

# MILESTONES

Recognizing your clinic's achievements toward  
*80% in Every Community*



COPPER



BRONZE



SILVER



GOLD



PLATINUM

## SCREEND Milestones Program

Quality Health Associates is pleased to offer an exciting new program to recognize your facility's improvement efforts in colorectal screening. As a member of SCREEND, **YOU** get to decide how your facility makes improvement while gaining recognition for your progress. We will provide education, technical assistance and networking opportunities to support these efforts.

### Helpful Tips

- ✓ Small change may yield significant results. In fact, beginning with small steps is the best way to make lasting improvements.
- ✓ Cross-cutting strategies, such as using informatics within your EHR, developing a tracking system, and pre-visit prep have proven to impact multiple measures.
- ✓ Don't wait to share your final success with us. We want to acknowledge the small cycles of change your team is working on to achieve the ultimate goal.

**Remember that quality is everyone's responsibility.**

# Steps to **SCREEND** Milestones

Use this checklist to track your progress as you move through the program. These milestones are dependent on each other such that you cannot advance unless all requirements in previous milestone are met and current.

## COPPER

- Signed Commitment Letter
- Formed a multidisciplinary innovation team
- Completed Clinic Readiness Assessment
- Completed Introductory Meeting
- Submitted Action Plan and set goal for year 1
- Submitted baseline data

## BRONZE

- Data submission is current
- Initiated 2 evidence-based interventions defined in Action Plan
- Submitted current clinic policy for CRC Screening

## SILVER

- Team members participated in scheduled coaching calls and rapid action collaborative
- Implemented at least 2 evidence-based interventions specific to improving CRC screening rates
- Achieved 1st year goal for improving CRC Screening rate
- Shared SCREEND performance with Clinic Board or Leadership

## GOLD

- Reviewed and updated Action Plan annually
- Submitted at least one success story or lesson learned related to the interventions selected
- Achieved 2nd year goal for improving CRC Screening rate
- Distributed clinician level data to medical staff

## PLATINUM

- Achieved 3rd year goal for improving CRC Screening rate.
- Used EHR to fullest potential to sustain EBIs such as flagging for follow up, tracking screening results, pulling reports, generating and sending reminders to both providers and patients.

# Share Your Success Story/Lesson Learned with ND Peers

**Please submit this page**

Use an additional sheet if more space is needed. Fax all pages to: Nikki Medalen, 701-857-9755

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Story: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Please share your story below. Keep in mind the following questions but write as little or as much as you wish, adding another sheet if necessary.

- Background of the situation
- What did you do to address it?
- What happened as a result? Do you have data to show?
- Who was involved in the improvement project?
- What did you learn? What decisions did you make as a result of what was learned?
- Surprises?
- How has this improved care?
- What do you plan to do next?
- What advice would you offer to other clinic teams?

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I hereby grant permission to SCREEND and Quality Health Associates of North Dakota to disclose our relationship with them in quality improvement projects and to use and/or publish information regarding this organization's quality improvement efforts including interventions, literature, documents, images, graphs, or other materials for the purpose of furthering the advancement of healthcare quality. This is to include print, electronic, visual, verbal, web and/or various media for an indefinite period of time. This release and consent are made without compensation and no compensation is required or anticipated.

Must check at least one:

- Publish in newsletter
- Willing to share at in-state meeting

Signature: \_\_\_\_\_

# CRC Screening Success Story PowerPoint Guide

The purpose of this guide is to assist you in preparation and to assure some consistency across the presentations. You may make adjustments so that you can share the essence of your project (we realize one template does not perfectly fit all), but please keep your total slides to 10 or less. We encourage you to incorporate photos as well! Note that when you submit this slide deck it will be formatted to fit the design of the entire presentation.

<b>Introductory Slide</b>	<p>On this slide, please include:</p> <ol style="list-style-type: none"> <li>1. Clinic name and location</li> <li>2. Photo of project team or clinic</li> <li>3. Clinic logo</li> </ol>
<b>EBI or Project Title</b>	<p>The purpose of this slide is to set the stage for your topic/project Please include:</p> <ol style="list-style-type: none"> <li>1. What EBI did you choose to focus on and why?</li> <li>2. What specific factors led you to focus on this EBI?</li> <li>3. Identify a specific goal. Make sure that this is worded in a way that you know when you have achieved the goal. (SMART: specific, measurable, achievable, results-focused, and time bound)</li> </ol>
<b>Interventions</b>	<p>The intention of this slide is to walk the audience through the processes and interventions that were done to reach your goal in bullet format. Consider:</p> <ol style="list-style-type: none"> <li>1. Who did you call on to address this issue?</li> <li>2. Any data collected? What did you do with that data? (Root cause analysis, patterns of trends?)</li> <li>3. Improvement plan <ul style="list-style-type: none"> <li>• Any tools used or developed?</li> <li>• Any changes in assignment of tasks? new employee added?</li> </ul> </li> </ol>
<b>Leadership/Physician Engagement</b>	<p>On this slide, please answer the following questions:</p> <ol style="list-style-type: none"> <li>1. Did you have an administrative or physician champion for your project?</li> <li>2. How did you engage that person(s) in your project?</li> <li>3. Describe the role that person had during the project.</li> </ol>
<b>Tools/Resources</b>	<p>Please use this space to share any tools used or developed. You may use photos of those tools. Provide links if those tools are available online.</p>
<b>Results</b>	<p>Please answer these three questions on this slide:</p> <ol style="list-style-type: none"> <li>1. What impact has this work had on the quality culture within your organization?</li> <li>2. What impact has your improvement had on patients?</li> <li>3. Describe how the improvement has spread across your organization...to others.</li> </ol>
<b>Lessons Learned</b>	<p>On this slide, please answer the following questions:</p> <ol style="list-style-type: none"> <li>1. What did you learn as a result of this improvement project? What surprised you?</li> <li>2. What advice can you offer to others interested in making similar improvements?</li> <li>3. What challenges are you addressing now?</li> </ol>
<b>Contact Information</b>	<p>Please include:</p> <p>Name, Credentials Email Address Phone Number Business address</p>

# Using PDSA for Quality Improvement

## PDSA = Plan, Do, Study, Act

PDSA is a method widely used to successfully improve services. PDSA uses “cycles” to incrementally test ideas for change. It is also used to monitor a process or discover, assess and diagnose problems. Through PDSA, changes are implemented, evaluated, and spread. Initially, changes are tested on a small scale and if successful, they are spread throughout the organization.

<b>Plan</b>	<b>Project Selection</b> <ul style="list-style-type: none"> <li>• What causes you the most trouble most often?</li> <li>• What does your customer complain about most often?</li> <li>• What quality measures are most challenging?</li> <li>• What would help make the job easier, service faster, the process more efficient, greater productivity and the operation less costly?</li> <li>• Can you measure the success?</li> </ul>	<b>Do</b>	<b>Implementing Corrective Action</b> <ul style="list-style-type: none"> <li>• What method will be used to check progress?</li> <li>• Who are the most important people to ensure successful implementation?</li> <li>• What factors will determine whether they will do what is needed?</li> <li>• What is the time, amount, and effectiveness of the feedback needed?</li> </ul>
	<b>Organize the Team</b> <ul style="list-style-type: none"> <li>• Who should be on the team?</li> <li>• Do we have the right people?</li> <li>• Are the necessary departments represented?</li> </ul>		
	<b>Clarify</b> <ul style="list-style-type: none"> <li>• How will you know you have eliminated or improved the problem?</li> <li>• What are existing measures you can use?</li> <li>• Do you have a baseline measure of where you are right now?</li> <li>• What will the outcome measure goal be?</li> </ul>	<b>Study</b>	<b>Study the Results</b> <ul style="list-style-type: none"> <li>• Can the results be verified?</li> <li>• Who will collect the data and to whom will it be reported to maintain its effectiveness?</li> <li>• What will ensure this new state is maintained and does not deteriorate over time?</li> <li>• Who will audit the process to maintain its effectiveness?</li> <li>• What would have made the implementation go easier?</li> <li>• How can what was learned be used for something else?</li> </ul>
	<b>Understand the Problem</b> <ul style="list-style-type: none"> <li>• What is not happening?</li> <li>• What is not known?</li> <li>• How is the customer affected?</li> <li>• What are the known data and the symptoms?</li> </ul>		
	<b>Formulate the Ideal State</b> <ul style="list-style-type: none"> <li>• What would be the ideal condition?</li> <li>• What are the elements of the ideal?</li> <li>• What are the priorities of the elements?</li> </ul>		
<b>Derive a Solution</b> <ul style="list-style-type: none"> <li>• Have you analyzed all the significant symptoms?</li> <li>• Formulate theories for the root causes.</li> <li>• Prioritize the root cause solutions.</li> <li>• Who will implement the corrective action?</li> <li>• How will the corrective action be implemented?</li> <li>• How will you overcome cultural resistance?</li> <li>• What can be done to anticipate and eliminate potential roadblocks?</li> <li>• What resources will be needed? What communications are required to minimize disruptions and garner support?</li> </ul>	<b>Act</b>	<b>Implement and Evaluate</b> <ul style="list-style-type: none"> <li>• Was the study successful? If yes, how will you implement the solution throughout the organization?</li> <li>• If the study was unsuccessful, where was the breakdown? In the implementation phase? In the diagnosis of root causes?</li> <li>• Are there other root causes? If yes, begin the PDSA cycle again.</li> </ul>	