**REGISTRY-BASED IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY**

**(CLINICAL)**

**Topic**

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| **Title of Project**: | POAG Plan of Care Documentation |

**Project Description**

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| Identify the exact measures from your monthly IRIS registry report you will focus on in 100 words or less. | Intraocular pressure of patients 18 yrs. of age and older with Primary Open Angle Glaucoma will be evaluated to determine whether their baseline IOP was reduced by 15% with intervention. Utilize EMR data to determine whether criteria have been met and develop care plans that will be used during future visits. |
| **Background Information**:The month you pulled the baseline IRIS performance report and any additional information that may be pertinent). | This project was initiated August 2018. |
| Project Setting: (Please select from options below):* Group Practice
* Healthcare Network
* Hospital
* Multi-Specialty Group
* Solo Practice
* Surgical Center
* Other
 | Group Practice |
| **Study population**: (describe the type of patient for whom the care process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care: | Patients 18 yrs. of age or older with Primary Open Angle Glaucoma. |
| **Project Team**:(describe the type of patient for whom the are process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care). | Staff Physician , Ophthalmic Technicians , and Ophthalmic Scribes will collaboratively document patient intraocular pressures. Physician will determine if 15% reduction criteria has been met, and Scribes will record data and periodically review charts for data completion. |

**Quality Indicators / Performance Measures**

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| It is important to carefully define outcome or performance measures that will be quantified at baseline (before the care process is changed) and at re-measurement (after you have implemented the proposed improvement) to quantify the impact of your care process change. For the registry-based improvement activity, you will use the monthly performance report generated on your IRIS registry dashboard. | Utilize monthly performance reports from the IRIS registry to monitor progress on performance improvement plans. Measure 141. |

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| **Improvement Plan:**State the improvement goal(s) you are aiming for and describe the change(s) to you intend to introduce to achieve the goal(s). Quality improvement requires that you analyze your care delivery processes and identify changes, which if implemented, will improve care and outcomes.  Generally, educational interventions are thought to be weak and demonstrate little impact.  The introduction of tools, strategies or systematic approaches to care delivery is more powerful.  A tool is a thing, for example a preoperative checklist, or written standardized process or protocol.  Strategies include changes in procedures or policies like the introduction of a surgical time out before surgery is initiated. | Meet with IRIS Registry staff to verify proper mapping of the data utilized for this PIM. Include data fields that pertain to current IOP, baseline IOP prior to treatment, Date of birth, and diagnosis of POAG. Additional data field that identifies individuals in which their pretreatment IOP is unknown should be implemented as some patients come to the office who have been on meds for years and the baseline IOP is unknown. Review the baseline IOP and compare to current IOP to determine if a 15% reduction in IOP has been met. Document appropriate care plan for the patient depending on the result. |

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| **Project Summary:**In the following sections, please prepare a summary of the project highlighting the data collected, effectiveness of your measurement approach, interventions and the overall impact of the project.  |
| **Baseline Data:**Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced). | Pretreatment IOP is unknown should be implemented as some patients come to the office who have been on meds for years and the baseline IOP is unknown. Review the baseline IOP and compare to current IOP to determine if a 15% reduction in IOP has been met. Document appropriate care plan for the patient depending on the result. |
| **Follow-up Data:**Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement). | IOP - measure each patient intraocular pressure.Age - (in years) of each patient. Those 18 years old to be included. Diagnosis - whether or not POAG Dx documented. |

**Project Impact**

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| Compare the baseline data to the re-measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective. | Percentage of Baseline IOP / Follow-up IOP. Compare to 15%.If greater than or equal to 15% then goal met. Record whether goal met.If goal not met, have follow-up care plan in place.This is best done with an EHR that can be programmed to compare data for you to make visits more efficient. Plan for us to achieve this in the next year. |

**Project Reflection**

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| Did you feel the project was worthwhile, effective? | YES |
| How might you have performed the project differently? | Created rules within the EHR to automate this process. |
| Please offer suggestions for other ophthalmologists undertaking a similar project. | Use EMR to compare data if possible. |