

**North Carolina Association of County Commissioners
2007-08 Ralph W. Ketner Employee Productivity Awards Application**

County: Henderson **Employee:** Pam Foster **Email:** pfooster@hendersoncountync.org

County Department: Health **Employee Title:** Nutrition Director

County Phone: (828) 694-6027 **County Mailing Address:** 1200 Spartanburg Hwy., Suite 100, Hendersonville, NC 28792

Is this project being submitted on behalf of two or more employees? **NO** **YES**

If yes, please provide below a listing of all project employees in Number 6. Employee & title as listed above should be for lead team member.

Fair Labors Standards Act Designation: In order for your project to be eligible, you MUST indicate one of the following. If you do not know, please contact your personnel director.

EXEMPT: **NON-EXEMPT:** **BOTH (if applicable to a team):**

1.	Productivity Improvement Title:	Implementing Open Access Scheduling (OAS) for WIC Program
2.	Implementation Date (must be between January 1, 2007 and December 31, 2008):	1/2007
3.	Please describe the productivity improvement. (Please limit response to these 2 pages.)	
Open Access Scheduling (OAS) is defined differently by different clinics. True open access is when clients are able to call the same day for an Appointment. Some modified versions allow clients to call in the week or day prior to schedule the appointment. Henderson County WIC program Decided to use True OAS. Henderson was the second county in NC to try open access in a WIC program. Prior to open access, the standard WIC Appointment was scheduled 3 months in advance when the client left their current appointment. This type of scheduling resulted in poor show rates (less than 60%), inefficient clinics-the level of staffing could not be adjusted, inflexibility for clients, and poor staffing management for WIC supervisors (Holidays and vacations would need to be scheduled months in advance). Before initiating (OAS), we were able to market the new appointment system With the clients. We started 3 months prior , to their next scheduled appointment by sending letters to providers, creating cards that detailed how to Make appointments and discussing the new system at staff meetings with all health department clinic staff, child service coordinators, maternal care Coordinators and maternal outreach workers. The phone system needed upgrading so that clients would be able to be placed in a que and wait for the Next available person to assist them. Because we have 50-60 % Spanish speaking clientele it was necessary that our phone operators be able to Converse in both languages. The transition was not as well received by clients initially so we experienced some resistance in the first few months. However, after 6 months with the new system, clients and staff favored it (by survey) and our show rate increased to over 98%. Now, we are able to Adjust our schedule daily, staffing management is much improved and production has increased 65% due to little time spent rescheduling appointments.		

4. Please describe why this project was initiated or what problem it addressed:

Historically, (for the last 15 years) WIC clients have had appointments that were scheduled 3 months in advance. This type of schedule caused barriers for the clients. A disproportionate amount of clients have transportation and work challenges that make it difficult for them to be able to predict their schedules that far in advance. Therefore, our clinics show rates were about 50% daily. We were frequently in a "feast or famine" environment. Because of this, an excessive amount of our clerical time was spent trying to reschedule these appointments that could be as far as 3-4 weeks out due to so many no-shows. These caused our clinic to be less efficient when our man-hours were used in this manner. It also caused inflexibility for vacation and holiday times when the schedule was set 3 months in advance.

5. Please quantify the improvement's results in terms of cost savings, cost avoidance and/or a higher level of services provided. (Please indicate what resources were used to achieve your results, and what was done with the time savings, if any accrued).

The savings are evident in the number of clients served per day. This allows us to increase our client base by serving more people with the equivalent amount of staff. We expect to increase our WIC budget allowance this year. This will in turn allow us to meet the rising cost of staffing. Previously we were scheduling 65 appointments per day with a 50% show rate. Now we schedule the same number with a 98% show rate. Annually we were able to serve approximately 64% more clients in a more efficient method. Last year in a 6 month period before open access we served 3350 clients. This year in a 6 month period with open access we have served 5271 WIC clients with the same staffing.

6. Please provide any other descriptive information you would like to be considered by the review committee.

The State WIC Program has been very interested in our success. We have presented Open Access Scheduling at a meeting for all State Consultants. Additionally, we have presented at two regional meetings for approximately 60 WIC staff and continue to facilitate them with this via e-mail.

County Manager's Name:	Steve Wyatt	Supervisor's Name:	Tom Bridges/Health Director
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Return by **June 2, 2008** via email to ncacc@ncacc.org.