

THINKING ABOUT IN YOUR RESPITE CENTER



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Medical Director

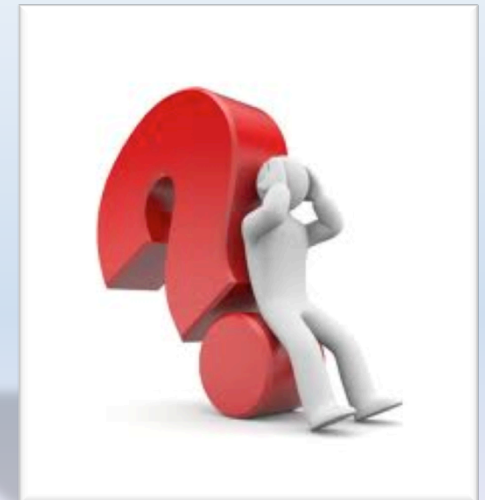
San Francisco Department of Public Health Medical Respite & Sobering Center

Why are we talking about quality?

- Every day, many of our clients receive high-quality respite care that helps to maintain or restore their health and ability to function.
- *However, some don't.*
- Quality problems result from:

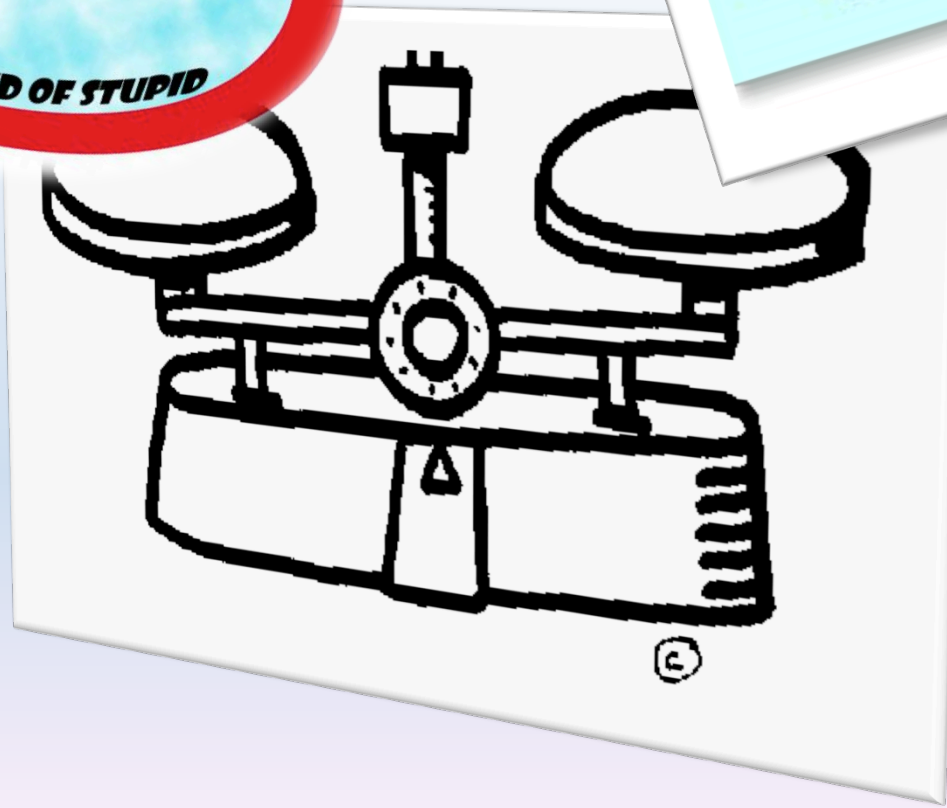
| | |
|-----------|---------|
| Variation | Overuse |
| Underuse | Misuse |
- Quality problems result in:

| | |
|-------------|-----------------|
| Errors | Poor outcomes |
| Disparities | Dissatisfaction |



Goals for this Presentation

- Make the case for thinking about quality in respite care
- Introduce quality improvement
- Review the importance of measurement
- Give a quick overview of quality improvement tools, highlighting FOCUS-PDSA



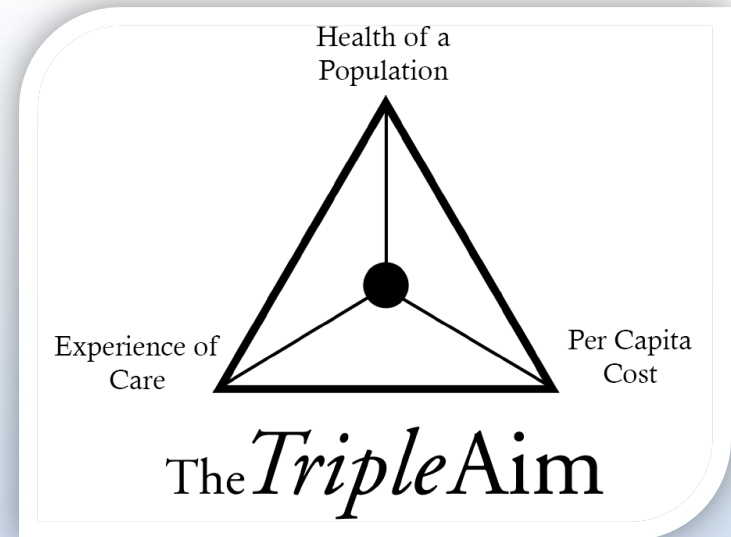
What is



Care?

- Care that is:
 - ▣ Safe
 - ▣ Effective
 - ▣ Timely
 - ▣ Patient-centered
 - ▣ Equitable
 - ▣ Efficient

*Principles of Quality introduced in IOM Report –
Crossing the Quality Chasm*



*From the Institute for Healthcare
Improvement*

Quality is in the Eye of the Beholder



- Patient/Consumer
 - ▣ How well are my needs/expectations for care/service being met?
- Provider
 - ▣ Am I being clinically effective? Is my choice of treatment appropriate?
- Funder
 - ▣ Is this program efficient and cost-effective?
- Society
 - ▣ What's the value for our money? What are the benefits to community at large?

Respite and Quality – Creating an Agenda for Success

- We have an opportunity to:
 - ▣ Better define our work
 - ▣ Further refine our work
 - ▣ Measure the work we do
 - ▣ Demonstrate our outcomes
 - ▣ Develop strategies for continuous quality improvement



What is Quality Improvement?

- A continuous, systematic process for improving the agency's care, service and operations.
- Shift from emphasis on structure to emphasis on processes and outcomes
- Brings together management w/front line staff in the evaluation & improvement of work processes to achieve better outcomes for patients

“Definition” of *Improvement*

It is NOT...

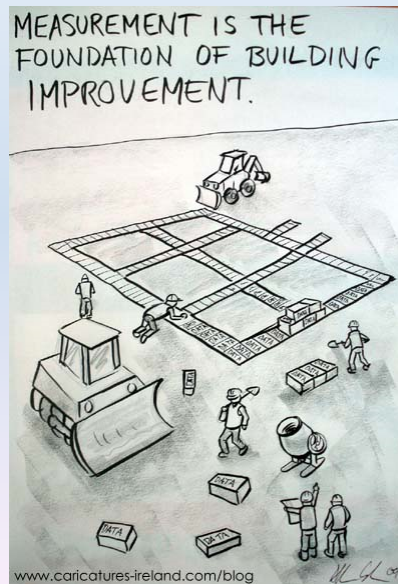
- yelling at people to work harder, faster, or safer
- creating order sets or protocols and then failing to monitor their use or effect
- traditional Quality Assurance
- research (but they can co-exist nicely)

Measurement of change DOES NOT EQUAL measurement for research

| | Measurement for Research | Measurement for Improvement |
|-----------------|----------------------------------|---|
| Purpose | Discover new knowledge | Apply new ideas to daily practice |
| Tests | One large “blind” test | Many sequential, observed tests |
| Biases | Control for as many as possible | Stabilize biases from test to test |
| Data | Gather as much as possible | Gather just enough to inform next cycle |
| Duration | Relatively long, exhaustive | Short, quick cycles. Rapid learning. |
| Cons | No data/answers until completion | Harder to generalize/ exclude bias from data |

What If We Don't Measure?

- ❑ You won't know if the change **WORKED**
- ❑ You won't know **WHICH PART** of the change worked
- ❑ You could make things **WORSE**
- ❑ Others may **NOT BELIEVE** the change worked



Types of Improvement Measures

1. Structure
2. Process Measures
3. Outcome Measures
4. Balancing Measures
5. Patient Satisfaction



Process Measures

- Assess whether certain care processes take place (ex, how many patients received a test or service)
- Helps diminish the variation in performance
- Examples:
 - ▣ **Screening & Diagnosis:** TB screening, A1c testing in last 6 months for DM
 - ▣ **Treatment:** aspirin after AMI, ACE-I for CHF, medication reconciliation
 - ▣ **Education & Prevention:** flu shots, nutrition teaching, care navigation
 - ▣ **Access:** How many of the clients referred to respite made it? How many completed their plan of care? How many connected to PCP prior to discharging from Respite? How many were referred to housing?

Outcome Measures

- Tell us how well the system is performing. Are there changes attributable to our care?
- Examples:
 - ▣ **Clinical measures:** A1c, LDL, blood pressure, percent of patients who smoke
 - ▣ **Health service utilization:** Readmissions, ED visits
 - ▣ **Access to care measures:** PCP engagement, specialty care engagement, case management, transfer to permanent housing
 - ▣ **Safety measures:** How many UO's filed
 - ▣ **Knowledge, attitudes, behaviors:** understanding med refills, medication adherence
 - ▣ **Patient and staff satisfaction:** satisfaction with care, self-reported health status

Capturing Your Data

| MEDICAL RESPITE CLIENT INFORMATION | | | |
|---|---|---|---|
| LAST NAME | | FIRST NAME | |
| ALIASES | | SSN | DOB |
| ADMIT DATE | MONTH | DAY | YEAR |
| REFERRED BY WHICH HOSPITAL (choose one) <input type="checkbox"/> SFGH <input type="checkbox"/> St. Francis <input type="checkbox"/> CPMC Davies <input type="checkbox"/> CPMC Pacific <input type="checkbox"/> CPMC California <input type="checkbox"/> St. Luke's <input type="checkbox"/> UCSF <input type="checkbox"/> Kaiser <input type="checkbox"/> VA Hosp <input type="checkbox"/> St. Mary's <input type="checkbox"/> Other Hosp (specify): _____ | | | |
| CLIENT INFO | ETHNICITY (choose all that apply) | | PRIMARY LANGUAGE |
| | <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> English <input type="checkbox"/> African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Spanish <input type="checkbox"/> Latino/a <input type="checkbox"/> Filipino/a <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> MTF Transgender <input type="checkbox"/> Other <input type="checkbox"/> Declined to Answer |
| ADMIT LIVING SITUATION | CURRENT LIVING SITUATION | Homeless: | Homeless Transitional: |
| | Choose one: Select situation that applied prior to client's hospitalization. <input type="checkbox"/> Shelter, no CM <input type="checkbox"/> SRO Temporary <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Shelter, with CM <input type="checkbox"/> Outdoors <input type="checkbox"/> LTC or Residential Treatment <input type="checkbox"/> Encampment <input type="checkbox"/> Temp situation w/ family/friends <input type="checkbox"/> Abandoned Bldg <input type="checkbox"/> Foster Care <input type="checkbox"/> SRO living with child(ren) <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____ | <input type="checkbox"/> SRO Non-Supported (with tenancy rights) <input type="checkbox"/> SRO Supported <input type="checkbox"/> Board and Care <input type="checkbox"/> Apartment <input type="checkbox"/> House | <input type="checkbox"/> SRO Non-Supported (with tenancy rights) <input type="checkbox"/> SRO Supported <input type="checkbox"/> Board and Care <input type="checkbox"/> Apartment <input type="checkbox"/> House |
| REFERRING PRIMARY DIAGNOSIS AT ADMISSION: (choose only ONE option from MEDICAL HISTORY below and write here) | | | |
| REFERRING PRIMARY PURPOSE(S) FOR ADMISSION (choose all that apply): <input type="checkbox"/> ARV Initiation <input type="checkbox"/> Wound Care <input type="checkbox"/> PO Antibiotics <input type="checkbox"/> IV Antibiotics <input type="checkbox"/> Med Mgmt <input type="checkbox"/> Reconditioning/Rehab <input type="checkbox"/> CM <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Med Teaching <input type="checkbox"/> Chemo/XRT <input type="checkbox"/> Awaiting Medical Procedure <input type="checkbox"/> Assisting with Follow-up <input type="checkbox"/> Other (specify): _____ | | | |
| REFERRAL MEDICAL HISTORY | | REFERRAL MH HISTORY | REFERRAL SA HISTORY |
| <input type="checkbox"/> Unable / Refused to Answer <input type="checkbox"/> Denies History <input type="checkbox"/> Ambulatory Disability <input type="checkbox"/> Anemia <input type="checkbox"/> Assault <input type="checkbox"/> Asthma <input type="checkbox"/> Autoimmune Disease <input type="checkbox"/> CAD <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac Arrhythmia <input type="checkbox"/> CHF <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Cognitive Disorder NOS <input type="checkbox"/> COPD <input type="checkbox"/> Dental Condition <input type="checkbox"/> Derm Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Endocrine <input type="checkbox"/> GI Disease <input type="checkbox"/> Other (specify): _____ | | <input type="checkbox"/> GYN Disease <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hypertension <input type="checkbox"/> Neuro disease <input type="checkbox"/> Open wounds, skin and soft tissue infection <input type="checkbox"/> Ortho Condition <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Post-Op Care <input type="checkbox"/> Renal Disease <input type="checkbox"/> Seizure disorder <input type="checkbox"/> TBI <input type="checkbox"/> Thromboembolic Disease <input type="checkbox"/> Urologic Condition <input type="checkbox"/> UTI <input type="checkbox"/> Vision Disability <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Unable / Refused to Answer <input type="checkbox"/> Denies History <input type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Barbiturates and other sedatives / hypnotics <input type="checkbox"/> Benzodiazepines and other tranquilizers <input type="checkbox"/> Cocaine / Crack Cocaine <input type="checkbox"/> Ecstasy & other club drugs <input type="checkbox"/> Hallucinogens / PCP <input type="checkbox"/> Heroin <input type="checkbox"/> Inhalants <input type="checkbox"/> Marijuana / Hashish <input type="checkbox"/> Methamphetamine and other amphetamines <input type="checkbox"/> Nicotine <input type="checkbox"/> Other Opiate * <input type="checkbox"/> Over-the-counter * <input type="checkbox"/> Unknown drug(s) * *Specify: _____ |
| IDENTIFIED DURING STAY: | | IDENTIFIED DURING STAY: | IDENTIFIED DURING STAY: |

| DPH MEDICAL RESPITE Episode Form, PAGE 2 | | LAST NAME | NAME |
|--|--|--|---|
| BRIEF DESCRIPTION OF ADVERSE EVENT | | | |
| MEDICAL RESPITE LINKAGES | | | |
| <input type="checkbox"/> PC Provider: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Diagnostics: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Pharmacy: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> ICM Team: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Community Nursing Care: _____ <input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> MH Tx: _____ <input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> SA Tx: _____ <input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A <input type="checkbox"/> Already Active <input type="checkbox"/> Reconnect <input type="checkbox"/> New Connect <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Housing: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Applied <input type="checkbox"/> Offered/Refused <input type="checkbox"/> ID: CA ID / SS# Card / Other: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Applied <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Income Benefit: CAAP / SSI / SSDI / VA / Other: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Applied, Award Date: _____ <input type="checkbox"/> Offered/Refused <input type="checkbox"/> Medical Coverage Benefit: Medi-Cal / Medicare / VA: _____ <input type="checkbox"/> Already Active <input type="checkbox"/> Applied, Award Date: _____ <input type="checkbox"/> Offered/Refused | | | |
| DCLIVING SITUATION | DID STAY RESULT IN CHANGE OF LIVING SITUATION? <input type="checkbox"/> NO <input type="checkbox"/> YES check new situation: | Homeless: | Homeless Transitional: |
| | COMMENT: | <input type="checkbox"/> Shelter, no CM <input type="checkbox"/> Shelter, with CM <input type="checkbox"/> Outdoors <input type="checkbox"/> Encampment <input type="checkbox"/> Abandoned Bldg <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____ | <input type="checkbox"/> SRO Temporary <input type="checkbox"/> Jail/Prison <input type="checkbox"/> LTC or Residential Treatment <input type="checkbox"/> Temp situation w/ family/friends <input type="checkbox"/> Foster Care <input type="checkbox"/> SRO living with child(ren) |
| DISCHARGE DISPOSITION | | MENT PLAN COMPLETED BEFORE DISCHARGE? | |
| MONTH | DAY | COMMENT: | |
| Discharged to: (review options 1 through 15, select only one) | | | |
| 1. <input type="checkbox"/> * Psychiatric Emergency Program/Facility: <input type="checkbox"/> PES <input type="checkbox"/> Westside Crisis <input type="checkbox"/> Dore Urgent Care Clinic 5150? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> * Medical Emergency Department: <input type="checkbox"/> SFGH <input type="checkbox"/> St. Francis <input type="checkbox"/> CPMC Davies <input type="checkbox"/> CPMC Pacific <input type="checkbox"/> CPMC California <input type="checkbox"/> St. Luke's <input type="checkbox"/> UCSF <input type="checkbox"/> Kaiser <input type="checkbox"/> VA Hosp <input type="checkbox"/> St. Mary's <input type="checkbox"/> Other Hospital: _____ | | | |

Improvement Requires Change

“The definition of insanity is to do the same thing over and over and expect different results”

Rita Mae Brown, Sudden Death

“Every system is perfectly designed to achieve exactly the results it gets”

Don Berwick, IHI

➤ To improve the results, change the system...

Selecting a project

- Triggered by a specific incident
- Based on existing data trends
- Prioritizing: High Risk, High Volume, Problem Prone
- Directly impacts patient care or patient satisfaction

Adapted from Shoreline Health Solutions, LLC

The Process for Change

- F** Find a process to improve
- O** Organize your interdisciplinary team
- C** Clarify what's currently happening (baseline data)
- U** Understand where/why problems occur
- S** Select an intervention
- *
- P** Plan
- D** Do
- S** Study
- A** Act

Patient Referred

- Hospital staff trained about Respite care and Respite referrals
- Hospital has all appropriate paperwork to refer
- Hospital staff ID's somebody to make referral
- Hospital able to get in touch with somebody

Patient Accepted

- Case reviewed by Respite staff
- Patient meets criteria
- Respite staff notifies hospital that patient accepted
- Hospital agrees to their responsibilities (PPD, d/c summary, week's supply of meds, wound care supplies)
- Date/Time set for transition

Patient Arrives

- Patient agrees to Respite care
- Patient d/c'd by hospital
- Transportation arranged by hospital
- Patient does not get distracted on the way to Respite

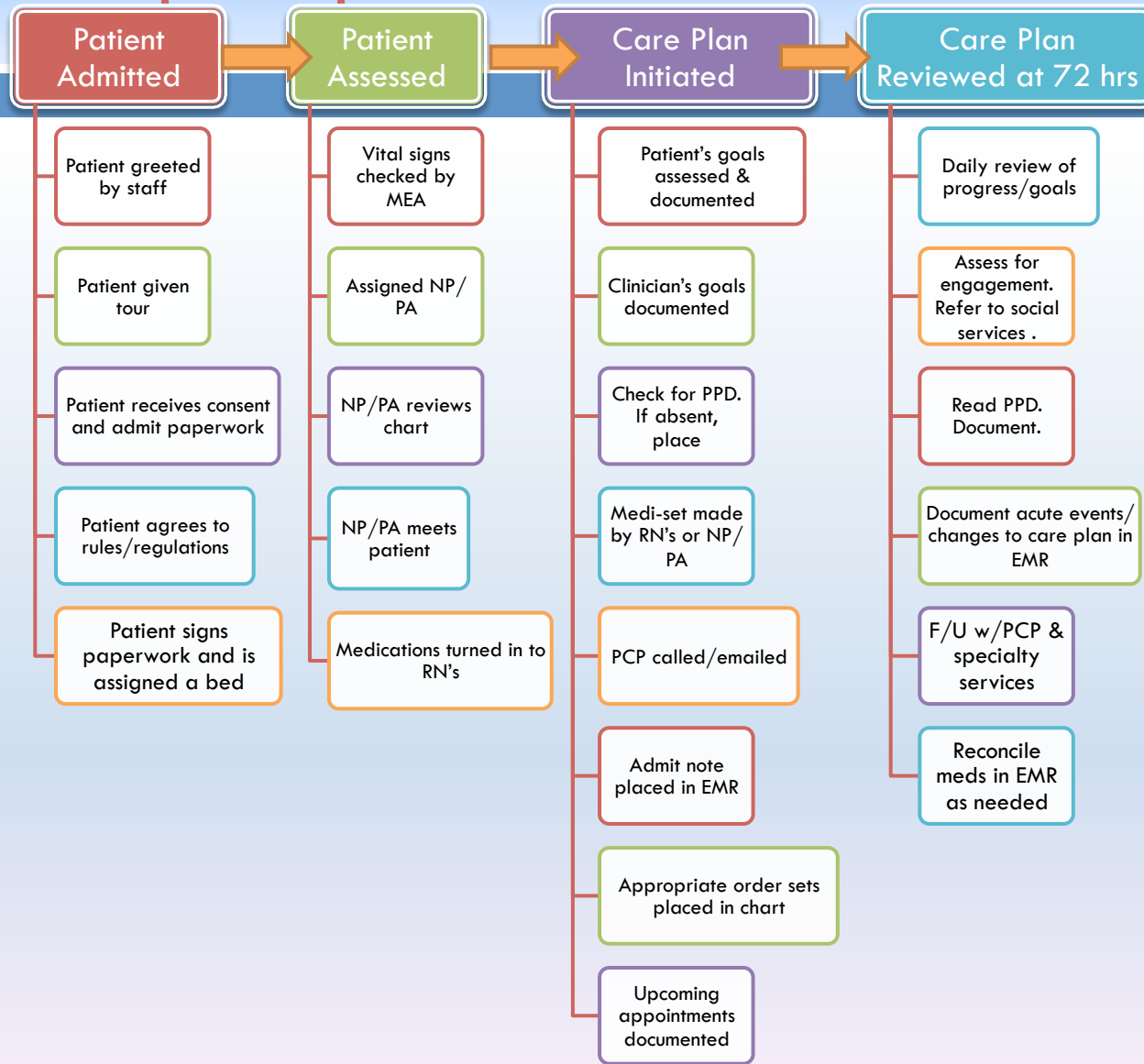
Patient Admitted

- Patient greeted by staff
- Patient given tour
- Patient receives consent and admit paperwork
- Patient agrees to rules/regulations
- Patient signs paperwork and is assigned a bed



Within 48 hrs

Within 24 hrs



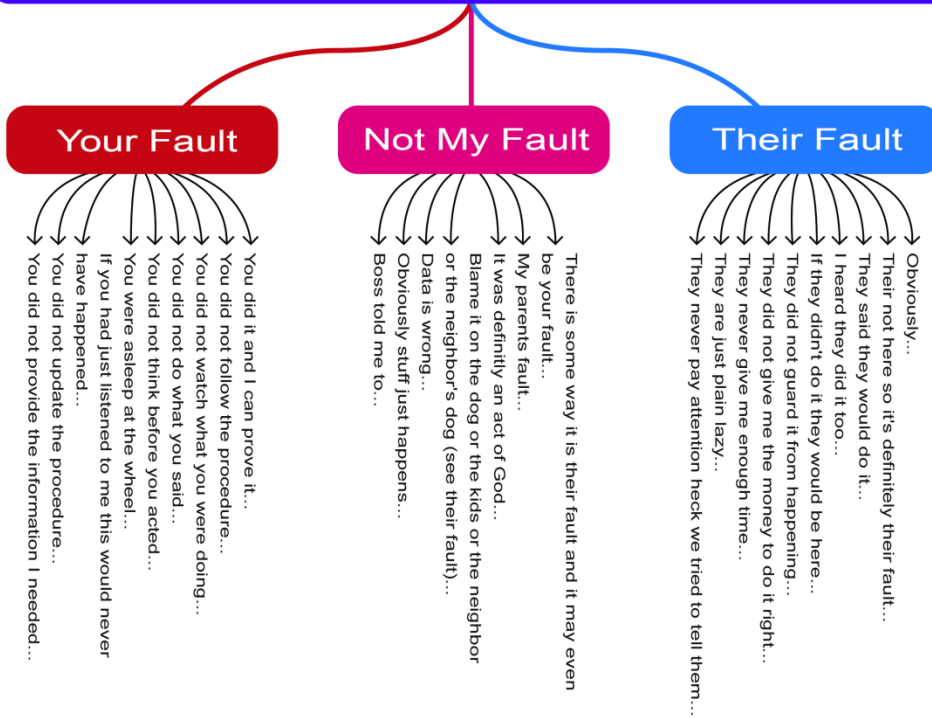
Root Cause Analysis

- Tool used to identify, record and visually represent the possible causes of a problem
- Instead of problems and their effects appearing vast and insoluble, root cause analysis breaks down the problem into smaller, more easily handled chunks
- There is usually more than one root cause for any given problem.



Somebody's Fault

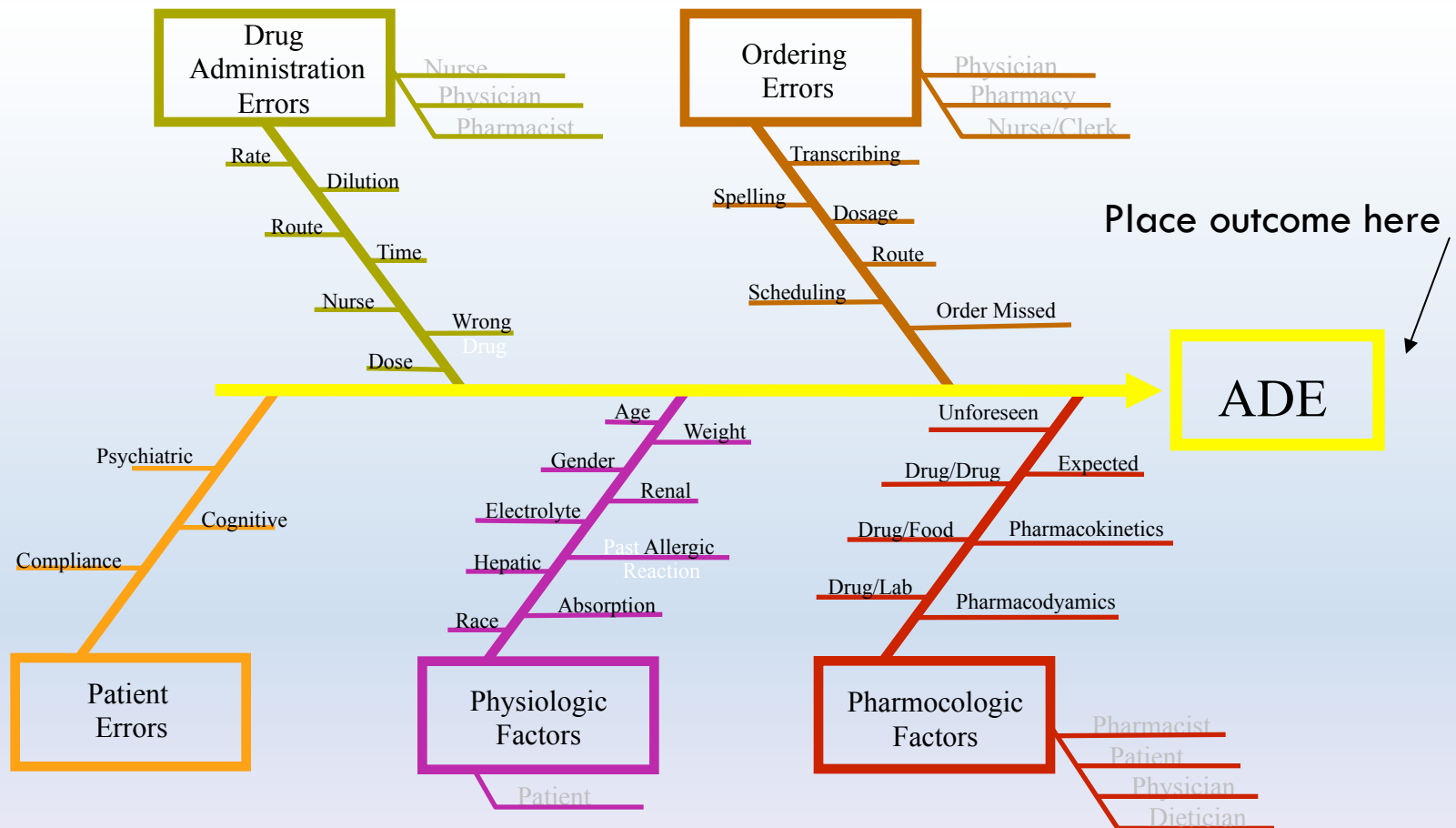
TREE



...look familiar?

Cause-and-Effect Diagram

Example: Adverse Drug Events (ADE)

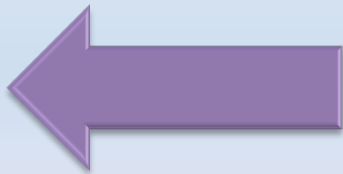
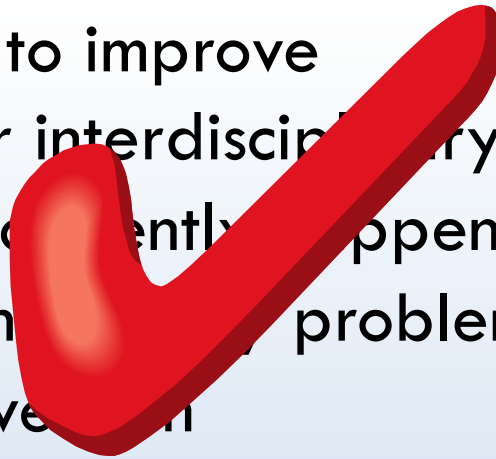


Techniques for the Root Cause Analyses

- Medical Record Reviews
- Process Assessment: this included direct observation of processes such as discharge and admission and mapping of processes.
- Group Discussion & Individual Interviews: staff and clients

The Process for Change

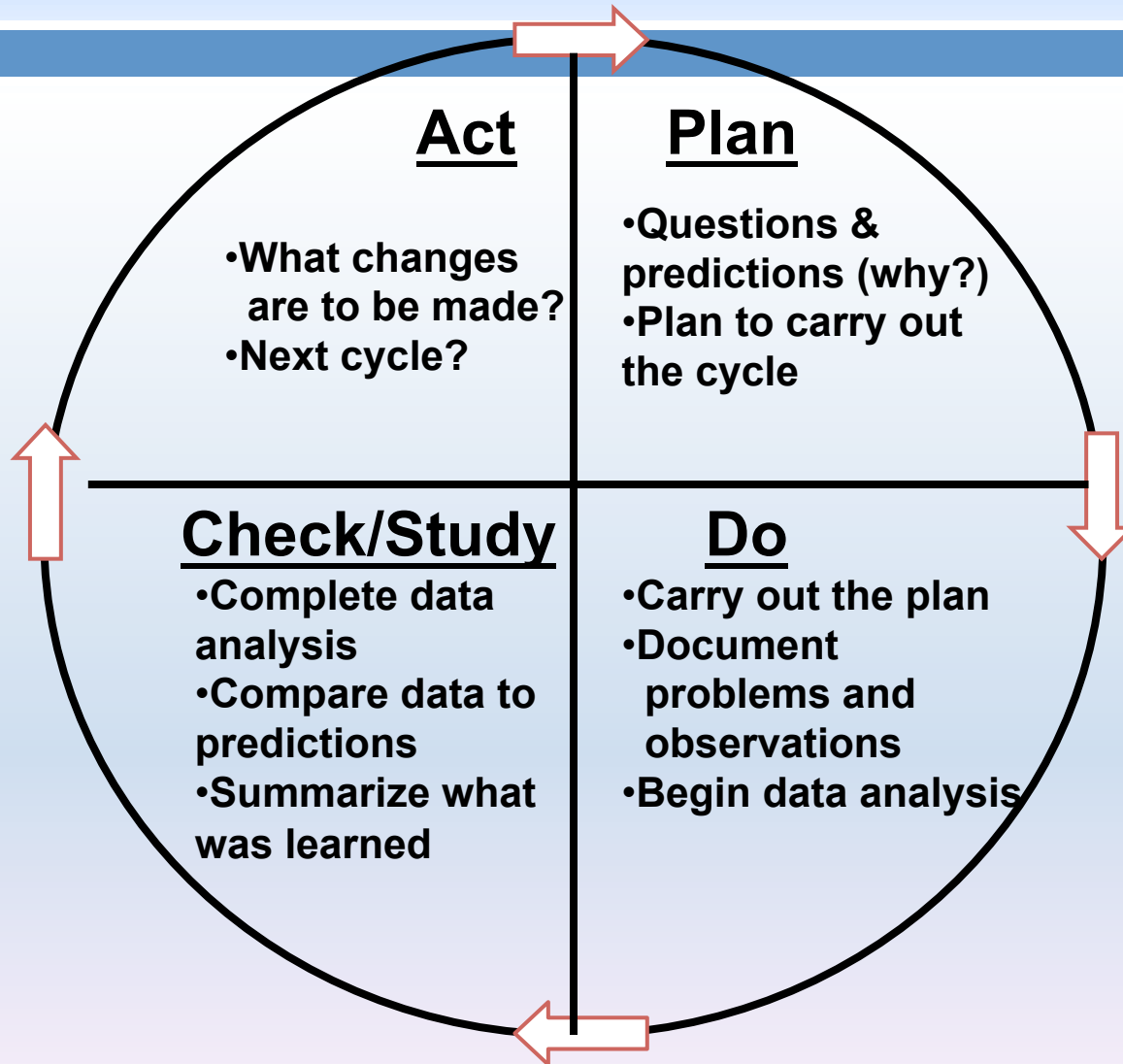
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- ***
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- D** Do
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What next? Improve incrementally. Learn through action.

- PDSA is a quick way to improve work processes that allows teams to rapidly test a change on a small scale.
- Risk taking is encouraged and failures are OK because the team learns from them.
- The PDSA cycle brings data, learning, and action together into one process.
- It should be noted that improvement often requires multiple PDSA cycles.

PDSA – Rapid Cycle Improvement



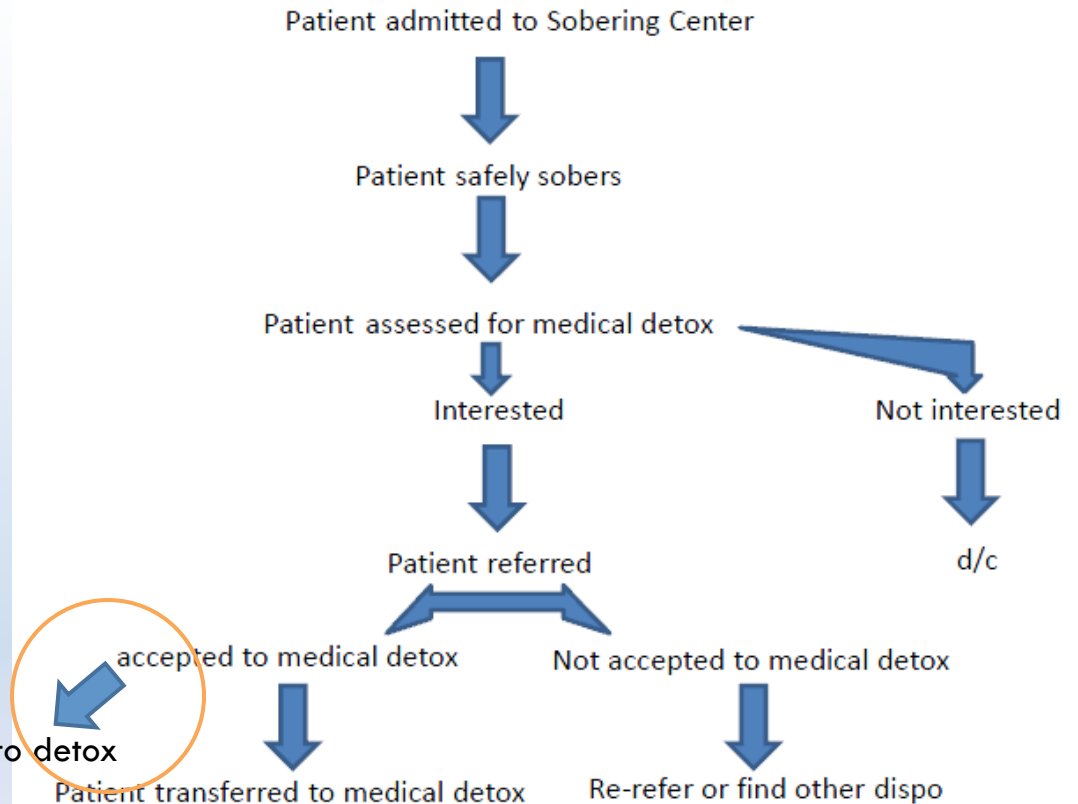
PROBLEM: Low Rates of Successful Transfers to Medical Detox

- F Step 1: Increase the numbers of successful transfer to medical detox
- O Step 2: Organize team: medical director, nurse manager, pharmacist from substance abuse treatment program, RN C
- U Step 3: Clarify the current system – see flow chart
- S Step 4: Understand the problem through Root Cause analysis – see flow chart
- S Step 5: Select an intervention – initiate withdrawal management



PROBLEM: Low Rates of Successful Transfers to Medical Detox

Flow Chart:



Patient does not make it to detox

RCA:

Bed not available in timely manner

Patient changes mind

Transport never arranged

Patient has EtOH withdrawal & leaves AMA or goes to ED

PROBLEM: Low Rates of Successful Transfers to Medical Detox

- As a group we decided that EtOH withdrawal was most likely cause
- We selected a Withdrawal Management Protocol as our intervention

PROBLEM: Low Rates of Successful Transfers to Medical Detox

□ PDSA #1

- Plan: Select a withdrawal management strategy to implement in 6 months.
- Do: Reviewed and selected existing withdrawal management strategies .
- Study: Decided to modify protocol to optimize patient safety, with consideration to staffing issues.
- Act: Created a withdrawal management form with plan to Institute the withdrawal management protocol in 1st patient to be accepted to Detox in January 2012

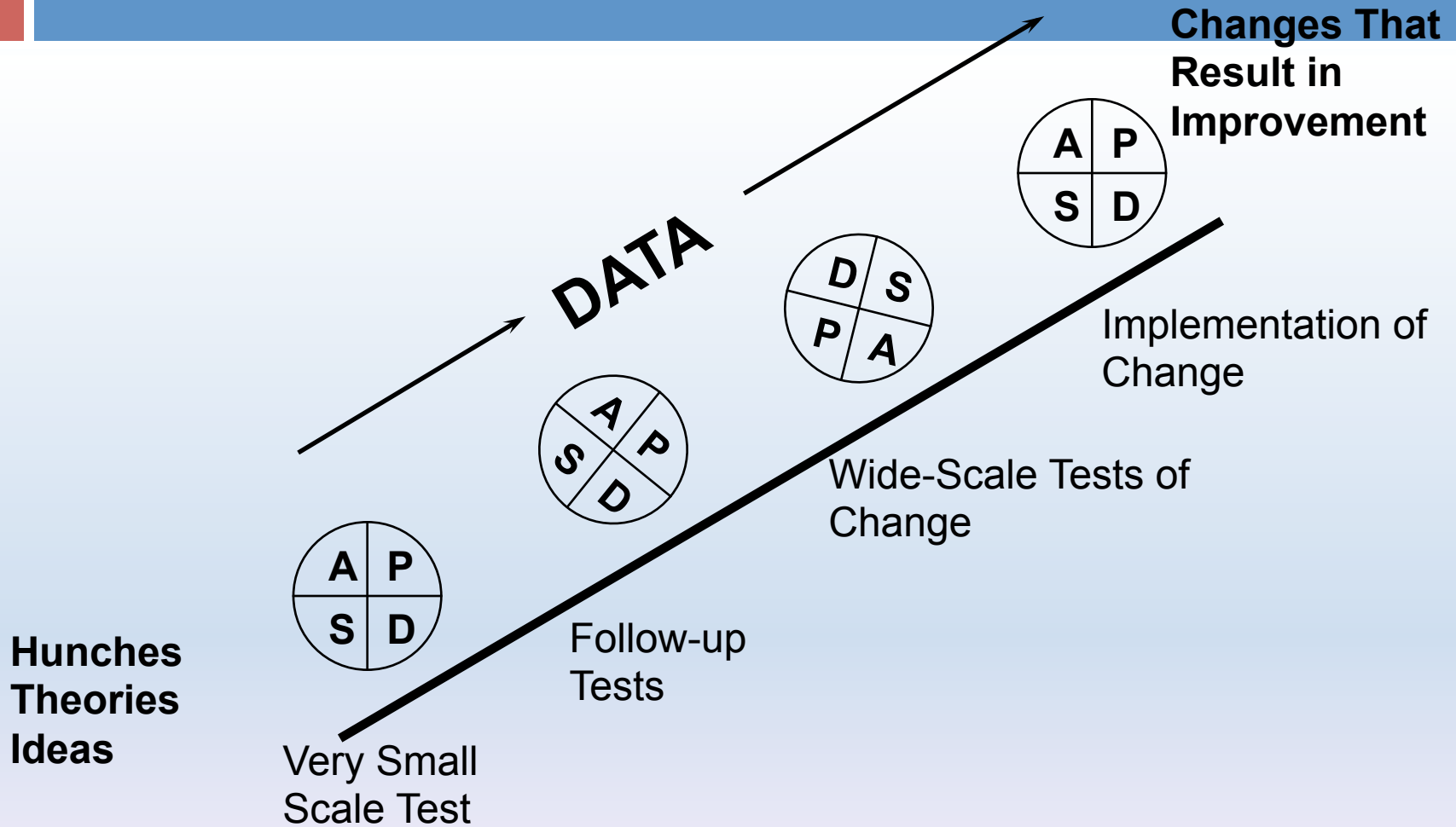
□ PDSA #2

- Plan: Administering withdrawal management protocol may feel scary to staff. Staff training needs to occur. Medical back-up needs to be clearly identified.
- Do: Institute Withdrawal Management Protocol in 1st patient to be accepted to Detox
- Study: Reviewed 1st case. Looked at chart. Patient consented. Required and received meds w/o adverse effects. Successfully transferred after 16 hours. Spoke with RN instituting protocol. She suggested change to protocol & form.
- Act: Change protocol to include vital signs in risk assessment and trigger for meds. Repeat protocol in 2nd patient.

□ PDSA #3

- Etc.

Repeated Uses of PDSA Cycle



Summary

- Respite programs have an obligation to deliver and document quality care.
- Central to quality improvement are small tests of change. FOCUS-PDSA is a useful tool.
- Measuring quality is key to continuous quality improvement. Processes and outcomes should be established, measured, and documented.

Thanks

- Much gratitude to Respite & Sobering staff – especially Alice Moughamian for her tireless commitment to our data, measures, and quality improvement practices
- Quality & Patient Leadership Academy at SFGH
- Questions/Comments?

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