Equal Access Clinic Network		
Week	**PDSA Cycle Name**	**Description**
18	Undergraduate Volunteer Redcap Intake Questionnaire Revision	A Redcap intake questionnaire is required to be completed for each patient prior to their EAC appointment. The undergraduate student volunteers help patients complete this questionnaire as part of the intake process. This questionnaire had many medical questions, which created redundancy during the medical visit and contributed to the long intake process. All medical questions were thus removed, leaving only questions that focused on social determinants of health.
Seventh Day Adventist Church EAC		
Week	**PDSA Cycle Name**	**Description**
9	Clinic Workflow Improvements	Due to changes in the undergraduate volunteer program, undergraduate volunteers' ability to interact with patients in a medical context was restricted. Where they had taken aspects of patient histories and performed vital sign checks before, medical student volunteers and clinic officers assumed these roles with the undergraduate volunteers transitioning to more of a patient advocate role. In this new role, they could still serve as interpreters when needed and address any other concern for patients, acting as assistants for the medical students conducting interviews and physical exams.
11	Prenatal Night Move	Seventh Day Adventist EAC shared its location with a prenatal EAC specialty care clinic until this week. At this point, the prenatal clinic moved to a different location off-site in a clinic setting.
16	Patient Acuity Triage	Until this point, patients were seen by providers on a first-come, first-serve basis. Many appointments were scheduled for the same time at the beginning of the night. This led to situations in which patients with more complex complaints who required more time would cause a bottleneck in the clinic workflow if they were the first to be seen by a physician. This prevented quick exam room turnover and was a major barrier to efficient clinic flow, especially given the small number of physician volunteers at this site. A triage system was therefore designed to allow patients with simpler complaints to be seen first so that the initial backup of patients could be addressed more swiftly and allowed patients in the waiting room to be roomed sooner. Patients were assigned a tier of 1, 2, or 3 according to chief concern complexity, with 3 being the most complex. Tier assignment was made by the officer running the clinic time tracker that night, and patients with lower complexity were seen first by physicians. Patients with urgent complaints such as chest pain were still prioritized to maximize patient safety.
24	Expediting Care with Experienced Volunteers	In a further attempt to address the initial backup of patients waiting to be seen by providers, the more experienced and efficient medical students (such as third-year students who had already completed some clinical rotations) were assigned to the patients who arrived earlier in the evening. This intervention sought to enable more efficient interviews early in the night with quicker follow-ups by physicians, with a goal of establishing a good flow early in the clinic night. This had the secondary effect of allowing less-experienced medical students a bit more time to conduct their interviews and physical exams in the hope that this would further build their experience and confidence.
30	Visual Aid of Clinic Flow	Seventh Day EAC had some regular volunteers during these interventions, but many volunteers on a given night were new to the clinic site. Given the location's unique setup and workflow, the expectations and responsibilities of a new volunteer were not always immediately apparent, so a visual document was created and targeted toward new volunteers that clarified workflow, where to be and when, and who to contact with questions. This document was printed and posted at the volunteer tables each clinic night to be a visual supplement to the brief speech given at the beginning of each night to the volunteers about their roles and responsibilities.
Eastside EAC		
Week	**PDSA Cycle Name**	**Description**
9	Improving Vitals Workflow	This intervention established a centralized vitals station, where all patients had their vitals collected and recorded by a medical student officer. This was in response to a EACN policy change that eliminated the former workflow where undergraduate volunteers would collect and record vitals in a decentralized manner while rooming patients.
16	Intake Process Revision	This PDSA introduced a standardized intake form to streamline undergraduate volunteer intake. This reduced redundancy between the medical and social history collected by undergraduate volunteers and that collected by medical students.
20	Patient Triage	Patients with more routine chief concerns (i.e. prescription refills) were assigned to first-year medical students and resident volunteers, while more complex chief concerns were assigned to attendings and more experienced medical students. Previously, when new residents were assigned medically or socially complex patients, they would need extensive attending support, pulling attending physicians away from their own patients.
26	Officer Clinic Tracker Improvement	In this cycle, an individual officer took responsibility for the clinic tracker each night. Previously, the role changed frequently throughout the night, resulting in gaps where no one was paying attention to the tracker, delaying volunteers' ability to progress to the next step.
31	Nudge Interventions for Volunteers	Signs were placed throughout the clinic to reinforce clinic flow and alert volunteers where they could go for assistance with lab orders, prescriptions, and referrals.
Bartley Temple EAC		
Week	**PDSA Cycle Name**	**Description**
10	Streamlining the Undergraduate Volunteer Intake Process	The responsibility for intake vitals shifted from the undergraduate volunteers to the medical and PA student volunteers with the goal of freeing up the undergraduate volunteers to return to check-in and better streamlining clinic flow.
22	Improving Medical Student Efficiency	This focused on decreasing the encounter time between medical/PA student volunteers and patients prior to the attending provider seeing the patient. The goal was to eliminate redundancy in time spent taking the history and physical to further increase clinic flow efficiency.
26	Improving Vitals Workflow	Based on reflections on the first PDSA cycle and discussions with other QI leads at other EAC sites, there was an identified opportunity to further improve clinic workflow by shifting the responsibility for intake vitals from the medical and PA student volunteers to the student officers. This allowed for better clinic flow efficiency and allowed the student volunteers to spend more time prepping for their visit with the patient.
30	Implementation of Medical Intake Forms	When reviewing the intake forms given to patients, the team noted redundancy in the questions asked. Thus, the focus of this PDSA cycle was eliminating the redundancy of patient paperwork and standardizing the intake information. This cycle was adapted to include both pediatric patient and Spanish-speaking patient specific intake forms.
Main Street EAC		
Week	**PDSA Cycle Name**	**Description**
11	Improving the Undergraduate Volunteer Workflow	At the start of this cycle, the undergraduate student volunteers were undergoing a significant change in their role, limiting their patient interaction due to liability concerns. As such, an opportunity was created to address the undergraduate volunteer workflow and impact efficiency in the clinic, while leveraging the undergraduate volunteer workforce. Their lengthy intake form was transitioned to a pre-clinic task and they were no longer responsible for vital intake, focusing instead on the patient's chief concern, further reducing the initial bottleneck at the start of the clinic. The students were re-envisioned as patient advocates and resources, aiding Spanish-speaking patients with interpretation services, or connecting other vulnerable patients with community resources. At the end of the visit, they created an after-visit summary handoff sheet for the patient to improve communication and understanding.
20	Patient Fast Track System	It was noted that patients who had simple clinical presentations (i.e. prescription refills, lab results, etc.) were spending more time in the clinic due to the first-come, first-serve nature of the clinic workflow. They would be caught in the backflow created by more medically complex patients. A triage system was implemented in which patients who had simple presentations could be fast-tracked to be seen earlier in the night to improve clinic turnover. This included a score system in conjunction with a triage evaluation by a third-year medical student. These patients were then seen by physician volunteers earlier so student volunteers could spend more time working up medically complex patients, thus reducing the workflow bottleneck.
27	Improving Medical Student Efficiency	After the second PDSA cycle, inefficiencies were noted in the amount of time medical students spent preparing to see a patient and while in the patient's room when taking a history and physical exam. To address the amount of time spent pre-charting and in the exam room, expectations were outlined with a clinical flow sheet for medical students in a document sent out before the clinic and reiterated at the clinic orientation. The clinic tracker was also monitored for the length of time spent at each stage of the clinic; if it exceeded a certain time, a gentle reminder was given to move the process along. If there was a cause for a significant delay, it was further investigated with the goal of improvement.