

## ***Example Process Improvement Projects Linked to the Clinic Optimization Process***

### **Example: Conducting a Clinic Gap Analysis**

#### **Find a process to improve:**

Clinic staff have noted that it is difficult to make decisions about templates and the need for different groups because information about the population's needs is all anecdotal. Two of the last three groups that were started in the clinic had to be discontinued due to a lack of referrals, as there were not enough patients with the target disorder to maintain them.

#### **Organize a team that is familiar with the situation/process:**

The following clinic personnel were recruited to serve on this Process Improvement (PI) project team:

- Clinic manager
- Departmental PI coordinator
- Lead Behavioral Health Tech (BHT)

#### **Clarify the current process:**

The clinic manager wanted to better understand the frequency of certain disorders within the clinic. In the past she has done this informally by asking providers what patient diagnoses they see most on their caseload. However, this has not proven helpful in making clinic-level decisions. For example, two groups were started based off of the last request for information, one for eating disorders and a second for marital improvement. Despite many calls for referrals, both groups closed after two months, due to the clinic not having enough patients who were appropriate for the groups. Before making additional changes, the clinic manager would like to better understand the needs of the clinic's patient population.

#### **Uncover the root causes/Understand the issue:**

The PI team utilized two methods to understand more about the issue of lack of data on patient needs. Each method is described below:

- Discussions with providers at a recent staff meeting: This revealed that although providers may believe there are enough patients within the clinic to justify a change in services, such as adding a new type of group, in actual practice there may be a bias towards overestimating.
- Exploring options for getting data: The team reached out to MTF personnel in the business operations office, but were told that due to a backlog on M2 requests already in the system, no data available from M2 would be available for two months.

#### **Select the improvement (establish the goal you want to accomplish):**

The overall goal will be to complete a clinic gap analysis to get more accurate data on the needs of patients in the clinic.

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### Plan the improvement:

#### Part 1 - Outline of planned improvements

**Improvement #1:** Examine archival appointment data to determine what diagnoses are most common within the clinic. Because M2 data is not available, the clinic staff will pull reports from AHLTA. This data will be pulled in monthly increments, going back for 12-24 months.

**Improvement #2:** Examine new patients' needs by directly assessing these using a paper-and-pencil questionnaire. The team reviewed and modified a *Clinic Gap Analysis: Patient Form* to implement in the clinic. This form will help to determine 1) patients' concerns when initiating services in the clinic (self-report), and 2) patients' availability for therapy appointments.

- The team decided to have all new intake patients in the clinic complete the Clinic Gap Analysis Patient Form from Jan-Mar 2020.

#### Part 2 - Data collection plan

This project involved two distinct tasks, and progress on each will be measured separately.

The team tracked the following data:

- The number of months of AHLTA data pulled. This data will be pulled from AHLTA reports by the clinic manager and a designated BHT.
- The number and percentage of new intake patients completing a Clinic Gap Analysis Patient Form during the period of Jan-Mar, 2020. The clinic set a goal of having at least 100 questionnaires completed.

### Do:

The clinic was able to implement both types of data collection. Some challenges identified during this process were:

1. Due to limits on clinic managers' time, the majority of the AHLTA reports were pulled by a BHT.
2. The clinic noted that some clinic gap analysis patient forms were not being captured in the spreadsheet because providers were not turning the forms in after the new patient intake. Providers were reminded of the need to turn the form in right after the intake appointment so that they can be turned into the lead BHT at the end of the day.

### Check:

Although time consuming, the team agreed that information gleaned from this project was very helpful.

1. The team was able to pull AHLTA data going back 18 months, and plan to get another 6 months' worth in order to better look at historical trends.
2. The clinic gathered clinic gap analysis patient forms for two months, and then stopped once they had collected over 100 forms. The total collected was 123, but several were not included in the data set due to being incomplete.

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### **Act:**

The project team decided that this data was very helpful and wants to regularly pull this type of information. Due to the level of effort, the team wants to pursue getting M2 data so they can use the *Clinic Analyzer Tool* in the future.

The team decided that they will consider another gap analysis using the patient form sometime in the future.