



WEWOKA INDIAN HEALTH CENTER: THE WAIT IS OVER

There was a time when patients at Wewoka Indian Health Center routinely waited more than 2.5 hours for a 15-minute medical appointment. But, that was before the Improving Patient Care (IPC) program changed the way the clinic does business.

Located 67 miles southeast of Oklahoma City in a small town at the heart of the Seminole Nation, Wewoka Indian Health Center provides primary and specialty care to members of the Seminole and Muscogee (Creek) Tribes, as well as other federally recognized Tribal members in Oklahoma. The clinic treats more than 12,000 active patients of all ages. In this sparsely populated area, the clinic is the only accessible health care in the area, and many patients travel long distances to get there.

THE WAITING GAME

Since its establishment in 1977, the clinic was set up for both walk-ins and appointments. Clinicians had pre-booked 20-minute appointments from 8:30 a.m. to 3:00 p.m. One provider was designated each day to see walk-in patients. While this setup ensured that the staff would start and end work on time, it served neither the walk-in patients nor those with appointments very well. Those who needed an appointment often couldn't get a slot for at least three months. Patients who came in for same-day appointments often had to wait for hours before seeing the provider.

Once patients heard their name called, the wait wasn't over. First, a nurse took them to a room where the nurse took information about their chief complaint, current medical situation, medications, and any other new information. Then, the patient returned to the lobby. The next person to call the patient was the provider. But by that time, the patient could well be outside for a break and miss

hearing the name called. Then, the doctor played the waiting game.

Eventually, the patient saw the doctor, who prescribed medicine, lab tests, or treatment based on the findings. The patient returned to the waiting room to wait for the pharmacist, the lab tech, or the nurse. By the time the patient left, he or she might have walked back and forth from the lobby more than seven times. When the IPC coordinator mapped the traffic pattern, it looked like chicken scribble (see illustration below).

TURNING THE SYSTEM AROUND

On January 1, 2011, Wewoka rolled out an entirely new, patient-friendly system based on two years of IPC training and analysis.

The clinic scrapped the designated "walk-in doctor" assignment and carved out a number of reserved same-day appointments for each provider. Patients have two options: call ahead for a same-day appointment or walk in the front door when they are sick. Each provider still has scheduled appointments each day for those patients who require follow-up. Giving patients a choice is an important part of delivering better customer service. It recognizes that different methods suit different patients. Some patients need to plan ahead to take off work or arrange child care, while others prefer to come to the clinic on a day that is convenient for them. Some patients don't have telephones or have to rely on the tribal transportation system or family to travel to their appointments. For them, the new system works best. "We didn't want to turn anyone away," says Michelle Jesse, RN, MPH, IPC coordinator for Wewoka, "and the new system allows our patients to see their own doctor when they are sick instead of



the ‘walk-in doctor’ who may or may not know them personally or be familiar with their medical history.”

The new system is more efficient, too. In the old system, providers saw at most 11 patients a day—if everyone showed up. Now, each provider sees an average of 16 to 18, and sometimes 19, patients a day. This has improved revenue and allowed the clinic to expand the services it provides to its patients.

GETTING FROM THERE TO HERE

The roots of change took hold back in 2007, when CEO Millie Blackmon, MPH, unrolled a “clinic redesign plan.” Like many of the staff members, Blackmon is a patient as well as an employee of the Wewoka Indian Health Center. As a patient, she could easily see what the problems were: long wait times, frustration, and poor customer service. However, identifying problems is often easier than finding solutions.

That didn’t daunt the Wewoka administration. Blackmon had recently attended a workshop sponsored by the Institute for Healthcare Improvement (IHI), and she liked what she had heard about patient-centered care and helping clinicians work at the top of their licensure. Her goal was to make Wewoka a place where patients want to go for care, not just a place patients have to go. In 2008, when Wewoka received the request for applications for the Improving Patient Care project, the clinic jumped at the chance to participate. “It was everything we were trying to do, and it helped us to focus and gave us the data component that we need,” says Jesse, who was a public health nurse before filling the role of the administrative officer and eventually IPC coordinator for Wewoka.

Following the IHI-recommended protocol, the first step was to establish a care team or micro system that would test different structures, schedules, and ideas. The goal was to come up with solutions to increase quality of care while also increasing

efficiency. The priority for both medical and nursing staffs was to ensure there was adequate nursing coverage on the floor to carry out doctors’ orders. The administration wanted to work with existing staff and minimize the need to hire additional employees. They settled on three identical care teams, each team consists of:

- two providers (one physician and one mid-level provider);
- one licensed practical nurse (LPN);
- one nursing assistant;
- one registered nurse-care manager;
- one pharmacist;
- one public health nurse; and
- one community health representative.

From the beginning of the project, staffing changes have posed a steady stream of challenges. Having temporary personnel (locum tenens) in three of the provider slots meant constant turnover on the medical staff. Despite these challenges, Wewoka has continued to pursue the IPC goals and accomplished a great deal in a short amount of time.

Dayne Piercefield, MD, an internist who had been on the Wewoka staff for two years, was tapped to lead the micro system. The team tried a variety of ideas to move patients through the clinic faster while increasing the number of patients getting recommended screenings (for diabetes, depression, alcoholism and cancer) and preventive care (such as flu shots). “Dr. Piercefield and his team were doing great things and it was really inspiring,” Jesse says.

Before leaving the clinic in late 2009, Dr. Piercefield made a list of the qualities needed in the physician leader of the IPC microsystem: innovation, dedication, and commitment to quality care. To that list, the IPC coordinator added another requirement: a solid provider who wouldn’t leave the project. The clinic didn’t have to look far to find someone to fit that bill: Ronald Fried, DO, family physician and medical director who has been with the clinic



for over 10 years. Despite his already full workload, Dr. Fried stepped up to the plate.

SUPPORTIVE STRUCTURE

IPC means providers receive critically important support for providing quality care to patients. Both the LPN and the nursing assistant screen patients and take preliminary vitals. The LPN administers injections at the provider's request or according to standing orders. Behind the scenes, the RN-care manager handles referrals, patient phone calls, refill requests, and medication changes with the assistance of the pharmacist. If the RN-care manager is having trouble reaching a patient or if a patient requires assistance at home, the public health nurse goes out and makes a home visit. With such great support in place, providers can focus on listening to the patient and meeting the full spectrum of health care needs in the context of their real lives. Patients know that there will always be a familiar face on their health care team.

Until he joined the micro system team, Dr. Fried hadn't been directly involved in the implementation of IPC. After six months on the team, he was hooked. "I didn't really understand IPC before," he admitted to Michelle Jesse. "It's like flying coach all your life and finally being able to go first class."

The supportive team approach has turned out to be a powerful recruiting tool for Wewoka. Before spreading the IPC system to the entire clinic, Wewoka was having trouble recruiting for the open provider positions. But, within three months of clinic-wide implementation, two new providers had signed on. Both cited the IPC Collaborative as a factor in their decisions to come to Wewoka.

DEALING WITH NAYSAYERS

Even positive change can be scary and stressful. Many staffers had been with the clinic since it opened and had seen other improvement efforts fail. Given that experience, they expressed skepticism that the IPC changes would be successful.

While dealing with naysayers can be frustrating, Jesse points out that these employees possess institutional memory and a wealth of experience that can provide invaluable guidance to the process. Jesse tells staff members, "I'm so glad you're here to share what happened last time so we can make sure we don't do the same thing again."

Wewoka administrators find ways to help staff become invested in the success of the program. RNs who moved from direct patient care into care manager roles now provide training for LPNs and nursing assistants. CEO Blackmon includes IPC as an agenda item at every staff meeting, drawing a picture of how the program will improve patient care. "We have 75 to 80 employees and all of them know what IPC is," Jesse says. What's more, they're willing to try new approaches, she says. "If I ask everyone to show up to work 30 minutes early to try something new, everyone jumps on board, no problem."

While administrators thought they might lose some employees in the change process, most have stayed on and gotten on board. "We've seen some improvement in staff satisfaction, and that's exciting to me," Jesse remarks. "A lot of them were in jobs they really didn't like, and, when they move to new positions in the clinic, they're really happy."

The proof is in the numbers. In addition to improved staff satisfaction, patient satisfaction has risen steadily since IPC implementation. Screening rates average close to 100 percent across all three care teams. Wait times and cycle times, measured in minutes not hours, are steady at an 80-minute or faster average for each care team. Provider productivity has increased 33 percent. Patients receive the care they deserve, and clinicians and staff feel supported in their roles.

All this adds up to a better atmosphere for staff and patients, "We've been on a long journey, and we still have a long way to go," says Jesse, "but people get excited because they see the changes."