

Quality and improvement in rural health clinics



Kathy H. Marcussen, MSN, RNC
Quality Specialist
Arkansas Foundation for Medical Care

Arkansas Foundation for Medical Care

- **Arkansas' Quality Improvement Organization**
- **Our mission:** “To promote excellence in health and health care through education and evaluation”
- **Physician offices, hospitals, nursing homes, communities, Medicare/Medicaid patients, government agencies**
- **All at no cost to you!**

What AFMC provides

- Learning opportunities
- Educational tools
- Technical support
- One-on-one consulting
- Content expertise, practice/process

Improving health for populations and communities



National Rankings

Hypertension - #1 Mississippi
#7 Arkansas

Obesity - #1 Mississippi
#4 Arkansas

Teen Pregnancy - #1 Mississippi
#4 Arkansas

Smoking – Arkansas is #4

Low Birth Weight – Arkansas is #6

Even at 99.9%...

| | |
|--|--------|
| Daily unsafe landings at O'Hare | 2 |
| Lost pieces of mail per hour | 16,000 |
| Incorrectly filled prescriptions/year | 20,000 |
| Wrong OR performed/week | 500 |
| Checks deducted from wrong account every hour!! | 22,000 |

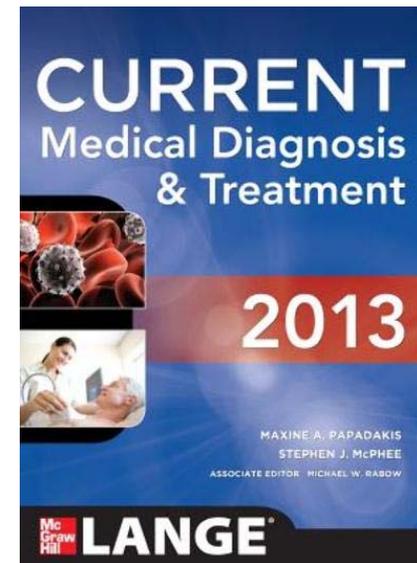
100% can become priceless!!

Quality



Most common diagnoses?

- Hypertension?
- Congestive heart failure?
- Strep throat?
- Pneumonia?
- How many total diabetic patients do you treat?



Quality indicators measured

- Hypertension: BP <140/90, 130/80hx
- LDL cholesterol <100
- Diabetes: HbA1c <8 percent
- Dilated eye exam annually (ADA)
- Breast cancer prevention: Mammograms
- Adult immunizations: Annual influenza
- Pneumococcal, Tdap/TD

Physician Quality Reporting System (PQRS) 2012 Q4

| Preventative care and screening: | | |
|---|---|------------|
| PQRS #110 | Influenza immunization for patients \geq 6 months old | 30% |
| PQRS #112 | Screening mammography | 28% |
| PQRS #226 | Tobacco screening and cessation intervention | 77% |
| Diabetes mellitus: | | |
| PQRS #3 | High blood pressure control | 53% |
| Hypertension: | | |
| PQRS #237 | Blood pressure measurement | 94% |

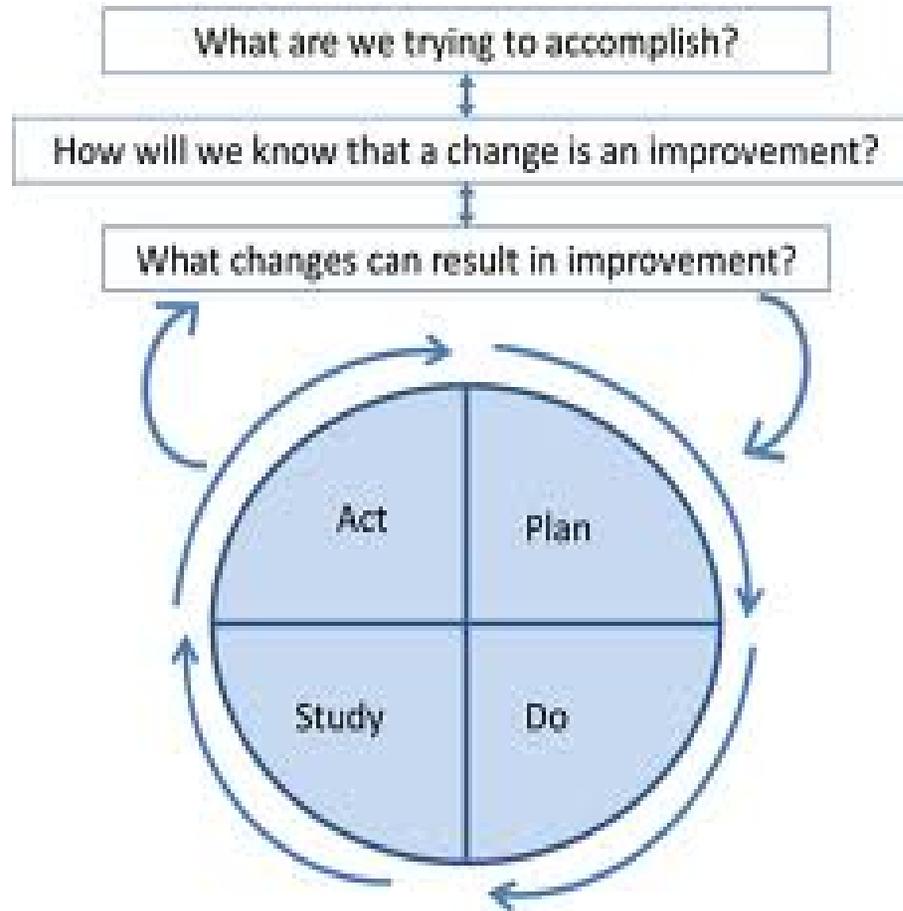
QA vs. QI



Two all beef patties, special sauce...



Model for improvement



Stage 1: Thinking ahead

- **What are we trying to accomplish?**
 - Setting aims = Goal-setting
- **How will we know that a change is an improvement?**
 - Establishing measures
- **What changes can we make that will result in improvement?**
 - Waste, workflow, standardize care, error rate

Checkpoint

- Name the workflow or process currently in place in your clinic that has the MOST steps?
- What wastes time (staff's or patient's) in your clinic?
- What is your biggest worry/concern?
- What keeps the staff from doing a better job?



It's easy to see what
needs improvement



Boot camp exercise



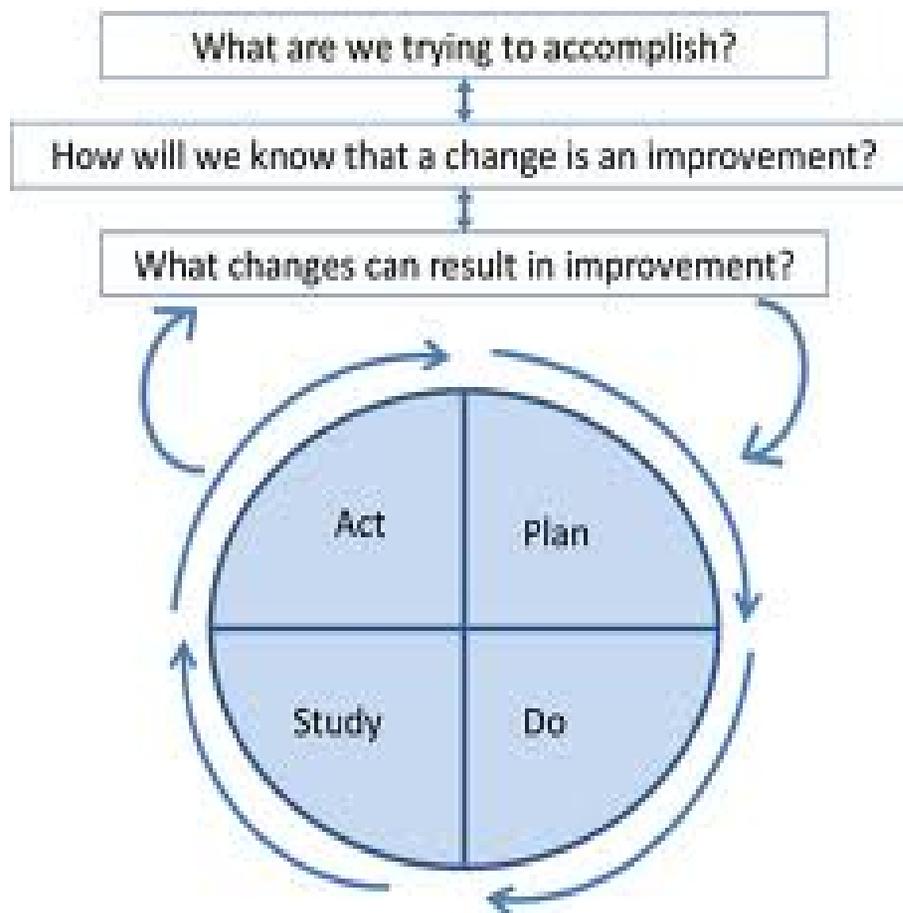
Design a flyer... for the bathroom door!

On my day out of the office, I learned that
Quality improvement is important in order
for our clinic to...

- 1.
- 2.
- 3.



PDSA cycle



Plan

- **State the objective of the test.**
- **Make predictions about what will happen and why.**
- **Develop a plan to test the change.**
- **Use baby steps! Don't dirty the diaper!**

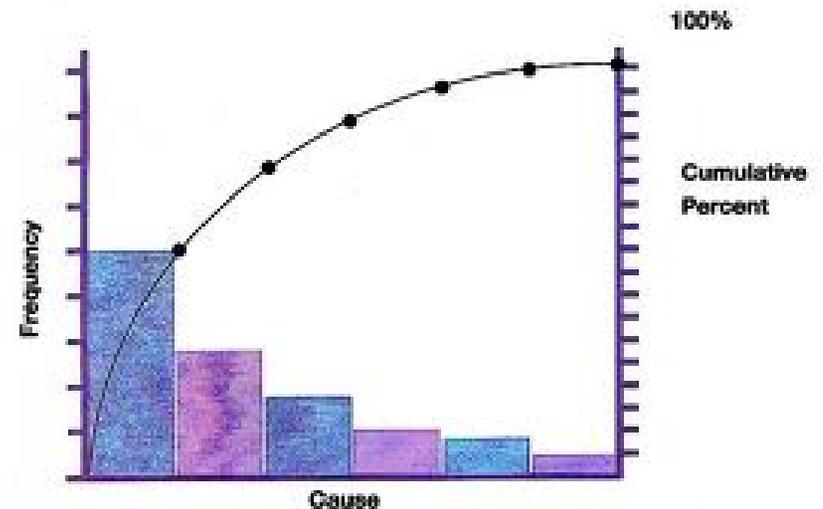


Dr. JJ

- **Plan:** Ask one patient if he or she would like more information on how to manage blood sugar.
- **Do:** Dr. JJ asked his first patient with diabetes on Tuesday.
- **Study:** Patient was interested; Dr. JJ was pleased at the positive response.
- **Act:** Dr. JJ will continue with the next five patients and set up a planned visit for those who say 'yes'.

80/20 Rule

- **80 percent of the time the problem is due to the system.** Only 20 percent of the time is the problem due to the staff.
- **The system does not allow staff to do their job to the best of their abilities.**
- **Improved quality comes from improved work processes!**





Do

- **Try out the test on a small scale (pilot)**
- ***Rapid Cycle Testing***
- **Carry out the test as planned**
- **Document problems and unexpected observations**
- **Begin analysis of the data**



Study

- Did our implementation of the system change work?
- Were we successful in meeting our goal?
- Is our success measureable?
- Data to information
- Weekly/monthly reports, or “scorecards”



Act

- **What is the next step?**
- **Do we:**
 - Adopt the change? 😊
 - Abandon the change? ☹️
 - Alter or adjust the change??



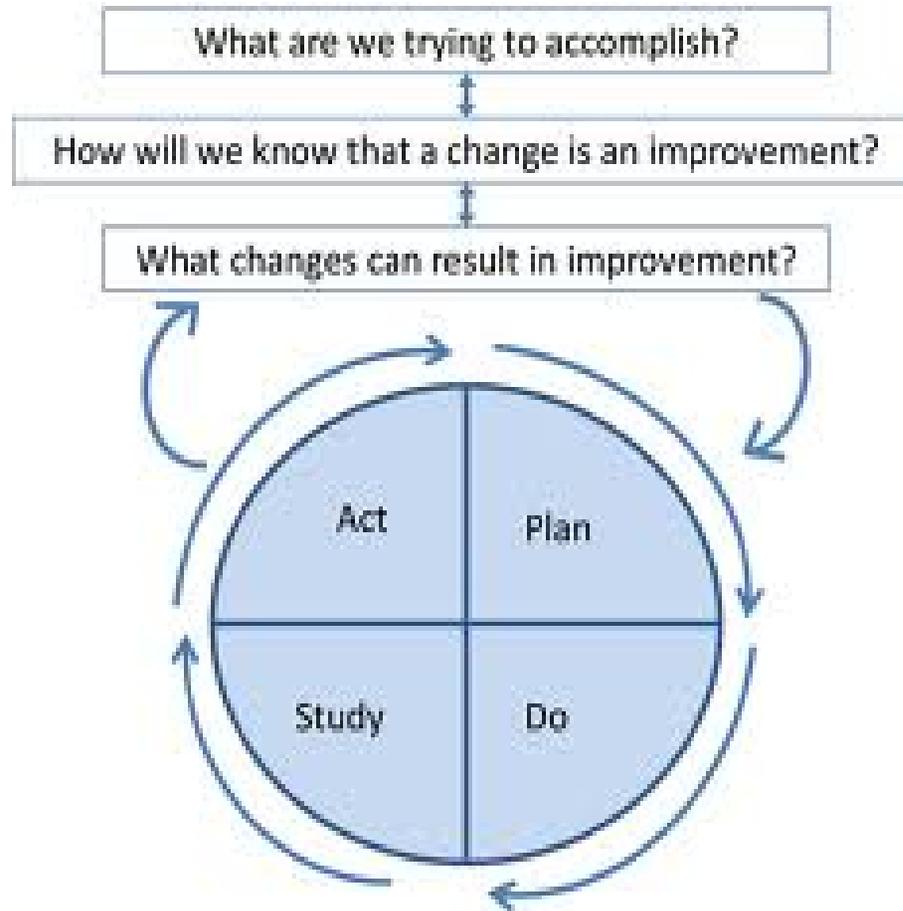
Act, step 2

▪ If a negative impact is shown:

- Why did the process fall short?
- Does the process need to be changed?
- Is further staff education needed?



PDSA



Where would we be without Improvement?

- Prescribing only penicillin
- Sending patients to a lab for all testing
- Taking out every tonsil
- Buying from whomever the best sales person is
- Waiting...
- Wondering...
- Giving less than Quality Care!

QI participation goals

- **Increased rates for diabetic indicators in the Medicare patient population (A1c, retinal exams, lipid profiles)**
- **Increased rates for adult immunizations**
- **Increased rates for screening mammograms**
- **Increased rates for colorectal cancer screening**

Where to start

- **Incorporate the PDSA cycle**
- **Utilize available resources (AFMC staff)**
- **Utilize intervention tools**
 - Uses of a “project champion” to lead
 - Standing orders
 - Patient empanelment - EMR
 - Flowsheets, guidelines
 - Reminder systems (stickers, postcards)

Improving the “mess”



What comes next??

Marching orders



Recipes for Success



Utensils and Ingredients

Million Hearts Initiative: ABCS

- *Aspirin
- *Blood pressure
- *Cholesterol
- *Smoking



Apply the PDSA Cycle!