

Very Important Papers (VIP) Process

This was one of the first process improvement processes we implemented at the SHWC. We used this as a springboard for additional change/improvements in our department.

Issue: Providers were complaining that the amount of virtual patient care was overwhelming. There were stacks of unfinished work everyday and a sense that this was a problem that could not be solved.

Process steps:

Gathered Baseline Data:

1. Identified the types of paper that was coming into our department and from what source
2. Tracked by provider the number of VIP received for a week and from what source.
3. Looked at the panel size of the providers & percentage of High Risk patients



VIP DATA
1-02.xls

Looked for solutions:

CHI (Center for Healthcare Improvement) has developed a RPI process for improving paper flow that had been implemented in the PHMG Family Medicine Department at the Main Clinic.

Key concepts of this improvement included:

- Changing the name of the paper from (Slush) to (VIP) Very Important Paper.
- Keep the paper moving all day instead of having it accumulate for processing at the end of the day.
- Eliminate or reduce backlog of paper
- Eliminate or reduce batching for medical records
- Tracking the number of papers at the end of every day to measure improvements.
- Clarifying roles & responsibilities for every team member
- Agreements between providers how VIP would be handled when they are out of the office.

SHWC Team Involvement:

- CHI presented new VIP process to the team.
- Team members visited FM to observe the process in action and to ask questions.
- Team agreed to pilot this new project.
- Agreements were made regarding roles & responsibilities of team members
- Providers agreed that peers would complete VIP when they were out of the office.
- Implementation date was set.

Implementation:

- We closed the afternoon prior to the go-live to address the backlog. We have approximately 1745 pieces of backlog in the department. We processed every piece of paper so we could start the new process clean the following morning.
- We identified areas in the department where paper had been stacking up. We used control sheets for tracking and as a way to measure the success of the new process.
- VIP folders were created for each provider. The folders were a way to sort the paper for the providers. All new paper was put in the back of the folder which was labeled "Items 4 Review". After provider reviewed document they would sort place the document behind the

"Needs Action" or "Can Be Filed" tabs. This facilitated communication to the nurse who was processing the papers.

- Folders would be routed back to the providers office a minimum of twice in the morning and twice in the afternoon.

Post Implementation:

- We tracked the VIP using the tracking tool. Here is the data for the end of the first week.
 - Monday = 64
 - Tuesday = 57
 - Wednesday = Holiday
 - Thursday = 22
 - Friday = 21
- We continued to track the numbers and made slight changes to the process as needed. It continues to be one of the best value added tools we implemented.

Process Documents:



VIP.doc



MD GNP Vacation Process to COG Support Process.doc



chart get VIP ...o Implement.d...



Phone Process.doc



SHWC VIP Q and A 070501.doc



SHWC VIP Questions and Answers