

# Implementing Quality Improvement in the Med-Peds Resident Continuity Clinic

Mary Catherine Turner, MD, FACP, FAAP



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Unified Quality Improvement  
Symposium

March 31, 2017

# Background / Introduction

- QI part of lifelong learning
- Required for Maintenance of Certification
- Traditionally QI not part of training
- ACGME now requiring QI instruction

# Background / Introduction

- Healthcare moving to accountable care
- Quality of care delivered at APHC:
  - Impacts patient care
  - Impacts reimbursement from CMS
    - Merit-based Incentive Payment System (MIPS)
- QI projects carried out in clinic:
  - Address clinical data important for MIPS
  - Provide experiential learning in QI principles

# Collaborative Team Members

- Dr. Lacy Hobgood, Clinic Director
- Celia Whitehurst, Nurse Manager
- Nursing Assistants: Luciana Loftin, Nakia Sherrod, LaToya Barns, Gloria Howard
- 23 Med-Peds Residents

The AIM Statement for my project was:

By May 31, 2017, all Med-Peds residents will have completed one QI project in resident continuity clinic that addresses a Quality Metric outlined by the Brody SOM Enterprise Quality Committee.

# How Will We Know This Change Is An Improvement?

- Pre- and post-survey of residents (n=19):
  - Knowledge, skills and confidence in QI
- ACGME survey results (n=22):
  - Scholarly activity
  - QI participation
  - Provision of practice habits data
- Improved scores on meaningful use reports
  - Generated by ECU

| Baseline n=19         | None       | A Little   | Moderate | A Lot |
|-----------------------|------------|------------|----------|-------|
| <b>Knowledge of:</b>  |            |            |          |       |
| QI                    | 0%         | 37%        | 53%      | 11%   |
| Model for Improvement | 0%         | 53%        | 37%      | 11%   |
| Quadruple Aim         | 16%        | 53%        | 26%      | 5%    |
| <b>Skills in:</b>     |            |            |          |       |
| Selecting topic       | 0%         | 32%        | 53%      | 16%   |
| Initiating QI         | 0%         | <b>63%</b> | 32%      | 5%    |
| Creating AIM          | 5%         | 37%        | 47%      | 11%   |
| Est Measures          | 5%         | 58%        | 32%      | 5%    |
| Select changes        | 11%        | 42%        | 42%      | 5%    |
| Designing PDSA cycle  | <b>26%</b> | <b>47%</b> | 21%      | 5%    |
| Creating Run Charts   | 47%        | 37%        | 11%      | 5%    |
| Share Results         | 21%        | 63%        | 16%      | 0%    |

| <b>Baseline</b>                        | <b>None</b> | <b>A Little</b> | <b>Moderate</b> | <b>A Lot</b> |
|--|-------------|-----------------|-----------------|--------------|
| <b>Confidence in:</b>                  |             |                 |                 |              |
| Conducting QI                          | 0%          | 58%             | 42%             | 0%           |
| Applying team principles               | 0%          | 47%             | 42%             | 11%          |
| Teaching QI                            | 21%         | 68%             | 11%             | 0%           |
|  |             |                 |                 |              |
| <b>Number of QI projects completed</b> | <b>0</b>    | <b>1</b>        | <b>2</b>        | <b>3</b>     |
|  | <b>63%</b>  | <b>37%</b>      | <b>0%</b>       | <b>0%</b>    |



| <b>ACGME Resident Survey<br/>Results n=22</b> | <b>April 2016</b> | <b>Nat'l avg<br/>Med-Peds</b> |
|---|-------------------|-------------------------------|
| Opportunities for scholarly activities        | 64%               | 76%                           |
| Participated in quality improvement           | 86%               | 86%                           |
| Provided data about practice habits           | 73%               | 69%                           |

# APHC Quality Spotlight Measures

## Meaningful Use Data - Baseline August 2016

|                              | Screening for Clinical Depression and Follow Up | Diabetes Foot Exam | Colorectal Cancer Screening | Breast Cancer Screening |
|------------------------------|---|--------------------|-----------------------------|-------------------------|
| Percent of eligible patients | 8.6%  | 19.4%              | 60.0%                       | 48.0%                   |

# Pilot: Improvement Strategies Employed

- Four teams:
  - Residents, 1-2 faculty, 1 CNA
- 4 projects from Quality Spotlight Measures
  - By ECU Enterprise Quality Committee
- Each team
  - Reviewed baseline data
  - Created AIM statements
  - Identified changes
  - Initiated PDSA cycles

# Actions

- Dedicated pre-clinic conference time
  - Throughout the year for team meetings
- IHI Open School modules
- PDSA worksheets completed by residents
- Small scale changes expanded clinic-wide

## QI Activities Fostered

- Utilize nursing assistants during triage
  - Address health maintenance items
- Tangible tools added to exam rooms
- Informational posters created
- Education on appropriate documentation
- Bulk communication using MyChart

# Outcomes

- All residents completed 1 PDSA cycle
  - 2<sup>nd</sup> cycle in process
- Resident post-survey completed in May
- ACGME survey in March, results in May
- Quality Metrics in clinic...

# APHC Quality Spotlight Measures

## Meaningful Use Data - 2016

|                              | Screening for Clinical Depression and Follow Up |             | Diabetes Foot Exam |            | Colorectal Cancer Screening |             | Breast Cancer Screening |              |
|------------------------------|---|-------------|--------------------|------------|-----------------------------|-------------|-------------------------|--------------|
|                              | Aug-16  | Dec-16      | Aug-16             | Dec-16     | Aug-16                      | Dec-16      | Aug-16                  | Dec-16       |
| Percent of eligible patients | 8.6%  | 15.6%       | 19.4%              | 36.8%      | 60.0%                       | 61.5%       | 48.0%                   | 59.6%        |
| <b>Percent change</b>        |   | <b>7.0%</b> |                    | <b>17%</b> |                             | <b>1.5%</b> |                         | <b>11.6%</b> |

# Lessons Learned Through QI Efforts

- Nursing staff on the team early & critical
- Present the work
  - Benefits each member to keep engagement strong
- Support of the organization
  - Aligning goals mobilizes more resources



# Challenges Encountered in QI Process

- Residents not present for each team meeting
- Completing IHI QI modules per timeline
- Nurse Assistant Scheduling issues
  - Participate in team meetings

# Next Steps

- Complete 2<sup>nd</sup> PDSA cycle - MU data in May
- Complete resident follow up survey
- Implement changes to next year's curriculum
  - Based on survey results
  - Standardize the process