

UHF Quality Institute

**Patient-Reported Outcomes in Primary Care – New York
PROPC-NY**

Module 2 Webinar

Lucy Savitz, Assistant Vice President for Delivery System
Science, Intermountain Healthcare

January 24, 2017

Supported by The Engelberg Foundation



Agenda

1. Welcome and Roll Call
2. Presentation by Lucy Savitz
3. Q & A
4. What's Ahead

Module 2: January – May

*September 2016 – February 2018**

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
In-person meeting			X							X							X	
Deep-dive call (or site visits) with each participating organization	X	X				X			X				X			X		
Collaborative call with all participants								X						X				X
Webinars				X	X		X				X				X			
Module 1: Planning phase, establishing the foundation	X	X	X	X														
Module 2: Process mapping of PROs and clinical workflows					X	X	X	X	X									
Module 3: Piloting										X	X	X	X	X	X			
Module 4: Synthesize Learnings and Identify Next Steps																X	X	X

**Tentative schedule – actual schedule will be flexible to the collaborative’s needs*

MODULE	TEAM ACTIVITIES
2. Process mapping of PROs and clinical workflows	<ul style="list-style-type: none"> • Describe process map of how this information is collected, when, by whom, and for what uses. • Develop a new draft process to implement PROs. • <i>Report accomplishments, barriers, and lessons learned to UHF.</i>
3. Piloting	<ul style="list-style-type: none"> • Design and carry out pilot tests of the PROs process which could include: <ul style="list-style-type: none"> ○ Pilot tools with patients ○ Pilot tool with staff ○ Pilot tools with providers • Report on major findings of pilots • <i>Report accomplishments, barriers, and lessons learned to UHF.</i>
4. Synthesize learnings and identify next steps	<ul style="list-style-type: none"> • Submit final project report describing: <ul style="list-style-type: none"> ○ Feasibility and usefulness of integrating PROs in routine care at the practice site ○ Major findings from each module ○ Plans for next steps (e.g., continued testing, full PROs implementation plan)

Lucy Savitz, PhD, MBA

Intermountain Healthcare, UT



Module 2 Launch

Bridging the Gap: Moving from Planning to Routinization

January 24, 2017

Lucy Savitz, Ph.D., MBA
for United Hospital Fund



Rogers' Stages of Adoption

Planning	(Module 1)
Early Adoption	(Module 2)
Late Adoption	
Routinization	(Module 3)

“In the annals of innovation, new ideas are only part of the equation. **Execution is just as important.**”

Walter Isaacson in Steve Jobs



Tools for Assessing Progress in Execution & Opportunities for Improvement

Measurement, Monitoring, and Feedback Reporting:

- **Process** → RE-AIM (re-aim.org);
FMEA
- Outcome

Oncology

Utilization

Program Reach Decision Aid Utilization

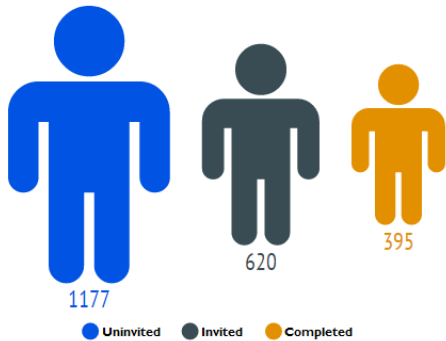
1 in 3 eligible patients are invited to view the aid



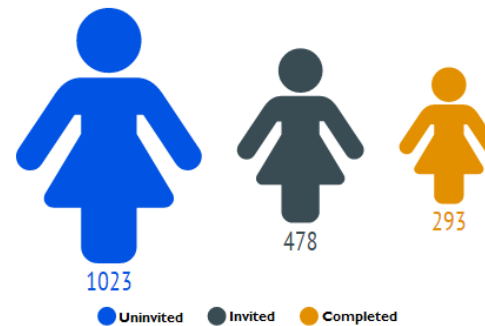
3 in 5 eligible patients completed viewing the aid



Prostate Cancer Total Eligible: 1,797



Breast Cancer Total Eligible: 1,501



Tally Sheets

- **Tally Sheet** is a simple log sheet that records information for events as they occur or do not occur in order to detect events and patterns.
- These observation data should be collected at the closest point to where the event occurs e.g., patient is male/female, alive/dead, had a procedure/did not have a procedure, a certain event happened/did not happen.
- The data collection will also include some demographic data; e.g., medical record number, room number, etc.
- Counts are then summarized and reported.

Tally Sheet

Scrubs (pants) Sent for Repair – Department by Reason

Day	Service	Reason for Repair	Missing Drawstring	Tape Residue	Patch Holes	Backside Seam Repair	#	%
Sun	0							
Mon	0							
Tues	0							
Wed	ER	Missing Drawstring					10	33
	Rehab	Missing Drawstring					3	
	Oncology	Backside Seam Repair					3	
Thurs	Central Supply	Tape Residue					3	10
	Surgery	Missing Drawstring					3	
	ER	Missing Drawstring					1	
	OB	Backside Seam Repair					1	
	Surgery	Missing Drawstring					6	
Fri	Oncology	Tape Residue					2	20
	ER	Missing Drawstring					1	
	Surgery	Missing Drawstring					5	
	ER	Missing Drawstring					1	
	Rehab	Missing Drawstring					1	
	Central Supply	Patch Holes					1	
	ER	Backside Seam Repair					3	
	Central Supply	Patch Holes					1	
	ER	Backside Seam Repair					1	
Sat	Surgery	Patch Holes					1	17
	ER	Missing Drawstring					1	
	Oncology	Missing Drawstring					1	
	ER	Backside Seam Repair					1	
	Central Supply	Tape Residue					1	
	ER	Missing Drawstring					1	
	Rehab	Missing Drawstring					1	
	ER	Missing Drawstring					1	
	OB	Backside Seam Repair					1	
	Central Supply	Backside Seam Repair					1	
TOTAL			13	4	5	8	30	100

Application of FMEA to Health Care

- Structured approach that lends itself to organizing information collected on causes & effects.
- Can be used at system conceptualization, design, and/or process assessment stages.
- CQI Teams can easily interpret & respond to outputs.
- Industry requirements:
 - One of several methods to verify new design recommended by FDA.
 - Process Safety Management Act lists process FMEA as one optional method to evaluate hazards.
 - JC requires all medical facilities to complete at least one per year on high-risk processes.
 - A tool that satisfies ISO 9001 or 9002.

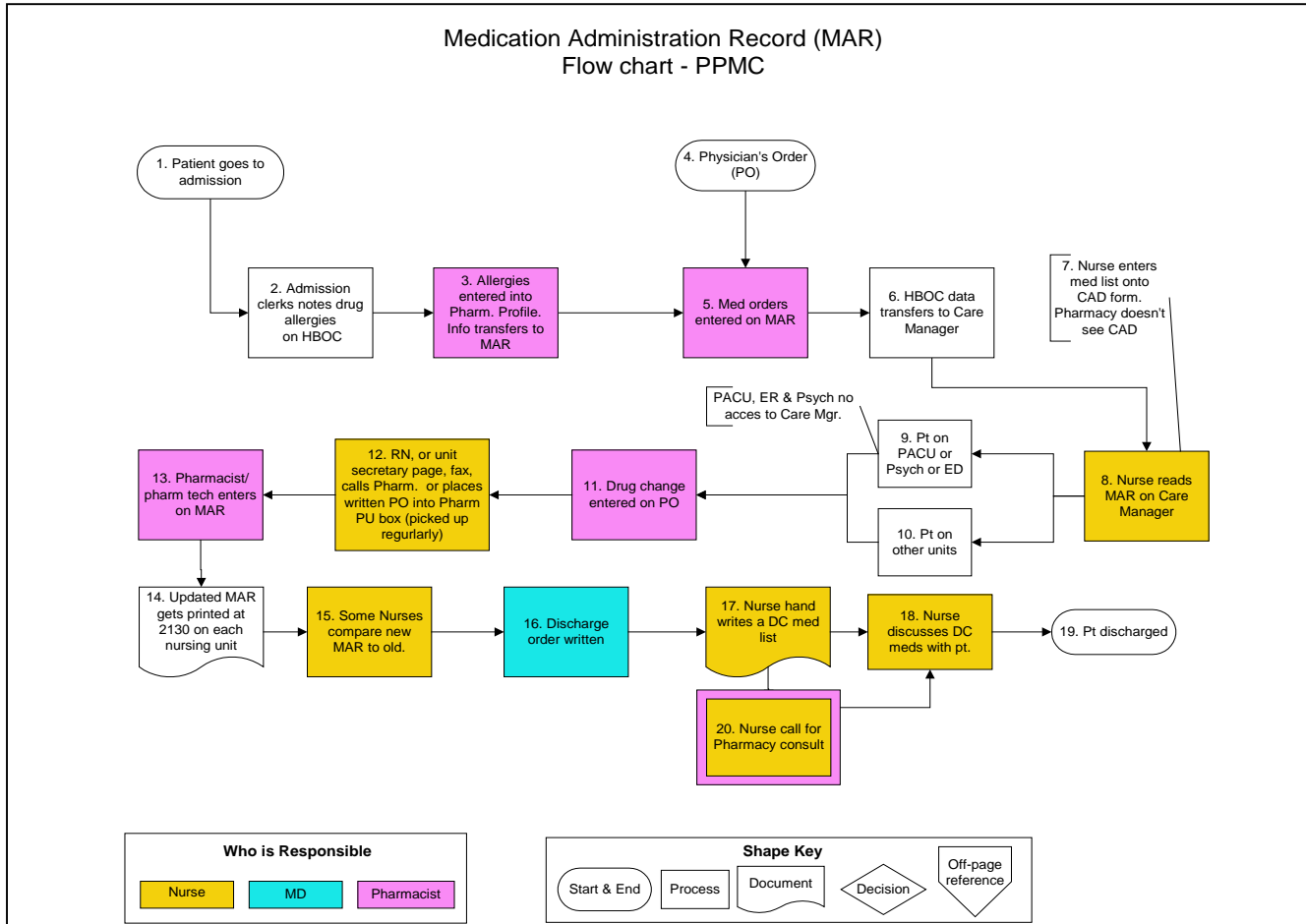
How FMEA Works

- The product of S-O-D ratings is used as a risk score for that potential process failure (vulnerability)
- The risk scores can be summed or averaged to assess the risk at each step
- Entire processes could be rated and compared in this way (*if the rating method was the same!*)
 - *Across partners*
 - *Over time (pre- post-assessment)*

FMEA Completion Steps

- Assemble team.
- Identify facilitator.
- Schedule meeting.
- Flow chart process.
- Score items.
 - May involve gathering data.
- Apply results as indicated.

Medication Administration Record (MAR) Flow chart - PPMC



FMEA Scoring Example; Scale 1-10

Process Step	Potential Failure	Effects of Failure	Severity	Occurrence	Detection	Risk Score
List the patient's allergies	Forget to ask	Allergic reaction	8	2	4	64

Results from FMEA

- ED, 8 Process Steps Identified
- Pharmacy, 8 Process Steps Identified
- Inpatient Unit, 15 Process Steps Identified

Emergency Department

Process Step	Potential Failure	Potential Effect	1-10 Score Severity	1-10 Score Occurrence	1-10 Score Detection	Sum
HUC highlights & puts in RAC system	not highlighted missed orders	missed allergies/meds	7	2	9	126
Nurse sees order on the board	too busy missed or delayed	delayed or missed orders	6	2	9	108
Nurse takes out meds on hand; administers & documents	missed or delayed	delayed or missed orders	6	2	9	108
OR...						
Nurse waits for meds to be tubed from Central Pharmacy; administers & documents	delayed	delayed	4	3	9	108

Pharmacy

Process Step	Potential Failure	Potential Effect	1-10 Score Severity	1-10 Score Occurrence	1-10 Score Detection	Sum
Pharmacist receives form from nursing- then go to line 27	Pharmacy does not get a copy	med hx not completed in a timely manner	6	7	6	252
Pharm puts med rec form in chart or signs chart copy	Form not in chart	Meds not properly ordered	6	6	3	108
Pharm checks orders in chart and then	Pharmacy does not check orders	Home meds not ordered properly	6	5	5	150
Pharm follows up with MD if necessary and then...	Pharmacy does not follow up with MD	Home meds not ordered properly	6	5	5	150
MD places order if needed	MD does not place orders	Home meds not ordered properly	6	5	5	150

Inpatient Unit

Process Step	Potential Failure	Potential Effect	1-10 Score Severity	1-10 Score Occurrence	1-10 Score Detection	Sum
Nurse helps patient/family complete med hx form	Nurse may be too busy sit down with family at that time	Med rec never completed or completed late; pt skips doses of home meds or doesn't get them ordered at all	4	9	5	180
OR...						
Nurse leaves med hx form for patient/family to complete	Family forgets to complete	Same as above	4	8	5	160
and then						
Nurse picks up completed med hx form	Form left at bedside-complete or incomplete	Form gets lost, doesn't make it to chart, MD, or pharmacist	4	8	5	160
Nurse pulls off pharmacy copy and puts it in the pharmacy orders bin	Nurse forgets to pull pharmacy copy- places both in pt chart	Pharmacy doesn't receive completed copy of med rec	3	9	5	135

Leverage Points for Improvement

- Support from the MCIC—nursing and pharmacy.
- Shared recognition of problem and need to address it between nursing and pharmacy.
 - Pharmacy problem lack of consistency in where the medication history form is placed in the chart; this is viewed by nursing as their responsibility; and proposed location is no cost and easy to implement
 - It is not clear that nurses understand the expectation that the bottom copy of the medication history form should be placed in the pharmacy New Orders Bin; nursing believes this is an issue for education.

Check-in

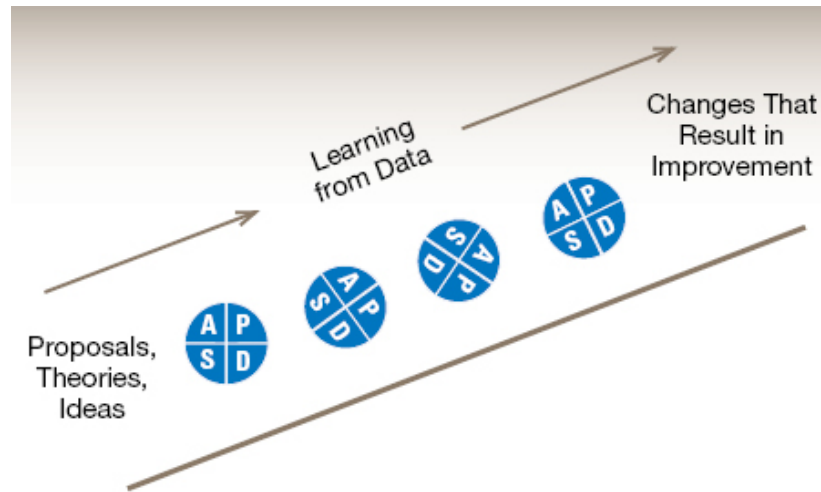
Do we have all the right/sufficient people engaged?

Does everyone understand their role(s) and responsibility?

How are we doing?

What more can we do?

What more can we do?



Example from a Partner

Institute for Family Health



Please remember to limit background noise to facilitate effective discussion.

Upcoming Dates

- **Deep dive calls:**
 - February 6, 9 - 10 am: Northwell
 - February 13, 9 - 10 am: Montefiore
 - February 27, 4 - 5 pm: Institute for Family Health
- **March/April:** Webinar
- **June:** In-person meeting

Please fill out this survey!

<https://www.surveymonkey.com/r/3HG5973>

Questions? Contact UHF Quality Institute

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Thank you for your hard work and commitment to PROPC-NY!

