Applying Quality Improvement Skills in a Team-Based Care Environment

Thursday, May 2nd 2024

2:00-3:00pm Eastern / 11:00am-12:00pm Pacific

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Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care
- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation
- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue
- HIV Prevention

Advancing Health Equity

Preparedness for Emergencies and Environmental Impacts on Health
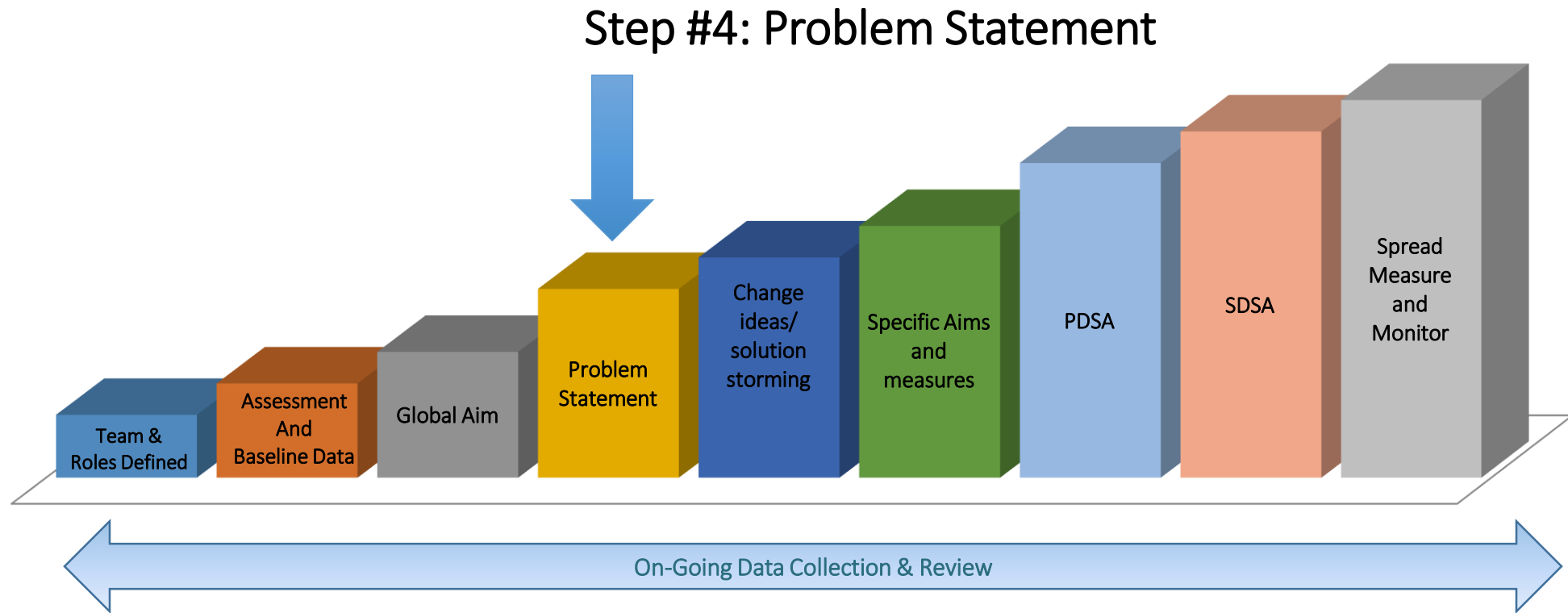
Deborah Ward, RN

Community Health Center, Inc.

Objectives

- Describe how to design, use, and create a process map

- Detail how to construct, use, and create a fishbone diagram

- Discuss PDSA cycles
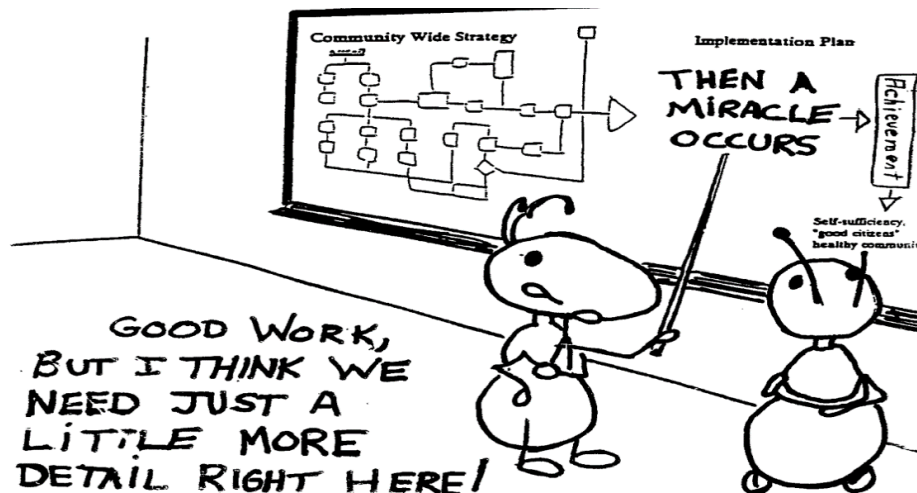
Developing & Using a Process Map

What is a Process Map?

A **process map** visually shows the steps of a work activity and the people who are involved in carrying out each step.

It is a sequence of detailed steps for a specific purpose.

What process maps do?

- Show the *current* process, NOT the ideal process
- Build teamwork: different team members will have different perspectives on what actually happens—which is the point of the exercise
- Reveal unwanted variation, waste, delays, and duplicate work
- Generate ideas for improvement

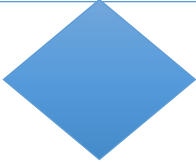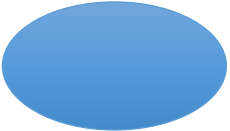*"You don't learn to Process Map. You Process Map to learn."*

- Dr. Myron Tribus

When should you use a Basic Process Map?

- To plan new projects
- To model and document an existing process
- To help teams communicate ideas more efficiently
- To analyze and manage workflows efficiently
- Makes understanding and communicating the process much easier among teams, stakeholders or leadership
- Can be used as a marketing tool to prove to your leadership or funders that your processes are reliable

- Makes process documentation more reader-friendly
- Can be used to spread awareness of the roles and responsibilities of those who are involved in the process
- Helps identify flaws in the process and where improvements should be made
- Improve team performance and employee satisfaction
- Can be used as learning material to train new employees

Process Map Shapes

Shape	Name	Use
	Activity/Process	Represents a step or activity in the process
	Decision	Represents where a decision has to be made
	Start/End	Represents the start and end of the process
	Arrow	Represents the connection between two steps and the direction of flow
	Cloud	Represents something the team doesn't know right now.

7 Steps to Process Mapping

1. **Identify the process you need to map**

   Whether it's a process that is underperforming or important to a new strategy identify it and give it a name

2. **Bring together the right team**

   Bring together everyone involved in doing, managing and providing input to the process

3. **Brainstorm the process steps**

   Gather all information from start to end: steps, inputs, outputs, roles, time durations etc.

4. **Organize the process steps**

   Take the steps you identified earlier and arrange them in a sequential order

5. **Draw the baseline process map**

   Beginning from the start, draw a map that shows the process in its current state

6. **Identify areas for improvement**

   Identify bottlenecks and inefficiencies within the process and plan for improvements
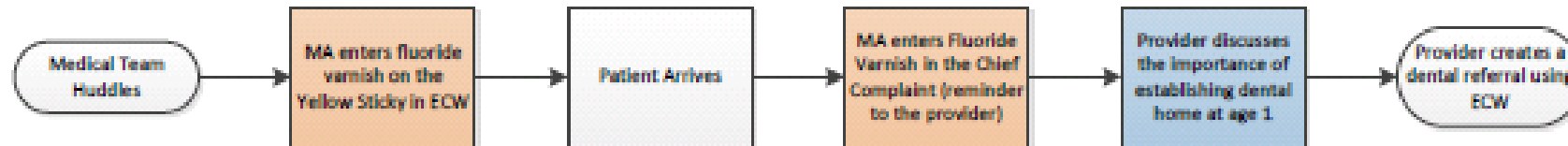
7. **Implement & monitor improvements**

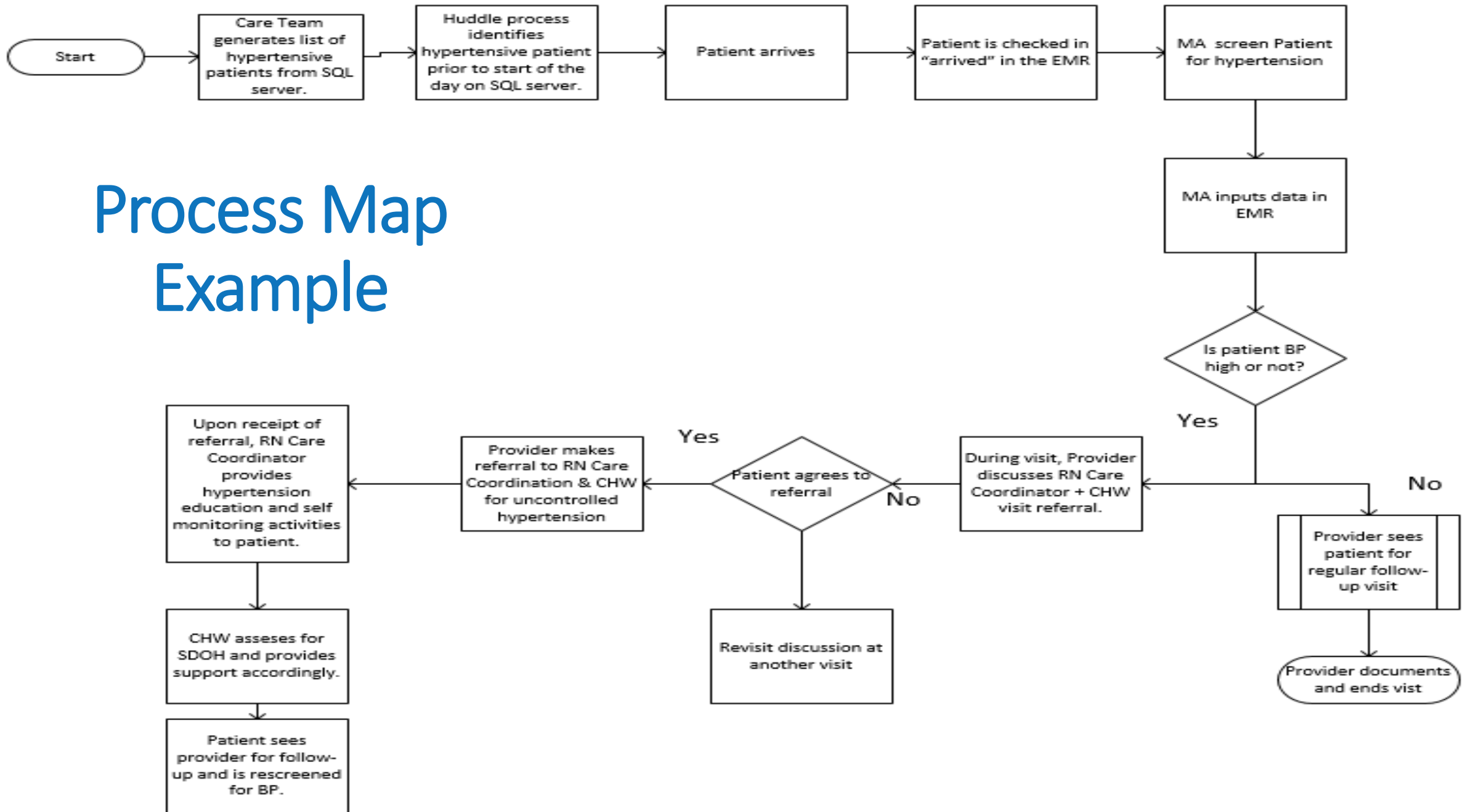   Implement improvements on a smaller scale and monitor the results before standardizing them

The Big Picture – 30,000 feet

A high level flowchart is a good place to start process mapping

High Level Flow Map – Establishing a Dental Home at 12mo WCC

Process Map Example

Start → Care Team generates list of hypertensive patients from SQL server. → Huddle process identifies hypertensive patient prior to start of the day on SQL server. → Patient arrives → Patient is checked in "arrived" in the EMR → MA screen Patient for hypertension → MA inputs data in EMR → Is patient BP high or not?

Yes → During visit, Provider discusses RN Care Coordinator + CHW visit referral. → Patient agrees to referral — **Yes** → Provider makes referral to RN Care Coordination & CHW for uncontrolled hypertension → Upon receipt of referral, RN Care Coordinator provides hypertension education and self monitoring activities to patient. → CHW asseses for SDOH and provides support accordingly. → Patient sees provider for follow-up and is rescreened for BP.

Patient agrees to referral — **No** → Revisit discussion at another visit

No → Provider sees patient for regular follow-up visit → Provider documents and ends vist

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Demo

Activity – Rooming a patient
(7 minute practice, 3 minute debrief)

1. Where does the process begin?

2. Where does the process end?

3. What are the steps in between?

Lessons Learned

- Process Maps should NOT be too complicated!

  - Try to be concise and not overwhelm the reader. Consider more than one map if there are too many contingencies.

- Update Process Maps regularly

  - Set a schedule for updates to process maps to avoid confusion or providing outdated information.

- Take the time to thoughtfully and carefully create the Process Map

  - Don't rush the process of developing the Process Map – it may take several meetings.

- Use a standard and consistent language/shape formula for process maps.

  - Use common/standard language on all Process Maps including symbols, keys and descriptions

- Develop specificity very carefully

  - Try not to be too specific while also being specific enough to provide adequate information to use the process.

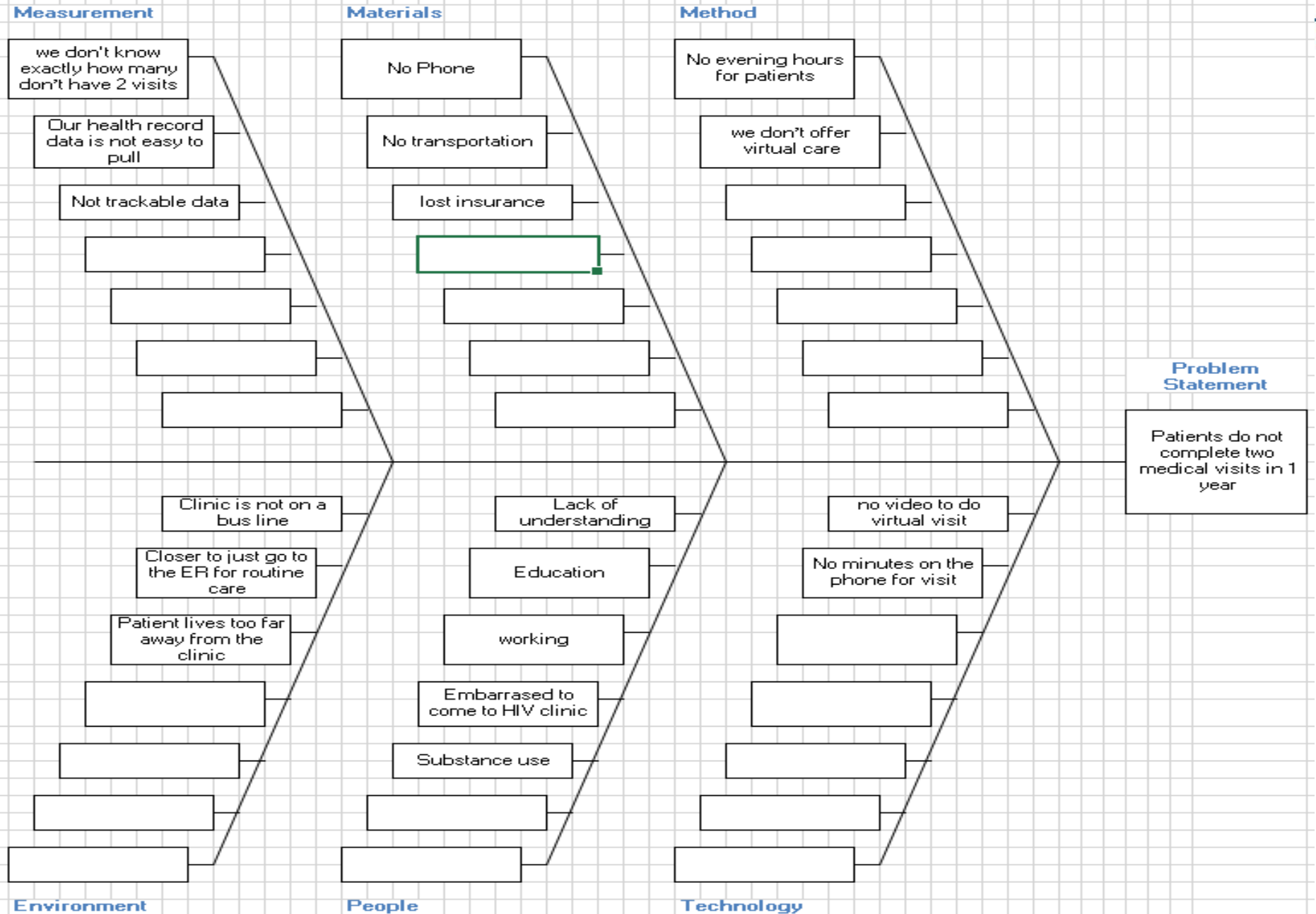# Developing & Using a Fishbone Diagram
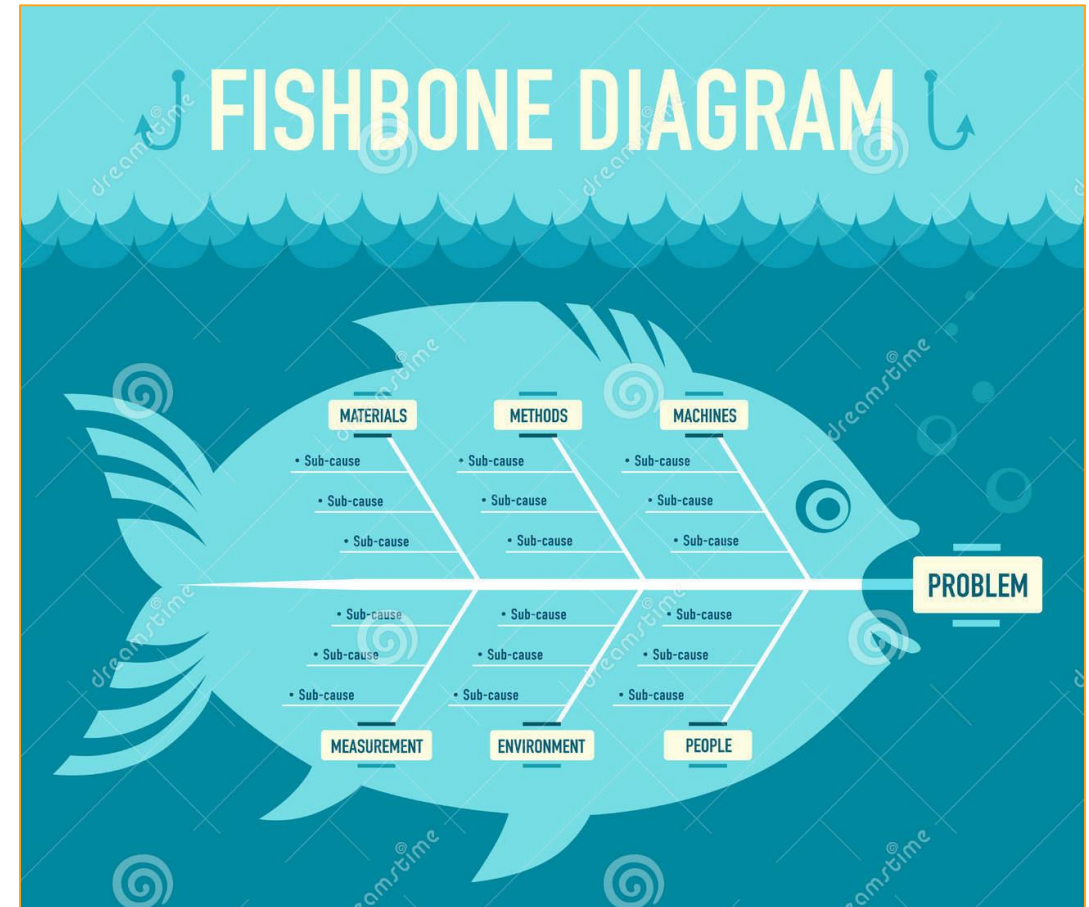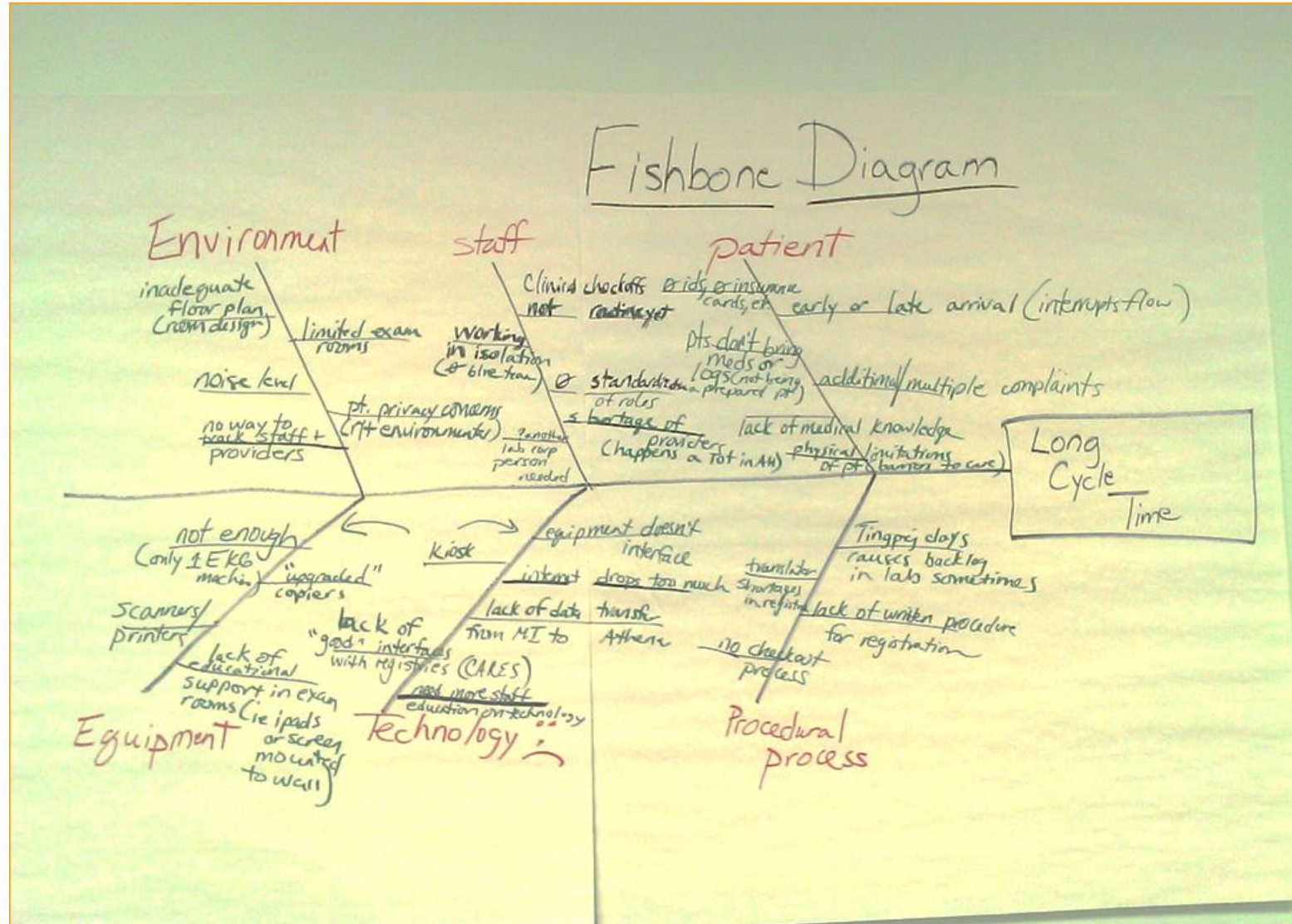
Cause and Effect Diagram

Description

This template illustrates a Cause and Effect Diagram, also called a Fishbone or Ishikawa Diagram. A detailed discussion of Cause and Effect Diagrams can be found at www.ASQ.org

Instructions

- Enter the Problem Statement in box provided.

- Brainstorm the major categories of the problem. Generic headings are provided.

- Write the categories of causes as branches from the main arrow.

Measurement

- we don't know exactly how many don't have 2 visits
- Our health record data is not easy to pull
- Not trackable data

Materials

- No Phone
- No transportation
- lost insurance

Method

- No evening hours for patients
- we don't offer virtual care

Environment

- Clinic is not on a bus line
- Closer to just go to the ER for routine care
- Patient lives too far away from the clinic

People

- Lack of understanding
- Education
- working
- Embarrased to come to HIV clinic
- Substance use

Technology

- no video to do virtual visit
- No minutes on the phone for visit

Problem Statement

Patients do not complete two medical visits in 1 year

Demo

Activity #2 – Delays in Rooming Patients
(7 min practice, 3 min debrief)

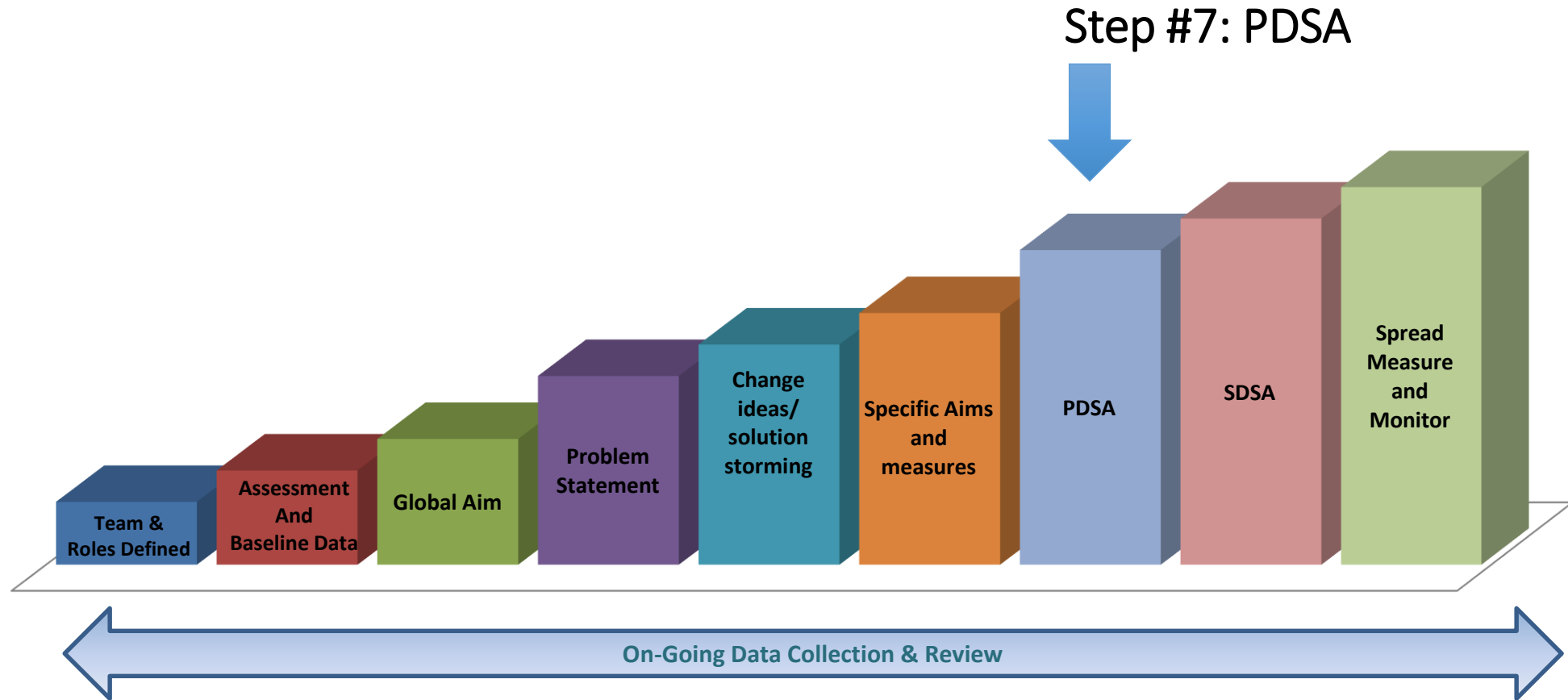- Problem statement:

It takes too long to room patients
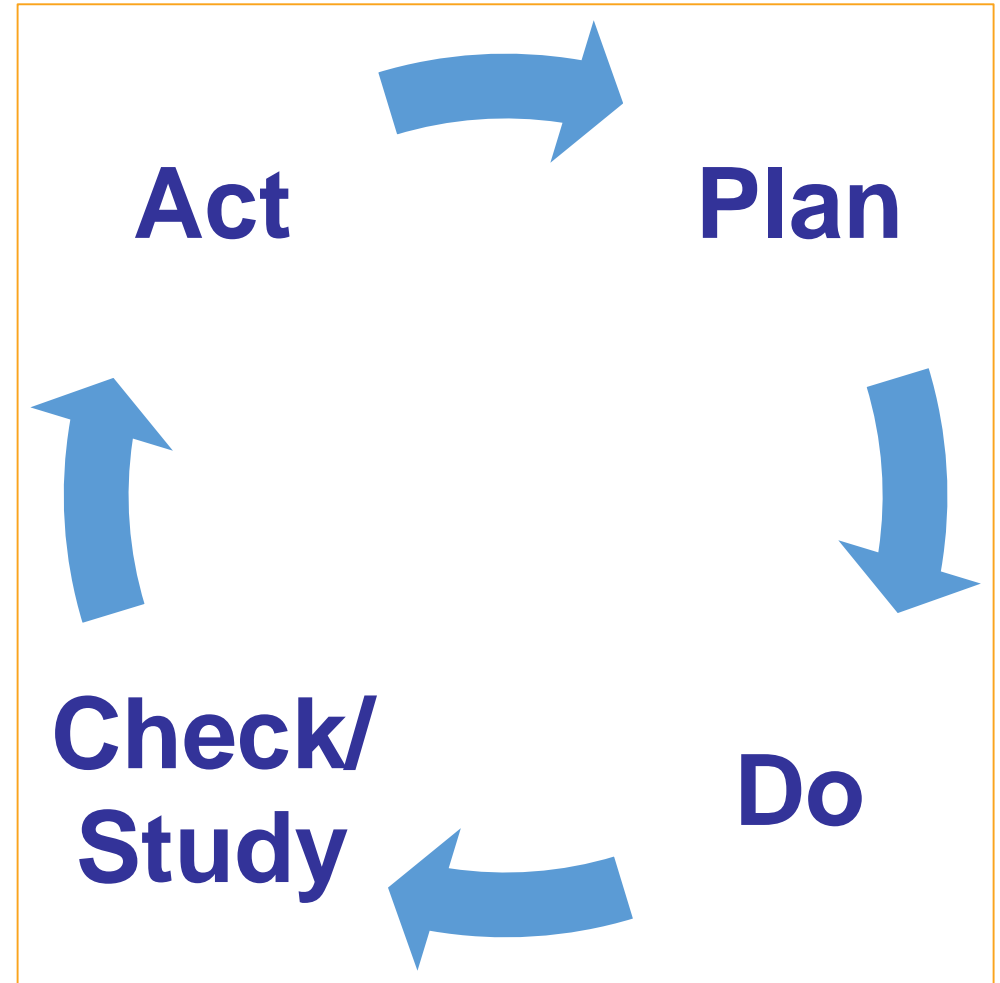
Discussion Question

What are some common challenges you've had when using PDSAs?

Insert answer in Menti, the chat, or unmute yourself

The Stages of Improvement

PDSA Worksheet for Testing Change

Date:	
Team Members:	
Pre-Planning Tools To Consider: (circle)	Stakeholder Analysis, Communication Plan, Communication Matrix, Influencing Strategy, Facilitated Site/Dept. Meeting

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 (Dates & Timeframe)	Where to be Done (Site Location, Where at the site, Pod, etc.)

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	Person (s) Responsible for Collection of Data

DO   Describe what actually happened when you ran the test

STUDY   Describe the measured results and how they compared to the predictions

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

PDSA Example

PDSA Worksheet for Testing Change

Date:	10.16.18
Team Members:	Jeremiah Walsh, Kim Tozzi, Julie Yoskowitz, Kellie Vansaghi, Veronica Smith
Pre-Planning Tools To Consider: (circle)	Stakeholder Analysis, Communication Plan, Communication Matrix, Influencing Strategy, Facilitated Site/Dept. Meeting

Aim: Increase the number of emergency department discharge summaries available to the provider at the time of the patient's visit

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
Obtain data on the percentage of ER discharge summaries in the chart to determine how good/bad the current process is	Veronica, PSC and Kellie, LPN	Daily	OHI Stafford

Plan

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Dates & Timeframe)	Where to be Done (Site Location, Where at the site, Pod, etc.)
Keep paper log of patients with appointments for ER follow up visits and whether their chart was prepped or not	Kellie, LPN	Daily log and report in weekly to obtain baseline data	OHI Stafford, Family Medicine Department Provider

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	Person (s) Responsible for Collection of Data
Depending on how busy the day is, we do not think a completed log will be turned in daily. The data provided will be more than we have now, but not comprehensive.	Tracking the number of logs turned in to determine an accurate baseline rate	Jeremiah and Kim to obtain data from the site

DO The PSC was moved to a different site and the log was not completed every day. Upon requesting the logs on 10/30/18, we were advised that daily flow was being documented in the site notes and based off those notes, no charts were prepped with any ER documentation.

STUDY The outcome of this PDSA gave us the same information that we had going in. We were given verbal confirmations based on observation that charts are not being prepped with ER discharge summaries, but no data is available with: the number of charts that should have been prepped, which hospitals the patient was discharged from, did the patient tell us before they came in that they were following up from the hospital, etc.

ACT We need to follow up with the LPN on a daily basis to ensure the log is being completed. We will request that this be discussed during the morning huddle so everyone can participate in completing the log.

SUSTAIN

Once you've adopted:

- **Monitor** – reports, dashboards, quarterly meetings

- **Maintain** – who is the owner, process for looking into measures when they fall below?

- **Check-In** – conversations, connections, accountability, transparency, trust

- **Develop a playbook** – a recipe to perform the new process, training tool

Questions?

Wrap-Up

Comprehensive and Team-Based Care Learning Collaborative

- Free eight-month participatory experience designed to provide knowledge, tools, and coaching support to help health centers and look-alikes implement advanced models of team-based care.

- In this Collaborative, teams will learn how to:
  – Use quality improvement concepts and skills to facilitate their implementation of a model of high-performing team-based care
  – Conduct self-assessments of their current team-based care model to identify areas for process improvement and role optimization

- Outcomes of the learning collaborative:
  – Identified a clinical team to work on a quality improvement project
  – Implemented pre-visit planning and morning huddles
  – Integrated behavioral health with warm welcomes/handoffs
  – Increase UDS measures, such as hyptertension, cancer screenings, etc.

- The Collaborative will begin Fall 2024 – to express interest or request more information, please reach out to Meaghan Angers (angersm@mwhs1.com)

Team-Based Care

- **Fundamentals of Comprehensive Care**
- **Advancing Team-Based Care**

Our NTTAP also offers learning collaborative opportunities in Postgraduate NP Residency Programs, Health Professions Student Training, and HIV Prevention!

Explore more resources!

National Learning Library:
Resources for Clinical Workforce Development

https://www.weitzmaninstitute.org/ncaresources

Health Center
Resource Clearinghouse

https://www.healthcenterinfo.org/
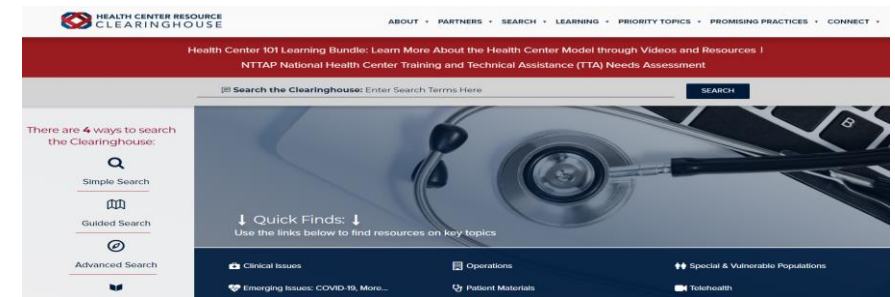
Contact Information

For information on future webinars, activity sessions, and learning collaboratives:
please reach out to nca@chc1.com or visit
https://www.chc1.com/nca