

PLAN

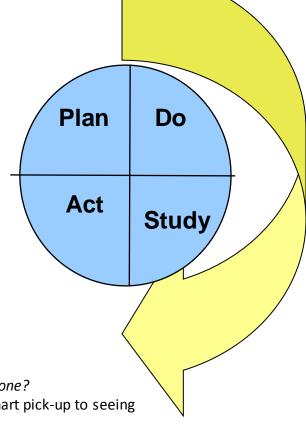
Objective for this cycle

What do you hope to learn?

To change the way charts are picked up and patients are triaged.

Specific questions to address:

- 1. Who will pick up charts and call patients?
- 2. Where will patients be triaged?
- 3. What vital signs will CNA's be able to do?



Predictions/Hypotheses

• What do you think will happen when the test is done? There will be a decrease in patient wait time form chart pick-up to seeing medical provider.

Plan

For test: who, what, when, how, where:

Cindy, Nursing Supervisor will communicate changes with medical staff regarding roles and dutties of CNA's and Nurses in chart pick-up by December 2nd.

For data collection: who, what, when, how, how long:

Lead nurse and QI Team members working inclinic area will be asked what visual cues they noticedof staff when changes were implemented.

DO Carry out the change/test.

- Collect data.
- Note when completed, observations, problems encountered, and special circumstance Some medical staff resistance to change in clinic flow. Cindy, Nursing Supervisor notified staff of changes and QI Team members working in clinic observed the reactions of staff to carry out changes.

STUDY Analyze and summarize data (quantitative and qualitative)

What went well?

What could be improved?
 Changes in clinic flow is working. CNA's are assisting more in floating back and forth to get patient charts from front area doing triage and sending patients to medical provider. Communication among staff is better.

ACT Document what was learned and plan next cycle

- Should Adapt, Adopt, or Abandon the change?
- What adaptions are needed?
- Are you confident that you should expand size/scope of test?



PDSA Cycle Tracking Form

Name of Person	QI Team_						
Change Tested:	_Chart pick-up from	from reception	area to medical	provider to	o include	patient	wait
time.							

Cycle No.	<u>PLAN</u>	<u>DO</u>	<u>STUDY</u>	<u>ACT</u>
	What did you test?How did you test it?Who and how many did you test it with?	Date Tested	What did you learn?What worked well?What could be improved?	How will you adapt the change?
1	Patient's charts picked up by CNA's and nurse to be taken to triage area to receive vital signs. Number of patients receiving services	12/2-6/2013	CNA's are getting charts from front area, doing triage and sending patient to medical provider. There still is some confusion as to the role of CNA's with the triage of Family Planning patients.	Cindy, Nursing Supervisor to review roles and responsibilities with medical staff. Lead Nurse responsible for enforcing changes with medical staff. Ulva to check with Helene about WIC cover sheet to include on Primary Care medical records. Might need separate box for FP annual and new patient charts.

2	Lead Nurse update on patient chart picked up by CNA's and nurse to be taken to triage area to receive vital signs. Number of patients receiving services	12/9-13/2013	There is a backup with Primary Care patients around 2 pm waiting to see medical provider. CNA's and triage nurse are not assisting on Thursday-Maternity Clinic day has been reported to lead nurse. Sign in and out board is not being utilized by medical office staff. Cindy brought into meeting to address problems and changes to be made in clinic flow.	NOB interview time slot to be change from 2 pm to 1 pm to solve problem with back-up of Primary Care patients. No interpreters will be needed in triage area on Maternity Clinic day. QI team to discuss changes at regular HD Staff meeting on December 11. Employees will be given a copy of changes. Attendance sheet will vary that all employees have received notification.
3	Update on patient chart picked up by CNA's and nurse to be taken to triage area to receive vital signs. Number of patients receiving services	12/16- 20/2013	Changes in clinic flow is working. CNA's are assisting more in floating back and forth to get patient charts from front area. Communication among staff is better.	Front clerical staff need to tell patients to complete survey at last station of their visit.
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