00:00:00.000 --> 00:00:25.090
Jonathan Gardner
Good morning and welcome to the 6th and final module of our Rapid Action collaborative measuring practice. Progress in this module you'll learn how to collect and use data to drive change in your colorectal cancer screening program. My name is 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.

00:00:27.910 --> 00:00:42.340
Jonathan Gardner
Before we get into how to use your data for quality interventions, it is important to understand the distinction between data and information. These words are often but incorrectly used interchangeably.

00:00:43.130 --> 00:00:53.030
Jonathan Gardner
Data is simply the facts. The numbers based on reports, chart reviews, or simply list data itself is not very informative.

00:00:54.300 --> 00:01:08.100
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.

00:01:11.630 --> 00:01:16.590
Jonathan Gardner
So before we can obtain good information, we need to start with good data.

00:01:17.190 --> 00:01:38.400
Jonathan Gardner
How is your data being collected? 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.

00:01:39.420 --> 00:01:48.010
Jonathan Gardner
Chart review, for example, may be used to assess the data being collected at the patient level within the electronic health record.

00:01:48.570 --> 00:01:56.720
Jonathan Gardner
Are all the data elements being documented the same way to each patient record? Include all of the required data.

00:01:57.830 --> 00:02:03.200
Jonathan Gardner
Can reports be run that pulls those data elements together or run calculations on them?

00:02:04.110 --> 00:02:15.330
Jonathan Gardner
Can the data elements be sliced or aggregated using additional criteria such as by primary care provider, clinical team, or patient demographic?

00:02:17.250 --> 00:02:38.770
Jonathan Gardner
Some interventions may require tracking data in a different way or using a different system entirely. Examples might include paper tracking tools that may be scanned or flagged within the HR, Excel spreadsheets, or even access databases accessible to you and used by the team or your data manager.

00:02:40.600 --> 00:03:07.300
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.

00:03:08.880 --> 00:03:13.120
Jonathan Gardner
Typically, the data manager on your team is responsible for.

00:03:14.500 --> 00:03:16.750
Jonathan Gardner
Conducting periodic data quality checks.

00:03:17.350 --> 00:03:22.390
Jonathan Gardner
More frequent checks, at least weekly would be helpful as any new intervention begins.

00:03:23.330 --> 00:03:30.000
Jonathan Gardner
The program manager also should perform data quality checks for your interventions at least monthly.

00:03:32.160 --> 00:04:01.930
Jonathan Gardner
So once you're collecting data in your competent and it's quality, start using the data for program monitoring. Regular monitoring is the basis for continuous improvement. For instance, if your data show that patients are not completing their colonoscopies, something is not working by revealing 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.

00:04:02.360 --> 00:04:06.940
Jonathan Gardner
This allows you to identify problems early and make corrections as needed.

00:04:11.070 --> 00:04:35.710
Jonathan Gardner

We could talk all day about quality improvement methodology's, but we won't do that now. The plan do study, act method or PDS a cycle is a way to test a change that is implemented. Breaking down a larger task into small steps of change. Simply put, plan for small changes or interventions. Do implement those changes.

00:04:36.440 --> 00:05:02.300
Jonathan Gardner
Study the results and the effect of changes made and then act is where you'll evaluate whether the change was successful or not and why, and then make necessary adjustments and start the cycle over again. Studying your data is very important step of any PDS a cycle because it allows you to understand the results of your program, activities or changes.

00:05:02.900 --> 00:05:05.520
Jonathan Gardner
And evaluate whether they are successful or not.

00:05:08.290 --> 00:05:14.920
Jonathan Gardner
So remember these definitions information is the knowledge obtained from studying your data.

00:05:15.470 --> 00:05:20.170
Jonathan Gardner
This information can be used to answer questions about your program.

00:05:24.040 --> 00:05:30.780
Jonathan Gardner
So those of you who know me know that I'm a nerd. Those who are nerds may understand this reference.

00:05:32.600 --> 00:05:39.190
Jonathan Gardner
The gist of it is, is that an answer to a question has no value without understanding the question.

00:05:40.000 --> 00:05:41.470
Jonathan Gardner
So what are the questions?

00:05:44.050 --> 00:06:00.610
Jonathan Gardner
As part of your action plan and during the planning stage of a PDS a cycle, you'll identify the goals or the outcomes of the PDS. A cycle with the desired result statement. This statement helps you create the questions that you need to answer.

00:06:01.240 --> 00:06:19.880
Jonathan Gardner
With the questions ready, you can then create measures for collecting the data that will be used to answer those questions. For example, a PDF say around patient navigation might be used to improve the clinical outreach to patients who may be overdue for screening.

00:06:20.750 --> 00:06:29.140
Jonathan Gardner
Your plan may include some questions, such as how many patients are being reached by patient navigators or outreach coordinators.

00:06:30.040 --> 00:06:35.420
Jonathan Gardner
Or how many patients are scheduling appointments after being contacted by a navigator?

00:06:36.890 --> 00:06:43.500
Jonathan Gardner
Create measures that would answer those questions, collect and study the data and affect change.

00:06:47.640 --> 00:07:15.890
Jonathan Gardner
So what can you measure? There's two types of measures you may develop for monitoring your interventions. 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.

00:07:15.940 --> 00:07:16.830
Jonathan Gardner
Was completed.

00:07:18.700 --> 00:07:28.490
Jonathan Gardner
A couple of additional examples can be seen on this slide, both around the topic of patient navigation, including protocol fidelity and time for intervention.

00:07:32.450 --> 00:07:42.070
Jonathan Gardner
The other type of measure you may develop are called outcome measures. These are used to measure the final outcome or the result of the interventions.

00:07:42.630 --> 00:07:51.630
Jonathan Gardner
For example, you can measure the number of patients who have completed stool tests compared to the number of patients for whom a stool test was ordered.

00:07:52.720 --> 00:08:00.430
Jonathan Gardner
You can see some other examples of outcome measures on this slide, including adequate bowel prep, an results communication.

00:08:06.320 --> 00:08:18.630
Jonathan Gardner

I don't let math formulas scare you. We can calculate relative improvement very easily. The formula can also be added to an Excel spreadsheet so you don't have to remember it.

00:08:19.560 --> 00:08:25.300
Jonathan Gardner
And if you haven't seen this clip of Chevy Chase on Saturday Night Live, I highly recommend searching that.

00:08:27.970 --> 00:08:39.490
Jonathan Gardner
Relative change is simply the difference between the current rate and the baseline rate and then divided by the baseline rate. You can multiply that number by 100 to make an easy.

00:08:40.640 --> 00:08:59.210
Jonathan Gardner
To read percentage represent representation, 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 by simply substituting that baseline rate.

00:09:03.730 --> 00:09:11.330
Jonathan Gardner
This is a view of a simple spreadsheet, an R chart that demonstrates how you might give you an use a relative improvement rate.

00:09:11.990 --> 00:09:24.220
Jonathan Gardner
Other improvement rate is shown on the bottom row. You could generate one of these for each provider or clinical team, or make a more complicated one that includes all of your teams on one page.

00:09:24.830 --> 00:09:35.050
Jonathan Gardner
When monitoring your rates and providing the feedback, it is important to not only include historical rate data but also your goals. Keep your eye on the prize.

00:09:35.970 --> 00:09:45.240
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.

00:09:49.120 --> 00:09:58.030
Jonathan Gardner
So now that you've got all this data and used it to answer questions about your program, it is important to produce reports and review them.

00:09:58.640 --> 00:10:13.990
Jonathan Gardner
Or reports should be reviewed as a team. Take it from me. I'm an IT guy. I have very different

perspective on information then a nurse would have. So work with your team to identify those interventions that seem to be working and those that aren't.

00:10:14.590 --> 00:10:27.600
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 PDS a cycle over again with fresh activities.

00:10:29.420 --> 00:10:43.440
Jonathan Gardner
This picture shows a part of quality board at one of the clinics we 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.

00:10:47.400 --> 00:10:55.680
Jonathan Gardner
This picture is another view of that same board. Many of the reports posted on this board include highlighted rows or colored indicators.

00:10:56.820 --> 00:11:06.940
Jonathan Gardner
Many of the reports are produced per provider or clinical team, creating a friendly, competitive or motivational environment. Nobody wants to be in last place.

00:11:07.950 --> 00:11:21.050
Jonathan Gardner
Share your information with staff leadership and 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 no goals.

00:11:25.900 --> 00:11:39.150
Jonathan Gardner
Provide regular feedback to your teams on both process and outcome measures to allow your teams to see improvement overtime. Include historical data or time based graphs whenever possible.

00:11:40.350 --> 00:11:53.340
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.

00:11:54.260 --> 00:12:05.290
Jonathan Gardner
Pose a question such as how many more patients do we need to reach per week to meet our goals. This makes those goals or benchmarks seem much more real or more reachable.

00:12:06.510 --> 00:12:14.300
Jonathan Gardner
State or national targets may also be used for comparison, but keep your goals attainable and specific to your clinic.

00:12:17.450 --> 00:12:22.840
Jonathan Gardner
I will now pass the ball to Nikki to speak a little more about provider feedback and how to celebrate your successes.

00:12:27.070 --> 00:12:28.080
Nikki Medalen
Alright.

00:12:31.280 --> 00:12:32.960
Nikki Medalen
Let's see, I gotta move this forward.

00:12:34.570 --> 00:12:47.220
Nikki Medalen
So thank you, Jon. Health care providers are widely considered the leads in our organizations and very much direct the workflow and the priorities in the activities of the clinic. In yet, we struggled to hold them accountable.

00:12:48.180 --> 00:13:03.750
Nikki Medalen
So providing report to each provider and their rank among their peers is one way to do this. Many may not be fully aware of how many patients they've had that were eligible but slipped through the cracks, and this can be done with literally any measure.

00:13:04.840 --> 00:13:12.910
Nikki Medalen
Some keys to effective provider feedback have been provided by Hyson, best inpu, in an article from 2006.

00:13:15.080 --> 00:13:23.990
Nikki Medalen
Their article was titled Audit and Feedback in Clinical Practice, Audit and feedback and clinical practice guideline adherence making feedback actionable.

00:13:24.570 --> 00:13:52.270
Nikki Medalen
And some of the things that they recommend is, first of all, timeliness. They suggest monthly or even more frequent feedback reports quarterly or less. Frequent reports were considered untimely, so that data needs to be really current, or it's not meaningful to the provider individualization. So facilities that provide feedback to their provider see a greater improvement than those who distribute only facility facility level data, because there's really no ownership in that.

00:13:53.120 --> 00:13:59.650
Nikki Medalen
And of course it's important to have a very non punitive approach, so the tone in which the feedback is delivered is is important.

00:14:00.490 --> 00:14:30.680
Nikki Medalen
Highest performing facilities reported that they approached underperforming providers with a non punitive way to help them achieve better adherence rates. They provides. Excuse me provide suggestions for improvement and also offer that if they have a case that provider is challenging whether or not or why they didn't meet the criteria that they look at those cases with the chief of staff or another leader and it really generates conversation about better correct documentation additional.

00:14:30.730 --> 00:14:46.110
Nikki Medalen
Options for the patient and those types of feedback. So the non punitive approach is less likely to be resisted. They also talk about customize ability, the ability to to view performance data in a way that's meaningful to that individual provider.

00:14:48.600 --> 00:14:59.360
Nikki Medalen
So I just want to give you an example of a hospital story. So beginning in December we gave a this is this is not me. This is a example from this article.

00:15:00.250 --> 00:15:30.340
Nikki Medalen
Beginning in December, we gave a report to each medical resident at the end of each month that listed their patients eligible for screening, and the proportion that had been included in their Canton program. The assumption was that increasing awareness about the proportion of each resident would motivate them to take necessary organizational steps and change their prescription behavior in order to impact their future performance. We were able to keep information private and residents were given a comparison with their peers. We also gave reports to attending physicians for their patients.

00:15:30.790 --> 00:15:47.530
Nikki Medalen
We gave the reports in person during weekly meetings with all available residents and supervising physicians when they also had an opportunity to discuss the report's with their peers. We did not compare between the residents, the proportion of patients already included in the program, or say what proportion would be desirable.

00:15:48.160 --> 00:15:56.340
Nikki Medalen
Feedback after the second round was generally positive, both in terms of the proportion of patients included in the program, which increased sharply.

00:15:57.210 --> 00:16:19.260
Nikki Medalen
An feedback from some residents. Some residents felt ashamed of their low proportion of patients included, but said that it motivated them. A residence that felt discrepancies between the reports and their current panel. Patients were generally minor, despite the list being generated from patients seen the prior year. Overall rates improved nearly 11% with this intervention.

00:16:20.350 --> 00:16:22.550
Nikki Medalen
This is often I find the thing that.

00:16:23.890 --> 00:16:40.960
Nikki Medalen
Clinics find hardest to do, they don't want to hurt anybody's feelings. We know that doctors have big egos, and it's sometimes a little bit fragile, but we do need to find a way to hold them accountable and to be able to share our progress with them and have them be engaged in that.

00:16:43.540 --> 00:16:54.910
Nikki Medalen
And I can't help but bring this up. So somewhere along the way we have forgotten the importance of celebrating our successes. So we do all this data collection and we study it, but.

00:16:55.620 --> 00:16:58.890
Nikki Medalen
We don't know how we share it. It might be the.

00:16:59.580 --> 00:17:10.390
Nikki Medalen
The person who is responsible for that data, who's the only one that really knows what that relative improvement is, or or what the how close we are coming to our goal.

00:17:11.380 --> 00:17:34.200
Nikki Medalen
As soon as we achieve a goal or reach a big milestone, rather than taking the time to bask in the glory of the achievement were already going after the next school. So not only to celebrating success, feel good in the moment, but it also sets you up for future success. Taking the time to recognize your achievements allows the chance to pinpoint exactly what you worked so hard for so that you can repeat it in the future.

00:17:34.840 --> 00:18:05.650
Nikki Medalen
Taking pride in your accomplishments by celebrating them, even small ones can also boost yourself confidence and motivate you to achieve more. In fact, Pride is one of the select group of emotions that produces success. Success is in a clinical setting are often only attributed to the clinician, but the fact is they didn't do it on their own. The reception staff maintain the waiting room environment 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.

00:18:05.990 --> 00:18:35.660
Nikki Medalen
The lab technician performs the analysis and results the test and the nursing clinician provide follow up in education with the patient so it is a complete team effort. We all know that projects are discrete events within established start and finish. The natural tendency is to focus only on kickoffs and completions. But if the project you're working on has a long execution period like the Screend project

where we have a three year commitment, there are plenty of points for celebrating project success as well as individual success.

00:18:36.280 --> 00:18:40.740
Nikki Medalen
Even though we know we need to celebrate success sometimes, how is it loose if?

00:18:41.610 --> 00:18:46.130
Nikki Medalen
So here are some ideas. First written praise.

00:18:46.910 --> 00:18:53.710
Nikki Medalen
Do you have an employee environment, such as teams where praise or perhaps a shout out on social media could be used?

00:18:55.060 --> 00:19:04.590
Nikki Medalen
Visual, something visual. Can you place the symbol in the workroom for every positive fit test such as the it's a beautiful day to save lives graphic or a blue ribbon.

00:19:05.550 --> 00:19:11.830
Nikki Medalen
Celebrate larger achievements such as reaching your goal with a celebration, party or event, such as a lunch or a cake in the break room.

00:19:12.990 --> 00:19:17.180
Nikki Medalen
One idea that I really liked was called a crush it call.

00:19:18.020 --> 00:19:35.680
Nikki Medalen
Every Friday afternoon, the entire team huddles together and they go around the room, stating two things. One is crushed, someone on the team who they want to recognize an why. So they call out, you know, a certain person. I want to recognize John today for the excellent work he did on such and such a report.

00:19:37.360 --> 00:19:58.590
Nikki Medalen
And then secondly, something that you're grateful for, and this is a great 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. This gives everyone a chance to see the awesome work of the people that they may not necessarily work with very often or very directly. So it really brings about that sense of team.

00:19:59.920 --> 00:20:09.070
Nikki Medalen

Taking time in a meeting to reflect on the successes, what were the key components to that success in recognizing those employees who made significant contributions can go along way?

00:20:09.790 --> 00:20:39.730
Nikki Medalen
A radio spot, perhaps an interview with the clinic champion for a project to help clients in the community understand the efforts that are being made to improve health care in your community or even 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 you that found cancer and then placing those in a jar and at the end of the quarter or calendar year? Read the names to the team members. Those are the people whose lives were potentially saved because of your.

00:20:39.770 --> 00:20:40.530
Nikki Medalen
Hard work.

00:20:45.710 --> 00:21:12.720
Nikki Medalen
So I know that we used the picture of Lisa standing next to their data board, so I'm going to call you out Lisa and Caroline. I know that you are also working really hard to to share your successes in your in your hospital, in in your community. So from the two of you, do you have some strategies that you'd like to share with each other and with us on how you recognize?

00:21:13.820 --> 00:21:18.630
Nikki Medalen
The progress that you've made across your initiatives with your with your community and then with your staff.

00:21:21.020 --> 00:21:38.040
Obrien, Lisa
For us with our staff when we met our colorectal cancer screening, we had a poop emoji cake, you know, because of kovid. Normally we would have had some other stuff going on too, but we had a chocolate cake with chocolate poop, emojis on it so.

00:21:40.130 --> 00:22:06.050
Obrien, Lisa
Otherwise, in that we just actually finished our fiscal year on on Monday and we missed me meeting all of our metrics. All nine of AM by literally two patients, one for diabetes and one for depression. So we would have had a 9 out of nine with all of our quality metrics except for two patients out of our whole clinic.

00:21:59.190 --> 00:21:59.210
Nikki Medalen
Uh.

00:22:06.980 --> 00:22:07.330
Nikki Medalen
What?

00:22:07.280 --> 00:22:35.590
Obrien, Lisa
Provider wise when they are meeting all of theirs we do. They do green stuff because our on our boards on our weekly boards that come out or reports. It's green you have it's green. Check Mark if you're meeting that metric. So then when they're meeting all their metrics like they get green balloons they get some green candy, some other I don't know they got green beats. It's stuff from the dollar store. It's but it's like all kinds of different like mean things.

00:22:36.660 --> 00:22:39.130
Obrien, Lisa
We also talk about it at Med staff.

00:22:40.370 --> 00:22:54.180
Obrien, Lisa
They get, they get their reports every week so they get like their dashboard that shows what their meeting, how many, what their percentage is, how many two goal for each provider. They also get a copy of.

00:22:54.820 --> 00:23:05.850
Obrien, Lisa
Uh, the whole clinic as a whole and you know and then they talk about him in Med staff and stuff like that. So that's kind of kind of what we do.

00:23:07.020 --> 00:23:07.840
Nikki Medalen
That's awesome.

00:23:09.820 --> 00:23:27.060
Obrien, Lisa
Community not. We don't really share our quality. I mean overall with the like the whole West market for us. You know they they kind of share that quality a little bit, but as of our exact numbers I don't think they get shared in the in the community here. I don't know.

00:23:28.380 --> 00:23:34.840
Obrien, Lisa
Our kind of our were big enough for our public relations and media and stuff like that kind of deal with that kind of stuff.

00:23:28.490 --> 00:23:28.920
Nikki Medalen
But you.

00:23:35.470 --> 00:23:40.040
Nikki Medalen
But you do have your dashboards in the hallways, so if someone wanted to see it.

00:23:40.620 --> 00:24:10.840
Obrien, Lisa

Yep, Yep, and now that we're not doing so much COVID strategy, the patience usually don't go by that board up until two weeks ago they went by it. Every patient went by it, so it won't be quite as much out for the public to see. 'cause now we're going back to our old are old flow in the clinic now so. But yeah, I mean if somebody walks by it, it's not like it's hidden in a break room or something like that. It is out in the.

00:23:40.870 --> 00:23:41.550
Nikki Medalen
Because.

00:24:10.890 --> 00:24:12.560
Obrien, Lisa
On the boards in the clinic so.

00:24:13.860 --> 00:24:23.720
Nikki Medalen
I I know that for myself when I see those in the clinics that I go to as a patient, I stop and look. And yes, I'm quality improvement.

00:24:24.650 --> 00:24:35.280
Nikki Medalen
Specialist, but I want to know what they're working on and so I don't know. I get might be an opportunity to locate those boards in a place where people can see them.

00:24:36.210 --> 00:24:40.660
Nikki Medalen
Uhm, Caroline, do you have anything you want to add to this conversation?

00:24:42.640 --> 00:24:56.910
Carolyne Tufte (Guest)
I don't know how much I can necessarily add. We are not nearly as robust as Lisa Ann. Her coworkers are in displaying our quality metrics and performance.

00:24:58.550 --> 00:25:07.390
Carolyne Tufte (Guest)
As it stands right now, they get a month depending on the metric that we're measuring, they get a monthly or quarterly update.

00:24:59.520 --> 00:24:59.540
Nikki Medalen
Uh.

00:25:07.970 --> 00:25:14.070
Carolyne Tufte (Guest)
Up to their personal email is actually been requested that.

00:25:15.790 --> 00:25:16.430
Carolyne Tufte (Guest)
It be.

00:25:16.480 --> 00:25:17.300
Carolyne Tufte (Guest)
Yeah.

00:25:20.490 --> 00:25:21.070
Carolyne Tufte (Guest)
That it be.

00:25:21.120 --> 00:25:21.990
Carolyne Tufte (Guest)
Yeah.

00:25:24.980 --> 00:25:40.890
Carolyne Tufte (Guest)
Each provider gets their own data and instead of being able to compare so I'm really excited with this information in these studies that are shared on how helpful it is to be to create a friendly competition, and hopefully we can start implementing that.

00:25:41.910 --> 00:25:42.660
Carolyne Tufte (Guest)
Again.

00:25:44.880 --> 00:25:48.860
Nikki Medalen
Yeah, I I do think that the initial.

00:25:49.570 --> 00:25:50.400
Nikki Medalen
Uhm?

00:25:51.330 --> 00:26:06.850
Nikki Medalen
I don't know, not shock, but just the initial meeting of it is sometimes a little awkward, but after that once, once they understand what's going on and why and what they how, they can support each other. I think that's it becomes a a friendly or competition.

00:26:10.180 --> 00:26:16.930
Nikki Medalen
We can certainly put you in touch with each other if there's other information that you want to learn from each other in regard to this as well.

00:26:18.390 --> 00:26:26.820
Nikki Medalen
So some resources for the journey ahead. John had alluded to the Book Hitchhiker's Guide to the Galaxy and so.

00:26:27.630 --> 00:26:43.170
Nikki Medalen
I just wanted to make sure that you had the name of that book again. The crush it call example that is a

YouTube video and I thought that it was linked here for whatever reason is not showing up as a link, but I will make sure that it is so that when it's posted when this.

00:26:44.520 --> 00:26:55.790
Nikki Medalen
When this is posted to our screend.org website that you can look that up really easy. But if you just want to crush it on YouTube, you'll find it fairly quickly.

00:26:56.790 --> 00:27:00.360
Nikki Medalen
And it's not a hospital setting that I can't even remember what the.

00:27:01.140 --> 00:27:13.260
Nikki Medalen
Businesses, but they just do a really good job of the examples that they use and include some of the you know, like what they're grateful for. It doesn't necessarily have to be something from work, so one of the.

00:27:15.080 --> 00:27:45.140
Nikki Medalen
I don't think they're actors. It was an actual recording of one of their meetings, but they test talked about how much they appreciate getting to know their coworkers in a new way. Some of the more personal things that came out of that crash at meetings, and then the Qi Project Sustainability Checklist. I don't know that we talked about that very much in this, but there that resources available on thescreen.org website and that's just.

00:27:45.190 --> 00:27:46.760
Nikki Medalen
Something to kind of help you.

00:27:48.050 --> 00:27:49.830
Nikki Medalen
Now that you've got your.

00:27:50.800 --> 00:28:10.980
Nikki Medalen
Data collected and you run your PD essays and things are going really well. Now how do we sustain that work? And so if you want a copy of that, you can find it at thescreen.org website. Our next steps we are scheduling your TA calls with you or on a regular basis and so we will continue those and the evaluation. I will post in the chat.

00:28:13.280 --> 00:28:13.910
Nikki Medalen
So you can.

00:28:15.980 --> 00:28:22.830
Nikki Medalen
I'm trying to do it at the same time as I talk, so I'll post the link there. It showed up you, Jon did it.

00:28:24.800 --> 00:28:25.690
Nikki Medalen
And.

00:28:26.890 --> 00:28:40.440
Nikki Medalen
If you would complete that for us, we greatly appreciate it. Probably this one even more than the others. Just because this is our final and so we appreciate your time and your participation in all of these calls.

00:28:41.420 --> 00:28:51.320
Nikki Medalen
We look forward to visiting with you when we come on site visits and in our virtual meetings. So again, thank you for joining today. We hope you have a very productive day and happy 4th of July.

00:28:55.090 --> 00:29:00.970
Obrien, Lisa
Thank you and thank you for letting me come sneak in. Even though we didn't get to participate so.

00:29:01.370 --> 00:29:06.450
Nikki Medalen
I tell you what Lisa, we're really glad to have you. You've made awesome contributions to these conversations.

00:29:07.060 --> 00:29:07.750
Obrien, Lisa
Thank you.

00:29:09.070 --> 00:29:12.330
Obrien, Lisa
It's what I do every single day, so.

00:29:14.460 --> 00:29:15.220
Obrien, Lisa
I.

00:29:14.620 --> 00:29:15.530
Nikki Medalen
We appreciate it.

00:29:15.810 --> 00:29:17.690
Obrien, Lisa
Yeah, have a good day and happy 4th.

00:29:18.170 --> 00:29:18.810
Nikki Medalen
Thank you.

00:29:20.030 --> 00:29:21.550
Carolyne Tufte (Guest)
Thank you guys, happy for.

00:29:22.560 --> 00:29:23.420
Nikki Medalen
You carolyne

00:29:24.100 --> 00:29:24.560
Nikki Medalen
bye bye.