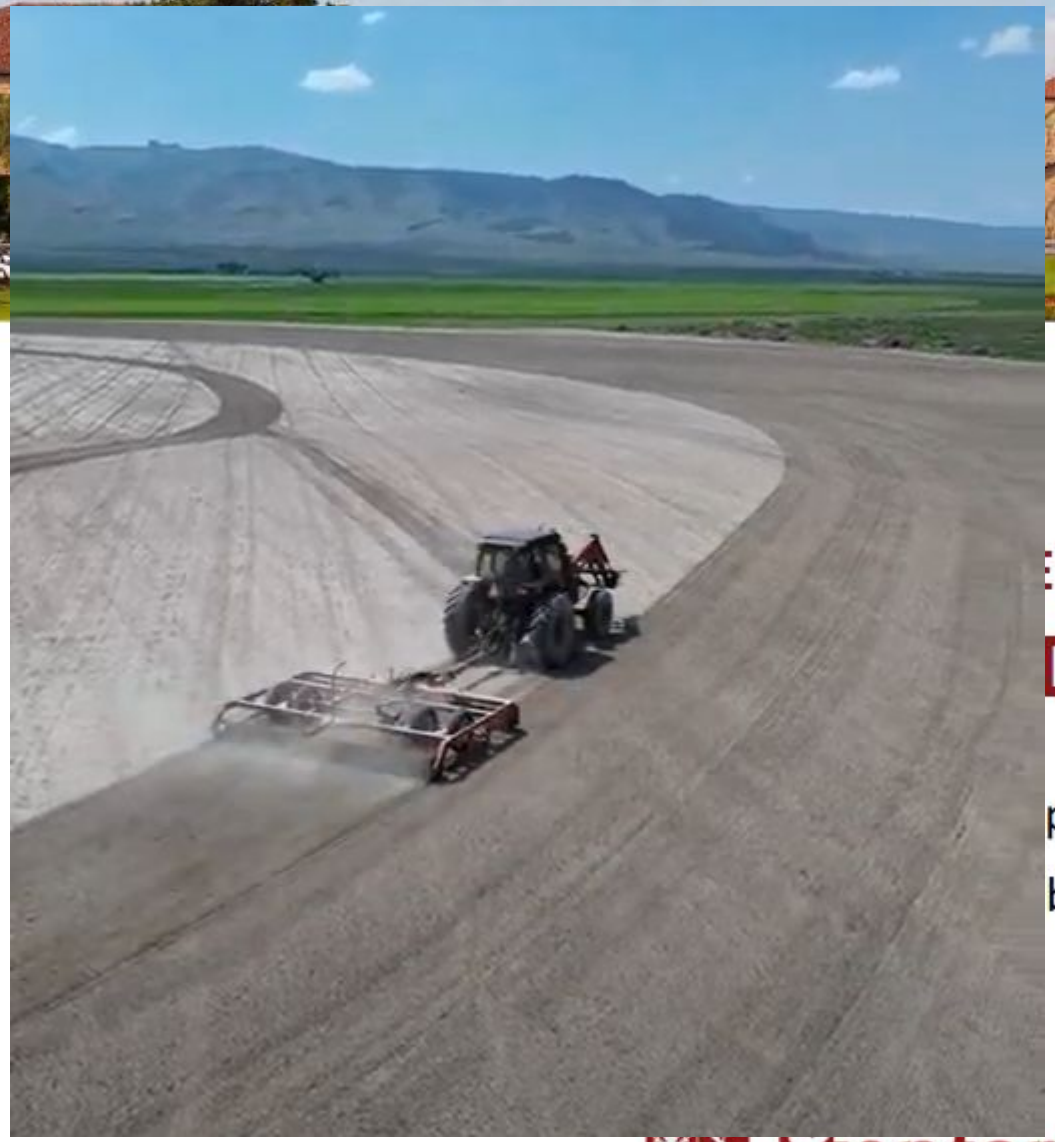
Will Hicken



Beyond the Herd

A Rural Look at Quality in Healthcare

Will Hicken
Uintah Basin Medical Center





ENTE

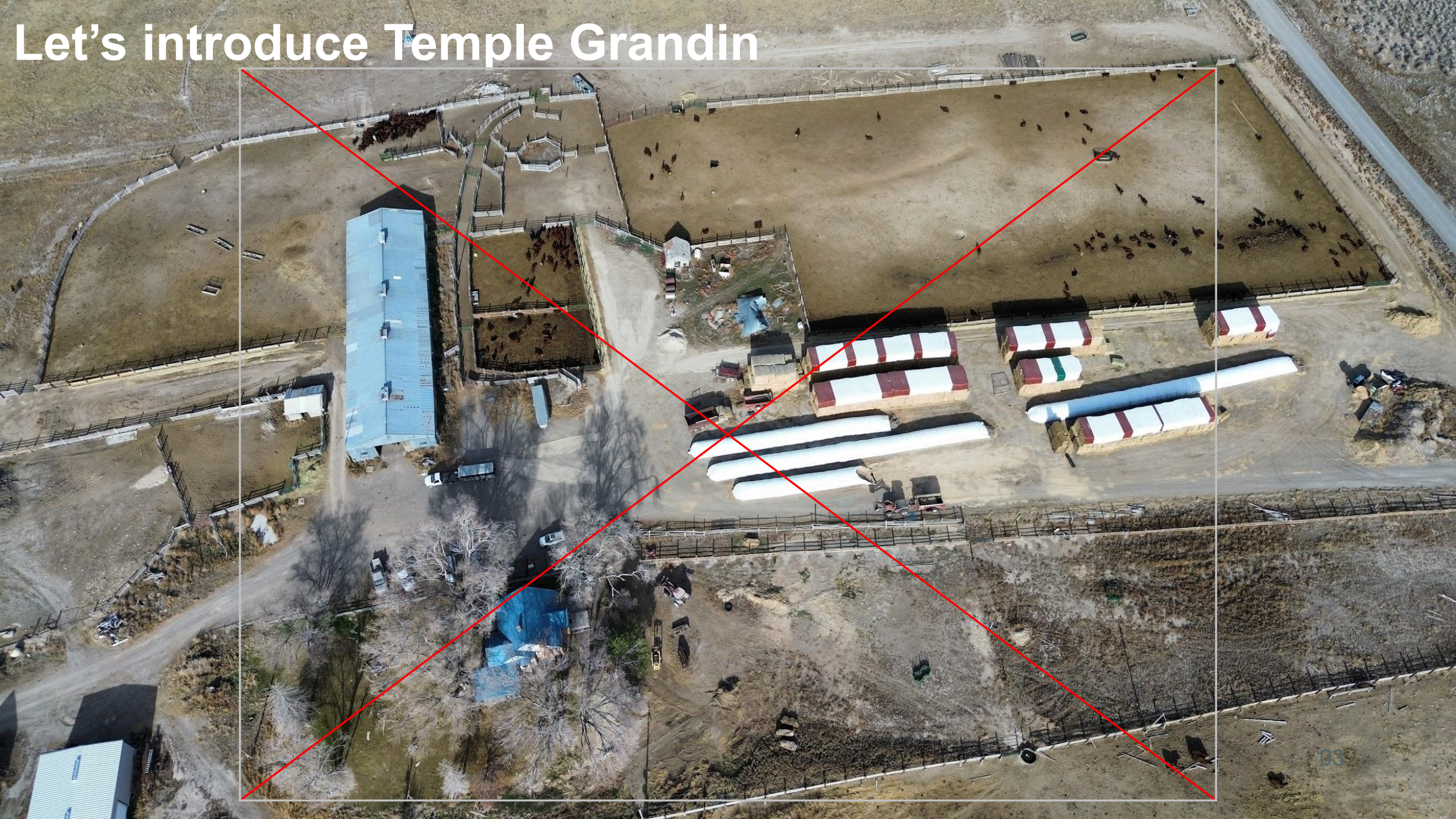
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Stanford | MEDICINE

Let’s introduce Temple Grandin



The patient expects an answer

PATIENT PERSPECTIVE



“I called. Someone should call me back.”

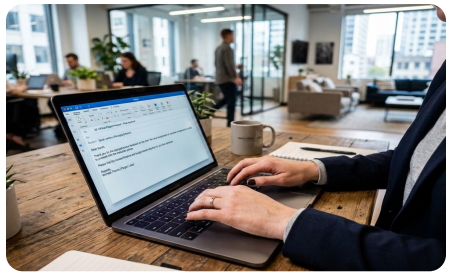
CLINIC RECORDS



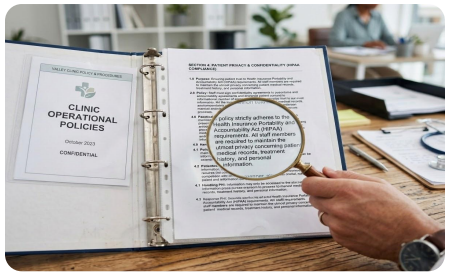
“Attempted callback. No answer.”

Simple Problem. Simple Fix?

Manager resorts to the same ways to fix the complaint:



Send an email



Review the callback policy



Remind staff at the next meeting



Provide another training

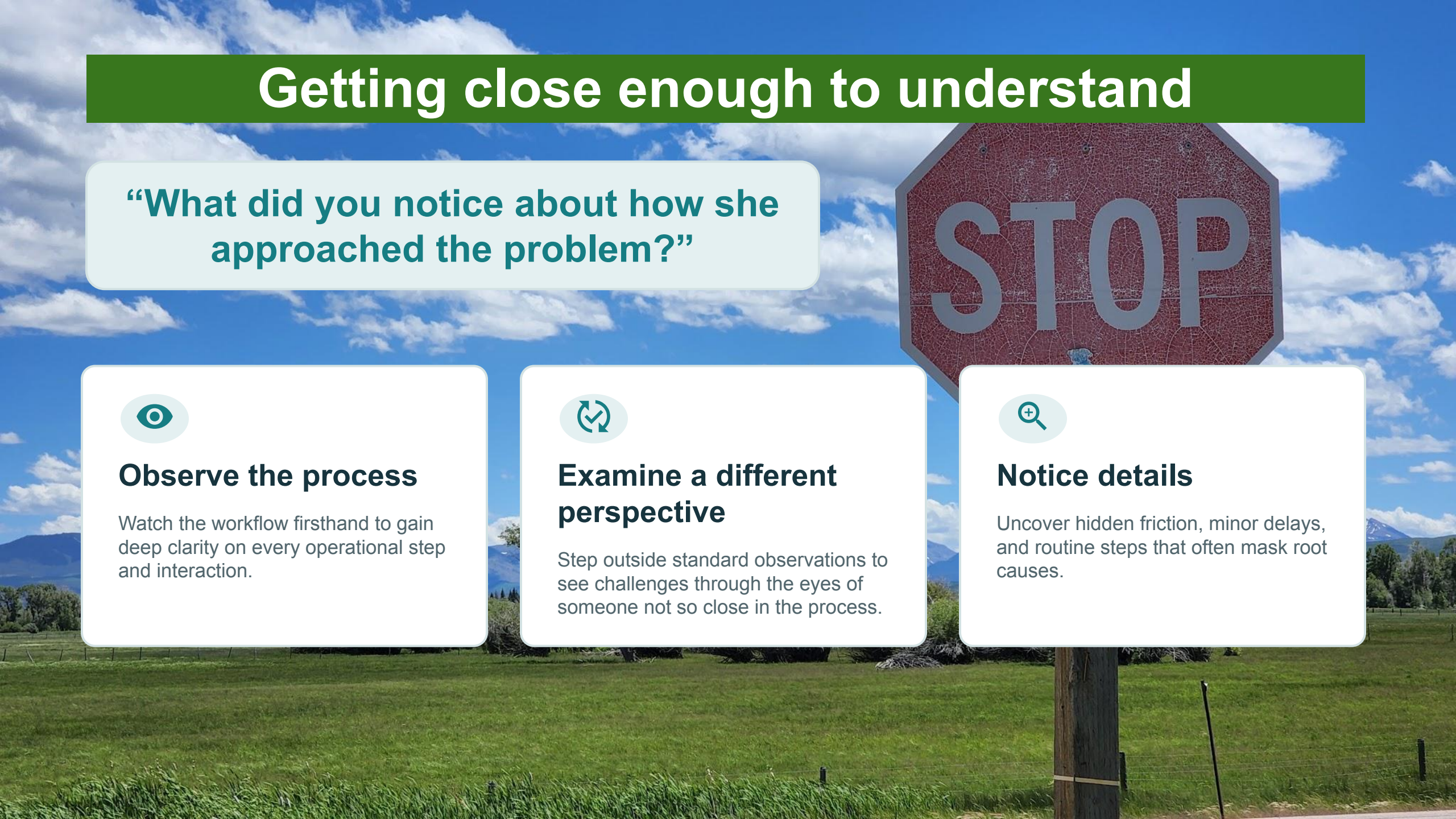
…but it’s still the #1 complaint in the clinic.

Go See…



Getting close enough to understand

“What did you notice about how she approached the problem?”



Observe the process

Watch the workflow firsthand to gain deep clarity on every operational step and interaction.

Examine a different perspective

Step outside standard observations to see challenges through the eyes of someone not so close in the process.

Notice details

Uncover hidden friction, minor delays, and routine steps that often mask root causes.

Surface Level

Patient Side

STEP 1
Patient realizes they’re close to the end of their prescription.

STEP 2
Calls Clinic

STEP 3
No answer

STEP 4
Leaves voicemail

Getting the answer back

STEP 1
Clinic calls

STEP 2
Patient misses the call

STEP 3
Perhaps leaves a voicemail

Questions beyond the first explanation

QUESTION 01

“Can you walk me through what happens?”

QUESTION 02

“Where does it get difficult?”

QUESTION 03

“What happens when the patient calls back?”

QUESTION 04

“Who else sees a part we’re missing?”

Two Distinct Processes

Patient Side

1. Patient realizes they’re close to the end of their prescription.
2. Calls Clinic
3. Starts off with the phone tree or call center. Begins to get frustrated.
4. Sent to the wrong clinic or gets sent to receptionist. Frustration grows.
5. Sent to correct nurse/MA
6. No answer. More frustration.
7. Leaves Voicemail

Getting the answer back

1. Clinic sees finally sees the notice of the voicemail
2. Calls the patient
3. Leaves voicemail
    - Unsure about leaving details
    - No VM set up, mailbox full, hangs up before able to, not sure with HIPAA
4. Patient sees Clinic’s main number
5. Return call enters routing again



Eating on the Saddle

Identify

- Its not just lazy staff
- People don’t know who called
- Problems with technology/phones

Understanding

- Understand not just from a 30,000 ft viewpoint, but from the front line point of view.

Design

Now set realistic goals and expectations for how long it should take for a call to come in and how long it will take for a staff member to call out.

What is one small change you would test?

What happened when we tried it?

Did we use the new instructions?

Adherence & Execution

Could patients reconnect?

Accessibility & Contact

How do we measure success?

What extra work did it create?

Workload & Process Impact

Next decision: keep, adjust, or stop the change.



Connection to PDSA

Go See

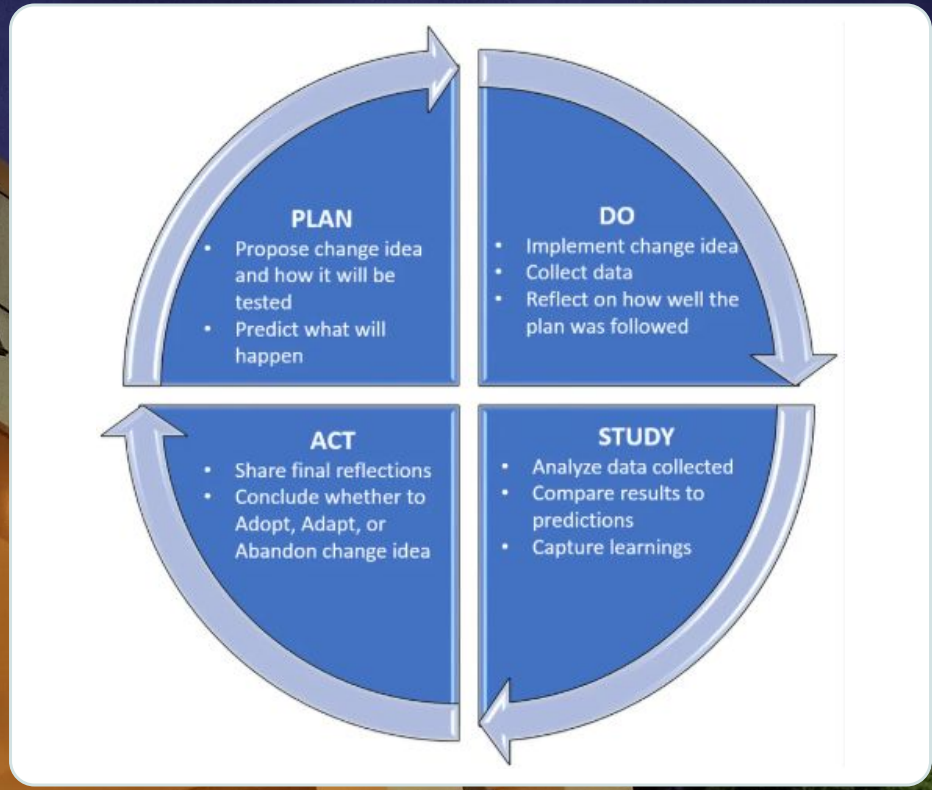
Observe what actually happens.

Ask

Develop an informed explanation and plan.

Then Test

Plan, Do, Study, Act.




Rural Healthcare
Our patients may be
our neighbors, friends,
and family.


6 year difference is wild.

Kate Jenkins

Small Changes, Big Impact: A Practical QI Approach to Improve Prediabetes Screenings



UTAH COUNTY
HEALTH DEPARTMENT

Small Changes, Big Impact:

A Practical QI Approach to Improve Prediabetes Screenings

Agenda

- How UCHD supports primary care clinics
- QI Projects overview
- Clinic QI examples: prediabetes screenings
- Project outcomes & key takeaways

Why Partner with Clinics?

- Clinics already see patients with chronic diseases daily
- Population reach is far greater
- Clinic-based QI improves outcomes countywide

Supporting Clinics in Chronic Disease Prevention

- UCHD supports primary care clinics on QI projects that improve outcomes for the residents of Utah County, specifically:
    - Diabetes
    - Hypertension
    - Social drivers of health
- **Goal**: Have meaningful quality improvement projects that improve quality measures and are tailored to each clinic's individual priorities
- A small stipend is given to primary care clinics that are selected to work on a project.

QI Project Options



Hypertension:
Use data to identify and diagnose patients with undiagnosed hypertension



Prediabetes/Diabetes:
Identify patients with prediabetes or type 2 diabetes, provide education, and refer to lifestyle change programs

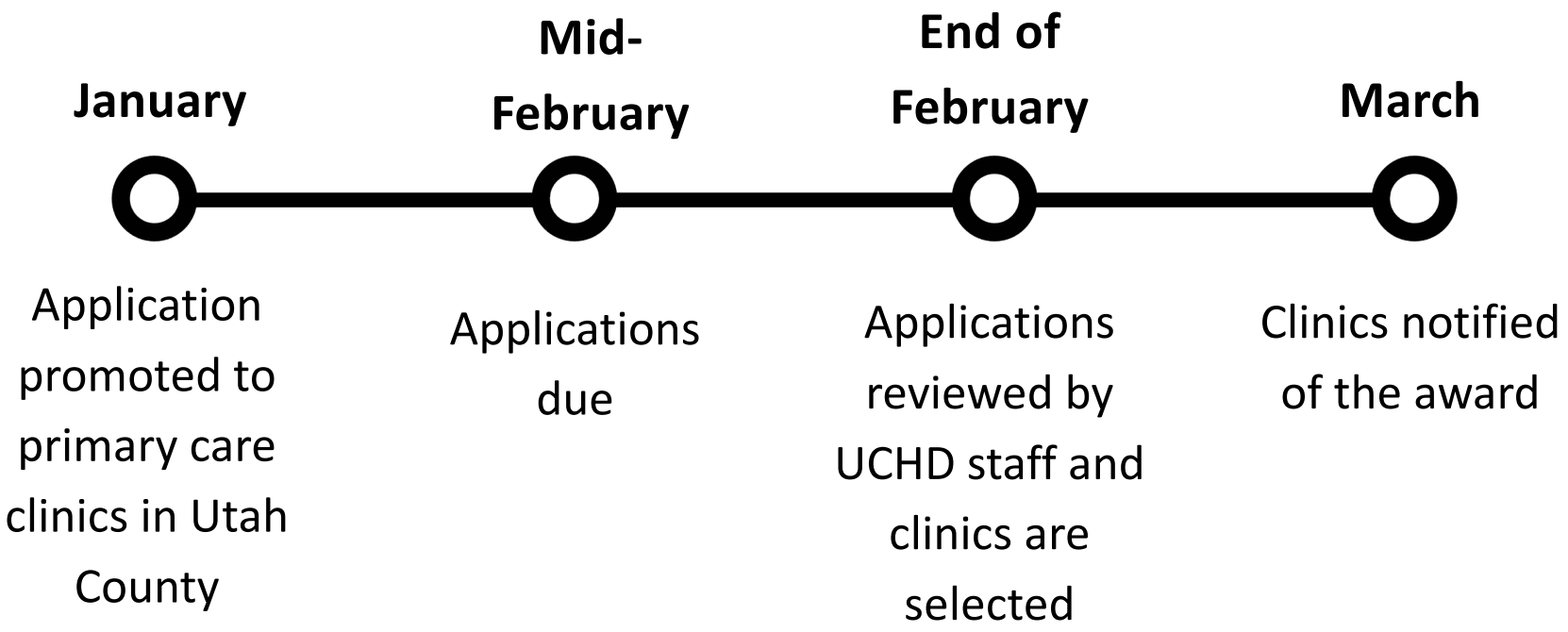


Chronic Kidney Disease:
Increase appropriate screening, diagnosis, and treatment of CKD in patients with diabetes

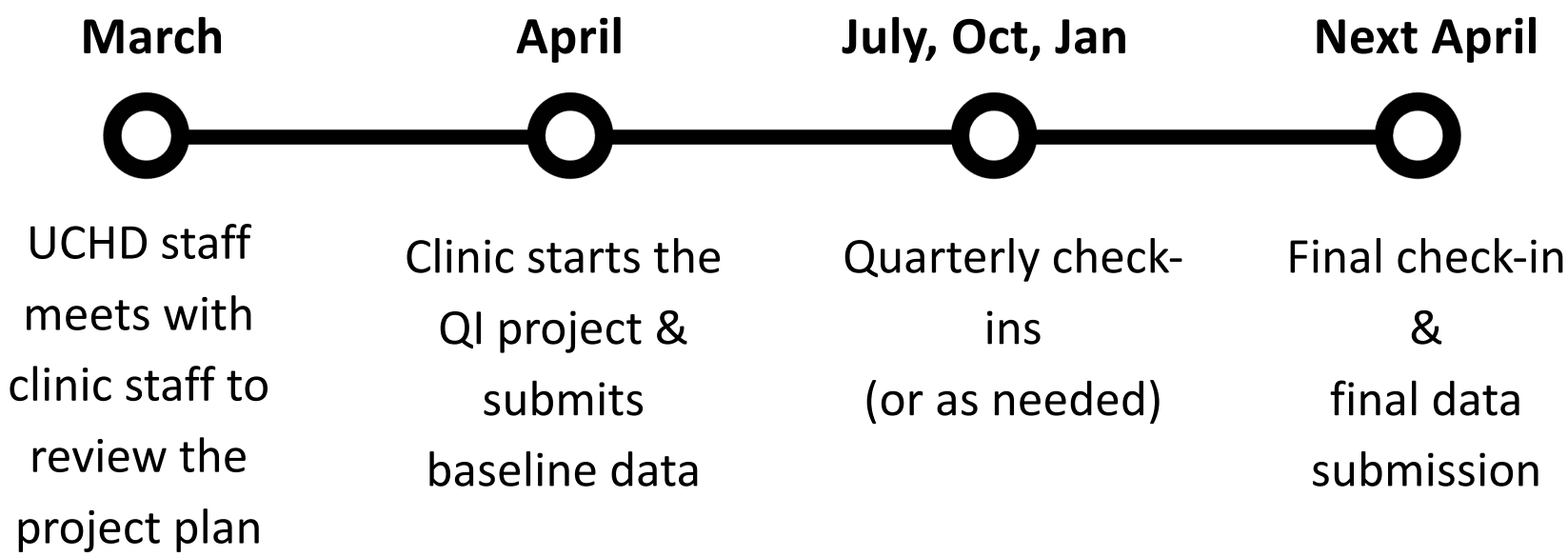


Social Drivers of Health:
Adopt or improve SDOH screening and referral processes

QI Application Process



QI Project Process



Clinic QI Project Example

Prediabetes screening



Pace Clinic

Springville, UT

- Small clinic- one provider, one MA, one receptionist
- Provider was concerned that there were patients at the clinic with undiagnosed prediabetes and diabetes that were going unnoticed
- No previous workflow/process to screen for prediabetes

Prediabetes/Diabetes: Identify and Refer

Project Goal:

- To identify patients with prediabetes and type 2 diabetes, provide education, and refer to lifestyle change programs

Evaluation:

- Total number of patients (age 18+)
- Diabetes uncontrol rate (A1C > 9.0%)
- Number of patients with A1C in the prediabetes range
- Number of patients with type 2 diabetes

American Diabetes Association.
Connected for Life

Are you at risk for type 2 diabetes?

Diabetes Risk Test:

WRITE YOUR SCORE IN THE BOX.

1. How old are you?
   Less than 40 years (0 points)
   40–49 years (1 point)
   50–59 years (2 points)
   60 years or older (3 points)

2. Are you a man or a woman?
   Man (1 point) *Woman (0 points)*

3. If you are a woman, have you ever been diagnosed with gestational diabetes?
   Yes (1 point) *No (0 points)*

4. Do you have a mother, father, sister or brother with diabetes?
   Yes (1 point) *No (0 points)*

5. Have you ever been diagnosed with high blood pressure?
   Yes (1 point) *No (0 points)*

6. Are you physically active?
   Yes (0 points) *No (1 point)*

7. What is your weight category?
   See chart at right.

Height	Weight (lbs.)		
4 ´10˝	119–142	143–190	191+
4 ´11˝	124–147	148–197	198+
5 ´0˝	128–152	153–203	204+
5 ´1˝	132–157	158–210	211+
5 ´2˝	136–163	164–217	218+
5 ´3˝	141–168	169–224	225+
5 ´4˝	145–173	174–231	232+
5 ´5˝	150–179	180–239	240+
5 ´6˝	155–185	186–246	247+
5 ´7˝	159–190	191–254	255+
5 ´8˝	164–196	197–261	262+
5 ´9˝	169–202	203–269	270+
5 ´10˝	174–208	209–277	278+
5 ´11˝	179–214	215–285	286+
6 ´0˝	184–220	221–293	294+
6 ´1˝	189–226	227–301	302+
6 ´2˝	194–232	233–310	311+
6 ´3˝	200–239	240–318	319+
6 ´4˝	205–245	246–327	328+
	1 point	2 points	3 points

If you weigh less than the amount in the left column: 0 points

Adapted from Bang et al., Ann Intern Med 151:775–783, 2009 · Original algorithm was validated without gestational diabetes as part of the model.

ADD UP YOUR SCORE.

If you scored 5 or higher:

You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes, a condition in which blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, Native Americans, Asian Americans, and Native Hawaiians and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weight than the rest of the general public (about 15 pounds lower).

Lower Your Risk

The good news is you can manage your risk for type 2 diabetes. Small steps make a big difference in helping you live a longer, healthier life.

If you are at high risk, your first step is to visit your doctor to see if additional testing is needed.

Visit diabetes.org or call 1-800-DIABETES (800-342-2383) for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.

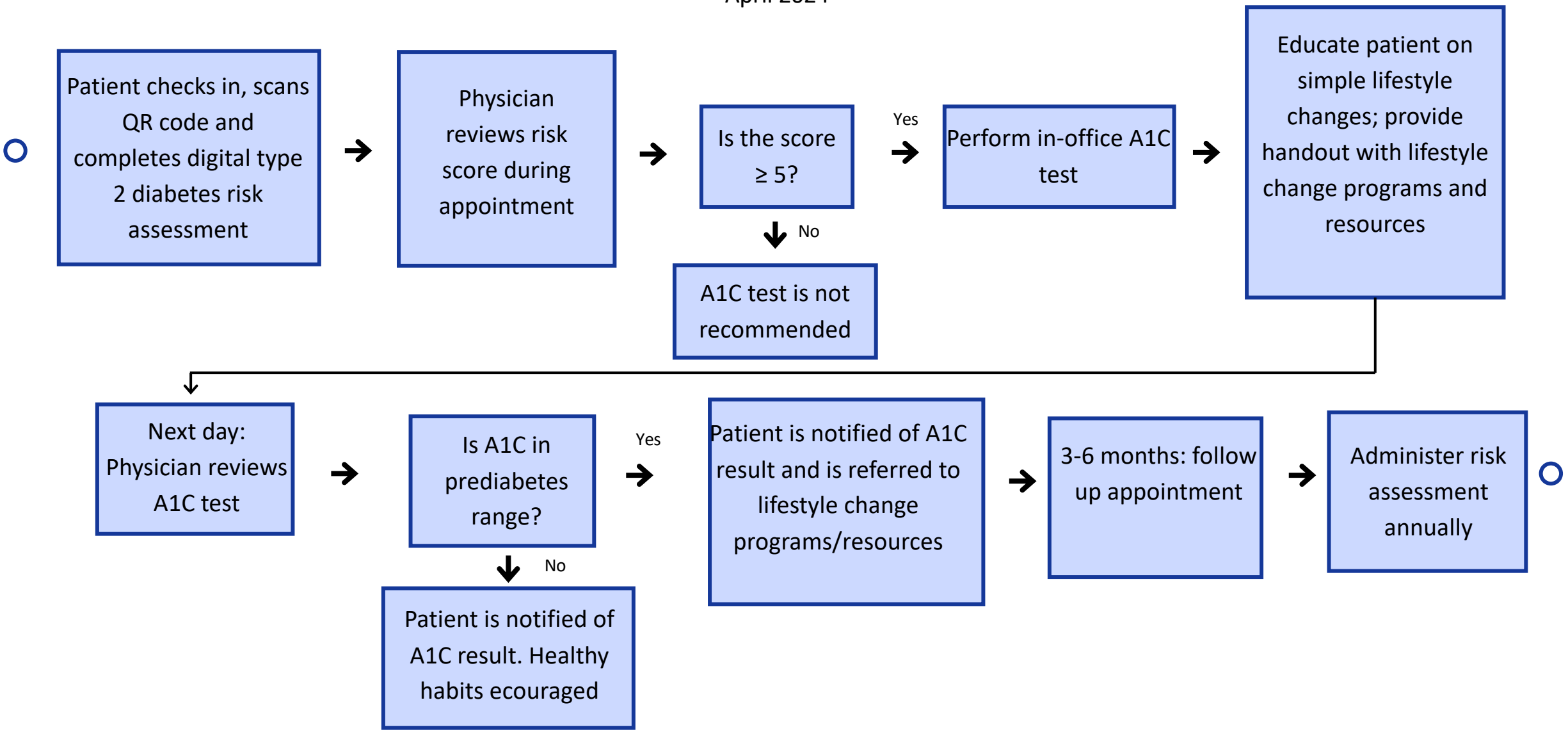
Take the Risk Test online and learn more at diabetes.org/risktestpromed | 1-800-DIABETES (800-342-2383)

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DDiiaabbeetteess RRiisskkTTeesstt

Scan the QR code to access a digital copy of the risk assessment

Pace Clinic
Prediabetes Screening and Referral Workflow

April 2024



Education and Referrals

- Basic nutrition and physical activity education
- Nature prescriptions
- IH Prediabetes 101
- IH Way to Wellness
- U of U Health's Just the Facts About Prediabetes
- USU Extension Create Better Health *(no longer available)*

THINK YOU HAVE **DIABETES?**

SCAN QR CODE TO FIND OUT

Stop by Pace Clinic for a free screening.

Help your friends out! Share this card with friends for their free check too.

405 S Main St, Springville
801-491-2238

¿CREES QUE PODRÍAS TENER **DIABETES?**

ESCANEA EL CÓDIGO QR PARA DESCUBRIRLO

Pase por Pace Clinic para exámenes de detección gratuitos.

Ayuda a tus amigos. Comparta esta tarjeta con amigos para obtener un cheque gratuito también.

405 S Main St, Springville
801-491-2238

Outcomes

After one year of screening...



patients screened for prediabetes-
a **250% increase** from the previous year



patients **(25%)** had an A1C in the prediabetes range

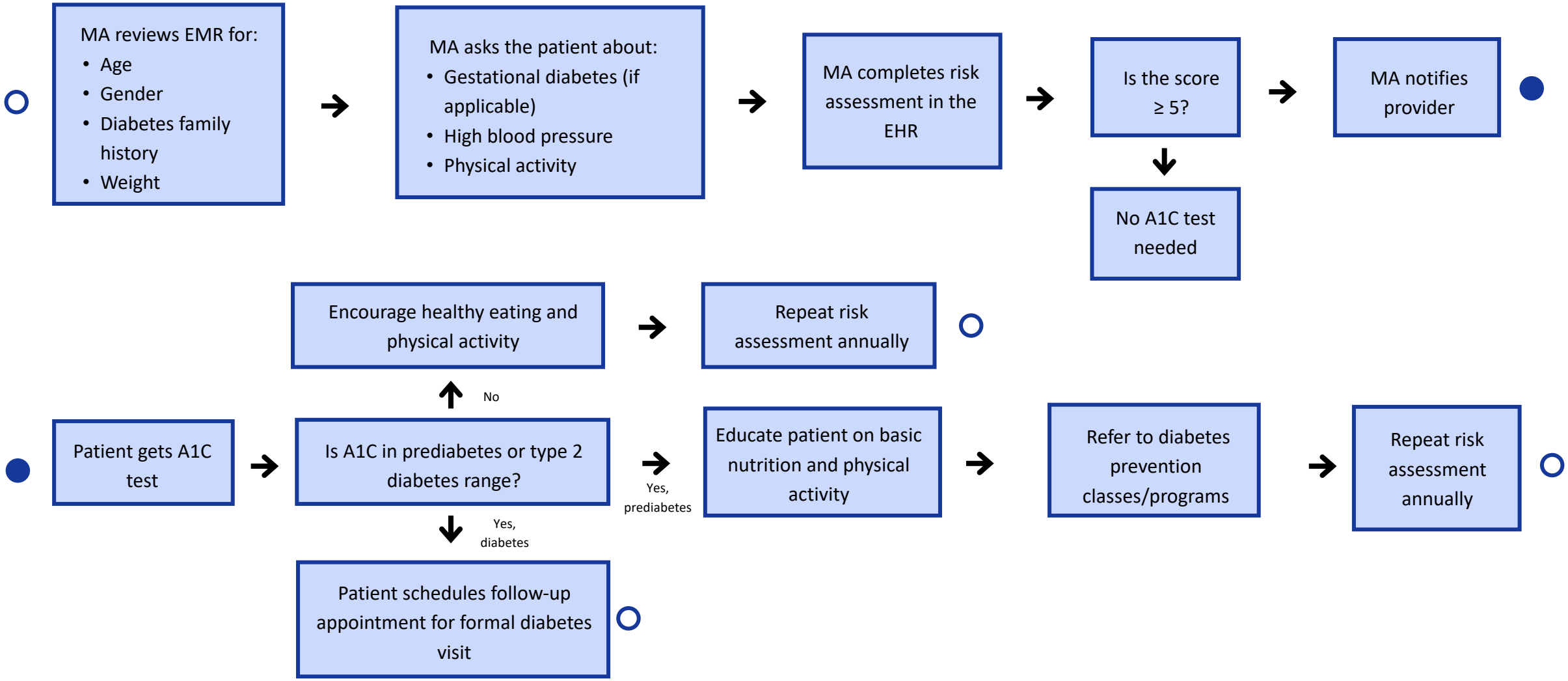


patients were diagnosed with type 2 diabetes and referred to a specialist

Implementation Ideas

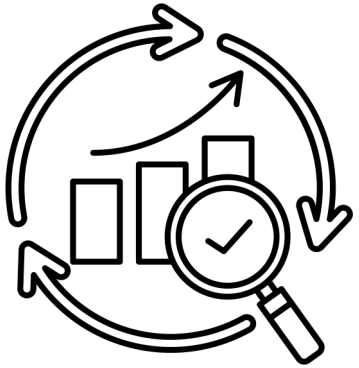
- Incorporate the risk assessment before or during the visit
- Incorporate risk assessment in the EHR
- Add EHR alerts for annual assessments
- Use data dashboards to track outcomes
- After screening workflow is established, track referrals and follow-up

Other Clinic Workflow Example



Tips for QI Success

- Find a clinic champion
- Start by looking at the data - where are the gaps in care?
- Clearly define roles of each staff and train them
- Use PDSA or another quality improvement tool
- Track data to identify successes/barriers
- Celebrate successes!



Key Takeaways

- QI doesn’t need to be complicated
- Small workflow adjustments can create meaningful impact
- Start with what’s feasible in your clinical setting and build from there

Thank You!

OFFICE INFO

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Provo, UT 84601

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Health Educator

katej@utahcounty.gov

LUNCH and UAHQ BUSINESS MEETING

UTAH ASSOCIATION FOR HEALTHCARE QUALITY

Commitment . Leadership . Empowerment . Integrity

UAHQ Annual Business Meeting

UTAH ASSOCIATION FOR HEALTHCARE QUALITY

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Activity Updates

- Maintain membership in the Healthcare Quality Collaborative
- Upcoming Lunch and Learn Webinar Series
- Development of additional committee member positions
  - Communications- Website Design
  - Communications- Social Media
  - Education- Annual Conference support
  - Education- Webinar support
- Website security update
- Bylaws review and approval
  - Increase membership fee to reflect market comparison & cover increased costs

Finance Report

Financial records in order and balanced

2023–2026 Financial Snapshot

UAHQ Annual Conference

CURRENT YEAR

	2023 9/20/2023	2024 9/26/2023	2025 10/3/2025	2026 9/30/2026
Checking	$2,527.40	$1,270.11	$3,397.25	$1,975.65
Savings	$8,219.83	$6,314.17	$6,392.32	$5,456.56
Total	**$10,747.23**	**$7,584.28**	**$9,789.57**	**$7,432.21**
Total Deposits	$2,418.77	$2,301.84	$5,249.34*	$1,745.62
Total Withdrawals	$2,555.68	$3,264.65	$2,521.40	$2,833.30

* 2025 deposits increased primarily due to the CPHQ Prep Course.

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Membership Update

- Currently 30 members
- Members with UAHQ over 10 years
- Members representing hospitals, ambulatory/outpatient care or insurance organizations
- Credentials (CPHQ, MPH, MHA, MBA, RN, BSN, MSN, DNP, MD, DO, PA-C, etc.)
- Years experience in Healthcare Quality – highest is 36 years

UAHQ Positions for 2027

- Board Member Positions- Current Nominations
  - President Elect- Chanda Sundara
  - Member at Large- Adrianne Brown
  - Secretary- Kayla Harwell
  - Treasurer- Kate Markos
  - Education Committee Co-Chairs- Jessica Hackwell & Carissa Ellis
  - Communications Committee Chair- Tim Nelson

Voting is now open for 2027 Board Positions

2027 Board Nominees

Get to know the nominees for the 2027 positions

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Chanda Sundara, MBA HM, CPHQ, LSSGB

President Elect nominee

Chanda has worked in healthcare quality for over 20 years. Chanda has experience supporting primary care clinics with improving on HEDIS measures, meeting regulatory requirements, and supporting staff with everyday workflow challenges.

Chanda has served on the UAHQ board in multiple capacities including Education Chair and currently Communications Chair.

When not busy helping staff and providers improve patient care, Chanda has her hands full with her vibrant five-year old daughter. Chanda enjoys spending her weekends with her husband and daughter taking walks and cooking.



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Adrianne Brown, CPHQ

Member at Large nominee

Adrianne has worked in healthcare quality for over 20 years. She specializes in regulatory audit preparation, performance improvement projects, and member interventions. She has been a member of the UAHQ board since 2020 and enjoys the opportunity to network with and learn from other healthcare quality professionals. Adrianne enjoys traveling, group fitness classes, and spending time with family and friends.



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Kayla Harwell, CPHQ, LSSGB, MSW

Secretary nominee

Kayla Harwell, CPHQ, LSSGB, MSW, is a Quality Improvement Advisor with Mountain Pacific, where she supports the CMS-funded Midwest QIN-QIO program. In her current role, she partners with nursing homes, hospitals, and other stakeholders to improve care delivery, regulatory compliance, QAPI processes, and quality measure performance. Through technical assistance, provider engagement, and data-driven improvement strategies, she helps healthcare organizations achieve meaningful and sustainable improvements in quality outcomes.

Kayla brings more than a decade of healthcare experience spanning quality improvement, regulatory compliance, provider education, and performance improvement. Throughout her career, she has worked with nursing homes, hospitals, hospice organizations, state agencies, and federal quality improvement programs to advance quality, safety, and regulatory excellence.

Kayla holds a Master of Social Work and is a Certified Professional in Healthcare Quality (CPHQ) and Lean Six Sigma Green Belt (LSSGB). She is passionate about advancing healthcare quality, fostering collaboration among healthcare professionals, and improving outcomes across the continuum of care.



Kate Markos

Treasurer nominee

Kate Markos brings more than 30 years of healthcare experience, with a strong background in patient care, leadership, education, and quality improvement. In her current role with University of Utah Health, she leads and supports quality initiatives focused on improving patient outcomes, strengthening clinical workflows, and engaging healthcare teams in meaningful change. Kate is passionate about turning quality goals into improvements that make a real difference for both patients and healthcare teams.

Kate has enjoyed serving as UAHQ Treasurer and is excited for the opportunity to continue in this role for a second year. She values the connections, collaboration, and learning that UAHQ brings to healthcare professionals across Utah.

Outside of work, she loves spending time with her family and trading healthcare quality for horsepower whenever she can—riding the dunes in her side-by-side.



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Jessica Hackwell, CPHQ

Education Committee Co-Chair

My name is Jessica Hackwell. I work at Intermountain Health as a Quality Manager. In 2005, I became a Certified Professional in Healthcare Quality. I have been working to improve accessibility, quality and patient safety in healthcare since July 2004.

I have had the privilege of working at a 350+ bed Sole Community Hospital, Home Care, Medi-Cal (Medicaid) Managed Care Insurance Company that supported 14 Northern Counties in California. I moved to Utah to work at Intermountain Health in 2023. In these positions, I have helped maintain regulatory compliance. While at the Managed Care Medi-Cal Insurance Company, I worked with leadership in developing processes, policies, and auditing to prepare for in the Population Health sections of NCQA accreditation, which resulted in a perfect score for their first survey.

When I am not at work, I enjoy spending time with my husband, children, and extended family.

My dream is to make healthcare accessible and safe for everyone. I believe that health care quality leads the charge in making this dream a reality.



Carissa Ellis, PA-C, DMSc

Education Committee Co-Chair

Carissa is a Family Medicine Physician Assistant turned Quality Improvement Advisor. Drawing on her clinical background as an MA and PA, she specializes in bridging evidence-based practice and sustainable workflow efficiency. Carissa is passionate about designing systems that enable both providers and patients to thrive. Outside of work, she's an outdoor enthusiast who enjoys skiing, paddleboarding, and exploring with her husband and dog.



Tim Nelson, MBA

Communication Chair

Tim Nelson is a Project Manager with the Chief Quality Office at University of Utah Health and has been with the organization for 19 years. He currently manages efforts with a variety of hospital quality improvement and regulatory reporting initiatives. Current work assignments include projects with CMS MIPS/IQR/OQR Measures, Patient Reported Outcomes, Vizient Benchmarking, and Regulatory Compliance. Tim holds an MBA and collaborates with a host of internal providers and administrators on a variety of quality and regulatory topics. Tim has presented at the Epic UGM Conference and the UAHQ Conference.



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Feedback and Open Discussion

What else do you want from your UAHQ membership?

- Education topics?
- CPHQ prep course?



General feedback for the UAHQ board

Discussion of 2027 goals and focus areas

Voting is now OPEN for the 2027 UAHQ Board

We also want your feedback on how to make UAHQ even better

Please vote here!



UTAH ASSOCIATION FOR HEALTHCARE QUALITY

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HEALTH CARE
TEAM CONNECTION
BINGO!
Great care starts with great connections.
We care.
We connect.
We improve.
We lead.
We make a difference.
HOW TO PLAY
Find a conference attendee who matches each square.
Have that person initial the matching square.
Each attendee may only initial ONE square on your card.
Be the FIRST to call "BINGO!" when you complete one of the winning patterns (see right).
Bring your winning card to the UAHQ table to verify your card and claim your prize.
Only one prize may be awarded per participant.
CALL "BINGO!" WHEN YOU COMPLETE ONE OF THE FOLLOWING:
1st
5 SQUARES IN A ROW
(HORIZONTAL, VERTICAL, OR DIAGONAL)
First Prize
2nd
2 COMPLETE LINES
(HORIZONTAL, VERTICAL, OR DIAGONAL)
Second Prize
3rd
BLACKOUT
(EVERY SQUARE COMPLETED)
Third Prize
Challenge yourself to meet new people, share ideas, and make meaningful connections throughout the conference!

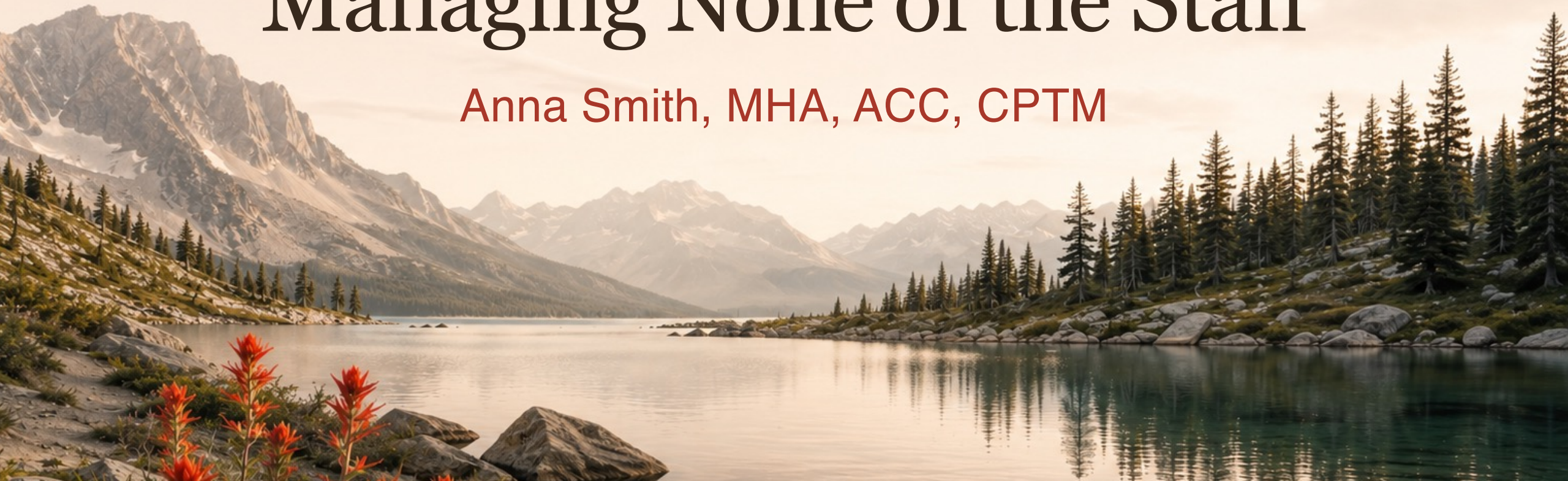
Anna Smith

Owning the Outcome, Managing None of the Staff

WILDBRUSH COLLECTIVE

Owning the Outcome, Managing None of the Staff

Anna Smith, MHA, ACC, CPTM





YOUR GUIDE FOR THE HOUR

Anna Smith

MHA, ACC, CPTM

- Founder and Principal Coach, *Wildbrush Collective*
- Interim Director of People and Organizational Strategy, *Montana Primary Care Association*

Executive coach and leadership consultant for community health center, hospital, and health system leaders.

20+ years in healthcare workforce and leadership development.

LEARNING OBJECTIVES

1

Analyze why a change request from outside the reporting line gets resisted, using the authority and leverage gap and the “us and them” dynamic it produces.

2

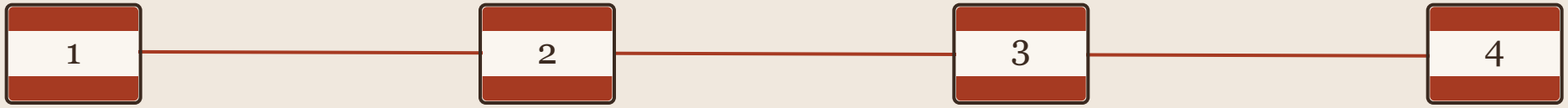
Diagnose the primary motivator of a specific person you need to influence, and adapt the framing of your request to it.

3

Apply AI as a preparation partner for a high-stakes ask, including rehearsing objections and reframing for a different audience.

THE ROUTE

Four stops. One tool at each.



TOOL: THE RINGS

See the system

Separate what you control from what you can only influence.

TOOL: FIVE PROTECTIONS

Read resistance

Find what the pushback is guarding.

TOOL: CLEAR

Prepare the conversation

Turn the diagnosis into one specific ask.

TOOL: SAFE

Rehearse with AI

Practice on a skeptic before you meet the real one.

You own the outcome.

You manage almost none of the people required to produce it.



STOP 1 · SEE THE SYSTEM

Lateral influence.

Moving an outcome through people who don't report to you.



STOP 1 · THE THREE WALLS

The physician's workflow	The executive's priorities	The frontline's bandwidth

Quality improvement is an *influence* problem before it is a technical problem.

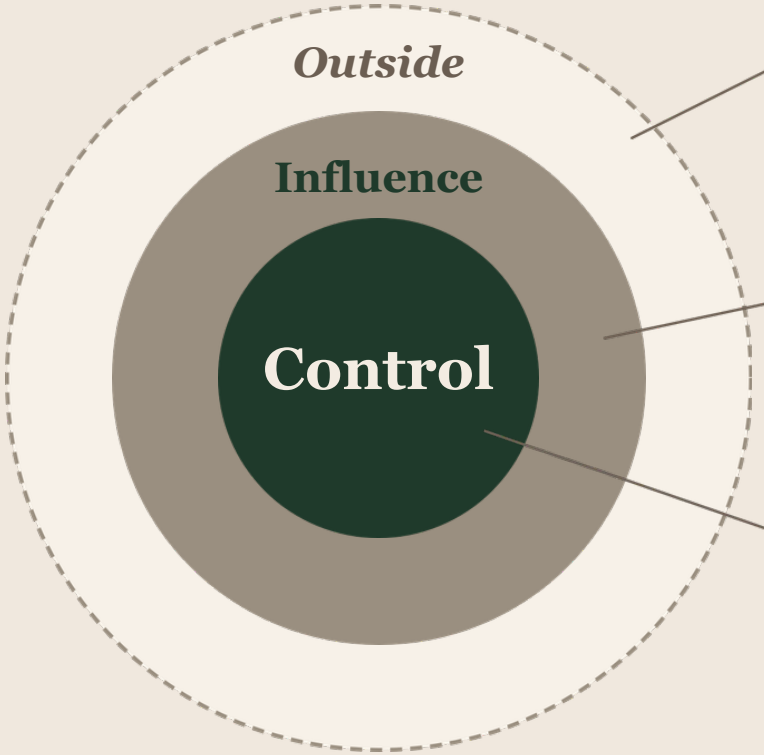
Table talk: What's the initiative you can't get traction on, and which wall is it hitting?

18 studies, same barriers: time, misaligned priorities, unclear ownership, untrusted data. Elizalde et al., Int J Qual Health Care, 2024.



STOP 1 · CONTROL AND INFLUENCE

The measure is yours. The behavior is shared.



OUTSIDE

Politics, staffing shortages, personalities, the budget.

INFLUENCE: LATERAL

Their priorities, decisions, adoption, participation.

CONTROL: YOURS

Your prep, your questions, how you frame the data, your follow-through, your expertise.

“Influence is not getting people to do what you want. It is understanding what would make *movement* possible for them.”



STOP 1 · US AND THEM

Same request. Two names.

YOU SEND

“Please add a fall-risk reassessment at every shift change.”

THEY HEAR

“Here comes quality again. Administration wants more charting.”

Discussion: pick one request of yours that was resisted. How did it arrive? From whom, through what channel, with what framing?



STOP 2 · READ RESISTANCE

Resistance is data.

Hikers don't argue with clouds. They read them.

USEFUL CURIOSITY

What would become harder, riskier, slower, or more exposed if they said yes?

STOP 2 · THE FIVE PROTECTIONS

What is the pushback protecting?

First: unwilling, or unable? Unable needs support. Unwilling is guarding something. Name it before you choose your words.

Protection	What it sounds like	Reframe toward
Time	“This will make my job harder.”	What it removes, in minutes
Agency	“Who decided this without us?”	Invite them to design it
Status	“My documentation is fine.”	Give them the credit and the stage
Stability	“I've seen initiatives like this disappear.”	Show the sustainment plan
Trust	“Where did this data come from?”	The right evidence, the right messenger

Reframes adapted from the “currencies” idea in Cohen and Bradford, Influence Without Authority.

STOP 2 · YOUR TURN, FOUR MINUTES

Diagnose one real person.

Choose someone with high impact on your outcome. If offered a choice, start with the willing.

1. What does this person stand to lose?
2. What evidence would change my guess?
3. What question can I ask without accusation?

On a sticky note. Treat your first answer as a hypothesis.



STOP 3 · PREPARE THE CONVERSATION

Credibility is a budget.

Laid one stone at a time. Spend it where the ask moves the metric.

Deposits

- Close the loop on every ask
- Solve their problem first
- Give credit in public

Withdrawals

- Data dumps, no ask
- Mandates, no why
- Asks, no follow-through

Self-check: what was your last withdrawal?