



NATIONAL ASSOCIATION OF
Community Health Centers®

Using Data to Drive Leadership Behaviors

Sunday, October 30 | 1:45pm – 3:00pm

Augustus 1-2, Caesars Palace

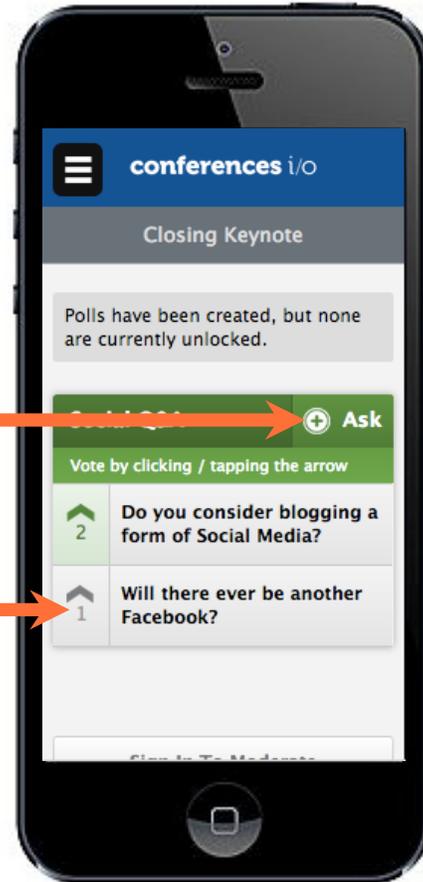
Las Vegas, NV



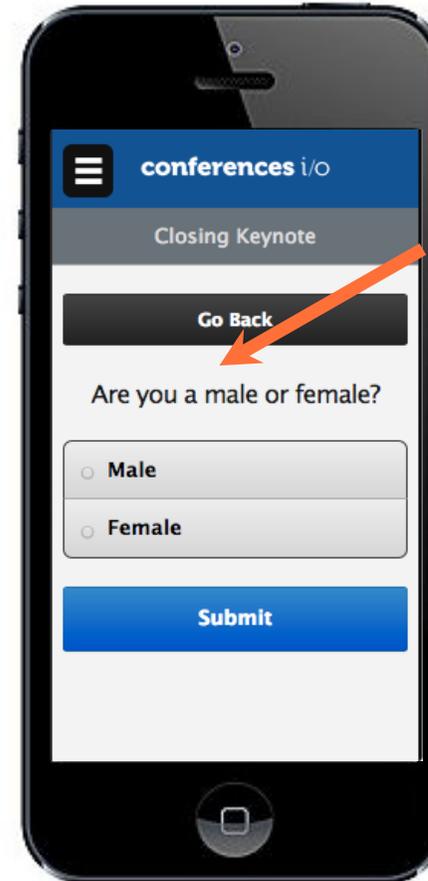
In-Person Participants

**Give us
Feedback**

**Up-Vote a
Comment**



**Click on
question and
then
Respond to
Polls when
they appear**



Vote / Give Feedback/ Respond to Polls

Virtual Participants

Chat

(use to talk with peers)



The screenshot displays a virtual meeting interface with several components:

- Chat Window:** Shows a conversation with participants. Messages include: "Brian Leung: Hey James H, III", "James Heibel: Hi!!! Hey Duddy!!!", "Laura Wiggins: Confirming - the 'Workbook' is under the Resources tab, titled 'Akon Precision, Inc_WBR100321_Workbook'", "Cliff Greenberg: Start at the end: identify the goal, then the key winning points, outline & drink more coffee", and "Laura Wiggins: 'word vomit'... writing stream of consciousness then editing it down. Or start with a bullet list of thoughts then expand it to sentences." A "Send" button is visible at the bottom of the chat window.
- Polling Window:** Displays a poll question: "#1.) What is your biggest business writing challenge? (NO RIGHT ANSWER - OPEN QUESTION)". The results are shown as a bar chart:

Challenge	Percentage
Concision	45%
Grammar and/or Types	20%
Content Structure	16%
Tone	16%
Other	0%
- Video Feed:** Shows a man in a dark suit and white shirt speaking.
- Presentation Slide:** Titled "UDS Reporting: Preparing, Doing, and Utilizing" with the subtitle "Cultivating Health Center Operations". It features a colorful graphic of a heart and the CURIS logo.
- Bottom Bar:** Includes a "Request Support" button, the time "12:09pm Eastern", and navigation links for "Session", "Support", "Profile", "Options", and "Windows". The Digitell logo is in the bottom right corner.

Polling/Q&A

(participate in polls, ask questions to faculty)



NACHC's STRATEGIC PILLARS

1



Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3



Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

THE NACHC MISSION

America's Voice for Community Health Care

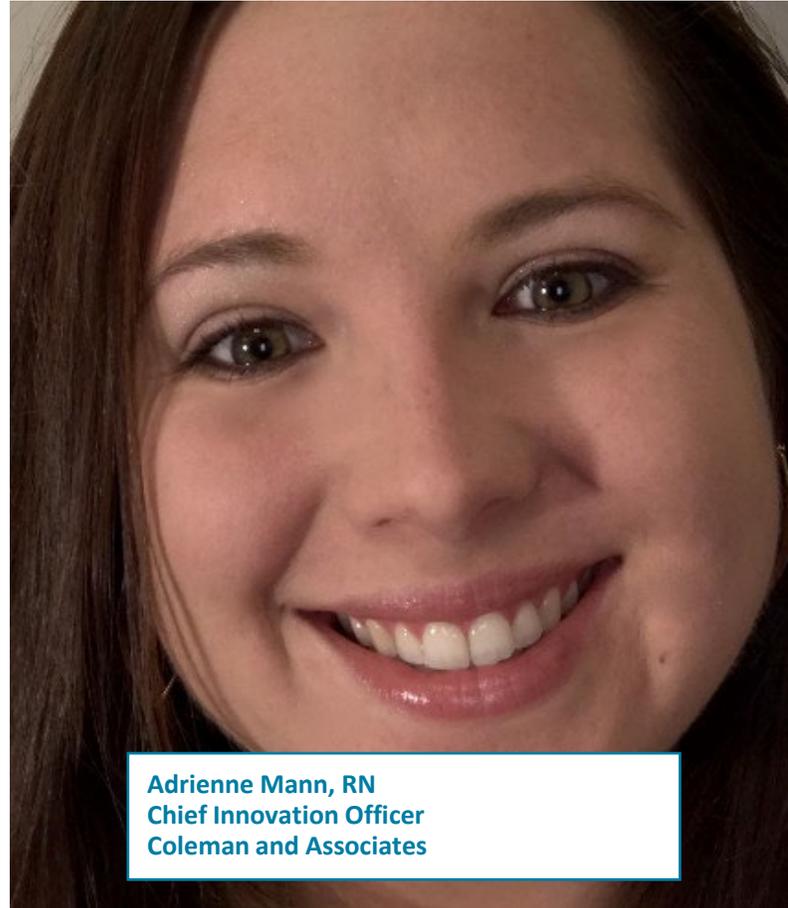
The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



Learning Objectives

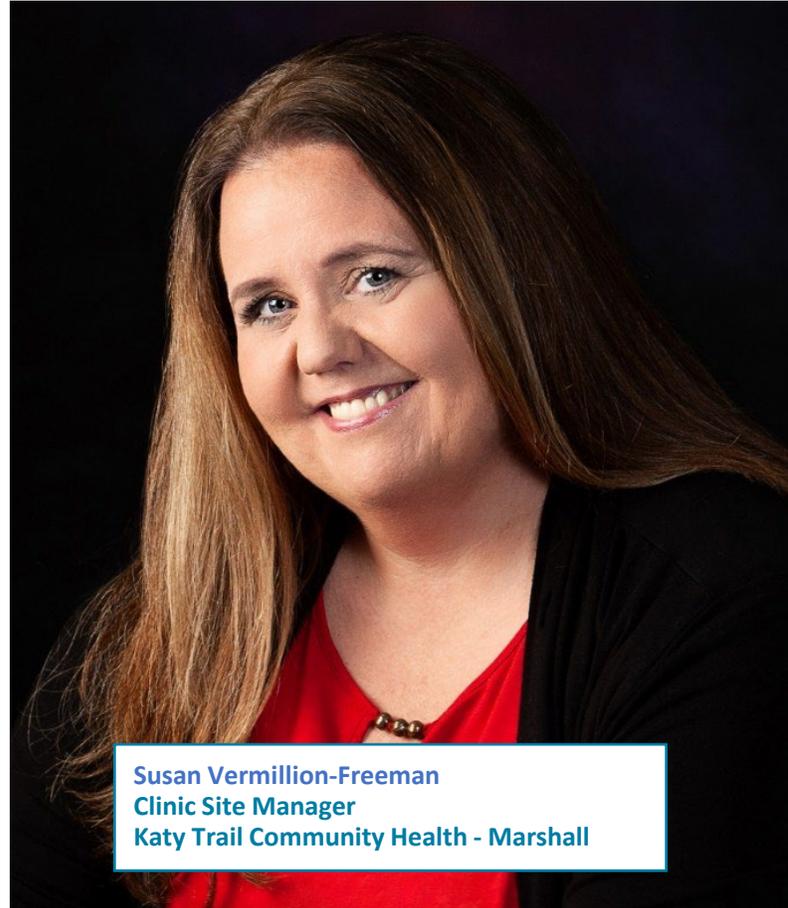
1. Define key indicators, the definition of each indicator, and how to measure performance.
2. Explore tactics to improve each of the key indicators.
3. Identify the leadership behaviors needed to make these process improvements successful.

Meet our Speakers



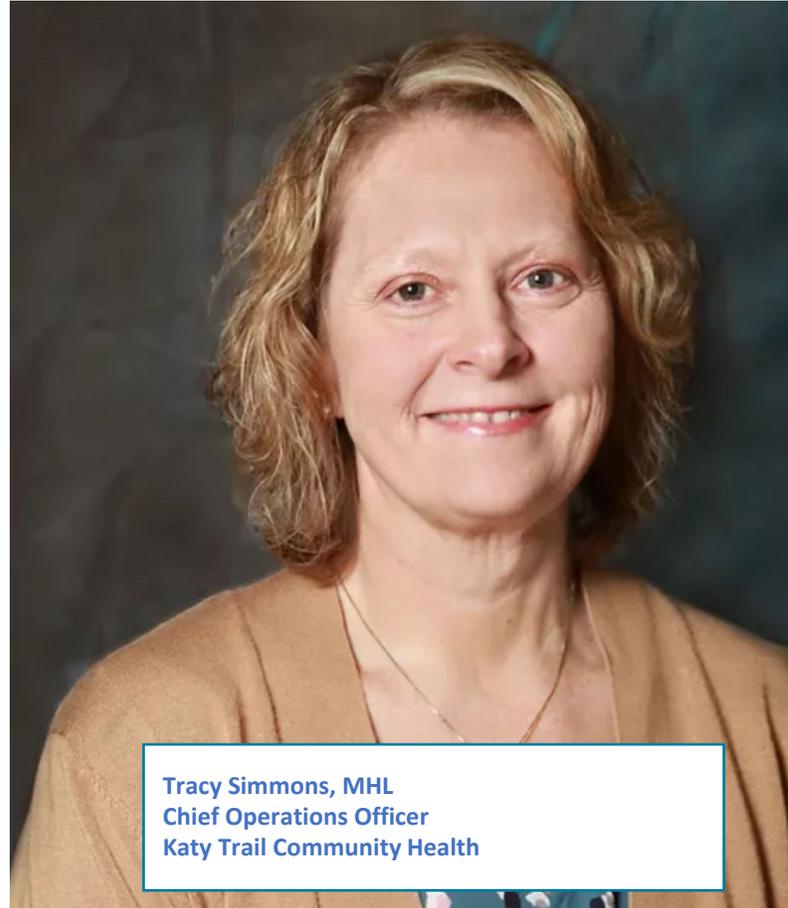
Adrienne Mann, RN
Chief Innovation Officer
Coleman and Associates

Meet our Speakers



Susan Vermillion-Freeman
Clinic Site Manager
Katy Trail Community Health - Marshall

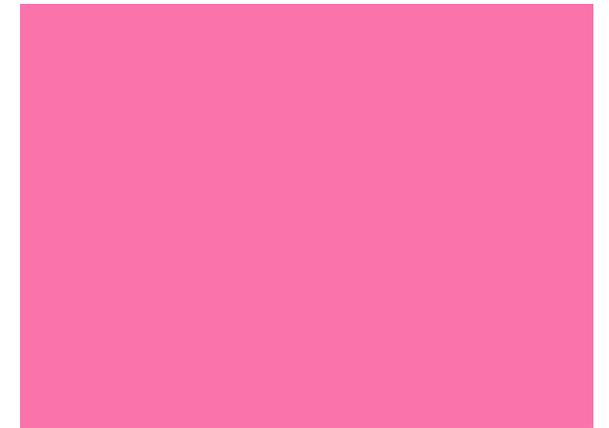
Meet our Speakers



Tracy Simmons, MHL
Chief Operations Officer
Katy Trail Community Health



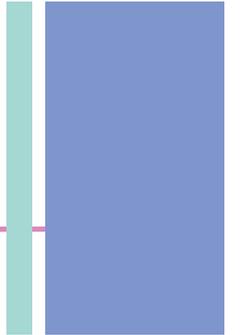
Using Data to Drive Leadership Behaviors



October 30th, 2022

Objectives

- Participants will define key indicators, the definition of each indicator, and how to measure performance
- Participants will explore tactics to improve each of the key indicators
- Participants will identify the leadership behaviors needed to make these process improvements successful





Key Indicators of Operational Performance

Cycle Time

- The time from the moment the patient walks through the door to the moment they walk out of the door
- Usually looked at as an average



+ Missed Opportunities

- Any time a slot goes by unused for any reason.
- Can be a No-Show, a Late Cancellation, or a slot that was never filled
- If you see someone in that slot, it is not a Missed Opportunity

No-Show Rate

- A No-Show is any appointment that is missed without a call from the patient ahead of the appointment time.
- The No-Show Rate is calculated by the number of No-Shows / number of Scheduled Appointments



Productivity

- Productivity is a measure of how many patients are being seen. There are several different ways to report productivity, but we will be using Patients Per Hour (PPH).
- PPH is calculated by number of Patients Seen / number of Hours Worked

PRODUCTIVITY



+ Charting Completion

- The percentage of charts that are completed by the end of the scheduled shift
- Great indicator of work-life balance





Tactics for Performance Improvement

+ Steps in the Team Dance



- Robust Confirmation Calls
- Visit Prep
- Patient Care Team Huddle
- QuickStart
- Jockeying the Schedule



- Robust Intake
- 30-Second Report
- Midway Knock
- Sheep and Shepherd
- Charting at the Time of Visit
- Over Communicate

How to Make Robust Confirmation Calls

1

Open Next Day's Schedule

2

Confirm that each appointment has:

- Patient's phone number
- Reason for visit
- Patient's Preferred Language
- Up to date Payment/ Insurance Information

**CALL OR TEXT
(just be aware of PHI)**

3

Call patients with a script that:

- Establishes rapport and confirms the medical home feeling
- Confirms demographic, payment and other pre-registration tasks
- Asks whether they can still come in for a visit
- Gathers information on the reason for the visit
- Prepares patients for possible treatment or requests
- Provide next steps
- Asks the patient if there are any other questions
- Provides the phone number for patient to call if they change their mind and cannot come in

+ Jockeying the Schedule

Call No-Shows immediately at or just before the appointment time (Jockeying call).



Reschedules
create open
slots.

Protect open slots by moving early arriving patients into about-to-expire slots.



Allow front desk/ phone staff to fill open slots.



Jockeying is based upon trust and communication front to back.



Decrease “Missed Opportunities” radically.



Read all about it in the Jockeying Article.



*Principle of Redesign:
Match Capacity with Demand,
Prepare for the Expected*



QuickStart! *Starting Visits on Time*

Ready

QuickStart means the Patient and the Provider are together at the time of the FIRST appointment of the session.

Set

Generally, this works by having the provider stay put right after the huddle and the care team member goes to grab the first patient or gets the patient on the 'virtual line.'

GO

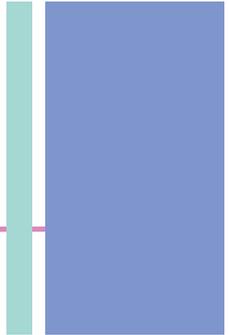
The care team member starts the intake while the provider listens and begins their chart.



Team Dance

30-Second Report

- 1** Care Team Member completes intake 
- 2** Care Team Member searches for provider and asks if provider is ready to hear about next patient. 
- 3** Care Team Member shares information learned during the Robust Intake 
- 4** The provider gives Care Team Member instructions if appropriate and they try to anticipate what the provider might need for the visit 



+ Simplified Scheduling

1. All slots are the same length
2. Any patient can go in any slot for any reason
3. Same-day slots are for same-day appointments
4. No indiscriminate double-books
5. Patient Care Team blocks are only for the Patient Care **Team**

Time	Appointment
8:00 AM	Huddle
8:15 AM	Patient
8:30 AM	Patient
8:45 AM	PCT Block
9:00 AM	Patient
9:15 AM	Patient
9:30 AM	PCT Block
9:45 AM	Patient
10:00 AM	Same-Day
10:15 AM	PCT Block
10:30 AM	Patient
10:45 AM	Patient
11:00 AM	PCT Block
11:15 AM	Same-Day
11:30 AM	Patient
11:45 AM	PCT Block



Leadership Behaviors for Sustainability

Attention to Results

- Data should be accurate, timely, and meaningful.
- Collect and look at the same data as your staff.
- React to data, good or bad.
- Hold staff accountable for the steps of the Team Dance.



Photo by [Isaac Smith](#) on [Unsplash](#)

Coaching

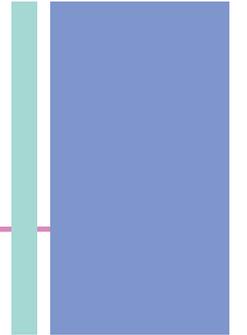


- Behavior change requires training and follow-up
- Coach staff to help them succeed
- During transitional times, staff may need additional coaching

Photo by [Nguyen Thu Hoai](#) on [Unsplash](#)

Accountability

- Changes you make cannot survive if the system they live in do not change too
- Add new processes to Job Descriptions, Performance Evaluations, etc.
- Hold low performers accountable so that high performers can flourish



Questions?

