Sto-Rox Neighborhood Health Council

The Sto-Rox Neighborhood Health Council (SRNHC) is an independent not-for-profit corporation, and is the healthcare arm of Focus On Renewal (F.O.R.), a multi-service agency located in McKees Rocks, PA since April 1969. The health center has provided continuous primary care for Sto-Rox residents and surrounding communities since 1971. Once a thriving industrial area, Sto-Rox is now a low-income neighborhood with four county housing communities, an aging population, and younger residents struggling to create a better life for their children. In 1977, Sto-Rox was declared a medically underserved area and through the National Health Service Corps, physicians and dentists became available.

The health center has steadily grown from a small, part-time pediatric clinic with a staff of three, to a staff of over 60 individuals. The most recent UDS Report showed 45.61 FTEs, 23,138 encounters, and 6,219 users.

In the 2.5 square mile neighborhood of Sto-Rox, you find the following:

- 26% are elderly
- 50% have graduated from high school
- 29.8% have an income at or below the poverty level
- 40% of the residents are uninsured
- Unemployment hovers around 15%
- The four housing communities are home to over 75% of the area's single parents

PARTICIPATION

What motivated your practice site to participate in this initiative?

Sto-Rox Family Health Center agreed to participate in the Safety Net Medical Home Initiative for several reasons:

- Sto-Rox has a long-standing collegial relationship with the leadership of PRHI's parent organization—the Jewish Healthcare Foundation. This familiarity paved the way for a credible and comfortable association as we join and share our learnings with participating FQHCs.
- We recognized that our health center evolved to support the healthcare needs of the McKees Rocks and Stowe Township communities in a manner that is consistent with the SNMHI model.
- We appreciate the expertise of others and the economic availability of resources. In our effort to sustain our mission, we are now able to draw upon the resources and expertise of respected organizations and individuals as we strive to enhance the quality of care we provide.
- The invitation to participate in the SNMHI coincided with the appointment of a Medical Systems Coordinator to the health center's staff. Sto-Rox resumed this position in an effort to strengthen the quality of care, case management, evaluation methods, patient flow, and resource utilization, as well as staff support and supervision.

CHANGES

Change One: Front Office

What was the specific problem or issue being addressed?
We had only one registration window in our front office, so we frequently experienced a backup of annoyed patients who had to wait in line to register. In addition, clerical team members were not trained in all front office functions including scheduling, patient registration, switchboard, and help desk. This compromised front office efficiency during high patient volume times and staff vacations or illness.

What did you hope to achieve by making the change?
We created a second registration window to shorten the wait time for registration. We created room for, and moved an additional clerical team member into, the front office area. We trained each clerical team member to work at each of the four positions, so they would have the necessary skills to perform each front office function during periods of high patient volumes or staff shortage.

What was the plan for making the change?
Each person started by writing a job description for their current position. We met as a group, reviewed each job description, and revised them as necessary. We compiled all front office job descriptions and guidelines in a readily available reference book.

What did you learn from the process of making the change?
We learned that team members are capable of making a change and filling in at other positions. They feel better about themselves due to the learning experience. Nurses feel they can ask each person in the front area if there is a question or concern, and we are now confident that all clerical members can at least make an attempt at solving the issue.

What would you recommend to other sites trying to make a similar change?
Train each person individually if at all possible. Training in a group worked, but staff members learn at different paces and it was a bit more time-consuming.

Results
An additional person in the front office has helped team members register patients faster. The patients appreciate this. Paperwork is completed faster and more accurately, and clean-up of old charts has started.

Change Two: Core Leadership Team

What was the specific problem or issue being addressed?
A major effort via several of our practice projects in the SNMHI has been to augment and improve communications for several of our teams. We have focused upon communication and coordination of the Clerical Team, the Clinical Staff Team, the Medical Provider Team, the Fiscal Development Team, and the Technology Team. However, they are still one team. Although all the individual team leaders maintained adequate communication with one another as needed, there was no formally organized and strategically focused team that met on a consistent basis.

What did you hope to achieve by making this change?
To align organizational, managerial, and individual goals in a fashion that best maximizes outcomes, the Core Leadership Team was formed. The six members of this team include the Associate Director for the Health Center, the Chief Clinical Officer, the CFO/CIO, the Hilltop Site Director, the Medical Systems Coordinator, and the Clerical Staff Supervisor.

What was the plan and how did you make the change?
Although each of the individuals noted for the new Core Leadership Team had a team of their own to manage and coordinate, maintained very busy schedules, and wore multiple hats, it was felt that coming together in open communication would provide a coordinated effort that would best utilize available resources and maximize organizational accomplishment. The hardest thing was to be able to find mutually agreeable times to come together and to be able to protect and reserve these times on an ongoing and consistent basis. We had a period of trial and error until new habits were formed and improved spirit for the creation of this new team was established.

What did you learn from this process?

- If something is worth doing and there is a will to achieve an outcome, it can and will happen despite surrounding circumstances that may make it difficult to accomplish.
- This process is still a work in progress and modifications to improve team outcomes in order to improve health center outcomes are still necessary.
- As we embark to implement a new Practice Management System and an EMR system, we have a new team goal to increase communication with one another and with the members of our organization as a whole via electronic means. We know that additional training opportunities would be a good investment for the team and for all staff as a whole, as part of sharing knowledge and improving overall organizational communication.

Improvement Information:
The six members of the new team are now having an impact upon all the teams that function within our organization. We came together to facilitate communication in a fashion that promotes informed and collaborative decision-making in unison with organizational goals and objectives.
Plans that affect all the teams on a shared communication basis with all the leaders has become, and is better appreciated, as an important link for the future in our approach to doing business.

Change Three: Open Access

What was the specific problem or issue being addressed?
Sto-Rox implemented open access after working with a consultant for nearly a year. However, scheduling practices did not seem to change, and there was a perception that open access was not successful.

What did you hope to achieve by making the change?
We hoped to better understand the concept of open access, how it actually works in our organization, and effectively communicate this information as we address patient access, patient flow, and productivity.

What was the plan for making the change? How did you make the change?
There was no clear documentation of baseline or on-going open access data. We did a retrospective manual collection of open access data for the first three quarters of 2010. We implemented an Excel spreadsheet to compile the data. When it is fully operational, we will use our PMS/EHR software to track these data, so our leadership team will analyze it and can use it to make informed decisions.

What did you learn from the process of making the change?
The data revealed that Sto-Rox has a respectable open access program that meets the needs of our patients and provides reasonable balance to our no-show and cancellation rates. Historically, we always offered open access because our mission commits us to provide care that is characterized by its availability and accessibility, its quality, and its compassion. We are beginning to better learn what data is important to understanding how we operate and determining our options for improvement.

What would you recommend to other sites trying to make a similar change?
Each health center is unique. Recognize and give yourself credit for what works for you and your patients. Modified open access is currently working for us

PATIENT IMPACT

""Patients who come in for blood work are really happy when I direct them to the second window for registration. They don't have to wait in a line and they are in and out of the lab quickly. It makes our lab tech happy, too."
— Clerical Team Member

"One patient who had acute GERD symptoms was particularly happy when I offered him a same-day appointment with our nurse practitioner. He was too uncomfortable to wait until his PCP returned from vacation. I reassured him that his PCP would continue to follow him for this problem."
—Clerical Team Member

PROVIDER OR STAFF IMPACT

""After the clerical project of cross training had been in effect, an update meeting on the outcome of the 'experiment' of rotating workers through all the different job functions was held. At that meeting, the Chief Clinical Officer commented that he was impressed how each member of the group discussed all the tasks of the group as a whole in a "we" fashion like a team, as opposed to only individual job tasks or duties."

"During the clerical cross-training project, the nurse practitioner commented and thanked the clerical staff for the improved efficiency in obtaining a necessary piece of information she needed for patient care. In the past, a wait had been often necessary in order to speak with the appropriate individual when she was busy. Due to the cross-training, even though the individual who would have traditionally provided the information was busy, an alternative clerical staff member was able to help the nurse practitioner immediately because she was now able to also do that job."

Safety Net Medical Home Initiative

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