

# Quality Improvement Community of Learning

January 25, 2022

2:00-3:30pm ET



ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH



National Institute for  
Children's Health Quality

# Welcome!

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

- You may be **muted upon entry** to the call
- You **DO have the ability** to unmute yourself
- We encourage participants to remain muted in an effort to reduce background noise

This presentation will be recorded



NICHQ

# Agenda

- Welcome and Introductions
- Community of Learning Overview
- Quality Improvement: What is it? Why do we use it? How do we start?
- Q&A
- Next Steps and Close



# The NICHQ Team



**Stacey C. Penny, MSW, MPH**  
*Senior Project Director*



**Isabel Zuckoff, MPH**  
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*Improvement Advisor*



**Jane Taylor, EdD, MBA, MHA**  
*Improvement Advisor*



**Sarah Ivan, MPP**  
*Senior Analyst*

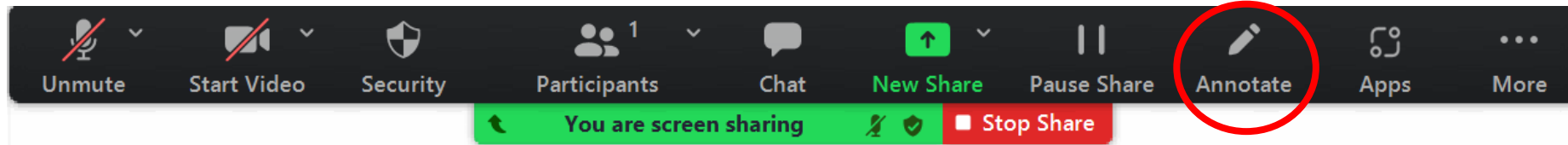


**Ann Cecilia Gross Almonte, MPH**  
*Project Specialist*

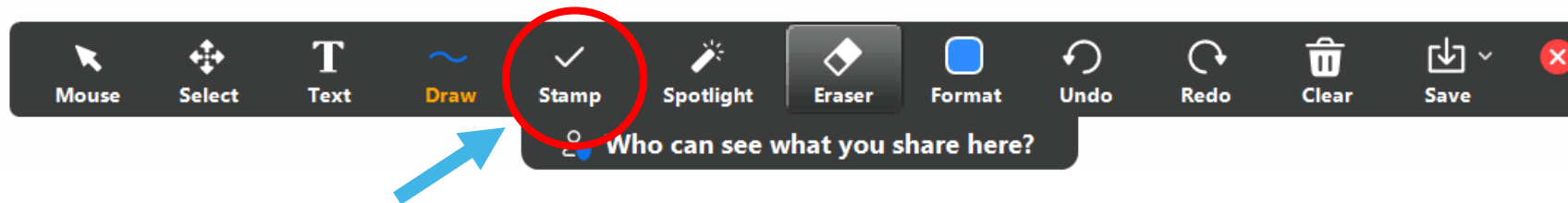


# Tell us where you're from!

- 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!





Washington

Oregon

California

Nevada

Idaho

Utah

Arizona

Alaska

Montana

Wyoming

Colorado

New Mexico

Hawaii

North Dakota

South Dakota

Nebraska

Kansas

Oklahoma

Texas

Minnesota

Wisconsin

Iowa

Missouri

Arkansas

Mississippi

Louisiana

Illinois

Indiana

Kentucky

Tennessee

Alabama

Georgia

Florida

Michigan

Ohio

Pennsylvania

New York

New Hampshire

Vermont

Massachusetts

Maine

Rhode Island

Connecticut

New Jersey

Delaware

Maryland

Washington, DC

West Virginia

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# QI Community of Learning Overview

Topic	Month
Quality Improvement: What is it? Why do we use it? How do we start?	January 25, 2022, 2-3:30pm ET
The Model for Improvement Part 1	February 22, 2022, 2-3pm ET
The Model for Improvement Part 2	March 31, 2022, 1-2:30pm ET
Obstetric Hemorrhage: Sharing Successes and Guidance	April 2022 (exact date TBD)
Methods for Spreading Improvement	April 27, 2022, 1-2pm ET
Severe Hypertension in Pregnancy: Sharing Successes and Guidance	May 2022 (exact date TBD)
Care for Pregnant and Postpartum People with Substance Use Disorder: Sharing Successes and Guidance	June 2022 (exact date TBD)
Sustaining the Gains	July 26, 2022, 1-2:30pm ET
Cardiac Conditions in Obstetrical Care: Sharing Successes and Guidance	August 2022



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



# Participation Agreements

- Attend at least 8 of 9 educational offerings or attest to having viewed the recorded session
- Request at least 1 technical assistance session with an Improvement Advisor (ideally with other participants from your state/entity)
- Share and report out on webinars
- Present a final storyboard with other participants from your state/entity
- Complete final assessment survey of the QI Community of Learning





# Objectives of the 5 QI Sessions

## Participants Gain:

- Increased understanding of what is happening in other States
- Increased capability in improvement science
- The ability to include others (partners, team members, staff, community-based organizations) to expand boundaries of the work
- The ability to influence others to adopt quality improvement as an execution framework



# Improvement Science Faculty



**Jane Taylor, Ed.D.**  
Improvement Advisor



**Sue Butts-Dion**  
Improvement Advisor



Faculty have nothing to disclose.

# Agenda for Session 1

- Welcome & Introductions
- Quality Improvement
  - What is it?
  - Using Adult Education Theory and Principles with Improvement Science
  - Why do we use improvement science?
  - How do we start?
- Creating the Case for Change and Assessing Readiness for Change
  - Assessing the gap
  - Identifying steps to close gaps
- Leaving in action



# 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 8 months together
  - Exchange contact information



# Debrief

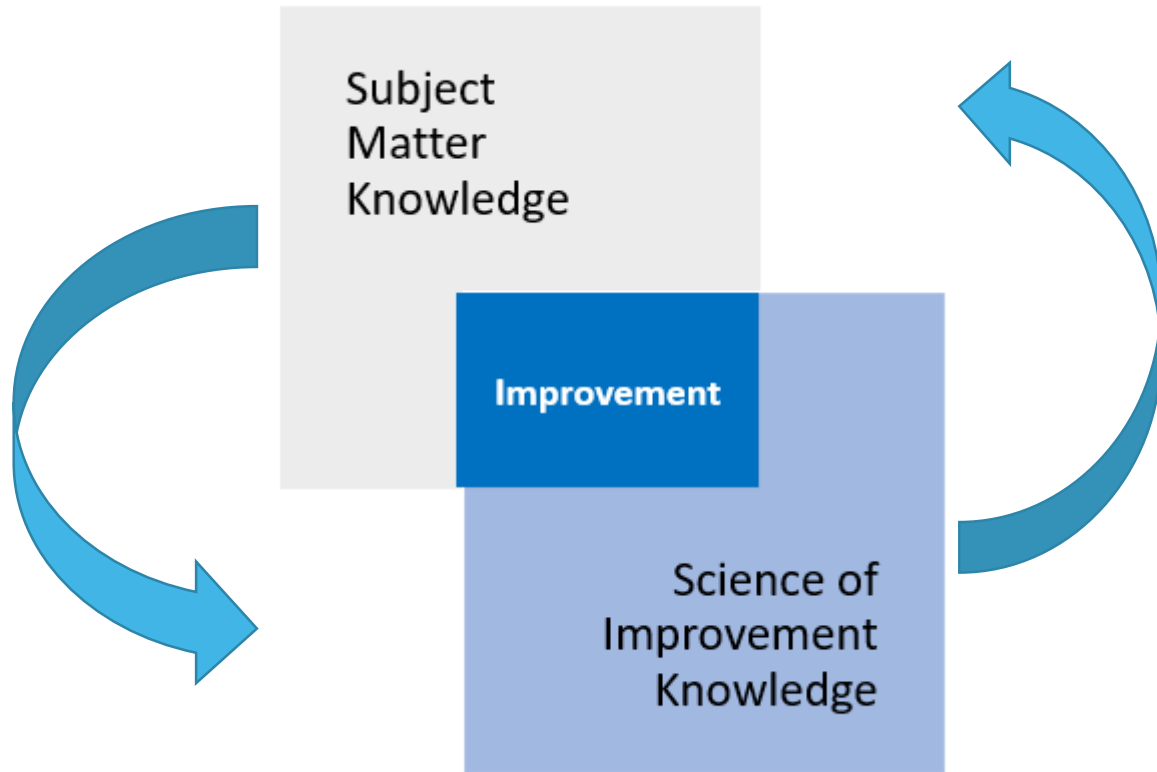
- Chat in some of the things that surfaced in your breakout regarding what you would like to get out of our 8 months together.





# Quality Improvement: What, Why and How??

# 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

Community of Learning Calls  
& Resources Weave in Both

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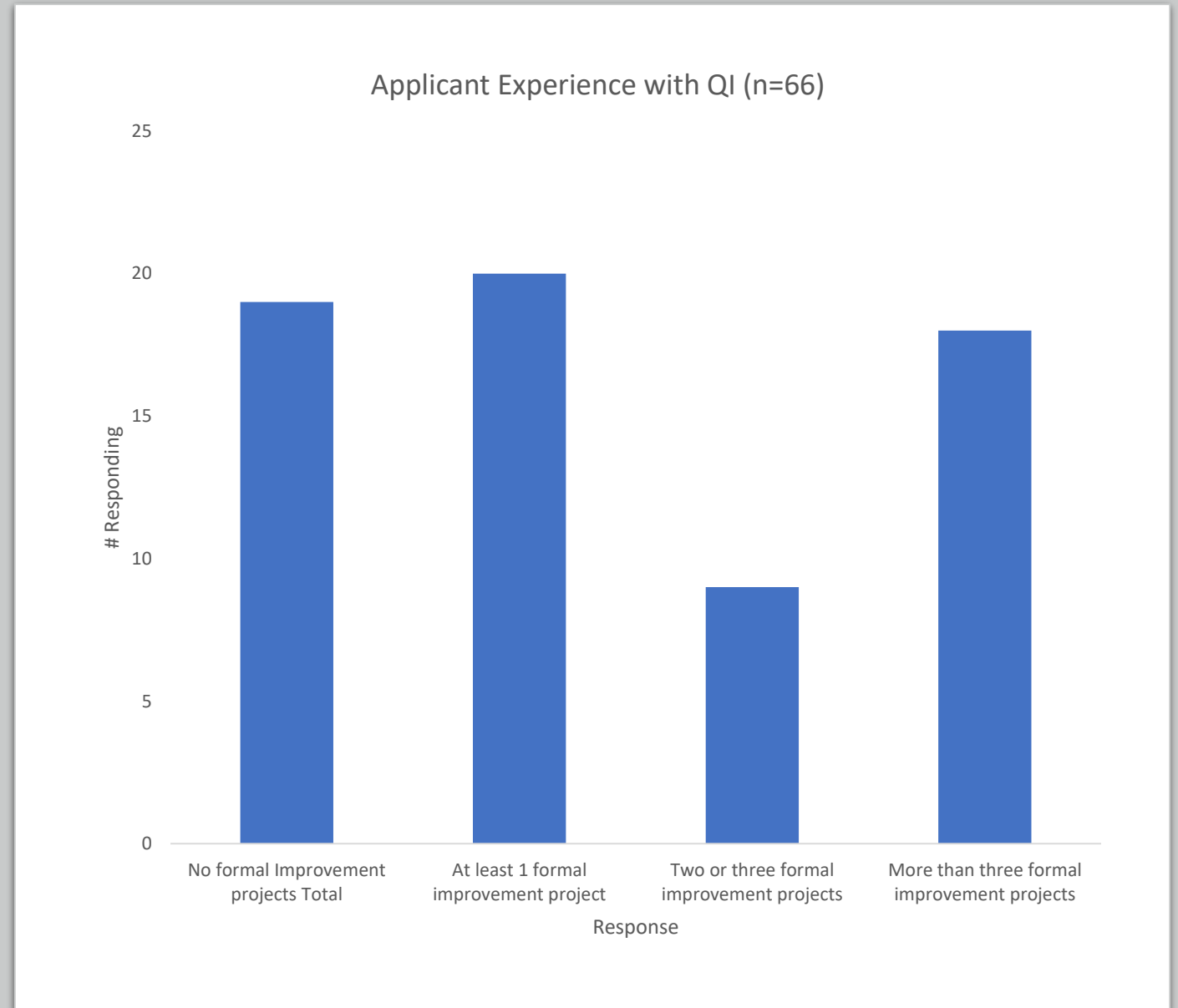


# We see a lot of experience in our community!

- Only 28% (19 of 66) of you indicated having “no formal improvement experience”
  - Yet, 18 of those 19 are familiar with one of the improvement frameworks (Lean, FOCUS-PDSA, Model for Improvement and/or Six Sigma)



Photo by [Felipe Santana](#) on [Unsplash](#)





# QI is an Applied Science

**Applied science** is a discipline of science that uses existing scientific knowledge (for example the AIM bundles) to develop practical applications, like technology or inventions.

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

Reference: [https://en.wikipedia.org/wiki/Applied\\_science](https://en.wikipedia.org/wiki/Applied_science)



# First consideration...What is quality?

- What is Quality Improvement (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.



# Adult Learning with Improvement Science

- Adult learning is core to improvement: we learn our way into improvement
  - PDSA as pragmatic application of scientific method
  - Strongly related to experiential learning
- Many approaches to learning in healthcare
  - Dominated by instrumental learning or learning skills
  - Often approached as behavior change
  - Education and in-service is often first response to a problem or event



# Three main pillars of adult learning

- Communicative learning
- Instrumental learning
- Transformational or emancipatory learning

Improvement projects require all 3 approaches



# Experiential learning increases when:

We reflect on:

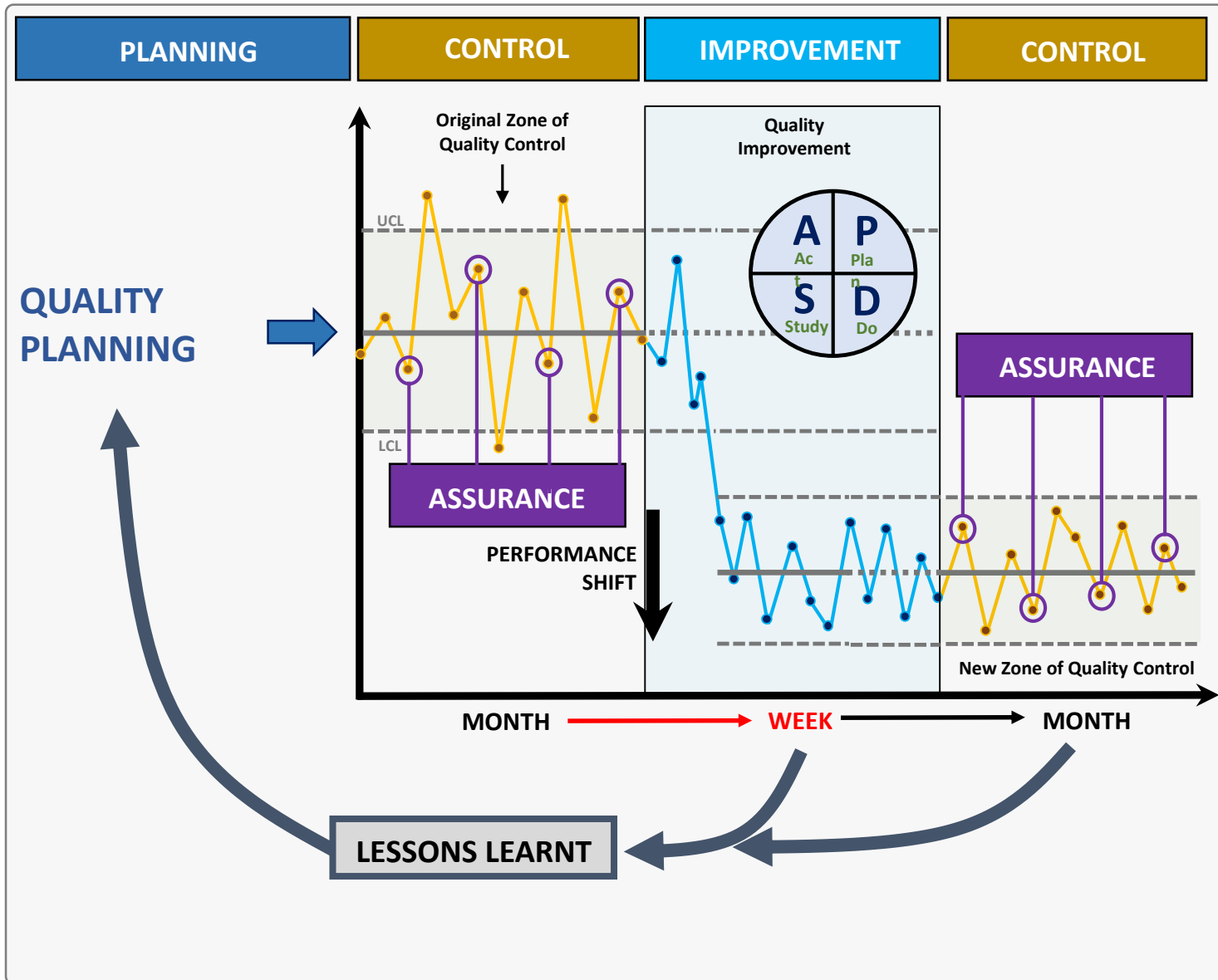
- What happened, what did I learn?
- How I feel about it?
- What do I think about it?

Note: Experiential learning includes relearning, unlearning, and new learning.

We use learning aids:

- Handouts
- Videos
- Diagrams
- Reminders
- Forcing functions
- Affordances





**ASSURANCE**

Identify the needs of the customer, the population  
 Determine what performance goes to customer population  
 Develop service models to meet the needs  
 Actions to address the needs  
 Identify the needs  
 Identify the needs  
 Put in place structures and processes to manage the service and then scale up

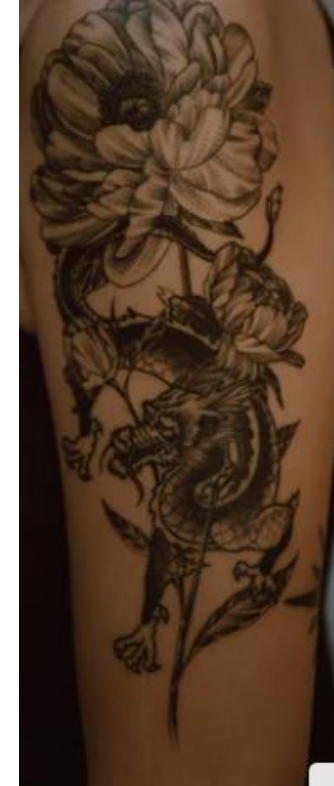
# Operational Definitions: Key Skill for those leading improvement...

*“Mom, when I turn 18, can I get a small tattoo?”*



What I  
imagined.

What  
happened.



If I could **reduce** my message to management to just a few words, I'd **say** it all has to do with reducing **variation**. W. Edwards Deming

# Plenary Critical Reflection Activity

- Think of an improvement project that you were or are part of (formal or informal) that was memorable because it was hugely successful. Or perhaps it is an existing project that is going well.
- Take a moment to jot down what happened that made or makes it so successful. What characteristics were present? What was your reaction? Why do you think you had this reaction?





# Large Group Debrief

- What characteristics make improvement projects work?
- What are you still wondering about?



# Underlying Principles of Quality Improvement Science

- 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** for learning and data driven decision making
- Improvement requires **change**
- Interventions are designed iteratively, through testing ideas & changes using Plan-Do-Study-Act cycles **PDSA**



# Fundamental to Improvement

## The must-haves 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.

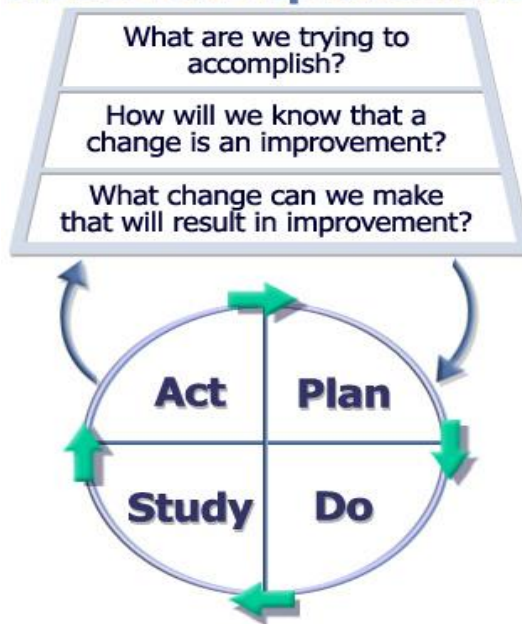


Source: IHI White Paper 2007, *Executing for System Level Results*, Tom Nolan

# Teams Need a Method for Executing and Accelerating Change and Improvement

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

## Model for Improvement



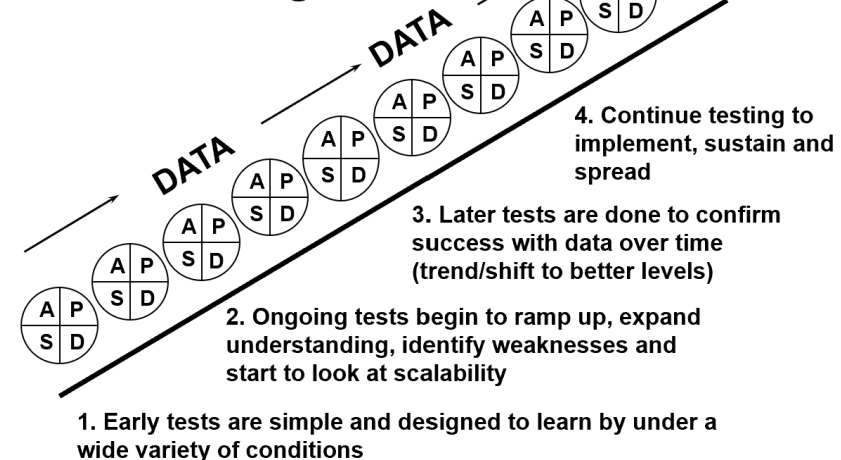
**Identify Aim - what, how good, by when, for whom, where, why**

**Measure data over time using run or control charts**

**Generate ideas using logical, conceptual, creative thinking**

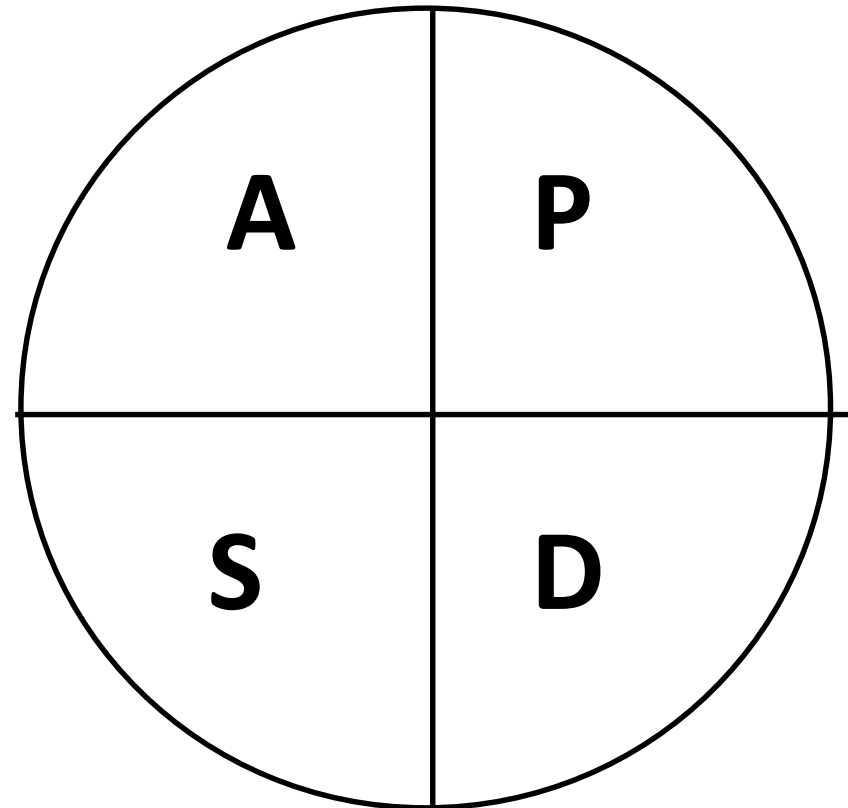
**Cycle of Improvement**  
**Rapid Testing**  
**Think BIG**  
**Start SMALL**

## Robust Testing

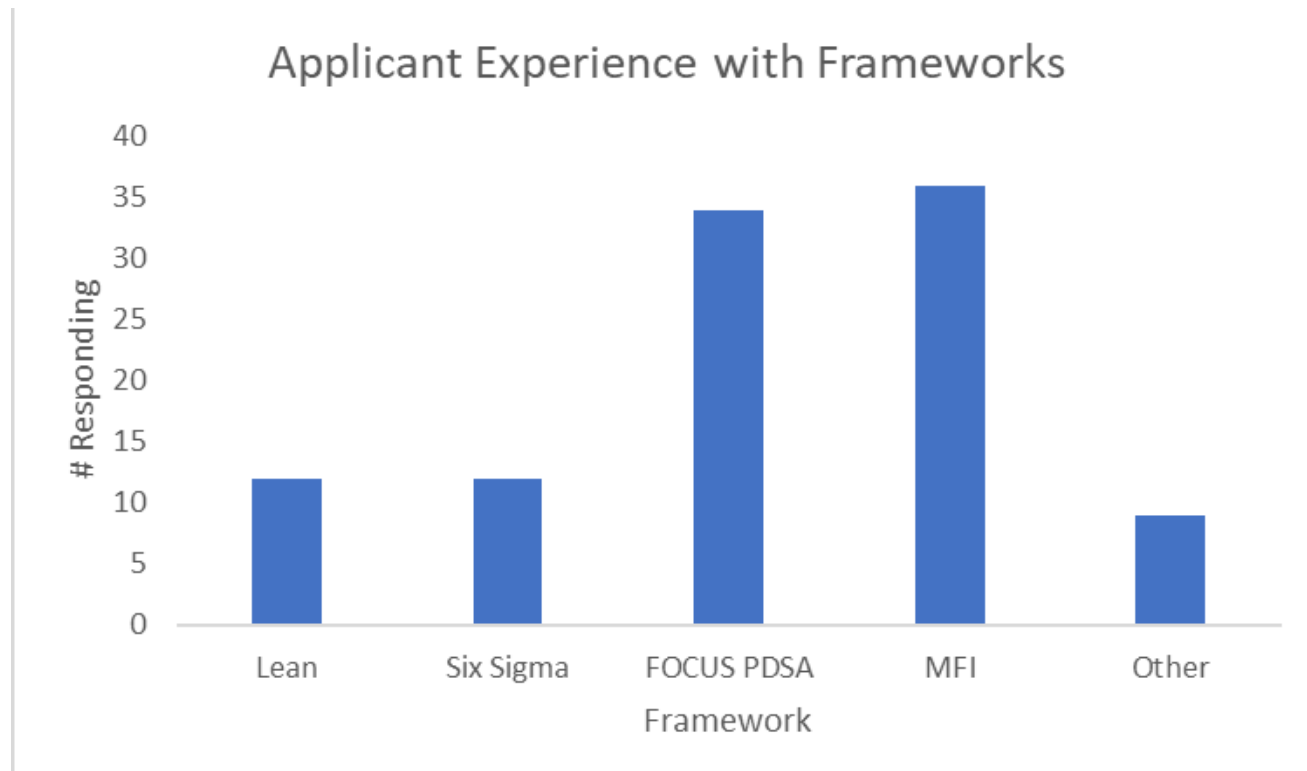


# Many improvement frameworks to assist with change & improvement...

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



# Reported experience with frameworks . . .



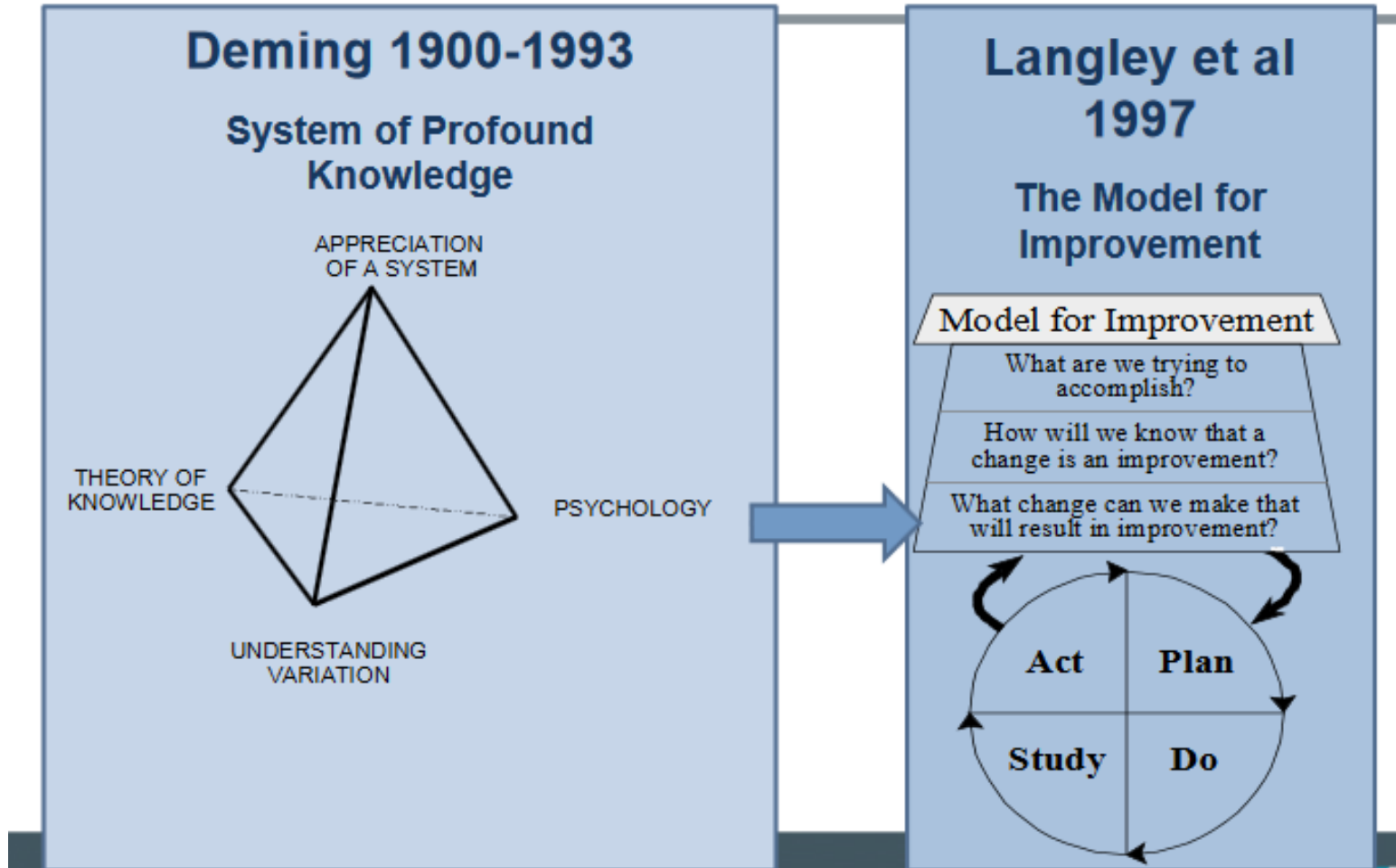
- Other responses
  - Not sure
  - IHI
  - 30, 60, 90 day plans
  - Seven Step
  - Seven Tools
  - Design Thinking
  - Logic Models

# Evolution of some of the frameworks . . .

- **Lean**
  - 1500 -1913 Flow Production Venetian Arsenal & Ford
  - 1930—1950s Toyota Production System
- **Shewhart Cycle**
  - (?) BC – Cavemen ☺
  - 1939 Shewhart
  - 1950 Modified by Deming (wheel)
  - 1951 Japanese PDCA Cycle
  - 1986 Reintroduced by Deming PDSA
  - 1987 Moen Nolan Theory Prediction
  - 1993 Remodified by Deming Shewhart Cycle
- **Six Sigma (DMAIC DMADVb)**
  - 1980 Motorola
- **10 Step Method**
  - 1986 JCAHO The Agenda for Change
- **FOCUS – PDCA (PDSA)**
  - Late 1980's Executive Learning Inc. working with Hospital Corporation of America added FOCUS to PDCA
- **Lean Six Sigma**
  - late 1990's both AlliedSignal and Maytag integrated Lean and Six Sigma Ideas
- **Model for Improvement (MFI)**
  - 1994 Associates in Process Improvement added three questions to PDSA
  - 1996 The Improvement Guide 1<sup>st</sup> Ed. - 2009 The Improvement Guide 2<sup>nd</sup> Ed.
- **FAST- PDCA**
  - Late 1990's Executive Learning Inc.
- **FADE Model**
  - 2014 Organizational Dynamics Institute



# The Model for Improvement Simplified





# BTS Collaborative: A popular method for executing and spreading the bundles...

Considerations for Topic Selection--What do we look for?

1. Gap between science and practice
2. **And...**examples of better performance exist
3. **And...**the topic matters to people



Source: IHI BTS College

# Assessing Readiness for Change (See Worksheet)

Successful Factors from our Experience	Topic “ripe” for BTS Collaborative	Will, Ideas and Execution
<p>Bring forward what was identified during critical reflection exercise. (e.g., measurement , leadership, clear aim, etc.)</p>	<ol style="list-style-type: none"> <li>1. <b>Gap</b> between science and practice</li> <li>2. <b>And</b>...examples of better performance exist</li> <li>3. <b>And</b>...the topic matters to people</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Will</b> – The will to improve.</li> <li>2. <b>Ideas</b> – The ideas about alternatives to the status quo.</li> <li>3. <b>Execution</b> – Have support and a QI model to carry out the work.</li> </ol>
<p>What is going well?</p>		
<p>What would ideally be right?</p>		
<p>Gap between current and ideal?</p>		
<p>Next steps to close those gaps.</p>		

# Breakout Room Instructions

- There are breakout rooms for each state and rooms established for those who are joining alone.
- If you are the only person from your state, feel free to join a “floater” room to chat with other individuals. Those not affiliated with a state can join these rooms as well.
- Use the worksheet you were sent via email and have one person be the recorder.
- NOTE: To leave a breakout room, go to the bottom right blue button and click leave breakout room. BE SURE to leave the breakout room and NOT the meeting!





Photo by [Sangga Rima Roman Selia](#) on [Unsplash](#)



## Leaving in Action

- Continued assessment
- Plan for closing gaps
- In preparation for February session:
  - Go to <https://1drv.ms/b/s!AlvzNhmTpx9kgQB8IWkLFa9ZKidC> to access your state's jamboard
  - Share any highlights from your assessment exercise
  - Submit an aim for your current project or next project
  - From the AIM bundle, identify two useful **changes** OR if not using the AIM bundles, choose the next two changes your team will be working on



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SBD

# Resources

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



# Reminders and Next Steps

- The next QI COL webinar will be held on: February 22, 2022, from 2-3pm ET. The topic will be an introduction to The Model for Improvement.
- 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>
- 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 should fill this out.  
<https://survey.alchemer.com/s3/6707471/QI-Community-of-Learning-TA-Form>



# Thank you!

Please take a moment to complete the brief evaluation poll on your screen before signing off



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