Disclosures (for CEUs)

There are no disclosures

All templates, slides, and session materials can be found:
https://tipqic.org/QIWorkgroups.html

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): • Create PDSA Cycles • Establish PDSA Ramps • Develop Project Plan • Launch Multiple PDSA Ramps
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 Case Study Organization

Encompass

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Last Session's Suggested Next Step

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 Component 1: Encompass Aim Statement

- <u>Aim Statement</u>:
  - Increase the **Adolescent Well-Care Visit** (at least 1) rate 34.4 percentage points (5.6% to 40%) from April 4, 2022 to August 30, 2022

  - Increase the **0-15 Month Well-Child Visit** (6 or more) rate 61 percentage points (0% to 61%) from April 4, 2022 to August 30, 2022

  - Increase the **3-6 Year Well-Child Visit** (1 or more) rate 41.2 percentage points (14.8% to 56%) from April 4, 2022 to August 30, 2022

Last Session's Case Study
# Component 2, 3, & 4: Encompass Priorities, Interventions, and Measures

#	Prioritized Obstacles (What to change)	Intervention (How to change)	Metrics (Measuring Progress of Change)
1	Identify a comprehensive list of PCP patients and PCP assignment	• Identify team members who will be responsible for developing, engaging, tracking progress in this area. • Have IT and Compliance create a list of all patients in these 3 categories • Identify those that are PCP only (compared to PCP and BH enrollment or BH only) • Create a system for tracking newly eligible members and those no longer eligible.	• Identify team members • Establish a working list of eligible PCP members by April 25
2	Proactive patient outreach	• Work with management to establish cross-departmental cooperation for additional duties. • Create outreach guidelines and procedures • Train staff for outreach • Manage list of eligible patients for engagement/re-engagement teams.	• Secure permission from management team to proceed or alternative team member options discussed no later than April 11 • Create outreach guidelines and procedures by TBD • Train eligible staff by TBD • Percentage of patients contacted • Percentage of patients who successfully complete visit
3	Cultivate frontline staff re-engagement	• Review and re-train engagement policy • Establish ongoing communication between engagement team, medical providers, and TI Management/tracking members	• Number of team members in re-engagement team by April 25 (at minimum 2)
4	Establish integrated collaboration/communication among staff for well-child measures	• Establish a monthly meeting with medical provider and engagement team. • Establish a monthly meeting with engagement team and TI management.	• Monthly meeting with PCP providers and engagement team • Monthly meeting with engagement team and TI management team

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
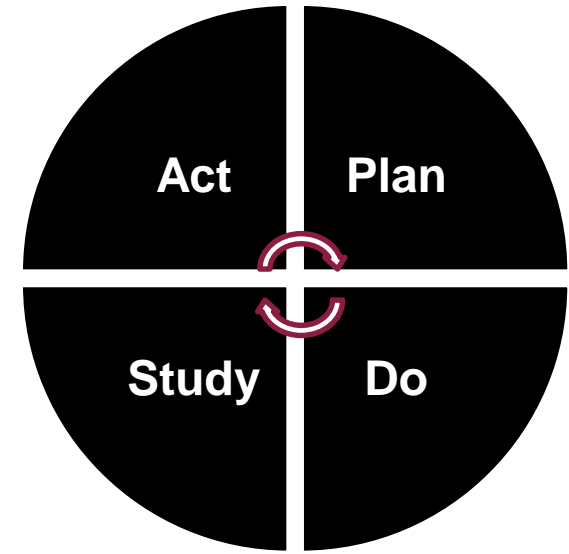
Quality Improvement Framework*

Aim Statement

Identify & Prioritize Obstacles

Identify Interventions

Establish Measures
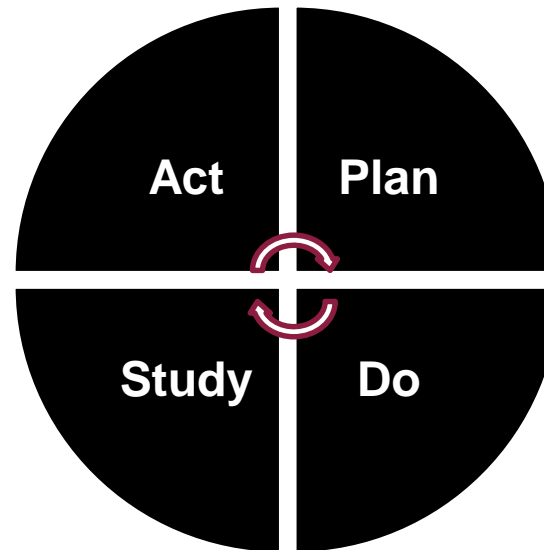
*Modified from the IHI Model for Improvement

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?

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Encompass Plan-Do-Study-Act

Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022		
Goal: Identify a comprehensive list of PCP patients and PCP assignment (prioritized obstacle #1)		
		Cycle 1: Identify team members who will be develop, engage, and track progress
Plan	Who?	Matt, Alicia, Courtney (TI Team)
	What?	Identify who is able to pull these lists and from where
	Where?	Encompass
	When?	April 11

Plan

Act

Study

Do

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-**D̲o̲**-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

Act | Plan

Study | **D̲o̲**

Encompass Plan-Do-Study-Act

Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022		
Goal: Identify a comprehensive list of PCP patients and PCP assignment (prioritized obstacle #1)		
		Cycle 1: Identify team members who will be develop, engage, and track progress
Plan	Who?	Matt, Alicia, Courtney (TI Team)
	What?	Identify who is able to pull these lists and from where
	Where?	Encompass
	When?	April 11
Do	How?	TI Team meeting to identify team members

Act   **Plan**

Study   **Do**

Plan-Do-<u>Study</u>-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?

Encompass Plan-Do-<u>Study</u>-Act

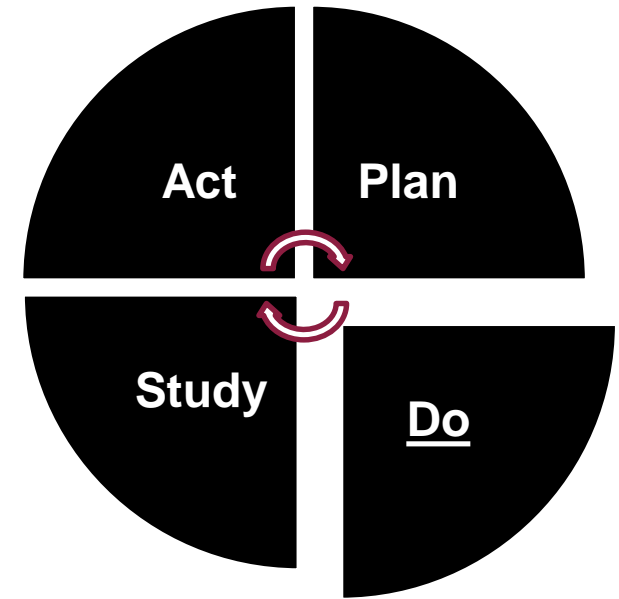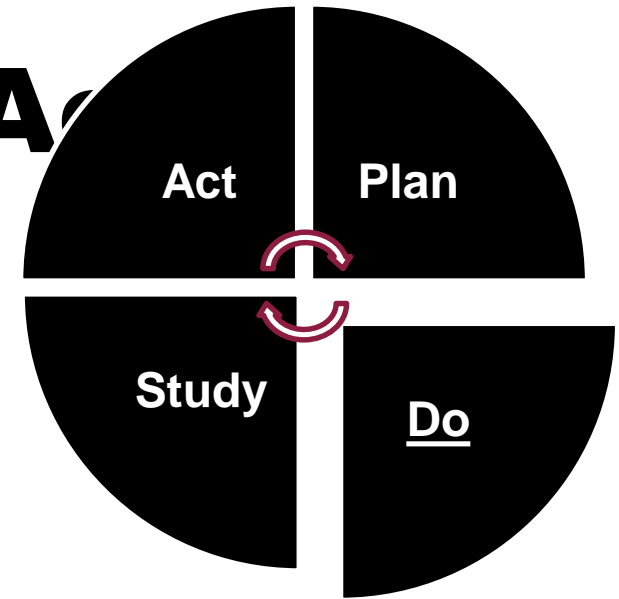| Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022		
Goal: Identify a comprehensive list of PCP patients and PCP assignment (prioritized obstacle #1)		
		Cycle 1: Identify team members who will be develop, engage, and track progress
Plan	Who?	Matt, Alicia, Courtney (TI Team)
	What?	Identify who is able to pull these lists and from where
	Where?	Encompass
	When?	April 11
Do	How?	TI Team meeting to identify team members
Study	Evaluate	team members identified (yes/no); # of team members involved in identifying members and re-engaging (goal = 5)

Act

Plan

Study

Do

Plan-Do-Study-Act

- Act
  - If plan met, lock it in and monitor
    - Expand or go to scale
  - 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
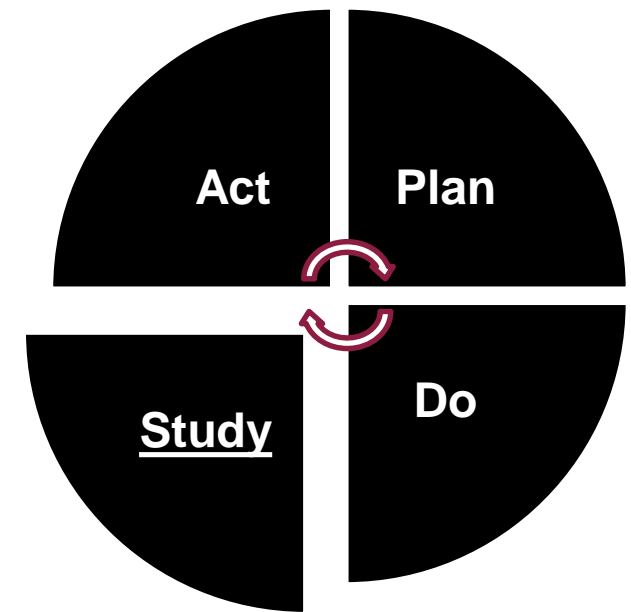   - If it did not work, what can you do differently in your next cycle?

Encompass Plan-Do-Study-<u>Act</u>

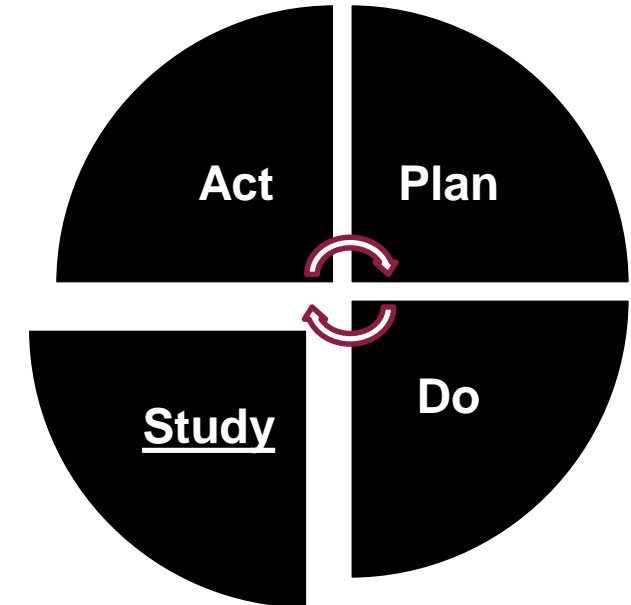| Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022		
Goal: Identify a comprehensive list of PCP patients and PCP assignment (prioritized obstacle #1)		
		Cycle 1: Identify team members who will be develop, engage, and track progress
Plan	Who?	Matt, Alicia, Courtney (TI Team)
	What?	Identify who is able to pull these lists and from where
	Where?	Encompass
	When?	April 11
Do	How?	TI Team meeting to identify team members
Study	Evaluate	team members identified (yes/no); # of team members involved in identifying members and re-engaging (goal = 5)
Act	Lock-in or Revise & Re-do	If plan met = monitor If plan not met = revise and do-over

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)

Encompass PDSA Ramp #1

Cycle 1
Identify team members who will be develop, engage, and track progress

Cycle 2
Compliance creates a list of patients in 3 age categories

Cycle 3
Identify those that are PCP only (compared to PCP and BH enrollment or BH only)

Cycle 4
Create a system for tracking patients who move across age categories and those no longer eligible

Cycle 5
TBD

Cycle 6
TBD

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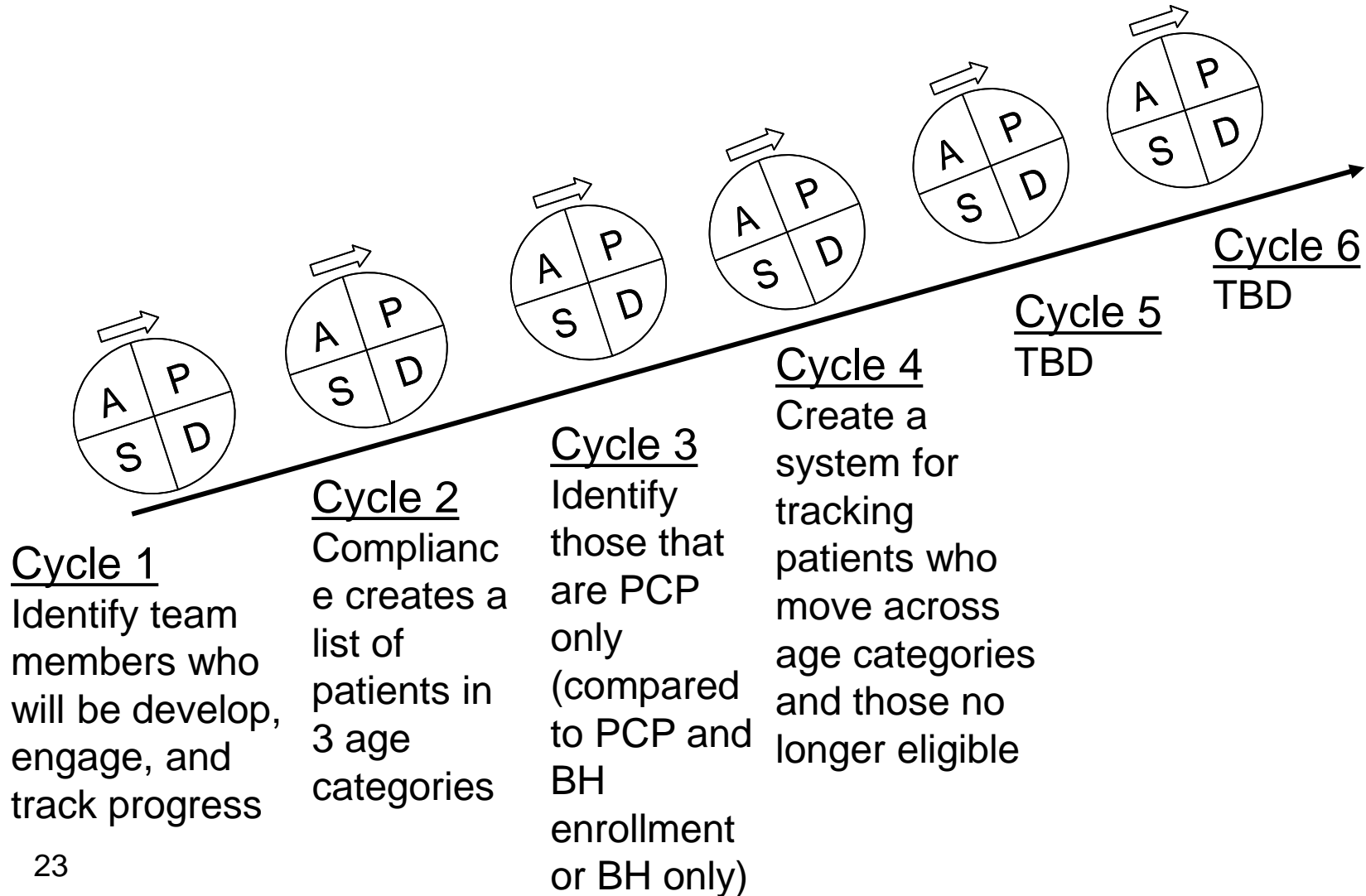
Encompass PDSA Ramp #1

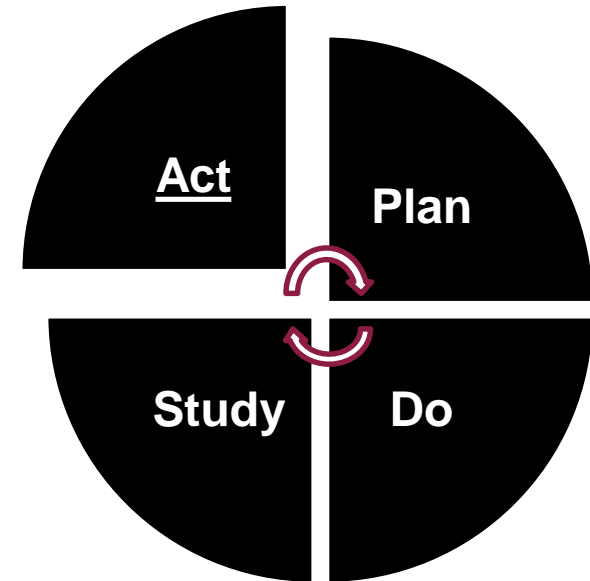	Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022				
Goal: Identify a comprehensive list of PCP patients and PCP assignment (prioritized obstacle #1)				
		Cycle 1: Identify team members who will be develop, engage, and track progress	**Cycle 2:** Compliance creates a list of patients in 3 age categories	**Cycle 3:** Identify those that are PCP only (compared to PCP and BH enrollment or BH only)	**Cycle 4:** Create a system for tracking patients who move across age categories and those no longer eligible
Plan	Who?	Matt, Alicia, Courtney (TI Team)	Alicia	Courtney	Jessica
	What?	Identify who is able to pull these lists and from where	Create 3 separate lists for the appropriate age ranges	Identify dual enrollment status	Create report using EMR
	Where?	Encompass	Health Plan Rosters for TI members	EMR	Behavioral & Medical EMR
	When?	April 11	April 25	May 16	May 16 (to complete system)
Do	How?	TI Team meeting to identify team members	Break list into 3 age categories; compare across lists and complete TIP data harmonization process	Identify dual enrollment status	Following creation of list, review list monthly
Study	Evaluate	team members identified (yes/no); # of team members involved in identifying members and re-engaging (goal = 5)	# of lists (broken out by age category); match with TI member list; complete data harmonization process (yes/no)	# of dual enrollments; # of PCP only (broken out by age category)	Monthly review complete (yes/no); # of patients transitioned
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 *monthly* If plan not met = revise and do-over	If plan met = monitor *monthly* If plan not met = revise and do-over

Encompass PDSA Ramp #2

Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022

Goal: Proactive patient outreach and cultivate frontline staff (prioritized obstacle #2 and #3 combined)

		Cycle 1: Work with management to establish cross-departmental cooperation for additional duties.	**Cycle 2:** Create outreach guidelines and procedures	**Cycle 3:** Train staff for outreach	**Cycle 4:** Manage list of eligible patients for engagement/re-engagement teams.
Plan	Who?	TI Team and EHS Management	TI Team	TI Team	Engagement Team
	What?	Discuss TI needs and benefits for adding additional duties	Update current policies	Train front-desk staff, MA's, and case managers on updated policies and procedures	Document engagement (successful/not successful); re-engagement team reports back to compliance team
	Where?	EHS	Encompass	BH and Medical	Encompass
	When?	April 11 (Complete)	May 16	May 30	Ongoing
Do	How?	Meet with management to discuss TI needs and benefits for adding additional duties	Review encompass policies on re-engagement; update and submit to leadership for approval	Communicate updated policies through trainings with relevant staff across Encompass sites; include motivational interviewing	Continuously manage list of eligible patients
Study	Evaluate	Cross-Departmental Cooperation Permission (Yes/No)	Policies and procedures updated (yes/no)	# of staff trained by staff type	# of patients outreached to; # of patients re-engaged; # of patient not re-engaged % of patients contacted; % of patients completed visit
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 _monthly_ If plan not met = revise and do-over

Encompass PDSA Ramp #3

		Cycle 1: Establish a monthly meeting with medical provider and engagement team.	**Cycle 2:** Establish a monthly meeting with engagement team and TI management.
Plan	Who?	PCP and Engagement Team	Engagement Team and TI Team
	What?	Monthly team meetings with relevant members to discuss upcoming medical appointments	Monthly team meetings with relevant members to discuss unsuccessful and successful engagement
	Where?	Encompass	Encompass
	When?	Monthly (meet first of the month to discuss upcoming appointments)	Monthly (meet at the end of the month to discuss engagement successes)
Do	How?	Monthly team meetings with relevant members to discuss upcoming medical appointments	Monthly team meetings with relevant members to discuss unsuccessful and successful engagement
Study	Evaluate	Monthly meeting (yes/no); # of upcoming appointments reviewed	Monthly meeting (yes/no); # of successful engagements; # of unsuccessfully engaged
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

Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022

Goal: Establish integrated collaboration/communication among staff for well-child measures (prioritized obstacle #4)

Encompass Metrics

Metrics - Tracking & Monitoring			April				May				June			
Ramp	Numerator/Denominator	Target	1	2	3	4	5	6	7	8	9	10	11	12
Ramp #1: Identify a comprehensive list of PCP patients and PCP assignment														
Team Members Identified	Yes/No	11-Apr												
Team Members (N = 5)	# of team members onboarded	11-Apr												
	# of total preferred team members (N = 5)														
Member Lists (N = 3)	# of lists developed	25-Apr												
	# of broken out by age category (N = 3)														
Complete TIP Data Harmonization Process	Yes/No	25-Apr												
Match Lists with TI Roster	Yes/No	25-Apr												
Enrollment Status - Dual	# of dual enrollments	16-May												
	# of total members														
Enrollment Status - PCP Only	# of PCP only enrollments	16-May												
	# of total members														
Monthly Review of Lists	Yes/No	16-May												
Patients Transitioned	# of patients transitioned to new age category	16-May												
	# of total members														
Ramp #2: Proactive patient outreach & cultivate frontline staff														
Cross-Departmental Permission	Yes/No	11-Apr												
Policies/Procedures Updated	Yes/No	16-May												
Staff Training (by staff type)	# of staff trained	30-May												
	# of total staff														
Patient Outreach	# of patients outreached to	Cont.												
	# of total patients														
Patient Re-Engagement	# of patients re-engaged	Cont.												
	# of patients outreached to														
Patient Visits	% of patient visits completed	Cont.												
Ramp #3: Establish integrated collaboration/communication among staff														
Medical/Engagement meetings	Yes/No	Cont.												
Engagement/TI Meetings	Yes/No	Cont.												

Multiple PDSA Ramps

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

Encompass Multiple PDSA Ramps
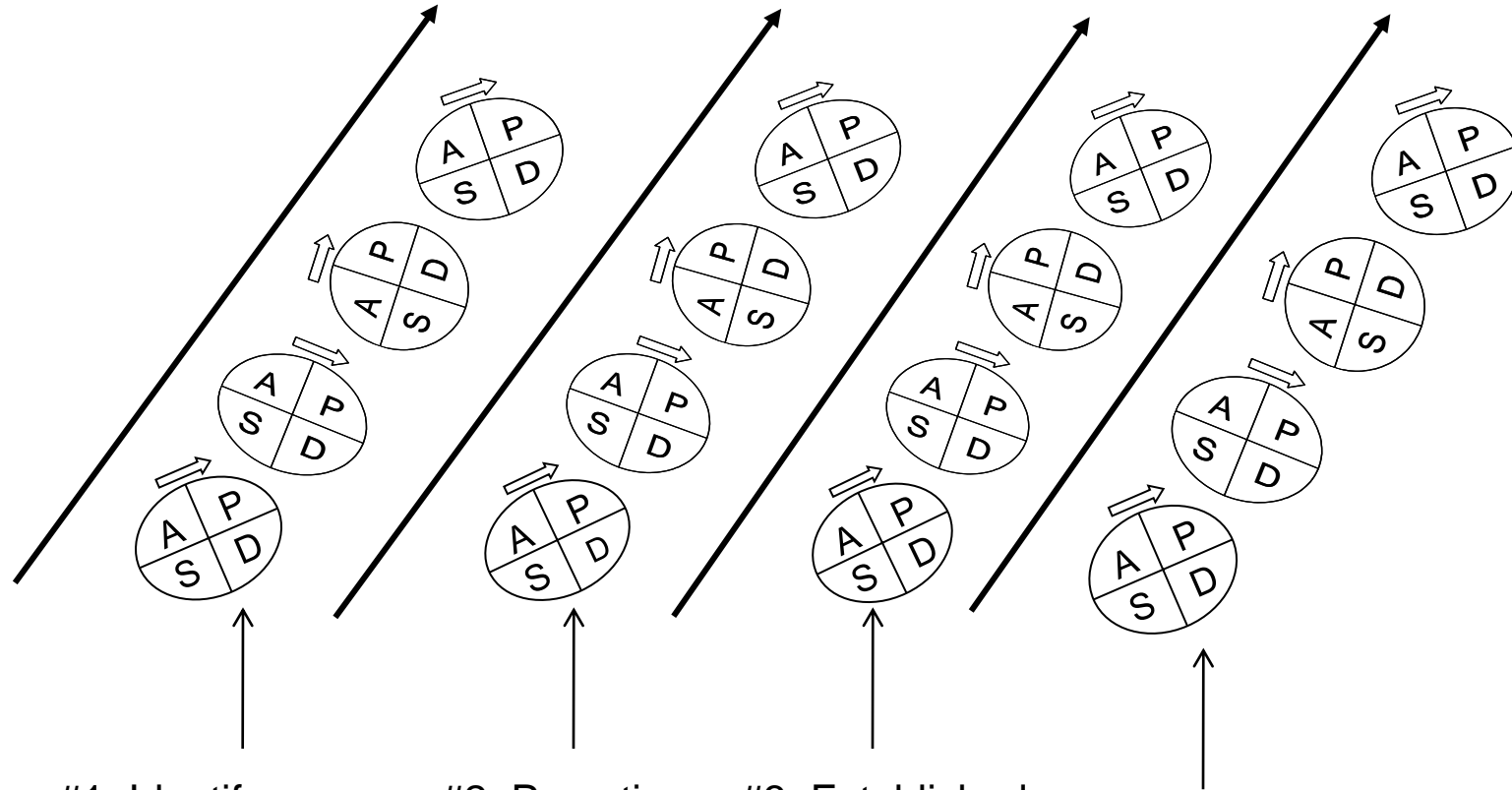
#1: Identify a comprehensive list of PCP patients and PCP assignment

#2: Proactive patient outreach & cultivate frontline staff re-engagement

#3: Established integrated collaboration/communication among staff for well-child measures

#4 TBD

PDSA Ramp Discussion

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

QIW #1 Session 2: Next Steps

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

Template
Ramp #1: PDSA Cycles

		Cycle 1:	Cycle 2:	Cycle 3:	Cycle 4:
Aim:					
Goal:					
Plan	Who?				
	What?				
	Where?				
	When?				
Do	How?				
Study	Evaluate				
Act	Monitor or Revise				

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Template 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:														

Template
PDSA Ramp

Cycle 1
TBD

Cycle 2
TBD

Cycle 3
TBD

Cycle 4
TBD

Cycle 5
TBD

Cycle 6
TBD
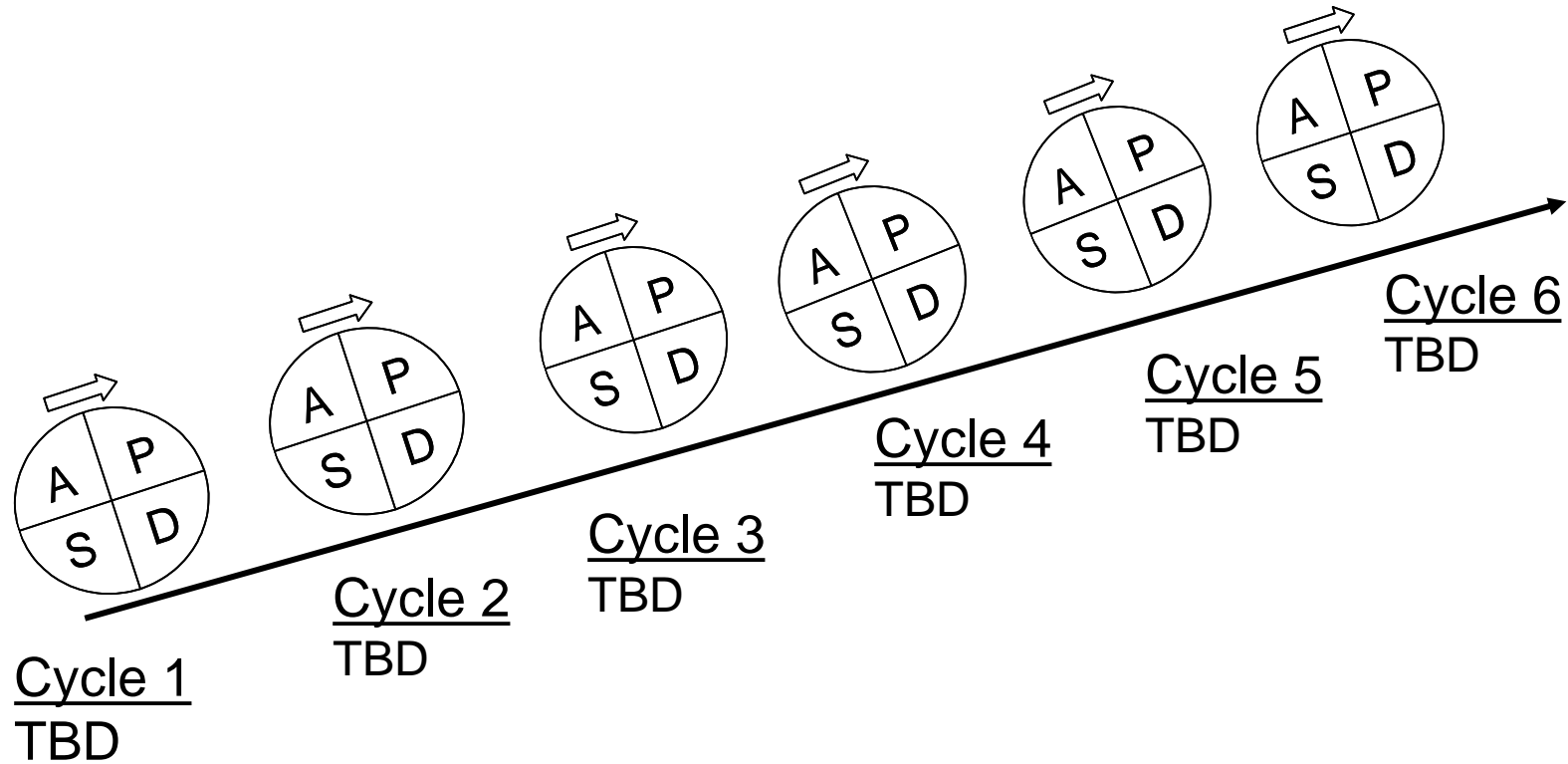
QIW #3 Session 3: Focus

- Monitoring Metrics & ARCS Dashboards

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
  - 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

- Questions or concerns?
  - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns

Thank you!

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