

Back to Basics: Using Quality Improvement Methodology to Impact Retention



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INTRODUCTION

The Setting:

- Washington University School of Medicine (WUSM) in St. Louis, Missouri - a Ryan White Part D Grantee since 1995 and Part C Grantee since 2007
- WUSM Division of Pediatric Infectious Diseases, WU-Pediatric HIV Clinic
- In 2015, the WU-Pediatric HIV Clinic provided primary medical care to 73 individuals living with HIV/AIDS
 - 80% African American
 - 70% youth ages 13-24
 - 30% behaviorally infected
 - 70% perinatally infected

The Challenge:

- Patients at the WU-Pediatric HIV Clinic were not consistently retained in care.
- 1 out of 5 patients failed the gap retention measure in 2013.
 - Gap Measure - Of those that kept a medical visit in the 1st 6 months, who did not keep a medical visit in the last 6 months.
- Only 71% of patients met the medical visit frequency measure in 2013.
 - Medical Visit Frequency - Of those that kept a medical visit in the 1st 6 months, who kept a medical visit in each of the 6 month periods over the course of 24 months.

The Goal:

- Gap Measure - 10% by October 1, 2016
- Medical Visit Frequency Measure - 80% by October 1, 2016

METHODS

- Multidisciplinary WU-Pediatric HIV Clinic team that meets monthly:
 - Ryan White quality manager
 - Data coordinator
 - Physicians
 - Nurse coordinators
 - Case managers
- Review Quality Indicator Performance:
 - 2013 HIV quality performance measure results identified a deficiency in retention.
- Brainstormed why past QI projects had been successful.
- Engaged stakeholders to identify barriers to retention through use of a root cause analysis (Fishbone Diagram), as well as potential solutions to the barriers.
- Interventions implemented throughout 2014 and 2015 using Deming's Plan-Do-Study-Act model

PROJECT ONE - Schedule a future appt. before leaving current appt.

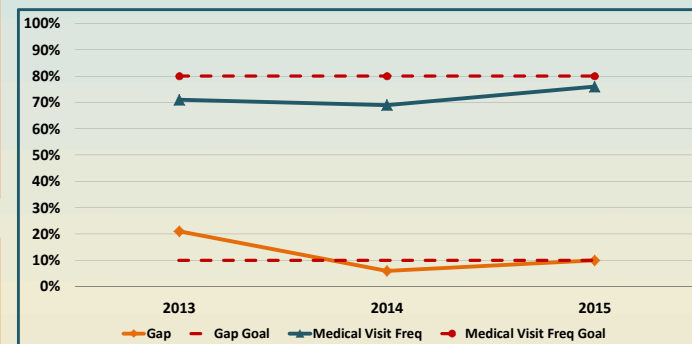
- Medical provider writes on vital sheet when patient should return for next visit
- Patient walks to front desk to schedule future appt.
- Front desk staff schedules patient.
- At weekly staffing, the staff review the clinic schedule to ensure each patient seen has a future appt. scheduled.
- If an appt. was not made, the Physician tasks the scheduling hub via the EMR with the return appt. date.
- Scheduling hub calls patient to set up future appt.

PROJECT TWO - Schedule appt. for patients that no show or cancel.

- At weekly staffing, the staff review list of patients that no showed or cancelled.
- Staff identifies next available appt. based on patient's last kept visit and health concerns.
- The Physician tasks the scheduling hub via the EMR with the appt. date.
- Scheduling hub calls patient to set up appt.
- If unable to reach patient after three attempts, the scheduling hub contacts the nurse coordinator for additional follow-up.

RESULTS

- Overall, the quality improvement project enhanced the retention rate at the WU-Pediatric HIV Clinic.
- The Gap Measure decreased from 21% in 2013 to 10% in 2015.
- The Medical Visit Frequency Measure improved from 71% in 2013 to 76% in 2015.



LESSONS LEARNED

- Improvements were attained by returning to the basic principles of quality improvement:
- Identified solutions that fit into the existing workflow.
 - Brought in multiple staff and resources (even those outside of the QI team).
 - QI activity wasn't the responsibility of just one staff member.
 - Set realistic goals.
 - Focused on the "forest" (clinic population) not the "trees" (individual patients).
 - Consistent communication and frequent monitoring of PDSA cycles led to small incremental changes.