
CQI Forum Minutes

November 22, 2015

Attendees

Jane Stewart, Cynthia Cooke, Maureen Hanlon, June Gallup, Laura Spagnolo, Carolyn DeMark, Barbara Barthelmes, Debra Nacel, Joe Wesley, Davina Nge, Lisa Adams, Cheryl Gonzalo, Elaine Scholtz, Alyssa Preshy, Chandra Englebert, Sherry Owens Burleigh, Bonnie Timperman. Gina Balkus, Leslie Hammond.

Notes:

LEAN Quality Improvement Model

Sherry Owens Burleigh reviewed the LEAN Model of Quality Improvement, and how it can impact the efforts our agencies are making to create positive change in the workplace.

- Touched on the five principles of Lean Thinking
- 7 wastes
- examined the work group plan

Group shared background of current conditions for the one measure we chose to start with (flu vaccination rates of clients), including agency rate %'s. The data is important to focus on the problem, create the problem statement and move forward.

- Why is this important?
- Why do we care?
- What does leadership need to know to make this a priority?
- How does this impact our customers?
 - Define customers. Patients? Providers? Payors?

Tips: in developing the problem statement, avoid concluding what causes the problem.

Essential to get staff buy in on the plan. Check in every 30 days for at least 3 months (depending on the size & scope of the project). Using the PDSA cycle at the end.

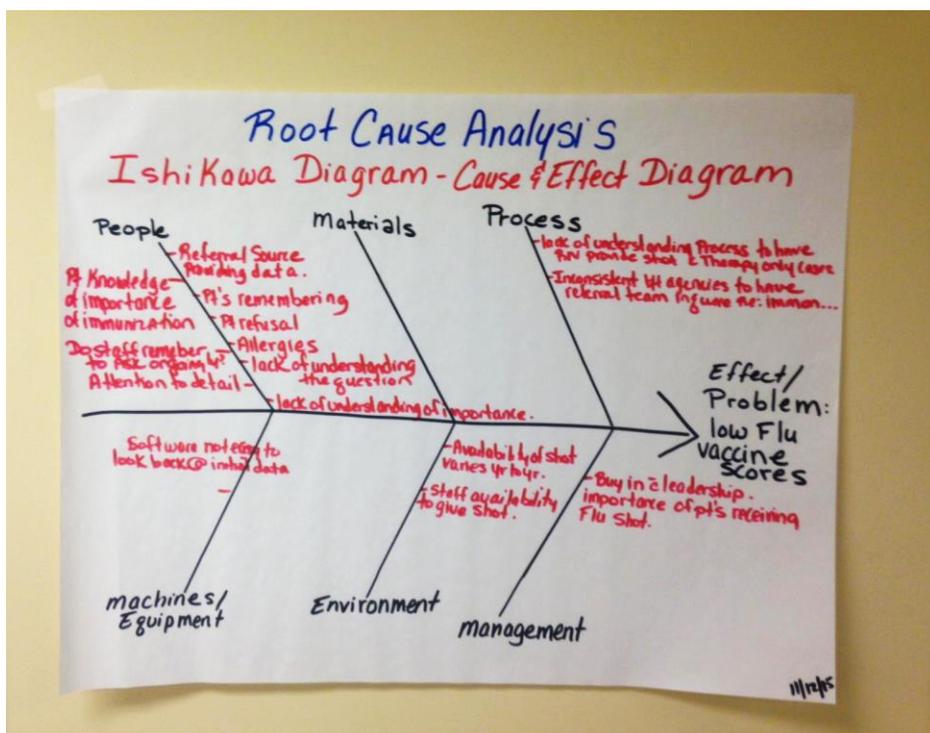
- Keep a parking lot of good ideas from the team, may become the larger project down the line-- big problems, though need to be at the management team level.
 - Different teams within the larger company also for more cohesion
 - Ten minute standing “huddles” between formal meetings
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Improve Quality Measure for Flu using the LEAN Improvement Model

The group chose to work collaboratively to improve statewide levels for the Flu Quality Measure.

Assignment to the group was to bring your agency's CASPER data for the Star Rating, specific to the flu measure. Please be ready to share the Quality Process Report data for flu vaccination for all patients from 8/2014 to 7/ 2015.

Some agencies are already “high achievers” with this measurement. So to challenge them to maintain or improve on this measure, group challenged each agency to improve by 5% of their current numbers.



Goal Statement:

Meet or Exceed 5% improvement at each agency, improvement by February using data tools.

Lean Model Worksheet: Blank A3

OASIS Math & CASPER data

No longer is the question asking if the patient received the vaccine from your agency, but does the episode of care include ANY dates on or between October 1 and March 31? *It doesn't make a difference if your agency administered the vaccine for M1041, only whether the patient received it.* A care episode

includes both a SOC/ROC and Transfer/Discharge and the only time you'll complete this item is at Transfer or Discharge.

Maureen explained the way the measure is derived from the OASIS score. The numerator is derived from the # of episodes of care, the denominator is the number of visits.

$$\frac{\# \text{ of episodes of care}}{\# \text{ of visits}}$$

Many in the group are unable to access their own data from the CASPER reports. Gina suggested we follow up with the educators at QIO for additional training. HCANH will contact Georgette and Kathy Roby to ask about addressing these issues next month.

Also there was confusion looking at the comparison data compared to national and state trends.

Idea Sharing

Members divided into small working groups to share ideas on what they could reasonably implement short and long term.

While you're looking for perfection, don't miss the opportunity to get better.

Strategies

- Share data in teams of vaccination Rates
- Intake dept has std work inquiring about influenza + documents
- Clinical Staff have required field in EMR re: immunizations
 - Required field indicating why pt declines.
- Have Intake ask for an order.
- Pt's who have orders for imm. they place it onto the computer
- Consistent place to doc receipt to reference
- Champion who educates/reminds staff + will also get go provide the shot.
- If agency has clinics - take roster + have BO. doc in chart of Active pts.
- Place Flu Facts sheet in All Adult binders to cue + educ.
- Invite non professional staff to help advocate.
- Host Competitions b/w teams for immunizations
- Staff education re: Flu Vaccine Benefits / asking re:
 - maybe yearly in September & year
- Highlight to staff / ↑ Knowledge / wear buttons / initiatives
- Ask staff to call Provider / Access EMR
- Give pt's tools to track immunizations / add to their home med list / wallet med list.
- Share quality measures/outcomes in individual staff
 - ~ 6 months / set performance goals
- use materials from Nat'l Council on Aging - Flu resources
- Create a std place to reference doc from previous - med list / care plan
- Pull a small group together to find barriers
- Hire LPN for clinics + New Orientees
- Educ leadership for rating + tie importance to that pt's in

Pro Active Ideas

1. Employees make individual calls to patients, “coming out for this appointment, I am bring you your flu shot. Any reason you won’t need it?”
2. Put the order on all the medication orders to docs., and say “patient needs approved. We good?”
3. CASPER only looks at discharge data- and look back software is not user friendly. Have care managers look at potential discharges, to ensure paperwork is up to date on flu shot for discharge.
4. Involve admissions: Include flu sheet in packet for all admissions. Always ask at intake and at ROC (recert)
5. Ask at every visit- create *required notes section if patient refuses vaccine
6. include as a required field on clinical notes template
7. Software solutions: CareFax includes vaccine info in medication reconciliation window, Allscripts adds vaccine to physician orders prompt
8. Assign Vaccine Police: Assign one nurse (or two to split the territory) to monitor flu vaccine compliance and he/she grabs patient data, schedules clinics and reinforces at meetings. Point person follows up with MD’s
9. Hire a designated LPN to go out to do flu administration.
10. Access the EMR of physicians for common patients
11. Capture the data: Give flu clinic roster to billing for cross reference of current patients.
12. Carrot approach: create (or use existing) care team competition. Team will highest patient vaccination rates receives prize (gift cards, lunch etc). Compare against agency and team scores. Include on team score card.
13. Drill the flu facts, push staff to ask. Review who on staff has not received the flu staff education.
14. Offer a flu clinic list to all staff and patients
15. Performance metrics for individual staff, look for areas of opportunity
16. Raise flu vaccine to high level of importance-- report flu compliance of patients and staff to the management team +/- board of directors monthly or quarterly.
17. Focus on how the vaccine makes a difference in patient care, quality of life and reducing hospitalization.
18. include in mini huddles, also gives team a moment to recognize steps towards excellence. Reiterate how a small project, and small change can make a big difference.

Challenges

- Financial driver, not customer focused.
- Directive coming from Upper Management for Star Rating, and not actually a care quality indicator.
- Creating buy-In may be difficult. Systematic buy in (including front line staff) essential to process improvement.

Group wants clarification on the 1041. What is judged? What about medical contraindicated patients?
Research if “condition guidelines” from the CDC includes some or all of the contra indications.

Moving Forward with Lean

Develop your group

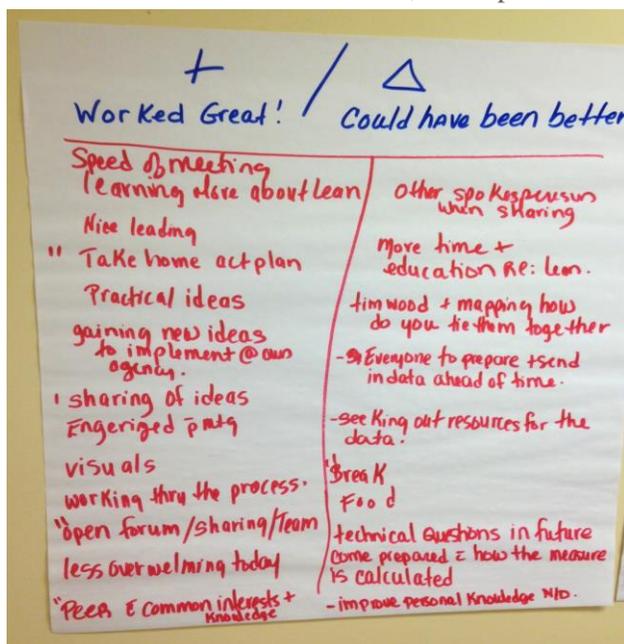
- five to six people ideal, no bigger than 15
- include all stakeholder,
 - business people
 - clinicians
 - an observer

Lean Process gives focus on process improvement

- 2- 3 hour blocks (no more than a week apart)
- Keep momentum going
- get the data ahead of time

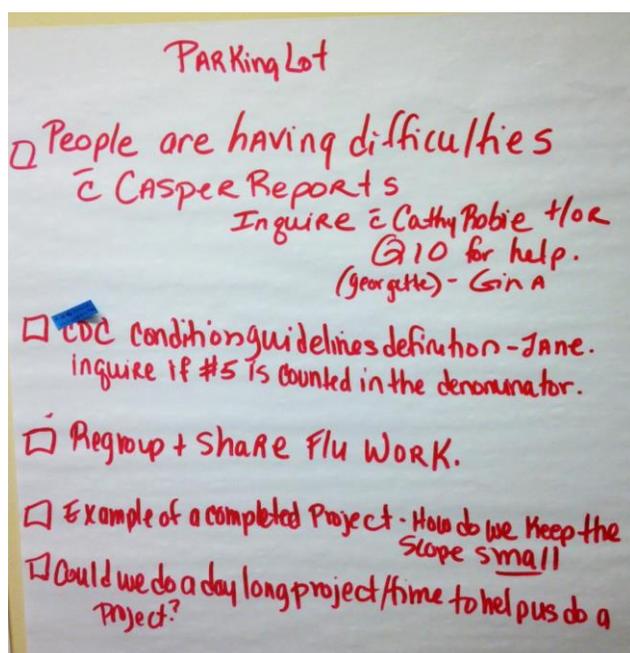
Next Steps

- in the next 30 days, figure out what you’re going to do.
- who is going to implement what?
- how did it go? Share feedback at next meeting
- Did you use a small group, one clinician, or entire staff?
- Continue to look at Star Indicators, the improvement process and Lean



For Next Time:

- Education & Date
 - Members will bring current agency data on the flu indicators
 - Have handouts available
 - How does this become an action plan? a “to do” list?
 - How do I create a team, so I’m not the only one doing this”
- Lean materials and information now on cqi page of homecarenh.org



Next Meeting Agenda Items

December 17, 2015 from 9:30 to noon

LEAN Process Con't

QIO educators on CASPER and Indicators

New Quality Measure for Improvement