

Quality Improvement Community of Learning *QI: Who, What and Why*

January 31, 2023

1-3 PM ET



Welcome!

Thank you for joining the call! We will get started shortly.

- You may be muted upon entry to the call so please unmute yourself to talk
- We encourage you to listen, ask hard question, share information, speak your truth, stop blaming, and surface mistakes for learning.
 - Source: Beyond Measure: The Big Impact of Small Changes (2015)

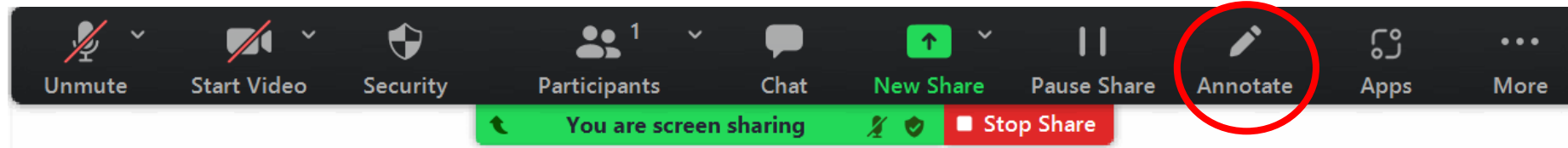


This presentation will be recorded

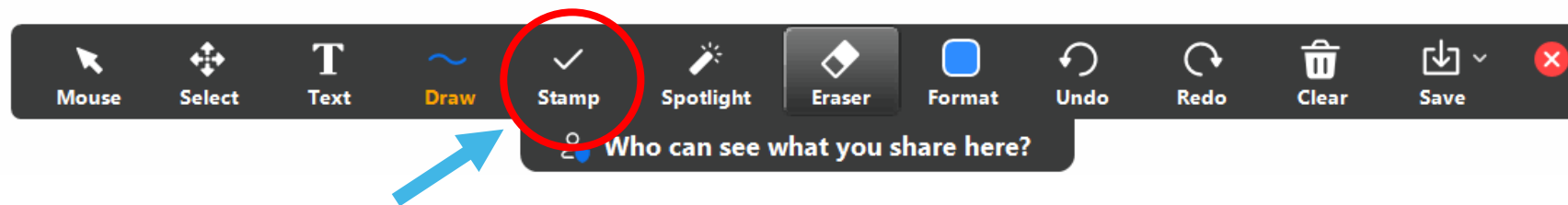
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Tell us where you're from!

- Take a moment to find the “annotate” button on your zoom tool bar



- Now, locate the “stamp” feature



- Pick your favorite stamp and let us know where you're joining from!





The NICHQ Team



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The faculty have nothing to disclose.



Objectives of the 4 QI Workshops

Support those new to quality improvement (QI) in:

- Laying a foundation for learning and improving
- Developing improvement capability for PQC, and other state or hospital-based teams
- Creating the environment for and leading quality improvement
- Applying QI principles to your existing projects



Discussion Questions

As we move through the workshop today, please consider and participate in discussing these questions:

- What lessons do you take away from the Red Bead Experiment?
- How are you integrating quality assurance (QA) and quality improvement (QI)?
- In what ways might you use your aim statement, for example – messaging leadership, inspiring action, facilitation of team interactions?



QI Community of Learning Overview

Session Title	Date and Time
Quality Improvement: What and Why? Foundations of Improvement	Tuesday, January 31 st 1:00 – 3:00 PM ET
Activating the How Using PDSA Cycles to Learn and Improve	Tuesday, February 21 st 1:00 – 3:00 PM ET
Measurement for Improvement Collecting, Displaying, and Analyzing Data for Learning and Improvement	Monday, April 3 rd 2:00 – 4:00 PM ET
Holding the Gains Sustaining Improvement and Cohort Learning	Monday, May 1 st 2:00 – 4:00 PM ET



Be sure to add all webinars to your calendar if you have not already done so!

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Agenda for Session 1

- Welcome & Introductions
- Quality Improvement
 - What is it?
 - Why do we use improvement science?
 - How do we start?
- Models for Improvement
- Aim Statement Development
 - Creating the Case for Change and Assessing Readiness for Change
 - Assessing the gap
 - Writing an aim towards closing gap
- Leaving in action
- Q & A



Methods: What to Expect from this Community of Learning Series

- Four Workshops
- Pre-work assignments for next workshop for action learning
- Use of Jamboard to document your learning journey
- Targeted Coaching and Assistance calls



Getting to Know Each Other

In random breakout groups:

- Introduce yourself
- Include what you are passionate about – personally and professionally
- Share one thing you want to get out of our next 3-4 months together
- Exchange contact information



Reflecting

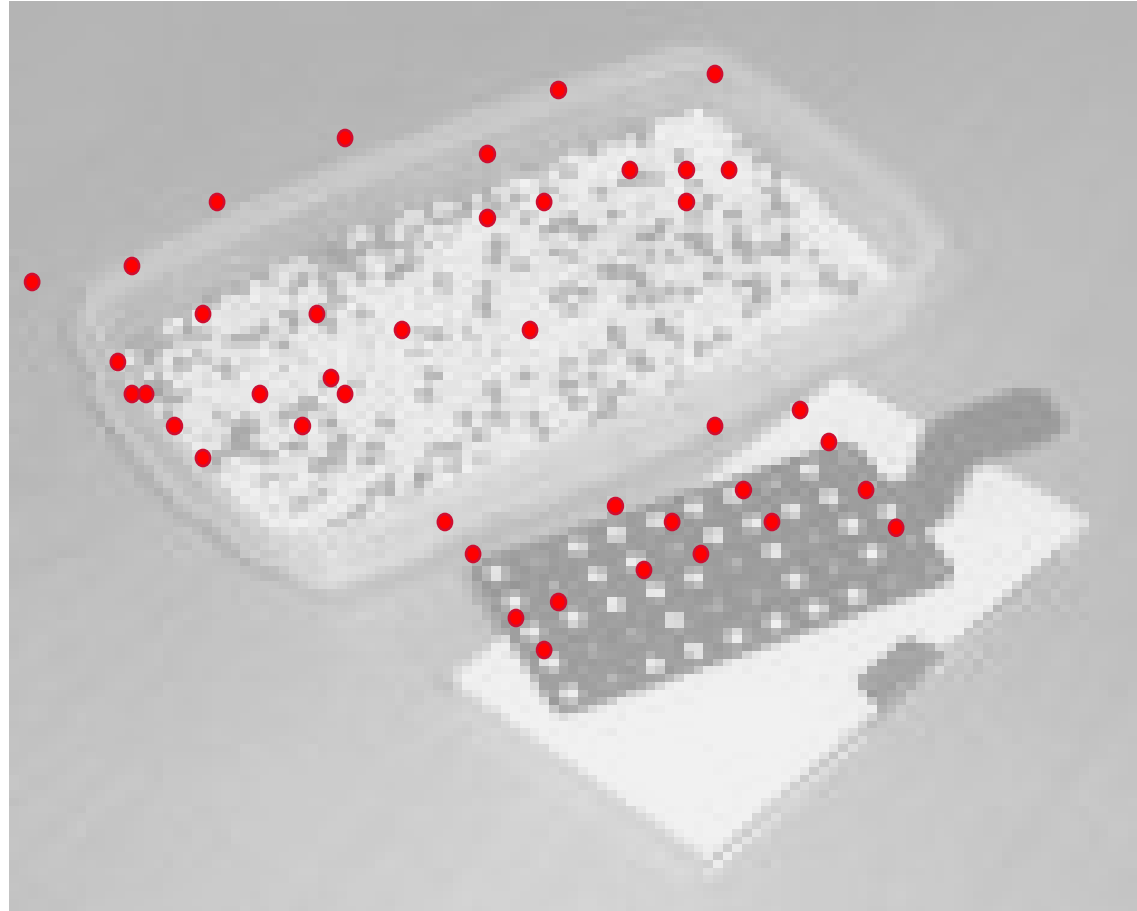
- Chat in some of the things that surfaced in your breakout regarding what you would like to get out of our 3-4 months together.



What is Quality Improvement?



Parable of the **Red** Beads



While watching The Red Bead Experiment

- What do you notice about the enthusiasm of the workers?
- What, if anything, does the manager do to make a difference in worker performance?
- How effective is the system for collecting and sharing data?
- What, if any, changes does management take to make a difference in reducing the number of defects?
- How are the workers encouraged to make improvements or changes to the process?
- Can you think of a time when you may have been a worker or manager inside of a “red bead experiment”? If so, what did it feel like?



IHI Quality Improvement Games: The Red Bead Experiment – YouTube



Underlying Principles of Quality Improvement

- Focus on systems
 - Systems not people—optimize the system
 - Systems are complex—break them down into processes
 - Equity is critical
 - Patient (customer) voice is vital
 - Leadership support is key (administrative and clinical)
 - Teams are critical to the work
- Frequent, ongoing measurement drives learning and action
- Improvement requires change. Interventions are designed iteratively, through testing ideas & changes using Plan-Do-Study-Act cycles
PDSA
- People are key. Human factors matter both for the care team and those we serve!

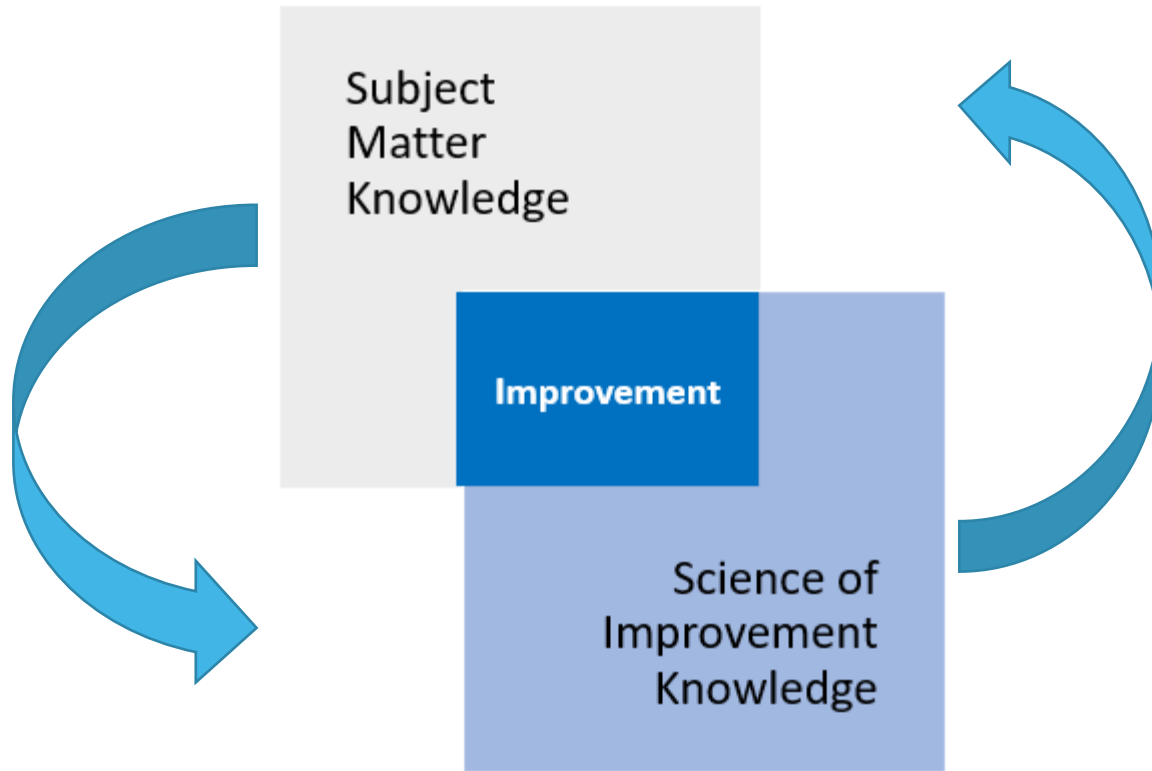


Adapted from slides by Don Goldmann, IHI Chief Medical and Scientific Officer; Institute for Healthcare Improvement

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Knowledge for Improvement



QI brings together subject matter knowledge and science of improvement knowledge in creative ways to develop effective changes that make things better.

The Improvement Guide, p. 76



QI is an Applied Science

Applied science is a discipline of science that uses existing scientific knowledge and in healthcare - medical evidence to develop practical applications like technology or inventions.

- Aim Bundles

QI happens in the **real world** where things are most often **complex** and **messy**.



adapted from https://en.wikipedia.org/wiki/Applied_science

What is quality?

(QI) in Health Care

A broad range of activities of varying degrees of complexity and methodological and statistical rigor through which health care providers develop, implement, and assess repeated small-scale interventions and identify those that work well and implement them more broadly in order to improve clinical practice

Clinical Practice and QI:

Clinical practice includes adaptation and innovation. QI is change in clinical practice with a systematic experiential learning (the pragmatic process of “learning by doing” during the actual planning and delivery of care) dimension added.



The Ethics of Improving Health Care Quality & Safety: A Hastings Center/AHRQ Project, Mary Ann Baily, PhD, Associate for Ethics & Health Policy, The Hastings Center, Garrison, New York, October, 2004.

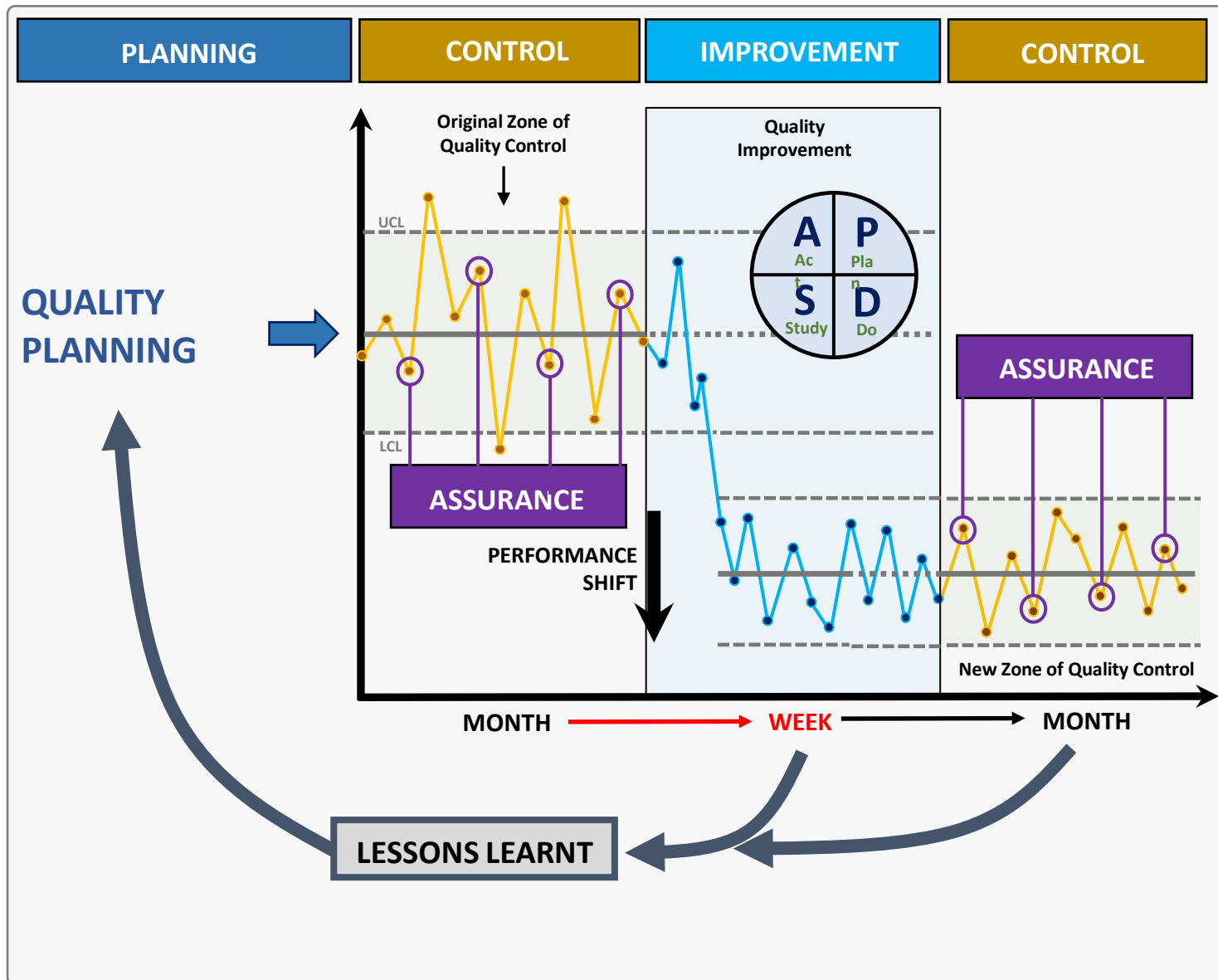
Dr. W. Edwards Deming

Quality is a product or service that helps somebody have a better life and is needed [in the contexts where we are delivering services].

Our moral necessity is to ask and deliver care that will help our customers [birthing people and families] more.

Continually asking, what will help them more.





ASSURANCE

Identify the needs of the customer/ the population
 Design the product and service to meet the needs of the customer/ the population
 Develop a plan to achieve the needs of the customer/ the population
 Put in place structures and processes to manage the service and then scale up



East London

NHS Foundation Trust

SBD



Shared with permissions of Bob Lloyd, VP IHI

Coaching People Toward a New Paradigm

	Quality Assurance	Quality (Performance) Improvement
Why?	Accreditation Satisfy regulator needs A program	To excel—get better and better Exceed all customers' needs (including regulators) A practice—way of life
Attitude	An add-on, required program	A management approach---necessary to be able to function at very best
Focus	Reactive--inspect and repair People – corrective action Ignore variation	Proactive—best practice & testing forward Process and system improvement Understand variation
Scope	Selected departments	Organization wide-across processes and departments
How	Audits Monitoring and Record reviews	Empowered workforce, that looks at data overtime Built into culture, way of thinking and doing

Adapted from John S. Dowd, Consultant in Continual Improvement by Sue Butts Dion and Phyllis M. Virgil



Fundamental to improvement to achieve results

- The **will**, desire and motivation to improve.
- Better **ideas** to achieve results.
- The ability to **execute** and carry out the work to make it happen.



Source: IHI White Paper 2007, *Executing for System Level Results*, Tom Nolan

Poll

- In your experience, rank these 3 items in order of difficulty

1 – easiest to do

2 – more difficult to do

3 – most difficult of all

A) Will

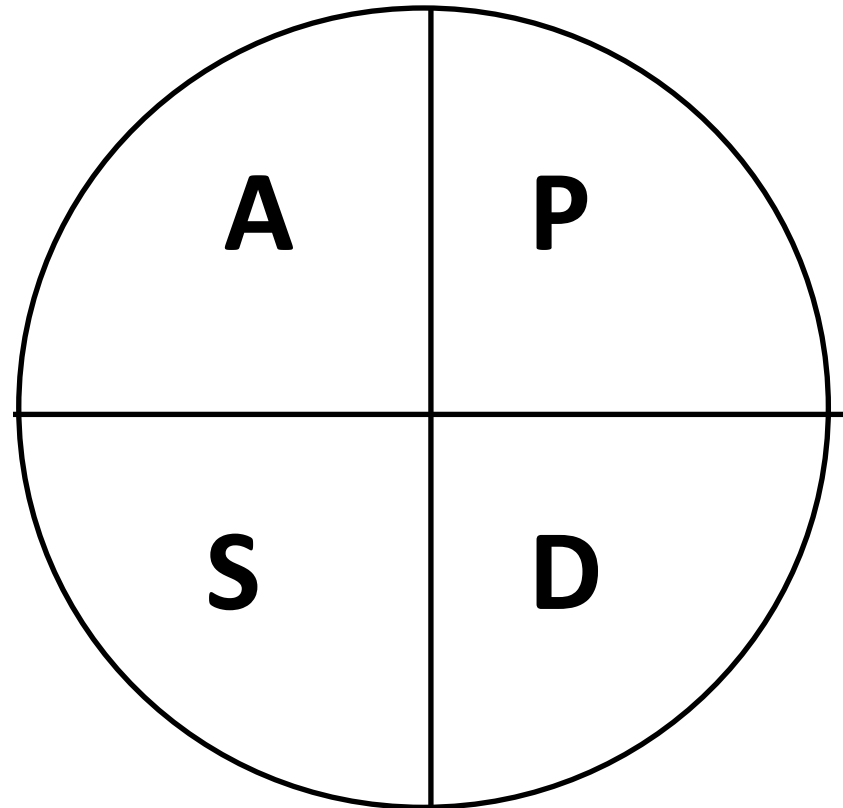
B) Ideas

C) Execution



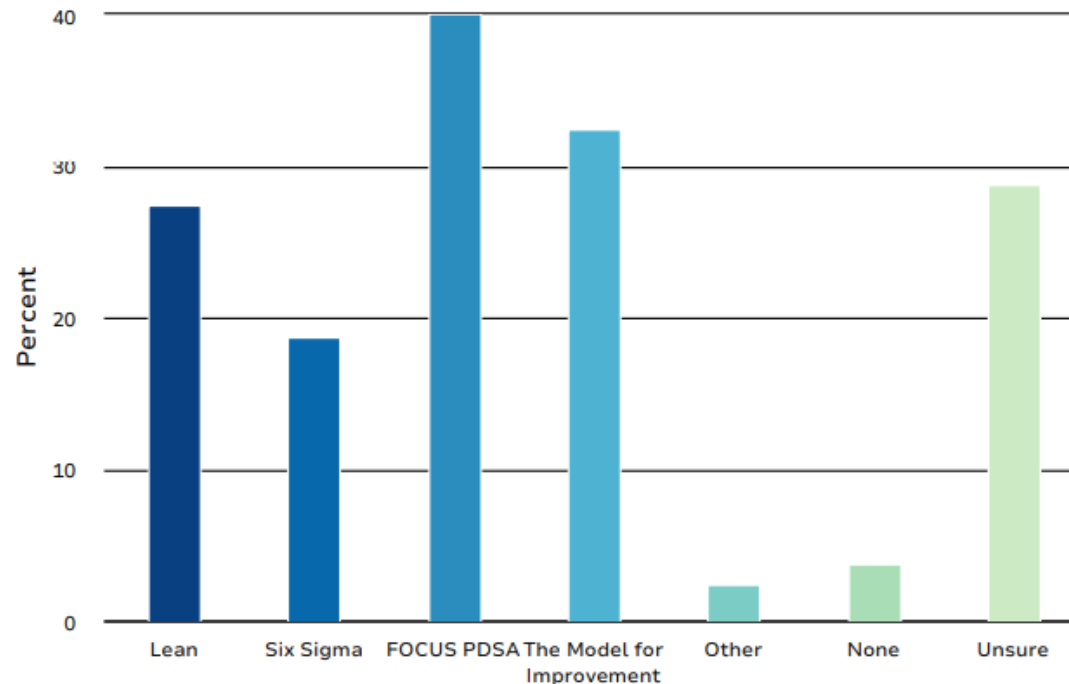
Many improvement frameworks to assist with change & improvement. Fundamental to all is PDCA

- Six Sigma (DMAIC)
- Lean
- TJC- 10 Step
- TJC - PDMAI
- Turning Point
- ADDIE Model
- FOCUS PDCA
- Model For Improvement (MFI)



Reported experience with frameworks . . .

7. What improvement approaches are most commonly used by you or those you collaborate with?



- Other responses
 - Not sure
 - IHI
 - Seven Tools
 - Design Thinking
 - Logic Models



Teams Need a Method for Executing and Accelerating Change and Improvement

Model for Improvement



Identify Aim - what, how good, by when, for whom, where, why

Measure data over time using run or control charts

Generate ideas using logical, conceptual, creative thinking

Cycle of Improvement

Rapid Testing

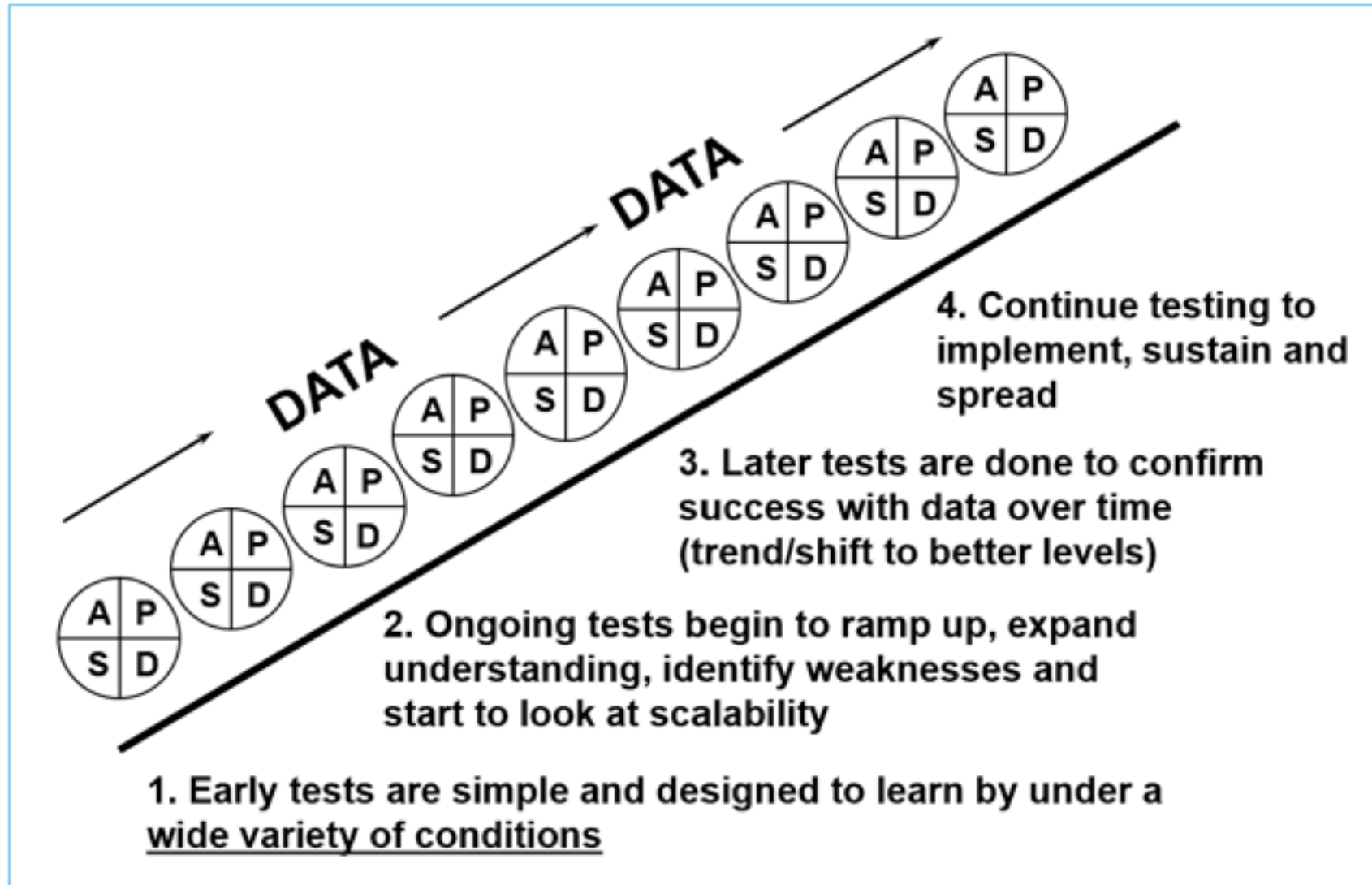
Think BIG

Start SMALL



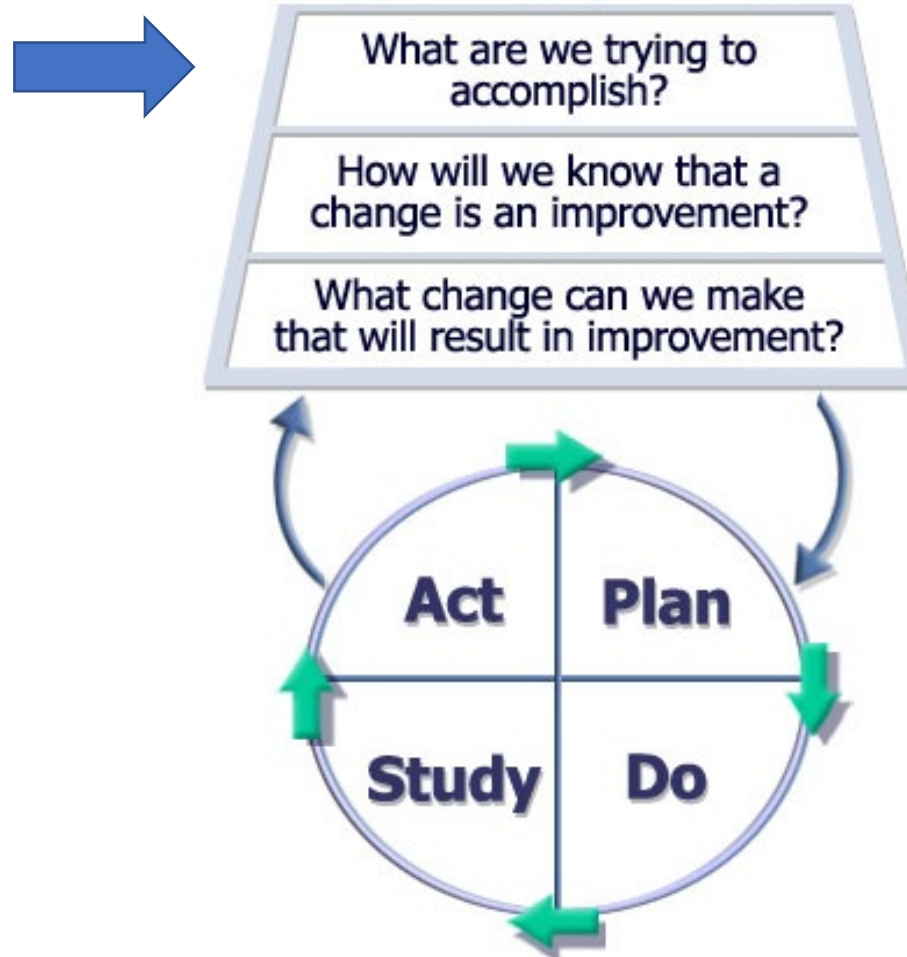
Source: Langley, et al, The Improvement Guide, 2009

Robust Testing Using PDSA Cycles



Model for Improvement

- Assess current state
- Identify the problem including equity gaps
- Consider analysis tools like fish bone diagrams, pareto charts, flow charts
- Identify what matters most
- Use baseline data
- Design project and bring together a diverse team. Include those with lived experience



Source: Langley, et al, The Improvement Guide, 2009



How do you assess current state?

- What are some tools that you have successfully used to assess your current state?

FIRST NAME A-L

https://jamboard.google.com/d/1jSDezeRt-xp_JbRPdI14aA566frNisOyJilIBa5jFtM/edit?usp=sharing

FIRST NAME M-Z

<https://jamboard.google.com/d/1jOrcU7pIMcq614BkEHXvFoC3dsFYpqO-WyHDahLR3xl/edit?usp=sharing>

Building our Jamboard muscles😊



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Building an Aim Statement

Start with

- What are we trying to accomplish? What do we want to do?
- By when?
- How much improvement; stated so we can measure it?
- For whom, e.g., all birthing people, or birthing people where equity gaps exist



Photo by [Jamie Street](#) on [Unsplash](#)



Thinking back to the Red Bead Experiment

- What was the aim?
- How clear was the aim?
- Did the staff share the benefit of the aim?
- How were the goals set? Were they attainable in the given system?
- How was the aim used as the "true North"
- How did heart fit in?



The Role of an Aim Statement

The aim statement is:

- Not just a vague statement
- But a clear commitment to achieve a measured improvement
 - In a specific *system/process*
 - With a definite *timeline*
 - And including numeric *goals*

“Hope” is *not*
a plan

“Soon” is
not a time

“Some” is *not*
a number



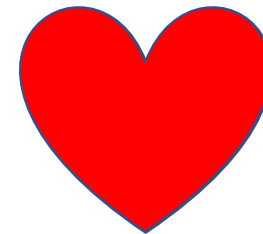
Four Parts to an Aim Statement

- What do you intend to accomplish?
- For whom?
- By how much?
- By when?



Example Aim Statement

By Valentine's Day 2024, we intend to reduce harm from severe maternal hypertension by increasing the number of birthing people with acute-onset severe hypertension that persists for 15 minutes treated within 60 minutes to 95% or higher.



Collaborate with birthing people who have lived experience and create an aim statement that is written in the first person

- I would like my care team to monitor my blood pressure no matter where I am in my care journey – at the office, in the ED, when I am admitted to have my baby , during labor, and afterwards in any follow visits. If I have high blood pressure, I want you to check it and validate the reading and take some action before it gets worse. Teach me how to manage my blood pressure and what to watch out for after I leave the hospital. Help me not have a stroke.



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Aims are important components of an improvement charter

Hospital Project Charter

Background

Aim

Family of Measures

Theory of Change

Team composition

PQC Project Charter

Background

Aim

Family of Measures

Theory of change

Hospital team composition

Offer and Obligation of PQC

Benefits of participation

Obligation of participating teams

- Leadership
- Reporting and participation in project





Forming the Team

Team Leadership

- **Leader:** The leader of a team is generally the person who is recognized as the *owner* of the process under study. They coordinate and direct the work of the team as it studies the situation and tests and implements improvements. The leader often meets individually with the facilitator/improvement coach to plan for the work of the team. The leader is also a team member and contributes ideas, interprets data and participates with other members in making team decisions.
- **Facilitator/Improvement Coach:** supports the team leader and team in learning and applying improvement concepts, methods, and tools and facilitating group processes. The goal of the coach also is to build capacity for team and team leader self-sufficiency over time in both running teams and making improvements.
- **Sponsor:** A sponsor is a leader who serves as the champion for an improvement project. They do not routinely attend meetings or participate in the project work, but they assist in securing resources and lending support when the team needs such help.

Source: Healthcare Management Directions, Inc.: *Planning, Managing and Organizing an Improvement Project*



Special Considerations for PQC

- Subject matter experts
 - Content
 - Those with lived experience
- Important partners such as community-based organizations, state departments of health, etc.
- Direction for hospital team composition

Select team members

1. Review the project aim

- **What** is the process of focus (boundaries, scope, major steps)?
- **Who** is involved (persons who supply the process, work within it, manage it, or whose lives will be improved)?

2. Select a cross-section of this group

- Cover skills and knowledge-base needed
- Function and roles needed (e.g., managers, administrators, point-of-service staff)
- Include those who work in the process
- Include those impacted by the process/work



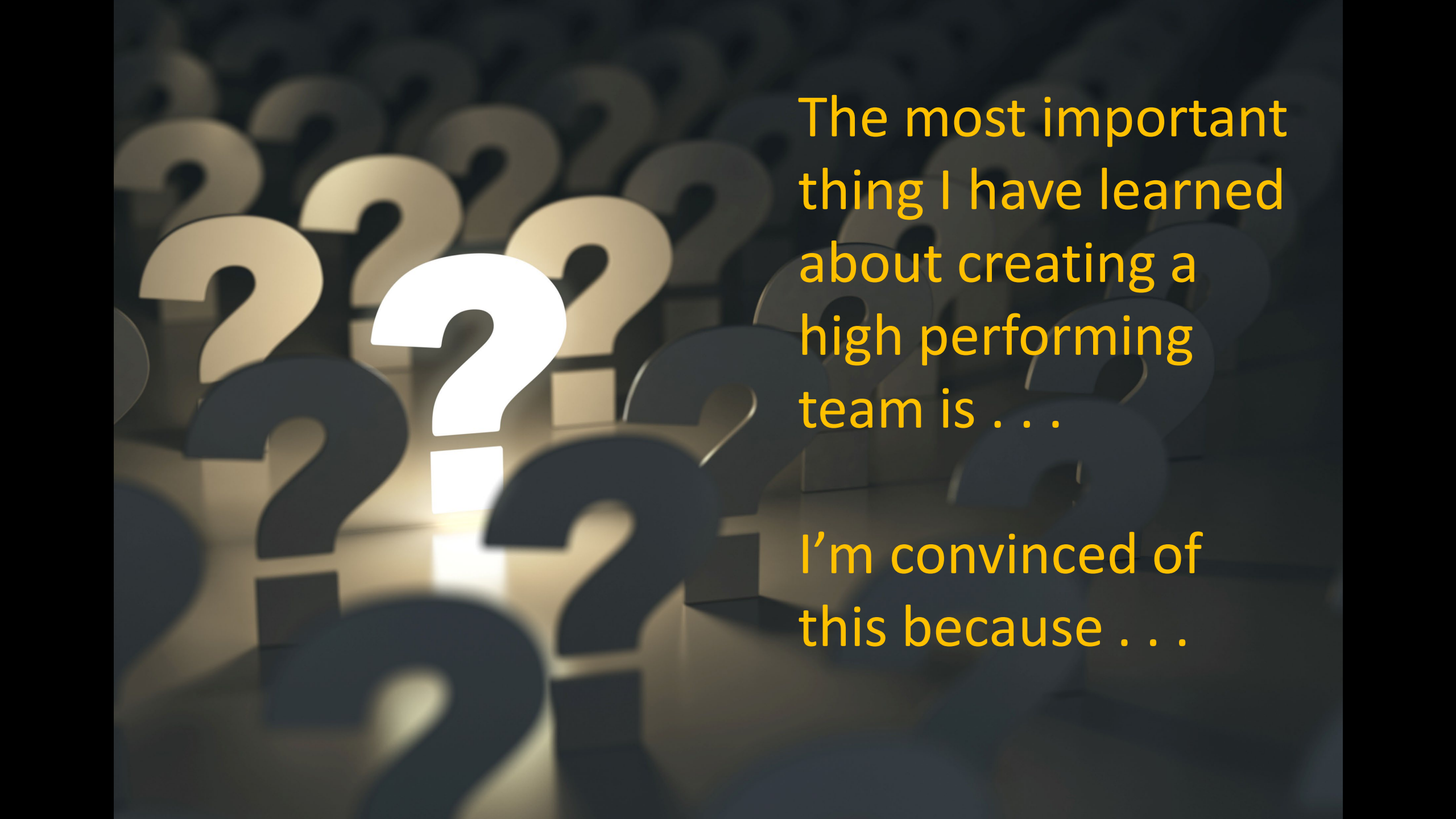
Select team members (cont.)

- There may be one or more people on the team with each kind of expertise, or
- One person may have expertise in more than one area
- Don't forget you can have just-in-time guests, as needed
- Also, some members may come and go during different phases of the improvement process



Team responsibilities during an improvement project, p. 108 The Improvement Guide

Responsibilities	Team Leader	Improvement Advisor	Subject Matter Expert	Mgt Sponsor	Team Members
Use Charter	Focus team on aim	Use charter to focus team, advise team	Provide change ideas for aim	Support consensus around aim	Work to achieve aim
Team Training	Communicate need for help	Coach team on improvement and teamwork methods	Assist team developing evidence-based change	Supply needed resources: time, space SME experts,	Learn to apply MFI, tools, use teamwork
Effective meetings	Hold good meetings, develop agendas, minutes, documentation of progress	Focus on team decision making	Observe meetings, support the sponsor and team lead	Periodically attend team meetings and participate if needed	Attend and participate in meetings; carry out tests of change/tasks
Use PDSA cycles	Organize team and assign PDSA cycles Follow up Share all learning	Assist with data collection and analysis and creating effective cycles	Furnish knowledge re changes tested	Allocate resources Remove barriers so team makes improvement	Participate in planning, data collection, study and action
Communicate status and results	Liaison to outsiders	Help leader and sponsor summarize results		Keep abreast of team progress, share with mgt	Share experiences with staff



The most important
thing I have learned
about creating a
high performing
team is . . .

I'm convinced of
this because . . .

Assignment for action learning



- Using the worksheet, write an aim statement for a future project you are dreaming about or for a personal improvement project.
 - If you are attending as a team (e.g., participants from the same system or from the same PQC) you can choose to do this collaboratively.
- Include:
 - What you want to improve
 - For whom
 - By when
 - Write a concrete measurable goal(s)
 - Remember to consider 
- Who might you need on your team? Team leadership? Team members? Complete the team worksheet.



Next steps:

- Submit your completed aim statement and team worksheet to the [shared OneDrive folder](#) by February 13th, 2023
- Mark calendar for next workshops
 - Tuesday, February 21st 1-3 PM ET--Activating the How: Using PDSA Cycles to Learn and Improve
- If you have not done so already, register for all QI COL sessions and download them to our calendar:
<https://nichq.zoom.us/meeting/register/tJckcOGorDoiHdXJ27vnCTcEZC8iuE39ucS6>





Resources

- [NICHQ QI 101](#)
- [NICHQ QI 102](#)
- How to Improve, IHI Website [How to Improve | IHI - Institute for Healthcare Improvement](#)



Reminder: TA Sessions

- You can sign up for at least one TA session. Complete this TA request form to set up a session with Jane or Sue when you're ready! One person from your state, if joining as a state, should fill this out.
<https://survey.alchemer.com/s3/6707471/QI-Community-of-Learning-TA-Form>
- TA session dates:
 - Tuesday, February 21, 4-5 PM ET
 - Wednesday, March 29th 1-2 PM ET
 - Tuesday, April 25th 2-3 PM ET
 - Thursday May 4th, 3-4 PM ET





Session Evaluation