

Boise

Performance Improvement Projects 2016/2017

Improving insulin management in the hospital

QI project to reinstitute use of inpatient insulin order sets. Involves updating existing order sets educating staff and measuring changes in blood glucose readings

Professions:

Pharmacy faculty
Pharmacy trainee(s)
Physician trainee(s)

Improving diabetes care through interdisciplinary panel management

PI project to institute a new panel management curriculum for diabetes

Professions:

Nurse practitioner faculty
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Improved Screening for Cognitive Disorders

There is a perceived lack of standard procedures for assessing for cognitive impairment in primary care. The aim is to evaluate current screening processes for cognitive impairment at Boise VAMC.

Professions:

Pharmacy trainee(s)
Psychology faculty
Psychology trainee(s)

Improving Care through interprofessional panel management

Improve trainees understanding and utilization of population health registries available at the Boise VAMC. Measurement of diabetes and opiate registry access and specific quality parameters are being reported through an audit and feedback format to primary care provider trainees (IM and NP residents).

Professions:

Nurse practitioner faculty
Nurse practitioner trainee(s)
Nursing trainee(s)
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Improving Chronic Pain Medication Use/Process

Moving from the previous group's work and recommendations this group will attempt to create a consult menu for supportive options for treatment of chronic pain and provide provider education on the use of the menu.

Professions:

Pharmacy trainee(s)
Physician faculty
Physician trainee(s)
Psychology trainee(s)

Improving Chronic Pain Medication Use/Processes

Focus on Opioid Safety Initiative and improving use of opiates at the Boise VA

Professions:

Nurse practitioner trainee(s)
Physician faculty
Physician trainee(s)

Improving diabetes care through interdisciplinary panel management

PI project to institute a new panel management curriculum for diabetes

Professions:

Nurse practitioner faculty
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Improving Practice Management Lead Role

Evaluate and improve the role of the PML in Silver Team with a focus on work flow processes how work tasks are assigned and how information flows to and from residents who are on divert.

Professions:

Nursing trainee(s)
Physician faculty
Physician trainee(s)

Improving provider wellness – Introducing a Balint group for provider support

Examining the potential use of a Balint-type group to improve wellness in our trainees.

Professions:

Physician trainee(s)
Psychology faculty
Psychology trainee(s)

Improving screening for cognitive disorders

Looking at how patients are referred for MoCA screening in Silver team clinic to improve how referrals are made.

Professions:

Nurse practitioner faculty
Physician trainee(s)
Psychology faculty
Psychology trainee(s)

Improving smoking cessation

Ongoing project to determine how patients flow through Boise VA smoking cessation steps and evaluating and understanding the resources available at Boise VA and improving the patient's experience and trainees' understanding of these resources.

Professions:

Pharmacy trainee(s)
Physician faculty
Physician trainee(s)
Psychology trainee(s)

Improving use of Secure Messaging

Improving the understanding of use of MyHealthEvet by trainees, faculty and patients. Improving patients' and trainee and staff experience with secured messaging.

Professions:

Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Infectious disease clinical decision support

Implementation of clinical decision support for Upper Respiratory infections in primary care clinics designed to improve antibiotic selection vs. supportive care only for likely viral infections

Professions:

Nursing trainee(s)
Pharmacy faculty
Pharmacy trainee(s)
Physician trainee(s)

Insulin Management in the Inpatient Setting

In order to move toward the standard of practice with inpatient insulin management staff has requested moving away from sliding scale insulin toward physiologic dosing protocols. As these protocols have existed for a number of years it was easy in year one of this project to utilize IM trainees to help update the protocols however we found that sliding scale use continued despite better protocols. The second year of the project retained one trainee and added other valuable IP trainees to the team with a new focus on educating trainees and staff about why use of physiologic dosing is important.

Professions:

Pharmacy faculty
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)
Psychology trainee(s)

Osteoporosis Screening

Improve post-hip fracture osteoporosis care at the Boise VAMC to increase concordance with national guideline recommendations.

Professions:

Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Transitions of Care for Alcohol Use Disorder

To enhance treatment of alcohol use disorders by increasing access to behavior health with the possibility of early intervention in hospital and the starting of alcohol prevention medications in up to 90% of patients prior to discharge.

Professions:

Pharmacy trainee(s)
Physician faculty
Physician trainee(s)
Psychology trainee(s)

Cleveland

Performance Improvement Projects 2016/2017

A Resident-Led QI Initiative to Improve Colorectal Cancer

Screening Rates in the Center of Excellence for Primary Care Clinics

To increase FIT completion rates by 15% among patients of the WPPC clinics between December 12014 and December 12015.

Professions:

Nurse practitioner
trainee(s) Nursing
faculty Physician faculty
Physician trainee(s)

A Resident-Led QI Initiative to Reduce

Serum Folate Testing in a Primary Care Clinic

To reduce the number of serum folate levels collected in resident primary care clinics by 50% over a six-month period compared to a baseline pre-intervention time period.

Professions:

Nurse practitioner
trainee(s) Physician
faculty Physician
trainee(s)

After Visit Summary in Primary Care Clinic

By March 2017 COE Providers will increase AVS distribution to 15% of COE patients.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Physician faculty
Physician trainee(s)

Anticoagulation

Increase the proportion of COE primary care patients with a yearly anticoagulation risk/benefit analysis by 10% monthly until target of 90% obtained.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Pharmacy faculty
Physician faculty
Physician trainee(s)

Hepatitis B Vaccination in Patients with Diabetes

This project aims to increase the rate of Hepatitis B vaccination in COEPCE panel patients with diabetes ages 18-59 by 50% from baseline by June 2017.

Professions:

Nursing faculty Physician
faculty Physician
trainee(s) Psychology
trainee(s) Social Work
trainee(s)

Improving Care in Patients

with Dual Primary Care Providers: Vaccination Compliance Project

To Improve care in patients with dual primary care provider by achieving and documenting a 30% increase in Pneumovax, Prevnar and Zoster vaccine in the span of three months.

Professions:

Nurse practitioner
trainee(s) Nursing
faculty Physician
trainee(s)

Improving medication reconciliation accuracy in a VA resident primary care clinic using after visit summaries

To decrease the number of inaccurate medication lists by 25% from baseline among patients following in the Cleveland VA Center of Excellence in Primary Care Education (COEPCE) resident clinic over a 12 month period.

Professions:

Nurse practitioner faculty
Physician faculty
Physician trainee(s)

Improving Smoking Cessation Counseling in Primary Care

Increase patient referral for smoking cessation counseling in COE clinic by 15 percent in 6 months

Professions:

Nursing faculty Pharmacy trainee(s) Physician faculty Physician trainee(s) Psychology trainee(s)

Increasing appropriate statin use in the resident primary care clinic

To increase appropriate intensity statin prescription as enumerated in the 2013 ACC/AHA guidelines in all primary care clinic patients with atherosclerotic cardiovascular disease (ASCVD) or diabetes mellitus (DM) with an aim to make a 25% relative improvement from baseline (Dec'14) to Dec' 15.

Professions:

Nurse practitioner faculty
Physician faculty
Physician trainee(s)

Lung Cancer Screening

We aim to increase the number of appropriate screening CT scans ordered by 15% by Dec 2016 in the COE primary care clinics.

Professions:

Nursing faculty Physician trainee(s) Psychology trainee(s)

Osteoporosis in Men

Increase number of DEXA scans ordered for osteoporosis screening in men at the Cleveland Wade Park VA by 20% from baseline in 2014 utilizing CPRS alert over 6 months after launching of alert.

Professions:

Nurse practitioner faculty
Nurse practitioner trainee(s) Nursing faculty
Physician faculty
Physician trainee(s)

Primary Care Mental Health Integration in Medical Resident Training

Examine base rate of utilization of PC-MHI Warm Handoffs. Increase utilization through brief QI-Process.

Professions:

Physician faculty
Psychology faculty
Psychology trainee(s)

Promoting appropriate management of chronic GERD in high-risk patients in the COEPCE primary care clinics

Increase provider screening to confirm diagnosis of GERD in patients on PPIs for greater than or equal to 5 years by 30% over 6 months. 2. Increase referral for screening EGD for Barrett's esophagus in high risk patients by 30% over 6 months.

Professions:

Nurse practitioner trainee(s) Physician faculty Physician trainee(s)

Slot Utilization in Primary Care

Building on prior work on missed opportunities (no shows) this project is implementing a local predictive analytics tool into clinical workflow to strategically overbook (SmartBooks) patient slots to increase utilization and access.

Professions:

Nurse practitioner faculty Nurse practitioner trainee(s) Nursing faculty Physician faculty Physician trainee(s)

Undertreatment of Osteoporosis

Building on prior work on osteoporosis this project aims to increase treatment by 50% for men with osteoporosis (as indicated by: T score < -2.5, FRAX score with risk of hip fracture >3% or major fracture risk >20%, fragility fracture and osteopenia

Professions:

Nursing faculty Pharmacy trainee(s) Physician faculty Physician trainee(s) Psychology trainee(s)

Underutilization of Cardiac Rehabilitation

To increase the number of clinically appropriate cardiac rehabilitation consults placed and successfully completed by 200% from January to July 2016 (~33% participation = 24 patients referred)

Professions:

Nursing faculty Physician trainee(s) Psychology trainee(s) Social Work trainee(s)

Workflow-based interventions to improve vaccination of Hepatitis C patients in a VA primary care resident clinic

To improve appropriate HAV and HBV vaccination rates in HCV patients following in the primary care resident clinics of the Cleveland Center of Excellence in Primary Care Education (COEPCE) by 10% over baseline in a 6 month period.

Professions:

Nurse practitioner faculty Nursing faculty Physician faculty Physician trainee(s)

San Francisco

Performance Improvement Projects 2016/2017

Addressing Polypharmacy Via Appropriate PPI Prescribing

New research shows long-term risks of chronic PPI-use (e.g. malabsorption C. diff hip fracture). There is a national VA Pharmacy initiative appropriate for our San Bruno geriatric population. Aim: To reduce by 25% inappropriate use of PPI by March 2016.

Professions:

Nurse practitioner faculty
Nurse practitioner trainee(s)
Physician faculty
Physician trainee(s)
Psychology faculty

Data-Driven Huddles to Improve Diabetes Management

In 2014-15 the number of patients in our community-based outpatient clinic with A1C>9% was above the VA metric goal. Management of poorly-controlled diabetes often requires a proactive multidisciplinary approach that may benefit from the use of huddles. Aim: Reduce the number of patients on trainee panels with A1C>9% to 10% by incorporating dashboards into huddles. This has now been integrated into panel management

Professions:

Nurse practitioner faculty
Nurse practitioner trainee(s)
Physician faculty
Physician trainee(s)

Dual Antiplatelet Safety

This project focuses on the safety of Dual Antiplatelet at San Bruno and provides strategic procedures to evaluate and document the appropriateness of DAPT and minimize bleeding risk by April 2017.

Professions:

Nurse practitioner faculty
Nurse practitioner trainee(s)
Physician faculty
Physician trainee(s)

Enhancing Patient Communication: Development and Implementation of an After Visit Summary (AVS)

This project aimed to develop and implement a standardized AVS summary instruction sheet in Medical Practice Clinic to increase the percentage of providers who regularly provide AVS to improve patient satisfaction with their treatment plan.

Professions:

Nurse practitioner faculty
Physician faculty
Physician trainee(s)

HCV Treatment with Less Adverse Effects

Previously HCV treatment involved weekly interferon injections with oral ribavirin for up to one year with an efficacy rate of less than 50% in patients with genotype I. Now having the new all-oral interferon-free regimens available at VA this project identifies the DTC patients who were deferred treatment based on the outdated exclusion criteria and aim to increase referral for HCV treatment

Professions:

Physician faculty
Physician trainee(s)
Psychology trainee(s)

among this psychosocially complex population utilizing modified candidacy criteria.

HIV Testing Enhancement

The national medical guideline recommends the VA to conduct the HIV testing to all patients under 65 as part of their routine medical care. The aim of this project is to increase the one-time HIV screening rates for adults 65 and younger on trainee panels from the current 76.4% to the SFVA goal of 95% by April 2017.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Physician
faculty Physician
trainee(s)

Improving Agenda Setting to Maximize the Patient and Provider Experience in Medical Practice Clinic

Patient agenda setting is an important component of creating an effective primary care visit. Given the limited length of appointment time and multiple needs to be addressed creating an effective and appropriate agenda maximizes the efficiency of the visit and is a key component of patient and provider satisfaction. Our group noted that patients may spend over 30 minutes idle in the waiting room but then still not have their primary question answered during the visit. This can also lead to the

Professions:

Nurse practitioner faculty
Physician faculty
Physician trainee(s)
Psychology trainee(s)

Improving Agenda Setting to Maximize the Patient and Provider Experience in Medical Practice Clinic

Given the limited length of appointment time and multiple needs to be addressed creating an effective and appropriate agenda maximizes the efficiency of the visit and is a key component of patient and provider satisfaction. Aim was to increase accurate agenda prior to the visit.

Professions:

Physician faculty
Physician trainee(s)

Improving AUDIT-C Clinical Reminder Completion Rates and Provider Education of Alcohol Use Disorder Treatment Options

The project aims to increase completion of Part II of the VA Alcohol Audit-C in Medical Practice from 69% to 80% by April 2017 and to increase provider knowledge about available treatments options for AUD at the VA in Medical Practice PCPs from 30% to 60% by April 2017.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
trainee(s) Physician
faculty Physician
trainee(s)

Improving Patient Recall Process to Address Patients Lost to Follow-Up

It is essential for patients to be scheduled for follow-up visits in order to have a continuance of primary care. Aims: Systematically address procedural issues in the MP clinic that contribute to patients being lost to follow up. Identify reasons for delinquent recalls. Educate providers regarding appropriate use of recall slip box Implement new policies and procedures that will ensure patients are scheduled for follow-up appointments if appointment is missed.

Professions:

Nurse practitioner trainee(s) Physician trainee(s)

Improving Previsit Phone Call Agenda Setting

In Medical Practicethe LVNs conduct pre-visit phone calls where they aim to attain a pre-visit agenda from the patient. As a team we agreed that pre-visit agendas allow providers to feel better prepared to meet the patient's needs during the live encounter. Thereforewe agreed to improve the pre-visit telephone call/agenda setting. Aim: To improve pre-visit phone calls to have better information available to providers about the patient's purpose for a visit.

Professions:

Dietary trainee(s) Nurse practitioner faculty Nurse practitioner trainee(s) Pharmacy trainee(s) Physician faculty Physician trainee(s)

Improving Provider Efficiency with New Patient Visits in Primary Care

Obtaining patients' medical records from outside sources is inefficient and there is significant variability in the amount of time providers spend gathering medical history during an encounter with nearly a quarter of providers spending more than 30 minutes. Developed and implemented a waiting room new patient intake form to improve provider efficiency.

Professions:

Nurse practitioner trainee(s) Pharmacy trainee(s) Physician faculty Physician trainee(s)

Improving Provider Experience and Efficiency with New Patient Visits in Primary Care

Many Veterans establishing care with Medical Practice are medically complexand have extensive medical histories with much of this care received outside of the VA. However obtaining patients' medical records from outside sources is inefficientwith significant variability in process across care teams. Additionally there is significant variability in the amount of time providers spend gathering medical history during an encounterwith nearly a quarter of providers spending more than 30 min

Professions:

Nurse practitioner trainee(s) Pharmacy trainee(s) Physician faculty Physician trainee(s)

Improving Provider Experience and Efficiency with New Patient Visits in Primary Care

Obtaining patients' medical records from outside sources is inefficient and there is significant variability in the amount of time providers spend gathering medical history during an encounter with nearly a quarter of providers spending more than 30 minutes. Developed and implemented a waiting room new patient intake form to improve provider efficiency.

Professions:

Nurse practitioner
trainee(s) Pharmacy
trainee(s) Physician
faculty Physician
trainee(s)

Increase Opioid Informed Consent Form in a Primary Care Clinic

Increase the percentage of MP clinic patients with a signed, scanned and cover-page visible opioid agreement. This project has focused on improving clinic processes and procedures and provider education.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Physician
faculty Physician
trainee(s)

Increasing HCV screening for Medical Practice Patients

New Hepatitis C treatments have become available which have high response rates in patients infected with different genotypes of disease. These treatments are available for patients at the San Francisco VA. Aim was to improve HCV screening in patients born between 1945-1965 in Medical Practice and Women's Clinics.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
faculty Pharmacy
trainee(s) Physician
faculty Physician
trainee(s)

Increasing HCV screening for Medical Practice Patients

In the last several years new Hepatitis C treatments have become available which have high response rates in patients infected with different genotypes of disease. These treatments are available for patients at the San Francisco VA. As a result, Hepatitis C detection and treatment have become priorities for the Department of Veterans Affairs. Congress recently appropriated \$1.5 billion for Hepatitis C treatment within the VA for fiscal year 2016.

Aim: To improve HCV screening in patients born

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
trainee(s) Physician
faculty Physician
trainee(s)

Medication Teaching in Hypertension

This project focuses on the impact of a Medication Teaching Clinic and identifies whether the med teaching clinic improves patient satisfaction with medication specifically higher CAN score patients with uncontrolled HTN. The aim of this project is to have med teaching appointments with both pharmacy and psychology to address barriers to medication adherence at the moment and

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
faculty Pharmacy
trainee(s) Physician
faculty Psychology

minimize potential stress for the veterans by eliminating additional clinical appointments. trainee(s)

Naloxone Kit Distribution and Teaching at a Downtown Clinic

Veterans have high rates of pain and mental health disorders such as post-traumatic stress disorder as well as concomitant benzodiazepine and opiate use placing them at particular risk of accidents and overdose. Veterans are estimated to die of opiate overdose at twice the national average. Naloxone is an opioid antagonist commonly used in hospital settings to reverse the fatal respiratory depression from opiate overdose with little adverse effect.

Professions:

Physician faculty
Physician trainee(s)
Psychology trainee(s)

Reducing Hypoglycemia Risk for Diabetic Patients

Oral hypoglycemic agents and insulin are among the top medications most commonly associated with ER visits and hospitalizations. This project aims to reduce high-risk patients with A1c who are prescribed insulin/sulfonylureas by April 2017 and consider creating a “visibility board” to track progress towards major targets.

Professions:

Nurse practitioner
trainee(s) Physician
trainee(s) Psychology
faculty

Void for Opioid: Increasing the Rate of Annual Urine Drug Screens Among Patients Receiving Chronic Opioids

Deaths from drug overdose have quadrupled since 1999 and opioids are the most common cause of drug-related deaths. Routine urine drug screens may help to ensure safe opioid prescribing. The Medical Practice (MP) Clinic at the San Francisco VA Medical Center (SFVAMC) uses a scheduled refill program for patients receiving a stable dose of chronic opioids. Aim: Increase the number of patients in the original SFVAMC MP Chronic Opioid Refill Program with an annual UDS from 35% to 65% by April 2014.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
faculty Physician faculty
Physician trainee(s)

Seattle

Performance Improvement Projects 2016/2017

Appropriate prescribing of ACE-I or ARB in patients with DM and microalbuminuria.

Phase 1 of this project focused on patients who were on dual ACE-I and ARB medications for DM and reno-protective effect. Phase 2 of project: QI workgroup led by the renal faculty of SCAN Echoworking with pharmacy faculty Pharmacy traineesand RN SCAN Echo faculty to identify patients with DM and microalbuminuria who were on neither ACE Inhibitors and ARBs for renoprotective effect. Consideration for DNP student Capstone project.

Professions:

Nurse practitioner
trainee(s) Nursing
faculty Pharmacy faculty
Pharmacy trainee(s)

Chlamydia Screening

AIM to increase annual screening rates among female Veterans under 25 years old to 75%. Led by 2 NP traineesand working with the WH Program Director this project is currently focused on use of a clinical decision support tool.

Professions:

Nurse practitioner
trainee(s) Nursing
faculty Physician faculty

Dual ACE Inhibitor/ARB Prescriptions

QI workgroup led by the renal faculty of SCAN Echoworking with pharmacy faculty Pharmacy traineesand RN SCAN Echo faculty to decrease the concurrent prescriptions of ACE Inhibitors and ARBs for VAPS. DNP student joined the project for Capstone.

Professions:

Nurse practitioner
trainee(s) Nursing
faculty Pharmacy faculty
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Just Take Your Meds: Med Adherence in HTN

Project designed to improve medication adherence in patients with hypertension Phase 1 AY 2015-16. Phase 2 project begun summer 2016: interventions with new information sheet on processhanded out to all pts in PCC; and educational videos for providers and staff. DNP student joined project for Capstone/QI.

Professions:

Nurse practitioner
trainee(s) Nursing
faculty Pharmacy faculty
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Medication reconciliation in the ED

Performance improvement project conducted as part of a pilot pharmacy resident ED rotationworking with ED cliniciansnursing staff and pharmacy faculty mentor. Focused on ED pharmacy review of medications and reconciliationand input to ED clinicians and nursing staff

Professions:

Nurse practitioner faculty
Nursing faculty Pharmacy
faculty Pharmacy
trainee(s) Physician
faculty

PCMHI same day warm hand off and/or referral project

PCMHI same day warm hand off/referral. This project was implemented at two PCMHI clinics at Puget Sound to assist with increasing interpersonal communication of patient-center goals/warm hand off of patients to the mental/behavioral health provider on the primary care treatment team.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Pharmacy faculty
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)
Social Work faculty

PC-MHI: Patient and Provider Utilization

QI project designed to assess patient and provider utilization of mental/behavioral health in CoEPCE. PCMHI CoEPCE Utilization Survey provides data on type of utilization and reasons for consultation in order to improve access and inform curriculum needs. Preceptor room utilization survey designed to assess the integration of psychology resident with the NP and MD residents in the formulation and implementation of a patient centered treatment plan.

Professions:

Nurse practitioner
trainee(s) Physician
trainee(s) Psychology
faculty Psychology
trainee(s)

POLST Project

QI project to increase documentation of Advance Directives and POLST (Physician Orders for Life Sustaining Treatment) forms among medically complex Veterans in Primary Care Clinic. Maintenance phase for pilot teamlets.

Professions:

Nursing faculty Physician
faculty Physician
trainee(s)

Polypharmacy Clinic in Primary Care

QI project designed to reduce polypharmacy in primary care clinic patients by identifying patients at risk and designing protocol to "de-prescribe". Current PDSA cycles are focused on the design of a Polypharmacy Clinic.

Professions:

Nurse practitioner
trainee(s) Pharmacy
faculty Pharmacy
trainee(s)

QI Project on Continuity in Women's Clinic for Medicine Residents

Group QI project on Continuity in Medicine resident Women's clinics. Project development presented at UW Primary Care IM track conference.

Professions:

Nursing faculty Physician
faculty Physician
trainee(s)

QI Project on No-Shows in Medicine Resident Clinics

Group QI project on No shows in Medicine resident clinics. Project development presented at UW Primary Care IM track conference.

Professions:

Nursing faculty Physician
faculty Physician
trainee(s)

QI project on No-shows: NP-led Part 2

QI project on No shows: Two NP QI projects begun on No show rates for providers focusing on separate aspects in development. Project development presented at trainee retreat.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Physician faculty

QI Projects on No-Shows: 1

QI project on No shows: Two NP QI projects begun on No show rates for providers focusing on separate aspects in development. Project development presented at trainee retreat.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Physician faculty

Reducing Low Acuity Visits to the ED: Homeless Veterans

Performance improvement project focused on reduction of low acuity visits to ED by homeless Veterans

Professions:

Nurse practitioner faculty
Nursing trainee(s)
Physician faculty
Physician trainee(s)

Reducing Low Acuity Visits to the ED: Super-utilization

Performance improvement project focused on reduction of low acuity visits to ED by focusing on "super-utilizers." Ongoing maintenance project with stakeholders in Primary Care Women's Health ED, Homeless-PACT, Mental Health, Pharmacy and other specialties (example Wound Care). Separately noted Pharmacy project in ED on Medication Use and reconciliation.

Professions:

Nurse practitioner faculty
Nursing faculty Pharmacy
faculty Pharmacy
trainee(s) Physician
faculty Physician
trainee(s)

Whole Health Project

Project to improve Whole Health adoption by creation of "booster" education sessions for patients in primary care who could benefit from interprofessional team approach to lifestyle modification and care. Involves psychology faculty/trainee RN faculty and DNP mental health trainee.

Professions:

Nurse practitioner
trainee(s) Nursing
faculty Psychology
faculty Psychology
trainee(s)

West Haven

Performance Improvement Projects 2016/2017

A new approach to reducing polypharmacy in elderly patients an interprofessional polypharmacy intervention using the shared medical appointment mode

To pilot a team-based interprofessional educational and clinical intervention for patients with polypharmacy as an innovative approach to geriatrics education.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
faculty Pharmacy
trainee(s) Physician
faculty Physician
trainee(s) Psychology
faculty Psychology
trainee(s)

A Panel Management Intervention to Increase the Rate of PCV13 Vaccination

The study was aimed at increasing the number of Patient Aligned Care Team (PACT) patients vaccinated with PCV13 creating a tool to identify eligible patients and develop a process to streamline vaccine delivery and evaluating the effectiveness of the pilot intervention. 80 veterans who were at least 65 years of age and PCV13 naïve were randomly selected for intervention arm and 134 veterans were in the control arm. 20% of patients in the intervention arm received the vaccine versus 14% in the control group ($p=.27$). There was a trend towards increased vaccination rate in the intervention group though this was not statistically significant indicating that an intervention to increase vaccination among veterans can be developed and produced in a small amount of time but future studies should utilize a larger sample size and include veterans under the age of 65.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Physician
faculty Physician
trainee(s)

Advance Directives in Primary Care

An interprofessional quality improvement project was designed to increase the proportion of patients with completed advance directives posted in the electronic medical record by increasing the skill of the interprofessional team in facilitating advance directive discussions. This will be accomplished through provider education, patient awareness and improvements in workflow.

Professions:

Nurse practitioner
trainee(s) Physician
faculty Physician
trainee(s)

An inter-professional intervention to improve efficiency in an academic primary care clinic: Direct Observation and feedback of primary care trainees

Residents in academic primary care often exceed allotted clinical encounter times resulting in increased wait times dissatisfied patients and added stress on providers. Based on preliminary data from our clinic showing 30% of encounters were delayed due to providers starting late an inter-professional project was developed to investigate the effect of using health psychology colleagues to provide feedback on resident performance by direct observation during clinical encounters.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Physician
faculty Physician
trainee(s)

Comparison of Outcomes for Diabetic Patients in an Interprofessional Team Based Academic Patient Centered Primary Care Medical Home Compared to a Trad

This study will compare outcomes among patients with diabetes within two outpatient settings to determine if the interprofessional academic medical home model improves management of poorly-controlled diabetes more than the traditional medical home model currently utilized at the majority of Veterans Health Administration sites and to compare outcomes within these health care models among co-managed patients (faculty and resident primary providers) versus faculty-only patients.

Professions:

Physician faculty
Physician trainee(s)

Development and Evaluation of a Coaching Curriculum in Academic Primary Care

The overall goal of this project is to train residents in the foundational skills of coaching to improve communication and rapport building skills among peers. Resident coaching competencies will be assessed and evaluated throughout the training program. Resident attitudes regarding coaching and self-reflection skills will be surveyed before during and after participation in the coaching curriculum.

Professions:

Physician faculty
Physician trainee(s)
Psychology trainee(s)

Development of an automatic notification system for patients who have not renewed chronic medications

We identified that self discontinuation of chronic medications was frequent and could be harmful. This project seeks to develop an alert that will make the provider aware that medications were not refilled.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Pharmacy faculty
Pharmacy trainee(s)
Physician faculty
Physician trainee(s)

Ensure laboratory data are available at the time of the encounter
Incorporate visual cues when patients need laboratory data.

Professions:
Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Physician faculty
Physician trainee(s)

Evaluation of burnout among COE versus non COE primary care resident trainees

We surveyed resident trainees in COE vs. non-COE primary care clinics to assess rates of burnout. The overall goal of this proposed QI project is to inform and help predict the influences of burnout.

Professions:
Nurse practitioner
trainee(s) Physician
trainee(s) Psychology
trainee(s)

Evaluation of Shared Decision-Making Skills among Primary Care Residents

The primary objective of this program is to determine if an SDM curriculum will enhance medical and nurse practitioner residents' use of SDM in patient visits. A secondary objective is to evaluate residents' degree of patient-centeredness vs. physician-centeredness.

Professions:
Nurse practitioner
trainee(s) Physician
trainee(s) Psychology
faculty Psychology
trainee(s)

Improved Huddles to Optimize Team Efficiency

Improve huddles to achieve better team efficiency over 12 weeks.

Professions:
Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Physician faculty
Physician trainee(s)
Psychology trainee(s)

Improving Efficiency in Academic Primary Care: A Potential New Role for Health Psychology

Observation of resident encounters by health psychology followed by individualized feedback would improve resident efficiency and decrease total encounter time. This a continuation of the previous project "PDSA to improve appointment start time"

Professions:
Nurse practitioner
trainee(s) Physician
trainee(s) Psychology
trainee(s)

Improving Glycemic Control Through Enhanced Patient Engagement

This project sought to utilize panel management to identify patients in their clinic with HgB A1c $\geq 8.5\%$ increase provider awareness of these patients improve patient engagement connect patients to resources within the VA (health psych pharmacy telehealth

Professions:
Nurse practitioner
trainee(s) Nursing
faculty Physician faculty
Physician trainee(s)

nutritione tc.)ensure that HgB A1c is checked every 3 months identify veterans who have missed PCP appointments or do not have upcoming appointmentsimprove continuity of care between patient and care teamand improve glycemic control within this population. In six monthsabout 42% of patients HgB A1c reached below 8.5% (patients with HgB A1c = 8.5% = 30, Total patients in intervention = 52).

Improving Medication Reconciliation in dual care patients

Achieving 100% accuracy of medication list in co-managed patients.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Nursing
faculty Pharmacy faculty
Physician faculty
Physician trainee(s)

Improving opioid overdose education and naloxone distribution (OEND) in high risk patients on opiates for chronic pain

This quality Improvement project aims to enhance overdose education and distribution of naloxone kits to patients with chronic pain at elevated risk of opioid overdose.

Professions:

Nurse practitioner
trainee(s) Pharmacy
faculty Physician faculty
Physician trainee(s)

Improving resident ability to perform joint injections in primary care

Our aim is to study how a joint injection/aspiration training program affects resident confidencecomfortand competency in performing joint injections/aspirations. We aim to increase the number of these procedures that are being done in the Center of Excellence (COE) Primary Care Clinic at the West Haven VA.

Professions:

Nurse practitioner
trainee(s) Physician
faculty Physician
trainee(s) Psychology
trainee(s)

Initiative to Minimize Pharmaceutical Risk in Older Veterans (IMPROVE)— Medical Education Project

To validate a survey for assessing trainees' knowledge of polypharmacy and to test for differences in trainees' knowledge and attitudes regarding polypharmacy before and after participation in a polypharmacy clinic in an interprofessional outpatient team-training program.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
faculty Pharmacy
trainee(s) Physician
faculty Physician
trainee(s)

Innovation in Practice: Introduction of a Panel Management Curriculum to an Inter-professional Training Program

Designed to assist PACT teams with the practice and implementation of panel management and improve the health of patients with uncontrolled hypertension. Sought to pilot a practical curriculum for panel management for trainees.

Professions:

Nurse practitioner faculty
Nurse practitioner trainee(s)
Nursing faculty
Nursing trainee(s)
Physician faculty
Physician trainee(s)

Naloxone distribution to a veteran population through a provider-patient education initiative

In our VA Primary Care Clinic the fraction of high-risk opiate patients – defined as daily opiate doses of $\geq 100\text{mEq}$ or co-prescriptions of benzodiazepines with any opiate doses – with naloxone prescriptions was $\sim 5\%$ (as of 9/2016). We therefore aim to increase the number of high-risk patients who are prescribed naloxone in our primary care clinic to 80% over three months through a standardized, multi-disciplinary, patient-provider education initiative.

Professions:

Nurse practitioner trainee(s)
Physician faculty
Physician trainee(s)

Patient Satisfaction after embedding physical therapy into the PACT team

Evaluating patient satisfaction after embedding physical therapy faculty and trainees into the PACT teams to allow real time assessment and start of home PT exercises.

Professions:

Physician faculty

PDSA to Improve Appointment Start Time

Decrease late frequency by 10% from baseline over 12 weeks.

Professions:

Nurse practitioner trainee(s)
Physician trainee(s)

Precepting at the bedside in an interprofessional primary care clinic: a survey of physician and nurse practitioner resident trainees

This project is aimed at reducing non value patient time (waiting for precepting) by having precepting take place at the bedside with the patient in the room.

Professions:

Nurse practitioner faculty
Nurse practitioner trainee(s)
Physician faculty
Physician trainee(s)

The Use of brief student evaluations and feedback to improve teaching in Primary Care Education

At the end of each teaching session, students provide brief session ratings and qualitative feedback via an electronic portal. Via a web interface, faculty and other teachers will receive summary feedback of these ratings. We will evaluate whether provision of such feedback improves overall teaching ratings based on these measures as well as additional measures collected through the medical school.

Professions:

Nurse practitioner faculty
Physician Assistant
faculty

The Use of Rapid Curricular Evaluation Cycles (RCEC) to improve teaching in Primary Care Education

At the end of each teaching session students provide brief session ratings and qualitative feedback via an electronic portal. Via a web interface faculty and other teachers will receive summary feedback of these ratings. We will evaluate whether provision of such feedback improves overall teaching ratings based on these measures as well as additional measures collected through the medical school.

Professions:

Nurse practitioner faculty
Physician Assistant
faculty

To improve the use of pharmacotherapy for alcohol use disorder in primary care setting

The intervention will create a virtual primary care addiction clinic comprised of multi-disciplinary staff including addiction specialist pharmacist and primary care resident. Hopefully the clinic will encourage and strengthen primary care providers to obtain experience in prescribing the addiction medications.

Professions:

Nurse practitioner faculty
Nurse practitioner
trainee(s) Pharmacy
faculty Pharmacy
trainee(s) Physician
faculty Physician
trainee(s) Psychology
faculty Psychology
trainee(s) Social

West Haven Center of Excellence Provider Perceptions of Interprofessional Care Proposed Quality Improvement Project: Program Evaluation

The purpose of this proposed QI project is to understand how different providers within the Center of Excellence (CoE) define interprofessional care; how these definitions inform their expectations of care coordination; and how these expectations impact their perception of the functioning of the CoE and affect their beliefs about the CoE's future direction.

Professions:

Psychology trainee(s)

West Los Angeles

Performance Improvement Projects 2016/2017

Evaluation of a Homeless Patient Centered Medical Home (PCMH) Communication Form to Improve Coordination of Care

Purpose: Providing healthcare to a homeless Veteran population is complex and requires an interprofessional approach. A single visit often involves “hand-offs” between multiple health professionals which can create confusion amongst providers and patients regarding care plans and poor coordination of care. The objective of this quality improvement project is to revise and standardize the clinic communication form to improve communication between interprofessional providers and coordination of care.

Professions:

Nursing trainee(s)
Pharmacy trainee(s)
Psychology trainee(s)

Methods: Study design: Single-site prospective study. Setting: One interprofessional team practicing in a patient-centered medical home for homeless Veterans at the Veterans Affairs Greater Los Angeles Healthcare System (VAGLAHS). Intervention: Implementation of a revised standardized communication form to navigate providers and patients through the care plan developed during the day’s visit. The communication form describes the steps patients need to take to implement the care plan. Participants: Interprofessional staff which included pharmacists, nurse practitioners, physicians, psychologists, psychiatrists, social workers, and nursing staff. Measures / Main Outcomes: Provider survey conducted prior to and 8 weeks after implementation of the revised communication form assessing the change in usage of the communication form and the change in confidence level using and explaining the communication form to patient. Analyses: two-tailed paired t-test to analyze survey results before and after implementation of the revised communication form; SPSS statistical software 22.0 was utilized. This work was supported by a grant from the VA office of academic affiliations.

Results: Early results indicate an increase in overall provider use of the communication form and in provider confidence in explaining the patient’s plan of care.

Conclusions: With an increase in confidence level and usage of the communication form, we anticipate improved communication between interprofessional team members within the homeless PCMH and improved coordination of care by patients. In our next phase, we will interview providers and patients to test these proposed outcomes.