The Problem
The culture of the Surgical Specialties department is one that wants to move from the reactive to the proactive, but has had challenges managing the competing demands of having multiple specialty groups converge on a single floor. The challenge on Surgical Specialties has been breaking down barriers concerning miscommunication, setting expectations, and accountability. Medical Assistants (MAs) were not routinely scheduled with the same providers, which made it a challenge for Medical Assistants to support the various provider needs on Surgical Specialties.

Aim/Goal
The initial focus was to develop an infrastructure to support a care team approach as a means to improve communication levels and set expectations. A new Medical Assistant schedule rotation was developed to consistently pair 26 providers and specialty clinics with a team of Medical Assistants. The goal is to determine whether this new approach is a sustainable model for Surgical Specialties by measuring the following:

Primary Measures
- % of time MA scheduled with their defined care team (by provider)
- % of time provider consistently supported by MA in the morning through the afternoon session (when applicable)
- % of time provider consistently supported throughout the work week (scheduled on more than one day)
- % of MA scheduled with specialty group

The Team
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Daniel Jones Chief of Minimally Invasive Surgery
Lauren Sargent Medical Assistant Lead
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Margie Stuppard Operations Manager
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Ronald P. Jones Chief Administrator of Surgery
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The Interventions
- Provider and clinical staff needs assessment survey.
- Process observation and Medical Assistant task analysis
- Plan Do Study Act (PDSA): Introduced a four-step management method used for continuous improvement of processes.
- Developed 5 week Medical Assistant rotation with scheduling guidelines and principles
- Developed performance log, success measures, and action plan to document success and mitigate issues

The Results/Progress to Date
Below are the results for the month of January 2016:

Lessons Learned
- Measuring process helped breakdown the perception versus reality of problems that were being reported.

Next Steps/What Should Happen Next
- In the next 3 months, the Surgical Specialties management team will assess whether the new care team model will be sustainable. If the model is sustainable, specialty teams will have an opportunity to develop specialty specific workflows to improve patient flow.

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