### From Qualitative to Quantitative:

# Data Reveals Primary Care Nurse Contributions

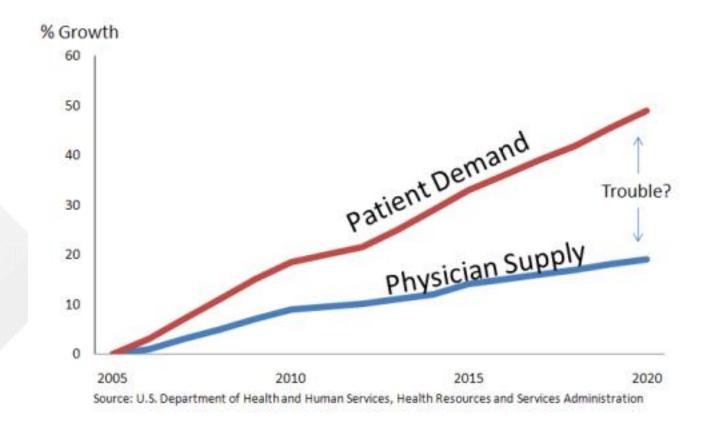
Malia Davis, NP

Director of Nursing Services and Clinical Team Development

🌣 🛾 Joni Paranka, RN, BSN

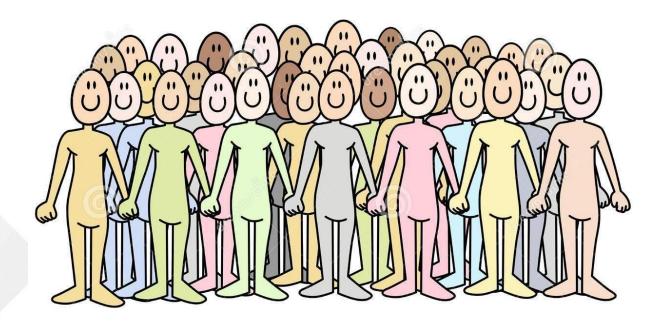
Assistant Nursing Director





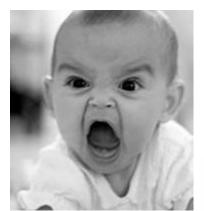
**Trouble?** Or, **opportunity** to meet needs with team based care and collaboration?





The increase in demand is a DESIRABLE outcome because we know "early and consistent utilization of primary health care services is associated with improved patient health outcomes, reduced health disparities, and more efficient spending of health care dollars" (Turner & Weinberg, 2013)









How should we manage the dilemma without overloading providers, putting off patients, or making nurses and other staff crazy? And how can data tracking help us monitor it?

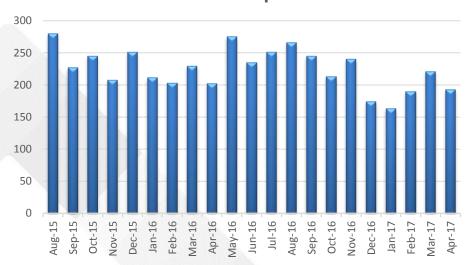


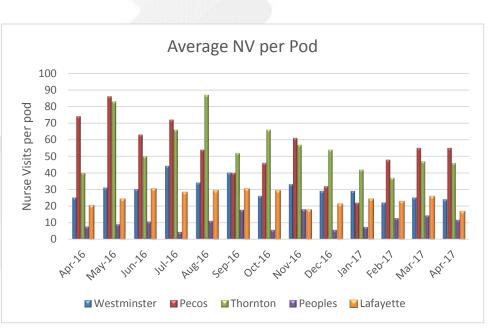
### **Dashboard Elements**

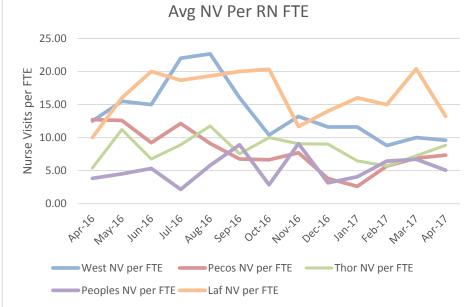
- **❖** Nurse Visits
- **❖** Triage Tasks
- Co-Visits
- **❖** Medical Assistant Visits
- Provider Visits
- **\*** For each one:
  - Total for all 5 clinics per month
  - Average number per pod by month
  - Average number per full-time nurse by month



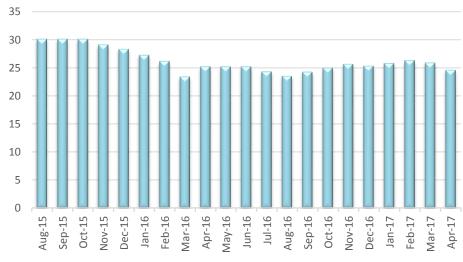
# **Total Clinica NV per Month**



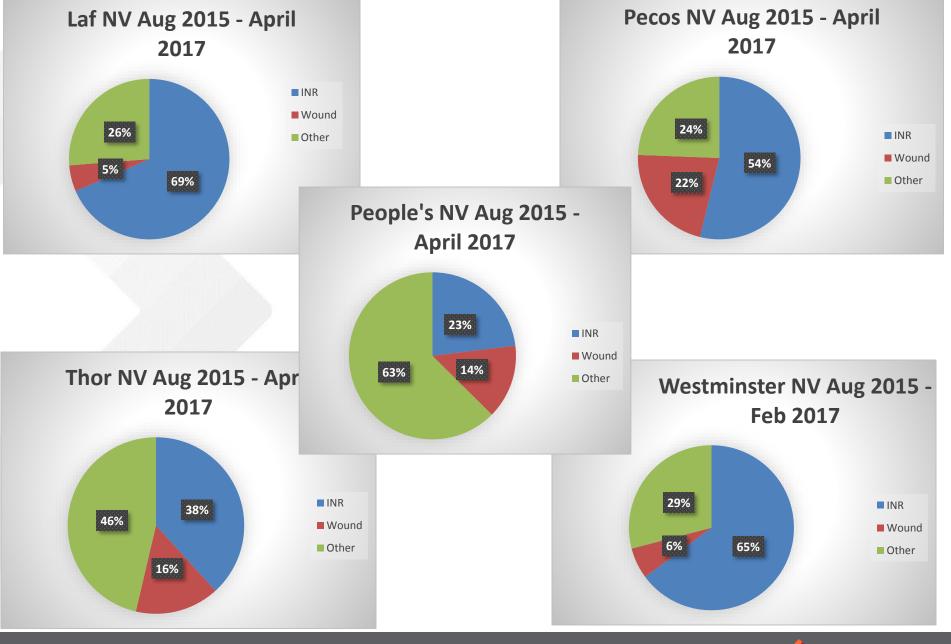




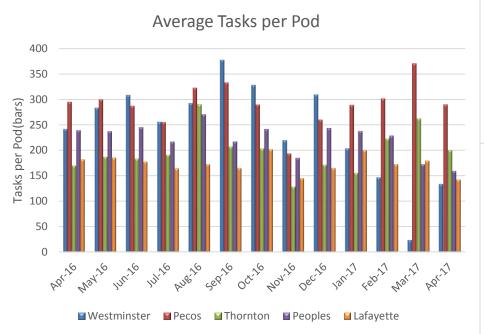




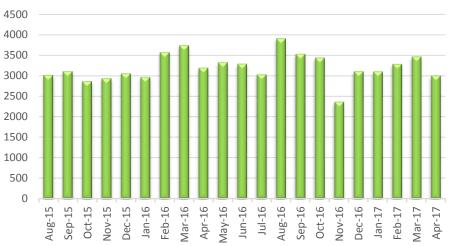


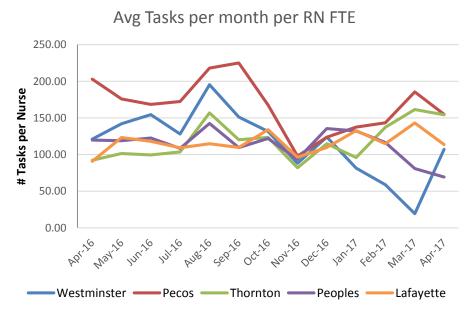






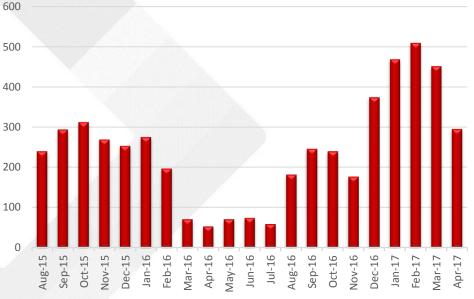
#### **Total Clinica Tasks per Month**

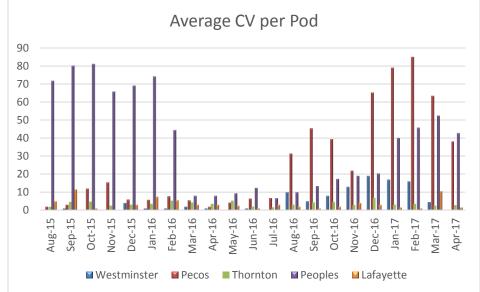


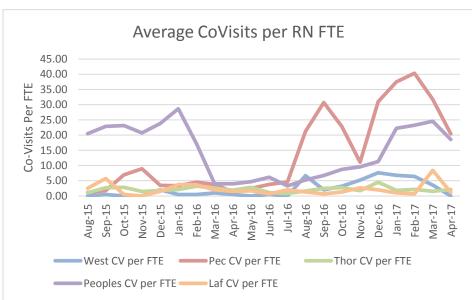




### **Total Clinica CV per Month**



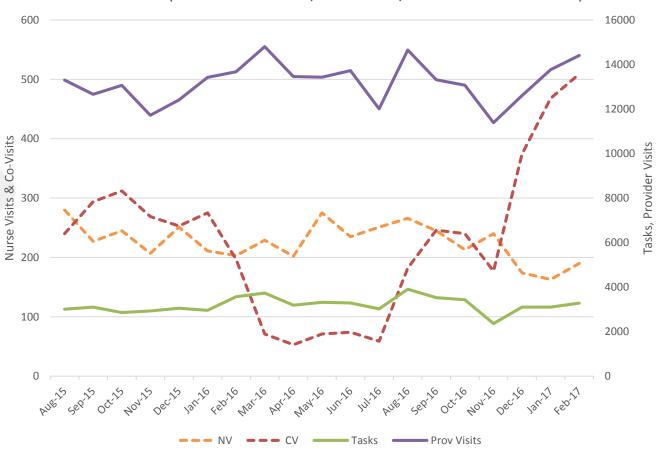






## **Summary Comparisons**







### Who Uses the Data?

### **❖** Nurse Team Managers

- Best practices for completing work...and staying sane
- Validate nurses' perception of workload
- Identify barriers to increasing numbers

### Clinic Medical Directors

- Why aren't we doing as many co-visits as another site?
- How to increase numbers

#### Clinic Nurses

- Why are we doing so many more INR visits than the other sites?
- How can we advocate for more staff given a consistent high levels by nurse?



## **Bibliography**

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