

Combined Breakout Minutes

1. What is a topic/issue that you are hoping to learn from this small group discussion?

Time Management (Group A):

- How are you pulling reports and delegating and getting everything done.
- Not being done well. Looking to see how agency can be streamlined better.
- 1 day week to not see clients.
- Block time off on calendar.
- Using the system to manage the duration of the appts. Not very useful. Not always accurate. Assign self as the clerk or other roles in the clinic so have a realistic view of how the schedule should flow.
- 30 minutes for first family member, then 15 minutes for each additional family member.
- Have staff who don't know how to move folks around to make the schedule flow.
- Need to know the clients and how to schedule those clients. Acknowledge those who are waiting. Many new staff, don't yet know the nuances of when clients need to come in.
- Most appts are 15 minutes.
- Meet on Mondays or ahead of time to see who is on the schedule and reschedule as needed.

Improving morale of staff ideas/comments (Group A):

- Health Officer brings donuts and fruit. Most in group are about 5 out of 10. Several are at 7-8.
- What is making a difference? Like to work WIC. It's done at the end of the day. It is desirable. Good nurses.
- Bad: stretched too thin, working multiple programs. Can't focus on just one program. Work with the multiple personalities. No physical backup. No one there to be able to help. Need to be able to have a backup. Communication. Quick huddles.
- Staff not permanently assigned to the program, so they don't understand the way the program works. Admin won't let them change how staff is assigned.
- Wearing all the hats when you have limited staff.
- Why appts are taking more time. 15 minutes vs. 45 minutes.
- Fitting ancillary appts into the WIC appt.
- How all get clerks to pull reports and fill clinics.
- How to handle calls for BF.
- Unique outreach ideas.
- Collaboration with local providers
- Do other HD's participate w/preschool screening. (HeadStart and prestart)
- Not losing money on lead care II. How are you doing it?

Scheduling and staffing issues (Group B):

- More information on how other agencies schedule and staff their clinics. Caseload vs. staffing needs. What do other clinic's schedules look like – including some real-clinic examples/visuals.

- How long should appointments go and how should they be spaced out? Do your agencies schedule breaks in the schedule to catch up on work?
- More information on the templates and what the numbers mean in the column title. It was recommended that you rename the column title to 'NOT USING' or something like this, you can also take it out of active status.
- What do staff do other than working in the clinic, when there is no-shows and extra time? In Bay, the two CPAs are helping with the gaps that the coordinator needs help with (quarterly nutrition ed, put together nutrition ed materials, audit high-risk and formula reports, chart audits 1x/wk. (i.e., SFFR, breast pumps)). At GLBHC, every staff is assigned something extra or "special" to work on in down time (i.e., clients eligible for benefits).
- What does it look like when someone has completed wichealth.org? Are all agencies calling? The clerk will go in and check certificate, issue benefits, call client to and ask if they have any questions and schedule next appointment. CPA does not *have* to follow up. Some agencies are texting.

Scheduling/Evaluating appointment times (Group C):

- evaluate appointment times/clinic flow efficiency.
- Check show rates.
- If appointment is missed the CPA calls right away.
- Balance between scheduling normally with overscheduling to avoid no shows.
- Staff have options to reschedule or make an appointment longer.
- Supervisors can take a WIC clinic out and do something else if the clinic is not super busy.
- MIHP appointments are 1-hour, generally with 2 kids.
- Columns are based on what is being done that day.
- Clerks can schedule an appointment but others can change, e.g., a 2-year-old behind on shots.

Various topics to discuss (Group D):

- tips and tricks to make a clinic run smoother.
- What reports should a clinic be running to assist with this, specifically in the ADMIN Module.
- Streamline, how to get things done in-person.
- Retaining Staff.

2. How does your agency evaluate appointment times and efficiency of clinic flow?

-This county has a table to determine what's happening and how long it will take to determine if it's a 15-minute or 30-minute appointment. They do not put clinic schedules near a holiday until closer to the holiday. They also block off time for staff to catch up (i.e., don't start schedule until 9am on Monday to catch up from the weekend).

-Are staff involved in ideas for improvement?

-Agency staff came up with a flow for 'pending lab schedule/lab appointment' and send 'on demand' notifications. They also use Teams for messaging to other staff, go to staff and ask, 'how should we handle this issue'.

-Agency staff – Ask for staff input on an issue and staff are possibly able to provide the best way to compete problem. They are also using on demand messaging for next appointment. Allow staff to return emails with feedback.

-Agency staff – allow staff to assist with decision making for staff buy-in.

-Agency staff – 1:1 with staff, get good feedback.

-Are you evaluating or re-evaluating schedule times now that agencies are back in-person?

-Some appointments are now needing longer times.

-Other agencies indicated they are shortening their timeframes for appointments – closer to pre-covid time frames.

-Could we hire Alterum again for assistance with clinic flow.

-Doing EDUs, starting to get clients getting wichealth.org. Implemented a wichealth.org column to remind staff to follow up.

-Review the calendar, to make sure folks are scheduled appropriately.

-Sometimes the clerks have a different supervisor than the WIC Coordinator, makes it difficult to Schedule.

-Need tips on how to work with clerks and the reports for purposes of calling and scheduling Appointments.

-SOM of provide a 'task' list available in MI-WIC.

-We need to provide a nutrition education via phone call (using other appointment type).

3. Do you have any innovative ideas on how to streamline appointments and/or scheduling issues?

-If EDU appointment scheduled over the phone, they do not set a time for that appointment. They instruct the client to ignore the 'time' on the notification reminder. The clinic starts at the top of the list and make the calls.

-Heather Sanders (facilitator) asked if implementing a new appointment type of virtual EDU back into appointments would be helpful and making sure the notification states that a staff person will call on this day between a time range.

-Most clinics are not cancelling appointments when there is a no show because they lose the appointment notes. So, they reschedule instead of cancelling.

-Techs go in first to do complete the Anthro, then CPA/RD does the rest of the appointment (including issuing benefits). Some agencies have the clerk go back in and do the exit part of the appointment or have the clerk check out on their way out of the clinic.

-One agency is getting push back to have the CPA/RD issue benefits, schedule appointments, and print documents from the clerk/tech. Coordinator wants to see if this change would benefit the length of time clients are in the clinic for their appointment. At this agency, the clerk/tech take care of the explanation of the WIC Foods by using an example shopping list.

- Target is to make appointments when benefits are needed so they are more likely to show.

-How do you reschedule a no show when the schedule is already full the next day.

-Caseload, scheduling, no-shows, pandemic mindset for staff and clients. Coming into clinic is inconsistent shows day to day, very unpredictable.

-Training staff-they may have seen but never did services prior to Covid, contacted the consultant for assistance with this.

-Challenge-everyone needs to complete Lab! This agency has a high caseload for in-person and no space. One thing saving us is virtual evaluation appointments. Finding clients more patient and wanting to attend in person.

-This coordinator is assisting in clinic, so they know I know hard the transition back in person is.

-Thinking about having a daily schedule dedicated to just eval appointments.

-Messaging (notifications):

-Location is not showing on the reminders and this is an issue. Not knowing where their clinic is. Address is not provided on the message.

-Some agencies are using on-demand messages the day before the appointment, = a better show rate.

-sending to different clinics that might be closer to the zip code.

4. Do you have any innovative ideas on how to streamline staff buy-in?

- Asking the staff, the change in procedure or policy for their input and what they think, it helps with troubleshooting. Don't make a rule or change without asking the staff it will affect for buy-in. Making sure staff know they are appreciated by saying thank you and being earnest. Coordinators appreciate consultants jumping on a TEAMS call to tackle an issue. Giving staff more responsibility like giving them the rights to adjust schedules.
- Make clinics more welcoming, ask for staff input.
- It has been hard because of staffing issues, been down 1-2 positions for 2 years.
- Want to keep morale up to keep employees because a lot of training is involved with a new employee. Staff get burn out-they cannot do one more thing.
- Tell staff what a difference WIC makes, and share client success stories.
- How do you know staff are the right fit?
- One agency provides 'feed staff-baskets' w/ bars, fruit, chocolates, and puzzles. They also do a Kudos on Monday, make them feel appreciated. This is funded by management.
- This agency allows 1-hour of being silly, give gift cards. Working to provide a fun place to work and feel supported. They are seeing signs of improvement in employees, seeing babies, not boring.
- Staff bonding activities. Fun surprising gifts, not knowing who provided it.
- Staff in action pictures to publish.
- Having clinic staff attend workgroups.

5. What has been your biggest challenge with transitioning back to ALL in-person services?

- The number of no-shows. They are calling no-shows the next day to reschedule. Sometimes giving 1 month of benefits, depending on the situation.
- RD's do follow up Anthro.
- If the client does not show, the clinic reschedules 1x.
- If the client has too many appointments scheduled, it is almost certain they will not show for their appointment.
- Encourage in-person
- This clinic went back in July/August of 2021. Strongly encouraged the in-person and virtual only if needed.
- Most clients were ready for back in person.

a. What best practices have worked for your agency with this transition?

Giving staff time to catch up by blocking the schedule (i.e., in the morning or before lunch).