

THREE YEARS.

Here's what we built.

Round Valley Indian Health Center Care Team Development

Zoe George, LVN and Leslie Myrick, RVIHC Consultant

EPT Final Learning Community · Part 1 · [September 29 or October 1, 2026]



Round Valley Indian Health Center



Who we are and who we serve



Practice type

A Rural Indian Health Center on the Round Valley Reservation in Covelo, Mendocino County, CA

Patients served

1,887 active patients · 1,113 Medi-Cal patients

Our EPT population of focus

Children and Adolescents age 3-21

What this storyboard is about

How moving LVNs off the floor to own pre-visit planning, care gaps, and outreach improved the # of patients seen for a Well Child visit with a PDSA that showed us how to complete 93% of scheduled visits in the summer of 2024.

What Was Really Going On

What we found when we looked closer

WHO SPEAKS HERE

Leslie Myrick, Consultant



The LVNs started creating gap lists and used chart scrubbing to fill out the PVP for MA and Provider review for all visits

What we learned

Our workflow needed to change. We learned that we could meet incentives if more of our patients came in to get the preventive care they needed. We were not getting the data we needed. We had an opportunity to learn and after we put together our new workflow we tested it and found it worked. Parents responded and came in for their child's Well Child Visit.

In their words



This is amazing. I can't believe how many patients are coming in now. It is more fun when it is busy"

— Katy B., one of our MAs

Three Years Ago

Who we were before EPT

WHO SPEAKS HERE

Leslie Myrick, Consultant



What could you not do in 2023 that this work was going to require?

Where we were

We needed data and we had no formal quality improvement program. Linda Lohne, RN and Interim Clinic Director, worked with our MCO, Partnership, to help our care team learn how improved workflows could increase the number of patients receiving care. The care team visited another clinic who had shown great improvement to learn how this was achieved. The team came back and reorganized the team functions to what we have today by taking the LVNs off the floor to focus only on PVP and outreach.



What We Built

The change we made, and who runs it

WHO SPEAKS HERE

Zoe George, LVN



The change

The LVNs moved to desks in the care team pod to focus on Pre visit planning, outreach to patients for scheduling, reminder calls, and follow up from previous visit needs, answering questions for patients and staff.

From the person who runs it

“Patients really love getting their lab results from us when normal, instead of having to come in to find that out.”

Workflow for Chart Scrubbing and Pre-Visit Planning

- Patients with appointments – this step can be done the day before, but either way is done before the appointment
- The LVN will scrub the chart by filling out all the information needed for the visit, medication list, screenings, immunizations needed, lab result, radiologist reports and ER reports. If the patient needs a referral, it will be highlighted on the face sheet.
- When the patient arrives for the appointment, the front desk will let the LVN know.
- The LVN will attach the paperwork to the clipboard and place it in the MAs station and let them know the patient is here.
- The MA will review the patient information face sheet; while rooming the patient the MA will address all the highlighted items and enter updated information or refusals in the chart. Making sure all items are addressed.
- If the patient needs any in-house labs, hearing or vision it will be done at this time.
- After rooming and gathering the patient information/vitals the MA will enter everything in the patient's chart.
- The MA will take the chart to the provider and give an update about the patient.
- After the provider sees the patient and if they order injections, a lab draw, EKG or x-ray will be completed at this time and the information entered in the patient's chart.
- Each day the LVNs will review the finished charts to determine if every item was addressed, either updated or a refusal in the chart.
- The LVNs will contact any patient that had a no-show or cancellation and reschedule their visit, this will be done within 24 hours from the original appointment.
- LVNs will help on the floor if needed to room or for the immunization clinic.

What Happened

Our numbers, and what surprised us

WHO SPEAKS HERE
Leslie Myrick, Consultant



Sept 2023=
139 WCVs

Sept 2024=
232 WCVs

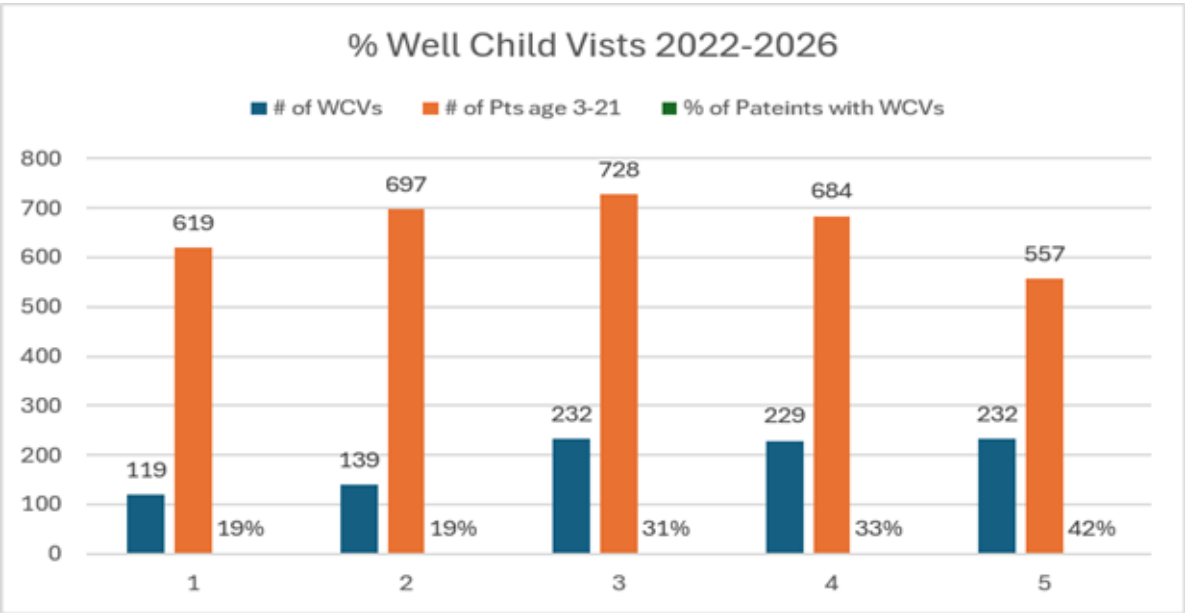
40% more patients
received their WCV
in 2024

The numbers, in a sentence

Well child visits went from 19 % in Sept.2023 to 31% in Sept. 2024. This equals 40% more patients receiving their WC visit

What did not go as planned — and what surprised you

The outreach calls were too much for the LVNs in addition to their other duties so we expanded the outreach role to our front desk person and our bi-lingual patient advocate



The Patient Behind the Number

One story behind the numbers

WHO SPEAKS HERE

Zoe George, LVN

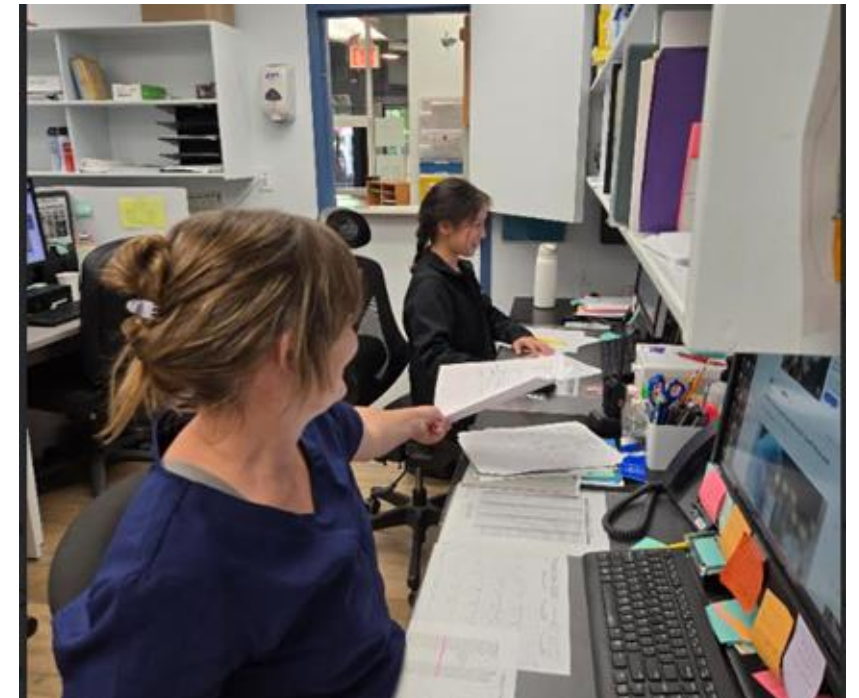


“Thank you for being there to answer questions about my visit. I am glad I did not have to come back in just to get the information I forgot after getting home.”

— Elder in his 80s

And the story around it

The patients express their gratitude for us calling with important information or to schedule an appointment. They used to have to come to the clinic to do this. We now have the LVN team reach out to calls from the front desk. (If urgent they are sent to an RN for triage)



What We Can Do Now

The capability we did not have before

WHO SPEAKS HERE

Zoe George, LVN



Our LVNs can access our gap reports directly to help them manage outreach

Our LVNs can now identify every patient overdue for any of our clinical measures to create call lists for themselves and the other roles now helping in this task. Our front desk coordinator also helps with scheduling and our Patient Advocate is bi-lingual so is able to do outreach for our Spanish speaking patients and also manages our new MediCal patient outreach project.

★ And who does it reach?

Our Population of Focus for EPT- Children and Adolescents age 3-21 for their well child visits and ALL our other patients who need preventive care and cancer screenings.

What it feels like now



We had very little information about the patient at the start of the visit and now we have what we need”

The LVNs now have access to the Population Health reports from the MCO portal.

What It Took to Keep It Going

What it took, and what makes it sustainable

WHO SPEAKS HERE
Leslie Myrick, Consultant



What it took

Time to meet together. Administration gave us that and we were having meetings every two weeks for an hour to work through the changes. To reach our parents during the summer test we also had a booth at the annual Indian Days Health Fair and talked to as many parents as we could. We had to make it work with the staff we had and everyone helped.

What makes it sustainable

The process is now embedded in our culture. It is expected. Our Locums and part time providers who are used to newer EHRs than ours, adapt quickly to the communication sheet as they have what they need when they go into a room to meet with their patient.

A team...

to build, one time

**A new
system...**

to keep it running

=Quality

What it gives back

For a few hours a month, a strong care team of 6-10 came together to build a system that improved the number of patient visits and their quality metric indicators for patients who appreciate them..

What We'd Tell You

What we'd tell another practice

WHO SPEAKS HERE

Zoe George , LVN



1

If you were doing this over, what is one thing you would do differently?

Nothing, we made these changes by observing others and bringing it back to our clinic. We figured out how it would work best for us. We are a different clinic now and we won't go back..

2

Where would you like to build on this, or grow next?

We try to look at all our clinical measures this way, but there are not enough LVNs so we are considering having each MA have their own Quality Measure to oversee. We got this idea from our Outreach driver who takes women to get their mammograms at the hospital 40 miles away. She has made it her job to fill the van every time she goes by calling the women herself. We will meet this measure this year for the first time!

3

Steal this from us.

We have a simple workflow to share and we can also share Zoe's color-coded spreadsheet format that allows her to stay on top of what patients she needs to be managing for scheduling, outreach and documentation in the EHR. You can email Zoe George at zgeorge@rvihc.com and Leslie Myrick at leslie381@gmail.com

THANK YOU

Questions?

Round Valley Indian Health Center

Zoe George, LVN and Leslie Myrick, Consultant

