Quality Improvement in Dietetics

Association of Family Health Teams of Ontario

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Outline

- Association of Family Health Teams of Ontario (AFHTO)
- What is QI and why is it important?
- QI tools
- QI projects
- Group activity
- Q&A

Association of Family Health Teams of Ontario

- AFHTO is a non-profit association that provides leadership, resources and advocacy to promote high-quality interprofessional primary care in Ontario

- 189 members – FHTs, NPLCs, CHCs, other primary care teams

- Quality Improvement, Decision Support Program

- Governance and Leadership Program

- Annual conference

What is QI?

- "Quality improvement (QI) is a **systematic, formal approach** to the **analysis** of practice performance and **efforts to improve** performance."

- QI science provides **tools** and **processes** to help you test, implement and spread QI practices

References: www.hqo.ca, www.aafp.org

QI Tools

- QI project charters
- Gemba (observing)
- Run charts*
- 5 Whys*
- Fishbone diagrams*
- PDSA cycles*
- Many more....

Choosing an improvement activity

- Choose something that has an impact on..
  - safety
  - timeliness/access
  - efficiency
  - equity
  - effectiveness
  - patient-centered

- Collaborate with team members to get input

- Define specific goals and activities, roles of team members, measurement plan and time period for improvement plan

QI Tools

QI Project Charter

- Used to scope and plan your work

- Summarizes the project in one document

- Outlines who is involved in the project, the problem, measures, change ideas, timelines and budgets

- Can be used to justify a proposed project, program or service

Reference: https://www.sixsigmadaily.com/the-importance-of-a-project-charter/
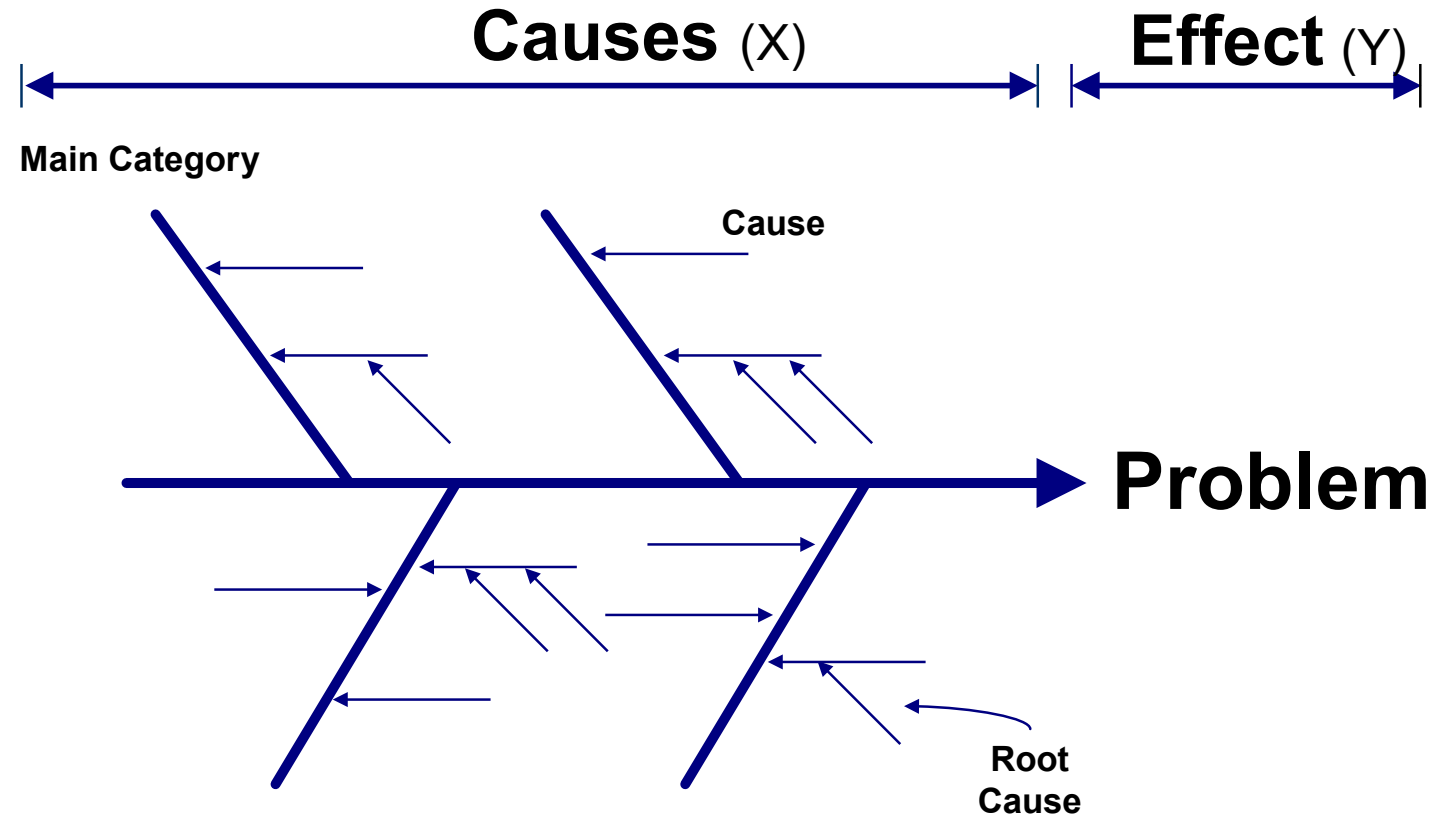
Gemba Walk

- Act of observing a process

- Allows you to see the difference between what you ASSUME is happening and what is ACTUALLY happening

- Used to gather information and interact with the people doing the work

- Ability to identify inefficient processes and workflows

Fishbone Diagram (cause and effect)

Causes (X) **Effect** (Y)

Main Category

Cause

Problem

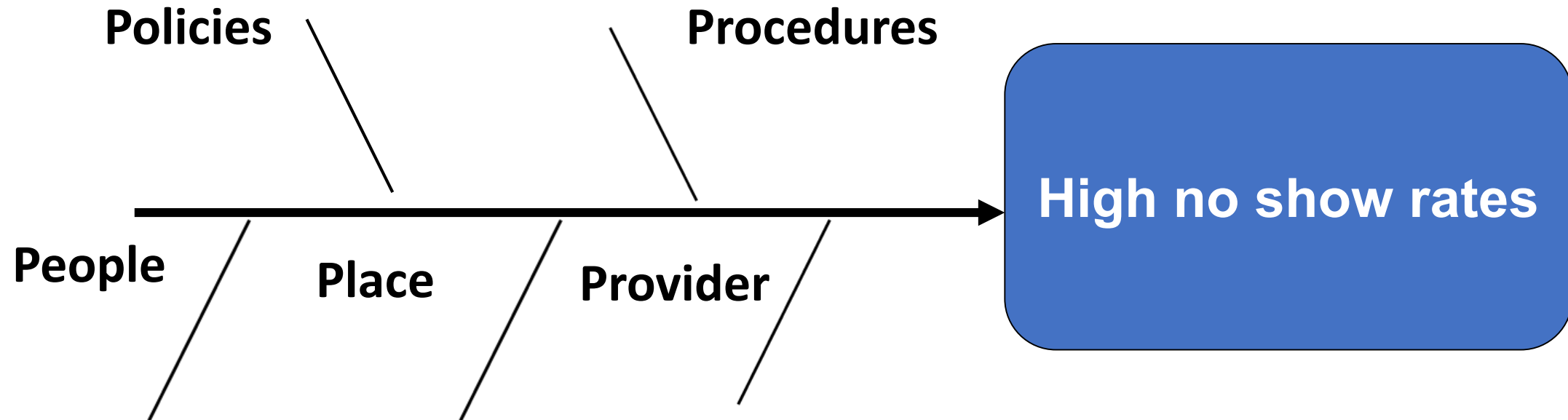Root Cause

Decide on your rib bone categories (e.g., 5 P's: Policies, Procedures, People, Place, Provider)

How to Build a Fishbone

1. Gather your team
2. Agree on the problem to be brainstormed
3. Put the question in the head of the fish and attach a spine

Policies

Procedures

People

Place

Provider

High no show rates

5 Whys

1.**WHY** is MDx referring a high volume of patients? **MD is unsure of which patients qualify and/or are ready for RD services.**
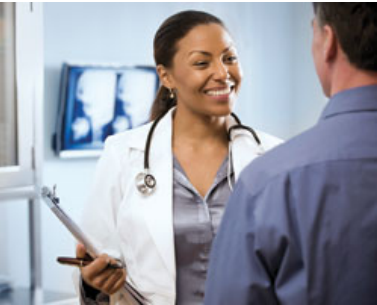
2.**WHY** was she unsure? **MD was not given instructions on referring patients to RD services.**

3.**WHY** was she not given instructions**? MD is new to the clinic there is no process in place to educate new staff on referring patients to allied health services.**

4.**WHY** is there no process for educating on allied health services? **It was not needed until recently when staff turnover started increasing due to MD retirements.**

5.**WHY....**?

Family of Measures

Type of Measure:	Outcome	Process	Balancing
Question to ask:	Will this measure directly measure my AIM? Will it directly allow me to see how I am doing relative to my Aim?	Will this measure allow me to see if we are performing the tasks that will lead to improvement?	Will this measure allow me to track if something else is being affected negatively by my changes?
Example:	Improved LCL-C, HDL-C and TG levels	Number of patients screened using the Med Diet Score Tool	Additional costs to implement goals negatively affecting stress levels

Measurement Plan Example Diabetes Program

MEASUREMENT TYPE	MEASURE	TARGET	COLLECTION METHOD	FREQUENCY	COLLECTOR
Outcome	HbA1c	Improved HbA1c 6-months post DM workshop	Blood test	1x	RD/RN
Patient reported outcome measure	Knowledge/confidence/skills	90% of participants reported increased knowledge/confidence/skills post workshop	Post workshop survey	After each workshop	RD
Process	Attendance numbers	80% of patients who registered for the workshop attended	Post workshop	1x	RD
Balance	Wait times	Reduce wait times for initial DM apts. from 8 weeks to 4 weeks	EMR data	Quarterly	Program lead
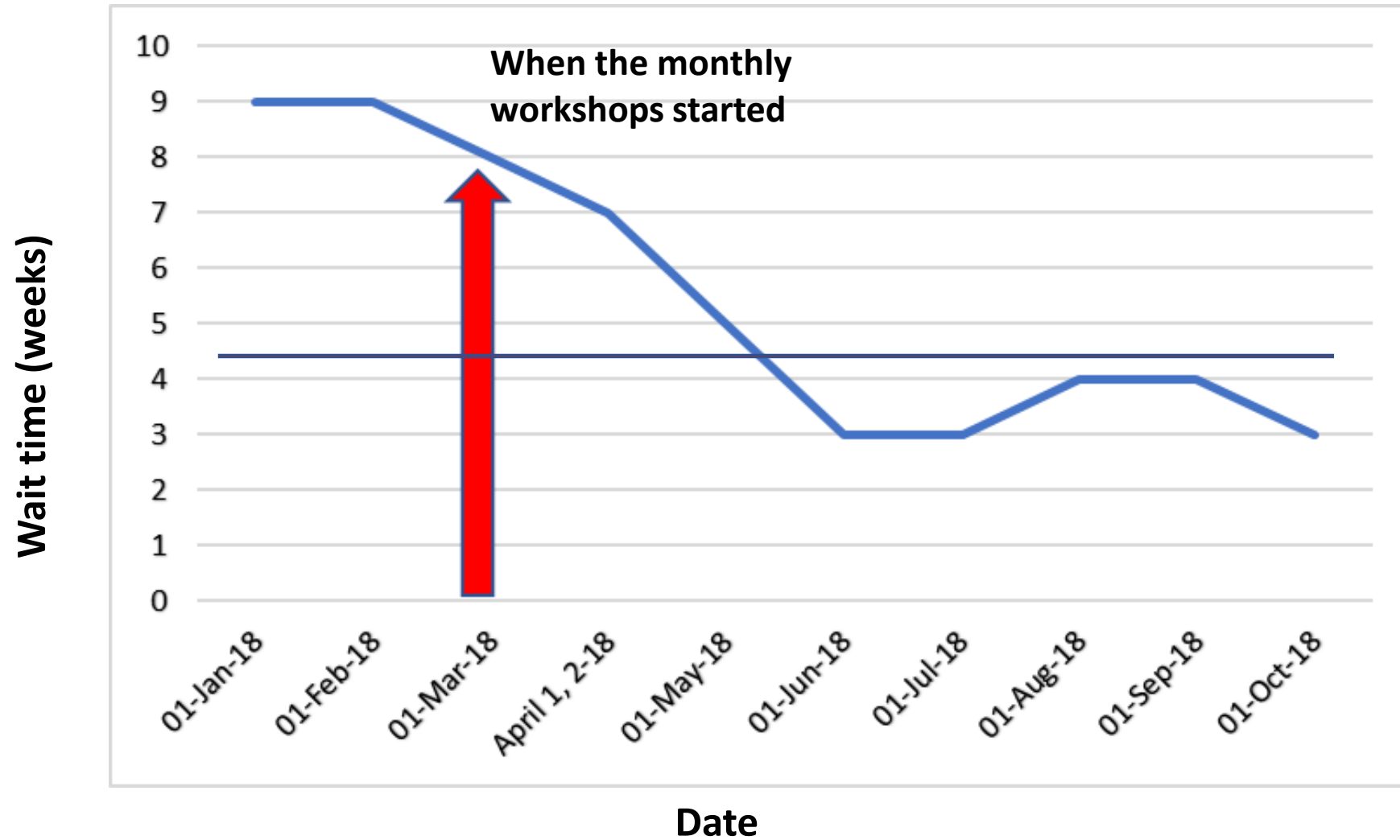
PDSA Cycles
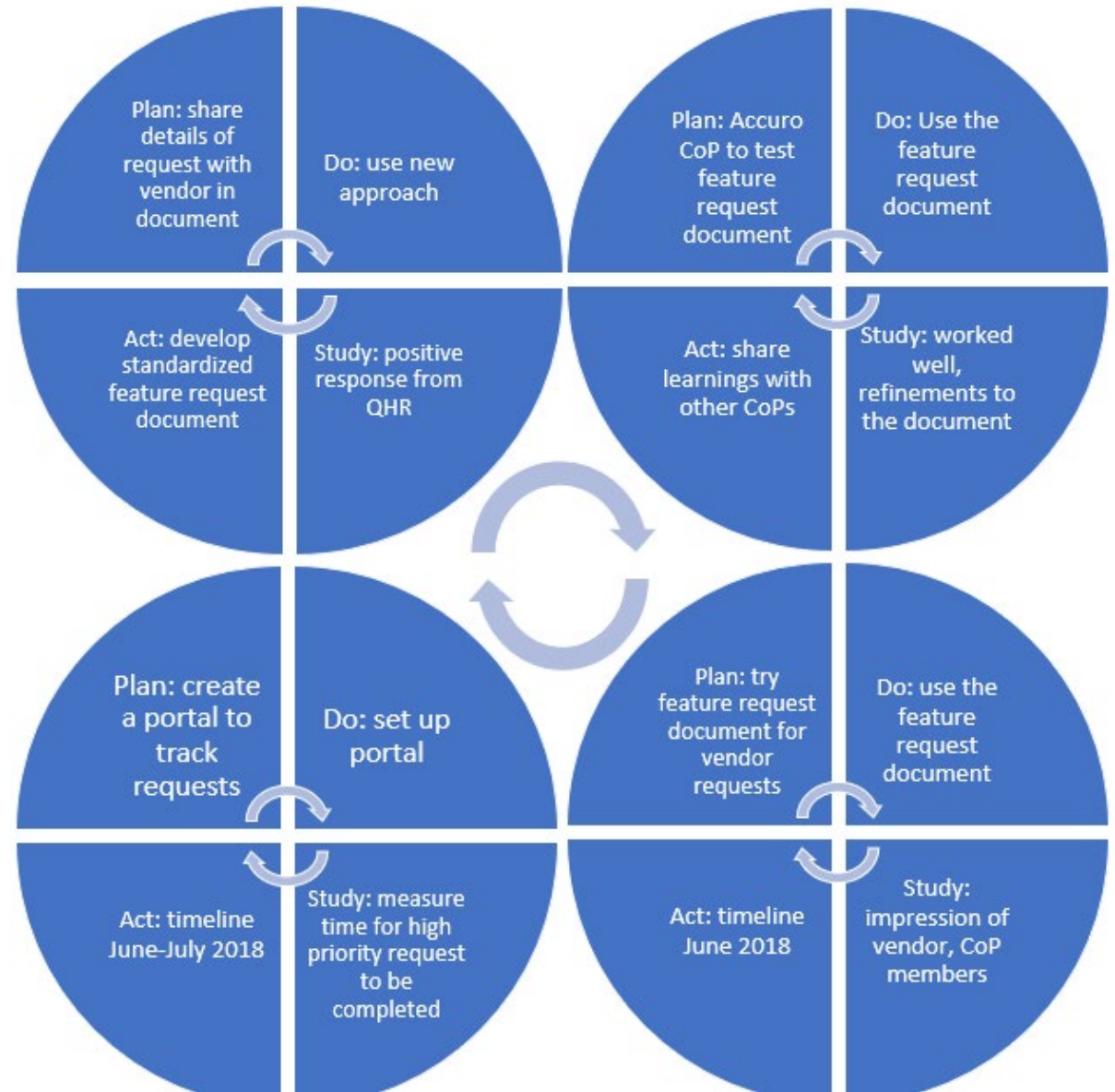
PDSA – Plan, Do..

Plan: what are your goals and objectives? What data will you need to measure progress? When/who/how will you complete your activities?

Do: implement the plan while documenting progress/barriers/solutions along the way

PDSA – Study, Act..

Study: collect the data and study it – asses whether you reached your goals and objectives, what else did you learn and what still needs to be done

Act: how can the activity be sustained? What changes need to be made? Are you capturing the right data?

QI Projects

Pediatric Nutrition Screening Program

NutriSTEP®
Nutition Screening for Toddlers and Preschooler
Évaluation de l'alimentation des tout petits et des enfants d'âge préscolaire

- Implemented a program to screen nutrition habits in pediatric patients
- Generate a list of 3-yr old's in clinic every quarter from EMR
- RD & RN make calls to parents/caregivers 2x/week to book initial apt
- Child comes in for an apt with RD/RN to complete NutriSTEP® & anthropometric measures
- If patient scores high risk, referral gets sent to the nutrition program and/or to family physician

Pediatric Nutrition Screening Program

Challenges:

- Low intake rates - screening <50% of toddlers in clinic
- ++ time (8 hours a week)
- ++ resources (RN + RD FTEs, office space to make calls, etc.)
- Parent's/caregivers did not want to come to clinic for a separate trip to complete questionnaire

Pediatric Nutrition Screening Program

Plan:

- decide to change process of screening by having parents/caregivers complete NutriSTEP ® at 18-month WBC

- **Admin give nutristep questionnaire when patient checks in for parents/caregivers to do while waiting**

- **have nurse enter results into the EMR which will automatically alert RD if patient is high risk**

- RD call patient to book apt and determine appropriate next steps

Do:

- test new process for 2 quarters (6-months)

Study:

- measure % of patients bring screened, time it takes to collect Nutristep data and enter into EMR, patient satisfaction

Act:

- all 18-month old's to be screened using NutriSTEP ® questionnaire at 18-month WBC

Pediatric Nutrition Screening Program

Results/outcomes:

- Significant increase in screening rates - <50% to 89% of 18-months screened at WBC

- Implementation was easy and efficient – patients completing screening tool while waiting for MD

- Nursing found it manageable to complete encounter assistant – only 2 clicks of a button!

- Patients & providers were pleased with process

Improving CVD screening and prevention

What needed improving?

- Heart Healthy workshop delivered 4x/year

- Patients complete lipid BW 6- months post workshop and compared to BW done prior to workshop

- Challenges and issues – over-testing, many patients do not complete BW 6-months after workshop, ++resources to follow-up

- Evidence that 2-point improvement in Med diet screen can improve CVD outcomes

Improving CVD screening and prevention

Plan:

- Reformat workshop to include Mediterranean Diet education and screening tool
- Attendees complete the Mediterranean Diet score tool during the workshop
- Attendees to complete Med Diet score tool 6-months post workshop either in-person or via phone with RD

Do:

- Implement plan for 3 quarters and reassess

Study:

- Measure # of patients who follow-up at 6 months and # of patients with an improved Med Diet Score, patient satisfaction

Act:

- Implement new workshop

Improving CVD screening and prevention

Results/outcomes:

- Higher follow-up rates (0-14% - >75%)
- Increased patient satisfaction
- Eliminate BW duplications
- More efficient and effective way of collecting and improving health outcomes

Malnutrition screening

Ask the patient the following questions*	Admission		Rescreening	
	Yes	No	Yes	No
Have you lost weight in the past 6 months **WITHOUT TRYING** to lose this weight? If the patient reports a weight loss but gained it back, consider it as NO weight loss.				
Have you been eating less than usual **FOR MORE THAN A WEEK**?				
Two "YES" answers indicate nutrition risk				

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.

Problem: No process for screening for malnutrition once patients are discharged from the hospital

Why is this important? Malnutrition is common among adult patients who are hospitalized and is associated with increased complications, length of stay and increased risk of readmission

Aim: To reduce readmission rates due to malnutrition and other complications

Measures: # of patients screened using CNST, # of high -risk patients RD followed-up with, provider satisfaction

Malnutrition Screening

PDSA cycle:

- Add CNST to post-discharge follow-up form

- Pharmacist to complete the Canadian Nutrition Screening Tool (CNST) post hospital discharge when they follow-up with pt

- If patient scores high risk – alerts RD

- RD to follow-up with patient and book apt

- Measure # of patients screened, # of high risk patients RD followed-up with, provider satisfaction

Malnutrition Screening

Results/outcomes:

- Easy to do, did not disrupt workflow

- Screens large number of patients

- Long term outcomes - potential to reduce readmissions and further complications from malnutrition – data not obtained yet

- Implemented as a new screening program

Activity

- Break out into groups of 5

- Brainstorm a problem/issue that is present in on of your placements

- Each group will be assigned a QI tool to use for the problem

- Present the problem and your QI tool to the group

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