

GNYHA-PSYCKES QUALITY COLLABORATIVE BEST PRACTICES IN MEDICATION-FOCUSED CQI

CORE PROCESS	Check if Present
<i>FOCUS:</i> <i>in this stage, clinic QI teams conduct a variety of activities to establish the foundation for future PDCA cycles.</i>	
<i>Find opportunity to improve</i>	
Clinic decides to participate in medication-focused CQI.	<input checked="" type="checkbox"/>
<i>Organize a Team</i>	
There is a QI team at the clinic responsible for implementing the project.	<input type="checkbox"/>
The QI team includes clinic leadership.	<input type="checkbox"/>
The QI team includes medical leadership or other prescriber to act as project champion.	<input type="checkbox"/>
<i>Clarify current knowledge/processes that impact opportunity to improve</i>	
The QI team identifies existing work processes relevant to the project (e.g. intake/admission, medication review, treatment plan review, consumer education, and prescriber supervision).	<input type="checkbox"/>
The QI team reviews the current scientific literature relevant to medication quality concerns.	<input type="checkbox"/>
<i>Understand variation that is contributing to the problem</i>	
The QI team uses data in PSYCKES to measure quality concerns, and identify prescribing patterns at the agency, site, and prescriber level.	<input type="checkbox"/>
<i>Select/Start PDCA to improve outcomes</i>	
The QI team educates and engages all clinical staff, including therapists and prescribers, about the project (face to face meetings, either 1:1 or in groups).	<input type="checkbox"/>
The QI team educates and engages consumers about the quality concern.	<input type="checkbox"/>
Leadership at all levels actively and continuously communicates importance of and commitment to the project: e.g. importance of providing clients with minimal-risk treatment, belief that change is possible, willingness to devote resources, ongoing interest in project progress and outcomes	<input type="checkbox"/>
<i>Plan:</i> <i>The team begins by examining existing systems to determine what needs to change in order to achieve desired outcomes, defining measures of performance, and developing an explicit action plan.</i>	
The QI team develops a written action plan for the QI project that defines goals, measurable objectives, strategies/actions to influence outcomes, and individual(s) responsible.	<input type="checkbox"/>
The QI team identifies administrative and clinical processes that need to be modified or added in order to achieve project goals.	<input type="checkbox"/>
The QI team reviews data to determine source(s) of positive cases (internal or external to clinic).	<input type="checkbox"/>
The QI team develops systems for tracking and sharing the project outcomes that are congruent with clinic workflow.	<input type="checkbox"/>
QI team defines how other members of the clinical team are engaged in the project, including their roles and activities related to project goals.	<input type="checkbox"/>
<i>Do:</i> <i>The team implements the Action Plan.</i>	
There is a system in place for the QI team to identify positive cases each month, using PSYCKES and other methods as needed.	<input type="checkbox"/>
There is a system in place to give each prescriber a monthly list of clients who meet criteria for the cardiometabolic risk indicator set.	<input type="checkbox"/>

BEST PRACTICES IN MEDICATION-FOCUSED CQI

There is a system in place to ensure that every positive case receives a clinical review by the prescriber.	<input type="checkbox"/>
There is a protocol in place that defines issues to be considered and addressed during clinical reviews.	<input type="checkbox"/>
There is a system in place to provide prescribers with the client-level report from PSYCKES to use in the clinical review.	<input type="checkbox"/>
Prescribers use a structured form to document the outcome of the clinical review, including the rationale and plans to address barriers to change if no change is made.	<input type="checkbox"/>
There is a process in place for the QI team to receive data on the outcomes of the clinical reviews.	<input type="checkbox"/>
There is a system in place for notifying members of the treatment team each month about consumers who meet criteria for the cardiometabolic risk indicator set.	<input type="checkbox"/>
There is a system in place for educating consumers at least quarterly about the quality flag and its implications for health.	<input type="checkbox"/>
There are systems in place involving the clinical team to support consumers and prescribers during medication changes.	<input type="checkbox"/>
There are processes in place to re-assess clients for whom a medication change was not made.	<input type="checkbox"/>
Check: <i>the QI team uses objective information to evaluate the effectiveness of actions taken.</i>	<input type="checkbox"/>
The QI team meets monthly to review data about the project.	<input type="checkbox"/>
The QI team aggregates and evaluates data about the project at the client, prescriber, and clinic levels (using structured tools such as run charts and Pareto charts).	<input type="checkbox"/>
The QI team aggregates data from clinical reviews to evaluate barriers to medication changes, and develops interventions to address them.	<input type="checkbox"/>
Clinical/medical leadership meets directly with prescribers to review outcomes.	<input type="checkbox"/>
The QI team reviews progress towards project goals established in the action plan.	<input type="checkbox"/>
The QI team reviews trends in agency performance relative to regional and state level trends.	<input type="checkbox"/>
The QI team reviews progress towards project goals as established by project leadership.	<input type="checkbox"/>
The QI team reviews QI project activities regularly, to evaluate the effectiveness of their processes.	<input type="checkbox"/>
Project progress and outcomes is a standing agenda item at meetings of agency leadership.	<input type="checkbox"/>
Project progress and outcomes is a standing agenda item at meetings of clinical staff.	<input type="checkbox"/>
Act: <i>the QI team institutionalizes effective interventions and/or modifies the action plan to address ineffective interventions, and determines goals for the next PDCA cycle.</i>	
Effective processes are institutionalized as part of ongoing clinic procedures, to include all clients.	<input type="checkbox"/>
QI team continues to monitor data, including PSYCKES data, to ensure that gains of the project are maintained.	<input type="checkbox"/>
New staff are trained in relevant aspects of the project.	<input type="checkbox"/>
Based on evaluation of data, the QI team modifies the action plan to revise processes and/or implement new processes to achieve project goals (see PLAN above).	<input type="checkbox"/>