

MACKEY FIRM

Name of Firm: Orange
Name of Firm Resident Quality Leader: Burchett/Germond
Name of Firm Faculty QI Sponsor: King
Project Title: Improving Patient Triage at the VA Clinic
Aim: Have patient triaged more quickly so they can be seen closer to their actual appointment time
Metric: Minutes between scheduled appointment time and time patient starts with nurse triage
Pre-Intervention Metric Value(s): 5 minutes prior to appointment nurse triage starts

Intervention: Pre-clinic huddle is mandatory for physicians only now allowing the nursing staff to start triaging people.
Post-Intervention Metric Value(s): 11 min prior to appointment nurse triage starts
Problems Encountered: 1. Incomplete data collection
Learning Points: 1. Simple intervention early in a process can improve multiple variables
Do you consider your project a success? Why or why not? Yes, patients were seen in a more timely manner

2013-2014

We are now entering year three (of five) of our HRSA Transitions of Care for Vulnerable Patient Population Grant.

Year 1 was devoted to getting the chassis established.... Residents learning RCA's, etc.... Faculty engaging in BOOST.
Year 2 was more of the same focus on foundation... Residents learning FMEA's, etc.... Faculty further into BOOST.

In both of the first two years, we have been doing some behind the scenes work in building the infrastructure necessary to capture fall-outs (I.e., readmissions)

Year 3 will focus on moving the firms towards their assigned vulnerable patient population. Each of the five firms has one of the five vulnerable patient populations. Their QI project should be focused on that population, and should focus (with at least some element) on the transitions-of-care management of those patients as they leave inpatient to outpatient, or as they come from outpatient to inpatient. We will continue to collect data on "fallouts" and hope to have a better data transfer line from Cara's office to the individual firms such that we can start using this metric (though other metrics are acceptable if they are data driven) to assess the efficacy of the transitions of care QI project.

We are very much in the publication phase, so all projects will be framed in the way of what could be an insightful contribution to the transitions literature for these patient populations. This may mean that the firm project this year rolls over to next year in order to make it sufficiently robust to meet this standard.

Dr. Guidry will be overseeing the five firms, and the five APD's and the 5 firm resident leaders should expect to meet as a team (hopefully with Dr. Hamm) to provide progress reports as to what the firm is doing and how they are doing in hitting their expected benchmarks for the project.

Step/CAS session/Meeting 1: Decide on a project.

Residents will vote on a resident QI leader for the firm. Discuss last year's project paying attention to what worked and what did not. Decide on a project for the year. You may expand upon last years project, perfect it in some way if you wish, or chose a whole new one. One of the hardest things about doing QI is finding a metric to measure. The only way to know if your project is a success or a failure is to measure something before and after your intervention. Start brainstorming about what you can measure. Before the next meeting, residents are encouraged think about what to measure and what the intervention will be. Set a date and time for the next brief meeting.

Deadline 1: You must have decided on a project by the end of this CAS session (CAS session dates different for each firm)

Step/Meeting 2: Decide on a metric and make a plan for pre-intervention data collection.

Decide on a metric that you will measure and create a standardized form for data collection. Decide what period of time you will collect pre-intervention data. Make a schedule of assignments for everyone in the firm to share the burden of collecting the data. **DO NOT MAKE AN INTERVENTION UNTIL YOU KNOW WHAT YOU ARE MEASURING AND HAVE STARTED MEASURING IT!** Before the next meeting, data collection begins and the residents are encouraged to keep thinking about what the intervention will be. Set a date and time for the next brief meeting.

Step/Meeting 3: Check on data collection.

As a group discuss how data collection is going, what is working and what is not. Refine your data collection process. Before the next meeting, data collection continues and the residents are again encouraged to keep thinking about what the intervention will be. Set a date and time for the next brief meeting.

Deadline 2: A fine-tuned pre-intervention data collection process must be in place by 10/15/12.

Step/Meeting 4: Decide on and strategize your intervention.

The residents will share with the group the ideas they have regarding the intervention. Chose an intervention. Discuss who you will need to reach out to make your intervention possible e.g. Wiese, Dr. Hamm, Dr. Guidry, Dr. Landry, Dr. King, Dr. Lynch, etc.

Assign team members to reach out to that person or people. Discuss from whom you will need buy in to make your intervention a success e.g. nursing, unit managers, transport, etc. You may choose to include these people in your project as a means of obtaining buy in. Please use your faculty sponsor as a resource. Your sponsor can help facilitate your plan for buy in. Make assignments for team members to reach out and enact your buy in plan. Set a date and time for the next brief meeting.

Step/Meeting 5: Update on intervention strategy.

Team members who had assignments from the last meeting will brief the group on their meetings with intervention facilitators and the buy-in plan. Make a plan to roll out your intervention. Set a date and time for the next brief meeting.

Step/Meeting 6: Update on intervention.

Discuss how the intervention roll out is going. Fine-tune it to give it more of a chance for success. Set a date and time for the next brief meeting.

Deadline 3: A fine-tuned intervention roll out must be in place by 1/15/13.

Step/Meeting 7: Collect post-intervention data.

Decide what period of time you will collect post-intervention data. Make a schedule of assignments for everyone in the firm to share the burden of collecting the data. Before the next meeting, data collection begins. Set a date and time for the next brief meeting.

Deadline 4: A fine-tuned post-intervention data collection process must be in place by 4/15/13.

Step/Meeting 8: Review the data.

Meet as a group to discuss how the pre and post intervention data looks. Was your project a success? Discuss what worked and what didn't. Discuss what you learned from the project.

Step/Meeting 9: Complete the end of the project report (see template)

A template for the report will be provided to you.

Deadline 5: The end of the year project report must be turned into me by 5/15/13.

Step/Meeting 10: Prepare your power point slides for the Internal Medicine Grand Rounds presentation of all 5 firm projects to the department. Choose who in your firm will present the project at Grand Rounds.

A template for your slides will be provided to you.

Deadline 6: Grand Rounds presentation of firm projects will be 5/29/13 at noon.

***Please note, I will have two other CAS sessions per firm this year to teach and practice RCA as part of the HRSA grant. You can use time before or after those sessions to do some of the steps above.**

Summary of deadlines:

1. First CAS session: Project chosen.
2. 10/15/12: A fine-tuned pre-intervention data collection in place.
3. 1/15/13: A fine-tuned intervention roll-out in place.
4. 4/15/13: A fine-tuned post-intervention data collection in place.
5. 5/15/13: An end of the year project report turned into me.
6. 5/29/13: Medicine Grand Rounds presentation of your projects to the department.