



Examples of PDSA Plans from Diabetes, Adult Immunization and Chronic Pain Champions 2016

CHRONIC PAIN AND SAFE OPIOID PRESCRIBING

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: Large internal medicine practice lacked a standardized approach to opioid prescribing or use of patient agreements.

QI Activity: Over the course of a year, the physician champion working with medical assistants (MAs) as well as the residency program manager, will develop a centralized protocol for opioid prescribing and will engage all patients prescribed long-term opioids in a controlled substance agreement. The MAs will flag charts of the patients requiring such agreement in an ongoing fashion.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: Larger internal medicine private practice (10+ physicians) needing to increase pain template use.

QI Activity: The practice will institute team huddles prior to visits with patients living with chronic pain. These huddles will be aimed to increase template used from 56% to 75% over a six week span.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: Practice has active duty patients with excessive profiles for musculoskeletal conditions, which impact patient readiness for military deployment.

QI Activity: Over a 3 month span, the nurse, MA and front desk staff will

review ASIMS (Aeromedical Services Information Management System) profiles each week and increase patient education.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: Academic health center wants to increase Prescription Monitoring Program (PMP) use for hospitalized patients in pain, as well as improve documentation of PMP data early in hospitalization.

QI Activity: Over a timeframe of 2 months, the LPN/RN will check and document PMP data in EHR for patients hospitalized in pain. He/she will create a unique note that can be tracked in the EHR.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: Small multi-specialty private practice (<15 physicians) does no depression screening in patients with fibromyalgia who are receiving opioid narcotics.

QI Activity: Within one month, the practice will start using a screening tool in fibromyalgia patients to test for depression. The RN or MA will screen the records for patients with fibromyalgia and on narcotics scheduled for the next day. The MA will hand out depression screening forms. The MA will collect the questionnaires and data will be received at the end of the day.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: Use of opioids for acute pain management in the hospital; at least 50% of patients hospitalized in pain (in our test groups) gave Prescription Monitoring Program documentation in EHR.

QI Activity: Training physicians/nursing to reduce use of opiates in management of acute pain

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: This small multi-specialty private practice (<15 physicians) has less than half of its patients with up-to-date pain contracts.

QI Activity: Team members will review charts weekly for all patients

receiving controlled Rx and document current Controlled Substance Agreement in the chart.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: Academic health center or university wanting to increase Pain Agreement template use and adherence to filling out all fields.

QI Activity: To increase template use to 75% use over 6 week span, the practice will make use of use of huddles for pain patients led by pain QI residents. The nurse will list review for pain patients. The Resident/RN will identify needs for visit and MA/LPNs will prepare pain agreement/Urine Drug Test.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A small, private practice with three internal medicine physicians and an additional 22 clinical and office support staff focused on implementing team-based care to increase use of pain assessments.

QI Activity: The practice's office staff had patients fill out pain assessments with an open response space on the form for the patients to address any concerns with their physicians. A member of the office staff then entered the pain assessment score into the patient's medical record. Following the visit, the physician would check in with staff members to ensure their visit notes were entered into the patient's medical record.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A QI team consisting of the physician, a licensed practical nurse (LPN), and a medical assistant focused on incorporating standard pain assessments and mental health screening tools into the practice workflow.

QI Activity: During the baseline data collection process, the practice realized they do not have a good system for identifying their chronic pain population. One of the first steps taken for their QI activity was to start documenting chronic pain diagnosis codes into patients' record to make it easier to identify the population of patients living with chronic pain. They also discovered a standard pain assessment tool was already embedded in their EHR, which they incorporated into their workflow. The MA and LPNs were charged with gathering the necessary additional documents (e.g.,

depression screen and controlled substance agreements) prior to the patient visit.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A solo private practice focused on implementing use of pain assessments, depression screens, and controlled substance agreements.

QI Activity: The practice developed a plan for the non-physician team member to flag chronic pain patients prior to their visit and engage the newly hired triage nurse to pull necessary documents (e.g., pain assessment tool, depression screening tool, and controlled substance agreement) prior to the physician seeing the patient. The practice was also focused on making data system improvements to help incorporate use of assessments into the workflow. They created patient-specific alerts in the EHR for chronic pain patients who did not have a controlled substance agreement. The non-physician champion also began entering a reason code in the EHR to document chronic pain visits. They are also planning to add a code to indicate whether the pain assessment has been completed.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A larger internal medicine practice (10+ physicians) focused on pre-visit planning to improve chronic pain management.

QI Activity: This practice decided to focus on working with one physician for this initiative, with the hopes of expanding to the rest of the practice. In this practice, each physician has their own assigned medical assistant and an additional group of medical assistants who are shared across all physicians.

The practice focused on implementing pre-visit planning strategies. The medical assistant printed the following day's schedule and flagged charts for any chronic pain patients. The physician also has a health maintenance tracking sheet that he checks for each patient prior to their visit, which includes a checklist for a variety of preventive health measures (e.g., mammogram, flu shot, colonoscopy, etc.). Additional lines were added to the maintenance tracking sheet to check for chronic pain screens (pain assessments, mental health screenings, urine drug tests, and controlled substance agreements).

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A solo private practice in a rural county, with one physician, two full-time nurse practitioners (NPs), 1 part-time NP, and 10 office staff focused on improving management of patient population on Suboxone.

QI Activity: This practice developed a system to flag chronic pain patients within the EHR and provide a notification for forms that are missing from the patient's record. The practice focused on incorporating the Brief Pain Inventory pain assessment tool, a controlled substance agreement, the Opioid Risk Tool, and Patient Health Questionnaire-2 (PHQ-2) depression screening forms into their office work flow.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A small, physician-owned private practice with three physicians (specialties include internal medicine and pediatrics) and 10 office staff focused on improving chronic pain management.

QI Activity: The physician QI champion decided to set up a dedicated pain evaluation visit for his patients living with chronic pain. This gave the physician more time to engage and communicate with the patient about how to live with and manage their chronic pain. He also engaged the medical assistant to identify the chronic pain population and keep track of whether or not the patient has a pain assessment, mental health assessment, and signed controlled substance agreement on file. The state recently changed state laws to limit opioid refills, as a result, the practice has modified their workflow to identify and keep track of patients who call in for opioid prescription refills. This has helped the practice identify a larger of chronic pain population. The practice is making sure to appropriately code these newly identified patients for chronic pain so they can better monitor this population moving forward.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A private, concierge practice with one physician and two support staff members focused use of pain assessments.

QI Activity: After reviewing their baseline data, the practice developed a team-based action plan to increase pain assessments for their patients with chronic pain. A non-physician team member performed a chart review for

all patients and flagged charts for each patient with chronic pain. Once these patients were flagged, the team member would put together a packet of all the missing forms required (e.g., pain assessment and controlled substance agreement). During the visit, the physician provided patients with a summary of the new state regulations regarding controlled substances, which he used to educate them on the new requirements and help them understand why they are required to complete the packet of assessment forms and sign a controlled substance agreement.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A private family practice with one physician, three physician assistants (PAs) and six office staff focused on implementing pain, risk, and depression assessments.

QI Activity: The practice printed a number of standard assessment tools, including the Brief Pain Inventory, Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R), and Patient Health Questionnaire-4 (PHQ-4) assessments, on a laminated sheet and provided these forms to patients in the waiting room with dry erase markers. When the chronic pain patient checked in, they were handed the laminated forms to fill out in the waiting room. The results were then entered into the patient's record electronically. They also created a structured data set within the EHR under a preventative medicine tab dedicated for chronic pain management to allow them to keep better track of these patients.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: The practice aims to increase use of controlled substance agreements for their patients on long-term opioids.

QI Activity: The practice will have clinical staff/MA identify chronic pain patients on long term opioids and provide information sheets and controlled substance agreement forms to patients for review and signature. Physician will review forms with patient and will review adherence need for ongoing medication and discuss diversions with patients. The practice will create program for a defined period, from given date throughout calendar year. Deviation from plan will be assessed if staff forget to provide sheets to patients or if there is insufficient time to review documentation with

patients. After several months of study, they will determine whether to abandon, adapt, adopt, or do the program again.

Topic: Chronic Pain and Safe Opioid Prescribing

QI Focus: A practice aimed to increase use of controlled substance agreements and risk assessments for their patient population on long-term narcotics.

QI Activity: A team member will update controlled substance agreements and risk assessments for all patients on chronic narcotics by end of 2015. Steps include:

1. Identify all patients by 8/15/15.
- 2.) Have updated contract and risk assessment by 12/2015: Schedule appointments proactively to discuss and sign controlled substance agreements, conduct risk assessment, and give patients educational handout for each prescription.

ADULT IMMUNIZATION

Topic: Adult Immunization

QI Focus: Community health center needed to increase percentage of patients over 65 years old who receive a pneumococcal vaccine.

QI Activity: The practice plans to increase the number of patients over 65 years old who have and pneumococcal vaccine from 7% to 20% in 3 months by having the nurses or MA discuss with the patients the importance of getting the vaccine. The practice will make sure to have the vaccine in stock and will also provide staff education on the importance of immunization. Change will be measured by the having the QI director and patient care coordinator run a report and asking pharmacy how many vaccines are being ordered.

Topic: Adult Immunization

QI Focus: A community health center aims to increase percentage of

patients over 65 years old who receive a pneumococcal vaccine.

QI Activity: Over the course of six months, the RN or MA will check pneumococcal vaccination history prior to visit for each patient 65 years and older; RN/MA will note on care management application (CMapp) (huddle note) patients 65 years and older who need vaccine. The practice will track and communicate results by having the RN provide a report at team meetings.

Topic: Adult Immunization

QI Focus: Small multi-specialty private practice wanting to increase percentage of patients over 65 years old who have had a PCV13.

QI Activity: Staff assesses each patient's current PCV13 status and recommendations per a standing order; documents in EHR and check EHR and State registry. The team involves the nurse managers, , physicians and receptionist.

Topic: Adult Immunization

QI Focus: Practice aims to increase the percentage of patients receiving the Tdap vaccine by 50%.

QI Activity: The patient will receive advice on Tdap vaccine before entering the exam room, with an opportunity to ask questions during the visit. The MA will document in the EHR that the vaccine was administered and will give the physician a list of patients who receive the vaccine every week.

Topic: Adult Immunization

QI Focus: Practice aims to increase the number of vaccines administered in the office and raise vaccination rates to meet Healthy People 2020 goals

QI Activity: Front desk staff will distribute vaccine cards and prescriptions. MA will determine which vaccines have been given and update chart. MA will discuss which vaccines are due and will ask for physician order. Physician will counsel reluctant patients on vaccination. An appointment will be made for follow-up vaccination.

Topic: Adult Immunization

QI Focus: Academic health center focused on increasing the rates of adult immunization in target population of clinic patients, specifically for the

following vaccinations: Tdap, Pneumococcal and Influenza vaccinations. **QI Activity:** Educational materials were acquired from ACP and the CDC. The practice will translate a “Do I need a Vaccine Today?” educational document into Spanish and make it available as an educational resource available to clinic patients in the waiting room. Grand Rounds were conducted highlighting the importance of adult immunization as a means to educate residents and other healthcare providers regarding this important initiative. Identified and activated more daily immunization resident champions in an effort to propel this project forward. One resident acts as Vaccination Champion on each day of the week from Monday to Friday, encouraging and promoting immunizations by reminding residents to immunize appropriately and document. The clinic nursing staff has formed an integral part of in carrying out the logistics of this project. Standing orders for vaccination have also been implemented in the clinic.

Topic: Adult Immunization

QI Focus: Academic health center focused on increasing influenza, Pneumovax (PPSV23) and Prevnar (PCV13) immunization rates for their adult patients.

QI Activity: The practice will meet with clinicians participating in the initiative to discuss in detail their goals and suggested process to accomplish these goals. They will have similar meetings with clinical staff reviewing the available resources to assess patient immunization status as well as patient education. Patient handouts will be available in English and Spanish. Posters will be displayed in the waiting and exam rooms. Staff will have access to immunization status at every office visit unless contraindicated.

Topic: Adult Immunization

QI Focus: Community health center aims to increase rates of the patients aged 65 years and older have been screened, and if clinically indicated, will receive pneumococcal immunization.

QI Activity: Over the next 12 months, the health center will redesign its system of care to ensure that 70% of the patients aged 65 years and older have been screened, and if clinically indicated, will receive pneumococcal immunization. Huddles will be part of the staff’s daily routine. Standing orders will be utilized. Education on the importance of adult immunization

will be provided to staff and patients. Flyers will be placed at each patient touch point. Immunization records will be requested from outside providers. Staff will provide vaccine information sheets to patients.

Topic: Adult Immunization

QI Focus: The primary care clinic aims to increase annual influenza immunization rates among patients with Blue Cross Blue Shield insurance.

QI Activity: The practice aims to increase annual of influenza immunization from 34 to 60% between October 1, 2016 and March 31, 2017. The MA, who rooms the patient, will inquire about influenza immunization status and offer the vaccine if the patient has not received it at intake. The nurse will administer the vaccine to the patients who agree to the vaccine. The MA will offer the declination of vaccination form to the patient and flag the chart for the physician so it can be addressed that visit. At the end of the visit, if the patient agrees, the nurse will administer the vaccine. The signed declination form will be uploaded into the chart at the checkout process. The clinic manager will work with the MAs and nurses to ensure that the process runs smoothly.

Topic: Adult Immunization

QI Focus: The practice aims to improve engage with dietitian to increase flu vaccination rates

QI Activity: The dietitian will schedule flu appointment; the RN or MA will ask about flu vaccines at all wellness exams. Scheduled flu appointments will be tracked via run charts.

Topic: Adult Immunization

QI Focus: Practice focused on increasing Tdap vaccination rates for patients under age 65. **QI Activity:** The practice aims to improve vaccination by 50% by adding clinical decision support to the EMR, ordering more vaccine interpretation and sending messages through patient portal. A designated MA will collect data and create a run sheet to display in break room.

Topic: Adult Immunization

QI Focus: Practice aims to increase Tdap immunization rates, then apply to

other vaccinations

QI Activity: Identify and increase documentation of patients that qualify for Tdap immunization from 50% to 75%. The MA will pull five charts per day to identify gaps or documentation issues in immunization, and forward qualified patients to physicians for review; once MD indicates immunization is appropriate, MA will schedule patient or place flag for next visit.

Topic: Adult Immunization

QI Focus: Practice aims to administer more Zoster vaccines more eligible 60 year old patients without contraindication.

QI Activity: Immunize 10% more eligible 60 year old patients without contraindication in 6 months. Develop a protocol with standing order. The MA will issue prescription for Zoster or will administer it to all patients 60 years and over.

Topic: Adult Immunization

QI Focus: Practice aims to develop a vaccine schedule along with medication record.

QI Activity: When patients come in for their Medicare wellness, print immunization record, have patients populate what is not filled out and develop vaccine schedule along with medication record. The MA will triage the patient. The practice will chart immunization records after 10 months and show staff. A gift card will be provided to the staff if there is an increase vaccination rates by 10% within 10 months.

Topic: Adult Immunization

QI Focus: The practice aims to increase Hepatitis A/B and pneumococcal vaccine rates in HIV patients.

QI Activity: Within a timeframe of six months, the practice aims to increase Hep A/B and pneumococcal vaccine rates in HIV patients to greater than 80% through use of a vaccine order checklist. Steps include:

1. MA to note vaccination at intake.

2. Implement vaccine order checklist that physician gives to patient to hand to nurse.
3. Meet with clinic director and staff to process, identify and implement improvements.
4. Track how many checklist forms used on Thursdays.
5. Review 10 charts each week to see if Hep A/B pneumococcal vaccinations documented or administered.

Topic: Adult Immunization

QI Focus: Practice aims to increase rates of Zostavax vaccine.

QI Activity: Physician will huddle with MA to identify patients over 60 on the schedule for an upcoming office visit. If not documented in the flow sheet, the MA will ask the patient if they have received the Zostavax. If the patient answers “yes,” the MA will fill out release of information. If the patient answers “no,” the MA will notify physician in comments on intake fields in EMR notes. Physician will generate prescription. Practice will follow-up with patients to whom they have given the prescription to ensure that they received the vaccine and it is documented properly in the EMR.

Topic: Adult Immunization

QI Focus: Practice aiming to increase vaccination for those qualifying for the herpes zoster (shingles) vaccine.

QI Activity: Practice aiming to increase Zostavax administration rates by 50% for patients over 60 in the next three months. Assess percentage of patients 60+ who have had Zostavax, have CNA identify patients 60+ who have not had Zostavax and have them give vaccine information statement to patient. Physician will discuss with patient and give prescription to

patient. Patient will notify practice of date of Zostavax. Practice will track number of patients 60+ who get Zostavax and create run chart each month.

DIABETES

Topic: Diabetes

QI Focus: This practice aims to increase foot exams in patients with diabetes mellitus so that the exams are documented in the EHR at least annually.

QI Activity: Physician and team care partners (or LPNs) will remove the patient's shoes and socks to examine feet and document in record.

Topic: Diabetes

QI Focus: Academic health center wanting to decrease the number of poorly controlled diabetics (HbA1c>9)

QI Activity: Over the course of 10 months, each clinic within this system will be trained in team-based use of their EHR-based Health Maintenance (HM) tool. Strategies for enhancing patient adherence and engagement will be shared as well.

Topic: Diabetes

QI Focus: The practice aims to standardize follow-up of patients with HbA1c greater than 9.

QI Activity: Schedule two week care management for all patients with HbA1c greater than 9 by having RN identify that the patient is coming in on that day and instructing MA to automatically make the follow-up appointment. This will standardize follow-up of patients with HbA1c greater than 9 so that 75% of patients get two week flu in the next month.

Topic: Diabetes

QI Focus: The practice aims to perform diabetic foot exams at least annually on all diabetic patients.

QI Activity: LPN/MA will review last foot exam; perform and document it if

not noted in the last six months. Physician will review results and discuss with the patient. Physician will also educate patient on diabetic foot care.

Topic: Diabetes

QI Focus: The practice aims to adopt a method for obtaining eye exam reports for patients with diabetes.

QI Activity: One week prior to the appointment, the MA will identify diabetic patients who have documentation of an eye exam over the past 12 months. When the patient arrives for their visit, the MA will ask if the patient has had an eye exam in the last year and will document appointment to obtain report. The MA will identify patients who are diabetic with no documentation of eye exam daily. The MA will chart and contact patients to confirm and/or obtain reports. The MA will make use of EHR best practices point of care reminders.

Topic: Diabetes

QI Focus: The practice aims to increase foot exams for patients with diabetes.

QI Activity: For patients with diabetes, a team member will place a sticker on the patient's chart. Registration staff will identify those patients and will give pamphlets for comprehensible education mentioning the importance of foot care to those patients while they were waiting. The foot exam will be documented in chart, dated, and timed. High risk diabetics will be identified and referred to podiatrists. The practice will measure success by reviewing the charts six months after starting the process.

Topic: Diabetes

QI Focus: Practice aims to increase diabetic foot exams.

QI Activity: The MA will flag diabetic patient charts day before appointment. On appointment day, MA will ask those patients to remove

shoes/socks during the rooming process. The physician will conduct the foot exam. After the above is working, the practice will consider adding patient education about diabetic foot issues at visit, and will move towards providing information before the visit.

Topic: Diabetes

QI Focus: Practice aims to increase diabetic foot exams.

QI Activity: Conduct diabetic foot exams to 90% of our diabetic patients by the MA prior to the physician visit by October 1. This involves (re)educating the MA on how to do a foot exam, how to enter EMR/document, put into flow sheet and set up clinical decision support.

Topic: Diabetes

QI Focus: Practice aims to increase diabetic foot exams.

QI Activity: The practice aims to increase the rate of foot examinations performed by residents by 50% by the end of the second portion of 2015/2016 from the baseline at 40%. Patient with diabetes will be identified after registration. MA will provide diabetic patient with pamphlet regarding proper diabetic foot care. The patient will be asked to remove shoes prior to visit with the physician. The patient will be asked if they received a foot exam. A weekly report will be generating reflecting the percentage of diabetic who reported to have foot exam.

Topic: Diabetes

QI Focus: The practice aims to increase urine albumin tests for patients with diabetes mellitus to 80%.

QI Activity: The office manager will run a list of patients with diabetes who have had a urine albumin/creatinine ratio (ACR). The MA will flag patients at visits with a ACR in past year and place the order. The usefulness of this test will be discussed with the patient.

DIABETES, ADULT IMMUNIZATION

PDSA Resources

<https://www.acponline.org/practice-resources/quality-improvement/pdsa-resources>

Topic: Diabetes, Adult Immunization

QI Focus: Hospital and academic health center needing to increase vaccination of Hepatitis B in diabetic patients. Goal is to go from 12% to 100%, having every diabetic patient seen in the medical home clinics either receiving Hepatitis B vaccination or being offered it.

QI Activity: Over the course of six months, a standing protocol will be developed for administering Hepatitis B in a similar fashion as is done for flu/pneumonia vaccinations. The nurse or MA will be responsible for identifying diabetic patients who require Hepatitis B vaccinations during rooming. Nurse will follow protocol during rooming and schedule follow-up injections. Nurse manager and/or ambulatory director will obtain reports from EHR data that will be posted in area.

Topic: Diabetes, Adult Immunization

QI Focus: Community Health Center wanting to increase the number of diabetic patients with COPD who receive pneumonia vaccine.

QI Activity: The physician, front desk staff, nurses, clerical staff, clinic managers, and EHR coders will be part of the process that involves giving patients handouts ahead of time, checking the state immunization registry on patients ahead of time and having standing orders for pneumonia. Increases in the number of number of diabetic COPD patients who receive pneumonia vaccine will occur within two weeks.

Topic: Diabetes, Adult Immunization

QI Focus: Within one year, the practice aims to increase Hepatitis B vaccines to over 25% for patients with diabetes mellitus and/or who are at risk

QI Activity: MA puts note in previsit information that Hepatitis B vaccine is due; MA documents if vaccine is not given; physician documents if vaccine is refused; o manager helps update.

Topic: Diabetes, Adult Immunization

QI Focus: Hospital and academic health center focused on increasing Hepatitis B vaccination for patients under 60 with diabetes.

QI Activity: To increase Hepatitis B vaccination by 25% within 3 months

among diabetic patients under 60, the MA will offer the Hepatitis B vaccine to these patients during rooming.

INCREASING TEAMWORK AND PROVIDER SATISFACTION

Topic: Increasing Teamwork and Provider Satisfaction

QI Focus: Large multi-specialty private practice (15+ physicians) aims to reduce after-hours use of EHR by 20% and increase joy in medicine for their providers.

QI Activity: Apply use of MA resources for documentation in physical exams for full time physicians: MA will be trained to do more of documentation; MA will be trained to put in orders for overdue health maintenance items.