

ATHN
DATA
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NHPCC Quality Improvement at the HTC's: Successes and Challenges

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Biggest Challenge:

TIME



- Competing obligations
- Limited Time in a work day/week

But, quality improvement is...

- Done at your center's personal pace
 - Guidelines and suggestions include
 - Holding weekly meetings to not lose momentum (placeholder vs work meeting) – shorten if needed
 - Assigning roles to keep everyone engaged
- Personalized to your center
 - Given different abilities and challenges at each center

The ultimate goal of the NHPCC Dartmouth Quality Improvement Program

- Is to improve the process of transition of care from pediatric to adult care while simultaneously cultivating improvement capabilities of all staff at the front line of care

Before program implementation started...

Coach Perspective: Challenges



- Understanding the role
- Understanding the required meetings
 - Scheduled coach meetings (Adobe Connect)
 - Scheduled team meetings (Adobe Connect)
- Assigned readings
 - Large time commitment upfront
- Buy-in from higher ups

Team Perspective: Challenges



- Understanding the role of the coach
- Buy-in from team members but also higher ups
- Assigned readings and meetings
- Understanding transition guidelines that already exist
 - NHF’s MASAC transition guidelines
 - Steps for Living
 - ASH Hemophilia Transition Readiness Assessment Template

Coach Perspective: Successes



- Interaction with new coaches across all disciplines
- Multiple new skills and measurements taught

Team Perspective: Successes



- Open discussion hearing feedback from all team members
 - All votes were equal
 - Identified (lack of) team communication was a huge issue

After implementation was (is) going on...

Coach Perspective: Challenges



- Assigned readings and meetings
 - Steep learning curve
 - Learning platform (Canvas) and communications
 - Not clear & difficult to navigate
 - Lack of feedback about assignments
 - Unclear which assignments were to be completed by team vs by coach
- Learning to coach
 - Not offer solutions
 - Modest inquiry
- Variable senior (Dartmouth) coach mentorship/support

Team Perspective: Challenges



- Analyzing the 5Ps of the HTC
- Defining the aims as a team
- Defining the measure of the aims
- Approaches to down time
 - Summer/holiday breaks
- Barriers to developing improvement capabilities
 - Competing priorities > time management > team dynamics > data collection/analysis
- Continue to implement initiatives with minimal coach input

Coach Perspective: Successes



- Learning that the coach role is to keep team on track
 - Sit on your hands and not interject
- Feedback received constructively
 - Second wave had assignments/readings prioritized/optional

Team Perspective: Successes



- Learned effective meeting skills
 - Assigned meeting roles
 - Carry over to other meetings
 - Prepared them to effectively manage conflicts/communicate with team members
- Established HTC transition policy
- Informed families of clear transition plans
- Transition plans developed for places where they did not exist before
- Efficient communication within teams to identify, evaluate, and improve any process
- Completing a PDSA cycle was much simpler and shorter than expected
- Standardized documentation of transition plan/process
- Educated patients and families on medical insurance
 - Included info on visit summary
- Identified unrecognized barriers to effect change at HTC
- Networking opportunities with other HTC professionals

But, quality improvement..

- Is definitely do-able
 - Buy-in from different stakeholders
 - Time and effort must be protected to perform this
- Takes time and patience
- Will be an ongoing process
- Will not be a homogenous program throughout different sites