CREATING A CULTURE OF QUALITY

Kaniksu Health Services

...providing its communities with affordable and accessible healthcare.

Our Strategies for Successful Quality Improvement

- **Build a culture of quality**
  - **Leadership MUST be 100% in support**
  - **Workgroups / Committees – the more involvement and participation you have in creating and driving initiatives, the more follow-through you see on the clinic floor**

- **Invest in staff**
  - **Care Team Support– need additional support on the clinic floor to allow for good patient flow, great patient experience and the time available to provide high quality care.**
  - **QI staff – Data management/ analysis, program management, strategy development and implementation**
  - **Clinical Support (CM, Referral Coord etc..) – These positions aid in creating a great patient experience, closing gaps and improving patient health and achieving the quadruple aim, but they don't generate revenue**

- **Invest in tools that give you the best data**
  - **Real time data that can be customized to fit your quality goals and external reporting requirements**
  - **User friendly**
  - **Intuitive – designed for population health is big plus**

- **Be transparent**
  - **Provide lots of accurate and current data**
  - **Remove barriers (validate, validate, validate / always working to improve data mapping)**
  - **Create action items (focus on one item at a time – drive improvement and create good habits by the staff)**
  - **Use competition / recognize and reward systems**
  - **Create tools to provide awareness/planning opportunities to Care Teams**
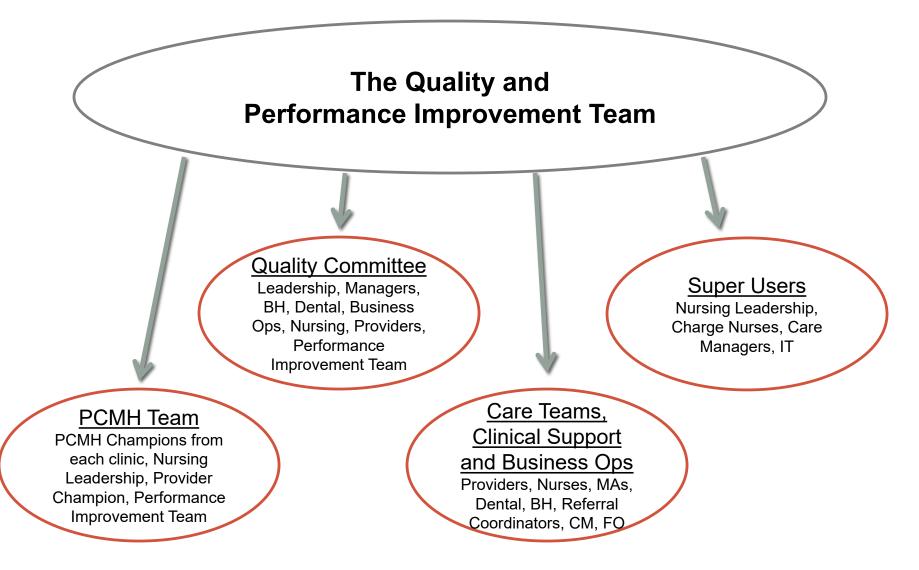
Quality and Performance Improvement Team

Clinical Quality	Population Health and Empanelment	PCMH and Patient Experience

Clinical Quality

Responsibilities

- MU compliance
- UDS compliance and improvement strategy development and implementation
- External reporting
- Data validation and report building/auditing

Population Health and Empanelment

Responsibilities

- Panel management
- Risk stratification
- Care Management panel identification and assignment
- Outreach
- Payer incentive programs – gap closure
- Pre-visit planning

PCMH and Patient Experience

Responsibilities

- PCMH compliance reviews and audits
- Identification / execution of PDSA cycles at the clinic level
- Customer service training
- Patient experience project development and management

The Team Responsibilities

- Field incoming information, opportunities, incentives, programs, grants, etc.
- Determines and presents strategies that fit within our quality culture, and "What Is Important Now"

The Flow of Information

**The Quality and
Performance Improvement Team**

<u>Quality Committee</u>
Leadership, Managers, BH, Dental, Business Ops, Nursing, Providers, Performance Improvement Team

<u>Super Users</u>
Nursing Leadership, Charge Nurses, Care Managers, IT

<u>PCMH Team</u>
PCMH Champions from each clinic, Nursing Leadership, Provider Champion, Performance Improvement Team

<u>Care Teams,
Clinical Support
and Business Ops</u>
Providers, Nurses, MAs, Dental, BH, Referral Coordinators, CM, FO

Clinical Support Services

Care Management

Care Coordinators
Duties
- Attribution
- Assist in managing controlled chronic disease / prevention
- ER/Hospitalization follow-up
- Patient education and engagement

Case Managers
Duties
- Complex condition management
- Motivational interviewing
- Strategies for self management

CM Committee Review
Duties
- Reviewing and planning for improved chronic condition management.
- (≤ 5% of the CM panel)

Incoming Quality Data

- Deliver routine quality statistics, data validation, and improvement strategies
- Develop and maintain panels for the CM program
- Identify high risk patients via payer data and internal risk stratification strategies
- Technical workflow / training documents
- Develop community resource materials
- Develop educational materials / posters / flyers / mailers

Referral Coordination
(Centralized)

Referral Coordinators
Duties
- Generating referrals for all clinics (internal and external)
- Prior Authorizations
- Closing the loop
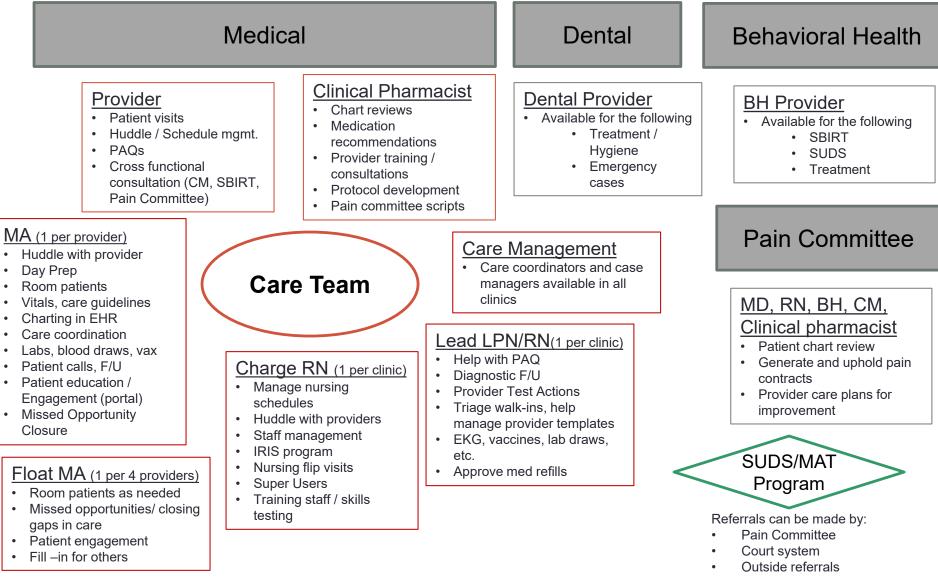- Follow-up on outstanding referrals

Patient Assistance

Coordinator
Duties
- Open enrollment
- Medicaid and Medicare assistance
- Medication and medical supply assistance
- Liaison to available community resources

Triage
(Decentralizing)

Triage Nurse
Duties
- Routing nursing calls
- True triage
- Medication refills

Clinical Teams

Medical

Dental

Behavioral Health

Provider
- Patient visits
- Huddle / Schedule mgmt.
- PAQs
- Cross functional consultation (CM, SBIRT, Pain Committee)

Clinical Pharmacist
- Chart reviews
- Medication recommendations
- Provider training / consultations
- Protocol development
- Pain committee scripts

Dental Provider
- Available for the following
  - Treatment / Hygiene
  - Emergency cases

BH Provider
- Available for the following
  - SBIRT
  - SUDS
  - Treatment

Pain Committee

MA (1 per provider)
- Huddle with provider
- Day Prep
- Room patients
- Vitals, care guidelines
- Charting in EHR
- Care coordination
- Labs, blood draws, vax
- Patient calls, F/U
- Patient education / Engagement (portal)
- Missed Opportunity Closure

Care Team

Care Management
- Care coordinators and case managers available in all clinics

MD, RN, BH, CM, Clinical pharmacist
- Patient chart review
- Generate and uphold pain contracts
- Provider care plans for improvement

Lead LPN/RN (1 per clinic)
- Help with PAQ
- Diagnostic F/U
- Provider Test Actions
- Triage walk-ins, help manage provider templates
- EKG, vaccines, lab draws, etc.
- Approve med refills

Charge RN (1 per clinic)
- Manage nursing schedules
- Huddle with providers
- Staff management
- IRIS program
- Nursing flip visits
- Super Users
- Training staff / skills testing

Float MA (1 per 4 providers)
- Room patients as needed
- Missed opportunities/ closing gaps in care
- Patient engagement
- Fill –in for others

SUDS/MAT Program

Referrals can be made by:
- Pain Committee
- Court system
- Outside referrals

Incoming Quality Data to Care Teams

Missed Opportunity Reports

Quarterly CQM Contest – data updates every 3 weeks

Huddle reports creation / maintenance

Quality incentive opportunities – Goal challenges / Nursing Pop-quiz etc..

Weekly productivity and access reports

Panel management – adjust PCP assignments based on staffing changes, patient preference and panel right-sizing via risk stratification strategies

Payer data (high risk patients, quality scores)

I2i report development- build out adhoc reports for care teams to use

Quarterly PCMH, MU, and UDS data

Coding and billing data by Care Team

PDSA / process review and update recommendations

Patient survey / focus group data

"Happy or Not" data

Technical workflow / training documents

Business Operations

Call Center (centralized / clinic)

Schedulers
Duties
- Answering incoming calls / routing
- Scheduling appointments
- Recalls
- Other centralized administrative functions

Patient Records
Duties
- Keeping patient records current with outside medical information
- Accessing records for outside care

Incoming Quality Data

- Deliver routine quality statistics, data validation, and improvement strategies

- CQM contests – data updates, strategies for success

- I2i Reports – wait listing, AWV scheduling, Portal Enrollment data, etc.

- "Delighting the Patient" training, Improvement Strategies,

Front Office / Reception

Reception
Duties
- Admitting and discharging patients
- Taking incoming clinic calls
- Scheduling appointments
- Patient demographic data
- Portal Enrollment
- Patient surveys
- Recalls / Wait list / AWV
- Patient Engagement and Ed
- Clinic administrative functions

Front Office Lead
Duties
- Staff training and oversight
- Provider / RN Huddles
- Maintaining the PCMH culture
- Cross functional liaison
- Keeping the front office stocked, orderly and information current
- Maintaining quality standards

Quality Committee

Leadership, Managers, Behavioral Health, Dental, Business Ops, Nursing, Providers, Performance Improvement team

- **This group meets monthly and is led by the Director of Quality and Performance Improvement**
- *The goal of this team is to provide guidance, create buy-in and awareness, improve communication, and approve/design process.*

- \- Program review and update on new or upcoming initiatives: PCMH, MU, UDS, Medicare Advantage Incentive Programs, ACO.

- \- Additional quality improvement strategies / grant opportunities (SHIP, CDC, PHD)

- \- Patient Experience Project Review ('Happy or Not' results, survey data, focus group data)

- \- Safety and risk management review (Quarterly)

- \- PCMH Quality Improvement Plan review (Quarterly)

- \- Process change / creation proposals (from quality/efficiency reviews, new requirements or patient feedback)

- \- PDSA design (create subcommittees from the Quality Team mtg.) and review of completed PDSA's

- \- Patient Outreach update (review proposed letters, review ROI stats from previous outreach)

- \- Policy review (as needed)

PCMH Team

PCMH Champions from each clinic, nursing leadership, provider champion, Performance Improvement team

- **This group meets monthly and is led by the Director of Quality and Performance Improvement and the PCMH Manager (Team exists for the 12 months prior to attestation to NCQA, in the future this will be an ongoing meeting as we commit to 2017 Standards)**
- *The goal of this meeting is to train our clinic champions on PCMH requirements, how we meet those requirements and how to sustain those processes' over time.*

- - PCMH A – Team members take the survey quarterly to assess improvement in practices and in PCMH Champion understanding of the material.

- - Standard review – study the requirements, teach the Champions how to document compliance and have them gather the documentation from each clinic to present at the following meeting.

- - Current process review – review the process practiced by each clinic, identify areas of standardization opportunity and determine efficiencies/ effectiveness. From here we will take the time to redesign processes or work to document the best practice – PCMH Champions would be responsible for implementing this new process at their clinic or run PDSA's to determine how to move forward.

- - Teach Champions the importance of patient satisfaction, how to survey effectively and how to ensure high standards are being kept across all locations.

- - Review of patient survey data / secret shopper program etc...

Super Users

Nurse Leadership, Charge Nurses, Care Managers, IT

- **This group meets monthly and is led by the Clinical Quality Analyst**

- *The goal of this meeting is to train our charge nurses and care managers from each clinic in proper documentation and process to meet quality metrics (MU, UDS, PCMH), to teach necessary technical skills (i.e. Excel training), and to keep current on the EHR software updates and abilities; this group meets monthly.*

- - Review current UDS data, alert Super Users of any training needs for new staff members or existing care teams.

- - Review MU data – make strategies for improvement.

- - Review PCMH Work plan by location – identify resources needed for individual clinic improvement.

- - Discuss any report writing requests by clinical staff.

- - Offer end user training in i2i / excel / NextGen.

- - IT Manager reviews any upcoming or recent upgrades to our EHR.

- - Review Missed Opportunity Reports – identify potential opportunities for mapping corrections.

- - Review current CQM contest data – work out potential barriers to success.

- - Open forum discussion between Super Users to identify best practices and/or barriers within the EHR.