

# Rapid City Service Unit

Rapid City, SD  
Innovations in Planned Care  
Open Door Forum  
October 25, 2007



# Background Information

- Location
  - Western South Dakota – Black Hills
- Population Served
  - Native Americans and family members
  - 9800 Active clinical users
  - User Population 18000
  - Indians and Alaska Natives who live in Rapid City and Pennington County
- Number of Sites
  - One

# RCSU's Micro-system

- Selection
  - Active clinical users with at least three visits in last year to Provider for micro-system
- Population
  - All ages
  - Across all conditions
  - 172 Patients
- Core Team
  - Dr. Leroy Clark
  - Tracy Colhoff, LPN
  - Jeannie Ashley, RN
  - Vince Gallagher, MA
- Support Staff
  - PHN, RN Case Management

# Empanel Patient Population

- Process
  - Set goal for completion
  - Reviewed all visits in last 18 months
  - Assigned clients based on who they saw most frequently
  - Anticipate process will be fluid for next 12+months.
- Benefits
  - Continuity of Care
  - Set and track improvement goals for panel
  - Gives teams ownership of a patient population

# Using PDSA for Clinical Improvement

- The Process

- Identify areas in need of improvement – review clinical outcomes targets and panel performance
- Assure team members understand improvement model and have access to resources (ie. Data people, RPMS people, IT people)
- Set an aim for improvement
- Develop a metric with goals and stretch goals
- Develop an action plan
- Conduct tests of change

# Colorectal Cancer Screening

- Current performance was not meeting targets and hadn't been for some time
  - Set an aim: all patients in micro system will receive screening
  - Set a measure
    - Initially used GPRA Health Summaries from RPMS
- Develop an Action Plan
- Conduct Tests of Change
  - Reviewed CHS data to collect historical information
  - RN initiated FOBT at Screening and with Visit Plan
  - RN Group Visits
  - Telephone education using iCare info
  - FOBT mail outs

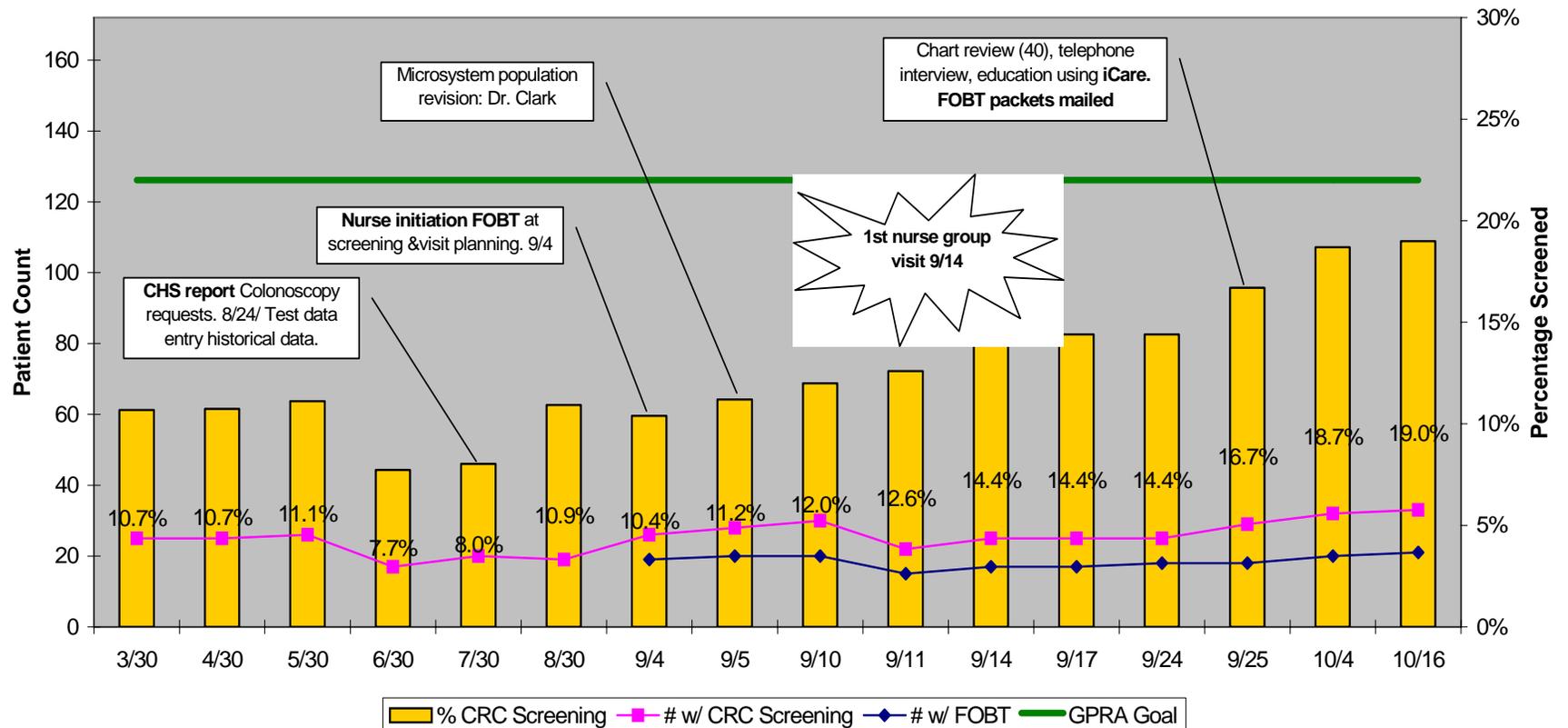
# Results

- We have improved both our Micro-System and overall clinic performance
  - Micro-system up by 11.3%
  - Overall up by 6.8%.
- We have increased our skills
  - RN staff are growing more comfortable with expanded responsibilities
  - We have added Group Visits and Visit Planning to our tool kit
  - Everyone is more comfortable with using measures and accessing data from CRS and iCare

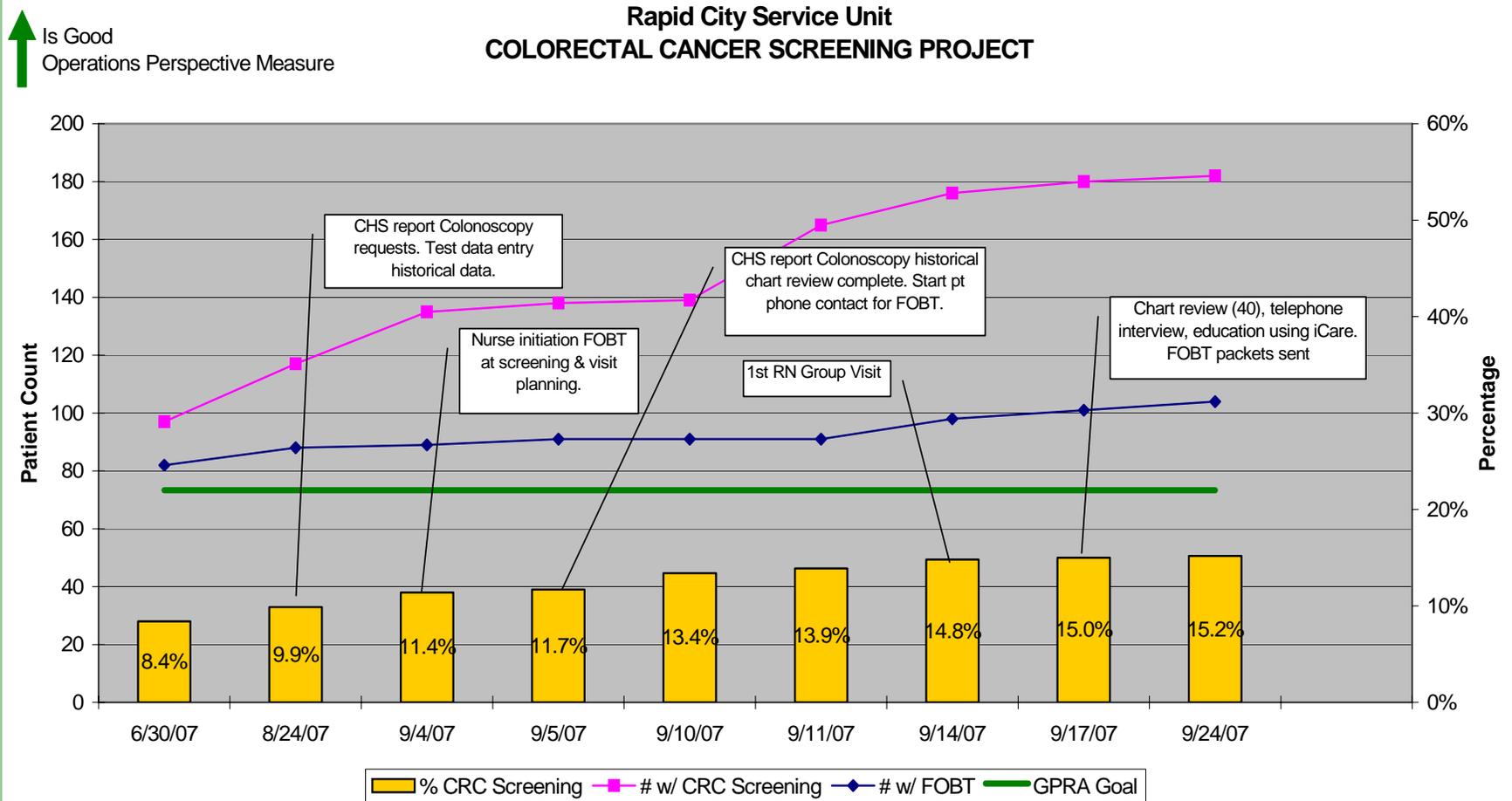
# Outcomes: Micro-system CRC

↑ Is Good  
Operations Perspective Measure

Rapid City Service Unit  
CRC Screening Project (Microsystem - Dr. Clark)  
n= 172

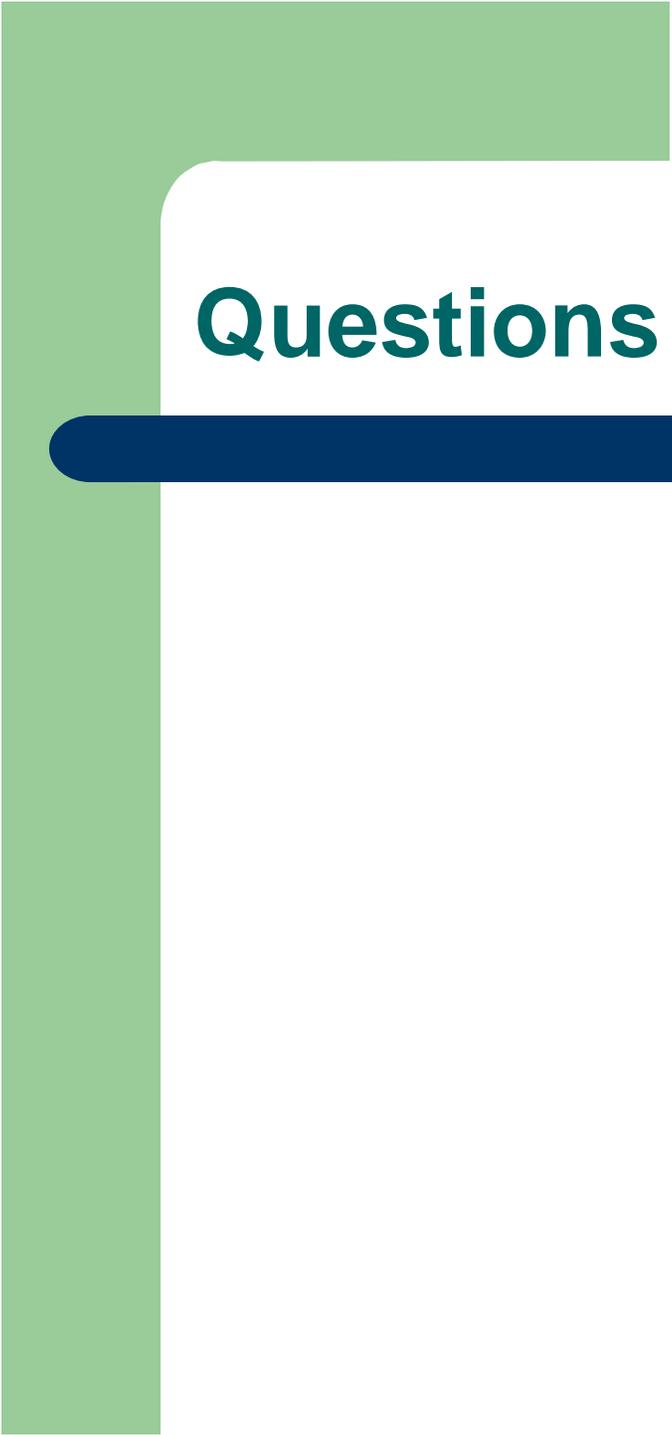


# Outcomes: RCSU Colorectal Screening



# Next Steps

- Celebrate Successes
- Spread
  - Use team members to help spread what works to other teams
  - Identify next improvement challenges, will include glycemic control, screening bundles
  - Additional teams set up



# Questions

