

PDSA worksheet plan - do - study - act	team	Regina Boone
	change	Increase usage
	cycle #	1
	title	Yellow Sheet Completion Rates

PLAN: Objective for this cycle (What you hope to learn)

Improve the diabetes yellow sheet screening completion rates of the nurses and physicians through assessments, education and reinforcement.

Specific questions to address:

1. How efficient is the completed yellow sheet distribution process?
2. Are the nurses/physicians reaching the yellow sheet completion rate of 90%?
3. What interventions will increase the completion rate?

Predictions/Hypotheses (What do you think will happen when test is done?)

After our intervention, there will be an increase of yellow sheet completion rates among the nurses and the physicians. Each will achieve and maintain the completion rate goal of 90%.

Plan for change or test: who, what, when, how and where

Who: Diabetes patients in the UNC Internal Medicine clinic

What: Track yellow sheets daily; assess use and accuracy in completion rates.

When: November-December 2007

How: Identify any barriers hindering completion goals and develop an intervention to increase efficiency.

Robert Malone and Thomas Miller met with the nurses in late October to provide information about the yellow sheet process and the importance of their participation in screening patients. The nurses were able to give feedback and ask specific questions. Soon after the meeting there was an uncertainty of screening responsibilities among the nurses. Robert Malone revised the yellow sheet to clearly separate nurses and physicians screening opportunities. Two questions relating to medication access and compliance were added under the nurse screening section as well.

Plan for data collection: who, what, when, how and how long

Who: Regina Boone, Diabetes CA

What: Review a random sample of yellow sheet data for completion rates in five screening opportunities (medication compliance, PHQ, smoking, monofilament and ophthalmology) for nurses and three screening opportunities (ASA, ACE/ARB and statin use) for physicians.

When: 10/30/07-12/10/07

How: Front desk staff collects all the yellow sheets at the end of each day. The blank yellow sheets are separated and discarded. The remaining sheets are placed in a designated area and collected each Monday for assessment. After collecting and documenting the data, a graph depicting the findings were posted in key areas of the clinic particularly at all the nursing stations

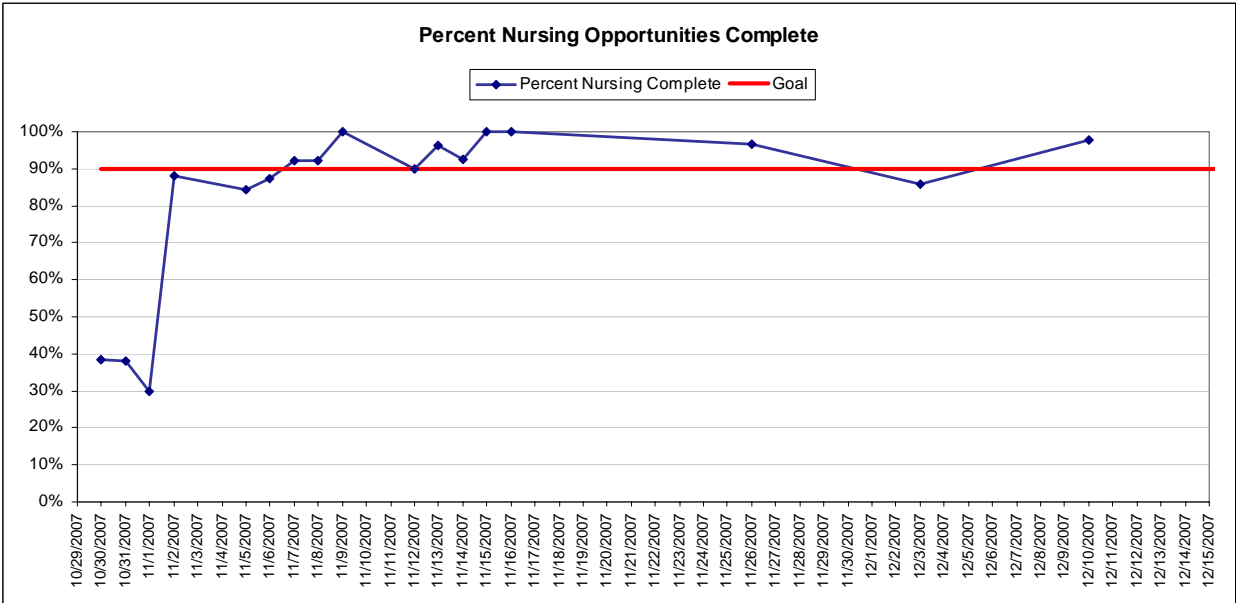
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DO: Carry out the change/test. Collect data. Note when completed, observations, problems encountered, and special circumstances:

Data was assessed and completed without much difficulty. Initially there was confusion over the yellow sheet distribution process among the front desk staff. It was resolved through several discussions of expectations and procedures between the Regina Boone and the front desk staff.

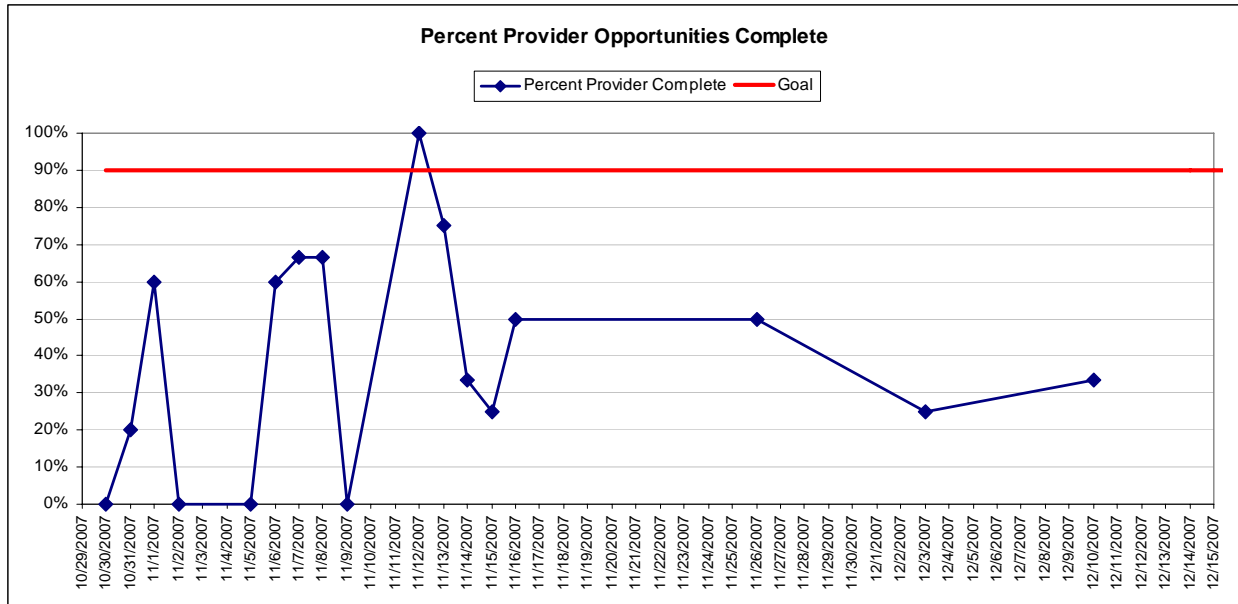
Frequent assessments were necessary at first but it became time consuming to assess and post input data daily; so changes were made in reporting data. The front desk responsibilities remained the same but the data assessments and reporting were done on a weekly basis verses daily as of November 19th .

STUDY: Analyze data (quantitative and qualitative).
Summarize data: Yellow Sheet Completion Rates for the Nurses and Physicians



The graph tracks the number of possible nurse screening opportunities compared to number of screening opportunities completed. It was discovered the no show yellow sheets were accounted for in the first three assessments. Once corrected the nurse's completion rate increased and remain near, at or above goal.

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The number of possible physician screening opportunities compared to number of screening opportunities completed is shown here. Yet after correcting the no show assessment error the physicians were only able to reach the completion goal once.

ACT: Document what was learned. Are you confident that you should expand size/scope of test or implement?

At the start, communication barriers were identified between those involved in the yellow sheet process; the nurses, care assistants and front desk staff. Understanding expectations and recognizing failures in the collection process helped each participant learn how to interact and communicate better.

Once the reporting error was discovered the nurses were able to reach and mostly maintain a completion goal of 90% or higher. It seems the nurse meeting and the data postings of completion rates motivated the nursing staff. The data postings evoked competitive motivation among the nurses causing them to encourage and push one another to reach the completion goal. A collective incentive was offered to the nurses if they reach and maintain a 90% or above completion rate over a period of time.

What changes are needed for the next cycle?

1. Assess accuracy among nurses in particular screening questions to ensure follow-up.
 - ❖ PHQ-Depression Screening: Contact a CA if a patient scores 3 or more on the initial screening
 - ❖ Smoking Cessation-Contact a CA if the patient wants to quit in 30 days
2. Assess barriers to reaching physicians completion goal.
3. Address the need for documentation of yellow sheet information into Webcis for NCQA certification.