

Improving the current process for completion of EIA forms at Northern Connection Medical Centre in relation to staff satisfaction

Brought to you by the Family Medicine Northern Remote Stream PGY2s:
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Acknowledgement of Land & Persons



TRADITIONAL TERRITORIES — ACKNOWLEDGEMENT —

The University of Manitoba campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation.

We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

- I want to acknowledge that we are on the territories of the Anishinabe, Ininew, Oji-Cree, Dene and Lakota nations, who are the original caretakers of the land on which we stand. I want to acknowledge Winnipeg, or win nipee, for which we as residing and new comers are able to take up this opportunity to present and share our own cultivation of knowledge.
- I want to acknowledge the identities and individuals present for today's presentation and welcome you to introduce your pronouns within the presentation/in participation of various exercises.

Goal/Aim Statement

We expect to increase Northern Remote staff satisfaction by 20% on a Likert scale regarding the process of EIA form completion at the Northern Connection Medical Centre, by Dec 1 2024



What is your overall satisfaction of the form process? (On a scale of 1-5)

- 1 (Extremely Dissatisfied)
- 2 (Somewhat Dissatisfied)
- 3 (Neutral)
- 4 (Somewhat Satisfied)
- 5 (Extremely Satisfied)

What makes this topic so important?

Pre-Change Idea Analysis (Quantitative)

Residents/ Attending Physicians:

Extremely Dissatisfied : 1 resident

Somewhat Dissatisfied : 4 residents

Neutral : 3 residents

Somewhat Satisfied : 1 attending

Allied Health

Somewhat Dissatisfied : 1

Neutral : 1

PCAS:

Neutral : 2

Average NCMC staff satisfaction to start:

Extremely dissatisfied: 1/13 (7.7%)

Somewhat dissatisfied: 5/13 (38.5%)

Neutral: 6/13 (46.2%)

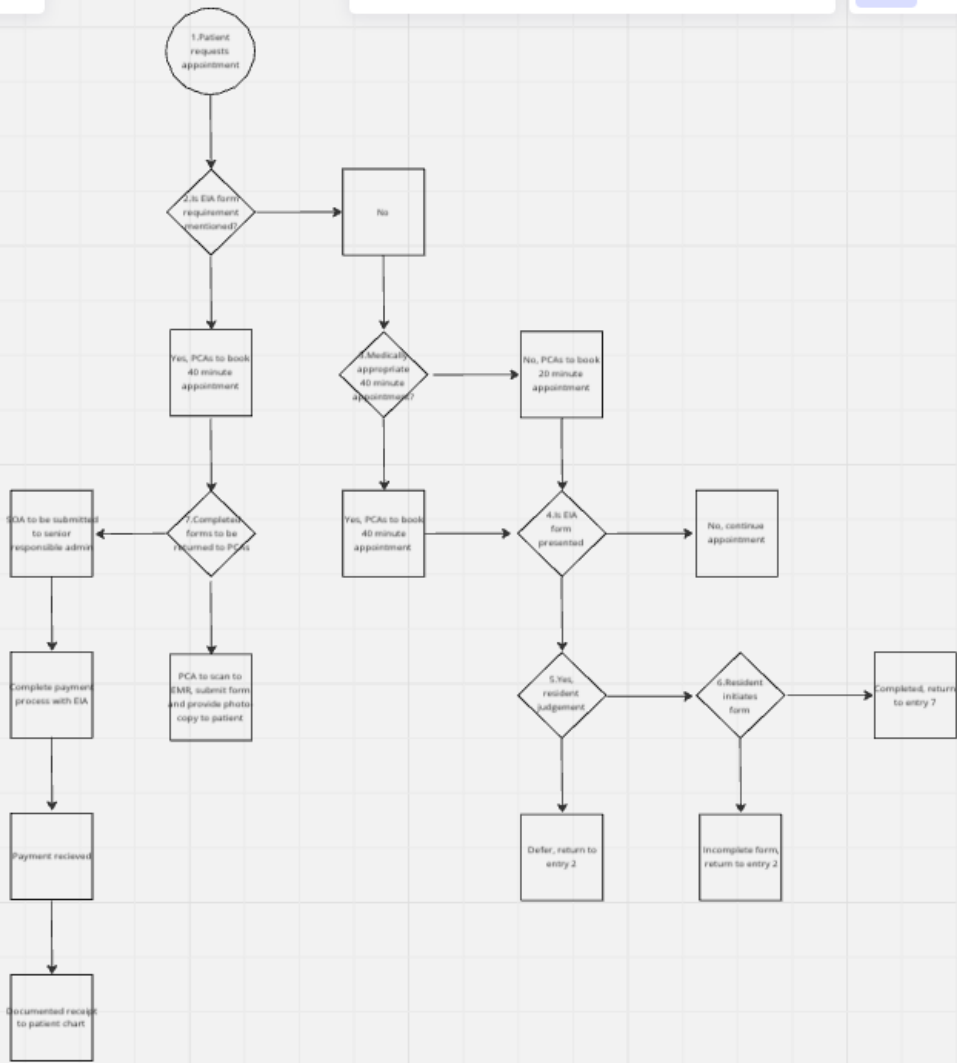
Somewhat satisfied 1/13 (7.7%)

Yield: 13 total responses (8 resident responses)

Average score on Likert scale to start: 2.54/5



Process at the time...



Pre-Change Idea Analysis (Qualitative)

<u>Opportunities for Change</u>	<u>Barriers to Current System</u>
<ol style="list-style-type: none"><li data-bbox="175 401 935 558">1. "I would highly encourage that patient fill the self reported part of the form by themselves or seek help from their support worker or allied healthcare professional"<li data-bbox="175 568 904 725">2. "It may be likely there could be parts that I could assist with. I very regularly submit equipment justification and request forms to EIA" - Allied Health	<ol style="list-style-type: none"><li data-bbox="1018 401 1707 473">1. "When your attending that day is not their regular physician"<li data-bbox="1018 484 1740 601">2. "When expected to do an entire visit besides the form, it would help to make the time longer"<li data-bbox="1018 612 1785 768">3. "The wording on these forms is very important, and I don't think we have received adequate training on how to fill out these forms appropriately"<li data-bbox="1018 779 1707 935">4. "Too many forms have been partially completed and then left in the hanging file folder with no instructions to either the preceptor or PCA team"



So we made some changes...

Change Idea 1 Analysis (Quantitative)

Change Idea 1: PCAs to ask every patient at the time of booking if they will have a form to fill out -> if yes patient will have a form -> ensure that a 40 minute appointment is booked

Residents/ Attending

Physicians:

Extremely Dissatisfied : 1
attending

Neutral : **1 resident**

Somewhat Satisfied : **2 residents,**

Average NCMC staff satisfaction to form process:

Extremely dissatisfied: 1/7 (14.3%)

Neutral: 2/7 (28.6%)

Somewhat satisfied: 4/7 (57.1%)

Increase in satisfaction

Allied Health

Neutral : 1

Somewhat Satisfied: 1

PCAS:

No responses received

Overall satisfaction to change idea #1:

Neutral: 1/7 (14.3%)

Somewhat satisfied: 3/7 (42.9%)

Extremely satisfied: 3/7 (42.9%)

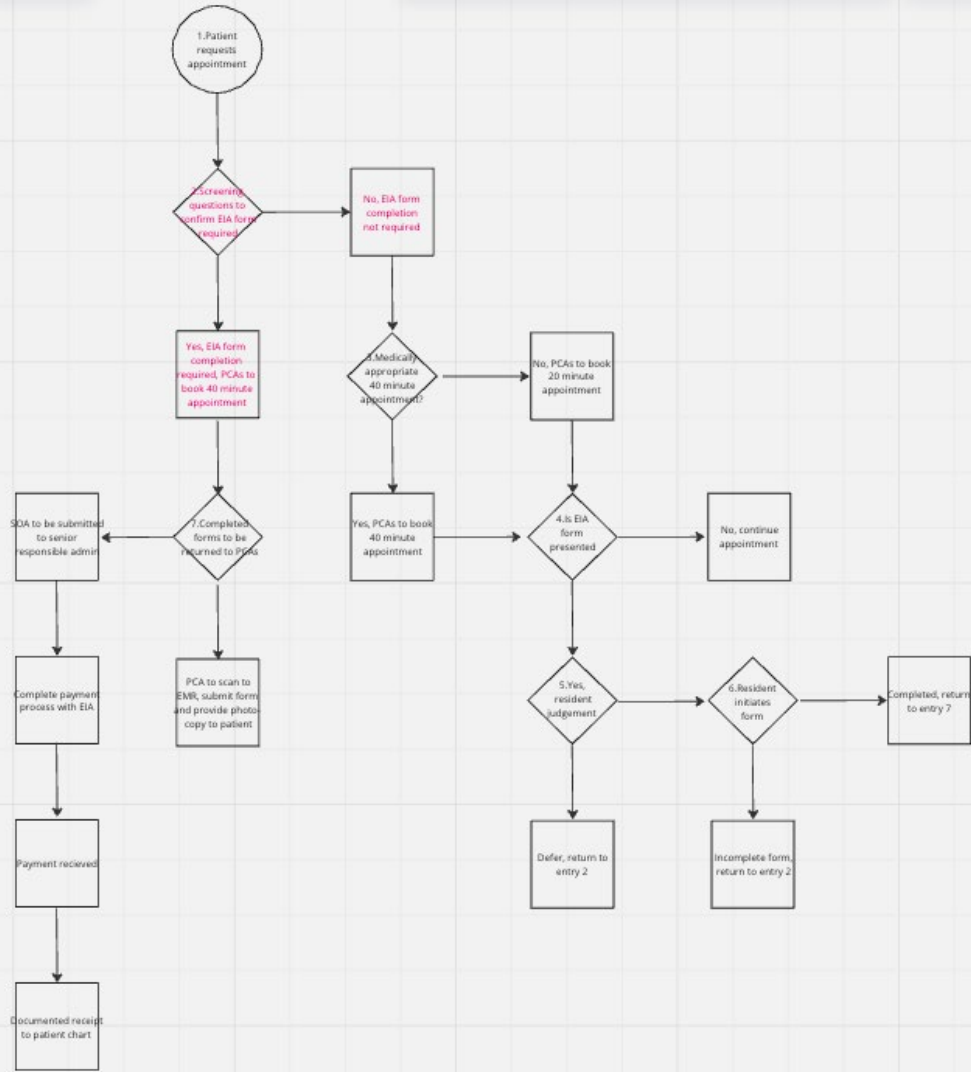
Yield: 7 total responses (3 resident responses)

Average score on Likert scale post-change idea #1: 3.29/5

Change Idea 1 Analysis (Qualitative)

<u>Opportunities for Change</u>	<u>Barriers to Current System</u>
<ol style="list-style-type: none"><li data-bbox="200 397 948 481">1. “Ensure patient has completed their portion of the forms (when applicable)”<li data-bbox="200 495 948 729">2. “Difficulty completing form on their own, then a Social Work visit should be booked prior to the MD appt to facilitate completion of the patient portion of the form”<li data-bbox="200 743 948 784">3. “PCAs could ask, when is/was the form due”<li data-bbox="200 798 948 932">4. “I would be happy to assist with the disability portion of EIA forms” -Member of allied health<li data-bbox="200 946 948 1081">5. “PCA asking patients ahead of time will prevent walk-in for forms and patient won’t give it randomly to attendings!”	<ol style="list-style-type: none"><li data-bbox="1018 397 1721 481">1. “This is a sensible change idea, but I have not noted it happening”

Change Idea 1 in action...





And then...we made more changes...

Change Idea 2 Analysis (Quantitative)

Change Idea 2: If a patient arrives with a form to be completed that our team did not know about prior to patient's arrival -> redirect to PCAs to book another appointment or defer to preceptor to

complete

(if patient is needing the form completed imminently)

Residents/ Attending

Physicians:

Somewhat Dissatisfied : 1 resident,
1 attending

Neutral : 5 residents, 1 attending

Somewhat Satisfied : 1 resident, 1
attending

Average NCMC staff satisfaction:

Somewhat Dissatisfied: 3/18 (16.7%)

Neutral: 12/18 (66.7%)

Somewhat satisfied: 3/18 (16.7%)

Allied Health

Somewhat Dissatisfied : 1

Neutral : 5

PCAS:

Neutral : 1

Somewhat satisfied: 1

Overall satisfaction to change idea #2:

Neutral: 7/18 (26.3%)

Somewhat satisfied: 9/18 (42.1%)

Extremely satisfied: 2/18 (10.5%)

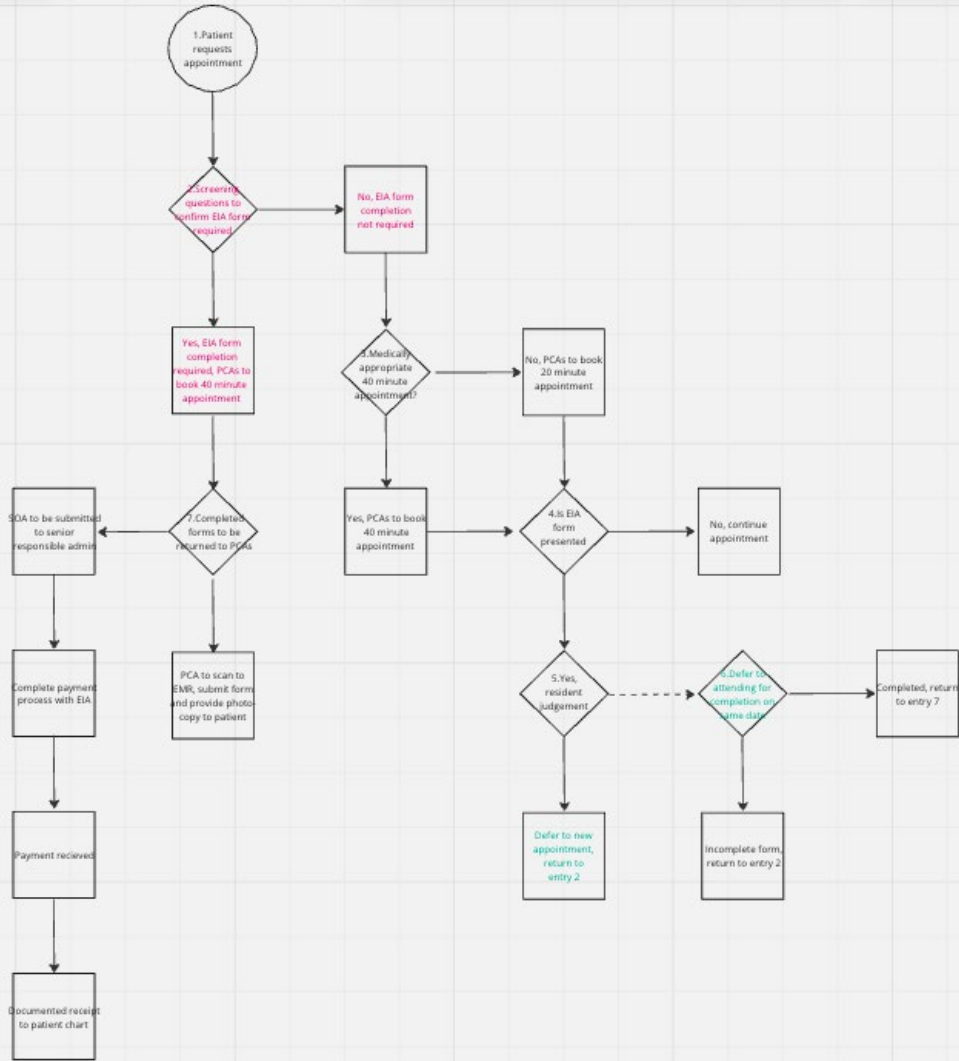
Yield: 18 total responses (7 resident responses)

Average score on Likert scale post change idea #2: 2.83/5

Change Idea 2 Analysis (Qualitative)

<u>Opportunities for Change</u>	<u>Barriers to Current System</u>
<ol style="list-style-type: none"><li data-bbox="185 441 884 568">1. "I already deferred patients to another appointment when this wasn't their stated issue"<li data-bbox="185 587 954 765">2. "Ensuring patient has completed their symptom self statement prior to the visit. If not done, this has the potential for prolonging the appointment unnecessarily."<li data-bbox="185 784 954 907">3. "Have the PCAs ask the patient if they came with any forms that need completion at today's visit."	<ol style="list-style-type: none"><li data-bbox="1025 441 1773 568">1. "Our schedule does not usually offer a timely follow-up with the most appropriate provider and delays cause direct harm to patients."<li data-bbox="1025 587 1773 667">2. "I do not know whether this process has been implemented"<li data-bbox="1025 685 1734 710">3. "This has not been communicated to PCAs"

Change Idea 2 in action...

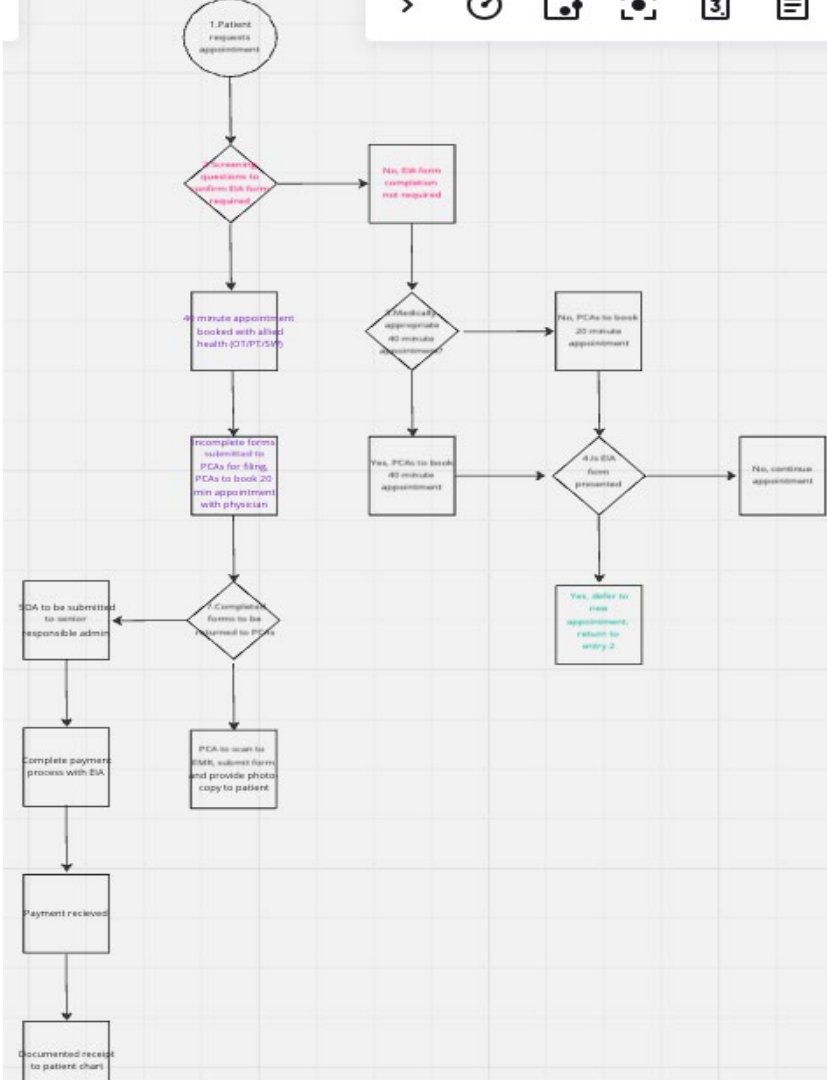




...to get us to another change idea...

Change Idea 3: To incorporate allied health professionals for form completion assistance (for eg: communication, capacity, physical limitations assessment)

Current process in action...



Critical Success Factors

1. Opportunity for all users to be included within change idea considerations (ie. qualitative response opportunities from all staff members)
2. Buy-in to participate in surveys as well as implementation of change idea
3. Consistent communication to all members regarding new process/change idea in place
4. Attainable and considerate change ideas
5. Timely process, considering patient's timeline as well



Measures Considered:


Outcome measures:

- Quantitative: team satisfaction 1-5 on Likert scale (residents, attendings, allied health, PCAs) for form process as currently stands (in beginning, and after each change idea)
- Quantitative: team satisfaction to each change idea 1-5 on Likert scale
- Qualitative: open-ended question for suggestions on how to improve current form process.

Process measures:

- # of Survey responses received

Balance measures:

- Patient experience (mini survey) (To be completed with third cycle): What kind of form was completed? Happy with appointment? Felt they had enough time?
 - Any concerns re intervention (regarding open ended q to NCMC staff)
 - Including all NCMC members allied health, PCAs, residents, attending physicians for responses to surveys
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Lessons Learned

1. Qualitative Improvement requires presence and continuous orientation
2. Communication to the team in spaces which offer announcement opportunities (email, morning huddle and workplace conversation) should be utilized
3. Explore the willingness of the actors within the system's willingness to change or contribute to change of current processes being addressed





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of tomorrow's Primary Care Practice!