Cultivating Roots of Quality Improvement

Session 3: What Tells the Story? How to Identify and Use Data
March 26, 2024

1

Introductions: Your Guides

Barb DeBaun, MSN, RN, CIC
Improvement Advisor

With more than four 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.

Casey Driscoll, CPHQ
Director of Quality Programs
Montana Hospital Association

After over a decade at the Montana Hospital Association, Casey has found her passion for working with rural hospitals to improve the quality of care for Montana residents.

2

Introductions: Our Hospitals

10 hospitals represented by 32 CAH staff!

Billings Clinic Broadwater
Bozeman Health
Cabinet Peaks Medical Center
Central Montana Medical Center
Clark Fork Valley Hospital
Community Hospital of Anaconda
Livingston HealthCare
McCone County Health Center
Sidney Health Center
St. Luke Community Healthcare

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3

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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4

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 <u>must be used</u> 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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5

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.
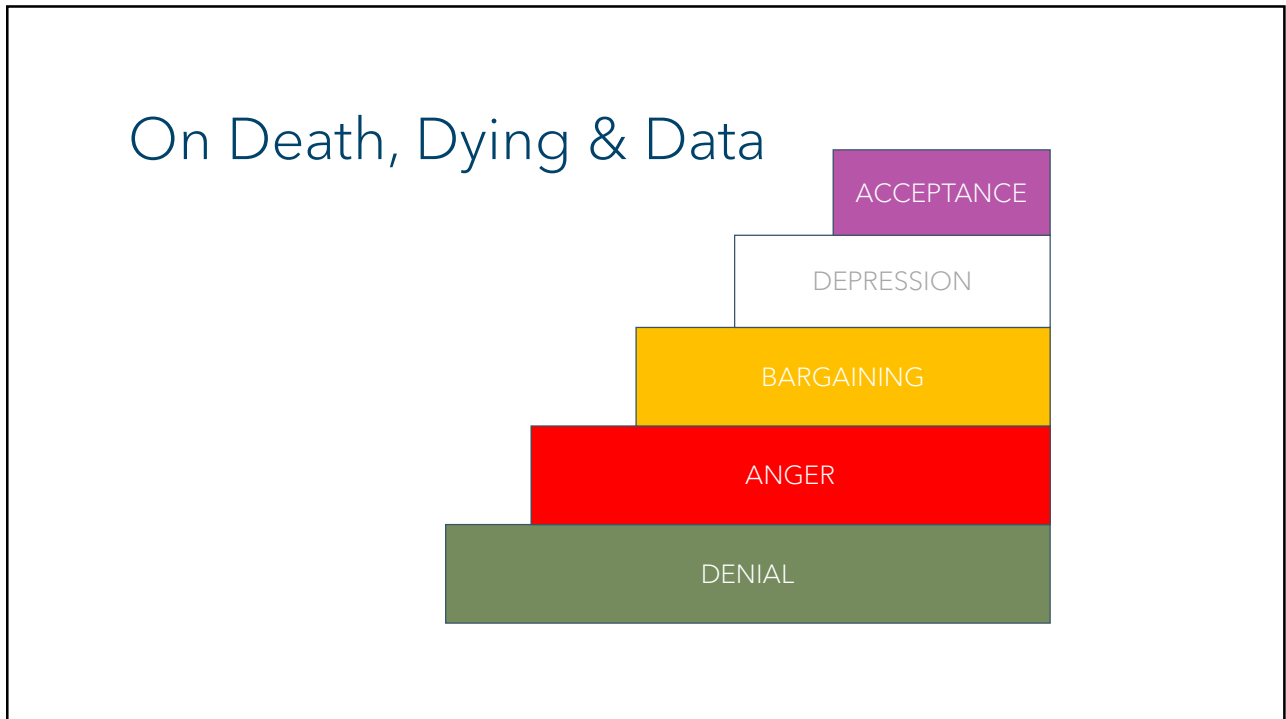
Education Session Expectations
- Please turn your camera on if you are able.
- Speaking up is preferred over the chat for clarity and efficiency.
- Use the Raise Hand feature to speak up. We will watch and then 'call on' you.

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6

Data, data, and more data

7

On Death, Dying & Data

ACCEPTANCE

DEPRESSION

BARGAINING

ANGER

DENIAL

8

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.

9

Why do we collect data?

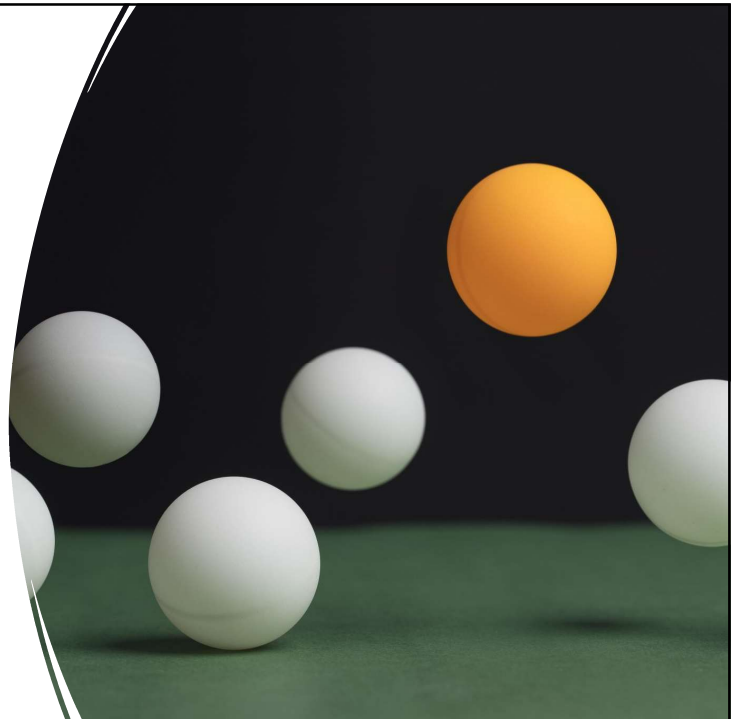| Improvement	Reporting
•Used for learning	•Used to judge

10

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

W. Edwards Deming
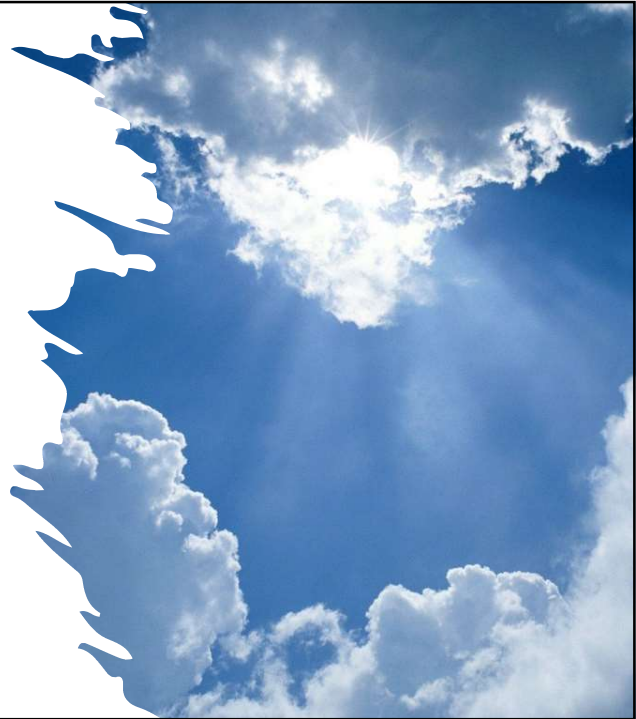
11

Are you collecting any data that is not being analyzed or acted upon?

12

Collection of Data

13

Data Collection

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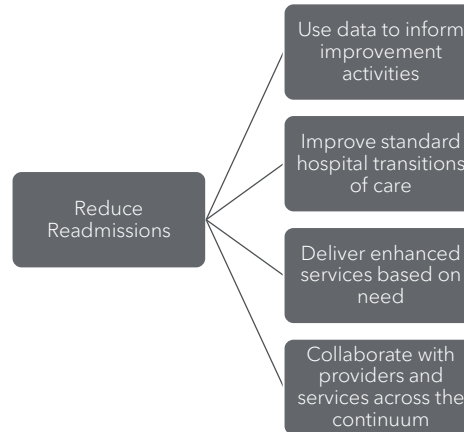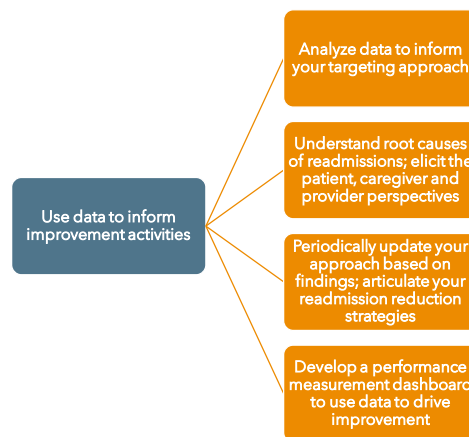- Does everyone do it the same way?

14

Interrater Reliability

15

Where do you find YOUR data?

16

Drivers for Improvement in Readmissions

```
                        Use data to inform
                        improvement
                        activities

                        Improve standard
                        hospital transitions
                        of care
  Reduce
  Readmissions
                        Deliver enhanced
                        services based on
                        need

                        Collaborate with
                        providers and
                        services across the
                        continuum
```

17

Driver #1: 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
  Use data to inform
  improvement activities
                              Periodically update your
                              approach based on
                              findings; articulate your
                              readmission reduction
                              strategies

                              Develop a performance
                              measurement dashboard
                              to use data to drive
                              improvement
```

18
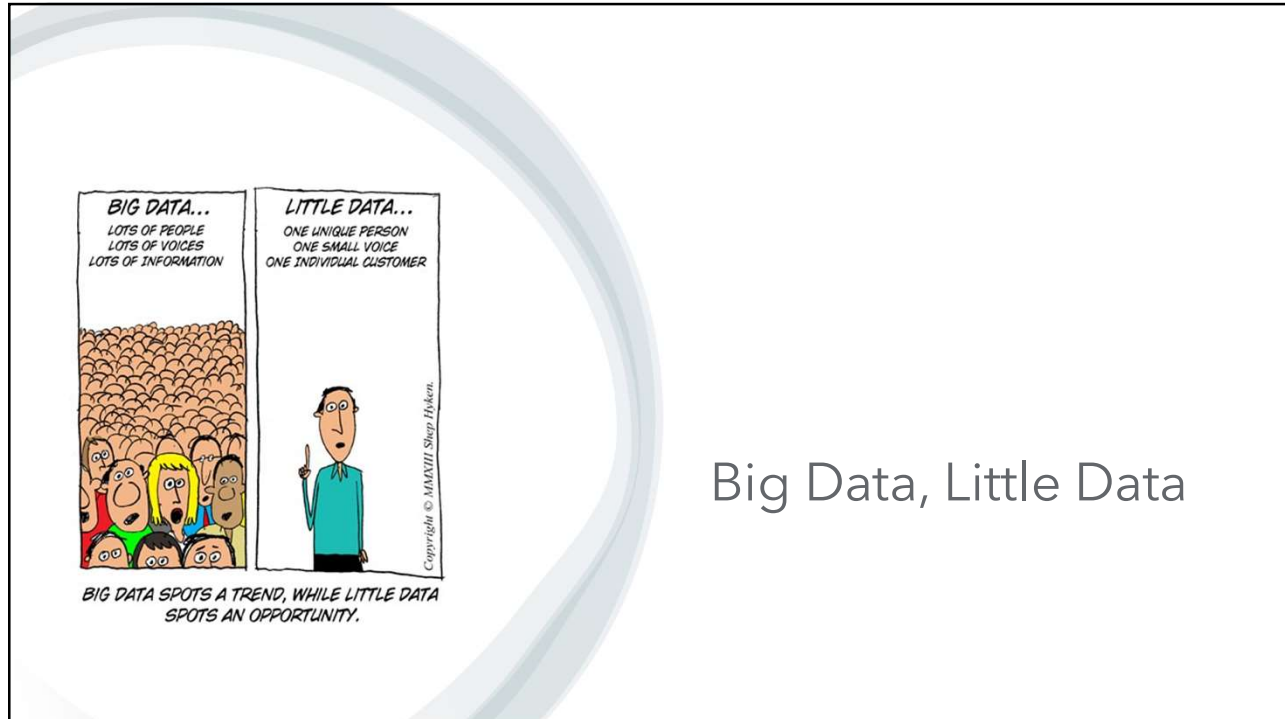
Big Data, Little Data

19

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) ...

20

"Little Data": patient interviews

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

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

21

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

22

11

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?

23

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

"THE KEY TO GOOD DECISION MAKING IS NOT KNOWLEDGE. IT IS UNDERSTANDING."
—MALCOLM GLADWELL
BLINK

*

24

24

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

Readmission Discovery Tool
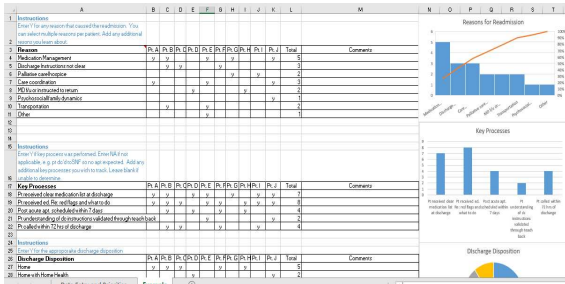
Driver of Utilization Tool
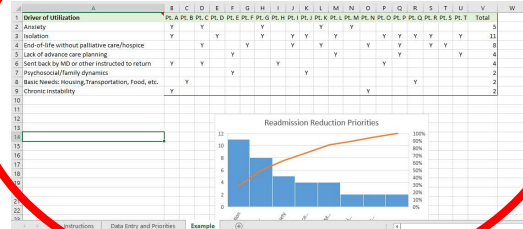
25

How Do We Tell The Story Of Our Improvement Journey?
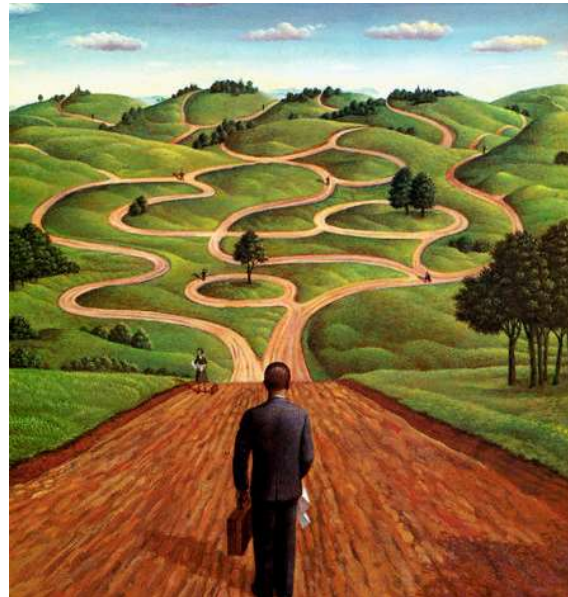
26

Data Display and Analysis

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

27

Data Display

28

Three Tips
for Success

29

One size
does
not fit all
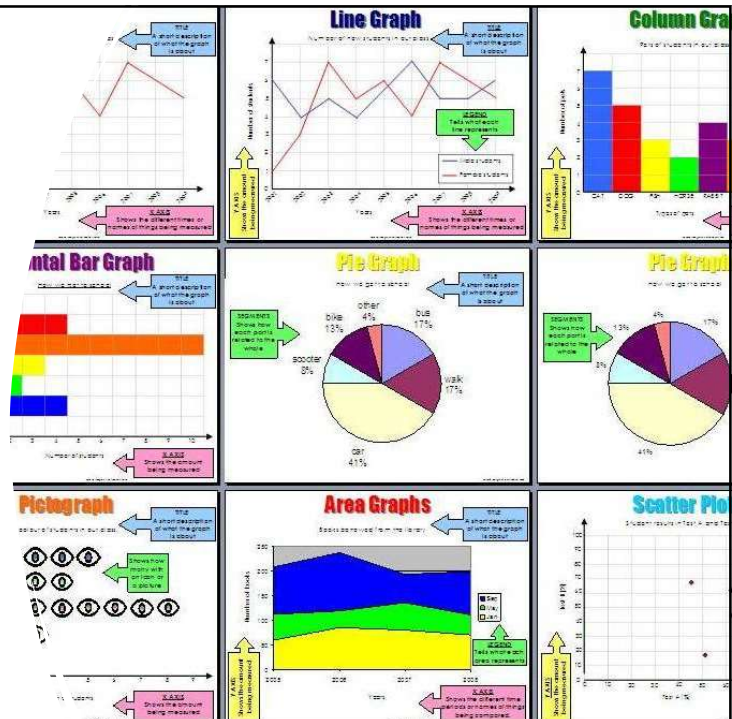
30

Know
Your
Audience

31

Check for Accuracy

32

Pareto: where do I start?

33

Annotate to narrate the story

Goal = >90%

Median = 68%

Improvement team formed

Testing and adapting changes

Changes implemented

Percent Compliance

Week number
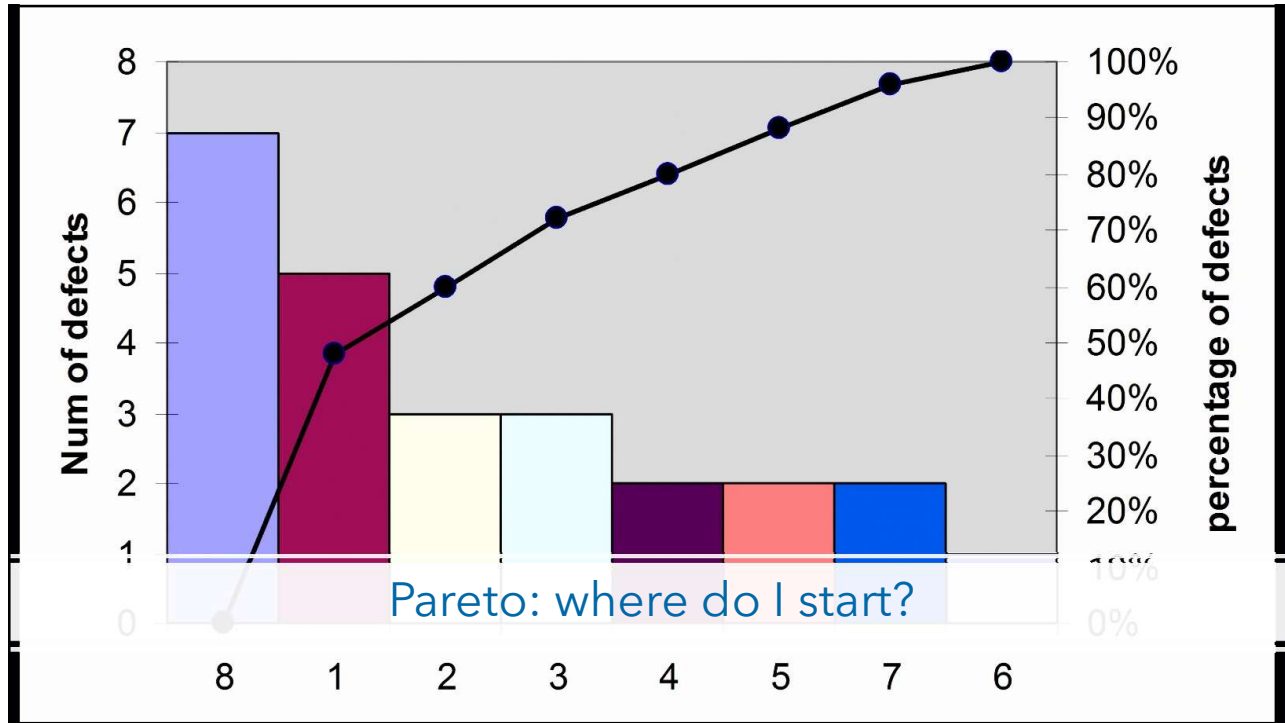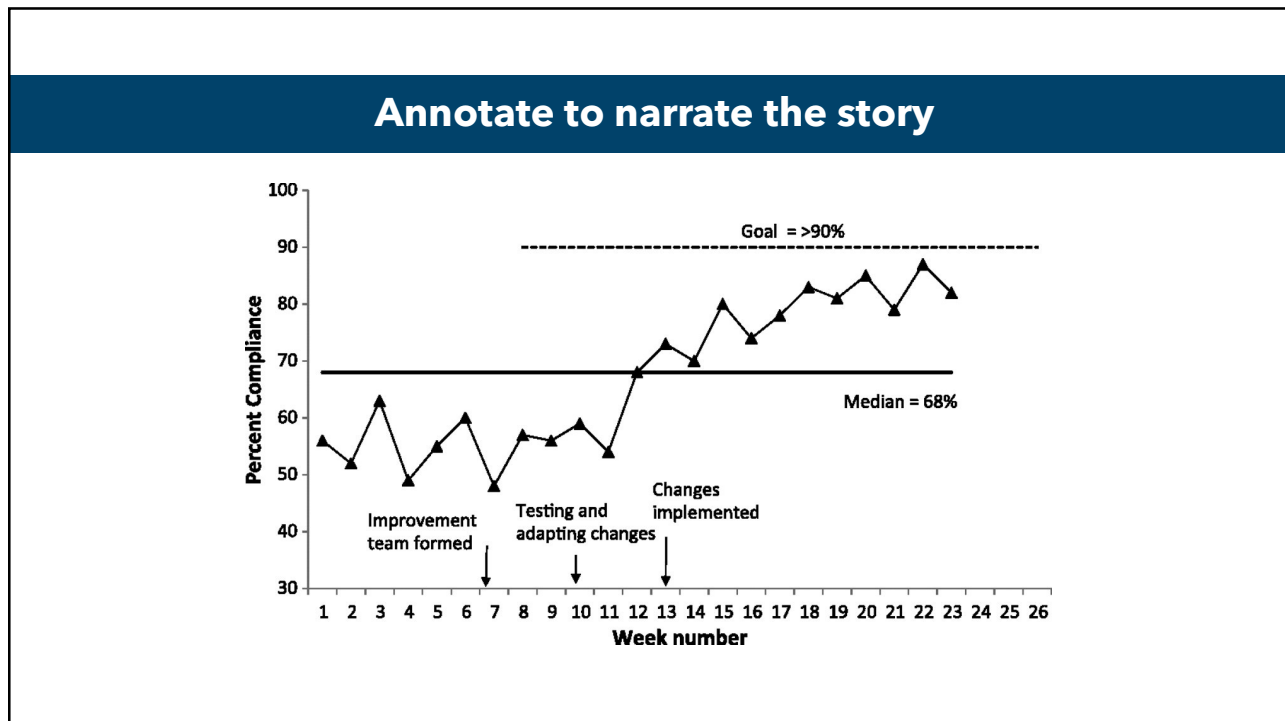
34

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%**

35

35

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

36

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

37

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
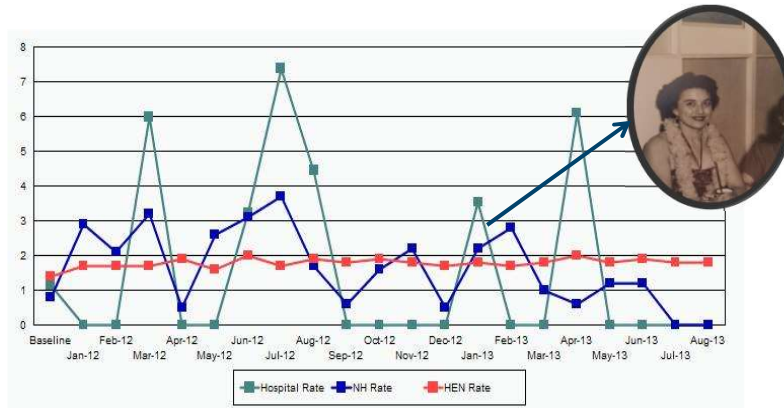
Courtesy of Martha Leighton; Eliot Hospital, Manchester, NH

39

The
Number of
People
Harmed

Do you ever wonder if what you did made a difference in preventing injury from a fall?

2010 43 falls

2011 33 falls (18 without injury and 15 with injury of minor or greater)

2012 27 falls (14 without injury and 13 with injury minor or greater)

Injury cost calculation:

2010
Didn't classify falls by injury at that time.

2011
15 with injury x $11,250.00 per fall = $168,750.00 injury cost

2012
13 with injury x $11,250.00 per fall = $146,250.00 injury cost

Savings of injury costs compared to 2011 =
$22,500.00

40

41

Front-line nurse engagement

42

Make success and failure visible
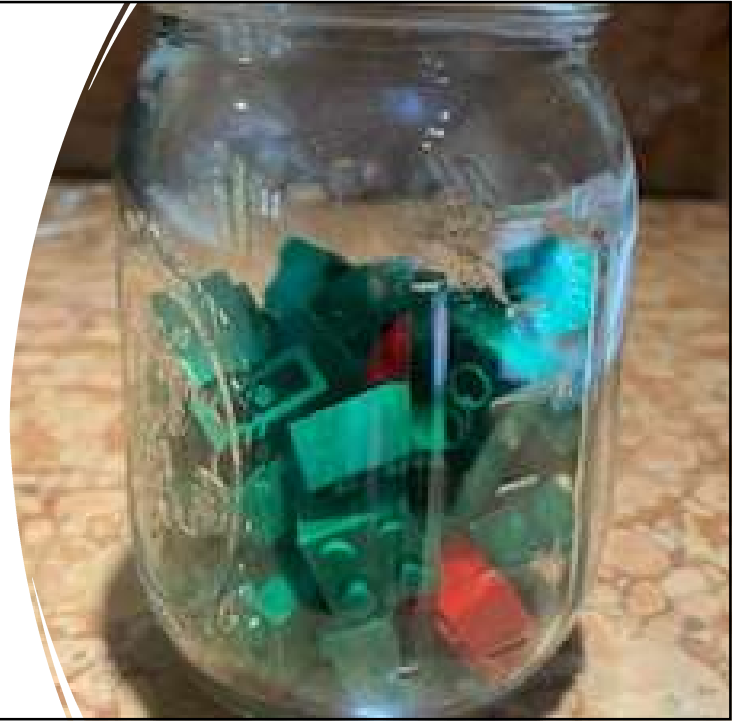
43

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

44

Open forum…please jump in with your questions
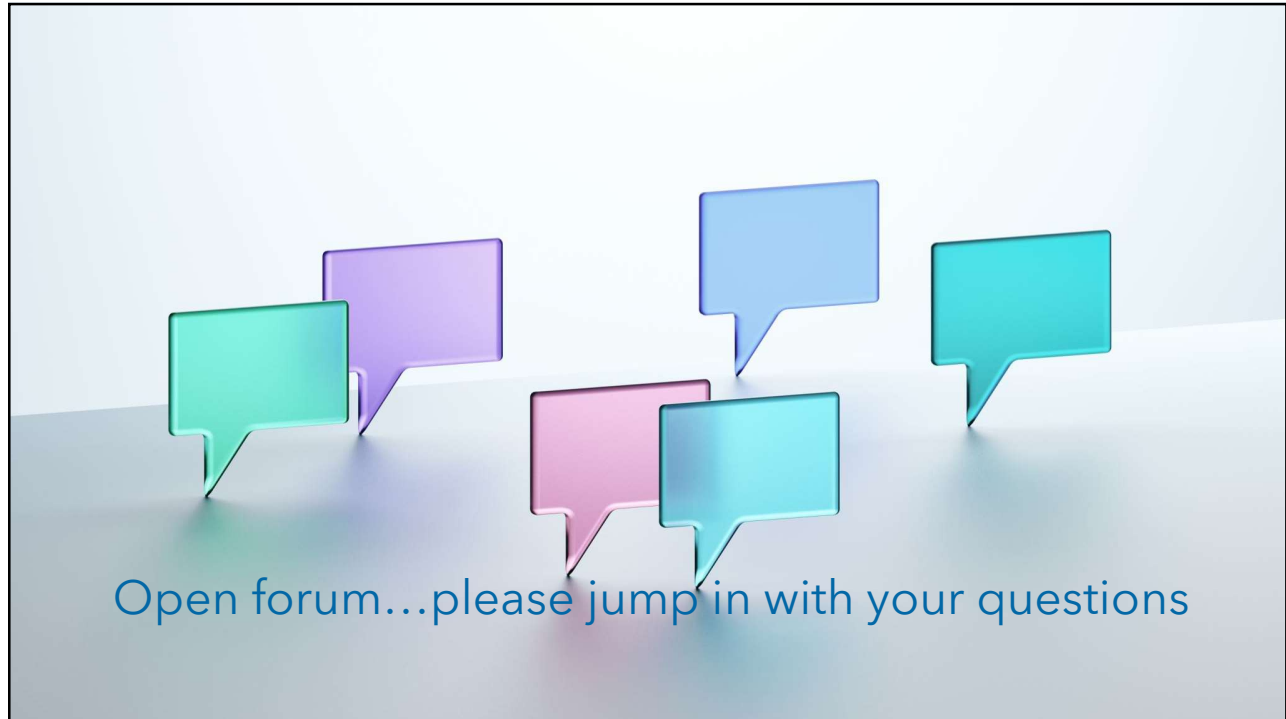
45

Schedule

Date	Topic	Practical Application (assigned)
Feb 27	Getting Started: The Model for Improvement & How to Choose a Change	Tool: 3 Questions
March 12	Heart of the Matter: Tools to Determine the Problem	Tool: Project Summary
March 26	What Tells the Story? How to Identify and Use Data	Tool: PDSA Cycle 1 and Summary
April 18	Just Do It…and Do It Again! Small Tests of Change and the Do-Study-Act of the PDSA Cycle	Tool: PDSA Cycle 2 +
April 30	The Leader Mindset	
May 21	No Blame No Shame: Addressing Patient Safety and Adverse Events	Poster development
June 11	Changing the Perspective Changes the Experience: Involving Patients and Family Advisors in Quality Improvement	
July 16	Celebration & Sharing	

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46

Practical Application 3

- ✓ Complete "3 Questions" tab in the Toolkit.

- ✓ Schedule Scope Coaching with Barb.

- ✓ Complete the Summary & Plan in Project Summary tab in the Toolkit.

- ❑ Complete **Plan** in the PDSA Cycle 1 tab in the workbook

- ❑ Send to Casey

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47

Contact

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48

Evaluation

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

49