

# *Client Scheduling and Reception*

**Green Belt Lean Six Sigma Project Report Out  
11/4/2015**

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*Ohio Department of Mental Health and Addiction Services*



# Meet the Team



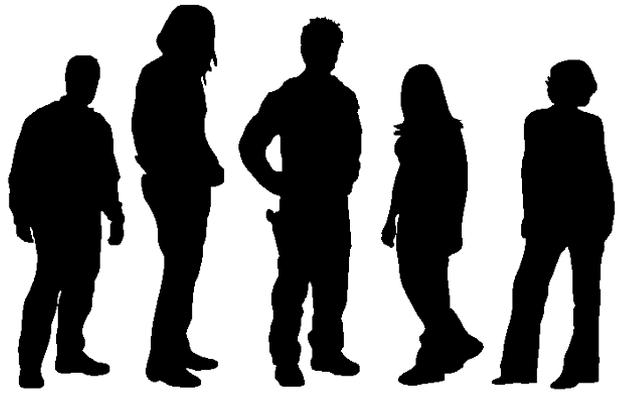
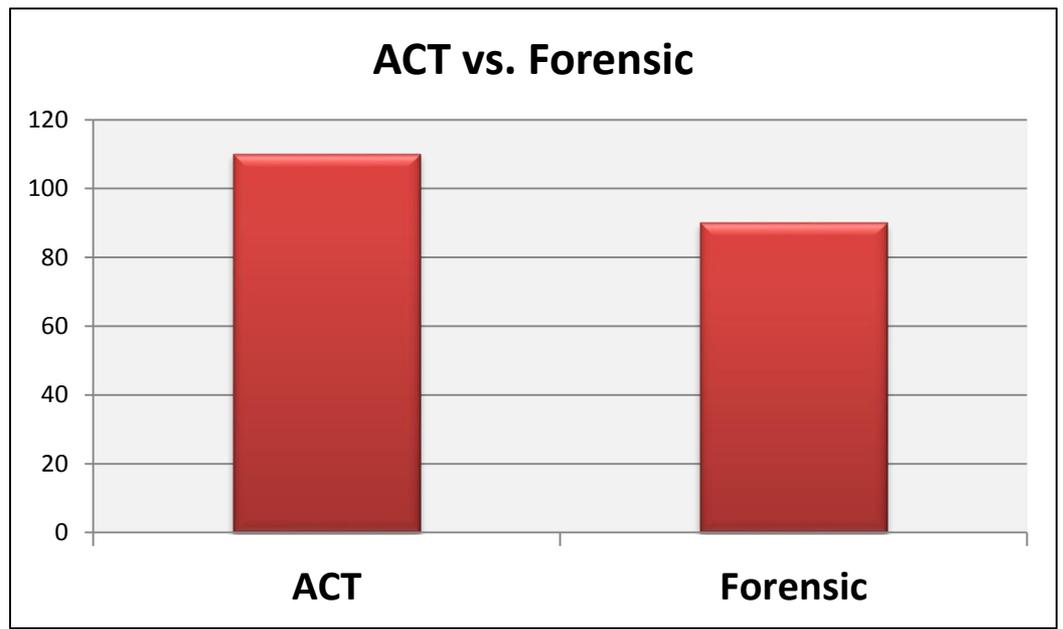
(From left to right: **Joy McFadden**, Nursing Supervisor, **Zach Frost**, Business Administrator, **Patricia Boyd**, Administrative Professional, **Tina Goble**, Administrative Professional,  
Not Pictured: **Gina Price**, RN)



# Meet the Clients

Twin Valley Behavioral Healthcare's **Community Support Network** (CSN) provides outpatient behavioral health services to over 200 clients, 55% of whom receive Assertive Community Treatment (ACT), which:

- **Targets individuals who are difficult to engage in treatment**
- **Has no arbitrary time limits on receiving services**



# Project Charter

## Problem Statement:

- The team would like to identify why client wait times are so long

## Project Goal:

- The team would like to minimize client wait times and reduce unnecessary interruptions of the front desk reception staff

## Project Scope:

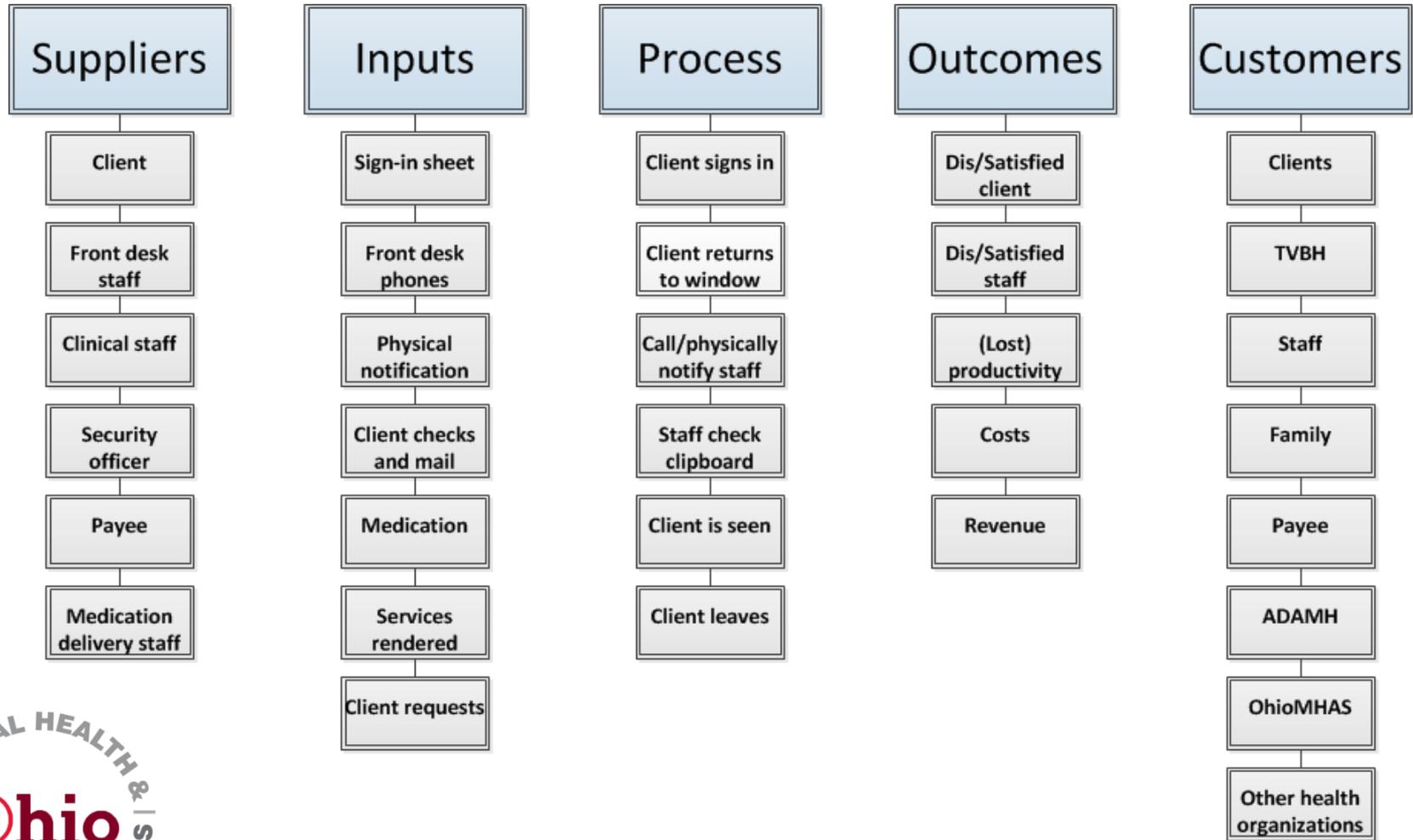
- **First Step:** Client presents for services and is signed in by front desk staff at reception window
- **Last Step:** Client leaves clinic property

## Performance Metrics:

Sign-In Sheet Data, Client Progress Notes

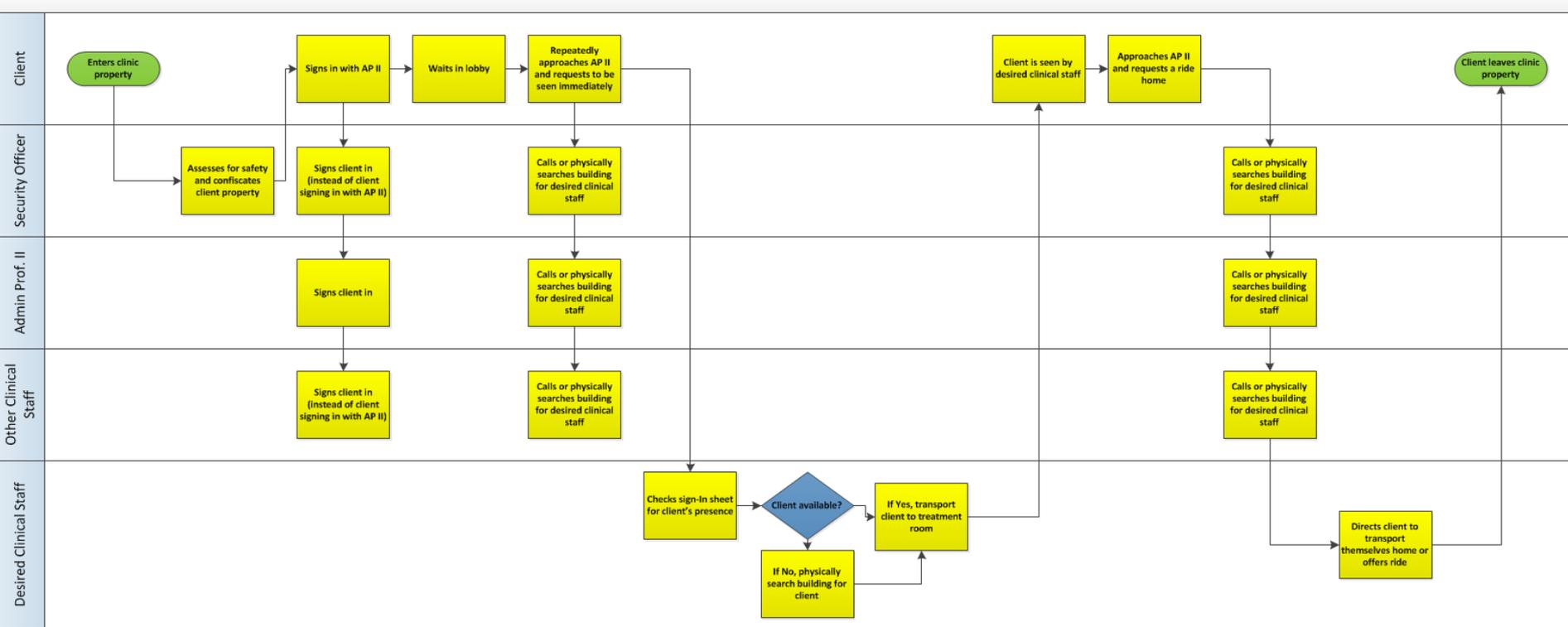


# SIPOC



# Current State Process Map

Client Scheduling & Reception Current State Process Map



# Failure Mode & Effects Analysis

Process Input	Potential Failure Mode	Potential Failure Effect	Severity	Potential Cause	Occurrence	Current Control	Detection	RPN
Client is a "walk-in"	Client does not have/keep appointment	Client is not seen or not seen in a timely manner	8	Client does not make or keep appointments	7	Yes	4	224
Client signs in	Client repeatedly approaches window	Front desk staff unable to complete work	9	Long wait times, clients impatient	8	No	3	216
Client requests to see staff	Lack of agency wide schedule	Client unable to reach staff or be seen	4	Front desk staff and clients unaware of appointments and staff whereabouts	5	No	8	160
Staff and client attempt to communicate with one another	Lack of communication between client and staff	Client is not treated, decompensates	9	Client has no phone or has changed phone number	7	Yes	2	126
Client walks in/signs in	Client "walks-in" for RNs when RNs are at lunch	Long wait times, client becomes agitated and disruptive	5	Clients disregarding clinic open/close times	8	Yes	3	120
Client calls	Client unaware of who has their medication	Client does not receive medication	9	Client not cooperating	4	Yes	2	72
Client waits in lobby	Client becomes aggressive and disruptive in lobby	Entire agency is disrupted, personal and property damage	8	Client in crisis, high, drunk, decompensating, symptomatic, impatient	2	Yes	2	32
Client demands to see staff	Front desk staff search building for clinical staff	May miss important phone call or activity in lobby, lost productivity	8	Lack of communication between staff	4	Yes	1	32

## Key takeaways:

1. Client does not make/keep appointments
2. Client repeatedly approaches window due to long wait times



# Performance Metrics

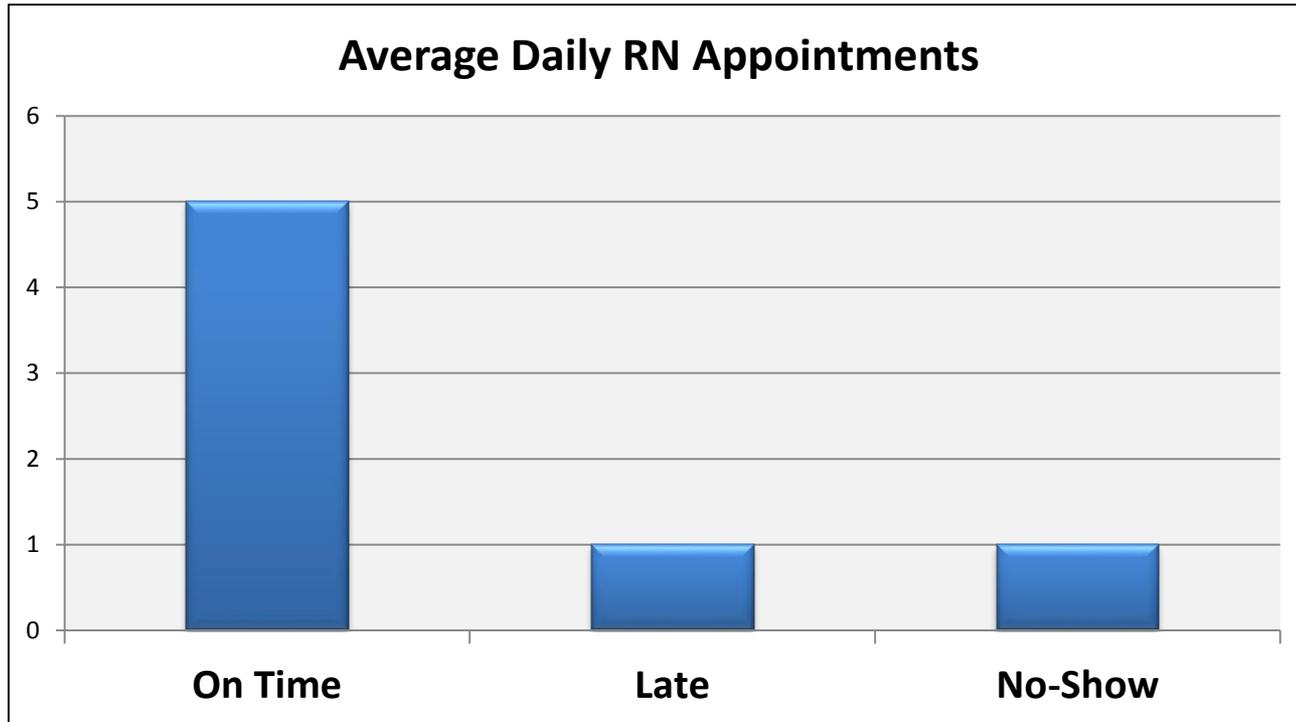
- Total number of clients each day
- Number of sign-ins for each discipline (RN, psychiatrist, psychologist, group therapy, case manager, etc.)
- Schedule of appointments for each practitioner
- Sign-in time and service start/end time
- Number of clients who repeatedly approached window



# What Does the Data Show?



# RN Appointment Data



- 37% of eligible clients have daily RN appointments (7 out of 19)
- 86% of daily RN appointments were kept (by day only)
- 71% of daily RN appointments were kept (by day *and* time)

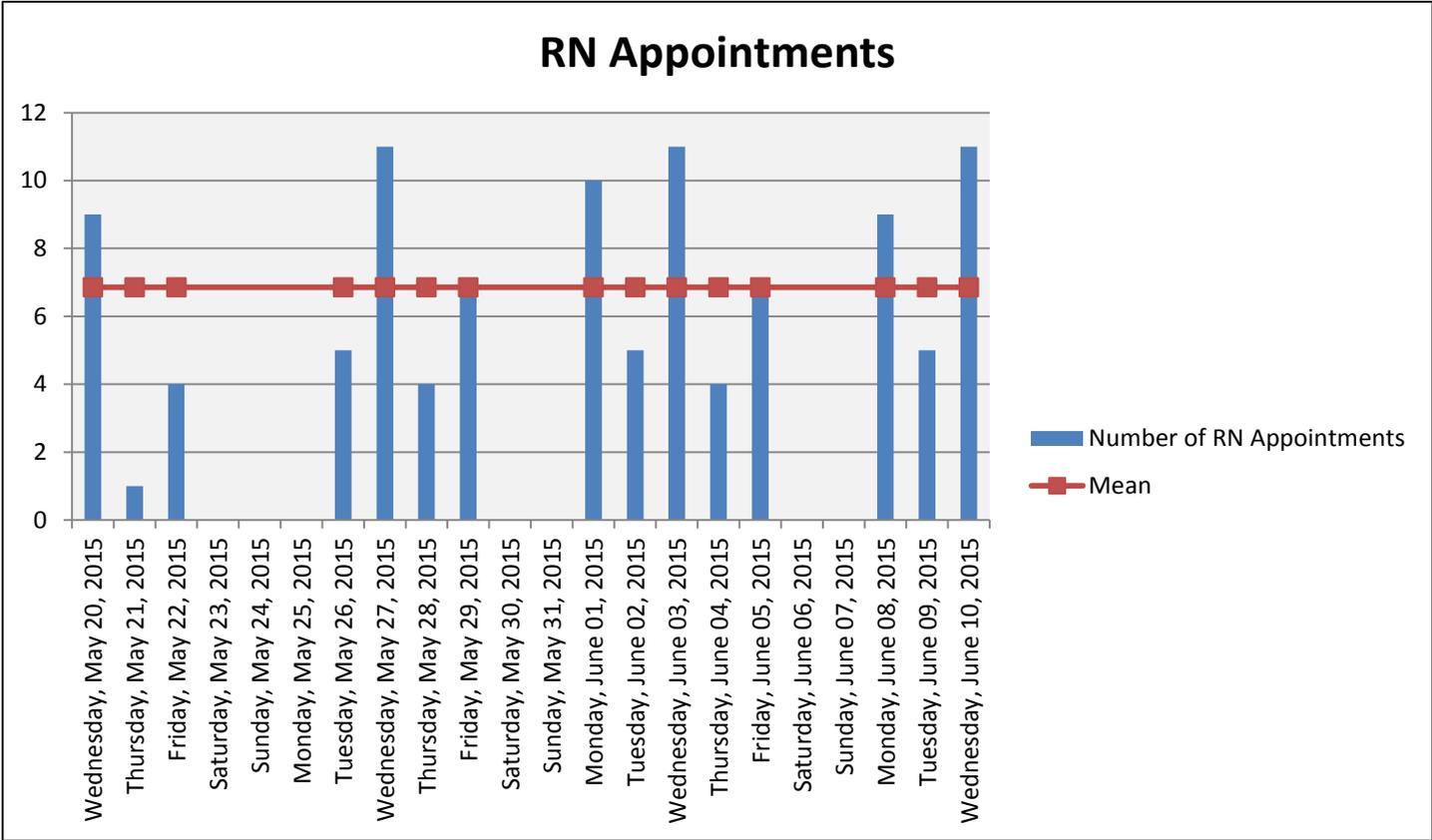
# Hypothesis

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- **If more RN appointments are scheduled, will there be:**
  - Less walk-ins?
  - Less wait time for walk-ins?
  - Less interruptions of front desk staff?



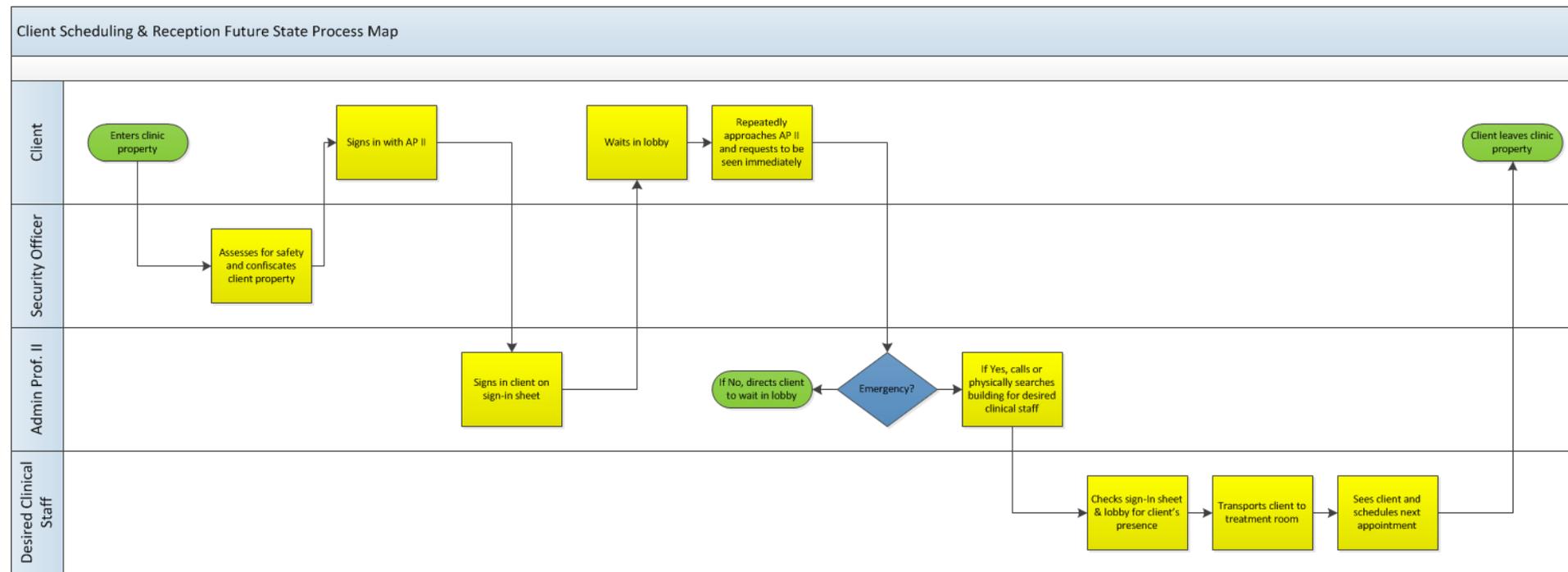
# Existing RN Appointments



- The most RN appointments are on Mondays and Wednesdays
- The most vacant appointments are on Tuesdays and Thursdays



# Future State Process Map



## Future state process map includes:

- 9 fewer steps than current state
- Less involvement from other clinical staff
- Standardized sign-in process
- Appointment scheduling when clients are seen



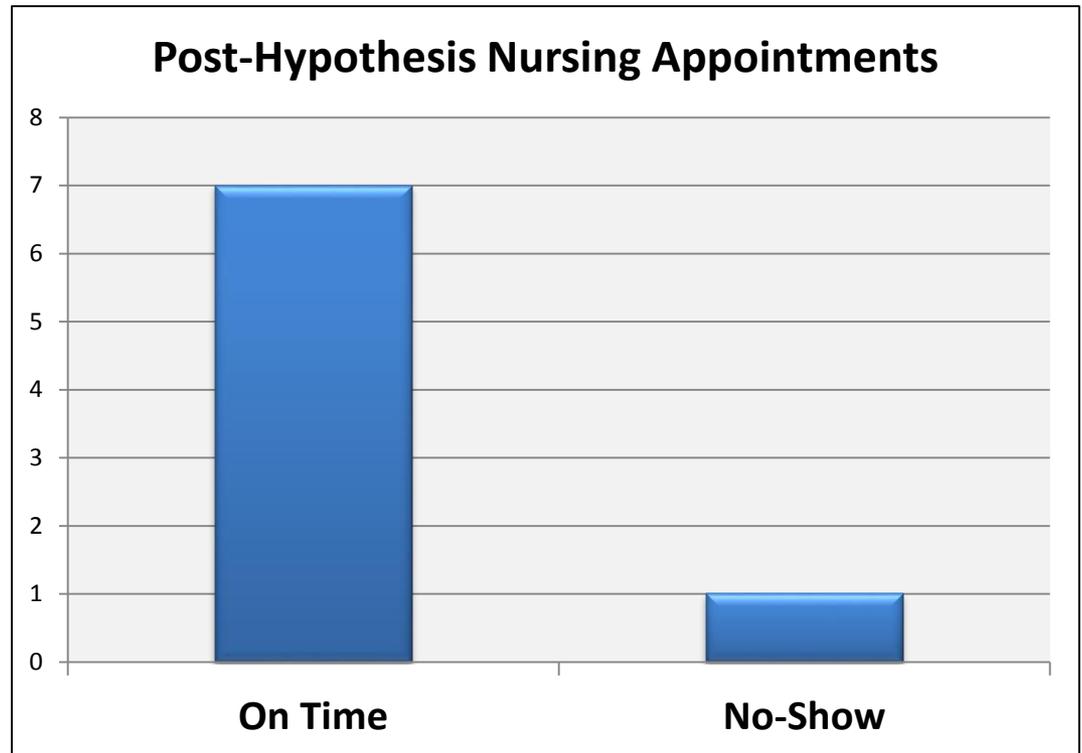
# Appointment Scheduling

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM	Meeting	Meeting	Meeting	Meeting	Meeting
9:00 AM		Available			Available
9:20 AM		Available		Available	
9:40 AM					Available
10:00 AM	Available				Available
10:20 AM				Available	Available
10:40 AM			Available	Available	
11:00 AM				Available	Available
11:20 AM				Available	Available
11:40 AM				Available	Available
12:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 PM		Available		Available	Available
1:20 PM	Available			Available	Available
1:40 PM		Available	Available	Available	Available
2:00 PM	Available	Available		Available	Available
2:20 PM		Available	Available	Available	Available
2:40 PM		Available	Available	Available	Available
3:00 PM	Available	Available		Available	Available
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3:40 PM	Available	Available	Available	Available	Available
4:00 PM	Available	Available	Available	Available	Available

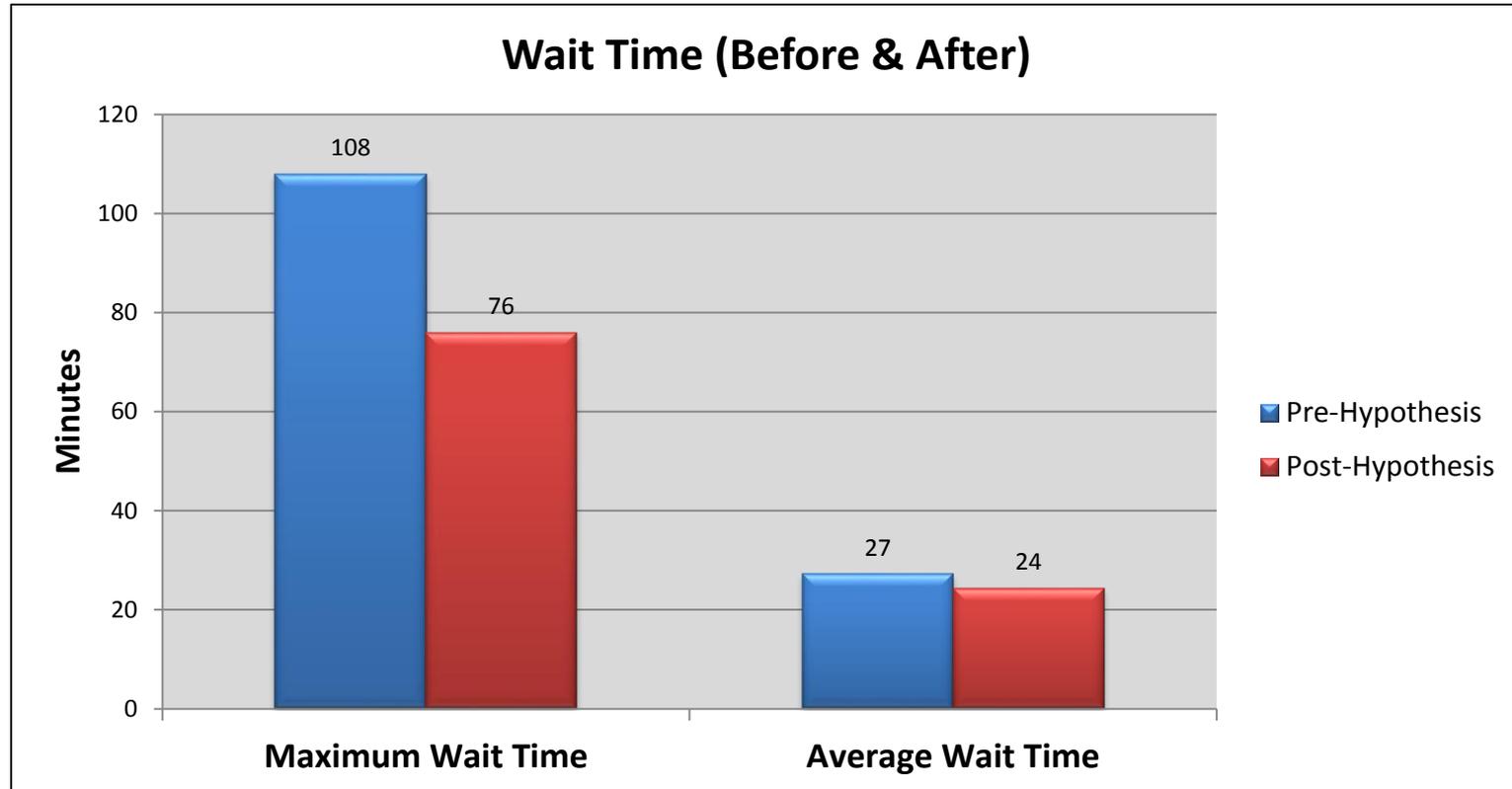


# Appointment Results

- 34 clients were asked if they would like to make a standing appointment
- 8 new appointments were made, with 7 kept on the right day and time (88% success rate)



# Wait Time Results



- Maximum wait time for walk-ins reduced by 30%
- Average wait time reduced by 13%

# Improvement Summary

## Key Issues

Too many walk-ins

Wait time too long for walk-ins

Too many interruptions of reception staff

## Improvements

Scheduled 8 more appointments per week

Reduced average wait time by 13%

No tangible improvement

# Project Benefits - Intangible

- Higher morale
- Better office layout
- More efficient way of doing things
- More positive working relationships
- Insight on Administrative Professionals' role
- Staff can better empathize with their co-workers
- Management making effort to empathize with staff
- Staff became introspective, self-sufficient and sought self-improvement



*"CSN doesn't like change, so this was a big deal"*

# Special Thanks:

- Tracy Plouck, Director, OhioMHAS
- TVBH Leadership:
  - Veronica Lofton, CEO
  - Dave Blahnik, COO
  - Adam Negley, MPH
- LEAN Mentor: Raivo Murnieks, OOD

- Ed Desmond, Director, CSN
- Subject Matter Experts:
  - Tina Goble
  - Pat Boyd
- CSN Nursing & Clinical Staff
- LEAN Ohio



# Questions & Comments

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## Contact:

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