Performance Improvement Step-By-Step

A major goal of Community Health Centers is to improve care according to the Triple Aim. The Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. It is IHI’s belief that new designs must be developed to simultaneously pursue three dimensions:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

Before you begin any quality improvement (QI)/performance improvement (PI) initiative, you should think critically about 3 questions:

- **What are we trying to accomplish? (set an aim)**
  - RH Pilot: After two months, increase the number of adolescent patients being seen at the pediatric clinic that have an age-appropriate discussion with the provider about transitioning from 0 to 50%.
  - Long term: Increase the number of adolescent patients with a chronic condition that successfully transfer to an adult provider.

- **How will we know that a change is an improvement? (quantify improvement)**
  - RH Pilot: Improving the process/workflow by which adolescent patients are educated about the transition process and ensuring that all adolescents have the supports in place to successfully transition to an adult provider by ages 18-21. Continue to elicit feedback from providers and patients about the process.

- **What changes can we make that will result in an improvement?**
  - RH Pilot: Install a form in the Electronic Health Record with age-specific questions to prompt the provider when rooming the patient or during the visit. Train nursing staff and pediatric team members on how to use this new form and monitor use of the form – make adjustments as necessary.

Wherever possible, use SMART goals and objectives! They should be:

- Specific
- Measurable
- Attainable
- Relevant
- Time-oriented
The plan–do–study–act (PDSA) cycle is a four–step model for carrying out change. Just as a circle has no end, the PDSA cycle should be repeated again and again for continuous improvement. This model for improvement is extensively utilized by the Institute for Healthcare Improvement. The PDSA model has been successfully applied in several inpatient and outpatient healthcare settings to improve clinical quality and patient outcomes. We completed one cycle of the PDSA cycle during our River Hills Project, and to ensure sustainability, the Quality Assurance Manager will continue to make small tests of change to further improve the process and tailor to the needs of this specific community health center.

15 Steps for Community Health Centers to Implement Transition QI Initiative:
This list was developed from the pilot initiative at River Hills and includes many important “lessons learned.” Some of these steps were incorporate and improved our success with the initiative; others we were unable to implement in the time given, but will improve the initiative in the future.

1. Identify champions and key stakeholders who want/need be involved (Quality Assurance Staff, Administrators, Clinic Coordinators, Pediatric Providers, Nursing Staff, CEO, Clerical Staff, IT, Adult Providers)

2. Discuss why transitioning youth is important and decide if this project is a priority for your CHC (pull outcome data on adolescent patient population)

3. Brainstorm ideas to improve the healthcare transition from pediatric to adult healthcare. Some examples:
   - Add education materials to waiting room
   - Implement a form in the Electronic Health Record
   - Update the transition policy at your CHC
   - Start a transitioning youth registry to track at-risk patients
   - Create chronic disease teen groups to discuss transitioning topics
   - Form a partnerships with adult providers to ease transition referrals

![Repeated PDSA Cycles To Test A Change](image_url)
4. Identify gatekeepers (eg. clinic director) and make sure they are on board with the initiative – one individual can be the key to your success!

5. Decide what are the most feasible and important changes for your practice and delegate who will make the necessary changes.

6. Practice facilitation: take time to train necessary staff on the changes to their daily workflows, allow time for feedback and questions and keep record of everything in your notes – that feedback may be important later! ‘Lunch and learn’ meetings are a great place to do this training.

7. Create an environment in which input on the project is welcomed. Allow time for focus groups with different stakeholder groups and make sure no one is being excluded from the discussions (including youth and families).

8. Once changes are implemented and staff is trained, run daily/weekly reports and monitor progress. It is important to have process measures in place to ensure that the expected changes are actually being completed.

9. Send encouraging e-mails or notes of praise to the providers that are doing a good job. Offer assistance to providers that may be struggling.

10. Be available and excited – if you aren’t, no one else will be!

11. After a month of two – submit a progress report to the entire organization to highlight successes and continued areas for improvement.

12. Present to your Committee for Quality Improvement (if you have one).

13. To ensure sustainability of the program, identify staff and providers who are willing to continue to move the project forward.

14. Run monthly reports and after one year, consider disseminating another survey to assess progress.

15. Be responsive to questions and concerns – use feedback to continue to improve and make small changes.
Other Quality Improvement Tools:

Practice Performance Measurement (American Academy of Pediatrics)

Education in Quality Improvement for Pediatric Practice (EQIPP) is a unique online learning program developed by the American Academy of Pediatrics (AAP) that weaves improvement principles and concepts with pediatric-specific clinical content.

Quality Improvement Innovation Networks (QuIIN)

Institute for Healthcare Improvement

Transition QI Articles:

A Primary Care Quality Improvement Approach to Health Care Transition (2012)

Pediatricians' Interest in Expanding Services and Making Practice Changes to Improve the Care of Adolescents (2009)

Additional resources to improve transition in your clinic:

Transition Readiness Changing Roles for Youth (Got Transition?)

Transition Readiness Changing Roles for Families (Got Transition?)

River Hills CHC Nurse Training PowerPoint (see Appendix 2)

River Hills CHC Pediatric Provider Focus Group PowerPoint (see Appendix 3)

River Hills CHC Frequently Asked Questions for Parents (see Appendix 4)