s): Marty Trott
Presenter: Kristen Irvine (kirvine@tetonhospital.org)
Lead(s): Kristen Irvine
Title: St. John's Urgent Care Wait Time Project
Scope: Walk-in Patients at the St. John's Family Practice and Urgent Care
UC Arrived to Checked In
July 2015 SJMC

July 2015 Number of Patients = 842
Avg Time from Arrival to Checked in = 26 min

UC Arrived to Checked In
Oct 2015 SJMC

October 2015 Number of Patients = 381
Avg Time From Arrival to Checked In = 19 minutes
UC Arrived to Checked In
January 2016 SJMC
Depart: Urgent Care #774

Project Title: UC Wait Times

Aim Statement:
We strive to have Arrival to Provider time less than 20 minutes

Analysis of Data:
1. Trying to do 4 provider days M/F
2. 2 Providers at night has improved morale and decreased wait at end of day
3. 2(+) RN triaging during busy times, posting wait times
4. Staff awareness increased after brainstorming session
5. Trained x-ray techs on eBo reports
6. Decreased volume in Oct and increased volume in Dec led to dip/increase

Changes being Tested, Implemented or Spread (Action):
1. Increased Provider hours M-F starting July 2015
2. 4 Providers M and F if possible
3. Added 2 Providers/see analysis section as well

Effectiveness of Action/Date of Completion:
Wait time has progressively been decreasing. CGAHP has increased from 49 to 52%.

Why is this project important:
- High Risk
- High Volume
- Problem Prone

Recommendations and Next Steps:
1. 4 Providers M and F
2. Status board for RN's - done
3. Protocols for nursing
4. Appointments available for booking online - Healow.com/Resource schedule

St. John's Medical Center Performance Improvement Projects 2015

Team Members: All UC Staff