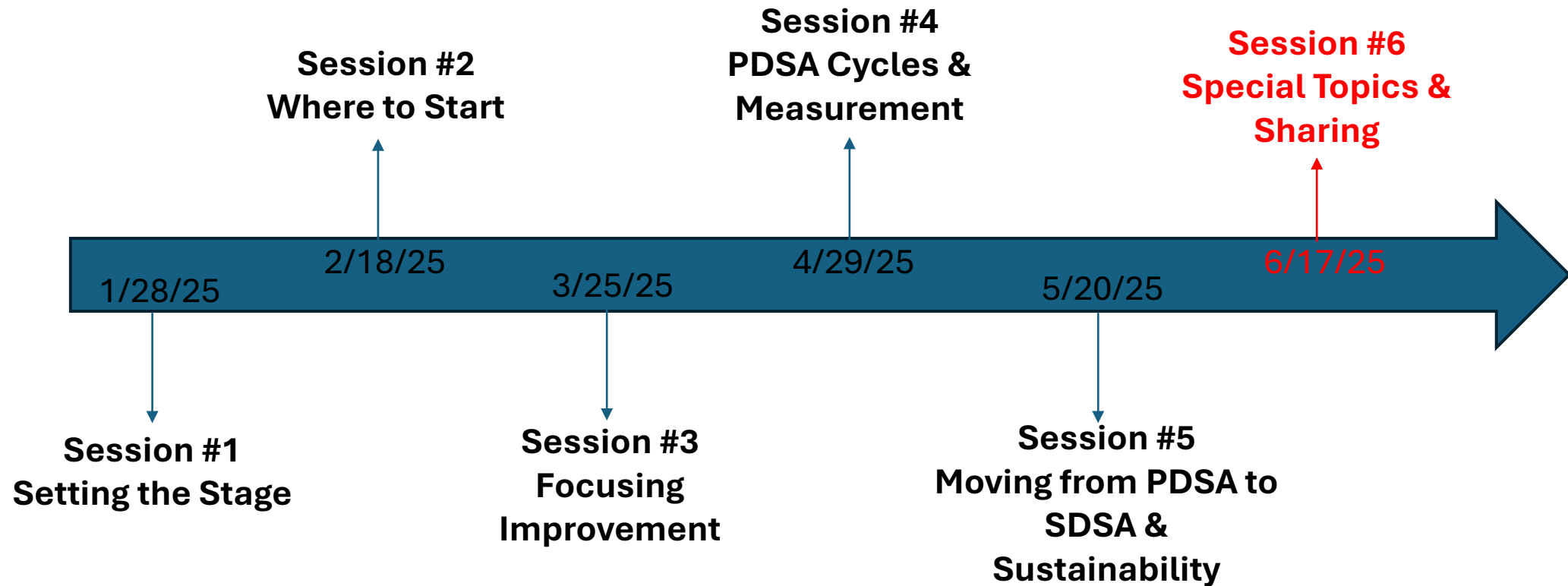# VPQHC
Quality Improvement Training
Session 6
Participant Presentations and Session Summary
June 17th, 2025
12:00 to 1:30 PM

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Welcome and Program Summary

**Session #2
Where to Start**

**Session #4
PDSA Cycles &
Measurement**

**Session #6
Special Topics &
Sharing**

2/18/25

4/29/25

6/17/25

1/28/25

3/25/25

5/20/25

**Session #1
Setting the Stage**

**Session #3
Focusing
Improvement**

**Session #5
Moving from PDSA to
SDSA &
Sustainability**

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Session 6 Agenda

1. Session Agenda Review and Questions
2. Session 5 Evaluation Results
3. Balanced Measures & Feed Forward Feed Back
4. Brattleboro Memorable Hospital
5. Lamoille Health Partners
6. QI Training Series Summary
7. Final Comments

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Session 6 Learning Objectives

1. Understand the Three Worlds Model of Clinical, Operational and Financial Measures and the Clinical Value Compass.

2. Feed Forward and Feed Back in QI Data.

3. How the Squire Guidelines fits Donabedian Model.

4. Gain an understanding of different QI approaches in action.

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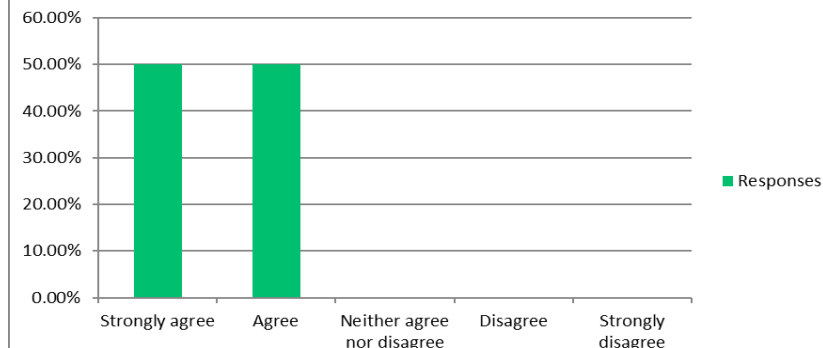# Session 5 Satisfaction Survey Results (N=6)

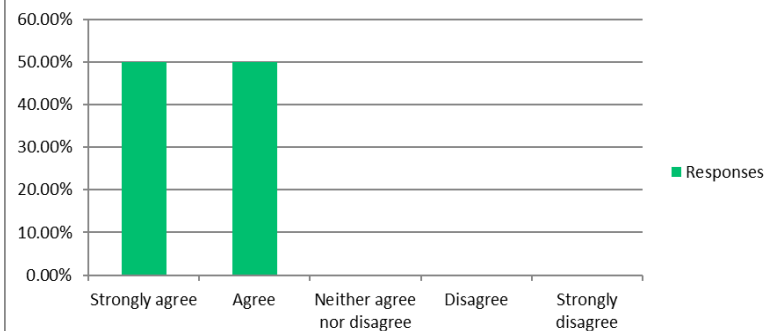I have a clearer understanding on how to create a Plan for a PDSA.
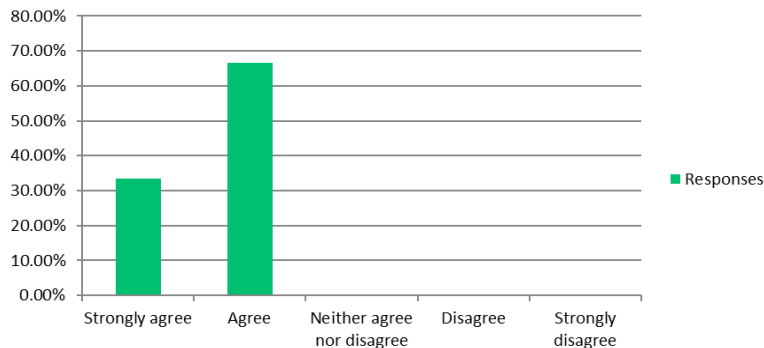
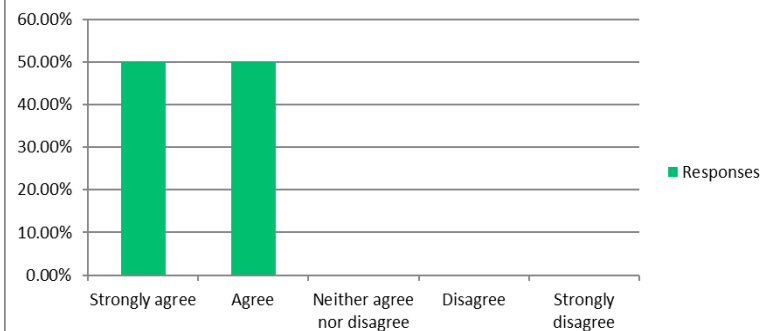I have a clearer understanding of when to move from PDSA to SDSA.
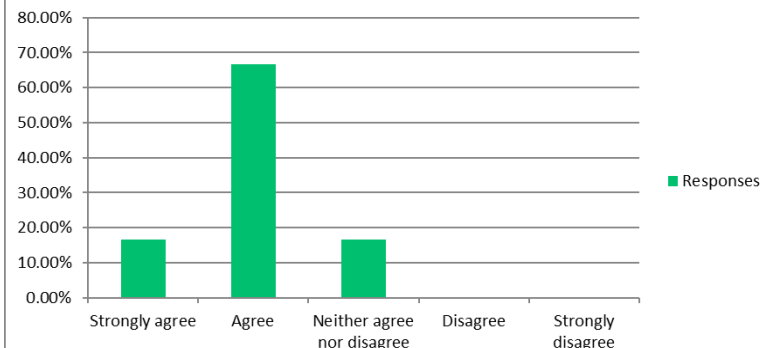
I have a clearer understanding on how to construct a sustainability plan.
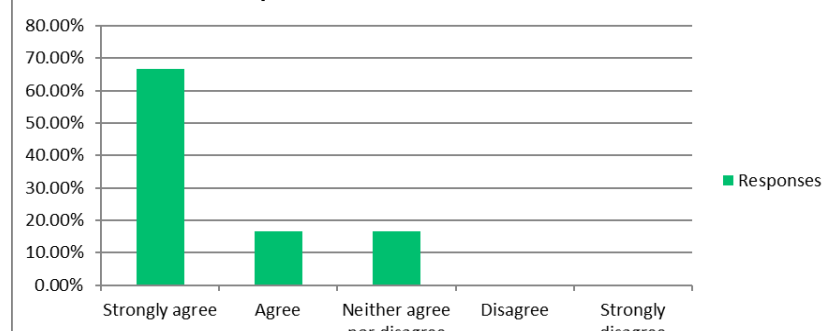

I have a clearer understanding of what charts and graphs to use with categorical data.

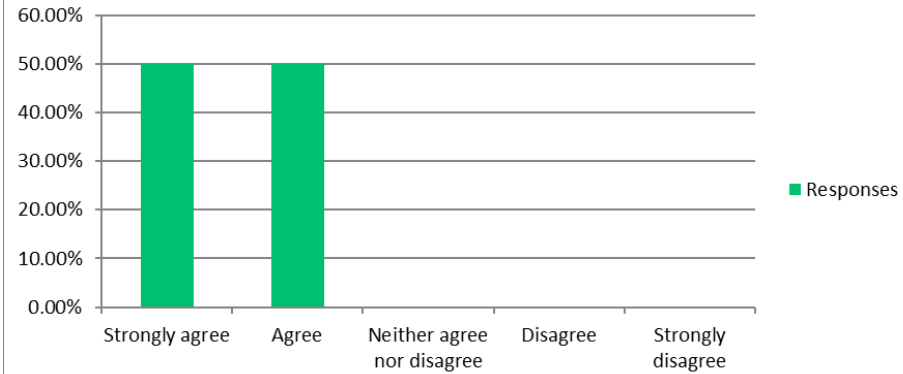I have a clearer understanding on what charts and graphs to use for data over time.

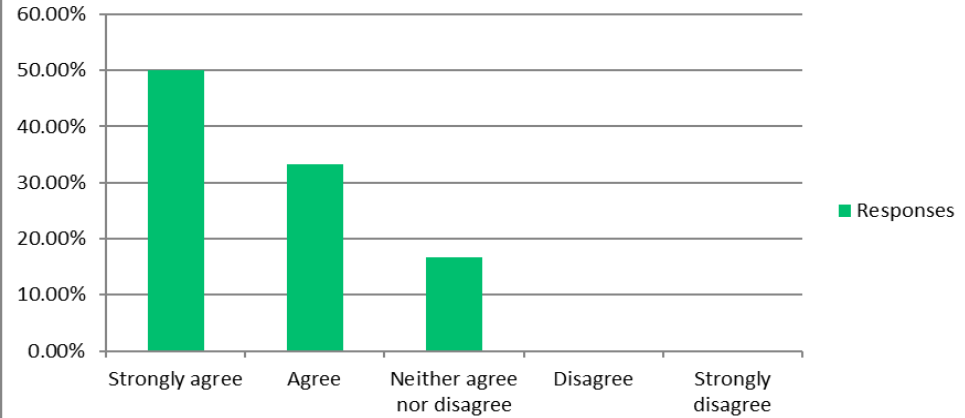I have a clearer understanding of the difference between Common Cause and Special Cause variation.

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Session 5 Satisfaction Survey Results (N=6)

Session 5 Satisfaction Survey Results (N=6)

Session 5 Satisfaction (N=6)

9	Average
9.5	Mean
9.5	Median

Scale 1 to 10
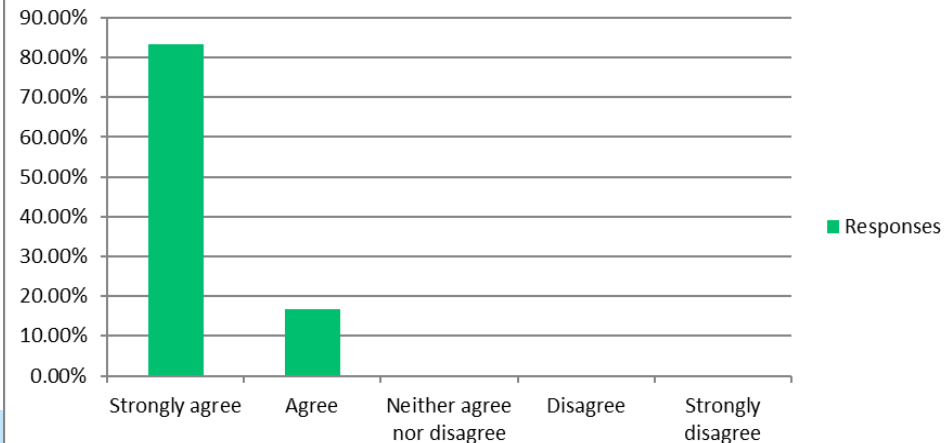
Positive Comments

I feel that with this class and following the text, I am able to create a plan, I imagine I will have questions once I start to work on the process.

During this session I realized I needed to move one of my projects on, so yes, a much better idea of this, but not expertise.

I have a much better understanding. Like you said, people want to wrap it up, and you can't do this you have to monitor.

Excel- how to master creating charts/graphs and what else can we do here? Advice on course correcting without it being obvious that you are re-evaluating or correcting because your guidance was to "just do it," and after taking this class, one realizes the missed opportunity.

Constructive Comments

I have ideas for how I want to show my data, but I am not a QI professional and every time I go to do something in excel I have to google a lesson and learn how to do it. Its not the version I learned in college for sure!

I am in the middle of a project that was "just do it" and I'm trying to figure out how to course correct and ensure we haven't missed the bigger picture.

The common cause and special cause were difficult to get clear in my head, I am going to listen to the recording after, thank you

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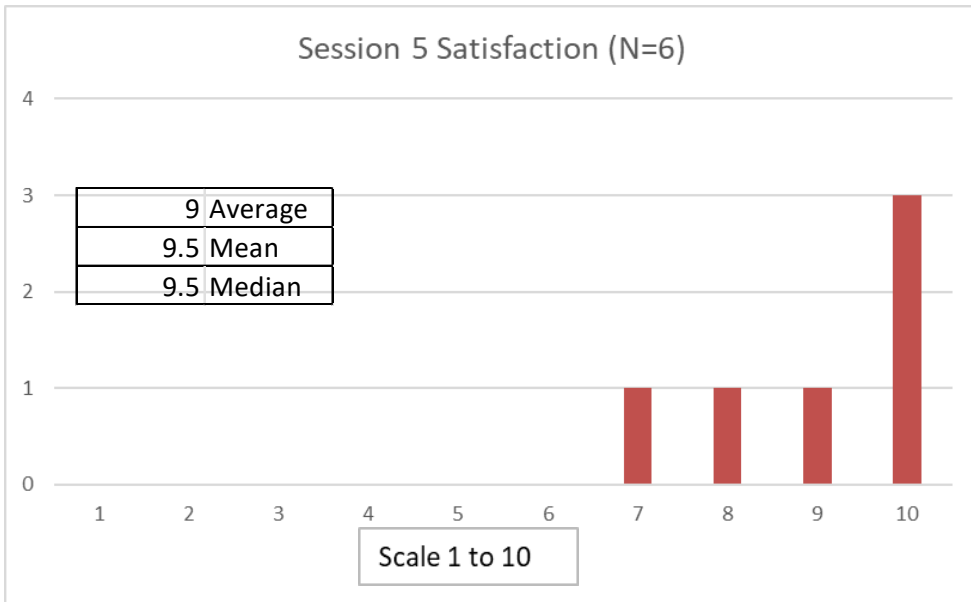
QI Took Kit Process Outline
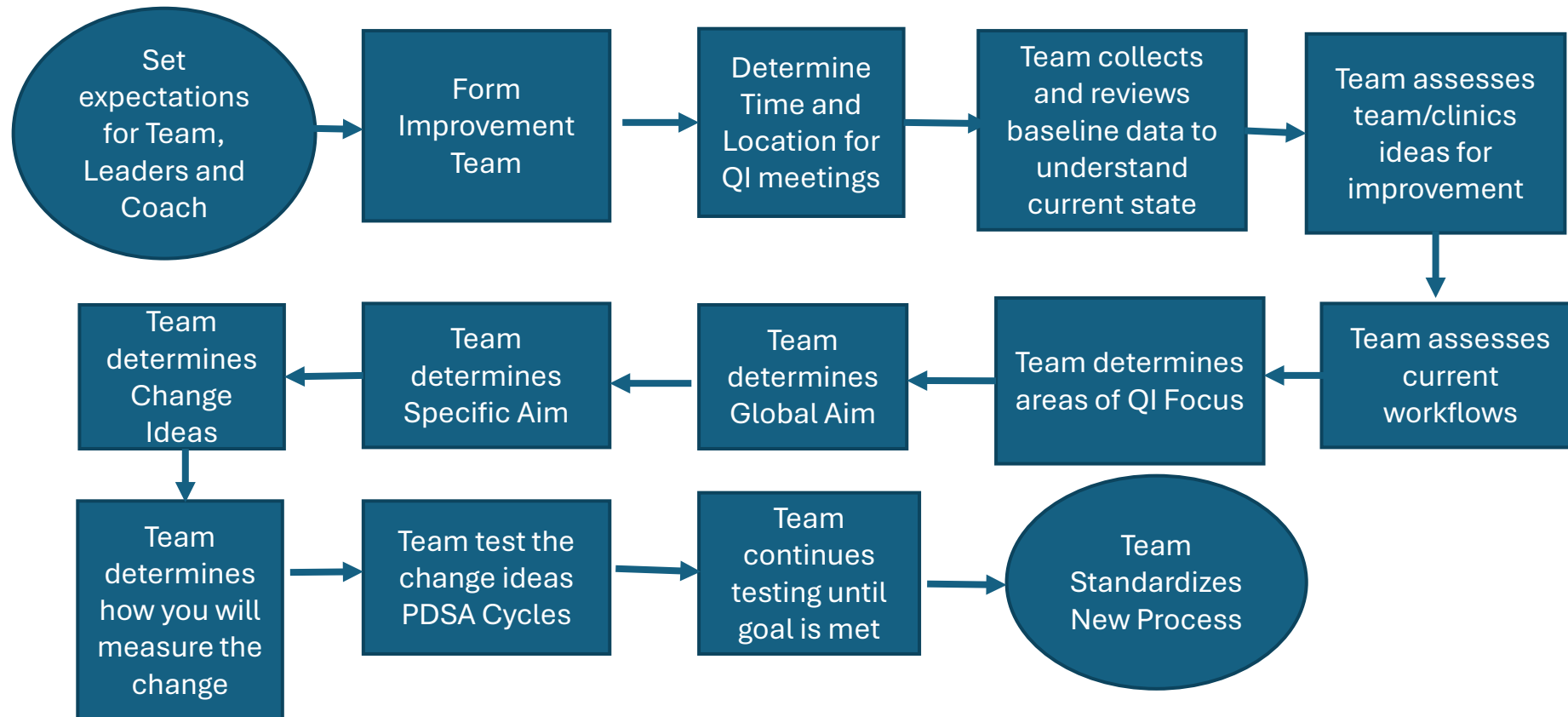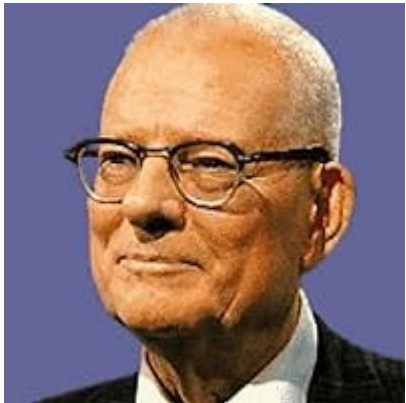
Donabedian Framework

- <u>Structure</u>- What materials, people, equipment, supports are present.

- <u>Process</u>- What systems and processes are in place to utilize and or work within the available structure.

- <u>Outcome</u>- What outcomes are you getting from the processes working with in the available structure.

"Every System is perfectly designed to get the result that it does" Deming

Therefore

We need to understand the Current State before we can plan on how to make changes to the current Structure and Processes across the patient care continuum in order to get better Outcomes!

A Structured Process to Guide Your QI

Table 10-2: Using SQUIRE for the Planning Phases of Improvement

SQUIRE Element	How to Use in Planning Improvement
Available Knowledge	What available knowledge is most relevant to our improvement work? Can these studies/improvement projects provide direction to our planning?
Rationale	Which framework, model, concept, or theory reflects our best understanding of the important variables in our problem and why we think our intervention will improve this problem?
Context	Which contextual elements are the most important for us to understand in our planning work?
Measures	What are the best ways to measure our processes and our outcomes? Why are these the best measures? How will we continue to assess the context of our improvement? How will we track completeness and accuracy of our data?
Analysis	What methods will we use to analyze our data? How will we manage variation within the data, including effects of time as a variable?
Results	How will we track how contextual elements interact with the intervention? How will we track unintended consequences such as unexpected problems, failures, or costs associated with the interventions? Who will be responsible for this ongoing documentation?
Interpretation	Which publications, identified in Available Knowledge, do we hope to use for comparative interpretation? How will we track the impact of our improvement on people and systems?

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Balanced Measures

3 Worlds Model

CLINICAL- Clinical measures associated with your improvement.

Examples: BMI, PHQ9, AIC, BP Control, LDL Control, Post Surgical Infection Rates, CAUTI, CLABSI

OPERATIONAL- System/process measures associated with your improvement focus.

Examples: LOS, Call Bell Response Time, Hand Washing, # of patients who saw the Dietician, visit cycle time,

Financial- Expense and Revenue associated with your improvement. Examples: Cost of Readmissions, Cost associated with hospital acquired infections, revenue from dietician visits, increased access/patient volume

Clinical Value Compass

Functional- Physical, Mental, Social, Risk Status, Perceived well being.

Examples: PHQ9, Patient Reported Outcomes.

Satisfaction- Health care delivery, Perceived health benefit

Examples: HCAPS, Process Specific Satisfaction Surveys,

Costs- Direct Medical, Indirect Social

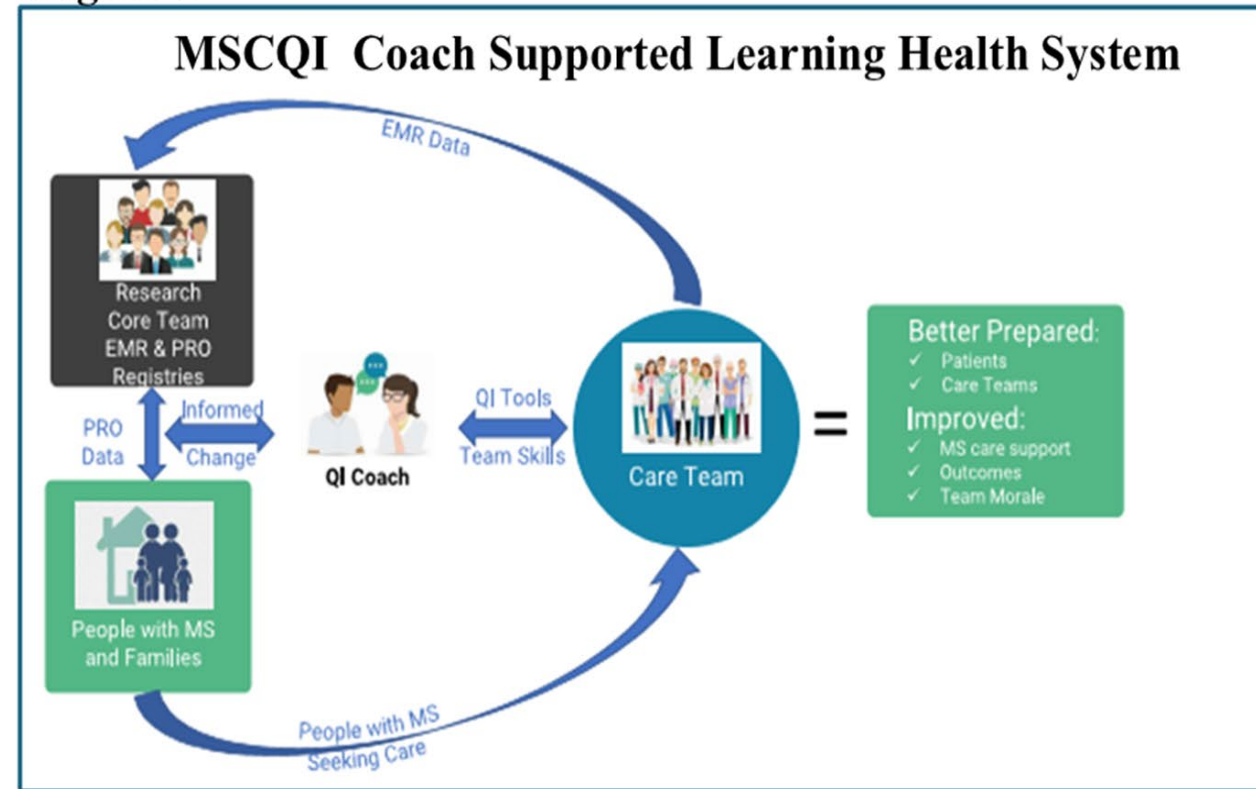Examples: Organizational Cost of Service, Patient Expense, Larger Healthy System and Community Associated Expenses.

Clinical- Mortality, Morbidity, Complications

Examples: Length of Stay, BMI, A1C, CAUTI, Post Surgical Infections

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Feed Forward and Feed Back

Identifying improvements and sustaining change can be enhanced by ensuring that those who are generating the data on the front lines of care see and get a chance to respond to and use the data to inform change and ensure they are sustaining the change.

Figure 1

Quality and Performance Improvement at BMH

A Culture of Continuous Learning & Improvement

The IOM describes a learning healthcare system as one in which "science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the care process, patients and families are active participants in all elements, and new knowledge captured as an integral by-product of the care experience" (IOM, 2013).

A bad system will beat a good person every time.

W. Edwards Deming
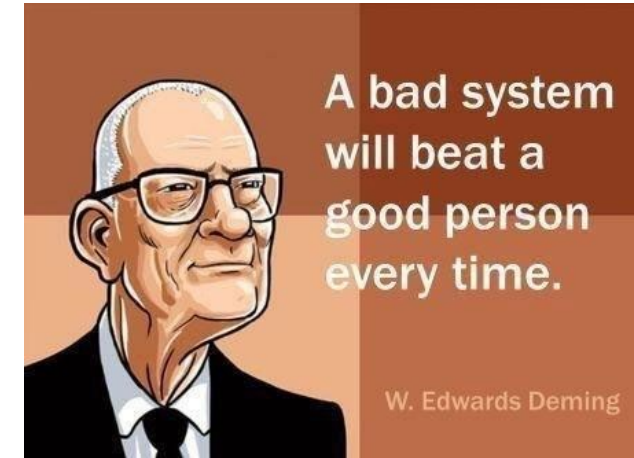
Institute *for* Healthcare Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do

What is **Lean Six Sigma ?**
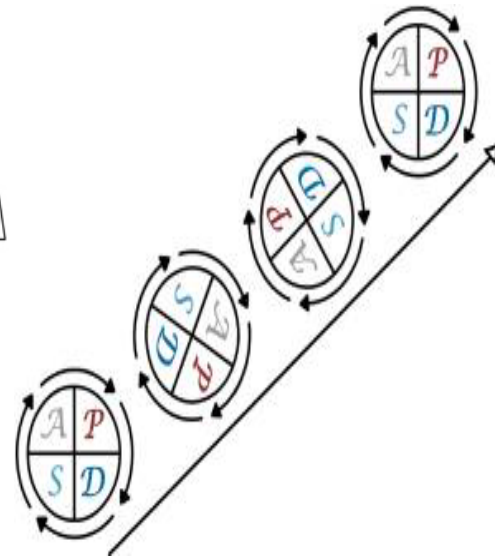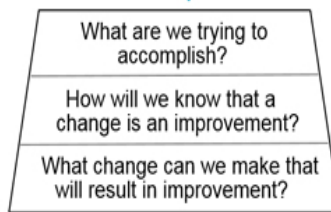
LEAN
Focuses on waste reduction by streamlining a process.

+

6σ
SIX SIGMA
Focuses on preventing defects through problem solving.

=

6σ
LEAN SIX SIGMA
Lean strengthens Six Sigma: Problem solving + improving processes delivers greater results.

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BMH Model for Improvement Tool

Dept.	Care Management 1
Contact	Michelle Wright

What are you trying accomplish? (Problem/Opportunity

COPD readmissions are between 18.5-20.3% (CMS). This represents an opportunity and urgent responsibility to improve patient care and avoid the utilization of non-reimbursable care.

How will you know that a change is an improvement? (Measurement)

The % of COPD patients discharged from BMH that are readmitted within 30 days will be tracked monthly.

What changes can you make that will result in improvement? (Ideas to

Provide excellent patient education, ensure nutrition best practices are followed, eliminate barriers to medication non-compliance including financial and depression, incorporate referrals for smoking intervention chronic heart failure, home health and

Plan:	Do:	Study:	Act:
Create education packets for patients	Created information packets for patients that were reviewed and given to patients prior to discharge	Ongoing – need to ensure they are given 100% of the time and assess value of packets to patients	Patients report packet is helpful. Hardwire into process.
Nutritional and Care Management assessments to take place on Day 1 and 2	Began conducting assessments on Day 1 and Day 2 of inpatient stays	Currently auditing charts to ensure assessments are being conducted	TBD
Incorporate referrals for smoking cessation, CHF, home health and pulmonary rehab prior to discharge	Pulmonary rehab referral process still pending, others have been implemented.	Referrals have become standard of care for disch	Hardwire and sustaine referral process at discharge

COPD Read

(Chart: COPD Readmissions percentages Jan–Jul, with Median line around 10%)

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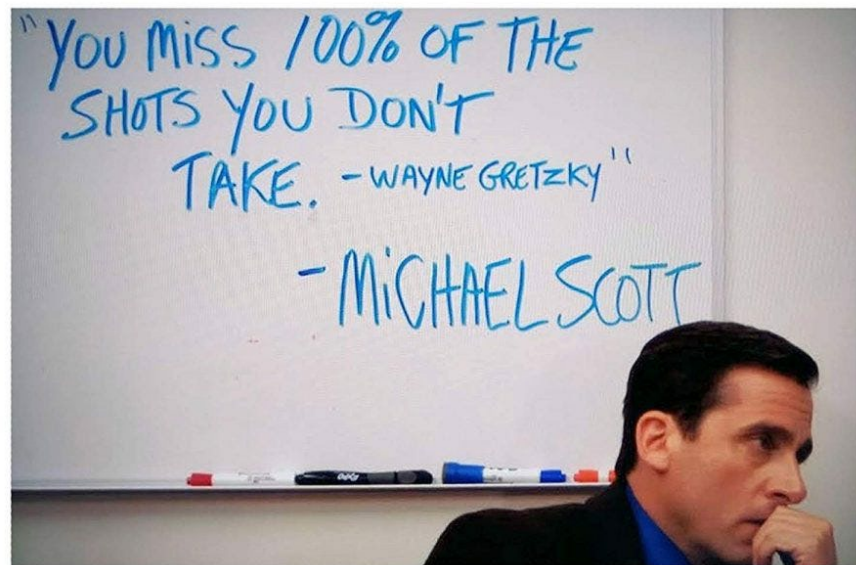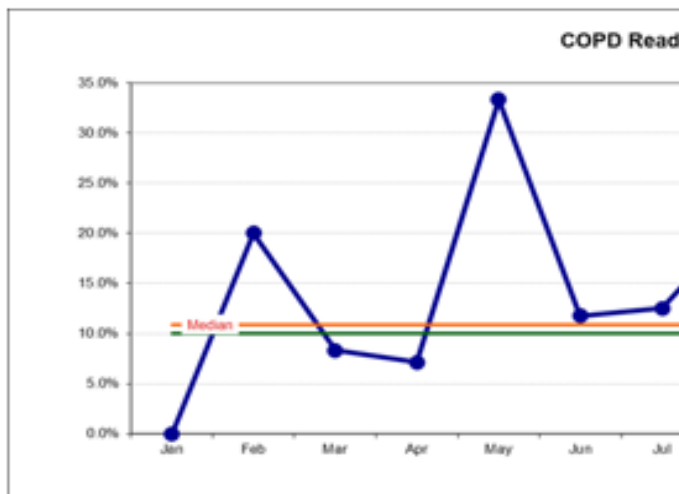
QI Focus Background

- Why this, why now?
  - Focus on readmission reduction and reducing avoidable utilization.
  - Paramedicine partners were ready and willing.

- Mobile Integrated Health is a radical collaboration to bring EMS providers into the home to ensure best outcomes for a joint replacement recovery and for certain chronic illnesses.

What QI Structure?

- What QI framework is being used in your QI initiative?
  - Within BMH's QPS Framework and Culture
  - DMADV is being used
  - Iterative PDSA is also being used
- Explain the reason for choosing/using this framework.
  - DMADV is a Six Sigma tool for starting a brand new process. Travis is experienced with this method.
  - PDSA is our hospital's preferred tool

QI Initiative Process
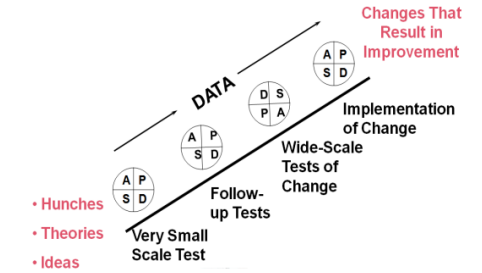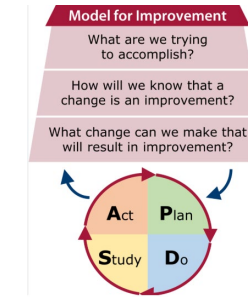
- STEP ONE: Roll out with Elective Joint patients
  - DMADV
    - Train EMS in the OR, write order sets, create materials
  - PLAN DO STUDY ACT
    - what is working, what needs to be changed

- STEP TWO: Turn attention to COPD patients
  - DMADV
  - PLAN DO STUDY ACT—first, one patient
    - Christine went to the patient/MD went to home
      - Needed education for RN, info sheet
      - Needed different order set
    - Another patient—needed to improve fax issue, needed med staff awareness
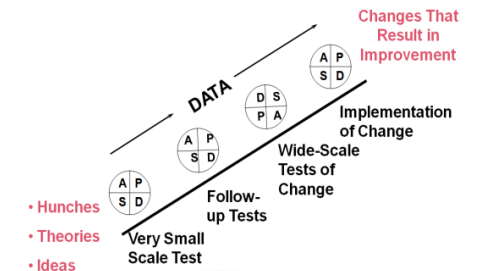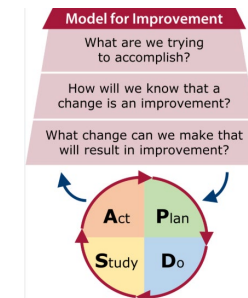   - Another few patients---etc.

D M A D V

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QI Initiative <u>Outcomes</u>

- What are your measures and expected outcomes/goals?
  - How many enrollees do we have?
  - Number and Percent of admissions, ED visits, ED readmissions (excess days) and readmissions for enrollees
  - Quality of Life improvement

- What outcomes are you getting as you work toward your goal?
  - 6 months in
  - 96% enrolled after referral
  - 66 patients enrolled in MIH-COPD/CHF, 224 visits
  - None of the MIH- COPD patients have returned to ED or been readmitted for COPD

- If you have met your goals what are your plans to sustain the improved process/outcomes?
  - Continue to enroll patients, expand to CHF, expand to NH residences, secure sustainable funding

COPD Readmissions vs Enrolled in MIH COPD Readmissions — 80% Reduction

COPD ED Visits vs Enrolled in MIH COPD ED Visits — 86.9% Reduction

Total Joint Readmissions — 73.4% Reduction
7 Total Joint Readmissions in CY 2023
Avg cost of readmission = $32,922

Total Joint Post-Op ED Visits — 20.6% Reduction

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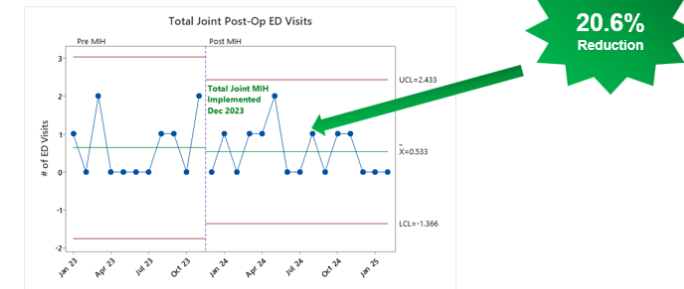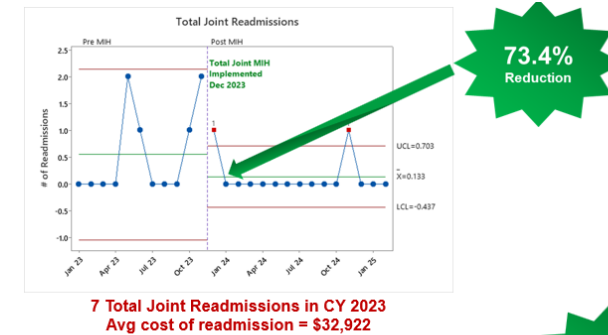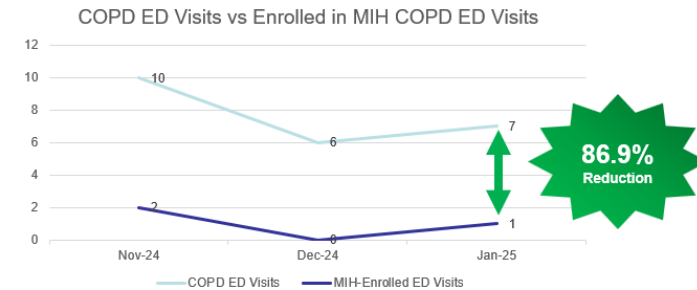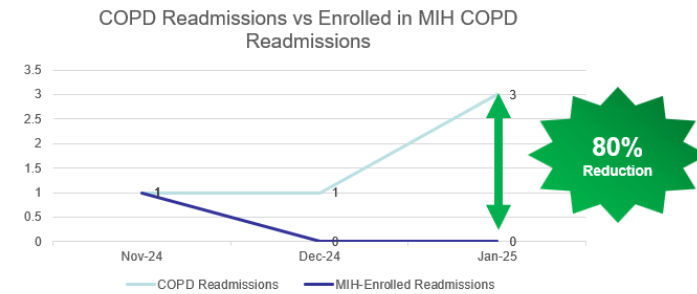
VPQHC
Quality Improvement Training
Session 6
Lamoille Health Partners
Blueprint for Health
June 17th, 2025
12:00 to 1:30 PM

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Findhelp Referral Pilot Project: Background

- The Lamoille Health Collaborative (LHC) launched the Findhelp resource and referral tool in Lamoille County in 2024.
- Changes in leadership structure of the LHC presented an *opportunity*:
  - Re-evaluate the approach to implementation
  - Shift focus exclusively to supporting partner agencies in making and receiving referrals through the platform.
- Purpose of pilot project is to engage agencies who are willing to:
  - Use the Findhelp referral function to make and receive referrals
  - Identify challenges with the process
  - Put solutions in place to address challenges

Model for Improvement
Homegrown Approach

- Largely guided by the Institute for Healthcare Improvement's Model for Improvement
  - What are we trying to accomplish?
  - How will we know that a change is an improvement?
  - What change(s) can we make that will result in improvement?
- Homegrown aspects
  - Focused on being flexible to ensure ease of partner participation
  - May welcome more agencies throughout process

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QI Process

1. **Formed team:** Lamoille Health Partners Community Health Team, Lamoille Community House Recuperative Care Program, Support & Services at Home (SASH), Capstone Housing Program
   - Potential members: Copley Hospital, Northern & Central VT Recovery Center

2. **Set time for biweekly meeting**

3. **Baseline data:** 1 agency making referrals, 2 agencies receiving referrals*

4. **Assess current process flows:** in progress; will be assessed for each agency at workgroup meetings

5. **Assess ideas for improvement/areas of focus:** TBD, with a focus on process/workflows at each agencies / implementation

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QI Process, continued

6. Global aim:

We aim to improve: the uptake of the Findhelp closed-loop referral tool among health and human services agencies in Lamoille County.

The process begins with: a group of agencies willing to a) turn on the referral function in the platform b) make/receive referrals and c) participate in the pilot project work group and troubleshoot

The process ends with: all agencies in the group successfully making and receiving referrals in the platform

By working on this process, we expect: to improve the quality of the referral process between partner agencies in Lamoille County

It's important to work on this now because: the need for a closed-loop referral system was identified by agencies and funding was secured; essential to fully test system + prove its worth before $ runs out

Expected outcomes

1. Agencies working on the pilot have Findhelp referral function turned on ☑
2. Agencies convening biweekly to engage in workgroup sessions ☑
3. # of referrals made by agencies
4. # of referrals successfully received by agencies

Additional considerations: seamlessness of information sharing, decreased staff time spent on referral process, the patient experience

Summary of Concepts

1. Donabedian Structure Process and Outcome

2. "Buy-In versus Ownership"

3. The Problems with PDSA Cycles in Healthcare-(Julie Reeds article)

4. Using a standardized QI Process that EVERYONE uses is imperative to organizational success. (Like the QI Toolkit.)

5. Clear Plans for PDSA's includes a Clear Measurement Plan

6. Data Develops overtime and starts with your first data point.

7. Process and Outcome measures are imperative.

8. Simple graphing of data is important in tracking and sharing your QI work.

9. Simple evaluation of variation can be helpful before statistics.

10. Common Cause and Special Cause Variation when using Run Charts

11. Balanced Measures to include Clinical, Operational and Financial data can help in evaluating the success of an initiative.

12. Ensuring that those who generate the data also see the data to inform their work and improvement helps in many ways.

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Session 6 Summary

1. Having a set of balanced measures ensures that you have something for everyone as you consider the different lenses people use to evaluate the success of any improvement.

2. Having a structured Feed Forward and Feed Back process ensures those that generate the work have the opportunity to see, evaluate and use the data to validate their work or inform them on the need for further change. It also assists with "Ownership" of the work.

3. Having a Structured QI program and a standard Process that you follow to meet your desired Outcomes is more important than which QI methodology you choose.

4. Ensure the entire organization is aware of and is supported in using your structured QI program. This means creating an organizational wide QI Program that is supported and promoted by leaders.

5. Having a clear understanding of key concepts in working with People in a human system to make changes is important to the success of any overarching QI Program and smaller QI Initiatives.

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What's Next?

- All session recordings will still be available on the VPQHC website.

- Please continue to reach out for additional information and support for your QI Programs and Initiatives.

- Please take the session satisfaction survey that will also ask what additional trainings would be helpful and in what format.