

TRANSPORTATION QUALITY IMPROVEMENT TOOLKIT

TRAINING WORKBOOK



TRAINING AGENDA

TIME	SECTION
8:15-8:30am	Arrival and Sign-in (15 mins)
8:30-9:00am	<p>Welcome and Introductions (30 mins)</p> <p>Overview: Trainers will orient participants to the training and help everyone feel comfortable with each other and ready to learn. Participants will have the opportunity to agree on ground rules and review the day's agenda and learning objectives.</p> <ul style="list-style-type: none"> • Introductions • Agenda and learning objectives • Group Agreements • Icebreaker: People Bingo
9:00-9:25am	<p>Transportation Barriers and Review of QI Toolkit (25 mins)</p> <p>Overview: Participants will gain a shared understanding of transportation barriers and its impact on health, explore transportation strategies, and review the structure of the Transportation Quality Improvement Toolkit.</p> <ul style="list-style-type: none"> • Impact of transportation barriers on health • Transportation options and strategies • Overview of the toolkit
9:25-9:50am	<p>Guiding Questions (25 mins)</p> <p>Overview: Participants will review and complete the worksheet and reportback their responses to the group.</p> <ul style="list-style-type: none"> • Questions for Consideration - Worksheet #1 • Group Activity
9:50-10:30am	<p>Community Landscape Scan (40 mins)</p> <p>Overview: Participants will review and complete the worksheet and reportback to the group their responses. Participants will brainstorm talking points to use when seeking collaborations for transportation based on a case study.</p> <ul style="list-style-type: none"> • Questions for Consideration - Worksheet #2 • Group Activity • Case Study: Talking Points for Collaboration
10:30-10:40am	BREAK (10 mins)
10:40-10:55am	<p>Gathering Patient Input (15 mins)</p> <p>Overview: Participants will review the sample patient needs assessment survey. Group discussion will explore the unique needs of their patients and identify the types of data needed.</p> <ul style="list-style-type: none"> • Sample Patients Needs Assessment Survey - Worksheet #3 • Group discussion
10:55-11:15am	<p>Organizational Readiness (20 mins)</p> <p>Overview: Participants will review and complete the worksheet and reportback their responses to the group.</p> <ul style="list-style-type: none"> • Organizational Readiness Assessment - Worksheet #4 • Group discussion

11:15-11:25am	<p>Calculating Costs (10 mins)</p> <p>Overview: Participants will review the cost methodology tool.</p> <ul style="list-style-type: none"> • Cost Methodology of Missed Appointments and the Financial Impact to Health Systems Tool
11:25-11:35am	<p>Overview of the Continuous Quality Improvement (CQI) Process (10 mins)</p> <p>Overview: Trainers will provide an introduction to the continuous quality improvement process and the foundations that need to be in place to begin the process.</p>
11:35-11:50pm	<p>Overview of Program Planning (15 mins)</p> <p>Overview: Participants will learn about the importance of program planning for the CQI process and receive resources to support program planning.</p> <ul style="list-style-type: none"> • Program planning overview and resources
11:50-12:20pm	LUNCH (30 mins)
12:20-12:30pm	<p>Introduction to the PDSA Cycle (10 mins)</p> <p>Overview: Participants will learn about the PDSA Cycle and discuss why, who, what, when, and where.</p>
12:30-1:45pm	<p>Plan (75 mins)</p> <p>Overview: Trainers will walk through the planning portion of the PDSA cycle and participants will engage in planning activities for their own PDSA cycle.</p> <ul style="list-style-type: none"> • Identifying the goal • Identifying the problem • Identifying root causes • Identifying the PDSA cycle AIM • Identifying the metrics, data, and tools • Identifying the team and roles
1:45-1:55pm	BREAK (10 mins)
1:55-2:10pm	<p>Do (15 mins)</p> <p>Overview: Trainers will walk through the implementation phase of PDSA and provide key considerations for the “Do” phase.</p>
2:10-2:20pm	<p>Study (10 mins)</p> <p>Overview: Trainers will walk participants through analyzing their data and evaluating the process change.</p>
2:20-2:30pm	<p>Act/Adjust (10 mins)</p> <p>Overview: Trainers will walk participants through making adjustments, stabilizing the process, and considerations for broadly implementing the change.</p>
2:30-3:10pm	<p>PDSA Share-Back (40 mins)</p> <p>Overview: Participants will have the opportunity to share their PDSA process plan and garner feedback from the larger group.</p> <ul style="list-style-type: none"> • PDSA share-back • Final PDSA Q&A
3:10-3:20pm	Next Steps Discussion (10 mins)
3:20-3:30pm	Closing (10 mins)

GUIDING QUESTIONS

Questions for Consideration	Response
<p>1. Are missed appointments a problem for the health center? If yes, what is the nature and scope of the problem (e.g. frequency of missed appointments, appointment type missed)?</p>	
<p>2. Are there specific patient populations or groups for whom missed appointments are a problem? If yes, do these patient populations share common characteristics (e.g. language, income level, insurance status, diagnosis stage)?</p>	
<p>3. What mechanisms, if any, are there to track and analyze missed appointments (e.g. Electronic Health Records, patient intake surveys)?</p>	
<p>4. To what extent are missed appointments due to transportation barriers?</p>	
<p>5. What is the average cost of missed appointments due to transportation barriers?</p>	
<p>6. What are the available local and regional transportation options (e.g. public transit, transportation services for elders) in the community and what patient populations do they serve?</p>	
<p>7. What strategies or solutions can be considered for mitigating the problem of missed appointments due to transportation issues? Is there evidence from the literature that these strategies will be effective?</p>	

COMMUNITY LANDSCAPE SCAN

Questions for Consideration	Response
1. What are the existing transportation needs assessments or gap analyses for the community?	
2. What are the identified gaps in transportation services (e.g. patient subgroups, geographic areas, scheduling, types of appointments – screening, therapy, support groups)?	
3. What are the available local and regional transportation options (e.g. social service agencies, NEMT, aging services, public transit, churches) in the community and what patient populations do they serve?	
4. What are the existing cross-sector collaborations that support transportation and health access?	
5. What formal or informal agreements with transportation service providers does your health center have?	
6. What are some potential considerations for collaboration (e.g. differing organizational regulations or policies, terminology)?	
7. What local advocacy groups or community coalitions are working on transportation issues? What information have they collected?	

CASE STUDY

After conducting a community health needs assessment, a health center in California has identified transportation as a top barrier to care for their patients. They found that many of their sites were averaging above 15% of missed appointments a year. Of the patients surveyed, over 45% reported missing one or two appointments a year because of the lack of transportation. Within that group, over 30% were low-income, older adults (65 years and older). This health center serves 8 communities that total over 50,000.

Although Medicaid non-emergency medical transportation (NEMT) and veterans' transportation assistance is available, many of their patients are ineligible for these services. During a community forum, a member shared that they heard that the state's Department of Transportation have available vehicles, specifically vans, that were not being used. Another community member mentioned that she was aware of at least two churches in the area that had a van that were not being used during the week. Another suggestion was made to explore the use of school buses during the time students were in school.

Consider the opportunity to collaborate with these key organizations. To start the conversation, develop some key points to cover:

	DOT	Church	School District
Present the issue			
Provide the data			
Know your ask			

HEALTH CENTER READINESS

TOOL #2: Organizational Readiness Assessment			
1. Structure and Buy-in: Ensure your health center has the organizational capacity and support to initiate a Continuous Quality Improvement (CQI) process.	Yes	No	Comments
Is there organizational buy-in for addressing transportation barriers?			
Is there willingness to integrate the PDSA cycle on transportation into the health center’s quality improvement process?			
Do we have the organizational capacity to initiate a PDSA process?			
ACTION STEP: If you answered “No” to one or more of these questions, present the information gathered in the needs assessment phase to key staff, particularly senior leadership, to gain organizational buy-in and support.			
2. Data Collection and Analysis: Ensure your health center can collect and analyze information about transportation and missed appointments.	Yes	No	Comments
Do we currently monitor missed appointments?			
If YES, do we have the capacity to separate data to determine which patient populations are more at risk of missing appointments?			
Do we track missed appointments due to transportation barriers?			
Do we currently track how patients are getting to treatment?			
ACTION STEPS: If your health center does not currently track this information, a patient needs assessment can help determine the scope of the problem of missed appointments, specifically those due to transportation barriers. Additionally, consider including transportation-related questions in the patient intake process, and train staff on how to collect this information.			
3. Existing Efforts and/or Strategies: Ensure your health center has identified and implemented strategies to address transportation barriers.	Yes	No	Comments
Do we have current strategies in place to mitigate missed appointments?			

TOOL #2: Organizational Readiness Assessment

Do we have current strategies in place to remove transportation barriers for patients?			
If YES, are these strategies effective?			
<p>ACTION STEPS: For current strategies, consider evaluating the effectiveness of existing efforts before embarking on a new PDSA cycle of quality improvement. If you answered “No” to one or more of these questions, analyze the information gathered during the needs assessment phase to identify the reasons for not addressing transportation barriers. Consider initiating the PDSA cycle.</p>			
<p>4. Tracking Costs of Missed Appointments: Ensure your health center has a good understanding of the financial impact of missed appointments.</p>	Yes	No	Comments
Does your health center track the financial impact of missed appointments?			
If yes, do you have a designated staff member in charge of tracking this information?			
If no, is there someone who could be assigned this role and function within the health center?			
<p>ACTION STEPS: Establishing the average cost of a scheduled appointment and the financial impact of missed appointments can help provide justification for a PDSA cycle to mitigate missed appointments due to transportation barriers. Determining who is responsible, or can be assigned the role of estimating costs is an important step.</p>			
5. Other	Comments		
What additional information does your health center need to have in order to initiate a CQI process on missed appointments due to transportation barriers?			

WORK PLAN SAMPLE

Goal 1: Reduce the rate of obesity among Latino youth.							
Objective 1: By June 30, provide 15 nutrition education workshops for parents with school-age children in local schools that primarily serve Latino communities.							
No.	Key Activities	Timeline	Responsible	Outcomes	Indicators and Data Sources	Progress Notes	
1	Reach out to administration from at least 2 middle schools and 2 elementary schools and the local family resource center.	Aug. 15	Outreach Coordinator	Short-Term Outcomes: Parents increase knowledge of nutrition and food labels	Indicators: # parents that attend workshops		
2	Establish roles/responsibilities with schools and the resource center, shown through Memorandums of Understanding.	Sep. 5	Outreach Coordinator	Parents have positive attitude toward fruits and vegetables	Increase in knowledge, attitude, and self-efficacy scores		
3	Reserve space for workshops.	Sep. 20	Outreach Coordinator	Parents have increased self-efficacy around preparing healthy foods	Data Sources: Workshop sign-in sheets		
4	Create marketing materials in English and Spanish.	Oct. 1	Outreach Worker/				
5	Develop workshop content in collaboration with family resource center.	Oct. 15	Health Educator	Medium-Term Outcomes: Parents make more meals from scratch	Workshop evaluation		
6	Market for workshops by sharing information at CHC outreach events and family resource center events and by ensuring schools send the flyer to parents.	Oct. 1-31	Outreach Worker	Children increase fruit, vegetable, calcium, and whole grain intake.	Workshop pre- and post-tests		
7	Each Health Educator capacitates at least 3 other outreach workers in workshop content.	Oct. 31	Health Educator				
8	Deliver workshops and provide health center marketing materials.	Nov - May	Outreach Workers				

WORK PLAN TEMPLATE

Goal 1:						
Objective 1:						
No.	Key Activities	Timeline	Responsible	Outcomes	Indicators and Data Sources	Progress Notes
				Short-term	Indicators	
				Medium-term	Data Sources	

PDSA WORKSHEET - EXAMPLE

PDSA Goal: All patients receiving transportation services arrive to appointments on time				
The Problem: Late patients are causing a back-up in the clinic				
Date: 6/04/2018			Cycle: 1st time	
Cycle Aim (SMART): By 8/10/2018, we will notify patients receiving transportation services regarding their pick-up in order to reduce late appointments from patients receiving transportation services by 50%.				
Process Team				
Name	Title Department		Role/Responsibility	
Tina	Transp. Coordinator		Process lead, data analysis	
Randy	Receptionist		Data collection	
Daniel	Driver		Process tester	
Evaluation Metrics				
Measure	Description	Data Source	Target	Current
# of appts. on time	The # of people receiving transportation services arrive on time for appt.	Registration/ Sign-in	85%	70%
PLAN: Identify the steps needed to implement the strategy or change				
Activities		Responsible	Timeline	
Notify reception before picking-up a patient		Daniel	Week of 6/04	
Call patient to notify then that a driver is on the way		Raquel	Week of 6/04	
Document patient arrival time to the clinic		Raquel	Week of 6/04	
Daily debrief/check-in		Tina	Week of 6/04	
DO: Describe what actually happened when you implemented the strategies or change				
<ul style="list-style-type: none"> ▲ Raquel could not always reach the patients via phone or she was not approved to leave a message on their voicemail regarding the pick-up ▲ Some patients were still not ready when Daniel arrived to pick them up ▲ Patients that could be reached were more likely to be on time ▲ Didn't have a way to track and document the patients we were able to reach vs. the ones we were unable to reach. 				
STUDY: Describe the measured results and how they compared to the predictions				
<ul style="list-style-type: none"> ▲ There was only a 20% improvement in appointments arriving on time. This is probably because we were unable to reach some of the patients via phone. ▲ Out of the patients that we were able to reach, it seems like they were more likely to be on time and ready to go when Daniel showed up to pick them up. 				
ACT: Describe what modifications to the plan will be made for the next cycle from what was learned				
We could try getting consent to leave a voicemail, call patients 1 day ahead of time to remind them, or ask the drivers to arrive early to support with getting patients out the door. We should also create better tracking documents.				

PDSA WORKSHEET

Tool #5: PDSA Worksheet				
PDSA Goal:				
The Problem:				
Date:			Cycle:	
Cycle Aim (SMART):				
Process Team				
Name	Title	Department	Role/Responsibility	
Evaluation Metrics				
Measure	Description	Data Source	Target Performance	Current Performance
PLAN: Identify the steps needed to implement the strategy or change				
Activities	Responsible		Timeline	

DO: Describe what actually happened when you implemented the strategies or change

STUDY: Describe the measured results and how they compared to the predictions

ACT: Describe what modifications to the plan will be made for the next cycle from what was learned