

Implementing Culture of Quality Change within a Primary Care Office

Jennifer Cobar, RN, MBA, MSN Elizabeth Lewallen, MPH
Jackie Raab, RN, MSN Bracken Babula, MD George Valko, MD Victor Diaz, MD

Thomas Jefferson University, Philadelphia, PA

AIM Statement

A standardized rooming process will be developed and implemented within 4 months for the Jefferson Family Medicine Practice to assist with improving the wellness quality metrics outcome. Ninety percent or more of the overall wellness quality metrics will be met.

Goals

1. Increase the compliance percentage for depression, tobacco and fall prevention.
2. Develop and sustain a standardized workflow.
3. Completion of IHI open school assigned courses.
4. Completion of 1 PDSA cycle by December 31st, 2018

Project Design/Strategy

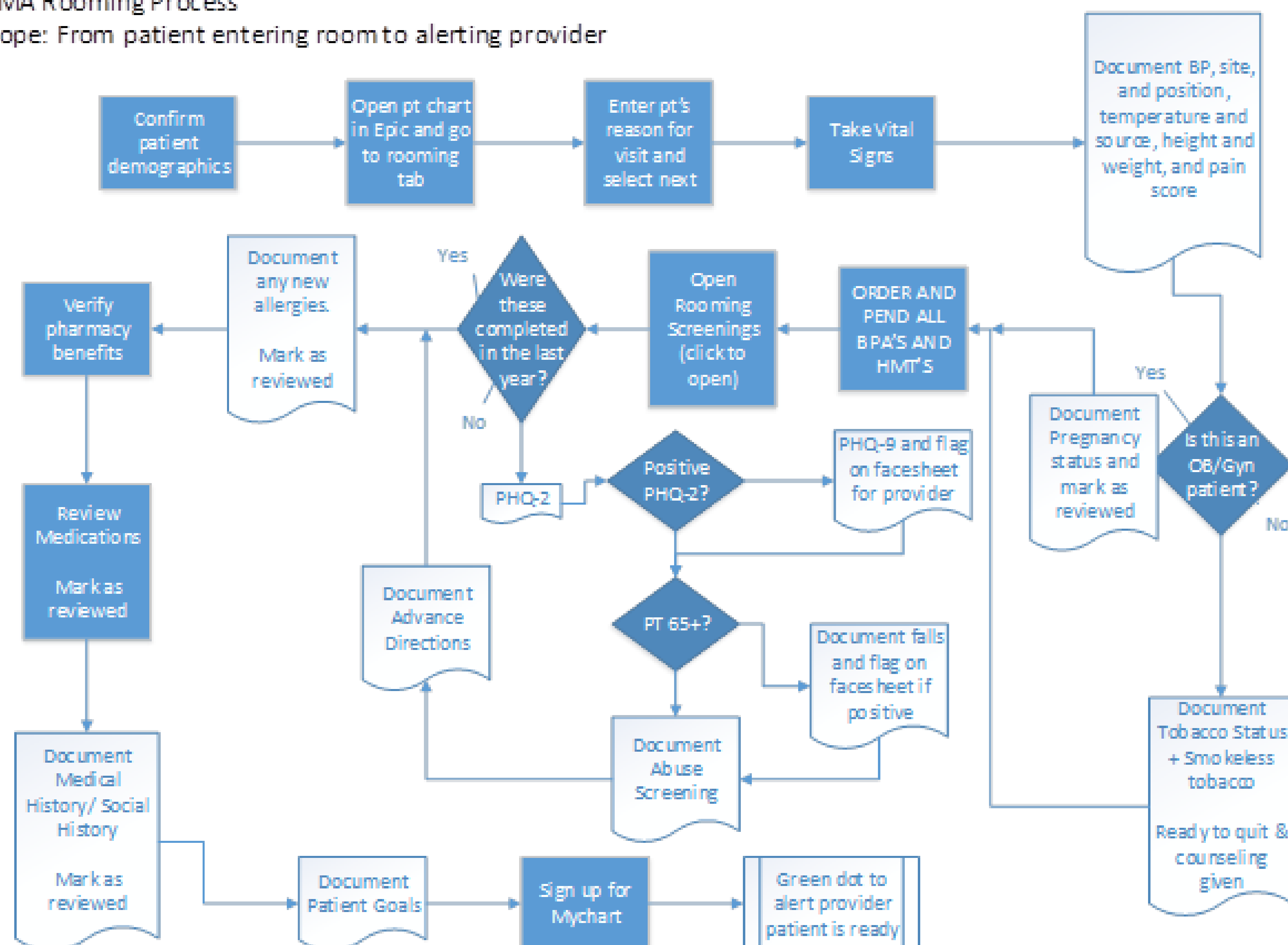
Methods:

- Meeting stakeholders: Medical Assistants, Jefferson Family Medicine Associates
- Identified bottlenecks in current rooming workflow regarding wellness screenings and developed new process map for rooming patients to increase wellness metrics
 - Prior to PDSA Wellness Metrics (July 2016-July 2018)
 - Depression: 59%
 - Tobacco Assessment and Counseling: 87%
 - Falls Risk: 70%
- PDSA Cycle #1: July 25-August 29, 2018
 - Educated medical assistants on new rooming workflow through the Epic Playground
 - Provided individual feedback based on weekly reports with wellness metrics
 - Created in office tracking board for transparency in new metrics and success

Process Map

JFMA Rooming Process

Scope: From patient entering room to alerting provider



Primary & Subspecialty QI Initiatives

Results:

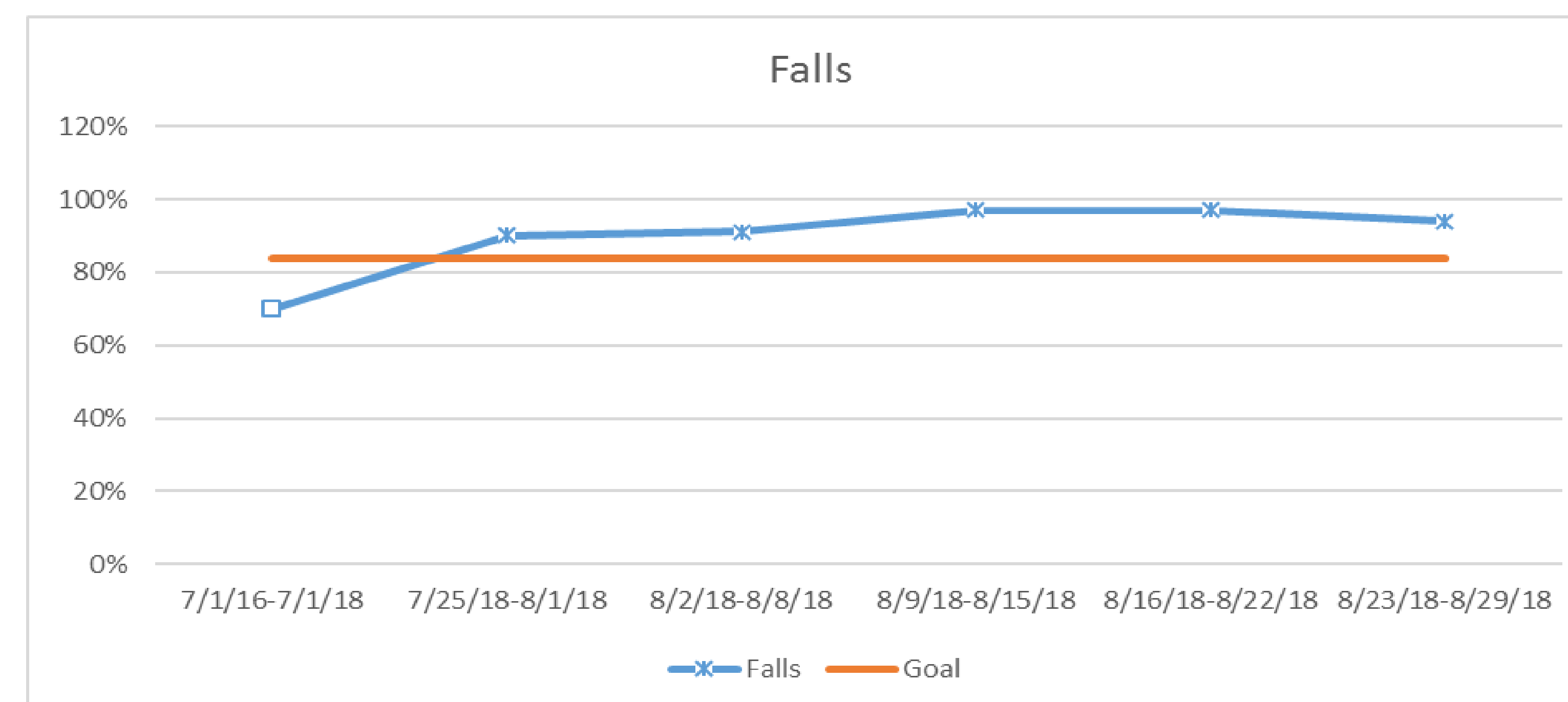
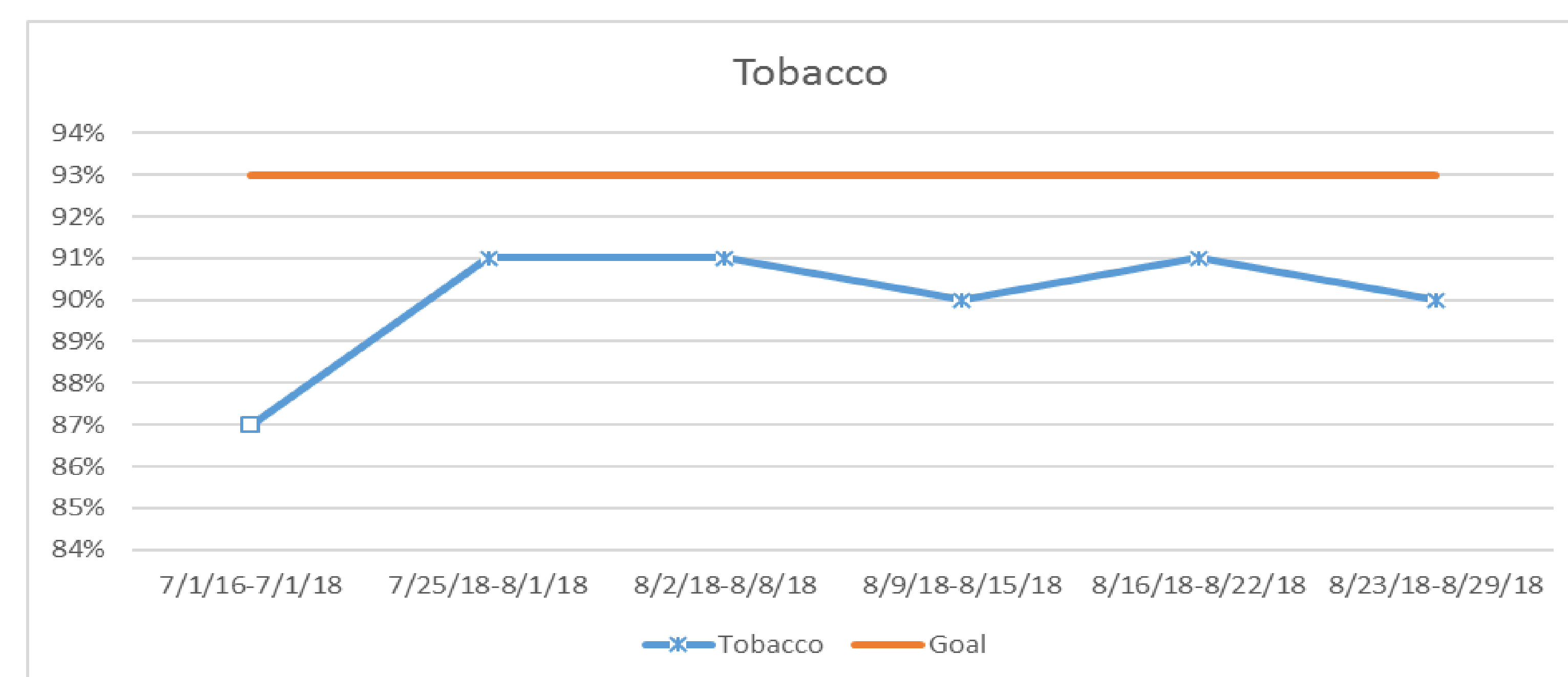
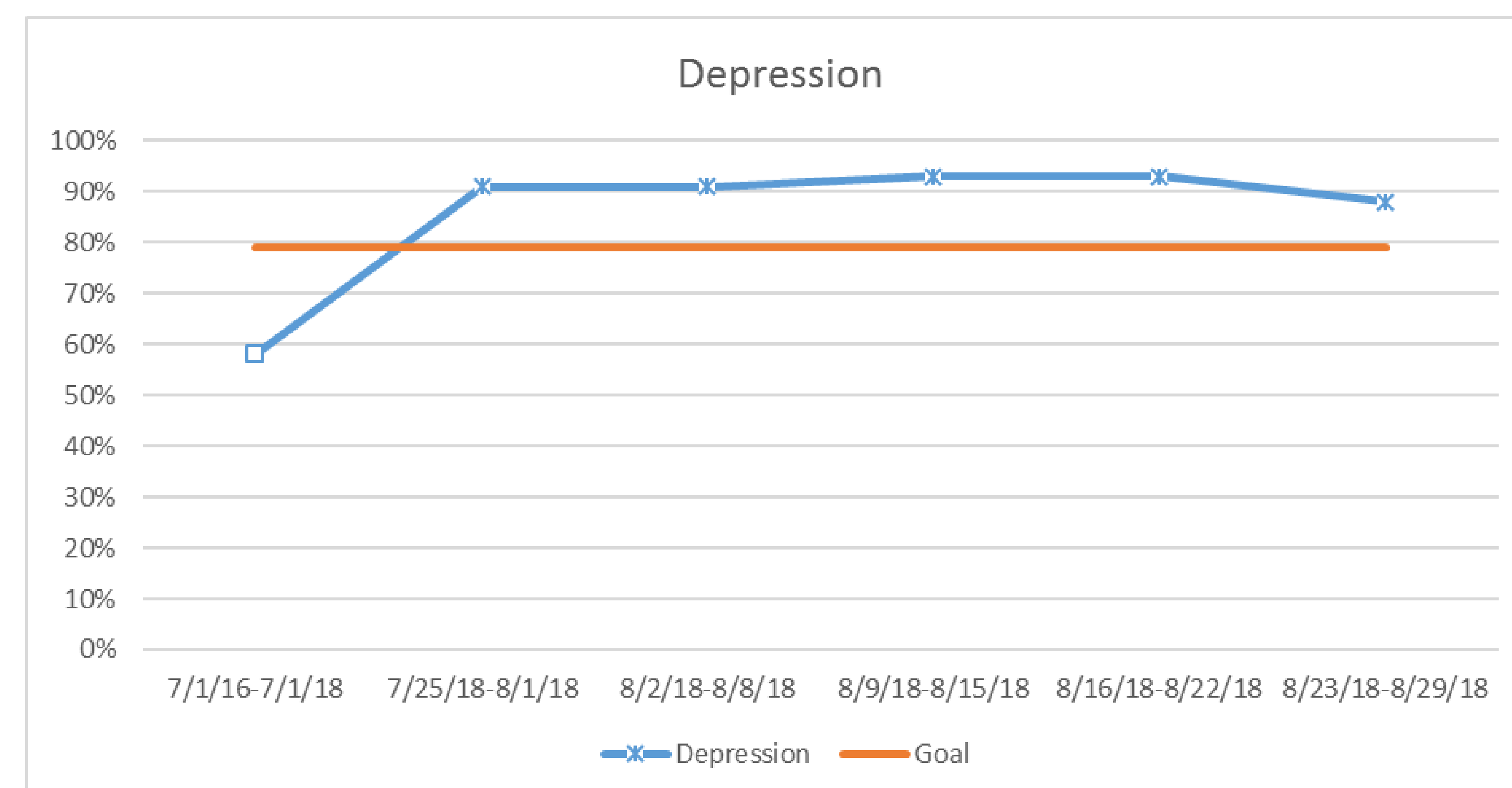
In PDSA Cycle #1, variation in metrics decreased by ~40% in depression, ~20% in falls, and ~3% in tobacco assessment and counseling.

Post PDSA Wellness Metrics (August 2016-August 2018)

Depression: 62%

Tobacco Assessment and Counseling: 87%

Falls Risk: 71%



Lessons Learned:

- Standardization of workflows allows for greater success in achieving quality metrics
- Continuous, transparent feedback is needed to hold staff accountable to new processes
- Education sessions are needed for medical assistants prior to onboarding and should occur iteratively throughout the year to ensure competency in workflows