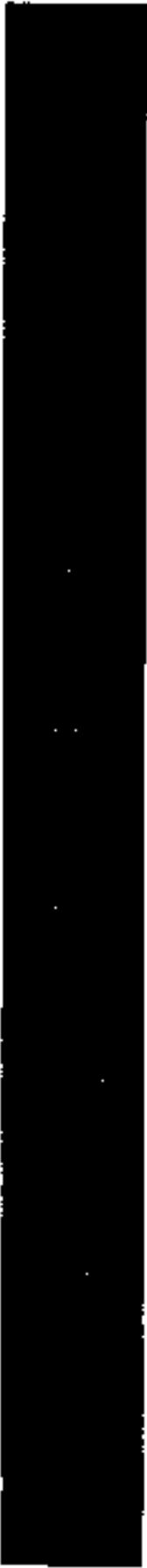


**PATIENT FLOW TIME STUDY**



**SOUTHERN BANDS CLINIC**



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**FEBRUARY, 1998**



PATIENT FLOW TIME STUDY  
ELKO SERVICE UNIT  
SOUTHERN BANDS HEALTH CENTER  
FEBRUARY, 1998

## INTRODUCTION

The Elko Service Unit, encompassing the northeast one-third of Nevada, is headquartered in Elko, Nevada. The Service Unit provides medical services to approximately two thousand, five hundred (2,500) Indians on eight (8) reservations and colonies.

The Southern Bands Health Center is located in Elko, Nevada. The Southern Bands Health Center is an outpatient facility staffed by one physician, one physician assistant, a full time dentist, a full time psychologist and various contracted specialty consultants. The ancillary staff is comprised of a nursing staff of three registered nurses, a laboratory Technician, contracted pharmacist and dental assistant. The support administrative staff serves the entire Service Unit and their time is divided, as mandated by Rules, Regulations, and National Standards of Care.

The center primarily serves residents from the Goshute and Duckwater Reservations, Elko, Battle Mountain, South Fork and Wells Colonies. Although, Direct Care Services are available to all federally recognized tribal members of all ages and genders. However, Contracted Health Care Services are generally available only to enrolled members of the local tribes.

The Shoshone Indians at one time occupied the Northwest territories. Evidence of their wide-range lifestyle is the river named after them in Nevada. The majority of the Indians located within the Service Unit are Western Shoshone.

Most members of the Shoshone and Goshute tribes are contemporary in their choice of housing, the clothes they wear, their speech and lifestyle. Traditional skills, such as beadwork and leather crafts are still seen. There are elders who still practice old customs and use their native language.

The philosophy and mission of the Elko Service Unit staff is to provide, in cooperation with Tribal entities, high quality, cost effective health care. The goal of the Service Unit staff is to constantly work to improve services/care delivery to those we serve, by either Direct Care Services or by Contracted Services.

In 1996, the Service Unit staff had identified as a goal the provision of timely service to our beneficiaries. A study was then undertaken to develop a patient care flow chart. This was accomplished. Late in 1997, the Service Unit MCEC (Medical Care Evaluation Committee) directed that an actual time study be done.

## MEHODOLOGY:

It was decided that for the month of February, 1998, a Patient Flow Time Study be performed. Only patients being seen in the Southern Bands Health Center for outpatient visits would be evaluated. There would be a comparison of Appointed patients and Walk-in patients times. A time flow sheet would be used as the study tool (See Attachment).

The Areas of the Study were:

- TOTAL TIME OF VISIT
- MEDICAL RECORDS TIME
- PATIENT REGISTRATION
- NURSING SERVICE/SCREENING
- PRIMARY CARE VISIT
- LABORATORY SERVICES
- PHARMACY

There was a total of one hundred and forty seven (147) complete patient visits studied. There were seven (7) incomplete patient visit forms. The total clinic visits, during the time of the Study, were three hundred and eighty (380). The random sampling is thirty eight percent (38.7%), which is statistically significant.

## LIMITATIONS OF DATA:

The random sampling is just that; not a complete sampling. Individual special cause events may have been missed. The Study does show trends and patterns of variation that may be used to focus additional efforts toward improving clinic management of patient care delivery.

## DISCUSSION:

1. The Study does shows that if a patient has an appointment the total visit time is shorter.
2. Medical Records time frame seems to be appropriate and have no affect if the patient has an appointment or is a walk-in .
3. Patient registration is affected by walk-in status. More information is needed for any rationale
4. Nursing Service/Screening has many variables. Appointments seem to take more nursing time. Again more information is needed being conclusions can be made.
5. Primary care visits again seem longer for appointed patients. One may query if this increased time factor may be caused by the accurity of the patients, (chronic vs acute).
6. Laboratory services favor the appointed patient. More information is needed to explain this finding.
7. Pharmaceutical service seem to comprise most of the time spent in the outpatient interaction. Again, appointed patients would be mostly chronic care management, thus, requiring more medications and pharmacist intervention.

*acuity?*

## RESULTS

### COMPARISONS (AVERAGE TIMES):

AREA OF STUDY	APPOINTMENT	WALK-IN
TOTAL TIME	52 minutes	72 minutes
MEDICAL RECORDS	1.3 minutes	1.5 minutes
PATIENT REGISTRATION		
seen	1.45 minutes	1.5 minutes
update files	1.39 minutes	2.4 minutes
NURSING SERVICE/SCREENING		
triage/screening	10.27 minutes	8.86 minutes
PRIMARY CARE VISIT	15.5 minutes	12.5 minutes
LABORATORY SERVICES	7.06 minutes	9.4 minutes
PHARMACY	34.94 minutes	25.05 minutes

ELKO SERVICE UNIT  
PATIENT FLOW TIME STUDY  
PERFORMANCE IMPROVEMENT ACTIVITY  
FEBRUARY, 1998

AREA: OUTPATIENT CLINIC (ELKO)

Date: \_\_\_\_\_

Chart #: \_\_\_\_\_

SIGNED IN: \_\_\_\_\_

PT REG: IN \_\_\_\_\_ OUT: \_\_\_\_\_

CHART TO NURSES: \_\_\_\_\_

TRIAGE: IN \_\_\_\_\_ COMPLETED: \_\_\_\_\_

LAB: SENT \_\_\_\_\_ RESULTS BACK: \_\_\_\_\_

EXAM ROOM IN \_\_\_\_\_ OUT \_\_\_\_\_

PROVIDER NOTIFIED: \_\_\_\_\_

PROVIDER IN \_\_\_\_\_ OUT: \_\_\_\_\_

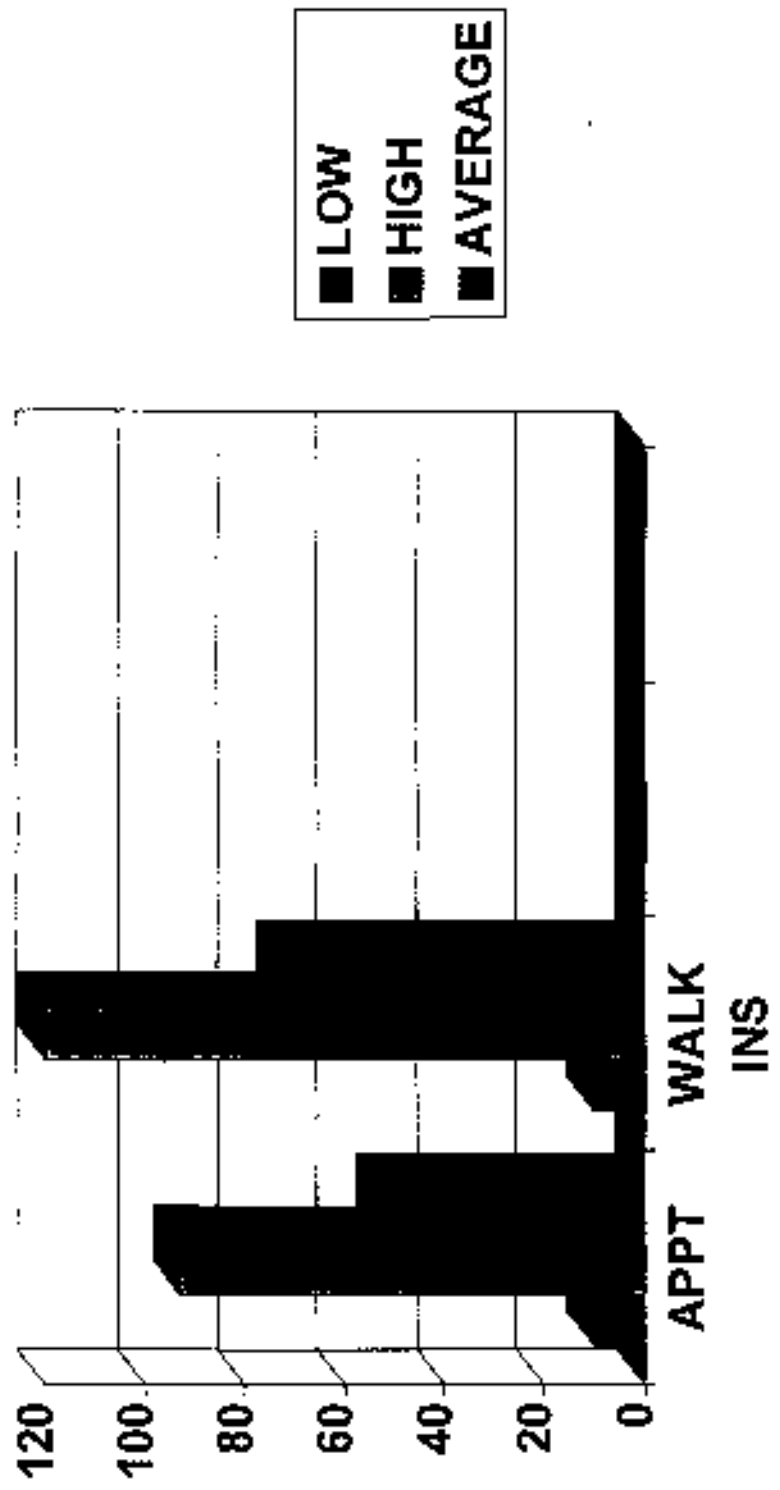
PHARMACY: CHART TO PHARMACY: \_\_\_\_\_  
BEGIN TO FILL Rx \_\_\_\_\_  
Rx TO PATIENT \_\_\_\_\_

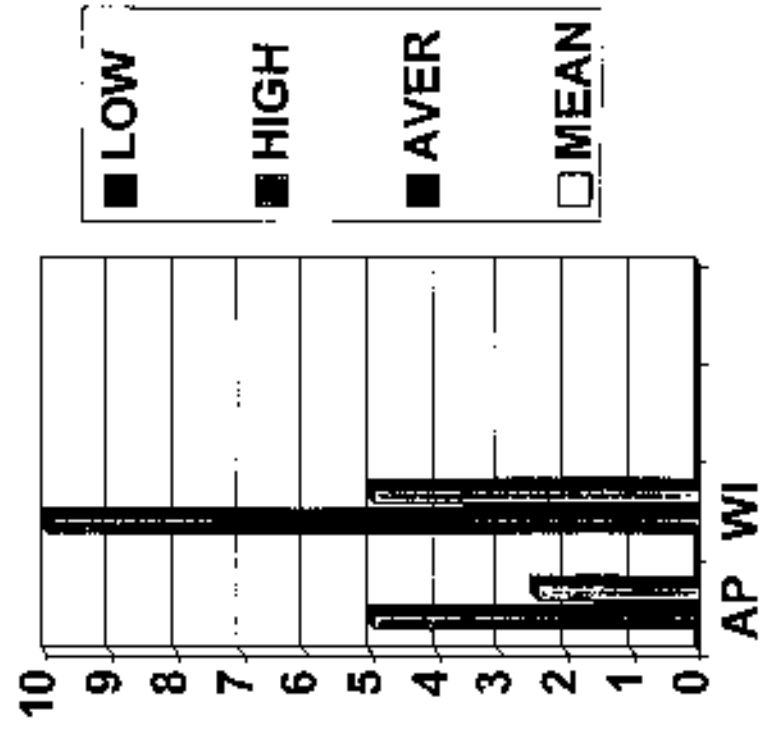
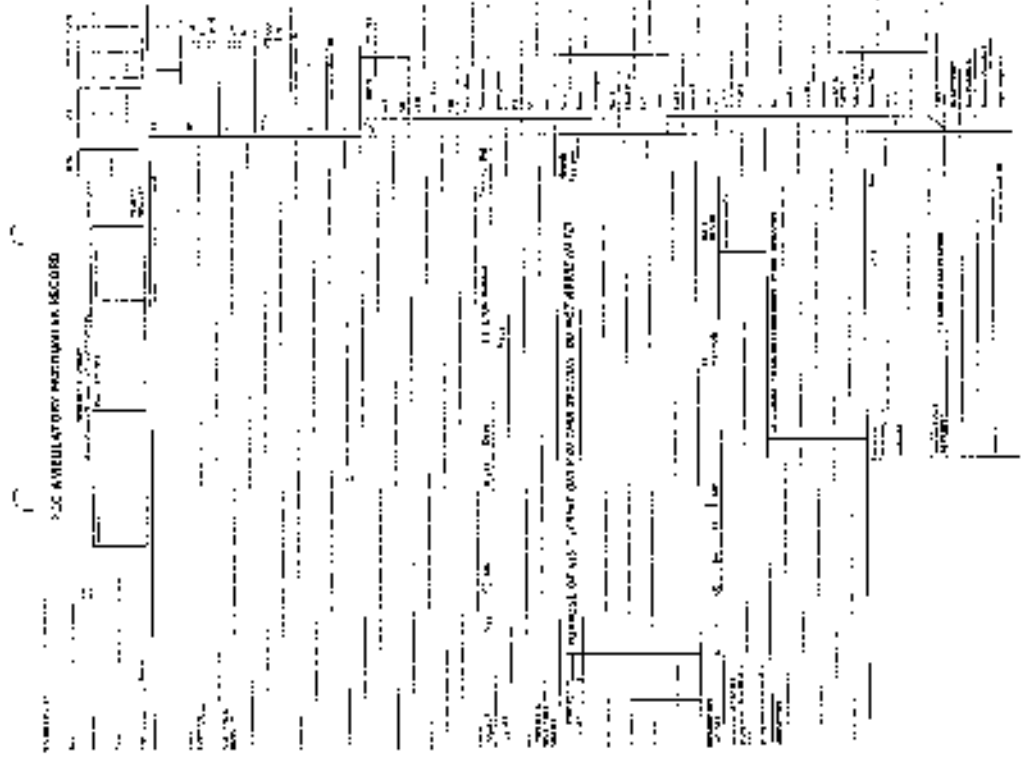
TIME OUT: \_\_\_\_\_

**AREAS OF STUDY**

- **TOTAL TIME OF VISITS**
- **MEDICAL RECORDS**
- **PATIENT REGISTRATION**
- **NURSING SERVICES/SCREENING**
- **PRIMARY CARE VISIT**
- **LABORATORY SERVICES**
- **PHARMACY**

3  
4

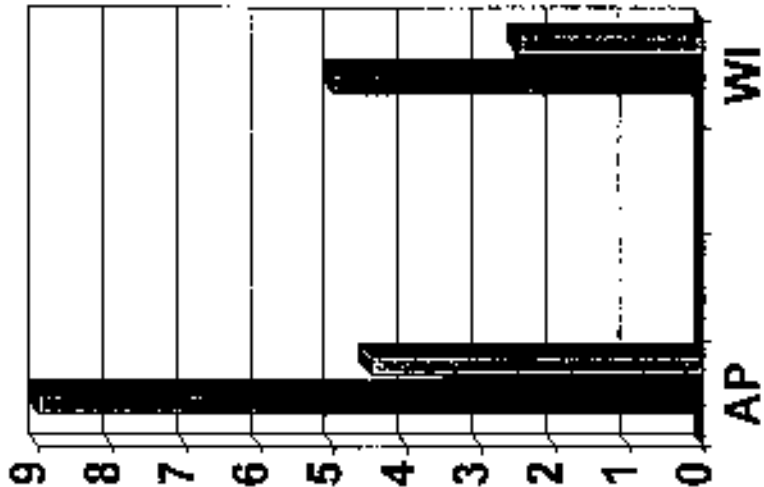






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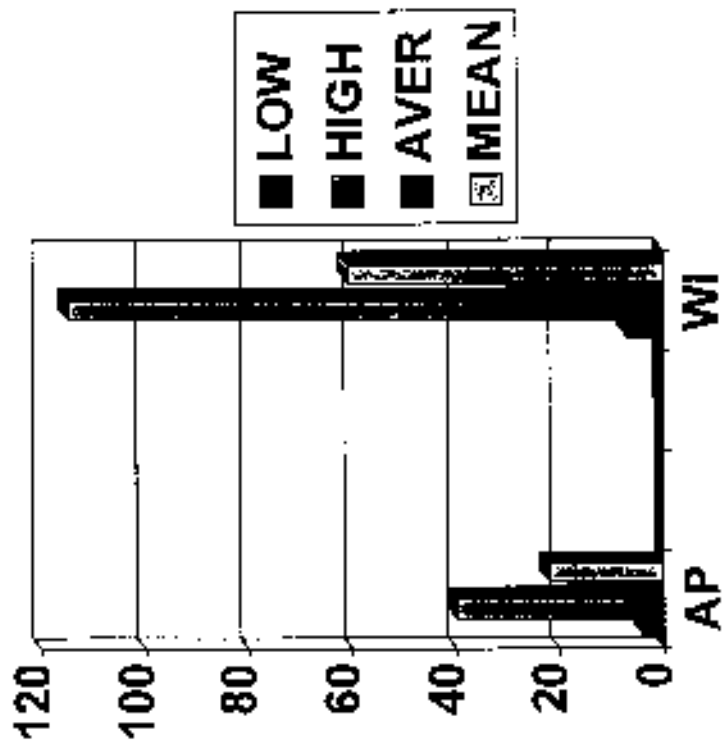
(IN MINUTES)



Patient Registration

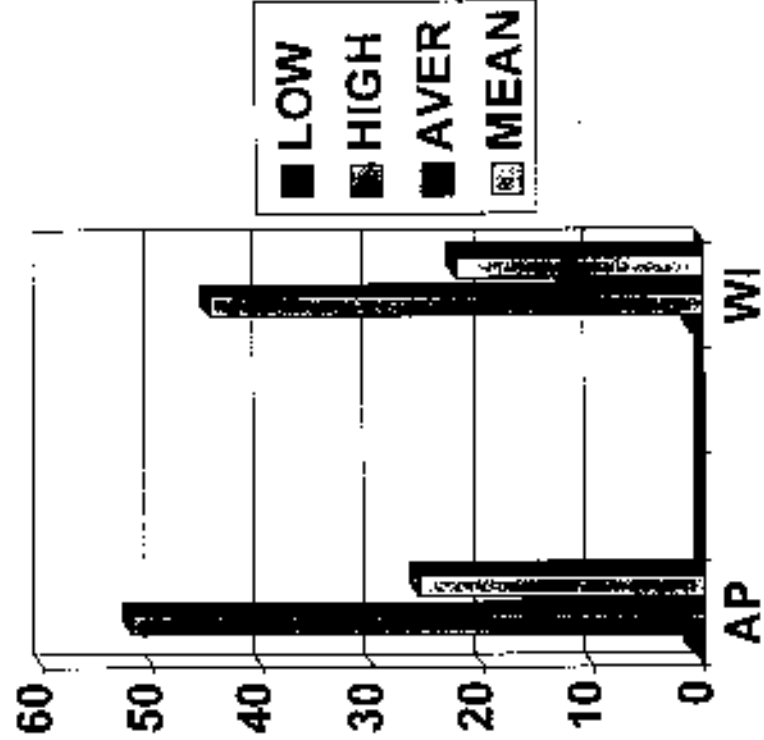
- ADD ADD a new patient.
- EPC EDIT a patient's file
- PAC PRINT a PACE SHEET
- NON ENTER NON-MANDATORY new patient information
- NUM CORRECT the patient's NAME
- CHR EDIT the patient's CLINIC NUMBER
- EXA INACTIVATE/ACTIVATE a patient's file
- RPT REGISTRATION REPORTS
- DEL DELETE a patient's Health Record Number
- REV Review and edit DECREASED or INACTIVE patient files
- PAGE Print an EMBOSSED CARD
- SCN SCAN the patient files
- THR Third Party Billing Records
- IND Print sub-file INDEX cards
- LBL LABELS menu
- PAG Edit one of the Patient's PAGES
- PIS Print Pace sheet, Index card, Embossed card

Select Patient Registration Option: ADD



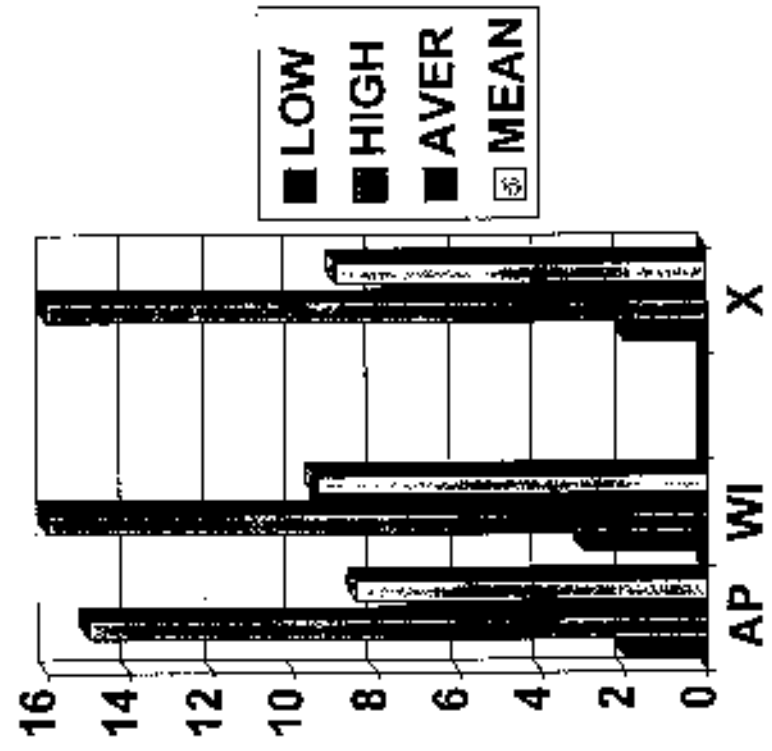
- **THE COMPONENTS OF THIS ELEMENT ARE:**
- **CHART TO NURSE, UNTIL SCREENING BEGAN:**
- **RANGE: 1-23/2-105 MIN**
- **AVERAGE: 11.02/25.13 MIN**
- **MEAN: 12/53.5 MIN**
- **SCREENING TIME:**
- **AVERAGE: 10.27/8/86 MIN**
- **MEAN 10.5/8 MIN**
- **(APPT/WALK IN)**

- PREPARATION TIMES ARE:
- PLACED IN EXAM ROOM/PROVIDER NOTIFIED:
- RANGE: 1-5/1-1 MIN
- AVERAGE: 2.25/1 MIN
- MEAN: 2.2/1 MIN
- PROVIDER NOTIFIED AND CARE BEGINS:
- RANGE: 1-15/1 MIN
- AVERAGE: 3.6/1 MIN
- MEAN: 7.5/1 MIN (APPT/WI)



**COMPARISON OF APPTS & WI PATIENT WITH AN AVERAGE OF BOTH GROUPS (X)**

- **COMPARISON OF APPTS & WI PATIENT WITH AN AVERAGE OF BOTH GROUPS (X)**
- **APPOINTMENTS FOR LAB ONLY ARE NOT INCLUDED**
- **AT TIMES IN THE STUDY NURSES PROVIDED LAB SERVICES**



- PHARMACY SERVICES WERE NOT ALWAYS PROVIDED AT THE TIME OF THE VISIT. PATIENT MAY HAVE RETURNED FOR MEDICATIONS.
- APPOINTED PATIENTS AS A RULE HAVE MULTIPLE AND MORE COMPLEX MEDICATION PROFILES AND REQUIRE MORE PHARMACY SERVICES.

