

Hardwiring and Scaling PRIME QI Projects

Monday, November 18, 2019, 12-1PM

[Recording Link](#)

Agenda

Topic	Lead(s)
Welcome & Housekeeping	Kristina Mody
Hardwiring and Scaling PRIME QI Projects	Hunter Gatewood, MSW, LCSW Management and QI Consultant
Discussion	All
Wrap Up	Kristina

Housekeeping



Lines are muted on entry



Please mute locally & unmute to ask questions



At any time, feel free to chat your question & we will read out



Webinar will be recorded and saved on SNI Link:

[PRIME Webinars](#)

Intros



Kristina Mody

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Hunter Gatewood

*QI Consultant,
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Sustaining Webinar Series

Part 1

- Hear concepts and practical advice around continuing, sustaining and closing QI projects
- Discuss progress and challenges with CAPH peers

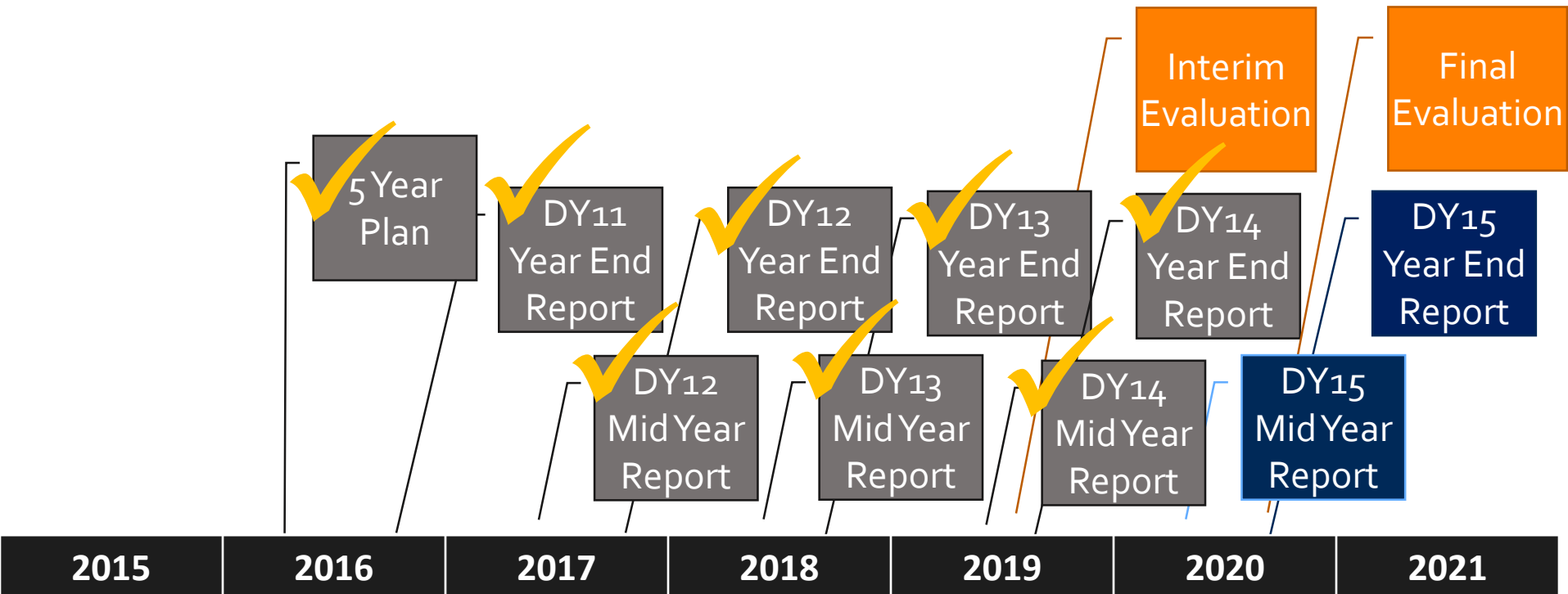
Part 2

- January 14 (1-2): Anchoring PRIME Behavioral Health Integration in Practice
- VCMC to share experience and learnings integrating BH over course of PRIME
- [Registration link](#)

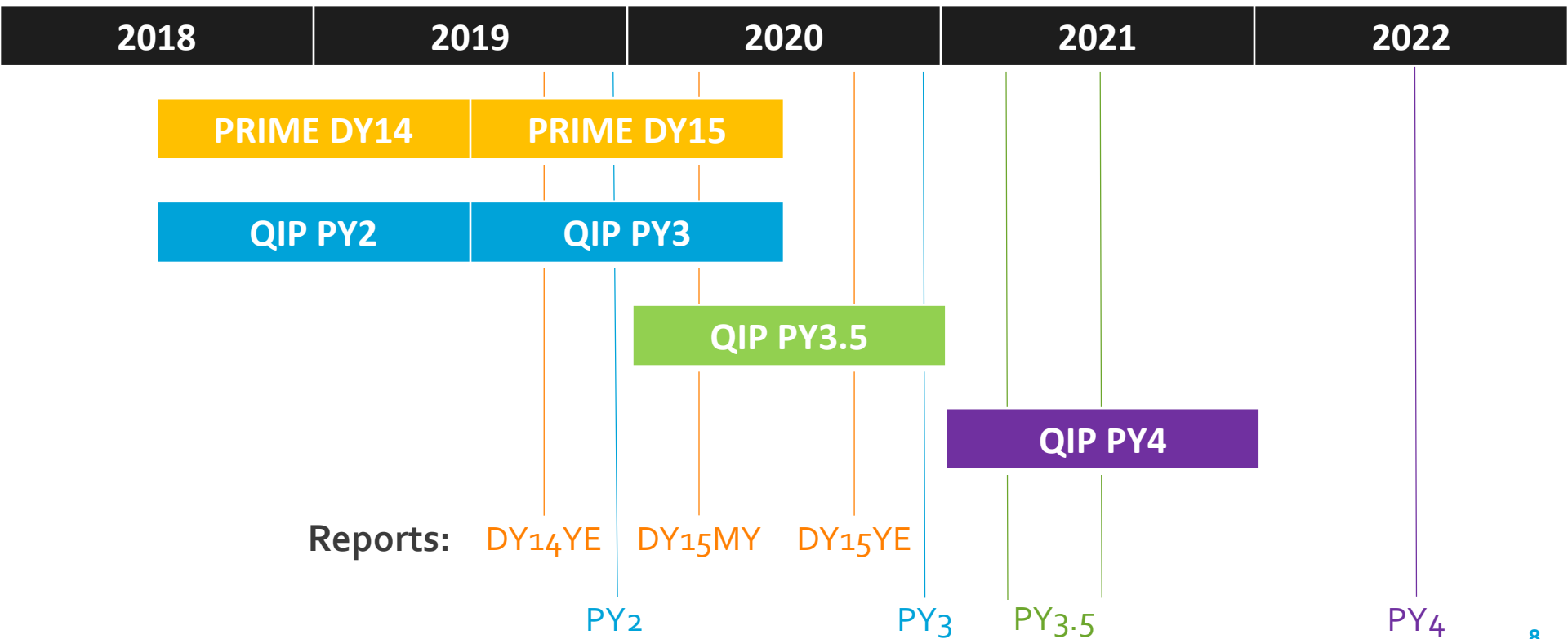
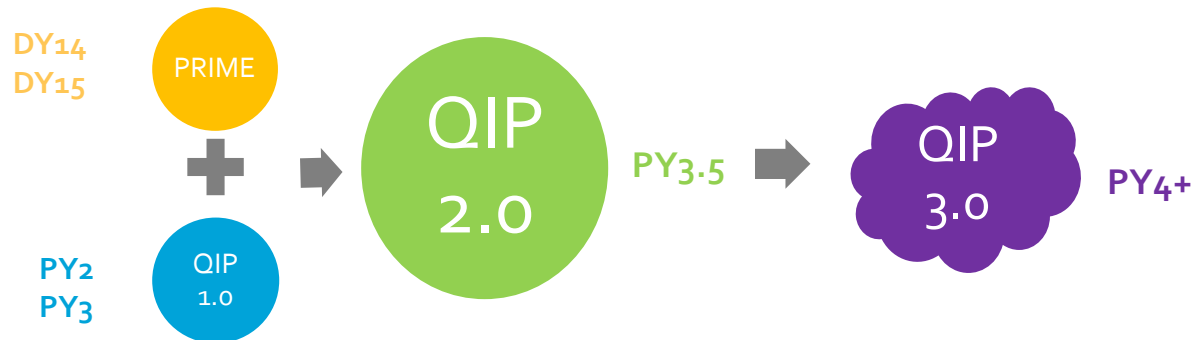
Today's discussion

- Explore how to continue to improve, knowing that measures and incentives change.
- Consider key questions for the end of a project, for the project team and for frontline staff and managers.
- Learn an organized way to wrap up a QI project and guard against losing your lessons and gains.

PRIME current status



QIP Evolution



Tactics for managing external change

- Goals and priorities change.
- Projects can't last forever.
- Pause to plan.
- Get tactical.
- Personal “transitions” come next, take longer because ... PEOPLE.



Two approaches to projects

- **Project management:** We know what to do. We know how everything will play out. We just need to implement.
- **Quality improvement (process improvement):** We need to learn the answers as we go. We don't know yet exactly what will get us the results we want.

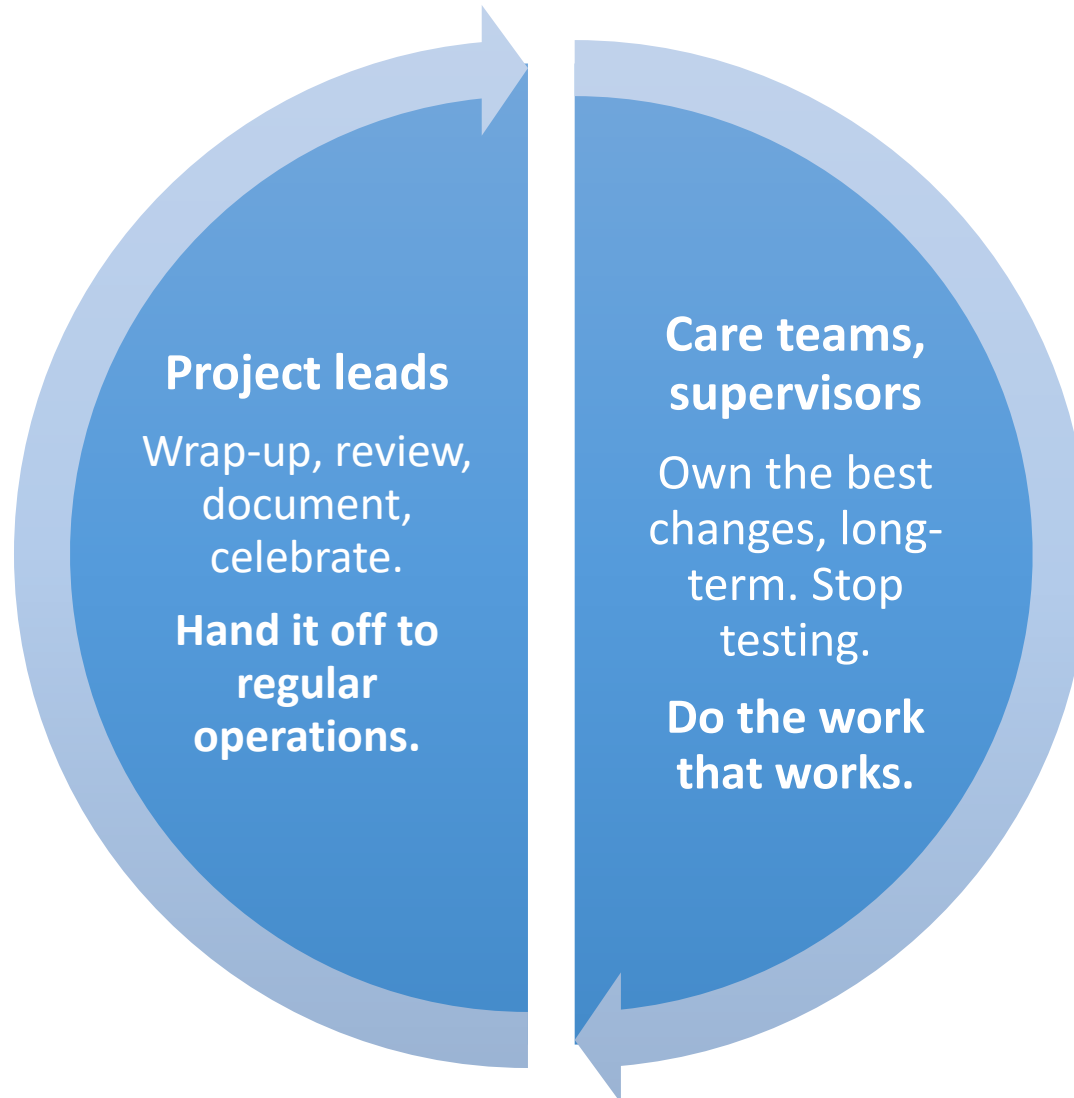
Polling question

What are you responsible for?

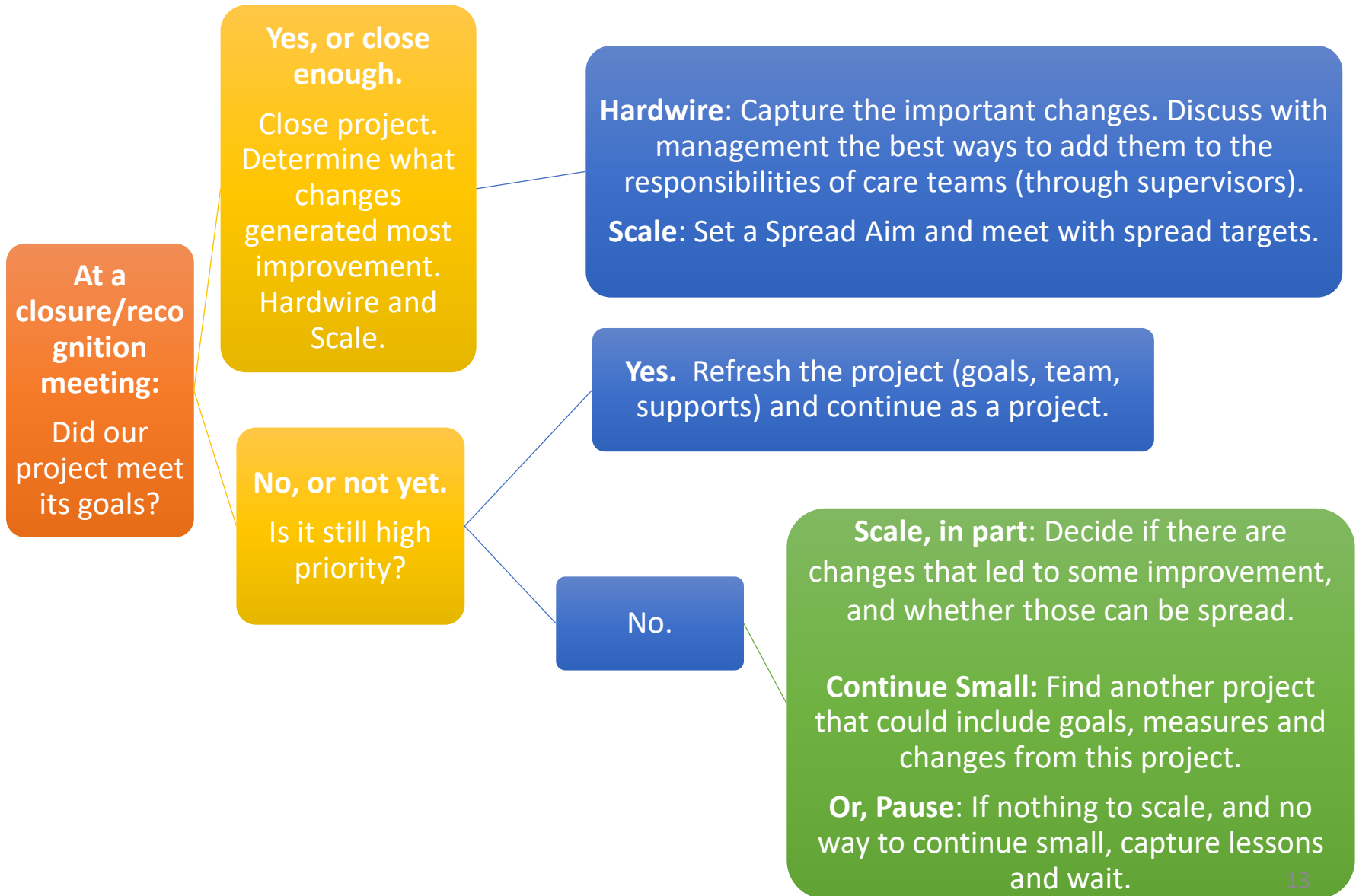
- A. Project management (QI or regular)
- B. Care team work with patients
- C. Both

All projects must come to an end.

What's next for project team and care teams?



Close projects with clarity and purpose.



Care team level work

Hardwire (Sustain)

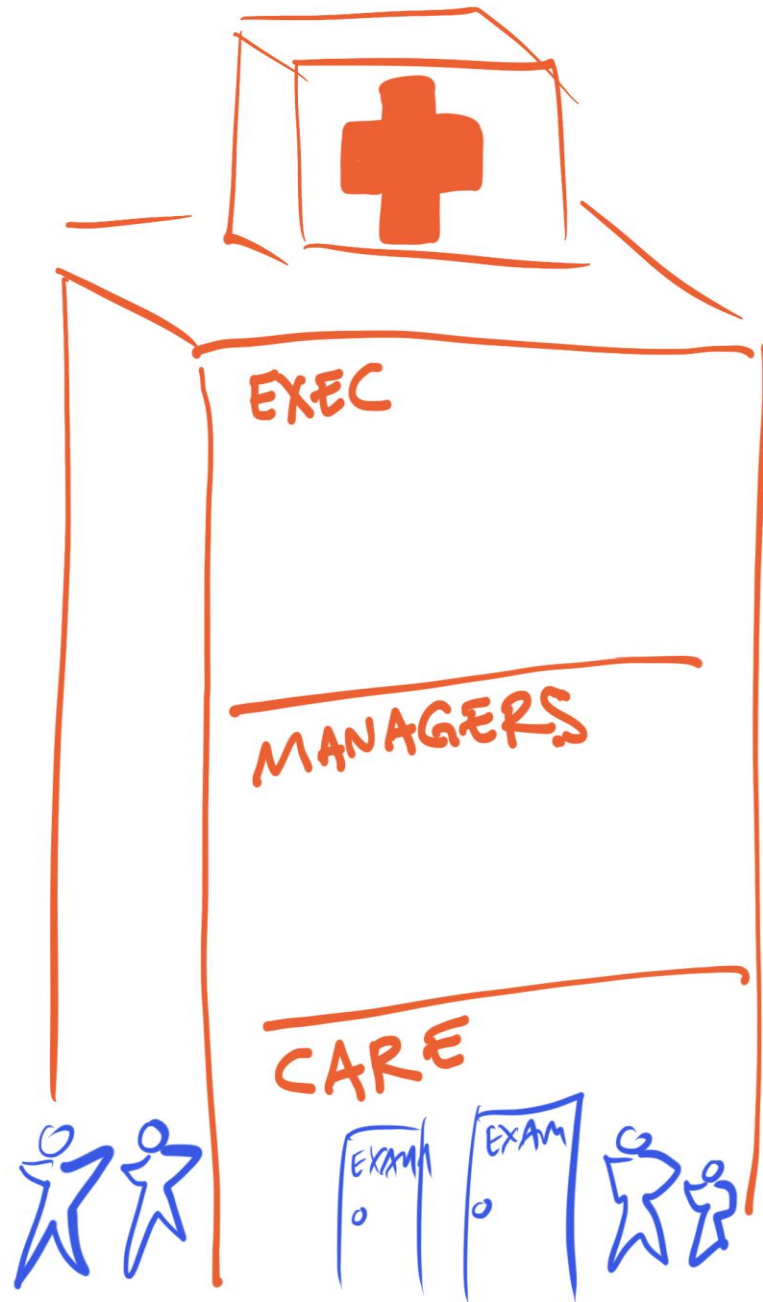
Keep changes going. enforce habits to create New Normal, new model of care. Requires new habits of management and leadership.

Three Anchors for Sustainability

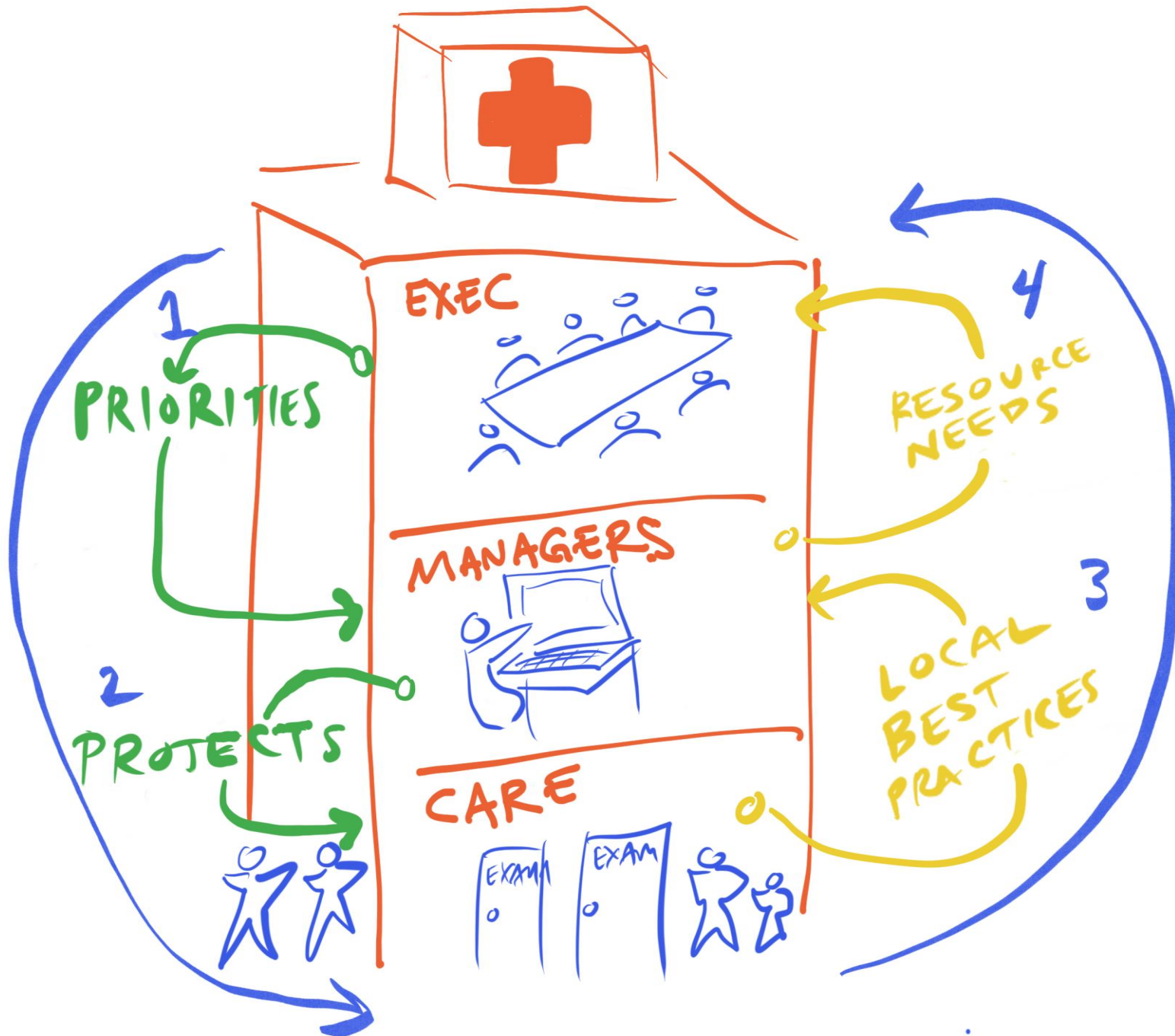
1. Measure, monitor, communicate
2. Document specific changes
3. Manage for learning

Scale up (Spread)

Take changes that have been tested and implemented in one team or site, to all teams in one site, to additional sites, or to other goals or measures.

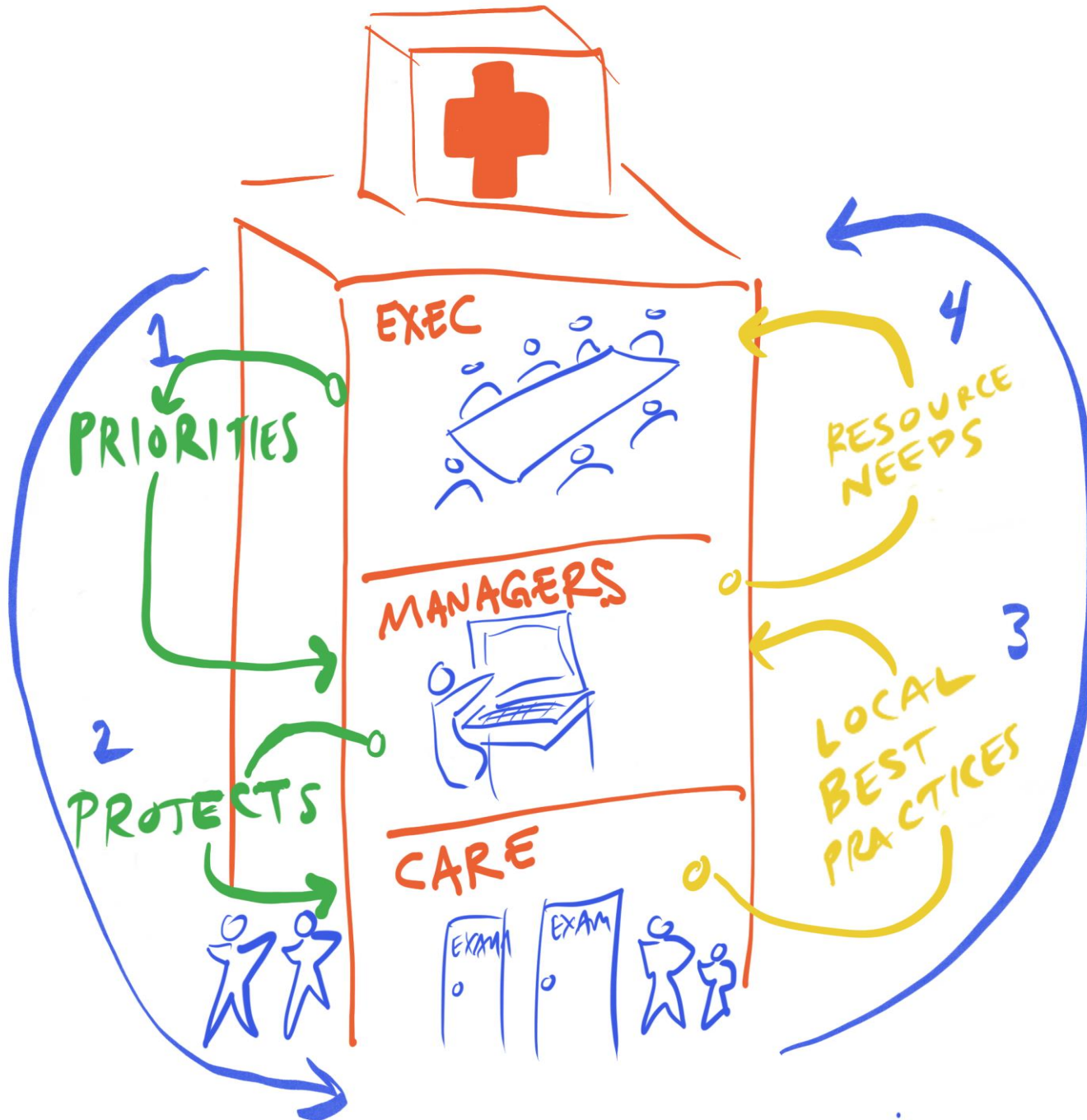






Down

What
we
need
to do



Up

Process
steps,
resources
to reach
goals

Examples of Hardwiring (Sustaining) Efforts

1. Measure, monitor, communicate

1. Data dashboards with vital few measures, pushed to right people
2. Training sessions
3. Supervisors mention measures at every meeting

2. Document specific changes

1. Specific tasks added to performance check-ins
2. New process maps for visit flows
3. Work aids, like how-to materials for FIT tests or depression screening

3. Manage for learning

1. Staff recognition
2. Care team huddles
3. Catch people doing the right thing
4. Quizzes in staff meetings, on HEDIS measures or population goals

Discussion

- **At project level:** What do you do now to close a project? Do the best practices and resource needs get captured and communicated up to your satisfaction?
- **At care team level:** How do you capture best practices to hardwire/scale for staff who aren't part of the project team? How do supervisors manage and monitor these new expectations?

Example: Communicating Up

You: *“To continue to reduce readmissions, here are the 5 big and 3 small changes we learned in our very successful project. Coordinators and nurses are responsible for these activities.”*

Deciders: *“We can keep two of five coordinators. The readmissions measure will continue to be a priority. And we have to focus on social determinants as part of care transitions.”*

You: ...

At care team or staff level: Framework for Sustainability

Three Anchors

1. Measure, monitor, communicate
2. Document specific changes
3. Manage for learning

Frameworks, worksheets and more

www.signalkey.com/resources



Sustaining Improvements

Three Anchor Habits to fit effective new work from improvement projects into your regular work

1. Measure, monitor, and communicate progress.

- a. Pick the most important measures used in the intensive project.
- b. Set an out-of-bounds value for each of these key indicators, the point at which you need to take action to get good performance back.
- c. Monitor these measures diligently, so you know quickly when your hard work is eroding.
- d. When a key indicator slips out-of-bounds, swarm the problem with the original project team. Learn what's going wrong and how to get back on track.
- e. Communicate the status and progress for key indicators regularly. Everyone needs to know how well you are doing. Everyone must know why these numbers matter to patients and staff.

2. Get clear on the changes to sustain. Document these expectations everywhere.

- a. Make a list of the specific tasks and activities to sustain. What specific, observable, measureable changes got your numbers where you wanted them?
- b. Document the individual staff role/s whose job it is to keep doing these new things. Share the list.
- c. Allow people to add to it, if appropriate. Refine and finalize the list.
- d. Identify or develop champions for each change. (For instance, the lead registration clerk could be a champion for confirmation calls if it's the registration clerks' role to do the calls.)
- e. Document the new responsibilities for use in supervision and performance management. Be clear on the new expectations, so people know what to do. Some places to document:

WRAP UP



In Case You Missed It....



[PRIME Disparity Reduction Webinar](#)

Hear about PRIME DY14 progress in disparity reduction

Learn from ZSFGH on their equity strategy deployment and learnings

[Chlamydia Screening: Best Practices and Implementation Strategies for Primary Care Settings](#)

Understand evidence-based implementation strategies for increasing chlamydia screening

Access a wealth of resources to support primary care settings in increasing screenings



PRIME External Webinar

- CAPH/SNI to share PRIME performance data and implementation trends for year four of the program
- Los Angeles County Department of Health Services and University of California, San Diego, will share their experiences

**Transforming Care Delivery
and Improving Quality
through PRIME**

**Webinar
December 16, 1-2 PM PST**



**Share with your partners
and stakeholders!**

[Register now](#)

An archived version of the
webinar will be available
[here](#)

Register Now!



Registration open now!



Nadine Burke Harris, MD
Surgeon General of California



Adam Schickedanz
Pediatrician & researcher, UCLA



Michelle Rhone-Collins
Founding LIFT-Los Angeles Executive Director



Len Nichols
Policy professor, George Mason University



Ai-Jen Poo
ED, National Domestic Workers Alliance



Celinda Lake
Pollster & political strategist



Stacey Chang
Founder & ED, Design Institute of Health



Robin Wittenstein
CEO, Denver Health



William York
Executive VP, 211 San Diego

Upcoming Dates

	M	T	W	Th	F
	November				
	18	19	20	21	22
	25	26	27	28	29
	December				
	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27
	January				
	30	31	1	2	3
	6	7	8	9	10
	13	14	15	16	17

Nov 20 (11-12): Deep Dive into Inpatient and Outpatient CDI [[here](#)]

Dec 3 (12-1): PRIME/QIP OH

Dec 4-6: CAPH/SNI Annual Conference

Dec 12 (1-2): Key Takeaways for Continual CDI Success [[here](#)]

Dec 16 (12-1): QIP Leads

Dec 16 (1-2): PRIME External Webinar [[here](#)]

Jan 14(1-2): Anchoring PRIME Behavioral Health Integration in Practice [[here](#)]

Share Your Feedback



How did we do?

What did you learn?

Do you have
suggestions for future
topics or content?

PLEASE COMPLETE OUR POP-UP SURVEY

Appendix

WORK PLAN for Sustaining Improvements Using the Framework for Sustainability

Part 1: Measure, monitor, and communicate progress.

Key Indicators Most important measures from project	Frequency of measurement	Out-of-bounds value at which we leap into action
<i>Example: Contact within 5 days of discharge</i>	<i>Monthly, for all patients</i>	<i>Less than 100%. (If any patient missed, we will analyze cause.)</i>

Communication Plan

Everyone must know why these numbers matter to patients and staff, and know how well you are doing.

Plan for repetition. When you get tired of saying it, you are *almost* doing it enough.

Note in spaces below **what** you will communicate, to **whom**, and **how** you will communicate.

WHAT: Key messages specific to your hospital or clinic, for regular use

Why do these numbers matter for high-quality reliable care? Why look at numbers so often?

TO WHOM: Audiences (main options: staff, leadership, patients, community, funders)

How: Channels (specific meetings, newsletters, email updates, 1:1 with staff/leaders, etc.)

Part 2: Get clear on changes to sustain. Document these expectations formally.

What specific actions by specific staff do you need to sustain to continue to get excellent reliable results?
Refer to the **Sustainability Framework** for more recommendations on how to use your list of key changes.

The Changes to sustain	Responsible staff Whose job is this Change	Documentation for sustainability
Example: Daily 8am Team Huddle	All staff except security, med records	Documented: Policies and procedures, New staff orientation, Performance <u>evals</u>
		<input type="checkbox"/> Core competencies, annual re-training <input type="checkbox"/> Job descriptions <input type="checkbox"/> Policies and procedures <input type="checkbox"/> New staff orientation training <input type="checkbox"/> Performance evaluations <input type="checkbox"/> Other _____
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Part 3: Manage for learning and improvement.

Manage for Learning and Improvement, a monthly checklist

Management action	Management team ideas for what to do	Did I/we do it?
<i>Example: Use of patient voices.</i>	<i>CEO recognizes a team each month that used patient feedback and teamwork to improve their performance.</i>	
Celebrate successes as a whole clinic		<input type="checkbox"/> August 2017 <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> January 2018 <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June
Rewards and recognition for individuals and teams		<input type="checkbox"/> August 2017 <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> January 2018 <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June
Use of patient voices.		<input type="checkbox"/> August 2017 <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> January 2018 <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June
Catch people working well in		<input type="checkbox"/> August 2017 <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November