

Implementing a new process/program at my organization is like...



Session # E1

Be a Champion! Practical strategies to improve your practice using implementation science

Matthew Tolliver, Ph.D., Assistant Professor, ETSU Pediatrics

Jodi Polaha, Ph.D., Associate Professor, ETSU Family Medicine

Gayatri Jaishankar, MD, Associate Professor, ETSU Pediatrics

Freda Campbell, BS, LPN, Nurse Case Manager, ETSU Pediatrics

Lexie Selzer, DO, Pediatric Resident, ETSU Pediatrics

CFHA 20th Annual Conference
October 18-20, 2018 • Rochester, New York





Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.



Learning Objectives

1. Identify one implementation science framework relevant to primary care.
2. Describe how champion teams can be used to conduct quality improvement and implementation initiatives in primary care.
3. Apply elements of the EPIS framework to structure participants' own implementation efforts in their setting



Bibliography / Reference

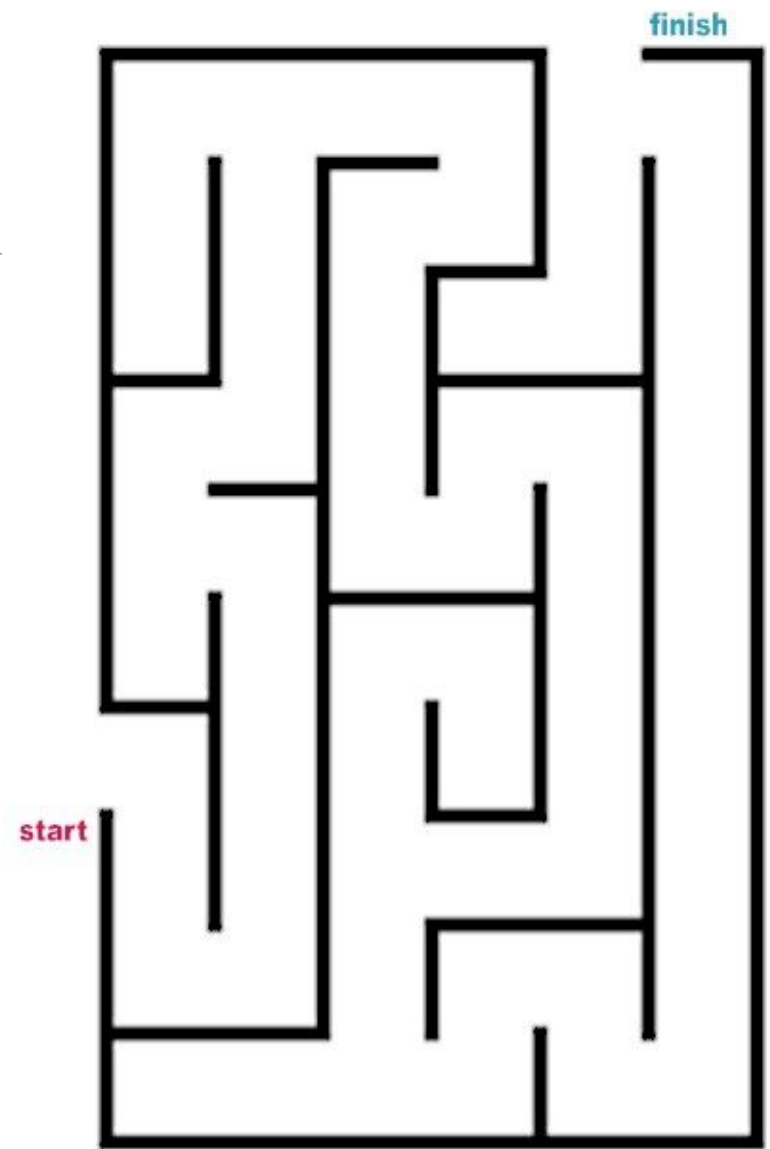
1. Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4-23. doi:10.1007/s10488-010-0327-7
2. Accreditation Council for Graduate Medical Education. (2017). *ACGME Program Requirements for Graduate Medical Education in Pediatrics*. Retrieved from https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/320_pediatrics_2017-07-01.pdf.
3. Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. *BMC Psychol*, 3, 32. doi:10.1186/s40359-015-0089-9
4. Philibert I, Gonzalez Del Rey JA, Lannon C, Lieh-Lai M, Weiss KB. (2014). Quality improvement skills for pediatric residents: from lecture to implementation and sustainability. *Acad Pediatr*. 14(1):40–46.
5. Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., . . . Kirchner, J. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, 10(1), 209-209. doi:10.1186/s13012-015-0209-1
6. Ritchie, M. J., Parker, L. E., Edlund, C. N., & Kirchner, J. E. (2017). Using implementation facilitation to foster clinical practice quality and adherence to evidence in challenged settings: a qualitative study. *BMC Health Services Research*, 17(1), 294. doi:10.1186/s12913-017-2217-0
7. Smith, S. R., & Bakshi, R. (2015). Promoting Resident Involvement in Quality Improvement Initiatives Through Faculty Involvement and Curriculum. *Journal of Graduate Medical Education*, 7(1), 119-120. doi:10.4300/jgme-d-14-00508.1

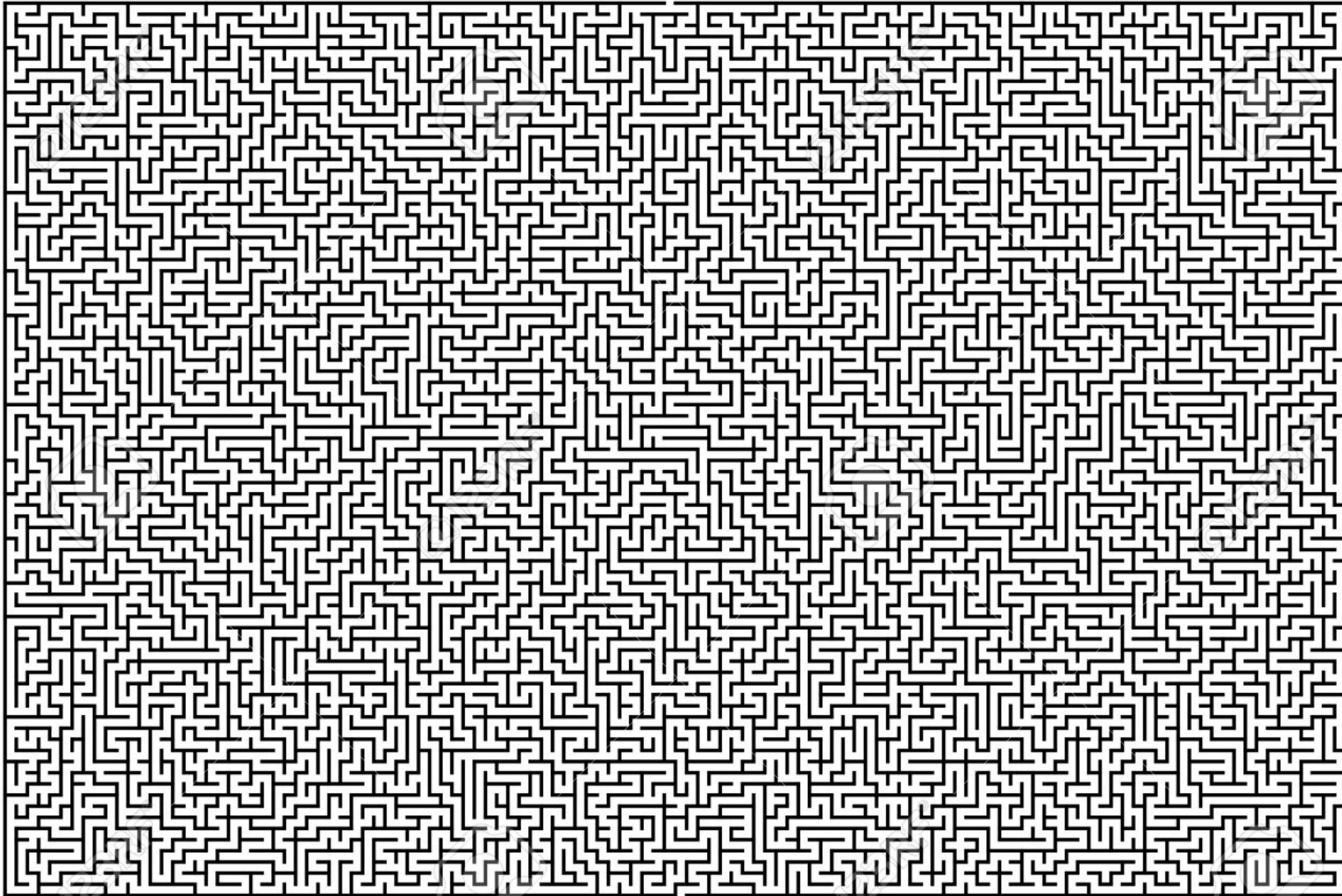


Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.







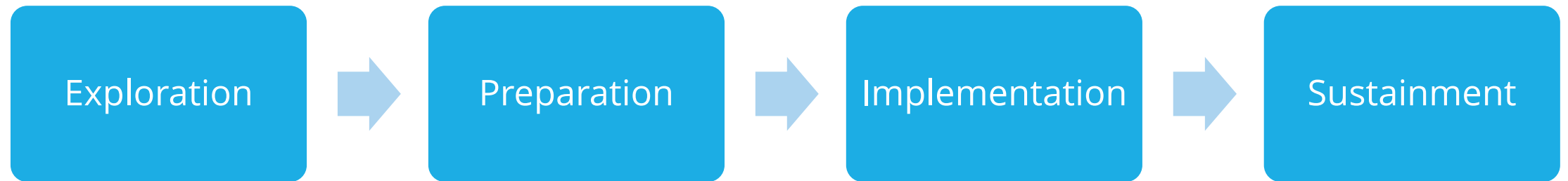
Basic Science

Patient Care





EPIS Framework for Implementation



Distribute Examples

Champion Teams

Active Ingredients:

- 1. Representation from key players:** EHR, medicine, nursing, BH, billing, nursing, front desk
- 2. Guided by SMART goals:** specific, measurable, attainable, relevant, time limited
- 3. Efficiently run:** 30-45 min or less
- 4. Effective Leader:** keeps minutes, assigns and follows up on action items, prevents rabbit trail discussions



Team Objective

SMART style overarching objective is listed on PDSA
Meeting objectives named within 10 minutes of start
Has formal or informal approval from
department/operations

Action Items

Prior are reviewed as meeting progresses
At least 80% of prior action items were addressed in
timely manner
Are identified and assigned as meeting progresses

Team Members

At least 80% of formal members are present
Team agrees that all key stakeholders maintain
involvement
Team members report commitment to objectives
Team members include one HRSA or QI supported staff

Team Meetings

PDSA Cycle paper work is engaged to track plans, reports,
etc.
PDSA paperwork shows meetings occurring
frequently/regularly
Evidence that decisions are made based on clinic data
Meeting is contained to 45 minutes
Evidence that appropriate exploration and planning/piloting
were engaged

Facilitator

One lead facilitator is identifiable
Uses prior action items to organize meeting
Effectively assign action items to clinical vs. HRSA/QI staff
Re-directs group as “rabbit trail” discussions arise, makes a
plan for resolving sticky issues outside of group
Maintains team cohesiveness and charge to champion cause
among colleagues
Those who had assigned action items report the lead
prompted them in between meetings.

Nurse Case Management Perspective

FREDA CAMPBELL, BS, LPN



CMSA Case Manager definition

"Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes."

Case managers assist in linking the patient, family and provider to available resources in the community and to benefits available through the patient's insurance company.



CMSA' Philosophy of Case Management

"The underlying premise of case management is based in the fact that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support systems, the health care delivery systems and the various reimbursement sources".

"Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation. The case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source. Case management services are best offered in a climate that allows direct communication between the case manager, the client, and appropriate service personnel, in order to optimize the outcome for all concerned".

The case manager assists the primary care provider in helping the patient reach a level of sustainability that benefits the client, caregiver, provider and health insurance company. An example is keeping down ED visits, hospital admissions and readmissions.

Case Management and Champion Teams

1. What is a case manager's value to a champion team?
2. What is the champion team's value to a case manager?

Audience Reflection

1. Does your practice have a case manager?
2. How do you incorporate the case manager within the practice.
3. Information patient health managers can contribute to assist the champion team with informed decision making.

Examples

- Provide feedback on the patient experience.
- Knowledgeable of resources available to assist the team.
- Have an understanding of insurance quality measures

Champion Team Examples

- EPDS or post-partum depression screener integration
 - PHQ 9 screener integration
 - MCHAT-R integration and use
 - Screener overhaul champion team
 - Social Determinants of Health screener “ Team Care screener” integration
 - Vaccine documentation and safety
 - ADHD follow-up and note
 - ACEs screener pilot- “Baby steps for success”

Resident Involvement

LAUREN "LEXIE" SELZER, PGY-3, DO

ACGE Statement on Quality Improvement

"All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for residents and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals."

- Accreditation Council for Graduate Medical Education (2017)

Residents as "Active Ingredients"

How are your residents currently involved in Quality Improvement projects?

What are barriers to Resident involvement in your Quality Improvement projects?

Resident Engagement in QI Projects

"Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

Residents must have the opportunity to participate in interprofessional quality improvement activities.

This should include activities aimed at reducing health care disparities. "

- ACGME (2017)



Residents on Champion Teams

Exploration Phase

- How does the clinical problem affect Residents, patients, and patient families?
- How will adaptations affect Residents, patients, and patient families in a generalized context?

Preparation Phase

- Resident voice about possible specific barriers to implementation

Implementation Phase

- Disseminate information to Residents about plans for implementation and goals for the project
- Monitor implementation by Residents and determine any barriers not previously addressed

Sustainment Phase

- Monitor continued involvement of Residents
- Address any concerns that may arise

Facilitation

New Clinical Innovations are Challenging to Implement

- ~ Top down initiatives are not sufficient
- ~ Readiness to participate differs across facilities
- ~ Requires the participation of multiple stakeholder groups
- ~ Limited availability of providers to participate in implementation activities
- ~ Education alone is rarely sufficient

Facilitation

Process of interactive problem solving and support that occurs in a context of a recognized need for improvement and a supportive interpersonal relationship

Facilitation

- Multifaceted process
- Bundles an integrated set of interventions and other strategies
 - Which is applied varies based on the needs of the implementation process
- Dynamic in nature that involves interactive problem solving

*The establishment of a supportive
interpersonal relationship with stakeholders
is critical to success*

Characteristics of a Good Facilitator

- Ability to empathize and understand others' needs
- Genuine
- Positive
- Flexible/can adapt to rapidly changing situations
- Responsive in a timely manner
- Innovative and resourceful
- Energetic and enthusiastic

Kirchner, 2017



Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

