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

MBHP INTEGRATION CONFERENCE

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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, **A**dapt, **A**dopt, **A**bandon, 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 enviornment 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 AVAILBLE 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

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