Lessons from the Field: Process Improvement Strategies to Benefit Quality Outcomes

MBHP INTEGRATION CONFERENCE
NOVEMBER 7, 2017
Tommie Ann Bower, M.A.
Process/Quality Improvement Coach Consultant
**ONE SLIDE HISTORY**

*IHI* adapted process improvement from the work of Jurand and Deming to healthcare:
- Reduce Medical Errors
- *Triple Aim*

*NIATx* adapted IHI’s PI to First Big Aims:
- Reduce wait times and no-shows
- Increase admissions and continuation
- *Remove barriers to quality aims*
Structures for Improvement

- The Executive Sponsor
- The Big Aim Destination
- The Change Leader
- The Change Team
- Collect Ideas about Aim
- Plan something you can Do next week—Define Pre and Post Data sets
- Do it, **Study** Results, **Adapt**, **Adopt**, **Abandon**, Repeat
- Celebrate
Story 1: BAMSI & The Long List

Whitman Counseling Center served 810 youth (13 - 25 years old); **134 (17%) COD**

The Long List of barriers:
Fiscal constraints, lack of dually-credentialed staff, concerns about need for increased security, pressure on clinicians serving challenging mental health issues

13 current goals:
CANS compliance+budget+patient satisfaction+audit outcomes+engagement/retention+staff training+open access model+use of EBPs+psychiatric consults+safe welcoming environment for staff and persons served!

Now, additional burden to screen for SUD
Process to Achieve Clinical Quality Aim
Increase Capacity to Serve Youth with Co-occurring Disorders

Aim meets reality:
• Resistance from staff “not our problem”
• Lack of expertise
• Fear and concerns for their safety, licensure, and billing

Solutions
• Solution #1: Use —the CRAFFT
• Solution #2: Clinicians Volunteer to Pilot CRAFFT

Outcome
• ~ 100% adoption using reminders and including CRAFFT in EMR

AND this led to.....
Domino Impact

• Clinicians engaged other clinicians towards 100% screening goal

• Clinicians brought questions to supervision

• Management increased training in developmental impact of SUD, contextual assessment, and family intervention skills

• Management initiated cross disciplinary, COD work group

• IHT division engaged for expertise

• Commitment to add dually-certified supervisor

**AND**

• Billing for SUD as primary diagnosis worked!
Value-Added: Clinical staff as the Solution

- Staff who pilot EBPs can be recognized for their contribution
- Innovation unit is an effective strategy in some large agencies
  - But, why not small agencies?
- One study indicates being a member of the change team aids in staff retention
- Grooming new middle managers
- Encourage your hidden genius population
Story 2: LCHC & Triple Aim Wins

- Improving the patient experience of care
- Improving the health of populations
- Reducing the per capita cost of health care

LYNN COMMUNITY HEALTH CARE

Welcome to Orange Orientation Group
PREVIEW OF THIS AFTERNOON’S SESSION
Triple Aim Example

BEFORE:

1. APRN/MD staff responsible for orientation on compliance for each patient

2. Multiple appointments for induction increased no show and drop-out rates

AFTER:

1. Orientation compliance and procedures reviewed in group by clinical staff
   - Patients more receptive to learning

2. Patients can be engaged individually when they are in group sessions
Triple Wins

Completion of Welcome to Orange group is high
• Sessions reduced from 6 to 5

Next steps: increase staff education across the Community Health System regarding SUD and Welcome to Orange

Opens possibility of a multidisciplinary approach to patients needs

DETAILS AVAILABLE THIS AFTERNOON.
Getting to Triple Wins

Make it easy to be in your service
Continually reduce all non value-added requirements and activities for patients, families and clinicians.

START WITH A WALK THROUGH OF INTAKE
• Time to first service
• Think about engagement as well as diagnosis
• Train your highly social people-loving staff to do intakes
• Delete all redundant questions
• Chart patient flow through your system by making a map and trying to use it
Triple Win Strategies for Engagement

• Offer dinner with evening IOP
• Offer open access with a choice of times and group topics, including all services except psychiatry
• Offer same day MAT
• Offer free counseling session cards offered in Pennsylvania emergency rooms
Strategies with a Bit of Six Sigma

- Use the spotlight technique with your staff. The AIM matters & spotlight the team. (Kahneman)
- Eliminate wasteful practices. Often. Repeat. (Kaizen/Six Sigma focus)
- Focus on engagement while doing the intake.
- Focus on the exit process. People remember what happened last. Take time for your relationship with patients as well as the discharge summary. (Kahneman)
Data: Is Your Change an Improvement?

**Count:** Value of 100% goal or 0% goal—stretch objectives. Reducing medical errors to 98% is unacceptable.

**Proxy measures:** Completion rates vs. administrative vs. against advice discharges. Reduce wait times to *first service*. An intake is not really a service.

**Stop watch:** Start and completion times on tasks.

No Shows: Of course, but what about recovery from no shows!!

**Charts:** Run charts, flow charts, scribble charts, sequence charts.

**Body counts:** Age of onset prior to 18 predicts for acuity.

**Flow through:** Are there crucial times for interventions?: 30-60-90 days in treatment.

**Bundle interventions:** Are there better practices for your agency, families, patients, staff?
The Final Pitch

• Until there is some kind of “cure,” we have a small army of usually underpaid people who come up with solutions.

• Spotlight what you are doing right and tell someone today. One patient did not die, one family member is glad you are keeping their loved one safe.

• You have my gratitude for your work. Thanks.

For more information on PI/QI go to NIATx.net  IHI.org
tommiebower@gmail.com