Example Process Improvement Projects

Setting Up a Sub-Clinic for PTSD

Find a process to improve:

Data from a review of the clinic patient population revealed that a large proportion of new patients are diagnosed with PTSD. A review of clinic providers' training and confidence levels using EBPs for PSTD suggest that only a small number of providers are proficient in providing these treatments. The goal of this process improvement project was to address these issues to improve access to care and quality of treatment for PTSD cases.

Organize a team that is familiar with the situation/process:

The following clinic personnel were recruited to serve on this Process Improvement (PI) project team:

- Clinic manager
- Departmental PI coordinator
- Several clinic providers

The clinic manager is well-versed in patient management/throughput issues such as the volume of PTSD cases and level of EBP training and experience for clinic providers, while all team members have familiarity with the clinical treatment of PTSD.

Clarify the current process:

The clinic manager had examined data from the EMR, and the results of the EBP Training & Utilization Provider Questionnaire. This revealed that:

- A substantial percentage of new intakes have a PTSD diagnosis.
- While 6 out of 15 providers rated themselves as having past training in EBPs for PTSD, only 3 have used these EBPs regularly since being trained.
- There is also a process group for PTSD, but no EBP group treatment for PTSD.

Uncover the root causes/Understand the issue:

The PI team employed several methods to understand the reason for the low number of providers who use EBPs to treat these cases. Each method is described below:

- Discussion with providers at a recent staff meeting: This revealed that many providers want more EBP training, but do not feel they have time in their schedules. Several other providers expressed hesitancy about treating PTSD cases with one or more of the EBPs.
- Brainstorming session: The team also white boarded potential contributing factors to the low use of EBPs for PTSD.

After examining information from these methods, the team concluded that there were several key reasons that few providers are using EBPs. Each of these key reasons is listed below:

(A) New patients are assigned to the next available provider, whether or not they have expertise in EBPs to treat PTSD.

(B) Some providers are reluctant to transfer a PTSD case that they start treatment with, even if that is the recommendation of a treatment team.

(C) Many patients are being referred into the process group for PTSD, which is popular with patients, but has not been effective in producing symptom improvements.

(D) Several providers with training in EBPs for PTSD lack confidence in using these with patients.

Select the improvement (establish the goal you want to accomplish):

Create a sub-clinic for PTSD that consists of providers who specialize in the treatment of PTSD and can provide treatment to most of the patients in the clinic with this disorder.

Plan the improvement:

Part 1 - Outline of planned improvements

The team decided to address the problem using several improvements. Note that each improvement is tied back to one or more of the key issues identified as contributing to the problem.

Improvement #1: Create a "Sub-clinic" for PTSD by designating 4 providers to be recipients of new PTSD cases. Whenever possible, these providers will be giving intakes for patients pre-determined with PTSD symptoms (i.e., PCM referral suggests possible PTSD diagnosis). After intake, if a patient is determined to have PTSD, the patient will be automatically transferred to one of these four providers. These providers will not be assigned other types of cases, clearing room for providing EBPs for this population. For cases that are already in the clinic system, if they are not progressing based on treatment team review, they will be reassigned to the sub-clinic for continued care. *Addresses issues A & B.*

Improvement #2: Adjust the composition of groups within the clinic by beginning 2 CPT groups for PTSD to address the unmet need for EBPs in this population and begin shifting patients from the PTSD process group into these CPT groups. *Addresses issue C.*

Improvement #3: Increase the amount of providers who are willing and able to use EBPs for PTSD in individual therapy.

- Seek additional training for providers interested in EBPs and encourage providers who have past training to consider using these so they can join the sub-clinic if needed. *Addresses issue A.*
- Start a peer consultation group for EBPs so providers who have past training (or those who are newly trained) can become more comfortable with the treatments by taking on a few initial cases. *Addresses issue D.*

Part 2 - Data collection plan

The team determined that the following data would be collected monthly for the next six months:

- Number of providers who have been trained in and practice EBPs for PTSD
  - Baseline was 3 out of 15
- Percentage of PTSD cases who are receiving an EBP for PSTD
  - Baseline was estimated to be 20%

Do:

In order to implement the planned improvements, the team took the following steps:

1. The team designated providers for the sub-clinic, identifying 5 providers instead of 4, as one of the providers with past training decided to join as long as there was peer consultation. The team created a SOP/OI to standardize and implement these plans (using the SOP/OI template in the Clinic Optimization Toolkit).

- Ensured staff were informed that after an intake, patients given a diagnosis of PTSD were to be referred to one of the providers in the sub-clinic.
- PTSD cases that were identified prior to creating the sub-clinic were not transferred unless they were showing a failure to progress in treatment as judged by a multidisciplinary treatment team.

2. The team found a provider willing to start a CPT group for PTSD as part of the sub-clinic.
    - This group was supported by a senior behavioral health technician.
    - Clinic providers treating PTSD cases were encouraged to refer patients to this group to augment the care they are providing.
    - While the plan was to phase out the process group, many patients objected to this and wanted to keep attending; therefore, this group was kept in place, giving patients and providers choices in which type of group to choose from.
3. The team was able to increase the number of providers delivering EBPs for PTSD.
    - The peer consultation meetings resulted in two providers who were already trained in EBPs starting to treat a few patients using an EBP.
    - The clinic manager cleared the schedules of three additional providers so they can attend an upcoming Prolonged Exposure for PTSD workshop.

Check:

From the changes in the clinic, the team saw an improvement in the ability to provide EBP treatment to patients with PTSD. Over the last 6 months:

- The number of providers who have been trained and practice EBPs for PTSD increased from 3 to 6, with additional providers registered for more training.
- The percentage of PTSD cases who are receiving an EBP for PSTD has dramatically improved. Approximately 100% of new PTSD cases have been transferred to an EBP provider within the sub-clinic within the first 2 sessions after intake. All patients have also been given the option to receive CPT via group.

Act:

The team and clinic leadership agree that the implementation of the PTSD Sub-clinic is improving the quantity and quality of care provided to patients with PTSD. As such, the sub-clinic will continue, and any challenges identified will be addressed by the team and sub-clinic providers.