

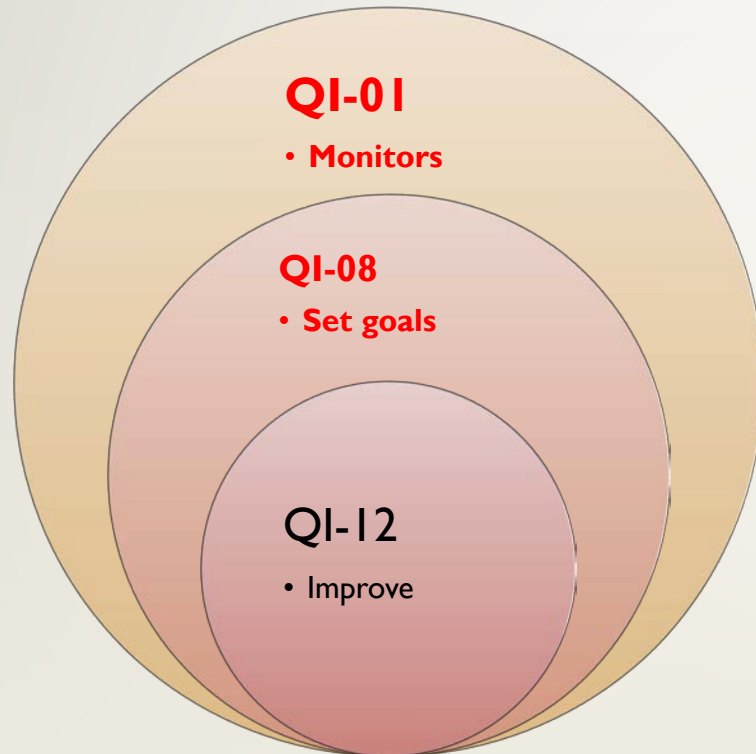
Performance Measures and Quality Improvement (QI)

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Concept Overview

- The practice establishes a culture of data-driven performance improvement on clinical quality, efficiency and patient experience, and engages staff and patients/families/caregivers in quality improvement activities.
- Competency: 3
- Criteria: 19
 - Core: 9
 - Elective: 10 (16 credits)

Clinical Quality Measures



- A. Immunization
- B. Other preventative measures
 - Cancer screening, developmental screening, ADHD screening, behaviors affecting health, dental appointment
- C. Chronic or acute clinical measures
 - Heart disease, asthma, diabetes, depression, cancer, hypertension, Alzheimer's, autism, COPD
- D. Behavioral health measures
 - PHQ-9, CAGE, substance abuse
- *Choose 5 measures at least one from each type

Clinical Quality Measures Example

Health Maintenance Topic 1/1/13 – 12/31/13	In compliance	Overdue	Total
Breast Cancer Screening	51.05% 1,381	48.95% 1,324	100% 2,705
Colon Cancer Colonoscopy	63.35% 1,965	36.65% 1,137	100% 3,102
Pneumococcal Vaccine	83.11% 743	28.36% 350	100% 1,234
Foot Exam	74.84% 992	25.16% 350	100% 1,232
Hemoglobin A1C	71.64% 884	28.36% 350	100% 1,234
Urine <u>Microalbumin/Creatinine</u> Ratio	67.13% 825	32.87% 404	100% 1,229

Clinical Quality Measures Example

	Jan 2014	Dec 2013	Nov 2013	Oct 2013	Sept 2013
Preventive					
Pneumovax	61.31	61.21	52.25	61.39	60.95
Diabetes					
HgA1C	73.39	73.48	74.12	74.11	71.54
CHF					
Ace Inhibitors	99.18	99.58	99.69	99.13	99.56
CAD					
Antihyperlipidemic	99.07	99.05	99.65	98.67	98.87

PDSA Example

PDSA (plan-do-study-act) worksheet

Tool: Patient Feedback

Step: Dissemination of surveys

Cycle: 1st Try

Plan

I plan to: test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to fill out a survey and put it in the box next to the surveys.
3. We will try this for 1 week.

Do

What did you observe?

- We noticed that patients often had other things to attend to at this time, like making an appointment or paying for services and did not feel they could take on another task at this time.
- The checkout area can get busy and backed up at times.
- The checkout attendant often remembered to ask the patient if they would like to fill out a survey.

Study

What did you learn? Did you meet your measurement goal?

We only had 8 surveys returned at the end of the week. This process did not work well.

Act

What did you conclude from this cycle?

Patients did not want to stay to fill out the survey once their visit was over. We need to give patients a way to fill out the survey when they have time.

We will encourage them to fill it out when they get home and offer a stamped envelope to mail the survey back to us.

PDSA Example

QI Project Tracking Sheet

Project Title: _____

Project Dates: __/__/__ through __/__/__

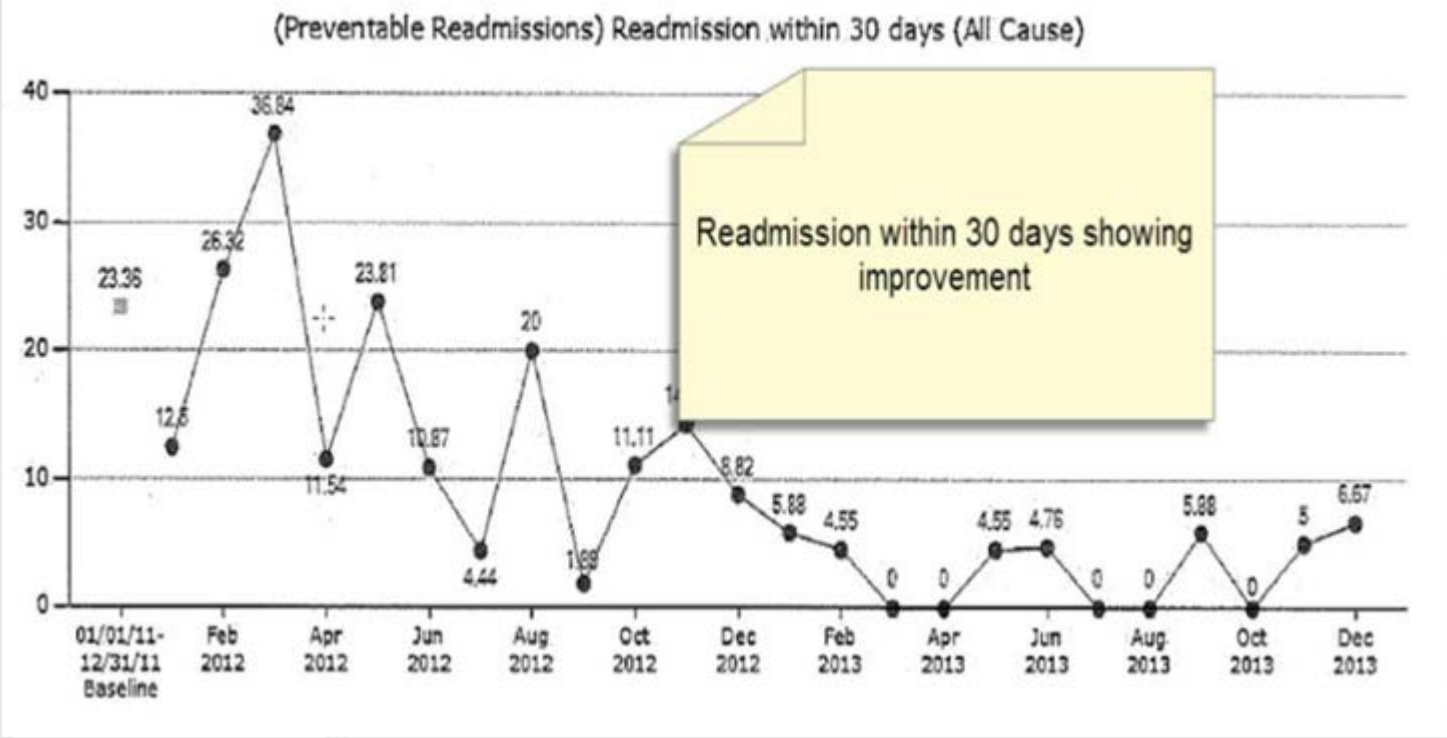
	Steps of PDSA Approach	Key Elements	Notes
PLAN	Step 1 Getting Started	<input type="checkbox"/> Identify area, problem, or opportunity for improvement <input type="checkbox"/> Estimate and commit needed resources <input type="checkbox"/> Obtain approval (if needed) to conduct QI	
	Step 2 Assemble the Team	<input type="checkbox"/> Identify and assemble team members (including customers and/or stakeholders) <input type="checkbox"/> Discuss problem or opportunity for improvement <input type="checkbox"/> Identify team member roles & responsibilities <input type="checkbox"/> Establish initial timeline for improvement activity and schedule regular team meetings <input type="checkbox"/> Develop Aim Statement <ul style="list-style-type: none"> - <i>What are we trying to accomplish?</i> - <i>How will we know that a change is an improvement?</i> - <i>What change can we make that will result in improvement?</i> 	
	Step 3 Examine the Current Approach	<input type="checkbox"/> Examine the current approach or process flow <input type="checkbox"/> Obtain existing baseline data, or create and execute data collection plan to understand the current approach <input type="checkbox"/> Obtain input from customers and/or stakeholders <input type="checkbox"/> Analyze and display baseline data <input type="checkbox"/> Determine root cause(s) of problem <input type="checkbox"/> Revise Aim Statement based on baseline data as needed	
	Step 4 Identify Potential Solutions	<input type="checkbox"/> Identify all potential solutions to the problem based on the root cause(s) <input type="checkbox"/> Review model or best practices to identify potential improvements <input type="checkbox"/> Pick the best solution (the one most likely to accomplish your Aim Statement)	
	Step 5 Develop an Improvement Theory	<input type="checkbox"/> Develop a theory for improvement <ul style="list-style-type: none"> - <i>What is your prediction?</i> - <i>Use an "If . . . Then" approach</i> <input type="checkbox"/> Develop a strategy to test the theory <ul style="list-style-type: none"> - <i>What will be tested? How? When?</i> - <i>Who needs to know about the test?</i> 	
DO	Step 6 Test the Theory	<input type="checkbox"/> Carry out the test on a small scale <input type="checkbox"/> Collect, chart, and display data to determine effectiveness of the test <input type="checkbox"/> Document problems, unexpected observations, and unintended side effects	
STUDY	Step 7 Study the Results	<input type="checkbox"/> Determine if your test was successful: <ul style="list-style-type: none"> - <i>Compare results against baseline data and the measures of success stated in the Aim Statement</i> - <i>Did the results match the theory/prediction?</i> - <i>Did you have unintended side effects?</i> - <i>Is there an improvement?</i> - <i>Do you need to test the improvement under other conditions?</i> <input type="checkbox"/> Describe and report what you learned	
ACT	Step 8 Standardize the improvement or Develop a New Theory	<input type="checkbox"/> If your improvement was successful on a small scale test it on a wider scale <ul style="list-style-type: none"> - <i>Continue testing until an acceptable level of improvement is achieved</i> - <i>Make plans to standardize the improvement</i> <input type="checkbox"/> If your change was not an improvement, develop a new theory and test it; often several cycles are needed to produce the desired improvement	
	Step 9 Establish Future Plans	<input type="checkbox"/> Celebrate your success <input type="checkbox"/> Communicate your accomplishments to internal and external customers <input type="checkbox"/> Take steps to preserve your gains and sustain your accomplishments <input type="checkbox"/> Make long term plans for additional improvements <input type="checkbox"/> Conduct iterative PDSA cycles, when needed	

Resource Stewardship Measures

- Measures related to care coordination
 - Transitions care, ER follow-up, new diagnosis, high or abnormal labs
- Measures affecting health care cost
 - Readmissions to hospital, ER visits, redundant labs and imagining, genetic vs. name brand prescriptions
- *Choose 2 measures, 1 from each type



Resource Stewardship Measures



PDSA Example

NAME _____

PDSA CYCLE # _____



PLAN

What are you trying to improve?

What will you try?

What will you measure?

What do you think will happen?

Plan for change or test: who, what, when, where?

Plan for data collection: who, what, when, where?

DO

What happened during the test? Did anything unexpected occur?

STUDY

What do your data tell you? Was there improvement?

ACT

What will you do with this new learning?

- ADAPT* – We are not sure this is something we should implement yet, so we are going to continue testing in a bigger way. (Move up the RAMP.)
- ADOPT* – We have learned enough to know this is a better way, so we will adopt this and go on to testing something new.
- ABANDON* – This change is not going to work here, so we will look for new ideas to test.

Appointment Availability

- The practice consistently reviews the availability of major appointment types:
 - Urgent
 - New patient
 - Routine
 - Follow-up
 - Acute
- Assessing the third next available appointment (AC-01 & 02)
- What is your clinic's policy



PDSA Example

Team Name:										Date:		
Project Aims:	1:											
	2:											
	3:											
Number of meetings: _____						Number of huddles: _____						
Rate how well your team is doing: (low) 1 2 3 4 5 6 7 8 9 10 (high)												
Plan: What is the issue your team wishes to address? Describe this in the test of change section.												
Test(s) of Change		Aim #	Expected Outcome				By Whom	By When				
Do: What is your team going to do to address the issue?												
What actions did you take?												
Study: What happened with what you did?								Act: Next steps with this test of change?				
What were the Lessons Learned?								<u>Adapt</u>	<u>Adopt</u>	<u>Abandon</u>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Partner Feedback:												
Please provide feedback, questions or comments												
Support Needed												
What support or feedback is needed toward meeting upcoming goals? Do you have any questions, feedback or suggestion?												

Patient Experience Feedback

- Quantitative Data
 - Patient survey, written questionnaire or telephone
 - Access (AC-01)
 - Communication
 - Coordination
 - Whole-person care
 - *At least 3
- Qualitative Data
 - Focus groups, individual interview, patient walkthrough, suggestion box (state SHIP evaluators)



Patient Experience Feedback Example

		Adult		Open Month: January, 2012		
				Close Month: March, 2012		
Measure	Denominator	Previous Score	Provider Score	Practice Score	Project Score	
			Responses in Period:			12
Rate provider 0 - 10	11	100.00%	81.82%	78.91%	79.88%	
How long wait for urgent appt	3	50.00%	33.33%	38.58%	46.55%	
Office gave info re: after hours care	11	100.00%	72.73%	59.76%	65.58%	
Get reminders between visits	11	100.00%	72.73%	75.29%	69.94%	
Someone follow up with results	10	66.67%	80.00%	65.09%	65.48%	
Informed and up-to-date on specialist care	7	100.00%	71.43%	62.57%	60.88%	
Talk about prescription	11	100.00%	81.82%	88.89%	82.77%	
Rate overall health	11	0.00%	0.00%	8.78%	7.60%	
Rate overall mental/emotional health	11	33.33%	27.27%	21.15%	20.68%	
Access	35	64.29%	60.00%	46.00%	47.38%	
Communication	64	100.00%	82.81%	79.68%	81.78%	
Shared Decision Making	24	100.00%	83.33%	58.43%	64.81%	
Self Management Support	22	50.00%	50.00%	42.89%	46.33%	
Comprehensiveness-Adult Behavioral	33	33.33%	51.52%	33.64%	40.37%	
Office Staff	22	66.67%	81.82%	67.77%	67.36%	

PDSA Example

Today's Date: _____

DO

Describe what actually happened? What did you observe that was not part of the plan? _____

STUDY

What did you learn? _____

How did the results compare to your predictions? _____

ACT

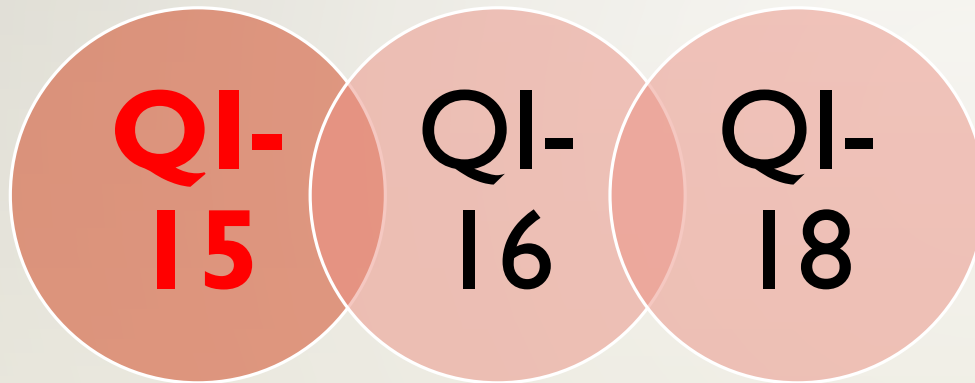
Decide to adapt, accept, or abandon?

Adapt: Improve the change and continue testing the plan. Describe what you will change in your next PDSA.

Accept: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.

Abandon: Discard this change idea and try a different one.

Reporting Performance



- **QI-15:** reports individual clinician or practice numbers with the providers and practice staff
- QI-16: reports individual clinician or practice numbers with the public
- QI-18: reports individual clinician or practice numbers with Medicare or Medicaid agency
 - Immunization
 - Chronic or acute
 - Behavioral health

Reporting Performance Example

1/1/13 - 12/31/13				
Adult Medicine Practice				
Data shared at annual meeting				
		Numerator	Denominator	Percentage
Pneumococcal Vaccination Rates		717	902	79%
Dr.		109	114	96%
Dr.		12	15	80%
Dr.		172	208	83%
Dr.		310	334	93%
Dr.		1	5	20%

Reporting Performance Example

Chart Review and Result Process

Initiated 9/2011 TR

Updated 2/13/2015 JL

Chart reviews are done on a quarterly basis. Ten random charts are reviewed per mid-level provider and five random charts are reviewed per physician. Annually in November, a chart review is performed on one “inactive” chart per physician.

Once the chart review is complete, the individual provider results, the practice level results, and any areas that need improvement are provided and discussed with the providers at a quarterly Nurse Practitioner/Doctor Meeting. The results are also provided and discussed quarterly with all other staff members at department staff meetings.

PDSA Example

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do

Describe what actually happened when you ran the test

Study

Describe the measured results and how they compared to the predictions

Institute for Healthcare Improvement

PDSA Worksheet for Testing Change

Act

Describe what modifications to the plan will be made for the next cycle from what you learned

We will discuss with the teams and try new methods to assure the rates improve

How/what would you do for cycle 2?

Elective Criteria

- QI-05: Assesses health disparities using performance data for a vulnerable population
- QI-06: Uses a standardized validated patient experience tool (CAHPS)
- QI-07: Obtains feedback from experience of vulnerable patient group
- QI-17: Involving patient, family or caregivers in QI activities
- QI-19: Value-based contract agreements
 - A: Upside risk agreement (Medicare or Medicaid)
 - B: Two-sided risk agreement (MIPS)

Questions



Resources

- <https://www.healthmanagement.com/what-we-do/government-programs-uninsured/chip/chipra-library/pcmh-toolkit/>
- <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool2b.html>