The Value of QI Methods in Access LARC:
PDSA and Process Mapping

Access LARC Collaborative Webinar

Partnering to Improve Health Care Quality
for Mothers and Babies

Welcome!

- **Please enter your Audio PIN on your phone or we will be unable to un-mute you for discussion**

- If you have a question, please enter it in the Question box or Raise your hand to be unmuted

- This webinar is being recorded

- Please provide feedback on our post-webinar survey

FPQG
Florida Perinatal Quality Collaborative

Partnering to Improve Health Care Quality for Mothers and Babies

Agenda
6/13/18

- Welcome

- Announcements

- Medicaid Update

- The Value of Quality Improvement Methods in Access LARC

- Questions

Quality Improvement Methods Training
July 30-31

More info at FPQC.org Events website

- FREE Training for Perinatal Professionals

- Jacksonville, FL

- This 1.5 day training is aimed at hospital-based QI teams in maternal or neonatal healthcare, but is open to all who can attend **as a team** with a small scope QI project already in mind.

FPQC
Florida Perinatal Quality Collaborative

Are Your Hospital's Birth Certificates Accurate?

Sign Up Now!

Did you know that inaccurate or incomplete birth certificate data significantly impacts the health and healthcare of Florida's mothers and babies?

- **Join the Birth Certificate Initiative (BCI)! -** Deadline to apply is June 15th!

- Please visit health.usf.edu/publichealth/chiles/fpqc/bci for more information.

Partnering to Improve Health Care Quality for Mothers and Babies

FPQC
Florida Perinatal Quality Collaborative

Project Announcements

- Schedule Access LARC site visit soon
- IUD Insertion Training is available
- MamaU training model will be provided to our participating hospitals/residency programs in Florida

Partnering to Improve Health Care Quality for Mothers and Babies

Access LARC Data Questions?
Contact Estefania Rubio at:

erubio1@health.usf.edu
(813)458-1284

Partnering to Improve Health Care Quality
for Mothers and Babies

Project Resources Website

Partnering to Improve Health Care Quality
for Mothers and Babies

Project Resources Website

Medicaid Updates

FPQC Access LARC Webinar

June 13, 2018 | 1:00pm – 2:00pm

Janicka Harris, MPH
Bureau of Medicaid Quality
Agency for Health Care Administration

Better Health Care for All Floridians
AHCA.MyFlorida.com

Status of Medicaid Health plans and Access LARC

- The Agency conducted outreach to participating health plans in April 2018 to assess their contracting status with Access LARC hospitals. As of today, we don't have any new updates.

Medicaid Health Plans available in each region 4/10/18

	1	2	3	4	5	6	7
Amerigroup					x	x	x
Better Health						x	
Aetna							
Humana	x					x	
Molina	x			x		x	x
Prestige		x	x		x	x	x
Community Care Plan							
Simply							
Staywell		x	x	x	x	x	x
Sunshine			x	x	x	x	x
United Health			x	x			x

List of Original Awardees

- See screen-shot of a list of original awardees.

Awards Included in Intent to Award Posted on 4/24/18

Selections	Simply	Staywell	Sunshine	Humana	Aetna/ Coventry	United	Best Care	FSCCN/ Community Care Plan	Florida Community Care	Sunshine- Child Welfare Specialty Plan	Clear Health Alliance - HIV/AIDS Specialty Plan	Staywell- Serious Mental Illness Specialty Plan
Region 1			X						X	X	X	X
Region 2		X		X						X	X	X
Region 3		X	X	X					X	X	X	X
Region 4		X	X	X					X	X	X	X
Region 5		X	X	X					X	X	X	X
Region 6	X	X	X	X		X			X	X	X	X
Region 7	X	X	X	X					X	X	X	X
Region 8		X	X	X			X		X	X	X	X
Region 9		X	X	X					X	X	X	X
Region 10			X	X				X	X	X	X	X
Region 11	X	X	X	X	X	X			X	X	X	X

Comprehensive Plan
Managed Medical Assistance
Long-term Care Plus
Specialty Plan

NOTE: The respondent agreed to serve enrollees in both Regions 1 and 2, even if the respondent is awarded a contract in only one of these Regions (1 and 2).

Source: http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Intent_To_Award_Webpost.pdf

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AHCA.MyFlorida.com

Status of New Awardees and Protests

- The Agency has posted the list of awardees to include:
    - Lighthouse Health Plan, LLC in Region 1
    - Miami Children's Health Plan in Regions 9 and 11

    Note: Both plans are operating as Provider Service Networks providing Managed Medical Assistance services only.

- We are still working through the protest process with other respondents.

Better Health Care for All Floridians
AHCA.MyFlorida.com

The Value of QI Methods in Access LARC:
PDSA and Process Mapping

Partnering to Improve Health Care Quality
for Mothers and Babies

Maya Balakrishnan, MD CSSBB

Rachel Rapkin, MD, MPH

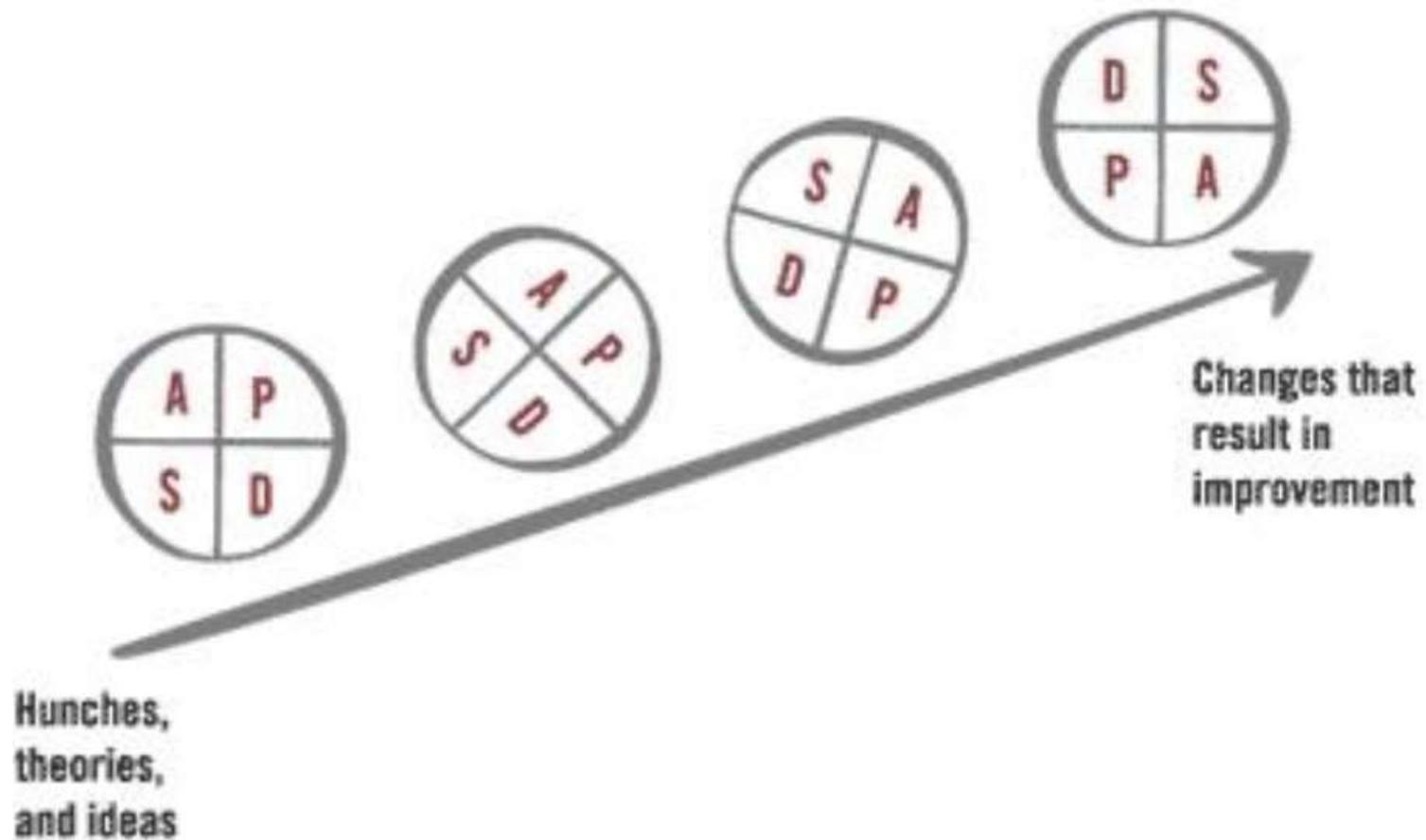# The value of QI methods in Access LARC: PDSAs & Process mapping

Maya Balakrishnan, MD, CSSBB
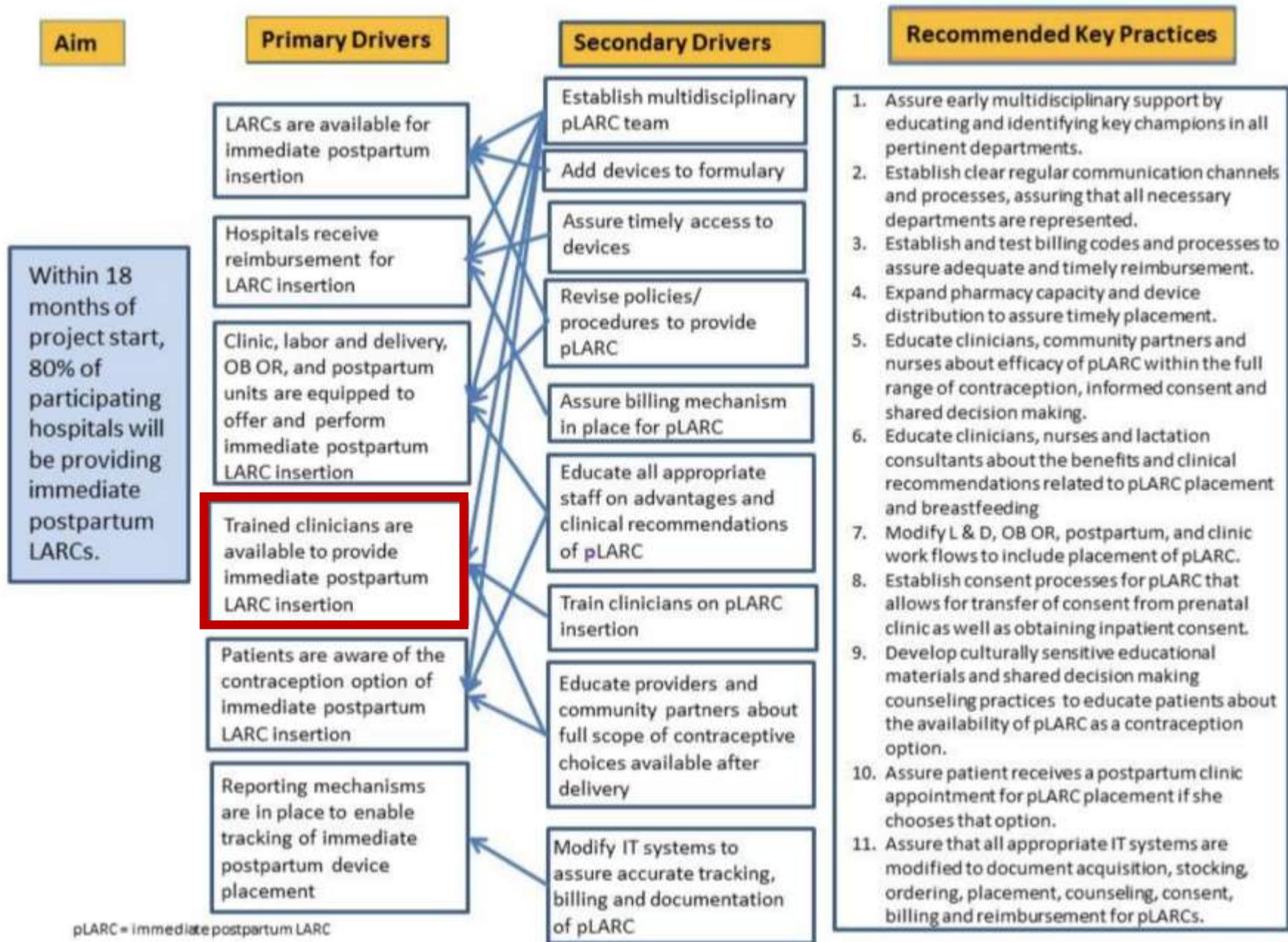Rachel Rapkin, MD, MPH

FPQC Access LARC webinar
6//13/18

Access LARC's aim statement

By 12/2019,
FPQC participating hospitals will increase
LARC placement (IUD or implant)
in postpartum women desiring LARC contraception
from 0% to 50%.

Determining interventions

Aim	**Primary Drivers**	**Secondary Drivers**	**Recommended Key Practices**

Aim

Within 18 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.

Primary Drivers

- LARCs are available for immediate postpartum insertion
- Hospitals receive reimbursement for LARC insertion
- Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion
- Trained clinicians are available to provide immediate postpartum LARC insertion
- Patients are aware of the contraception option of immediate postpartum LARC insertion
- Reporting mechanisms are in place to enable tracking of immediate postpartum device placement

Secondary Drivers

- Establish multidisciplinary pLARC team
- Add devices to formulary
- Assure timely access to devices
- Revise policies/ procedures to provide pLARC
- Assure billing mechanism in place for pLARC
- Educate all appropriate staff on advantages and clinical recommendations of pLARC
- Train clinicians on pLARC insertion
- Educate providers and community partners about full scope of contraceptive choices available after delivery
- Modify IT systems to assure accurate tracking, billing and documentation of pLARC

Recommended Key Practices

1. Assure early multidisciplinary support by educating and identifying key champions in all pertinent departments.
2. Establish clear regular communication channels and processes, assuring that all necessary departments are represented.
3. Establish and test billing codes and processes to assure adequate and timely reimbursement.
4. Expand pharmacy capacity and device distribution to assure timely placement.
5. Educate clinicians, community partners and nurses about efficacy of pLARC within the full range of contraception, informed consent and shared decision making.
6. Educate clinicians, nurses and lactation consultants about the benefits and clinical recommendations related to pLARC placement and breastfeeding
7. Modify L & D, OB OR, postpartum, and clinic work flows to include placement of pLARC.
8. Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.
9. Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.
10. Assure patient receives a postpartum clinic appointment for pLARC placement if she chooses that option.
11. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for pLARCs.

pLARC = immediate postpartum LARC

A key driver diagram is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes.

PDSA or DMAIC?

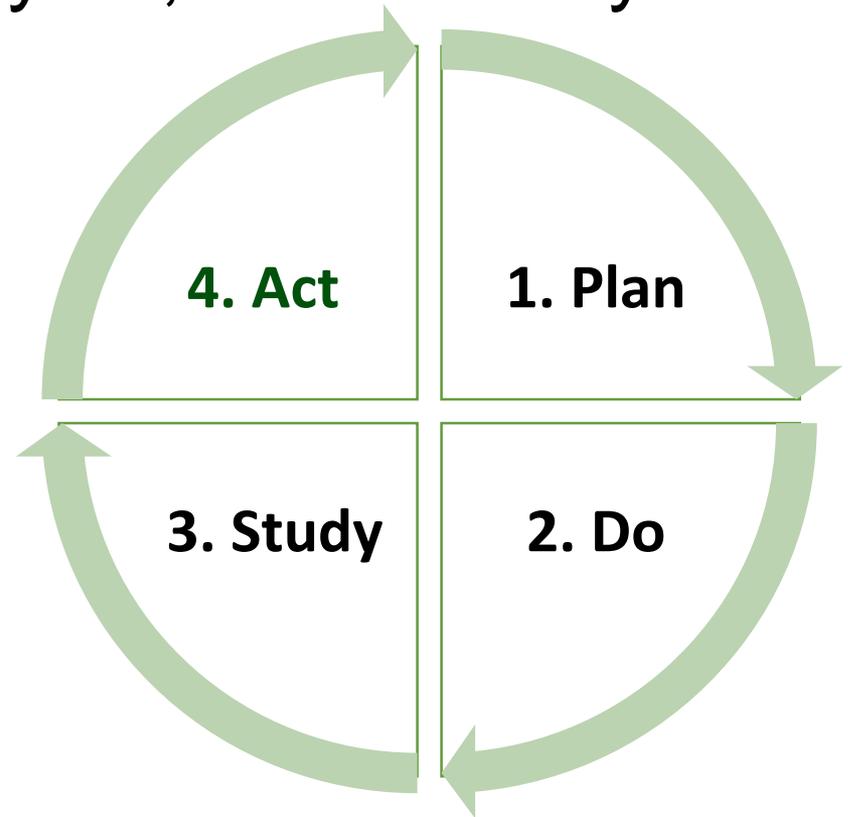| PDSA	DMAIC
Plan	**D**efine **M**easure **A**nalyze
Do	**I**mprove
Study **A**ct	**C**ontrol

What is a PDSA cycle?

- Useful tool for developing & documenting tests of change to **improve**

- AKA PDCA, Deming Cycle, Shewart Cycle

P – **Plan** a test

D – **Do** a test

S – **Study** & learn

      from test results

A – **Act** on results

Deming WE. *The New Economics for Industry, Government, and Education*. Cambridge, MA: The MIT Press; 2000.

When are we ready for a PDSA cycle?

❑Team formed

❑Questions answered
- ❑Aim established?
- ❑Measures developed?
- ❑Generated ideas for tests of change?
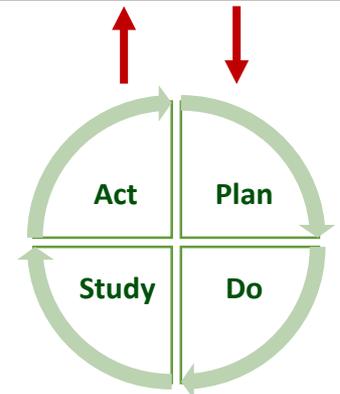
We are ready for a PDSA cycle to test our ideas

IHI's 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?

Act | Plan
Study | Do

Plan-Do-Study-Act

1. **Have an objective**
   - Concisely state what you plan to do
   - **I plan to**...

Objective of this cycle *(What are we trying to accomplish?)*:
Complete educate for >90% of nursing staff, residents, and attendings who deliver care to patients in Labor/Delivery and postpartum

What key driver does this change impact?
Trained clinicians are available to provide immediate postpartum LARC insertion

Plan-Do-Study-Act

2. Execute the plan

PLAN OR DEFINE-MEASURE-ANALZYE
What changes can we make that will lead to improvement?
Describe changes we plan to test
- Alyssa has prepared a PowerPoint presentation to review importance of immediate postpartum LARC insertion, contraindications, process, and follow-up for LARC.
- Rachel met with stakeholder to outline workflow (process map – current state and future state)

Who are stakeholders for this cycle? nursing staff (OB, OR), residents, midwives, and attendings who deliver care to patients in Labor/Delivery and postpartum

Plan-Do-Study-Act

2. **Execute the plan**

Tasks needed to implement these changes *(How will we make this change happen?)*

Task	Who is responsible *Consider locations the changes will affect*	Due date
Educate Nurses and staff (OB, OR)	Pat	6/30/18
Educate medicine residents	Rachel	6/30/18
Educate OB attendings	Alyssa	6/30/18
Education midwives	Jessica	6/30/18
Develop PowerPoint	Alyssa	6/7/18
Develop TGH policy for LARC	Pat Alyssa Rachel	6/15/18

Plan-Do-Study-Act

2. Execute the plan

Measures for this cycle *(How will we know that a change is an improvement? Consider balancing measures.)*
Consider measures to determine whether our prediction succeeds and your goal is achieved.
Consider how data will be collected & who is responsible for collecting data.

Measure name	Operational Definition	Type of measure	Main quality characteristic	Frequency of collection	Method of collection	Source of data	Person responsible	Data display method	Goal	Current state
RN Education	Num: # OB RNs who complete training Den: Total # OB RNs	Process	Effectiveness	Monthly	Roster	Roster	Pat	ble	>90%	0%
Midwife education	Num: # midwives who complete training Den: Total # midwives	Process	Effectiveness	Monthly	Roster	Roster	Jessica	able	>90%	0%
Obstetric attending & resident education	Num: # OB attendings & residents who complete training Den: Total # OB attendings & residents	Process	Effectiveness	Monthly	Roster	Roster	Rachel Alyssa	ble	>90%	0%

Plan-<u>Do</u>-Study-Act

- **Do the test**
  - Try on a small scale first
- **Take notes** on problems & observations
- **Know when to stop the test**

"Now this time, just for the heck of it, try releasing that sucker just a little sooner."

Plan-<u>Do</u>-Study-Act

DO OR IMPROVE

What happened when the test was conducted?

Was the cycle carried out as planned (yes, no)**?** Yes

What did you observe (i.e., qualitative feedback from the team)**?**
- Education well received by nurses, residents, and pediatric attending.
- Midwives had difficulty attending sessions because covering for other providers to attend education
- Physicians were very receptive to involvement in defining workflow

What did you observe that was not part of the plan?
- Determining documentation around LARC placement and confirming consent
- Determining patient eligibility depending on insurance

Plan-Do-Study-Act

STUDY OR CONTROL
Did the measured results and observations meet your objective?
Was your goal achieved (yes, no)? Yes
- Goal for education was achieved (RN: 95%, Attendings: 100%, Residents: 100%)

How do results of this test compare to previous performance? NA

If YES
- **Do you plan to expand the test** (yes, no)? Yes

Will you expand the scale (i.e., keep the same conditions, just test more)? We will include Maternal-Fetal-Medicine attendings and fellows. Continue regular trainings with staff yearly, to include new trainees and new hires
- **Will you expand the scope** (i.e., change the conditions)? No
- **Will you expand the scale and scope** (i.e., change locations/units and conditions)? No

If NO
- **What data do you have to distinguish if your method of testing the change failed or if the designed change was not effective?** NA

Were there any barriers with the cycles' implementation (yes, no)? No
What else did you learn?
- It took time and lots of discussion to determine specifics on the policy before consensus could be achieved.

Plan-Do-Study-<u>Act</u>

Refine next cycle based on what was learned

	ABANDON: Discard change idea testing. Describe what you will change.
x	**ADAPT:** Improve the change & continue a larger scale. Develop an implementation plan for sustainability.
	ADOPT: Select changes to implement on & try a new one

Plan-Do-Study-Act

Reasons to test changes

Learn whether change will result in improvement

Predict the amount of improvement possible

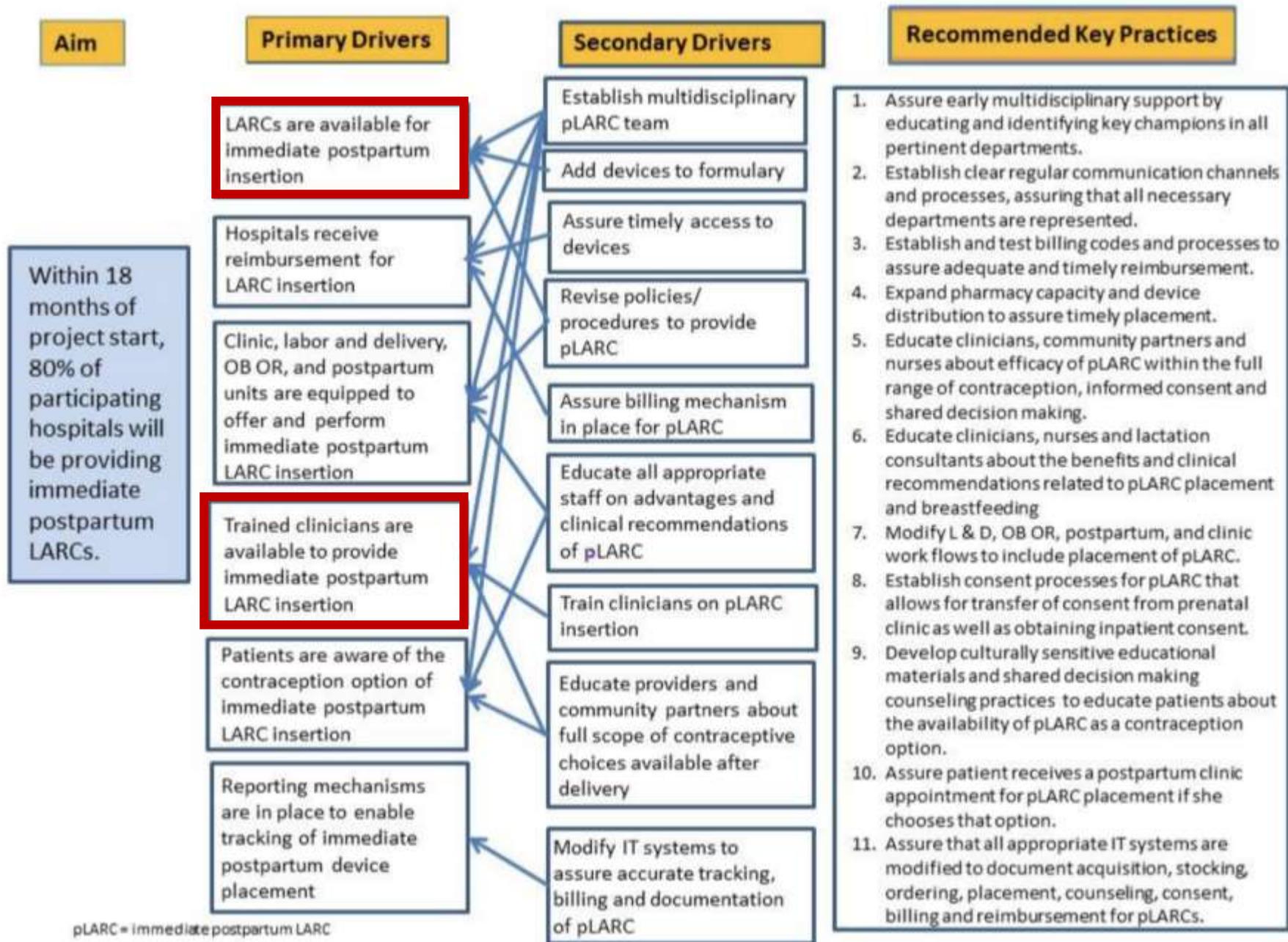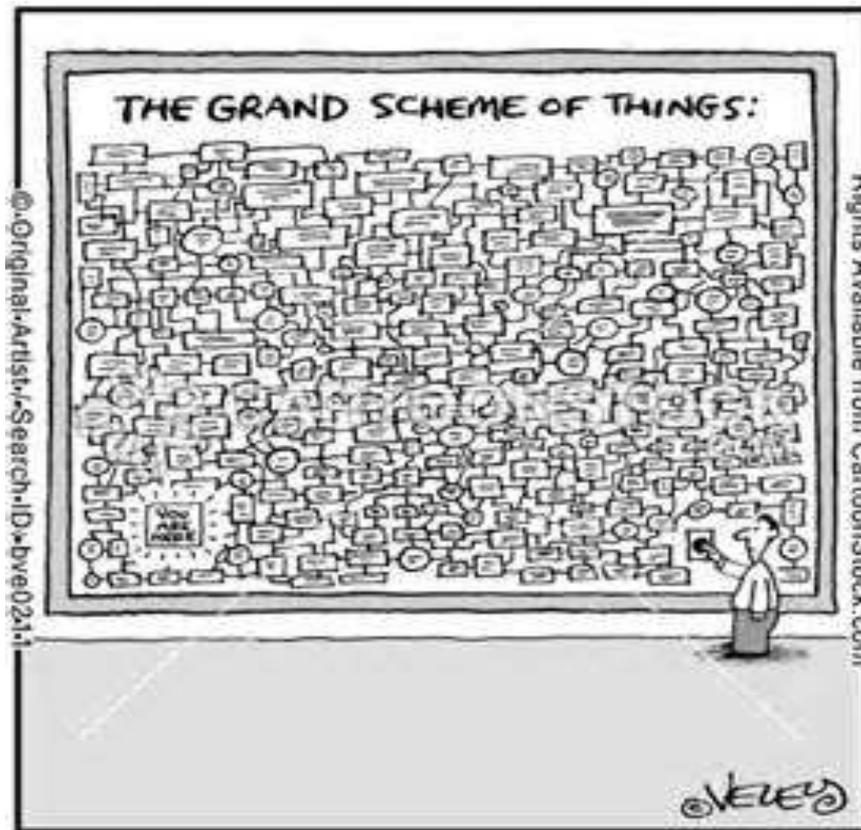Evaluate the proposed change work in a ***practice environment***

Minimize resistance at implementation

Aim	Primary Drivers	Secondary Drivers	Recommended Key Practices

Aim

Within 18 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.

Primary Drivers

LARCs are available for immediate postpartum insertion

Hospitals receive reimbursement for LARC insertion

Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion

Trained clinicians are available to provide immediate postpartum LARC insertion

Patients are aware of the contraception option of immediate postpartum LARC insertion

Reporting mechanisms are in place to enable tracking of immediate postpartum device placement

pLARC = immediate postpartum LARC

Secondary Drivers

Establish multidisciplinary pLARC team

Add devices to formulary

Assure timely access to devices

Revise policies/ procedures to provide pLARC

Assure billing mechanism in place for pLARC

Educate all appropriate staff on advantages and clinical recommendations of pLARC

Train clinicians on pLARC insertion

Educate providers and community partners about full scope of contraceptive choices available after delivery

Modify IT systems to assure accurate tracking, billing and documentation of pLARC

Recommended Key Practices

1. Assure early multidisciplinary support by educating and identifying key champions in all pertinent departments.
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11. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for pLARCs.

A key driver diagram is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes.
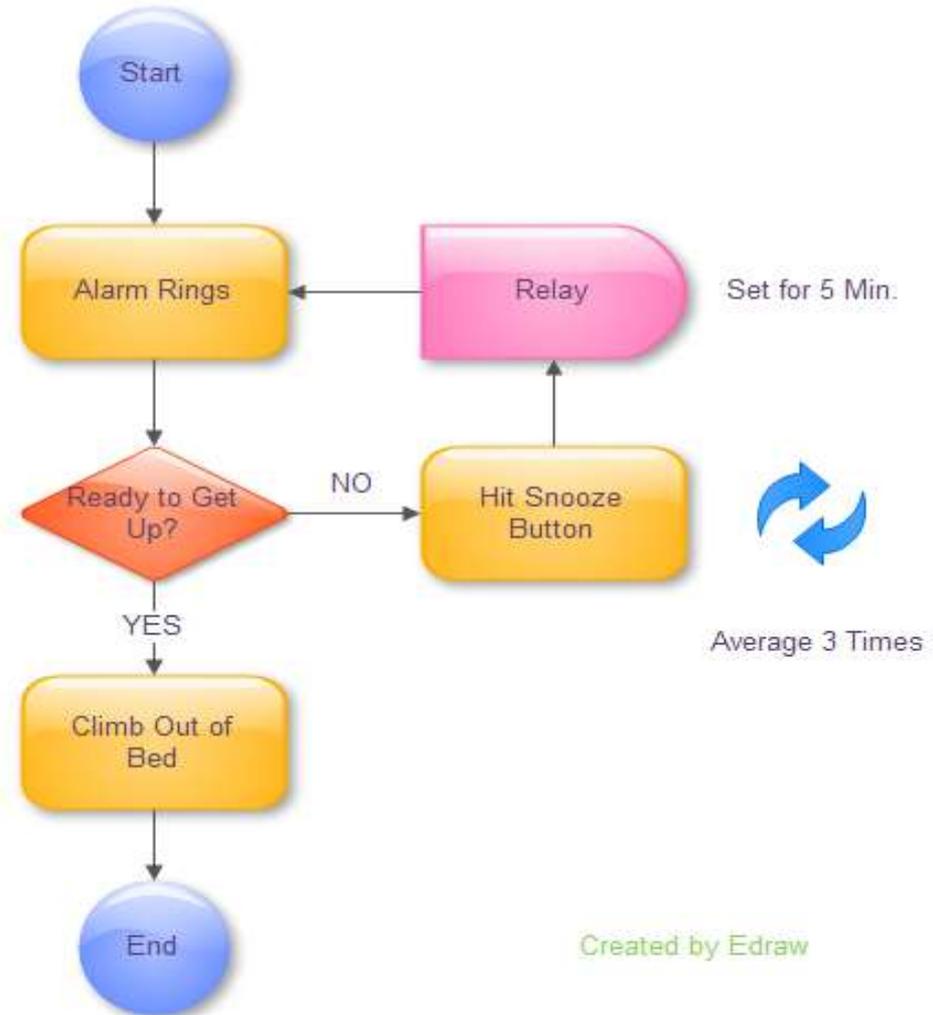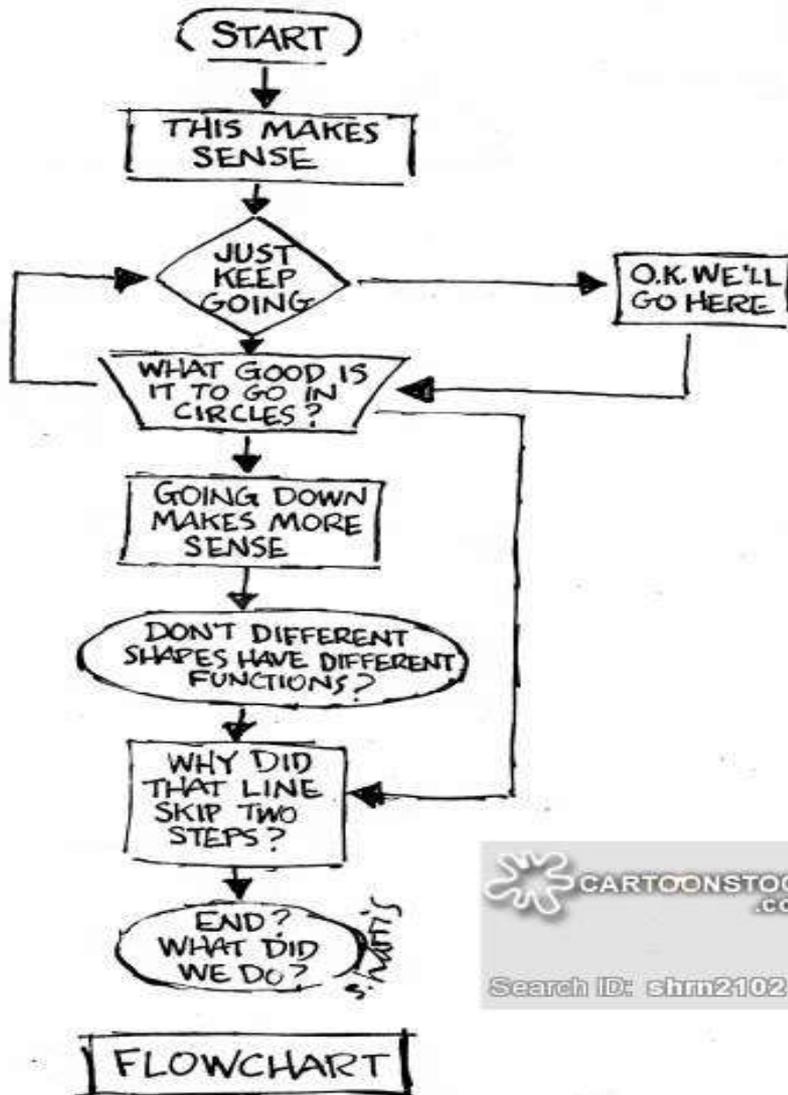
Mapping a process & identifying stakeholders

What is a process flow map?

AKA, Flowcharts, Flow maps, Flow diagrams, Algorithms

- Tool in your toolbox
- Easy-to-understand visual model of a process
- Sequence of steps to get from "A" → "B"
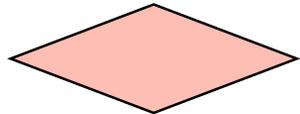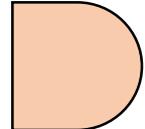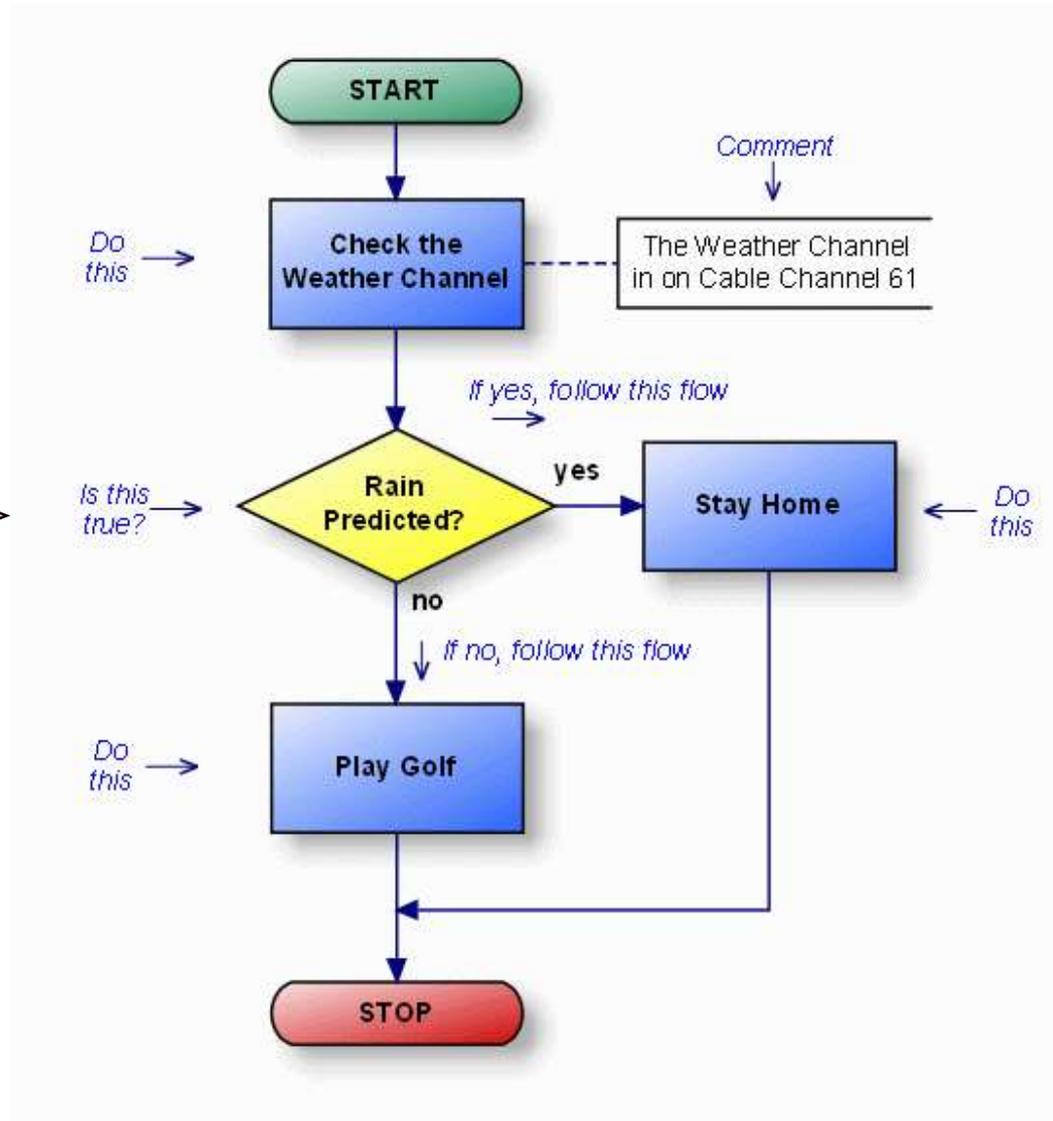
Why use a process flow map?

- Clarify current state
    - Basis for discussion
    - Standardize a process
    - Identify key stakeholders
    - Depict roles & responsibilities
- Communicate a process
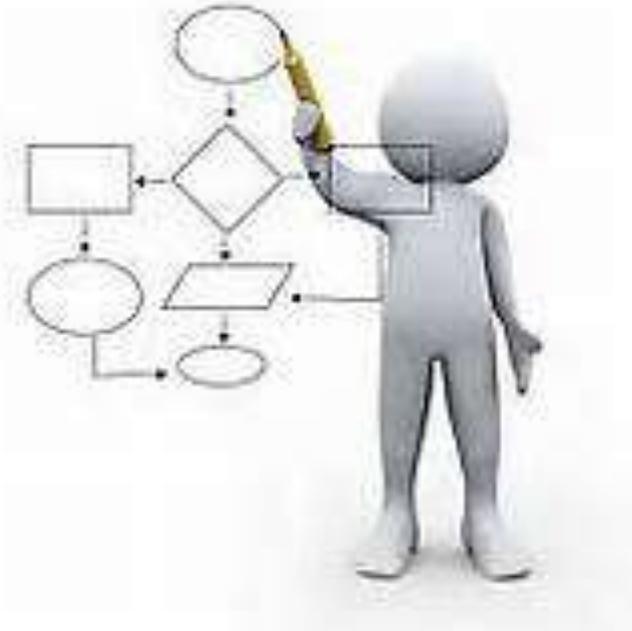   - Clarify process for team & others
- Analyze a process
    - Opportunities, inefficiencies, bottlenecks

Process map symbols

- Start/End

- Step

- Decision

- Delay

- Direction

Types of process maps

- Supplier-Process-Input-Output-Customer (SIPOC)

- **High-level**
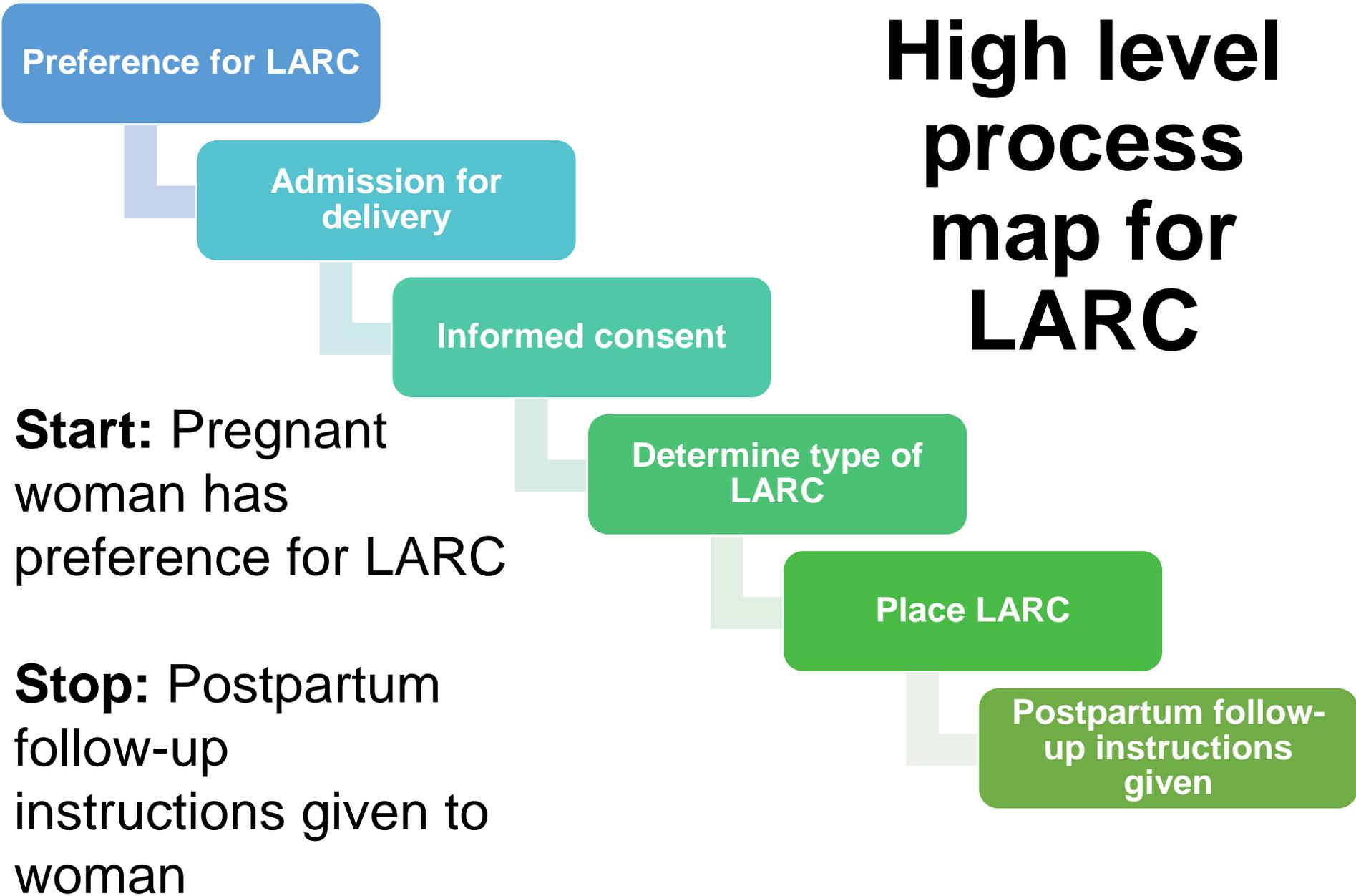 - Brief overview only highlighting major events
- **Detailed**
  - Includes every step in a process including decision points, feedback loops, delays, etc.
- Swim lane or cross-functional
  - Shows multiple roles across stages of process

High level process map for LARC

Preference for LARC

Admission for delivery

Informed consent

Determine type of LARC

Place LARC

Postpartum follow-up instructions given

Start: Pregnant woman has preference for LARC

Stop: Postpartum follow-up instructions given to woman

Analyzing your process map

Look for potential areas for improvement

- Bottlenecks & delays
- Rework due to errors
- Role ambiguity
- Duplicated efforts
- Unnecessary steps
- Sources of waste
- Variation
- Hand-offs

Useful tips

- All key stakeholders should be represented
- There is no "one right type" of process flow map
- Keep it simple & readable
  - Provide just enough level of detail
  - Complex process → break into sub-processes
- Sketch your map 1st
  - Use sticky notes or butcher paper if working in a large group
  - "Walk" or observe the process

Map "current" (AS IS) state → "desired" state

High level process map for LARC

Preference for LARC

Admission for delivery

Informed consent

Determine type of LARC

Place LARC

Postpartum follow-up instructions given

2 types of LARC with 2 different processes

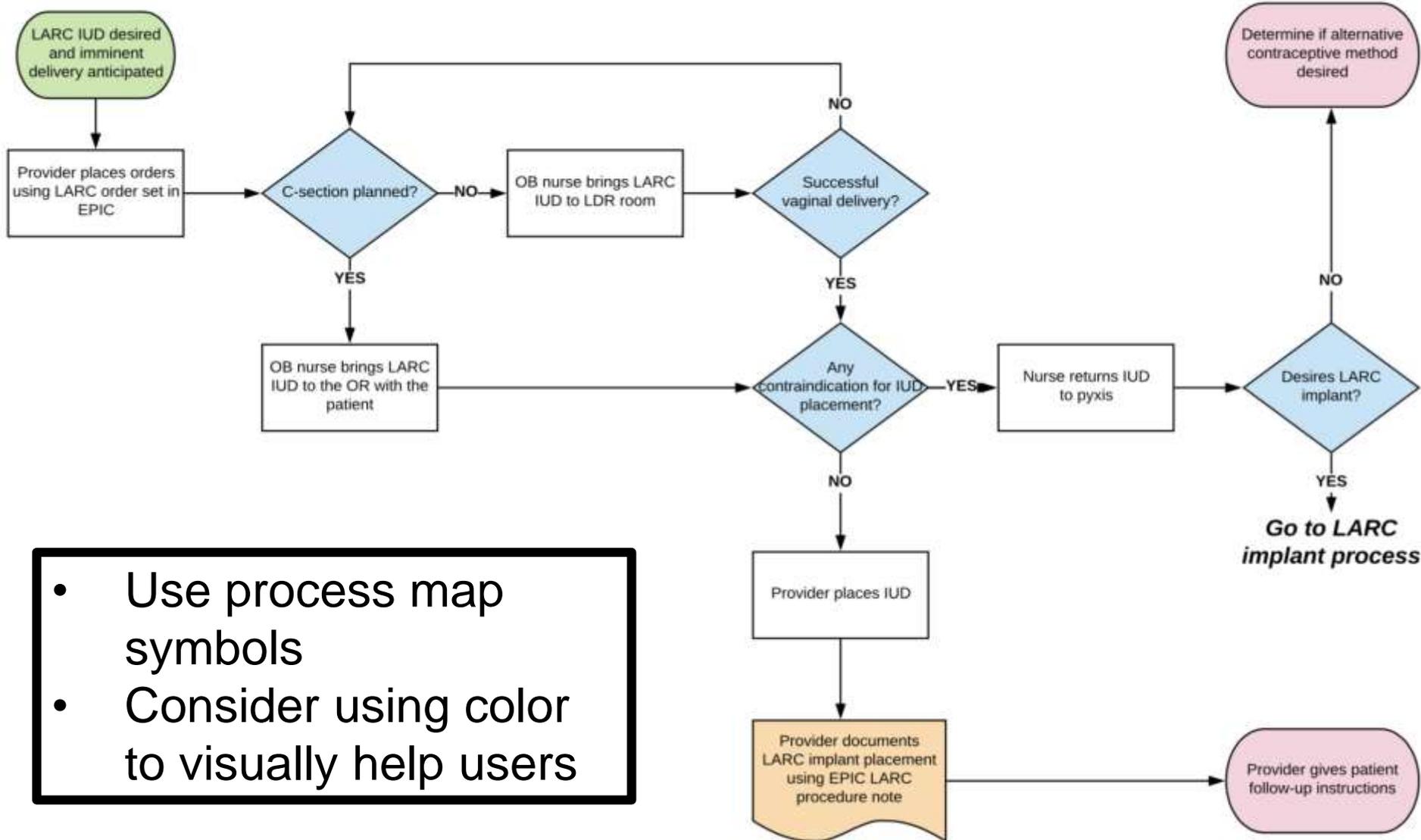LARC IUD desired and imminent delivery anticipated

Start

What steps get a woman from **start** to **stop**?

Stop

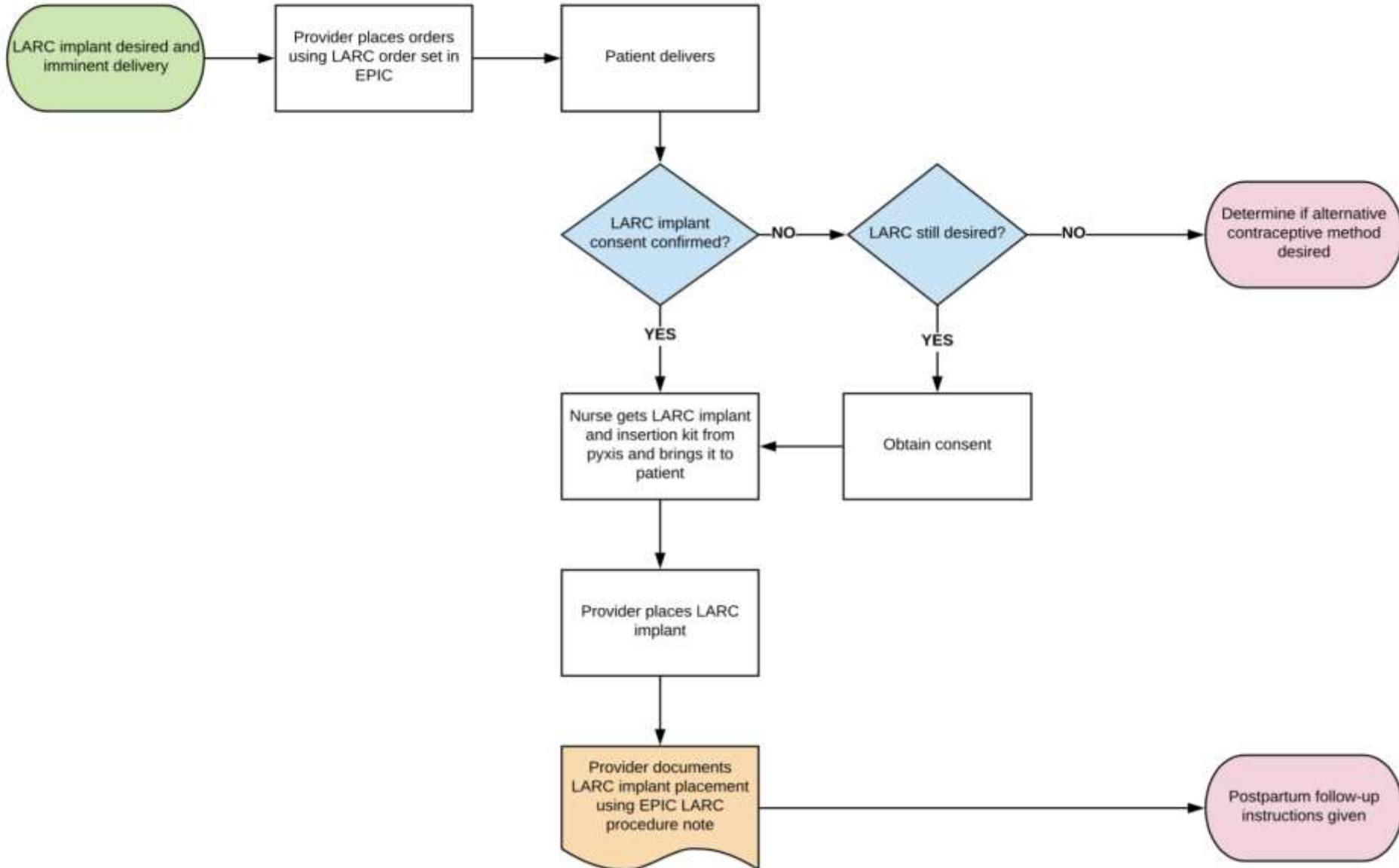Provider gives patient follow-up instructions

Access LARC - Placement of IUD
V1. 5/2018

- Use process map symbols
- Consider using color to visually help users

Access LARC - Placement of Implant

V1. 5/2018

```
┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ LARC implant    │      │ Provider places │      │                 │
│ desired and     │─────▶│ orders using    │─────▶│ Patient delivers│
│ imminent        │      │ LARC order set  │      │                 │
│ delivery        │      │ in EPIC         │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘
```

LARC implant consent confirmed? — NO → LARC still desired? — NO → Determine if alternative contraceptive method desired

YES ↓ (LARC implant consent confirmed)

YES ↓ (LARC still desired) → Obtain consent → Nurse gets LARC implant and insertion kit from pyxis and brings it to patient

Nurse gets LARC implant and insertion kit from pyxis and brings it to patient ↓

Provider places LARC implant ↓

Provider documents LARC implant placement using EPIC LARC procedure note → Postpartum follow-up instructions given

Process map in Microsoft Word™ or Lucidchart

But surely they can't have it right yet, let alone "best", if they're still having to practise.

Plan-Do-Study-Act

1. **Have an objective**
   - Concisely state what you plan to do
   - **I plan to**...

Objective of this cycle *(What are we trying to accomplish?)*:

Compliance with the proposed LARC IUD placement process in >50% of patients who desire a LARC IUD

LARC implant placement process compliance includes all of the following: consent obtained, order set used, provider note used, procedure note use, AND the follow-up dot phrase used

What key driver does this change impact?
Clinic, Labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion

Plan-Do-Study-Act

2. Execute the plan

PLAN OR DEFINE-MEASURE-ANALZYE

What changes can we make that will lead to improvement?

Describe changes we plan to test

- Identify appropriate candidates for IUD
- Identify patients with contraindications
- Implant and supplies for placement are readily available
- Informed consent is done appropriately
- LARC order set
- Standard documentation of LARC insertion procedure note
- Standardized method to ensure follow up instructions given to patients

Who are stakeholders for this cycle? patient, Triage and postpartum nursing staff, residents, midwives, attendings, and TGH pyxis supply people who deliver care to patients in Labor/Delivery and postpartum

Plan-Do-Study-Act

2. Execute the plan

Tasks needed to implement these changes *(How will we make this change happen?)*

Task	Who is responsible *Consider locations the changes will affect*	Due date
Add preferred contraceptive to Nurse Triage checklist	Pat	7/15/18
Informational flyer outlining appropriate candidates and contraindications	Rachel	7/15/18
Develop LARC IUD supply kits	Rachel TGH pyxis supply people	8/1/18
Develop standardized EPIC provider note for LARC placement, include confirmation of informed consent	Alyssa	8/1/18
Develop standardized EPIC procedure note	Alyssa	8/1/18
Develop LARC order set	Alyssa	8/1/18
Develop standardized EPIC dot phrase for follow-up instructions	Jessica	8/1/18
Provide project update to all stakeholders re: noes, order sets, dot phrase, supply kits, and flyer	Rachel	8/1/18

Plan-Do-Study-Act

Measures for this cycle *(How will we know that a change is an improvement)*
Consider: balancing measures, measures to determine whether the prediction succeeds and your goal is achieved, how data will be collected & who is responsible for collecting data. You may find it easier to cut and paste from your measurement grid.

Task	Measure
Add preferred contraceptive to Nurse Triage checklist	% completion of checklist item on Nursing Triage checklist / # of triage patients
Develop standardized EPIC provider note for LARC placement, include confirmation of informed consent	% compliance with use of EPIC provider note for LARC placement/ # of implants placed
Develop standardized EPIC procedure note	% compliance with EPIC procedure note for LARC placement/# of implants placed
Develop LARC order set	% compliance with EPIC LARC order set/# of patients with LARC implant
Develop standardized EPIC dot phrase for follow-up instructions	Random chart review (5 charts/month) with follow up instructions in the discharge summary of patients desiring LARC implant

Other measures

- # of LARC implants place
- qualitative feedback from 2 providers from each group – resident, attending, midwife, postpartum nurse
- LARC implant placement process compliance

Plan-<u>Do</u>-Study-Act

DO OR IMPROVE
What happened when the test was conducted?
Was the cycle carried out as planned (yes, no)**?** No

What did you observe (i.e., qualitative feedback from the team)**?**
- Nurse feedback revealed that this took less time than they anticipated and were happy with the kits, once they were readily available and complete.
- Residents complained that attendings were not readily available for insertions.
- All providers were unhappy with the length of the provider note, so the note is being revised.

What did you observe that was not part of the plan?
- It took much more time to have the EMR requests fulfilled. Need to plan more time for this if further EMR requests are made.
- We needed to reset the par level for LARC implant kits in postpartum as we ran out in the 1st two weeks
- We forgot to include Kerlex in the LARC kits, so kit contents were updated.
- Providers frequently forgot the follow-up instructions dot phrase. We had to review LARC implant placements daily for 2 weeks at morning sign-out which improved compliance.

Plan-Do-<u>Study</u>-Act

STUDY OR CONTROL
Did the measured results and observations meet your objective?

Was your goal achieved (yes, no)? No
We achieved only 30% compliance with LARC implant placement process. The design of our cycle was ineffective because the necessary equipment was not available initially, EMR tools not available until mid-July, EMR tools were not effectively utilized by providers. We have noticed significant improvement in last 2 weeks and intend to continue our efforts.

How do results of this test compare to previous performance? NA

If YES
- **Do you plan to expand the test** (yes, no)?
- **Will you expand the scale** (i.e., keep the same conditions, just test more)?
- **Will you expand the scope** (i.e., change the conditions)? No
- **Will you expand the scale and scope** (i.e., change locations/units and conditions)? No

If NO
- **What data do you have to distinguish if your method of testing the change failed or if the designed change was not effective?** Design was not effective.

Were there any barriers with the cycles' implementation (yes, no)? Yes. Delays in having equipment available and EMR tools effectively utilized.

What else did you learn?
- When EMR tools are needed for a cycle, place a ticket for these items with at least 2 month's notice.

Plan-Do-Study-<u>Act</u>

Refine next cycle based on what was learned

ACT OR CONTROL
Decide to Abandon, Adapt, or Adopt?

	ABANDON: Discard change idea testing. Describe what you will change.
x	**ADAPT:** Improve the change & continue a larger scale. Develop an implementation plan for sustainability.
	ADOPT: Select changes to implement on & try a new one

Continue to provide direct feedback to providers who are noncompliant with the process and further refinement of the provider documentation.

Keep in mind

• **Scale down scope of tests**

Keep in mind

- Scale down scope of tests
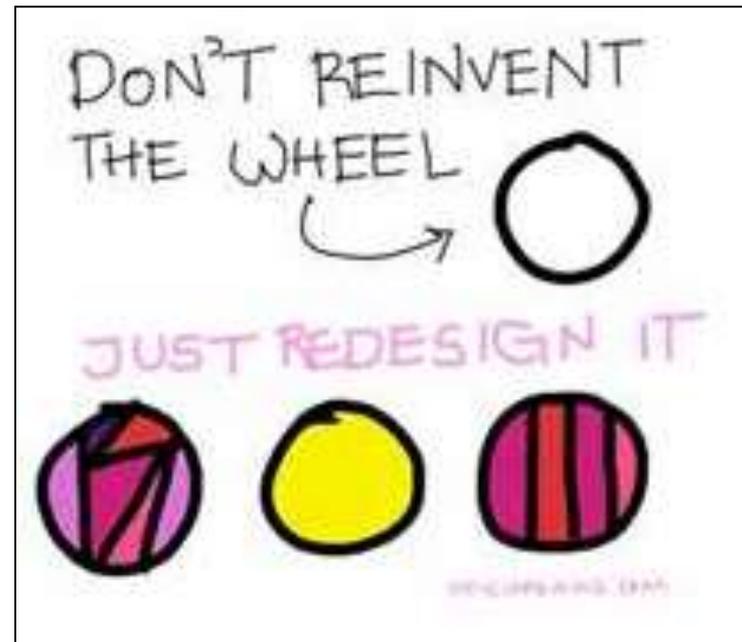- **Pick willing volunteers**

Keep in mind

- Scale down scope of tests
- Pick willing volunteers
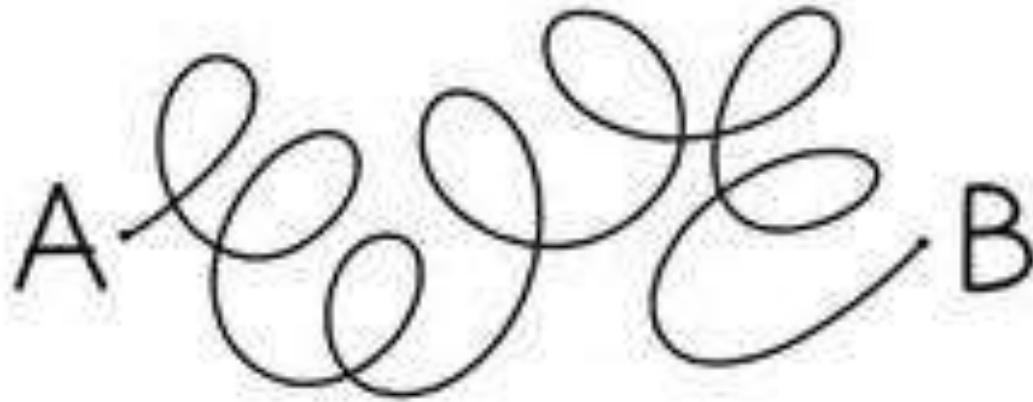- **Choose changes that don't require long process for approval initially**

Keep in mind

- Scale down scope of tests
- Pick willing volunteers
- Choose changes that don't require long process for approval initially
- **Don't reinvent the wheel**

Keep in mind

• **Pick easy changes with good yield**

Keep in mind

- Pick easy changes with good yield
- **Avoid technical slow downs**

Keep in mind

- Pick easy changes with good yield
- Avoid technical slow downs
- **Reflect on results of EVERY change – even failures**

Keep in mind

- Pick easy changes with good yield

- Avoid technical slow downs

- Reflect on results of EVERY change – even failures

- **End the test if there is no improvement**

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WHAT QUESTIONS DO YOU HAVE?

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).

THANK YOU!

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