

Quality Improvement Projects for STONY BROOK PEDIATRICS

Measure	rationale	initial rate	goal rate	action taken	remeasure	improvement
No show rates	To improve efficiency of scheduling and workflow, and if possible identify and mitigate specific contributing factors leading to patients not attending appointments	139/2134 (6.5%)	5%	Front staff encouraged to call all patients, regardless of appointment type, acute visits as well as well-child care or follow-up appointments, and document communication with patient's family in chart, after any no-show	(120/2419)5%	
<u>Menactra administration of patients entering the 7th grade</u>	To measure and maximize the rates of administration of the menactra vaccine to patients entering the 7th grade, in order to meet new school requirement of such	132/330, 40%	45%	Direct communication with providers and nursing staff of new school requirement. Nurse to assess immunization status when placing patient in room.	145/348, 42%	
Flu vaccination	The flu vaccine remains a preventative care measure identified as a priority to improve among our patient population.	1898	2100 (10% increase)	Between both offices, several "Flu clinics" scheduled, with an extra nurse scheduled on a typical office workday dedicated solely for flu vaccine administration. Posted information explaining influenza as an illness and the benefits of vaccination on new social media outlet (Facebook page for practice)	2169	
<u>The treatment of pharyngitis with antibiotics</u>	<u>In accordance to stated priority in healthcare improvement by the AAP, SBP seeks to minimize the number of patients with a diagnosis of "pharyngitis" but without confirmation of strep by either rapid assay or throat culture, being treated with prescribed antibiotics.</u>	<u>360/372 (96.77%)</u>	98%	<u>Periodic review HEDIS measure to have positive testing of strep prior to starting antibiotics, and reviewed goal with all providers</u>	337/342 (98.54%)	
<u>Care Coordination measure of turn around time with throat cultures.</u>	<u>Looking at turn around communication times of lab results to families/patients , to see if improving care coordination specifically with turn</u>	<u>73.2 hours</u>	reduce by 12hrs	<u>RHIO system put into place 11/2015, therefore allowing lab results to come back to office electronically, quicker, therefore getting communicated</u>	<u>57.7 hours</u>	

	<u>around time of throat culture results communicated to parents and expediting care</u>			<u>to families quicker, staff informed and trained in use of RHIO system and changes in EMR</u>		
<u>Improve wait time satisfaction scores</u>	<u>After review of Press-Ganey survey, an identified area of improvement was patient wait time satisfaction score, due to score of 43.5 of patients stating they were seen within 15 minutes of appointment tim</u>	43.50%	50%	<u>Practice wide review of survey score, discussion of barriers to workflow and factors in higher wait times suggested on pdf file available through Press-Ganey, made staff clearly aware of prioritized effort to improve this measure, used exit survey consisting of Q-13 of Press-Ganey survey, and compared results to original score</u>	84%	
<u>Flu vaccination, in patients with primary insurance of Medicaid CSC</u>	<u>There are far lower vaccination rates in our patients with medicaid as primary insurance. Our baseline immunization rate for influenza was 44% at the start of this measure.</u>	<u>6.50%</u>	44%	<u>We set up two flu clinics at our office, and aggressively advertised these by word of mouth at the front desk. We also posted information about influenza and advertized our flu clinics on social media.</u>	We increased our rates from 6.5% to 10.2% in the '16-'17 flu season. This is identified as an area needing further improvement as a large disparity continues, to bring this patient population up to baseline of 44%.	