

# Practical Quality Improvement Strategies in a Busy Community Clinic

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# Quality – define it

- Fostering a culture of excellence
- Prioritizing person-centered, trusted care
- Engaging the larger community to serve our neighbors better
- Offering cost-effective services based on best practices and aligned with national standards

# Key Factors

- Team-based solutions
- Judgment free zone
- Comparison data
- Data-based decision making

# Pick Your Issue

- What matters most to your board?
- What matters most to your staff?
- What matters most to your patients?
- What matters most to your key stakeholders – volunteers, donors, community partners?
- What processes or outcomes are critical to the success of your organization?

# The Church Health Improvement Story

- Our issue: Hypertension control
- Our setting:
  - Patient-centered medical home
  - Good appointment access
  - Super smart doctors
  - Committed staff
  - We love our patients and our patients love us

# November 2012: Data Shock



**35%**

# Stages of Data Grief...

1. Denial – The data is wrong.
2. Anger - The data is right but it's not MY problem!
3. Bargaining – The data would be right if we could take out this bit here, tweak this range there...
4. Depression - The data is right, but there's nothing we can do about it...
5. Acceptance – The data is right, and it's our responsibility to get working on improving it.

# The Plan

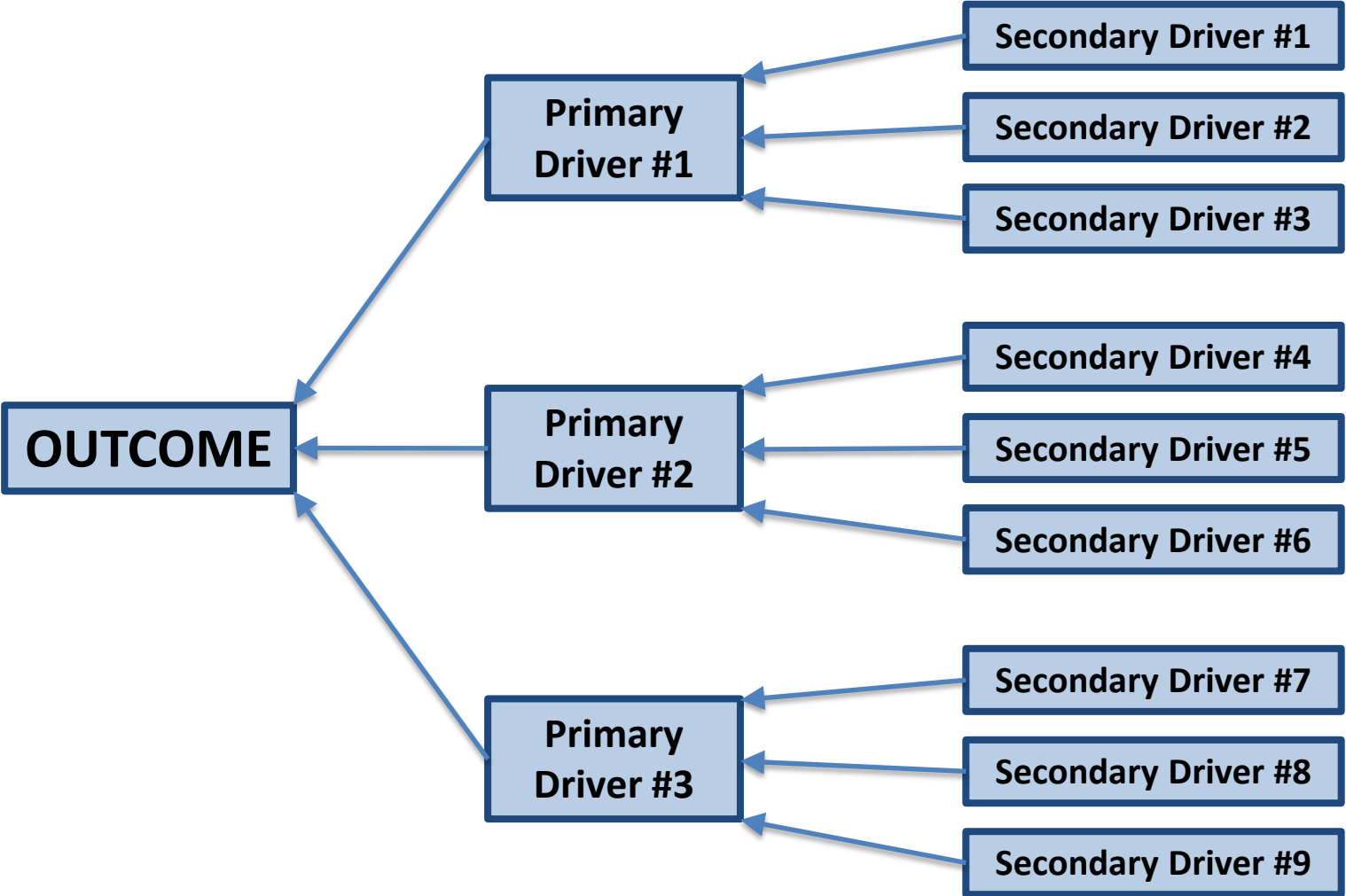
1. Agree on an improvement plan framework
2. Transparent reporting
3. Team-based care AND responsibility for outcomes
4. Start with quick, “easy” wins
5. Continue to nurture a culture of improvement



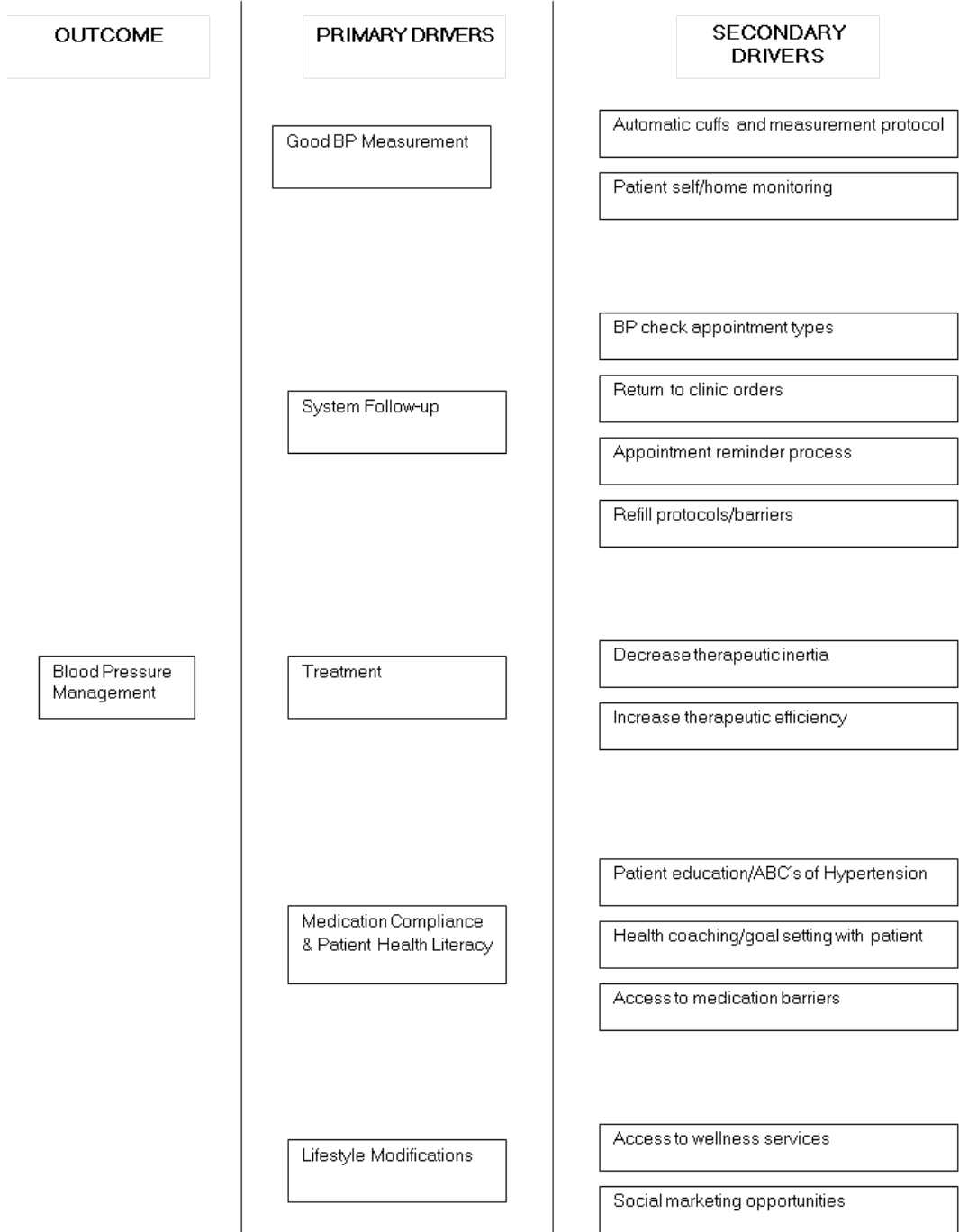
Step One:  
ORGANIZING OUR WORK

An improvement framework

# Driver Diagram



# HYPERTENSION DRIVER DIAGRAM

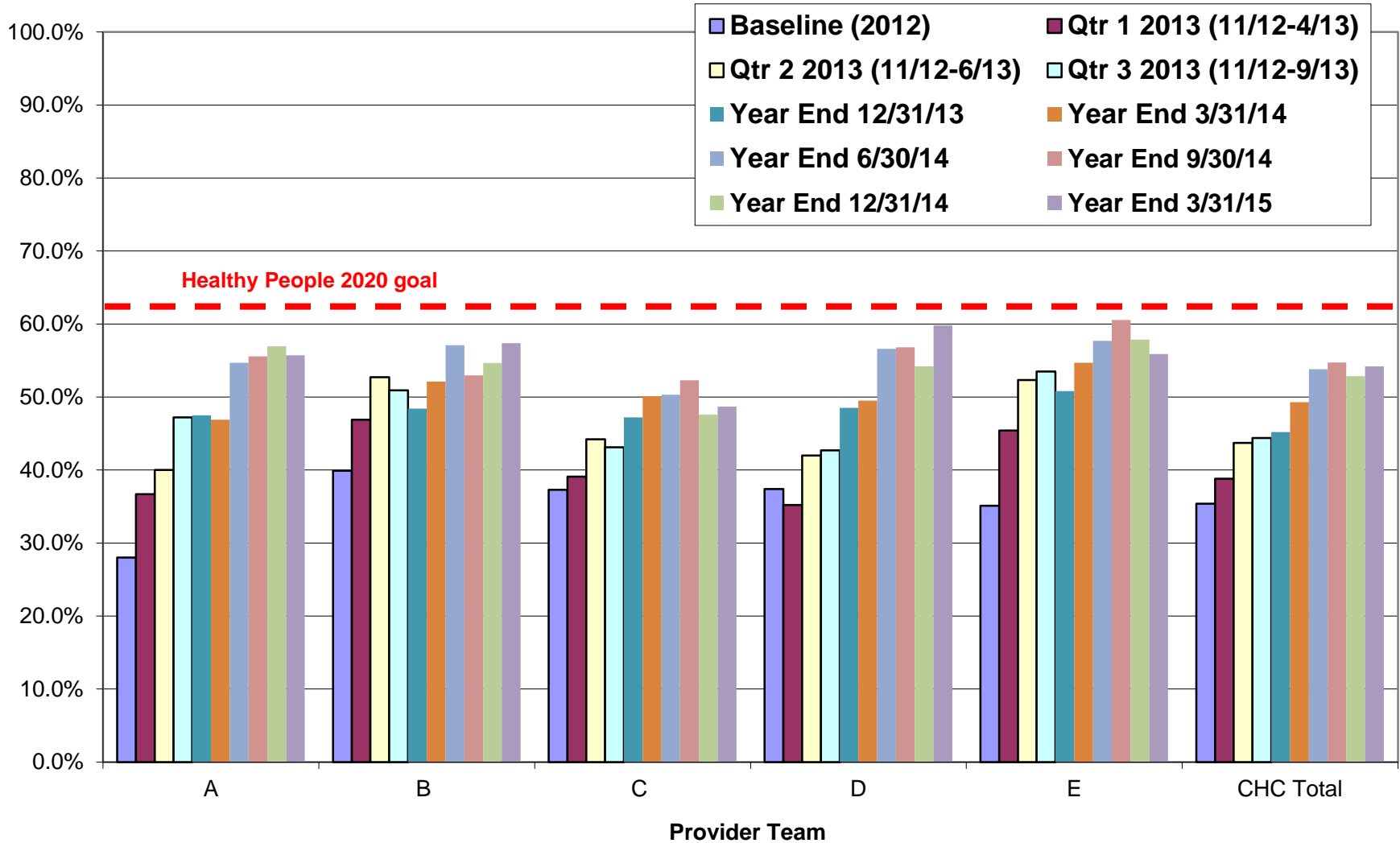


Step Two:  
STRETCH THE COMFORT ZONE

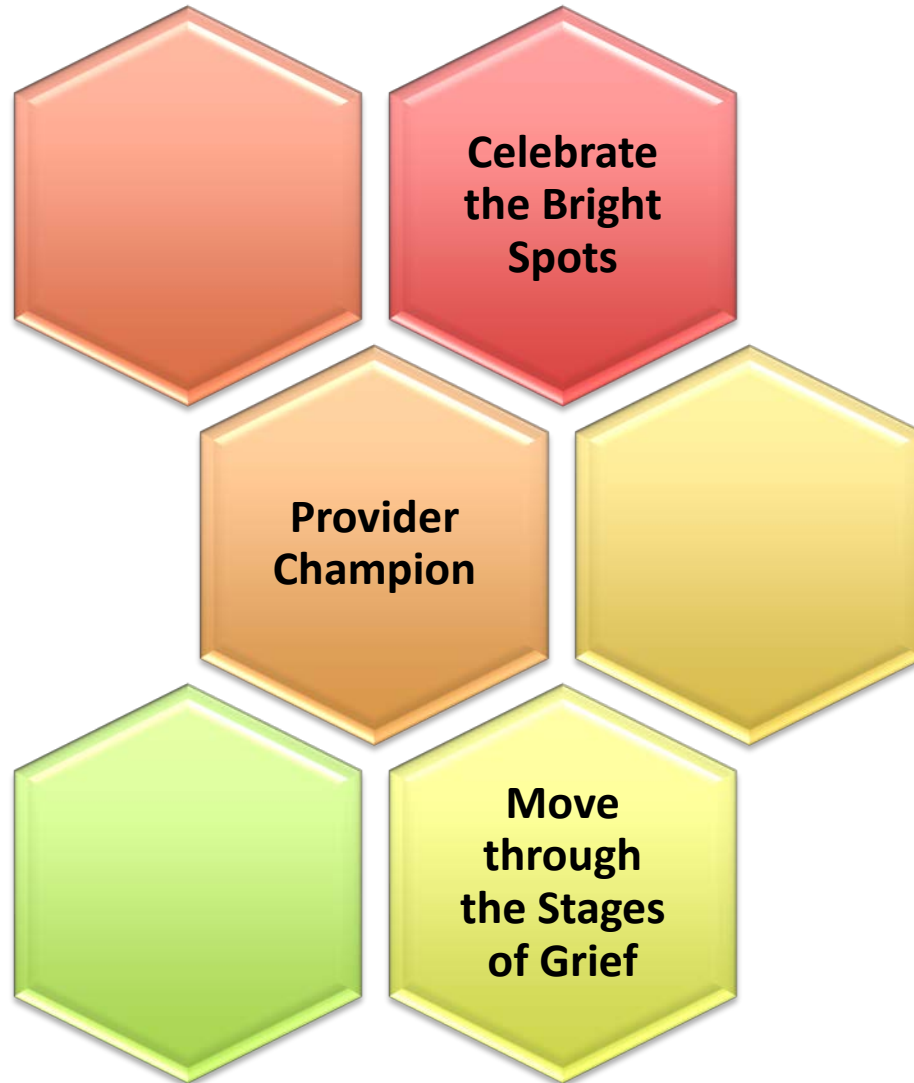
Transparent reporting

# % of Patients with BP < 140/90

Assigned patients seen 2 or more times during measurement period



# “How to” for Transparent Reporting



Step Three:  
WE'RE ALL IN THIS TOGETHER

Team-based responsibility for  
outcomes

# De-blaming the Physician

1. Physicians are achievement-oriented
  - Proactively counter physician-blaming by self or others
  - Celebrate improvement increases, not just “top scores”
2. Report on QI processes that are responsibilities of other team members
3. Name Physician teams and report by team names



Step Four:

**GRAB THE LOW-HANGING FRUIT FIRST**

Starting with quick wins

# Where to begin?

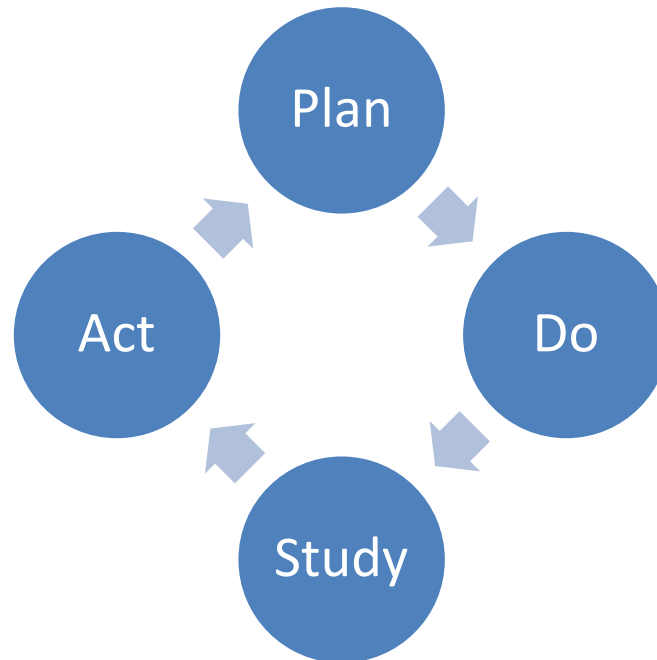
- Look at your driver diagram:
  - Which activities seem easiest to implement?
  - Which activities seem to have the greatest impact?
  - Keep it simple
  - Start small

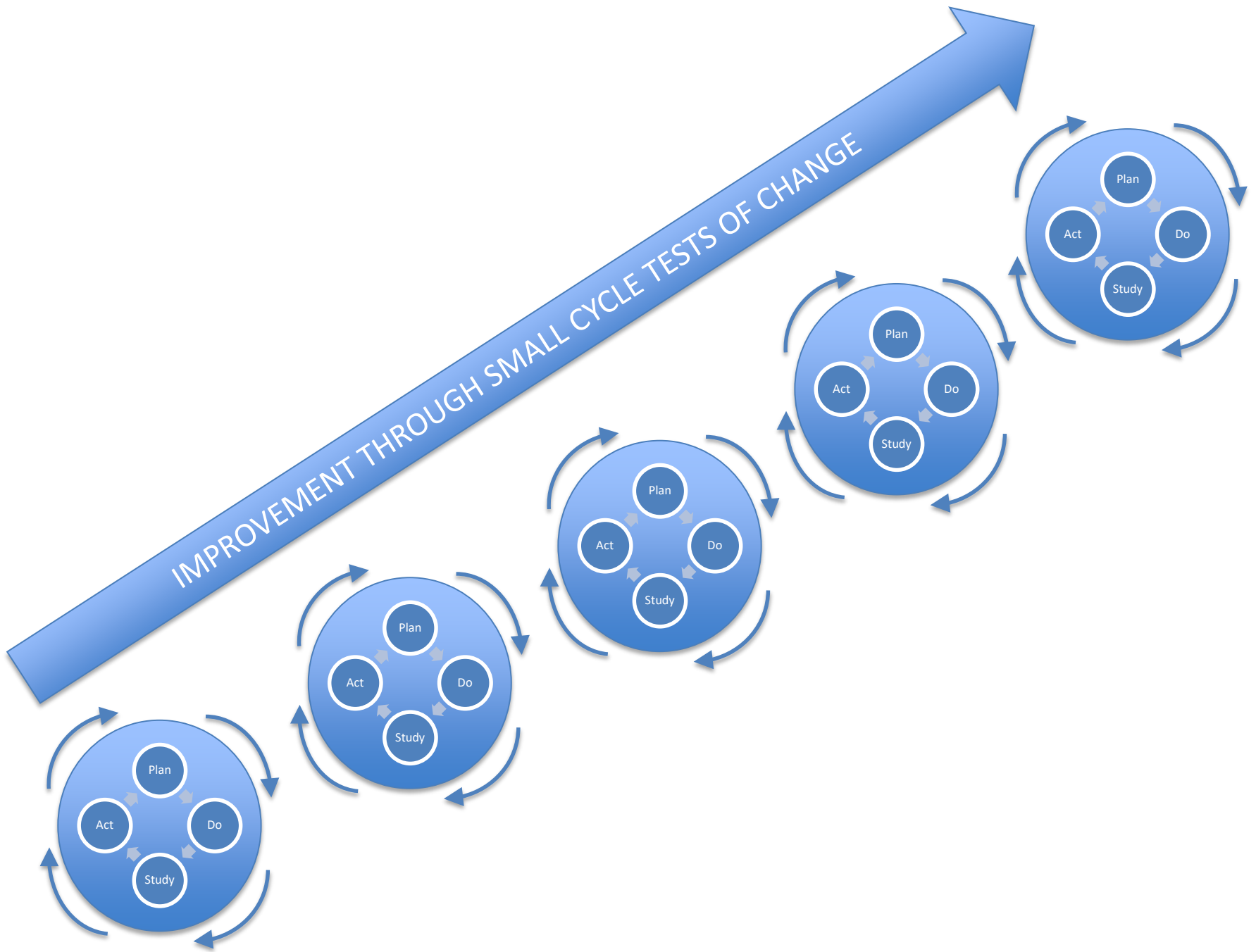
# Model for Improvement

**What are we trying to accomplish?**

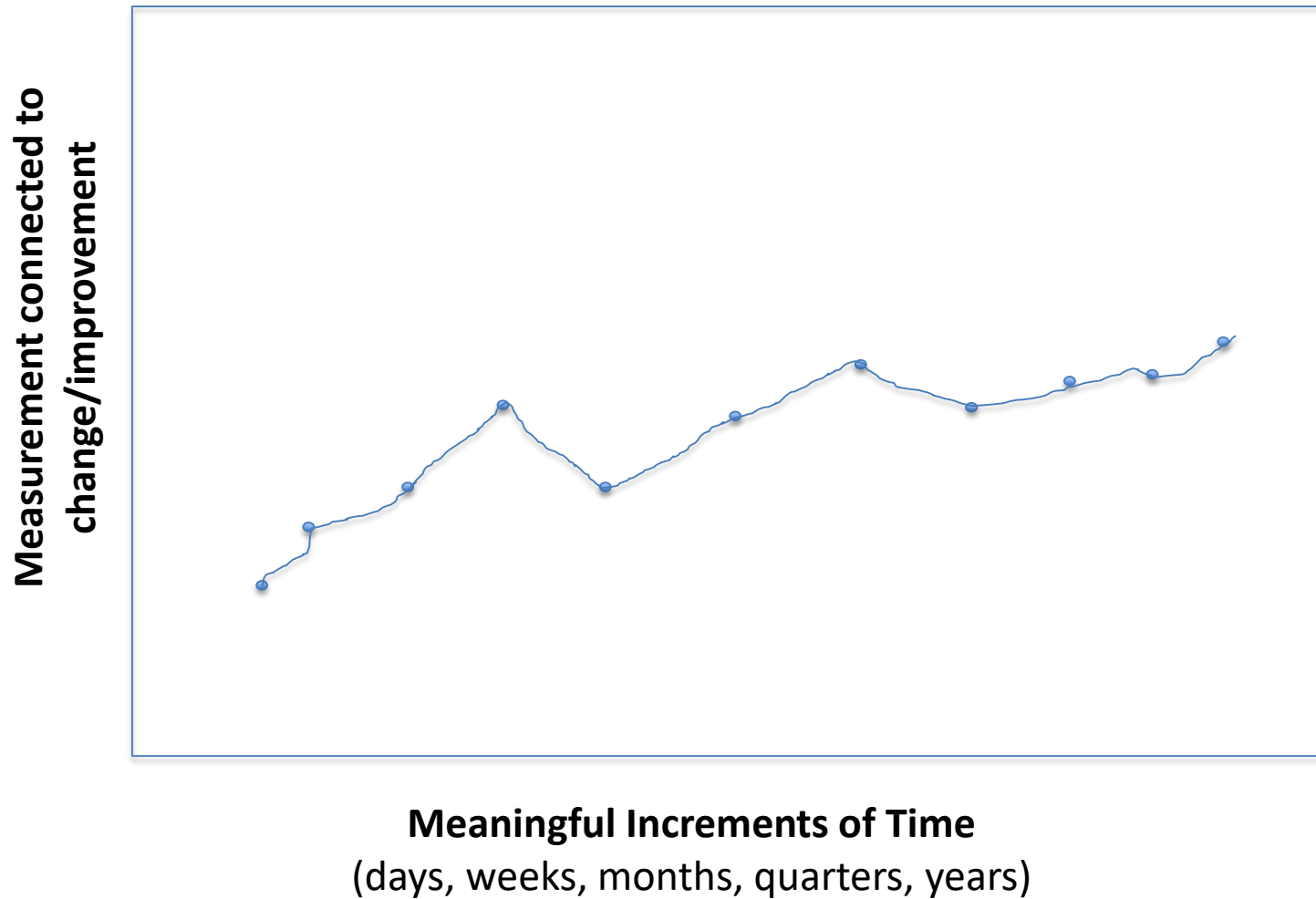
**How will we know that a change is an improvement?**

**What change can we make that will result in an improvement?**





# Run Charts: change over time



# CH Round One: Quick Wins

1. Correct Blood Pressure Measurement
2. ABC's of HTN patient education handout
3. Provider group discussions:
  - Minimize therapeutic inertia
  - Medication strategies
  - Follow-up frequency
4. BP Checks at non Primary Care visits
  - Dental, Optometry, Physical Therapy, Lab, Volunteer Specialists

# Invite Failure

- Failure is a learning opportunity
- Judgment free zone
- Short cycle tests of change are key to maximize learning from failure

# CH Round One: Quick Fails

1. BP Check visit – trained front desk personnel to perform no charge BP Checks
2. Volunteer nurses calling patients overdue for HTN appointments
3. Goal setting by Medical Assistants – engaging patients in setting behavior goals at HTN visit



Step Five:  
FOCUS ON THE LONG GAME

Nurturing a culture of improvement

# High Impact Leadership

- **Person-centered:** be consistently person-centered in word and deed
- **Front-line engagement:** be a regular, authentic presence at the front line and a visible champion of improvement
- **Relentless focus:** remain focused on vision and strategy
- **Transparency:** require transparency about results, progress, aims, and failures
- **Boundarilessness:** encourage and practice systems thinking and collaboration across boundaries

*Source: IHI White Paper on High Impact Leadership*

# CH Round Two: Second Wind

1. From Nov 2012 to Sep 2015 we were steadily improving
  - CHC Overall – 35% controlled to 55% controlled
2. Began to plateau – all the low hanging fruit were picked!
3. Refer back to the improvement framework and select next steps.

# CH Round Two: Next Steps

1. Getting patients back into clinic within 2-4 weeks.
  - Nurse visits with medication adjustment
2. Patient engagement in health behaviors.
  - Health educators embedded into primary care pods

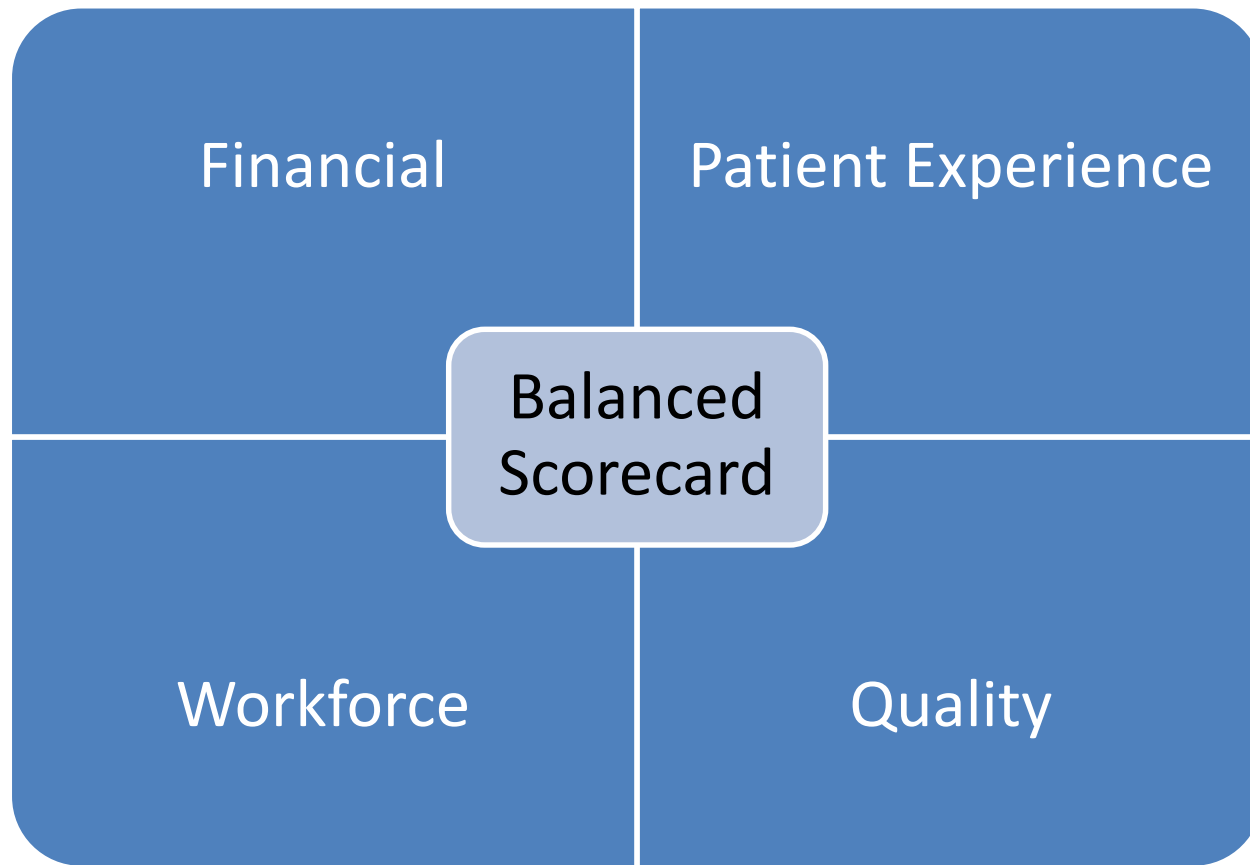
# Support Strategic Planning

- Build a driver diagram at the organizational level
- Use data to inform strategy decisions
- Strategy drives activities and measurements

# Inform Board Conversations

- Educate your board on healthcare environment, challenges, opportunities
- Transparency in board discussions
- Develop a board-level “dashboard”

# Dashboard Elements



# RESOURCES

- Institute for Healthcare Improvement
  - [Ihi.org](http://ihi.org)
  - Whiteboard videos – excellent, easy introduction to improvement tools
  - White papers, webinars, and weekly updates
- Baldrige Performance Excellence Program
  - [Nist.gov/baldrige](http://Nist.gov/baldrige)
- The Improvement Guide: A practical approach to enhancing organizational performance (Langley et al)
- Nonprofit Sustainability: Making strategic decisions for financial viability (Bell, Masaoka, Zimmerman)



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