Alliant Quality HQIC Patient Safety Network

Welcome!

- All lines are muted on entry
- Please ask any questions in the chat
- Please actively participate in discussions via the chat

We will get started shortly!

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The Quality Improvement Services Group of ALLIANT HEALTH SOLUTIONS

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Hospital Quality Improvement Contractors
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Alliant Quality HQIC Patient Safety Network

Month, Date, Year

Presented by:
Name, Credentials, Title

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Making Health Care Better *Together*

Collaborators:

- Alabama Hospital Association
- Alliant Quality
- Comagine Health
- Georgia Hospital Association
- KFMC Health Improvement Partners
- Konza

Hospital Quality Improvement

WELCOME!

ALABAMA HOSPITAL ASSOCIATION

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Comagine Health

GHA
Georgia Hospital Association

kfmc
HEALTH IMPROVEMENT PARTNERS

KONZA

Elizabeth “Libby” Bickers, LCSW

CLINICAL SOCIAL WORKER

I have been a social worker for over 20 years in multiple areas of healthcare, primarily hospice. I have also worked in dialysis, home health, long term care and inpatient hospital settings. I also worked in higher education as Director of Field Instruction at my alma mater, Valdosta State University. I have been a clinical reviewer, for over 5 years, with Alliant Health Solutions. I have been married for 23 years and have 2 children, a daughter and a son.

Contact: elizabeth.bickers@alliantaso.org

Amy Ward, MS, BSN, RN, CIC

INFECTION PREVENTION SPECIALIST

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.

Contact: Amy.Ward@Alliancehealth.org

Melody "Mel" Brown, MSM

PATIENT SAFETY MANAGER

Melody has over 40 years of healthcare experience including varied roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network – Quality Improvement Organization (QIN – QIO). Coaching hospitals and nursing homes on all facets of healthcare quality improvement has been her focus as the Patient Safety Manager.

Contact: Melody.Brown@AlliantHealth.org

Jennifer Massey, PharmD

PHARMACIST, ADVERSE DRUG EVENTS/OPIOID STEWARDSHIP

Jennifer is a pharmacist with over 10 years of experience in the hospital setting as a clinical staff pharmacist; including ICU, emergency department, code response, and pediatrics.

Contact: Jennifer.Massey@Alliancehealth.org

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Learning Objectives

- **Learn Today:**
  - Learners will understand the intention of the five-part interactive series
  - Learners will leave prepared to complete a fishbone diagram and identify root causes for their own data trends

- **Use Tomorrow:**
  - Learners will develop a S.M.A.R.T. goal to guide their process improvement work during this series
  - Learners will arrive to the next session prepared with their fishbone diagram and S.M.A.R.T. goals

Fishbone Diagram

- Used to identify the causes and effects of an event and get to the root cause
- The problem or effect is identified at the head or mouth of the fish
- Contributing causes listed under the larger cause categories (bones)
- Brainstorm to identify all the factors contributing to the problem or event
- Use the fishbone diagram to keep the team focused on the causes of the problem, rather than the symptoms or the solutions

Tips When Completing the Fishbone Diagram

- Consider drawing on a flip chart or large dry erase board
- Leave enough space between the major categories on the diagram so that you can add minor detailed causes later
- When you are brainstorming causes, consider having each team member write their ideas on a sticky note and place it on the diagram
- Note that the “five-whys” technique is often used in conjunction with the fishbone diagram
  - Keep asking *why* until you get to the root cause
- Another way to help identify the root causes from all the ideas generated is to consider a multi-voting technique

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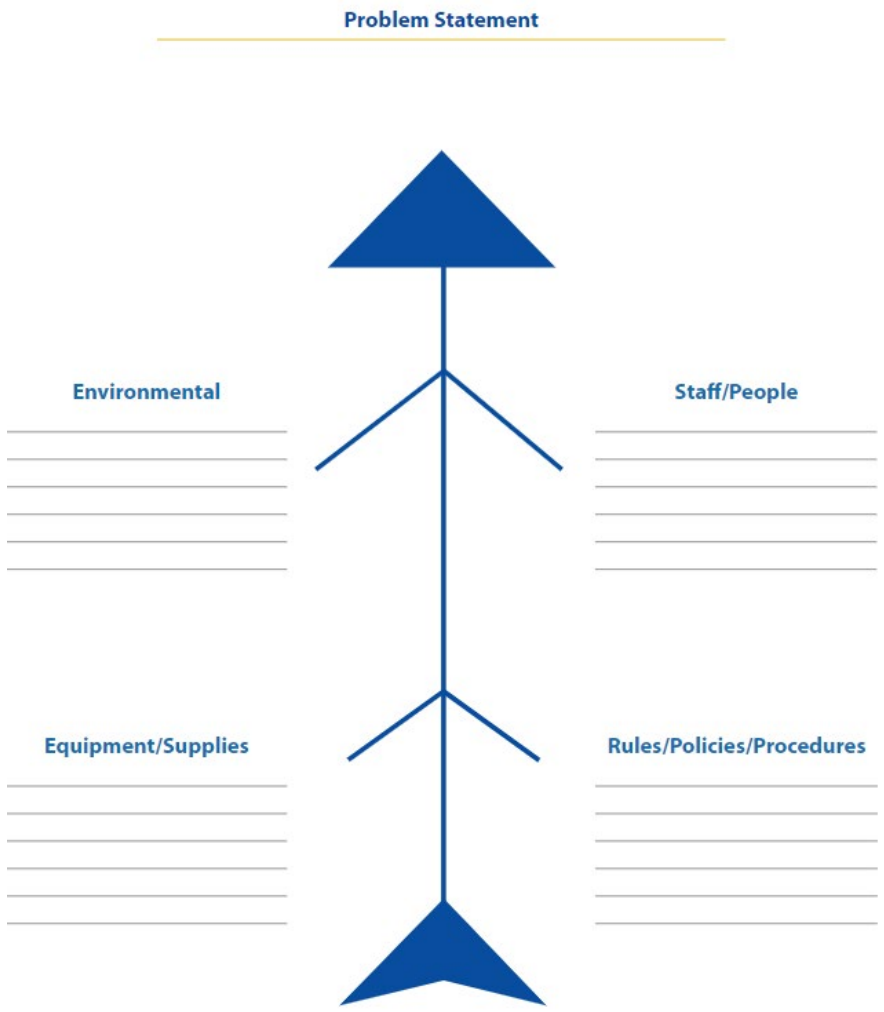
Fishbone Diagram



1. Select the event to be investigated
2. Select the team members for the project
3. Gather the facts and data
4. List all the contributing factors
5. Put all information together to complete your root cause analysis tool

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Plan for Improvement

- **Plan – Do – Study – Act**
- A way to accomplish rapid cycle improvement
- Small tests of change rather than system wide until proven
- Cycles are intended to be short in duration, evaluated then adopted, adapted or abandoned
- Many times, you will need multiple PDSA cycles to effectively improve a system

SMART Goal Checklist

- **S**pecific:
  - *Is the intervention(s) focused and well defined?*
  - *Does the intervention include details like; who, what, when, and who is accountable?*
- **M**easurable:
  - *Does the intervention(s) include a way to measure progress (measurement/metrics) so the facility can assess effectiveness and course correct, if needed?*
- **A**chievable:
  - *Does the intervention(s) look attainable?*
  - *Does the facility have the capacity to do this or should they be looking for a more achievable intervention?*
- **R**ealistic:
  - *Does the intervention(s) seem to make sense and align with the goal?*
- **T**imely:
  - *Does the intervention(s) include target dates, deadlines or progression timelines, for achievement?*

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Resources

Alliant Quality HQIC Website

- Quality Improvement tools available to download
  - Fishbone Diagram
  - PDSA Worksheet

https://www.alliantquality.org/topic/hospital-quality-improvement/

Key Takeaways

- **Learn Today:**
  - Learners will understand the intention of the 5-part interactive series
  - Learners will leave prepared to complete a fishbone diagram and identify root causes for their own data trends

- **Use Tomorrow:**
  - Learners will develop a SMART goal to guide their process improvement work during this series
  - Learners will arrive to the next session prepared with their fishbone diagram and SMART goals

How will this change what you do? Please tell us in the poll…

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Questions?

EMAIL US AT HOSPITALQUALITY@ALLIANTQUALITY.ORG OR
CALL US AT 678-527-3681

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HQIC Patient Safety Network Goals

Adverse Drug Event Network

- ✓ Decrease high dose opioid prescribing
- ✓ Reduce adverse drug events related to anticoagulants, glycemic agents, and opioids

Infection Prevention Network

- ✓ Reduce *C. diff* in all settings
- ✓ Reduce device associated infections - CAUTI and CLABSI
- ✓ Reduce Post – Op Sepsis and Sepsis Mortality

Readmission Network

- ✓ Reduce Hospital Readmissions

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HQIC Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings

Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

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Upcoming Events

Readmissions	CAUTI & CLABSI	Opioid ADE & Opioid Stewardship	ADE: Anticoagulants & Glycemic Agents	Sepsis & Sepsis Mortality
Session 1 July 28	Session 1 July 27	Session 1 July 29	Session 1 July 29	Session 1 July 28
Session 2 August 11	Session 2 August 10	Session 2 August 12	Session 2 August 12	Session 2 August 11
Session 3 August 25	Session 3 August 24	Session 3 August 26	Session 3 August 26	Session 3 August 25
Session 4 September 8	Session 4 September 7	Session 4 September 9	Session 4 September 9	Session 4 September 8
Session 5 September 22	Session 5 September 21	Session 5 September 23	Session 5 September 23	Session 5 September 22

Please register for all five (5) sessions today to reserve your space.

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Thank you for joining us!
How did we do today?

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