



RAPID

Reporting Assistance and Process
Improvement Discussion

Session 4

Vision: Healthy Communities, Healthy People



Agenda

1. Takeaways from SME Session 2 on Aug. 28th.
2. Review action work
 - a. Selected interventions
 - b. SMARTIE goals
 - c. Consider how these will evolve
3. Takeaways from across the sessions and across the cohorts
 - a. Validation
 - b. Piloting
4. Action work following the series
 - a. Go forth with your intervention
 - b. Monitor progress on your SMARTIE goal
5. Preparing for success session in 3 months!




Recap of Action Work from Prior Session


Action Work Before Session 4

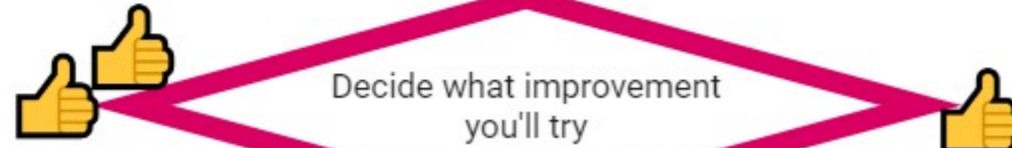
1 Select an improvement that you will try out to improve your performance on this measure




- Clearly define the improvement you'll try
- Explain how this improvement addresses the problems laid out in your problem statement and process review.
- Explain how the improvement takes into account the external environment.

2 Draft Your SMARTIE Goal

- Your SMARTIE goal will spell out the goal of the improvement outlined.
 - It should tie directly to the other work you have done so far.
-  Meaning, you want to set a goal related to the problem statement you wrote, areas where patients are not meeting the measure, and improvement selected.

In your health center, discuss possible improvements to address problems/ challenges identified. 



 Work through SMARTIE goal action plan worksheet with your team.  

Document selected improvement and related SMARTIE goal in SMARTIE goal worksheet. Complete the rest of the worksheet.

Email your SMARTIE Goal Action Worksheet. 

How did it go?

Drop an emoji on the diamond to the left, indicating how you did deciding on an improvement to address problems identified.



Then, drop an emoji on the shape to the left, indicating how creating your SMARTIE goal for your improvement went.

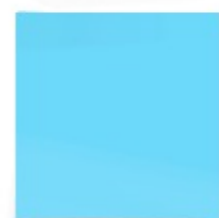


Then, share why you selected what you did-- share the details of what went well, what didn't, and what was stormy!

What did you select for an intervention?

What change did you decide to test? Why did you choose that; what part of the problems you have identified does that change address?

What intervention did you choose to make?	Why this change; what problem does it address?
<p>ensure consistent documentation of externally performed mammograms to support accurately mapped results and services provided in our EHR.</p> <p>Creation of "boobie pass" to help remind patients to schedule their mammograms on the way out after their exam</p> <p>Staff education/training at all levels</p> <p>Ensuring all patients are completing HIE consents so we can pull screenings from outside orgs.</p> <p>Working on a process that captures the completed screening, and getting the information entered in our system.</p> <p>Close open mammogram referrals</p>	<p>Utilizing HIE supports obtaining accurate reflection of cancer screening status</p> <p>to ensure correct documentation and report/data retrieval</p> <p>we have screenings being completed, that we didn't have captured in our system.</p> <p>Close the referral loop</p> <p>Patients not returning for mammogram screenings</p>



Forces for Change



Driving Forces

What forces support or encourage this particular change?

CMO and QI team committed to improving the measure and providing resources if needed

Clinician and leadership support: All staff understanding the importance (the "why") of these efforts

Providers and other staff understanding the steps needed to follow to the completion of a patient's mammogram



Restraining Forces

What are the headwinds or challenges that you will face?

multiple, competing priorities among the team responsible

manual process - pulling report of completed, and manually entering when completed

Rooming staff feeling they are at capacity; limited time with rooming staff without taking too much time from clinician

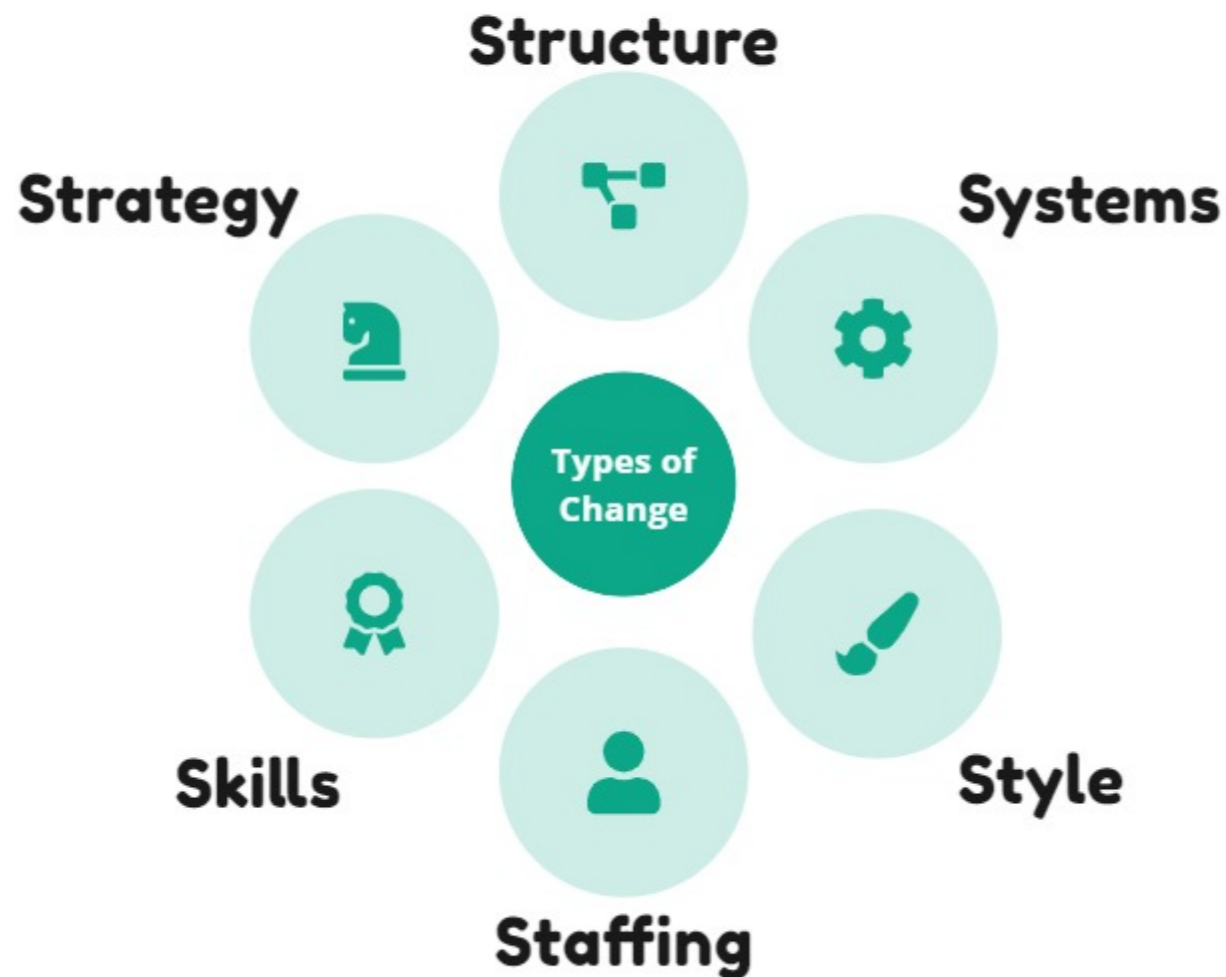
aligning several moving parts

depending on the availability of mammogram appts at imaging locations since we do not do mammograms ourselves



What trends do you see in the changes shared?

From what your colleagues shared on the last slide, and what you considered in your own organization-- what trends or commonalities do you see?



Key Takeaways & Risk Mitigation Strategies

Communication



It is important to communicate about the change that you are testing and why, including how broad the test will be and how it will be determined if the test works.

Validation



All data and information used to determine change to be made or to monitor on an ongoing basis must be validated-- simply trusting that data reflects the work being done is not enough!

Piloting



If you are familiar with PDSA cycles, you know that the focus is small tests of change. This ensures that you don't retrain or make other big investments before ensuring the change works as expected.

Storytelling



Many people don't love data, and especially don't love when data is used to tell them how well or not well they are doing. Using patient and staff stories to reflect the importance of this work is much more meaningful!

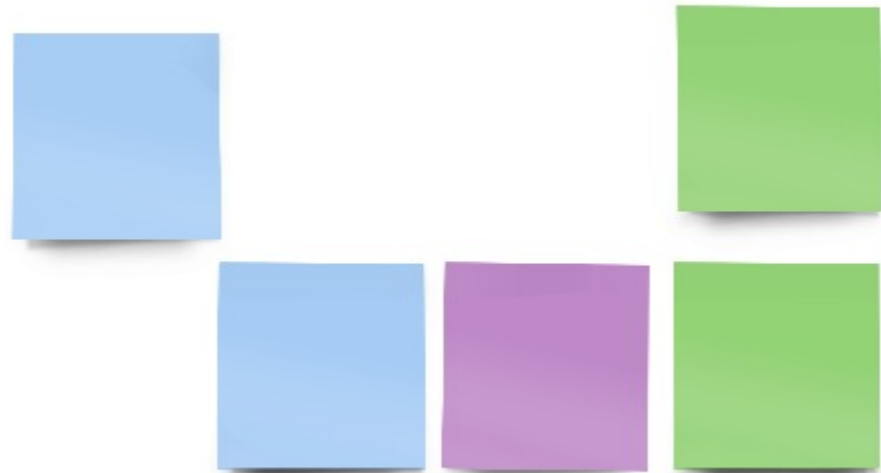
Reminder of SMARTIE Goal

Strategic	Reflects an important dimension of what your organization seeks to accomplish.
Measurable	Includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).
Ambitious	Challenging enough that achievement would mean significant progress; a “stretch” for the organization.
Realistic	Not so challenging as to indicate lack of thought about resources or execution; possible to track and worth the time and energy to do so.
Time-Bound	Includes a clear deadline.
Inclusive	Brings traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.
Equitable	Includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression.

How will your measure change against your SMARTIE goal?



- What will you measure?
- How will you measure it?
- When will you measure it?
- Who will be responsible for that?



How do you see successful change impacting your work?

Roles

Teamwork

Duties

can focus on another UDS score that needs improvement

We will see an overall increase in breast, cervical and colorectal cancer screenings satisfied at outside organizations

new process mapping will hopefully improve future compliance rates

It will allow us to know that new systems are working, and we are able to work on our next clinical quality measure



What comes next?



Step 1

Implement your change!
Be sure to include communication, validation, piloting, and storytelling!



Step 2

Monitor and measure, particularly against your SMARTIE goal.



Step 3

Review progress with your team regularly.



Step 4

Iterate as needed based on team response and monitoring results



Step 5

Join the Success Session, three months from now to share how it is going!

Final Session: December 11th 2-3pm ET



- Action work between now and then is to go forth with your change!
- At our success session:
 - Share how your change and progress on your SMARTIE goal is going.
 - Strategize on how to *sustain* change.



**Thank
you!**

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**Talk to you
in 3 months!**

