

Cultivating Roots of Quality Improvement

Session 1: Getting Started: The Model for Improvement and How to Choose a Change
April 18, 2023

Introductions: Your Guides

Barb DeBour, 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
Director of Quality Programs
Montana Hospital Association

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

9 hospitals represented by 29 CAH staff!

In the chat:

- Name, Facility
- What are you looking forward to most in this project?

Big Sky Medical Center

Central Montana Medical Center

Community Hospital of Anaconda

Dahl Memorial Healthcare

Livingston HealthCare

McCone County Health Center

Mineral Community Hospital

Ruby Valley Medical Center


St Luke Community Hospital

Program Expectations

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



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Program Expectations

Virtual Education
Eight education sessions with the final session reserved for project report outs and sharing.

Coaching Calls
Each team has four (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.



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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.
- 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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Schedule

Date	Topic	Practical Application (assigned)
April 18	Getting Started: The Model for Improvement & How to Choose a Change	Tool: 3 Questions
May 2	Heart of the Matter: Tools to Determine the Problem	Tool: Project Summary
May 16	What Tells the Story? How to Identify and Use Data	Tool: PDSA Cycle 1 and Summary
June 8	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 20	The Leader Mindset	
July 11	No Blame No Shame: Addressing Patient Safety and Adverse Events	Poster development
July 25	Changing the Perspective Changes the Experience: Involving Patients and Family Advisors in Quality Improvement	
August 22	Celebration & Sharing	

MHA

H O N T A N A

H O S P I T A L

A S S O C I A T I O N

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Introduction to Improvement

Many methods...same goals

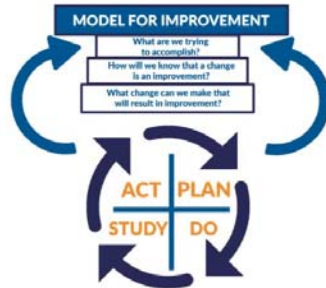
Model for Improvement

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 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, 2024
- Increase hand hygiene compliance rates to 95% by October 15, 2023
- Reduce falls with injury rates by 20% by November 1, 2023

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





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

What
should we
measure
and how?



Types of Measures

Outcome (we usually want this to be low)

- Mortality
- Infection
- Falls with injury

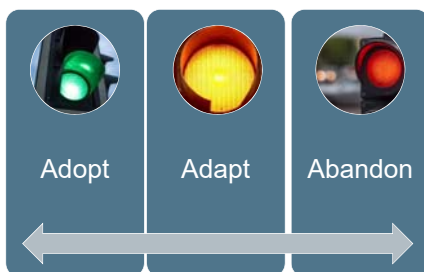
Process (we usually want this to be high)

- Hand hygiene compliance
- Hourly rounding
- Surgical time out

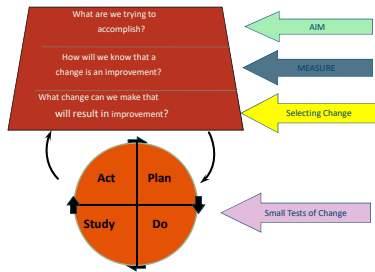
Balance

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

How measures inform us



Model For Improvement




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

Change Idea Exercise



Brainstorming
Exercise



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'



Multi-Voting

Typically, 3-6 ideas will get the most votes

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

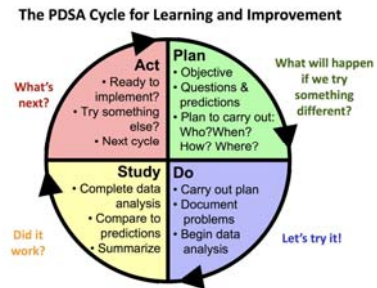
Line up the 'highest vote issues'

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



The value of dots

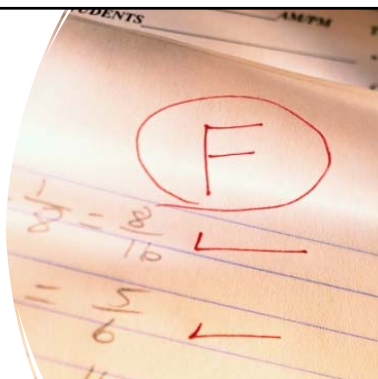
The PDSA Cycle for learning and improvement




Guidelines for Testing Change





Fail Early, Fail Often




What can I
test by next
Tuesday?



Work with the willing

Aim BIG



Test ...







Collect Data



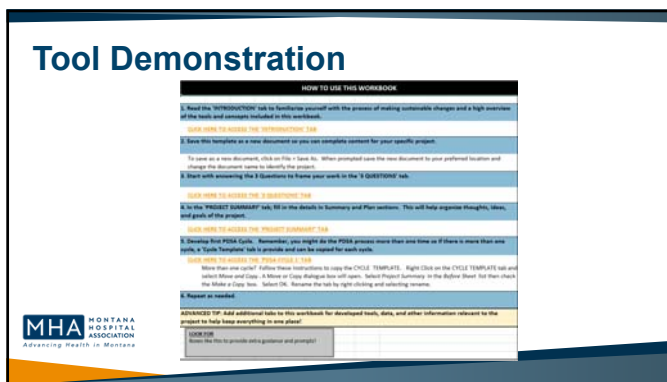
Consider a wide range of conditions

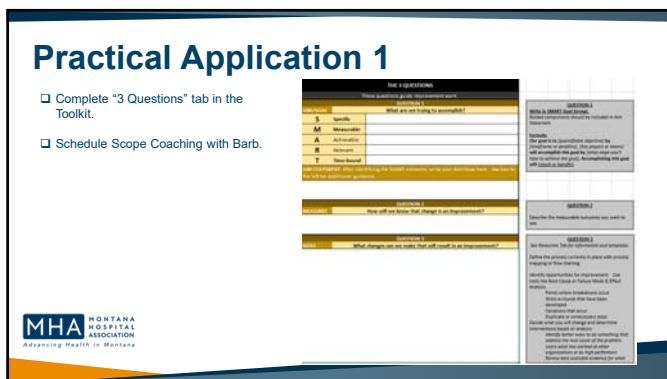


Steal Shamelessly










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Evaluation

Please complete the short evaluation that will appear when you leave the webinar.
