PDSA: Check Out Slips

Improving Follow-Up Scheduling at HealthLinc, Inc, a Federally Qualified Health Center

Rylee Cartales FNP-C | Taylor Freedline FNP-BC | Chaya Kolodny FNP-BC | Stephanie Krol FNP-BC

HealthLinc FQHC — Valparaiso & Mishawaka Clinics

Background

Plan-Do-Study-Act (PDSA) Cycle

A structured process improvement methodology used for quality improvement.

- In order for a change in outcome to occur, a change in the process must occur first.

Setting

Implemented site-wide at two large HealthLinc clinics — Valparaiso and Mishawaka — beginning October 17th, 2025-February 3, 2026

Collaboration

Worked together with the HealthLinc Quality Improvement team throughout the entire process, meeting weekly to evaluate progress.

Aim

Concerns identified during the first months of NP residency:

- Patients not wanting to hand over clinical summaries for privacy concerns
- Patients walking out without scheduling appointments, leading to low follow-up rates
- Incorrect scheduling (e.g., wrong time slot or provider)

Overarching Question:

How can we increase the number of patients that schedule and attend follow-up appointments?

Intervention

Created a check-out slip, modeled after HealthLinc's Centennial location, to:

- Increase the number of patients scheduled at checkout
- Ensure patients are scheduled correctly (right provider and timeframe)
- Promote follow-up appointment attendance

Stakeholders: Providers, Medical Assistants, PSRs, SOD/ASOD, Lead PSRs, and Patients

Process

Step 1: Completion of Slip

Provider or MA completes the checkout slip before the patient leaves the exam room — circling the follow-up provider, documenting the clinical reason, and specifying the recommended timeframe.

Step 2: Patient Instructions

Completed slip is handed directly to the patient, who is instructed to give it to the PSR at checkout.

Step 3: Checkout & Scheduling

The PSR verifies the patient's identity and schedules the follow-up appointment per the provider's instructions.

Step 4: Daily Tracking

NP residents collect and count completed slips at end of each clinic day, comparing to total encounters. Data recorded in the PDSA tracking spreadsheet.

Data Collection

Data collection proved to be the biggest challenge of the entire PDSA process.

Originally intended to track slip usage rates, percentage of patients scheduling at checkout, and 3-month follow-up rates — but lacked the infrastructure to capture these metrics after implementation had already begun.

Able to track:

- Slip usage at both clinics
- Blood pressure follow-up rates (Azara quality measure)
- Staff survey feedback on PDSA implementation

Results — Slip Usage and Blood Pressure Follow Up

Mishawaka – Figure 1

Demonstrated consistent and increasing adoption of checkout slips throughout the implementation period.

Valparaiso – Figure 2

Showed more variable usage patterns, reflecting the distinct workflow challenges and staffing changes at this site.

Individual NP resident tracking showed variation in slip usage by provider and clinic assignment.

Blood Pressure Follow Up – Figure 3

Percentage of patients with high blood pressure scheduled for a follow up within 30 days of appointment increased at each clinic.

Scheduled Follow ups- Mishawaka Post- Project Period - Figure 4

Monthly scheduled follow ups post project period at continued use site showing increasing number of scheduled appointments

Survey Results

Mishawaka (24 respondents)

- No respondents recommended discontinuation
- Majority reported scheduling felt "much easier" or "somewhat easier"
- 100% of providers reported high clarity of follow-up plans
- 75% of providers reported reduced need to print clinical summaries

Valparaiso (35 respondents)

- Majority favored "continue with modifications"
- Mixed scheduling ease results — "somewhat easier" to "no change"
- Lower clarity ratings (~56% of providers)
- Concerns about duplication of work and added time

Barriers & Challenges

Staff Engagement

Inconsistent buy-in, perceived increased workload, and large staff size made consistent adoption difficult.

Workflow Issues

Difficulty gathering encounter data, no consistent slip management process initially, and frequent provider turnover requiring slip updates.

Leadership & Oversight

Leadership changes at Valparaiso caused mid-implementation disruption. Holiday absences reduced promotion and oversight.

Patient Usability

Slips sometimes forgotten at discharge, handwriting legibility issues, and patients losing slips before checkout.

Conclusions & Future Directions

Key Takeaways

- Assisted with clinic workflow and promoted appropriate scheduling
- Ease of use with minimal time added to daily tasks
- Mishawaka staff found the process especially helpful
- Provider and staff buy-in supports plans to continue the process (primarily at Mishawaka clinic)

Future Improvements

- Smaller slips to reduce paper usage
- Provider-specific vs. care team-based slip designs
- Designated slip ownership (printing, cutting, stocking)
- One slip accommodating multiple follow-ups
- Standardized training for new staff

Figure 1

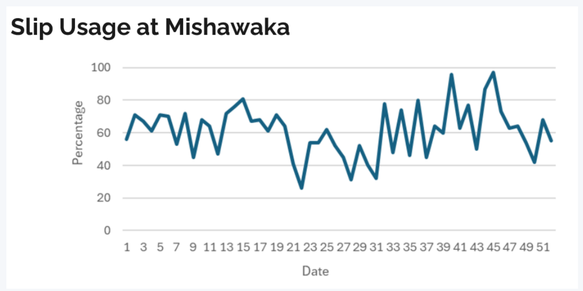

Figure 2

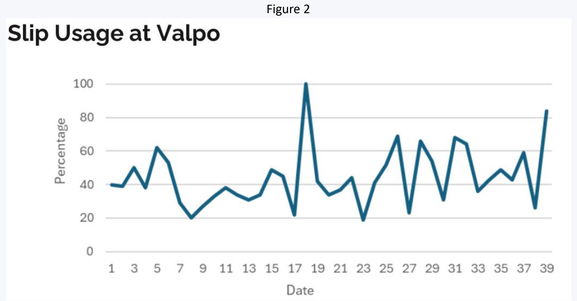

Figure 3

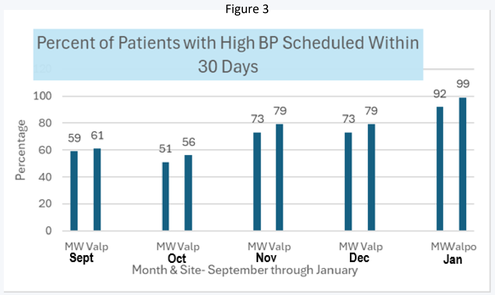

Figure 4