

## Primary Care Neuropsychiatry Services, Work Efficiency Evaluation

Requested by: Director of Primary Care Neuropsychiatry, Associate Chief Medical Officer

Consultants: Rob and Ann Consulting Firm  
Motto: "If we can do it, anyone can!"

Dates of Assessment: April 2004

Recommendations pertaining to each work group:

- Physicians, LCSW's. This group was seen as very hard working. There are several recommendations, which would improve efficiency and quality and limit liability.
  1. Nursing is spending too much time trying to figure out what the correct dosage of medication should be when patients call for refills. Nursing spends too much time trying to read the chart to determine the dose. This is complicated by illegible handwriting and incomplete or absent documentation. Solution: **Clinicians** need to complete and update the **medication list** with any change in meds and with every visit. In addition, any time there is a medication change, a note should be placed on the left hand side of the chart in the Progress Note area in chronological order. This note may be written by nursing but should always be cosigned or initialed by the physician. **Prescriptions** for samples as well as non-sample drugs need to be written and placed in the right hand side of the chart under pharmacy.
  2. **Progress notes need to be dictated. The chart notes are hard to read. This results in nursing services spending extra time trying to read the notes, especially while handling patient needs between visits. Also, valuable teaching is not being done at the primary care physician level because it takes too much time for the PCC to decipher the handwriting.** Mr. LCSW #2, in particular, needs to dictate.
  3. **Instructions** written during the time of the visit need to be more clearly explained with **legible** handwriting or in person. There is too much room for misinterpretation, especially for fill-in staff.
  4. Clinicians need to update the Nursing Team Leader regularly during each clinic, especially when you arrive and when you leave after the shift is over and between patients. When the door is closed, the NDTL cannot tell where you are, especially if the lights are being used inconsistently.
  5. Clarify for covering nurses what the lights mean. Post the instructions at the nurse station. Lights on: need a patient. Lights off: with a patient.
  6. Interim patient management between patient visits need to be fully documented on the progress notes side of the chart in chronological order. This includes consultations with other physicians, patient telephone calls, med changes, etc.

7. Patients need to be given enough samples or prescription refills to carry them over until the next visit. This would save a huge amount of time.
  8. Patients should be educated regarding routine med refill requests. That is, they can request the pharmacy fax over the request.
- Visit Coordinators. This group could be used more efficiently as they are not always busy and perhaps they are even bored.
    1. VC's need to make **case notes** instead of transferring all the refill requests to the nursing station. This is what is expected of VC's in other departments. Perhaps a simple protocol for them to use would help. The protocol could help them distinguish between a simple med refill request and a need for medical decision making, which should be transferred to the nursing station. The protocol should also guide them regarding medication name, dose, amount, and preferred pharmacy. Patients should be encouraged to have the pharmacy fax over requests in simple cases.
  - Nursing Services. Nursing services need a nurse with the right temperament and fit to be successful in a job requiring continuous multi-tasking.
    1. **Nursing is spending too much time doing administrative assistant work**, including managing routine phone calls regarding uncomplicated prescription refills and processing paperwork. Most of the time now seems to be spent acting as a pharmacy tech. Solution: VC's should help out more, especially by taking complete and thorough case notes and requests for prescription refills.
    2. Staffing. PCN could probably manage effectively with two nursing staff members. A NDTL for triage and paperwork and an MA for processing and to assist the NDTL with the paperwork.
  - Confidentially...
    1. LCSW #1 is GOOD, maybe because she has been doing this for so long," per Rob.
    2. LCSW #2 cancelled a clinic and that created some chaos.
    3. LCSW #3 has illegible handwriting.
    4. MA #1 was "spacey and lazy" often standing around watching Rob work. She needs to "knock off all the personal phone calls." **Solution: next DTL we hire needs to have a reputation for hustling and problem solving.**

**Conclusion of Rob and Ann Consulting Firm:** Great team, great potential, just need to streamline some processes and keep everyone working hard.

**EMR SOLVED MANY OF THE PROBLEMS ABOVE.**