

Telehealth Quality Improvement (QI) Project Form

Resource guidance

Use this resource as a starting place for QI projects. The prompts lead the QI team through an organized strategy to approach telehealth and other opportunities to improve. The blue text is only provided as additional guidance. Delete the blue text to begin using this QI project form

Project Title:

Example: **Telehealth Visit Cycle Times**

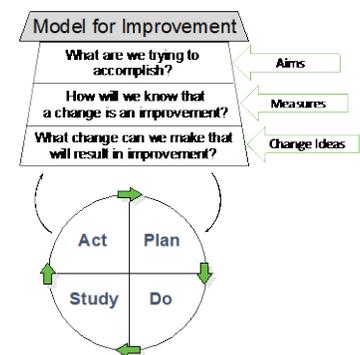
Team Members:

What are we trying to accomplish?

Aim statement (how much by when):

Example: By December 31, 2021 we will decrease our telehealth visit cycle time from a mean of 42 minutes to 25 minutes for our established patient 20-minute visit type.

- Make sure your aim statement is bold and has heart.
- Write specific, measurable, actionable, realistic, and time-bound (SMART) aims.
- Always use absolute not relative change. Don't make people do the math!
- Absolute change – decrease from 42 to 25 minutes
- Relative – decrease by 40% (decreasing the cycle time from 42 to 25 minutes means a reduction of 17 minutes, which is a 40% change)



Problem(s) to be addressed:

Example: Our workflow is inefficient and includes the medical assistant (MA) calling to make sure the patient is ready followed by a call from reception staff to confirm demographics followed by Zoom connection with clinician followed by MA discussing treatment plan with patient. We have received low patient experience scores for telehealth visits along with complaints, and our no-show rate for telehealth has increased from 6% to 12%.

How will we know if a change is an improvement?

(Identify outcome, process, and (possibly) balancing measures.)

Examples:

Outcome: Cycle times for telehealth visits will decrease.

Outcome: Patient experience scores will increase, and complaints will decrease.

Outcome: No-show rates for telehealth visits will decrease.

Balance measure: Missed opportunity rate. If we decrease cycle time, will our missed opportunity rate increase (i.e., we saw the patient and missed the opportunity to address preventive and chronic care that is due)?

What changes can we make that will lead to improvement?

(Initial activities and ideas for PDSA cycles, including key stakeholders)

Note that not all initial ideas will be tested using PDSAs but cast a wide net to gather the best ideas from staff, especially from those involved in the processes.

Examples:

- Have receptionist confirm whether patient is ready and gather demographic info at that time
- Crosstrain MA to conduct the receptionist duties
- Dispense with patient readiness call for patients that have already engaged in telehealth or for whom we have documented proficiency with the platform and processes
- Schedule test visits with patients to ensure lack of patient proficiency is not making visits so long

- Have patients confirm demographics online one day prior to appointment
- Start and end visits on time

What are the constraints and barriers to success?

(What might get in the way?)

Examples: staff buy-in, MA resistance to having one more thing to do, connectivity issues on patient or clinic side, collecting data, and QI staff time/resources to work on this project.

What resources are required to complete the project?

Examples: 15 electronic stethoscopes, development of QI questionnaire