

Proper Utilization of Unscheduled Patient Clinic
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Problem: *Numerous complaints about patients' lengths of wait in our Triage/Unscheduled Clinic.*
Practice problems identified were lack of providers, patients utilizing clinic for inappropriate needs, patients seen by number, rather than need, lack of protocols for nurse to order tests and dispositioning patients and lack of confidentiality.
Why change:
Improve overall satisfaction by decreasing length of waits through better processing so patients with higher priority need(s) are seen quicker thereby better utilization of clinic/staff.

Evidence: *Information was gathered by word, current process flow charted, Triage/Unscheduled log, CPRS-Medical Record documentation and evaluation of current policy.*
Appraised by random selected days for data collection, placed in graph format for pre-pilot, 3 month pilot and continuous data collection.

Strategy: *Interdisciplinary Committee formed, evaluated process, benchmarked, revised current policy and implemented best practices.*
Developed comprehensive policy with Medical Staff approved protocols for nurses to categorized patients for dispositioning/ordering tests.
Educated Health Service Administration clerks of new responsibilities, nursing staff, patients regarding proper access/utilization and appropriate providers regarding process change.

Practice Change: *The title changed with signs posted directing patients to Urgent Care for urgent need(s)*
Assigning PA and MD provider
Patients' wait decreased by initial evaluation completed by "Patient Information Sheet", prioritizing patients on need, tests ordered by nurses, HSA clerks redirected patients needing medications, avoiding Unscheduled Clinic process and overloading the PCP providers scheduled.

Evaluation: *Outcomes measured length of time from check-in to nurse, to provider and appropriate disposition of patients. Monthly outcomes reports are generated and reported to the committee.*

Results: *Our findings revealed:*
Decrease in wait to nursing
Initial numbers decreased based on disposition of patients
Initial overall average wait decreased
Customer satisfaction was increased

Recommendations: *Our recommendations are, to assure the lead physician is strong to keep guidelines and protocols updated.*

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