

**An Approach that can be  
applied to ~~most~~ ALL efforts  
of improvements**



Administration



Program for  
Academic  
Leadership

Teaching & Education

Research

**February 23, 2024**

# Example 1



## ABPMR PIP Form

Created: 10/28/2017 • Last updated: 12/13/2017

Note: If you begin one of the Guided PIP projects and later wish to switch to another topic, your work will not automatically transfer over. In that case, we recommend copying all your work to a separate file (Word or similar) before you "Withdraw application" and start over.

**Please make an initial selection below.**

**Which ABPMR PIP are you completing?** ☐ Create my own project

**Create my own PIP**

### 1.) General Data

**A) Describe, in detail, your role in the project.**

I am the physician that is helping to track the No-Show rate in our PM&R Weight Loss and Lifestyle Medicine clinic.

**B) Dates of your project:**

**Start date:** 11/09/2017

**End date:** 12/07/2017

**2.) Plan: Identify an area in your practice that needs improvement.**

**A) What is the problem you are trying to solve?**

What do you want to improve? Look for inefficiencies, annoyances, or safety issues. Consider complex issues, but focus on simple solutions.

We have a high No-Show rate in our PM&R Weight Loss and Lifestyle Medicine clinic. Thus, our aim is to improve the No-Show rate in our practice.

improve the No-Show rate in our practice.

**B) What data (objective measurements) do you have that supports this as a problem?**

Review your records or begin tracking how often the issue is occurring and under what conditions.

In doing a chart review, we have found that in a 1 month time period from 10/5/17 - 11/9/17 we had a 71% No-Show rate.

71% No-Show rate.

**C) What is your opportunity statement? State the goal you hope to achieve.**

Based on record review or measurement of current performance, determine what kind of improvement you hope to make and set a timeframe to achieve it.

Our goal is to improve the No-Show rate by 20% in 1 month time period in our PM&R Weight Loss and Lifestyle Medicine Clinic.

**D) What is the underlying cause of the performance/quality problem?**

Gather and brainstorm with other physicians and staff on your unit/team. What's causing this issue? How did you determine the cause?

In trying to brainstorm what was a factor making our clinic No-Show rate so high, we determined that one factor was that patients were not being reminded of their appointments close enough to their scheduled time. The patients were being called by an automated system about 3 business days before their appointment time to remind them of their appointment. We discovered that a lot of times patients will automatically hang up if they hear an automatic/robotic call.

addressed by your project?

**3.) Do: Describe the desired outcomes and the requirements needed to achieve them.**





#### **A) What change(s) did you implement?**

You can implement one change, or you can choose to do several at a time. Be specific about the changes you made.

We implemented a protocol where the schedulers of our clinic would give a personalized, real call to all New patients the day before their appointment to remind them of their appointment. If the patient did not pick up, then they would leave a message. This protocol was initiated by me talking with the scheduling manager on how to implement this change. The scheduling manager then educated the rest of the schedulers about this protocol of calling only the New patients the day before their appointments.

#### **4.) Study/Check: Describe the measurement used to assess the success of the plan.**

##### **A) Did you achieve your goal or target reported in your opportunity statement? What data do you have to support your conclusion?**

This is a simple yes or no, and cite the evidence. After the timeframe indicated in your opportunity statement, review your performance. (It's good practice to check-in at least midway through your project, too, to see whether adjustments need to be made.) Did you meet the goal you set?

We did see an improvement in our clinic No-Show rate from 71% down to 15% over a 1 month time frame from 11/9/17 to 12/7/17. Thus, we did achieve our goal of improving our clinic No-Show rate by at least 20% over a 1 month time frame.

#### **5.) Act: Change(s) to your practice as a result of this project.**

##### **A) Will you continue with the changes you have implemented?**

If you achieved your goal, describe how you will sustain your success, or how it led to new ideas. If you did not achieve your goal, how could you try again with new tactics? What will be your next process change to keep the improvement evolution going?

Yes, we will continue to implement this protocol of calling the New patients the day before their appointments in order to lessen the No-Show rate in our clinic. We are collecting monthly data on our percent No-Show rate, to continue to monitor this problem. Also, the scheduling manager and I will continue to educate the schedulers about this protocol, especially as the scheduling staff may come and go with new positions.

# Example 2



## A) What is the problem you are trying to solve?

What do you want to improve? Look for inefficiencies, annoyances, or safety issues. Consider complex issues, but focus on simple solutions.

Patients admitted to the Surgery Center for interventional injections were inadequately questioned about latex allergy, leading to increased patient risk.

## B) What data (objective measurements) do you have that supports this as a problem?

Review your records or begin tracking how often the issue is occurring and under what conditions.

Chart reviews showed that .01% of patients undergoing interventional injections had an allergic reaction to latex.

## C) What is your opportunity statement? State the goal you hope to achieve.

Based on record review or measurement of current performance, determine what kind of improvement you hope to make and set a timeframe to achieve it.

Our goal is that over one month, 100% of our patients will not have an allergic reaction to latex.

## D) What is the underlying cause of the performance/quality problem?

Gather and brainstorm with other physicians and staff on your unit/team. What's causing this issue? How did you determine the cause?

We initially did a chart review to assess factors that led to the adverse effects from latex allergy. We found that all pre-injection allergy questions were not comprehensive enough to elicit all patients & potential latex allergies.

**E) What Institute of Medicine (IOM) Quality Dimensions will be addressed by your project?** Patient Safety

**3.) Do: Describe the desired outcomes and the requirements needed to achieve them.**

**A) What change(s) did you implement?**

You can implement one change, or you can choose to do several at a time. Be specific about the changes you made.

We implemented a new comprehensive screening questionnaire to determine latex sensitivity. The change was done by me, the RN and medical assistant. If the screening was diagnostic we eliminated all latex from the operating room and pre & post-op settings.

**4.) Study/Check: Describe the measurement used to assess the success of the plan.**

**A) Did you achieve your goal or target reported in your opportunity statement? What data do you have to support your conclusion?**

This is a simple yes or no, and cite the evidence. After the timeframe indicated in your opportunity statement, review your performance. (It's good practice to check-in at least midway through your project, too, to see whether adjustments need to be made.) Did you meet the goal you set?

We did see an improvement of 100% and reached our goal over the duration of my data collection for this project, which was from September 14- October 14, 2017. We collected data on percentage of patients with latex allergy.

**5.) Act: Change(s) to your practice as a result of this project.**





**A) Will you continue with the changes you have implemented?**

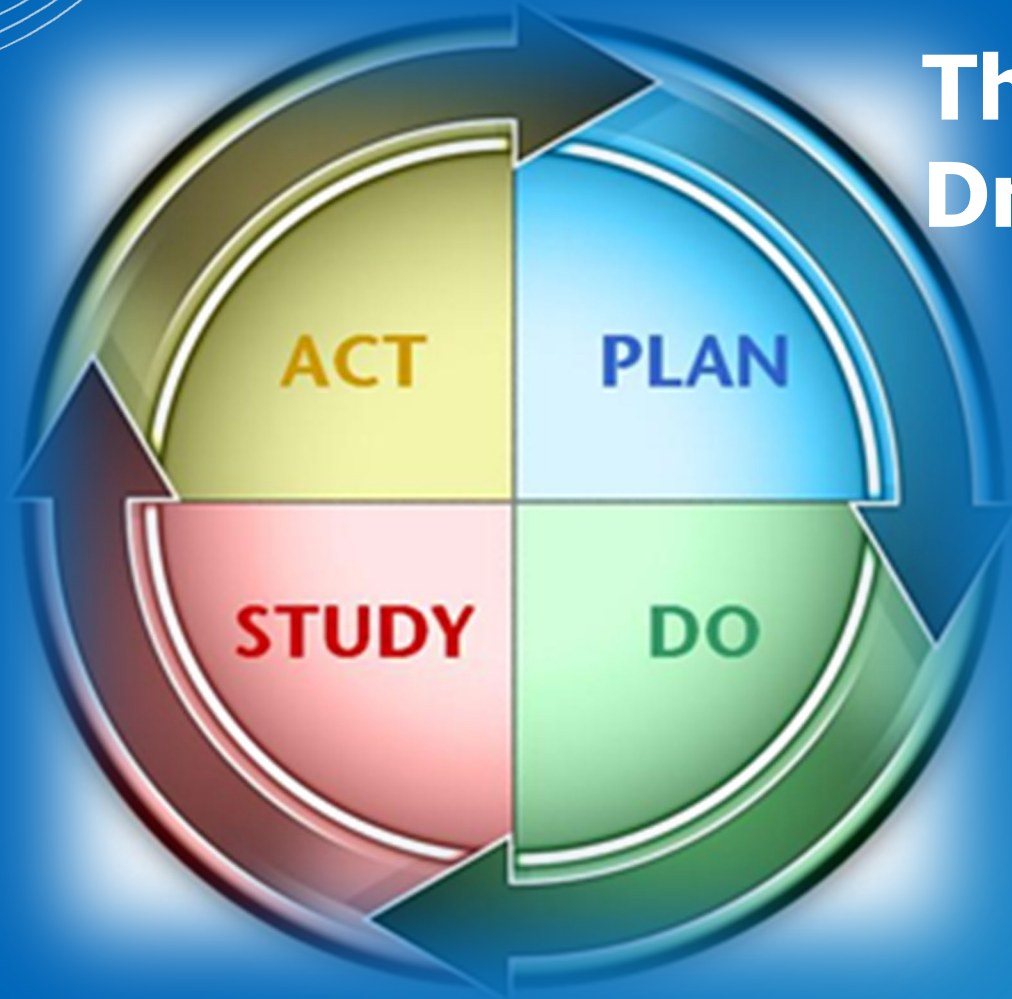
If you achieved your goal, describe how you will sustain your success, or how it led to new ideas. If you did not achieve your goal, how could you try again with new tactics? What will be your next process change to keep the improvement evolution going?

Yes, our changes have remained in place since October 14, 2017. We will continue to educate any new staff to these changes. This will be taught by myself. We utilize latex-free gloves for every procedure. I have educated all support staff on protocols for anaphylactic reactions in the clinic.



**Thank You!**

**Drs. Franzese, Swanson, & Landry**



**Success Highlight Trailers**



**Celebrate**  
**Act on Next Steps**



**Problem Statement**  
**Baseline Data**  
**Opportunity/Aim**  
**Determine Cause(s)**  
**Process Mapping**  
**Metric Selection**

**Study Results**

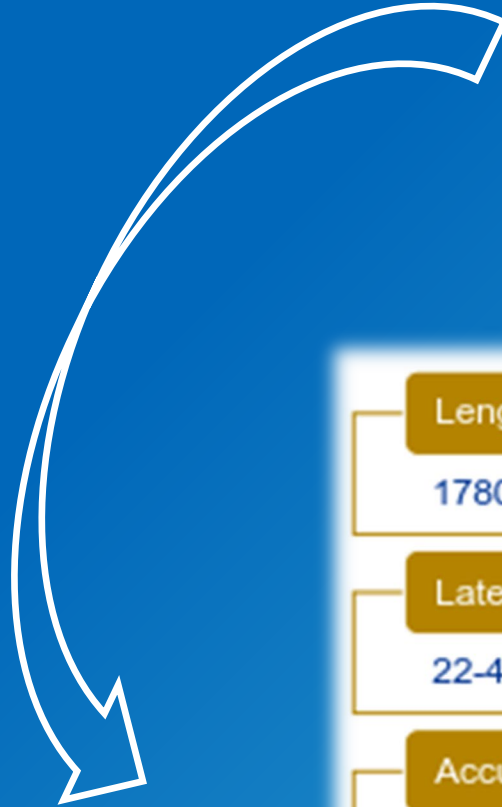
**Implementation**

**NOTE: PLANNING IS KEY!!!**



## EPA Project: Both Quantitative and Qualitative

## Problem Statement Baseline Data



Length	1780 words, 34 items
Latency	22-44% late (> 10 days)
Accuracy	↑Time to complete, ↓Accuracy of feedback
Relevance	Not personalized to each rotation
Impersonality	Subjective comments often terse

# SMART



Specific



Measurable



Attainable



Relevant



Time Based

## Quantitative ...

### Goals

- 1) 20% increase in resident scores on pre- and post-testing over the first 6-12 months
- 2) 20% increase in the patient's perception of their interaction with the healthcare team as rated on the PACIC

## Opportunity/Aim

## Qualitative ...

### Objectives

Improve

Resident  
and Faculty  
satisfaction

Eval  
tardiness

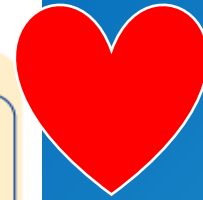
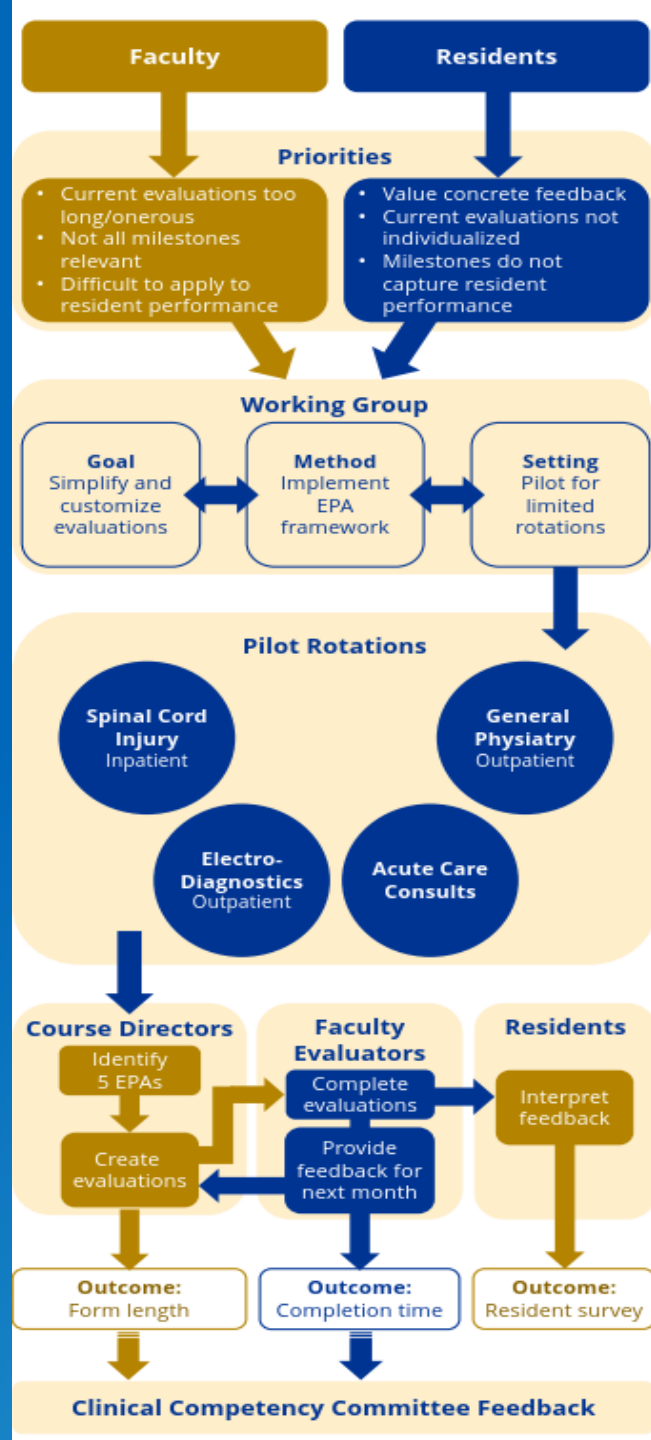
Eval Length

Decrease

No Increase to CCC Effort

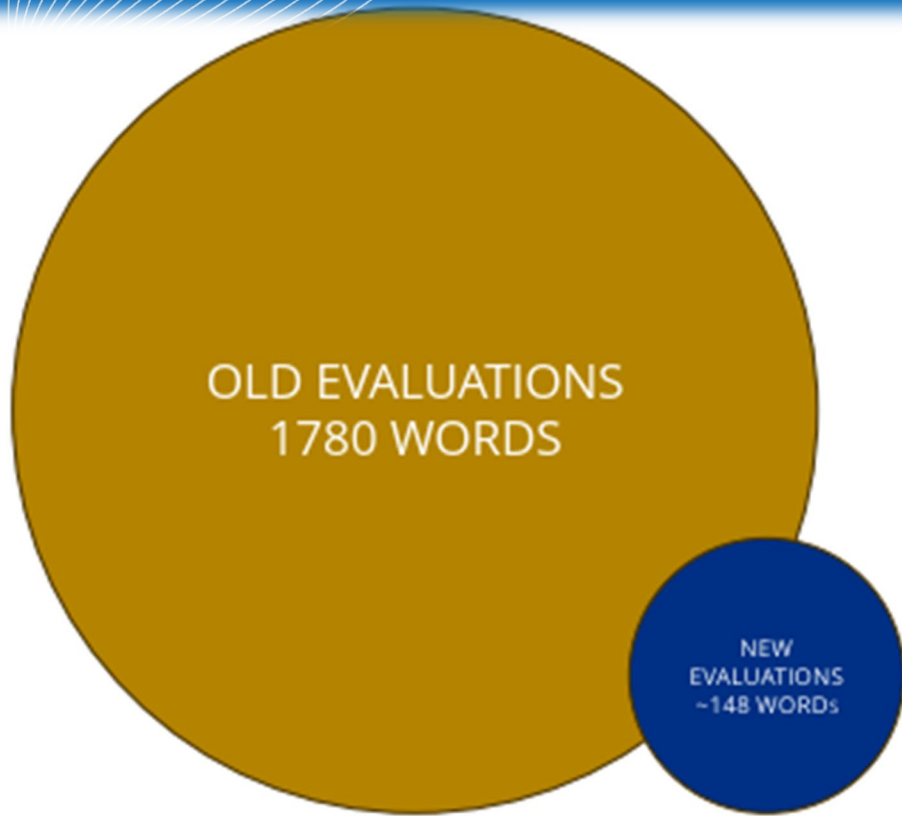


# Mapping Helps You See Both ... Blind Spots & Opportunities



## Beautiful Process Map!

## Process Mapping



**43% Late;  
Timeliness Did Not Improve**

**This Deserves a Fishbone!**

**The Fishbone**

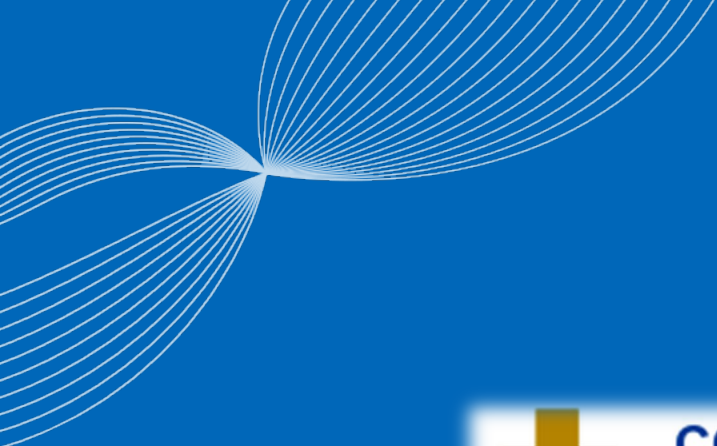


**I'm a Fan of the Fishbone!**

**Determine Cause(s)  
Metric Selection**

# Process Metric

**43% Late;  
Timeliness Did Not Improve**



CCC Feedback	
Rotation performance clearer	Difficult to apply to milestones
Subjective comments useful for milestones	Faculty eval priorities don't match CCC priorities

# Balanced Metric



**Remember: A Process Metric often speeds up your project and a Balanced Metric allows you to keep an eye on other things ...**

# Metric Selection



## Background:

- TBI is a signature injury of modern warfare
- It is widely believed that TBI increases dementia risk
- Evidence suggests modifiable cardiovascular risk factors (mCVRF) are more significant than TBI exposure



## How Does This ...

## Lead to This ...

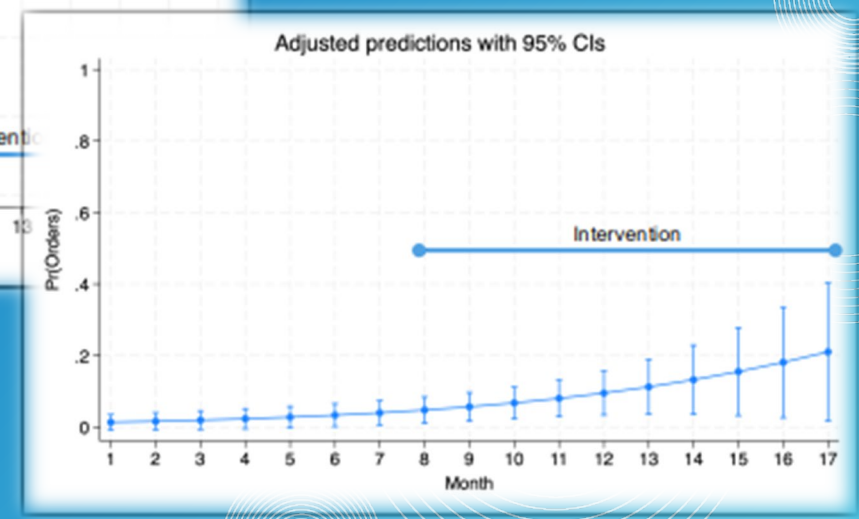
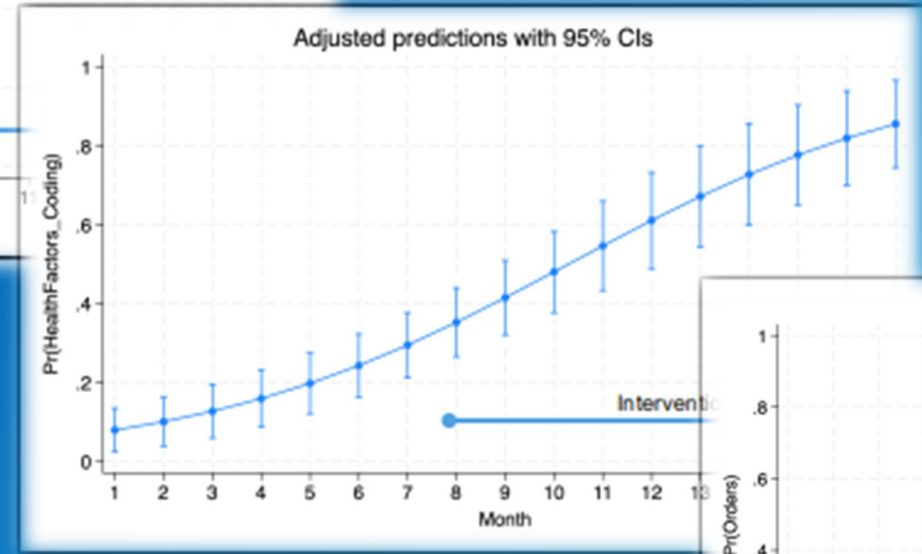
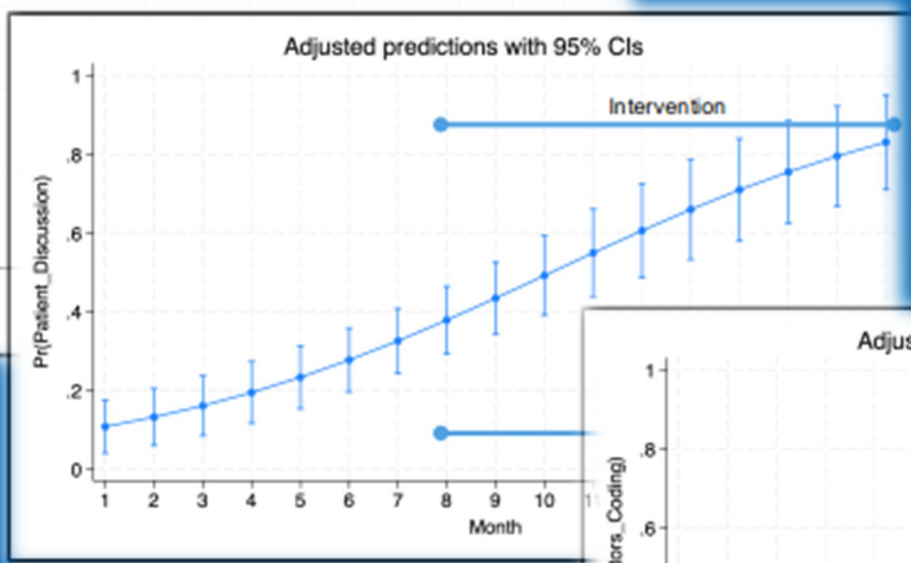
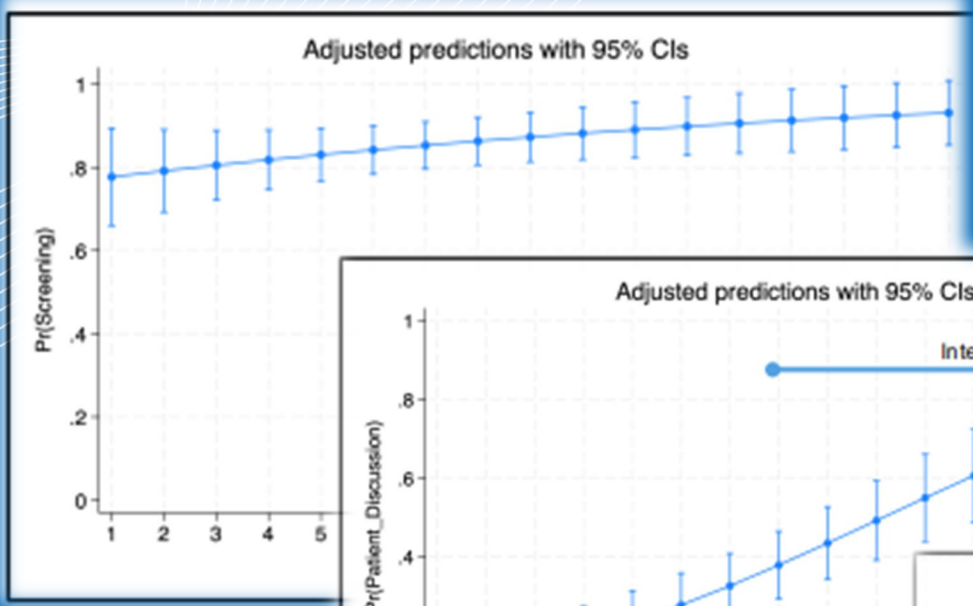
### Intervention:

- Progress note template modification: default to include mCVRF discussion / counseling with the PLAN section

**The Key Point: What's the best method to maximize Screening and Documentation.**

## Implementation

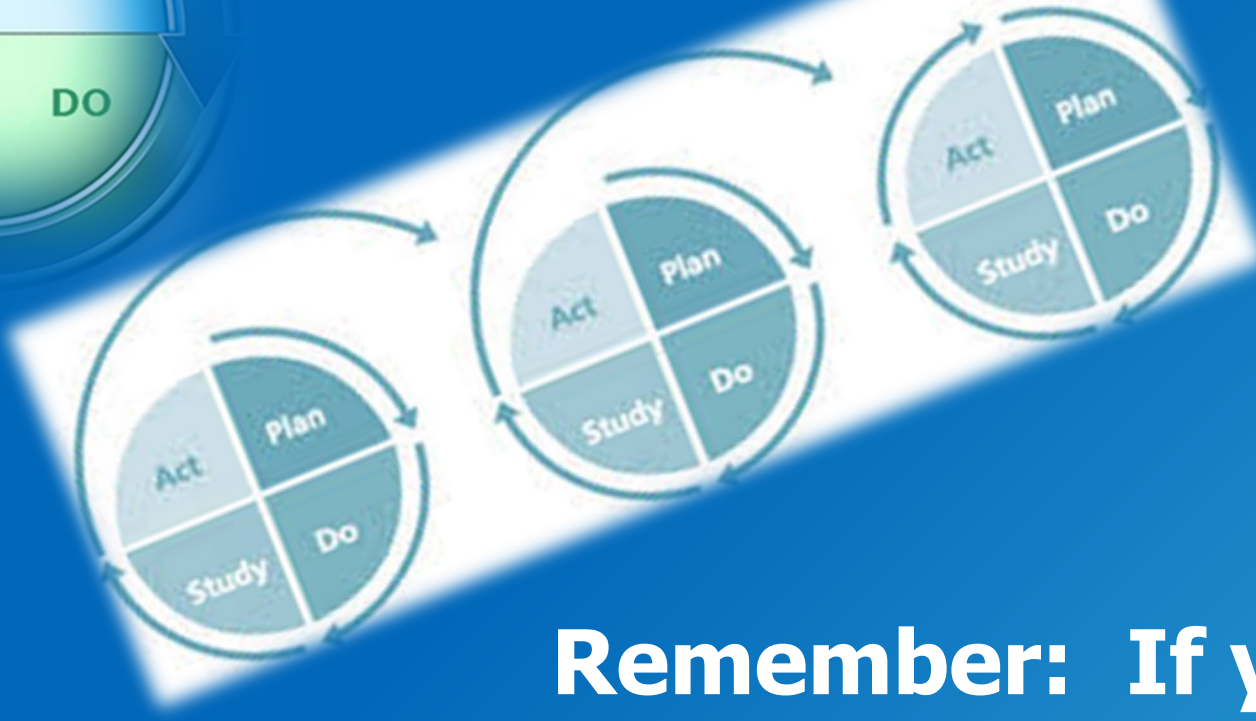
**Any EHR Forced Function?**



*Run Charts (2 Hearts for Control Charts)*



# Planning Matters



Department Administration



Program for  
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Research

Remember: If you can do a project in **6 months**, you can probably do it in **3 months** and if you can do it in 3 months then **1 month** is within your reach



**Lastly, In a  
Collaboration with  
ABPMR ...**



***These success highlight  
trailers could turn into  
Continuing Certification  
Credit ...***

**... Follow the PDSA Cycle and  
YOU will be well on your way**