

ATTACHMENT I: CLINIC PROCESS FLOW CHART



**AMG Walworth Patient Safety
 Med List Chart Audit**

BACKGROUND & PURPOSE

In a follow-up to a Walworth County Patient Safety meeting, a chart audit survey was conducted at all Walworth County clinics (five) on reviewing the accuracy of the medication (med) list. This method was chosen to provide a factual approach and gather preliminary data on how well the med lists are reviewed and documented. This report summarizes the results of the data collection and provides observations of processes during the clinic visits. The purpose of this report is to help drive further discussions on improving the accuracy of the med list.

BEST PRACTICE OBSERVATIONS/CHARACTERISTICS

Based on the chart review and observations, this session summarizes process variations among the clinics and describes processes that yielded better results.

WHERE IS THE VARIATION? Information Flow

Figure 1: High level flowchart of patient activity

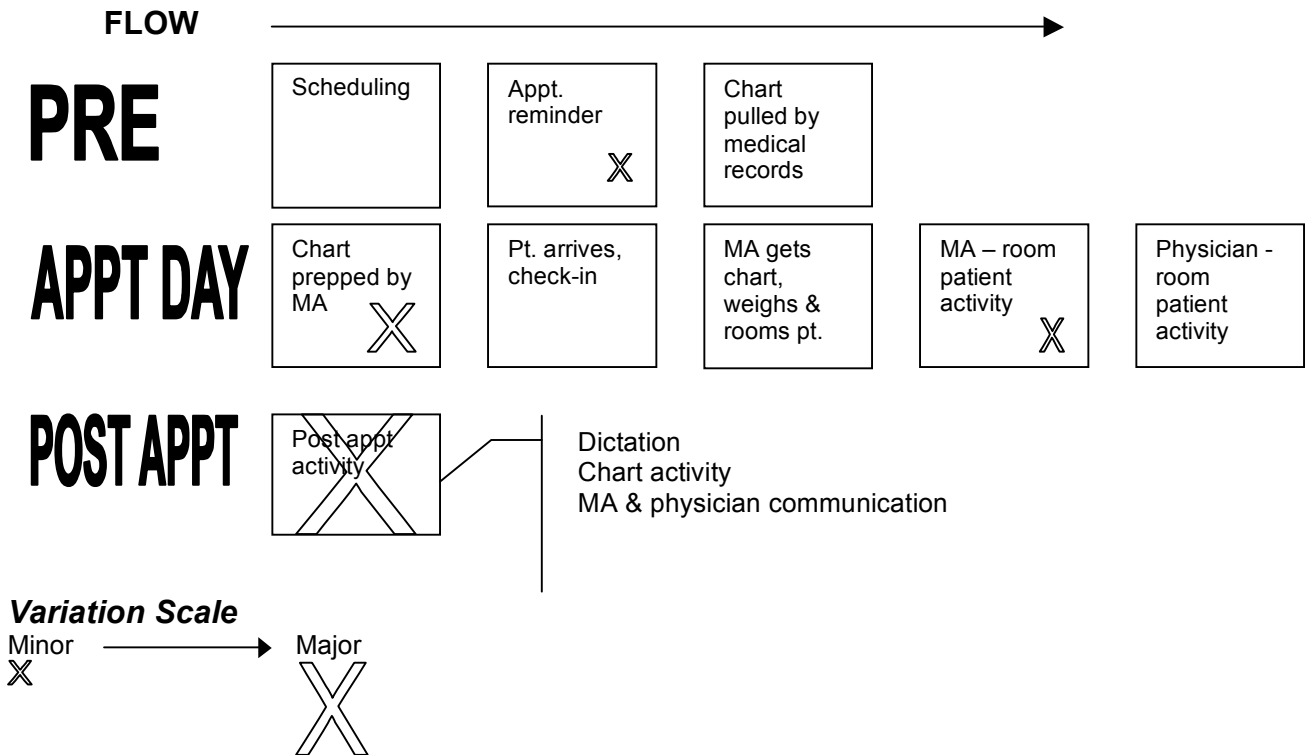


Figure one describes the greatest variation of information communication and hand-offs happens after the patient leaves.



Best Practice Processes

PROCESS	BEST PRACTICE
Appointment reminder	<ul style="list-style-type: none">• Letter• Phone call• Both
Review of med list with patient	<ul style="list-style-type: none">• MA reviews list with patient before physician enters room• Physician updates list as necessary with patient
Physician communication to MA of changes	<ul style="list-style-type: none">• Physician documents on progress note of change• Chart returned to the MA on the same day of appointment
Dictation	<ul style="list-style-type: none">• Perform throughout day• Format of dictation note in list format used instead of paragraph format.
Med list form	<ul style="list-style-type: none">• Lake Geneva med list form used• MA responsible for updating information on med list form instead of physician

