Appendix 2: 2008 Customer Dissatisfaction Survey Results

2008 Customer Dissatisfaction for TB, STD, & Family Planning

n = 101

1b. The waiting time was not acceptable
1a. I did not receive an appointment in a timely manner
1c. The hours of operation were not convenient
1e. The services I just received were not satisfactory
1d. Services were not provided in a confidential manner

GOOD

Frequency

Percent

Cumulative Percent

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0 5 10 15 20 25 30 35

GOOD

n = 101
Appendix 3: Cycle Time More Than 2 Hours By Site Pareto Chart

Cycle Time More Than 2 Hours By Site
(includes Family Planning, TB, & STD Programs)
Pareto Chart

\[ n = 536 \]

<table>
<thead>
<tr>
<th>Site</th>
<th># of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health District Center</td>
<td>332</td>
</tr>
<tr>
<td>West Perrine Health Center</td>
<td>109</td>
</tr>
<tr>
<td>Little Haiti Health Center</td>
<td>95</td>
</tr>
</tbody>
</table>

Cumulative Percent: 62%, 82%, 100%
Appendix 4: Health District Center Pareto Chart

Health District Center
Client Cycle Time More Than 2 Hours
Pareto Chart

n = 997

Average # of Clients Per Month

Program

STD
Family Planning Clinic
TB

Frequency
Cumulative

Percent

67%
89%
100%

671
217
109
## Appendix 5: Current Situation

<table>
<thead>
<tr>
<th>Items</th>
<th>Women’s Health/Family Planning</th>
<th>TB</th>
<th>STD</th>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment system overview</td>
<td>New/annual/return services receive prior appointment; pregnancy tests walk-in only</td>
<td>Cases/contacts/ LTBI/PPD/medical clearance services by prior appointment. Also accept walk-ins as space available.</td>
<td>Services by walk-in only; Numbers/alpha letters provided to organize type of appointment and service order. Referrals by DIS receive priority service regardless of time walked in.</td>
<td>Services by prior appointment and accept all walk-ins up to maximum number that can be served daily.</td>
</tr>
<tr>
<td>On site system to process clients</td>
<td>System to process clients upon arrival varies by site. HDC provides number in order of arrival regardless of appointment time. Walk-in pregnancy tests clients provided number up to a maximum available per day. Other walk-ins served if appointment available, meets medical priority and clinician approves. WP/LH centers processes @ by appointment time and/or arrival order; no systematic process for early/latest clients.</td>
<td>Varies by site. Process @ by appointment time in Perrine; DTU/LH gives number based on arrival order regardless of appointment time; no systematic process for early/latest clients. Walk-in clients served if appointment available and clinician approves.</td>
<td>Clients receive number/alpha letter to be processed in numeric/alpha order. Walk-in DIS referrals are processed before others regardless of numeric/alpha order.</td>
<td>Process @ by appointment time and/or arrival order; no systematic process for early/latest clients. Provide number determine service order Walkin clients served up to maximum number to be served daily.</td>
</tr>
<tr>
<td>Future appointments provided on site</td>
<td>Yes/No Provide annual, new, return next available apt if can’t be seen as walk-in; Pregnancy tests must return as walk-in if maximum number to be served is reached. Follow up apt provided several months in advance</td>
<td>Yes Provide next available apt if can’t be seen as walk-in; Follow up apt provided several months in advance</td>
<td>No Check up clients that can’t been seen as walk-in must return another day. DIS Referrals and treatment/results are worked in as priority. Number of check ups served daily varies and is adjusted by clinician for PM clinic session.</td>
<td>Yes Provide next available appointment for those not able to be served by close of business.</td>
</tr>
<tr>
<td>Future appointments provided by telephone</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes except no appointments during summer school rush (August)</td>
</tr>
<tr>
<td>Appointments in HMS adjusted to provider availability</td>
<td>No Individual clinic sites and front desk staff must remember not to schedule to adjust for provider absences (AL, SL, meetings, etc)</td>
<td>No No adjustments to HMS appointment schedule since 12/07. Individual clinic sites and front desk must remember not to schedule to adjust for provider absences (AL, SL, meetings, etc)</td>
<td>No No appointments in system, only walk in accepted</td>
<td>No 45 prior appointments available per day at each site regardless of number of clinicians.</td>
</tr>
<tr>
<td>On site system to adjust clients appointments to provider availability</td>
<td>Walk in appointments are provided based on availability in the schedule. Daily, numbers to be seen adjusted manually by front desk when provider is to be absent. Provider may adjust number of services by appointment type each day.</td>
<td>Walk in appointments are provided based on availability in the schedule. Daily, numbers to be seen adjusted manually by front desk when provider is to be absent. Provider may adjust number of services each day.</td>
<td>Clinician informs registration staff before AM clinic and before PM clinic on number of clients to be seen. No systematic process to provide clients turned away in AM the PM available slots</td>
<td>Numbers to be provided adjusted to number of staff available</td>
</tr>
<tr>
<td>Management review of reports/adjust appts to maximize productivity (No show rates, clients/day/provider, etc)</td>
<td>No</td>
<td>No</td>
<td>Some, monitoring no show rates</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 7: Health District Center GAP

Health District Center
Family Planning Program
Cycle Time More Than 2 Hours

n = 586

GOOD

Average = 37% (217 clients)

Target = 19% (111 clients)

GAP = 18%
Appendix 8: Health District Center Moved

Health District Center
Family Planning Program
Cycle Time More Than 2 Hours

In Sept 2010, moved to new building which changed client & work flow.

Countermeasures Implemented in November

Average = 37%

Target = 19%

GOOD

Percent of Clients w/ Cycle Time More Than 2 Hours
in Family Planning Program

Month

Aug-09  Sep-09  Oct-09  Nov-09  Dec-09  Jan-10  Feb-10  Mar-10  Apr-10  May-10  Jun-10  Jul-10  Aug-10  Sep-10  Oct-10
Appendix 9: Health District Center Post-Implementation Weekly Results

Health District Center
Family Planning Program
Cycle Time More Than 2 Hours

Percent of Clients w/ Cycle Time More Than 2 Hours
in Family Planning Program

Actual Average Target
Average = 37%
Target = 19%
GOOD
Appendix 10: Health District Center Post-Implementation Monthly Results

Health District Center
Family Planning Program
Cycle Time More Than 2 Hours

Countermeasures Implemented in November
In Sept 2010, moved to new building which changed client & work flow.

GOOD

Average = 37%

Target = 19%
### CLINICAL SERVICES ACTION PLAN

#### HOW

<table>
<thead>
<tr>
<th>HOW</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop Countermeasures</td>
<td></td>
</tr>
<tr>
<td>B1 -</td>
<td>Develop a client schedule that matches provider availability.</td>
</tr>
<tr>
<td>B1.2 -</td>
<td>Create a leave and attendance policy and procedure.</td>
</tr>
<tr>
<td>B2 -</td>
<td>Update the HMS appointment scheduler to reflect the client schedule.</td>
</tr>
<tr>
<td>B2.1 -</td>
<td>Request access in order to assign owner to HMS scheduler.</td>
</tr>
<tr>
<td>B2.2 -</td>
<td>Train owner on HMS maintenance of scheduler.</td>
</tr>
<tr>
<td>B2.3 -</td>
<td>Develop a procedure for the maintenance of the HMS scheduler.</td>
</tr>
<tr>
<td>B2.4 -</td>
<td>Create, monitor, and update scheduler as needed.</td>
</tr>
<tr>
<td>B3 -</td>
<td>Train staff on HMS scheduler.</td>
</tr>
<tr>
<td>B3.2 -</td>
<td>Implement.</td>
</tr>
<tr>
<td>B4 -</td>
<td>Develop process maps and indicators.</td>
</tr>
<tr>
<td>B4.1 -</td>
<td>Determine reports to monitor.</td>
</tr>
<tr>
<td>B4.2 -</td>
<td>Monitor indicators weekly, monthly, and/or yearly.</td>
</tr>
<tr>
<td>B4.3 -</td>
<td>Plan, Do, Check, and Act (PDCA).</td>
</tr>
<tr>
<td>C1 -</td>
<td>Senior leader will identify key owner.</td>
</tr>
<tr>
<td>C1.1 -</td>
<td>Identify owner for scheduler.</td>
</tr>
<tr>
<td>C1.2 -</td>
<td>Identify owner for clinical provider.</td>
</tr>
<tr>
<td>C2 -</td>
<td>Develop training plan.</td>
</tr>
<tr>
<td>C2.2 -</td>
<td>Write Family Planning policy, procedure, and standards.</td>
</tr>
<tr>
<td>C2.3 -</td>
<td>Train staff and implement.</td>
</tr>
<tr>
<td>2. Review results of Countermeasures, determine benefits, and adjust as necessary.</td>
<td></td>
</tr>
<tr>
<td>3. Establish on-going responsibilities and standardize countermeasures into operations.</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 12: Project Planning Worksheet

### Clinical Services Appointment Systems Team Project Planning Worksheet

<table>
<thead>
<tr>
<th>Theme (Problem Area)</th>
<th>To develop MDCCHD systematic policies, procedures, and processes that will reduce the percentage of clients waiting more than two hours in clinical program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Statement</td>
<td>The MDCCHD Customer Surveys reflect that wait time is a concern. All programs within the MDCCHD each use different approaches to provide appointments. From August 2009 to July 2010, 37% of the Family Planning clients at the Health District Center have a cycle time greater than two hours.</td>
</tr>
</tbody>
</table>

### Team Work Location
- VMC Main Office (Mrs. West's Office)

### Team Name
- Clinical Services Appointment Systems Workgroup

### Duration
- 05/10 Through 01/11
- Total Months: 8

### Team Members
- **Team Leader**: Graciela Reyes
- **Team Member 7**: Denise West
- **2nd Team Leader**: Valeria Cromartie
- **Team Member 8**: Martha Velasquez
- **Team Member 1**: Sheryll Lee
- **Team Member 9**: David Rodriguez
- **Team Member 2**: Dyna Voltaire
- **Team Member 10**: 
- **Team Member 3**: Jessica Cruz
- **Team Member 11**: 
- **Team Member 4**: Gina Bisham
- **Team Member 12**: 
- **Team Member 5**: Juan Morejon
- **Team Member 13**: 
- **Team Member 6**: Roderick Parker
- **Team Member 14**: 

### Meetings

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Time</th>
<th>Att.</th>
<th>#</th>
<th>Date</th>
<th>Time</th>
<th>Att.</th>
<th>#</th>
<th>Date</th>
<th>Time</th>
<th>Att.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5/28/2010</td>
<td>1:30 PM</td>
<td>8</td>
<td>8</td>
<td>9/14/2010</td>
<td>2:06 PM</td>
<td>10</td>
<td>17</td>
<td>11/9/2010</td>
<td>2:00 PM</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>6/6/2010</td>
<td>1:30 PM</td>
<td>8</td>
<td>10</td>
<td>9/22/2010</td>
<td>2:30 PM</td>
<td>8</td>
<td>18</td>
<td>11/23/2010</td>
<td>2:00 PM</td>
<td>26</td>
</tr>
<tr>
<td>3</td>
<td>6/29/2010</td>
<td>1:30 PM</td>
<td>7</td>
<td>11</td>
<td>10/1/2010</td>
<td>9:00 AM</td>
<td>8</td>
<td>19</td>
<td>12/7/2010</td>
<td>2:00 AM</td>
<td>27</td>
</tr>
<tr>
<td>4</td>
<td>7/6/2010</td>
<td>1:30 PM</td>
<td>7</td>
<td>12</td>
<td>10/6/2010</td>
<td>1:00 PM</td>
<td>7</td>
<td>29</td>
<td>12/11/2010</td>
<td>1:00 PM</td>
<td>28</td>
</tr>
<tr>
<td>5</td>
<td>7/13/2010</td>
<td>2:00 PM</td>
<td>9</td>
<td>13</td>
<td>10/8/2010</td>
<td>1:45 PM</td>
<td>8</td>
<td>21</td>
<td>1/14/2011</td>
<td>1:30 PM</td>
<td>29</td>
</tr>
<tr>
<td>6</td>
<td>7/27/2010</td>
<td>2:00 PM</td>
<td>8</td>
<td>14</td>
<td>10/12/2010</td>
<td>1:30 PM</td>
<td>9</td>
<td>22</td>
<td>1/18/2011</td>
<td>1:30 PM</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td>8/13/2010</td>
<td>2:30 PM</td>
<td>10</td>
<td>15</td>
<td>10/13/2010</td>
<td>2:30 PM</td>
<td>23</td>
<td>21/2011</td>
<td>1:30 PM</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>9/24/2010</td>
<td>2:00 PM</td>
<td>0</td>
<td>16</td>
<td>10/26/2010</td>
<td>2:00 PM</td>
<td>6</td>
<td>24</td>
<td>1/30/2011</td>
<td>1:30 PM</td>
<td>32</td>
</tr>
</tbody>
</table>

### Comments (How Each Step Was Done)
- Management request to address wait time & appointments. Step 1 completed.
- Average cycle time for clients determined; target for improvement established.
- Cause an effect analysis was taken to the root level.
- Reviewed results.

### Outline of Activities
- Reason for Improvement
- Current Situation
- Analysis
- Counter-Measures
- Results
- Standardization
- Future Plans

### Step

<table>
<thead>
<tr>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes:
- Management request to address wait time & appointments. Step 1 completed.
- Average cycle time for clients determined; target for improvement established.
- Cause an effect analysis was taken to the root level.
- Reviewed results.
Appendix 13: PHAB Campaign Logo