Sequence to Achieve Change Workbook

Clinic Team: ___*Blue Meadows Clinic*____ **Change Package**: __*Access to Continuity*__

1. Form an Improvement Team

Next, assemble a team that represents all areas and roles of the clinic; consider including a patient on your team. Indicate below who is on your improvement team. It is recommended that you include someone with training in quality improvement facilitation (likely this will be you!) and someone with decision making authority (a physician champion or office manager).

Team Member Name	Role in Clinic
Dr. Green	*Physician Champion*
Hailey	*MOA/Receptionist*
Elaine	*Office Manager*
Jeff	*PCN Nurse*
Charlotte	*Practice Facilitator*
Sally	*Patient with lived experience*

2. Clarify the Problem/Opportunity

Articulate the problem you want to solve. Use evidence and data to strengthen your rationale (consider reviewing the physician's HQCA Primary Health Care Panel Report with them and the team). Discuss with your improvement team what aspects of the area you're focusing on most need improvement. You may also want to use some QI tools like the Fishbone Diagram, 5 Why's, or Pareto Chart.

Data that may support my change package:

- *Panel size calculation worksheet*
- *Dr. Green's HQCA Primary Healthcare Panel Report*
- *Conflict Report from Central Patient Attachment Registry*
- *Statistics from AMA's online modules*

When writing your problem or opportunity statement, consider the following questions:

Question	Answer
What is the problem?	*We only measure patient appointment access when it's requested by the PCN for reporting purposes and we haven't been tracking those results in a consistent manner. The clinic staff and physicians hear the occasional complaint from patients about how hard it is to book an appointment.*

Who does the problem affect?	*MOA/receptionist, physician, patient*
When is it a problem?	*All the time when patients are requesting appointments.*
Why should we care?	*Poor appointment access can leave the physicians feeling:* - *Exhausted at the end of the day because a few extra patients were squeezed into their schedule because they needed to be seen quickly.* - *Frustrated that they can never leave the clinic on time and this takes precious time away from their family, friends and leisure activities.* - *Dissatisfied that they can't provide the comprehensive care that they desire for their patients while still generating good billing revenue.* - *Tired of spending time negotiating with team members about their schedule.* - *Disappointed that their patient is seen somewhere else and they don't have any information about that visit but the patient was told to "follow up with your family doctor".* - *Disheartened to see a waiting room full of patients that they need to see and knowing they are already running 45 minutes late.* - *Anxious about taking a holiday and having to deal with a backlog of patient demand when they return.* - *Hesitant to ask the question "what matters to you" to patients because they know they don't have enough time to fully listen to their answer and have a meaningful discussion after they start the conversation.* *Poor appointment access can leave the clinic feeling:* - *Frustrated that it takes so long to book an appointment with a patient on the phone.* - *Annoyed that even despite a reminder phone call patients are missing appointments.* - *Dissatisfied knowing that patients weren't happy about the appointment date and will likely go to a walk-in clinic where they can be seen more quickly.* - *Tired of dealing with patient complaints due to long wait times.*

	- *Disheartened to see a noisy and full waiting room of patients and knowing the doctor is already running 45 minutes late.* - *Guilty about leaving at the end of the day when they know there are still patients in the waiting room for the doctor to see.* - *Irritated that they need to interrupt the doctor to see if a patient should be "squeezed in" to the schedule today because the patient says their concern is urgent.*
How does it affect patients?	*Poor appointment access can leave the patients feeling:* - *Disappointed when they can't get an appointment with their family doctor when they need it.* - *Annoyed when their doctor's appointment options don't fit well with their work, family and life commitments.* - *Anxious when the doctor is running very late due to parking, child care, work commitments, etc.* - *Frustrated when they need to tell their story all over again to a new doctor.* *Continuity is enabled when patients have access to care when they want or need it. Increased continuity has been shown to: improve health outcomes, decrease mortality, reduce healthcare costs, increase patient and provider satisfaction, fewer ER visits and hospital admissions.* *Alberta data shows that as continuity increases, mortality decreases. If a patient has complex health needs, their mortality rate is reduced by 50% if they have high continuity with their physician.*

Problem Statement: We are frustrated because we know having good access to care for patients (same day or next day) is important, but we don't have a process to consistently measure or track any access measures for Dr. Green. We hear from patients that they sought care elsewhere because they couldn't get an appointment when they needed it. This decreases the continuity of care for patients, has negative impacts on patient care, the physician and team, as well as the healthcare system as a whole.

3. Map Processes

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Visually depict the sequence/steps of events in the process that you are trying to improve. Start by naming your process so that all team members are focusing on the same thing. Next, determine the start and ends points in the process. Use your team to brainstorm all of the steps that happen in between. Finally, arrange your steps in order.

Once you have your current state mapped, review it as a team. Consider the following questions:

Question	Answer
Where are the bottlenecks?	*Dr. Green does not have enough time to complete everything he is currently doing at the clinic which makes him run late. He inherited 4 | Page his panel of patients from another physician when he retired so Dr. Green has kept things status quo. He has never run any panel reports from his EMR. He remembers someone from the PCN mentioning something about a HQCA report he should get but he doesn't have time for more paperwork so he never looked into it further.*
Where is work being duplicated?	*Jeff, the nurse, asks the patients about medications they take when he sees them but he just documents the medications in the body of his chart note because he doesn't have access to the medication section in the EMR.*
Are their inconsistencies?	*Hailey, the MOA, thought that patients should only be charged a noshow fee if they didn't call to cancel their appointment. Elaine, the clinic manager, thought they were charged if they didn't provide 24 hours' notice. Hailey thought the fee was $25 for all appointments but Elaine thought it was $50 if they missed an appointment for a physical. Sally, the patient advisor, thought there were no fees as long as you had a valid reason for missing the appointment.*
What can be standardized?	*Appointment types as there are currently 4 different ones in the schedule and each one has a different length.* *The policy about cancellations and late arrivals for appointments needs to be documented and communicated.*
Does each step add value? If not, can it be eliminated?	*Redundancies in medication list documentation between nurse/physician. Can Jeff have access to the medication section of the EMR? Can the rooms be standardized so the Jeff can work out of any exam room in the clinic instead of the procedure room which is sometimes needed on short notice?*

Use the Process Mapping Guide in your Practice Facilitator Core Training as support.

4. Use the Model for Improvement

When making a change, the Institute for Healthcare Improvement Model for Improvement asks three questions:

1. What are you trying to accomplish? – *This is your aim statement.*
2. How will you know that a change is an improvement? – *These are your measures.*
3. What change can be made that will result in an improvement? – *These are your PBPs.*

These three questions are followed by small tests of change called Plan-Do-Study-Act (PDSA) cycles.

Set an Aim Statement

Question	Answer
What are we trying to improve?	*Patient access to care & appointments Continuity of care.*
By how much? (Try a stretch goal!)	*Patient's Medical Home (PMH) targets are: Third next available (TNA) appointment 0-1 days Continuity >80%.* *These are definitely a stretch goal – we just starting measuring TNA for Dr. Green on regular basis 4 weeks ago! His TNA average was 15 days. The team will try to reduce it by 50% within 4 months and they will continue this pattern until they reach their goal of 0-1 days.* *According to Dr. Green's HQCA report, his average continuity is 62%. Since the HQCA report provides data annually and is usually available by March, the clinic wanted to create a measure of continuity they can pull from their EMR and track more closely. Every month Hailey will run a report from the EMR to see how many of Dr. Green's paneled patients had appointments at the clinic and what percentage of those appointments were with Dr. Green. They will use the PMH target of >80%.*
By when?	*August 2021*
Aim Statement:	*By August 2020, Dr. Green's average TNA will have improved to 7 days for paneled patients, and his continuity (calculated from the EMR) will be above 80%.*

Identify Measures

Measurement is a key component of good quality improvement. Measurement allows you to track the changes that are occurring and assess their impact. There are three types of measures that can be collected:

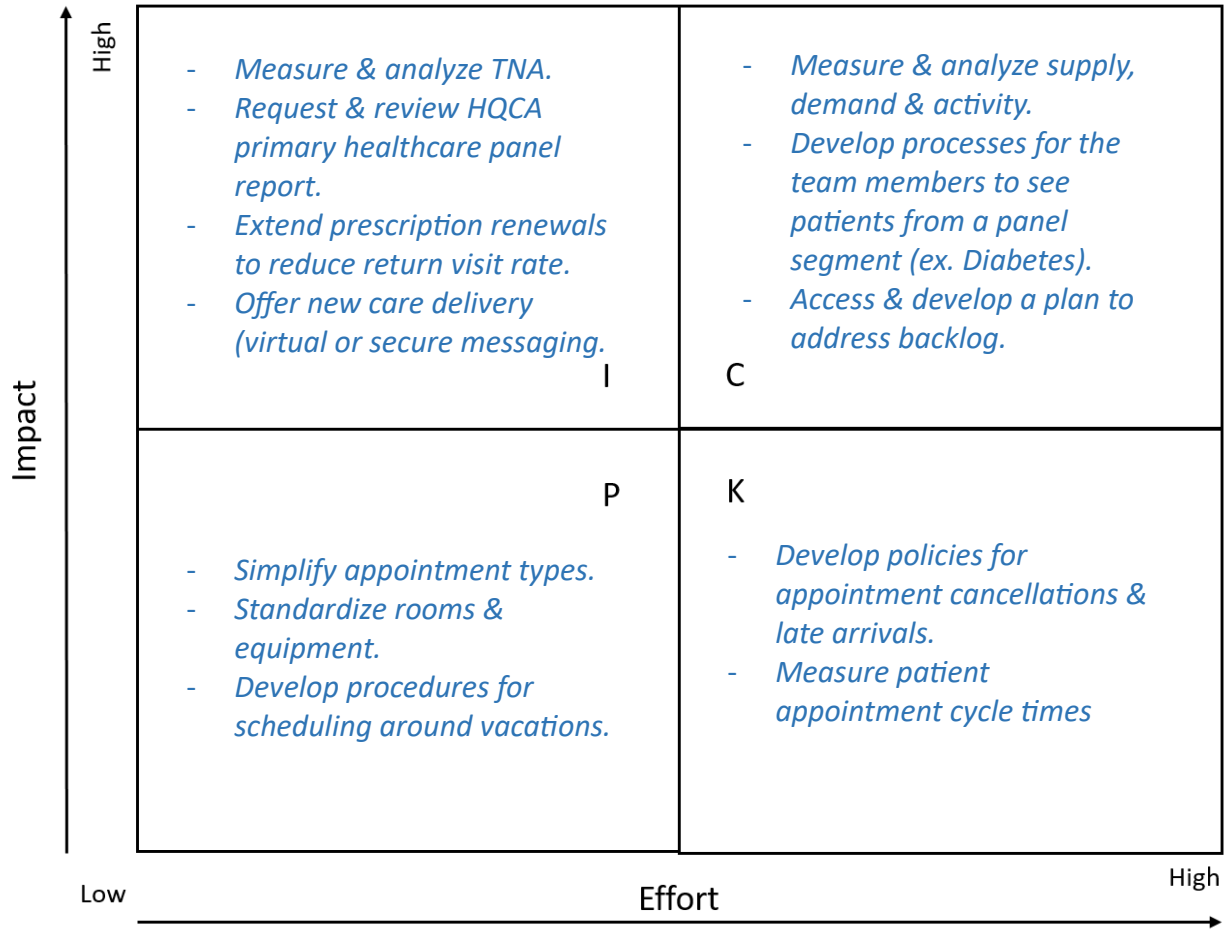
- A **process measure** measures of whether an activity has been accomplished. Often used to determine if a PDSA cycle was carried out as planned.
- An **outcome measure** measures the performance of the system under study. Often relates directly to the aim of the project and offers evidence that changes are actually having an impact.
- A **balancing measure** determines the impact of a change on separate parts of the system.

QI Measure	Method of Collection	Frequency
TNA for Dr. Green (outcome measure)	*Manual count from EMR schedule done by Hailey on Tuesday mornings.*	*Weekly*
Continuity of clinic visits (outcome measure)	*% of visits with Dr. Green of total number of visits of paneled patients from EMR.*	*Monthly*

EMR access varies by clinic and PCN so have a discussion with the team about which person or role is responsible for running the EMR report and what frequency makes the most sense for your circumstances.

Select Changes or Potentially Better Practices (PBPs) to Test

Use your change package table to select PBPs. Based on what you know about the impact they'd have and the effort they'd take, slot them into the PICK Chart below. Indicate which ones the team will try first: Impact/Effort Grid or PICK Chart



Test Changes

After a change idea is selected, use PDSA cycles to test changes in a real world setting. Consider starting with just one patient and one provider. Document each PDSA Cycle. Use the PDSA template in the QI Guide as support.

5. Sustain the Gains

Congratulations on making an improvement! However, now you've got to hold the gains. Some strategies to consider for maintaining improvements are:

- Standardization
- Accountability
- A visual management system
- Daily communication

Use the Five Strategies for Sustaining the Gains handout to learn more.

Additionally, measurement does not stop once you have improved your outcomes. Continue to periodically measure your results to ensure that improvements are sustained over time. Consider creating a quality improvement board and displaying results for both clinical staff and patients to see.

6. Spread the Successful Changes

After successful implementation with the initial site, the improvement team can work to spread learning and changes to other parts of the clinic or to other clinics within the Primary Care Network. While actual spread occurs at the end of a successful improvement initiative, improvement teams should develop strategies for spreading improvements from the beginning of the project.

Thinking of the work your currently doing with your team, how can it be spread (to other patient populations/to other physicians or clinics)?

- *To another physician in the clinic.*

Be aware of the Seven Spreadly Sins. Reference the Seven Spreadly Sins handout to learn more.

7. Celebrate!

Plan to celebrate at milestones along the improvement journey, as well as when you achieve your aim. Recognize and highlight the efforts and accomplishments of the team.

Brainstorm ways in which you might celebrate with a team:

- *Go on a team walk together during a lunch hour to celebrate and get some sunshine & fresh air.*
- *Pizza party.*