**Quality Improvement Grant meeting**

**April 8, 2013**

**4:00-5:30pm**

**Rebecca Rayman’s Office**

1. **Call to Order**

**Present:** Dr. De Calero, MD; Renee Dubas, R.N.; Dana Spindola, Project Manager; Rosa Valerio, Minority Health Educator; Kristie Stricklin, COO of GNCHC; Rebecca Rayman, ED.

**II. Discussion on what keeps diabetic patients from having good glycemic control?** The team brainstormed using a fishbone quality improvement tool on what keeps diabetics with A1c levels > 9 from improving. This was documented on a board that could be captured on the computer. See completed fishbone diagram below.

As can be seen from the diagram this is a complex issue and there are many different factors that lead to patients not improving glycemic control.

**III. Choosing Strategic Interventions that have worked with the target population in the recent past.**

Once the issues was diagramed it lead to a discussion on what can the members of the QI team do to improve the level of glycemic control? The team looked at past recent successes in glycemic control with the same population. In June of 2012- 57% was the percentage of Good Neighbor Community Health Patients that had good glycemic control (< or = to 9 A1c). In December of 2013 after implementing some changes in the clinic workflow and educational materials the percentage with good glycemic control of A1c was 70%. Individuals directly involved in the improvement process listed what they believed were the most important factors, these are listed below.

* 1 on 1 education and support
* Targeted Interventions – directed at patient specific issues
* Access to Medications
* Multi-team approach (Everyone working on the same page)
  + hard for patients to get lost
* Patient setting self management goals
* Change educational materials to make them more readable and at a lower literacy level
* Bi-lingual staff
* Establishing a relationship with patient and Nurse or Community Health Worker

Following this discussion a priority grid was developed to compare interventions against one another and rank them according to perceived effectiveness.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Score | Rank |
| 1. Establish Relationship |  | 1 | 5 | 5 | 1/5 | 1 | 3 | 1 | 16.2 | #2 |
| 1. Bi-lingual | 1 |  | 5 | 1 | 1 | 1/5 | 1 | 1 | 10.2 | #4 |
| 1. Appropriate materials- literacy | 1/5 | 1/5 |  | 1/5 | 1/5 | 1/5 | 1/3 | 1/3 | 1.66 | #7 |
| 1. Self-management goals (setting) | 1/5 | 1 | 5 |  | 5 | 1 | 1 | 1 | 14.2 | #3 |
| 1. Team Approach | 5 | 1 | 5 | 1/5 |  | 1 | 1 | 1 | 14.2 | #3 |
| 1. Medication Access to | 1 | 5 | 5 | 1 | 1 |  | 3 | 1 | 17.66 | #1 |
| 1. Targeted Intervention | 1/3 | 1 | 3 | 1 | 1 | 1/3 |  | 1 | 7.66 | #6 |
| 1. 1 on 1 Support | 1 | 1 | 3 | 1 | 1 | 1 | 1 |  | 9 | #5 |

Key:

1=Equal Important

3=More Important

5=Most Important

As can be seen on the table above the team members felt that the recent success in improving glycemic control was due to several factors listed in priority order below:

1. Access to medications such as insulin is the most important. Members stressed that without access to insulin it will be difficult to achieve and maintain glycemic control.
2. The next most important item listed was the relationship that the staff and the patient have, failure to establish a relationship the team felt equated to failure to improve glycemic control.
3. There were two items that were tied for the third most important, they were the patient establishing their own self-management goals and having the entire health care team use the same approach in patient care for that patient.
4. Having staff that are bi-lingual and can relate to the patients language and cultural background was felt to be the fourth factor for successes in the past year.
5. One on one support, having someone assign to casemanage the patients unique needs was identified as the fifth factor toward success.
6. A targeted intervention plan was the sixth factor.
7. Lastly making sure that materials for home use were readable and at the proper literacy level was the seventh factor.

**IV. Next steps**

The next steps for this team will be to:

1. Refine the target population for inclusion in the PDSA, set the criteria and choose the 20 patients.
2. Review evidence based interventions that may be chosen, using the information on what worked best in the past to improve glycemic control in this population.
3. Start working with the target population.

Respectfully Submitted