

Improving Screening Rates Through a Quality Improvement Approach: Part 2

May 20th, 2025

2:00-3:00pm Eastern/11:00am-12:00pm Pacific

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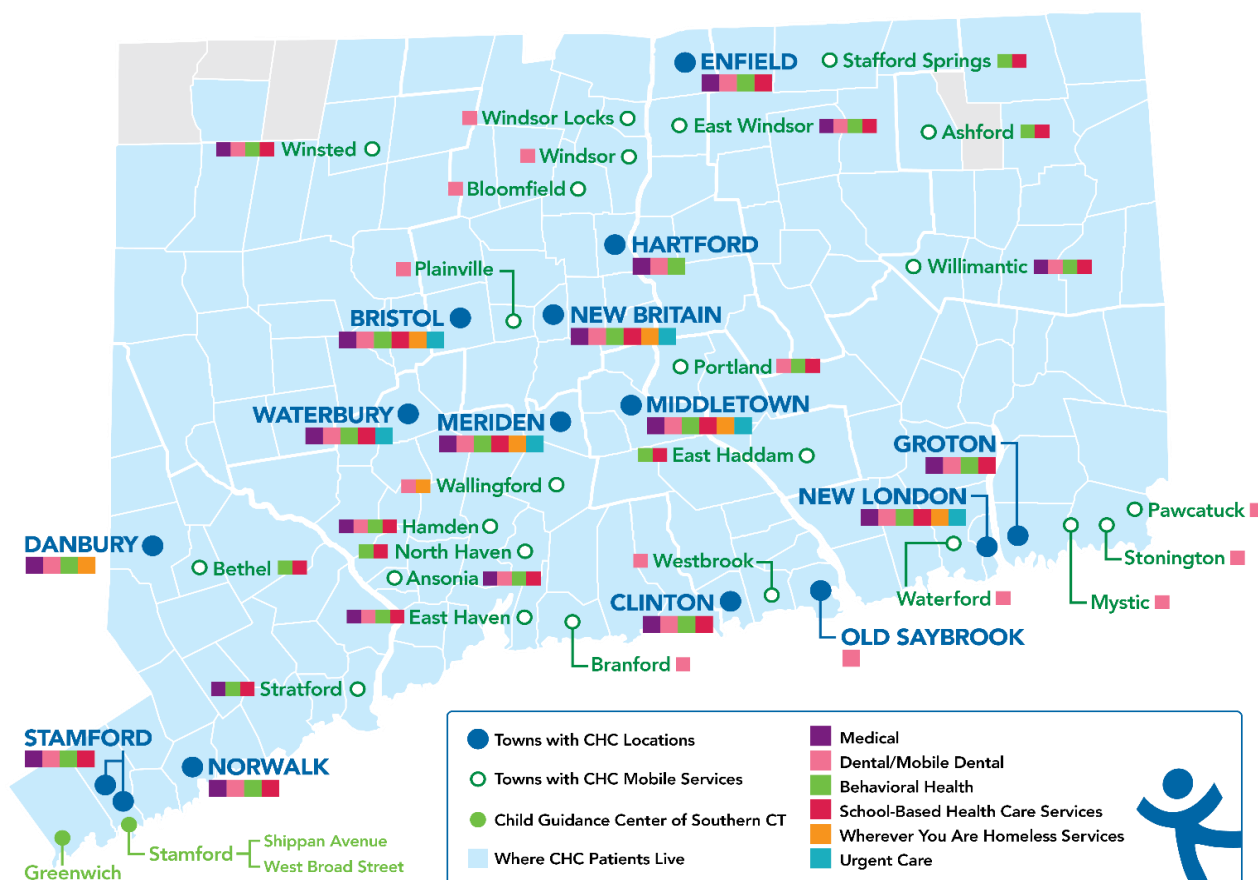
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1

Clinical
Excellence

2

Research
and
Development

3

Training
the Next
Generation

Profile

- Founded: **May 1, 1972**
- Staff: **1,400**
- Active Patients: **150,000**
- Patients CY: **107,225**
- SBHCs across CT: **152**

Year	2021	2022	2023
Patients Seen	99,598	102,275	107,225

National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, activity sessions, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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Speaker



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Quality Improvement Consultant
Community Health Center, Inc.

Objectives

- Understand quality improvement (QI) principles
- Review a process map and fishbone diagram
- Identify effective solutions and change ideas
- Discuss a clear and specific aim statement
- Explore PDSA cycles

Quality Improvement Workbook

NTTAP on Clinical Workforce Development Quality Improvement Workbook 2024-2025

Welcome

Welcome to the **Improving Screening Rates through a Quality Improvement Approach Activity Session** offered by Community Health Center, Inc.'s (CHCI) National Training and Technical Assistance Partners (NTTAP) on Clinical Workforce Development funded by the Health Resources and Services Administration (HRSA).

This workbook is designed to guide you step-by-step to use quality improvement (QI) methods to help you learn about how your practice works to make process improvements and integrate best practices. This workbook includes explanations, examples, and templates.

We hope that you will find this to be a valuable resource!

Table of Contents

Introduction	2
Step 1: Team and Roles Defined.....	4
Step 2: Assessment and Baseline Data	7
Step 3: Global Aim.....	10
Step 4: Problem Statement	12
Step 5: Specific Aims and Measures.....	16
Step 6: Solution Storming and Change Ideas	20
Step 7: PDSA.....	21
Step 8: SDSA – Test the “New Process” with Another Teamlet.....	24
Step 9: Spread/Standardize the “New Process”, Measure, and Monitor.....	26
Appendix A: Data Displays	27
Appendix B: Data Collection Plan	29
Appendix C: Detailing the Whole Process – Breast Cancer Screening.....	31

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Developing & Using a Process Map





1. TEAM AND ROLES DEFINED

Coach Assigned, Identify Core and Extended Team Members, Define Roles, Schedule Team Meetings, Communication Plan

TOOLS/SKILLS/PROCESS:

Effective Meeting Tools
Forming/Storming/Norming/
Performing



2. ASSESSMENT AND BASELINE DATA

What is our current state? Describe population of interest, Identify data sources, Drill down to specific areas of focus. Related to other projects?

TOOLS/SKILLS/PROCESS:

Tick & Tally & other data collection
Process Mapping
Role Assessment
Team Practice Assessment



3. GLOBAL AIM

What is our overall goal for advancing TBC Model? Theme, Name process, location, Start/End of Process, Benefits/Imperatives

TOOLS/SKILLS/PROCESS:

Build Consensus
Fishbone Diagram (cause & effect diagram)



4. PROBLEM STATEMENT/THEME

Problem Statement, Importance, Goals/
Objectives, Deliverables, KPIs

TOOLS/SKILLS/PROCESS:

QI Charters as agenda items
Brainstorming/ Brain writing
Multi-Voting
Impact/ Effort Grid
Fishbone Diagram
Five Whys
Process Map
Build consensus



5. SPECIFIC AIMS and MEASURES

What do we want to accomplish in days and weeks? What will change, by how much & when, How will we know that we accomplished it?

TOOLS/SKILLS/PROCESS:

Specific Aim Tool
Build Consensus
Fishbone Diagram (cause & effect)
Tick & Tally & other data collection



6. SOLUTION STORMING for CHANGE IDEA

What could we try?

Realistic ideas, Manager | Leader involvement.

TOOLS/SKILLS/PROCESS:

Idea Tree
Parking Lot
Force Field Analysis
Impact Effort
Multi-Voting



7. PDSA

Aim, test, who, when, where.

PLAN Tasks: How will we do it? What, Who, When, Where. Predictions, Measures

DO: Lets try it out. Results

STUDY: How is it working out? **ACT:** Lets try it again with modifications?

TOOLS/SKILLS/PROCESS:

PDSA Template
Keep test SMALL
Only one PDSA at a time
Measures



8. SDSA

Standardize the test that was successful. *Will it work the same in every day routine?* Document.

TOOLS/SKILLS/PROCESS:

Involve all team members
Communication Plan
Playbook – Influence Spread

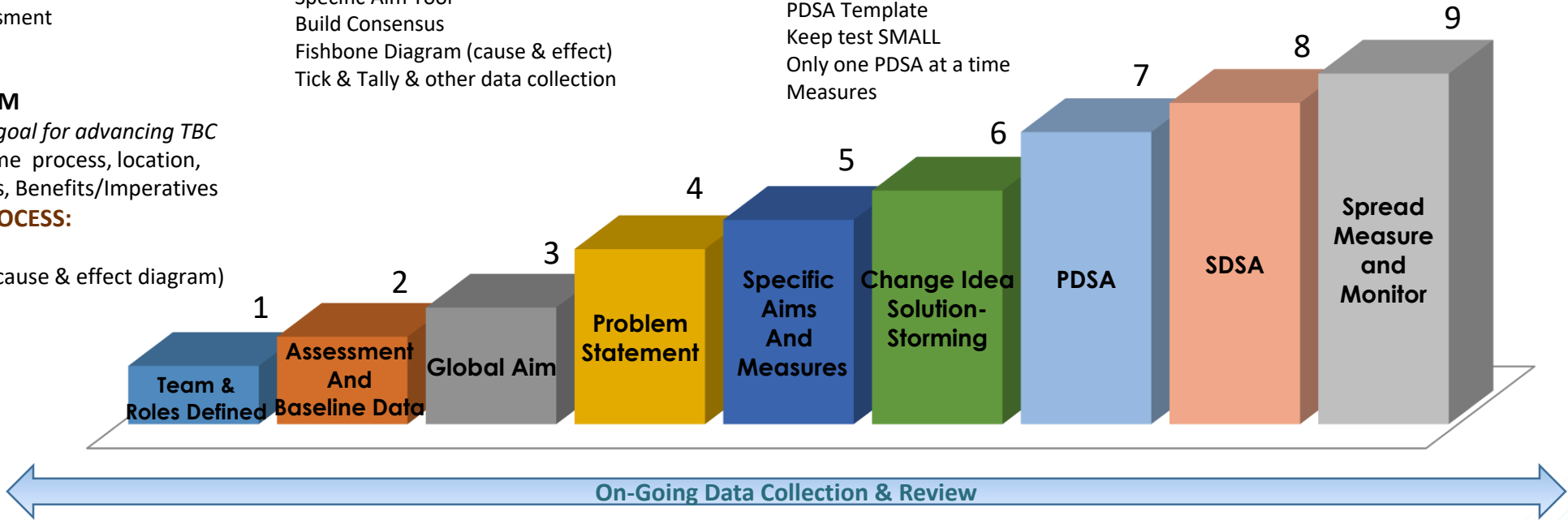


9. SPREAD, MEASURE & MONITOR

Implement spread strategy and track how it is working.

TOOLS/SKILLS/PROCESS:

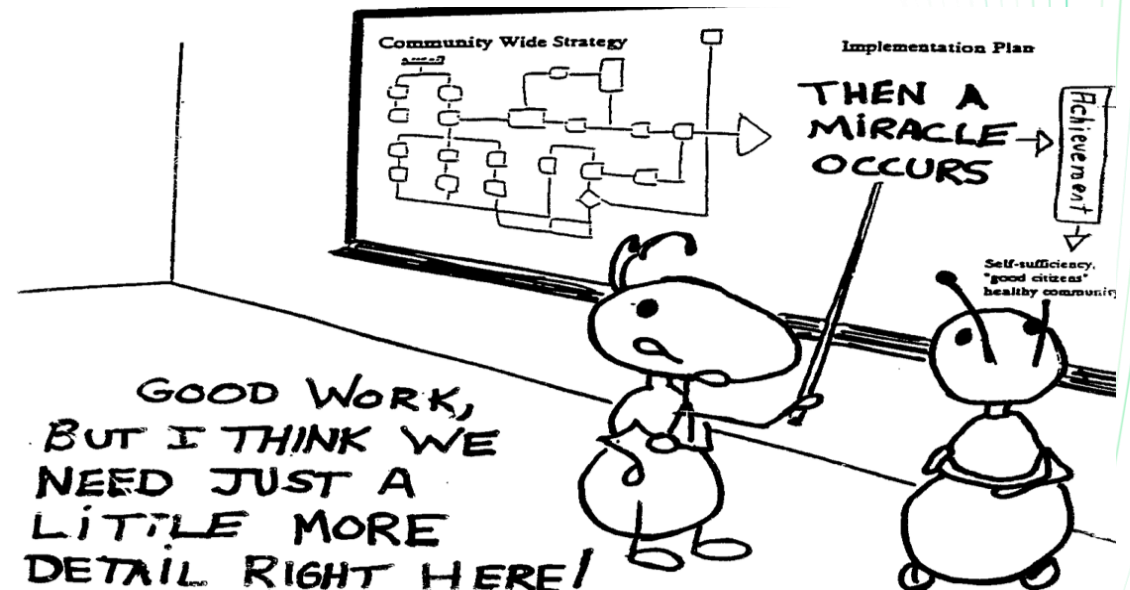
- Communication Skills
- Spread Strategy
- Big Picture View
- Connecting the dots
- QI Process



What is a Process Map?

A **process map** visually shows the steps of a work activity and the people who are involved in carrying out each step.

It is a sequence of detailed steps for a specific purpose.



What process maps do:

- Show the current process, NOT the ideal process
- Reveal unwanted variation, waste, delays, and duplicate work
- Build teamwork: different team members will have different perspectives on what actually happens—which is the point of the exercise
- Generate ideas for improvement

"You don't learn to Process Map. You Process Map to learn."
- Dr. Myron Tribus

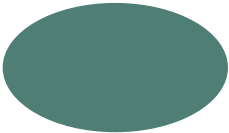
When should you use a basic process map?

- To plan new projects
- To model and document an existing process
- To solve problems
- To help teams communicate ideas more efficiently
- To analyze and manage workflows efficiently

When should you use a basic process map?

- Makes understanding and communicating the process much easier among teams, stakeholders or leadership
- Serves as a useful tool for scenario testing and what-if assessments
- Can be used as a marketing tool to prove to your leadership or funders that your processes are reliable
- Makes process documentation more reader-friendly
- Can be used to spread awareness of the roles and responsibilities of those who are involved in the process
- Helps identify flaws in the process and where improvements should be made
- Improve team performance and employee satisfaction
- Can be used as learning material to train new employees
- Helps measure the efficiency of work processes

Process Map Shapes

Shape	Name	Use
	Activity/Process	Represents a step or activity in the process
	Decision	Represents where a decision has to be made
	Start/End	Represents the start and end of the process
	Arrow	Represents the connection between two steps and the direction of flow
	Cloud	Represents something the team doesn't know right now.

7 Steps to Process Mapping

1. Identify the process you need to map

Whether it's a process that is underperforming or important to a new strategy identify it and give it a name

2. Bring together the right team

Bring together everyone involved in doing, managing and providing input to the process

3. Brainstorm the process steps

Gather all information from start to end: steps, inputs, outputs, roles, time durations etc.

4. Organize the process steps

Take the steps you identified earlier and arrange them in a sequential order

5. Draw the baseline process map

Beginning from the start, draw a map that shows the process in its current state

6. Identify areas for improvement

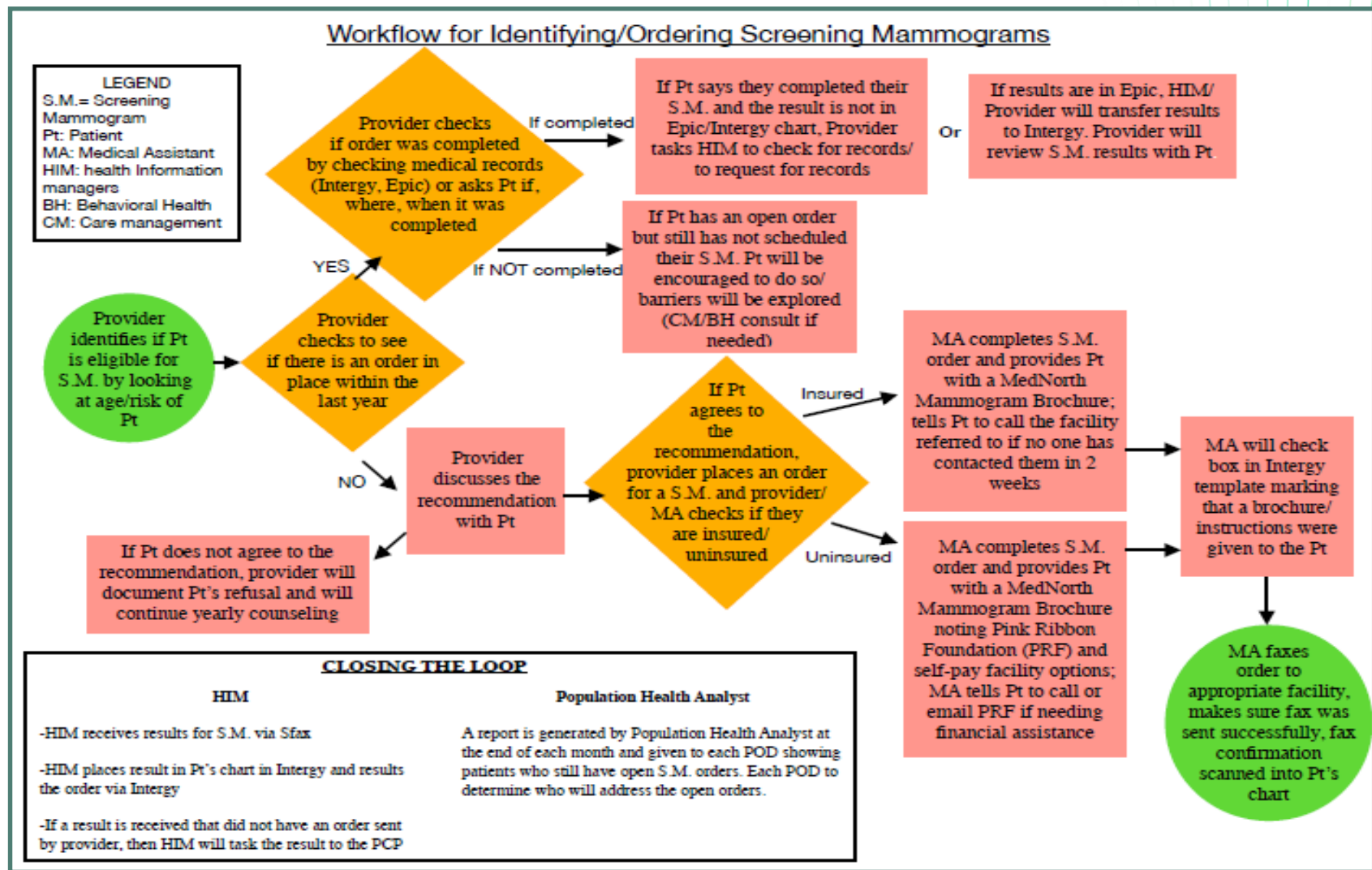
Identify bottlenecks and inefficiencies within the process and plan for improvements

7. Implement & monitor improvements

Implement improvements on a smaller scale and monitor the results before standardizing them



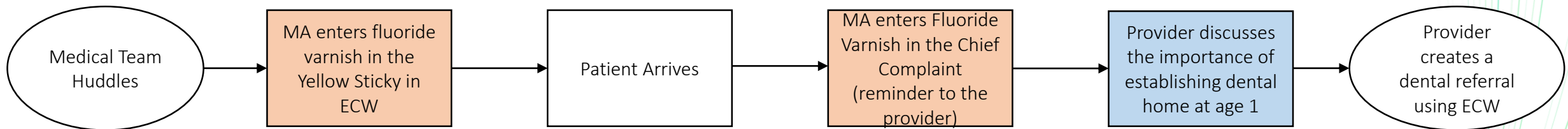
Process Map Example



The Big Picture – 30,000 feet

A high level flowchart is a good place to
start process mapping

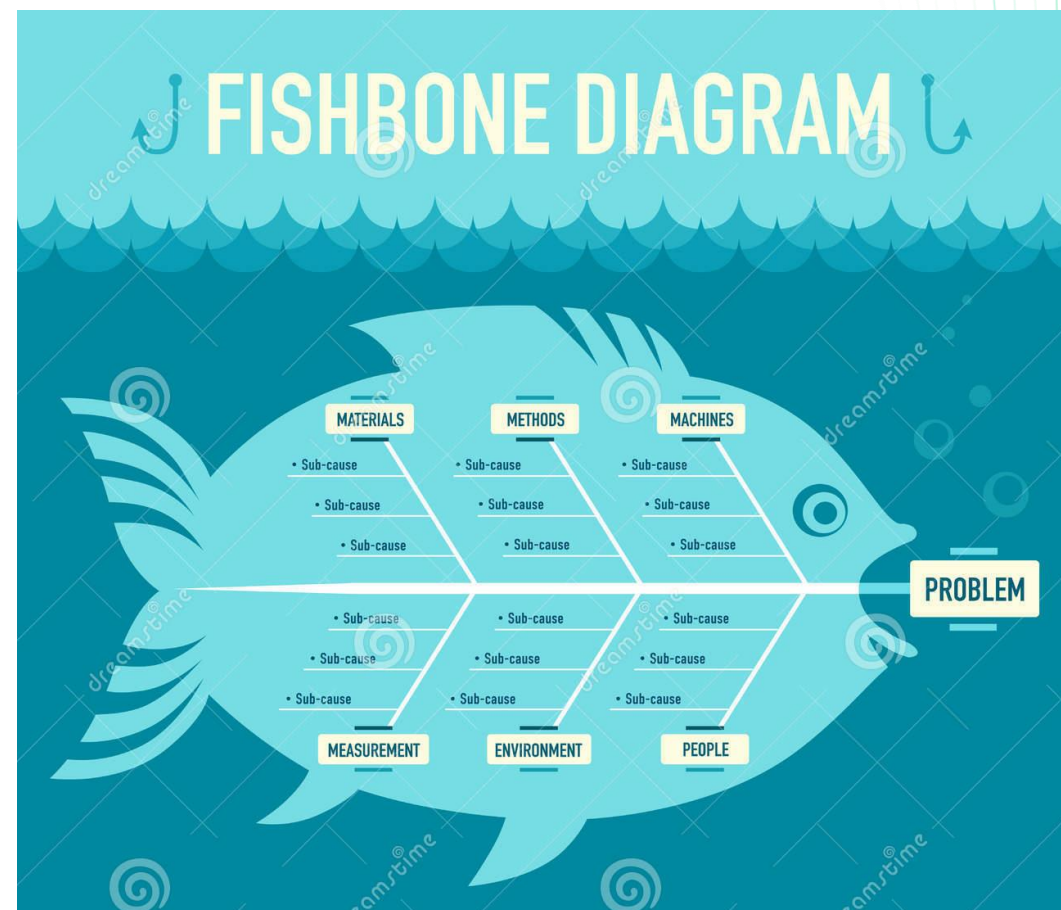
High Level Flow Map – Establishing a Dental Home at 12mo WCC



Lessons Learned

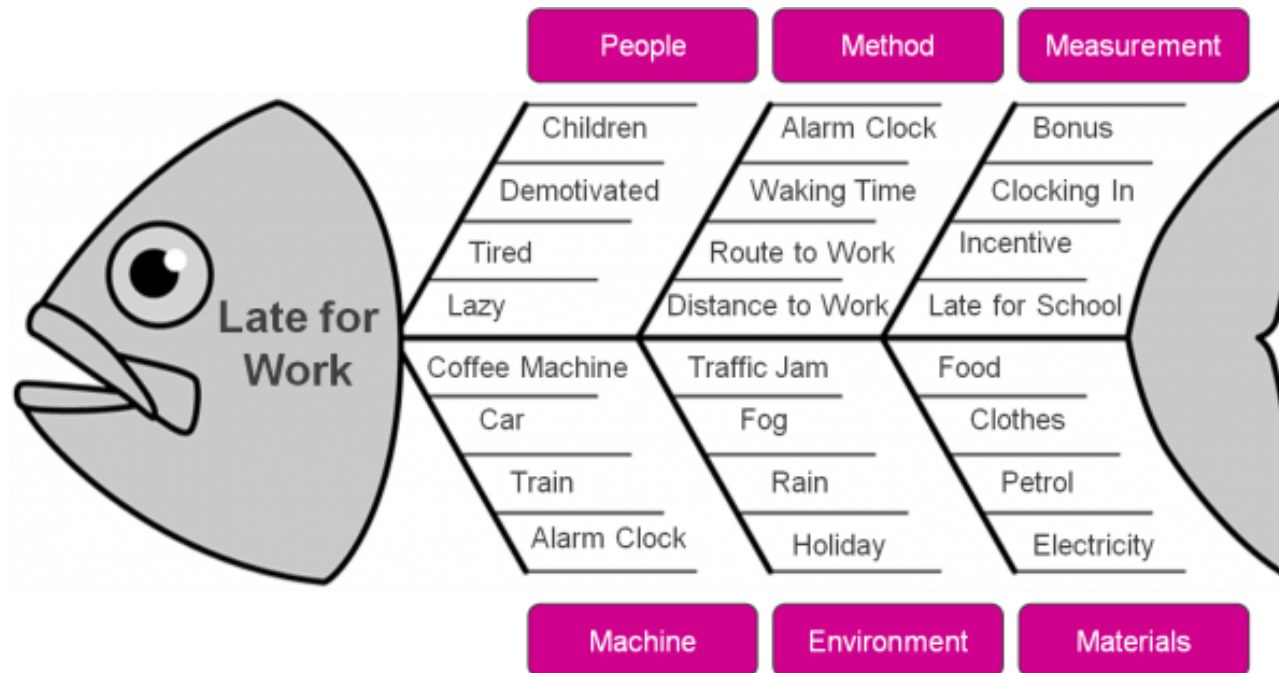
- **Process Maps should NOT be too complicated!**
 - Try to be concise and not overwhelm the reader. Consider more than one map if there are too many contingencies.
- **Update Process Maps regularly**
 - Set a schedule for updates to process maps to avoid confusion or providing outdated information.
- **Take the time to thoughtfully and carefully create the Process Map**
 - Don't rush the process of developing the Process Map – it may take several meetings.
- **Use a standard and consistent language/shape formula for process maps.**
 - Use common/standard language on all Process Maps including symbols, keys and descriptions
- **Develop specificity very carefully**
 - Try not to be too specific while also being specific enough to provide adequate information to use the process.

Developing & Using a Fishbone Diagram



Fishbone Diagram – Cause & Effect Diagram

A team works together with a structured approach to brainstorming a list of causes of a problem



The head of the fish is the problem: Late for work.

The bones are causes grouped by category.

Measurement

Environment

Materials

People

Method

Technology

Problem Statement

How to Proceed

1. The Head of the fish = The Problem (or effect): Team must agree on the problem statement in the global aim first!
2. What general categories will you use? Typical ones include:
 - Equipment/supplies
 - Technology
 - Staff
 - Processes/procedure
 - Environment
 - Patients
3. Each bone = Contributing Causes within a category
4. Focus on current state!! No solutions yet!
5. Don't worry about messiness



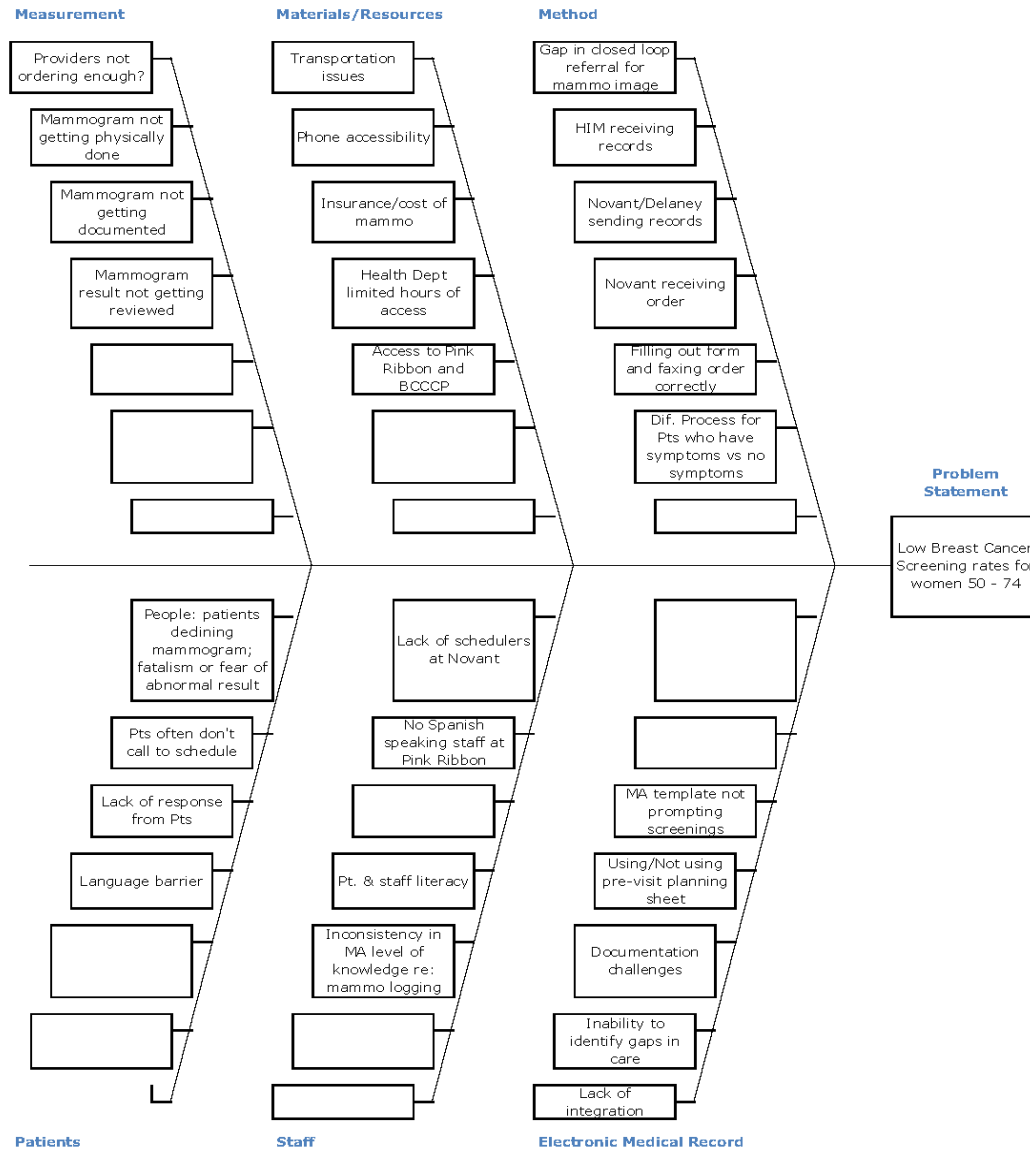
Cause and Effect Diagram

Description

This template illustrates a Cause and Effect Diagram, also called a Fishbone or Ishikawa Diagram. A detailed discussion of Cause and Effect Diagrams can be found at www.ASQ.org

Instructions

- Enter the Problem Statement in box provided.
- Brainstorm the major categories of the problem. Generic headings are provided.
- Write the categories of causes as branches from the main arrow.

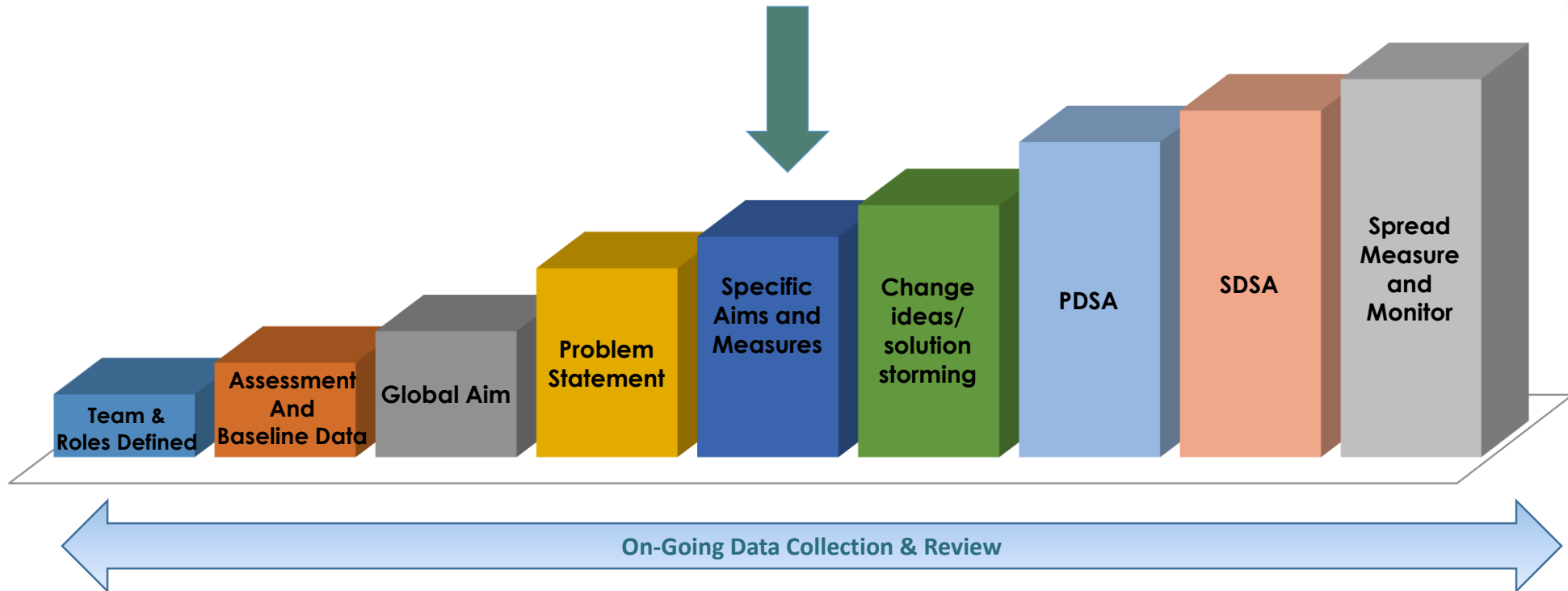


Developing & Using a Specific Aim Statement



The Stages of Improvement

Step #5: Specific Aims and Measures



What is a Specific Aim Statement?

- A good specific aim states ***what*** you plan to accomplish and ***how you will know*** it when you do. Or don't.
- ***What*** you plan to accomplish should be something in your control, i.e., it does not require permission.



A good specific aim...

- ...is based on baseline data;
-has measures that are clearly defined:
 - what is being measured,
 - how it will be measured (numbers, percentages, rates),
 - when it will be measured,
-is doable, that is, you can get the data and change the process that results in the data, and
-is the foundation for multiple PDSA(s) as you test changes in the multi-step process that you identified in your Global Aim.

Specific Aim Statement Template

We aim to _____ (*improve, increase, decrease*)
the _____ (*quality, number/amount, percentage*)
of _____ (*name the process*)
by _____ percent

OR

from _____ (*baseline data number/amount/percentage*)
to _____ (*number/amount/percentage*)
by _____ (*date*)
in _____ (*location*)

From the Workbook

Definition of UDS measure	Percentage of women 50 –74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period
Population (denominator)	Number of women 50 –74 years of age who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period (N=100)
Subsets	A: number of women whose mammogram is documented in EMR (n=42) B: number of women whose mammogram is NOT documented in EMR (n=58)
Measurement period	First quarter of 2025: January/February/March
Source of data/evidence	As documented in the EMR
Numerator	<u>Subset A</u> : Number of women 50 –74 years of age who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period whose mammogram is documented in EMR* (n=42)
Denominator	Population: Number of women 50 –74 years of age who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period (N=100)
Rate	Numerator/Denominator=42/100=42%

Example: Weak specific aim

We aim to increase screening rate for breast cancer in women patients by 15% from January to March.

Important? Yes.

Clear/Specific enough? In whom? 15% of what?

Doable? Not sure yet. Strategy? Staff? Time? Where does the data live? Can we get it out?

Example: Better and more specific

We aim to increase screening rate for breast cancer in female patients ages 50-74 from 22% as of as of December 31, 2024 to 37%* by March 31, 2025.*

- Who: eligible female patients ages 50-74
- Who: eligible patients enrolled in the clinic based on at least one visit the past year.
- When: December 31 to March 31
- Where is the data: electronic health record
- What dates will you ask BI to collect? December 31 – March 31
- Where: Clinic A
- How much: Does this reflect the current baseline and an achievable goal?

***KEY POINT: Percentage points are cleaner and easier to work with.**

Data Plan

Name of data	Definition: Numerator	Definition: Denominator	Dates of interest	How to get the data
Breast cancer screening	Number of patients who were eligible for a mammogram and have the results documented in the chart	Number of patients who were eligible for a mammogram and DO NOT have the results documented in the chart	January 1, 2025- March 31, 2025	Where does the data live? Who has it? When to get it?

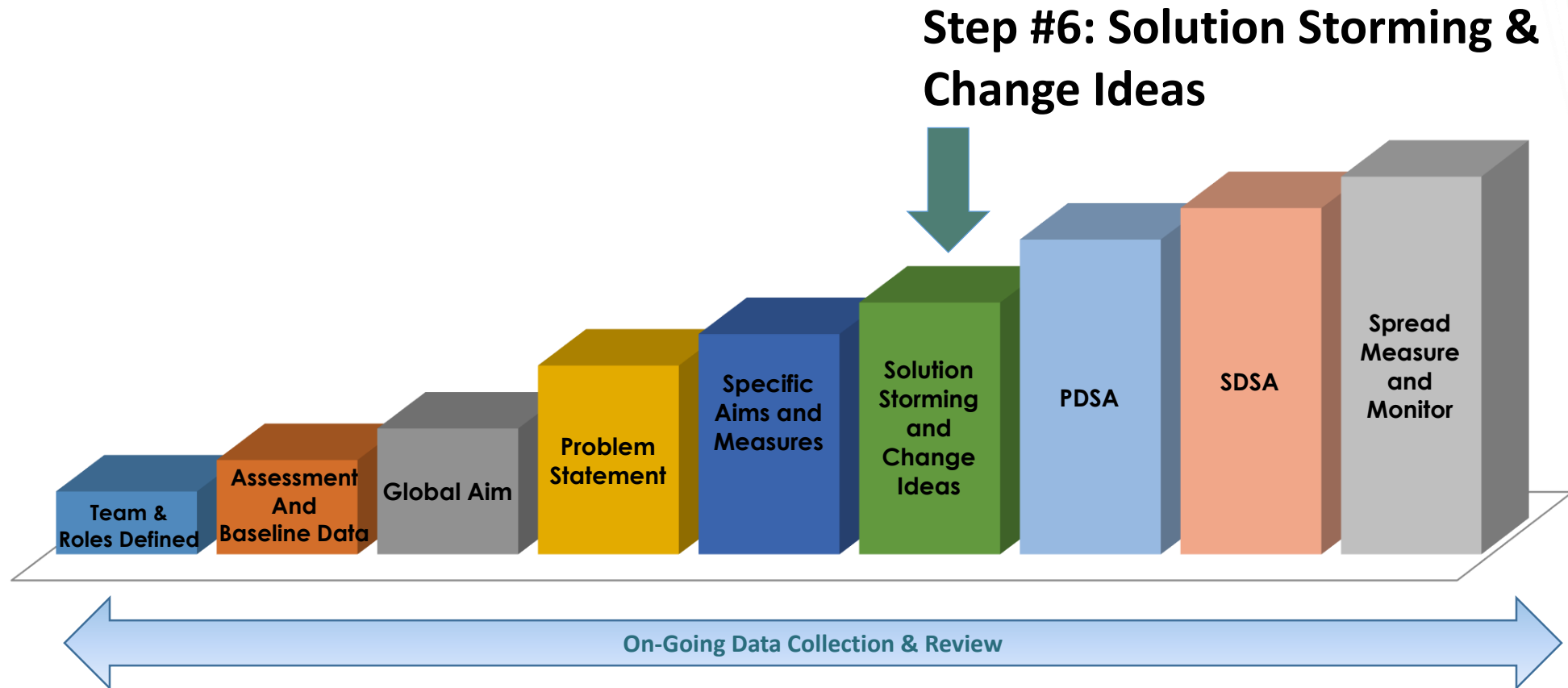
Key Takeaways

- ✓ Clear definitions of population (denominator) and subset of interest (numerator)
- ✓ Percentage points are cleaner: how many patients is that?
- ✓ Data plan
- ✓ There can be multiple specific aims and points for data collection in the screening process:
 - *How many eligible patients were identified?*
 - *How many who were identified received an order for a mammogram?*
 - *How many reports of patients who had a mammogram get back to us?*

Solution Storming & Change Ideas



The Stages of Improvement



What can YOU change?

Examples:

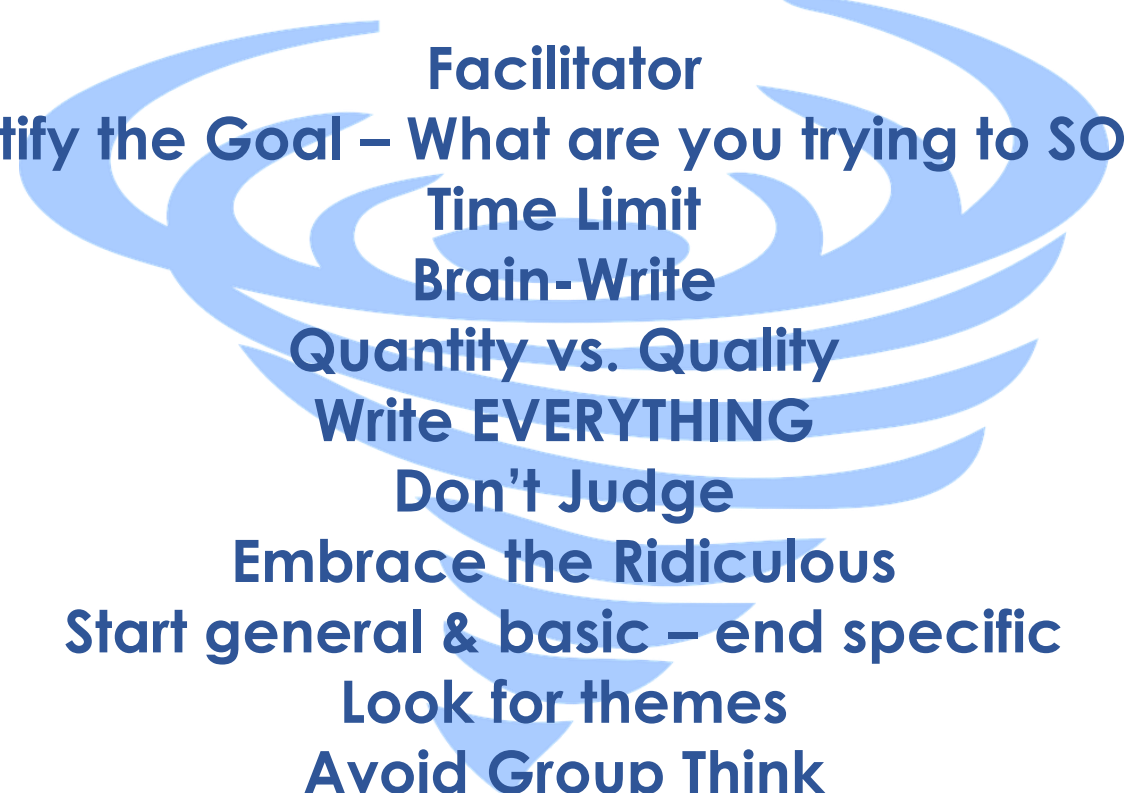
- **Workflow and Time:**
 - Who does what when how and why?
 - How can we be proactive instead of reactive?
- **Eliminate Redundancies:**
 - Why are some tasks done twice and some are not done at all?
- **Data:** the right data at the right time in the right hands
 - What data do we need and when do we need it?
 - How do we get it?
- **Responsibilities and Roles:** clarify, retrain
 - Why are several people doing the same task?
 - Why are they all doing it differently?

What can YOU change?

Examples for Breast Cancer Screening:

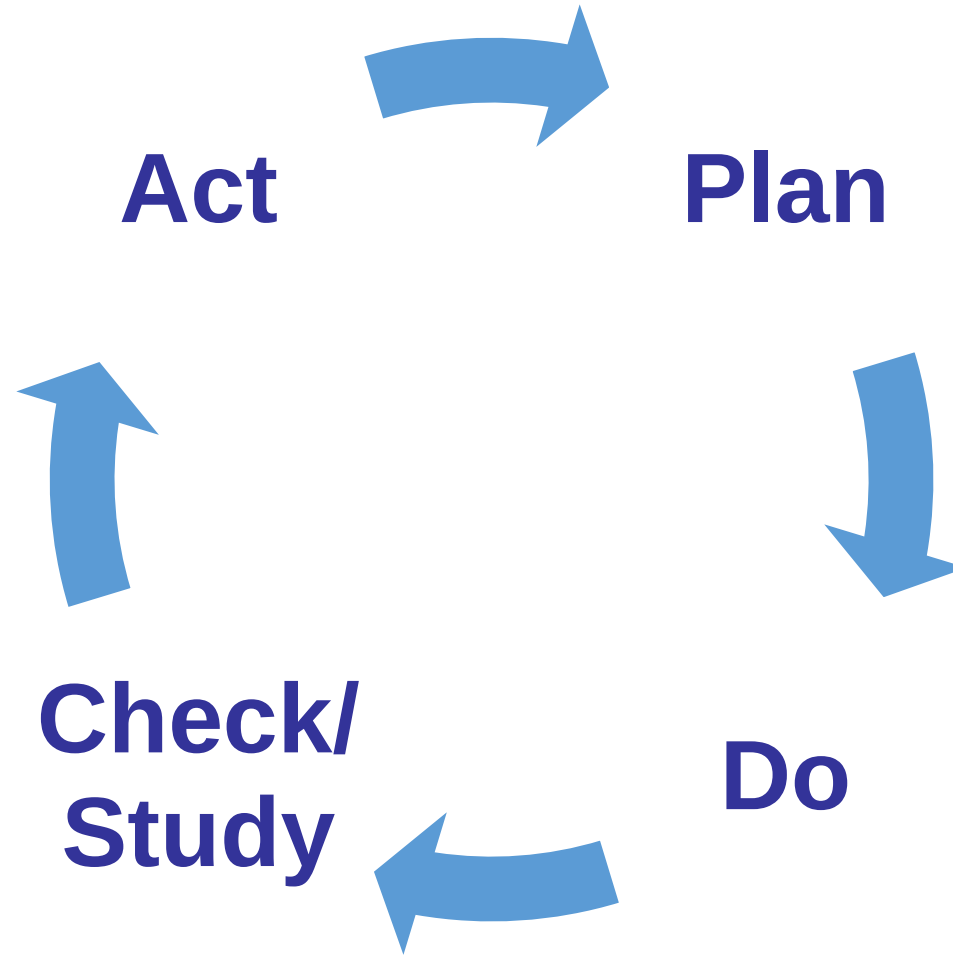
- Who identifies the patients who are due for a mammogram, and how do they do that?
- Can you create standing orders for mammograms? Can you allow Medical Assistants to place the order for the mammogram?
- Is the mammogram off-site? Who makes the referral for an appointment for the mammogram?
- Do you have a system for follow-up to see if the patient made and/or attended the appointment for their mammogram?
- How do you receive the report and get the results recorded into the electronic health record?
- Who communicates the results to the patient?

Change Ideas

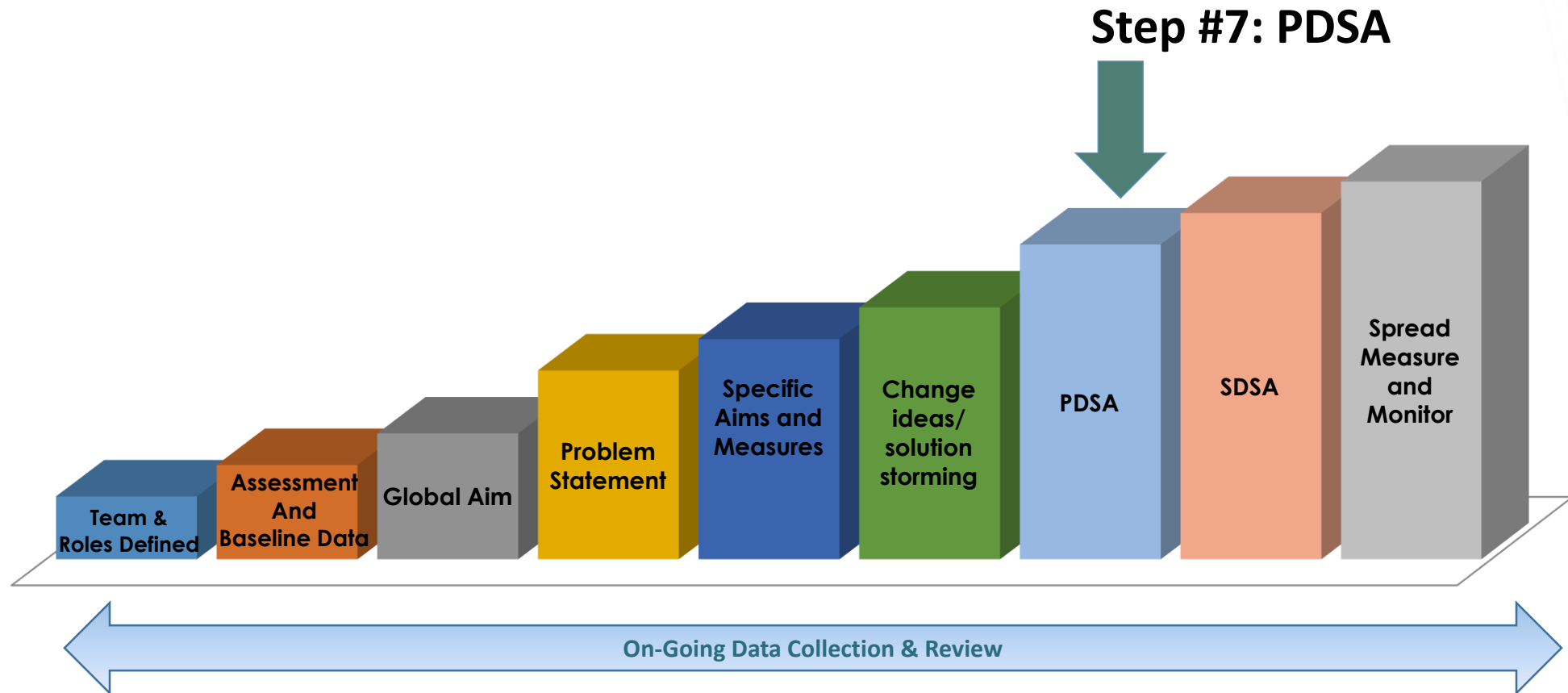


Facilitator
Identify the Goal – What are you trying to SOLVE?
Time Limit
Brain-Write
Quantity vs. Quality
Write EVERYTHING
Don't Judge
Embrace the Ridiculous
Start general & basic – end specific
Look for themes
Avoid Group Think
Fresh Eyes – Someone Outside of the Group

Developing & Using PDSAs



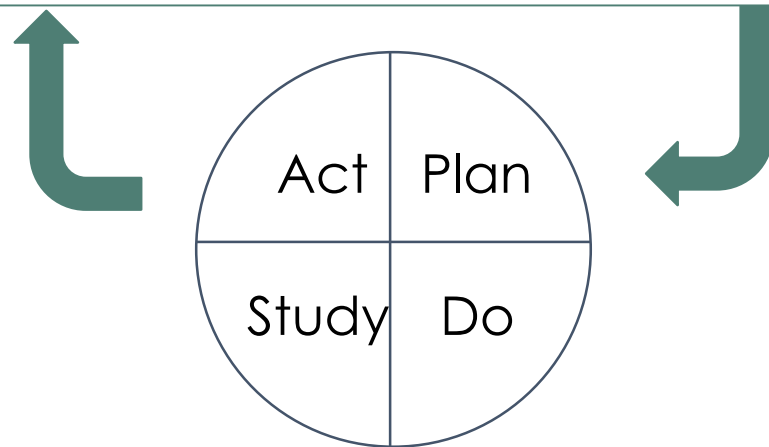
The Stages of Improvement



Model for Improvement

- What are we trying to accomplish? (Aim)
- How will we know that a change is an improvement? (Measures)
- What change can we make that will result in improvement? (Solution/Change)

*Three questions...
...coupled with
an approach for
testing change.*



Langley GJ, et. al. The Improvement Guide (2nd Edition), 2009.

Date:	
Team Members:	
Pre-Planning Tools To Consider: (circle)	Stakeholder Analysis, Communication Plan, Communication Matrix, Influencing Strategy, Facilitated Site/Dept. Meeting

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person Responsible	When to be Done	Where to be Done

Plan

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Dates & Timeframe)	Where to be Done (Site Location, Where at the site, Pod, etc.)

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	Person (s) Responsible for Collection of Data

Do Describe what actually happened when you ran the test

Study Describe the measured results and how they compared to the predictions

Act Describe what modifications to the plan will be made for the next cycle from what you learned

PLAN: Comes from Specific Aim Statement

- **WHAT** are we striving to accomplish?
- **WHAT** will we do?
- **WHEN** will this occur (what is the timeline)?
- **HOW MUCH?** What is the specific, numeric improvement we wish to achieve?
- **FOR WHOM?** Who is the target population?



DO

- Implement the improvement
- Collect and document the data
- Document the problems, unexpected observations, lessons learned, and knowledge gained



STUDY

- Analyze the results: was an improvement achieved?
- Document lessons learned, knowledge gained, and any surprising results that emerged.



ACT

Take action:

- ❖ **Adopt** - standardize
- ❖ **Adapt** – change and repeat
- ❖ **Abandon** – start over



PDSA Example

PDSA Example

Aim: We aim to increase screening rate for breast cancer in female patients ages 50-74 from 22% as of as of December 31, 2024 to 37% by March 31, 2025.

Describe your first (or next) test of change:	Person Responsible	When to be Done (Date and Timeframe)	Where to be Done (Site Location, Where are the site, Pod, etc.)
Audit patients who have no recorded mammogram or no recorded mammogram in the past 28 months to determine current participation rate amongst eligible patients	John and Jane	4/1/2025 – 5/1/2025	Site A, Pod X

Plan:

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Date and Timeframe)	Where to be Done (Site Location, Where are the site, Pod, etc.)
1. Designated staff member/s to host a practice meeting and plan Cycle 1. 2. Designated staff member/s to audit patient records to determine the proportion of eligible patients who have no recorded mammogram or no recorded mammogram in the past 28 months.	John and Jane	4/1/2025 – 5/1/2025	Site A, Pod X

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	Person (s) Responsible for Collection of Data
Increase in eligible female patients getting screened for breast cancer	Breast cancer screening measure	Sally

Do: Designated staff members audit patient records to determine the proportion of patients aged who have no recorded mammogram or no recorded mammogram in the past 28 months.

Study: Designated staff members meet to review and discuss findings (proportion of patients with no mammogram recorded or no mammogram recorded in the past 28 months).

Act: Provide reminders to patients via letters, SMS, and/or audio messages to help encourage participation in breast cancer screening.

SUSTAIN

Once you've adopted:

- **Monitor** – reports, dashboards, quarterly meetings
- **Maintain** – who is the owner, process for looking into measures when they fall below?
- **Check-In** – conversations, connections, accountability, transparency, trust
- **Develop a playbook** – a recipe to perform the new process, training tool



Questions?

Wrap-Up

Comprehensive and Team-Based Care Learning Collaborative

- This eight session series will support health centers in beginning or restarting their move to high performance team-based comprehensive primary care.
- This learning collaborative provides health center participants with quality improvement concepts, skills, support, and guidance to systematically improve one UDS measure, develop highly trained clinical primary care teams, and identify areas for process improvement and role optimization.
- When: Begins Fall 2025
- Reach out to [Meaghan Angers \(angersm@mwhs1.com\)](mailto:angersm@mwhs1.com) for more information!

Team-Based Care



- **Fundamentals of Comprehensive Care**
- **Advancing Team-Based Care**

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)

CLINICAL WORKFORCE DEVELOPMENT Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

<https://www.weitzmaninstitute.org/ncaresources>

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