

East Liberty



Family HealthCare Center



East Liberty Family Health Care Center is an FQHC located in Pittsburgh, PA. We offer medical services for patients of all ages including obstetrical care, dental care, drug and alcohol counseling services, pediatric outreach, OB case management, chronic disease outreach, homecare, hospital coverage, and benefits eligibility counseling which helps patients navigate the medical assistance programs offered by Pennsylvania.

We have a patient population of 9,317 medical patients and 1,302 dental-only patients. Over the past fiscal year, along with our Lincoln-Lemington site, we have had 26,515 medical, dental, hospital, nursing home, drug and alcohol, and homecare patient visits. Our patient population is primarily African-American with nearly 70% covered by Medicaid or Medicare or uninsured. We have six full-time providers, nine part-time providers, one physician assistant and one part-time pediatric nurse practitioner.

PARTICIPATION

What motivated your practice site to participate in this initiative?

We saw the SNMHI as a great opportunity to expand on our mission statement which is as follows: "The Mission of the East Liberty Family Health Care Center is to witness to God's love, known in Jesus Christ, by offering quality, whole-person health care to all, especially the poor." Being that the initiative really focuses on giving excellent, whole person care, we thought it a great fit being that this is what we strive to do every day. We also know that there are many other health care centers doing the same things and we thought we would be able to share our ideas and learn and borrow ideas from what is being done elsewhere. We know that we give excellent care, but we also know that we can always strive to do better. We felt the initiative would help us in this way.

CHANGES

Change One: Phone Bank

At the East Liberty office, nurses used to be seated at various areas in our back office, and many could not hear the conversations others were having on the phones. This led to multiple nurses working on the same patient problem if the patient made multiple calls throughout a day (which our patients frequently do). This then led to wasted time by the nursing staff, providers having to answer the same question multiple times, and patients getting multiple returned calls. The goal was to have all nurses working phone triage sitting in the same space so that conversations could be overheard and nurses could easily ask each other if anyone was working on a patient issue prior to starting work from scratch. It was thought that the use of the phone bank would more evenly distribute the workload of the nurses doing phone triage. Construction was being done at the East Liberty office and an area was designated as the new "phone bank" – a wall with four nurses desks and phones that were connected. By making this change, it was found that nurses have been more efficient in their work on phone triage. There is less duplication of work, and the nurses feel more productive.

Change Two: Employee Newsletter

Many times staff had voiced opinions that they felt they did not know what was going on with administration, so this year we started an employee newsletter. We have recently had a change in leadership and the goal of our interim executive director is to have transparency with where we are as a health care center financially, etc. To achieve this, an employee newsletter was developed. It will be sent out monthly and will include financial information as well as updates about changes being done at both our East Liberty site and Lincoln-Lemington sites. This will keep staff on top of changes as well as sets goals for staff if we need to make changes. This has empowered staff to make changes needed in various areas to meet budget projections. It is also a great way to acknowledge great work done by staff, which was often overlooked before.

The initiative has not only helped remind us that our focus needed to be redirected back to the patient, but it has also brought our staff closer together because of implementing teaming, having all clinical staff associated with a team and utilizing all staff to their maximum abilities. Staff have become empowered.—Interim Executive Director

Change Three: Reconfigured Office Space

Construction had started at the East Liberty office to expand and give the back office staff more room and an extra exam room. There had been a large amount of frustration as our front desk staff was separated completely from the back office staff. To ask questions, the front desk staff would have to leave their desk, walk to the back, and find a nurse that was not busy, which was usually a problem. It would take the front desk staff member away from their duties for over 15 minutes at times. This was not a productive process. The construction allowed us to create the phone bank and reconfigure seating moving our phone nurses to an area right behind our front desk staff. Nursing is able to address any walk-in patient issues as well as any phone issues the front desk staff have. The front desk staff does not have to leave their desk and try to find a nurse to help them. Also, we were able to put the providers and nurses in to a "team" seating arrangement. This helped if a decision needed to be made such as if a late patient was going to be seen or if a patient needed to be squeezed in to the provider schedule.

PROVIDER OR STAFF IMPACT

"Through the work with the patient-centered medical home, we have made many changes that have improved our efficiency. These changes include moving to a model of care that is driven by care teams, creating provider panels, and really looking at data to drive our changes. We now have made a commitment to information technology and have been able to hire a full time IT person that can run queries through our EMR Practice Partner as well as through the use of Crystal Reports. This data has been used to drive change both operationally and clinically. Also, the changes we are making as part of the PCMH transformation have had a snowball effect. When making the change to teaming, we have been able to implement other changes such as panel management, test tracking by team, and are now going to focus on self-management goal setting which is something we did not think we could do prior to the SNMHI."—Interim Executive Director

Safety Net Medical Home Initiative



MacColl Institute at
Group Health Cooperative