

WELCOME!

While we wait....

- Find your *reviewed* Quality Plan and be ready to share your screen.

Be ready to share...

- What was your senior leader's (CEO, Board Chair) view of Quality in the organization?
- Share your Clinical Effectiveness measure for your improvement cycle (and share why you chose it).



NATIONAL ASSOCIATION OF
Community Health Centers®

HEALTH CENTER PROFESSIONAL DEVELOPMENT PROGRAM

QI TRAINING, POWERED BY



REGLANTERN

QI TRAINING: COHORT D - LIVE SESSION 2

OCTOBER 3, 2023

2:00 – 3:30 PM ET



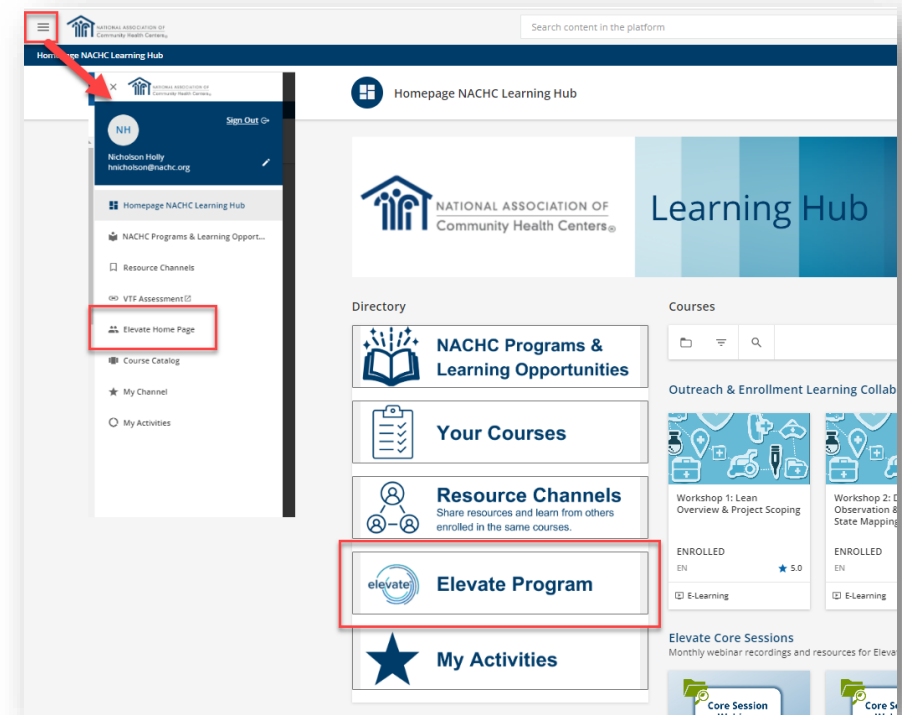


NACHC's Online Learning Hub

Session will be recorded and available in the Learning Hub

*If you already have a 'NACHC One' login
(the login used for NACHC conferences),
use this to sign in.*

*If you do not yet have a 'NACHC One'
login, **register for free!***



Access NACHC's Learning Hub at
<https://nachc.docebosaaS.com/learn/signin>



QI Training: Course Timeline

Pre-Work

Course: September 5, 2023 – December 12, 2023

- ✓ Register for Elevate
- ✓ Block calendar for sessions

Sep 5th
Webinar 1

Session 1
(with your Cohort)

Session 2
(with your Cohort)

Session 3
(with your Cohort)

Oct 19th
Webinar 2

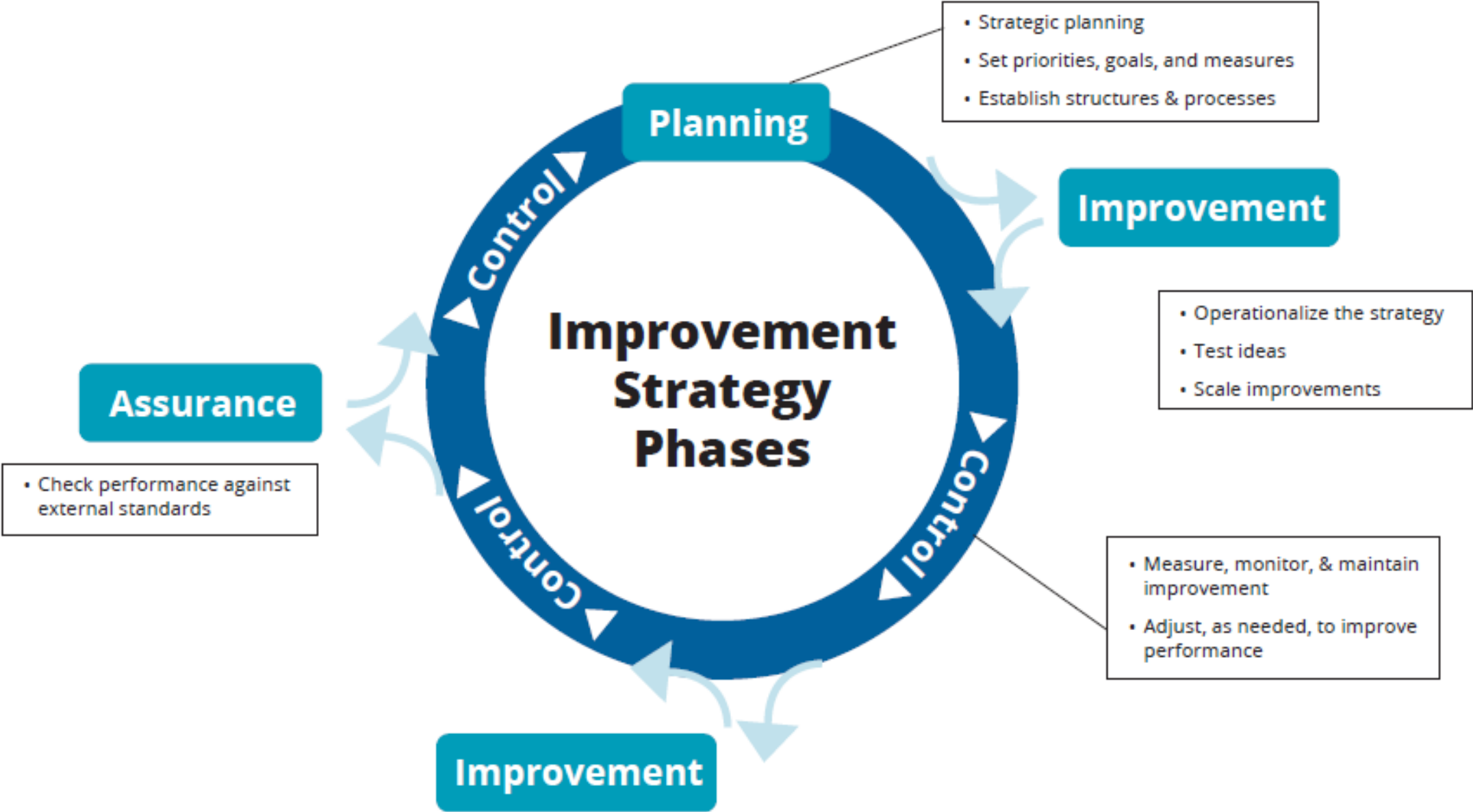
Session 4
(with your Cohort)

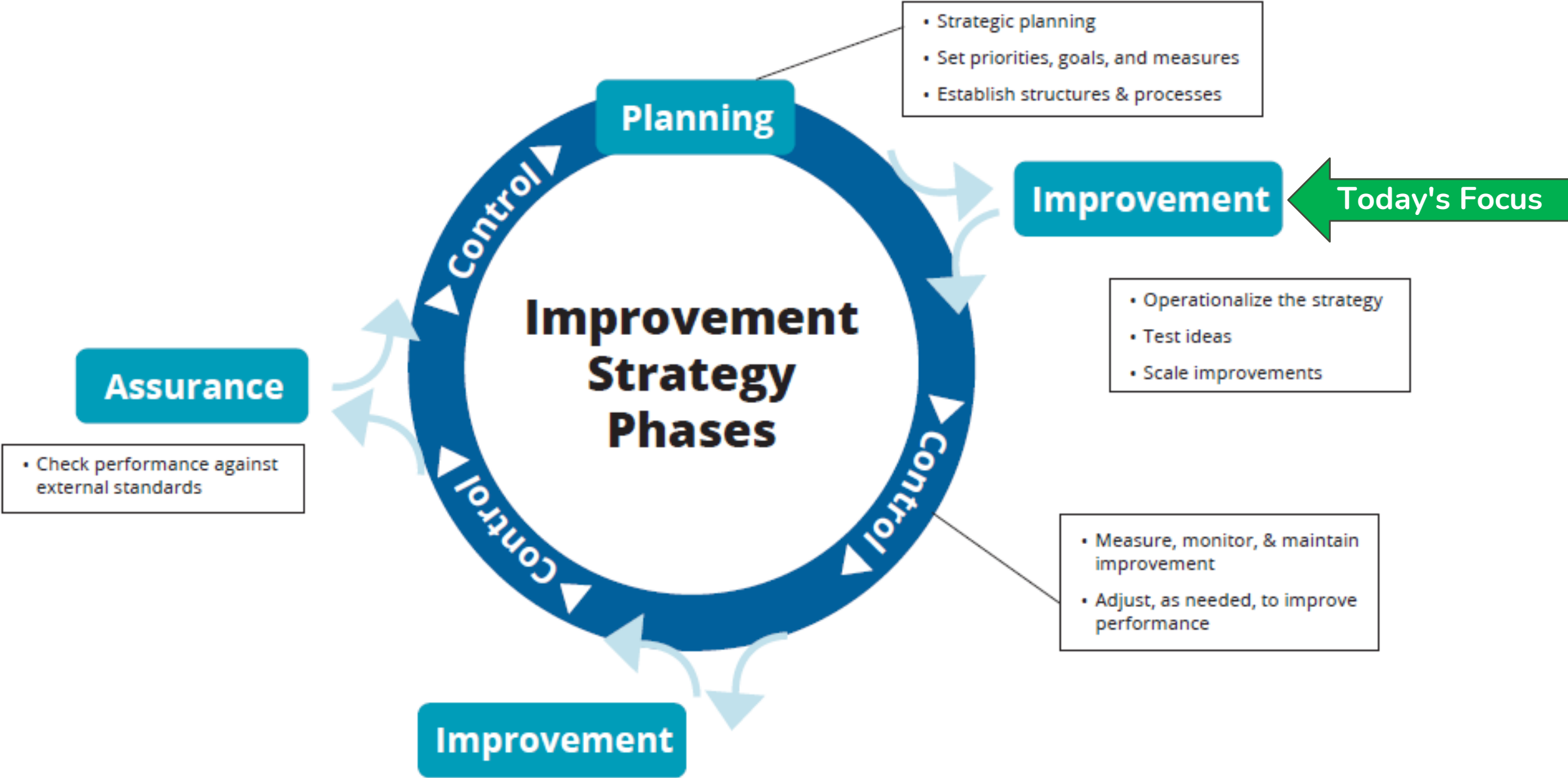
Session 5
(with your Cohort)

Session 6
(with your Cohort)

Dec 12th
Closing Webinar

 **You are here!**





Quality Improvement



- **Testing** ideas
- **Identifying** what works
- **Scaling** (replicating and expanding)
- Done by those **closest** to the work
- Should occur in **intervals** over time



PLANNING (QP)



IMPROVEMENT
(QI)



CONTROL (QC)



ASSURANCE
(QA)

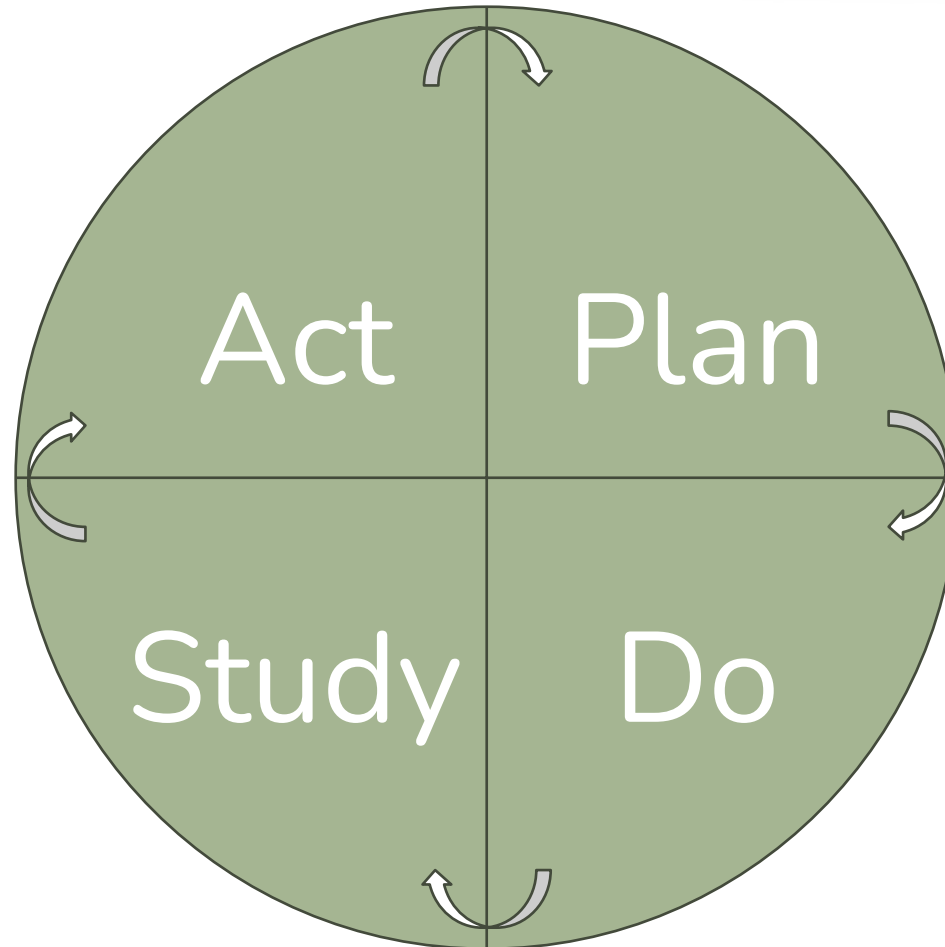
Session Objectives

1. Set a SMART goal for your CQM improvement cycle (Complete the "P" section for your PDSA)
2. Awareness of available CQM tools and resources.
3. Feel prepared to compare your chosen CQM with another health center, state average, or national performance.
4. Be prepared to initiate an improvement cycle for your chosen CQM using your own internal tool or with an adopted PDSA tool.

Completing a PDSA

Based on what you learned from the test, make a plan for your next step.

Analyze the results and compare them to your predictions.



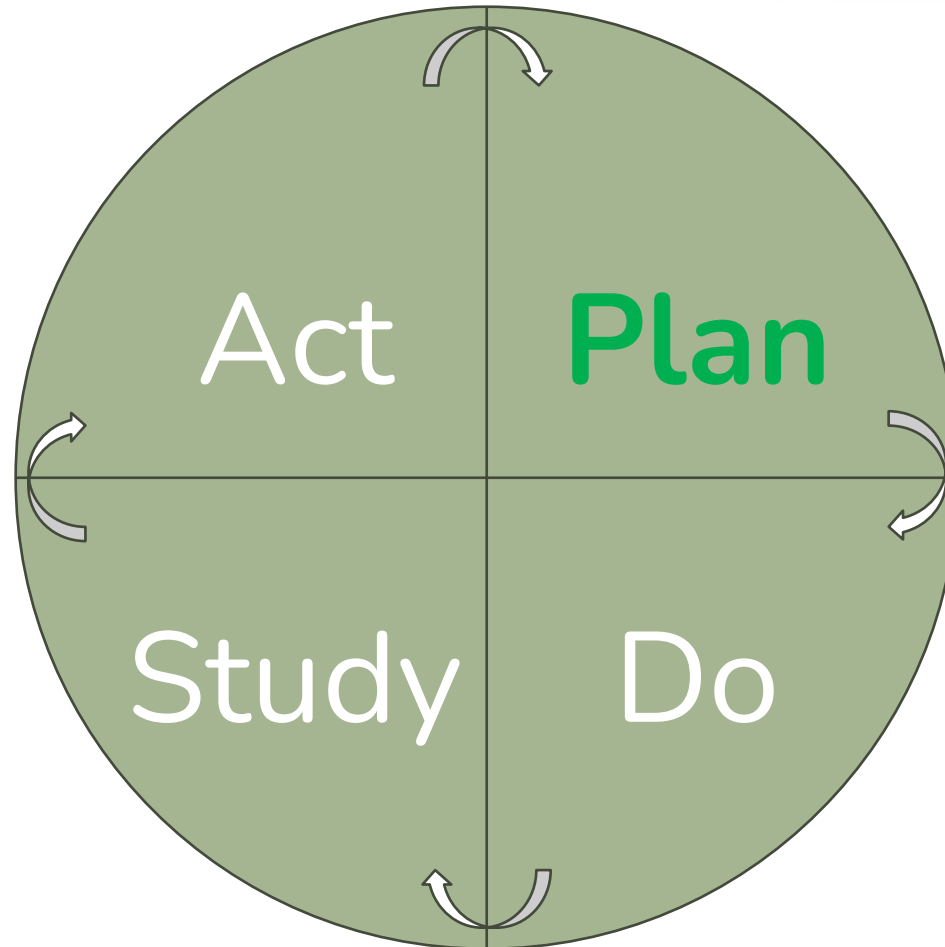
Plan the test, including a plan for collecting data.

Run the test on a small scale.

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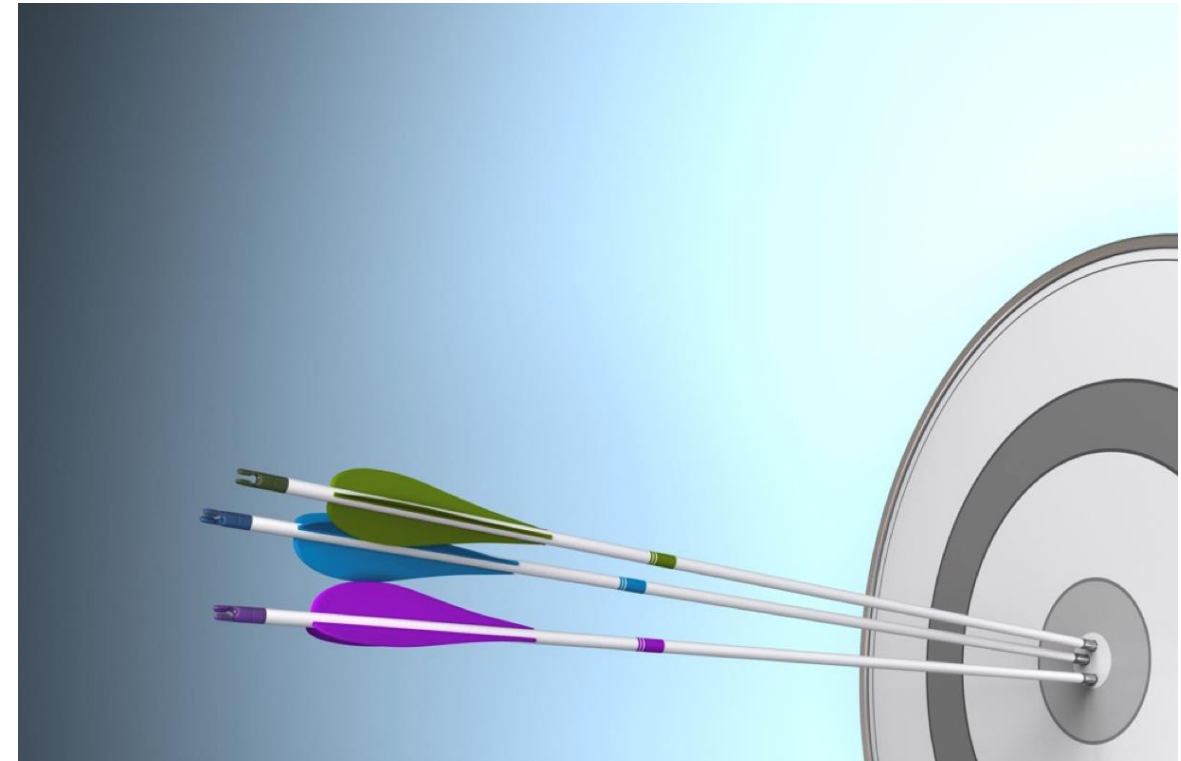
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Setting S.M.A.R.T. Goals

S.M.A.R.T. Goals

- *S: Specific*
- *M: Measurable*
- *A: Achievable*
- *R: Relevant*
- *T: Time-Limited*



Completing a PDSA

PLAN: *Plan the test, including a plan for collecting data.*

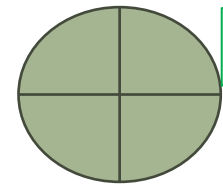
Objective:

Baseline Data (Time frame, numerator, denominator, percentage):

Questions & Predictions:

Who, What, Where, When:

Plan for collecting data:



Plan

Completing a PDSA

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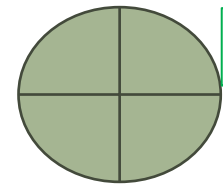
Objective: Improve uncontrolled diabetes (A1c) control from 32.6% to 25%.

Baseline Data (Time frame, numerator, denominator, percentage):

Questions & Predictions:

Who, What, Where, When:

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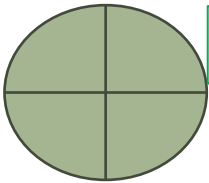
Baseline Data (Time frame, numerator, denominator, percentage):

2022, 32.6% uncontrolled, 141/432 patients with diabetes

Questions & Predictions:

Who, What, Where, When:

Plan for collecting data:



Plan

Completing a PDSA

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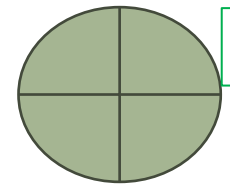
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Questions & Predictions:

We predict that quarterly appointment reminder calls will improve patient engagement and A1c control.

Who, What, Where, When:

Plan for collecting data:



Plan

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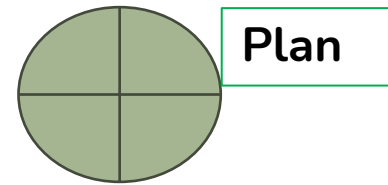
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Who, What, Where, When:

Find one patient with diabetes who has not been in for an appointment in three months, have Nurse Kyle call them, and schedule an appointment in the next two weeks.

Plan for collecting data:



S.M.A.R.T. Goals

- **S:** *Specific*
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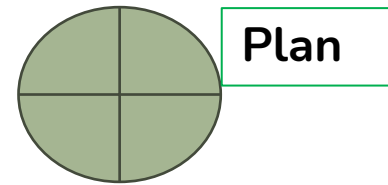
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Who, What, Where, When:

Find one patient with diabetes who has not been in for an appointment in three months, have Nurse Kyle call them, and schedule an appointment in the next two weeks.

Plan for collecting data:

Review appointment records and see if appointment was kept.



Homework From Session 1

- Interview a senior leader (CEO, Board Chair) about their view of Quality in the organization, focus on priority areas for your Quality of Care measure.
- Adapt the NACHC Template Quality Plan *OR* complete the compliance review of your Quality Plan
- Clarify your selection for an improvement methodology.
- Select a Clinical Effectiveness measure for your improvement cycle project using the 4 P's.

Cohort Work

Breakout!

Cohort Work – Looking Back

What was most meaningful for you?

- How did your interview with a senior leader (CEO, Board Chair) go? What was their view of Quality in the organization? What did they think of your proposed Quality of Care measure.
- Who would like to share their reviewed Quality Plan?
- Discuss your selection for an improvement methodology.



Cohort Work – Working Together

Work Together

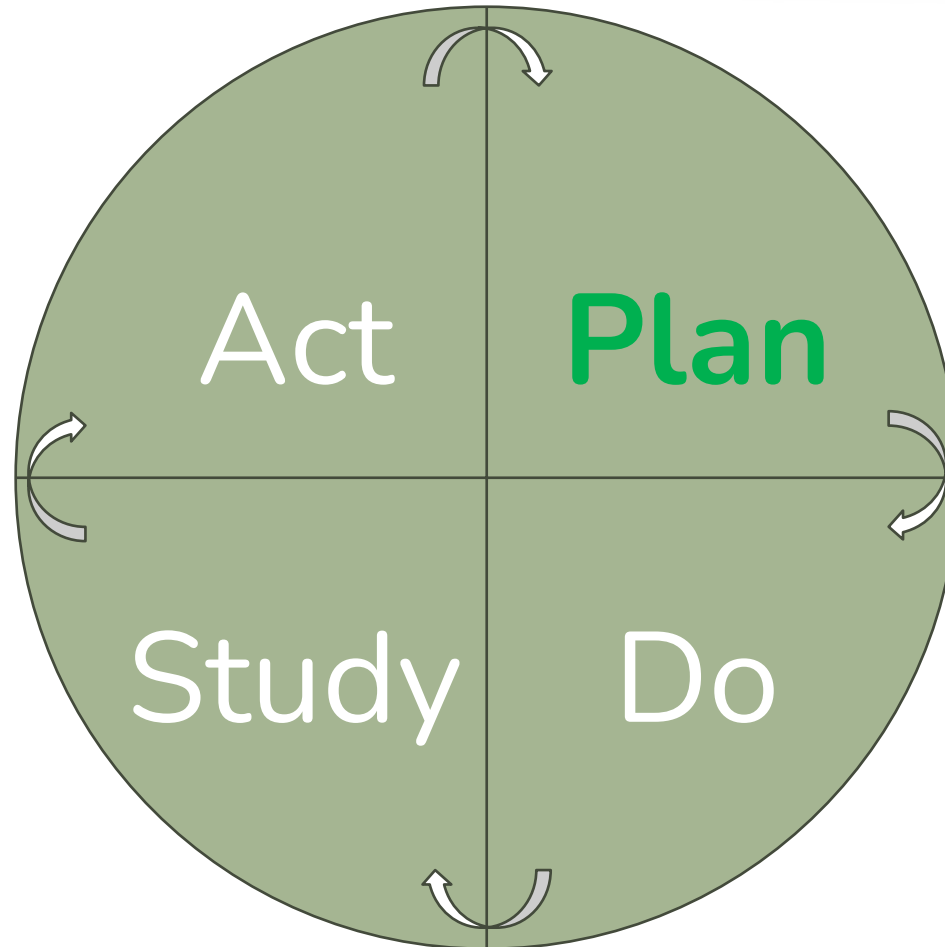
- Share your Clinical Effectiveness measure for your improvement cycle (and share why you chose it).
- Complete the "P" section of your PDSA Form.



Completing a PDSA

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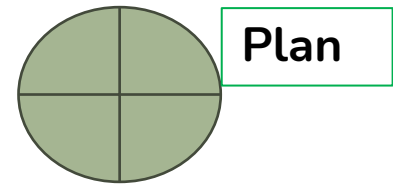
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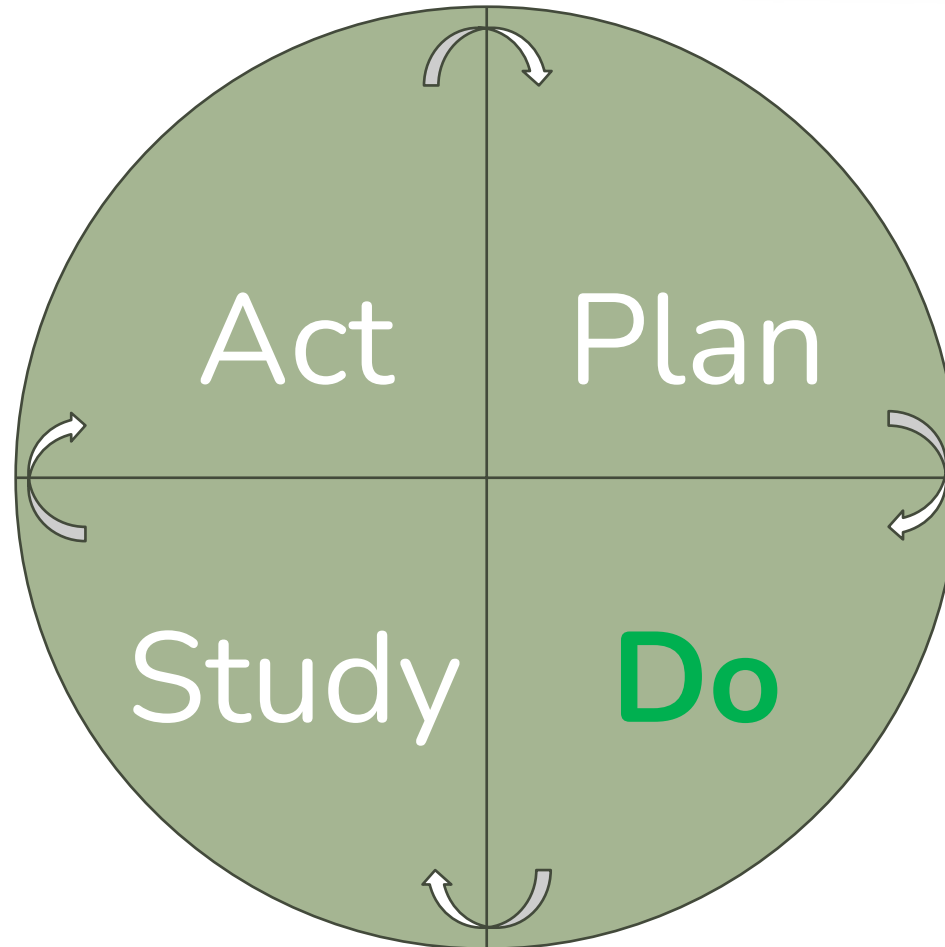
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Completing a PDSA

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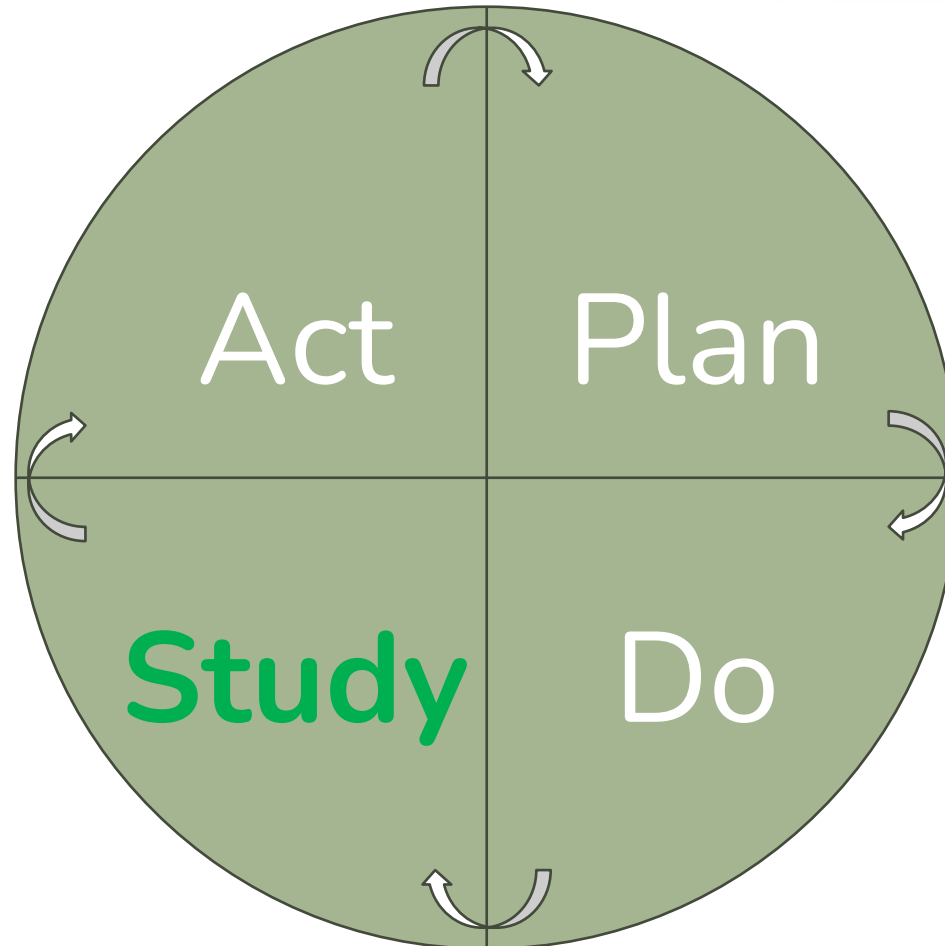
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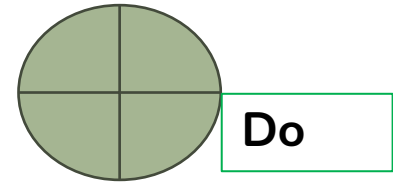
Plan the test, including a plan for collecting data.

Run the test on a small scale.

Completing a PDSA

DO: *Run the test on a small scale.*

Describe what happened. What data did you collect? What observations did you make?

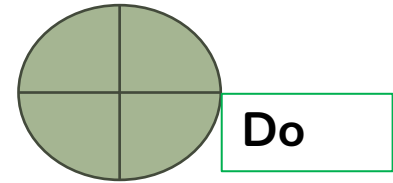


Completing a PDSA

DO: *Run the test on a small scale.*

Describe what happened. What data did you collect? What observations did you make?

Nurse Kyle called Patient C.R., scheduled an appointment for MM/DD/YYYY (had not been in for last year). The day after, pulled patient record, saw that patient kept appointment.

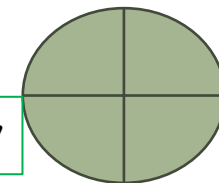


Completing a PDSA

STUDY: *Analyze the results and compare them to your predictions.*

Summarize and reflect on what you learned:

Study



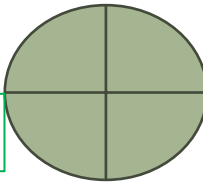
Completing a PDSA

STUDY: *Analyze the results and compare them to your predictions.*

Summarize and reflect on what you learned:

The patient came in for the appointment. The patient record noted that the provider discussed importance of A1c labs every quarter and keeping appointments. Provider had Nurse Kyle schedule next appointment with patient while patient was in the room.

Study



Action Guide Steps (1, 2, 3, 4)

1: Leadership Sets Expectations for Quality and a Culture of Learning.

2: Write or Review QI/QA Plan Document.

3: Select an Improvement Model.

4: Determine Priorities; Set Organizational Improvement and Quality Goals.

Stage	Step
QP	1
	2
	3
	4
QI	5
	6
	7
QC	8
QA	9

Action Guide Steps (4, 5, 6, 7)

4: Determine Priorities; Set Organizational Improvement and Quality Goals.

5: Train staff in improvement tools and processes

Organization transformation requires that leaders invest in training health center staff to implement a formal model of quality improvement and use tools to drive practice transformation and manage change.

6: Select a manageable number of improvement initiatives; Test

Define a limited set of measures that will be the focus of active improvement efforts based upon your health center's priorities. This manageable set of measures can be assigned by service line, staff role, or health center site.

7: Develop mechanisms to communicate improvement ideas/activities

Establish processes to foster open communication, share and spread of ideas, and to allow for innovation. Strategies for communication and sharing include: Care team huddles, Staff meetings, Dedicated QI meetings.

Stage	Step
QP	1
	2
	3
	4
QI	5
	6
	7
QC	8
QA	9

UDS Quality of Care Measures

Screening and Preventive Care

- 6B-11: Cervical Cancer Screening
- 6B-11a: Breast Cancer Screening
- 6B-13: Adult BMI Screening and Follow-Up
- 6B-14a: Tobacco Screening and Cessation Counseling
- 6B-19: Colorectal Cancer Screening
- 6B-20a: HIV Screening
- 6B-21: Depression Screening and Treatment

Maternal Care and Children's Health

- 6B-B: Early Entry Into Prenatal Care
- 6B-10: Childhood Immunization
- 6B-12: Pediatric Weight Assessment and Nutrition and Physical Activity Counseling
- 6B-22: Dental Sealants
- 7A: Low Birth Weight* (inverse measure)

Disease Management

- 6B-17a: Statin Therapy to Prevent CVD
- 6B-18: IVD: Use of Aspirin or Antiplatelet
- 6B-20: HIV Linkage to Care
- 7B: Hypertension Control*
- 7C: Diabetes Poor Control* (inverse measure)
- 6B-21a: Depression Remission

Consideration for Selecting Measures

Priority

- What clinical outcomes are prioritized in your Quality Plan?
- What are the areas listed as concerns in the Needs Assessment?

Power

- Which measure(s) could you make an impact on in the next 4-6 weeks?
- How can you align with other initiatives that are already underway?

Proximity

- Who will you be able to involve?
- How available is the necessary data?

Personal

- Who among leadership will communicate the value and importance of this project?

Finding Your Data Online

- HRSA UDS Data (data.HRSA.gov)
- UDSData.com (Powered by dp3 Solutions)
- UDS Dash (Powered by RegLantern)

Finding Your Data Online

Data.HRSA.gov

The screenshot shows the data.HRSA.gov website. At the top left is the Health Resources & Services Administration logo. The main header features the data.HRSA.gov logo, a search bar with a magnifying glass icon, and an 'A-Z Index' link. A dark blue navigation bar contains the following menu items: 'Find Health Care', 'Data', 'Maps', 'Tools', 'Topics', and 'Help', each with a dropdown arrow. Below the navigation bar is a breadcrumb trail: 'Home > Tools > Health Center Program UDS Data > Data Overview'. The main content area features a large red database icon on the left and the title 'Health Center Program Uniform Data System (UDS) Data Overview' in a large, dark blue font. Below the title, a paragraph of text begins: 'Each calendar year, HRSA Health Center Program awardees and look-alikes are required to report a core set of information, including data on patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues as part of a'.

Finding Your Data Online

UDSData.com



Finding Your Data Online

UDSData.com

The screenshot shows the UDSData.com website interface. At the top, there is a navigation menu with links for Home, Data (which is underlined), Services, About, and Contact. The main heading is 'UDS Data'. Below this, the dp3 SOLUTIONS logo is displayed, featuring a stylized 'P' shape in blue and orange. A teal banner below the logo reads 'Select your Health Center'. Underneath the banner is a dropdown menu with the following items:

- All
- Search
- 1ST CHOICE HEALTHCARE, INC. (Corning,AR)
- 219 HEALTH NETWORK, INC. (East Chicago,IN)
- A+ FAMILY HEALTHCARE, LLC (Brownsville,KY)

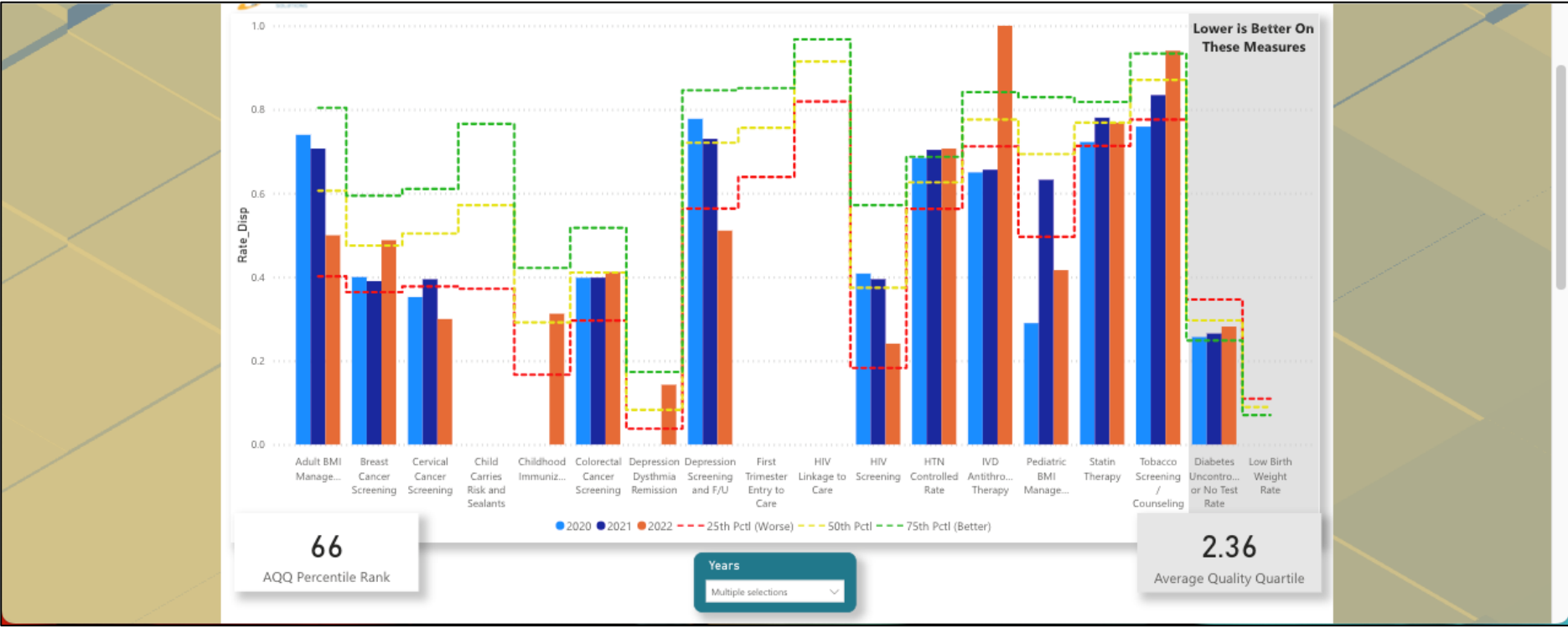
Finding Your Data Online

UDSData.com

The screenshot displays the UDSData.com website interface. At the top, there is a teal header with the text "Select your Health Center". Below this is a white dropdown menu currently showing "All". The website logo "UDSData.com" is centered below the dropdown. Two teal buttons with white arrows are positioned below the logo: "Start with Health Center Data" on the left and "Skip to Comparison Data" on the right. A horizontal row of teal buttons follows, each representing a data category: "Select Center", "Patients", "ZIPs & Service Area", "ZIPs w/ Sites", "Age & Sex", "Race & SOGI", "FPL & Insurance", "Pats Over Time", "Visit Reasons", "Quality", "Quality Table", "Health Disparities", "X Growth", "X Age & Sex", "X Race & SOGI", "X FPL & Insurance", "X Visit Reasons", and "X Quality". The "Select Center" button is highlighted in orange. At the bottom of the interface, there is a navigation bar with "Microsoft Power BI" on the left, "1 of 18" in the center, and a "See More Data" button on the right. A browser address bar at the very bottom shows the URL "https://www.udpdata.com/data".

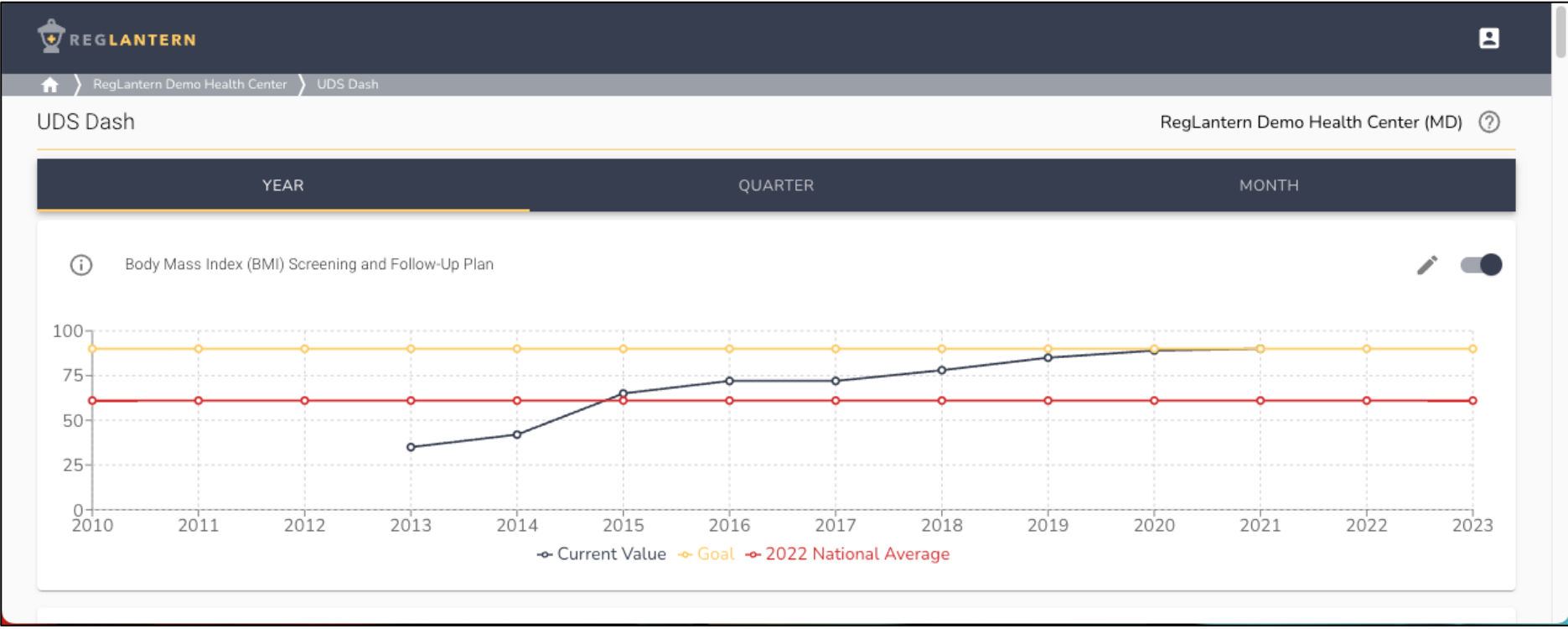
Finding Your Data Online

UDSData.com



Finding Your Data Online

Reglantern.com



Conclusion

RECAP

- Now that we have a HRSA-compliant Quality Plan, we can take small steps forward with the work of Quality Improvement.
- We are all at different levels of maturity in our Quality efforts, but starting small and scaling later is helpful for improvement.
- Quality Improvement sets the course for providing the value to our community we all desire to provide.

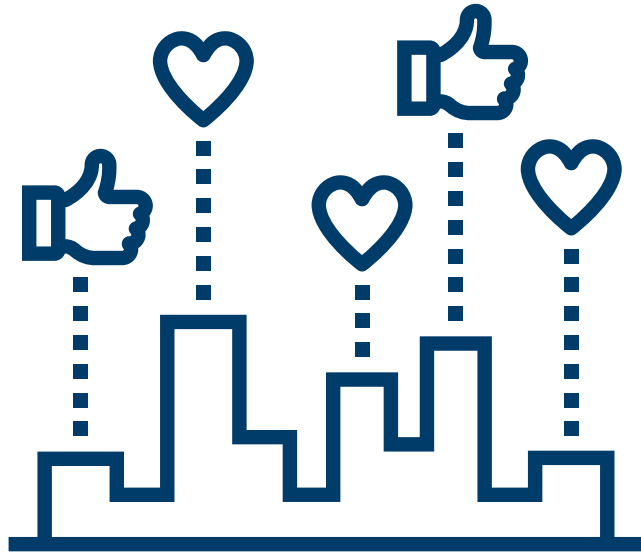
Next Steps

- PDSA
 - Recruit the team to help you with your PDSA.
 - Initiate the Do and Study portions of your PDSA for Quality Improvement Part II
- Go to UDSDData.com and compare 3 CQMs to national benchmarks.
- Find a data visualization dashboard that is used for sharing to stakeholders.
- Read up on Root Cause Analysis ([5 Whys: Finding the Root Cause | IHI - Institute for Healthcare Improvement](#)).

Session 3: Dates

All times are 2PM Eastern / 11AM Pacific

- **Cohort A:** October 5
- **Cohort B:** October 10
- **Cohort C:** October 12
- **Cohort D:** October 17



Provide Us Feedback



Contact Us!

The NACHC Quality Center team is here to help!

Questions on how to access online content? VTF Assessment?

Contact QualityCenter@NACHC.org