Abstracts

It showed positive results by improving outcomes and reducing costs. Our team from a tertiary care hospital in Qatar used it to improve value in a clinically and geographically distinct context.

Objectives To evaluate the outcomes achieved from applying the VI methodology.

Methods The method is rooted in a framework that emphasizes standardization, continuous process improvement, and rightsizing capacity to demand. We collected and acted upon 3 types of indicators: performance, capacity (how resources are used), and financial measures. The main tools include a data box score (weekly updated table of data), a visual management board (showing run chart data, QI analyses, etc.), and weekly communication huddles to report progress and plan next steps.

Abstract 16 Figure 1 Percentage of patients discharged before 1 pm

Abstract 16 Figure 2 Number of blood samples sent per patient per day

Abstract 16 Figure 3 Number of skin injuries, including pressure

Abstract 16 Figure 4 Direct nursing care hours, morning shift

Abstract 16 Figure 5 RN overtime hours

Results Compared with a 4 - 8 week baseline data collection period, improvements included an increase in discharges before 13:00 by 61% (figure 1), reduction in blood samples per patient per day by 20% (figure 2), increase in nursing time spent in direct patient care by 18% (figure 4), reduction of skin injuries by > 50% (figure 3), completed VTE risk assessments increased 30%, reduction of RN overtime hours by 50% (figure 5), lab sample rejection eliminated, and significant noise reduction in ICU. Currently more than fifty individual projects are completed or underway under the Value Improvement umbrella, the majority of which are showing improvements, often after only a few months.

Conclusions We found that the VI approach offered a systematic method for continuously improving the quality of care by focusing attention each week on safety, efficiency, and patient experience. The team improved numerous processes and outcomes resulting in a positive impact on patients and families and increased the engagement of staff in continuous improvement. In this way, we also improved our capacity to undertake and complete quality projects.

17 IMPROVING EFFICIENCY IN SCHEDULING POST-DISCHARGE DERMATOLOGY FOLLOW-UP

Maria Aleshin. *Stanford Health Care*

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Background Timely post-discharge follow-up ensures safe inpatient/outpatient care transitions. Minimizing messaging to facilitate transitions is critical to staff well-being.

Objectives Improve the proportion of outpatient dermatology appointment scheduled within 2 weeks post-discharge to >90%; decrease staff messaging facilitating scheduling by >25%.

Methods Through process mapping dermatology care transitions (figure 1) we identified barriers to timely scheduling. We assessed impact of two interventions on post-discharge scheduling: video visits (VVs) initiated (March 2020) in response to COVID-19 and SmartPhrase intervention initiated (April 2021) in response to perceived high staff messaging rates (figure 2). We tracked time from discharge to scheduling of post-discharge appointment, percentage of patients scheduled ≤2 weeks, and staff messaging from Jan 2019 through May 2021. Satisfaction was evaluated via stakeholder interviews.

Results Post-discharge VVs increased from 0% to 64% following adoption of telemedicine. The average number of days to schedule these improved from 31 days without VVs to 11 days with VVs; additional adoption of the SmartPhrase further reduced it to 6 days (figure 3). The percent of patients scheduled within 2 weeks improved from 79% without VVs to 82% with VVs, and then to 90% with SmartPhrase adoption (figure 4). Compared to scheduling rates prior to

implementation of both interventions, the combination of VVs and SmartPhrase saved 72 discharged dermatology patients approximately 1824 days of wait-time in post-discharge appointment scheduling. Messaging has not yet decreased sig-

nificantly, but longer follow-up is needed to assess whether messaging rates changed post-SmartPhrase implementation (figure 5). Early qualitative findings suggest overall satisfaction with VVs and the SmartPhrase workflow.

Abstract 17 Figure 1 Process map of inpatient to outpatient dermatology care transitions for discharged patients requiring outpatient follow-up (developed by inpatient faculty, residents, new patient coordinators, front office staff, and nursing staff involved in scheduling) [NOTE. *For new patients only, IP team includes the inpatient dermatology team; IP=inpatient; OP=outpatient; NPCs=new patient coordinators]

Patient name on file.
Date of birth on file.
Patient ID

REASON FOR REFERRAL: Patient recently admitted to hospital, seen by inpatient derm team, needs outpatient dermatology follow-up for:
{Reason for derm DC referral:45992}

IS THIS A NEW OR RETURN PATIENT
{New or return patient:46914}

TIME REQUESTED FOR FOLLOW-UP:
{Time requested for derm appt:46001}

VISIT TYPE REQUESTED:
{Visit type requested:46002}

LOCATION PREFERRED:
{Location of derm follow-up:46003}

PROVIDER PREFERRED:
{Provider preferred for derm follow-up:46004}

INTERPRETER NEEDED FOR SCHEDULING AND VISIT:
{Interpreter Needed:46005}

PREFERRED LANGUAGE SPOKEN:
{Preferred Language:46006}

BEST CONTACT NUMBER/WHO TO CONTACT TO SCHEDULE
{Best contact:46007}

Abstract 17 Figure 2 SmartPhrase used by the inpatient dermatology team as part of a new workflow to help facilitate timely scheduling

Abstract 17 Figure 3 Impact of video visits and SmartPhrases on scheduling of post-discharge appointment

Abstract 17 Figure 4 Impact of video visits and SmartPhrases on percent of patients scheduled for post-discharge appointment within 2 weeks

Abstract 17 Figure 5 Impact of video visits and SmartPhrases on number of scheduling messages sent by three stakeholders (administrative/support staff, inpatient faculty and residents)

Conclusions Early data suggest decreased time to post-discharge scheduling and increased percentage scheduled within two weeks post-VV implementation, and further improvement post-SmartPhrases. Staff messages did not decrease significantly; we plan to track messaging rates through August to fully assess SmartPhrase impact.

Background Implementing evidence-based practice requires both quality improvement and implementation science to promote adoption and sustainability.

Objectives To present a case study of the implementation of The John A. Hartford Foundation and Institute for Healthcare Improvement supported evidence-based Age-Friendly Health Systems (AFHS) 4Ms Framework: What Matters, Medications, Mentation, and Mobility into the 1,100 MinuteClinics located in 33 states and District of Columbia. Quality improvement methods provided the framework for the initiative that was complimented with research to examine strategies that showed promise for sustainability.

18 THE INTERSECTION OF QUALITY IMPROVEMENT AND IMPLEMENTATION SCIENCE: A CASE STUDY

¹Mary A Dolansky, ²Anne Pohnert. ¹Case Western Reserve University; ²CVS/MinuteClinic

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Abstract 18 Figure 1 Running sum of the age-friendly health systems 4Ms assessments and act-ons delivered as a set