Accelerating Best Care in Pennsylvania
An Innovative CME Collaboration to Improve Care in Pennsylvania Community Hospitals

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Purpose
- Jefferson's Department of Health Policy and Office of CME sought to measure attitudinal changes subsequent to training on hospital-based quality improvement (QI) projects.
- The goals were to:
  - Characterize the program's impact on participants' knowledge, skills, and confidence
  - Assess the effectiveness of the program as a change agent

Partners
- Jefferson Medical College of Thomas Jefferson University
  - Department of Health Policy
  - Office of Continuing Medical Education
- Baylor Health System
  - Institute for Health Care Research and Improvement
- Improve Pennsylvania Community Care
  - Hazleton General Hospital
  - Meadville Medical Center

Intervention
- A collaborative demonstration project to provide education and support in rapid cycle quality improvement techniques based on the Baylor "ABC" (Accelerating Best Care) model, including:
  - Baseline Assessment of Needs
  - Pre- and Post-Intervention Surveys
  - Live, In-person Training
  - Identification of Opportunities for Improvement
  - Coaching and Ongoing Support
  - Evaluation of Outcomes and Lessons Learned

Timeline

- Jan 2007
  - Training #1
- Feb 2007
  - Training #2
- June 2007
  - Report Out

Pre- and Post-Intervention Surveys
- Pre-Training Survey (December 2006)
  - 5-point Likert scale measure rating
  - Understanding of PI tools and national QI goals
  - Self-assessed ability to develop, lead, implement and assess QI process
- Post-Training Survey (June 2007)
- Follow-up Survey (April 2008)

Live In-Person Training & Identification of Opportunities for Improvement

- Training #1: January 2007 (Hershey, PA)
  - Lectures and skill-building practice
  - Team building and small group interactive exercises
  - Develop problem statement to target areas for intervention
  - Small groups arranged by institutional affiliation
  - Groups left with the assignment of developing a problem statement that incorporate SMART goals (specific, measurable, achievable, realistic and time bound)
- Training #2: February 2007 (Harrisburg, PA)
  - Sharing of problem statements
  - Discussions around barriers or issues in implementation
  - Identification of resources from each hospital
  - Small groups set up by facilitators (mixed institutions)
  - Groups left with the assignment of refining their approaches to their interventions and to begin implementation and measurement of progress

Coaching and Ongoing Support
- Monthly scheduled conference calls (whole group) for each institution (more could be added on an as-needed basis)
- Individual or small group email or phone support as needed
- Provision of PI tools and samples (standardized order sets, clinical guidelines)
- Troubleshooting, answering questions, assisting with item analysis or revision of problem statements
- Assistance with evaluating the impact of interventions and providing advice on how to make adjustments when/where necessary
- Site visits in May 2007 to monitor progress and address concerns

Evaluation of Outcomes and Lessons Learned

Report Out: June 2007
- Third meeting of the whole cohort to report on the results of their target interventions and share best practices

Hazleton Projects
- Heart failure discharge instructions
- Surgical antibiotic prophylaxis
- Care of stroke patient
- Pneumonia care
- Pneumococcal vaccination for patients 65 and older

Meadville Projects
- DVT Prophylaxis
- Pneumococcal vaccination for patients 65 and older

Results

- Hazleton Projects
  - Achieved Level II Stroke Center designation in Feb 2008
- Meadville Projects
  - Instituted organizational education initiative (PowerPlay) based on principles learned in ABC PA
  - Interinstitutional networking developed
  - Created a cadre of experts at each organization to lead and facilitate PI projects
  - New projects have been successfully developed and implemented

Quotes from our Participants
- "The program was exceptional. I learned a great deal."
- "Look forward to bringing knowledge back to hospital and begin working on projects."
- "Practical, useful, and memorable."
- "Don't give up!"
- "Loved the conference! Excellent instructors making me feel empowered and ready to implement all the skills we learned! Can't wait until June!"
- "At the first meeting there were some grumbles about inclusion and methods approach, etc. All of my suggestions and concerns were considered and I think the second session was a night and day improvement over the first one. Lecturers were inspiring and targeted to group. Break-out meals were together with all hospitals. Seating in lecture was mixed so it was a team and not 'us' and 'them.' Ice breakers and support was much better. Our opinions were valued and welcome. Overall excellent job and dramatic results. Thank you!"

Outcomes
- Multiple PI projects were initiated and completed

Hazleton Projects
- After June 2007, 36 PI projects in progress
- Achieved Level II Stroke Center designation in Feb 2008
- Interinstitutional networking developed
- Created a cadre of experts at each organization to lead and facilitate PI projects
- New projects have been successfully developed and implemented

Sharing our experience...


Methods

Baseline Assessment of Needs
- Joint site visit by project leaders from Baylor and Jefferson
  - Interviews with hospital leadership (board members, executives, administrators and clinicians)
  - Review of CMS and other quality measures
  - Completion of Patient Safety and Quality Improvement Organizational Self-Assessment by both hospitals
- Summary report of findings given to each hospital

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Survey Response Rates:
- Pre-Training n = 27 (100%)
- Post-Training n = 26 (96%)
- Follow-up n = 14 (52%)