



Building a Culture of Quality

Initiative Overview

August 8, 2017

Webinar Agenda

- IHQC History
- Initiative Overview
- Calendar/Next Steps
- Alumni Story
- Q&A
 - Throughout the webinar as you have questions please type them into the questions box

IHQC History

The Institute for High Quality Care – Home of the BCCQ Program

- **Our Mission – Increasing the quality and accessibility of safety net healthcare**
- Since 2007, IHQC (through the BCCQ Program) has created multiple learning communities – ***participant-defined, applied learning*** laboratories for clinics, provider care teams to:
 - Engage in quality and process improvement trainings
 - Interact and share promising practices with their peers
 - Apply tools and techniques that will advance their own improvement efforts
 - Prepare for an ever-changing healthcare environment

Fundamentals in QI



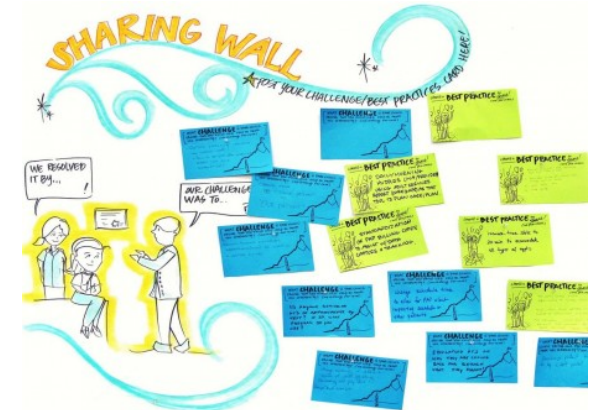
Implementing Quality Improvement



Embedding and Sustaining QI Projects

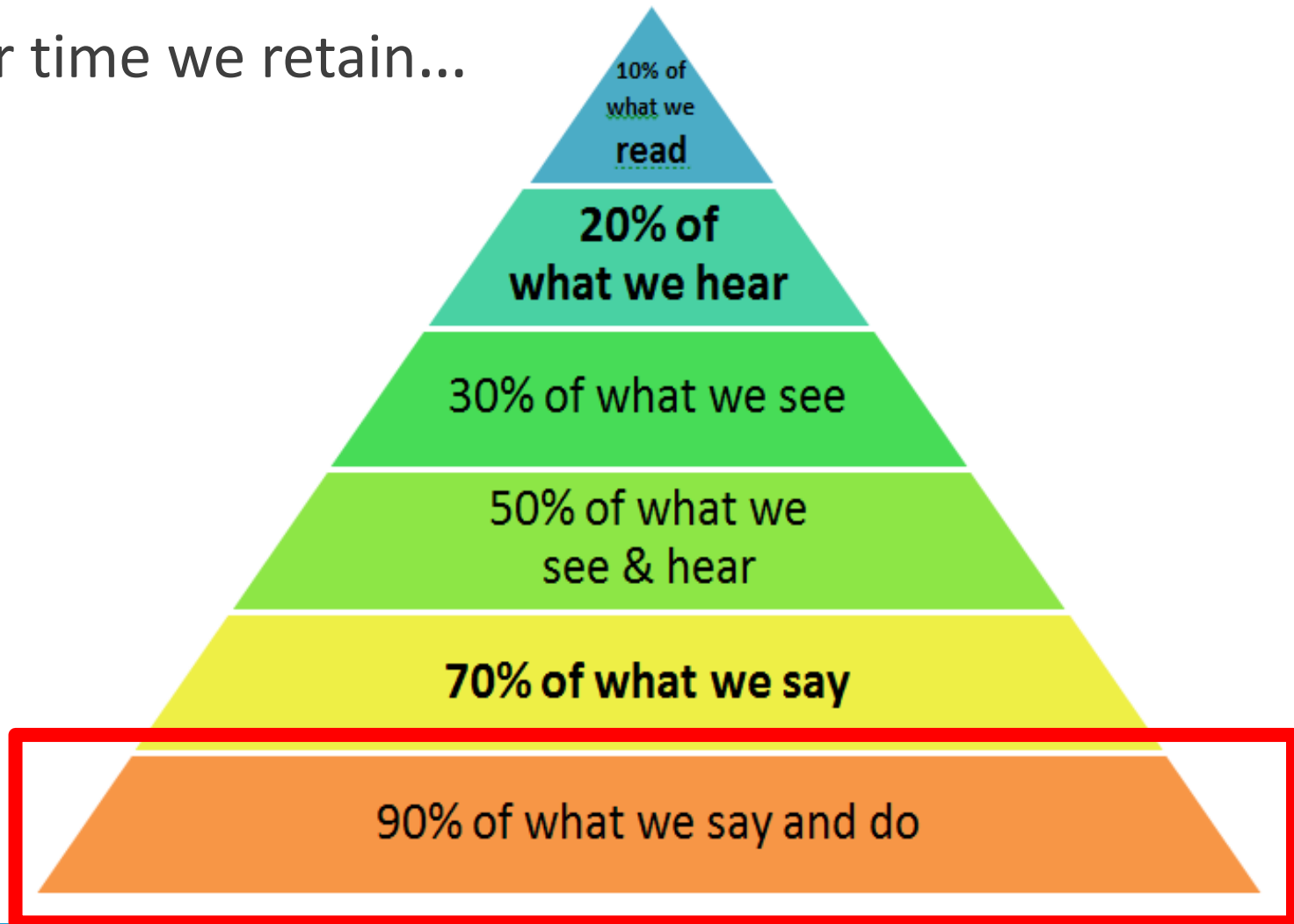


Spreading QI

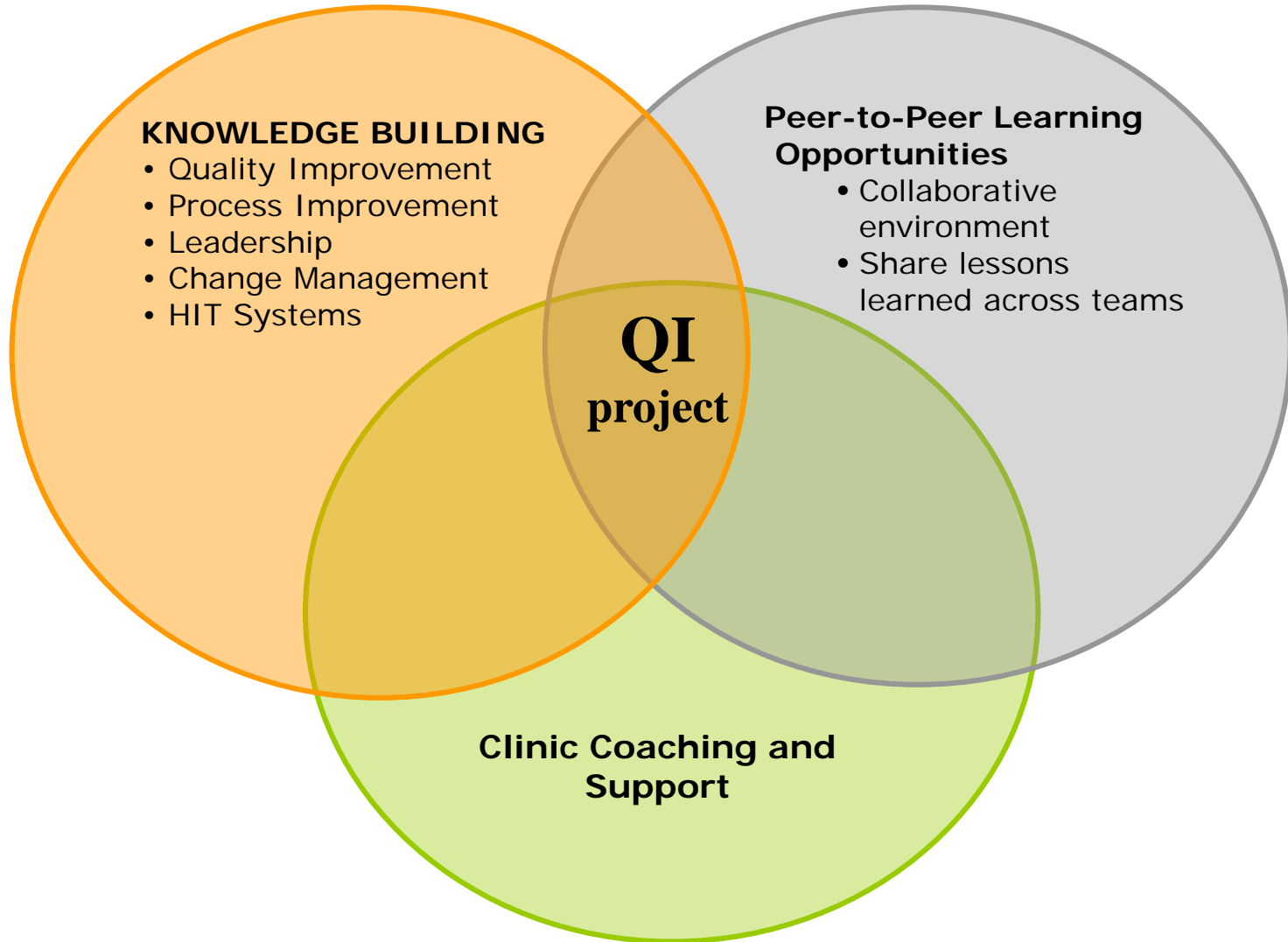


Adult Learning Theory and the Applied Learning Approach

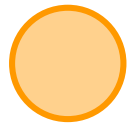
Over time we retain...



IHQC's Applied Learning Model

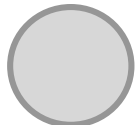


Learning Community



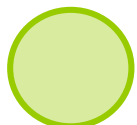
Knowledge Building

- In-person Workshops
- Monthly webinars
- Access to IHQC Improvement Tools and Templates



Peer-to-Peer Learning Opportunities

- Group Activities, Team Presentations, Topic-Specific Forums



Clinic Coaching and Support

- On-site coaching, telephone check-ins

Initiative Overview

Sponsorship

*Initiative is offered at **no cost** to participating teams through the generous support of Cedars-Sinai*



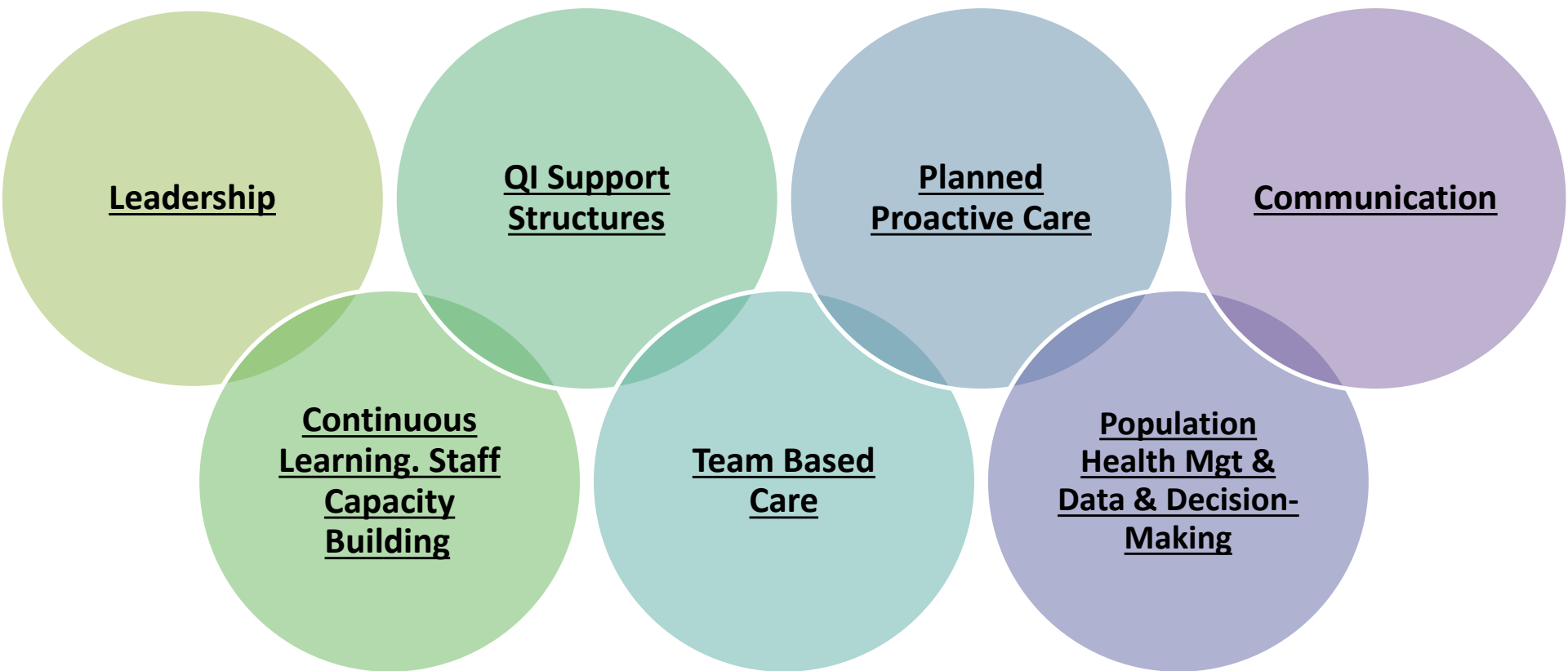
Participant Eligibility

- Nonprofit community clinic organization based in Cedars-Sinai's Community Benefit Planning focus areas
 - SPAs 4, 5, 6 and select ZIP codes in SPA 8: Inglewood (90301, 90302, 90303, 90304) and Lennox (90304)
- Health Information Technology (HIT) system in place, capable of generating data reports
- Multidisciplinary team that includes leadership, providers, and front line staff

New Learning Community - “Building a Culture of Quality”

- Informed by stakeholder interviews from clinic leaders and IHQC alumni across the county
- Future improvement efforts should focus on -
 - Building QI infrastructure and support systems
 - Getting more staff involved in QI
 - Building capacity for staff and organization to demonstrate improvements as industry moves to value-based care.

What does a Culture of Quality Look Like?



Working draft - for illustrative purposes only

What's New?

- **Expanded Design and Planning Phase**
 - Teams do not need to identify a team project prior to enrolling/registering
 - Emphasis on organizational assessment (understanding strategic priorities and the “current state” to inform project goals)
- **Building Improvement Hubs**
 - Coaching on developing/managing improvement hubs of expertise to distribute project workload and improvement expertise beyond the core team.
 - Increased focus on managing complex, multi-layered improvement efforts
- **Priority access to other IHQC offerings:**
 - Topic Specific Forums – participating teams will be given priority access to meetings and workshops dive deeper into specific improvement strategies
 - QI Fundamentals – staff from across organization are invited to attend Fundamentals in QI offerings.
- **Additional resources, expanded coaching and peer exchange opportunities**

Learning Community Structure

	Stage 1: Design & Planning	Stage 2: Pilot & Implementation
Duration	Aug. 22 – Dec. 31, 2017 (4 months)	Jan. – Dec. 2018 (12 months)
Coaching Hours	Up to 25 hrs	Up to 75 hrs
Sessions	4 webinars, 1 in-person workshop	Monthly webinars, 4 in-person workshops
Objectives	<ul style="list-style-type: none"> • Comprehensive problem assessment • Project design/planning and team development 	<ul style="list-style-type: none"> • Pilot/implement project • Develop and manage improvement hubs/mini-teams
Deliverables	<ul style="list-style-type: none"> • Project charter • Clear picture of “current state” 	<ul style="list-style-type: none"> • Test & implement project activities • Regular project updates

Learning Community

Stage 1: Design and Planning

- Team Objectives
 - Complete IHQC's QI Capacity Assessment
 - Problem assessment & designing a system-level QI project
 - Draft Project Charter
 - Identify multidisciplinary and interdependent team(s) to carry out QI efforts across the organization.
- Each org. receives up to 25 hours of direct coaching
- 4 Webinars, 1 In-Person Session (October 16th)

Stage 1 – Participant Sessions

Webinar Topics:

- Review – understanding current organization priorities, drivers, capacities.
- Observe – Workflow Mapping and Staff Interviews
- Research – How have others addressed this problem? Effective Practices?
- Analyze Data – Confirm observations through data
- Brainstorming and Synthesizing – mapping change ideas (e.g. Pareto analysis)

October 16 Workshop:

- Project Charter Development – work in teams to draft charter elements
- Building Effective Teams – determine the right people to engage in your QI project

Learning Community

Charter Review and Selection

- Project Charters due Nov. 17
- Charters reviewed and approved by Dec. 15
- IHQC will provide a project charter template:
 - Aim and project goals
 - Team members, roles and responsibilities, team meeting plan
 - Project activities and deliverables
 - Measures
 - Key Success Factors
 - Coaching Needs

Learning Community

Stage 2: Pilot and Implementation

- Year-long implementation (Jan. – Dec. 2018)
- Each org. receives up to 75 hours of coaching
- Monthly Webinars, 4 In-Person Sessions
 - Builds on concepts introduced in Stage 1, and aims to increase team's capacity to manage complex, multi-layered improvement efforts.
 - Content tailored to project types and teams needs.

Topics and Curriculum

- **Program Design and Project Management**: human-centered design concepts, leading large-scale initiatives, building effective teams, effective meetings, project management
- **Quality and Process Improvement**: improvement tools and methodologies (Model for Improvement, Lean); accelerating and spreading improvement; team-based care and proactive care models and using visual management.
- **QI Support Structures**: building and sustaining QI systems and infrastructure, standardizing improvement, implementing evidence-based guidelines
- **Staff Capacity Building and Continuous Learning**: fostering high-functioning teams and promoting physiological safety; gaining clarity on staffing models and roles and responsibilities; scopes of practice; building staff improvement skills
- **Change Management and Communications**: defining and socializing an organizational culture of quality; managing and leading change; team and leadership communication

Participant Expectations

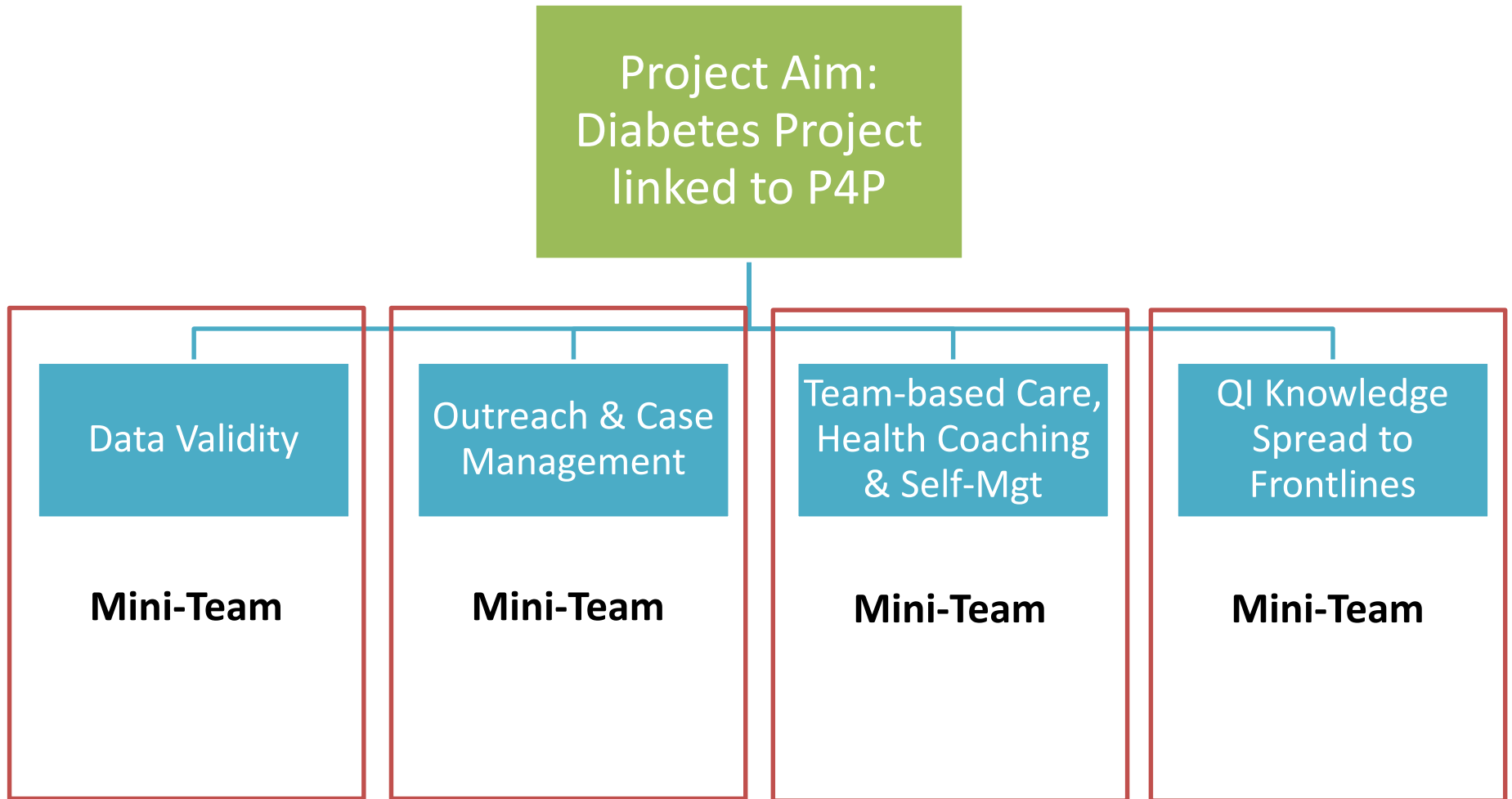
- **Getting Started**
 - You **do not** have to know what project you'll be working on to join the Design Phase. Through problem assessment efforts your team will explore current clinic priorities and challenges.
- **Project Team** of 3 core roles – Project/QI lead, clinician lead, and operations lead
- **Senior Leadership Support**
 - Regular Communication
 - Dedicated resources to analyze current state to design an improvement project
- **Regular check-ins** with IHQC staff and sponsored coaches
- **Attendance** at webinars and an in-person workshop on October 16

Leveraging the Learning Community

Question - “We have 3 large initiatives planned for 2017-2018, we’ll be pushing it to add another one.”

- You **do not** need to create a brand new project for this.
- If you already have some system-wide improvement projects starting, planned, or in development, one of those could be your team project for this IHQC initiative
- Reach out to IHQC w/ questions about these initiatives.

Improvement Mini-Teams



Example Projects

- Building a QI Infrastructure and a culture that embraces continuous improvement
 - Increase knowledge among staff, management, and leadership in improvement tools and strategies;
 - Update job descriptions to include quality improvement
 - Build a QI dashboard and define appropriate infrastructure to help sustain QI efforts

Example Projects

- Pay for Performance (P4P)
 - **Patient Experience:** Improve front and back office operations and care team roles to help improve cycle times, patient experience, and staff satisfaction.
 - **Well-Child and Perinatal Program:** Build a comprehensive patient outreach and education program to improve pediatric immunization rates, well-child visit completion rates, and timeliness of perinatal care.

Example Projects

- Population Health Efforts or Current Patient Trends
 - **Diabetes:** Create a diabetes care management program that includes standing orders, updated guidelines, and spreading motivational interviewing and health education strategies to improve health outcomes for our diabetic patients
 - **Social Determinants of Health:** Develop strategies and community linkages/collaborations to help address the Social Determinants of Health

Example Projects

- PCMH Efforts
 - **Optimize team-based care strategies** to improve preventative cancer screening rates:
 - Empanel patients and use panel data and other strategies to improve health outcomes for hypertensive patients.
 - Build/Expand the role of health educators and care coordinators to help proactively support patients with complex health needs.

Calendar – Design Stage

Date	Milestone
Aug. 8	Program Overview/Q&A Webinar Summary, Eligibility, etc. Reviewed
Aug. 16	Enrollment Period Ends Organization Overview Forms Submitted
Aug. 22	Intro Webinar: Focus Expectations, Introduce QI Capacity Assessment
Aug. 29	Introduce Consultants to Teams
Sep. 5	Webinar: Understand/Observe
Sep. 19	Webinar: Assess/Survey

Date	Milestone
Sep. 29	QI Capacity Assessment Submitted
Early Oct.	Fundamentals in Quality Improvement Program Launch
Oct. 3	Webinar: Synthesize/Define
Oct. 16	In Person Workshop Charter Draft, Team Development
Nov. 17	Project Charter Due
Dec. 15	Charter Review Complete, Team Selections Made

Calendar – Implementation Stage

Date	Milestone
Feb. 2, 2018	Workshop 1
Mid-Apr. (TBD)	Fundamentals in Quality Improvement Program
Apr. 30, 2018	Workshop 2
Jul. 19, 2018	Workshop 3
Early Oct. (TBD)	Fundamentals in Quality Improvement Program
Oct. 16, 2018	Workshop 4

Learning Community Registration

- Complete the Organization Overview Form and email to Teresa Hofer (thofer@ihqc.org) by **August 16th**.
- Register for Kickoff Webinar on **August 22nd**.

Organization Overview Form

SITE OVERVIEW

Organization Information

Organization	
Date Established	
Number of Clinic Sites	
Total Number of Unique Patients Served Annually	
Annual Patient Visits	
Demographic description of the patient population served:	
Brief description of organization's current services and activities	

Current IT Systems

System	Product	Implementation Date	Clinic Site(s) Using System	Staff Roles Trained to Use System [e.g., MA, MD, billing, Site Managers]
EHR:				
EPM:				
Disease Registry:				
eRx:				
Labs:				
HIE:				
Patient Portal:				
Other				

Staff Model

Role	FTE	Role	FTE
Physicians		Billing	
PAs		IT	
NPs		Operations	
RNs		Quality Improvement	
MAs		[Other]	
Dentists		[Other]	
Behavioral Health		[Other]	
Case Managers/Referral Coordinators		[Other]	

Data Management

- Is clinic population data currently being tracked electronically?
___ Yes ___ No
- What systems are used to generate population level reports?
- Do you have dedicated IT staff? If yes, please provide the name, title, and email for a main point of contact.

Name:

Title:

E-mail:

- Which staff member(s) runs data reports on a regular basis?

- Describe how you use these reports (providers, staff, committees, external reporting—i.e., grants, UDS)

Quality Improvement

- Do you have a quality improvement/management committee?

___ Yes ___ No

- If Yes, who attends these meetings?

- If Yes, how often does this committee meet?

- Do you have a designated person assigned to lead/manage quality improvement? If yes, please provide their name, title, and email.

Name:

Title:

E-mail:

- Briefly describe any quality improvement efforts or projects in which your organization is currently or was previously engaged.

- Has your organization gone through the Patient Centered Medical Home (PCMH) recognition process?

We are planning our organizational strategy around PCMH


We have completed the assessment

We are recognized as a Level ___ Patient Centered Medical Home

Alumni Story

Alumni Story – Saban Community Clinic



48% 


HML patients accessed
CASE MANAGEMENT

1,422
PATIENTS

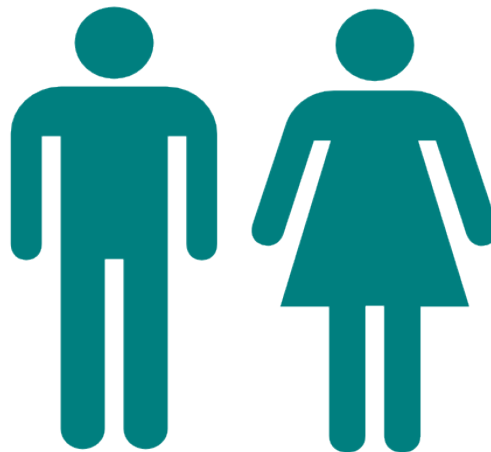


27%
HML patients accessed
DENTAL SERVICES



51% 

HML patients accessed
MEDICAL SERVICES



2%

HML patients accessed
BEHAVIORAL HEALTH



Q&A

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www.ihqc.org/cedars-sinai-culture-of-quality