Sequence to Achieve Change Workbook

Clinic Team: __Blue Meadows Clinic_____   **Change Package**: ___Opioid Care Processes__

Elevator Speech

When you approach a team to consider quality improvement work, you'll want to be prepared with an "elevator speech." Use the tool below to help develop it.

Who You Are: *A Practice Facilitator from XYZ PCN.*	What You Do (short explanation): *Work with XYZ PCN member clinics on quality improvement initiatives that support the Patient's Medical Home. Am able to aid teams with implementation of and measurement of changes and build capacity for change within the clinic.*
Features: *The Opioid Care Processes change package supports teams to:* - *identify patients taking opioids within their practice,* - *improve the experience for those patients and others,* - *standardize documentation in the EMR,* - *optimize care management and prescribing, and* - *Better coordinate care within the medical home and health neighborhood.*	Benefits: *The benefits of implementing potentially better practice within the Opioid Care Processes change package include:* - *More efficient clinic processes that reduces wasted time in appointments and in re-calling patients* - *More satisfied patients who feel comfortable discussing their needs with their care team* - *A better understanding of the panel* - *Point of care reminders that enable safer care* - *Better use of team members and optimization of each role in the clinic* - *Better hand offs to community resources*
Key Messages for Your "Elevator Speech": *There is a public health crisis in Alberta, and primary care is part of the solution. Efforts in improving opioid care processes align with the implementation of the Patient's Medical Home. Treatment of Opioid Use Disorder in primary care has shown to be more effective as an additional 1 in 6 patients are retained in treatment and remain abstinent from street*	

opioid after 42 weeks and almost twice as many patients report being more satisfied with their care in primary as opposed to specialty care.	
Anticipated Barriers:	**Plan for Managing Barriers:**
- *Too busy / I don't have enough time to take this work on* - *I don't have any patients with opioid use disorder in my practice* - *We don't have the resources*	- *Process improvements can help to streamline work and reduce redundancies/re-work; they also support team members to work to full capacity to everything doesn't fall on the physician* - *Patients in your practice may have been prescribed opioids elsewhere; Tools such as the POMI tool can be effective in screening for Opioid Use Disorder* - *Resources may be available within the health neighborhood*

1. Form an Improvement Team

Next, assemble a team that represents all areas and roles of the clinic; consider including a patient on your team. Indicate below who is on your improvement team. It is recommended that you include someone with training in quality improvement facilitation (likely this will be you!) and someone with decision making authority (a physician champion or office manager).

Team Member Name	Role in Clinic
Dr. Green	*Physician champion*
Hailey	*MOA/Receptionist*
Elaine	*Office Manager*
Jeff	*PCN Nurse*
Charlotte	*Practice Facilitator*

2. Clarify the Problem/Opportunity

Articulate the problem you want to solve. Use evidence and data to strengthen your rationale (consider reviewing the physician's HQCA Primary Health Care Panel Report with them and the team). Discuss with your improvement team what aspects of the area you're focusing on most need improvement. You may also want to use some QI tools like the Fishbone Diagram, 5 Why's, or Pareto Chart.

Data that may support my change package:

- *Report from EMR (scanned triplicate prescriptions)*   - *Dr. Green's MD Snapshot*

When writing your problem or opportunity statement, consider the following questions:

Question	Answer
What is the problem?	*We don't have an accurate list of patients in the practice who are currently prescribed opioids.*
Who does the problem affect?	*MOA/receptionist, nurse, physician, patient*
When is it a problem?	*When scheduling appointments, during appointments*
Why should we care?	*No system for recalling patients for re-assessment, don't always have time to address all issues in a single visit therefore patient must book multiple appointments*
How does it affect patients?	*Patient may not be receiving all supports that they need*

Problem Statement: The team at Blue Meadows Clinic is frustrated because they do not have an accurate list of patients who are currently prescribed an opioid. This requires additional work for the team and requires the patient to book multiple appointments.

3. Map Processes

Visually depict the sequence/steps of events in the process that you are trying to improve. Start by naming your process so that all team members are focusing on the same thing. Next, determine the start and ends points in the process. Use your team to brainstorm all of the steps that happen in between. Finally, arrange your steps in order.

Once you have your current state mapped, review it as a team. Consider the following questions:

Question	Answer
Where are the bottlenecks?	*Scheduling appointments and completing appointments with physician*
Where is work being duplicated?	*Both nurse and physician are reviewing Netcare during appointments*
Are their inconsistencies?	*Yes, depending if the patient is known to the MOA/receptionist*
What can be standardized?	*Appointment time, EMR reminders, prescription entry into EMR*

Does each step add value? If not, can it be eliminated?	*Redundancies in appointments between nurse/physician; manual review of chart rather than using point of care reminders*

Use the Process Mapping Guide in your Practice Facilitator Core Training as support.

4. Use the Model for Improvement

When making a change, the Institute for Healthcare Improvement Model for Improvement asks three questions:

1. What are you trying to accomplish? – *This is your aim statement.*
2. How will you know that a change is an improvement? – *These are your measures.*
3. What change can be made that will result in an improvement? – *These are your PBPs.*

These three questions are followed by small tests of change called Plan-Do-Study-Act (PDSA) cycles.

Set an Aim Statement

Question	Answer
What are we trying to improve?	*Accuracy of list of patient currently prescribed an opioid*
By how much? (Try a stretch goal!)	*80%*
By when?	*July 2020*
Aim Statement:	*The Blue Meadows clinic aims to improve the accuracy of the list of patients currently prescribed an opioid from 5% to 85% by July 2020.*

Identify Measures

Measurement is a key component of good quality improvement. Measurement allows you to track the changes that are occurring and assess their impact. There are three types of measures that can be collected:
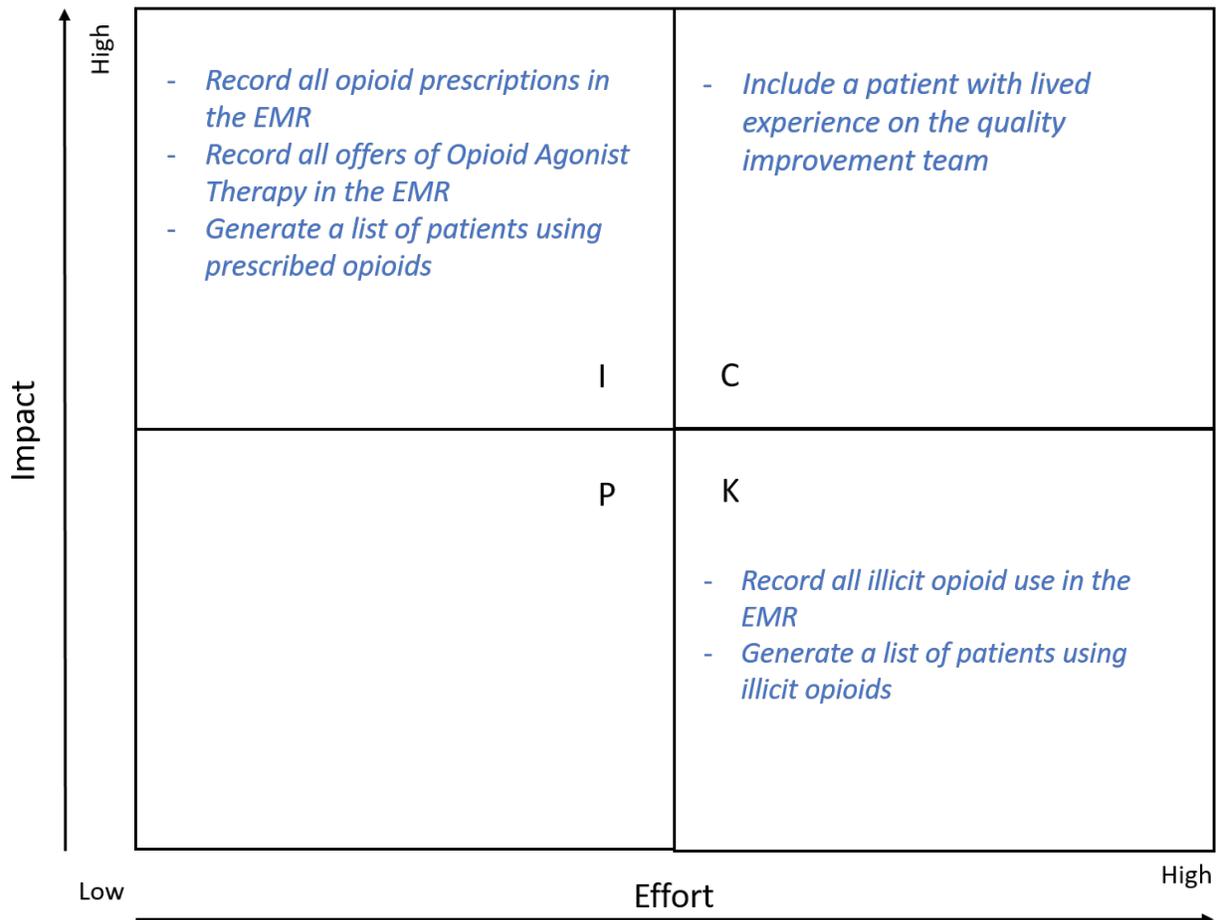
- A **process measure** measures of whether an activity has been accomplished. Often used to determine if a PDSA cycle was carried out as planned.
- An **outcome measure** measures the performance of the system under study. Often relates directly to the aim of the project and offers evidence that changes are actually having an impact.
- A **balancing measure** determines the impact of a change on separate parts of the system.

QI Measure	Method of Collection	Frequency
# of patients with any opioid prescription documented in EMR prescription module	*EMR report*	*Monthly*

Select Changes or Potentially Better Practices (PBPs) to Test

Use your change package table to select PBPs. Based on what you know about the impact they'd have and the effort they'd take, slot them into the PICK Chart below. Indicate which ones the team will try first:

Impact/Effort Grid or PICK Chart

	High Effort	
High Impact	- *Record all opioid prescriptions in the EMR* - *Record all offers of Opioid Agonist Therapy in the EMR* - *Generate a list of patients using prescribed opioids* I	- *Include a patient with lived experience on the quality improvement team* C
Low Impact	P	K - *Record all illicit opioid use in the EMR* - *Generate a list of patients using illicit opioids*

Impact (vertical axis, Low to High) / Effort (horizontal axis, Low to High)

Test Changes

After a change idea is selected, use PDSA cycles to test changes in a real world setting. Consider starting with just one patient and one provider. Document each PDSA Cycle. Use the PDSA template in the QI Guide as support.

5. Sustain the Gains

Congratulations on making an improvement! However, now you've got to hold the gains. Some strategies to consider for maintaining improvements are:

- Standardization
- Accountability
- A visual management system
- Daily communication

Use the Five Strategies for Sustaining the Gains handout to learn more.

Additionally, measurement does not stop once you have improved your outcomes. Continue to periodically measure your results to ensure that improvements are sustained over time. Consider creating a quality improvement board and displaying results for both clinical staff and patients to see.

6. Spread the Successful Changes

After successful implementation with the initial site, the improvement team can work to spread learning and changes to other parts of the clinic or to other clinics within the Primary Care Network. While actual spread occurs at the end of a successful improvement initiative, improvement teams should develop strategies for spreading improvements from the beginning of the project.

Thinking of the work your currently doing with your team, how can it be spread (to other patient populations/to other physicians or clinics)?:

- *Patients with financial strain*

Be aware of the Seven Spreadly Sins. Reference the Seven Spreadly Sins handout to learn more.

7. Celebrate!

Plan to celebrate at milestones along the improvement journey, as well as when you achieve your aim. Recognize and highlight the efforts and accomplishments of the team.

Brainstorm ways in which you might celebrate with a team:

- Team lunch