



From Bottlenecks to Breakthroughs: Transforming the Ambulatory Care Services Standing Order, Guideline, & Procedure Process

April Richmond, BSN, RN | Stefanie Gibson, MSN, RN, CNML

Executive Summary:

We aimed to improve the efficiency of our document submission and approval process, which previously faced lengthy delays due to poor-quality submissions, redundant steps, and limited educational support. Through targeted interventions including document standardization, enhanced education and support, and process simplification, we far surpassed our initial goals, achieving a **62.5%** decrease in approval time, **75%** reduction in man-hours, and an **83%** improvement in the review backlog.

Problem & Importance

The Ambulatory Care Services (ACS) document approval process was lengthy, inconsistent, and resource-intensive. Contributing factors were identified as:

- Document Approval Time**
Submission to activation time of up to 12 months; up to 6 months at the ACS committee alone.
- Backlog**
Average of 60+ documents in ACS committee queue pending review or revision.
- Meeting Burden**
10 members of the ACS committee met 4 hours/week, totaling 40+ staff hours weekly.
- Rework**
Documents lacked clarity and standardization leading to rejections. Rejection at any step restarted the entire approval workflow process, requiring each committee to review again.
- Stakeholder Frustration**
Unclear owner/author expectations and limited access to support led to disengagement and rework.

What We Measured

- Baseline Data:**
- 63 Documents**
Monthly average documents requiring rework
 - 179 Days**
Average ACS Committee review time per document
 - 40 Meeting Hours**
Staff hours in ACS Committee meeting per week

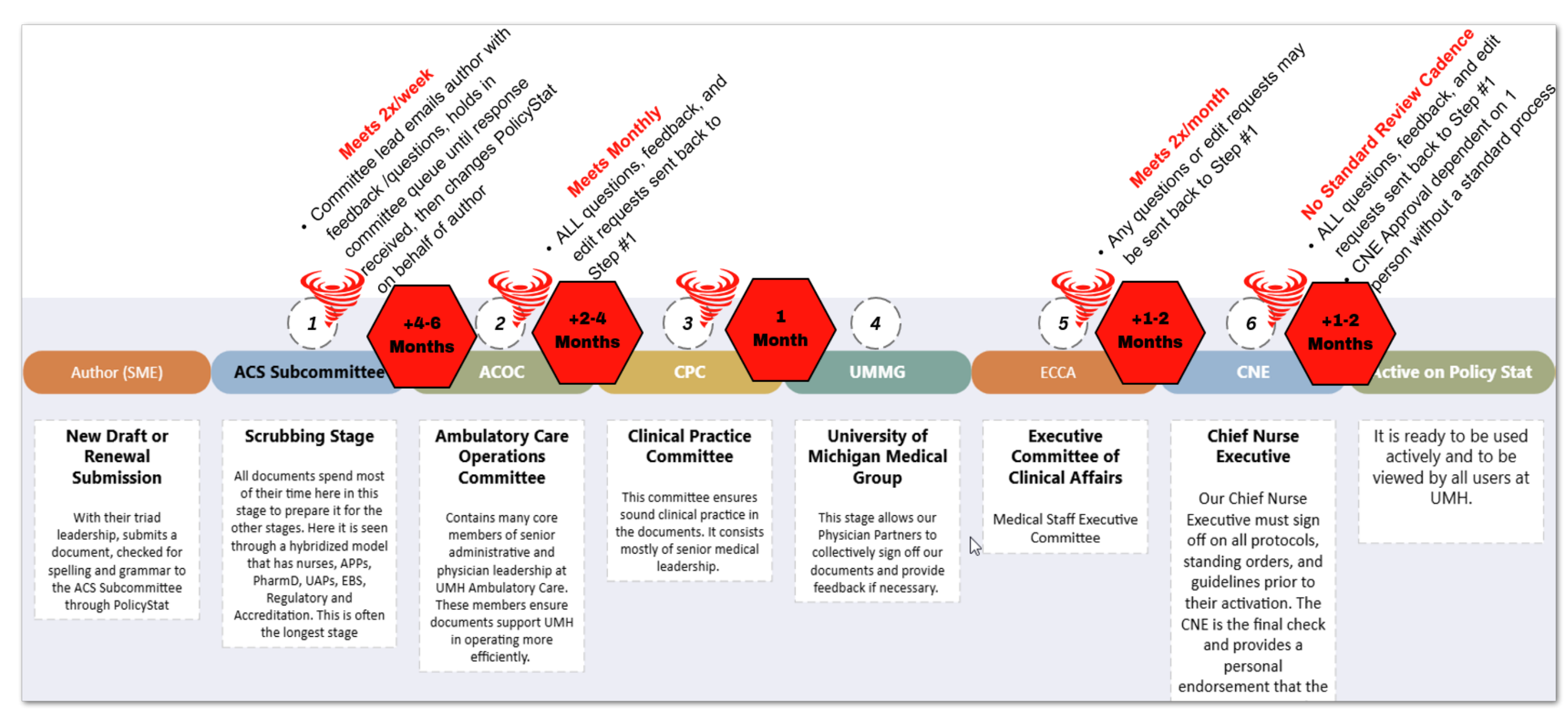
SMART Target: Our goal was to improve the efficiency, standardization, and timeliness of the ACS document submission process by a:

1. 35% reduction in the time a document spends in ACS committee review by 1/2025.
Gap Closure: Decrease average review time from 179 days to 90 days or less.
2. 50% decrease in ACS committee meeting staff-hours by 1/2025.
Gap Closure: Reduce total staff meeting hours from 40 to 20 hours per week.
3. 30% improvement in the quality of submitted documents by 3/2025.
Gap Closure: Reduce number of documents in the "Pending Review" queue requiring rework 63 to 44.

Understanding the Current State

The Value Stream Mapping (VSM) exercise revealed several key issues:

- Excessive Approval Layers:** Documents passed through 6 approval committees. The ACS committee alone taking up to 6 months, with subsequent committees adding 1–2 months each, resulting in a total approval time of 6–12 months.
- Poor Submission Quality:** Incomplete, poor quality, or incorrectly formatted documents led to repeated revisions and prolonged delays.
- Limited Educational Support:** Document authors lacked clear guidance and access to resources, contributing to inefficiencies.
- Overburdened Committee:** Meetings were long and unfocused, with feedback delivered in bulk rather than iteratively, slowing progress.



Analysis & Interventions to Improve

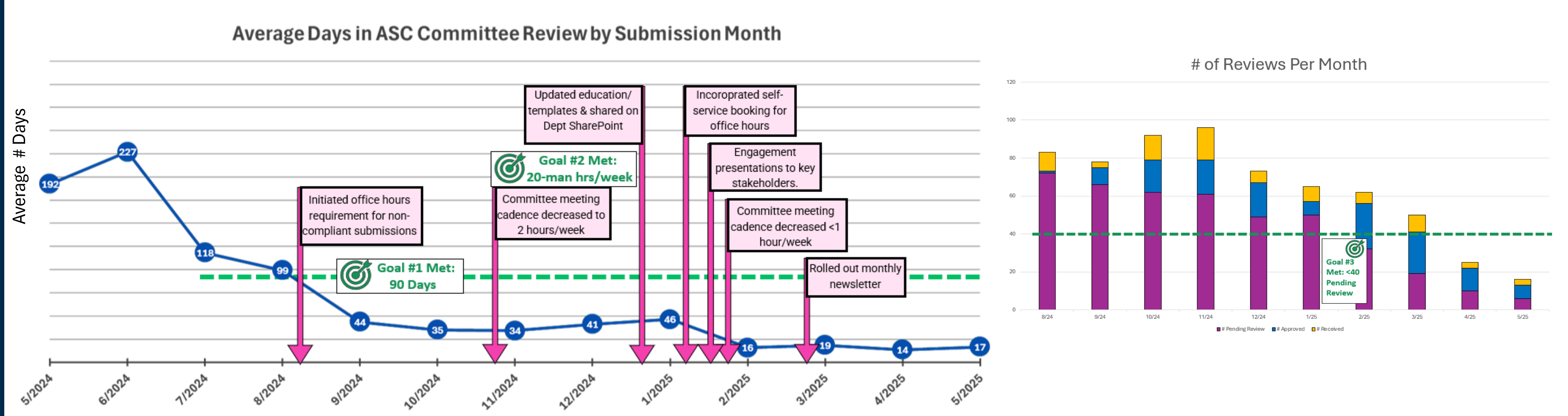
Following a comprehensive analysis of the VSM and a 5 Why's exercise, we identified that bottlenecks and delays were largely due to poor quality document submissions, lack of educational resources, and the number of approval committee steps. To enhance the efficiency of our review and approval process, we concentrated our efforts on the following areas:

- Enhancing the quality of submitted documents
- Standardizing document formats
- Communicating expectations and improving access to educational resources and tools

Experiments Conducted: Initially, we invited owners to our standing committee meetings to present their document submission. However, this approach limited the document owners schedule accessibility and overloaded them with feedback from all committee members. To address this, we shifted to offering one on one office hour sessions exclusively with the committee chairs, ensuring a more focused and continuous exchange of education and feedback. In addition, we collaborated with Inter-Professional Policy Committee (IPPC) to identify potentially redundant approval steps and thoughtfully eliminated two approval committees.

Results & Outcomes Achieved

83% Faster Approval Times
75% Fewer Meeting Hours



Sustain & Spread

To ensure long-term success and broader adoption of the improved process, the following strategies were implemented:

- Stakeholder Engagement Roadshows:** Deliver targeted presentations and educational sessions to key stakeholder groups (e.g., Nurse Leaders, Educational Nurse Consultants, Central Committee) building awareness and support.
- Monthly Policy Newsletter:** Launched a monthly newsletter to communicate updated policies, FAQs, and Tips & Tricks to reinforce learning and maintain engagement. This was aligned with the overarching framework from the UMH AMC Clinical Policy Team.
- Author Accountability & Real-Time Support:** Require office hour attendance for submissions that are not compliant with templates, enabling real-time feedback and fostering continuous improvement.
- Booking App Implementation:** Introduced a self-scheduling tool to improve access and streamlined support, enhancing both sustainability and accessibility of the process.

Keys to Success

- Provided clear expectations, templates, and a submission checklist.
- Maintained consistent messaging on education and policy enforcement.
- Provided updated educational materials for SMEs.
- Committee members' attention to detail minimized back-and-forth communication with SMEs.
- Shared lessons to help others, emphasizing process automation and understanding end-user needs.
- Recognized the need to validate SMEs' frustrations with previous processes.
- Ensured document submissions aligned with institutional policies and evidence-based care to support organizational goals.

