Measuring Up: Shifting Practice to Improve Clinical Practice Guideline Adherence

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Introductions & Outline

- Marsha Bryan
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  - Context
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- Cathy Duivesteyn
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- Nicole Parton
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  - Results
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- Sarah Kipping
  Clinical Practice Leader
  - Overall Learnings
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Opportunity for Improvement

**Context:**
- Overarching 5-year Clinical Practice Guideline (CPG) Initiative
- Implementation of CPGs completed for assessment and treatment of schizophrenia, major depression & behavioural and psychological disturbances of dementia
- Increasing focus on quality improvement in areas where CPG adherence is lower than is felt to be clinically warranted (e.g. metabolic monitoring)

**Why is this important?:**
Research has consistently shown a high rate of premature mortality in people with schizophrenia due to cardiovascular disease.
AIM and Measures

**AIM Statement**

By February 29, 2016, completion rates for measuring waist circumference as part of the Clinical Practice Guideline (CPG) for patients treated for schizophrenia in units FPRU, FARU and Young Adults will have increased to a minimum of 90% overall.

**Measures**

**Initial Outcome Measure:**
- % of waist circumference measurements completed within the specified intervals

**Key Process Indicators:**
- Reasons for measurements not being completed
- % of interventions that are set to the correct frequency
- % of patients with orders for this intervention
Approach & Methodology

- **Planning**
  - Charter
  - Driver Diagram
  - Research Review
  - Measures/Data Identification
  - Stakeholder Analysis

- **Current State Assessment**
  - Baseline Data Analysis
  - Process Map
  - Root Cause Analysis

- **Action Plan**
  - Prioritized List of Changes to Tests
  - Initial PDSA Plans
  - QI Tracking Report

- **PDSA Implementations**

- **New/Improved Process Implementation**
  - Impact Assessment
  - Lessons Learned
  - Knowledge Transfer Plan
  - Sustainability Plan
  - Spread Plan
A significant number of measurements not being done were “missed” or “refused”. Focus directed at reducing the number of “missed” measurements in particular.
Driver Diagram

**Aim and Big Dot**

By February 29, 2016, completion rates for measuring waist circumference as part of the clinical practice guideline for patients treated for schizophrenia in units FPRU, FARU, and Young Adults will have increased to a minimum of 90% overall.

**Primary Drivers**
- Change Concepts/Ideas
  - Raise awareness
  - Integrate with workflow
  - Reduce safety concerns

**Secondary Drivers**
- Provide education/communication
- Increase use of CPG dashboard
- Streamline documentation
- Standardize processes
- Address environmental modifications
- Increase staff support
- Educate stakeholders on rationale for inclusion in CPG
- Train providers on health coaching with patients related to WC measurement
- Deliver training on BI tool to see adherence results and patient status
- Design and implement a single assessment template for all MM measures
- Create closed loop process to prevent drop off of tasks in work list
- Design a monthly day for measuring
- Designate a location for and ensure availability of supplies (tapes)
- Designate a safe location
- Create procedure for two staff to complete together
Changes

CPG Adherence Reports

- (People-Based)

EMR System Changes

- (System-Based)

Standardization of Monthly Date for Intervention

Incorporation of Review of Results within Established Monthly Conference Meetings with Patients

Simplified CPG Reports Pushed to Key Leads in Each Unit Weekly

- (System-Based)

(People-Based)
Combined Unit Waist Measurement Adherence
(FPRU, FARU & Young Adults)

Change Notes:
1 - IDEAS project charter confirmed with refined scope following first set of IDEAS program (Oct. 1/15) and CPG Report Training Initiated in 1st Unit (Oct. 5/15)
2 - CPG Report Training - 2nd Unit (Oct. 13/15)
3 - Initiative Focus Group (Nov. 6/15)
4 - Unit test of standardizing a monthly day for measurements (Dec. 5/15)
5 - Sharing of results to date across units and targeted review with Clinical Manager/CNS/PCF (Jan 22/16)
Key Learnings Uncovered by Analyzing Unit Level Data

Highlights include:

- Success to date with change test to incorporate review/discussions into existing workflow (monthly conference meetings)

- Standardizing specific days in the month for measurements as a change test was very successful from a short term perspective but not sustainable without additional supportive change ideas

- Initial PDSA around training and access to existing CPG reports did not seem to support ongoing (if any) changes in adherence at the unit level.
Results/Impact (Short-Term)

- **Clinical outcomes**
  - Noticeable increase in clinical discussions around metabolic monitoring results
  - Confirmation that metabolic monitoring results do factor into considerations around decision making with regards to medications and the need for other targeted interventions
  - Facilitated discussions around how to set up system alerts to flag clinicians when measurements have increased by a certain percentage

- **Effectiveness**
  - % of waist circumference measurements taken within the specified interval at 100% (current rate as of Feb. 25, 2016 when refusals are taken into account)
    - Decrease from the start of the project when the number of “missed” measurements represented 35% of the measurements that were not completed within the specified interval

- **Efficiency**
  - Feedback from clinical leads in each participating unit that the new targeted unit reports help with saving time by making the data more accessible and relevant for action as applicable.
Overall Learning

**Program Specific Learnings:**

- Importance of dedicated and regular core team meeting times (and off-site opportunity) to reflect on work.
- Value in regular access to quality improvement expertise and coaching as well as guidance around using the appropriate statistical approach given the data.

- **Dr. W. Edward Deming’s System of Profound Knowledge**
  - **Appreciation of a System**
    - Complexity of changing clinical practice, evolving research base, and overlay of competing priorities.
    - Not a simple technical fix!
  - **Understanding Variation**
    - Pull access to information is not enough for helping to build understanding.
  - **Psychology**
    - Importance in peer-to-peer dialogue, within in a trusted relationship, to promote constructive self-reflection around practices & accountability.
  - **Theory of Knowledge**
    - Moving too quickly through change tests may mask true impact of changes.

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Overall Challenges

• Maintaining currency with evolving Clinical Practice Guidelines (post-implementation)
• Getting onto the “agenda” at the unit level - resource transitions, fluctuating levels of acuity with patients, competing priorities etc.
• Allowing time to see results from tests given timeframes set for achievement of targets
• Fostering and “living” a culture of reflective practice, where differences amongst peers are transparent and explored in an constructive manner for further learning

Program Specific Challenges:
• Short timeframe for achieving improvements
Next Steps to Progress Improvement

• Continue change tests and monitoring with the participating units to achieve and demonstrate sustainable improvements
• Pilot system alerts to flag attention when measurements increase by a certain percentage and/or cross a set threshold that would warrant clinical review
• Plan for spread to other units in scope for this work
• Incorporate assessment of impact into overarching evaluation of CPG Initiative
• Incorporate learnings into our 2016-2017 Clinical Practice Guidelines and Quality Standards Action Plan and other quality improvement initiatives
• Plan for additional knowledge transfer opportunities
• Celebrate progress with team!
Questions?