Pennsylvania Perinatal Quality Collaborative

PA PQC Virtual Session
April 17, 2024

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards' (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credits**.

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program **represents the views and opinions of the individual presenters**, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

Agenda

1. **Welcome** – Sara Nelis, RN, PA PQC Project Manager, Jewish Healthcare Foundation

2. **Quality Improvement & Change Management** – Jennifer Condel, SCT(ASCP)MT, Manager of Lean Healthcare Strategy and Implementation, Jewish Healthcare Foundation

3. **Q&A** – Facilitated by Jennifer Condel, SCT(ASCP)MT

4. **Wrap-up and Next Steps** – Sara Nelis, RN, PA PQC Project Manager, Jewish Healthcare Foundation

Learning Objectives

➢ Describe a systematic approach to building quality improvement cycles for implementing PA PQC initiatives.

➢ Discuss approaches for managing quality improvement change in healthcare teams for PA PQC initiatives.

Quality Improvement & Change Management

JENNIFER CONDEL, SCT(ASCP)MT

MANAGER, LEAN HEALTHCARE STRATEGY AND IMPLEMENTATION

Definition of Quality Improvement

"In health care, quality improvement (QI) is the **framework** we use to **systematically improve the ways care is delivered to patients.**

Processes have characteristics that can be measured, analyzed, improved, and controlled.

QI entails continuous efforts to **achieve stable and predictable process results**, that is, to reduce process variation and improve the outcomes of these processes both for patients and the health care organization and system.
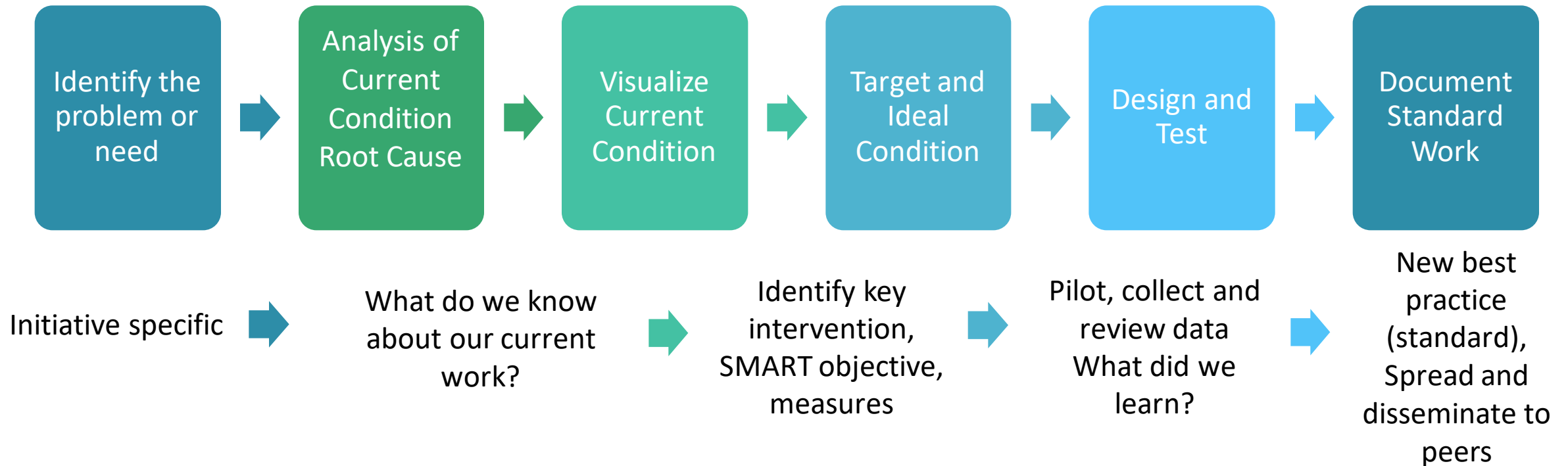
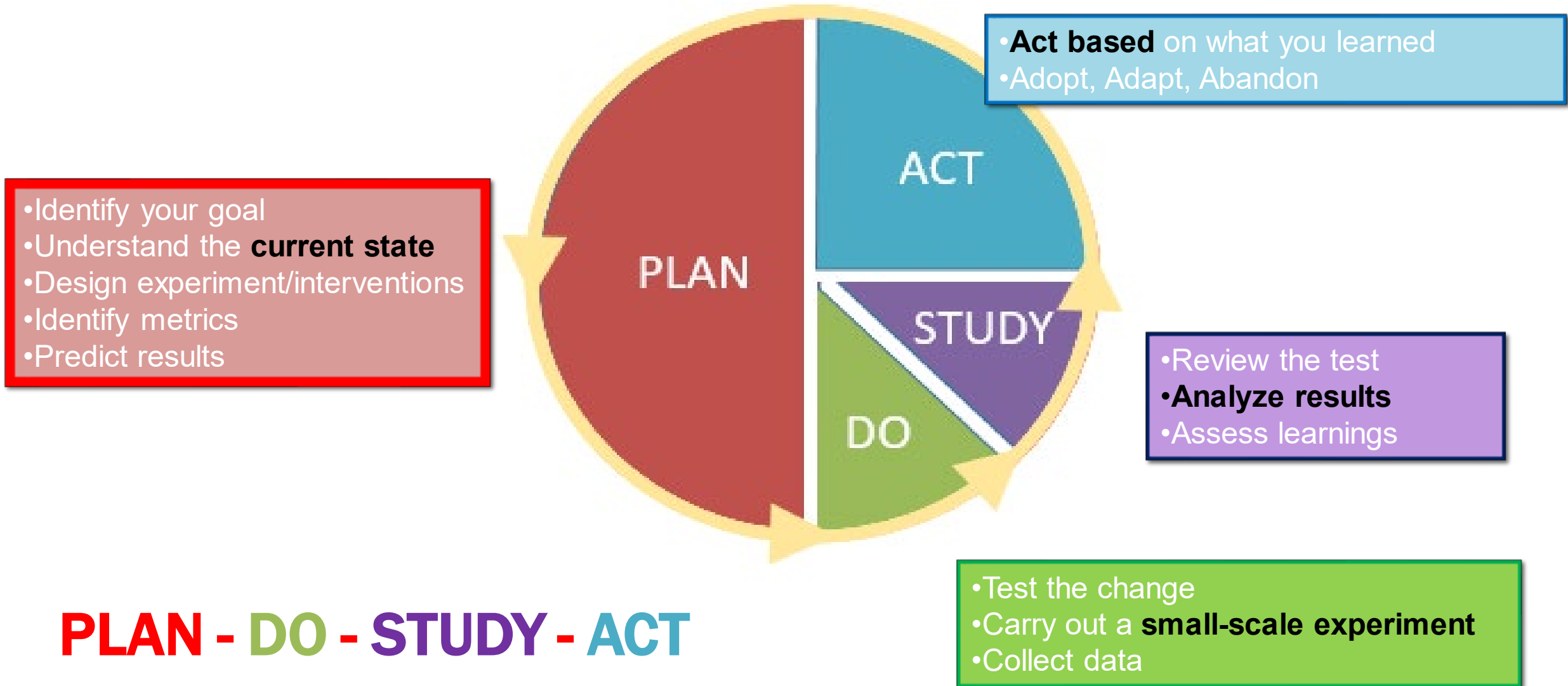Achieving sustained QI **requires commitment from the entire organization**, particularly from top-level management."

Agency for Healthcare Research and Quality: https://www.ahrq.gov/ncepcr/tools/pf-handbook/mod4.html

QI Project Plan Framework: Overview

| Identify the problem or need | → | Analysis of Current Condition Root Cause | → | Visualize Current Condition | → | Target and Ideal Condition | → | Design and Test | → | Document Standard Work |

Initiative specific → What do we know about our current work? → Identify key intervention, SMART objective, measures → Pilot, collect and review data What did we learn? → New best practice (standard), Spread and disseminate to peers

•**Act based** on what you learned
•Adopt, Adapt, Abandon

ACT

•Identify your goal
•Understand the **current state**
•Design experiment/interventions
•Identify metrics
•Predict results

PLAN

STUDY

•Review the test
•**Analyze results**
•Assess learnings

DO

•Test the change
•Carry out a **small-scale experiment**
•Collect data

PLAN - DO - STUDY - ACT

Principles and tools

PDSA Thinking: The Foundation of Quality Improvement

An approach to **standardizing** problem solving

A way of **engaging and organizing teams** to continuously identify and act upon opportunities for improvement
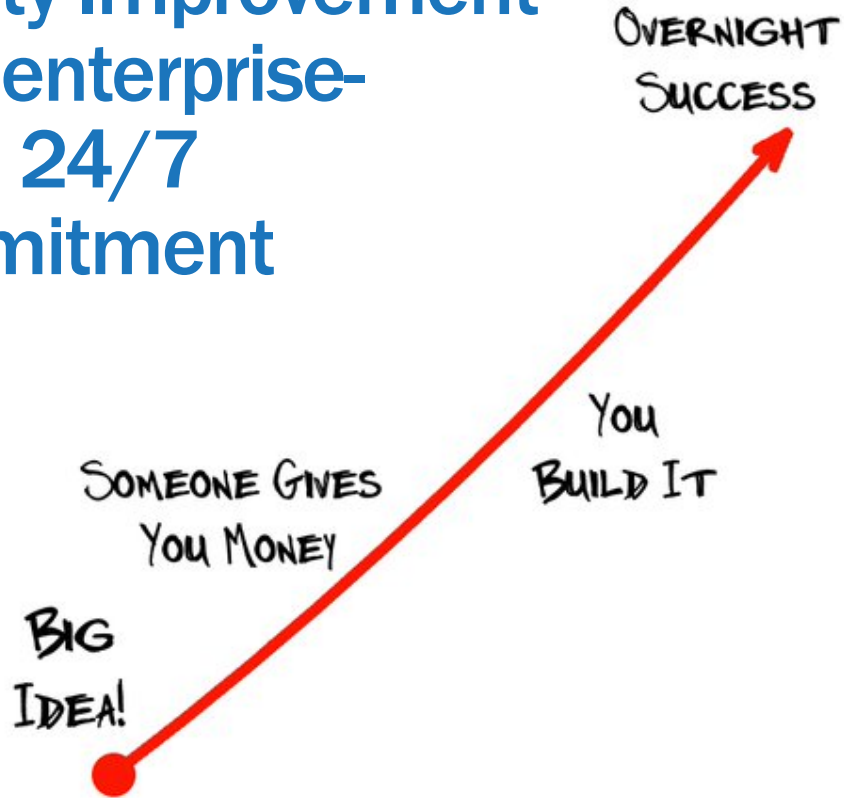
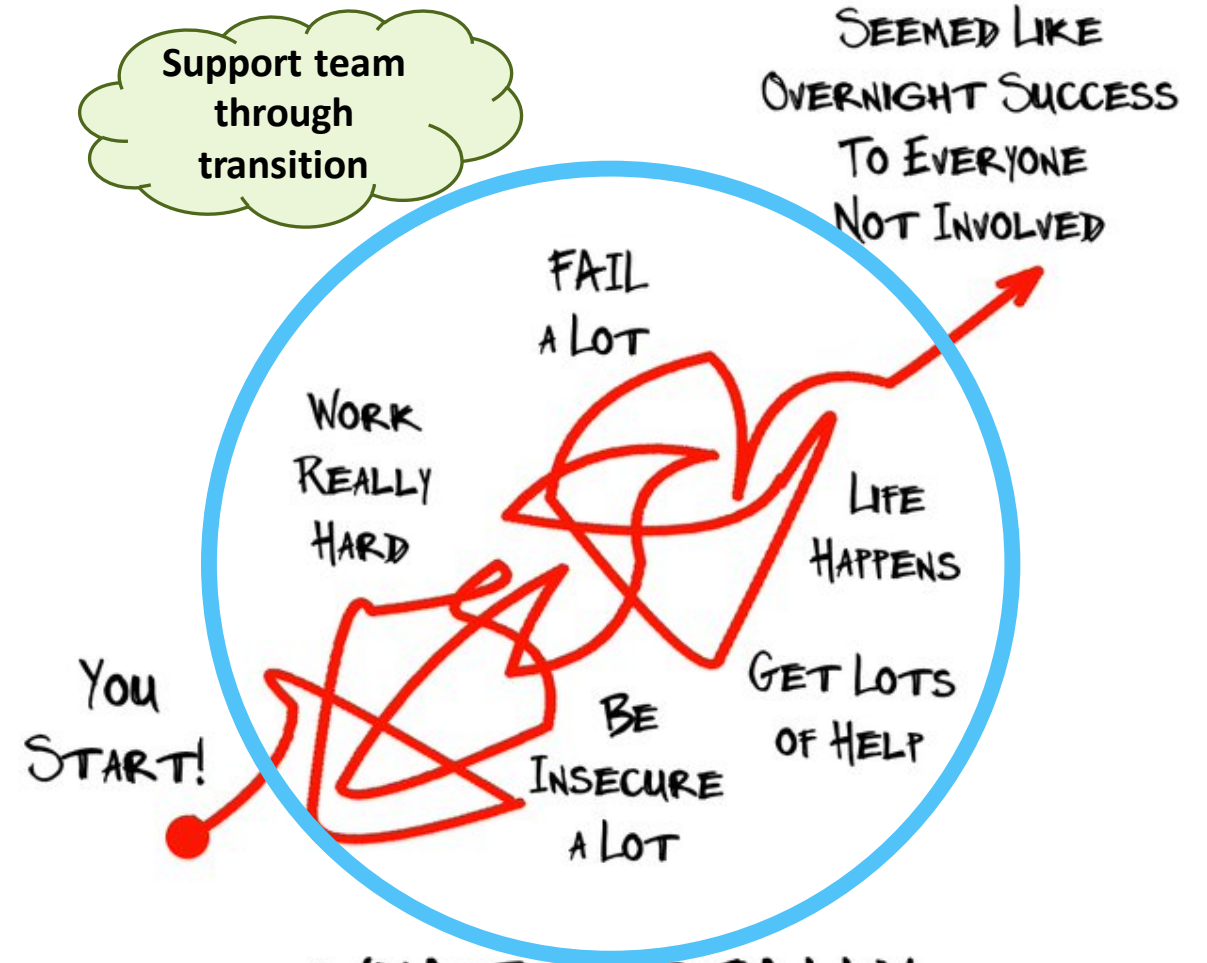Applied to **process changes** as well as **behavior changes**, and to problems big and small

Supports **deep examination** of problems

Quality Improvement is an enterprise-wide, 24/7 commitment

OVERNIGHT SUCCESS

SOMEONE GIVES YOU MONEY

YOU BUILD IT

BIG IDEA!

WHAT PEOPLE THINK IT LOOKS LIKE . . .

Support team through transition

SEEMED LIKE OVERNIGHT SUCCESS TO EVERYONE NOT INVOLVED

FAIL A LOT

WORK REALLY HARD

LIFE HAPPENS

GET LOTS OF HELP
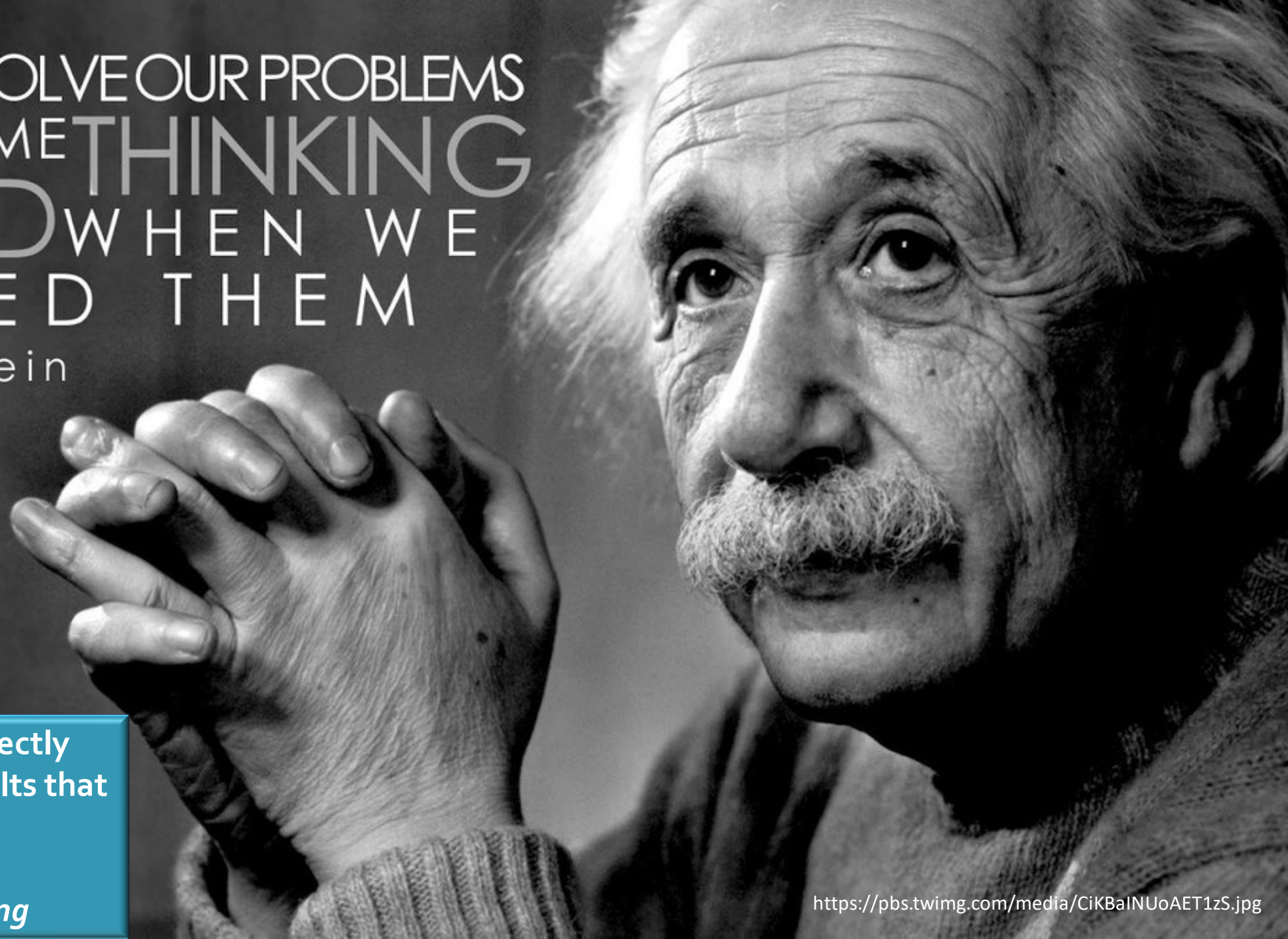
YOU START!

BE INSECURE A LOT

WHAT IT REALLY LOOKS LIKE . . .

Matt Gubba   @MattGubba   Jul 7, 2016

WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM
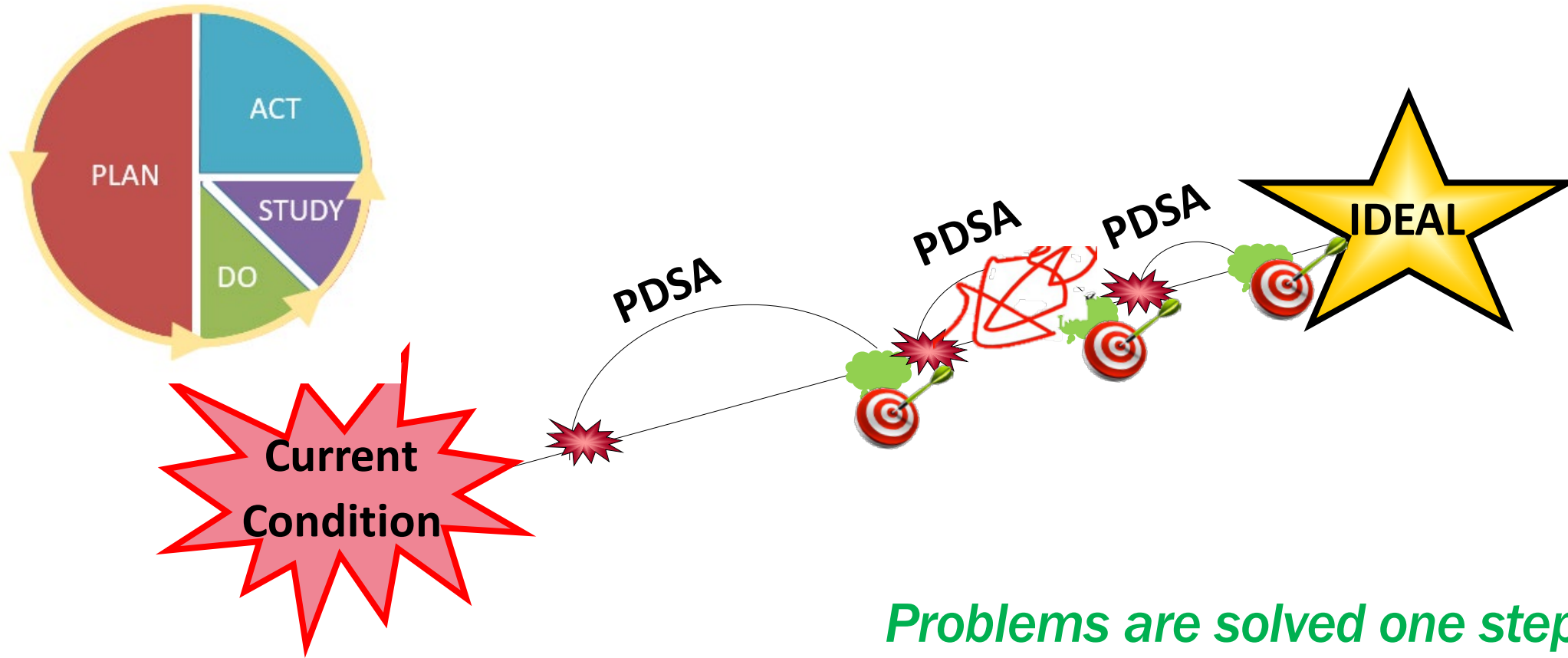-Albert Einstein

"Every process is perfectly designed to get the results that it gets."

- W. Edwards Deming

https://pbs.twimg.com/media/CiKBaINUoAET1zS.jpg

PDSA Thinking is Iterative and Continuous

PLAN · ACT · STUDY · DO

Current Condition

PDSA

PDSA

PDSA

IDEAL

Problems are solved one step at a time – each attempt gets you closer to success

PLAN
ACT
STUDY
DO

•**Act based** on what you learned
•Adopt, Adapt, Abandon

•Identify your goal
•Understand the **current state**
•Design experiment/interventions
•Identify metrics
•Predict results

•Review the test
•**Analyze results**
•Assess learnings

•Test the change
•Carry out a **small-scale experiment**
•Collect data

"If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and 5 minutes about solutions."
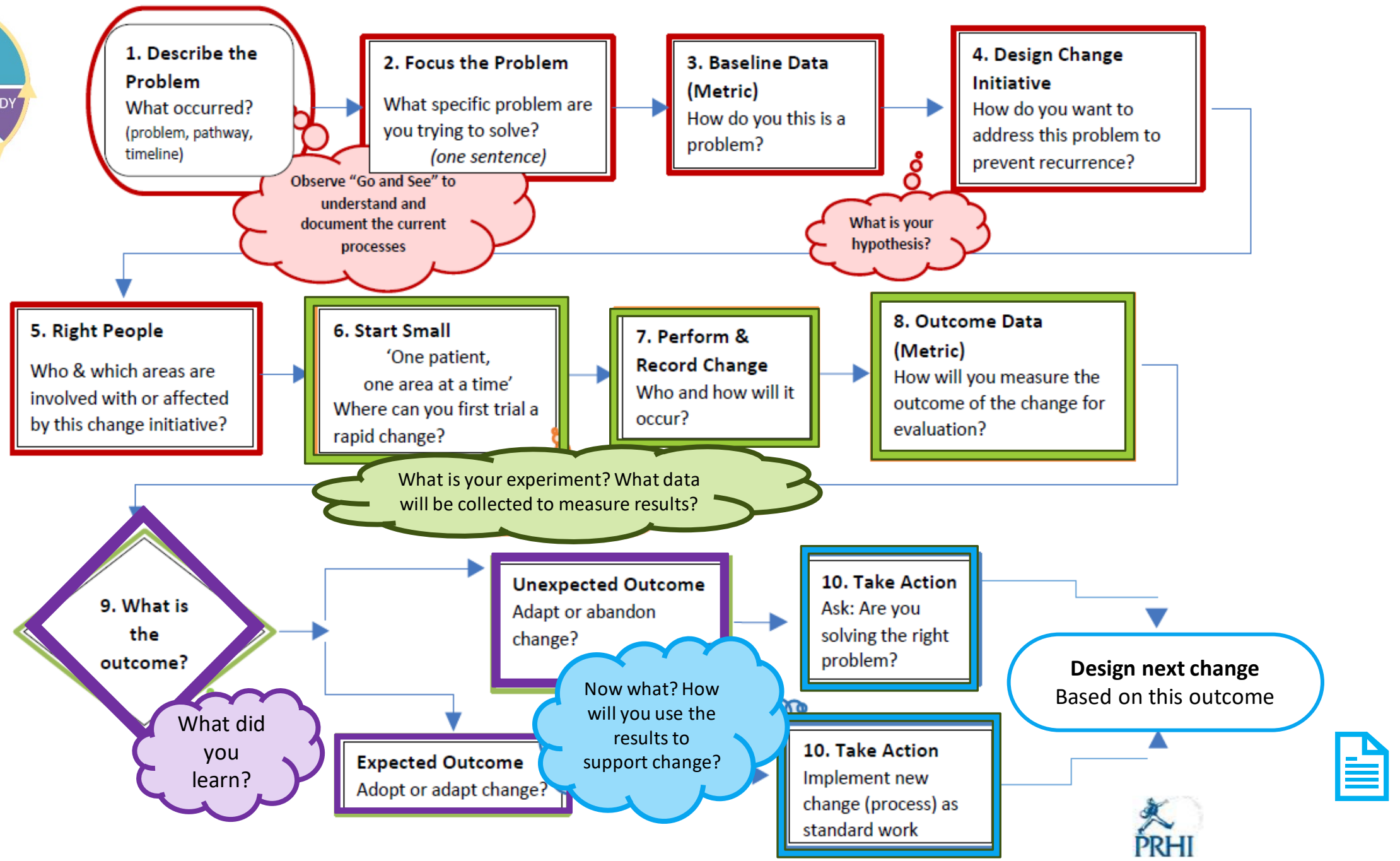
-Albert Einstein

Flow Chart for Problem Solving Thinking (PDSA)

PLAN · ACT · STUDY · DO

1. Describe the Problem
What occurred?
(problem, pathway, timeline)

2. Focus the Problem
What specific problem are you trying to solve?
(one sentence)

3. Baseline Data (Metric)
How do you this is a problem?

4. Design Change Initiative
How do you want to address this problem to prevent recurrence?

Observe "Go and See" to understand and document the current processes

What is your hypothesis?

5. Right People
Who & which areas are involved with or affected by this change initiative?

6. Start Small
'One patient, one area at a time'
Where can you first trial a rapid change?

7. Perform & Record Change
Who and how will it occur?

8. Outcome Data (Metric)
How will you measure the outcome of the change for evaluation?

What is your experiment? What data will be collected to measure results?

9. What is the outcome?

What did you learn?

Unexpected Outcome
Adapt or abandon change?

Expected Outcome
Adopt or adapt change?

Now what? How will you use the results to support change?

10. Take Action
Ask: Are you solving the right problem?

10. Take Action
Implement new change (process) as standard work

Design next change
Based on this outcome

PRHI

Simplify Goals

Start goals with a verb:

- Increase
- Decrease
- Reduce

Are your goals SMART?

Specific

Measurable

Attainable

Relevant

Time bound

Set Targets and Envision Success

Specific 🎯
- **What exactly are you going to do for whom?**

Example: increase referral completion rate for OUD patients by 25% in 3 months

Measurable 📈
- **Is it quantifiable? Concrete criteria for measuring progress and reaching objective**

Example: identify team members to design a referral loop protocol to share with the department team for review within 45 days

Attainable 📍
- **Is the objective achievable? Realistic and possible for your team to reach in the time frame and resources**

Example: designated team will meet every two weeks to refine protocol for implementation in 45 days

Relevant (Realistic) 📋
- **Does this objective impact the desired goal or strategy? Align to your program plan**

Example: implementing a defined referral loop protocol for OUD patients will increase the ability to effectively refer patients to meet their care needs and close the referral loop

Time- bound 🕐
- **When will this objective be accomplished? Be specific and reasonable**

Example: in 3 months, the new referral loop protocol with be implemented and monitored for 3 months to determine sustainability

Defining the Problem Approach

Problem
- What is the problem or need?
- How do we know this is a problem?
- Why is it important to solve

Scope
- Who is experiencing the problem?
- Where is the problem occurring?
- When and how often is the problem happening?

Team
- Who owns the problem (Executive in Charge)?
- Who has an interest in the problem (Stakeholders)?
- Who can make decisions about the problem (Management)?
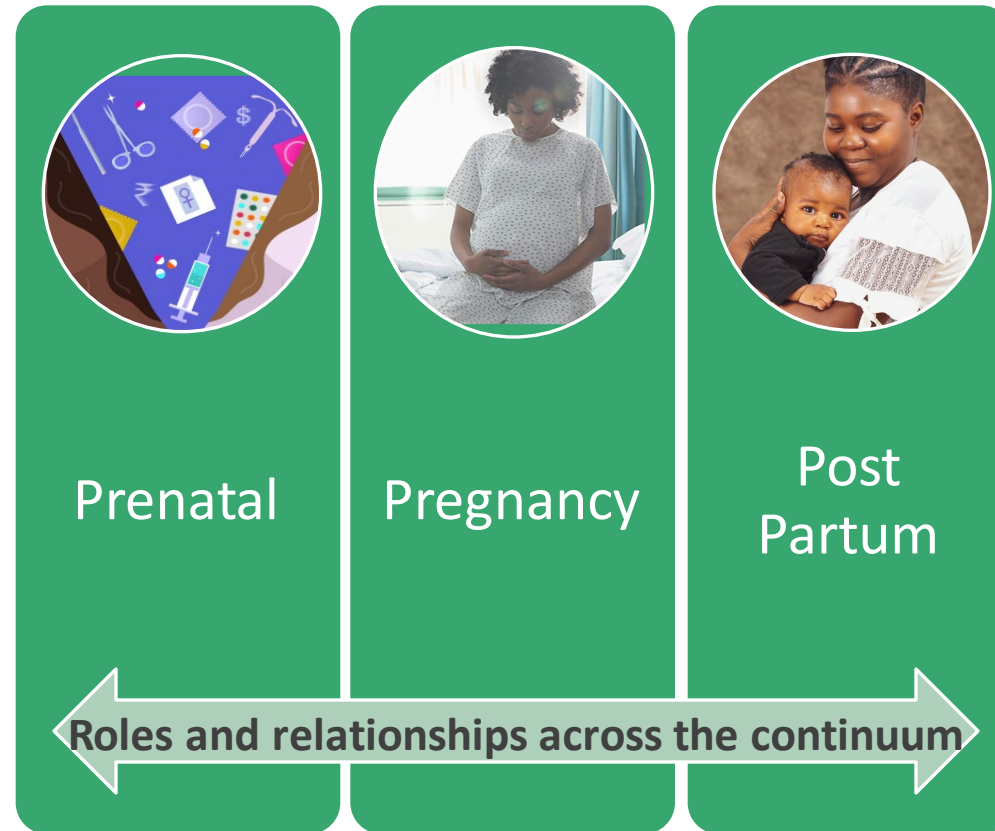- Who is directly involved in the problem (Front-line)?

PLAN

Visualizing the Work: Maternal Care Community

Processes of how care is received, delivered and managed

Elements to show how we work differently

Prenatal

Pregnancy

Post Partum

Roles and relationships across the continuum

Place in the birthing biosphere

Roles in addressing maternal health inequities

An Organized Approach to Quality Improvement

PLAN - DO - STUDY - ACT

- Identify your goal
- Understand the **current state**
- Design experiment/interventions
- Identify metrics
- Predict results

PLAN

PA PQC Goal

- Increase the percent of hospitals with a *protocol to close the loop* on the referral status with the post-discharge services and supports from **30% to 50%**

What is your Current State or Condition?

What is your healthcare team's protocol to close the loop? Do you have a defined process (standard work)?

What is your healthcare team's data for closing the loop on referrals to discharge services and supports?

Where is this data located and how is it collected?

PLAN - DO - STUDY - ACT

PA PQC Goal

- Increase the percent of hospitals with a *protocol to close the loop* on the referral status with the post-discharge services and supports from **30% to 50%**

•Identify your goal
•Understand the **current state**
•Design experiment/interventions
•Identify metrics
•Predict results

PLAN

Healthcare Team SMART Objective *Examples:*

Healthcare Team Project Plan SMART Objective:
Establish a referral process with one social service organization (X) based on **Plans of Safe Care** within the next 6 months.

Healthcare Team Project Plan SMART Objective:
Increase the number of social service organizations with established referral processes from one organization to three based on **Plans of Safe Care** within the next 9 months.

Examining Your Current Condition

PLAN

DIRECT OBSERVATION AND ANALYSIS

Do you have Standard Work?

Standard work is the foundation of continuous improvement.

We can't improve a process unless we know how it happened in the first place.

Create, Stabilize, Improve

The Power of Observation...

Go and See!

- **Watch how work is *actually occurring***
  - Capture events as they unfold
  - Is the process working the way it is intended?

- **In-depth and detailed understanding** of current state vs. standard work
  - Roles and responsibilities
  - Crosses silos

- Helps to **tell the story** (patient and staff)
  - Gives context to the numbers

- New eyes to see
  - Impacted by perspectives, experiences, expectations— **focus on the facts**

- **Prevents** jumping to solutions
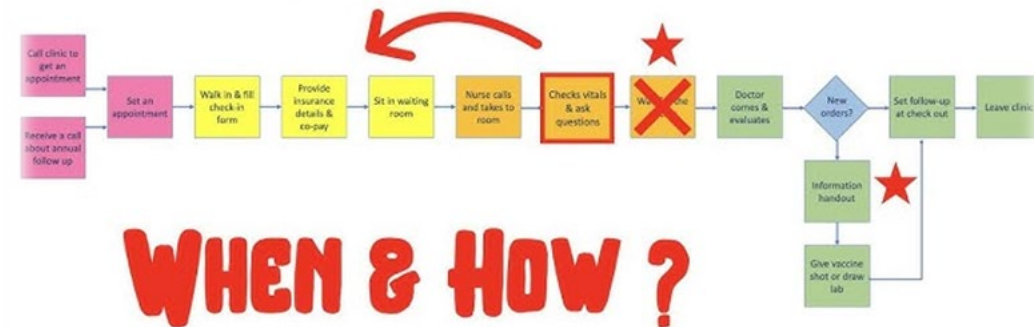
- Solves the **right problem**

"You can observe a lot just by watching."
-*Yogi Berra*

Understanding Your Current Condition

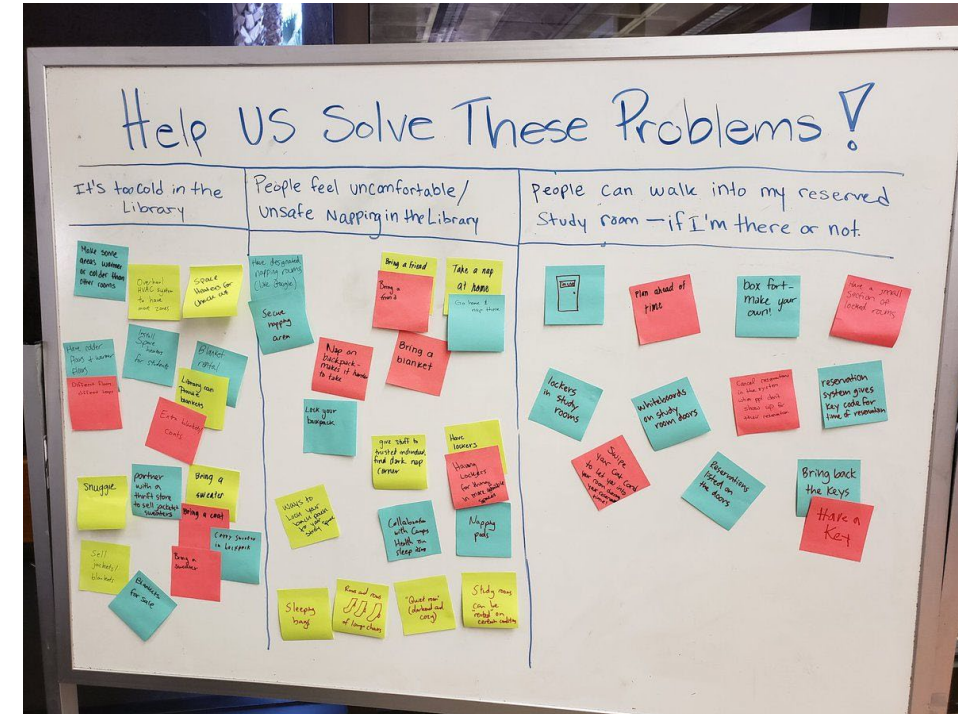MAKING IT VISUAL

Benefits of Process Mapping

Unites a team in improvement (explore complicated processes)

Explores work across departments (learn about each other's work)

Identifies opportunities for improvement (working & not working)

Generates a deeper understanding of the work

Creates a visual document

An Organized Approach to Quality Improvement

PLAN - DO - STUDY - ACT

- Identify your goal
- Understand the **current state**
- Design experiment/interventions
- Identify metrics
- Predict results

PLAN

PA PQC Goal
- Increase the percent of hospitals with a *protocol to close the loop* on the referral status with the post-discharge services and supports from **30% to 50%**

What is your Current State or Condition?

Example: our healthcare team does not have a defined protocol to close the loop.

What does the team want to do to address this current state?

Who needs to be on the team?

Problem
- What is the problem or need?
- How do we know this is a problem?
- Why is it important to solve

Scope
- Who is experiencing the problem?
- Where is the problem occurring?
- When and how often is the problem happening?

Team
- Who owns the problem (Executive in Charge)?
- Who has an interest in the problem (Stakeholders)?
- Who can make decisions about the problem (Management)?
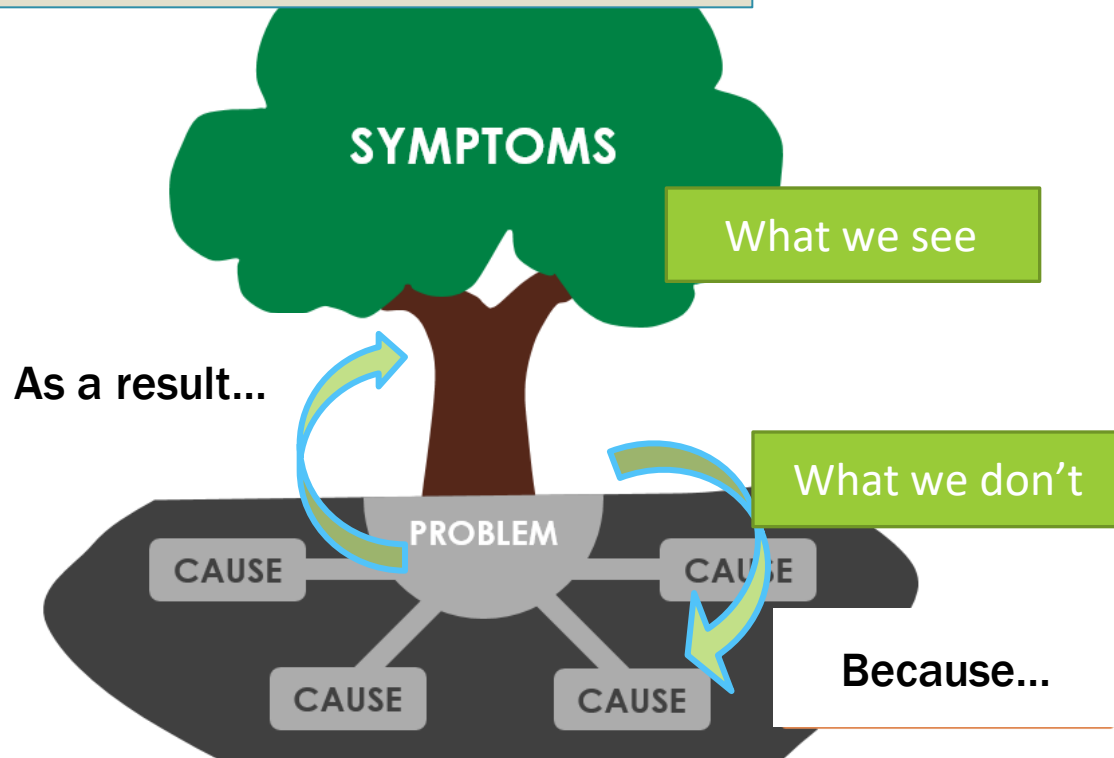- Who is directly involved in the problem (Front-line)?

Root Cause Analysis

Deep examination

Root Cause Analysis: Key Points

Addressing symptoms will allow continued *recurrence* of the problem

SYMPTOMS

What we see

As a result...

What we don't

PROBLEM

CAUSE

CAUSE

CAUSE

CAUSE

Because...

Addressing the root cause aims to *eliminate* the problem

Listen to the people on the front lines, especially staff and consumers

Explore each suggestion, rather than judging it

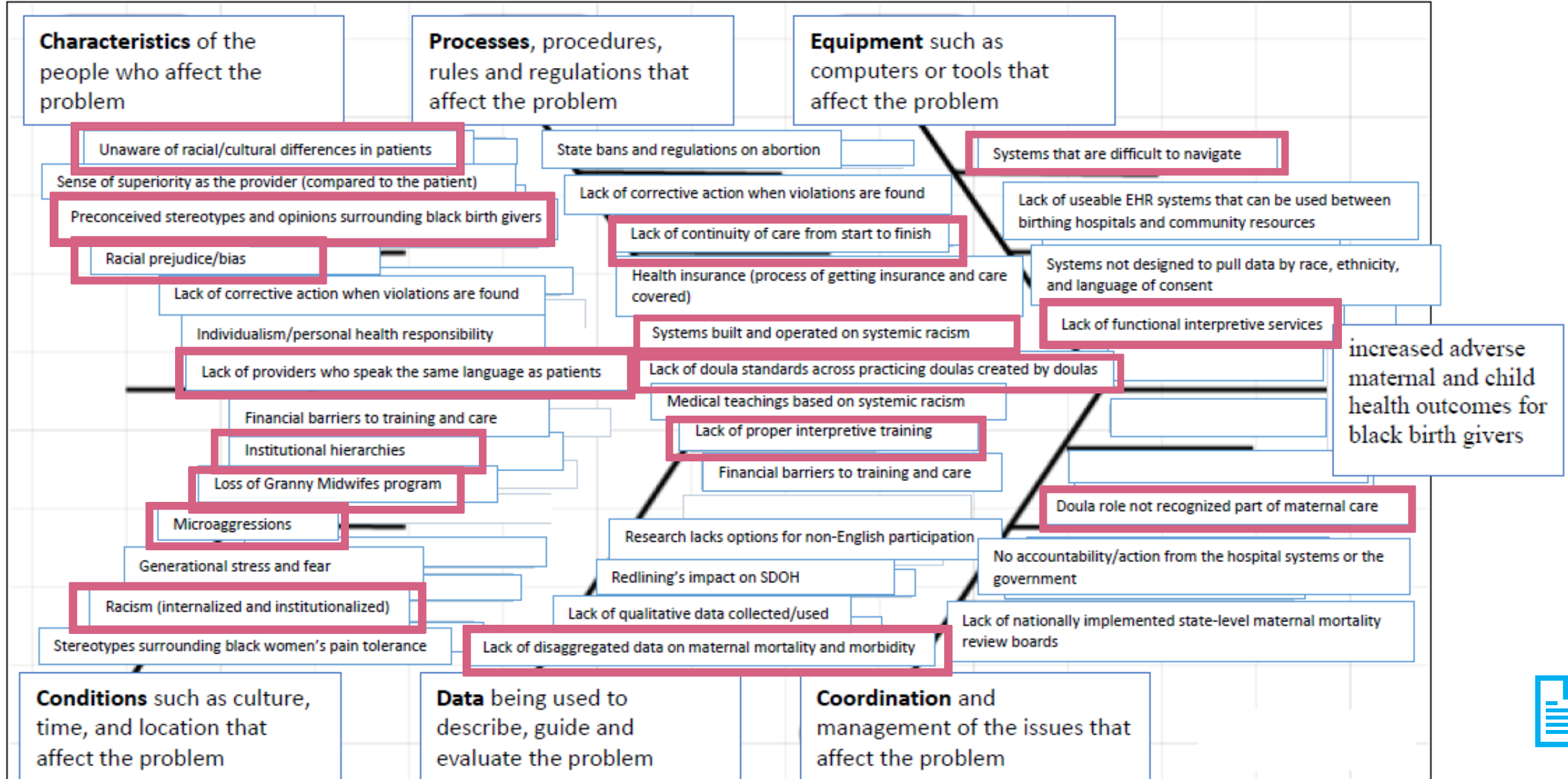**Identify** the causes of the problem not the symptoms

Tools: fishbone diagram, 5 WHY's

WHY, focus on the process, not the people

Constructive not punitive

Root Cause Analysis: *Example*

Characteristics of the people who affect the problem

- Unaware of racial/cultural differences in patients
- Sense of superiority as the provider (compared to the patient)
- Preconceived stereotypes and opinions surrounding black birth givers
- Racial prejudice/bias
- Lack of corrective action when violations are found
- Individualism/personal health responsibility
- Lack of providers who speak the same language as patients
- Financial barriers to training and care
- Institutional hierarchies
- Loss of Granny Midwifes program
- Microaggressions
- Generational stress and fear
- Racism (internalized and institutionalized)
- Stereotypes surrounding black women's pain tolerance

Processes, procedures, rules and regulations that affect the problem

- State bans and regulations on abortion
- Lack of corrective action when violations are found
- Lack of continuity of care from start to finish
- Health insurance (process of getting insurance and care covered)
- Systems built and operated on systemic racism
- Lack of doula standards across practicing doulas created by doulas
- Medical teachings based on systemic racism
- Lack of proper interpretive training
- Financial barriers to training and care
- Research lacks options for non-English participation
- Redlining's impact on SDOH
- Lack of qualitative data collected/used
- Lack of disaggregated data on maternal mortality and morbidity

Equipment such as computers or tools that affect the problem

- Systems that are difficult to navigate
- Lack of useable EHR systems that can be used between birthing hospitals and community resources
- Systems not designed to pull data by race, ethnicity, and language of consent
- Lack of functional interpretive services
- Doula role not recognized part of maternal care
- No accountability/action from the hospital systems or the government
- Lack of nationally implemented state-level maternal mortality review boards

increased adverse maternal and child health outcomes for black birth givers

Conditions such as culture, time, and location that affect the problem

Data being used to describe, guide and evaluate the problem

Coordination and management of the issues that affect the problem

We Need Data!

Where do I start?

What do I collect?

VALUE

How do I analyze it?

Data Dilemmas

Data: Measure Change for Improvement

Outcome Measures- *what is your ultimate goal?*
- The voice of the customer (patient, staff).
- Reflects the problem you are trying to address.
- Describes how your overall system is performing.

Process Measures- *how will you get there?*
- Steps logically linked to outcome of interest.
- Addresses how key parts of the system is performing.

Balancing Measures- *how impacting upstream and downstream?*
- Describes what happens to the system as processes and outcomes have changed.
- What are the unintended consequences or alternate explanations?

How will we know the change is an improvement?

PA PQC
Pennsylvania Perinatal Quality Collaborative

Maternal Opioid Use (OUD) Process Measures and Specifications

Maternal Opioid Use (OUD) Survey (Structure Measures)

Data are essential to each step in the process improvement journey.

Example: SUD Screening Rate

New standard work document implemented across four hospital campuses; system substance use screening rate of 90%

Substance use screening for pregnant patients is 80%, <90% goal

New standard work document created for substance use screening process

20% of pregnant patients are not screened for substance use

Staff are unaware of the missed substance use screenings

Last three months, missed substance use screening for pregnant patients decreased by 10%, increasing overall screening rate to 90% goal

Timely identification and data for staff of missed substance use screenings

Revise process and electronic prompts for substance use screening at point of care producing timely data

ACT

STUDY

PLAN

DO

An Organized Approach to Quality Improvement

PLAN - DO - STUDY - ACT

PA PQC Goal

- Increase the percent of hospitals with a *protocol to close the loop* on the referral status with the post-discharge services and supports from **30% to 50%**

Example:

> Healthcare Team Project Plan SMART Objective:
> Establish a referral process with one social service organization (X) based on **Plans of Safe Care** within the next 6 months.

What is the test of the change the team will pilot?

Establish an **action plan** with clearly defined responsibilities, roles, due dates, and expected outcomes

- Review the test
- **Analyze results**
- Assess learnings

- Test the change
- Carry out a **small-scale experiment**
- Collect data

Action Planning

| Action Item (What Will Happen)	By Whom (Team Member/Role)	Target Date	Status	Outcomes (Results/Barriers)
What do you plan to do (roadmap)? *Each line is a specified activity*	Designate a team member and their role for each activity	Determine a due date for each activity	Track progress toward the due date for each activity NOT STARTED IN PROGRESS BEHIND SCHEDULE NEEDS ADDRESSED COMPLETED	Indicate the findings for each activity *Clearly identify any barriers to achieving the designated activity*

Action Planning

Activity outcome and any barriers

STUDY
DO

Specified Activity

Action Item (What Will Happen)	By Whom (Team Member/Role)	Target Date	Status	Outcomes (Results/Barriers)
Share current data with healthcare team at staff meeting	Jen/ Unit Director	4/1/24	In process	
Establish 30-day plan to implement pilot	Sue/ Team Lead	4/10/24	To begin after 4/1/24 staff meeting	
Share pilot results with healthcare team at staff meeting	Sue/ Team Lead	5/1/24	To share at 5/1/24 meeting	
Create new standard work document	Jane/ Nurse Educator	5/1/24		
Determine 60-day plan for spread & dissemination to four campuses	Jen/Unit Director	6/1/24		

An Organized Approach to Quality Improvement
PLAN - DO - STUDY - ACT

- **Act based** on what you learned
- Adopt, Adapt, Abandon

ACT

PA PQC Goal

- Increase the percent of hospitals with a *protocol to close the loop* on the referral status with the post-discharge services and supports from **30% to 50%**

Example:

Healthcare Team Project Plan SMART Objective:
Establish a referral process with one social service organization (X) based on **Plans of Safe Care** within the next 6 months.

What did the team learn from the pilot?

Establish an **action plan** to implement and monitor new standard work

Action Planning

ACT

Activity outcome and any barriers

Specified Activity

Action Item (What Will Happen)	By Whom (Team Member/Role)	Target Date	Status	Outcomes (Results/Barriers)
Share current data with healthcare team at staff meeting	Jen/ Unit Director	4/1/24	In process	Determining data location and retrieval
Establish 30-day plan to implement pilot	Sue/ Team Lead	4/10/24	To begin after 4/1/24 staff meeting	
Share pilot results with healthcare team at staff meeting	Sue/ Team Lead	5/1/24	To share at 5/1/24 meeting	All staff potentially unavailable for meeting due to conflict
Create new standard work document	Jane/ Nurse Educator	5/1/24		
Determine 60-day plan for spread & dissemination to four campuses	Jen/Unit Director	6/1/24		
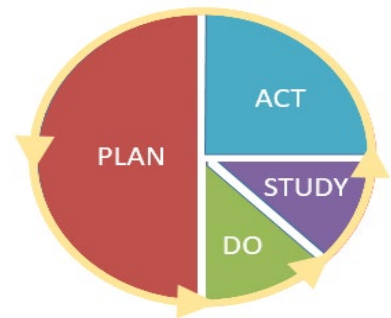
Change Worksheet

Site Location: _____   Name of Initiative: _____

Date Started:	Before (Current State)	After (Outcome)
People Involved: Areas Involved/Affected:	Description (or Drawing):	Description (or Drawing):
	How do you know this is a problem (include any explanatory baseline data)?	How do you know this change helped (include any post-change data)?

Date Completed: _____   Outcome: □ Adopted   □ Adapted   □ Abandoned
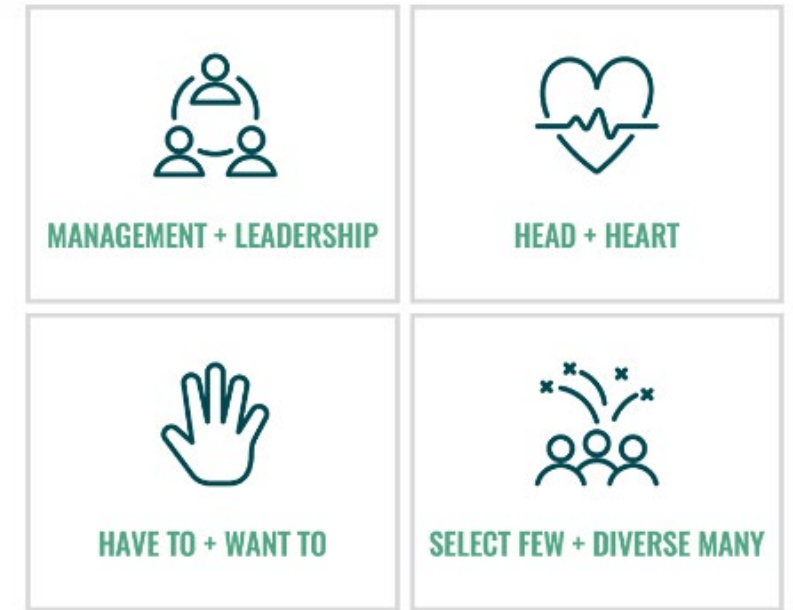
Form completed by: _____

Capture and document your QI work!

Tell the story!
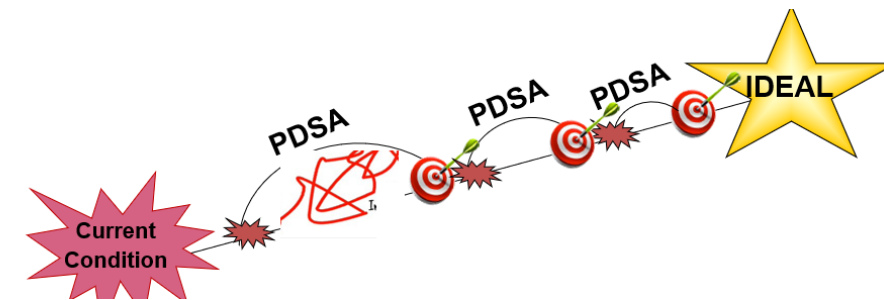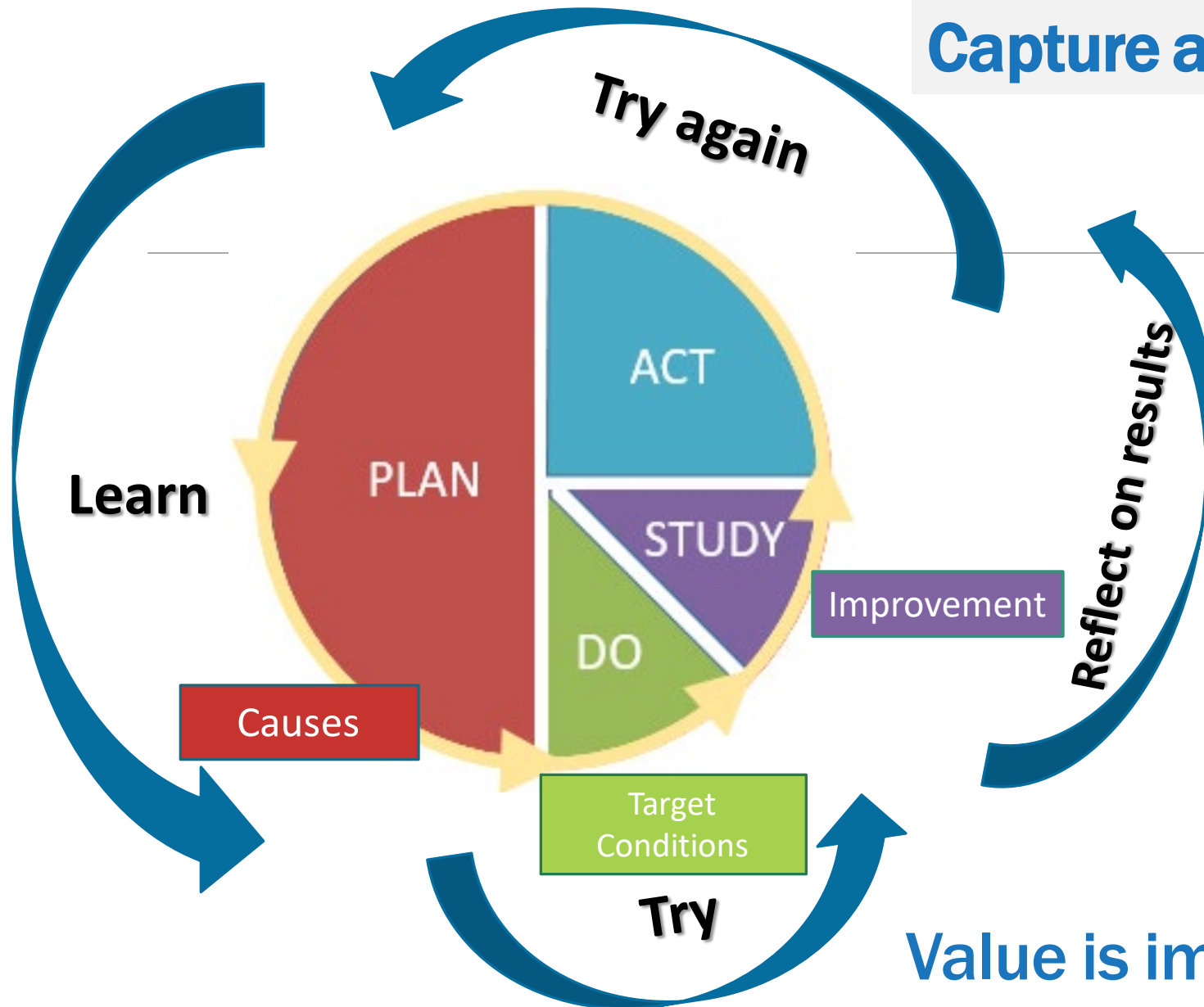
Each PDSA gets you closer to success

Value is improved one step at a time
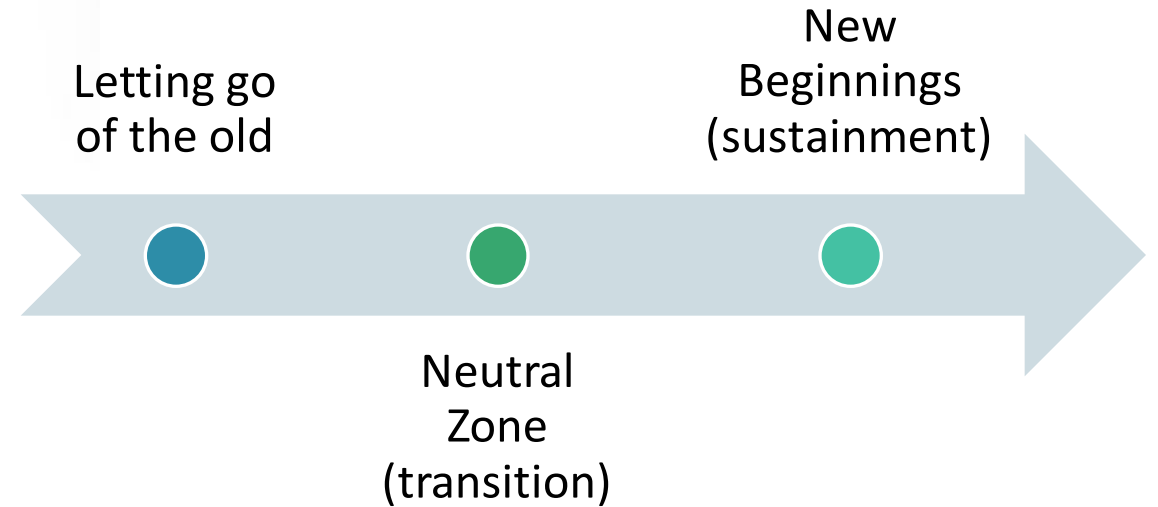
Change Management

Dr. John Kotter

The 4 Core Change Principles

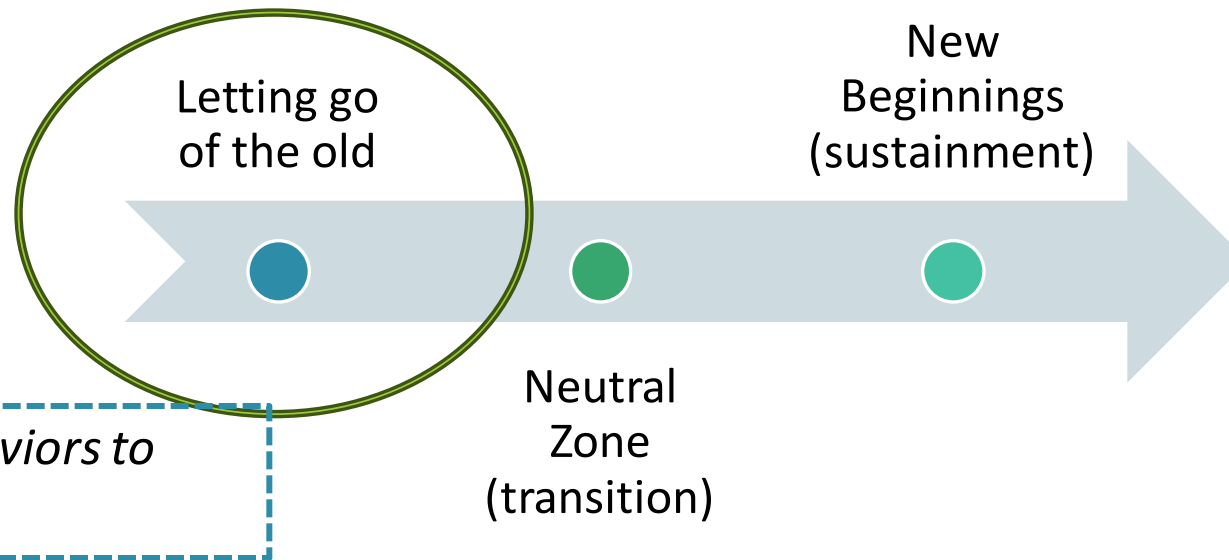represent the mindsets, attitudes, and leadership behaviors needed to drive change

https://www.kotterinc.com/methodology/?gad_source=1&gclid=CjwKCAjw5v2wBhBrEiwAXDDoJUEN__2mWug3UlMd1UvBtmr7UMQEUGEI9xTZv8rmKP2E
K8XA77CtHRoC8dAQAvD_BwE&gclsrc=aw.ds

Dr. John Kotter

Letting go of the old

Neutral Zone (transition)

New Beginnings (sustainment)

Change Management: Supporting Transition

Letting go
of the old

New
Beginnings
(sustainment)

Neutral
Zone
(transition)

Need: Identify vital behaviors to change

Recognize that resistance is normal

Explore and understand the resistance

Validate the resistance

Capture information about the way things were
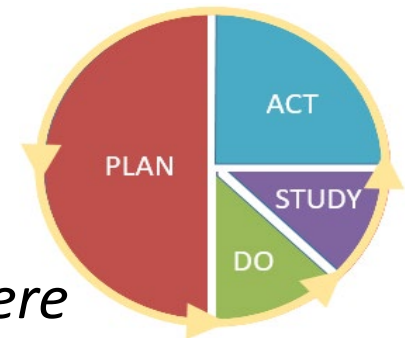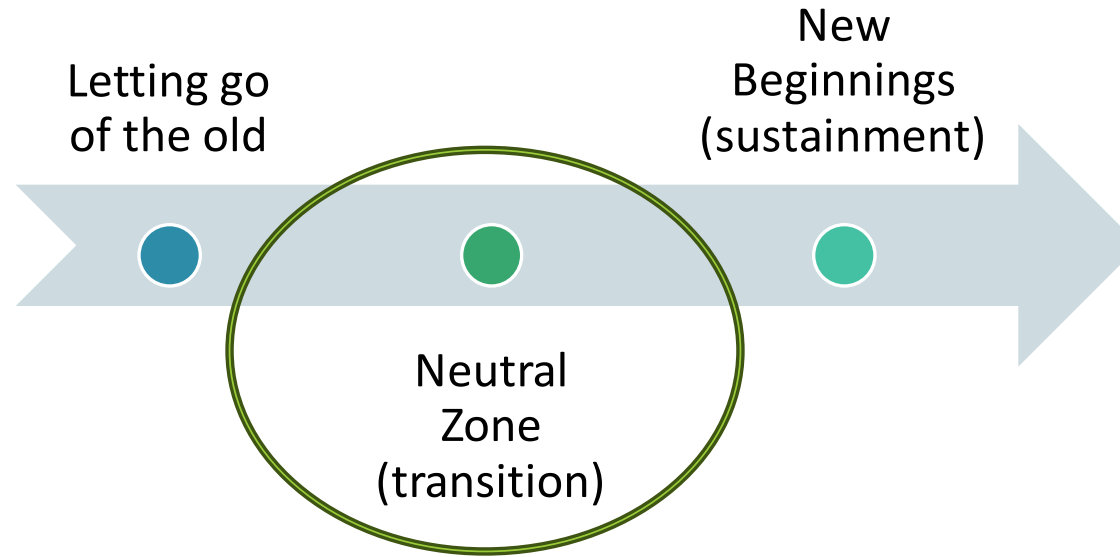
The most dangerous phrase in the language is "we've always done it this way."

PLAN   ACT   STUDY   DO

Change Management: Supporting Transition

Letting go
of the old

New
Beginnings
(sustainment)

Neutral
Zone
(transition)

Don't rush the change

Keep communication open
- *Share knowledge & learnings*

*Confidence: People believe
they can change*

ACT

PLAN

STUDY

DO

Change Management: Supporting Transition

Letting go
of the old

New
Beginnings
(sustainment)

Neutral
Zone
(transition)

Value: People think
the change is worth it
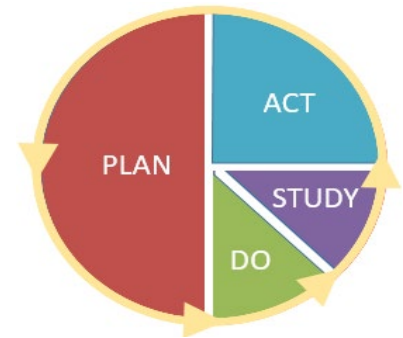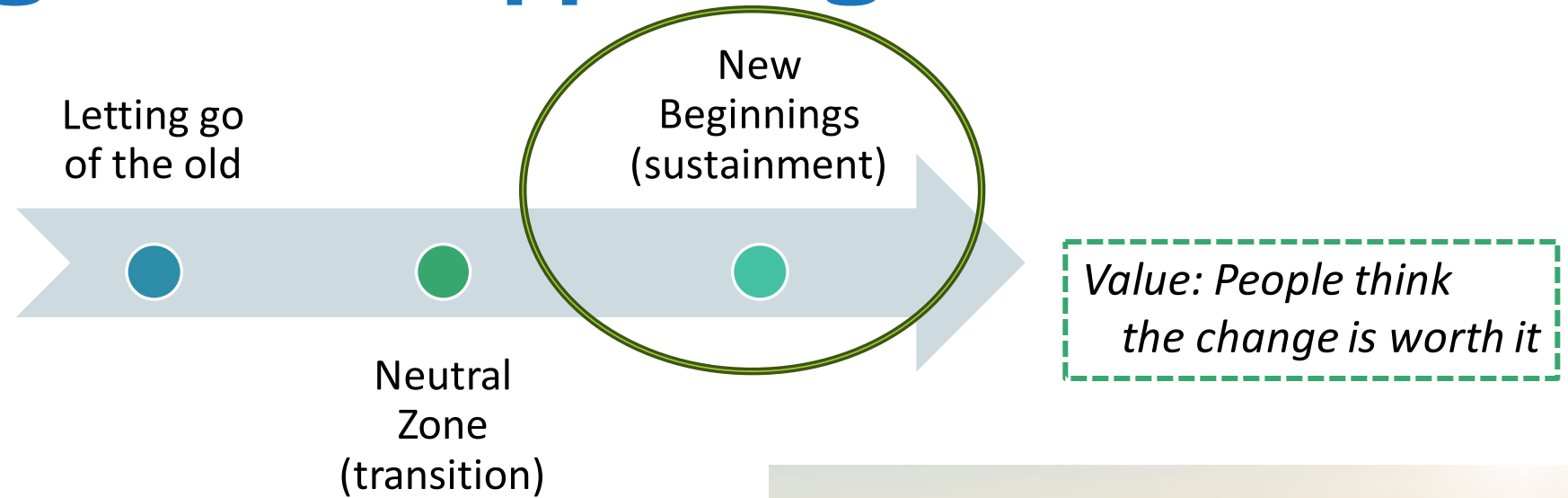
Celebrate the accomplishments
- *Share knowledge & learnings*
- *Don't let things go back*

Keep communication open

Summary: Quality Improvement & Change Management

- Identify your goal
- Understand the **current state**
- Design experiment/interventions
- Identify metrics
- Predict results

PLAN

ACT
- **Act based** on what you learned
- Adopt, Adapt, Abandon

STUDY
- Review the test
- **Analyze results**
- Assess learnings

DO
- Test the change
- Carry out a **small-scale experiment**
- Collect data

Letting go of the old

New Beginnings (sustainment)

Neutral Zone (transition)

Flow Chart for Problem Solving Thinking (PDSA)

ACT · **PLAN** · **STUDY** · **DO**

1. Describe the Problem
What occurred?
(problem, pathway, timeline)

2. Focus the Problem
What specific problem are you trying to solve?
(one sentence)

3. Baseline Data (Metric)
How do you this is a problem?

4. Design Change Initiative
How do you want to address this problem to prevent recurrence?

Observe "Go and See" to understand and document the current processes

What is your hypothesis?

5. Right People
Who & which areas are involved with or affected by this change initiative?

6. Start Small
'One patient, one area at a time'
Where can you first trial a rapid change?

7. Perform & Record Change
Who and how will it occur?

8. Outcome Data (Metric)
How will you measure the outcome of the change for evaluation?

What is your experiment? What data will be collected to measure results?

9. What is the outcome?

What did you learn?

Unexpected Outcome
Adapt or abandon change?

10. Take Action
Ask: Are you solving the right problem?

Design next change
Based on this outcome

Expected Outcome
Adopt or adapt change?

Now what? How will you use the results to support change?

10. Take Action
Implement new change (process) as standard work

PRHI

What Makes Change Successful?

Letting go of
the old

New Beginnings
(sustainment)

Neutral Zone
(transition)

Need

Identify vital behaviors
to change

SUCCESS

Confidence

Value

People believe
they can change

People think
the change is worth it

Q&A

Facilitated by PA PQC Quality Improvement Coaches

Wrap-Up

SARA NELIS, RN

Upcoming Learning Sessions

JUNE 27

TBD

11:00 a.m. – 12:00 p.m.

Zoom

JULY 25

Motivational Interviewing

11:00 a.m. – 12:00 p.m.

Zoom

Focus Areas for April 2024-March 2025

Maternal Opioid Use Disorder, Neonatal Abstinence Syndrome, Maternal Sepsis, Safe Sleep. Each focus area includes strategies and goals to reduce racial/ethnic disparities.

Home   About ⌄   Initiatives ⌄   Hospitals ⌄   Events ⌄   Data ⌄   Resources ⌄

Learn about the Initiatives

Access Session Materials

https://www.papqc.org/

SAVE THE DATE

05.22.24

Annual In-Person Meeting

Harrisburg, PA

BEST WESTERN PREMIER
the Central
HOTEL & CONFERENCE CENTER

PA PQC
Pennsylvania Perinatal Quality Collaborative

PA PQC QI Coaches

Kristen Brenneman,
MSN, RN

Quality Improvement
Facilitator, Jewish
Healthcare Foundation

Lisa Boyd, BA

Program Associate,
Jewish Healthcare
Foundation

Jennifer Condel,
SCT(ASCP)MT

Manager, Lean Healthcare
Strategy and
Implementation, Jewish
Healthcare Foundation

Karena Moran, PhD

Improvement
Optimization Advisor,
Geisinger Health &
NEPaPQC

Maureen Saxon-Gioia,
MSHSA, BSN, RN

Nurse Project Manager,
Jewish Healthcare
Foundation

Credentialing Guidelines:

PLEASE complete the electronic evaluations by Wednesday, April 24th:

https://www.surveymonkey.com/r/XH6ZQ3R

Please indicate on the evaluation which CEUs you are requesting:
CME, CNE or Social Worker credits.

1. The UPMC Center for Continuing Education will follow up with you, via email, after <u>Wednesday, April 24th</u> to notify you about how you can claim your credits.
   - ❑ To prepare, we recommend you create an account with UPMC CCE via this website https://cce.upmc.com.

Thank You!

www.papqc.org

papqc@whamglobal.org