0:0:0.0 --> 0:0:0.490
Jonathan Gardner
Alright.

0:0:2.170 --> 0:0:2.960
431d54b4-86f3-423a-9cdc-8cdf66d67467
Things like that.

0:0:1.150 --> 0:0:18.280
Jonathan Gardner
Let's go ahead and get started. Good afternoon and welcome to the 6th and final module of the Rapid Action Collaborative called measuring Practice Progress. In this module, you'll learn how to collect and use data to drive change in your colorectal cancer screening program.

0:0:19.620 --> 0:0:30.450
Jonathan Gardner
I'm Jonathan Gardner, in case we haven't met yet. I'm pretty sure we have. I'm the network administrator for Quality Health Associates and the data manager for the screened project.

0:0:32.900 --> 0:0:56.250
Jonathan Gardner
Before we get into how to use your data for quality interventions, it's important to understand the distinction between data and information. These words are often but incorrectly used interchangeably. Data is simply the fact the numbers based on reports, chart reviews, or simply a list. Data by itself is not very informative.

0:0:57.140 --> 0:1:10.370
Jonathan Gardner
We use data though 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.

0:1:15.100 --> 0:1:39.580
Jonathan Gardner
So before we can obtain good information, we need to start with good data. So 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.

0:1:40.700 --> 0:1:48.40
Jonathan Gardner
Chart review, for example, may be used to assess the data being collected at the patient level within the electronic health record.

0:1:49.100 --> 0:1:59.170
Jonathan Gardner
Uh, you can look at questions like are the all the data elements being documented the same way as each patient record include all of the required data elements.

0:1:59.860 --> 0:2:16.470
Jonathan Gardner
Can reports be run that pull those data elements together or run calculations on them? And can the data elements be sliced or aggregated using additional criteria such as by primary care provider, clinical team or even a patient demographic?

0:2:19.200 --> 0:2:32.650
Jonathan Gardner
Some interventions may require tracking data in a different way, or using a different system entirely. Example of these might include paper tracking tools that may be scanned into or flagged within the EHR.

0:2:33.410 --> 0:2:39.600
Jonathan Gardner
Excel spreadsheets or access databases accessible to and used by the team or your data manager.

0:2:41.680 --> 0:3:5.510
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 recording their service delivery data, such as patient barriers, patient contacts, time spent on navigation, and any relevant patient notes.

0:3:7.910 --> 0:3:20.660
Jonathan Gardner
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 any new intervention begins.

0:3:23.410 --> 0:3:23.690
Jonathan Gardner
Yeah.

0:3:22.630 --> 0:3:29.880
Nikki Medalen
John, what? What slide are you on? I'm wondering if our slides are navigating forward with you.

0:3:31.490 --> 0:3:36.880
Jonathan Gardner
Uh, this one is uh, Slide 3 titled using data to maintain a quality intervention.

0:3:39.190 --> 0:3:39.470
Jonathan Gardner
OK.

0:3:37.350 --> 0:3:39.920
Nikki Medalen
OK, we're good. Sorry about that.

0:3:40.470 --> 0:3:41.240
Jonathan Gardner
No, that's right.

0:3:42.540 --> 0:3:48.130
Jonathan Gardner
The program manager also should perform data quality checks for your interventions at least monthly.

0:3:50.10 --> 0:4:5.630
Jonathan Gardner
Once you are collecting data and confident in its 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 colonoscopies, something is not working.

0:4:6.240 --> 0:4:20.690
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 the problem. This allows you to identify problems early and make corrections as needed.

0:4:24.210 --> 0:4:28.900
Jonathan Gardner
And we could talk all day about quality improvement methodologies, but we won't do that now.

0:4:30.120 --> 0:4:40.160
Jonathan Gardner
The plan, do study, act or PDSA method is a way to test a change that is implemented breaking down a larger task into small steps of change.

0:4:40.860 --> 0:4:47.90
Jonathan Gardner
Simply put, plan for small changes or interventions. Do implement that change.

0:4:47.850 --> 0:4:59.480
Jonathan Gardner
Study the results and the effects 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.

0:5:1.380 --> 0:5:14.640
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.

0:5:17.580 --> 0:5:29.460
Jonathan Gardner
So remember these definitions information is the knowledge obtained from studying your data. This information can be used to answer questions about your program.

0:5:33.80 --> 0:5:39.510
Jonathan Gardner
Well, those of you who know me know that I'm a nerd, and those who are nerds may understand this reference.

0:5:41.310 --> 0:5:51.460
Jonathan Gardner
The gist of it is, is that an answer to a question has no value without first understanding the question. So what are the questions?

0:5:53.960 --> 0:6:4.340
Jonathan Gardner
As a part of your action plan and during the planning stage of a PDSA cycle, you identify the goals or outcome of the PDSA cycle with a desired result statement.

0:6:5.280 --> 0:6:8.820
Jonathan Gardner
This statement helps you create the questions that you need to answer.

0:6:9.800 --> 0:6:16.590
Jonathan Gardner
With the questions ready, you can then create measures for collecting the data that will be used to answer those questions.

0:6:17.250 --> 0:6:28.780
Jonathan Gardner
For example, a PDSA around patient navigation might be used to improve the clinical outreach to patients who may be overdue for screening or annual Wellness exams.

0:6:35.210 --> 0:6:36.720
Merideth Bell
He's going to invited Uncle.

0:6:32.970 --> 0:6:41.500
Jonathan Gardner
Your plan may include some questions, such as how many patients are being reached by patient navigators or outreach coordinators.

0:6:42.420 --> 0:6:47.0
Jonathan Gardner
How many patients are scheduling appointments after being contacted by a navigator?

0:6:48.130 --> 0:6:54.560
Jonathan Gardner
You'll create measures that would answer those questions, collect and study the data and affect change.

0:6:57.850 --> 0:7:4.60
Jonathan Gardner

So what can you measure? There are two types of measures you may develop for monitoring your interventions.

0:7:4.840 --> 0:7:25.290
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.

0:7:26.610 --> 0:7:35.810
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.

0:7:42.90 --> 0:8:0.0
Jonathan Gardner
The other type of measure that you may develop are outcome measures. These are used to measure the final outcomes or the result 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 stool tests were ordered.

0:8:0.950 --> 0:8:8.90
Jonathan Gardner
You can see other examples of outcome measures on this slide, including adequate bowel prep and results communication.

0:8:14.520 --> 0:8:27.910
Jonathan Gardner
No, don't let math formulas scare you. We'll talk about relative improvement. Calculating relative improvement is very simple. The formula may be easily added to Excel spreadsheet so you don't have to remember it.

0:8:30.830 --> 0:8:44.540
Jonathan Gardner
Relative change is simply the difference between the current rate and a baseline rate, then divided by that baseline rate. You can multiply that by 100 to produce an easy read percentage representation.

0:8:45.630 --> 0:9:1.180
Jonathan Gardner
This relative change formula shows the percentage change from baseline to current, but the formula may easily 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 range.

0:9:5.540 --> 0:9:23.180
Jonathan Gardner
This is a view of a simple spreadsheet and our chart that demonstrates how you might view and use

your relative improvement rate shown on the bottom row, you could generate one of these for each provider or clinical team, or make more complex ones. That includes all of your teams on one page.

0:9:24.190 --> 0:9:43.990
Jonathan Gardner
When monitoring your rates and providing feedback, it is important to not only include your historical rate data, but also your goals. Always keep your eye on the prize when combined with other data, such as when changes have been implemented, you can accurately measure the effectiveness of the activities in your program.

0:9:49.280 --> 0:10:7.290
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 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 than a nurse would have.

0:10:8.20 --> 0:10:26.700
Jonathan Gardner
The work with your entire team to identify the interventions that seem to be working and those that aren't. If a particular process or intervention isn't working or isn't providing the results you were expecting, don't waste any more time on it. Start that PDSA cycle over again with a fresh activity.

0:10:28.750 --> 0:10:44.490
Jonathan Gardner
This picture shows a part of a quality board at one of the clinics that 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.

0:10:49.840 --> 0:11:8.350
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. 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.

0:11:9.530 --> 0:11:22.200
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 new goals.

0:11:26.130 --> 0:11:30.700
Jonathan Gardner
Provide regular feedback to your teams on both process and outcome measures.

0:11:31.390 --> 0:11:38.640
Jonathan Gardner
To allow your teams to see improvement over time, include historical data or time based graphs whenever possible.

0:11:39.850 --> 0:11:44.20
Jonathan Gardner
Benchmarks or goals with the data can be used to put it into perspective.

0:11:44.710 --> 0:11:53.180
Jonathan Gardner
For example, you can represent your goals in terms of patient contacts or visits, rather than the nebulous percentage points.

0:11:54.0 --> 0:12:0.620
Jonathan Gardner
Pose a question such as how many more patients do we need to reach per week to meet our goals?

0:12:1.400 --> 0:12:4.220
Jonathan Gardner
This makes those goals or benchmarks seem more real.

0:12:4.840 --> 0:12:6.130
Jonathan Gardner
Or even more reachable.

0:12:7.850 --> 0:12:15.770
Jonathan Gardner
State or national targets may also be used for comparison, but keep your goals attainable and specific to your clinic.

0:12:17.430 --> 0:12:23.580
Jonathan Gardner
I will now pass the ball to Nikki to speak a little more about provider feedback and how to celebrate your successes.

0:12:27.940 --> 0:12:28.810
Jonathan Gardner
You're on mute, Nikki.

0:12:30.940 --> 0:12:31.850
Nikki Medalen
Thank you, John.

0:12:33.300 --> 0:13:4.770
Nikki Medalen
Well, healthcare providers are almost always considered the leads of our organizations. And of course they very much direct the workflow and the priorities in the activities of the clinic. But we often struggle to hold them accountable providing report to each provider and their rank among their peers is one of the ways to do this. And I know that over the time that we've been working with our screen teams, this has been something that's been really hard for them to do. They they struggle to get going on it. Nobody wants to be the first one to present those.

0:13:5.60 --> 0:13:11.830
Nikki Medalen
Providers with that report, but in all honesty, the feedback from those reports have has been universally.

0:13:12.760 --> 0:13:15.70
Nikki Medalen
Well accepted and appreciated.

0:13:16.920 --> 0:13:45.560
Nikki Medalen
We have a physician at UND family practice, Doctor Hostetter, who also happens to be the chair of the North Dakota Colorectal Cancer Roundtable. But recently he said in one of our meetings, you know, most providers think that they already are screening 80% and it's not until you show them their data that they even recognize that maybe they're not. And in some cases, it may be quite a bit less than that. But in their mind, you know, this is something that they've worked on. They've concentrated on.

0:13:45.780 --> 0:13:52.100
Nikki Medalen
But unless you actually show them the numbers of patients who are actually screened, they're not going to know.

0:13:55.460 --> 0:13:56.80
Nikki Medalen
So.

0:13:59.80 --> 0:14:10.140
Nikki Medalen
I understand that you can literally provide that information to a healthcare provider on any measure. Of course we are concentrating on colorectal cancer screening in this.

0:14:10.950 --> 0:14:11.890
Nikki Medalen
And and our work.

0:14:13.0 --> 0:14:33.860
Nikki Medalen
One of the things that's really important, however, is to remember timeliness, so frequent feedback reports, even monthly, are considered timely, quarterly or less. Frequently, reports are considered untimely. It really needs to be current so that they can see that what they're doing is working or what they're doing isn't working. And as John described, to restart that PDSA cycle.

0:14:34.920 --> 0:14:48.930
Nikki Medalen
Individualization is also important facilities that provide individual feedback to their providers see a greater improvement than those who only distribute facility level data, because there's really no ownership in that facility level data.

0:14:50.130 --> 0:14:56.820
Nikki Medalen
We also encourage you to take a very non punitive approach, so the tone with which the feedback is delivered is important.

0:14:57.660 --> 0:15:20.650
Nikki Medalen
Highest performing facilities have reported that they approach underperforming providers in a non punitive way to help them achieve better adherence rates. They provide suggestions for improvement and also offer that if they have a case that a provider sees us challenging, they help them understand why they didn't meet the criteria and look at those cases with the chief of staff or a leader.

0:15:21.440 --> 0:15:24.450
Nikki Medalen
It really generates conversation about better documentation.

0:15:25.570 --> 0:15:27.530
Nikki Medalen
Offering options for patients.

0:15:28.580 --> 0:15:33.810
Nikki Medalen
And in addition, a non punitive approach is also likely to be less resisted.

0:15:35.70 --> 0:15:46.130
Nikki Medalen
Uh, it's also important to be able to customize a report, so the ability to view performance data in a way that's meaningful to that individual provider is is important.

0:15:48.450 --> 0:15:50.470
Nikki Medalen
Umm, so I'm going to go to the next slide.

0:15:51.680 --> 0:16:21.340
Nikki Medalen
Somewhere along the way we have kind of forgotten about the importance of celebrating our successes. As soon as we achieve a goal or reach a big milestone rather than taking the time to kind of bask in that glory of your achievement, you're already going to your next goal. 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 that chance to pinpoint exactly what worked so that you can repeat that in the future.

0:16:21.570 --> 0:16:26.490
Nikki Medalen
And of course, it's important to take pride in our accomplishments by celebrating them, even the small ones.

0:16:27.340 --> 0:17:0.260
Nikki Medalen
Uh, it can also boost self-confidence and motivate you to achieve even more. In fact, Pride is one of a select group of emotions that produces success. Success is in a clinical setting. Often are only contributed to the clinician, but the fact is they don't do it alone. The reception staff maintain the waiting room environment and assure that the educational materials are 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 the test results.

0:17:0.450 --> 0:17:6.990
Nikki Medalen
And then that nurse and clinician provide follow up in education with the patient, but you can see it truly is a team effort.

0:17:8.340 --> 0:17:31.500
Nikki Medalen
We know that projects are often discrete events with an established start and a finish, and the natural tendency is for us to only really focus on those kickoffs and completions. But a project like this one, which is occurring over A3 year commitment, there are plenty of points for celebrating project successes and even individual successes.

0:17:32.880 --> 0:17:41.250
Nikki Medalen
Even though we know we need to celebrate successes sometime successes, sometimes the how is elusive so.

0:17:42.260 --> 0:17:49.620
Nikki Medalen
It's OK to sit down or or write a list of all the different ways that you appreciate receiving praise or receiving.

0:17:51.20 --> 0:17:52.610
Nikki Medalen
That notification that you've.

0:17:53.280 --> 0:18:10.930
Nikki Medalen
Achieved something? Umm, how you like to see that recognized and how others do written praise? Of course. Do you have an employee environment here at QHA? We use teams and we're able to have a a chat that is seen by everyone where we can.

0:18:11.620 --> 0:18:17.100
Nikki Medalen
Provide that written praise. In fact, an example of this is in the bottom left hand corner of this slide.

0:18:18.170 --> 0:18:26.960
Nikki Medalen

Umm. Visual like the blue ribbon that you see. Can you place a symbol in the workroom for every positive fit test that you have?

0:18:28.610 --> 0:18:33.660
Nikki Medalen
That will help you recognize how many potential lives that you have saved.

0:18:34.450 --> 0:19:3.410
Nikki Medalen
Celebrating larger achievements, such as reaching your goal with a celebration party or or events such as the lunch or a cake in the break room. Even a short huddle 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 when you're celebrating success, we do really encourage you to have that huddle in the waiting room where patients can see that you're celebrating that. Let them support you in that and let them see how you've set goals and our achieving them.

0:19:4.460 --> 0:19:7.760
Nikki Medalen
And one that we would like to start all of our meetings with.

0:19:8.840 --> 0:19:9.410
Nikki Medalen
Sorry.

0:19:12.30 --> 0:19:12.460
Nikki Medalen
Umm.

0:19:13.290 --> 0:19:25.60
Nikki Medalen
Is the the crush it so we've set this example in our TA calls, but we really appreciate hearing and I hope that you appreciate hearing from others on your team.

0:19:26.10 --> 0:19:37.320
Nikki Medalen
Who they're recognizing as having done a really great job or those small successes that you're seeing that you're kind of calling out in that meeting and bringing to our attention.

0:19:41.710 --> 0:19:53.60
Nikki Medalen
So we want you to share a little bit with us now, how does your organization share progress across Qi initiatives with Staff Administration, board members or the community?

0:20:0.540 --> 0:20:2.30
Nikki Medalen
Anyone have an example of that?

0:20:9.920 --> 0:20:41.90
Kari Novak

So we should with the initiatives, umm, I'm every time that I do my QA the forms go out to the nurses stations to both the nurses stations so that they can see where they're at and then a lot of times with the providers if they're falling below that, I will give each provider their score. And so with now the colorectal cancer screening, we've been very open with the entire facility for the most part.

0:20:41.200 --> 0:20:46.420
Kari Novak
On where our goals are, where we're at and we've really had a buy in by the entire.

0:20:47.710 --> 0:20:58.860
Kari Novak
Unity medical staff, whether they're directly involved or not, with just promoting it. So it's been it's been a really good, almost a bonding experience for our facility.

0:20:59.730 --> 0:21:0.980
Nikki Medalen
Oh, that's great to hear.

0:21:4.450 --> 0:21:7.340
Nikki Medalen
Faint Luke's do you have an example of this?

0:21:14.430 --> 0:21:15.700
431d54b4-86f3-423a-9cdc-8cdf66d67467
No, nothing right now.

0:21:16.630 --> 0:21:28.940
Nikki Medalen
OK. We'll recognize that on an annual basis. We will provide you with a report that we we look at as a minimum to share with your leadership and your boards.

0:21:30.810 --> 0:22:1.910
Nikki Medalen
That's been another thing that I think everyone has been kind of resistant to at 1st until they actually do it and they've been very well received leadership, sometimes not always, but in some cases it's kind of been distant to some of these projects and don't realize how hard everyone is working on it, don't they don't necessarily see the data that you see on a monthly basis when we have your TA calls and we're sharing that rolling rate and that relative improvement with you consistently.

0:22:2.350 --> 0:22:11.810
Nikki Medalen
Umm, so it's really nice for them to be able to see it and then boards often also don't get to see this. And it's really great for them to see that you have.

0:22:12.850 --> 0:22:16.820
Nikki Medalen
At you know that you've actually selected some some measures that you're.

0:22:17.490 --> 0:22:18.50
Nikki Medalen
Very.

0:22:19.530 --> 0:22:29.60
Nikki Medalen
Uh, concretely working on, and that you're making progress. And I always say that we need to let them be the liaison to the community. Sometimes when.

0:22:30.620 --> 0:22:33.410
Nikki Medalen
You know our our work comes under.

0:22:34.150 --> 0:22:54.220
Nikki Medalen
Criticism. Umm, those board members really are the people that we can give the information to share with the public. Sometimes those things are discussed over a cup of coffee and they come across very differently than if you feel like you're being put on the spot in a meeting. So we really encourage you to share that kind of data.

0:22:55.260 --> 0:23:2.390
Nikki Medalen
On a regular basis, not just annually, but on a regular basis, with with your leadership and boards of health.

0:23:3.740 --> 0:23:9.840
Nikki Medalen
How do you celebrate successes? Or do you have some ways that are traditions in your facilities?

0:23:17.520 --> 0:23:18.990
431d54b4-86f3-423a-9cdc-8cdf66d67467
The shout out boarded our place.

0:23:20.820 --> 0:23:22.610
Nikki Medalen
Great. That's a great idea.

0:23:23.460 --> 0:23:25.720
Nikki Medalen
Is that something that's public, or is it only?

0:23:26.800 --> 0:23:28.210
Nikki Medalen
Visible to your staff.

0:23:29.410 --> 0:23:35.260
431d54b4-86f3-423a-9cdc-8cdf66d67467
Office to the staff. It's on the quarter goes to the time clock and where the PPT patient block through.

0:23:36.60 --> 0:23:36.550
Nikki Medalen
OK.

0:23:38.420 --> 0:23:58.320
Nikki Medalen
And don't be afraid to use your social media pages that way as well. I know you both do a great job. Both facilities do a great job with their social media pages and it's so fun to see when we're looking, you know, who's who's doing what, even if it's not related to colorectal cancer. We enjoy seeing those and and.

0:23:58.940 --> 0:24:9.670
Nikki Medalen
People love to be recognized and that such a great way for the public to be able to pat them on the back when they see them at a ball game or the grocery store or wherever as well.

0:24:11.730 --> 0:24:22.920
Nikki Medalen
So some resources for the journey ahead. UM, the book, Hitchhiker's Guide to the Galaxy. That's John's wanted. John's favorite books. Do you want to say anything about that, John?

0:24:26.350 --> 0:24:26.990
Nikki Medalen
You're on mute.

0:24:28.470 --> 0:24:42.180
Jonathan Gardner
That's where that number 42 reference comes from. I I absolutely love this book because it's it's very British humor, tongue in cheek kind of stuff, but but it has some really deep.

0:24:43.780 --> 0:24:47.0
Jonathan Gardner
Deep thoughts, I guess. If you wanna put it that way.

0:24:48.140 --> 0:24:58.510
Jonathan Gardner
The the the trick to it, I guess 42 if you're if you haven't heard of it, is the ultimate is the answer to the ultimate question of life, love and everything.

0:24:59.930 --> 0:25:2.350
Jonathan Gardner
Life, the universe and everything and.

0:25:2.430 --> 0:25:2.730
Jonathan Gardner
Uh.

0:25:4.410 --> 0:25:13.320
Jonathan Gardner

But of course, because they didn't have a a solidified question. That was the best answer that the computer could come up with was 42, so.

0:25:14.600 --> 0:25:26.870
Jonathan Gardner
That's why I used in this example, but it's a great book. I like the audio book of the best, but if you don't want to read the book, the movie is a lot of fun as well.

0:25:29.90 --> 0:25:36.740
Nikki Medalen
Thank you. Also, a crush at colleague example. So we use crush it in our meetings. But there's another way to do it and that is.

0:25:36.820 --> 0:26:3.50
Nikki Medalen
Uh, in in a group setting, so we'll we provided you a link to a YouTube video on a an example of how crush it is used in a. It's a non clinical setting, but I think you'll get the idea very quickly and then there is a document called the Qi Project sustainability list and that is provided for you as well. If you go to thescreened.org website and click on.

0:26:4.230 --> 0:26:9.100
Nikki Medalen
Rapid action collaborative. You will find all of these resources associated with this module.

0:26:10.50 --> 0:26:19.150
Nikki Medalen
And then of course, our next steps are simply our TA calls and the evaluation, and I will put a link to the evaluation in the chat.

0:26:20.0 --> 0:26:20.880
Jonathan Gardner
I just did.

0:26:21.440 --> 0:26:23.250
Nikki Medalen
Ohh chance one step ahead of me.

0:26:24.570 --> 0:26:45.20
Nikki Medalen
We would really appreciate it if you would complete this evaluation if you know in order to receive the CEU S, we do have to have a completed evaluation from each person who is seeking those. This is our last rapid action collaborative and so geneal will be combining those evaluations that have been.

0:26:45.720 --> 0:27:1.10
Nikki Medalen
Uh received from all of the calls and will be sending out certificates of of CU's in the next. I don't. This takes a little time sometimes. I would say in the next month or so, but you can also.

0:27:1.440 --> 0:27:24.280
Nikki Medalen
Umm, let us know if you were watching recordings and provide the evaluation through the recording as well, or if you need any evaluation for a recording that you've watched, let us know and we will send you that evaluation. We do absolutely have to have that in order to provide you the CPU hours, so that is important.

0:27:25.510 --> 0:27:59.520
Nikki Medalen
Umm. Also on your evaluation, if you have any feedback for us overall we would greatly appreciate it. We are just now starting to talk about the possibility of 1/5 cohort. We're still not sure whether or not we're going to offer 1/5 cohort or not. Our time is starting to get limited in terms of the length of time we have to work with clinics. And so we know that that would be a a much shorter collaborative time that we're working with them. And so we're wondering if through rapid Action Collaborative is valuable or if there are other ways of getting that information.

0:27:59.720 --> 0:28:3.70
Nikki Medalen
So if you want to give us some feedback on that, we would greatly appreciate it.

0:28:5.530 --> 0:28:7.590
Nikki Medalen
Does anyone have any questions before we leave?

0:28:12.550 --> 0:28:14.60
431d54b4-86f3-423a-9cdc-8cdf66d67467
I don't think there's any questions here.

0:28:15.690 --> 0:28:20.190
Nikki Medalen
All right. Well, we thank you for joining and we hope you have a very productive day.

0:28:21.420 --> 0:28:21.970
431d54b4-86f3-423a-9cdc-8cdf66d67467
Thank you.

0:28:21.620 --> 0:28:22.290
Kari Novak
Thank you.

0:28:23.620 --> 0:28:24.310
Jonathan Gardner
Thanks everyone.