

# Tribal Breast Health CQI Story Board

## Bay Mills Indian Community

Geographic Area Served: Bay Mills Reservation  
 Population Served: Bay Mills Indian Community Tribal Members

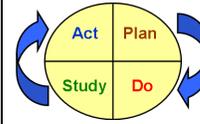


## CQI Team Members:

The CQI team was composed of various staff from the Bay Mills Health Center who brought diverse expertise to the table. The team included clinic staff, the center's QI coordinator, administrative staff, and content area experts, as needed.

## Quality Improvement Story Board

Breast Health Referral Tracking



## PLAN

Identify an Opportunity and Plan for Improvement

### 1. Getting Started

The BMIC QI team was convened on 11/24-25/14 as a kick-off to the Upper Peninsula Tribal Breast Health Coalition and Quality Improvement Learning Collaborative Project. The collaborative aims to 1) increase breast cancer screening rates and 2) decreased time between breast cancer screening, diagnosis, and treatment.

### Problem Statement

*The current breast health referral tracking process is too cumbersome and ineffective.*

### 2. Assemble the Team

The QI team members were selected based on roles/personnel related to the breast health processes in focus. The BMIC QI team met on an as-needed basis, with the goal of completing the project by April.

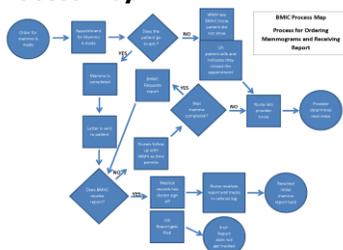
### Aim Statement

*By March 31, 2015, the BMIC Medical Referral Team will reduce by 20% the missing completed mammography reports for women.*

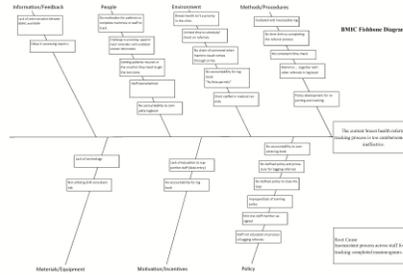
### 3. Examine the Current Approach

Before starting the QI project, the team noted that Dr. Maloney had approximately 33% of mammogram reports not tracked in the referral log book and Dolly Furr, FNP, had 66% of mammogram reports not tracked in the referral log book. The team mapped out the current process to identify specific opportunities for improvement and used a fishbone diagram to explore all possible causes of the problem at hand.

### Process Map



## Fishbone Diagram

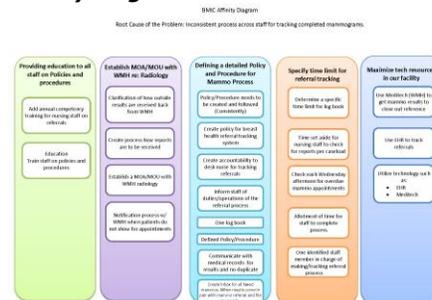


Through this root cause analysis, the QI team decided to focus improvement efforts on the root cause of there being an inconsistent process across staff for tracking completed mammograms.

### 4. Identify Potential Solutions

The team used an Affinity Diagram to organize a brainstorm on all potential solutions to positively impact the root cause in focus. The team agreed that a focus on standardizing the Referral Tracking Process would be the best way to test out an improvement.

### Affinity Diagram



### 5. Develop an Improvement Theory

*If we specify a time limit for referral tracking, then we will reduce the number of missed reports.*

## DO

Test the Theory for Improvement

### 6. Test the Theory

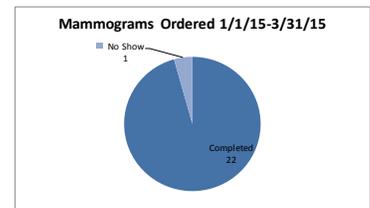
Before implementing the test for improvement, the QI team gathered the Clinic LPNs to educate them on the QI Breast Health Project, to train on the updated protocol, and to get everyone on the same page as to the standardization of referral tracking. The Bay Mills Health Center standardized the Referral Tracking Process that was created on 12/1/14. The new process with clear time limits for referral tracking was implemented from 12/1/14 to 3/31/15.

## STUDY

Use Data to Study Results of the Test

### 7. Study the Results

The team considers this Test to be successful. Between 1/1/15 and 3/31/15, 23 mammograms were ordered, with only 1 patient no showing their appointment.



## ACT

Standardize the Improvement and Establish Future Plans

### 8. Standardize the Improvement or Develop New Theory

The new process was standardized as the new protocol.

### 9. Establish Future Plans

The QI team took the lessons learned from this project and decided to use momentum to create another QI project focusing on a referral policy.