Mastering Phase 2: Building your Organization’s Culture of Quality Improvement

Elizabeth Arend, MPH
Quality Improvement Advisor

National Council for Behavioral Health
Montefiore Medical Center
Northwell Health
New York State Office of Mental Health
Netsmart Technologies
Elizabeth Arend, MPH
Quality Improvement Advisor
National Council for Behavioral Health
ElizabethA@TheNationalCouncil.org

Donna Friedman, PhD, LCSW
Executive Director
Riverdale Mental Health Association
dfriedman@RMHA.ORG

Mayra Estrada-Cruz, LCSW
Deputy Executive Director
Riverdale Mental Health Association
mestrada@RMHA.org
<table>
<thead>
<tr>
<th>CMS Change Package: Primary and Secondary Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient and Family-Centered Care Design</strong></td>
</tr>
<tr>
<td>1.1 Patient &amp; family engagement</td>
</tr>
<tr>
<td>1.2 Team-based relationships</td>
</tr>
<tr>
<td>1.3 Population management</td>
</tr>
<tr>
<td>1.4 Practice as a community partner</td>
</tr>
<tr>
<td>1.5 Coordinated care delivery</td>
</tr>
<tr>
<td>1.6 Organized, evidence-based care</td>
</tr>
<tr>
<td>1.7 Enhanced access</td>
</tr>
<tr>
<td><strong>Continuous, Data-Driven Quality Improvement</strong></td>
</tr>
<tr>
<td>2.1 Engaged and committed leadership</td>
</tr>
<tr>
<td>2.2 <strong>QI strategy supporting a culture of quality and safety</strong></td>
</tr>
<tr>
<td>2.3 Transparent measurement and monitoring</td>
</tr>
<tr>
<td>2.4 Optimal use of HIT</td>
</tr>
<tr>
<td><strong>Sustainable Business Operations</strong></td>
</tr>
<tr>
<td>3.1 Strategic use of practice revenue</td>
</tr>
<tr>
<td>3.2 Staff vitality and joy in work</td>
</tr>
<tr>
<td>3.3 Capability to analyze and document value</td>
</tr>
<tr>
<td>3.4 Efficiency of operation</td>
</tr>
</tbody>
</table>
Phase 1 = Transformation Planning

- Big picture perspective
- Lays out your organization’s long-term plan to get ready for value-based payments
- Identifies point-people and timeframes for each transformation goal
Phase 2 Quality Improvement PAT Milestones

- **Milestone 14**: Choosing a formal QI approach
- **Milestone 15**: Building QI Capacity
- **Milestone 16**: Transparent monitoring & closing the feedback loop
Milestone 14: QI Approach Common Threads

✔ Continuous improvement is a high priority for everyone
✔ Quality improvement is a team effort
✔ Focus of improvement is on process, not individuals
✔ Quality improvement must be data-driven
✔ Information must be communicable
✔ Documentation is essential
What is PDSA?

• An iterative four-step problem-solving process typically used for process improvement

• Guides the test of a change to determine whether the change is an improvement
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act
Plan
Study
Do
P = Plan

• Why do this? What do we hope to achieve? Does it fit our overall mission and our transformation plan?
• Who needs to participate?
• What are the expected outcomes?
• What *exactly* will we do, and for how long?
• How will we monitor and measure success?
• How will we communicate our results?
D  =  Do

• Determine your baseline
• Implement your interventions
• Monitor the results over time
• Analyze, compare with past performance
S = Study

Get your team together, and evaluate the results and discuss. Is the new process, strategy or improvement:

• Useful?
• Practical?
• Cost-effective?
A = Act

• If it works, implement, disseminate results, publicize, do training, tell the Care Transitions Network about it, shout it from the rooftops, and maintain gains!

• If it doesn’t work, that’s OK! Go back and start the cycle again!
Example: Riverdale Mental Health Association
Milestone 15: QI Capacity Building

In a VBP world, all staff must be empowered to apply PDSA to:

- Speak up and identify problems
- Work together to determine root causes and come up with possible solutions
- Use data to monitor progress and drive decision-making
- Learn from failure and celebrate success
QI should be included in...

- Job descriptions
- Onboarding/new hire orientation
- Ongoing in-service training
- Group and one-on-one supervision
- Professional development opportunities
- Performance evaluations
- All-staff and department level meetings, emails, newsletters and other forms of communication
But success depends on...

• An organizational culture that encourages and rewards innovation, and does not stigmatize failure
• Supportive leadership and supervision
• Opportunities to share learning
• Effective communication (Milestone 16!)
Milestone 16: Transparent Monitoring & Follow Up

• What kind of data do you currently collect?
  • Productivity rates, show rates, and cancellations
  • PHQ-9 scores
  • Hospital re-admission rates
  • Patient satisfaction and feedback
  • Care Transitions Network data dashboard

• How do you determine benchmarks and set goals?
• How do you share the data, with whom, and how often?
• If you identify a concerning trend in the data, how does your organization respond?
Make it Visible!

- Share your goals and performance data—including client feedback—with your **entire team**
- Remember: communicate six different times—six different ways
- Celebrate success and reinforce your mission
- Put cute dog pictures on your bulletin boards!
Transparently demonstrating your organization’s performance...

• Reinforces your mission
• Helps keep staff focused on the big picture
• Builds trust
• Increases joy in the workplace (Milestone 19!)
Quality Improvement in Real Life
PDSA in Real Life: Getting Started

• **Define the nature and scope of the QI project.** Be crystal clear about what you are trying to accomplish.

• **Not sure where to start? Ask your staff.** What about the day is most frustrating for your team? Ask them! You’ll get a lot of ideas that have buy-in for improvement!

• **Start small.** Get familiar with the process and methodology; set yourself up for an early win

• **Set SMART goals:** specific, measurable, attainable, realistic and time-bound
PDSA in Real Life: Getting Organized

• Have a clear and consensual definition of your purpose (write it down!)
• Develop a work plan, with specific tasks, responsibilities, and timeline (you can modify and revise as you go along)
• Have designated, rotating minutes-takers and facilitators
• Circulate minutes to members within a day or two
• Keep records of your discussions and exercises (brainstorming lists, fishbone diagrams, baseline data, etc.)
<table>
<thead>
<tr>
<th>QI Risk</th>
<th>QI Remedy</th>
</tr>
</thead>
</table>
| Politics         | • Cultivate buy-in for shared goals  
                      • Break down silos through multidisciplinary teams                                                                                     |
| Conflicting      | • Embrace “constructive conflict,” address everyone’s concerns and needs                                                                    |
| interests        |                                                                                                                                 |
| Scaling-Up       | • Plan carefully to go from pilot to scale-up across the organization                                                                      |
| Change           |                                                                                                                                 |
| Sustaining       | • Start with the end in mind  
                      • Be patient—cementing new habits takes time  
                      • Keep collecting and sharing performance data to avoid losing gains                                                                        |
| Change           |                                                                                                                                 |
QI Resources

Care Transitions Network webinars
• Rapid Cycle Change
• Lean and Mean During Times of Transformation: Engaging Leadership and Creating Operational Efficiencies
• Data Jams

Support and Alignment Network Resources
• Network for Regional Healthcare Improvement (NHRI) Quality Improvement modules (available at www.caretransitionsnetwork.org)
• AMA Steps Forward PDSA Module
QI Resources

PDSA Tools and Training Material

• CMS’s PDSA template
• AMA Steps Forward PDSA Module

Root cause analysis templates

• Fishbone diagram
• The Five “Whys”
QI Resources

Primary and Behavioral Health Care Integration Evaluation and Data Use Tool Kit: http://www.integration.samhsa.gov/pbhci-learning-community/toolkit-evaluation-quality-improvement

Data Visualization

• Storytelling with Data: A Data Visualization Guide for Business Professionals by Cole Nussbaumer Knaflic
Questions?
This webinar was brought to you by...
Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

The project described was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

Disclaimer: The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.