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...

10% of what we read

20% of what we hear

30% of what we see

50% of what we see & hear

70% of what we say

90% of what we say and do

Source: Health Coaching Curriculum, Created by UCSF Center for Excellence in Primary Care, 2014
IHQC’s Applied Learning Model

**KNOWLEDGE BUILDING**
- Quality Improvement
- Process Improvement
- Leadership
- Change Management
- HIT Systems

**Peer-to-Peer Learning Opportunities**
- Collaborative environment
- Share lessons learned across teams

**Clinic Coaching and Support**

**QI project**

Sponsored by Cedars-Sinai
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?

- **Leadership**
- **QI Support Structures**
- **Planned Proactive Care**
- **Communication**
- **Continuous Learning, Staff Capacity Building**
- **Team Based Care**
- **Population Health Mgt & Data & Decision-Making**

*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

<table>
<thead>
<tr>
<th></th>
<th>Stage 1: Design &amp; Planning</th>
<th>Stage 2: Pilot &amp; Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coaching Hours</strong></td>
<td>Up to 25 hrs</td>
<td>Up to 75 hrs</td>
</tr>
<tr>
<td><strong>Sessions</strong></td>
<td>4 webinars, 1 in-person workshop</td>
<td>Monthly webinars, 4 in-person workshops</td>
</tr>
</tbody>
</table>
| **Objectives**         | • Comprehensive problem assessment  
                          • Project design/planning and team development | • Pilot/implement project  
                          • Develop and manage improvement hubs/mini-teams |
| **Deliverables**       | • Project charter  
                          • Clear picture of “current state” | • 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 16\textsuperscript{th})
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

Project Aim:
Diabetes Project linked to P4P

Data Validity
Mini-Team

Outreach & Case Management
Mini-Team

Team-based Care, Health Coaching & Self-Mgt
Mini-Team

QI Knowledge Spread to Frontlines
Mini-Team
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. 8</td>
<td>Program Overview/Q&amp;A Webinar Summary, Eligibility, etc. Reviewed</td>
</tr>
<tr>
<td>Aug. 16</td>
<td>Enrollment Period Ends Organization Overview Forms Submitted</td>
</tr>
<tr>
<td>Aug. 22</td>
<td>Intro Webinar: Focus Expectations, Introduce QI Capacity Assessment</td>
</tr>
<tr>
<td>Aug. 29</td>
<td>Introduce Consultants to Teams</td>
</tr>
<tr>
<td>Sep. 5</td>
<td>Webinar: Understand/Observe</td>
</tr>
<tr>
<td>Sep. 19</td>
<td>Webinar: Assess/Survey</td>
</tr>
<tr>
<td>Sep. 29</td>
<td>QI Capacity Assessment Submitted</td>
</tr>
<tr>
<td>Early Oct.</td>
<td>Fundamentals in Quality Improvement Program Launch</td>
</tr>
<tr>
<td>Oct. 3</td>
<td>Webinar: Synthesize/Define</td>
</tr>
<tr>
<td>Oct. 16</td>
<td>In Person Workshop Charter Draft, Team Development</td>
</tr>
<tr>
<td>Nov. 17</td>
<td>Project Charter Due</td>
</tr>
<tr>
<td>Dec. 15</td>
<td>Charter Review Complete, Team Selections Made</td>
</tr>
</tbody>
</table>
# Calendar – Implementation Stage

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb. 2, 2018</td>
<td>Workshop 1</td>
</tr>
<tr>
<td>Mid-Apr. (TBD)</td>
<td>Fundamentals in Quality Improvement Program</td>
</tr>
<tr>
<td>Apr. 30, 2018</td>
<td>Workshop 2</td>
</tr>
<tr>
<td>Jul. 19, 2018</td>
<td>Workshop 3</td>
</tr>
<tr>
<td>Early Oct. (TBD)</td>
<td>Fundamentals in Quality Improvement Program</td>
</tr>
<tr>
<td>Oct. 16, 2018</td>
<td>Workshop 4</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>System</th>
<th>Product</th>
<th>Implementation Date</th>
<th>Clinic Site(s) Using System</th>
<th>Staff Roles Trained to Use System (e.g., MA, MD, billing, Site Managers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease Registry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIIE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Portal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Staff Model

<table>
<thead>
<tr>
<th>Role</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td></td>
</tr>
<tr>
<td>PAs</td>
<td></td>
</tr>
<tr>
<td>RNs</td>
<td></td>
</tr>
<tr>
<td>MAs</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>Case Managers/Referral Coordinators</td>
<td></td>
</tr>
</tbody>
</table>

#### Site Information

<table>
<thead>
<tr>
<th>Role</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role</td>
<td>FTE</td>
</tr>
<tr>
<td>Billing</td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Quality Improvement</td>
<td></td>
</tr>
<tr>
<td>[Other]</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

#### Data Management

1. Is clinic population data currently being tracked electronically?  
   - [ ] Yes  
   - [ ] No

2. What systems are used to generate population-level reports?  

3. Do you have dedicated IT staff? If yes, please provide the name, title, and email for a main point of contact.
   - Name:  
   - Title:  
   - Email:

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

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

6. 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 ___ PCMH

---

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

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

Quality Improvement

1. Do you have a quality improvement/management committee?  
   - [ ] Yes  
   - [ ] No

2. If Yes, who attends these meetings?

3. If Yes, how often does this committee meet?

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

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

6. 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 ___ PCMH

---

IHQC INSTITUTE FOR HIGH QUALITY CARE

SPONSORED BY CEDARS-SINAI
Alumni Story
Alumni Story – Saban Community Clinic

1,422 PATIENTS

48% HML patients accessed CASE MANAGEMENT

51% HML patients accessed MEDICAL SERVICES

27% HML patients accessed DENTAL SERVICES

2% HML patients accessed BEHAVIORAL HEALTH
Q&A
IHQC Staff Contact Info:

- Bridget Hogan Cole, MPH - bcole@IHQC.org
- Chris Hunt, MPH – chunt@IHQC.org
- Teresa Hofer, MPH – thofer@IHQC.org
- Sirisha Gummadi, MHA – sgummadi@IHQC.org
- Sharon Lau – slau@IHQC.org

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