Your Prescription for Change

Improving Family Well-Being and Food Security Screening and Referral in your practice

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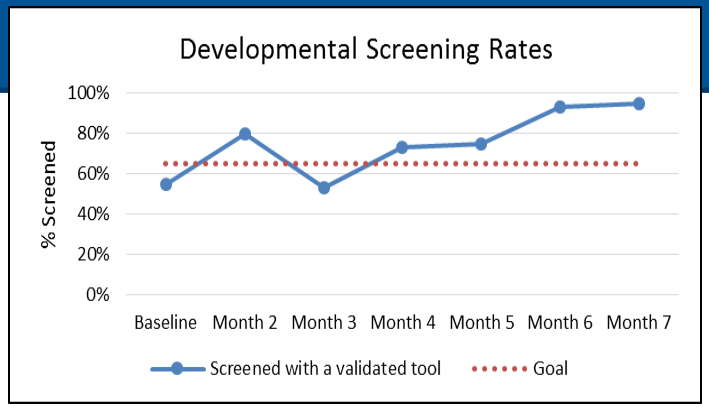
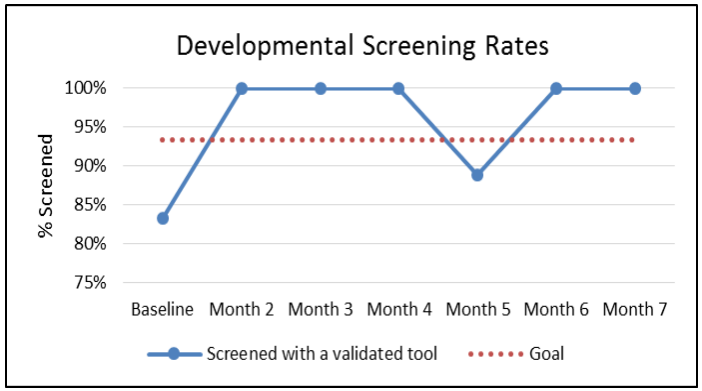
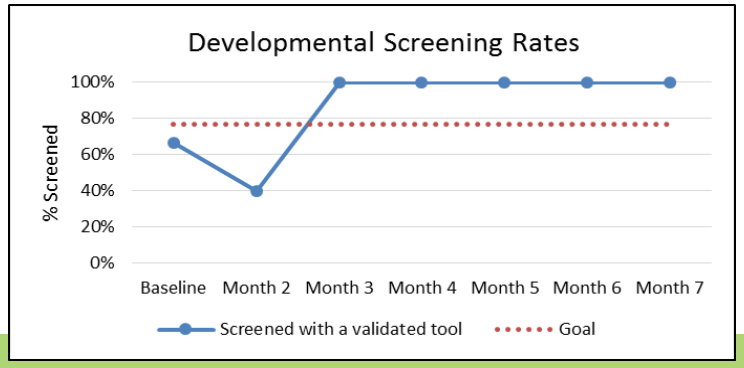
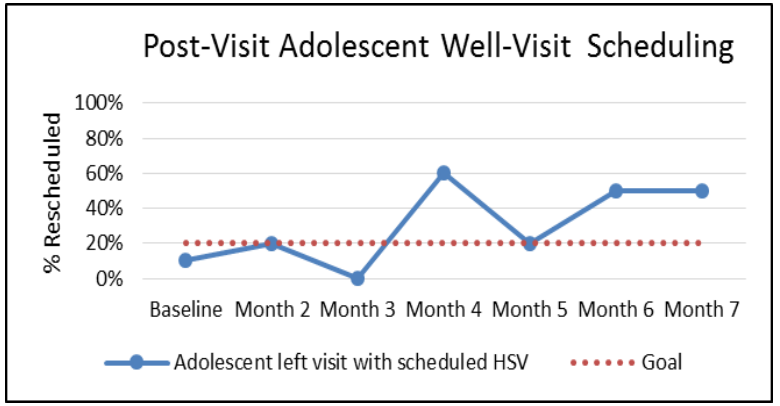
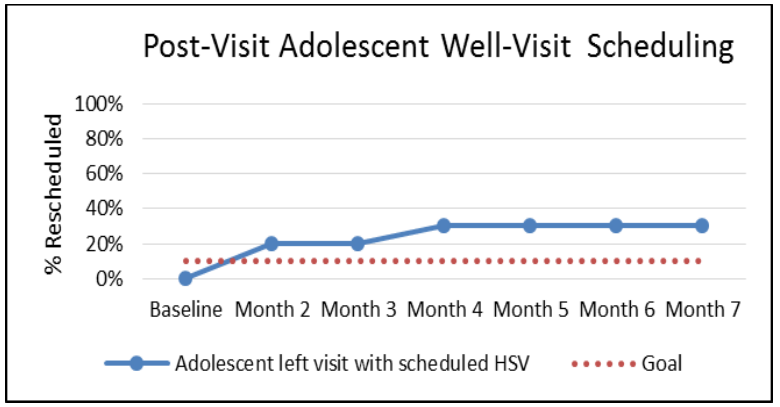
Examples from VCHIP Projects











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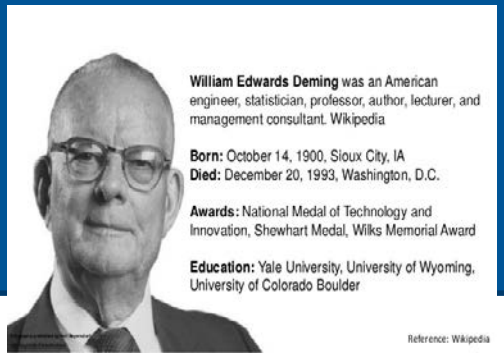
Science of Improvement



Appreciation of a system:

Interdependence and interrelationships among all components – understand the impact of changes throughout the system

Understanding of variation

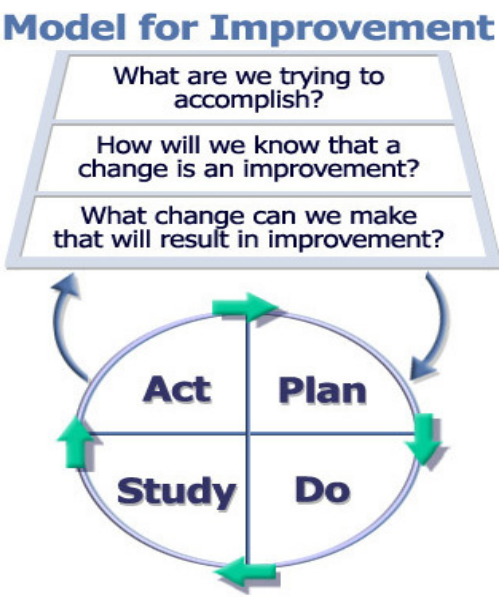
Systems constantly exhibit variation. The ability to answer key questions is inseparable from making improvements

Theory of Knowledge

the more knowledge you have about how a system the better your predictions will be – your comparisons of predictions, changes, results is your key source of learning

Psychology

understanding people, how they interact with each other and with a system. How will they react to change? Why do they resist change? Understanding how people are different – motivations, learning styles.



W Edwards Deming: A system of profound knowledge as described in The Improvement Guide

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Your Prescription for Improvement

Psychology understanding people, how they interact with each other and with a system. How will they react to change? Why do they resist change? Understanding how people are different – motivations, learning styles.

Area Working On	Developmental screening
What are you trying to accomplish?	Increase the percentage of ASQs completed + scored
What changes did you make?	Roaming staff helping families complete the ASQ if it's not finished
Did they result in improvement?	Yes (Jan review pending) but resistance to the time it takes to help families complete
Next steps	- Continue above efforts - Have front desk return all paperwork to screeners (getting lost if families finished at post-visit) - Flagging kids who are due for ASQ at other visits to catch them up.

The PDSA cycle gives us a way to quickly test changes on a small scale in real work settings, observe what happens, tweak the changes as necessary, and then test again—before implementing anything on a broad scale. Instead of spending weeks or months planning out a comprehensive change, then putting it into practice only to find that it's fundamentally flawed, the PDSA cycle enables rapid testing and learning.

The PDSA Cycle is used to develop, test and implement changes you work on throughout the month; ask "What question(s) do we want to answer on this PDSA cycle?"

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Your Prescription for Improvement

Appreciation of a system: interdependence and interrelationships among all components – understand the impact of changes throughout the system

Area Working On	getting practice info from our computer system
What are you trying to accomplish?	being able to get reports from the computer system so it doesn't have to be done manually
What changes did you make?	a report was formated from [redacted] - in IT to pull this info
Did they result in improvement?	better utilization of the computer system
Next steps	start a call back system for adolescents that don't show for appointments and figure out/identify who these patients are. Discuss in [redacted] Q.I meeting

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Examples from Projects

Theory of Knowledge the more knowledge you have about how a system the better your predictions will be – your comparisons of predictions, changes, results is your key source of learning

Area Working On	• Updating our Adolescent Health Questionnaire
What are you trying to accomplish?	• Make it easier for teens to fill out and physicians to review.
What changes did you make?	• Had teens from practice look over and give feedback. Eliminated questions that are not helpful. Add questions about sexual identity and orientation. • Not in circulation yet. STill working on edit.
Did they result in improvement?	
Next steps	• Review attached information hand-out about Adolescent HS visits to include with reminder letter.

The PDSA cycle gives us a way to quickly test changes on a small scale in real work settings, observe what happens, tweak the changes as necessary, and then test again—before implementing anything on a broad scale. Instead of spending weeks or months planning out a comprehensive change, then putting it into practice only to find that it's fundamentally flawed, the PDSA cycle enables rapid testing and learning.

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Examples from Projects

Understanding of variation: systems constantly exhibit variation. The ability to answer key questions is inseparable from making improvements

Area Working On	Well Child Coverage Rates
What are you trying to accomplish?	All pts leave w/ their next appt. scheduled & Reaching out to overdue pts.
What changes did you make?	Began printing daily schedule w/ dates of last pe on it so receptionists have easy access to info.
Did they result in improvement?	Yes! Next appt. scheduled Dec. 20 - 88.31% Jan. 17 - 81.01% = 100 pts.
Next steps	Design + implement a standardized outreach process.

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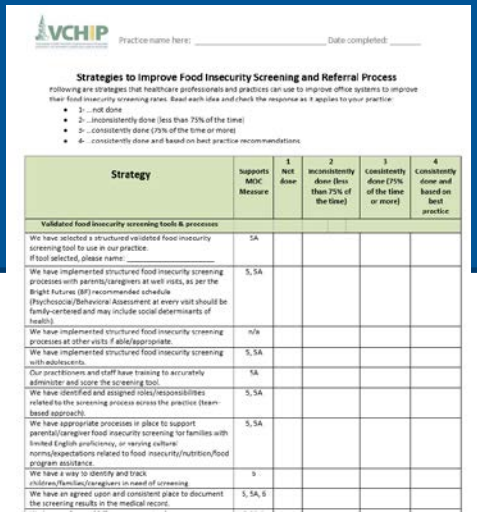
Teamwork

- Review your completed Strategies Documents
- Review your practice report.
- Where are your gaps?
  - Food Security? Family Well-Being?
- What changes will you make?
- What will you "trial" first?
- What will have the biggest impact?
  - What will your 1st PDSA cycle be?



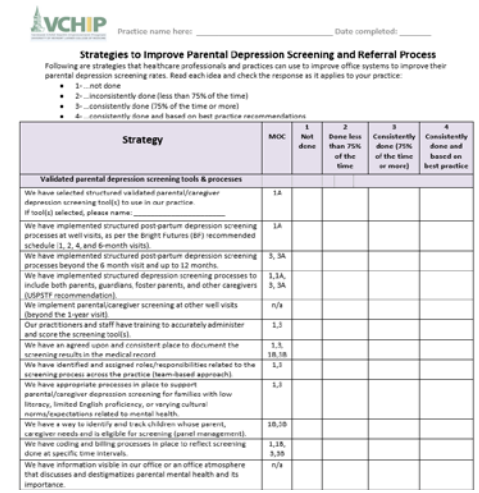
VCHIP Practice name here: _____ Date completed: _____

Strategies to Improve Food Insecurity Screening and Referral Process

Following are strategies that healthcare professionals and practices can use to improve office systems to improve their food insecurity screening rates. Read each idea and check the response as it applies to your practice:

- 1=...not done
- 2=...inconsistently done (less than 75% of the time)
- 3=...consistently done (75% of the time or more)
- 4=...consistently done and based on best practice recommendations

Strategy	Supports MOC Measure	1 Not done	2 Inconsistently done (less than 75% of the time)	3 Consistently done (75% of the time or more)	4 Consistently done and based on best practice
Validated food insecurity screening tools & processes					
We have selected a structured validated food insecurity screening tool to use in our practice. If tool selected, please name: _____	5A				
We have implemented structured food insecurity screening processes with parents/caregivers at well visits, as per the Bright Futures (BF) recommended schedule (Psychosocial/Behavioral Assessment at every visit should be family-centered and may include social determinants of health).	5, 5A				
We have implemented structured food insecurity screening processes at other visits if able/appropriate.	n/a				
We have implemented structured food insecurity screening with adolescents.	5, 5A				
Our practitioners and staff have training to accurately administer and score the screening tool.	5A				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	5, 5A				
We have appropriate processes in place to support parental/caregiver food insecurity screening for families with limited English proficiency, or varying cultural norms/expectations related to food insecurity/nutrition/food program assistance.	5, 5A				
We have a way to identify and track children/families/caregivers in need of screening.	5				
We have an agreed upon and consistent place to document the screening results in the medical record.	5, 5A, 5				



VCHIP Practice name here: _____ Date completed: _____

Strategies to Improve Parental Depression Screening and Referral Process

Following are strategies that healthcare professionals and practices can use to improve office systems to improve their parental depression screening rates. Read each idea and check the response as it applies to your practice:

- 1=...not done
- 2=...inconsistently done (less than 75% of the time)
- 3=...consistently done (75% of the time or more)
- 4=...consistently done and based on best practice recommendations

Strategy	MOC	1 Not done	2 Done less than 75% of the time	3 Consistently done (75% of the time or more)	4 Consistently done and based on best practice
Validated parental depression screening tools & processes					
We have selected structured validated parental/caregiver depression screening tool(s) to use in our practice. If tool(s) selected, please name: _____	1A				
We have implemented structured post-partum depression screening processes at well visits, as per the Bright Futures (BF) recommended schedule (1, 2, 4, and 6-month visits).	1A				
We have implemented structured post-partum depression screening processes beyond the 6 month visit and up to 12 months.	3, 3A				
We have implemented structured depression screening processes to include both parents, guardians, foster parents, and other caregivers (USPSTF recommendation).	1,1A, 3, 3A				
We implement parental/caregiver screening at other well visits (beyond the 1-year visit).	n/a				
Our practitioners and staff have training to accurately administer and score the screening tool(s).	1,3				
We have an agreed upon and consistent place to document the screening results in the medical record.	1,3, 1B,3B				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	1,3				
We have appropriate processes in place to support parental/caregiver depression screening for families with low literacy, limited English proficiency, or varying cultural norms/expectations related to mental health.	1,3				
We have a way to identify and track children whose parent, caregiver needs and is eligible for screening (panel management).	1B,3B				
We have coding and billing processes in place to reflect screening done at specific time intervals.	1,1B, 3,3B				
We have information visible in our office or an office atmosphere that discusses and destigmatizes parental mental health and its importance.	n/a				

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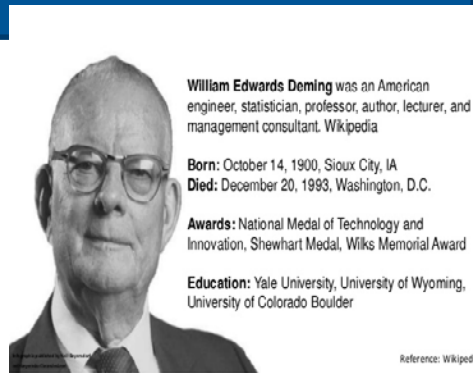
During the Planning Phase

Consider:

- Patient/Family member on the team
- Evidence based practices or guidelines (Learning Session and other sources)
- Data (quantitative and qualitative)
- Practice team (those doing the work)?
- Process Map/Work flow?



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The Metrics (abbreviated)

Family Well Being:

Up to 6 months and then beyond 6 months to 1 year

- Increase the % of parents/guardians being screened for depression at a HSV with a validated tool by 10% from baseline.
- Increase the % of parents/guardians with positive depression screen with follow-up specified by 10% from baseline.

Food Security

- Increase the % of children 0-21 screened for food insecurity at an appropriate HSV using a validated tool by 10% from baseline.
- Increase the % of families who were positive for being at risk of food insecurity with follow-up specified by 10% from baseline.

QI activities impact survey

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What's in a PDSA cycle?

VCHIP

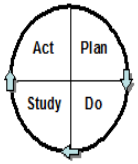
Improving Family Well-Being and Food Security in Primary Care
MOC Project Monthly Quality Improvement PDSA Activity Log

«practice»

PDSA submission month (please circle): Oct Nov Dec Jan Feb Mar Apr

Please complete the following and email or fax to VCHIP by the 15th of each month
Email: angela.zinno@uvm.edu
Fax: Angela 802-656-8368

Area Worked On (changes made). What was last month's test? What did you "Do"?	
Study: Did your changes result in improvement? (Review data report if available)	
Act: Based on what you tested will you: Adopt, Adapt, or Abandon the change? How will you do it? What will you do next?	
Plan: What is your plan for your next test? Who, what, where and when? Do you need other data? Be specific with your team.	



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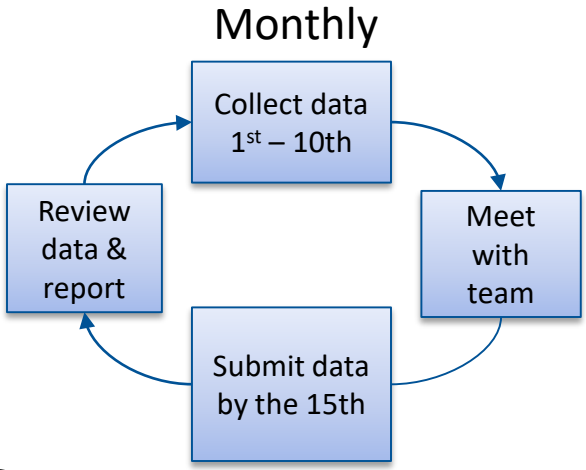
Family Well Being and/or Food Security MOC Overview – through June 2018

October 10: Choose your topic (or both topics)
October 15: Submit baseline data
(September data - prior to making changes!
Develop and submit your PDSA Log



Nov – April: Collect and submit monthly data
Meet with your team, Review data and results
Develop PDSA Logs (at least 1/month)
Submit monthly PDSA sheets

Short Survey to be completed mid & end of project
(impact of QI on your practice)

Scheduled Topic-specific Phone Calls (attend at least 3)

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Goals/Measures and Data Collection

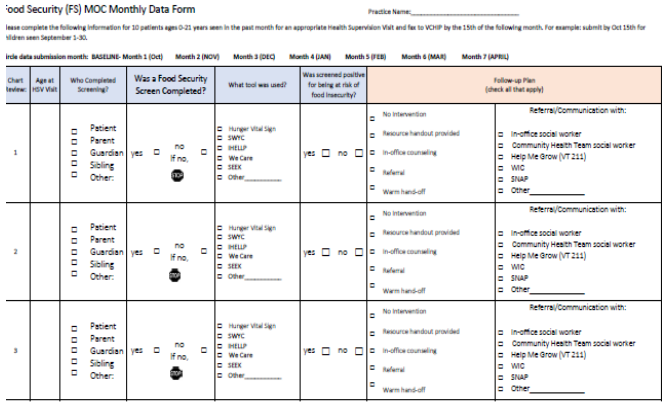
Information in binder includes

Goals/Measures and Data Collection

- Instructions for completing data collection form
- Project measures and definitions sheet is helpful
- Data collection forms
- PDSA Activity Log

Other information:

- Contact information
- MOC Tracking Log
- Model for Improvement overview



ood Security (FS) MOC Monthly Data Form

Practice Name:_____

lease complete the following information for 10 patients ages 0-21 years seen in the past month for an appropriate Health Supervision Visit and fax to VCHIP by the 15th of the following month. For example: submit by Oct 15th for hildren seen September 1-30.

ircle data submission month: BASELINE- Month 1 (Oct) Month 2 (NOV) Month 3 (DEC) Month 4 (JAN) Month 5 (FEB) Month 6 (MAR) Month 7 (APRIL)

Chart Review	Age at HSV Visit	Who Completed Screening?	Was a Food Security Screen Completed?	What tool was used?	Was screened positive for being at risk of food insecurity?	Follow-up Plan (check all that apply)	
1		☐ Patient ☐ Parent ☐ Guardian ☐ Sibling ☐ Other:	yes ☐ no ☐ If no,	☐ Hunger Vital Sign ☐ 5WYC ☐ IHELLP ☐ We Care ☐ SEEK ☐ Other_____	yes ☐ no ☐	☐ No Intervention ☐ Resource handout provided ☐ In-office counseling ☐ Referral ☐ Warm hand-off	Referral/Communication with: ☐ In-office social worker ☐ Community Health Team social worker ☐ Help Me Grow (VT 211) ☐ WIC ☐ SNAP ☐ Other_____
2		☐ Patient ☐ Parent ☐ Guardian ☐ Sibling ☐ Other:	yes ☐ no ☐ If no,	☐ Hunger Vital Sign ☐ 5WYC ☐ IHELLP ☐ We Care ☐ SEEK ☐ Other_____	yes ☐ no ☐	☐ No Intervention ☐ Resource handout provided ☐ In-office counseling ☐ Referral ☐ Warm hand-off	Referral/Communication with: ☐ In-office social worker ☐ Community Health Team social worker ☐ Help Me Grow (VT 211) ☐ WIC ☐ SNAP ☐ Other_____
3		☐ Patient ☐ Parent ☐ Guardian ☐ Sibling ☐ Other:	yes ☐ no ☐ If no,	☐ Hunger Vital Sign ☐ 5WYC ☐ IHELLP ☐ We Care ☐ SEEK ☐ Other_____	yes ☐ no ☐	☐ No Intervention ☐ Resource handout provided ☐ In-office counseling ☐ Referral ☐ Warm hand-off	Referral/Communication with: ☐ In-office social worker ☐ Community Health Team social worker ☐ Help Me Grow (VT 211) ☐ WIC ☐ SNAP ☐ Other_____

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Questions/comments?

Thank you!

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