

ABO SELF-DIRECTED IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY (NON-CLINICAL)

Topic

Title of Project:	Improving Long Term Office Follow-up of NICU Graduates
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Project Description

Describe the quality gap or issued addressed by this activity. (Included in your response to this question should be a description of the resources that informed your decision to pursue this topic, a description of what the literature says about the issue you identified, and the rationale for choosing to address this clinical project	Babies that are born extremely prematurely are at risk for ocular problems - in the short term, retinopathy of prematurity, and in the long term, amblyopia, strabismus and atypical refractive error. In my practice setting, attendance at outpatient ROP appointments is not a problem, but attendance at the baby's long term (usually at a corrected age of 6 months) follow up appointment appears to frequently be poor. The goal of this project is to determine if this is indeed a problem, and to then implement several simple interventions to improve attendance at the long term follow up appointment.
Background Information: The month you pulled the baseline IRIS performance report and any additional information that me be pertinent:	See Above
Project Setting: (Please select from options below): <ul style="list-style-type: none"> • Group Practice • Healthcare Network • Hospital • Multi-Specialty Group • Solo Practice • Surgical Center • Other 	Hospital
Study population: (describe the type of patient for whom the care process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care:	Babies that have been previously screened for ROP and have now been placed on long-term follow-up.

Quality Indicators / Performance

Measures:

It is important to carefully define outcome or performance measures that will be quantified at baseline (before the care process is changed) and at re-measurement (after you have implemented the proposed improvement) to quantify the impact of your care process change. There are two basic types of performance measures - process of care measures and outcomes of care measures.

- Process of care measures (e.g. timely treatment of diabetic retinopathy) can influence outcome measure (e.g. decreased risk of severe vision loss);
- Outcome measures can be linked to processes of care that can be improved. Generally, performance measures are expressed as rates, often as percentage rates. For example, if the intent of a project is to improve the quality of glaucoma care in your practice, you may choose to improve your rate of establishing a goal IOP in patients with newly diagnosed glaucoma, measured over a 3-month period.
- The numerator of this process measure would be the number of newly diagnosed patients during this time who have a goal IOP recorded in the medical record.
- The denominator would be the total number of patients diagnosed during that same time period.

Continuous variables (e.g. the refracted spherical equivalent after cataract surgery) can often be simplified and transformed then into percentage rates by setting a quality threshold (within 0.5 diopters in the intended spherical equivalent) which, if attained, would qualify the patient to be in the numerator (e.g. number of patients within 0.5 diopters / total number of patients). It can be advantageous but not mandatory to have more than one quality measure in order to gauge the impact of your process change. In the example above, an additional outcome measure might be the percentage of patients in whom the goal IOP is attained within the first 6 months after diagnosis. If possible, measure quality indicators for at least 30 individual patients or data points during the baseline and again during the follow up period.

Measure Type: Process Measure

Measure Name: Babies keeping their initial long-term follow-up office appointment

Numerator Statement: Number of babies keeping the initial long-term office follow-up appointment.

Denominator Statement: Number of babies eligible for a long-term office appointment.

We realize that this may not be feasible or appropriate for all projects. Please indicate at least one measure below; either a process or outcome measure:

Example Measure:

- . Measure Type: Process Measure
- . Measure Name: Patient pain level during intravitreal injection
- . Numerator Statement: Number of patients in who pain levels decreased by 2 points on a 1-10 scale
- . Denominator Statement: 30 consecutive patients undergoing intravitreal injection.

<p>Project Interventions: Quality improvement requires that you analyze your care delivery processes and identify changes, which if implemented, will improve care and outcomes. Generally, educational interventions are thought to be weak and demonstrate little impact. The introduction of tools, strategies or systematic approaches to care delivery is more powerful. A tool is a thing, for example a preoperative checklist, or written standardized process or protocol. Strategies include changes in procedures or policies like the introduction of a surgical time out before surgery is initiated. Systematic approaches to care delivery involve a comprehensive analysis of care process and the introduction of a combination of tools and strategies designed as a complete process. Please describe the changes to your care processes you intend to introduce:</p>	<ol style="list-style-type: none"> 1. At the time of the final ROP screening examination, not only discuss the importance of keeping the long term follow up appointment, but also provide a simple handout explaining why (in my experience, the vast majority of parents do not recall receiving and signing for their initial ROP education materials) 2. Personally, recheck the parent/caregiver's contact information, keep a log of this, and pass this information on to my office staff. 3. Inquiring about transportation issues and providing information on the Medicaid van. 4. Making a reminder call or text a minimum of 4 days, maximum of 7 days, before the long term follow up appointment using the updated contact information obtained at the final ROP screening examination
<p>Project Team: (include roles for yourself and all members of your team): List the individuals who will be involved in your quality improvement project (i.e., solo project, partners in practice, office staff, OR personnel, anesthesiologists) and the roles they will contribute.</p>	<p>Myself mostly, with possible a small contribution from my hospital ROP coordinator (who also runs my off-site ROP follow-up clinic).</p>
<p>Will any other ophthalmologists be requesting MOC credit for participation in this SD-PIM?</p>	<p>No</p>

Project Outcomes/Results

<p>Project Summary</p>	<p>In the following sections, please prepare a summary of the project highlighting the data collected, effectiveness of your measurement approach, interventions, and the overall impact of the project.</p>
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<p>Baseline Data: Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced). Report the numerator, denominator and the calculated percentage rate for each measure.</p>	<p>Prior to intervention (retrospective review):</p> <ul style="list-style-type: none"> • Patients graduating from ROP screening from 11/4/15 to 2/24/16: 31 (denominator) • Patients keeping the first outpatient ROP visit (+/- 1 month of target date, allowing for • Rescheduling within this time frame): 20 (numerator) • Percent: 64.5%
<p>Follow-up Data: Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement).</p>	<p>After intervention (prospective study):</p> <ul style="list-style-type: none"> • Patients graduating from ROP screening from 11/2/16 to 4/5/17: 34 (denominator) • Patients keeping the first outpatient ROP visit (+/- 1 month of target date, allowing for rescheduling within this time frame): 26 (numerator) • Percent: 76.5%

Project Impact

<p>Compare the baseline data to the re-measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective.</p>	<p>Following the interventions, there was a 12% increase in the attendance rate for babies at their first outpatient ROP visit. Although I am pleased with this increase, the increase is modest, and I am disappointed that my investment of a good bit of personal time (typically, an hour or so every Sunday afternoon/evening) did not result in a greater improvement. Perhaps even more disappointing was successfully contacting some families, who then outright "no showed" for their baby's appointment a few days later for no apparent reason.</p> <p>It should be noted that shortly after starting this study, my employer did arrange for office time at a location much closer to where the patients live. This affected 20 patients. I had thought that this more convenient location, in addition to the study interventions, would have resulted in an even greater rate of improvement (thus confounding the results) but it did not -- the attendance rate was actually a little lower for the patients scheduled at the office that was more convenient for them (14 of 20 (70%) kept this appointment).</p> <p>There seems to be a certain core group of families that have no intention of keeping their outpatient appointments, especially if they see nothing apparently wrong with their baby's vision. Many of these families have also "fallen off the radar" for other services and short of DSS involvement (which is not realistic since the threat of blindness from ROP is no longer an issue at this time), I think it is likely not possible to have 100% compliance with the initial long-term outpatient follow up visit.</p> <p>Going forward, I am continuing to provide the families with a detailed handout regarding the importance of long term follow up, how to arrange free transportation, and contact information for me and my ROP coordinator (multiple numbers). I am also continuing to check and update the family's contact information (this changes about 1/3 of the time). I am no longer making personal calls/texts to families. (As a side note: many families do prefer reminder texts to calls, and my hospital employer is now sending reminder texts in addition to or instead of calls.)</p>
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Project Reflection

<p>Did you feel the project was worthwhile, effective?</p>	<p>Yes</p>
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<p>How might you have performed the project differently?</p>	<p>I would have asked my ROP coordinator to make the reminder calls/texts.</p>
<p>Please offer suggestions for other ophthalmologists undertaking a similar project.</p>	<p>This is important: seek IRB approval before starting any study. I have been told that even though what I did wasn't invasive, because it involved an intervention (i.e. provision of a handout explaining the importance of follow up and my contact information), IRB approval should have been obtained. Because it was not, I cannot present the results of my study outside of my institution. This is disappointing in view of the many hours of personal time invested over the last 15 months.</p>