Implementing a Quality Management Program to Improve Quality of Care for Individuals with Complex Needs

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Harlem United

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Harlem United

- Since 1988, Harlem United (HU) has provided extensive services for individuals with HIV/AIDS in Central and East Harlem (Harlem) who are medically underserved and face multiple socioeconomic problems. With the federally qualified health center for the homeless (FQHC-H) designation from Health Resources Services Administration (HRSA) in 2007, these services have grown to include primary care with management of not just HIV/AIDS but also other chronic illnesses.

Harlem United

- Given the complexities of HU's clients' needs, a Primary Care Quality Management (QM) Program was developed to systematically maintain and improve the delivery of care and clients' health outcomes by providing a blueprint for the planning, assessment and implementation of quality improvement (QI) activities as well as a mechanism for performance improvement.

Objectives

- To share best practices in implementing and standardizing a comprehensive quality management program to improve delivery of services in Primary Care practice

- To share methods and tools utilized to enhance quality improvement activities

- To demonstrate improved quality of care as a result of a comprehensive quality management program

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Case Study
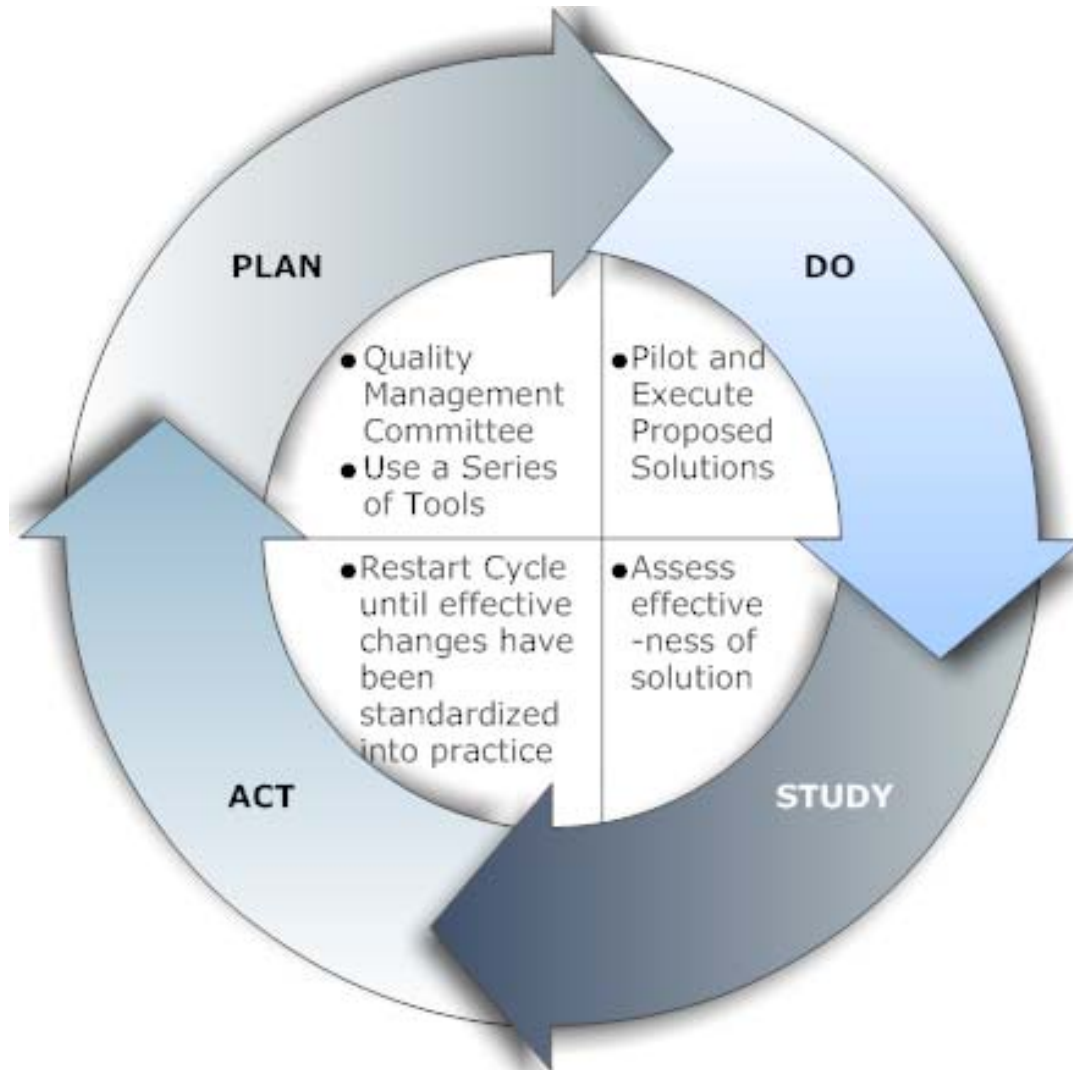
Primary Care

PAPs & Immunizations

QM Program Elements

- ## QI Infrastructure:

  - Establishing quality committee and functions, reporting structure, and leadership role.

- ## Participation of Stakeholders:

  - Developing a QM plan that involves stakeholder participation

- ## Performance Measurement:

  - Development of clinical indicators and data collection method

QM Program Elements

- Annual Quality Goals:
  - Setting up target numbers to accomplish annually
- Evaluation:
  - Selecting methodologies to evaluate the effectiveness of QI activities
- Implementation:
  - Identifying, planning, executing, and monitoring QI activities

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Methodology

Quality Management Committee
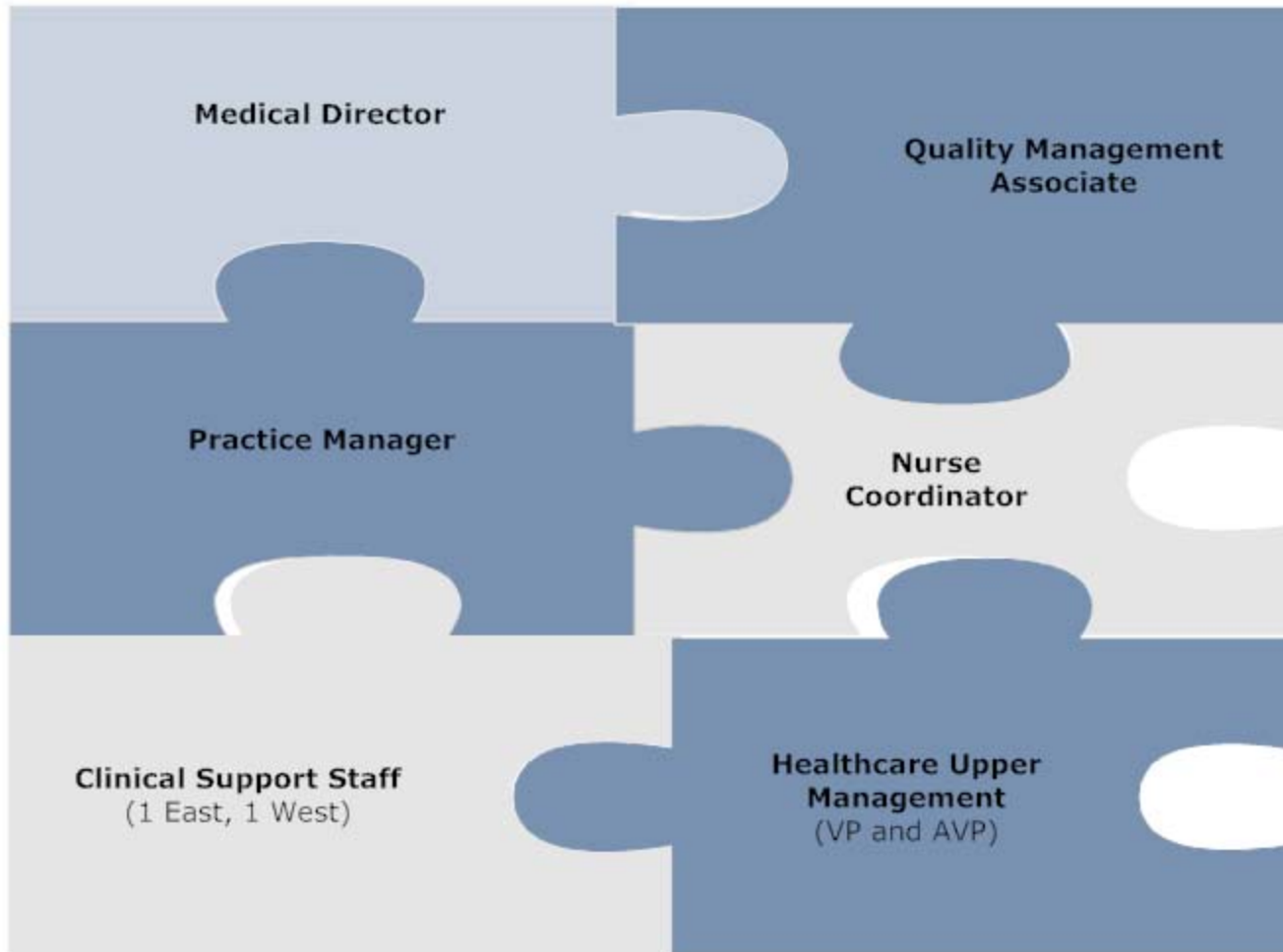
Quality Management Committee

- Collects data about primary care services

- Studies data to see where we need to improve

- Sets improvement goals for the year

Indicators

Homeless

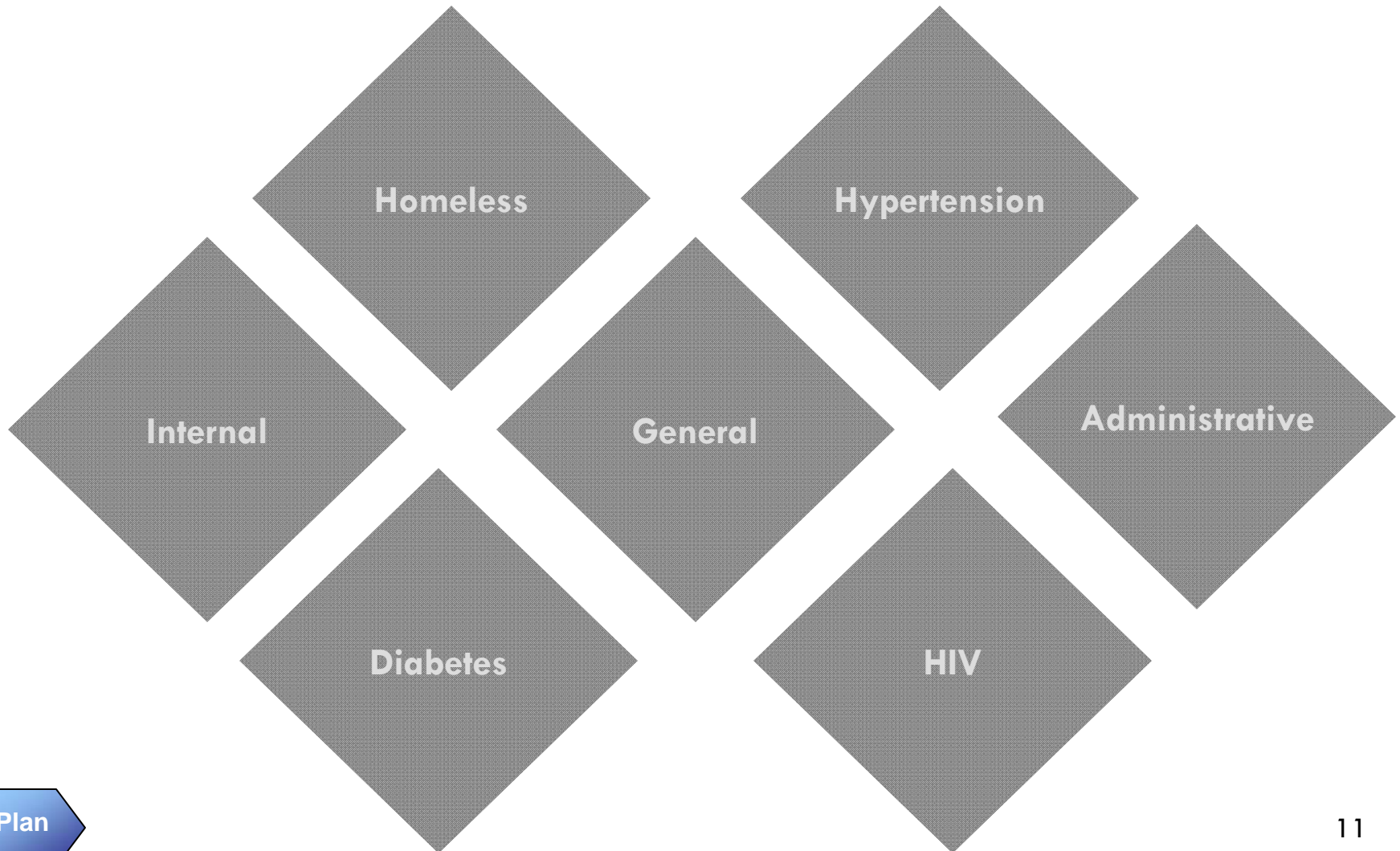Hypertension

Internal

General

Administrative

Diabetes

HIV

Plan

Collection Schedule

- Staggered data collection based on:
  - Indicator source standards
  - Clinical judgment

Primary Care Data Collection (June 2009 to June 2010)

Indicator Collection Frequency	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1 month	X	X	X	X	X	X	X	X	X	X	X	X
3 months	X			X			X			X		
6 months	X						X					
12 months	X											

Plan

Project Selection

Primary Care Baseline Extraction Results

Description of Samples		All PC	West PC	East PC
Primary Care Site	West	64	64	0
	East	30	0	30
Client Gender	Male	57	34	23
	Female	37	30	7
	Transgender	0	0	0
Sample Size		94	64	30

C.	Indicator	% Performance			Indicator Sample Sizes		
		All PC	West PC	East PC	All PC	West PC	East PC
A.1	Missed appointment letters	63.3%	74.6%	37.0%	90	63	27
A.2	Contact information	63.8%	65.6%	60.0%	94	64	30
A.3	Open Referrals	29.8%	40.7%	4.0%	84	59	25
A.4	Documentation scanned	79.5%	76.3%	86.2%	88	59	29
A.5	Closed Referrals	51.2%	52.4%	0.0%	43	42	1
G.1	Patients seen by MD	69.1%	92.2%	20.0%	94	64	30
G.2	Dental visit	71.3%	84.4%	43.3%	94	64	30
G.3	Ophthalmologic care - 50+	27.8%	40.0%	0.0%	36	25	11
G.4	Chest X-Ray for + PPD	65.4%	68.2%	50.0%	26	22	4
G.5	Blood Pressure	100.0%	100.0%	100.0%	94	64	30
G.6	Colonoscopy	32.4%	29.2%	40.0%	34	24	10
G.7	Mammogram	44.8%	48.0%	25.0%	29	25	4
G.8	Pneumococcal vaccination - 65+	100.0%	100.0%	100.0%	14	13	1
G.9	Influenza vaccine	65.6%	65.6%	65.4%	90	64	26
G.10	Tetanus	53.8%	68.8%	20.7%	93	64	29
G.11	PAP smears	49.0%	58.3%	26.7%	51	36	15
G.12	PAP smear follow-up	70.6%	78.6%	33.3%	17	14	3
G.13	Chlamydia screening	57.9%	59.4%	50.0%	38	32	6
G.14	Chlamydia follow-up	42.9%	50.0%	0.0%	7	6	1
G.15	GC screening	56.8%	58.1%	50.0%	37	31	6
G.16	GC follow-up	60.0%	75.0%	0.0%	5	4	1
G.17	Substance use screening	91.4%	93.7%	86.7%	93	63	30
G.18	Substance user follow-up	87.9%	96.0%	62.5%	33	25	8
G.19	Alcohol use screening	96.8%	96.9%	96.7%	94	64	30
G.20	Alcohol use screening follow-	87.0%	93.3%	75.0%	23	15	8

- Sort by performance (aggregate for both clinics)

- Judge by:
  - Impact
  - Relevance
  - Internal vs. External

Plan

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Selected Projects

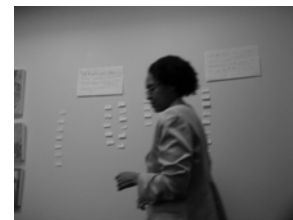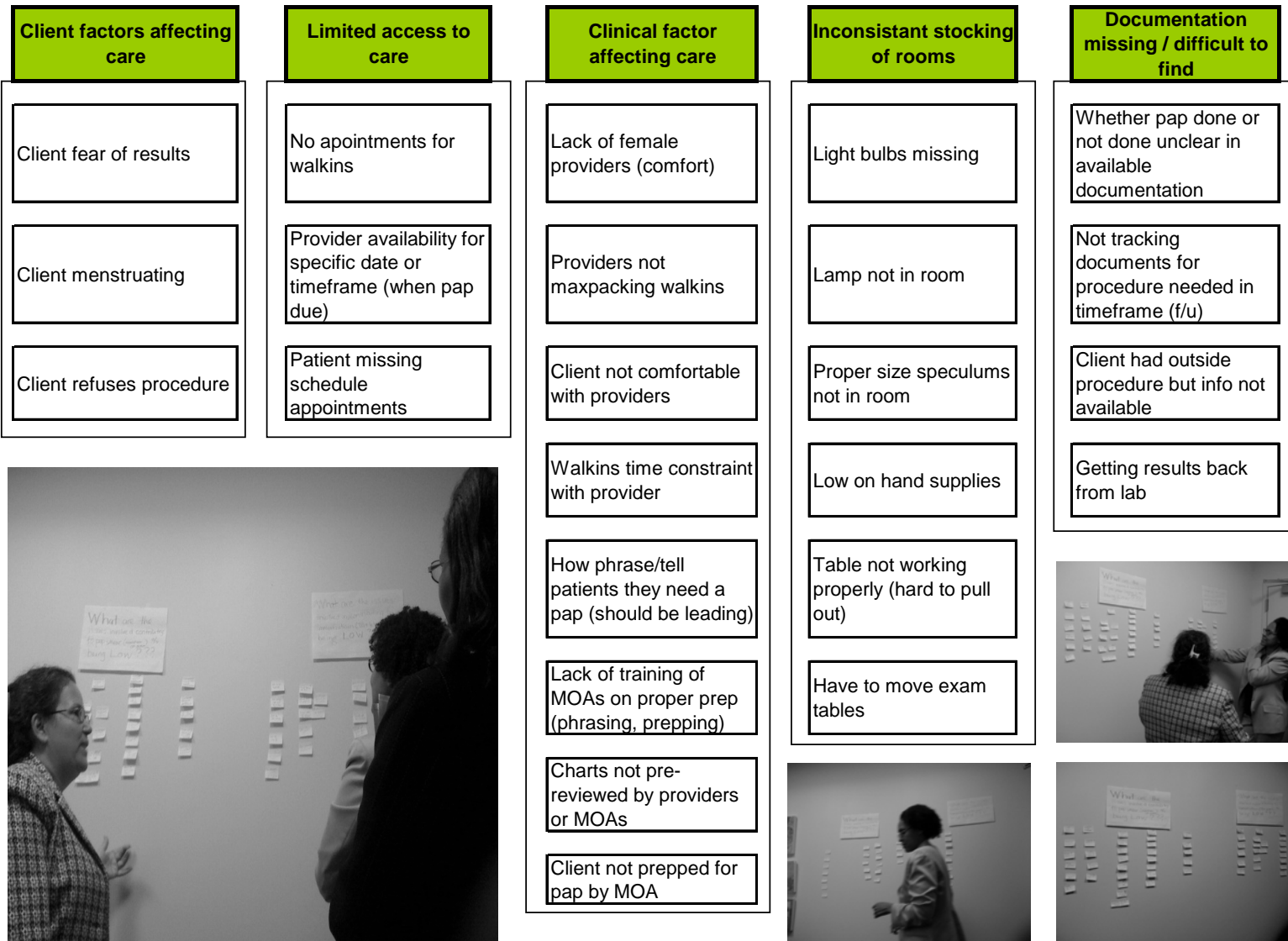| Focus Areas	Why is it Important!
# of PAP smears	To decrease risk of HPV and cervical cancer
# of PPDs	To screen for tuberculosis and decrease infections
# of Tetanus shots	To decrease wound infection
# of Chlamydia & Gonorrhea screenings	To treat and reduce spread
# of Anorectal Exams	To decrease HPV and prostate cancer risk

Issues involved/contributing to pap smears (anorectal exams in MSM and f/u abnormal female pap) % being low.

Client factors affecting care	Limited access to care	Clinical factor affecting care	Inconsistant stocking of rooms	Documentation missing / difficult to find
Client fear of results	No apointments for walkins	Lack of female providers (comfort)	Light bulbs missing	Whether pap done or not done unclear in available documentation
Client menstruating	Provider availability for specific date or timeframe (when pap due)	Providers not maxpacking walkins	Lamp not in room	Not tracking documents for procedure needed in timeframe (f/u)
Client refuses procedure	Patient missing schedule appointments	Client not comfortable with providers	Proper size speculums not in room	Client had outside procedure but info not available
		Walkins time constraint with provider	Low on hand supplies	Getting results back from lab
		How phrase/tell patients they need a pap (should be leading)	Table not working properly (hard to pull out)	
		Lack of training of MOAs on proper prep (phrasing, prepping)	Have to move exam tables	
		Charts not pre-reviewed by providers or MOAs		
		Client not prepped for pap by MOA		

Plan

Issues involved/contributing to pap smears (anorectal exams in MSM and f/u abnormal female pap) % being low

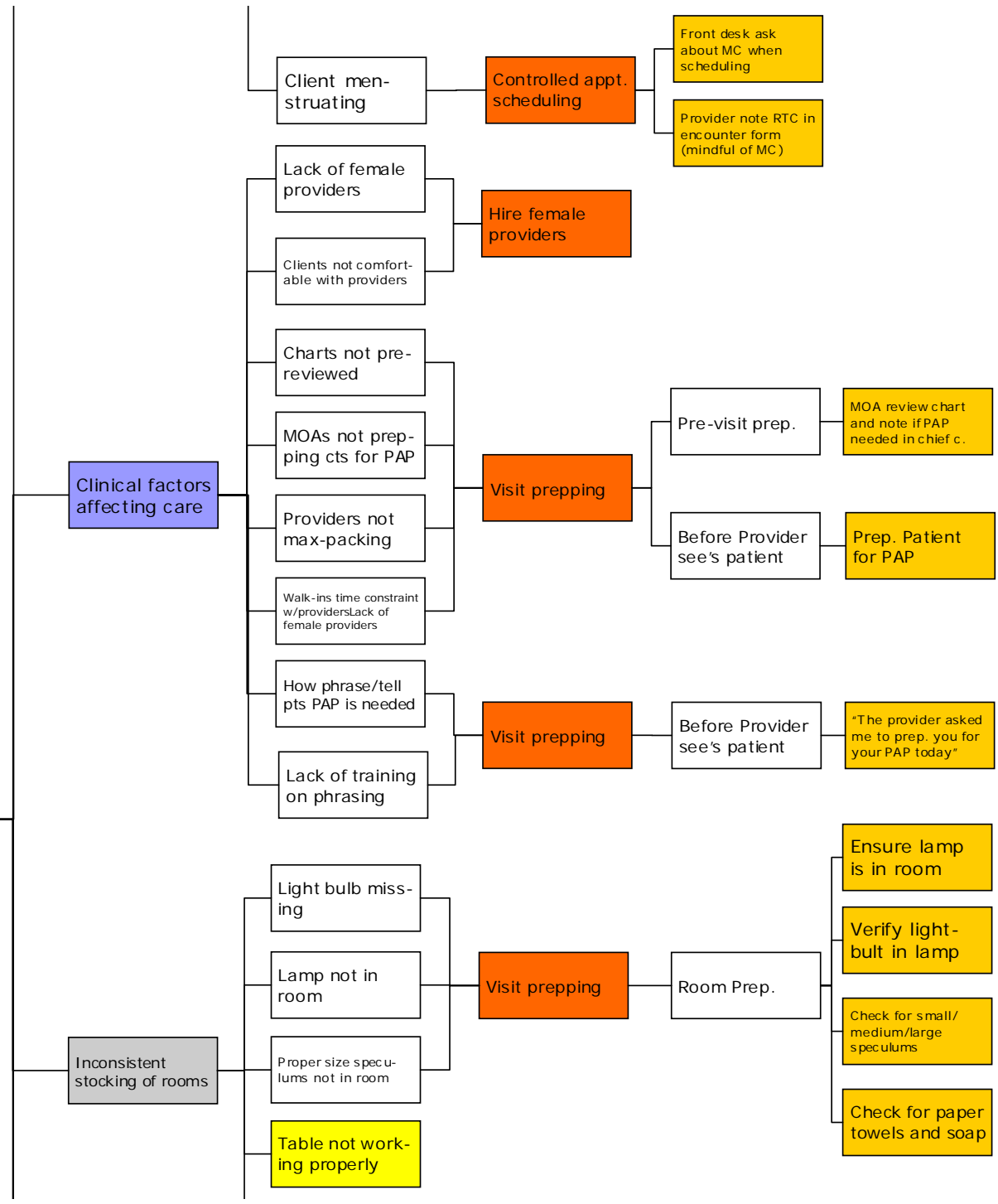|	Client factors affecting care	Limited access to care	Clinical factor affecting care	Inconsistant stocking of rooms	Documentation missing / difficult to find	IN	OUT
Client factors affecting care		↑	←	←	←	3	1
Limited access to care	←				←	2	0
Clinical factor affecting care	↑			↑	↑	0	3
Inconsistant stocking of rooms	↑		←			1	1
Documentation missing / difficult to find	↑	↑	←			1	2

Legend
Root Cause
Key Issue

Plan

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Problem: Low PAP smear/ Anorectal Exam performance

Clinical factors affecting care

- Client menstruating
  - Controlled appt. scheduling
    - Front desk ask about MC when scheduling
    - Provider note RTC in encounter form (mindful of MC)

- Lack of female providers
- Clients not comfortable with providers
  - Hire female providers

- Charts not pre-reviewed
- MOAs not prepping cts for PAP
- Providers not max-packing
- Walk-ins time constraint w/providersLack of female providers
  - Visit prepping
    - Pre-visit prep.
      - MOA review chart and note if PAP needed in chief c.
    - Before Provider see's patient
      - Prep. Patient for PAP

- How phrase/tell pts PAP is needed
- Lack of training on phrasing
  - Visit prepping
    - Before Provider see's patient
      - "The provider asked me to prep. you for your PAP today"

Inconsistent stocking of rooms

- Light bulb missing
- Lamp not in room
- Proper size speculums not in room
  - Visit prepping
    - Room Prep.
      - Ensure lamp is in room
      - Verify light-bult in lamp
      - Check for small/ medium/large speculums
      - Check for paper towels and soap

- Table not working properly

Plan

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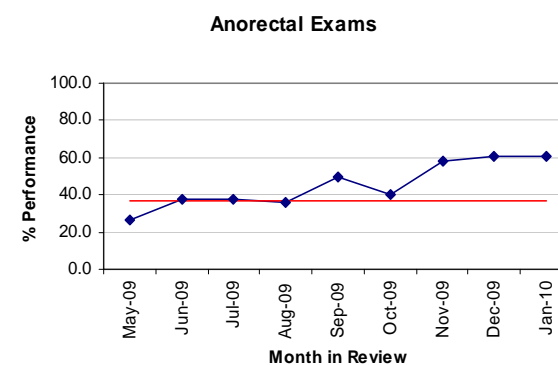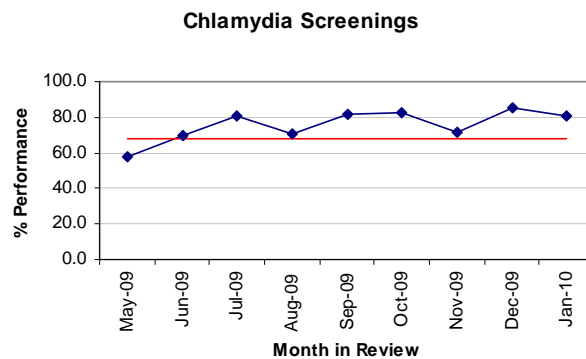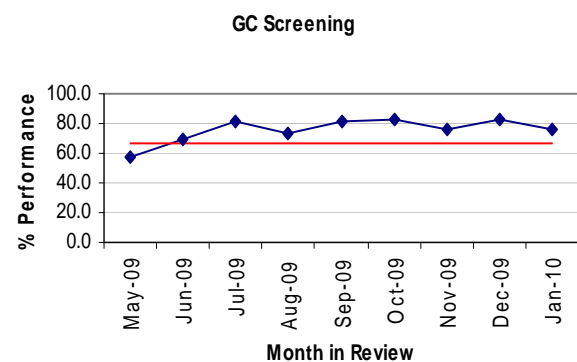| Intervention		Action Steps	Responsible Individual(s)	How will be measured/tracked	Preparation/Materials needed
PAP Smear / Anorectal Exam					
Controlled Appointment scheduling		When patient calls to schedule or reschedule a gyn appointment, med. receptionist ask about menstrual cycle	Front Desk - Medical Receptionist	Log at front desk	(1) Create log (2) Train receptionist
		Specify return to clinic date (mindful of last menstrual cycle date) on encounter form	Providers	Encounter form track - Michelle spot check encounter forms	(1) Train providers on procedure (2) Train receptionist that its because of menstrual cycle (how to deal with it if not appointment available)
Client Education		Put PAP/Anal PAP informational fliers in waiting area	Med. Student / Stella	Log to replenish	(1) Create/find fliers (2) Put fliers in wait area (3) Keep track of fliers in/out, check inventory daily
		Give eligible patients informational fliers while in room	MOAs	Log to replenish	(1) Put fliers in every room
		Offer consult with medical student if any questions about PAP	MOAs/Med. Student(s)	Med. Student self report	(1) Train MOA to offer consult if student if around
Staff hiring		Hire more female providers	Assoc. VP	Whether hired or not	
Visit Prepping	Before provider see's patient	If client refuses PAP, MOA note refusal in chief complaint area - Provider follow-up with client	MOAs/Providers	eCW	(1) Train MOAs (2) Train Providers on checking note and following up with client
		If client reports PAP done outside, obtain release of information, fax outside provider for results	MOAs	Note from provider that pap done outside - Scanned documents in eCW	(1) Train MOAs
		If PAP is due prepare room and patient (Patient - undressed, on exam table, Room - materials for PAP out, table not against wall i.e. can pull out stirups)	MOAs	Provider self report	(1) Train MOAs (2) Train Providers
		If PAP is due use following phrase "The provider asked me to prepare you for your pap today"	MOAs		(1) Train MOAs on that phrase
	Pre-visit prep.	Review the chart before visit to see if pap is due for females or MSM (CDSS alert, look in labs, look in scanned docs) and write "pap needed" or "pap not needed" in chief complaint	MOAs	eCW	(1) Train MOAs (2) Train providers to look at it
	Room Prep.	Complete room prep. Checklist (in inside door) at the beginning/or end of each day (1. Lamp is in room 2. Lightbulb in lamp 3. Small/Medium/Speculums 4. Paper towels and soap)	MOAs	Checklist / Log	(1) Create checklist (2) Post weekly on each rooms door

Plan Do

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Results

- ## Primary Indicators – Target 20% increase

PAP Smears — % Performance vs. Month in Review (May-09 to Jan-10)

TB Screenings — % Performance vs. Month in Review (May-09 to Jan-10)

Tetanus Immunization — % Performance vs. Month in Review (May-09 to Jan-10)
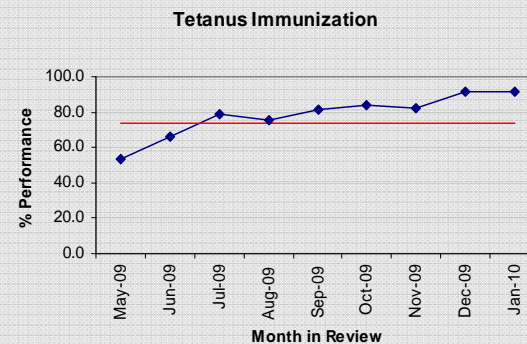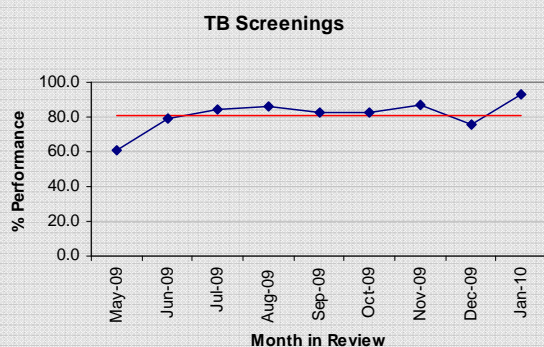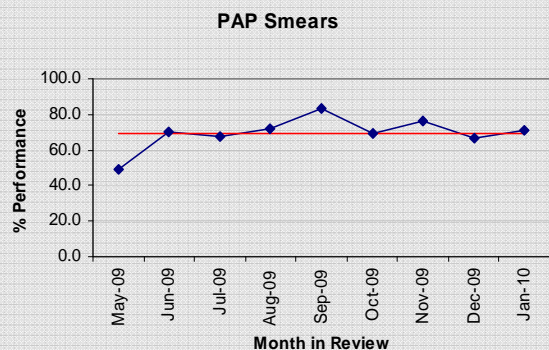
- ## Secondary Indicators – Target 10% increase

GC Screening — % Performance vs. Month in Review (May-09 to Jan-10)

Chlamydia Screenings — % Performance vs. Month in Review (May-09 to Jan-10)

Anorectal Exams — % Performance vs. Month in Review (May-09 to Jan-10)

Plan ▶ Do ▶ Study

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Monitoring Tools

Room Stocking Log

Date	Speculums			Equipment		Materials		
	5 small	5 medium	5 large	Lamp	Lightbulb in Lamp	Paper towels	Soap	10 PAP
6/22/2009								
6/23/2009								
6/24/2009								
6/25/2009								
6/26/2009								
6/29/2009								
6/30/2009								
7/1/2009								

Daily Log of GYN appointments

(note: remember to ask about menstrual period, and schedule around it)

		Monday	Tuesday	Wednes
Week of:	6/22/2009			
Week of:	6/29/2009			
Week of:	7/6/2009			
Week of:	7/13/2009			

Immunizations log

(verification on on-hand stock every Tuesday and Thursday)

Re-order point: *When <= 20 doses left*

	DT	TB	Flu	Hep B
6/23/2009				
6/25/2009				
6/30/2009				
7/2/2009				
7/7/2009				
7/9/2009				

Flier Re-stock Log

Restock Amount: *20 fliers*

Re-stock Date	Location (room or front)	PAP	DT	TB	Initials

Plan > Do > Study

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Standardizing into Practice
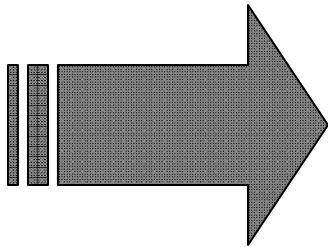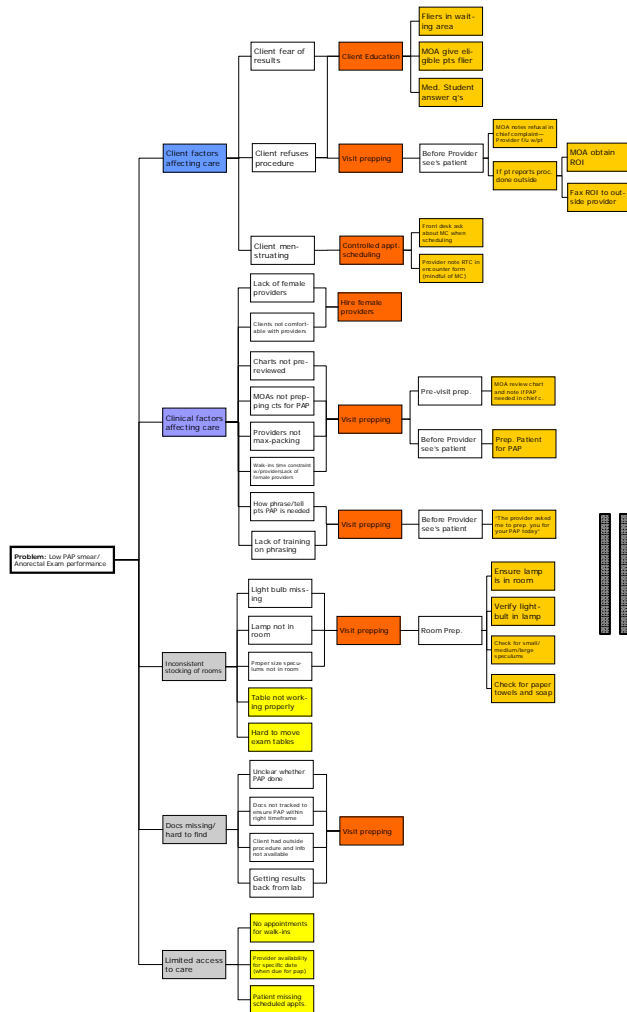
Intervention:

■ Creating a log/stocking checklist to ensure all rooms were stocked with the necessary tools to perform PAPs

■ Prepping clients charts prior to visit by including in the chief complaint if client is due for PAP, immunization, or anorectal exam.

■ Maintaining a detailed immunization log

■ Calling clients the day prior or day of their PPD needing to be read

Elements of Success

- Inter-disciplinary team with clear roles and responsibilities
- Accountability
  - Reporting structure
- Sustainable Gains
  - Various PDSA cycles
  - Weekly meetings
- Realistic Goals

- Monitoring Tools
  - Assess impact of interventions before standardization
- Timeline
  - Long term plan
- Champion
  - Strong buy-in

Questions