

BACKGROUND

Current practice in the Quick Care clinics involve carrying out orders from the providers post patient evaluation. With the increase in volume and acuity of patients visiting the clinics, additional processes may be necessary to assist the healthcare team to effectively and efficiently move patients and provide them with the necessary answers to their healthcare needs.

Early facilitation of Point of Care testing such as Blood Sugar testing, Urinalysis and ECG in targeted patients would allow for a more appropriate response to the potential medical needs of patients in the Quick Care setting.

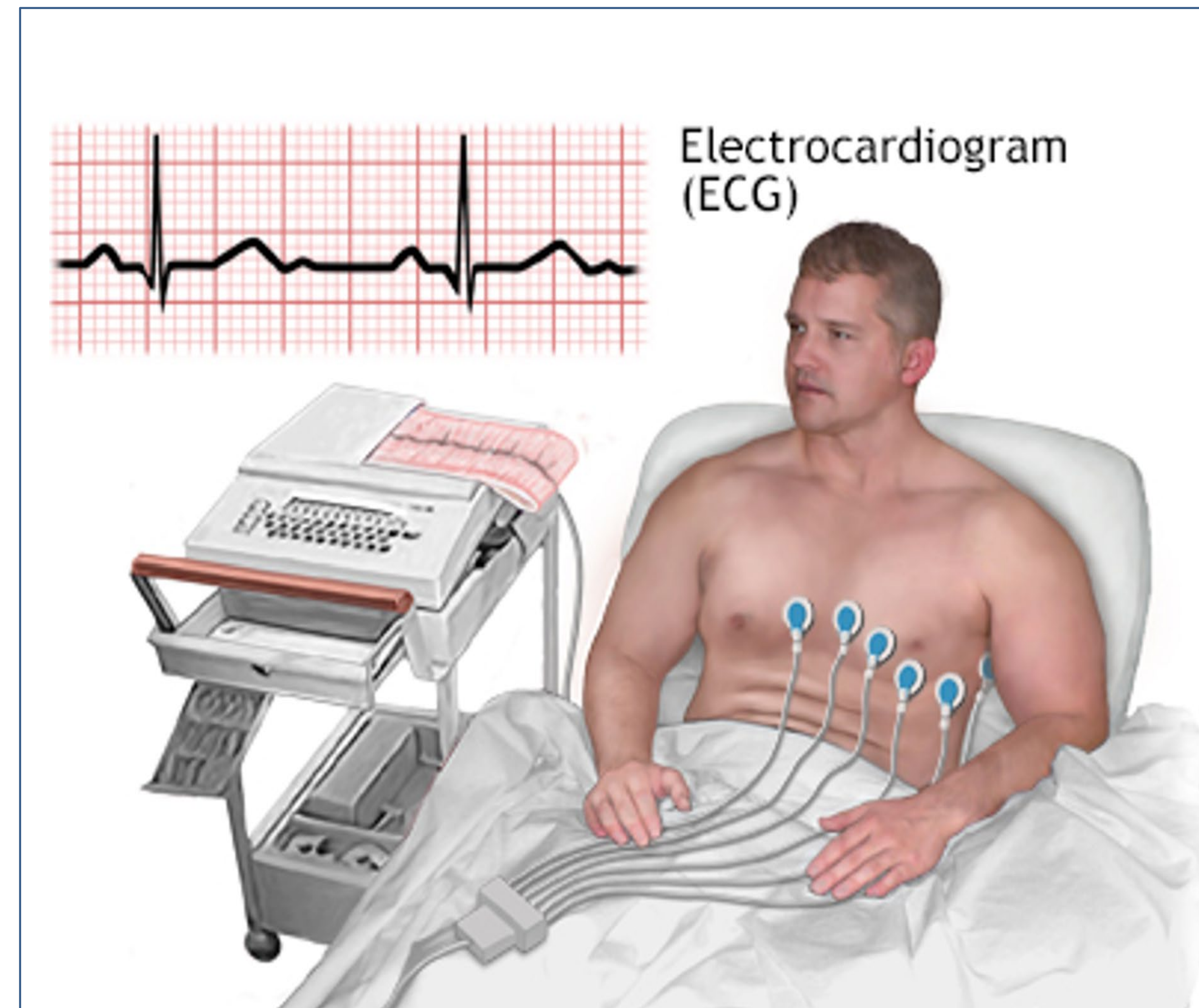
PURPOSE

To enhance patient flow and reduce waiting times in the clinic by implementing standardized order sets. This will enable nurses to perform ECGs, Blood sugar testing and urinalysis on specific patient groups, ensuring timely diagnostics and treatment.

METHODS

The proposed project is divided into 3 parts:

1. Planning and preparation phase which aims to engage stake holder, development of order set, training and integration to the workflow.
2. Implementation which involves pilot testing, evaluation, and full rollout.
3. Monitoring and evaluation wherein data will be collected, from results and feedback for continuous improvement.



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RESULTS

Current UMC Quick Care practice does not involve standing orders for Chest Pain, UTI and Hyperglycemia/DKA.

The American Heart Association strongly recommends ECG for patient with acute chest pain within 10 minutes of arrival (AHA, 2020). For patients presenting with chest pain, certain labs resulted prior to provider evaluation (63% of patients), disposition time decreased by 26 minutes. (Hwang et. al. 2016). Diabetic ketoacidosis is a life-threatening complication of diabetes, and any delay in treatment can lead to death (Lizzo et. al. 2023).

Implementing standardized standing orders for ECGs, blood sugar and urinalysis will streamline patient flow, reduce waiting times, and improve overall patient care in the clinics. Through careful planning, training, and continuous evaluation, this project aims to create a more efficient and patient-centered clinical environment.

CONCLUSIONS

Implementation of order sets in the quick care setting may prove beneficial to the overall clinic performance and patient outcome. Most of the literature accumulated are in the Emergency Department setting. A strong stake holder engagement is necessary to facilitate this proposed project in order to proceed to the initial steps and procure data that is individualized to the Quick Care setting.

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