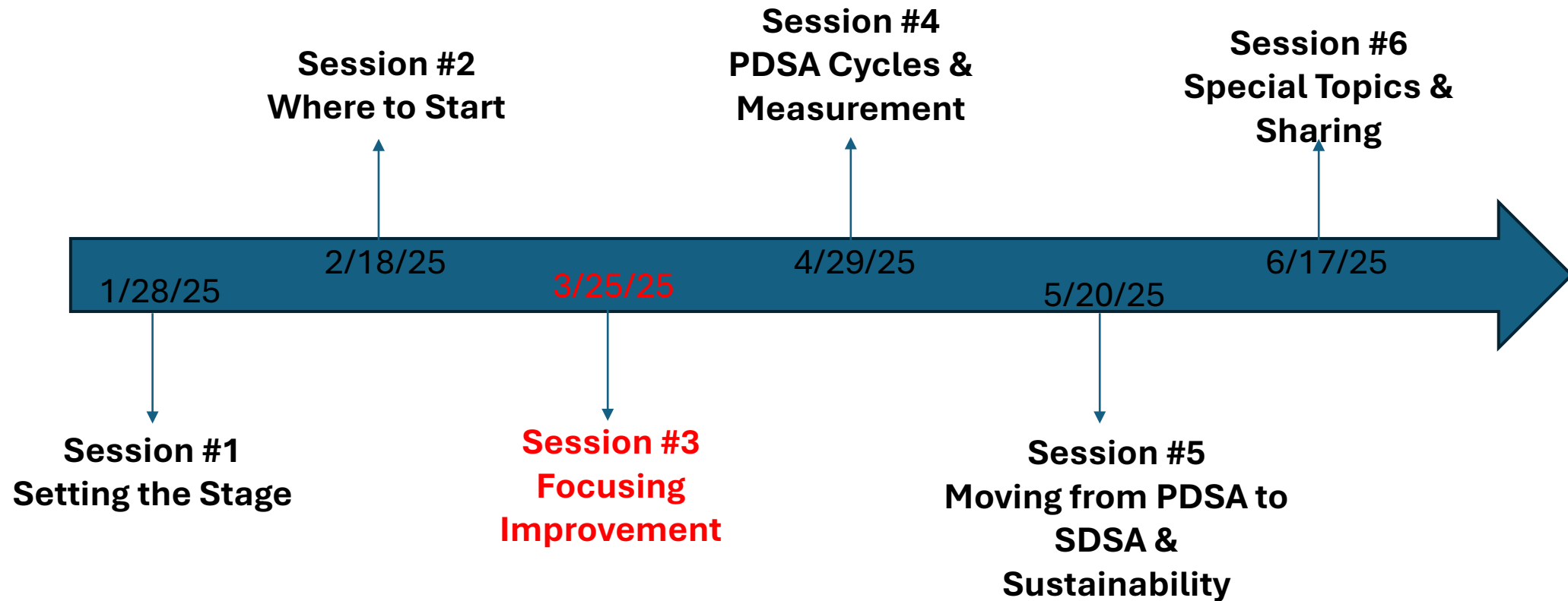# VPQHC
Quality Improvement Training Session 3
Focusing Improvement

March 25, 2025
12:00 to 1:30 PM

Welcome and Program Summary
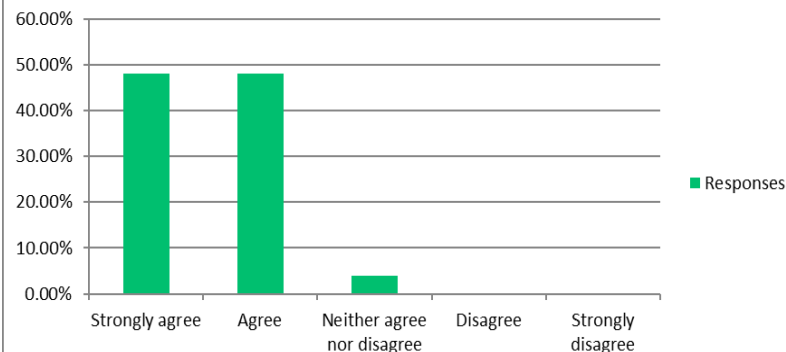
Session 3 Agenda

1. Session Agenda Review and Questions- 5 min

2. Session 2 Evaluation Results

3. Begin to Narrow Down Improvement
   - Global Aims
   - Specific Aims

4. Determining Change Ideas

5. Preparing to test and measure your change idea

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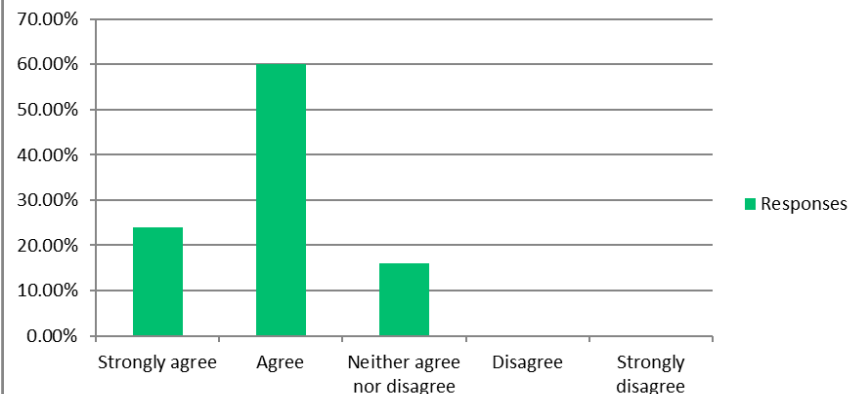
Session 3 Learning Objectives

1. Develop a Global Aim Statement: Review work to date, (data and process flow map) create a Global Aim Statement, and map out the process we identified in the Global Aim.

2. Formulate Specific Aim Statements: Narrow down the focus to specific aims linked to the Global Aim.

3. Generate Change Ideas: Utilize Fishbone Diagrams, brainstorming, and multivoting techniques to develop and prioritize change ideas.

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Session 2 Satisfaction Survey Results (N=25)
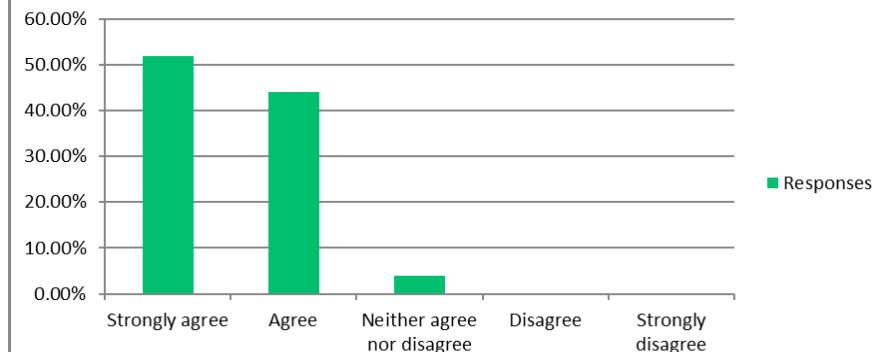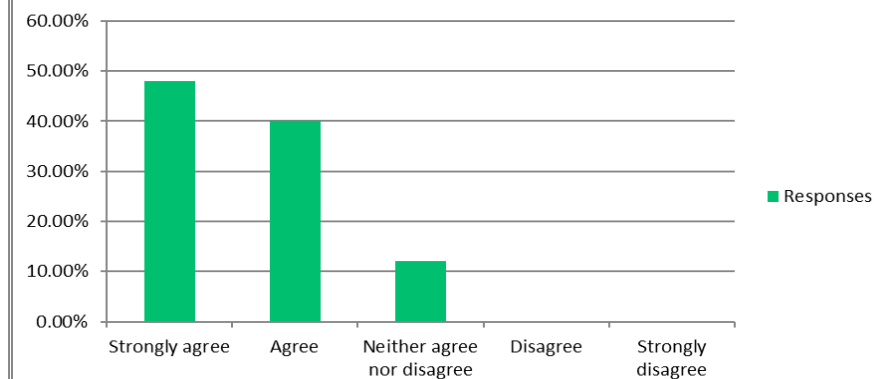
Session 2 Satisfaction Survey Results

The session instructor was clear and easy to understand.
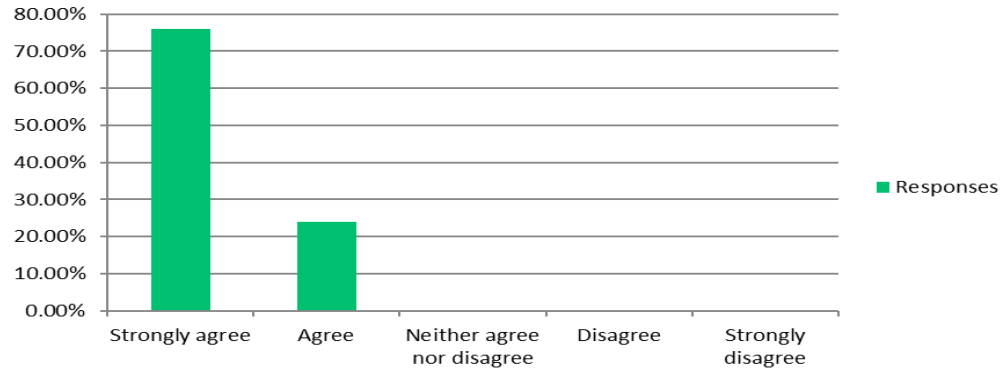
Satisfaction Evaluation Scale 1 to 10 (n=25)

8.9 Mean
9.0 Median
9.0 Mode

Scale 1 to 10
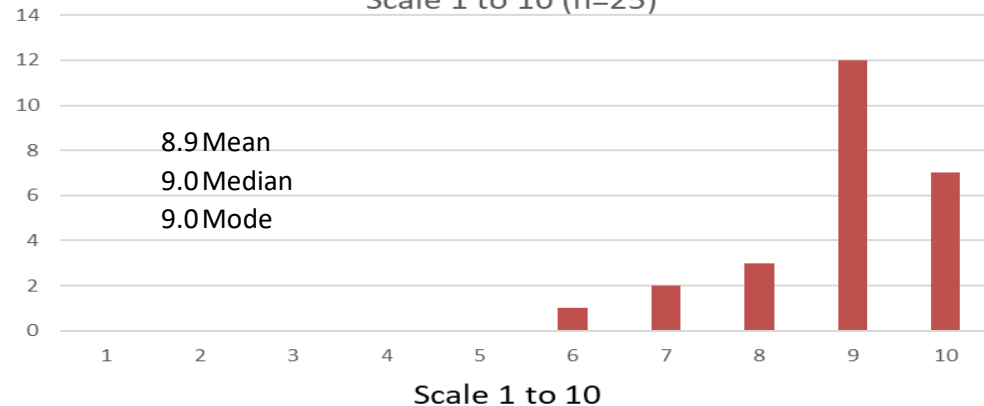
<u>Positive Comments</u>

Great examples to help drive home the point
This is a concept I was quite familiar with / practiced regularly prior to our training

Thank you for spending time on this distinction and for offering examples and getting input from participants
I had a good understanding to start

This really resonated with me. I am new to leadership, and I am grateful to have leadership, clarity about these distinctions !
appreciate the tools to make this possible and make the purpose clear
Like the timed agenda suggestion

The template is very helpful and learning from the group about One Note templates is a game changer.
i really want to try the different roles
I feel like this would have been a valuable addition to my Social Work clinical education.
Good to learn Visio isn't the only game
Appreciate the simplicity of the process flow standards.
Thank you for providing the standard shape for Process Flow Mapping! I really appreciate that.
love using the simple icons
excited to give it a try
Randy you were very engaging. Appreciate your efforts to generate discussion among the group.

Case study is a great tool to use the make the points more concrete. Appreciate the time and efforts being put into these sessions. Each session builds on the previous and gets more detailed and actionable

<u>Constructive Comments</u>

still struggle with getting participation

These tools are all new to me and I know I will need to do some independent study to further expand my understanding and application.
First session had more meat. I thought this session was going to go into the different tools to use for process/change management and tools to use to identify when quality could be improved.

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QI Took Kit Process Outline
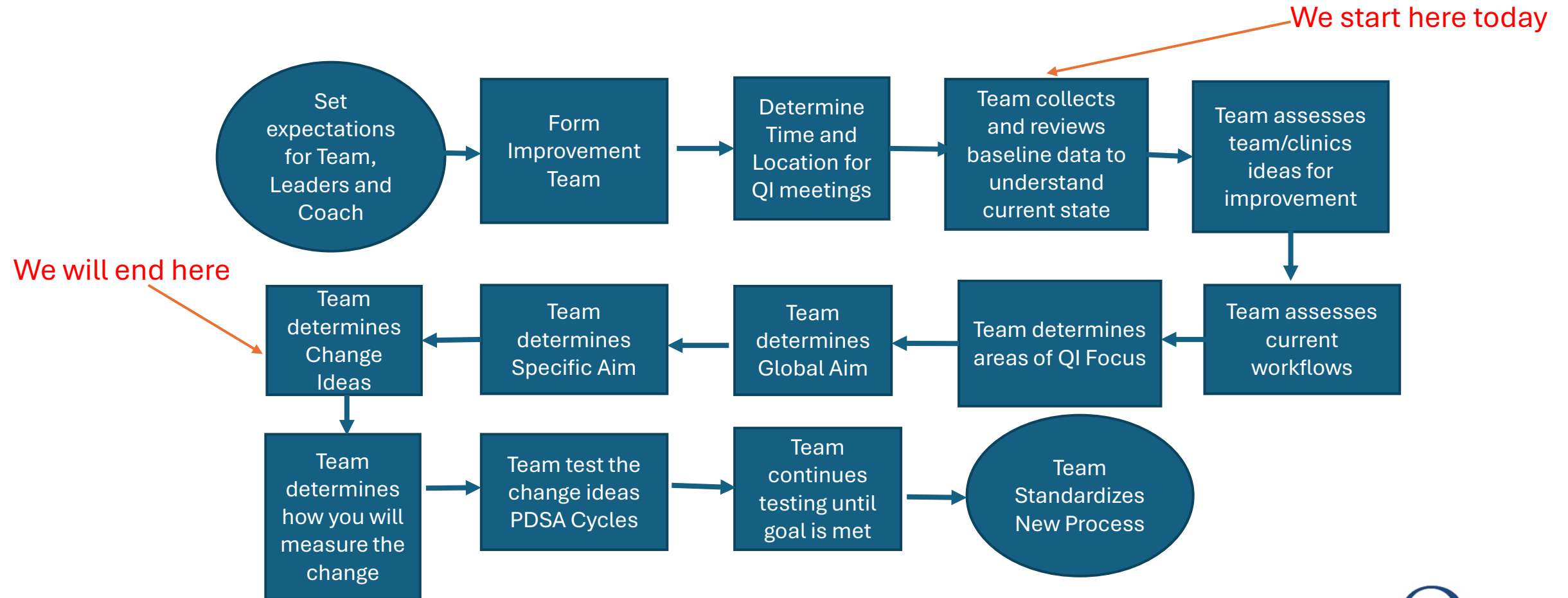
Begin to Focus Improvement-WHY?

- Have you noticed you and those you work with are busy?

- Health care and systems of care are complex

- Keeps the improvement teams work focused and purposeful

- Makes the path forward clearer

- Provides a structure and process (structure→process→outcome)

Step 4- Assess Current Process flows (insert here)

Part of understanding the current system context is to have a clear understanding of the various processes and systems of care. You can do this by creating processes flows. When creating the process flows you may find confusion on steps in the processes or find that there is no standard process at all. The list below is noted as examples only. You should choose processes that are relevant to your area.

Clinic/Unit Flow

Phone and Triage Flow

Patient Electronic Communication Flow

Patient Notification (lab, radiology, referrals,)

Falls Monitoring

Discharge planning

Unit scheduling

Other Process flows that matter to you and your

Current Patient Visit Process
High Level Process Flow

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Step 5- Assess Staff/Patient/Organization Ideas for Improvement

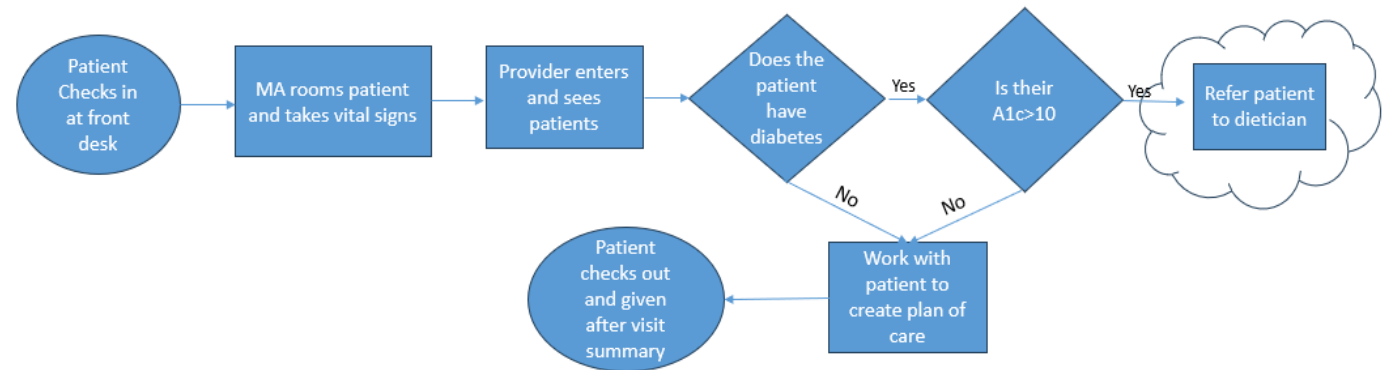At this time, an area of focus or problem may already be identified, or the team may be reviewing data looking for needed improvements.

- Assess staff, providers patient ideas for improvement opportunities.

- Review current survey data or develop brief short cycle surveys/data collection plans to gain a better understanding from those who work in and those who receive care in the clinic.

- The Core Process Survey can be used to assist in identifying potential areas of focus.

Top 5 Ideas for Improvement Focus
1. Making Referrals
2. Prevention Assessment/Therapies
3. Care Coordination
4. Chronic Disease Management
5. Education for Patients/Families

Core and Supporting Processes Survey
(Check the box that best reflects your thoughts on each topic)

Processes	Works Well	Small Problem	Real Problem	Totally Broken	Cannot Rate	We're Working On It	Source of Patient Complaint
Answering Phones	4	5					X
Appointment System		6	4				
Messaging	10						X
Scheduling Procedures	2	8					X
Order Diagnostic Testing		8	2				
Reporting Diagnostic Test Results		4	6				
Prescription Renewal	10						
Making Referrals			8	2			X
Pre-authorization for Services		6	4				X
EMR Documentation	8	2					
Phone Advice/Triage	9	1					X
Assignment of Patients to care provider.	10						
New Patient intake process	2	8					
Orientation of Patients to Your Practice	9	1					
Follow up care		4	6				X
Education for Patients/Families		2	8				
Prevention Assessment/Therapies			8	1			
Care Coordination		8	2				
Internal Communication	8	2					
Community Outreach	8	1					
Chronic Disease Management			2	8			

Step 6- Determine Area(s) of Focus (Big Picture)

- Review all the data, and process flows

- Brainstorm top 4 or 5 ideas on areas of opportunity for improvement

Brainstorming

- Clarify topic to be brainstormed
- Quietly think of ideas (silent) go around the team one by one to ask for idea.
- Each person provides ideas without any discussion or reaction from the group
- Build off from each other's ideas
- You can also do it silently with post it notes and then arrange ideas into themes.

Multivoting

- Review list of generated ideas
- Clarify/explain as needed by the individual who stated the idea.
- Combine similar ideas and number them
- Discuss selection criteria (ex. no cost, something we can do, etc.)
- Each member selects one-third of the top ideas**
- Repeat the voting process of one-third until a few ideas remain that you can take action on.

1.	Caring for people with chronic diseases
2.	Chronic Disease Monitoring
3.	Patient Education and Support
4.	Making Referrals

Multivoting Reference **

Ideas	# of votes
2 to 4	1
5 to 7	2
8 to 10	3
11 to 13	4
14 to 16	5

Step 7 - Determine Global Aim

We aim to improve:

_____

In/at:

_____

The process begins with:

_____

The process ends with:

_____

By working on this process, we expect:

_____

It's important to work on this now because:

_____

We aim to improve: **The care we provide to people with Diabetes.**

In/at: **The Good Health Primary Care Clinic.**

The process begins with: **getting a better understanding of how we care for people with diabetes**

The process ends with: **an improvement in the number of people with diabetes with an AIC less than 10.**

By working on this process, we expect: **a better understanding of how we care for people with diabetes, improved patient satisfaction, reduction in the number of people with A1C>10.**

It's important to work on this now because: **the latest report from our ACO indicates the number of our patients with diabetes with an A1C>10 is outside of normal limits.**

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Patient with Diabetes Process Flow

Patient with diabetes Checks in at front desk → Patient fills out Previsit surveys. (PHQ9,GAD7, CMS-10 → MA rooms patient and takes vital signs Pulls up Labs → Provider enters and sees patients → Is their A1c>10 — Yes → Has patient seen dietician? — No → Refer to in house dietician or warm handoff

Is their A1c>10 — No → Work with patient to create plan of care and orders A1C every 3 mths. → Patient goes to check out desk to schedule appt. or F/U with dietician → Patient checks out and given after visit summary

Step 8- Determine Specific Aim

We will: ☐ improve ☐ increase ☐ decrease
The: ☐ quality of ☐ number/amount of ☐ percentage of
_____
By or From:
_____
To or By:
_____
By:
_____

We will: increase

The: number and percentage of patients with diabetes referred to the dietician.

From: the current percentage (to be determined)

By: 50%

By: December 31st, 2021

Date (week of)	Number of Patients Eligible for Dietitian Visit	Number of Patients Who Saw a Dietitian	Percentage of Patients Who saw a Dietitian
8/4/2021	4	1	25%
8/5/2021	3	1	33%
8/6/2021	2	0	0%
8/7/2021	6	2	33%
8/8/2021	4	1	25%
8/10/2021	5	0	0%
8/11/2021	3	1	33%
8/12/2021	6	2	33%
8/13/2021	4	1	25%
8/14/2021	3	0	0%
		Average	21%

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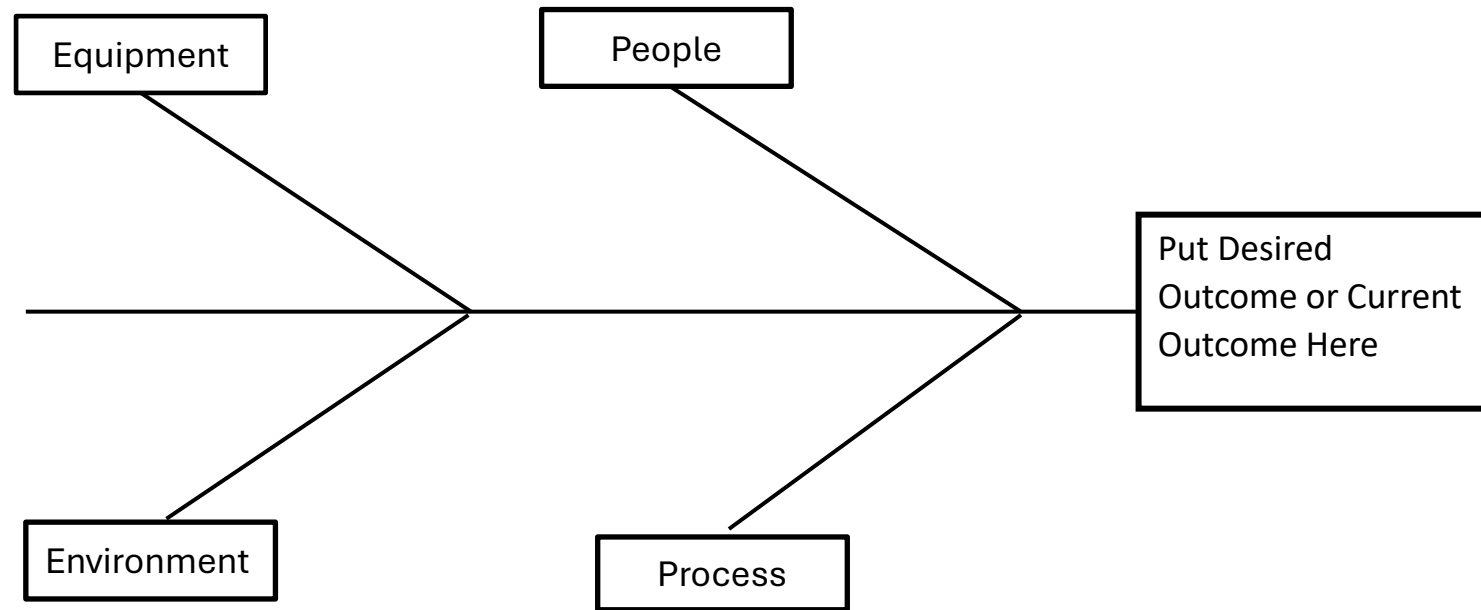Vermont Program for Quality in Health Care, Inc.

What do you do next???

- At this point you know what the aim of your improvement focus is and how you will know when you got there. Now you need to determine what changes you can make to reach your goal.
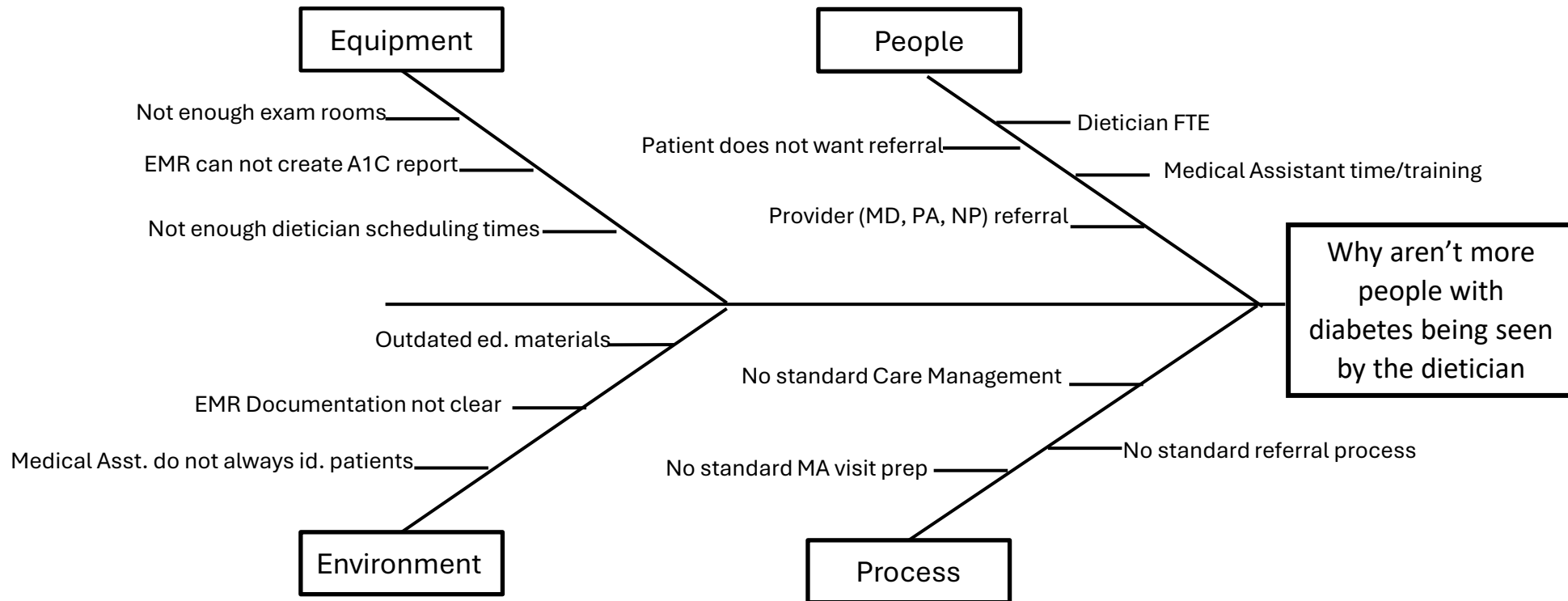
Step 9 - Determine Cause and Effect

What do you think is affecting (causing) the current outcomes? (This will help you in determining change ideas.)

Step 9 - Determine Cause and Effect

Fishbone (cause and effect) diagram.

Effect: Why aren't more people with diabetes being seen by the dietician

Equipment
- Not enough exam rooms
- EMR can not create A1C report
- Not enough dietician scheduling times

People
- Dietician FTE
- Patient does not want referral
- Medical Assistant time/training
- Provider (MD, PA, NP) referral

Environment
- Outdated ed. materials
- EMR Documentation not clear
- Medical Asst. do not always id. patients

Process
- No standard Care Management
- No standard MA visit prep
- No standard referral process

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Developing Change Ideas

A. **Evidence Based**
    Literature Review
    Professional Literature

B. **Best Practice**
    Published and Unpublished
    Societies/Academies

C. **Tools and Surveys**
    Fishbone diagrams
    Core Process Surveys

Step 10- Brainstorm Change Ideas

- Select change ideas that you think would address the issues outlined by the fishbone diagram, evidence based and best practices and are linked to your Global and Specific Aims

Brainstorming

- Clarify topic to be brainstormed
- Quietly think of ideas (silent) go around the team one by one to ask for idea.
- Each person provides ideas without any discussion or reaction from the group
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- You can also do silently with post it notes and then arrange ideas into themes.

Multivoting

- Review list of generated ideas
- Clarify/explain as needed by the individual who stated the idea.
- Combine similar ideas and number them
- Discuss selection criteria (ex. no cost, something we can do, etc.)
- Each member selects one-third of the top ideas
- Repeat the voting process of one-third until a few ideas remain that you can take action on.

List Possible Change Ideas
1. Standardize the referral process to the dietician
2. Standardize chart prep for people with chronic conditions
3. Increase the dietician FTE

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Connecting the Steps Leading to PDSA Cycles
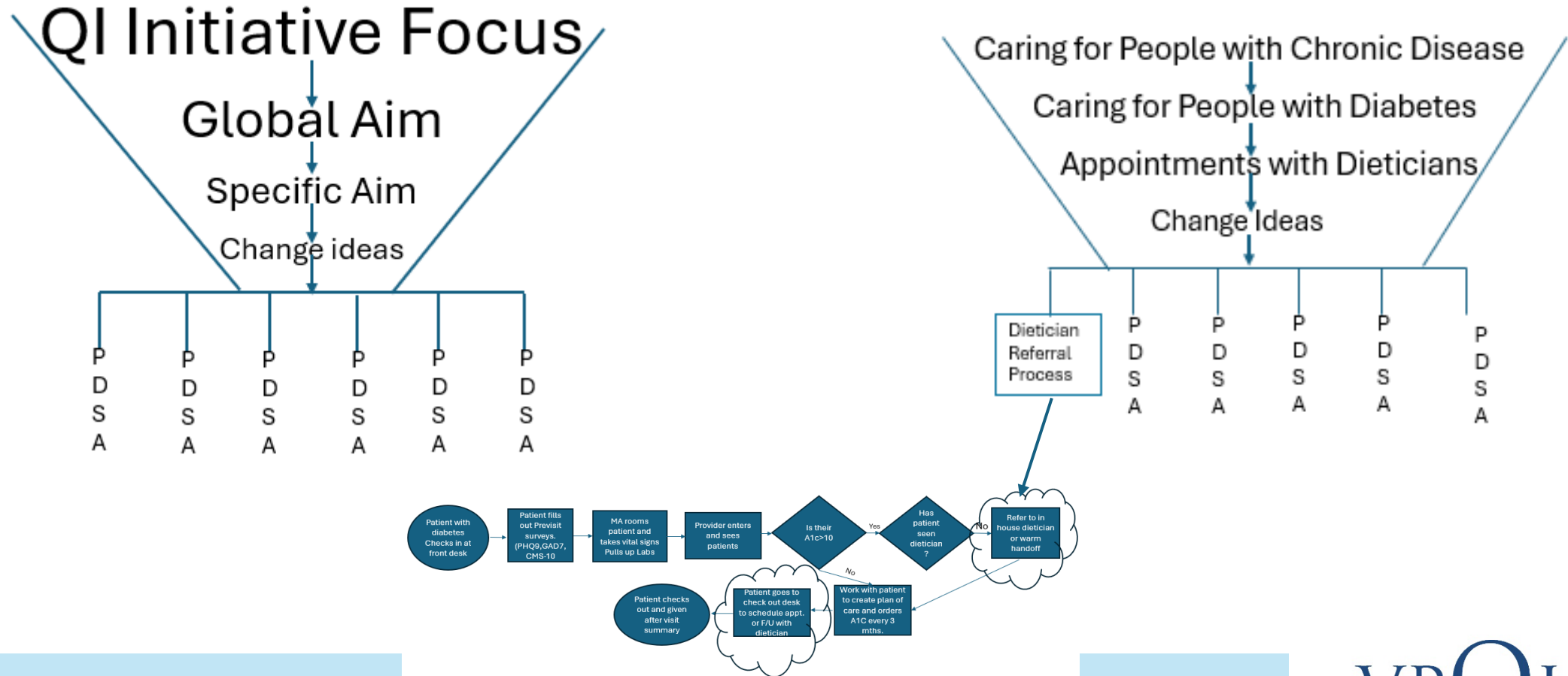
Session 3 Summary

- Everyone is busy and health care systems are complex.

- We need to focus our improvement efforts and be efficient with everyone's time.

- Make sure to include EVERYONE in identifying problems and potential solutions (ownership)

- Global Aims helps you to focus on the Process that you want to improve.

- Specific Aim narrows down your improvement efforts to one part of the process and identifies how you will know you have improved.

- Use fishbone diagrams, evidenced based practices and literature reviews to help identify potential change ideas.

- Use of structured Brainstorming and Multivoting ensures everyone is involved and engaged. (structure ➝ process ➝ outcome)

- This process generates many possible change ideas you will be able to test. One at a time.

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Next Session

Session 4 will be April 29th at Noon

Session 4 Learning Objectives

1. Create a PDSA Cycle Plan: Develop a PDSA cycle plan using a template, understand the importance of small sample sizes, time management, and measures.

2. Design a Measurement Plan: Identify process and outcome measures and set measurement goals.

3. Understand Simple Variation: Explain the concept of simple variation and determine when enough data has been collected before applying statistical analysis (if needed).

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CREATING A CULTURE OF QUALITY THROUGH EDUCATION, MEASUREMENT AND COLLABORATION

Leveraging its expertise in facilitating productive change and quality improvement, VPQHC bridges the gap from the start of needed health care reform to organized processes, enhanced methods, and state-of-the-art tools that result in better health care experiences and outcomes for all Vermonters.

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Session Satisfaction Survey:
https://www.surveymonkey.com/r/WJ9FMC2

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pw: qi