Cultivating Roots of Quality Improvement

Session 5: The Leader Mindset

April 30, 2024

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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
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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.

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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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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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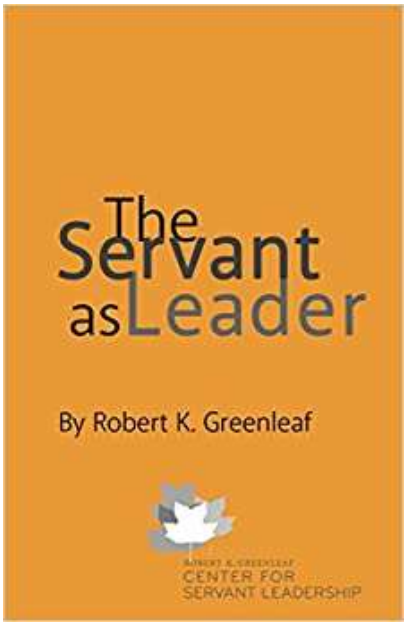
Key Reference



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Which comes first and why?

Servant

Leader

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What is the difference?

Servant:

- Innate or
- A product of lifetime work

Leader:

- Something bestowed upon you
- Can be granted or taken away

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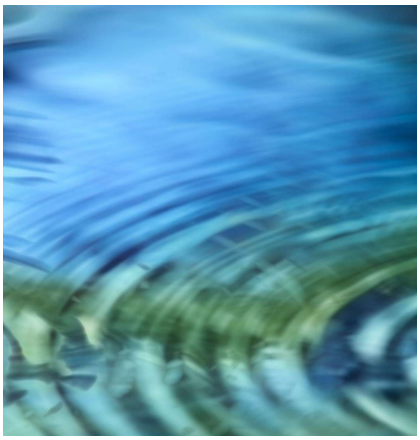
What does a Servant Leader do differently?

Sets big goals and shows the way

Determines the 'what', not the 'how'



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What else?

- Accepts and empathizes but never rejects people
  - Will reject an effort that is not 'good enough'
- Is ok with imperfection
- Recognizes that most people are capable of great dedication and heroism if led wisely
- Finds way to 'lift people up'
- Builds trust and teamwork

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How is trust acquired?

- Must have values the followers can embrace
- Must 'walk the talk'
- Must be competent
- Must have a sustaining spirit

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Communities move at the speed of trust

- Credit: Gilbert Salinas, MPA
- Chief Equity Officer, Contra Costa County
- Dept of Health Services

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10 Key Servant Leader Principles

- Listening
- Empathy
- Self-awareness
- Healing
- Conceptualization
- Persuasion
- Stewardship
- Foresight
- Building community
- Committed to growth of others

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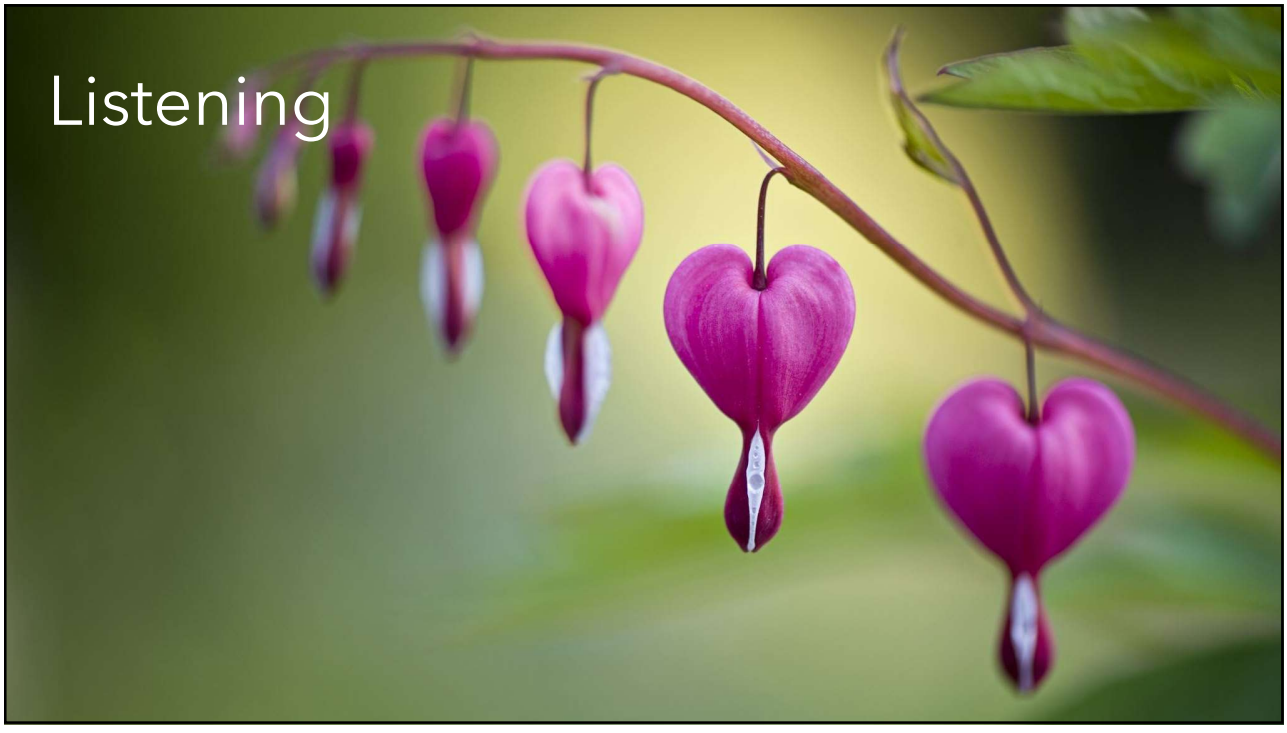
Listening



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How a servant leader listens

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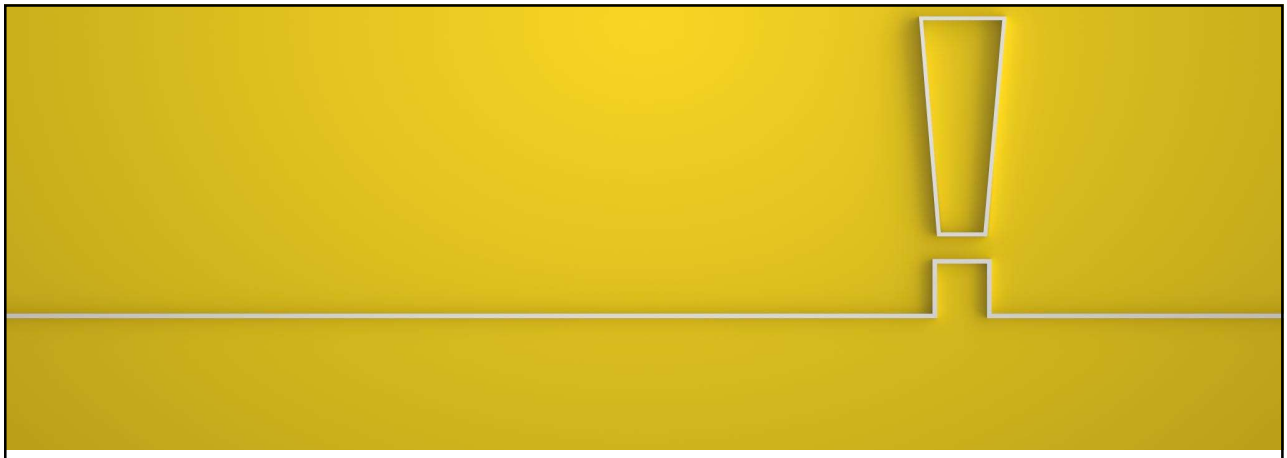

How a servant leader communicates

- Words
- Tone of voice
- Body language

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Resolve conflicts

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'ME' Tools created by Cynosure HQIC Affinity Group

Requests from Health Care Professionals to Their Organizations

HEAR ME	PROTECT ME	CARE FOR ME	PREPARE ME	SUPPORT ME
Listen to and act on lived experience to understand and address their concerns to the extent that organizations and leaders are able.	Reduce the risk of acquiring the virus and/or transmitting to family or friends.	Provide holistic support for the individual and his/her family should he/she need to be isolated (or other sources of distress occur).	Provide the training and support that allows provision of high-quality care to patients.	Acknowledge demands and human limitations in times of great patient needs.

Implementation Guide for Leaders
(rounding!)

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How to HEAR Me

Conduct frequent and 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
  right now?
- How can we work together to make a positive change?
- What can we stop doing that would

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

Encourage sharing positive stories

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

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SMALL BITES

IMPACT OF LEADER ROUNDING/LISTENING

HONOR HEALTH, AZ

Ingredients

- Leader(s) willing to listen
- Clinical and non-clinical departments comfortable and willing to speak with leadership
- Notepad and pen to take notes
- Questions: What are you able to enjoy outside of work?
- Listening skills

Method

As a result of COVID-19, leaders at Honor Health made it point to round and listen to staff in the clinical and non-clinical departments. They checked in on staff well-being with questions such as, "What are you able to enjoy outside of work?" Leaders went from only being seen in pictures or in the hallways to integral partners to frontline staff.

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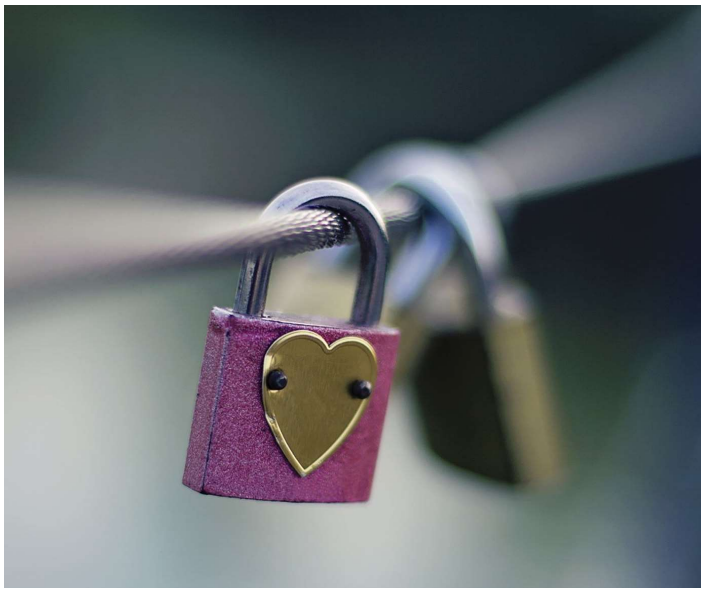
Empathy



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-Getting to know your team
-What makes them tick
-Strengths and weaknesses
-Turn weaknesses into strengths

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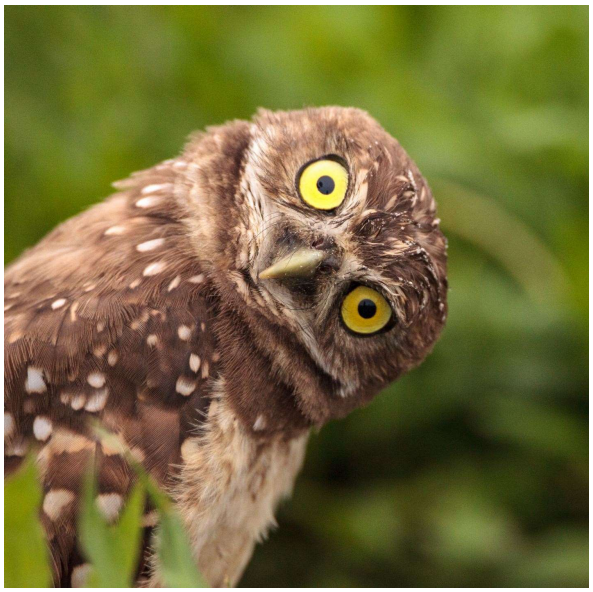
Self-awareness



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How does one become more self-aware?

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Healing

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Thriving "I got this."	Surviving "Something isn't right."	Struggling "I can't keep this up."	In Crisis "I can't survive this."
Calm and steady with minor mood fluctuations	Nervousness, sadness, increased mood fluctuations	Persistent fear, panic, anxiety, anger, pervasive sadness, hopelessness	Disabling distress and loss of function
Able to take things in stride	Inconsistent performance	Exhaustion	Panic attacks
Consistent performance	More easily overwhelmed or irritated	Poor performance and difficulty making decisions or concentrating	Nightmares or flashbacks
Able to take feedback and to adjust to changes of plans	Increased need for control and difficulty adjusting to changes	Avoiding interaction with coworkers, family, and friends	Unable to fall or stay asleep
Able to focus	Trouble sleeping or eating	Fatigue, aches and pains	Intrusive thoughts
Able to communicate effectively	Activities and relationships you used to enjoy seem less interesting or even stressful	Restless, disturbed sleep	Thoughts of self-harm or suicide
Normal sleep patterns and appetite	Muscle tension, low energy, headaches	Self-medicating with substances, food, or other numbing activities	Easily enraged or aggressive
			Careless mistakes and inability to focus
			Feeling numb, lost, or out of control
			Withdrawal from relationships
			Dependence on substances, food, or other numbing activities to cope

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How to CARE for Me

- Food/meals
- Transportation
- Lodging
- Mental health support
- Childcare, elder care, pet care

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How to SUPPORT Me

Use statements to connect to the caregiver's individual values and sense of purpose

- Provide reassurance and support
- Link individual val
- Convey meaningfu

Provide emotional and psychological support

- Create a Hope tree - where staff members can hang a tag that lists a hope, dream, or fear
- Use a tool or app to provide short, quick messages and links to tools/strategies to promote well-being
- Soul café - bring a cart with snacks and beverages to the unit/department, play upbeat music
  - Promote EAP - not just for crisis; rotational presence on-site (all shifts) as well as available off-site for privacy (scheduled)
- "Snuggles with anima

Express gratitude; promote and praise teamwork

- Curate and create videos from patients, families, patient-family advisors, community members expressing gratitude for staff members (share with staff members via email, hospital intranet/ website or display in departments)
- Include a daily message of gratitude in daily reports, huddles, leader rounding

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Conceptualization

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The Big Picture

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Medical Surgical Unit
Stoplight Progress Report for 1st Quarter 2021 – Updated June 2021

Completed	In Progress	Not at this time, here's why
Patient phones – some not working or missing; new ones in place thanks to Krystal F 😊 Looking at longer term solution to phone cords.	Telemetry – new telemetry monitoring system is slated to go live Mid-July. Training will take pace July 12-14	Booster seats for commodes/commode risers – worked with maintenance and purchasing. Trialed two different options that fit on top of the toilet, but they were not successful. Will stick with our current over the toilet risers for now.
Cheese or protein for diabetic patients – Dietary has added cups of cheese cubes to the par for patient snacks on Med-Surg	Recruiting for full time CNA and temporary part time CNA, peer interview 6/16	
Be able to feed patients admitted after 7pm – worked with dietary to enhance the items available in the kitchenette after hours (sandwiches, soups, fruit cups, etc)	Insulin – exploring with Pharmacy the option of insulin pens	
Proper timing of medications for patients admitted from ED to MS (ex: q8hour med given in ED at 0000, then timed again for 0200 on MS) – ~~collecting specific data and working with Pharmacy team to address.~~ Proper timing of meds and review by pharmacist will happen when ED physicians enter orders to "pend" status, and then Med-Surg nursing "release" the orders upon admission. See email for additional details.		
Purchased 4 additional TABS alarms and 2 chair pad alarms		
Bigger bedside commode – 2 additional larger bedside commodes (but lighterweight) were purchased and are in use		
Hired 4 Nurse Externs 😊		

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Persuasive

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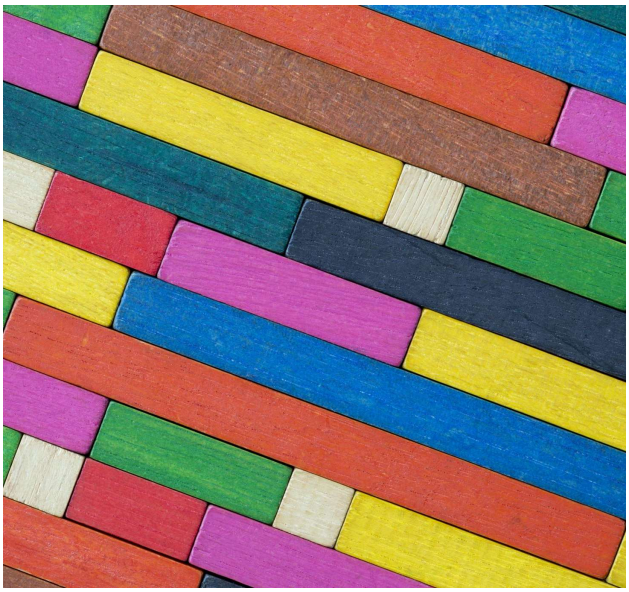
Stewardship



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Team consensus and buy-in

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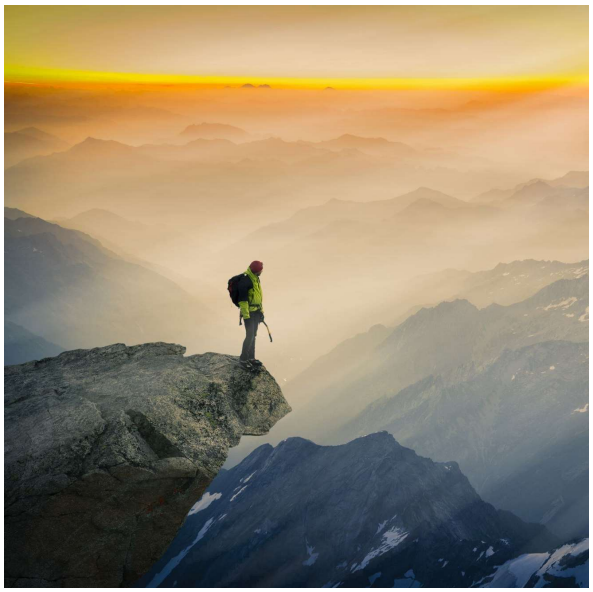
Foresight



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Learn from the past

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Community building

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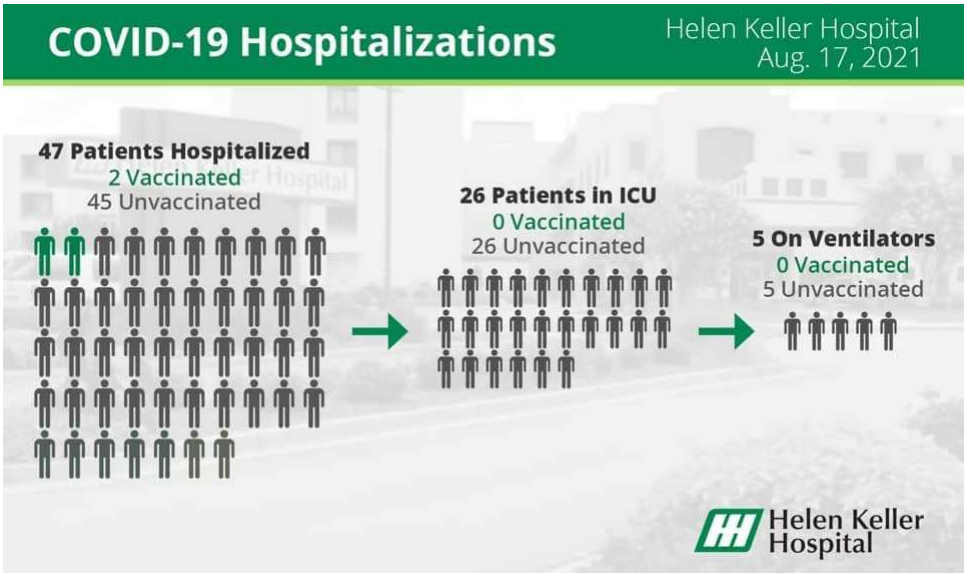

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Committed to growth of others

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Career path

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Who comes to mind?

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Why do we need servant leaders more now than ever?

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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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Practical Applications

- ❑ Continue PDSA Cycles –
  Once you "Do", are you going to Adapt, Adopt, or Abandon?
- ❑ Review project report out presentation file

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Medication History Review

Central Montana Medical Center, Lewistown MT

Background

Medication history review is crucial for providing safe patient care. An accurate medication list contributes to a decrease in medication errors, readmissions and adverse events. Knowing what the patient is currently taking, how they are taking it, and what is/isn't working is so important when developing a plan of care.

The current opportunities for improvement at CMMC include education on how to accurately document a medication history with our new electronic health record (EHR), clear definition of roles for who is responsible for this history, and the transferring of an accurate medication history to different types of encounters within our EHR (Emergency Department, Observation, Inpatient, etc.).

Project Aim(s)

Our goal is to develop a process for medication history review to occur at all clinical encounters that take place within CMMC, with a focus on Inpatient encounters this year. We would like to see medication history review completed in at least 80% of Inpatient encounters.

A reporting platform will be used to gather compliance data by department. Pharmacy staff will be the main resource for educating clinical staff.

Project Design/Methods

A meeting was held with CMMC providers to determine the best process for medication history review and which roles should be assigned to nursing versus providers. Education was completed by a clinical pharmacist to clinical staff on completion and documentation of an accurate medication history.

Continuous monitoring of medication history compliance was assigned to the Quality Department and monthly reports were sent to applicable department managers to share with their clinical staff. Re-education to be completed as necessary and new employees to receive medication history education at orientation.

Results

Education was completed for clinical staff as planned. Medication history compliance has consistently improved from the implementation of education and support. Provide continuous education moving forward.

Next Steps

CMMC will adapt interventions developed in this project.

The next PDSA (Plan-Do-Study-Act) cycle will shift the focus from nursing to provider education.

Using processes developed and lessons learned from this project, CMMC will develop a consistent process for medication history review to occur at all clinical encounters that take place within CMMC.

Once the process is adopted with Inpatient encounters, it will be utilized within Outpatient services as well.

Conclusions

From this cycle, we learned to closely schedule education sessions for both roles.

Nursing and providers must clearly understand their roles and how their teamwork can result in accurate completion of both the mediation history and medication reconciliation for the patient.

Project Team

Amber Yaeger, Clinical Pharmacist

Kristy Heller, Quality Improvement Manager

Esther Bradley, Quality Analyst

Lexie Jelinek, Quality Improvement RN

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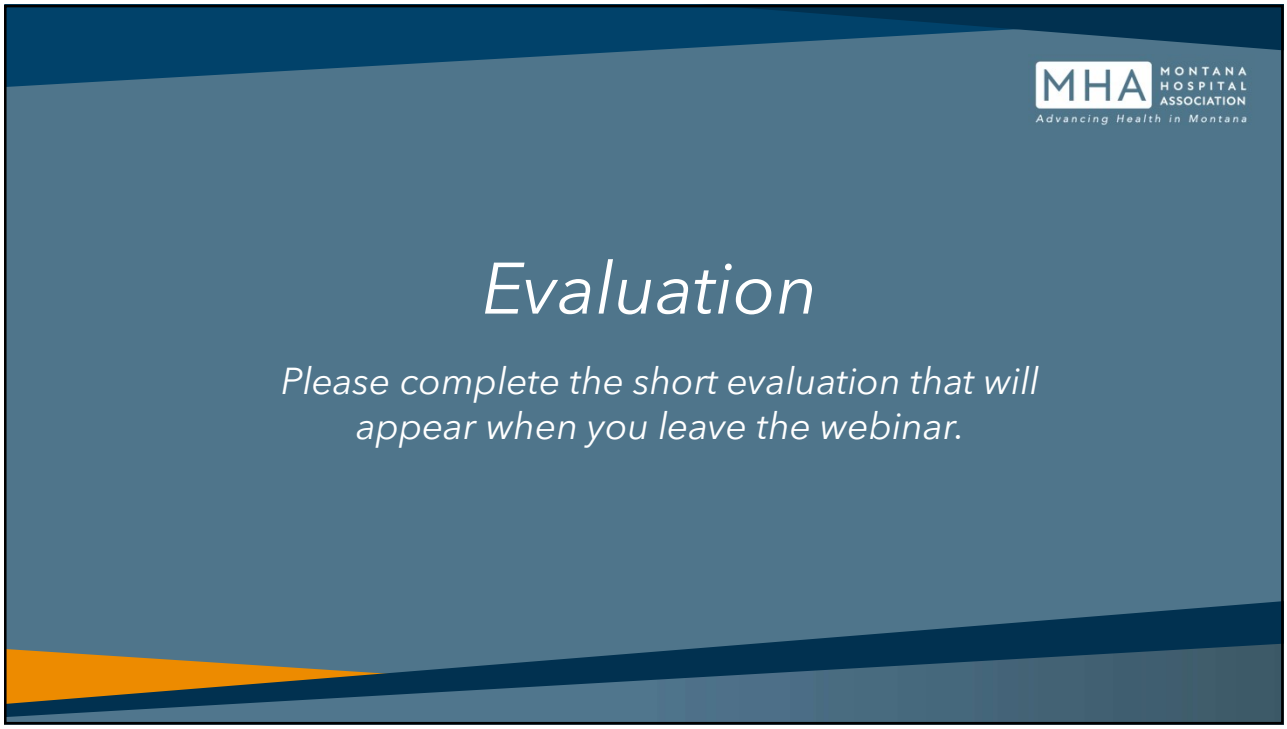
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