

# Impact of Clinic Flow Assessment Visit

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# on overall visit

- Constructive, fair, critical assessment with optimization focus
- Staff and participants needs considered
- Critique of theoretical versus practical approach
- *Looking at systems with new eyes*
- *Identification of bottle necks*



# Thank You

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Recommendation: Repeat process when indicated

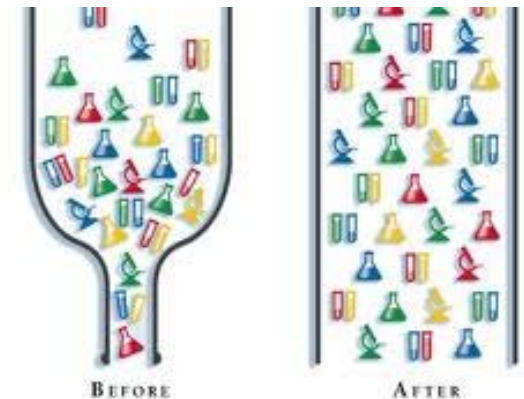
# Changes to visit flow

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## Detailed chart notes at two receptions = bottleneck

- Shift to chart notes at Reception 1 **only** (e-cheq, ID copy)
- Reception 2 for reimbursement/rescheduling
- **Suggestion not used:** Additional checklist for staff
- Reduction in length of relevant notes instead-increase accountability

Time saved per participant = 30-45 minutes



# Changes to process

## Comprehensive chart notes per in-house guide for documentation of IC and clinical procedures

- Delayed movement through clinic and frustrated participants
- Unique questions not chart noted
- **Suggestion used:** reduce notes with focus on reference to “per study protocol/SSP/SOPs”
- Avoid repetition of content covered within checklists/SOPs
- Reorganized participant binders



Time saved per participant = ~30-45 minutes

# Changes to QC Review Process

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## Detailed QC1 while participant in clinic prior to reimbursement = bottleneck

- Suggested focus shift to CRFs, lab requisition sheets – based on QC trend awareness
- Pre-reimbursement :Flag critical issues only
- Post-reimbursement :Perform full QC review
- Datafax after single QC if minimal errors
- Staff roster to address QCs daily
- Faster Turn around time to fax to SCHARP

Time saved per participant = ~30 minutes



QUALITY CONTROL

# Changes to Procedures

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## Flagging of critical action items

- Impacts counseling and clinical follow-up (AEs, PH)
- Site was using red and green pens in chart notes to alert other staff of key issues
- Suggested use of sticky notes to flag key issues
- Yellow tracking Alert log at front of file

Critical issues flagged for follow-up more efficiently



# PRE-VISIT CLINIC FLOW



Waiting area  
10-15 min

Reception 1



30-45 min

Reception 2



15 min



Community  
Health Worker

15 -120 min



Nurse

3-4 hours



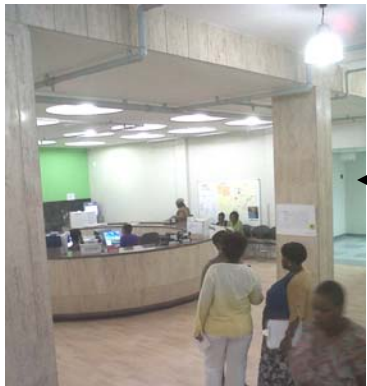
Pharmacy

10-20 min



Reception 2  
Wait during  
QC1

30-45 min



Reception 2  
Reimbursement



# POST-VISIT CLINIC FLOW



Waiting area  
10-15 min

Reception 1



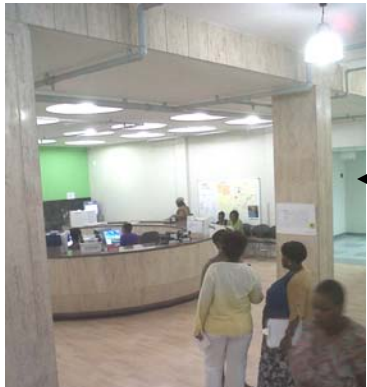
15 min (Saved 15-30)

**OMIT STEP**



Community  
Health Worker

↓ 5-90 min  
Saved 30 min



Reception 2  
Reimbursement



Reception 2  
Wait during  
QC1

15 min (Saved 15-30 min)



Pharmacy  
10-20min

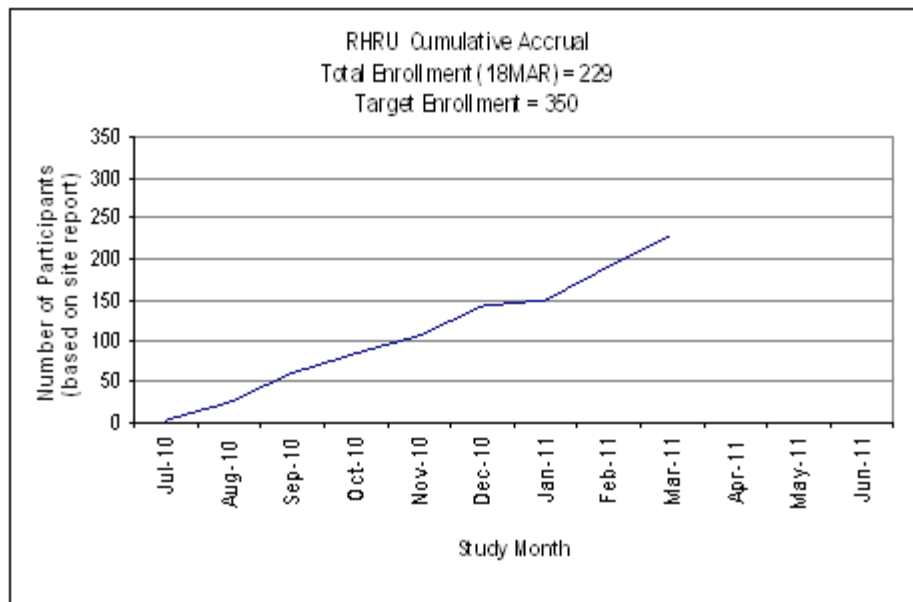
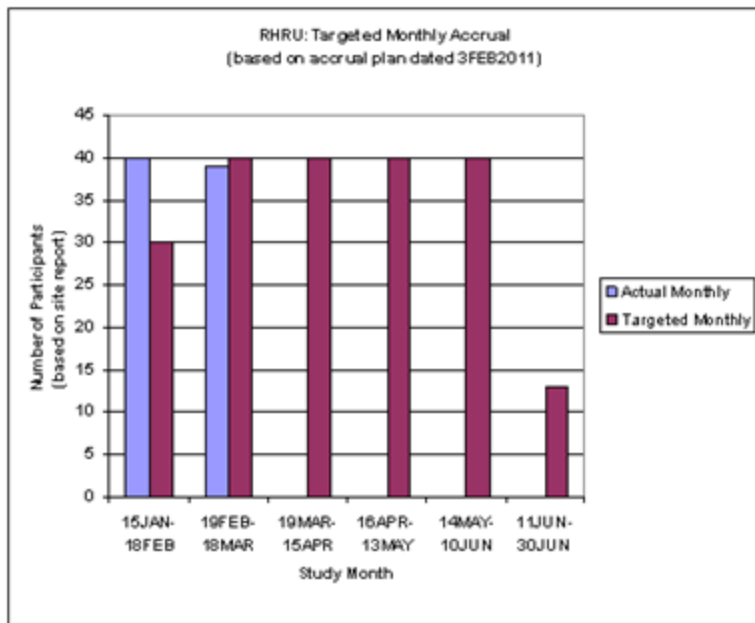


Nurse

2 to 3 hours  
Saved 1hour

**Save of  
~2.5 hours**

# Impact



# Impact on visit length

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- Reduction in overall length of visit
  - Happier staff and participants
  - Time saving, less labour intensive
  - See more participants per day
- Challenges
  - Extremes of minimal chart notes
  - Retraining





*"Never, ever, think outside the box."*

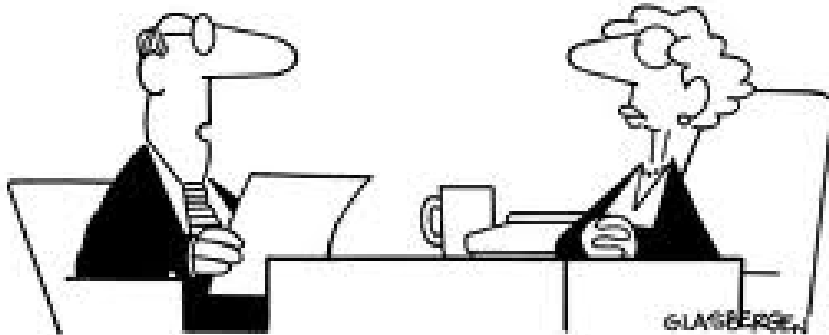
*Go Allen*

# Retraining

— W | R | H | I —

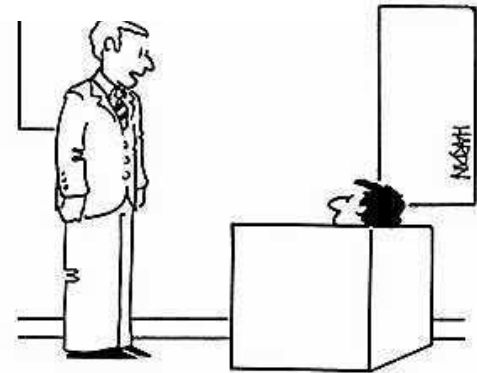


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GLASBERGEN

**"My team is having trouble thinking outside the box. We can't agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors."**



search ID: pha0321

*"Henderson - You'll never make it in this business unless you learn to think outside the box."*



search ID: sbu0093

S. BURNS

**"...and this is where we train our employees to think out of the box."**

# Acknowledgements

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WRHI dedicated staff 

MTN, SCHARP and FHI dedicated staff

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