

# Cultivating Roots of Quality Improvement

Session 1: Getting Started: The Model for Improvement and How to Choose a Change  
April 20, 2022

## Introductions: Your Guides

*Barb DeBaun, MSN, RN, CIC*  
Improvement Advisor  
Cynosure Health

With more than three and a half decades of experience in infection prevention and quality improvement, Barb provides expert vision and leadership for health organizations that require assistance in developing and implementing initiatives.



*Jennifer Wagner, CPHQ*  
Rural Hospital Improvement  
Coordinator  
MT Flex & HQIC Programs

A rural Montana girl from birth with fifteen years of learning from and building relationships with rural healthcare providers has instilled a drive and passion in Jen to help fill foundational needs in quality improvement concepts and integration.

# Introductions: Our Hospitals

Bitterroot Health – Daly Hospital

• TBD

Cabinet Peaks Medical Center

• Discharges, Transitions, Readmissions

Central Montana Medical Center

• Patient Satisfaction

Community Hospital Of Anaconda

• Discharge Planning

Fallon Medical Complex

• Discharge Planning

Frances Mahon Deaconess Hospital

• TBD

Garfield County Health Center

• Pressure Ulcer Prevention

Holy Rosary Health Care

• TBD

Missouri River Medical Center

• TBD

Pioneer Medical Center

• TBD

Phillips County Hospital

• TBD

St. Luke Community Hospital

• ED Transfer Communication

Wheatland Memorial Healthcare

• TBD



# Program Orientation

## Purpose

Provide an avenue for Flex and HQIC member hospitals to work through a quality improvement project from the ground up using evidence-based tools and processes applied to topics of interest and priority.

## Objectives

- Understand the Model for Improvement
- Identify tools to determine the root cause of a problem
- Identify types of data and apply to appropriate goals
- Implement tools for addressing adverse events
- Identify ways to engage patients and family in improvement efforts



# Program Orientation

## Bi-Weekly Education

We will meet at this time every two weeks. There will be an off week in July – see project schedule. Sessions are scheduled for 90 minutes to allow for education and robust sharing and discussions. **If we don't need all 90 minutes, we won't use them and will adjourn early. ☺**

## Coaching Calls

Each team has three (up to 1 hour) of coaching calls at their disposal over the course of the project. One call must be used between the first and second sessions to address scope of the project.

## Practical Applications

Sessions may have practical applications to complete in between. These will be kept small and manageable and should be done as a team.



# Expectations

## Project Expectations

- Attend live sessions or view the recording.
- Complete assigned Practical Applications that will help support your learning.
- Engage in and contribute to group discussions.

## Education Session Expectations

- Please turn your camera on if you are able. Its really hard for facilitators and attendees to connect with black boxes.
- Speaking up is preferred over the chat for clarity and efficiency.
- Use the Raise Hand feature to speak up. We will watch and then 'call on' you.



# Continuing Education

Provider approved by the California Board of Registered Nursing Provider Number CEP15958 for 8 contact hours.

Participants must attend at least 50 minutes of each of the 8 sessions (either live or on demand) and complete the post webinar survey that will be emailed to participants after each series concludes.

No partial credit will be awarded.



# Schedule

Date	Topic	Practical Application (assigned)
April 20	Getting Started: The Model for Improvement & How to Choose a Change	Tool: 3 Questions
May 4	Heart of the Matter: Tools to Determine the Problem	Tool: Project Summary
May 18	What Tells the Story? How to Identify and Use Data	Tool: PDSA Cycle 1 and Summary
June 1	Just Do It...and Do It Again! Small Tests of Change and the Do-Study-Act of the PDSA Cycle	Tool: PDSA Cycle 2 +
June 29	The Leader Mindset	
July 13	No Blame No Shame: Addressing Patient Safety and Adverse Events	Poster development
July 27	Changing the Perspective Changes the Experience: Involving Patients and Family Advisors in Quality Improvement	
August 3	Celebration & Sharing	

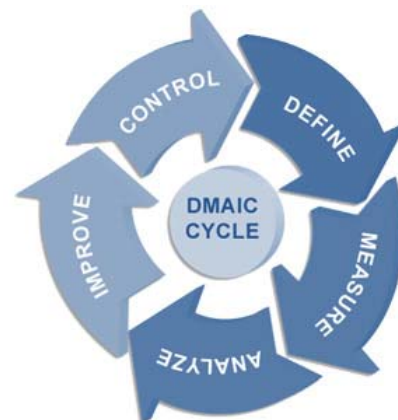
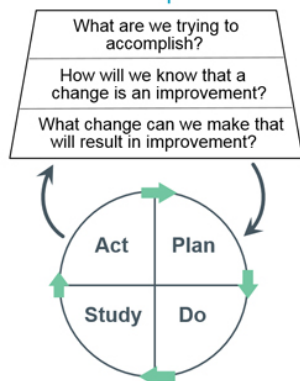


## Introduction to Improvement

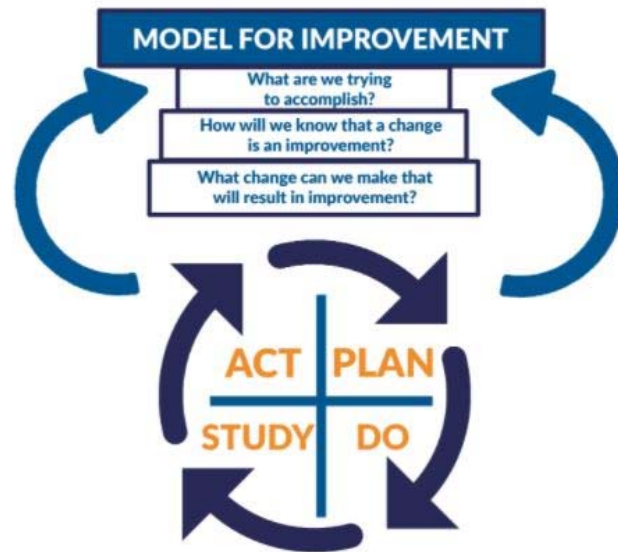


## Many methods...same goals

Model for Improvement



## The Model for Improvement



Aim Statement:  
what are we  
trying to  
accomplish, by  
how much and  
by when?



## What makes an AIM statement effective?



## AIM Statements

- Increase healthcare worker influenza vaccination rates to 98% by January 1, 2023
- Increase hand hygiene compliance rates to 95% by October 15, 2022
- Reduce falls with injury rates by 20% by November 1, 2022

Measurement:  
how will we  
know that a  
change is an  
improvement?

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## Why Measure?

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- How else will you know that the change(s) you made resulted in improvement?

### Improvement

- Used for learning

### Reporting

- Used to judge



Data for  
quality vs.  
data for  
research  
vs. data for  
judgment

What  
should we  
measure  
and how?

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## Types of Measures

Outcome (we usually want this to be low)

- Mortality
- Infection
- Falls with injury

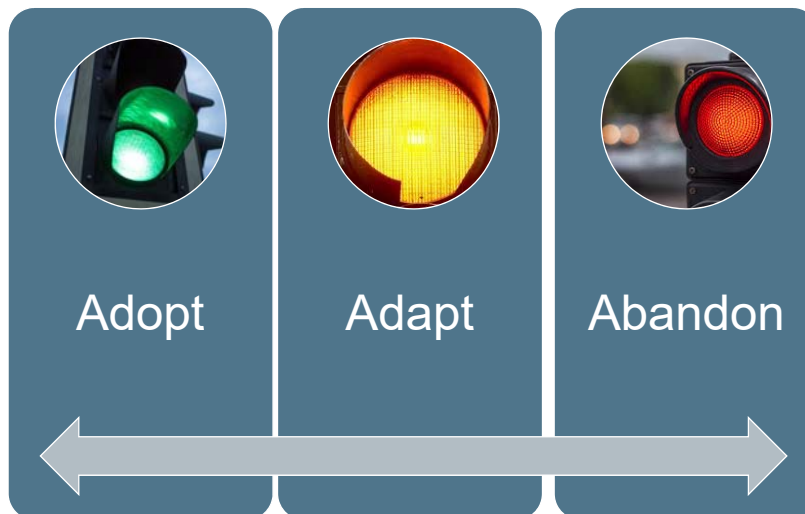
Process (we usually want this to be high)

- Hand hygiene compliance
- Hourly rounding
- Surgical time out

Balance

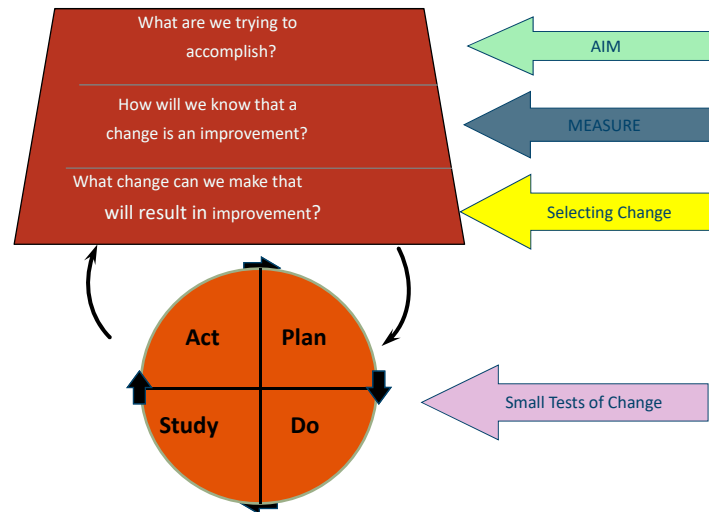
- Patient falls compared to restraint usage
- Patient falls compared to urinary catheter usage

## How measures inform us



20

## Model For Improvement



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

Time to  
stand up  
and  
humor me

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Change  
Idea  
Exercise

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# Brainstorming Exercise



## Rules of Brainstorming & Multi-voting

- Brainstorm
  - Each team member gives an idea
  - No debate of value
  - Continue until there are no more ideas
- Multi-voting
  - Each team member gets 3-5 votes
  - Use all on one idea or split them up



## Examples of questions to brainstorm

Why are we having a problem with pressure injury in our patients?

What do we have so many patient falls with injury?

Why is our 'Nurse Communication' HCAHPS score rated so low?

Why do we have so many readmissions?

Gather  
and then  
organize  
'thoughts'



## Time to Vote

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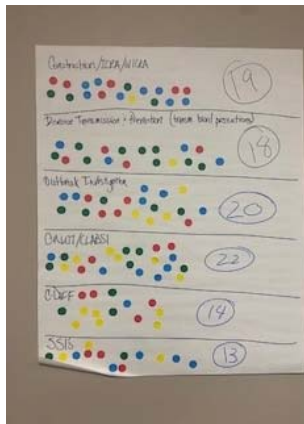
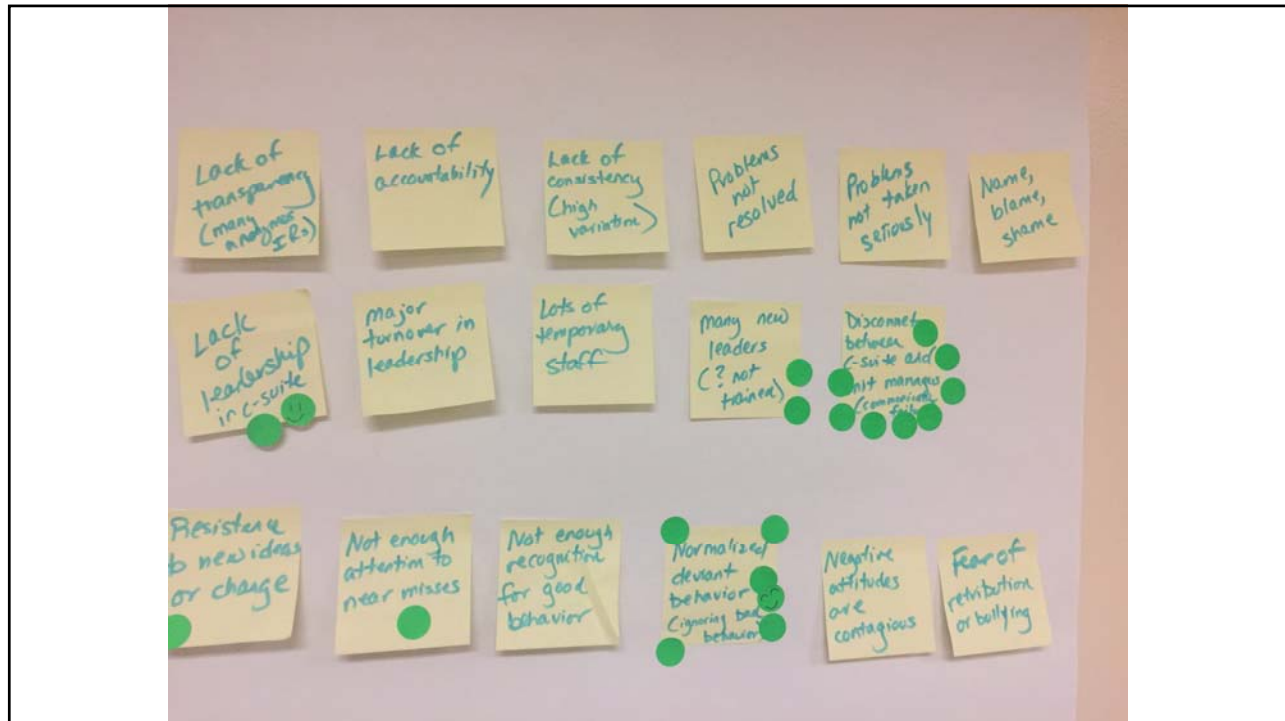
## Multi-Voting

Typically, 3-6 ideas will get the most votes

Remove the post-its that received no or very few votes

Line up the 'highest vote issues'

Give everyone one dot and have them vote again for the ONE issue they would like to work on first

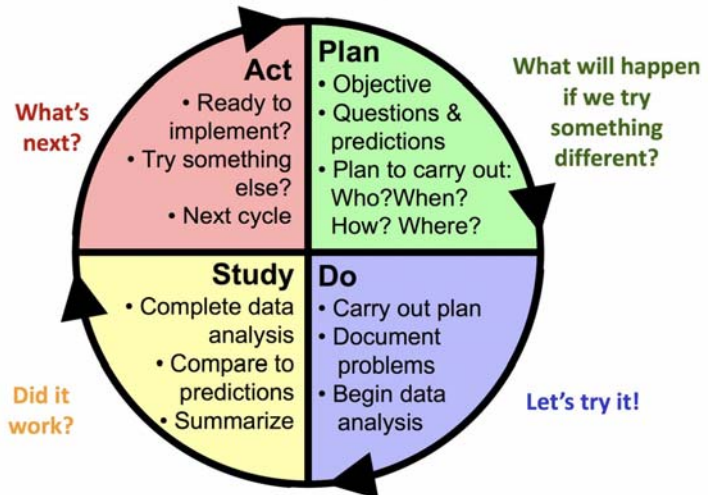


## The value of dots

## The PDSA Cycle for learning and improvement

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### The PDSA Cycle for Learning and Improvement

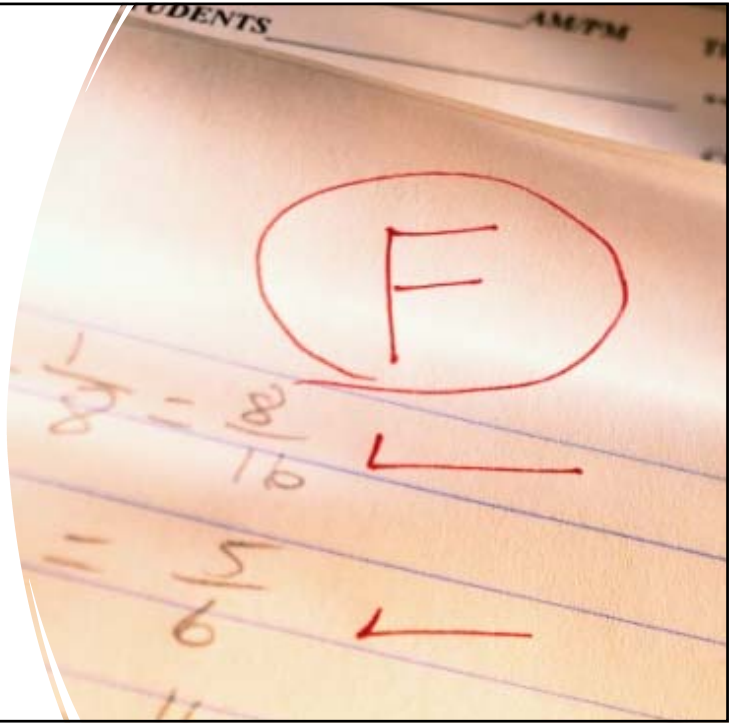


## Guidelines for Testing Change

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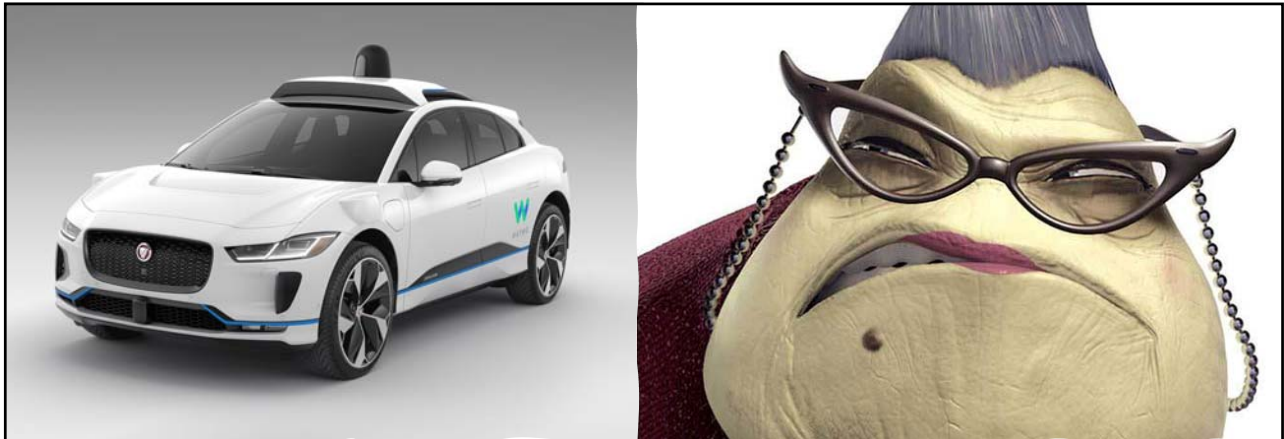


Fail Early,  
Fail Often

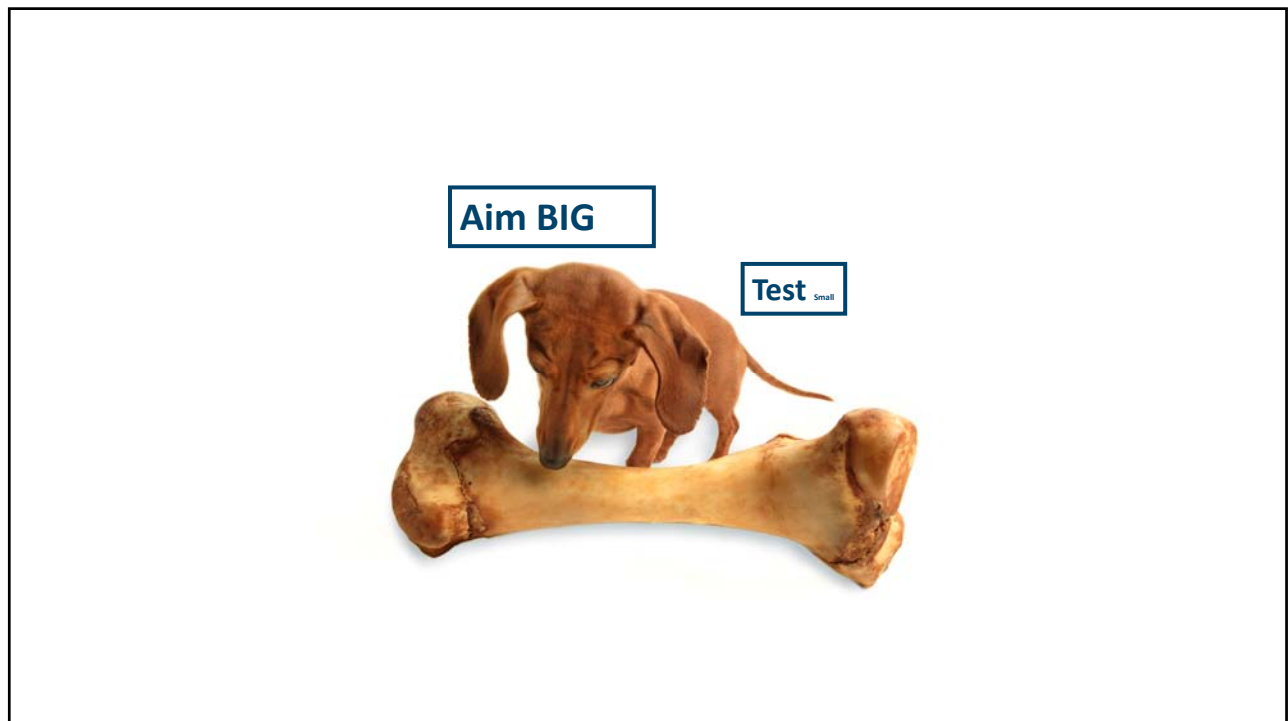


What can I  
test by next  
Tuesday?





Work with the willing

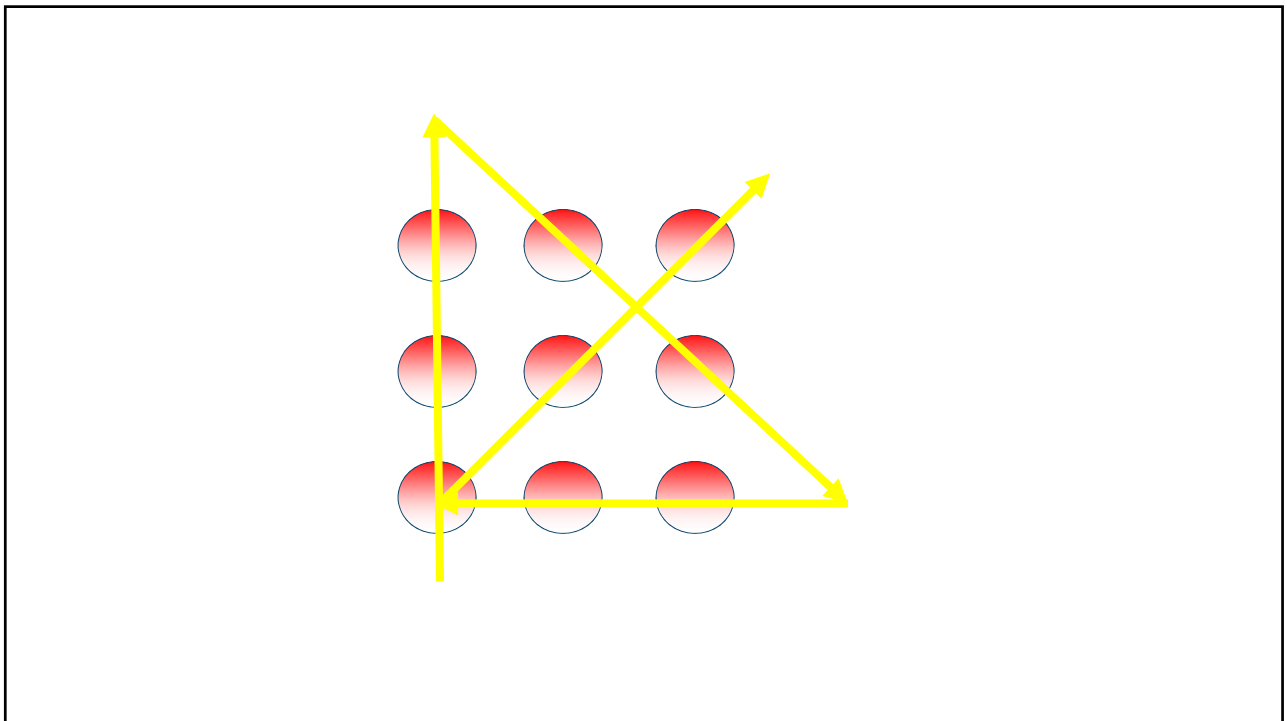




Forget about  
consensus



Be  
Innovative



# Collect Data

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Consider a wide  
range of  
conditions





Steal  
Shamelessly

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Why Test?

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# Tool Demonstration

HOW TO USE THIS WORKBOOK	
1. Read the 'INTRODUCTION' tab to familiarize yourself with the process of making sustainable changes and a high overview of the tools and concepts included in this workbook.	
<a href="#">CLICK HERE TO ACCESS THE 'INTRODUCTION' TAB</a>	
2. Save this template as a new document so you can complete content for your specific project.	
To save as a new document, click on File > Save As. When prompted save the new document to your preferred location and change the document name to identify the project.	
3. Start with answering the 3 Questions to frame your work in the '3 QUESTIONS' tab.	
<a href="#">CLICK HERE TO ACCESS THE '3 QUESTIONS' TAB</a>	
4. In the 'PROJECT SUMMARY' tab; fill in the details in Summary and Plan sections. This will help organize thoughts, ideas, and goals of the project.	
<a href="#">CLICK HERE TO ACCESS THE 'PROJECT SUMMARY' TAB</a>	
5. Develop first PDSA Cycle. Remember, you might do the PDSA process more than one time so if there is more than one cycle, a 'Cycle Template' tab is provide and can be copied for each cycle.	
<a href="#">CLICK HERE TO ACCESS THE 'PDSA CYCLE 1' TAB</a>	
More than one cycle? Follow these instructions to copy the CYCLE TEMPLATE. Right Click on the CYCLE TEMPLATE tab and select Move and Copy. A Move or Copy dialogue box will open. Select Project Summary in the Before Sheet list then check the Make a Copy box. Select OK. Rename the tab by right clicking and selecting rename.	
6. Repeat as needed.	
<b>ADVANCED TIP:</b> Add additional tabs to this workbook for developed tools, data, and other information relevant to the project to help keep everything in one place!	
<b>LOOK FOR</b> Boxes like this to provide extra guidance and prompts!	

## Practical Application 1

- ☐ Complete "3 Questions" tab in the Toolkit.
- ☐ Schedule Scope Coaching with Barb.

THE 3 QUESTIONS	
These questions guide improvement work.	
<b>QUESTION 1</b>	
AIM/GOAL	What are we trying to accomplish?
<b>S</b> Specific	
<b>M</b> Measurable	
<b>A</b> Achievable	
<b>R</b> Relevant	
<b>T</b> Time-bound	
AIM STATEMENT: After identifying the SMART elements, write your Aim/Goal here. See box to the left for additional guidance.	
<b>QUESTION 2</b>	
MEASURES	How will we know that change is an improvement?
<b>QUESTION 3</b>	
IDEAS	What changes can we make that will result in an improvement?

**QUESTION 1**  
Write in SMART Goal format. Bolded components should be included in Aim Statement.

**Example:**  
Our goal is to (quantifiable objective) by (timeframe or deadline), (key players or teams) will accomplish this goal by (what steps you'll take to achieve the goal). Accomplishing this goal will (result or benefit).

**QUESTION 2**  
Describe the measurable outcomes you want to see.

**QUESTION 3**  
See Resources Tab for information and templates.

Define the process currently in place with process mapping or flow charting.

Identify opportunities for improvement. Use tools like Root Cause or Failure Mode & Effect Analysis.

Points where breakdowns occur  
Work in rounds that have been developed  
Variations that occur.  
Duplicate or unnecessary steps.  
Decide what you will change and determine interventions based on analysis.  
Identify better ways to do something that address the root cause of the problem.  
Learn what has worked at other organizations or by high performers.  
Review best available evidence for what

# Contact

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Project Website	<a href="https://mtpin.org/qiroots/">https://mtpin.org/qiroots/</a>



*Thank You For Your Time*  
See you soon...