

## HTS/DPHHS eCQI Generic Detailed Plan

The following eCQI project plan focuses on utilizing HIT functionality and data, along with clinical best practices to advance your quality improvement projects. Sprints or PDSA cycles will be utilized for each planned change. Following is a detailed generic project plan that can be used for most eCQI projects, focusing on the use of HIT to advance your QI goals (see appendix L for an eCQI Project Management checklist):

1. Step 1: Identify Project Scope
  - a. Choose project goal
    - i. Answer this question: “What are we trying to accomplish?” (below are some possible ways of how you might identify possible goals)
      1. Identify quality reporting requirements that are evaluated and used for payment reform/reimbursement or ranking (examples include: Merit-based Incentive Payment Program (MIPS), Patient Centered Medical Home, HRSA UDS reporting, Inpatient Quality Reporting (IQR), CPC+/ACOs, etc.)
      2. Internal QI goals already established or mandated
      3. Quality improvement requirements from funding opportunities/grants
      4. Data analysis determinations (biggest quality issue, quality issue with the highest cost, issue affecting the most patients, etc.)
      5. Utilize data obtained by completing the Organization eCQI Assessment Survey (appendix J)
    - ii. When applicable, the project goal should be an outcome measure (see appendix A for more information on outcome and process measures)
    - iii. Use SMART criteria (see appendix B for more information on choosing SMART goals)
    - iv. Use standardized or nationally recognized measures when possible (e.g. CMS, NQF, IQR, MIPS UDS, measures, etc.) easily and consistently obtained from your EHR (do not make the data tracking/reporting a difficult task, save your resources for the change process)
    - v. Align your QI project with other quality reporting requirements and programs (MU, PCMH, MIPS, IQR, CPC+, UDS, etc.)
  - b. Identify the evaluation measure(s) you will use to monitor your performance to your project goal.
    - i. Establish and document the baseline data (starting point) for your evaluation measure.
  - c. Identify boundaries for project (guidelines for project)
    - i. Boundaries include; what should be included in the project as well as what should not be included, what is the expected timeframe, budget and use of resources
  - d. Document the project scope (see appendix C for sample eCQI Project Scope and Change Backlog Template and a completed example)
2. Step 2: Choose Project Team

- a. Assemble a team that has knowledge of the problem or opportunity for improvement. (including the right people on a process improvement team is critical to a successful improvement effort)
- 3. Step 3: Create Change Backlog
  - a. Answer this question: “What changes can we make that will result in an improvement?” to the project goal selected
  - b. If the evaluation measure(s) for your project needs data validation, or you have questions on the correct workflow or data entry for the measure, or if your staff needs training of on the correct workflow/data entry for the evaluation measure, this should be the first item you include on your Change Backlog, and should be prioritized as the first sprint or PDSA/cycle.
  - c. Brainstorm ideas for possible changes that will ultimately improve the project goal/outcome measure (see appendix F for an eCQI worksheet to help identify possible changes). Other items to review for possible ideas for improvement:
    - i. Identify possible physical or electronic workflows that need to be reviewed for possible improvement or streamlining (see appendix M to learn more about the process of workflow mapping)
    - ii. Identify possible EHR functionality changes (see appendix E to learn more about EHR functionality that can impact QI)
      - 1. Review staff use and workflows (based on clinical best practices for QI topic)
        - 1. Computer provider order entry (CPOE)
        - 2. Care coordination and transition of care
      - 2. Determine available options, decide on applicability (based on clinical best practices for QI Topic)
        - 1. Clinical Decision Support (CDS)
        - 2. Patient Portal/eSecure messaging
        - 3. Patient Education materials
        - 4. Care Coordination
        - 5. Interfaces
        - 6. Etc.
    - iii. Determine how to optimize point of care documentation to ensure accurate and streamlined data entry (based on clinical best practices for QI topic)
  - a. Ideas for change may come from the insights of those who work in the system, from previous PDSA cycles, from change concepts or other creative thinking techniques, or by borrowing from the experience of others who have successfully improved
  - b. Document the list of possible changes/improvements (changes could include, process or workflow changes, EHR changes, education/outreach to patients, data entry changes, etc) (see appendix C for sample eCQI Project Scope and Change Backlog Template and a completed example)
- 4. Step 4: Prioritize the Change Backlog based on “value” of each change
  - a. Prioritize or order the list of possible changes. You can determine the order based on your organization’s priorities. Priorities can be based on cost, resources, timeframes, most ROI, alignment with other quality initiatives, etc.
  - b. Document the list of changes (see appendix C for a sample eCQI Project Scope and Change Backlog Template and completed example)
- 5. Step 5: Create Sprint Backlog (identify item(s) to be included in first “sprint” or PDSA Cycle)

- a. Based on the priority identified on the Change Backlog, choose one change (or one group of changes) for the first sprint/PDSA (each sprint should be able to be completed in 2-6 weeks)
- 6. Step 6: Plan “Sprint”/PDSA Cycle
  - a. Plan
    - i. Based on the chosen change for this sprint, answer this question: “how will we know that a change is an improvement?”
    - ii. Choose evaluation measures for this change (choose SMART evaluation measures, with standardized data easily obtained from EHR or other system. Do not make the data tracking/reporting a difficult task, save your resources for the change process). (See appendix B for more information on SMART goals)
    - iii. Establish and document baseline data points for the evaluation measure(s)
      - 1. Create standard/customized reports and verify accuracy
      - 2. Create documentation (chart, graph, etc.) for baseline data and for tracking
    - iv. If the evaluation measure(s) for this change needs data validation, or you have questions on the correct workflow or data entry for the measure, or if your staff needs training on the correct workflow/data entry for the evaluation measure, this should be the first task of your PDSA/cycle.
    - v. Create PDSA worksheet (see appendix D for a sample PDSA Worksheet Template and completed example). Use one PDSA worksheet for each proposed change.
- 7. Step 7: Complete PDSA Cycle
  - a. Do
    - i. Communicate plans to all staff/stakeholders involved in change
    - ii. Implement changes as identified on PDSA worksheet
      - 1. Provide training for staff on changes
        - 1. EHR functionality
        - 2. New workflows
        - 3. Clinical best practices
        - 4. Reports and use of data
        - 5. other
  - b. Study
    - iii. Monitor progress/collect data (see appendix I for info on standard data collection methodologies and tools)
    - iv. Analyze data (see appendix H for more information on data validation and use)
    - v. Identify areas of needed improvement
  - c. Act
    - vi. If goal(s) identified in “plan” step are met; continue on with the Stabilize/Improve steps.
    - vii. If goal(s) are not met, create new PDSA cycle using data analysis and revise as necessary until goal(s) identified in “plan” step are met (Go to Step 8)
  - d. Stabilize/Spread
    - viii. Stabilize new processes - verify changes have been implemented, staff are performing new tasks, train or coach staff as needed
    - ix. Create ongoing data collection, tracking and reporting to insure changes continue to meet original goals
    - x. Identify areas to improve the newly established standard process

- xi. Propose new QI project based on new possible improvements
- 8. Step 8: Perform a Sprint Review
  - a. Identify best practices from sprint
  - b. Identify lessons learned to be applied to next or future sprints
  - c. Identify recommended updates to Change Backlog (add, remove, or change items)
- 9. Step 9: Review, update and reprioritize Change Backlog and prepare for new Sprint
- 10. Step 10: Begin Next Sprint/PDSA Cycle
  - a. Choose next change from list (to support overall project goal/outcome measure)
  - b. Continue cycle again starting with Step 5: Create Sprint Backlog
  - c. Keep creating new sprints/ PDSA cycles for this QI project until the high level goal/outcome measure is met, the project scope is revised or the project is canceled

Remember to celebrate your improvement success and document lessons learned for use in future eCQI projects.

(See copy of complete eCQI Toolkit for referenced appendices)