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

Recommendation: Repeat process when indicated
Changes to visit flow

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 checklist: SOPs
- Reorganized participant binders

Time saved per participant = ~30-45 minutes
Changes to QC Review Process

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
Changes to Procedures

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

Reception 2
Reimbursement

Pharmacy
10-20 min

Nurse
3-4 hours

Reception 2
Wait during QC1
30-45 min
POST-VISIT CLINIC FLOW

1. Waiting area 10-15 min
2. Reception 1
   - 15 min (Saved 15-30)
3. OMIT STEP
4. Community Health Worker
   - 5-90 min
   - Saved 30 min
5. Reception 2
   - 10-20 min
6. Pharmacy
   - 15 min (Saved 15-30 min)
7. Nurse
   - 2 to 3 hours
   - Saved 1 hour

Save of ~2.5 hours
Impact
Impact on visit length

- 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
Retraining

"Never, ever, think outside the box."

They only taught me how to think outside of the box. I'm not trained for circles!!!

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

"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."

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