

# Not Human Subjects Research Determination

Please provide a response to each of the following questions. Indicate N/A where items are not applicable

Please attach any information sheets that will be distributed to the participants.

<b>Name:</b> Michael Horne
<b>Project Title:</b> Introduction of Cardiology Nurse Practitioners for Inpatient Cardiology Services
<b>Date:</b> 12/10/18
<b>Notes:</b> DNP project for University of Colorado, expected completion Fall 2019

## 1. Purpose, specific aims and/or objectives:

To improve average patient access for Cardiology MD clinic consults from X day to X days by 6/30/19.

Cardiology NP's will be introduced for certain inpatient cardiology services, thereby creating additional clinic time for MD cardiologists to address current excessive clinic consult wait times.

Sub AIMs include:

1. Reduce the average number of "no-show" patient visits and costs through more timely access from x to x by 6/30/19.
2. Improve average clinic patient satisfaction with access from x to x by 6/30/19. (investigating whether any inpatient patient satisfaction scores will also be available for analysis)
3. Reduce the time to definitive cardiology diagnosis from x to x by 6/30/19 (if possible to get this aggregated data from standard sources).
4. Increase timeliness and documentation of average inpatient cardiology visits from X to X by 6/30/19.
5. Improve job satisfaction of cardiology MD's and NP's by 6/30/19 (this will be a post only survey focused specifically on Sat improvement from the new program since too many other factors would affect a pre/post Sat survey.)

## 2. Target population:

Kaiser Franklin cardiology clinic patients and Kaiser SJH inpatients from 1/1/19-6/30/19

**3. Procedures used to gather information:**

- a. Indicate if these procedures would be conducted as part of standard of care, regardless of the proposed activity.**

All data collection processes, sources, and data will come from existing standard Kaiser data collection processes and sources. They are part of the current Kaiser standard of care, with no changes.

**4. Description of the data/samples gathered about individuals including names of datasets, URL, etc.**

- a. What data/samples will be collected, how and by whom the data will be analyzed?**

No individual patient identifiable data will be collected or analyzed. Only aggregate patient data (wait times, no-shows, patient satisfaction with access). This data will come from sources provided currently by different Kaiser cardiology functions. The data will be analyzed by the investigator, Michael Horne, in aggregate form and plotted primarily using run charts.

- b. How will/were the data/samples gathered from individuals? (e.g., obtained as part of an IRB approved protocol or as part of routine clinical care)**

Data from patients on satisfaction with clinic access times will come from Kaiser standard clinical care survey processes. This is the only data that will come from a patient / individual, but will only be reported/analyzed at a summary level. Other data, such as clinic wait times and no-shows, is calculated without patient involvement.

- c. Can the collected data/samples be directly or indirectly associated/linked with individual identifiers?**

No, none of the collected and analyzed data will be associated or linked with any individual identifiers.

**d. Can others directly or indirectly associate/link the collected information with individual identifiers?**

Sources will include on existing aggregated data that is currently provided to applicable cardiology groups. None of the data at this level can be linked to any individual patient data at this point. As part of the current standard collection process, steps are in place to reduce the risk of any such linkage by the collectors/aggregators but those specific processes are not in the scope of this project. All data obtained by the project will occur after such aggregation has already occurred.

**5. Generalizability of project findings, or value of project findings:**

As a QI initiative for a specific specialty in a specific location with unique characteristics and goals, the results are not generalizable. Lessons learned and aggregate results might be beneficial for others considering QI project with some similarity, but the intent is not to provide results that are generalizable to a larger population. With Kaiser permission, the desire will be to potentially publish the results in applicable QI or process improvement type periodicals.