Psoriasis example

Using a Model for Improvement approach.

1. What are we trying to accomplish? Needs to be specific ‘by how much?’ and ‘by when?’

To improve care and wellbeing of patients suffering from psoriasis in align with existing Quality Standards for Psoriasis.\(^1\)

- Increase recording of disease severity assessment at diagnosis and when response to treatment assessed by x% in x months’ time
- Increase assessment of the impact of disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed by x% in x months’ time
- Increase annual recall of patients with psoriasis to assess for arthritis by x% in x months’ time
- Increase proportion of adults with psoriasis offered 5 yearly cardiovascular risk assessment by x% in x months’ time

2. How will we know that a change is an improvement?

- % of patients with disease severity assessment documented in Electronic Medical Records (EMR)
- % of patients with Dermatology Life Quality Index (DLQI) documented in EMR
- % of patients with Annual Psoriasis Epidemiological Screening Tool (PEST) assessment \(^2\) documented in EMR
- % of patients offered 5 yearly cardiovascular risk assessment

3. What changes can we make that will result in improvement?

Undertake a PDSA approach to each planned change idea and include measurement of outcomes, processes and unexpected effects (called ‘balance measures’).

Examples of planned change ideas could include:

- Development of a psoriasis template for practice systems to facilitate disease and impact assessment, psoriasis management as well as screening for co-morbidities.
- Development of a recall system for annual review of patients with psoriasis
- Develop practice formulary of topical treatments for psoriasis
- Staff teaching session on Psoriasis and Psoriasis template, and practice formulary
- Develop letter of invitation for medical review of psoriasis patients with key facts about medications and co-morbidities
- Signposting of patients to national/local patient support groups and educational programmes through leaflets/prompt on practice template

A Driver Diagram can also be used to provide a structured approach to planning improvements moving from the clear aim to the ideas for improvement.
Psoriasis example

AIM

Primary Drivers
(High level factors that will contribute to achieving the aim)

Secondary Drivers
(factors that affect each of the primary drivers)

Change Ideas
(specific and quantifiable ideas for change that are tested and measured through PDSA cycles)

Consistent assessment and screening of psoriasis symptoms and psychosocial impact as well as Cardiovascular risk and psoriatic arthritis risk assessment

Regular recall for review

Set up a recall system for review

Annual assessment and screening for physical, psychosocial and arthritis symptoms, and 5 yearly cardiovascular assessment.

Develop a practice friendly Psoriasis Template for clinical system

Patient Choice and motivation to attend appointments and self-care

Clinician Confidence and motivation to prescribe treatments and advise about psoriasis co-morbidities

Staff Education session on Psoriasis and template

Patient Education

Develop letter of invitation for medical review of psoriasis patients with key facts about medications and co-morbidities

Signposting of patients to national/local patient support groups and educational programmes through leaflets/prompt on practice

Measurements (Quantitative and/or Qualitative)

Outcome Measures e.g. Patient Activation Measure (PAM)*, Clinical outcomes of Psoriasis Severity, Quality of life scores, proportion of referrals to secondary care, patient survey.

Process Measures - specific steps that lead to a particular outcome e.g. % of psoriasis patients who have had annual assessment undertaken; % of psoriasis patients who have had cardiovascular risk assessment documented; % of psoriasis patients who have had the psoriasis template completed; Post staff education session feedback evaluation.

Balancing Measures – unexpected effects that may negatively impact another area e.g. consultation time to complete psoriasis template, staff resources, costs and time to set up recall system.

*Patient Activation Measure (PAM) 

Improved care and wellbeing of patients with psoriasis

Clinician Confidence and motivation to prescribe treatments and advise about psoriasis co-morbidities

Staff Education session on Psoriasis and template

Develop letter of invitation for medical review of psoriasis patients with key facts about medications and co-morbidities

Signposting of patients to national/local patient support groups and educational programmes through leaflets/prompt on practice

*Patient Activation Measure (PAM)
Psoriasis example

An example of a QI project for psoriasis in primary care undertaken by Dr. Kenneth Lim in Redhill, Surrey.

References

2. British Association of Dermatologists. Psoriasis Epidemiology Screening Tool
3. Patient Activation Measure (PAM)