# THE TACTICIAN

### FOREMOST FAMILY HEALTH CENTERS: OPERATIONS AND REVENUE CYCLE REVIEW

April 2024 Volume 2

# **QUICK HITTERS**

Please do not station any material or equipment in front of openings marked 'EXIT'. This is a fire code violation. If you see this in your area please inform Yulandor Plater.

MARCH YTD KEY PERFORMANCE INDICATORS (Goal)

Safety Incidents: 0 (0) Clinical Visits: 6,085 (40,000) Unique Patients: 4,963 (11,000) Charges: \$2,513,044

Charges: \$2,513,044 Collections: \$1,026,420



#### **NEW INITIATIVES**

5S Initiative - Phase 1: SORT



**What:** 5S is a lean methodology that consists of inventory management, waste reduction, ordering, and space management. It consists of 5 major phases: SORT, SIFT, SHINE, STANDARDIZE, SUSTAIN. FFHC has begun a 5S initiative that primarily focuses on our major supply areas: 1. Storage Room A – medical and pharmaceutical supplies (MLK Jr across from lab), Storage Room B – medical supplies (MLK Jr across from lab), Office Supply (MLK Jr), Equipment Overflow (outside JET Room), and Storage Room C (Balch Springs). Project team consists of the following people: Executive Champions – X. Wicks and H. Mitchell, Team Leads – G. Starling and Y. Plater, Location Leads – MLK Jr.: Adra, Marlene BS: Resheena, Odet. As we move through the process, please relay any questions/concerns to the project team.

**Why:** We currently have a lot of material in spaces where it is not required, or we have items which hold no current value to our operations. These items must be removed for us to become effective and efficient. When you must walk around nonvalue-added material/equipment (Waste of Transportation), or when you must sort through mountains of nonvalue-added supplies (Waste of Overprocessing) it causes delay. This adds complexity to your work and causes you to have to work harder for non-optimal results. 5S seeks to eliminate all things that do not directly assist in your daily activities and are value-added to our patients. But it will take ALL of us to make this happen...

**How:** We are currently in the SORT phase. In this phase the entire clinic will need to participate in identifying 'SCRAP.' Scrap is waste that has accumulated in the focused storage areas or in your location. Gina has placed SCRAP tags strategically throughout the clinic. We need everyone to label SCRAP in your area with these tags. You can take a few and put it in your pocket to do during the day or take some time to specifically identify the SCRAP. This period will last for 1 week, after which we will come around and move the SCRAP to a sequestration area for final disposition. Everyone will be given an opportunity to review the SCRAP items and overturn a disposition if necessary. We plan on discarding items that have been deemed as true SCRAP, but there also may be an opportunity for staff to purchase items in a silent auction. The key is that it is removed from the storage locations or your area to free up space and remove clutter. The SCRAP tags look like this:



Please fill out with your name and date then affix these to the items, supplies, boxes, or equipment that you think should be removed from your area. If you do not have them, please contact Gina, Yulandor or me and we will get you a packet to identify waste in your area. The SCRAP period will last 2 weeks with a review period and silent auction. Thank you in advance for your attention to this most important initiative!!! Together we can be the change that we need!



MONEY TEAM CHAMP - TOP COLLECTOR X 2

### Talk to the COO

# Herron Mitchell 260.402.1120 hmitchell@foremostfhc.org

Please feel free to provide any feedback or submit questions/topics you would like addressed on the next issue of THE TACTICIAN.

# "Make your workplace into a showcase that can be understood by everyone at a glance." – Taiichi Ohno

# **WASTE NOT WANT NOT (TIM WOOD)**

**Focus: Overprocessing** 

<u>O – overprocessing:</u> any redundant effort in a process or communication that does not add value to the service.

Examples: Excessive information/reports, redundant reviews and approvals, unclear job procedure/policy, searching for information, touching inbasket messages just to remove them, unclear work/nonstandard operating procesures

**QUESTION:** Can you identify any of these forms of waste in your areas? What can be done to eliminate that waste? If so, email them to Herron Mitchell @ hmitchell@foremostfhc.org.

Each month we will highlight one of these forms of waste and things that you can do or your peers have done to eliminate them.

# FTE, PRODUCTIVITY, AND YOU

Did you know FTE stands for Full-Time Employee. This number is generated by the total annual hours you are expected to work (budgeting) and the hours you actually work (EWS). When you work over a Full Time Employee equivalent hours (2080) then you are over 1 FTE. Likewise, if you work under then you are a ratio of an FTE.

### Examples:

Employee A: 2746 hours in 2023. This would make their FTE = 1.32 (2746 / 2080)

Employee B: 1988 hours in 2023. This would make their FTE = 0.96 (1988 / 2080)

This number is used to calculate essential information such as productivity. Productivity describes the amount of work you are expected to do against how much you did. There are normally two forms of productivity: productive time and non-productive time. Non-productive time is not a negative thing, it just represents time that is not related to a unit of service (e.g. live patient exam). Non-productive time is a bigger bucket that includes things such as administrative time for providers, PTO, or meetings. By removing non-productive time from the calculation, we can accurately and fairly set hourly, daily, or monthly goals.

Do you know your FTE for 2023? What are YOUR productive goals? Feel free to have these discussions with your manager. The more we know...the better we are!

### **CONGRATULATIONS**

Esmeralda Aruja is our top Patient Access Time of Service Collector for March 2024!!!

## **OUTREACH**

Outreach is scheduling a series of events to address the unwinding of Medicaid. This phenomenon occurred after COVID when the emergency declaration ran out and millions of patients were dropped from the Medicaid rolls. Here at FFHC we recognized this as an issue for our patients who may not be familiar with navigating the system and requesting services that they are qualified to receive. Furthering a strategy that outreach began last year with the training of our staff in Medicaid enrollment, Mr. Plater and team reached out to our Managed Care Organizations (MCO) for a candid discussion on how to assist the population. This manifested in our first event of 2024:



There will be many more events to follow and address this gap in resources. If you have any suggestions on how to address this critical issue, please feel free to contact Yulandor Plater - yplater@foremostfhc.org.