

Tribal Accreditation Learning Community

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MAY 11, 2018

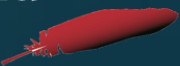
TOPIC: QUALITY IMPROVEMENT

PRESENTER:

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COMMUNITY HEALTH OUTREACH MANAGER,
NOTAWASEPPI HURON BAND OF THE POTAWATOMI

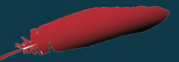
National Indian
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TALC Webinar Protocols



- ▶ The meeting will be recorded.
- ▶ Please keep your phones on mute to minimize background noise.
- ▶ Use the chat box anytime or the phone line for questions during the Q&A
- ▶ Feel free to ask questions of other people on the line as well
- ▶ A post webinar evaluation survey will pop up when you leave the meeting, please fill that out



Quality Improvement

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NOTTAWASEPPI HURON
BAND OF THE POTAWATOMI

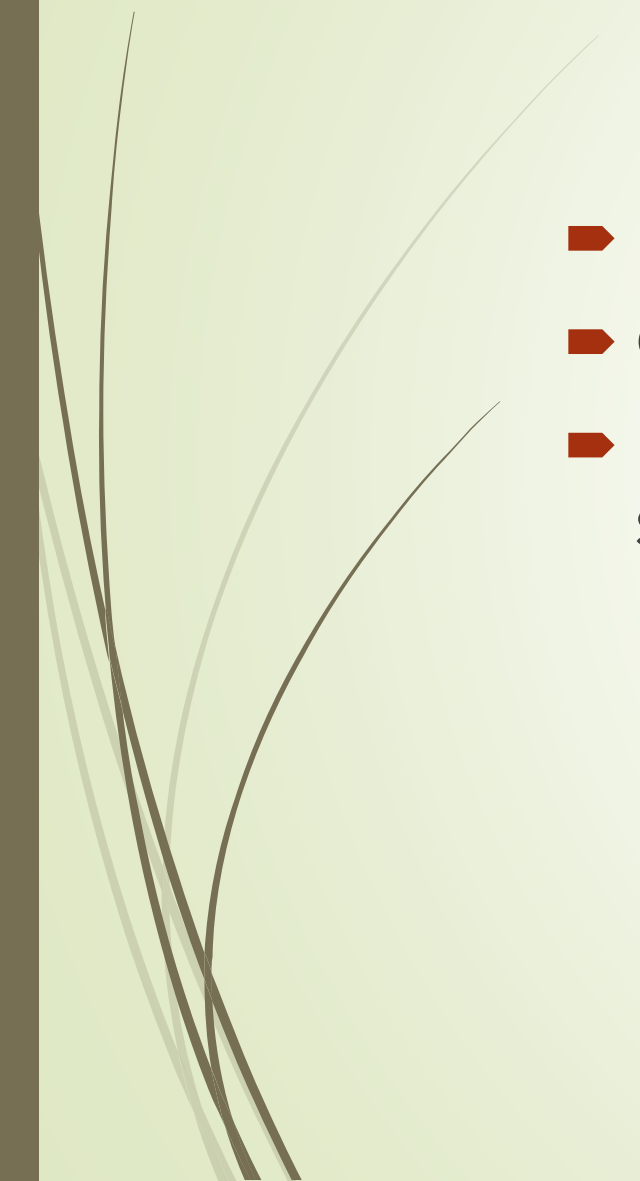
A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

*Some Presentation Slides Adopted from
Michigan Public Health Institute
Center For Healthy Communities QI Training*






Learning Objectives

- Understand basics of a QI Process
 - Gain familiarity with common QI tools and resources
 - Envision how QI can be used in a community health setting
- 



Poll- What is your level of QI experience?

- 1) Very little
- 2) Some understanding of basics
- 3) Have had some training and understand the process
- 4) Have had training, understand the process and have applied QI
- 5) QI is fully integrated into your organization



Poll- Have you ever participated on a QI team?

➤ Yes

➤ No



Poll- Have you ever lead a QI process?



Yes



No

Poll- How many of you are sick of your kids losing their socks?

- Yes
- No



QI in Our Terms

“QI is the use of a **deliberate and defined improvement process**, such as **Plan-Do-Study-Act**, which is focused on activities that are responsive to community needs and improving population health. It refers to a **continuous and ongoing effort to achieve measurable improvements** in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

Bialek, R., Beitsch, L. M., Cofsky, A., Corso, L., Moran, J., Riley, W., & Russo, P. (2009).

Proceedings from Accreditation Coalition Workgroup: *Quality Improvement in Public Health*.





QI Is:

- Cyclical
- Built on group consensus not hierarchy
- Supportive NOT punitive
- Focused on organizations improving their services from within
- Rooted in a desire to learn, improve, and ultimately serve customers in a good way

QI Can...



- Reduce redundancy
- Streamline processes
- Enhance ability to meet customer needs
- Improve customer satisfaction
- Improve outcomes

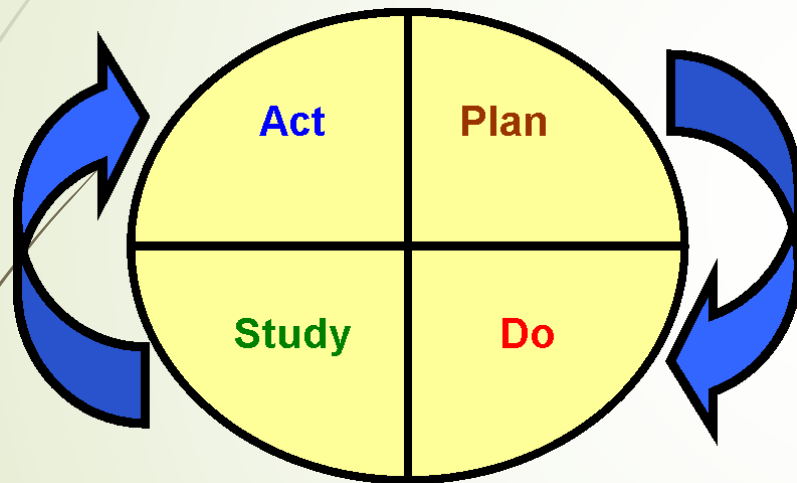
QI - Four Basic Principles

1. Develop a strong customer focus
2. Continually improve all processes
3. Involve employees
4. Mobilize both data and team knowledge to improve decision-making

QI – Three Key Questions

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

PDSA – An Overview



- Four Stages
- Nine Steps
- Repeatable Steps
- Team Approach
- Used to improve existing processes

PDSA Stages and Steps

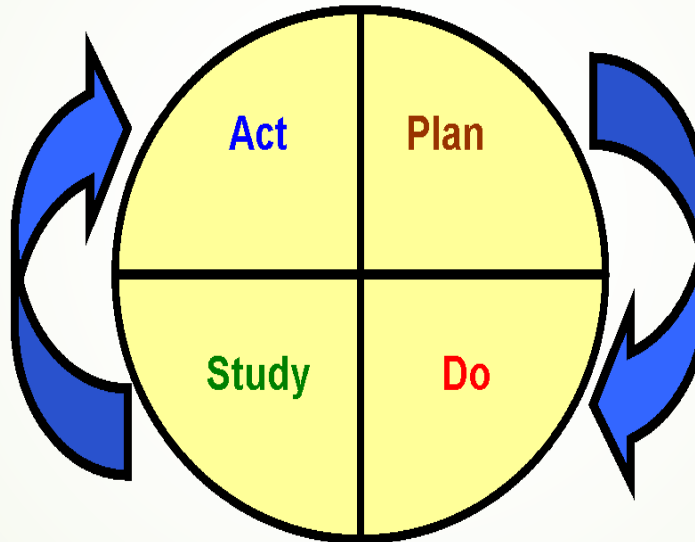
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ACT

- Step 8: Standardize the Improvement or Develop a New Theory
- Step 9: Establish Future Plans

STUDY

- Step 7: Study the Results



PLAN

- Step 1: Getting Started
- Step 2: Assemble the team
- Step 3: Examine the Current Approach
- Step 4: Identify Potential Solutions
- Step 5: Develop an Improvement Theory

DO

- Step 6: Test the Theory

Example QI- Socks Galore!



Problem Statement

Socks are routinely coming up missing or only one sock is making it through the laundry.

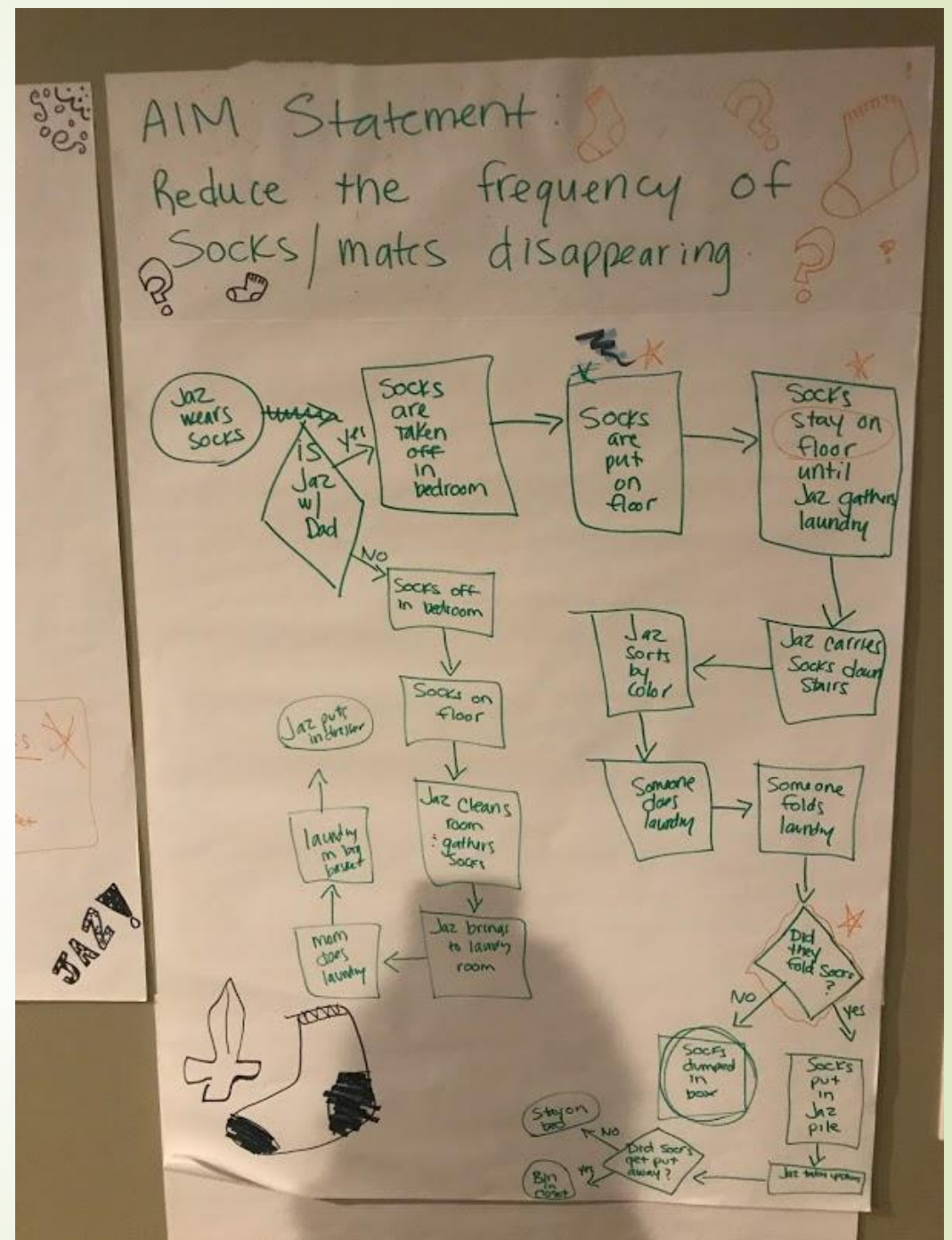


Sock pile picture

- I knew the exact date that I had cleaned out the Lonely socks collection
- We counted the number of lonely socks and divided
By the number of months
- Resulting in an average of 1.4 socks per month
- **We have a baseline!**



Process Mapping!

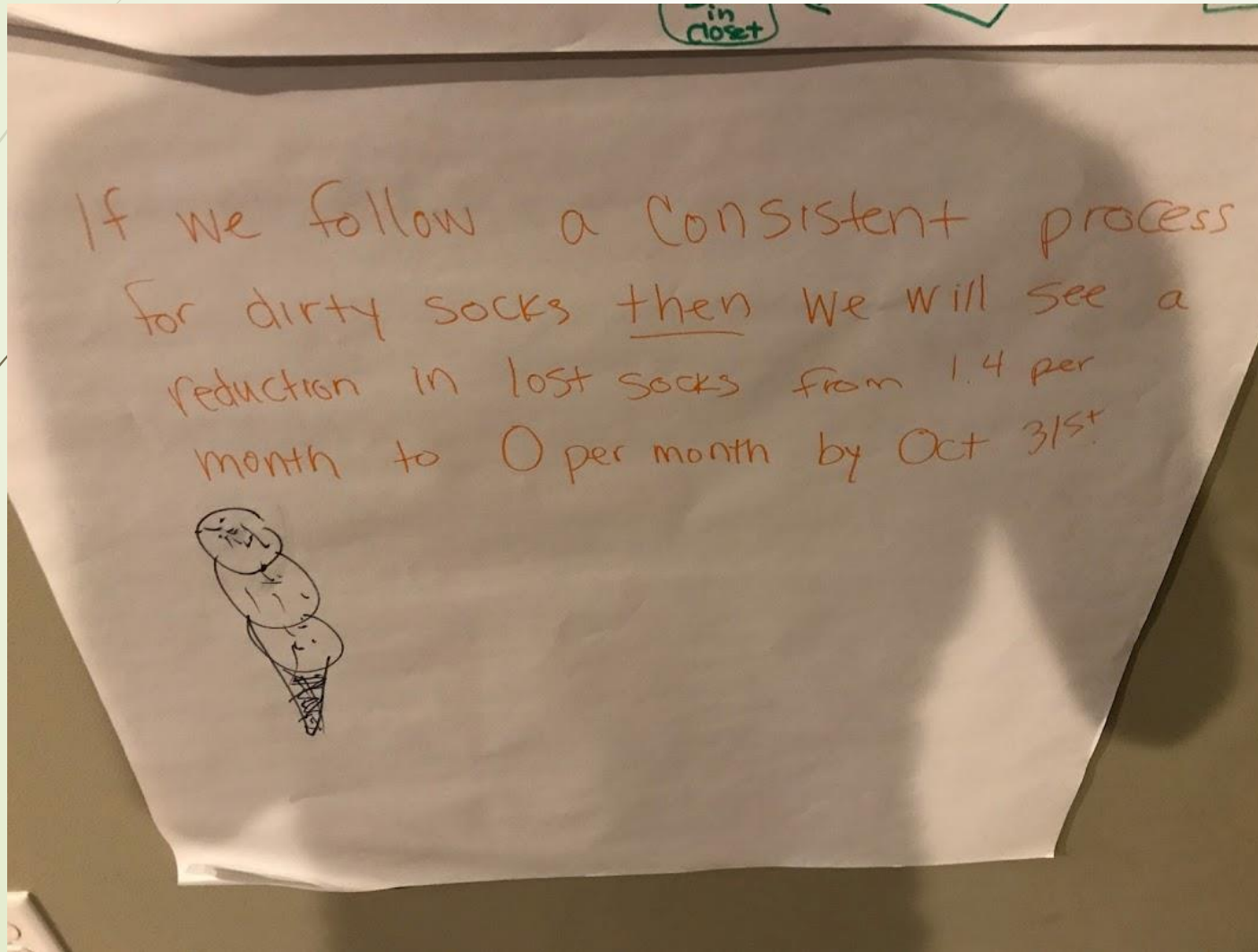


Process Change

- When socks are taken off each night, instead of leaving them on the floor, socks will be balled together and placed in laundry basket.



If/ Then Statement





Study the Results

- At the end of our 3 month pilot period, only 2 socks had appeared in the lonely sock collection.
- New average **socks lost per month was .67**.
- Should we adopt the process change?
- **Yes!!!**

Let's Break it Down



Plan Stage: Steps 1 & 2

PLAN-Do-Study-Act

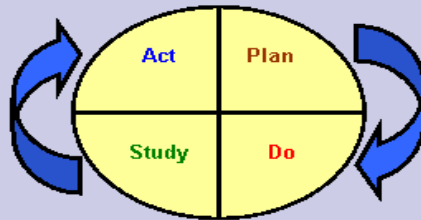
Identify an Opportunity and Plan for Improvement

Step One: Getting Started

- ✓ Identify area, problem, or opportunity for improvement
- ✓ Estimate and commit needed resources
- ✓ Obtain approval (if needed) to conduct QI

Step Two: Assemble the Team

- ✓ Identify and assemble team members (including customers and/or stakeholders)
- ✓ Discuss problem or opportunity for improvement
- ✓ Identify team member roles & responsibilities
- ✓ Establish initial timeline for improvement activity and schedule regular team meetings
- ✓ Develop Aim Statement
 - ✓ What are we trying to accomplish?
 - ✓ How will we know that a change is an improvement?
 - ✓ What change can we make that will result in improvement?



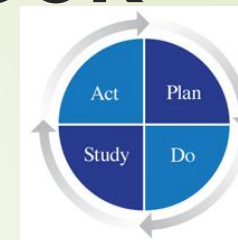
- ✓ Identify improvement opportunity
- ✓ Convene team
- ✓ Discuss improvement opportunity
- ✓ Establish a timeline
- ✓ Develop initial Aim Statement

Developing a Problem Statement

- A concise statement that describes:
 - The problem that will be addressed by your team through your QI project
 - Why the QI project is needed
- For example:

“Socks are routinely coming up missing or only one sock is making it through the laundry.”

Stage One – PLAN: A Closer Look



➤ Step Two: Assemble the Team

- Identify and assemble team members (including customers and/or stakeholders)
- Discuss problem or opportunity for improvement
- Identify team member roles and responsibilities
- Establish initial timeline for improvement activity and schedule regular team meetings
- Develop a SMART Aim Statement

A Tool to Keep Teams Organized

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QI TEAM CHARTER		
1. Team Name:	2. Version:	3. Subject (What aspect of your work are you focusing on? E.g. Outreach, Training, Referrals, Screenings, Customer Satisfaction, etc.):
4. Problem / Opportunity Statement (What problem will be addressed by the team?):		
5. Team Sponsor (The person who gives you the "green light" to do this work):	6. Team Leader:	
7. Team Members:	Role on QI Team:	
	Facilitator	
	Meeting Scribe	
	Data/Information Liaison	
	Document Manager	
	Meeting Scheduler	
	Subject Matter Resource	
	Other: _____	
8. Process Improvement Area (What is the specific <u>current</u> process that you hope to improve through this QI project? Describe the <u>current</u> process, not how you plan to make an improvement or your ideal process.):		
9. Data (What data will you use to establish a baseline AND study whether or not the change resulted in an improvement?):		
Measure(s) (What will the team specifically measure to know whether or not you are making progress toward your aim statement?):		
Numerator (if applicable):	Denominator (if applicable):	
Frequency Data is Collected and Analyzed (i.e. Monthly, bi-weekly, etc.):		
10. Initial Aim Statement:		

QI Team Charter

Guidebook, 2nd Edition,
page 26



Aim Statements

A concise, specific, written statement that defines precisely what the team hopes to accomplish with its QI efforts.

Remember the three fundamental questions when writing your Aim:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?



Developing a **SMART** Aim Statement Worksheet

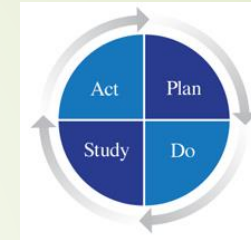
Aim Statement Criteria:	Developmental Questions:
S pecific	Who are the target population and persons doing the activity? What is the action or activity?
M easurable	How much change is expected? Will there be an increase or decrease? Can you measure it?
A chievable	Can it be done? Can you accomplish it in the prescribed timeframe? Do you have resources?
R elevant	Does the action relate to what you want to accomplish? Is it important & meaningful? Does it relate to broader program or organizational goals?
T ime-Bound	What is the timeline for change? When will this be accomplished? Month, day, time, or year?
Aim Statement	Write your SMART aim statement below:



AIM Statement:

“Reduce the number of missing socks from 1.4 per month to 0 per month by October 31st.”

Stage One – PLAN: A Closer Look



- Step Three: Examine the Current Approach
 - Examine the current approach or process flow
 - Obtain existing **baseline data**, or create and execute a data collection plan to understand the current approach
 - Analyze and display baseline data
 - Obtain input from customers and/or stakeholders
 - Determine root cause(s) of problem
 - Revise Aim Statement based on baseline data as needed

QI Works on Existing Processes

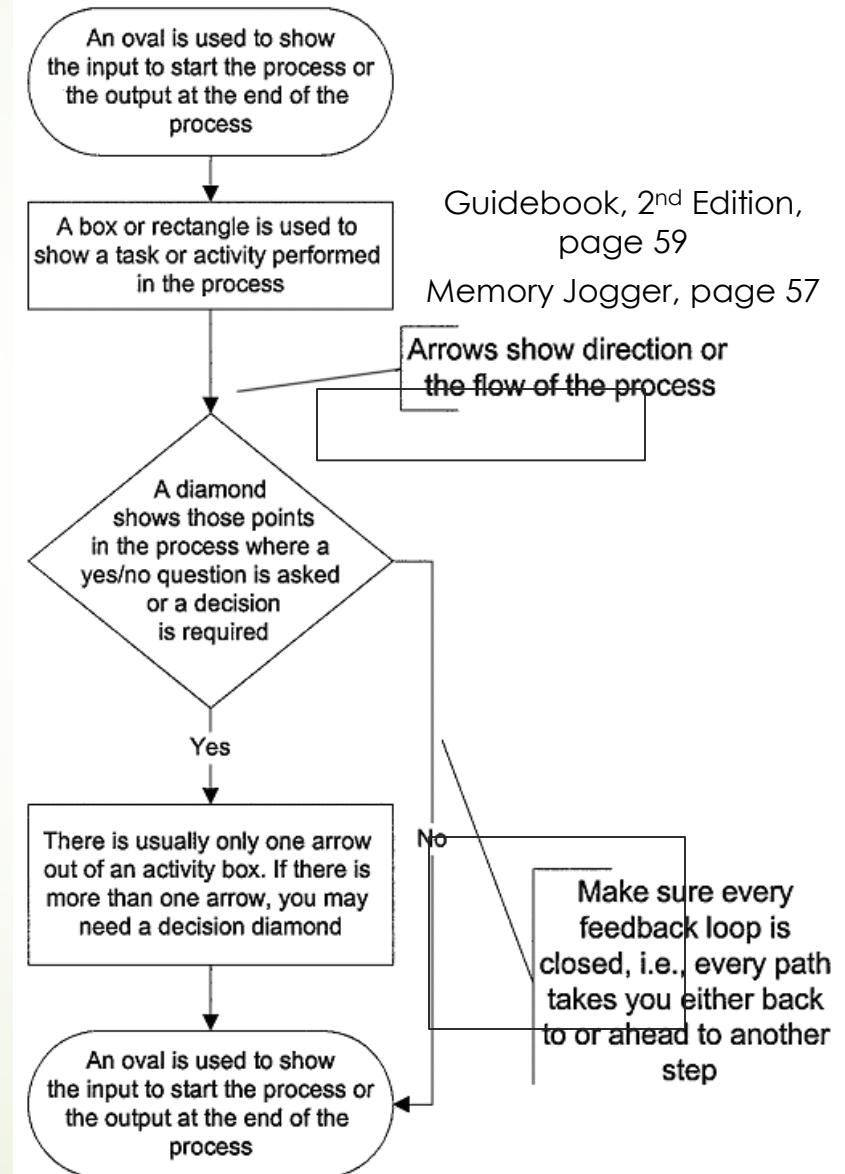
- A process is a series of steps or actions performed to achieve a specific purpose.
- A process can describe the way things get done.
- Your work, and your life, involves many processes.

For example...

The steps required to get both socks in the laundry TOGETHER!

A Tool to Examine the Current Process: Process Mapping

- A diagram of the steps you take to get a job done.
- Sometimes called flowcharting

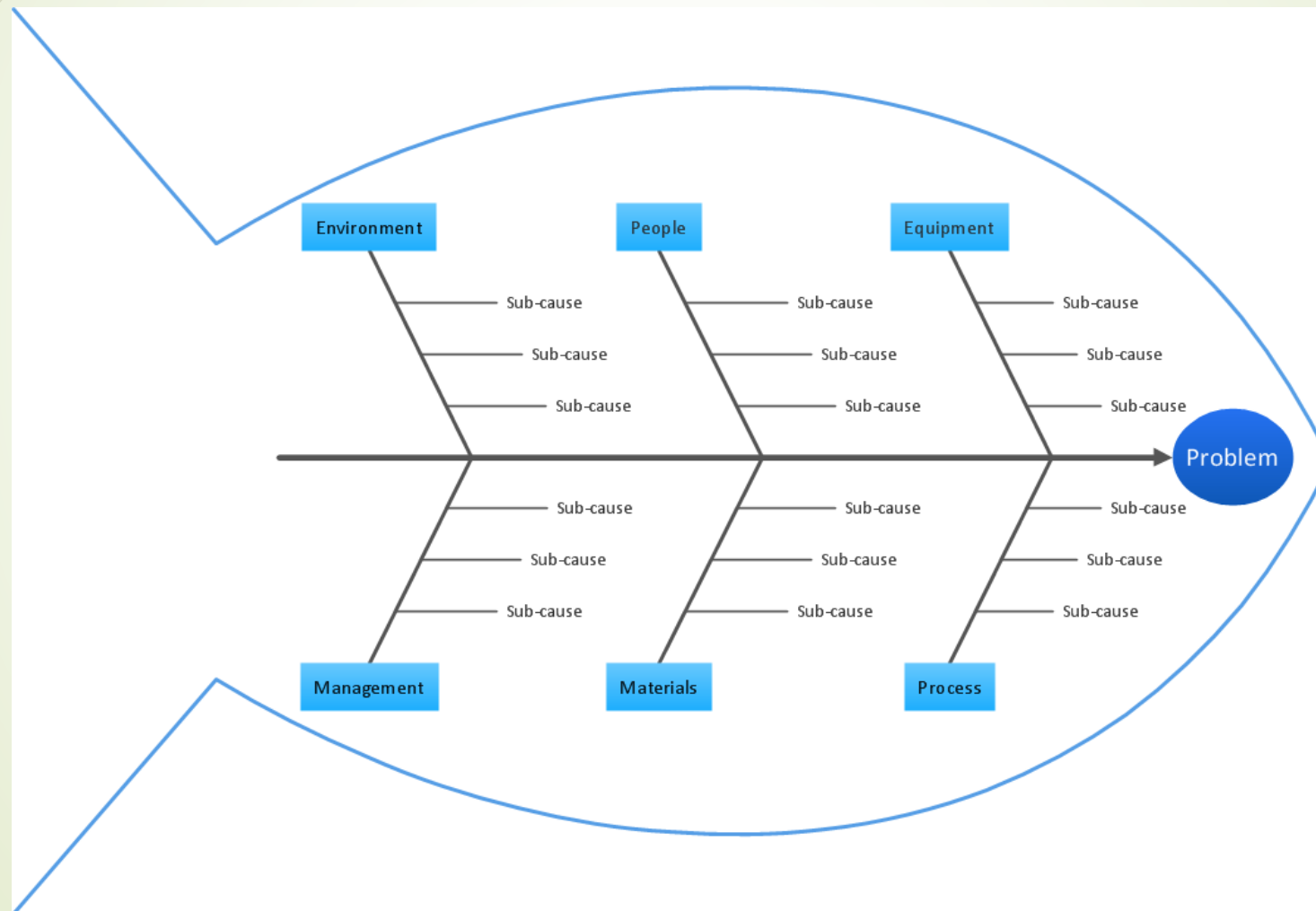


QI Tackles Root Cause

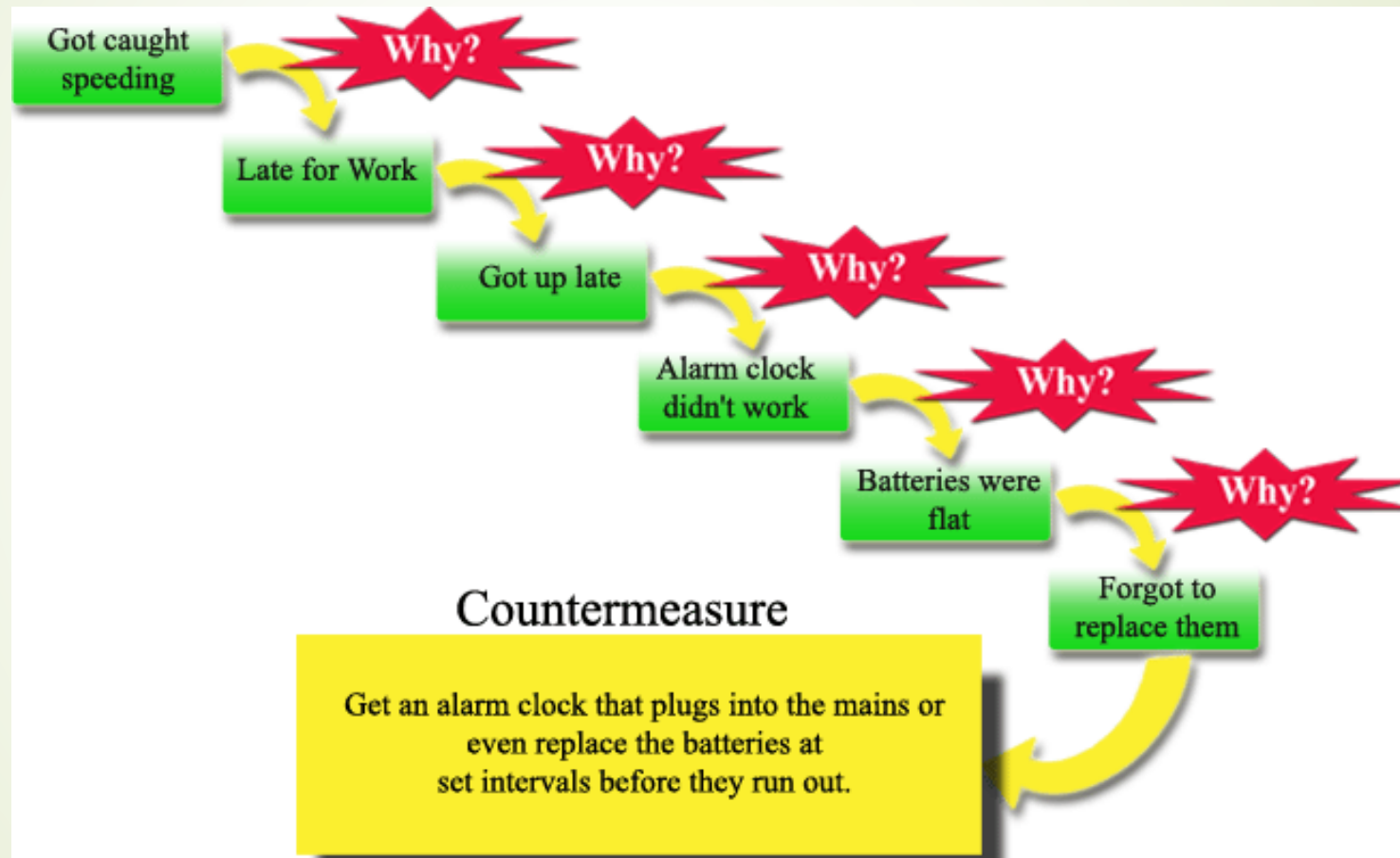
- Root cause analysis is the process of identifying the underlying factors that lead to a problem
- Asks 'why?' a problem occurs, looking beyond the obvious symptoms
- Forces us to avoid jumping to a solution before we really understand the problem

“We can’t solve problems by using the same kind of thinking we used when we created them.” - Einstein

A Tool for Root Cause Analysis: Fishbone Diagrams

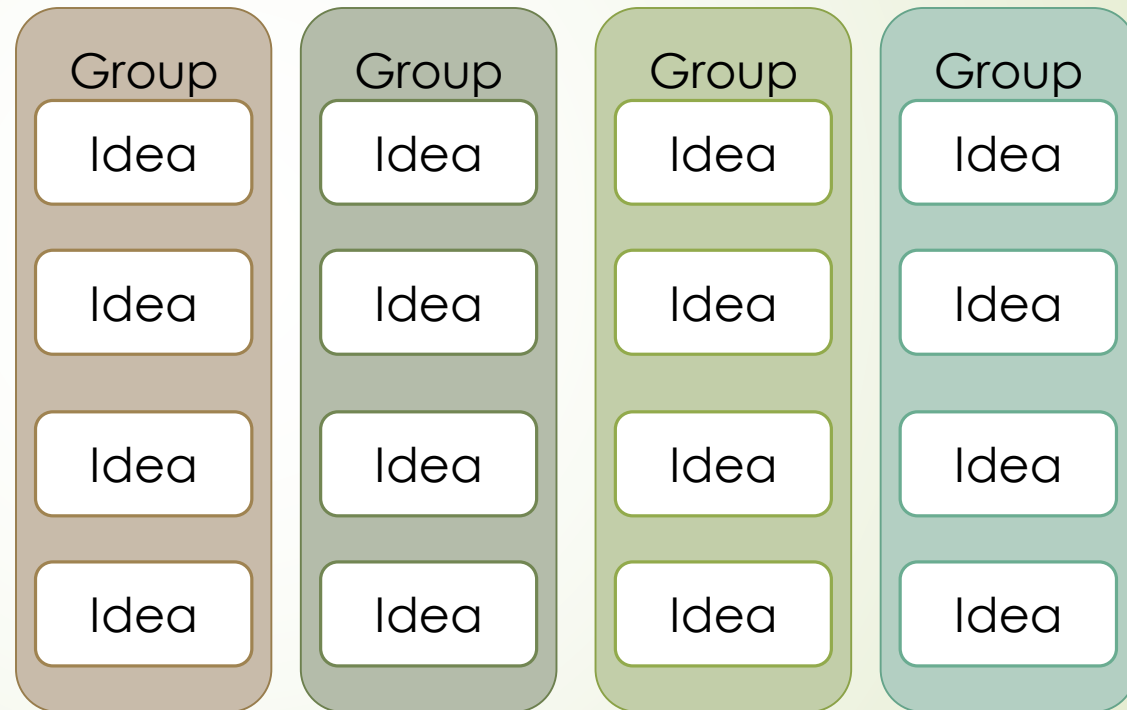


5 Whys Root Cause Analysis



A Tool to Organize Ideas: Affinity Diagram

- Creatively generate a large number of ideas
- Organize them into natural groupings
- Understand possible solutions to a problem



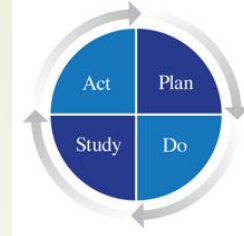
“If/Then” Statements

- Use an “If/Then” approach to describe your theory
 - “If we do _____, then we predict _____ will happen.”
- For example...
 - if we follow a consistent process for dirty socks, then we will see a reduction in lost socks.

Test!

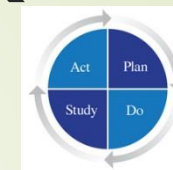
- Test your improvement theory!
- Be sure to:
 - Implement your test for long enough
 - Collect, track, and chart data throughout your test
 - Document problems and unexpected observations and side effects

Stage Three – STUDY: A Closer Look



- Step Seven: **Study the Results**
 - Determine if your test was successful:
 - Compare results against baseline data and the measures of success stated in the Aim Statement.
 - Did the results match the theory/predication?
 - Did you have unintended side effects?
 - Is there evidence of improvement?
 - Do you need to test the improvement under other conditions?
 - Describe and report what you learned

Stage Four – ACT: A Closer Look



- Step Eight: **Standardize the Improvement or Develop and New Theory**
 - If your improvement was successful on a small scale test it on a wider scale
 - Continue testing until an acceptable level of improvement is achieved
 - Make plans to standardize the improvement
 - If your change was not an improvement, develop a new theory and test it; often several cycles are needed to produce the desired improvement

Questions?



Health Education in HTN Visits



Our QI TEAM

Team Member Name	Role on CQI Team
Emily VanderKlok	Facilitator
Brianne	Meeting Scribe
Kathie	Data/Information Liaison
Shelby	Document Manager
Jolane	Subject Matter Resource
Taisia	Subject Matter Resource
Nichole	Subject Matter Resource





PLAN Stage

Identify an Opportunity and plan
for Improvement

Getting Started

Assemble the Team

Examine the Current
Approach

Identify Potential
Solutions

Develop an
Improvement Theory

PLAN Stage

identify an opportunity and plan for improvement

Problem Statement

- The current process for assessing, educating and documenting physical activity in the EHR is inconsistent and varies among providers and specialties. Frequently, education is not documented due to the inefficiency of the EHR system.

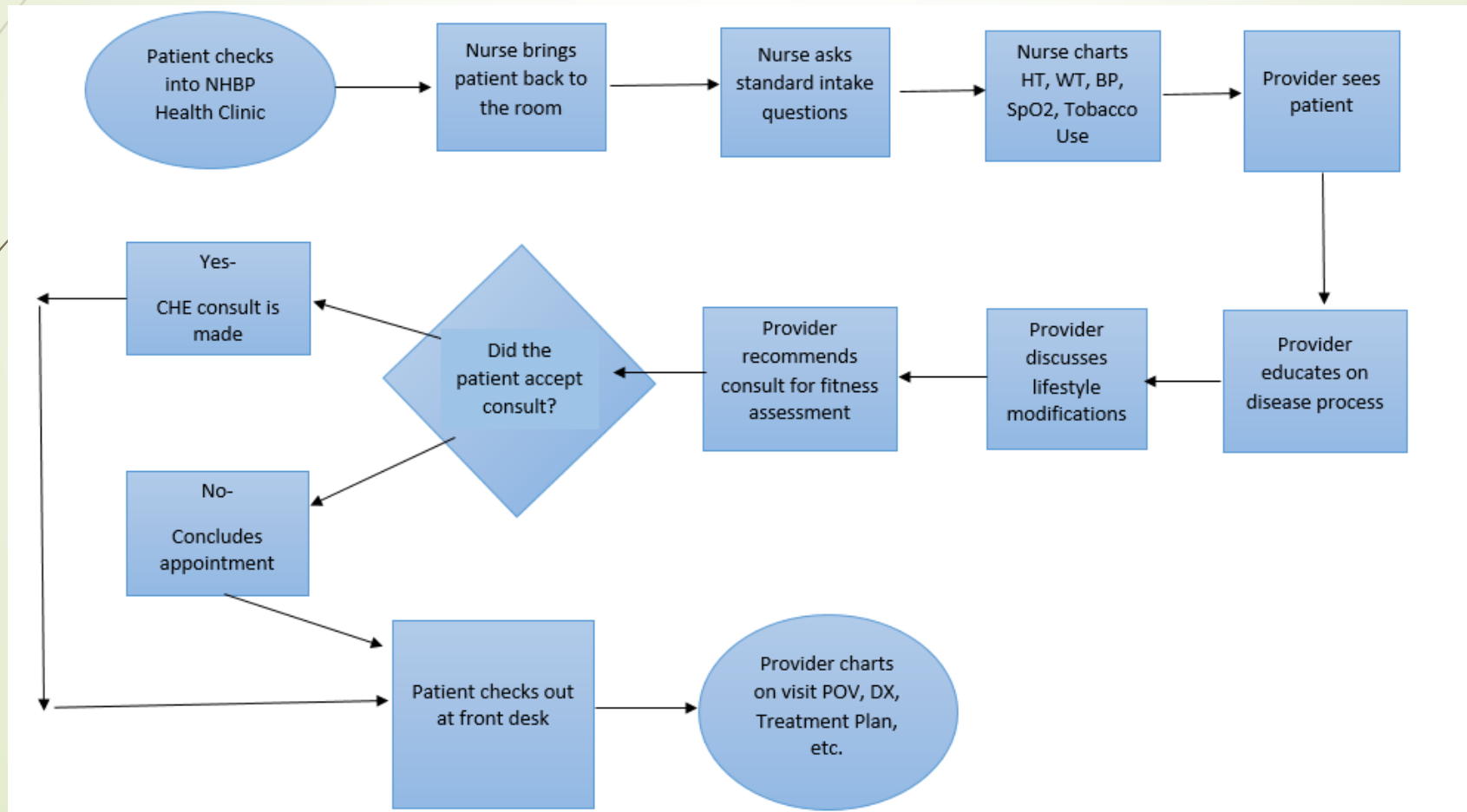
Aim Statement

- NHBP will improve the percentage of patients in HTN panel receiving both physical activity assessment and education to 10% by October 31st, 2016.



PLAN Stage

identify an opportunity and plan for improvement



PLAN Stage

identify an opportunity and plan for improvement

➤ **Examine the Current Approach: Baseline Data**

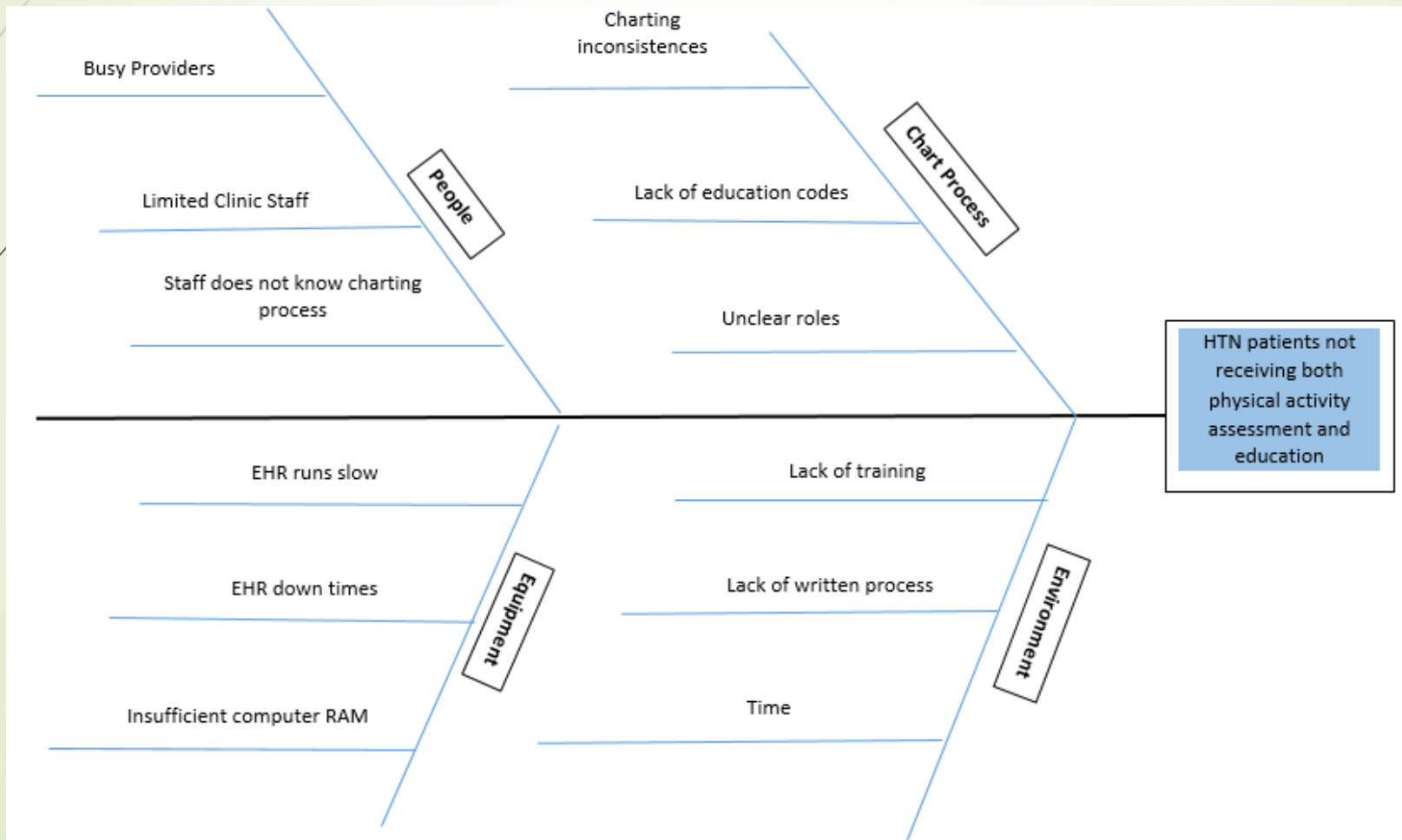
- Recent NHBP Census data showed a high rate of heart disease in our adult male population (11.2%). EHR data showed 43.6% of registered patients have a hypertension diagnosis.
- The group recognized the importance of combatting heart disease by increasing interventions in patients with hypertension.
- GPRA data showed a dismal 1.3% of our hypertension patients were receiving both physical activity assessment and education.



PLAN Stage

identify an opportunity and plan for improvement

- Examine the Current Approach: Determine Root Cause



PLAN Stage

identify an opportunity AND plan for improvement

- **Examine the Current Approach: Key Lessons from Root Cause Analysis**

The team identified several potential causes of the problem: inconsistent charting process, technical issues with EHR, exercise assessment questions absent from rooming form etc.



PLAN Stage

identify an opportunity AND plan for improvement

➤ Identify Potential Solutions

- The team chose the following intervention: integrate the health education into hypertension clinic visits.
- The team chose that intervention for several reasons:
 - The health educators were not experiencing the same charting issues as the providers when it came to education codes.
 - The health educators would be able to educate not only on exercise, but educate on other community health programs and services promoting a healthy lifestyle.
 - Improved integration and community-clinic linkage was an existing goal.



PLAN Stage

identify an opportunity And plan for improvement

► Improvement Theory (If/Then Statement)

***If** we implement integrated health education for hypertension patients....
Then we will see an improvement in hypertension patients receiving both physical activity assessment and education.*



Test the Theory for
Improvement



DO Stage

Test the theory for Improvement

Do Stage

Test the theory for Improvement

► Test the Theory

- The team chose the month of September to run a pilot test of the intervention.
- The team received approval from management.
- The team communicated the problem, pilot intervention and rationale at a provider meeting.
- During the test, the team observed that the pilot was running more smoothly in one location than the other. The main reason was communication preference of the provider.
- The team met and slightly revised the process: instead of the health educator emailing the providers with the next day's hypertension patients, the health educator would print the schedule and highlight the hypertension patients.





STUDY Stage

Use data to Study the Results of the Test

Study Stage

Use Data to Study The Results

How did the test go?

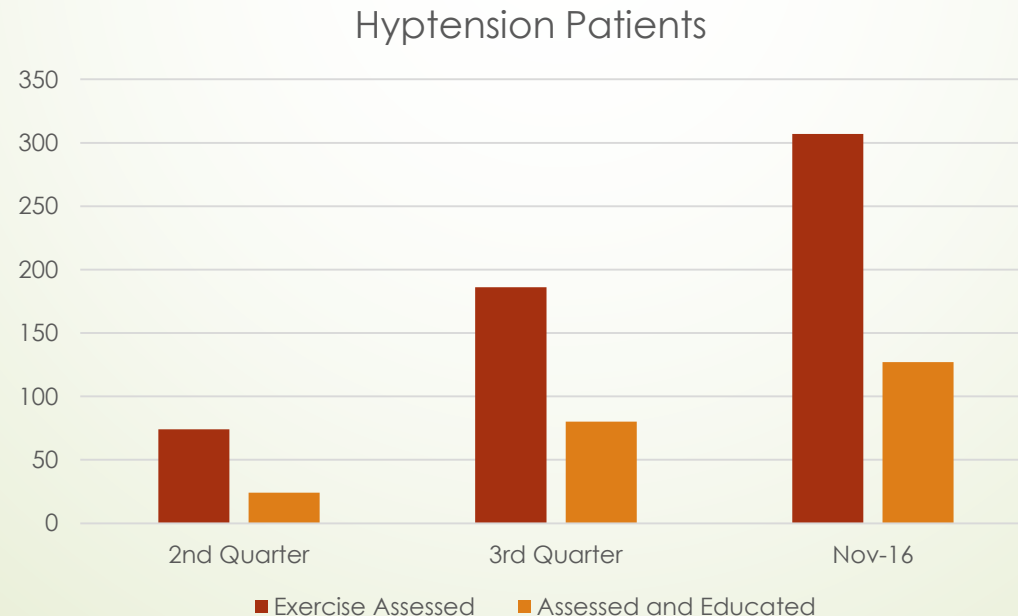
- The pilot test was successful!
- As of November, 2016, 14.2% of hypertension patients have receive exercise assessment and 5.9% have received both exercise assessment and education.
- We did not quite hit the 10% by our goal of October 31st. One explanation for this is that the increased awareness of hypertension has also resulted in an increase in our patient denominator. Our baseline data pull showed 1909 patients with hypertension. Our current panel has 2167 hypertension patients listed; that's an increase of 258 hypertension patients.



Study Stage

Use Data to Study The Results

	2 nd Quarter	3 rd Quarter	Now	Change
Exercise Assessment	3.9% (74 pts)	9.6% (186 pts)	14.2% (307 pts)	+10.3% (+233 pts)
Assessment and Education	1.3% (24 pts)	4.1% (80 pts)	5.9% (127 pts)	+4.6% (+103 pts)



Standardize the
Improvement Theory
or Develop a New
Theory

Establish Future Plans

Act Stage

Act on the Results and Establish Future Plans



ACT STAGE

Act on the results and Establish Future Plans

- Based on the results, the team decided to **Adopt** the improvement theory
 - The improvement was successful and the improvement was standardized.
 - The success was communicated at the Health Manager's Meeting and Health Team Meeting.
 - The team plans to look for other patient groups in which this health education integration model could be replicated.

Questions??





Does anyone have other examples situations where QI could be applied?

- Communication within Department
 - Health Publication Return to Sender
 - Childhood developmental screenings
 - Colon cancer screening rates
 - Diabetic case management process
-
- Poll: For what other processes in Tribal Public Health would QI be useful? Open ended submission.



Culture of Quality

Strategies

- Buy In
- Training
- Empower all staff
- Not a top down approach
- Start small

Potential Barriers

- Punitive Perception
- Time
- Word getting back to managers

Quality Improvement Resources

- <http://qiroadmap.org/>
- *Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook.*
 - <https://www.mphiaccredandqi.org/qi-guidebook/>
- • Public Health Memory Jogger II – Public Health Foundation
http://www.phf.org/resourcestools/Pages/Public_Health_Memory_Jogger_II.aspx
- • PHQIX – Public Health Quality Improvement
 - Exchange: <https://www.phqix.org/>

Questions?

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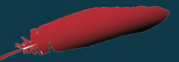


Questions and Answers




Please type your questions in the chat box or unmute your phones to speak.

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Upcoming Trainings/Events

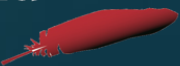


PHIT Public Health
Improvement Training

June 26-27, 2018 in Atlanta, GA

[For more information about the conference, click here](#)

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Thank you!

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