



The ABCs of QI:

Model for Improvement and Aim Development



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Webinar Instructions

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Figure 1

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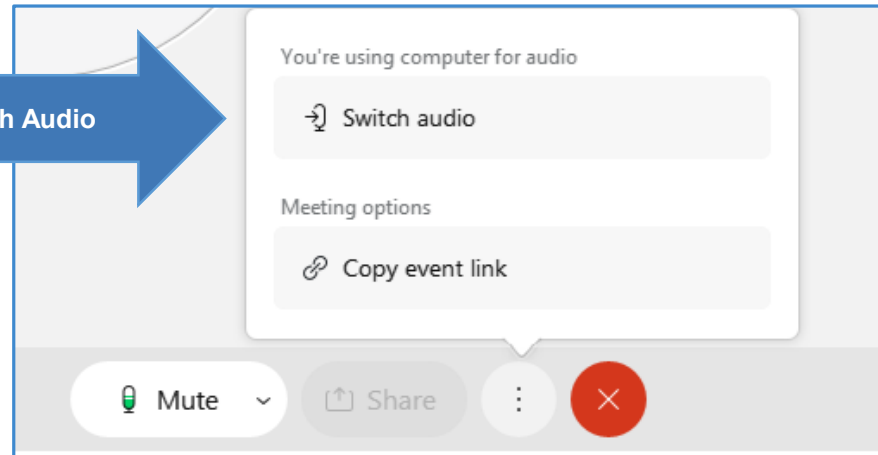
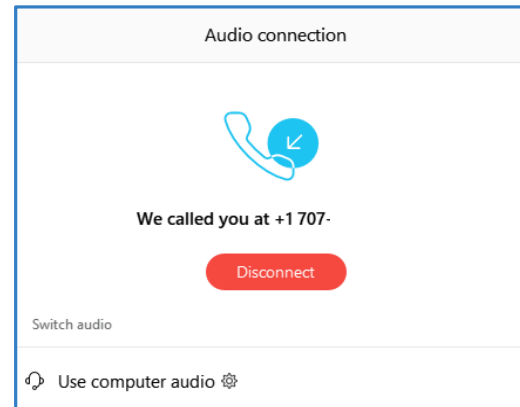


Figure 2

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Webinar Instructions

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- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
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Figure 1





Conflict of Interest

All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.



Learning Objectives

Learn, Understand and Practice

1

**Model for
Improvement
methodology**

2

**Developing aim
statement**

3

**Developing a
project charter**



Overview: QI and the Model for Improvement



QI Approaches

- **Model for Improvement (MFI)** – Simple and powerful, healthcare-specific framework for accelerating improvements.
- **Human-Centered Design** – Management framework that develops solutions to problems by involving the human perspective in all steps of the problem-solving process.
- **Six Sigma** – Project-based methodology for improving customer experience while reducing costs by perfecting a processes or system.
- **Lean** – Creates maximum value for patients by focusing on continuously streamlining and reducing waste (cost, time, defects) within process(es).



How Do You Define QI?





Quality Improvement Defined

“Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.”



Health Resources and Services Administration



What is Quality Improvement?

Theory or hypothesis

- Changes based on learning
- Cyclical process

Regular, ongoing assessment and measurement System focus

- Quality is the default
- Reliability

Reduction of variability

- Error, waste, workarounds
- Non-value added, redundant, and single-point of failure activities



Why Quality Improvement?

“Improving quality is about making healthcare more safe, effective, patient centered, timely, efficient and equitable.”



“From Quality Improvement Made Simple,” The Health Foundation Inspiring Improvement



Why Focus on Quality Improvement?





“Improving our work is our work, not a distraction from our work!”

Citation- Advanced Access- PHC Barbara Boushon, RN, BSN 2019



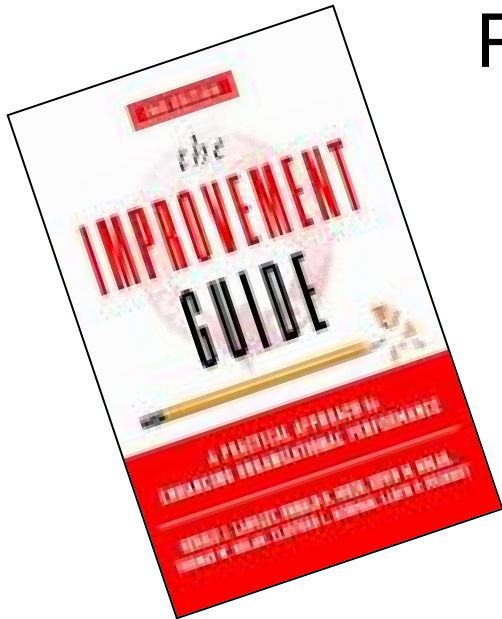
How Does Quality Improvement Work?





Model for Improvement

Developed by the Associates in Process Improvement



- Widely used as a framework to guide improvement projects
- *The Improvement Guide* is considered the “go-to” reference book for improvement.
- Used by the Institute for Healthcare Improvement (IHI)

*Langley, Nolan, Nolan, Norman, and Provost, Jossey-Bass, 1996

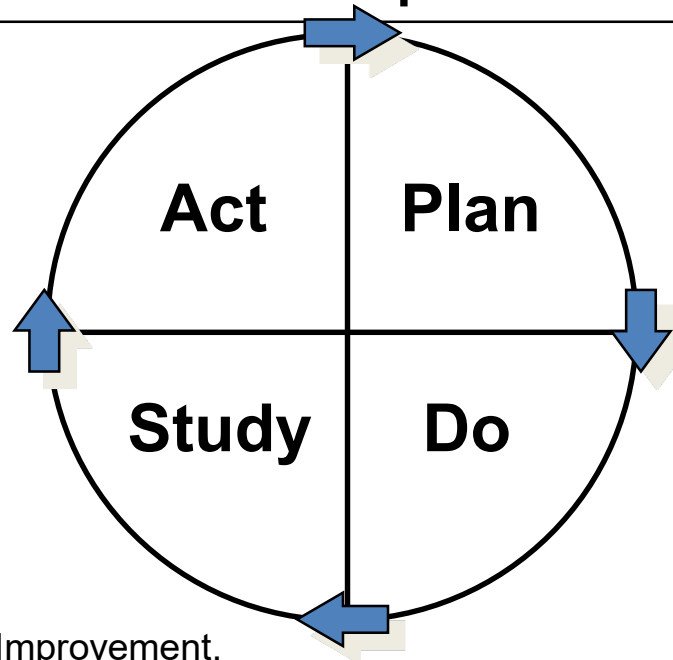


Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

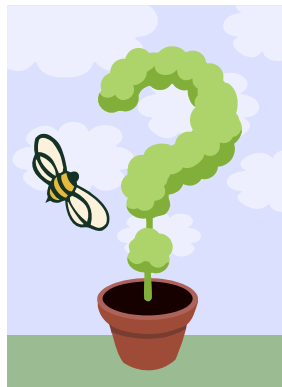


From Associates in Process Improvement.



Three Key Questions

- What are we trying to accomplish? (Aim)
- How will we know that a change is an improvement? (Measure)
- What changes can we make that will result in an improvement? (Change)





“Central Law of Improvement”



“Every system is perfectly designed to deliver the results it produces.”

Berwick, D. “A primer on leading the improvement of systems.” BMJ 1996;312:619-22.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2350403/pdf/bmj00532-0035.pdf>

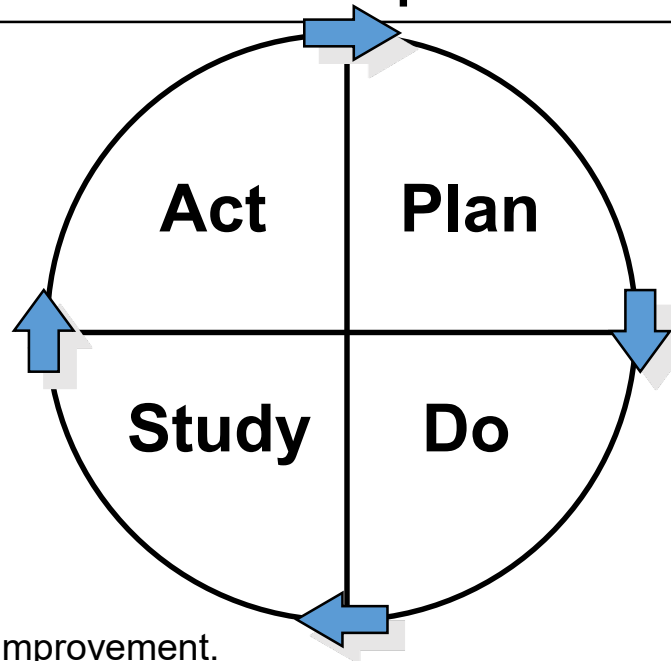


Model for Improvement

What are we trying to accomplish?

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From Associates in Process Improvement.



Model for Improvement

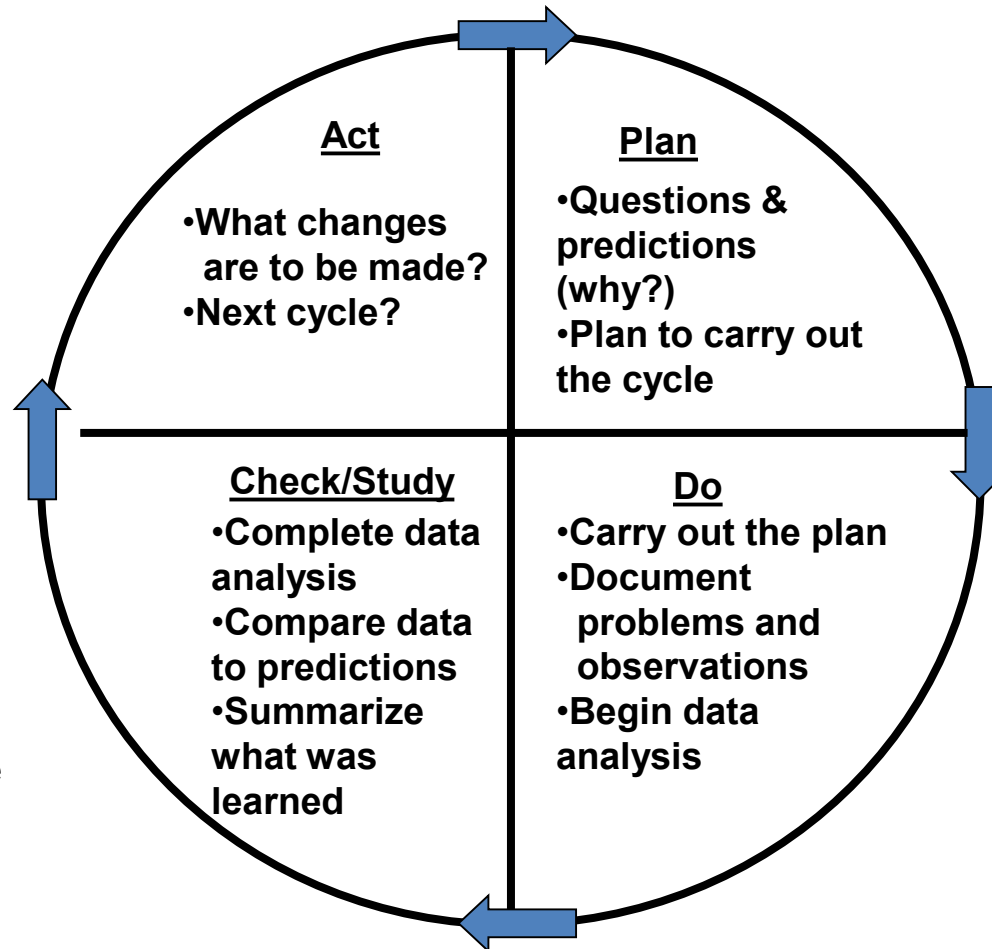
PDSA model is based on a scientific method made popular by Dr. W. E. Deming

- The System of Profound Knowledge





PDSA – Rapid Cycle Improvement



Adapted from the
Institute for Healthcare
Improvement
Breakthrough Series
College.



Testing Changes

- Small scale tests = BIG changes
- Experimentation is required
- Small, rapid tests of change → PDSA cycle





Consider This . . .

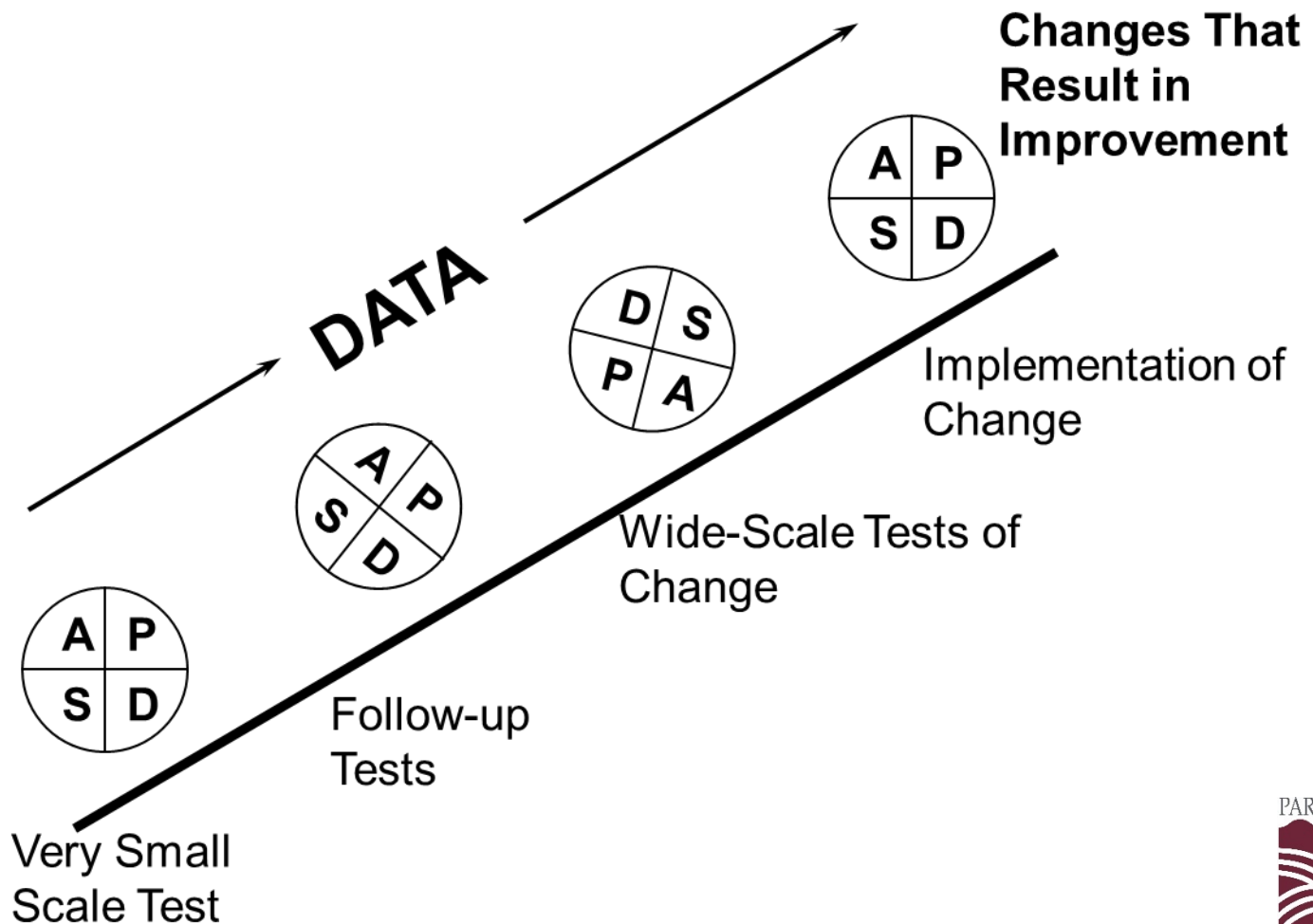
“I have not failed.
I've just found
10,000 ways that
won't work.”

- Thomas Edison



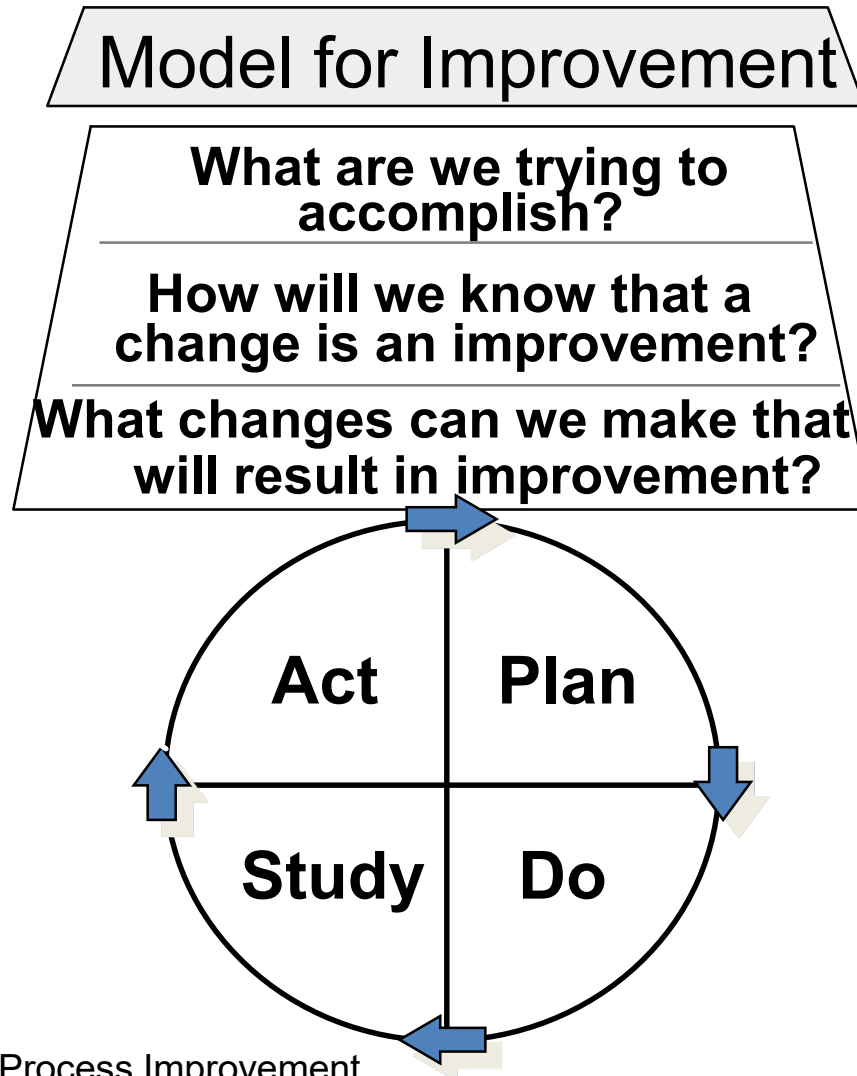


Repeated Use of PDSA Cycle





Review the Model for Improvement





**“The right place and the
right time is here and now”**

Michelle Ustaszewski



LeanSixSigmaBelgium.com

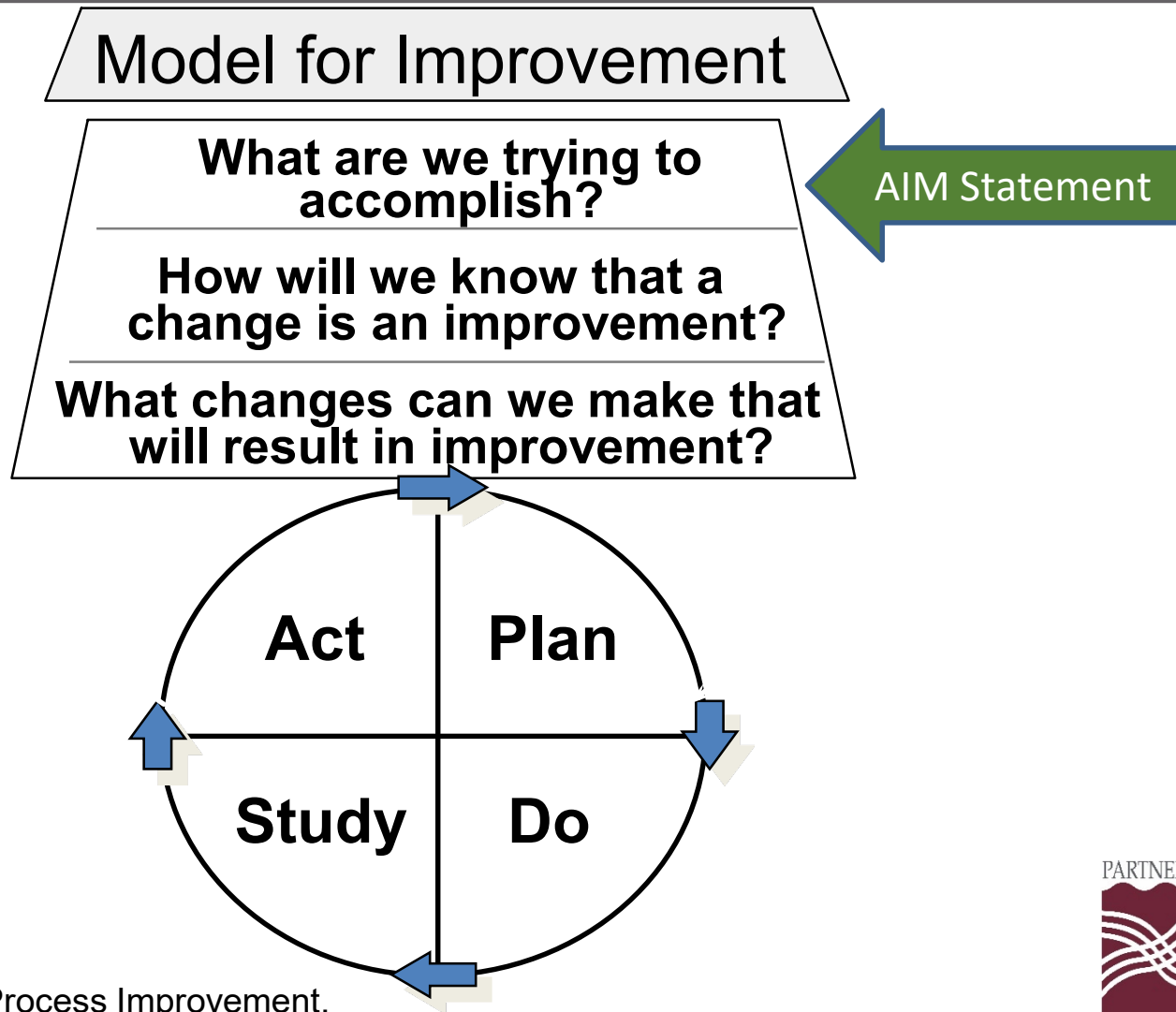




What Do We Want to Accomplish?



Aim Statements within Model for Improvement



From Associates in Process Improvement.



Why are Aim Statements Important?





Why Aim Statements are Important

- Answers the question: “Why are we doing this?”
- Sets realistic vision for QI work
- Clearly states a purpose or direction
- Makes sure everyone is on the same page
 - Improvement team
 - Leadership





SMART Characteristics

- Specific
- Measureable
- ~~Achievable~~ Ambitious
- Relevant
- Time-bound



Aim Statement Format

- **We will** (reduce, decrease, increase, improve)
- **XXXX** (area of improvement, i.e., diabetes management, cervical cancer screening rate, etc.)
- **From** (baseline) **to** (target goal)
- **By** (target date)



Aim Statement Examples

- Partnership Clinic will increase cervical cancer screening from 40% to 65% by December 31, 2020.
- Clinic ABC will reduce cycle time from 60 minutes to 45 minutes by October 31, 2020.
- CA Clinic will increase the percentage of patients with Type II Diabetes whose HbA1c is < 8 from 35% to 45% by November 30, 2020.



Assess the Aim – Example 1

Partnership Clinic will do a better job getting women in for their pap smears.

– Is it:

Specific?

Measureable?

Achievable/Ambitious?

Relevant?

Time-bound?



Assess the Aim – Example 1

Partnership Clinic will do a better job getting women in for their pap smears.

Revised Aim: Partnership Clinic will increase our cervical cancer screening rate from 60% to 70% by December 31, 20XX.



Assess the Aim – Example 2

To improve operational efficiency, Clinic ABC will reduce cycle time within 3 months.

- Is it:
- Specific?
- Measureable?
- Achievable/Ambitious?
- Relevant?
- Time-bound?



Assess the Aim – Example 2

To improve operational efficiency, Clinic ABC will reduce cycle time within 3 months.

Revised Aim: ABC Clinic will reduce cycle time from 70 minutes to 50 minutes by January 31, 20XX.



Assess the Aim – Example 3

Good Health Clinic will reduce the hospital all-cause 30-day readmission rate from 20% (baseline) to 15% by December 31, 20XX.

- Is it:
- Specific?
- Measureable?
- Achievable/Ambitious?
- Relevant?
- Time-bound?



Aim Statements with Multiple Outcomes

Clinic A will improve care management of our patients with Type 2 Diabetes by December 31, 20XX, as evidenced by:

- Increasing the percentage of patients with HbA1c \leq 8 from 52% to 55%
- Increasing the percentage of patients with BP < 140/90 from 40% to 60%
- Increasing the percentage of patients with timely retinopathy screening from 45% to 54%



The Aim Statement is a Collective Effort

Aim statements should not be written alone!
Create/refine your aim statement with your team.

Use SMART criteria:

- Why is this aim important to our organization?
- When (exactly) can we accomplish this?
- Is that measurable?
- What do we mean by...?





Factors that Influence Scope the Aim Statement

- **Organizational priorities**
 - Strategic plan
 - Leadership support
- **Infrastructure**
 - Information technology
 - Ability to collect data
- **Resources**
 - Time
 - Staffing
 - Budget
- **External environment**
 - Regulatory requirements
 - Affordable Care Act



Aim Statement Review

- Aim statements should meet the SMART criteria
- Aim statements should be developed with a team and should consider what factors might influence the scope



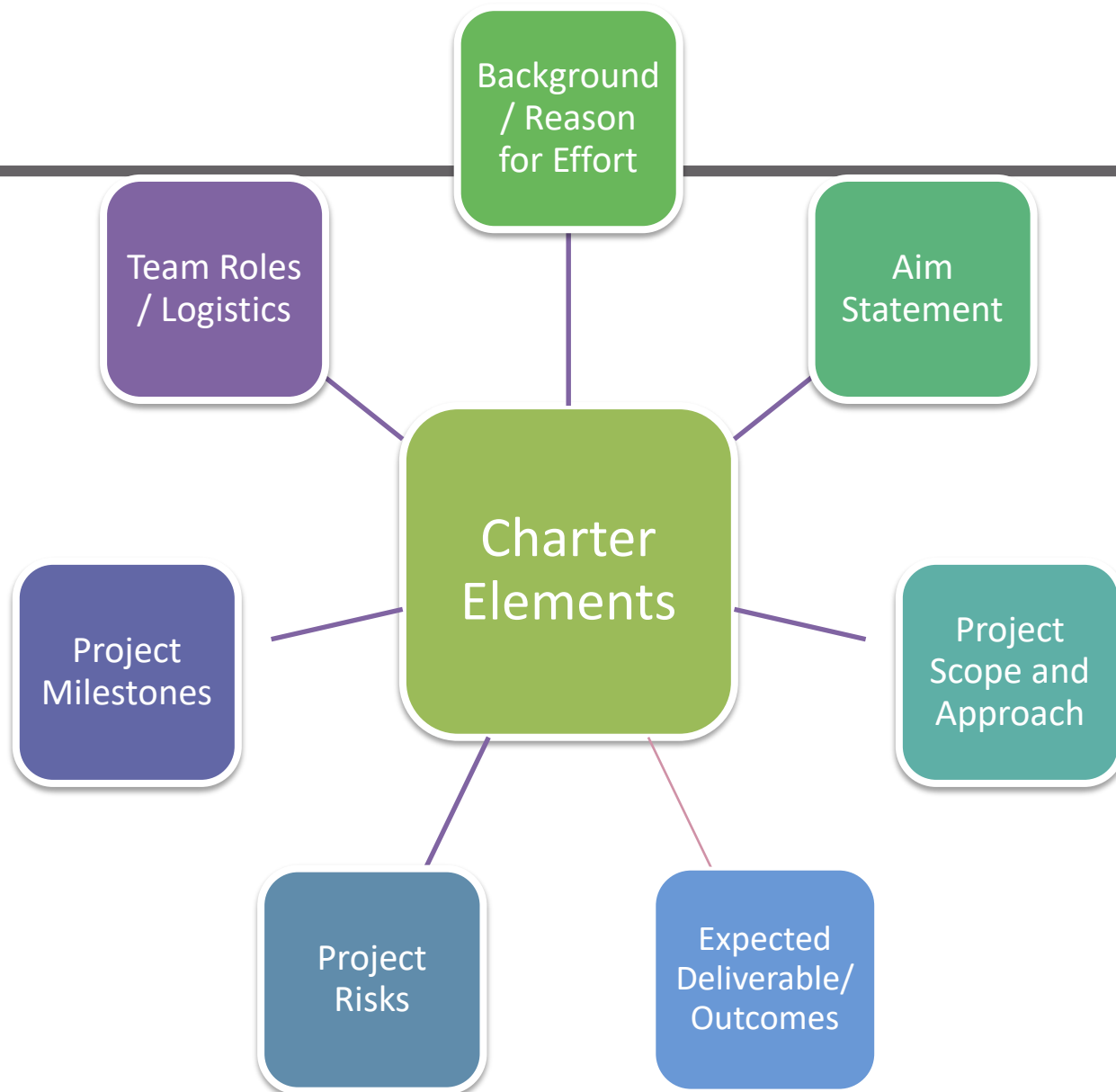
Project Charter



Project Charter

- Provides direction and a sense of purpose
- Demonstrates need to address the issue at hand
- Captures agreements on how the team will function







What Are We Trying to Accomplish?

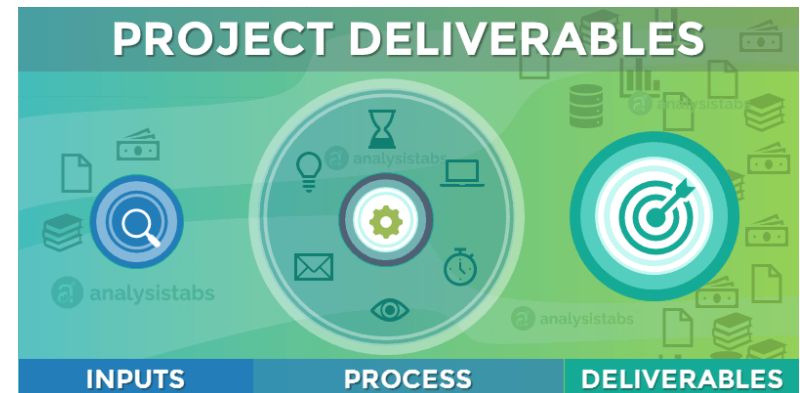
- Background/Reason for Effort
 - Why is it important and why now?
- Aim Statement
 - Documents desired outcome
 - SMART aim
- Project Scope and Approach
 - What are the parameters of your project?
 - What approach will you take to complete the objective?





Project Deliverables

- Tangible or intangible good or service produced as a result of the project.
- Examples:
 - Reports
 - Documents – i.e. workflows, policies and procedure
 - Improvement in a process or system





Project Risks

- What could challenge the success of your project:
 - Scope of project
 - Change management
 - Staff response
 - Executive sponsor engagement/support
 - Stakeholder buy-in/support
 - Resources
 - Time, materials, staffing
 - Communication





Project Milestones

- What specific points in the project lifecycle will measure your progress?
 - What will you celebrate?
 - What deliverables are due and when?





Who Will Participate

- QI project team
 - Team of 2 vs. team of 7
 - Existing team vs. new team
 - Identifying roles to fill:
 - Sponsor/champion
 - Project lead(s)
 - Process expert(s)
 - Subject matter expert(s)





Charter – Project Team

Name team members, roles and responsibilities.

- **Sponsor** – Senior leader with formal authority and ownership for the process being improved
- **Champion** – Leads project identification and prioritization; generates the organizational support and resources to ensure project success
- **Project Lead** – Coordinates and facilitates meetings, provides change management skills and improvement tools and resources
- **Process Expert** – Front-line staff member familiar with day-to-day process being improved
- **Subject Matter Expert** – Provides expertise needed to improve process



Team Logistics

- Develop team agreements:
 - Meeting frequency
 - Assign meeting roles
 - Note-taker
 - Facilitator
 - Establish ground rules



Example Project Charter

Project Name	Cervical Cancer Screening (CCS)	Business Unit	ABC Clinic - Women's Health Unit C
Project Lead	Joe Smith	Executive Sponsor	Linda Cruz
Background/Reason <ul style="list-style-type: none"> Cervical cancer is preventable through frequent screenings and appropriate interventions. Low-income/marginalized populations are less likely to complete cervical cancer screening and more likely to experience poor outcomes due to insufficient preventive care. The goal is to increase Pap smear rates in at-risk populations to decrease the risk of developing cervical cancer. These goals are aligned with Clinic ABC's organizational goals and Partnership's QIP goals. 			
AIM Statement <ul style="list-style-type: none"> ABC Clinic will increase cervical cancer screening rates in women ages 21-65 who were seen in the last 12 months from 63% to 70% by December 31st, 2020. 		Project Scope and Approach <ul style="list-style-type: none"> Women ages 21-65 with an intact cervix who have been seen at ABC clinic within the last 12 months (July 2019 – July 2020) 	
Expected Deliverables/Outcomes <ul style="list-style-type: none"> Determine opportunities in the system Create and test change ideas on a sample population To meet or exceed the goal of screening 70% of eligible women Decreased no-show rates, increased productivity, improved efficiency (i.e. minimize the number of inappropriately scheduled visits), improved documentation, financial incentives 		Assumptions/Risks <ul style="list-style-type: none"> Insufficient time/resources to implement outreach, staff buy-in/investment in the project, no-show rates, consistency of team implementation over time, sustainability, patient follow-up 	



Continued...Example Project Charter

Milestones (Timeline)			Dates		
Initiation			05-05-2020		
Planning			07-01-2020		
Testing			08-01-2020		
Implementation			05-01-2021		
Project Team Role & Responsibility (see legend below)					
Name	Title	Project Role	Name	Title	Project Role
Linda Cruz	COO	Sponsor	Emma Brown	Front Office	Process Expert
Lisa O'Leary	Director of Quality	Champion	Joe Smith	Back Office Supervisor	Project Lead
Dr. Wilson	Provider	Subject Matter Expert			
Jamie Moore	MA	Process Expert			
Alex White	MA	Process Expert			
Team Logistics (Meeting frequency, ground rules, etc.)					
Bi-weekly meeting, Tuesdays 10-11 am					
Ground Rules:					
Be present, Limit electronics, Respect what's said in the room, Follow through on action items.					

Project Sponsor – Senior leader with formal authority and ownership for the process being improved

Champion – Leads project identification and prioritization; generates the organizational support and resources to ensure project success

Project Lead – Ensures meetings are coordinated and team members are invited; facilitates team members through change process; ensures opportunities are available for team members to communicate with stakeholders/leaders

Process Expert – Front-line staff member familiar with the day-to-day process/system being improved

Subject Matter Expert – Provides information/expertise necessary to improve process/system



Charter as A Living Document

- The charter is a “living” document:
 - Organizes the work
 - Provides documentation regarding agreements
 - Should be reviewed throughout the life of the project





Resources

A Quick Guide to Starting Your Quality Improvement Projects

<http://www.partnershiphp.org/Providers/Quality/Pages/PIAcademylandingPage.aspx>

- Resources
- Quick Guide to Starting Your Quality Improvement Projects





ABC's of QI – Upcoming Sessions

Session 2: Using Data for Quality

Date: Wednesday, October 14 **Time:** Noon – 1:00 p.m.

[Registration](#)

Session 3: Understanding the Role of Measurement in Quality Improvement

Date: Wednesday, October 21 **Time:** Noon - 1:00 p.m.

[Registration](#)

*Office Hours with Improvement Coaches – optional session for additional support

Date: Wednesday, October 28 **Time:** Noon – 1:00 p.m.

[Registration](#)

Session 4: Tips for Developing Change Ideas for Improvement Webinar

Date: Wednesday, November 4 **Time:** Noon - 1:00 p.m.

[Registration](#)

Session 5: Testing and Implementing Changes via the Plan-Do-Study-Act Cycle Webinar

Date: Thursday, November 12 **Time:** Noon - 1 p.m.

[Registration](#)



Quality Improvement Trainings

Accelerated Learning Education Program

- Cervical and Breast Cancer Screening
Date Tuesday , August 25 Time: Noon – 1 p.m.
(Recording Available)
- Well Child Visit in the First 15 Months of Life Webinar
Date: Tuesday, September 22 Time: Noon – 1 p.m.
(Recording Available)
- Childhood Immunization Measures Webinar
Date: Tuesday, October 6 Time: Noon – 1 p.m.
- Academic Detailing Webinar: Improving Asthma Care and the HEDIS Asthma Medication Ratio
Date: Tuesday, October 20 Time: Noon – 1 p.m.

2019 PCP QIP High Performers – How'd They Do That?

- Webinar #1 of 3 (PCP's with > 10, 000 PHC members)
Date: Thursday, September 17 Time: Noon – 1:00 p.m.
(Recording Available)
- Webinar #2 of 3 (PCP's between 10 – 20,000 PHC members)
Date: Thursday, October 8 Time: Noon -1:00 p.m.
- Webinar #3 of 3 (PCP's with < 20, 000 PHC members)
Date: Thursday, November 5 Time: Noon – 1:00 p.m.

- Tools for Prioritizing Quality Measures

Date: Thursday, October 1 Time: Noon – 1:00 pm
(Recording Available)

- Change Management/Change Fatigue and QI Webinar

Date: Tuesday, October 27 Time: Noon – 1:00 p.m.

Register:

http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx

Recordings:

<http://www.partnershiphp.org/Providers/Quality/Pages/PIATopicWebinarsToolkits.aspx>



1:1 Coaching with Improvement Advisor

- Improvement Advisors Can Help:
 - Additional Training & Clarification on the Model for Improvement
 - Project Planning
 - Advise on Quality Projects Including:
 - Aim Statement
 - Project Charter
 - Driver Diagram / Process Mapping
 - PDSAs



Evaluations

Please complete your evaluation. Your feedback is important to us!

Evaluation

<input checked="" type="checkbox"/>	OUTSTANDING
<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Average
<input type="checkbox"/>	Below Average





Continuing Education Credits

Approved for 1.0 AAFP Elective credits.**CME is for physicians and physician assistants and other healthcare professionals whose continuing educational requirements can be met with AAFP CME.

Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.0 hours.



Thank You!

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