

**Project Name:** Emergency Department Visit follow-up **Date:** 1/4/16

**Prepared By:**

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| **Objective** | **Measures of Success** | **Action Steps/Responsible Party** |
| **Reduce follow-up time for High risk ED patients** | Cycle time from first notification to contact | Julie Lemaire? |
| **Reduce follow-up for patients that go to ED during CCAP office hours.** | Cycle time from fax from ED to appointment established. | Mark Parece? |
| **Completion of outreach from insurance lists** | Percent of patients outreached receiving an appointment | Social Worker |
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**Analysis:** Defects/waste:

1. emergency record not available ;

2. Inaccurate medication lists

3. No show rate and delay in follow-up

4. Knowledge deficit on when patient should be seen.

5 .No face to face communication between team members

6. Inventory-waste: slots in schedule do not get used.

7. Motion: staff taking many steps walking around to gather discharge information.

8. Waiting: Patients wait for follow-up appointment when

**Action Plan**

**Background: Due to staff turnover and new Nurse care manager deliverables, there are many opportunities to improve the management of information related to emergency department visits by CCAP- assigned patients.**

**Follow – Up**

Simplified value stream Map to be completed by each workflow

**Target Condition Goals**

**Streamline follow-up by improving staff role definitions by type of ED.**

**Analysis (continued) See attached current flow dated 12/9/15.**

**Current Condition**

* Overproduction: redundancy with direct mail insurance lists, patient calls and hospital faxes.