

# **IPRO 340 – Fall 2006 PROJECT PLAN**

## **Sponsor:**

Access Health Network  
Steven Glass, CIO

## **Faculty Advisor:**

Daniel Ferguson

## **Team Members:**

Megan Anderson  
Sean Durkin  
Katherine Goldsmith  
Vitaliy Kunin  
Khoa Le  
Sarah Thilges

## **Objectives:**

Assess the referral process and assess the perceptions and feelings of employees involved in the referral process. Determine if any changes need to be made to the referral process and see what can be done to make the referral process easier and less stressful for the employees involved.

## **Background:**

Access is a network of community health centers that serve the poor and underserved people in the Chicago area. The mission of Access is to provide high quality, cost effective, safe, comprehensive, primary and preventive health care in underserved Chicagoland communities. Currently the referral processes are different at many of the health care centers and many referrals are being sent out of network, to non-Access or Mt. Sinai Clinics.

## **Methodology:**

There are two separate problems we are addressing in this IPRO project, although both have to do with the referral process of the ACCESS health clinics. The first aspect of the project we will address is the actual physical process that ACCESS health clinics use to make referrals. From the corporate staff of ACCESS we learned there are some problems with the current referral process, these problems include:

- 1) Some patients never reach their referral appointment due to scheduling conflicts and communication problems.
- 2) There is no standard process of referral throughout the 46 different ACCESS health clinics.

- 3) ACCESS is losing revenue when patients are referred out of their network to hospitals they don't have a financial agreement with.
- 4) The referral process is done with paperwork; an electronic system could make the process faster and more efficient.

The other part of this project that we concentrate on is the assessment of the continuum of care of ACCESS. Although the quality of care at ACCESS clinics are top notch, we want to make sure that when patients are referred outside the ACCESS network they are still receiving that same quality of care.

Since we are addressing two different aspects of the referral process we have broken the way we are going to conduct research into two parts:

- 1) Evaluation of the actual referral process → in order to find this data we are going to go to 10-12 different health centers and interview the staff that conducts the referral process. The interview will be conducted with a set of pre-written questions to ensure that the interviewee does not leave out any information when telling us about the referral process.
- 2) Evaluation of the continuum of care → we are also going to find this data through interviews with the staff at the ACCESS clinics. We can judge the quality of care that patients receive when they are referred to other doctors by asking the staff exactly how they feel about the quality of care the patients receive. We will still use a set of pre-written questions. However, these questions will be more open-ended than the ones specifically about the referral process.

After we collect the data we will do a cross analysis with all the different clinics using Visio software. From that analysis we will determine and formulate the best referral practice. We will determine the best practice to be one that is 1) the most time efficient (no delays on referrals), 2) the most cost effective (does not lose revenue for ACCESS), 3) has the least amount of errors, and 4) has the finest quality of care for the patients. Once we have determined the best referral practice for ACCESS we will make a flow chart that explains that process and can be used as a standard for the different health centers.

## **Expected Results**

Our IPRO 340 team hopes to complete referral assessments at 10-12 of the ACCESS health centers. From the data gathered at these health centers we hope to complete a cross analysis that will identify the best ways to conduct the referral process and highlight any problems that happen in the referral process. From the cross analysis we will create a standard form and procedure that ACCESS can use in all of their clinics.

## Project Budget

Item	Cost
Pizza Party for Team Bonding	\$118
Travel 16 trips at \$10 each	\$160
Lunch 4 people \$5 per lunch * 8 trips	\$160
Final deliverables 1 poster at \$100 + 5 copies of the final report at \$4 each.	\$120
Business cards was	\$18.22
<b>Total</b>	<b>\$576</b>

## Schedule of Tasks and Milestone Events

Milestones are highlighted in yellow.

Project Deliverable and Milestones	Due Date
Project Plan	25-Sep
1st Interview	29-Sep
Mid-Term Progress Report	20-Oct
Last interview	6-Nov
Analysis completion	20-Nov
Exhibit/Poster	22-Nov
Project Abstract	22-Nov
Web site (optional)	27-Nov
Final Oral Presentation	29-Nov
Final Report	30-Nov
Team Information	30-Nov
Comprehensive Deliverables CD	1-Dec

<b>Tasks</b>	<b>Date</b>	<b>No. of team member/Hours</b>
Orientation (1) defining the problem. (2) deciding on roles	28- Aug	5 member / 1week 5 members / 1week
Training: (1) project management (2) interview training	4-Sep	3 members / 2 days 5 members /1 week
Interviews: Types: referral, psychological  (1) note taking (2) conducting interviews (3) text documentation (4) charts and diagrams	29- Sep	2 or 3 members per interview  1 person / 8 weeks 1 person / 8 weeks 1 person / 8 weeks 1 person / 8 weeks
Analysis: (1) Make comparative matrices (2) Conduct analysis session (3) Design ideal referral process (4) Design data capture/info tracking referral process	7- Nov	2 members / 3 days 2 members / 2 days 2 members / 3 days 2 members / 2 days

## **Individual Team Member Assignments**

Due to the small size of our groups, we do not have different members for the sub groups. All team members participate in all tasks. However, we have 1 person in charge of managing each task.

<b>Name</b>	<b>Educational background major</b>
Megan Anderson	Psychology
Sean Durkin	Information Technology
Katherine Goldsmith	Psychology
Vitaliy Kunin	Electrical Engineering
Khoa Le	Computer Engineering
Sarah Thilges	Psychology

Team leader	Vitaliy Kunin
Sub teams	Sub Team leaders
Interviews	Sarah, Megan, Katie
Analysis	Khoa
Documentation	Sean

<b>Analysis sub team</b>	<b>Roles</b>
Megan Anderson	Conduct analysis session
Sean Durkin	Design ideal referral process
Katherine Goldsmith	Design ideal referral process
Vitaliy Kunin	Design data capture/info tracking referral process
Khoa Le	Make comparative matrices, Conduct analysis session

<b>Documentation sub team</b>	<b>Roles</b>
Megan Anderson	text documentation
Sean Durkin	graphical, text documentations
Katherine Goldsmith	text documentation
Vitaliy Kunin	graphical documentation
Khoa Le	text documentation

<b>Interview sub teams</b>	<b>Role</b>
Team 1	
Megan Anderson	interviewer
Sean Durkin	note taker
Katherine Goldsmith	interviewer
Team 2	
Vitaliy Kunin	note taker
Khoa Le	note taker
Sarah Thilges	interviewer
Team 3	
Vitaliy Kunin	note taker
Megan Anderson	interviewer

Katherine Goldsmith	note taker
Team 4	
Sean Durkin	note taker
Khoa Le	note taker
Sarah Thilges	interviewer
Team 5	
Katherine Goldsmith	interviewer
Vitaliy Kunin	note taker
Khoa Le	note taker
Team 6	
Sean Durkin	note taker
Megan Anderson	interviewer
Vitaliy Kunin	note taker

## Designation of Roles

### Meeting Roles

Minute taker: Katherine Goldsmith

Agenda Maker: Vitaliy Kunin

### Status Roles

Weekly Timesheet Collector/Summarizer: Megan Anderson

Master Schedule Master: Sean Durkin

Interview Trainer: Sarah Thilges