

* Implementing Quality Initiatives

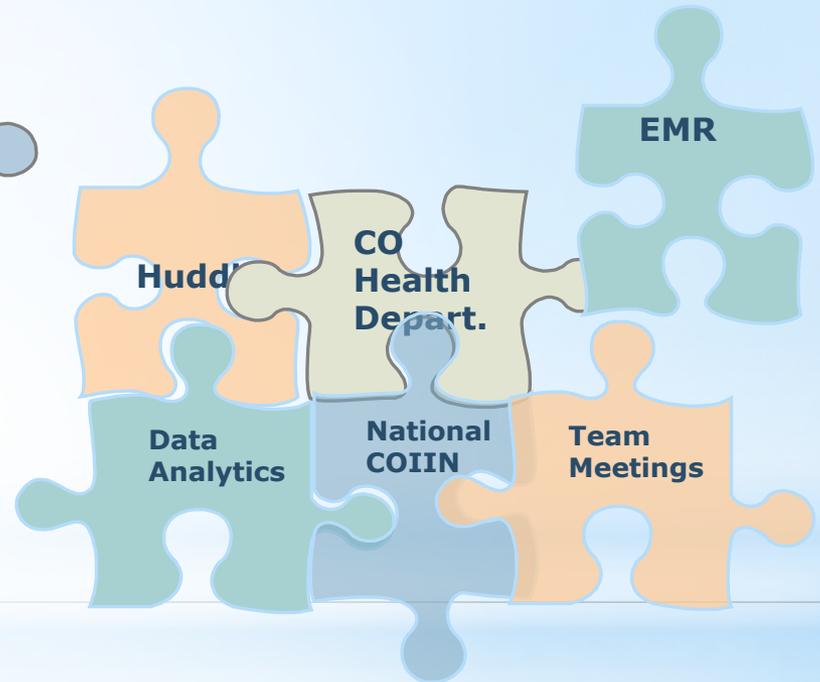
Our path to success...

- * Quality is not elusive
- * Quality is achieved one small step at a time
- * Quality measures can be achieved by you as well
- * Our goal is that by hearing our story you too will be helped.
- * Participation will be the key to taking something away with you!

* Finding our way with
quality metrics

*There are many pieces to the puzzle:

All working together.



- * 3 SBHC-2 in Jr./Sr. High, 1 in Elementary
- * See children from school AND the community birth-18 years.
- * Part of a larger Community Health Center (Metro Community Provider Network) with all the support that affords
- * Use GE Centricity
- * IT/Data support in place to modify our EMR

* Who are we?

*National Quality Initiative-Collaborative for Improvement and Innovation Network

*2014-SBHA and the Center for School Mental Health-funding from the Maternal and Child Health Bureau to:

1. Improve quality of services ***what we will focus on today.
2. Expand the number SBHCs
3. Improve sustainability of SBHCs

*What is the NQI CoIIN?

*CDPHE and other CO CoIIN Members

1. Monthly meetings
2. APEX tablets
3. Support

*National team at SBHA and the other 8 Teams like us

1. Learning session-12/2015
2. Monthly action period calls-9/2015
3. Data charts and monitoring

* Who were our partners in
the journey?

- * Well Child Exams 3+ years old
- * BMI assessment with nutrition and physical activity counseling
- * Risk assessment on all 12+ year olds annually Depression screening on all 12+ year olds annually
- * Chlamydia screening on all sexually active teens once yearly
- * All these align with CDPHE (except risk assessment and depression at 11 years!)
- * Which quality measures is your SBHC focusing on this year?

* Quality Performance Measures

- * Started December, 2015 Learning Session
- * Achieving between 5-61% on different measures
- * Goals set high-achieve 80% across all measures
- * Limited data collection-needed to be built
- * EMR with limited tracking ability
- * Not using Apex tablets
- * Success a distant goal
- * LOTS OF WORK TO BE DONE!

* Starting Point 12/2015

- * Building a Dashboard-a way to track our data
- * Getting SBHC team on the same page-shared training
- * Setting twice monthly team meetings
- * Starting daily huddles
- * PDSA process to plan micro-steps for improvement
- * Adding capabilities to the EMR
- * Running monthly reports to track the progress
- * Brainstorming over problems
- * Documenting Seat Time

* Steps in Process

- * Worked over the course of 9 months to perfect
- * Very simple tool to use-from my standpoint
- * One-year look back at any point the report is run
- * Each month we see gains as the old data drops off
- * We all report on similar metrics to Apex/CDPHE

* **Dashboard**

CoIIN Dashboard- January 2016

SBHC WCC?	AHS	JHS	Stein	All SBHC	Total %
Yes	275	561	674	1,510	61.6%
No	333	366	241	940	38.4%
Total	608	927	915	2,450	

Risk Assessment?	AHS	JHS	Stein	All SBHC	Total %
Yes	0	54	30	84	3.4%
No	608	876	885	2,369	96.7%
Total	608	927	915	2,450	

BMI, Nutrition & Physical Counsel?	AHS	JHS	Stein	All SBHC (3-20 y.o.)	Total %
Yes	253	476	609	1338	63.7%
No	258	324	179	761	36.3%
Total	511	800	788	2,099	

Depression Screening?	AHS	JHS	Stein	Patients (12+ y.o.)	Total %
Yes	79	133	163	375	38.3%
No	180	261	162	603	61.7%
Total	259	394	325	978	

Age Group	AHS	JHS	Stein	All SBHC	Total %
0 - 2	87	122	122	331	13.5%
3 - 11	262	411	469	1,142	46.6%
12 - 17	214	358	304	876	35.8%
18 - 20	36	33	16	85	3.5%
21+	9	3	4	16	0.7%
Total	608	927	915	2,450	

Chlamydia Screening?	AHS Females	AHS Males	JHS Females	JHS Males	Stein Females	Stein Males	All SBHC Females	All SBHC Males
Yes	15	13	37	17	21	16	73	46
No	11	3	16	7	6	2	33	12
Total	26	16	53	24	27	18	106	58

- * Established twice monthly meetings-to address Quality Measures but also all other concerns-2 hours/month
- * Explained the COIIN project
- * 5 Performance Measures-where we were, the 80% we wanted to achieve
- * Training around PDSA cycles
- * Set our first goals
- * Sought their input and collaboration throughout.
- * **Hand Count for Monthly meetings**

*** Getting my Team On
the Same Page**

- * First appointment on schedule blocked for huddle
- * Huddle between MA and Provider dyad at each clinic
- * Print schedule of patients for the day
- * List date of last Well Child Exam-if known
- * Print CIIS reports on all patients who do not have IZ record
- * List screenings, labs, IZs due on each patient
- * Convert simple visits to Well Child exams as able
- * **Hand Count for Daily Huddles.**

*** Daily Huddles**



* The Improvement Cycle (PDCA)

- * Everyone participates in the these small cycles of change
- * Small investment-allows people to try things that might fail-learn from successes AND failures
- * Planned at each meeting of 3 SBHCs-twice monthly
- * This was the process by which we abandoned, adapted, or adopted changes to our practice
- * What we tested in one SBHC, would then spread to the others as we demonstrated improved metrics

* PDSA Process

- *EMR did not always meet our needs
- *Our IT team worked with us to adapt our EMR to track different measures.
- *For Example: Added questions around sexual activity and testing that helped us achieve success

* Adding Capabilities to
EMR

Sexual Activity

Today's Response

Have you ever Yes
had sex? No

Type: ▼

Last time had sex:

Chlamydia Screen: ▼

HIV Screen: ▼



Are you interested in information about BC?

Reproductive Health form

Would you like to yes
become pregnant no
in the next year? unsure
 n/a

no
(06/06/2016)



**Ask every 6 months*

LMP:

- * COIIN initiative required monthly reports
- * These reports guided PDSA cycles and informed change
- * Grouped into national data
- * Able to run reports in graph form for each clinic
- * Could slowly see improvement over time
- * Any quality initiative will require tracking of quality metrics. (APEX and CDPHE already require this quarterly from SBHC)

* **Running Monthly Reports**

- * Sometimes the data just didn't seem to match the reality of our lived experience-Numbers didn't match what we thought they should be
- * These were opportunities to be creative as a group and try and figure out WHY?
- * Problems usually related to
 1. Human error-not entering data or checking the correct boxes
 2. Data Analytics-not pulling the correct OBS terms for our reports
- * Time was our friend-as bad data cleared

* Brainstorming

- * SBHA COIIN did a 10-day seat time analysis of all participating sites
- * When patient arrived and left, if they are part of school where clinic is housed
- * This demonstrated that SBHCs as a whole keep students in the classroom. (Parents at work)
- * Save education dollars
- * Increased hours in classroom and possibly student engagement in school

* **Seat Time**

* Have demonstrated that SBHC care is quality care

* Show that there is increased Seat Time:

Less missed school

Better attendance → better academics

Less cost to schools

* What has the NQI-Collin demonstrated?

*How to do Huddles?-**Key to making change**

*How to run team meetings to work on goals?

*Help with PDSAs?

*How to improve quality measures?
Which ones?

***Next Steps-What do you want to work on?**

- * What can we proactively anticipate and plan for in our work day?
- * Who should be involved?
- * Primary huddle in the AM before the day starts.
- * Frequency of daily review is dependent on the clinic, but a mid-day or end of day review can be additionally helpful.
- * Anticipate what screenings and services needed.

* Huddles

Provider Schedule:

- * MA prints schedule for the day-MA and Provider review it
- * Is WCC due? Do we have time to add? Schedule for another day?
- * Screenings due: ASQ, MCHAT, PHQ2/9/scared/GAD/CRAFFT/Vanderbilt, ACT/Spirometry, etc.
- * IZs due
- * Labs due (hemoglobin, lead, UA, HIV, etc.)
- * The more you anticipate the better.

* **Huddle worksheet**

Follow up from yesterday

- * Review any hiccups from previous day. Helpful when training new MA

Heads up for today

- * Complex patient, special needs
- * Open Slots/overbooked slots
- * Medical support staff changes

Other (Scheduling/Announcements)

- * Meetings Planned
- * Provider leaving early, provider sick, etc.
- * Mindful of support staff personal/family issues

* **Huddle Worksheet**
Continued

Appointments Sorted by Time

Kane NP, Elizabeth
Stein Kids Clinic
Friday, April 28, 2017

<u>Time</u>	<u>Patient Name</u>	<u>Patient ID</u>	<u>Appt. Type</u>	<u>Phone</u>	<u>Type</u>	<u>DOB</u>
9:30 AM	ZZtest, Baby Financial Class: Notes: wcc	1071893 Status:	OVERBOOK 30	(303) 360-6276	Home	01/29/2017 Age: 6 wks
9:30 AM	zzTestBaby, Emma Financial Class: Other Notes: wcc	863789 Status:	PEDS 30 MIN	(303) 251-4567	Home	05/24/2009 Age: 7 yrs
10:00 AM	zzTest, Valeria Financial Class: Medicare Notes: temp, sorethroat, vomiting	1026824 Status:	PEDS 30 MIN	(303) 777-2219	Home	08/26/2014 Age: 2 yrs
10:30 AM	zzTest, Kellie Financial Class: Federal Scale Notes: Birth control	997988999999 999 Status:	PEDS 30 MIN	(303) 333-4567	teen cell	05/08/2000 Age: 16 yrs
10:30 AM	zzTest, Monica Financial Class: Self Pay/Sliding Scale Notes: wcc	1040122 Status:				01/09/2014 Age: 3 yrs
11:30 AM	zzTest, Cheyenne Financial Class: Medicaid Notes: asthma	884859 Status:	PEDS 30 MIN	(720) 895-6523 (333) 333-3333 [3]	Home Work	10/01/2000 Age: 16 yrs
Total Number of Patient Appointments:		6				

 **Schedule Review**

- * Include IT/EMR -tools available with some systems.
- * Staff buy in-once you start they will!
- * Approval of Admin time for the huddle
- * Even 5 minutes makes a difference if you can't get more.

* Huddle Challenges

- * Train ALL staff around PDSAs
- * Come with data reports and explain what the reports mean
- * Decide which Quality Measure to focus on
- * Invite participation-don't discourage ideas
- * Agree on the details of the PDSA
- * Allow meeting to have other components-staff concerns, training around procedures, updates...
- * Have fun using the meeting as a chance to get to know each other, team building, laugh, eat, share successes and struggles...
- * Try phone meetings and in-person meetings
- * Change up location

* Team Meetings

- * This is foundational to ALL other quality metrics
- * Talk to parents about the importance of WCC
- * Convert to WCC-prioritize kids who just won't come back, schedule others
- * Hold shots if not behind so they return
- * Adding a tracking for WCC done elsewhere

* **Increasing Well Visits-
WCC**

VS View Standard Metric

[Convert to Metric](#)

VS Entered By =>

Super MA (April 5, 2017 5:25 PM)

[Pediatric Vitals Form](#)

[Show Growth Charts](#)

BW:

WT%

HT%

School Attending:

Standard

Height: inches

Weight: lbs

Temp: °F

Previous Values

Metric

Height: cm

Weight: kg

Temp: °C

Previous Values

Temp Site:

Wheelchair Wt: lbs

Resp: /min **Ref**

O2 Sat: %

Pulse: /min **Ref**

Pulse (Ortho) per min.

Rhythm:

BP supine: / Site:

BP sitting: / Site:

BP stand: / Site:

Ref

BP% /

Cuff size:

[Load Serial Assessments Form](#)

[Ht conversion table](#)

[BMI Calc](#)

in-lbs

[BSA Calc](#)

m2

Waist Circum cm

Recommended BMI: 19-25

BMI % (Enter from Growth Chart.)

Pain Assessment:

Patient in pain? yes no

Chief Complaint:

LMP:

Reason for N/A:

WCC:

If last WCC done elsewhere- when?

Clinical Lists:

[View Prob List](#)

[View Med List](#)

[View Allergies](#)

[Update Directives](#)

[Update Prob List](#)

[Update Med List](#)

[Update Allergies](#)

[Open Med Admin](#)

[Immunizations](#)

- * At every WCC
- * Make sure BMI diagnosis, obesity diagnosis, nutrition and exercise diagnosis are in all charts
- * Make the choosing of the diagnosis simple
- * Have standardized quick texts to add to patient instructions
- * Ask for willingness to f/u for overweight and obese
- * Health Team Works guidelines for management

* BMI Assessment with Nutrition and Activity Counsel

Add Problems Form

Note: Unchecking a Problem from this form will NOT remove it from the patient's chart.

- Well Infant <8 days
- Well Infant 8-28 days
- Well Child-normal finding
- Well Child-abnormal findings
- Physical (18+)-normal findings
- Physical (18+)-abnormal findings
- Sports Physical
- Personal hx other medical tx
- Screening for metabolic disorder
- Lead Screen
- Iron Screen
- TB Screen
- Depression/ETOH/Drug screen
- STI Screen
- Developmental Screen
- Pregnancy Negative
- Pregnancy Positive
- Encounter for Immunization

- Diet Counsel
- Exercise Counsel
- Underweight
- BMI < 5%
- BMI 5-85%
- Overweight
- BMI >85%<95%
- Obese
- Morbid Obese
- BMI > 95%
- STARTING ALPHABETICAL LIST
- ABDOMINAL PAIN-List
- Abnormal Blood Tests/Labs
- Acne
- ADD/ADHD-List
- Allergic Rhinitis - LIST
- Allergy-Drug/Food - LIST
- Anemia

- Asthma Exercise induced bronchospasm-List
- ASTHMA Mild Intermittent-List
- ASTHMA Mild Persistent-List
- ASTHMA Moderate Persistent-List
- ASTHMA Severe Persistent-List
- ASTHMA Unspecified - LIST
- Asthma Cough Variant
- Atopic Dermatitis/Eczema-List
- Behavioral Emotional Disorder
- Bronchiolitis
- Bronchitis-Acute
- Candidiasis-LIST
- Conjunctivitis-LIST
- Constipation Unsp.
- Contact Dermatitis-LIST
- Contraception_Initial-LIST
- Contraception_Surveillance-List
- Costochondritis

- Dacryostenosis Cong.
- Decreased visual acuity
- Dehydration
- Dental Caries
- Developmental Delay
- Diaper Dermatitis
- Diarrhea
- Dysuria
- Ear Wax-Impacted
- Eating Disorder-LIST
- Eczema infantile acute
- Eczema allergic
- Eczema other atopic dermatitis
- Encopresis
- Enureses
- Enuresis Nocturnal
- Epistaxis
- Failure to Thrive

- HEADACHE-List
- Hearing Screen failed
- Hearing Loss Unsp
- Heart Murmur_benign
- Heart Murmur_unspec
- Herpangina
- Hydrocele
- Impetigo bullous
- Impetigo non-bullous
- Infectious Mononeucleosis unsp
- Jaundice-Neonatal
- Labial adhesion
- Laryngitis-Acute w/o Obst
- Learning difficulties
- Lice-Head
- MENSTRUAL DISORDER List
- Nausea
- Newborn feeding problem

- Obstructive Sleep Apnea
- Oppositional Defiant Disorder
- Otagia-LIST
- Otitis Externa
- Otitis Media Acute
- Otitis Media Serous
- Otitis Media Suppurative ruptured
- Parenting/Upbringing Problem
- Pharyngitis Strep
- Pharyngitis Other
- Pneumonia Unspec Organism
- Positive TB Screen
- Prematurity
- Puberty delayed
- Puberty precocious
- Rash
- Rhinitis chronic
- Rhinitis allergic seasonal



Orders



Medications



Problems



Medication



Problem

Patient Instructions

Goals

Care Plans

Education

Patient Instructions

Goals

Care Plans

Education

Select Specialty Pec

Orders

Medications

Clear All

Click to Enter

View/Insert Prior

Handouts

Check boxes, then 'Click to Enter' or enter directly into field

Your child's BMI is over the 95th percentile and it is recommended that they lose weight for their health and well-being. Children need 60 minutes of active play everyday and keep screen time to no more than 2 hrs/day. Drinks should be limited to 24 oz of 1% milk, 4 servings of water and no more than 4 oz of juice each day. Limit soda to 0-1 each week and eating in restaurants 0-1 each week. 5 servings of fruits/vegetables each day in addition to breakfast every morning will help to keep your child healthy.

Referrals/School Notes

- Fasting labs
- Non-fasting labs
- Refer-CHCO
- Refer-RMHC
- Vision
- Dental
- WIC
- Dietician
- BHP Referred
- BHP Seen
- Early Intervention
- Child Find

ROR/Nutrition

- ROR book given
- D-vi-sol
- No Bottle to Bed
- Weaning off bottle
- Dairy
- Fruits and Vegetables
- 5/4/3/2/1-8/10
- Portion Size
- BMI >95%
- BMI 85-95%
- Gen Wt Recommendations
- BMI <5%

Anticipatory Guidance

- Glasses/Vision
- Dental Care
- PPE/Sports Physical
- Breastfeeding
- Newborn
- 2-3 months
- 4-5 months
- 6-8 months
- 9-11 months
- 12-17 months
- 18-23 months
- 2 year

Sick Visits

- Abrasion/Laceration
- AGE <2 years
- AGE >2 years
- AMP
- Asthma
- Bronchiolitis
- Burn
- Circumcision Care
- Colic
- Conjunctivitis
- Constipation
- Cord Care



- * Do these at every WCC
- * Do them at Teen Confidential Visits
- * Do them at any visit, if not done in previous year
- * Use APEX tablets freely
- * What are your challenges?

* Increasing Risk Assessment and Depression Screening

- * Use Apex results
- * Ask and test at all WCC
- * May want to work on how you ask-for more accurate reply
- * MA collect urine on all 13+, just in case

* Increasing Chlamydia Screen in Sexually Active Teens



* PDSAs-The Improvement Cycle

- * Everyone participates in the these small cycles of change
- * Small investment-allows people to try things that might fail-learn from successes AND failures
- * Planned at each meeting of 3 SBHCs-twice monthly
- * This was the process by which we abandoned, adapted, or adopted changes to our practice
- * What we tested in one SBHC, would then spread to the others as we demonstrated improved metrics

* PDSA Process

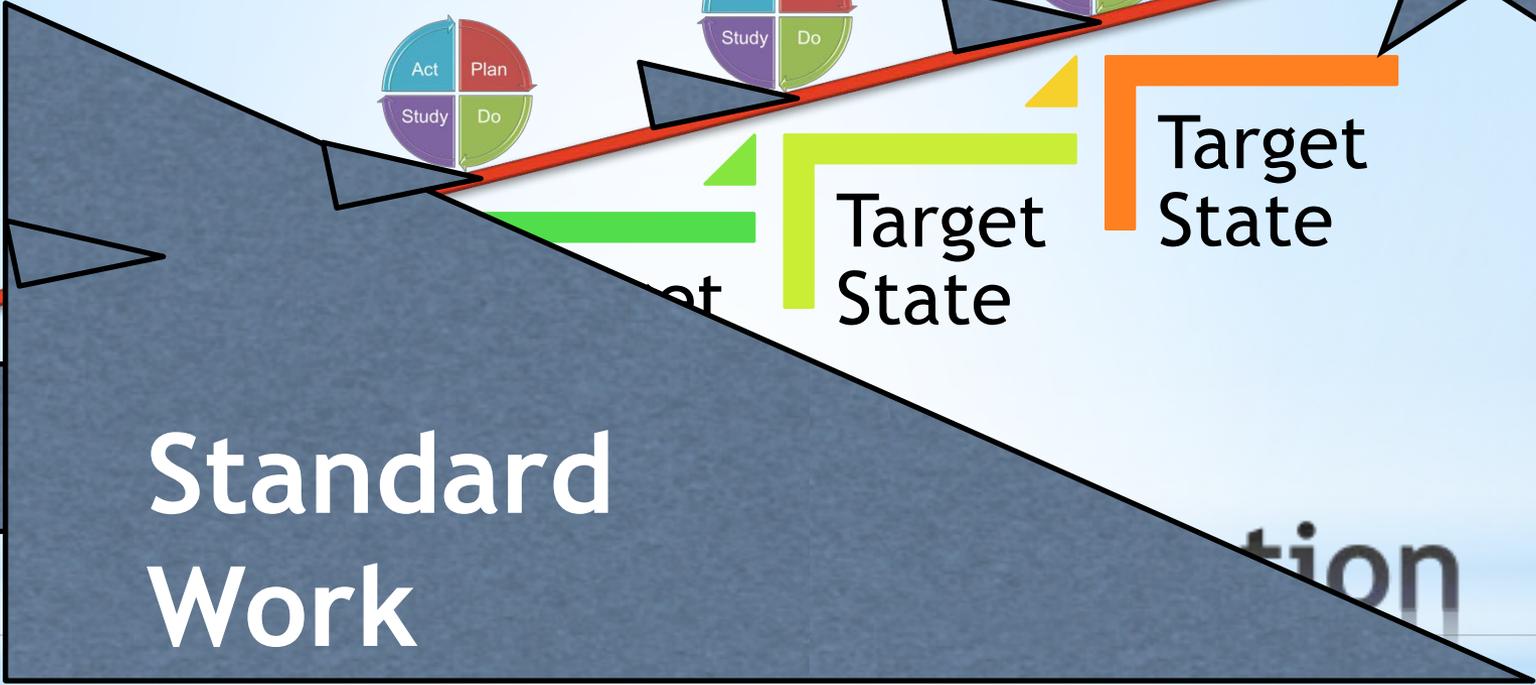
- * How to ask the question: “Are you sexually active?”
- * Paper pencil questions-3 different ways to ask:
 1. Are you sexually active?
 2. Have you been sexually active in the last 12 months?
 3. Have you ever had sex?
- * Determined that the 3rd gave the most yes answers.
- * We changed our EMR so that the MAs actually used that wording with teens-standardization

* PDSA Example



* Improvement Ramp

Current State



Standard Work

et

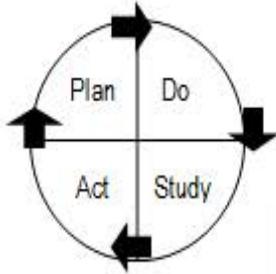
Target State

Target State

Ideal State

tion

Plan-Do-Study-Act (rapid-cycle) Form



Use this form to plan and document PDSAs executed in the SBHC. **Each SBHC will perform multiple PDSAs a month.** Remember – PDSAs are small tests of change. SBHCs will share only one of these many PSDA cycles in the NQI CoIIN data portal each month. SBHCs can share their best PSDA cycle that month or the PSDA cycle where they learned the most. Remember: PDSAs where the change/test doesn't work are often the most helpful! Only the highlighted questions below will be reported monthly in the NQI CoIIN data portal.

Lead person for this PSDA:	Date of experiment(s)/test(s):	Experiment/Test Completion Date:
What is the objective of the experiment/test?		
What SBHC(s) are involved?		

PLAN:

Briefly describe the experiment/test:

What driver does the change address?

What do you predict will happen?

List key people responsible/involved in test/experiment:

PLAN:

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1.			
2.			
3.			
4.			
5.			

DO: Test the changes.

Was the cycle carried out as planned? Yes No

If no, what did you observe that was not part of our plan?

Record data and observations.

STUDY:

Did the results match your predictions? Yes No

Compare the result of your experiment/test to your previous performance:

What did you learn?

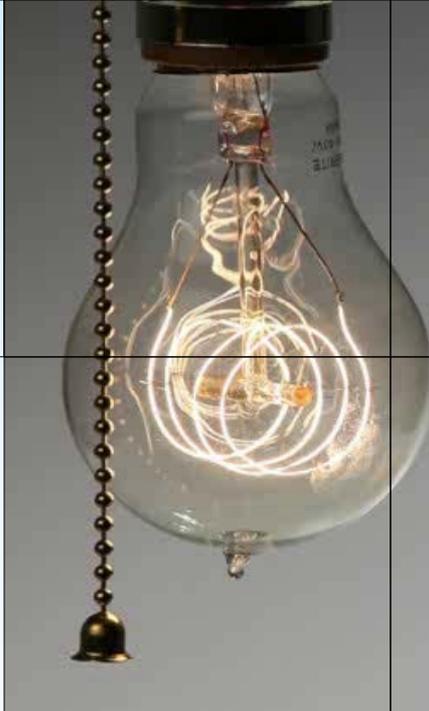
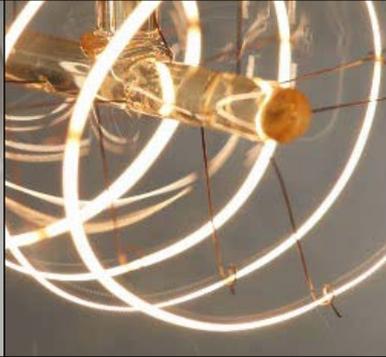
ACT: Decide to Abandon, Adapt, Adopt

Abandon: Discard this change idea and try a different one.

Adapt: Experiment/test again, with a slight change, or with other staff or patients, or under different conditions.

Describe what you will change in your next PSDA:

Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.



Questions?

