

2-2021

The Number and Types of Procedures Performed at JeffHOPE Clinics

Jeremy Heard

James Plumb

Follow this and additional works at: https://jdc.jefferson.edu/si_phr_2023_phase1



Part of the [Public Health Commons](#)

[Let us know how access to this document benefits you](#)

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

The Number and Types of Medical Procedures at JeffHOPE Clinics

Jeremy Heard, Dr. James Plumb*

Introduction

Student-Run Free Clinics (SRFC) and JeffHOPE

- SRFCs: Clinics staffed by students and supervising physician(s)
 - Quality care for underserved and under resourced communities¹
 - As of 2014, 106 AAMC member institutions reported at least 1 SRFC²
- JeffHOPE: SRFC at SKMC
 - JeffHOPE founded in 1992 and continues through the present³
 - Aims to provide healthcare for underserved Philadelphians by “embracing the values of kindness, equality and excellence”³



[Steering Committees \(jefferson.edu\)](http://jefferson.edu)

Introduction

JeffHOPE operations are performed by committees (procedures, advocacy, pharmacy, etc.) staffed by medical students

Training at JeffHOPE clinics for new committee members

- New members each year (MS2s train MS1s)
- 2-3 week apprenticeship style
- Based on anecdotal guidance from MS2s

Why is this a problem for training procedures committee members?

Bias (selective memory, recency, etc.)^{3,4}

- Potential for mischaracterization of how often, when, and why certain procedures are performed
- Training for incoming procedures committee members suffers
- Patient care is less than optimal during transition



[The Song of Songs: Image \(wordpress.com\)](http://www.wordpress.com)

Objective

Research Objective: Determine the number and types of procedures performed at each JeffHOPE clinic.

- Primary Outcome: Improve JeffHOPE training capacity
- Secondary Outcome: Summarize patient care provided by JeffHOPE procedures committee



[Training-1.jpg \(1401 x 1370\) \(coveotecrk.com\)](#)



[Just because.: Image \(wordpress.com\)](#)

Methods

- **Study Type:** Quality Improvement Chart Review (IRB approval)
- **Population: JeffHOPE Patients**
 - Patients seeking procedural care at JeffHOPE clinics from January 1, 2019 to January 1, 2020. Patients must have been 18 years of age.
- **Data source and collection methods: EMR Chart Review**
 - Practice Fusion EMR (version 3.7.1.161.3713)
 - Chart Review
 - “Scheduled Patients” function
 - “SOAP Note” or “Procedures Committee” patient charts reviewed
 - Data recorded per procedure included: Clinic Name, Month, Procedure type

Community or Partnerships



[Steering Committees \(jefferson.edu\)](http://jefferson.edu)

Limitations

- **Between clinics, JeffHOPE patient charting is inconsistent**
 - Not all patients who visited JeffHOPE clinics could be counted
 - 3 clinics (Eliza Shirly, ACTS, Prevention Point) used the “Scheduled Patients” function sparingly due to low patient volume → used triage document (Google Sheets) instead
 - Obtaining data from triage documents would require patient MRNs, which are deleted after each clinic.
- **Solution: Percentage analysis**
 - Data was analyzed as a percentage of patients at each clinic in addition to total number
 - Out of the patients recorded, conclusions about relative number and types of procedures can be made

Results - Wait, what was the goal again?

Determine the number and types of procedures performed at each JeffHOPE clinic.

Primary Outcome:
Improve JeffHOPE
training capacity



Secondary
Outcome:
Summarize patient
care provided by
JeffHOPE
procedures
committee





Results - Summary

Summary of Chart Review: 1982 charts were reviewed revealing 462 procedures performed by JeffHOPE procedures committee members in 2019

Table 1. Summary of Chart Review

Total Possible Charts	Total Excluded Charts ^a	% Excluded	Total Charts Reviewed	Total Procedures Performed
2066	84	4.1	1982	462

^aInclusion criteria: patients 18 years of age or greater, patients seen in 2019



Total number of procedures at each clinic

- **Eliza Shirly: 36**
 - Recorded the most Depo-Provera injections (4) and pregnancy tests (5)
- **Sunday Breakfast Rescue Mission: 219**
 - Recorded the most blood draws (29), urinalyses (8), and urine samples (36)
- **ACTS: 14**
- **Our Brothers Place Shelter: 185**
 - Recorded the most blood glucose checks (146) and wounds cared for (16)
- **Prevention Point: 8**

Table 2. Total Procedures Performed per JeffHOPE Clinic

JeffHOPE Clinic	Blood Draw	Urinalysis	Depo-Provera	Blood Glucose	Wound Care	Urine Sample	Rapid Strep	Pregnancy Urine Test	Total
Eliza Shirly	7	3	4	4	1	11	1	5	36
SBRM ^a	29	8	0	132	13	36	1	0	219
ACTS ^b	0	6	1	3	0	3	0	1	14
OBP ^c	9	5	1	146	16	8	0	0	185
Prevention Point	1	2	0	2	0	3	0	0	8
Total	46	24	6	287	30	61	2	6	462

^aSunday Breakfast Rescue Mission, ^bActs Christian Translational Services, ^cOur Brothers Place

Most common procedure performed at each clinic



- Eliza Shirly: Urine Sample
- Sunday Breakfast Rescue Mission: Blood glucose test
- ACTS: Urinalysis
- Our Brothers Place Shelter: Blood glucose test
- Prevention Point: Urine sample

Table 3. Procedures Performed as a Percentage of Clinic Total

JeffHOPE Clinic	Blood Draw	Urinalysis	Depo-Provera	Blood Glucose	Wound Care	Urine Sample	Rapid Strep	Pregnancy Urine Test
Eliza Shirly	19.4	8.3	11.1	11.1	2.8	30.6	2.8	13.9
SBRM ^a	13.2	3.7	0.0	60.3	5.9	16.4	0.5	0.0
ACTS ^b	0.0	42.9	7.1	21.4	0.0	21.4	0.0	7.1
OBP ^c	4.9	2.7	0.5	78.9	8.6	4.3	0.0	0.0
Prevention Point	12.5	25.0	0.0	25.0	0.0	37.5	0.0	0.0

^aSunday Breakfast Rescue Mission, ^bActs Christian Translational Services, ^cOur Brothers Place

Conclusions

Primary Outcome: Improve JeffHOPE training capacity

Secondary Outcome: Summarize patient care provided by JeffHOPE procedures committee

- **Scope: 462 patients served by procedures committee in 2019**
- **JeffHOPE has been provided the results**
 - New committee members have been trained with knowledge of this data and are working at virtual JeffHOPE clinics.
 - Scope: Data will be better used during in person clinics for years to come.
- **Develop and evaluate** a standard training protocol for incoming procedures committee members
- Advocate for a **standardized** patient chart writing procedure at JeffHOPE clinics
 - Lack of organization made it unclear what happened during patient visits at times. Best judgement was made.
 - This was communicated to new procedures committee director. Will be communicated to JeffHOPE directors.
 - “Scheduled Patients” should be used at each clinic for future QI studies
 - For example: What are the numbers and types of pharmacologic treatments provided to patients?



[what-lies.png \(750 x 574\) \(wordpress.com\)](https://www.wordpress.com/what-lies.png)

Disclosures & Acknowledgments

- I was a JeffHOPE procedures committee member
- Acknowledgements:
 - JeffHOPE Directors, Alyssa Tate - for advocating for JeffHOPE patients and helping with my questions
 - Dr. Chambers - for IRB approval advice
 - Dr. Plumb - for supporting this idea and answering my many questions

References

1. Schutte T, Tichelaar J, Dekker RS et al. Learning in student-run clinics: A systematic review. *Med Educ* 2015;49(3):249-63.
2. Smith S, Thomas R, Cruz M et al. Presence and characteristics of student-run free clinics in medical schools. *JAMA* 2014;312(22):2407-10.
3. Hembra, Kenneth E, and James Plumb. “JeffHOPE: The Development and Operation of a Student-Run Clinic.” *Journal of primary care & community health* 2.3 (2011): 167-172. Web.
4. Kiviniemi MT, Rothman AJ. Selective memory biases in individuals' memory for health-related information and behavior recommendations. *Psychol Health*. 2006;21(2):247-72. doi: 10.1080/14768320500098715. PMID: 21985120.
5. Lieder F, Griffiths TL, M Huys QJ, Goodman ND. The anchoring bias reflects rational use of cognitive resources. *Psychon Bull Rev*. 2018 Feb;25(1):322-349. doi: 10.3758/s13423-017-1286-8. PMID: 28484952.



Jefferson

**Philadelphia University +
Thomas Jefferson University**

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE