

Project Overview
<p>Problem Statement:</p> <p>There is inadequate follow up among patients with peripheral artery disease (PAD) who have undergone lower extremity revascularization at Yale New Haven Hospital. A review of all patients who had lower extremity revascularization for PAD in 2016 demonstrated that 29% (N=161) of patients were lost to follow up and did not have one year follow up (9 – 21 months window). It is unknown if those patients are getting adequate vascular follow up and monitoring. Also, it is unknown if they are receiving optimal medical therapy and if they have suffered any adverse limb events (minor or major amputation). A recent study using the VQI demonstrated that loss to follow up after revascularization for PAD was associated with worse overall survival.</p>
<p>Goal:</p> <p>Reduce the loss of long-term follow up in 2016 by 50%. (Bring at least 80 patients back for monitoring)</p>
<p>Scope:</p> <p>This project will include patients undergoing lower extremity revascularization within the YNHH Heart and Vascular Center (HVC) care areas. The project will require participation from vascular specialists performing lower extremity revascularization (open and endovascular) including vascular surgery, interventional cardiology, and interventional radiology, inpatient and outpatient physician extenders within (HVC), EPIC clinical support, and administrative/scheduling reinforcements.</p>
<p>Deliverable(s):</p> <ol style="list-style-type: none"> 1. MD Project Leader will address all physicians performing lower extremity revascularization regarding appropriate follow up 2. MD Project leader and project members will contact all those lost to follow up via telephone to identify barriers to follow up (e.g. socioeconomic factors, geographic factors, different vascular provider, etc). If patients are not currently being seen by another vascular provider, they will be encouraged to follow up with their original vascular specialist. Patients will be also provided brief educational information over the phone. 3. All patients lost to follow up with receive formal letter draft by the MD Project Leader requesting follow up appointment at YNHH as appropriate. 4. Survey results will be analyzed to identify key factor contributing to loss of follow up.

5. Results will be analyzed in 3-4 months to identify the percent of patients who were initially lost to follow up who have returned to be seen by their vascular specialist.
6. Outcomes of patients will be tracked after following up to assess for recurrence of symptoms, compliance with medical therapy, results of imaging, and necessary reinterventions
7. Effort (time) in trying to reach patients will be tracked by the QI team
8. Epic analytics will track clinic visits, imaging, procedures, and downstream revenue generated from decreasing lost to follow up

Resources Required:
 Team of general surgery residents involved in the QI project
 Support from HVC to send follow up letters
 Epic analytics to track subsequent visits

Key Metrics	Milestones
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Outcome Metrics:	Milestone / Description:	Date
1. Identify factors associated with loss to follow up	Complete QI Project Overview	10/2019
	Confirm baseline outcome metric	10/2019
2. Follow up rates among those lost to follow up	Identify root cause/hypothesis	11/2019
	Implement Deliverables	11/2019
3. Follow up rates among those with PAD after revascularization	Evaluate progress	03/2020
	Project completion	03/2020

Process Metrics:
 Telephone calls to those lost to follow up and mailed letters.
 Quarterly performance report to clinical teams

Exec Sponsor: Raul Guzman	Clinical Sponsor: Cassius Chaar, MD
Sponsor: Cassius Iyad Ochoa Chaar	Process Owner:
Project Leader: Cassius Iyad Ochoa Chaar, MD	Team Members: Tanner Kim, Julia Chen, Jolanta Gorecka, Vanessa Baratta, Shin Ron Lee,

QI PROJECT CHARTER

Task Name	Responsible	Planned			Actual Start	Actual Finish	% Complete
		Start Date	Finish Date	Duration (wks)			
Initiate Project				0.0			0%
Draft charter				0.0			100%
Interview stakeholders to understand process/issues				0.0			0%
Identify team members and process owners				0.0			0%
Define meeting schedule (team, process owner, sponsor, exec)				0.0			0%
Hold project kickoff				0.0			0%
Confirm charter				0.0			0%
Confirm Baseline				0.0			0%
Identify metrics needed				0.0			0%
Create data collection plan for needed metrics				0.0			0%
Collect baseline measurements				0.0			0%
Create current state process map				0.0			0%
Create communication plan				0.0			0%
Identify Root Cause				0.0			0%
Create detailed process map				0.0			0%
Confirm process map				0.0			0%
Perform data analysis				0.0			0%
Perform root cause analysis				0.0			0%
Identify and validate areas of opportunity				0.0			0%
Develop Solution & Implement				0.0			0%
Generate potential interventions				0.0			0%
Prioritize/select interventions				0.0			0%
Define future state process				0.0			0%
Determine gaps between current and future state				0.0			0%
Create intervention implementation plan				0.0			0%
Pilot interventions				0.0			0%
Assess and modify interventions as needed				0.0			0%
Evaluation				0.0			0%
Develop monitoring process to track metrics				0.0			0%
Create Evaluation/Action plan				0.0			0%
Review with sponsors				0.0			0%
Transition full ownership to process owner				0.0			0%