Senior Leader Report

The attached guide is designed to assist you in the completion of the QTIP Senior Leader Report. The purpose of these monthly reports is for you to share the results of your improvement efforts.

If you have questions, please contact:

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Elizabeth will be able to provide assistance with issues related to the blog.
Purpose
The purpose of the SLR is to capture data, track quality measures and automatically generate charts for practices participating in the QTIP project over time. This report will identify progress and PDSA cycles implemented.

The SLR includes:

Aim Statement: Reflects the work the team will implement during the year. The goals identified in the aim will be consistent with key measures and the data that are displayed in the graph and will be consistent with the quality measures.

Measures related to the aim: A list of principle measures being tracked throughout the collaborative aligned with the teams’ stated aims.

Run charts are generated from monthly data reports.

Summaries of PDSA cycles: Teams will briefly summarize the overall results of their PDSA cycles.
1. Click this link to access the blog for the Senior Leader Report

2. Click this link to download the report
3. Enter the name of your practice

4. Type the reporting date as 2-digit month, 2-digit day and 4-digit year.

5. List the members of your Quality Improvement team here.
An Aim Statement is a written, measurable, and time-sensitive description of the accomplishments the team expects to make from its improvement efforts. The Aim Statement answers the question: “What are we trying to accomplish?”

Aim Statements
- Describe the SYSTEM to be improved
- Must be TIME bound (as determined by the practice)
- Must be MEASURABLE
- Must define a SPECIFIC POPULATION

Example: By October 2016, Neighborhood Health Clinic will re-design office practices by implementing the Model for Improvement so that 90% of the patients with Asthma will have a documented Asthma Action Plan, 95% will have a flu shot, 85% will have an asthma control test documented, 100% will have smoking addressed.
### III. Data Report

<table>
<thead>
<tr>
<th>Month</th>
<th># of patients between 5 years and 18 years of age with persistent asthma who were seen in the past month who were on a controller medication (Numerator)</th>
<th># Patients between 5 years and 18 years of age with persistent asthma who were seen in the past month (Denominator)</th>
<th>Your Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>10</td>
<td>12</td>
<td>83%</td>
</tr>
<tr>
<td>Feb</td>
<td>3</td>
<td>12</td>
<td>25%</td>
</tr>
<tr>
<td>Mar</td>
<td>6</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>Apr</td>
<td>5</td>
<td>12</td>
<td>42%</td>
</tr>
<tr>
<td>May</td>
<td>8</td>
<td>12</td>
<td>67%</td>
</tr>
<tr>
<td>Jun</td>
<td>9</td>
<td>12</td>
<td>75%</td>
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</tbody>
</table>

8. Enter the number of patients meeting the specification of the clinical indicator being measured during this time frame as a part of your review. In this case it would be the number of patients between 5-18 years of age with persistent asthma who were seen in the past month who were on a controller medication. (Numerator)

9. Enter the number of patients in your denominator. For this example (the number of patients between 5-18 years of age with persistent asthma)

10. After the numerator and denominator have been entered, the spreadsheet has been formatted to automatically calculate your rate.

Note: Until information is entered “#DIV/0!” will appear in this field.

Data can be generated from an EMR or by using a 10 chart audit.

7. Enter the date of the PDSA cycle.
11. Enter the date of your report

12. Enter your goal for the measure here. This will be the goal that you have identified from your aim statement for this measure.

These measures will automatically populate from the calculated rate in the Section III (Data Input).

These measures correspond with the data collected in section III. These are color-coordinated to match the measures.
13. Enter the date of your PDSA report to correspond with the measures that are being reported for the current month. For example: If you are reporting for January 2015, this date should be for that same time period.

You should always include a summary of activities to correspond with the data being reported.

14. **Summarize:**
   - On which measure did you plan to impact? What new ideas did you test?
   - What plans did you implement?
   - Did you meet the expectations for which you made plans?
   - Did you set measurements in your planning stage?
   - Describe what actually happened when you ran the tests.
   - What did you observe?

15. Describe your results and how they compared to your expectations.
   - What did you learn?
   - Did you meet your goals?
   - If you met your goal, how well did it work?
## Plan

A **concise** statement of what you plan to do in this testing. This will be much more focused and smaller than the implementation of the tool. It will be a **small portion** of the implementation of the tool.

- The statement should be a **concise** statement of what we will do.
- Included a measurement or an outcome that hope to achieve and include:
  - Quantitative Measurement (# of patients with an Asthma action plan)
  - Qualitative Measurement (nurses saw less congestion in the lobby)

Include the **time limit** that you are going to do this study (it does not have to be long, just long enough to get your results).

Set a time limit.

## Do

**Execute the PLAN**

What did you observe? (Ex. how the patients react, how the doctors react, how the nurses react, how it fit in with your system or flow of the patient visit)

- Did everything go as planned?
  - Yes
  - No
  - If no, did I have to modify the plan?

## Study

What did you learn?

- Did you meet your measurement goal?
- If you met your goal, how well did it work?

## Act

What did you come away with for this implementation?

- If it did not work, what can you do differently in your next cycle to address that?
- If it did work, are you ready to spread it across your entire practice?
As you enter data into the data input section (III), your run charts will automatically be populated.
Saving your files.

1. When you save your files for upload to the blog each month, please save with the month and the year in the file name. For example, if Strong Pediatrics was uploaded for March 2015, their file name would be: Strongpediatricsmarch2015

2. Each monthly you can add to your existing database and upload the updated file, but be sure to include the month of the report within the file name.
What QTIP will provide:
1. QTIP will compile your data and provide feedback comparing your data with the data reported by other practices reporting on these measures.

![Graph showing percentage of patients between 5 years and 18 years of age with moderate to severe asthma who were seen in the past month who were on a controller medication.](image-url)
2. Practices will receive a summary of all PDSA cycles reported to date by measures for their practices sorted and organized by clinical topics and date.

<table>
<thead>
<tr>
<th>Time</th>
<th>Participants</th>
<th>Date of PDSA Cycle</th>
<th>What was planned and what the practices did</th>
<th>Results as the practice STUDIED the plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/3/2013</td>
<td>Dana, Shelia, Wendy, Andrew</td>
<td>6/20/2013</td>
<td>Run two reports one for patients that has DX of high-risk sexual activity and one on patient with DX of contraceptive management, in an effect to ID sexually active patient between 12-18 yr of age. Will pull 30 random charts to ID benchmark data for GC/Cha in last year and if repeated when pos.</td>
<td>Within the two reports 109 patients were ID out of 1695 total age population. This number represents 6.43% of total age population, great concerns if we are really measuring full sexually active population. Regarding original study 25.69% of these 109 patients were tested for GC. Chal in the last year. Of the positive's 50% was repeated as required.</td>
</tr>
<tr>
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<td>Ran two separate reports based on age, DX, last office visit within three years. Pulled 30 random charts to ID benchmark data for GC/Cha in last year and if repeated when pos. Summarized data. Additional data collected on age population and how often MD addressing to females birth control maintenance.</td>
<td>We determined prior to studying GH/ Chal we feel our focus needs to be on addressing more sexual activity with all teens. Will run 2nd PDSA on random 12-18 year olds to see if sexual activity is been addressed.</td>
</tr>
</tbody>
</table>

| 7/3/2013 | Dana, Shelia, Wendy, Andrew | 6/20/2013 | Run report on all 12-18 seen in the last three years to see if sexual activity is been addressed. Will pull 30 random charts to review sexual activity status, date of last physical, and included gender and age. | Numbers show that we are potentially missing a conversation about sexual activity on 68% of teens or, 1152 patients. It is reasonable to assume 484 of these patients are likely sexually active, as we found 43% of those asked are sexually active. Our rates of teens ESPDT are 26% obvious issues if ESPDT is the only avenue for this discussion. Addressing at physical is at 88%. |
|          |                                     |            | Ran report on all 12-18 seen in the last three years to see if sexual activity is been addressed. Pulled 30 random charts to review sexual activity status, date of last physical, and included gender and age. | Need to talk to Dr's at next MD meeting 07/02/2013 for two reasons, one to define high risk sexual DX, number two to discuss how to have that sexuality conversation outside of well child visits. |