

Urgent Care and Quality Improvement

Dipa Saha MD, FAAP



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Financial Disclosures

- I have no financial disclosures

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Learning objectives

- Define Quality Improvement
- Essentials on forming QI question
- Essentials of a QI team
- How to earn MOC part 4 through ABP

What is Quality Improvement?

- A formal and systemic data guided approach
- Continuously improving health care and patient outcomes

William Edwards Deming (1900-1993) – Father of Quality statistician and business consultant

- Helped hasten Japan's recovery after the Second World War and beyond
- Introduced the concept of Plan Do Study Act (PDSA) cycles

Audience Question Quality Improvement

- How many of you have participated in a formal QI study
 - A – Only as a hand washing project through ABP for MOC
 - B – Quality and Urgent Care don't go together, who has the time lately??
 - C – Yes, several and so psyched to learn more

What is Quality Improvement?

- Was part of many industries before it came to healthcare
- Quality improvement continued to evolve throughout the 1950s and '60s both in industry with Toyota Production Systems' emphasis on decreasing variation
- Health care with the adoption of review committees such as the Joint Commission on Accreditation of Healthcare Organizations



HOW TO DO QI

- Multiple models for organizing quality improvement projects
 - Lean Six Sigma's Define
 - Measure, Analyze, Improve, Control
 - Institute for Healthcare Improvement's Plan-Do-Study-Act (PDSA) cycles

QI is not research

Focus on establishing the baseline performance of a process before formulating and implementing an intervention.

QI intervention leads to change.

QI is to improve care in the context of health care

QI is not research

A key difference between quality improvement projects and traditional research

Dr Deming described 2 types of studies:

- (1) “enumerative” studies done on a static population
- (2) “analytic” studies done on a dynamic or real-life process tracked over time

QI is not research

Traditional research statistical analysis requires a static control group to compare with an intervention group

QI focuses on a “stream” of people/patients exposed to a process over time

DO NOT control how many, or which type of, patients

QI statistical models analyze

- if changes are due to random variation
- if they are true markers of change

QUIZ TIME

Two arms of a study, randomized, matched for age, sex, socioeconomic, status, one arm exposed to drug and another to placebo.

A: Research

B: QI

The point of this slide is even if you hate research, you may love QI



How to get started with QI

- Are you willing to make the change you propose yourself?
- Are you willing to put the energy/time in needed to create the change?
- Look for clinically important problems – Will the change you are looking to make impact those you are helping to care for?

How to get started with QI

- Will it help team members provide better care?
- Determine if the problem can be solved
- *Do you or your system have the resources available to create the change you seek?*



Building your QI team

- Cannot be done by a SINGLE person
- Often involves system change (as identified by examining the problem)
- Prefer to have a QI champion
- Family representation
- Medical assistant/Nursing
- Lessens the burden of change
- Someone as an advisor (preferably with QI experience)



Together who you can cultivate a culture of change



WHAT should you change?

All improvement requires change, but not all change leads to improvement

Sources of Ideas

Literature

What does the literature suggest is an existing or emergent best practice?

Other Practices

What changes have other practices implemented successfully that you could try?

Team Input

Have all relevant personnel been given the opportunity to suggest changes to consider?

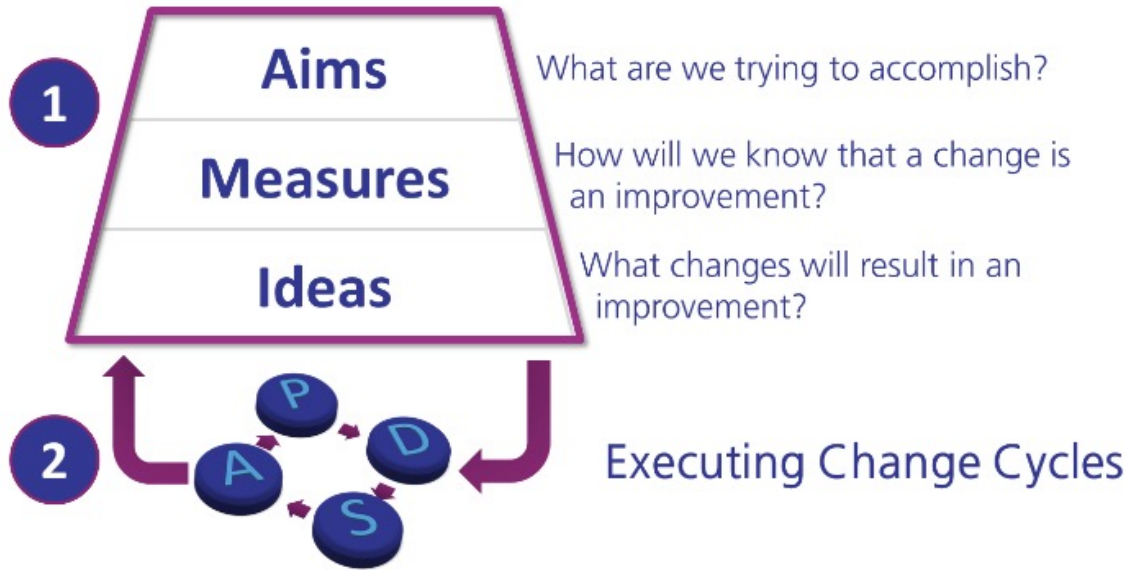
Low-Hanging Fruit

As you gather your ideas for change it's a good idea to begin with the simplest ideas first.

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Provides a systematic approach for planning, doing, studying, and acting on results of changes.



*The Model for Improvement is the most commonly used QI approach in health care. It was developed by the Institute for Healthcare Improvement (IHI) in 1996 and published in *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (1996).*

IHI Model for Improvement

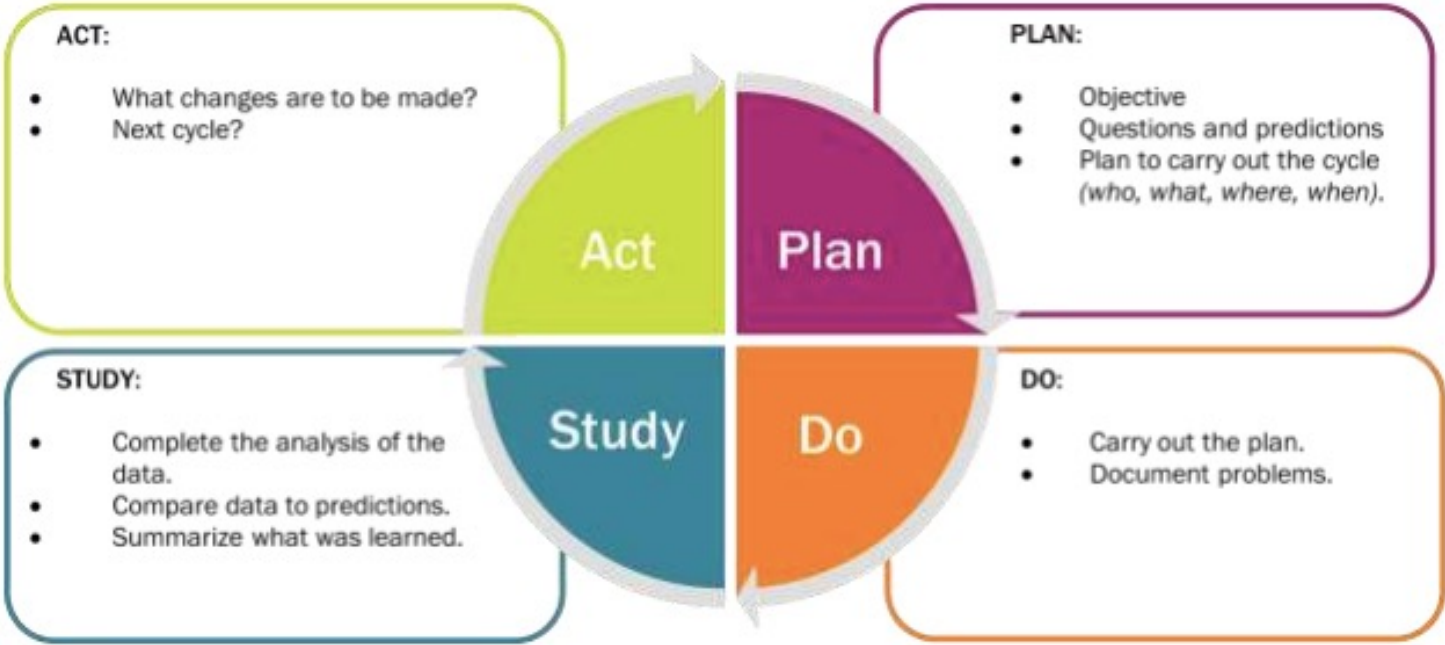
AIM: Has to be very specific

- What are you trying to change?
- By when?
- By how much?
- In what population?



PDSA

PDSA Cycles typically have four steps: Plan, Do, Study, Act



Once these forms are completed, they document each step of each test of change, as illustrated below:



Choosing your PDSA

Plan – Low hanging fruit – think easiest, smallest change

Examine the problem

- Cause and effect/fishbone diagram
- Key driver diagram
- Prioritization matrix

Choose intervention

DO the intervention

STUDY

ACT: Adopt/Adapt/Abandon



AIM example – what are you trying to change?

For children > 3 months of age at PM Pediatrics who are treated for urinary tract infection increase percent use of narrow spectrum antibiotics from a baseline of 24 percent to a goal of 80 percent by August 30, 2021 and sustain that goal for 6 months

Good AIM?

Example 1: Want to increase the documentation of allergies.

Example 2: Increase the documentation of allergies in patients from 50 to 85 percent in all patients seen in our east branch Urgent care and achieve the goal by 6 months



Decrease Rapid Strep Swab in the Urgent Care
 Project Leader: Dipa Saha, Christi Bally,
 Daniela Humphrey

Aim
 Decrease number of total rapid strep screens per 1000 sick visits in 0-21 yr. old patients seen at NCH offsite UCs, from baseline of 295 to 148 by 9/30/17 sustain for six months.

Key Drivers

Staff Education

Education Materials

Protocol

UC Culture

Interventions

Nursing and physician presentations on overview of streptococcal infections

Post antimicrobial stewardship posters in each of the Urgent cares

Updating current Helping Hand on sore throat and Strep pharyngitis

Epic supported LPIP

Have a new LPIP in place which includes both inclusion and exclusion criteria for when to strep swab.

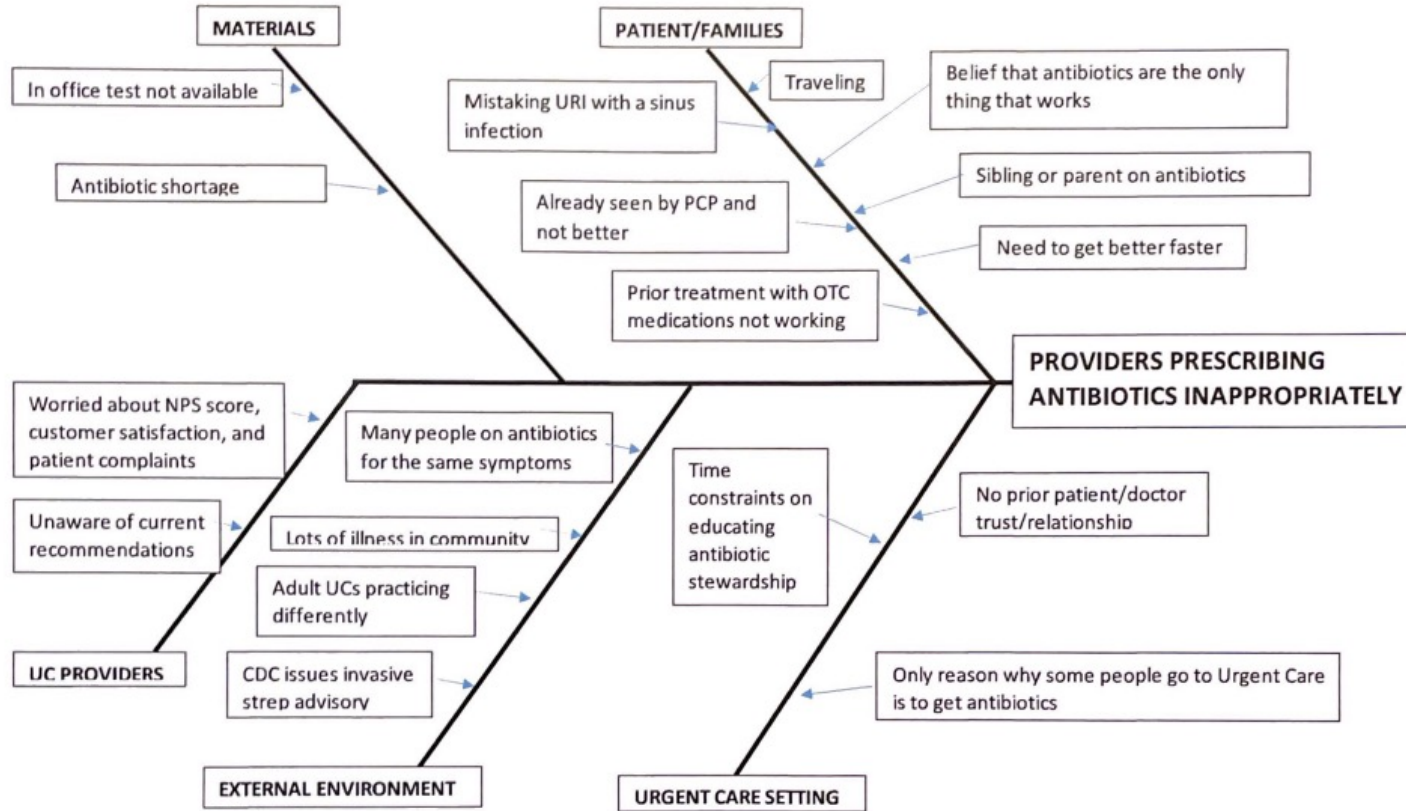
Community awareness of QI project and stewardship

Assessing baseline culture of swabbing among nurses via online survey

Updated 5/24/2018



Fishbone diagram



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MEASURING

Benefit of Measures

1. Establish a baseline
2. Identify gaps
3. See trends
4. Quantify change
5. Determine next steps

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Types of Measures

Outcomes

- The overall desired end results of health care

Process

- The actions that change to improve patient outcomes

Balancing

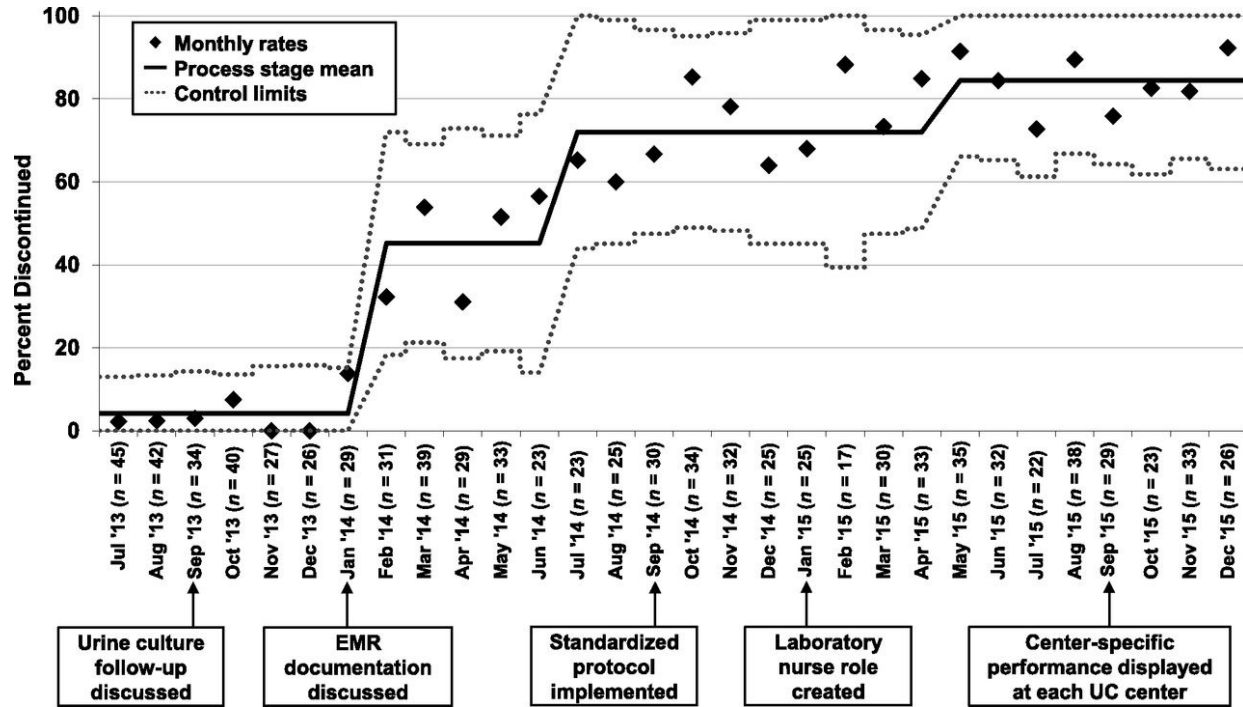
- The unintended consequences of change

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Pediatrics. 2017;139(4). doi:10.1542/peds.2016-2103

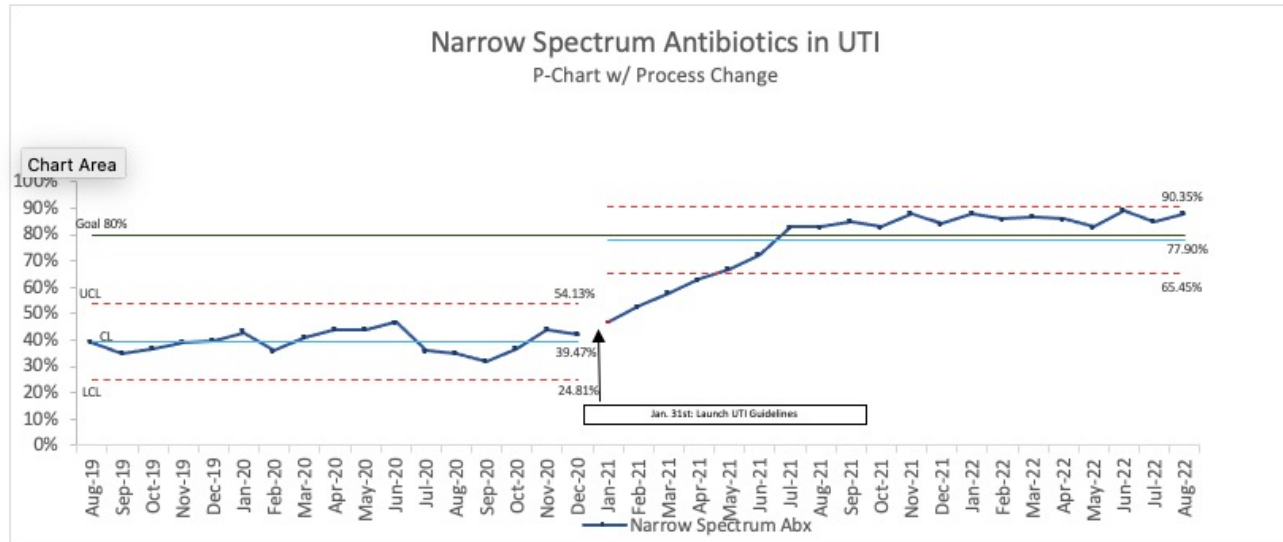


The Shewhart p-chart demonstrates the monthly antibiotic discontinuation rates for patients who were treated empirically for a UTI but had a negative urine culture result. Interventions are indicated below the chart with arrows designating the time each intervention occurred.



MEASURE

Results



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MEASURE

Improvement Idea	Outcome Measure	Process Measure	Balancing Measure
Improve timely delivery of pain medication to children in the ED with obvious long bone fractures	Average pain score one hour after arrival to the Emergency Department	% of eligible patients receiving IV narcotic within 45 minutes of arrival to the ED	# of patients who left without being seen in the Emergency Department
Improve the application of fluoride varnish to eligible patients in a primary care clinic	% of eligible patients that receive fluoride varnish at well child visit	% of eligible patients with documented oral health risk assessment and dental exam	# of health care providers bitten during application



Can you do QI in the Urgent Care?

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YES

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I WANT TO A QI PROJECT, NOW WHAT

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WHAT DO YOU NEED for your UC

Motivation to change – you are typically improving your care of the patient

A good team/leader/champion – fosters a culture of change/growth mindset

Anchor like MOC part 4

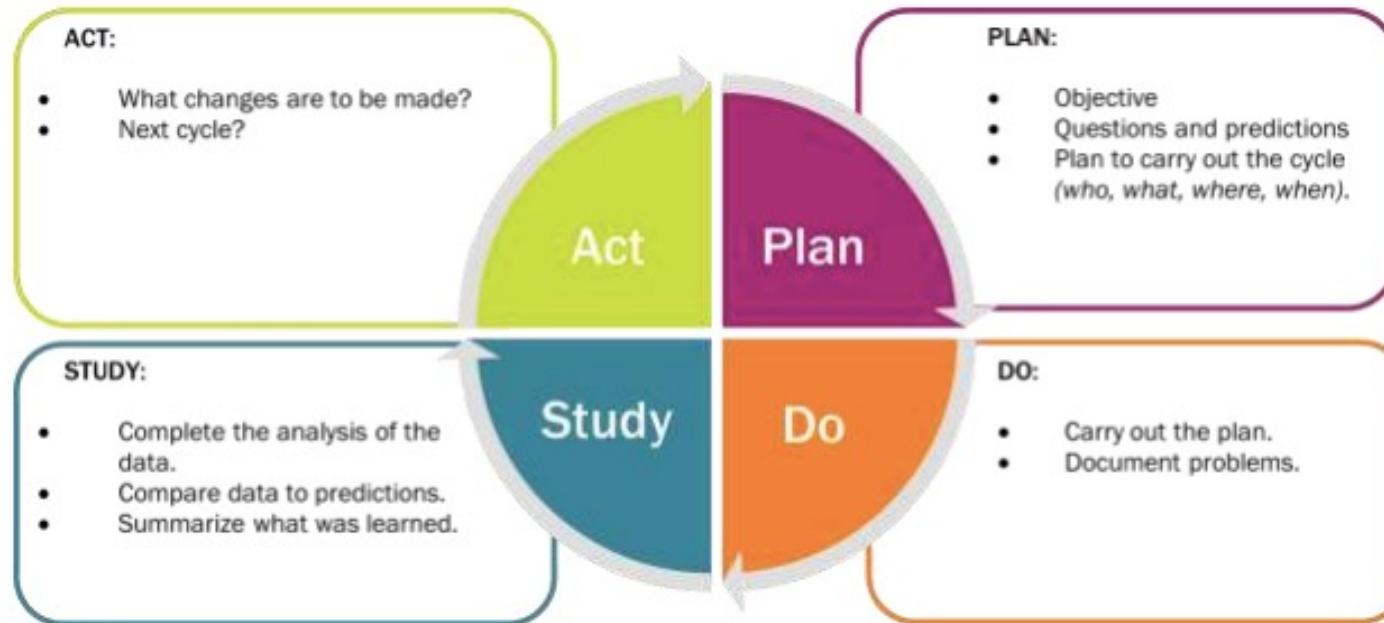
Can tie to accreditation from UCA

KNOW that it is possible in your organization



PDSA

PDSA Cycles typically have four steps: Plan, Do, Study, Act



Once these forms are completed, they document each step of each test of change, as illustrated below:



EQUIP AAP QI module

EQIPP Helping You Improve Care for Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

EQIPP Home QI Basics EQIPP for Residents EQIPP for Groups

What is QI Basics?

The New and Improved EQIPP: QI Basics 101 course designed to enhance your QI Knowledge base is now Live! This new video-based course offers a personalized experience, actionable insight, active learning with a review mode teaching the theory of Quality Improvement. Log in and check it out today!

Included in every EQIPP course is The Quality Improvement in Pediatric Care (referred to as **QI basics**) course. The course, **which is a prerequisite for all EQIPP courses**, ensures all participants receive a strong education in fundamental QI principles and concepts needed to systematically and continuously improve practice processes.

QI Basics introduces the Model for Improvement, a systematic framework for improving patient care. The Model is used in all EQIPP courses and involves running small, successive tests of change through Plan, Do, Study, Act (PDSA) cycles. These small-scale PDSA cycles enable participants to quickly test their ideas for change on a small scale to help determine if they lead to improvement. Successful changes can then be expanded to other areas and/or implemented in practice.

Course faculty have no relevant financial relationships with the manufacturers of any commercial product or providers of commercial services discussed in this CME activity.

For more information about QI Basics, contact equip@aap.org

Welcome

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PUCC @ UCA
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Institutes of Health

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Quality Improvement Essentials Toolkit

Institute for Healthcare Improvement
Boston, Massachusetts, USA



IHI's QI Essentials Toolkit includes the tools and templates you need to launch a successful quality improvement project and manage performance improvement. Each of the ten tools can be used with the Model for Improvement, Lean, or Six Sigma, and includes a short description, instructions, an example, and a blank template.

The QI tools include:

- Cause and Effect Diagram: Also known as the Ishikawa or fishbone diagram, this tool helps you analyze the root causes contributing to an outcome.
- Failure Modes and Effects Analysis: Also used in Lean management and Six Sigma, FMEA is a systematic, proactive method for identifying potential risks and their impact.

MORE ON THIS TOPIC

[Enhancing Quality Improvement Adoption in US Nursing Homes »](#)

[Effective Quality Planning »](#)

[Fundamentals of Health Care Improvement: A Guide to Improving Your Patients' Care »](#)

[An Integrated Approach to Quality »](#)

[Better Maternal Outcomes Quality Improvement Workbooks »](#)

[View All »](#)

FEATURED CONTENT

[The Science of Improvement on a Whiteboard! »](#)

[WIHI: Seven Popular Improvement Tools: How \(and When\) to Use Them »](#)

[Patient Safety Essentials Toolkit »](#)

UPCOMING PROGRAMS



AAP Section of Urgent Care has QI collaborative

- Reach out and see if you can join
- Many multi-center studies, can enroll your site
- Opportunities to learn about other Urgent Cares
- Network
- Can contact
- AAP membership



Don't want to reinvent the wheel...

ABP has a list:

- See the list of [Pediatric Portfolio Sponsors](#) (login required).
- See the list of [ABMS Multi-Specialty Portfolio Program Sponsors](#).



What You Need and Next Steps

	PROJECT SIZE	
	1-10 physicians	10+ physicians
What you will need to submit a QI project to the ABP	<ul style="list-style-type: none"> 💡 Checklist for 1-10 physicians (PDF) 💡 Application questions (PDF) 	<ul style="list-style-type: none"> 💡 Checklist for 10+ physicians (PDF) 💡 Standards for Approval (PDF)
Ready to apply?	Submit your completed project (login required) and \$75 processing fee per project (credit card only).	Log in to our online application and review system .

Submit all applications by December 1 for guaranteed initial review before MOC cycle deadline.



How you can drive change:

- QI is fast, doable, reflective of real life
- Institute a culture of change
- You can do it, other UCs have
- Lot of resources available

DRIVING **CHANGE2023**

Session Evaluation

- Your feedback is valuable, take a moment to complete the survey for this session.
- To claim CME, you must complete a separate survey available after the convention.

* How likely are you to recommend this **content** to a colleague?

Not likely at all Neutral Extremely likely

0 1 2 3 4 5 6 7 8 9 10

What did you find most valuable about this **content**?

What would have made this **content** better?

Thank you!
Questions?
Concerns?
Suggestions?
dsaha@pmpediatrics.com

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The ABP QI guide

The Equip AAP QI course

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