

RAPID

Reporting Assistance and Process
Improvement Discussion

Success Session



Agenda

- **Welcome Back!**
 - Recap of measure and planned improvements
- **Sharing progress in the past 3 months**
 - Successes
 - Challenges
 - Recommendations
- **Where to go next**
 - Adopt, Adapt, Abandon
- **Harvest and spread results**
 - Embedding change
 - Sustaining success
- **How will we continue**



Recap of Planned Improvements

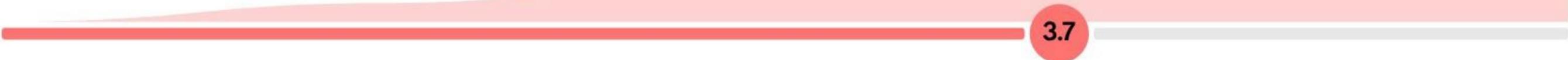
1. Each group **selected an intervention that addressed a specific problem or barrier** identified for their health center's performance on the measure.
2. Forces that might **support** or **hinder** the selected improvement were identified.
3. **SMART goals** were developed.
4. A **plan to monitor and measure** the outcomes of the implementation was created for each health center.
5. Everyone shared how a **successful change** would impact their work.

How did your planned changes go?

Our planned change went well



Our planned change was adopted with relative ease



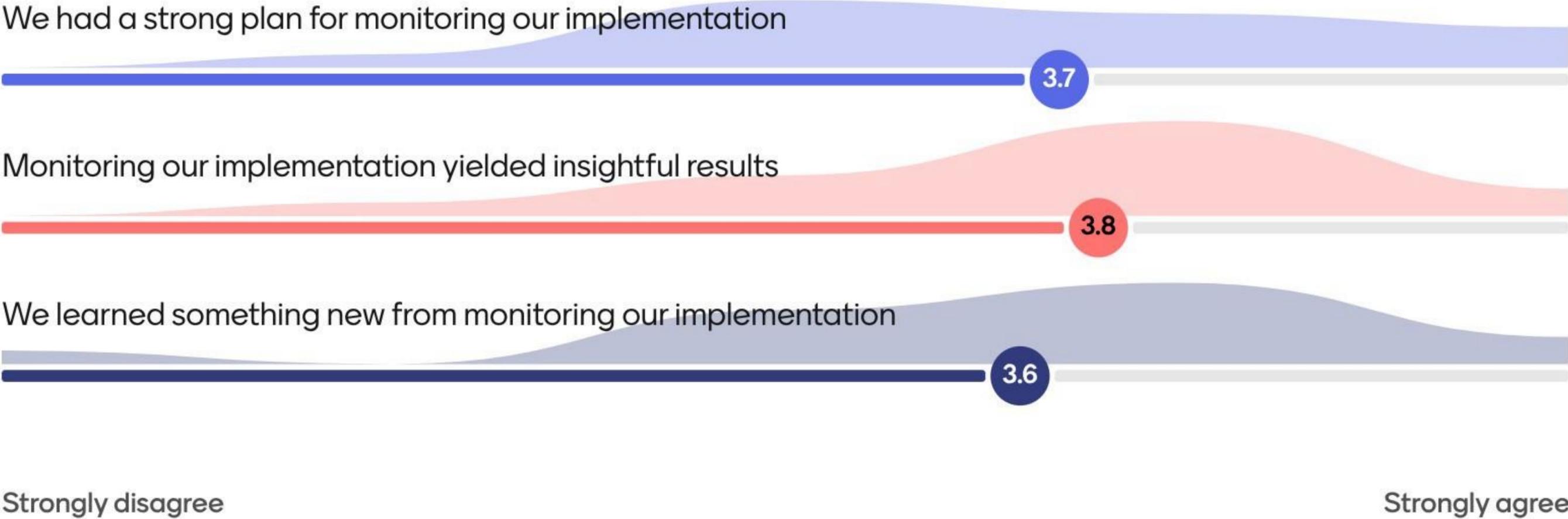
Our planned change yielded results



Strongly disagree

Strongly agree

How did monitoring your implementation go?



Rose, Thorn, Bud Exercise

The goal of this exercise is to help you understand what's working, what's not, and areas of emerging opportunity. The goal is to find commonalities among what you and your peers experience, and share more about those areas where people are having diverging experiences.

How to do it:

- On the next few slides we will use mentimeter to identify:
 - **What went well (Rose)**
 - **What did not go well and continues to challenge (Thorn)**
 - **What is showing promise and needs additional cultivation (Bud)**
- Once done with the exercise we will cluster similar themes together for discussion.

Rose - What went well?

Pilot care team ran with the new flow. Great provider champion really helps

coordination with providers, lab, QI and administration.

Increase awareness for staff and patients Increase comfort with discussion with discussing the topic One site yields outstanding result Develop better system for screening Fun for staff

Worked well with the team who was excited to participate and try something new and different.

Getting everyone on the same page. Discussing with the clinical staff the importance of the measures and giving them the knowledge to discuss with the patient the importance

Clinic staff was receptive. Had great planning discussions.

Identifying the problem and using this to identify goals.

Team members participated and helped move the project forward.

Rose - What went well?

The team (leadership, providers, lab) was very receptive to adapting and incorporating the change to the new workflow

Demonstrate the importance of support staff to contribute to the result

Using this process to have those initial conversations to address barriers and identify goals

Patient interest and engagement

Patient participation

last minutes changes by providers on how they wanted to handle this.

Thorn - What did not go well (& continues to challenge)?

Resistance to change

Patient interest and engagement

Not necessarily a thorn, but unclear how consistently the new workflow will be followed given providers' time constraints.

Still having issues with some of patients refusing the testing as "they do not need this testing"

Not meeting the SMART goal is discouraging Intervention cannot compete with additional priorities Affect appointments and productivity

Patient participation & response

Variable results at different site

Patient's coming to the appointments and understanding the importance of prevention.

Thorn - What did not go well (& continues to challenge)?

Took more time than expected to get going. Providers wanted varying protocols.

This wasn't a challenge - we didn't experience the resistance to change _Rose

last minute changes by providers on how they wanted to do things

Time constraints and resistance to change.

lack of support from leadership/team due to competing priorities

Bud - What is showing promise?

It has potential for being a nurse-driven protocol.

Self swabs are starting to become adopted by providers

This is something we can continue to refine and offer for a long time to come. Having another alternative for our patients to get their screenings done is always a good thing.

We now know what does not produce the results we're looking for. We can try something else

Has carried out "Study" phase during staff meeting to learn from the successful site on how they do so well and how to improve the process in the other sites

The providers and staff engagement. We started to have patients requesting a pap during the visit

BH staff, counselors, support staff now know how to invite patients to screening

Increase numbers of PAP scheduled

Bud - What is showing promise?

Tracking results to completion and managing and investigating canceled tests

Where To Go Next!

Sustaining success when you find it



Review qualitative and quantitative data related to the change.

Seek to understand experiences of those involved (e.g. focus groups or interviews). Compare the information you have to predictions and goals.

Did the change/improvement work?

Did it have the intended effect? Did it progress you toward your goal? Did it do so without making people's work notably harder?

Act!



ADOPT

- When the pilot resulted in the desired outcome
- Expand pilot, and begin embedding into health center systems and processes

ADAPT

- When the pilot resulted in some positive outcome but not the exact goal
- Tweak the pilot and test again

ABANDON

- When the pilot did not result in the desired outcome
- Discontinue and ensure that it has not remained embedded in systems or processes

Principles Driving Sustained Improvement

Embedding Change

- Standardize what makes sense
- Ensure accountability
- Visual management
- Have problem solving tools
- Escalating problems
- Integration across organization



How have you standardized your workflows?

Created a protocol on how to identify patients eligible for self-collected HPV screening and trained providers on how to place the order and how to address the result.

created standard operating procedures (SOPs)

Not so formally yet; we need to have follow up discussions about this and the entire endeavor; where to go from this juncture.

We have OBGYN templates to track screenings, so training or retraining on using the templates across service lines is our primary focus right now

Utilizing Chart Prep (PVP) Report

Celebrate the site that is able to gain result by following the work flow, encourage staff to learn their success

Follow-up: What are some additional ways you may standardize your workflows?

written policy updates
pre visit planning
define responsibilities
identify where it fits
consistent reporting
use staff to help remind
celebrate staff success
staff buy in
clarify screening options
revisiting the why
discuss with team
monthly dashboard
self collect hpv testing

Principles to Embed Improvement

Ensure Accountability

Accountability for *standardization* needs to be ensured through systems of routine review across every level of the organization.

Ex: provider score cards, peer chart reviews



Visual Management

Be sure there is visual sharing of *status improvements*.

Ex: Dashboards, data presentation at regular meetings, thermometer showing progress



How are you ensuring accountability?

Not sure how to tackle that.

Regular meetings.

Providers get reports regularly on their individual quality performance measures. Will monitor for (hopefully) improvement as we get further into implementation.

Regular check ins

Review data monthly to monitor improvement

Updating on performance regularly

Audit user access reports/PVP

monitoring, tracking ,and data sharing at the regular monthly team meetings

How are you using visual management?

The use of scorecards

Posting graphs on the quality board and sharing monthly graphs at the team meetings

data trend reports by provider

Monthly dashboards sent out

Review data at QI meetings

QI dashboard is posted in the staff lunchroom

Problem Solving Tools

Staff - particularly those implementing - must have tools and bandwidth for addressing problems.

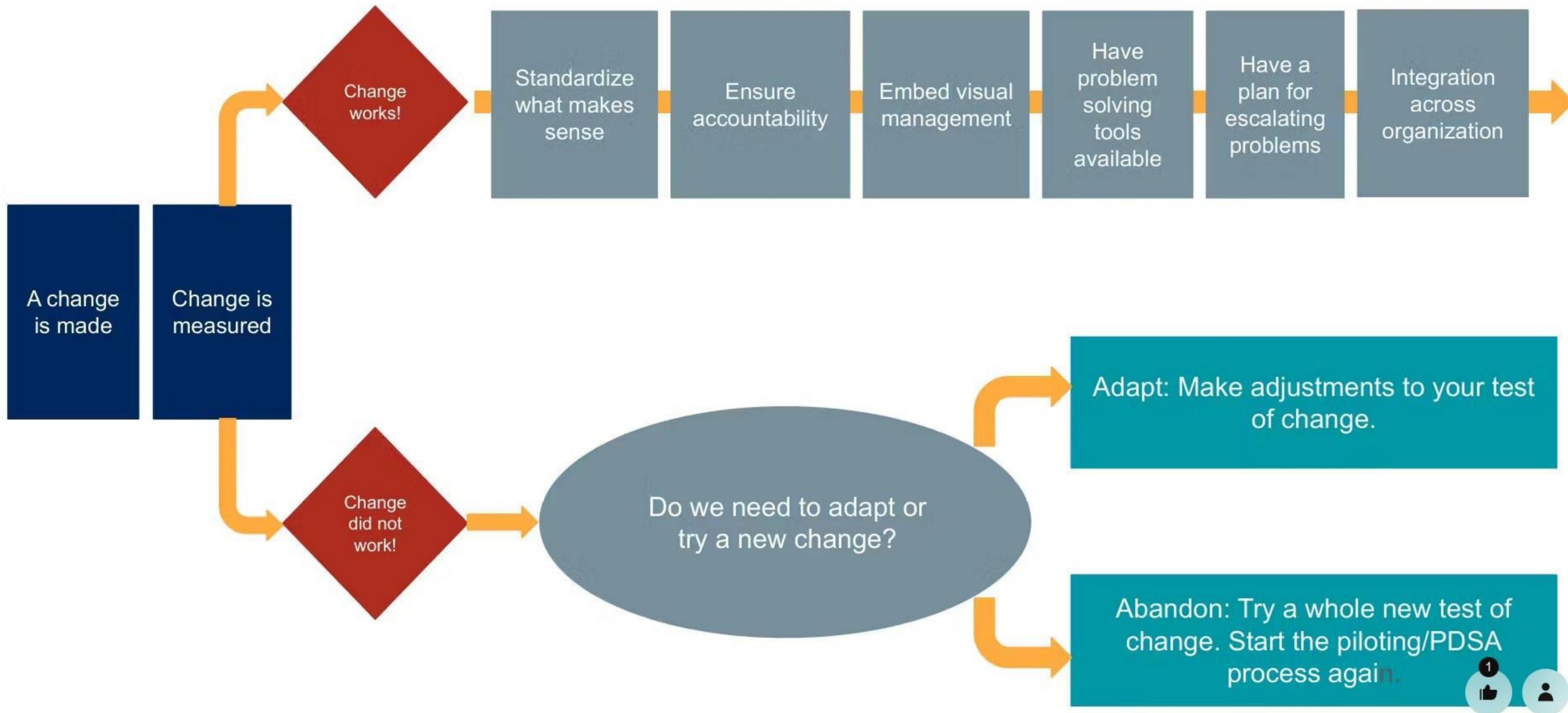
Escalating Problems

Protocols must exist for problems that cannot be solved at the front line to be escalated to the right level in the right time frame.

Integration

There must be alignment across initiatives as well as levels, sites, departments around the goals and systems.

Recap: Where you will go from here



Assistance Available

UDS Support Center

- Assistance with UDS reporting content questions
- 866-UDS-HELP (866-837-4357)
- udshelp330@bphcdata.net

HRSA Call Center

- Assistance with EHBs account and user access questions
- 877-Go4-HRSA (877-464-4772), Option 3
- <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

Health Center Program Support

- Assistance with EHBs electronic reporting or EHB account issues
- 877-464-4772, Option 1
- <http://www.hrsa.gov/about/contact/bphc.aspx>

GeoCare Navigator

- Assistance with the online service area mapping tool
- <https://geocarenavigator.hrsa.gov/>

Thank You!

Contact:



udshelp330@bphcdata.net or [BPHC Contact Form](#)



1-866-837-4357

