Improving Patient Care

Integrating CHS

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What is “IPC”?

• Improving Patient Care
• Nationally recognized practices to advance health care at our facility and service unit
IPC Foundational Concepts

- Patient Centered
- Empanelment to a PCP “Medical Home”
- Team
- Access to Care
- Working at the Top of Staff Skillset
- Process Improvement
- Data Driven
- Methodology for Change (Model for Improvement-PDSA)
- Pulling work Away From the Provider
- Improved Cycle Time
- Patient Satisfaction “Through the Eyes of the Patient”
- Share Senselessly and Steal Shamelessly
- Communicate “Huddles”
The Plan-Do-Study-Act (PDSA) cycle is a process for testing a change:

**(Plan)** – develop a plan to test the change,
**(Do)** - carry out the test,
**(Study)** – observe and learn from the consequences,
**(Act)** – determine what modifications should be made to the test.
#1. Very Small Scale Test

#2. Short Amount of Time

Hunches Theories Ideas

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Sustaining the gains

Spreading

Changes That Result in Improvement
What Do We Want to Change/Improve? (What are we trying to Accomplish?)

Plan: (What change can we make that will result in improvement?)
Planned Change, answer questions/collection data: Who, What, When, Where

Predictions (for tested change based on plan):

Do:
Carry out the change or test; Collect data and begin analysis.

Study: (How will we know that a change is an improvement?)
Complete analysis of data;

Compare the data to your predictions and summarize the learning

Act:
Are we ready to make a change/repeat test/try something new? Plan for the next cycle
Why do a PDSA?

- **Efficiency**
- How many times have we decided to change a process, implement a new policy, only to see it fail?
- Use a small test of change
- Once perfected, then spread PDSA to others
- Empowering

That’s the way we have always done it
Model for Improvement (PDSA)

MODEL FOR IMPROVEMENT     Cycle # ___ DATE ______
Change or Idea evaluated_______________________
Objective for this PDSA Cycle: ________________________________
What question(s) do we want to answer with this PDSA cycle?

Plan:
Plan to answer questions (test the change or evaluate the idea): What, Who, When, Where

Plan for collection of data needed to answer questions: What, Who, When, Where
Predictions (For each question listed above, what will happen when plan is carried out? Discuss theories):

Do: Carry out the plan; document problems and unexpected observations; collect data and begin analysis.

Study: Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)? Summarize what was learned.

Act: What changes are to be made? Plan for the next cycle.
Piloting IPC Concepts within Contract Health Services

• Pawnee Indian Health Center
  » Participated in IPC Pilot 3
  » Currently participating in QILN
  » Currently participating in Oklahoma IPC MS
Piloting IPC Concepts

• IPC Concepts Incorporated Include:
  » CHS Staff Assigned to PCP Care Teams
  » Model for Improvement Training for all CHS Staff
  » Working at the Top of Your Skill Set
  » Transparency and Pulling Work Away
CHS Staff Assigned to PCP Care Teams

• Improved Communication
  » For Provider Team
  » For Patients

• Improved Continuity for the Patient

• Relocated 2 CHS Staff to the Medical Clinic
  » Faster Referral Turnaround
  » Provided greater access to CHS Staff
    • PCP Team members
    • PCP Empanelled Patients
Model for Improvement Training for all CHS Staff

• 100% of CHS Staff trained in the Model for Improvement
Model for Improvement Training for all CHS Staff

– Completed Multiple PDSA
  • Develop report to track RCIS diagnostic breast referrals
  • Develop report to track RCIS other type referrals
  • Develop a CHS Health Summary in E.H.R.
  • AudioNotes Efficiently & Effectively notify patients of CHS referral status
  • Communication with CHS/PBPP staff to identify and monitor a CHEF case from beginning to end.

– Empowered Staff to Initiate Departmental Improvements
  • Process mapping
  • Daily reconciliation of provider referrals
  • Improved utilization of RCIS

– Huddle Communication Approach
Working at the Top of Your Skill Set

• Increased Nursing Staff involvement in Scheduling Approved Referrals
  » Medicaid
  » Medicaid with Medicare
  » IHS Hospital
  » Shared Responsibility

• Number of Approved Referrals Pending Scheduling Decreased by 44%
Transparency and Pulling Work Away

• Access Phone Message Repository
  • Allows Alternate Staff to Retrieve Messages and Transcribe into the Access Data base
  • Pulls work away from CHS Staff (Phone operator/Medical Clerks)
  • Allows CHS Staff to be prepared before returning a call
  • Allows for Alternate CHS staff to address messages when staff on leave
• CHS Staff Member of PCP Team
• 100% of CHS Staff Trained in The Model for Improvement
• 44% decrease in Approved Referrals Pending Scheduling
Questions