

00:00:00.000 --> 00:00:05.910

Jonathan Gardner

Alright, good morning and welcome to the 6th and final module of our Rapid Action Collaborative.

00:00:07.390 --> 00:00:16.020

Jonathan Gardner

Measuring practice progress in this module you learn how to collect and use data to drive change in your colorectal cancer screening program.

00:00:17.220 --> 00:00:28.120

Jonathan Gardner

I'm Jonathan Gardner. In case we haven't met yet. I'm a network administrator for Quality Health Associates of North Dakota and the data manager for the screen to project.

00:00:30.310 --> 00:00:43.590

Jonathan Gardner

And with me of course, is is Nikki before we get into how you to use your data for quality interventions, it is important to understand the distinction between data and information.

00:00:44.190 --> 00:00:48.080

Jonathan Gardner

These words are often but incorrectly used interchangeably.

00:00:48.840 --> 00:00:58.920

Jonathan Gardner

Data is simply the facts. The numbers based on reports, chart reviews, or simply a list data by itself is not very informative.

00:01:00.120 --> 00:01:13.110

Jonathan Gardner

We use data to produce information. Information is the story behind the data where it came from and why information can represent our desired outcomes and how we achieve them.

00:01:17.070 --> 00:01:24.940

Jonathan Gardner

So before we can obtain good information, we need to start with good data. So how is your data being collected?

00:01:25.570 --> 00:01:45.170

Jonathan Gardner

Different interventions may require different data collection and tracking tools. As your team begins or continues collecting data, it is important to check the quality of your data on a regular basis. You can use quality checks to assess both the completeness and the accuracy of your data.

00:01:46.280 --> 00:01:54.340

Jonathan Gardner

Chart review, for example, may be used to assess the data being collected at the patient level within the electronic health record.

00:01:55.140 --> 00:02:03.340

Jonathan Gardner

Are all the data elements being documented the same way? Does each patient record include all of the required data elements?

00:02:04.050 --> 00:02:09.710

Jonathan Gardner

Can reports be run that pulls those data elements together or run calculations on them?

00:02:11.230 --> 00:02:23.140

Jonathan Gardner

Can the data elements be sliced or aggregated using additional criteria such as by primary care provider, clinical team or even patient demographic?

00:02:25.340 --> 00:02:43.750

Jonathan Gardner

Some interventions may require tracking data in a different way or even using a different system entirely. Examples may include paper tracking tools, although they don't recommend them, but sometimes they just necessary. You can scan those or flag them within the EHR.

00:02:44.780 --> 00:02:55.700

Jonathan Gardner

Excel spreadsheets or access database is accessible to an used by the team or your data manager can be used to track additional data.

00:02:57.580 --> 00:03:25.830

Jonathan Gardner

Patient navigation, for example will require tracking some data elements that may or may not be available within the electronic health record. Appropriate tools and data quality checks should be used to ensure patient navigators are accurately reporting their service delivery data, such as patient barriers, patient contacts, time spent on navigation processes, and any relevant patient notes.

00:03:27.920 --> 00:03:40.730

Jonathan Gardner

So typically the data manager on your team is responsible for conducting periodic data quality checks, more frequent checks at least weekly would be helpful as a new intervention begins.

00:03:41.810 --> 00:03:48.050

Jonathan Gardner

The program manager also should perform data quality checks for your interventions at least monthly.

00:03:50.380 --> 00:04:01.850

Jonathan Gardner

Once you are collecting data and you're confident in its quality, start using the data for program monitoring. Regular monitoring is the basis for continuous improvement.

00:04:02.400 --> 00:04:09.200

Jonathan Gardner

For instance, if your data show that patients are not completing their colonoscopies, something is not working.

00:04:09.890 --> 00:04:21.140

Jonathan Gardner

By reviewing data on the number type and length of calls made by navigators to each patient, you may identify potential issues that are contributing to this problem.

00:04:21.830 --> 00:04:26.630

Jonathan Gardner

This allows you to identify problems early and make corrections as needed.

00:04:30.750 --> 00:04:54.920

Jonathan Gardner

So we could talk all day about quality improvement. Methodology's, we're not going to do that now, but the plan do study, act method or PDS A is a way to test the change that is implemented. Breaking down a larger task into small steps of change. Simply put, plan for small changes or interventions. Do implement the change.

00:04:55.600 --> 00:05:25.670

Jonathan Gardner

Study the results and effective changes made and then act you evaluate whether that change was successful or not and why, and then make necessary adjustments and start the cycle over again. Studying your data is a very important step of any PDS, a cycle because it allows you to understand the results of your program, activities or changes and evaluate whether those activities are successful or not.

00:05:28.180 --> 00:05:29.830

Jonathan Gardner

Remember these definitions.

00:05:30.570 --> 00:05:40.450

Jonathan Gardner

Information is the knowledge obtained from studying your data. This information can be used to answer questions about your program.

00:05:43.370 --> 00:05:49.700

Jonathan Gardner

So those of you who know me know I'm a nerd. Those who are nerds may understand this reference.

00:05:51.060 --> 00:05:59.390

Jonathan Gardner

In answer to a question has no value without understanding the question. So what are the questions?

00:06:03.180 --> 00:06:33.110

Jonathan Gardner

As part of your action plan and during the planning stage of a PDS a cycle, you'll identify the goals or outcomes of the PDS. I cycle with a desired result statement. This statement will help you create the

questions that you need to answer with the questions ready. You can then create measures for collecting the data that will be used to answer them. For example, a PDS, a around patient navigation.

00:06:33.160 --> 00:06:40.870

Jonathan Gardner

Might be used to improve the clinical outreach to patients who may be overdue for screening or even annual Wellness exams.

00:06:41.500 --> 00:06:51.220

Jonathan Gardner

Your plan may include some questions, such as how many patients are being reached by patient navigators or outreach coordinators.

00:06:52.270 --> 00:06:58.700

Jonathan Gardner

Or how many patients are scheduling appointments after being contacted by a navigator?

00:07:00.000 --> 00:07:07.760

Jonathan Gardner

You'll create measures that would answer those questions, collect and study that data and affect change.

00:07:11.890 --> 00:07:14.220

Jonathan Gardner

So what can you measure?

00:07:14.790 --> 00:07:19.820

Jonathan Gardner

There are two types of measures that you may develop for monitoring your interventions.

00:07:20.580 --> 00:07:44.950

Jonathan Gardner

Process measures are used to measure the implementation of your interventions. For example, a population reach measure might collect data around the number of patients that should be included in a particular intervention policy or process, and the number of patients for which that intervention or process was completed.

00:07:45.950 --> 00:07:57.260

Jonathan Gardner

A couple of additional examples can be seen on this slide a both around the topic of patient navigation, including protocol fidelity and time for intervention.

00:08:03.880 --> 00:08:28.010

Jonathan Gardner

The other type of measure you may develop, our outcome measures. These are used to measure the final outcomes or the results of your interventions. For example, you can measure the number of patients who have completed stool tests compared to the number of patients for whom a test was ordered. You can see some other examples of outcome measures on this slide.

00:08:28.370 --> 00:08:33.160

Jonathan Gardner

Including adequate bowel prep and results communication.

00:08:38.270 --> 00:08:50.660

Jonathan Gardner

Well, don't let math formulas scare you. Calculating your relative improvement is very simple. The formula may be easily added to an Excel spreadsheet so you don't have to remember it.

00:08:53.230 --> 00:08:57.610

Jonathan Gardner

This is a relative improvement or relative change formula.

00:08:58.300 --> 00:09:06.400

Jonathan Gardner

Relative changes simply the difference between the current rate and the baseline rate, then divided by the baseline right.

00:09:07.190 --> 00:09:13.510

Jonathan Gardner

You can multiply that result by 100 to produce an easy to re percentage representation.

00:09:14.890 --> 00:09:31.780

Jonathan Gardner

This relative change formula shows the percentage change from baseline to current. The formula may be modified to show a rate of change from one year to the next or even one month to the next, simply by substituting that baseline rate.

00:09:38.950 --> 00:09:44.380

Jonathan Gardner

This is a view of a simple spreadsheet and chart that demonstrates how you might view.

00:09:46.090 --> 00:09:50.550

Jonathan Gardner

Excuse me, might view or use your relative improvement rate.

00:09:51.220 --> 00:09:52.900

Jonathan Gardner

Shown on the bottom row.

00:09:53.590 --> 00:10:01.790

Jonathan Gardner

You could generate one of these for each provider or clinical team, or make a more complex one that includes all of your teams on one page.

00:10:03.070 --> 00:10:13.720

Jonathan Gardner

When monitoring rates and providing feedback, it is important to not only include the historical rate data, but also your goals. Keep your eye on the prize.

00:10:14.820 --> 00:10:24.860

Jonathan Gardner

When combined with other data, such as when changes have been implemented, you can more accurately measure the effectiveness of the activities in your program.

00:10:31.530 --> 00:10:56.990

Jonathan Gardner

Now that you've got all this data and you've used it to answer questions about your program, it is important to produce reports and review them. All reports should be reviewed as a team. Take it from me. I'm an IT guy. I have a very different perspective on information the nurse would have. So work with your team to identify the interventions that seemed to be working.

00:10:57.120 --> 00:10:58.100

Jonathan Gardner

And those that aren't.

00:10:58.960 --> 00:11:12.030

Jonathan Gardner

If a particular process or intervention isn't working, or isn't providing the results you were expecting, don't waste anymore time on it. Start that PDSA cycle over again with a fresh activity.

00:11:13.950 --> 00:11:30.650

Jonathan Gardner

The picture on this slide shows a part of a quality board at one of the clinics that we've visited. This is a corkboard placed prominently near the nurses station and contains reports from a variety of topics updated about weekly by one of their staff.

00:11:35.300 --> 00:11:38.770

Jonathan Gardner

The picture on this slide is another view of that same board.

00:11:39.400 --> 00:11:56.730

Jonathan Gardner

Many of the reports posted on this board include highlighted rows or colored indicators. Many of the reports are produced per provider or clinical team, creating a friendly, competitive or motivational environment. Will nobody wants to be in last place.

00:11:57.850 --> 00:12:15.870

Jonathan Gardner

You can use things tools like this to share your information with staff with leadership and even your governing board. Doing so will allow you to evaluate whether the clinics goals are being met and will motivate teams to reach or set new goals.

00:12:22.710 --> 00:12:38.300

Jonathan Gardner

You'll want to provide regular feedback to your teams on both process and outcome measures to allow your teams to see improvement overtime. Make sure you include that historical data or time based graphs whenever possible.

00:12:39.460 --> 00:12:53.840

Jonathan Gardner

Benchmarks or goals with the data can be used to put it into perspective. For example, you can represent your goals in terms of patient contacts or visits rather than the nebulous percentage points.

00:12:54.560 --> 00:13:01.750

Jonathan Gardner

Pose a question such as how many more patients do we need to reach per week to meet our goals?

00:13:02.430 --> 00:13:08.150

Jonathan Gardner

This makes those goals or benchmarks seem much more real, more reachable.

00:13:10.240 --> 00:13:18.530

Jonathan Gardner

You can also use state or national targets for comparison, but keep your goals attainable and specific to your clinic.

00:13:20.410 --> 00:13:27.270

Jonathan Gardner

I will now pass the ball to Nikki to speak a little more about provider feedback and how to celebrate your successes.

00:13:33.540 --> 00:13:35.600

Nikki Medalen

Alright, I'm off mute. Thank you John.

00:13:36.930 --> 00:13:48.060

Nikki Medalen

Well, health care providers are widely considered to be the leads in our organizations and very much direct the workflow and priorities of the activities in our clinics. Yep, we struggled to hold them accountable.

00:13:48.730 --> 00:13:54.160

Nikki Medalen

Providing report to each provider and their rank among their peers is one way to do this.

00:13:54.940 --> 00:14:02.410

Nikki Medalen

Many may not be fully aware of how many patients they've had that were eligible but slipped through the cracks, and this can literally be done with any measure.

00:14:03.100 --> 00:14:09.530

Nikki Medalen

Keys to effective provider feedback, which is an article by Hyson Best, in PU.

00:14:11.450 --> 00:14:33.250

Nikki Medalen

Explained that there are a couple of keys to providing this feedback. One of those is timeliness monthly

or more frequent feedbacks were considered timely, but where those were stretched to quarterly, those reports were considered to be less timely. So the information that we share with those providers really needs to be current.

00:14:34.150 --> 00:15:04.810

Nikki Medalen

Individualization facilities that provide individual feedback to their provider see a greater improvement than those who only distribute facility level data, and that's because there's no ownership in that. We also encourage a non punitive approach. The tone with which the feedback is delivered as important. The highest performing facilities reported that they approached underperforming providers in a non punitive way to help them achieve better adherence rates. They provide suggestions for improvement.

00:15:04.860 --> 00:15:22.700

Nikki Medalen

And also offer that if they've had a case that provider is is challenging, why they didn't meet the criteria they look at those cases with the chief staff or or leader, or a clinic champion and it really generates conversation about better correct documentation options for the patients.

00:15:24.230 --> 00:15:28.270

Nikki Medalen

So a non punitive approaches is less likely to be resisted.

00:15:29.080 --> 00:15:42.480

Nikki Medalen

Also customize ability, so the ability to view performance data in a way that was meaningful to the individual provider and that might require a conversation that you have with them to to better understand what's important to them.

00:15:44.880 --> 00:16:15.740

Nikki Medalen

So an example hospital story beginning in December, we gave a report to each medical resident at the end of the month that listed their patients eligible for screening, and the proportion that had been included in there in the accounting program. Our assumption was that increasing awareness about the proportion of patients screened by each resident would motivate them to take necessary organizational steps and change their prescription behavior in order to impact their future performance. We were careful to keep information private and residents weren't given a comparison with their peers.

00:16:15.930 --> 00:16:26.080

Nikki Medalen

We also gave reports to attending physicians for their patients. We gave the reports in person during weekly meetings and with all available residents and supervising physicians.

00:16:26.740 --> 00:16:48.980

Nikki Medalen

When they also had an opportunity to discuss the report's with their peers, we did not compare between residents and an excuse me. We did not compare between residents. The proportion of patients already included in the program or say what proportion would be desirable feedback after the



second round was generally positive, both in terms of the proportion of patients included in the program, which increased sharply in the Red Group.

00:16:49.550 --> 00:17:10.260

Nikki Medalen

An feedback from residents. Some residents felt ashamed of their low proportion of patients included, but said that it did motivate them. Residents felt that discrepancies between their report San and their current panel of patients were minor, despite the list being generated from patient seen the prior year. Overall rates improved nearly 11% with this intervention.

00:17:10.940 --> 00:17:41.460

Nikki Medalen

So we just share this with you as encouragement. We know that there's a lot of hesitation and comparing your physicians or clinicians and a lot of hesitancy in having that discussion in in your Med staff meetings and so forth. But we really encourage you to do that. And if you need help setting up a report to do that, we would be happy to assist. Another thing that I wanted to touch on today is celebrating the small steps or celebrating a win. And you know, really, recognizing.

00:17:41.850 --> 00:17:55.500

Nikki Medalen

Windows are, I think somewhere along the way we've forgotten the importance of celebrating our successes. As soon as we achieve a goal or reached a big milestone, rather than taking the time to kind of bask in the glory of that achievement were already going after the next goal.

00:17:56.310 --> 00:18:28.300

Nikki Medalen

Not only does celebrating success feel good in the moment, but it also sets you up for future success. So taking the time to recognize your achievements allows you the chance to pinpoint exactly what worked so you can repeat it in the future. Taking pride in your accomplishments by celebrating them. Even the small ones can also boost self confidence and motivate your team to achieve more. In fact, Pride is one of the select group of emotions that produces success. Success is in a clinical setting, often are only attributed to the clinician, but the fact is they didn't do it on their own.

00:18:28.640 --> 00:18:58.520

Nikki Medalen

The reception staff maintain the waiting room environment in it and assured that the educational materials were in order. The nurse screens the patient for eligibility and risk. The clinician encourages the patient to complete the test and submits the order. The lab technician performs the analysis and results of the test and then the nurse or clinician follow up and educate the patient and make sure that they they know their results and what the next steps might be. So it really is a team effort. We know that projects are discrete events within established start and a finish.

00:18:58.770 --> 00:19:12.890

Nikki Medalen

And our natural tendency is to focus only on the kickoffs or completions. But if the project you're working on has a long execution period, such as the screen three or commitment, there are plenty of points for celebrating project success as well as individual success.

00:19:13.570 --> 00:19:43.490

Nikki Medalen

Even though that we, even though we know we need to celebrate successes sometimes that how is elusive. And so I wanted to share a few examples with you. Of course, written praise. Do you have an employee environment such as teams where, where there is appraised tool, or perhaps even a shout out on social media? The example in the bottom left corner, it was taken off of our teams environment. This was a note that was placed in the staff meeting team.

00:19:44.440 --> 00:20:14.780

Nikki Medalen

Where are Christy Hoffman who is our financial business? Office person was recognized by Natasha Greene, who all of you know well as our path coordinator. She just wanted to say thank you for your speediness with all requests. You have many roles and do such a great job. Thank you for being so awesome will. Of course that was done in an environment where of course Christie could see it, but so could all of the rest of us. And we were able to give a thumbs up or the heart. Modicon or.

00:20:14.850 --> 00:20:18.150

Nikki Medalen

Emoji, whatever, or add our own.

00:20:20.070 --> 00:20:27.840

Nikki Medalen

Acclamations to to Natasha's recognition of Christy. So that was, uh, it's a great way to recognize an individual.

00:20:30.740 --> 00:21:00.380

Nikki Medalen

Something visual, something that you can place as a symbol in a work room for, such as if we have a positive fit test. We should recognize that as a win as a as a an early recognition of someone who has the potential to prop may have cancer and that we would get them in to a colonoscopy where that could be officially diagnosed or not. But we should recognize those positive tests as as a win for the patient and a win for us. So whether that's a blue ribbon.

00:21:00.470 --> 00:21:02.640

Nikki Medalen

Or the it's a beautiful day to save lives.

00:21:04.040 --> 00:21:25.740

Nikki Medalen

Graphic placing those on a bulletin board in the waiting room where patients can even see them. Maybe another motivating you know, patients can see that what you're doing is really working, but having that even in a workspace environment can be really motivating to to staff. They come in in the morning and they you know they see that there's that first blue ribbon.

00:21:26.440 --> 00:21:34.760

Nikki Medalen

And they're like, wow, we made a difference today and over time when they see that expand to 1020 thirty we recognize.

00:21:37.550 --> 00:21:38.480

Nikki Medalen

I'm presenting.

00:21:39.590 --> 00:21:40.100

Nikki Medalen

OK.

00:21:41.880 --> 00:21:54.990

Nikki Medalen

We can recognize that that is motivating to our staff. We also need to celebrate larger achievements such as reaching a goal that might include some kind of celebration or event, such as a lunch or a cake in the break room.

00:21:56.700 --> 00:22:22.720

Nikki Medalen

A short huddle in the waiting room to announce an achievement of a milestone where you're actually sharing that that milestone with patients who are in your clinic as well might be a good idea that may be captured with a newspaper article. Or how about Friday crush at call. So this is a new idea. This actually came from snack nation. I'm not sure if you're familiar with that, but it's an organization that develops snack packs that you can order for your.

00:22:24.350 --> 00:22:54.180

Nikki Medalen

You can order for anyone you can order for your staff or you can order for individuals, but they come with snack packs. Then at the end of every week, they had altogether around the room and they they state two things. One crush, someone on the team whose work they want to recognize, an why, and the second thing they do is say something that they're grateful for and this just gives them a chance for people to not only recognize each other and take advantage of positive thinking, but also bring that persons hard work to the attention of the entire team.

00:22:54.460 --> 00:23:24.940

Nikki Medalen

It also gives everyone a chance to see the awesome work of people that they don't necessarily work with directly or very often. So it really brings about a sense of team and helps everyone understand how each person contributes taking time in a meeting to reflect on the successes. What were the key components to that success and recognizing those employees who made significant contributions as a great idea. Also using your radio. So if you have a spot on your radio every week, perhaps an interview with the clinic champion for this project.

00:23:24.990 --> 00:23:30.120

Nikki Medalen

To help clients in the community better understand the efforts that are being made to improve health care in their community.

00:23:30.760 --> 00:23:48.830

Nikki Medalen

Another idea is a success jar. So what about putting the names of people on a slip of paper have had a positive fit or Cologuard or colonoscopy that found a cancer and then placing those in the jar and at the end of the quarter or the calendar year? Of course we want to be careful of HIPAA, but where where these are?

00:23:50.030 --> 00:24:03.760

Nikki Medalen

You know it just among our staff who where everyone has already worked with these patients. We could recognize those patients and how we potentially saved their lives or at least elongated their lives.

Because of this work.

00:24:07.570 --> 00:24:16.070

Nikki Medalen

The Association of State and Territorial Health officials actually includes celebrating success on their sustainability checklist.

00:24:17.400 --> 00:24:23.760

Nikki Medalen

So I encourage you to download that. I have that in the next in the next slide as a resource, so.

00:24:27.330 --> 00:24:36.440

Nikki Medalen

Encourage you to take a look at that and realize how celebrating success really contributes to to staying motivated and completing this work. I do not know what I just did.

00:24:37.650 --> 00:24:38.220

Nikki Medalen

Uhm?

00:24:39.250 --> 00:24:40.370

Nikki Medalen

How did that happen?

00:24:41.820 --> 00:24:44.530

Nikki Medalen

Can you see that I'm getting all of the slides?

00:24:46.300 --> 00:24:47.010

Nikki Medalen

There we go.

00:24:47.620 --> 00:24:48.120

Jonathan Gardner

We're good.

00:24:48.340 --> 00:25:12.740

Nikki Medalen

Alright, so now for sharing that innovation Crystal I talked to yesterday about about sharing some successes or how you celebrate success with your organization, but also how you share your progress with Qi initiatives across your, your staff administration or or community. Can you share a little bit with us now about that?

00:25:14.450 --> 00:25:14.760

Crystal Allery (Guest)

Sure.

00:25:15.470 --> 00:25:44.170

Crystal Allery (Guest)

So how we share a process with Qi projects? I have a well I called facility has has XL dashboards that we do our quality assurance, performance improvement monitors we document on them. It actually end up having to do 4 separate ones is because we have so many projects and and things are monitoring in each department. Every department is required to participate.

00:25:44.720 --> 00:25:59.710

Crystal Allery (Guest)

So I have those dashboards and I share those with the governing body. Also pass helped us and purchased data Walls so we have some apartments that have data walls up and a display there.

00:26:00.540 --> 00:26:11.270

Crystal Allery (Guest)

School districts are performance improvement projects on there with graphs and is kind of easy to read for patients and visitors, so those are kind of exciting for you to show.

00:26:13.000 --> 00:26:14.020

Crystal Allery (Guest)

Or watch.

00:26:14.800 --> 00:26:25.980

Crystal Allery (Guest)

Also, I know that department managers and their staff meetings they they discussed their performance improvement projects and monitors and their staff meetings. That's another way we share.

00:26:28.090 --> 00:26:28.680

Crystal Allery (Guest)

And then.

00:26:29.710 --> 00:26:44.540

Crystal Allery (Guest)

Currently I'm in in in the beginning steps of learning how to use an accelerated. It's called an accelerated innovation, a model for improvement, LMS. It's a platform that was developed by.

00:26:45.970 --> 00:26:55.970

Crystal Allery (Guest)

Some performance improvement professionals. And so once we get those up and running, those will be really nice because it generates PDF. So follow your projects.

00:26:57.860 --> 00:27:03.220

Crystal Allery (Guest)

So those are a couple of ways of how we share our stuff in our progress.

00:27:04.070 --> 00:27:10.850

Nikki Medalen

Those are great. Thank you. Do you celebrate intermediate successes with your staff?

00:27:11.820 --> 00:27:12.430

Crystal Allery (Guest)

Well.

00:27:14.370 --> 00:27:16.980

Crystal Allery (Guest)

You really haven't done what we have done is.

00:27:17.840 --> 00:27:25.610

Crystal Allery (Guest)

To get to improve some of our our progress on different measures, we've come up with.

00:27:26.220 --> 00:27:37.290

Crystal Allery (Guest)

Kind of different ways to encourage, like charting of certain things are like when we when we're in paneling patients for PC MH. We had a contest.

00:27:39.100 --> 00:28:09.440

Crystal Allery (Guest)

Most and so we had a pizza party at the into for the for the group that impaneled the most and also for risk gratification when we when we are working with risk stratifying our our patients, we kept a tally of who's doing what on teams and we had a really nice gift from path of some coffee mugs for the team that that did the best. So we've been stuff like that. We did have a celebration when we become baby friendly.

00:28:10.610 --> 00:28:22.370

Crystal Allery (Guest)

That was a big celebration, so then things like that and we should really done a little celebration for RPC might well be hasn't been official yet. So maybe when it's official we can come up with a.

00:28:23.360 --> 00:28:25.850

Crystal Allery (Guest)

Open way to celebrate our success for that.

00:28:26.230 --> 00:28:28.800

Nikki Medalen

Absolutely congratulations on that.

00:28:29.820 --> 00:28:32.110

Nikki Medalen

That's a, that's a lot of work you guys have done, I mean.

00:28:31.590 --> 00:28:32.080

Crystal Allery (Guest)

Yeah.

00:28:34.930 --> 00:28:38.040

Nikki Medalen

Lisa or Audrey? Did you have anything you'd like to add?

00:28:42.700 --> 00:28:45.810

Audrey Bercier (Guest)

No, I think our crystal kind of summed it up pretty good.

00:28:46.970 --> 00:28:47.550

Nikki Medalen

OK.

00:28:51.900 --> 00:29:11.750

Nikki Medalen

Well, I'll share with you some resources for the journey ahead. If you were wondering about the 42 that John shared that came from a book called The Hitchhiker's Guide to the Galaxy. So I wanted to make sure that you had a reference for that. If that's something that you wanted to pick up, and if you are also fellow nerds as we are.

00:29:13.620 --> 00:29:35.340

Nikki Medalen

Also the crush it call example there is a short video from YouTube that shows how that was done and it just it's just a 3 minute video of their crush it call so you can see what that looks like and whether or not that's something that you would want to implement in your facilities. I also have the Qi project cysteine sustainability checklist.

00:29:36.780 --> 00:30:07.630

Nikki Medalen

So that you can see how celebrating success and measuring practice progress is really critical to sustainability of any project over time. Those are all available on thescreen.org website along with this module. The next steps. Of course, we're continuing to schedule TA calls. We've also talked a lot about provider education and we do have Doctor Jeff Hostetter who will be providing provider education in the very near future, so we're working on the CES for this currently.

00:30:08.110 --> 00:30:38.300

Nikki Medalen

Doc Doctor Hostetter, Sister Nancy is actually who is in charge of those CES, and so we're really hoping that she can pull the strings to get the June 4th approved date, June 9th and June 24th. We aren't so concerned about, but she's working really hard to ensure that we can have CS for all of these, and I want to remind you that these will be exactly the same content, but just delivered at three different times when we surveyed the clinics, they suggested that.

00:30:38.360 --> 00:30:58.310

Nikki Medalen

A Friday at 7:00 AM would be appropriate, and then both Wednesdays and Thursdays at noon came up and so we have. June 9th is a Wednesday at noon and June 24th is a Thursday, so we're hoping that all the providers can listen to one or another. And of course they will be recorded and provided on thescreen.org website, but we encourage providers to.

00:30:59.930 --> 00:31:13.320

Nikki Medalen

Participate live if they possibly can because Doctor Hostetter is so willing to do a live Q&A for each one of those. So any questions that come up can be addressed immediately and you won't have to wait for answers.

00:31:14.320 --> 00:31:24.720

Nikki Medalen

Also, we have an evaluation for today that John just put the link in the chat, so if you would please take the time to complete that short survey we would appreciate it.

00:31:25.420 --> 00:31:55.850

Nikki Medalen

And this is actually our last module for the Rapid Action Collaborative, so we won't be meeting every other week with you. So we thank you for your participation, but we will be having future educational opportunities as we have been working with clinics where recognizing educational needs or needs for everyone to receive the same information. So rather than providing that in the technical assistance meeting with each clinic, we would like to hold.

00:31:56.220 --> 00:32:15.560

Nikki Medalen

Some additional learning learning in action kind of activities where where we can meet as a group. So watch for those that invitation to the provider education that's coming up will be out within the next couple of days, probably early next week, Monday or Tuesday at the latest, so.

00:32:17.260 --> 00:32:29.230

Nikki Medalen

Please watch for that and we just thank you for your time and encourage you to reach out to us. If you have any questions or concerns or if there's something that we can help you with so.

00:32:30.630 --> 00:32:34.160

Nikki Medalen

Thank you for joining today and we hope you have a very productive day.

00:32:37.090 --> 00:32:37.880

Audrey Bercier (Guest)

Thank you.

00:32:39.210 --> 00:32:39.720

Nikki Medalen

Bye bye.



00:32:40.980 --> 00:32:42.100

Crystal Allery (Guest)

Thanks bye.