

QTIP Conference

July 29, 2016

Group 1

How Do We Incorporate Family Input Into QI?

Amy Holbert, MSW

- Discussed ways to contact families: Calls, texts or Emails
- Two practices used SEEK to help identify ways to engage families. Issue is how to follow up
- Issue discussed: Patient dynamics, Different office locations, Staff dynamics different
- Must have buy in from leadership
- A practice needs to consider WHY you want family involvement. Important to have a purpose and topics when you involve families; also helpful to tell the family their responsibility.
- May consider Incentivizing families and show them the RESULTS of their involvement.
- Discussion on Centering Partnering Programs. CPM involves families as part of a group for their WCV which meet either from 9-11 or 2-4. Groups begin at 2 weeks – 2 years for an entire year. Groups also offer a social support; problem solving among families.
- Discussed how family input fit into PCMH? WCV and vaccinations.
- Tips: Availability of services for families, ticklers in EMR, varying perspectives, facebook, analytics

Group 2

How to Elicit Family Concerns and Strengths?

Kristine Hobb, MSW

- Discussion only = no notes.
- Each practice identified a challenging family and the groups discussed Strength (using strengthening families protective factors) discussed ideas and potential resources.

Group 3

Well Child Visits – What is Important? How do You Prioritize?

Martha Edwards, MD

- Front Desk
- Use medical assistant
- CHADIS ?
- If one complicated problem, change the visit type?
- “Top” concerns
- Educate patient/parent
- Use the MA to help screen and score
- Screens/screenings save time and help focus the visit
- Well visit planner
- Adolescent Behavioral Health Screen

Group 4

Partnering With Community Resources

Ann Marchetti

- Partnering with community resources. QTIP is a great resource for everyone involved
- PASOS is a resource for Hispanic families
- Healthy steps: Partnering with practices and clinics
- Nurse and Family Partnership
- Department of Mental Health Community Health Workers is funded by DHHS
- Postpartum Support in Charleston
- Local food banks
- Telemedicine Behavioral Health
- Local libraries
- Children's museums
- Assistance for parents purchasing ACA insurance
- Transportation: Medicaid van challenges
- Child care options
- Smoke alarms - Fire Department
- Health literacy- home visitors
- Translation: Select Health has translation services; Deaf Translation: University Services
- Family connection
- Pro-parents
- University Psychology, Sociology Department
- Community Partnerships: Public library for Hispanic outreach, lending library and active library cards and SW and Nurse at Richland library, tutoring
- Food Share: Going statewide, \$20.00 produce-\$10.00 with SNAP card, \$5.00 with insurance
- Adoptadoc- School adopts – wellness council, students, PTO. Grant funded
- United Way – Community Needs Assessment
- PACTT – Team for children coming out of the hospital
- PASOS – Statewide, bilingual, classes, oral health
- Piloting home visit nutrition program
- Language services – Medicaid and HMO
- Housing/Shelter/Food: 211 line, Safe Sleep Midlands, Family Connections, Goodwill Job Training and Training, Alianza for email lists and resources for Latino and Hispanic population, Habitat for Humanity, Repair Services, Buckle Buddies for Car Seats

Not Working:

- Relationship with local food banks due to resources (such as certain amount of food per month then stop)
- Mental Health: Shortage, Long wait for referrals, areas with no providers, availability of trauma focused help, Project BEST from MUSC, Provider by county
- Transportation: Scheduling, sign up ahead of time, accessibility to public transportation
- Medicaid coverage: 4-6 months waiting period for newborns, difficult for non English speakers, The types of Medicaid and the mandatory choice of MCO, even when none are available in that area, checking Medicaid numbers and not making providers aware, ineligibility causes

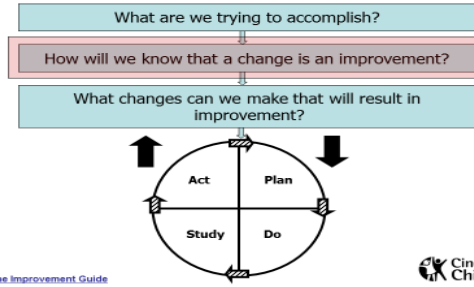
Group 5 --Process to outcomes Colleen Kraft

Measurement for Quality



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The Improvement Model



Source: The Improvement Guide



"Data" vs. "Measure"

- Data:
 - An informational bit that has no independent meaning until it becomes part of a measure. Examples:
 - Scheduled start time for operating room cases scheduled
 - Actual start time for operating room cases scheduled
- Measure:
 - A quality concept that has been operationalized, where the operational definition precisely identifies the data sources and data elements that populate it.
 - We use "data" to populate "measures". Example:
 - Measure: % of surgical cases starting on time
 - Data: Actual & scheduled start times for surgical cases scheduled
 - Measures provide context to data



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Measures used for QI: TYPE of MEASURES

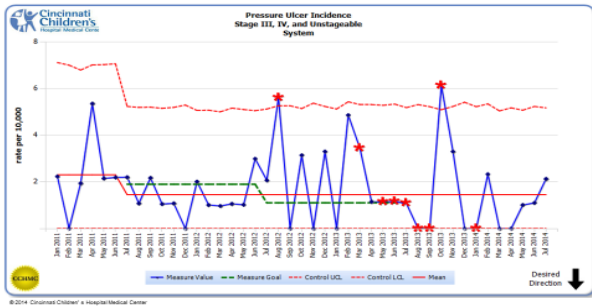
Measures used in Health Care

- Outcomes. What the patients experience
 - Extraneous factors limit system's ability to control
 - Important to patients
 - Examples:
 - Patient Satisfaction with their wait time in clinic
 - % IBD patients in remission
 - Surgical site infection rate
- Process. What we do.
 - Generally easier for us to control
 - Usually "proximal" in determining cause and effect of interventions
 - Examples:
 - Average Wait Time in Clinic
 - % of visits in which pre-visit planning took place
 - % of encounters preceded and followed by hand washing

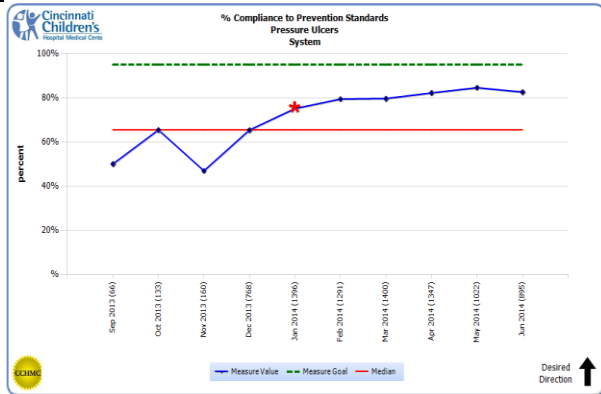


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Outcome Measure

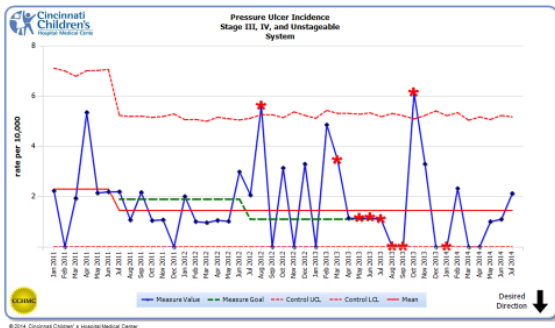


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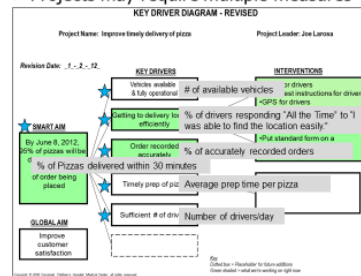
Outcome Measure



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Project | Measure Relationship

- Project: Improve a complex system of interrelated factors
- Measure(s): Behavior of individual factors
- Projects may require multiple measures



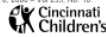
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All or None Measurement

- When project requires several measures all hitting certain goal
- Example: All aspects of prevention standards. Standard includes following 8 actions:
 - Obtaining parent concerns
 - Physical exam, monitoring growth
 - Immunizations
 - Developmental Screening
 - Oral health screen and fluoride varnish
 - Anemia/lead screening
 - Anticipatory guidance
 - Nutrition



All or None Measurement Raises the Bar on Performance. Thomas Nolan, PhD, Donald M. Berwick, MD, MPP. JAMA, March 9, 2006 - Vol 295, No. 10



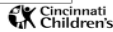
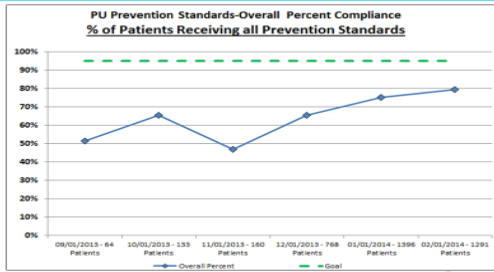
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All or None Measurement

- Three options for assessing improvement:
 - Item by Item:** Within the reporting period, what % of each component was complete?
 - Advantages: Shows where component-specific improvement opportunities reside
 - Disadvantage: Does not show what is important for patient
 - Disadvantage: Cannot tell if "misses" occur together on same patient, or if they are scattered across different patients. If scattered, individual rates could look good, but taken together, look bad
 Total patients receiving each element of care/Total patients
 - Composite Measure:** Within reporting period, of all possible components, what % were complete? $\frac{\text{all patients} \times \# \text{ of successes on each comp}}{\text{Number of comp} \times \text{Number of patients}}$
All the care that was given/All the care the should have been given
 - All or None:** Within the reporting period, what % of patients received all components?
 - Advantages: Shows what is important for the patient
 - Disadvantage: May cloud where the improvement opportunities are.
 Total patients receiving all the care/Total patients

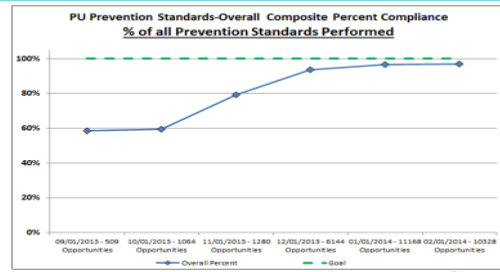
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All or None Measurement for Key Driver



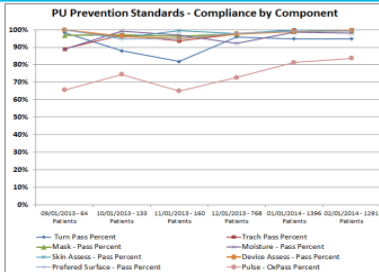
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Composite Measurement for Key Driver



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Item by Item Measurement for Learning



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Units of measurement

Variables (Continuous) Measures

- Units are continuous magnitudes. Examples:
 - Hand-off time (minutes)
 - Length of stay (in days)
 - Cost per encounter (in dollars)



Often summarized as "average"



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Units of measurement

Attribute Measures. Two types

- Classification: Classifying instances by noting the presence/absence of attribute
 - Patient is underweight, normal weight, or obese
 - Visit is at, under, over 20 minutes
 - Summarized over group/period as "percent".
 - % of patients who are obese
 - % of cases that started on time
- Count: Counting instances of attribute
 - Number of visits >20 minutes
 - Number of surgical site infections
 - Summarized over group/period as sums



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Units of Measurement

Types of measures & examples	Variable (e.g. continuous)	Attribute	
		Classification	Count
Process	Avg length of visit	% of cases with visits > 20 min	Number of visits > 20 min
Outcomes	Average body mass index (BMI)	% of pts with BMI classified as "obese"	Number of new patients each month classified as obese.



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TAKE HOME MESSAGE:

Measurement for Quality

- Measurement should speed improvement, not slow it down
- The goal is improvement, not measurement
- The team needs just enough information to tell if the change is making an improvement
- Be clear!



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