

00:00:00.000 --> 00:00:07.930

Jonathan Gardner

Well, good afternoon and welcome to the 6th and final module of our Rapid Action collaborative measuring practice progress.

00:00:08.610 --> 00:00:14.890

Jonathan Gardner

In this module, you'll learn how to collect and use data to drive change in your colorectal cancer screening program.

00:00:15.510 --> 00:00:25.750

Jonathan Gardner

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 Screend project.

00:00:30.130 --> 00:00:44.000

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.

00:00:44.970 --> 00:00:50.990

Jonathan Gardner

Data is simply the facts. The numbers based on reports, chart reviews, or simply a list.

00:00:51.760 --> 00:00:54.660

Jonathan Gardner

Data by itself is not very informative.

00:00:55.610 --> 00:01:04.130

Jonathan Gardner

We use data to produce information. Information is the story behind the data where it came from and why.

00:01:04.840 --> 00:01:10.110

Jonathan Gardner

Information can represent our desired outcomes and how we achieve them.

00:01:14.270 --> 00:01:18.980

Jonathan Gardner

So before we can obtain good information, we need to start with good data.

00:01:19.670 --> 00:01:21.750

Jonathan Gardner

So how is your data being collected?

00:01:22.380 --> 00:01:27.240

Jonathan Gardner

Different interventions may require different data collection and tracking tools.

00:01:28.010 --> 00:01:43.070

Jonathan Gardner

As your team begins to who 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.

00:01:44.700 --> 00:01:52.420

Jonathan Gardner

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

00:01:53.410 --> 00:01:56.650

Jonathan Gardner

Are all the data elements being documented the same way?

00:01:57.380 --> 00:02:01.660

Jonathan Gardner

Does each patient record include all of the required data elements?

00:02:02.550 --> 00:02:07.870

Jonathan Gardner

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

00:02:09.180 --> 00:02:19.580

Jonathan Gardner

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

00:02:22.440 --> 00:02:36.240

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 EHR.

00:02:37.040 --> 00:02:43.860

Jonathan Gardner

Excel spreadsheets or access databases accessible to and used by the team or your data manager.

00:02:46.200 --> 00:02:54.280

Jonathan Gardner

Patient navigation, for example, will require tracking some data elements that may or may not be available in the electronic health record.

00:02:54.910 --> 00:03:12.250

Jonathan Gardner

Appropriate tools and data quality checks should be used to ensure patient navigators are accurately recording their service delivery data, such as patient barriers, patient contacts, time spent on navigation processes and any relevant patient notes.

00:03:14.120 --> 00:03:20.000

Jonathan Gardner

Typically the data manager on your team is responsible for conducting periodic data quality checks.

00:03:20.670 --> 00:03:26.050

Jonathan Gardner

More frequent checks, at least weekly, would be helpful as any new intervention begins.

00:03:27.100 --> 00:03:33.270

Jonathan Gardner

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

00:03:35.840 --> 00:03:45.200

Jonathan Gardner

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

00:03:45.940 --> 00:03:52.080

Jonathan Gardner

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

00:03:52.930 --> 00:04:09.150

Jonathan Gardner

By reviewing data on the number, type and length of calls made by patient navigators to each patient, he may identify potential issues that are contributing to this problem. This allows you to identify problems early and make corrections as needed.

00:04:13.440 --> 00:04:18.160

Jonathan Gardner

So we could talk all day about quality improvement methodology's, but we won't do that now.

00:04:18.950 --> 00:04:32.410

Jonathan Gardner

The plan do study Act method is a way to test a change that is implemented breaking down larger task into small steps of change. Simply put, plan for small changes or interventions.

00:04:33.060 --> 00:04:48.580

Jonathan Gardner

Do implement the change, study the results and effect of the changes made, and then act. Evaluate whether the change was successful or not and why. Then make necessary adjustments and start the cycle over again.

00:04:49.970 --> 00:05:03.660

Jonathan Gardner

Studying your data is a very important step of any PDSA cycle because it allows you to understand the results of your program, activities or changes and evaluate whether those activities are successful or not.

00:05:06.720 --> 00:05:13.690

Jonathan Gardner

So remember these definitions information is the knowledge obtained from studying your data.

00:05:14.480 --> 00:05:18.910

Jonathan Gardner

This information can be used to answer questions about your program.

00:05:21.990 --> 00:05:24.790

Jonathan Gardner

For those of you don't who know me know, I'm a nerd.

00:05:25.510 --> 00:05:28.590

Jonathan Gardner

Those who are nerds may understand this reference.

00:05:30.210 --> 00:05:31.460

Jonathan Gardner

What it really means is.

00:05:31.510 --> 00:05:39.100

Jonathan Gardner

Is that an answer to a question has no value without first understanding the question?

00:05:40.060 --> 00:05:41.690

Jonathan Gardner

So what are the questions?

00:05:44.490 --> 00:05:56.480

Jonathan Gardner

As part of your action plan and during the planning stage of a PDSA cycle, you'll identify the goals or outcomes of of the PDSA cycle with the desired result statement.

00:05:57.270 --> 00:06:01.290

Jonathan Gardner

This statement helps you create the questions that you need to answer.

00:06:02.010 --> 00:06:10.610

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.

00:06:11.510 --> 00:06:22.090

Jonathan Gardner

A PDSA cycle around patient navigation might be used to improve the clinical outreach to patients who may be overdue for screening or annual Wellness exams.

00:06:22.850 --> 00:06:31.110

Jonathan Gardner

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

00:06:32.030 --> 00:06:37.440

Jonathan Gardner

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

00:06:38.760 --> 00:06:45.800

Jonathan Gardner

Will create measures that would answer those questions collected, study that data and affect change.

00:06:50.080 --> 00:06:51.500

Jonathan Gardner

So what can you measure?

00:06:52.200 --> 00:06:56.360

Jonathan Gardner

There's two types of measures that you may develop for monitoring interventions.

00:06:57.250 --> 00:07:09.870

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.

00:07:10.590 --> 00:07:17.800

Jonathan Gardner

Uh, policy process and the number of patients for which that enter intervention or process was completed.

00:07:19.190 --> 00:07:28.780

Jonathan Gardner

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

00:07:34.090 --> 00:07:42.570

Jonathan Gardner

The other type of measure you might develop our outcome measures. These are used to measure the final outcomes or the results of your interventions.

00:07:43.250 --> 00:07:51.690

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.

00:07:52.820 --> 00:07:59.990

Jonathan Gardner

You can see some other examples of outcome measures on this slide, including adequate bowel prep and results communication.

00:08:06.270 --> 00:08:19.840

Jonathan Gardner

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

00:08:22.830 --> 00:08:30.460

Jonathan Gardner

Relative change is simply the difference between the current rate and the baseline ranked, then divided by the baseline rate.

00:08:31.070 --> 00:08:35.490

Jonathan Gardner

You can multiply that by 100 to make it an easy to read percentage.

00:08:36.600 --> 00:08:52.280

Jonathan Gardner

This relative change formula shows the percentage change from baseline to current. The formula might 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.

00:08:56.980 --> 00:09:05.660

Jonathan Gardner

This is a view of a simple spreadsheet in our chart that demonstrates how you might view and use a relative improvement rate shown on the bottom row.

00:09:06.530 --> 00:09:14.690

Jonathan Gardner

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

00:09:15.680 --> 00:09:25.380

Jonathan Gardner

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

00:09:26.870 --> 00:09:36.010

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.

00:09:41.910 --> 00:09:50.000

Jonathan Gardner

So 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 though.

00:09:50.880 --> 00:10:00.990

Jonathan Gardner

All reports should be reviewed as a team. Take it from me. I'm a night person. I have a very different perspective on information that a nurse would have.

00:10:02.030 --> 00:10:07.160

Jonathan Gardner

Work with your team to identify the interventions that seem to be working and those that aren't.

00:10:07.900 --> 00:10:20.800

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.

00:10:22.360 --> 00:10:26.890

Jonathan Gardner

This picture shows a part of a quality board at one of the clinics we visited.

00:10:27.670 --> 00:10:37.370

Jonathan Gardner

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.

00:10:40.660 --> 00:10:59.620

Jonathan Gardner

This picture is another view of the same board. 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. Nobody wants to be in last place.

00:11:00.990 --> 00:11:13.690

Jonathan Gardner

Share your information with staff, leadership and 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.

00:11:17.630 --> 00:11:22.220

Jonathan Gardner

Provide regular feedback to your teams on both process and outcome measures.

00:11:23.060 --> 00:11:30.260

Jonathan Gardner

To allow your teams to see improvement overtime include historical data or time based graphs whenever possible.

00:11:31.540 --> 00:11:44.240

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.

00:11:45.290 --> 00:11:51.770

Jonathan Gardner

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

00:11:52.910 --> 00:11:56.780

Jonathan Gardner

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

00:11:58.580 --> 00:12:06.230

Jonathan Gardner

State or national targets may also be used for comparison, but keep your goals attainable and specific to your clinic.

00:12:08.260 --> 00:12:14.310

Jonathan Gardner

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

00:12:18.550 --> 00:12:19.860

Jonathan Gardner

But you're on mute, Nikki.

00:12:22.380 --> 00:12:23.030

Nikki Medalen

Thank you.

00:12:25.540 --> 00:12:29.430

Nikki Medalen

I think we're on the same screen now. Mine went backwards for a second there.

00:12:30.030 --> 00:12:30.510

Nikki Medalen

Uhm.

00:12:32.320 --> 00:13:00.510

Nikki Medalen

Wanna talk a little bit about provider feedback and health care providers are widely considered the leads in our organizations and very much direct the workflow and the priorities of the activities in the clinic. And yet sometimes we struggle to hold them accountable providing report to each provider and their rank among their peers is one way that we can do this. Many may not be fully aware of how many patients they've had that were eligible but slipped through the cracks.

00:13:01.050 --> 00:13:03.490

Nikki Medalen

This can literally be done with any measure.

00:13:07.000 --> 00:13:19.420

Nikki Medalen

The somewhere along the way, we've forgotten the importance of celebrating our successes, and as soon as we achieve a goal or reach a big milestone rather than taking the time to bask in the glory of our achievement, were already going on to the next goal.

00:13:20.340 --> 00:13:46.080

Nikki Medalen

Not only does celebrating success feel good in the moment, but it also sets you up for future success. Taking the time to recognize your achievements allows you the chance to pinpoint exactly what worked so that you can repeat it in the future. Taking pride in your accomplishments by celebrating them, even the 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.

00:13:46.690 --> 00:14:14.030

Nikki Medalen

Successes in a clinic setting often are only attributed to the clinician, but the fact is they didn't do it on their own. The reception staff maintained the waiting room environment and assure the educational materials are in order. The nurse screens the patient for eligibility and risk. The clinician encourages the patient to complete the test in it and submits the order. The lab technician performs the analysis and and results the test and the nursing clinician follow up.

00:14:14.630 --> 00:14:34.570

Nikki Medalen

And educate the patient. And so it truly is a team effort. We all know that projects are discrete events within established start and finish and our natural tendency is to only focus on the kickoffs and the completions. But if the project you're working on has a long execution period, such as the the Screend 3 year commitment.

00:14:35.170 --> 00:14:41.040

Nikki Medalen

There are plenty of points for celebrating project success along the way, as well as individual success.

00:14:42.070 --> 00:14:52.790

Nikki Medalen

Even though we need to celebrate successes, sometimes the how of that is elusive, and so we wanted wanted to share with you some written ideas or excuse me some ideas, the first of which is written praise.

00:14:53.310 --> 00:15:22.960

Nikki Medalen

Uhm, so in our environment where we're very fortunate we use teams to communicate between all of our employees and in our situation all of our employees are in remote locations. We don't all work in the same building, but even when you do work in the same facility, sometimes it's really nice to have this communication tool. And one of the things that that we can do within teams is provide praise. And so we can give a shout out with in the chat.

00:15:23.510 --> 00:15:43.810

Nikki Medalen

In teams that not only is seen by the person who's receiving the praise, but also all the other employees so they can see, for instance, there's an example here in the lower left hand corner of thanking our our Financial officer for all that she does. And so it was just one example of the way that that that's used.

00:15:44.500 --> 00:15:44.980

Nikki Medalen

Uhm.

00:15:45.950 --> 00:15:50.470

Nikki Medalen

Every way that we can make it visible is a bonus.

00:15:50.990 --> 00:16:01.000

Nikki Medalen

Come if you can place a symbol in your work room for every positive fit test, or even the it's a beautiful day to save lives, icon or graphic.

00:16:02.130 --> 00:16:13.260

Nikki Medalen

It's really, uh, if people understand what that is, therefore then they recognize, Oh my gosh, there's all of the sudden there's 18 ribbons in here or 18 of these graphics that.

00:16:14.260 --> 00:16:17.460

Nikki Medalen

Let us know that we've saved this many lives this month or this year.

00:16:18.440 --> 00:16:28.350

Nikki Medalen

Uhm, celebrating larger achievements such as reaching your goal with a celebration party or event. Of course, we've all had the the celebration lunch or the cake in the break room is always welcome.

00:16:29.240 --> 00:16:54.010

Nikki Medalen

Uhm, a few of our clinics are doing short huddles in the waiting room to announce the achievement of a milestone or a short term goal that might be captured for a newspaper article, and it's it's OK to let your waiting patients see that you're celebrating that success. So we encourage you to have those in the waiting room and let your your community kind of know what you're working on and how that's being.

00:16:56.480 --> 00:16:59.130

Nikki Medalen

Achieved in your clinic.

00:17:00.310 --> 00:17:21.370

Nikki Medalen

And then I want to talk a little bit about this Friday crush at call. So this example is from a completely different industry, this one comes from the snack industry, but every Friday the entire team huddles together and they go around the room stating two things. One is to crush someone on the team who's worked. They want to recognize and why and something that they're grateful for.

00:17:22.030 --> 00:17:39.630

Nikki Medalen

It's just a great chance for people to not only recognize each other and take advantage of positive

thinking, but also bring that hard without person hard work to the attention of the entire team. It gives everyone a chance to see the awesome work of the people who they don't often work with directly, and it really brings about a sense of team.

00:17:40.720 --> 00:18:05.570

Nikki Medalen

And then also in in the next slide, I'm going to show you an example of that crush at call. But finally I just want to say taking the time in a meeting to reflect on the success or with the key components to that success and recognizing employees who made significant contributions is really a nice way of making sure that others on your team are aware of who's really contributing to the success of a certain project.

00:18:06.390 --> 00:18:37.040

Nikki Medalen

Uhm, there's lots of other ways to do this to come. We have a local hospital who's actually not participating in our our program, but we they're on my local radio station and every week they spend their, their communications director spends about 20 minutes on the radio and she never fails to point out a specific employee who's doing something really well. And I have heard it's close enough to me that I've got lots of friends in that community and lots of times it gets brought up in conversation. Did you hear so and so.

00:18:37.120 --> 00:18:43.190

Nikki Medalen

Accomplished this or that or is and they really it really reflects well in their hospital. So I like that example as well.

00:18:45.290 --> 00:18:51.860

Nikki Medalen

So this is the example of the crush it and I'm this is the first time we've actually had an embedded. So I hope that this works.

00:22:14.100 --> 00:22:28.730

Nikki Medalen

Nope. Here we go. Well, it seems like a great way to end a a Friday. If you could go home from that organization feeling so good about what? Everybody's but being so positive about it would be really quite a good weekend every weekend.

00:22:30.550 --> 00:22:34.400

Nikki Medalen

So here we just are encouraging any of you to share.

00:22:35.550 --> 00:22:38.220

Nikki Medalen

Any innovation that you have in your organization?

00:22:40.100 --> 00:22:54.680

Nikki Medalen

How are you? How does your organization share progress across Qi initiatives of Staff, Administration,

board members or the community? And how do you celebrate successes? If there's anyone who would like to share, we're just going to pause here for a minute and they allow you to step in.

00:23:07.750 --> 00:23:22.630

Nikki Medalen

Well, hearing none, I just encourage you to think about how you can do this within your own community. John and I have recently been working on what we are calling an annual progress report where on your anniversary for your.

00:23:23.770 --> 00:23:27.260

Nikki Medalen

Cohort we will be distributing those.

00:23:28.490 --> 00:23:36.480

Nikki Medalen

Reports to you and we would encourage that you use those at least as a start to your sharing your progress with.

00:23:37.130 --> 00:23:40.200

Nikki Medalen

Your staff, your administration, your board, your leadership.

00:23:41.710 --> 00:23:49.900

Nikki Medalen

And of course there will be other things that you want to supplement that report with. But at bare minimum, make sure that that information is shared with your team.

00:23:50.380 --> 00:23:50.920

Nikki Medalen

Uhm.

00:23:51.940 --> 00:24:02.950

Nikki Medalen

I think it will really help pull people together and help them understand their role in the work that you do and so just use that as an opportunity to re motivate.

00:24:05.440 --> 00:24:11.690

Nikki Medalen

Some resources for the journey ahead, you might have heard some of John's reflections or.

00:24:12.840 --> 00:24:16.460

Nikki Medalen

References to the Book Hitchhiker's Guide to the Galaxy.

00:24:16.520 --> 00:24:16.680

Nikki Medalen

OK.

00:24:18.840 --> 00:24:27.020

Nikki Medalen

Also, the crush at call example, if you ever want to use that, I did put it in the chat or maybe I didn't type intended two, there we go.

00:24:27.350 --> 00:24:27.880

Nikki Medalen

Uhm.

00:24:29.340 --> 00:24:32.060

Nikki Medalen

So John had already done it as well, so.

00:24:33.230 --> 00:24:46.750

Nikki Medalen

You can certainly use that as a guide. It's on YouTube. Also, the Qi Project Sustainability checklist from asked, though that is available on our website and will also be available with this module when we post the recording.

00:24:47.680 --> 00:24:59.930

Nikki Medalen

Uhm, again there is an evaluation. You can certainly come click on the evaluation and complete that and that is how we will be able to credit you with the CEO is available for this webinar.

00:25:01.100 --> 00:25:11.870

Nikki Medalen

And with that, we just thank you. We hope that you have a very pleasant weekend, a very productive week. If you ever have questions or concerns, please feel free to give either John or I a call.

00:25:13.790 --> 00:25:14.470

Nikki Medalen

Have a great day.

00:25:16.100 --> 00:25:16.540

Jonathan Gardner

Thank you.