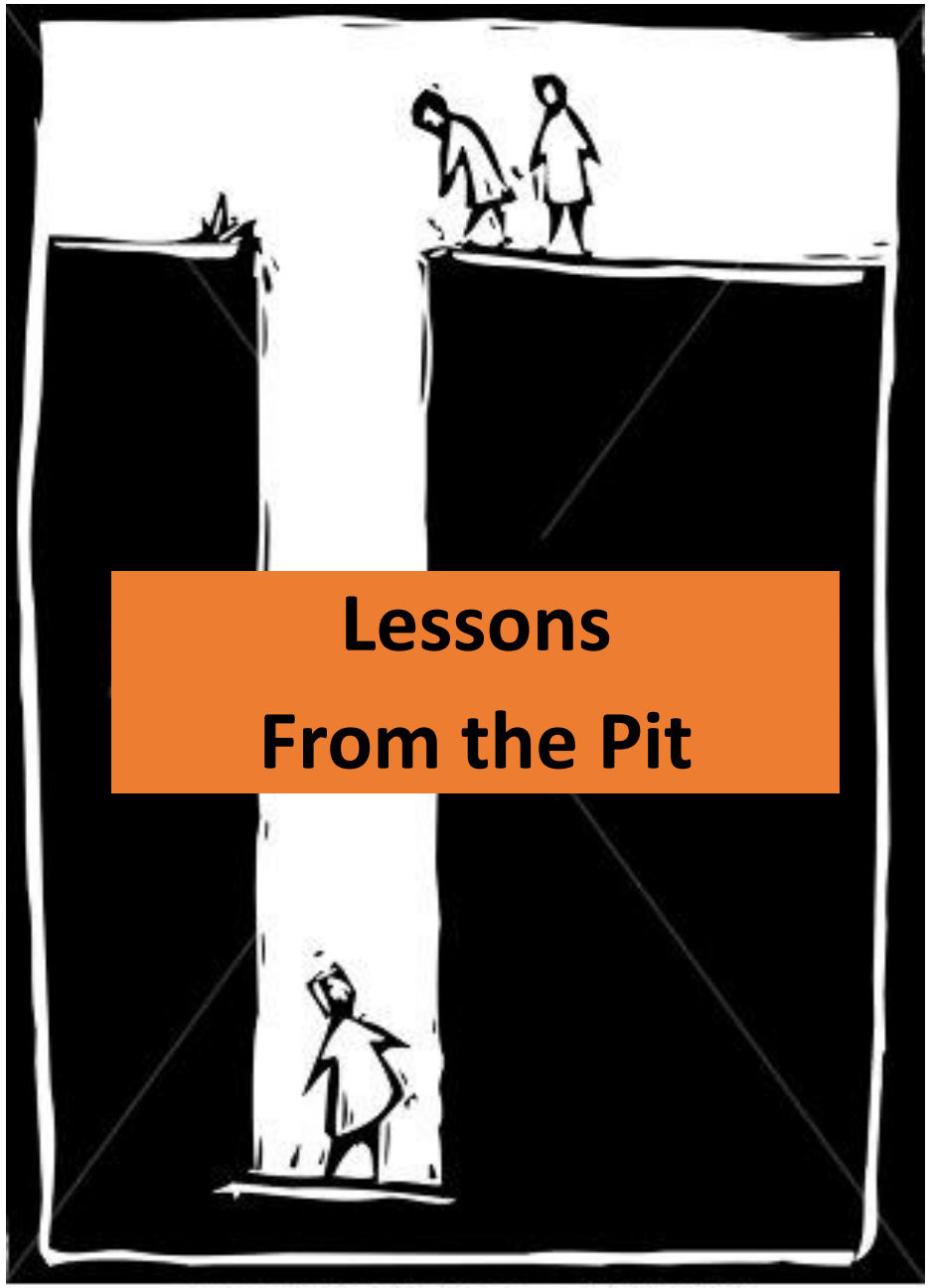
Best Practices

Share the best practices that you learned yesterday and will take back to your country!

PITFALLS

If you fall into a pit, I hope you learned something

Barbara Chase McKinney, MD, MPH
LARC Learning Session #3
17 MAY 2017
Mbabane Swaziland



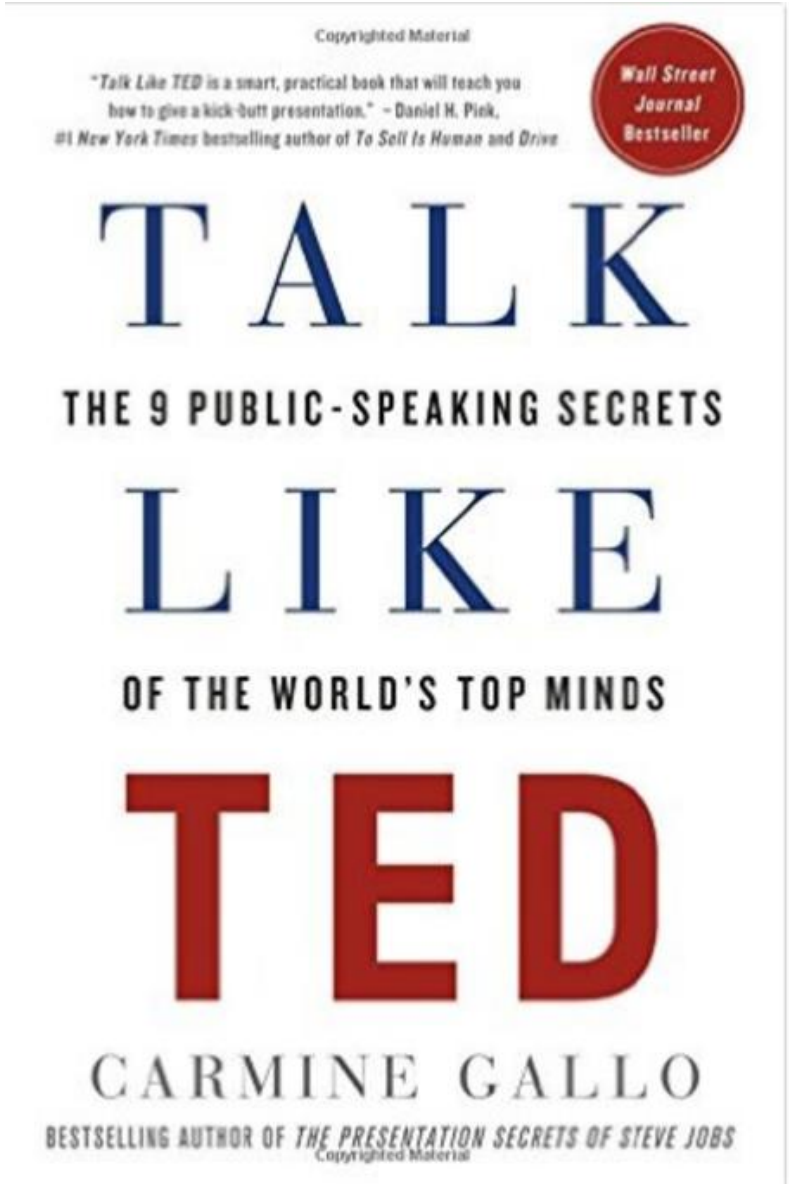
Small Test of Change: This Presentation

Talk Like TED

1. TED Talkers engage more directly with the audience.

2. TED Talks are story driven.

3. There's a hard stop at 18 minutes.



https://www.ted.com/playlists/171/the_most_popular_talks_of_all

Today's Format

✓Story……..	Reveal the Pitfall
✓Interview……..	Your colleagues did/learned
✓Knowledge Burst……	Lecture / Activity
✓Discussion……..	Questions/Comments/Sharing

Today's Topics – 5 Top Pitfalls

5 Pitfalls to ~~Avoid~~ **LEARN FROM**

- Lack of detailed **process mapping** → Most impactful project not chosen
- Not selecting the appropriate **metric** for the aim
- Inadequate **data collection**
- Non-standardized **site visits**
- Not seeing the **big picture**

What to do differently next time

Process Mapping

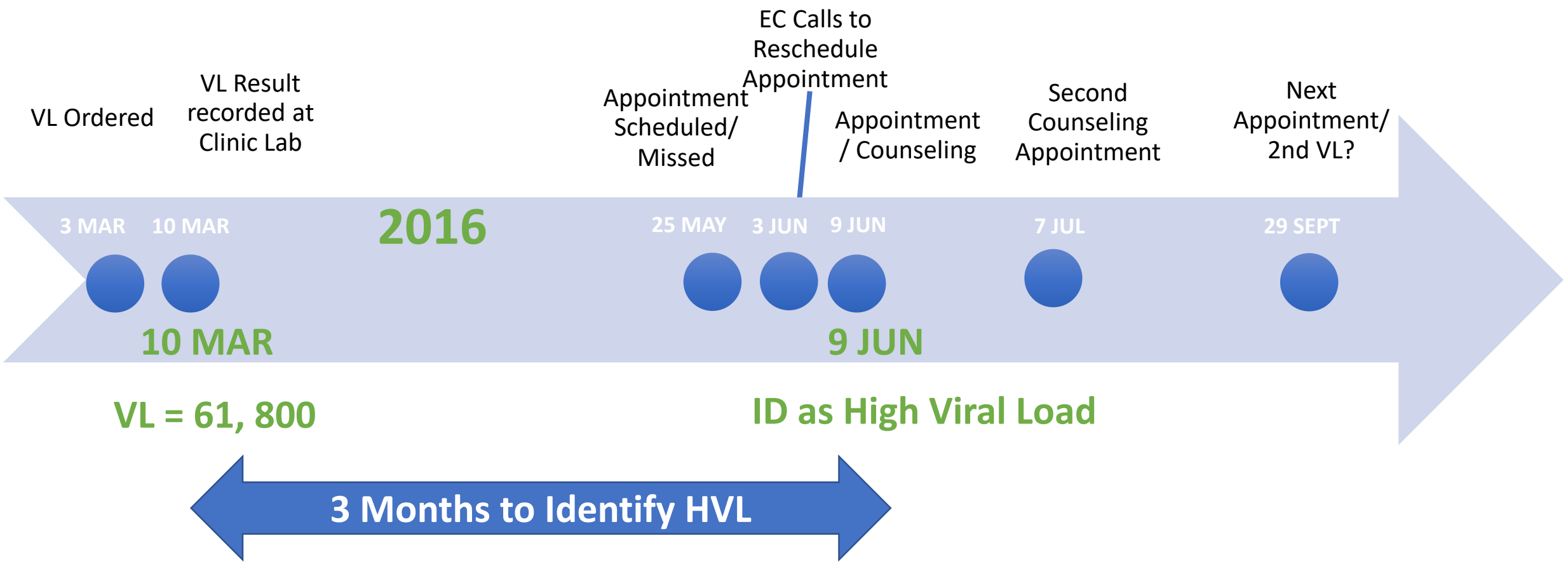
Selecting the most impactful project from the start

Interview

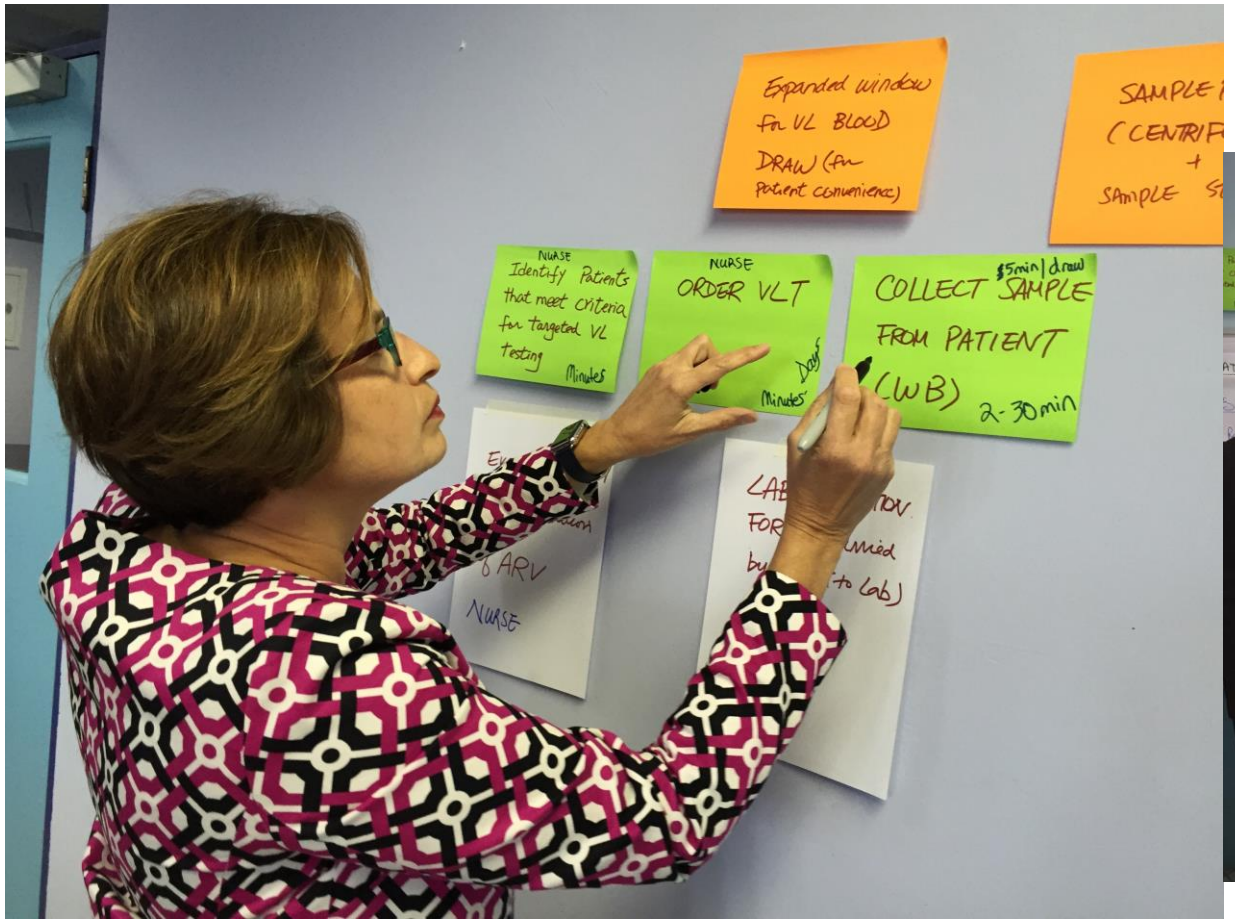
Ruth

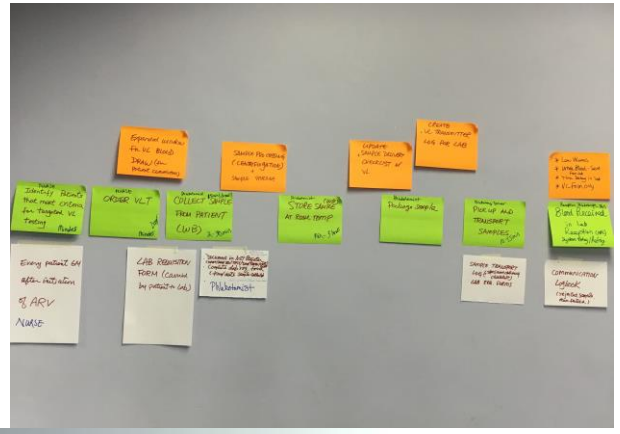
Lecturer at Swaziland University

Story: Patient B ”Falls through the Cracks”



Process Mapping in Classroom

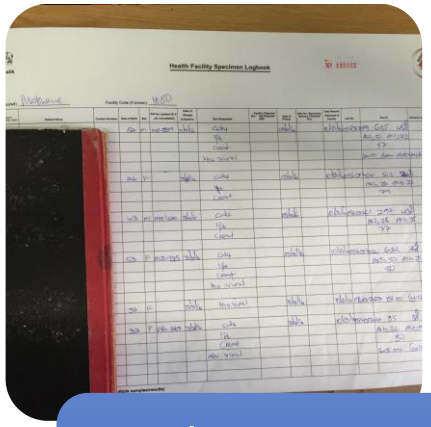




Go & See - Trace/Validate Process at Site

What did we find at Moshane Clinic? Logs, Registers, and more Logs

Process: Reported Current State



Results to Phlebotomist

- Record in Lab Specimen Log

Results to ART Nurse

- Review

Results to Expert Client

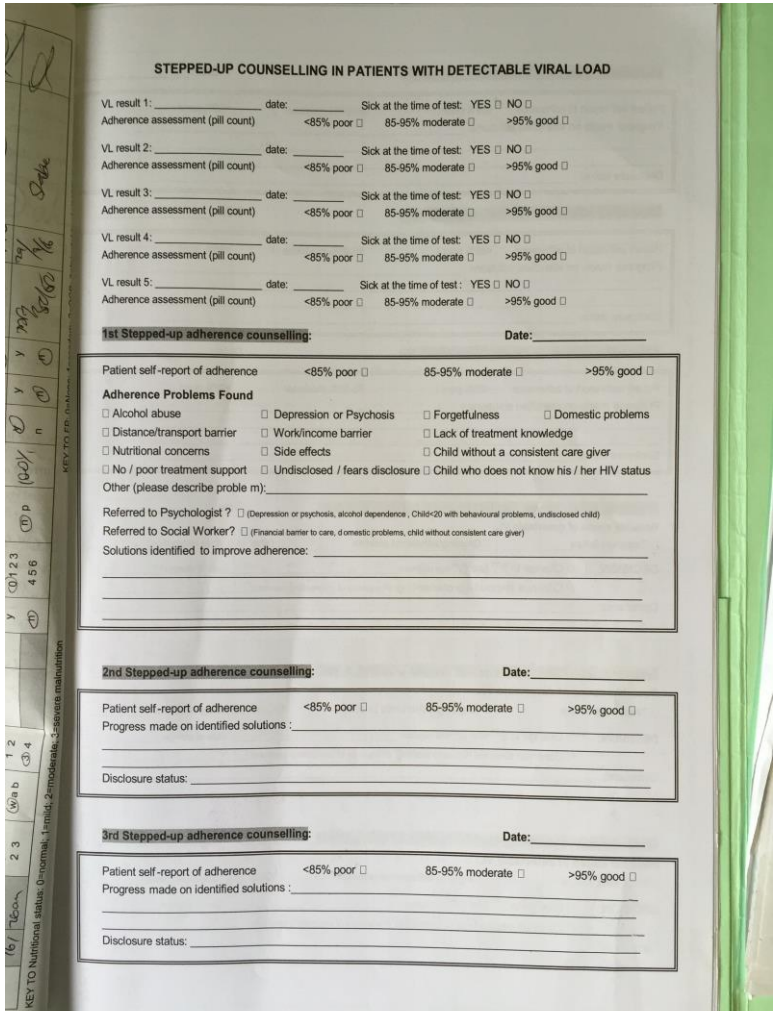
- Call to make appointment

Expert Client Checks Appt. Register

- F/U Appointment

Where are the printed laboratory results?

NOT in the patient's chart



STEPPED-UP COUNSELLING IN PATIENTS WITH DETECTABLE VIRAL LOAD

VL result 1: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 2: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 3: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 4: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 5: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

1st Stepped-up adherence counselling: Date:_____

Patient self-report of adherence <85% poor ☐ 85-95% moderate ☐ >95% good ☐

Adherence Problems Found

☐ Alcohol abuse ☐ Depression or Psychosis ☐ Forgetfulness ☐ Domestic problems
☐ Distance/transport barrier ☐ Work/income barrier ☐ Lack of treatment knowledge
☐ Nutritional concerns ☐ Side effects ☐ Child without a consistent care giver
☐ No / poor treatment support ☐ Undisclosed / fears disclosure ☐ Child who does not know his / her HIV status
Other (please describe proble m):_____

Referred to Psychologist ? ☐ (Depression or psychosis, alcohol dependence , Child<20 with behavioural problems, undisclosed child)
Referred to Social Worker? ☐ (Financial barrier to care, d omestic problems, child without consistent care giver)
Solutions identified to improve adherence: _____

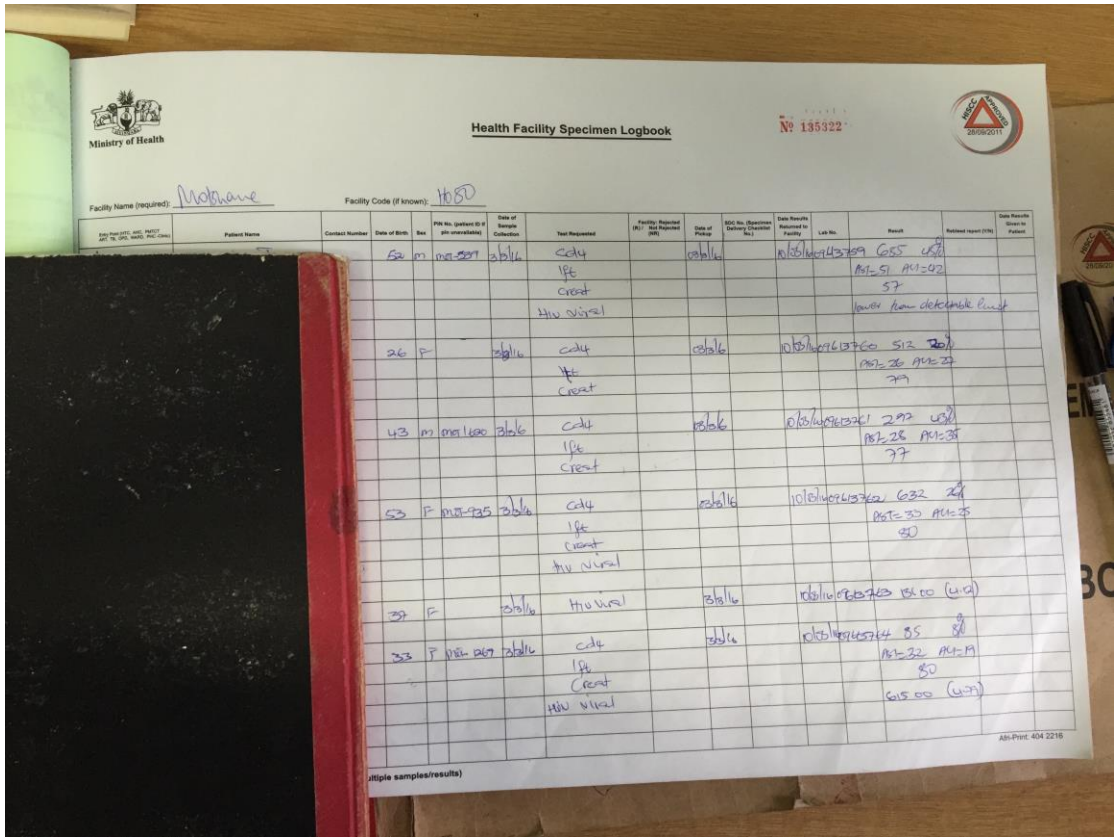
2nd Stepped-up adherence counselling: Date:_____

Patient self-report of adherence <85% poor ☐ 85-95% moderate ☐ >95% good ☐
Progress made on identified solutions :_____
Disclosure status: _____

3rd Stepped-up adherence counselling: Date:_____

Patient self-report of adherence <85% poor ☐ 85-95% moderate ☐ >95% good ☐
Progress made on identified solutions :_____
Disclosure status: _____

YES, results recorded in the lab register



Ministry of Health

Health Facility Specimen Logbook

№ 135322

Facility Name (required): Mobhane

Facility Code (if known): 1080

Patient Name	Contact Number	Date of Birth	Sex	PIN No. (patient ID if pin unavailable)	Date of Sample Collection	Test Requested	Facility Rejected (R) / Not Rejected (NR)	Date of Pickup	SDC No. (Specimen Delivery Checklist No.)	Date Results Returned to Facility	Lab No.	Result	Retrieval report (Y/N)	Date Results Given to Patient
		52	m	MOT-589	3/3/16	Cd4 1ft Creat Hiv Viral		03/3/16		10/03/16	09 43759	655 45% AST=51 ALT=42 57 lower than detectable limit		
		26	F		3/3/16	Cd4 1ft Creat		03/3/16		10/03/16	09 613760	512 20% AST=26 ALT=27 79		
		43	m	MOT 1620	3/3/16	Cd4 1ft Creat		03/3/16		10/03/16	09 613761	297 43% AST=28 ALT=35 77		
		53	F	MOT-935	3/3/16	Cd4 1ft Creat Hiv Viral		03/3/16		10/03/16	09 613762	632 26% AST=33 ALT=25 80		
		37	F		3/3/16	Hiv Viral		3/3/16		10/03/16	09 613763	136 00 (4.12)		
		33	F	MEL 269	3/3/16	Cd4 1ft Creat Hiv Viral		3/3/16		10/03/16	09 613764	85 8% AST=32 ALT=19 80 615 00 (4.79)		

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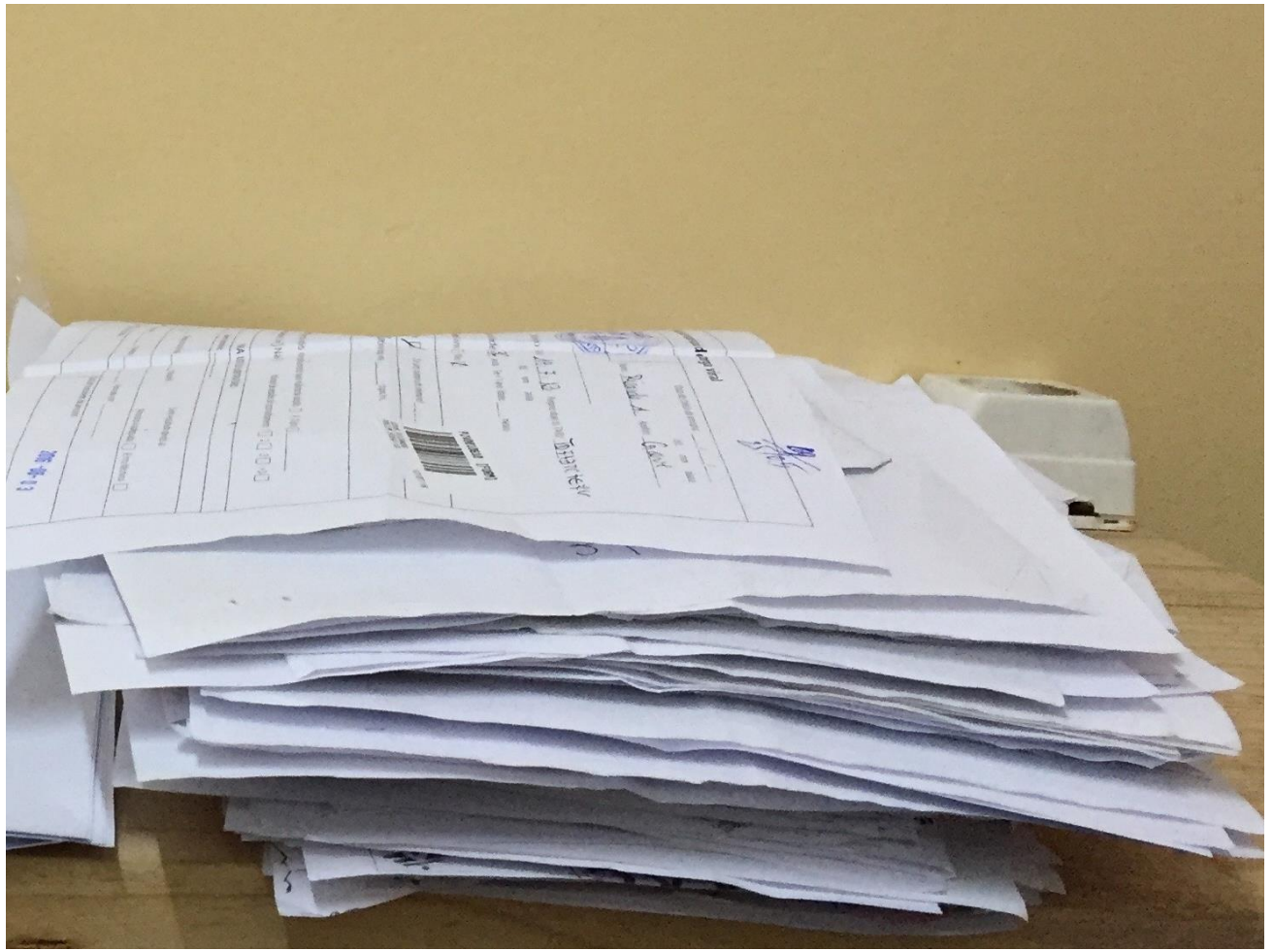
ultiple samples/results)

Go & See - Trace/Validate Process at Site

Where are the printed laboratory results?

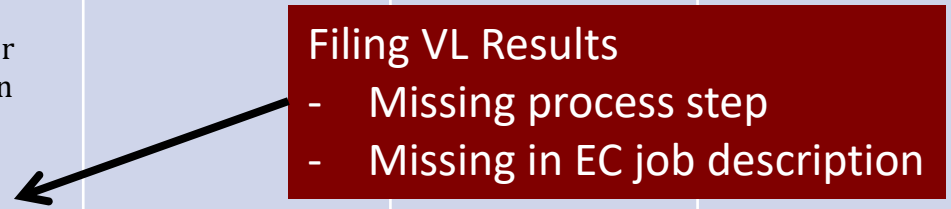
Tracing the patient care

Unfiled, on the expert client's desk (last 3 months)



The ‘Ah Ha’ Moment

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
14. Receive results and enter in NST logbook; sort result printouts into high vs low VL piles		Phlebotomist	0.5 hour	NST logbook; test result reports	Direct communication of high VL results to clinic and patients (SMS); make high VL results visible (e.g., highlight)
15. Deliver results to ART nurse		Phlebotomist	0.5 day		In-box on wall to receive high VL reports
16. Review results and deliver to Expert Client for follow-up action		ART nurse	0.5 day		Have one dedicated nurse to manage care of all patients with high VL results; in-box on wall to receive high VL reports
17. Call patients with high VL results and schedule appointment for clinic visit	To coincide doctor's visit	Nurse/expert client	1-4 days	Call log and appointment book	How to identify all high VL patients
18. Monitor call log, appointment book, and chronic patient files		Expert client			Create a diary to ensure all follow-ups are done



Interview

Isaac

LARC Team Member

Laboratory M & E Specialist, Malawi

Process steps (1)

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
1. Check patient in at ART Clinic	Give queue number to patient Collect health passport (HP) Pull Master Card (MC) (based on ART #) May give VLPR form to patient	Clerk or Expert Client	Minutes	Master Card (MC) Health Passport HP) VLPR Form	
2. Educate patient on viral load testing / group talk	8-9 am group counseling	Expert Client	15 Minutes – 1 Hour		Vests for ECs Messaging asking, "Do you know your number?" VL Posters on Wall in Waiting area
3. Assess patient	1) Determine height & weight 2) Complete HP; Return HP & MC to patient 3) Assess eligibility for viral load testing – Check EDS, HP, MC & ask patient if they have been on ART for 6 months **4) To determine eligibility for viral load (VL)**, complete Viral Load Patient Register (VLPR) Form 5) Escort patient to HTC if eligible	Clerk or Expert Client	5-30 minutes	Health passport Master Card VLPR Form	Health passport needs specificity – Blank pages in some currently Better for patient to see nurse to determine adherence prior to viral load testing

Knowledge Burst

*"The first step in any organization is to draw a flow diagram (process map) to show how each component depends on others. Then everyone may understand what their job is. If people do not **see** the process, they cannot **improve** it."*

W Edwards Deming
(1900-1993)

"Draw a flowchart (process map) for whatever you are doing. Until you do, you do not fully understand what you are doing. You just have a job.”

W Edwards Deming (1900-1993)

Project Kickoff – Two Day Overview

Day #1	Day #2
• Orientation • Process Mapping Current State	Project Outline Completed
Process Mapping @ Site - Go and See	Action Plan

Process Mapping (PM) Session Overview

Activity	Time Needed
Before the Meeting (Planning / Organizing / Inviting)	1 or > mo. before session
DEFINE THE PROCESS you will study • Identify the first and last step that you will include in your process	
IDENTIFY ALL THE STAKEHOLDERS/CADRES who will be involved in (i.e. touch) the process • Select one person from each of the cadres to invite to meeting	
IDENTIFY & ENGAGE THE PROCESS OWNER – Who will be responsible for the process when the consultant or project team leaves?	
TEAM SELECTION • Select & notify team members • Consider team roles	
SET TIME AND DATE FOR MEETING / INVITE PARTICIPANTS - Allow 1 day for mapping the initial process & 1 day for designing/organizing the project	Plan for 2 days of meeting
COLLECT ANY AVAILABLE BASELINE DATA	
PM Meeting	½ day meeting
Set up a time/place with as few distractions as possible	
Explain purpose – the WHY - of meeting / Scope of project Allow all stakeholders an opportunity to share their perspectives on the process	
Begin by obtaining the high-level steps in the process (Sticky notes on flip chart work well)	
Next complete process table – Determine what happens at each step, who performs the activities, approximate duration, forms/charts used and identify the "pitfalls" (Suggest the term "opportunities for improvement" instead of "pitfalls")	

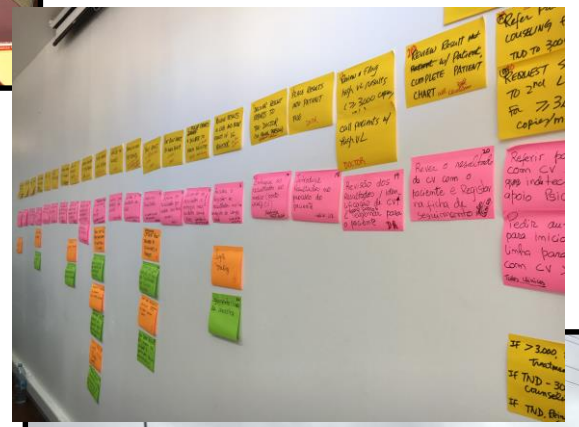
Go & See – Site Visit	½ day site visit
GO SEE - Go see the process – Walk the process, seeking detail & clarity at each step; Determine what is actually happening versus what people think is happening	2-3 hour minimum
CHART REVIEW – Pull 3-5 patient charts/records/files and assess care processes (Chart Review Checklist) (May move activity to Day 2 if time is insufficient)	30 minutes to 1 hour
Designing/Organizing Project	½ day to full day meeting
PRIORITIAZTION - Prioritizing the improvement opportunities (Brainstorming then Impact/Effort Grid) – Process owner, leadership, team leads, team members, key stakeholders should be present to obtain buy-in	2 hours
PROJECT DESIGN – • Set up the project with an aim, measure, and timeline • Determine metric • Design Data Collection Tool/Plan • Complete Project Outline • Create Elevator Speech	2-3 hours
NEXT STEPS – Action Plan, Team Meeting Schedule, Site Visit schedule	1 hour
START IMPROVING	

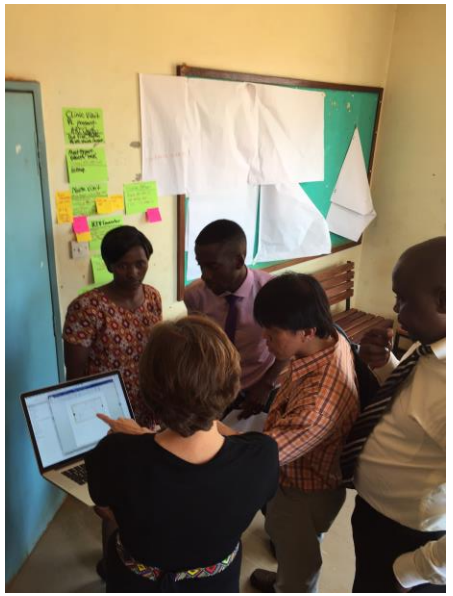
Project Kickoff – Day #1

Day #1

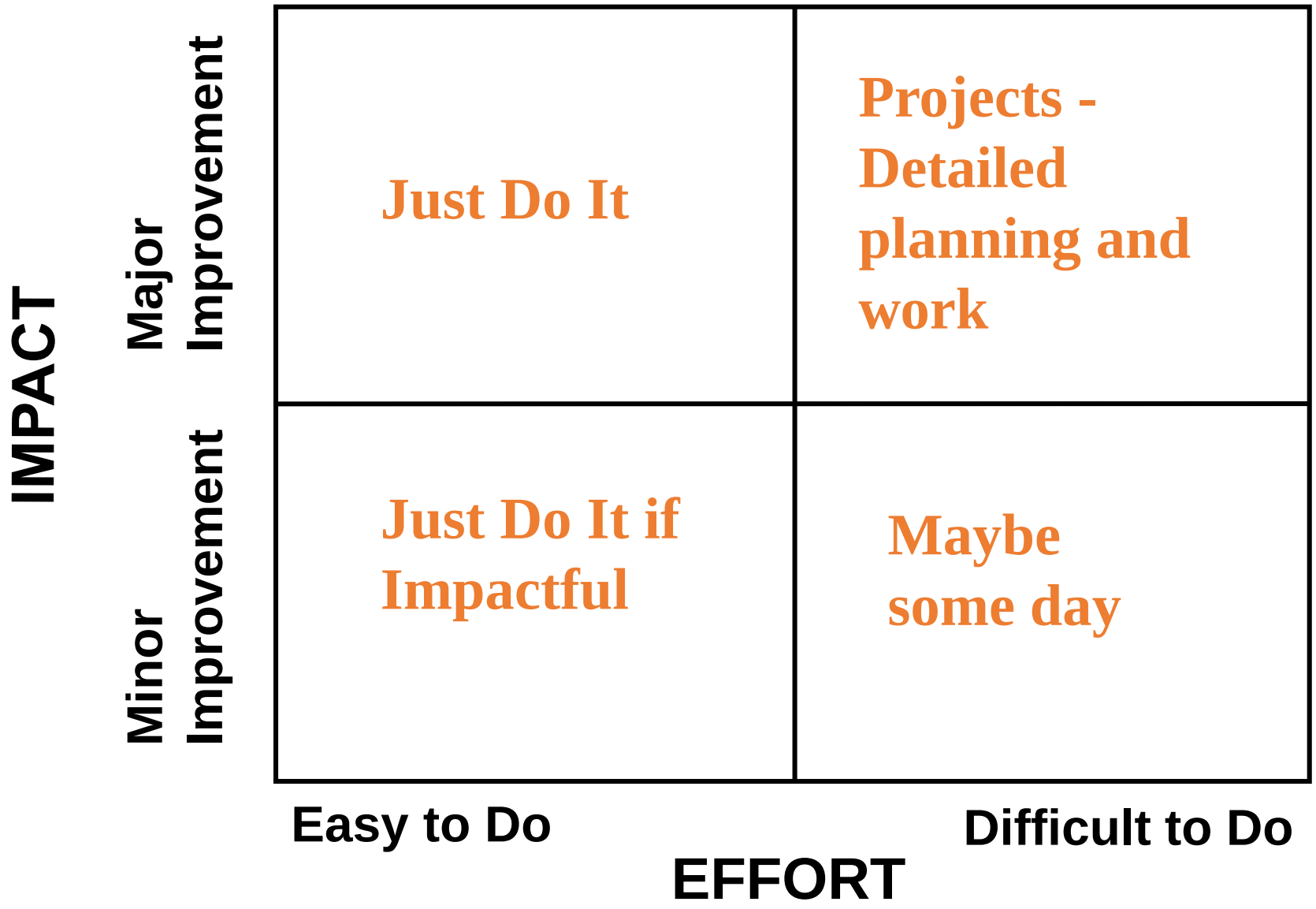
• Overview
  • “Start with Why”
  • Review Viral Load Cascade
  • Review Process Mapping

Process Mapping Current State
Process Mapping @ Site - Go and See Chart Review



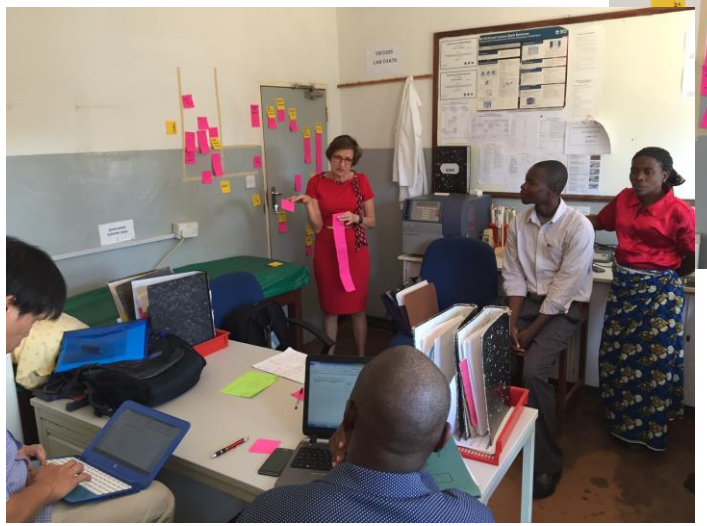


IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities



Project Kickoff – Day #2

Day #2
Summarize & Prioritize <u>Opportunities for Improvement</u> Ask 3 Questions Aim Statement Metric Selection with Data Collection Tool & Plan Elevator Speech
Action Plan Team Roles Set Meeting & Site Visit Dates



Quality Improvement Project Outline

Team

ROLE	RESPONSIBILITY	NAME
Champion/Sponsor		
Team Leader		
Data Manager		
QI Expert / Coach		
Front Line Team Member/s		
Manager Front Line Team Member/s		

Three Questions

THE THREE QUESTIONS	DEVELOP	YOUR ANSWERS
What are you trying to accomplish?	**AIM**	
How will you know if a change is an improvement?	**METRIC**	
What change will you make that will result in an improvement?	**CHANGE**	

DMAIC

PHASE	KEY COMPONENTS	PROJECT DETAILS
Define	Gap: Aim with Timeline:	
Measure	Baseline Measure: Data Source: Sample Size:	
Analyze	Contributing Factors:	
Improve	Intervention: Re-measure (Graphical Display):	
Control	Project Owner: Control Plan: Communication: Lessons Learned:	

Accomplishments:

Aim Statement

Improve (increase, decrease) _____ (metric) from _____ to ____ by _____ (date).
Do What, by When?

Elevator Speech

This project is about _____
As a result of these efforts, _____

It's important because we are concerned about:

- _____
- _____

Success will be measured by showing improvement in:

- _____
- _____

What we need from you –

_____

Action Plan

Action Item	By whom?	By When?
1. Create Hand-off Tracking Sheet	Sehlephi (ICAP)	July 12
2. Supply high VL in-boxes for ART clinic	Dan (CDC)	July 12
3. Produce site-level high VL result report by month	Sindisiwe (NRL)	July 13
4. Collect baseline data	Hloniphile (Site)	July 15
5. Revise LARC proposal	Dan (CDC)	July 15
6. Analyze baseline results	Sindisiwe (NRL)	July 29
7. Create PowerPoint for Tanzania meeting	Dan (CDC)	July 29
8. Send sample rejection criteria to clinic	Siphiwe (NRL)	July 31
9. Share VL training curriculum	Katy (CDC)	July 31
10. Contact CNO for national algorithm training on site	Sindisiwe (NRL)	August 31
11. Clarify job description for Expert Client - Include timely filing of viral load test results to patient charts	CNO MOH	November 1

Metric Selection

Matching your metric to your aim

ACTIVITY

What you will need:

Case Study: Matching the Metric (Measure) with the Aim

Pens

- Review the Aim Statement with your group:
  - Is it clear? How will you know if any change that you implement is an improvement? Can you measure it?
- Select the best metric for the project from the multiple choices
- Based on the metric that you selected, design a data collection tool/plan and data display
- Debrief with the group

Metrics – Case Studies

ACTIVITY

Case Study # 1:
Matching the Metric (Measure) with the Aim

AIM:
Increase the proportion of ART clients accessing Viral Load Testing (VLT) from 38% to 80% by 30 Aug 2017.

<u>Evaluate the Aim Statement:</u>
How will you know if any change that you implement is an improvement?
Is the aim statement clear? Are the terms defined?
Can you measure it?

If not clear or measurable, then rewrite the aim statement:

Defend your answer:

Access – what is it and how to measure

- Access =
- Metrics for Access
  - 2nd or 3rd next available appointment
  - Call Metrics – Answer time, abandonment rate, hold time, calls results in resolution
  - Customer Satisfaction
  - Wait times
  - Capturing copays & insurance verification
  - Pre-registration rate & registration accuracy

ACTIVITY

Case Study # 2:
Matching the Metric (Measure) with the Aim

AIM:
To create VLT access awareness to 80% of Civil Service Organizations (CSOs) within Clinic X's catchment area by Oct 2016

<u>Evaluate the Aim Statement:</u>
How will you know if any change that you implement is an improvement?
Is the aim statement clear? Are the terms defined?
Can you measure it?
Is there a baseline and goal set?

If not clear or measurable, then rewrite the aim statement:

Defend your answer:

ACTIVITY

Case Study # 3:
Matching the Metric (Measure) with the Aim

AIM:
To increase on time starts for operating room cases from 23 % to 75% by 30 October 2016.

<u>Evaluate the Aim Statement:</u>
How will you know if any change that you implement is an improvement?
Is the aim statement clear? Are the terms defined?
Can you measure it?
Is the goal realistic?

If not clear, measurable or realistic, then rewrite the aim statement:

_____

Defend your answer:

ACTIVITY

Case Study # 4:
Matching the Metric (Measure) with the Aim

AIM:
To create VLT access awareness to 100% of clinicians at Clinic X by Oct 2016

<u>Evaluate the Aim Statement:</u>
How will you know if any change that you implement is an improvement?
Is the aim statement clear? Are the terms defined?
Can you measure it?
Is there a baseline and goal set?
Is the goal realistic?

If not clear, measurable or realistic, then rewrite the aim statement:

Defend your answer:

ACTIVITY

Case Study # 5:
Matching the Metric (Measure) with the Aim

AIM:
To have user friendly SOPs/Guidelines available in all consultation rooms by Oct 2016

<u>Evaluate the Aim Statement:</u>
How will you know if any change that you implement is an improvement?
Is the aim statement clear? Are the terms defined?
Can you measure it?
Is there a baseline measure and goal set?
Is the goal realistic?

If not clear, measurable or realistic, then rewrite the aim statement:

Defend your answer:

Data Collection

Creating a Data Collection Tool & Plan

Displaying Your Data

Interview

Victor

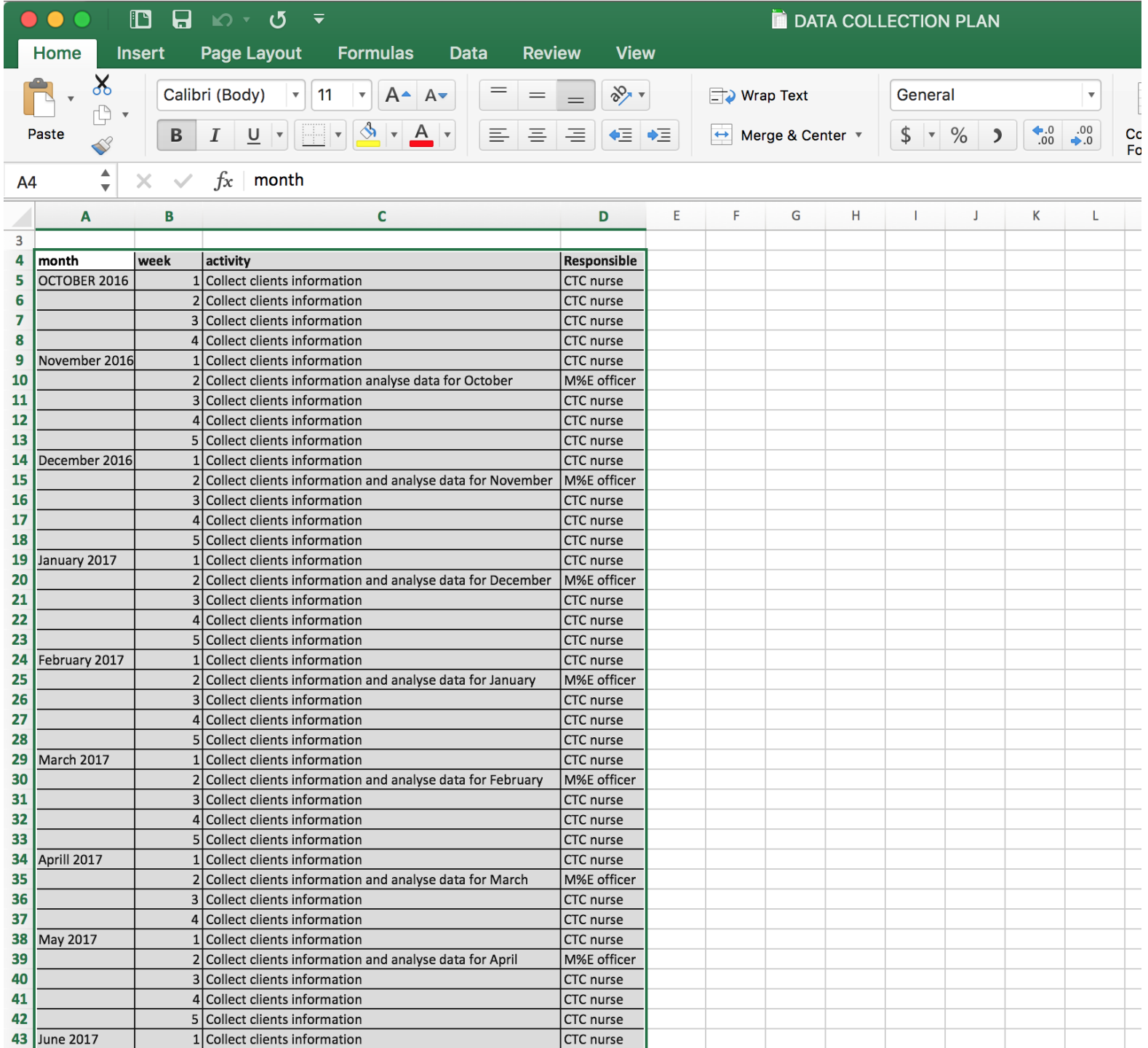
LARC Team Member

M & E Specialist, Tanzania

Data Collection Tool

UNIQUE CTC NUMBER	Age	SEX	Viral Load Results (cp/ml)	Date of Viral Load Testing	Date of Viral Load Results at CTC	HVL (YES/NO)	Phone Call Made /Appointment Date	Follow-up Visit for EAC

Data Collection Plan



month	week	activity	Responsible
OCTOBER 2016	1	Collect clients information	CTC nurse
	2	Collect clients information	CTC nurse
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
November 2016	1	Collect clients information	CTC nurse
	2	Collect clients information analyse data for October	M%E officer
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
	5	Collect clients information	CTC nurse
December 2016	1	Collect clients information	CTC nurse
	2	Collect clients information and analyse data for November	M%E officer
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
	5	Collect clients information	CTC nurse
January 2017	1	Collect clients information	CTC nurse
	2	Collect clients information and analyse data for December	M%E officer
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
	5	Collect clients information	CTC nurse
February 2017	1	Collect clients information	CTC nurse
	2	Collect clients information and analyse data for January	M%E officer
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
	5	Collect clients information	CTC nurse
March 2017	1	Collect clients information	CTC nurse
	2	Collect clients information and analyse data for February	M%E officer
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
	5	Collect clients information	CTC nurse
Aprill 2017	1	Collect clients information	CTC nurse
	2	Collect clients information and analyse data for March	M%E officer
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
May 2017	1	Collect clients information	CTC nurse
	2	Collect clients information and analyse data for April	M%E officer
	3	Collect clients information	CTC nurse
	4	Collect clients information	CTC nurse
	5	Collect clients information	CTC nurse
June 2017	1	Collect clients information	CTC nurse

In God we trust, all others must bring data…

W Edwards Demming

MAYO CLINIC

Practice Redesign of the Pre-operative Evaluation (POE) Clinic: A Quality Improvement Initiative

Matthew Lundy, MBA, MHA, Barbara Chase McKinney, MD, MPH*,
Virginia Reynolds, RN, Frank Ray, MBA, Joan M. Irizarry-Alvarado, MD
Mayo Clinic, Jacksonville, FL

Description

The vast majority of surgical patients (90%) at Mayo Clinic Florida (MCF) are medically optimized and cleared for surgery through the Pre-Operative Evaluation Clinic (POE). The MCF surgical practice prioritized increasing surgical volumes and decreasing the length of the surgical itinerary for patients. These priorities impacted POE by increasing demand for POE services, especially same day/next day (SD/ND) POE requests.

A multidisciplinary team of stakeholders met over 5 months and used the DMAIC process to address the issues. The team utilized multiple quality improvement tools—**Process Mapping, PDSA Cycles, Voice of the Customer, Pareto Chart for triage defects, Brainstorming, Stochastic Discrete-Event Simulation (SDES), Stochastic Linear Programming (SLP), Exploratory Data Analysis (EDA), Data Envelopment Analysis (DEA), Control Charts, and the Impact Effort Grid.**

As baseline data was collected, three significant gaps were identified that impacted the quality of care delivered and the timely throughput of patients in POE.

Patient Safety
- Persistent mismatch (45% of patients had to be manually reassigned) between the patient acuity and the assigned provider—ARNPs, Internal Medicine Physicians and Anesthesiologists

Patient Access/Efficiency of Throughput
- 35% of cases were SD/ND surgical patient requests
- Lengthy triage process fraught with errors
- POE became a bottleneck, limiting access to the surgical practice

Staff Dissatisfaction and Burnout
- Persistent daily patient-to-provider mismatches → Rework to reassign patients to the appropriate providers' calendars the day of/before the appointment
- Surgical requests for rapid turnaround time (SD/ND appointments)
- Limited time to safely assess patients and order additional testing when necessary

Aim/Metrics

PRIMARY AIM/METRIC:
Improve efficiency/access:
To ↑ patient through-put/volumes in the POE Clinic by 10% without increasing staffing or provider time by June 30, 2014.

ADDITIONAL AIMS/MULTIPLE METRICS required to monitor entire practice redesign:
Improve Efficiency/Access:
To ↑ operating margins by 10%
To ↓ the nurse triage time by 20%
Improve Safety:
To ↓ the number of high-acuity patients seen by ARNP's from 7% to 5.4%
To ↓ the patient reschedule rate from 45% to 30%
Improve Staff Satisfaction:
To ↑ staff satisfaction scores by 20%

Changes

- Develop and Implement the **Acuity Gauge/Standardized Care Sets with Standardized Laboratory Orders** to ensure patients are scheduled with the correct provider based on their acuity; (Acuity Gauge went through several iterations (PDSAs) & was tested in 2 departments prior to clinic-wide implementation)

Line = No Checks High = 1 or more checks	POE Acuity Gauge Check List
Cardiovascular Disease	Does the patient have any history of cardiovascular disease (MI, Atrial fibrillation, CHF, CABG, valve surgery, stent, CRT, pacemaker, defibrillator, cardioversion)?
Neurological Disease	Has patient had recent stroke/TIA (<12 months)
Blood Pressure	Is the patient on more than 3 blood pressure medications and/or any 1 antiarrhythmic (Propafenone, Flecainide, Amiodarone, Dronedarone, Dofetilide)?
Anticoagulation	Is the patient chronically on blood thinners (Warfarin, Plavix, Pradaxa, Eliquis, Brilinta, Xarelto)?
Pulmonary Disease	Is the patient on more than 3 inhalers and/or continuous oxygen, or have history of pulmonary hypertension?
Dialysis	Is the patient on dialysis?
Diabetes	Is patient on more than 3 diabetes medications (oral and/or injectable) or recent A1c (less than 3 months ago) was greater than 8%?
Transplant	Is patient a transplant patient or being worked up for transplant?
Clotting	Does the patient have history of hemophilia or any other clotting factor deficiency?

- **Update/Automate Calendar Appointment Slots**—SD/ND holds distributed throughout day, focusing on matching times to need for highest demand (Forecasting)
- **Staffing Changes**—stacking staffing at the first of the week and tapering towards the end of the week, to match surgical demand
- **Streamline Triage Process**—Improve the accuracy & efficiency of the nursing triage process by developing an M-page & optimizing the PowerNote

Multidiscplinary Team Members

Brantlee Broome-Stone, RN
Claudia Crawford, MD
Aletta Fry, MA
Debra Jolly, RN
Joan M. Irizarry-Alvarado, MD
Donna Kalkines, RN
Catina Lewis, RN
Matthew Lundy, MBA, MHA
Barbara McKinney, MD, MPH*
Nancy Pitruzzello, ARNP
Frank Ray, MBA
Virginia Reynolds, RN
Michael Vizzini, MHA
Katey Wert, PA

*mentor for Matthew Lundy

Results

Metrics	Actual Outcomes
Patient Volumes	**Increased 23%**
Percentage of High Acuity Patients on the ARNPs' Calendars	**Decreased to 3%** *(Decreased by 50%)*
Reschedule Rate	**Decreased to 27%** *(Decreased by 40%)*
Operating Margins	**Increased by 14%**
Triage Time	**Decreased by 30%** *(approximately 11 minutes/patient)*
Utilization Rate	**Modulated staffing and demand ratios** *(See graph)*
Staff Satisfaction	**Scores improved by 24%** *(Statistically significant improvement in relation to the triage process, teamwork, the scheduling process, and provider assignment)*

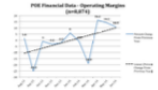
Primary Aim/Metric

The primary aim was exceeded with a 23% increase in patient volumes without increasing staffing or provider time.

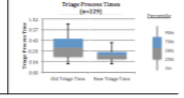
Additional Aims/Metrics

- ↓ the number of high acuity patients on ARNP's calendars from 7% to 3% (↓ > 50%)
- Reschedule rate ↓ 40%

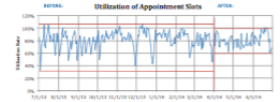
- Operating Margins ↑ 14%



- Triage Time ↓ 30%



- Modulated Utilization Rates — ↓ Variation 44.5%



- ↑ Staff Satisfaction 24%

Lessons Learned

Best Practices:
- Multidisciplinary Team of stakeholders, committed and engaged
- Use of data collection tools to guide decision making
- Acuity Gauge for triaging and scheduling patients to the right provider
- Standardized Laboratory orders and Care sets for all patients
- Creation and execution of the project Education and Communication plan
- Standardized Triage PowerNote—focusing on essential elements
- Use of Simulation Center for Brainstorming & thinking "outside the box"
- Forecasting model for template & staffing changes
- POE Dashboard/Key Performance Indicators for ongoing monitoring & sustainability after the "project" is over

What could have been improved?
- Narrowing the scope of the project to meet project timeline
- Improved communication for the development of new orders and "Go-Live" dates

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Aim/Metrics

PRIMARY AIM/METRIC:
Improve efficiency/access:
To ↑ patient through-put/volumes in the POE Clinic by 10% without increasing staffing or provider time by June 30, 2014.

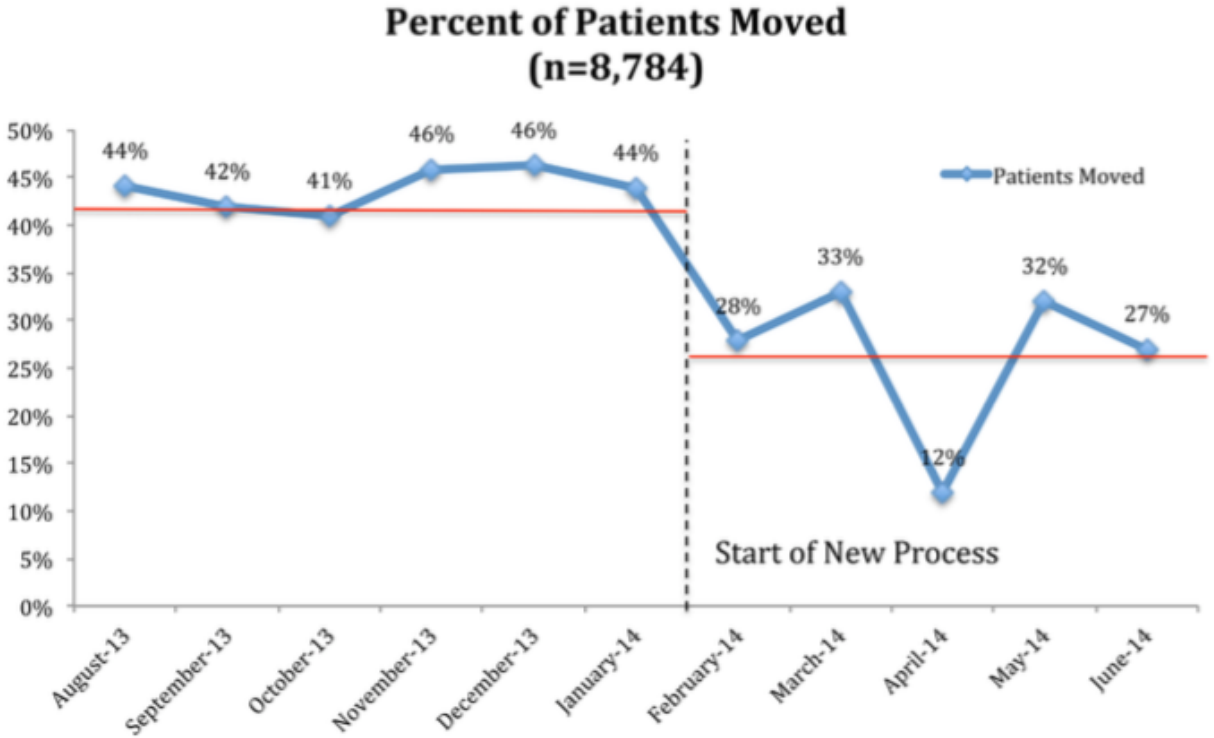
ADDITIONAL AIMS/MULTIPLE METRICS required to monitor entire practice redesign:

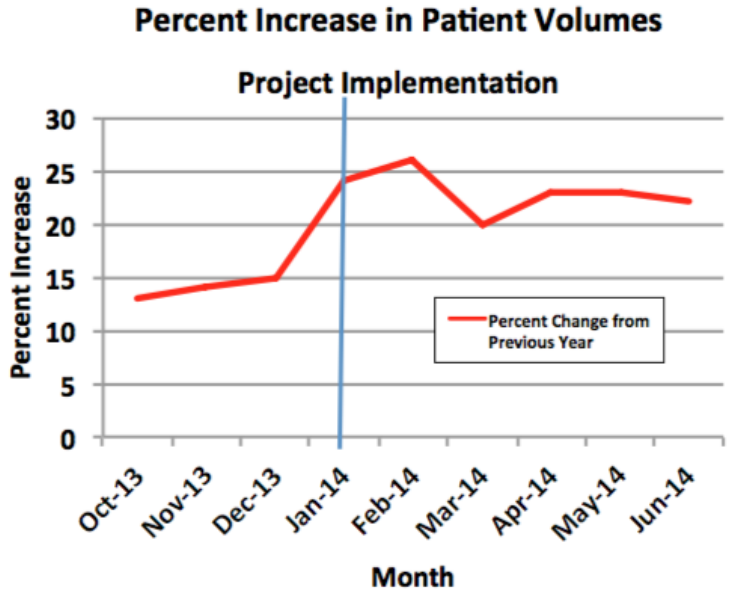
Improve Efficiency/Access:
To ↑ operating margins by 10%
To ↓ the nurse triage time by 20%

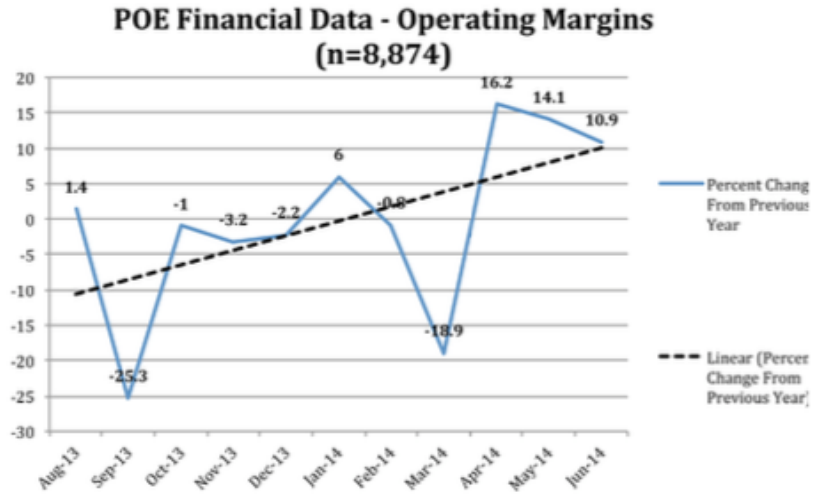
Improve Safety:
To ↓ the number of high-acuity patients seen by ARNP's from 7% to 5.4%
To ↓ the patient reschedule rate from 45% to 30%

Improve Staff Satisfaction:
To ↑ staff satisfaction scores by 20%

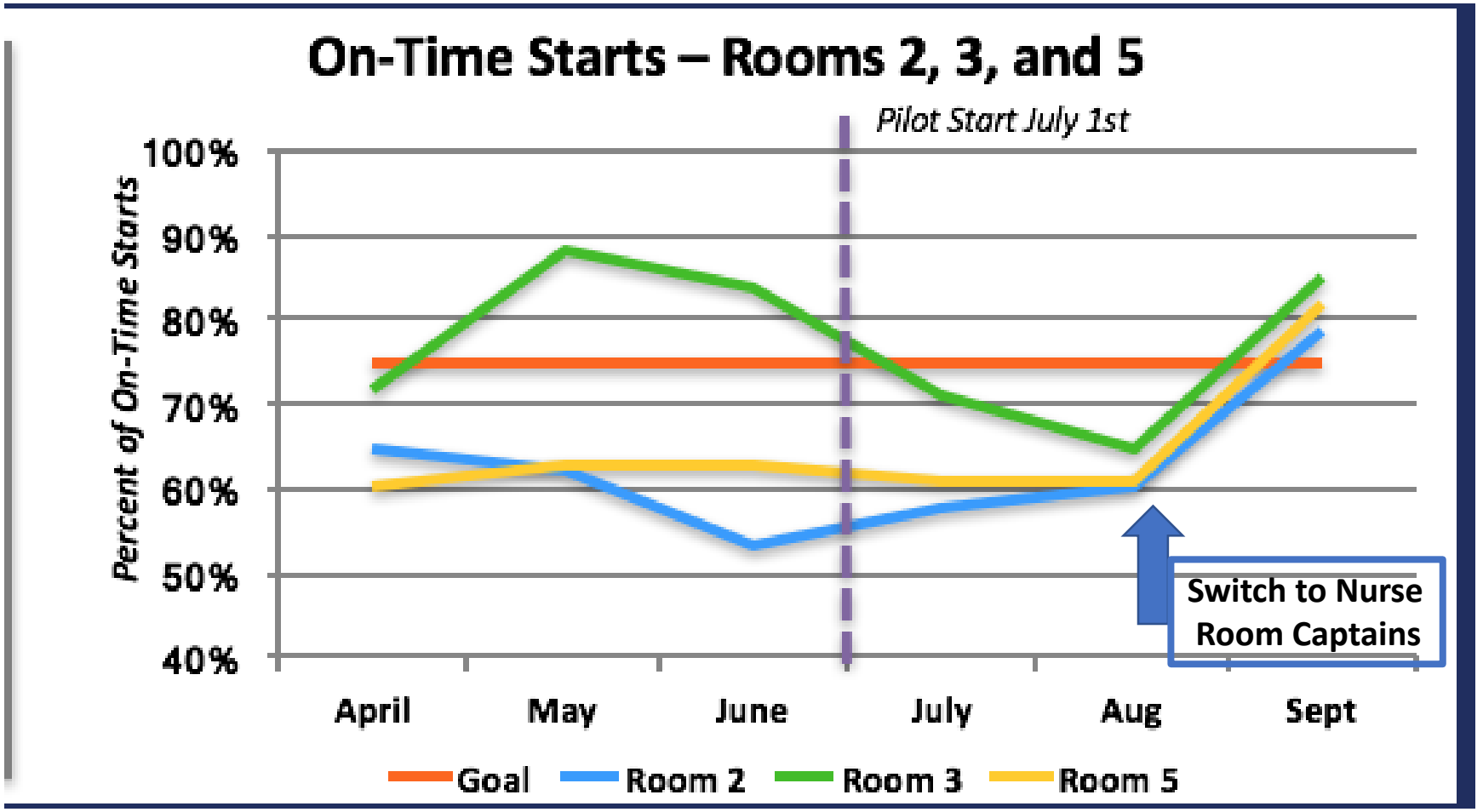
Metrics


Percent of Patients Moved
(n=8,784)
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
44%
42%
41%
46%
46%
44%
28%
33%
12%
32%
27%
Patients Moved
Start of New Process
August-13
September-13
October-13
November-13
December-13
January-14
February-14
March-14
April-14
May-14
June-14

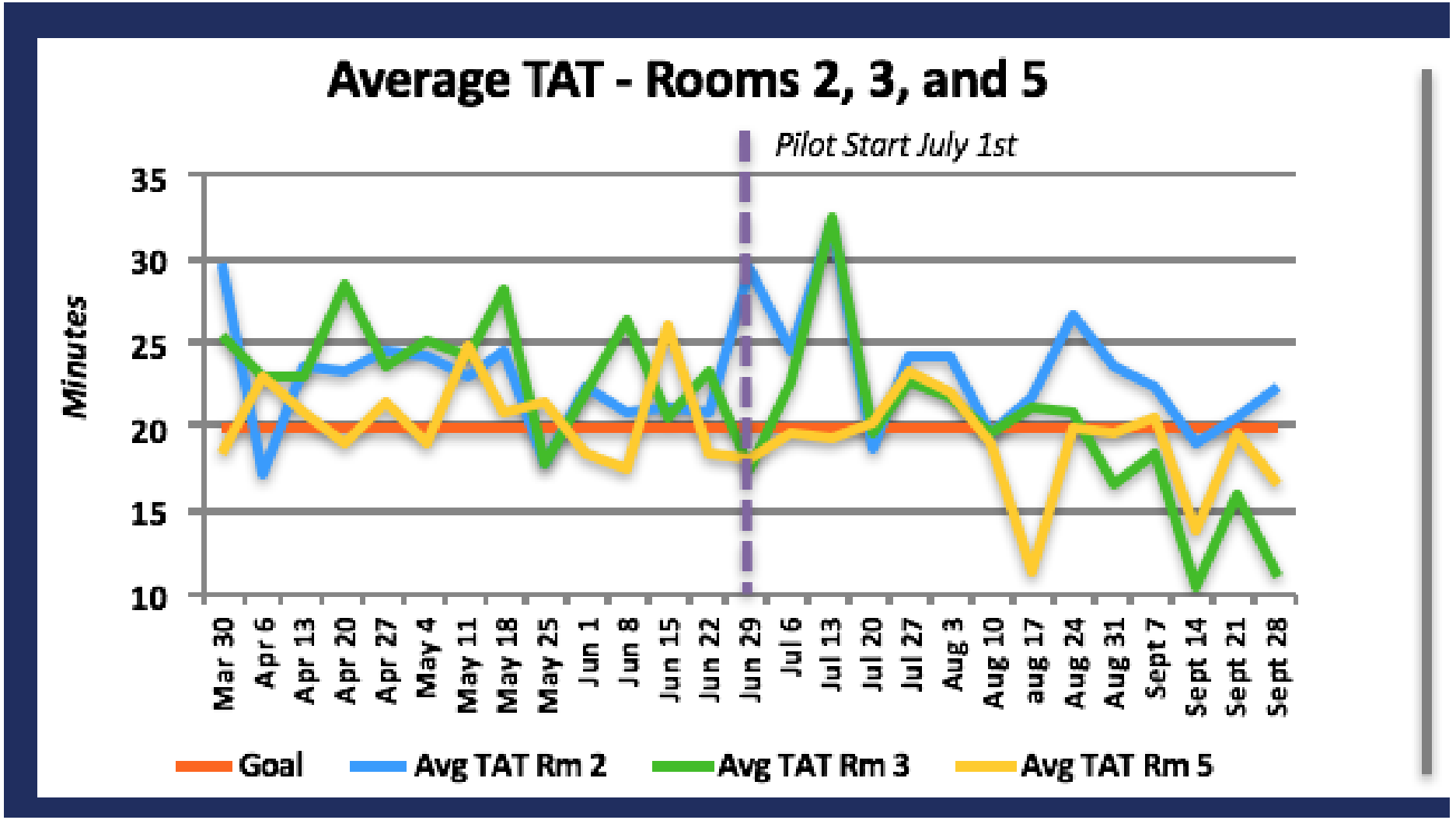

Percent Increase in Patient Volumes
Project Implementation
Percent Increase
30
25
20
15
10
5
0
Percent Change from Previous Year
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Month


POE Financial Data - Operating Margins
(n=8,874)
20
15
10
5
0
-5
-10
-15
-20
-25
-30
1.4
-25.3
-1
-3.2
-2.2
6
-0.8
-18.9
16.2
14.1
10.9
Percent Chang From Previous Year
Linear (Percer Change From Previous Year)
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14

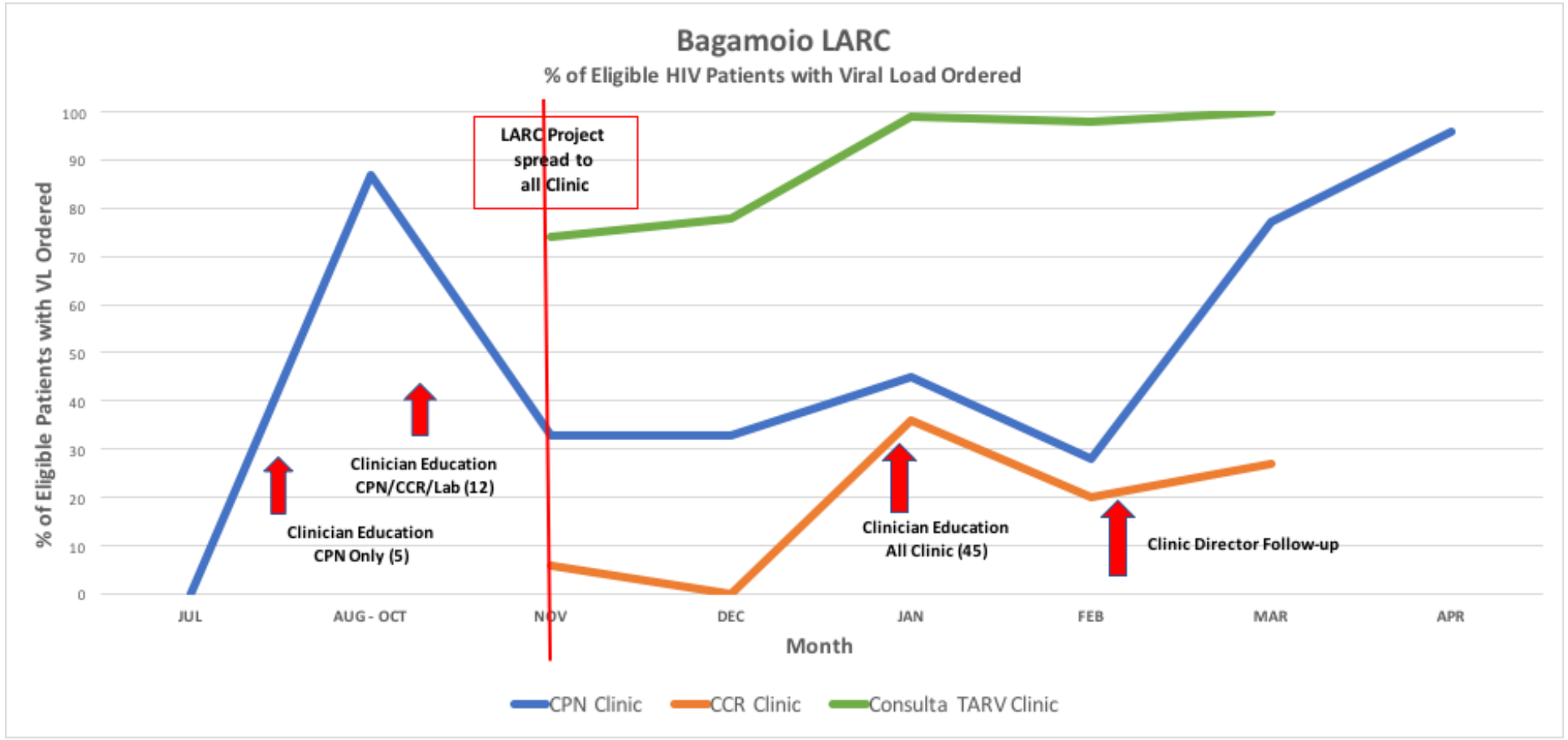
Results


On-Time Starts – Rooms 2, 3, and 5
Pilot Start July 1st
Percent of On-Time Starts
100%
90%
80%
70%
60%
50%
40%
April
May
June
July
Aug
Sept
Switch to Nurse Room Captains
Goal
Room 2
Room 3
Room 5

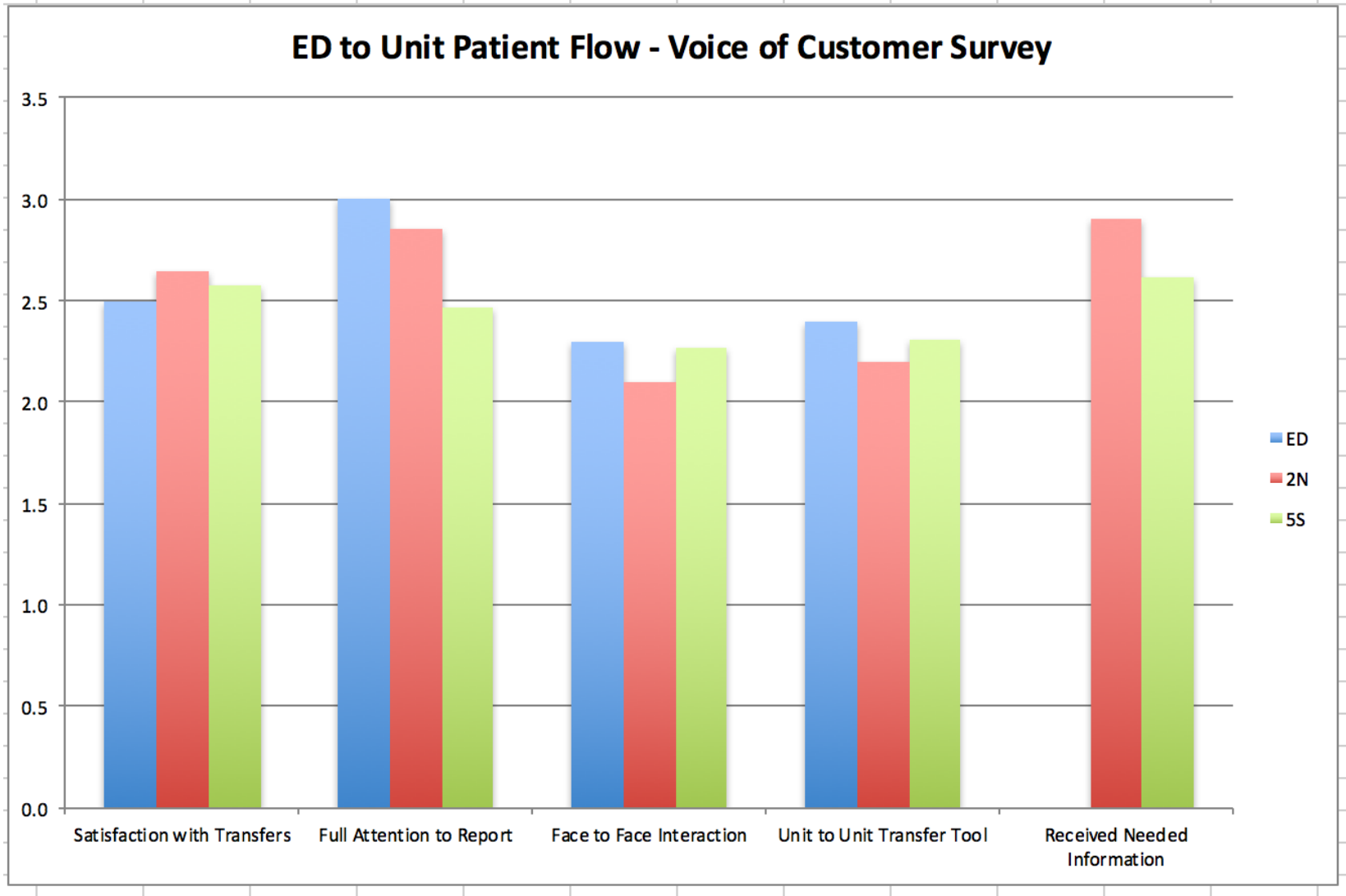
Results


Average TAT - Rooms 2, 3, and 5
Pilot Start July 1st
Minutes
35
30
25
20
15
10
Mar 30
Apr 6
Apr 13
Apr 20
Apr 27
May 4
May 11
May 18
May 25
Jun 1
Jun 8
Jun 15
Jun 22
Jun 29
Jul 6
Jul 13
Jul 20
Jul 27
Aug 3
Aug 10
aug 17
Aug 24
Aug 31
Sept 7
Sept 14
Sept 21
Sept 28
Goal
Avg TAT Rm 2
Avg TAT Rm 3
Avg TAT Rm 5

RESULTS


Bagamoio LARC
% of Eligible HIV Patients with Viral Load Ordered
% of Eligible Patients with VL Ordered
100
90
80
70
60
50
40
30
20
10
0
LARC Project spread to all Clinic
Clinician Education CPN/CCR/Lab (12)
Clinician Education CPN Only (5)
Clinician Education All Clinic (45)
Clinic Director Follow-up
JUL
AUG - OCT
NOV
DEC
JAN
FEB
MAR
APR
Month
CPN Clinic
CCR Clinic
Consulta TARV Clinic

Voice of Customer Survey



Site Visits

Conducting a site visit

Site Visit
Pitfalls

ACTIVITY

<u>What you will need:</u>

Flip Chart Page

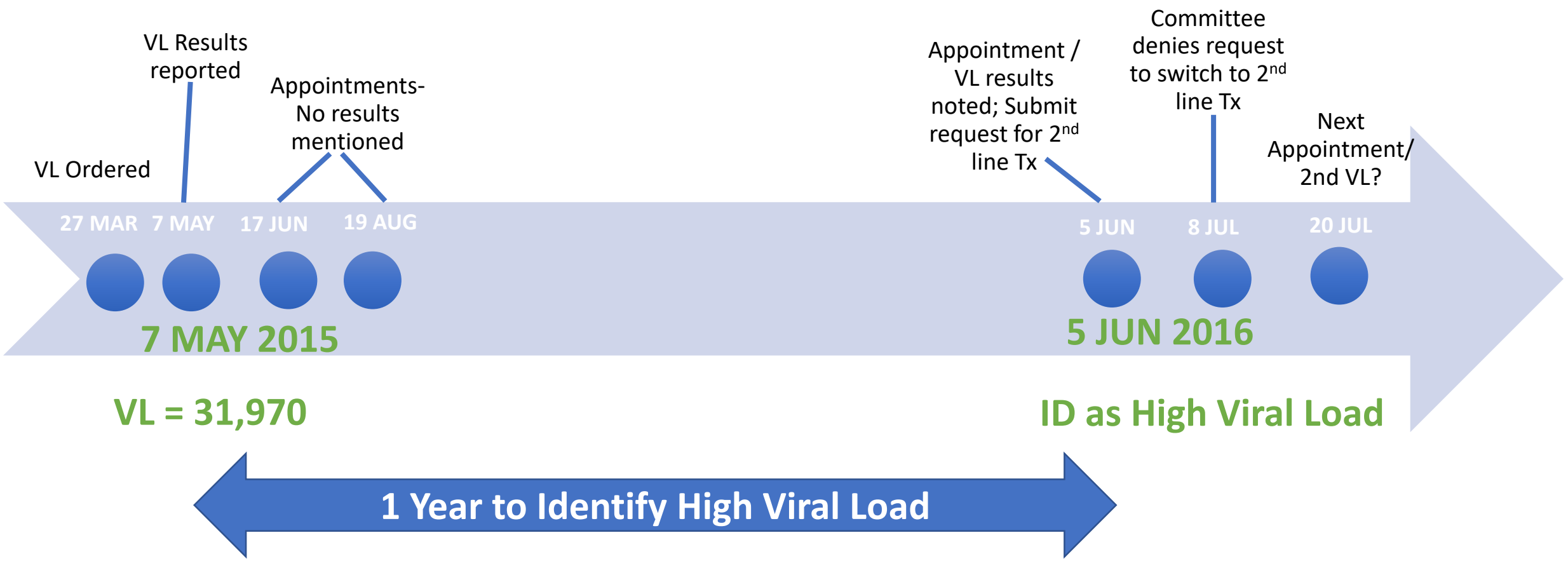
Marker

- Create a list of activities for a site visit including:
  - All the activities that your LARC Team accomplished at your site
  - Any other activities that you think are good ideas or important to include
  - Any best practices
- Work with your table group
- Debrief with the entire group

Seeing the Big Picture

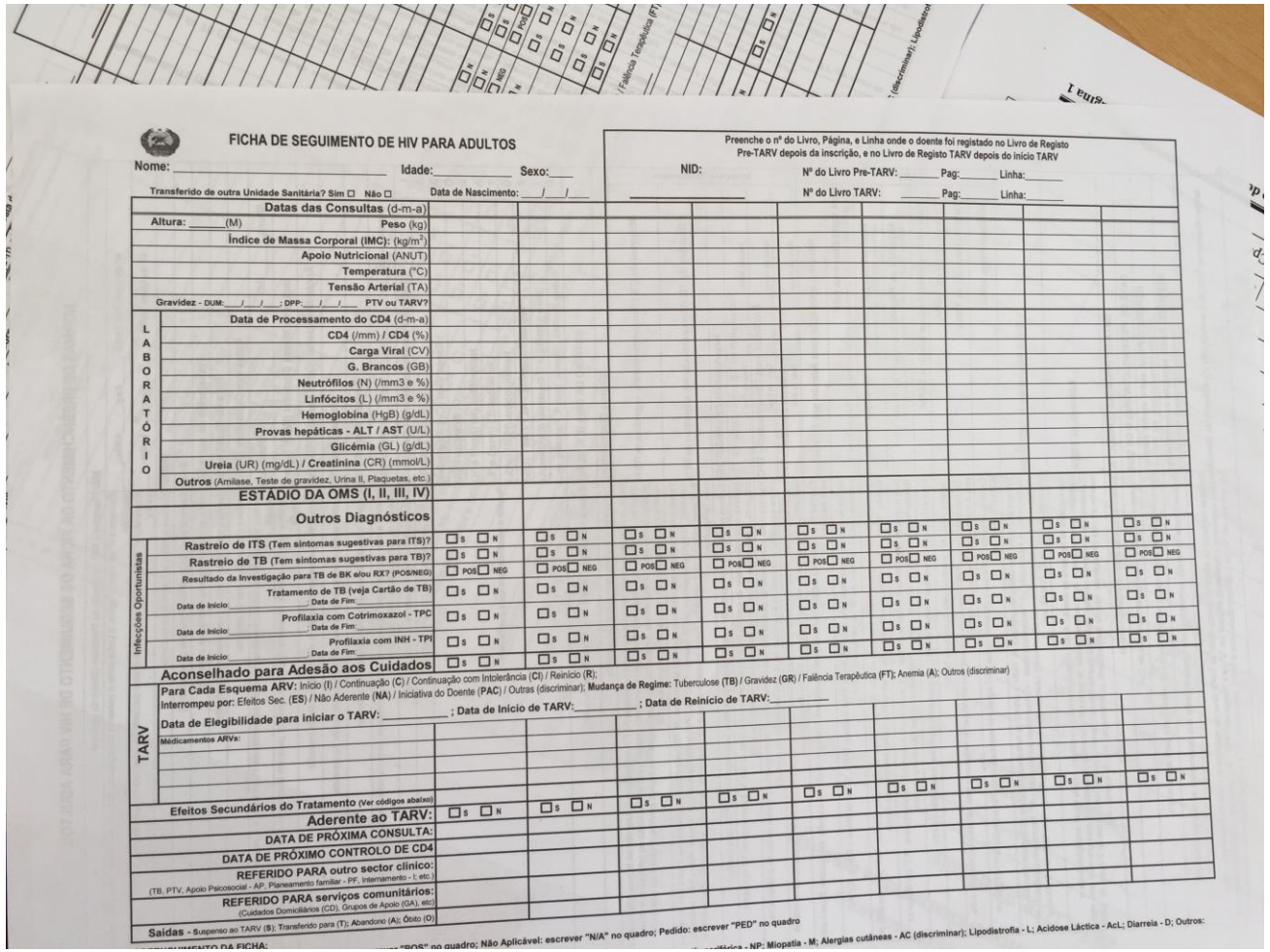
How to assess patient care in a clinic site

Story: Patient A ”Falls through the Cracks”



Trace the patient

Viral Load recorded in patient's chart, but no action taken for 2 visits



FICHA DE SEGUIMENTO DE HIV PARA ADULTOS

Nome: _____ Idade:_____ Sexo:____

Transferido de outra Unidade Sanitária? Sim ☐ Não ☐ Data de Nascimento: ___/___/___

Preenche o nº do Livro, Página, e Linha onde o doente foi registado no Livro de Registo Pre-TARV depois da inscrição, e no Livro de Registo TARV depois do início TARV

NID: _____ Nº do Livro Pre-TARV: _____ Pag:_____ Linha:_____

Nº do Livro TARV: _____ Pag:_____ Linha:_____

Datas das Consultas (d-m-a)

Altura: _____(M) Peso (kg)

Índice de Massa Corporal (IMC): (kg/m²)

Apoio Nutricional (ANUT)

Temperatura (°C)

Tensão Arterial (TA)

Gravidez - DUM:___/___/___; DPP:___/___/___ PTV ou TARV?

LABORATÓRIO

Data de Processamento do CD4 (d-m-a)

CD4 (/mm) / CD4 (%)

Carga Viral (CV)

G. Brancos (GB)

Neutrófilos (N) (/mm3 e %)

Linfócitos (L) (/mm3 e %)

Hemoglobina (HgB) (g/dL)

Provas hepáticas - ALT / AST (U/L)

Glicémia (GL) (g/dL)

Ureia (UR) (mg/dL) / Creatinina (CR) (mmol/L)

Outros (Amilase, Teste de gravidez, Urina II, Plaquetas, etc.)

ESTADIO DA OMS (I, II, III, IV)

Outros Diagnósticos

Infecções Oportunistas

Rastreio de ITS (Tem sintomas sugestivas para ITS)? ☐S ☐N

Rastreio de TB (Tem sintomas sugestivas para TB)? ☐S ☐N

Resultado da Investigação para TB de BK e/ou RX? (POS/NEG) ☐POS ☐NEG

Tratamento de TB (veja Cartão de TB) ☐S ☐N

Data de Início:_____; Data de Fim:_____

Profilaxia com Cotrimoxazol - TPC ☐S ☐N

Data de Início:_____; Data de Fim:_____

Profilaxia com INH - TPI ☐S ☐N

Data de Início:_____; Data de Fim:_____

Aconselhado para Adesão aos Cuidados ☐S ☐N

TARV

Para Cada Esquema ARV: Início (I) / Continuação (C) / Continuação com Intolerância (CI) / Reinício (R);

Interrompeu por: Efeitos Sec. (ES) / Não Aderente (NA) / Iniciativa do Doente (PAC) / Outras (discriminar); Mudança de Regime: Tuberculose (TB) / Gravidez (GR) / Falência Terapêutica (FT); Anemia (A); Outros (discriminar)

Data de Elegibilidade para iniciar o TARV: _____; Data de Início de TARV:_____; Data de Reinício de TARV:_____

Médicamentos ARVs:

Efeitos Secundários do Tratamento (Ver códigos abaixo) ☐S ☐N

Aderente ao TARV: ☐S ☐N

DATA DE PRÓXIMA CONSULTA:

DATA DE PRÓXIMO CONTROLO DE CD4

REFERIDO PARA outro sector clínico: (TB, PTV, Apoio Psicosocial - AP, Planeamento familiar - PF, Internamento - I, etc.)

REFERIDO PARA serviços comunitários: (Cuidados Domiciliários (CD), Grupos de Apoio (GA), etc.)

Saídas - Suspenso ao TARV (S); Transferido para (T); Abandono (A); Óbito (O)

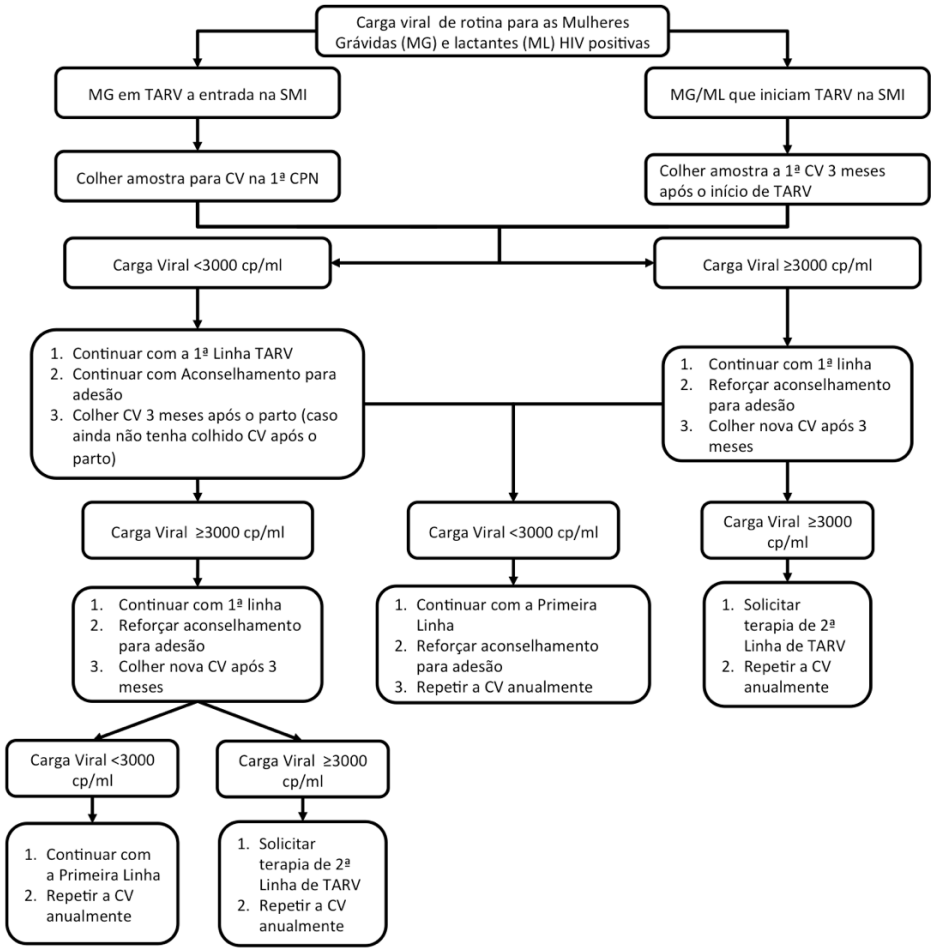
"POS" no quadro; Não Aplicável: escrever "N/A" no quadro; Pedido: escrever "PED" no quadro

NP; Miopatia - M; Alergias cutâneas - AC (discriminar); Lipodistrofia - L; Acidose Láctica - AcL; Diarreia - D; Outros:

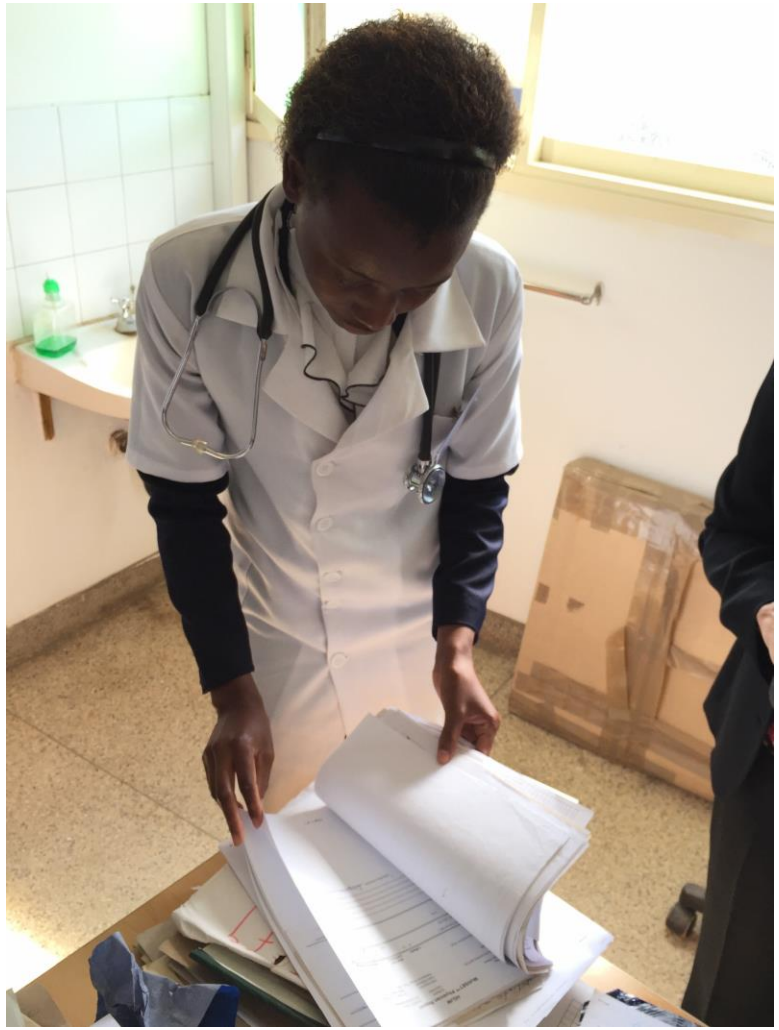
Algorithm sent to Clinic

- Only 1 staff received any training implementation of the algorithm
- Early draft circulated with different viral load cutoffs (3,000 vs 1,000)

Figura 2: Algoritmo da carga viral para mulheres grávidas e lactantes HIV positivas



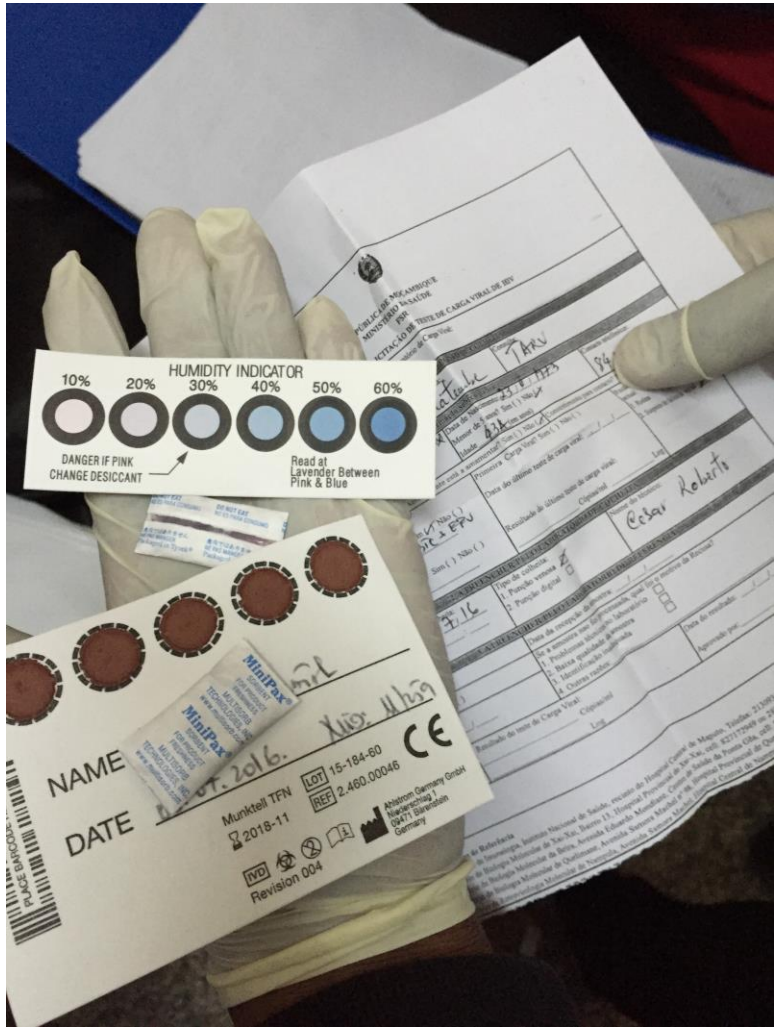
Viral Load ordered on all newly diagnosed pregnant HIV+ patients



Low viral load volume at this site

Site given a monthly quota for viral load testing; Questions as to who should be tested

< 5 viral load tests ordered per month



‘Ah Ha’ Moment

What we discovered at MCH Clinic

Training

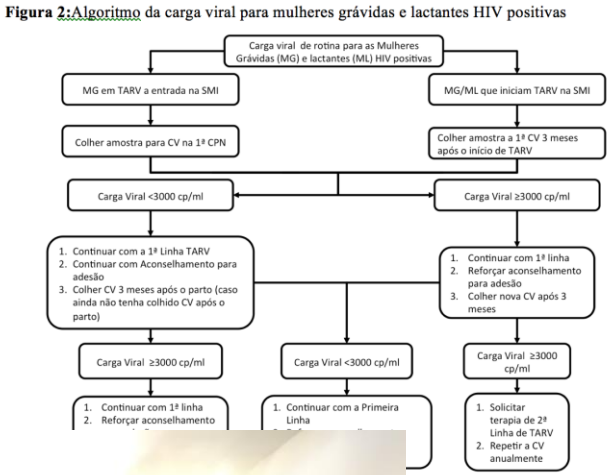
- Training to one person, but no transmittal to other staff

Algorithm

- Unclear on when VL is to be ordered
- Draft algorithm circulated
- No register to track when VL required/ordered/received

Patient Engagement information

- No materials to encourage patient viral load demand or questions



ACTIVITY

<u>What you will need:</u>

Paper

Pen

- Write a problem statement
- Use only 15 words
- Work with your table group
- Debrief with the entire group

Problem Statement – 15 Words

Interview

Winnie

Learning Burst

What is this project about?

"Viral load suppression for patients"

Mapopa Kenneth Kapira, HDA

The Viral Load Cascade

Demand Creation for Testing

Specimen Collection & Processing

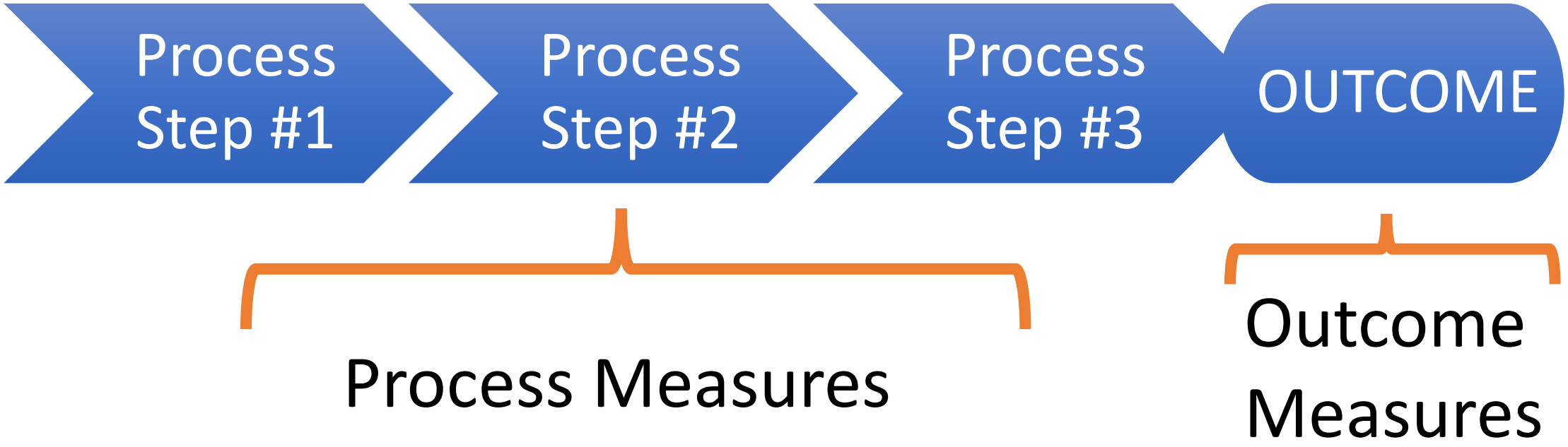
Sample Transport

Laboratory Testing

Result Reporting & Interpretation by Clinician

Patient Management

Process / Measurement



The Viral Load Cascade

Demand Creation for Testing

Specimen Collection & Processing

Sample Transport

Laboratory Testing

Result Reporting & Interpretation by Clinician

Patient Management

Let’s apply this to the the viral load cascade?

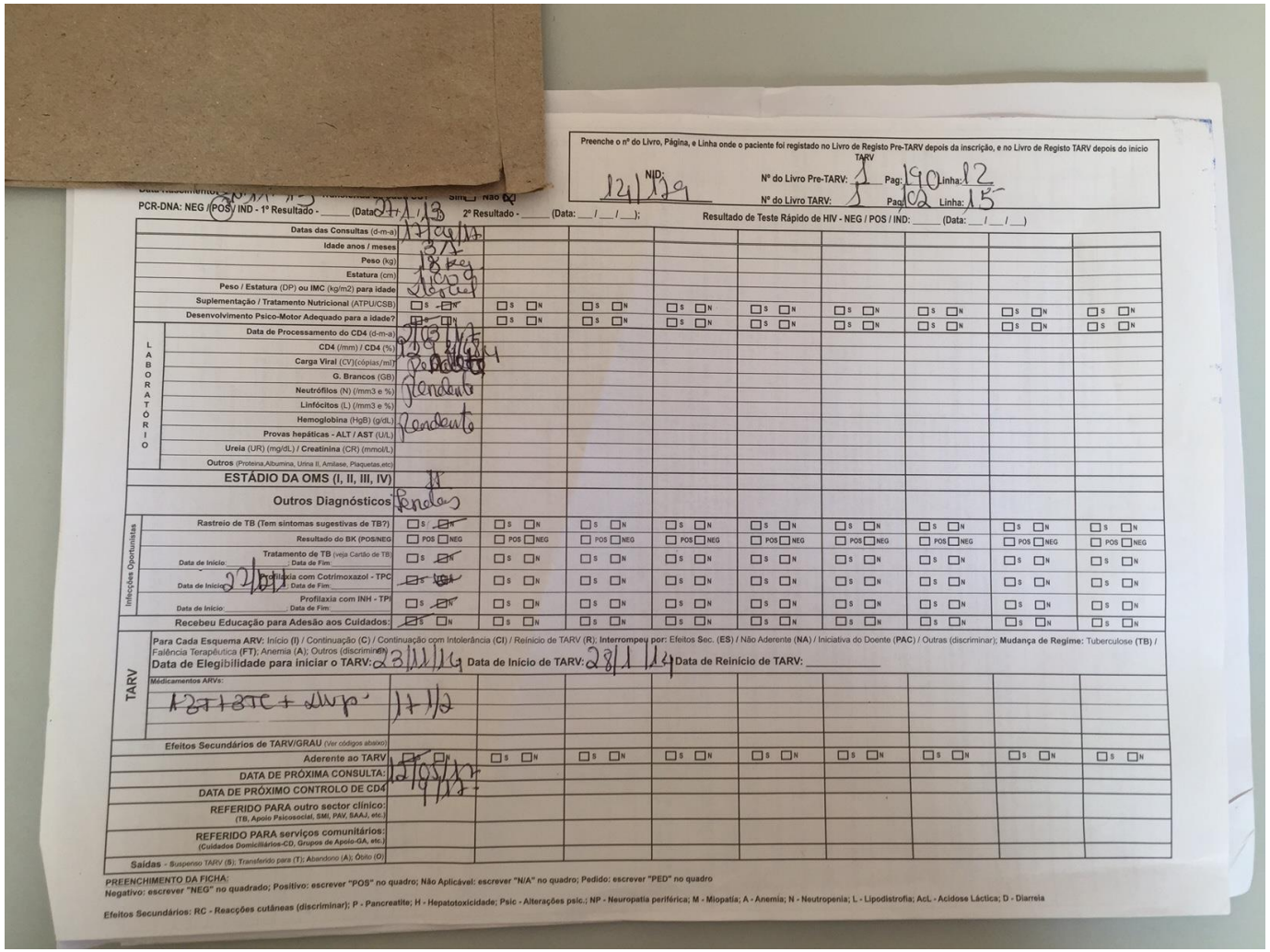
What would be the outcome measure?

What would be process measures?

How do we truly understand the outcome of our viral load cascade process?

Assessing our patient care

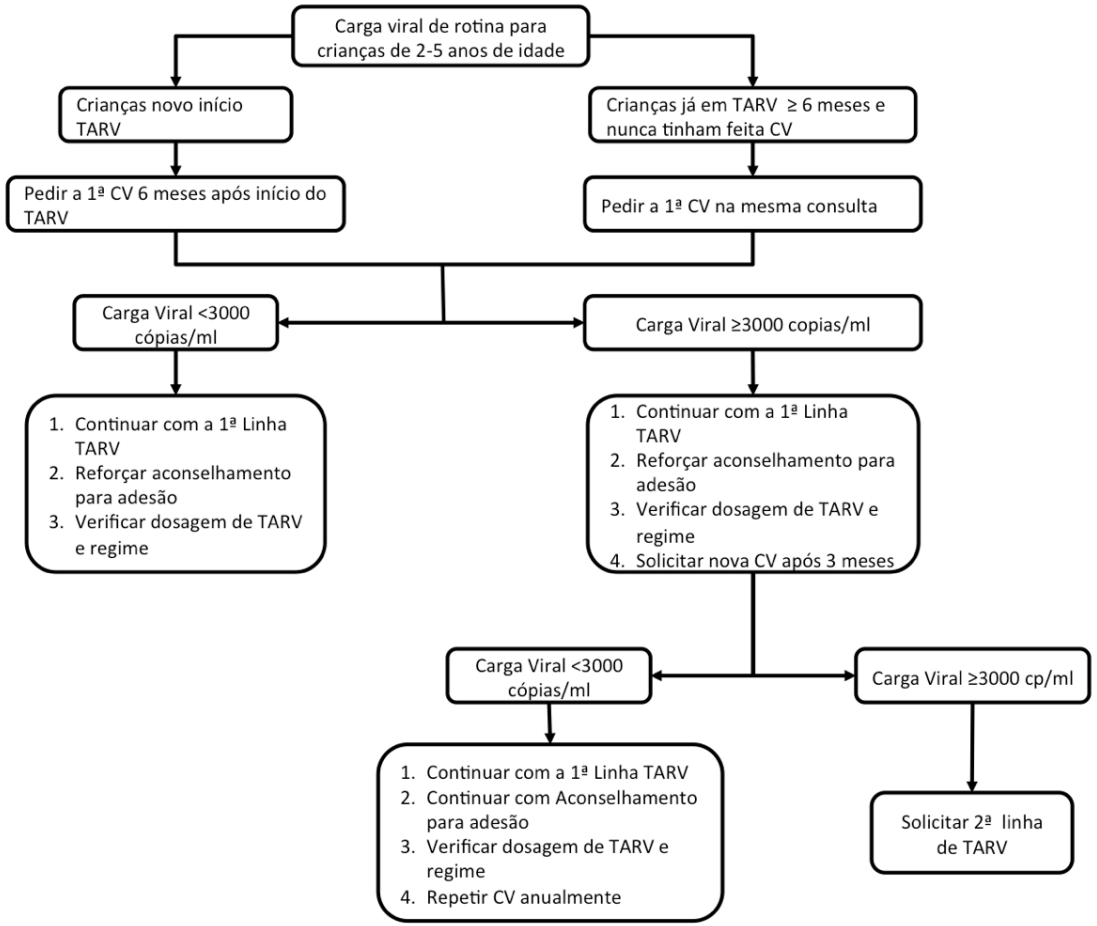
- Look at the evidence
- Look at the care provided
- Look at the care documented



Country Algorithm

Does the care provided follow the country algorithm?

Figura 3. Algoritmo da carga viral para crianças com idade entre 2-5 anos



ACTIVITY

What you will need:

Patient Chart

Chart Review Template

Pens

- Review the Patient Chart (File, Master Card, etc.)
- Find the information needed to trace the patient care
- Complete the Chart Review Template
- Debrief with the group

Viral Load Results
10 March 2016

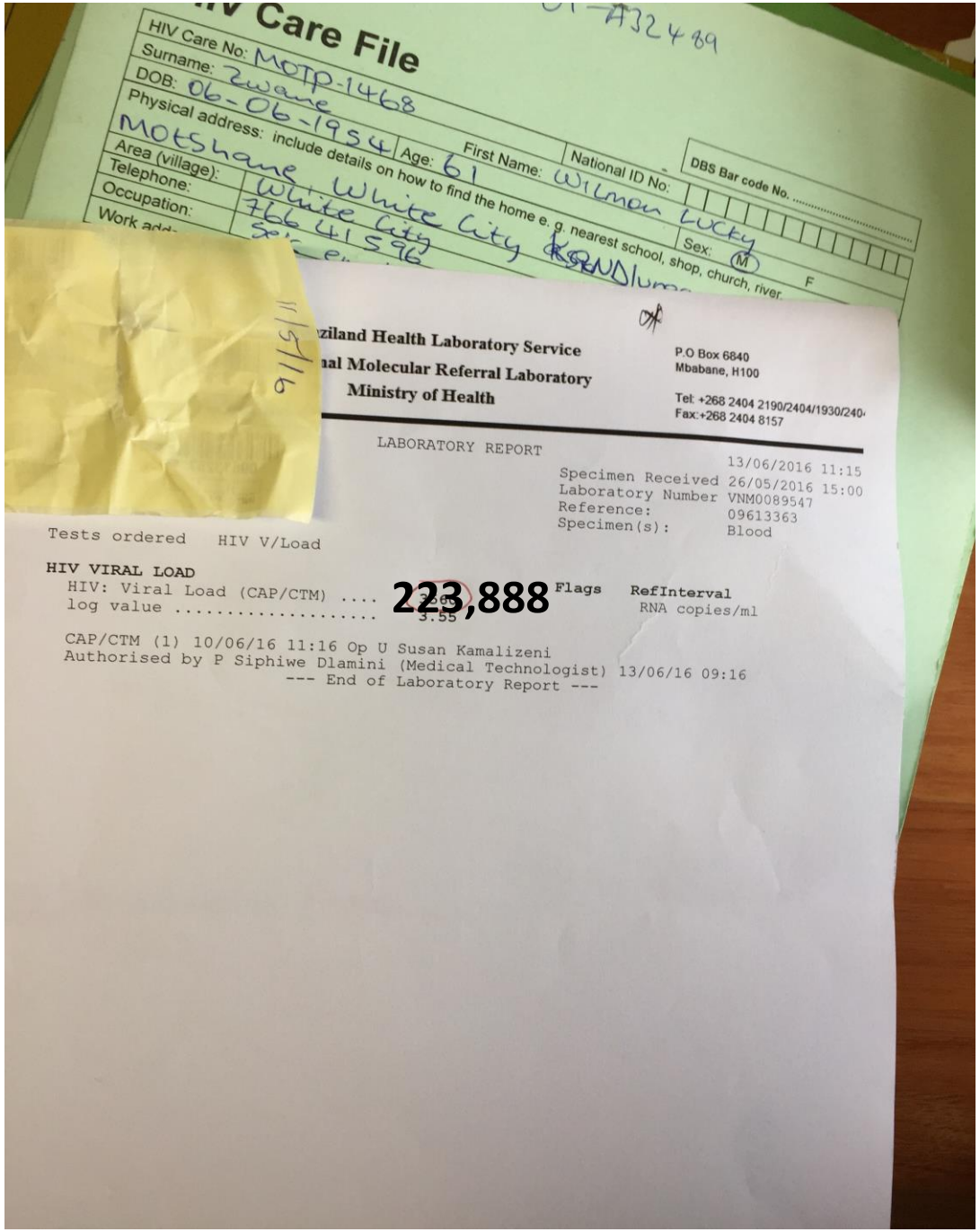


Chart Review Template

Viral Load Cascade – Result Reporting & Patient Management

Patient #	VL #1 Ordered / Drawn Date	Date VL Returned to Chart	Date VL Noted by Clinician / Action	IAC (or EAC) #1	IAC (or EAC) #2	IAC (or EAC) #3	VL #2 Ordered / Drawn Date	Is VL Suppressed?? / Action

Patient Tracing / Chart Review

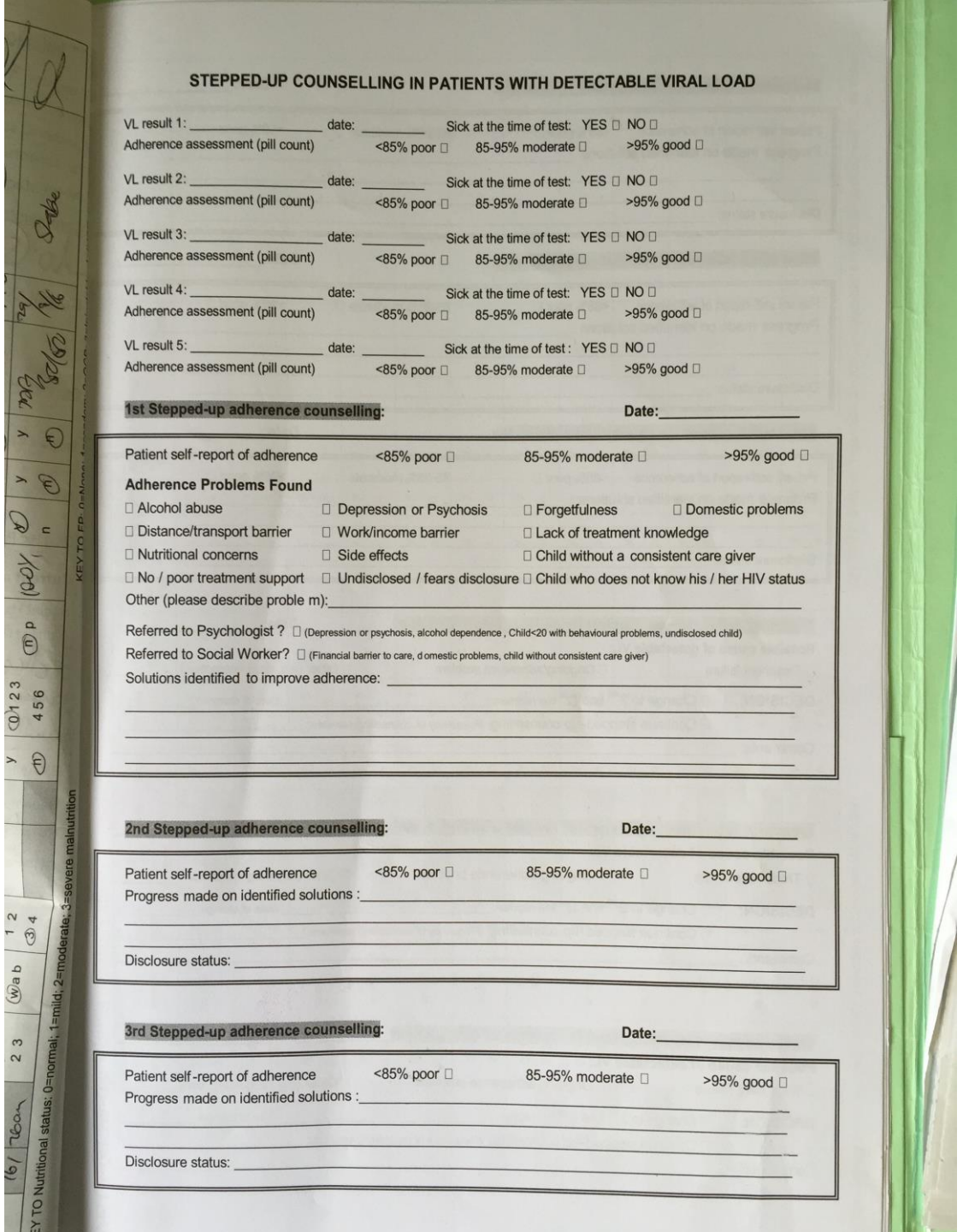
4/5 patients did not have High VL follow up per country algorithm

Patient	VL Result / Date Validated	Clinic Visits / Adherence% / Drug Supply	IAC	VL #2
A	**1,653 copies** 17 Aug 2015			5 Jan 2017 No Result
B	**223,888 copies** 10 Mar 2016 (C) 9 May 2016 (V)	16 Jun 2016 / 93% / 3 mo. 29 Sep 2016 / 85% / 3 mo. 29 Dec 2016 / 101% / 3 mo.	IAC #1 – 23 Mar 2017	
C	**6,588 copies** 2 Nov 2016			5 Jan 2017 No Result
D	**82,201 copies** 4 Nov 2016		IAC #1 - 25 Jan 2017 IAC #2 – 15 Feb 2017 IAC #3 – 15 Mar 2017	Drawn 12 April 2017
E	**17,863 copies** 28 Feb 2017	16 Feb 2017 / 96% / 3 mo.		

C = Sample Collected, V = Sample Validated by Laboratory

Chart Templates – Country Examples

EAC Form



STEPPED-UP COUNSELLING IN PATIENTS WITH DETECTABLE VIRAL LOAD

VL result 1: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 2: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 3: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 4: _____ date: _____ Sick at the time of test: YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

VL result 5: _____ date: _____ Sick at the time of test : YES ☐ NO ☐
Adherence assessment (pill count) <85% poor ☐ 85-95% moderate ☐ >95% good ☐

1st Stepped-up adherence counselling: **Date:**_____

Patient self-report of adherence <85% poor ☐ 85-95% moderate ☐ >95% good ☐

Adherence Problems Found

☐ Alcohol abuse ☐ Depression or Psychosis ☐ Forgetfulness ☐ Domestic problems
☐ Distance/transport barrier ☐ Work/income barrier ☐ Lack of treatment knowledge
☐ Nutritional concerns ☐ Side effects ☐ Child without a consistent care giver
☐ No / poor treatment support ☐ Undisclosed / fears disclosure ☐ Child who does not know his / her HIV status
Other (please describe proble m):_____

Referred to Psychologist ? ☐ (Depression or psychosis, alcohol dependence , Child<20 with behavioural problems, undisclosed child)
Referred to Social Worker? ☐ (Financial barrier to care, d omestic problems, child without consistent care giver)
Solutions identified to improve adherence: _____

2nd Stepped-up adherence counselling: **Date:**_____

Patient self-report of adherence <85% poor ☐ 85-95% moderate ☐ >95% good ☐
Progress made on identified solutions :_____

Disclosure status: _____

3rd Stepped-up adherence counselling: **Date:**_____

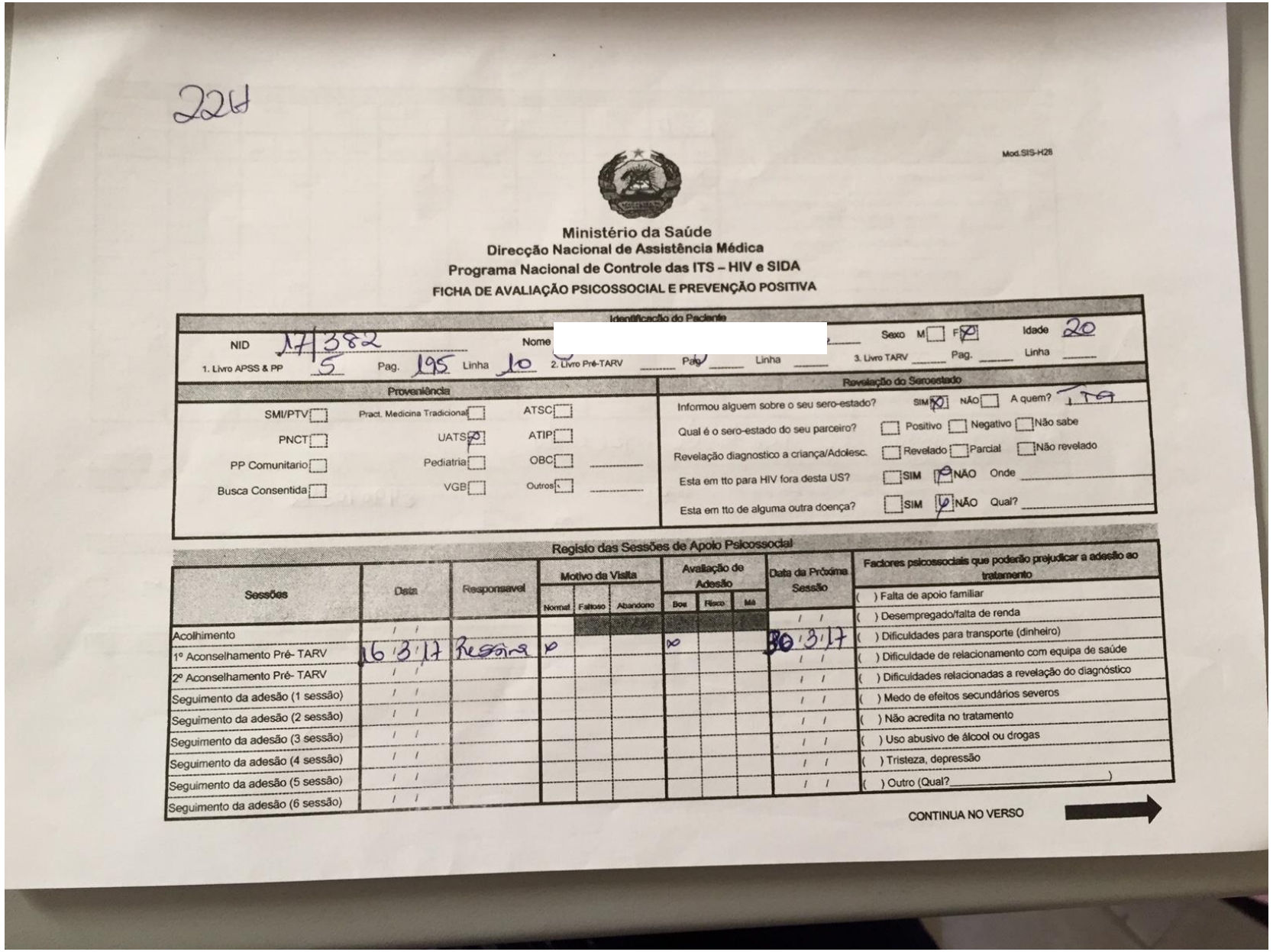
Patient self-report of adherence <85% poor ☐ 85-95% moderate ☐ >95% good ☐
Progress made on identified solutions :_____

Disclosure status: _____

KEY TO Nutritional status; 0=normal; 1=mild; 2=moderate; 3=severe malnutrition

Chart Templates – Country Examples

EAC Form



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Ministério da Saúde
Direcção Nacional de Assistência Médica
Programa Nacional de Controle das ITS – HIV e SIDA
FICHA DE AVALIAÇÃO PSICOSSOCIAL E PREVENÇÃO POSITIVA

Identificação do Paciente

NID 17/382 Nome [redacted] Sexo M ☐ F ☒ Idade 20

1. Livro APSS & PP 5 Pag. 195 Linha 10 2. Livro Pré-TARV ____ Pag. ____ Linha ____ 3. Livro TARV ____ Pag. ____ Linha ____

Proveniência

SMI/PTV ☐ Pract. Medicina Tradicional ☐ ATSC ☐
PNCT ☐ UATS ☒ ATIP ☐
PP Comunitario ☐ Pediatria ☐ OBC ☐ _____
Busca Consentida ☐ VGB ☐ Outros ☐ _____

Revelação do Seroestado

Informou alguem sobre o seu sero-estado? SIM ☒ NÃO ☐ A quem? Tia
Qual é o sero-estado do seu parceiro? ☐ Positivo ☐ Negativo ☐ Não sabe
Revelação diagnostico a criança/Adolesc. ☐ Revelado ☐ Parcial ☐ Não revelado
Esta em tto para HIV fora desta US? ☐ SIM ☒ NÃO Onde _____
Esta em tto de alguma outra doença? ☐ SIM ☒ NÃO Qual? _____

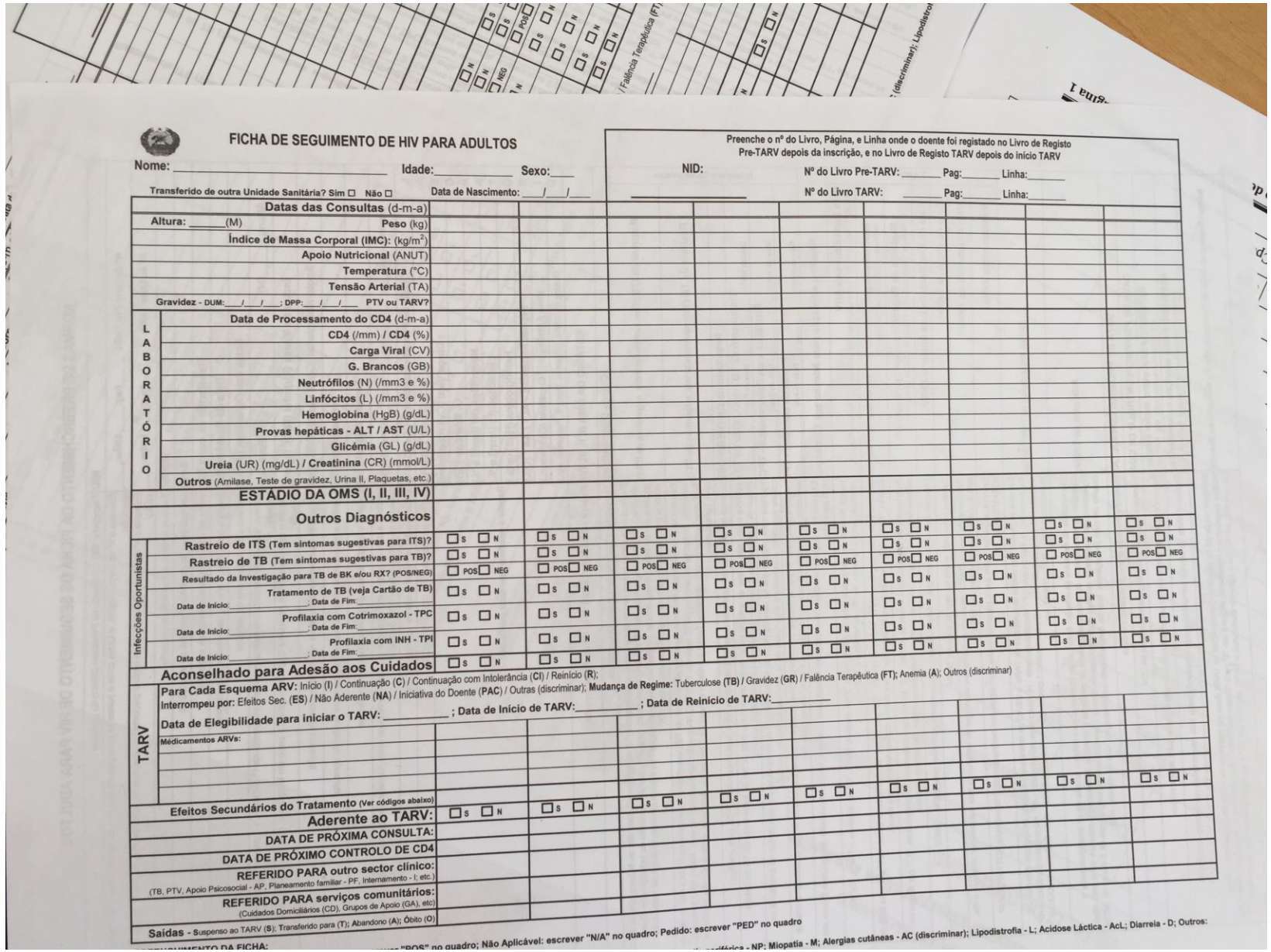
Registo das Sessões de Apoio Psicossocial

Sessões	Data	Responsavel	Motivo da Visita			Avaliação de Adesão			Data da Próxima Sessão	Factores psicossociais que poderão prejudicar a adesão ao tratamento
			Normal	Faltoso	Abandono	Boa	Risco	Má		
Acolhimento	/ /								/ /	( ) Falta de apoio familiar
1º Aconselhamento Pré- TARV	16/3/17	Rosaina	∞			∞			30/3/17	( ) Desempregado/falta de renda
2º Aconselhamento Pré- TARV	/ /								/ /	( ) Dificuldades para transporte (dinheiro)
Seguimento da adesão (1 sessão)	/ /								/ /	( ) Dificuldade de relacionamento com equipa de saúde
Seguimento da adesão (2 sessão)	/ /								/ /	( ) Dificuldades relacionadas a revelação do diagnóstico
Seguimento da adesão (3 sessão)	/ /								/ /	( ) Medo de efeitos secundários severos
Seguimento da adesão (4 sessão)	/ /								/ /	( ) Não acredita no tratamento
Seguimento da adesão (5 sessão)	/ /								/ /	( ) Uso abusivo de álcool ou drogas
Seguimento da adesão (6 sessão)	/ /								/ /	( ) Tristeza, depressão
										( ) Outro (Qual?_____)

CONTINUA NO VERSO

Chart Templates – Country Examples

Visit Record



FICHA DE SEGUIMENTO DE HIV PARA ADULTOS

Nome: _____ Idade:_____ Sexo:___

Transferido de outra Unidade Sanitária? Sim ☐ Não ☐ Data de Nascimento: ___/___/___

Preenche o nº do Livro, Página, e Linha onde o doente foi registado no Livro de Registo Pre-TARV depois da inscrição, e no Livro de Registo TARV depois do início TARV

NID: _____ Nº do Livro Pre-TARV: _____ Pag:_____ Linha:_____

Nº do Livro TARV: _____ Pag:_____ Linha:_____

Datas das Consultas (d-m-a)											
Altura: _____(M) Peso (kg)											
Índice de Massa Corporal (IMC): (kg/m²)											
Apoio Nutricional (ANUT)											
Temperatura (°C)											
Tensão Arterial (TA)											
Gravidez - DUM:___/___/___: DPP:___/___/___ PTV ou TARV?											
LABORATÓRIO: Data de Processamento do CD4 (d-m-a)											
CD4 (/mm) / CD4 (%)											
Carga Viral (CV)											
G. Brancos (GB)											
Neutrófilos (N) (/mm3 e %)											
Linfócitos (L) (/mm3 e %)											
Hemoglobina (HgB) (g/dL)											
Provas hepáticas - ALT / AST (U/L)											
Glicémia (GL) (g/dL)											
Ureia (UR) (mg/dL) / Creatinina (CR) (mmol/L)											
Outros (Amilase, Teste de gravidez, Urina II, Plaquetas, etc.)											
ESTÁDIO DA OMS (I, II, III, IV)											
Outros Diagnósticos											
Infecções Oportunistas: Rastreio de ITS (Tem sintomas sugestivas para ITS)?	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N
Rastreio de TB (Tem sintomas sugestivas para TB)?	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N
Resultado da Investigação para TB de BK e/ou RX? (POS/NEG)	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG	☐POS ☐NEG
Tratamento de TB (veja Cartão de TB) Data de Início:_____ Data de Fim:_____	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N
Profilaxia com Cotrimoxazol - TPC Data de Início:_____ Data de Fim:_____	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N
Profilaxia com INH - TPI Data de Início:_____ Data de Fim:_____	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N
Aconselhado para Adesão aos Cuidados	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N
TARV: Para Cada Esquema ARV: Início (I) / Continuação (C) / Continuação com Intolerância (CI) / Reinício (R); Mudança de Regime: Tuberculose (TB) / Gravidez (GR) / Falência Terapêutica (FT); Anemia (A); Outros (discriminar); Interrompeu por: Efeitos Sec. (ES) / Não Aderente (NA) / Iniciativa do Doente (PAC) / Outras (discriminar); Data de Elegibilidade para iniciar o TARV: _____ ; Data de Início de TARV:_____ ; Data de Reinício de TARV:_____											
Médicamentos ARVs:											
Efeitos Secundários do Tratamento (Ver códigos abaixo)											
Aderente ao TARV:	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N	☐S ☐N
DATA DE PRÓXIMA CONSULTA:											
DATA DE PRÓXIMO CONTROLO DE CD4											
REFERIDO PARA outro sector clínico: (TB, PTV, Apoio Psicosocial - AP, Planeamento familiar - PF, Internamento - I; etc.)											
REFERIDO PARA serviços comunitários: (Cuidados Domiciliários (CD), Grupos de Apoio (GA), etc)											
Saídas - Suspenso ao TARV (S); Transferido para (T); Abandono (A); Óbito (O)											

"POS" no quadro; Não Aplicável: escrever "N/A" no quadro; Pedido: escrever "PED" no quadro

- NP: Miopatia - M; Alergias cutâneas - AC (discriminar); Lipodistrofia - L; Acidose Láctica - AcL; Diarreia - D; Outros:

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FICHA DE AVALIAÇÃO PSICOSSOCIAL E PREVENÇÃO POSITIVA

Identificação do Paciente

NID 17/382 Nome Yara Domingos Bruno Sexo M ☐ F ☒ Idade 20

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Acolhimento	/ /								/ /	( ) Falta de apoio familiar
1º Aconselhamento Pré- TARV	16/3/17	Regina	☒			☒			30/3/17	( ) Desempregado/falta de renda
2º Aconselhamento Pré- TARV	/ /								/ /	( ) Dificuldades para transporte (dinheiro)
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										( ) Outro (Qual?_____)

CONTINUA NO VERSO

Today's Topics – Wrap Up

5 Pitfalls to ~~Avoid~~ Learn from

- No detailed **process mapping** → Best project
- Not selecting the appropriate **metric** for the aim
- Inadequate **data collection**
- Non-standardized **site visits**
- Not seeing the **big picture**

What to do differently next time

Today's Topics – Wrap Up

5 Pitfalls to ~~Avoid~~ Learn from

- No detailed **process mapping** → Most impactful project not chosen
- Not selecting the appropriate **metric** for the aim
- Inadequate **data collection**
- Non-standardized **site visits**
- Not seeing the **big picture**

What to do differently next time

- Create detailed process map of entire cascade – See & Understand process → Improve Process
- Select a metric that matches your aim
- Create data collection tool based on metric
- Create/Use Site Visit Checklist
- Perform Chart Review

Control Plan

Why is this so important?

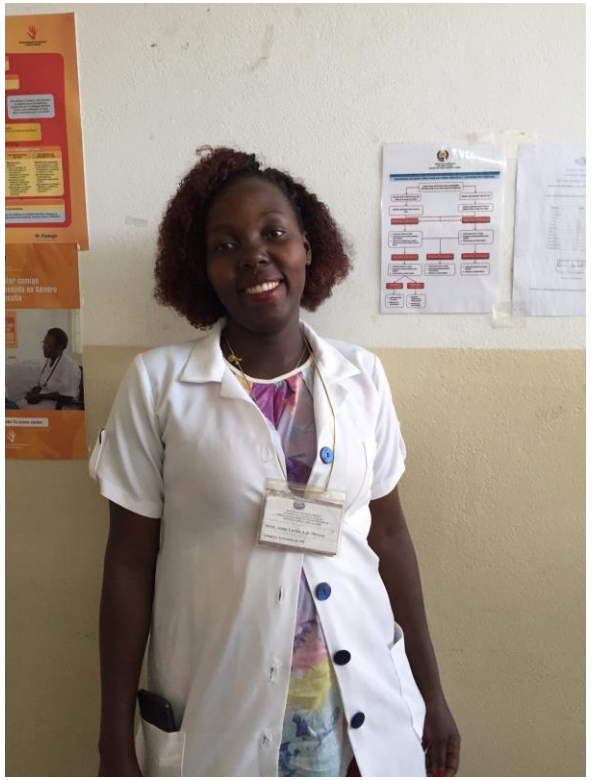
Control Plan

ELEMENTS OF A CONTROL PLAN	Process Owner	SOP for New process	Ongoing Plan for Monitoring of metrics	What will you do if metrics do not maintain goals?	Communication of Results
Details	Who will own/monitor the process when the LARC cycle is over?	State/show your new process in enough detail that other sites could implement the new process	How often will you monitor the project measures? Where will the measures be presented? (i.e. Name a specific meeting or management group)	You must know what you will do if your metrics drop below the goal. Give specific details.	Specific plans on who/when you will present your results?
Your Control Plan					

Award Ceremony

Change Management Award

LARC Baby Award



Thank You / Obrigado