General Med/Surg Progress Report Review

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American Hospital Association

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

Agenda

I. Welcome and introductions

II. Objectives

III. Progress Report exercise

IV. Group discussion

V. Report-out

Objectives

- Discuss preferred tools for tracking progress in Quality Improvement (QI) interventions
- Identify and study key elements found in meaningful progress tracking tools
- Draw upon examples “best practice” Progress Reports to practice composing ideal report

HRET's HEN Reporting Process

Serves two purposes…

1. Facilitates peer-to-peer learning across a national HEN network
2. Active participants learn the how tos of QI, including: tracking progress, organizing data and communicating results (to senior leadership, team members, patients and families)

Project Title: _____ **Date:** _____

Hospital Name: _____ **State:** _____

Self Assessment Score = ___, (1=Planning; 2=Some Activity; 3=Some Improvement; 4=Significant Improvement; 5=Outstanding Results; See AHA/HRET Assessment Scale document for more detail)

Aim Statement

- Aim?: (Including your *How Good* and *By When* statement)
- Why is this project important?:

Changes Being Tested, Implemented or Spread

- For each listed change, indicate whether it is being Tested (T), Implemented (I) or Spread (S)

Run Charts

Make fonts large and use simple text, labels, dates and notes **prior** to shrinking graphs. Should be able to fit 6-8 readable graphs here. If no data are available for a particular measure, please create an "empty" run list that includes the name of the measure to be collected.

Lessons Learned

- Enter summary here

Recommendations and Next Steps

- Enter summary here (What do you need from Executive Project Champion, Sponsor at this time to move project?)
- Recommendations
- Next steps for testing

Team Members

- Name of Project Champion, Senior Leader Sponsor & all other names and roles

AHA/HRET Project Assessment Scale

Assessment Scale for Improvement Projects

Guidelines for Use:

- Assessments are progressive, e.g. all elements of a 2 must be satisfied before considering a 3 assessment.
- Evidence of assessments must be documented in the team's monthly reports, storyboards, or similar platforms.
- Except in special circumstances, once the team achieves a score, that score is maintained (or improved) throughout the Collaborative.

Background

- The Project Assessment Scale is modeled off of the Institute for Healthcare Improvement's Assessment Scale for Collaboratives.
- This scale gives information on how to assess a team's progress

Assessment	Definitions and Examples
1: Forming a Team to Planning	✓ Team has signed up to participate in the Collaborative ✓ Target population identified ✓ Aim determined ✓ Information gathered ✓ Baseline data submitted ✓ Team is meeting ✓ Discussion is occurring ✓ Plan for project have been made ✓ Measures selected by the team are aligned with the aim (These items verified through discussion with team leads)
2: Activity with No or Little Changes (sans Improvement)	✓ Project plan has been posted ✓ Process goals are included in plan ✓ Team actively involved in preliminary tasks, such as development tools, education, assessment, information gathering, and discussion ✓ Changes are planned, but not tested ✓ Changes are being tested (in at least one driver), but no improvement measures noted ✓ Components of the model being tested ✓ Data on key measure (in aim) are being reported
3: Modest Improvement to Improvement	✓ Initial test cycles have been completed ✓ Implementation has begun (on several components) ✓ Evidence of moderate improvement in process measures, shown by: ➢ Three consecutive months of improvement; ➢ Close the gap between baseline and goal by 50% ➢ Better evidence ✓ Some improvement in (at least one) outcome measure ✓ Some improvement in (at least one) process measure ✓ PDSA test cycles on all components of the Change Package ✓ Changes implemented for changes in half of the drivers where changes are being Tested
4: Significant Improvement to Sustainable Improvement	✓ Most components of the Change Package are implemented for the population focus ✓ Evidence of sustained improvement in outcome measures, halfway toward accomplishing all of the goals ✓ Plans for spread improvement are in place ✓ Sustained improvement in most outcomes measures, 75% of goals achieved ✓ Sustained improvement in outcome measures and all of the team's process goals have been achieved, as shown in the run chart (or control chart rules) ✓ Measures are within 90% of goal ✓ Spread to larger population has begun
5: Outstanding Sustainable Results	✓ All components of the Change Packages are underway ✓ All goals of the aim have been accomplished ✓ Outcome measures are at best practice levels (e.g. the national benchmark levels) ✓ Spread to another patient population or area of the organization is underway

Submit via Topic Specific LISTSERVs®

- ADE
- CLABSI and VAP
- EED/OB
- Falls and HAPU
- Readmissions
- SSI
- VTE

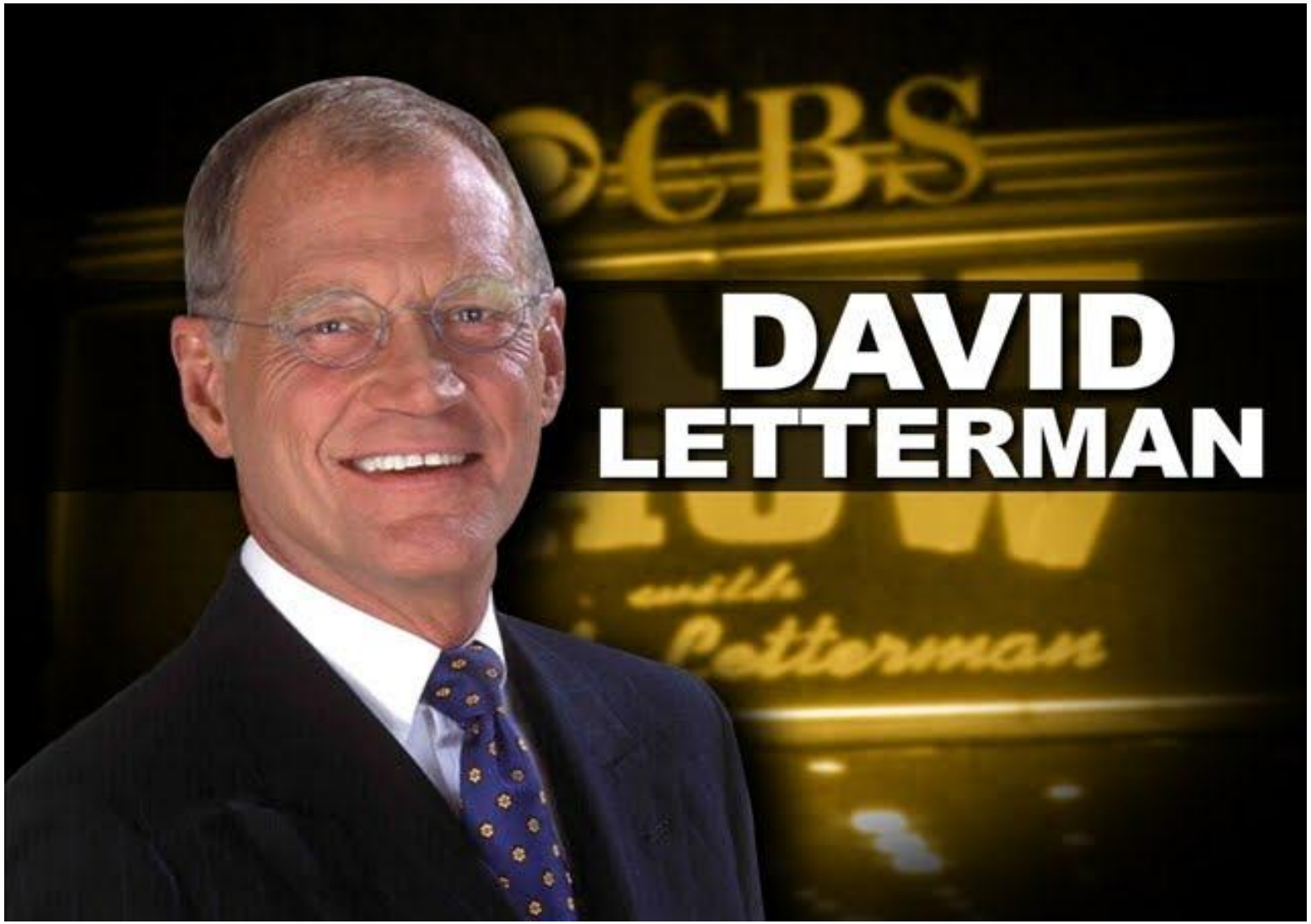
* Note – there is not CAUTI LISTSERV®

Hundreds of reports have already been shared, accompanied by expert feedback across topics.

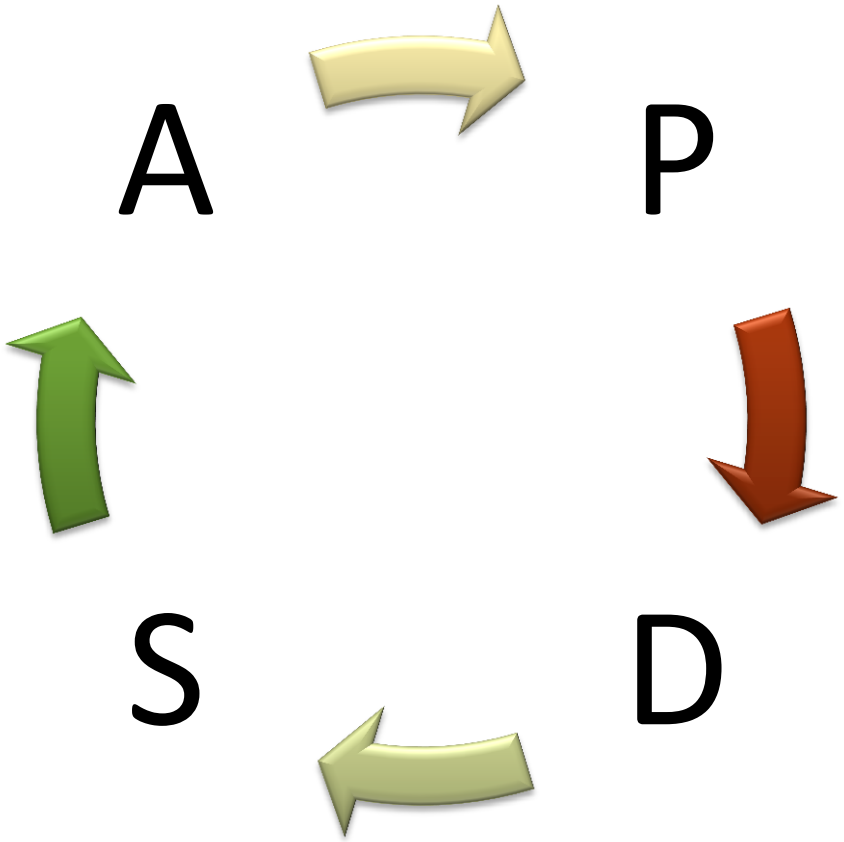
Share Your Story!

- Improvement Leader Fellowship sessions
- Multi-topic Collaborative
- Coaching Calls
- Topic-Specific webinars
- Other HEN events

Top 10 Improvements



#10 – Use New Template



- We PDSA'd the template
- Please use the latest version
- It has
  - Hospital Name
  - State

#9 Teams Drive Success

- Do you have everyone you need on your team?
- Don’t forget
  - Physician champion
  - How about a patient?

#8 Plan—Test—Implement—Spread

T = Test, small scale, 1pt., 1 nurse, etc.

I = Implement only after successful testing under a variety of conditions

S = Spread to other units once you have successfully implemented in one

#7 Clarify AIM statements

- Does everyone know your AIM?
- How good?
- By when?
- Is there a specific population that you are targeting?

#6 Establish Baseline

#5 Define Key Processes

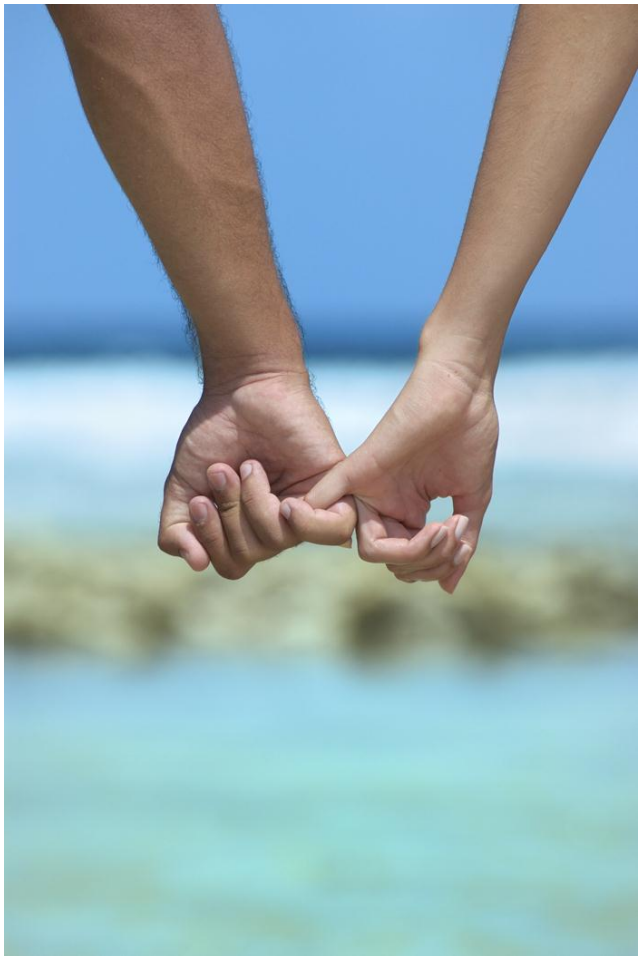
Outcome

- Examples:
  - HAPU
  - SSI
  - READMISSION
- Want rates to go **down!**

Process

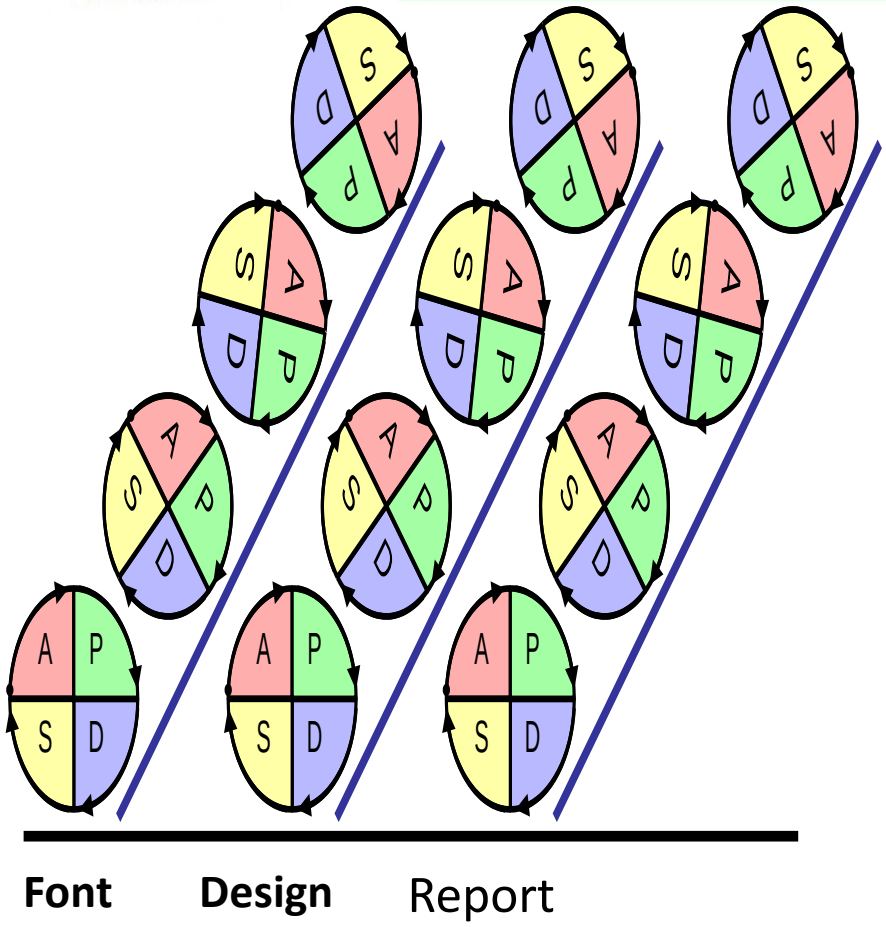
- Examples:
  - Turn Q2 hours
  - ABX timing
  - Teach back
- Want rates to go **up!**

#4 Connect Tests to Learnings



- If you tested a new assessment form….
- Your lessons learned should address the test you did…
  - Font size was too small
  - It took more time to fill out than we thought it would
  - Etc.

#3 Connect Lessons to Next Steps



- Can we increase font size?
- Can we ask for less information?
- Can we find the information we need elsewhere?
- Can we run a report?

#2 Score Self-Assessment

Where are you?

1) Forming a Team to Planning
2) Activity with No or Little Changes
3) Modest Improvement to Improvement
4) Significant to Sustainable Improvement
5) Outstanding Sustainable Results

1 Measure & Report Progress

Project Title: Race to Reduce Readmissions ***Date: Today***

Hospital Name: My Favorite Medical Center ***State: __Of Mind_____***

Self Assessment Score, 1-5 (see AHA/HRET Assessment Scale document) = __Thinking about thinking about it__1

Aim Statement

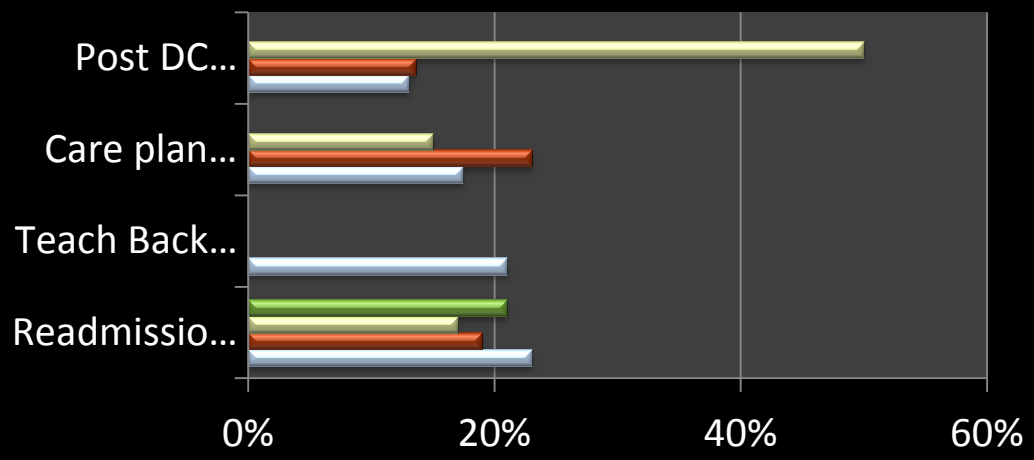
Aim?: To decrease readmissions

Why is this project important?: We will lose $

Changes being Tested, Implemented or Spread

(T) Try risk assessment tool
(I) Not yet
(S) Are you kidding?

Run Charts



	Readmission Rate	Teach Back Documented	Care plan complete	Post DC call made
4th period	21%			
3rd period	17%		15.00%	50%
2nd period	19%		23%	14%
1st period	23%	21%	17%	13%

Lessons Learned

There is no time to do post discharge calls

Recommendations and Next Steps

- Meet again next month to review data

Team Members

Too many names to list because I am serving a free lunch

Project Title: Race to Reduce Readmissions *Date: Today*

Hospital Name: My Favorite Medical Center *State: Of Mind*

Self Assessment Score, 1-5 (see AHA/HRET Assessment Scale document) = __Thinking about thinking about it_2

Aim Statement

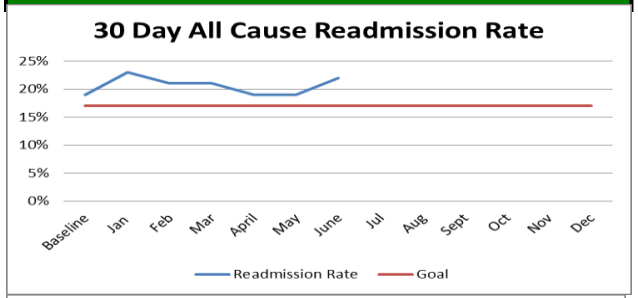
Aim - To decrease the all-cause 30 day readmission rate for adult patients ≥18 from 19% to 17% by December 31, 2012

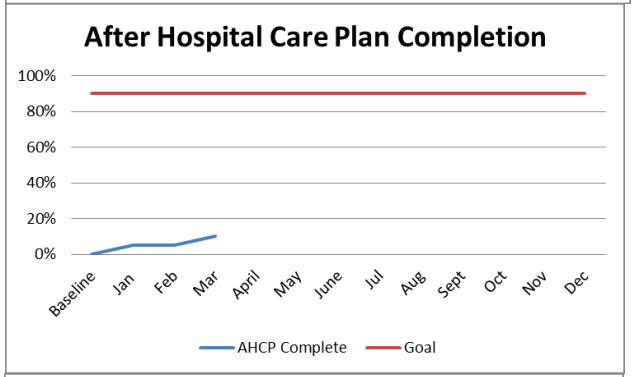
Avoiding preventable readmissions will result in more highly engaged and informed patients and will advance our triple AIM strategic goal

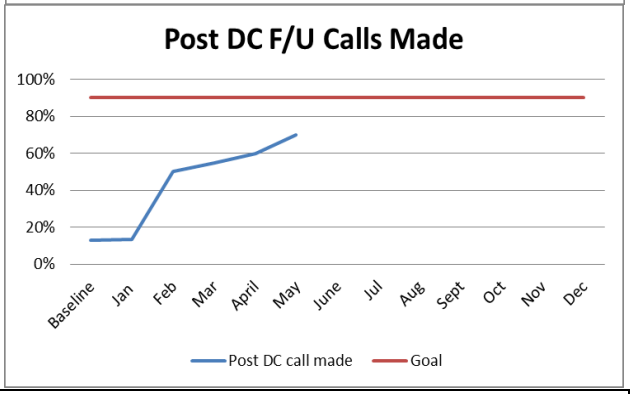
Changes being Tested, Implemented or Spread

(T) Try risk assessment tool
(T) After hospital care plan
(I) Post dc f/u calls
(S) Not yet

Run Charts







Lessons Learned

Risk assessment tool could not be completed by nurse due to time
Patients really liked new AHCP format
Post D/C calls are going well on 3C

Recommendations and Next Steps

Ask executive Sp. to assign IT person to support team
Test CM completing the risk assessment rather than floor nurse
Test AHCP with five more pts
Continue post D/C calls on 3C

Team Members

Pt advisor, Sr. Ex. Sponsor, team leader, physician champion, case mgmt., pharmacist, floor nurse, SW

Let’s look at some examples from your HEN peers…

Reducing Elective Delivery < 39 Wks Gestation

Date: May 15, 2012

Self Assessment Score (1-5) = _____

Aim Statement

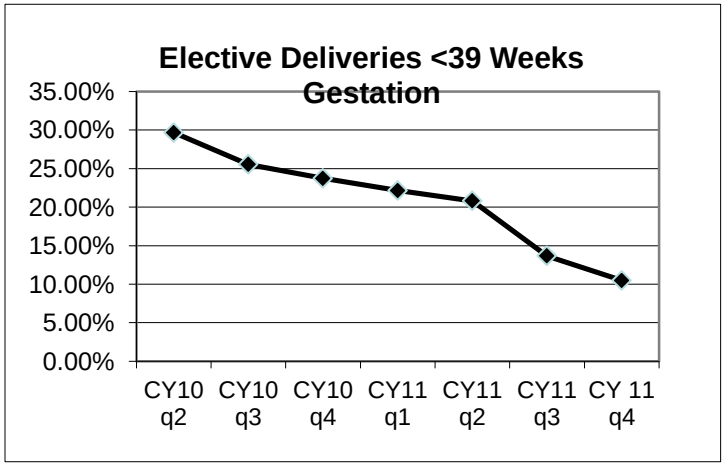
Aim: Provide reliable & safe perinatal care processes to effectively reduce elective deliveries prior to 39 weeks gestation to <3% by December 2012.

Why is this project important?: Elective delivery prior to 39 weeks gestation, in the absence of a medical condition is frequently associated with higher level of nursery care for the newborn.

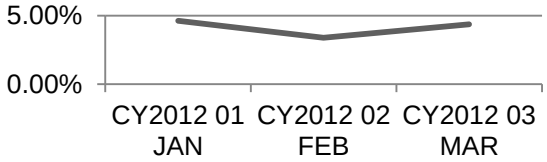
Changes being Tested, Implemented or Spread

•Implement medical reason for delivery < 39 weeks form that must be completed prior to scheduling an induction or cesarean section. (T)

Run Charts



Shoulder Dystocia RATE (Balance Measure)



Lessons Learned

•Gradual improvement over time but need for a hard stop policy to reach goal

Recommendations and Next Steps

• We will work with Executive Champion to obtain support for a hard stop policy

Next Steps:

•Create hard stop policy for elective delivery <39 weeks

Team Members

Preventable Readmissions

Date: 5/17/12

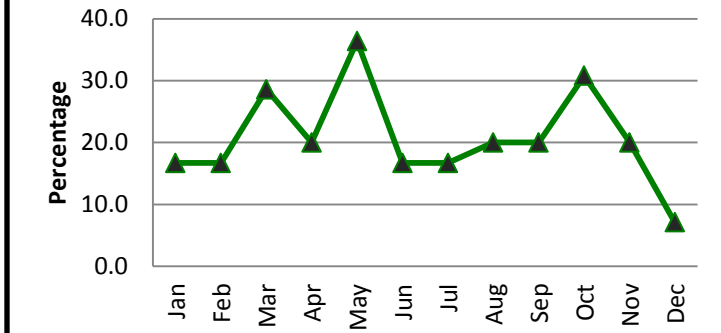
Self Assessment Score (1-5) = __3___

Aim Statement

Decrease Heart Failure Patient readmission to the same facility for any reason within 30 days of discharge, by 20%. Calendar year ***baseline data*** is from 20.8% for 2011 and goal is 16.6% by year end 2013.

Why is this project important?: CHF patients need a lot education and support to live a quality life. Our responsibility does not end once the patient has been discharged.

Run Charts



Lessons Learned

Patients need assistance from a cross-functional healthcaresupport team.

Recommendations and Next Steps

- Continue team meetings
- PDSA
  - Plan for change
  - Implement proposed changes
  - Study changes
  - Standardize if successful
- Submit Data monthly

Team Members

Changes being Tested, Implemented or Spread

- Discharge team formed and process changes identified, which include:
  - Pre-admission education tool for Heart Catheterization, Device and Electrophysiology being developed
  - Electronic Record changes being reviewed to automatically notify case management and financial services of patient needs for medication assistance and/or financial assistance.
  - Discharge cardiac nurse calling patients 3, 7 and 14 days after discharge
  - Bathroom scales provided for CHF patients unable to purchase scale for daily weighting and charting.

Project Title: Reducing Hospital Acquired Pressure Ulcers CNS

Date: 5/15/2012

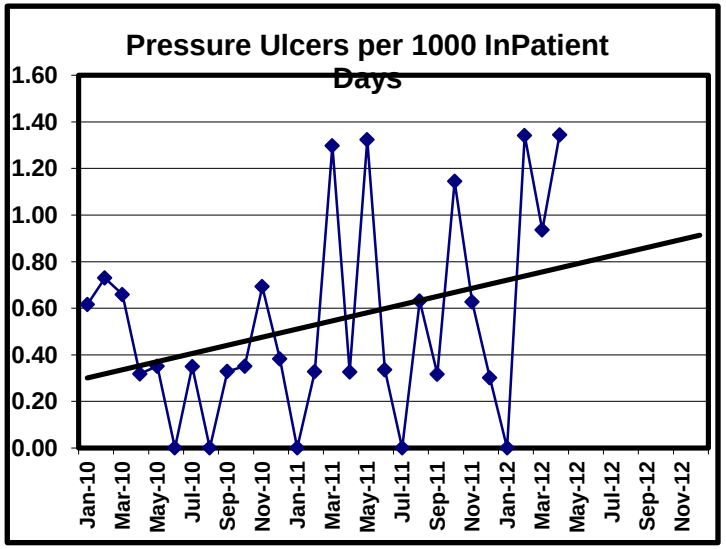
Self Assessment Score (1-5) = 2

Aim Statement

Reduce the prevalence of hospital acquired stage II or greater pressure ulcers by 50% by December 31, 2013

Why is this project important?:
Hospital acquired pressure ulcers cause pain, suffering and have the potential to increase length of hospital stay, contribute to morbidity and mortality, and are costly to the patient and organization.

Run Charts



Changes being Tested, Implemented or Spread

- Change to Braden (S)
- Elimination of waffle mattress overlay (T)
- New AtmosAir mattresses May 15th excluding 5t, CCU(T)

Lessons Learned

- WOCN to be involved as early in process as possible
- Utilization of CNS for change/literature review

Recommendations and Next Steps

- Comparison of pressure ulcer rates over time with change to new mattresses and elimination of waffle mattress of most tower floors
- Recommend new cart mattresses

Team Members

LISTSERVs®

To join a topic specific LISTSERV, email HEN@aha.org and specify which list(s) you would like to join:

- ADE
- CLABSI and VAP
- EED/OB
- Falls and HAPU
- Readmissions
- SSI
- VTE

* Note – there is not CAUTI LISTSERV®

Thank You and Questions

Thank you for participating. We will see you tomorrow morning!

Do you have questions?