

WELCOME!

Be ready to share...

- Your PDSA/Improvement “Act” Cycle Presentation



NATIONAL ASSOCIATION OF
Community Health Centers®

HEALTH CENTER PROFESSIONAL DEVELOPMENT PROGRAM

QI TRAINING, POWERED BY



REGLANTERN

QI TRAINING: COHORT A - LIVE SESSION 6

NOVEMBER 30, 2023

2:00 – 3:30 PM ET

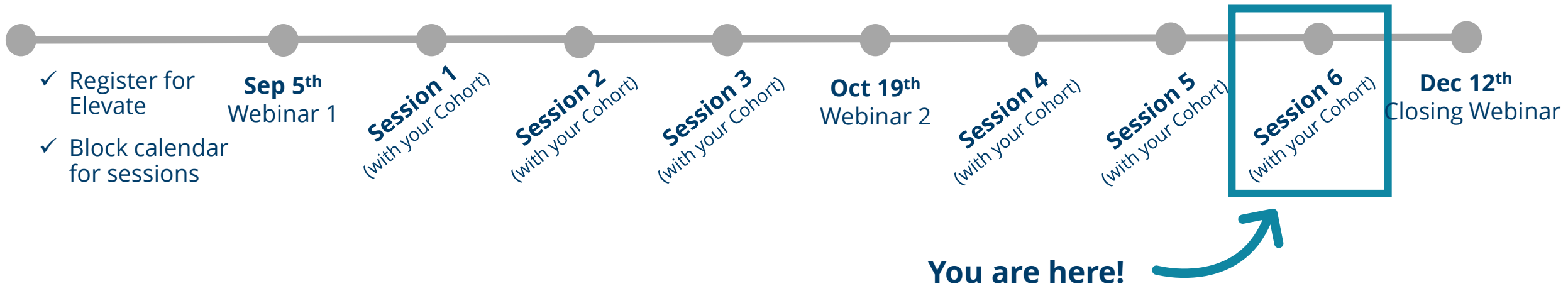




QI Training: Course Timeline

Pre-Work

Course: September 5, 2023 – December 12, 2023





- Strategic planning
- Set priorities, goals, and measures
- Establish structures & processes

Improvement

- Operationalize the strategy
- Test ideas
- Scale improvements

- Measure, monitor, & maintain improvement
- Adjust, as needed, to improve performance

Assurance

- Check performance against external standards

Improvement

Quality Planning



- **Setting goals**
- **Defining measures**
- **Developing structures and processes**
- **Is iterative**



PLANNING (QP)



IMPROVEMENT
(QI)



CONTROL (QC)



ASSURANCE
(QA)

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)

Quality Control



- **Measuring** improvement
- **Maintaining** over time
- **Occurs daily** within teams
- **Adjust** as needed



PLANNING (QP)



IMPROVEMENT
(QI)



CONTROL (QC)



ASSURANCE
(QA)

Quality Assurance (QA)



- **Checking** performance
- **Comparing against external** standards.
- **Informs** the process of improvement



PLANNING (QP)



IMPROVEMENT
(QI)



CONTROL (QC)



ASSURANCE
(QA)

Session Objectives

- Learn from each other's PDSA/Improvement Cycle presentations

Improvement Cycle Presentations

GOAL

Collaborate with other QI Professionals by sharing the results of an Improvement cycle (whether it “worked” or not).

REQUIREMENTS

- Clearly state the measure and baseline data
- Outline the planned steps
- Share the results that you studied / analyzed
- Share the Action Step (will this be adopted, adapted, or abandoned?)
- Keep it to 5 minutes

Clinic:	What a Wonderful World Community Health	
QI Professional:	Kyle Vath, RN	
Objective:	Improve uncontrolled diabetes (A1c) control from 32.6% to 25%.	
Baseline Data (Time frame, numerator, denominator, percentage):	Describe what happened. What data did you collect? What observations did you make?	
2022, 32.6% uncontrolled, 141/432 patients with diabetes	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.	
Questions & Predictions:	Summarize and reflect on what you learned. What was the resulting data? (Time frame, numerator, denominator, percentage):	
We predict that quarterly appointment reminder calls will improve patient engagement and A1c control.	There is an opportunity to engage patients at the time of their appointment. 142/432 , 32.6% uncontrolled for 2022 and 2023	
Who, What, Where, When:	Determine what modifications you should make – adapt, adopt, or abandon:	
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.	Adopt and Scale: Next step would be for Nurse Kyle to run a report all of Dr. Doe's patients with diabetes and see how many have not been in for an appointment/A1c in last quarter and had an A1c above 9% and call them to schedule an appointment.	
Plan for collecting data:		
Review appointment records and see if appointment was kept.		

Clinic:	El Rio Southwest Clinic
QI Professional:	Marcia Ortega-Haro
Objective:	To improve the percentage of chlamydia screenings for ages 15-24
Baseline Data (Time frame, numerator, denominator, percentage):	Describe what happened. What data did you collect? What observations did you make?
7185/15151 46% Overall Aug-Sep- SW Clinic 60%	Based on data, our stretch goal is 80% and currently as an organization we are at 48%. We then drilldown to SW clinic at 62% Aug-Sep
Questions & Predictions:	Summarize and reflect on what you learned. What was the resulting data? (Time frame, numerator, denominator, percentage):
Is our nursing staff currently utilizing standing orders? Is there a current workflow at this particular clinic?... Are we performing low due to age range access to care and confidentiality or lack of education?.	Results were as expected...In 1 month we did increase SW percentage by 2% and our overall percentage by 2%. The conversations with the 18 year olds regarding confidentiality and the importance preventative screenings are key. Patients have access to pediatrician up to the age of 21.
Who, What, Where, When:	Determine what modifications you should make – adapt, adopt, or abandon:
Pt's Ages 15-24 To improving percentage of screening for Chlamydia, across the organization 1 month Aug-Sep	We will re run our reports in 1 month and make any modifications as needed as well as plan with the quality team what we can do to improve our scores. Maybe partner with the Health Department mobile teen clinic, incentives etc.
Plan for collecting data:	
Utilize our EHR MPM run reports on a monthly basis and drill down by clinic	

Clinic:	Gerente De Calidad Clinica	
QI Professional:	Miss Torres – RN / Miss Kercado – Xray supervisor	
Objective:	Improve Breast Cancer measure	
Baseline Data (Time frame, numerator, denominator, percentage):	Describe what happened. What data did you collect? What observations did you make?	
In sept 2023, 62% patients have mammogram (1,022/1,658).	RN in collaboration with x-ray supervisor scheduled an appointment for 09/19/2023 and 09/27/2023. The same day the x-ray supervisor confirm that patient kept appointment. Four of five female performed the mammogram in the indicated time; one declined the procedure. They was asked the reason why the procedure had not been performed. Three of them indicated that they did not know their importance and that they thought they were a painful procedure. The other two women indicated forgot that they had to undergo the procedure.	
Questions & Predictions:		
We predict the follow-up to the patients will improve the patient engagement and mammogram measure.	Summarize and reflect on what you learned. What was the resulting data? (Time frame, numerator, denominator, percentage)	
Who, What, Where, When:	The patient engagement is important for success in preventive care. Between September and November the measure improved of 62% to 68% (1,143 / 1,689).	
Identify five patients without mammogram in the past 24 month, the RN have call them and schedule an appointment in the next month.	Determine what modifications you should make – adapt, adopt, or abandon:	
Plan for collecting data:	Adopt and scale: The next step would be for the nursing staff is run monthly report to all female patients of the provider assigned to the care team and verify how many require a mammogram, call them to schedule an appointment and guide the patients about the process and importance.	
Review x-ray platform and verify if the appointment was kept.		

Conclusion

Recap

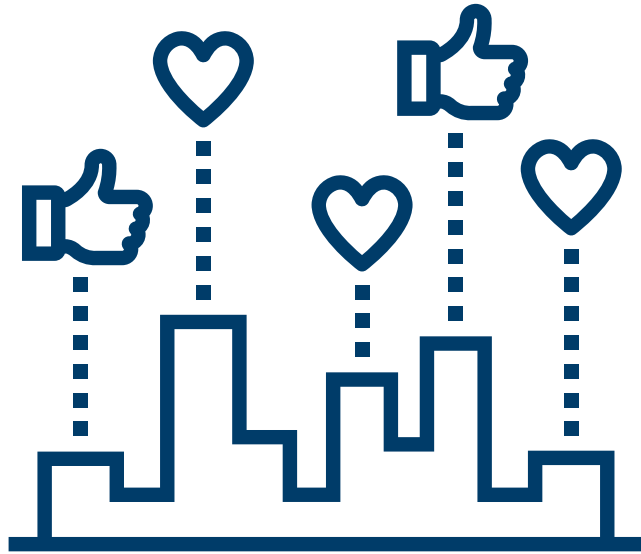
- Great presentations! Thank you for sharing!

Next Steps

- No homework!

Final Webinar

Tuesday, December 12, 2023
2PM Eastern / 11AM Pacific



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