



# **Quality through Technology and Innovation in Pediatrics**

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Senior Leader Report  
Instruction Manual

## 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.

<https://msp.scdhhs.gov/chipragtip/>

1. Click this link to access the blog for the Senior Leader Report

South Carolina Department of Health & Human Services OTIP Quality through Technology

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**Donna Strong**

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- Title: Learning Collaborative Information - Please read attachment?  
7 weeks 2 days ago
- Title: Palmetto Pediatrics in Columbia pilots the SEEK. What an awesome screen! SWYC to replace SEEK?  
7 weeks 4 days ago

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### Another enlightening finding from the SEEK screen

Sat, 2015-02-21 20:05 — dmgreenhouse

We've been using the SEEK screen at Palmetto Pediatrics for several months now and I have found it to be one of the most useful screens that we use. So many potential stressors have been identified that we simply hadn't considered before. Kim Conant has developed an incredible resource sheet to help our docs provide helpful information when we identify positive SEEK screens. But one of the things that I hadn't anticipated was the number of families in our community dealing with food insecurity. I am trying to identify additional resources in our community to help deal with this. But I can easily say that without the SEEK screen I would never have identified this as a significant problem.

[dmgreenhouse's blog](#) [Add new comment](#) 1 read

### Senior Leader Report Updated and Uploaded

Fri, 2015-02-20 13:48 — Liz Parham

Hi everyone,

Donna has worked to update the senior leader report, and you can find it on the right pane under the Senior Leader Report blog, or click [here](#) to access it.

Please let either myself or Donna know if you have any trouble accessing it.

Thanks!

Liz

[Liz Parham's blog](#) [Add new comment](#) 1 read

### LGBTQ Resources in SC

Fri, 2015-02-13 10:31 — Kristine Hobbs

I had requests from **three** of you at the Learning Collaborative for services for children who are transgender. I attended a training yesterday and was HUMBLED by the following statistics:

**Fact:** 6 homeless LGBT kids will die on the street today. Suicide attempts are higher for LGBT homeless kids (62%) than their straight peers (29%).

Here is a link to a list of SC resources for LGBTQ children and their families. <http://www.scequality.org/resources/>

### Dr. Rushton's Tools

- 2015 Practice Recruitment Form
- PCMH Toolkit - Updated 6.28.12
- Site Visit Reflection Tool
- Site Based Evaluation Tool - Spring 2012 (Archive)
- Site Based Evaluation Tool - Fall 2012 (Archive)
- Site Based Evaluation Tool - Spring 2013 (Archive)
- Site Based Evaluation Tool - Fall 2013 (Archive)
- Site Visit Evaluation Tool - Spring 2014 (Archive)
- Site Visit Evaluation Tool - Fall 2014

### QTIP Application

QTIP Application

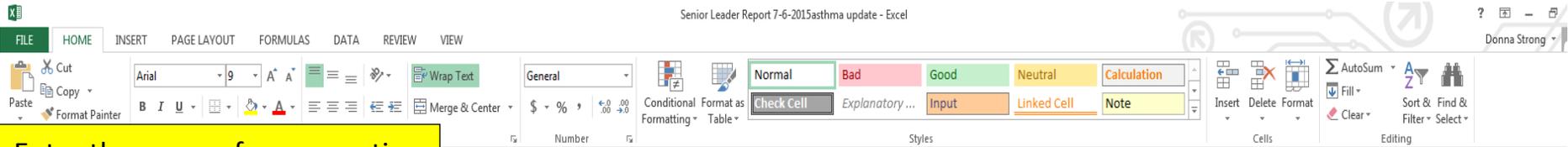
### Senior Leader Report

Click [here](#) to access the senior leader report.

### Upload Senior Leader Reports Here

- AnMed
- Bamwell
- Beaufort
- BHCHS
- Carolina Peds Cheraw
- Carolina Peds Columbia
- CPM
- CHOC
- Eastem

2. Click this link to download the report



3. Enter the name of your practice

18 years of age who had their control measured by using the Asthma Control test or spirometry or peak flow at their last visit

### Senior Leader Report

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Practice Name:

Report Updated (MM/DD/YYYY):

I. Aim Statement:

II. Team Members:

III. Data Report

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.

Senior Leader Report 7-6-2015asthma update - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

Clipboard Font Alignment Number Styles

Normal Bad Good Neutral Calculation  
Check Cell Explanatory... Input Linked Cell Note

A37 : X ✓ fx Percentage of patients between 5 years and 18 years of age who had their control measured by using the Asthma Control test or spirometry or peak flow at their last visit

	A	B	C	D	E	F	G	H	I	J	K	
1	<b>Senior Leader Report</b>											
2												
3	<b>Practice Name:</b>										<b>Report Updated (MM/DD/YYYY):</b>	
4												
5	<b>I. Aim Statement:</b>											
6												
7												
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**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.

6. Enter your AIM statement 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

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16 **III. Data Report**

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)

7. Enter the date of the PDSA cycle.

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

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Month	# 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)	# Patients between 5 years and 18 years of age with with persistent asthma who were seen in the past month (Denominator)	Your Rate (%)
Jan	10	12	83%
Feb	3	12	25%
Mar	6	12	50%
Apr	5	12	42%
Mau	8	12	67%
Jun	9	12	75%
			#DIV/0!

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

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)

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

11. Enter the date of your report

32 IV B Data tracking

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34	Measure and Definition of Measure	Practice Goals (from Aim)	Jan	Date						
	Percentage 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	80%	83%	25%	50%	42%	67%	75%	#DIV/0!	#DIV/0!
35	Percentage of patients between 5 years and 18 years of age had an asthma action plan developed or reviewed at the last visit		#DIV/0!							
36	Percentage of patients between 5 years and 18 years of age who had their control measured by using the Asthma Control test or spirometry or peak flow at their last visit		#DIV/0!							
37	Percentage of patients between 5 years and 18 years of age who had a flu shot recorded in the last year		0%	0%	0%	0%				
38										

12. Enter your goal for the measure here. This will be 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.



V. Summary from PDSA Cycles and Testing of New Ideas		
Report Date	What did you <u>PLAN</u> and what did you <u>DO</u> as a result of your plans?	What were your results as you <u>STUDIED</u> Your plans and how do you plan to <u>ACT</u> as a result of your next steps? are your next steps?



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	Do	Study	Act
<p>A <b>concise</b> statement of what you plan to do in this testing. This will be <u>much more focused and smaller than the implementation of the tool</u>. It will be a <b>small portion</b> of the implementation of the tool.</p> <p><input type="checkbox"/> The statement should be a <b>concise</b> statement of what we will do.</p> <p><input type="checkbox"/> Included a measurement or an outcome that hope to achieve and include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quantitative Measurement (# of patients with an Asthma action plan)</li> <li><input type="checkbox"/> Qualitative Measurement (nurses saw less congestion in the lobby)</li> </ul> <p>Include the <b>time limit</b> that you are going to do this study (it does not have to be long, just long enough to get your results).</p> <p>Set a time limit.</p>	<p><b>Execute the PLAN</b></p> <p>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)</p> <p>Did everything go as planned?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>If no, did I have to modify the plan?</p>	<p>What did you learn?</p> <p>Did you meet your measurement goal?</p> <p>If you met your goal, how well did it work?</p>	<p>What did you come came away with for this implementation?</p> <p>If it did not work, what can you do differently in your next cycle to address that?</p> <p>If it did work, are you ready to spread it across your entire practice?</p>

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



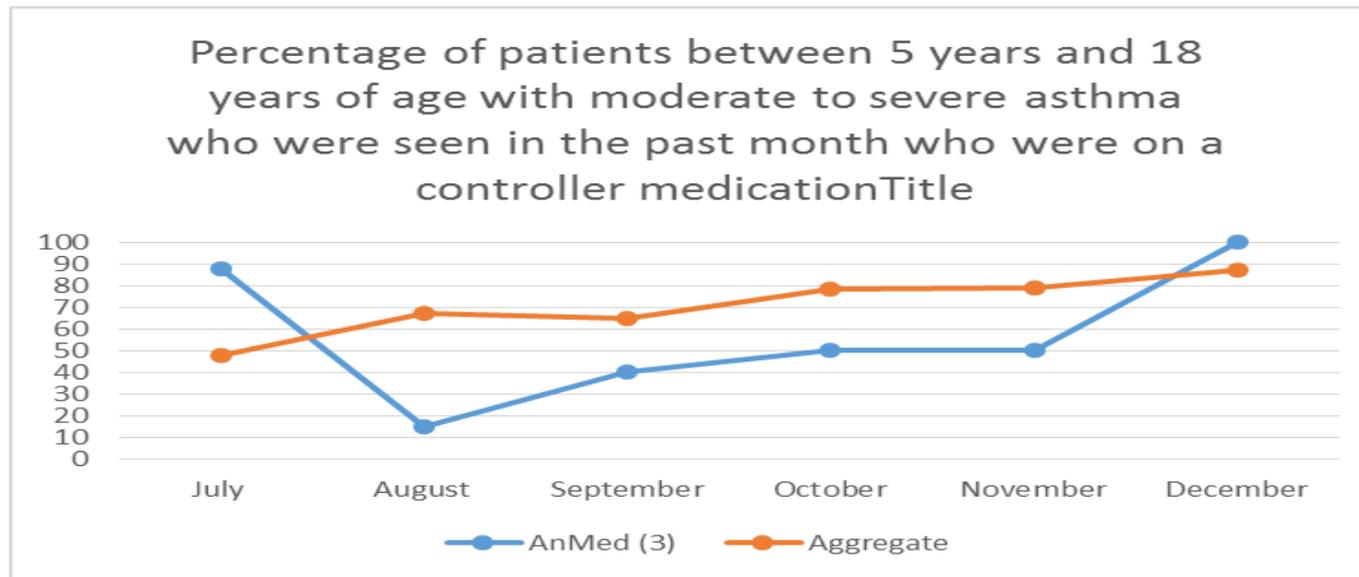
As you enter data into the data input section (III), your run charts will automatically be populated.

## **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.



**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.**

Time	Participants	Date of PDSA Cycle	What was planned and what the practices did		Results as the practice STUDIED the plans How team plans to ACT as a result. Next steps.	
7/3/2013	Dana, Shelia, Wendy, Andrew	6/20/2013	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 effort 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.	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.	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.	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.
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.	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.	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%.	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.

1. Counte MA, Meurer S. Issues in the assessment of continuous quality improvement implementation in health care organizations. Int J Qual Health Care. 2001;13(3):197-207.