

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!

Alliant Quality HQIC Patient Safety Network Session 3







Collaborators:

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

Hospital Quality Improvement

WELCOME!













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: <u>Amy.Ward@Allianthealth.org</u>

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, Pharm.D.

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.

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Learning Objectives

• Learn Today:

- Learners will interact during the session in an all teach all learn environment
- Learners will contribute to the brainstorming and chat waterfall as the PDSA worksheet is completed during the session

• Use Tomorrow:

 Learners will continue to communicate their project goals and interventions along with analysis information to their leadership throughout the course of these sessions

PDSA Resources for Adult Learners

- Bite-sized learning for those new to quality
- Engaging way to teach your improvement strategy
- Increases buy-in and can make goals achievable

https://www.hhs.gov/guidance/sites / default/files/hhs-guidance-documents/ QIO_DomesticLeanGodde ss_videos.pdf

Domestic Lean Goddess

Quality Improvement Video Series



Are you interested in quality improvement or looking for tools to teach quality improvement? Watch these creative videos as they teach quality improvement by applying methods to everyday scenarios.

The 5 S's of Quality Improvement

Watch the video here: http://www.youtube.com/watch?v=t8Sab61Ok80

Discover how applying the 5 S's (Sort, Straighten, Shine, Standardize, and Sustain) can improve any work space. Follow along as the Domestic Lean Goddess coaches a husband in distress on how to make improvements in his meal planning process in the kitchen. Through this practical example of how the 5 S's can help you become more efficient and effective, we encourage you to apply this technique in other work spaces in your life to realize significant improvement.

Eliminating the 7 Wastes (Muda)

Watch the video here: http://www.youtube.com/watch?v=JkXUgxO0FEA

Watch this video as a fun exploration on how to analyze and eliminate the 7 Wastes in any process improvement effort to begin a Lean movement. In this session, the Domestic Lean Goddess helps a mother get lean by eliminating waste (Muda) and making her laundry days more efficient.

Plan Do Study Act (PDSA)

Watch the video here: http://www.youtube.com/watch?v=jsp-19o_5vU

The use of the tried & true quality improvement method PDSA (Plan-Do-Study-Act) is applied to gettling kids to school on time. This quality improvement video is a tale of the Domestic Lean Goddess who intervenes to help a desperate mom, of two, get her kids to school on time. This illustrates a practical and playful example of real-world application of the PDSA quality improvement tool.



This material was prepared by CFMC, the Learning and Action Network National Coordinating Center, under contract with the Centers for Medicare & Medicaide Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy PM-406-047 CO 2014.

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

Corrective Action Strengths

Weak

- Double checks
- Warnings/labels
- New policies/procedures/memos
- Training/education
- Additional study

Intermediate

- Decrease workload
- Software enhancements/mods
- Eliminate/reduce distraction
- Checklists/trigger/prompts
- Read back
- Eliminate look alike/sound alike
- Enhanced documentation/communication
- Build in redundancy

Strong

- Physical changes: grab bars, non slip strips on tubs/showers
- Forcing functions or constraints: design of gas lines so that only oxygen can be connected to oxygen lines; electronic medical records – cannot continue charting unless all fields are filled in
- Simplifying: unit dose

Prevent future problems by developing and testing strong actions

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf

Planning Worksheet

Goal – SMART Goal Plan- Overall goal with action steps and person responsible

- What is the objective of the test?
- What do you predict will happen and why?
- What change will you make?
- Who will it involve?
- How long will the change take to implement?
- What resources are needed?
- What data needs to be collected?

https://www.alliantquality.org/wp-content/uploads/2021/07/HQIC-Small-Test-of-Change-PDSA-Worksheet_AHSHQIC-TO3H-21-870-07.15.21-508-1.pdf



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HQIC SMALL TEST OF CHANGE WORKSHEET

(PDSA Cycle Template)

Model for Improvement: Three questions for improvement

- 1. What are we trying to accomplish (aim)?
- 2. How will we know that change is an improvement (measures)?
- 3. What change can we make that will result in an improvement (ideas, hunches, theories)?



GOAL: Overall goal you would like to reach – use SMART Goals: Specific, Measurable, Attainable, Realistic, and Time-based.

- I. PLAN: Overall goal you would like to reach List your action steps along with person(s) responsible and time line.
- · What is the objective of the test?
- · What do you predict will happen and why?
- · What change will you make?
- Who will it involve (e.g. one unit, one floor, one department)?
- How long will the change take to implement?
- · What resources will they need?
- · What data need to be collected?

Resources

Alliant Quality HQIC Website

Quality Improvement tools available to download

- Previous slides/handouts
- Fishbone Diagram
- PDSA Worksheet

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

Key Takeaways

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



Questions?

Elizabeth Bickers - Elizabeth.Bickers@AlliantASO.org
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Jennifer Massey - Jennifer.Massey@AlliantHealth.org
Amy Ward - Amy.Ward@AlliantHealth.org
OR CALL US AT 678-527-3681

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

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

Upcoming Events



Readmissions	CAUTI & CLABSI	Opioid ADE & Opioid Stewardship	ADE: Anticoagulants & Glycemic Agents	Sepsis & Sepsis Mortality
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



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







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Publication No. AHSHQIC-TO3H-21-1008-08/18/21

