

QI TALK TIME



Féilmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Division



Building an Irish Network of Quality Improvers

Practical techniques and tools for Quality Improvers

Speaker: Gail Nielsen

7th March 2017 1-2 pm

Connect

Improve

Innovate

Gail Neilsen

- Gail A. Nielsen is an accomplished speaker and consultant with more than 17 years of experience teaching and coaching clinical leaders and teams to achieve and sustain results. Her work with organization leaders, mid-level managers and frontline improvement teams enables individuals and teams to remove barriers and accelerate change.
- Building on decades of work with Institute for Healthcare Improvement (IHI) and health system leadership roles, Nielsen has consulted across the U. S. and Canada and for hospitals in London and Dublin, the HSE and RCPI.
- Nielsen currently serves as consulting faculty for IHI's work in improving person-centered care, transitions from acute to community-based care, and quality of post-acute care. During her IHI Fellowship (2004 – 2005), Nielsen completed the Harvard School of Public Health Clinical Effectiveness Program.

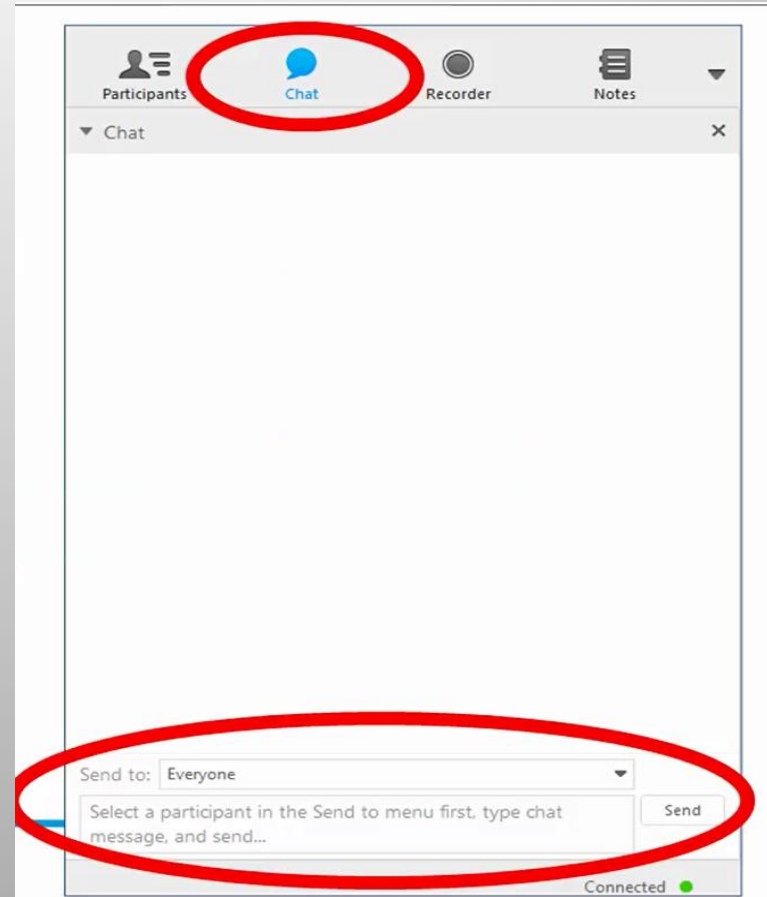


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Tips for successful webex

- Interactive
- Sound
- Chat box function
 - Comments
 - Questions
 - Ideas
- Q&A at the end
- Attendance certs



QI TalkTime

Practical Ideas for Making Change Faster

Gail A Nielsen

March 7, 2017

Objectives

Participants will be able to consider and apply practical ideas for:

- Building their own resilience
- Working with senior leaders
- Influencing their improvement teams

First take care of yourself

*“Burnout makes it nearly impossible
for individuals to provide
compassionate care for their patients.”*

Steven Lockman, MD, Senior Medical Director, Neurosciences, Orthopedics
and Rehabilitation Service Line/Chief, Physical Medicine and Rehabilitation
Hennepin County Medical Center, Minneapolis, MN

Burnout ≠ Lazy

Resilience = an individual's ability
to overcome adversity



How do we build
resilience?

Slide by Annette Bartley

12 Habits of Highly Healthy People



First
Take Care
of Yourself

Joan Gurvis: managing director of the Center for Creative Leadership, at Colorado Springs campus, and co-author of the CCL guidebook *Finding Your Balance*.

Action steps to managing stress:

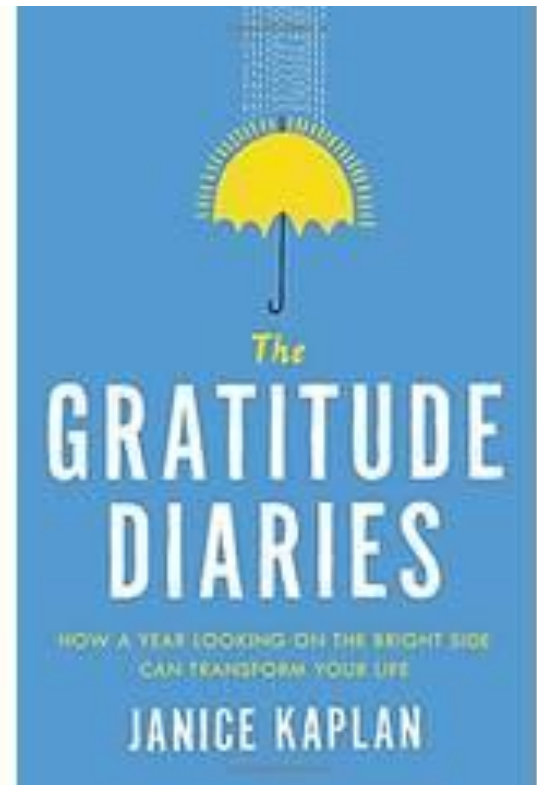
Work on 1 over the next 30 days

1. Reconnect with your body
2. Take time to smile, greet and engage with others
3. Write down inspiring patient stories
4. Don't forget to have fun

Cultivating gratitude: the driving force for resiliency

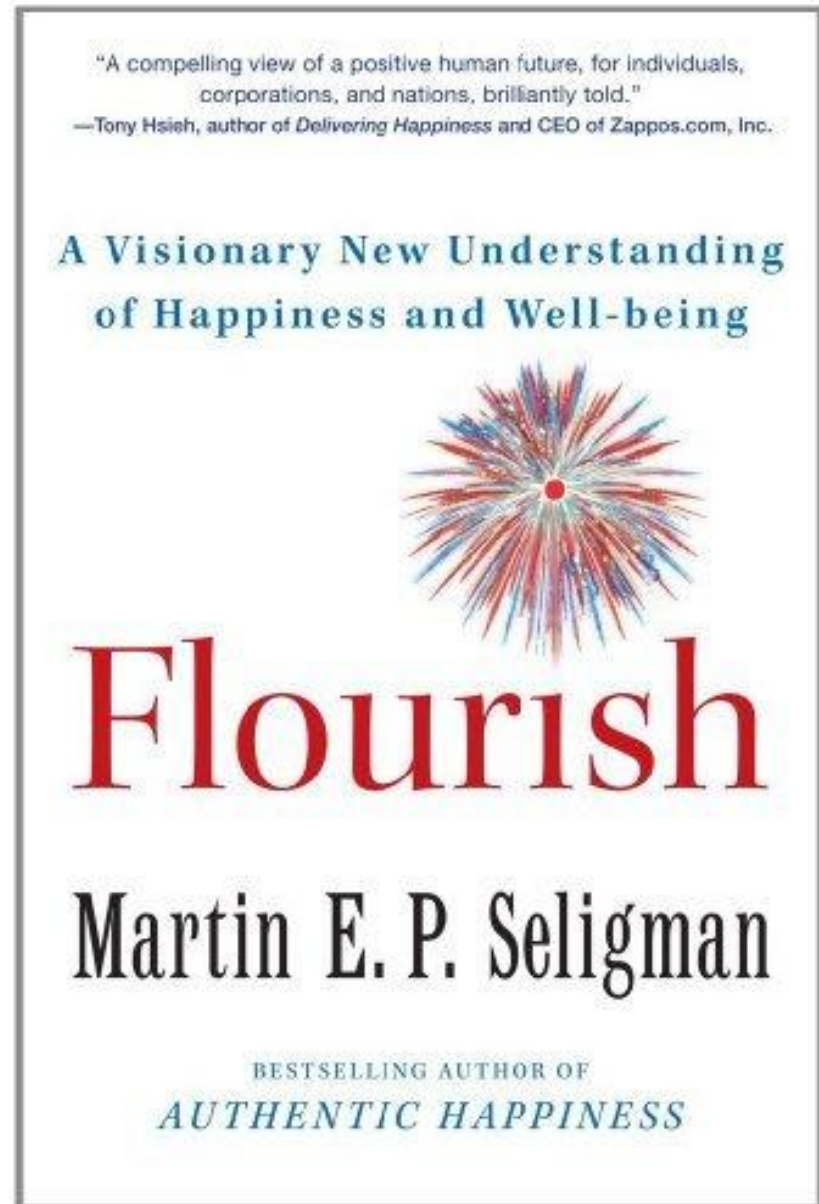
Hunt for the good stuff

Appreciate day-to-day
interactions





Daily reflection on the
“Three Good Things”
we experienced today



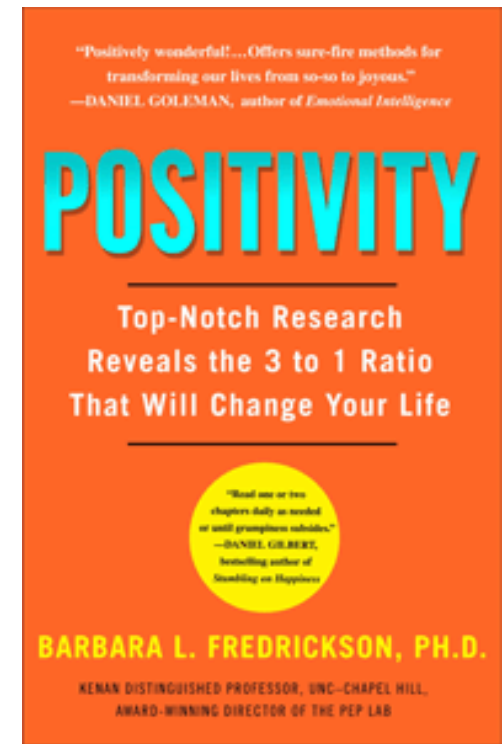
Reducing Impact of Negatives in Our Lives and Work Experiences

Cultivating Positive Emotion: the 3 to 1 Ratio

“Please share three things that are going well around here, and one thing that could be better.”

Make it about what you can do.

“How can I help to remove barriers, so that the safety defects you are most concerned about can be better addressed?”



Practical Ideas on Making Change Faster

Working with your Senior Leader

- Meet at least monthly
 - Get on their calendar
 - Build a relationship with their admin asst
 - Review monthly: project plans, milestones, progress, results (quantitative and qualitative)
- Get approval on your charter (and any changes)
- Coach toward what you need, e.g.
 - Meeting attendance
 - Questions to ask
 - Sharing the strategic message across the organization
 - Cheering on the team
 - Celebrating results

Rapid Improvement Charter

Achieving Clinical Excellence

Aim:

- 1.
- 2.
- 3.

Current State:

Focus/Boundaries:

Measures:

Timeline:

TEAM

Process Owner:

Team Leader:

Co-Leader:

Team Members:

Consultants:

Aim: (What by When, Measures, Methods)

Iowa Health will reduce unplanned readmissions for patients with heart failure by 50% (Long term target 5% or less) for participating pilot units at IHS affiliates by year end 2009 using IHI's Transitions Home Cross-Continuum innovation model. Phase 1 will spread the IHI TH model from St Luke's Hospital to at least four additional affiliates and their community partners in 2009.

Current State: 27% of Medicare patients with HF are readmitted within 30 days (CMS); 12% are readmitted within 15 days (MedPAC 2007). IHS aggregate HF readmission rate for patients previously admitted with HF (DRG 127) was 9.6% in Q3 2007. St Luke's Hospital, CR was identified by the IHI Transitions Home innovation community as an exemplar site for application of the transitions home model. St Luke's reduced readmissions from 14% to 6% during the IHI innovation initiative. The IHI target is 5% or less.

Focus/Boundaries: Focus for the first segment will be on patients with HF identified on admission who are discharged to home with or without home care and to nursing homes. Cross-continuum partnerships will be developed with home care, nursing homes, physicians and their offices and with patients and their family caregivers.

Measures:

1. 30-day readmissions for patients with HF on pilot units (target 5%)
2. 30-day readmissions for patients with HF house-wide (target 5%)
3. Percentage of HF patients and family caregivers who rate their satisfaction with discharge planning or the transition home at the highest level (90%)
4. Percentage of receivers (home care providers, nursing homes, physician offices) who rate their satisfaction with the amount of patient information and patient and family self-activation related to HF patient transitions home at the highest level. (target 100%)

Timeline:

Phase 1: July 1, 2008 – June 30, 2009
 Phase 2: July 1 2009 – Aug 1, 2010

Team

Senior Leader: Mary Ann Osborn

Chair: Peg Bradke

Co-Leader: Gail Nielsen

Improvement Advisors: Affiliate IAs

Team Members:

Carmen Kinrade
 Joan Boldrey
 Gina Ross
 Kate LaFollette
 Val Edison
 Jim Cushing

Consultants: Gail Nielsen, Pat Rutherford, Jane Taylor, Eric Coleman, MD

Working with your Senior Leader

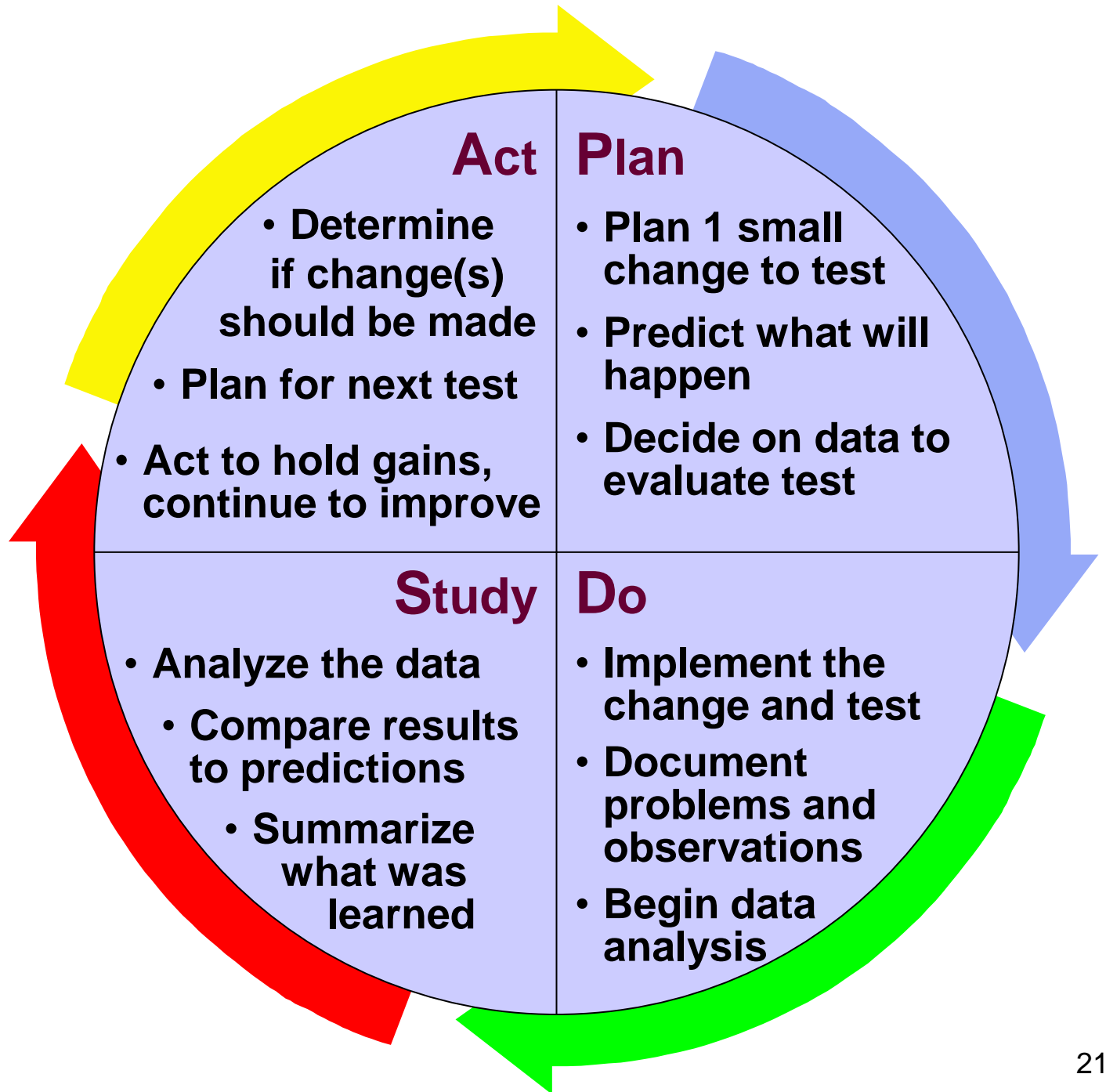
Use your influence to achieve results

- Clarify expectations of your role and others' roles
- Be frank about barriers;
 - Offer possible ideas to help remove or mitigate the barriers
 - Hint and hope doesn't work
- Push for who can/will do what by when – including the senior leader
 - Ask what's possible
 - Include it in the meeting notes/report
 - This is not a 'blame game' -Busy people with a lot on their plates need help remembering and prioritizing

Accelerating Change

- Observe the current process
- Understand the roots of problems before testing changes (Ask 'why?' 5 times)
- Understand the difference between testing and implementation
- Use PDSA cycles for understanding what works or doesn't work
- Do more testing
 - Smaller scale tests-but more of them!
 - Daily cycles keep people engaged
 - **Teams who run more cycles have more success**

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Accelerating Change

- Test with volunteers
- Don't wait to get buy-in, consensus, etc.
- Be innovative to make tests feasible
- Collect useful data during each test
- Test over a wide range of conditions
- Think several cycles ahead
- Use simulation, if needed

Influencing Your Team:

Staying on the Purpose:

- Serve the greater good: review the aim
- Tell stories: why are we here?
 - Patients harmed,
 - Wasted resources
 - Exhausted and frustrated staff
- Check strategic focus: have a chat with your senior leader
- Review the gap: how far are we now from desired state?

Influencing your team

The Value of Small Tests: “Go Slow to Go Fast”

- The more series of testing cycles teams complete, the more teams learn!
- The more teams learn, the more they are capable of making improvements
- If you aren't abandoning some tests; you aren't testing enough
- There is a lot to learn from a failed test

Influencing your team

The Value of Small Tests: Part 2

- Use ideas from the people who do the work
- Ask them which idea to test first
 - Ask why to start with “X” not “Y” reveals a lot about the ideas
 - Testing their ideas builds buy-in and ownership
- Develop ways people can “signal” that a test isn’t working
 - Use Ask Why X 5 to understand
 - Use their ideas for adapting the next tests
- Encourage the team to include patients and carers in ideas to test

Influencing Individuals

Bridging

1. Start with the interest of the person or team
e.g. “I know your unit is overwhelmed with the critical patient workload and would like to help you find ways to free up time to breathe.”
2. Next move to common interests e.g. “We are all struggling to find ways to reduce readmissions.”
3. Finally discuss your ask or needs e.g. “Since other teams have found this Teach Back reminder system helps reliability, can I get you to run one small test with one patient tomorrow?”

Recommendations from *Crucial Conversations*

When you need to have a CC with someone but worry that your motives may be misunderstood:

- Begin with a statement about your worry, e.g. “I know you are committed to our team’s success.”
- Then make the request, e.g. “I need you to show up at our next 2 meetings for a few minutes.”
- Don’t connect the two statements with “but” or other connectors that negate the opening statement

Recommendations from *Influencer*

Changing people's minds: honor choice

- Replace judgment with empathy, and
- Replace lectures with questions
 - *Motivational interviewing* uses nondirective questions to help others examine what is most important to them and the changes that would be required to live within their values
- Surrender control: rather than directives, give people options that resonate (the power of the committed heart)
- Immerse people in activity that promotes learning: get quickly to diagnostics and tests of change

Questions?

Comments?

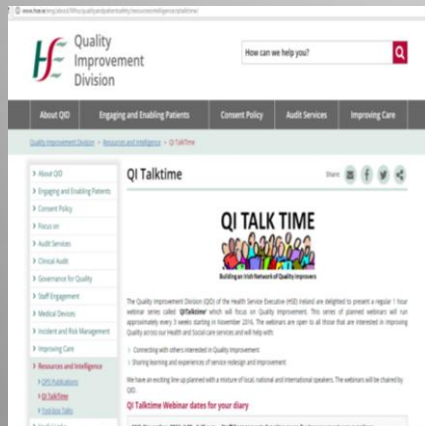
Ideas?

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- Follow us on Twitter @QITalktime



- Watch recorded webinars at your convenience on HSEQID QITalktime page



Next Webinar:

Tues 21st March 1-2 pm:

Staff Engagement- creating space for Improvement Conversations. *Speakers – Juanita Guidera & Libby Kinneen*



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Thank you and stay tuned.....

- Thank you from all the team @QITalktime



Dr Mary Browne



Roisin Breen



Noemi Palacios