

AHCCCS Targeted Investments Program

Diabetes Screening (SSD)/Metabolic Monitoring (APM) Quality Improvement Workgroup #4

William Riley, PhD

TIP Year 6: Quality Improvement Workgroup Series
June 8, 2022: QIW #4 Session #5

Disclosures

CEU Disclosures:

There are no disclosures.

Recording:

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

Learning Objectives (for CEUs)

1. Describe Plan-Do-Study-Act (PDSA) cycle interventions to achieve key metrics
2. Debrief pros and cons of applying the PDSA cycle to diabetes screening and metabolic monitoring measures

Agenda

| TIME | TOPIC |
|----------------------|-----------------------|
| 12:00 to 12:02 PM | Overview |
| 12:02 to 12:20 PM | PDSA Cycle Updates |
| 12:20 PM to 12:50 PM | PDSA Cycle Discussion |
| 12:50 PM to 1:00 PM | Next Steps |

Quality Improvement Workgroup Today's Case Study Organization

Polara Health

Alisa Montgomery – Chief Quality Officer, a.montgomery@polarahealth.com

Melissa Cason, BSN, RN – Quality Management Analyst, m.cason@polarahealth.com

Michelle Robert – Director Revenue Cycle Management, m.robert@polarahealth.com

Jennifer Hewitt – Psychiatric Mental Health Nurse Practitioner, j.hewitt@polarahealth.com

Robin Valdivia - Director, Residential Services, SUDR, Haddon House, r.valivia@polarahealth.com

Emmy Hays – Hospital Administrator, WPH, e.hays@polarahealth.com

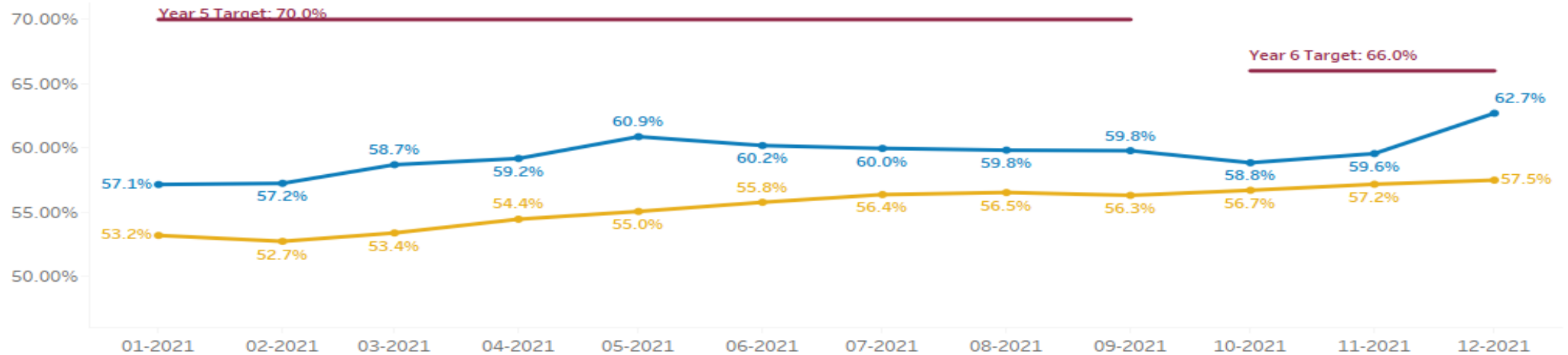
TIPQIC Dashboard | Alisa Montgomery

Use the filters to see your performance on each measure. Click Download to export this view as an image, PDF or PowerPoint file. Please contact us at TIPQIC@asu.edu with questions or comments. Dashboard last updated 5/12/2022. Analysis performed with encounter data adjudicated through 3/31/2022.

Select Filters: 1. Provider: WEST YAVAPAI GUIDANCE CLINIC INC 2. Area of Concentration: ADULT BH 3. Measure: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are...

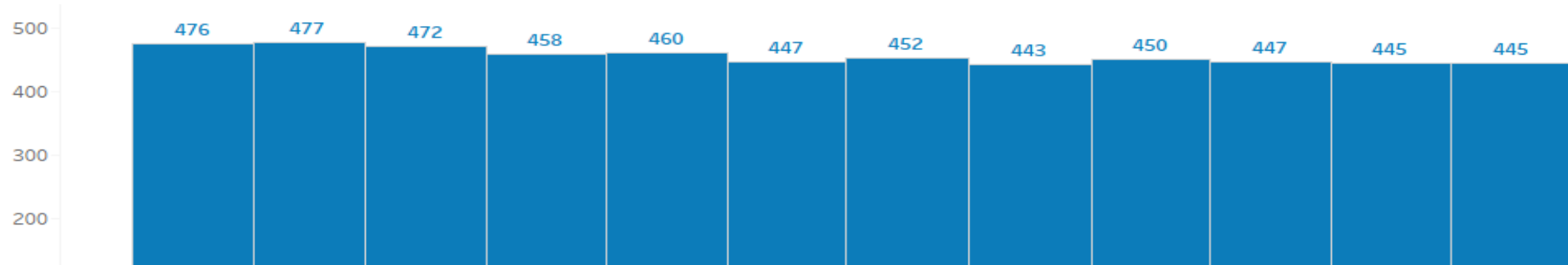
Performance on Measure (Each month is a 12-month report period)

WEST YAVAPAI GUIDANCE CLINIC INC vs. Providers in same Area of Concentration



Denominator

WEST YAVAPAI GUIDANCE CLINIC INC



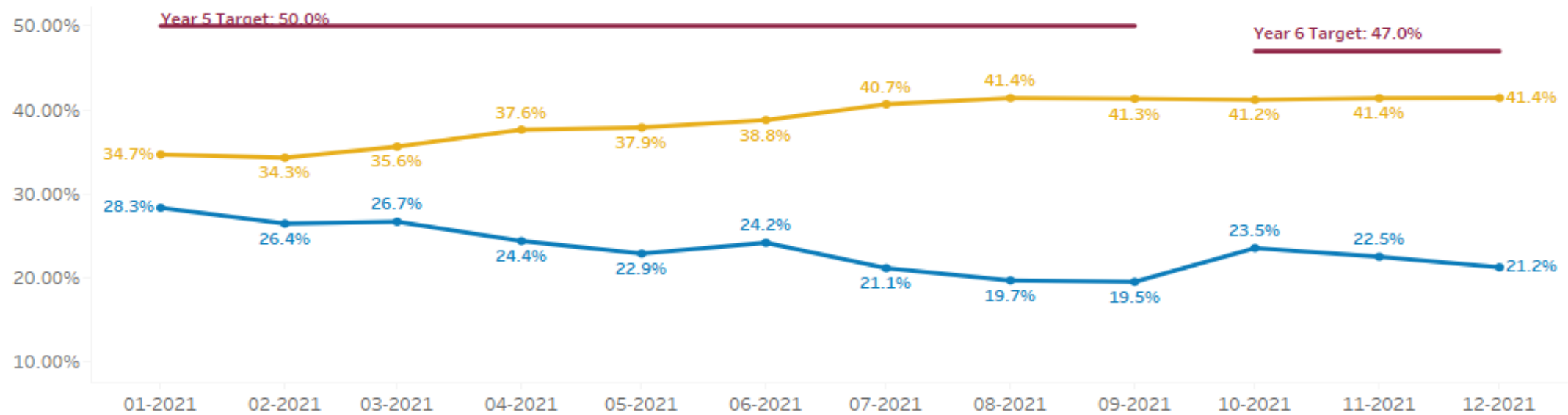
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Select Filters: 1. Provider: WEST YAVAPAI GUIDANCE CLINIC INC 2. Area of Concentration: PEDS BH 3. Measure: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

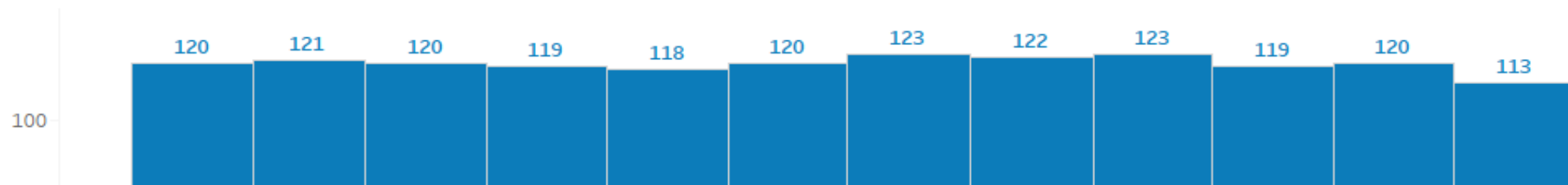
Performance on Measure (Each month is a 12-month report period)

WEST YAVAPAI GUIDANCE CLINIC INC vs. Providers in same Area of Concentration



Denominator

WEST YAVAPAI GUIDANCE CLINIC INC



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Develop Aim Statement

Template statements for FUH measure

- Increase the **Adult PCP/BH SSD** rate 10 percentage points (60% to 70%) from April 13, 2022 to April 30, 2023
- Increase the **Peds BH APM** rate 10 percentage points (24% to 34%) from April 13, 2022 to April 30, 2023

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Prioritize Obstacles, Identify Interventions & Establish Measures

| Priorities | Obstacles | Intervention | Metrics |
|------------|--|--|---|
| 1 | Lack of staff with pediatric phlebotomy skills; lab draws are currently done on children 13yo and above. | <ol style="list-style-type: none">1. Create SOP for peds metabolic monitoring2. Identify staff with peds phlebotomy skills at outpatient clinics3. Train identified staff at outpatient clinics4. Staff to begin drawing peds labs. | <ol style="list-style-type: none">1. Create SOP – yes/no2. # of staff at outpatient sites that have peds phlebotomy skills training3. Training complete – yes/no4. Track patients under 18 yo that have labs drawn in-house. |
| 2 | Outpatient clinics (sites) not having the proper equipment to complete lab draws. | | |
| 3 | Provider error r/t EMR: missing when clients needs labs | | |
| 4 | Outpatient clients have provider appointments via zoom making it challenging to manage and track patient labs. | | |

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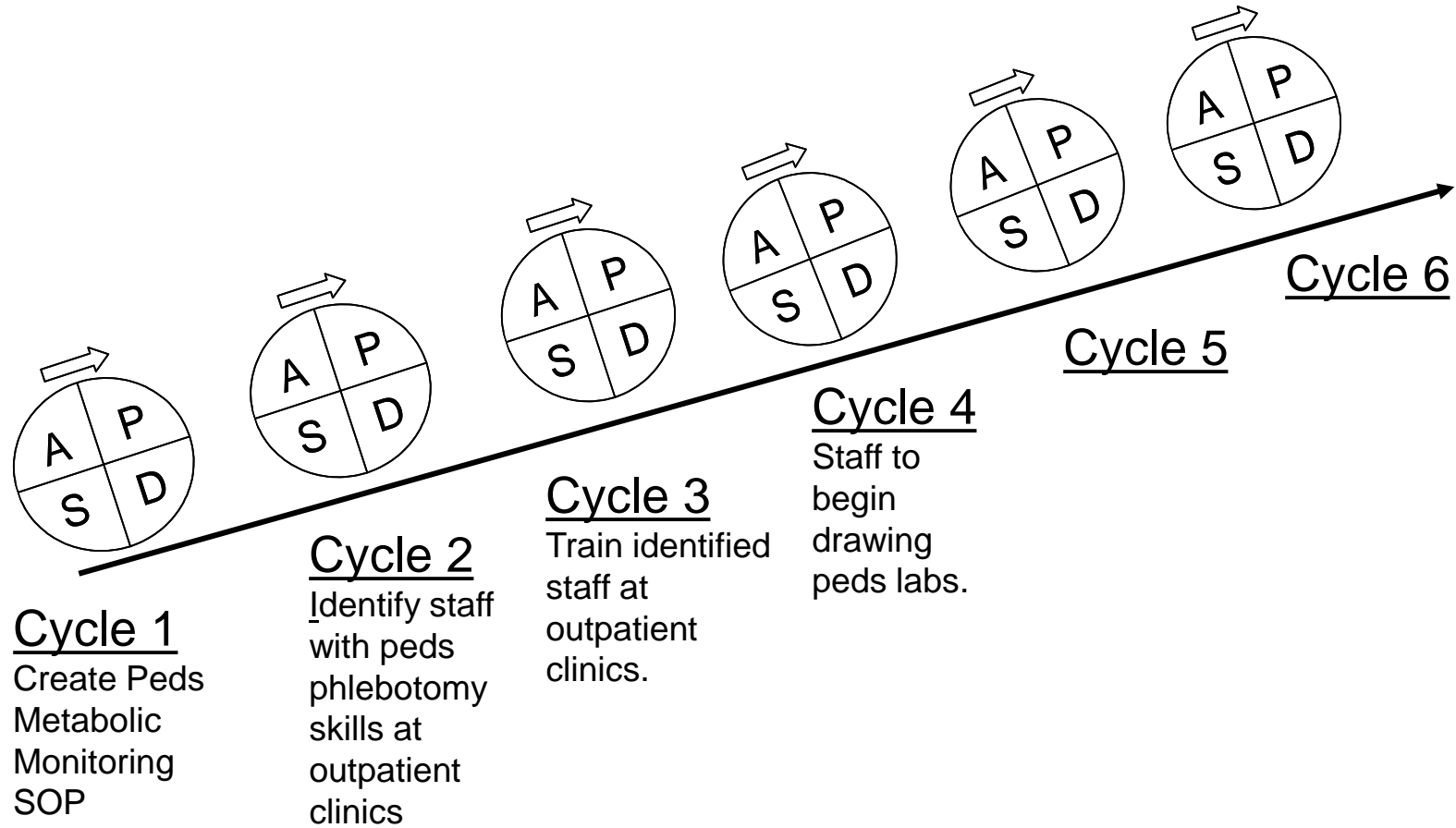
Aim: Increase the Peds BH APM rate 10 percentage points (24% to 34%) from April 13, 2022 to April 30, 2023

Goal: Increase peds labs at outpatient clinics to include patients under 13 years of age.

| | | Cycle 1: Create procedures for peds metabolic monitoring | Cycle 2: Identify staff with peds phlebotomy skills at outpatient clinics | Cycle 3: Identified staff to complete at outpatient clinics. | Cycle 4: Staff to begin drawing peds labs. |
|--------|--------------------|--|---|---|--|
| Plan | Who? | Quality Management/OP Nursing Coordinator | OP Nursing Coordinator/Site Manager | OP Nursing Coordinator/Site Manager/Quality Management | Medical Assistants/OP Nurses |
| | What? | Create SOP that outlines procedure for peds metabolic monitoring, including specifying who completes labs. | Onboard staff with pediatric phlebotomy skills/ Identify Outpatient Nurses with pediatric phlebotomy skills | Identify phlebotomy courses for staff and create purchase orders to submit to QM. | Drawing labs for patients 18 years and younger. |
| | Where? | Windsong. Cortez, Chino Valley | Windsong, Cortez, Chino Valley | Chino Valley | Windsong. Cortez, Chino Valley |
| | When? | To be created | May 2022 | July 2022 (6 month course) | Medical Assistants – June 2022 OP Nursing – January 2023 |
| Do | How? | Quality Management team consult with OP Nursing Coordinator to formulate SOP. | Site Manger hire staff with peds phlebotomy skills /OP Nurse manager consults with OP nurses. | Research phlebotomy skills providers and | Make appts for patients to have labs drawn at outpatient clinics. |
| -Study | Evaluate (Metrics) | SOP created: yes/no | # of staff at outpatient sites that have peds phlebotomy skills training | Training complete – yes/no | Create tracking sheet of patients under 18 yo that have labs drawn in-house. |
| Act | Monitor or Revise | If plan met = monitor If plan not met = reevaluate plan | If plan met = monitor If plan not met = reevaluate plan | If plan met = monitor If plan not met = reevaluate plan | If plan met = monitor If plan not met = reevaluate plan |

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PDSA Ramp #1



Polara Health Metrics

| Metrics | | | | | | | | | | | | | |
|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|
| | 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 1: Create Metabolic Monitoring SOP | | | | | | | | | | | | | |
| SOP created | Yes/No | | | | | X | | | | | | | |
| Cycle 2: Identify staff with peds phlebotomy skills at outpatient clinics | | | | | | | | | | | | | |
| # staff with peds phlebotomy skills | # staff appropriate to draw labs | X | X | X | | | | | | | | | |
| Cycle 3: Successful completion staff at outpatient clinics. | | | | | | | | | | | | | |
| Training complete | Yes/No | | | | | | X | | | X | | | |
| Cycle 4: Staff to begin drawing peds labs. | | | | | | | | | | | | | |
| # of patients under 13 who have labs drawn in-house. | # patients under 18 who have labs drawn in-house. | | | | | | X | | | | | | |

Discussion

Next Steps

- Continuing Education Units (CEU): Post Event Survey
 - CEU survey available in chat
 - 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 next steps
- Slides and template can be found on the TIPQIC [website](#)
- Questions or concerns?
 - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns

Thank you!

TIPQIC@asu.edu