

Conducting a Dry Run

An important step that all clinics in development should undergo BEFORE opening is a dry run. In Church Health's experience, this is a critical step that can uncover potential clinic flow issues, electronic health record snafus, or other items that might clog up or slow down clinic efficiencies. Refer to the Benchmarks Document to see when is the best time to conduct your dry run.

Once the dry run is complete, any changes suggested or problems identified should be addressed. Potential issues could be around use of electronic health record, patient flow, policies and procedures, additional training for volunteers or staff, and needed supplies or equipment. Finding solutions to these problems in advance of the clinic opening will serve you well once the clinic is open.

Preparing for a dry run should include the following:

- Plan for patient flow in clinic
- Plan for number and kinds of clinic volunteers needed during clinic sessions, consider starting with a “core” group of volunteers for the dry run and first 6-8 weeks of operations
- Provide volunteers with an understanding of their role, of the “bigger picture” of clinic activities and how their role works in conjunction with other roles and functions in the clinic
- Plan for how volunteers will log their hours
- Executive Director communicates dry run plan to clinic volunteers
- Create volunteer feedback form for use in dry run
- Electronic health record in place and ready to be tested

The dry run should occur during the time a clinic would be operational and should be treated as if the clinic were actually running. Volunteers or staff should be at their assigned stations. Volunteers who are willing to serve as fake patients can provide enhanced information on potential problems or issues. Giving these volunteers patient scenarios is also helpful. Everyone involved in the dry run should make notes of strengths or challenges of the process and any additional needed items, including policies and procedures. Following final patient discharge, all volunteers (including those who served as patients) gather to debrief their

experience, to offer up what worked well, what might need fine-tuning for better flow, better quality service, and better experience for patients and volunteers. Issues regarding needed supplies, supports needed during clinic session hours, infection control and sanitizing practices, medical waste and clean up responsibilities should be clarified.