

# Improving School-Based Health Care Practice

## Quality Improvement Collaborative Series

## Getting Started: Checklist

*“Tracking health care conditions and being able to show positive outcomes helped to elevate the SBHC’s status within the sponsoring organization and can help gain additional funding, staff, or support from parent organizations.”*

--Collaborative participant

*“You have to communicate that quality improvement is about system changes. It’s not about making people look bad or giving brownie points.”*

--Collaborative leader

### Assess team’s readiness for change

As every member of the team has an impact on quality of care, every member of the team - from administrator to frontline staff - has to be on board and open to new ways of doing business. The SBHC staff has to identify a need for change and be motivated to make that change. When desire for change (or approaches to change) is owned by a lone team member, success is far less likely. We worked with a handful of programs where practitioners were pulled in unhappily by administrators. Their resistance lessened after the initiative got underway.

### Identify a QI leader

Equally important to needing everyone on board, you need a leader to be the glue and cheerleader, to coordinate activities, serve as the point person for data collection, create buy-in from all levels of staff and the sponsoring organization, and keep SBHC staff motivated. This doesn’t have to be the administrator. We found a few clerks who made terrific QI leaders.

### Collect data

As the adage goes, what gets counted gets done. We established a number of quantitative and qualitative data gathering tools to plot progress and tell the story of positive outcomes. Chart audits were the basis for assessing change over the 15-month collaborative; independent reviewers looked for specific clinical indicators at pre-, mid-, and post-intervention. Work plans, storyboards, and progress reports were also used to promote introspection and maintain focus on what is working. The teams were most appreciative of the outcomes data, which they used to provide evidence of the SBHC’s value to its stakeholders.

### Offer substantive learning content

Participants received resources and tools around core competency areas designed to achieve collaborative objectives and to support evidence-based practice. All collaborative participants were offered expert-led technical assistance through hands-on learning sessions

and conference calls. NASBHC has assembled many of these resources on its website to assist you.

### Employ creative learning techniques

Learning techniques such as role-playing and storyboarding were especially effective in increasing their knowledge and skills. Storyboard presentations were an important part of collaborative documentation at learning sessions and national NASBHC gatherings. Collaborative leaders were charged with ensuring participants understood the picture of progress while bringing creativity into the reporting and sharing process. The storyboard technique uses easily available tools - photos, drawings, text, etc. - to illustrate progress. Storyboards reference the basic process, such as location, team members, and outcomes, as well as more complex ideas about obstacles, lessons learned, and ongoing change. Many participants reported that storyboards enabled them to articulate obstacles and share successes in ways not evident through a “charts and graphs” presentation.

### Bring about change in small doses

We found that short learning cycles with small, easily attainable measures helped to build improvements cumulatively over time. The Plan, Do, Study, Act (PDSA) Cycle, a quality improvement tool, consists of a logical sequence of four repeated steps that promote continuous improvement and learning. See examples in the chart.

### Reconcile productivity

Make room for the time necessary to bring about change, and be sure the *powers that be* understand the commitment you’re making. True, engaging in quality improvement can be labor intensive. But our learning collaborative participants were able to demonstrate for stakeholders and providers alike that, in time, improving clinic systems, preventive services, and evidence-based practice increases productivity and decreases expense.