

YOUR ROADMAP FOR SUCCESS

Welcome to Cynosure HQIC

FIRST

WELCOME

TO THE CYNOSURE HQIC!

The Cynosure HQIC team is looking forward to partnering with you over the next four years as we work together to improve outcomes for patients, and to support the health care workforce as they provide care.

In the meantime, we wanted to provide an opportunity for you to learn more about our partnership together, and what to expect.

[Watch our Welcome to Cynosure HQIC Video HERE!](#)

The logo for the Health Quality Improvement Collaborative (HQIC) is displayed within a blue square. The letters 'H' and 'Q' are in the top row, and 'I' and 'C' are in the bottom row, all in white. The entire graphic is enclosed in a thick orange border.

HQIC



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QUICK START

Crunched for time? Our Quick Start Guide will provide you with the information you need to get started right away.

STEP 1

Create an account on **CLIC**, the Cynosure Learning and Improvement Connection virtual learning platform.

EVERYONE in your organization is invited to join CLIC. Everyone? Yes, everyone! Clinical, non-clinical, patient care, non-patient care – *everyone*. CLIC is where you will find information and resources for HQIC quality improvement.



REGISTER

1. Navigate to www.CLIC.Thinkific.com.
2. On the home page, click “Sign In” in the top right of the page.
3. On the Sign In page, click “Create New Account,” and then follow the instructions to complete registration on the next page.

Welcome Back!

Email

Password

☐ Remember me [Forgot Password?](#)

[Sign in](#)

[Create a new account](#)

Create a new account

First Name

Last Name

Email

Password

New Password

Title (required)

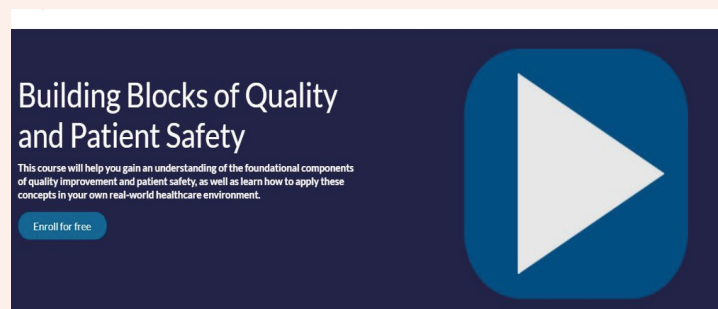
Hospital or Organizational Full Name (required)

State (required)

☐ I have read and agree to the [Terms of Use](#) and [Customer Privacy Policy](#).

ENROLL IN A COURSE

1. To access each course, click “All Courses” on the top right of any page.
2. Click the title for the course that you are interested in viewing.
3. Click the “Enroll” button to start the course



REMINDER: you will need to do this for every course you would like to take

WHAT CAN YOU FIND ON CLIC?

There are three main components to CLIC:



ON DEMAND COURSES

Virtual, on demand courses comprised of short (3–5 minutes) video and written learning modules for topics such as quality improvement and patient safety, infection prevention, opioid stewardship, and clinical performance feedback/data strategies.

TOOLS, RESOURCES, VIDEO INSTRUCTION

Tools, resources, and video instruction for use by health care improvement teams that connect to the drivers for improvement in the HQIC patient safety focus areas, such as adverse drug events, sepsis, pressure injuries, readmissions, and hospital-acquired infections, as well as Discovery Tools for each of the clinical topic areas.

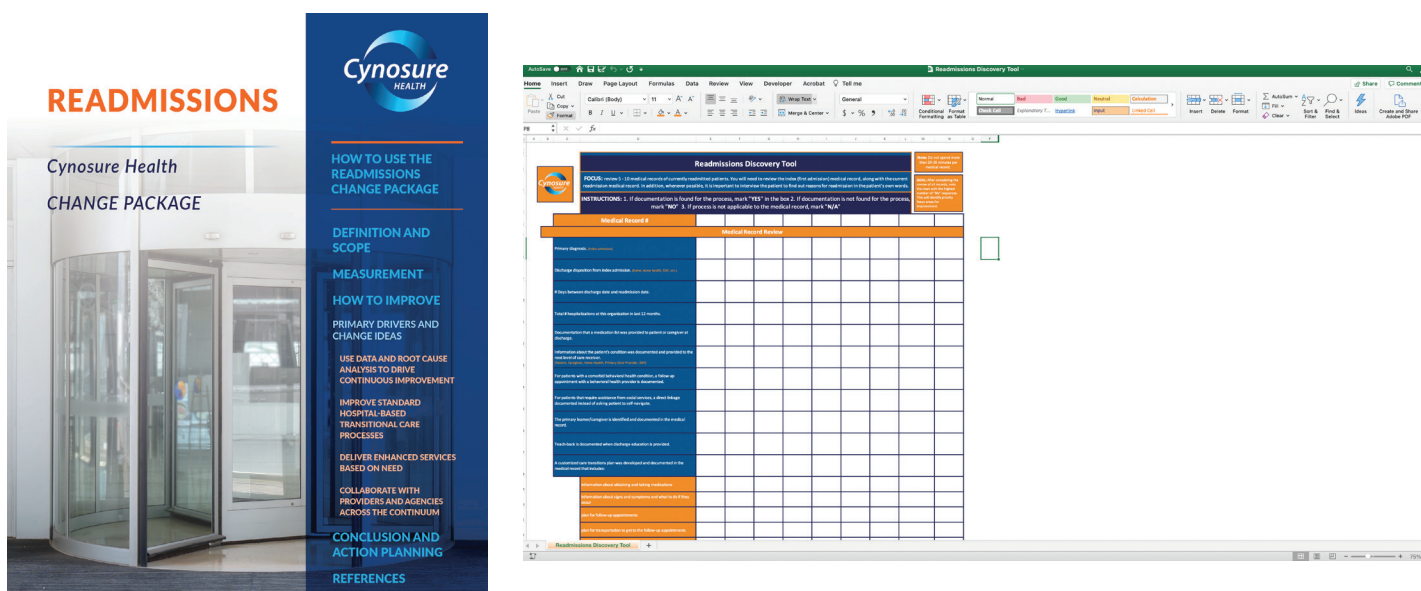
COMMUNITIES

Online collaborative forums, called “Communities,” where health care team members and subject matter experts can share tools, best practices, and ask questions and advice from their peers. We currently have Communities for COVID-19 response, Patient and Family Engagement, and the HQIC Patient Safety Topic Areas. You are encouraged to log into the Communities and post resources or questions at any time.

STEP 2

Within CLIC, navigate to the HQIC Patient Safety Focus Areas course and select a topic as your team's initial priority for improvement.

For the topic selected, watch the short educational video modules, download the topic change package, and download the topic Discovery Tool. Discovery Tools are a quick, efficient method for identifying process gaps in which to focus improvement. You can learn more about Discovery Tools by watching the short introductory video in the CLIC HQIC Patient Safety Focus Areas course.



[Watch our Discovery Tools Overview Video HERE!](#)



STEP 3

Be on the lookout for newsletters, announcements, and opportunities to get involved in our Public Health Emergency Affinity Groups.

These are short term committees comprised of members from Cynosure HQIC hospitals working together to develop tools and resources to support hospitals in the response to the COVID-19 public health emergency. The Workforce Safety and Well-Being Affinity Group is one example of our short term committees.



Why is this important?



This is a crucial issue compounding the emerging crisis for our hospitals during the COVID-19 pandemic.



Who?

Consider representatives from the following disciplines: risk management, environmental services, nursing, employee health/wellness, supply chain, human resources, social services, and spiritual care. Also invited are individuals engaged in a hospital or systemwide workgroup that addresses provider/staff burnout.



When?

At least 3 to 5 meetings. Cynosure Health will take a flexible approach to scheduling meetings. All meetings will be recorded and any meeting materials and related resources will be publicly available to all.

What will you do?

Develop resources to improve worker safety and well-being and to provide a framework for ongoing preparation in this area for future PHEs.



To join, please email

cynosure@cynosurehealth.org

What is an Affinity Group?

An affinity group is formed around a shared interest and common goal, connecting its members across the HQIC. It consists of volunteers from hospitals who convene for a short period of time in order to take a deep dive into a specific topic, problem or issue to research, gather and develop best practices and solutions. As a group, we will develop tools/recommendations that hospitals may choose to adopt or adapt according to local needs.

WHAT IS HQIC?

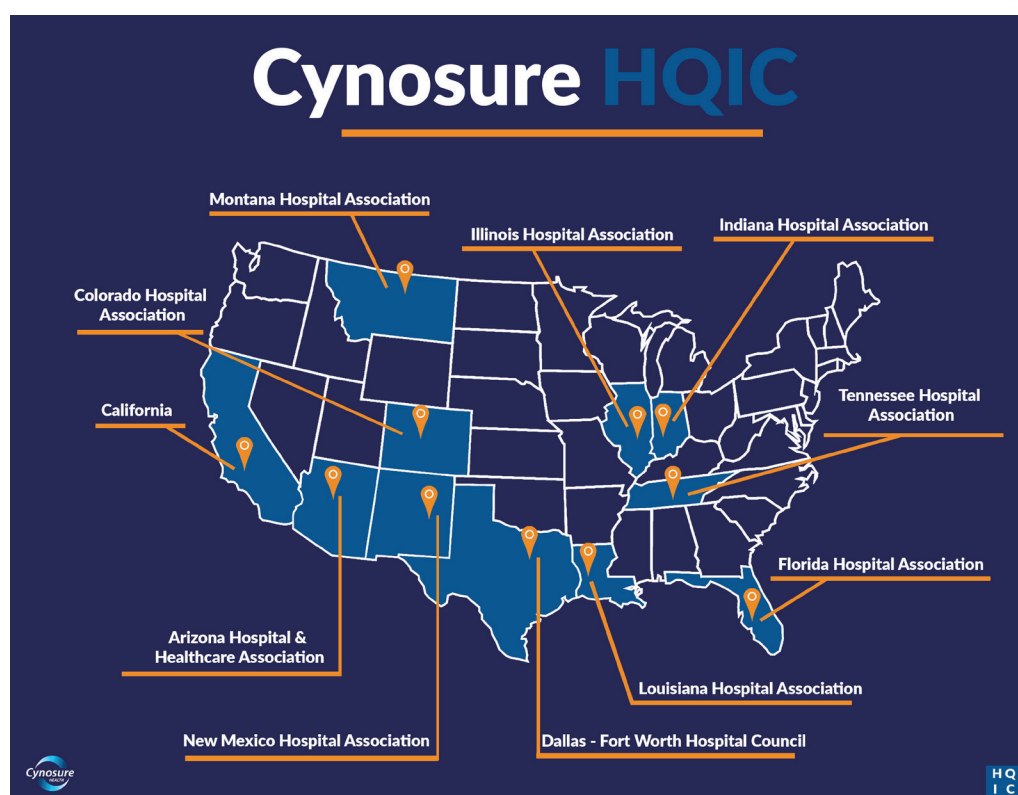
HQIC, short for Hospital Quality Improvement Collaborative, is a Centers for Medicare & Medicaid Services (CMS) funded project to partner with hospitals across the country in rural, critical access, and urban settings that provide care for vulnerable populations.

HQIC is a four-year project to improve outcomes in several patient safety-related areas such as sepsis, adverse drug events, and hospital-acquired infections. In addition, it is designed to provide support to hospitals in the response to public health emergencies, such as COVID-19 and the opioid epidemic, as well as improvements in patient and family engagement and health equity. Convergence Health Consulting is one of nine organizations awarded a HQIC contract from CMS.



HOW IS THE CYNOSURE HQIC EQUIPPED TO SUPPORT MY HOSPITAL?

Cynosure HQIC includes 300 hospitals from 11 states across the country, offering a unique opportunity to leverage peer-to-peer learning, subject matter expertise, and collaborative learning.



ABOUT YOUR HQIC TEAM

Our team is comprised of 5 key groups:

Convergence Health Consulting, Inc.

Convergence Health Consulting, founded by Bruce Spurlock, MD, serves a broad range of health care stakeholders to drive improvement at the both the organization and system levels. With deep experience accelerating change, Convergence has managed large-scale improvement collaboratives across the United States. With the support of the Gordon & Betty Moore Foundation in 2008, Convergence formed the non-profit organization Cynosure Health to further the goal of improving health care delivery, outcomes, and experience.



Cynosure Health

Cynosure is a non-profit organization that specializes in large scale quality improvement and patient safety learning collaboratives to drive high-impact change. Cynosure's team of clinical improvement experts work directly with hospital associations, health systems and individual hospitals. Cynosure's team members served as "in-house" subject matter experts (SMEs) for CMS quality improvement (QI) initiatives, as well as faculty for national QI training programs. Cynosure's team has worked with more than 700 individual rural/critical access hospitals nationwide and manages the Medicare Beneficiary Quality Improvement Project (MBQIP) for Critical Access Hospitals (CAHs) in six states.



PFCCpartners

PFCCpartners was founded by Libby Hoy, a mother of three sons living with mitochondrial disease. Libby founded PFCCpartners with the vision of creating a community of patients, families, providers, and health care organizations that would be committed to the shared learning of Patient and Family Centered Care practice. PFCCpartners' approach focuses on developing authentic partnerships, from the caregiving relationship at the bedside, to the boardroom where programs and policies are established. PFCCpartners is committed to working collaboratively with patients, families, physicians, healthcare administrators, nurses, therapists, social workers, and beyond. PFCCpartners has been closely involved in the Partnership for Patients (PfP) efforts since its inception, including partnering with the Comagine Hospital Improvement Innovation Network (HIIN) on patient and family engagement activities. PFCCpartners has also worked with the national Quality Innovation Network-Quality Improvement Organization (QIN-QIO) program to embed and grow patient and family engagement. In all activities, PFCCpartners strives to co-create better care and a better healthcare system through partnership.



IMPAQ International

IMPAQ International is a leading health policy and research firm consisting of over 400 staff members with advanced degrees in economics, psychology, health policy, and sociology, as well as numerous staff members with clinical degrees (e.g., nurses, doctors, and pharmacists). IMPAQ supported both the CMS Center for Clinical Standards and Quality (CCSQ) hospital networks as the National Content Developer (NCD) and the QIN-QIO program as the Strategic Innovation Engine (SIE). In addition, IMPAQ International serves as the Quality Payment Program Small, Underserved, Rural Support (QPP SURS) central support contractor working directly with QIN-QIOs that support small, rural, underserved practices covered by the QPP Merit-based Payment Incentive System (MIPS). IMPAQ International offers a team with long-standing experience with CCSQ programs.



State and Regional Hospital Associations

Many of the Cynosure HQIC hospitals have deep relationships with their state or regional hospital associations. State and regional hospital associations represent and serve all types of hospitals, health care systems, communities, patients and families. The associations work together with health care organizations for advocacy and resources, as well as education and technical assistance with quality improvement activities. Leaders from state and regional hospital associations are co-designers of Cynosure HQIC, and work together with our subject matter experts to support hospital improvement.



THE CYNOSURE HQIC PHILOSOPHY & METHODOLOGY

Our mission is to improve health care quality and safety, and partner with hospitals, patients, and families to create better health outcomes.

OUR METHODOLOGY:



INTEGRATE THE VOICE OF THE PATIENT AND FAMILY INTO IMPROVEMENT EFFORTS



USE OF DATA TO INFORM IMPROVEMENT ACTIVITIES



PARTNER WITH SUBJECT MATTER EXPERTS



BUILD THE CAPACITY FOR IMPROVEMENT AT THE HOSPITAL LEVEL



HARVEST AND SHARE BRIGHT SPOTS AND PRACTICAL TOOLS FOR PEER HOSPITALS

PATIENT & FAMILY ENGAGEMENT

One of the key tenets of Cynosure HQIC is our belief that improvement in patient outcomes cannot be accomplished without meaningful and purposeful partnerships with patients and families in this work.

PFCCpartners, is a nationally recognized organization aimed at pairing the expertise of your workforce at the bedside with the experience of our patients and families to improve the quality, safety, and delivery of health care. PFCCpartners has been involved in every aspect of the design of the Cynosure HQIC and will be leading the efforts to integrate patient and family centered care.

We like to call our approach to patient and family engagement “The Funfetti Approach.” Watch this short video to learn what we mean by this approach.

[Watch the Funfetti Approach Video HERE!](#)



Engaging patients and families in your improvement work is an active strategy for meeting your hospital quality goals. Baking PFE into your hospital culture starts with building the infrastructure. Whether your hospital has an active patient family advisory council (PFAC) or your PFAC has paused during the pandemic, or even if you have never engaged your patients and family caregivers as advisors, PFCCpartners offers technical support for creating high value and sustainable partnerships with your patient population.

The Cynosure HQIC team supports the integration of the patient voice across all levels of the HQIC program. With that in mind, the Cynosure Patient Family Partnership Council, consisting of representatives from the Cynosure HQIC states, will function much like a hospital PFAC to provide the voice of the patient in our improvement work together. Members of the Patient Family Partnership Council will participate in Cynosure Affinity Groups, to ensure the patient family perspective informs solutions to key focus areas, such as clinician wellbeing, opioid stewardship, and Public Health Emergency response.

The Cynosure Patient Family Partnership Council will also support the development of a larger community of patient family advisors (PFA) engaged in the HQIC hospitals. This is an opportunity for your current and future patient family PFA to have access to a peer learning community as well. PFCCpartners has several training programs for PFAs to enhance their skills and add value to partnership with their local hospital. This community will provide a resource to hospitals who do not yet have their own PFA, in addition to supporting current PFAs. PFCCpartners brings decades of experience in the role of PFA, which gives us a unique perspective in offering hospitals support to authentically engage your patient and family population to improve outcomes.

CYNOSURE PATIENT FAMILY PARTNERSHIP COUNCIL

GATEWAYS COURSE

This course on CLIC will be a quick on demand program to help you start or reboot your patient family advisory programs.

PFE COMMUNITY

This community on CLIC is a virtual community to share resources, ask questions, share bright spots, and connect on all things PFE.

PFE THINK TANKS

These Think Tanks are monthly peer learning sessions on the most pressing PFE topics.

1:1 PFE COACHING

Coaching to support implementing the funfetti approach into your Quality Improvement efforts.

WHAT KIND OF SUPPORT IS AVAILABLE TO MY HOSPITAL?

Our team of Improvement Advisors, Patient and Family Engagement Experts, Data Analytics Experts, and our partners in the State and Regional Hospital Associations are here to support you.

OUTLINE

- Meet the team
- Cynosure HQIC Assistance Umbrella
- CLIC
- Downloadable Tools & Resources
- Live Learning Events
- Patient and Family Engagement Resources
- Immersive Improvement Support
- Hospital and Group Coaching
- Peer collaboration

Your state and regional hospital associations represent and serve all types of hospitals, health care systems, communities, and patients and families. The associations work together with health care organizations for advocacy and resources, as well as education and technical assistance with quality improvement activities. Leaders from state and regional hospital associations are co-designers of the Cynosure HQIC, and work together with our subject matter experts to support hospital improvement.

MEET THE TEAM

CYNOSURE HEALTH IMPROVEMENT ADVISORS



JACKIE CONRAD
IMPROVEMENT ADVISOR



MARYANNE WHITNEY
IMPROVEMENT ADVISOR



STEVE TREMAIN
PHYSICIAN ADVISOR



BARB DEBAUN
IMPROVEMENT ADVISOR



ALEX STACK
IMPROVEMENT ADVISOR



KIM WERKMEISTER
IMPROVEMENT ADVISOR



NOAH IVERS
PHYSICIAN ADVISOR

IMPROVEMENT ADVISORS – The Improvement Advisors are made up of clinicians and implementation science experts. Improvement Advisors are both subject matter experts in HQIC topic areas, as well as experienced coaches in the practical implementation of improvement strategies.

PFCCpartners



LIBBY HOY
FOUNDER & CEO



STEPHEN HOY
CHIEF OPERATING OFFICER



LINDSEY GALLI
DIRECTOR OF EDUCATION

PATIENT AND FAMILY ENGAGEMENT TEAM – PFCCpartners is nationally-recognized for their work helping hospitals by meaningfully engage patients and families improve patient safety and patient experience.

IMPAQ International



JACK JORDAN
PRINCIPAL RESEARCH ASSOCIATE

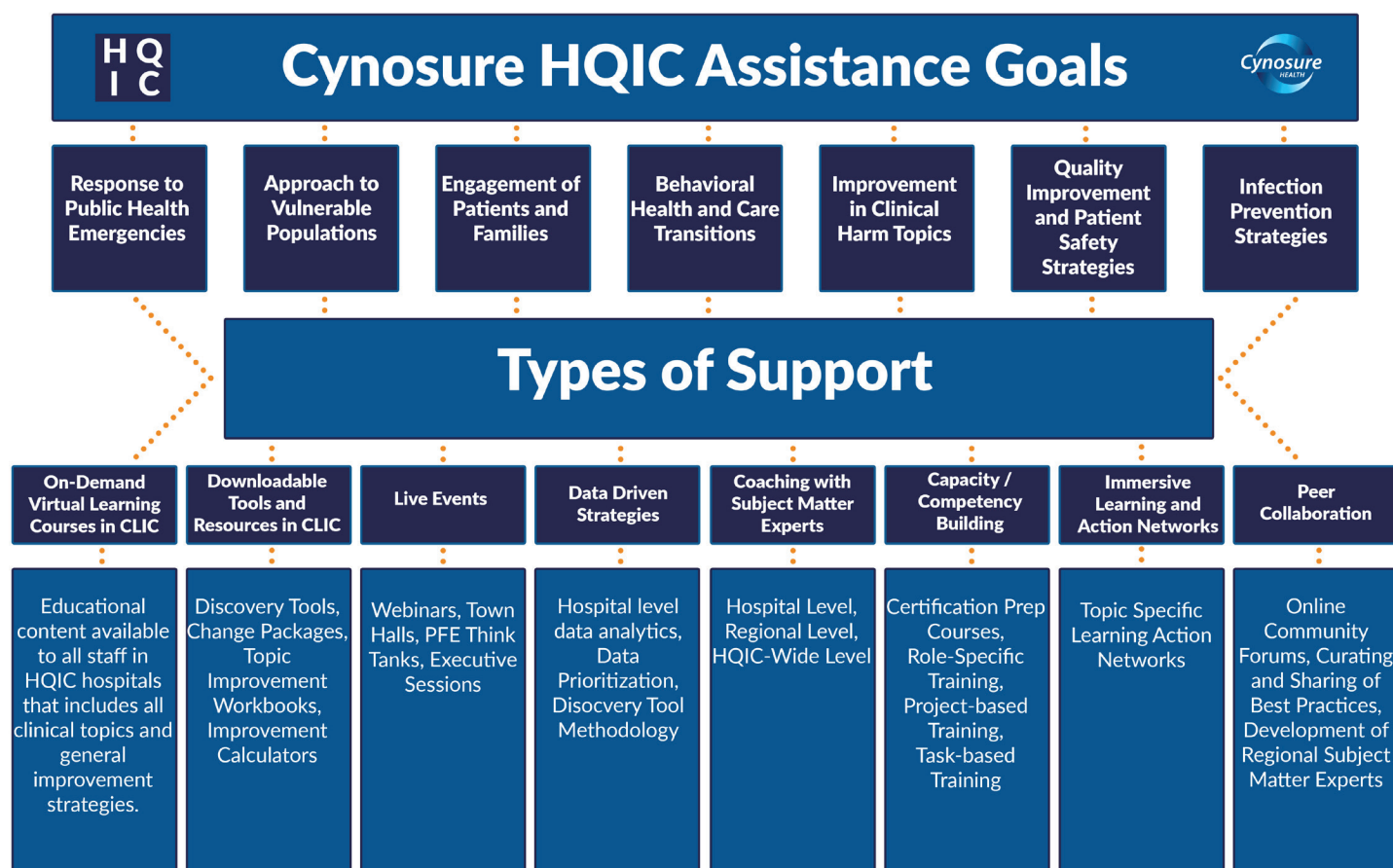


MIRIAM JAMISON
DATA ANALYST

DATA ANALYSTS – Data analytic experts from IMPAQ International are seasoned experts with experience in hospitals, health systems, and have a deep understanding about the types of data analytics that help to inform hospital improvement activities.

CYNOSURE HQIC ASSISTANCE UMBRELLA

Using our umbrella of assistance, Cynosure HQIC team will partner with you to drive improvement by leveraging multiple types of support.



Hospitals in Cynosure HQIC have varied resources, experience, and bandwidth for quality improvement activities. That's why Cynosure HQIC has designed our systems of support with a variety of different types of assistance.

CYNOSURE LEARNING & IMPROVEMENT CONNECTION (CLIC)

The cornerstone of our approach is CLIC, the Cynosure Learning and Improvement Connection. CLIC is our virtual learning platform with hundreds of hours of on-demand video and written educational modules. Learn more about it in the CLIC section of this Welcome Kit. In CLIC, Cynosure HQIC has courses related to quality improvement, patient safety, infection prevention, opioid stewardship, as well as the drivers for improvement specific to the patient safety topics for HQIC.



DOWNLOADABLE TOOLS & RESOURCES

In addition to educational content, we have practical tools and resources available for use by hospital-based improvement teams. Discovery Tools are a quick and efficient method for identifying process improvement priorities. To complete a Discovery Tool, download the topic tool you are interested in using, and use it to review 5–10 medical records. In 20–30 minutes, you will be able to see which processes to focus on with your team. Discovery Tools can be downloaded in the HQIC Patient Safety Focus Areas course in CLIC.

You can also find Change Packages in CLIC that help to translate evidence into strategy. We call our Change Packages the “How-To, How-To” of improvement. A patient safety “bundle of care” tells us what should be done to improve outcomes for certain patient populations or treatments. A Change Package provides practical strategies for implementing those strategies at the local level.

“How-To, How-To” of Improvement

Readmissions Discovery Tool

FOCUS: review 5–10 medical records of currently readmitted patients. You will need to review the index (first admission) medical record, along with the current readmission medical record. In addition, whenever possible, it is important to interview the patient to find out reasons for readmission in the patient's own words.

INSTRUCTIONS: 1. If documentation is found for the process, mark “YES” in the box 2. If documentation is not found for the process, mark “NO” 3. If process is not applicable to the medical record, mark “N/A”

Medical Record #	Medical Record Review
Primary diagnosis, ICD-10 code	
Discharge disposition from index admission, ICD-9, ICD-10, ICD-11	
# Days between discharge date and readmission date	
Total # hospitalizations at this organization in last 12 months	
Documentation that a medication list was provided to patient or caregiver at discharge	
Information about the patient's condition was documented and provided to the next level of care received	
For patients with a confirmed behavioral health condition, a follow-up appointment with a behavioral health provider is documented	
For patients that require assistance from social services, a direct linkage documented instead of asking patient to self-navigate	
The primary learner/caregiver is identified and documented in the medical record	
Teach-back is documented when discharge education is provided	
A customized care transitions plan was developed and documented in the medical record that includes:	
Information about obtaining and taking medications	
Information about signs and symptoms and what to do if they occur	
Plan for follow-up appointments	
Plan for transportation to get to the follow-up appointments	

**DOWNLOAD YOUR
DISCOVERY TOOLS**

READMISSIONS

Cynosure Health
CHANGE PACKAGE



HOW TO USE THE
READMISSIONS
CHANGE PACKAGE

DEFINITION AND
SCOPE

MEASUREMENT

HOW TO IMPROVE

PRIMARY DRIVERS AND
CHANGE IDEAS

USE DATA AND ROOT CAUSE
ANALYSIS TO DRIVE
CONTINUOUS IMPROVEMENT

IMPROVE STANDARD
HOSPITAL-BASED
TRANSITIONAL CARE
PROCESSES

DELIVER ENHANCED SERVICES
BASED ON NEED

COLLABORATE WITH
PROVIDERS AND AGENCIES
ACROSS THE CONTINUUM

CONCLUSION AND
ACTION PLANNING

REFERENCES

**DOWNLOAD YOUR
CHANGE PACKAGES**

LIVE LEARNING EVENTS

While short, on-demand learning modules are a great method for getting your improvement teams educated and ready to go, sometimes an in-depth learning session with a chance to ask questions live is a great option. We have several live events happening throughout the project, including PFE Think Tanks, Educational Grand Rounds, and Webinars with subject matter experts.

PATIENT AND FAMILY ENGAGEMENT RESOURCES

Our team from PFCCpartners have a wealth of expertise to share with hospitals. Our goal is to help infuse the voice of the patient into all improvement activities. Join us for PFE Think Tanks, Listening Sessions with patients and families, the PFE Community in CLIC, and courses in CLIC designed to assist you to develop and sustain an effective Patient and Family Advisory Council.

IMMERSIVE IMPROVEMENT SUPPORT

Cynosure HQIC is committed to building competency and confidence among our hospitals in the areas of quality improvement, patient safety, patient and family engagement, infection prevention, and opioid stewardship. Throughout the course of the project, we will offer participation in learning cohorts designed to dig deeper into the topics, prepare participants for various certification certifications, and work together with hospital teams to implement new processes.

Our Affinity Groups offer short-term, immersive opportunities for frontline and other hospital-level workforce members to work together towards the development of toolkits and solutions related to public health emergencies.

WHO?

Catered to different groups of health care professionals and medical staff dependent on topic. The targeted group will always be mentioned when calling an Affinity Group together.

WHEN?

At least 3 to 5 meetings. Cynosure Health will take a flexible approach to scheduling meetings. All meetings will be recorded and any meeting materials and related resources will be publicly available to all.

WHAT?

Develop tools and resources to be distributed across all the HQIC network

WHAT IS AN AFFINITY GROUP?

An affinity group is formed around a shared interest and common goal, connecting its members across the HQIC.

It consists of volunteers from hospitals who convene for a short period of time in order to take a deep dive into a specific topic, problem or issue to research, gather and develop best practices and solutions. As a group, we will develop tools/recommendations that hospitals may choose to adopt or adapt according to local needs.

HOSPITAL & GROUP COACHING

Our Improvement Advisors and Patient and Family Engagement Experts are skilled coaches in implementation science and change management. They are the drivers for improvement in the HQIC clinical topic areas and patient and family engagement. Hospitals that would like help strategizing improvement, or just looking for new ideas, may take advantage of coaching with our team of experts.

PEER COLLABORATION

The “Communities” in CLIC are designed as online forums for real time sharing of questions and best practices, updated information, and a way to learn from your hospital peers. We invite you to take a look at our Communities and join the conversation. Currently, we have online Communities in CLIC dedicated to COVID-19 Response, Patient and Family Engagement, and the HQIC Patient Safety Focus Areas.



COVID-19 PANDEMIC RESPONSE

A primary focus of Cynosure HQIC is supporting you and your team with just-in-time tools, resources, best practices and real-time information.

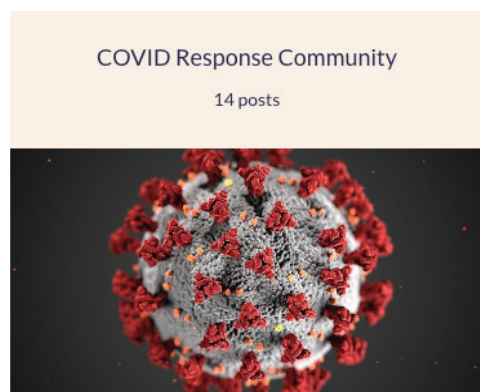
Our team is sensitive to the response to the COVID-19 pandemic is an all-hands-on deck experience for almost every hospital in the country right now and has been for many months.

PUBLIC HEALTH EMERGENCY WORKGROUP

Our Public Health Emergency Workgroup has prioritized Workforce Safety and Well-Being, as well as Building Vaccine Acceptance, Confidence, and Advocacy among Health Care Workers for our hospitals.

CLIC COVID-19 COMMUNITY

Within our CLIC virtual learning platform, you will also find our online forum “COVID Community” where hospital-level staff members and subject matter experts alike have posted tools, resources, updated literature, and lessons learned during the pandemic. Feel free to add to the conversation with a post of your own or download any tools or resources you find helpful.



WORKFORCE SAFETY & WELL-BEING AFFINITY GROUP

Our Workforce Safety and Well-Being affinity group, made up of local leaders in our hospitals, developed a practical toolkit for hospitals to use in providing support for their staff members. The toolkit has a planned release date of early March 2021 and will be available on CLIC.

PUBLIC HEALTH EMERGENCY AFFINITY GROUPS

Our Public Health Emergency Affinity Groups are an opportunity to get involved in our support for hospitals responding to COVID-19. These are short term committees comprised of members from the Cynosure HQIC hospitals working together to develop tools and resources to support hospitals in the response to the COVID-19 public health emergency. Our Affinity Groups are a great way to collaborate and strategize practical strategies for meeting the challenge of COVID-19 together with peer hospitals.

VACCINE ACCEPTANCE WORKGROUP

Our Vaccine Acceptance Workgroup, made up of subject matter experts in the field, developed a toolkit for hospitals to use as they address vaccine hesitancy among health care workers. The toolkit provides training, evidence-based practices, answers to common fears and concerns, and advice for identifying local champions as messengers. It also includes scripts and downloadable resources for health care professionals to use in talking about COVID-19 vaccines with others. The toolkit and associated resources may be accessed [HERE](#).

INSIDE THE TOOLKIT

Change Package

Building Vaccine Confidence, Acceptance, and Advocacy among Health Care Workers

This toolkit is designed to equip hospital leaders with information, strategies and tools to increase vaccine acceptance among health care workers and help them to become confident advocates for COVID-19 vaccination in the communities in which they live and work.



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**DEDICATED.
EDUCATED.
VACCINATED.**

HOW TO USE THE TOOLKIT

BACKGROUND

DRIVER DIAGRAM

PRIMARY DRIVERS AND
CHANGE IDEAS

ENABLING ENVIRONMENT

LEVERAGE SOCIAL INFLUENCERS

MOTIVATION

DIGGING DEEPER: IDEAS TO TEST

APPENDICES

REFERENCES

Informational & Interactive Videos

Building Vaccine Confidence Tools



Building Vaccine Confidence Q&A



Downloadable & Customizable Resources

COVID-19 Vaccine: for Hospital Staff

[your name, organization here]
[date here]

BUILDING VACCINE CONFIDENCE, ACCEPTANCE, AND ADVOCACY AMONG HEALTH CARE WORKERS

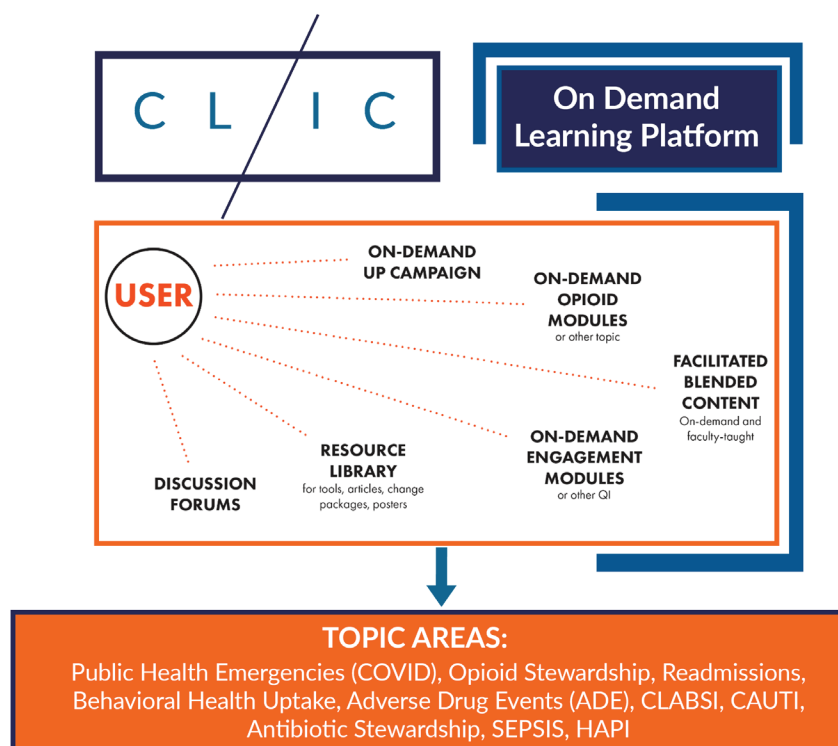
- GET EDUCATED** To feel confident in your decisions and recommendations
- GET VACCINATED** To keep others safe and demonstrate a commitment to end the pandemic
- GET SKILLED** To have constructive conversations about the vaccine with colleagues, families, friends, and patients.

CYNOSURE LEARNING & IMPROVEMENT CONNECTION (CLIC)

The Cynosure HQIC Virtual Learning Platform

We understand the hospitals in Cynosure HQIC are at varying stages in the ability to address patient safety challenges such as adverse drug events, hospital-acquired infections, sepsis, and readmissions. The Cynosure Learning and Improvement Connection, or CLIC, is our virtual learning platform. CLIC is designed to be a low burden, resource-rich online environment for our hospitals to build knowledge and gain the skills necessary to effectively drive improvement.

We call CLIC “democratized education.” **EVERYONE** in your organization is invited to join CLIC. Everyone? Yes, everyone! Clinical, non-clinical, patient care, non-patient care – everyone. CLIC is where you will find information and resources for HQIC quality improvement. Create an account in CLIC by navigating to www.CLIC.Thinkific.com, and following the instructions to register. Once registered, click the links for available courses, and click “enroll” for the course you would like to view. Once enrolled, you will find hundreds of educational modules in several courses designed to be experienced on demand in short timeframes. Each video or written module is designed to be completed within 5 minutes on average, and each course contains several additional resources for your improvement teams.



[Watch our CLIC Overview Video HERE!](#)



CURRENT CONTENT:

Discovery Tools for
Prioritizing Improvement
Activities in the HQIC Patient
Safety Focus Areas

Building Blocks of Quality
Improvement & Patient
Safety

Nuts & Bolts of Infection
Prevention

Addressing the Opioid
Epidemic

Clinical Performance
Feedback/Using Data for
Improvement

Drivers for Improvement in
HQIC Patient Safety Focus
Areas

CONTENT TO LOOK FOR:

Gateways to Developing an
Effective Patient and Family
Advisory Council

Engagement Strategies

The UP Campaign - A
Cross Cutting Approach to
Improvement

Introduction to Quality
Improvement for New Leaders
and Middle Managers

Introduction to Quality
Improvement for the Board

Building Vaccine Confidence,
Acceptance, & Advocacy
among Health Care Workers

OTHER CLIC RESOURCES:

PARTICIPANT WORKBOOKS

Participant Workbook
Improve Appropriate Opioid Use

Introduction

Welcome to Cynosure Health's CLIC course on *Improve Appropriate Opioid Use*.

This workbook is designed to help you identify your hospital's strengths and opportunities preventing, mitigating, and managing opioid use disorder and the steps you might take to implement or accelerate your hospital's opioid stewardship program.

The course is broken into 3 sections: Our core course will explore 5 primary drivers for improving appropriate opioid use. If you are interested in diving deeper into the material and resources, please join our two deep dive courses on addressing stigma and accelerating your quality improvement program in your hospital setting.

We hope you enjoy this course!

Warm Regards,
The Cynosure Health Team

LEARNING OBJECTIVES:

- Define the 5 principles of safe & effective opioid care in the hospital setting.
- Identify your hospital's strengths and opportunities.
- Outline the critical steps to managing an effective opioid stewardship program.
- Summarize the steps you will take to support your hospital's opioid stewardship program.
- Develop a strategy to measure success.
- Learn from peer hospitals on proven strategies to opioid care.
- Problem solve with peers to come up with the most effective strategies for your hospital setting.

2

QUALITY IMPROVEMENT TOOLS

Run Chart Rules

Definitions

RUN	SHIFT	TRENDS
A sequence of consecutive points which all lie on the same side of the mean/median line.	SIX or more points above or below the line	FIVE or more consecutively increasing or decreasing points

P Look for runs. Mean or median can be used depending upon the data. If the data is symmetrical, use **mean**; otherwise **median** is a better choice. A run can be a single point if both the previous and subsequent points are on the opposite side of the mean/median line. Ignore points that lie exactly on the line. Simply count the number of runs. Having more or fewer runs than expected indicates that there is non-random variation in the process (i.e., special cause).

P Next look for shifts. This is an indication that special cause variation exists in the process. After shifts, look for trends.

CUSTOMIZABLE WORKSHEETS

Driver Diagram Worksheet

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS

DRIVER DIAGRAM

GOAL: EARLY RECOGNITION AND TREATMENT FOR SEPSIS AND SEPTIC SHOCK

PRIMARY DRIVERS	SECONDARY DRIVERS
RELIABLE EARLY DETECTION Implement a sepsis screening tool. Adopt sepsis screening on all potentially infected patients. Support prompt escalation and timely intervention for at-risk patients. Develop a performance measurement dashboard to use data to drive continuous improvement.	
IMPLEMENTATION OF 3-HOUR BUNDLE FOR PATIENTS WITH SEPSIS Measure lactate. Obtain blood cultures prior to the administration of antibiotics. Administer broad-spectrum antibiotics. Administer 30ml/kg crystalloid for hypotension or lactate levels >40mmol/L. Promote prompt imaging to confirm potential sources of infection.	
IMPLEMENTATION OF 6-HOUR BUNDLE FOR PATIENTS WITH SEPTIC SHOCK Administer vasopressors. Reassess volume status and tissue perfusion to ensure adequate resuscitation. Reassess lactate.	
PROVISION OF OTHER SUPPORTIVE THERAPIES Implement the other supportive therapies as indicated by individual patients using algorithms and/or protocols.	

INTERACTIVE TOOLS

Do you have the best skin care supplies to prevent skin injuries?
Supply / Equipment Checklist for Materials Management / Leadership
"Scavenger Hunt"

Hospital: _____ State: _____ Your Position: _____

Support Surfaces: visit each department to inspect their mattresses, gurney pads, etc.

Med Surg: age of surfaces: _____ Type of mattress: _____
 ICU: age of surfaces: _____ Type of mattress: _____
 ED: age of surfaces: _____ Gurney Mat thickness: _____
 Type of mattresses available in ED: _____
 OR: age of surfaces: _____ High Density Foam Mat on tables? ☐ Y ☐ N
 Bariatric mattresses or equipment are delivered in a timely manner? ☐ Y ☐ N

Directions: visit a medical surgical and/or intensive care unit to observe and interview staff about the presence of the optimal equipment and supplies for managing pressure injury prevention.

Friction Management Supplies and Practices are in place.

- ☐ Glide sheets
- ☐ Lifts and adequate slings on each unit (easily accessible)
- ☐ Policies on safe mobilizing (no-lift or minimal lift)
- ☐ Multi-layer soft, sacral dressing

Moisture Management

- ☐ Low air loss mattresses are used for incontinent or patients with moisture issues
- ☐ New female external catheters that attach to suction available
- ☐ Male external catheters or penile pouch/wrap available
- ☐ Non petroleum barrier cream available
- ☐ High quality underpads are used
- ☐ Prepared skin cleansing cloths are used (instead of soap and water)

Miscellaneous

SELF ASSESSMENTS

2020 Opioid Management Hospital Self-Assessment

Measure	Level 1 (1 pt.)	Level 2 (2 pts.)	Level 3 (3 pts.)	Level 4 (4 pts.)	Score	Foundational Resources
Patient and family engagement	Actively engage patients, families, and friends in appropriate ways (e.g., ID, Room Care, General Medicine, Behavioral Health, etc.) regarding opioid risk and management (opioid prescribing, treatment, and overdose prevention via education, hospital quality improvement initiatives, etc.)	Provides general education to all patients, families, and friends in at least two service lines (e.g., ID, Room Care, General Medicine, Behavioral Health, etc.) regarding opioid risk and management (opioid prescribing, treatment, and overdose prevention via education, hospital quality improvement initiatives, etc.)	Provides focused education to opioid-risk and opioid-tolerant patients (e.g., MAT patients, opioid risk and management, naloxone use, etc.) through verbal communication (one-on-one with care providers) or written communication (brochures, fact sheets on opioid risk and management, pain management strategies, general information on hospital care strategies on website or portal, etc.)	Provides opportunities for patients and families to engage in hospital-wide opioid management activities (Patient Family Advisory Council, peer navigator, program design, etc.)	Your hospital is actively monitoring & developing strategies to improve patient & family engagement on opioid care (e.g., MAT patients, a MAT start, if naloxone kit distributed w/ education, if patients involved in QI/peer, etc.)	Patient and Family Engagement: What You Need to Know - IHI (Project SHOUT) Know your options for successful treatment - IHI (Project SHOUT) Advancing the Safety of Opioid Pain Management (OPM) Safe and Effective Pain Control After Surgery (ACS)
Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, & goal.						
Briefly describe the steps your hospital has taken to actively engage patients and families in opioid stewardship strategies.						

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Finally, the CLIC Communities (found by navigating to the bottom of your personal CLIC dashboard), are an easy way to communicate with your peers, share the latest literature, best practices, and stories of how organizations have tackled difficult improvement challenges. We currently have 3 CLIC Communities:

COMMUNITIES

Patient and Family Engagement Community

13 posts



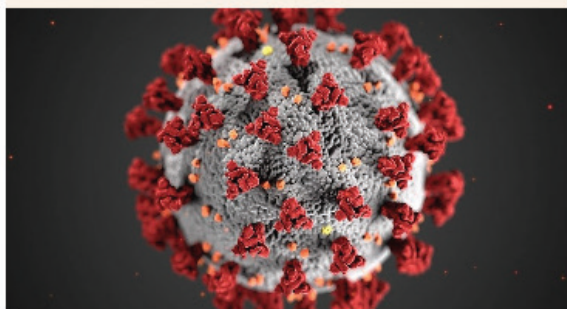
Patient Safety Focus Areas

7 posts



COVID Response Community

14 posts

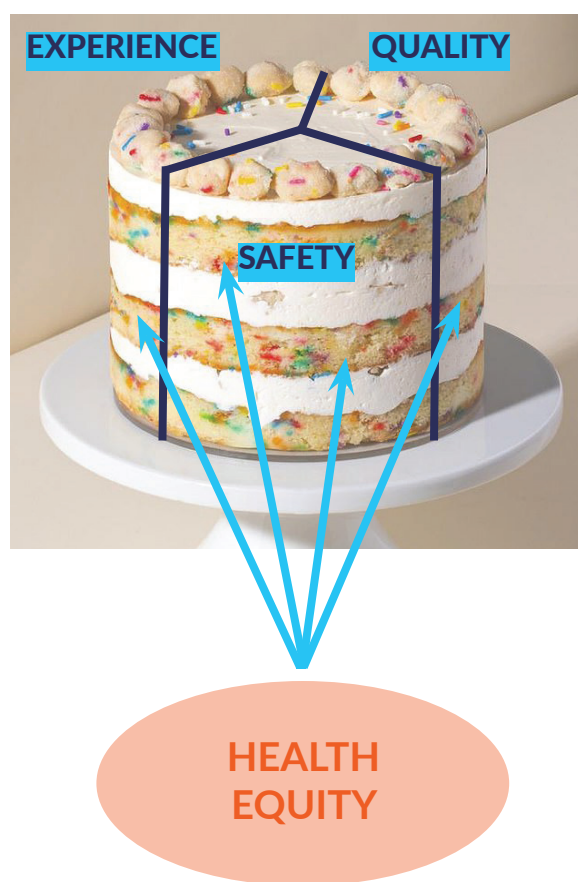


Visit the communities and add to the discussion by answering a question, uploading a resource, or starting a new conversation. New content is added to the CLIC Communities all the time.

HEALTH EQUITY/HEALTH CARE DISPARITIES

The funfetti approach to authentic patient family engagement creates the roadmap to health equity.

THE FUNFETTI APPROACH TO PARTNERSHIP



The funfetti approach to authentic patient and family engagement creates the roadmap to health equity.

Cynosure HQIC hospitals come from geographically, ethnically, and culturally diverse communities across the country. Hospitals can leverage their local communities to build equitable outcomes for the most vulnerable in your area. Increasing the diversity of patients and families engaged in more inclusive activities creates the opportunity to co-design better outcomes for all.

Together with leadership from our experts at PFCCpartners, we will support hospitals to utilize information from Community Health Needs Assessment (CHNA) to identify the population, build trusted partnerships with community-based organizations and to design inclusive activities, such as listening sessions, alternate meeting times and using low tech communication tools where needed.

Hospitals will be supported to build on current PFAC activities to create more doors in the community for patients and families to share insights about barriers to care. Including the most diverse perspectives, in culturally sensitive ways, maps out the road to building equitable outcomes. Addressing disparities in care will require us all to work together to better understand and then co-design effective solutions with the populations experiencing the disparate outcomes. We look forward to supporting the diverse communities represented in the Cynosure HQIC to develop local solutions that address the health disparities in your community.

MEASUREMENT STRATEGIES

As with any improvement project, achieving better outcomes starts with having the most actionable data.

Cynosure HQIC is committed to doing just that – providing our partners and hospitals with data that identifies their individual opportunities, accurately accounts for progress, and drives improvement.

Data submitted to CMS on behalf of HQIC is done in the aggregate and will be de-identified (not hospital specific). No patient level data will be collected. The aggregated data collected from our 300 hospitals will be used to both measure success, as well as to prioritize Cynosure HQIC activities. In review of measurement results, our Improvement Advisors will partner with you to co-create individualized hospital-level improvement strategies and interventions. Our data analytics experts from IMPAQ International have designed an approach to measurement for Cynosure HQIC that is both useful and low burden for our hospitals. Our deep knowledge of meaningful data strategies for improvement has helped to inform the selection of measures and the methodology for data collection.

WAYS TO MEASURE:

INFREQUENT EVENTS CALCULATOR

Many of the hospitals enrolled in Cynosure HQIC are rural or critical access hospitals with lower volumes than those in large urban settings, requiring different approaches to achieve meaningful measurement. Conversely, some large hospitals may have very low volume of certain types of patient safety measures, like MRSA. Traditional measurement reporting in the setting of low volume is not always useful for a quality improvement focus. Our Infrequent Events Calculator is designed specifically for these settings and situations. Using a days-between calculation, hospitals may enter the dates of when a particular type of event has occurred, such as a pressure injuries, and with just a few data points, view a statistical process control chart that will help to identify variation and trends. We believe this approach will help hospitals address those rarely occurring, yet impactful, patient safety areas of concern.

REGULAR PROGRESS REPORTS

The Cynosure HQIC's focus on data and measurement for our participating hospitals is to find out what is important to you, what your biggest opportunities are, and to help meet them using the most meaningful and low-burden measurement methods possible. As a part of this commitment, the HQIC team intends to provide our partners with hospital-level feedback reports that detail their progress along our improvement journey, using the regular data they submit as its basis. These reports will give you a snapshot in time as to your successes, opportunities, and progress toward our collective goals.

DISCOVERY TOOLS

In order to make meaningful progress and assist hospitals with their highly individualized needs has designed an approach to measurement that focuses on the utility of data being collected and analyzed. One way of demonstrating that is through our Discovery Tool methodology to collect process measures for the HQIC Patient Safety Focus Areas. In past improvement collaboratives, you may have been asked to collect process measures for every outcome measure associated with the collaborative, whether your outcome data showed improvement or not, and whether your organization had reliable practices in place or not.

In Cynosure HQIC, we want you to take a data-informed approach to process measures by using our Discovery Tools. The Discovery Tool process is intended to use a discreet sample of medical records (usually no more than 10) for the patient safety topic being reviewed. Each tool has a list of evidence-based practices, and your staff members determine if they were present or absent for each record reviewed. In a short period of time, each hospital can efficiently and accurately identify gaps in their reliable implementation of best practice processes, and efficiently target improvement. Cynosure HQIC will also use these results to guide our improvement activities for the network, prioritizing those areas that are common across our participating hospitals.

ENCYCLOPEDIA OF MEASURES

Cynosure HQIC has established our Encyclopedia of Measures (EOM), which contains information about each of the HQIC measures, the data sources, numerator and denominator definitions, and background information for each measure. It has been developed as an informational resource for Cynosure HQIC hospitals.

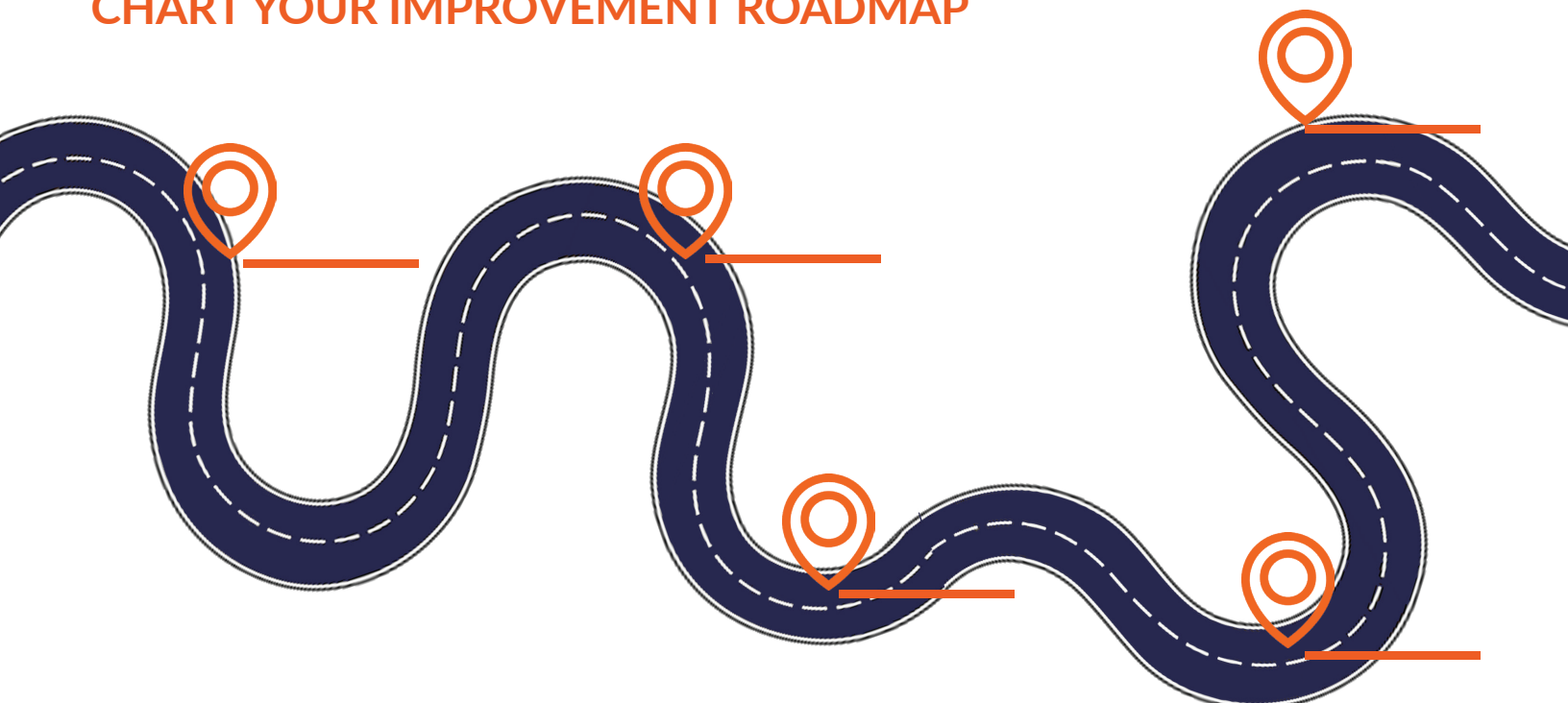
OPPORTUNITIES FOR INVOLVEMENT IN CYNOSURE HQIC

Chart your improvement roadmap.

THINGS TO CONSIDER:

- What is your current bandwidth for improvement activities during the COVID-19 public health emergency?
- What does our internal hospital data tell us about where we might have the greatest opportunity to improve? (Hint: Review data for hospital-acquired infections, sepsis mortality, adverse drug events, readmissions, pressure injuries, *c. difficile*, opioid stewardship, and antibiotic stewardship, if available.)
- Do I have the right people engaged in improvement on my team?
- How intentionally do we engage patients and our community in planning how we provide and improve services?

CHART YOUR IMPROVEMENT ROADMAP



The answers to those questions will help to guide you and your team in next steps.

1. **First**, start using CLIC. Explore and complete any CLIC courses that would benefit your team members, such as Quality Improvement, Infection Prevention, How to Use Data for Improvement, or Drivers for Improvement in the individual HQIC Patient Safety Topic Areas.
2. **Second**, join the conversation in our CLIC Communities to learn how your peers and others are addressing improvement.
3. **Third**, pick an improvement area to dive into based upon your data, bandwidth, and alignment with other projects. Download the associated Discovery Tool in the HQIC Patient Safety Focus Areas in CLIC, watch the short video describing the use of the Discovery Tool, and review 5–10 medical records using the tool.
4. **Fourth**, stand back and look at the results of your review. Which processes failed most often? Download the change package for that topic for change ideas to strengthen your processes. Identify and idea to test and try it the Plan-Do-Study-Act (PDSA) methodology. See CLIC modules in the Building Blocks of Quality Improvement and Patient Safety course for a description, tips, tools for testing, moving to implementation, and spread.
5. **Fifth**, reach out to your state partner or Cynosure Improvement Advisor if you need assistance, get stuck, or just want to talk about ideas to test and strategize your improvement roadmap.

NOT ENOUGH BANDWIDTH TO FOCUS ON ANYTHING ELSE IN THE MIDDLE OF A PUBLIC HEALTH EMERGENCY?

STOP HERE

The COVID-19 public health emergency has exhausted significant resources and left many hospitals unable to devote time to other improvement priorities. We understand and are here to support your team. We have curated and developed a large portfolio of tools, resources, just-in-time learning modules, and advice from experts in our COVID-19 Response Community in CLIC. In addition, we have webinars and other learning opportunities open to anyone in your hospital. We update information and resources from subject matter experts and our Public Health Emergency Workgroup on a regular basis in this CLIC Community.

To find advice from others and ideas to address the overwhelming challenges that COVID-19 presents, access the COVID-19 Response Community in CLIC. Post your questions, concerns, tips, and learnings from experience in the Community. Information and resources that have been addressed in the COVID-19 Community on CLIC include:

- The Playbook for Rural Hospitals in the Response to COVID-19
- A thank-you video message from patients and families to our health care workforce
- ANA Education Series addressing workforce mental health support
- IHI Conversation and Action Guide to Support Staff Well-Being
- Engaging family and caregivers in the absence of visitation
- Surviving Sepsis Campaign on Management of Critically Ill Adults with COVID-19

TOOLKITS

Me-Tools

how to HEAR ME

Listen and act on your network of health care professionals' expert perspective and frontline experience; understand and address their concerns to the extent that the organization and leaders are able.

ASK

Conduct frequent, brief WELL-BEING huddles/rounds to learn about current and pressing issues.

- What are you most worried about right now?
What concerns do you have for patients, yourself, your family, or the team?
What can we do together that would help right now?
- How can we work together to make a positive change?
• What can we stop doing that would help right now?
• What else do you want us to know?

LISTEN, DO NOT INTERRUPT

Acknowledge complex emotions

- This is extremely difficult and no one has been through this before

Promote psychological safety

- Promote Employee Assistance Program (EAP) - not just for crises; rotational presence on-site (all shifts) as well as available off-site for privacy (scheduled)
- "Never worry alone"; to promote peer-to-peer support
- Create a psychologically safe place to share feelings

Recognize frustration and anger as part of the upheaval of daily life

- Empathize and invite ideas to create change; co-design a solution
- Include staff in decisions that affect them

Encourage sharing positive stories

- Dedicated bulletin board or webpage for staff, patients, families and the community to post and share positive stories
- Ask "What is the best thing that happened today?"

Provide quiet restorative space for sharing and reflecting

- Music therapy
- Aromatherapy
- Hydration/snacks

REFERENCE

Bull E, Hesse C, White K. Conversation and Action Guide to Support Staff Well-Being and Joy in Work During and after the COVID-19 Pandemic. Institute for Healthcare Improvement. 2020. <https://www.ihg.org/resources/Pages/Tools/Conversation-Guide-to-Support-Staff-Wellbeing-Joy-in-Work-COVID-19.aspx>

Shanafelt T, Rupp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. JAMA. 2020;323(13):1513-1514.

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Vaccine Acceptance

DEDICATED. EDUCATED. VACCINATED.

Driver 2 LEVERAGE SOCIAL INFLUENCERS

SECONDARY DRIVERS IN THIS SECTION

1. Identification of influencers (in health care and from the community)
2. Training for influencers to effectively engage others
3. Building influencers' knowledge base about COVID-19 vaccines
4. Message/signal receipt of the vaccine (amplify endorsements)

1. Identification of influencers (in health care and from the community)

CHANGE IDEAS

- Identify local influencers. Influencer characteristics:
 - Trusted, thought leaders, respected peers, role models (a leadership title is not required)
- Represent the diversity of the workforce and community (gender, race/ethnicity, role professional, support, etc.) to be the local messengers.
- Use physicians as influencers for both health care workers and community members.
- Provide training to organizations and communities:
 - How to identify the characteristics of a successful influencer.
- Consider training community members in health care from outside the hospital setting such as community health workers, those in public health, firefighters/EMTs to help with vaccine administration as they are recognized by the community and may increase acceptance especially in communities with higher rates.

2. Training for influencers to effectively engage others

CHANGE IDEAS

- Train influencers to engage others in their organization and/or community through presentations, integration to business meetings.
- Provide training/resources to support messaging (scripts, customizable PPTs, simulation videos of potential conversations, postcards with conversation points to share with colleagues).

THANK YOU

AND WELCOME!

Need assistance? Reach out to your state or regional hospital association liaison or contact Cynosure Health at cynosure@cynosurehealth.org.

