

# Qi part 11 data collection plan research paper

[Business](#), [Management](#)



Waiting time for patients and doctors is one of the most important issues in any medical care facility; and one of the hardest to manage. Time management is particularly difficult and especially vital in a Diabetic Clinic for a variety of reasons:

- Diabetics are subject to acute symptoms that require immediate attention;

### **Waiting in an environment such as a doctor's office can bring on an attack;**

Attacks can occur elsewhere and draw a Physician's attention away from scheduled patients;

- Diabetics are subject to complications that require immediate attention, short term and long term treatment plans;
- Additional testing may be needed to address acute and/or long term symptoms;
- Because, some tasks are best performed by assistants, nurses and office staff one patient may need to see more than one staff member on a given day; and,
- Doctors and staff need enough time in their day to see patients and perform all other ancillary tasks.

In order to determine current time use efficiency and monitor improvement it is necessary to look at the amount of time patients, physicians and staff spend waiting or, in the case of doctors and staff, the amount of overtime they spend to catch up on patient processing tasks outside of office hours.

Collecting and monitoring reliable, relevant and representative time management data is vital to the successful operation of any Diabetes Clinic.

Fortunately, there are several data collection tools that can be employed to

make this a simple and effective task that does not add to the time management problem. With that in mind instituting a time management system in a Diabetes Clinic is necessary as long as the procedure is SMART:

## **Strategic**

Measurable

Accurate

Reliable

Time-Based

There are a variety of data tools available for anyone who is interested in collecting time management information. These tools include “ mail, telephone, in-person and web-based surveys, direct or participatory observation, interviews, focus groups, expert opinion, case studies, literature search, and content analysis of internal and external records” . These tools are grouped into three main types:

- Secondary Participation

## **Mail,**

E-Mail

Telephone

Mail Surveys,

Internet Surveys

- In-Person Observations

## **In-Person Surveys**

Direct Observation

Participatory Observation

Interviews

Focus Groups

Expert Opinions

Literature Searches

Each of these tools has its own strengths and weaknesses. Secondary tools can be time intensive and, because the information is opinion based, the research cannot effectively rely upon its accuracy. These tools are best used in a “customer satisfaction” scenario. In-person observations are accurate and let the researcher record unspoken observations. However, they do not provide hard, computable data. Case Studies and Content Analysis provide the primary sources for research information. Generally this information is objective and does not give the same subjective insights that a researcher gets from the other two tool groups.

These tools are similar in that they all provide informative data for further analysis and research. Some of this is purely subjective and may give new insights based on patient, staff and doctor’s personal insights and opinions. Other information is objective and is most easily managed by numeric analysis.

## **References**

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