

Certificate Training Program Session 3

Welcome!: Before We Start

Sign-in at the back
Pick up handout packet
Put on your name tag
Sit with your CTP team at your assigned table



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Curriculum Overview

KEY
Team Check-in
Inspiration
Background
Process Improvement
Leadership
Quality/Safety
Coaching
EMR

8/20	#1	Welcome	Beginning with the End in Mind	Objectives & Introductions	Overview	Leadership Defined	Team Norms	Understand Process	
8/27	#2	UCH Sleep	Thriving as a Leadership Imperative	Value Defined	Introduction to Quality Improvement	IHQSE Model of Change	Coaching	Understand Process	
9/3		Coaching							
9/10	#3	CHCO Secure Chat	Investigate the Problem	Problem Statement	Voice of the Customer	Process Mapping	Stakeholder Analysis	EMR Process & Data	Baseline data
9/17		Coaching							
9/24	#4	UCH Multidisciplinary Pain Clinic	Investigate the Problem	Understanding Root Causes	Baseline Data	Business Case	Coaching	Baseline data	
10/1		Coaching							
10/8	#5	UCH Neurosciences	QI vs. Research		Leading Change				Baseline data
10/15		Coaching							
10/22	#6	DHA Antimicrobial Stewardship	Data Collection Plan			Myers Briggs			Process Optimization
10/28		Coaching							
11/12	#7	CU Medicine Dermatology	Leading Change: Vision		Understanding Business Drivers	Negotiating for what You Need	This Place Called Academia	Process Optimization	
11/19	#8	UCH Nursery	Leading Change: Sense of Urgency	DEI in QI		Wellness			Finalize Need
11/26		Coaching							
12/3	#9	UCH Infectious Diseases	Hone the Intervention	Identifying Your Intervention		Design Thinking	Positive Deviance	Leading Change Guiding Coalition	Finalize Need
12/10	#10	DHA Clinical Informatics	Leadership Journey: Tom Gronow	Aim Statement		Optimizing EMR Requests	Storytelling	Team Logo	Submit Ticket
12/17		Coaching							
1/14	#11	CHCO ICU Delirium	Alumni Presentation	Leadership Journey: Jena Hausmann		Pre-mortem Analysis	Leading Change: Awareness Campaign	Mid-year Report Overview	EMR Decision
1/21		Coaching							

I

H

Q

S

E


TECHNICAL

ADAPTIVE

IMPLEMENT

Investigate

Hone

eQuip

Start

Embed

- ☐ Complete Literature Search
- ☐ Acquire Baseline Data
- ☐ Complete Voice of Customer
- ☐ Create Problem Statement
- ☐ Perform Stakeholder Analysis
- ☐ Complete Process Map
- ☐ Create Affinity Diagram
- ☐ Identify Key Metrics
- ☐ Build a Business Case
- ☐ Create Aim Statement

- ☐ Apply Pareto Principle to Prioritize Factors to Target
- ☐ Determine Research or QI
- ☐ Assess Positive Deviants
- ☐ Consider Hierarchy of Interventions
- ☐ Perform Design Thinking
- ☐ Identify 2 - 3 interventions
- ☐ Create Effort/Impact matrix to prioritize interventions
- ☐ Complete Equity Analysis
- ☐ Complete Well-Being Analysis
- ☐ Create Data Plan
- ☐ Complete Pre-mortem
- ☐ Finalize Implementation Plan

- ☐ Create Sense of Urgency
- ☐ Align with the Vision
- ☐ Build Motivation Plan
- ☐ Create Diffusion of Innovation Plan
- ☐ Identify and Remove Barriers
- ☐ Address Sources of Resistance
- ☐ Create Awareness Campaign
- ☐ Create Logo
- ☐ Create Short-term Wins

- ☐ Implement Awareness Campaign
- ☐ Launch intervention
- ☐ Apply Motivation & Diffusion principles
- ☐ Track Data Refine
- ☐ Perform resistance analysis
- ☐ Celebrate Short-term Wins

- ☐ Track data w/ Run Charts, SPC
- ☐ Remove New Barriers
- ☐ Celebrate More Wins
- ☐ Reconcile the Business Case
- ☐ Present to Stakeholders
- ☐ Disseminate Project Work
- ☐ Create sustainment plan – handoff

KEY	Team Check-in	Inspiration	Background	Process Improvement	Leadership	Quality/Safety	Coaching
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Session	Topic	Key Question(s)	Assignment	Due
#2 Aug. 27	Team Check-in: UCH Sleep	Who are my colleagues?		
	A New Leadership Imperative: Systems Improvement & Workforce Well-being	How can leaders and systems improvement work improve well-being?		
	Value Defined	How is healthcare value defined?		
	Introduction to Quality Improvement	What are the common methods for improvement work?		
	IHQSE Model of Change	What is the IHQSE framework for change?		
Coaching				
#3 Sept. 10	Team Check-in: CHCO Secure Chat	Who are my colleagues?	<input type="checkbox"/> Complete Voice of Customer, <u>Meet</u> with Dr. Moksha Patel, Build Stakeholder Analysis, Develop a problem statement <i>Due Oct. 22</i> <input type="checkbox"/> Complete a Process Map <i>Due Nov. 12</i>	
	Investigate the Problem	How do I understand the problem I'm trying to solve?		
	Problem Statement	How do I quantify and scope the problem to solve?		
	Voice of the Customer	What does your customer/business want?		
	Process Mapping	How do I understand the steps in my current process?		
	EMR Process and Data	How does the EMR enable data attainment? What EMR changes do I need to make to complete my project?		
	Stakeholder Analysis	Who are the key people who will be impacted/impact my project?		
Coaching Voice of the customer, process map, problem statement				
#4 Sept. 24	Team Check-in: UCH Multidisciplinary Pain Clinic	Who are my colleagues?	<input type="checkbox"/> Complete Affinity Diagram Due Dec. 3 <input type="checkbox"/> Reading for next session: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i> <input type="checkbox"/> Complete Business Case <i>Due Nov. 19</i>	
	Baseline Data	How do I identify key metrics?		
	Investigate the Problem	How do I understand the problem I'm trying to solve?		
	Understanding Root Causes	What tools can I use to organize information about my process?		
	Business Case	How do I make the financial case for my improvement work?		
	Coaching			

Today's Objectives

- Create an understanding of and scope a problem
- Understand what your customers want
- Define the key steps in your current process
- Identify the role of the EMR in process improvement and data extraction



Team Check-in: CHCO Secure Chat

Background & Problem

- Introductions
- Tell us about your program
- What is the problem you think you will focus on?



- Jessica Armijo, DNP, APRN, CPNP-PC, AC
- Amy L Willis, MD
- Jacquelyn Scarberry, BSN, RN, CPN
- Skylar Simpson, MSN, RN, CPN, CRRN

Investigate: **WHAT** is your problem

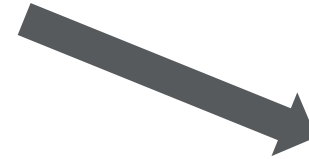
- ☐ Create Problem Statement
- ☐ Perform Stakeholder Analysis
- ☐ Complete Voice of Customer
- ☐ Complete Process Map
- ☐ Complete Literature Search
- ☐ Acquire Baseline Data
- ☐ Create Affinity Diagram
- ☐ Identify Key Metrics – outcome, process, structural, balancing
- ☐ Build a Business Case
- ☐ Create Aim Statement

The SPARK

Patients are not happy with their experience in the ED.



Sense a problem



No improvement



Sense a problem



Sustained improvement

IHQSE

Model for Change

$$\text{VALUE} = \frac{\text{Quality} + \text{Safety} + \text{Experience} + \text{Equity}}{\text{Cost}}$$



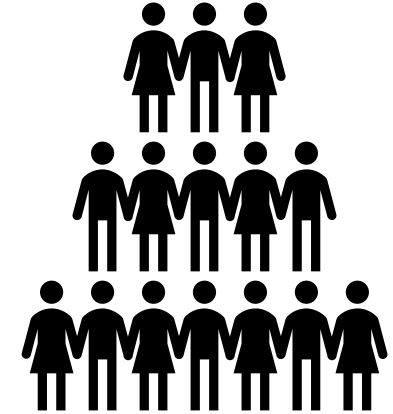
Investigate - WHAT



Sense a problem



Describe in detail -
Problem Statement



Understand
stakeholders –
**Stakeholder
Analysis**

**Voice of
Customer**

Tool: The Problem Statement



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Sense a problem

Patients are not happy with their experience in the ED.





What are you
addressing?

What is your scope?



The SPARK - A Deeper Dive

ER patient satisfaction in the 25th percentile

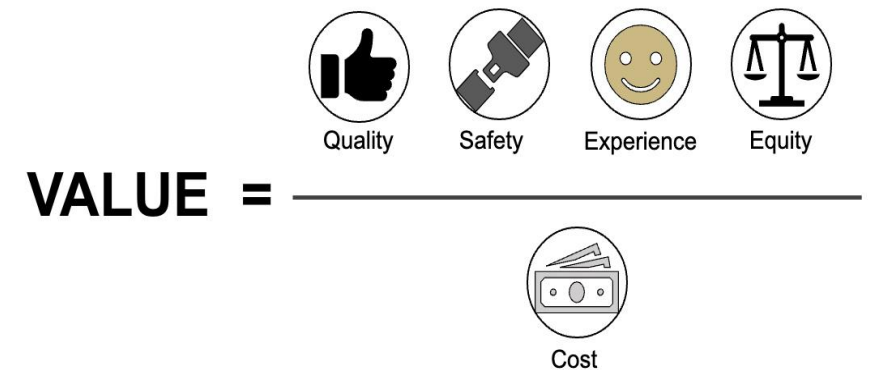
There have been several complaints regarding ER Triage

Data review shows excessive wait times at triage

Door to Doctor time was nearly 80 minutes

Longer wait times for Non – English Speaking

Excessive 'Left Without Being Seen' is leading to loss of patients and patient safety concerns

$$\text{VALUE} = \frac{\text{Quality} \times \text{Safety} \times \text{Experience} \times \text{Equity}}{\text{Cost}}$$




Problem Statement

Our patients wait too long in the Emergency Room before they see a provider (an average of 80 minutes), resulting in patients leaving the ER without being evaluated.



The SPARK



Sense a problem

Inpatient rehabilitation therapists (PT, OT) aren't satisfied with their day- to - day work, reporting rising rates of burn out.





37% of Physical Therapy Consults are inappropriate, leading to **10,000 hours** of wasted therapist time per year.



The SPARK

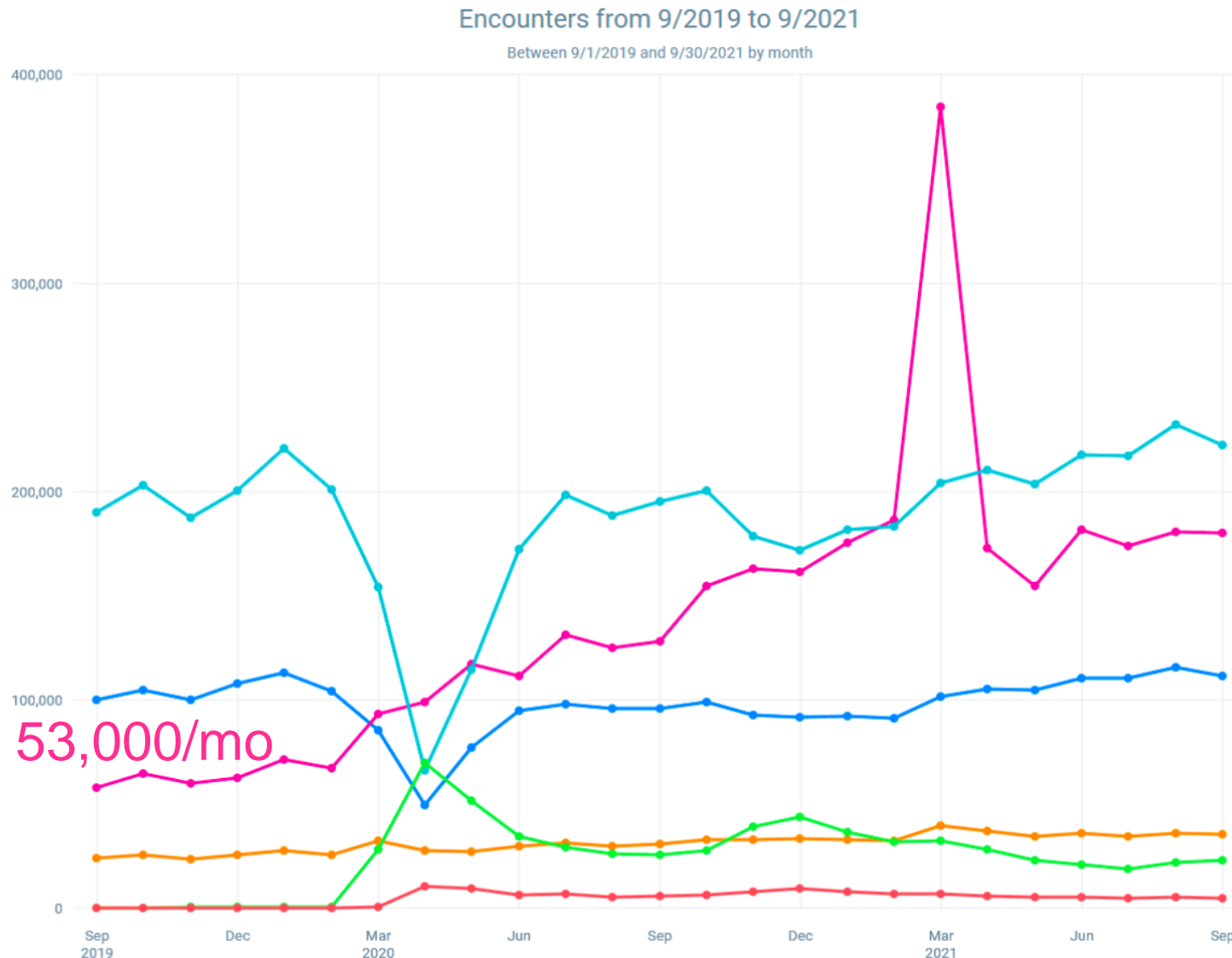


Sense a problem

Outpatient providers have a high turnover rate,
difficult to hire for empty positions.



Patient Messages
increased from **59k** to
183k / month over the
last 2 years for same
number of providers.



The SPARK



Sense a problem

There are too many surgical nurse travelers.

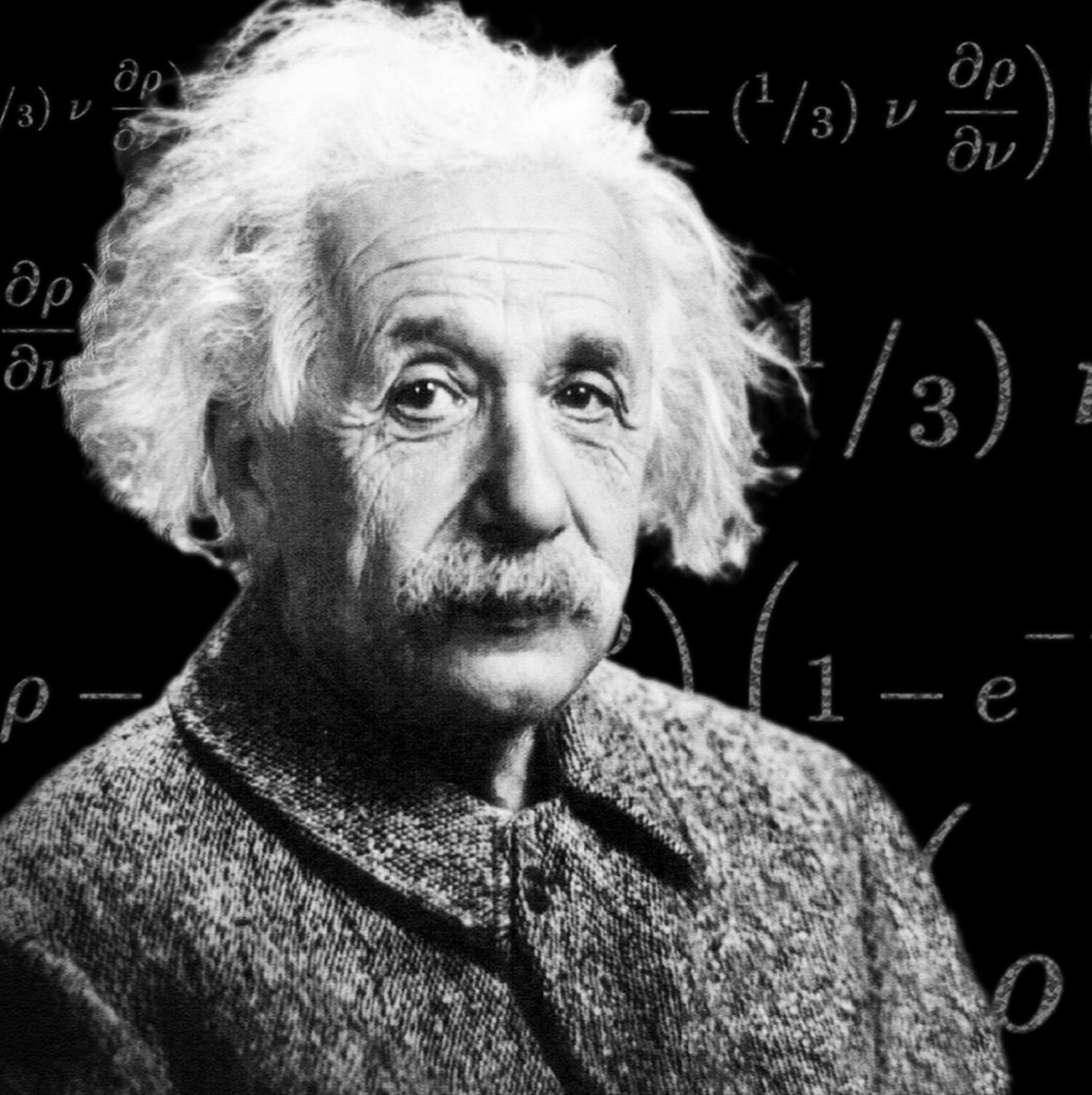




Sense a problem

We have a high rate of RN turnover, with **41%** of surgical nurses report plan to leave their position within 2 years due to physical pain, specifically shoulder and back pain.





“If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and five minutes thinking about solutions.”

Define the problem

Is it a problem?

PROVE IT.

How do you know?

Who is affected?

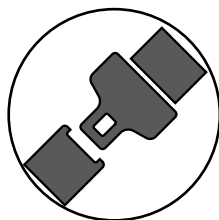
By how much?



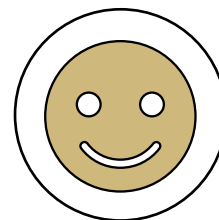
$$\text{VALUE} = \frac{\text{Quality} \quad \text{Safety} \quad \text{Experience} \quad \text{Equity}}{\text{Cost}}$$



Quality



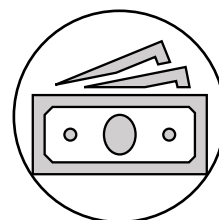
Safety



Experience



Equity



Cost



Coaching:

Problem Statement



- Discuss your problem – consider the Value equation
- What do you know that proves you have a problem?
- Identify missing information
- Assignment—develop your problem statement (October 22)





Objectives

- Describe your organizational structure
- Identify stakeholders and their degree of power:interest
- Develop an approach to exploring their perspective through Voice of the Customer

Organizational Structure

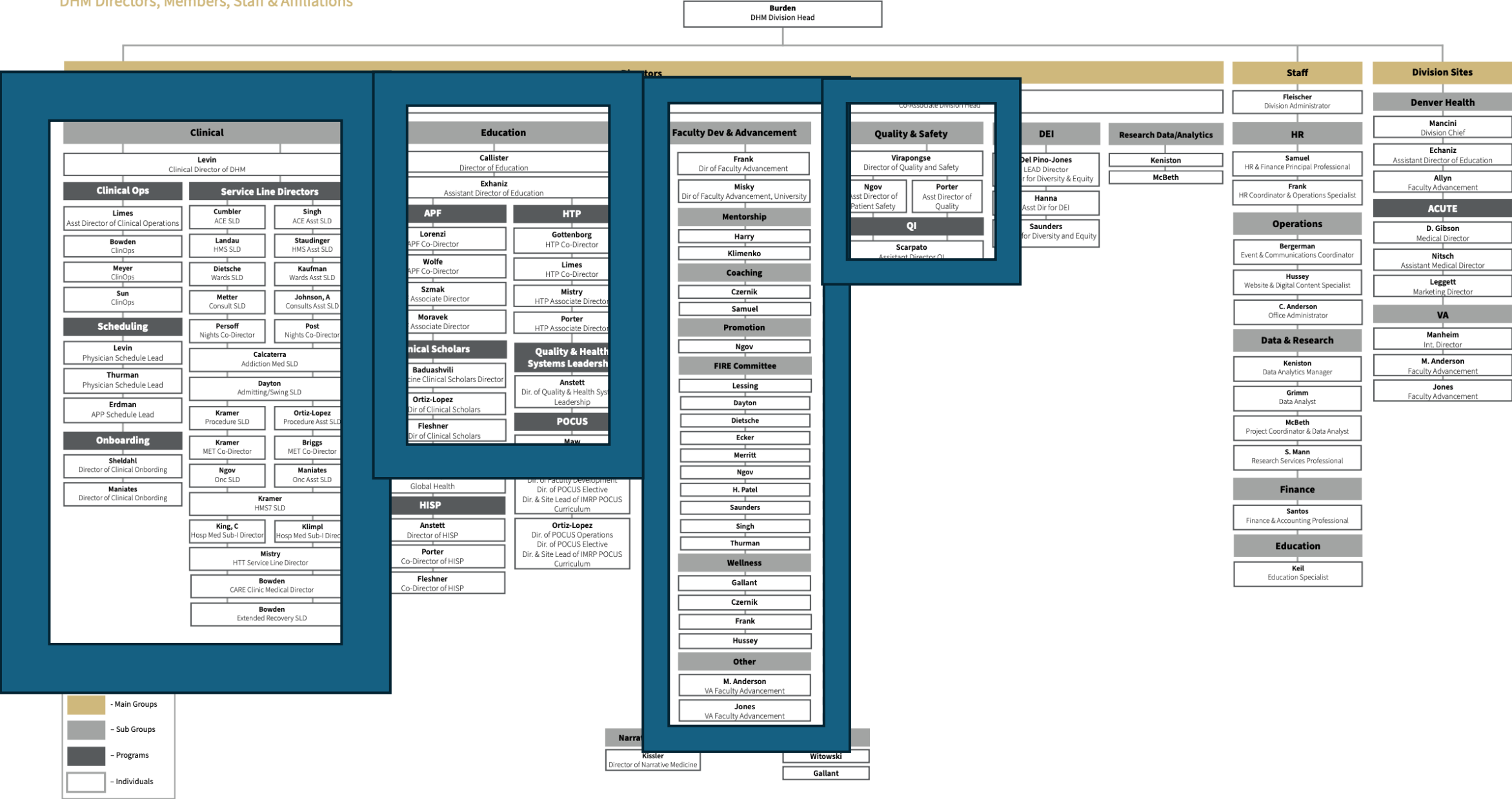
- Structure dictates relationship of roles in an organization and thereby function
- Effective organizational design can
 - Create role clarity
 - Allow coordination among functions
 - Facilitate idea sharing
 - Enhance decision-making
 - Prevent overregulation

Know where you fit

- Hypoglycemia reduction
 - UCH Hypoglycemia Reduction Team -> Acute Care Clinical Outcomes Group -> System Glucose Management Workgroup
 - Senior exec: CQO; Process Owners: nursing director, ACMO
- Case Review (RL system), with faculty or trainee development

Division of Hospital Medicine Organization Chart AY 22-23

DHM Directors, Members, Staff & Affiliations



Know where you fit

- Hypoglycemia reduction
 - UCH Hypoglycemia Reduction Team -> System Glucose Management Workgroup -> Acute Care Clinical Outcomes Group
 - Senior exec: CQO
- Case Review, with faculty feedback
 - Is it clinical operations? Or faculty development? Perhaps quality and safety? Or maybe education arm?



Coaching:

Understand your organization



15min

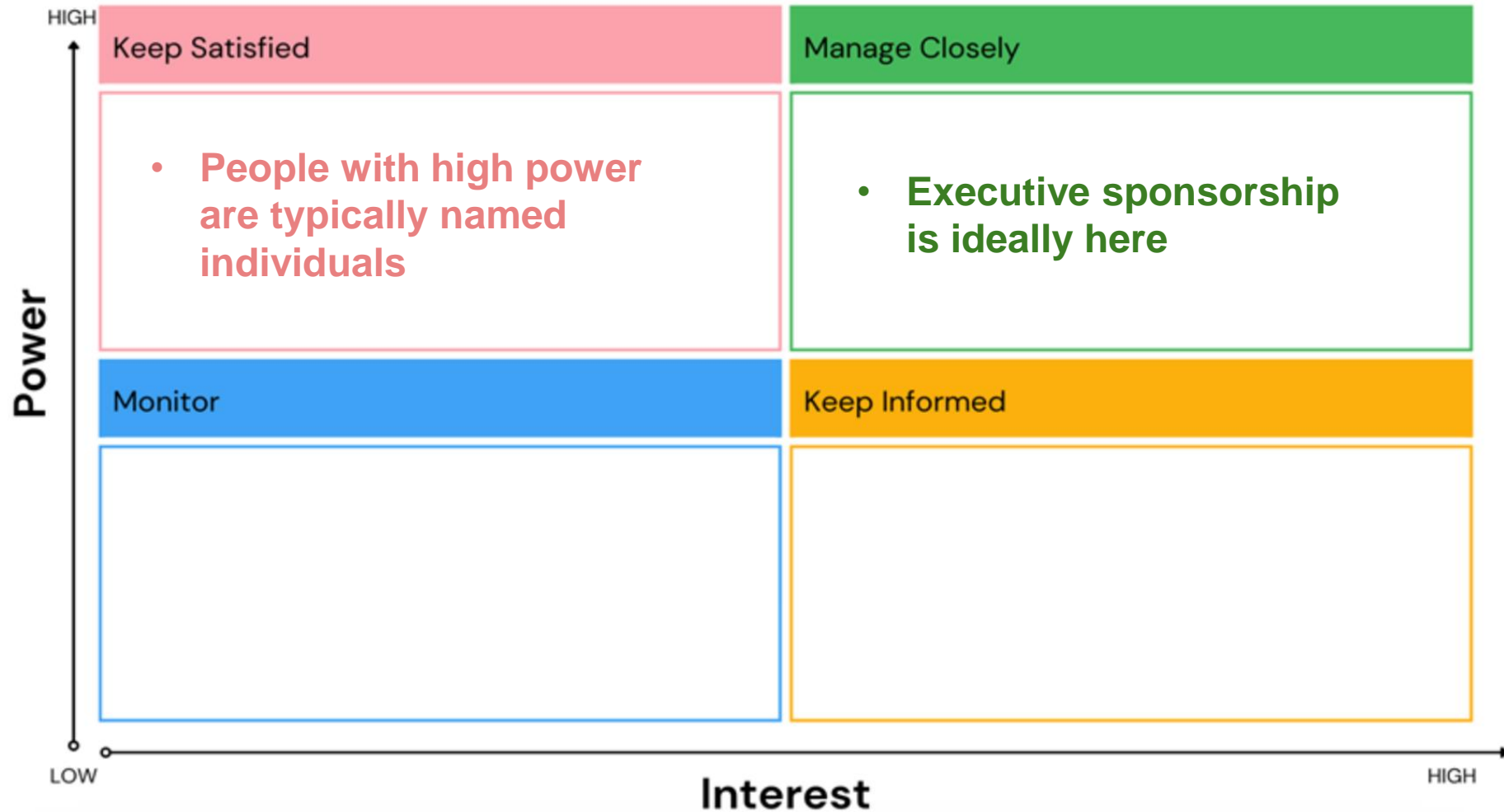
- Review organizational charts
 - If don't have today, determine how to find or sketch out what you understand if no such chart exists
- Ask yourself two questions
 - Where does our problem and/or team fit?
 - When you find improvement opportunities, who will be responsible and resourced to help you fix them?



Stakeholder Map

- Plot of people who may influence your work or be impacted by it
- Stratified by degree of power and interest
- Guides your degree of engagement with various stakeholders

Stakeholder Map

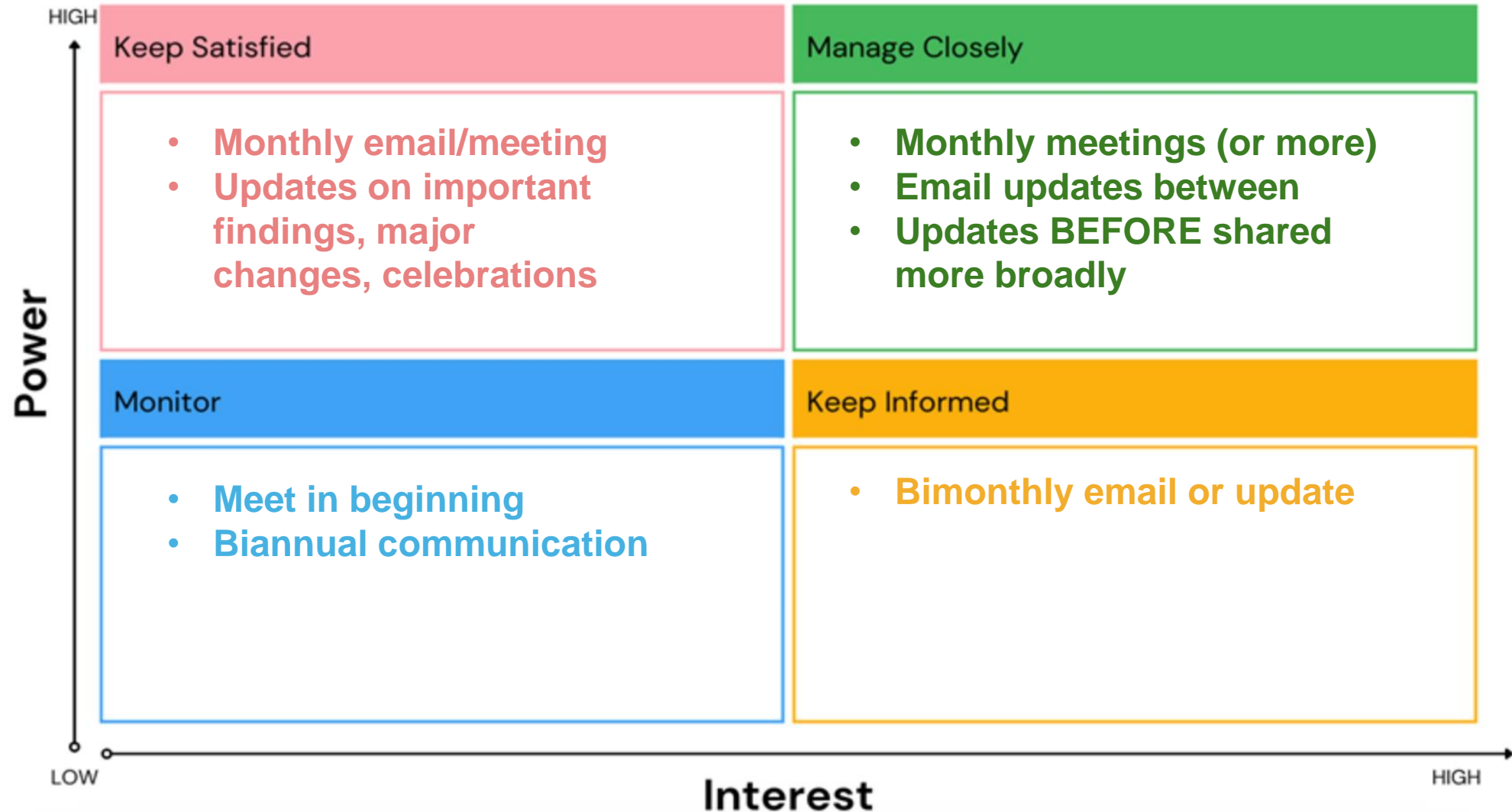




If in doubt, don't leave them out...



Stakeholder Map



Coaching: Build a Stakeholder Map



15min

- Step 1: List all relevant stakeholders
- Step 2: Classify them based on power and interest
- Step 3: Develop a plan for engaging each group

Deadline for Stakeholder Map: October 22





the **Voice**

NBC

Stakeholder Engagement: Voice of Customer

- Gather crucial input
 - Perspective/Experience of the problem
 - Motivations
 - Needs
- Building trust
- Communicate ideas
- Develop partnership, set stage for action, resource, support

Stakeholder engagement: Sample Questions

- Perspective
 - What have you heard or what do you know about our problem?
 - What is your experience with our problem?
 - What current work is taking place in our area of interest?
- Interest/Motivation
 - What are your highest priority areas in quality, safety, operations, etc?
 - What types of problems are top of mind for you right now?
 - How does our problem impact your work, experience, priorities?
- Needs
 - How do you feel this work can support your efforts?
 - How can you potentially support this work?

The ER Triage Problem

There have been several complaints regarding ER Triage

Data review shows excessive wait times at triage
ER patient satisfaction in the 25th percentile

Excessive 'Left Without Being Seen' is leading to lo patients and patient safety concerns

Door to Doctor time was nearly 80 minutes

$$\text{VALUE} = \frac{\text{Quality} + \text{Safety} + \text{Experience}}{\text{Cost}}$$


Patients, Providers & Nurses

I get **more worried** the longer I wait to see a doctor – the reason I came here is to see a doc.

I just wanted some **reassurance** that I was OK – after 2 hours of waiting, I assumed I was and left.

It is **so stressful** to know that patients are waiting - and may be having heart attacks, strokes, or other life-threatening illnesses!

It's hard to be **in pain**, and in a noisy, crowded waiting room until help arrives.

I could easily **triage** within 5 minutes how sick my patients are!

The Business – Hospital Leadership

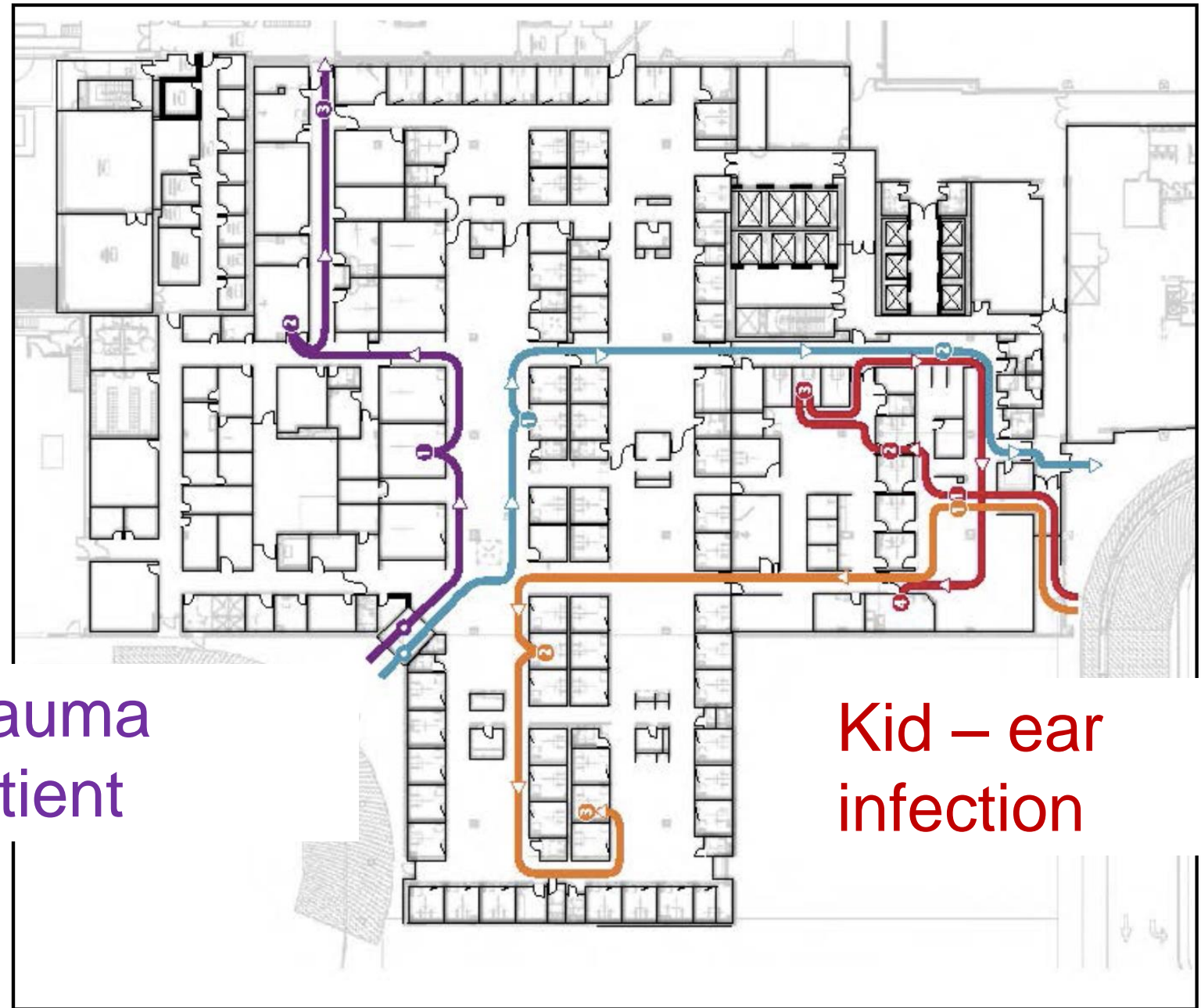
Other hospitals are **marketing** shorter wait times!

If we require EMS to go on divert, we will **lose patients/customers.**

We get dinged for high rates of 'left without being seen'

We won't achieve **Level 1 Trauma** accreditation.

Redesign



Trauma
patient

Kid – ear
infection

The Outcome

Patients

Care for non-urgent patients under 30 minutes

Business

Door to provider time less than 7 minutes

Developed a supertrack team – RN, APP, techs

Providers

Coaching: Develop your VoC



15min

- Review list of stakeholders and identify who you need input from
 - Who should lead the outreach?
- What will you ask to uncover motivations, perspectives or needs?
 - Be specific with the words and phrases you'd use

Deadline for VoC Interviews: October 22





Critical Care Rehabilitation Program: Survey use



Perils of Deep Sedation



Death

11 to 24% increase in mortality¹



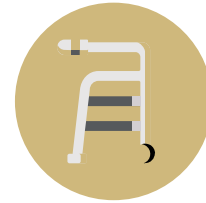
Delirium

50% increase²



Psych Disturbance

Anxiety, Depression, PTSD³



Immobility-Acquired Weakness

48-96% experience myopathy up to 2 years following discharge³



Cognitive Impairment*

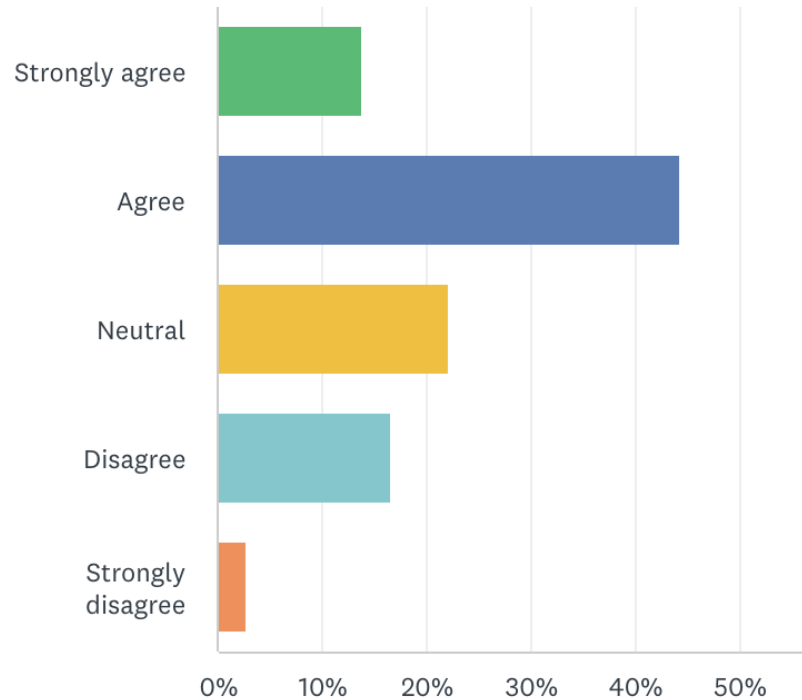
78% at hospital discharge
46% 1 year after discharge
25% 6 years after discharge⁴



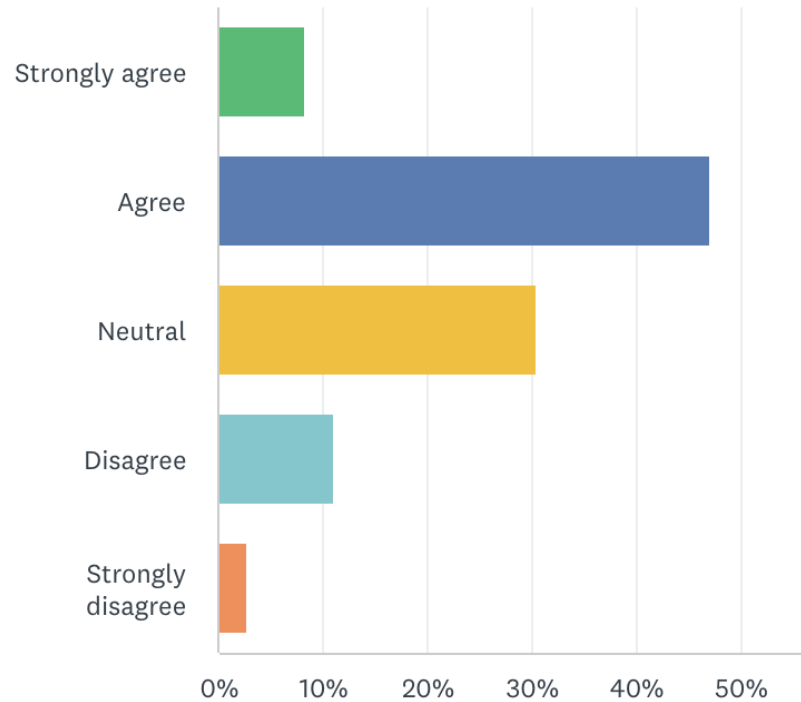
SEDATION OFF AWAKE REHABILITATE

Survey on Sedation Practices – RN, CNA

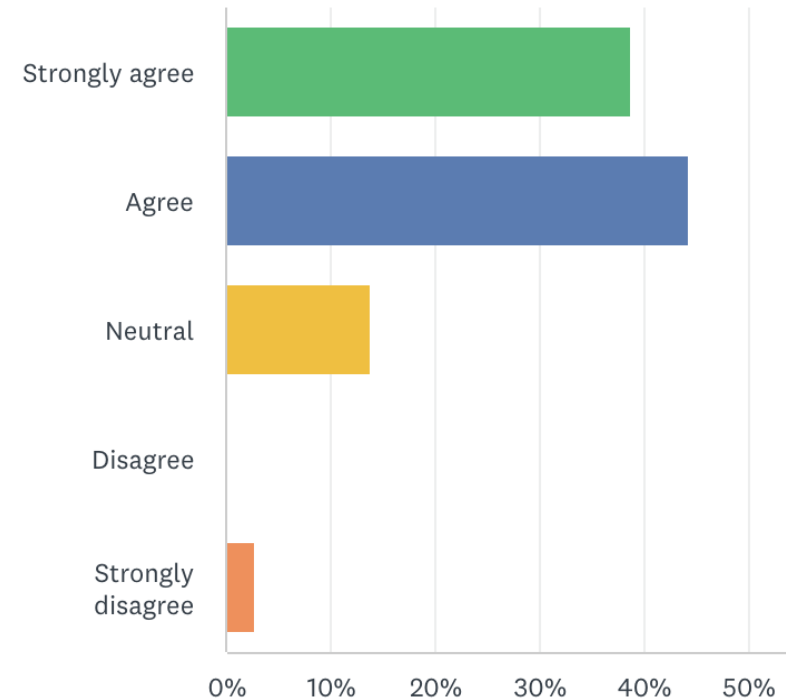
Q1. Sedating mechanically ventilated patients is **necessary** for patient comfort.



Q5. Being awake and alert on the ventilator is **uncomfortable** for patients.



Q7. I would **prefer to be sedated** if I were mechanically ventilated.



Voice of Customer Survey

Insights are great but...don't forget other benefits

Opportunity to socialize the work

Signal the work that is coming

Identifying others interested in joining your efforts

Sharing the results offers further opportunities to engage



Oncology Home Symptom Monitoring: User testing





Coaching:

Develop your VoC Survey



15min

- Identify group of stakeholders you'd like to assess
- Identify 3-6 questions you'd be interested in asking them
 - Consider ideas you may already suspect/know but want to reflect back to them



Investigate your Problem

Part 2

Emily Gottenborg, MD
Katie Raffel, MD



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Investigate

WHAT is your problem?

WHY is it happening?

Investigate – WHY

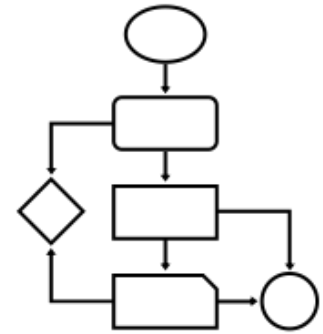


Problem Statement



現場

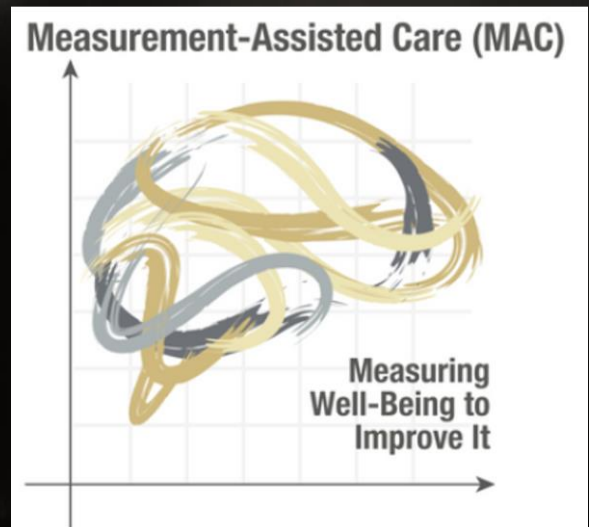
Gemba – The Place,
The Walk



Process Map

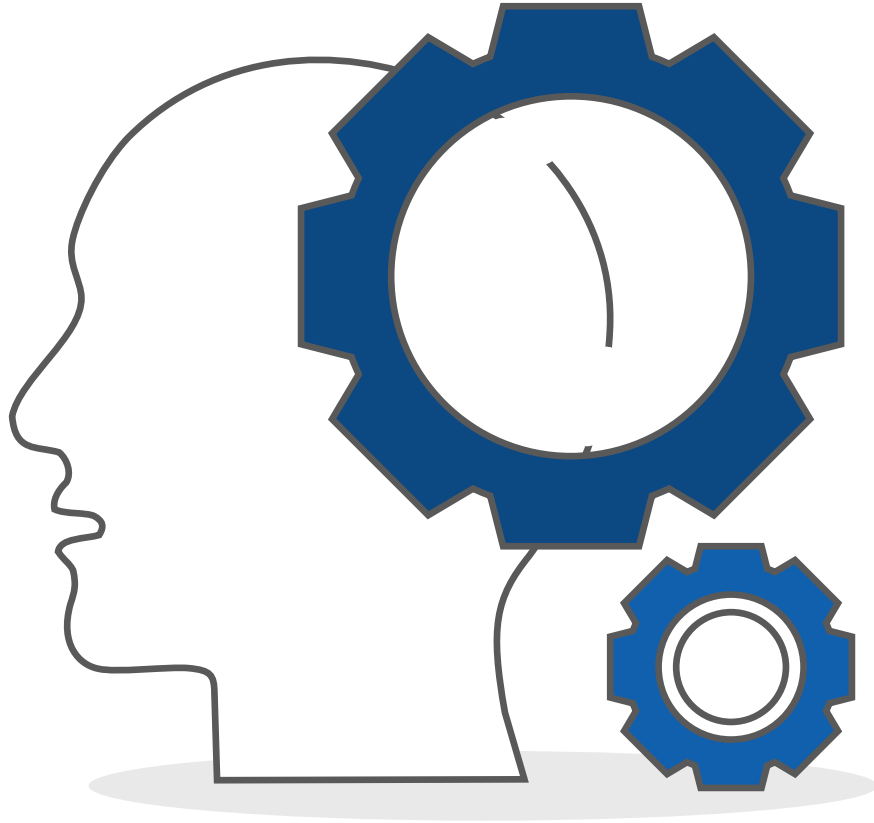


5%





Three Components of Measurement-Assisted Care



01 **Collect**

02 **Share**

03 **Act**



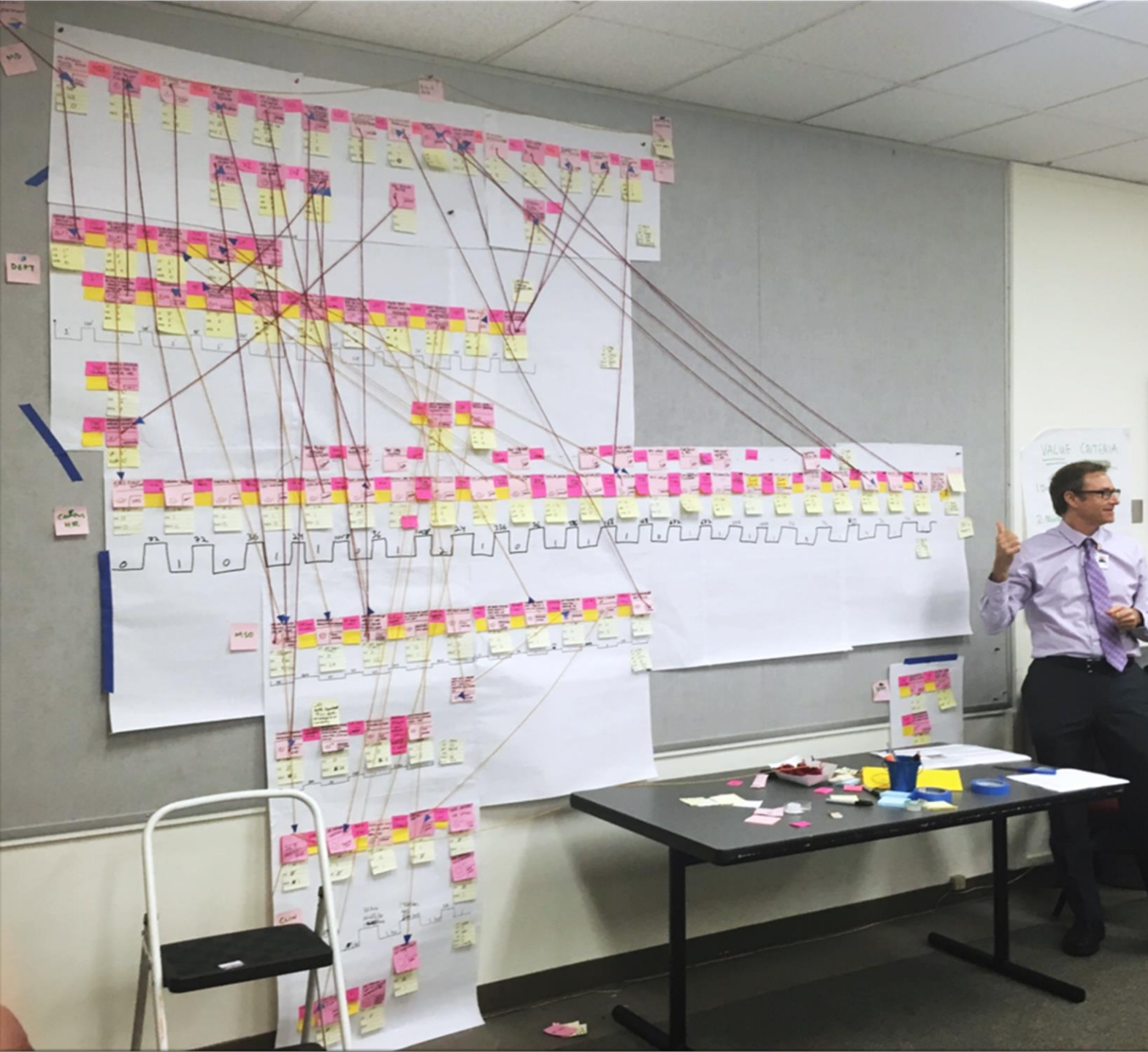
Tool: Process Map: Making Visible the Invisible



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PROCESS MAP

INVESTIGATE the problem

- Shared understanding of current state
- Identify areas of waste and pain points

HONE the solution

- Visualizing ideal state

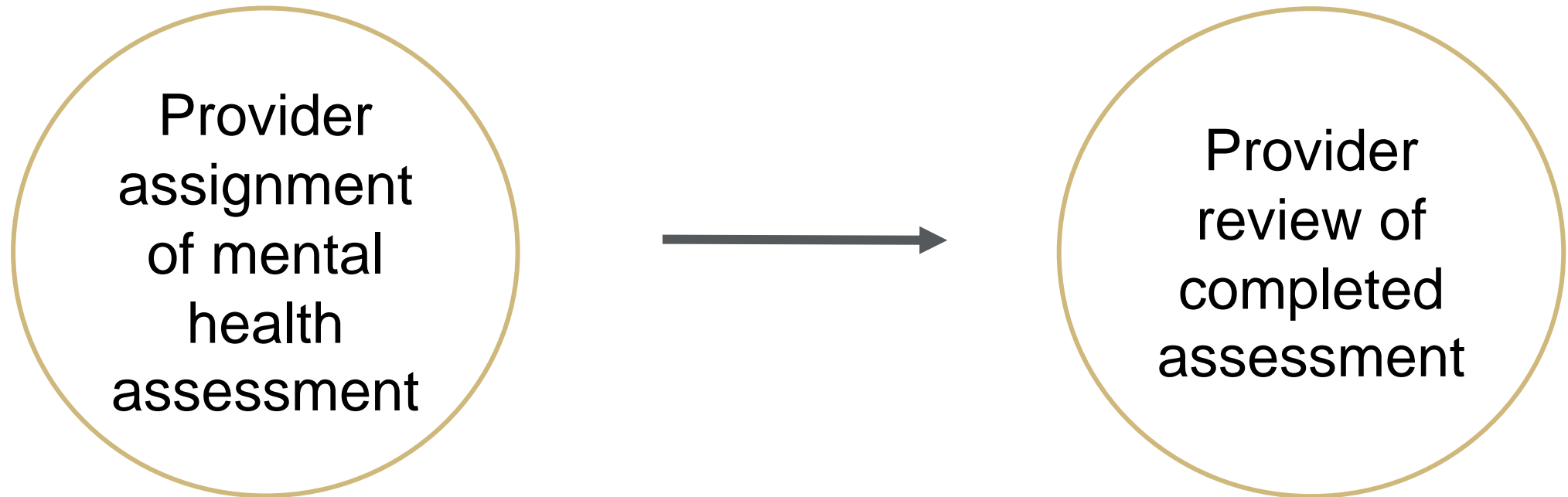


Step 1: Defining your Process

1. What is the name of this process?
2. What starts the process?
3. What ends the process?



Measurement-Assisted Care: Symptom-based measurement collection



Step 2: Determine Your Entity



HUMAN



INANIMATE
OBJECT



INFORMATION

Provider
assignment
of mental
health
assessment



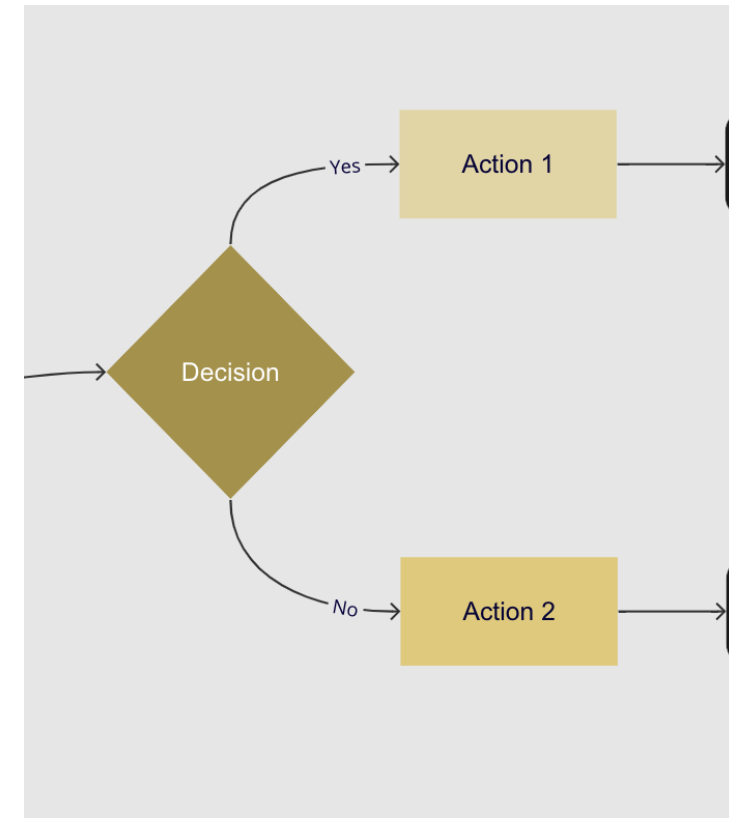
Provider
review of
completed
assessment



Step 3: Add Process Steps



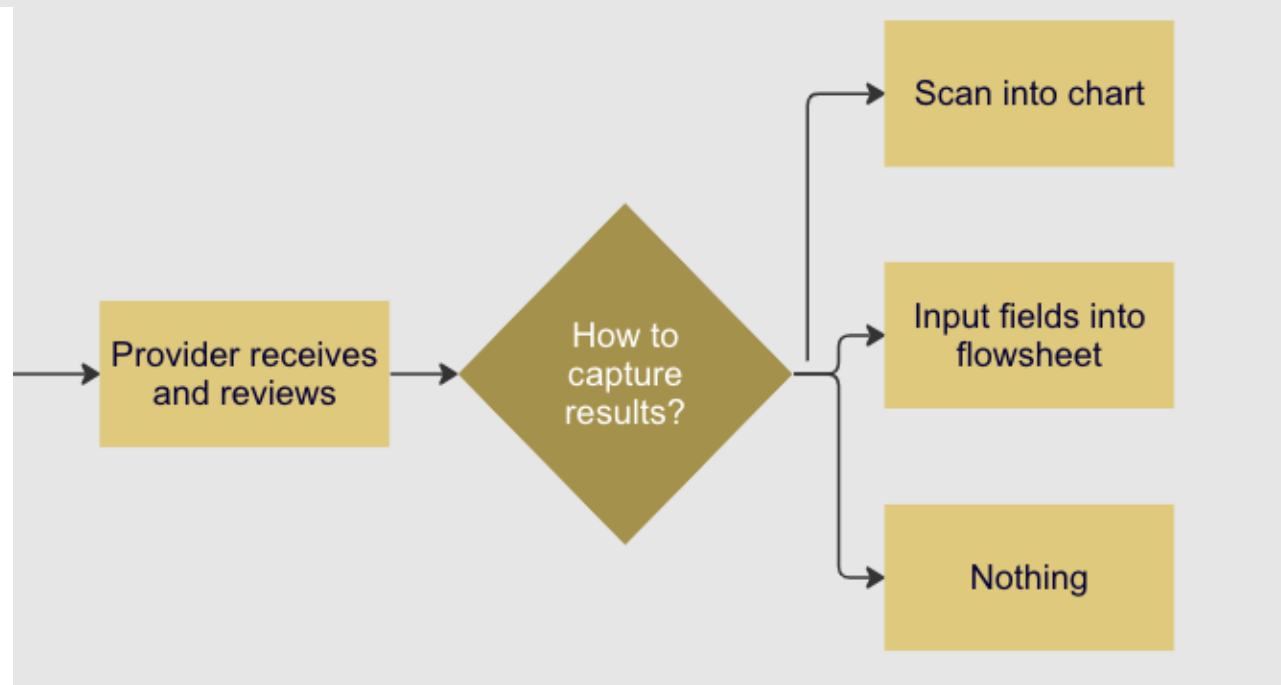
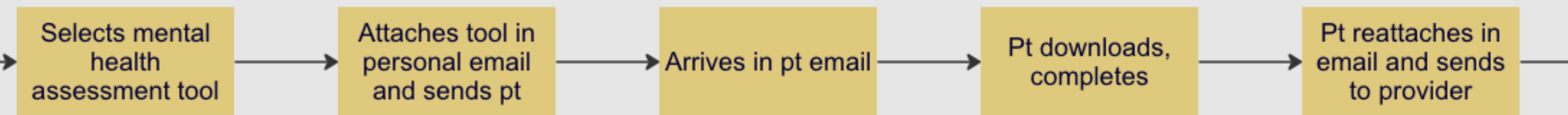
- Identify each step or task
- Include decision points
- Granularity may vary





Gemba 現場



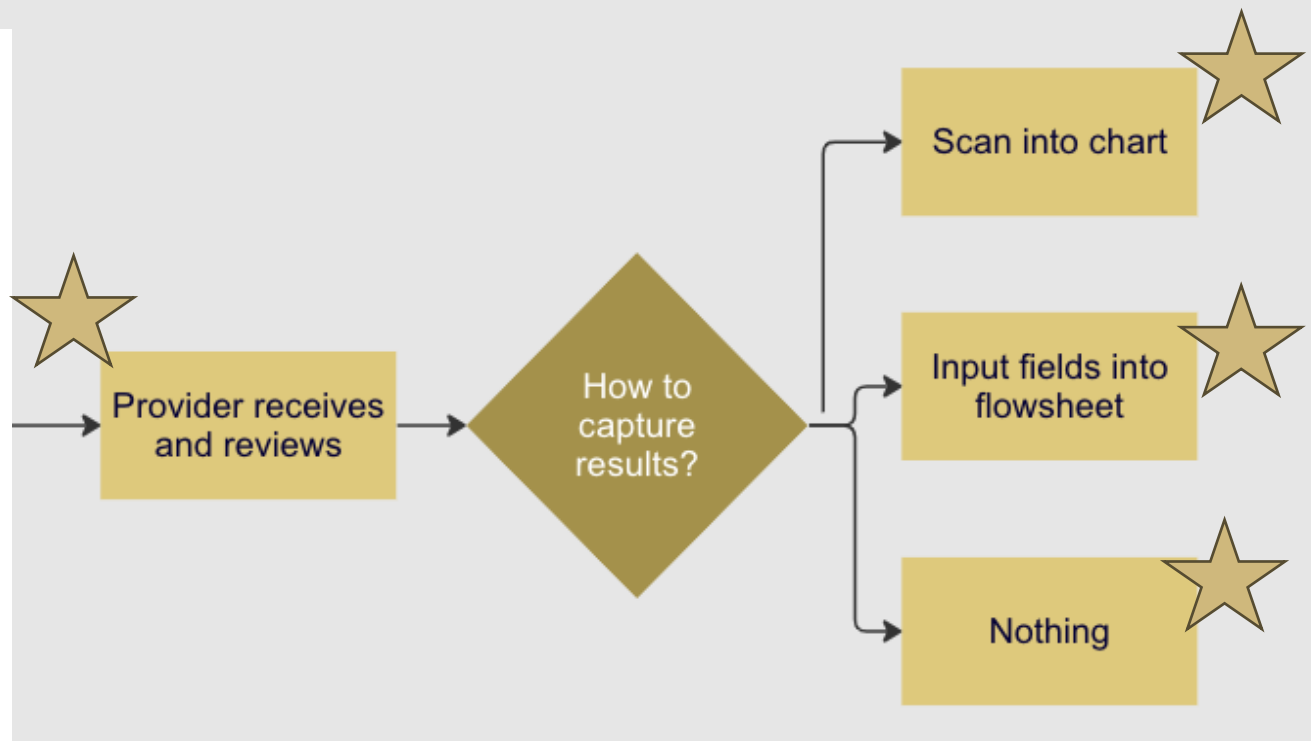
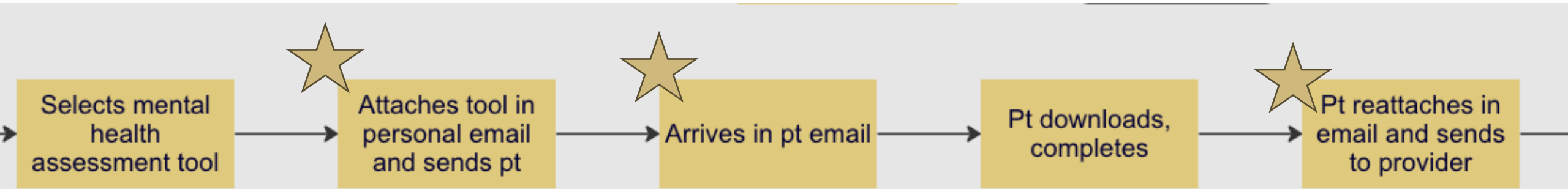


Step 4: Identify the Pain Points

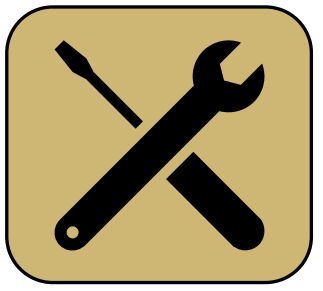


1. Confusion, variability
2. Waste, Inefficiency
3. Opportunities for improvement

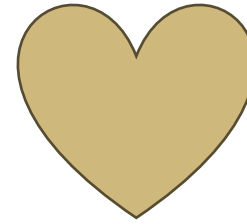


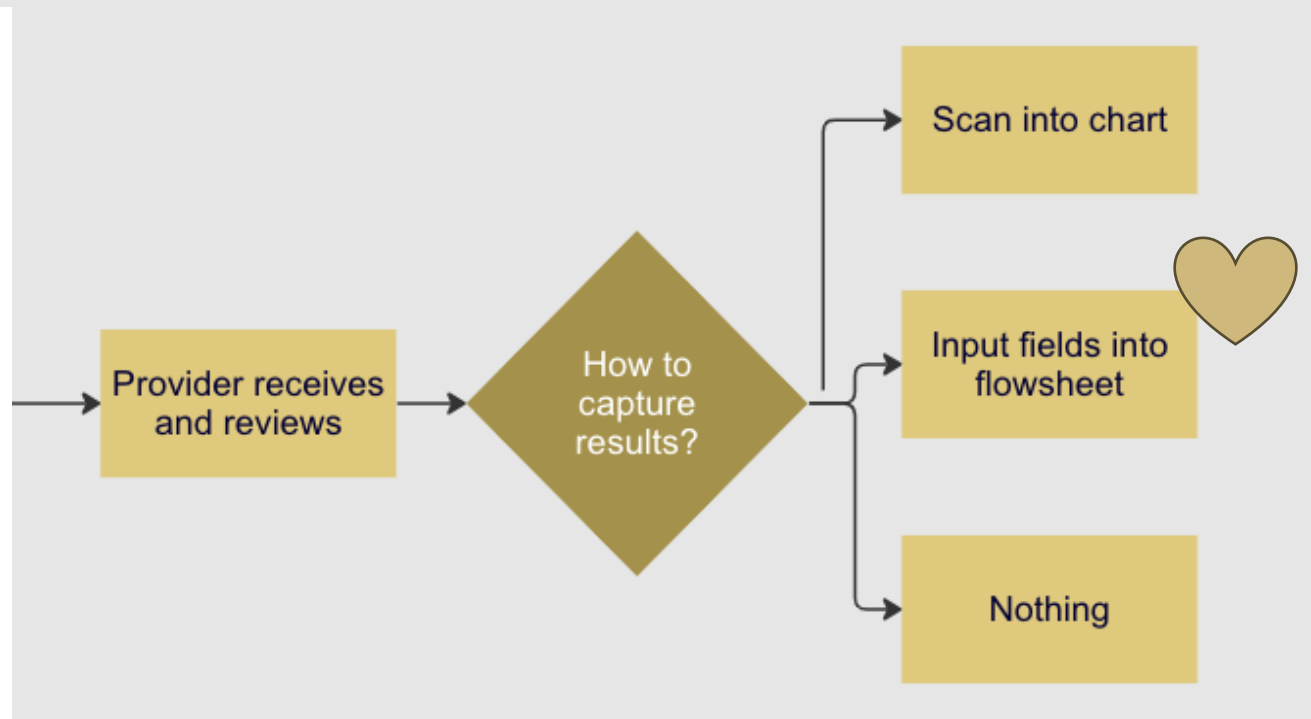
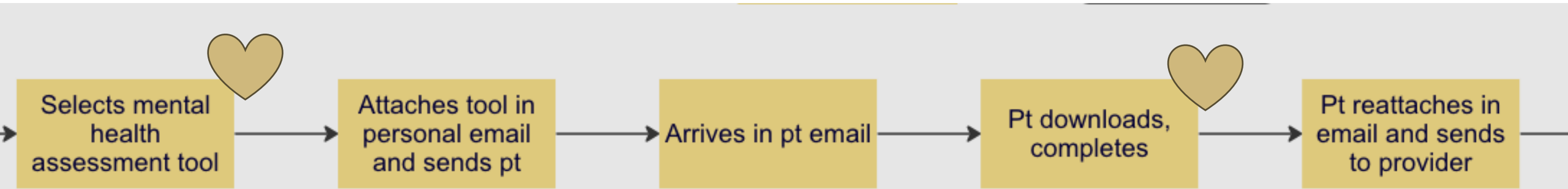


Step 5: Identify the Positive



1. Bring Joy
2. Enhance Connection
3. Add Value

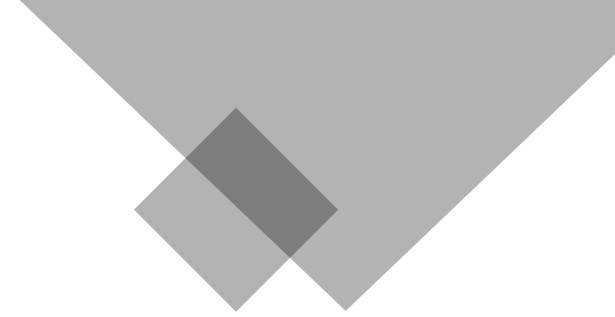





Principles of Process Mapping

- Process Mapping is a Team Activity
- Create a safe space – what are people *actually doing*?
- Stickies are helpful / required!
- Current state should always come first
- Consider if creating a future / optimal state is helpful





```
graph LR; A[Automated measure sent by MyChart] --> B[Pt completes electronic measure]; B --> C[Measure automatically sent provider inbasket and uploaded to EHR fields];
```

Automated
measure sent by
MyChart

Pt completes
electronic
measure

Measure
automatically
sent provider
inbasket and
uploaded to
EHR fields

Coaching: Process Map



20min

Name the process you want to map, identify start / stop

Name the entity you are following

Create a first draft of your process map

Identify who needs to review and contribute to process map

Deadline for Process Map: November 12



Where Are We Going?

Objectives

- Develop a basic understanding of Epic's architecture
- Develop a process for obtaining relevant EMR data for your projects

Outline



Epic Structural Overview



Step-by-step guide to obtain EMR Data



Data collection with the HEAT and UCH Sleep team



Next steps





Flow of Data



Hierarchical database
with real-time data



Relational database
with a normalized
data model



Dimensional data model
for ease of reporting
and data exploration



Non-Epic Data



Reporting WorkBench



SQL
Query



SlicerDicer

**REPORTING
TOOL:**



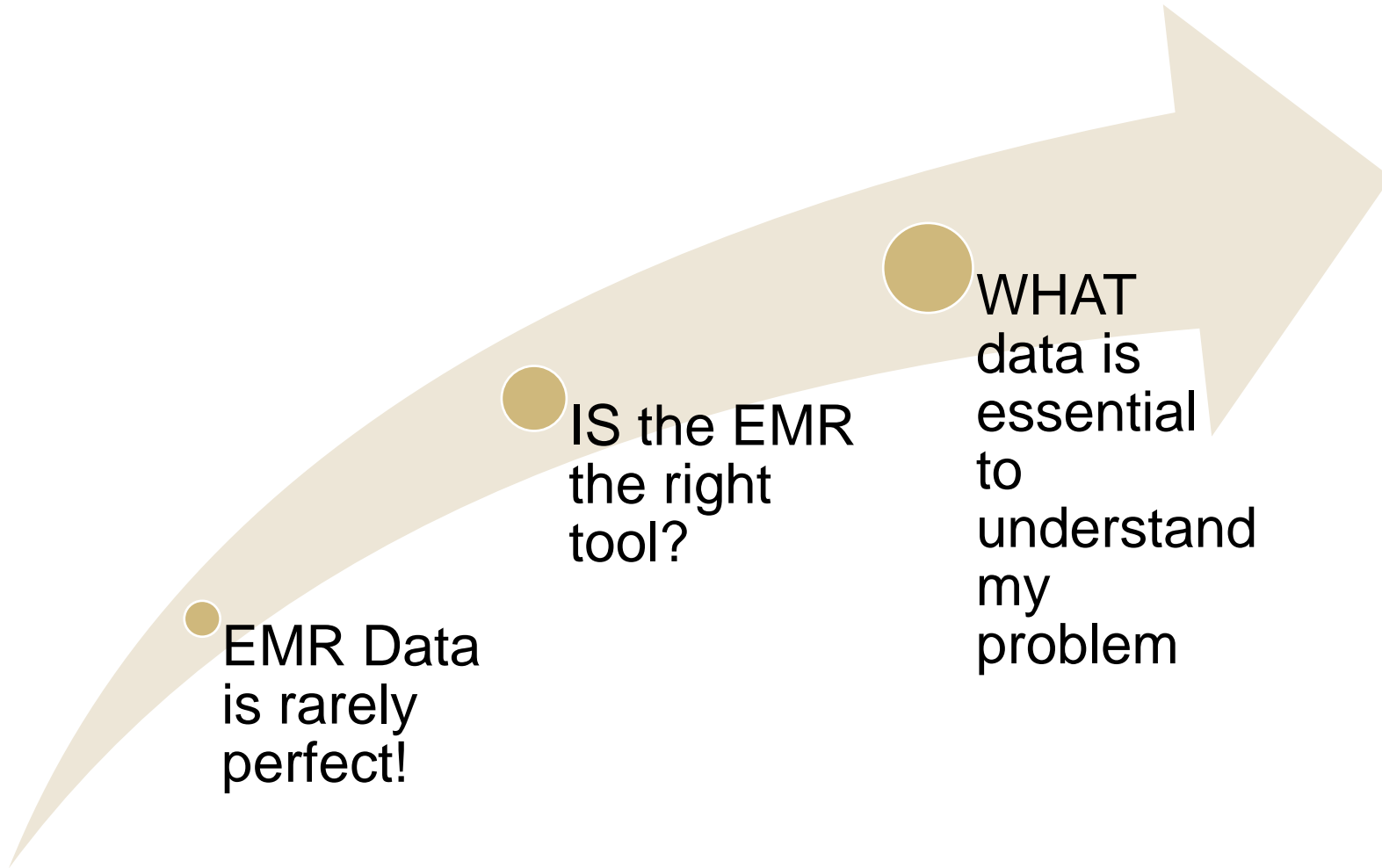
University of Colorado **Anschutz Medical Campus**

IHQSE

A Step-by-Step Process for EMR Data Collection



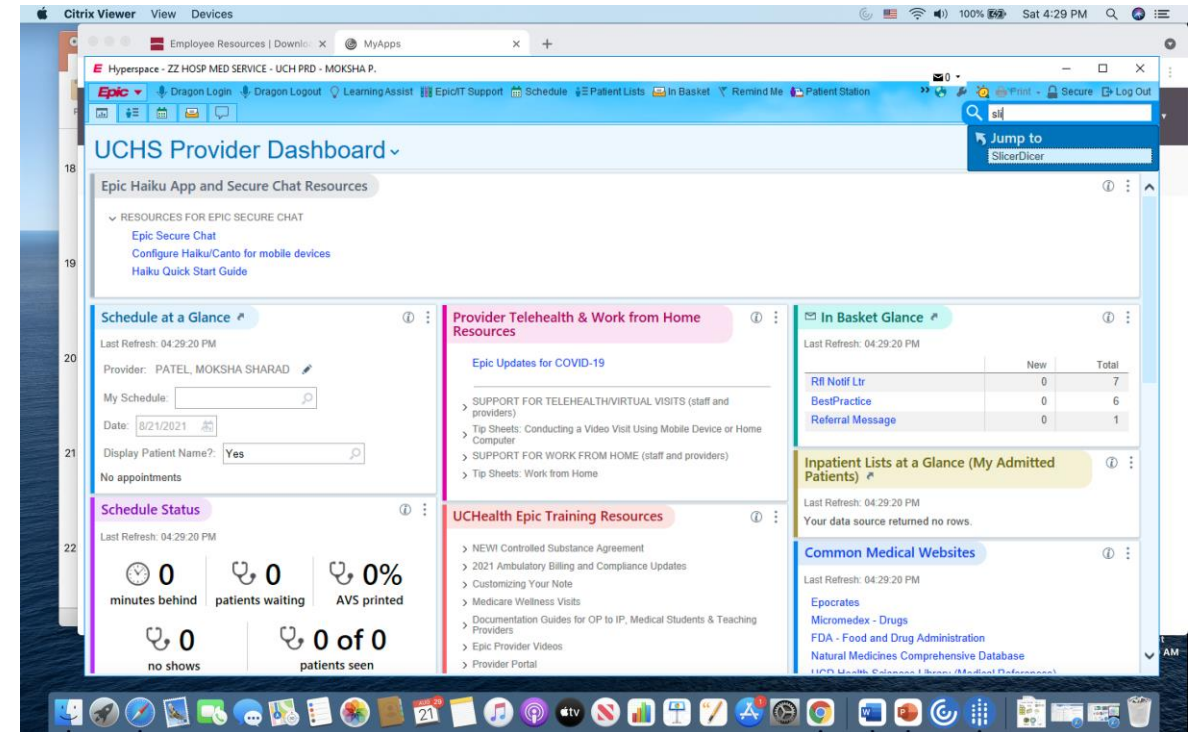
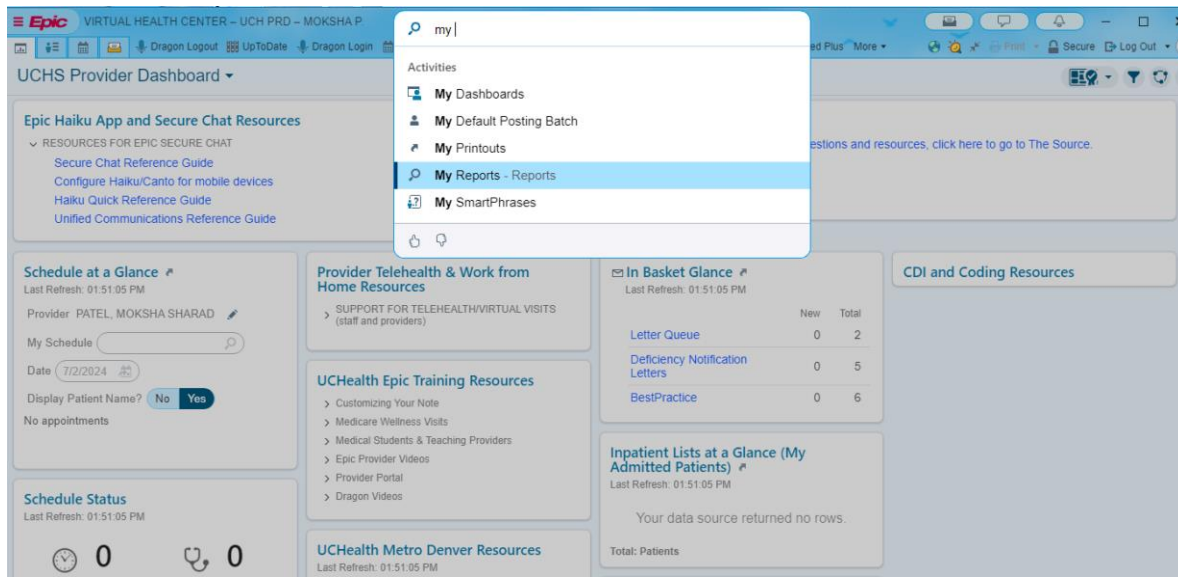
WHAT Data Do I Need?



Which EMR tool will I use?

TOOLS	Description	PROS	CONS
Atlas Portal Reports	A "food court" that searches all possible analytic tools (RWB, SlicerDicer, premade SQL Reports, Dashboards)	<ul style="list-style-type: none"> • Very inclusive • Includes detailed premade SQL Reports 	<ul style="list-style-type: none"> • Difficult to Navigate • CHCO Does not have
Reporting Workbench	Queries the Chronicles database using predetermined templates	<ul style="list-style-type: none"> • Real Time Data 	<ul style="list-style-type: none"> • Cannot obtain large data sets at once • Need special permission to export
SlicerDicer	Queries Caboodle database using data models	<ul style="list-style-type: none"> • Easy to use • Can link different data models 	<ul style="list-style-type: none"> • Doesn't always correlate perfectly with Clarity (SQL)
Signal Report	Provides data on how users (providers) are using Epic	<ul style="list-style-type: none"> • Detailed information on time in notes, time in orders, # of secure chats, etc. 	<ul style="list-style-type: none"> • Limited Access
Vizient	An external company that analyzes EMR data	<ul style="list-style-type: none"> • UCH's preferred data source 	<ul style="list-style-type: none"> • Time/\$\$ Intensive

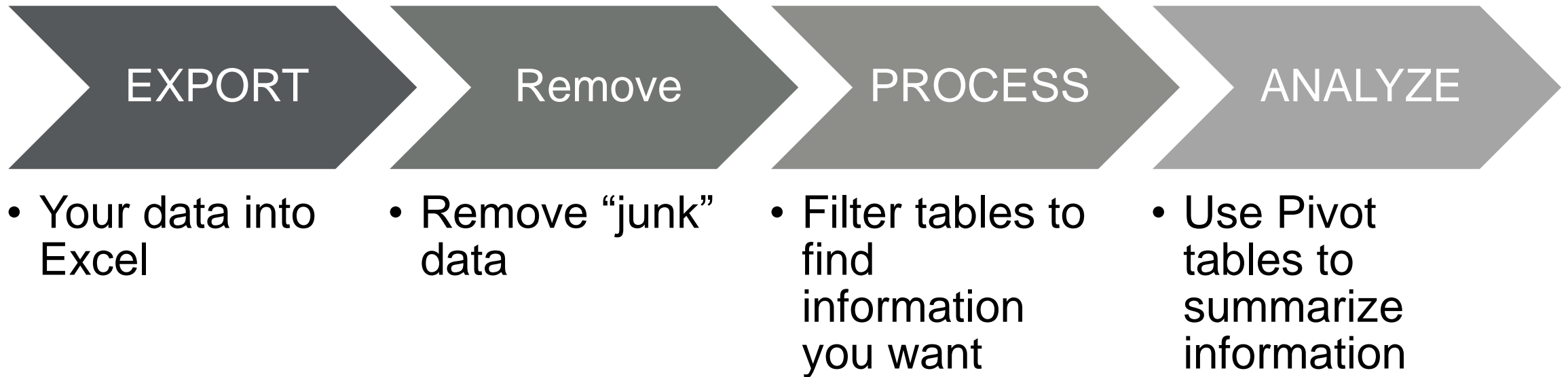
HOW Will I Design My Report?





IS My Data
ACCURATE?

Export and Process



Summarize Your FINDINGS

- Create a basic table with your results
- Create a graphical representation of your results



Meet the AF Williams Primary Care Clinic HEAT TEAM

To improve:

1. Quality
2. Efficiency
3. Patient-centeredness
4. Cultural Relevance

of diabetes care at AFW, with special attention to our Latino patients.



WHAT Data Do I need?

	% of Patients with ≥ 2 DM Coded visits	# of patients with ≥ 2 DM coded visits	% of patients on an SGLT-2 currently	% of patients prescribed an SGLT-2 during these visits	% of patients prescribed a GLP-1 during one of these visits
All Patients	???	???	???	???	???
All races/ethnicities with A1c $\leq 8^*$???	???	???	???	???
All races/ethnicities with A1c $> 8^*$???	???	???	???	???
Hispanic patients all A1cs*	???	???	???	???	???
Hispanic/Latino A1c $\leq 8^*$???	???	???	???	???
Hispanic/Latino A1c $> 8^*$???	???	???	???	???

WHICH EMR Tool Will I use?

	Description	PROS	CONS
Atlas Portal Reports	A "food court" that searches all possible analytic tools (RWB, SlicerDicer, premade SQL Reports, Dashboards)	<ul style="list-style-type: none"> • Very inclusive • Includes detailed SQL Reports 	<ul style="list-style-type: none"> • Difficult to Navigate
Reporting Workbench a	Queries the Chronicles database using predetermined templates	<ul style="list-style-type: none"> • Real Time Data 	<ul style="list-style-type: none"> • Cannot obtain large data sets at once • Need special permission to export
SlicerDicer	Queries Caboodle database using data models	<ul style="list-style-type: none"> • Easy to use • Can link different data models 	<ul style="list-style-type: none"> • Doesn't always correlate perfectly with Clarity (SQL) • Historical Data
Signal Report	Provides data on how users (providers) are using Epic	<ul style="list-style-type: none"> • Detailed information on time in notes, time in orders, # of messages, etc 	<ul style="list-style-type: none"> • Limited Access
Vizient	An external company that analyzes EMR data	<ul style="list-style-type: none"> • UCH's preferred data source 	<ul style="list-style-type: none"> • Time/\$\$ Intensive



HOW Will I Design my Report?

The screenshot displays a web-based medical reporting application. At the top, a navigation bar includes links for Dragon Logout, UpToDate, Dragon Login, Schedule, Patient Lists, In Basket, Remind Me, Patient Station, DynaMed Plus, and a More dropdown. On the right of the navigation bar are icons for Print, Secure, Log Out, and a user profile. Below the navigation bar is a search bar containing the word "template".

On the left side, there is a sidebar with several sections:

- ☐ My Favorites
- ☐ My Content
- ☐ Approved
- Content Type**
 - ☐ Dashboards
 - ☐ SlicerDicer
 - ☐ Components
 - ☒ Workbench Reports
 - ☐ Report Links
- Tags**
 - Select a tag (with a search icon)
- Advanced**
- View Another User's Catalog**

At the bottom of the sidebar are buttons for "My Analytics" and "Clear Filters".

The main content area displays a list of report templates, each with a star icon, a gear icon, a title, a description, and action icons (a star, a document, and a pencil). The templates are grouped under "Additional Reports" headers.

Star	Gear	Report Title	Description	Star Icon	Document Icon	Pencil Icon
		<i>Additional Reports</i>				
☆	⚙️	ADT Admissions	... this report template is to see the admissions that happened ...	☆	📄	✎️
		<i>Additional Reports</i>				
☆	⚙️	Adt Census	... template ADT Bed Census Template [8020] and the batch ...	☆	📄	✎️
		<i>Additional Reports</i>				
☆	⚙️	ADT Discharges	... this report template is to see the discharges that happen dur...	☆	📄	✎️
		<i>Additional Reports</i>				
☆	⚙️	AMB Referrals (Ad Hoc)	... from this report template can be used to monitor the referral...	☆	📄	✎️
☆	⚙️	Radiant Referrals from Referral template		▶️	📄	✎️
		<i>Additional Reports</i>				
☆	⚙️	Analytics Registry Search	... created from this template search for registry records that a...	☆	📄	✎️
		<i>Additional Reports</i>				

At the bottom right of the interface is a blue button labeled "+ Import Data".

HOW Will I Design My Report?

Search Summary

Select Appointments between 6/2/2024 and 7/2/2024

From

Department and provider:

Department: AFWILLIAMS FAM MED OP and Provider: (none) and Provider type: (none)

Status:

Completed

Visit type:

ADULT PREVENTIVE CARE [OR](#)
ADULT PREVENT HOME TELEHEALTH [OR](#)
ESTABLISHED PATIENT EXTENDED [OR](#)
ESTABLISHED PATIENT [OR](#)
NEW PATIENT MEDICAID [OR](#)
NEW PATIENT MEDICARE [OR](#)
NEW PATIENT VISIT [OR](#)
SAME DAY/NEXT DAY

Where

Patient Registries:

DIABETES REGISTRY

Provider/Resource	Appt Status	Time	Visit Date	Dept	Type	Appt Instant	Dx Code	Encounter Diagnoses	Medicati
Arnett, Kelly Rose Velgersdyk [97393]	Comp	9:00 AM	06/26/2024	AFWF [10402254]	Est Patient [425001]	06/26/2024 09:00:00 AM	N89.8 - Other specified noninflammatory disorders of vagina; E11.9 - Type 2 diabetes mellitus without complications; J02.9 - Acute pharyngitis, unspecified	Vaginal itching; Type 2 diabetes mellitus without complication, without long-term current use of insulin (HC CODE); Sore throat	
Arnett, Kelly Rose Velgersdyk [97393]	Comp	8:00 AM	06/27/2024	AFWF [10402254]	Est Patient [425001]	06/27/2024 08:00:00 AM	R53.83 - Other fatigue; E29.1 - Testicular hypofunction; E11.9 - Type 2 diabetes mellitus without	Fatigue, unspecified type; Hypogonadism in male; Type 2 diabetes mellitus without complication, without long-term current use of insulin (HC CODE)	





IS MY Data
ACCURATE?

EXPORT and PROCESS My Data

RN Appt Instant Patient Dx Code Encounter Diagnose Medication Orders Last A1C Value

All patients number of visits coded for DM			All patients with a1c <= 8 with number of visits coded for DM			All patients with a1c > 8 with number of visits coded for DM		
			# of Visits with DM			# of visits coded for DM		
Number of vi	Number of N	% of MRNs	Coded	# of MRNs	% of MRNs	DM	# of MRNs	% of MRNs
1	458	41.00%	1	356	41.88%	1	95	37.11%
2	323	28.92%	2	254	29.88%	2	68	26.56%
3	176	15.76%	3	135	15.88%	3	39	15.23%
4	92	8.24%	4	64	7.53%	4	27	10.55%
5	29	2.60%	5	20	2.35%	5	9	3.52%
6	24	2.15%	6	12	1.41%	6	12	4.69%
7	6	0.54%	7	3	0.35%	7	3	1.17%
8	4	0.36%	8	2	0.24%	8	2	0.78%
9	3	0.27%	9	2	0.24%	9	1	0.39%
10	2	0.18%	10	2	0.24%			
Grand Total	1117	100.00%	Grand Total	850	100.00%	Grand Total	256	100.00%



SUMMARIZE My Findings

	% of Patients with ≥ 2 DM Coded visits	# of patients with ≥ 2 DM coded visits	% of patients on an SGLT-2 currently	% of patients prescribed an SGLT-2 during these visits	% of patients prescribed a GLP-1 during one of these visits
All Patients	59.02%	659	23.10%	8.15%	7.99%
All races/ethnicities with A1c $\leq 8^*$	58.12%	494	19.44%	5.68%	6.62%
All races/ethnicities with A1c $> 8^*$	62.89%	161	35.06%	15.50%	12.92%
Hispanic patients all A1cs*	58.48%	169	27.36%	8.15%	11.95%
Hispanic/Latino A1c $\leq 8^*$	54.37%	112	23.25%	10.09%	10.09%
Hispanic/Latino A1c $> 8^*$	69.14%	56	38.64%	15.91%	15.91%

UCH Sleep Team

Tackling the problem of poor access, long waitlists, and difficulty getting into clinic

WHAT Data Do I Need?



Referral time
to sleep study and /
or clinic visit

WHICH EMR Data Tool Will I Use?

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HOW Will I Design My Report

The screenshot shows the Epic SlicerDicer interface. A 'Select a Data Model' dialog box is open, displaying a grid of data models with their respective counts:

Select a Data Model			
Bed Requests 91,594	BestPractice Advisories 33,274,652	Births 7,187	Hospital Accounts (HB & PB) 0
ICU Stays 12,662	Imaging Recommendations 14,961	Imaging Studies 934,198	IP Pharmacy Medication Orders 6,966,498
Lab Specimens and Tests 6,487,610	Medication Administrations 13,223,387	Outpatient Prescriptions 3,239,472	Patients 6,074,091
Patients with Cancer 141,451	Referrals 1,242,795	Surgeries and Invasive Procedures 84,533	Transactions (HB & PB) 25,764,434

The screenshot shows the Epic SlicerDicer interface with various configuration options:

- Population:** All of:
 - Any of Primary Procedure: AMBULATORY REFERRAL TO SLEEP MEDICINE, Sleep Study grouper
 - Any of Referred To Department: CNTRAL PK SLEEP LAB OP, AMC CLB SLEEP OP, LNTREE SLEEP LAB OP, LNTREE SLEEP MED OP
- Slices:** Complete? vs Not Complete? (2 Slices by Primary Procedure)
- Measures:** Number of Referrals
- Dates:** Start Date: Jan 1, 2022; End Date: Dec 31, 2023; Slice By: None
- Visual Options:** Table Type: [Table Icon]; Section Color: 2 Slices by Primary Pr...

On the right side, the 'Slice by Primary Procedure' panel is visible, showing a search bar, a count of 10, and buttons for 'Grab Top 10' and 'Grab Bottom 10'. Below this, there are options to 'Limit Your Slice Results' and 'Current Slices' (AMBULATORY REFERRAL TO SLE..., Sleep Study grouper). At the bottom, there is a 'Last Stored Data' section with a button to 'Compare to rest of population'.



IS MY Data
ACCURATE?

Export and Process Data

Number of Lab Specimens and Tests and ...
Last 6 months

Specimen Name	Test	Collection Dat...	Number of L...	Percentage ...	All
Jan 3 – Jul 2, 2024			2,880	100%	
poc a1c			311	10.8%	
24AF-003PC0002	POCT Hgb A1C	1/3/2024			
24AF-004PC0004	POCT Hgb A1C				
24AF-004PC0003	POCT Hgb A1C				
24AF-004PC0010	POCT Hgb A1C				
24AF-005PC0001	POCT Hgb A1C				
24AF-005PC0007	POCT Hgb A1C	1/5/2024			
24AF-008PC0007	POCT Hgb A1C	1/8/2024			

311 results loaded, more results available [Load All](#)

Population
Base: All Lab Specimens and Tests
All of:
• Test: All A1c Tests (POC and normal)
• Ordering Department or Submitter:

Slices
2 Slices by Test

Measures
Number of Lab Specimens and Tests

Dates
Start Date: Jan 3, 2024
End Date: Jul 2, 2024
Slice By: None

Visual Options
Table Type: [Table](#) [Chart](#)
Section Color: 2 Slices by Test

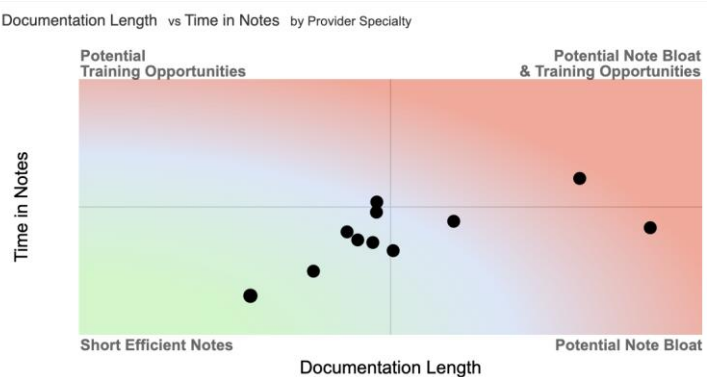
Export All Detailed Rows to Excel
Export All Summary Rows to Excel
Edit Description
Add Criterion
Troubleshoot



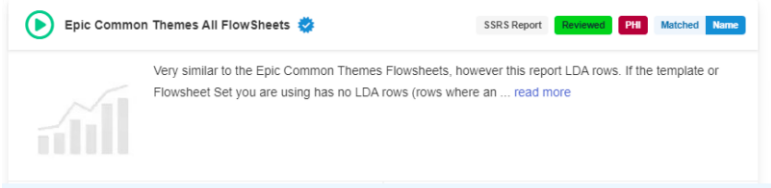
Summarize My Findings

	number of referrals	median time from creation to encounter (days)	avg time from creation to encounter (days)	Min time from creation to encounter (days)	max time from creation to encounter (days)
Completed Sleep Studies (All departments)	xyz	xyz	xyz	xyz	xyz
Breakdown					
	Number	Median Days	Avg Days	Min Days	Max Days
Creation to authorized	XYZ	XYZ	XYZ	XYZ	XYZ
Authorized to Scheduled	XYZ	XYZ	XYZ	XYZ	XYZ
Days from Scheduled to Encounter	XYZ	XYZ	XYZ	XYZ	XYZ

OTHER TOOLS



Name	Documentation Length	Time in Notes per Note
Dermatology	3.9k char	2.5 min
Other Specialties	3.1k char	3.5 min
Ophthalmology	4.3k char	3.2 min
Obstetrics And Gynecology	2.3k char	3.7 min
Neurology And Psychiatry	5.2k char	6.6 min
Medical Specialties	5.1k char	4.2 min



Epix UserWeb Forums Galaxy Nova Sherlock Community Library Traini

SIGNAL Efficiency Training Custom Group

Search Q UCHealth - Colorado (3565) Drill Down S

Atlas of Information Management

Home



Appreciative Debrief

Share with the group 1 thing you found most intriguing from this session

Next Steps

Due – Session 6 October 22, 2024

- Complete Voice of the Customer
- Build Stakeholder Analysis
- Develop a Problem Statement
- Meet with Dr. Moksha Patel (prn)

Due – Session 7 Nov. 12, 2024

- Complete a process map
- Our March 25, 2025 session has been moved to April 1, 2025 to accommodate spring break

Date Assigned	Assignment	Due Date
#1 – Aug. 20, 2024	<ul style="list-style-type: none"> • Develop group ground rules • Complete Leadership Defined Self-assessment 	Review in coaching
#2 – Aug. 27, 2024	<ul style="list-style-type: none"> • No new assignments 	
#3 – Sept. 10, 2024	<ul style="list-style-type: none"> • Complete voice of customer • Build stakeholder analysis • Develop a problem statement • Meet with Dr. Moksha Patel 	#6 – Oct. 22, 2024
	<ul style="list-style-type: none"> • Complete a process map 	#7 – Nov. 12, 2024
#4 – Sept. 24, 2024	<ul style="list-style-type: none"> • Reading: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i> 	#5 – Oct. 8, 2024
	<ul style="list-style-type: none"> • Complete affinity diagram 	#7 – Dec. 3, 2024
	<ul style="list-style-type: none"> • Draft business case 	#8 – Nov. 19, 2024
#5 – Oct. 8, 2024	<ul style="list-style-type: none"> • Complete Myers-Briggs Assessment 	Friday, Oct. 18, 2024
	<ul style="list-style-type: none"> • Complete literature review 	#8 – Nov. 19
	<ul style="list-style-type: none"> • Complete Program Evaluation/QI/Research Tool 	
#6 – Oct. 22, 2024	<ul style="list-style-type: none"> • Complete data collection plan 	#9 – Dec. 3, 2024
#7 – Nov. 12, 2024	<ul style="list-style-type: none"> • Develop/utilize current vision tying to project 	#8 – Nov. 19, 2024
#8 – Nov. 19, 2024	<ul style="list-style-type: none"> • Finalize sense of urgency 	#9 – Dec. 3, 2024
	<ul style="list-style-type: none"> • DEI Scan 	#12 – Jan. 28, 2025
#9 – Dec. 3, 2024	<ul style="list-style-type: none"> • Complete Positive Deviance Exercise • Complete Design Thinking Exercise • Develop list of potential interventions • Finalize guiding coalition 	#12 – Jan. 28, 2025
#10 – Dec. 10, 2024	<ul style="list-style-type: none"> • Complete aim statement 	#11 – Jan. 14, 2025
	<ul style="list-style-type: none"> • Finalize logo 	#13 – Feb. 11, 2025
#11 – Jan. 14, 2025	<ul style="list-style-type: none"> • Draft mid-year report out 	#12 – Jan. 28, 2025
	<ul style="list-style-type: none"> • Complete pre-mortem assessment 	#13 – Feb. 11, 2025
	<ul style="list-style-type: none"> • Create and implement a communication plan 	
#12 – Jan. 28, 2025	<ul style="list-style-type: none"> • Finalize mid-year report out 	#13 / #14 – Feb. 11 or 25, 2025



IHQSE