

## NEGC QILC Webinar

March 11, 2011, 12 pm - 2 pm

### Participants

<i>John Moeschler</i> , MD, Dartmouth Medical School, Children's Hospital at Dartmouth	<i>Wendy Smith</i> , MD, Barbara Bush Children's Hospital, Maine Medical Partners,
<i>Inderneel Sahai</i> , MD, University of Massachusetts Medical School	<i>Chanika Phornphutkul</i> , MD, Hasbro Children's Hospital, Rhode Island Hospital
<i>Monica McClain</i> , PhD, NEGC	<i>Peter Antal</i> , PhD, NEGC
<i>Patrick Miller</i> , MPH, NH Institute for Health Policy and Practice	

### Overview of Purpose

- What can we learn about providing best care to our patients?
  - Reference to charter, highlight of measures to track
- Reviewed work completed since past meeting (start up of chart tracking, inclusion of suggested edits for new charts)

### Overview of Agenda

- No additions

### Implementation Review

*Wendy Smith, MD*

- How are sheets working?
  - Good, though still working from original forms
- Process?
  - We meet as a team before and after clinic
    - Form is completed by different people, with people checking off what they did. 5 participate: Dr. Smith, dietician, social worker, genetic counselor, parent liaison. Takes about 15 sec for each person to complete their section
    - Last person is Caroline for quality control (coordinator for clinic)
    - Re: patient ID, they just use a couple letters for identification
  - Having access to electronic medical records has been helpful for completing certain components. After the form is completed, it gets filed away into a folder
  - Questions:
    - Q: Where is the notation about Phe level since last visit?

- A: When the average Phe level is entered into the form, it is assumed that only the average since the last visit is entered.
- Any examples of how care was improved?
  - Not at this time

*Neela Sahai, MD*

- How are sheets working?
  - Very easy.
- Process?
  - Dr. Sahai is the only one completing the forms right now. Noted that process may be more problematic when other staff get involved.
  - On day of clinic, nutritionist is available for information
  - Questions
    - Q: Do we need to complete diagnostic confirmation and labs each time?
      - A: Initial labs just get entered once (first time available). Outside of that, a new sheet is completed for each visit.
      - Patrick Miller will review in registry format; how to create a work around when diagnostic confirmation and lab information is collected on a regular basis
- Any care issues identified?
  - Not at this time

*Chanika Phornphutkul, MD*

- How are sheets working
  - Has not implemented yet, though it looks straightforward
- Process
  - Thursday morning meetings with: nutritionist, nurse coordinator, and genetic counselor
  - Most with PKU are seen by RD first, Dr. Phornphutkul does medical assessment, genetic counselor is involved early on and later as necessary.
- Any care issues identified?
  - Not applicable
- Questions
  - Q: What is the long term plan for the data?
    - A: Long term, we hope to incorporate it as part of a New England wide data set / registry. A resource has been created for use with children with developmental delays. Our hope is to expand this system and use it as a tool for members of the collaborative to track and compare summative information.

- Other Comment
  - Likes Dr. Smith's idea that everyone does their own piece.. particularly the post-clinic meeting, as well as the before/after weekly meeting and then putting it into a folder

#### *Dr. Moeschler's Discussion Summary*

- Recognized and expects differences among locations
- Does not expect major changes in the short term
- Noted that there are already some ideas being generated that will lead to future improvements

#### **QI Registry**

- Introduced Patrick Miller from the Institute on Health Policy and Practice and his work on a quality improvement registry for patients with developmental delays. These patients account for about 30-40% of those seen by Dr. Moeschler and Dr. Smith.
- Some of the functions of the registry were discussed
  - Currently, each site has its own segregated database.
  - The web-accessible software has a basic query system and sortable fields to enable quick access to patient information.
  - Can work on and save information for a patient before "locking" the information in.
  - Software will track who makes changes to a patient's records (and when those changes are made)
  - Enables routing of information between individuals. However, routing of information between sites is currently blocked until legal issues are addressed.
  - Can provide some basic reporting of entered data, enabling site and regional comparisons. It was noted that Monica McClain is supplementing this process by assisting with the analysis until a final set of reports is defined.
- Question: What if you don't have a chart number?
  - Each site will need to establish some form of identifier as this will drive a number of reports on the registry site. Patrick is available for consultation on this.

#### **Next Steps**

- NEGC sends notes and updated forms
- Recommend standing agenda items for each meeting: how has it gone, how has it informed practice, what are the glitches, basic reporting of form use
- What worked well for this meeting?
  - Not having to drive

- Having access to files
- **Recommend: Make Webex available for future in-person meetings in case some cannot attend in person.**