Annual Conference 2024

WELCOME!!

UTAH ASSOCIATION FOR HEALTHCARE QUALITY
Commitment . Leadership . Empowerment . Integrity

President's Message

Improving your Proficiency as a Quality Improvement Professional – A combination of Soft and Hard Skills

Adrianne Brown, CPHQ

2024 UAHQ President

UTAH ASSOCIATION FOR HEALTHCARE QUALITY

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A bit about me….

Currently the Program Manager of Quality Improvement at Molina Healthcare of Utah and Idaho

- 18 years experience in healthcare quality
- BS in Behavioral Science and Health from the University of Utah
- CPHQ certified
- Focus areas:
  - NCQA Accreditation
  - Audit preparation
  - HEDIS/CAHPS
  - Quality Improvement Projects
- UAHQ member since 2016, board member since 2019

Utah Association of Healthcare Quality

The Utah Association for Healthcare Quality is a non-profit that aims to inspire, educate, and empower healthcare quality professionals through networking, education, and communication.

We offer:

- Webinars
- Networking Events
- CPHQ Prep Courses
- Annual Conference

What is a Quality Improvement Professional?

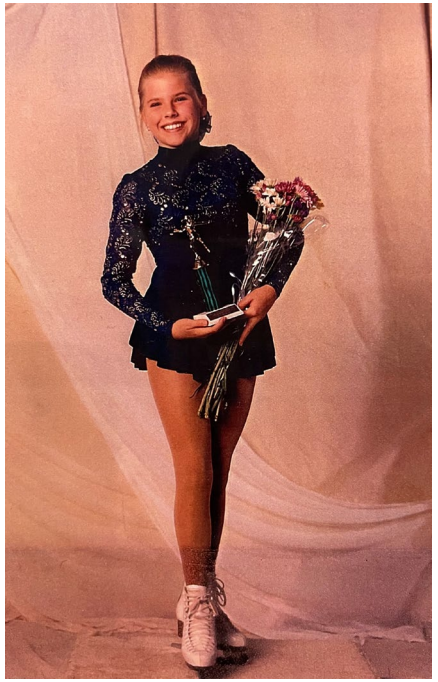
Quality improvement professionals drive process optimization and solve complex problems while remaining adaptable and fostering a culture of collaboration.

Someone who reviews patient and other medical data and analyzes processes used to provide care.

Recognized by colleagues as agents for change, guardians, collaborators, and leaders.

Knows how and when to ask the right questions.

Quality Improvement and Figure Skating



What is the first thing you learn in ice skating lessons…. How to get up when you fall!!

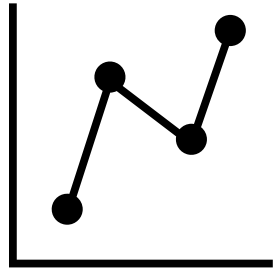
Quality improvement professionals must know how to fail forward. We view failure as an opportunity and approach it with resilience and curiosity.

Hard Skills vs. Soft Skills

Hard Skills: *Specific competencies and abilities needed to perform a specific task or role. These skills can be acquired through education, training and work experience.*

Examples include:

- Interpreting data
- Troubleshooting
- Project management
- Microsoft Office

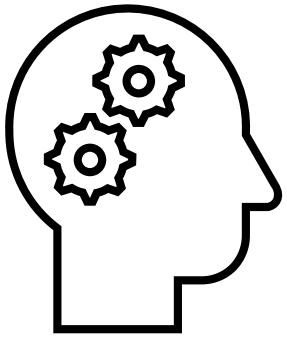


Hard Skills vs. Soft Skills

Soft Skills: *Personality traits, social competencies, skills and knowledge used to perform interpersonal activities. Soft skills are vital for effective interaction and collaboration. These skills can be refined through practice and professional development*

Examples include:

- Communication skills
- Critical thinking
- Leadership skills
- Negotiating
- Timekeeping



Hard Skills of a Quality Improvement Professional

- Data collection
- Process improvement
- Process mapping
- Data evaluation
- Root cause analysis
- Certifications or degrees
- Project Management
- Technical Writing
- Microsoft Office, Project, Vizio

Soft Skills of a Quality Improvement Professional

- Leadership
- Teamwork and collaboration
- Communication
- Adaptability
- Critical thinking
- Negotiating
- Decision Making
- Curiosity
- Growth mindset

Think of Your Role as a Quality Professional…

- Where are your strengths?

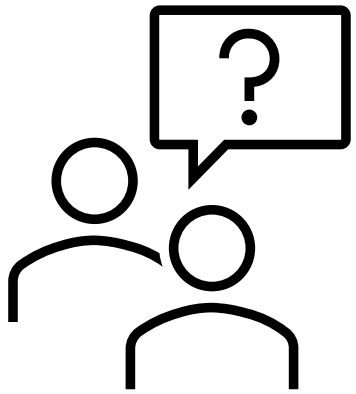
- Where are your weaknesses?
  - What support do you need to strengthen your skills?

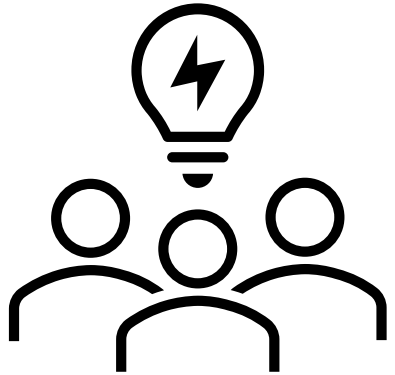
- Are there any skills that you'd add?

Key Takeaways

- Both soft and hard skills are valuable for Quality Improvement Professionals
- Several soft and hard skills can be acquired on the job and may just require a mentor or additional training
- You don’t have to possess all the skills listed
- Distinct skill sets may be needed depending on the role, team, or project you’re working on

Open Discussion and Questions





David Cook, MBA, CPHQ, CCPHIMS, C(ASCP)cm

Dave Cook is the State Director for Comagine Health (formerly HealthInsight) in Utah. He oversees the Utah Comagine Health Community board, the Utah office team, and many Utah based contracts. He also directs a six-state (UT, NV, NM, OR, WA, ID) team fighting opioid misuse. He presents regularly, and continues quality and health information technology consulting activities. He works closely with the Utah Department of Health. He is experienced in managing complex quality improvement (QI) projects and collaboratives with demonstrated impact since 2005. He has a BS in Chemistry, an MBA (healthcare) and certifications in healthcare quality, health information technology, and laboratory science. He has a clinical background as a clinical toxicologist. He is passionate about quality improvement, and value-based medicine. When not working, Dave enjoys spending time with his family and hiking throughout Utah.

What's Coming Next in Health Care?

UAHQ (Utah Association of Healthcare Quality) 2024 Annual Conference
Friday, September 27, 2024

David R. Cook MBA, CPHQ, CPHIMS, C(ASCP)^{cm}
Utah State Director – Comagine Health

Comagine Health

About me and Comagine Health

Comagine Health

Comagine Health, formerly Qualis Health and HealthInsight, is a national, nonprofit, health care consulting firm.

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

Comagine Health

Mission

Together with our partners, we work to improve health and create a better health care system so that people and communities will flourish.

Vision

Health care reimagined, together

Values

- Innovation
- Integrity
- Compassion
- Collaboration
- Excellence

Comagine Health

Services

- Systemwide Quality Improvement
- Research and Evaluation
- Data Solutions
- Care Management

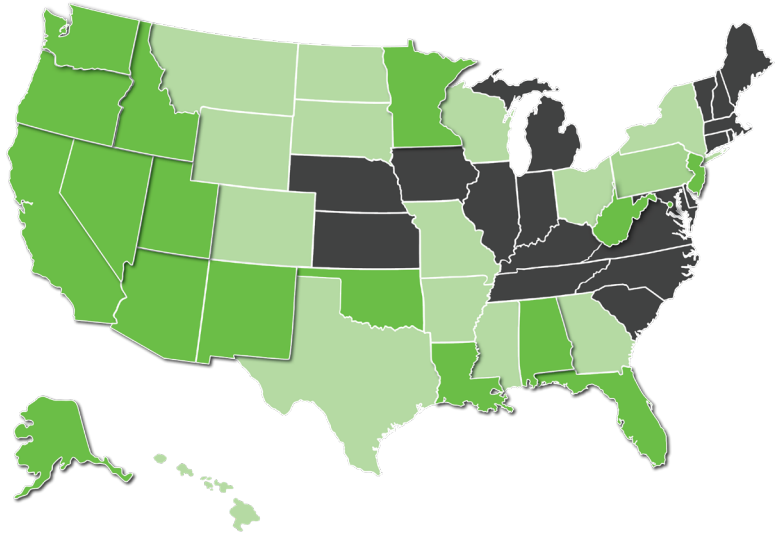
Clients

- Federal agencies
- State agencies
- Private institutions

Team

- Clinicians, nurses
- Quality improvement and public health experts
- Health data analysts and program evaluators
- Program and project managers
- Marketing and communications strategists
- Patient and family advisors

8 office locations



Current Comagine Health Prime Contract Work

Current Comagine Health Subcontract Work

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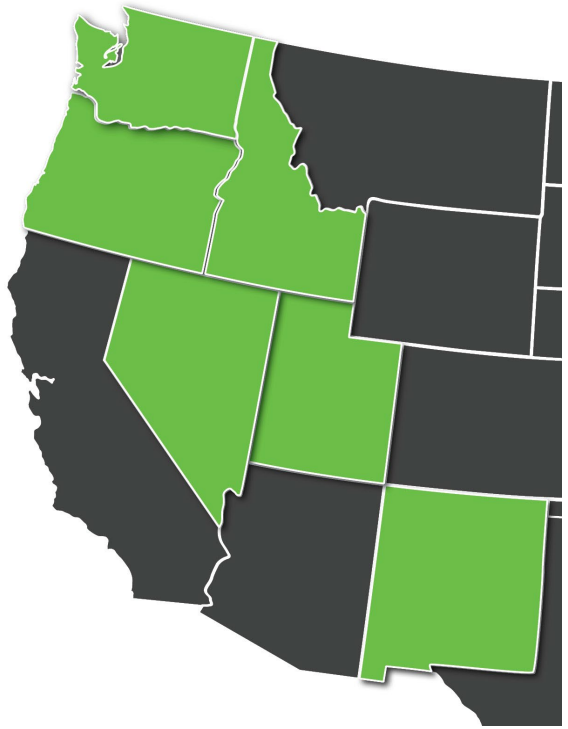
Background

- Comagine Health has served as the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for the Centers for Medicare & Medicaid Services (CMS) for more than 40 years. For decades, Comagine Health has been the QIN-QIO in Idaho, Nevada, New Mexico, Oregon, Utah and Washington
- The QIN-QIO Program is one of the largest federal programs dedicated to improving the effectiveness and quality of health care services delivered to people with Medicare. CMS contracts with organizations like Comagine Health to carry out the program mission.
- QIN-QIO organizations bring providers, communities and Medicare beneficiaries together to participate in quality improvement initiatives that increase patient safety, improve post-hospital care, enhance clinical quality and make communities healthier.
- Our current five-year QIN-QIO contract (ends Nov 2024) – the 12th Statement of Work



Idaho
Nevada
New Mexico
Oregon
Utah
Washington

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Disclaimer:

Some of what follows is a best estimate based on where we've been and trends in Healthcare. These are my own thoughts and may not represent Comagine Health – Blame me!

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Objectives: What's Next in Health Care?

- Understanding Trends in Healthcare
  - Some Themes including AI
  - Problems not going away soon
  - Trends in Healthcare Data and Quality
  - Value Based Medicine
- What is important to the Federal Government (Medicare) in the next 5 years:
  - Community based work
  - Medicare's 13SOW
- How can I be involved (current and growing coalition work in UT):
  - Chronic Disease / Immunizations
  - Patient Safety
  - Substance Use Disorder

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Courtesy of Emily Transue, MD, MHA, FACP - Chief Clinical Officer – Comagine Health

Understanding Trends in Healthcare

(including Value Based Medicine)

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“Quality is not an act, it's a habit”

- Aristotle

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The Future: Some themes

- Technology:
  - AI and other advances are moving faster than anyone is ready for
  - These will change our worlds in ways that hard to predict (anyone here remember before the Internet?)
- Workforce:
  - Unless something changes, there won't be enough people to keep providing health care the way we're used to
  - Options: Find sustainable workforce solutions; automate a lot of the work; widespread shortages; other?
- Finances:
  - Cost of health care continues to outstrip inflation
  - Innovations may increase or decrease costs

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Courtesy of Emily Transue, MD, MHA, FACP - Chief Clinical Officer – Comagine Health

Areas of AI in Health Care (a partial list!)

- Clinical Decision support (diagnosis, treatment)
- Reducing administrative burden (charting, prior auth)
- Image analysis (radiology, pathology)
- Predictive models (earlier diagnosis, disease progression)
- Personalized medicine (linking genetic data or other information (microbiome, past history) to risks and outcomes)
- Patient interfaces
  - Answering questions, home monitoring and tracking, supporting wellness, creating connection to health care team and family

Courtesy of Emily Transue, MD, MHA, FACP - Chief Clinical Officer – Comagine Health

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The Future: More themes

- Haves and have-nots
  - Certain parts of health care have more and more resources
  - Other parts are trying to do more and more with less
  - These don’t tend to match where the greatest needs are (if anything, the opposite)
  - Equity is increasingly discussed, more visible but not necessarily getting better
- “Outside the box”
  - More health interventions are happening outside of “traditional” health care
  - Health-related apps, genetic testing (23 and me), personalized medicine, etc
  - Paying out of pocket for concierge primary care or obesity drugs
  - Easy access to lots of health information of varying quality

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Courtesy of Emily Transue, MD, MHA, FACP - Chief Clinical Officer – Comagine Health

The Future: Problems that are not going away

- Mental health
  - High rates of depression, anxiety, etc.
  - Pediatric population especially at risk, esp post COVID disruptions
- SUD
  - Prevalence and deaths increasing
  - Opioids and others
- Maternity
  - Disparities, access issues
- Climate and Natural Disaster issues (heat, wildfires, flooding, earthquakes)
- Pandemics: Covid is now epidemic, but new diseases are emerging

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Courtesy of Emily Transue, MD, MHA, FACP - Chief Clinical Officer – Comagine Health

Trends in Health Care Data

- Moving from isolated data (individual data in a chart, billing data) to increasingly interconnected data sets
  - APCDs for claims data, HIEs for clinical data, CIEs for community data/HSRNs, etc
  - Health Data Utility: bringing all these data streams together to serve clinical and public health needs
    - Could let us (communities, states, other entities) identify areas of need, prioritize, develop and test solutions, etc.
- More sophisticated data to understand quality, costs, value, experience
  - Quality measurement: From HgA1C to DRR (Depression Remission or Response for Adolescents and Adults)
  - Patient-reported outcome based performance measures
  - But: still expensive and burdensome, for now

Courtesy of Emily Transue, MD, MHA, FACP - Chief Clinical Officer – Comagine Health

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Trends in Quality Improvement

- Engagement:
  - Those most in need of quality improvement support have the least bandwidth to accept it
    - Nursing homes, long term care, rural settings; providers for disadvantaged populations)
  - QI is work (time, resources), hard to do in survival mode
- Innovations in technology, AI etc. can be transformative but will also take savvy and sophistication to use
- Everyone wants a “magic bullet” but QI is still incremental work

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Courtesy of Emily Transue, MD, MHA, FACP - Chief Clinical Officer – Comagine Health

Blaming others is usually opposed to contrary to good quality improvement work

The best people can sometimes make the worst errors……We cannot change the human condition. People will always make errors and commit violations. But we can change the conditions under which they work to make these unsafe acts less likely……Blaming people for their errors – though emotionally satisfying – will have little or no effect on their future fallibility…..Errors are largely unintentional. It is very difficult for management to control what people did not intend to do in the first place.

James Reason – Managing the Risks of Organizational Accidents, p.153.

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ACOs: Accountable Care Organizations

"The idea at the heart of the ACO concept, that we can lower costs by providing better, more coordinated care for patients, is not new. The ACO offers a simple and reasonable deal to providers of care….if they are able to achieve savings by improving care, they can share in those savings."

Don Berwick

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Value Based Care

- VALUE = $\frac{\text{Quality Outcomes (includes Service)}}{\text{COST}}$
- Reduce overall costs while improving quality outcomes through incentivized car
- Pay Providers in a different way for care, providers change they way they offer care = better outcome, lower costs, better experience
- Goes by many names - Value-Based Care, Value-Based Contracting, Value-Based Purchasing, Value-Based Reimbursement, Value-Based Pricing, Accountable Care, Cost, Quality, Outcomes, **Alternative Payment Models (broader term)**
- MOVING up the RISK Scale -- FFS (Fee for Service) to Shared Savings to Shared Savings and Losses to Full Capitation

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COVID – 19 and Value Based Care – What did we learn?

- As bad as COVID-19 was it pushed health care systems down the road of change quicker
- Telehealth was quicker in the uptake and used more effectively used in Value Based organizations
- Better outcomes for patients
- **More freedom and satisfaction for providers**
- Value based organizations are able to address more equity and social needs
- ET3 model – Emergency department getting patients to the right location not just pay for transport
- More home-based care

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Source: The Health Care Payment Learning and Action Network (LAN) Launches the Healthcare Resiliency Collaborative: Lessons From the PHE for Value-Based Payment

COVID – 19 and Value Based Care

- Remote Patient Monitoring
- Telehealth
- More SDOH (Social Determinants of Health) Focus
  - HRSN (Health Related Social Needs) – CMS term
  - SSSN (Social Services and Support Needs) – CDC term
  - SBDOH (Social and Behavioral Determinants of Health)

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What are we hearing nationally (CMS)

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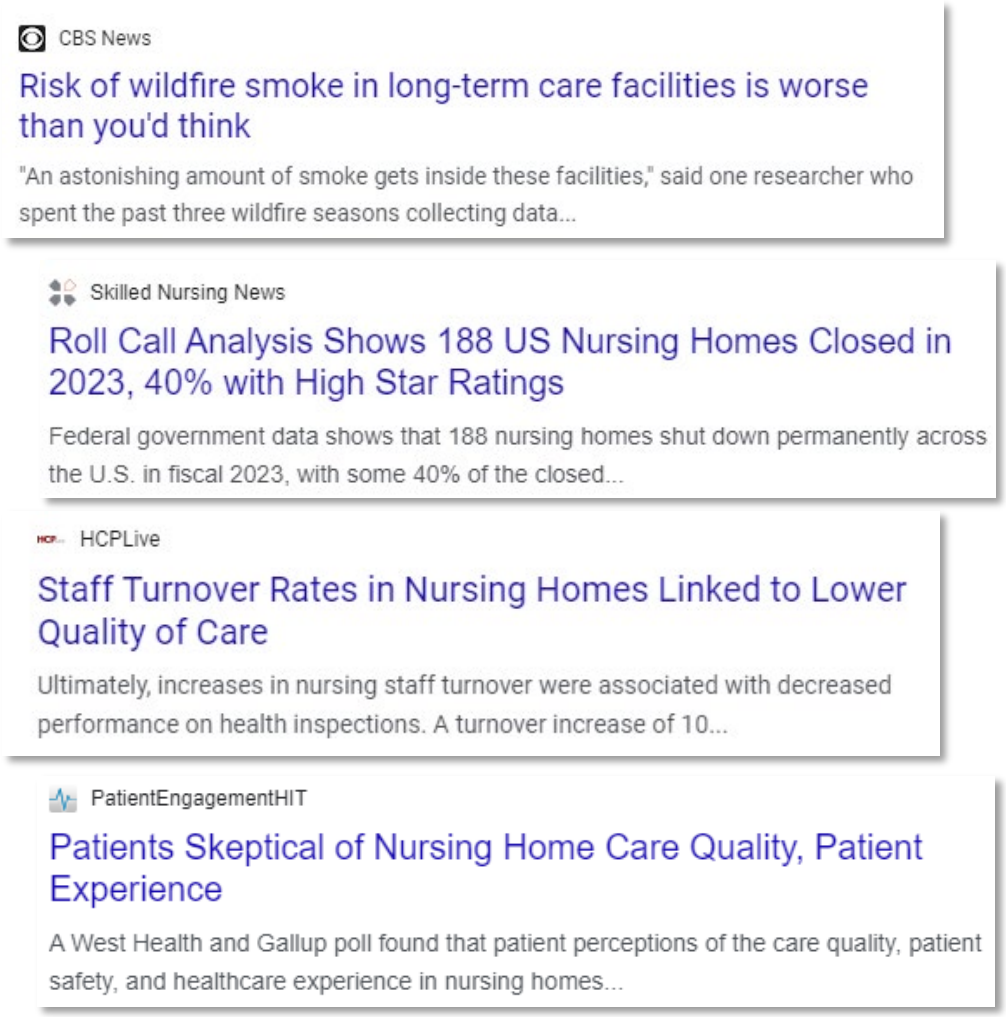
QIN-QIO Program Foundational Aims

Quality Management and Infrastructure

Workforce

Emergency Preparedness

Health Information Technology



CBS News

Risk of wildfire smoke in long-term care facilities is worse than you'd think

"An astonishing amount of smoke gets inside these facilities," said one researcher who spent the past three wildfire seasons collecting data...

Skilled Nursing News

Roll Call Analysis Shows 188 US Nursing Homes Closed in 2023, 40% with High Star Ratings

Federal government data shows that 188 nursing homes shut down permanently across the U.S. in fiscal 2023, with some 40% of the closed...

HCPLive

Staff Turnover Rates in Nursing Homes Linked to Lower Quality of Care

Ultimately, increases in nursing staff turnover were associated with decreased performance on health inspections. A turnover increase of 10...

PatientEngagementHIT

Patients Skeptical of Nursing Home Care Quality, Patient Experience

A West Health and Gallup poll found that patient perceptions of the care quality, patient safety, and healthcare experience in nursing homes...

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QIN-QIO Program Clinical Aims

Preventing and Managing Chronic Disease

- Diabetes, hypertension, chronic kidney disease
- Increasing vaccination rates

Patient Safety

- Infection prevention
- Safety events
- Adverse drug events

Behavioral Health

- Depression and suicide prevention
- Substance use disorders
- Chronic pain

Care Coordination

- Preventing readmissions
- Appropriate emergency department utilization

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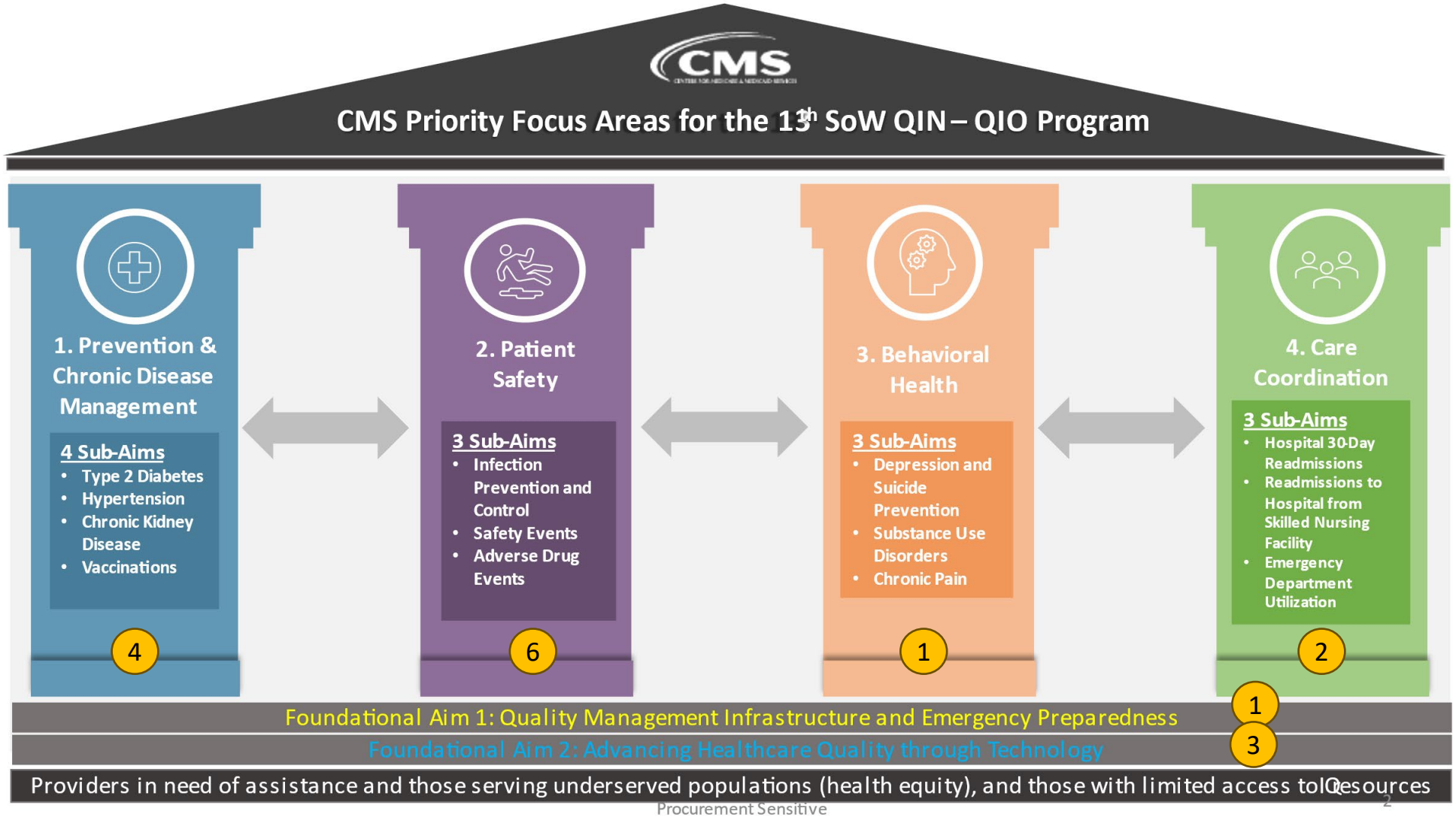

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Measures

Figure 1: CMS QIN-QIO 13th SOW Aims and Sub-aims
Draft SOW, Page 7

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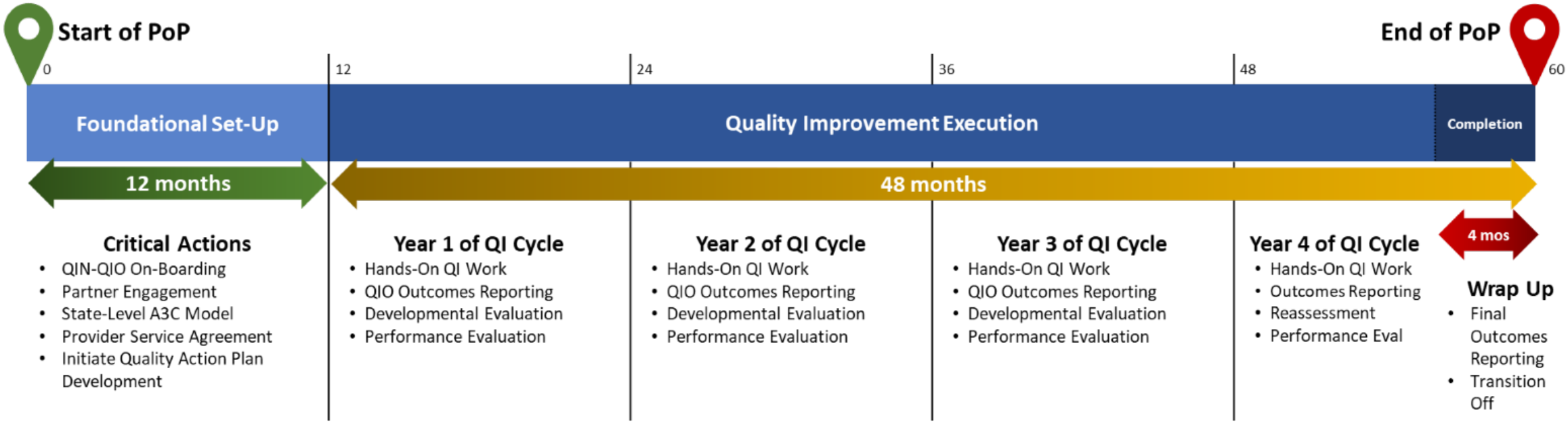
Program Timeline

Five-Year QIN-QIO Program and Contract Period



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Sub-Aim	Measure	Setting	Target
Aim: Prevention and Chronic Disease Management			
Vaccinations	Percent of Residents or Patients Who Were Given the Seasonal Influenza Vaccine after Excluding those with Medical Contraindications.	Nursing Home	Under development
Vaccinations	Percent of Residents Assessed Who Were Given the Pneumococcal Vaccine after Excluding those with Medical Contraindications	Nursing Home	Under development
Vaccinations	COVID-19 Vaccination Coverage among Healthcare Personnel	Nursing Home	Under development
Vaccinations	COVID-19 Vaccination Coverage among Healthcare Personnel	Acute Care Hospitals	Under development
Vaccinations	COVID 19 vaccination among residents	Nursing Home	Under development
Vaccinations	Influenza Vaccination among Healthcare Personnel (HCP)	Acute Care Hospitals	Under development
Vaccinations	Adult Immunization Status: up-to-date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap); zoster; and pneumococcal.	Outpatient Clinician	Under development
Type 2 Diabetes	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Outpatient Clinician	Under development
Type 2 Diabetes	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Outpatient Clinician	Under development
Hypertension	Hypertension: Controlling High Blood Pressure	Outpatient Clinician	Under development
Chronic Kidney Disease	Kidney Health Evaluation	Outpatient Clinician	Under development
Chronic Kidney Disease	Use of Home Dialysis Upon Initiation of Dialysis	Outpatient Clinician	Under development

Sub-Aim	Measure	Setting	Target
Aim: Patient Safety			
Infection Prevention and Control	Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Acute Care Hospitals	Under development
Infection Prevention and Control	Central Line Associated Bloodstream Infection (CLABSI) Outcome Measure	Acute Care Hospitals	Under development
Infection Prevention and Control	Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Acute Care Hospitals	Under development
Infection Prevention and Control	Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Acute Care Hospitals	Under development
Infection Prevention and Control	Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Acute Care Hospitals	Under development
Infection Prevention and Control	Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (Short-stay)	Nursing Home	Under development
Adverse Drug Events	Safe Use of Opioids - Concurrent Prescribing	Acute Care Hospitals	Under development
Adverse Drug Events	Adverse drug events among high-risk Medicare beneficiaries	Clinician	Under development
Adverse Drug Events	Residents receiving anti-psychotic medications	Nursing Home	Under development
Adverse Drug Events	Drug Regimen Review with Follow-up for Identified Issues (short-stay)	Nursing Home	Under development
Adverse Drug Events	Adverse drug events among high-risk Medicare beneficiaries in nursing homes	Nursing Home	Under development
Safety Events	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Nursing Home	Under development
Safety Events	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Nursing Home	Under development
Safety Events	Pressure Injury	Acute Care Hospitals	Under development
Safety Events	Median Time from ED Arrival to Emergency Department (ED) Departure for Discharged ED Patients	Acute Care Hospitals	Under development
Safety Events	Patient Safety Index-90	Acute Care Hospitals	Under development
Safety Events	Falls Risk Assessment	Outpatient Clinician	Under development
Safety Events	Falls Plan of Care	Outpatient Clinician	Under development

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Sub-Aim	Measure	Setting	Target
Aim: Behavioral Health			
Depression and Suicide	Percent of Residents Who Have Depressive Symptoms (Long Stay)	Nursing Home	Under development
Depression and Suicide	Safety planning in the ED	Acute Care Hospitals	Under development
Depression and Suicide	Providing caring contacts in ED	Acute Care Hospitals	Under development
Depression and Suicide	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Outpatient Clinicians	Under development
Depression and Suicide	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Outpatient Clinicians	Under development
Substance Use Disorders	QID 431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Outpatient Clinicians	Under development
Substance Use Disorders	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Acute Care Hospital	Under development
Chronic Pain	Appropriate treatment of chronic pain	Outpatient Clinicians	Under development

Sub-Aim	Measure	Setting	Target
Aim: Care Coordination			
Hospital 30-day readmissions	Hospital 30-day Readmissions (HWR) All Cause Unplanned/ Hybrid hospital-wide, risk standardized readmission	Acute Care Hospitals	Under development
Hospital 30-day readmissions	30-day readmissions per 1,000 Medicare beneficiaries	Clinician	Under development
Emergency Department Utilization	ED visits per 1000 FFS Medicare beneficiaries	Outpatient Clinician	Under development
Readmissions to hospital from SNF	Readmissions to Hospitals from SNF (short stay)	Nursing Home	Under development
Emergency Department Utilization	ED visits among short stay and long-stay nursing home residents	Nursing Home	Under development

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Important QIN-QIO Program Changes

CMS-defined regions

Focus on customer service to health care providers

Explicit focus on behavioral health

CMS rapid response arm

Support a more resilient health care system

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How can I be involved?

Local Utah Coalitions/Collaboratives

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“Alone we can do so little, together we can do so much.”

Helen Keller

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Utah COALITION WORK (Community)
Just a sample I'm sure there are many I'm missing

Chronic Disease

- Utah Diabetes Coalition
- The Steering Committee for the Prevention of Diabetes in Utah
- Living Well Program
- Utah Million Hearts Coalition
- Chronic Kidney Disease (CKD) Coalition
- One Utah Health Collaborative – Diabetes subgroup

UDHHS Patient Safety Workgroup

Note: UDHHS has various workgroups both ad hoc and ongoing.

Cancer

- Utah Cancer Coalition
- One Utah Health Collaborative - Colorectal Cancer Screening subgroup
- Utah Tobacco-Free Alliance

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Utah COALITION WORK (Community)

Infection Prevention/Immunizations

- Utah Healthcare Infection Prevention (UHIP) Governance Committee
- Utah Adult Immunization Coalition

Long-term care and Aging

- Utah Commission on Aging Board (UCOA) – yearly summit on advanced care planning
- Long-Term Care Facilities Subcommittee

Substance Use Disorder

- Utah Opioid Task Force (Attorney General's office)
- Opioid Community Collaborative (Intermountain Health sponsored)
- Parka Learning Series (University of Utah)
- Annual SUD conference in St. George (October)

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Utah COALITION WORK (Community)

Data

- Utah Health Data Committee (HDC) and Transparency Advisory Group – All Payers claims data
- Utah Digital Health Service Commission
- UHIN (Health Information Exchange for Utah) has a yearly conference
- UHIMSS – Utah HIMSS
- One Utah Health Collaborative – Cost Analysis

Other Miscellaneous Ideas

- Comagine Health sponsors many Quality Improvement ECHO series / learning collaboratives and learning events. Subscribe on our website
- Join a Healthcare Board
- Intermountain Health, HCA, University of Utah all sponsor learning events
- UMA, UHA, AUCH, UDHHS, UAHQ, UHCA – all sponsor various great events

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Questions?

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Contact Information

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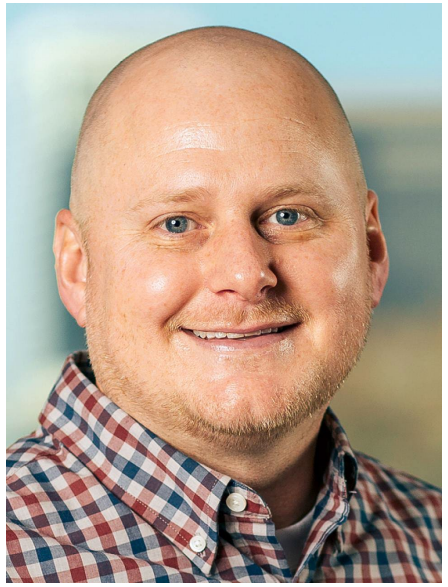
Jonathan Midgely



Jon is a Business Intelligence Manager with 12 years of data analytics experience and 14 total years working for the University of Utah. He is inherently curious and enjoys providing data and insights to help solve problems His primary role involves supporting doctors and the team in their projects, where he excels in automation, querying data from Epic, and creating insightful dashboards using Tableau. He has a particular interest in Quality Improvement projects that can improve patient outcomes. He enjoys spending time with his wife, 2 kids, and dog. Their shared interests include fishing, camping, cruising, sports, and riding dirt bikes.

DATA FUNDAMENTALS:
ESSENTIAL STEPS TO REQUEST AND UTILIZE EFFECTIVE INFORMATION

Jon Midgley
Business Intelligence Manager
University of Utah Health
Department of Family and Preventive Medicine

INTRODUCTION

12 YEARS ANALYTICS EXPERIENCE

What I thought I would be doing

*Tips from a happy analyst

What I felt like I was doing

DEFINING DATA

AND WHY IT'S IMPORTANT

How successful are we with SDOH?

Do we want a patient denominator or visit denominator?

Which visits qualify?

What increments the numerator?

Which flowsheets should we consider?

Do we consider one completed question to be successful?

What clinic do we attribute to the patient?

What age group?

Should an 18-year-old count in the denominator the day they turn 18, or give a buffer?

DATA DEFINITION EXERCISE 1

20Q NEURAL NET AI

INDIVIDUAL EXERCISE

The Claim

- 76% accuracy within the first 20 questions
- 98% accuracy within 25

Think only of a banana

Computer

- Navigate to 20q.net
- Select ‘Think in American’
- Select ‘Play’ (ignore the demographics)

Phone

- Download the 20Q app from the app store

20Q NEURAL NET AI

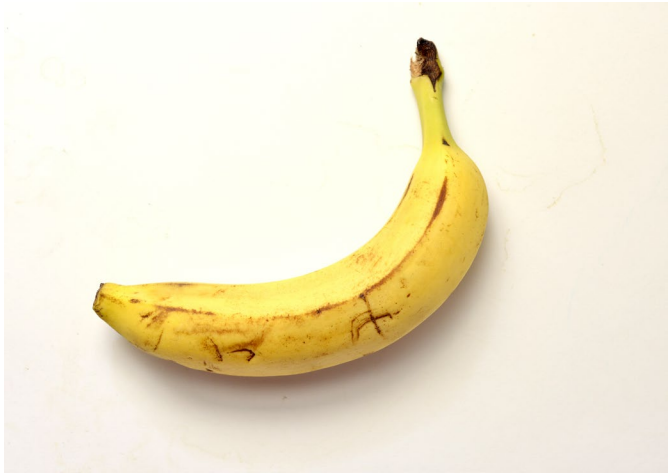
INDIVIDUAL RESULTS?

- Did 20Q correctly guess “Banana” within 20 questions?
    - What item did it guess?
- Did it guess accurately within 25 questions?

20Q NEURAL NET AI

GROUP EXERCISE

Think only of a banana



- Break into groups and complete the same exercise
- This time, work together to formulate a single response to best answer each question

20Q NEURAL NET AI

GROUP RESULTS?

- Did 20Q correctly guess “Banana” within 20 questions?
    - What item did it guess?
- Did it guess accurately within 25 questions?

20Q NEURAL NET AI

DISCUSSION

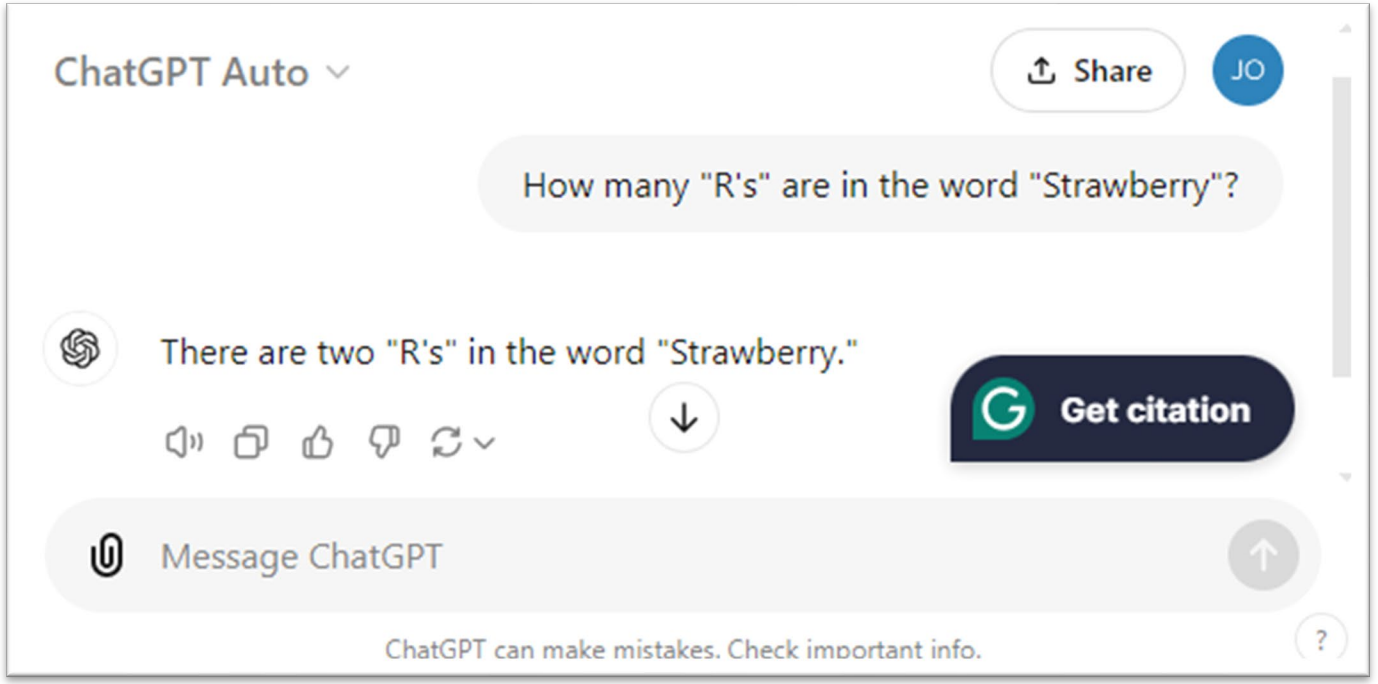
What could have improved the AI's ability to guess correctly and consistently?

- Ask non-subjective questions
- Provide well-defined and consistent responses
- Ability to clarify the questions

Get your analyst in the room

MAYBE YOU NEED A NEW ANALYST?

The new analyst:



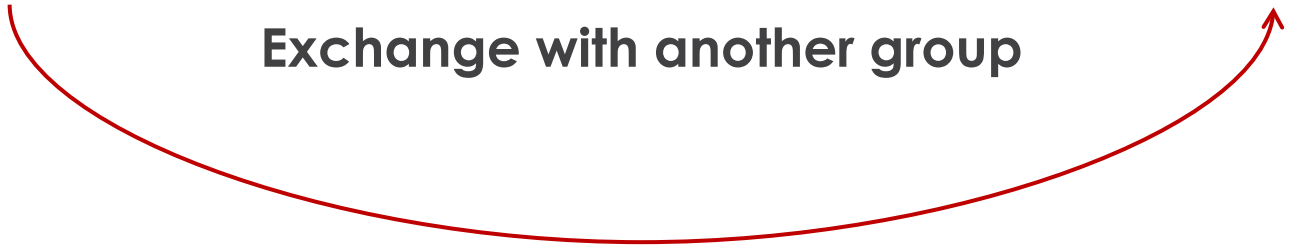
DATA DEFINITION EXERCISE 2

DEFINE YOUR MEASURES

GROUP EXERCISE

- Document a step-by-step operational definition to capture the concept of the size of a banana.
- Measure the banana using the definition and the tools provided.
- Write down your results on a separate card and keep them a secret

- Use the definition you received to measure the other team's banana.
- Compare the results
- Did you arrive at the same measurements as the first group?



DEFINE YOUR MEASURES

DISCUSSION

- What led to a successful second measurement?
- How could you have improved your definition if the second team produced different results?

STEPS FOR SUCCESSFUL QI DATA CAPTURE

STEP 1: DEFINE THE PURPOSE AND SCOPE

- Clarify the QI Initiative's Objective
- Establish a consistent definition
- Document the definition

The better your definition, the more likely you'll get a banana, and not a sandwich

Involve your analyst early and get them excited

STEP 2: REQUEST DATA EFFECTIVELY

- Who are the right people?
- Demonstrate the live process

80/20 Rule of Data Requests

80% of the value is the purpose

20% consists of the specific data points needed

Requesting data is a love language. Familiarize yourself with your analyst's preferred method of getting information

STEP 3: DATA COLLECTION & VALIDATION

- Identify the correct data sources
- Review along the way
- Validate with the source of truth

Trust But Verify

You are the one presenting the data and will want to account for its correctness

Analysts are inherently curious. Allow them room to explore and provide insights

FEEDBACK LOOP

If additional Data or corrections are needed

- Go back to Step 2 (Request)

If data discovery identified opportunities for an enhanced definition

- Go back to Step 1 (Define)

STEP 4: ANALYZE AND INTERPRET DATA

- Collaboration is key
- Who is the audience and what is the ideal output?
- Identify disparities. Are they expected or unexpected?

R Advanced Statistical Techniques Required

Additional teams may need to be looped in

STEP 5: PRESENT FINDINGS AND IMPLEMENT PLAN

- Effective Data Communication
- Actionable Insights
- Monitor and re-educate

Empower stakeholders

Through clear data communication and continuous monitoring

Include the analyst in the preliminary presentation of the data. We learn a lot through educating others.

THE GOLDEN RULE: THE 4 R'S

REVISIT | REVALIDATE | REDEFINE | RECAPTURE

- Analyst's turnover
- Processes change
- EMRs evolve
- Databases expand

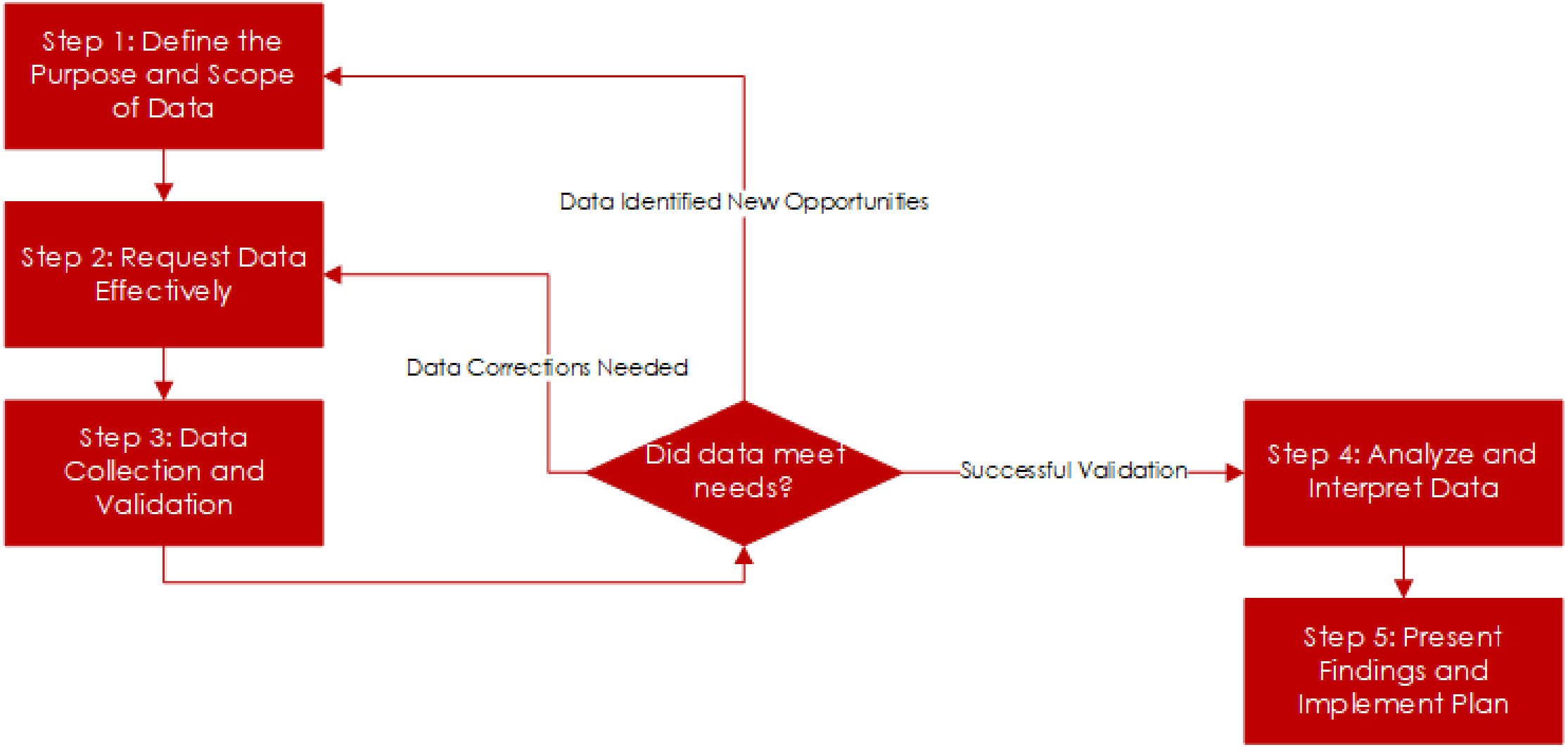
If you wonder…

"Should my analyst know about this?"

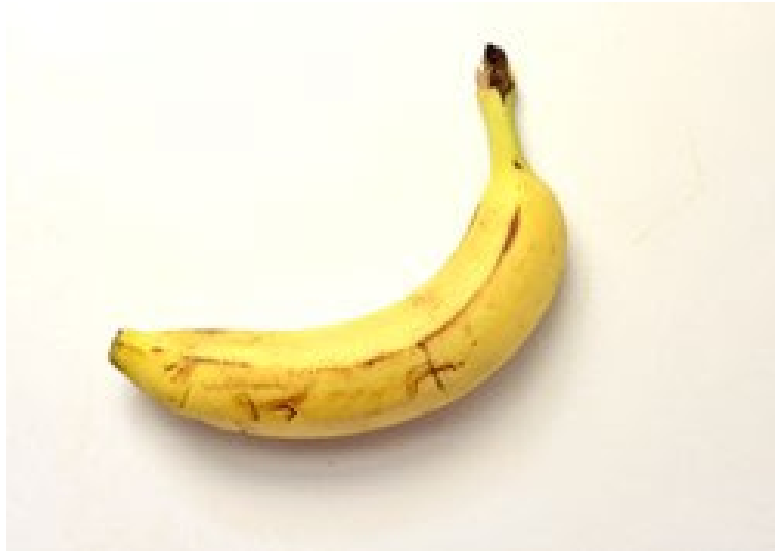
The answer is YES

Inform your analyst of positive impacts from their efforts

STEPS FOR SUCCESSFUL QI DATA CAPTURE



DISCUSSION | Q&A



THANK **YOU**

Jonathan.Midgley@hsc.utah.edu

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Dane Falkner, MBA, LSSBB

Dane Falkner is a Lean Six Sigma Black Belt (LSSBB) with a BS in Finance from the University of Utah and an MBA from Westminster College. Dane has been with the University of Utah Health for over 7 years and his current role is the Manager of System Quality. Dane has also held improvement roles in non-healthcare industries including Visa and Caesars Entertainment.

IMPROVEMENT KATA:
RAPID EXPERIMENTATION AND PDSA IN HEALTHCARE

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Manager, Quality and Operational Excellence
System Quality
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UNIVERSITY OF UTAH

September 18, 2024

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Who wants change?
Who wants *to* change?
Who wants *to* ***lead the*** change?

EVERY CHALLENGE A COMPANY MAY FACE

LEADERSHIP IS THE SOLUTION

LEARN.

LEAD.

WIN.

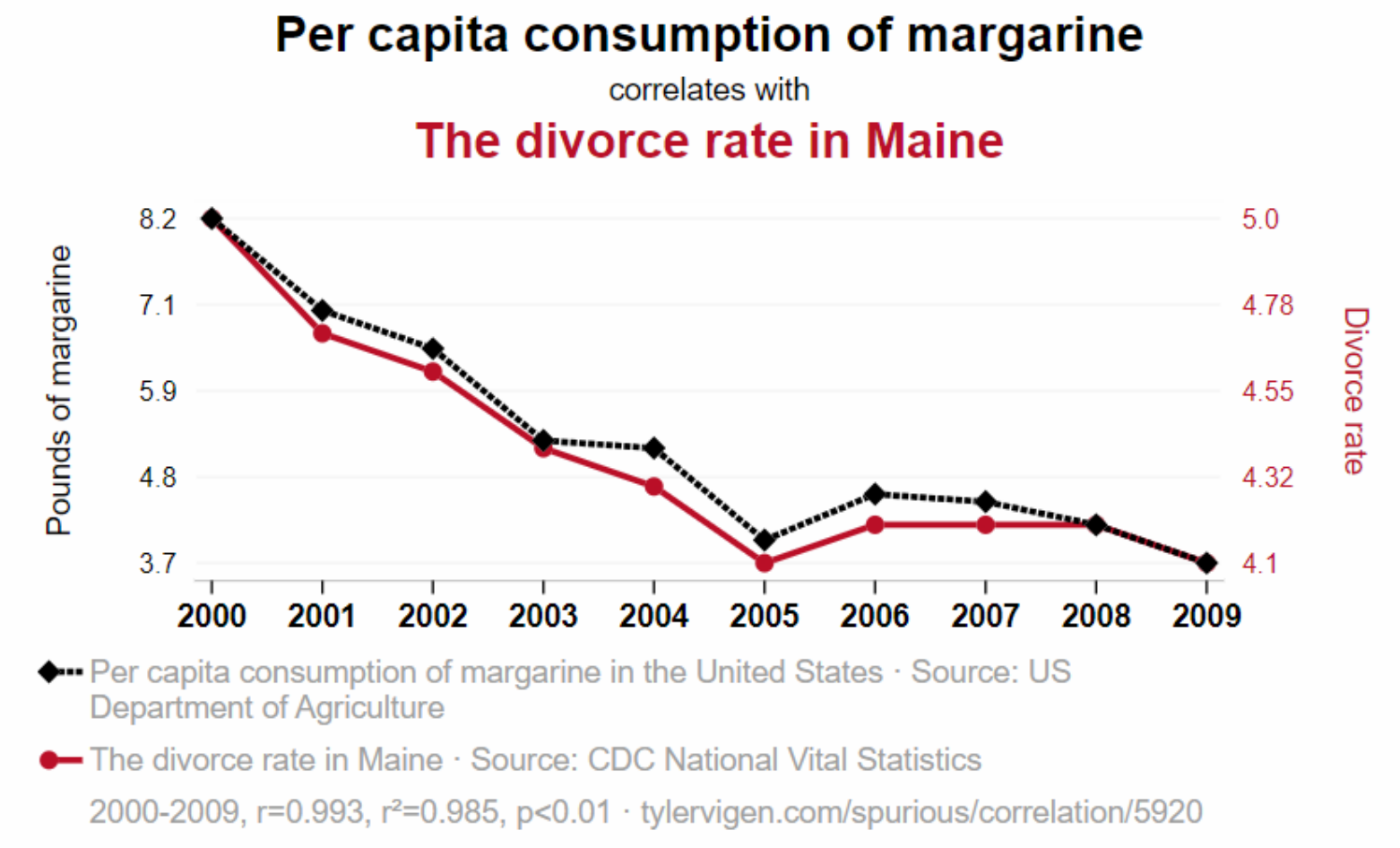
STARTING AN IMPROVEMENT PROJECT

WE HAVE LOTS OF INTERNAL DATA

WE HAVE LOTS OF BENCHMARKING DATA

CORRELATION DOES NOT EQUAL CAUSATION

DATA CAN BE TORTURED TO TELL US THE STORY WE WANT



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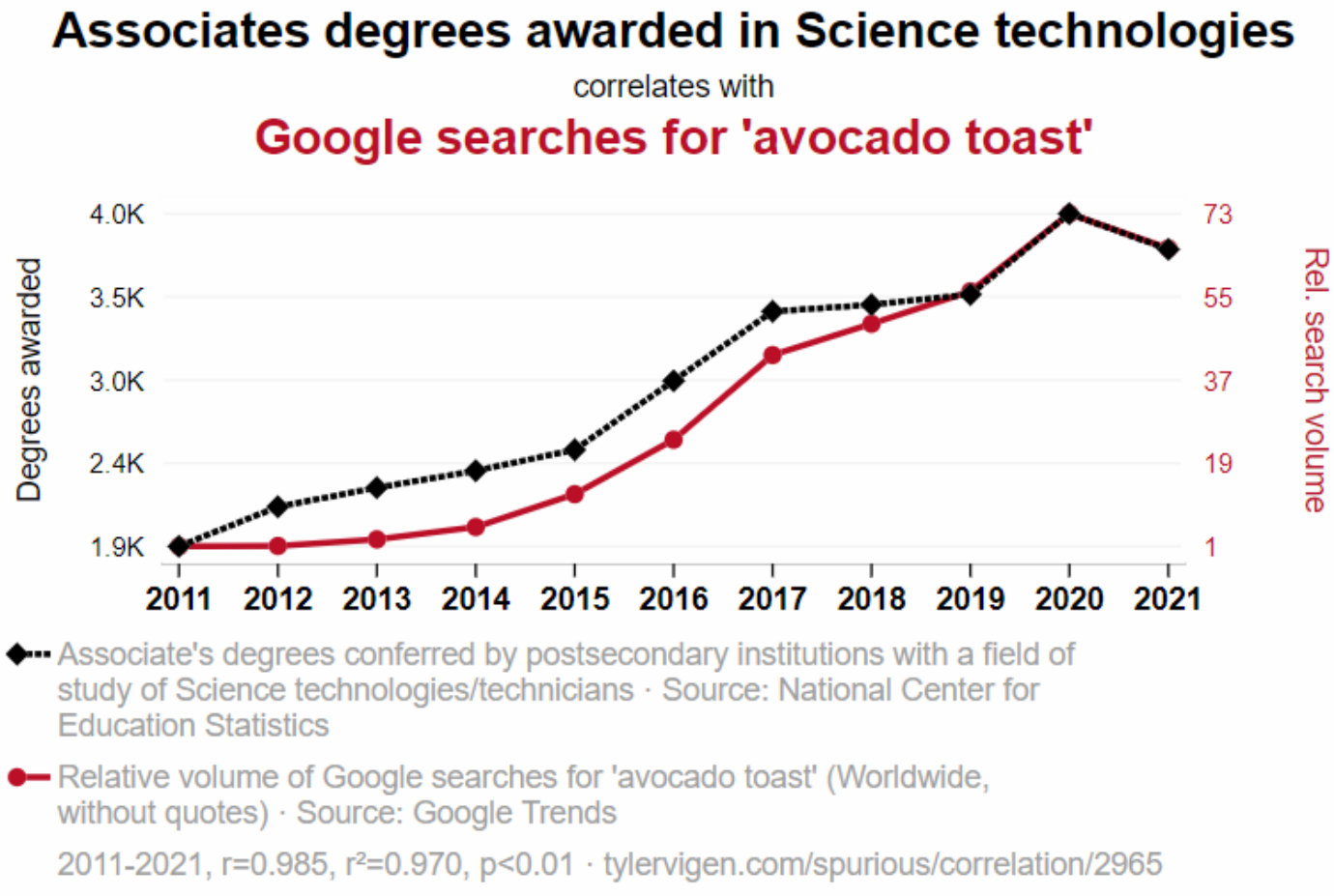

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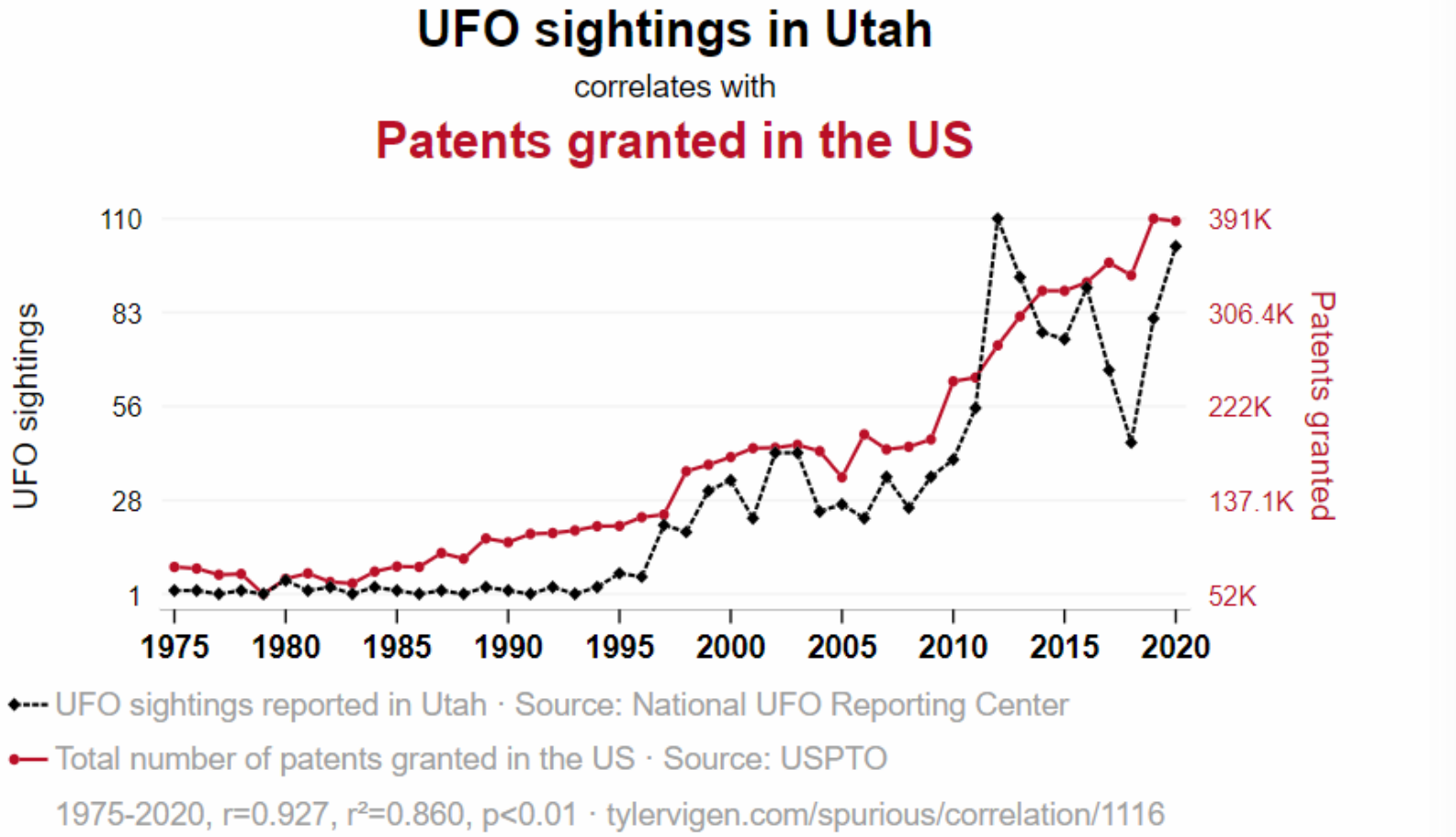
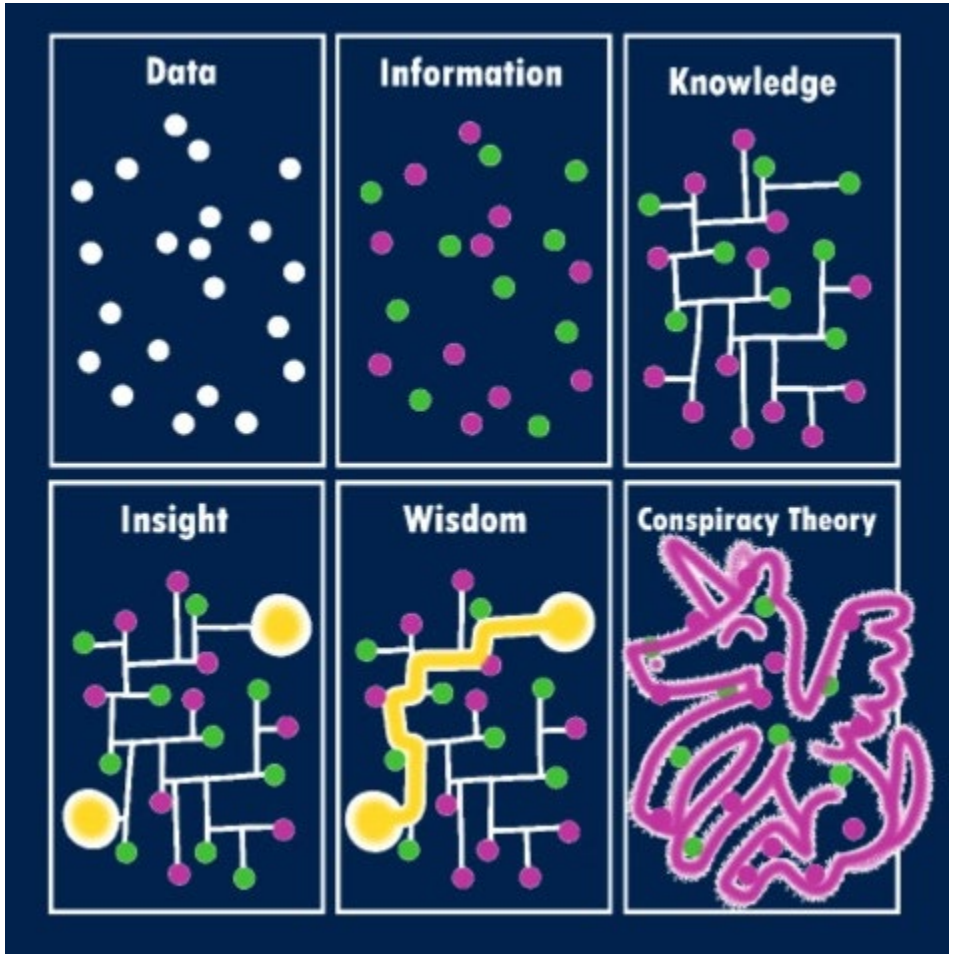


DATA ALONE IS LIMITED

WE NEED THE EXPERTS TO HELP US CONNECT THE DOTS



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WHAT ABOUT STAFF INSIGHT?

VALUE CULTURE (2018), SHARED GOVERNANCE (2022), AND JOY IN WORK (2024)

Goal: Everybody, everyday, engaged, empowered, and enabled to solve problems.

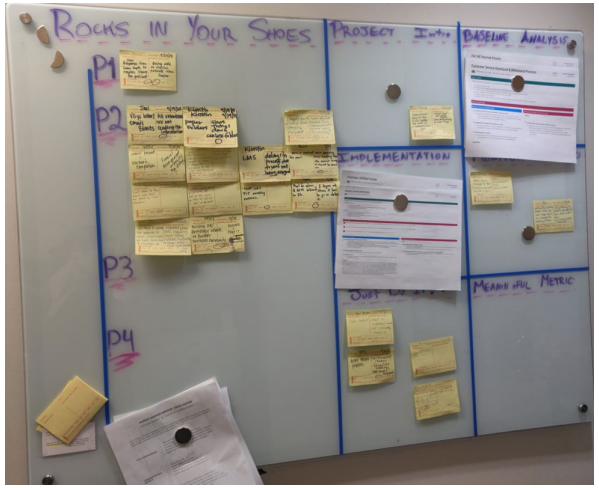
- Problems
- Ideas
- Needs
- Suggestions
- Rocks in the shoe

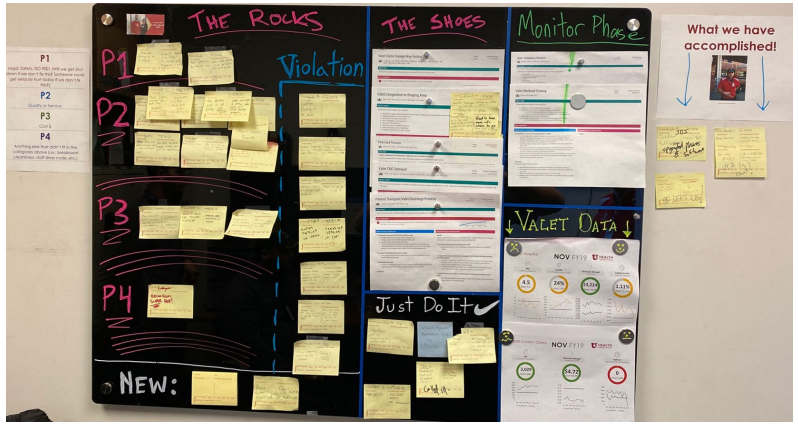
HOW TO COLLECT STAFF FEEDBACK

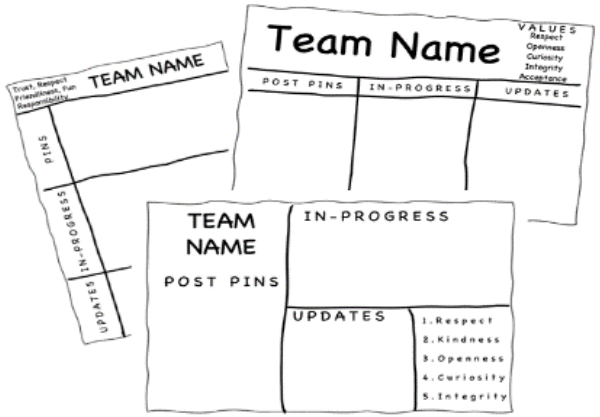
VALUE CULTURE (2018), SHARED GOVERNANCE (2022), AND JOY IN WORK (2024)

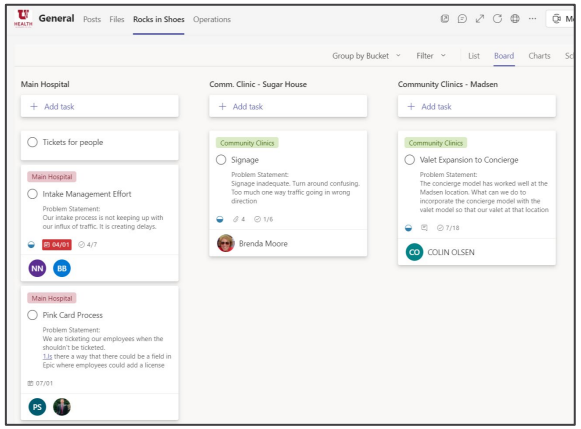
Ask staff, "What matters to you?"

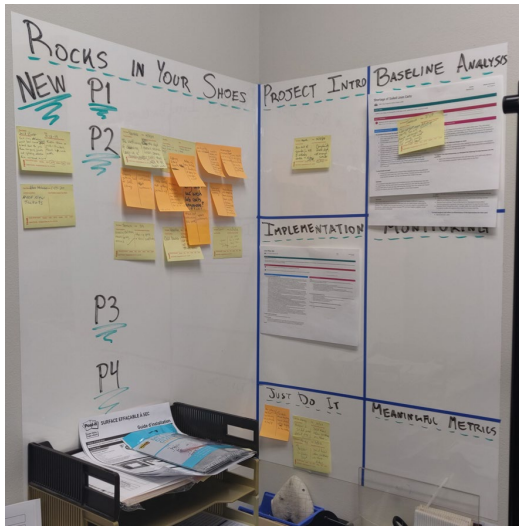
- Staff meetings
- BetterU survey
- Team boards











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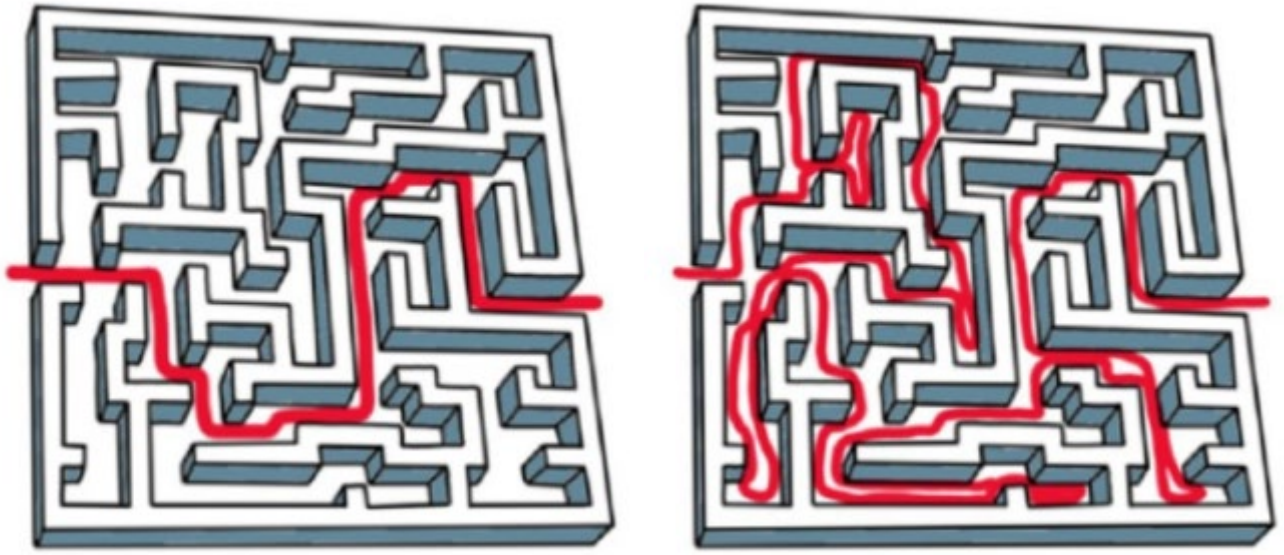
HOW TO COLLECT STAFF FEEDBACK

VALUE CULTURE (2018), SHARED GOVERNANCE (2022), AND JOY IN WORK (2024)

Ask staff, "What matters to you?"

- Staff meetings
- BetterU survey
- Team boards
- **Go and see**
  - Reduces negative emotions
  - Increases objectivity and focus
  - Increases focus on process



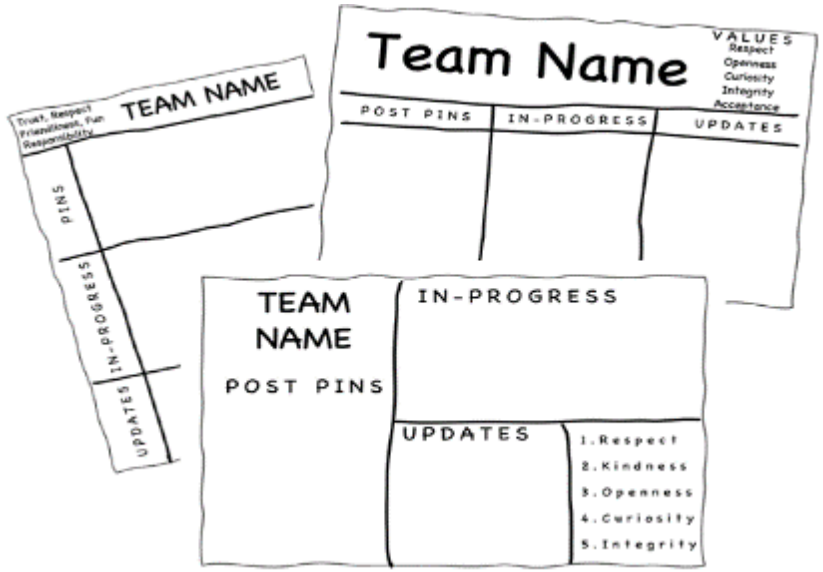
What people think it looks like

What it really looks like

WHAT DO WE DO WITH ALL OF THIS?

IDENTIFY PROBLEMS, DEVELOP HYPOTHESIS, DESIGN EXPERIMENTS TO TEST THEM

AHRQ PCMH BEST U.S.News RANKINGS PressGaney MAGNET EXCELLENCE AMERICAN NURSES CREDENTIALING CENTER vizient. CMS.gov SRTR SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS



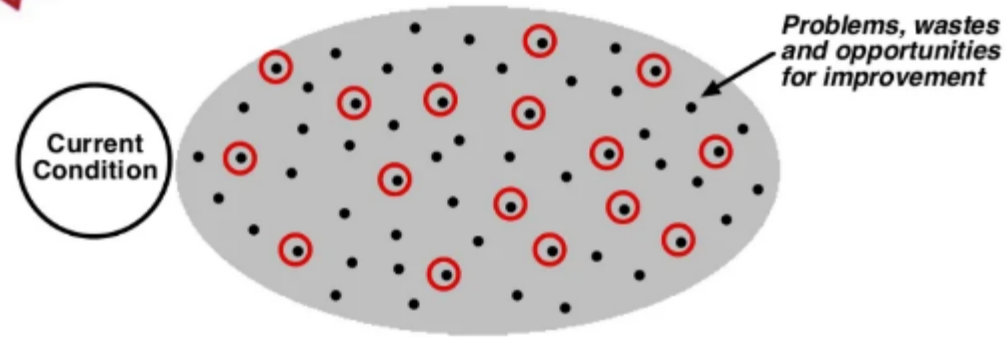
"After careful consideration of all 437 charts, graphs, and metrics, what do we do now?"

IGNORE IT? FIREFIGHT? WHACK-A-MOLE?

Old Way

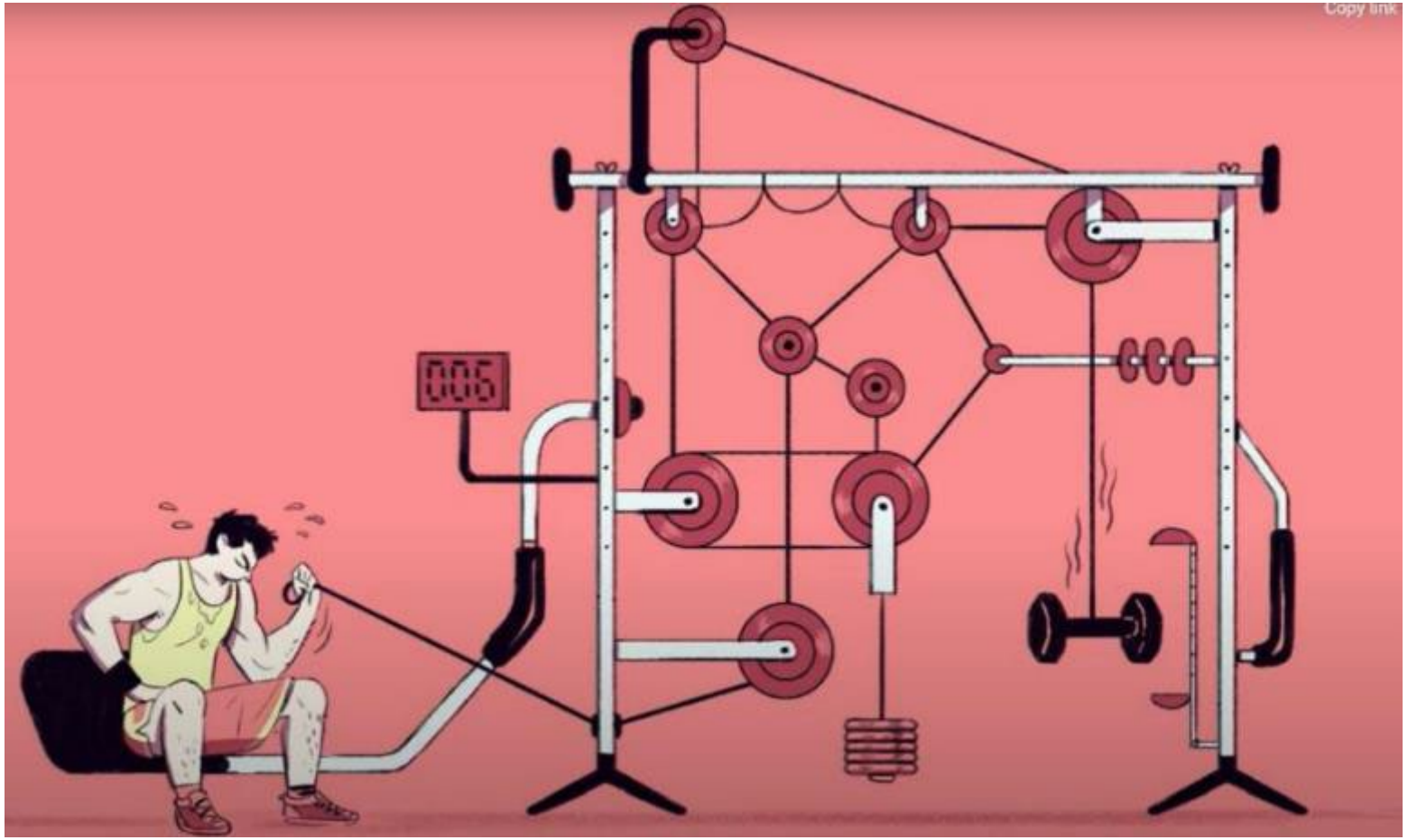
HOW DO WE TEND TO TRY TO IMPROVE?

We hunt for wastes or react to problems, and try to eliminate them



COMPLEX SOLUTIONS

What's needed



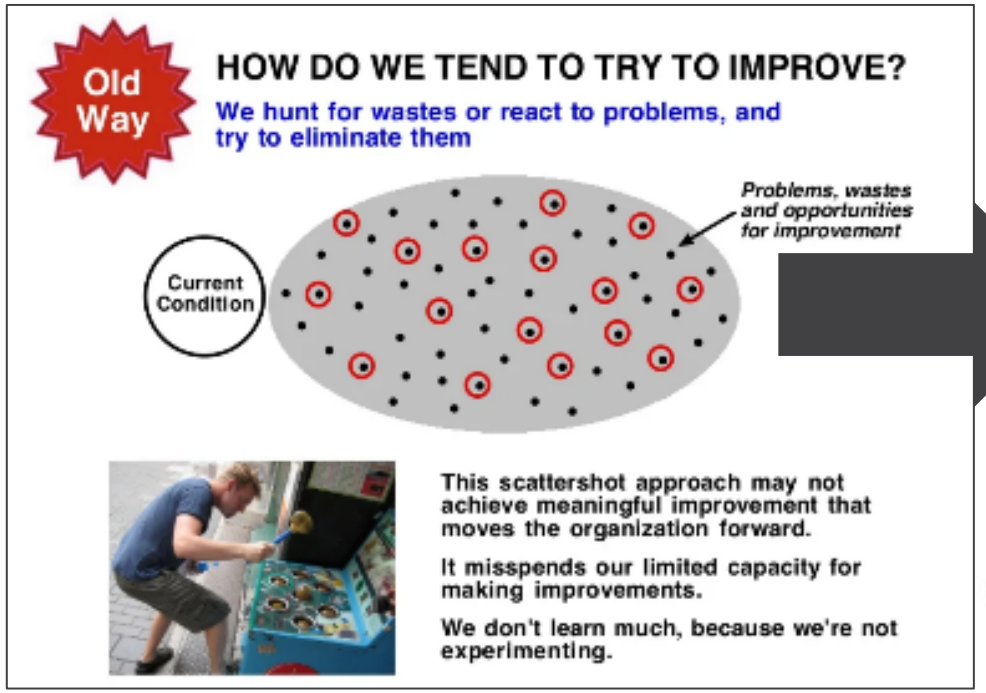
What's designed

UNINFORMED SOLUTIONS

OR WORKAROUNDS

IS THERE A BETTER WAY? YES!

THE IMPROVEMENT KATA IS A DIFFERENT APPROACH



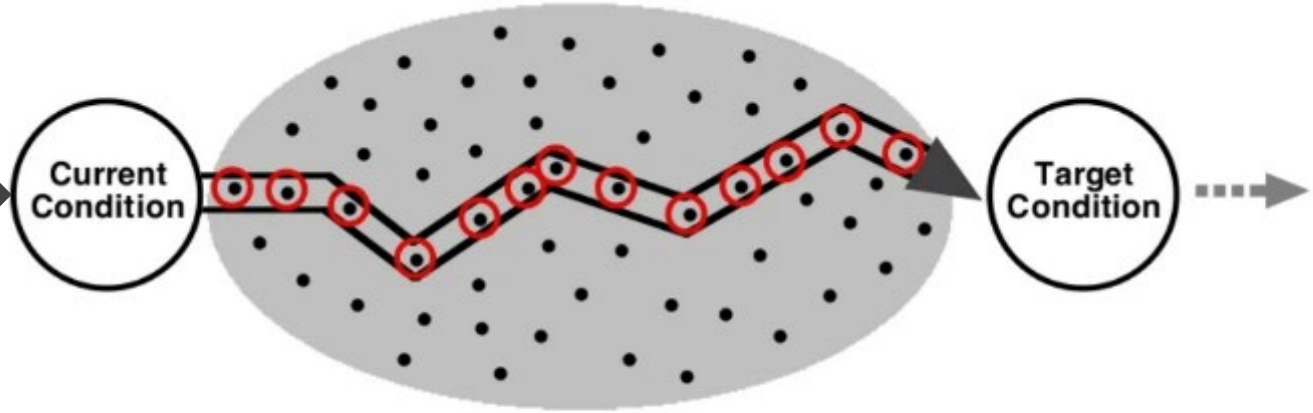


Diagram by Mr. Jeff Uitenbroek

IS THERE A BETTER WAY? HOW?

USE IMPROVEMENT SCIENCE AND COMMIT TO A SYSTEMS APPROACH:

1. The Scientific Method (PDCA/PDSA)
2. Scientific Thinking
3. Kata

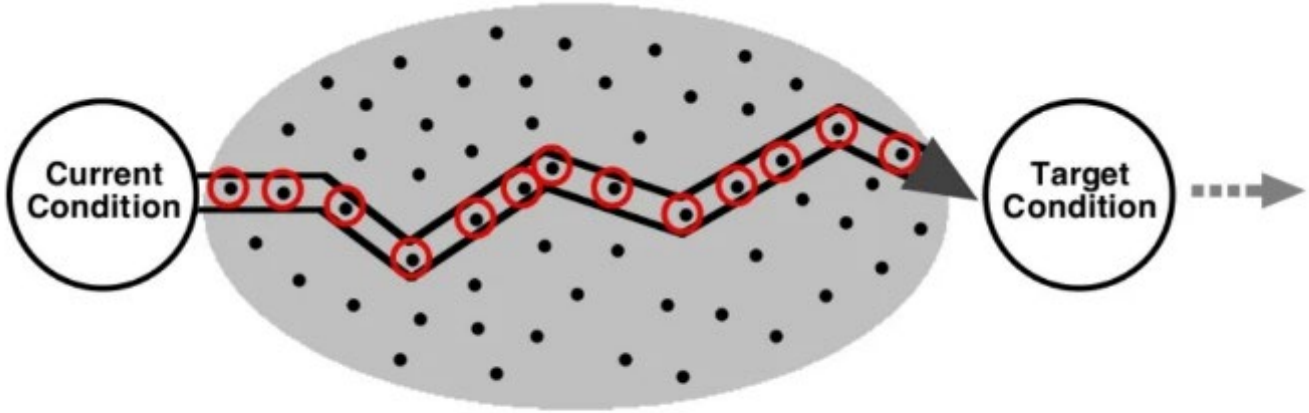
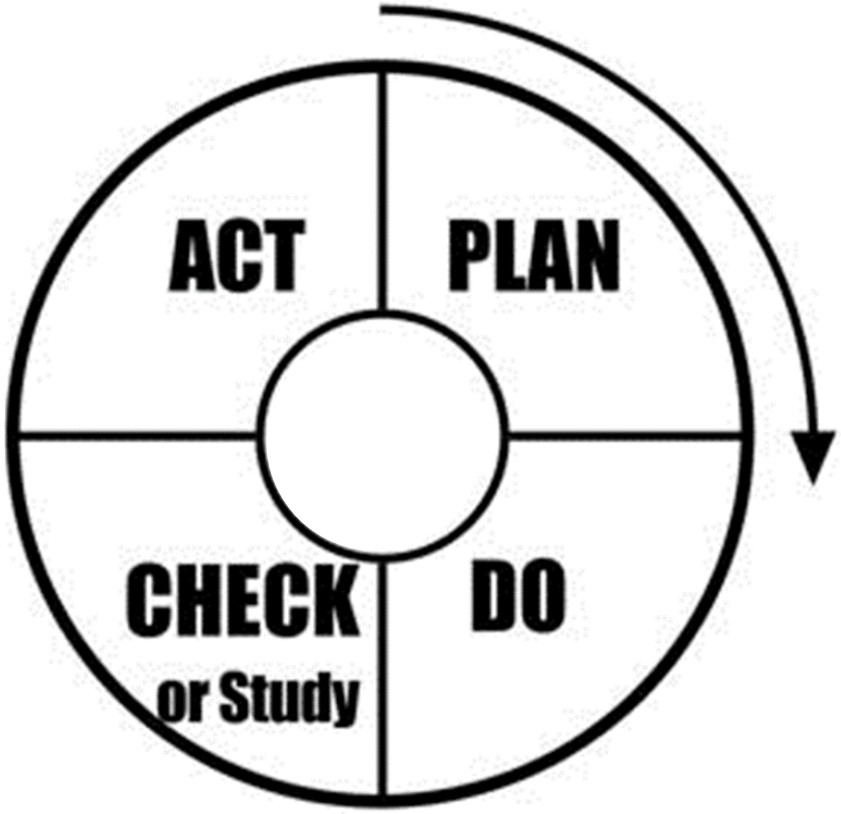


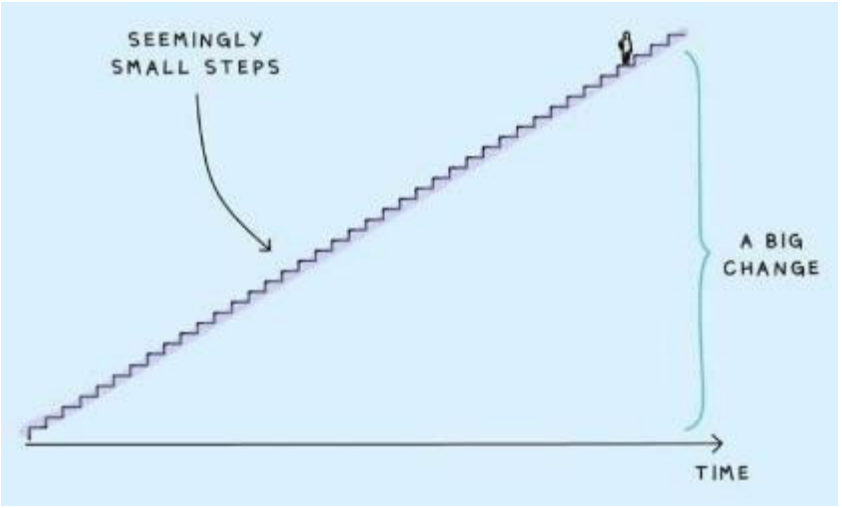
Diagram by Mr. Jeff Uitenbroek

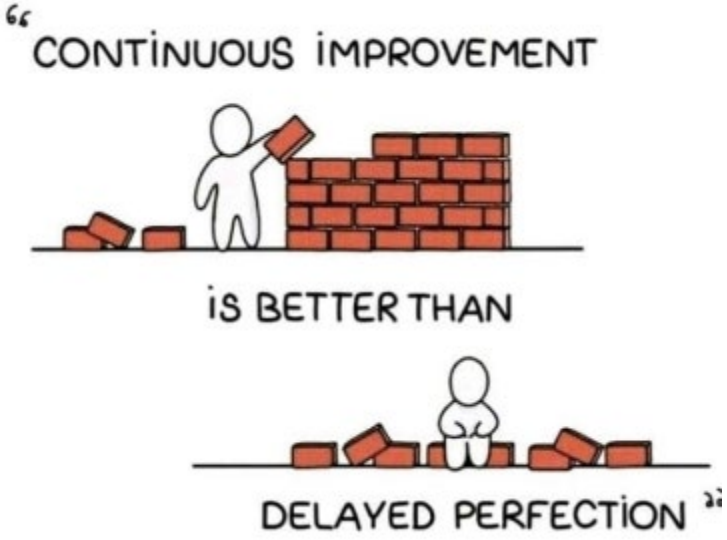
THE SCIENTIFIC METHOD (PDCA/PDSA) & SCIENTIFIC THINKING

SCIENTIFIC METHOD

CONTINUOUS IMPROVEMENT: EVERYBODY, EVERY DAY, EMPOWERED, ENGAGED, IMPROVING







SCIENTIFIC METHOD

GO AND SEE: TURN DATA, OPINION, AND ASSUMPTION INTO FACTS

TRADITIONAL THINKING

MAKE A MENTAL NOTE OF WHAT YOU SEE FIRST

TRADITIONAL THINKING

OUR MIND FILLS IN THE GAPS

TRADITIONAL THINKING

CAN BE BASED ON…

1. **Assumption**
2. **Opinion**
3. **Gut feeling**
4. **Tribal Knowledge**
5. **Emotion**
6. **Perception**

IUMRING TQ GQNGIUSIQNS

TRADITIONAL THINKING

THIS CAN RESULT IN CREATING BIG PLANS BASED ON THE UNKNOWN

1. **Assumption**
2. **Opinion**
3. **Gut feeling**
4. **Tribal Knowledge**
5. **Emotion**
6. **Perception**

SCIENTIFIC THINKING

IS NOT NATURAL

6 Key Elements

1. **Curious** – Motivated to learn
2. **Methodical** – Systematic approach (PDCA/PDSA)
3. **Evidence based** – Focus on facts
4. **Specific** – Clear and focused
5. **Hypothesis driven** – Testable and falsifiable; yo intent for taking the action
6. **Learning** – Building new knowledge

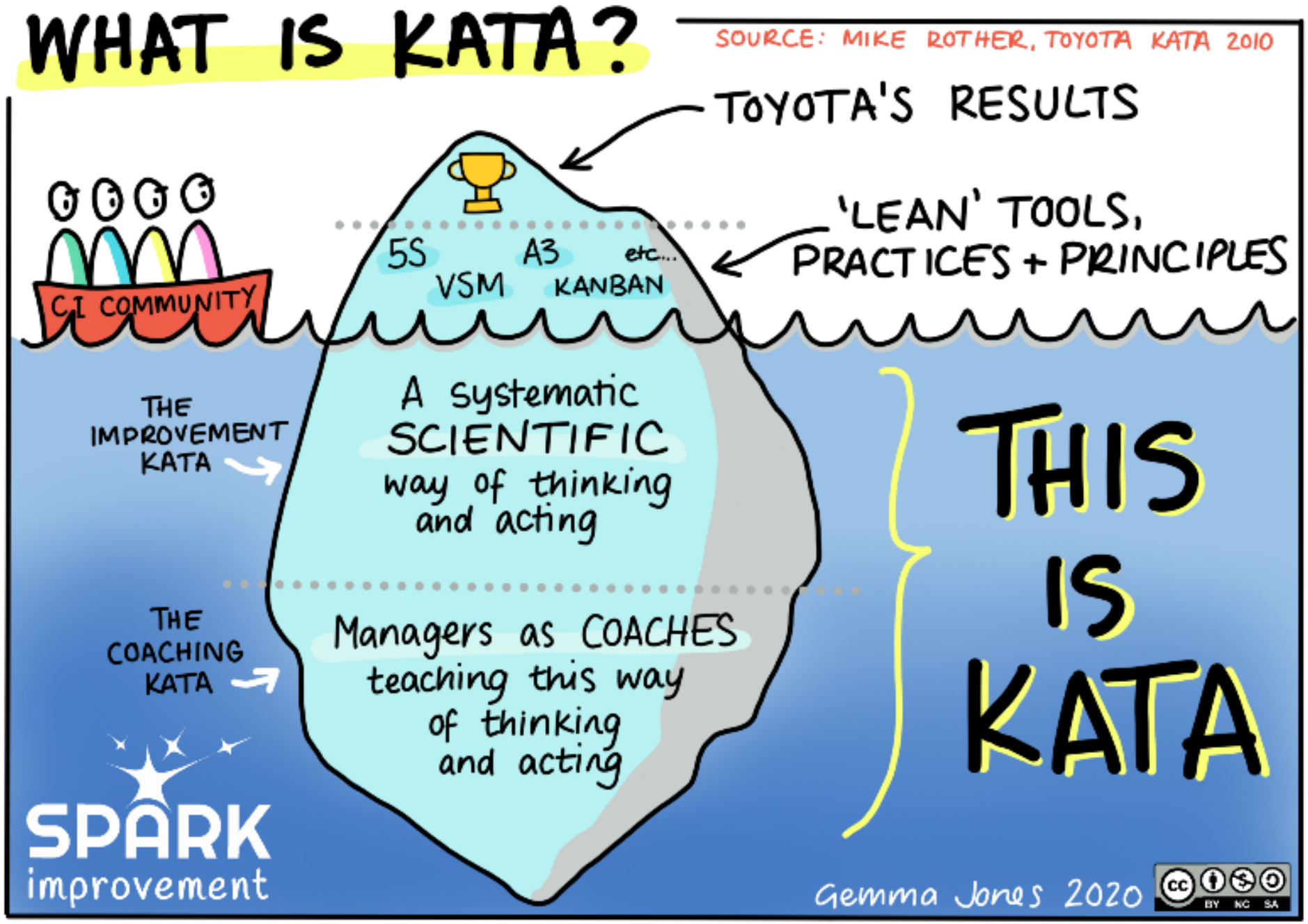
PRACTICE ROUTINES *Can help you develop* **SCIENTIFIC THINKING**

KATA

WHAT IS KATA?

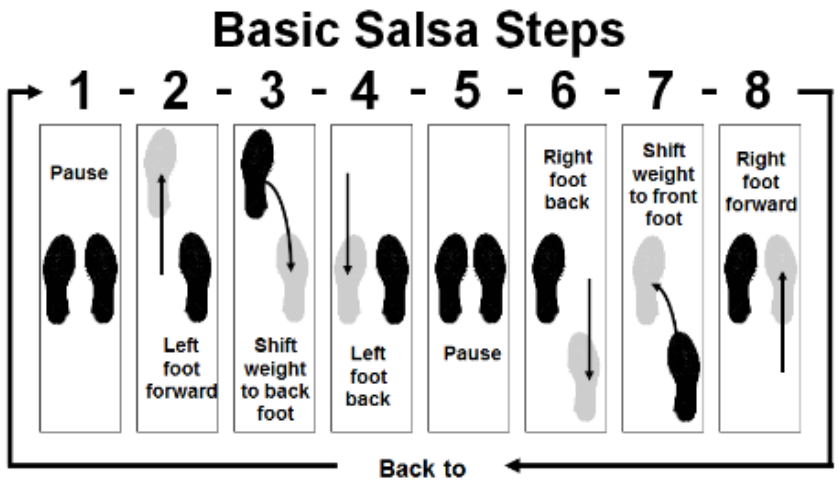
WHAT IS KATA?

KATA IS A SKILL BUILDING PROCESS TO DEVELOP A SCIENTIFIC MINDSET



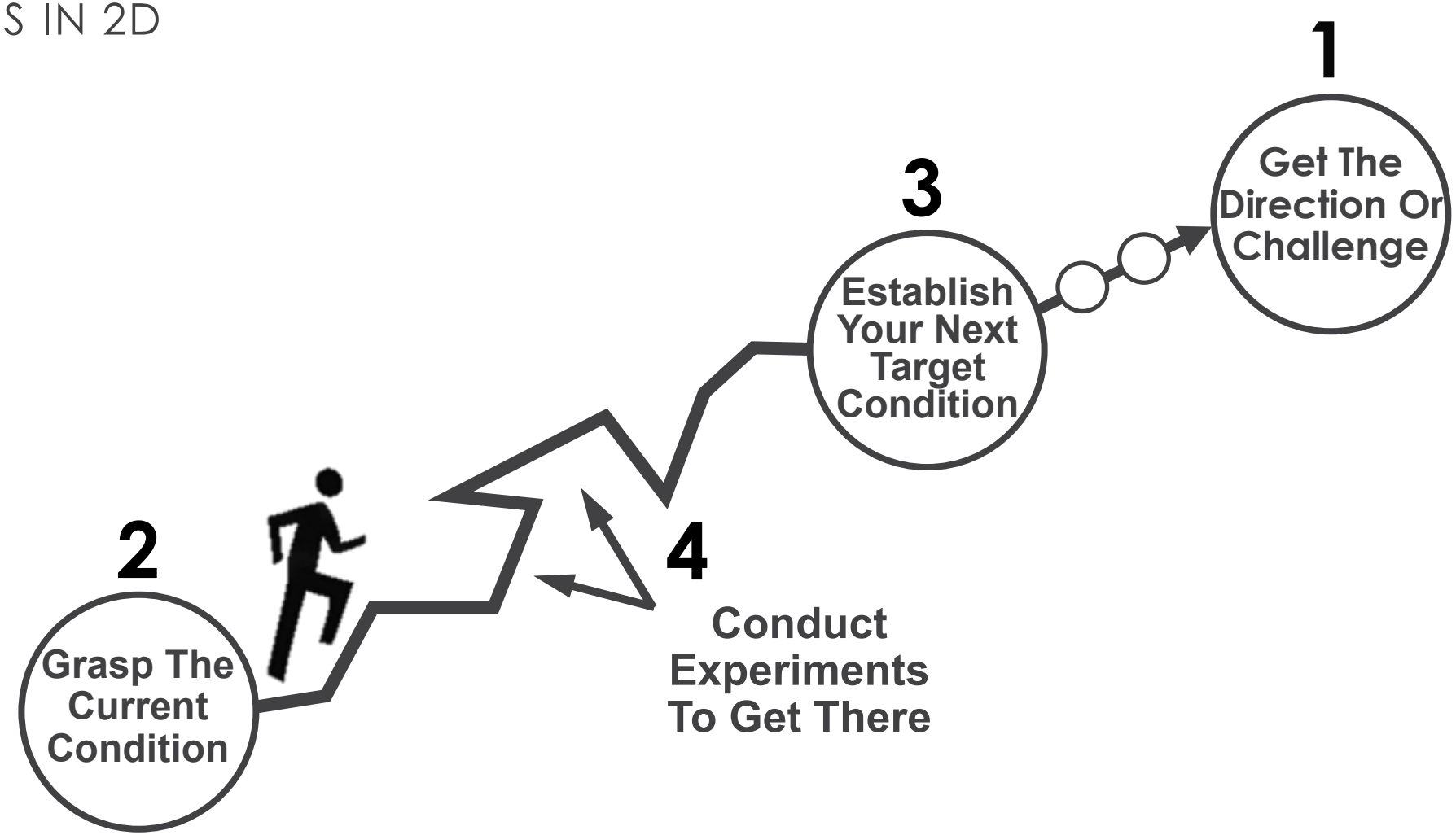
KATA EXAMPLES

A ROUTINE YOU DELIBERATELY PRACTICE TO DEVELOP NEW SKILLS AND HABITS



IMPROVEMENT KATA

THE 4 STEPS IN 2D



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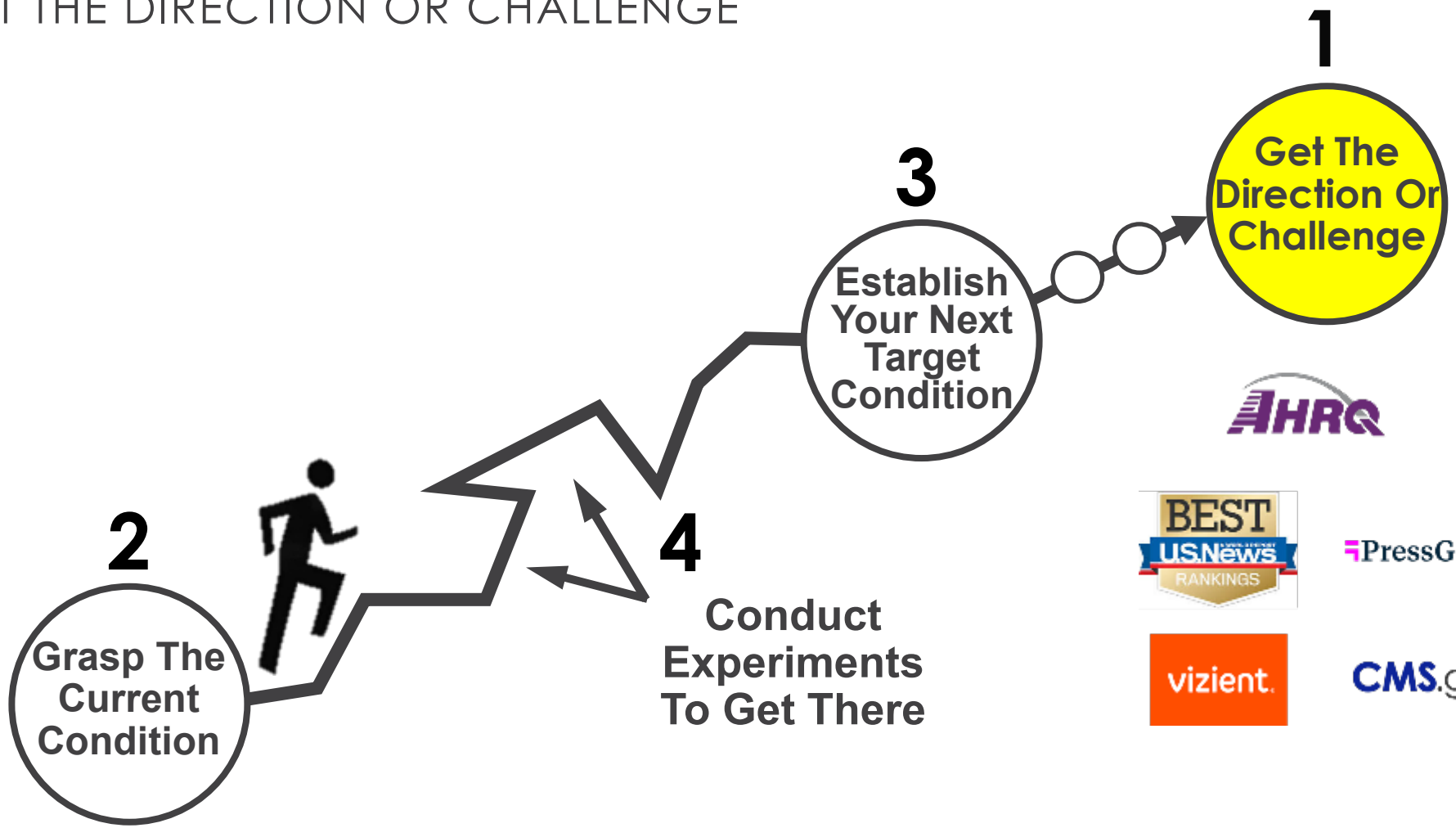
IMPROVEMENT KATA

STEP 1: GET THE DIRECTION OR CHALLENGE

Question:
"Wouldn't it be great if?"



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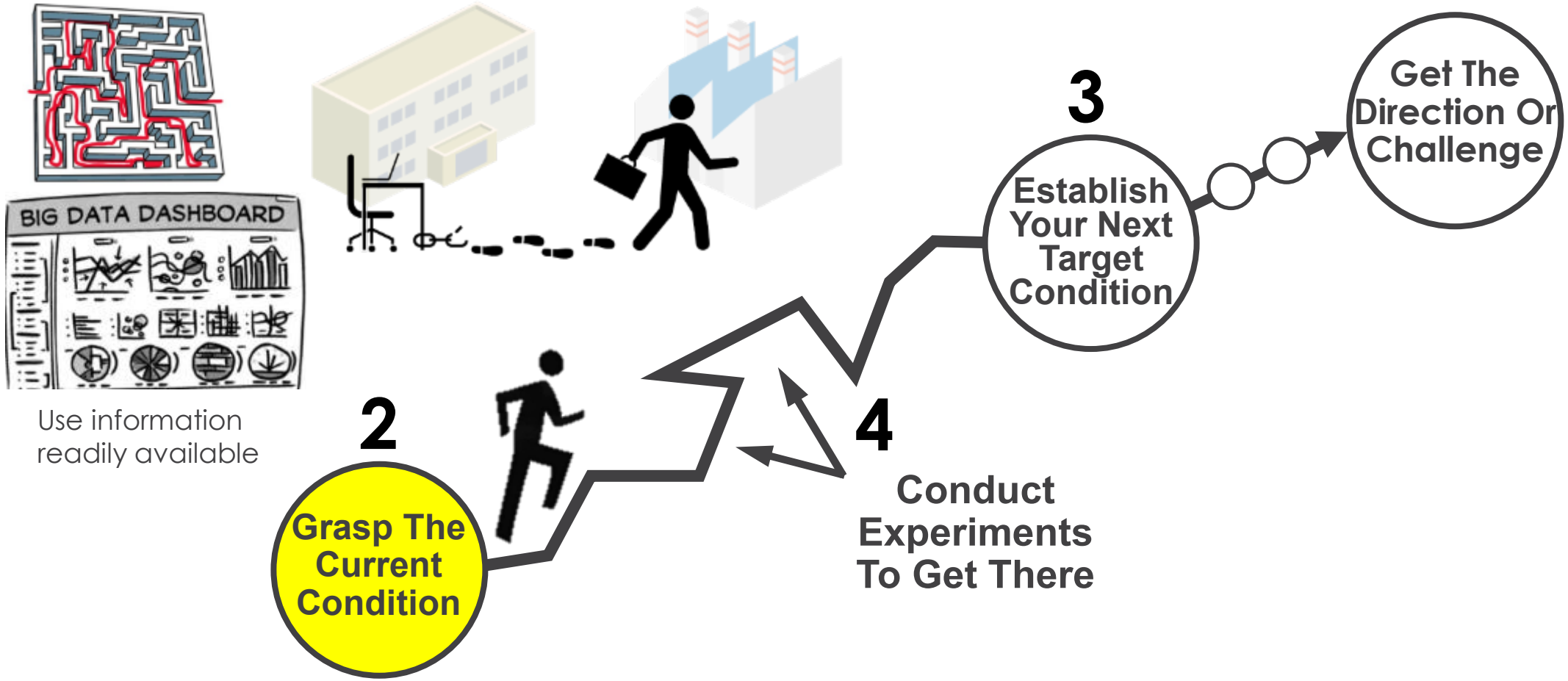
IMPROVEMENT KATA

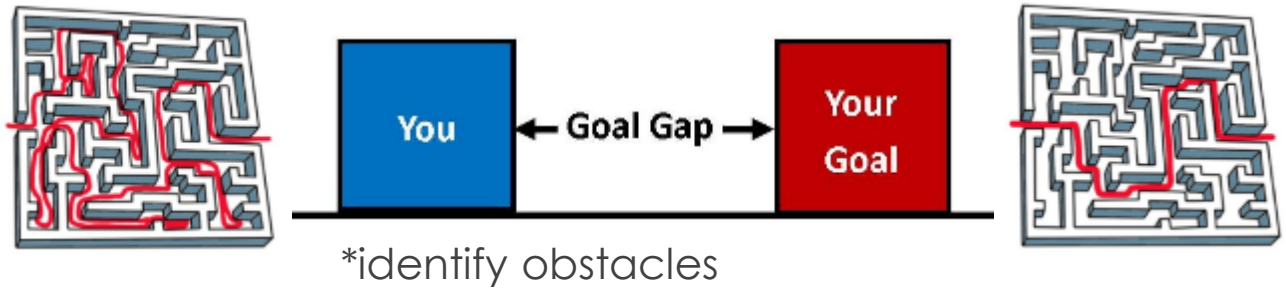
STEP 2: GRASP THE CURRENT CONDITION



Use information readily available

IMPROVEMENT KATA

STEP 3: ESTABLISH YOUR NEXT TARGET CONDITION



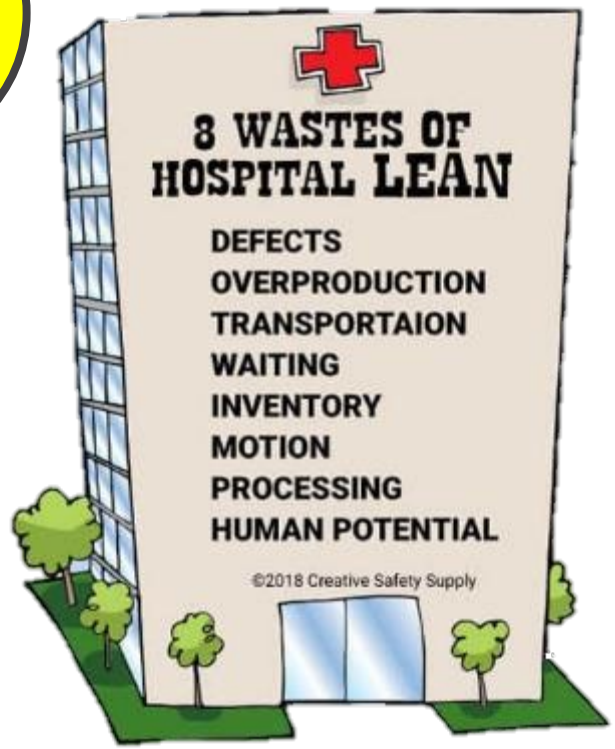
*identify obstacles

1
Get The Direction Or Challenge

3
Establish Your Next Target Condition

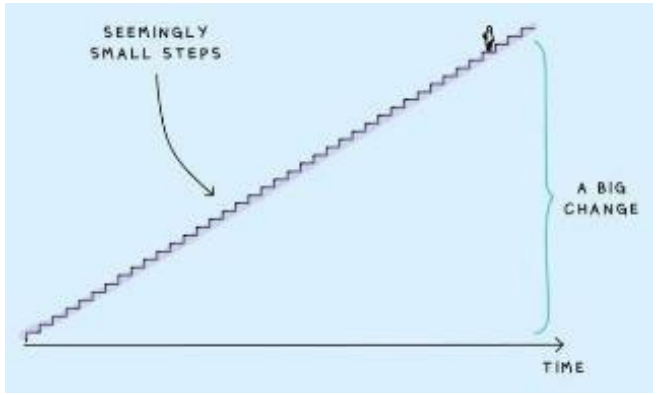
2
Grasp The Current Condition

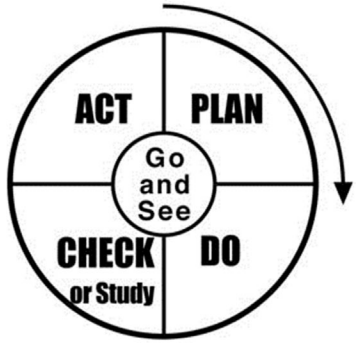
4
Conduct Experiments To Get There



IMPROVEMENT KATA

STEP 4: CONDUCT EXPERIMENTS TO GET THERE





1
Get The Direction Or Challenge

3
Establish Your Next Target Condition

2
Grasp The Current Condition

4
Conduct Experiments To Get There

WHAT IS AN EXPERIMENT?

An action which increases our knowledge about the situation

Types of Experiments

1. **Go and See**
   - What's actually happening now?
2. **Exploratory Experiments**
   - What would happen if we ran the target process condition?
3. **Testing a Hypothesis**
   - Experimenting with a single change to overcome an obstacle

IMPROVEMENT KEY POINTS

- You don't have to reach the overall challenge right away
- The path is not predictable or straight
- You experiment to get to the next goal, which makes it scientific
- **Things often won't go the way we think they will!**

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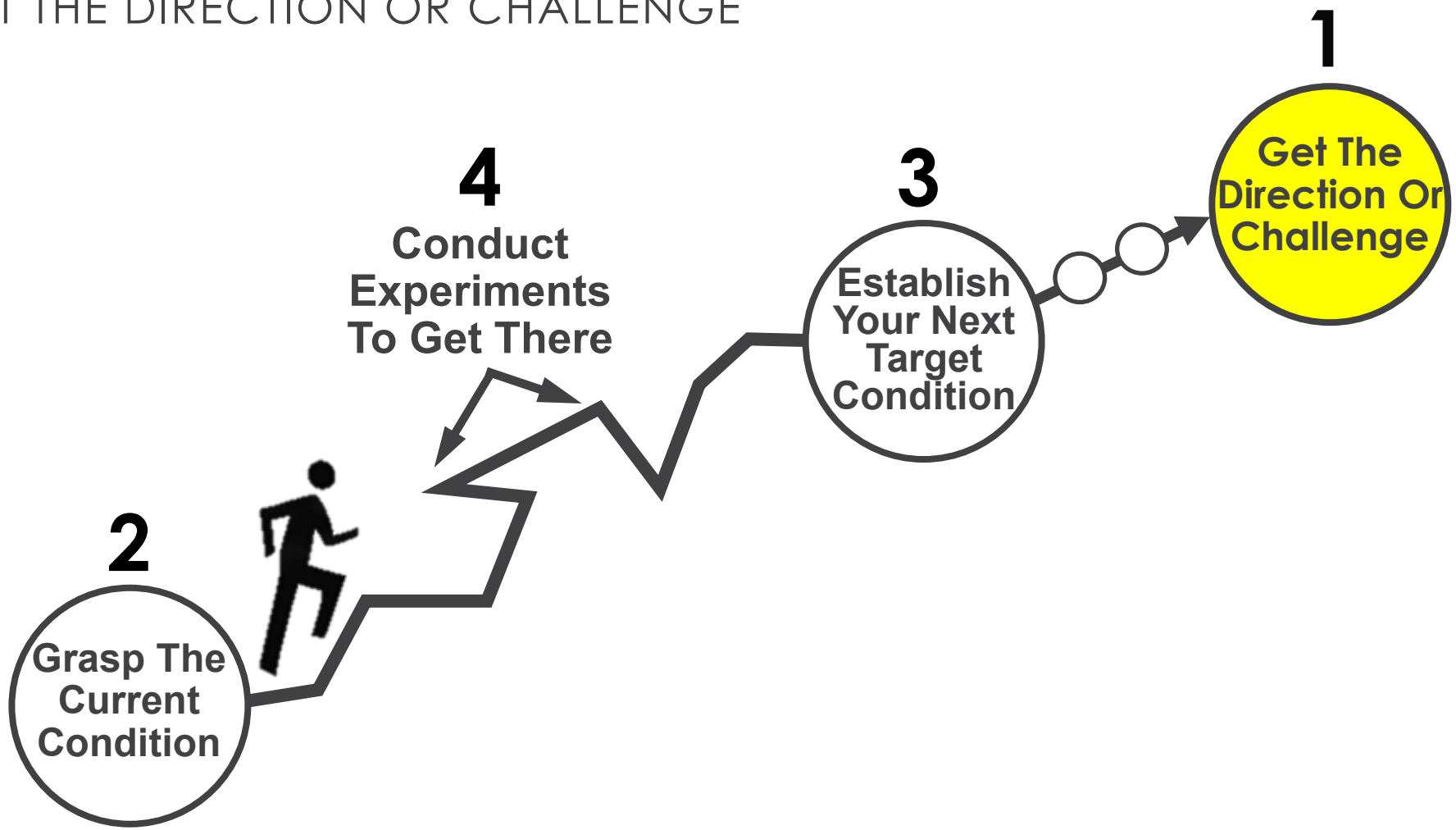
EXAMPLE 1: FITTED SHEETS

Challenge
Have sheets that fit our beds

STEP 1: GET THE DIRECTION OR CHALLENGE

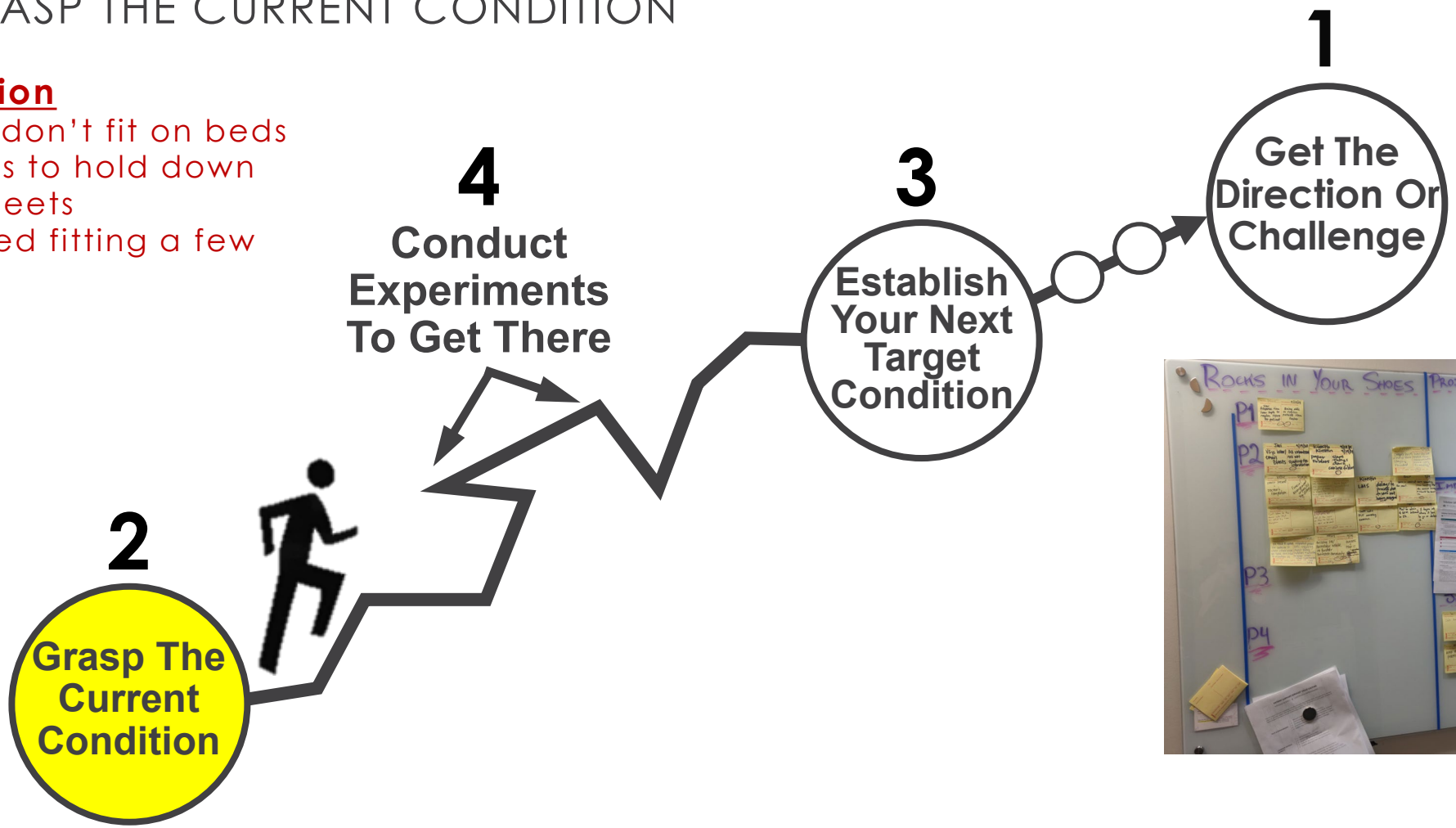


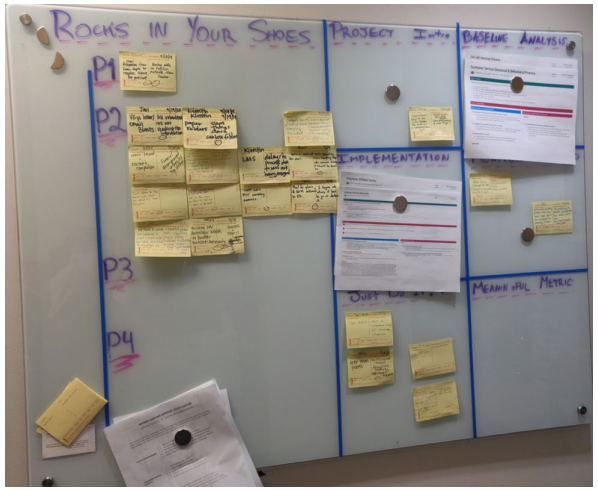
EXAMPLE 1: FITTED SHEETS

STEP 2: GRASP THE CURRENT CONDITION

Challenge
Have sheets that fit our beds

Current Condition
- Fitted sheets don't fit on beds
- Hook to knobs to hold down
- Knobs tear sheets
- Sheets stopped fitting a few months ago





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EXAMPLE 1: FITTED SHEETS

STEP 3: ESTABLISH YOUR NEXT TARGET CONDITION

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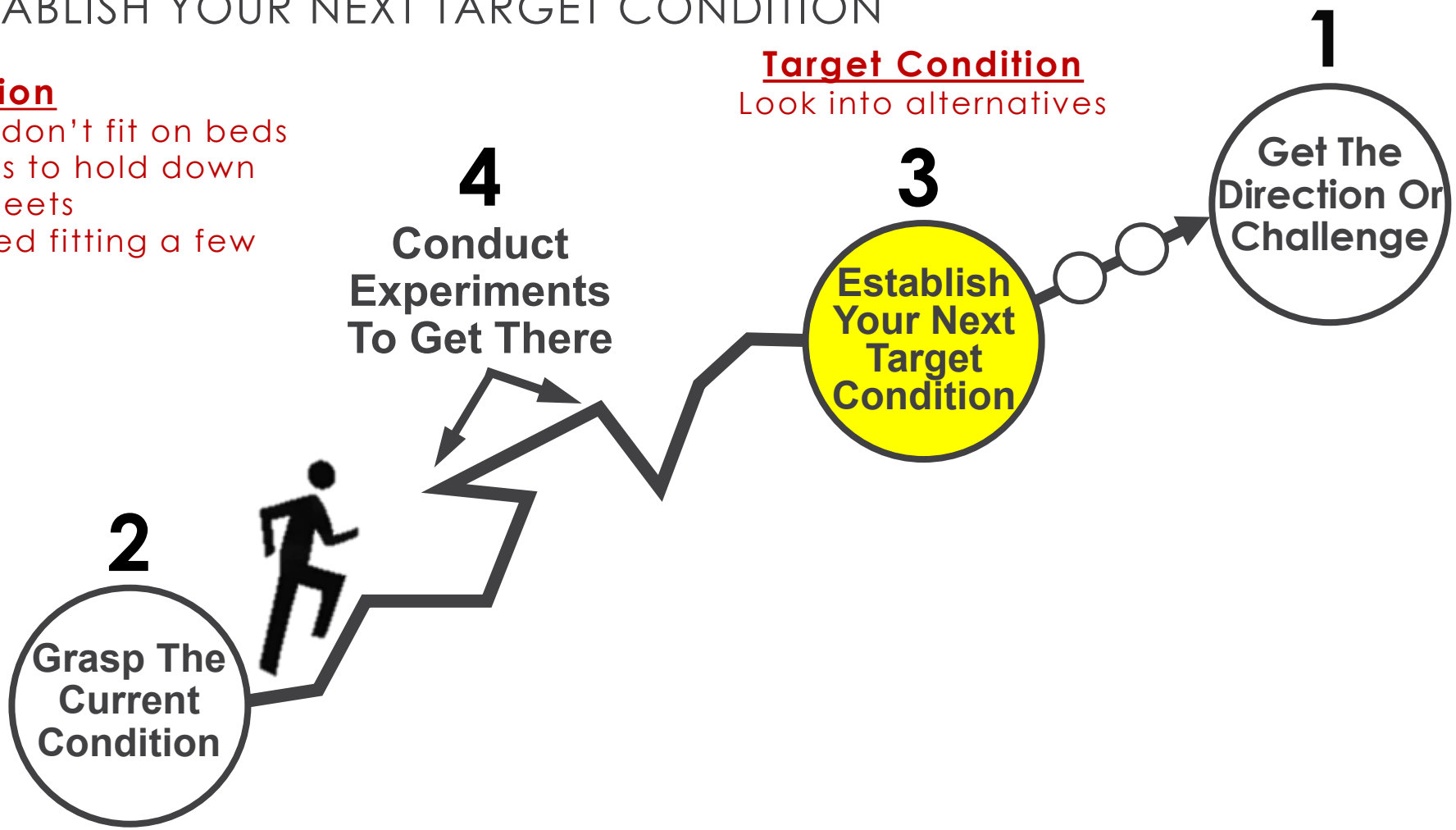

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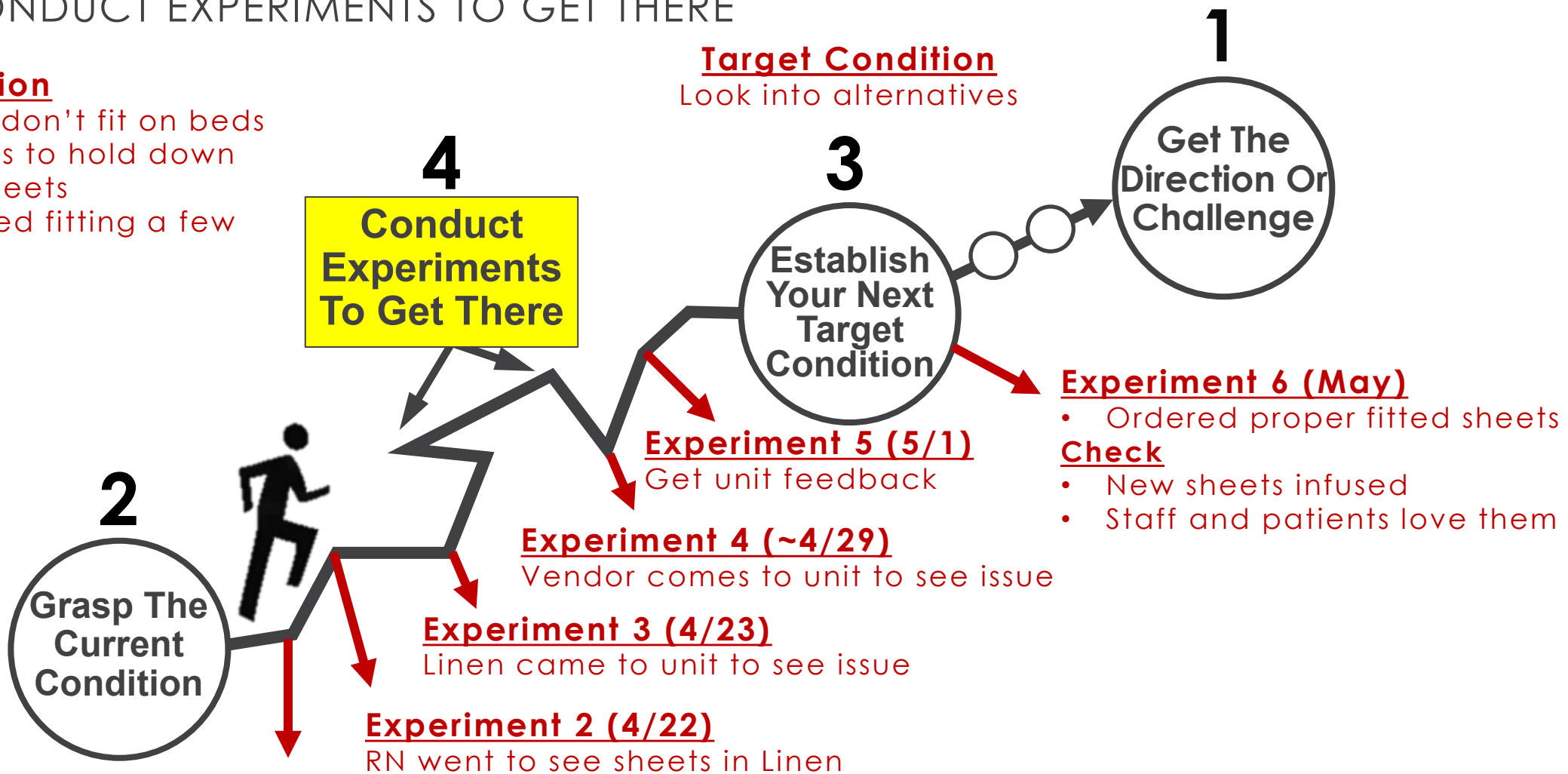
EXAMPLE 1: FITTED SHEETS

STEP 4: CONDUCT EXPERIMENTS TO GET THERE

Challenge
Have sheets that fit our beds

Current Condition
- Fitted sheets don't fit on beds
- Hook to knobs to hold down
- Knobs tear sheets
- Sheets stopped fitting a few months ago

Target Condition
Look into alternatives



Experiment 6 (May)
- Ordered proper fitted sheets

Check
- New sheets infused
- Staff and patients love them

Experiment 5 (5/1)
Get unit feedback

Experiment 4 (~4/29)
Vendor comes to unit to see issue

Experiment 3 (4/23)
Linen came to unit to see issue

Experiment 2 (4/22)
RN went to see sheets in Linen

Experiment 1 (4/22)
Meet with Linen to share issue

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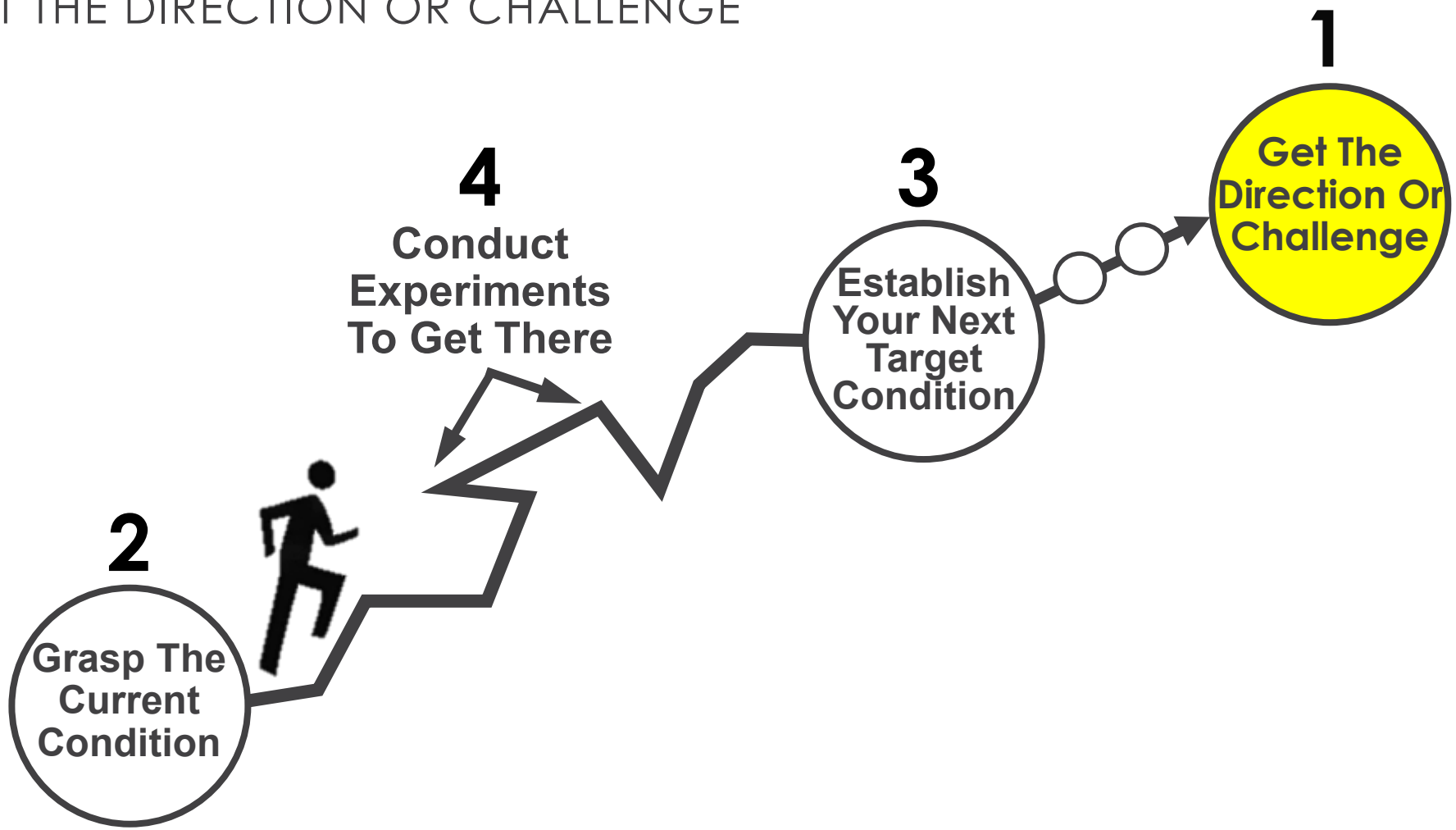
EXAMPLE 2: LAB ERRORS

STEP 1: GET THE DIRECTION OR CHALLENGE

Challenge
Reduce Total Lab Errors by 50%



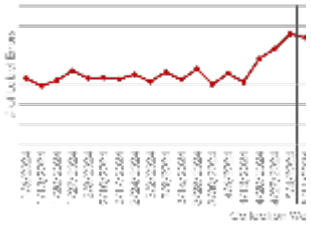
EXAMPLE 2: LAB ERRORS

STEP 2: GRASP THE CURRENT CONDITION

Challenge
Reduce Total Lab Errors by 50%

Current Condition

- Labeling >80% of all errors
- 1 unit >50% of all labeling errors
- Multiple training documents
- Multiple ways to mislabel



1
Get The Direction Or Challenge

3
Establish Your Next Target Condition

4
Conduct Experiments To Get There

2
Grasp The Current Condition

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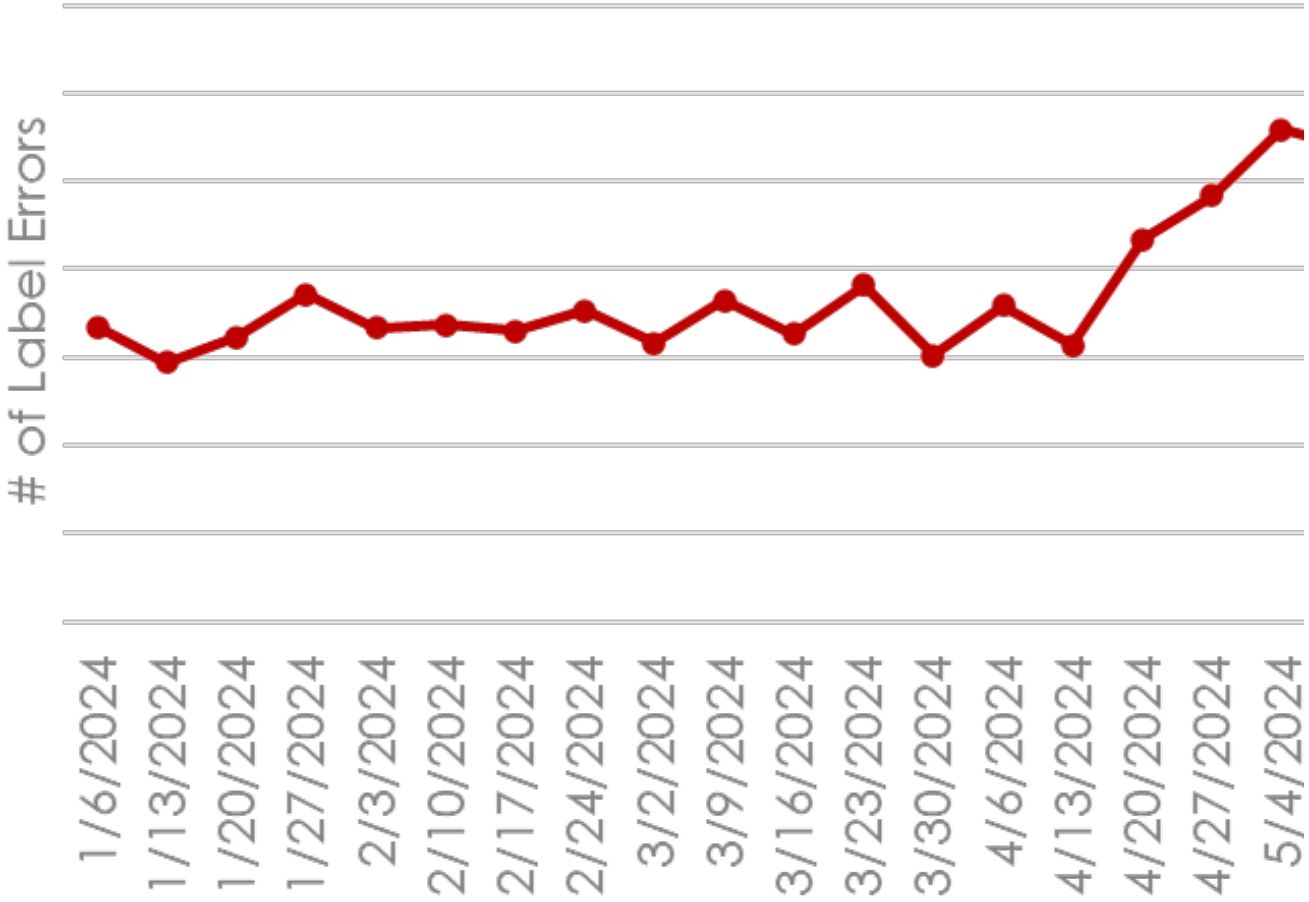
EXAMPLE 2: LAB ERRORS

STEP 2: GRASP THE CURRENT CONDITION



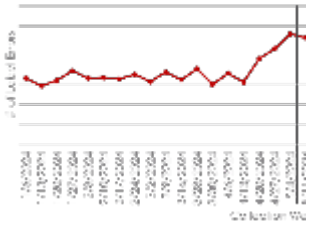
EXAMPLE 2: LAB ERRORS

STEP 3: ESTABLISH YOUR NEXT TARGET CONDITION

Challenge
Reduce Total Lab Errors by 50%

Target Condition
Reduce Label Errors by 50% in Area A

Current Condition
- Labeling >80% of all errors
- 1 unit >50% of all errors
- Multiple training documents
- Multiple ways to mislabel



1 Get The Direction Or Challenge

2 Grasp The Current Condition

3 Establish Your Next Target Condition

4 Conduct Experiments To Get There

EXAMPLE 2: LAB ERRORS

STEP 4: CONDUCT EXPERIMENTS TO GET THERE

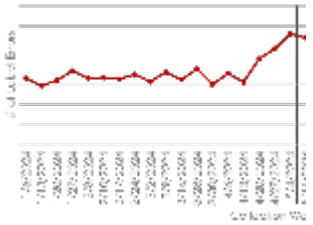
Challenge
Reduce Total Lab Errors by 50%

1

Target Condition
Reduce Label Errors by 50% in Area A

3

Current Condition
- Labeling >80% of all errors
- 1 unit >50% of all errors
- Multiple training documents
- Multiple ways to mislabel



4

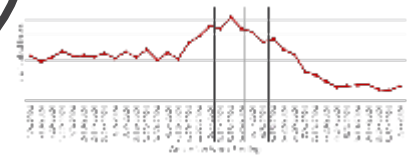
Conduct Experiments To Get There

2

Grasp The Current Condition

Establish Your Next Target Condition

Get The Direction Or Challenge



Check (Jul)
Reduced lab label errors by >69%
Weekly report shared with units

Experiment 5 (Jun)
Went to see progress; noticed left handers frequently placed label upside down

Experiment 3 (Jun-Jul)
Revamped training
Started 60 second 1:1 coaching

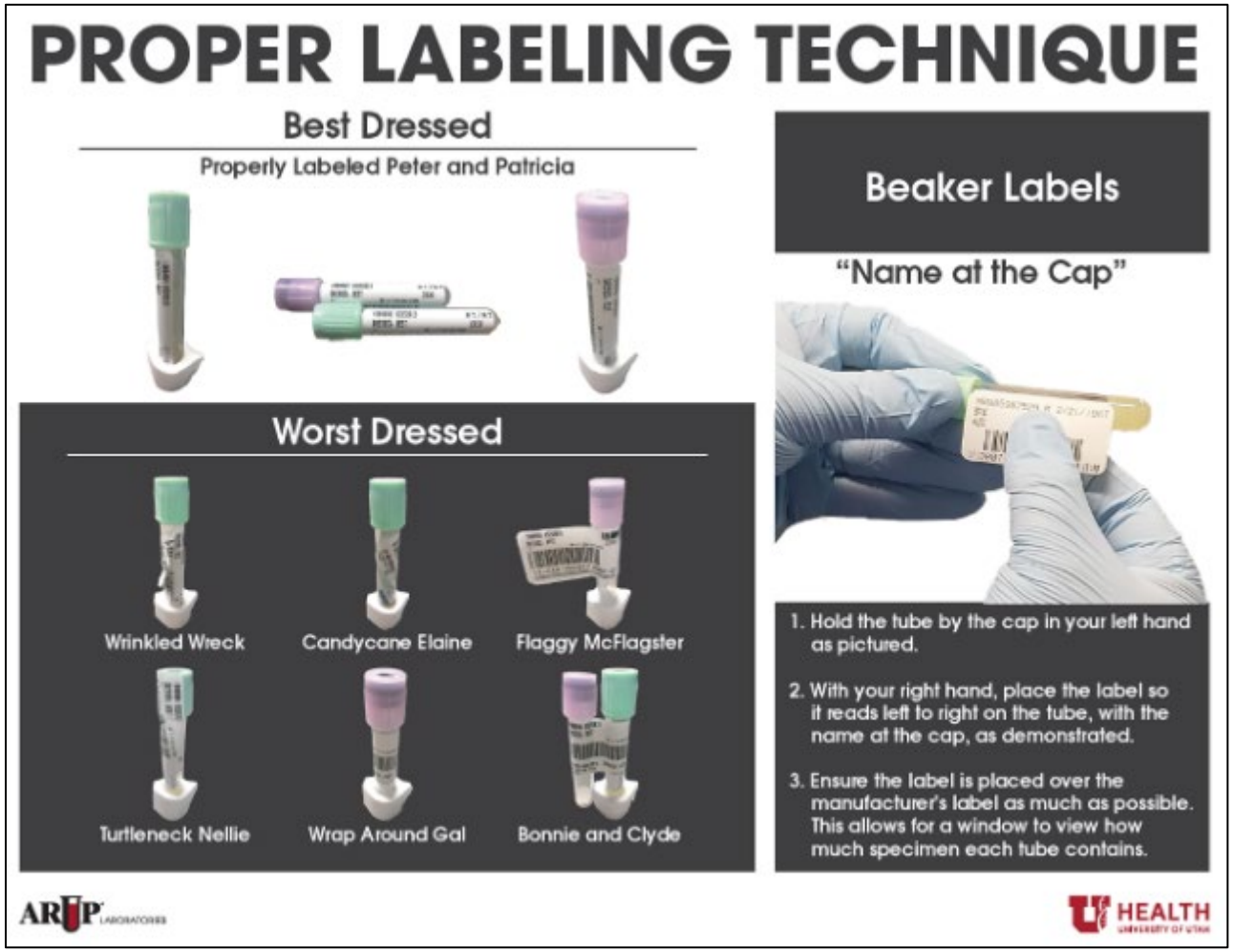
Experiment 2 (May)
Went to see ARUP processing; upside down labels identified

Experiment 1 (May)
Communicated proper way to label

EXAMPLE 2: LAB ERRORS

STEP 4: CONDUCT EXPERIMENTS TO GET THERE

*Incorrectly labeled tunes cannot be read by the scanner inside the lab track system and must be relabeled



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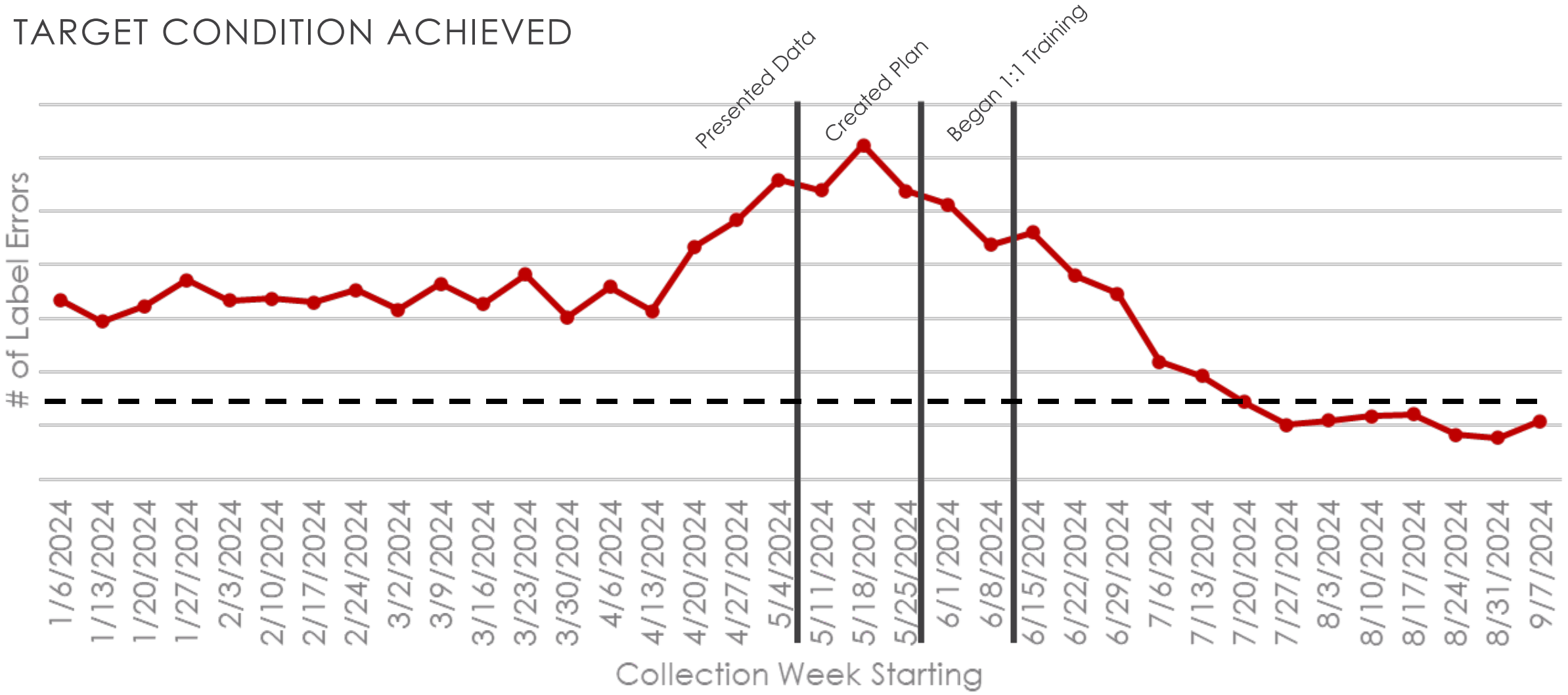
EXAMPLE 2: LAB ERRORS

TARGET CONDITION ACHIEVED



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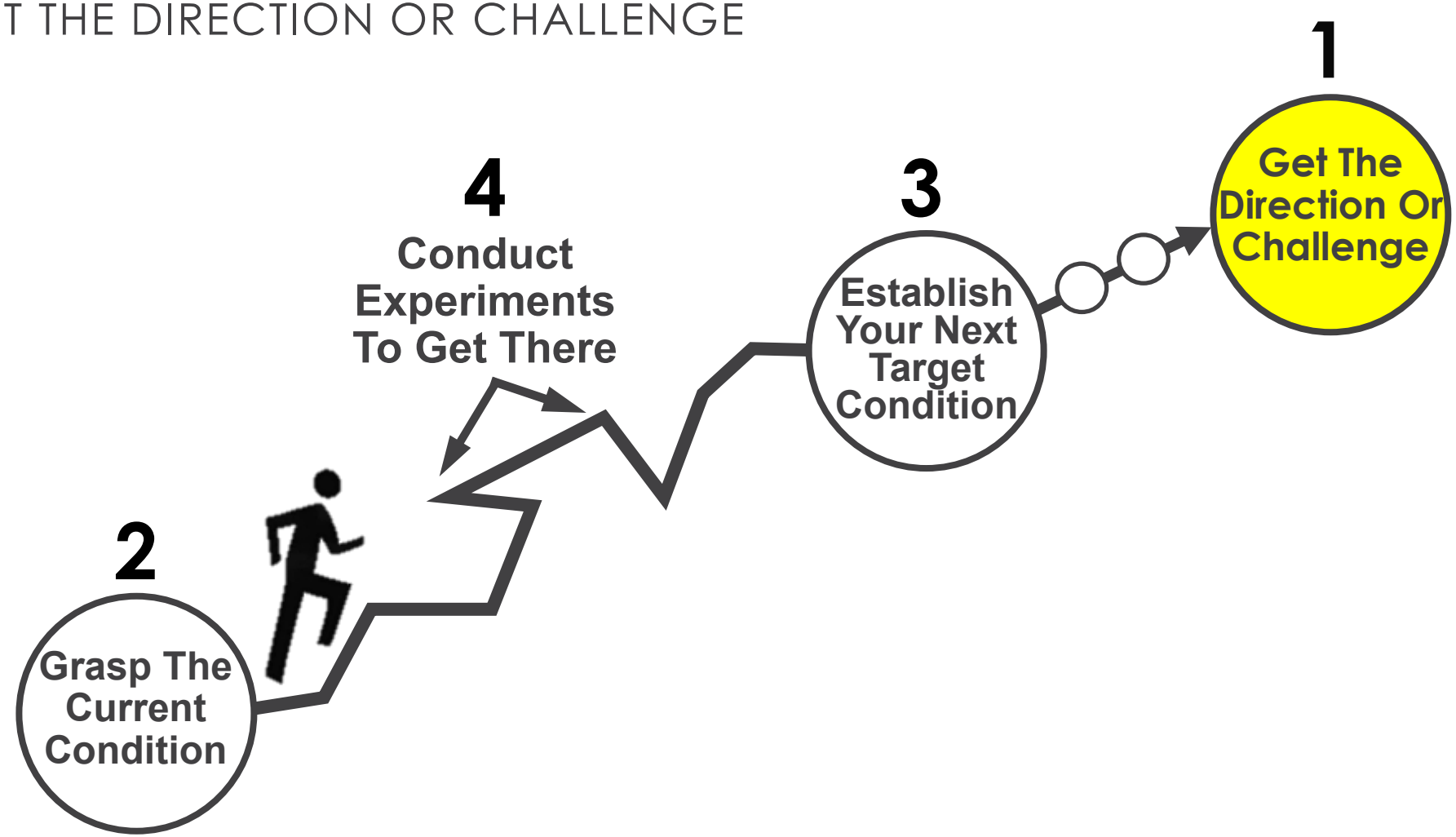
EXAMPLE 3: THIS PRESENTATION

Challenge
Create a high-quality 60-min training on Improvement Kata

STEP 1: GET THE DIRECTION OR CHALLENGE

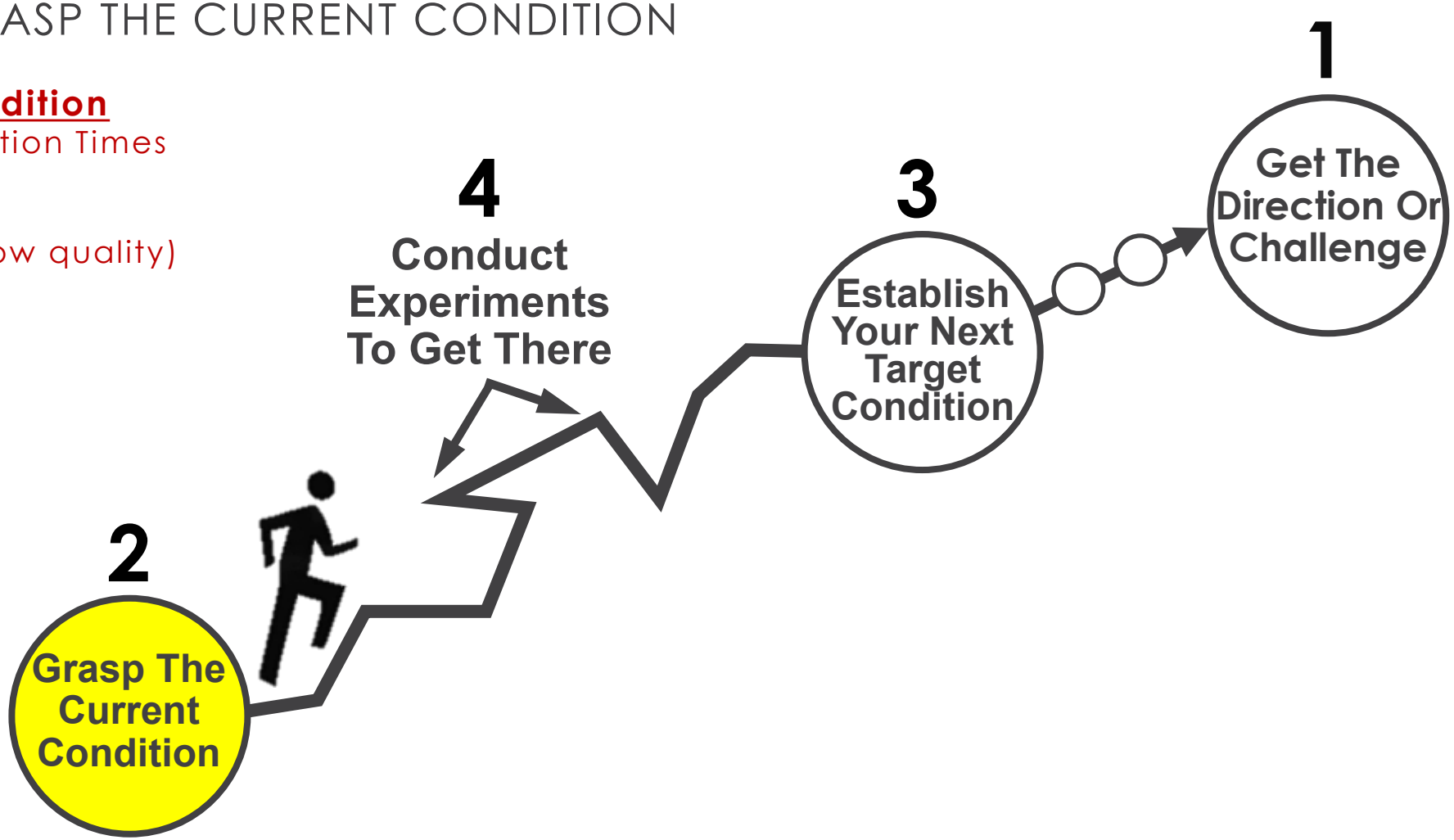


EXAMPLE 3: THIS PRESENTATION

Challenge
Create a high-quality 60-min training on Improvement Kata

STEP 2: GRASP THE CURRENT CONDITION

Current Condition
Past Presentation Times
- 240-mins
- 360-mins
- 60-mins (low quality)



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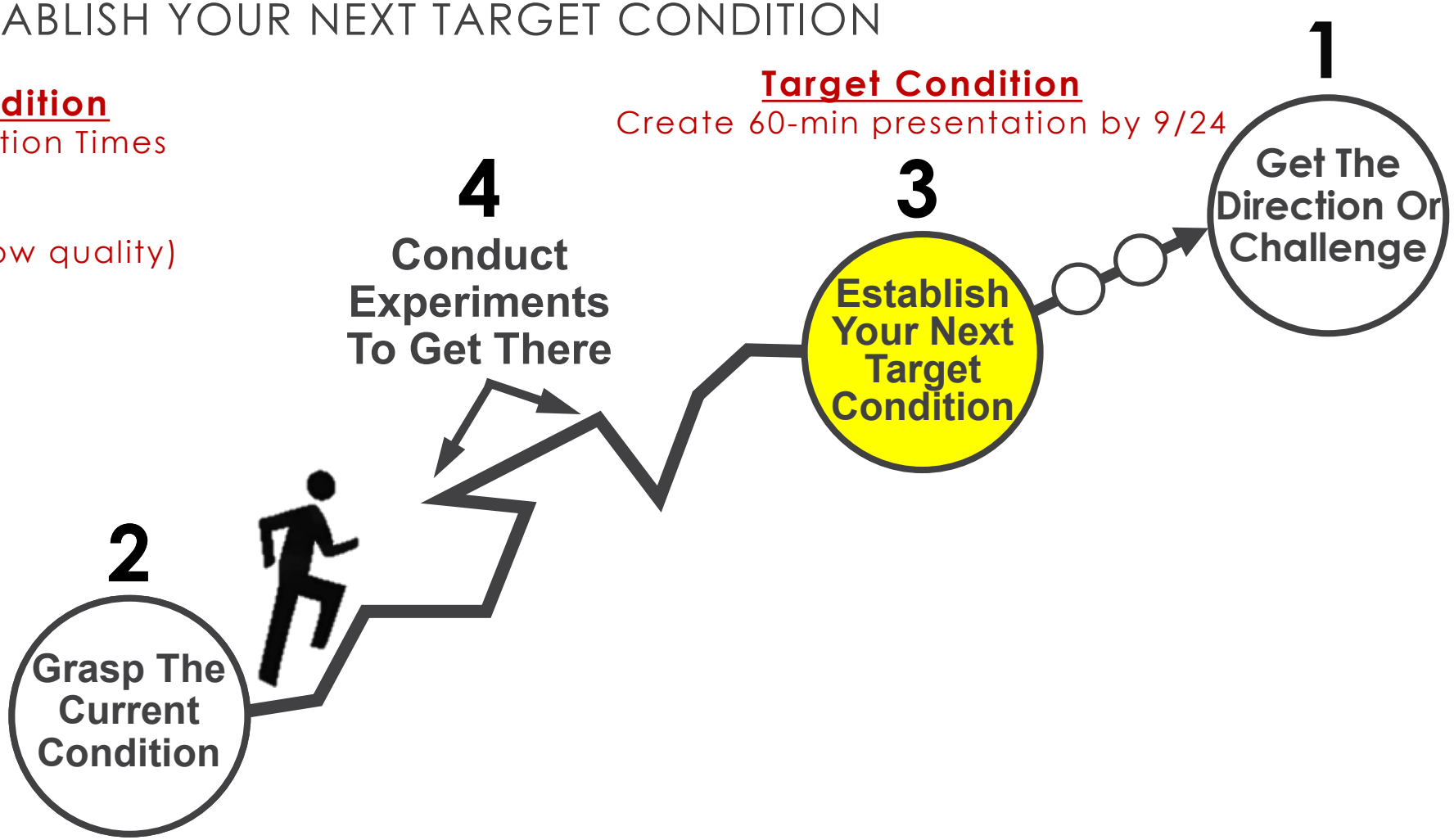
EXAMPLE 3: THIS PRESENTATION

Challenge
Create a high-quality 60-min training on Improvement Kata

STEP 3: ESTABLISH YOUR NEXT TARGET CONDITION

Current Condition
Past Presentation Times
- 240-mins
- 360-mins
- 60-mins (low quality)

Target Condition
Create 60-min presentation by 9/24



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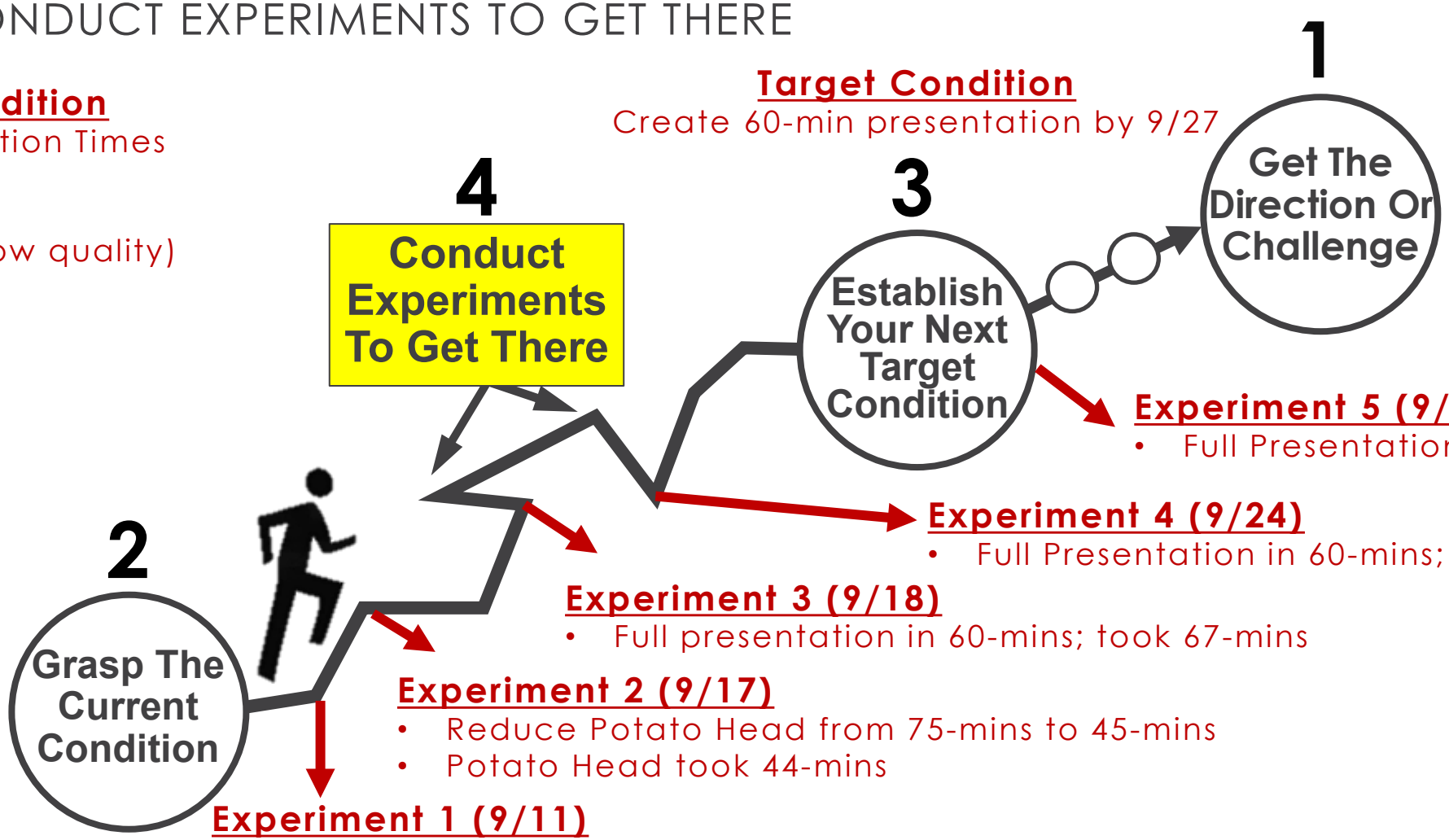
EXAMPLE 3: THIS PRESENTATION

Challenge
Create a high-quality 60-min training on Improvement Kata

STEP 4: CONDUCT EXPERIMENTS TO GET THERE

Current Condition
Past Presentation Times
- 240-mins
- 360-mins
- 60-mins (low quality)

Target Condition
Create 60-min presentation by 9/27



Experiment 5 (9/27)
- Full Presentation in 60-mins; TBD

Experiment 4 (9/24)
- Full Presentation in 60-mins; 60:22-mins

Experiment 3 (9/18)
- Full presentation in 60-mins; took 67-mins

Experiment 2 (9/17)
- Reduce Potato Head from 75-mins to 45-mins
- Potato Head took 44-mins

Experiment 1 (9/11)
- Presentation in 60-mins; took 90-mins
- Exercise took 75-mins

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Time Tracking Sheet (Run Chart)

Round	Current Condition	1	2	3	4	5
	11/2	9/11	9/17	9/18	9/24	9/27
SECONDS 100						
95						
90						
85						
80						
75						
70						
65						
60						
55						
50						
45						
Time						
# people						
# injuries/ near misses						

Write down:

1. Time to complete task
2. # of people touching Potato Head
3. # of injuries or unexpected events

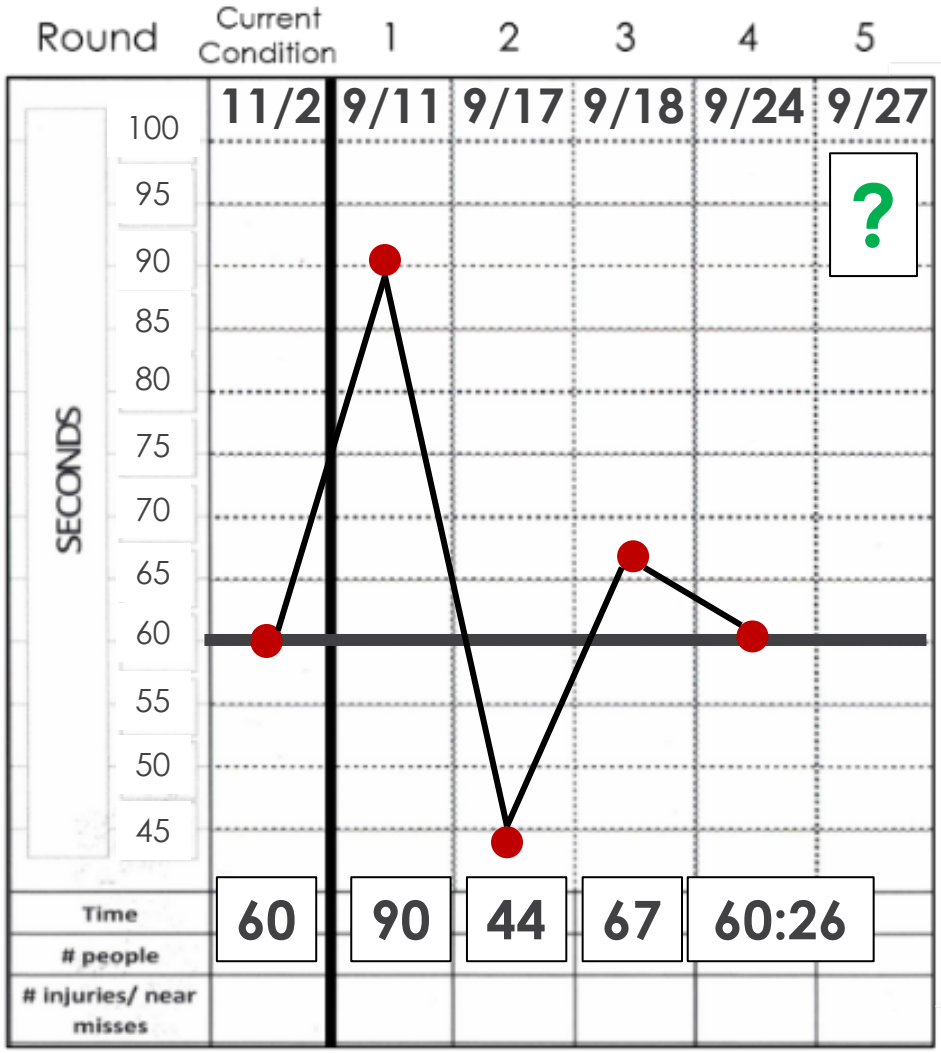
Obstacle Parking Lot

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Write down:

1. List obstacles CURRENTLY preventing you from reaching your target condition
2. Cross out obstacles you've overcome
3. If obstacles reemerge write them down again

Time Tracking Sheet (Run Chart)



Write down:

1. Time to complete task
2. # of people touching Potato Head
3. # of injuries or unexpected events

Obstacle Parking Lot

- ~~Potato Head exercise took 75 mins~~
- ~~Hard to coach 13-100 people~~
- Loud during exercise
- ~~Redundant information~~
- **How to use the forms is unclear**
- **Awkward transition to exercise**
- **Breaking into teams too early**

Write down:

1. List obstacles CURRENTLY preventing you from reaching your target condition
2. Cross out obstacles you've overcome
3. If obstacles reemerge write them down again

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PDCA/PDSA EXPERIMENTING RECORD *(Each row = one experiment)*

PLAN				DO	CHECK or STUDY	
#	Obstacle	What are you going to change next?	What did you EXPECT?		What ACTUALLY HAPPENED?	What did you LEARN?
	PICK ONE	EXPERIMENT	PREDICTION		FACTS	INTERPRETATION/REFLECTION
1						
ACT 2	11 months since last presentation	Test full presentation	**60-mins**	Perform a Coaching Cycle / Do the Experiment	**90 mins;** +30 mins	Potato Head exercise took 75-mins
ACT 3	Potato Head exercise took 75-mins	Stopped coaching between experiments	**45-mins**		**44 mins;** -31 mins	How to use the forms is unclear
ACT 4	How to use the forms is unclear	Test full presentation with new forms	**90-mins To 60-mins**		**67 mins;** -23 mins	Coaching experience suffered; not enough time for debrief
ACT 5	Quality suffered at the expense of time	Test full presentation with assistant coaches	**60-mins**		**60:22 mins;** -7 mins	Breaking into teams too early

END EXERCISE

COACHING KATA

EVEN THE GREATS HAVE COACHES

EVERYBODY NEEDS A COACH

COACHING KATA

THE FIVE QUESTIONS

REFLECTION

Ask these questions after each experiment

1) **What is your Target Condition?**
2) **Where are you now?**
3) **What did you plan to try in your last step?** What did you expect?
4) **What was the result?** ***(change)***
5) **What did you learn?**
6) **What is your next experiment?** ***(read)***

Kata in the Classroom / katatogrow.com

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LET’S LEARN BY DOING…

For this exercise we'll build this Potato Head several times and experiment with ways to do it faster

THE POTATO HEAD EXERCISE

Purpose: Build the Potato Head as quickly as possible

Coach/ Instructor

Start

Ask Kata questions

Learners

Start timer & build Potato Head

Finish Potato Head & stop timer

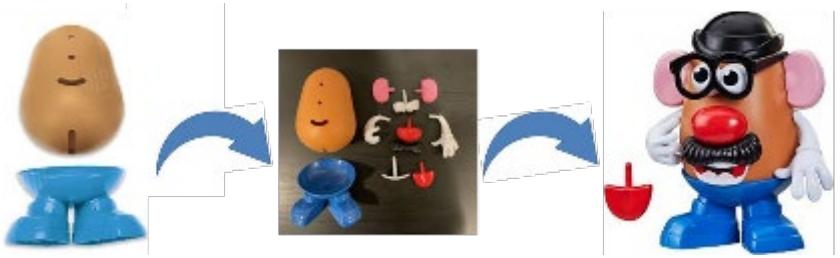
Mark and chart time on time tracking sheet

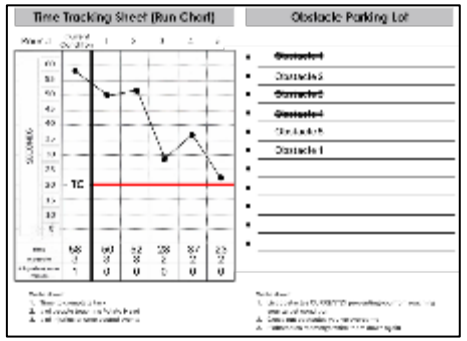
Write down obstacles

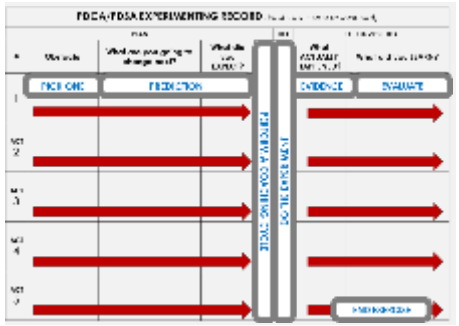
Fill out experiment record

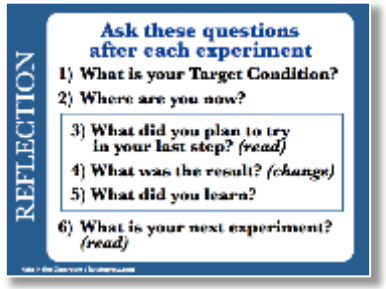
1. What actually happened?
2. What did you learn?
3. Next obstacle?
4. What are you going to change next?
5. What time do you expect to reach?

Call coach over





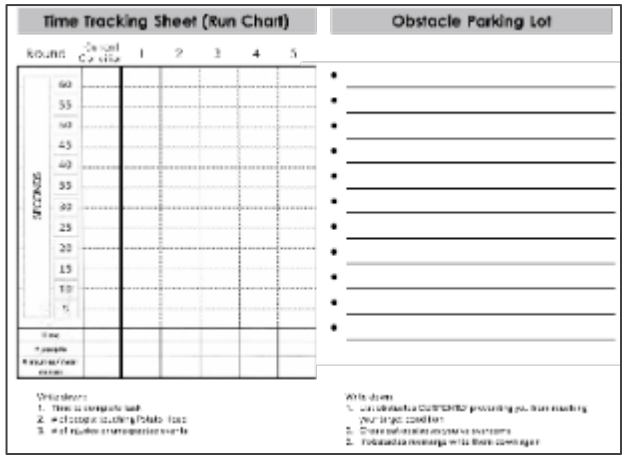




TOOLS PROVIDED

1x

1x



1x

PDCA/PDSA EXPERIMENTING RECORD *(Each row = one experiment)*

	PLAN				DO	CHECK or STUDY	
#	Obstacle	What are you going to change next?	What did you EXPECT?	Perform a Coaching Cycle	Do the Experiment	What ACTUALLY HAPPENED?	What did you LEARN?
1							
ACT 2							
ACT 3							
ACT 4							
ACT 5							

1x

PEN AND STOPWATCH NOT INCLUDED

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THIS ROUND WILL DETERMINE YOUR CURRENT CONDITION

YOU WILL HAVE 90 SECONDS FOR THIS ROUND

BEGIN WHEN INSTRUCTOR SAYS "START!"

Use the run chart provided

Time Tracking Sheet (Run Chart)

Round	Current Condition	1	2	3	4	5
SECONDS 60						
55						
50						
45						
40						
35						
30						
25						
20						
15						
10						
5						
Time						
# people						
# injuries/ near misses						

Obstacle Parking Lot

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RULES

BASELINE ROUND TO DETERMINE CURRENT CONDITION

(1) "START Position"

- Place pieces in Potato Head
- Attach feet to body
- Hands flat on the table
- No talking, you're ready to go

(2) All Teams Start Together

a. Instructor calls "START"
b. Build the Potato Head (talking allowed)
c. Note the elapsed time on your form

THREE THINGS TO DO NEXT:

Choose a Team

→ 2 teams per table
→ 4-5 people per team

Select a Timekeeper

→ Each gets a stopwatch

Pick Assemblers

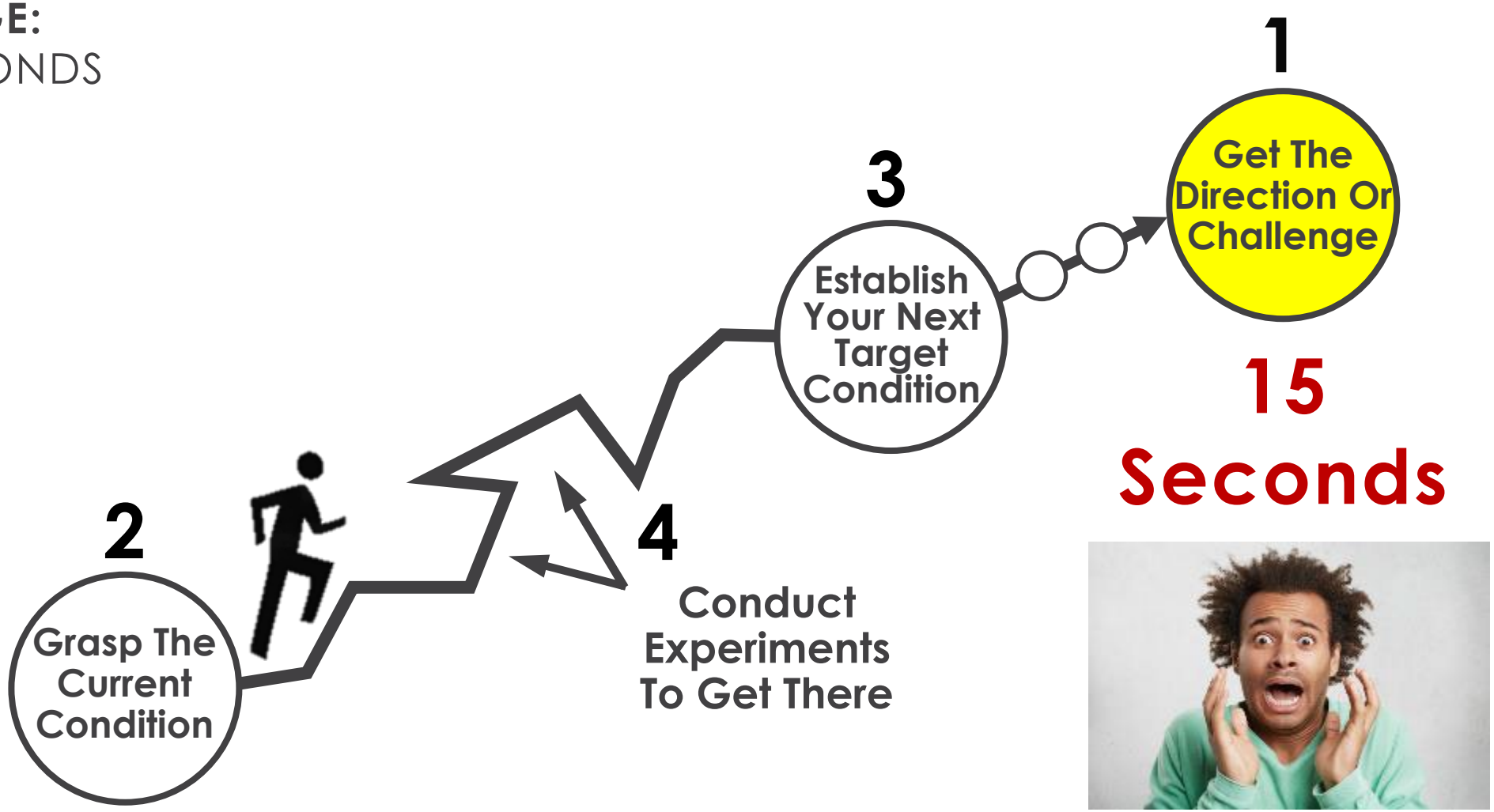
→ Assemble the Potato Head

Now let's do the four steps of the Improvement Kata

STEP 1: GET THE DIRECTION OR CHALLENGE

CHALLENGE:

- 15 SECONDS



15 Seconds

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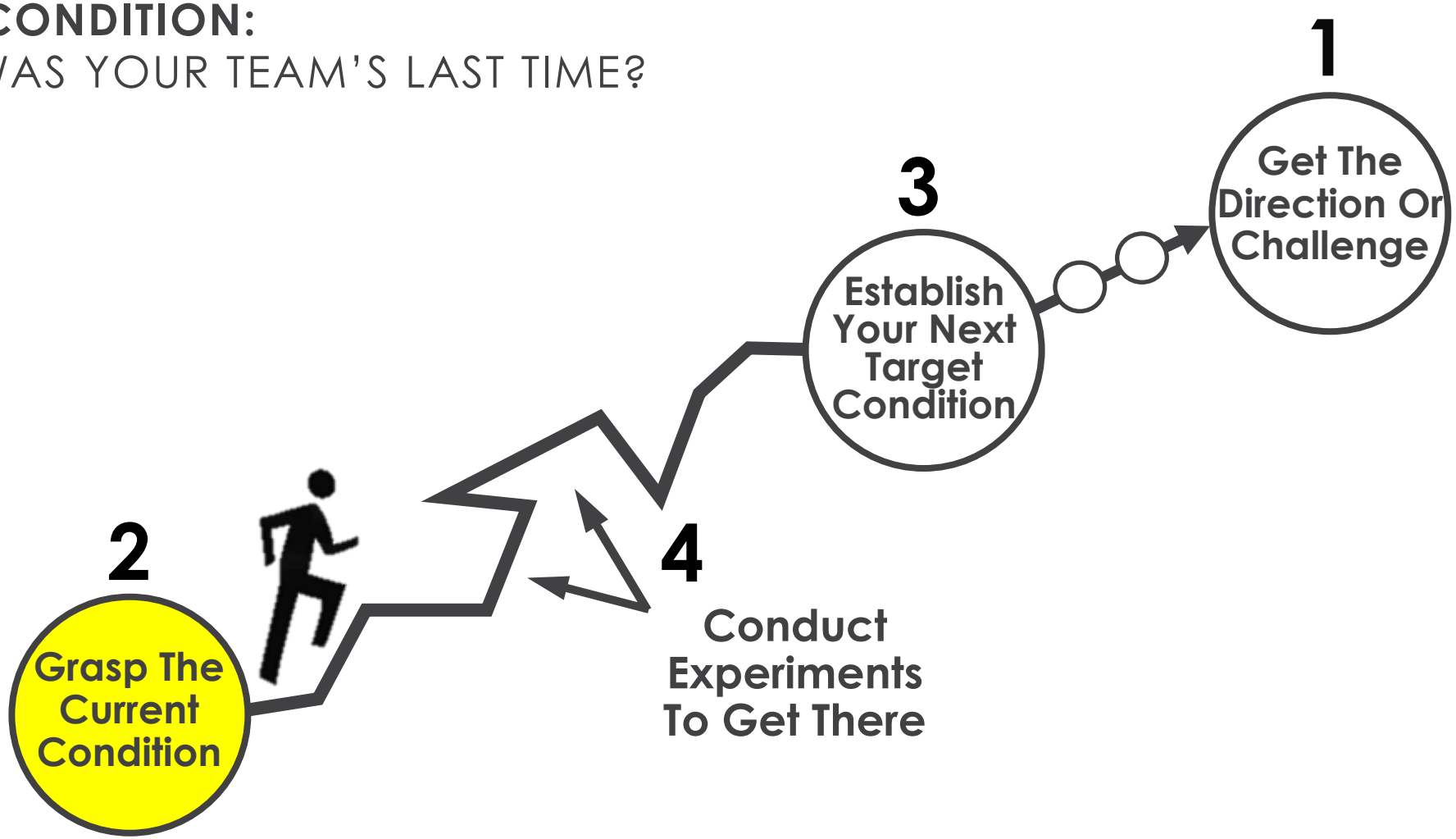
STEP 2: GRASP THE CURRENT CONDITION

CURRENT CONDITION:

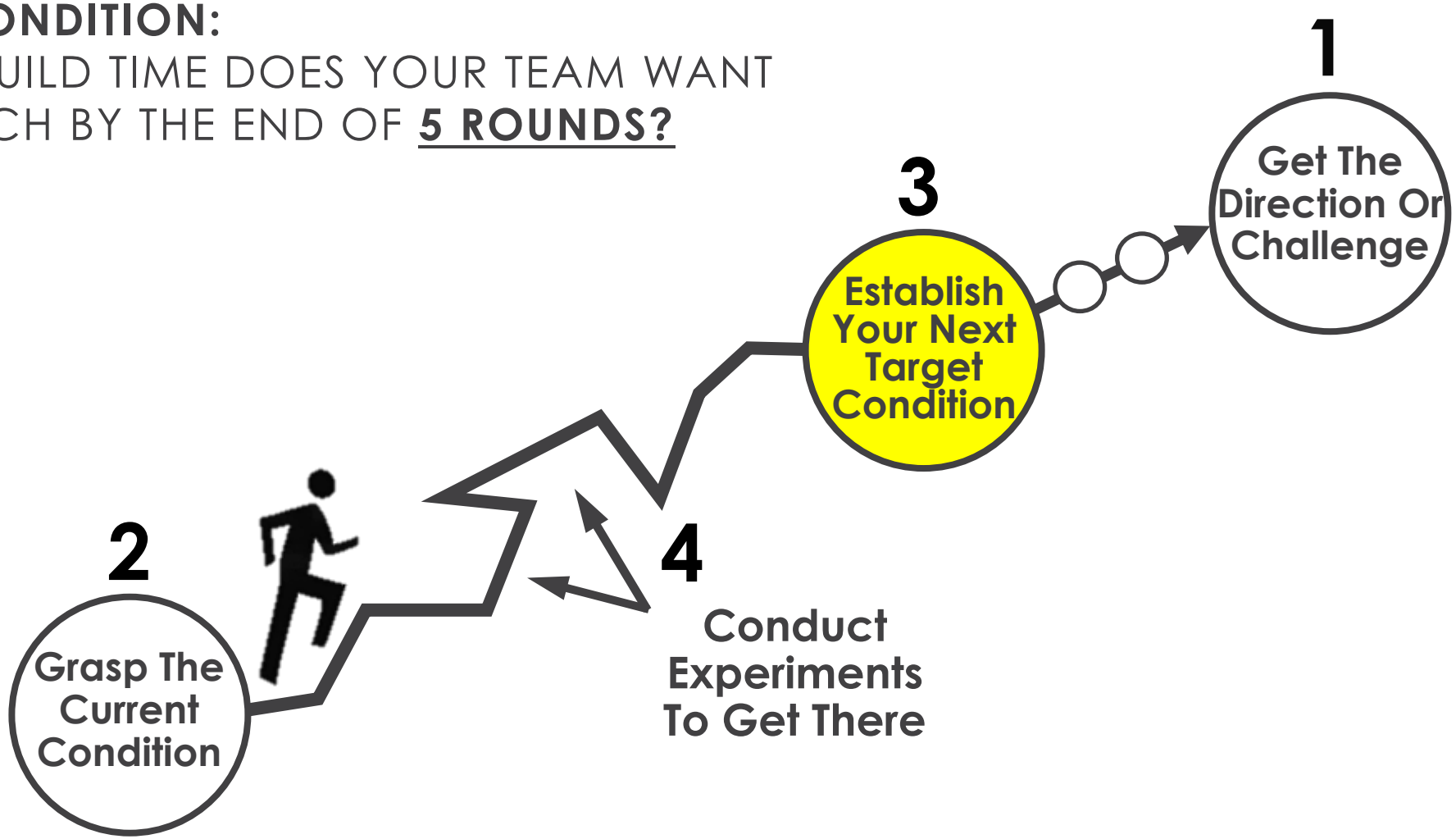
- WHAT WAS YOUR TEAM'S LAST TIME?



STEP 3: ESTABLISH YOUR TARGET CONDITION

TARGET CONDITION:

- WHAT BUILD TIME DOES YOUR TEAM WANT TO REACH BY THE END OF **5 ROUNDS?**



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STEP 3: ESTABLISH YOUR TARGET CONDITION

DOCUMENT YOUR RESULTS

Pick a Target Condition you can achieve in 5 rounds

Mark your Target Condition with a line

Time Tracking Sheet (Run Chart)

Round	Current Condition	1	2	3	4	5
SECONDS 60	●					
55						
50						
45						
40						
35						
30						
25						
20						
15						
10						
5						
Time	58					
# people	3					

Write down:
1. Time to complete task
2. # of people touching Potato Head

Obstacle Parking Lot

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Write down:
1. List obstacles CURRENTLY preventing you from reaching your target condition
2. Cross out obstacles you've overcome
3. If obstacles reemerge write them down again

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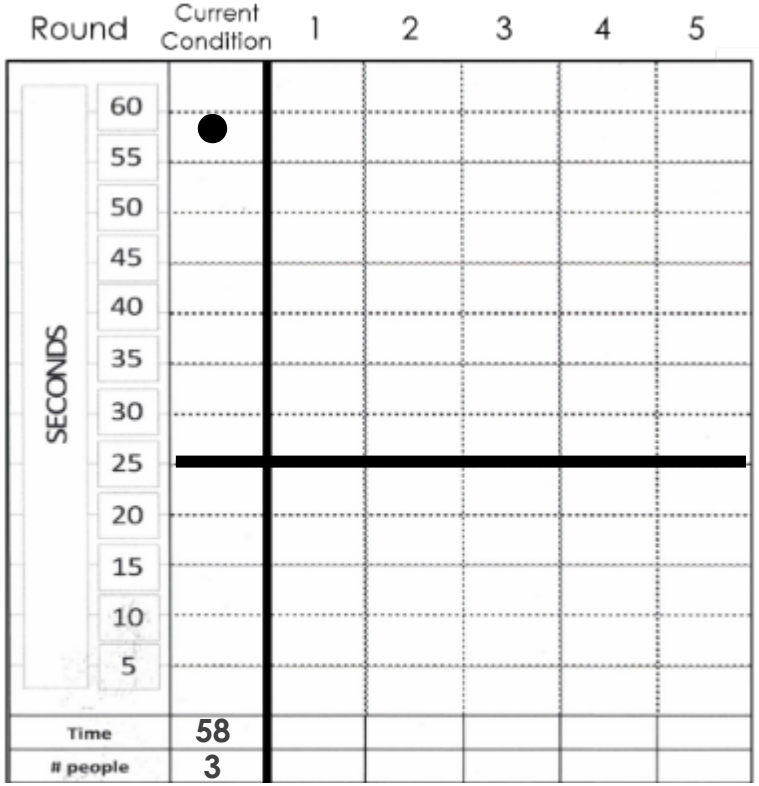
STEP 3: ESTABLISH YOUR TARGET CONDITION

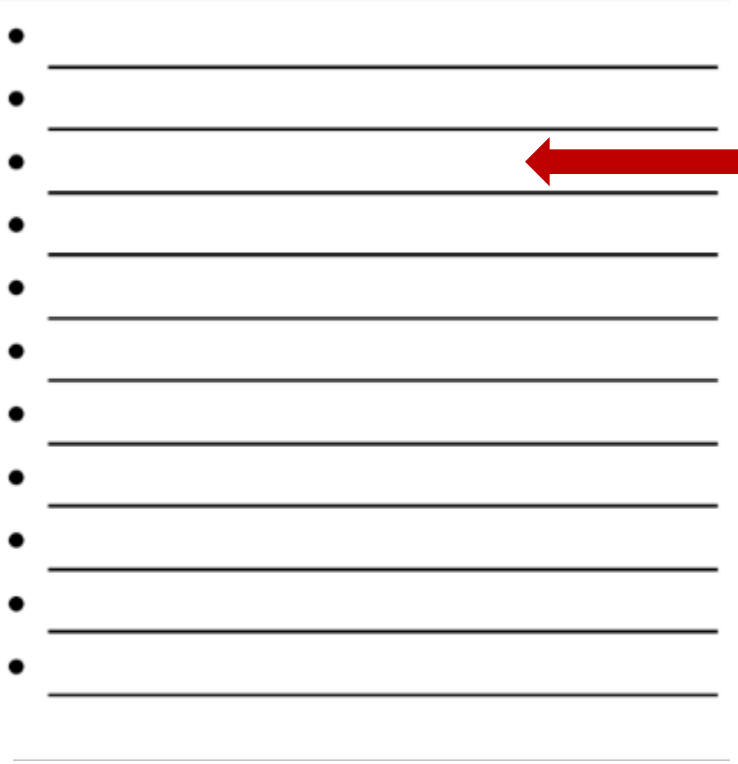
DOCUMENT YOUR RESULTS

Time Tracking Sheet (Run Chart)



Write down:
1. Time to complete task
2. # of people touching Potato Head

Obstacle Parking Lot



Write down:
1. List obstacles CURRENTLY preventing you from reaching your target condition
2. Cross out obstacles you've overcome
3. If obstacles reemerge write them down again

Write the obstacles preventing you from getting to your Target Condition

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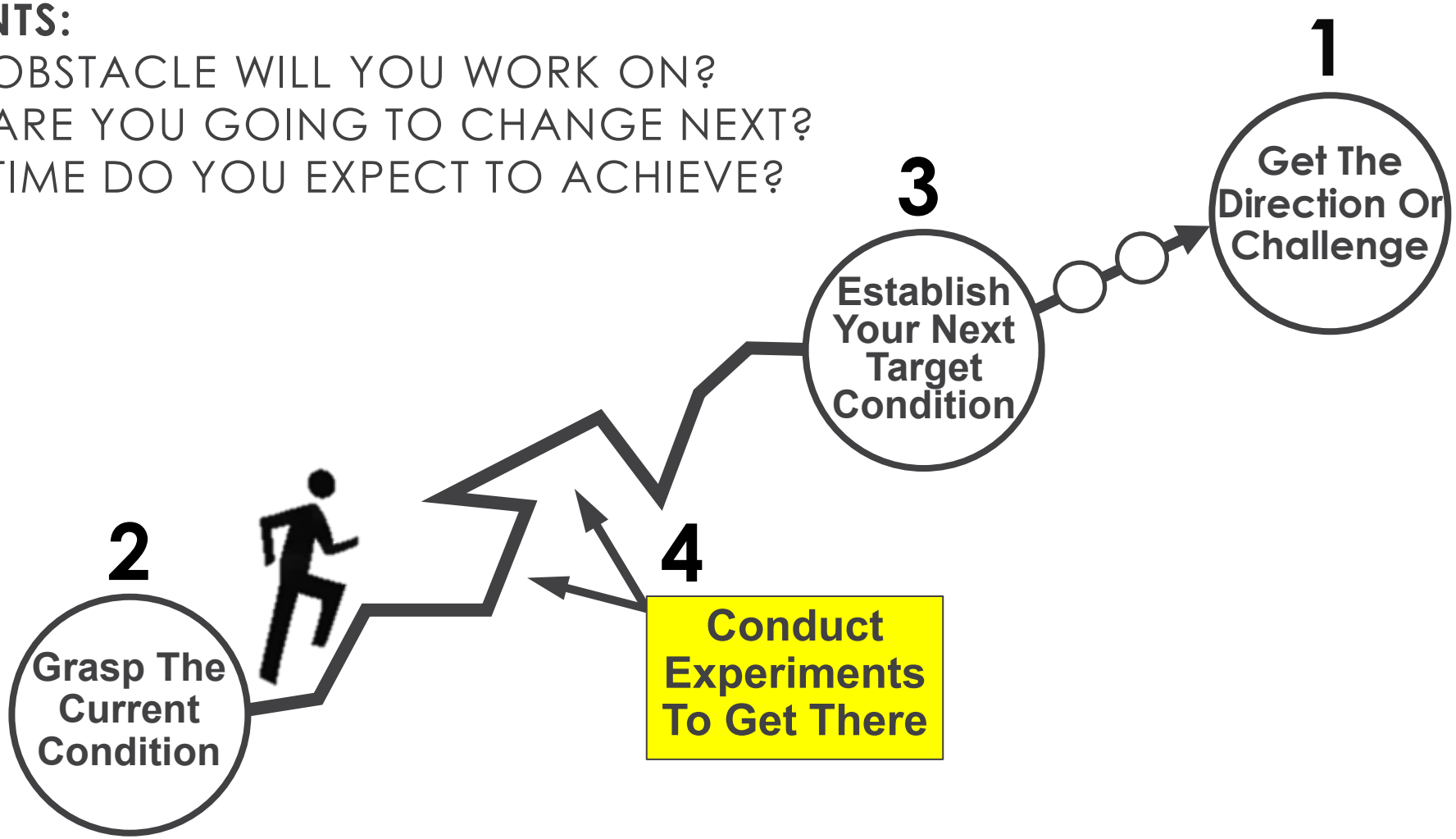
STEP 4: CONDUCT EXPERIMENTS TO GET THERE

EXPERIMENTS:

1. WHAT OBSTACLE WILL YOU WORK ON?
2. WHAT ARE YOU GOING TO CHANGE NEXT?
3. WHAT TIME DO YOU EXPECT TO ACHIEVE?



PICK AN OBSTACLE, PLAN YOUR EXPERIMENT AND PREDICT RESULT

PDCA/PDSA EXPERIMENTING RECORD *(Each row = one experiment)*

	PLAN			DO	CHECK or STUDY	
#	Obstacle	What are you going to change next?	What did you EXPECT?		What ACTUALLY HAPPENED?	What did you LEARN?
1						
ACT 2						
ACT 3						
ACT 4						
ACT 5						

PICK ONE

PREDICTION

PERFORM A COACHING CYCLE

DO THE EXPERIMENT

PLAN EXPERIMENT 1

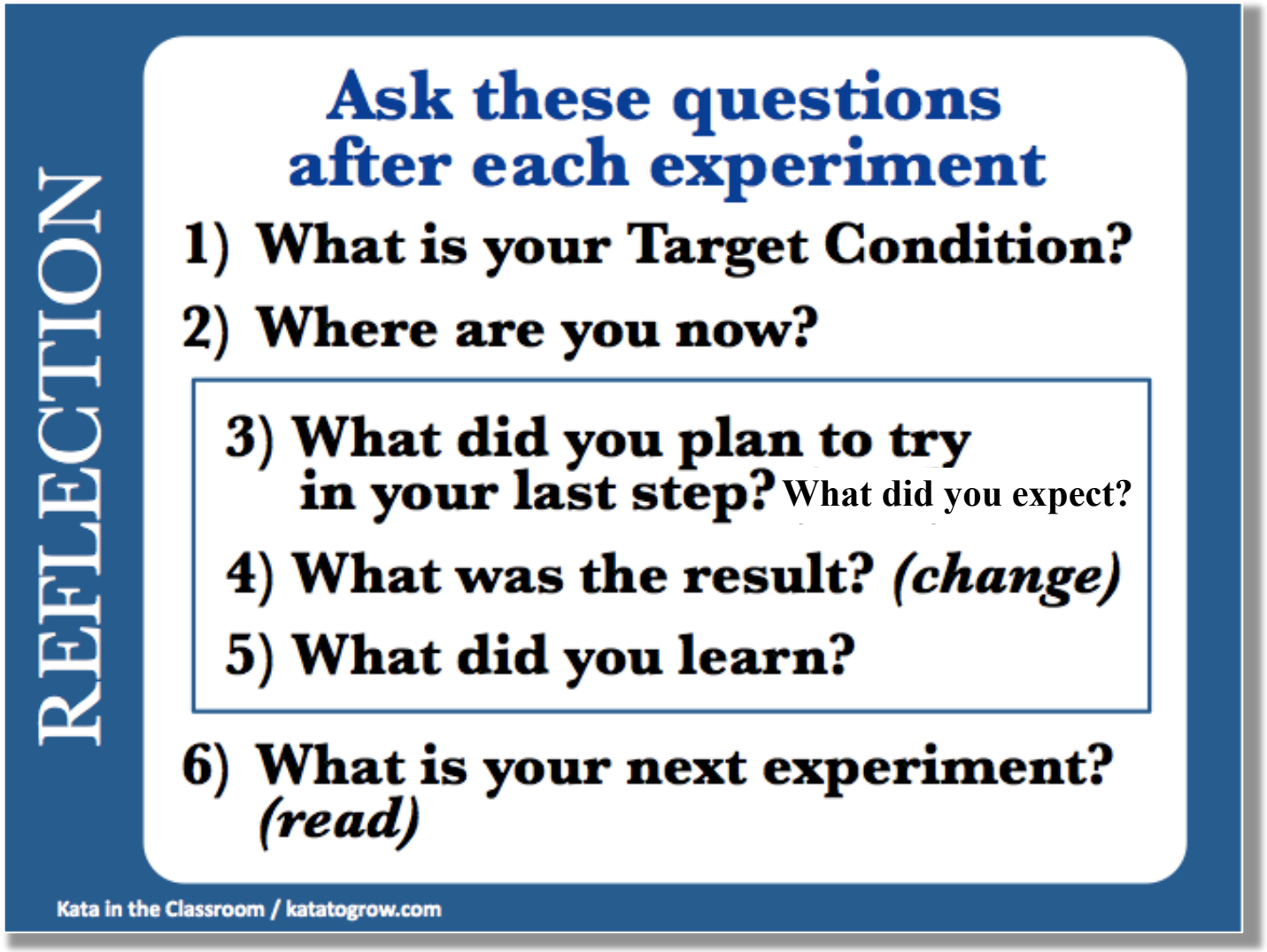
TASKS

1. ESTABLISH TARGET CONDITION
2. LIST OUT OBSTACLES
3. PICK THE OBSTACLE YOU WILL WORK ON NEXT
4. WHAT ARE YOU GOING TO CHANGE NEXT?
5. WHAT TIME DO YOU EXPECT TO ACHIEVE?

YOU WILL HAVE 90 SECONDS TO DO THIS

START

COACHING KATA QUESTIONS



MEET YOUR KATA COACHES

Alex Longe, RN
(ED/Cardiac Prep & Recovery)

Ashley Davis, RN
(OR/Accreditation)

Caralee Jones, RN
(ED/Hospice)

Danielle Moore, RN
(SICU/UCRM)

Katie Woolf, DPT
(Physical Therapy)

Kenzie Anderson, RN
(OR/Endoscopy)

Kristina Frazier, RT
(Respiratory Therapy)

Paul Arnold, OT
(Occupational Therapy)

Sara Lauer, RN
(OR/Nursing Informatics)

GET READY

As soon as you are done with the experiment, discussing next steps with your team and filling out the forms call your coach over

After the coaching questions, you can start the next round.

Up to 3 minutes per round

RULES FOR THE 5 EXPERIMENTS

(1) "START Position"

- Place pieces in Potato Head
- Attach feet to body
- Hands flat on the table
- No talking, you're ready to go

(2) All Teams Start Together

a. Coach calls "START"
b. Build the Potato Head (talking allowed)
c. Note the elapsed time on your form
d. Fill out sections
e. Call coach over
f. Coach reads reflection questions

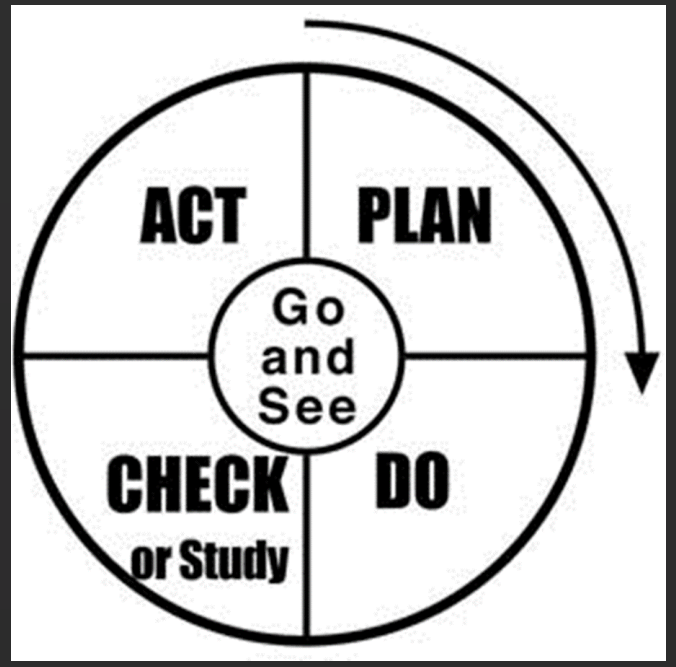
(3) Coach starts next round

a. Repeat steps 2-3 for 5 rounds

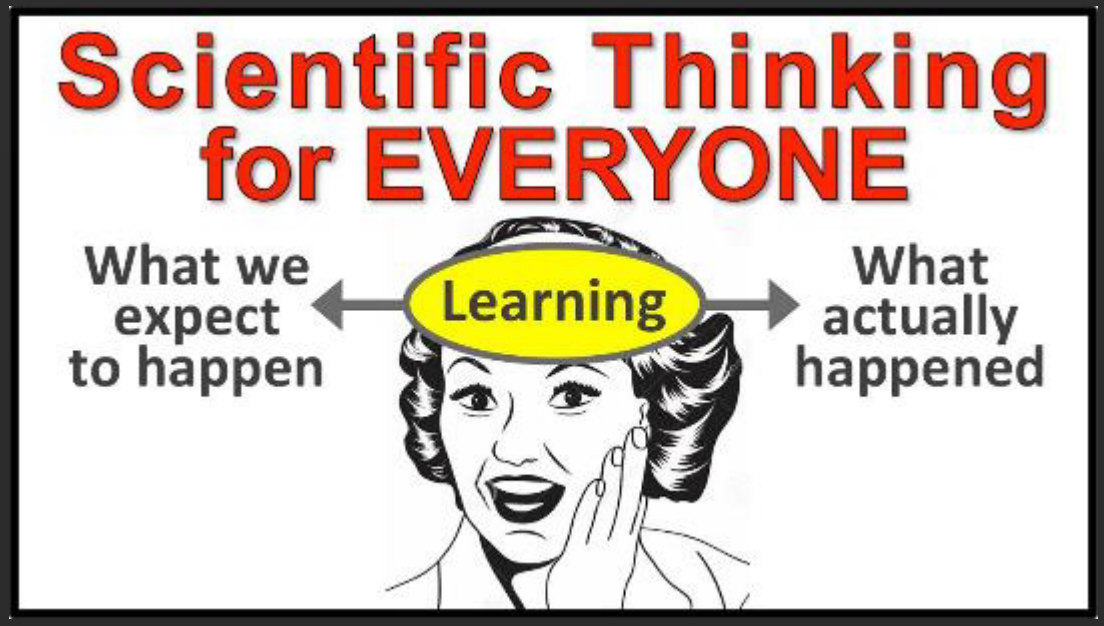
DEBRIEF EXERCISE

Debrief:

Scientific Method



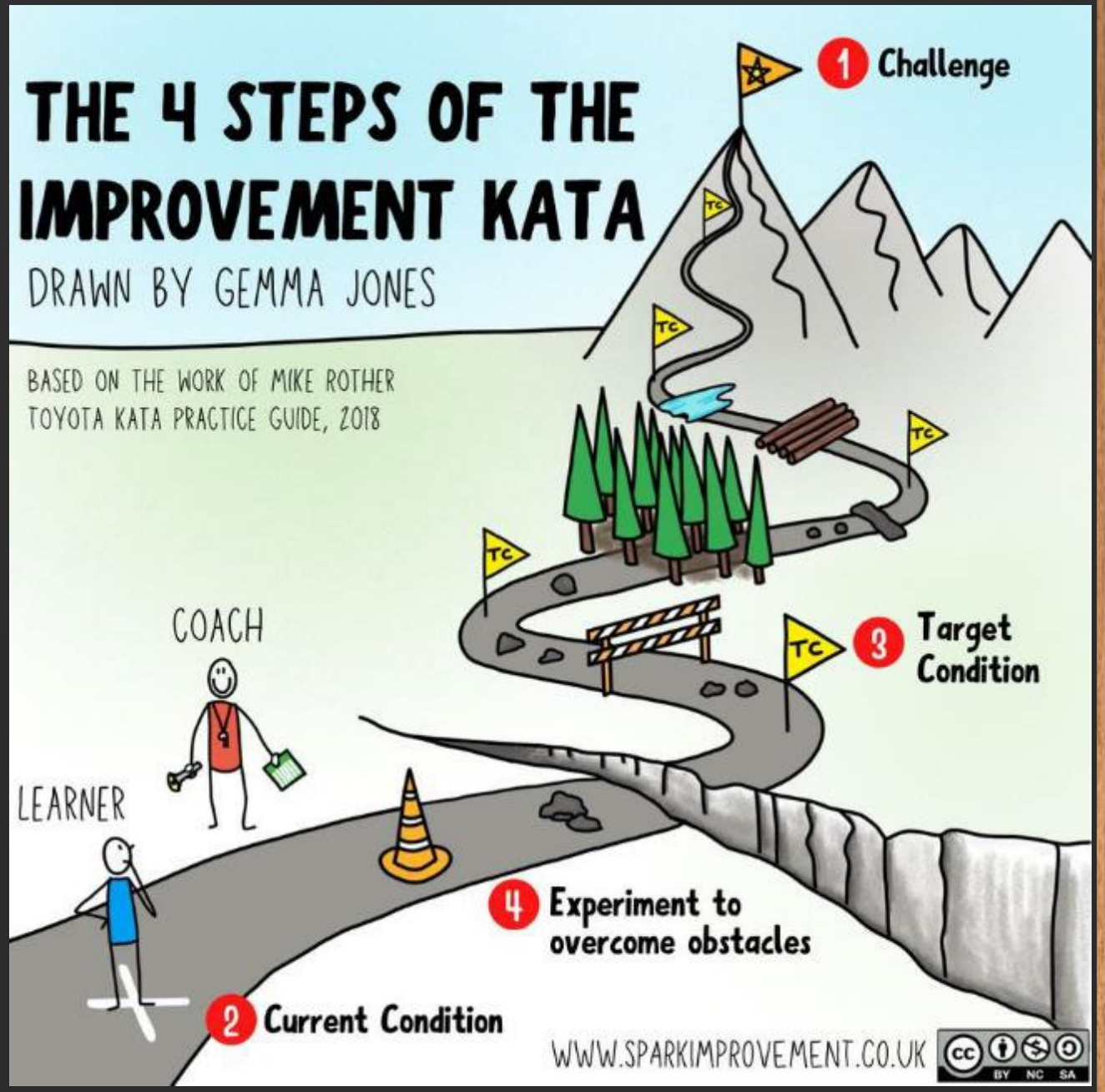
Scientific Thinking



Debrief:

The Improvement Kata

1. Get the Direction or Challenge
2. Current Condition
3. Target Condition
4. Experiment



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KATA: IMPROVEMENT PRACTICE

KATA

Science at the frontline

Measure the gap

1. What's the immediate goal?
2. What's the current state?

Are we reflecting on the last experiment?

YES →
a. What was your plan?
b. What did you expect?
c. What actually happened?
d. What did you learn?

not yet ↓

Define the problem

3. What obstacles do you think are keeping you from your goal? ··· And which is your focus now?

State a hypothesis

4. What's the next experiment? ··· And what outcome do you expect?

Study results

5. How soon can we learn from the next experiment?

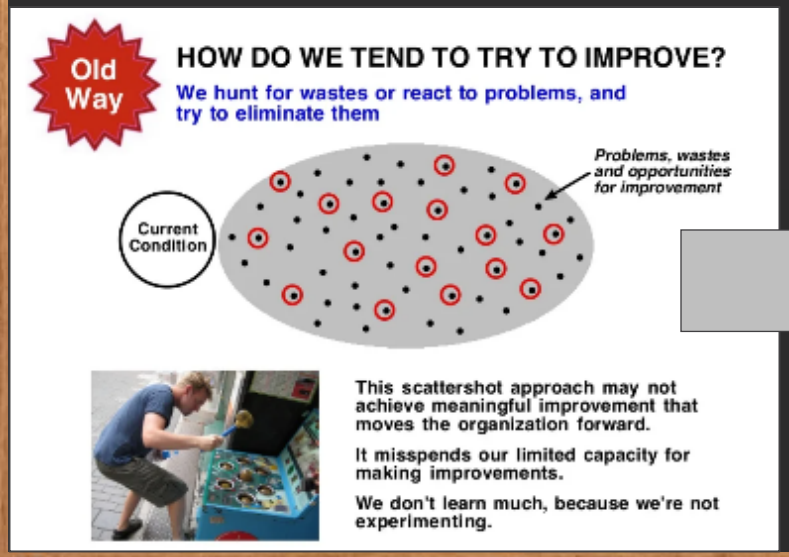
Debrief:

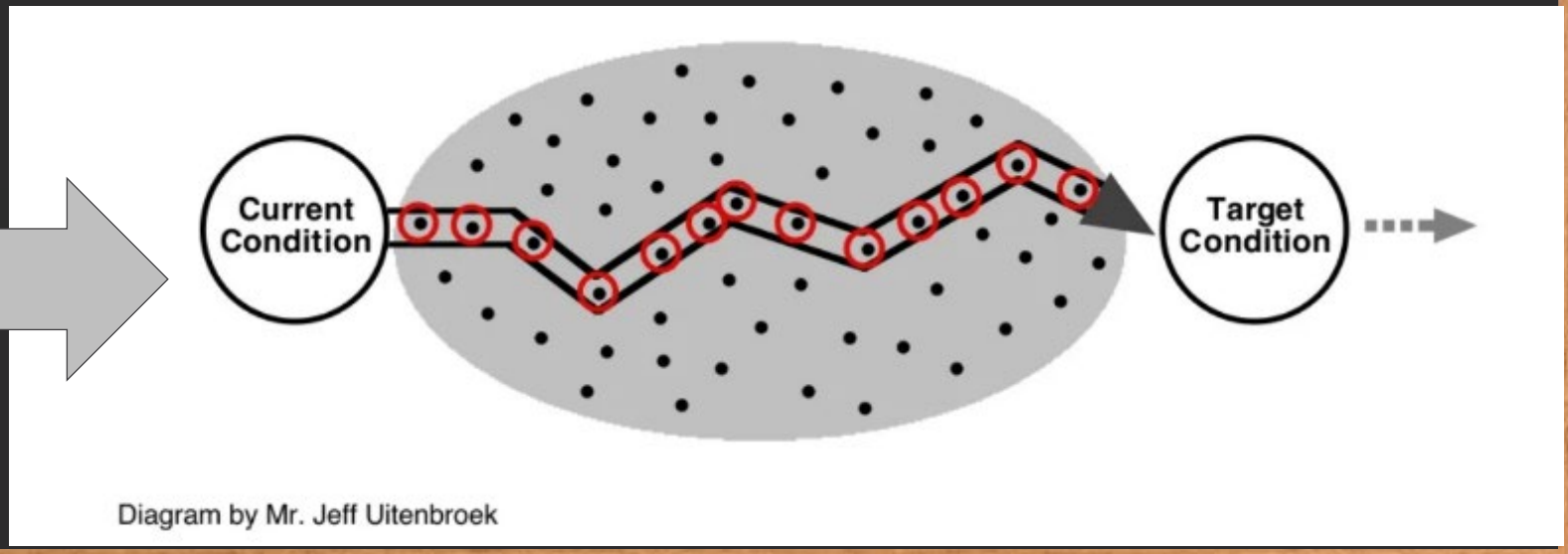
The Improvement Kata

1. Get the Direction or Challenge
2. Current Condition
3. Target Condition
4. Experiment

Develop New Habits By Practicing

- Scientific Method (PDCA/PDSA)
- Scientific Thinking
- Kata





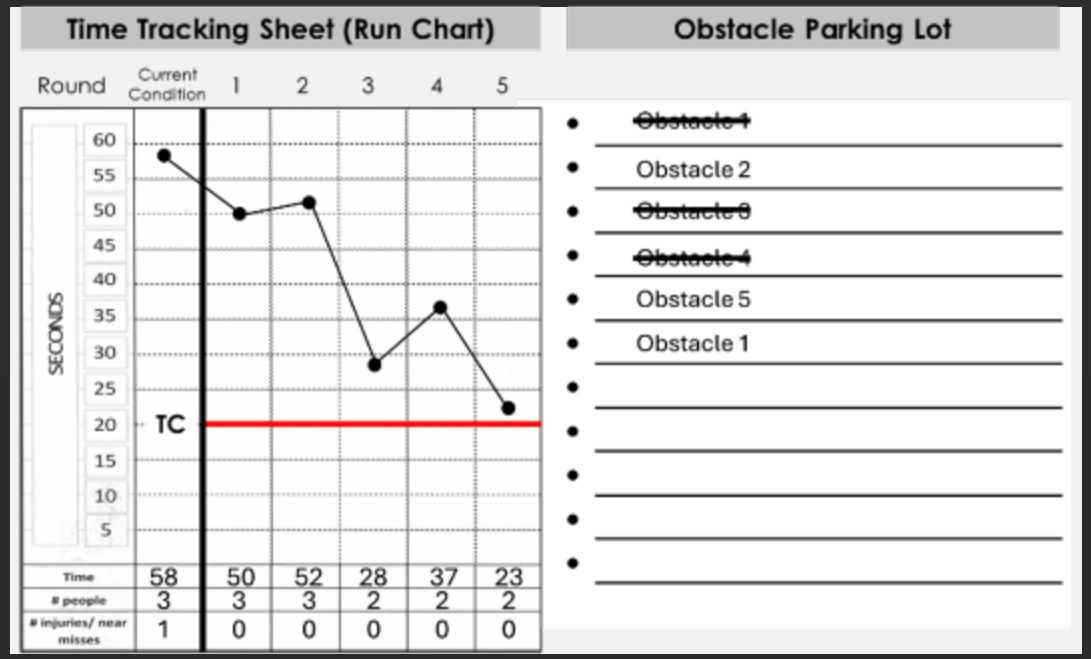
Debrief:

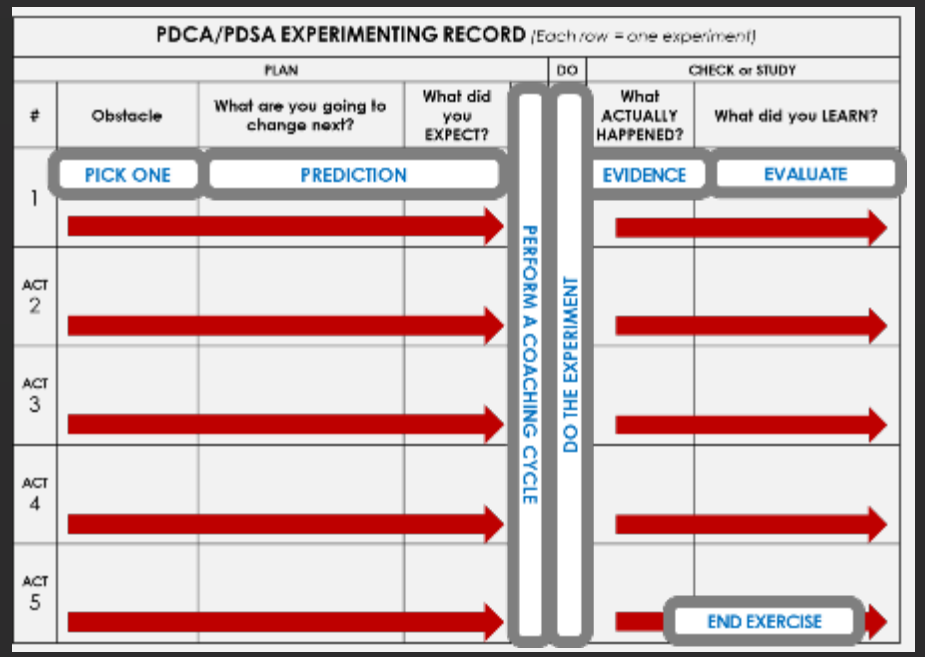
The Improvement Kata

1. Get the Direction or Challenge
2. Current Condition
3. Target Condition
4. Experiment

Supporting Documents

- Time Tracker Form
- Obstacle Parking Lot Form
- PDCA/PDSA Experimenting Form



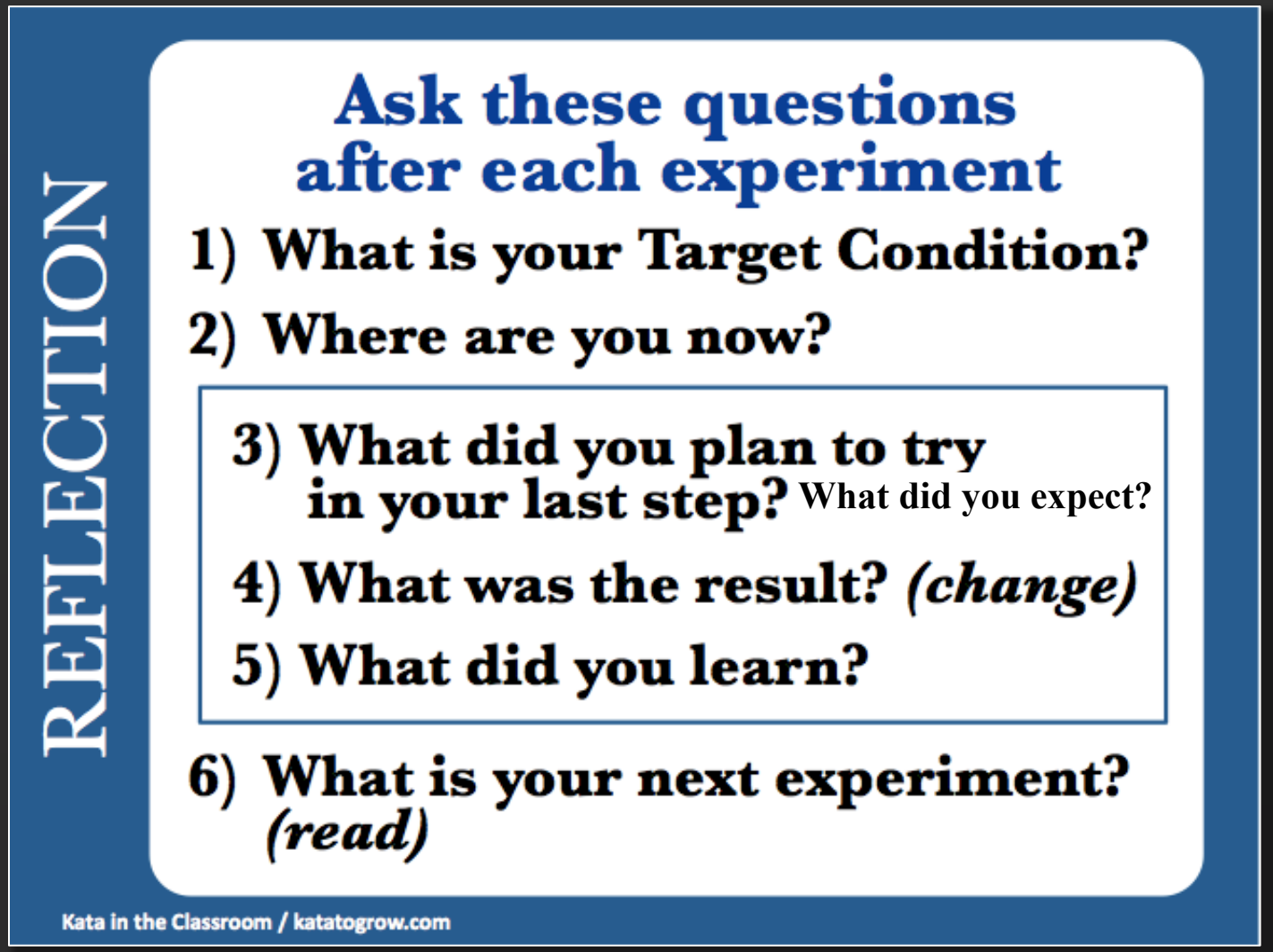


Debrief:

The Coaching Kata
Everybody needs a coach

Michael Jordan put it nicely: "You can practice shooting eight hours a day, but if your technique is wrong, then all you become is very good at shooting the wrong way.""

A coach keeps your technique in check and can keep you accountable to daily practice



Debrief:

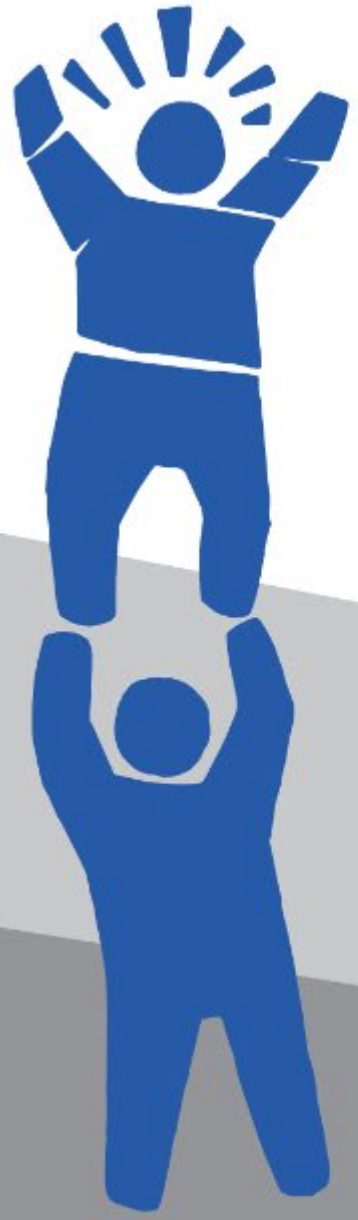
What next?

Start Today

1. Commit to a daily practice
2. Start with 25 experiments
   - Build an exercise routine
   - Reduce after hours work
   - Learn how to whistle
   - Leave for work on time
   - Leave work on time
3. Use Coaching Kata to teach someone the Improvement Kata

1. Be a learner
2. Coach a learner
3. Coach a coach

BEST WISHES FOR YOUR PRACTICE!



Dane Falkner
Manager, Quality and Operational Excellence
System Quality
Dane.Falkner@hsc.Utah.edu | https://www.linkedin.com/in/danevfalkner/

BUSINESS MEETING

Agenda

- Activity Updates
- Finance Report
- Membership Update
- Board Member Positions for 2025
- Feedback and Open Discussion

Meet the 2024 UAHQ Board

Adrianne Brown
President
Quality Manager
Molina Healthcare

Jessica Hackwell
President- Elect
Quality Consultant
Intermountain Healthcare

Emily Carlson
Past-President
Quality Manager
University of Utah

Lindsay King
Secretary
QI Specialist
U of U Health Plans

Brittany Siebenhaar
Treasurer
Manager
Molina Healthcare

DeAnn Andreason
Member at Large
QI Specialist
Health Choice Utah

Shelly Rives
Communications Chair
Accreditation Specialist
U of U Health

Chanda Sundara
Education Chair
QI Specialist
University of Utah

UAHQ

UTAH ASSOCIATION FOR HEALTHCARE QUALITY

Commitment . Leadership . Empowerment . Integrity

Activity Updates

- Lunch and Learn Summer Webinar Series

- Legal Updates:
  - Updated address and association name
  - Tax exemption status renewal

- Website Updates for added functionality and security

Finance Report

Financial Records in order and balanced

	2023 (9/20/2023)	**2024 (9/23/2023)**
Checking	$2,527.40	$1,823.10
Savings	$8,219.83	$6,314.17
Total	$10,747.23	$8,137.27
Total Deposits	$2,418.77	$1,987.17
Total Withdraws	$2,555.68	$2,564.84

Membership Update

Currently 38 members

- Five additional members obtained in 2024
- Members across the state of Utah
  - Wasatch Front
  - Spanish Fork
  - Tooele
  - Mantua
  - Mt. Pleasant

Spread the word about UAHQ so we can continue to grow!

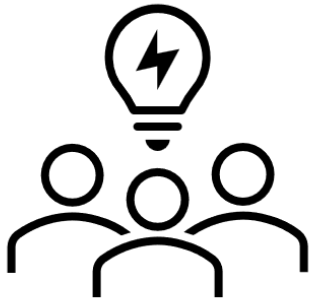
Board Member Positions for 2025

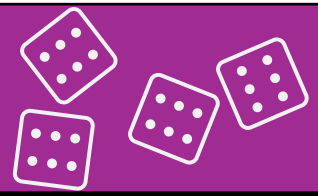
- Co-Chair of Education Committee (2 people)
- Committee Members for either Education or Communication Committees

Feedback and Open Discussion

What else do you want from your UAHQ membership?

General feedback for the UAHQ board



						
	How long have you worked in Quality?	How long have you worked in healthcare?	If you had a superpower, what would it be?	What was your most significant workplace challenge and how did you solve it?	What's the most interesting place you've ever visited?	Do you prefer to work in a team or fly solo? Why?
	Choose one historical figure to talk to: What single question would you ask, and why?	What are you most proud of? Work or personal!	Share your 8th most recent picture on your phone and tell us about it.	Tell us about a QI project that sticks out to you.	You're stranded on a desert island: Choose one book and one movie to take with you.	What's your favorite inspirational quote, and what is the lesson it taught you?
	What hidden talent or skill do you have that most people don't know about?	Are you a night owl or an early bird?	Do you think your education prepared you for your job?	What advice would you give your college self?	How did you join healthcare quality?	What's the biggest obstacle you've faced in your career so far?
	What do you spend most of your time at work doing?	What projects are you working on right now?	What do you wish you could change about your job?	What is your favorite—and least favorite—part of your job?	What made you choose this career?	What do you wish you knew more about?
	How do you stay organized?	What brought you to this conference and what are you hoping to take away from it?	What kind of education/training do you have?	Do you like what you do?	What do you like doing outside of work?	What are you reading right now?
	What's been your most memorable experience at work?	Tell us something interesting about you.	How do you stay updated with industry trends?	What's the best piece of career advice you've ever received?	How do you define success in your career?	What are your professional goals for the next year?

Missi Roeber, MSN, CPHQ

Missi is a Senior Manager with Intermountain Health, with 40 years of healthcare experience, over twenty of those years in frontline clinical care and the rest in quality, safety and high reliabilityscience, risk, continuous improvement, public reporting, infection prevention, regulatory affairs, accreditation/certification, experience of care and caring, data collection and analysis, project management, leadership and change management. Missi has led multiple initiatives across the Intermountain system to improve public reporting, data sharing, provider engagement, provider support, and quality outcomes. Missi is committed to providing the best care and experience for allour patients and their loved ones. She currently co-leads a team of quality professionals that serve Intermountain Health's 32 hospitals and over 300 clinics across Utah, Nevada, Idaho, Colorado, and Montana. In her spare time, Missi likes to spend time with family, read, garden, and paper craft.

Kristina K. Frazier, BS, RRT

Kristina is a Registered Respiratory Therapist and Quality Consultant at University of Utah Health, where she uses data and process improvement methodologies to enhance patient care andoperational efficiency. She holds a Bachelor of Science from Weber State University, currentlyenrolled in Weber State University's Master's in Health Administration program, and has a Lean Six Sigma Green Belt. One of her notable achievements includes the standardization of emergency tracheostomy supplies and protocols, improving patient outcomes. Outside of her professional life, Kristina enjoys spending time with her family, mountain biking, hiking, and attending concerts. Her diverse skills and dedication to both personal and professional growth make her a valuable asset in the healthcare industry.

Breanna Brannan, MBA-HM, DNP, RN, NPD-BC, CPHQ

Breanna has been in healthcare for over 15 years and is currently the nursing manager of quality. She has an MBA in healthcare management and a DNP in leadership. Breanna is board-certified in nursing professional development as well as a Certified Professional in Healthcare Quality. Breanna has experience leading the clinical staff education team and clinical experience in a variety of settings including acute care, rehab, and medical psych.

Brittany Guerra Siebenhaar, MPH, CHES & Adrianne Brown, CPHQ

Brittany is the Manager of Quality Interventions for Molina Healthcare of Utah. Previously, she spent over seven years working in Utah's government public health system, as the Program Manager for the Utah County Health Department Tobacco Prevention and Control Program (2019-2022) and Health Program Specialist for the Utah Department of Health Asthma Program (2014 – 2019). Brittany also teaches an online public health program planning and implementation course for BYU-ID (2016 - current). She completed her Bachelor's degree in Health Science in 2011, and received a Master's of Public Health in 2013 from Brigham Young University. Brittany is engaged in her community in a variety of roles, including as the current Utah Association for Healthcare Quality Treasurer (2023-current) and many other past roles (USOPHE President (2021-2023), Treasurer of the Utah Tobacco-Free Alliance (2019-2023), UPHA Policy Unit (2016-2019), Utah Valley Drug Prevention Coalition Chair (2019-2021), and Asthma Task Force Secretary (2014-2019)). She enjoys doing sprint triathlons and playing handbells with the Timpanogos Ringers.

Adrianne is the Program Manager of Quality Improvement for Molina Healthcare of Utah and Idaho where she focuses mainly on quality compliance. She has been with Molina Healthcare for 18 years; working in various Quality Improvement roles across the enterprise. Adrianne received her Bachelor's degree in Behavioral Science and Health from the University of Utah in 2006. She obtained her Certified Professional in Healthcare Quality certification from NAHQ in 2015. Adrianne is currently the President of the Utah Association of Healthcare Quality and has served on the board since 2019 as the Member at Large, Treasurer, and President Elect. Adrianne is the proud mother of two daughters and two dogs who keep her busy outside of work. She enjoys group fitness classes, traveling, and was a competitive figure skater as a teenager.

Inspiring Others to Engage in Quality Work

Missi Roeber, Senior Manager Quality

Intermountain Health

September 27, 2024

in-spi-ra-tion

- the process of being mentally stimulated to do or feel something, especially to do something creative
- The quality of being inspired, especially when evident in something (“a rare moment of inspiration”)
- A person or thing that inspires
- A sudden brilliant, creative, or timely idea

Key Elements of Inspiration

Creativity

- Collaborate to solve problems
- Allow for failure
- Encourage others to share ideas
- Show appreciation for their work/time
- Actively listen
- Share honest feedback

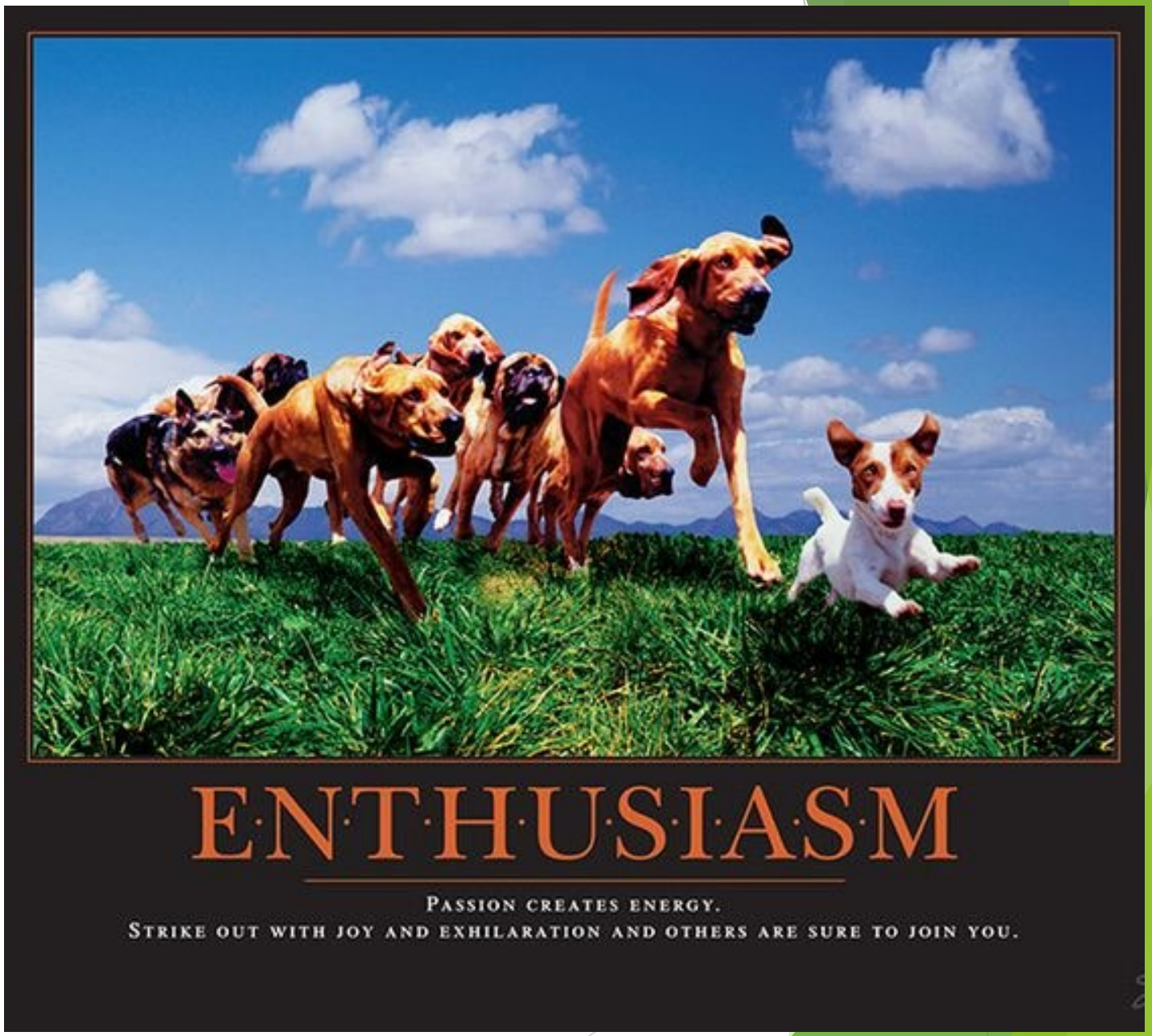
"If you think you are too small to make a difference, try sleeping with a mosquito. - Dali Lama

Confidence

- Model behavior you want others to imitate
- Encourage others
- Express empathy
- Show appreciation
- Convey your values (trustworthy)
- Actively listen
- Partnership

Enthusiasm

- Be positive
- Express your passion for the work
- Storytelling
- Acknowledge success
- Be thankful



Quality is Inspirational Not Operational

STANDARDIZING CARE AND EMERGENCY PROTOCOLS FOR TRACHEOSTOMY PATIENTS

Kristina Frazier BS, RRT, LSSGB

Quality Consultant – System Quality Office

HEALTH
UNIVERSITY OF UTAH

September 30, 2024

SPECIAL THANKS

Paige Ward, BSN, RN, NPD-BC

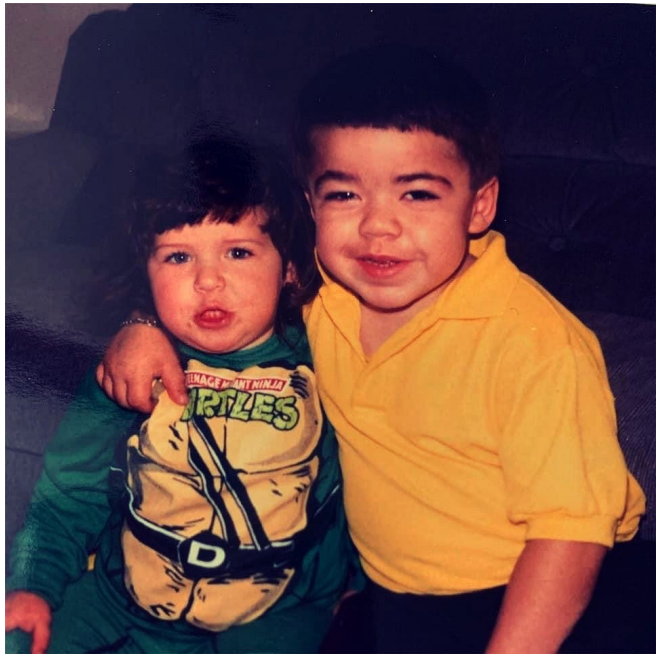
Clinical Staff Education

Taelynn Hurst, BSN, RN, TCRN

Nursing Quality

A LITTLE BIT ABOUT ME

- Registered respiratory therapist since 2014
- System Quality in February 2023
- Lean Six Sigma Green Belt in April 2024
- Currently obtaining my MHA from Weber State
- Personal experience - Growing up my brother had a trach, providing quality care for these patients is near and dear to my heart



INTRODUCTION

Description: In FY23 and FY24 nearly 200 safety events were reported involving tracheostomy patients. A portion of these events could have been negated by ensuring proper supplies and equipment at the bedside.

Significance: Patients can not oxygenate or ventilate without a patent and secure airway. If not remedied quickly, it could lead to patient harm or death.

STAKEHOLDERS

There were many stakeholders involved in this project, the most important being patients with tracheostomy tube placement. This project spanned the University of Utah Hospital, Huntsman Cancer Hospital, and Neilson Rehabilitation Hospital to serve all patients as they move through the system.

Stakeholders:

- Respiratory Therapy – Experts in trach patients, owners of the amended policy and airway cards, updated practices
- Nursing – Responsible for ensuring supplies at the bedside, updated practices
- Clinical Staff Education – Updating and disseminating educational material, involved in updating policy
- Nursing Quality – Involved in updating policy and adhering to best nursing practices
- Patient Safety – Provide *Report and Learn* data for analysis
- Hospital management and leadership – Ongoing support for the project
- Facilities Management – Installation of hardware needed for supply bags

DATA COLLECTION

Collection: Quantitative data was collected and utilized to identify the number of events, type of events, and where events occurred. Qualitative data was used to identify scenarios in which these events were happening.

Sources: Self-reported data from the University of Utah's *Report and Learn* system.

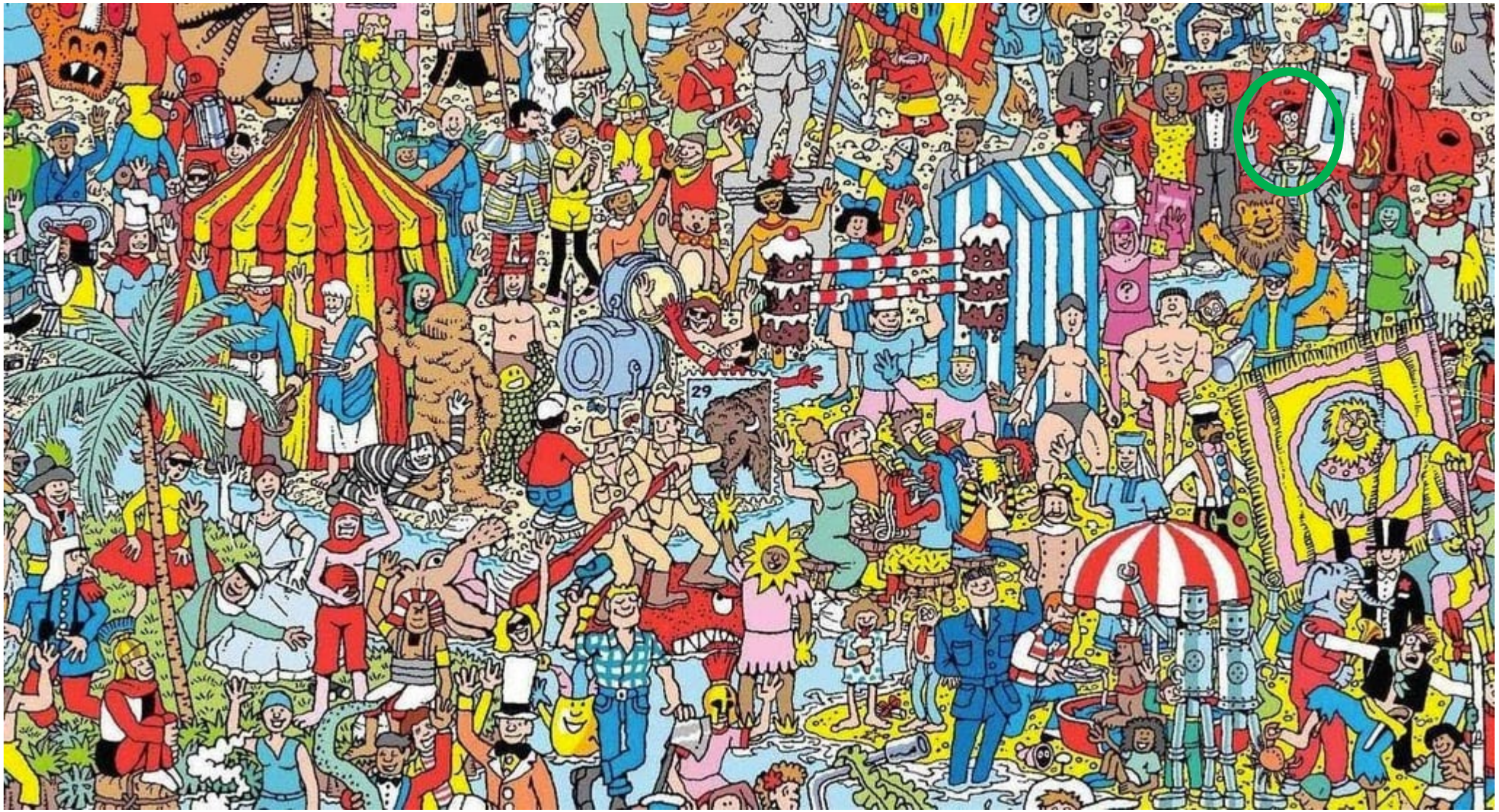
Analysis: Analyzing the data through case reviews to identify the root cause of events. The events chosen to focus improvement efforts on were related to insufficient supplies.

IMPROVEMENTS

Methods: This process improvement initiative employed Lean Six Sigma methodology. An interdisciplinary team was crucial to brainstorming and cultivating ideas.

Actions Taken: The team's focus was ensuring adequate emergency and backup supplies were always present with every trach patient.

WHERE'S WALDO?



IMPROVEMENTS

1. Creating a list of supplies needed that remain with the patient at all times

2. Standardizing the location for supplies to be kept at the bedside

IMPROVEMENTS

Supply List:

- Obturator Stored in Ziplock Bag w/ Pt. Label
- Cuffed Backup Trach – Same Size
- Cuffed Backup Trach – One Size Smaller
- 10ml Syringe
- 4x4 Gauze
- H20 Based Sterile Lubricant Packets x 2
- Backup Velcro Trach Ties or Twill Tape
- 14Fr Suction Catheter Kit

~ 500 clips installed across UUH, HCH, and NRH

IMPROVEMENTS

3. Updating the *Emergency Tracheostomy Decannulation* protocol to outline roles by discipline clearly, and distributing education

4. Updating airway cards to communicate important patient airway information

Trach Emergency Supply Standard

PURPOSE: To standardize emergency trach supplies at the bedside of each patient for any travel, emergency decannulation, or respiratory need.

WHO: All patients with a trach throughout the Main hospital, Huntsman, and Neilson Rehab.

WHERE: A clip has been installed on the headwall in each patient room between the computer and the bed near the flowmeters.

The admitting RN is to gather all of the emergency supplies, place in the plastic bag and clip at the head of the bed for all trach patients. The RN is also responsible to place the emergency supplies on the patient's bed before travel.

Place gathered supplies in large plastic bag:

- Cuffed trach -- same size as current trach
- Cuffed backup trach – one size smaller than current trach
- Velcro trach collar
- 14 french suction catheter kit
- 10 ml Syringe
- H20 based sterile lubricant packet x 2
- Sterile gloves – size 8
- Backup Inner cannula
- Gauze 4x4
- Obturator *only needed if the trach was recently placed or exchanged during current admission.

Other emergency supplies in the patient room:

- Airway card at the head of the bed (placed by RT)
- Ambu bag
- Oxygen tank

Trach Emergency Supply Standard

Trach Emergency Supplies Order Numbers

Large plastic bag for supplies	#68739
Cuffed trach of the same size	*See trach chart or PULSE
Cuffed trach one size smaller	*See trach chart or PULSE
Velcro trach collar	#10309
14F suction catheter kit	#340
10 ml syringe	#817
H20 based sterile lubricant x 2	#75169
Backup Inner Cannula	*See trach chart or PULSE
Sterile Gloves	Size 8
Gauze 4x4	8044
Obturator- used by RT or trained provider only	*only needed if the trach was recently placed or exchanged during current admission.

Tracheostomy Order Information found on PULSE

Jackson Size	Cuffed Trach	Order Number	Uncuffed trach	Order Number	Disposable Inner Cannula	Order Number
4	4CN65H	121510	4UN65H	121531	4IC65	121570
5	5CN70H	123092	5UN70H	123097	5IC70	123102
6	6CN75H	123093	6UN75H	121533	6IC75	121572
7	7CN80H	123094	7UN80H	123098	7IC80	123103
8	8CN85H	123095	8UN85H	121535	8IC85	121574
9	9CN90H	123096	9UN90H	123099	9IC90	123104

If a patient currently has a size 4 trach, order two size 4 cuffed trachs as backup.

Policy: Emergent Tracheostomy Tube Replacement

Emergency supplies are to be verified at the head of bed during bedside report by the oncoming RN.

CLINICAL STAFF EDUCATION EDU: CSE Updated: 8/19/2024

IMPROVEMENTS

HEALTH UNIVERSITY OF UTAH

AIRWAY CARD

PT LABEL

Difficult Airway? Y / N

ETT/TRACH
CIRCLE ONE

Placement Date:_____

Extubation Date: _____

Size:

Trach Type:

Depth:

7 DAY SUTURE REMOVAL DATE:

*** TROUBLESHOOTING ***

D - Dislodged
O - Obstructed
P - Pneuothorax
E - Equipment

Trach Size and Ordering Info

Jackson Size	Cuffed Trach	Order Number	Uncuffed Trach	Order Number	Disposable Inner Cannula	Order Number
4	4CN65H	121510	4UN65H	121531	4IC65	121570
5	5CN70H	123092	5UN70H	123097	5IC70	123102
6	6CN75H	123093	6UN75H	121533	6IC75	121572
7	7CN80H	123094	7UN80H	123098	7IC80	123103
8	8CN85H	123095	8UN85H	121535	8IC85	121574
9	9CN90H	123096	9UN90H	123099	9IC90	123104

RChappell Respiratory Care Dept Jan 2024

Before

HEALTH UNIVERSITY OF UTAH

AIRWAY CARD

PT LABEL

Difficult Airway? Y / N

ETT/TRACH
CIRCLE ONE

Placement Date:_____

Extubation Date: _____

Size:

Trach Type:

Depth:

7 DAY SUTURE REMOVAL DATE:

*** TROUBLESHOOTING ***

D - Dislodged
O - Obstructed
P - Pneuothorax
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Trach Size and Ordering Info

Jackson Size	Cuffed Trach	Order Number	Uncuffed Trach	Order Number	Disposable Inner Cannula	Order Number
4	4CN65H	121510	4UN65H	121531	4IC65	121570
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6	6CN75H	123093	6UN75H	121533	6IC75	121572
7	7CN80H	123094	7UN80H	123098	7IC80	123103
8	8CN85H	123095	8UN85H	121535	8IC85	121574
9	9CN90H	123096	9UN90H	123099	9IC90	123104

Obturator Stored in ZipLock Bag w Pt Label

Cuffed Backup Trach - Same Size **

Cuffed Backup Trach - One Size Smaller**

10ml Syringe, 4x4 Gauze

H_2O Based Sterile Lubricant Packets x 2

Backup velcro trach ties or twill (fabric) tape

14Fr Suction Catheter Kit

RChappell Respiratory Care Dept Jan 2024

After

HEALTH UNIVERSITY OF UTAH

OUTCOMES

Results: Since 7/1/2024 – 9/22/2024, there have been 17 reported events, **none** involving insufficient bedside supplies.

Evaluation: Outcomes will continue to be measured with *Report and Learn* data using the same metrics to understand the number of events, type of events, where events occurred, and identifying scenarios in which these events were happening.

Impact: Improved accessibility to supplies has mitigated adverse airway events. There has been positive feedback from nursing staff stating, “I felt safer transporting my patient knowing I had everything I needed.”

CONCLUSION

Lessons Learned: Organization is crucial when collaborating with an interdisciplinary team. The use of a Gantt chart would have been helpful – will use this tool moving forward in the next phases of the project

Next Steps: The next phase of this project is defining an order set that will be prompted by placing a tracheostomy tube LDA in a patient chart that will include:

1. Placing trach emergency supplies at bedside (supplies listed)
2. Communication order to notify the provider of worsening respiratory status
3. Communication order to page provider for SLP order before advancing PO diet *if applicable
4. Instructions on inflating/deflating the cuff
5. Trach care q shift
6. Oral care q 2-4 hours

THANK YOU

QUESTIONS…

RE-MOVING QUICKLY FOR CAUTI: EARLY REMOVAL & EPIC OPTIMIZATION

Breanna Brannan, MBA-HM, DNP, RN, NPD-BC, CPHQ

Jen Simmons, BSN, MEHP, RN, CCRN
Kristy Honein, MS, RN
Marisa Hassemer, BSN, RN, CPN
Sheila Delong, MSN, RN, NPD-BC

HEALTH
UNIVERSITY OF UTAH

MONTH 00, YEAR

PROBLEM

- Catheter associated urinary tract infections (CAUTIs) were well above national benchmarks and trending upward

Increasing CAUTIs led to:

- Decrease in patient outcomes
- Increased financial costs
- Decline in quality of patient care

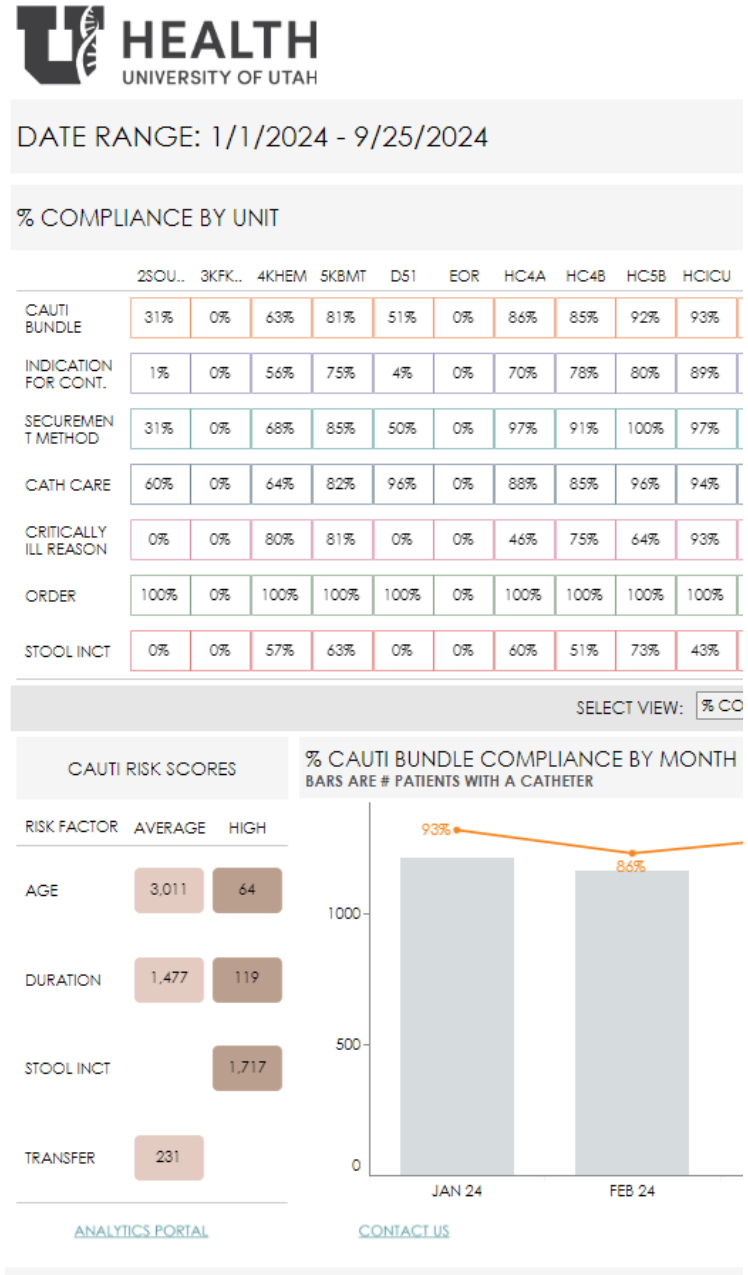
STAKEHOLDERS

LARGE INTERDISCIPLINARY EFFORT TO ADDRESS THE INCREASING RATES

- Nursing Quality team
- Clinical Staff Education
- Nursing Informatics
- Infection Prevention
- Antimicrobial Stewardship team
- Nursing Leadership

DATA

- NDNQI
- Vizient
- CAUTI dashboard in Tableau



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ACTIONS TAKEN

LITERATURE REVIEW

406 articles were reviewed to identify common themes

1. Early Removal
2. CAUTI prevention bundles
3. Algorithms
4. Education
5. Daily Rounding

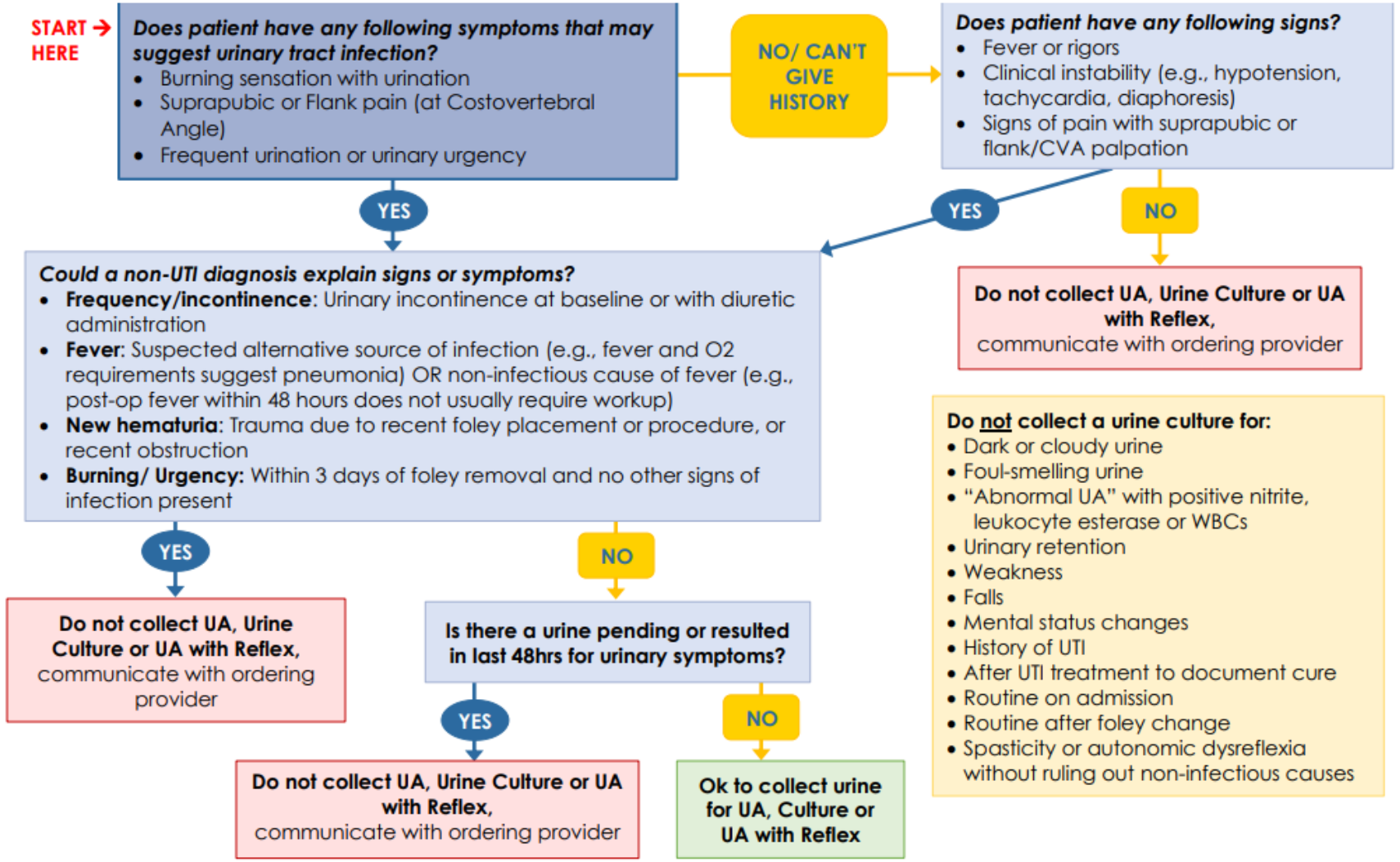
ACTIONS TAKEN

RE-EDUCATION

- Both hands on and electronic learning modules for all 3 topics
  - Catheter insertion
  - Catheter care
  - Specimen collection
- Nursing Urine collection Decision Tree was developed and educated to

Inpatient Urine Collection Decision Tree for UTI*

*Does NOT apply to patients who are pregnant or will be undergoing urological surgical procedures where screening for asymptomatic bacteriuria is recommended



Owner: Antimicrobial Stewardship Committee
Updated: 3/2024
From: Procedure: Comprehensive Management of Urinary Catheters (Indwelling, Intermittent, Condom, Suprapubic), Urinary Retention, and Urinary Incontinence

Modified from: *The Johns Hopkins Hospital Department of Antimicrobial Stewardship & Nicolle et al., Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America*

ACTIONS TAKEN

DAILY AUDITS

Every day over 12 weeks, all patients with catheters in place had a chart audit to review:

- Appropriate indication for catheter
- Appropriate culturing practices
- Appropriate care for catheter

Bedside staff and unit leadership were contacted if issues needed to be corrected.

ACTIONS TAKEN

EHR OPTIMIZATION

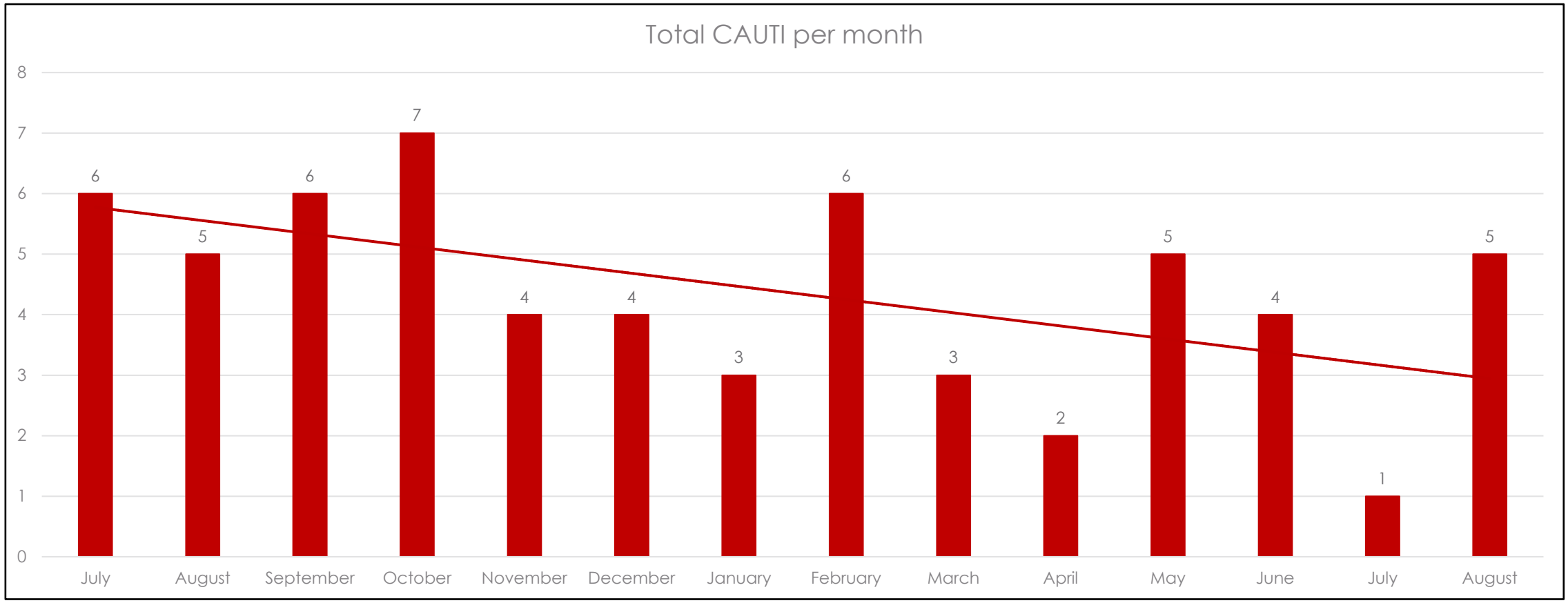
- Multiple Best Practice Advisories were developed
  - Provider facing to recommend exchange prior to culture
  - Remove catheter once indication was no longer appropriate
  - Catheter in place without an order

ACTIONS TAKEN

CAUTI REVIEWS

- If CAUTI occurs an interdisciplinary review including nursing quality, infection prevention, nursing leadership and providers is held to review the case, and any lessons learned

OUTCOMES



Pre-Intervention

Intervention

Post-Intervention

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OUTCOMES

- Over seven weeks, 3500 staff members received hands-on competency training.
- Over a twelve-week period, 3000 patient charts were audited.
- During this time, a dramatic reduction in CAUTI rates was seen.
- There were zero CAUTIs for four weeks (a significantly lower rate than the one to two CAUTIs seen per week in the previous year).
- This work continues to help develop a sustained decline in CAUTI rates.
- The collaboration of various teams has contributed to a culture of CAUTI awareness and its link to quality patient care across the organization.

LESSONS LEARNED

- Identify problems sooner so work can begin before its an emergency
- Communication throughout the organization to the frontline

NEXT STEPS

- Ongoing education
- Continued CAUTI reviews to drive future improvements

THANK YOU

HEALTH
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Enhancing Pediatric Care – Molina's Strategy for Increased Well-Child Visits

Adrianne Brown
Program Manager – Quality Improvement

Brittany Siebenhaar
Manager of Quality Interventions

MOLINA® HEALTHCARE

About Molina Healthcare

Molina Healthcare, Inc., a FORTUNE 500 company, provides managed healthcare services under the Medicaid and Medicare programs and through the state insurance marketplaces. For more information about Molina Healthcare, please visit molinahealthcare.com.

MOLINA® HEALTHCARE

Agenda

- What is a Performance Improvement Project (PIP)
- Molina's Well Child PIP
- Well Child Interventions
- Results
- Questions

MOLINA® HEALTHCARE

What is a Performance Improvement Project (PIP)

A Performance Improvement Project (PIP) is designed to achieve significant improvement, sustained over time, in clinical and non-clinical areas that are expected to have a favorable effect on health outcomes and Enrollee satisfaction.

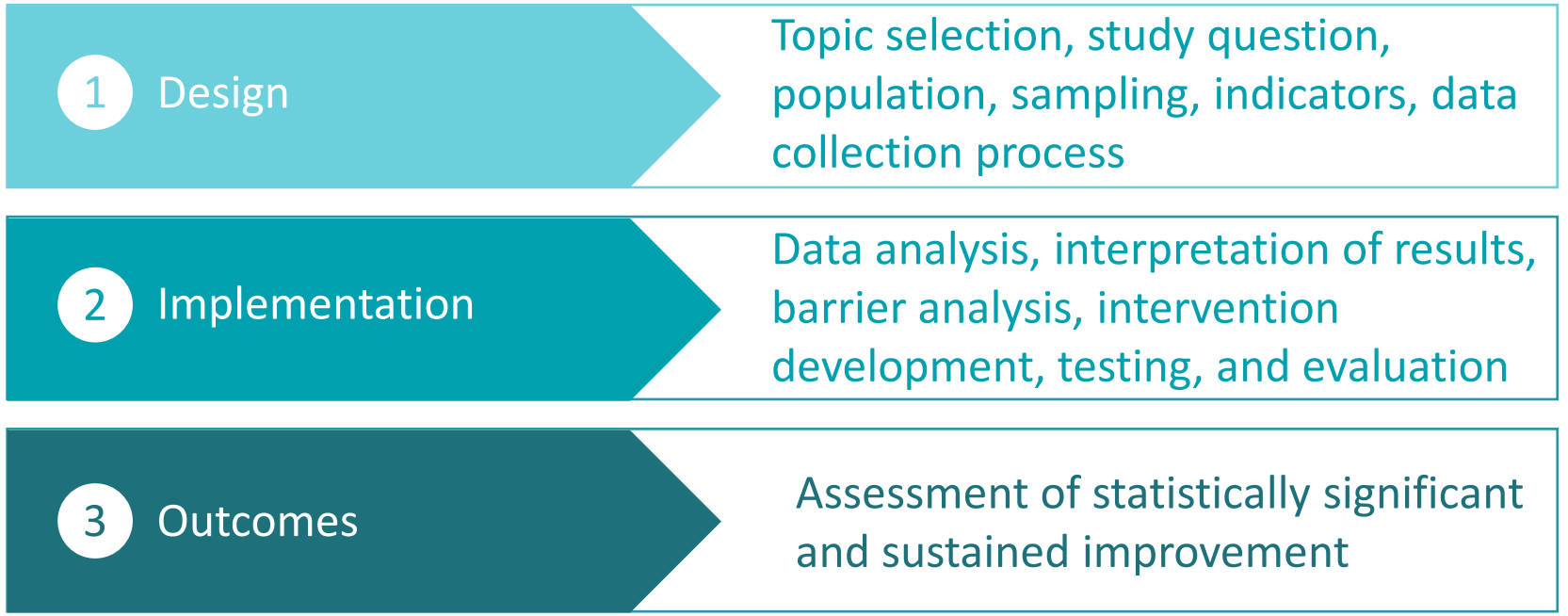
PIPs are required per Molina's contract with Utah Department of Health and Human Services and CMS.

Core PIP activities:

- Measuring performance using objective quality indicators
- Testing and implementing interventions to achieve improvement
- Evaluating effectiveness of the interventions
- Planning and initiating activities for sustained improvement

What is a Performance Improvement Project (PIP)

PIP Stages



MOLINA HEALTHCARE

What is a Performance Improvement Project (PIP)

Problem

All Utah Accountable Care Organizations (ACOs) were scoring below the national average for well child visits.

The Utah Department of Health and Human Services mandated the Medicaid Performance Improvement Project to be focused on well child visits.

This PIP is a collaborative PIP where all ACOs are required to execute the same intervention.

Molina's Performance Improvement Projects

PIP Topic	LOB	Regulatory Agency	Submission Timeline
Clinical PIP: Well Child Visits in the First 30 Months of Life (W30 A&B)	**Medicaid**	**UDHHS via HSAG**	**Annual**
Clinical PIP: Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)	CHIP	UDHHS via HSAG	Annual
Clinical PIP: 30-Day Follow Up after Hospitalization for Mental Illness (FUH)	Medicaid-Integrated BH	UDHHS via HSAG	Annual
Non-Clinical PIPs: Increasing Member Engagement and Satisfaction with Digital Channels	Medicaid CHIP Medicaid – Integrated BH	UDHHS via HSAG	Annual

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HEDIS Background

What is HEDIS?

- **Healthcare Effectiveness Data and Information Set (HEDIS):** One of health care's most widely used performance improvement tools. HEDIS measures gauge the performance of patient care and service.
- HEDIS includes more than 90 measures across 6 domains of care:
  - *Effectiveness of Care*
  - *Access/Availability of Care*
  - *Experience of Care*
  - *Utilization and Risk Adjusted Utilization*
  - *Health Plan Descriptive Information*
  - *Measures Reported Using Electronic Clinical Data Systems*

Benefits of using a HEDIS Measure for a PIP:

- Specifically defined
- Valid methodology for sampling and data collection
- Results are comparable year-over-year and to other healthcare organizations
- Benchmarking and ranking available

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Well Child Performance Improvement Project - Measurement

Well-Child Visits in the First 30 Months of Life (W30)

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits

PIP Study Question:

Do targeted interventions increase the rate of eligible members who receive six or more well visits with a primary care provider by 15 months of age and two or more well visits between 15 months and 30 months of age during the measurement year?

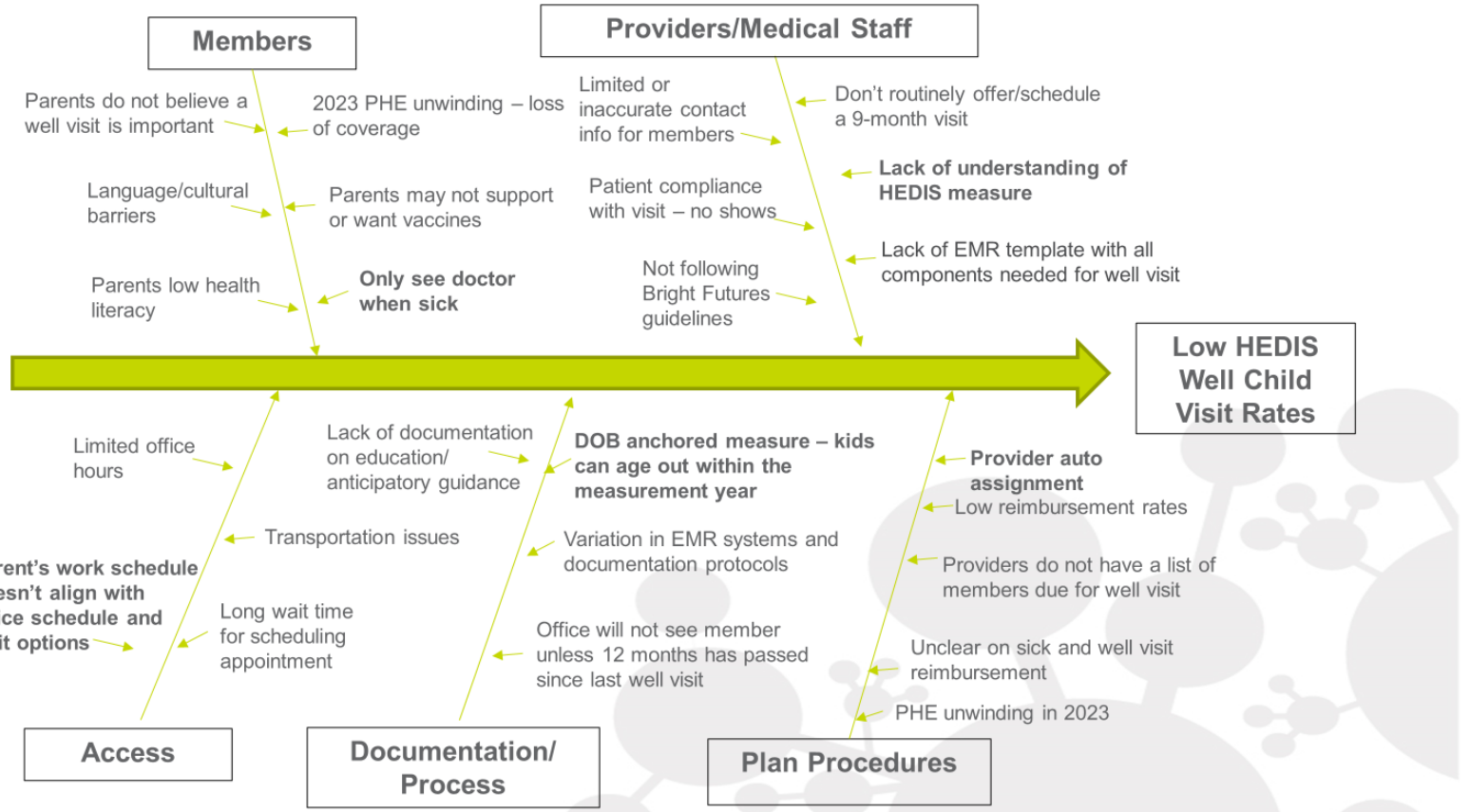
Number of Members Impacted: ~2,500

Well Child Performance Improvement Project Stakeholders and Roles

- Molina Quality Improvement Staff
  - Developing and executing interventions
  - Vendor oversight
  - Tracking data and results
  - Works with providers to collect claims data
  - Encourages members to receive well child visits during the recommended timeframes
- Molina Network Providers
  - Encourages members to receive well child visits during the recommended timeframes
  - Submits data to Molina for HEDIS reporting
- Molina HEDIS staff
  - Conducts medical record review
  - Audits and reports HEDIS data
- Molina members
  - Obtains well child visit

Well Child Performance Improvement Project – Tools

Fishbone Diagram



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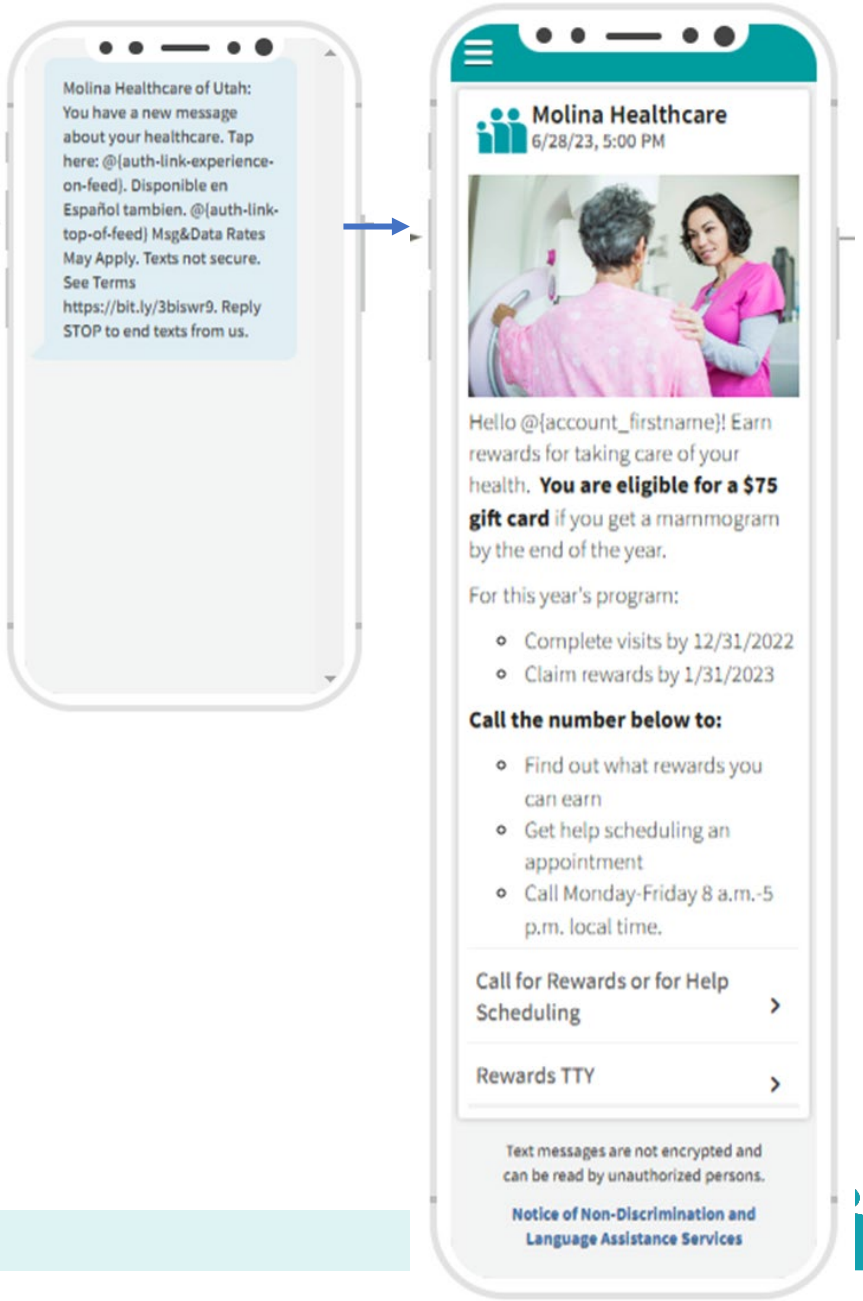
Well Child Performance Improvement Project - Interventions

Intervention	Audience	Barriers Addressed
New Mom Outreach Program: Newly delivered mothers are contacted via phone and email through first 30 months of child's life. • Offering support and resources • Education on incentives, coverage, and benefits • Connecting members to PCP • Follow up with non-compliant members	Members	• Patients do not believe a well-visit is important • Parent low health literacy • Access Barriers
Well Child/Immunization Packet: Letter and card mailed to newly delivered parents that includes: • Importance of obtaining well child visits • Well child visit schedule and tracker • Immunization schedule • QR code for website with more information/resources	Members	• Patients do not believe a well-visit is important • Parents may not support or want immunizations
Texting Platform: Targeted outreach to members via SMS text messaging providing importance of obtaining well child visits and other education	Members	• Patients do not believe a well-visit is important • Parent low health literacy
Member Incentive Program: Outreach, service attestation, and gift card fulfillment	Members	• DOB Anchored Measures • Patients do not believe a well-visit is important
Provider Bonus Program: Missing services lists disseminated to providers who opt-in, showing which members need well child visits. Providers are offered a bonus for closing gaps.	Providers	• Providers do not have a list of members due for well visit • Not offering all visit

Well Child Performance Improvement Project - Interventions

Texting Program Overview

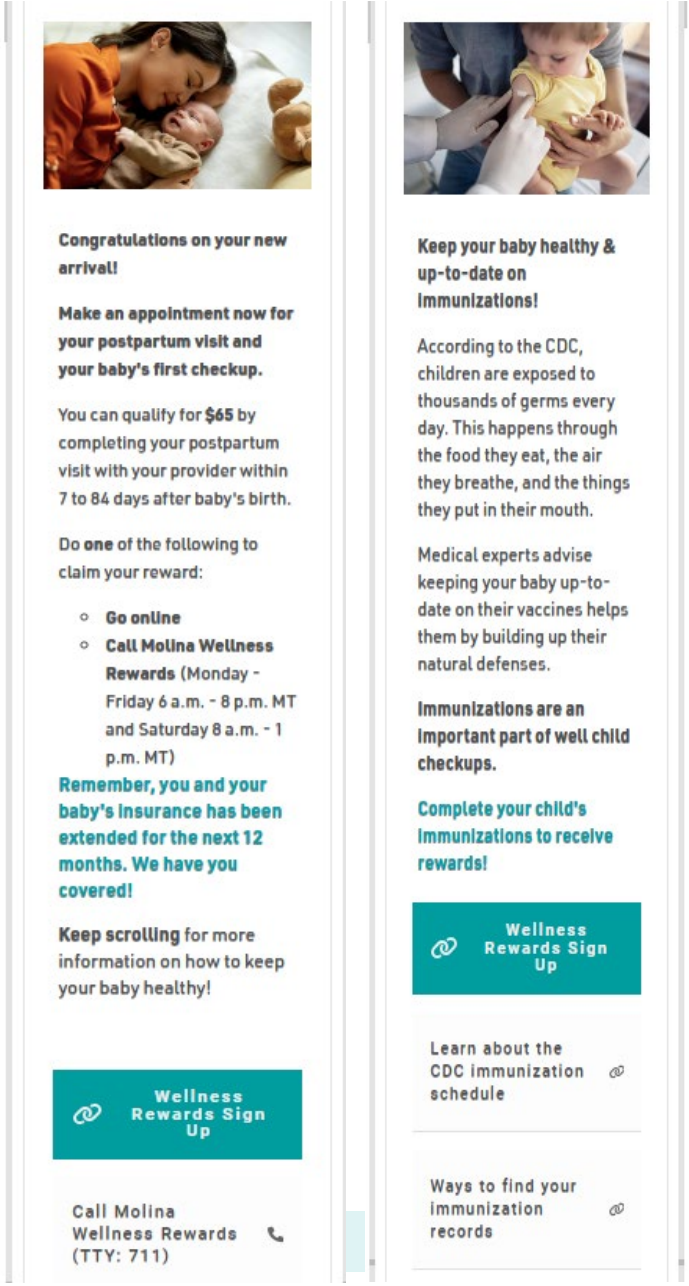
- Secure communication channel
- Personalized with member information
- Actionable
- Timely
- Accountable – performance features
- Survey capability



Well Child Performance Improvement Project - Interventions

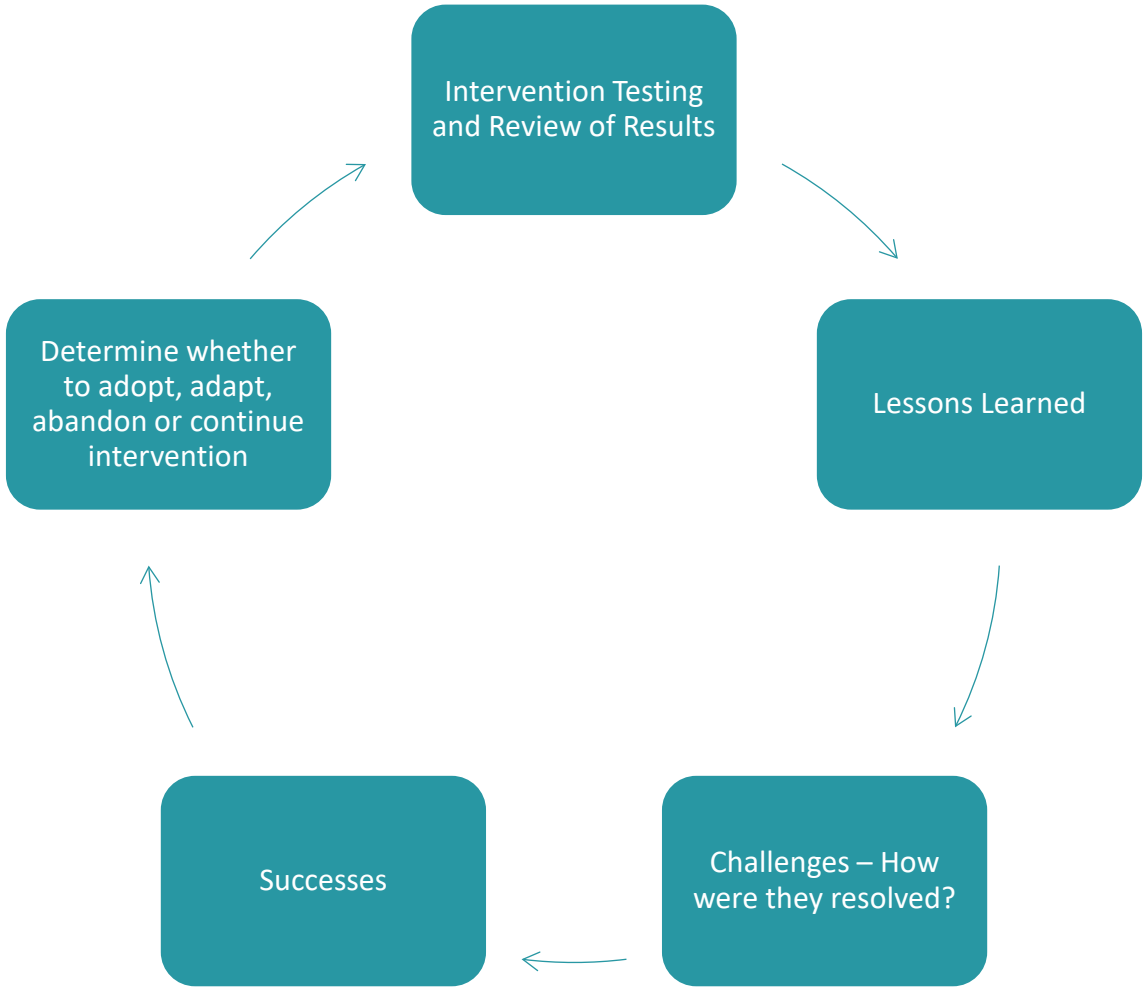
PIP Text Message Campaign

- Launched bi-weekly to newly delivered moms
- 8 texts over first year of life:
  - Developmental updates for new baby
  - Upcoming visits and rewards
  - What to expect in the visit
  - Immunizations
  - Coverage and benefits
- 1,253 texts delivered in 2024 to-date
- About 1 in 5 members clicked into message
- Over 1 in 3 clicked links in the message

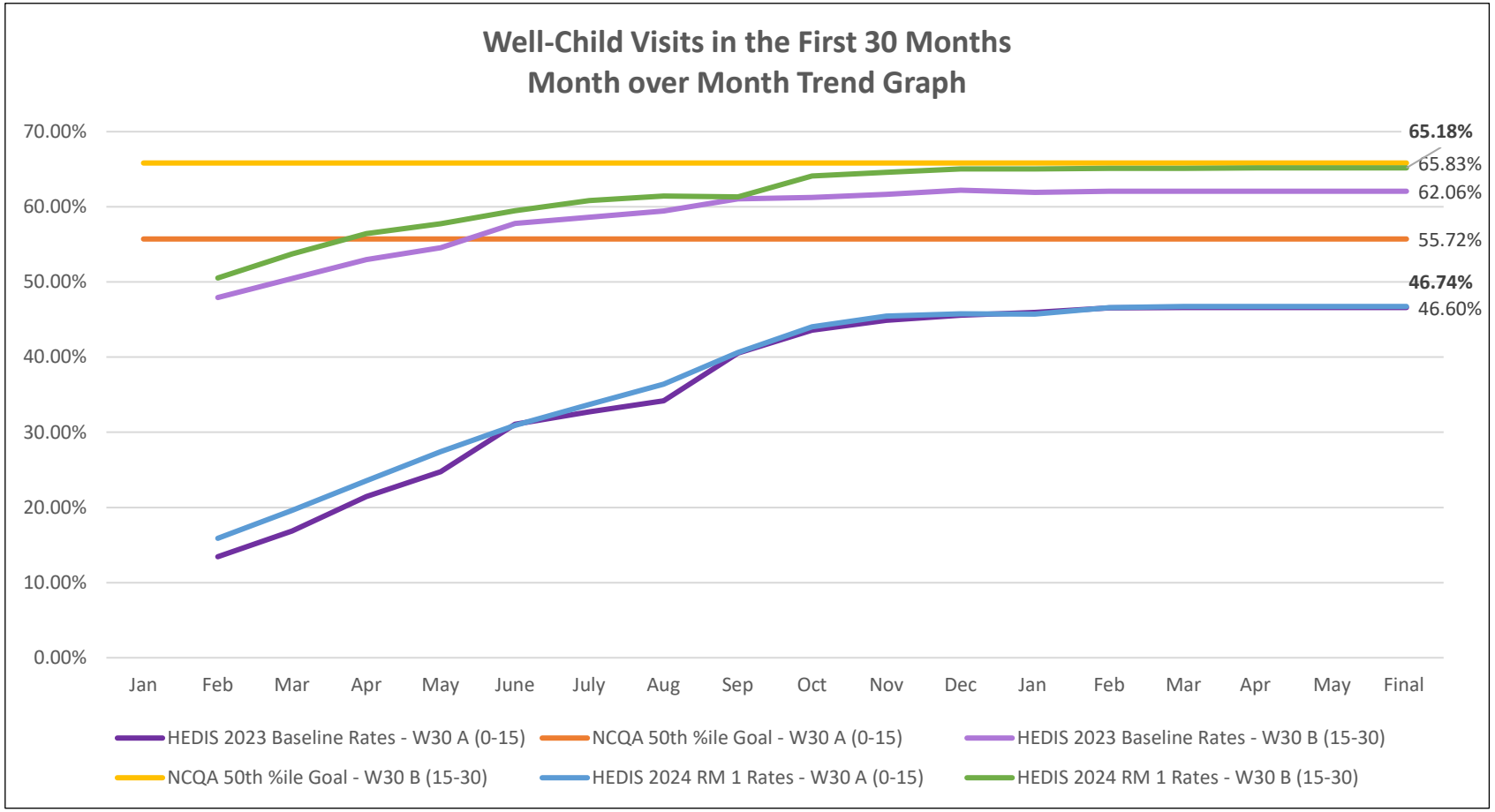


Well Child Performance Improvement Project - Interventions

Intervention Effectiveness Analysis



Well Child Performance Improvement Project - Results



- 2025 will be the third year of this study.
- Final HEDIS 2024 data shows a rate of 46.74% for 0-15 months and 65.18% for 15-30 months.
- Both measures are scoring under the 50th percentile goal.
- Both rates are performing at or higher than last year.
- Statistically significant improvement in the W30 B (15-30 months) sub measure.

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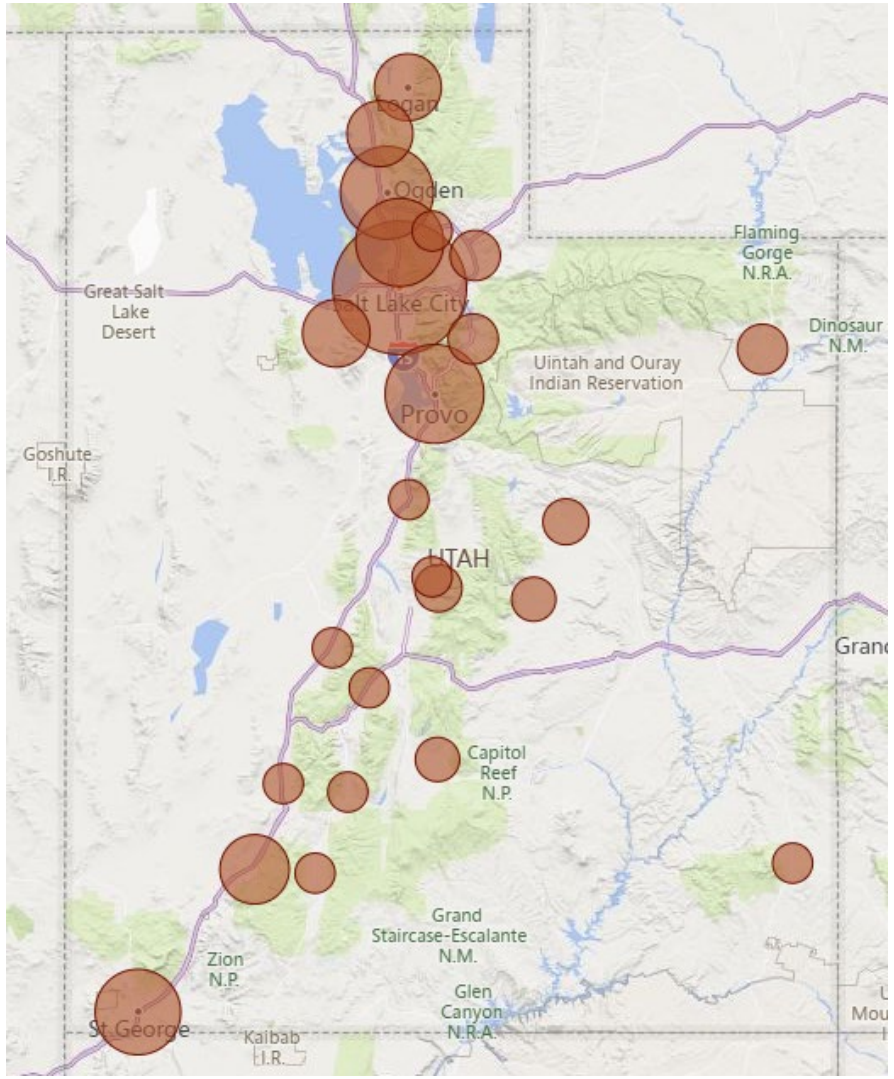
Well Child Performance Improvement Project – Results

Heat Map



Compliance Rate by Member County - Heat Map

Well Child Performance Improvement Project – Next Steps

All current interventions will continue into 2025

Aiming for higher intervention engagement among members and providers

Expansion of outreach program to be continuous throughout each measurement year

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Questions?

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We look forward to seeing you again next year

UAHQ Annual Conference

Friday, September 26, 2025

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