VII-a. Breakout: Developing the Technical Content

*Improvement Advisers – Sandy Murray*
Developing the Technical Content - Objectives

By the end of this session, you should be able to:

- Describe the key elements of the technical content and how they are created
- Better understand IA role in:
  - expert meeting (10 min)
  - contributing to a charter (10 Min)
  - drafting a change package (100 Min)
  - drafting a measurement system (15 min—more later)
- Work (with the Chair and Planning Group) to prepare the technical content for teaching at the first Learning Session
IHI Breakthrough Series
(6 to 18 Months Time Frame)

Select Topic
(Develop Mission)

Expert Meeting

Develop Framework & Changes

Planning Group

Participants (10-100 Teams)

Prework

Dissemination
Publications, Congress, etc.

Holding the Gains

Supports

Email Phone Conferences
Extranet Visits Assessments
Sponsors Monthly Team Reports

*AP3 — continue reporting data as needed to document success

LS – Learning Session

AP1

AP2

AP3

LS 1

LS 2

LS 3

P

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D

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LP
What Is in the Technical Content?

This is what has to be developed:

1. Collaborative Charter
2. Change Package (concepts and specific ideas)
3. Measurement strategy
Tips for Expert Meetings

- Start with something
- Push to get a little bit on everything – goals for the Charter, Change Package, measurement
  - *See this reflected in agenda in Service Packet*
  - *First time through topic different than second*
- What really happens at the Meetings…
  - Look for the talent - experience, articulate, and great people skills
# Follow-up to Expert Meeting

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsibility/Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Faculty</td>
<td>Director, System Leader, IA</td>
</tr>
<tr>
<td>Build up Charter</td>
<td>Director, Chair, IA</td>
</tr>
<tr>
<td>Use ideas to revise framework and build Change Package</td>
<td>Chair, IA, Director</td>
</tr>
<tr>
<td>Use ideas to build Measurement Strategy</td>
<td>IA, Chair</td>
</tr>
<tr>
<td>Check both Change Package and Measurement Strategy with Faculty</td>
<td>Director and IA</td>
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</table>
Using the Faculty for Developing Technical Content

- Successive iterations
- Have a faculty member as an expert in each aspect of the technical content
- Conference calls for large group discussion
- Smaller group calls for specific aspects of the package

See: Working with Faculty on extranet
Concept Design: Faculty Member for Each Piece

Flow Change Concepts

Triage  Diagnostic Testing  Fast Track Patients  Capacity / Demanding
Charter

- **Summary** from Chair (the literature), with problem statement, and mission

- **Goals with Targets** from the Expert Meeting
  - IA makes sure goals and change package match

- **Broad change framework** when appropriate

- **Expectations**

- **Business case** – IA Role here

*See Service Charter in Service Packet-pg._37__

*Charter from Chronic Ill-Asthma,--Page _Handout pg.42____*
Business Case in the Charter

- Stating the business case improves “will” and makes the case
- State the value of the improvement relative to the cost of improving

See: resource on the Business Case for the ICIC model on extranet
Numeric Goals in the Charter:
The ones that work best…

- Define the **outcomes of a great** system of care
- **Small** number, focused on key issues
- **A significant change** from current performance
  - Make people anxious with goals—then give them Change Package that creates hope
- When information is available, use **absolute values** to describe the performance of an excellent system of care (see Flow examples)
- When information on best performance or current performance is not available, use percentage or **relative goals** (see Service examples)
IHI Impact Hospital Flow Goals:
Examples of Absolute Goals

- ED to inpatient bed within 1 hour
- ICU to inpatient bed within 4 hours
- PACU to inpatient bed within 1 hour
- Inpatient to LTC facility within 24 hours
Service Goals:
Examples of Relative Goals

- Increase the percent of patients willing to recommend the service by 50%
- Increase the ratings of five (on 5-point scale) for patient satisfaction with time spent with provider during an office visit by 50%
- Reduce number of patient complaints associated with test results reporting by 75%
- Increase patient and family satisfaction with the initial time to treatment in the ED by 50%
Setting Goals – “Half-life” Concept

- The half-life concept focuses goal setting around the length of time it will take to reduce defects by 50 percent.
- If the optimal endpoint in a particular process is zero problems, set the goal as the time it will take us to achieve a 50% reduction in problems from the current performance level.

Examples:
- If the goal is to eliminate ADE’s, and the current rate is 8%, the half-life is the time it takes to drop the rate to 4%. Once that milestone is achieved, the half-life is the time it takes to drop to 2%.
- If the target is non-zero, establish a short-term goal as the amount of time it will take to get 50% closer to this target. For example, if the patients in a diabetes registry have an aggregate HgA1c level of 9.0, and the optimal is 7.0, how long would it take to get to 8? Then 7.5?
Collaborative Has **Mission** and Goals: Team Has **Aim** and Goals

Collaborative Mission

Collaborative Goals (examples)

1. 
2. 
3. 
4. 

Collaborative Has **Mission** and Goals: Team Has **Aim** and Goals

Participating Teams

- **Team A**
  - Aim Statement
  - Goal 1
  - Goal 2
  - Goal 3
  - Goal 4

- **Team B**
  - Aim Statement
  - Goal 1
  - Goal 2
  - Goal 3
  - Goal 4

- **Team C**
  - Aim Statement
  - Goal 1
  - Goal 2
  - Goal 3

And so forth, up to 144 participating teams
Building the Change Package

The Change Package answers these questions:

- What are the elements of a great system of care?
- What improvements are key to the best care?

Examples of change packages:
- Chronic Care change package—pg 22
- Reducing Surgical Site Infections pg.11
Many others on the College Extranet.
Change Package Structure

- Overview—the picture
- Some summary
  - Like index or listing of major elements
  - On the picture may also expand to an “index” in change package document
- Detailed listing of the changes
  - Often layered
    - Element of change pkg. (major strategy)…PRIMARY DRIVER
    - The change concept for that element or strategy…SECONDARY DRIVER
    - The list of specific changes for that concept…
    - Examples of a test with this idea
Improving Service in Health Care

Theme: Keep the experience of healthcare, as perceived by the patient, in mind while patients make their way through the complex, scientifically-based health care system

Dimensions of Service:

1. Individualize care: respect patient's values, preferences, and needs
2. Unify and coordinate care as experienced by patient in your system settings
3. Improve communication between patient and providers
4. Enhance physical comfort and pain control
5. Provide emotional support for patients and families
6. Fully involve family, friends, and others
7. Assure smooth transition between care settings
8. Give patients choices (increase self-care)
9. Decrease waste in demands of patients' and families' time
A Framework to Improve Hospital-Wide Patient Flow

Shape Demand
- Optimize ED utilization
- Smooth elective admissions
- Decrease readmissions

Match Capacity to Demand
- Plan capacity to match demand
- Use a real-time demand capacity management system

Redesign the System to Gain Capacity
- Reduce wasted capacity
- Decrease LOS
- Synchronize admissions, transfers, and discharges
- Plan for admissions to extended care facilities
- Structural enhancements
- Optimize flow in microsystems: ED, ICU/Telemetry, Surgery

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**Driver Diagram Definitions:**

A Driver Diagram is an improvement tool used to organize theories and ideas in an improvement effort. It displays visually, our theory about potential areas we can leverage to change the status quo. The driver diagram is often used to scope or size a project and to clarify the plan for reaching the aim.

- **Primary Drivers:** major processes, operating rules, or structures that will contribute to moving towards the aim.

- **Secondary Drivers:** elements or portions of the primary drivers. The secondary drivers are system components necessary in order to impact primary drivers, and thus reach project aim.

- **Specific changes /Change concepts:** Specific changes are concrete actionable ideas to take to testing. Change concepts are broad concepts (e.g. move steps in the process closer together) that are not yet specific enough to be actionable but which will be used to generate specific ideas for change.
  
  Note: measures can be indicated on the DD as it becomes more mature.
Ideas to Test?

CrossFit Coach Driver Diagram

Primary Drivers

- Establish Baseline

Secondary Drivers

- Mobility Assessment (NextLevel?)
- Body Composition Assessment
- Benchmark Lifts
- Benchmark WODs
- Nutrition Log

- Induction/Cleanse – Nutrition On Ramp
- Key Exercise Form Introduction
- Benchmark Lift Form Introduction
- Establish initial modifications (e.g., bands)
- Establish personal aims
- Develop improvement plan
- Provide resources for learning more

- Key Exercise Form proficiency
- Benchmark Lift Form proficiency
- Ongoing nutrition coaching
- Work toward WOD completions
- Increase weight of WOD
- Increase Speed of WOD
- Practice skills in development (e.g., pull ups, double unders)
- Milestone progressions

Ongoing Program

- Water intake – XX% of body weight
- Sleep 8+ hours
- Reduce Stress
- Reduce Alcohol consumption
- CrossFit Community involvement (e.g., events, socials)
- Central Texas Community Engagement (e.g., Habitat. Wounded Warrior)

Lifestyle

Develop Essentials

- Developing a Healthy CrossFitter (how much? By when?)

Outcome

Establish Baseline

Measures:

- Body Comps
- BMI
- Benchmark Lifts
- Benchmark WODs
- Workout Assessment Score
- Session Attendance
Driver Diagram: Improving Outcomes for High-Risk and Critically Ill Patients

Primary Drivers:
- Identify & rescue worsening patients
- Provide appropriate, reliable and timely care to high-risk and critically ill patients using evidence-based therapies
- Create highly effective multi-disciplinary team
- Integrate patient & family into care so they receive care they want
- Develop an infrastructure that promotes quality care

Secondary Drivers:
- Rapid Response System
- Early Warning System
- Protocols and Standing Orders
- Bundles
- Care planning
- Reliable communication
- Family involvement
- Clarification of wishes
- End of life care
- Consistent care delivery
- Flow
- Leadership
- Financial Stewardship

Desired Outcomes:
- Decrease
  - Mortality
  - Complications
  - Costs
- Improve
  - Satisfaction

Specific Changes: See next page

Example: Another way to organize change package: Driver Diagram

Driver Diagram IG: PP. 286,412,429

9-22-07 IHI
Guidelines for Packaging Changes

- Contain only changes
- Overall sufficient to accomplish the aim
- Organize by: parts of the system, driver, product line, customer segment, etc.
- Sequence changes if logical sequence
Sequencing the Framework to Improve Hospital-Wide Patient Flow

Planning
System Performance
Goals

<table>
<thead>
<tr>
<th>Months:</th>
<th>3</th>
<th>6</th>
<th>9</th>
<th>12</th>
<th>24</th>
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<tbody>
<tr>
<td>Goals</td>
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<tr>
<td>Gain Capacity</td>
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<td>Shape Demand</td>
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<td>Portfolio of Projects Focused on Bottlenecks</td>
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<td>Quick Improvements Focused on Bottlenecks</td>
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<td>Identify Chronic Bottlenecks</td>
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<td>Mitigate Large Mismatches in Capacity and Demand</td>
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<td>Real-Time Matching of Capacity to Demand</td>
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</tbody>
</table>
Guidelines for Packaging Changes

- Contain only changes
- Overall sufficient to accomplish the aim
- Organize by: parts of the system, product line, customer segment, etc.
- Sequence changes if logical sequence
- Similar relative advantage
- Similar level of abstraction
  - Err on the side of being too specific
- Group changes that must be done together
- Minimize overlap
- Include one-page summary and layering
  - Layer from strategy…to concept…to specific ideas
Layering and Segmentation in a Change Package

Patient Access Strategy 1: Shape the Demand

Concept 1B. Reduce Demand

**Changes: Reduce the demand:**

**Primary Care**
- Maximize activity at appointments to reduce future demand (max-pack)
- Extend intervals for return appointments
- Create non-visit interactions
- Optimize patient involvement in care (self-care)
- Provide group visits and self-care advice via telephone, E-mail, Web

**Changes: Reduce the demand:**

**Specialty Care**
- Build service agreements between primary and specialty care
- Extend intervals for return appointments
- Reduce demand for physician visits/optimize team roles
- Discharge patients to primary care from specialty care
- Create non-visit interactions (e.g. phone calls, E-mail)
- Group visits
Guidelines for Packaging Changes

- Contain only changes
- Overall sufficient to accomplish the aim
- Organize by: parts of the system, product line, customer segment, etc.
- Sequence changes if logical sequence
- Similar relative advantage
- Similar level of abstraction
- Err on the side of being too specific
- Group changes that must be done together
- Minimize overlap
- Include one-page summary and layering
- Include references and level of evidence for changes
- Include some “wow” in the package
What Change Can We Make that Will Lead to Improvement?

Change Concept: A general notion or approach to change that has been found to be useful in developing specific ideas for changes that lead to improvement.

Concept
An opportunity to create a new connection

Thought process

Specific idea A
Specific idea B
Change Concepts vs. High Leverage Changes

Vague, strategic, creative

Specific, actionable, Results

Improve process to identify and rescue worsening patients

Use evidence-based therapies for high-risk patients

Develop protocols and standing order sets

Develop weaning protocol

Develop pre-extubation check sheet
Figure A.1 Complete List of Change Concepts

1. Eliminate things that are not used
2. Eliminate multiple entry
3. Reduce or eliminate overkill
4. Reduce controls on the system
5. Recycle or reuse
6. Use substitution
7. Reduce classifications
8. Remove intermediaries
9. Match the amount to the need
10. Use Sampling
11. Change targets or set points
12. Synchronize
13. Schedule into multiple processes
14. Minimize handoffs
15. Move steps in the process close together
16. Find and remove bottlenecks
17. Use automation
18. Smooth workflow
19. Do tasks in parallel
20. Consider people as in the same system
21. Use multiple processing units
22. Adjust to peak demand
23. Match inventory to predicted demand
24. Use pull systems
25. Reduce choice of features
26. Reduce multiple brands of the same item
27. Give people access to information
28. Use proper measurements
29. Take Care of basics
30. Reduce de-motivating aspects of pay system
31. Conduct training
32. Implement cross-training
33. Invest more resources in improvement
34. Focus on core process and purpose
35. Share risks
36. Emphasize natural and logical consequences
37. Develop alliances/cooperative relationships
38. Listen to customers
39. Coach customer to use product/service
40. Focus on the outcome to a customer
41. Use a coordinator
42. Reach agreement on expectations
43. Outsource for “Free”
44. Optimize level of inspection
45. Work with suppliers
46. Reduce setup or startup time
47. Set up timing to use discounts
48. Optimize maintenance
49. Extend specialist’s time
50. Reduce wait time
51. Standardization (Create a Formal Process)
52. Stop tampering
53. Develop operation definitions
54. Improve predictions
55. Develop contingency plans
56. Sort product into grades
57. Desensitize
58. Exploit variation
59. Use reminders
60. Use differentiation
61. Use constraints
62. Use affordances
63. Mass customize
64. Offer product/service anytime
65. Offer product/service anyplace
66. Emphasize intangibles
67. Influence or take advantage of fashion trends
68. Reduce the number of components
69. Disguise defects or problems
70. Differentiate product using quality dimensions
71. Change the order of process steps
72. Manage uncertainty, not tasks

Change Package Structure

- **Overview**—the picture (Driver Diagram can be the picture)
- **Some summary**
  - Like index or listing of major elements
  - On the picture- may also expand to an “index” in change package document
- **Detailed listing of the changes**
  - Often layered”
    - Element of change pkg. (major strategy)...PRIMARY DRIVER
    - The change concept for that element or strategy...SECONDARY DRIVER
    - The list of specific changes for that concept...
    - Examples of a test with this idea
Part of Change Packet - Chronic Care Model: More At End of This Unit

Model Component: **Delivery System Design**

<table>
<thead>
<tr>
<th>CHANGE CONCEPT</th>
<th>KEY CHANGES</th>
<th>EXAMPLES OF TESTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define roles and distribute tasks among team members</td>
<td>Define and develop the team as a unit</td>
<td>Have receptionist obtain history, recent health info and VS, MD examines, RN does self-management and follow-up</td>
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<tr>
<td></td>
<td>Determine process for care and assign team members to tasks</td>
<td>Use protocols</td>
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<tr>
<td></td>
<td>Match the work to the individual’s licensure and capability</td>
<td>Use protocols</td>
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<tr>
<td></td>
<td>Cross train staff</td>
<td>Use clinical micro system workbook to get to know team and work that needs to be done and adapt staffing appropriately</td>
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<td></td>
<td>Use protocols and standing orders for care. (<a href="#">see decision support.</a>)</td>
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<tr>
<td>Use planned interactions to support evidence-based care.</td>
<td>Use 1:1 visits to review current status, deliver evidence-based services and optimize disease control</td>
<td>Invite patients with chronic care needs in for a planned visit.</td>
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<tr>
<td></td>
<td>Use group visits to deliver care to interested patients</td>
<td>Use registry to proactively contact patients for follow-up.</td>
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<td>Predict clinical needs of patients (<a href="#">see Clinical Info Systems</a>)</td>
<td>Pre-arrange telephone or email follow-up at end of visit.</td>
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<td>Have nurses do stepped protocols for appropriate patients.</td>
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<td>Have nurses do self-management support for patients in need of self-monitoring skills.</td>
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<td>Inform patients of visit agenda at beginning of visit, check to see if that meets their expectations.</td>
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<td>(“You are here today for your arthritis. I am going to review your self-management plan, assess your pain and function and then we will talk about next steps. Does that sound like what you were expecting today?”)</td>
</tr>
</tbody>
</table>
Driver Diagram: Improving Outcomes for High-Risk and Critically Ill Patients

Primary Drivers:
- Identify & rescue worsening patients
- Provide appropriate, reliable and timely care to high-risk and critically ill patients using evidence-based therapies
- Create highly effective multi-disciplinary team
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Secondary Drivers:
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- Reliable communication
- Family involvement
- Clarification of wishes
- End of life care
- Consistent care delivery
- Flow
- Leadership
- Financial Stewardship

Desired Outcomes:
- Decrease: Mortality, Complications, Costs
- Improve: Satisfaction

Example: Another way to organize change package: Driver Diagram

Driver Diagram IG: PP. 286,412,429

Specific Changes: See next page
<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Secondary Driver</th>
<th>Key Change Concepts</th>
<th>Specific change ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1. Identify &amp; rescue worsening patients</td>
<td>S1. Rapid response system</td>
<td>Implement a Rapid Response Team</td>
<td>Standardize call criteria</td>
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<td>Define response team members (including a sponsor)</td>
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<td>Establish protocols/guidelines</td>
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<td>Educate units about when and how to call</td>
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<td>Create process to gather data about calls</td>
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<td>Use steering committee for development and on-going testing oversight</td>
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<td>Perfect triggering</td>
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<td>Review call criteria effectiveness</td>
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<td>Test/Add an Early Warning System</td>
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<td>Review missed opportunities (e.g. unscheduled transfers to ICU)</td>
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<td>Work towards &quot;goal&quot; call rate</td>
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<td></td>
<td>Perfect responding</td>
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<td></td>
<td>Develop discipline-specific criteria for team members</td>
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<td>Review team performance in three spheres: care provided, response time, and caller satisfaction</td>
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<td>Develop tool box to be brought to activations (examples: i-stat, IV tubing, lab tubes, BP cuff, documentation form)</td>
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<td>Do case review</td>
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<td>Track response time</td>
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<td>Perfect evaluation</td>
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<td>Review overall process to evaluate need to improve</td>
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<td>Develop data tool for tracking</td>
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<tr>
<td></td>
<td>S2. Early warning systems</td>
<td>Use objective measures to assess disease severity</td>
<td>Test a measurement tool such as MEWS</td>
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<td>Use an overall bed-board to assess layout of unit</td>
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<td>Create a process for use of scoring tools</td>
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<td>Create rules for when to call RN, MD, and activate system</td>
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<td></td>
<td>Improve identification of severe sepsis</td>
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<td></td>
<td>Apply the Evaluation for Severe Sepsis Screening Tool in clinical areas such as the ED, wards, and ICU</td>
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<td></td>
<td>Have nurses and Rapid Response Team complete severe sepsis screening</td>
</tr>
<tr>
<td></td>
<td>S3. Protocols and Standing Order Sets</td>
<td>Develop weaning protocol</td>
<td>Pre-extubation worksheet</td>
</tr>
<tr>
<td>P2. Provide appropriate, reliable and timely care to high-risk &amp; critically ill patients</td>
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</table>
Exercise: Creating a Change Package

- Our experts compiled some super input for improving an aspect of service for the patient.
- Each team uses a flip chart from exercise in plenary session on tech content.
- Work together to begin to shape this input into a change package.
  - Are all of these ideas changes? (we only want the changes here)
  - Similar level of abstraction?
  - How would you group/organize them?
Guidelines for Packaging Changes

- Contain only changes
- Overall sufficient to accomplish the aim
- Organize by: parts of the system, product line, customer segment, driver, etc.
- Sequence changes if logical sequence
- Similar relative advantage
- Similar level of abstraction
- Err on the side of being too specific
- Group changes that must be done together
- Minimize overlap
- Include one-page summary and layering
- Include references and level of evidence for changes
- Include some “wow” in the package
Process of Building Measurement Strategy

- Improvement Advisor creates a draft from the input at the expert or Faculty meeting
- Confers with Chair and key Faculty to define the measures and obtains examples of data from practice
- Creates a data collection strategy to go with the measurement system
- Ideally has Faculty members test the system of measures
- Gets some Collaborative participants to test ahead of time
Building a Measurement System

**Attributes**

- Small number (<8) of key measures that refer to the Collaborative goals
- Balance – together describe a great system of care
- Ideally – clearly defined for common data collection and reporting (but not necessary)
How will we know that a change is an improvement?

The following measures will be monitored for the population of patients with depression:

<table>
<thead>
<tr>
<th>Name of measure</th>
<th>Description (Num/Denom....)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome measures</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Percentage of patients with depression under reasonable control according to the PHQ9 questionnaire (monthly)</td>
<td>Number of patients under reasonable control/ Number of patients who show up to the clinic</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Process measures</strong></td>
<td></td>
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</tr>
<tr>
<td>2. Total number of patients diagnosed with depression in the clinic</td>
<td>Total number of patients diagnosed with depression in the clinic</td>
<td>Monthly</td>
</tr>
<tr>
<td>3. Average PHQ9 score per month</td>
<td>Average PHQ9 score for patients that show up to the clinic per month</td>
<td>Monthly</td>
</tr>
<tr>
<td>4. Percent of patients with depression attending follow up visits</td>
<td>Number of patients attending f/u visits/Number of patients who should have attended f/u visits</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Balancing measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Average patient satisfaction score (monthly)</td>
<td>Average patient satisfaction score</td>
<td>Monthly</td>
</tr>
<tr>
<td>Measure</td>
<td>Components and Definitions</td>
<td></td>
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<tr>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Assessment</td>
<td>a) % children in placement who have a comprehensive physical exam within 30 days of entry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) % children in placement who have a comprehensive mental health exam within 60 days of entry</td>
<td></td>
</tr>
<tr>
<td>Services Delivered</td>
<td>a) % medical services recommended and received</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) % mental health services recommended and received</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) % dental services recommended and received</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Median # of days from assessment to start date of medical services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Median # of days from assessment to start date of mental services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Median # of days from assessment to start date of dental services</td>
<td></td>
</tr>
<tr>
<td>Individualized Plans</td>
<td>a) % of children in placement for 30 days or more who have an individualized child health plan documented in their case plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of children in placement for 30 days or more who have an individualized health plan discussed with foster care providers</td>
<td></td>
</tr>
</tbody>
</table>
Driver Diagram: Improving Outcomes for High-Risk and Critically Ill Patients

**Primary Drivers:**
- Identify & rescue worsening patients
- Provide appropriate, reliable and timely care to high-risk and critically ill patients using evidence-based therapies
- Create highly effective multidisciplinary team
- Integrate patient & family into care so they receive care they want
- Develop an infrastructure that promotes quality care

**Secondary Drivers:**
- Rapid Response System
- Early Warning System
- Protocols and Standing Orders
- Bundles
- Care planning
- Reliable communication
- Family involvement
- Clarification of wishes
- End of life care
- Consistent care delivery
- Flow
- Leadership
- Financial Stewardship

**Desired Outcomes:**
- Decrease:
  - Mortality
  - Complications
  - Costs
- Improve:
  - Satisfaction

**Specific Changes:** See next page

Driver Diagram IG: PP. 286,412,429

9-22-07
IHI
MENTAL HEALTHCARE IN RESOURCE-POOR SETTINGS: TACKLING DEPRESSION

**AIM**

Improve clinical outcomes for patients with depression to intensive control

**DRIVER DIAGRAM**

**PRIMARY DRIVERS**

- Access to primary mental health care
- Clinical assessment and Follow-up
- Change packages

**SECONDARY DRIVERS**

- Local capability building with a task shifting approach
- Early detection/diagnosis
- Linkage of patients to the clinic
- Clinic control visits
- Support groups
- Guidelines/algorithms
- Evidence supported treatment
- Medications available

**OUTCOME MEASURES**

- By July 31st, 2013: % of patients with depression under reasonable control

**PROCESS MEASURES**

- Total number of patients diagnosed with depression in the clinic
- Average PHQ9 score per month
- Percent of patients with depression attending follow-up visits

**BALANCING MEASURES**

- Level of patient satisfaction (M)

**SPECIFIC CHANGES TO TEST**

- Train local physicians, nurses, CHW
- Active case finding/health fairs
- Free, timely primary care
- Implement an appointment system for follow-up
- Adapt validated scales for clinical outcomes assessment
- Provide group sessions
- Adapt clinical guidelines/algorithms to local context
- Adapt evidence-based pharmacologic and cognitive-behavioral therapy interventions
- Adapt push/pull systems

**Dr. Jafet Arrieta**
## Technical Content Timeline after Expert Meeting

| 1 Month Prior to Collaborative | Feedback results to expert panel and ask for additions  
Select faculty  
Last draft of charter for review and comment |
|-------------------------------|---------------------------------------------------------------------------------------------------|
| 2 Months Prior to Collaborative | Draft of change package and measurement system to chair, faculty for review  
Put measurement system in the prework (maybe)  
Follow up with conference call |
| 3 Months Prior to Collaborative | Get examples of changes tested, PDSAs, and measures from faculty or early adopter participants.  
Use these for LS materials and preparing the reporting system |
# Uses for Technical Content

<table>
<thead>
<tr>
<th>When you have…</th>
<th>When you have…</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Completed Change Package</td>
<td>A Measurement System and Data Collection Strategy</td>
</tr>
<tr>
<td><strong>Use it to create:</strong></td>
<td><strong>Use it to create:</strong></td>
</tr>
<tr>
<td>• Outlines of Presentations</td>
<td>• Prework- measurement section</td>
</tr>
<tr>
<td>• Examples of PDSA cycles</td>
<td>• Storyboard example</td>
</tr>
<tr>
<td>• A Senior Leader report example specific to the topic</td>
<td>• A Senior Leader report template</td>
</tr>
<tr>
<td></td>
<td>• A Senior Leader report example specific to the topic</td>
</tr>
</tbody>
</table>
VII-a. Breakout: Preparing for the Collaborative

Improvement Advisers – Sandy Murray
Preparing for the Collaborative Objectives

By the end of this session, you should know how to:

- Understand role of IA with prework
IHI Breakthrough Series (6 to 18 Months Time Frame)

Select Topic (Develop Mission)

Expert Meeting

Develop Framework & Changes

Planning Group

Participants (10-100 Teams)

Prework

LS 1 → LS 2 → LS 3

AP1 → AP2 → AP3

Dissemination
Publications, Congress, etc.

Holding the Gains

Supports

Email  Phone Conferences
Extranet  Visits  Assessments
Sponsors  Monthly Team Reports

*AP3 — continue reporting data as needed to document success

LS – Learning Session
What Is in the Pre-work Period for the Planning Group?

- Completing **first iteration of the Change Package**
- Selecting and **enrolling** teams
- Creating and testing **Pre-work materials**
- **Preparing teams**
- Assessing resources
Team’s Work in Pre-Work Timeframe

- Discuss aims and focus work
- Engage the Senior Leader
- Establish the BTS team
- Initiate measurement and other information gathering

*Signal: This is a different type of learning experience*
Summary IA Work Related to Pre-Work Phase

- **For pre-work document**
  - Develop examples of great team aim statements
    - More than one with some variety in aim and goals
    - Some teams will copy them so make them each good!
  - Final version of measurement strategy (may or may not put all into pre-work)
  - Develop run charts of collaborative measures for examples
Example #1 of Aim and Team

**Aim:** Increase the average score of patient satisfaction ratings from 3.0 to 4.0 for patient services in the women's health center.

*Specific numerical goals:*
- Reduce patient and family waiting time by 30%
- Increase by 50% the number of patients who indicated that we did an excellent job of providing emotional support
- Increase by 50% the patients who rated communication between themselves and their provider as “excellent”

**Guidance:** Consider changes focusing on wasted time of patients and family, emotional support for patients, and improved communication between patient and providers.

*Additional team members might include back office staff, laboratory staff, another physician, a nurse, and a patient advocate*
**Example #2 of Aim and Team**

**Aim:** The clinic’s practice will be redesigned to focus care on the population of asthma patients by implementing the six components of the ICIC Chronic Care Model to obtain a 30% increase in symptom-free days and a 50% reduction in the number of exacerbations reported for the pilot population. At least 90% of patients with persistent asthma will be treated with maintenance anti-inflammatory medication and >90% of patients will have a completed written Asthma Action Plan.

**Pilot Team:**

System / Pilot Team Leadership: *Chief of Family Medicine*

Technical Expertise: *Family Medicine Physician*

Day-to-Day Leadership: *Nursing Coordinator of Care Management*

Additional team members: *A system Adolescent Medicine Physician, Staff Nurse*

* indicates potential Learning Session participant
Measurement in Prework

Source: Faculty and successful teams, literature

What the team does:
- Gets started with the idea of just enough measurement
- Focuses on global measures related directly to the aim statement
- Collects data which provides information to set clearer goals in the aim statement
- Begins to work on the concept of time series
Family of Measures for Asthma Chronic Care

**Emergency Department for Asthma**

- % of pilot pop
- Goal

**Symptom-free days**

- Avg pop, percent
- Goal

**Treatment with maintenance anti-inflammatory medication**

- Percent
- Goal
Summary IA Work Related to Pre-Work Phase

- **For pre-work document**
  - Develop examples of great team aim statements
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    - Some teams will copy them so make them each good!
  - Final version of measurement strategy (may or may not put all into pre-work)
  - Develop run charts of collaborative measures for examples
- **Often participate in pre-work calls**
Prework Contact: Conference Calls

- A one-on-one call or other contact is made to establish a connection and expectations for prework (Director or Coordinator)
- Follow with small groups of 3 - 10 with Director and Faculty member to:
  - Assess and assure readiness
  - Get to know their interests and concerns
  - Plan content for Learning Session 1
  - Initiate collaboration
Prework Calls

- Scheduling: 4-6 weeks prior to Learning Session 1 is optimal
- Areas covered in prework call:
  - Strategic fit in organization
  - Senior Leader involvement
  - Quality of aim
  - Make up of team
  - Availability of data and information
  - Experience with improvement
Prework Team Assessment

- Identify teams needing help
- Identify areas requiring attention at Learning Session 1
- Standardize discussion and information gathering on calls
- Do not be compulsive - this is not an exact science
Summary IA Work Related to Pre-Work Phase

- **For pre-work document**
  - Develop examples of great team aim statements
    - More than one with some variety in aim and goals
    - Some teams will copy them so make them each good!
  - Final version of measurement strategy (may or may not put all into pre-work)
  - Develop run charts of collaborative measures for examples
- **Often participate in pre-work calls**
- **Other work**
  - Track progress of faculty who volunteered to test measures and fine tune as needed
  - Customize the assessment tool the Director and IA will use to assess teams and that teams will also use to self assess each month (0.5-5 scale)
  - Develop example of great team monthly status report
  - Assist in extranet of other computer based support (measurement strategy, example of great team report)
  - Prepare examples of PDSA cycles related to each part of change package for use by faculty in teaching
  - Prepare to evaluate team’s first PDSA cycles
    - (see excel spread sheet on extranet)