A Summary of the Supercalifragilisticexpialidocious QTIP Activities

Access PDSA Wow's
The Children's Center of Carolina Health Centers
- 100% open access schedule
- went live May 1, 2013
- All providers
- All appointment after 10 AM
- Decreased percentage of no-shows
- Decreased percentage of triage calls

The Children's Center of Carolina Health Centers, Inc.

Asthma PDSA Wow's
- Cheraw's plan: arrange office follow-up within one week after ER visit for asthma-related episode
  - Called families the day after the ER visit for update and schedule an appointment
  - Families receive an asthma education package with a copy of the education plan
  - Chart audit revealed 80% show rate
Asthma PDSA Wow’s

- **Barnwell** assessed all charts of patients diagnosed with asthma/RAD to determine if patients dx with asthma were seen at least twice per year
- 106 patients identified from 10/1/11-3/20/12
- 100 of 106 had been seen within the past 6 months for asthma

Asthma PDSA Wow’s

- **Center for Pediatric Medicine’s plan:**
  determine the # of ED visits made by pts 06/29/11-06/29/12
- Of ED visits by pts with asthma dx, 156 visited with an asthma related illness
- 22 seen more than 2x (14% of 156)
- BUT there are **3611** patients in the asthma registry

Asthma PDSA Wow’s

- **Little River:** improve asthma care
- 10 charts audits persistent asthma 1/2013-6/1/2013
  - 10/10 = 100% were on controller meds
  - 9/10 = 90% had asthma action plan
  - 7/10 = 70% with environmental triggers
- Follow up in 1 or 3 months: 8/10 = 80%
- 3/10 noted to have exposure from 2nd hand smoking
- 3/3 -100% noted smoking cessation discussion documented

Asthma PDSA Wow’s

- **Sandhill** goal: To improve flu vaccination rates in patients with asthma
- Contacted pts with the dx of asthma not receiving flu shot in 2011-2012 flu season
- Encouraged to receive flu vaccine in the fall of 2012
- % of asthma patients who received flu vaccine by Feb 28, 2013 was 49%
- >8% improvement from by the same date in 2012

ADHD PDSA Wow’s

- **Barnwell:** Goal: assess follow-up compliance for new ADHD patients
  - 100% compliance rate for follow-up 30 days after initial ADHD evaluation visit

BMI PDSA Wow’s
**BMI PDSA Wow’s**

- **MUSC** Documentation of overweight and obesity by residents

<table>
<thead>
<tr>
<th>Improvement</th>
<th>T1</th>
<th>Intervention</th>
<th>T2</th>
<th>Intervention</th>
<th>T3</th>
<th>Intervention</th>
<th>T4</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation of BMI</td>
<td>90%</td>
<td>Review each resident’s documentation of BMI annually</td>
<td>80%</td>
<td>Complete the measures and orders that are needed to determine a person’s risk and to modify treatment</td>
<td>70%</td>
<td>Review and improve</td>
<td>70%</td>
<td>Improvement made with goals set to improve documentation and reminder by June.</td>
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- **BMI**
  - Follow up included an email sent out that showed how progress and encouragement as well as a reminder
  - With final cycle, both documentation & counseling then increased to 84%

**BMI PDSA Wow’s**

- **Palmetto Pediatrics and Adolescent Clinic**
  - Documenting height, weight and BP on all patients above age 3 not seen for at least 3 months
  - BMI documentation rate above 90% for most physicians

- **Eastern** Scheduling labs on patients with BMI greater than 27 or above the 90 percentile for age
  - Ordering the following lab work: CBC, BMP, Thyroid panel, Lipid panel, Hgb A1C, insulin level, and Vitamin D
  - Patients with abnormal labs referred to Endocrinologist or Nutritionist

**CAHPS**

- **CHOC**
  - Patient satisfaction and vulnerable population
  - Reviewed phone translation service for 2 months
  - Discovered high costs and extended wait time 20-30 min.
  - Set up a separate phone line for Spanish-speaking patients with medical questions or need for same day appointments
  - Patients getting thru to the correct line and no calls to phone translation service
  - Initial staff satisfaction is good

**Mental Health Integration**

- **Cheraw** met with local obstetricians regarding post partum depression
  - Screening mothers at newborn, 1 and 2 month well visits
    - Obstetricians are on board
      - Beginning screenings with Edinburgh
      - Positive screens asked to sign a release and mothers are referred to OB/Gyn for evaluation
Mental Health Integration

**Beaufort:**
- Using the Edinburgh Post Partum Depression screen to screen new mothers at the 2 week and 2 month visits
- At the end of May a total of 34,99420 codes were generated, representing all providers
- Commitment from Coastal Empire Mental Health to help with referrals on positive screens when needed

Mental Health Integration

- **Stone's goal:** 1) to ensure all teens receive the PSC, 2) screens are scored and reviewed, 3) verify the CRAFFT screen is given at the same time
- Order sets for teen well checks added in EMR,
- Handouts and screens readily accessible in age-appropriate files for distribution when patients arrive
- 100% compliance on giving the screen,
- 100% compliance on the CRAFFT screen
- 100% compliance on recording patient scores

NCQA PCMH

- AmMed has completed Standard 1 and most of Standard 2
- Standard 5 - Tracking sheets set up and being used for referrals, labs, and imaging
- Has 5 chronic condition and given one to each of my 5 nurses.
- They use 4 hrs admin time a week to work on quality improvements including their own PDSA cycles
- They conduct routine and other maintenance phone calls to the populations assigned.
- Has selected to work on Sexual Health, BMI, ADHD, Asthma, and depression

Preventive Dental

- **Carolina Pediatrics Columbia**
- 100% of providers and assistants have completed training on Fluoride Varnish application
- Since starting, has provided 671
- Adds approximately $10k in additional revenue
Well Child Visits PDSA Wow's

BJHCs

- A different kind of focus: Breast feeding
- Evaluated the number of mothers breastfeeding in the first 12 months of life
- Working with lactation consultants and WIC to provide support and encourage mothers to continue breastfeeding

Well Child Visits PDSA Wow's

- Sumter determined most likely appt. to be missed is 12-month checkup
- Medicaid expired and parent had not completed application
- Patients see the in-house case worker to facilitate the process at 9 month visit