



NH Pediatric Improvement Partnership

Improving health care quality for all NH children through the use of systems and measurement-based quality improvement processes.

Improve Care Now: A Case Study of one NH Pediatric Clinic's Experience with Quality Improvement



“For me, [quality improvement] is about informed health care” says Dr. Harohalli Shashidhar, a pediatric gastroenterologist at Elliot Health Systems. Dr. Shashidhar and his team at Elliot Pediatric Gastroenterology have been involved in a national quality improvement (QI) initiative, Improve Care Now (ICN), since 2012. ICN is a collaborative network of clinicians, researchers, parents and patients working together to improve care quality for children with Crohn’s Disease and ulcerative colitis (Inflammatory Bowel Disease or IBD), which includes the participation of local and regional clinical practices, including Children’s Hospital at Dartmouth. Through their work with ICN, Elliot Pediatric Gastroenterology has been able to improve the proportion of

children with IBD that are not receiving steroids to 97%. Furthermore, 100% of their patients are meeting criteria for satisfactory nutrition.

Dr. Shashidhar attributes their performance improvement to the use of QI science and performance data monitoring. He is a strong advocate for QI and notes that, “lately many physicians and providers feel overburdened with volume expectations, paper work, and consequently, reduced patient face times and it is natural to feel that QI just adds another burden.” However, he is adamant that performance data monitoring and QI tools actually help to increase practice efficiency and effectiveness. Dr. Shashidhar explains, “[Our practice] generates a large amount of information during our everyday tasks related to patient care. Quality improvement helps us make sense of this data to improve the care that we provide to our patients.” The ICN uses nationwide data to help set standards or “network targets” that the team can compare to, strive to achieve, and maintain. Elliot Pediatric Gastroenterology has successfully been able to maintain an IBD remission rate above the network target of 83% (see Figure 1).

Percent of patients in clinical remission, PGA (>=75%, [%])



Figure 1. Percent of Elliot Pediatric Gastroenterology patients in clinical remission

One way that Elliot Pediatric Gastroenterology has improved clinic efficiency is by making pre-visit planning an integral part of the care process. The provider team reviews the patient data a week before the visit in preparation for the encounter. This helps to focus the visit to address relevant questions, clarify information and determine next steps in an efficient manner. For example, at one pre-visit preparation session, the team noted the trend of inflammatory markers had gradually increased for a particular patient. This led the team to focus the visit on subtle symptoms of a Crohn’s flare that the child may not have otherwise reported.



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Dr. Shashidhar further explains that the health system, practiced in the traditional way, often ignores the one core group that it is designed to serve --patients and families. “[The patient and family’s] knowledge and the “view from the other side” are uniquely helpful in designing workflows, process improvement plans and even tailoring treatment plans that are more likely to be well-received.” A well informed and engaged parent and child is an asset and an ambassador to any practice or specialty group” says Dr. Shashidhar. As such, Elliot Pediatric Gastroenterology is working to create a family advisory group to provide input into its QI work.

Through their work with ICN, Dr. Shashidhar and the Elliot Pediatric Gastroenterology team have become experienced in clinical quality improvement. Using data performance monitoring, QI tools, and patient and family engagement, they have been able to improve the care of their patients while improving efficiency in the practice and joy in work. To learn more from Dr. Shashidhar about his QI experience, please email nhpip@unh.edu and we will connect you. For more information about Improve Care Now, visit www.improvecarenow.org.

Acknowledgement: We would like to thank Dr. Shashidhar for sharing his time and story with the NHPIP.