

Standardized Operation Resources for Transition (SORT) Phase I Pilot: PDCA Project



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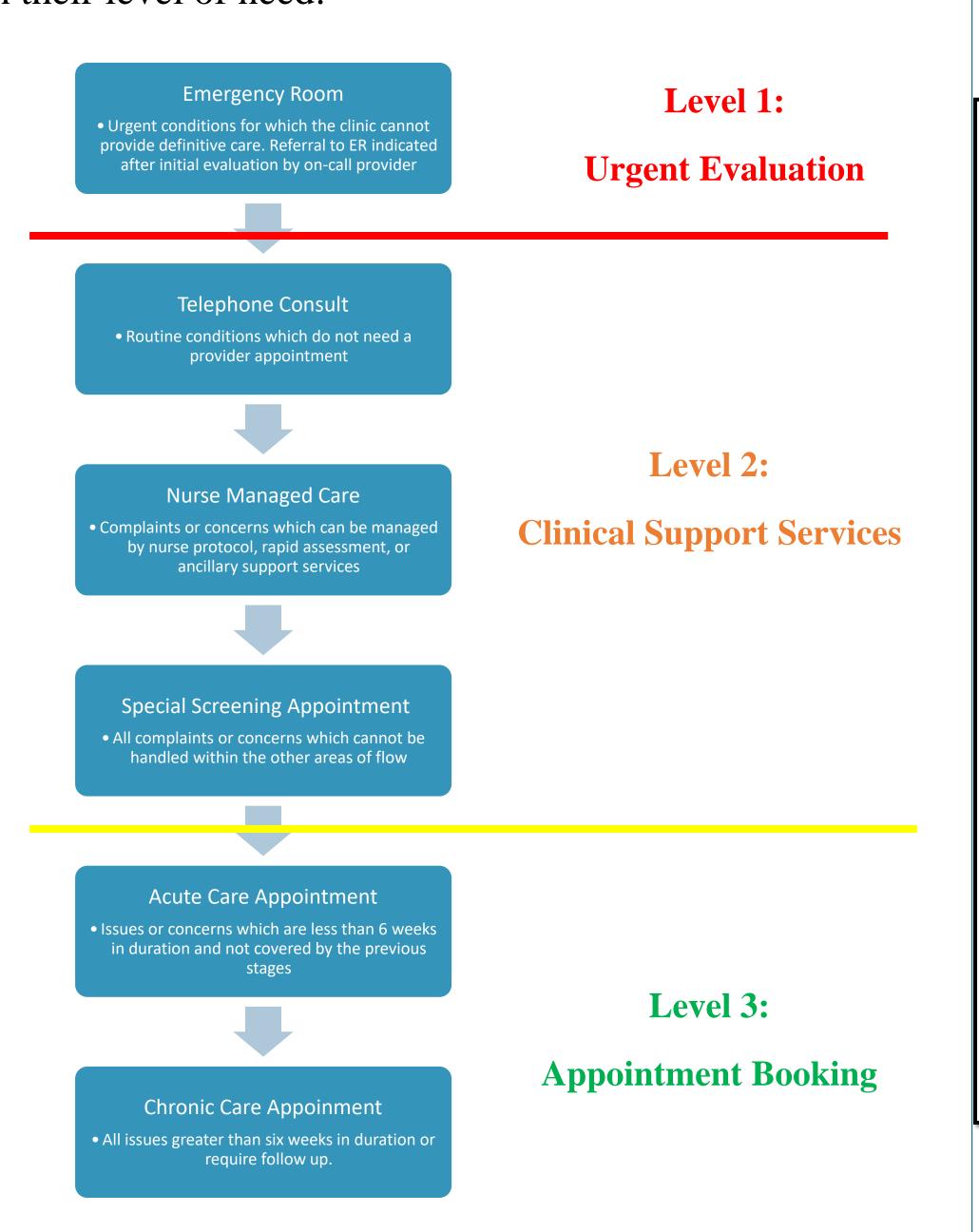
Plan – The Problem

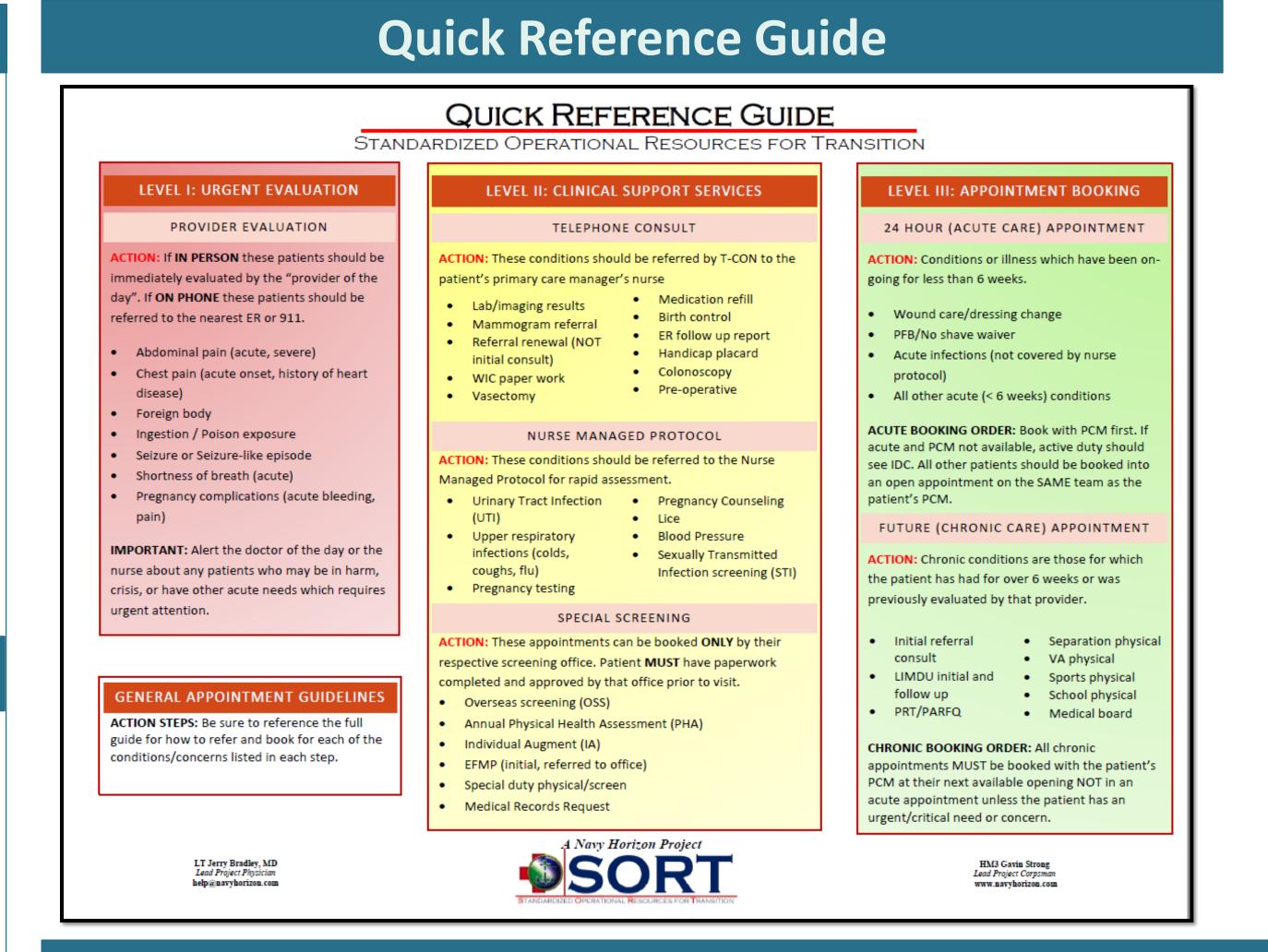
Appointment booking is a critical process in order to provide patients with the best possible care. Within the outpatient clinic we found the following issues:

- No consistent standard for booking
- Limited utilization of ancillary resources
- No screening for nurse managed clinics
- No pathways for ER visits or consults
- Poor communication between booking staff, providers, and nursing
- Reduced access due to unnecessary appointments

Do – Creating the Process

The SORT process re-developed the booking guidelines to ensure patients were scheduled with the best possible resource for their care. The new process consisted of three levels of access through which the patient would fall based on their level of need:





Pain is urgent if it is:

Pain is urgent if it is:

Associated with intense nausea and

Associated with shortness of breath

History of prior heart attack

Any object which is retained inside a

Any event which the patient display

convulsion, passes out, or loss

Shortness of breath is urgent if:

Intense nausea and vomiting

Cramping

Complications

LT Jerry Bradley, MD Lead Project Physician help@navyborizon.com

Associated with dizziness

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SORT

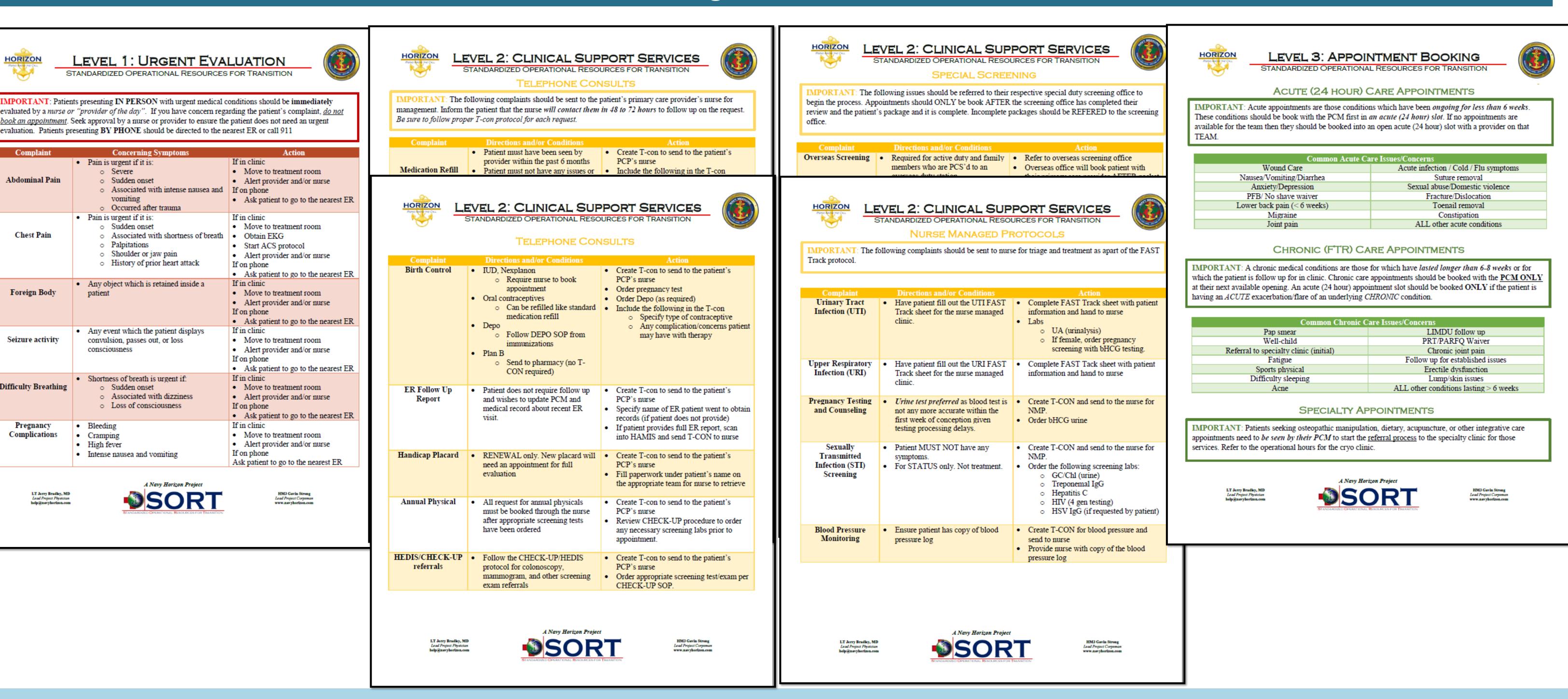
Loss of consciousness

Occurred after trauma

Value Based Care Modeling (Check and Act) OVER ACCESS VALUE-BASED POOR ACCESS Excess appointments ACCESS No appointments No demand Appointments High demand Meet demand

- Poor Access: Access to health care exists on a continuum. For conditions where there is demand for appointments but no availability, it is considered poor access to healthcare. Many medical systems face this issue with patients being forced to wait several weeks for a routine appointment.
- Value-Based Access: In a setting where there are adequate appointments to meet demand, the system will be termed value-based access. Value-based access is a concept developed for SORT which attempts to supply appointment by need using a standardized screening and ACCESS report monitoring.
- Over Access: In conditions where there are an excess number of open appointments with no demand is considered **WASTE**. Within the military health care system, open appointments and no-shows carry a high cost as operational resources are fixed. The only way to maximize resources and reduce waste is to increase patient booking or eliminate redundant services.

Pilot Testing – The Levels of Care



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