

IM-POWER: How Workflow Revitalization Led to Improved Team-Based Care

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Objective

The Internal Medicine Positive Outcome Workflow Evaluation Revitalization (IM-POWER) identified standardization needs along the entire patient healthcare continuum. Implementation of standardized workflows and tools would provide consistent evidenced based care; allowing for all patients to have preventative and chronic care gaps addressed.



Background

Established in 1946, Associated Physicians is Dane County's longest serving independent, physician owned, multispecialty medical practice, providing Internal Medicine, OB/GYN, Pediatrics, and Podiatry services. Associated Physicians has devoted physicians who are dedicated to provide trusted, quality patient and family centered care while supporting clinical staff and providers to function at the highest level of their training and licensure.

The Internal Medicine department, consisting of 7 providers caring for over 13,000 people, identified the need to restructure the patient experience and clinical workflows in order to provide improved outcomes and efficiencies. The IM-POWER work was a team effort; consisting of the below staff:

- ❖ Clinical Operations Manager: Kimberly Zielke, MSN, RN
- ❖ Executive Director: Terri Carufel-Wert MHA, RN
- ❖ Quality Physician lead: Dr. Jennifer Everton
- ❖ Quality Manager: Sherry Schneider, RN
- ❖ IM Nursing Supervisor: Jessica Trainer, RN
- ❖ Lead CMA: Kristy Turner, CMA
- ❖ RN Care Coordinator: Sarah Kuech, MPH, BSN, RN

Actions Taken

These targeted actions were selected to help address preventative and chronic care gaps with an emphasis on hypertension and diabetes.

Priority areas for workflow revitalization:

- ❖ Pre-visit planning
- ❖ Optimization of elevated blood pressure workflow including scheduling follow-up blood pressure check appointments
- ❖ Daily morning huddles
- ❖ EHR consultant for optimization support

Team based training to encourage a whole-patient approach:

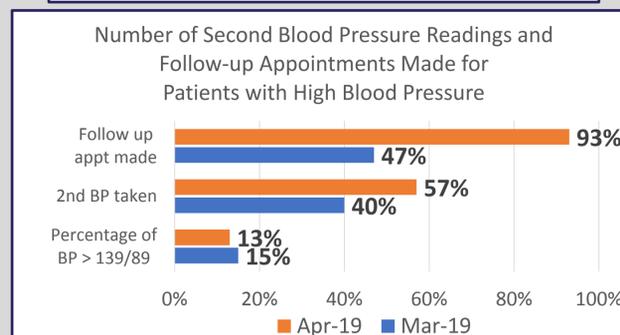
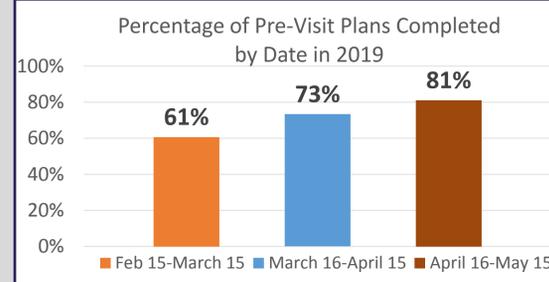
- ❖ Diabetes overview, diabetes medication, and diabetes quality care
- ❖ Blood pressure skills training and skills check-off
- ❖ Lunch-and-learn series on customer service, documentation, teach-back and plain language, and medication reconciliation
- ❖ Leadership change management half-day workshop

Development and approval of standardized tools and equipment:

- ❖ Purchased 9 automated blood pressure machines
- ❖ Blood pressure audit report
- ❖ Clinical staff protocol for population health and preventative care gaps
- ❖ Epic/EHR tools for running registries
- ❖ Pre-visit planning template

Metrics

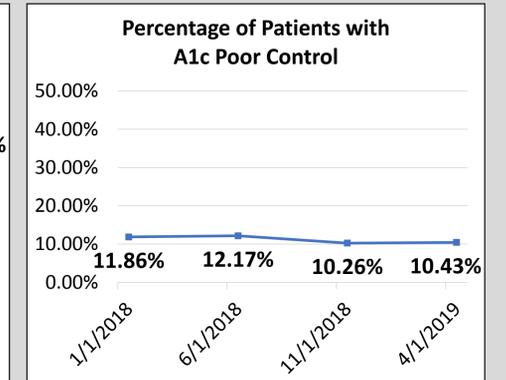
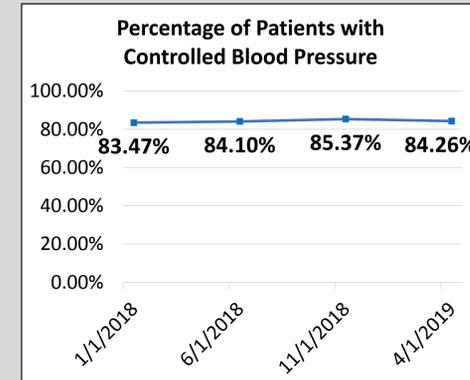
As shown in this pilot, the percentage of Pre-Visit Planning completed by staff increased dramatically, from 61% to 81% in just 3 months! The number of staff completing a second blood pressure reading for patients with a high blood pressure also markedly improved, from 40% to 57%! The biggest difference after the standard workflow changes were made, was the percentage of patients with a follow-up appointment with a second high blood pressure reading, which went up to 93%!



Analysis

The IM-POWER team conducted registry reports to identify patients with diabetes that were in control and out of control, which assisted the Diabetes Educator with patient outreach for lab monitoring and follow up visits. Manual reports were collected weekly to identify patients with elevated blood pressures, a missed 2nd blood pressure check, and a missed follow-up when the 2nd blood pressure was elevated.

The overall hypertension and diabetes quality measures did not see an improvement during this three month timeframe. With any new initiative, quality measures might not see immediate improvements. That said, since the beginning of Associated Physicians' involvement in the Practice Transformation Network, both the hypertension and diabetes measures have steadily improved over time, as shown in the metrics graphs.



Lessons Learned and Next Steps

Lessons Learned

- ❖ Being a community connect client to our EHR interface, we have limited ability to customize and/or request changes to our dashboards and reporting capabilities
- ❖ Go slow with change to support the staff along the way

With the development and implementation of the IM-POWER project, Associated Physicians will continue building and expanding on those efforts and communicate our enhanced patient care to our payer groups, highlighting how those efforts will assist us in meeting our value agreements during contract negotiations.

Next Steps

- ❖ Standardized rooming
- ❖ Adding depression and falls screenings
- ❖ Optimizing check-in and check-out processes
- ❖ Managing patient registries
- ❖ Standardized orders
- ❖ Building on existing chronic care management workflows
- ❖ Weekly data sharing with providers and clinical staff

To ensure the sustainability of the IM-POWER project, ongoing meetings, development of audit reports, and team member feedback will be utilized to make adjustments to workflows.