



Quality Improvement Storyboard

Hill Country Health & Wellness Center Childhood Immunization Status (CIS-3)-Combo 3, PDSA Cycle 2

Brief synopsis of Cycle 1: This storyboard provides information on an improvement project conducted by Hill Country Health & Wellness Center in collaboration with Partnership HealthPlan of California (PHC) staff. The first PDSA cycle tested a new workflow for CHDP visits with one provider to optimize the use of provider time by segmenting the 40-minute appointment slot into two sessions. The first 20-minutes is with the LVN/RN for education and the remaining 20-minutes is with the provider. This change was designed to increase access to well-child visits and deliver education on immunizations, thereby increasing immunization rates according to accepted periodicity schedules.

Aim: To increase by 10% over baseline the percentage of Partnership HealthPlan members age 0-2 that receive CHDP well child visits and corresponding immunizations by 5/12/17. The baseline of 12.50% [N=1/8] was established during Cycle 1 in November of 2016.

Measures:

- Outcome Measure: % of Partnership HealthPlan members age 0-2 with completed CHDP well child visit. Baseline from November 2016: **47%** [N=38/81]
- Outcome Measure: % of well child exams receiving all recommended immunizations. Baseline from November 2016: 12.50% [N=1/8] (Goal: 10% increase)
- Process Measure: % No Show Rate for CHDP well child visits
Baseline from pre-PDSA period July-September 2016: 26.22% [n=1.66/6.33]
- Process Measure: Provider experience with segmentation of visits (qualitative survey)

Prediction:

- The workflow changes should result in an increased rate of well child visits, including corresponding immunizations, over baseline while not diminishing the quality of patient care delivered in the current workflow.

Changes Being Tested:

The second cycle PDSA was launched on February 20, 2017. The project tested the following changes:

- Tested the adaptation of the workflow to optimize the efficient use of the provider's time for well-child visits by segmenting the 40 minute appointment slot into two, 20-minute sessions. The first 20-minute session is with the LVN/RN for education and the remaining 20-minutes would be with the provider.
- Each forty (40) minute appointment block will continue to be scheduled to overlap with the succeeding block so that provider visit time with one patient will coincide with the LVN/RN education of the subsequent visit.
- This PDSA cycle included the following adaptations from Cycle 1:
 - Modifications to the LVN/RN well child visit education
 - Enhanced communication between nurse and provider between 20-minute segments

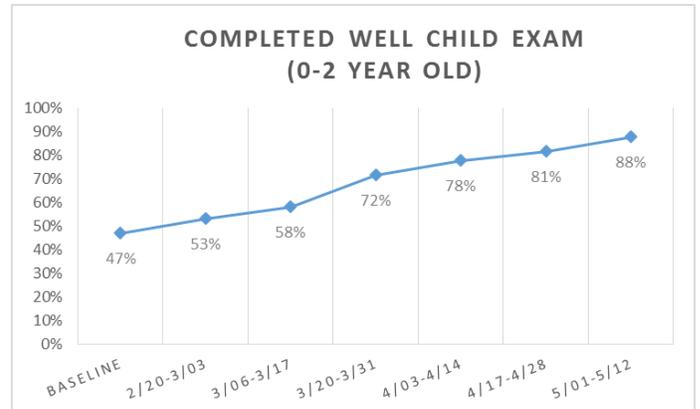
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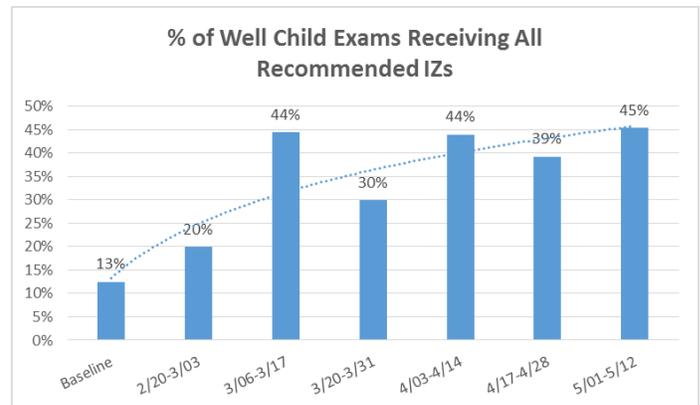
Results:

This intervention was very successful as a total of 33 CHDP visits were completed for members 0-2 years of age. Among these, 15 members were documented to have received all periodicity recommended immunizations resulting in a 45.45% (N=15/33) rate of vaccination. Compared to baseline of 12.50% (N=1/8) this represents an increase of 32.95%, exceeding the 10% goal.

- Outcome Measure: % Completed Well Child Exams – **88%** [N=71/81]. A total of 81 visits were scheduled (Cycles 1-2) with 71 completed. An average of 11 CHDP visits were completed per month, which is improvement of **57.54%** (6.33 to 11 CHDP visits/month).



- Outcome Measure: % of well child exams receiving all recommended immunizations – **45.45%** [15/33]. Compared to baseline of 12.5% this represents an improvement of **32.95%** and exceeds the 10% goal.
- Process Measure: % No Shows - **15.38%** [6/39] compared to baseline: 26.22% [n=1.66/6.33].



Future Plans:

- HCHWC expects the modified workflow intervention will be spread to both HCHWC sites in Redding and Round Mountain, and will be applied to all providers engaged in CHDP visits.
- The workflow and patient outreach will continue to be employed, while efficiencies are applied through small modifications in the current process, including:
 - Training for both MA and LVN/RN staff in order to optimize the provision of comprehensive, age specific education (written & verbal).
 - Training provided to all participating staff in optimization of EHR use to better document delivered education/information.

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