Are you ready for some “quality”?

MARCH MADNESS
SHOOTING FOR THE GOAL
Access Family Health Services
2017 MSQII–2 Learning Collaborative

• Locations: Smithville, Tremont, Tupelo and Houlka, Nettleton
  – 4 Medical Clinics, 1 Dental
  – 1 Phycologist, 1 MHNP, 1 MSW
  – 3 Physicians, 5 NP, 2 Dentist,
  – 2019—added 3 NP teams

• Spread to each Medical Clinic
• Expanded School clinics #7
Access Dream Team

Marilyn Sumerford – Senior Leader

- Tammy Shelton, RN – Team Leader
- Neal Wanee, MD – Provider Champion
- Whitney Carrol, FNP – Provider of Spread
- Patsy Lyle, RN – Clinical Expert
- Phil Edwards, RN – Clinical Expert

- Dee Patton/Cara Scott – Nurse champions
- Jackie Nichols – Referral Nurse/Clinical Super user
- Heidi Nelson – Business Mgr.
- Cory Justice – IT Support
- Michelle George, Pharmacist
AIM & Key Measures

AIM:
To redesign the system of care to provide improved care to our patients with chronic diseases (Diabetes and CVD). We will accomplish this by using the six components of the Care Model as evidenced by the changes in the following areas: ............

Key Measures:
- HgbA1c obtained bi-annually 90% of diabetic patients
- Less than 18% of patients will have HgbA1c ≥ 9
- Self-management goals documented patient involvement on > 80%
- Diabetic patients will have > 2 encounters annually
- Diabetic patients will receive an annual eye exam 50%
Diabetic Quarterly Trends

A1c >9 or No lab results

Graph showing quarterly trends from 2016 to 2019.
What do you think has contributed to the patient’s improvement?

Keep the goal in mind

- BE Proactive—Know what is needed
- EMR system that provide usable reports
- EMR that guides the provider team with ease
- Listening, working together; teamwork
- Keeping the end in mind
- Committed and dedicated team
- High Five—Celebrating small achievements
PDSA push us to win the game of Diabetes!

- Organization: Know where we want to go
- Community: Free Diabetic Classes
- Decision Support: Provider Education
- Delivery System Design: Huddle
- Clinical Information Systems: Shared results
- Self Management Support: Free patient tools
Senior Leader

Integrating Chronic Disease into Organizational vision

- Monthly pep rallies to keep the focus!
- Reminder to keep your head in the game!
- We can win if we do not stop!
- Team huddles monthly
Collaborative Partners

- ICC CHW students rotation (2018)
- MSDH and MSQ11 Initiative (2017/18)
- ADA Training for Champion (2018)
- Patient Point free Lobby education (2018)
- Community working together—Farmer Market
- TRA Retinal Eye Exam program (2019)
- Qur4u; Azara; ACO; HRSA; Magnolia
- PCMH; Joint Commission
Quality Improvement

- Sharing reports monthly
- Validating the reports with the team
- Working together on workflow and EMR use
- Monthly encouragement/best practice sharing
- Keep the focus
- Review and sharing success stories
A story to share....

The MSQII collaborative has provided encouragement, support, guidance with PDSA, IT challenges and how to keep on track and not give up

Mississippi can overcome and beat the game of Diabetes and Heart Disease
Game Challenges:

Team needed to address:

- Exhaustion
- Understaffing
- Time

Leadership needed to address:

- Guidance to see the big game plan
- IT issues
- $$$
Continued progress
Keep going
Be the best you can be!
We can and will win—at least some of the time