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Naval Branch Health Clinic Port Hueneme

The Problem

- Large variability in intake process, triage, and screening
- No consistent training for new corpsman in clinical operations
- No standardized work flow responsibility and intake process procedure to expedite work flow

Define

- Improve current patient care and appointment transition pathways by **standardized training**
- Ensure patient's needs are being addressed **efficiently and effectively** in regard to behavioral health, preventative, and health records screening
- **Eliminate variability** in care quality by establishing a minimum baseline for patient encounters across the clinic
- Align with core mission objectives for NHCP and improve trajectory toward **high reliability**
- Improve **communication** through an integrated, TeamSTEPPS approach to health care.

Measure and Analyze

- **No baseline** data existed for how well we were documenting and screening patient care
- Joint Commission (TJC), National Committee for Quality Assurance (NCQA), High Reliability core process, BUMED guidance reviewed to identify **over 50 components** for proper outpatient care
- Target of 85% compliance for core components

Harm Potential

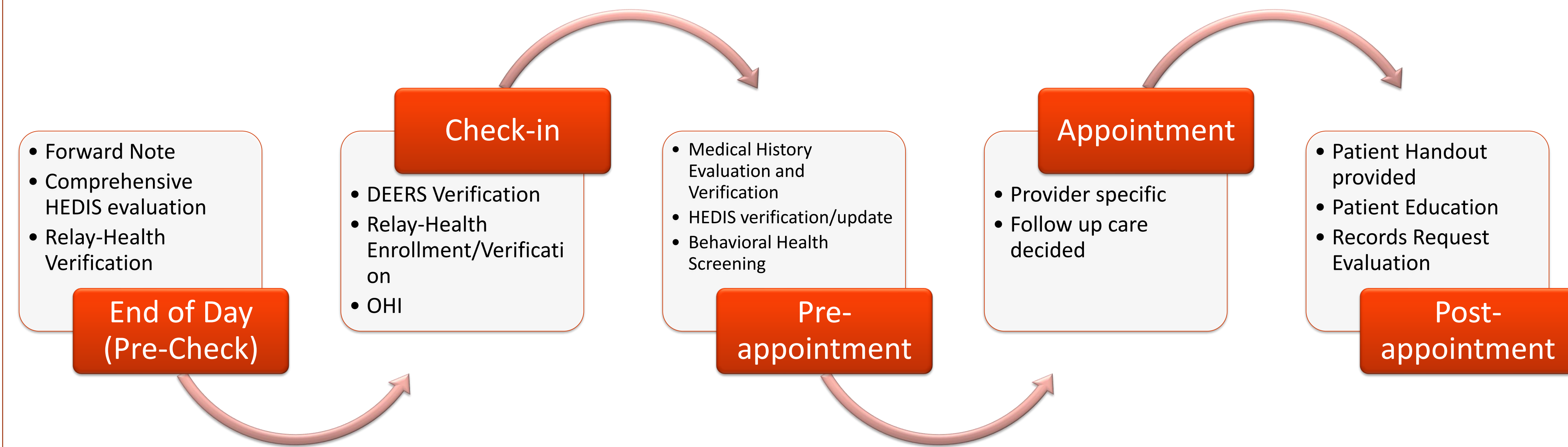
Number of Possible Clinical Errors.

- Errors per patient (SAFE Start): **50**
- Number of Patients per provider (average): **14-18**
- Number of Clinic providers: **7**
- Operational days per provider: **240**

Number of potential errors:
1,176,000-1,512,000

Design

Clinic workflow was divided into 5 main stages. Each stage was standardized with required screening and evaluation based on the recommendations from the Joint Commission (TJC), National Committee for Quality Assurance (NCQA), and BUMED



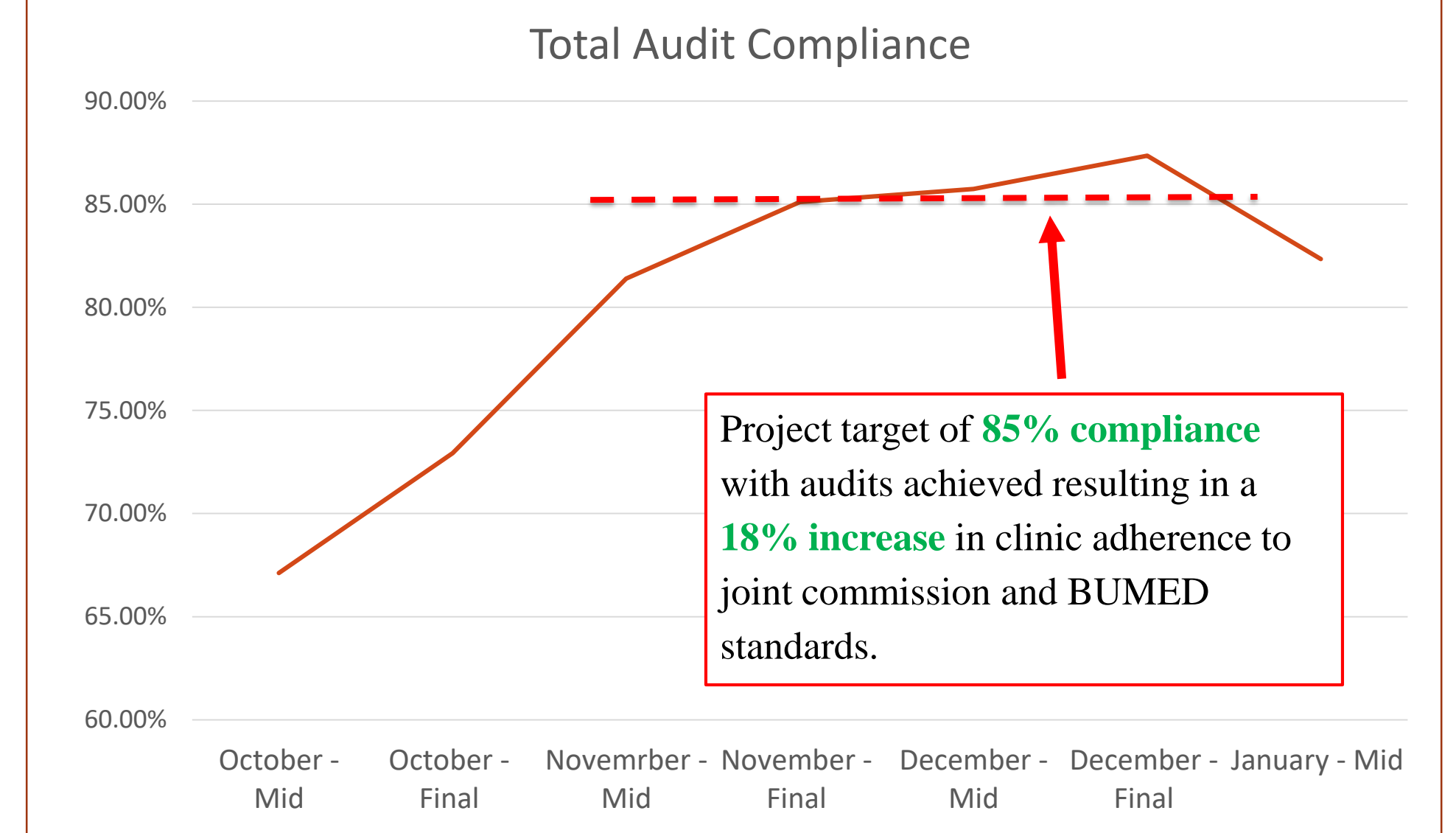
Tracking

Corpsman were trained and required to document workflow for each of the 50 items in the AIM-Patient Flow Sheet for each patient.

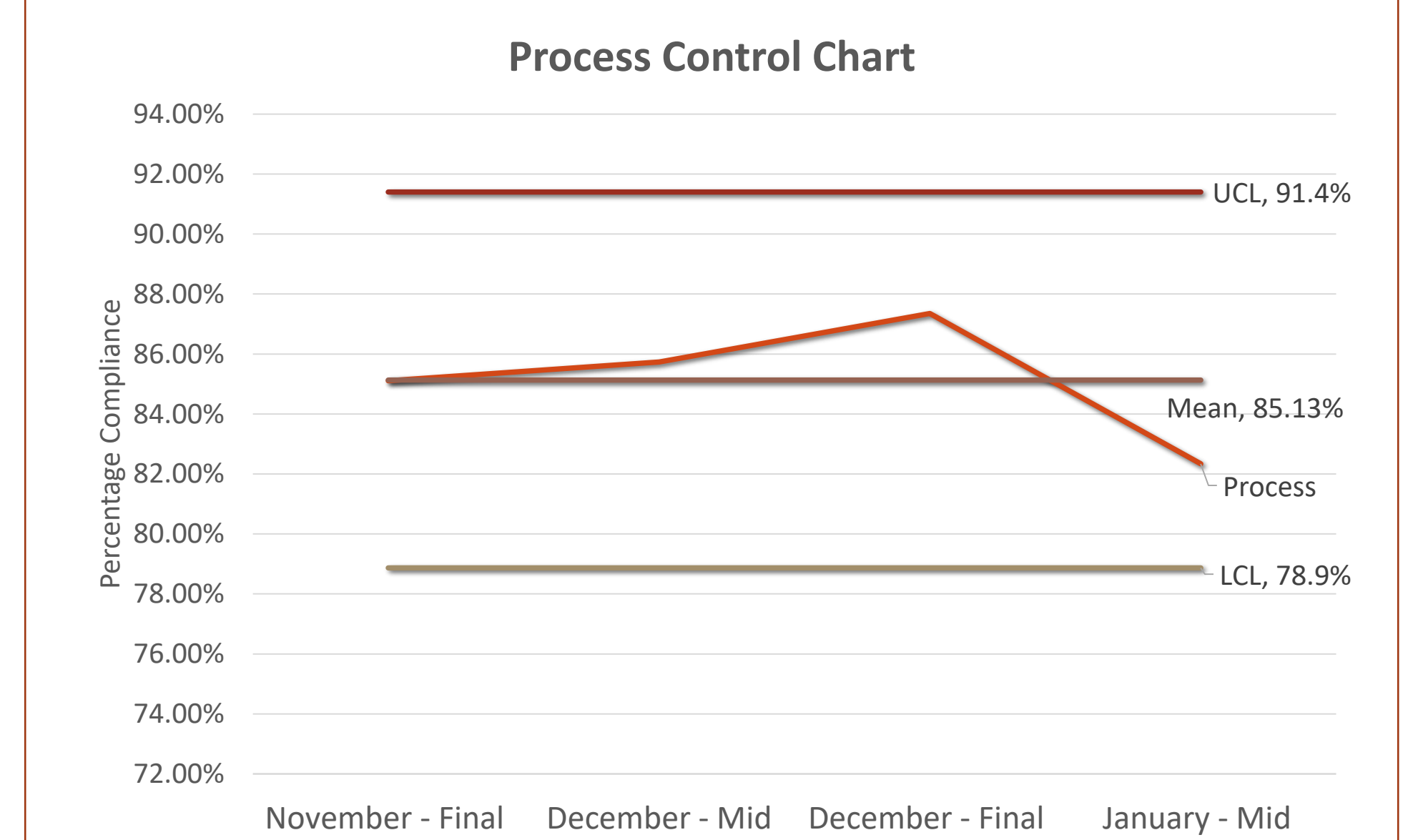
Audits

Random chart audits were conducted for each corpsman with feedback and overall compliance reported in SAFETY - Checks

Verify



Stability



Report Card

	Mean	DMPO	Sigma
Initial (OCT)	67.15	328800	1.98
Final (NOV-JAN)	85.13	148700	2.54
Change	+18.01%	-180100	+0.56

That represents 3,602 patients with no errors in their record for an entire year over previous clinical performance.

Future Directions

Ongoing process stability for 6 months with next target goal of 95%. Consider future expansion.

Contact Information

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Leadership

- CAPT Rachel Lewis, OIC
- LCDR Jackie Kessler, Department Head
- LT Bernadette Garcia, Division Officer

Team Members

- HM2 Baylee Camacho
- HM2 Kayla Dugger
- HM2 James Engstrom

Acknowledgements

We would like to acknowledge the hard work of the corpsman, nurses, and providers at NBHC Port Hueneme who helped make this process possible!