

Quality 101

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Francis E. Rushton, M.D. F.A.A.P.
Medical Director SC QTIP



QI Assumptions

- Doctors, nurses, healthcare workers work hard and want to perform well on the job, take pride in their work.
- Health system performance more often related to faulty systems than employee error.
- Practice leadership generally makes decisions about systems.
- Data is needed to make good system decisions.



What do we get from QI?

- ▣ Improves our job satisfaction – we know our product or service is quality, a source of pride.
- ▣ Reinforces the belief that we can solve problems, make a difference in our jobs
- ▣ We have a greater investment, ownership for our work.
- ▣ We have less tolerance for problems and poor quality.



Where should we focus our QI efforts?

- Issues that:
 - Are important to children
 - Are easily measured
 - Where we suspect there is room for improvement
- Quality in ambulatory practice needs to extend over all that we do
 - Well Child Care
 - Acute and Chronic Care
 - Management of Children with Special Health Care Needs
- A vision of Quality for your practice can have merit in focusing your efforts



Who does the quality improvement?

- Clinical teams
- Meet regularly for short periods of time
- Every week to two weeks
- Quality Coordinator
- Shares information with others in the office on a regular basis.



QI Basics

Improving quality is a systematic process:

- PLAN: Define the problem, collect data, select a possible solution.
- DO: Implement solution on a small scale.
- CHECK: Collect data, determine if the solution worked. If not, go back to Plan and select another solution.
- ACT: When a solution works, spread to all aspects of the office



It is not necessary to change
 Survival is not mandatory
 W. Edwards Deming



Initially use Smaller Scale Tests:
 The power of "one"

Conduct the initial test with...

- one facility
- one office
- one doc
- one patient

1



Move Quickly to Test Changes



What tests can we complete by next Tuesday?"
 Revisit your plan frequently.
 Weekly or biweekly best



Dr. Allen and his nurse

- Dr. Allen and his nurse attend a SC QTIP conference so they can get rooms paid for at Grove Park
- They learn that South Carolina teens are frequently not receiving their HPV vaccines
- They wonder how well they are doing in their practice



Top reasons for not getting HPV

- Anticipated parental hesitation While about 10% of parents will refuse the HPV vaccine that means 90% will say yes. Focus group data, from the Centers for Disease Control (CDC), show that parents value the HPV vaccine just as much as other adolescent vaccines, but physicians think that parents value it less.
- Physicians not providing a strong recommendation This is the second highest reason parents report for not vaccinating their children. Parents may hear things from their pediatricians like, "Today we recommend the Tdap and meningococcal vaccines, and then you could also get the HPV vaccine." Or, "Your daughter doesn't seem to be thinking about sex yet, so we can wait." Evidence suggests that when parents express reluctance initially, providers are hesitant to enter into the dialogue.



Giving the Message

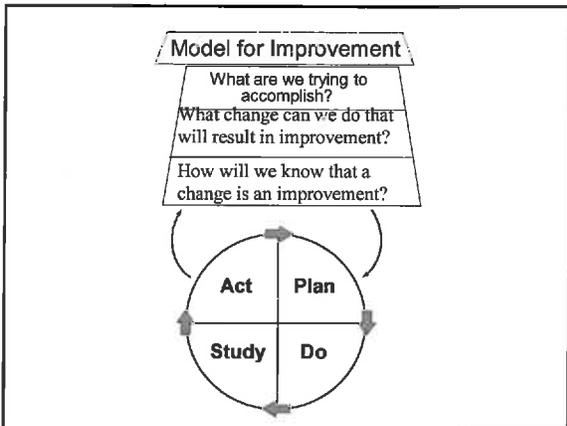
- Despite the challenges, there are simple ways to direct the conversation and assure that the goals of parents and providers are met. **First, bundle the vaccines** and give a strong recommendation for boys and girls.
- This is as simple as saying, "Today I recommend that your child receive Tdap, HPV, and meningococcal vaccines."
- Second, start the conversation early and **focus on cancer prevention**. This is not a "sex vaccine"- this is a tool to prevent cancer. Just like childhood vaccines, vaccination needs to be given well before exposure.
- Third, use reminder/recall as a tool to achieve series completion. Pediatricians are the leaders in immunization. We are being asked to provide leadership in raising HPV vaccination rates for the good of public health and for the good of cancer prevention for children.

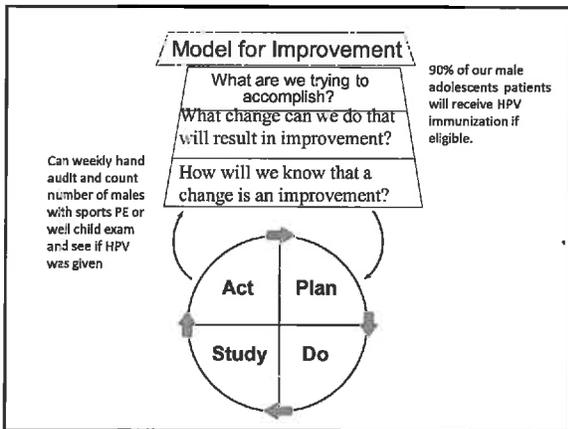


AIM: Increase number of boys who get HPV so that 90 percent seen for sports physical or well child exam receive appropriate vaccine by August 1st

- Why?
- How?
- Who?
- When?







PDSA Cycle 1

Model for Improvement

What are we trying to accomplish?
 What change can we do that will result in improvement?
 How will we know that a change is an improvement?

90% of our male adolescents patients will receive HPV immunization if eligible

Can weekly hand audit and count number of males with sports PE or well child exam and see if HPV was given

Allen asks nurse Ruth to audit last two weeks of charts

Allen wonders if this is worth the efforts Should he get baseline data first?

Allen learns that CDC recommends forceful messaging from medical providers and reminders for f/u shots

Will get Dr. Allen to develop interventions designed to increase HPV vaccine administration

Allen attended SC QTIP meeting

PDSA Cycle 2

Model for Improvement

What are we trying to accomplish?
 What change can we do that will result in improvement?
 How will we know that a change is an improvement?

90% of our male adolescents patients will receive HPV immunization if eligible

Can weekly hand audit and count number of males with sports PE or well child exam and see if HPV was given

Dr. Allen will discuss with partners and try some of info he heard at QI mtg.

Practice wide there were 11 PE s done in eligible adolescents, only 2 received HPV. Neither of these was Dr. Allen's Pts.

Ascertain if males are getting their HPV

Nurse Ruth audits last 2 weeks of boys seen for PE or Sports PE

PDSA Cycle 3

Model for Improvement

What are we trying to accomplish?
 What change can we do that will result in improvement?
 How will we know that a change is an improvement?

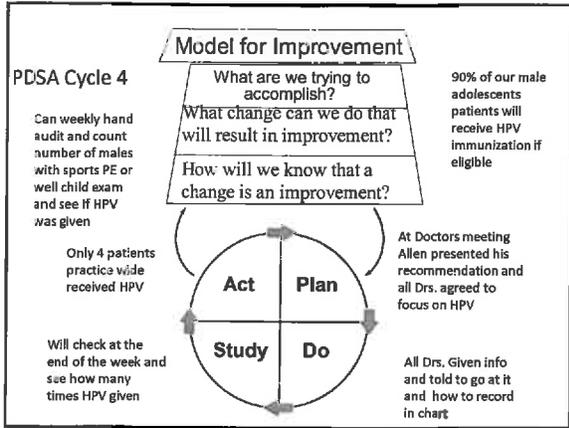
90% of our male adolescents patients will receive HPV immunization if eligible

Can weekly hand audit and count number of males with sports PE or well child exam and see if HPV was given

Dr. Allen thinks this is doable. Will discuss with partners

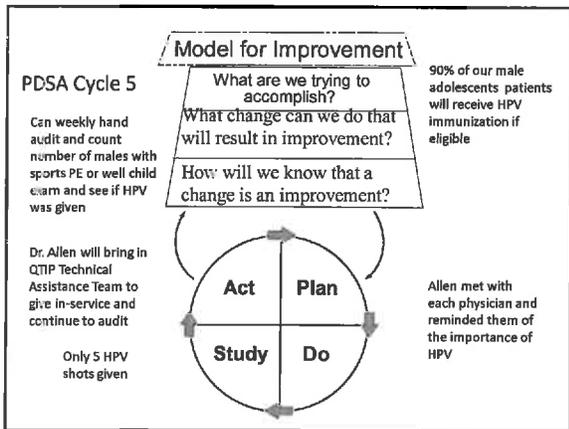
In next 10 days 3 males come in for sports PE. He remembers to talk to 2 of them about HPV. Both get the shot. He keeps a list to remember to recall them

Dr. Allen decides just on his patients he will change the way he messages about HPV and see if he and his nurse can create a reminder system



Number of HPV shots given

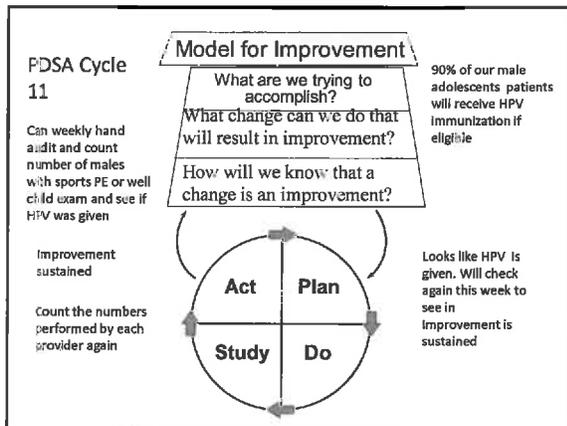
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A	4	5	7	5	9	3	5	7	5
S	0	0	0	2	2	2	1	4	5
APF	0	0	0	0	1	3	2	3	5
E	0	0	1	1	0	0	1	4	5
F	0	0	0	0	0	0	0	0	0
JE	0	0	0	1	1	1	0	3	1
KM	0	0	4	0	1	2	0	7	2
IN	0	0	0	1	0	2	1	0	1
TOTAL	4	5	12	10	14	13	10	28	27



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A	4	5	7	5	9	3	5	7	5
S	0	0	0	2	2	2	1	4	8
AF	0	0	0	0	1	3	2	3	5
E	0	0	1	1	0	0	1	4	5
F	0	0	0	0	0	0	0	0	0
JE	0	0	0	1	1	1	0	3	1
KM	0	0	4	0	1	2	0	7	2
JW	0	0	0	1	0	2	1	0	1
TOTAL	4	5	12	10	14	13	10	28	27

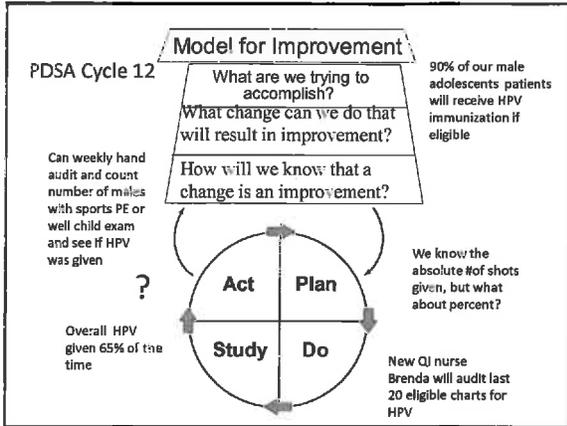




Number of HPV Shots given

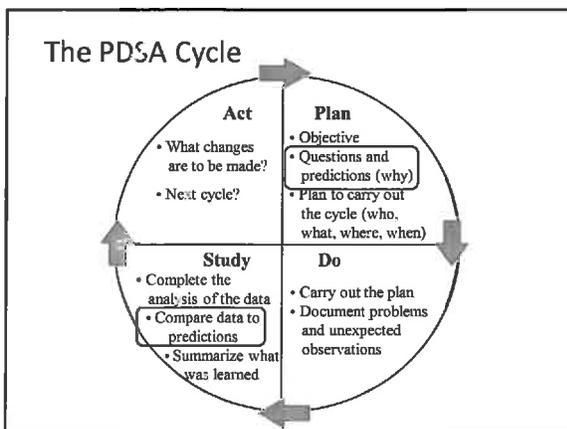
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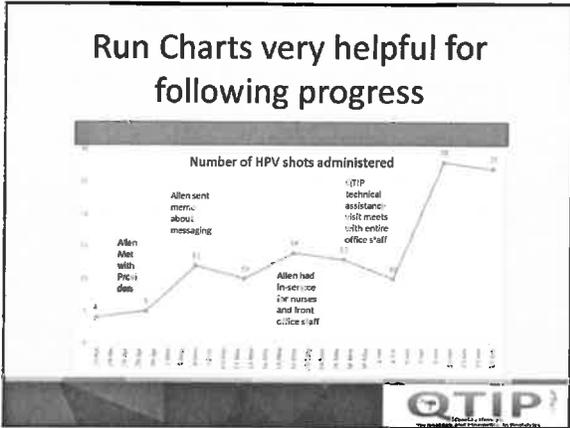




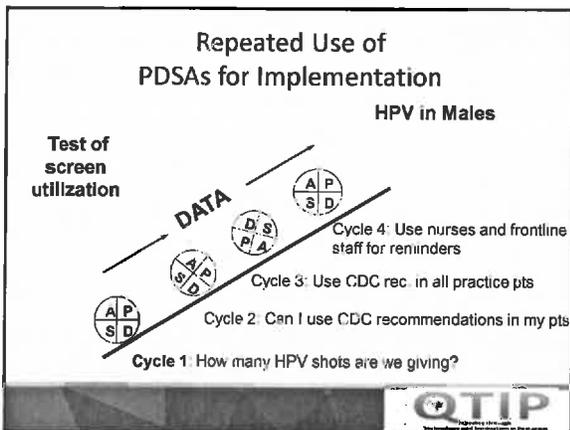
Steps to improve HPV administration

- Nurses flag charts of those eligible at work up station
- Physician must review and incorporate straight forward recommendation for HPV
- Front office notes HPV in a registry to be used to send prompts for f/u immunizations





- ### Key Points for PDSA Cycles
- Consider reasons for failed tests
 - Change not executed well
 - Support processes inadequate
 - Theory / hypothesis wrong
- QTIP**



From Charles Darwin:

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."





How does this fit with ABP Maintenance of Certification Part IV?

- Your QI team will be doing most of the organizational work
- But it is important that you share the data practice wide, especially with those pediatricians who need QI documentation for the ABP
- These pediatricians, as well as all staff, should have the opportunity to see their data and provide their own ideas as to how to move forward.
- All MOC modules involve at least 3 measurements over time and two interventions at a minimum
- How would you use this HPV example for MOC?
- MOC manual in your materials
- Contact ferushton@gmail.com for question.