

IMPROVING EFFICIENCY OF CIRRHOSIS TRACKER PROGRAM – A QUALITY IMPROVEMENT INITIATIVE IN LIVER CLINIC AT MICHAEL E DEBAKEY VA MEDICAL CENTER

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Background

To improve survival, patients with cirrhosis require interval screening to identify and prevent complications at an earlier stage. However, morbidity and mortality remains high in this population because patients are often undiagnosed, lost to follow up, or not referred to specialty clinics to receive disease specific care. A web-based tracking program linked to electronic medical record was developed to identify these patients at Michael E DeBakey VA Medical Center. This tracker was successfully piloted with ~30% of patients without cirrhosis specific care linked to liver clinic; however, simplification of the tracker workflow is necessary to encourage widespread use by frontline clinicians.

Objectives

We aim to sustain and disseminate this cirrhosis tracker program in the liver clinic department by frontline clinicians through the standardization and simplification of work flow. This will enable us to link patients with cirrhosis to the liver clinic so that they can receive timely and effective care.

Methods

We are applying lean-six sigma methods to integrate this quality improvement intervention into the clinical workflow through the following steps: 1) Creation of a process map to reflect current workflow and identify non-value-added steps as well as barriers to standardizing the workflow process at a clinical level; and 2) Development of updated user guides to smooth transition for frontline users of the cirrhosis tracker. We also conduct regular stakeholder meetings and provide education support to clinician support staff.

Results

A process map of current workflow of the tracker was created through an iterative process with members of implementation team. We identified non-value added steps and barriers. Process measures include the number of steps eliminated through the simplified workflow. Balancing measures include the accuracy of the data before and after the implementation of new workflow process. Outcome measures of our project include the time required to complete the workflow before and after changes are implemented, as well as the percentage of patients with cirrhosis linked to the clinic for disease specific care. We are currently collecting data for analysis.

Discussion

Through simplification of this process, we aim to further embed this process into a clinical setting and increase the number of patients successfully linked to care. This improves quality of cirrhosis care and patient outcomes. Ultimately, we aim to successfully implement a population-based disease specific management system to coordinate care and link high risk patients with cirrhosis to specialty care.