

Quality Improvement Project

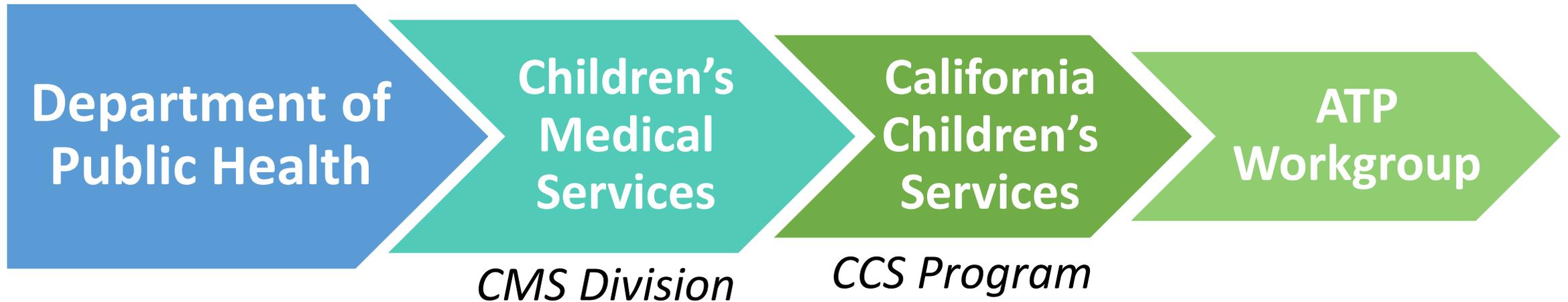
Adolescent Transition Planning

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Children's Medical Services

February 5, 2020



PLAN – Assemble the Team



CMS Staff involved in the Adolescent Transition Planning project:

- PPOD/ CMS QI
- Nursing
- Social Work (**SW**)
- Management Information Systems (**MIS**)
- Document Imaging Unit (**DIU**)



DEFINE & PLAN – Background

- CCS clients are **children with special health care needs**.
- Adolescent Transition Planning (**ATP**) is crucial for many CCS clients because it **prepares them for life as an adult** when they are no longer eligible to receive CCS services.
- ATP helps clients transition to ongoing **medical care programs** from the state and to access **economic, social, and educational resources**.



MEASURE & PLAN – The Problem

“Completed ATP” requires that:

1. A paper **ATCP form** is handed off 8 times over 12 steps before being scanned to a client’s file, AND
2. An **ATP case note** is recorded in the client’s file

We measured:

1. How long it takes one ATCP form to be completed for one client, and
2. The percent of ATP case notes recorded for the total ATP eligible clients



MEASURE & PLAN – The Problem

We measured:

1. How long it takes one ATCP form to be completed for one client, and
2. The percent of ATP case notes recorded for the total ATP eligible clients

5 month Cycle Time to complete 1 ATCP Form per 1 eligible client using the old process

*Data were collected from May 2017 through May 2019

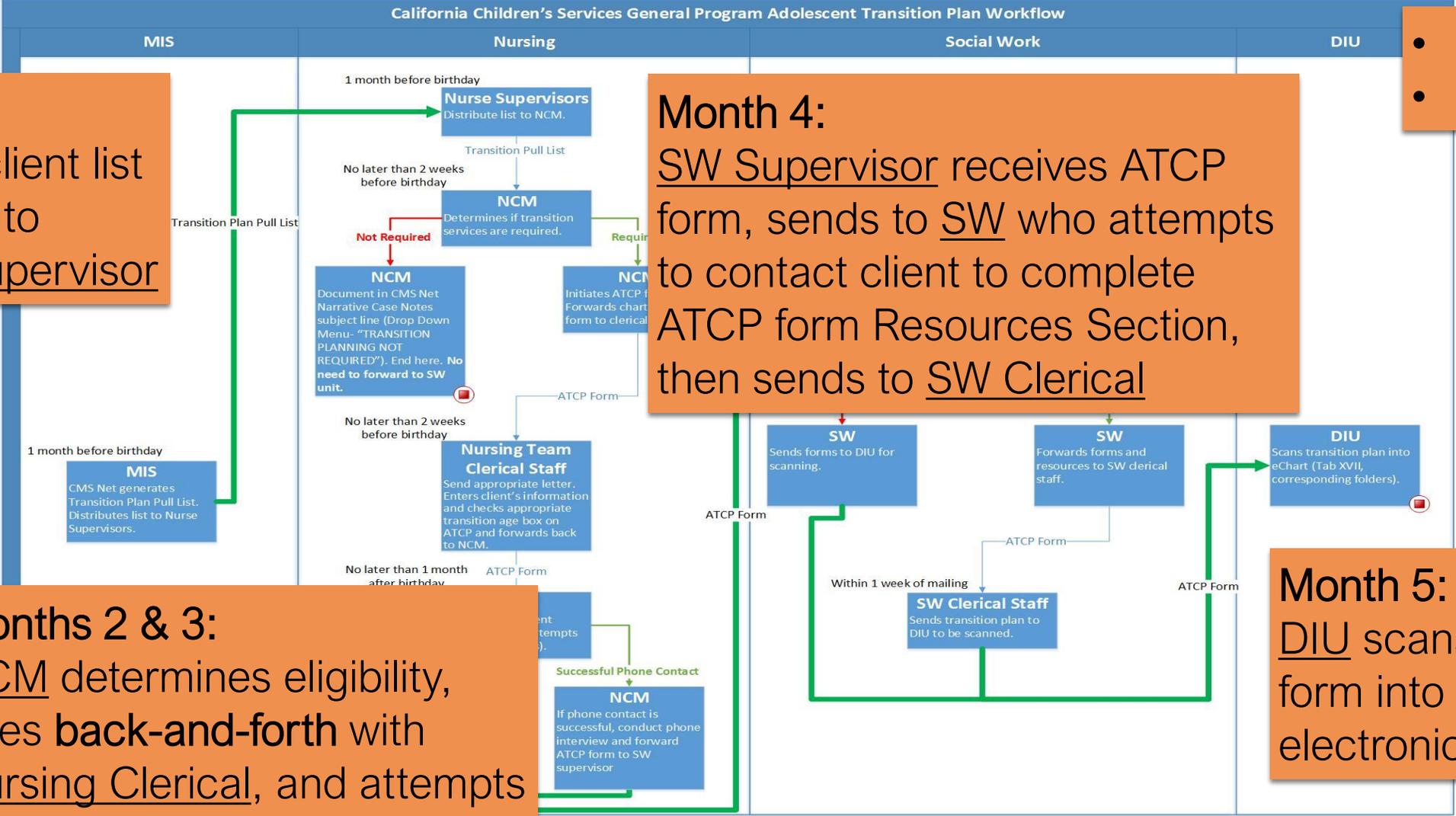
10% of eligible clients had a case note documenting **ATP was completed**

*Data were collected from July 2017 through June 2018



MEASURE & PLAN – Examine the Current Approach

Month 1:
MIS pulls client list and sends to Nursing Supervisor



- 12 steps
- 8 handoffs



MEASURE & PLAN – The Problem

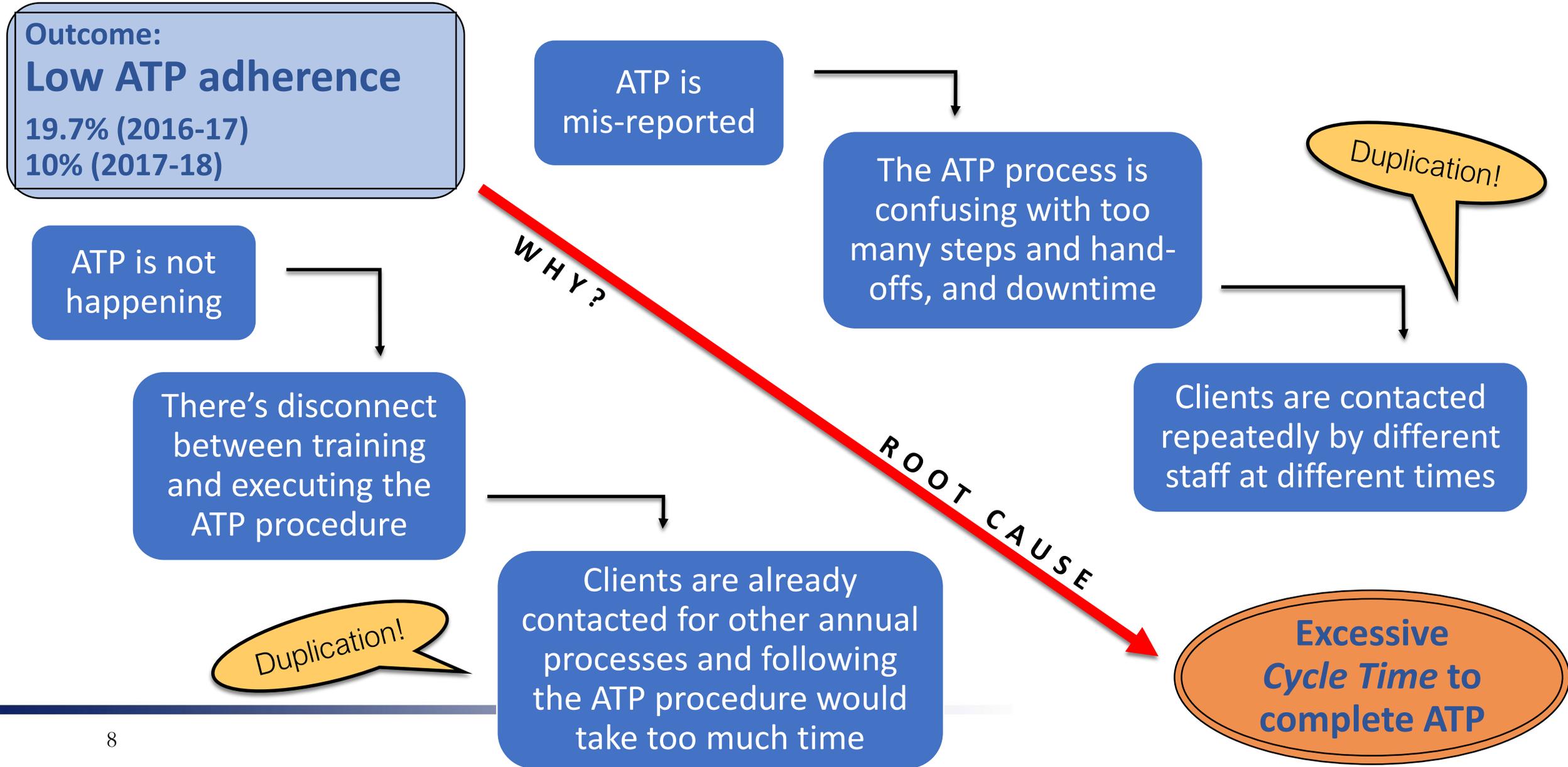
Remember our Problem...

Long Cycle Time

Low Completion Rates



ANALYZE & PLAN – Identifying All Possible Causes



ANALYZE & PLAN – Strategies Identified

The Problem

Cycle Time to complete 1 ATCP Form per eligible client using the Old Process:

5 months

** Data were collected from May 2017 through May 2019.*

SOLUTION to the Problem

Reduce the Cycle Time for completing the ATCP form in a *new ATP procedure*:

by 50%

From 5 months to 2.5 months



ANALYZE & PLAN – Strategies Identified

- Reduce **Cycle Time** to complete 1 ATCP from
- Eliminate back-and-forth process, reducing **Steps and Handoffs**
- Fill out and transmit the ATCP Form **electronically**
- **Consolidate** the ATCP Form into an existing annual process, eliminating an unnecessary, isolated procedure



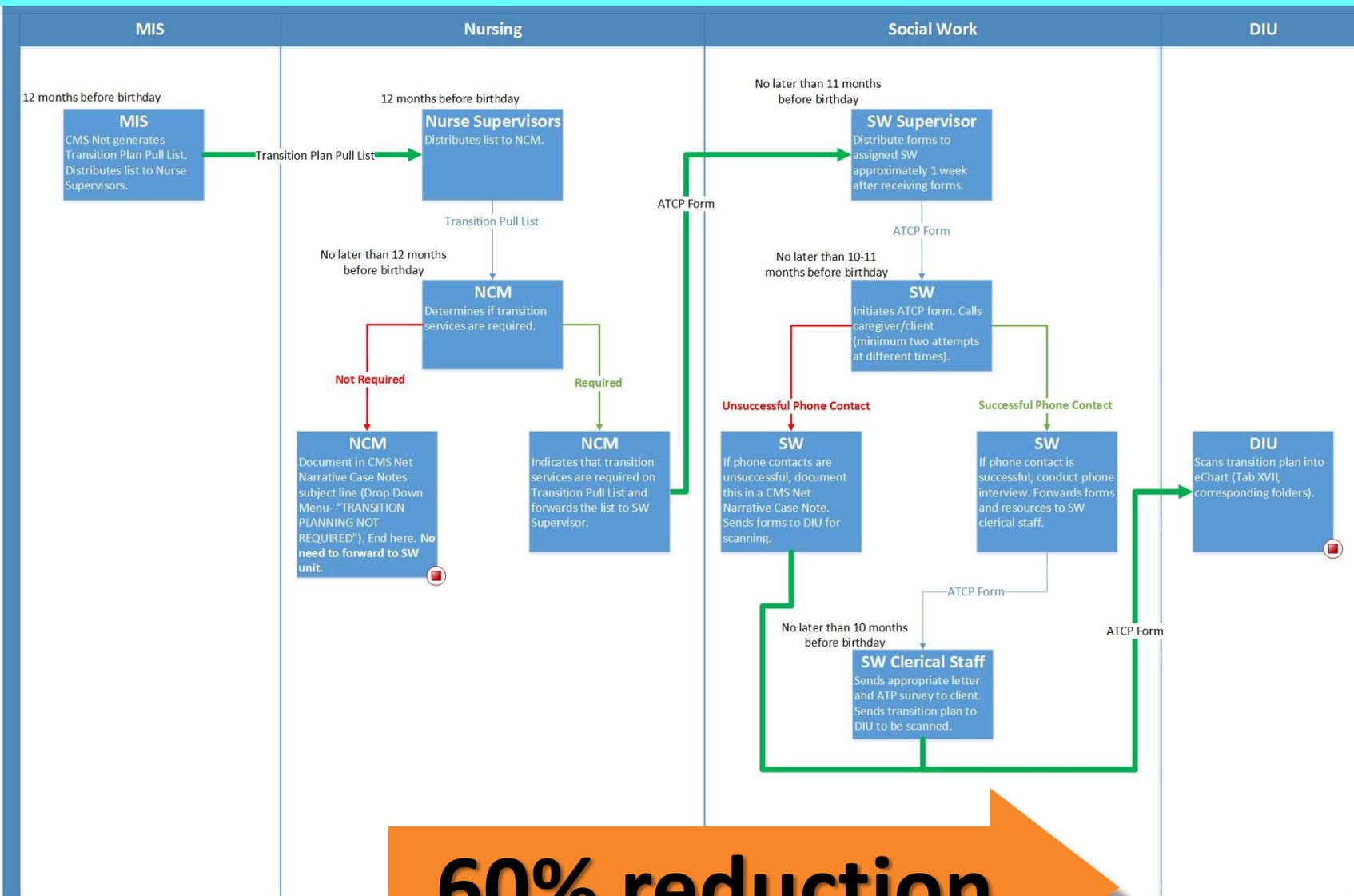
PLAN & AIM Statement

SMART Goal *(Specific, Measurable, Achievable, Realistic, and Timely)*

If we implement a new ATCP Form process by May 2019, then the cycle time for the ATCP Form will decrease from 5 months to 2.5 months by August 2019.



IMPROVE & DO – Strategy Implemented



60% reduction

- **Cycle Time** decreases from 5 months to 2 months
- **Steps** decrease from 12 to 9
- **Handoffs** decrease from 8 to 6



IMPROVE & DO – Tracking Implementation

Cycle Time

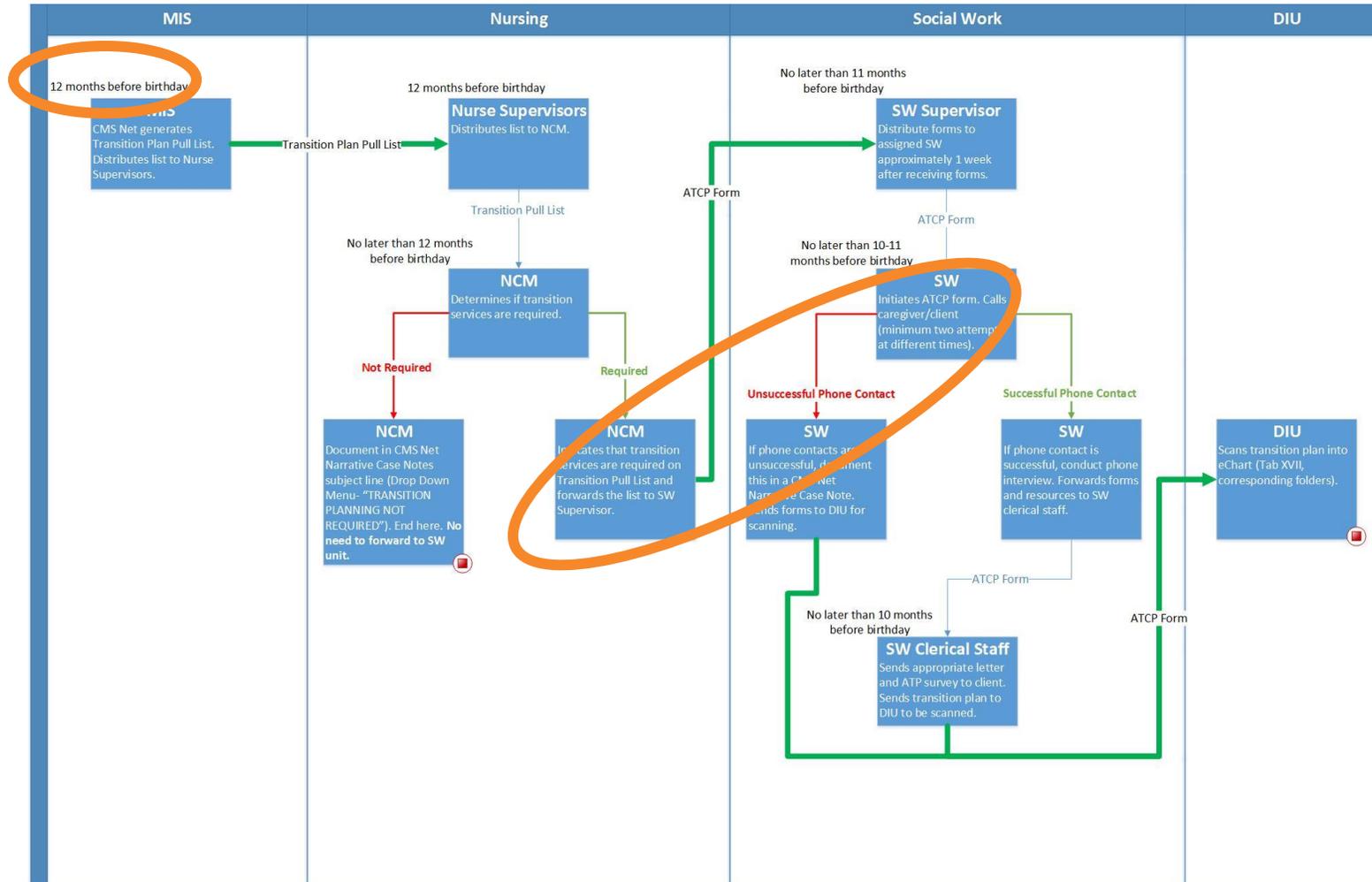
Completion Rate

Statement of measure	Time to complete the ATCP form	ATP Completed Case Notes
Target population	ATP eligible CCS clients	
Numerator	Completed ATCP form scanned to client file	ATP completed case note
Denominator	CCS clients mailed a letter of ATP eligibility	
Source of data	Scanned ATCP forms	CMSnet database case notes
Target goal	2 months	100%
Who tracks data and how often	PPOD tracks ATP and ATCP completion rates quarterly and annually	



IMPROVE & STUDY – Check the Results

No significant improvement despite changes at these spots in the process...



- ATP process **start time**
- **Who initiates** the ATCP form
- Reduction in number of **steps** and **handoffs**



IMPROVE & STUDY

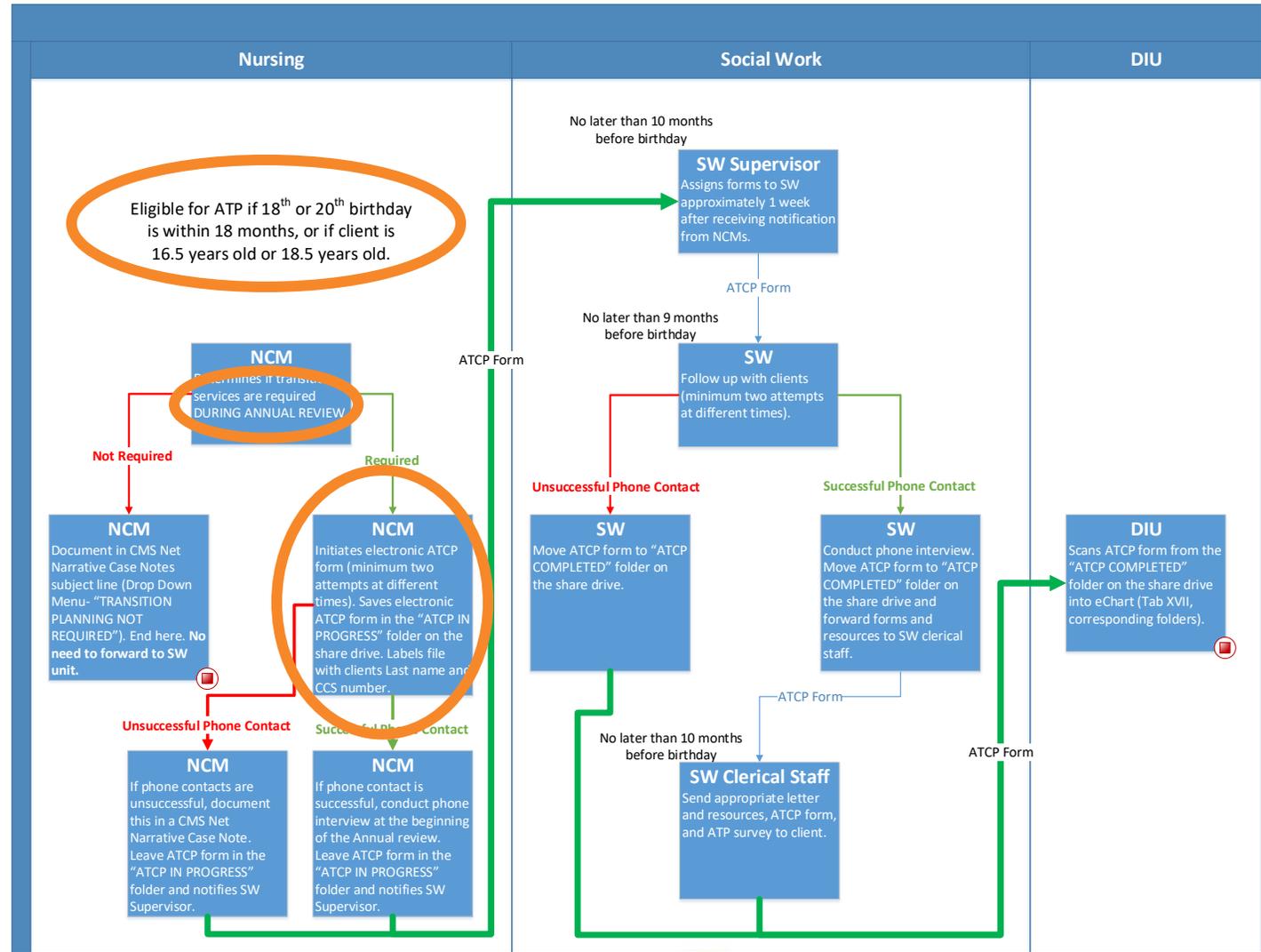
Strategies Identified: Let's Review

- ✓ Reduce **Cycle Time** to complete 1 ATCP form
- ✓ Eliminate back-and-forth process, reducing **Steps and Handoffs**
- Fill out and transmit the ATCP Form **electronically**
- **Consolidate** the ATCP Form into an existing annual process, eliminating an unnecessary, isolated procedure



★ IMPROVE & DO – NEW Strategy Implemented

- **Consolidated** ATP into an existing process
- Made the ATCP form **electronic**
- Reduce to **8 Steps** and **4 Handoffs**



CONTROL & ACT – To Standardize or Not?

Next Steps:

ADOPT the new consolidated and electronic strategy

- Staff will be trained on the new procedures and re-trained as needed
- QI will regularly audit the ATP process



CONTROL & ACT – To Standardize or Not?

Next Steps:

ADAPT the ATP measures to detect points of divergence

- Continue measuring **outcomes** (ATCP form and ATP case notes)
- Develop measure to assess the rate that the **ATP process is being initiated** for eligible CCS clients
- Develop check through the process to measure **process adherence**





Division/ Program:	Children's Medical Services (CMS)
Project Title:	Adolescent Transition Care Plan (ATCP) form workflow
Project Timeline:	May 2019-October 2019
QI Specialist(s):	Shieva Davarian, Nicole Fountas

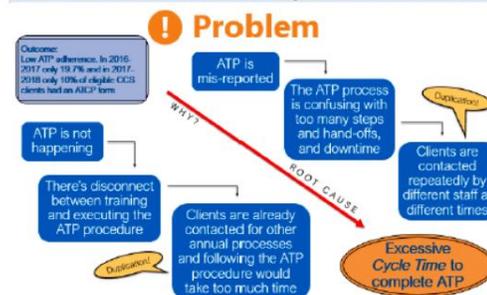
1. Getting Started

Adolescent Transition Planning (ATP) is mandated by the State for all eligible youth in California Children's Services (CCS). The State allows Counties to determine how they will address ATP. In CMS, we use an Adolescent Transition Care Planning (ATCP) form to document and track ATP.

2. Assemble the Team

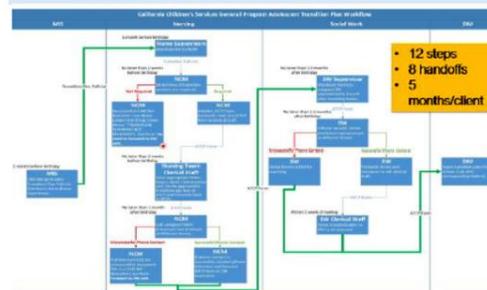
CMS QI Specialists: Shieva Davarian, Nicole Fountas
 SMEs: CCS Public Health Nurse (PHN), CCS Social Worker (SW), and Management Information Systems (MIS) representative
 Workgroup: 12 ATP Workgroup members

3. Define the Problem/ AIM Statement



The aim is to reduce the cycle time by 50%, from 5 months to 2.5 months.

4. Examine the Current Approach/ Measure



5. Identify Potential Solutions

- Incorporate ATP into an existing process (clients' CCS Annual Review).
- Create an electronic process.

6. Plan

Review current Practices and Procedures (P&P) and utilized Lean/Six Sigma Green Belt tools:

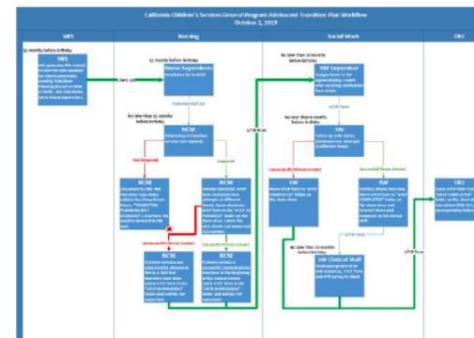
- "Gemba" Process Walk with SMEs
- Suppliers, Input Process, Output, Customers (SIPOC) map

7. Do

The plan was implemented from May 2019-July 2019.

8. Study/ Analyze

We developed a new workflow, with the feedback of the ATP workgroup.



9. Act/ Improve

The ATP workgroup adopted the new workflow and implemented changes to the practices and procedures.

- Steps were reduced from 12 to 9
- Handoffs were reduced from 8 to 6
- Cycle time was reduced from 5 months to 2 months
- ATCP form is filled out and transmitted electronically
- ATCP form is consolidated into an existing annual process, eliminating an unnecessary independent procedure

10. Next Steps/ Control

To maintain a 2-month cycle time:

- Staff will be trained on the new procedures and re-trained as needed
- CMS QI will audit the ATP process annually



Thank You

Questions?

Acknowledgements

- ATP Workgroup
- Children's Medical Services
- Registrar Recorder – County Clerk
- Quality Improvement & Accreditation Program

