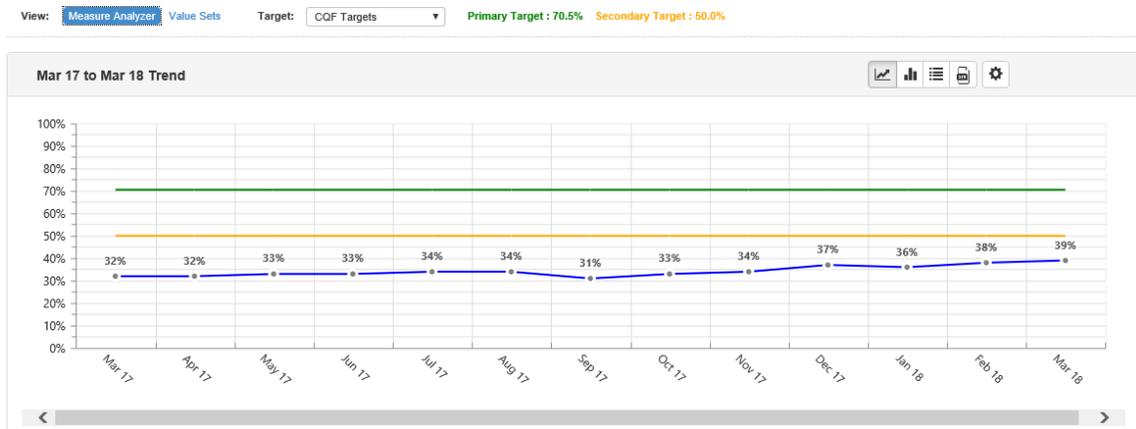


Colorectal Cancer Screening PDSA Review:

- PrairieStar staff submitted a Colorectal Cancer Screening PDSA after the January meeting.
- Refer to the following graph created from DRVS on 3/29/18. The graph shows improvement in the measure over the past two months for the five health centers using DRVS. Overall performance increased by 7% over the past year.



Connections Quality Forum Measures and Goals:

- New Custom Scorecard! Look for “Quality Forum Measures” under Reports, Custom Scorecards in DRVS.

Introduction of UDS Controlling High Blood Pressure Measure: Refer to the presentation slide 8 for a breakdown of the UDS measure definition and slide 9 for a recommended workflow.

Best Practices: Refer to best practices starting with presentation slide 10.

- Alerts: Heather shared different ways to alert a doctor to an elevated BP. At a practice in Missouri, the nurse or MA places a magnetic heart outside the patient room door. A practice in Colorado posts a flag outside the patient door.
- Devices: There are multiple BP measurement devices available, both manual and automatic. Heather mentioned concern among clinicians over the reliability of the cuff-type automatic BP monitors. Amy Lurken reported via Chat, “We found an issue with needing to re-calibrate, especially if the previous patient was abnormal in BP or if there is a drastic difference in habitus”.
- Training Staff: Heartland completed a PDSA last year that included training on follow-up BP measurement. Amy Lurken reported that the training made a difference. Now Heartland focuses on medication management. There is a short (1-minute) YouTube video that can be used for staff training at <https://www.youtube.com/watch?v=gUHALsLeeoM>.

Best Practices Continued:

- Treatment: Heather reviewed treatment recommendations.
 - Follow evidence-based guidelines such as JNC-8.
 - If BP \geq 160/100 begin with two medications.
 - Choose once daily or combination medications to improve compliance.
 - Consider chlorthalidone or indapamide over hydrochlorothiazide due to better evidence of benefit.
 - See patient back to re-assess in 2-3 weeks after adding or changing a medication. Don't wait three months.
 - If BP is not at goal with 3 medications at max dosage, consider secondary causes of HTN and or consider referral (e.g. nephrologist)
 - Use behavioral health or health coach assessment for barriers to success.

Member Best Practice Spotlight – Key Takeaways: Rhiannon Maier shared First Care's "Nurse Closer" process put into practice October 2017. This new process starts toward the end of each medical visit. When the provider is wrapping up with a patient, s/he electronically contacts her/his nurse to join the visit. The provider provides a visit recap with the nurse and patient, and then leaves the room. The nurse completes all outstanding tasks and orders. The nurse will also follow up with the patient if they miss an appointment. Rhiannon reported that the process increases patient accountability. She said they have monitored and modified the process since the beginning and continue to refine it.

PDSA Cycle Planning and Member Report Back: Initiatives discussed include nurse education on cuff sizes, calibration, and measurement over clothing. Ensuring consistency in processes was discussed.

Tools in DRVS to Manage and Improve Hypertension: Heather reviewed tools to aid improvement efforts. Refer to slides 29-40 for examples of the Patient Visit Planning report (PVP), Dashboards, Scorecards, Measure Analyzer, and Registries.

- DRVS has a "BP High No Dx" alert which triggers if a patient has had two BP readings in the past year with a systolic \geq 140 or a diastolic \geq 90 (only applies to patients 18-85 years). The alert excludes patients with ESRD, hypertension or pregnancy and is not configurable. Go to the Admin console to enable the alert.
- The Hypertension Dashboard shown on slide 31 is available by request. Send Terri an email to request the dashboard. Terri will forward the list to Heather.
- The Hypertension Registry doesn't include medications. Submit a request to Azara if you'd like to get medications added to the list of future enhancements.

Completed Action Item: All Connections health centers using DRVS requested the Hypertension Dashboard. The list was emailed to Heather at the end of the day Monday, 3/26.

Action Items:

- Submit a ticket to Azara at <https://jira.azarahealthcare.com> if you want medications added to the Hypertension Registry in the future.
- Review/finalize your PDSA plan with rest of your health center team.
- Email completed PDSA form to Terri Kennedy by April 6.
- Plan for review of PDSAs and performance at the beginning of the next Quality Forum.

Meeting Participation:

Connections Health Center	Attendee(s)
Atchison CHC	Dorothy Gibson
CHC in Cowley County	Melody Vaden
First Care Clinic	Rhiannon Maier
Genesis Family Health	Alicia Dianda
GraceMed Health Clinic	Saida Castillo, Monica Juarez
Health Ministries Clinic	
Health Partnership Clinic	Maria Hensley
HealthCore Clinic	
Heart of Kansas FHC	Heather Hicks
Heartland CHC	Amy Lurken
Hoxie Medical Clinic	Whitney Zerr
Hunter Health Clinic	Joanna Sabally
Konza Prairie CH&DC	
PrairieStar Health Center	Mona Broomfield, Tad Ramage
Salina Family Healthcare	Melodie Reich
Other Organization	Attendee(s)
KAMU	Trish Harkness, Terri Kennedy
Azara Healthcare	Heather Budd

Next Meeting: May 21, Focus – Diabetes Control