



NCC Pediatrics Continuity Clinic Curriculum: PI-Meeting 3 & Case-Day

Pre-Meeting Preparation:

- Review Abbreviated Minutes from 7 Oct Proposal Presentations
- Review Dr. Svec's PI Overview slides
- **Complete the "Plan-Do" sections of the PDCA worksheet (p. 9-10)**
- Select one of your continuity patients to present for Case-Day. (You may do a follow-up on the patient you presented at Meeting 2/Case-Day).

Conference Agenda:

- **Compare group members' "Plan-Do" sections. Come to a consensus on the PLAN, and develop a timeline with assigned tasks. Remember, the goal is to have a completed PDCA-Cycle 1 by February 3rd.**
- Time permitting, discuss resident and/or staff cases (*see p. 11*)

Post-Conference Agenda:

- **Enact the timeline developed during conference.** Plan to touch base either at continuity meetings or via email to ensure that your group is meeting its goals.

<u>Dates</u>	<u>Event</u>
<i>Week Aug 15</i>	<i>PI Project Overview</i>
<i>Week Sept 26</i>	<i>PI Team Meeting</i>
Oct 7	PI Proposal Presentation @ Morning Report
Week Oct 31	PI Team Meeting
Week Dec 12	PI Team Meeting
Week Jan 23	PI Team Meeting
Feb 3	PDCA Cycle 1 Presentation @ Morning Report
Week Mar 5	PI Team Meeting
Week Apr 9	PI Team Meeting
Week May 21	PI Team Meeting
May 29	PDCA Cycle 2 Presentation @ Morning Report

Abbreviated Minutes: PI Project Proposals (7Oct2011)

Monday Group: Asthma Spacer Training

- Baseline questionnaire regarding spacer knowledge given to corpsmen and providers.
- Inservice for corpsmen and providers by Dave (RT)
- Follow-up questionnaire given to corpsmen and providers

Questions to Consider:

- Should questionnaire be made simpler (i.e. 8th grade reading level)?
- Do you want to coordinate your inservice by Dave with the module Dr. Spencer and HM1 Davenport are conducting on asthma?
- Do you want to focus more on resident and staff providers vs. corpsmen?
- Are there measures, other than corpsmen/provider comfort level that you want to look at? (e.g. “graded” observations of spacer training; parent understanding of spacer use; f/u asthma visits within 1mo period of prior documented training)

Tuesday Group: Developmental Screening

- Chart review of ASQ completion at 9mo, 18mo, 30mo visits
- Intervention to disseminate ASQs to parents: In waiting room? Via email, internet, or Relay-Health? Using kiosk?
- Chart review of ASQ completion post-intervention. Also may review how many abnormal ASQs were documented and percentage of developmental peds follow-up.

Questions to Consider:

- Which intervention will be most successful? Will parents fill out surveys prior to their visit? Is there enough time or manpower to disseminate surveys for completion in the waiting room? Do you want to try multiple methods of ASQ dissemination simultaneously OR in a step-wise fashion?
- Consider corpsmen involvement in planning interventions.
- Is there any way to combine efforts with the Wednesday/MCHAT group?

Wednesday Group: MCHAT screening/Autism diagnosis

- Chart review of MCHAT completion (July-Sept 2011)
- MCHAT education (For corpsmen? For providers?)/ Increase MCHAT availability
- Chart review of MCHAT completion post-intervention (Nov-Jan 2011)
- Separate analysis— prospective or retrospective— of how many abnormal MCHATs ultimately receive Devo referral/autism diagnosis (or vice versa).

Questions to Consider:

- Which intervention(s) will be most successful (e.g. teaching corpsmen how to upload MCHAT questionnaires; having MCHAT forms and scoring sheets available in all the rooms; pre-appointment MCHAT completion via email or internet)?
- Consider corpsmen involvement in planning interventions.
- Is there any way to combine efforts with the Tuesday/ASQ group?
- Determine whether you will do a prospective or retrospective analysis to “define the problem” (i.e. Are we truly delaying autism diagnoses by poor MCHAT compliance).

Thursday Group: Breastfeeding Education

- AAP Breastfeeding Pre-test for providers
- Baseline Survey to parents on breastfeeding practices/knowledge @ early f/u, 2 wks, 2mo
- Intervention—2 lectures on breastfeeding (Dr. KE & residents)
- AAP Breastfeeding Post-test for providers (And parent survey as follow-up?)

Questions to Consider:

- Who is the intervention focused on— Corpsmen? Nurses? Residents?
- Consider other areas where residents may be receiving breastfeeding education (e.g. MICC-NF curriculum; Nutrition I continuity module).
- Review AAP modules to ensure that curriculum meshes with WR-B practices.

Friday Group: Blood Pressure Screening

- Completed chart review from Feb-Aug 2011. 91% of abnormal BPs were not acknowledged in AHLTA note.
- Intervention—post charts for corpsmen/provider; disseminate smartphone app, education
- Post-intervention chart review

Questions to Consider:

- Which intervention(s) will be most successful?
- Who is the intervention focused on? Consider feasibility of corpsmen involvement.
- How can you use technology? iPhone app? Abnormal BPs highlighted in AHLTA?

Basics of Performance Improvement

7 Oct 2011

Basics of PI

- Quality Indicators – Monitoring
 - What things can we measure to make sure integration is successful
 - Access to care (time to get an appointment)
 - Telephone consult turn around time
 - Suggestions?
- Quality Improvement Projects
 - Solve problems
 - Evaluate new systems

FOCUS-PDCA

A framework created by Hospital Corporation of American (HCA) for thinking about and applying different tools for CQI

- Used widely in one form or another in health care and in industry.

FOCUS

Find: determine a process problem that needs to be improved

Organize: create a team that is knowledgeable about the process problem and willing to work together

Clarify: study the process to identify all areas of the problem.

Understand: collect and analyze data to gain comprehensive information about the current process and possible improvement plans

Select: choose a process improvement plan

Find a Process to Improve

Find: determine a process/problem that needs to be improved

- High risk, high volume or problem prone
- New mission – plan way to accomplish it
- Complaints
- Surveys
- Incident Reports
- **Need a baseline metric of problem**

Organize a Team

Organize: create a team that is knowledgeable about the process problem and willing to work together

All disciplines involved in process need to be part of the team.

May need to flow chart process to determine who needs to be on team

Members vs consultants

Process involves:

- Front desk check in, include clerks
- Vital Signs – may need nursing and informatics
- Lab issue – may need those who order, draw and process samples

Clarify the Actual Process

Clarify: study the process to identify all areas of the problem.

If you did not flow chart before, you will need to do it now

Literature search, similar assessments and solutions.

Need all personnel involved in process to clarify.

May need to flow chart more than 1 process
(Subspecialty vs Primary Care; Clinic vs ER;
During clinic hours vs after hours)

Understand Causes of Variation

Understand Causes of Variation:

Surveys, Fishbone Diagram, Brainstorming

Dual flow charts

Collect and analyze data to gain comprehensive information about the current process and possible improvement plans

Select: choose a process improvement plan

Logical, manageable, not reliant on memory, training.

Use human factors approach to make sure it fits with workflow.

Quotes

There is always an easy solution to every human problem - neat, plausible, and wrong. H. L. Mencken

If you can't describe what you are doing as a process then you don't know what you're doing. W. Edward Deming

Insanity is when we do the same thing over and over again and expect a different result. Albert Einstein

It is always safe to assume, not that the old way is wrong, but that there may be a better way. Henry F. Harrower

If you're doing something the same way you have been doing it for ten years, the chances are you are doing it wrong. Charles F. Kettering

If you always do what you always did, you'll always get what you always got.

NOISE TO SIGNAL
Rob Cottingham



PDCA

Plan: determine the goals to be achieved and develop a strategy to reach those goals

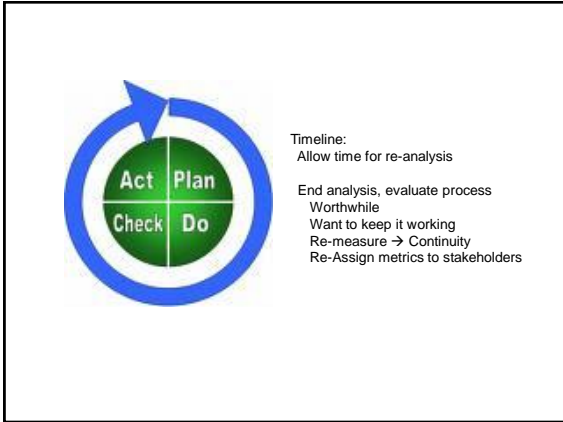
Do: implement the plan as a small demonstration project

Check: evaluate this demonstration by comparing the resulting outcomes with the original goals

Act: revise the plan to meet more of the goals and test it with demonstration projects, **or** implement the successful plan throughout the organization

Rank Order of Error Reduction Strategies





AIM Statement

What are we trying to accomplish?

The Aim Statement articulates the goals, guides the improvement effort, and keeps the team focused.

- ✓ Specific
- ✓ Measurable
- ✓ Challenging

Measurement

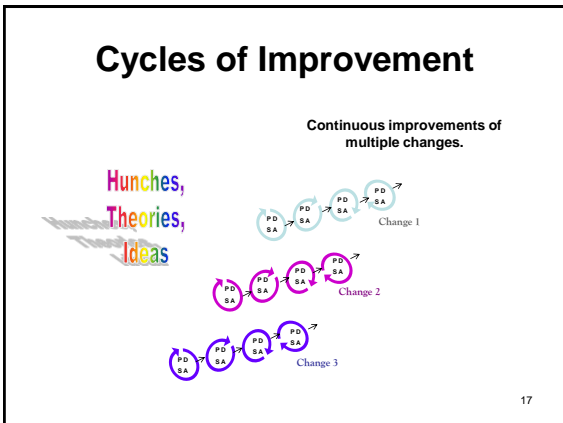
How will we know that a change is an improvement?

- What to measure - what will be different?
- What are the guidelines

Cycles of Improvement

What changes can we make that will result in an improvement?

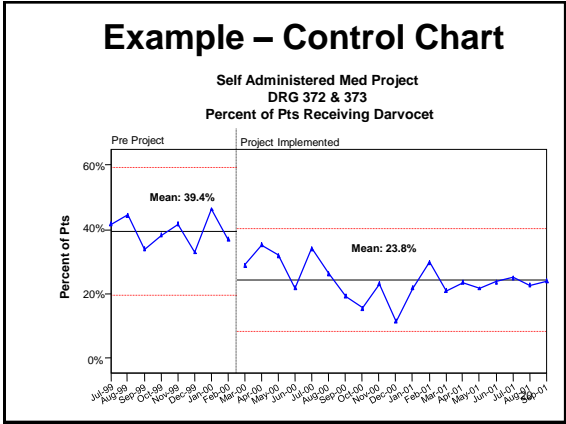
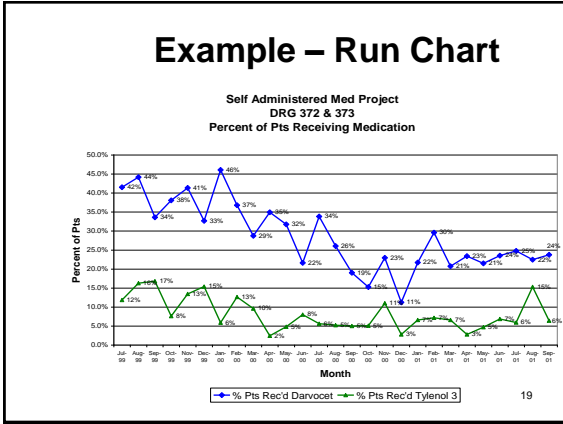
- It's your opportunity to brainstorm:
 - ✓ Possible changes
 - ✓ People that are needed
 - ✓ Required resources
 - ✓ Potential for collaboration
 - ✓ Necessary leadership support



Helpful Tools

- Brainstorming
- Run Charts
- Flow Charts
- Cause & Effect Diagram
- Pareto Diagram
- Nominal Group Technique
- Force Field Analysis

X Refer to Section 12 - Tab "QI Tools & Techniques"



Barrier Busters

- Barrier - Problems with Setting an Aim
 - Is there sponsorship for the project?
 - Does project fit with organizational mission?
 - Does project conflict with our values?
 - Is Aim Statement clear and precise?

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Barrier Busters

- Barrier - Problems with Teams
 - Is your leader available and empowered?
 - Are you meeting weekly?
 - Does everyone know their responsibilities?
 - If you have conflicts, who can you request to facilitate your team?

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Barrier Busters

- Barrier - Problems with Resources
 - Suggestions:
 - Keep your team small at first
 - Use volunteers and champions
 - Collect just enough data
 - Set a dedicated meeting time
 - Huddle if needed (15 minutes is all you need!)
 - Involve senior leadership if resources are a problem

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Barrier Busters

Barrier - Resistance :

- **“No one thinks there is a problem”**
 - Take the high ground...
- **“We are different”**
 - Share information and challenge assumptions...
- **“It’s too difficult”**
 - Look at others (internally & externally) that have successfully made a change
 - Break ideas for change into small components
 - Present changes as a “test” - that can be accepted, refined, or abandoned
 - Use just enough data
 - Post results of the small test from the outset as proof that it can happen
- **Engage senior leadership - it is a must**

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Barrier Busters



- Barrier - Problems with Ownership
 - Be sure to include all impacted areas
 - Collaborate with staff at all levels
 - Involve the people that DO the work
 - Find champions in several disciplines
 - Keep sponsors informed and involved

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Next Steps: Action List

- What is one problem in your work setting where you think Rapid Cycle Quality Improvement would help you?
- What is one thing that you can do by next Tuesday?

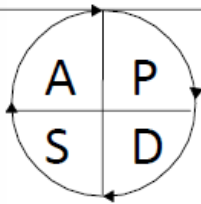


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MODEL FOR IMPROVEMENT

Cycle: #1

Date: 11.30.07



Objective for this PDSA Cycle: Test reducing backlog by adding 2 extra slots per clinic session for non-urgent requests (Preventive care, F/Us)

PLAN:

QUESTIONS: Will 2 extra patients per session be too stressful or disruptive for clinicians and staff? Will patients calling today for non-urgent appointments take these slots?

PREDICTIONS: Will not be overly taxing for clinicians and staff. Can easily fill these slots with patients calling today.

PLAN FOR CHANGE OR TEST: WHO, WHAT, WHEN, WHERE: Next 2 days, schedulers will add 2 extra slots per session for Dr. Bundy. Megan will contact schedulers about adding extra patients at 10am, 11am, 2pm, and 3pm. Team will review results in 3 days.

PLAN FOR COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE: Megan will check with schedulers and ask how easy it was to fill slots and if any went unfilled. She will also ask Dr. B and his nurse, Amanda, about how the change affected their workflow, wait times, and quitting times.

DO: CARRY OUT THE CHANGE OR TEST; COLLECT DATA

- Completed on 6/9 and 6/10.

STUDY: COMPLETE ANALYSIS OF DATA (qualitative and quantitative); SUMMARIZE WHAT WAS LEARNED.

- $\frac{3}{4}$ of schedulers (one forgot on 6/9) offered the extra slots each day, but half of slots went unfilled; schedulers found that many patients were surprised and not prepared to come in that day. Dr. B and Amanda did not note any changes in waiting or quitting times; however, not as many patients added as planned.

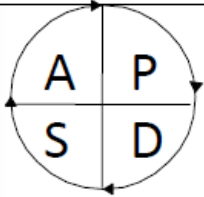
ACT: DOCUMENT WHAT YOU LEARNED. ARE YOU CONFIDENT THAT YOU SHOULD EXPAND SIZE/SCOPE OF TEST?

- Repeat cycle 5 more days as above, but ask schedulers to offer appointments both today, and if not possible, in one of these extra slots anytime in next 5 days. Also will post reminders above schedulers' phones on these 5 days.

MODEL FOR IMPROVEMENT

Cycle: _____

Date: _____



Objective for this PDSA Cycle:

PLAN:

QUESTIONS:

PREDICTIONS:

PLAN FOR CHANGE OR TEST: WHO, WHAT, WHEN, WHERE:

PLAN FOR COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE:

DO: CARRY OUT THE CHANGE OR TEST; COLLECT DATA

STUDY: COMPLETE ANALYSIS OF DATA (qualitative and quantitative); SUMMARIZE WHAT WAS LEARNED.

ACT: DOCUMENT WHAT YOU LEARNED. ARE YOU CONFIDENT THAT YOU SHOULD EXPAND SIZE/SCOPE OF TEST?



Continuity Clinic Case Day

Select an interesting or challenging patient to discuss with your continuity group. Solicit feedback and guidance regarding your management.

1. Who is your patient? (Give a one-liner)
2. How long have you been following him/her?
3. What are the major issues you've been addressing? Medical? Psychosocial?
4. What questions do you have about your patient? Diagnoses? Treatment?
5. What are your plans for following-up with your patient?
6. *How have you applied the previous modules (Health Maintenance, Nutrition, Development, Behavior) to your patient(s)?*