UTILIZING TECHNOLOGY TO ENHANCE QUALITY IMPROVEMENT



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Disclosure: Indiana State University Doctorate in Athletic Training Degree

The views expressed in these slides and today's discussion are ours

Our views may not be the same as the views of our colleagues or Indiana State University

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AS A RESULT OF THIS SESSION YOU WILL BE ABLE TO:

- Discuss best practices for using health information technology (HIT) to change clinical practice.
- 2. Determine methods that will directly incorporate HIT and continuous quality improvement (CQI) into clinical practice.
- 3. Recognize ways to mentor use of HIT and CQI in clinical practice.

UTILIZE HEALTHCARE INFORMATICS





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Reduce errors by eliminating handwritten data, thus decreasing misreading or misinterpreting patient information

Manage knowledge and information to guide evidence-based practice and identify areas for quality improvement

Communicate information with patients and other healthcare providers via electronic medical records or secured electronic mechanisms (e.g., telemedicine, encrypted e-mails, encrypted text messaging)

Wan TH. Healthcare informatics research: From data to evidence-based management. Journal of Medical Systems. 2006;30(1):3-7.

McMahon DD. Evaluating new technology to improve patient outcomes. Journal of Infusion Nursing. 2002;25(4):205-255.

APPLY QUALITY IMPROVEMENT



Measure quality of care in terms of structure, process, and outcomes

Assess current practices and compare to peers as a means of identifying opportunities for improvement

Identify errors and hazards in care

Improve the quality of one's own performance through self-assessment and personal change

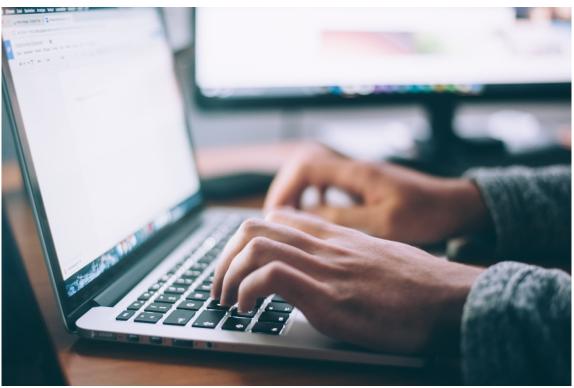


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HELP YOU, HELP YOU







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BEST PRACTICE GUIDELINES FOR ATHLETIC TRAINING DOCUMENTATION





Initial Evaluation

Daily Notes

Treatment Logs

Progress Notes

Discharge

OUR MAIN GOAL



Communication

Monitor Patient Care

Legal Implications

Nottingham, et, al. Athletic Trainers' Reasons for and Mechanics of Documenting Patient Care: A Report From the Athletic Training Practice-Based Research Network. Journal of Athletic Training. 2017;52(7):656-666.

OUR MAIN GOAL



Monitor Patient Care



Photo by Owen Beard on Unsplash



IMPROVING PATIENT CARETHROUGH HIT

Facilitates Communication Between Clinicians

Reduces Medical Error

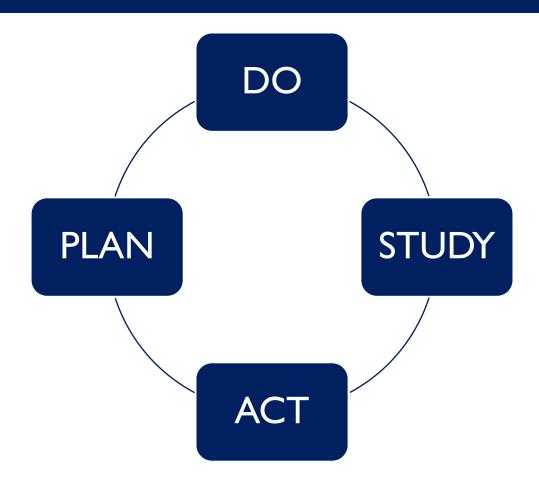
Improves Patient-Centered Care

Provides Access to Information

Quality Improvement

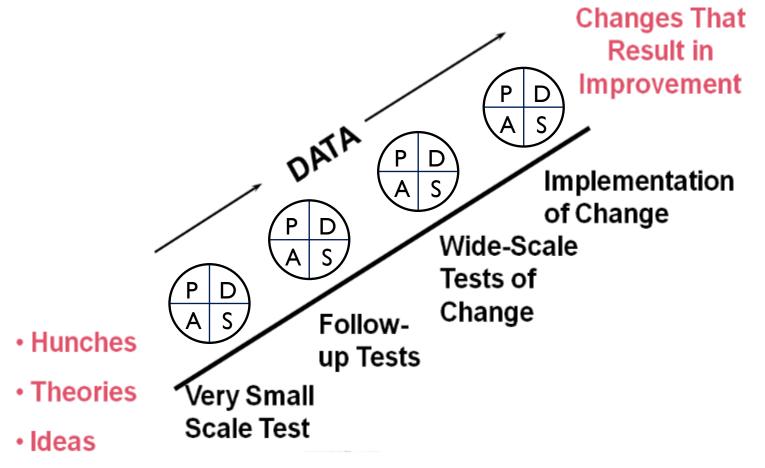






PLAN – DO – STUDY – ACT





http://www.hqontario.ca/portals/0/documents/qi/rf-document-pdsa-cycles-en.pdf



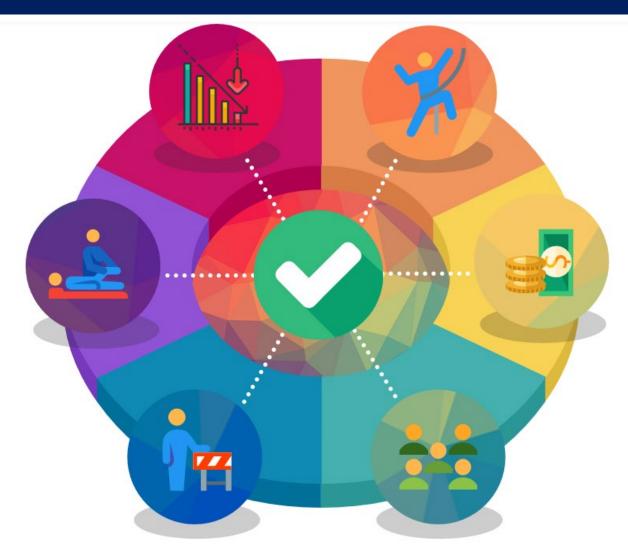
PLAN – DO – STUDY – ACT

Modified from Tomolo, et al. A case of translating ACGME practice-based learning and improvement requirements into reality: systems quality improvement projects as the key component to a comprehensive curriculum. Quality & Safety in Health Care. 2009;18:217-224. Complexity

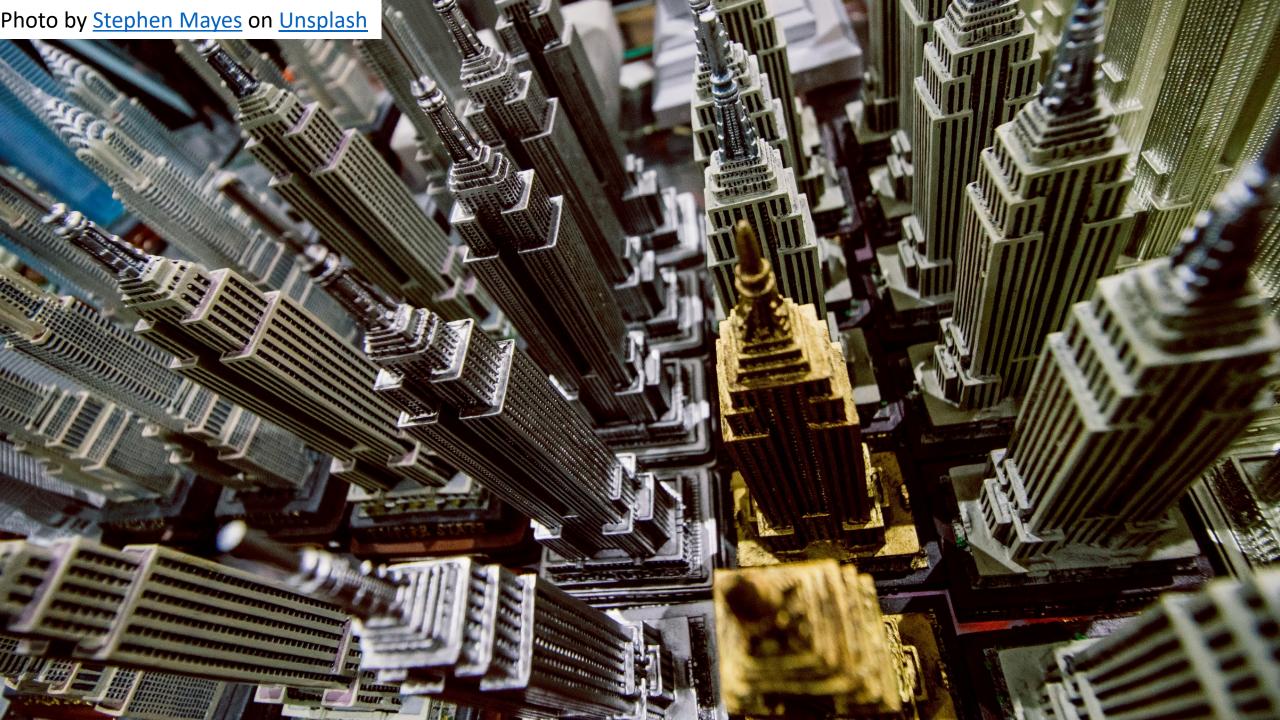
Time

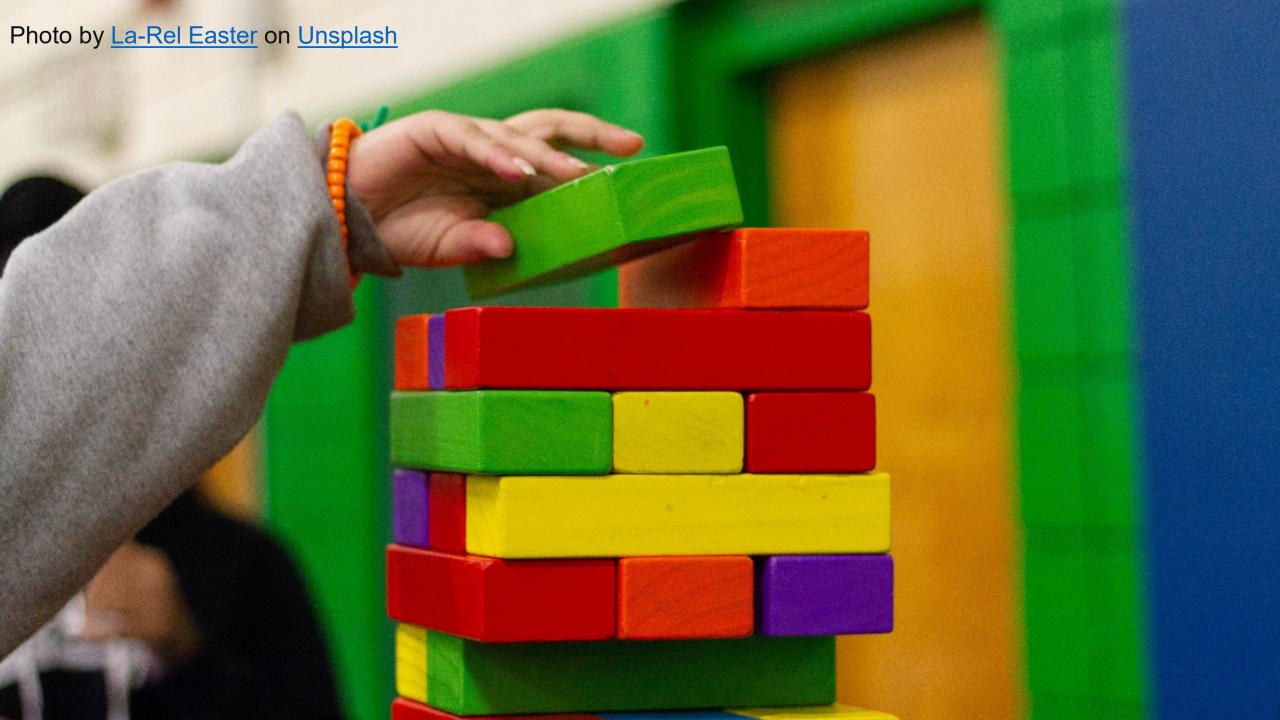
BENEFITS FROM QI

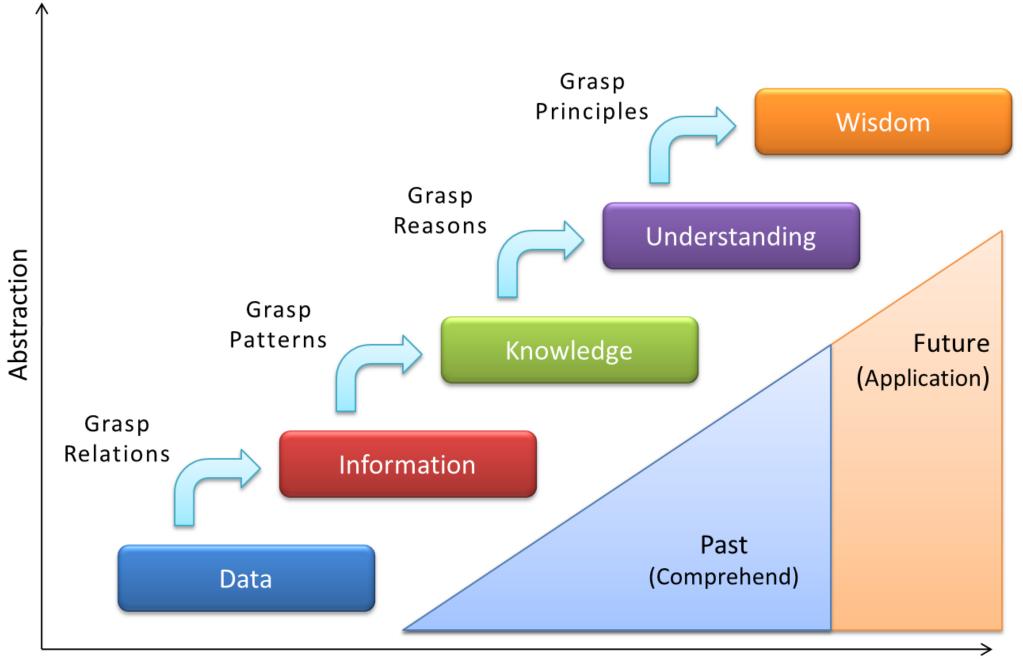












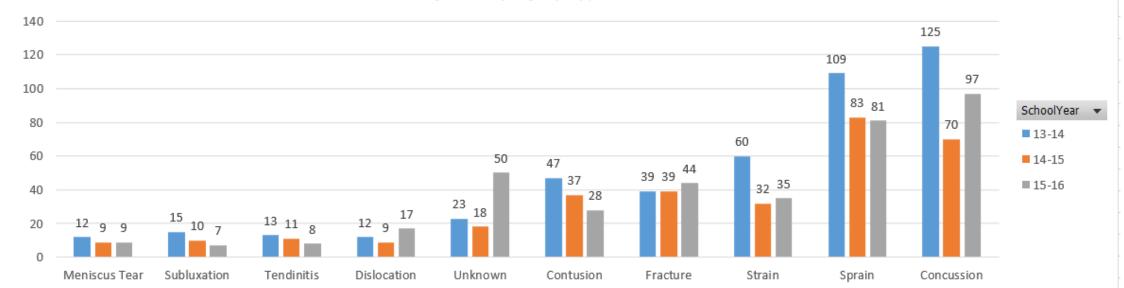
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HS 1	1	15-16	1/20/2016	1 Jan	20	2016	Pelvis	Pelvis	Unknown	track,f	Open	Unknown	Varsity	Season	Reinjury
HS 1	1	15-16	1/19/2016	1 Jan	19	2016	extremity	Toes	Fracture	Football	Open	Blow	Unknown	Season	Acute
HS 1	1	15-16	1/19/2016	1 Jan	19	2016	Head	Brain	on	l, f.	52	Whiplash	Varsity	Season	Acute
HS 1	1	15-16	1/19/2016	1 Jan	19	2016	Head	Brain	on	Softball	Open	Blow	Varsity	Season	Acute
HS 1	1	15-16	1/12/2016	1 Jan	12	2016	extremity	Ankle	Sprain	track,m	Open	Inversion	Varsity	Season	Acute
HS 1	1	15-16	1/4/2016	1 Jan	4	2016	extremity	Hip	Strain	m.	Open	Kicking	Varsity	Season	Acute
HS 1	1	14-15	1/8/2015	1 Jan	8	2015	Head	Brain	on	l, f.	205	Unknown	Unknown	Unknown	Unknown
HS 1	1	14-15	1/2/2015	1 Jan	2	2015	extremity	Quad	Strain	Track, f.	211	Unknown	Unknown	Unknown	Unknown
HS 1	1	15-16	2/9/2016	2 Feb	9	2016	Head	Brain	Injury to	l, f.	Open	Blow	Varsity	Season	Acute
HS 1	1	15-16	2/6/2016	2 Feb	6	2016	extremity	Lower leg	No Injury	Football	Open	Unknown	Unknown	Unknown	Unknown
HS 1	1	15-16	2/5/2016	2 Feb	5	2016	extremity	Knee	on	l, f.	35	Unknown	Varsity	Season	Acute
HS 1	1	13-14	2/19/2014	2 Feb	19	2014	extremity	Knee	Strain	Soccer, f	528	Unknown	Unknown	Unknown	Unknown
HS 1	1	13-14	2/19/2014	2 Feb	19	2014	extremity	Groin	Strain	track,m	528	Unknown	Unknown	Unknown	Unknown
HS 1	1	13-14	2/4/2014	2 Feb	4	2014	Head	Brain	on	l, f.	543	Unknown	Unknown	Unknown	Unknown
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Data

Count of Injury	Column Labels	_			
Row Labels	t ▼ 13-14		14-15	15-16	Grand Total
Meniscus Tear		12	9	9	30
Subluxation		15	10	7	32
Tendinitis		13	11	8	32
Dislocation		12	9	17	38
Unknown		23	18	50	91
Contusion		47	37	28	112
Fracture		39	39	44	122
Strain		60	32	35	127
Sprain		109	83	81	273
Concussion		125	70	97	292
Grand Total		455	318	376	1149

Knowledge





Action Option 1: Dedicate professional development funding to enhance knowledge on recognition and management of concussions.

Wisdom

Action Option 2: Evaluate physical space and resources to meet management needs for sprains and strains

Action Option 3: Adjust workload responsibilities to ensure a provider is available for activities where concussions are most prevalent

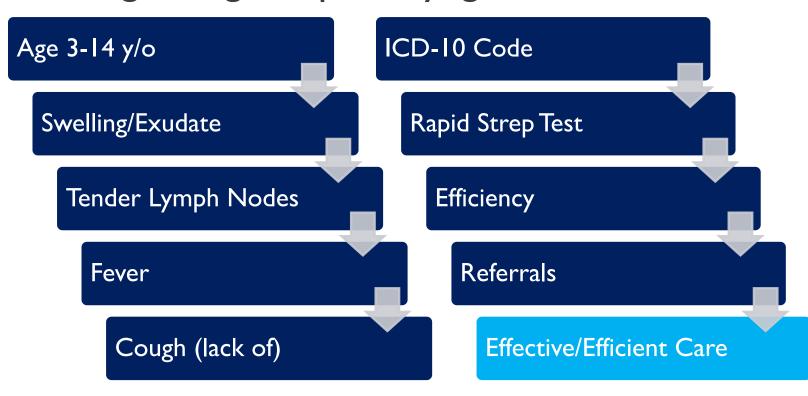
DIAGNOSTIC CRITERIA FOR STREP PHARYNGITIS





Photo by Wondview Strep A Test

Are we using best practices (Centor Criteria) for diagnosing Strep Pharyngitis?



Gallegos DM, et al. Use of orthopedic special tests by athletic trainers who diagnose acromioclavicular sprains: A report from the Athletic Training Practice-Based Research Network. Journal of Athletic Training. 2016;51(6 Supplement):207-208.

CLINICAL PRESENTATION OF ELBOW INJURIES



Retrospective analysis of EMR (2009-2015)

32 AT facilities

67 patients diagnosed with an AC joint sprain (ICD-9 840 AC sprain)

Orthopedic Special Tests (3.2±2.0, range 1-10)

- AC Compression 35.8%
- Piano Key 26.9%
- Active Compression/O'Brien's 13.4%
- Cross-Body Adduction 11.9%
- Traction 11.9%

- Hawkin's Impingement 29.9%
- Apprehension 29.9%
- Sulcus Sign 25.4%
- Neer Impingement 22.4%
- Anterior glide 17.9%
- No Orthopedic Special Tests 17.9%

Best Practice Guidelines: Active Compression/O'Brien's, Cross-Body Adduction, AC Resisted Extension

Photo by Marc Manhart on Pixabay

TIBIAL STRESS FRACTURE MANAGEMENT PROTOCOL



Suspected Tibial Stress Fracture

N=4

FAB-Q

Amount of Time from Initial Report to Physician Consultations

14 days

TSK

Amount of Time to Initiating Return to Run Protocol

17.5 days

Amount of Time from Diagnosis to Return to Run

61.7 days

56-84 days

CHANGE: PERSONS VERSUS SYSTEMS



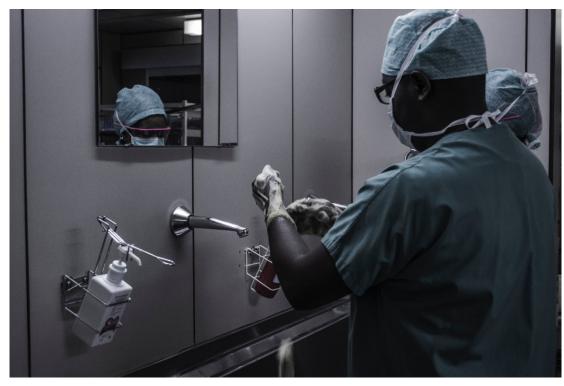


Photo by Piron Guillaume on Unsplash



https://goo.gl/images/L2yuEU



SUCCESSFUL IMPLEMENTATION OF HIT FOR QI

Vision and leadership

Clearly defined goals and planned strategies

Transformation to help patients



Photo by <u>rawpixel</u> on <u>Pixabay</u>

Teamwork and communication



Doctorate in Athletic Training

Class Offering

ATTR 871 – Health Information Technology



No Application Fee

Three Week Course July 2019



Fully Online

\$450-\$518 (Depending on Location)





Do you want to understand how to turn data into wisdom?

System-wide compliance for medical documentation

Quality and integrity of health care data

Data collection and analysis



ADDITIONAL READINGS AND RESOURCES

National Athletic Trainers' Association: Best Practice Guidelines for Athletic Training Documentation

National Athletic Trainers' Association: Secondary School Value Model

Using Health Information Technology to Support Quality Improvement in Primary Care

QI Indicator Worksheet

US Department of Health and Human Services Health Resources and Services Administration: Quality Improvement