

Comprehensive and Team-Based Care Community of Practice (CoP)

Quality Improvement Training – Part Two: Friday October 31st, 2025

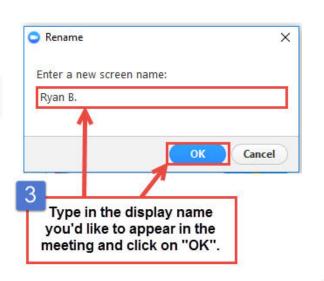
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Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
 - "Meaghan Angers CHCI"







Quality Improvement Training Part 2 Agenda

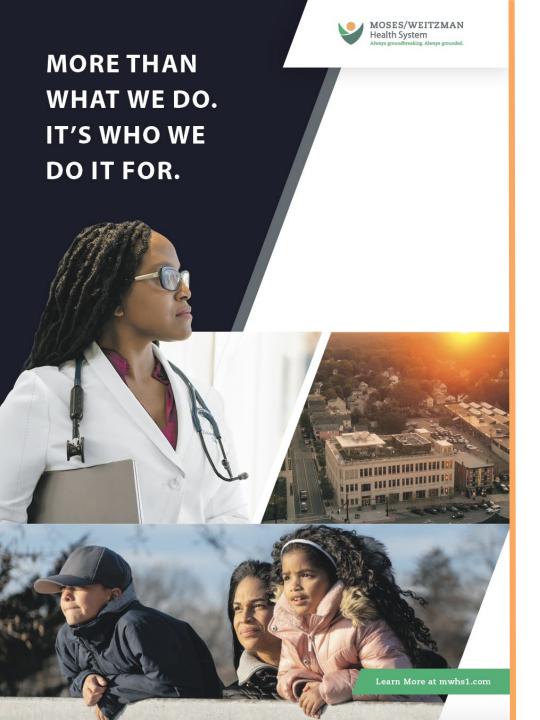
1:00-1:05pm	Welcome	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1:05-1:15pm	Step 4a: Developing and Using a Process Map	
1:15-1:25pm	Activity: Draft a Process Map	
1:25-1:40pm	Step 4b: Fishbone Diagram	
1:40-1:50pm	Activity: Draft a Fishbone Diagram	
1:50-1:55pm	BREAK	
1:55-2:10pm	Step 5: Specific Aim Statement	
2:10-2:20pm	Activity: Draft a Specific Aim Statement	
2:20-2:25pm	Step 6: Solution Storming and Change Ideas	
2:25-2:40pm	Step 7: Developing and Writing a PDSA	
2:40-2:50pm	Activity: Draft a PDSA	
2:50-3:00pm	Questions, Next Steps, and Evaluation	

/3



Quality Improvement Trainers

- Deborah Ward, RN, Quality Improvement Consultant WardD@mwhs1.com
- Kathleen Thies, PhD, RN, Consultant, Researcher ThiesK@mwhs1.com





MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

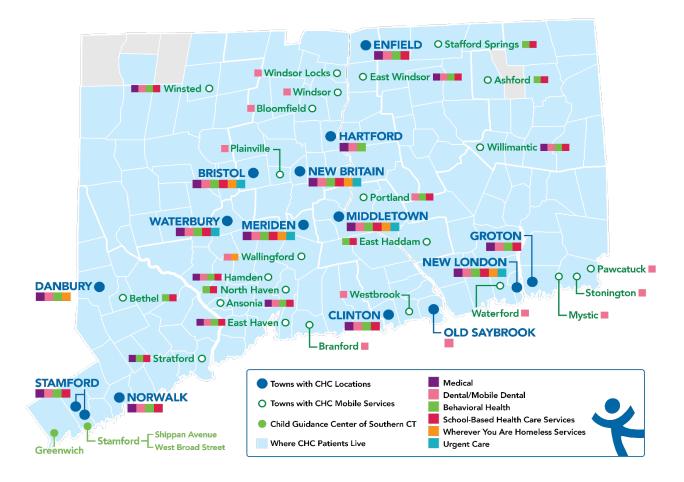
A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.



Locations & Service Sites





THREE FOUNDATIONAL PILLARS

Clinical Excellence

Research and Development

Training the Next Generation

Overview

Founded: May 1, 1972

• Staff: 1,400

Active Patients: 150,000

Patients CY: 107,225

SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225



National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides <u>free</u> training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit https://www.weitzmaninstitute.org/nca.

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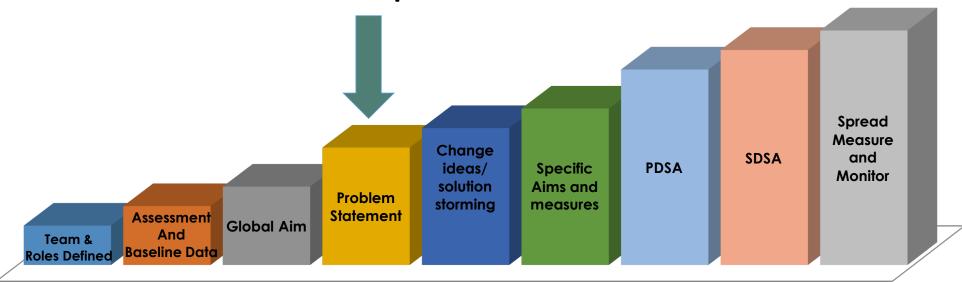
Developing & Using a Process Map





The Stages of Improvement

Step #4: Problem Statement





Polling Question

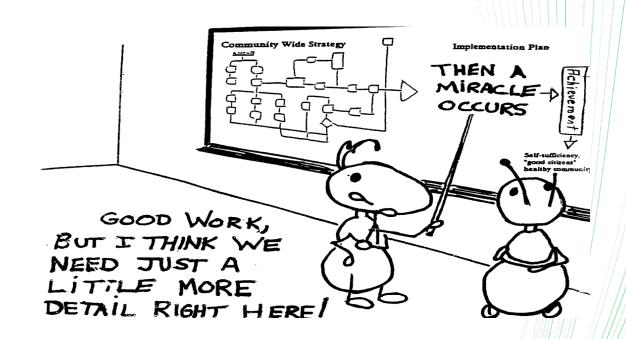
Within the past 12 months, has your team developed a process map?



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
- > Reveal unwanted variation, waste, delays, and duplicate work
- ➤ Build teamwork: different team members will have different perspectives on what actually happens—which is the point of the exercise
- ➤ 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 solve problems
- To help teams communicate ideas more efficiently
- To analyze and manage workflows efficiently



When should you use a basic process map?

- ➤ Makes understanding and communicating the process much easier among teams, stakeholders or leadership
- > Serves as a useful tool for scenario testing and what-if assessments
- 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
- > Helps measure the efficiency of work processes



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 identify a strategy 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

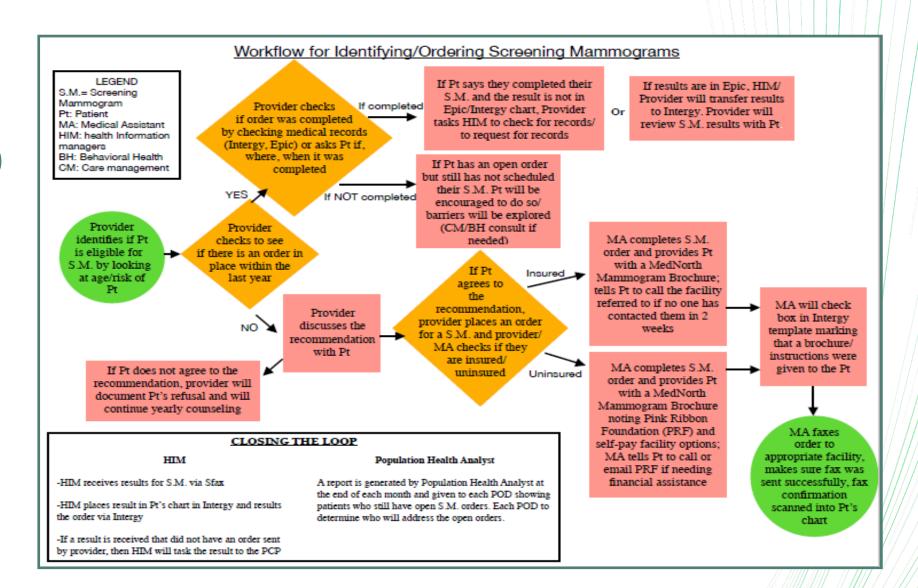
7.Implement & monitor improvements

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





Process Map Example



1/7



Important

Map current process: Not what you want the process to be

Start: "begins with" from Global Aim

identifying patients.....

End: "ends when...." from Global Aim

when results are documented....

Ask: "What happens next" "Who does it"

Use: Post-it notes (full sticky backing)

Dry erase markers

Super sticky flip chart paper

Blue painters tape





Lessons Learned

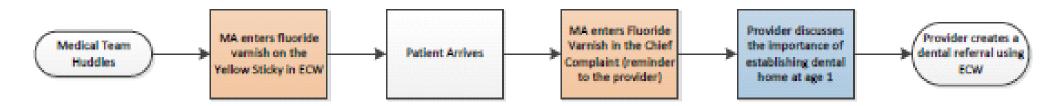
- Process Maps should NOT be too complicated!
 - Try to be concise and not overwhelm the reader. Consider more than one map if there are too many contingencies.
- Update Process Maps regularly
 - > Set a schedule for updates to process maps to avoid confusion or providing outdated information.
- Take 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.



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







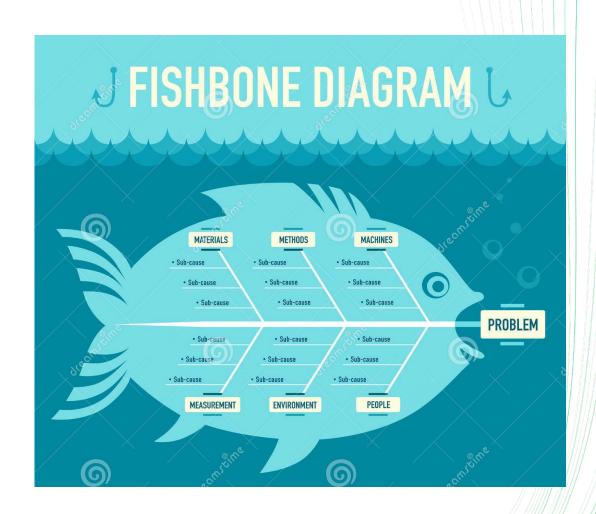
Quality is Personal: Process Map Activity

Mail Process Current State





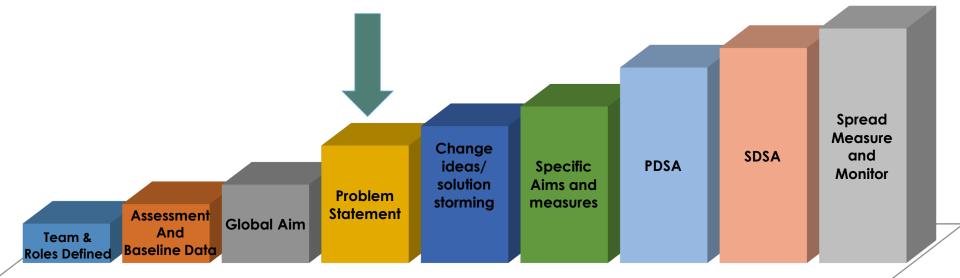
Developing & Using a Fishbone Diagram





The Stages of Improvement

Step #4: Problem Statement





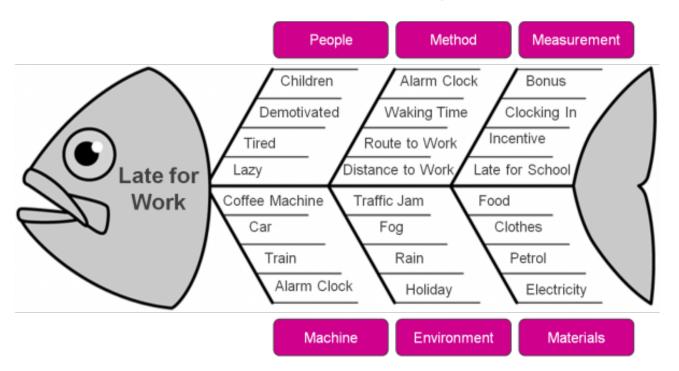
Polling Question

Within the past 12 months, has your team developed a fishbone diagram?



Fishbone Diagram – Cause & Effect Diagram

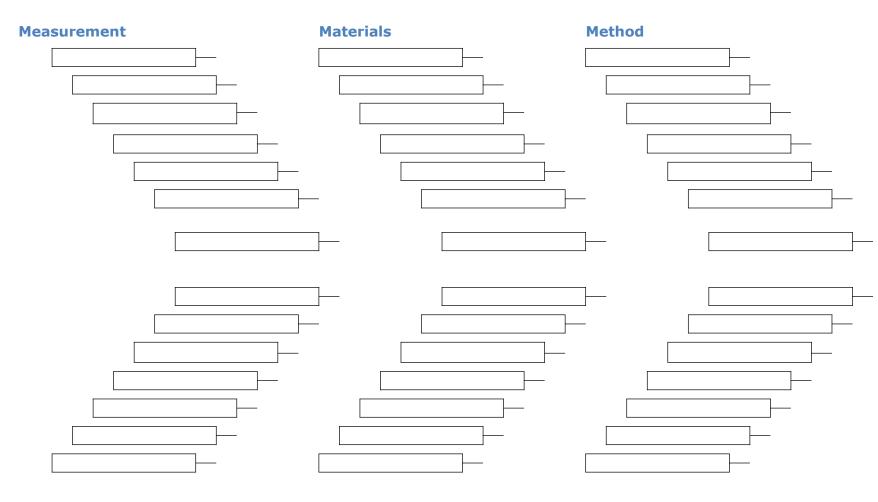
A team works together with a structured approach to brainstorming a list of causes of a problem



The head of the fish is the problem: Late for work.

The bones are causes grouped by category.





Problem Statement

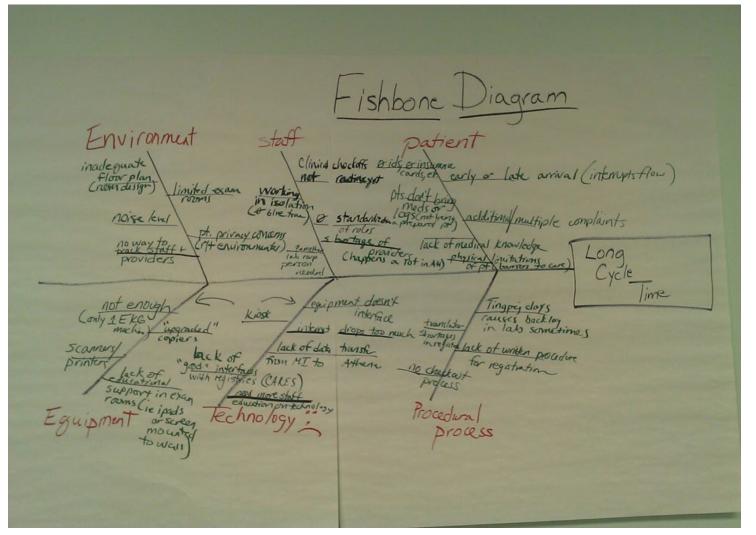
Environment People Technology



How to Proceed

- The Head of the Fish = The Problem (or effect): Team must agree on the problem statement in the global aim first!
- 2. What general categories will you use? Typical ones include:
 - > Equipment/supplies
 - > Technology
 - > Staff
 - Processes/procedure
 - > Environment
 - Patients
- 3. Each bone = Contributing Causes within a category
- 4. Focus on current state!! No solutions yet!
- 5. Don't worry about messiness









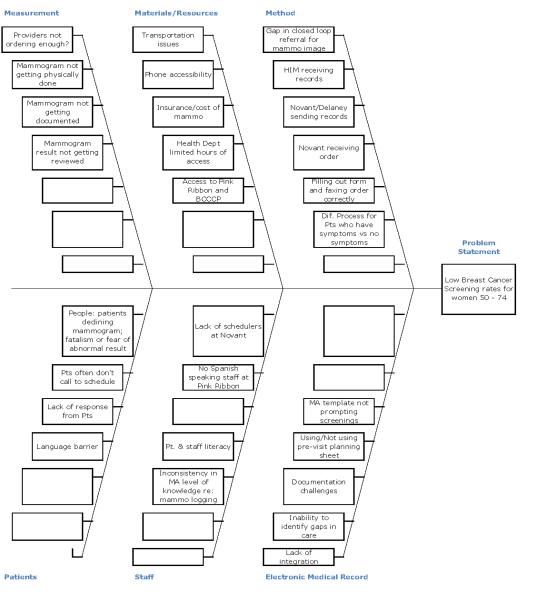
Description

Cause and Effect Diagram

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

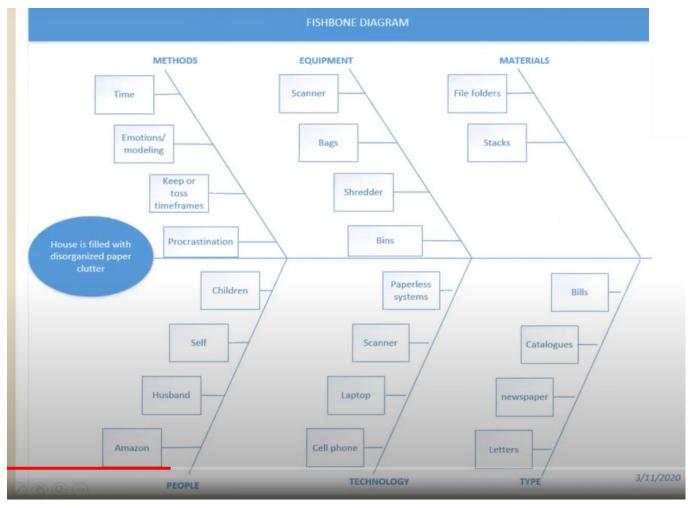
- Enter the Problem Statement in box provided.
- Brainstorm the major categories of the problem. Generic headings are provided.
- Write the categories of causes as branches from the main arrow.



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Quality is Personal Fishbone Diagram Activity







5 minute Break!





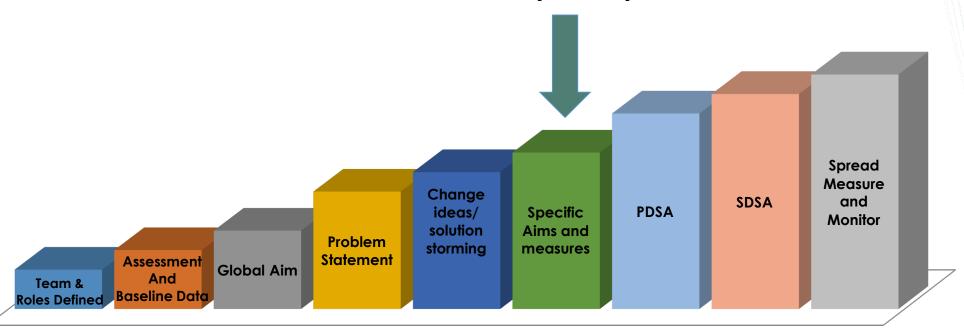
Developing & Using a Specific Aim Statement





The Stages of Improvement

Step #6: Specific Aim and Measures





What is a Specific Aim Statement?

- It specifies what you can improve now, usually something in your control and does not require "Permission".
- It describes the measurable outcome you wish to achieve.
- It offers detailed focus on for your improvement work.





What to look at to write a specific aim:

- ➤ Current process flow map "as is state"
- ➤ Cause and Effect analysis (Fishbone)
- ➤ Direct observation of the actual work process
- ➤ Evidence-based practice





Specific Aim Statement Template

We aim to: ☐ improve ☐ increase ☐ decrease

The: □ quality of □ number/amount of □ percentage of [process/measure]

By: [percentage] AND/OR From: [baseline number/percent] To: [target

number/percent]

By/Between: [date]



Reminder: Percent vs. Percentage Points

- Know your baseline in order to set your target.
- We aim to increase screening rate for cervical cancer in eligible female patients by 15% from January to March.
 - What is the baseline?
 - ➤ If baseline is 22%, increase of 15% is: 22% * 1.15 = Target 25.3%
- We aim to increase screening rate for cervical cancer in eligible female patients by 15
 percentage points from our baseline of 22% as of January 1 to 37% by March 31.
 - Baseline and target are more clear
 - ➤ Baseline 22% + 15 points = Target 37%

Big difference!



Example: Weak specific aim

We aim to increase screening rate for breast cancer in women patients by 15% from January to March.

Important? Yes.

Clear/Specific enough? In whom? 15% of what?

Doable? Not sure yet. Strategy? Staff? Time? Where does the data live? Can we get it out?



Example: Better and more specific

We aim to increase the screening rate for breast cancer in female patients ages 50-74 from 22% as of December 31, 2024 to 37% by March 31, 2025.

- ➤ Who: eligible female patients ages 50-74
- > Who: eligible patients enrolled in the clinic based on at least one visit the past year.
- When: December 31 to March 31
- Where is the data: electronic health record
- ➤ What dates will you ask BI to collect? December 31 March 31
- Where: Clinic A
- How much: Does this reflect the current baseline and an achievable goal?



How many more patients do you need to screen to hit your target?

Month	# eligible patients:	# screened eligible patients: Subset A	15% increase	15 Percentage points increase
December 31, 2024 Baseline	150	33	Baseline 22%	Baseline 22%
June 30, 2025 Target	150 [†]	Target ???	22% * 1.15 =Target <mark>25.3</mark> %	22% + 15 points = Target 37%
How many more patients need to be screened by March 31, 2025?			Target 38 patients which is 5 more patients	Target 56 patients, which is 23 more patients

†Challenge: The baseline of 150 patients is as of December 31, the end of the fourth quarter. But you don't know yet how many eligible patients will keep their appointments in the first quarter of 2025. What will you use for your denominator? You can use 150 or you can estimate the denominator based on previous quarters.



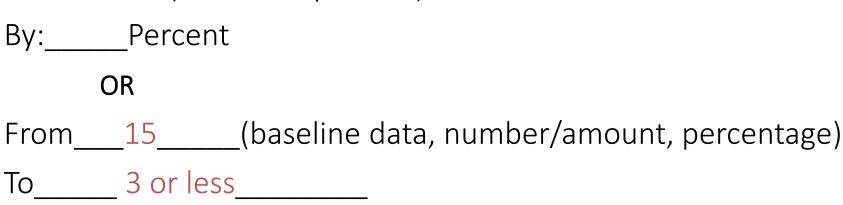
Quality is Personal: Specific Aim Activity

(Date)

We will: Improve, Increase, Decrease (select one)

By within one week September 2, 2020

The: Quality, Number/Amount, Percentage (select one) of ___Mail left on the counter (name the process)







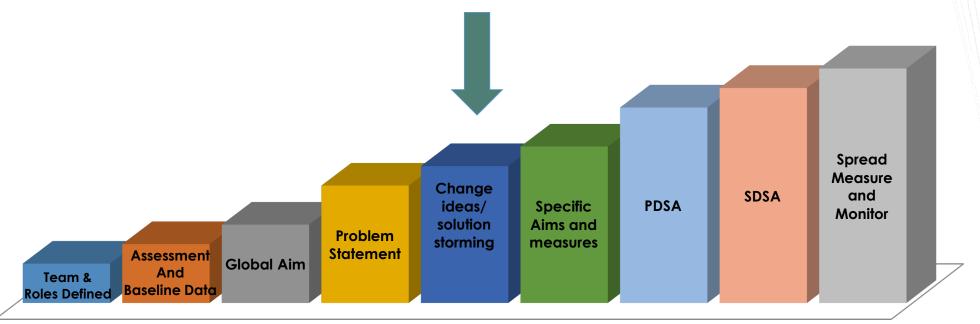
Solution Storming Change Ideas





The Stages of Improvement

Step #5: Change ideas/solution storming





What can YOU change? Examples:

- Workflow and Time:
 - Who does what, when, how, and why?
 - How can we be proactive instead of reactive?
- Eliminate Redundancies:
 - Why are some tasks done twice and some are not done at all?
- Data: the right data at the right time in the right hands
 - What data do we need and when do we need it?
 - ➢ How do we get it?
- Responsibilities and Roles: clarify, retrain
 - Why are several people doing the same task?
 - Why are they all doing it differently?



What can YOU change? Examples for Breast Cancer Screening:

- Who identifies the patients who are due for a mammogram, and how do they do that?
- Can you create standing orders for mammograms? Can you allow Medical Assistants to place the order for the mammogram?
- Is the mammogram off-site? Who makes the referral for an appointment for the mammogram?
- Do you have a system for follow-up to see if the patient made and/or attended the appointment for their mammogram?
- How do you receive the report and get the results recorded into the electronic health record?
- Who communicates the results to the patient?

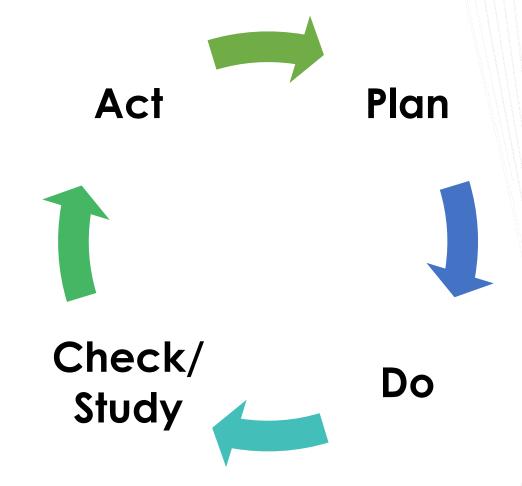


Change Ideas

Facilitator Identify the Goal – What are you trying to SOLVE? **Time Limit Brain-Write** Quantity vs. Quality Write EVERYTHING Don't Judge **Embrace the Ridiculous** Start general & basic – end specific Look for themes **Avoid Group Think** Fresh Eyes – Someone Outside of the Group



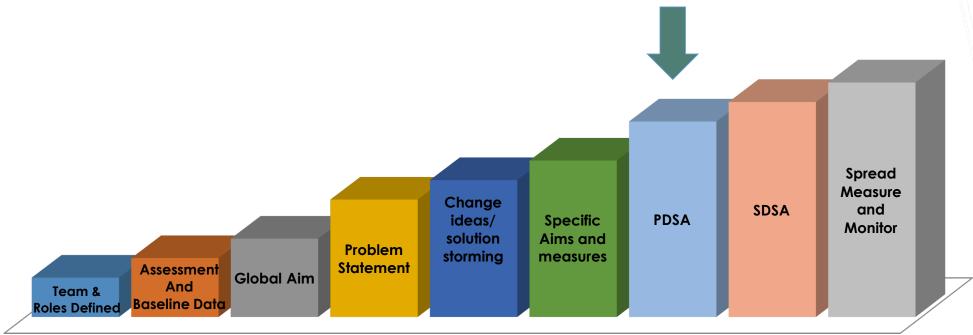
Developing & Using PDSAs





The Stages of Improvement

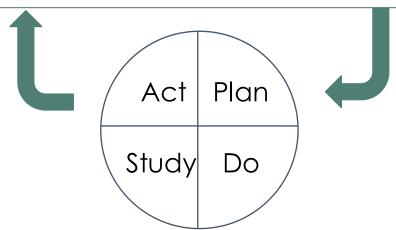
Step #7: PDSA





Model for Improvement

- What are we trying to accomplish? (Aim)
- How will we know that a change is an improvement? (Measures)
- What change can we make that will result in improvement? (Solution/Change)



Three questions...
...coupled with
an approach 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

<u>Do</u>	Describe what actually happened when you ran the test
<u>Study</u>	Describe the measured results and how they compared to the predictions
<u>Act</u>	Describe what modifications to the plan will be made for the next cycle from what you learned



PLAN: Comes from Specific Aim Statement

- > WHAT are we striving to accomplish?
- > WHAT will we do?
- > WHEN will this occur (what is the timeline)?
- ➤ HOW MUCH? What is the specific, numeric improvement we wish to achieve?
- FOR WHOM? Who is the target population?





DO

- > Implement the improvement
- > Collect and document the data
- Document the problems, unexpected observations, lessons learned, and knowledge gained





STUDY

- Analyze the results: was an improvement achieved?
- Document lessons learned, knowledge gained, and any surprising results that emerged.





ACT

Take action:

- Adopt standardize
- Adapt change and repeat
- ❖ Abandon start over





PDSA Example

PDSA Example

Aim: We aim to increase screening rate for breast cancer in female patients ages 50-74 from 22% as of as of December 31, 2024 to 37% by March 31, 2025.

			Where to be
			Done
Describe your first (or next) test of	Person	When to be Done (Date and	(Site Location,
change:	Responsible	Timeframe)	Where are the site, Pod, etc.)
Audit patients who have no recorded	John and Jane	4/1/2025 - 5/1/2025	Site A, Pad X
mammogram or no recorded mammogram in the past 28 months to determine current			
participation rate amongst eligible patients			

Plan:

				Where to be
				Done
	****		When to be Done	(Site Location,
	List the tasks needed to set up		(Date and	Where are the site,
	this test of change	Person Responsible	Timeframe)	Pod, etc.)
1.	Designated staff member/s to host a practice meeting and plan Cycle 1.	John and Jane	4/1/2025 - 5/1/2025	Site A, Pod X
2.	Designated staff member/s to audit patient records to determine the proportion of eligible patients who have no recorded mammogram or no recorded mammogram in the past 28 months.			

Predict what will happen when	Measures to determine if	Person (s) Responsible for
the test is carried out	prediction succeeds	Collection of Data
Increase in eligible female patients getting screened for breast cancer	Breast cancer screening measure	Sally

Do: Designated staff members audit patient records to determine the proportion of patients aged who have no recorded mammogram or no recorded mammogram in the past 28 months.

Study: Designated staff members meet to review and discuss findings (proportion of patients with no mammogram recorded or no mammogram recorded in the past 28 months).

Act: Provide reminders to patients via letters, SMS, and/or audio messages to help encourage participation in breast cancer screening.





inspiring primary care innovation PDSA Worksheet for Testing Change

Date:	March 22, 2020
Team Members:	Raneda, husband, and children

Aim:

Global: We aim to improve the process of sorting and discarding of various forms of paper in the house. The process begins with any form of paper brought into the house and ends with the disposal or filing of papers. By working on the process, we expect to reduce the amount of paper clutter, make essential papers more accessible, and create more organization throughout the house.

Specific: We will decrease the amount of mail left on the counters from 15 pieces of mail a week to less than three pieces of mail a week.

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change: 18		Person	When to	Where to be
		Responsible	be Done	Done
1	il will be addressed through sorting, disposal, and filing on a easis by:			
1.	Throwing out all enveloped mail addressed to "current resident" and	Children	Daily	Kitchen
2.	Sorting, disposal, and filing of remaining junk mail and bills.	Raneda	Daily	Kitchen counter

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.)
1.	Educate children on what mail they can throw away is and looks like as well as where to place sorted mail.	Raneda	3/23/20	Kitchen
2.	Prioritize what remaining mail will be addressed and shredded, addressed and filed, and just thrown away.	Raneda and Husband	3/23/20	Kitchen
3.	Identify where any sorted mail that is not opened or addressed is placed.	Raneda and Husband	3/23/20	Kitchen





Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	Person (s) Responsible for Collection of Data
As junk mail is discarded immediately and other mail is sorted and addressed more frequently, less clutter will exist.	Tally of amount of mail left on counters daily.	Raneda

Do Describe what actually happened when you ran the test

On 3/23/20, I educated the kids to identify enveloped mail by looking for whether it says "current resident" or says one of parent's name with "or current resident." I also educated the kids to leave only parents sorted mail on counters. Sister's mail is to be placed on her desk in her room daily. The kids were asked to get mail from mailbox and have it sorted by 3pm daily. I used the current mail for the day to demonstrate for the kids. When I finished sorting the mail, I opened all of remaining junk mail, my mail, and household bills at kitchen counter. I made a pile of those to be shred, file, and follow-up such as medical/tax bills. I also made a pile of all of my husband's personal bills (ie, credit card) and placed them on his office desk unopened. I then shredded the shred pile, filed away the file pile in storage file bins and placed follow-up mail on my nightstand. The process ran smoothly every day with the children completing the initial pick up of mail, discarding catalogs, advertisements, and "current resident" enveloped and un-enveloped mail.

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

By Sunday, there was no paper clutter in the kitchen. There was a stack of mail (8) in my husband's office and 5 pieces of mail for follow up on my nightstand. In addition, I had to file documents away every day. These results align with the predictions in that all mail was addressed creating no clutter in kitchen, but this could result in just a movement of where clutter exists if the mail on nightstand and in my husband's office is not addressed appropriately. In addition, a better way of maintaining files (ie, electronically) may also be beneficial to prevent so many papers being filed in storage file bins.

<u>Act</u> Describe what modifications to the plan will be made for the next cycle from what you learned

For the next cycle, a clear systematic way to address the follow up pile with time frames for how long before follow up pile needs to be addressed, how will be addressed, and then how discarded, stored, or disposed of. In addition, the data collection form is too broad in determining types of paper/received. In the future, the data should also include break down of type of mail received daily (ie, junk mail, school papers, mom mail, dad mail, sister mail, and household bills).





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



Pre-Work: Introduction & Assessments

- Prepare a brief introduction (2 slides/2 min) about your team to present in Session 1. Send slides to angersm@mwhs1.com by Friday October 31st
- Review purpose of the CoP, syllabus, schedule, and Quality Improvement Workbook
- Read the introduction to the Quality Improvement Workbook and begin self-assessment deliverable under Step 2 of the Quality Improvement Workbook
- Obtain and review UDS Data
- Register for the <u>Weitzman Education Platform</u> if you wish to receive CME credit or participation hours



Weitzman Education Platform (WEP)

The Weitzman Education Platform (WEP) – this will serve as the platform to receive CME credits or participation hours for each learning session and access recordings/slide decks/resources:

- Register for the course here: https://education.weitzmaninstitute.org/content/nttap-comprehensive-and-team-based-care-community-practice-cop-2025-2026
- Access Code: TBC2025
- If you do not have an account, follow these instructions:
 https://education.weitzmaninstitute.org/user/register
 - Choose a username, password (save it somewhere safe so you can continue to use it!), and fill out some basic user information.
 - Click Create New Account.
 - > If you encounter any technical difficulties, please reach out to myself or submit a ticket.



Contact Information

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

Learning Session 1 is Wednesday November 5th!

REMINDER: Complete evaluation in the poll!

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