Overview of the IPC

South Dakota Urban Indian Health Innovative Business Model

- Background
 - •Bus Ride
 - •Terms
- Process Maps
 - •PDSA
 - Satisfaction
 - •iCare
 - **•5S+2**
 - Summary

Catching Up or Staying Ahead

April 21, 2009 Reno, NV

Reminder: If it beeps, rings, or plays music...

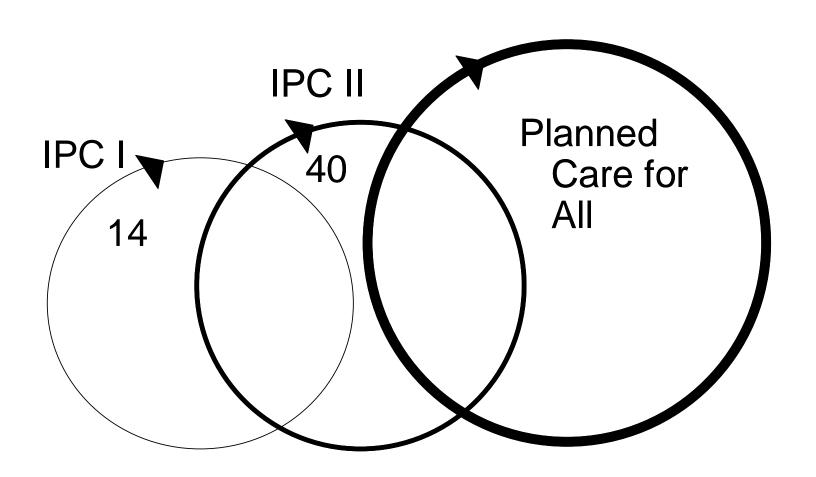
Please turn it off

Background to the FUTURE

- IPC Innovations of Planned Care
- Sponsored by IHI and IHS Chronic Care Initiative
 - Evidence-based ideas for CHANGE

- Transform current IHS system
- Patient Centered Planned Care
- Reduce prevalence and Improve management
- Facility/Clinic and Community Based

Chronic Care Initiative



INDIAN HEALTH SERVICE

Mission and Goal

Mission: In partnership with American Indian and Alaska Native people to raise their physical, mental, social and spiritual health to the highest level.

Goal: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

Chronic Care Initiative Aim

- Implement strategies within the Indian health system (Federal, Tribal, and Urban health programs) that support community and individual wellness and strength.
- The health status of patients and populations affected by chronic conditions will be improved and the prevalence and impact of those conditions will be reduced.

Page 1

	Yes	No	Plans and Timeline for Improvement	Person
				Responsible
Review your aim and goals:				
☐ Is your aim statement				
relevant (<i>planned care for</i>				
all, with an emphasis on				
-				
all 4 domains of				
measurement) and clear				
to everyone?				
☐ Does your aim statement				
include measureable goals				
with a timeframe?				
☐ Is there anything you can				
do to accelerate progress				
toward your goals?				
☐ Do you want to				
revise/refine your aim and				
goals and submit the				
changes on the IHI/IHS				
Extranet within your team				
folder.				
roider.				
Review your data: (See Excel file on reporting status for data)				
☐ Are you reporting all				
measures?				

Share Senselessly/Steal Shamelessly

Take these ideas to your team meetings for discussion and prioritization

Get on Board, The Energy Bus...

Sponsor/Leadership

CEO/ED/Board

- Core Team Key Staff
- Community Members

Drivers and Passengers

Your Staff

- Every one is a part of the process
- Build will for change and spread
- Governing Body / Tribal Leadership
 - You will need their leadership if you are to succeed
- Your Community
 - So they can partner with you in improving care

THE GOOSE STORY

Next fall, when you see Geese heading South for the Winter, flying along in V formation, you might consider what science has discovered as to why they fly that way: as each bird flaps its wings, it creates an uplift for the bird immediately following. By flying in V formation the whole flock adds at least 71% greater flying range than if each bird flew on its own.

People who share a common direction and sense of community can get where they are going more quickly and easily because they are traveling on the thrust of one another.

When
a goose falls
out of formation,
it suddenly feels the drag
and resistance of trying to go it alone
and quickly gets back into formation to take
advantage of the lifting power of the bird in front.

If we have as much sense as a goose, we will stay in formation with those who are headed the same way we are.

When the Head Goose gets tired, it rotates back in the wing and another goose flies point.

It is sensible to take turns doing demanding jobs with people or with geese flying South

Geese honk from behind to encourage those up front to keep up their speed.

What can we say to encourage others to keep up their speed?

Finally, and this is important, when a goose gets sick, or is wounded by gunshots and falls out of formation, two other geese fall out with that goose and follow it down to lend help and protection. They stay with the fallen goose until it is able to fly, or until it dies. Only then do they launch out on their own, or with another formation to catch up with their group.

IF WE HAVE THE SENSE OF A GOOSE, WE WILL STAND BY EACH OTHER LIKE THAT.

Road Signs (terms)

Buckle up – the road has bumps and turns

Road Signs (terms)

Advance Access 3rd Available appointment Cycle Time: Toes in – Toes out **PDSA Supply and Demand** Bottleneck – Backlog **Screening Bundle Empanelment** Max Packing **Microsystem** E+P=O

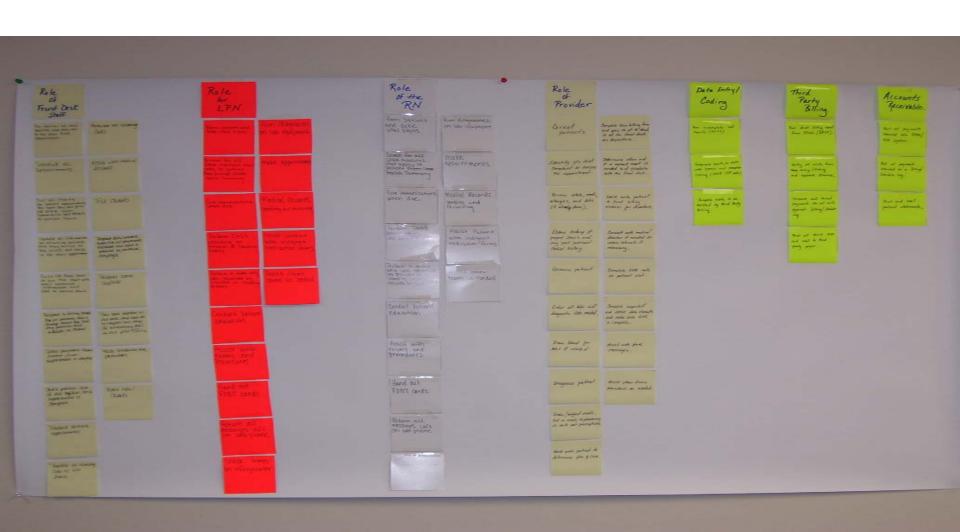
Highway Test (process maps)

Detailed outline of everyone's duties/functions

What Works – What Doesn't

Whole VIEW by everyone!

Highway Test (process maps)



Quick Lube (PDSAs)

- Quick Process for Large Impacts
- Everyone is involved Review Process Maps
- Bottlenecks Backlog

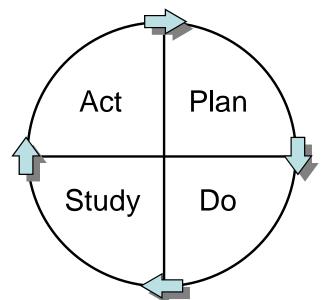
Model for Improvement

Goals/Measures

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

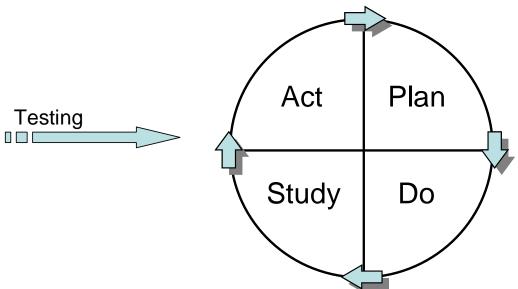


Model for Improvement

What are we trying to accomplish?

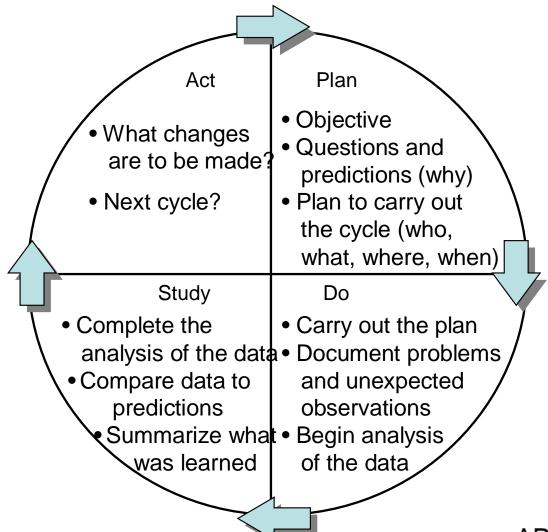
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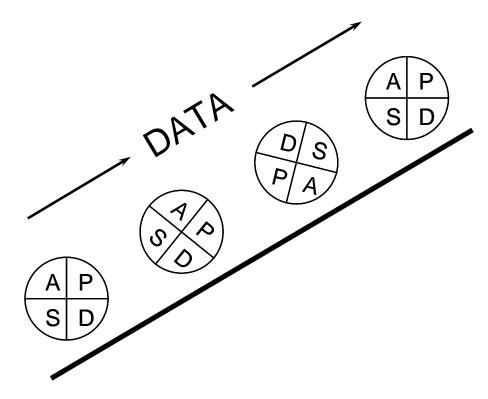


Changes

The PDSA Cycle for Learning and Improvement



Repeated Use of the Cycle



Changes That Result in Improvement

Hunches Theories Ideas

Questions for Users of the PDSA Cycle

- Is the planning based on theory? Stated?
- Are the predictions made prior to data collection?
- Are multiple cycles run?
- Is there documentation of what was learned?
- Does the learning provide a basis for action?

Quick Lube (PDSA)

Checklist to Evaluate PDSA Cycles

Use these questions to help evaluate the strength of a test or series of tests. If a team can answer yes to all of these questions, then they have used the PDSA cycle as a tool for learning— one that will accelerate improvement in the organization. Teams and facilitators can use these questions as a check list in evaluating how well they are utilizing the PDSA for learning.

- •Is the planning based on theory? Stated? (Take a look at the purpose/objective of the cycle to see if it is well stated.)
- •Are the predictions made prior to data collection?
- •Are multiple cycles run (or at least planned)?
- •Is there documentation of what was learned?
- •Does the learning provide a basis for action?
- Recognizing Weak PDSA Cycles:
- •Planning not based on theory.
- •No predictions made prior to data collection. Explicit data to answer the prediction questions.
- •Data is poor or non-existent or not related to the theory.
- Learning is not documented (at all or well)
- •No action or action not based on "new" learning.

Fuel Stops (Surveys)

Staff and Community

Keeps your "bus" moving

- Consistent Questions
- Ask Specific Facility/Clinic Questions
- •Respond/Answer

Fuel Stops (Surveys)

WORKFORCE DEVELOPMENT SURVEY

Please answer these questions. In answering the questions, please think about the "clinical microsystem" – i.e., the clinical practice or clinical unit that you work in on a daily basis or that you spend most of your time with.

1 Strongly Disagree

2 Disagree

3 Neither Disagree or Agree

4 Agree

5 Strongly Agree

- 1. I know exactly what is expected of me in my clinical microsystem.
- 2. I have the materials and equipment I need to accomplish my role in my clinical microsystem.
- 3. In my clinical microsystem, I always have the opportunity to do what I do best everyday.
- 4. In the last seven days, I have received recognition or praise for doing good work.
- 5. My supervisor or someone in my clinical microsystem truly cares about me as a person.
- 6. There is someone in my clinical microsystem who always encourages my development.
- 13. What would make this practice better for patients?*
- 14. What would make this practice better for those who work here?*

2009. Adapted from: Buckingham M, Coffman C (1999): First Break All The Rules. New York, NY:

Simon & Schuster.

Note: *Numbered as 13 and 14 on purpose

Road Map – GPS navigate (iCare Reports)

Guide to screening bundles

Provider Case manager

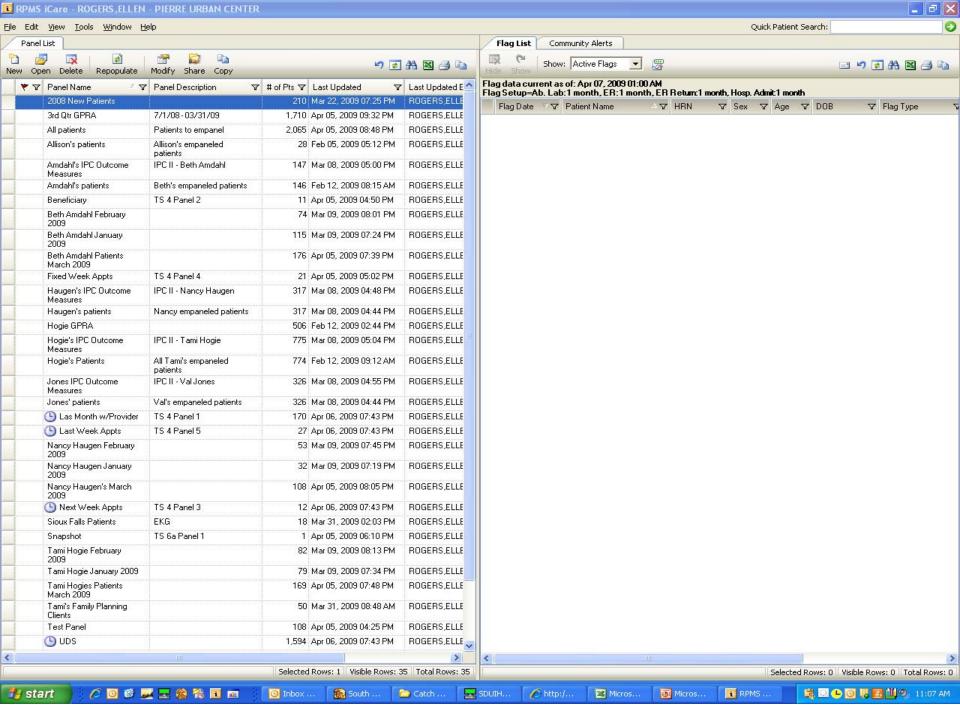
Better patient outcomes
Meet National Reporting Standards

Road Map – GPS navigate (iCare Reports)

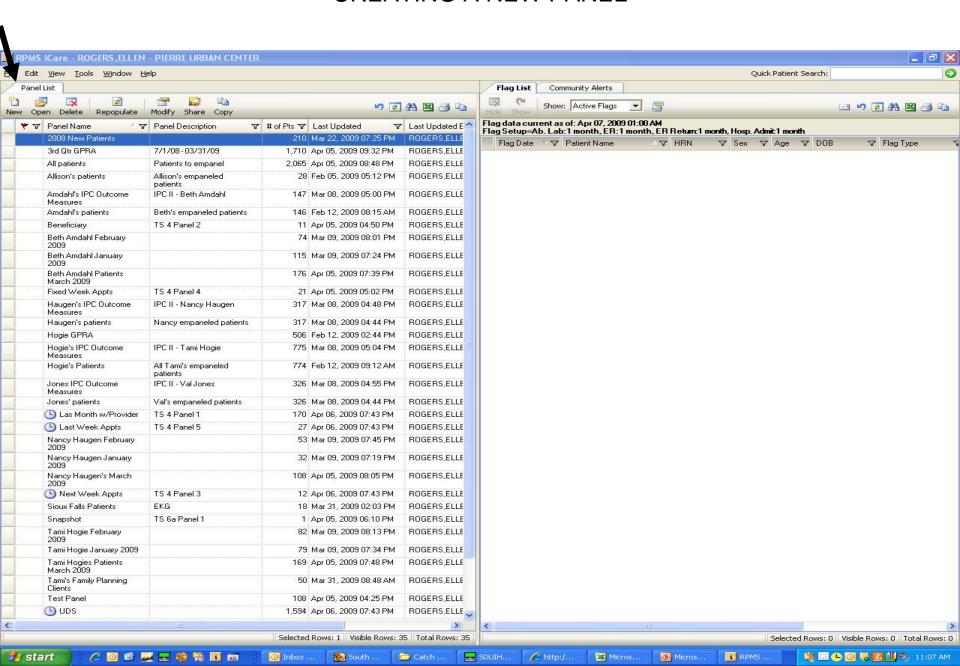
Alcohol Misuse Screen (F 15-44)				
Depression Screen (B 18+)				
Domestic/IPV Screen (F 14-40)				
Tobacco use Assess (B 5+)3				
BMI Assess (B 2-74)				
BP Assess (B 20+)				
BP Control (B 20+, Dm/IHD <130/80				
Average Visit Cycle Time (Minutes)				
Staff Satisfaction - % not satisfied/% satisfied				
Staff Satisfaction - % recommend				
Patient Empanelment				
Number of Patients in microsystem				
Third Next Available Appointment				

iCare Login





CREATING A NEW PANEL



Select Patients

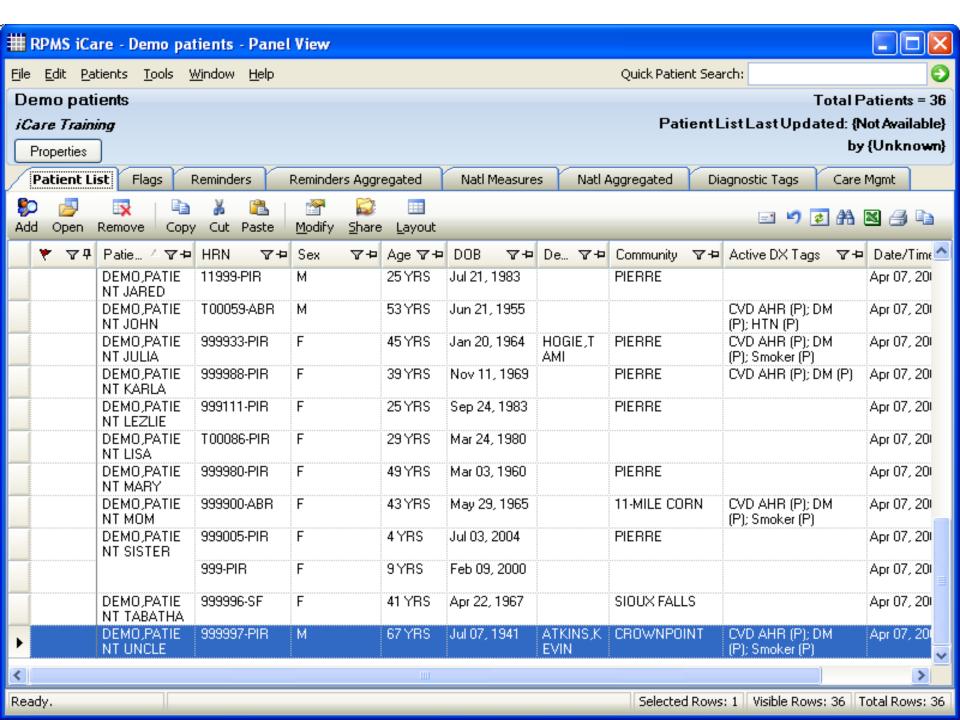


Search: Demo Find...

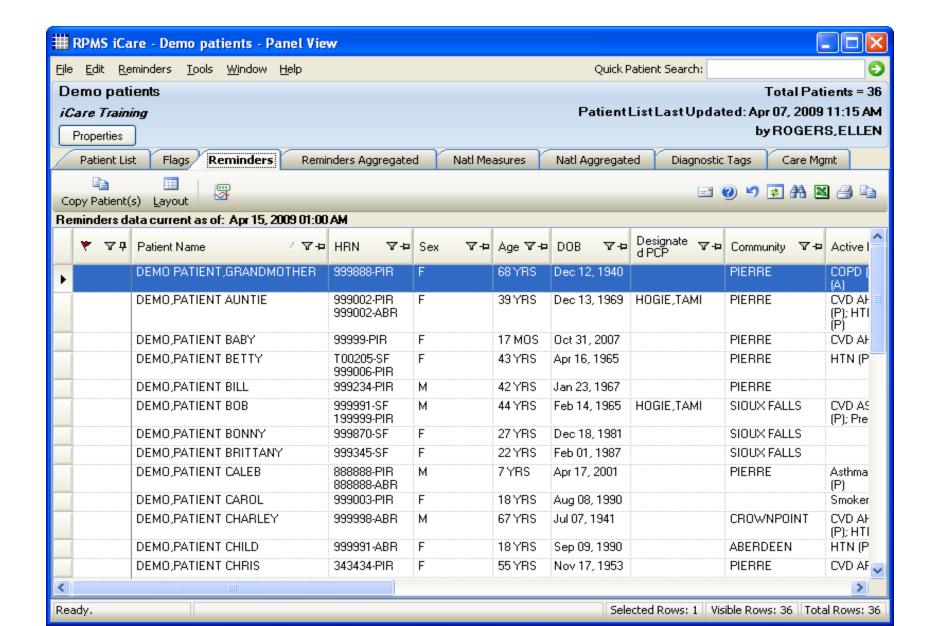
	Patient Name	HRN	SSN	DOB	DOD	Alias?	^
F	DEMO PATIENT,GRANDMOTHER	999888-PIR		Dec 12, 1940		N	
	DEMO,PATIENT AUNTIE	999002-PIR;999002- ABR	555221234	Dec 13, 1969		N	"≣
	DEMO,PATIENT BABY	99999-PIR	0000000000	Oct 31, 2007	Y	N	
	DEMO,PATIENT BETTY	T00205-SF;999006-PIR	000001113	Apr 16, 1965		N	
	DEMO,PATIENT BILL	999234-PIR	555289999	Jan 23, 1967	V	N	
	DEMO,PATIENT BOB	999991-SF;199999-PIR	555442222	Feb 14, 1965		N	
	DEMO,PATIENT BONNY	999870-SF	1112233333	Dec 18, 1981	V	N	
	DEMO,PATIENT BRITTANY	999345-SF	555004444	Feb 01, 1987		N	
	DEMO,PATIENT BROTHER	999004-PIR	000001112	Feb 02, 2000	, , , , , , , , , , , , , , , , , , ,	N	
	DEMO,PATIENT CALEB	888888-PIR;888888- ABR	123322562	Apr 17, 2001		Υ	10
	DEMO,PATIENT CAROL	999003-PIR		Aug 08, 1990		N	
	DEMO PATIENT CHARLEY	999998-ARR	000004004	Jul 07 1941	1	N	~
<						>	

Add

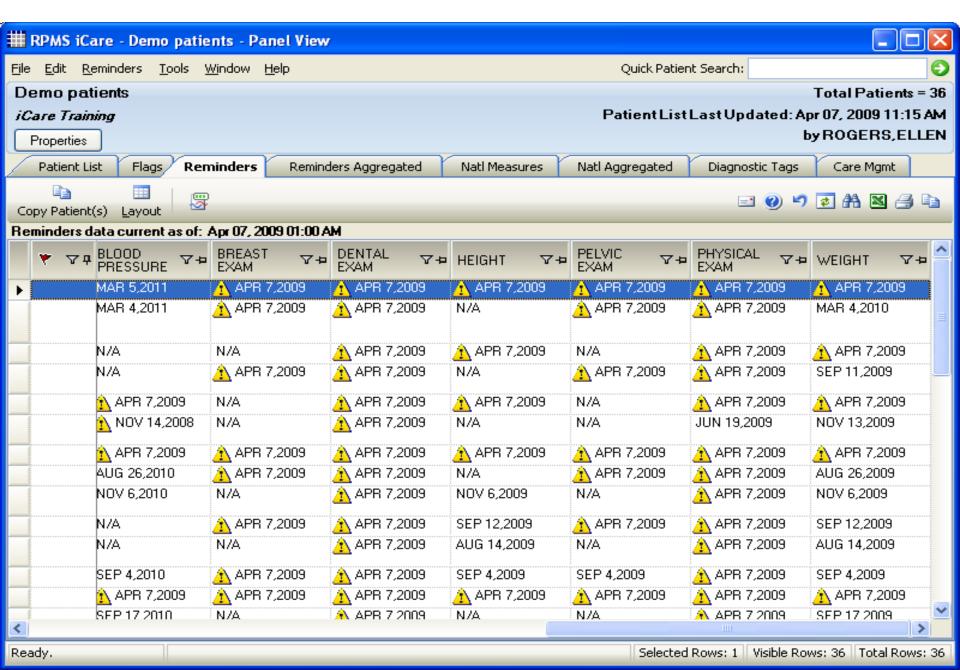
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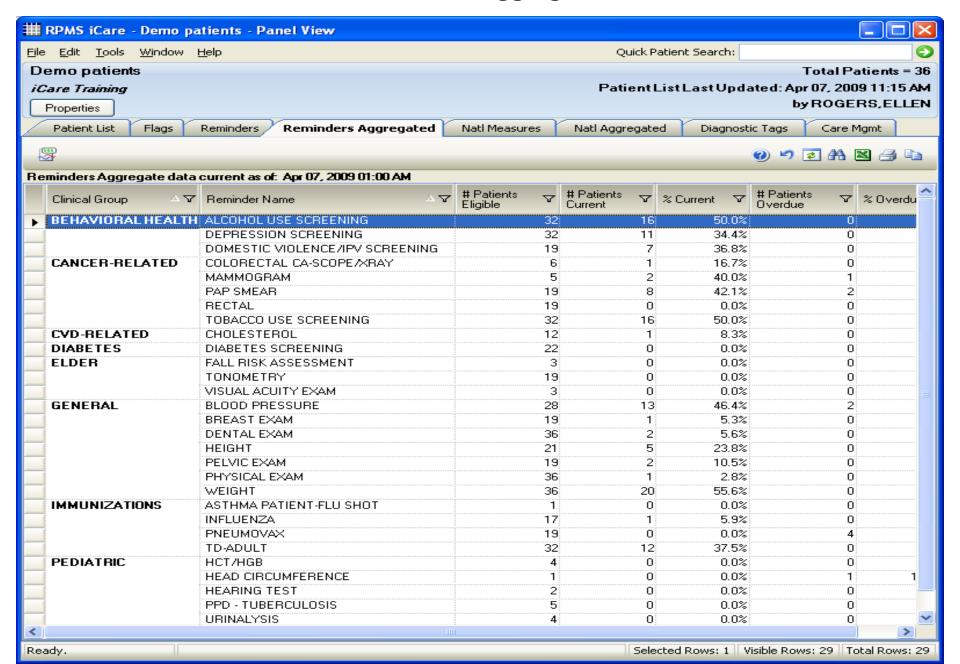
Reminders



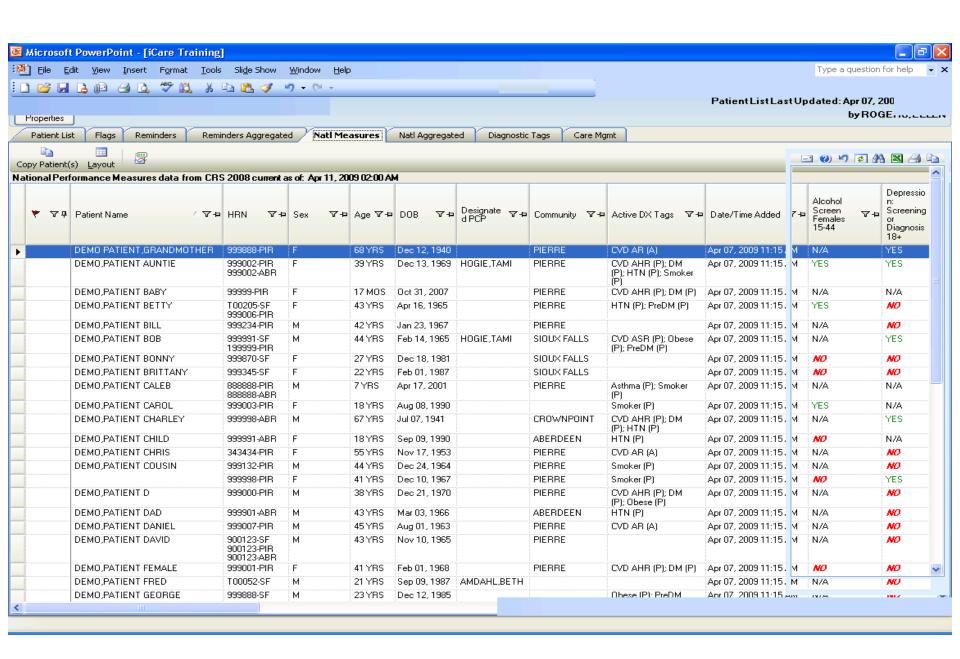
REMINDERS



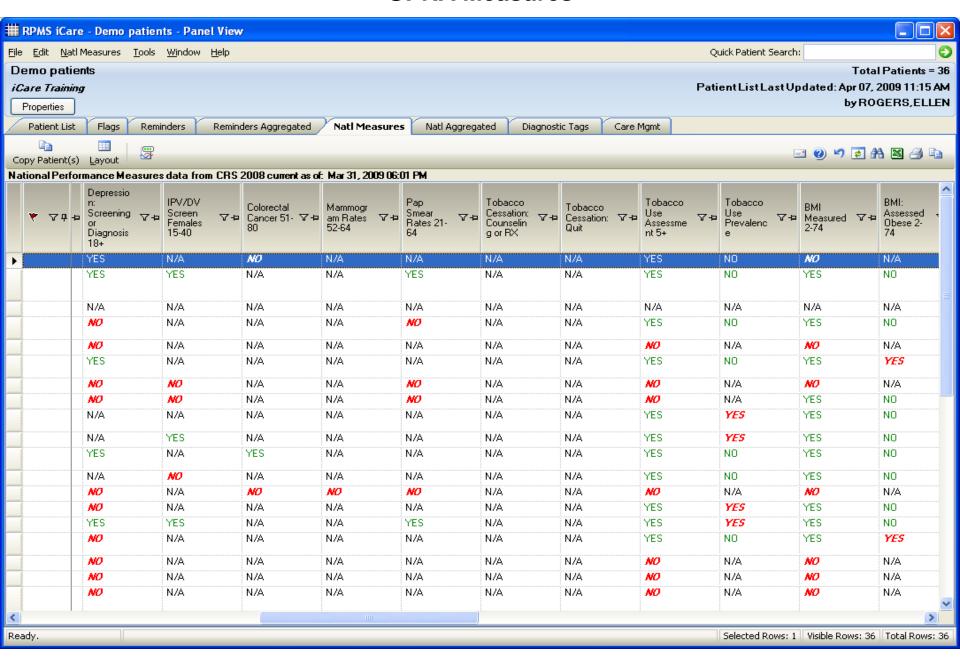
Reminders Aggregated



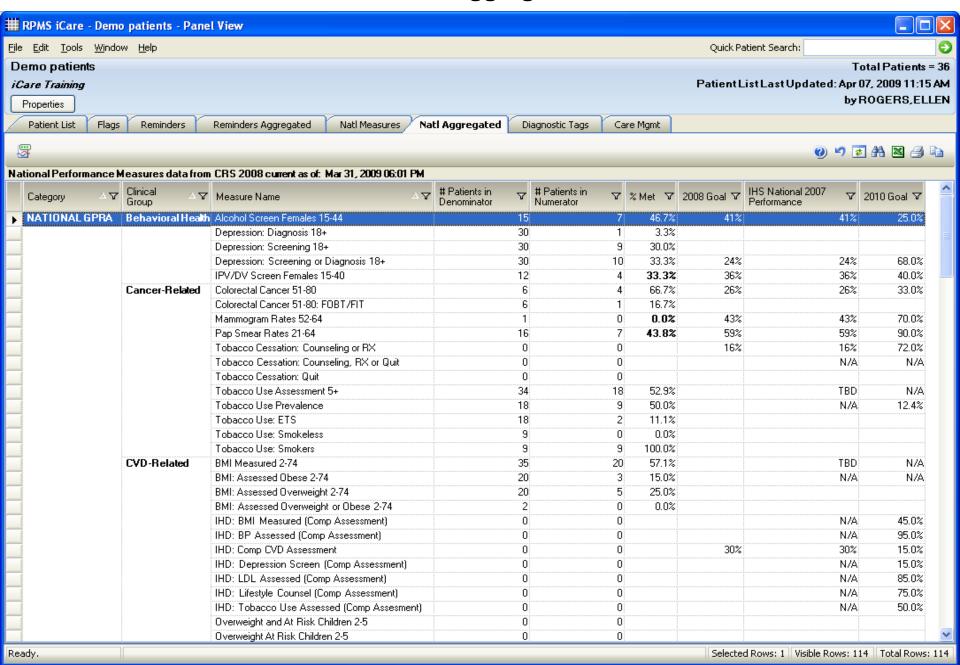
GPRA National Measures

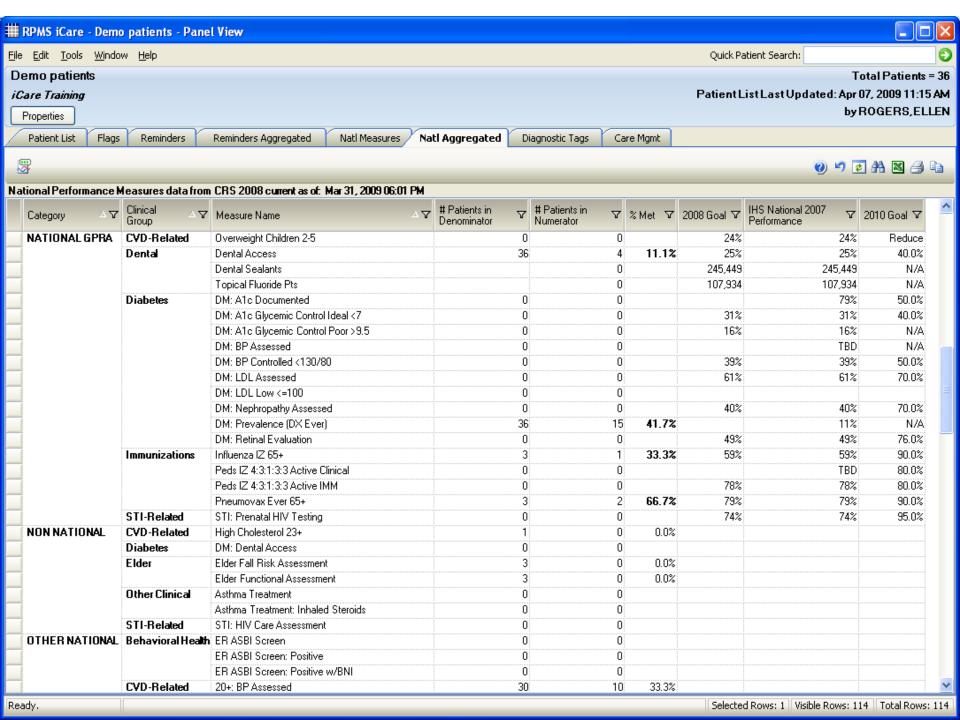


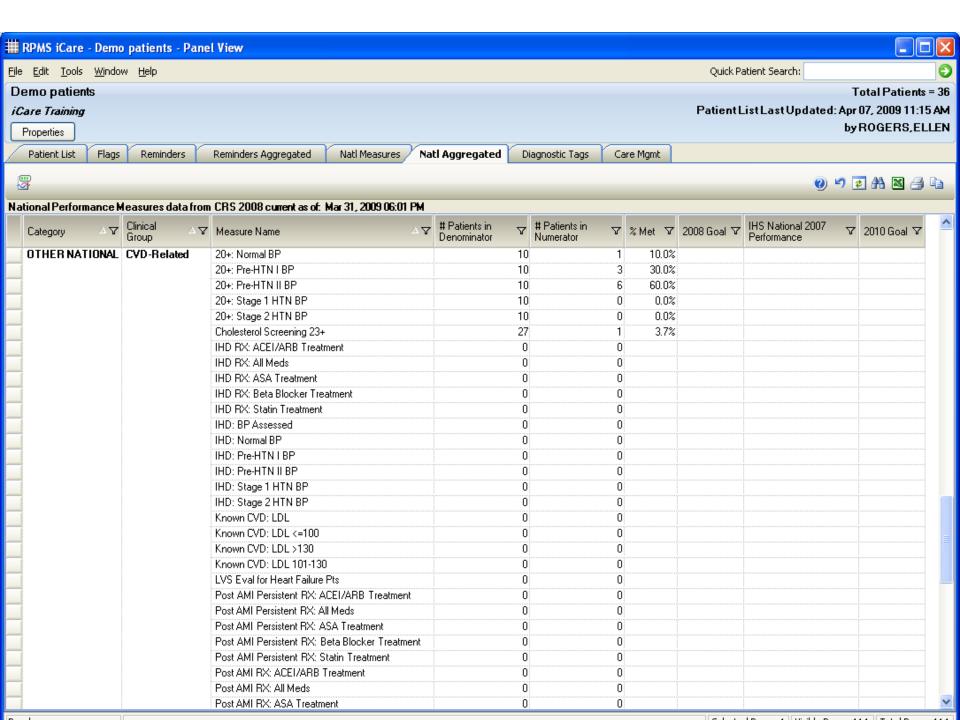
GPRA Measures

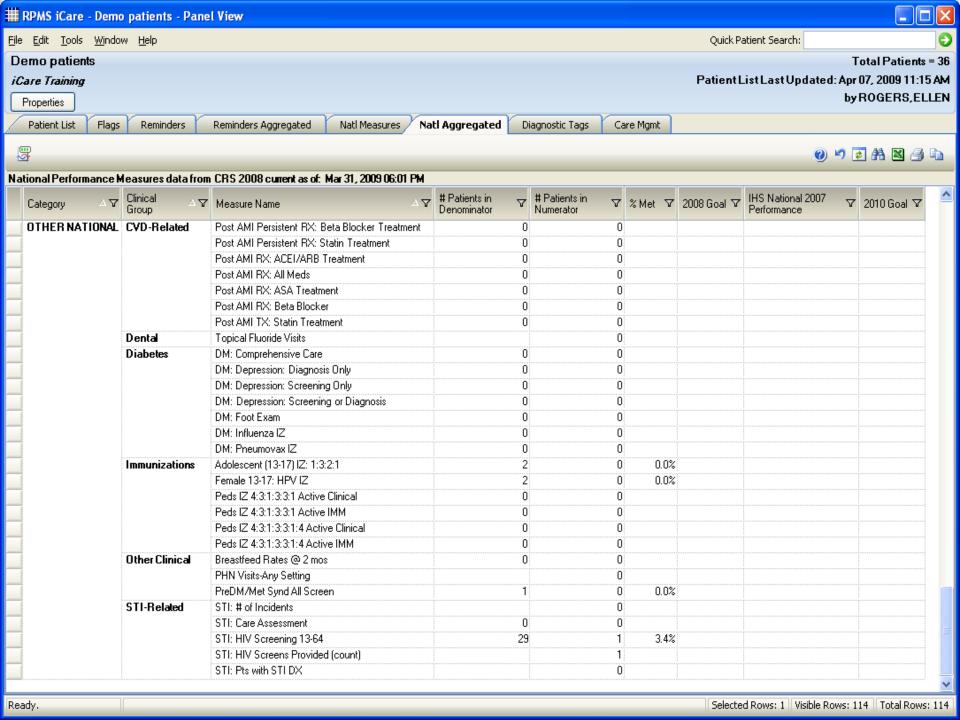


GPRA Aggregated

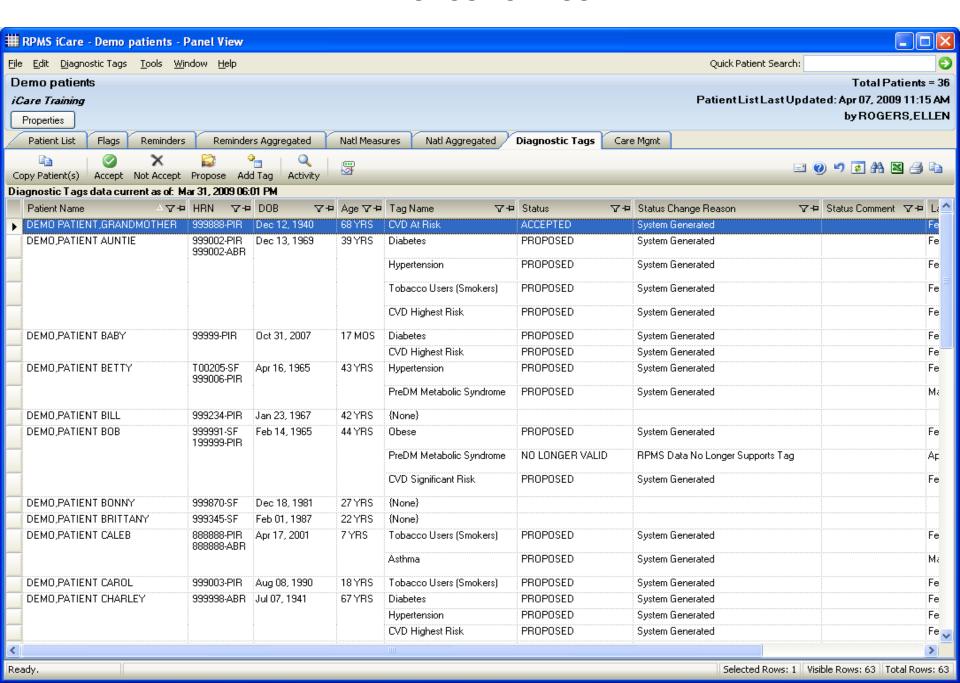








DIAGNOSTIC TAGS



Maintenance Check (5S system +2)

GOLD STANDARD

Sort

Set in Order

Shine

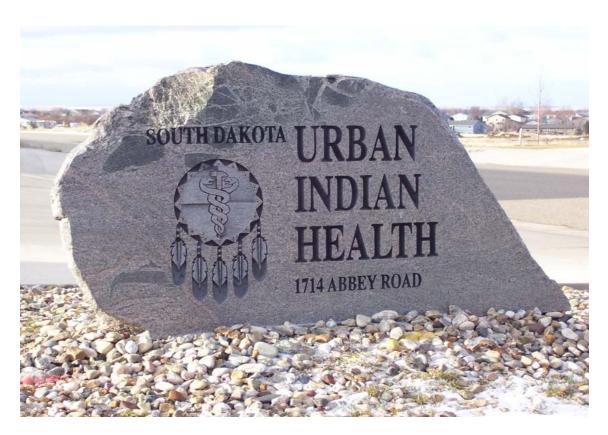
Standardized

Sustain

Safety

Security

Thank You



Resources

The Energy Bus by Jon Gordon

First Break All the Rules by Marcus Buckingham