

Beaufort Pediatrics

QTIP team

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**IMPROVING ADHD
MANAGEMENT**



A Voyage

- Decide Where you want to Go
- Plan
- Look at the Map
- All Aboard!
- Check Progress, Stay on Course
- Arrive at Destination
- Work to Stay there

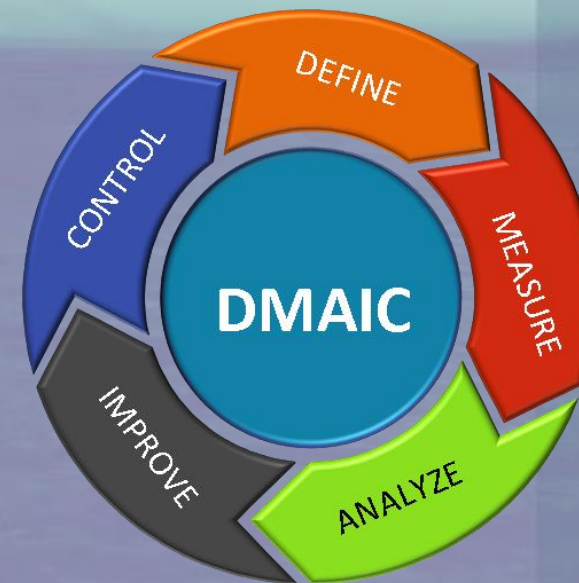
Define the Problem

- ⦿ Goal: Improved, More Consistent ADHD Care
Before: Inconsistent, No Protocol or Map of Process
 - Vanderbilt done at time of visit or had to come back
 - Caused more time spent in getting patients in and delayed care
 - Decreased Patient Satisfaction
 - Decreased Efficiency
 - Decreased Quality of Care
 - Decreased Revenue

QTIP, PCTE and Athena: Our Boat, Sails and Anchor

- ◎ **QTIP** Quality through Technology and Innovation in Pediatrics- a learning collaborative to improve quality in Pediatrics in South Carolina
- ◎ **HRSA PCTE Fellowship**
Primary Care Training and Enhancement Fellowship 1-year program administered through MUSC to support Primary care offices in improving team engagement of the PCMH and QI efforts
- ◎ **Athena** New EMR tool with new ability to create appointment reminders and make automated phone calls helping us achieve our goals with patient outreach.

- ◎ **LSS** Lean Six Sigma: a method that relies on collaborative team effort to improve performance by systematically removing waste and reducing variation. Part of PCTE fellowship



Common Goals

○ QTIP

- Improve Follow up visits
- Identify Comorbidities
- Documentation of diagnosis
- More Screening for Comorbid Conditions
- PDSA Cycles to Improve Quality of Care
- Use EMR reminder systems
- Use Folders for Initial Visit and Follow Up that include check lists provided by friends in QTIP

○ LSS

- Improve ADHD Follow Up Visits after Starting Stimulants
- Seek to Improve Process, starting with baseline, making improvements then measure success systematically through DMAIC
- Use EMR reminder systems
- Use Folders for Initial ADHD Evaluation and Follow Up visits that include Vanderbilt, ADHD Contract and Anxiety Screens

Improved Work Flow Project

- Decreased Provider time by stocking rooms with needed screens for ADHD, Anxiety, and more
- Spaghetti Diagram shows wasted movement
- Process diagram that shows how Providers better communicate with Nurses and time saved

BEAUFORT PEDIATRICS

Improving Work Flow for Providers
Jill Aiken, MD
Beaufort Pediatrics, P.A.
Beaufort, SC

CARE COORDINATION
INSTITUTE
Healthcare Lean Six Sigma

Control: We held our gains by interviewing providers asking them what was improving work flow and what was not. Some providers chose not to participate choosing work flow that suited them better. Folders were restocked as providers used forms monthly.

Define: Providers were having to leave their rooms to fetch lab orders, supplies, forms and screens. There were issues with communication with nurses when needing tests run or treatments. CTQ was being able to finish encounter without leaving room. Goal: Decrease # of times leaving room from average of 2.7 to 1 per day by 6/14/19. I made SIPOC and spaghetti diagrams of the as-is process. VOC was documented by doing surveys for factors for "Y". Breakout sessions and interviews were also employed. Process map was drawn.

Measure: Y = # of times leaving room for forms. Baseline: Average 2.7 Range: 0-4. I used CIE diagram to identify potential causes for leaving rooms. Brainstorming techniques used. Data was collected from providers for 2 weeks. Financial impact was calculated using a waste calculator. If estimating average of 3.5 minutes wasted per day X 225/60 = 13.3 hours saved X \$500/hours = \$1197 X 6 FTE = \$7192 saved.

Improve: Using focus groups and best practices of BOBs, I created 3 folders with deo/d handouts, forms and screens that providers needed at fingertips. Each folder was labeled with the contents. A new process map was created to help work flow. Pilot ran for 2 weeks.

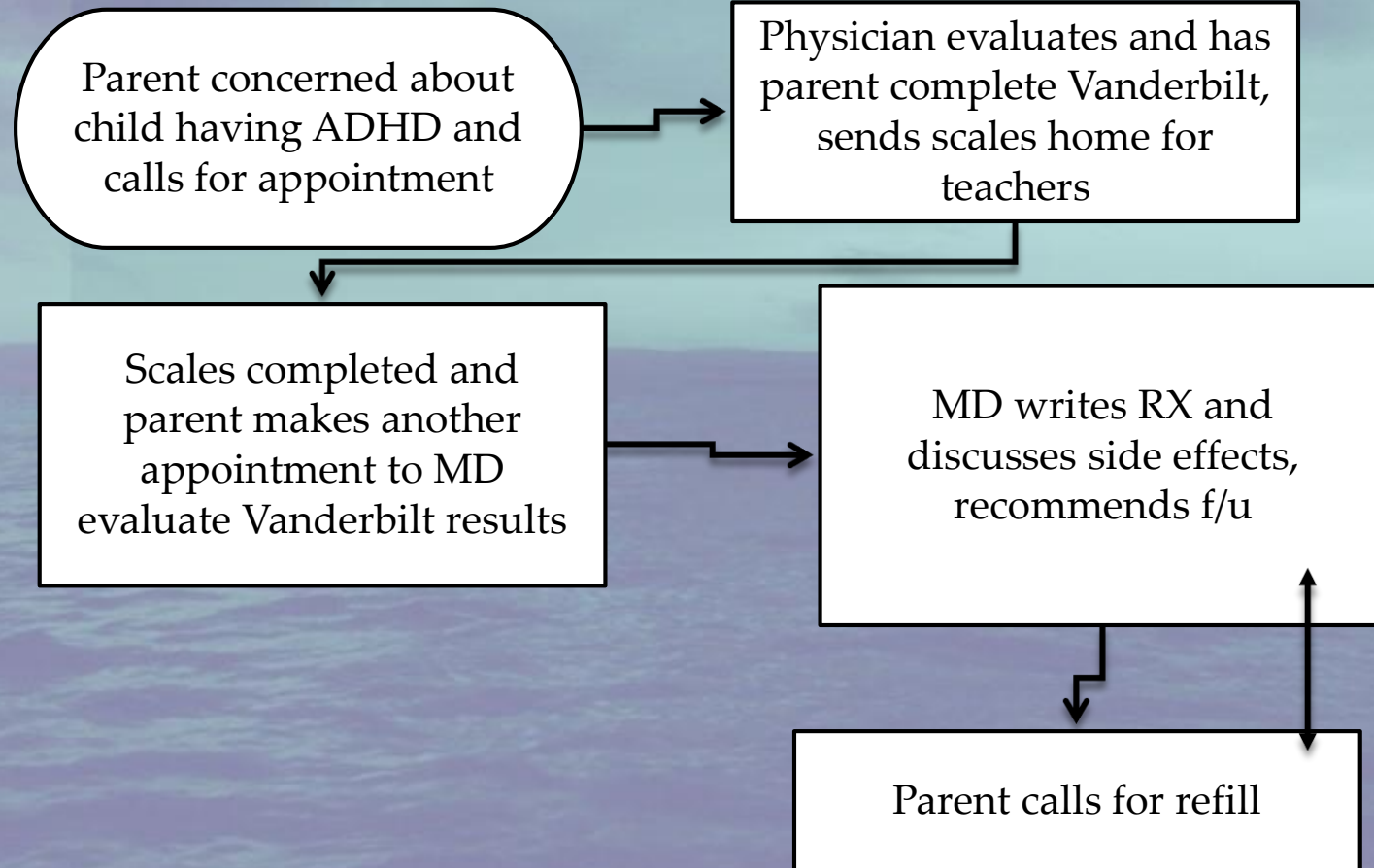
| | Before | After |
|-------|--------|-------|
| Avg | 2.7 | 0.7 |
| Range | 0-4 | 0-1 |

Summary: Providers were frustrated when they were having to leave the rooms to fetch forms and averaging 3 times a day to get needed supplies or communicate with a nurse. By following the DMAIC method, we identified forms that were needed, and put them in folders in each room. We developed a process map to improve work flow to eliminate excess movement from rooms, reducing provider leaving room to less than once a day.

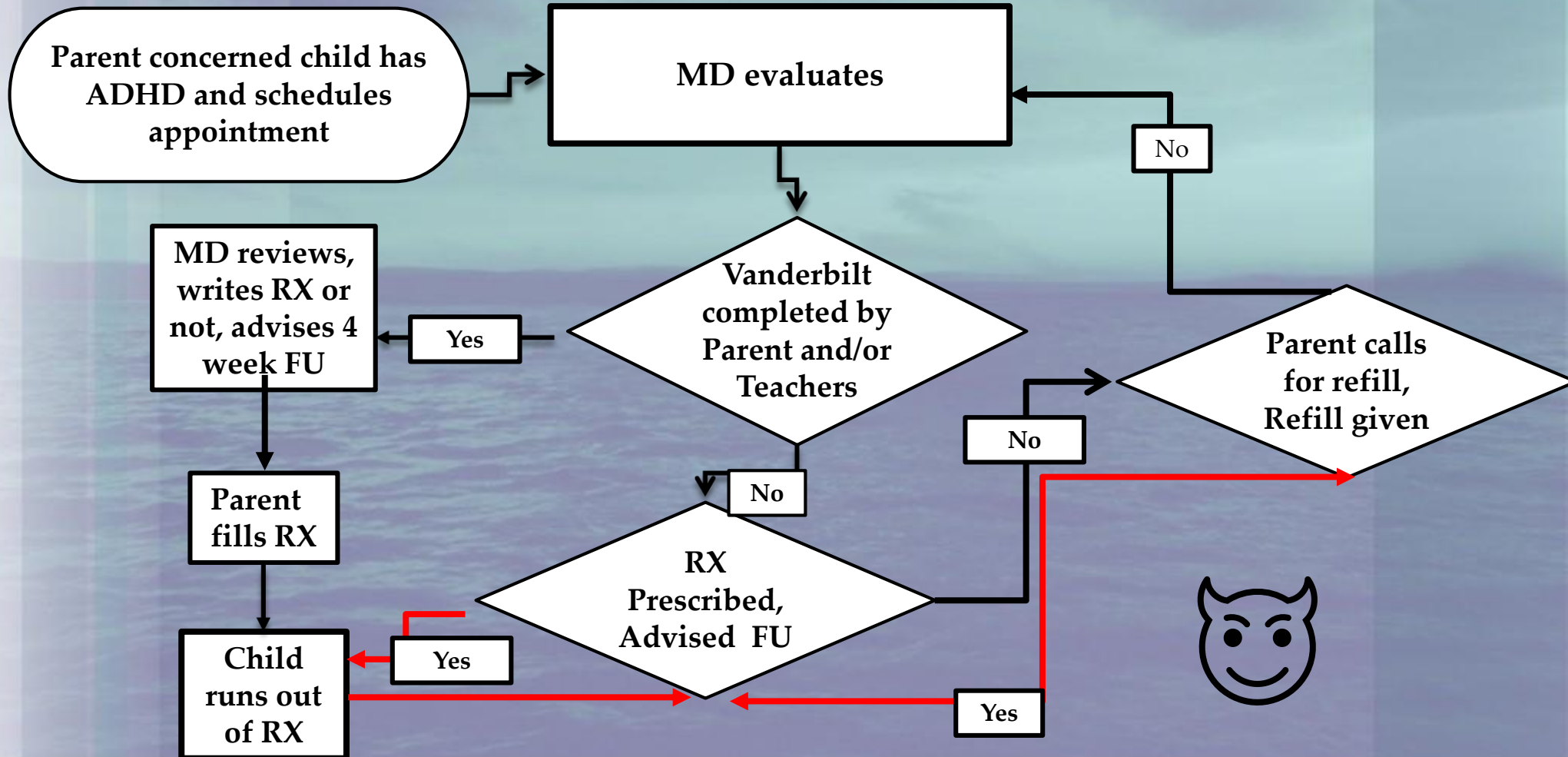
Analyze: I studied which forms were commonly needed in the rooms, causing providers to leave and search for them. I found variation in the work flow patterns between different providers. BOBs and VOCs were identified. Spaghetti diagrams highlighted the wasted movement of some providers going to different copiers that were inconveniently located in relation to their rooms. Data showed that 3 of the 7 providers were leaving rooms 4 times more often, primarily to fetch forms they needed and to print to printer. I concluded we could save time and movement by printing to front office and task patients with collecting their forms and printouts.

submitted 6/14/19

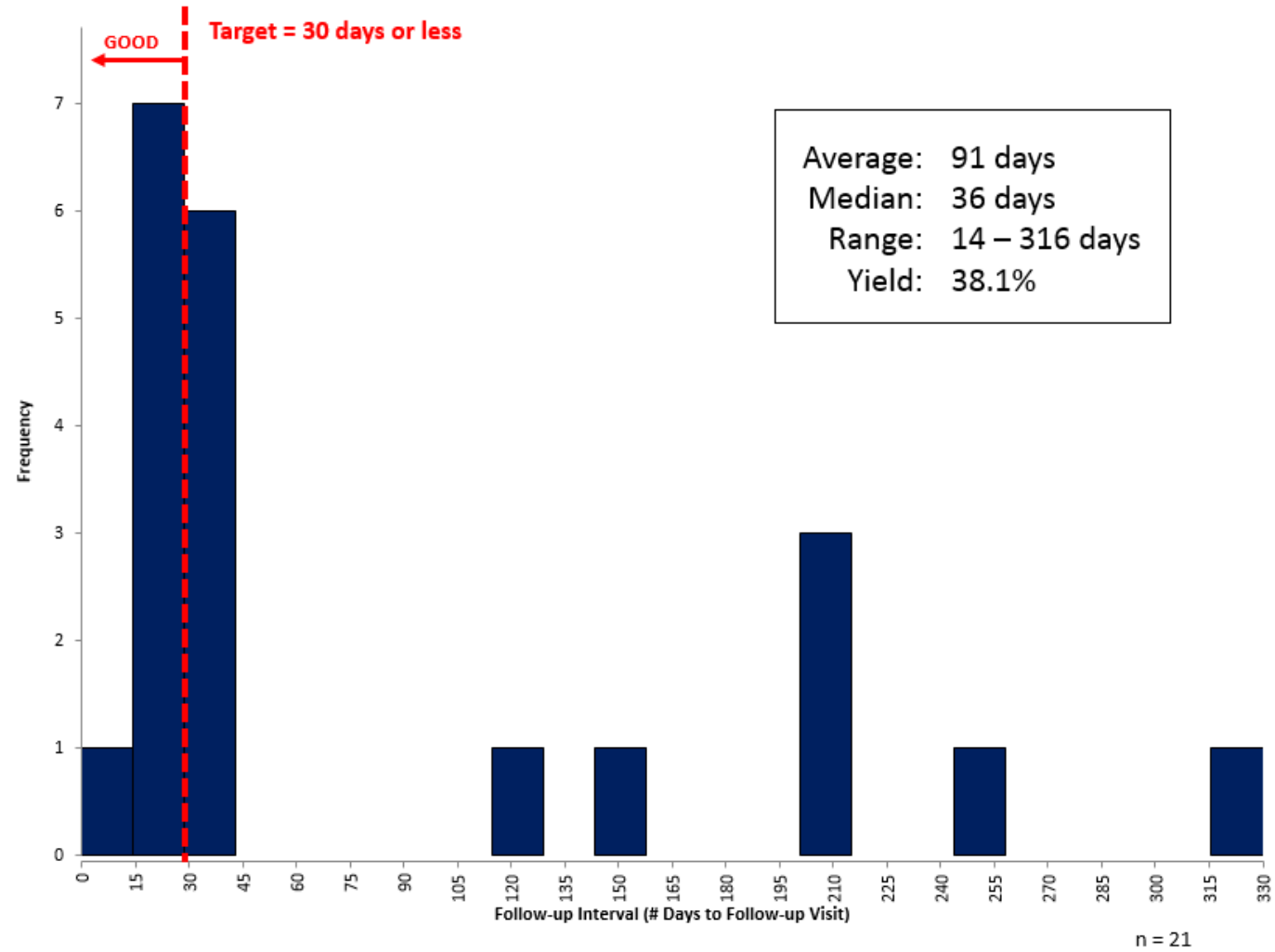
Old Process-Simple Version



Old Process-Clarified

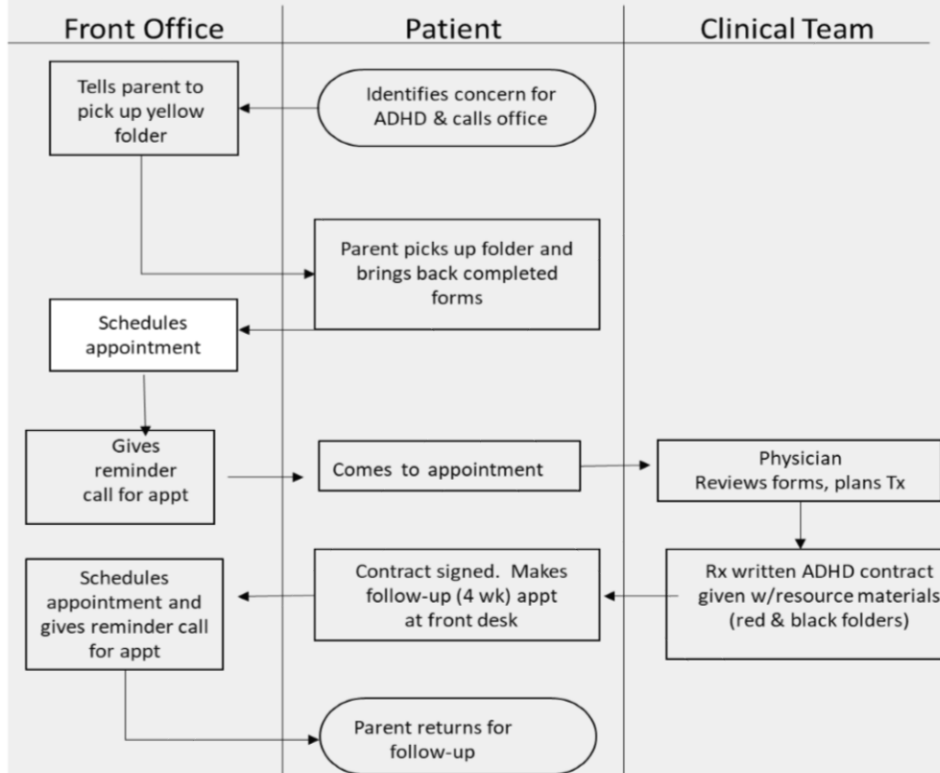


Initial Baseline



New Process

Process: Improving Compliance in ADHD Patients 4 wk follow-up
Jill Aiken, MD



Yellow folder: Vanderbilts, Education about ADHD
Red Folder: Resources for ages 6-12, ADHD contract
Black Folder: Resources for teen, contract (states policies for follow-up)

- Divided by responsibility
- Can identify handoffs and where process could go wrong
- Shifts more responsibility to Patient
- Team based approach





Next Steps

Continue Patient outreach with telephone campaign and creating “ticklers” after each ADHD visit to ensure follow up

Identify factors that affect patient follow up

Measure the effect of these factors on our goal of follow up visits \leq 30 days

Improve our follow up visits by offering after hours ADHD visits from 4-6 pm 3-4 days a week

Anchors Away!!!!!!!



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