

Child Psychiatry Productivity Improvement Project

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Background

- * Increased Focus on MD productivity
- * Productivity Goal: 65%
- * Child Psychiatrists' productivity: 50-65%
- * Similar to Adult Psychiatrists' Productivity

Challenges with Productivity Data Reliability

- * Not all sites measure productivity (e.g. James Ranch)
- * No Year to Date Productivity (seasonal variations – child psychiatry slows down during the summer)
- * No adjustments for various types of leave (e.g., mandated assignment to EPS)
- * No calculated percentages until recently

Sailing in the Fog



Meeting with Child Psychiatrists

- * Discussion of obstacles to get to target productivity
- * Formulation of strategies of improve productivity

Findings – General

- * Our physicians have relatively little influence over their productivity (not making their own schedule, not supervising clerical staff, not determining no-show policies)
- * Strong influence of system's factors
- * Some factors related to specific clinics
- * Some factors related to system as a whole

Findings - Specific

- * Not all clinics make reliable reminder calls
- * Not all clinics have a no-show/cancellation policy
- * Existing no-show policies may be too lenient (letter after three no-shows)
- * Mandatory meetings/trainings reduce productivity and particularly affect part-time docs
- * Underutilization of psychiatrists
- * Clinic specific findings (delayed referrals at JH)

Recommendations

- * Implement reliable reminder calls
- * Formulate no-show/cancellation policy that holds clients accountable (e.g. 2 no-shows/ short-notice cancellations within a year)
- * Review the use of trainings/meetings
- * Consider to draft mandatory referral criteria to our psychiatrists
- * Address clinic specific issues

Meeting with MH Admin

- * Discussion of findings and recommendations
- * Formulation of action plan
- * Observation that no-show data not always available (which makes it difficult to track effect of action plan)

Action Plan

- * Unit managers will work with clerical staff to make reliable reminder calls, draft updated no-show/cancellation policy and get line-staff input
- * Child psychiatrists are encouraged to propose mandatory referral criteria and to enter no-show notes
- * Impact on productivity will be tracked over coming months and data used to adjust action plan

Questions?

BRAND CAMP

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