

# Improving Patient Care

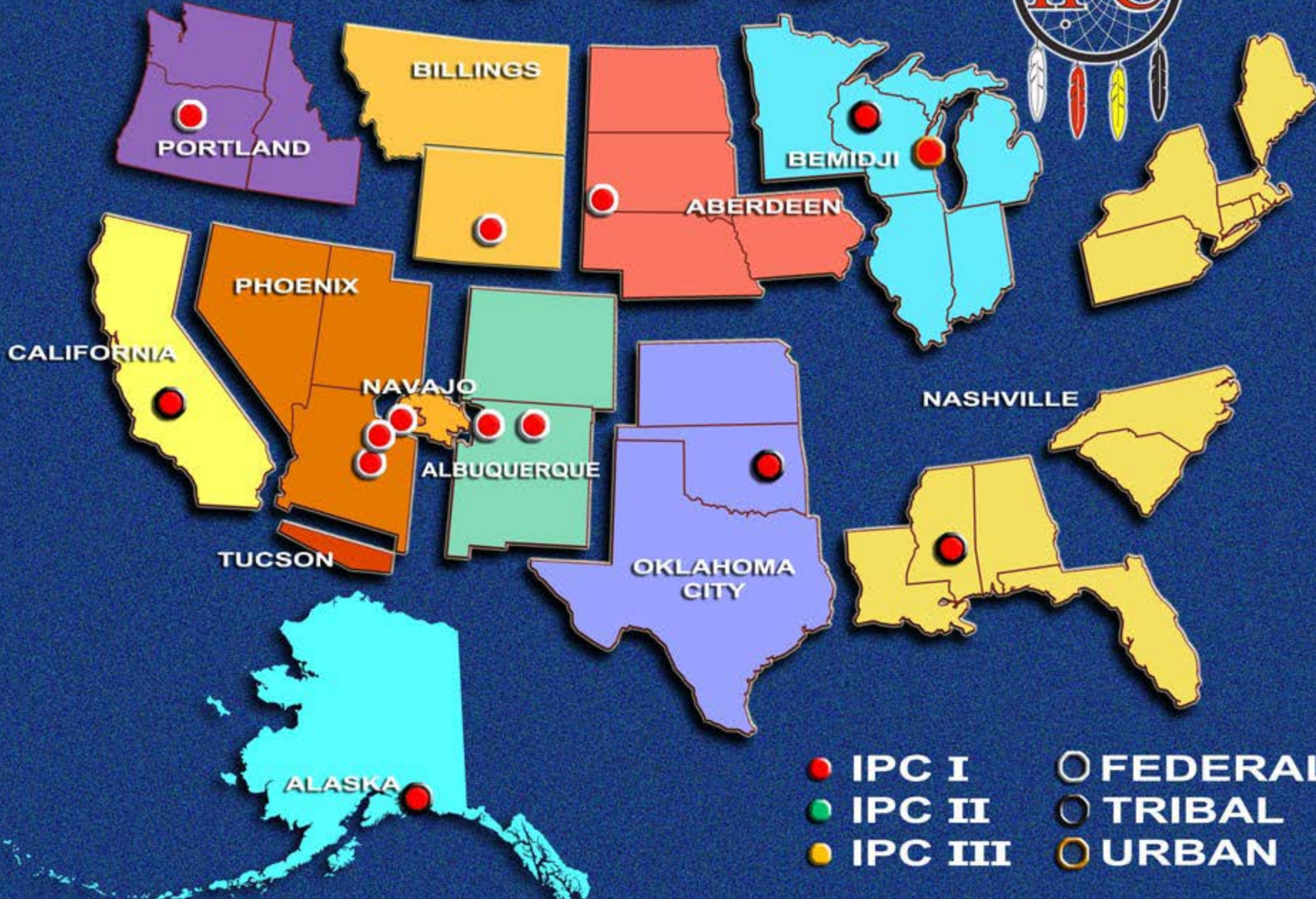
## Integrating CHS

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# IPC I



- IPC I
- IPC II
- IPC III
- FEDERAL
- TRIBAL
- URBAN

# IPC IV



# What is “IPC”?

- Improving Patient Care
- Nationally recognized practices to advance health care at our facility and service unit

# IPC Foundational Concepts

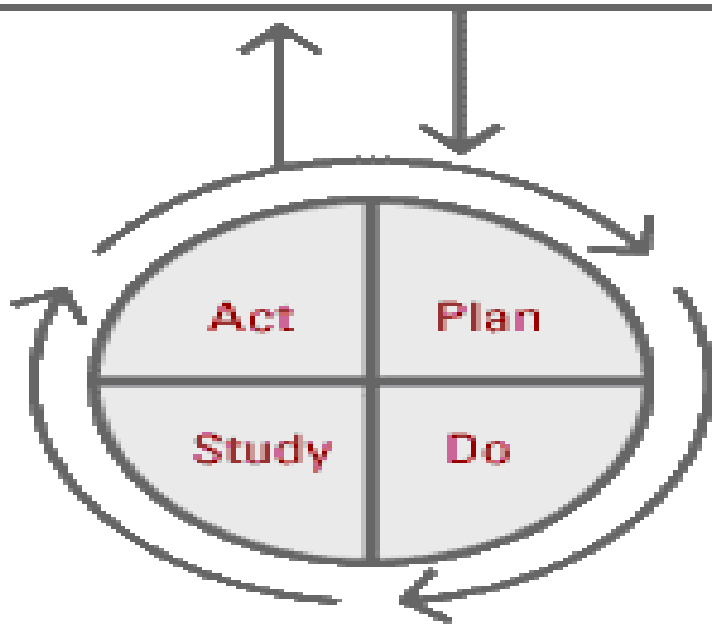
- Patient Centered
- Empanelment to a PCP “Medical Home”
- Team
- Access to Care
- Working at the Top of Staff Skillset
- Process Improvement
- Data Driven
- Methodology for Change (Model for Improvement-PDSA)
- Pulling work Away From the Provider
- Improved Cycle Time
- Patient Satisfaction “Through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

# 6 Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



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,

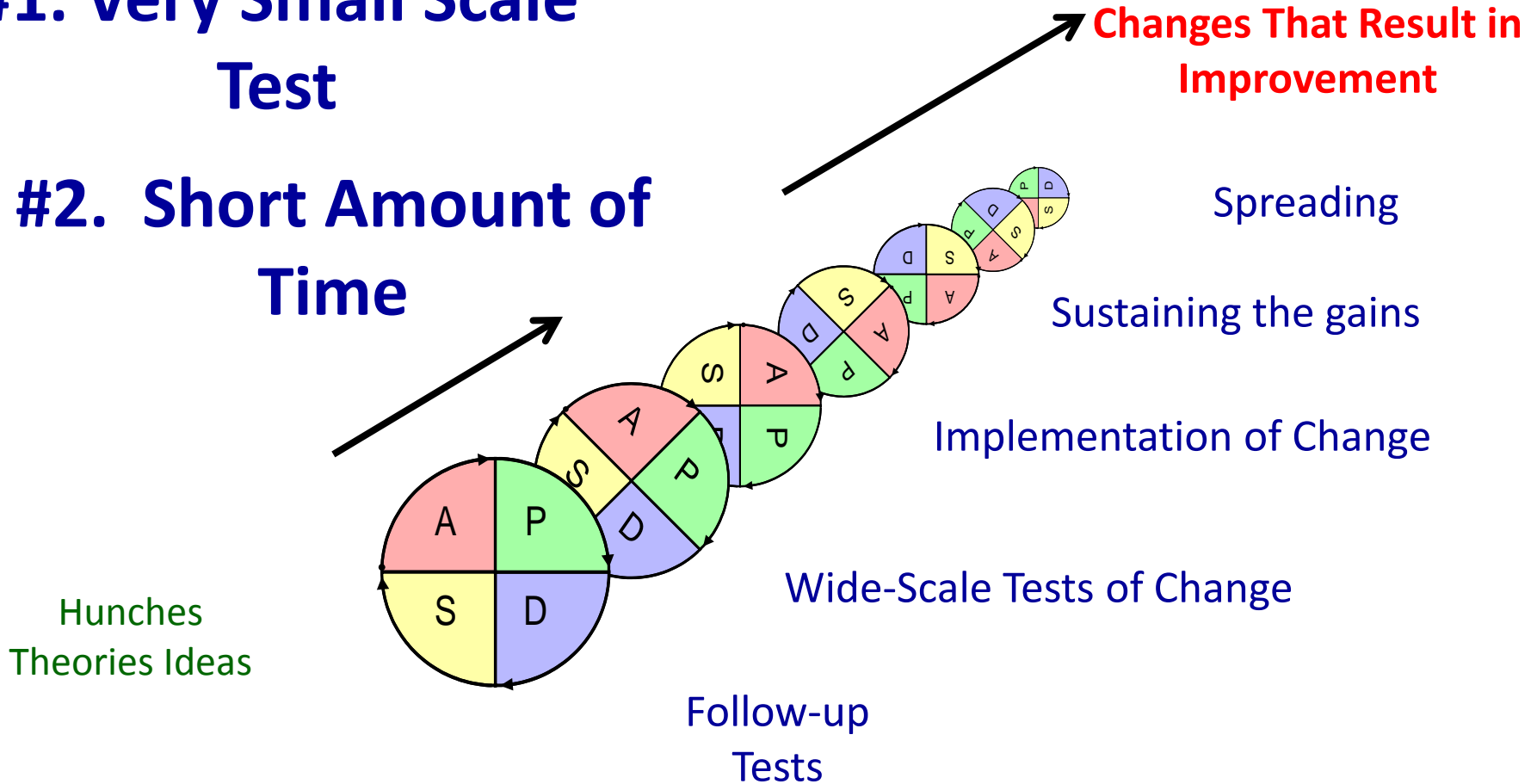
**(Study)** – observe and learn from the consequences,

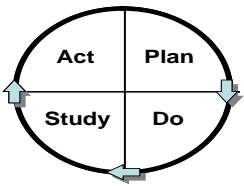
**(Act)** – determine what modifications should be made to the test.

# PDSA Cycle for Testing

**#1. Very Small Scale Test**

**#2. Short Amount of Time**





# MODEL FOR IMPROVEMENT

DATE \_\_\_\_\_

What Do We Want to Change/Improve? **(What are we trying to Accomplish?)**

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**Plan:** **(What change can we make that will result in improvement?)**

Planned Change, answer questions/collect 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



# 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

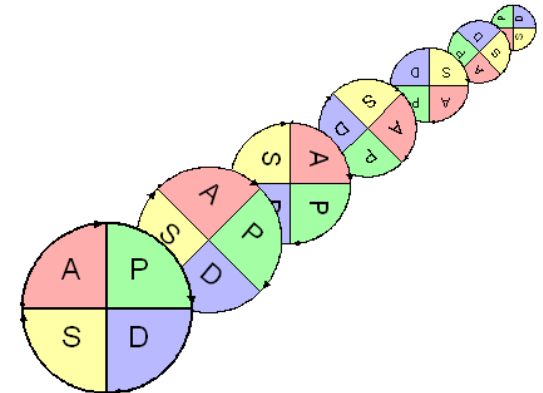
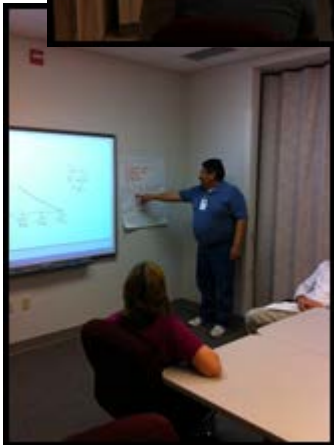


## Model for Improvement

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 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



# IPC Concepts In CHS Summary

- CHS Staff Member of PCP Team
- 100% of CHS Staff Trained in The Model for Improvement
- 44% decrease in Approved Referrals Pending Scheduling



**Questions**

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