

In the Beginning....



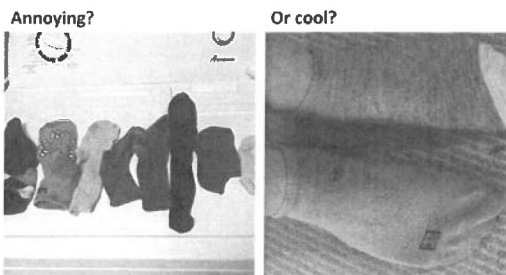
(there's always one)



Too Big to Fail?



Never too Big to Fail: Embrace the mismatched socks



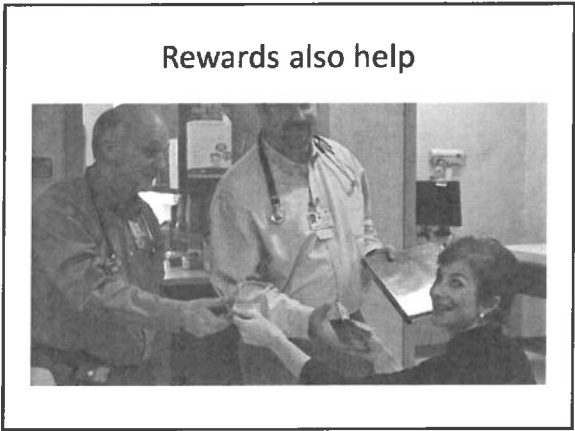
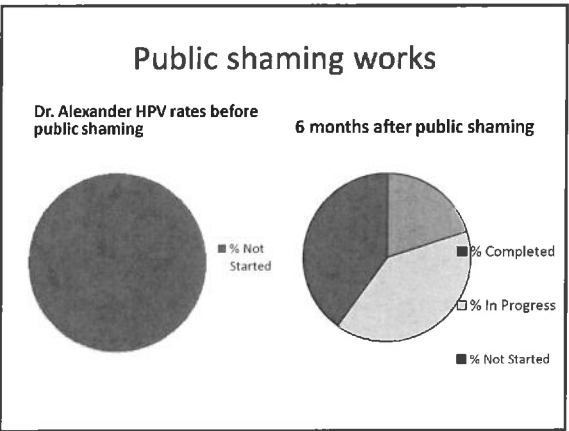
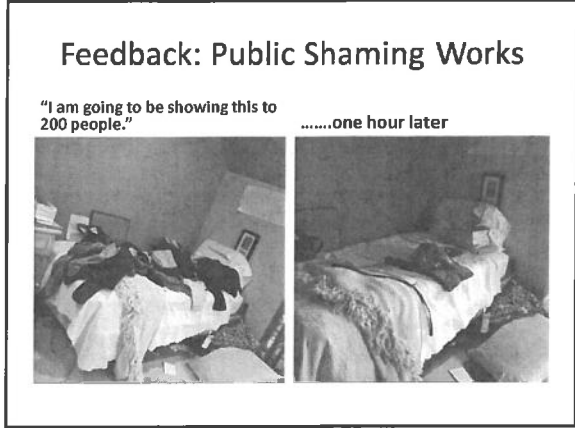
QI was challenging when we were small and we could communicate easily...



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



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



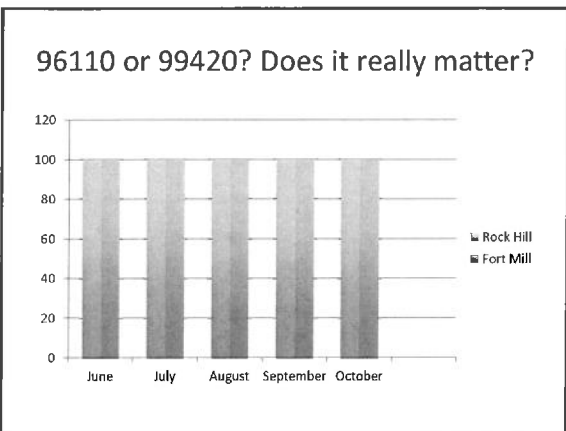
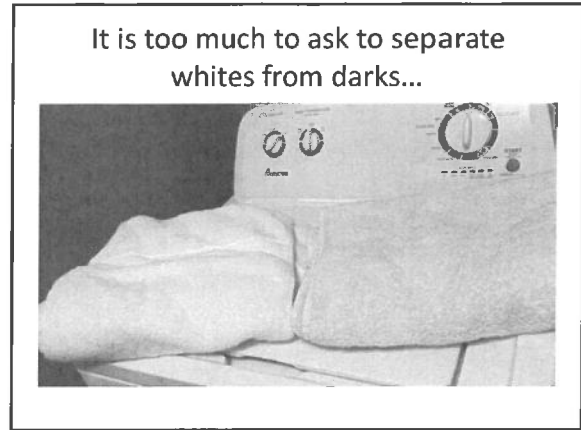
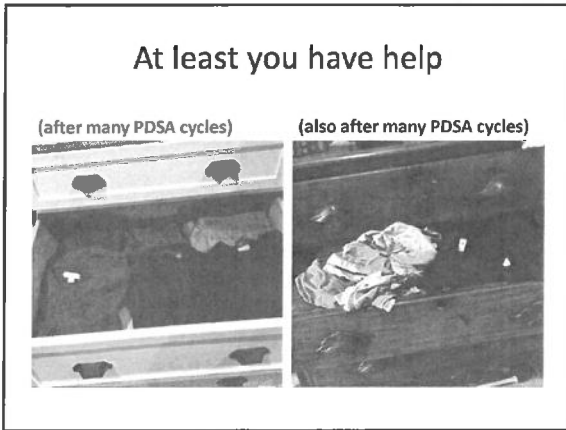
Screenings

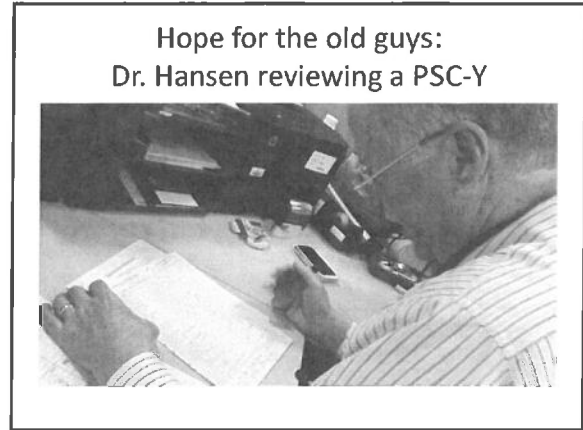
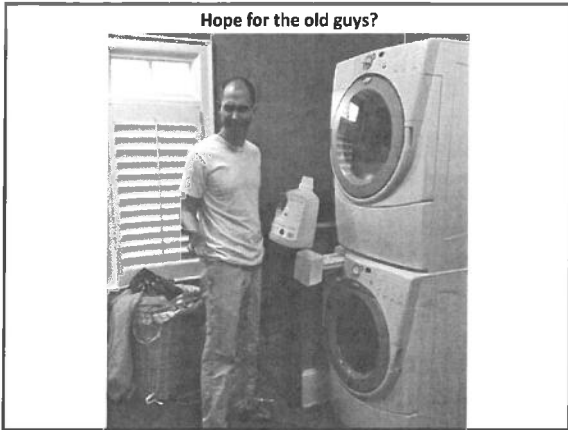
2010: ZERO developmental screening done/
billed

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

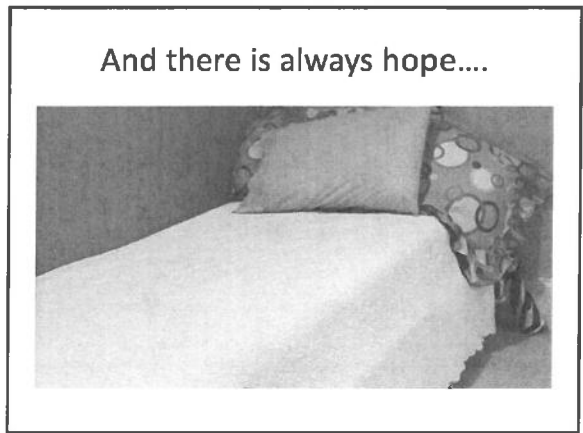
This brought in an additional \$27, 279
(and improved our care)
(enough to help pay a part time counselor?)

- ### 96127: Emotional Health Screen
- \$42,837.75 billed in 2017
 - using \$7 per screen to estimate—so really more
 - (enough to pay a full time counselor)



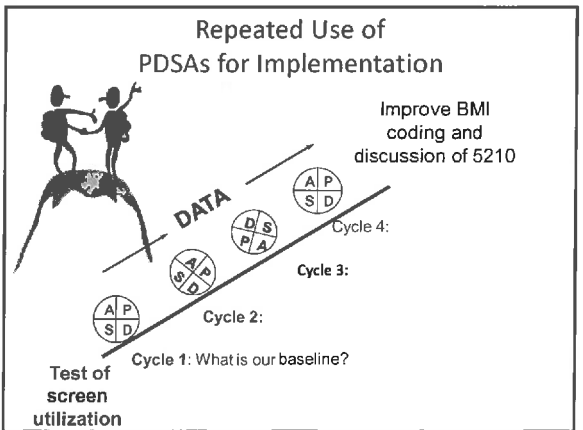


- For Laundry and QTIP
- Public Shaming Works.
 - Embrace the white towels and the gray ones too.
 - Embrace the mismatched socks.
 - Sometimes your way is not the best way.
 - There is hope for the old guys.
 - If it gets to the drawer, you win.
 - Don't worry too much about folding. Put up with some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



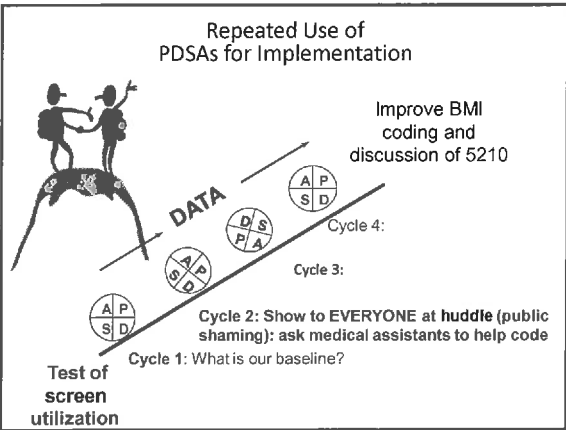
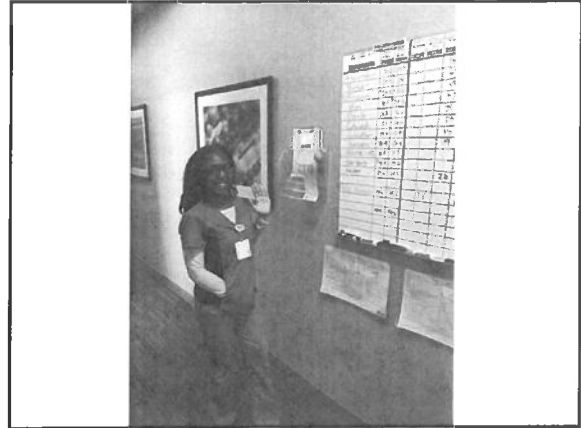
AIM, MEASURE, CHANGE
then do it again...and again and
again

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



Incorporating S210 questionnaire, BMI codes, RH office

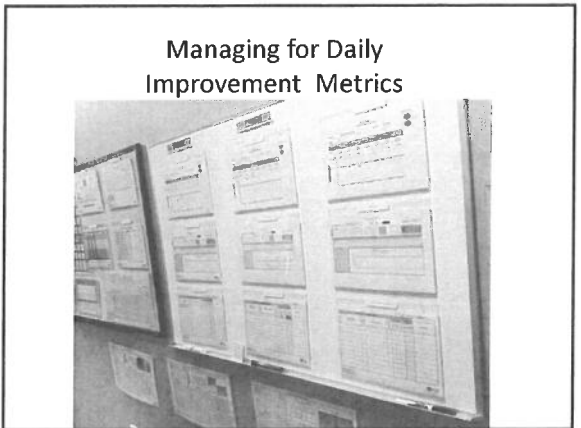
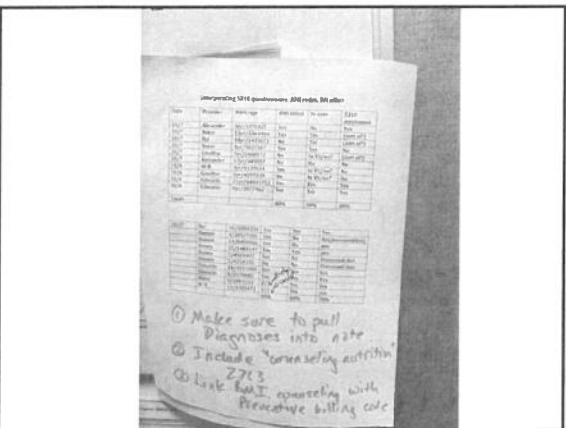
Date	Provider	MRN/age	BMI billed	In note	S210 mentioned
10/7	Alexander	9yr/1870425	Yes	No	Yes
10/7	Baker	13yr/1064404	Yes	Yes	(sort of?)
10/7	Bui	18yr/1435071	No	Yes	(sort of?)
10/7	Baker	4yr/3837167	Yes	Yes	No
10/7	Goodbar	7yr/2480572	No	In VS/no?	(sort of?)
10/7	Alexander	17yr/349957	No	No	No
10/6	W-B	3yr/4139654	Yes	In VS/no?	No
10/6	Goodbar	3yr/4097339	No	In VS/no?	No
10/6	Edwards	11yr/14041751	Yes	Yes	Yes
10/6	Edwards	6yr/3077962	Yes	Yes	Yes
Totals			60%	50%	30%



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10/6	Edwards	6yr/3077962	Yes	Yes	Yes
Totals			60%	50%	30%

10/27	Bui	16/1850230	Yes	Yes	Yes
	Hansen	4/2897281	Yes	No	No (discussed diet)
	Hansen	14/8658866	Yes	No	yes
	Brown	15/1484142	Yes	Yes	yes
	Brown	7/4926902	Yes	No	Discussed diet
	Hansen	5/4256325	No	No	Discussed diet
	Edwards	14/4921000	Yes	Yes	Yes
	Edwards	8/2170882	Yes	Yes	Yes
	Baker	9/1993243	2/3	Yes	Yes
	W-B	12/4305471	2/3	Yes	Yes
			90%	60%	70%



One More Quality Improvement Example!

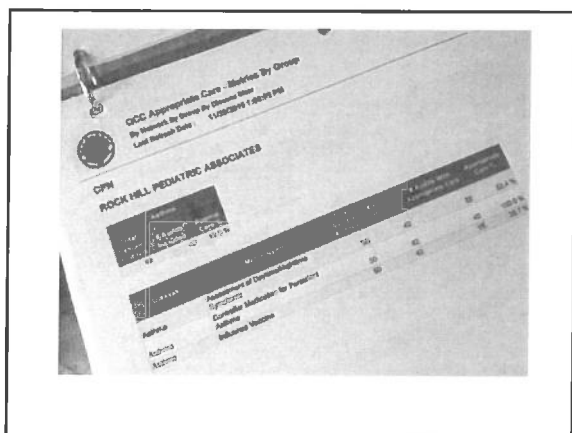
- Improving our system's "Asthma Appropriate Care" was set as an aim by our hospital system (Carolinas Healthcare).
- Asthma Appropriate Care includes
 - Flu vaccine every year
 - Routine assessment of asthma control and severity (and documentation)
 - Prescribing controller inhalers for patients with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

1) ASSESSMENT OF CONTROL



2) FLU VACCINE

3) APPROPRIATE USE OF CONTROLLER MEDICATIONS

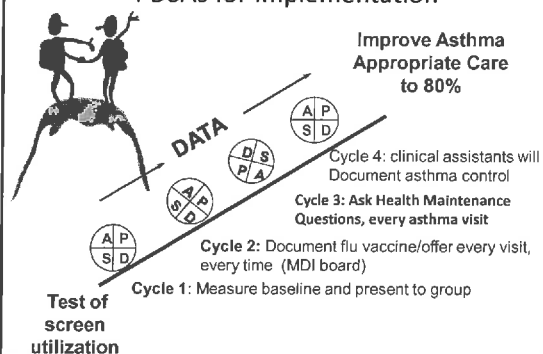


Are you kidding?

ROCK HILL PEDIATRIC ASSOCIATES

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

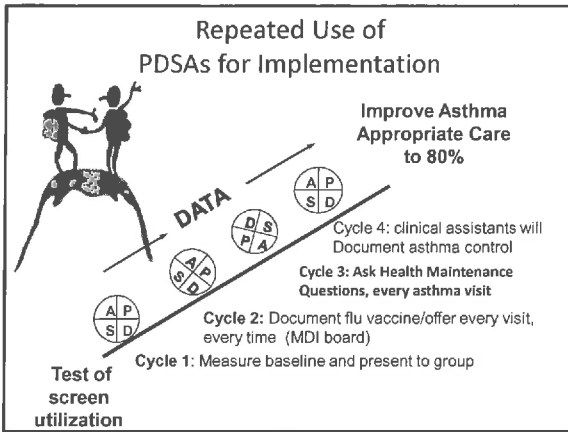
Repeated Use of PDSAs for Implementation



Are you kidding?

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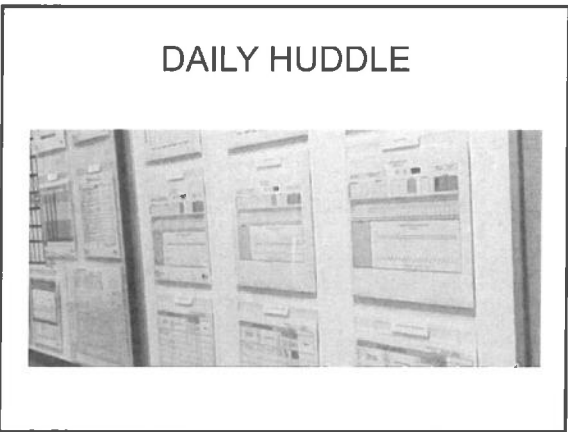
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The Dreaded Health Maintenance Tool: ("what?? You mean we're supposed to USE that?")

Pending Expectation: 4 Ac Present: July 2011

Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc	Assthma - Spirometry in PT: Asthma Doc
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Reevaluation of Assessment of Asthma Symptom severity will Update the Asthma - Assessment of Symptoms >= 12 Year

Symptoms (subjective, report's symptoms):

- None
- Mild
- Moderate
- Severe

FEV1 (Percent Expiratory Volume):

- > 80%
- 60-80%
- 40-60%
- < 40%

Assthma Level of Control:

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

- Well Controlled
- Not Well Controlled

Recommended Treatment:

- Low Dose
- Medium Dose
- High Dose

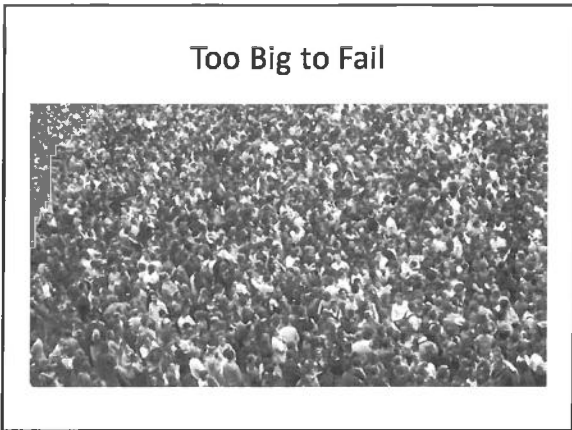
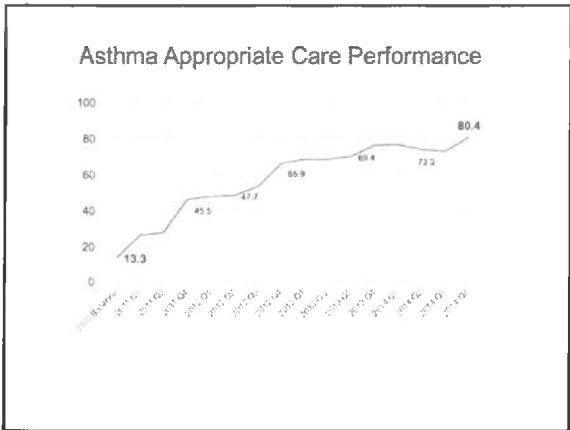
Assessing symptoms

	INTERMITTENT	MILD PERSISTENT	MODERATE PERSISTENT	SEVERE PERSISTENT
Symptoms	< 2 days/week	2-5 days/week, not daily	Daily	Throughout the day
Nighttime awakening	< 1 time/month	< 5 yo: 1-2 times/month > 5 yo: 3-4 times/month	> 5 yo: 3-4 times/month > 5 yo: > 1/week	> 5 yo: < 1 week > 5 yo: > 1/week
SABA use**	< 2 days/week	> 2 days/week, not daily	Daily	Several times/day
Interference with activities/normal play	None	Minor	Some	Extreme
Longitudinal FEV1 (2-8 years old) = FEV1 or PEF	> 80% predicted	> 80% predicted	60-80% predicted	< 60% predicted
Exacerbations requiring oral steroids	0-1/year	< 5 yo: > 2/6 months > 5 yo: > 2/year	< 5 yo: > 2/6 months > 5 yo: > 2/year	< 5 yo: > 2/6 months > 5 yo: > 2/year

FEV1: Forced expiratory volume in 1 second. **PEF:** Peak expiratory flow. **SABA:** Short-acting inhaled beta-2 agonist.

* This table applies to symptoms, except in the presence of severe asthma. ** Symptoms in the presence of severe asthma are for monitoring only. Please consult with your physician or pharmacist for more information. *** For general use, symptoms and severity are based on the severity of symptoms. In the presence of severe asthma, symptoms are based on the severity of symptoms. In the presence of severe asthma, symptoms are based on the severity of symptoms.

- ### 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.



Whether your practice is huge or tiny, getting everyone on board with QI is not only imperative for YOUR success, it is imperative to improve patient outcomes.