



MICHIGAN STATE UNIVERSITY
Department of Pediatrics and Human Development

Improving Patient Care and Transition Services for Teens and Young Adults
Michigan State University Center for Bleeding and Clotting Disorders (MSU CBCD)
A Hemophilia Treatment Center Quality Improvement (QI) Initiative
Global Aim: "Improve Process Flow"

Team Members September 2017
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PROBLEM FOCUS BACKGROUND

The QI Team identified patient care barriers:

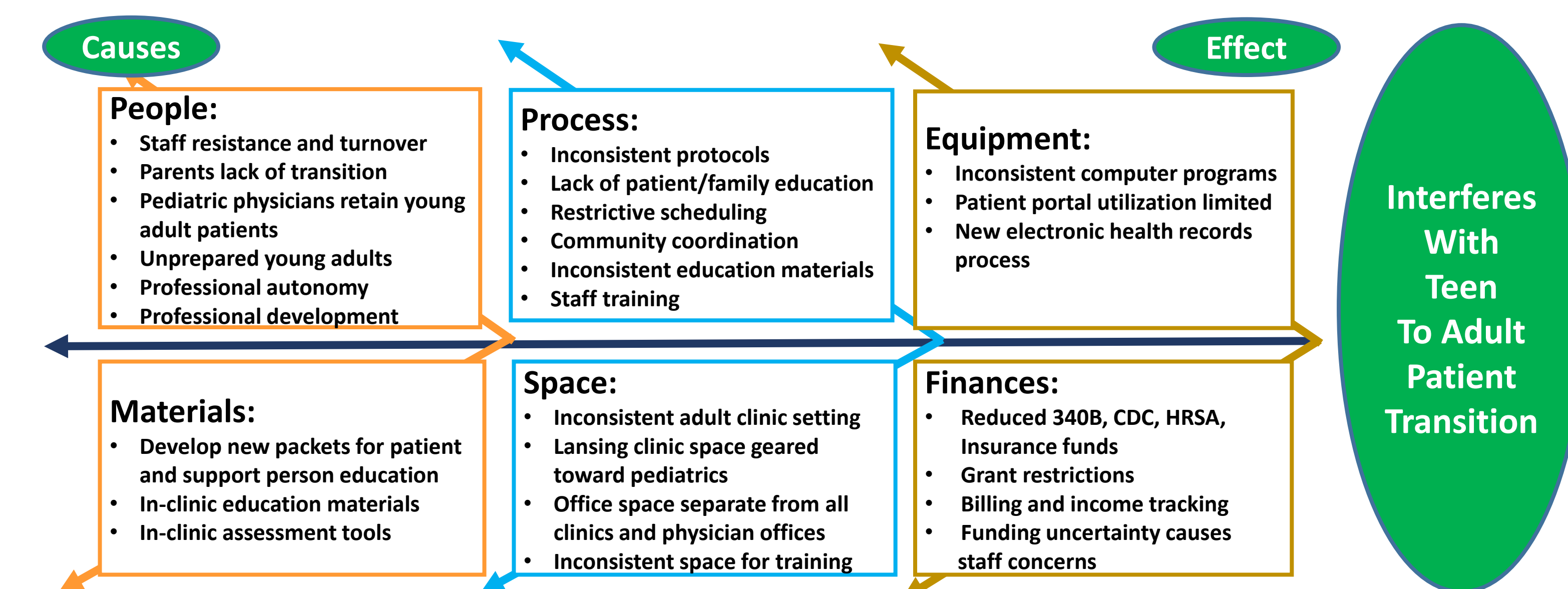
- Inconsistent process flow for teen and young adult transition services
- Inconsistent methods for identification of patient support and education needs
- Inconsistent process flows for clinics, including Lansing-based and Outreach sites
- Inconsistent utilization of meeting and assessment tools

PURPOSE: GLOBAL AIM STATEMENT

MSU CBCD aims to revise our process work flow in all comprehensive care clinic settings. The process begins with identifying our present process in Lansing and outreach clinics and ends with improved patient care.

- By working on this now, we expect to: **Improve Overall Lifespan** patient care, including transitional services for teens and young adults.
- It is important to work on this now because: We will strive to **empower, engage, and improve** patient and team member communication at all levels.

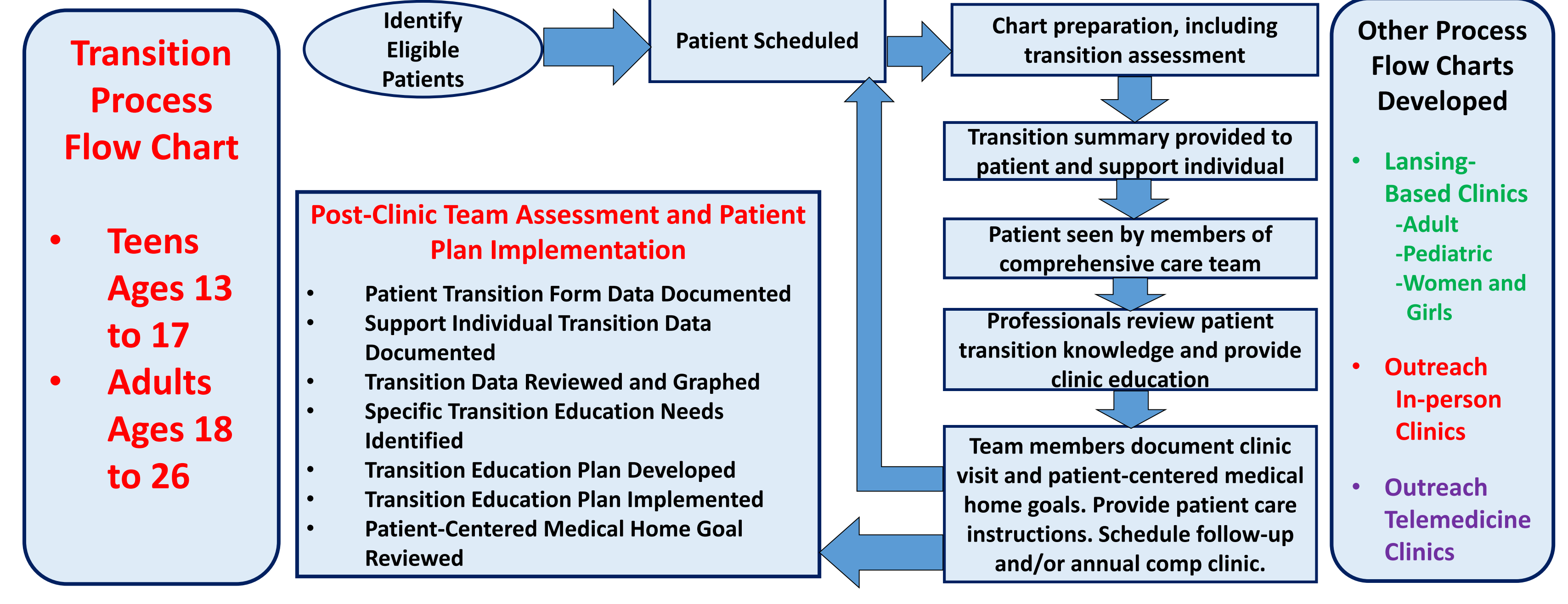
FISHBONES: TRANSITION INTERFERENCE



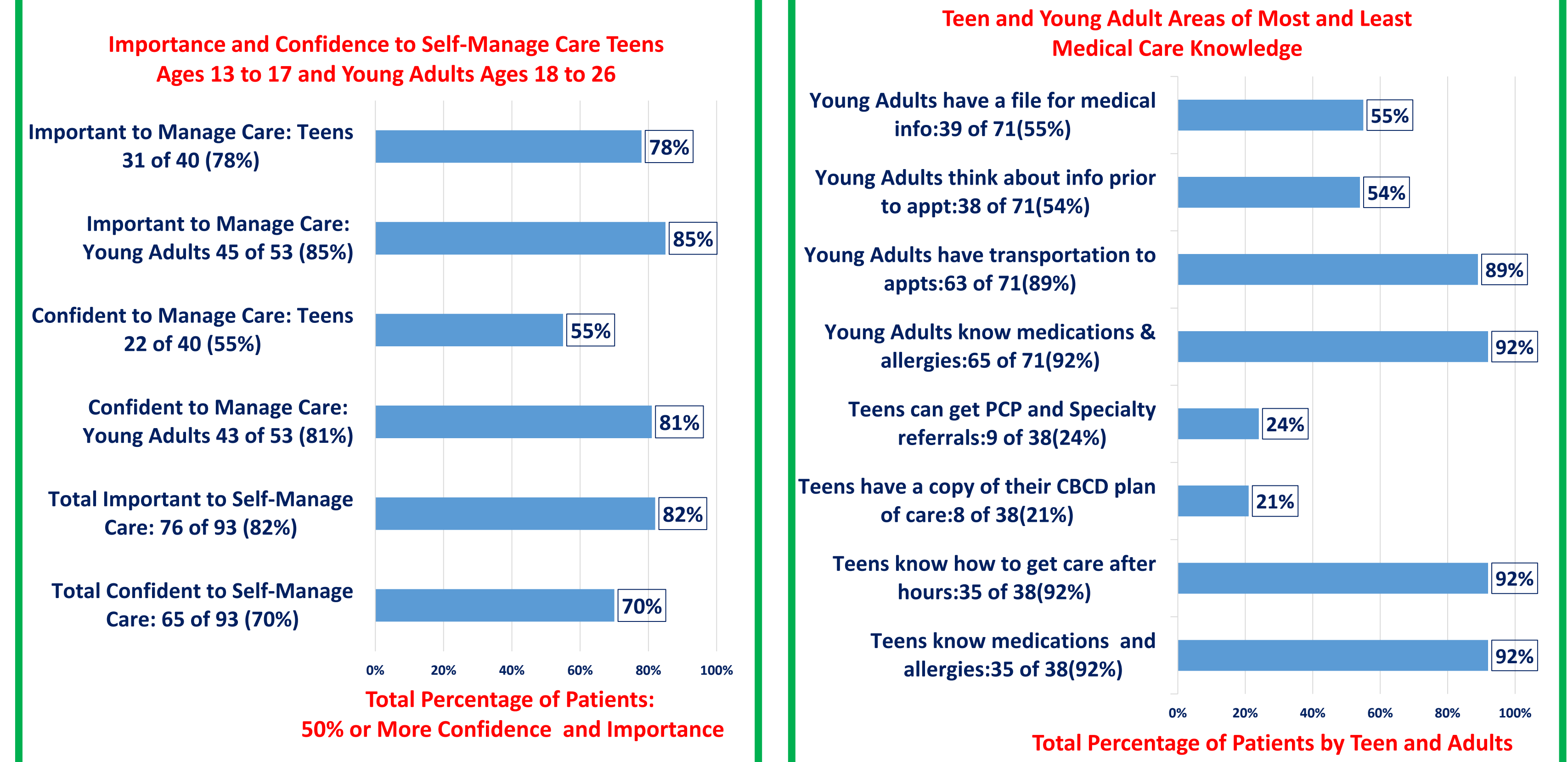
PROFESSIONALS: CLINIC SITES AND OUTREACH

| Site # | Clinic Site | Affiliation | Patient Miles to CBCD | Patient Miles to Site | Type of Outreach Clinic Site |
|--------|---|--|-----------------------|-----------------------|------------------------------|
| 1 | Sparrow Professional Bldg. Breslin Cancer | MSU Peds HemOnc MSU Adult HemOnc MSU OBGyn and CBD | 40 | 40 | Lansing Based Clinics |
| 2 | Marquette Specialty Clinic | Duke Lifepoint Hospital, Marquette | 394 | 71 | In-Person Telemedicine |
| 3 | Upper Great Lakes Family Health PCP | Portage Health Hospital, Hancock | 445 | 10 | In-Person Telemedicine |
| 4 | Lemmen-Holton Cancer Center | HemOnc Clinic Spectrum Hospital | 105 | 35 | In-Person |
| 5 | Harrison Clinic - Clare Health Dept. Clinic | Central Michigan Health Department Clare | 120 | 60 | In-Person |
| 6 | Amish Community Home-Based | Community Homes Isabella & Montcalm Counties | 115 | 1 | In-Person |
| 7 | Michigan WI Family - PCP | Dickinson Hospital Iron Mountain | 470 | 45 | Telemedicine |
| 8 | Iron River Health -CSHCS | Iron-Dickinson Health Dept. - Iron River | 470 | 1 | In-Person Telemedicine |
| 9 | St. Francis Ped. Medical - PCP | OSF St. Francis Hospital, Escanaba | 380 | 10 | In-Person Telemedicine |
| 10 | Muskegon Mercy Hospital | Muskegon Zeeland Patient Home | 92 | 38 | Telemedicine |
| 11 | Northern Reg. Bleeding Disorder | HTC Munson Hospital Traverse City | 184 | 18 | Telemedicine |

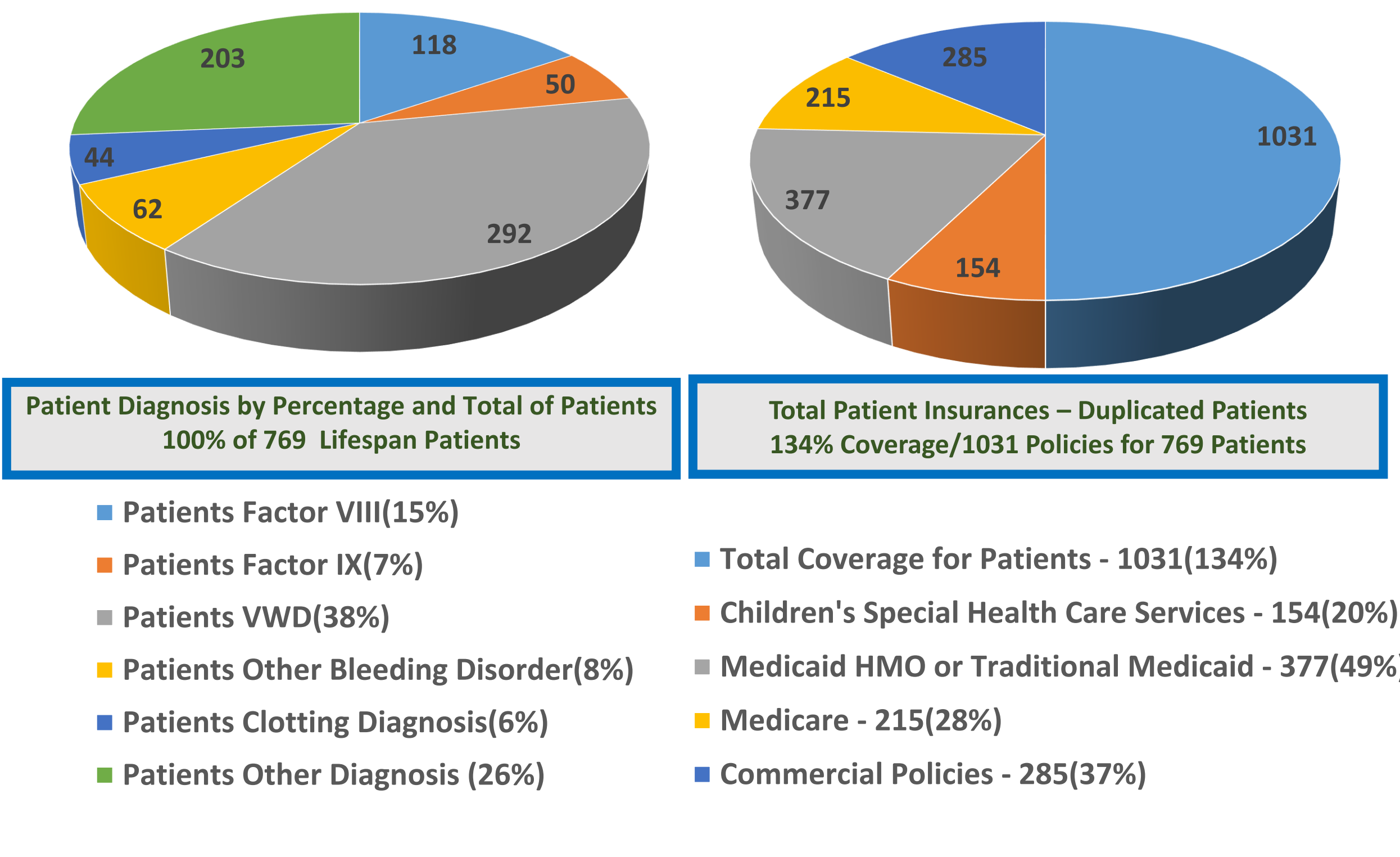
PROCESS: FLOW CHART



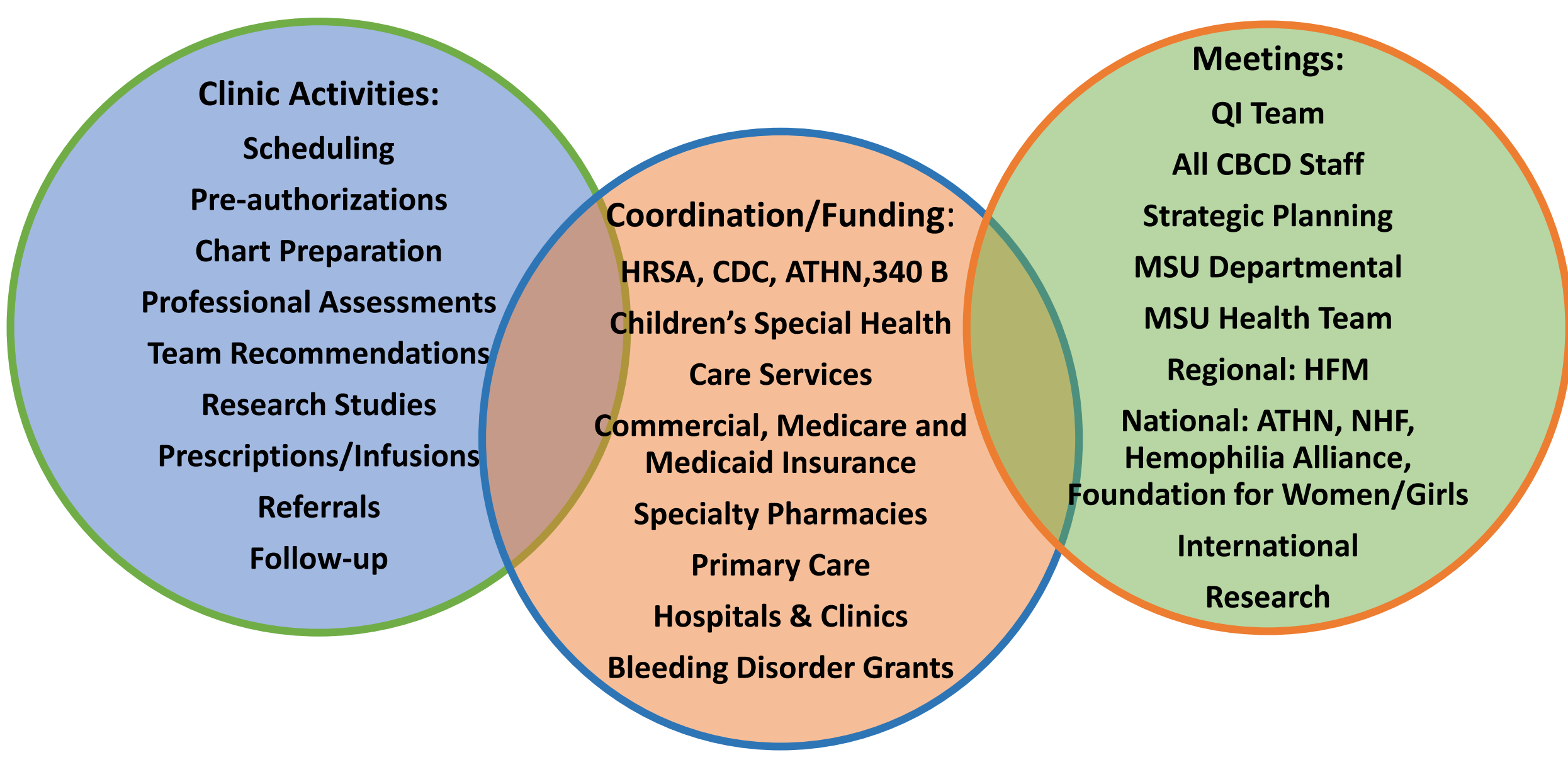
TRANSITIONS PDSA AND FINDINGS



PATIENTS: DEMOGRAPHICS



PATTERNS: LIFESPAN PATIENT CARE



LESSONS LEARNED AND NEXT STEPS

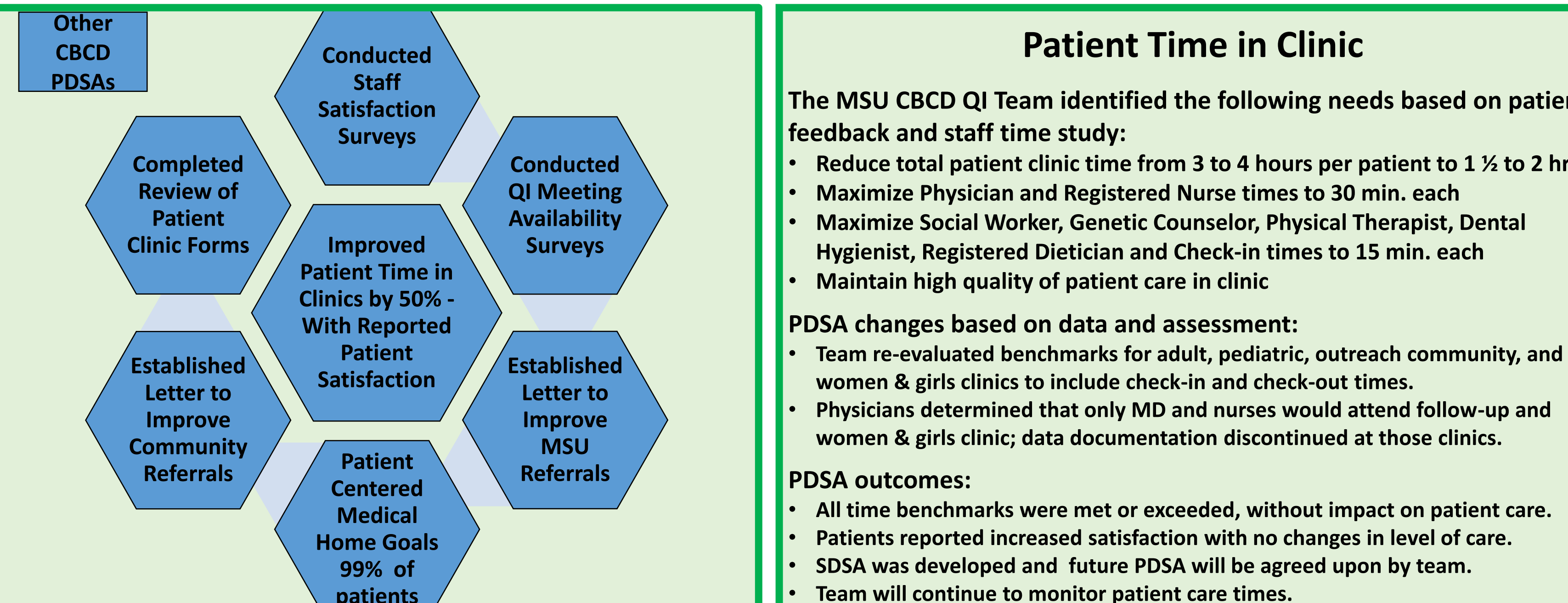
The CBCD Team's quality improvement lessons learned included:

- Establishing microsystem ground rules, agendas, minutes, roles, weekly sessions and consensus decision-making increased focus on 5Ps and PDSAs.
- Communicating at all levels to improve understanding of organizational dynamics and developing strategies to overcome barriers.
- Reviewing progress and soliciting suggestions from ATHN/Dartmouth coaches to benefit the problem-solving process.
- Evaluating data to determine gaps in patient care and insurances.

The CBCD Team's quality improvement next steps include:

- Developing educational materials and programs to address the top two needs identified by teens and/or young adults surveys and data analysis.
- Continuing to utilize the QI meetings model for all staff and team meetings.
- Addressing patient insurance gaps and increasing CSHCS enrollment.
- Finalizing PDSAs developed in the past year and assessing & graphing data.
- Developing new PDSA to address present and future patient care needs.

ACTIVE QI TEAM PDSA INITIATIVES



TIMELINE OF QUALITY IMPROVEMENT PROGRAM: TRANSITIONS 2016 TO 2017

| 2016 | 2017 |
|---|---|
| AUGUST: Team agrees to QI with ATHN Leader to ATHN Dartmouth Coach training | JANUARY: Strategic planning Meeting ATHN Dallas presentation by team; Use coach & co-leaders |
| SEPTEMBER: Coaches site visit with MSU team & begin 5P work & team meetings | FEBRUARY: Weekly coaching continued Review of PCMH PDSA, referrals & protocols |
| OCTOBER: Coaching weekly; Solidify QI meetings with surveys, ground rules Identify teen to adult PDSA | MARCH: Adobe Connect team work session Establish member(s) for each PDSA |
| NOVEMBER: Review & expand 5Ps Discuss and review Adobe Connect sessions & Canvas | APRIL: Change co-leaders and discuss participants Adobe Connect & homework updates |
| DECEMBER: PDSA review & revisions of transition data and PDSA of time in clinics Adobe Connect | MAY: Discuss staff surveys for meetings, coaching & satisfaction Modify time PDSA |
| | JUNE: Establish schedule to reduce coach time Review all PDSA work & prioritize |
| | JULY: Poster edits Data review: Transitions, PCMH, Time in Clinics, and Referrals Reduce coaching |
| | AUGUST: Final edits for poster Review PDSAs Strategic planning Coaching monthly |
| | SEPTEMBER: Final poster revisions Final Adobe Connect ATHN, HemOnc & Regional Meetings |
| | OCTOBER: ATHN data summit Wave 2 team poster Final coach session & plans for future QI |
| | NOVEMBER: Review of 2016-17 work and celebrate Determine schedule & focus for 2017-18 |