Cultivating Roots of Quality Improvement

Session 3: What Tells the Story? How to Identify and Use Data

May 18, 2022

MHA MONTANA HOSPITAL ASSOCIATION
Advancing Health in Montana

Your Guides

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Improvement Advisor
Cynosure Health

A rural Long Island, NY girl who grew up surrounded by corn and potato fields. Moved to San Francisco in the early days of the AIDS epidemic (1982) and has lived there ever since. Barb's joy is supporting infection prevention, patient safety and quality improvement in urban and rural settings especially in Montana.

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.

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Chat Box Roll Call

Facility Name

Your Name + any Team Members with you

What are you grateful for today?

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Bitterroot Health – Daly Hospital
Cabinet Peaks Medical Center
Central Montana Medical Center
Community Hospital Of Anaconda
Fallon Medical Complex
Frances Mahon Deaconess Hospital
Garfield County Health Center
Holy Rosary Health Care
Missouri River Medical Center
Pioneer Medical Center
Phillips County Hospital
St. Luke Community Hospital
Wheatland Memorial Healthcare

Reminders

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.

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Definition of Data

da·ta

[ˈdadə, ˈdādə] 🔊

NOUN

facts and statistics collected together for reference or analysis: See also datum.
"there is very little data available"

synonyms: facts · figures · statistics · details · particulars · specifics · features · [more]

- the quantities, characters, or symbols on which operations are performed by a computer, being stored and transmitted in the form of electrical signals and recorded on magnetic, optical, or mechanical recording media.

- *philosophy*
  things known or assumed as facts, making the basis of reasoning or calculation.

Why do we collect data?

Improvement	Reporting
• Used for learning	• Used to judge

"*In God we trust; all others* must *bring data.*"

W. Edwards Deming

Collection of Data
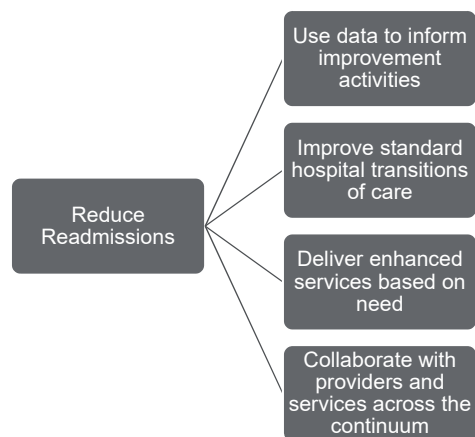
Data Collection

- Who collects the data?
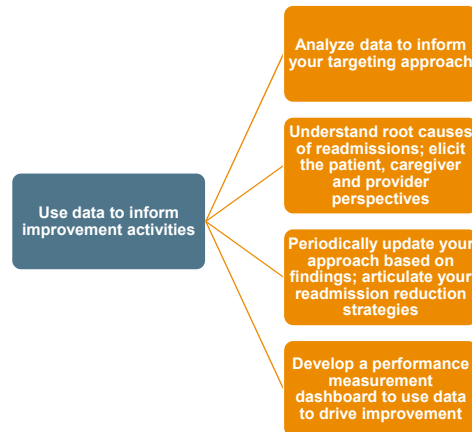- How do they do it?
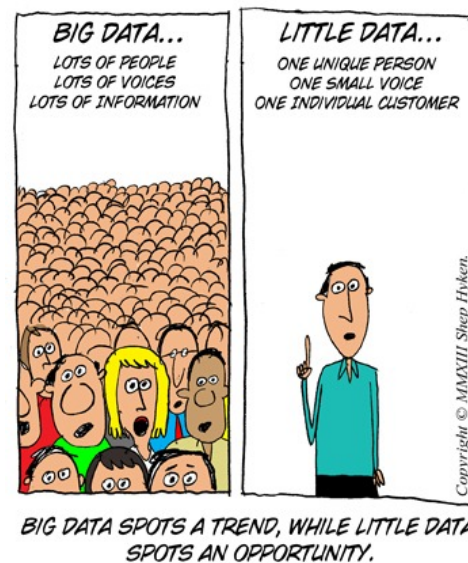- Does everyone do it the same way?

Interrater Reliability

Where do you find YOUR data?

Drivers for Improvement in Readmissions

Reduce Readmissions
- Use data to inform improvement activities
- Improve standard hospital transitions of care
- Deliver enhanced services based on need
- Collaborate with providers and services across the continuum

Driver #1: Use Data to Inform Improvement Activities

Use data to inform improvement activities

- Analyze data to inform your targeting approach
- Understand root causes of readmissions; elicit the patient, caregiver and provider perspectives
- Periodically update your approach based on findings; articulate your readmission reduction strategies
- Develop a performance measurement dashboard to use data to drive improvement

Big Data, Little Data

BIG DATA...
LOTS OF PEOPLE
LOTS OF VOICES
LOTS OF INFORMATION

LITTLE DATA...
ONE UNIQUE PERSON
ONE SMALL VOICE
ONE INDIVIDUAL CUSTOMER

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BIG DATA SPOTS A TREND, WHILE LITTLE DATA SPOTS AN OPPORTUNITY.

Big Data – What Coded Data Tells Us

Hospitalwide All-Condition, All-Payer, and Payer-Specific Readmission Analysis (adult, non-OB)						
Table 1. Readmission Rate		All	Medicare	Medicaid	Commercial	Uninsured
# discharges						
# readmissions						
Readmission rate		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Table 2. Percentage of Discharges and Readmissions		All	Medicare	Medicaid	Commercial	Uninsured
% of total discharges by payer		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
% of total readmissions by payer		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Table 3. Days Between Discharge and Readmission		All				
# of readmissions within 0-4 days of discharge						
# of readmissions within 10 days of discharge						
# of readmissions between days 0-30 of discharge						
% of readmissions in 0-4 days		#DIV/0!				
% of readmissions in 0-10 days		#DIV/0!				
% of readmissions in 0-30 days		#DIV/0!				

Instructions | **Data Entry** | Data Dashboard | Data Entry (Example) | Data Dashboard (Example) …

"Little Data": patient interviews

DESIGNING AND DELIVERING WHOLE-PERSON TRANSITIONAL CARE:
THE HOSPITAL GUIDE TO REDUCING MEDICAID READMISSIONS

ASPIRE

TOOL 2: READMISSION REVIEW TOOL

Purpose

Readmission reviews are designed to elicit the "story behind the story": going well beyond chief complaint, discharge diagnosis, or other clinical parameters to understand the communication, coordination, or other logistical barriers experienced in the days after a patient's discharge that resulted in a readmission.

For the purposes of designing a data-informed portfolio of strategies, conduct 5 to 20 of these interviews to elicit the patient/caregiver perspective, humanize readmissions, and understand root causes that go beyond diagnoses or other "risk" categories. Be sure to interview at least 5 Medicaid patients and 5 caregivers.

For the purposes of improving transitional care for all patients, consistently conduct a "readmission review" for each readmitted patient, using the information about the person's actual challenges, barriers, or root causes to create a better discharge plan.

Description

Adapted from the well-known Institute for Healthcare Improvement's State Action on Avoidable Rehospitalizations

What did the 'interview' of the patient tell us?

Understand: Who, What, Where, When, Why

- Who is being readmitted?
- What medical conditions are contributing to the most readmissions?
- Where are the majority of readmissions coming from?
- How long after discharge are they returning?
- Why are patients returning? Determine the root cause of the unfulfilled need.
- What are we missing?
- Why, why, why, why, why?

Slide 19

Little Data:
Why did the patient return?
Like really?

"THE KEY TO GOOD DECISION MAKING IS NOT KNOWLEDGE. IT IS UNDERSTANDING."

—MALCOLM GLADWELL
BLINK

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Little Data – What Our Patients Tell Us (The REAL Story)

Readmission Discovery Tool

Driver of Utilization Tool
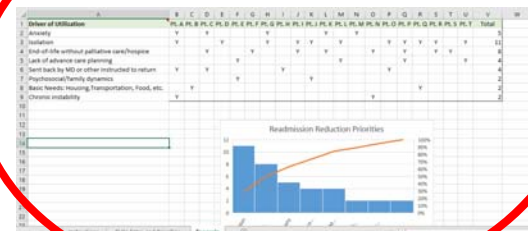
How Do We Tell The Story Of Our Improvement Journey?

Data Display and Analysis

- How do you want to tell your story?
- Who are you going to tell your story to?

Data
Display

Is a Pie Chart the way to go?
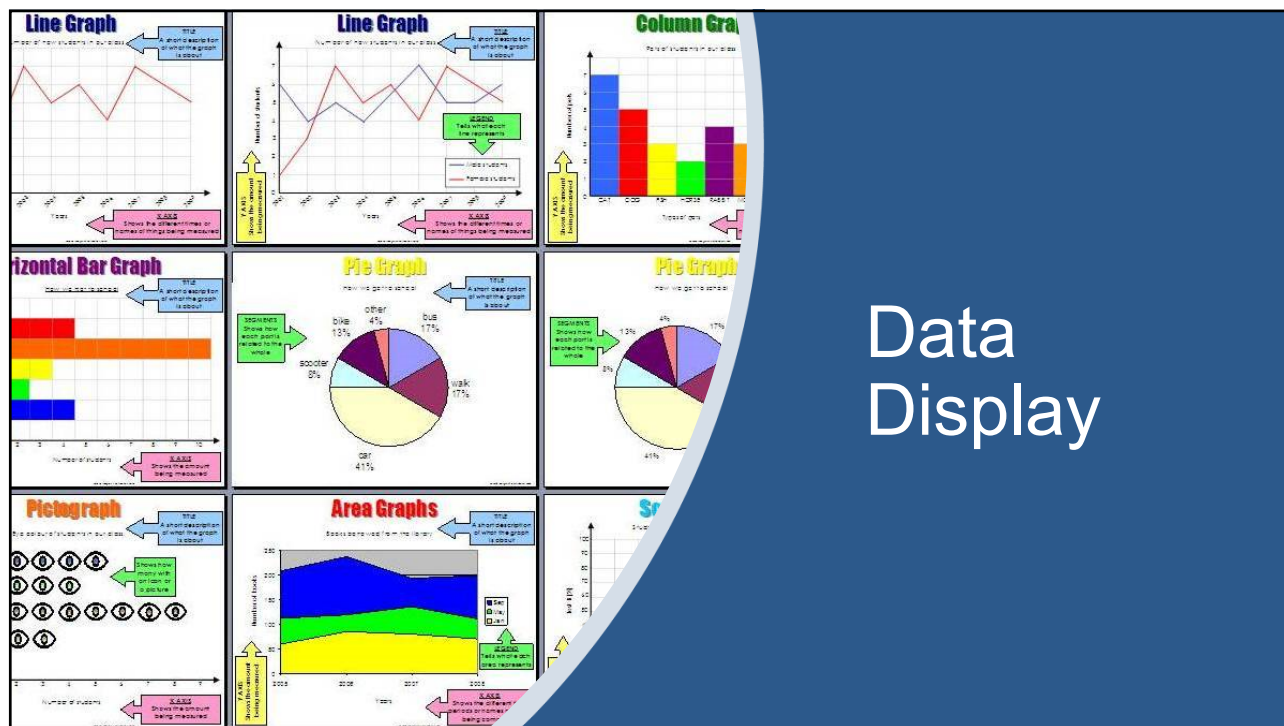
Three Tips
for Success

One size
does not
fit all
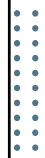
Know Your Audience

Check for Accuracy
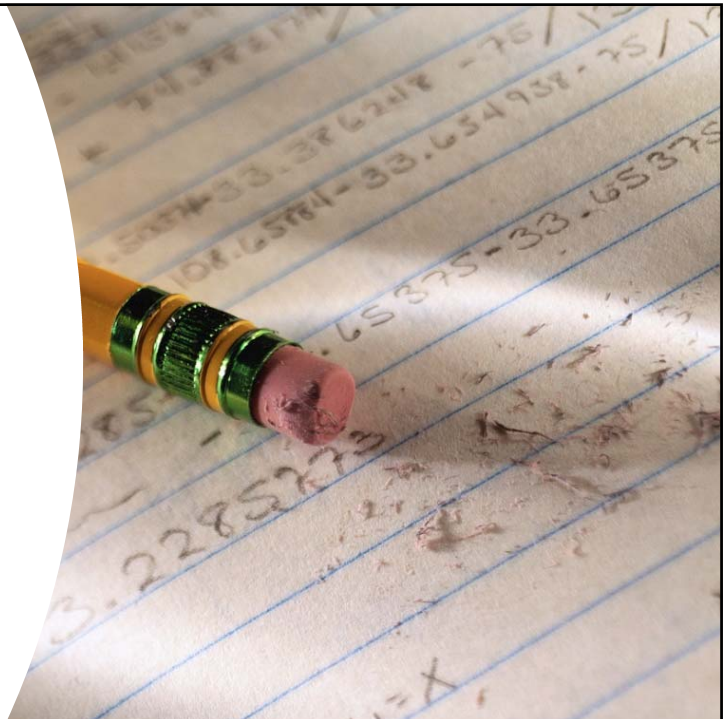
Pareto:
where do I
start?

Pareto Chart
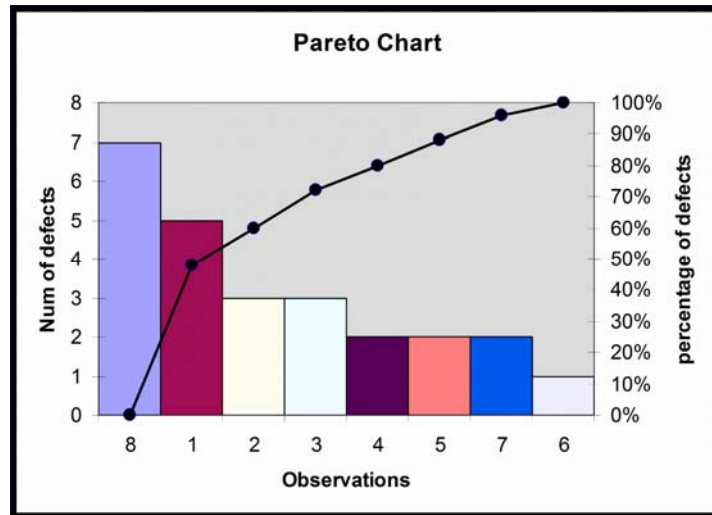
Annotate to narrate the story
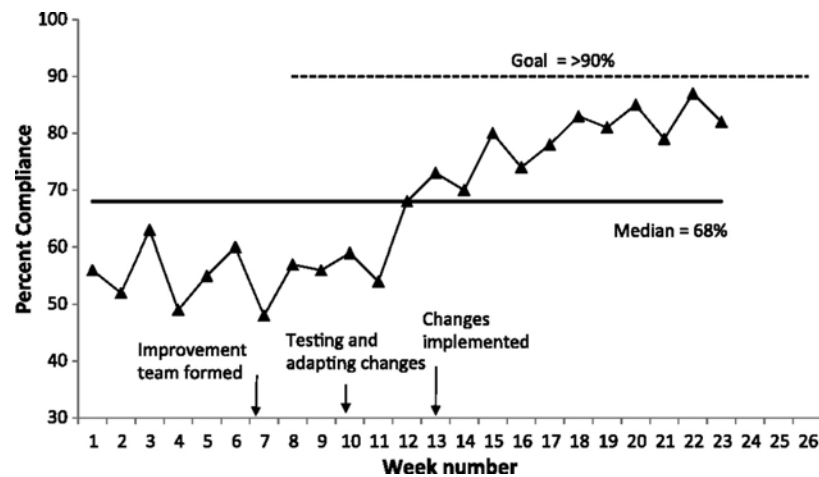
HH Compliance By Staff Category

Using Comprehensive Tracer Report – Summary by Questions
N = 14 Tracers

•	Advance Practice RN/PA	4/5	80%
•	Case Manager	3/3	100%
•	Diagnostic Imaging	5/5	100%
•	EVS	5/6	83%
•	Food Services	3/3	100%
•	Medical Staff	8/9	89%
•	Nurse	40/41	98%
•	Patient Visitor	1/7	14%
•	PCA	9/9	100%
•	Pharmacy staff	2/2	100%
•	Lab	1/2	50%
•	PT/OT/SLP	2/4	50%
•	Respiratory Therapist	7/7	100%
•	Technician	1/2	50%
•	Transporter	1/1	100%
•	**OVERALL**	**107/121**	**88%**

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Performance Compared to the National Average?

HAI Category	FY2019 Baseline*	FY2020 YTD*
CLABSIs	22	21
CAUTIs	28	28
Colon SSIs	3	6
HYST SSIs	5	1
MRSA bacteremia	12	17
C. diff	73	45

*Total Number of Reportable Infections

Red = Worse than National
Yellow = Similar to National
Green = Better than National

CLABSIs (Central Line-Associated Bloodstream Infections)

Neonatal Intensive Care Units (NMC/RMC)
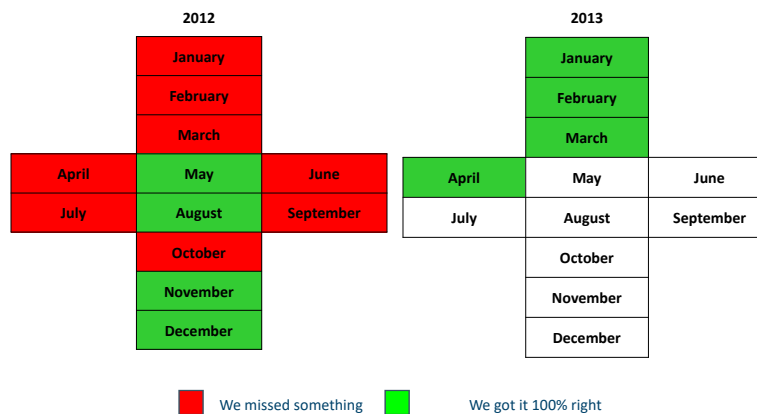
Zero is the target every time for every baby!

	2016 Baseline	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	2017 CYTD
< 750 g	6		✖					✖	✖✖					4
751 - 1000 g	2							✖						1
1001 - 1500 g	0				✖									1
1501 - 2500 g	2	✖												1
> 2500 g	2													0
Totals	**12**													**7**

5 high risk infants protected from a CLABSI.

Congratulations

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Connecting to the Core with Data

2012

	January	
	February	
	March	
April	May	June
July	August	September
	October	
	November	
	December	

2013

	January	
	February	
	March	
April	May	June
July	August	September
	October	
	November	
	December	

🟥 We missed something   🟩 We got it 100% right

It's not a rate: it's a human being
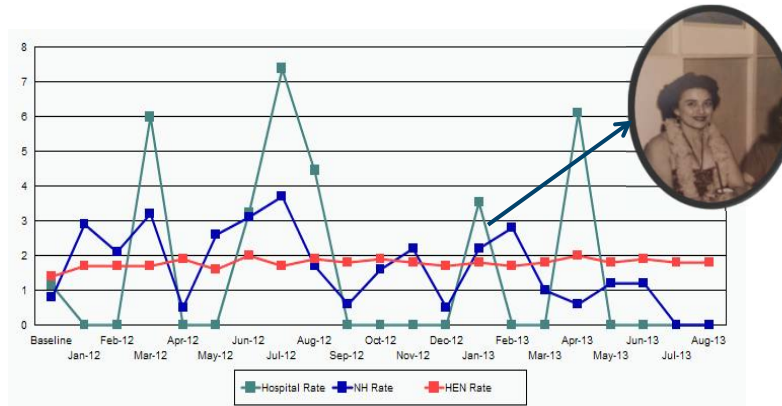
Courtesy of Martha Leighton; Eliot Hospital, Manchester, NH

The *Number* of People Harmed

Reduce Obstetrical Adverse Events
Fairbanks Memorial Hospital, Fairbanks, Alaska
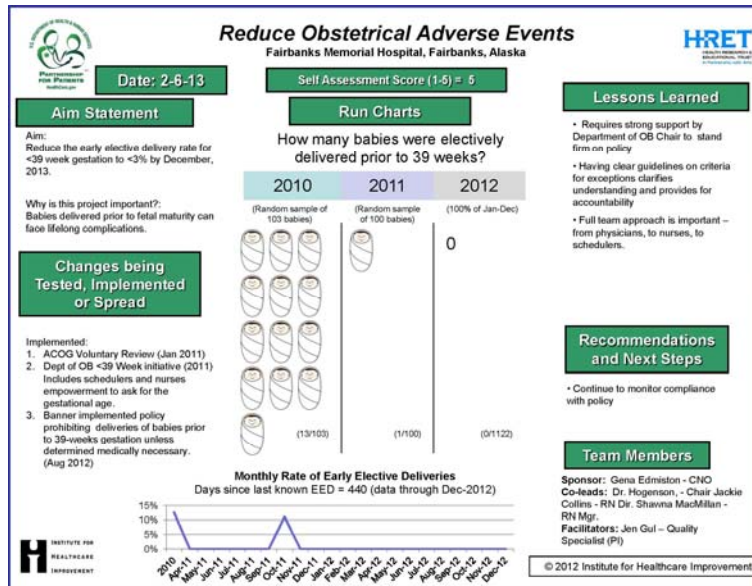
Front-line nurse engagement

Make Success Visible

Data display

- Tells the statistical story that you want to relay about a data set so receiver can see at a glance and come to some conclusion
- Very powerful
- Can be informative and effective
- Can be misleading and destructive

Open forum…please jump in with your questions
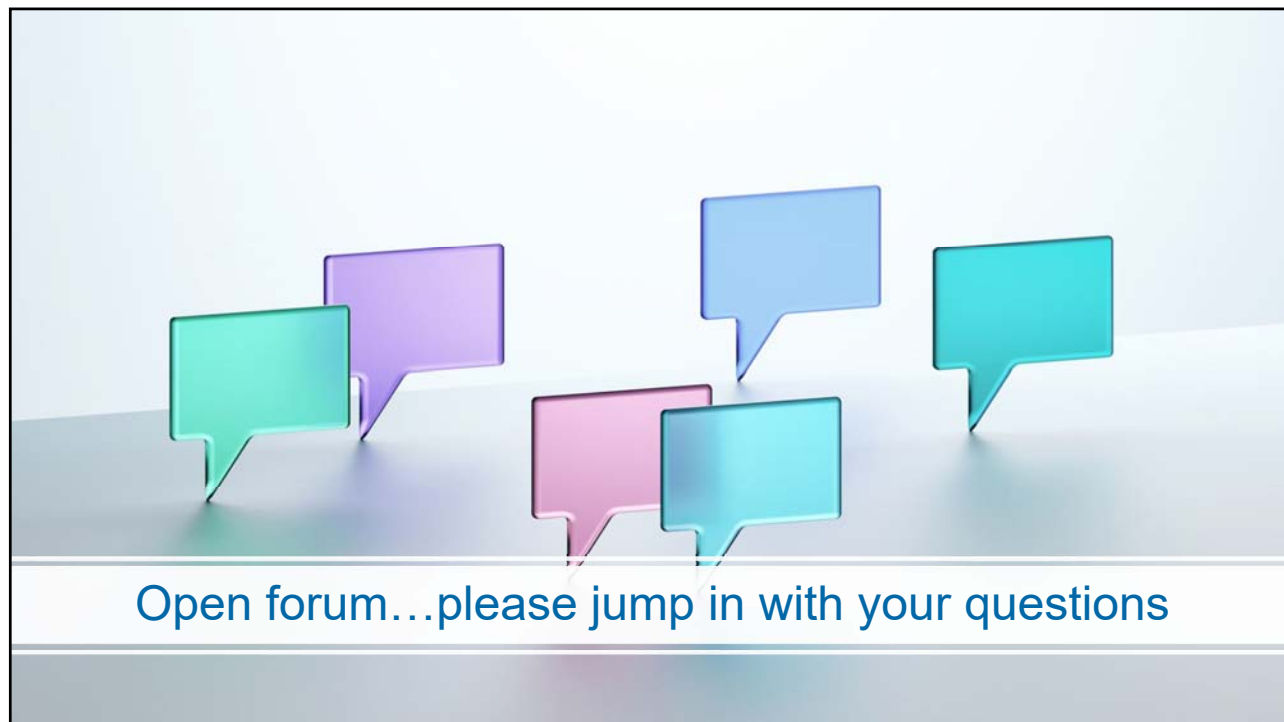
Practical Applications – By 6/1

❑ Schedule Scope Coaching with Barb.

❑ Complete **Summary & Plan** in Project Summary tab in the Workbook.

❑ Complete **Plan** in PDSA Cycle 1 tab in the Workbook

Formulas
Data Eval

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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 - Plan**
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 1 - Do**
June 29	The Leader Mindset	Tool: PDSA Cycle 2 +
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	

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Contact

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Project Website	https://mtpin.org/qiroots/

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Thank You For Your Time

See you soon…and contact Barb if you have not already done so!!