



Name of Organization:

SBIRT PROJECT CHARTER

| | |
|---|---|
| 1. CHANGE PROJECT TITLE | Home Health or PCMH SBIRT Implementation |
| 2. What AIM will the Change Project address? Choose one aim and indicate baseline measure and target. | <p>BIG AIM- Our practice will improve population health and articulate Substance Use Risk through implementation of standardized Screening, Brief Intervention, and Referral to specialty SA treatment (SBIRT) protocols.</p> <p>Baseline measure will be one month's data from our SBIRT Data Plan. (#'s screened per mo.- % Low, Mod., Mod/High and High Risk; #'s referred to Brief Intervention and #'s referred to Brief Therapy)</p> <p>Small AIM- PDSA 1 PDSA 2 PDSA 3 PDSA 4</p> |
| 3. LOCATION | |
| 4. START DATE and expected completion date | July-Nov 2014 |
| 5. Clinical Environment | |
| 6. What CLIENT POPULATION are you trying to help, e.g. clients in a specific program? | We will pilot and improve the SBIRT Protocol processes at _____ location; with all pts. in the panel of _____. |
| 7. EXECUTIVE SPONSOR | Who is the decision maker endorsing this work?- |
| 8. CHANGE LEADER | |
| 9. CHANGE TEAM MEMBERS | Provider-_____, RN or MA,_____, Data Coordinator-_____, Billing or Front Office staff-_____, Integrated BH Clinician or BHHO Team member-_____ |

| | |
|--|---|
| <p>10. Who and How will you COLLECT DATA to measure the impact of change?</p> | <p>Total number screened per mo. Total number to receive standardized screening tool/mo Number of Lows/mo. Number of Moderates/mo Number of Mod/High per mo Number of Highs per mo Number of Mod/Highs referred to Brief Therapy per mo Number of Mod/Highs referred who attended first Session Number of Highs referred to specialty tx per mo. Number Highs referred who attended first specialty tx session</p> |
| <p>11. What is the expected FINANCIAL IMPACT of this change project? How will the Executive Sponsor know?</p> | <p>Stratifying risk will allow our practice to better serve the community and reduce the negative health impact of substance misuse in our given population.</p> |

Meeting Minutes-PDSA CYCLES

| Rapid Cycle # | Cycle Begin Date | Cycle End Date | Plan <i>What is the idea/change to be tested?</i> | Do <i>What steps are you specifically making to test this idea/change? Who is responsible?</i> | Study <i>What were the results? How do they compare with baseline measure?</i> | Act <i>What is your next step? Adopt? Adapt? Abandon?</i> |
|----------------------|-------------------------|-----------------------|---|--|--|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



EVALUATION AND SUSTAINABILITY PLAN

| Project Outcomes (only complete once the project is finished) | |
|---|--|
| 1. What was the project END DATE , when you stopped making changes? | |
| 2. What did you LEARN (e.g., what were some unexpected outcomes or lessons learned from your change efforts)? | |
| 3. What was the FINANCIAL IMPACT of this change project? (e.g. Increased revenue? Reduced costs? Increased staff retention?) | |

| Sustainability Plan (only complete if you are sustaining the changes) | |
|--|--|
| A. Who is the SUSTAIN LEADER ? | |
| B. What CHANGES do you want TO SUSTAIN ? | |
| C. What SUSTAIN STEPS are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things? | |
| D. What is the TARGET SUSTAIN MEASURE , i.e. the point at which the Change Team would intervene to get the project back on track? | |
| E. What system is in place to effectively MONITOR the SUSTAIN MEASURE ? | |

Additional Notes: