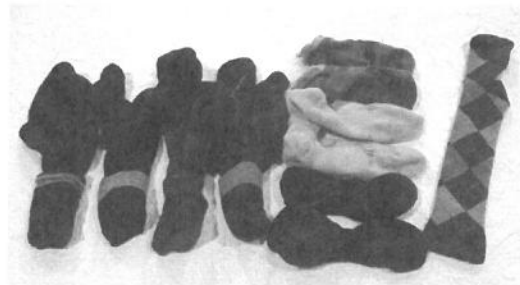


In the Beginning....



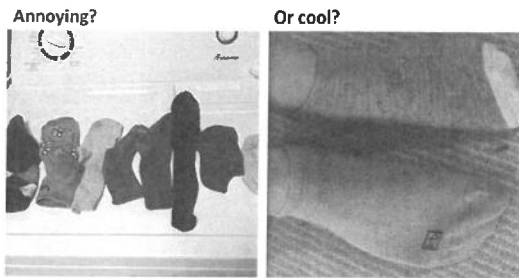
(there's always one)



Too Big to Fail?



Never too Big to Fail: Embrace the mismatched socks



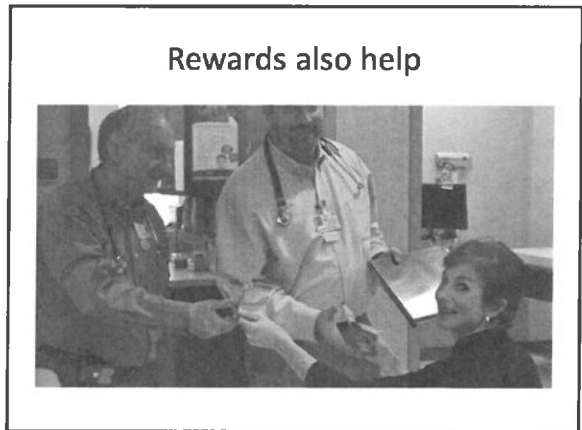
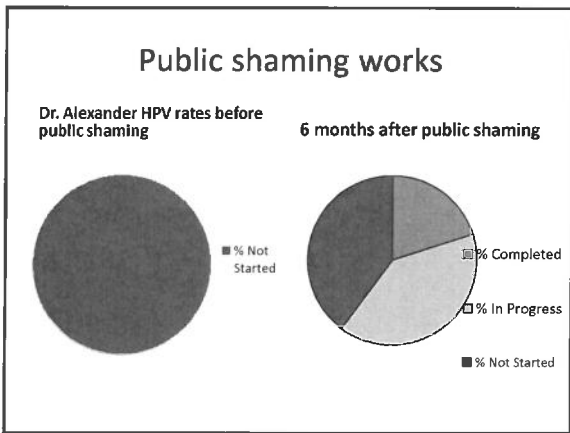
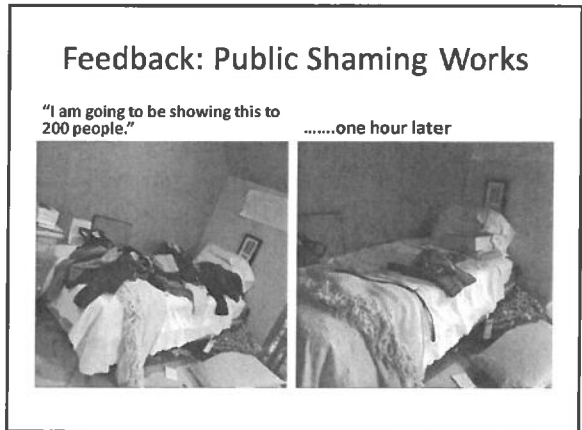
QI was challenging when we were small and we could communicate easily...



But we have grown.... We really are too big to fail



- You have to ask for help.
- You have to let them help you.

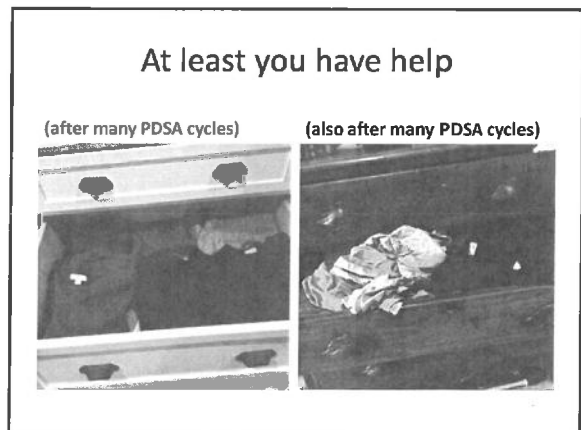


Screenings

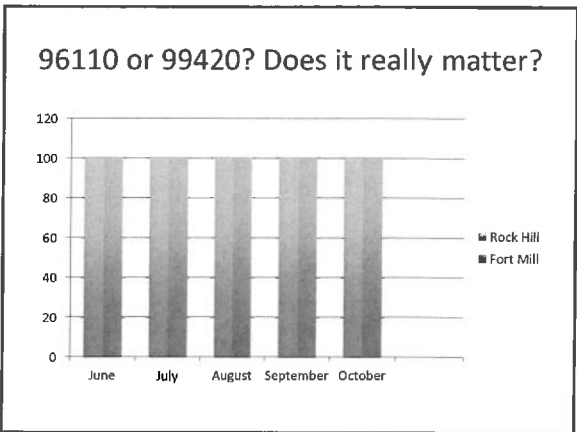
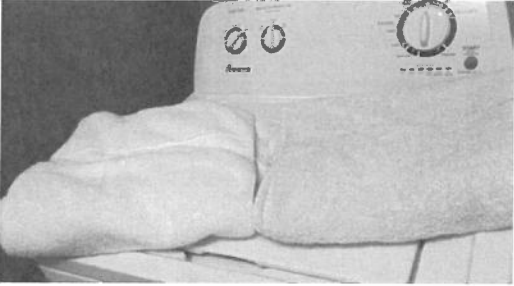
2010: ZERO developmental screening done/
billed

2014: 2,567 screening codes in the Rock Hill
1330 in the Fort Mill Office—
= 3897 total


This brought in an additional \$27,279
(and improved our care)
(enough to help pay a part time counselor?)



It is too much to ask to separate whites from darks...




Traditional techniques are not always most efficient....

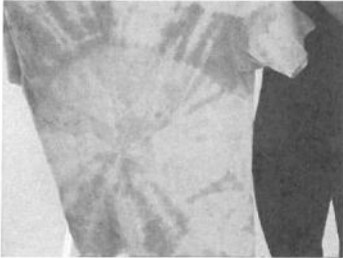



New people bring new ideas:

If your shirt is all wrinkly,



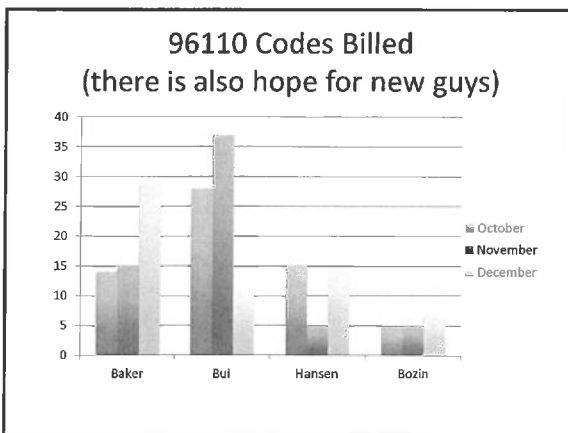
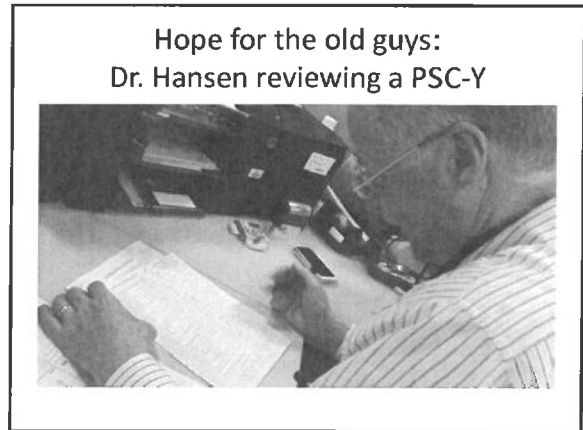
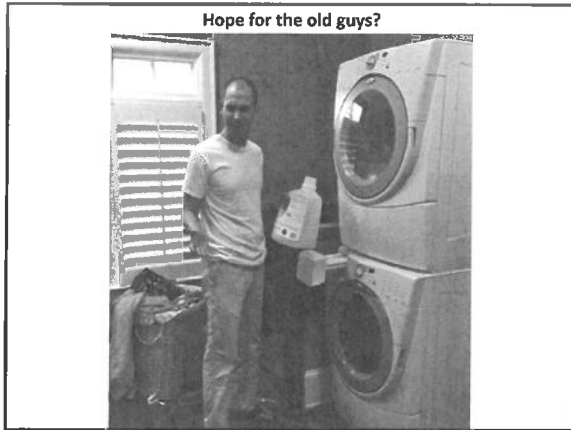
You can squirt this stuff on it and the wrinkles go away! Who knew?



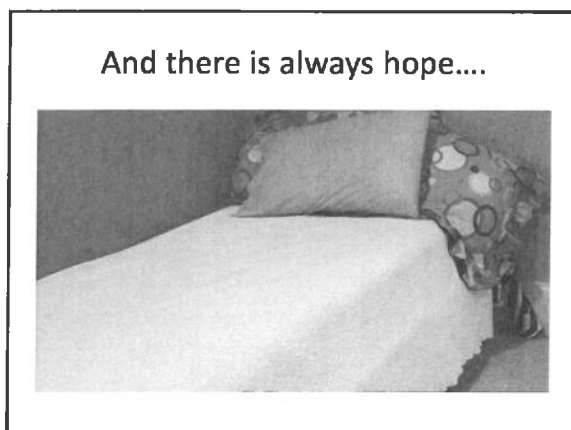
WOW!

New people bring new ideas

“In the office where I worked before, we would go in after the doctor and answer questions and go over the depart summary.”

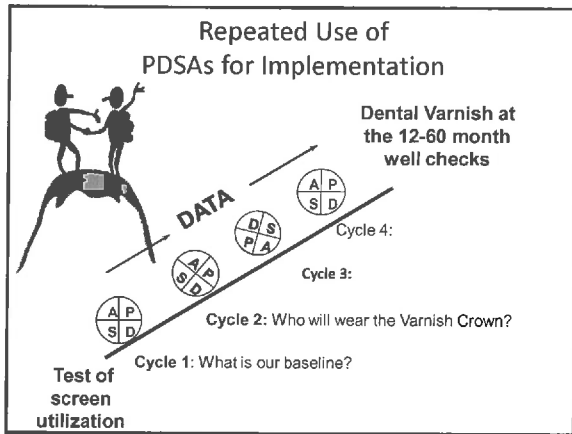


- For Laundry and QTIP**
- Public Shaming Works.
 - Embrace the white towels and the gray ones too.
 - Embrace the mismatched socks.
 - Sometimes your way is not the best way.
 - There is hope for the old guys.
 - If it gets to the drawer, you win.
 - Don't worry too much about folding. Put up with some wrinkles or use some Downy. Get over it.
 - There is always more laundry.



**AIM, MEASURE, CHANGE
then do it again**

More examples of QI projects
(Remember, your goal is improvement, not perfection)



PDSA Cycle for Dental Varnish.

Goal: to increase percentage of patients who receive dental varnish at well child visits between 12 month and 60 month visits.

Plan: establish baseline number of patients in that age group who received varnish during one week.


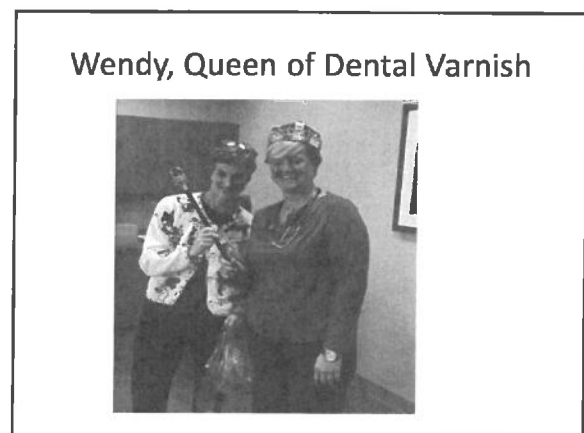
Do: audit charts while watching "Elf."

Study: Room for substantial improvement.

Act: 1) Award the Varnish Crown to Wendy Baker.
2) Figure out better way to audit for number done/ opportunities

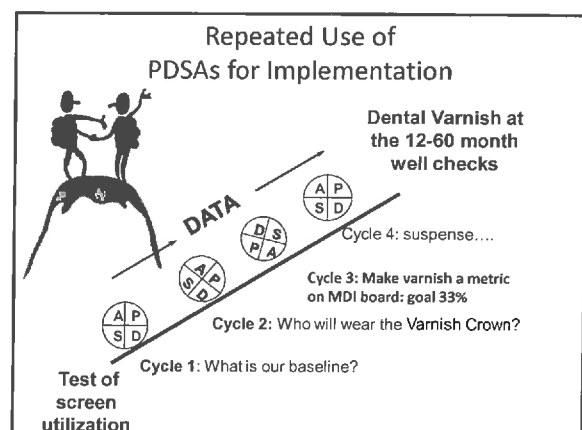
Baseline for the week of 12/14

- Martha: 1/3 = 33%
- Wendy 3/7 = 43%
- Hansen 0/5 = 0%
- Osterberg 0/11 = 0%
- Goodbar 1/4 = 20%
- Sarah 1/3 = 33%
- Davis 2/5 = 20%
- Bui 0/6 = 0%
- Wallace-Berman 0/6 = 0%

PDSA 2/ increasing varnish rates:

- Plan: See how simply increasing awareness affects #'s done
- Do: Audit charts for the first week of January
- Study: Present percentages to providers and crown a new king or queen.
- Act: set a goal for everyone to do at least 33% of patients 12-60 months in for well checks and do monthly audit of billing data.



PDSA 3/ Increasing Varnish Rates

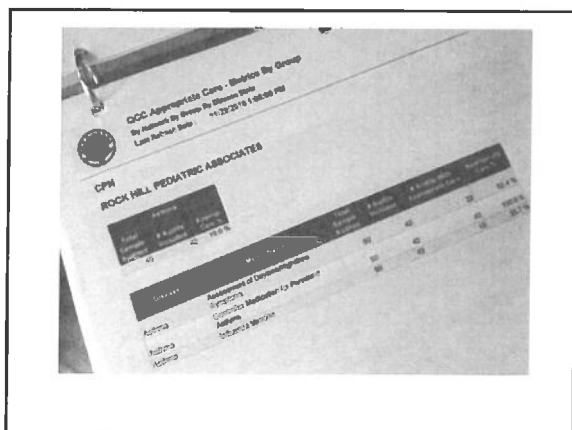
- Plan: add dental varnish to daily improvement board.
- Do: Find a way to use EMR or billing codes to measure # opportunities for varnish and #'s actually done.
- Study: report this weekly as a metric with goal of 33% for all providers.
- Act: Determine barriers to success as they arise and address them through daily huddle.



One More Quality Improvement Example!

- Improving our system's "Asthma Appropriate Care" was set as an aim by our hospital system (Carolinas Healthcare).
- Asthma Appropriate Care includes
 - Flu vaccine every year
 - Routine assessment of asthma control
 - Prescribing controller inhalers for patients with persistent asthma

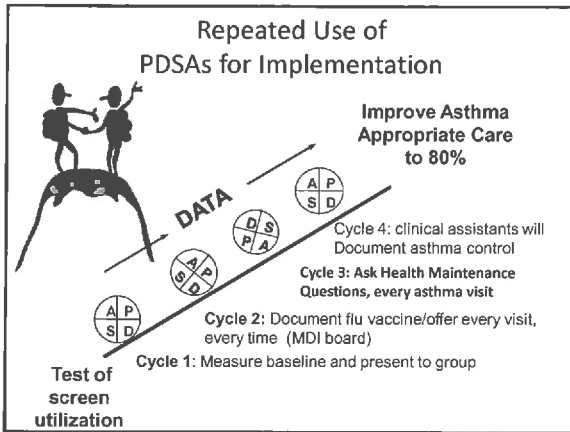
- 1) ASSESSMENT OF CONTROL
- 2) FLU VACCINE
- 3) APPROPRIATE USE OF CONTROLLER MEDICATIONS



Are you kidding?

ROCK HILL PEDIATRIC ASSOCIATES

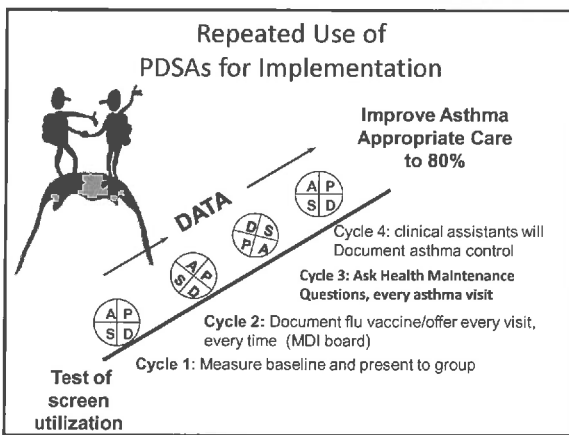
Asthma		
Total Sample Audited	# Audits Included	Approp. Care %
49	42	19.0 %



Are you kidding?

ROCK HILL PEDIATRIC ASSOCIATI

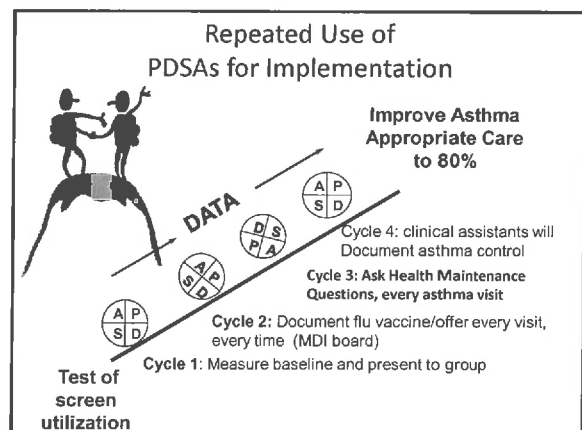
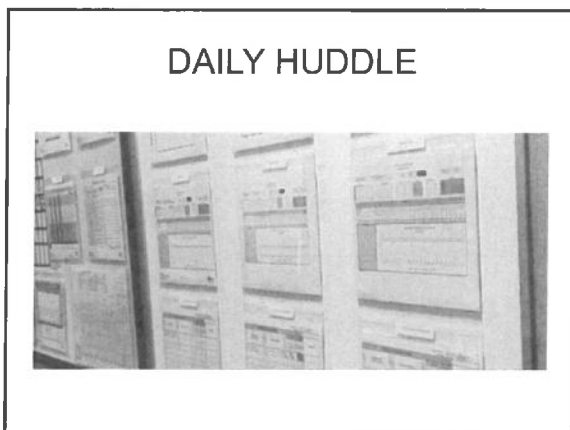
Asthma		
Total Sample Audited	# Audits Included	Approp. Care %
49	42	19.0 %



The Dreaded Health Maintenance Tool: ("what?? You mean we're supposed to USE that?")

Pending Expectations All Present: July 2016

Category	Completed	Not Done	Not Done	Not Done	Not Done	Not Done
Asthma - Inhaler Technique	100%	0%	0%	0%	0%	0%
Asthma - Assessment of Symptoms	100%	0%	0%	0%	0%	0%
Asthma - Action Plan	100%	0%	0%	0%	0%	0%



Recommendation of Assessment of Asthma Symptom Severity with Safety the Asthma - Assessment of Control (4-17 Year)
Recommendation, 0-35 Year (4-17 Year)

Symptoms (wheezing, cough, dyspnea) <input type="checkbox"/> Less than 2 days/week <input type="checkbox"/> 2-4 days/week <input type="checkbox"/> More than 4 days/week <input type="checkbox"/> Throughout the day	FEV1 (Forced Expiratory Volume) <input type="checkbox"/> Severe (FEV1 < 50%) <input type="checkbox"/> Moderate (FEV1 50-80%) <input type="checkbox"/> Mild (FEV1 > 80%)
Nighttime Awakenings <input type="checkbox"/> Less than 2 times <input type="checkbox"/> 2-4 times <input type="checkbox"/> More than 4 times	Short Acting beta-agonist use for symptom control <input type="checkbox"/> Less than 2 days/week <input type="checkbox"/> 2-4 days/week <input type="checkbox"/> More than 4 days/week <input type="checkbox"/> Daily
Interference with normal activity <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Exacerbations requiring oral systemic corticosteroids <input type="checkbox"/> 0-1 year <input type="checkbox"/> More than once in 1 year <input type="checkbox"/> Not assessed

Asthma Level of Control

According to the Assessment of Symptoms above, the patient has the following level of control:

Well Controlled
 Not Well Controlled
 Very Poorly Controlled

Recommended Treatment

See physician appropriate to report to comply with regulatory, medical, and/or organizational requirements.

Patient current with Symbicort 120/6/90 inhaler. Consider step down if well controlled for at least 3 months.
 Step up to Step 2 or Step 3 if not well controlled. Consider alternative treatment if not effective.
 Consider other agents of oral systemic corticosteroids. Step up to 12 mg. Report in Level 3. Consider alternative treatment to job safety.

Other policy changes to support improving asthma care

- 1) Refill rescue inhalers: 0-1 only.
- 2) Educated patients to come in for more frequent asthma recheck visits.
- 3) Encourage patients bring medications, every visit.
- 4) Had clinical assistants call patients to ask about control and update information/schedule visits.

