Introduction & Background

- BRIDGE stands for “Building Relationships and Initiatives Dedicated to Gaining Equality”
- Multidisciplinary student-run free clinic located on the campus of the University of South Florida
- Provides over 600 medical visits annually for uninsured patients
- Staffed by volunteer medical, pharmacy, physical therapy, public health, and social work students as well as volunteer residents and attending physicians
- Funded entirely by private donations and grants
- Our challenges include infrequency of volunteers, unfamiliarity with clinic flow, and coordination of care between 6 disciplines
- As demands for healthcare services continue to increase (4 month wait list), our goal is to serve more patients by maximizing clinic efficiency, decreasing patient wait times

Aims & Measures

- Minimize clinic time for each patient – defined as time from when patient is put in room to when they leave room for checkout desk
- Minimize patient “down time” – defined as time when the patient is not being seen by a member of the clinical staff
- Minimize overall clinic time while maximizing the number of patients seen per night

Project Design

- Data pertaining to the above measures was collected over a period of months, detailing the entry and exit times of care providers from patient rooms
- Clinic flow was observed subjectively during each clinic night to identify failures and weaknesses in the current system
- PDSA cycles were used to evaluate the success of new interventions in each “phase” of the project

Data & Results

- Mapping the Clinic Flow
- Challenges
- Next Steps
- Acknowledgements

Graph 1: The average total time spent by patients shows across each month. The red line indicates the mean time for each PDSA phase of the project. Between phase 2 and phase 3, this total time decreased by an average of 9 minutes.

Graph 2: The average patient down time shows across each month. The red line indicates the mean time for each PDSA phase of the project. Between phase 2 and phase 3, patient down time remained the same.

Figure 1: Visualization of the proportion of time an average (90 minutes) spent by all disciplines at BRIDGE Healthcare Clinic

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PDSA Cycles & Interventions

1. Clinic Flow: BRIDGE used to be run by 2 Operations Coordinators (OCs) who would jointly oversee the clinic. It created confusion as to which OC was responsible for which tasks. New OC is responsible for a specific set of tasks.

2. Patient Check-out and Quick Guide: A check-out form and checklist for volunteers were created to standardize the patient check-out process. Additionally, new staff is now required to cross-main at least once.

3. Identifying Buttons and Cross Training: Each volunteer is given a color-coded button identifying their role in clinic. Additionally, new staff is now required to cross main at least once.

4. Developing Continuity of Care and Centralized Director Location: An elective was created for 4th-year medical students to participate in BRIDGE clinic remotely. Throughout the academic year, creating their volunteer schedule and accepting new patients while maintaining continuity of care. Additionally, 6 student directors remain in a central location of clinic throughout the night, allowing them to be readily available for questions at any time.