

1 Problem

Background

The current work on this project started in October 2008.

Problem

- The OSH cycle-time for completing dietary consult assessments was exceeding the standard benchmark of 7 days or less.
- Patients were waiting up to 150 days for a dietary consult.
- Attempting to serve patients in the context of this excessive cycle-time reduced the ability for patients to receive appropriate care and reduced overall confidence in the dietary consult process.
- In October 2008 there was a backlog of 98 requests for dietary consult assessments.

2 What We Did

Rapid Process Improvement Event

- A 3-day Rapid Process Improvement (RPI) event was held in October 2008 to streamline the dietary consult process.
- The RPI team was led by the Director of Food and Nutrition Services and consisted of 3 Clinical Dietitians, 4 Registered Nurses, a Physician, and a Research Analyst.



3 Describe Future State

Streamlined Future State

- The Team identified 40 overall process steps and removed 19 wasteful steps involving unnecessary paperwork, multiple hand-offs, and long wait times.
- We standardized the consult request process and consult scheduling process.
- Metrics and a tracking scorecard were established to track progress.
- The future state process was implemented within 60 days.

Process Steps Reduced

Current State	40 process steps
Future State	21 process steps
% Improvement	47%

Consult cycle-time

Current State	Up to 150 days
Future State	Up to 7 days
% Improvement	95%

4 Resources

Project Charter

- <http://www.oregon.gov/DHS/transformation/amh/initiatives/dietary-consult-charter.pdf>

Benefit Document

- <http://www.oregon.gov/DHS/transformation/amh/initiatives/dietary-consultant-benefits.pdf>

5 Quote from Team Leader

Director of Food & Nutrition Services:

“The RPI process is collaborative and innovative. It allows staff to review the issues and provides ideas that stimulate true action. The outcomes have been significant and have positively impacted our staff by eliminating overdue assessments and improved response time to patients.” – Debbie Granum

6 Final Metrics

Opportunity	Baseline	Target	Outcome
Decrease overall avg consult cycle-time from referral to consult	150 days	7 days or less	5 days or less overall avg last 180 days (97% reduction)
Decrease consult cycle-time for patients at highest nutritional risk	N/A	2 days or less	2.6 days avg over last 180 days
Decrease consult cycle-time for patients at lowest nutritional risk	N/A	30 days or less	6 days or less avg over last 180 days
Increase # of consults completed per month	62 per month	125 per month	162 consults per month avg last 180 days (161% increase)
Increase consultation proficiency	N/A	N/A	\$558,871 accumulative cost benefit

7 What We Learned

- The project was useful in increasing awareness of the barriers to completing timely dietary consults and helped clarify the primary role of the clinical dietitians.
- Revising the consult triage scoring system was key in ensuring that patients with the most critical needs were given first priority.
- Using a monthly scorecard to track results helped keep the team focused on monthly goals.
- Metrics were difficult to obtain during the first few months of the project.
- Leadership from the Chief Clinical Dietitian was the primary factor in sustaining the new process.