

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 B - LIVE SESSION 6

NOVEMBER 28, 2023

2:00 – 3:30 PM ET

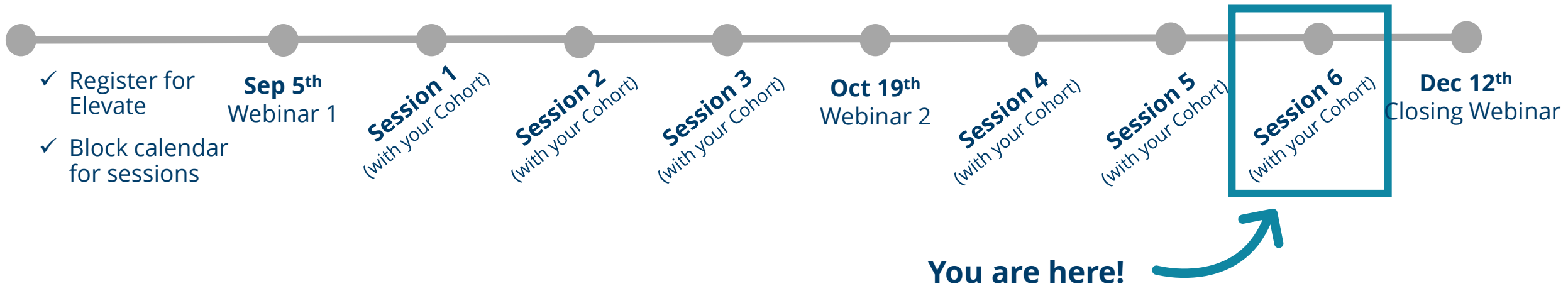




QI Training: Course Timeline

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:	Coos County Family Health Services	
QI Professional:	Alyssa LeBlanc, RN, DQA	
Objective:	Improve average of number of A1C that are 9 or greater	
Baseline Data (Time frame, numerator, denominator, percentage):	Describe what happened. What data did you collect? What observations did you make?	
Sept 2023, we had 242 patients that had an A1C equal to 9 or greater in the last 12 months.	DQA went through A1C report and found 5 patients that were overdue for A1C. DQA worked with patient's primary care team to get patients in for an A1C. Letters were sent.	
Questions & Predictions:		
We predict that involvement with our CDCES will improve our uncontrolled diabetic patients by sending our letters to these patients to make them aware of this service.	Summarize and reflect on what you learned. What was the resulting data? (Time frame, numerator, denominator, percentage):	
Who, What, Where, When:	DQA tracked patients to see if they came in for their A1C through a nurse visit, office visit or lab apt.	
DQA will find 5 patients who have not had a recent A1C to possibly help the denominator if A1C was improved.	Determine what modifications you should make – adapt, adopt, or abandon:	
Plan for collecting data:	Adapt: Although we did not get all 5 patients to come in, we did get one patient in. Our denominator did increase in October to 247 patients with an A1C of 9% or greater in the last 12 months. DQA will continue to go through this report and work with primary care teams on getting patients to come in and how to improve their A1C.	
Review A1C report in Visualutions-find 5 patients that are overdue for A1C.		

Clinic:	Little River Medical Center	
QI Professional:	Heather Post	
Objective:	Cervical Cancer Screening	
Baseline Data (Time frame, numerator, denominator, percentage):	Describe what happened. What data did you collect? What observations did you make?	
2022; 4,230/7,592; 56%	Out of the 5 patients scheduled for Saturday appointments 2 attended appointment and had cervical cancer screening completed.	
Questions & Predictions:		
We predict that Saturday clinics will improve patient education and compliance for cervical cancer screenings.	Summarize and reflect on what you learned. What was the resulting data? (Time frame, numerator, denominator, percentage):	
Who, What, Where, When:	With the increased appointment slots the compliance rate is now 58% for 2023; 4,464/7,735. We still have two months to complete 2023 so we imagine and hope the compliance rate increases.	
Find 5 patients that are non-compliant with pap smears. Quality Specialist and PHS will call patients to schedule for Saturday appointments and offer incentives in the next two weeks.	Determine what modifications you should make – adapt, adopt, or abandon:	
Plan for collecting data:	We will continue to schedule these patients needing this preventative screening done. We will call patient prior to appointment and remind them of the appointment and the importance of cervical cancer screening.	
Audit charts to see if patient attended appointment and had cervical cancer screening completed.		

Clinic:	InclusivCare		
QI Professional:	Deionca Howard, MHA		
Objective:	Increase colorectal cancer screening rates by 20%		
Baseline Data (Time frame, numerator, denominator, percentage):	Describe what happened. What data did you collect? What observations did you make?		
Sept 2023- 46% 3 months, 1331/2704, 49% Nov 2023	<ul style="list-style-type: none"> Spent time in the clinic's waiting area, noting patient behaviors and reactions to educational materials. 		
Questions & Predictions:	Describe what happened. What data did you collect? What observations did you make?		
<ul style="list-style-type: none"> What methods of communication or reminders would be most effective in prompting eligible patients to schedule screenings? Implementing reminder calls or messages to eligible patients who haven't completed screenings will lead to a higher rate of scheduled screenings. Are there any specific demographics within the patient population that are less likely to undergo screening? Tailoring educational materials and communication methods to specific demographics will lead to a higher response and participation rate within these groups. 	<ul style="list-style-type: none"> Shadowed GI Navigator to understand her practices related to colorectal cancer screening. How did she educate patients, how did patients respond to her. 		
Who, What, Where, When:	Determine what modifications you should make – adapt, adopt, or abandon:		
GI Navigators Providers Medical Assistants	<ul style="list-style-type: none"> Patients did not seem to respond well to the educational material received more buy-in from patients who had direct contact with providers and navigator. 		
Plan for collecting data:			
<ul style="list-style-type: none"> Track the distribution and utilization of educational materials by recording the number of materials distributed and any observed patient engagement. Keep a record of reminder calls or messages sent to eligible patients and their response rates. 			

Conclusion

Recap

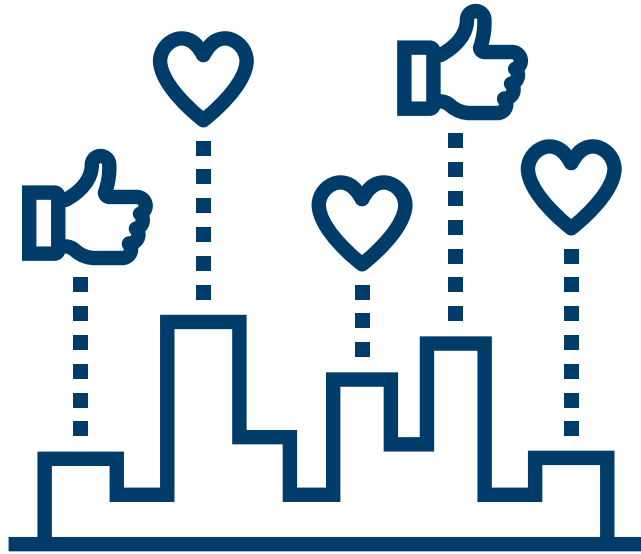
- Great presentations! Thank you for sharing!

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