PDSA Implementation Form

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| **AIM** |
| **What is your goal? What system or process do you want to improve? *Every goal will require multiple smaller tests of change.*** |
| To increase colo-rectal cancer (CRC) screening rates from 41% up to 51% by December 31, 2019, based on Salud’s 2019 QI Plan. |
| **Describe your first (or next) test of change: what are you going to do that is different from the process currently?** |
| We will train 2 MAs on CDV family practice Yellow Pod on how to **order CRC based on protocol** without awaiting provider task or verbal order by 5/10/2019 for patients who are already scheduled for a medical provider visit between 5/13/19-6/7/19 with either Mai Bui-Duy, MD or Steven Smith, MD, or Linda Wolbers, MD or Lluvia Esparza, BC-NP. |

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| **PLAN** | | | |
| **What measure will you use to learn if this is successful? How will you judge?** | Evaluate pods’ missed opportunities of ordering CRC screening 4 weeks prior and 4 weeks following the training. | | |
| **What baseline data do you need to understand what is currently happening?** | Missed opportunities of CRC screening 4 weeks prior to implementation. | | |
| **What do you expect the results of the test to be?** | Missed opportunities will decrease by 90% | | |
| **List the tasks needed to conduct this test.** | **Person Responsible** | **What will be done** | **When to be done** |
| Understand baseline data on missed opportunities of CRC screenings for Bui-Duy, Smith, Wolbers, and Esparza. Will review in the month prior to protocol training & implementation. | Alma Contreras | Run report on missed opportunities of CRC for Bui-Duy, Smith, Wolbers, and Esparza from 4/13/19-5/10/19 inclusive (1 month prior to protocol training & implementation) | 5/10/2019 |
| Write the protocol | Danielle Obinger | MA Order by Protocol created on how to order screening CRC screening without awaiting provider task or verbal order. | 5/1/2019 |
| Train MA’s on how to order FIT tests based on protocol. | Iriana Hinman and Dre Graeser | Develop Powerpoint and available printable resources explaining process | 5/10/2019 |
| Inform providers in selected teamlet of workflow change. | Mai Bui Duy | One on one email update to impacted providers (Bui-Duy, Smith, Wolbers, Esparza) informing MA will order FIT tests | 5/10/2019 |
| Run report on missed opportunities of CRC screenings for Bui-Duy, Smith, Wolbers, and Esparza from 5/13/2019-6/7/2019. | Alma Contreras | Run report on missed opportunities of FIT tests for Bui-Duy, Smith, Wolbers, Esparza, from 5/13/2019-6/7/2019. Will debrief results on Tues 6/11/19 w/ Iriana. | Week of 6/10/2019 |
| Complete PDSA and debrief results at next Clinical Directors & PCMH workgroup meetings to share findings with interested parties | Mai Bui-Duy | Complete PDSA and debrief results at Clinical Directors (7/3/19) & PCMH workgroup (8/7/19) meetings to share findings with interested parties | 7/1/2019 |

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| **DO** |
| Describe what happened when you carried out the test. Observations, findings, problems, special circumstances |
| * Same day appointments can be tough to find time to order when both provider & MA are busy * Not a lot of volume, hard to reminder to do * What about when patient is here for dental clearance only and has outside PCP * Would be great to train more MAs—to cover for breaks, if MA has to cover multiple providers * Some providers do not focus on Health Maintenance, rather just on chief complaint * Usually MA preps the kits and have them ready in Eng and Sp in the room drawers * The FIT protocol was easy: provider sends MA task, then MA will order * Lluvia likes to order colonoscopy rather than FIT; she will try to convince people to do colo and if successful then no need to order FIT * Many missed opportunities are with new patients * If it’s new patient we don’t have enough time to do PHQ9, vaccines, labs, etc. we usually catch up patients at the next visit. * Consider bundling all Health Reminder labs together to train MAs on what MAs can order by protocol (e.g. chlamydia, FIT, mammo, A1C, urine microalbumin, foot exam preparation) * Provider may order first before MA * It’s one more thing to order/do for MA… * Can be easier just to chart prep and write in the appointment notes that pt is due for FIT and then just give FIT kit when you see these comments in the appointment notes |

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| **STUDY** |
| How do the measured results compare to the data before you did the test? How do your results compare to what you predicted? What did you learn? |
| There was a total of 39 orders created during the reporting period; however according to the data only 9 (23%) were actually ordered by the MA (without having a provider’s request).     |  |  |  | | --- | --- | --- | | CRC Screening-Missed Opportunity | | | |  | **Pre-PDSA**  **4/16-4/30** | **During PDSA**  **5/14-6/7** | | Bui-Duy, Mai-Khanh MD | 25% | 25% | | Esparza, Lluvia FNP-BC | 55% | 23% | | Smith, Steven MD | N/A | 83% | | Wolbers, Linda MD | 100% | 67% |     The tables below have more detailed data:  Pre-PDSA (4/16-4/30)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **# of pts Age 50-75 see by provider** | **# of patients eligible for a CRC screening (this number excludes :  Pt with a current screening or who have a pending order PRIOR TO THE PDSA)** | **# of  patients who received an ordered during Reporting period** | **Ordering Rate** | **Missed Opportunity** | | Bui-Duy, Mai-Khanh MD | 12 | 4 | 3 | 75% | 25% | | Esparza, Lluvia FNP-BC | 26 | 20 | 9 | 45% | 55% | | Wolbers, Linda MD | 3 | 2 | 0 | 0% | 100% | | Total | 41 | 26 | 12 | 46% | 54% |     During PDSA  (5/14-6/7)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **# of pts Age 50-75 see by provider** | **# of patients eligible for a CRC screening (this number excludes :  Pt with a current screening or who have a pending order PRIOR TO THE PDSA)** | **# of  patients who received an ordered during Reporting period** | **Ordering Rate** | **Missed Opportunity** | | Bui-Duy, Mai-Khanh MD | 35 | 16 | 12 | 75% | 25% | | Esparza, Lluvia FNP-BC | 42 | 30 | 23 | 77% | 23% | | Smith, Steven MD | 16 | 12 | 2 | 17% | 83% | | Wolbers, Linda MD | 14 | 6 | 2 | 33% | 67% | | Total | 107 | 64 | 39 | 61% | 39% |     What did you learn?   * It can be done: missed opportunities did in fact decrease * However this may be more due to greater provider awareness re: CRC screening as only 9/23 orders actually were done by MA * It may be hard for main MA to order alone if float MAs don’t know how to place order * How do we switch from a culture of MAs being discouraged from placing orders (e.g. verbal orders) and now we are encouraging them to order from a protocol? |

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| **ACT** |
| What will you do differently in your next test? |
| * Plan to train all MAs on how to order by protocol (Data Systems needs to set up training time w/ Iriana; also Data Systems has set up auto-ordering from POM and from Health Reminder itself that associates dx w/ FIT order) |