



RAISE the FLOOR ACTIVITY

PDSA Testing the Change

Model for Improvement

Cycle # 1 Date April 3, 2014

Change or idea evaluated:

Objective for this PDSA Cycle: What question(s) do we want to answer with this PDSA cycle?

What is the most effective way to increase the number of patients who attend their medical home appointment?
Will reminder phone calls assist patients in keeping their medical appointments?

Plan:

Plan to answer question(s): (test the change or evaluate the idea): What, Who, When, Where

Community Health Workers will complete reminder phone calls 24-48 hours prior to patient's appointment to increase the number of patients who attend their medical home appointment. What is the most efficient and accurate process to complete reminder phone calls? Will dividing up the task between Community Health Workers help improve the accuracy of reminder phone calls and help staff feel less overwhelmed?

Plan for collection of data needed to answer questions: What, Who, When, Where

Community Health Workers will document that a reminder phone call is completed in Midas. Each month the supervisor for Primary Care Connection will review all patients with scheduled appointments and check documentation in Midas. This will be done to determine the percentage of reminder phone calls being completed.

Predictions (for each question listed above, what will happen when plan is carried out? Discuss theories):

Dividing task will make Community Health Workers job less stressful and more accurate in completing reminder phone calls as well as other tasks.

DO: Carry out the plan: document problems and unexpected observations: collect data and begin analysis

Currently each Community Health Worker is completing their own reminder phone calls for the patients who they have scheduled appointments for. The goal is to provide at least 85% of patients with scheduled appointments with reminder phone calls. Baseline data showed from October 1, 2013 to December 31, 2013 Primary Care Connection made 51 reminder phone calls out of 193 (26%). Staff reports having so many responsibilities, they forget to make their reminder phone calls.

Study: Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)? Summarize what was learned.

Main barriers are fast pace environment of the ED and staff is focused on finding new patients and scheduling appointments, in addition to keeping up with enrolled patients who have upcoming appointments.

Act: What changes are to be made? Plan for the next cycle.

Tasks were divided into three positions. Positions will be rotated on a weekly basis. We will try this until next staff meeting which is scheduled for April 23, 2014.



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Cycle # 2 Date April 23, 2014

Change or idea evaluated

Objective for this PDSA Cycle: What question(s) do we want to answer with this PDSA cycle?

What is the most effective way to increase the number of patients who attend their medical home appointment?
Will reminder phone calls assist patients in keeping their medical appointments?

Plan:

Plan to answer question(s): (test the change or evaluate the idea): What, Who, When, Where

Will staff completing their own reminder phone calls bring the percentage of reminder phone calls back up to where we were in March? Will staff still have concerns regarding having too many different task to complete on a daily basis.

Plan for collection of data needed to answer questions: What, Who, when, Where

Community Health Workers prefer to follow the patients they identify until MIDAS entry is marked complete, and did not like the division of task. Staff will be returning to the previous way of completing reminder phone calls for patients who they schedule appointments for.

Predictions (for each question listed above, what will happen when plan is carried out? Discuss theories):

Staff may become overwhelmed with having to complete multiple tasks on a daily basis

DO: Carry out the plan: document problems and unexpected observations: collect data and begin analysis

Staff is adjusting to returning to making their own reminder phone calls for the patients who they schedule appointments for.

Study: Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)?

Summarize what was learned.

Staff did not like the division of task and want to go back to following their own patients. Staff found multiple people contacting patient discouraged any trust from developing between Community Health Workers and patients. Percentage of reminder phone calls being completed went from 88% to 72% when task were divided up.

Act: What changes are to be made? Plan for the next cycle.

Staff will go back to following their patients and complete their own reminder phone calls.



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Cycle # 3 Date June 25, 2014

Change or idea evaluated

Objective for this PDSA Cycle: What question(s) do we want to answer with this PDSA cycle?

What is the most effective way to increase the number of patients who attend their medical home appointment?
Will reminder phone calls assist patients in keeping their medical appointments?

Plan:

Plan to answer question(s): (test the change or evaluate the idea): What, Who, When, Where

Is our accuracy for reminder phone calls improving now that staff completes their own reminder phone calls? How can we continue to improve our reminder phone call accuracy with our weekend position being filled? What reminder phone calls will the weekend person be responsible for and what reminder phone calls will the week day staff be responsible for?

Plan for collection of data needed to answer questions: What, Who, when, Where

Once weekend staff has been trained, the weekend staff will be responsible for making all reminder phone calls to patients who have an appointment on either Monday or Tuesday. The evening weekday position will be responsible for making the weekend staff's reminder phone calls for patients with appointments on Wednesday, Thursday, and Friday. All weekday staff will continue to make their own reminder phone calls for their patients who have appointments on Wednesday, Thursday, or Friday.

Predictions (for each question listed above, what will happen when plan is carried out? Discuss theories):

With the weekend position being filled staff may struggle to work as a team. Weekend staff will be limited on their availability to complete reminder phone calls 24-48 hours in advance for all of their patients; staff is going to start assisting with follow-up for patients who they did not identify. This has not worked well in the past. Reminder phone calls for appointments on Mondays may improve since currently these reminder phone calls are done on Fridays which is outside of the 24-48 hour window.

DO: Carry out the plan: document problems and unexpected observations: collect data and begin analysis
Waiting on weekend staff to be trained to start new process for reminder phone calls.

Study: Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)? Summarize what was learned.

Reminder phone calls accuracy is improving from 72% in April, to 77% in May, and 82% in June.

Act: What changes are to be made? Plan for the next cycle.

Reminder phone calls will remain the responsibility of the individual who is scheduling the appointment until weekend staff has completed their training. Then the above changes will be made.



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Cycle # 4 Date July 30, 2014

Change or idea evaluated:

Objective for this PDSA Cycle: What question(s) do we want to answer with this PDSA cycle?

What is the most effective way to increase the number of patients who attend their medical home appointment? Will reminder phone calls assist patients in keeping their medical appointments?

Plan:

Plan to answer question(s): (test the change or evaluate the idea): What, Who, When, Where

How do we divide the task of reminder phone calls now that we are fully staffed with four community health workers? Do reminder phone calls increase the percentage of patients who attend their medical home appointments? The data over the past 6 months for reminder phone calls (February 2014-July 2014) has ranged from 76% to 88%. We hit our target percent only for one month.

Plan for collection of data needed to answer questions: What, Who, when, Where

Weekend staff will complete all reminder phone calls for patients with appointments on Monday and Tuesday. Weekday staff will complete their own reminder phone calls for patients with appointments on Wednesday, Thursday and Friday. The weekday evening position will complete the weekend staff's reminder phone calls for patients who have appointments scheduled on Wednesday, Thursday, and Friday. Our goal is to increase the number of reminder calls to patients to at least 85% each month.

Predictions (for each question listed above, what will happen when plan is carried out? Discuss theories):

Reminder phone call percentages will improve with four trained community health workers, which will lead to an increased number of patients who attend their medical home appointment

DO: Carry out the plan: document problems and unexpected observations: collect data and begin analysis

Continue analyzing the data of this process over the next month. Ensure staff is fully trained with process and documentation. Track percentage of patients with reminder phone calls and percentage of patients who attended their appointments. Compare to prior months.

Study: Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)? Summarize what was learned.

Look at percentage of reminder phone calls completed and those corresponding appointments to get a more accurate view of whether or not reminder phone calls improve the percentage of patients who attend their medical home appointments. Currently we have been including attempted and completed reminder phone calls in data collection. (Data will be updated to reflect accuracy of reminder phone calls by

September 1, 2014-we need to go back and recount the patients who we actually spoke to regarding their upcoming medical appointment)

Act: What changes are to be made? Plan for the next cycle.

We will continue the division of reminder phone calls between the weekday and weekend staff. The Midas team will add a question for documentation that will make it possible to distinguish between attempted and completed reminder phone calls. We will then look at the completed reminder phone calls and the confirmation of these appointments to see if reminder phone calls increase the number of patients who attend their medical home appointment.



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Cycle # 5 Date August 27, 2014

Change or idea evaluated:

Objective for this PDSA Cycle: What question(s) do we want to answer with this PDSA cycle?

What is the most effective way to increase the number of patients who attend their medical home appointment? Will reminder phone calls assist patients in keeping their medical appointments?

Plan:

Plan to answer question(s): (test the change or evaluate the idea): What, Who, When, Where

Is the percentage of reminder phone calls either completed or attempted increasing now that we are fully staffed and trained? What is the confirmation rate for patients who have a completed reminder phone calls versus those patients who did not receive a reminder phone call or the reminder phone call was attempted but not completed.

Plan for collection of data needed to answer questions: What, Who, when, Where

We have looked at the confirmation rate of attempted reminder phone calls and completed reminder phone calls. Attempted includes patients who we were unable to reach due to incorrect contact information and disconnected phones. Attempted reminder phone calls confirmation rate ranged from 28% to 50% from January 2014 to August 2014. Completed reminder phone calls confirmation rate ranged from 52% to 82%. Staff will maintain our current process for completing reminder phone calls. Staff will continue to work on ensuring a patient's contact information is accurate.

Predictions (for each question listed above, what will happen when plan is carried out? Discuss theories):

Staff will continue to meet or exceed of goal for attempted or completed reminder phone calls. Number of completed reminder phone calls will improve as we find more effective ways to confirm patients contact information.

DO: Carry out the plan: document problems and unexpected observations: collect data and begin analysis
Staff will continue to be responsible for reminder phone calls for patients with scheduled appointments.
Staff has begun reviewing patient's transition record with diabetic patient's prior to patient being discharged home from the ED. We will begin looking at data collection regarding review of patient's transition record to see if this improves patient's likelihood attend medical home appointment.

Study: Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)? Summarize what was learned.

After a full month of being fully staffed our percentage of reminder phone calls attempted and completed has improved to 91% exceeding our goal of 85%. We will continue our current process for reminder phone calls and monitor attempted versus completed reminder phone calls with the goals of continuing to have our accuracy at 85% or greater.

Act: What changes are to be made? Plan for the next cycle.

Process for reminder phone calls will remain the same. We will continue to work on other opportunities to increase the number of patients who attend their medical home appointments. "Where to Go for Care" brochures are in the process of being published once these are made available we will begin providing these to patients. We will continue to use motivational interviewing and "teach back method" to educate patients on the importance of having a medical home. Transition record will continue to be reviewed with patients along with staff working to ensure telephone numbers and mailing addresses are correct.



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Cycle # 6 Date October 15 , 2014

Change or idea evaluated:

Objective for this PDSA Cycle: What question(s) do we want to answer with this PDSA cycle?

What is the most effective way to increase the number of patients who attend their medical home appointment? Will reminder phone calls assist patients in keeping their medical appointments?

Plan:

Plan to answer question(s): (test the change or evaluate the idea): What, Who, When, Where

The Baylor Community Clinics (BCC) complete personal reminder phone calls. Do patients need multiple reminder phone calls from different programs?

Plan for collection of data needed to answer questions: What, Who, when, Where

Staff will discontinue completing reminder phone calls for patients who have an appointment at a BCC clinic.

Predictions (for each question listed above, what will happen when plan is carried out? Discuss theories):

There will be no impact on percentage of confirmed appointments due to BCC staff still completing personal reminder phone calls.

DO: Carry out the plan: document problems and unexpected observations: collect data and begin analysis

Staff to complete reminder phone calls for all patients who are scheduled for an appointment outside the BCC clinics.

Study: Complete analysis of data; what were the answers to the questions in the plan (compare to predictions)?

Summarize what was learned.

Patients do not need multiple reminder phone calls from different programs to remind patient of appointment. One reminder phone call is sufficient.

Act: What changes are to be made? Plan for the next cycle.

No changes will be made at this time.



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Reminder Phone Call Data

February Data	March Data	April Data	May Data
Numerator 55	Numerator 67	Numerator 54	Numerator 71
Denominator 72	Denominator 76	Denominator 75	Denominator 92
Percentage 76%	Percentage 88%	Percentage 72	Percentage 77%
June Data	July Data	August Data	September
Numerator 94	Numerator 92	Numerator 62	Numerator 71
Denominator 115	Denominator 112	Denominator 68	Denominator 92
Percentage 82%	Percentage 75%	Percentage 91%	Percentage 77%