

# LEVEL 2: Plan-Do-Study-Act (PDSA)

PROJECT TITLE: *Addressing wrong clinic visits at UUTC*

PROJECT LEAD(S) (2 max): *Jordan C., Carrie H.*

PROJECT TEAM: *Tanda W., Jackie S., Cole R., Laila B.,*

I've noticed that when patients go to the wrong clinic, only the appointment note is updated. There's little communication between clinics to inform staff that the patient is still trying to make their appointment or to check with the provider if they can still see the patient. Sometimes patients can arrive within 15 minutes of their appointment, but if they're more than 15 minutes away, we should encourage them to reschedule or inform them of the 15-minute policy. This situation puts the provider and team in a difficult spot. Can we improve this process? - Jordan

**EXAMPLE**

## PDSA Cycle

Use this form for tests of change that require additional resources.

START DATE

6 / 12 / 24

### PLAN

Aim: We want to improve communication between clinics when patients accidentally go to the wrong clinic. This will help staff know what's happening with the patient and help providers decide if they will see the patient or ask them to reschedule.

Desired Impact: (1) Make it less stressful and confusing for patients, (2) Help clinics run more smoothly without last-minute changes, (3) Make sure clinics communicate better with each other, and (4) Reduce the number of patients arriving too late to be seen by the provider.

Resources: (1) Partner with PRS staff to Create a new system or plan for clinics to share information about patients, (2) Train all clinic staff on how to use the new system, (3) Support from IT to add the new system to Epic.

**STOP HERE – Check-in with Mentor before getting started**

6/16/24 - After meeting with our mentor, we are going to break this problem into smaller parts: (1) focus on just our health center first, AND (2) Identify # of patients who arrive at the wrong location over 30-days.

Objective: Find out # patients who go to the wrong location at our HC in 30 days and why it happens.

Key Results: (1) Count the number of patients who go to the wrong location over the next 30 days, (2) Understand why patients go to the wrong location, (3) Create a plan to improve communication based on what we learn.

KPI's: (1) # of patients who go to the wrong location in 30 days, (2) % of patients who explain why they went to the wrong location, (3) Time it takes to let the correct clinic know about the patient, (3) Patient satisfaction scores about communication for their appointments.

SMART Goal: In the next 30 days, find out how many patients go to the wrong location, learn why it happens, and come up with a plan to fix it based on what we find out.

6/19/24 - After discussing at huddle, based on PRS bandwidth, we're just going to focus on # patients in 30 days and asking patients how they got the wrong location.

SMART Goal: In the next 30-days, find out why and # of wrong location patients go to our HC.

PDSA Cycle #1 Improvement Plan: Provide a check sheet to PRS staff (30 total) to place a tick mark for each wrong patient visit and document how the patient got the wrong address 7/1 - 7/30/24.

# LEVEL 2: Plan-Do-Study-Act (PDSA)

PROJECT TITLE: *Addressing wrong clinic visits - PDSA Cycle #1*

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PROJECT LEAD(S) (2 max): *(Same)*

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PROJECT TEAM: *(Same)*

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## DO

Implementation Summary: The Central PRS manager invited leads to join monthly staff meeting where 27 PRS were trained on the check sheet documentation process. On July 1, check sheets were implemented. As of July 30, 22 PRS had successfully completed check sheets.

Outcome: There were a total of 32 wrong patient visits captured by Central PRS staff between July 1 - July 30. Of those, 17 (53%) of patients provided how they got the wrong address.

## STUDY

Data Summary & Findings: Our Director shared that the total number of patients visits between 7/1 - 7/30 was 28,141. Of those, 32 (less than 1%) were wrong patient visits. Among the 17 patients who provided how they got the wrong address, 12 (70%) had looked up the name of the clinic online and were given a wrong address by the search engine, 3 (18%) were mistaken (e.g. went to PCP instead of specialty clinic), 2 (12%) provided other personal reasons.

## ACT

Project Assessment: *To quote our manager: Is it happening frequently or just painful when it happens? Though wrong location visits don't happen very often, the frustration they cause is real.*

Next steps: Cycle #2 Improvement plan: *We are going to capture 30 more days of data to see if there is any change and work with PRS staff to create a protocol with scripting to use for patients with wrong visits that provides guidance/assistance in alerting the clinic and rescheduling if it was not possible to arrive at the correct site on time.*

Plan for sharing what you learned: *We are sharing these findings during next huddle and at the next monthly PRS staff meeting.*

————— **CLOSEOUT – Share learnings & celebrate during the next huddle** —————

END DATE

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**Note:** *Level 2 projects should only take 2-3 PDSA cycles to complete. If it's taking longer, ask your Team Chair or Mentor for help.*

# LEVEL 2: Plan-Do-Study-Act (PDSA)

PROJECT TITLE: *Addressing wrong clinic visits - PDSA Cycle #2 - FINAL!*

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PROJECT LEAD(S) (2 max): *(Same)*

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PROJECT TEAM: *added Sarah C. to the team*

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## DO

Implementation summary: *21 PRS were able to capture check sheet data between Aug 12 - Sept 11. Team leads also met with three volunteer PRS and their manager to draft a protocol and script for managing wrong visits. It was then tested by the volunteers for two weeks to see if it helped.*

Outcome: *Of 28,732 total visits, PRS captured 16 (<1%) wrong site visits between 8/12-9/11. 14 of 16 (88%) of patient location answers were from incorrect search engine results. Interestingly, all 14 were specialty clinic patients. Of the PRS who tested the protocol, only one tested on a real visit.*

## STUDY

Summarize data & findings: *In both 30-day cycles, less than 1% of visits were wrong location visits. The one PRS who did test the protocol/script said she felt more prepared to help the patient.*

What did the data tell us? *The problem is actually pretty small. We need to place our focus and resources on larger, more immediate projects. We also learned that having a standard process (protocol) to manage these visits is probably a good idea for PRS staff, and that search engine results aren't great for our specialty clinic locations.*

## ACT

Project Assessment: *Wrong location visits are painful and frustrating, but there are much larger problems that impact patients and our team that we could spend our time working on.*

Next steps: *We are going to close-out this PINS project. The PRS team has decided to adopt the protocol to have a consistent process for team members.*

Plan for sharing what you learned: *We are sharing this project at the January Mentor Council. We also provided this info to IT to see if they could investigate the incorrect addresses provided to specialty clinic patients by search engines. The PRS manager said she plans to share the protocol with peers if they continue to find it helpful.*

————— **CLOSEOUT – Share learnings & celebrate during the next huddle** —————

END DATE

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11 / 5 / 24

**Note:** Level 2 projects should only take 2-3 PDSA cycles to complete. If it's taking longer, ask your Team Chair or Mentor for help.

# INSTRUCTIONS – LEVEL 2: PLAN-DO-STUDY-ACT

## PDSA stands for:

- Plan – Identify an opportunity and plan for improvement
- Do – Test the theory for improvement
- Study – Use data to study results of the test
- Act – Standardize the improvement and establish future plans

PDSA is a cyclical process for improvement and testing changes that includes nine steps.

## PLAN

*Involves developing improvement ideas based on a theory (hypothesis), making a plan for implementing a specific fix, setting goals, and establishing data collection methods.*

### 1. Getting started – completed by Project Lead(s)

- Aim statement – why are we addressing this Problem/Idea/Need/Suggestion?
- Desired impact – how will addressing it positively impact or benefit the team, our patients, or the organization?
- Project team – identify team members who will work on this project.
- Resource needs – what resources (time, budget, supplies, etc.) do we think we will need to be successful?

**STOP HERE** – Check-in with your Mentor before getting started.

### 2. Establish a shared objective – completed by the Project Team, together

- Objective – what do we want to achieve?
- Key result(s) – what changes can we make that will help us achieve it?
- Key performance indicators (KPIs) – how will we know if we achieved it? (Is there a unit of measurement for comparison? Think before and after—how will you measure change?)
- SMART Goal – write a first draft of a Specific, Measurable, Attainable, Relevant and Time-bound goal. (e.g., We plan to improve [what] by [doing what] [measured how] from [baseline/starting point] to [goal] by [MM/DD/YY].)

**STOP HERE** – Share objective, key results, KPIs and SMART Goal during next huddle.

### 3. Examine current approach –

- Baseline findings: Summarize the current state or approach:
  - Obtain existing baseline data, or create and execute a data collection plan
  - Obtain input from stakeholders (What do people impacted by the change think about the data?)
  - Analyze and display baseline data on the Task List
  - Determine root cause(s) or problem(s)
  - Revise objective and SMART goal (if needed)

### 4. Identify potential solutions –

- Identify all potential solutions based on the root cause(s)
- Review evidence and/or local best practices to identify potential improvements
- Identified solution: Pick the best solution (the one most likely to accomplish your objective)

# INSTRUCTIONS, CONT. – LEVEL 2: PDSA

## 5. Develop an improvement theory –

- Improvement theory – develop a theory for improvement (prediction using “if...then” approach)
- Develop a strategy to test the theory

**STOP HERE** – Provide baseline findings, identified solution and theory at next huddle.

## DO

Implement the plan; collect data, identify any issues with data collection, or with the plan itself.

## 6. Test your theory of improvement

- Implement your plan on a small scale (test it)
- Document observations, including any problems and unexpected findings
- Outcome – collect data you identified as needed during “plan” stage

## STUDY

Analyze the data; what does it show? How does it represent the efficacy of the plan? Did you reach your goals and/or support your hypotheses?

## 7. Use data to study the result

- Summarize findings – determine if the test was successful:
  - Compare results against baseline data and measures of success
  - Did results match the theory/prediction?
  - Were there unintended side effects?
  - Was there an improvement?
  - Do you need to test the improvement under other conditions?
- Data tells you? Describe what you learned based on implementing the change

## ACT

Act on the learnings; determine the next action or iteration OR start back at the PLAN stage with revamped goals and hypotheses based on the new insights.

## 8. Assess the plan or process and act accordingly

- Assess the results of the “Do” and “Study” phases to determine whether to:
  - **Adopt:** standardize the change
  - **Adapt:** adjust the change process for improved results
  - **Abandon:** drop unsuccessful theories and start again with a new theory
- Take steps to preserve gains and sustain accomplishments (if any)
- Next steps: Make long-term plans for additional improvements (if needed)
- Conduct iterative PDSA cycles (when needed)

## 9. Plan for sharing what you learned

- Share what you learned during the next Team Huddle and close out the PINS.
- Celebrate your success – every completed PIN is a big team win!
- Communicate what you did/learned during a Council meeting (Mentor/Excellence).
- For significant results, consider sharing your project externally.

Adapted from: Institute for Healthcare Improvement [PDSA Cycle Checklist](#) (Job Aid).