

Building Capacity Block by Block: Quality Improvement (QI)

How are grantees improving QI?

Building QI infrastructure

- Creating chronic care dashboards to find and monitor opportunities for improvement
- Developing infrastructure for reviewing and refining PDSAs, and sharing best practices
- Hiring data analysts in the QI dept.
- Placing coaches at each site to help with implementing QI processes

Using QI to improve care team huddles

- Having QI coaches work on-site with scare teams
- Doing PDSAs to evaluate and improve process of care team huddle prep
- Documenting current huddle practices and piloting adjustments based on findings

Using data to enhance QI efforts

- Reviewing data monthly by care team to inform improvement strategies
- Posting data in staff areas to show how teams are doing and where they can improve
- Optimizing EHR to include clinical decision making tools / modules

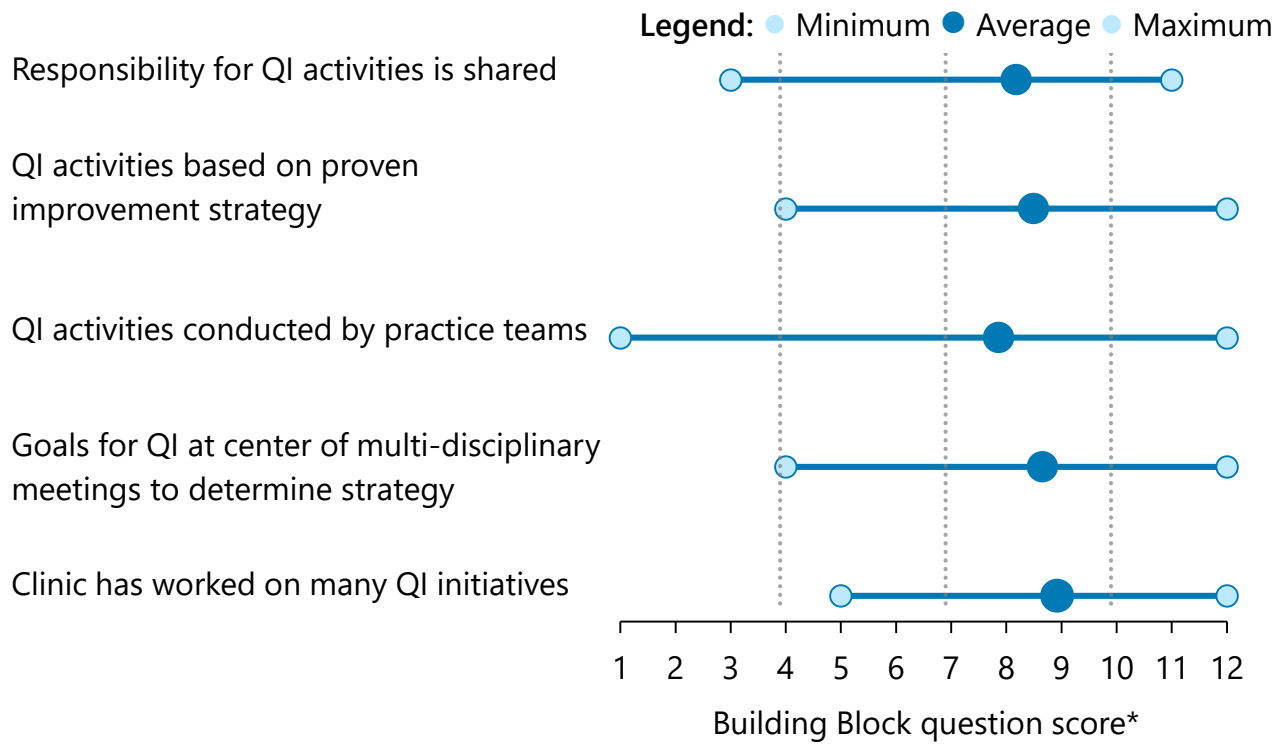
How are grantees using QI to improve blood pressure (BP) control?

- Piloting and monitoring self-measured blood pressure programs
- Conducting annual medical assistant & nurse competencies on BP measurement, and providing refresher trainings based on audits
- Using weekly dashboards with repeat BP data to provide feedback and coaching
- QI coaches work closely with sites to implement processes & protocols to monitor & improve hypertension outcomes

What is the range of QI scores by question?

At mid-initiative (May 2018), there was a wide variety of capacity across health centers and clinics. (N=62 health center organizations and hospital sites).

See reverse side for full wording of the five questions in this domain.

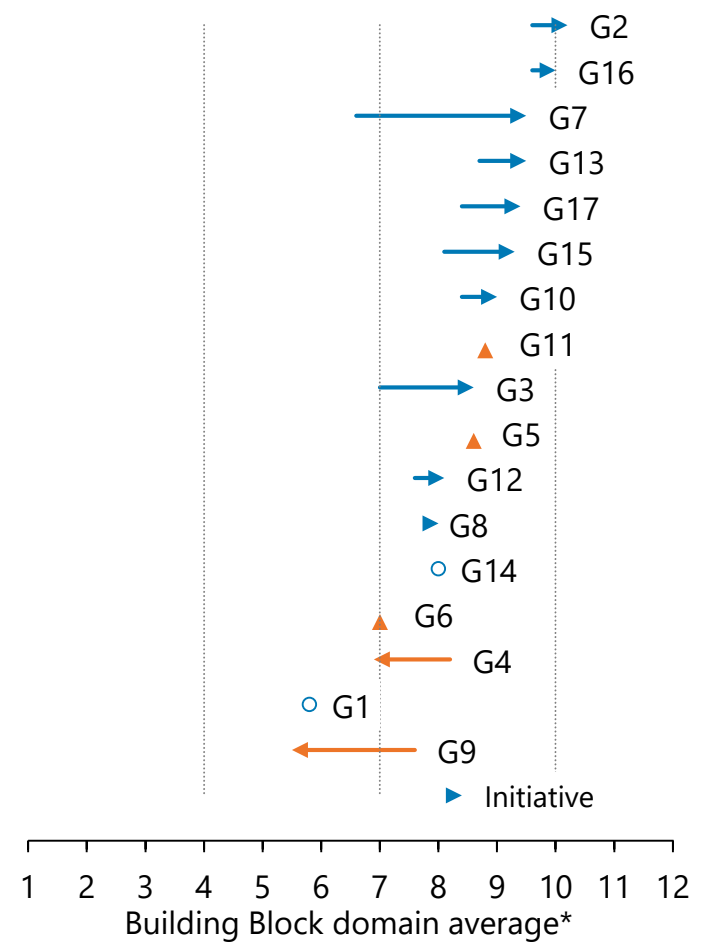


How have QI domain averages changed over time?

10 of 17 grantees (G1-G17) reported improved scores at mid-initiative since baseline.

Legend: ◀ Decrease ○ No change ▶ Increase

Length of arrow = amount of change over time



Level of capacity	*Score (scale 1-12)
A (highest)	10-12
B	7-9
C	4-6
D (lowest)	1-3

	Level D			Level C			Level B			Level A		
9. The responsibility for conducting quality improvement activities	...is not assigned by leadership to any specific group.			...is assigned to a group without committed resources.			...is assigned to an organized quality improvement group who receive dedicated resources.			...is shared by all staff, from leadership to team members, and is made explicit through protected time to meet and specific resources to engage in QI, and staff feel empowered to offer ideas.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
10. Quality improvement activities	...are not organized or supported consistently.			...are conducted on an ad hoc basis in reaction to specific problems.			...are based on a proven improvement strategy in reaction to specific problems.			...are based on a proven improvement strategy and used continuously in meeting organizational goals.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
11. Quality improvement activities are conducted by	...a centralized committee or department.			...topic specific QI committees.			...all practice teams supported by a QI infrastructure.			...practice teams supported by a QI infrastructure (e.g., dedicated QI staff) with meaningful involvement of patients and families.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
12. Goals and objectives for quality improvement	...do not exist.			...exist on paper, but are not widely known.			...are known by staff, but are only occasionally discussed in meetings.			...are the centerpiece of multidisciplinary meetings aimed at developing strategies to meet objectives.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
13. The clinic has worked on	...fewer than 3 quality and process improvement initiatives over the last three years. The clinic has seen very little or no improvements in efficiency or outcomes as a result of these projects. Staff that work on these improvement projects meet as needed.			... a few (<5) quality and process improvement initiatives over the last three years, but most projects have focused on improving operational efficiencies (cycle time, no show rates, workflows, etc.). Staff that work on these improvement projects meet monthly. A committee that oversees these all quality improvement projects meets quarterly.			...many (>5) quality and process improvement initiatives over the last three years, and can point to some improvements in clinical outcomes (e.g., screening/immunization rates, HbA1c, blood pressure, etc.). The project team(s) is/are currently working on 2+ improvement projects and meets every other week. A committee that oversees these efforts meets monthly to quarterly.			... many (>5) quality and process improvement initiatives over the last three years, has demonstrated improvements across multiple clinical outcomes, and has standardized many of these improvements across the organization. Staff working on current quality improvement efforts meet weekly, and a committee that oversees these efforts meets at least monthly.		
Score	1	2	3	4	5	6	7	8	9	10	11	12

Adapted by the Center for Community Health and Evaluation for Kaiser Permanente's PHASE initiative with permission from Center for Excellence in Primary Care (CEPC) and Building Clinic Capacity for Quality (BCCQ) Program, October 2016.

Scale: Level D: score of 1-3 (lowest capacity) ||| Level C: score of 4-6 ||| Level B: score of 7-9 ||| Level A: score of 10-12 (highest capacity)