

# INCREASE HEALTHCARE FOR THE HOMELESS CLINIC VISITS AND ENCOUNTERS AT PEOPLE SERVING PEOPLE SHELTER

## HENNEPIN COUNTY HUMAN SERVICES AND PUBLIC HEALTH (MINNESOTA)

FTEs: 2,700 / POPULATION SERVED: 1.1 MILLION



### PLAN

Identify an Opportunity and Plan for Improvement

#### 1. Getting Started

Despite rising homelessness in Hennepin County, visits to the Health Care for Homeless Project (HCHP) clinic and encounters at the People Serving People (PSP) shelter in Minneapolis were declining. Federal funding guidelines stipulate higher levels of service.

A quality improvement effort was initiated to determine the cause of the declines and increase healthcare access for underserved and at-risk clientele, and increase clinician staff productivity.

#### 2. Assemble the Team

Program managers determined strategic priorities and a quality improvement plan based on organizational policies and direction. An interdisciplinary Quality Improvement (QI) Team was formed based on past knowledge and roles within HCHP. This ensured a broad base of support, increased meeting efficiency, and helped identify and address roadblocks early in the process.

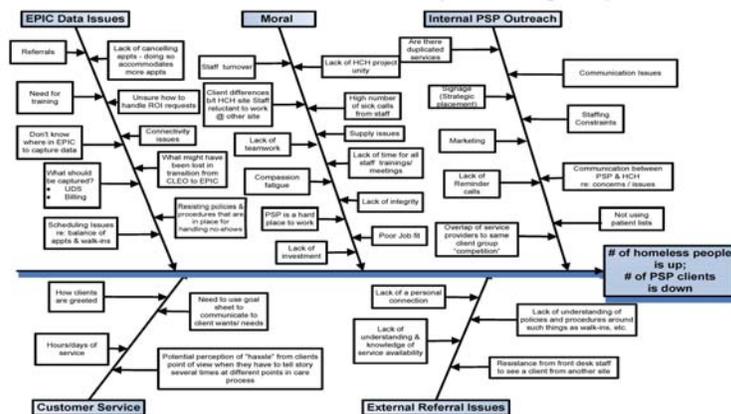
#### 3. Examine the Current Approach

A root cause analysis (see chart) of the drop in clinic visits focused around HCHP's change to an appointment-based system when EPIC electronic health record system was introduced in 2009.

Staff was surveyed, and the QI team decided the system:

- Is cumbersome.
- Creates barriers to efficiently seeing clients.
- Adds complexity to clinic flow, and distracts and overwhelms staff.
- Creates barriers and confusion in communication between registration and provider staff.

### APPENDIX 2 Increase Healthcare for the Homeless Clinic Visits, Encounters at People Serving People Shelter



#### 4. Identify Potential Solutions

Instead of measuring the number of encounters, productivity and total provider visits per clinic hour were deemed better "upstream" measures. By reverting to a mainly walk-in service, providers may be more productive and see more clients.

#### 5. Develop an Improvement Theory

The theory is that by reverting to a walk-in service, encounters at the HCHP PSP clinic would increase. The assumption was that by removing barriers created by the scheduling system, providers would be more productive and able to see more clients.

### DO

Test the Theory for Improvement

#### 6. Test the Theory

A walk-in service policy was drafted, PSP staffers were trained, and the policy was to be implemented in October 2010. Processes were instituted to collect and compare data on the number of encounters, staff hours, and staff schedules with the pre-intervention period. A December 4, 2010 goal was set for increasing by 50 percent the number of encounters per clinic hour to 1.5 per hour/per provider versus less than 1 per hour/per provider. After talking with the clinic manager, it was decided that determining provider productivity versus the number of encounters would allow control of more variables such as clinic hours, provider time, etc.

### CHECK

Use Data to Study Results of the Test

#### 7. Check the Results

The policy was not implemented in October due to a misunderstanding and a roadblock in the data collection process. As a result, it is still not known if the improvement would have the intended effect. Consequently, the team decided to adapt the theory and rerun the test.

### ACT

Standardize the Improvement and Establish Future Plans

#### 8. Standardize the Improvement or Develop New Theory

The QI Team will develop a new improvement theory that provides more coaching and support to ensure the walk-in service policy is implemented.

#### 9. Establish Future Plans

The Team will go back to the DO phase:

- Adjust the policy.
- Gain agreement on new policy by all involved in implementation.
- Select a new start date.
- Identify a "super user" to be onsite and oversee implementation.
- Provide coaching and support to all staff to ensure that the process is implemented as planned.
- Set shorter-term check-in points.
- Continue QI team meetings to work on additional issues identified in the root cause analysis.