

URGENT CARE QUALITY

QI initiatives

Topic: Misdiagnoses / bouncebacks

What are 3 projects to improve quality of care in this area?

1. patient follow up
→ calls, app, text
→ time to do 3, 5, 7?
→ multiple ~~connection~~ communication
2. ~~Maybe~~ Peer Review
- differential
3. ? ↑ POC assessment vs ED alert in 7 days (insurance report)
→ proactive identification of patient disposition

What is most feasible and why?

Asking patients what communication form is needed.

~~CLIMATE AND HEALTH~~

Topic: Correct Usage of Lab Tests - POC / CLIA
Quality Metrics / Quality Improvement Project.

What 3 steps could we take to get Urgent Care involved in this area?

1. HIV + Syphilis Testing
 2. POC D-Dimer Testing → Efficacy of using it in UC.
 3. When should a CBC / CMP be ordered in UC setting?
 4. Whether or not to use a Urine Culture in an uncomplicated UTIs. Practices based on local antibiotic resistance data/trends.
- What is most feasible and why?
5. The cost of Culture for Negative Rapid Strep Test.

URGENT CARE QUALITY

Topic:

What are 3 projects to improve quality of care in this area?

1. • Appropriate examination / differentials documented in medical charting.
2. • Intellivist AI integration captures PE correlates to diagnosis
3. • Chart Audit Biweekly → after 48 hour call back to confirm pt. feeling well.
• Same day testing.

What is most feasible and why?

URGENT CARE QUALITY

Topic: Info dissemination in an emergency /
changing diseases

What are 3 projects to improve quality of care in this area?

1. Establishing UCA emergency/priority specific channel to the various organizations to use PPN - text channel? → test how effective this could be
2. Use social media via UCA to alert public to concerns + direct them in to UCA designated center for care

3.

What is most feasible and why?

Setting an expectation for organizations to have some system in place to give info to team members quickly that can also be tested regularly (text? teams?)

Can vary in size based on resources etc

CLINICAL URGENT CARE QUALITY

Topic:

STI Quality CARE

What are 3 projects to improve quality of care in this area?

1. Looking at collection methods for Pediatric Urgent Care. For UTI.
2. Increase the testing of UA's. Bags vs. Cath.
3. Methods of Mono testing.
- Specimen collection on any test.

What is most feasible and why?

CLINICAL KNOWLEDGE AND SKILLS

Topic: ~~Women's Health~~.
Patient Flow/clinic operations.

What are 3 ways we can improve knowledge/skills in this area?

1. Ordering appropriate labs, who orders, are labs standing orders.

2. Patient Safety, provider checklist of meds.

3. Triage High risk CE: chest pain, SOB, CVA, neuro
- Front communicating with back

What is most feasible and why?

Ordering appropriate labs/standing orders.

URGENT CARE QUALITY

Topic: Patient flow / clinic operations

What are 3 projects to improve quality of care in this area?

1. Screening, vetting, testing New clinicians before starting to assess knowledge gaps & remediate accordingly. pre/post testing
2. Develop a plan to regulate flow to decompress during busy times - improving care eg. Return times, Next day appointments, etc.
3. Quality program - Non-english speaking - assess care provided currently using translation of staff vs using video/audio translators, vs family members to determine which provides better

What is most feasible and why?

care & change practices accordingly

probably #1.

But we really like all of them !!

URGENT CARE QUALITY

Topic:

Antibiotic Stewardship.

What are 3 projects to improve quality of care in this area?

1. Trap Overall Utilization of Antibiotics
Discuss w/ team clinical to discuss
2. Social ~~Determinants~~ ^{Nettessent} / Putting productivity
on websites w/o provider names.
3. Dx - Relevance - Missed diagnosis.
Which results in over prescriptions.
Unintentional Dx. & Wrong usages.

What is most feasible and why?

- Non IgE Mediated Allergy Reactions (Go with ^{second level} of Antibio)
- Pt. Requests should not be primary reason
- Education to providers.

~~CLINICIAN SUCCESS~~

(Quality of Care

(QPI) Quality Improvement Initiative

Topic: Antibiotic / Steroid stewardship

What 3 ways can you improve clinician success in this area?

1. Create a QPI and focus on teaching steroid stewardship - appropriate vs. inappropriate steroid usage (education modules, financial incentive)
2. Combat UC's that don't follow best practices - research, data, education
3. focus on negative steroid usage share info w patient (misuse of steroids) short term use of steroids vs risks (correlation)

What is most feasible and why?

all of the above