Public Health Performance Management Centers for Excellence

QUALITY IMPROVEMENT STORYBOARD
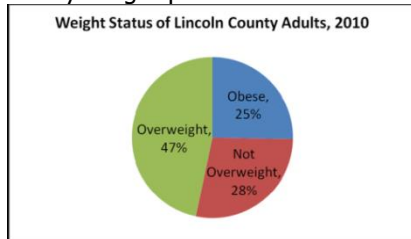
LOCAL TRIBE/HEALTH DEPARTMENT NAME: **Lincoln County Health Department**

ADDRESS: **90 Nicholls St. Davenport, WA**

PHONE NUMBER: **509-725-1001**

SIZE: **6.8 FTE**

POPULATION SERVED: **Lincoln County – 10,570**

PROJECT TITLE: **Clinical Obesity Intervention**

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started
Obesity is a major health concern in Lincoln County. By evaluating best practices, we decided to improve healthcare provider involvement in patients' healthy weight plans. Goal: improve patients' health through dialogue with their provider resulting in implementation of an individualized healthy weight plan.


Weight Status of Lincoln County Adults, 2010

Obese, 25%
Overweight, 47%
Not Overweight, 28%

2. Assemble the Team

Ed Dzedzy, Project Lead; Jolene Erickson, Project Coordinator; Jennifer Larmer, Patient Services; Gabrielle Chain, Clinics Manager; Fred Reed, MD; Mike Bell, P.A.C.
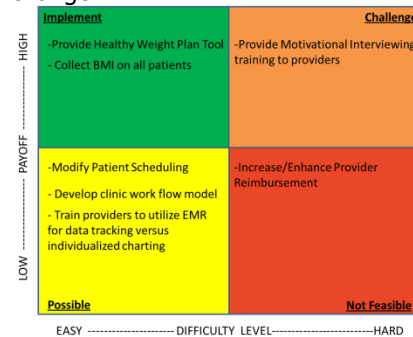LINCOLN COUNTY HEALTHY WEIGHT COLLABORATIVE

3. Examine the Current Approach
Measuring BMI of children ages 2-17 began in 2011 at North Basin Medical Clinics. This project expanded on the model at Reardan Clinic to include all patients for all visits with a healthcare provider having BMI taken and having a conversation about their BMI.
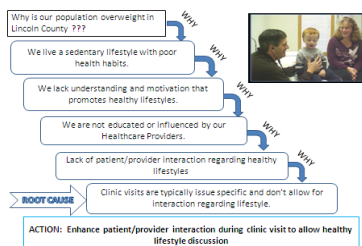
4. Identify Potential Solutions
Developed a healthy weight questionnaire to facilitate patient/provider interaction. Distributed questionnaire at Reardan Clinic. Goal: the questionnaire will give an accurate picture of the client's current habits and readiness to change.

Implement — -Provide Healthy Weight Plan Tool - Collect BMI on all patients
Challenge — -Provide Motivational Interviewing training to providers
Possible — -Modify Patient Scheduling - Develop clinic work flow model - Train providers to utilize EMR for data tracking versus individualized charting
Not Feasible — -Increase/Enhance Provider Reimbursement

PAYOFF: HIGH / LOW
EASY ----- DIFFICULTY LEVEL ----- HARD

5. Develop an Improvement Theory
If we provide a simple healthy weight assessment tool, providers and patients are more likely to use it. This will lead to a productive conversation about healthy weight and implementation of an individualized healthy weight plan.

DO
Test the Theory for Improvement

6. Test the Theory
The receptionist offered the questionnaire to patients at check-in. A majority of patients declined to fill out the health questionnaire. Root causes of patient refusals: 1. Don't want to fill out more paperwork especially if it's not pertinent to the visit. 2. Don't want to answer the questions on the questionnaire. **Also** – clinic staff were hesitant to have patients fill out questionnaire since they utilize paperless practices. The patients may have viewed completing the questionnaire as optional.

STUDY
Use Data to Study Results of the Test

7. Study the Results

Date 2014	Patient Count	With BMI	Exercise Counsel	Nutrition Counsel
Jan	388	283 (73 %)	0	0
Feb	318	229 (72 %)	3 (1%)	1 (0%)
Mar	353	294 (83%)	3 (1%)	2 (1%)
Apr	364	262 (72%)	0	0
May	328	255 (78%)	2 (1%)	0
Jun	332	277 (83%)	2 (0%)	11 (3%)
Jul	301	245 (81%)	1 (0%)	1 (0%)

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
Engage clinic staff to enthusiastically promote completion of questionnaires. Engage providers to expect each patient to complete the questionnaire and have a lifestyle conversation.

9. Establish Future Plans
Expansion to the two remaining clinics – Davenport and Wilbur.