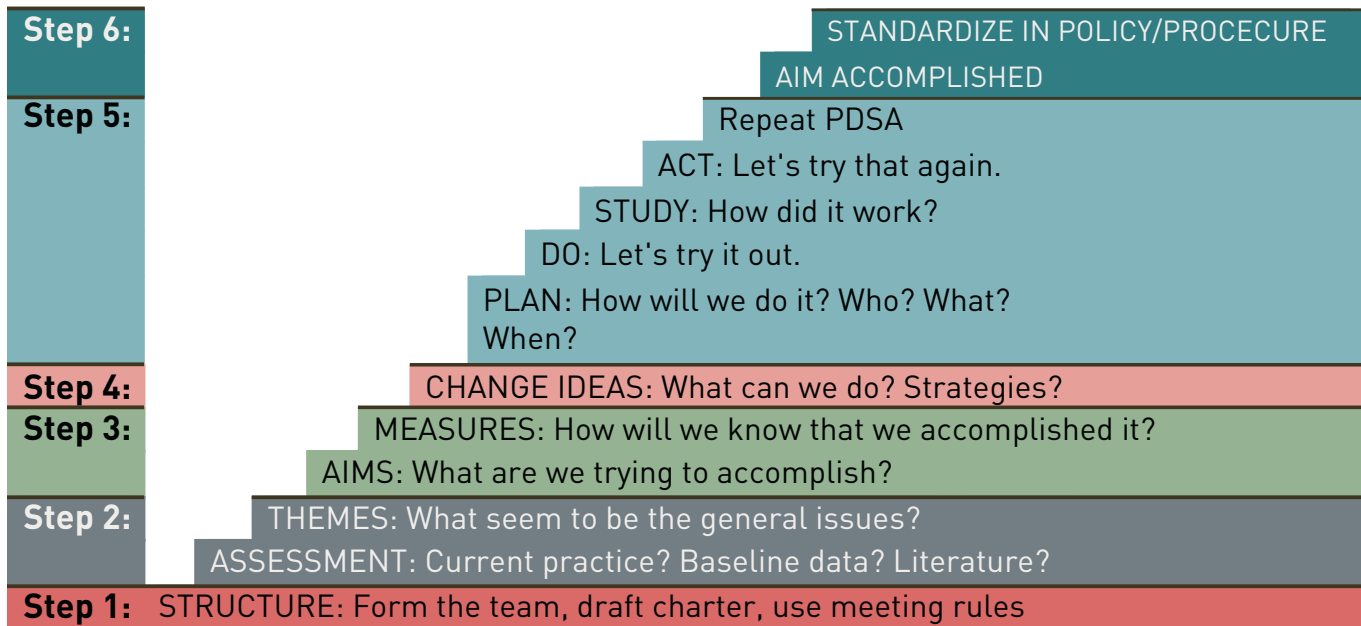


Clinical Microsystems: A Model for Improvement

The Clinical Microsystems model for improvement looks like a ramp. The version below is an adaptation of the original model.



Step 1: TEAM – In your first meeting:

- Identify who the core team will be that will implement this change in practice. In your first meeting, do not talk about SBIRT, talk about how you will work together.
- Review and use the meeting rules.

Step 2: ASSESSMENT – In your early meetings:

- Discuss your current practice for assessing substance use in youths, even if it is inconsistent. Try to make a flowchart or map of how it works—or doesn't work—now. What seem to be the issues?
- Review the new practice and reach consensus on its value. Make a list of everything you are concerned about, and make sure that you address these concerns as you work.
- Review the Playbook.

Step 3: AIMS AND MEASURES

- Aims should be measurable. There should be a numerator and denominator if applicable. There should be a time frame. If your aim is to screen youths, how will you know that you screened youths? You could say “we screened 50 youths,” but if you have 300 in your practice, that is only 16.6% of your population. And is 300 your best denominator? A good aim: “Screen 80% of unique youths who have an office visit between January and June of 2015.” “Unique” means you don't count a youth more than once in that time period. And do you want it to be any office visit? Would physicals for sports count?
- Revise the workplan to reflect your aims and measures.

Step 4: CHANGE IDEAS

- a) Your overall goal is to increase the number of youths screened for substance use. SBIRT is your overall strategy.
- b) If your specific aim is “Screen 80% of unique youths who have an office visit between January and June of 2015” what strategies/change ideas do you need? Changes in workflow? Changes in policies and protocol? Communication plans? These are examples of strategies and the workplan should help you map out the details over time.

Step 5: Plan-Do-Study-Act (PDSA)

- a) Plan the details of how you would change workflow, as an example: Map it out. Who does what when where and how?
- b) Do it. Try out the new workflow.
- c) Study: How did it work out? What worked? What did not work?
- d) Act on what you learned: What can you do differently?

Step 6: STANDARDIZE

- a) Once your plan for your change idea works, sustain it. Codify it in policy, procedures.
- b) Train staff.

The Clinical Microsystems framework captures the structure, processes and outcomes of a service delivery system. It was developed by The Dartmouth Institute for Healthcare Policy and Clinical Practice, and has been used worldwide as a model for improving practice. A clinical microsystem is defined as “a small group of people who work together on a regular basis to provide care to discrete subpopulations of patients. It has clinical and business aims, linked processes, and a shared information environment, and it produces performance outcomes.”¹ A clinical microsystem can be a clinic, an office practice, an ambulatory care surgery center, or a patient care unit in a hospital. The microsystem is where direct patient care happens. It is at the center of an organization, and is surrounded by larger systems, such as administration in the organization and the community it serves.

In a clinical microsystem, all team members are considered of equal importance, and each team member brings a different yet critical skill set to the direct care environment. Everyone who is part of the microsystem shares accountability for the care that is provided to patients. Patients are also members of the clinical microsystem. As partners in their own care, patients contribute to developing their goals for treatment, and are informed of their progress at each encounter.

Members of the microsystem make the decisions about how to improve their own work. In other words, trust the people who do the work to know how to do the work better.

¹ Nelson, E.C., Batalden, P.B., & Godfrey, M.M. (2007). *Quality by design: A clinical microsystems approach* (p.7). San Francisco: Jossey-Bass.