

Driver Diagram

Demonstrating Effective Home Visiting Grant Monitoring and Grantee Support

Revised 10/1/13

A IM

PRIMARY DRIVERS

SECONDARY DRIVERS

SPECIFIC CHANGES FOR TESTING

Measure, test and redesign as needed by February 1st, 2014 the system of post-award grant monitoring and grantee support developed to date for the XXX program in order to help grantees better understand and follow program requirements and deliver consistently high levels of service.

Consistent monitoring processes and open communication with grantees

Adequate and reliable documentation of grant monitoring activities

Reliable assessment of grantee performance and risk status

Provision of valuable technical assistance

Carry out and adequately document routine communication between POs and grantees and

Perform and adequately document site visits

Conduct ongoing assessments of grantees' compliance and risk of noncompliance with basic program requirements

Respond to concerns from grantees about unnecessary burden related to monitoring

Develop SOPs for post-award monitoring processes (e.g., quarterly communications)

Provide support/training for RPOs and CO staff (e.g., use of checklists, documentation)

Develop guidance for grantees (e.g., site visits)

Develop standard checklists or templates for topics to cover (e.g., in site visits)

Develop criteria to assess grantee's programmatic or financial risk (e.g., drawdown)

Develop survey to gauge grantee satisfaction with grant monitoring processes

Improving Well Child Visit Rates

AIM:

By June 30, 2014, the Pediatrics team at the Eureka Community Health & Wellness Center will increase the percentage of Well Child Visits for children aged 3-6 from XX% to XX% by improving current workflows, creating a recall system, and better engaging parents on the importance of these visits.

Primary Drivers

Secondary Drivers

Effective Workflow & Processes

Well Child Visits

Recall System

Missed Opportunities

Access to Well Child Visits/
Family Friendly Environment

Hours of Operation

Patient ability to reach appt.

Types of Visits

Parent & Family Engagement

Parent & family understanding of importance of Well Child Visits

Parent feedback on changes to Well Child Visit

Specific Changes to Test

MA, RN, Front Desk Protocols

Well Child Flag in Epic

MA makes appointment

Well Child Calendar for Parents

Postcards, Call, Text Message Reminders

No Show Call Back

Appt. Note during Chart Scrub

Patient Portal – Appt. & Reminders

Extended Hours

Transportation Vouchers

Educational Visits

Same Day Well Child Visits

Family Visits

Language Services for Hispanic population

English Class for Spanish-speaking families

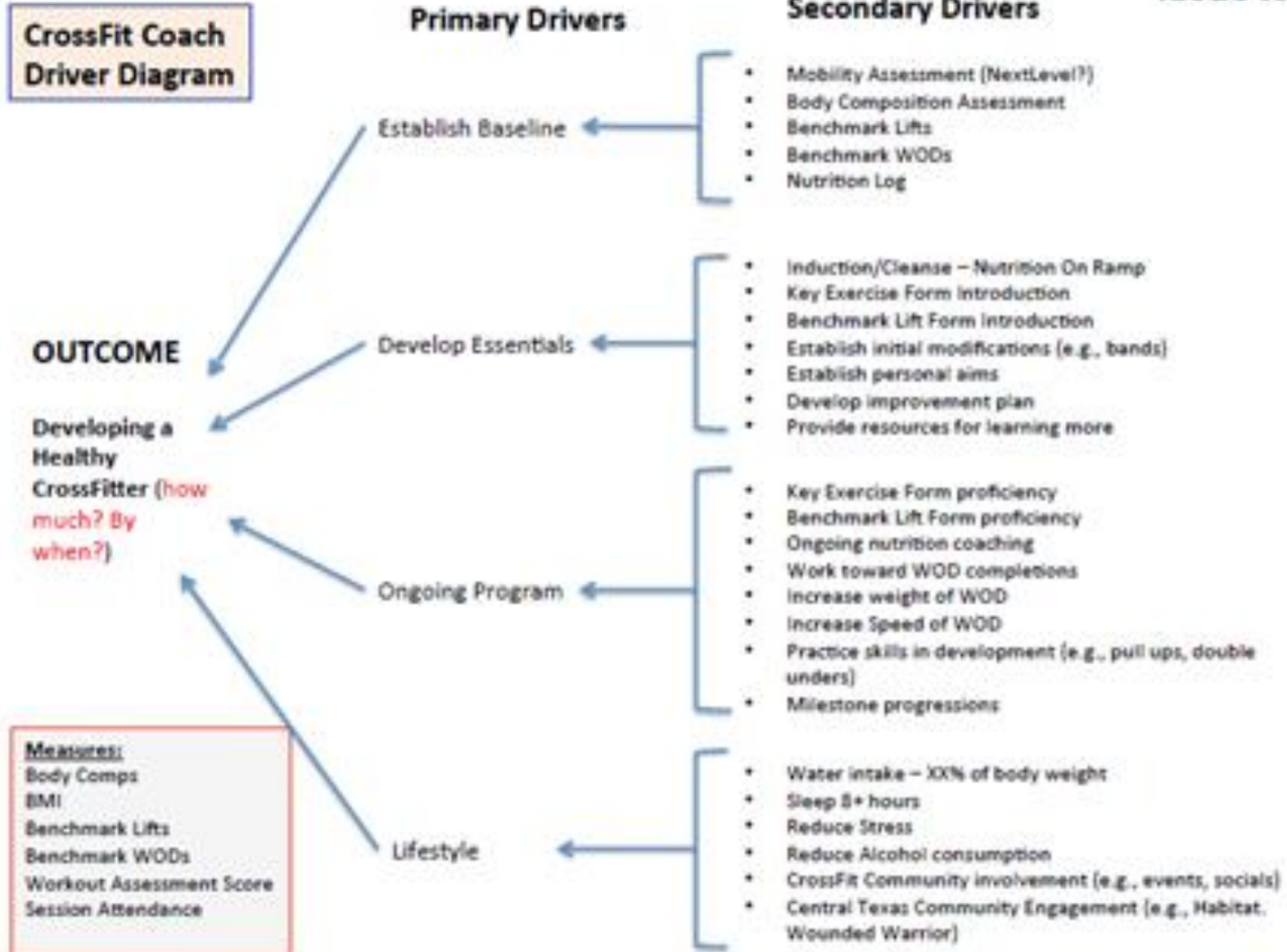
Parent Focus Groups

WC Handouts: Components & Milestones

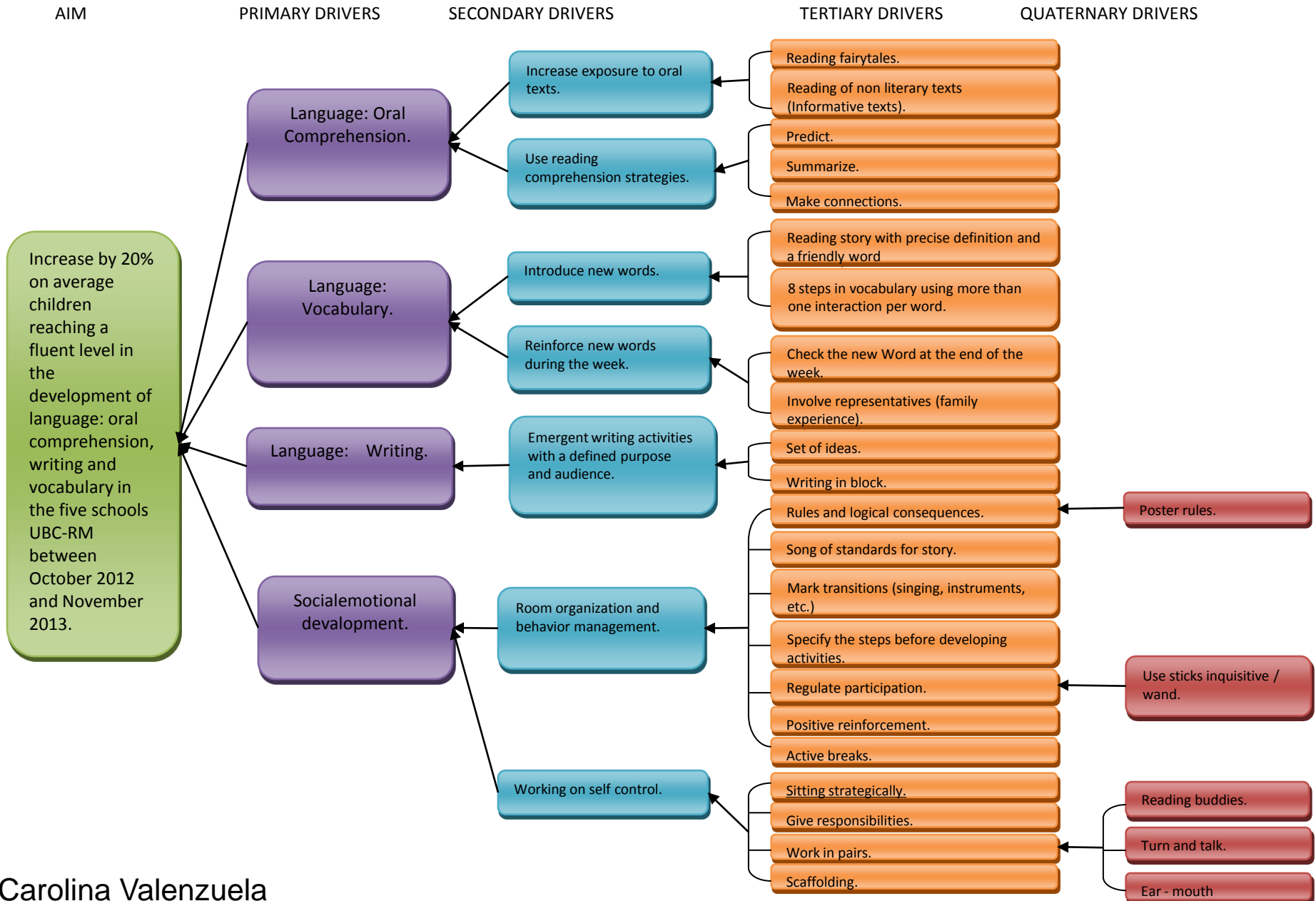
Advertisement and PSA

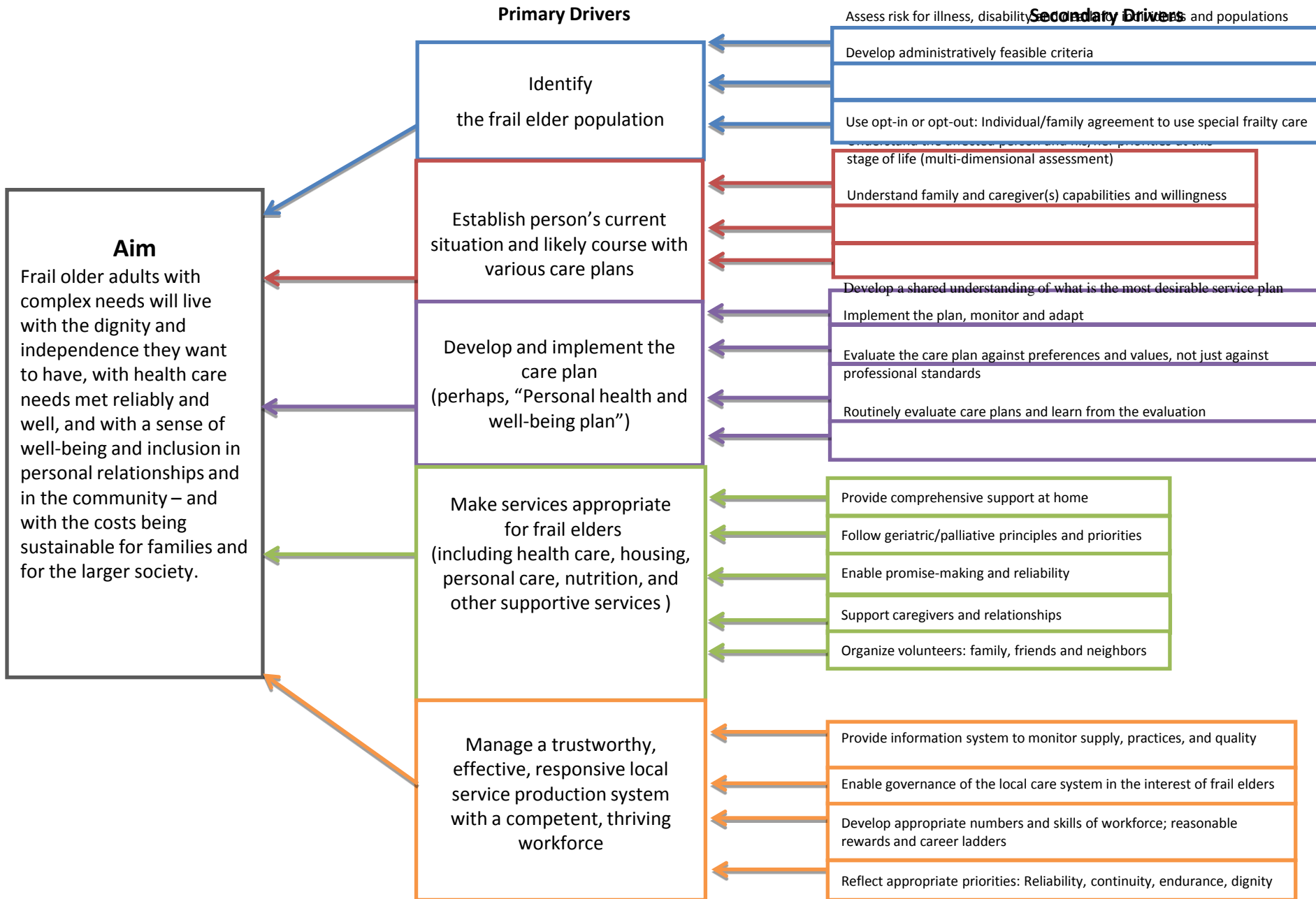
Surveys & Interviews

Ideas to Test?



Project Driver Diagram





MENTAL HEALTHCARE IN RESOURCE-POOR SETTINGS: TACKLING DEPRESSION

PRIMARY DRIVERS

SECONDARY DRIVERS

SPECIFIC CHANGES TO TEST

DRIVER DIAGRAM

AIM

Improve clinical outcomes for patients with depression to intensive control

Outcome measures

- By July 31st, 2013:
% of patients with depression under reasonable control

Balancing measures

- Level of patient satisfaction (M)

Access to primary mental health care

Clinical assessment and Follow-up

Change packages

Supply chain

Local capability building with a task shifting approach

Early detection/diagnosis

Linkage of patients to the clinic

Clinic control visits

Support groups

Guidelines/algorithms

Evidence supported-treatment

Medications available

Train local physicians, nurses, CHW

Active case finding/health fairs

Free, timely primary care

Implement an appointment system for follow-up

Adapt validated scales for clinical outcomes assessment

Provide group sessions

Adapt clinical guidelines/algorithms to local context

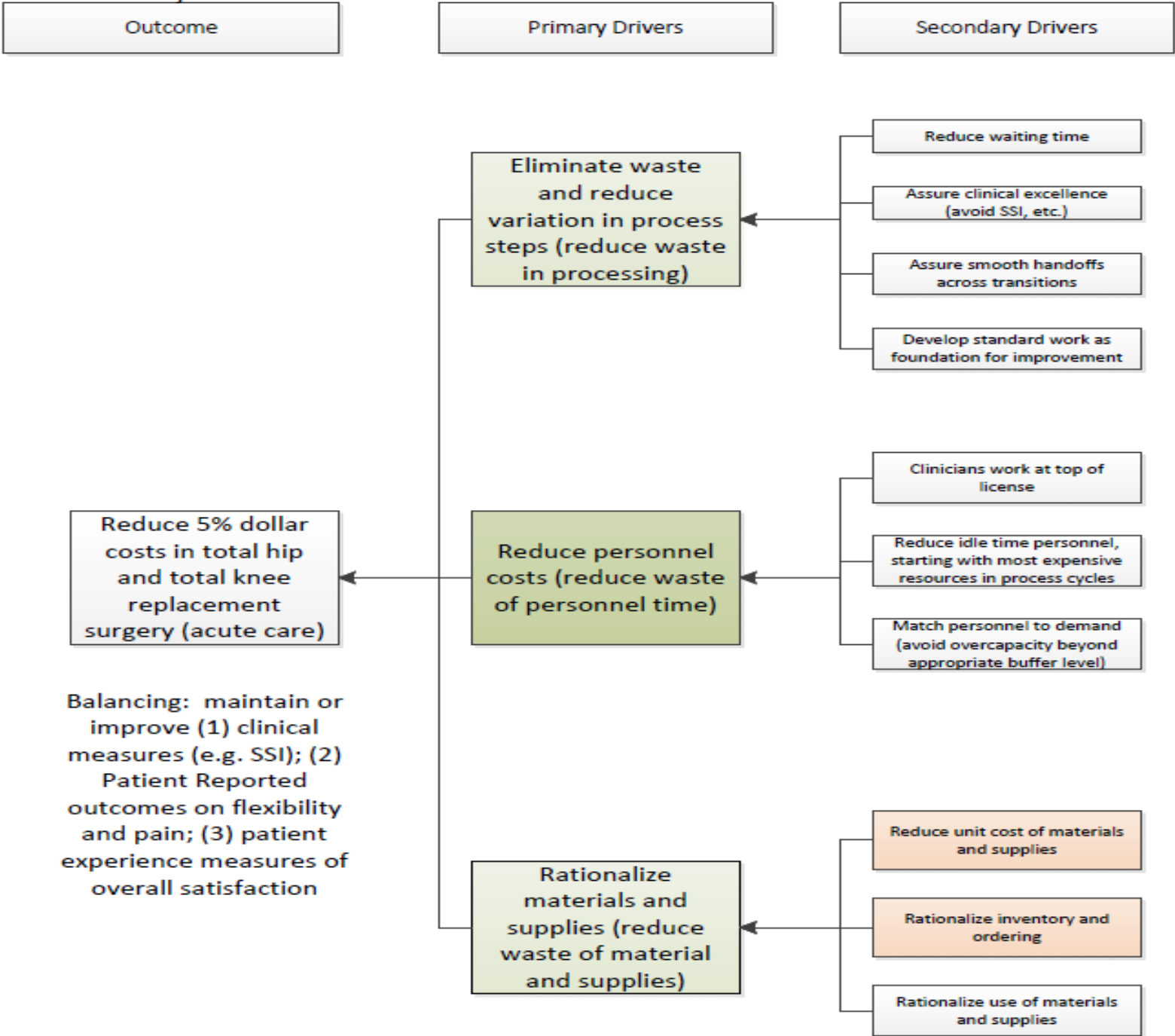
Adapt evidence-based pharmacologic and cognitive-behavioral therapy interventions

Adapt push/pull systems

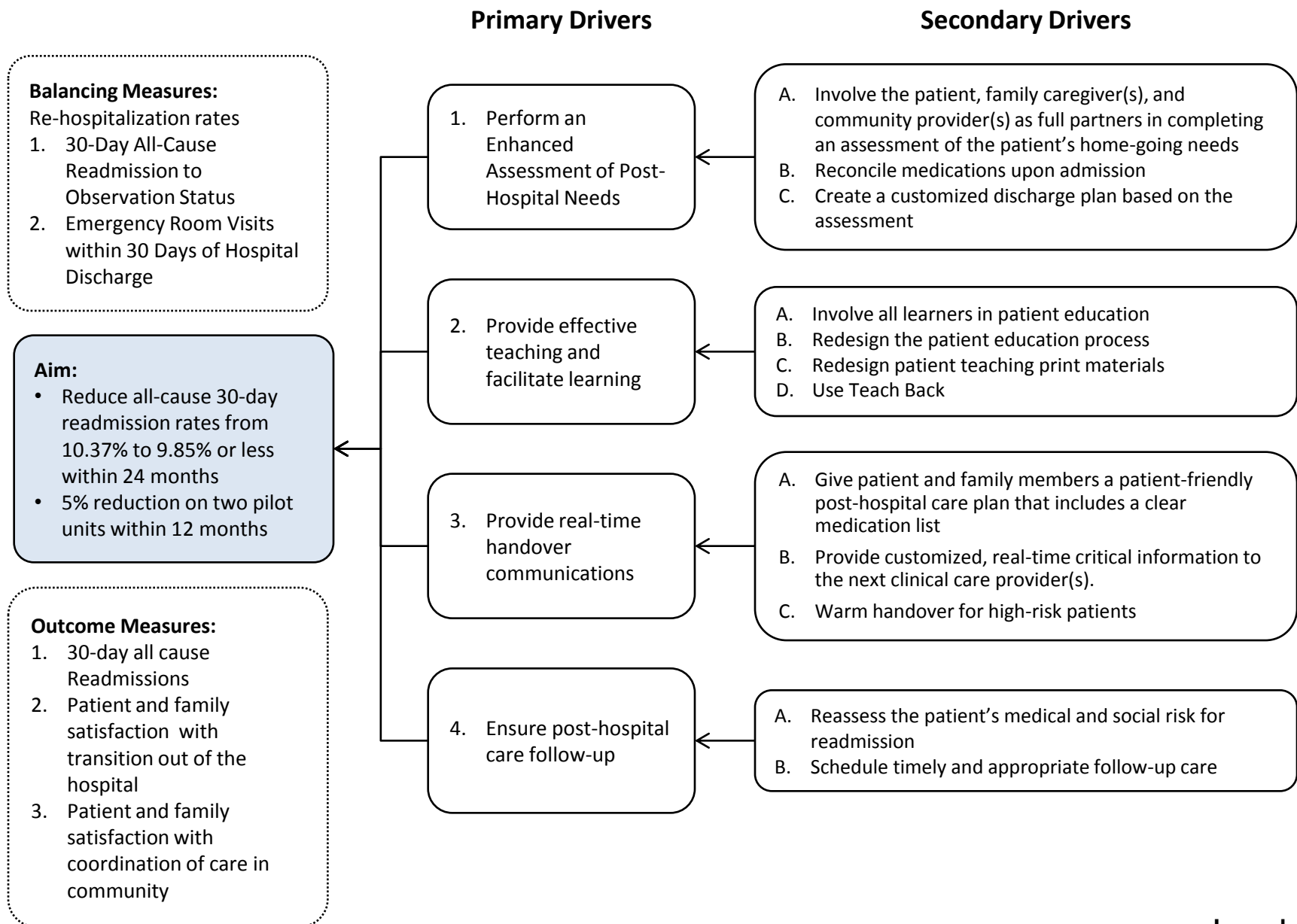
Process measures

- Total number of patients diagnosed with depression in the clinic
- Average PHQ9 score per month
- Percent of patients with depression attending follow up visits

Dr. Jafet Arrieta



Driver Diagram: Reducing all-cause 30-Day Readmission Rates



'STOP AKI'- Driver Diagram

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

- Aim:**
- Reduce 30 day mortality in acute kidney injury patients by 30% from 2010/13 baseline (26.1%) over a period of 10 months
 - Reduce LOS for acute kidney injury by 30% from 2010/13 baseline (18.0%) over a period of 10 months

1) Identification of AKI

1. Effectively identifying patients at risk
2. **AKI alert tool (automated clinical chemistry)**
3. AKI definitions and guidance: On all in-patient U&E
4. Increase staff understanding of AKI and its evaluation
5. Communication of appropriate patients to nephrology on-call
6. Accurate coding of AKI

2) Effective Intervention & Monitoring

1. **AKI Bundle**
2. Appropriate and timely nephrology referral
3. Timely investigations: 24h UE, u/o, MEWS, dipstick, USS
4. Senior review protocol

3) Process that ensures effective handover

1. **Medication chart alert**
2. **Patient empowerment leaflet**
3. Presentation and tracking UE results
4. AKI care guideline > intra-note pathway
5. Feedback from incident reporting

4) Staff and patient engagement

1. **Analysis of patient journey**
2. **Clinical lead and key stakeholder nominated staff**
3. **QIM training**
4. Project 'marketing' and profile, campaign, patient story
5. Learning boards in A&E, AMAU, SAU
6. Mobile webpage/ smart phone reference
7. Intranet guidance linked to clinical chemistry alert

Bold = early priorities

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