Accelerating Best Care in Pennsylvania

A collaborative project

Jeanne G. Cole, MS
Director, Office of CME
Jefferson Medical College
Representing one of many…

Jefferson
Department of Health Policy
(School of Population Health)

Bettina Berman, RN
David B. Nash, MD, MBA
Alexis Skoufalos, EdD

Office of CME
Jeanne G. Cole, MS

Plus
• Hazleton General Hospital
• Meadville Medical Center

Baylor
Institute for Health Care Research and Improvement

David J. Ballard, MD, MSPH, PhD
Carl Couch, MD, MMM
Julie Gunderson, RN, BSN, MM, CPHQ
Ziad Haydar, MD
Accelerating Best Care ("ABC")
Project Purpose

• innovative, practical process developed by Baylor focused on quality improvement of health care

• facilitates the development of skills and competencies needed by physicians, hospital administrators, nurse managers, and others to actively lead, participate in, and direct quality improvement efforts.
Accelerating Best Care ("ABC")

• Participants learn theory and techniques of
  – rapid-cycle quality improvement
  – outcomes management
  – staff development
• And then apply them in their own settings
The Partners

- Jefferson Medical College of Thomas Jefferson University
  - Department of Health Policy
  - Office of Continuing Medical Education
- Baylor Health Care System
  - Institute for Health Care Research and Improvement
- Hazleton General Hospital
- Meadville Medical Center
- Improve Pennsylvania Community Care
  - Funded by the Commonwealth of PA
The Project Components

• Baseline Assessment of Needs
• Multiple Live Training Sessions
• Identification of Opportunities for Improvement
• Coaching and Ongoing Support
• Evaluation of Outcomes and Lessons Learned
The Design

• Identify participant (organizations and individuals)
• Conduct baseline needs assessment
• Develop two live f2f training sessions, each 2 days long
  – Incorporate variety of activities – didactic, group work, skills practice
  – Participants identify PI projects to work on (homework)
• Provide ongoing support (phone, email, in person)
• Present results of groups’ PI projects to all participants (3\textsuperscript{rd} session)
• Evaluate
Timeline

- **Jan 2007**
  - Training #1

- **Feb 2007**
  - Training #2

- **June 2007**
  - Report Out

- **Fall 2006**
  - Sept/Oct 2006
    - Site visit and baseline assessment

- **Winter 2007**
  - Feb/Mar/Apr 2007
    - Coaching Calls

- **Spring 2007**
  - May 2007
    - Site Visit

- **Spring 2008**
  - June 2007
    - Post-Survey

- **April 2008**
  - Extended Post-survey

- **Jan 2007**
  - Pre-Survey
Identifying Participants

• Institutions collaboratively identified by Commonwealth of PA (which provided funding via Improve PA Community Care) and Jefferson
  – Political considerations
  – Geographic considerations
  – 2 selected: rural hospitals

• Individuals collaboratively identified by Jefferson, Baylor, Meadville and Hazleton (after needs assessment)
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
• Identification of participants for each hospital
Methods
Live Training & Identification of Opportunities for Improvement

• January 2007 (Hershey, PA)
  – Lectures and skill-building practice
  – Teambuilding and small group interactive exercises
  – Develop problem statement to target areas for intervention
• Participants from each hospital broke into small groups to identify areas in need of improvement
• Groups left with the assignment of developing a problem statement that incorporate SMART goals (specific, measurable, achievable, realistic and time bound)
Methods
Live In-Person Training & Identification of Opportunities for Improvement

- February 2007 (Harrisburg, PA)
  - Sharing of problem statements
  - Discussions around barriers or issues in implementation
  - Identification of resources from each hospital
- Participants from both institutions were mixed into small groups by the facilitators to discuss issues they had faced separately
- Groups left with the assignment of refining their approaches to their interventions and to begin implementation and measurement of progress
Methods
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 QI 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
Methods
Evaluation of Outcomes and Lessons Learned

• June 2007
  – Third meeting of the whole cohort to report on the results of their target interventions and share best practices
Results
Hazelton Projects

1. Heart failure discharge instructions
2. Surgical antibiotic prophylaxis
3. Care of stroke patient
4. Pneumonia care
5. Pneumococcal vaccination for patients 65 and older

- Since June 2007, 36 PI projects in progress
- Achieved Level II Stroke Center designation in Feb 2008
Results

Meadville Projects

1. DVT Prophylaxis
2. Pneumococcal vaccination for patients 65 and older

• Instituted organizational education initiative (PowerPlay) based on principles learned in ABC PA
Evaluation Goals

• In addition to assessing the delivery of the content and process through typical post-activity questionnaires, we sought to measure attitudinal changes subsequent to training on hospital-based quality improvement (QI) projects.

• The evaluation goals were to
  – Characterize the program’s impact on participants’ knowledge, skills and confidence
  – Assess the effectiveness of the program as a change agent
Evaluation Methods

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)
Comparison of Pre-, Post, and Follow Up Training Surveys

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

• Multiple PI projects were initiated and completed
• Participants increased their knowledge, confidence, and skill in developing and implementing PI projects
• Inter-institutional networking developed
• Created a cadre of experts at each organization to lead and facilitate QI projects
• New projects have been successfully developed and implemented
Sharing our experience....


Acknowledgements

Improve Pennsylvania Community Care (IPCC) for funding support

Pennsylvania Legislators

Baylor Institute for Health Care Research and Improvement
  Vera Rodriquez

Jefferson Medical College Department of Health Policy
  Melissa Horowitz and Valerie Pracilio