## USING QI AND QIDA IN PRACTICE

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### **Non-disclosure Statement**

- I have no actual or potential conflict of interest in relation to this program/presentation.
- I have no financial interests/gains or relationships to disclose.



### **Meet our QTIP Team**



Dr. Aiken **Lead Physician** 



**Courtney Atkins Villasuso,** PA-C



Francine Jackson MA

### **Meet our TEAM TIDELANDS**









# **Quality Improvement**

- Definition: systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups (the health services and the desired health outcomes of individuals and populations)
- Purpose: to make healthcare SAFE, EFFECTIVE, PATIENT-CENTERED, TIMELY, EFFICENT and equitable for all parties involved.

## **Quality Improvement**

#### Our WHY

- We are an Access Point
- Our INDIVIDUAL patients, their families and communities
  - To protect, educate, empower and transform their quality of life and provide with resources to make change possible
  - Meeting patients where they are
- Better efficiency, safety and effectiveness at the patient AND practice level

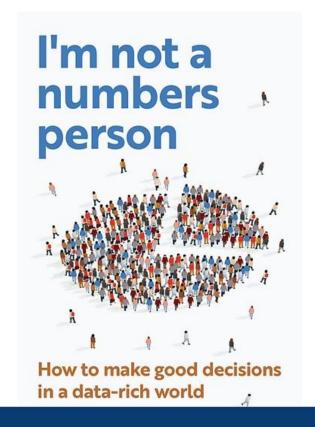
### **QIDA**

- Provides specific data from individual practices based on data entered
  - Your data is only helpful if it is entered accurately and honestly
- Baseline
- Identify shortcomings/problem areas
  - Is this a PDSA cycle we need to improve on?
- Track progression and improvement
  - How are our changes working in real time?



### How to Make your QIDA work for you





# **Example: Social Determinants of Health** (SDoH)

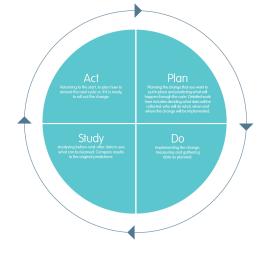
- We are an access point
- SDoH screening covers a multitude of issues that effect the child and the family
  - Tobacco
  - Alcohol/drugs- parental and family use
  - Food insecurities
  - Domestic Violence
  - Depression/anxiety
  - Gun safety
  - Reading



## **Tidelands Pediatrics Approach to QIDA**

- Identify an area we are deficient
  - ın
  - SDOH
- 2. Identify our baseline
  - ✓ Cycle 8 20%
- 3. Set a SMART GOAL
  - **√** 75%





Tidelands Health

Cycle 8 (N = 15)

Cycle: 9 (N = 19) Cycle: 10 (N = 15) Cycle: 11 (N = 12)

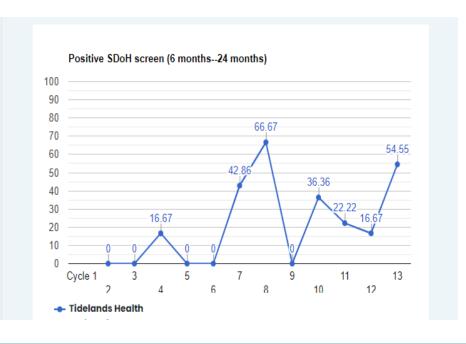


### **SDoH- Understanding the Data**

#### **Amount of Screenings**



#### **Amount of POSITIVES**





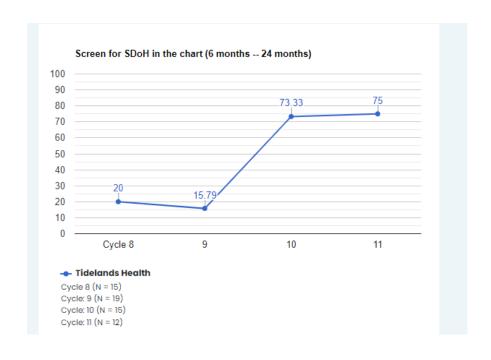
## **Tidelands Pediatrics Approach to QIDA**

#### 4. Identify ways to improve process:

- SDOH screenings- adding screens/color coding/ appropriate wording
- Follow up was lacking
  - Resource sheet
- Communication with staff
  - Refocus
  - Re-educate
- Templates one push instead of extra work for flow/productivity

#### 5. Track Progress

- AND ADJUST, based on results/QIDA



### **SDoH:** Example

#### **Food Insecurity**

- Young mom with now 21 m/o M with health concerns (hereditary spherocytosis)
- Couch surfing
- Question of Domestic Violence
  - Used ECHO (Eastern Carolina Housing Organization) 843-213-1798
  - Called Department of Justice for DV
  - Gave food resources

#### **Mental Health**

- Access point; safe talking with us
- Improving life of child and family
- Admitted to fighting and asked for marriage counseling resources
- Also, Father + for anxiety/depression
  - Gave Resources for:
    - Psychiatry
    - Counseling
    - PCP



### **QTIP TIPS**

- Use your ENTIRE practice
  - Everyone has a place and a role
  - They have individual strengths and can help with the goal of the overall health of patients
    - Russ Sesto, Physician Liaison **Dental Partnerships**
    - Tidelands OBGYN
    - ECHO, food resources, Mental Health/counseling teams
- Communication









## **QTIP TIPS**

- QIDA helps to SIMPLIFY the process
  - Streamlines work for multiple uses
  - QTIP yearly, quarterly progress
  - QTIP learning collaboratives/workshops
  - PDSA cycles
  - Provides different search criteria and filters
    - MAKES YOUR CHARTS FOR YOU!
- Annotation Notes
  - Dental Varnish shortages
  - Vaccine Shortages/out of stock
  - Vacations/shortage of staff/orienting new staff
  - What QTIP project is being focused on





### **QTIP TIPS**

- QIDA is NOT just a number
  - Burnout is real
  - It is real data about specific patients in YOUR practice that you can impact
  - It is real data about how your practice is doing to provide safety, quality, etc. within the walls of YOUR practice
- Head to Toe approach
  - Emotional, physical and behavioral
- Consistent QIDA entry
  - By trained individual who is invested in the practice



### Resources

- HRSAQIToolkit.pdf (ruralcenter.org)
- Home | qidata.aap.org



## Thank you for your time!

• Any Questions?

