Pittsburgh Regional Healthcare Initiative
Reprinted from *PRHI Executive Summary*, June 2005
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Children's Hospital of Pittsburgh of UPMC

Child Development Unit: Keeping up with demand

Sarah's parents first became concerned when she did not start to talk when expected. Family, friends, and the pediatrician told them not to worry: kids develop at their own rate. Later, Sarah's parents started to notice other differences. When she turned 2, her parents noticed that when Sarah was at the playground, other children chased each other, laughed, and played together while Sarah was off on her own. It was as if she didn't notice the other children. It was difficult to connect with Sarah, and it sometimes seemed like she was in her own little world. When Sarah started preschool at age 3 the teachers noticed these same behaviors and expressed their concern to Sarah's parents. After a visit to the pediatrician's office, the doctor told Sarah's mom that it would be a good idea to have an evaluation, and referred the family to the Child Development Unit (CDU) at Children's Hospital of Pittsburgh of UPMC. This unit specializes in evaluating developmental delays and autistic spectrum disorders. With ambivalence and anxiety, Sarah's mother picks up the phone.

Before

A few months ago, the encounter might have gone like this: the mother's call goes to voicemail where she shares a few words about Sarah's condition and a callback number. The following day a person calls her back. If the mother is out, phone tag can go on for days.

When they finally meet by phone, the sympathetic intake coordinator asks a series of questions to determine, among other things, if the family's concerns can be addressed by the CDU specialists. It sounds like Sarah would be a candidate for CDU evaluation, so the intake coordinator sends the parents two questionnaires: one for them, one for Sarah's teacher. When these forms are completed and sent back, the process will continue.

Weeks pass before the parents send the forms back. Sarah's outbursts have grown more frequent and intense. Once the intake coordinator reviews the information, she recommends the best type of CDU appointment and sends a letter to the parents letting them know they can now call to schedule Sarah's appointment. It will be a two-hour appointment, thorough in every way. They will get answers.

The "Current Condition"			
Before February 2005		**After February 2005**	
Process	**Time elapsed**	**Improving processes**	**Results**
Parent calls intake	1.3 days	Live answering eliminates	✓
Intake connects with parent via return call	1.8 days	Live answering eliminates	✓
Mail and return forms	18 days	Schedule appointment for up to 3 year olds at time of intake call. Forms sent & returned during wait for appointment.	✓
Mail letter inviting parents to call for appointment	2 days		✓
Parents call for appointment	11 days		✓
Wait for appointment	69+ days	Actual wait may increase with staff shortages; yet overall wait time will still be less because of process improvements.	x

At last the mother calls to schedule, only to discover that the first available appointment is 10 weeks away—almost five months from the day Sarah's mother summoned her courage to place the first call. The desperate mother bursts into tears. The CDU staff shares her frustration. They want to see the child more quickly.

After

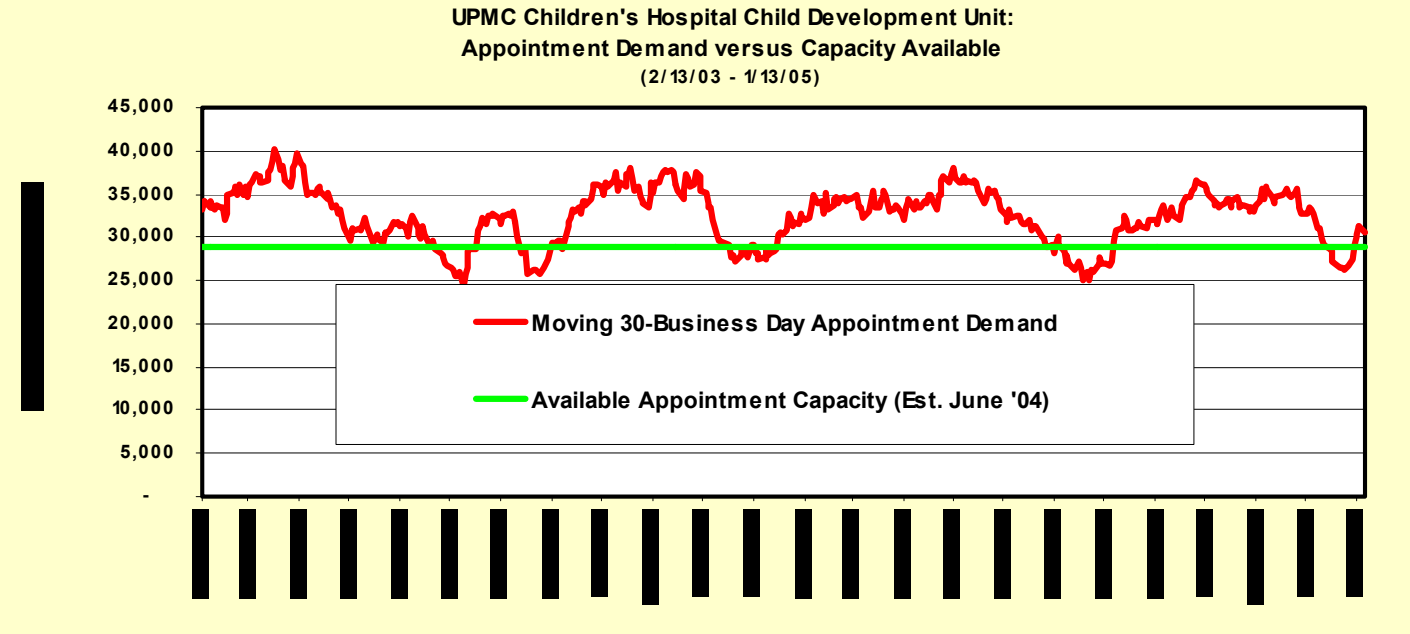
What started as an attempt to address a leader's goal has begun to transform the way appointments are made at the CDU. Leadership of Children's Hospital challenged all units to answer all phone calls live, and to schedule appointments at the time of the parent's first call.

In 2004, the unit's Medical Director, Dr. Robert Noll, along with Project Specialist Tina Hahn and Manager Iris Harlan attended the week-long Perfecting Patient Care™ University offered by PRHI. The classes illuminated certain techniques for these unit leaders—not so much the "what" but the "how" of improvement. By focusing solely on the needs of each individual patient, they were told, they could streamline their processes and make improvements they hadn't thought possible. PRHI Chief Nursing Officer Debra Thompson coached the team as they began experimenting with process improvements.

"The first question we asked was, 'Why can't we answer all calls live? And how can we move closer to that ideal?'" says Thompson. "We didn't start by asking, 'How can we get appointments to happen faster?' Instead, we patiently untangled the problem and started with a manageable chunk at the front end of the whole process."

"We had been starting off every morning a full day behind on phone calls," said Helen McElheny, an intake coordinator. "Each morning we faced playing back a day's-worth of voicemail and calling each person. It never occurred that it could work any other way, since the volume of calls was so great."

Tina in her role as Team Leader, assisted Helen and Intake Coordinator Sharon DiBridge in catching up the backlog of phone calls to ensure the intake coordinators started with a clean slate. Within 24 hours, the phones were being answered in real time, with very few landing in voicemail. Not only did this new process eliminate up to 3 days in wait time for patients, the intake coordinators discovered that it greatly reduced their stress. The time they'd spent listening to voicemails was put to more productive purposes—answering calls live and reviewing charts. Suddenly, they discovered, the hours in their work day went a lot farther.



Understanding demand: Once "in the system," parents report a high degree of satisfaction with the services their children receive. The problem is that, since this is the only program of its kind in the region, more demand exists than capacity.

Problems: The lag in capacity was not the only factor that led to waits of 4 to 6 months for a first appointment.

Constructing solutions: Continually addressing small, manageable problems, one by one, guided solely by what was in the best interest of the patient, led to breakthroughs over time.

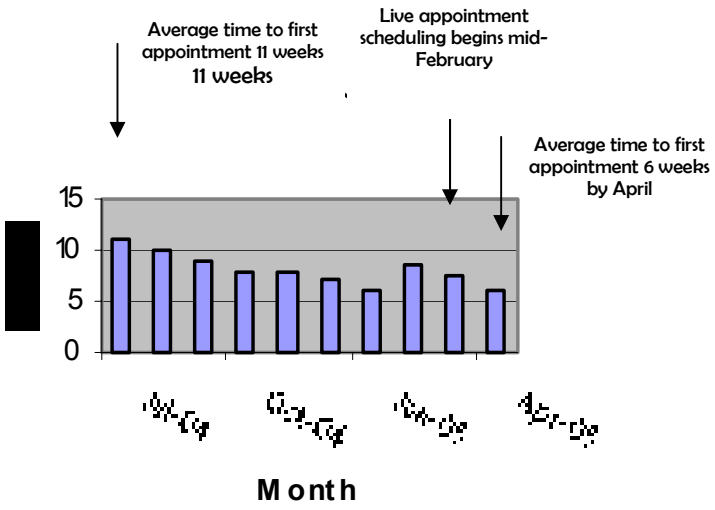
Unanticipated results

One unanticipated result of taking the calls live: the volume of intakes completed rose from 294 to 379 revealing additional facets of the community need for the types of services provided by the CDU (see chart). It also caused more problems to surface. For example, staff knew that only 60% of the people who made the initial call for help actually returned the paperwork and received appointments. Would this percentage improve if staff scheduled the appointment at the time of the call, and then exchanged paperwork? Or would doing so increase the amount of incomplete paperwork or missed appointments? CDU staff is phasing in the zero-paperwork appointment, currently with patients up to age three.

"Tackling the whole problem of 'wait time' is too overwhelming," says Team Leader Tina Hahn. "It works better to break it into smaller pieces, like scheduling 2-year-olds at time of intake, seeing how that goes, fixing as we go, then expanding that offering. By approaching change in this way, work becomes more manageable. Working this way, and relying on the training we received in the PPC University, has already allowed us to get better results than we ever thought possible."

With the steps taken thus far, CDU staff has eliminated 3 days of up-front wait time for patients by taking calls live. Also, children up the age of three are being scheduled at the time of intake, eliminating another component of the wait time for an appointment. The plan is to move ahead with small frequent improvements to ensure children with special needs get exactly what they need when they need it. According to Dr. Noll, "our goal for intakes is to have families make one call and get scheduled. Addition-

ally, we believe it is extremely important to see children and their families in a timely manner. One phone call and a timely appointment is our goal for quality family centered care." CDU staff continue to look at ways to streamline not only appointment scheduling, but creating the ideal appointment to thoroughly assess patient needs and work with the families to design an intervention plan for their children. Future articles will describe how doctors, nurse practitioners, psychologists and others on the clinical team begin to work together to eliminate waste and create the most efficient possible appointment for clients.



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