

Leading Quality Improvement

Essentials for Managers
Session 3: Practice Improvement Essentials

Jill Duncan, RN, MS, MPH
Kathy Duncan, RN

Today's Host

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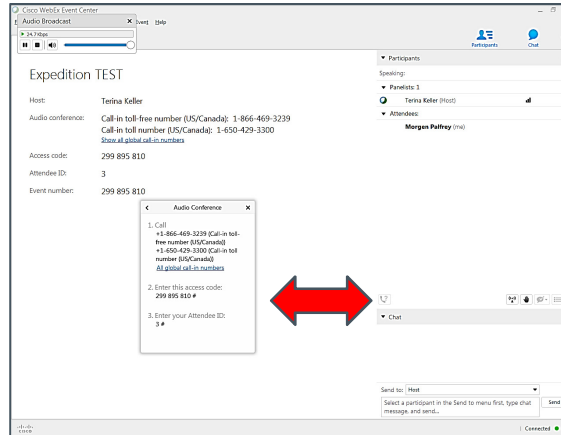
Akiera Gilbert is a Project Assistant at the Institute for Healthcare Improvement. She is primarily responsible for the Passport membership, and is involved in the facilitation of Expeditions. Her work also delves into the Conversation Ready Project within Patient and Family-Centered Care, as well as the Primary Care Collaborative. Akiera is a second-year student at Northeastern University, and is on her first co-op at IHI. She is pursuing a Bachelor of Science in Human Services (concentrating in Public Health) and a minor in Social Entrepreneurship.

Phone Connection (Preferred)

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To join by **phone**:

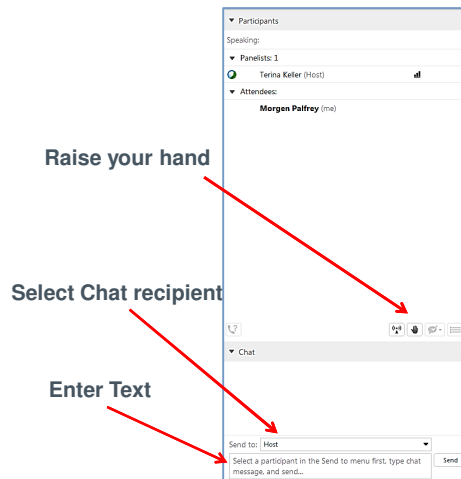
- 1) Click on the “Participants” and “Chat” icons in the top right hand side of your screen.
- 2) Click the  button on the right hand side of the screen.
- 3) A pop-up box will appear with the option “I will call in.” Click that option.
- 4) Please dial the **phone number**, the **event number** and your **attendee ID** to connect correctly .



WebEx Quick Reference

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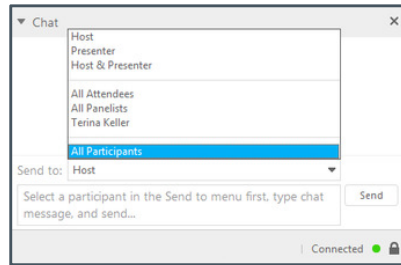
- Please use chat to “**All Participants**” for questions
- For technology issues only, please chat to “**Host**”



When Chatting...

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Please send your message to
All Participants



Today's Faculty

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Kathy Duncan, RN, Faculty, IHI, co-leads IHI's National Learning Network. Ms. Duncan also directs IHI Expeditions, manages IHI's work in rural settings, and provides spread expertise to Project JOINTS. Previously, she co-led the 5 Million Lives Campaign National Field Team and was faculty for the Improving Outcomes for High Risk and Critically Ill Patients Innovation Community. She also served as the content lead for the Campaign's Prevention of Pressure Ulcers and Deployment of Rapid Response Teams areas. She is a member of the Scientific Advisory Board for the AHA NRCPR, NQF's Coordination of Care Advisory Panel, and NDNQI's Pressure Ulcer Advisory Committee. Prior to joining IHI, Ms. Duncan led initiatives to decrease ICU mortality and morbidity as the director of critical care for a large community hospital.



Today's Agenda

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- Welcome & Introductions
- Session 2 Evaluation Survey
- Session 2 Action Period Assignment Review
- Practice Improvement Essentials
- The Joel Green Case Study
- Action Period Assignment
- Closing & Next Steps



Note: Listserv Communications

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- Great discussion through our listserv, LQI2015@ls.ihi.org, over the past two weeks!
- Our listserv is used for:
 - Session communications: pre-work, connection information, session recordings
 - Discussion and post-session assignments
- If you'd like to be re-added or change your subscription to a daily digest, email us at info@ihi.org



Thank You!

- 30 folks completed our post-session survey
- Most all of the comments were positive!
- A couple of suggestions:
 - Consider a non-hospital case study
 - Mixed reaction to break out sessions
 - Small response to Allied Health Professions Manager session
- Allied Health Managers to join Clinical Managers group beginning session 4



Schedule of Sessions

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Session 1 – Coach Versus Command
Date: Tuesday, February 17, 12:00 – 1:00 PM ET

Session 2 – Understand and Manage Systems
Date: Tuesday, March 3, 12:00 – 3:00 PM ET*

Session 3 – Practice Improvement Essentials
Date: Tuesday, March 17, 12:00 – 1:00 PM ET

Session 4 – Build Sustainable Systems
Date: Tuesday, March 31, 12:00 – 2:00 PM ET*

Session 5 – Manage Connections Across Systems
Date: Tuesday, April 14, 12:00 – 1:00 PM ET

*Breakout session: Clinical Managers 12:00-1:00 PM ET
 Quality Improvement Managers 1:00-2:00 PM ET



Schedule of Sessions

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Session 6 – Identify and Spread Successful Improvements
Date: Tuesday, April 28, 12:00 – 2:00 PM ET*

Session 7 – Partner with Patients and Families
Date: Tuesday, May 5, 12:00 – 1:00 PM ET

Session 8 – Create a Culture of Safety
Date: Tuesday, May 19, 12:00 – 2:00 PM ET*

Session 9 – Empower Teams to Engage in Improvement
Date: Tuesday, June 9, 12:00 – 1:00 PM ET

Breakout session: Clinical Managers 12:00-1:00 PM ET
Quality Improvement Managers 1:00-2:00 PM ET



Session 2 Take-aways

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1. To develop systems thinking
2. To learn to see problems
3. To learn tools for identifying and illustrating problems
4. To think through problems systematically

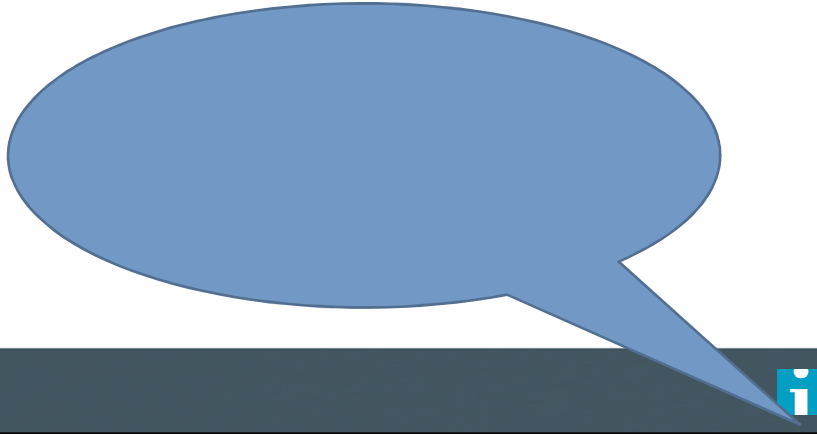
- Breakout sessions debrief



Session 2 Assignment Debrief

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- Identify with your team a problem that you would like to tackle and explain what tool(s) you will employ to measure and better understand the problem.



Session 2 Listserv Highlights

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- Faith Infante – Sheikh Khalifa Medical City, United Arab Emirates
- Improvement Focus: Operation of Anesthesia Gas Scavenging System During Surgery
- Set a meeting with WAG champions -50% compliance with turning off the AGSS (Anesthesia gas scavenging system)
- Developed an A3 with action plans
 - 1) Education/awareness session for the staff
 - 2) Inclusion of AGSS check during huddle for first cases
 - 3) Measure compliance using an audit tool



Today's Faculty

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Jill Duncan, RN, MS, MPH, Executive Director, provides strategic development and programming leadership for IHI's cost, quality and value work; leadership of IHI's Joint Replacement Learning Community; program coordination and faculty leadership for IHI's Leading Quality Improvement: Essentials for Managers, and program development and facilitation intended for many of IHI's Expeditions, Web & Actions, and other work force development initiatives. Past responsibilities include daily operations and strategic planning for IHI's Open School for Health Professions followed by development and leadership of Impacting Cost + Quality, a two-year prototyping collaborative. Jill joined IHI in 2008. Jill draws from her learning as a Clinical Nurse Specialist, quality leader, pediatric nurse educator, and front line nurse. Her clinical interests have developed through experiences in a variety of settings including Neonatal ICU, pediatric ER, clinical research, public health activism, and Early Head Start health programming.



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Session 3

Practice Improvement Essentials



Today's Objectives

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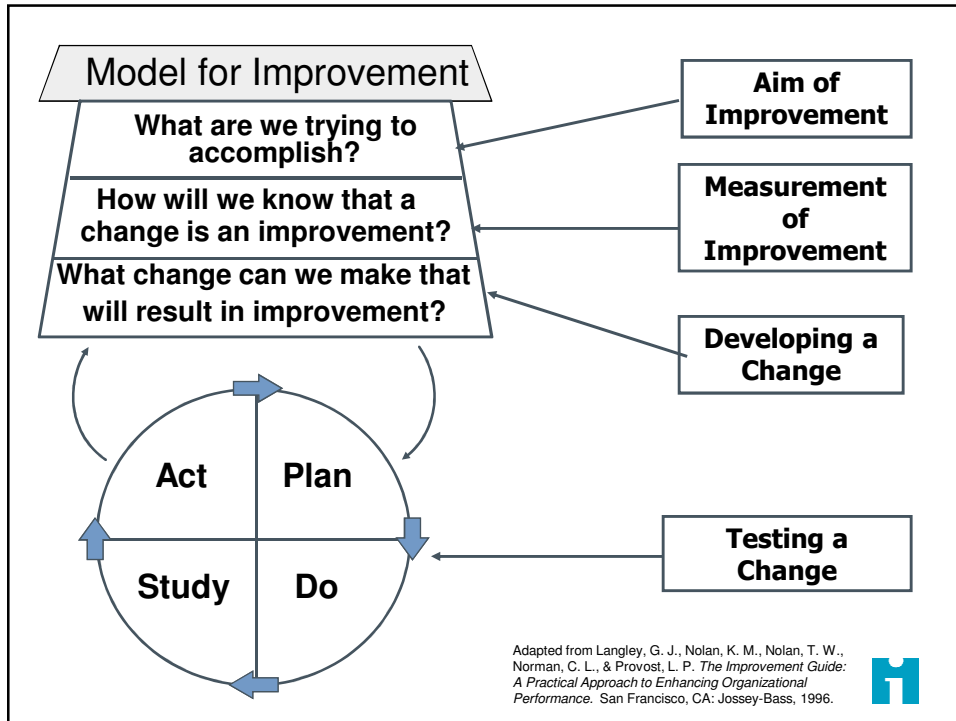
- I. **To apply the framework provided by the Model for Improvement as a guide to at least one improvement opportunity.**
- II. To develop a change or improvement idea.
- III. To describe the team members necessary in order to test a specific change.
- IV. To support a change opportunity with data.
- V. To develop a test for at least one change.



“Everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.”

Paul Batalden, MD
Senior IHI Fellow





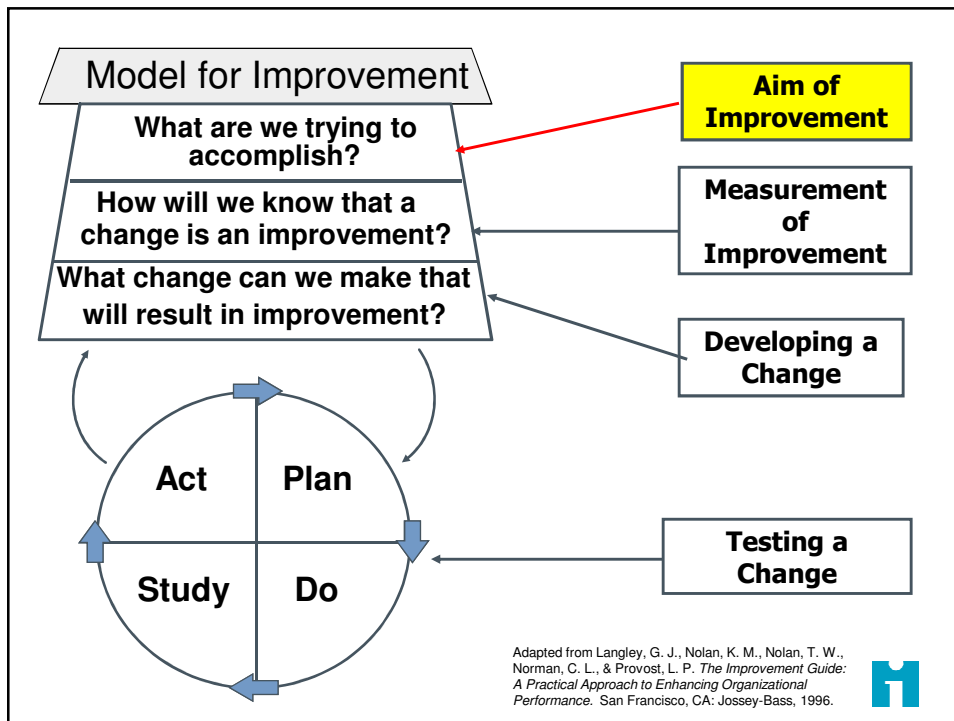
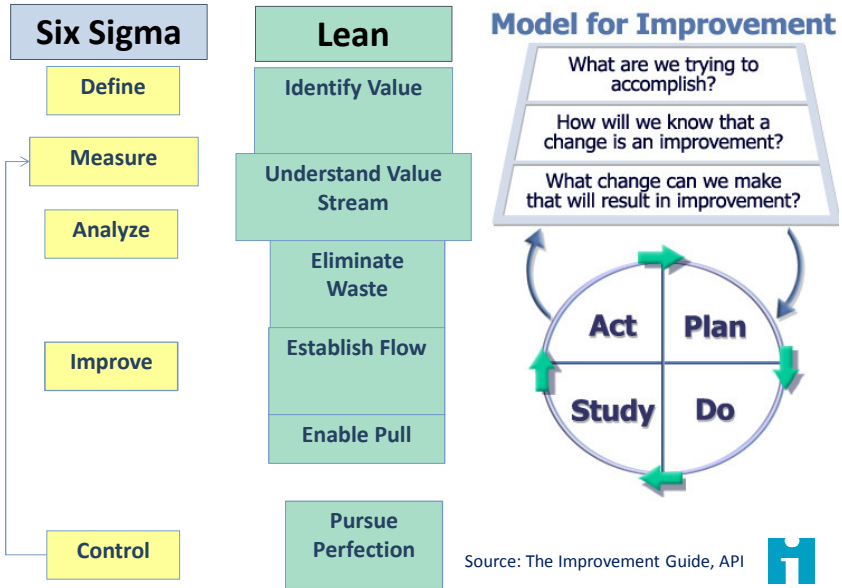
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W Edwards Deming
1900-1993

"We have learned to live in a world of mistakes and defective products as if they were necessary to life. It is time to adopt a new philosophy in America."

The slide features a portrait of W Edwards Deming on the left. To the right of the portrait, his name and lifespan (1900-1993) are displayed in yellow text on a dark blue background. Below this, a quote is written in white italicized text. A small blue logo is located in the bottom right corner of the slide area.

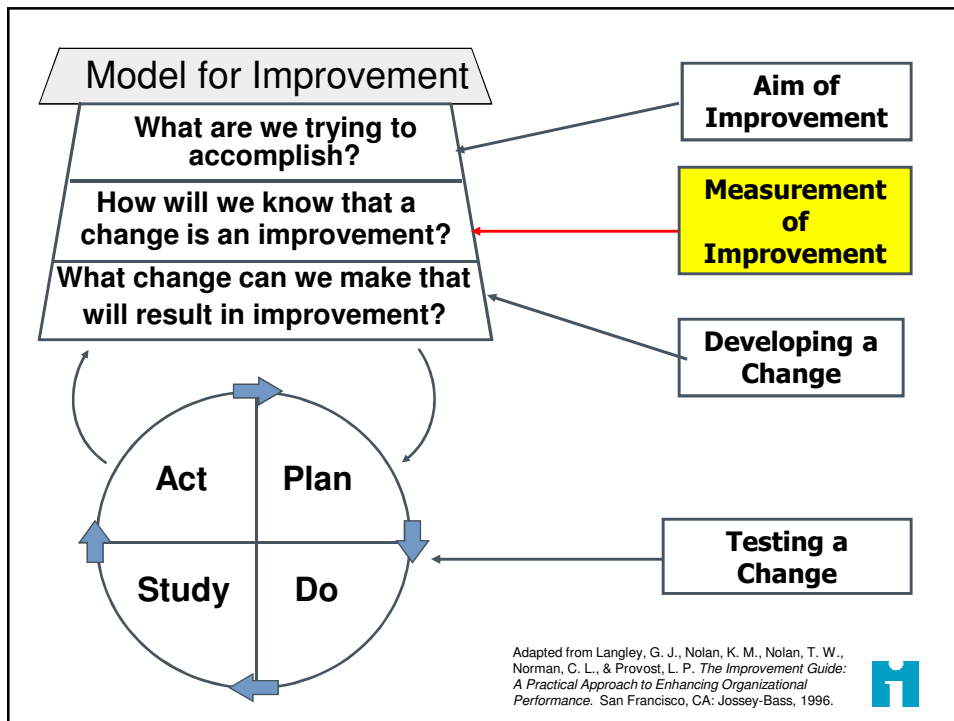
Approaches to Improvement



Aim

- To improve hand washing compliance of consulting providers to 80% by July, 2015.
- To improve time to first antibiotic after admission to NICU to <10 minutes by September, 2015.
- To decrease the cost of wound care supplies by 5% by December, 2015

How much?
By when?



The Value of Measuring

- “You measure what you value. Conversely, you value what you measure.” Brent James
- “We tend to overvalue the things we can measure and undervalue the things we cannot.” John Hayes
- “Measurement is the first step that leads to control and eventually to improvement. If you can’t measure something, you can’t understand it. If you can’t understand it, you can’t control it. If you can’t control it, you can’t improve it.” H. James Harrington



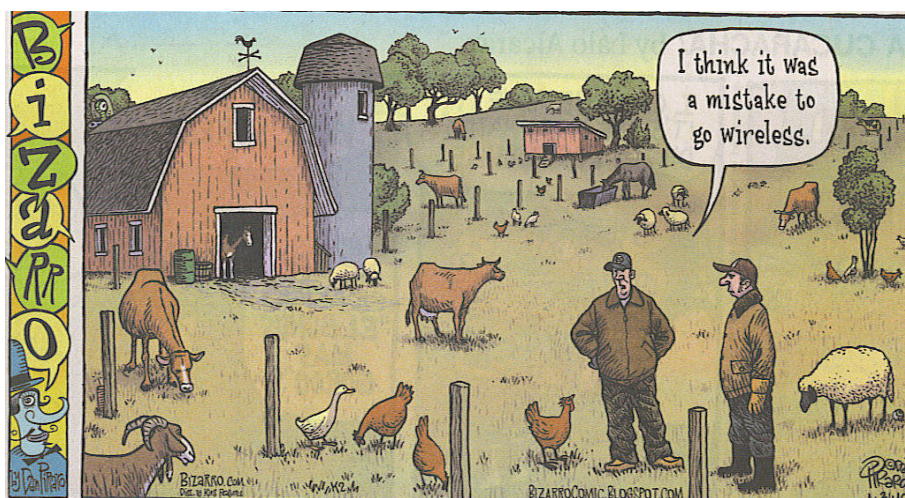
An Operational Definition...

... is a description, in quantifiable terms, of what to measure and the steps to follow to measure it consistently.

Surgery start time	Staff productivity
A medication error	Significant improvement
A complete patient chart	Timely technical assistance
A patient fall	Patient & family satisfaction
Good patient education	Breakthrough opportunity
A readmission	A culture of safety
A missed diagnosis	A patient complaint
A short ED visit	A quick referral to a specialist
Patient compliance	Medication reconciliation
Service excellence	Productive employees
Quality	



What does it mean to “go wireless”?



Thank you, Robert Lloyd!



Measures

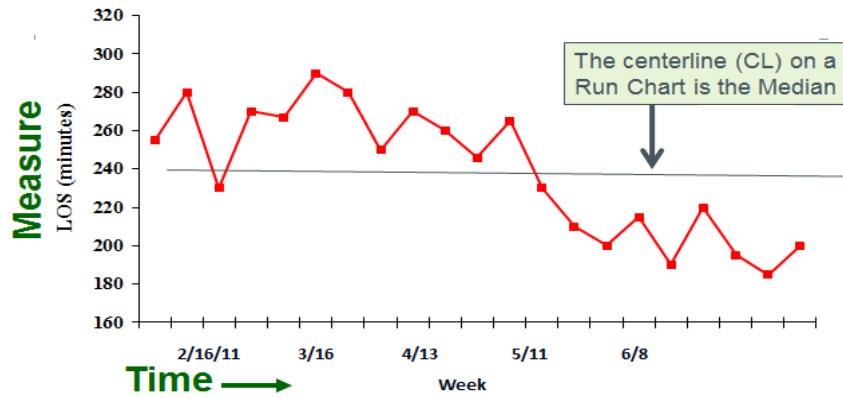
- **Outcome Measures:** How does the system impact the values of patients, their health and wellbeing? What are impacts on other stakeholders such as payers, employees, or the community?
- **Process Measures:** Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?
- **Balancing Measures:** Are changes designed to improve one part of the system causing new problems in other parts of the system?

<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovement/EstablishingMeasures.aspx>



Elements of a Run Chart

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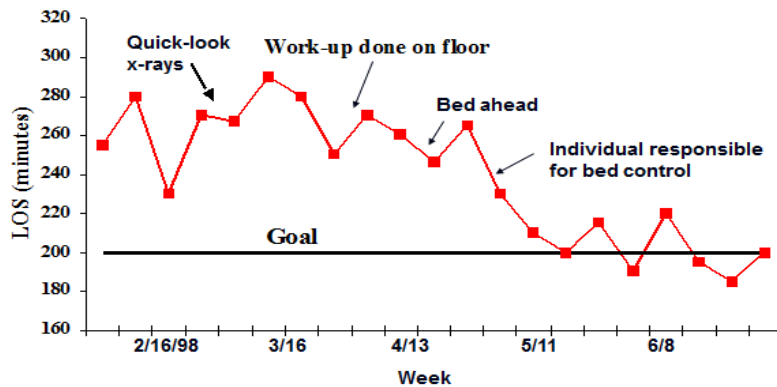


Four simple run rules are used to determine if special cause variation is present



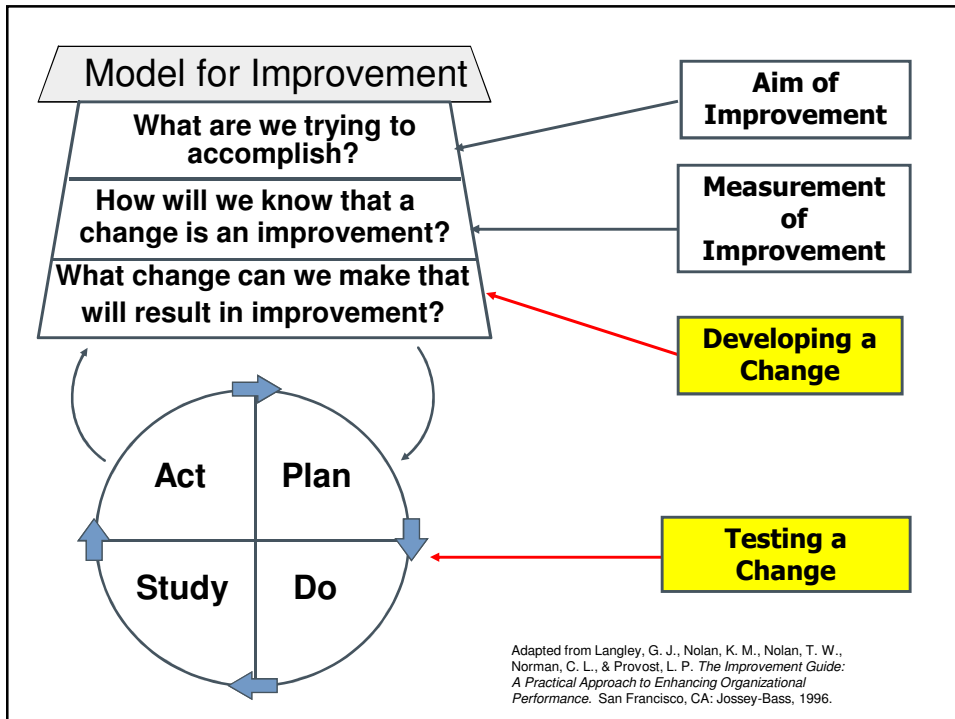
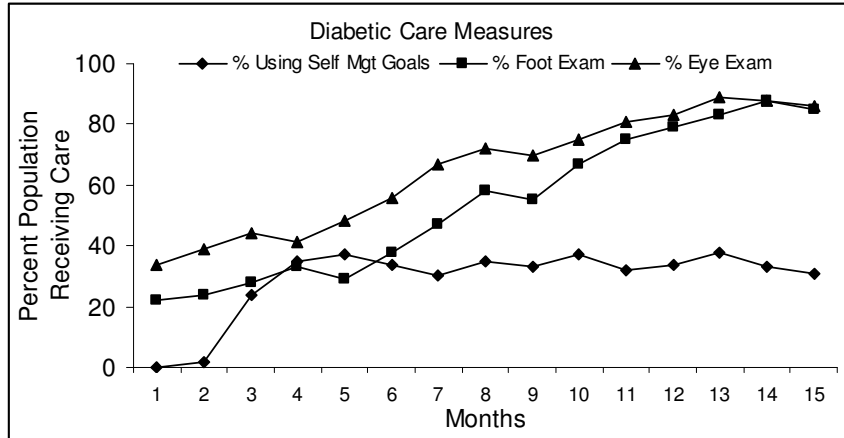
Annotated with Substance & Integrity

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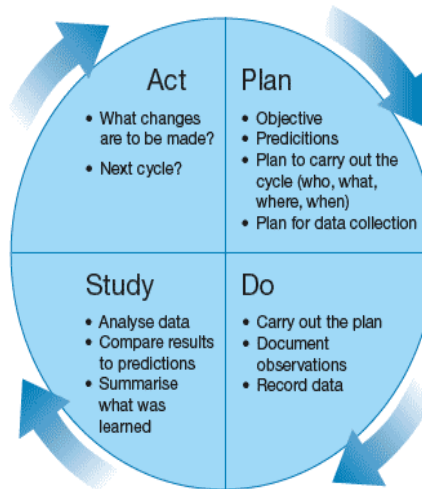


Improving LOS for Patients Admitted from the ED

Multiple Measures on a Single Chart



Plan-Do-Study-Act: PDSA



Why Test?

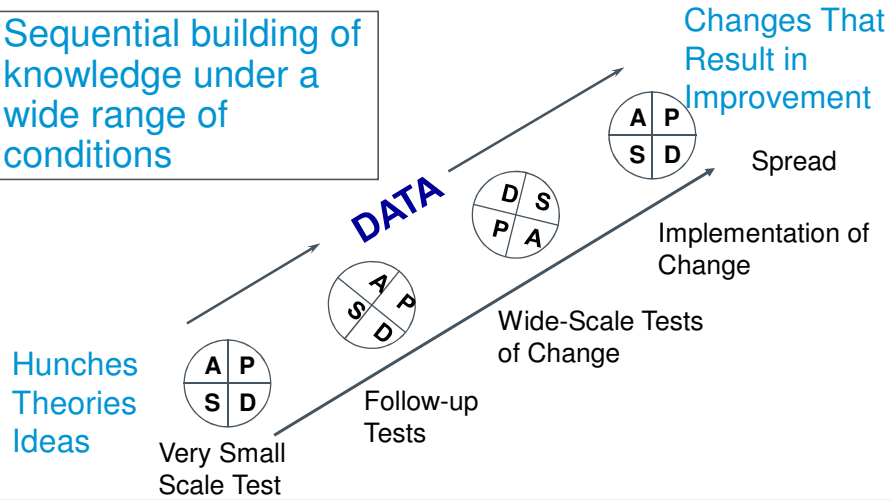
- Increase the belief that the change will result in improvement
- Predict how much improvement can be expected from the change
- Learn how to adapt the change to conditions in the local environment
- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation



Repeated Use of the PDSA Cycle

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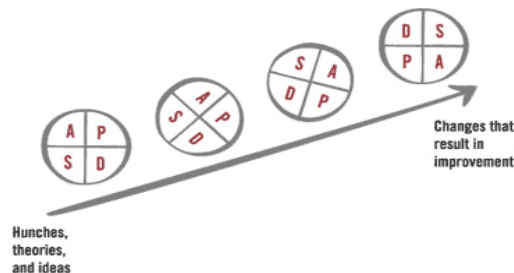
Sequential building of knowledge under a wide range of conditions



Rapid cycle small scale testing

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If you want to go **FAST**, go **SMALL**



Learn quickly and go **BIG, FASTER**



Who and Where to Test?

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PDSA Worksheet for Testing Change

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Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do Describe what actually happened when you ran the test

Study Describe the measured results and how they compared to the predictions

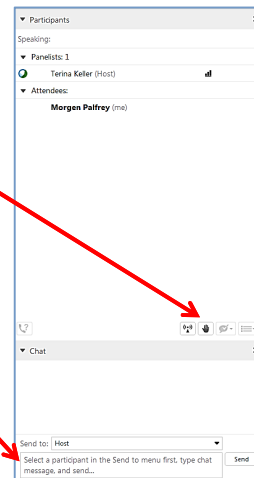
Act Describe what modifications to the plan will be made for the next cycle from what you learned

Questions/Discussion

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Raise your hand

Use the chat



The Joel Green Case

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- What is the biggest challenge that Joel faces in trying to identify the cause of the MSRA spread? Why is time of the essence in determining the gap in processes that has led to this problem and how can he act quickly without sacrificing thoroughness?

The Joel Green Case

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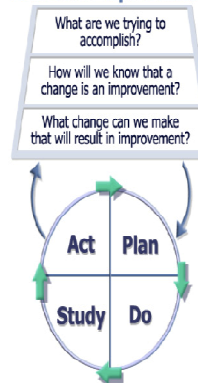
- Who should Joel involve in his efforts to create change? List the people he might reach out to work with around this issue.

The Joel Green Case

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- Describe a potential aim related to Joel's challenge?
- How will he know if he makes a change in hand washing compliance?
- How will he decide what to test to try to improve hand washing practices in the ICU?

Model for Improvement



Conclusions

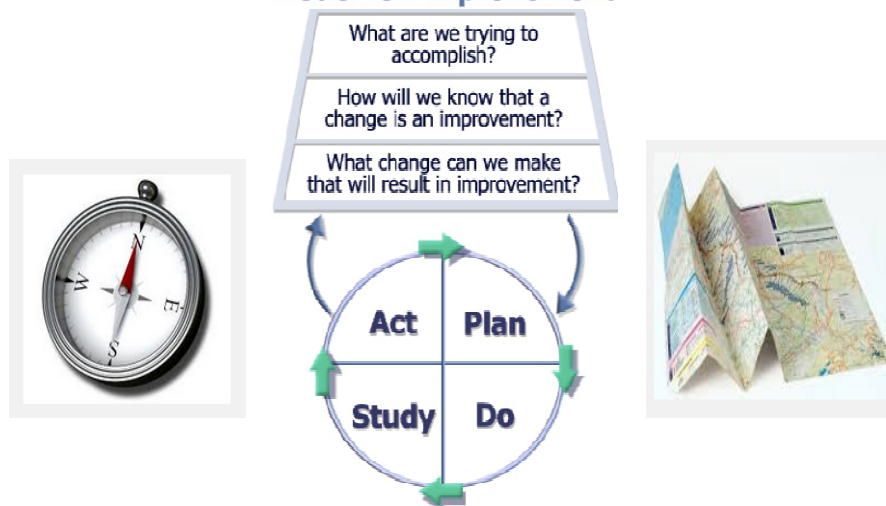
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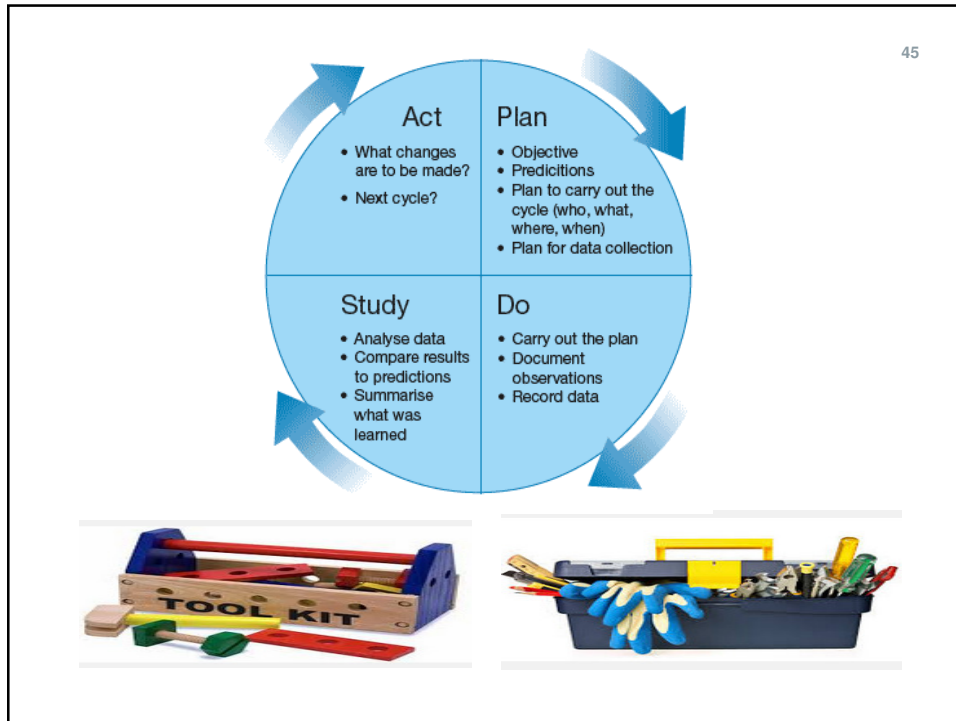
- The Model for Improvement provides a framework for testing new processes and systems.
- Know what you need to measure and create a data collection and feedback plan.
- Develop frontline teams to design and carry out tests.
- Test a change with various stakeholders and in different context before you move to implement.



Model for Improvement

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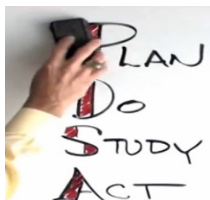


References



The Science of Improvement on a Whiteboard!

Robert Lloyd, the Director of Performance Improvement at IHI, uses his trusty whiteboard to dissect the science of improvement. In short videos, he breaks down everything from Deming's System of Profound Knowledge, to the PDSA cycle, to run charts. Click, sit back, and enjoy the learning.



<http://www.ihi.org/education/IHIOpenSchool/resources/Pages/BobLloydWhiteboard.aspx>



Resources

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Open School

<http://www.ihl.org/education/ihlopenschool/Pages/default.aspx>



Resources

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Watch this fun animated whiteboard video from Dr. Mike Evans and IHI, which introduces some history and concepts of health care quality improvement »

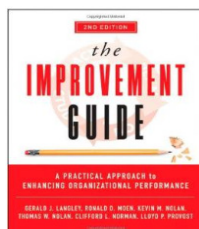


<http://www.ihl.org/resources/Pages/AudioandVideo/MikeEvansVideo/QIHealthCare.aspx>



References

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Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., Provost, L. P., 2009. **The Improvement Guide: A Practical Approach to Enhancing Organizational Performance** (JOSSEY-BASS BUSINESS & MANAGEMENT SERIES)

Comparing Lean and Quality Improvement



How to cite this IHI white paper:

Scoville R, Little K. Comparing Lean and Quality Improvement. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2014. (Available at [ihl.org](http://www.ihl.org))

<http://www.ihl.org/resources/Pages/IHIWhitePapers/ComparingLeanandQualityImprovement.aspx>



Action Period Assignment

1. Write an AIM statement (how much, by when) for the problem you have identified you want to address or improve.
2. Identify one thing you will measure to know if a change is an improvement.
3. Describe your first test.

Model for Improvement



Describe this on the listserv LQI2015@ls.ihl.org in 250 words or less.



Communications

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- All sessions are recorded
- Materials are sent one week in advance
- Listserv address for session communications:
LQI2015@ls.ihi.org
- If you'd like to be re-added, add colleagues or change your subscription to a daily digest, email us at
info@ihi.org



Next Session

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Session 4

Build Sustainable Systems

Chris Hayes, MD, MSc, MEd

Tuesday, March 31, 12:00 – 2:00 PM ET*

Allied Health Professions Managers join Clinical Managers

Breakout session: Clinical Managers 12:00-1:00 PM ET
Quality Improvement Managers 1:00-2:00 PM ET



Thank You!

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Leading Quality Improvement
Essentials for Managers

A Three-Month,
Virtual, Professional
Development Program

Please let us know if you have any questions or
feedback following today's session.

Kathy Duncan
KDuncan@IHI.org

Dorian Burks
DBurks@IHI.org

