Presented in collaboration with:

CMQCC
California Maternal
Quality Care Collaborative

Preventing Change Fatigue: Exploring Sustainability, Spread and Scale

Diana R. Jolles PhD
CNM

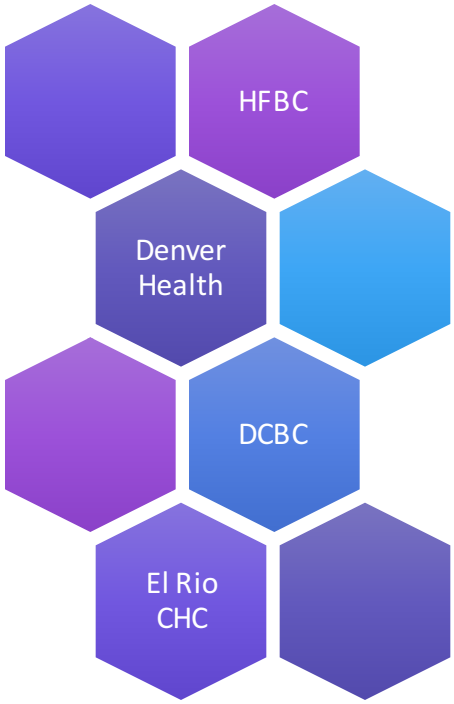
Wednesday, March 28,
12:30-1:30pm PST

Objectives

- Distinguishing how testing, implementing, and spreading a change are all different steps in the sequence of improvement
- Building communication strategies that foster and support spread
- Addressing how to hardwire new processes, methods, and systems to create the 'new norm’
- Exploring next steps in sustainability, standardization, and spread

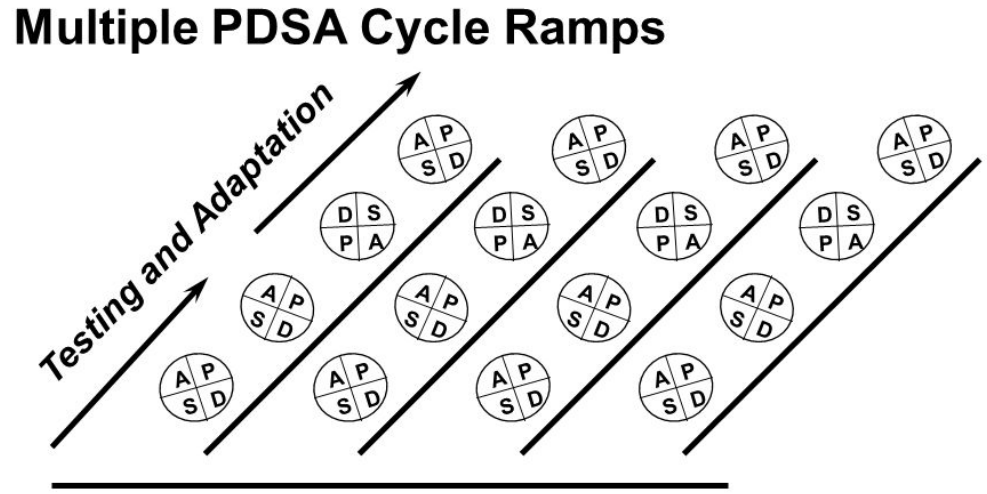

Holy Family Services, Texas,
Used with Permission

Clinical Practice

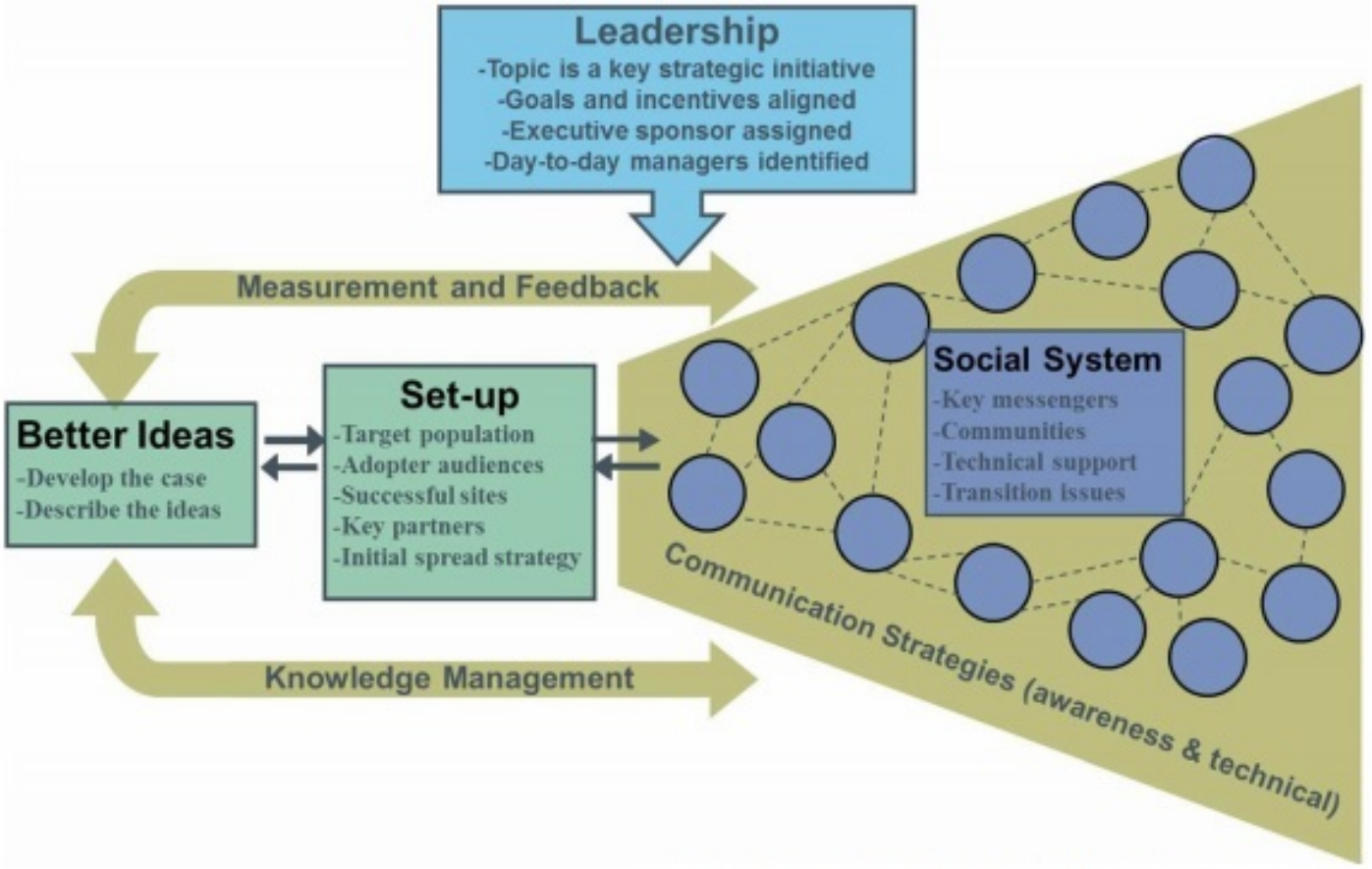


Rapid Cycle Improvement Iterative Change

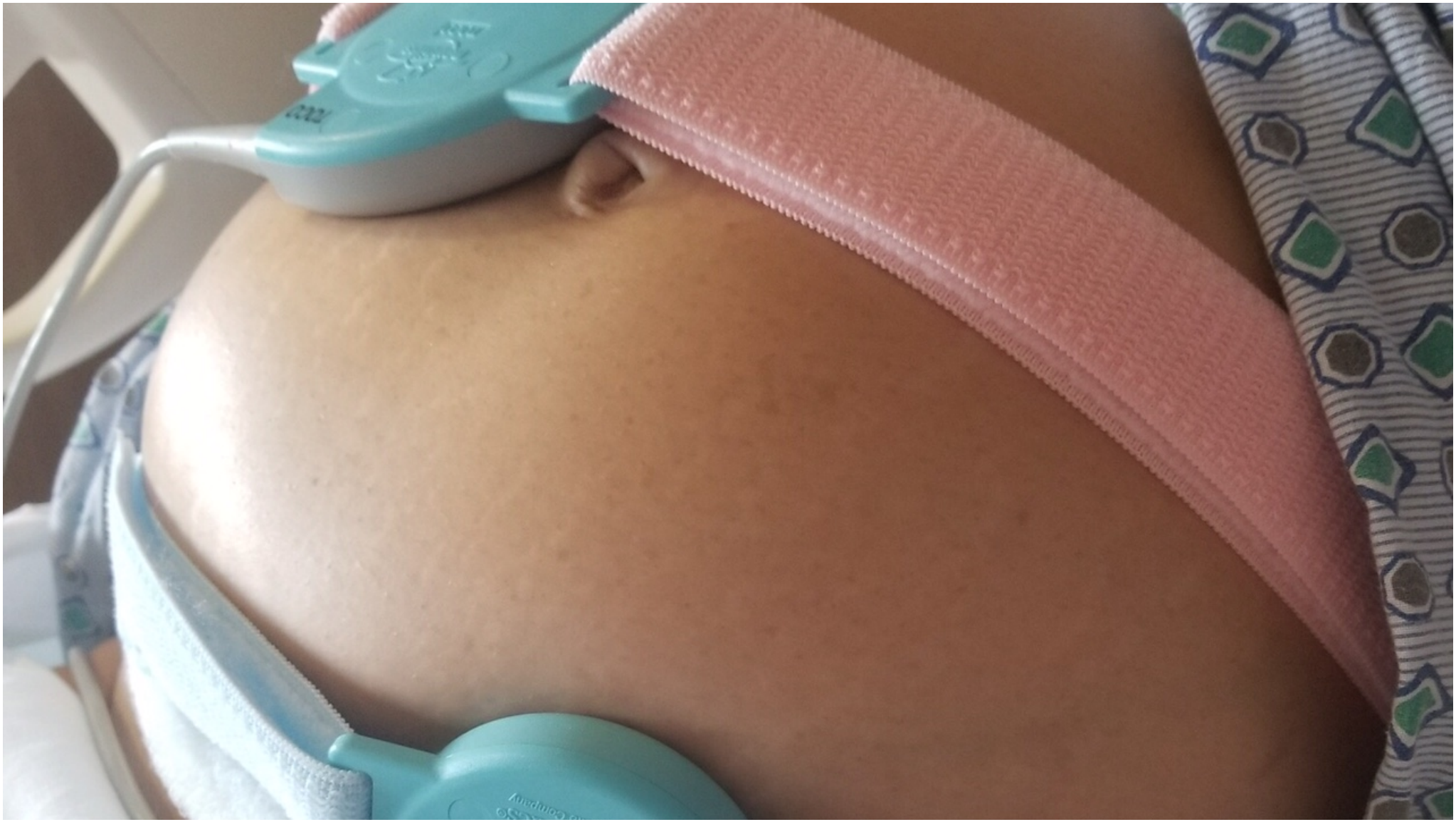
Frontier Nursing University



Institute *for* Healthcare Improvement
Open School



Consumer Demand



IOM Rules for Healthcare Redesign

Concept N=134	Hardwired	Occasionally	Rarely
Care is based on a continuous healing relationship	80 (59.7)	42 (31.3)	10 (7.4)
Care is customized according to patient needs and values (designed to meet the most common types of needs, individual preferences and choices).	88 (65.6)	40 (29.8)	6 (4.4)
The patient is the source of control (eg. patients are given sufficient information and opportunity to exercise the degree of control they choose)	67 (50.0)	58 (43.2)	8 (5.9)

IOM Rules for Healthcare Redesign

Concept N=134	Hardwired	Occasionally	Rarely
Knowledge is shared and information flows freely. Patients should have access to their own medical information and clinical knowledge.	77 (57.4)	47 (35.1)	9 (6.7)
Decision making is evidence based. Patients receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or place to place.	68 (50.7)	55 (41.0)	11 (8.2)
Transparency is necessary. Information on health care system's performance on safety, evidence-based practice and patient satisfaction should be made available to patients and their families when selecting health plans, hospitals and providers.	58 (43.2)	49 (36.6)	20 (14.9)
Needs are anticipated. The system should anticipate patient needs, rather than react to events.	66 (49.2)	49 (36.6)	18 (13.4)

~~HUSTLE.~~

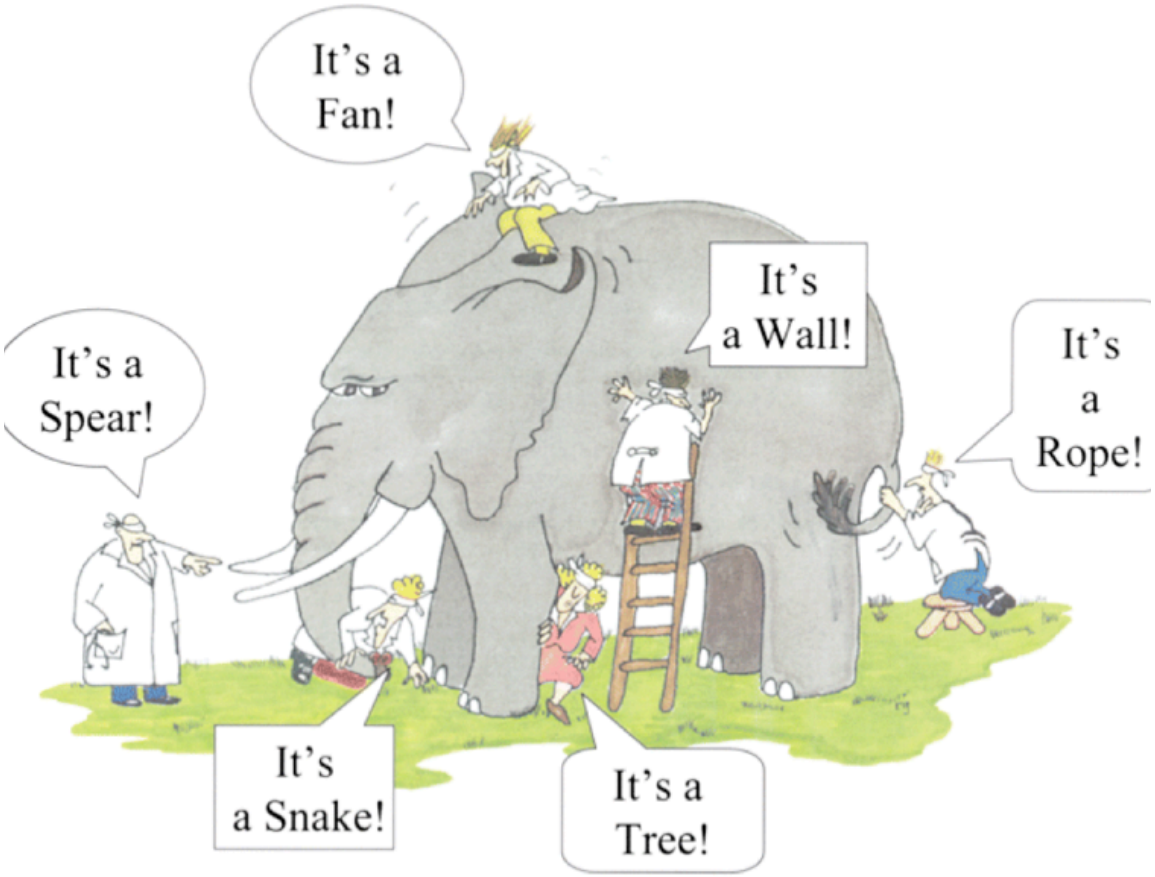
ALIGN.

Accreditation and National Quality Strategy

Preventing Change Fatigue

Three Blind Men

Appreciative Inquiry




The one good thing about
repeating your mistakes is that
you know when to cringe.

Preventing Change Fatigue

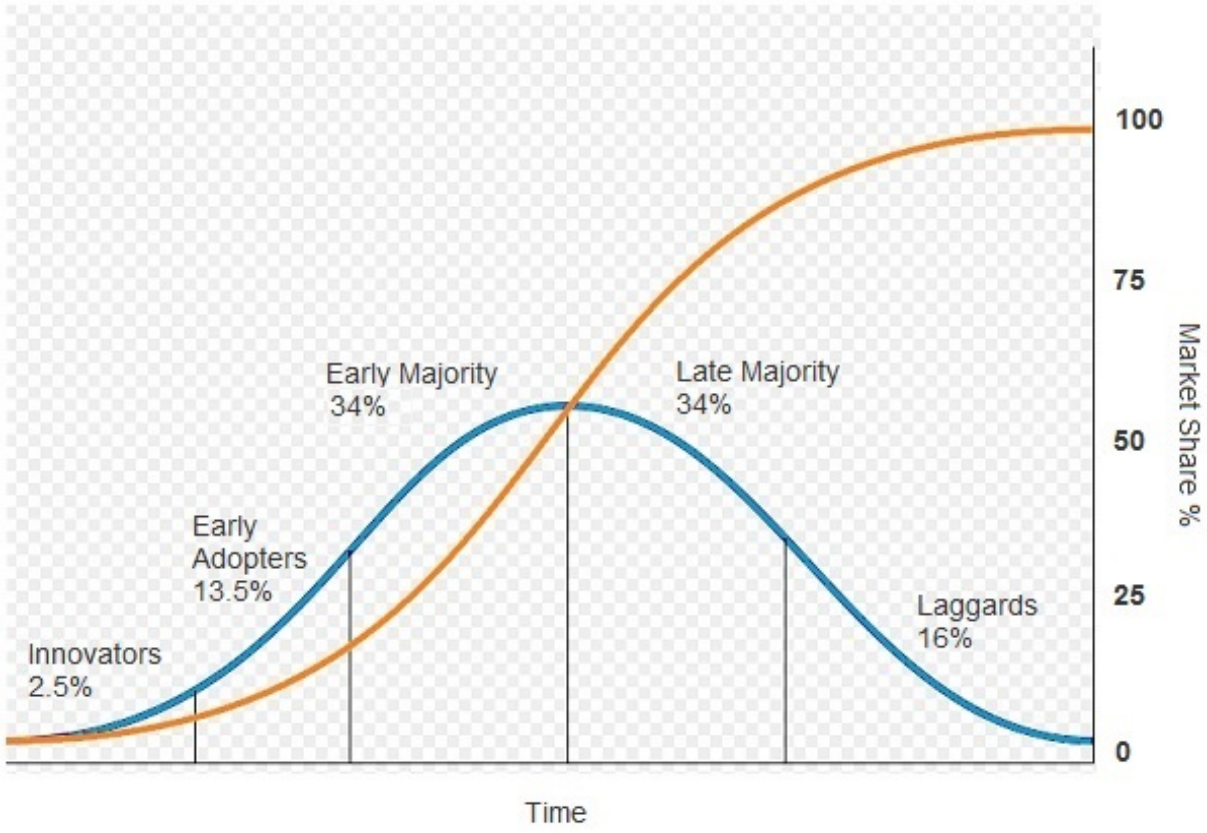
- Joy breakers (volunteer sorry)
- Excellence is the enemy of good
  - Joint Commission x 2
  - Cordy thingy
- Houston Floods, Hurricane Irma, Hurricane Maria

Preventing Change Fatigue

Appreciating Phases

- testing,
- implementing,
- spreading change

Distinguishing how testing, implementing, and spreading a change are all different steps in the sequence of improvement

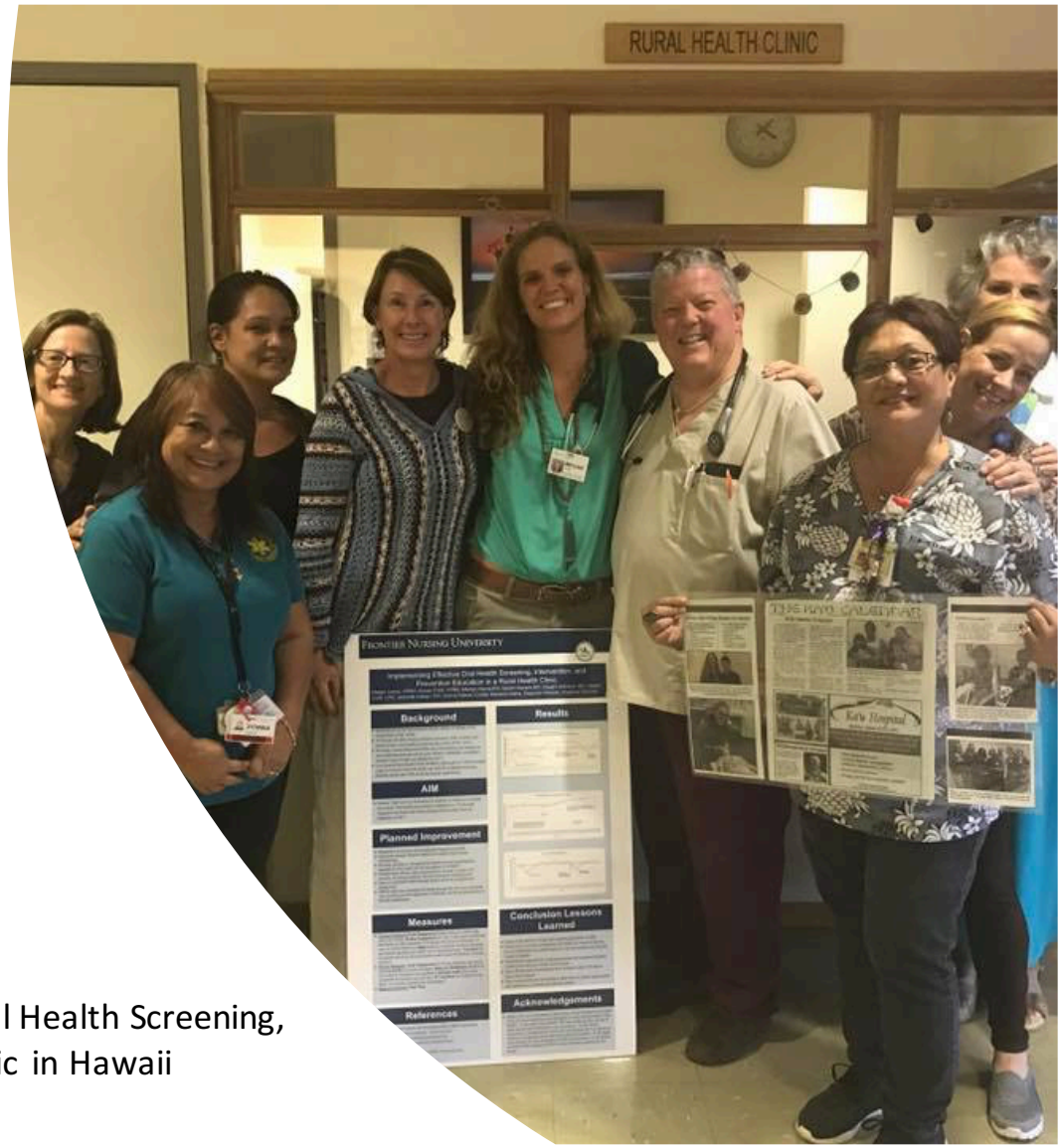


Rogers EM. *Diffusion of Innovations*. 3rd ed. New York, New York: Free Press; 1983:11.


— IF THE —
Plan
DOESN'T
WORK
• CHANGE THE PLAN •
BUT NEVER THE
GOAL

Prevent Change Fatigue: Hardwire Communication

- Building communication strategies that foster and support spread
  - Communication
  - Frequency
  - Mode



Megan Lewis DNP FNP Implementing Effective Oral Health Screening, Intervention and prevention in a Rural Health Clinic in Hawaii

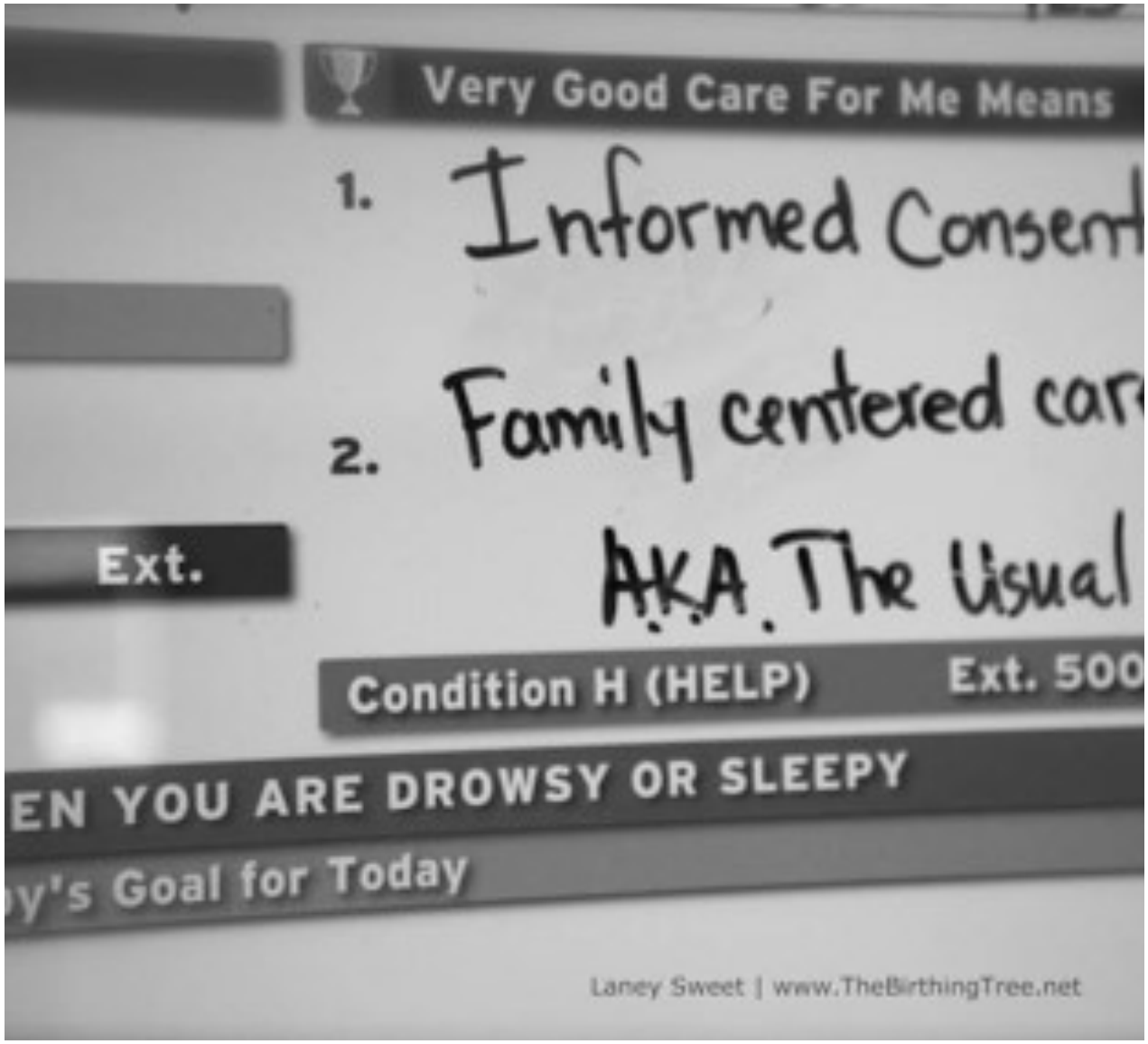
Leilani Rogers Photographer , Mary Barnett CNM

Prevent Change Fatigue: Hardwire Communication

- "The Gathering"
- Efficiency, Workflow, Accountability
- Survey Monkey: accountability, strategic organization.
- 1 page documents (Policy, Procedure)
- Monthly, quarterly, annual report
- Minutes

Prevent Change Fatigue: Hardwire Communication

- Teaching Hospitals and Centers
- Structuring Orientations, Messaging, Training
- “Board” Report
- Competency Days
- Performance evaluation
- Patient Satisfaction



Data Transparency

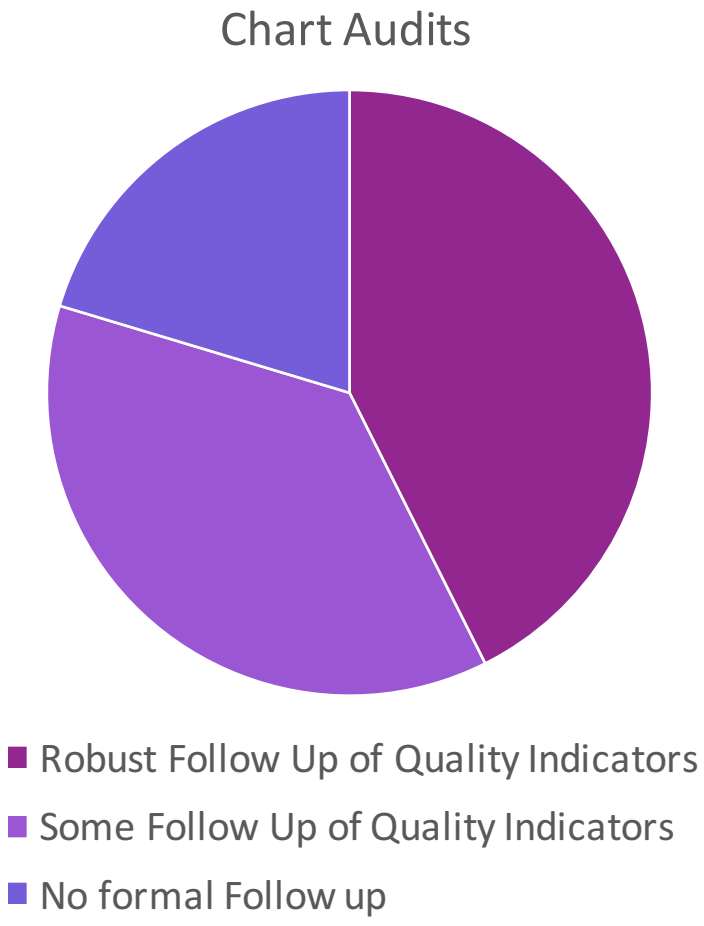
Clinical chart audits occur for the APRN on an ongoing basis, at least annually.

N= 316

133 (42.09)

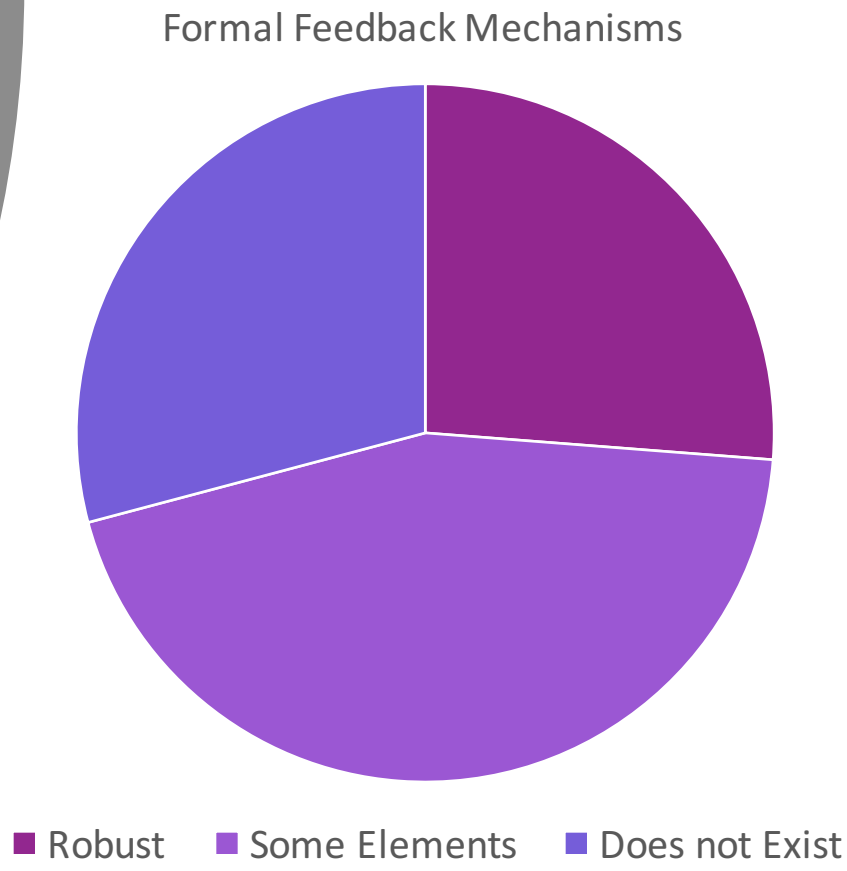
118 (37.3)

65 (20.7)



Hardwiring Communication: Continuous Performance Evaluation Quality Metrics

316 Respondents



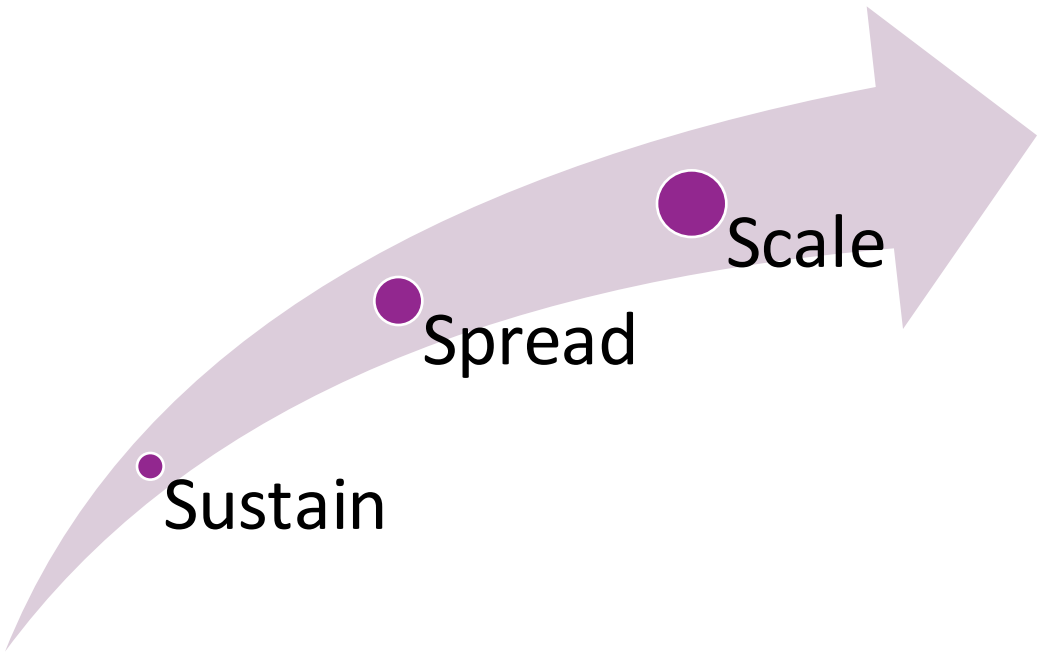
Sustaining, Spread, Scale

hardwire new processes,

methods,

and systems

to create the 'new norm'



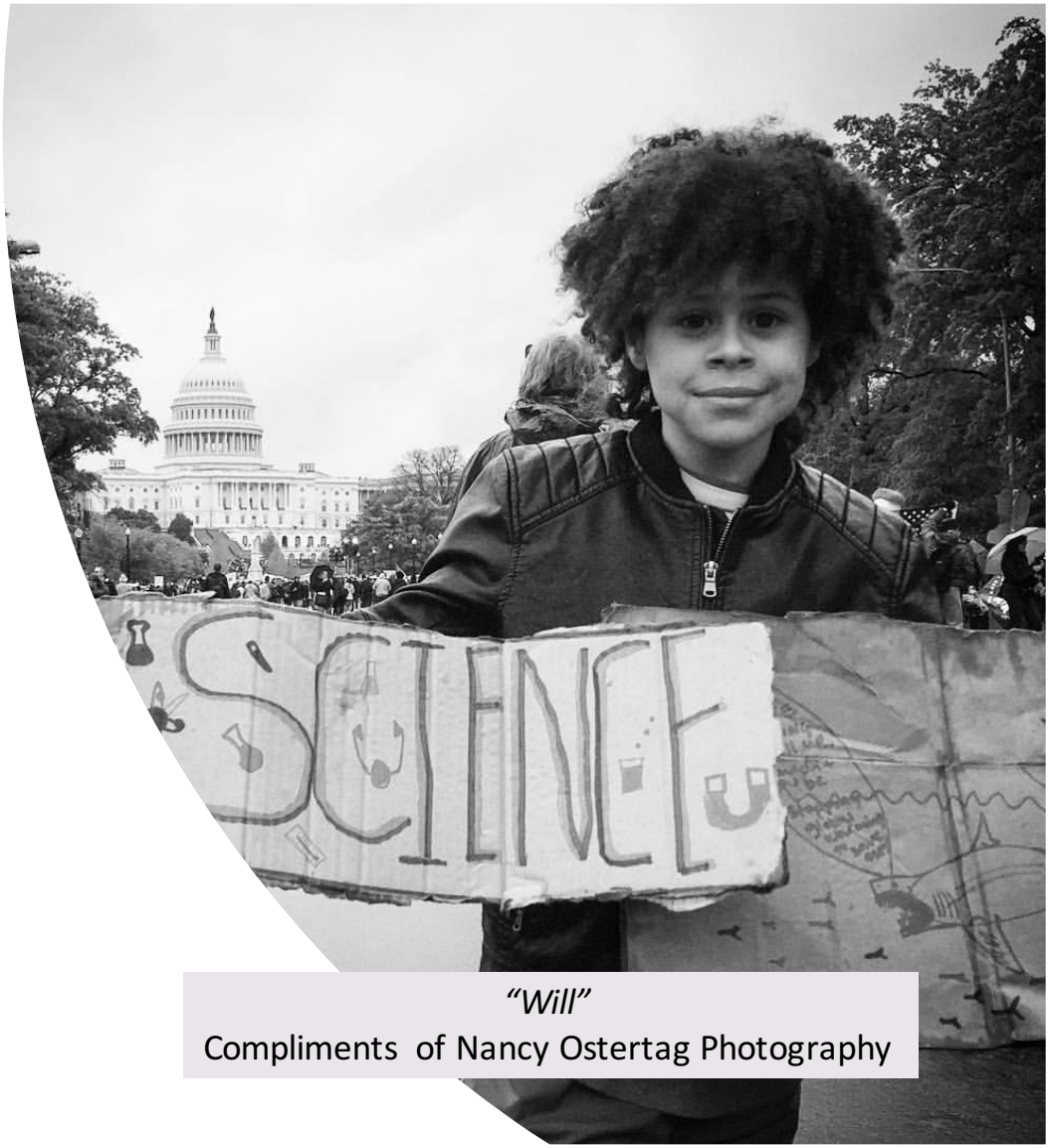
Sustaining the Gains and Spread

1. Supportive Management Structure
2. Structures to "Foolproof" Change
3. Robust, Transparent Feedback Systems

IHI, 2006, A Framework for Spread

Kerry Traugott, MSN, APRN, FNP-BC, Bremerton WA

Structure to "Foolproof" Hardwired Patient Preferences



"Will"
Compliments of Nancy Ostertag Photography

Foolproof Change

Measurement and Audit	•Provide tools for ongoing measurement and audit •Data collection forms •Surveys •Instructions for electronic health record reports

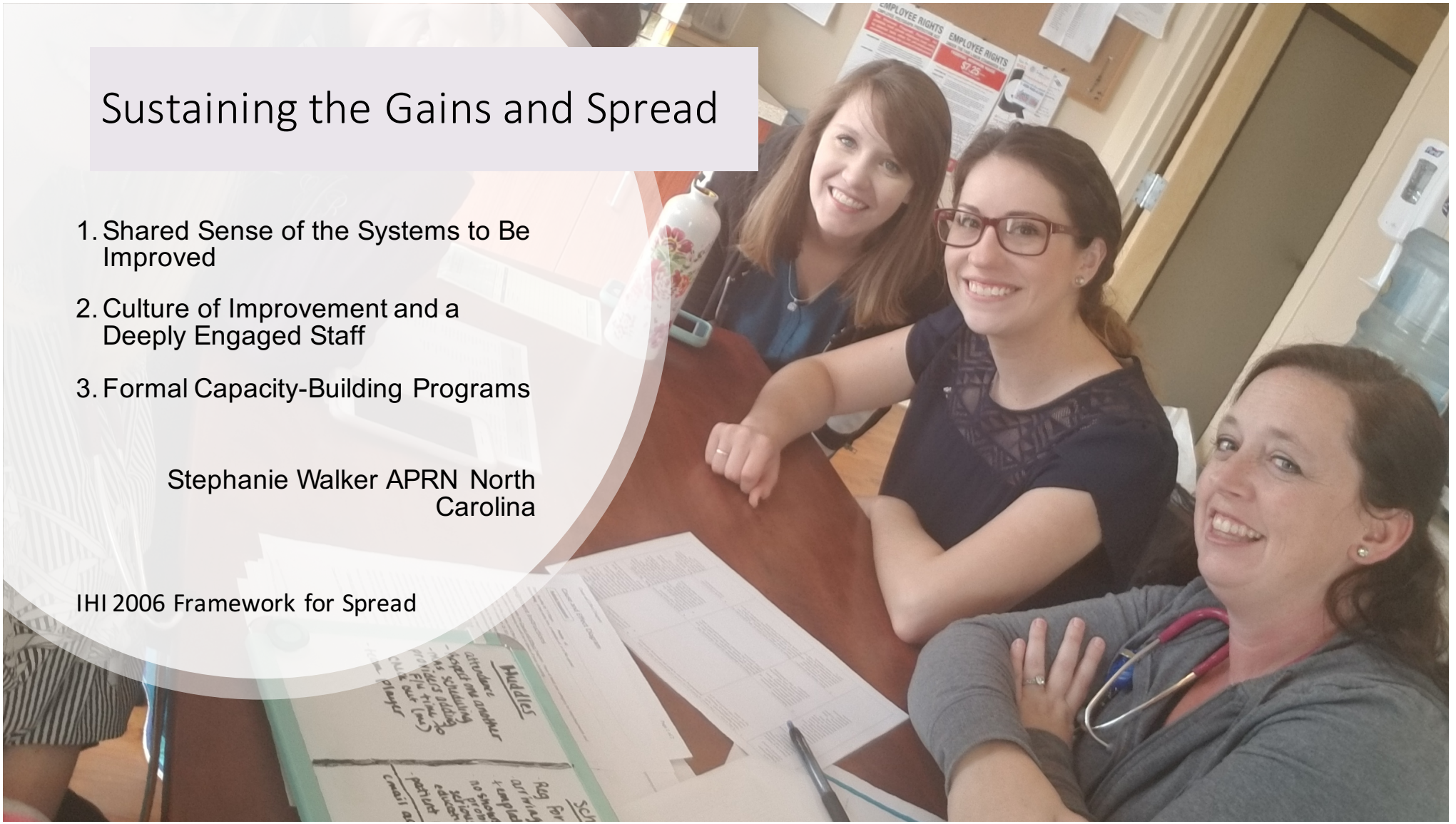
Standardize the Process	•Guideline •Policy •Memo describing the new process •Checklist for chart audit •Clinical checklists •Orientation/education for new employees (PPT teaching) •Communication and dissemination plan

Sustaining the Gains and Spread

1. Shared Sense of the Systems to Be Improved
2. Culture of Improvement and a Deeply Engaged Staff
3. Formal Capacity-Building Programs

Stephanie Walker APRN North Carolina

IHI 2006 Framework for Spread



SEVEN SPREADLY SINS

- Give one person the responsibility to do it all
- Rely solely on vigilance and hard work
- Spread success unchanged
- Require the person and team who drove initial improvements to be responsible for spread

SEVEN SPREADLY SINS

- Expect huge improvements and spread right away
- Don't bother testing- do a large pilot
- Check huge mountains of data just once every quarter

Scale

9 Levers National Quality Strategy

1. Payment
2. Public Reporting
3. Learning and technical assistance
4. Certification, accreditation, regulation
5. Consumer incentives, benefits design
6. Measurement and feedback
7. Health Information Technology
8. Workforce development
9. Innovation and diffusion

NATIONAL QUALITY STRATEGY

WE ALIGN TO THE NATIONAL QUALITY STRATEGY

Billing Audits and Feedback

Billing chart audits occur for the

APRN on an ongoing basis, at least

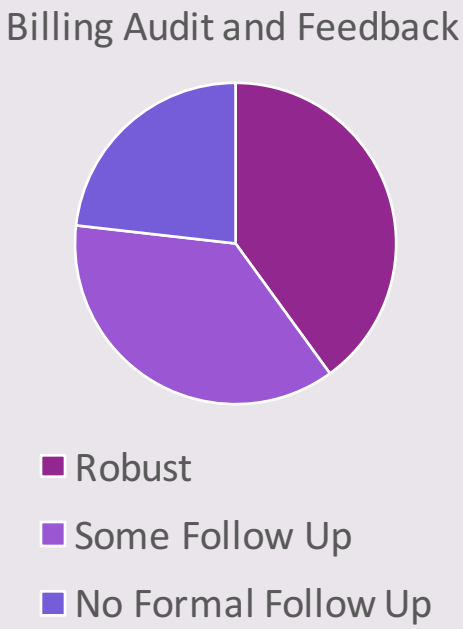
annually.

126 (40.0)

116 (36.8)

73 (23.2)

N 315



High performance organizations participate in high level performance measurement including measures for quality, reliability, cost, value and population health.

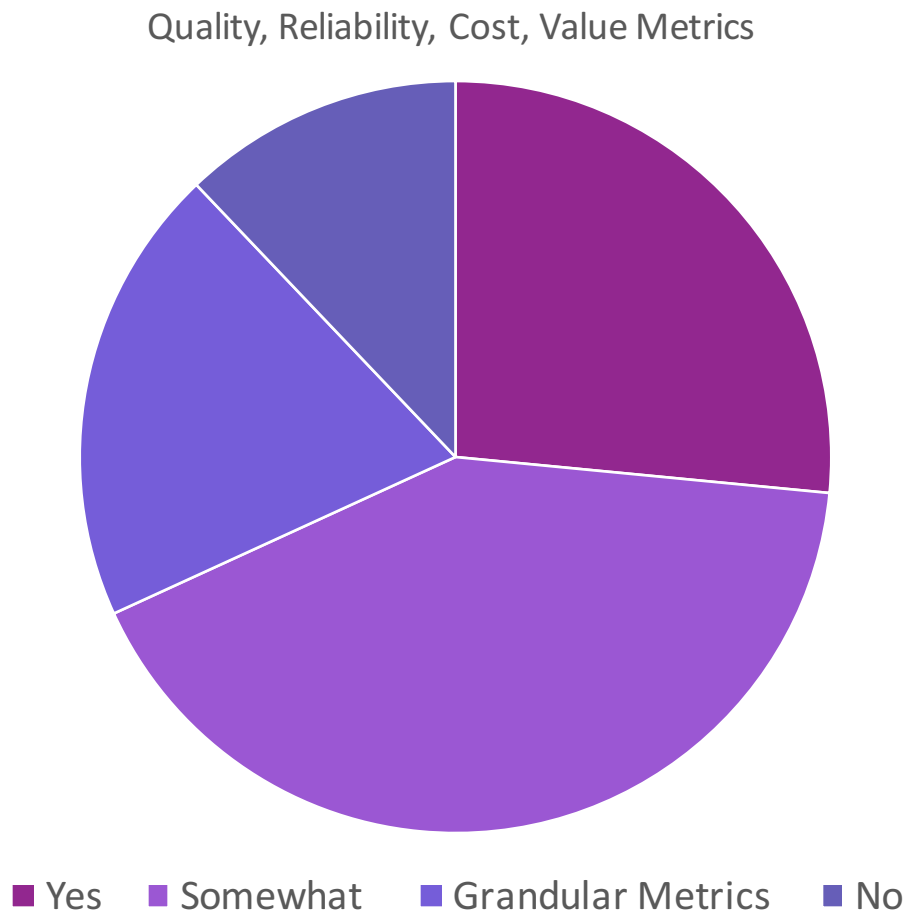
N=134

26.52% 35

41.67% 55

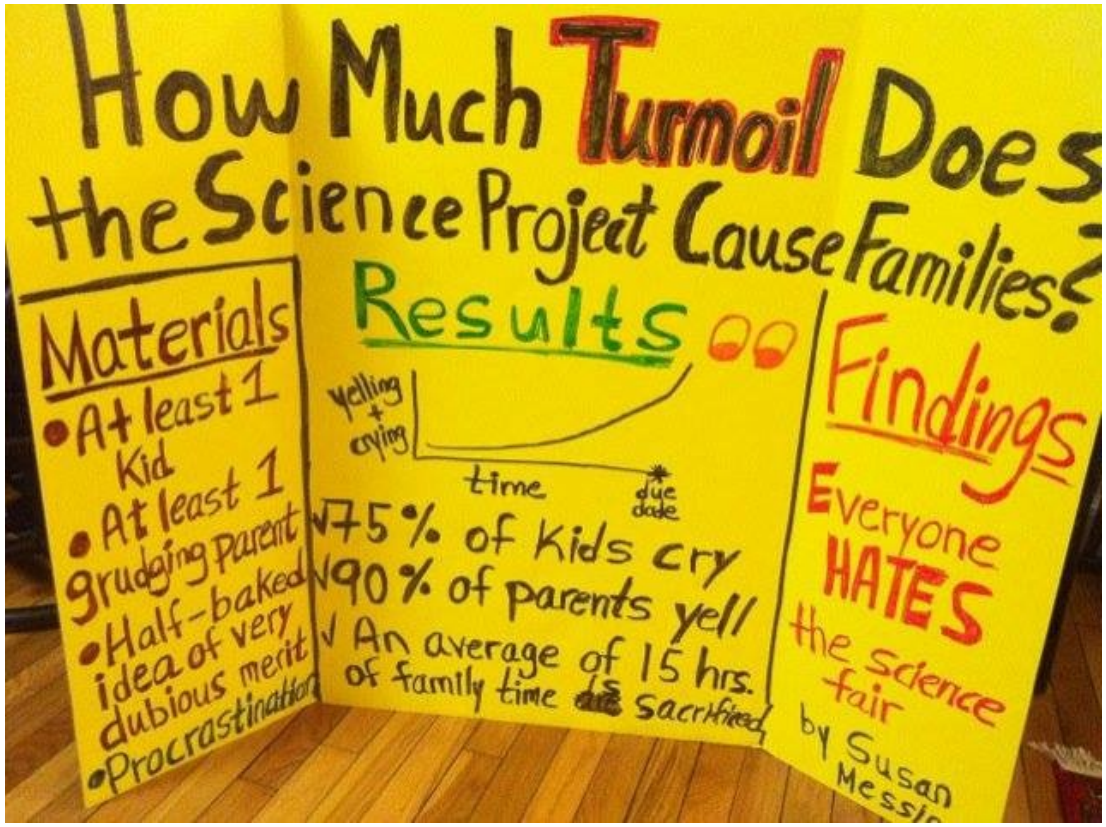
19.70% 26

12.12% 16



Case Study

- Sustainability
- Spread
- Scale



Align patient preferences with outcomes

Pilot: Pain relief intentions and Breastfeeding

DHMC Sustaining the Gains

	National Rates N=1,573	Denver Health 2005 N=269	Denver Health 2010 N=1,064	Denver Health 2015 N=1253
Continuous labor support	-------	2%	67%	55%
Ambulation	24%	12%	75%	64%
Hydrotherapy	6%	3%	61%	38%
Intermittent auscultation	15%	2%	67%	58%
Intermittent auscultation only	3%	0%	29%	21%

DHMC Sustaining the Gains

	National Rates N=1,573	Denver Health 2005 N=269	Denver Health 2010 N=1,064	Denver Health 2015 N=1253
Success with pain relief intention	-------	50%	76%	75%
Physiologic pushing	21%	…..	59%	79%
Non-lithotomy birth position	43%	1%	98%	98%
Delayed cord clamping	------	…….	58%	67%
Breastfeeding initiation in the birth room	------	45%	75%	74%

Maintaining Transformation

HARDWIRE TEAM

- Extremely important looking to the future - Strong physician support moving forward.
- Strong support throughout hospital administration and with other departments.
    - Participation in executive committees - i.e. medical staff.

DENVER HEALTH
Level One Care For ALL

Maintaining Transformation

HARDWIRE TEAM

- How to maintain a happy team that is adhering to the mission and providing quality care.
  - work/life balance
  - Fostering strengths
  - Building trust, credibility
- Developing leaders
  - Formal
  - Informal

DENVER HEALTH

Level One Care For ALL

Maintaining Transformation

HARDWIRE TEAM :

- Constant vigilance to maintain highly-functioning collaborative team.
  - Building and maintaining trust, credibility, integrity vital
  - Continuing to learn from each other - MDs, RNs, etc. Supporting our differences and similarities.
  - Participating in collaborative groups - QI, P&P
  - Being a voice in broader hospital groups and initiatives - Priv/cred, MSEC, community health

DENVER HEALTH
Level One Care For ALL

Maintaining Transformation

- **HARDWIRE ACCOUNTABILITY AND DATA DRIVEN DECISIONS**
- Ongoing self-assessment, data collection and analysis
  - Data collection over 13 years.
    - Peer review - chart audits, formal CNM review of cases, QI
    - IPE - informal to formal - constant education despite formality.
    - OBs, FPs, med students, RNs

DENVER HEALTH

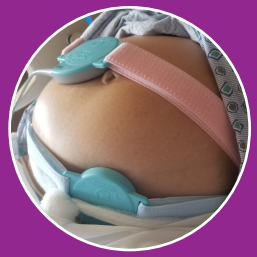
Level One Care For ALL

Scale


COUNCIL ON PATIENT SAFETY
IN WOMEN'S HEALTH CARE
safe health care for every woman

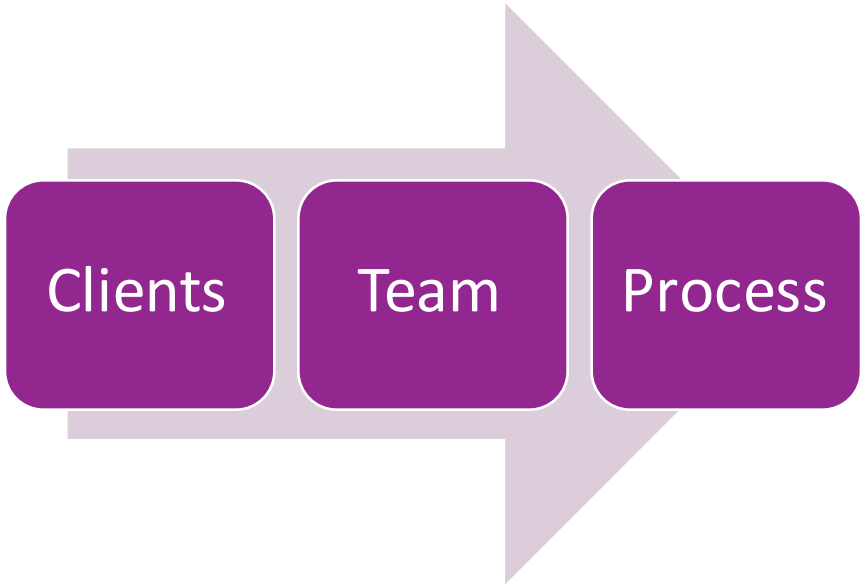
Drivers of Social Change

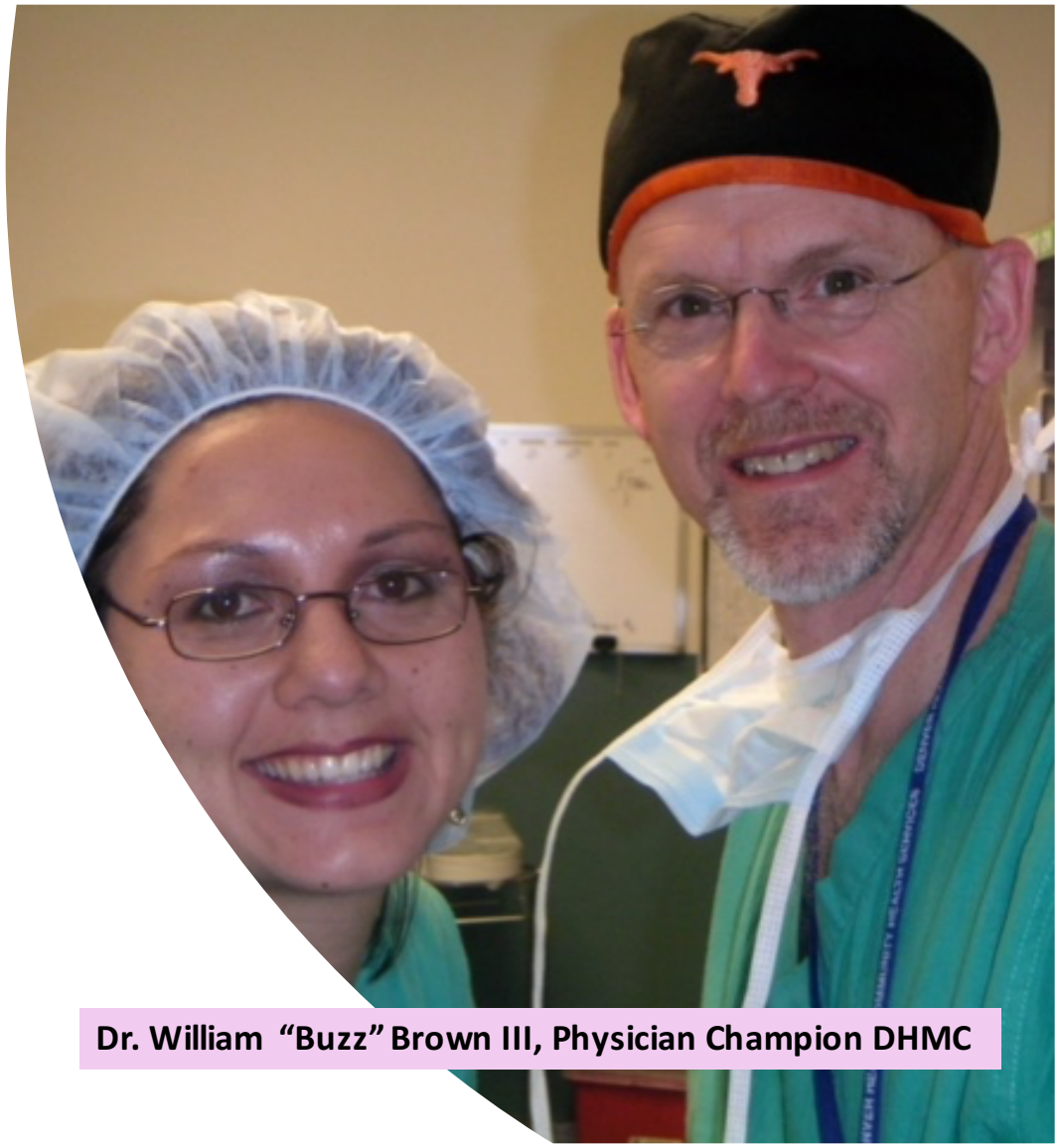
Demand



Workflow

Exploring Next Steps Sustaining, Spreading, Scaling





Dr. William "Buzz" Brown III, Physician Champion DHMC

References

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Hayes CW, Goldmann D. Highly adoptable improvement: A practical model and toolkit to address adoptability and sustainability of quality improvement initiatives. Joint Commission Journal on Quality and Patient Safety. 2018 Mar;44(3):155-163.

Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. *A Framework for Spread: From Local Improvements to System-Wide Change.* IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available on www.IHI.org)

Ogrinc, G.S., Headrick, L.A., Moore, S.M., Barton, A.J., Dolansky, M.A., Madigosky, W.S. (2012) Fundamentals of Health Care Improvement: A Guide to Improving Your Patients' Care. Second Edition. The Joint Commission and the Institute of Healthcare Improvement. Oakbrook Terrace, Illinois. Chapter 9. Spreading Improvements.

Resources

- 5 Million Lives Campaign. Getting Started Kit: *Rapid Response Teams*. Cambridge, MA: Institute for Healthcare Improvement; 2008. (Available at www.ihi.org)
- IHI Open School www.ihi.org/education/openschool
- Birth Tools .org http://www.birthtools.org/ Tools for optimizing the outcomes of labor safely.
- Frontier Nursing University https://frontier.edu/