AMERICAN OSTEOPATHIC BOARD OF **FAMILY PHYSICIANS**

AOBFP Quality Improvement Project Example

Background:

A systematic quality improvement process will help you identify an issue, challenge, or opportunity for improvement in your practice and respond in a methodical way using a four-phase process called the "Plan, Do, Study, Act (PDSA) cycle."

1. **Identify an issue**, challenge, or opportunity for growth in your practice that you would like to address. Draft a rough statement of your objective or aim.
2. Determine **what is going on.** Gather data to better understand the potential causes of any issues or challenges in your practice. This data can be from your EMR, quality reports you receive, etc., but can also be simply counted and recorded by hand using the specific definition of what information (data) you need to determine your baseline.
3. Consider **what might be done** to improve the process. Decide what intervention you can test and refine your "aim statement" or goal into a precise, achievable objective that answers the following questions:
    - What are we trying to accomplish?
    - How will we know that a change is an improvement?
    - Which changes can we make that will result in improvement?
4. **Test the intervention** by carefully designing, implementing, and monitoring the change you wish to make.
5. **Study and analyze the data** collected from tests introducing the intervention.
6. **Take action** based on what you learned from studying the post-intervention test data to plan for the next step. This could include abandoning the intervention you tested, modifying the intervention to test again, or fully implementing the intervention.

How you tackle these seven parts of the quality improvement process is not always linear. It's similar to the process of carefully and thoughtfully diagnosing and treating patients, juggling the facts you have learned with your hunches, identifying additional information you need to learn and deciding how to better manage the patient's care.

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Example: Diabetes Mellitus Improvement Process

Measurement

Consider one of the following 4 core measures to monitor

a. Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) (view measure definition)
b. Documentation of Current Medications in the Medical Record (view measure definition)
c. Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (view measure definition)
d. Use of High-Risk Medications in the Elderly (view measure definition)

Select one or more of the above measures to use as part of this improvement activity.

Aim Statement

Using your knowledge of this topic area, draft an aim statement that can be used for this improvement project.

a. What do you aim to accomplish?
    i. Example for item b above.
        1. e.g. Within 2 months 85% of all patients who have had a visit to the office will have all current medications documented in their record.
b. What is your improvement goal?
    i. e.g. Improve rate of compliance for medication reconciliation to 85%
c. Who is the patient population you are attempting to impact?
    i. e.g., All patients who have completed a visit during the intervention period.

Interventions

1. Describe the intervention(s) to be used in your improvement activity:
2. How long, in days, do you want to implement your intervention(s)?

Analyze the Data/Results

1. After the study period, assess how well you met your intervention target.
2. Was the intervention effective

Take Action based on results

1. Do you want to continue to intervention / abandon the intervention / modify the intervention?