

AHCCCS Targeted Investments Program

# Quality Improvement Workgroup #1

## Adult PCP/BH 7 & 30 Day FUH

William Riley, PhD

TIP Year 6: Quality Improvement Workgroup Series  
February 21, 2022: QIW #1 Session #2

# **Disclosures (for CEUs)**

There are no disclosures

# Learning Objectives (for CEUs)

1. Describe use of Plan-Do-Study-Act (PDSA) cycle intervention to achieve key metrics
2. Apply PDSA cycle to the Follow-up After Hospitalization for Mental Illness target

# Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:05 PM	Review Aim Statement, Interventions, and Metrics
12:05 to 12:10 PM	Overview of Plan-Do-Study-Act (PDSA) Cycle
12:10 PM to 12:40 PM	Plan-Do-Study-Act (PDSA): <ul style="list-style-type: none"><li>• Create PDSA Cycles</li><li>• Establish PDSA Ramps</li><li>• Develop Project Plan</li><li>• Launch Multiple PDSA Ramps</li></ul>
12:40 PM to 12:50 PM	Discussion and Q&A
12:50 PM to 1:00 PM	Homework and Next Steps

# Quality Improvement Workgroup #1

## Case Study Organization

Aurora Behavioral Health

Contact Information:

- Valerie Purdie, Community Liaison,  
[Valerie.Purdie@aurorabehavioral.com](mailto:Valerie.Purdie@aurorabehavioral.com)
- Jordan L. Peterson, Director of Business Development,  
[Jordan.Peterson@aurorabehavioral.com](mailto:Jordan.Peterson@aurorabehavioral.com)

# Last Session's "Homework"

1. Develop Aim Statement
2. Identify and Prioritize Obstacles (what to change)
3. Identify Intervention (how to change)
4. Establish Measures (measuring progress of change)

Priorities	Obstacles	Intervention	Metrics

# Last Session's Case Study Example

## Component 1: **Aurora's** Aim Statement

- Aim Statement:
  - Increase the **7-day** follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022
  - Increase the **30-day** follow-up after hospitalization (FUH) rate 19 percentage points (66% to 85%) from February 7, 2022 to August 30, 2022

# Last Session's Case Study Example

## Component 2, 3, & 4: **Aurora's** Priorities, Interventions, and Measures

Priorities	Obstacles	Intervention	Metrics
1	Poor patient hand-offs	<ul style="list-style-type: none"> <li>Assigning an internal liaison to work with preferred providers (position description, recruitment, training, orientation)</li> <li>Admitting privileges for the navigator (keys and badging)</li> <li>Expanding list of preferred providers (identify and select partners, approach partner, explain expectations, execute MOU)</li> <li>Ensure 100% warm hand-offs with SMI clinics (troubleshooting with MCOs to coordinate with clinics)</li> </ul>	<ul style="list-style-type: none"> <li># of liaison contacts per week</li> <li># of contacts not completed per week</li> <li>% of navigators keyed and badged</li> <li># of pending and completed MOUs</li> <li>% of discharges that do not go to preferred providers</li> <li>% of warm hand-offs</li> </ul>
2	Discharge day of the week for patients	<ul style="list-style-type: none"> <li>Treatment team reviews late-in-day and weekend discharges</li> <li>Work with health plans for length of stay authorization</li> <li>Avoid weekend or late-in-day discharges</li> </ul>	<ul style="list-style-type: none"> <li>Identify late-in-day and weekend discharges; contact all late-in-day and weekend discharges next day</li> <li># of health plans contacted; # of health plans agree</li> <li>% reduction of late-in-day and weekend discharges</li> </ul>
3	Lack of patient and family education	<ul style="list-style-type: none"> <li>Assigning internal liaison to coordinate with discharge central to build awareness of continuum of care</li> <li>Connecting with outpatient services</li> <li>Schedule family education session within 72 hours of admission</li> <li>Signage, interventions, competencies to build awareness</li> <li>Provider type 77 does not qualify</li> </ul>	<ul style="list-style-type: none"> <li># of internal liaison connections made</li> <li># and % of connections made with outpatient services</li> <li># of family education sessions made within 72 hrs of admission</li> <li>All provide type 77's are corrected</li> </ul>
4	Addressing the social determinants of health	<ul style="list-style-type: none"> <li>Work with preferred provider list to better address transportation and housing</li> <li>Have community liaison teams researching and gathering information regarding preferred providers and detailing their specialties (to be reviewed and update quarterly)</li> </ul>	<ul style="list-style-type: none"> <li>% of clinic visits missed because of transportation</li> <li>% of clinic visits missed because of homelessness</li> </ul>

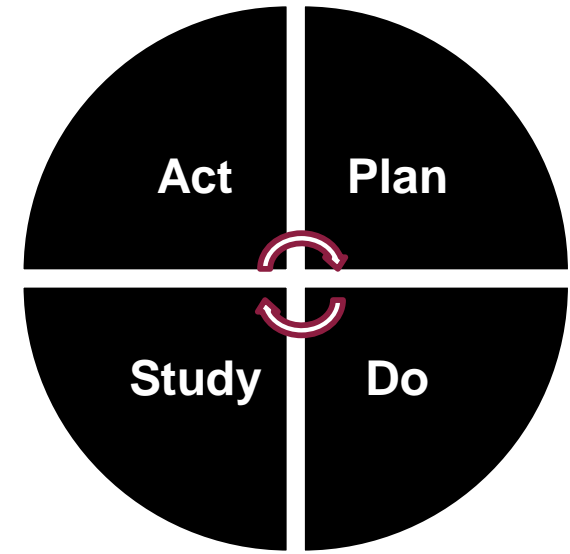


# Today's Goal

1. Plan-Do-Study-Act (PDSA)
  - Plan: Develop
  - Do: Implement
  - Study: Evaluate
  - Act: Lock-in or Revise & Re-do
2. Establish PDSA Ramp
3. Launch Multiple PDSA Ramps

# Plan-Do-Study Act (PDSA)

- PDSA is a model for carrying our change to improve quality
  - Plan: define the objectives and outline the steps
  - Do: implement the activity
  - Study: analyze the results
  - Act: apply the results to your next cycle or implement the activity on a full scale



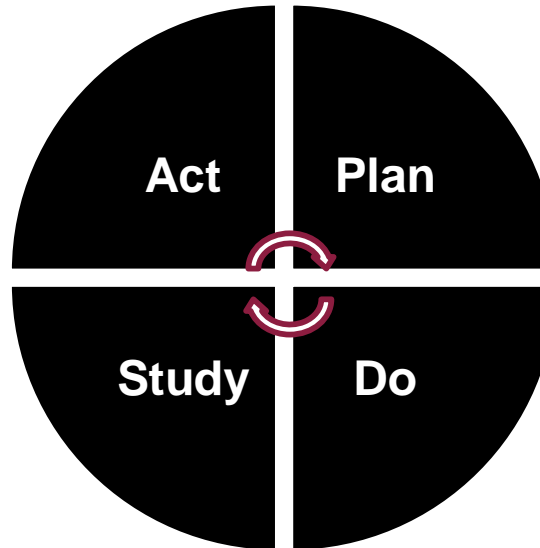
# Quality Improvement Framework\*

Aim Statement

Identify & Prioritize Obstacles

Identify Interventions

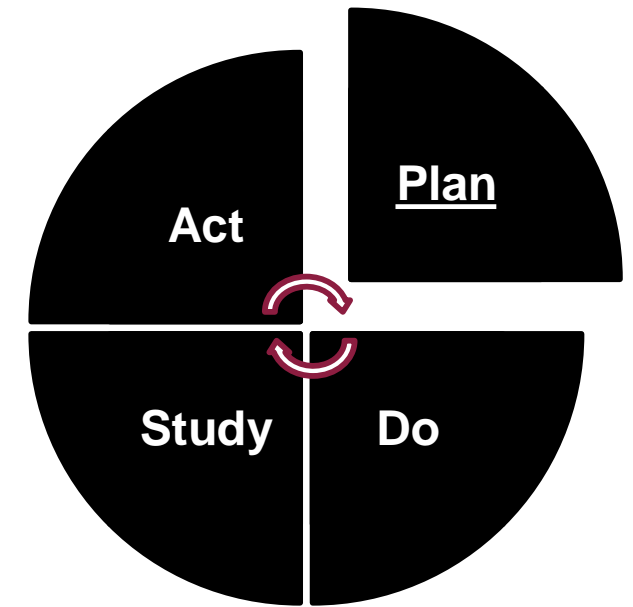
Establish Measures



\*Modified from the IHI Model for Improvement

# Plan-Do-Study-Act

- Plan: Identify intervention and determine tasks needed to implement intervention
  - Who will implement the plan?
  - What exactly will be done?
  - Where will they implement the plan?
  - When will the plan be implemented and how long will it take?



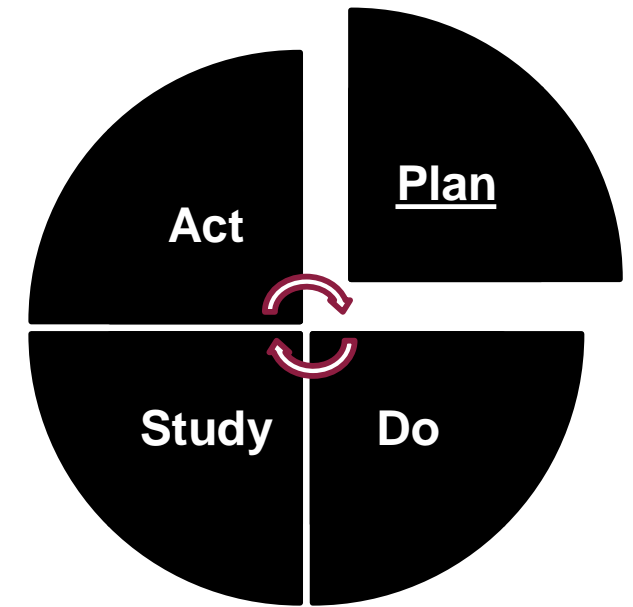
# Aurora's Intervention of Focus

Priorities	Obstacles	Intervention	Metrics
1	Poor patient hand-offs	<ul style="list-style-type: none"> <li>Expand external network and credential navigators</li> <li>Create internal step-down liaison position</li> <li>Ensure 100% warm hand-offs with SMI clinics (troubleshooting with MCOs to coordinate with clinics)</li> </ul>	<ul style="list-style-type: none"> <li># of contacts not completed per week</li> <li>% of navigators keyed and badged</li> <li># of pending and completed MOUs</li> <li>% of discharges that do not go to preferred providers</li> <li>% of warm hand-offs</li> </ul>
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**Cycle #1**

# Aurora's Plan-Do-Study-Act

Aim: Increase the <b>7-day</b> follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022		
Goal: Ensure warm hand-offs for all patients discharged from Aurora hospital		
		Cycle 1: Expand external network
Plan	Who?	Valerie
	What?	Complete MOUs. Orient preferred providers.
	Where?	Aurora Glendale & Tempe
	When?	6-weeks



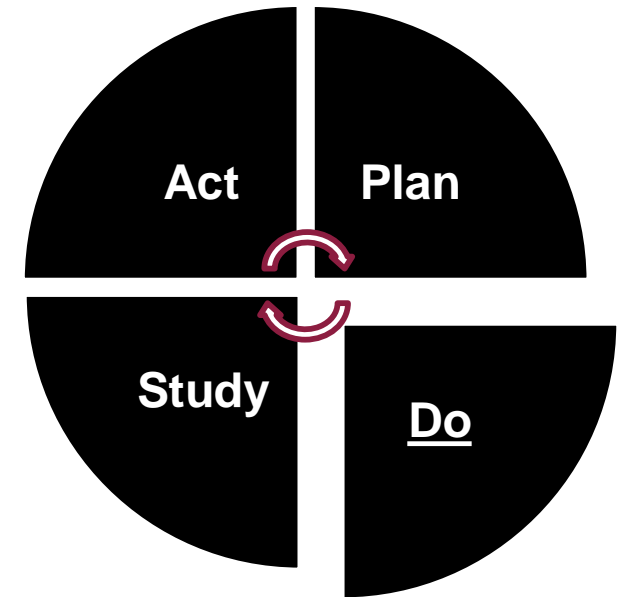
Cycle =  
Intervention

# Plan Discussion

- To the audience:
  - Can an action plan, which describes who/what/where/when be useful for your TIP QI team?

# Plan-Do-Study-Act

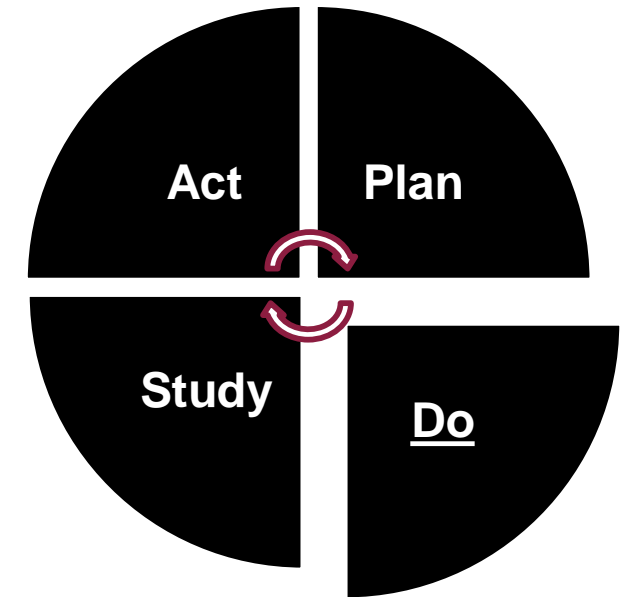
- Do
  - Execute your plan
  - Collect data to measure change
  - Observe what happens
    - How did staff, patients, react?
    - How did the change fit into the process?
    - Did you have to modify the plan?
  - Identify unexpected problems





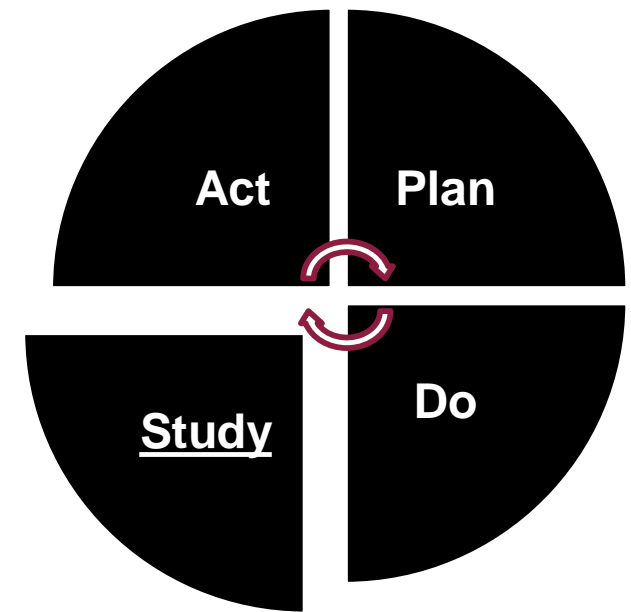
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Do	How?	Contact preferred providers. Execute MOUs. Orient preferred providers.



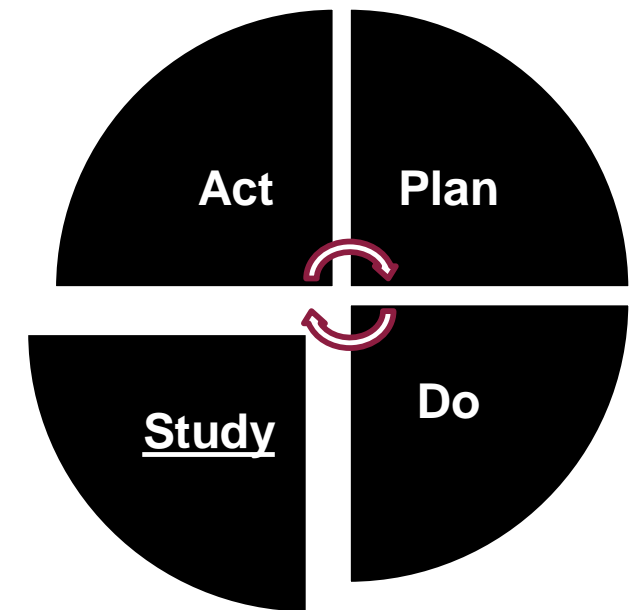
# Plan-Do-Study-Act

- Study
  - Study the effect of the change
  - Evaluate the results and how they compared to the predictions
  - Did you meet the goal?
  - What did you learn?



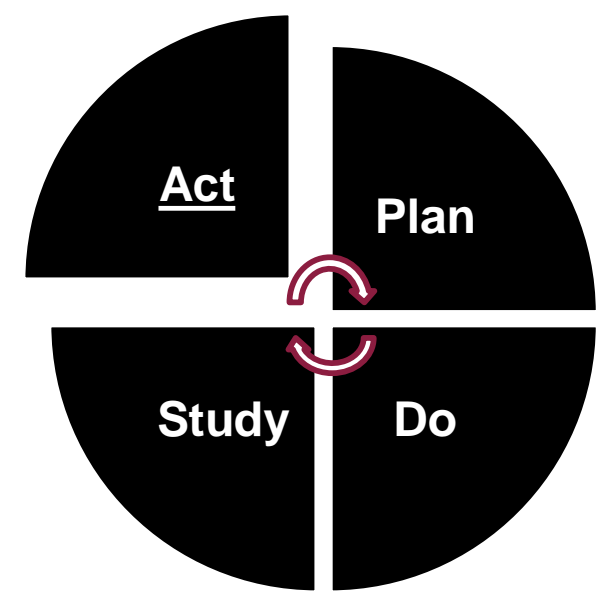
# Aurora's Plan-Do-Study-Act

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	Where?	Aurora Glendale & Tempe
	When?	6-weeks
Do	How?	Contact preferred providers. Execute MOUs. Orient preferred providers.
Study	Evaluate	# of MOUs executed; # of preferred providers oriented



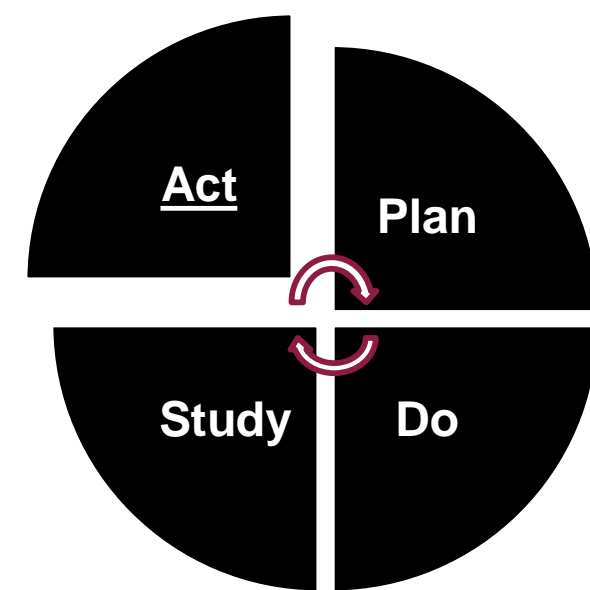
# Plan-Do-Study-Act

- Act
  - If plan met, lock it in and monitor
  - If plan not met, revise and re-do
    - Describe what modifications to the plan will be made for the next cycle from what you learned
    - If it did not work, what can you do differently in your next cycle?



# Aurora's Plan-Do-Study-Act

Aim: Increase the <b>7-day</b> follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022		
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	Where?	Aurora Glendale & Tempe
	When?	6-weeks
Do	How?	Contact preferred providers. Execute MOUs. Orient preferred providers.
Study	Evaluate	# of MOUs executed; # of preferred providers oriented
Act	Lock-in or Revise & Re-do	If plan met =lock-in and monitor If plan not met = revise and re-do



# PDSA Cycle Discussion

- To the audience:
  - Have any organizations used PDSA cycles to improve performance?
  - Was it a positive or negative experience?

# PDSA Ramp

- A conceptual illustration that represents progressive development and improvement of a specific process to improve an output or outcome
- A PDSA Ramp involves a series of iterative cycles (interventions)

# Aurora's PDSA Ramp

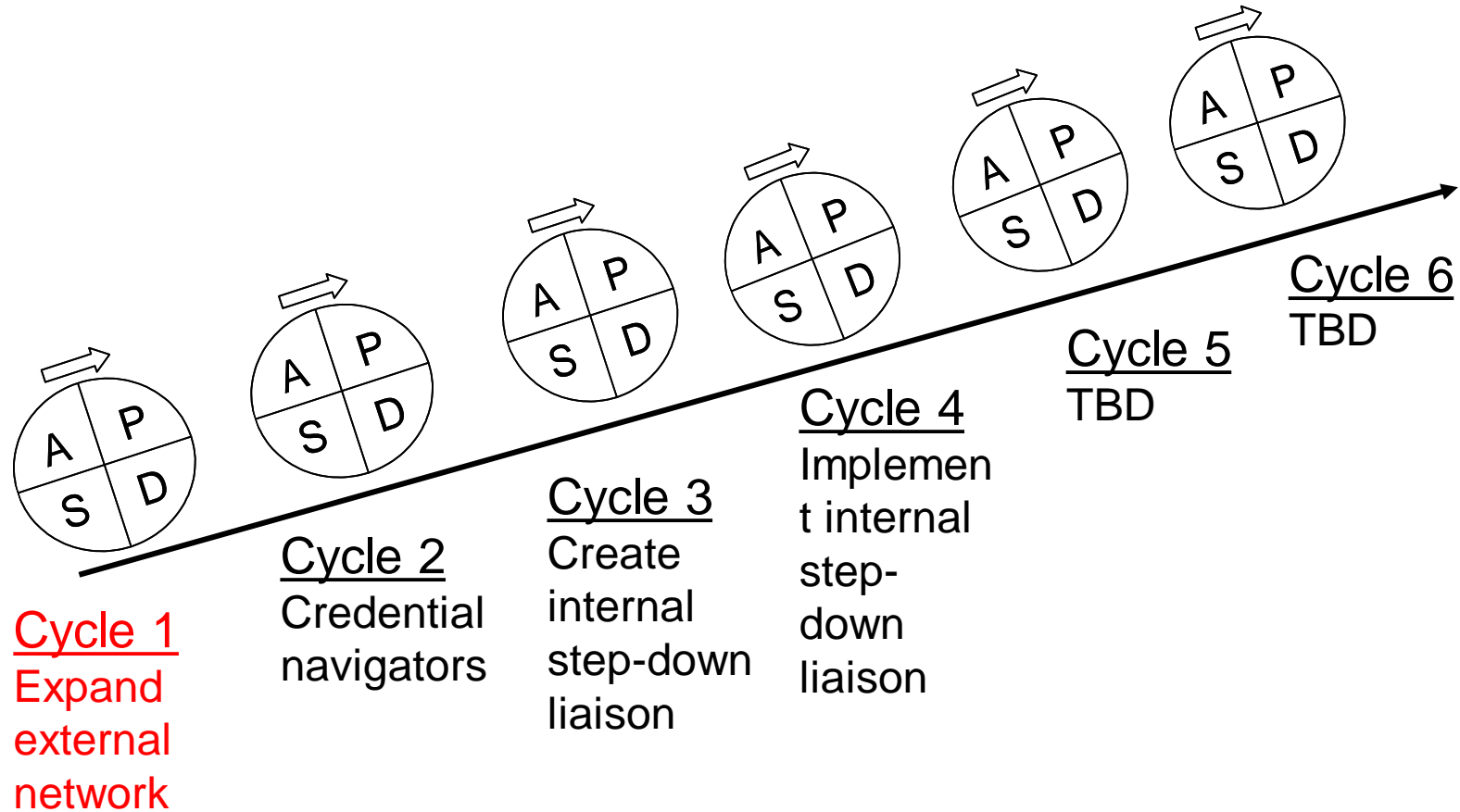
Aim: Increase the <b>7-day</b> follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022					
Goal: Ensure warm hand-offs for all patients discharged from Aurora hospital					
		Cycle 1: Expand external network	Cycle 2: Credential navigators	Cycle 3: Create internal step-down liaison position	Cycle 4: Implement internal step-down liaison position
Plan	Who?	Valerie	Valerie	Valerie	Valerie
	What?	Complete MOUs. Orient preferred providers,	Complete credentialing process for navigators (N = 16 Navigators)	Conduct needs assessment, develop position description for new role, and recruit internal step-down liaison.	Develop internal step-down liaison process, train and orient internal step-down liaison
	Where?	Aurora Glendale & Tempe	Aurora Glendale & Tempe	Aurora Glendale & Tempe	Aurora Glendale & Tempe
	When?	Weeks 1-6	Weeks 1-6	Weeks 1-6	Weeks 7-12
Do	How?	Contact preferred providers. Execute MOUs. Orient preferred providers.	Coordinate with Navigators and HR staff with onboarding documentation and Complete one day orientation. Provide Key and Badge	Determine current step-down use, identify barriers to using step downs, conduct a process audit, and creating the internal liaison position description.	Create training material and plan; recruit, appoint and train internal liaison.
Study	Evaluate	# of MOUs executed; # of preferred providers oriented	Complete post New Employee Orientation (NEO) debriefing.	Reversing barrier-to-use; correcting process audits; collect feedback from all stakeholders.	Evaluate performance of liaison and revise position description as need.
Act	Monitor or Revise	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over



# Aurora's Metrics

Metrics													
Cycle #1: Expand external network	Numerator/Denominator	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
# of MOUs executed	# of MOUs Requested	x	x	x	x	x							
	# of MOUs Completed		x	x	x	x	x						
# of preferred organizations oriented	# of Organizations with MOUs Executed			x	x	x	x						
	# of Organizations Oriented			x	x	x	x						
<b>Cycle 2: Credential navigators</b>													
# of navigators proposed	# of Navigators Proposed			x	x	x	x						
	# of Navigators Available			x	x	x	x						
# of navigators credentialed	# of Navigators Proposed			x	x	x	x						
	# of Navigators Credentialed				x	x	x						
# of navigators oriented	# of Navigators Oriented				x	x	x						
	# of Navigators Credentialed												
<b>Cycle #3: Create internal step-down liaison position</b>													
Determine current step-down use	Yes/No		x	x									
Identify barriers to using step-down	Yes/No		x	x									
Create Position Description	Yes/No		x	x	x								
<b>Cycle #4: Implement internal step-down liaison position</b>													
Create training material	Yes/No		x	x	x								
Recruit and appoint internal liaison	Yes/No					x	x						
Train the internal liaison	Yes/No								x	x	x	x	x
Total internal transfers	(# of internal transfers)		x	x	x	x	x	x	x	x	x	x	x

# Aurora's PDSA Ramp



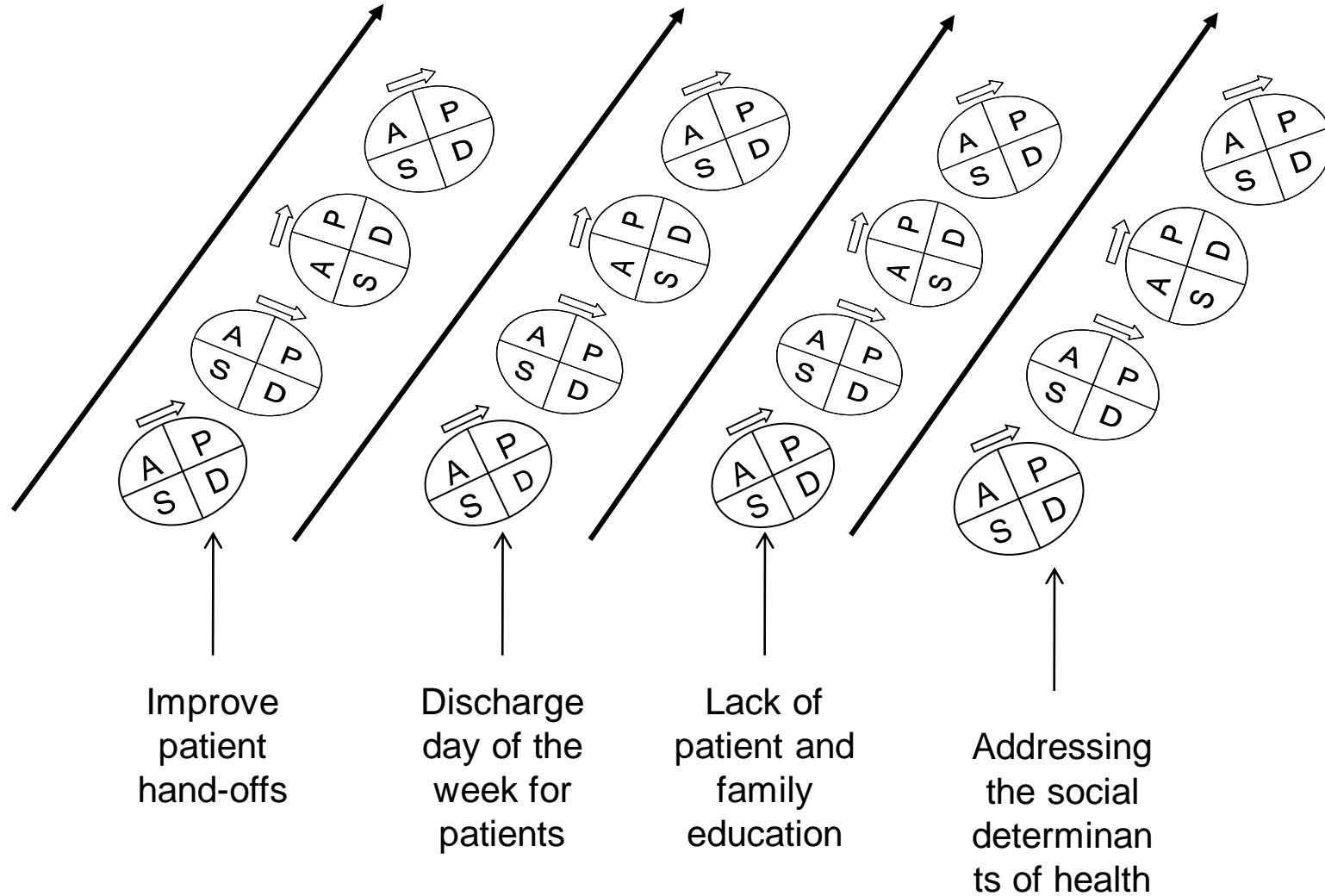
# PDSA Ramp Discussion

- To the audience:
  - Have any organizations used a PDSA Ramp to improve performance?
  - Was it a positive or negative experience?

# Multiple PDSA Ramps

- A PDSA Ramp for each specific priority to improve an outcome

# Aurora's Multiple PDSA Ramps



# QIW #1 Session 2: “Homework”

1. Plan-Do-Study-Act (PDSA)
  - Plan: Develop
  - Do: Implement
  - Study: Evaluate
  - Act: Lock-in or Revise & Re-do
2. Establish PDSA Ramp
3. Launch Multiple PDSA Ramps

# “Homework”

## Ramp #1: PDSA Cycles

Aim: Increase the <b>7-day</b> follow-up after hospitalization (FUH) rate ___ percentage points (___% to ___%) from ___ to ___					
Goal:					
		Cycle 1:	Cycle 2:	Cycle 3:	Cycle 4:
Plan	Who?				
	What?				
	Where?				
	When?				
Do	How?				
Study	Evaluate				
Act	Monitor or Revise				

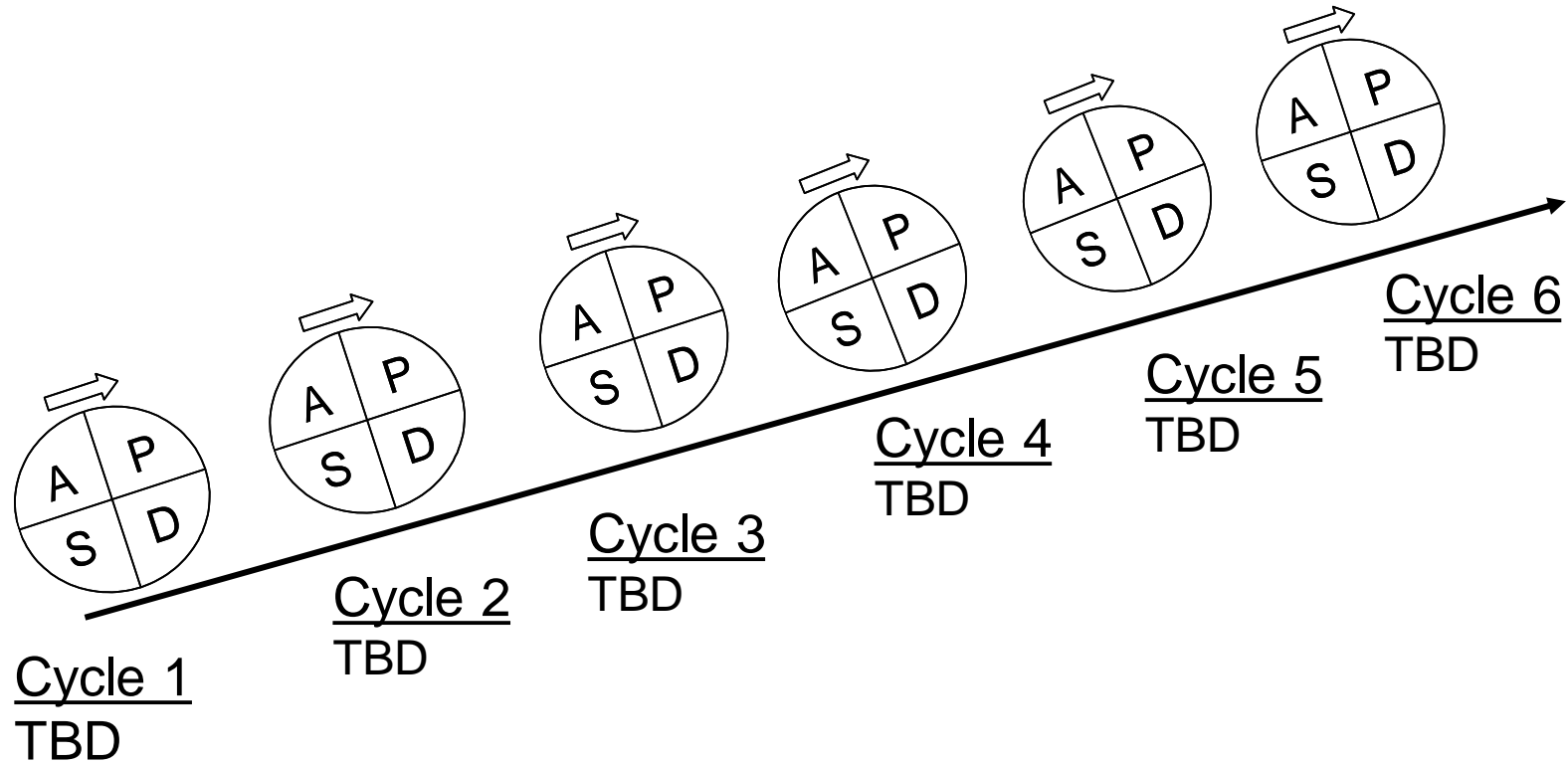
# “Homework” Metrics

Metrics													
Cycle #1:	Numerator/Denominator	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Cycle 2:													
Cycle #3:													
Cycle #4:													



# “Homework”

## Multiple PDSA Ramps



# Next Steps

- Continuing Education Units (CEU): Post Event Survey
  - Once session has ended, CEU survey will appear in browser
  - If issues accessing, please email [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu)
  - All CEU's for 2022 will be awarded following all 2022 QIC sessions (ETA November 2022)
- Attendees to complete recommended 'homework' prior to session #3; slides and template can be found on the TIPQIC [website](#)
- Questions or concerns?
  - Please contact ASU QIC team at [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu) if questions or concerns

# Thank you!

[TIPQIC@asu.edu](mailto:TIPQIC@asu.edu)