

**Getting Better at What We Do:
Continuous Quality Improvement in a Real World Setting**
Handout Set
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Presented by:

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Handout Set

- 1) Sample PDSA CQI Reporting Form
- 2) Sample 8 – Step CQI Reporting Form
- 3) PAIDE –Problem Areas in Diabetes Education
- 4) Sample CQI studies: Are they... or are they not good examples?

Sample PDSA CQI reporting form:

CQI team leader: _____

Team involved in the CQI study: _____

Date of the CQI study: from _____ to _____ -

Title of project: _____

<p>Plan: What is the problem you'll study? How do you know it is a problem? What initial or baseline data confirms it is a problem?</p>	
<p>Do: What can you do to fix it? What are some of the options? How will you choose?</p>	
<p>Study: How will you know if your efforts resulted in any improvement? What data will you collect? How long will you study it for?</p>	
<p>Act: Based on your learnings, what actions will you take?</p>	

Sample CQI reporting form:

CQI team leader: _____

Team involved in the CQI study: _____

Date of the CQI study: from _____ to _____ -

Title of project: _____

<p>Identify Problem/ Opportunity What was identified as the “problem” you chose to study?</p>	
<p>Collect and analyze the data What data did you collect? Did the data confirm that it was, in fact, a problem? What analysis did you make of this data?</p>	
<p>Consider Possible solutions What are the some of the possible “solutions” or actions your team thought of to address this program?</p>	
<p>Make recommendations What action will you choose? Why?</p>	
<p>Implement Carry out the plan. What did you do? For how long?</p>	
<p>Evaluate the Actions Collect data and analyze it to see if your solution produced a measureable improvement. What was learned from this process?</p>	
<p>Maintain the Improvement What is your plan to continuously check on this to make sure the improvement is maintained, or if there was no improvement – to pick another solution to try?</p>	

Problem Areas In Diabetes Education (PAIDE) Assessment

INSTRUCTIONS: Which of the following diabetes issues are currently a problem for your diabetes education program? Circle the number that gives the best answer for you. Please provide an answer for each question.

- | | Not a
problem | Minor
problem | Moderate
problem | Somewhat
serious
problem | Serious
problem |
|---|------------------|------------------|---------------------|--------------------------------|--------------------|
| | ◆ | ◆ | ◆ | ◆ | ◆ |
| 1. Not getting as many patients into the classes as planned?..... | 0 | 1 | 2 | 3 | 4 |
| 2. Having trouble retaining patients for subsequent classes
and follow-up?..... | 0 | 1 | 2 | 3 | 4 |
| 3. Having less than ideal outcomes on patient satisfaction surveys? | 0 | 1 | 2 | 3 | 4 |
| 4. Hearing feedback that educators are not enjoying teaching classes? 0..... | 0 | 1 | 2 | 3 | 4 |
| 5. Internal/Joslin doctors not referring as per protocol?..... | 0 | 1 | 2 | 3 | 4 |
| 6. External/PCPs in the community not referring as much as possible? 0 | 0 | 1 | 2 | 3 | 4 |
| 7. Feeling your marketing material may be lacking some pizzaz? | 0 | 1 | 2 | 3 | 4 |
| 8. Not getting as many referrals from former class members as
you'd planned? | 0 | 1 | 2 | 3 | 4 |
| 9. Not able to demonstrate behavioral improvements in DSME? | 0 | 1 | 2 | 3 | 4 |
| 10. Front office staff lacks clarity about the program and/or conviction
as to its importance for scheduling? | 0 | 1 | 2 | 3 | 4 |
| 11. Each class includes all four elements: Engage, Inform, Interact
and evaluate? | 0 | 1 | 2 | 3 | 4 |
| 12. Each attendee feels the information in the class has been made
personally relevant for them. | 0 | 1 | 2 | 3 | 4 |
| 13. Diabetes educators engage in their own PIPE to continuously
improve presentation skills? | 0 | 1 | 2 | 3 | 4 |
| 14. Systems are in place to trigger automatic reminders when patients
may be up for an annual refresher class/visit?. | 0 | 1 | 2 | 3 | 4 |

Worksheet: Evaluating Sample CQI Projects

For each of the examples below, indicate “yes” or “no” if you think it is a good example of a CQI project. Why or why not. Answers are at the end.

Example 1: Increasing Referrals

We wanted to increase the number of referrals to our diabetes education program. We developed a brochure describing the benefits of diabetes education and distributed it to the physicians in our medical building where our education program is located. We think the referrals have gone up. Everyone likes the brochure.

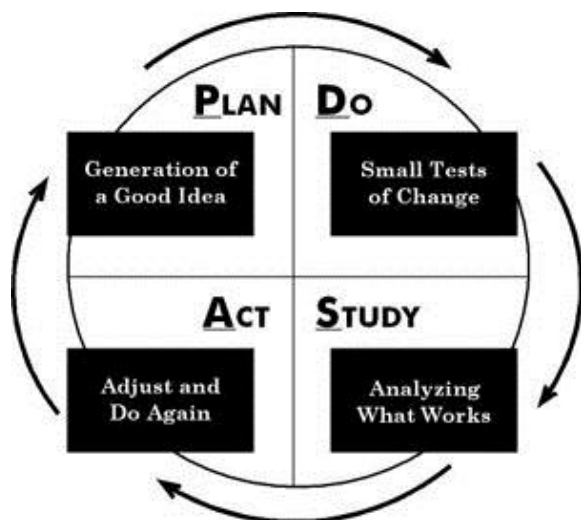
Example 2: Improving Appointment Scheduling for Diabetes Classes

1)Identify the problem	Although patients were encouraged as part of a group class to schedule a 1:1 follow-up appointment, patients seemed to be leaving class before scheduling an appointment.
2)Collect and analyze data	At the monthly comprehensive class attended by 10 patients, the team determined that only 1 person made a follow-up appointment after class, and 1 more called before the next scheduled class. At the next class, each person was asked individually the reason an appointment was not made. Five of the 8 said “forgot” or “didn’t understand that I was supposed to do it”
3)Consider possible solutions	The team brainstormed the following solutions: <ul style="list-style-type: none"> 1) Ask the secretary come to class to schedule appointments. 2) CDEs will call pts to schedule appointments 3) CDEs will write possible class dates on the board and pts will each select the one they want and turn it in. 4) Mount a large piece of paper in front of the class listing date options for follow-up class ; invite pts to write their name next to the class they’ll attend
4)Make recommendations	The 3 rd choice above was selected to try as it required not only the least amount of time, but also empowered the pt to take the action, and potentially join a class they saw a classmate / friend sign up for.
5)Implement	For the next 2 series of classes, a piece of large poster paper was mounted in the front of the class with options for 3 different follow up classes. The CDEs and scheduling staff met to discuss implementation. CDEs introduced the follow-up class sign-up at the beginning of the class and again at the end.
6)Evaluate	After the first class series, 7 out of ten class members signed up for class, and 6 actually attended. After the second series, 9 out of 11 signed up and 8 attended.
7)Maintenance	The solution demonstrated an excellent improvement, without extra staff time needing to be committed. When class members sign up for a follow-up class, they are

Plan	given the choice of two different kinds of classes, at two different times. They also can complete a reminder card for themselves to take home with them.
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Example 3: PDSA Cycle

CQI Project: For our CQI, we follow a PDSA Cycle. It is the same system our hospital uses for the rest of their departments. Here is an example of what we do.



Example 4: Reducing A1C

Plan: We wanted to see how our average A1C levels compares to national figures.

Do: We asked our IT department to run a report of last A1C levels drawn from all patients with diabetes in the past 3 months. The avg was 7.9. Our team agreed we wanted it lower; aiming for less than 7.5.

Study: We met with the doctors in the practice. We discussed ways to improve the quality of care. We talked about having more visits to the educators.

Act: We will measure again in 3 months and see if there is an improvement.

Example 5: Increasing Participation in Diabetes Support Group

Opportunity for Improvement: Increase the number of participants who attend diabetes support group. Currently the support group meets the fourth Tues each month from 6:30 – 7:30 pm

Collecting data: Participants signed in at each group and the roster lists of numbers of participants at each session was reviewed.

Analyzing data: The average number of participants over the year was 6 in 2010 and decreased to an average of 2 for the first 6 months of 2011.

Choosing new approach: Change time of support group meeting to the morning.

Implementation: Beginning 2012, the support group will meet from 10 – 11 am. It will still meet once a month on Tuesday.

Evaluate: After three months, evaluate the attendance of the program. See if it has increased.

Example 6: Increasing Participation in Diabetes Support Group

Opportunity for Improvement: Increase the number of participants who attend diabetes support group. Currently the support group meets the fourth Tues each month from 8:00 – 9:00 pm

Collecting data: Participants signed in at each group and the roster lists of numbers of participants at each session was reviewed.

Analyzing data: The average number of participants over the year was 6 in 2010 and decreased to an average of 2 for the first 6 months of 2011.

Choosing new approach: A team met to discuss the data and brainstorm different solutions. The team included 2 past support group attendees, a referring provider and 2 diabetes educators who lead the group. The following ideas were discussed:

- 1) Conduct survey of present and past attendees to determine what they like/dislike about group; assess preference for meeting times.
- 2) Talk to 4 referring providers and assess their awareness of, and satisfaction with the group.
- 3) Offer a meal or snack with the program.
- 4) Run some paid ads in the local newspaper.
- 5) Hire a part time coordinator of support groups.
- 6) Techniques to make the group feel more personal (name tags, time to socialize, participants list agenda topics)

Implementation: The group chose to do items 1, 3 (snack) and 6. The group chose to do an informal survey (the 2 past group attendees made phone calls) and determined that the time was not ideal. Past attendees were tired of “the same topics”. Plan: Will run from 7-8pm on Monday evenings; will employ several techniques to make meetings more “personal” and got small grant to offer healthy snacks and beverages.

Evaluate: For the next 3 months, attendance climbed from 2 (prior to the CQI project) to 6 to 8. Will keep reviewing attendance records and conduct brief satisfaction surveys once a quarter.

Feedback:

- 1) No. There was no data or CQI process followed.
- 2) Yes.
- 3) No. This is only an example of a CQI cycle – not an actual project.
- 4) No. There was not a clear action plan spelled out. What was the improvement initiated?
- 5) No. While there was some data (attendees at support group), the solutions were not well thought out nor was there any evidence to support if moving the time would address the problem. Additional solutions needed to be considered. This project seemed to only try to put a solution on it without really studying the problem.
- 6) Yes. Much better! Great team involvement (and inclusion of former patients); Clear, specific action plan.