SPREAD & SUSTAINABILITY
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BACKGROUND

- **Work at Rainier Beach Dental**
  - 12 chair clinic
  - Co-located with medical
  - One of 5 dental clinics for Neighborcare

- **Quality Improvement Projects**
  - Started with Early Childhood Caries Phase II project
    - Myself and 1 other provider were the “champions”
    - At end of project, entire organization was following new processes developed during project for 0-5 year olds
  - **Elimination of Dental Disease**
    - Began testing/developing caries risk processes for 6+
    - Implemented at RBD
    - Organizational change: caries risk for all ages
% Without Risk >6 years old

Feb-13  Mar-13  Apr-13  May-13  Jun-13  Jul-13  Aug-13  Sep-13

45th  Central  Georgetown  High Point  Rainier Beach
Self Management Goals
How did we get where we are now?
CHANGE CAN BE HARD...

- Film to digital radiographs?
- Paper charts to EDR systems?
- And everyone responds to change differently!
  - Easy acceptors
    - Sure, no big deal!
  - Skeptics
    - The old way was working fine...
  - Protestors
    - This is more work. I don’t want...
KEY POINTS TO SUCCESS

- Identify problem and set goals
- Test, test, test
- Engage others
- Don’t give up!
QUESTIONS AND GOALS

- Identify the problem you are trying to address:
  - What are we trying to accomplish?
  - What do we want to change?
  - Examples: Decrease new caries activity, decrease no show rate

- As you ask questions, it will help you establish goals, define measures for data collection, and help you brainstorm ideas
  - How will we know this change is an improvement?
  - What changes can we make that will result in an improvement?
Test, test, test!

- The testing cycle:
  - Plan-Do-Study-Act (PDSA) Cycle
    - Small scale
    - Easy to perform
    - Only temporary
    - Successes and failures give us data
  - Examples:
    - Success: Implementing an electronic caries risk form
      - Tested myself for many weeks
      - Shared with another provider
      - Shared feedback and bugs → many revision cycles
      - Went “live” for us
    - Failures: Increase 1 year visit
      - DA previewed medical schedule and circulated medical clinic to offer appointments
      - Tried for a few days, poor results
ENGAGE OTHERS

- Different adopter types = different strategies
- Explain why the change is necessary or important
  - Tie to our patients
- Establish expectations and support
  - Is it an organizational strategy?
  - Will someone be there to help?
- Share data/give reminders
- Share successes
  - Has someone else made the change already?
- Acknowledge fear or anxiety
- Welcome ideas and feedback
DON’T GIVE UP!

- Failures offer us valuable information
- Using PDSA cycle helps us so we do NOT implement strategies that do not work
- Buy in can take time!
- Changes can take time!
- Find others- collaborate and share experiences
- We have now been working on developing a caries risk protocol for Neighborcare for close to 2 years!
IMPLEMENT CHANGES & SPREAD

- Be sure systems are ready for support
  - Example: Electronic note was ready to go “live” when we discovered it did not pull our codes. Required correction before we asked everyone to start utilizing it otherwise we would not have had our data!

- Be sure people are prepared
  - Information and training received
  - Expectations are clear
    - Old way is not an option
  - Part of daily operations
  - Failure is not anticipated

- Anticipate some chaos and decrease in performance

- Collect data
  - Utilize for feedback and control
Sustainability

- Data/Measurements
- Processes/Policies
- Continued investment and feedback
DATA/MEASUREMENTS

• Imperative to continue to collect data on changes
  - How do we know we are seeing the changes we want?
• Shows us what we have improved and what need to work on
  - Example: Classifying risk calibration
    - Although we initially defined high, medium, low categories it became clear people were confused/not following definitions
    - Required retraining and a little reference chart
  - Success: Percent of patients with risk assessed
    - In September 2012: 28% of patients at RBD had risk assessed
    - In September 2013: 94% with risk assessed
Processes/Policies

- New staff
  - Training documents
  - Work flow
  - Job description

- Managing process/data
  - Who owns this?
  - Where is the information located?

- Refresher “training”
  - Keeping it alive!
  - Refocusing on target
CONTINUED INVESTMENT & FEEDBACK

- If the original champion left, would the change persist?
  - Keep the fire alive!

- Motions or QI?
  - Just checking the boxes versus engaging/participating
  - Example: Providers assessing risk but not setting/reviewing goals at every visit (recent topic of our CAMBRA meeting)

- Communication with team members
  - What is working? What is not? What else do you need?
    - Example: Request for visual aids to assist DA’s, suggestion for cavity free club board

- Formal group to assist with sustainability
  - Example: CAMBRA committee meets ~1x month to discuss data and current issues
    - Finalized our data collection
    - Revamping notes for better data reporting on new caries
    - Strategizing how to improve the MI/behavioral element at every visit
CONCLUSIONS

- Start small…but think BIG!
- Test, test, test
- Failure is helpful
- Collect data
- Buy-in is key and may take time
- Share successes
- Find others who have made the change and partner with them/learn from them
- Focus on our patients: they are why we are doing this!
MORE INFORMATION:

- Institute for Healthcare Improvement: [http://www.ihi.org/knowledge/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx](http://www.ihi.org/knowledge/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx)
- Dentaquest Institute: [http://www.dentaquestinstitute.org/learn/quality-improvement-initiatives](http://www.dentaquestinstitute.org/learn/quality-improvement-initiatives)