

# WEDNESDAY SESSIONS

## CLOSING GENERAL SESSION

### YIPPEE, ANOTHER DAY IN PARADISE!...DRIVING NEGATIVITY OUT OF THE WORKPLACE

Liz Jazwiec, RN

Liz Jazwiec's session is designed to provide you with techniques to make positive thinking work for you and your colleagues. You'll learn how to engage your team to create a more productive, enjoyable workplace while increasing individual accountability. Join Liz, author of the bestselling book, *Eat THAT Cookie*, as she describes her personal story, laced with her notorious humor and effective tools to manage morale, eliminate victim thinking, and have fun.

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## CONCURRENT SESSIONS (10-11 AM)

### (1201) QUALITY AND THE REVENUE CYCLE: WHAT QUALITY PROFESSIONALS NEED TO KNOW

Kim Charland, BA RHIT CCS

 **Emerging Professional**  
 **Quality Review & Accountability**

This session is intended for professionals looking to better understand the revenue cycle, its financial impact, and its relationship to quality as the shift from Fee-for-Service payment to Value-Based payment occurs. Quality reporting continues to expand in many patient care settings and is becoming increasingly linked to performance and payment for services. As a result of this, Quality departments are now an integral part of the revenue cycle. It is important that Quality Professionals have an understanding of the financial side of quality-based payment programs and Alternative Payment Models. This presentation will discuss various revenue cycle functions such as payer contract negotiations, charge strategies, pricing, charge capture, coding, payments and payment reconciliation and offer tips for navigating these challenging items.

#### Learning Objectives:

1. Identify revenue cycle processes and financial impact associated with the quality movement.
  2. Identify potential process gaps at your organization.
  3. Integrate improved process strategies into the revenue cycle to positively impact quality data reporting and financial outcomes.
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### (1202) LEADERS FACILITATING CHANGE

Dawn Allbee, MA

 **C-Suite/VP, Directors/Managers**  
 **Performance & Process Improvement, Leadership**

This session is intended for leaders seeking practical approaches to plan for, support and lead change. Healthcare is in the midst of unprecedented change. Many organizations' change initiatives fail due to the lack of focus on the people side of change. Incorporating Robust Process Improvement methods – which include Lean, Six Sigma and formal change management processes – can give healthcare organizations the process improvement tools needed to achieve strategic and operational goals and tackle complex, multi factorial issues in today's healthcare environment. This session features a high-level overview of RPI and a detailed look at tools and approaches for leading change and sustaining performance gains. Learn to work through resistance and understand how culture can help or hinder the efforts to improve performance at your organization. Master Change Agents who have experience in working with healthcare organizations will present a simple, four-component change management model. Participants will walk away with practical change management tools to facilitate successful change initiatives and to enhance their daily work processes.

#### Learning Objectives:

1. Discover a blended approach to robust process improvement.
  2. Develop an understanding of the importance of culture and the role of change management in sustaining improvements.
  3. Employ the core components of the Facilitating Change™ model.
  4. Apply tools and concepts to daily work.
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# WEDNESDAY SESSIONS

## (1203) BIG DATA, BIG INSIGHT - UNLOCK THE POWER OF HEALTHCARE ANALYTICS

Sam King, MBA MPH CPHIMS CPHQ FHFMA FHIMSS

 **Data Analytics Professional**  
 **Health Data Analytics, Performance & Process Improvement**

This interactive session will present an overview of leveraging technologies and data analytics in healthcare organizations, and introduce strategies to achieve financial, clinical and operational goals. With real world examples of big data and healthcare analytics to explain the basic framework, we will dive into applications and best practices utilized by healthcare organizations with an easy to understand format and interactivity.

A lot of people are afraid of dealing with data and analytics. We approach them with easy to relate examples and an interactive style so that they can follow and appreciate big data and healthcare analytics and how they can use them in their day-to-day work.

### Learning Objectives:

1. Discuss basic framework, trends, and innovation in big data and healthcare analytics.
2. Examine big data developments in healthcare and its implications.
3. Identify strategy and critical areas to leverage healthcare analytics, such as healthcare quality.

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## (1204) WHEN C. DIFF HITS THE FAN: HIGHLY RELIABLE PROCESSES KEY TO HOSPITAL-ACQUIRED CLOSTRIDIUM DIFFICILE REDUCTION

Janice M. Maupin, RN MSN CPHQ

 **Directors/Managers, Quality & Safety Professional**  
 **Performance & Process Improvement, Leadership**

This session is intended to demonstrate the effectiveness of high reliability in the face of serious healthcare failures. In early 2014, Mercy Health hospitals were described by local news reports as having some of the highest hospitals-acquired Clostridium difficile infections (CDI) in the nation. The Board immediately set an urgent agenda for improvements across our five hospitals. This presentation will illustrate how this health system decreased its CDI rates by 49% in two years by utilizing the five principles of high reliability. We became sensitive to operations related to the infection process by realigning our Infection Prevention system structure and closely studying every step and detail of the process. We did not accept simple explanations and became obsessed with every CDI failure. We deferred to expertise, both outside the organization through Association for Professional in Infection Control (APIC) and our state QIO, as well as front line staff at the bedside, and we became extremely resilient with every PDSA cycle. Our greatest challenge was convincing every single staff member and physician that their practices had to change. All of this will be reviewed in detail in the presentation.

### Learning Objectives:

1. Describe five principles of high reliability.
  2. Provide examples of high reliability principles and their effect on clinical processes.
  3. Describe practical interventions to reduce the incidence of hospital acquired C. difficile infections.
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## WEDNESDAY SESSIONS

### (1205) IMPROVING QUALITY BY PROVIDING TIMELY FEEDBACK AMONG PATIENTS, FAMILIES, AND PROVIDERS/STAFF

*Celene Wong, MHA; Martie Carnie*

 **Community & Care Transition Leaders**  
 **Population Health & Care Transitions, Performance & Process Improvement**

This session is intended to demonstrate how providing feedback at or close to the time of performance is vital for both general learning effectiveness and quality improvement in health care. Our pilot innovation to improve quality involved the following broad steps. First, we engaged patient/family advisors in the adaptation and refinement of existing measures, to develop a direct, observational Patient-Centered Care Tool (PCCT) for recording behaviors of primary care providers and staff during patient encounters. Next, in partnership with the medical director of a primary care practice, we trained patient/family advisors as observers, to record patient-centered behaviors and to give feedback on those behaviors to providers and staff. Finally, although we hoped that feedback could be provided immediately upon the conclusion of a visit, the reality of scheduling resulted in the patient/family advisors, clinicians, and staff meeting at the end of a provider's session for this important and practice-transforming discussion. Our goal was to make patient family advisors active partners with providers and staff to improve the patient experience.

#### **Learning Objectives:**

1. Identify and define patient centered care principles.
  2. Determine engagement strategies for patient/family advisors to provide feedback in their own clinical setting.
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### (1206) HAC OR MHAC: IMPROVING QUALITY TO INCREASE REIMBURSEMENT

*Debra O'Connell, CPHQ*

 **Regulatory/Accreditation Professional, Emerging Professional**  
 **Regulatory & Accreditation, Performance & Process Improvement**

The session will demonstrate strategies to decrease hospital acquired complications and increase reimbursement from either the CMS HAC program or the Maryland MHAC program. Participants will learn about the differences between the CMS HAC program and the Maryland MHAC program and strategies utilized to improve patient quality of care when implemented. Detailed reviews of each hospital acquired condition to address specific issues, continued education, implementation of new patient care initiatives, documentation adjustments by clinicians and utilizing multi-disciplinary teams helped to accomplish the goal. Obstacles included lack of physician engagement, length of time for implementation and program changes. Key to overcoming these obstacles were continued education about the impact at department level physician meetings and transparency. A multi-disciplinary process was used because hospital acquired complications are a result of patient quality of care and impact hospital reimbursement with rewards and penalties. A 35% reduction in hospital associated complications from 2013 to 2015 resulted in a \$500,000 reward. Failures include lack of improvement for some conditions.

#### **Learning Objectives:**

1. Differentiate between the similarities and differences in the CMS HAC program and the Maryland MHAC program.
  2. Give examples of strategies to implement to decrease hospital acquired complications.
  3. Lists key players to include on multi-disciplinary teams that will have clinical input on the analysis and improvement of hospital acquired conditions.
  4. Describe multi-disciplinary and collaborative processes to enhance organizational success with decreased hospital acquired conditions and increase reimbursement.
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# WEDNESDAY SESSIONS

CONCURRENT SESSIONS (11:15 AM–12:15 PM)

## (1301) ELECTRONIC CLINICAL QUALITY MEASURES: THE FUTURE IS NOW!

*Kathryn A. Lesh, BC MS PhD RN CPHQ*

 **Regulatory/Accreditation Professional, Emerging Professional**  
 **Regulatory & Accreditation**

The purpose of this session is to provide a high level overview of electronic clinical quality measures (eCQMs), the differences between chart-abstracted clinical quality measures and eCQMs, the standards and tools used to create and report eCQMs, and the impact of eCQMs on the participants and their organizations. eCQM submission is now required by several CMS quality reporting programs and more CMS programs will be adopting eCQMs. The new CMS Quality Payment Program incorporates the Medicare EHR Incentive Program for Eligible Professions and ultimately quality performance scores will be calculated from eCQM results.

There is a real need for clinicians and quality practitioners at all levels to participate in the eCQM development process. Information resources such as the CMS Quality Measure Development Plan and the Electronic Clinical Quality Improvement Resource Center will be discussed. Opportunities for participating in eCQM development will be shared and exchange of ideas between participants will be encouraged.

### Learning Objectives:

1. Explain the differences between chart abstracted clinical quality measures and electronic clinical quality measures.
2. Provide examples of tools and standards used to create and report electronic clinical quality measures.
3. Relate the importance of participation in electronic clinical quality measure development..

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## (1302) PROCESS CAPABILITY ANALYSIS: INSIGHT TO EXCELLENCE

*Robert Sutter, RN MBA MHA; Thomas Burroughs, PhD*

 **Directors/Managers, Data Analytics Professional**  
 **Health Data Analytics, Performance & Process Improvement**

This session is intended for professionals seeking a better understanding of Process Capability Analysis, which is a valuable quality improvement analytical technique that provides insight into where to focus quality improvement efforts to achieve excellent process performance.

The problem to be solved was garnering attention that the current time to percutaneous intervention (PCI) was not consistent with delivering excellent performance and quality improvement efforts were required to make the process capable of meeting the standard of 90 minutes.

In order to garner attention and direct quality improvement efforts to improve PCI time, I conducted process capability analysis to highlight that the process was not capable of meeting the standard of 90 minutes.

The main obstacle encountered was a lack of knowledge about process capability analysis. My approach consisted of education regarding process capability analysis and displaying the results of the analysis and the impact of the current process performance on defects. As a result, a system wide effort was launched to improve the process capability of PCI time.

### Learning Objectives:

1. Identify how process capability analysis highlights quality improvement opportunities previously not identified.
  2. Describe the three components of process capability analysis and how to apply them to quality improvement.
  3. Explain how hypothesis testing of process capability indices is conducted.
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# WEDNESDAY SESSIONS

## (1303) IMPLEMENTING OBSERVATIONS AND VISUAL MANAGEMENT SYSTEMS FOR PERFORMANCE IMPROVEMENT

Jennifer M. Simmers, LSSBB

 **C-Suite/VP, Directors/Managers**  
 **Performance & Process Improvement**

This session is intended for leaders looking to ignite your workforce's problem-solving creativity through observations and visual management systems.

Problem-solving often comes without deep insight into the processes where the issues occur. Implement a checklist, extinguish this fire/move onto the next, launch an EMR best practice alert, ignore this problem and hope it goes away...these are many of the strategies we employ when facing issues. More often than not, no benefits are realized.

At the University of Virginia, we are enhancing our performance improvement and problem-solving capabilities through the use of observations and visual management systems. Our "Be Safe" initiative/culture change has helped us mitigate and make obsolete numerous quality and safety problems.

Key to improving a process is real-time observations followed by thorough discussions, both of which are performed by the people that do the work. Crucial metrics need to be on display and discussed regularly via visual management tools.

Session participants will see the benefits of observation and visual management systems, taking ideas back to their own institution to improve the viability and safety of their own processes.

### Learning Objectives:

1. Identify the benefits of employing observations into problem solving.
  2. Select at least one area in their institution that they can attempt to implement a visual management system with staff engagement.
  3. Compose the beginnings of their own visual management system.
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## (1304) BRINGING HEALTHCARE TEAM PERFORMANCE MEASUREMENT INTO A QUALITY SYSTEM

Mark A. Smith, MD MBA FACS

 **Directors/Managers**  
 **Quality Review & Accountability, Performance & Process Improvement**

This session is intended to describe how to move toward team performance measurement in healthcare. Historically, healthcare performance has been measured either on an individual basis or on the entire patient population level. Yet, healthcare delivery has migrated towards a team approach in most areas today. This discussion will point towards the problems of identifying what defines a healthcare team and how to establish a process to do this in an organization. Next, defining and implementing performance measures or indicators will be discussed. Finally, we'll look at methods of analyzing and reporting such team care delivery results and how they can impact the performance improvement program.

### Learning Objectives:

1. Identify at least three factors that define a healthcare team.
  2. Describe an approach to creating performance indicators for teams.
  3. Describe three ways that these measurements can impact performance improvement.
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# WEDNESDAY SESSIONS

## (1305) HQ TALKS

### (A) EFFECTIVE INNOVATION STRATEGIES TO SUPPORT CAUTI PREVENTION USING MOBILE TECHNOLOGY

Kate O'Neill, DNP RN

 Performance and Process Improvement; Quality Review and Accountability

This session will share innovative strategies using mobile technology and gamification to support frontline staff engagement to reduce CAUTI events. Healthcare is embracing mobile technology at the point of care, yet challenges remain with limited resources and growing complexity. CAUTIs are one of the most common hospital acquired conditions resulting in over 13, 000 deaths annually, therefore new approaches are critical.

The project aimed to close gaps in CAUTI best practices by providing a technology driven solution to enhance staff knowledge and workforce engagement. The project was implemented over 10 weeks in hospital settings with 50 RN's, using a multi-modal, time-series intervention design, incorporating a mobile technology platform with online gamification and CAUTI educational activities. Outcomes measured staff engagement, nursing knowledge and uptake of mobile technology.

Staff were hesitant to embrace the online tools, but were very favorable to accessing technology after accruing online activity points and social gamification rewards.

Project demonstrated 300% reduction in Foley device days; 20% increase in staff CAUTI knowledge ( $p < .02$ ); exponential increase in "active" staff engagement; and positive technology adoption for real-time access to just-in-time learning.

#### Learning Objectives:

1. Understand principles of mobile technology as a platform to support frontline staff engagement in "real-time" to improve quality patient safety.
2. Analyze gamification and social reward behaviors as positive reinforcement model to drive staff engagement and reduce adverse events.
3. Evaluate a multi-model education program to serve as a platform for frontline practice change and staff accountability

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### (B) OUTCOMES OF ADDING PATIENT AND FAMILY VIDEO ENGAGEMENT EDUCATION

Angela Opsahl, DNP RN CPHQ

 Performance and Process Improvement; Quality Review and Accountability

The purpose of this presentation is to describe the impact of a video educational intervention for patients and families added to the current fall prevention bundled interventions at a Midwest suburban 92 bed acute care facility. Nurses strive to help reduce risk and ensure patient safety from falls in health care systems designed to prevent and mitigate hospital errors. Our patients/families are additionally able to take a more active role in reducing falls. The study design for determining changes after implementation of the intervention was quasi-experimental. Data were collected from a convenience sample incorporating patients from two pre-selected units (Orthopedic and Medical-Surgical) and all nursing staff participating in the study. The utilization of a pretest/post-test design for comparison of monthly and quarterly fall rate reports before, during, and after video implementation guided the study. The implementation of this quality improvement intervention across two different patient populations achieved unit benchmarks and reduction in patient fall incidence.

#### Learning Objectives:

1. Identify opportunities for clinicians and quality professionals to impact positive patient outcomes from the use of an educational fall prevention video
  2. Application of support video education for patient/families related to fall prevention within the inpatient setting
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# WEDNESDAY SESSIONS

## (C) SOLID ORGAN FLOW PROCESS MAPPING: ENGAGING TEAMS WHILE PRIORITIZING INITIATIVES

Shannon A. Finley, MSN RN; Beverly Seaberg, BSN RN

 Performance and Process Improvement; Quality Review and Accountability

**University of Arkansas for Medical Science (UAMS) Quality Management Department (QMD) utilized LEAN principles and quality tools to track the flow of solid organs through our facility from the time of Organ Procurement Organization (OPO) notification until time of transplantation. This project stemmed from the Solid Organ Transplant Team's dependence on the Surgical Services Department's accurate documentation to meet 100% regulatory compliance. Neither department truly realized how heavily they influenced the other's quality reporting for scorecard improvement or regulatory compliance. QMD gathered nursing directors, scheduling coordinators, educators, and leadership from both departments and set up bi-monthly workgroups. QMD presented regulatory requirements for solid organs and tissue management; created process flow maps; gathered data and presented findings that led to multiple small work groups. A QMD Nurse Lead tracked the flow of ten solid organs, independently of either department, to identify any system issue hindering processes. The Nurse Lead updated data and led the bi-monthly workgroups to dissuade departmental opposition. This project has promoted multi-department team engagement, improved regulatory compliance and prioritization of group initiatives.**

### Learning Objectives:

1. List three ways that Healthcare Quality Professionals can facilitate communication between two departments in an acute care setting.
1. Explain two ways that data can be used to integrate multi-departmental performance improvement initiatives.
2. Describe one way that two departments can heavily influence the other's regulatory compliance.

## (1306) CREATING A HOSPITAL-WIDE QUALITY REVOLUTION

Nolan J. Bybee, RRT MBA; Misty Gordon, RN BSN

 Emerging Professional

 Patient Safety, Performance & Process Improvement

This session is intended for emerging or mid-career professionals and will describe the cultural change process one hospital went through to make quality and continual improvement central to care delivery.

Madison Memorial Hospital started a quality revolution in order to improve patient outcomes and satisfaction. Prior to the Quality Revolution it was the Quality Department who managed the majority of the quality improvement initiatives throughout the hospital. The Quality Department received data, lists of PI projects, or a verbal request for Quality to "fix" their departments. When we started this culture change our hope was to improve employee engagement, and at the same time, create an environment where patients and families are center to the care delivery. This was a huge project, which involved implementing three formal culture and quality change phases. Each was indented to take the organization one more step forward. Like any revolution continual improvement continues to be our central focus.

In order to create accountability, we built the following measurements into our employee evaluations: improvement with key safety measures, hospital-acquired adverse events, 30 day re-admissions, overtime, supply cost, variance from staffing standards, HCAHPS, and staff turnover. We have also seen an increase in the number of performance improvement projects.

### Learning Objectives:

1. Outline our process for implementation of culture change.
2. List what quality improvement tools are available to drive change.
3. Share tools for success.
4. Provide what worked well and what continues to be a challenge.
5. Present what we do to ensure continued stability of the project.