

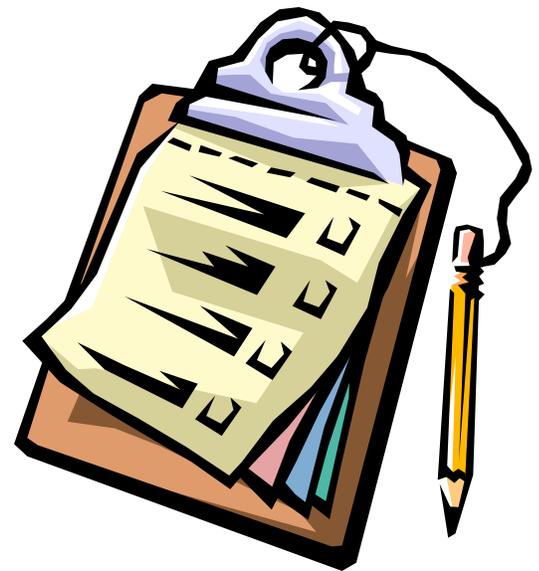
## Patient Visit Tracking Toolkit

### A Bird's Eye View of Patient Experience

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#### Summary Instructions for Tracking Patient Visits

1. In redesign, it's imperative to truly understand the process they are about to improve. The expeditious route to this understanding is through direct observation.
2. It is best to pair up to track their *first* visit. This allows one person to focus on tracking the patient-related activity while the other person “swims upstream” to locate specific causes of delays.
3. To select a visit to track, go to the front desk. When the next patient signs in, start tracking that patient.
4. As you follow the patient throughout the visit, observe and document all work and interactions associated with the visit.



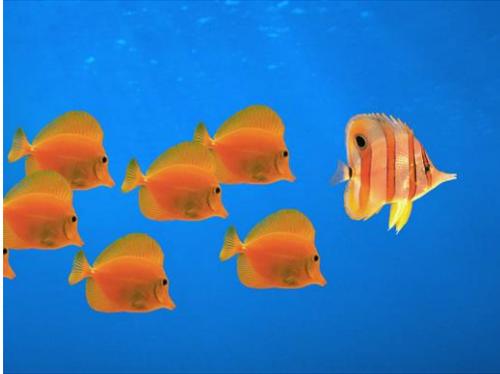
#### Detailed Instructions for Tracking Patient Visits

The team should work in pairs for the *first* trackings: two people tracking the same visit using the *same* tracking sheet. ***Make sure you synchronize watches. One person times and notes the patient's progress through the visit while the other member “swims upstream” to discover and document the reasons for delays and problems. This is a very critical step in understanding the true reason for both the decision make process and the delays that will inevitably occur. After tracking at least one visit with someone else, you may elect to track subsequent visits individually as long as you can do both the patient and staff observation and the swimming upstream.***

Track typical visits, avoiding those that will clearly be very short or very long. Later in this section, we provide you with sage advice about how to explain to staff what you are doing and why. Patients are another matter. Should the patient notice you're following her/him around, tell them that the site is studying ways to work smarter and shorten the patient visit—and then stand back and wait for the rave response!

Begin tracking the patient when he/she enters your facility or clinical area. The clock begins when the patient enters the facility and ends when the patient leaves the facility. On the tracking sheets, please note and time all steps involved in the patient visit.

Please make a copy of the patient's encounter form at the end of the visit if you still use paper forms. Of course, obliterate the patient's name and other identifiers but all other data including diagnosis, CPT codes and remarks will be useful in your analysis.



Please be vigilant observers. When the patient approaches the front desk, for example, position yourself right behind the staff member so you can observe all work as it is completed. Ask any questions that will help you understand the patient visit process but do not suggest solutions. Your job at this time is to understand the process, not fix it. If there are delays, “swim upstream” to discover the reasons.

As might be obvious, do not enter exam rooms with patients. Typically, the practitioner is interviewed shortly after the visit to capture the steps in the clinician-patient encounter.

Also, do not interfere in the patient visit in any way unless the patient's health and safety are at risk. It is easy to be seduced into fixing a single visit. We are cold, calculating, and ruthless people who do not care about the single visit. We are warm, fuzzy, and tenacious people who care about all visits. Fix the process and you fix all visits.

During patient downtime, explore the reasons for delay, but only in ways that do not alienate staff. Note duplication of work, wasted steps, missing equipment and supplies that interfere with the visit proceeding smoothly.

Don't worry about the Hawthorne Effect—that people work faster when being observed. We are not concerned with this phenomenon as redesigners. Our interest is in the sequence of tasks and activities required to complete the patient visit. If people want to exhaust themselves by hustling through cumbersome processes, that's their business. Our business is to streamline processes.

*Though this process can be tedious during patient downtime, do not alter the exercise to make it more exciting for you. You're not the point. This is the most efficient way of gathering data on the current visit process.*

**GRACEY NEIGHBORHOOD HEALTH  
PATIENT VISIT TRACKING SHEET****TRACKERS:** Tony Sewell & Audrey Lum**Appointment Time:** 6:15pm**Date:** April 7, 2017**Arrival Time:** 5:57pm**Visit Type:** Adult Primary Care**Provider:** Dr. Rogers**Patient's Gender & Age:** F/46 y.o.**Payer Type:** Medical

### Visit Tracking Sheet Example

Here is an example of a completed tracking sheet. It is only an illustration. Please improve upon it by capturing as much detail as you can. Let's orient ourselves to this form. First, at the top of the page is a header that contains key, but elemental information about the patient and the visit.

This is a fill-in-the-blank affair and with each tracking you'll want to note who tracked the visit, the patient's arrival and appointment times, why the patient came in for a visit, which provider they will be seeing, and the patient's gender and age.

Once the action begins, you'll need to enter information about every "step" that occurs during the patient visit. Be sure to capture details from the patient perspective, what is happening with staff and also swim up stream to see what is happening that will have an effect on our patient. When you track patients, don't plan to do other work too. Look, listen, and ask questions in order to do a great tracking!

Below you'll see the first few steps of a completed tracking sheet. Look this over before we proceed.

| Step | Time | Run Clock | Description of Step   | Wait in Min. |
|------|------|-----------|---|--------------|
| 1    | 5:57 | 0         | <p>Patient arrives, looks around and slowly moves toward the Cluster B area. (There is one clerk at Cluster A and two patients in line, there are three clerks at the Cluster B front desk at this time.) She stands in line behind two other patients at Cluster B. Of the three clerks only one seems to be with a patient right now. One is on the phone (can't tell with whom) and the second one is rebooting her computer. After 3 minutes, the clerk who was rebooting her computer calls up our patient.</p>  | 3            |
| 2    | 6:00 | 3         | <p>Patient arrives at Cluster B window. (Patient should be at Cluster A because her provider is working out of Cluster A today.) Clerk, however, checks the patient in at Cluster B (she says she does that when she isn't super busy, so that patient is not sent to Cluster A to start the whole check-in process again). Clerk reviews the patient details (address, phone, insurance, language and Primary Care Provider assignment) in the computer and asks the patient to verify her address and phone.</p> <p>Clerk asks the patient several questions designed to resolve eligibility issues because the patient has a state payment program that provides a partial payment. This patient was not pre-registered despite having booked this appointment two weeks prior. Clerk directs patient to Cluster A waiting area to wait.</p> |              |
| 3    | 6:02 | 5         | <p>Patient seems to not fully understand why she is going to Cluster A, because she walks over to the Cluster A front desk and waits behind two patients before reaching the front of the line...again.</p>   | 3            |

|   |      |   |   |  |
|---|------|---|---|--|
| 4 | 6:05 | 8 | <p>Patient tells Cluster A clerk her name. Clerk looks quickly for her in the computer (she looks just at the schedule page of the system for the providers in her pod and from the patient background color and the icon she can see that the patient is checked in).</p> <p>Clerk tells patient, without ceremony, that she is checked in and to take a seat in the waiting room.</p> |  |
|---|------|---|---|--|

There are five columns on a tracking sheet. The first just denotes the step number for easy referencing during discussions. The second notes the time when the step is occurring. Therefore, when you pair up to do your first tracking, you must synchronize your watches. The third column is the “stopwatch”. It tells you how much total time has elapsed *since the patient walked in the door*.

The fourth column is the most important and captures all the detail and observations you make while tracking a particular step in the patient’s visit. In this column, you also note which staff are involved in doing the work you describe and you make notes about what you found out by swimming upstream.

And, the fifth column tracks waiting time, whether the patient spends time *sitting* waiting for something to happen, or *standing* waiting for something to happen. The total amount of waiting time is recorded in this column in the row when the waiting *first began*. See the “2” minutes at the far right in Step 3? That tells us that this step resulted in two minutes of waiting (wasted, or non-value added time) for the patient. A few more steps of this visit are below. Model your work on this example and you should be able to produce high quality work even on your first trackings.

**Remember: The more detail, the better.**

| Step | Time | Run Clock | Description of Step   | Wait in Min. |
|------|------|-----------|---|--------------|
| 5    | 6:06 | 9         | Patient sits down in waiting room.  | 22           |
| 6    | 6:24 | 27        | <p>A fellow patient tells the patient to check with a nurse because “a nurse called a name.” It was actually an MA who called out. (The patient did not hear anything).</p> <p>Patient gets up and tries to open the door to the back clinic in the nurse’s supposed direction, however, the door</p> |              |

|   |      |    |  |  |
|---|------|----|--|--|
|   |      |    | <p>is locked. After looking through the slotted window and trying a few times, the patient finally goes around the cluster desk to find a clerk or nurse. No one is at the front desk at this time.</p> <p>While this was happening, the nurse for this provider was at her hallway workstation reviewing inbox items in the EMR since the provider was in with someone and doesn't need anything from the nurse. There is no pop up on the screen for the nurse to know when her patient has checked in... and she had not refreshed or gone back to the schedule screen for a few minutes.</p> |  |
| 7 | 6:26 | 29 | <p>Nurse (actually MA Luz) had gone back into her computer to double check patient arrival status and look at patient info. MA did not seem to look hard at the photo but would have seen age and gender on the top of the screen.</p> <p>MA comes back out and looks for patient at cluster seating. Finds patient at the front of the cluster registration desk waiting for someone to return. MA invites patient back to the "nurse triage room".</p>   | <p><i>(Note: So, the patient waited 22 min (6:06 – 6:28). This is noted in Step 5 when the wait <b>began</b> and spanned the time of steps 5-6-7).</i></p> |
| 8 | 6:28 | 31 | <p>Nurse Triage area. The MA weighs patient makes small talk, takes vitals (temperature, pulse, blood pressure and respiration) and jots vitals on a piece of paper which she slips into her pocket of her scrubs. There is some conversation about the patient being confused about the type of appointment. She has not had an annual for several years.</p> <p>There is a computer workstation in the triage area, but the nurse is not right next to it and does not seem to be logged in to that workstation. She does not enter anything into the computer while with the patient.</p>     |  |
| 9 | 6:32 | 35 | <p>Patient is escorted to and told to take a seat in exam room #8. Door is pulled closed. MA does not tell the</p>   | 14   |

|    |      |    |   |  |
|----|------|----|---|--|
|    |      |    | patient any specifics about the provider's timing, just that "she'll be in ...in a bit."  |  |
| 10 | 6:35 | 38 | <p>MA chats briefly with someone in the hallway about another patient then goes back to her workstation and logs back in and pulls up this patient. She pulls the slip of paper out of her pocket and enters the vitals information into the computer. She changes the ready status to the provider.</p> <p>Provider that is scheduled to see this patient is currently in room 6 with another patient. It is not evident that the provider is alerted that another patient is ready for her.</p> |  |

|                                     |                               |
|-------------------------------------|-------------------------------|
| <b>PATIENT VISIT TRACKING SHEET</b> |                               |
| <b>TRACKERS:</b> _____              |                               |
| Appointment Time: _____             | Date: _____                   |
| Arrival Time: _____                 | Visit Type: _____             |
| Provider: _____                     | Patient's Gender & Age: _____ |
| Payer Type: _____                   |                               |

| Step     | Time | Run Clock | Description of Step | Wait in Min. |
|----------|------|-----------|---------------------|--------------|
| <b>1</b> |      |           |                     |              |
| <b>2</b> |      |           |                     |              |
| <b>3</b> |      |           |                     |              |
| <b>4</b> |      |           |                     |              |
| <b>5</b> |      |           |                     |              |
| <b>6</b> |      |           |                     |              |

| <b>S<br/>t<br/>e<br/>p</b> | <b>Time</b> | <b>Run<br/>Clock</b> | <b>Description of Step</b> | <b>Wait<br/>in<br/>Min.</b> |
|----------------------------|-------------|----------------------|----------------------------|-----------------------------|
| 7                          |             |                      |                            |                             |
| 8                          |             |                      |                            |                             |
| 9                          |             |                      |                            |                             |
| 10                         |             |                      |                            |                             |
| 11                         |             |                      |                            |                             |
| 12                         |             |                      |                            |                             |
| 13                         |             |                      |                            |                             |
| 14                         |             |                      |                            |                             |
| 15                         |             |                      |                            |                             |

## Tips for Breaking the News to Staff

Let's be honest. It is *extraordinarily* unusual for us to study the way we work—which is what you are doing when you track patient visits. And, therefore, your colleagues will not take kindly to your “standing around doing nothing”. Be prepared for this. It is not possible to adequately brief staff on Patient Visit Redesign™ and DPI™ prior to tracking patient visits. Consequently, staff will not understand your intent when you directly observe work processes. They will not understand that direct observation is vital to redesign.

Most staff will associate direct observation with “being watched”, which typically precedes “being blamed”, a natural, if unfortunate, perspective.

Therefore, whenever you “hit the floor” to track patient visits, you will find it helpful to brief each and every staffer with whom you have *visual* or *verbal* contact. You will find it helpful to make the following points in your briefings:

- We are tracking patient visits as part of our DPI™ training.
- These trackings require us to directly observe all steps necessary to complete a patient visit. No step is too small to be observed. In other words, we have to note all work required of you during a patient visit or to prepare for a patient visit.
- Our objective is to thoroughly understand all the work necessary in a patient visit to see if the patient visit can be made faster, simpler, and better for patients and staff. If you have any suggestions about how to accomplish this, please tell us while we do this work.
- As I watch you work, I'll probably ask you some questions so I make sure I really understand what it is you do. Please be patient with me.
- Please understand that we are not evaluating people or judging performance in way, shape, or form. We are looking *only* at systems and processes.



After finishing your patient trackings, you'll want to translate these into graphic “maps” so you easily see the patterns of dysfunction in your current process. Go to [ColemanAssociates.com](http://ColemanAssociates.com) to the Tools section to download the tool: **Visit Mapping Toolkit**.