Advanced Access

Success Story – Burntwood Community Health Resource Centre's Experience

The BCHRC serves a city of 15,000 and a surrounding population of 30,000. The centre is a multi-disciplinary clinic which includes physicians, a nurse practitioner, nurses (including primary health care, retinal screen and foot care nurses), a dietitian, family counsellor, midwife, health promotion staff, risk factor coach, Aboriginal liaison workers and various support staff. There is also a walk-in clinic that was started to deal with urgent problems as well as patients who did not have a primary care provider.

Since the creation of the Burntwood Community Health Resource Centre (BCHRC) in 2000, the centre was plagued with long waits for appointments, at times up to two to three months, and many complaints from community members trying to make an appointment. A position was created to help manage the complaints and requests for urgent appointments. Formal complaints regarding lack of access occurred regularly, in addition to the complaints that were addressed daily. The team, including the medical staff, were discouraged as they heard many complaints from their patients.

In January 2008, the BCHRC started the Advanced Access project with Manitoba Health. One of their aims was to decrease the wait for an appointment, with a goal of same-day access in June of that year. Another aim was to increase office efficiency and decrease the wait time once a patient arrived for his or her appointment. Measures were put into place to monitor the project, including:

- delays for long and short appointments;
- demand for and availability of appointments;
- clinic activity;
- no-shows; and
- cycle times (the time from when a patient first arrives for an appointment until they leave the clinic).

These were monitored for each provider and the clinic as a whole. A computerized telephone tracking system was put in place to monitor and improve telephone management.

Many changes have been implemented since 2008, with considerable attention to quality improvement. The position that had been created to address patient access complaints has been freed up to assist with other areas because the number of access-related complaints has dropped to 0. The number of patients unassigned to a primary care provider has dropped from

over 2,000 to less than 200. All exam rooms were standardized, scripts were developed for booking and confirming appointments, processes were developed and implemented for the clinic and the role of the care team was enhanced to support work at their highest level.

Quality improvement activities of PDSA (plan, do, study, act), FMEA (failure modes effect analysis), and Root Cause Analysis were conducted to improve efficiency and access to appointments. Phone calls are handled on a timely basis. Regular monthly meetings are held with providers, as well with the entire team in addition to morning huddles. Staff and physicians experience positive feedback from their patients and there is now a sense of pride in working for the BCHRC that had been absent in the past.

The role of leadership cannot be understated. Senior leadership supported efforts to sustain the change, including removing barriers that might allow slippage back to the old system. Ownership for improvement and maintenance work of the new process was assigned and leadership has maintained the priority of these changes even in the face of new and multiple priorities.

Results from this initiative have been overwhelmingly positive. Delay for appointments has dropped so most providers have appointments available for today or tomorrow. Continuity of care, or seeing the same primary care provider, has improved. Research has shown this is positively linked with better health outcomes, improved patient and provider satisfaction and less cost to the health care system. The clinic has been able to see more people each year as a result of decreased no-shows and improved use of available appointments. The demands on the walk-in clinic have decreased because patients can now get appointments with their usual health care provider.

Measurement continues to play a critical part in the improvement process. Data collection and analysis is a large part of the centre's work to improve access and to determine if the intended changes are occurring.

The BCHRC has started working with other facilities in the region and the province to spread their success story.

Submitted by:

Jo-Anne Lutz, Clinic Manager
Burntwood Community Health Resource Centre