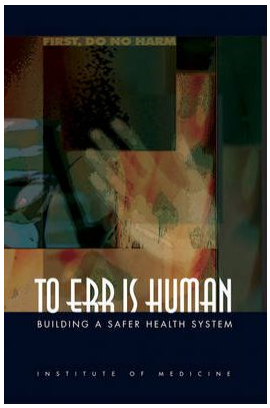
PDSA Initial training
January 26 & 27, 2017

Dorian Seamster
Seamster Consulting

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Objectives for Today

1. Describe what a PDSA is and why to do them
2. Describe SMART goals and identify whether a goal is SMART
3. Describe why you need data for a PDSA
4. Be prepared to identify an Aim, a Goal, and a test of change you will work on
5. Be familiar with how to plan the activities of testing your change.



Persons with a Dental Visit by Insurance Status, 2013

The rate of a dental visit in the past 12 months for persons aged 2–64 years with private health insurance was **more than 2.5 times** that of the population who were uninsured (age adjusted). (Note that some, but not all, health insurance plans include dental coverage.)

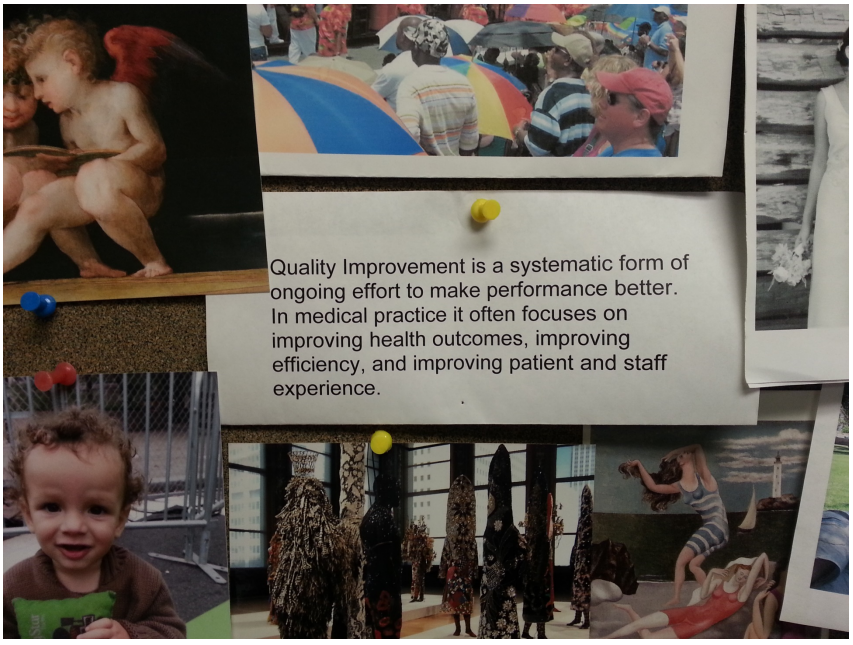
50.6% (age adjusted) Private health insurance

19.2% (age adjusted) Uninsured

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

Institute *for* Healthcare Improvement

PDSA Training #1 January 2017



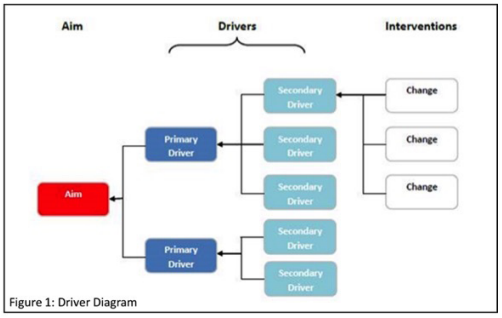


Figure 1: Driver Diagram

Salud Para La Gente
Working Together for a Healthy Community

Quality Assurance/ Quality Improvement Plan 2016/2017

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PDSA Training #1 January 2017


1900-1993

"If you can't describe what you are doing as a process, you don't know what you're doing."

- W. Edwards Deming

API
Associates in Process Improvement

PDSA Training #1 January 2017

Model for Improvement

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PDSA Training #1 January 2017

Reasons to Test Changes

- **To increase your belief that the change will result in improvement**
- To decide which of several proposed changes will lead to the desired improvement.
- To evaluate how much improvement can be expected from the change.
- **To decide whether the proposed change will work in your environment.**
- To decide which combinations of changes will have the desired effects on the important measures of quality.
- To evaluate costs, social impact, and side effects from a proposed change.
- **To minimize resistance upon implementation.**

PDSA Training #1 January 2017

PDSA Implementation Plan

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Describe your first (or next) test of change: what are you going to do that is different from the process currently?

PLAN			
What measure will you use to learn if this is successful? How will you judge?			
What baseline data do you need to understand what is currently happening?			
What do you expect the results of the test to be?			
List the tasks needed to conduct this test.	Person Responsible	What will be done	When to be done

DO
Describe what happened when you carried out the test. Observations, findings, problems, special circumstances

STUDY
How do the measured results compare to the data before you did the test? How do your results compare to what you predicted? What did you learn?

ACT
What will you do differently in your next test?

PDSA Training #1 January 2017

AIM

1. What is your goal? What system or process do you want to improve?

Every goal will require multiple smaller tests of change.

PDSA Training #1 January 2017

AIM: What is your goal? What system or process do you want to improve?

- Reduce the amount of time patients wait to be seen
- Increase the percentage of patients who say they can very often get an appointment when they need one.
- Meet the goal of all providers doing and documenting SBIRT
- Have all CME certification forms to providers within two weeks of the CME training
- Increase the percentage of patients with diabetes who receive a HbA1c test

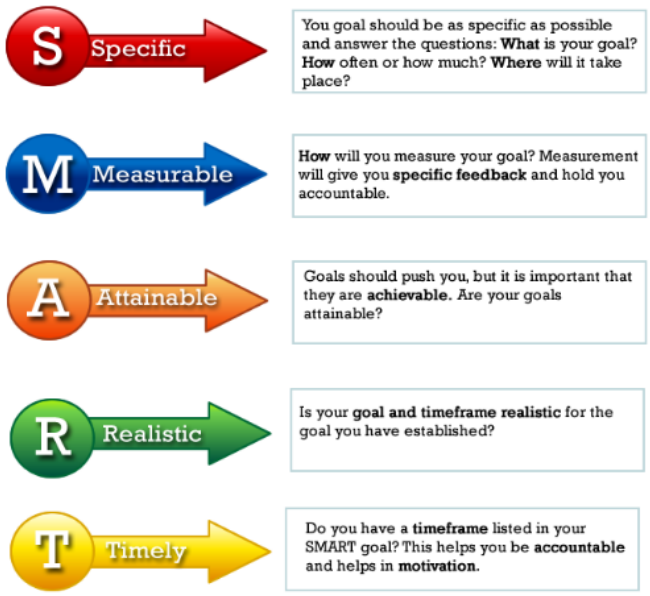
PDSA Training #1 January 2017

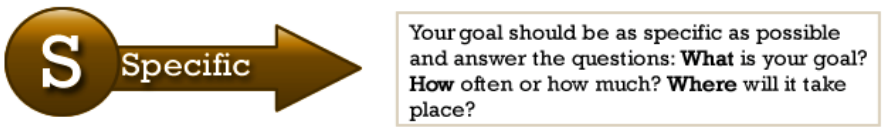
AIM: What is your goal? What system or process do you want to improve?

Reduce patient wait time between arriving at the clinic and being in the exam room.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PDSA Training #1 January 2017





If our Aim is: Reduce patient wait time between arriving at the clinic and being in the exam room.

Our goal is: Reduce *average time between when patient first checks in with reception until time in exam room* to *10 minutes* for patient visits between February 1 and 15.

PDSA Training #1 January 2017

How will you measure your goal? Measurement will give you **specific feedback** and hold you accountable.

If our Aim is: Reduce patient wait time between arriving at the clinic and being in the exam room.

Our goal is: Reduce *average time* between when patient first checks in with reception until time in exam room to *10 minutes* for patient visits between February 1 and 15.

Goals should push you, but it is important that they are **achievable**. Are your goals attainable?

If our Aim is: Reduce patient wait time between arriving at the clinic and being in the exam room.

Our goal is: Reduce average time between when patient first checks in with reception until time in exam room to *10 minutes* for patient visits between February 1 and 15.

Is your **goal and timeframe realistic** for the goal you have established?

If our Aim is: Reduce patient wait time between arriving at the clinic and being in the exam room.

Our goal is: Reduce average time between *when patient first checks in with reception until time in exam room* to 10 minutes for patient visits between *February 1 and 15*.

Do you have a **timeframe** listed in your SMART goal? This helps you be **accountable** and helps in **motivation**.

If our Aim is: Reduce patient wait time between arriving at the clinic and being in the exam room.

Our goal is: Reduce average time between when patient first checks in with reception until time in exam room to 10 minutes for patient visits between *February 1 and 15*.

AIM: What is your goal? What system or process do you want to improve?

Our Aim: All providers doing SBIRT

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

AIM: What is your goal? What system or process do you want to improve?

Aim of: All providers doing SBIRT

SMART Goal: Depression and substance use status completed and documented in EHR for 90% of eligible patients at one clinic site between March 1 and March 15.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PDSA Training #1 January 2017

Your goal should be as specific as possible and answer the questions: **What** is your goal? **How** often or how much? **Where** will it take place?

Aim of: All providers doing SBIRT

SMART Goal: *Depression and substance use* status *completed and documented in EHR* for 90% of eligible patients at one clinic site between March 1 and March 15.

PDSA Training #1 January 2017

How will you measure your goal? Measurement will give you **specific feedback** and hold you accountable.

Aim of: All providers doing SBIRT

SMART Goal: Depression and substance use status *completed and documented* in EHR for *90% of eligible patients* at one clinic site between March 1 and March 15

Goals should push you, but it is important that they are **achievable**. Are your goals attainable?

Aim of: All providers doing SBIRT

SMART Goal: Depression and substance use status completed and documented in EHR for *90%* of eligible patients at one clinic site between March 1 and March 15

Is your **goal and timeframe realistic** for the goal you have established?

Aim of: All providers doing SBIRT

SMART Goal: Depression *and* substance use status completed and documented in EHR for 90% of eligible patients at one clinic site between March 1 and March 15

Do you have a **timeframe** listed in your SMART goal? This helps you be **accountable** and helps in **motivation**.

Aim of: All providers doing SBIRT

SMART Goal: Depression and substance use status completed and documented in EHR for 90% of eligible patients at one clinic site between March 1 and March 15

SMART Goal Exercise

- Increase the number of same day appointments.
- Increase the number of patients with diabetes who get their annual eye exams.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Describe your first (or next) test of change: what are you going to do that is different from the process currently?

Goal: Reduce average time between when patient first checks in with reception until time in exam room to 10 minutes for patient visits between February 1 and 15.

PDSA Training #1 January 2017

Describe your first (or next) test of change: what are you going to do that is different from the process currently?

Average time between when patient first checks in with reception until time in exam room will be 10 minutes for patient visits between February 1 and 15.

- Send out paperwork in advance to all patients who have appointments between 2/1 and 2/15/17 and have them bring completed paperwork with them.
- Call each new patient who has an appointment between 2/1/ and 2/15/17 and fill out the paperwork with them in advance over the phone.
- Review payer type for patients 2 days in advance of appointments and if the patient has CCAH coverage, verify that in advance and change workflow so these patients can get called back without meeting with coverage staff.

PDSA Training #1 January 2017

Describe your first (or next) test of change: what are you going to do that is different from the process currently?

Average time between when patient first checks in with reception until time in exam room will be 10 minutes for patient visits between February 1 and 15.

- Reduce the paperwork a patient has to fill out by changing the patient history form
- Have an incentive program for medical assistants so that they earn points each time the wait is less than 10 minutes

PDSA Training #1 January 2017

What measure will you use to learn if this is successful? How will you judge?

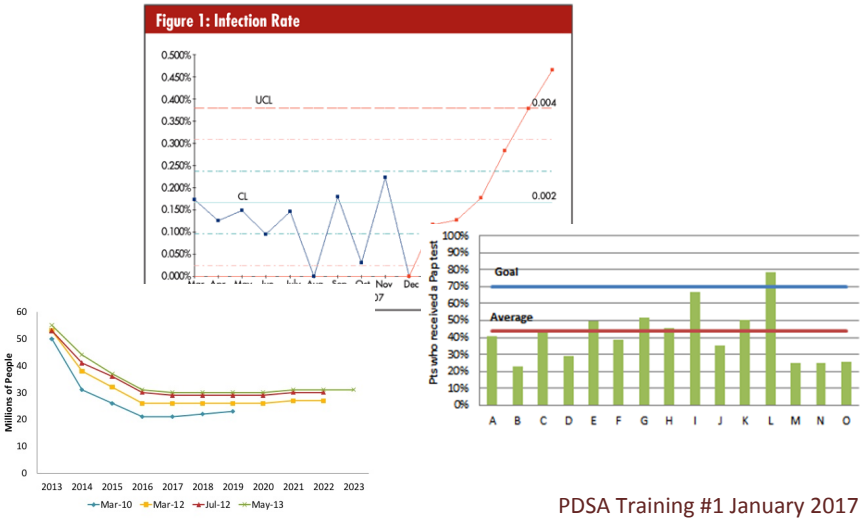
Goal = Average time between when patient first checks in with reception until patient in exam room will be 10 minutes for patient visits between March 1 and 15 by confirming eligibility for patients with CCAH coverage the day before the visit.

Change Testing = Review payer type for patients 2 days in advance of appointments and if the patient has CCAH coverage, verify that in advance and change workflow so these patients can get called back without meeting with coverage staff.

Measure = ??

PDSA Training #1 January 2017

What measure will you use to learn if this is successful? How will you judge?



PDSA Training #1 January 2017

What baseline data do you need to understand what is currently happening?

Measure = average wait time

	10-Jan	11-Jan	12-Jan	13-Jan	14-Jan	Week Average
Patient 1	20	12	8	35	32	
Patient 2	17	18	11	23	19	
Patient 3	21	16	16	6	8	
Patient 4	32	29	22	16	24	
Average	22.5	19	14	20	21	19

PDSA Training #1 January 2017

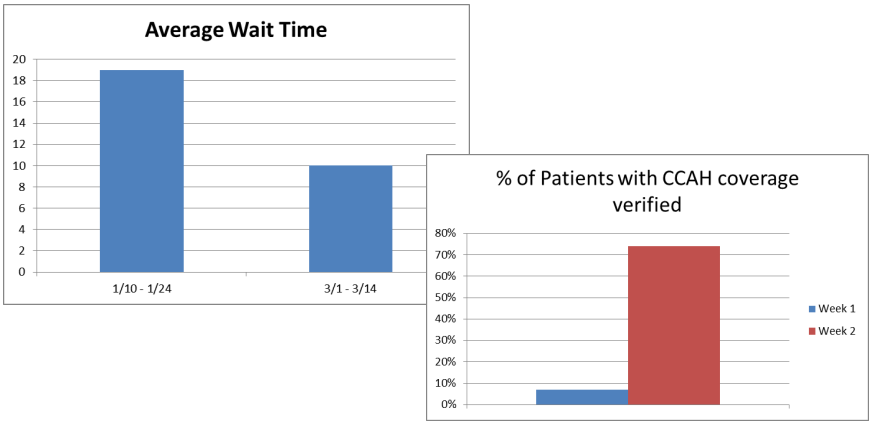
What baseline data do you need to understand what is currently happening?

Measure = % of patients pre-verified

	10-Jan	11-Jan	12-Jan	13-Jan	14-Jan
Patients with CCAH coverage	25	21	28	30	29
Total Patients seen all coverage	46	43	45	47	52
% Patients with CCAH coverage	54%	49%	62%	64%	56%
Patients with CCAH coverage verified	3	2	0	1	3
% of Patients with CCAH coverage	12%	10%	0%	3%	10%

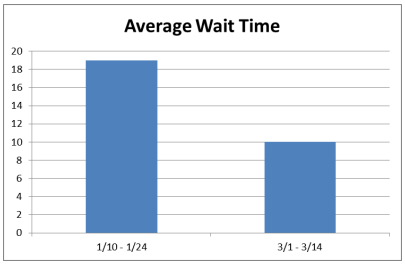
PDSA Training #1 January 2017

What measure will you use to learn if this is successful? How will you judge?



PDSA Training #1 January 2017

What do you expect the results of the test to be?



	10-Jan	11-Jan	12-Jan	13-Jan	14-Jan	Week Average
Patient 1	20	12	8	35	32	
Patient 2	17	18	11	23	19	
Patient 3	21	16	16	6	8	
Patient 4	32	29	22	16	24	
Average	22.5	19	14	20	21	19

	1-Mar	2-Mar	3-Mar	4-Mar	5-Mar	Week Average
Patient 1	8	9	8	22	9	
Patient 2	12	12	11	5	6	
Patient 3	5	7	5	6	11	
Patient 4	10	8	7	16	13	
Average	8.75	9	8	12	10	10

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PDSA Training #1 January 2017

Describe your first (or next) test of change: what are you going to do that is different from the process currently?

Goal = Depression and substance use status completed and documented in EHR for 90% of eligible patients at one clinic site between March 1 and March 15.

- A week ahead of visit review upcoming visits and add a sticky note in EHR to remind the front office staff to give patient depression and substance use screening forms.

➢ Standardize how to document depression and substance use scores in EHR and train medical assistants on documentation.

➢ Provide training to medical assistants on how to talk with patients about depression and substance use.

PDSA Training #1 January 2017

What measure will you use to learn if this is successful? How will you judge?

Goal = Depression and substance use status completed and documented in EHR for 90% of eligible patients at one clinic site between March 1 and March 15.

Change Testing = A week ahead of visit review upcoming visits and add a sticky note in EHR to remind the front office staff to give patient depression and substance use screening forms.

Measure = ??

PDSA Training #1 January 2017

What measure will you use to learn if this is successful? How will you judge?

How many patients are eligible for screening?

	3/1/2016	3/2/2016	3/3/2016
Number of Eligible Patients	3	2	3
Patients screened for Depression & Substance Use	2	2	2
% of Eligible Patients screened for depression and substance use	67%	100%	67%
Goal	90%	90%	90%

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

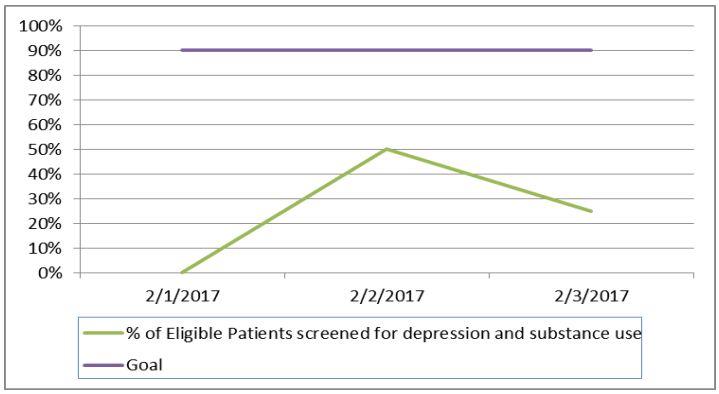
PDSA Training #1 January 2017

What baseline data do you need to understand what is currently happening?

	Date of Visit	Eligible for Screening	PHQ9 Score	CAGE Score
Patient 1	2/1/2017	Yes	5	N/A
Patient 2	2/1/2017	No	N/A	N/A
Patient 3	2/1/2017	Yes	N/A	N/A
Patient 4	2/2/2017	Yes	N/A	N/A
Patient 5	2/2/2017	Yes	1	0
Patient 6	2/2/2017	Yes	3	N/A
Patient 7	2/2/2017	Yes	19	2
Patient 8	2/4/2017	Yes	N/A	N/A
Patient 9	2/4/2017	Yes	6	N/A
Patient 10	2/4/2017	No	N/A	N/A
Patient 11	2/4/2017	Yes	N/A	N/A
Patient 12	2/4/2017	Yes	N/A	N/A

PDSA Training #1 January 2017

What do you expect the results of the test to be?



PDSA Training #1 January 2017

List the tasks needed to conduct this test.	Person Responsible	What will be done	When to be done
Gather baseline data for pre-test period	Front office coordinator & data analyst	Look at data available from practice management system to see if useful, if not then set up and conduct time study.	Four weeks before planned start of PDSA test.
Develop workflow for confirming CCAH enrollment status the day before the visit.	Clinic manager & Front office coordinator	Create a workflow diagram showing the new process; designate staff and staff time to complete assigned tasks.	Two weeks before planned start of PDSA test
Chose provider(s) to run test for. (One or two providers' patient visits only for initial test)	Clinic manager & Front office coordinator	Identify one or two providers who have a good mix of payer types for visit.	Two weeks before planned start of PDSA test
Provide training on new workflow for all clinic staff	Front office coordinator	At regularly scheduled staff meetings go over the PDSA and the workflow	One week before planned start of PDSA test
Develop tracking system to show each day's results from test of change, post results in clinic for staff to view.	Front office coordinator & data analyst	Prepare charts and graphs that will show the results of the test of change. Post the results in conspicuous place in clinic on a daily basis to encourage participation in the PDSA.	Two weeks before planned start of PDSA test and during the test of change period too.
Schedule daily brief check in on previous day's results of test and provide additional guidance if needed to support improvement	Clinic manager & Front office coordinator	Calendar 10 minutes at start of each clinic day during the test of change period to check in on progress of test and make plan to work with staff as needed.	Two weeks before planned start of PDSA test and during the test of change period too.

PDSA Training #1 January 2017

Patient wait time example

List the tasks needed to conduct this test.	Person Responsible	What will be done	When to be done
Gather baseline data for pre-test period	Front office coordinator & data analyst	Look at data available from practice management system to see if useful, if not then set up and conduct time study.	Four weeks before planned start of PDSA test.
Develop workflow for confirming CCAH enrollment status the day before the visit.	Clinic manager & Front office coordinator	Create a workflow diagram showing the new process; designate staff and staff time to complete assigned tasks.	Two weeks before planned start of PDSA test
Chose provider(s) to run test for. (One or two providers' patient visits only for initial test)	Clinic manager & Front office coordinator	Identify one or two providers who have a good mix of payer types for visit.	Two weeks before planned start of PDSA test

PDSA Training #1 January 2017

Patient wait time example

Provide training on new workflow for all clinic staff	Front office coordinator	At regularly scheduled staff meetings go over the PDSA and the workflow	One week before planned start of PDSA test
Develop tracking system to show each day's results from test of change, post results in clinic for staff to view.	Front office coordinator & data analyst	Prepare charts and graphs that will show the results of the test of change. Post the results in conspicuous place in clinic on a daily basis to encourage participation in the PDSA.	Two weeks before planned start of PDSA test and during the test of change period too.
Schedule daily brief check in on previous day's results of test and provide additional guidance if needed to support improvement	Clinic manager & Front office coordinator	Calendar 10 minutes at start of each clinic day during the test of change period to check in on progress of test and make plan to work with staff as needed.	Two weeks before planned start of PDSA test and during the test of change period too.

PDSA Training #1 January 2017

Patient wait time example

List the tasks needed to conduct this test.	**Person Responsible**	**What will be done**	**When to be done**
Gather baseline data for pre-test period	Front office coordinator & data analyst	Use information from practice management system, EHR and observation in front office to document how often eligible patients are given screening tools, and how often the screening scores are entered into the EHR.	Six weeks before planned start of PDSA test.
Agree on screening to use	CMO & behavioral health director	Review possible forms to use, review what patients getting currently, reach consensus and have screening tools printed.	Six weeks before planned start of PDSA test.
Develop workflow for identifying eligible patients and including screening tools in paperwork given to patients.	Clinic manager & front office coordinator	Create a workflow diagram showing the system for identifying eligible patients, including a laminated decision flowsheet.	Four weeks before planned start of PDSA test
Confirm and/or create fields for documenting screening results in EHR.	EHR champion and systems analyst	Review structured data fields for screening results in EHR and change if needed	Four weeks before planned start of PDSA test

PDSA Training #1 January 2017

SBIRT example

Provide training on new workflow for all clinic staff	Front office coordinator	At regularly scheduled staff meetings go over the PDSA and the workflow	Two weeks before planned start of PDSA test
Develop tracking system to show each day's results from test of change, post results in clinic for staff to view.	Front office coordinator & data analyst	Prepare charts and graphs that will show the results of the test of change. Post the results in conspicuous place in clinic on a daily basis to encourage participation in the PDSA.	Two weeks before planned start of PDSA test and during the test of change period too.
Schedule daily brief check in on previous day's results of test and provide additional guidance if needed to support improvement	Clinic manager & Front office coordinator	Calendar 10 minutes at start of each clinic day during the test of change period to check in on progress of test and make plan to work with staff as needed.	Two weeks before planned start of PDSA test and during the test of change period too.

SBIRT example

PDSA Training #1 January 2017

Guidelines for selecting a PDSA

- ✓ Quality improvement goals of the organization
- ✓ CCAH CBI, UDS measures, HEDIS measures, grant objectives
- ✓ Priorities of clinicians
- ✓ Buy-in of staff affected/involved
- ✓ Patient engagement
- ✓ Champion to lead
- ✓ Data available and collectable
- ✓ Resources available and existing capacity (or build capacity as PDSA first)

PDSA Training #1 January 2017

Objectives for Today

1. Describe what a PDSA is and why to do them
2. Describe SMART goals and identify whether a goal is SMART
3. Describe why you need data for a PDSA
4. Be prepared to identify an Aim, a Goal, and a test of change you will work on

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Assignment/Activity	Timeframe	Amount of time
Reading and video	Before January 20, 2017	1 hour
Initial PDSA training	Week of January 23, 2017	1.5 hours
Measure, test of change identified, draft of PLAN for chosen PDSA	January 30 – February 10, 2017	2 hours
One-on-one call to review PDSA plan section	Week of February 13	30 minutes
Preparation to present PDSA Plan at Implementation of PDSA training session	Week of February 13	1 hour
Implementation of PDSA training session	Week of February 20	1.5 hours
Conduct PDSA	February 27 – March 17	5 hours
One-on-one call to review PDSA implementation	March 20 – March 25	30 minutes
Preparation to present PDSA Implementation of PDSA training session	Week of March 28	1.5 hours
Learnings from PDSAs and coaching training	Week of April 3, 2017	1.5 hours

PDSA Training #1 January 2017

"If you want better performance, you need a better design."

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PDSA Training
February 24, 2017

Dorian Seamster
Seamster Consulting

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Objectives for Today

1. Learn from one another as aim, goal, test of change presented.
2. Develop deeper understanding of Do, Study and Act.
3. Each participant or group will have decided on a measure and have data collection process ready to go.
4. Action plans are ready to be implemented.

Agenda

1. Presentations
2. Examples of Do, Study and Act.
3. Break-out work
   a) Finalize measure(s)
   b) Data collection process set up
   c) Plan reviewed and enhanced if needed

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Reasons to Test Changes

- **To increase your belief that the change will result in improvement**
- To decide which of several proposed changes will lead to the desired improvement.
- To evaluate how much improvement can be expected from the change.
- **To decide whether the proposed change will work in your environment.**
- To decide which combinations of changes will have the desired effects on the important measures of quality.
- To evaluate costs, social impact, and side effects from a proposed change.
- **To minimize resistance upon implementation.**

PDSA Training #1 January 2017

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
All partner organizations will enhance their ability to implement SBIRT. (state change achieved) All six SBIRT partner organizations will have accessed at least 40% of their Kognito licenses by 5/31/17.
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
Test: Try different communication with partners (committed requests). Shelly to contact 6 out of 6 organizations with specific committed request which includes a deadline for response and template for implementation plan and then leads to receipt of implementation plan by 3/31/17.

Shelly

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PLAN			
What measure will you use to learn if this is successful? How will you judge?	1) Time between Shelly's request & partner response 2) # of contacts via SB to receive an implementation plan		
What baseline data do you need to understand what is currently happening?	0 implementation plans Response time 3-30 days		
What do you expect the results of the test to be?	Decreased response time from partners; receipt of implementation plans		
List the tasks needed to conduct this test.	Person Responsible	What will be done	When to be done
Develop implementation plan template	Shelly	Template document with timeline goals	3/3/17
Share template with partners	Shelly	Template document sent in e-mail	3/24/17
Implementation plans completed	Partner Leads	Shelly request plans and offer to convene meeting	4/1/17
Execution of individual implementation plans	Partner Leads	Shelly assists partners in execution of implementation plans (ie group trainings as desired)	5/31/17

Shelly

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Aim: Increase retinal exam among CCAH patients diagnosed with diabetes. *Goal: Ensure 100% of in-house retinal exams among CCAH patients with a diabetes diagnosis are appropriately coded and documented between March 13 – March 31, 2017.*
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
If the optometrists are provided with the appropriate dx and CPT codes, will they bill accurately?

Alma & Laurie

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PLAN	
What measure will you use to learn if this is successful? How will you judge?	% of appropriately billed retinal exams.
What baseline data do you need to understand what is currently happening?	1. Review pre-data of % of accurately billed retinal exam. 2. Are any retinal exams being accurately billed now?
What do you expect the results of the test to be?	Increase correctly coded retinal exams to 100%

Alma & Laurie

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

1. Find baseline data	Alma/Laura	Will run a PA report with the following criteria: ▪ Reporting period: CY 2016 ▪ CCAH patients diagnosed with diabetes who had retinal exam at SPLG. ▪ Assess how many of them had an appropriate billing and coding in accordance with CCAH.	03/01/2017
2. Verify correct codes	Alma	Review qualifying CPT and dx codes on CCAH website.	03/01/2017
3. Verify correct codes are available on EHR	Alma	Review CPT and Dx codes available on EHR.	03/01/2017
4. Make a cheat sheet for optometrist	Alma	Create a list of qualifying CPT and dx codes.	03/02/2017

Alma & Laurie

5. Review cheat sheet with Billing/Systems/Optometry Director and finalize process.	Alma, Laura, Dr. Salgado and Jennipher	Schedule a 30 minute meeting with Dr. Salgado, Laura and Jennipher.	3/03/2017
6. Train both optometrist and develop a workflow for using appropriate CPT & Dx codes.	Alma	Set a meeting with Dr. Salgado and Dr. Prisbe to go over the correct CPT and Dx codes. Create a workflow for optometrists and billing department on how to assure the correct billing codes are use.	03/10/2017
7. Track correct billing percentage	Alma	Prepare data and post results. Review results with billing, optometry and system department.	04/03/2017

Alma & Laurie

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Between March 8, 2017 and March 21, 2017, all Patient Service Coordinators at [specific site] will send no-show tasks to [specific provider team] 100% of the time.
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
- Possible test of change: Does pulling daily reports and providing daily feedback to front desk staff improve no show task rate. - Possible test of change: Does providing a written workflow on no-show tasks assist with improving frequency of tasks?

Mitali

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PLAN			
What measure will you use to learn if this is successful? How will you judge?	An increase in no show task rate per reports from our electronic health record system.		
What baseline data do you need to understand what is currently happening?	Our data systems analyst already pulls no show task and letter reports for us to monitor this process. However, I have noted that in his report, he has broken down no show letter rate by site but not the tasks. The tasks are represented as an SPLG-wide average so we would need to fix the baseline data report before we begin. I will need to pull no show task rates sorted by front desk staffer.		
What do you expect the results of the test to be?	I expect that with daily monitoring, front desk staff will more readily share challenges to sending no show tasks – and that will help with future tests of change.		
List the tasks needed to conduct this test.	Person Responsible	What will be done	When to be done
Pull daily reports by staffer	Mitali	Pull a more detailed report from EHR	3-8 to 3-21
Provide feedback	Mitali	I will give feedback to staffer about daily rates	3-8 to 3-21

Mitali

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Our aim is to ensure hemoglobin A1C tests that we are running in clinic are being accounted for by CCAH. *Goal: Ensure 80% Hemoglobin A1C tests done are correctly documented in the EMR by staff in the documentation location that is reportable between March 15 and 30, 2017.*
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
Determine the correct location for documentation of Hemoglobin A1Cs, retrain staff on correct data location for HbA1c.

Jennifer & Jade

PLAN			
What measure will you use to learn if this is successful? How will you judge?	Cross referencing charts to determine where the test is being documented currently vs. where it should be for credit from CCAH.		
What baseline data do you need to understand what is currently happening?	Current place test is being documented. Is it consistent?		
What do you expect the results of the test to be?	We expect the tests to be consistently documented in the same places in EMR.		
List the tasks needed to conduct this test.	Person Responsible	What will be done	When to be done
Run a list of Hgb A1C patients in the past	Jennifer	Run a report for a list of patients that have had the test performed	By March 3rd
Chart audits	Jade/Jennifer for their respective clinics	A baseline of consistency for each health center	By March 10
2nd round of chart audits	Jade/Jennifer for their respective clinics	Compare to baseline. Are they in the same place? Is it consistent?	March 15-30

Jennifer & Jade

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Ensure accurate billing and minimize discrepancy between EHR (Avatar) and staff billing. 90% of providers will submit their daily billing log on a weekly basis to the program assistants between March 6 and 17th.
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
Program assistants will follow up with program managers to ask for billing logs when they are overdue.

Ramona & Inbal

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PLAN			
What measure will you use to learn if this is successful? How will you judge?	Program assistants have a weekly tracking sheet of all staff who are required to complete this action. We will request these to monitor progress on our goal. Program assistants will track how many billing logs are received on the assigned day, how many are received within 24 hours of the reminder email, and how many are not received after the reminder.		
What baseline data do you need to understand what is currently happening?	Number of programs that have been using process, and number that haven't.		
What do you expect the results of the test to be?	80% of staff will complete daily billing log and submit it on a weekly basis to PAs		
List the tasks needed to conduct this test.	**Person Responsible**	**What will be done**	**When to be done**
Finalize daily logs in Excel	Inbal		2/14/17
Finalize Billing Log Tracking Sheet	Inbal		2/17/17
Staff Training	Program Managers	Program Managers will ensure that staff understand the new process, their role, and how to complete it.	By 2/24/17
Collect Billing Log Tracking Sheets from PAs for week of March 6 and March 13	Ramona		3/27/17
Analyze data first week of April	Ramona and Inbal		4/3/17-4/7/17

Ramona & Inbal

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Aim: Patients are screened for depression and alcohol use. Goal: Screen 60% of eligible patients seen by Martha for depression and alcohol use by providing questions at time of initial assessment between March 1 and 15, 2017. (Eligible = no screening documented in last 12 months.)
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
Ask each eligible patient the questions on PHQ9 and Audit and capture the screening number on paper.

Martha

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

PLAN			
What measure will you use to learn if this is successful? How will you judge?	Meet the 60% of eligible patients screened using a tracking system.		
What baseline data do you need to understand what is currently happening?	N/A because this is a new process.		
What do you expect the results of the test to be?	There may be situations where patients say they have completed the screenings but no documentation.		
List the tasks needed to conduct this test.	Person Responsible	What will be done	When to be done

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

DO
Describe what happened when you carried out the test. Observations, findings, problems, special circumstances

STUDY
How do the measured results compare to the data before you did the test? How do your results compare to what you predicted? What did you learn?

ACT
What will you do differently in your next test?

- Goal: Between 3/15 and 3/30 66% of patients seen by one nurse will have PHQ9 and AUDIT screening scores documented.
- Measure: % of patients seen between 3/15 and 3/30 who have both PHQ9 and AUDIT screening scores documented.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

DO

- First day of test 2 patients added to schedule at last minute, resulting in not asking about screening for either depression or alcohol use for those patients.
- Multiple patients took offense at being asked the questions about alcohol use and refused to answer.
- A couple patients scored very high on the PHQ9 and had emotional reactions and it was uncomfortable not having the resources to offer them, and not enough time to talk it over.
- Staff person doing the test got sick and was out for a third of the test period.

PDSA Training #2 February 2017

Date	# of Eligible Patients	# if Eligible patients with PHQ9 scored done at visit	# if Eligible patients with AUDIT done at visit	# of patients with both PHQ9 and AUDIT screening done at visit	# of patients with both PHQ9 and AUDIT screening done at visit
Week 1 Day 1	8	7	5	5	0.625
Week 1 Day 2	6	4	2	2	33%
Week 1 Day 3	3	3	3	1	33%
Week 1 Day 4	5	5	5	5	100%
Week 1 Day 5	7	5	6	5	71%
Week 2 Day 1					
Week 2 Day 2					
Week 2 Day 3	9	8	6	5	56%
Week 2 Day 4	4	4	4	3	75%
Week 2 Day 5	5	3	4	3	60%
GOAL is 66%	47			29	62%

STUDY

- Patients had depression and/or alcohol screening done at their primary care provider and documentation was in the records forwarded in the chart. How should they be accounted for in measuring?
- Patients said they had just answered these questions at their primary care provider however no screening tools or scores in patient's records
- Patients declined the screening: how are they accounted for?

PDSA Training #2 February 2017

ACT

- Do a version of the same test, adding a step of reviewing patient's records three days before the visit and requesting PHQ9 and/or AUDIT screening results if missing from chart.
- Prepare a hand out with mental health resources to give to patients.
- Use Kognito training to practice responding to patients.
- Do role playing to become more comfortable with patients' responses to being asked sensitive questions.
- Write up guide for implementing the PHQ9 and AUDIT screening and have another staff person do a PDSA using the guide.

PDSA Training #2 February 2017

- Goal: All six SBIRT partner organizations will have accessed at least 40% of their Kognito licenses by 5/31/17.
- Measure: Time between Shelly's request and partner response. # of contacts required to receive an implementation plan.

DO

- Email went out later than had been originally scheduled because the template wasn't ready in time. This shortened the test period.
- One of the clinics did not respond and it turned out the email address for them was wrong.
- Two key staff gave notice and left their clinic in the first two weeks of the test.
- The template was not filled out completely by one of the clinics.

PDSA Training #2 February 2017

	Email request sent with template and due date for training plan	Response within first deadline	Email reminder sent	Clinic requested assistance with completing plan	Completed plan received by 3/30/17
Clinic A	Yes	Yes	N/A	N/A	Yes
Clinic B	Yes	No	Yes	No	No
Clinic C	Yes	No	Yes	Yes	Yes
Clinic D	Yes	No	Yes	Yes	Yes
Percentage	100%	25%	100%	66%	75%

Goal = 100% if clinics have completed plan by 3/30/17

STUDY

- The clinic that lost two key staff were not able to get a plan in place for training, and did not ask for assistance.
- The template for the training plan was not as easy to use as planned, and clinics needed one-on-one coaching to fill it out correctly.
- The template, reminders, and offer of coaching reduced stress and frustration on the part of the coordinator.

ACT

- Offer a phone training to walk through how to complete the training plan and put an example in the template.
- Respond quickly when a clinic misses a second deadline, don't wait to find out that there is a major problem.
- Confirm email addresses at the beginning of the project

Break-out Assignment

- Review the measure or measures you are planning to use
  - Explain how this measure will tell you whether your test of change is an improvement or not.
  - Refine your measure, consider adding another measure.
  - Document your measure(s) on the PDSA form
  - Create the grid/table you will use to capture your results
- Review your action plan
  - Add steps if there is anything missing or more detail will be helpful
  - Talk through your timeline and edit to make it achievable

"If you want better performance, you need a better design."

PDSA Training
April 14, 2017

Dorian Seamster
Seamster Consulting

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Objectives for Today

- Learn from one another as participants present their completed PDSA.
- Challenges and ideas for addressing them
- Evaluation of the training series

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Shelley

Test: Try different communication with partners (committed requests).
Shelly to contact 6 out of 6 organizations with specific committed request which includes a deadline for response and template for implementation plan and then leads to receipt of implementation plan by 3/31/17.

DO
Describe what happened when you carried out the test. Observations, findings, problems, special circumstances
I excluded 2 of 6 organizations from this PDSA because I had already received the necessary information for implementation from them at initiation of the PDSA. • I received implementation plans from 3 of 4 organizations within the deadline. • The one who did not provide a plan, decided to train in multiple sites, thus requiring an additional layer of organizational lead to respond and the need for 3 separate implementation plans. • I successfully gathered the number of "learners" in the overall cohort to purchase only the needed training licenses from the vendor. • Responses to: "training availability for target audience" responses were less specific than I anticipated. I attribute this to lack of clarity in my template.

Shelley

STUDY
How do the measured results compare to the data before you did the test? How do your results compare to what you predicted? What did you learn?
Providing a template as the product for complying with a committed request resulted in more rapid responses overall, with 75% completing request within deadline of 10 days from request to response. Also, to my surprise, the template made for greater clarity and efficiency in seeking any clarifying additional information.

ACT
What will you do differently in your next test?
• I will continue to use templates for explicit and streamlined communication along with deadlines and committed requests in my interactions with Partner Leads. • I will spend more time in reviewing my template for clarity before sending to partners to ensure I am asking for everything I seek, including necessary level of specificity. • I will continue to use PDSA in this effort. For example, I will, create a template for the responses I need for scheduling and execution of on-site trainings. I will have draft of template completed by 4/20/17 and finalized by 4/24/17. E-mails requesting responses will be sent to Partner Leads by 4/25/17 with deadline of 4/28/17. The new "n" will be 7 Partner Leads (due to additional sites).

Shelley

	Email request sent with template and due date for training plan	Response within first deadline	Email reminder sent	Clinic requested assistance with completing plan	Completed plan received by 3/30/17
Clinic A	Yes	No	no	Yes; meeting held 3/27	No
Clinic B	Yes	Yes	N/A	No; f/u meeting held 3/28	Yes
Clinic C	Yes	Yes	N/A	No; SB had clarifying Qs via form	Yes
Clinic D	Yes	Yes	N/A	No	Yes
Percentage	100%	75%	100%	25%	75%

Shelley

How prepared are you to train a co-worker on the PDSA process?

What is your biggest barrier to starting to train someone else on doing a PDSA?

Is there one aspect of the PDSA process that is especially challenging for you?

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Alma & Laurie

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Aim: Increase retinal exams among CCAH patients who have a diagnoses of diabetes. Goal: Ensure 100% of in-house retinal exams among CCAH patients with a diabetes diagnosis are appropriately coded and documented between March 13, 2017 – March 31, 2017.
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
Ensure that the optometrist is provided with the appropriate diagnosis and CPT codes so accurate billing is confirmed.

Alma & Laurie

DO
Describe what happened when you carried out the test. Observations, findings, problems, special circumstances
• We learned early on the process that our predictions were wrong. Calendar year 2016 baseline data findings: • 100% of CCAH patients diagnosed with diabetes seen in Salud's optometry department had qualifying diagnosis and CPT codes. • When comparing number of patients with a diabetic screening on Practice Analytics vs. CCAH dashboard there was a discrepancy of 31 patients. o 31 patients had a retinal eye exam with the appropriate billing documentation (according to CCAH). o When we looked at CCAH portal reports under CBI & Quality reports they either do not appear in the denominator or are shown as non-compliant. o We looked at the patient's billing history and it appears that for the 31 patients that were either not in the CCAH denominator, or were shown as non-compliant, Salud had billed their optometry encounter to CCAH/VSP. o Possible theory for those not appearing in any of the DM measures was that perhaps had not been diagnosed as diabetics. **FINDING: All of the 31 patients had at least 1 medical claim related to diabetes.** o Of the 31 patients, 8 were included in the denominator but appeared as not compliant. CCAH is currently looking into why these 8 patients who had obtained a retinal eye exam are still appearing as non-compliant

Alma & Laurie

STUDY

How do the measured results compare to the data before you did the test? How do your results compare to what you predicted? What did you learn?

We learned early on the process that our assumptions was based on outdated data; furthermore we did more analyzes on what the problem was to help us understand what our next PDSA cycle should be.

- We had started the PDSA with the assumption that Salud's optometrist was not properly coding patient's retinal exams and this was leading to under-reporting on CCAH CBI performance reports. We performed baseline data and found our initial assumption to be wrong. In fact, all CCAH diabetes patients in the optometry department, were being coding correctly when they were being given retinal eye exams.
- We realize that some of our compliant patients may be excluded from the denominator because:
  - CCAH members who do not have a diagnosis of diabetes in any setting during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year do not qualify.
  - Administrative Members do not qualify.
  - Members with other health coverage do not qualify.
  - Also members are excluded if they have greater than a 1 month gap of enrollment with the Alliance, or less than 12 months of continuous enrollment.
- We also learned that Alliance moved Retinal Exams to FFS in 2017, and, like with all the FFS measures, they removed the continuous enrollment requirement. Which means that many of those members who aren't showing up in your denominator now may be eligible for FFS payment in 2017.

Alma & Laurie

- Baseline data shows that:

CCAH Patients Dx with DM who had at least one encounter during reporting period.	588
CCAH Patients Dx with DM who had at least one appointment at Optometry department.	96
CCAH Patients Dx with DM who had at least one appointment at Optometry department who had a qualifying CPT/Dx code.	96

  - There were 588 CCAH patients diagnosed with diabetes who had at least one encounter during 2016 calendar year.
  - Out of those 588 patients 96 (16%) had a retinal eye exam.
- **We learned: Optometry department is seeing only 17% of qualifying CCAH patients diagnosed with diabetes.**

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Alma & Laurie

ACT
What will you do differently in your next test?
-Have a better understanding or current baseline data. -By May 29, 2017 will perform a PDSA cycle in which Health Coaches will contact CCAH 50 patients diagnosed with diabetes and scheduled them for retinal exam with one of SPG's optometrist.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Alma & Laurie

My biggest learning from this PDSA is that it is essential to have accurate and updated baseline data.

Definitely time is one of my biggest barriers.

The most challenging part for me is being able to differentiate between the aim and the goal.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Santa Cruz County HSA

AIM To improve the number of completed and documented SBIRTS in the EHR to improve reporting to UDS.
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Between March 29 – April 12 51% of the eligible Emeline patients seeing Dr. Brooks and Dr. Santillano will have .SBIRT included in their progress notes
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
Having medical assistants doing initial screening while rooming patients and then the doctor will provide SBIRT and document using .SBIRT(dot or smart phrase) in the patient record.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Santa Cruz County HSA

What is your biggest learning from doing the PDSA?
Lack of time, being able to incorporate time to fill out the PDSA.

What are you going to do differently in your next PDSA?
How to communicate so that everyone stays on track. Adding regular standing agenda item on staff meeting agendas.

What is your biggest success in doing the PDSA?
People are talking about PDSA. People know what it is.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Jennifer & Jade

AIM
What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*
Our aim is to ensure hemoglobin A1C tests that we are running in clinic are being accounted for by CCAH. Goal: Ensure 80% Hemoglobin A1C tests done are correctly documented in the EMR by staff in the documentation location that is reportable between March 15 and 30, 2017.
Describe your first (or next) test of change: what are you going to do that is different from the process currently?
Determine the correct location for documentation of Hemoglobin A1Cs; retrain staff on correct data location for HbA1c, if necessary.

Jennifer & Jade

DO
Describe what happened when you carried out the test. Observations, findings, problems, special circumstances For Watsonville/Westside: Ran NextGen "total visits by department" report, separated by individual clinic, to determine all patients who had HbA1Cs ordered by the clinician. Review charts to see outcome of test— Watsonville: in house/sent out/ordered but not completed, etc. 22 of the tests were sent out as blood draws when they could have been done in house. 11 tests were done in house via finger stick. All were documented in the same location. Questions that came up: Is it possible that clinicians are correctly ordering tests but not submitting superbill? Some patients are referred out and don't go...why is this? Why are more tests sent out than done in clinic? Westside: The majority of tests were sent out to Quest, which was expected. All tests were documented and billed appropriately.
We need clear guidelines on which method of blood collection is being done—outside test via blood draw or in clinic finger stick (so that staff aren't sending patients to the lab "to save time".)

Jennifer & Jade

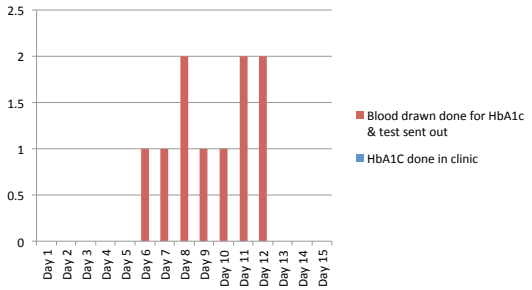
STUDY
How do the measured results compare to the data before you did the test? How do your results compare to what you predicted? What did you learn?
Watsonville—I was surprised that more tests were sent out than done in house, since we recently got the equipment to test in clinic and staff were instructed to use the new equipment whenever possible to get a same day reading. Sending patients to the lab leaves more room for error: patients don't go, no sample received, etc. Westside-There were far fewer tests done in general compared to Watsonville. Manager will have to look into patient population to ensure that tests are being done when needed by staff, regardless if in house or sent out. Perhaps we are under-testing?

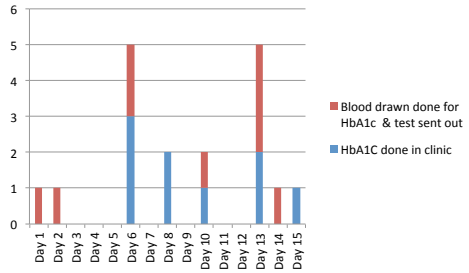
HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

Jennifer & Jade

ACT
What will you do differently in your next test?
Both clinics completed their first PDSA cycles, and found that the documentation is consistent. However, each clinic has new, unanswered questions to study, via a new PDSA cycle. For our next steps, we each have individual PDSAs planned so we can dig deeper into the issue of HbA1C testing and how to make sure the tests we are running are being accounted for for CCAH, as well as ensuring testing is done when medically indicated and billed appropriately. Watsonville—Conduct new PDSA cycle, focused on ensuring in clinic testing for HbA1c is done whenever possible. Plan: I will retrain staff to do in house testing whenever possible so we get results right away and to submit the superbill same day. I will re-audit in 45 days to ensure consistency. Westside – Conduct new PDSA cycle, by looking into the DM population and ensuring tests are being done at appropriate intervals. Plan: run a report of all DM patients seen in the last month and audit charts to see if testing is being documented and ordered at appropriate intervals. Once baseline is established and intervention done, (DO), will re- audit in 60 days to ensure proper testing is being done.

Jennifer & Jade





Jennifer & Jade

Have already done training for co-workers

The materials you provided as background are great and I feel like I understand the process and expectation. The only barrier is the one we all have: time to sit down with others and train them.

The most challenging part of the process is figuring out the best place to start in addressing an issue, and breaking it down to the smallest possible step that will still provide useful information.

Creating / Strengthening culture of quality

1 Organize tools and resources

- Bookmark IHI website
- Bookmark HIP resources
- Create folder for QI tools and documents from this training

Creating / Strengthening culture of quality

2 Provide training for your colleagues

- Identify three different meetings at which you will introduce PDSAs to other staff
- Review and edit PowerPoints from this training to meet your needs
- Prepare handouts

Creating / Strengthening culture of quality

3 Add PDSA to QI meeting agenda

- Start with adding review of the PDSA you completed
- Add time to create PDSAs to meeting agenda
- Add review of PDSAs in progress on to regular agenda

Creating / Strengthening culture of quality

4 Create a three month plan

GOAL	TASKS	COMPLETED BY
Introduce PDSA process to at least three other individuals or groups	Schedule introduction to PDSA at one-on-one meetings or other group meetings to happen in June	5/15/2017
	Review and edit PowerPoint	5/30/2017
	Prepare handouts	5/30/2017
	Deliver PDSA process presentation	6/30/2017
Create and implement PDSA on SBIRT: staff trained on referrals	Research baseline data source and availability	4/30/2017
	Develop goal and Plan section of PDSA	5/15/2017
	Conduct Do, Study and Act sections of PDSA	6/15/2017
Provide coaching to colleague to develop PDSA on eye exams for patients with diabetes	Schedule coaching sessions	6/15/2017

Baseline Data

1 Start with data you have

- Consider all sources of data that are already being reported
- Ask what data is already available that you may not be aware of

Baseline Data

2 Think simple and small

- Manual data collection is fine
- Ask colleagues to use tally sheets
- Brainstorm alternative ways to assess the impact of the change

Baseline Data

3 Re-think your goal and test of change if data collection is becoming a barrier

- Is there a different part of the process you can test changing?

Building Skill and Expertise

1 Do PDSAs

- Put it on your calendar
- Set a goal with your supervisor to do 2 more PDSAs in the next 3 months and schedule reports on your progress

Building Skill and Expertise

2 Pursue more training

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NAHQ National Association for Healthcare Quality

Institute for Healthcare Improvement

Building Skill and Expertise

3 Commit to the process

- Use the PDSA form
- Document your process
- Use data to illustrate your results


SEEK
PROGRESS
NOT PERFECTION


perfection
is
the
enemy
of
progress


IT'S A PROCESS.
IT'S A PROCESS.
IT'S A PROCESS;
CHANGE TAKES TIME.