

What is Evidence-Based Practice (EBP)?

We are in the midst of an information explosion, making it difficult to keep up with the most current information. Using the literature effectively or EBP is one way to keep up. "Evidence-based practice" is a more recent term, once called "evidence-based medicine." They both mean the same: using evidence from studies, in addition to patient needs, and your own clinical expertise for making decisions about care. The

highest level of evidence is a meta-analysis, a critical review of numerous studies. Likewise, a systematic review is considered strong evidence because it analyzes and summarizes a review of the literature. The Cochrane Collaboration is an example of a systematic review. Other studies also provide sound evidence, such as those from randomized control trials.

For more information about using EBP in your professional practice, contact the Wake AHEC librarian at medlibrary@wakemed.org. You may try the free online

tutorial [here](#) or you can access this website from the Wake AHEC Home Page (www.wakeahec.org). Click Medical Library, --> NC AHEC Digital library, --> log in with the user name of "guest" and use "guest" as the password, and click EBM Education Center of Excellence. Nurses may also read an article in *American Journal of Nursing* available at <http://pdfs.journals.lww.com/ajnonline/2005/09000/25.pdf>.



What Will the New Electronic Health Record Stimulus Plan Hold in Store for the Provider?

The American Recovery and Reinvestment Act, signed into law on February 17, 2009, will open the door to many providers to obtain financial assistance to purchase a certified EHR. Approximately \$17 billion dollars is allotted toward encouraging providers of healthcare to adopt and effectively utilize electronic health records in the care of their patients. In addition, the plan also builds on improving the transmission of medical records from one level of care to another, while safe guarding patient data at the core of the system.

Now is a crucial time for health care providers to become knowledgeable about the details of this plan in order to take advantage of some of the incentives. There is a higher level of reimbursement for practices who adopt a certified EHR early on in the Stimulus incentive. The incentive payments begin in 2011 and will decline over a 4 year period, with the beginning of penalties in 2015 for providers who have not adopted an approved EHR.

The three elements that must be met in order to qualify for incentive payments are as follows:

1. Use of a certified EHR product with e-Prescribing capability that meets current Health and Human Services standards.
2. Connectivity to other providers to improve access to the full view of a patient's health history.
3. Ability to report on their use of the technology to HHS.

If you are considering the purchase of an EHR for your practice it is important that you familiarize yourself with the details of the stimulus plan prior to making that decision. If you are interested in learning more about the details of the HITECH Act please refer to the following websites: www.allscripts.com/thetimeisNOW, www.cchit.org, www.athenahealth.com, or www.medscape.com.

Granville Health System Engages Physicians, Drives Quality Improvement

Granville Health System's (GHS) CME program has found great value in engaging physicians and rewarding them for their involvement, outcomes and successes.

Currently, physicians actively participate on the Performance Improvement Committee and the Board of Trustee's Quality Council, as outlined by the Medical Staff Rules and Regulations.

The GHS medical staff also participates on two additional quality improvement teams—each focusing on identifying and implementing improvement strategies for the Hospital Quality Measures: the Medical Team addresses the pneumonia, heart failure and heart attack measures and the Surgical Care Improvement Project (SCIP) Team addresses the surgical quality measures.

To reward the physicians for their time and participation, GHS applied to Wake AHEC for sponsorship of the "Granville Health System Performance Improvement Education Series." As a result, GHS can award AMA PRA Category 1 credits™ to physicians who attend the meetings of the Quality Teams, Performance Improvement Committee and Quality Council.

"Our CME program is an important component of Granville Health System's commitment to patient safety and quality of service," says L. Lee Isley, GHS Chief Executive Officer. "Our physicians participate in these efforts because the GHS medical staff is dedicated to quality improvement and the organization understands the value of physicians leading these processes," Isley continued.



Methodology	Six Sigma	LEAN	The Improvement Model
Theory	Reduction of variation will solve process and business problems	Remove waste and performance will improve	Scientific sequence of repetitive steps lead to continuous improvement and learning
Focus	Problem focused	Flow focused	Rapid cycle change focused
Steps	D Define M Measure A Analyze I Improve C Control	<ul style="list-style-type: none"> Identify features that create value Identify value stream (sequence of activities) Make activities flow Pull product or service through the process Perfect the process 	P Plan D Do S Study A Act <ul style="list-style-type: none"> What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in an improvement?
Key Components	<ul style="list-style-type: none"> Rigid, structured investigation Statistical analysis valued System output improves if variation in all processes is reduced 	<ul style="list-style-type: none"> Eliminate what is not necessary to produce product/service Focus on time that the product/service is being worked on/touched by worker Standardize work and continuous flow system 	<ul style="list-style-type: none"> Small tests of change Completion of one turn of the cycle flows into the beginning of the next to refine the change Process can always be reanalyzed and a new test of change can begin Action oriented learning

Quality Methodologies

Trying to decipher the different quality methodologies and acronyms can be confusing at times. This brief description of commonly used methodologies used in quality improvement outlines the basic concepts and differences.

Sources: Quality Progress 2002 and The Institute for Healthcare Improvement

**PDSA of the Month:
Implement the use of Diabetes Eye Exam Referral and Report Form
By Aaron West (Carolina Family Practice and Sports Medicine)**

Our practice has been reviewing several months of data and we determined that the Improving Performance In Practice diabetic measure "having a dilated eye exam documented in a patient's record within the past 12 months," was a priority for our quality improvement team. We utilized the PDSA methodology to determine our process gaps and then utilized additional resources from our partner, Novant Healthcare, to obtain assistance in developing an eye exam referral form. The following outlines our PDSA implementation steps:

PLAN

Objective for this cycle: Implement the use of Diabetes Eye Exam Referral and Report Form. Questions: Who will give the patient the sheet (provider in the exam room, or clinical staff at discharge) and how will we identify the patients who have received the sheet each year?

Predictions: Once the team can identify how to use the form effectively and map out a strategy, eye exam referrals will increase dramatically.

Plan for change or test: who, what, when, where: *Step 1-* We will bring staff together to outline objectives, and have them engage in communication with their provider regarding the best way to standardize the process for distributing the forms. *Step 2-* Once we have a standardized process for distributing the forms to the patients, our management team will educate all staff and providers across the practice. *Step 3-* We will provide staff with forms so they can begin using them in their workflow.

Plan for collection of data: who, what, when, where:

In the period of 3- 6 months, we will know if the forms are being used by their rate of return. Staff will also make note of how patients respond when receiving the form.

DO

Carry out the change or test. Collect data and begin analysis. Describe observations, problems encountered, and special circumstances and share them with our quality improvement team.

STUDY

Complete analysis of data and summarize what was learned.

ACT

Are we ready to make a change? Plan for the next cycle.

Upcoming Events

April 29, 2009
Hospital Quality Measures for Performance Improvement
Thorndale Country Club - Oxford, NC

May 2, 2009
Wake County Asthma Fair
The Andrews Center - Raleigh, NC

May 18, 2009
ADHD in the Elementary School Aged Child
The Andrews Center - Raleigh, NC

Wake AHEC
Educating present and future healthcare providers
Part of the North Carolina AHEC Program

3261 Atlantic Avenue, Suite 212
Raleigh, NC 27604
www.wakeahec.org/quality

If you are interested and would like assistance in conducting a quality improvement project in your practice, please contact Lynne Taylor, Quality Improvement Consultant, at 919-350-0489.