Funding Acknowledgements

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Iterative QI Processes and Sustainability Planning

REMINDER: Nurses and Social Workers <u>MUST</u> add first/last names into MAIN Collaborative Session room <u>chat feature</u> at the beginning of the session and complete the evaluation via link at the end of session to secure contact hours/CE.

1. **Large Group Session (25 minutes)**

   - Mona Thompson, Pharm.D, MPH, will present on QI strategies and its iterative nature, and Sheryl Yanger, MD, FAAP, will present on sustainability planning strategies and maintaining engagement within each site.

2. **Breakout Groups: Sustainability Planning and Next Steps (45 min)**

3. **Return to Large Group for Report Outs (20 min)**

   - Report out for a sustainability planning idea moving forward or a next step group's are looking forward to taking with their team/QI project.
   - Starting with breakout groups 1+2 + 3: Saturday Night Fever / Rural Rules! / ALLIES

Please stay until the end of the session to complete the session evaluation poll. Thank you!

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Objectives

After participating in this collaborative session, attendees will be able to:

1. Recognize QI implementation strategies and its iterative nature
2. Translate QI science and practice into a sustainability plan within each site
3. Begin to strategize ways in which engagement can be maintained within each site

Objective 1 - Working in a Learning Collaborative
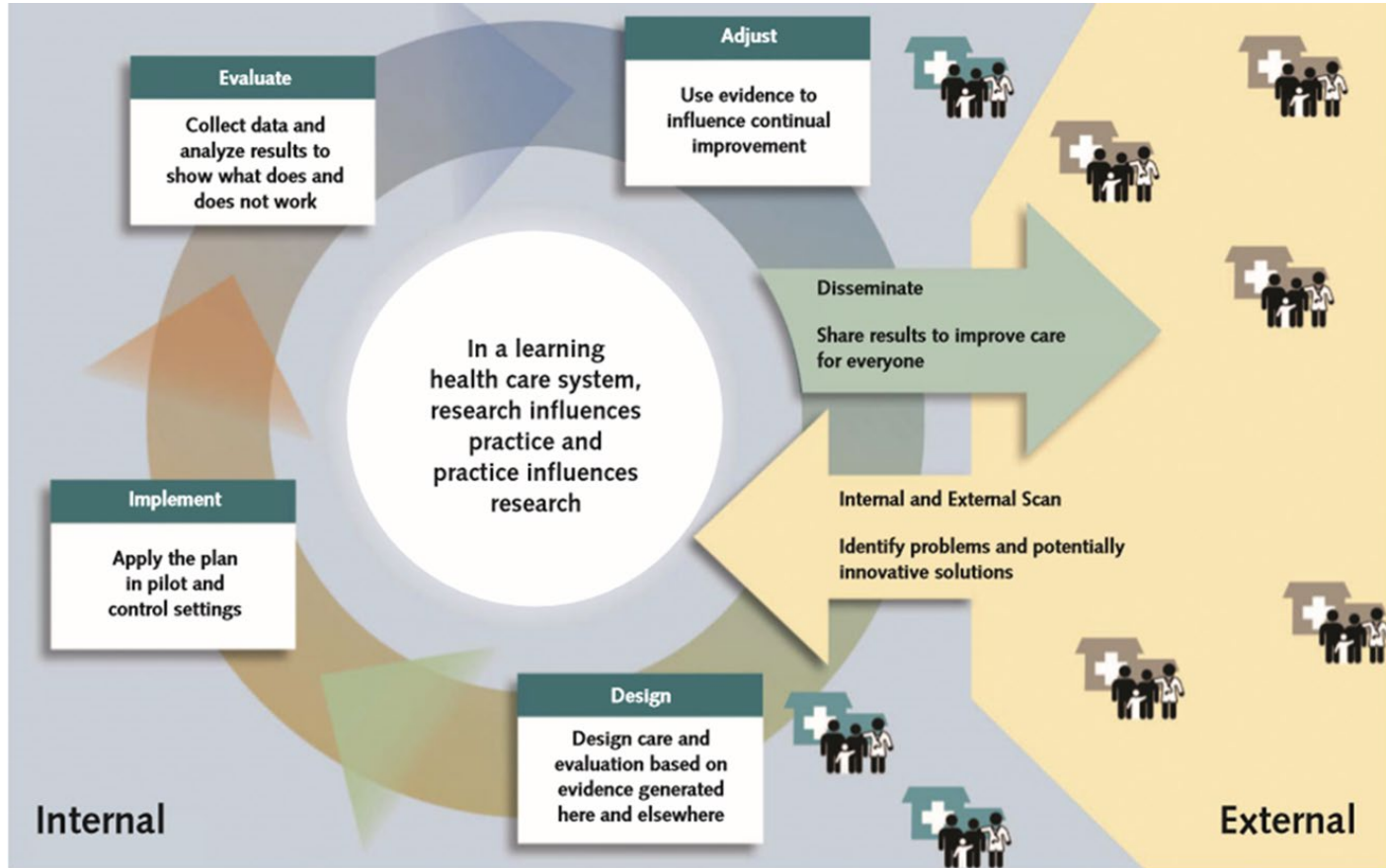
Model for Improvement

- Institute for Healthcare Improvement (IHI) structured improvement process

- Allows for **iterative** approach to **testing**

MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in an improvement?

ACT   PLAN

STUDY   DO
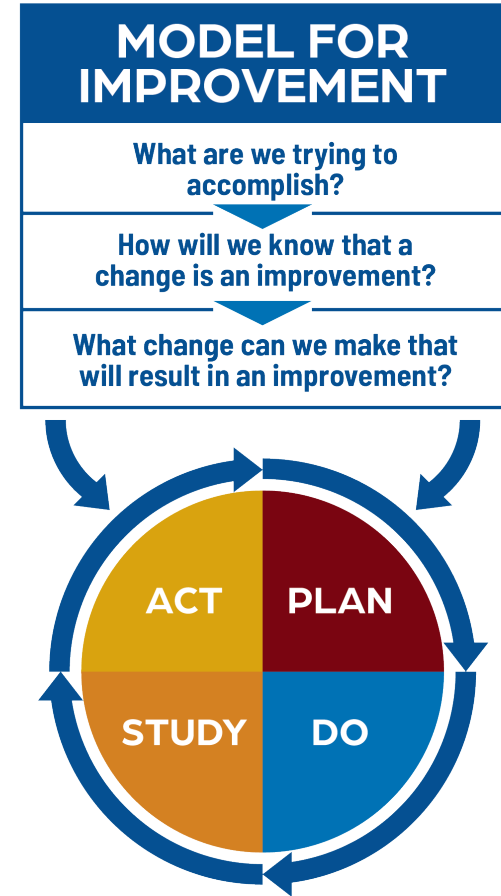
Adapted from Associates in Process Improvement

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Interventions

- The changes you will potentially implement that will accomplish the associated driver

- The "solution" or "solutions" to your problem

- To identify high quality interventions, you need to understand the current system

Testing vs Implementation

Testing

- Trying and adapting ideas and knowledge on a small scale

- Learning what works in your system

Implementation

- Making this change a part of the day-to-day operation of the system, i.e., a permanent change in how work is done

- Would the change persist even if its champion was to leave the organization?

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Plan, Do, Study, Act

Purpose: Reduce risk associated with change while increasing probability change will be effective

- Build common understanding
- Evaluate cost and side effects
- Explore theories and predictions
- Test under various conditions
- Learn and adapt for the next test

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Plan, Do, Study, Act Cycle
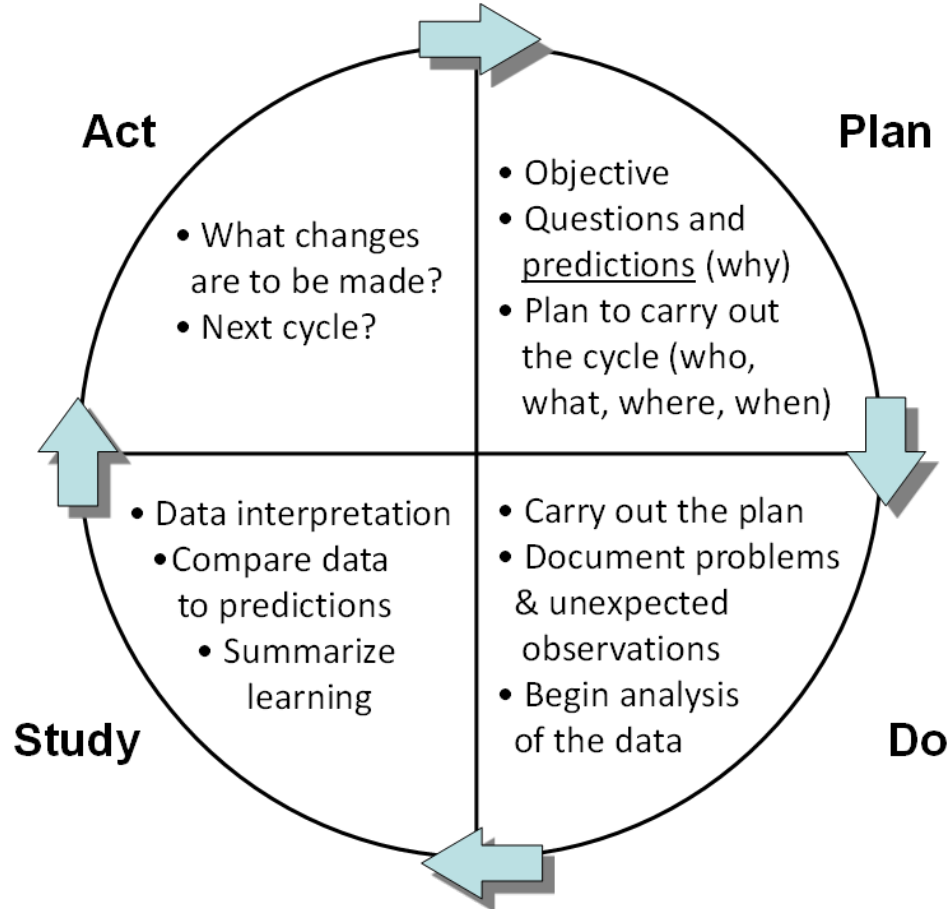
Multiple PDSA Cycles for Testing to Implementation
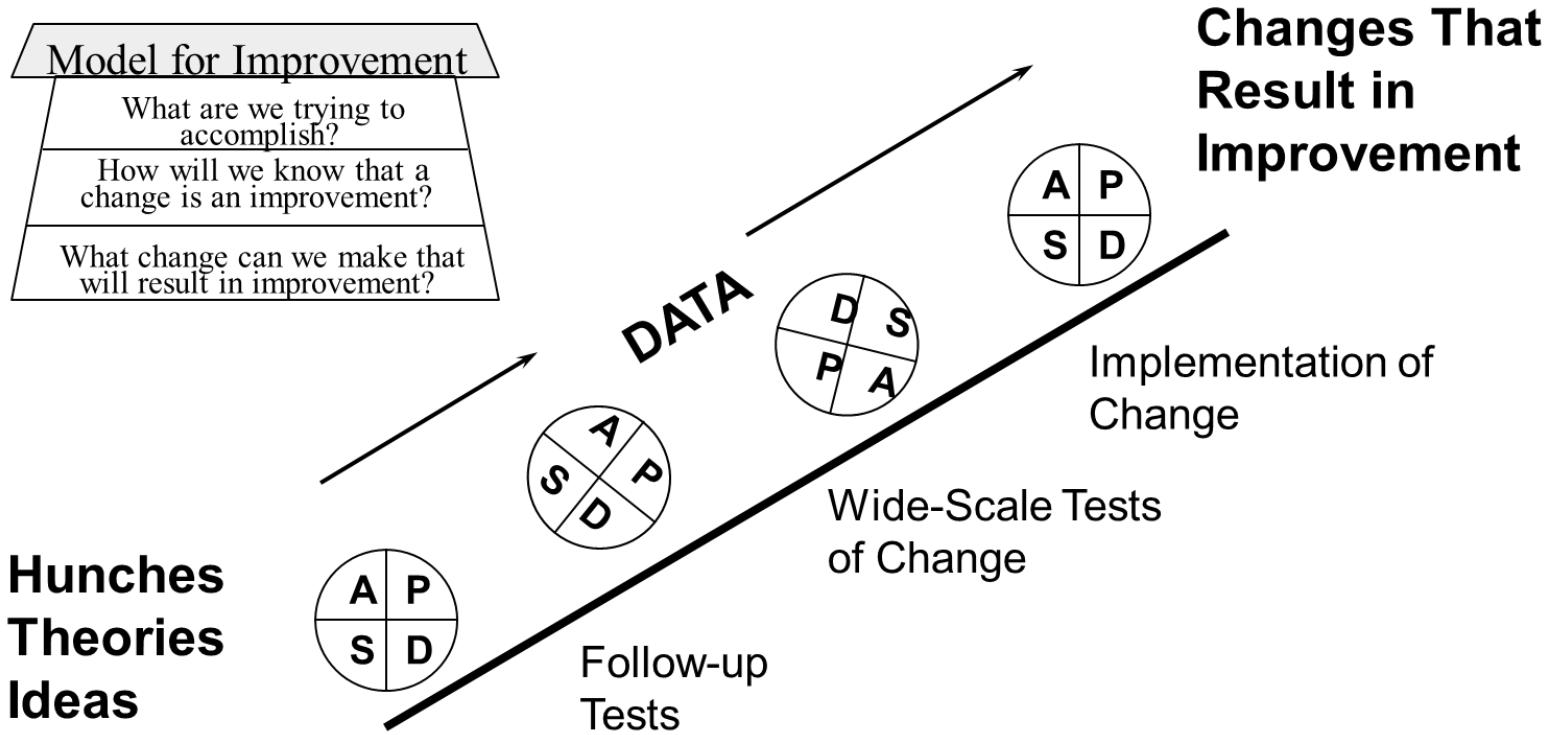
Successful PDSA Cycles

- Success is learning
  - An unexpected outcome is NOT failure
  - Learning increases likelihood that efforts will lead to effective and permanent change

- **Plan** for success!

- The key is **rapid learning to drive improvement**; test and ramp PDSAs frequently!

How Quickly to Implementation?

- **Just do it**
  - Simple change
  - Tests successful
  - Plan at least 1 PDSA cycle to implement
- **Parallel**
  - Phase in by operating side by side with existing system
  - More complex
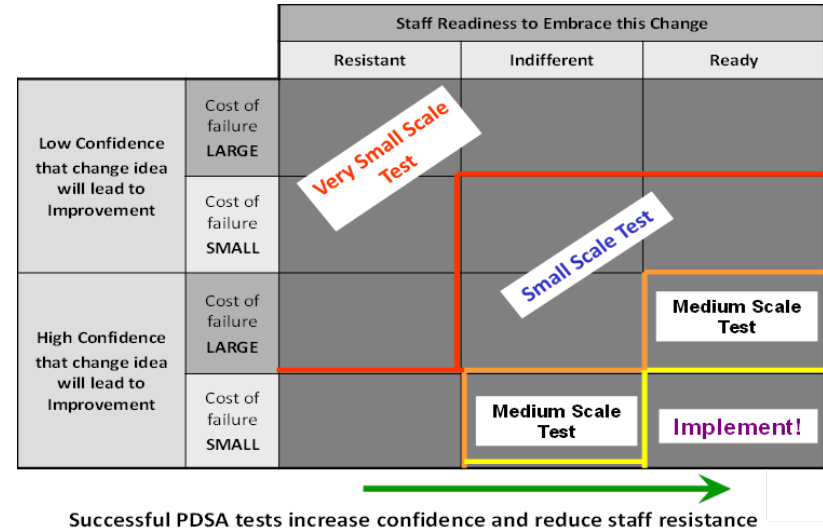 - Use multiple PDSA cycles to implement
- **Sequential**
  - Schedule implementation
    - Completely = all areas, all components
    - Components = all components, some areas
    - Coverage = all areas, some components

		Staff Readiness to Embrace this Change		
		Resistant	Indifferent	Ready
Low Confidence that change idea will lead to Improvement	Cost of failure LARGE	Very Small Scale Test		
	Cost of failure SMALL		Small Scale Test	
High Confidence that change idea will lead to Improvement	Cost of failure LARGE			Medium Scale Test
	Cost of failure SMALL		Medium Scale Test	Implement!

Successful PDSA tests increase confidence and reduce staff resistance

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How Do We Sustain QI Efforts?

Sustainability Plan

Enter data and measure progress

Identifying strengths and barriers

Implement intervention(s) / PDSA cycles

Compare performance to SMART Aim

Identify strategies for sustainability

Review impact of PDSA cycle in your ED

Report progress to key stakeholders

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Objective 2- Sustaining Quality Work
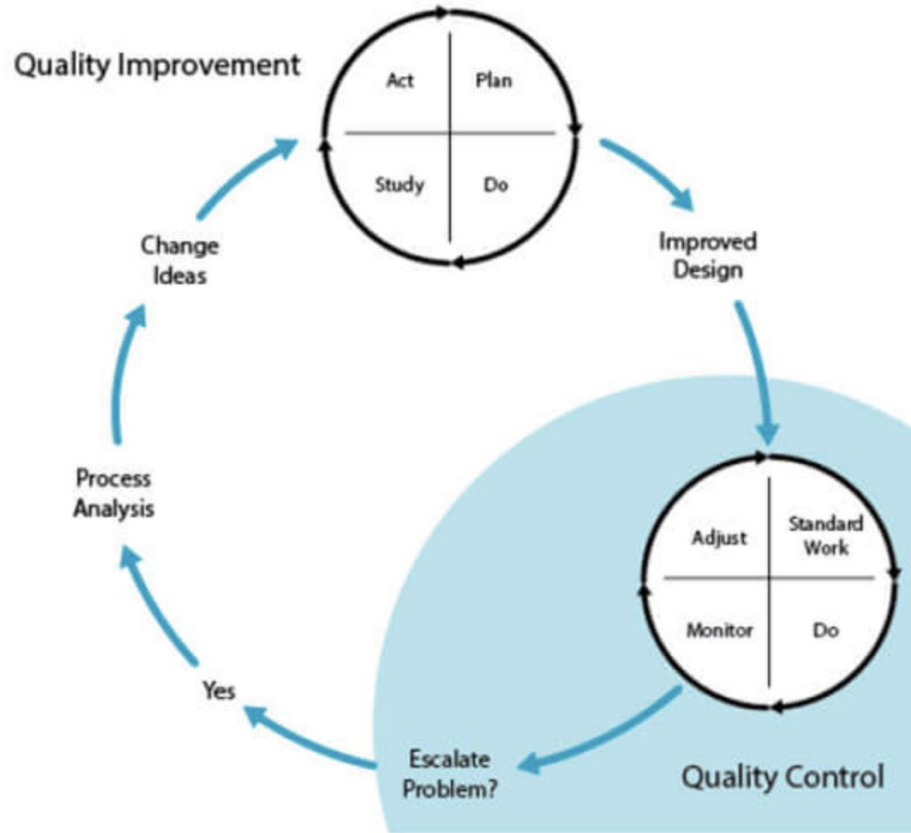
Essential Practices for Sustaining Quality

Standardization

Accountability

Visual Management

Problem Solving

Escalation

Integration

Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

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Standardization

- Specific, detailed, documented standard procedures

- Processes to define and disseminate standard work (what to do, how to do it)

Accountability

- Process in place to review implementation of standardized protocols

- Essential to understand training needs or processes that do not work well

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Visual Management

Clear, simple data displays

Staff need current, clear information about process performance

Problem Solving

- Methods for improvement skills so staff can address issues

- Structured methods for identifying problems, diagnosing problems (e.g., flow diagrams, root cause analysis, cause-and-effect diagrams), and testing changes

Escalation

- Frontline staff identify problems and present those that need action to management

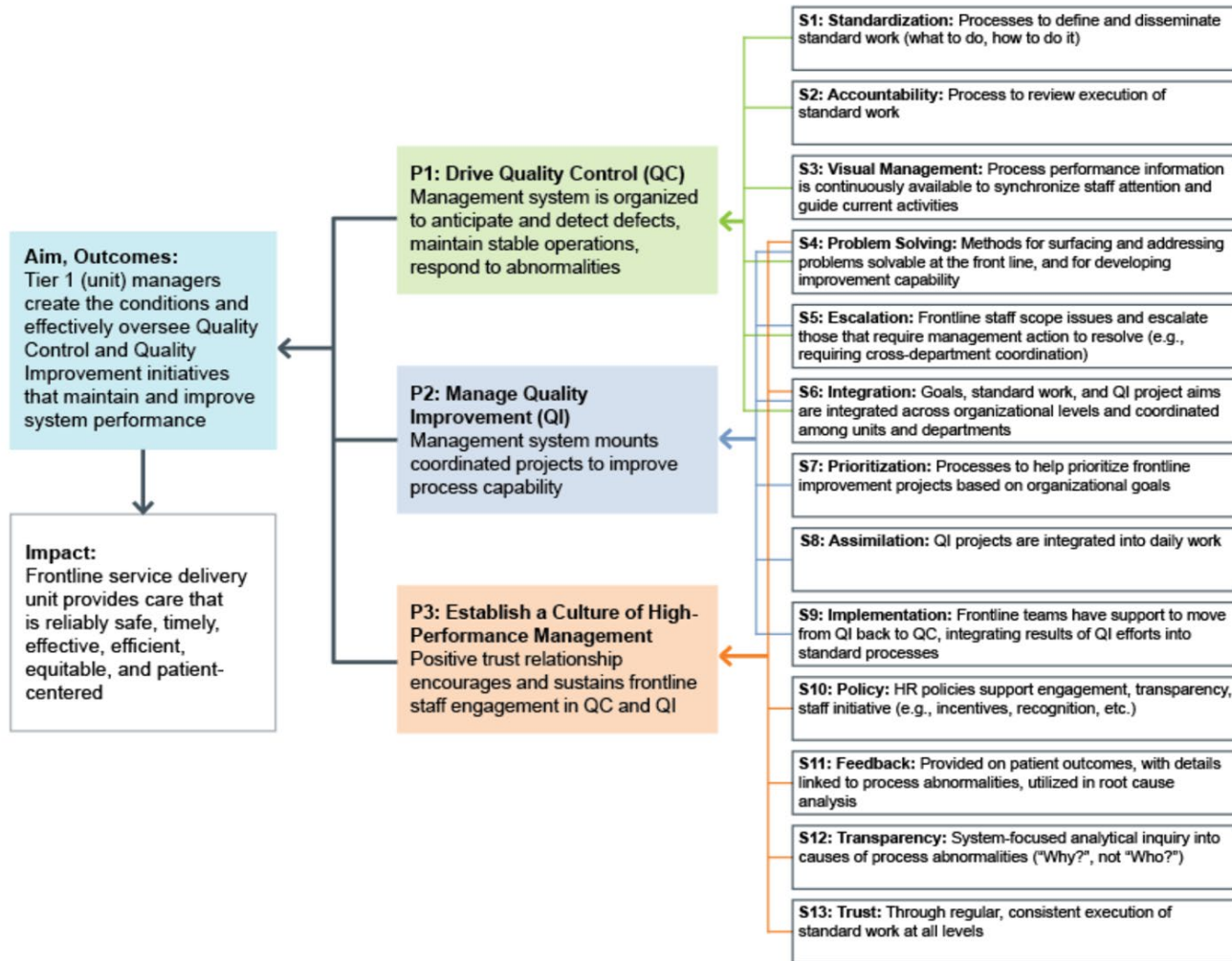- Clear criteria to distinguish issues that should be escalated to higher management

Integration

- Active communication and consistency between management, staff, and across departments

Primary Drivers

Secondary Drivers

S1: Standardization: Processes to define and disseminate standard work (what to do, how to do it)

S2: Accountability: Process to review execution of standard work

S3: Visual Management: Process performance information is continuously available to synchronize staff attention and guide current activities

P1: Drive Quality Control (QC)
Management system is organized to anticipate and detect defects, maintain stable operations, respond to abnormalities

S4: Problem Solving: Methods for surfacing and addressing problems solvable at the front line, and for developing improvement capability

Aim, Outcomes:
Tier 1 (unit) managers create the conditions and effectively oversee Quality Control and Quality Improvement initiatives that maintain and improve system performance

S5: Escalation: Frontline staff scope issues and escalate those that require management action to resolve (e.g., requiring cross-department coordination)

S6: Integration: Goals, standard work, and QI project aims are integrated across organizational levels and coordinated among units and departments

P2: Manage Quality Improvement (QI)
Management system mounts coordinated projects to improve process capability

S7: Prioritization: Processes to help prioritize frontline improvement projects based on organizational goals

S8: Assimilation: QI projects are integrated into daily work

Impact:
Frontline service delivery unit provides care that is reliably safe, timely, effective, efficient, equitable, and patient-centered

S9: Implementation: Frontline teams have support to move from QI back to QC, integrating results of QI efforts into standard processes

P3: Establish a Culture of High-Performance Management
Positive trust relationship encourages and sustains frontline staff engagement in QC and QI

S10: Policy: HR policies support engagement, transparency, staff initiative (e.g., incentives, recognition, etc.)

S11: Feedback: Provided on patient outcomes, with details linked to process abnormalities, utilized in root cause analysis

S12: Transparency: System-focused analytical inquiry into causes of process abnormalities ("Why?", not "Who?")

S13: Trust: Through regular, consistent execution of standard work at all levels

Sustainability Planning Worksheet

This worksheet offers five areas (which conveniently spell MOCHA) for your team to consider when planning for the long-term sustainability of your improvement effort. Use the questions below to help you plan for success.

Areas for Consideration	Notes
Measurement • What will we continue to measure? • What will we stop measuring? • What will we do if we see a negative signal (i.e., special cause variation)?	
Ownership • Who will own the new standard work? ○ Is he or she engaged and onboard with the improvement?	
Communication and Training • How will we communicate about the change and who will be the messengers? • How will we support individuals in the new "right way"? • What type of training will we use?	

Hardwiring the Change
 	
• How will we make it hard to do the wrong thing and easy to do the right thing?
  ○ Can we reduce reliance on human memory?
• How will we standardize?
  ○ Do we need new documentation and resources?	

Assessment of Workload
 	
• Are our changes increasing the overall workload to the system?
  ○ If so, how can we decrease the workload?
  ○ If not, how will we communicate about what is changing and not changing?	

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Objective 3 - Strategies to Maintain Engagement
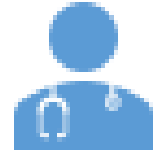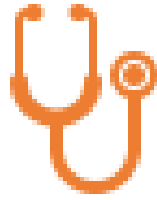
- Demonstrate improved clinical care and positive impacts on patients

- Secure buy-in from clinical staff

- Disseminate evidence to key stakeholders

- Encourage medical and administrative staff to:
  - Participate in education on QI
  - Circulate research findings
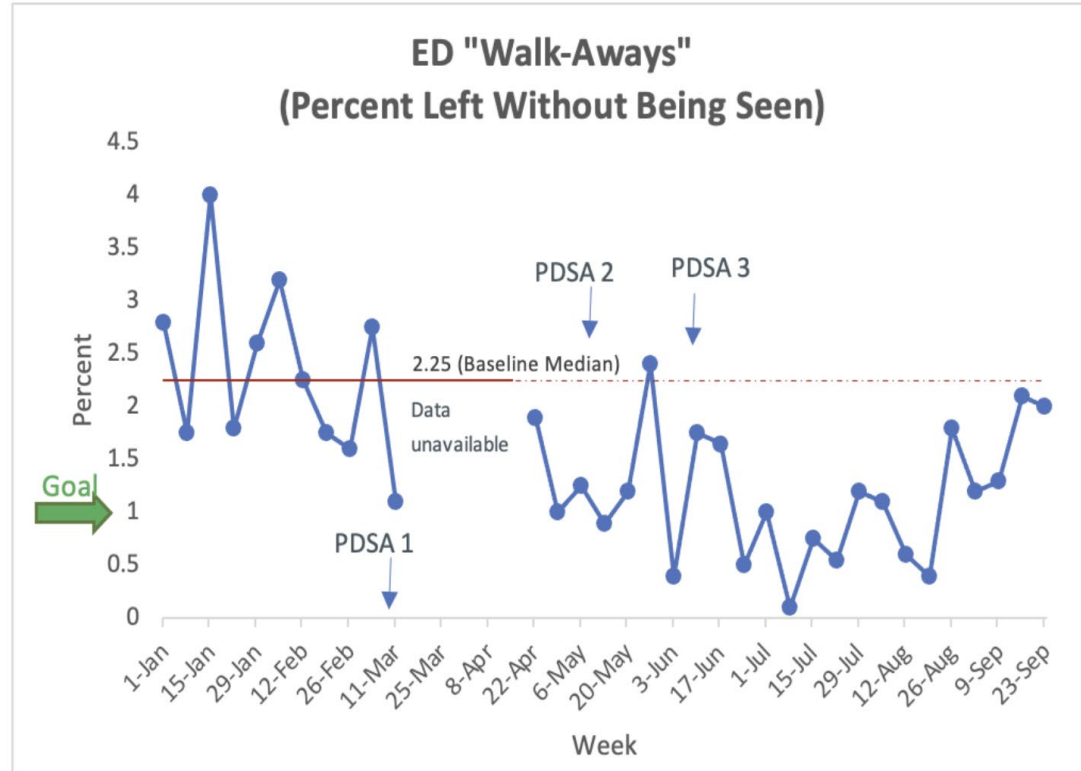 - Communicate support for QI methods and projects

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Communication

Regular Communication: Make a Plan

- **Type of communication:** newsletters, meeting updates

- **Person responsible:** director, project leader

- **Frequency of reporting:** monthly, quarterly
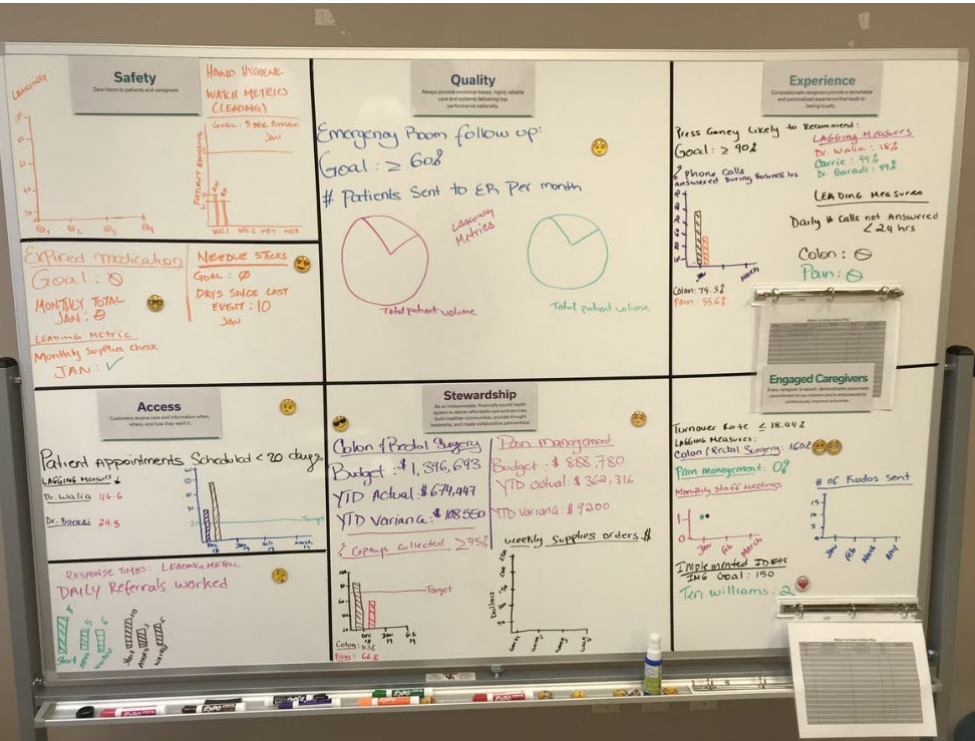
- **Targeted audience:** ED staff, C-suite

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Present Data

Example: Run Chart

ED "Walk-Aways"
(Percent Left Without Being Seen)

Huddles/Boards

Messaging

5 Minute Elevator Pitch

Fact Sheet or Slide Deck

Tailor Your Message

Follow-up

- Share data with key stakeholders

- Incorporate feedback

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Transition to Breakout Groups

- 45 min in Breakout Groups

  - Sustainability planning ideas
  - Next steps to take with team or QI project
  - Report back on next steps teams are going to take
  - Interactive conversations

Team 7: Geisinger Community Medical Center - Pennsylvania

Team 8: Springhill Medical Center - Louisina

Team 19: PeaceHealth Peace Harbor Medical Center - Oregon

Team 22: Centura Health - Porter Adventist Hospital - Colorado

Team 25: Mercy Health - Lourdes Hospital - Kentucky

Team 58: St. Vincent's St. Clair - Alabama

Team 77: UPMC Lock Haven - Pennslyvania

Team 79: Person Memorial Hospital - North Carolina

Team 17: Ascension Mercy Hospital - Wisconsin

Team 26: Hiawatha Community Hospital - Kansas

Team 28: Western Wisconsin Health - Wisconsin

Team 32: Labette Health - Kansas

Team 33: Nemaha Valley Community Hospital - Kansas

Team 54: McLaren Thumb Region - Michigan

Team 67: Stewart Memorial Community Hospital - Iowa

Team 68: Atchison Hospital - Kansas

Team 70: Sparrow - Clinton Hospital - Michigan

Team 86: Scheurer Hospital - Michigan

Breakout Group 1, 2, and 3: Saturday Night Fever / Rural Rules / ALLIES

Facilitators: Eleni Balourdos, Sue Duffy, Lisa Gray

Team 3: Claremore Indian Hospital - Oklahoma

Team 5: Wayne HealthCare - Ohio

Team 16: Loyola MacNeal Hospital - Illinois

Team 30: Tomah Health - Wisconsin

Team 42: Prisma Health Upstate - South Carolina

Team 49: Adventist Medical Center - Illinois

Team 50: Memorial Hospital and Health Care Center - Indiana

Team 51: OSF Saint Anthony Medical Center - Illinois

Team 56: Ascension St. Vincent - Indiana

Team 73: Prairie Ridge Health - Wisconsin

Breakout Group 4: The Fantastic Four

Facilitators: Joyce Li, Anna Goldman

Team 2: Kaiser Permanente Sunnyside Medical Center - Oregon

Team 21: Bon Secours Southside Regional Medical Center - Virginia

Team 29: Titus Regional Medical Center - Texas

Team 31: Carilion Roanoke Memorial Hospital - Virginia

Team 34: Baylor Regional Medical Center at Grapevine - Texas

Team 36: Gritman Medical Center - Idaho

Team 41: Emerson Hospital - Massachusetts

Team 55: Cedars Sinai Medical Center - California

Team 57: Geisinger Medical Center - Pennsylvania

Team 63: Good Samaritan Hospital Medical Center - New York

Team 75: UPMC Passavant - Cranberry - Pennsylvania

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Breakout Group 5: Fabulous Fivers!

Facilitators: Kate Remick, Tishia Gunton

Team 9: Covenant Hospital - Michigan

Team 13: ProMedica Russell J. Ebeid Children's Hospital - Ohio

Team 38: Baptist Health Hardin - Kentucky

Team 40: Northwestern Medicine - Delnor Hospital - Illinois

Team 44: Advocate Good Samaritan Hospital - Illinois

Team 59: HSHS St. Elizabeth's Hospital - Illinois

Team 60: Silver Cross Hospital - Illinois

Team 69: Rush-Copley Memorial Center - Illinois

Team 76: UPMC Williamsport - Pennsylvania

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Breakout Group 6: Sunshine Mood Movers

Facilitators: Kasey Petika, Mona Thompson

Team 6: Pomona Valley Hospital Medical Center - California

Team 35: MemorialCare Long Beach Medical Center - California

Team 43: Cape Fear Valley Medical Center - North Carolina

Team 46: Medical City Alliance -Texas

Team 48: Regional Medical Center - Greenville - Texas

Team 52: Pikeville Medical Center - Kentucky

Team 64: Torrance Memorial Medical Center - California

Team 74: County - Harbor UCLA Medical Center - California

Team 78: UNC Rex Healthcare - North Carolina

Team 80: UPMC Hamot - Pennsylvania

Team 82: WakeMed Health and Hospital - North Carolina

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Breakout Group 7: CEASES: Children's ED Advocates for Suicide Evaluation and Support

Facilitators: Laura Aird, Vera Feuer, Julie Shelton, Sheryl Yanger

Team 1: Children's National Hospital - Dist. Col.

Team 10: Nationwide Children's Hospital - Ohio

Team 12: Robert Wood Johnson University Hospital - New Jersey

Team 15: Johns Hopkins Hospital - Maryland

Team 18: Connecticut Children's Medical Center - Connecticut

Team 23: Randall Children's Hospital at Legacy Emanuel - Oregon

Team 62: Akron Children's Hospital - Ohio

Team 66: Rhode Island Hospital - Hasbro Children's Hospital - Rhode Island

Team 72: Seattle Children's Hospital - Washington

Team 85: C.S. Mott Children's Hospital - Michigan

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Breakout Group 8: Suicide Squashers

Facilitators: Hanna De Hoyos, Angela Nguyen

Team 11: Norton Children's Hospital - Kentucky

Team 20: Ann and Robert H. Lurie Children's Hospital of Chicago - Illinois

Team 27: Texas Childrens Hospital The Woodlands - Texas

Team 37: El Paso Children's Hospital - Texas

Team 39: Monroe Carell Jr. Children's Hospital at Vanderbilt - Tennessee

Team 45: Cook Children's Medical Center - Texas

Team 53: Nemours Childrens Hospital - Florida

Team 71: University of North Carolina Hospitals - North Carolina

Team 84: University Hospitals Rainbow Babies and Children's Hospital - Pediatric ED - Ohio

Transition to Breakout Groups

Welcome Back!

- Report outs will start with Breakout Group 1 + 2 + 3: Saturday Night Fever / Rural Rules! / ALLIES
- Share a sustainability planning idea moving forward or next step(s) groups are looking forward to taking with their team/QI project

Breakout Group Reports

Order of Report Outs:

- 1 + 2 + 3: Saturday Night Fever / Rural Rules / ALLIES
- 4: The Fantastic Four
- 5: Fabulous Fivers!
- 6: Sunshine Mood Movers
- 7: CEASES: Children's ED Advocates for Suicide Evaluation and Support
- 8: Suicide Squashers

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Next Steps

- **Continue your Improvement Journey**
  - Fill out the ED STOP Suicide QI Collaborative Post-Collaborative Final Evaluation Survey
  - If presenting for November session, please prepare slides!
  - Continue forward with QI project work

- **Final ED STOP Suicide QI Collaborative session on** November 2, 2023 from 12:00-1:30pm CT

Please Complete Session Evaluation

Thank you!

We look forward to seeing you on November 2, 2023!

Nursing - CE hours
October 5, 2023

- Enter your first and last name in the chat if you have not done so already
- Scan the QR code to complete the session evaluation by 1700 (Pacific) on **10/07/2023** to be eligible for CE hours

http://bitly/EDSTOP7

BRN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours

If you have any questions, please contact Robin Goodman at **robin.goodmanrn@gmail.com**

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Social Work Professionals – CEUs Collaborative Session #3 October 5, 2023

1. Enter your <u>first</u> and <u>last name</u> in the **chat** if you have not done so already

2. Scan the QR code/use link to access session evaluation

https://utexas.qualtrics.com/jfe/form/SV_2s4xHFICgpPs1h4

Scan the QR code below for Social Work, LMFT, or Psychology CEUs for this session.