

Standard 6: Outcomes Assessment

To view examples of standard 6 documentation that Teams have submitted as evidence of compliance of the Standards for Cleft Palate and Craniofacial Teams, please visit: <http://www.acpa-cpf.org/standards-examples>

6.1 The team uses a process to evaluate its own performance with regard to patient assessment, treatment, or satisfaction and to make improvements as a result of those evaluations.

38. In the textbox below describe either:

- 1) an example of how assessment or treatment data have been used to change the team's procedures (e.g., modify surgical treatment, change referral criteria, etc.),

OR

- 2) an example of how other data the team has collected have been used to change the team's process (e.g., address clinic processes to increase patient/family satisfaction).

As a component of a quality/ performance improvement project, our clinic tracked length of stay for patients undergoing initial palate repair for a 12 month period from January 2016-December 2016. Early in the process, we found that meeting with a speech pathologist to introduce cup drinking and provide education regarding transition from bottle to cup prior to palate repair was helpful in ensuring that bottle weaning did not significantly influence timing of surgery or length of stay. Further analysis indicated that there was no standard regimen for post-operative administration of pain medication. A standard protocol was implemented which resulted in reduced average length of stay. When it became apparent that admission to a certain floor seemed to result in longer length of stay, additional nursing education was provided to that floor regarding post-operative expectations and requirements for discharge. As we continue to track length of stay at our facility and keeping with national trends, we are looking at trialing 23-hour observation admission for certain types of cleft palate repairs (ie: repair of cleft of soft palate only).

Our post-clinical review, parent satisfaction, and provider queries have resulted in greater specialization of our multidisciplinary teams over the past several years. In order to make the best use of patient and provider time and healthcare dollars, we have taken steps to ensure that patients can see all the specialists necessary to coordinate care, and to eliminate evaluations that may not be indicated based on the evaluation. This process truly began in 2010, when we pulled the 22q11.2 patients out of our Cleft Palate Clinic and created a multidisciplinary team specific to that clinical population. Our 22q11.2 clinic is built around the Cleft Palate Clinic model, with multidisciplinary, face-to-face team evaluations, but includes cardiology, endocrinology, immunology, otolaryngology, social work, audiology and speech, rather than dental specialists.

In 2015, based on patient demand, we pulled our Craniosynostosis patients out of our Comprehensive Craniofacial Clinic and designed a narrow multidisciplinary model that includes simultaneous evaluations by the team Nurse Practitioner,

Craniofacial Surgeon, Neurosurgeon, and Physical Therapist. In summer of 2017, Neuropsychology will join our Craniosynostosis team.

We again responded to patient demand by creating a multidisciplinary team specific to our patients with Oculoauricular Vertebral syndrome. This clinic includes an Otolaryngologist who specializes in reconstructive hearing surgeries, Audiology, Speech and Language Pathology, Craniofacial Surgeon, Facial Plastic Surgeon, Oral and Maxillofacial Surgeon, and Orthodontist. We have found that greater specification results in greater patient satisfaction and improved provider coordination and patient care.

39. If your team does not currently have a quality management system, please describe your plan for implementing one.

We do have a quality management system that includes quality improvement studies and patient satisfaction surveys that are sent to families following each clinic visit. The lengthy surveys are general in scope and are returned to an outside vendor to gather and report results. We are investigating a post-clinic review or exit interview using an electronic device that would provide immediate, direct feedback that would have a direct impact on our clinical procedures.