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BOOST LEARNING SESSION #1

1. YOUR TEAM NAME HERE

Think of a fun and creative team name. Write your ideas here and deliberate and choose one with your team

2. MAKING YOUR MESSAGES STICK

A. A SUCCESS acronym

    i. Attention: Is your message interesting?

    ii. Simple: Is your message clear?

    iii. Unexpected: Is your message surprising?

    iv. Concrete: Is your message easy to understand?

    v. Credible: Is your message believable?

    vi. Emotional: Is your message inspirational?

    vii. Story: Is your message motivating?

    viii. Short: Is your message concise?

B. Engage the heart, then head, then hands (emotions, thoughts, then actions)

C. More on this later (stay tuned for this at Learning Session #2)

A SUCCESS!

> **Sticky Messages talk from IHI National Forum:**
> http://app.ihi.org/FacultyDocuments/Events/Event-3135/Presentation-17018/Document-14598/Presentation_D3E3_Leave_the_Forum_with_a_Sticky_Message_update12.10.pdf

3. BOOST COLLABORATIVE AIM STATEMENT

By the end of the 12 months, the aim of the *Provincial BOOST Collaborative* is to provide equitable access to integrated, evidence-based care to help our population of clients with OUD achieve:

i. 95% have an active OAT prescription
ii. 95% of those clients with an active OAT prescription will be retained on therapy for greater than 3 months
iii. 100% of teams have a process to monitor and incorporate the patient voice

4. OPERATIONAL DEFINITIONS FOR COLLABORATIVE MEASURES

#	Core Measure	Definition/Numerator	Denominator	Target
1	**Population of Focus (POF)**	Clients diagnosed with an opioid use disorder and receiving OUD care from the participating team.	N/A	N/A
2	**Active OAT prescription**	Clients with a current OAT prescription that has an end date of the same day or a later date regardless of dose.	POF	95%
3	**Retention on OAT for >3months**	Clients with an OAT prescription for an un-interrupted period of 3 months or greater.	POF with an RX start date of 3 months or greater	95%
4	**Patient Voice Process**	Participating teams with a regular and ongoing process in place to capture the patient voice.	Total number of participating teams	100%

i. Uninterrupted retention means: without the need to go back to the OAT starting dose. This is different based on the OAT
ii. Regular/ongoing patient voice process: Teams need to have a documented process in place. How often, who and how the patient voice is captured is necessary.

5. KEY ELEMENTS FOR DEVELOPING A POPULATION OF FOCUS

    i.   Use a standard diagnosis code – we used 304.0 opioid use disorder in our EMR for the Vancouver BOOST Collaborative

    ii.   Consider assigning an MRP to each client

    iii.   If there are multiple clinics on the same EMR, ensure the client is tagged with the correct Point of Service (POS)

B. Consider building your Population of Focus list as your clients come into the clinic. If we assume that most of our clients with OUD will come into the clinic within a few months, we can quickly get to a reasonable list for our POF, and start testing changes and measuring for this list of clients.

C. Assess your clinic process. Could someone on your staff start maintaining a simple Excel spreadsheet to track your POF? Who is most suitable to do this?

D. Most of the information that is needed about the client is contained on the OAT prescription. If you are able to start building a list of your clients with OUD, and keep track of a few details (OAT, dose, and Rx start and end dates), you are off to a good start. For measurement of retention, you just need to know when they last restarted OAT.

	A	B	C	D	E	F	G	H	I
									fx =-DAYS(G2, A2)
1	Date	Patient ID	OAT	dose	Start	End	MRSD	MRP	Retention (days)
2	15-Jan	1	methadone	50	15-Jan	02-Feb	01-Jan-17	Dr X	744
3	27-Jan	2	Suboxone	24	28-Jan	07-Feb	15-Jan-19	Dr Y	12
4	15-Jan	3	Kadian	400	15-Jan	27-Jan	28-Dec-18	Dr Y	18
5	16-Jan	4	none					Dr Z	
6	05-Jan	5	methadone	100	05-Jan	31-Jan	12-Oct-18	Dr X	85

E. Tracking of the POF can be automated with EMR solutions. In Vancouver, we developed and implemented a solution for Profile EMR, and a solution for Oscar was in development.

6. PDSA CYCLES – CREATING A PLAN

A. Refer to the IHI PDSA Worksheet (short version) – first page with "Plan"

7. DEVELOPING CHANGES

A. Don't do it all by yourself! A team approach is best (including end users, patient voices, EMR developers, leadership, etc).

B. Creative thinking is encouraged!

C. Driver diagrams (more on this later)

D. The 5 Whys

E. Best practices or Guidelines

F. Benchmarking – seeing what other successful teams are doing, what is working

G. Lessons from other industries like aviation

H. QI literature, journals

I. IHI programs (storyboards, abstracts, Collaboratives, etc.)

J. ***Change packages (from Collaboratives)***

K. 72 Change Ideas (See *Improvement Guide, 2nd edition*)

Another Source: "Change Concepts and Ideas" (2013) *Health Quality Ontario*, http://www.hqontario.ca/Portals/0/Documents/qi/qi-change-concepts-and-ideas-primer-en.pdf

L. Process Mapping

M. QI essentials toolkit from IHI

N. TRIZ activity
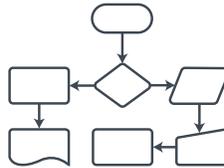
    i. **Make a list** of all you can do to make sure that you achieve the worst result imaginable with respect to your top strategy or objective.

    ii. Go down this list item by item and **ask yourselves**, 'Is there anything that we are currently doing that in any way, shape, or form resembles this item?' Be brutally honest to make a second list of all your counterproductive activities/programs/procedures.

    iii. Go through the items on your second list and **decide** what first steps will help you stop what you know creates undesirable results?

Source: "TRIZ," *Liberating Structures*, http://www.liberatingstructures.com/

8. THE BOOST CHANGE PACKAGE

See the Change Package document

9. MEASURING FOR IMPROVEMENT

A. Why we measure anyway, a recap

    i. Understand current performance

ii.   Minimize cognitive biases

iii.   Communicate clearly about our efforts and outcomes

iv.   Know if we have reached our aims

v.   Keep score

B. Who are we measuring – remember that we need a **Population of Focus** list that accurately reflects the group of clients who we are seeing for OUD care

i.   If we leave people on our list who we are NOT seeing, we dilute our change efforts

ii.   If we miss people we are seeing, then we don't detect improvements as easily

iii.   For Population of focus development:

1. *Assign standard dx code (eg. 304.0 opioid use disorder)*

2. *Assign MRP*

3. *Ensure accurate clinic (POS) if multiple clinics on EMR*

iv.   Most of the information that is needed about the client is contained on the OAT prescription. If you are able to start building a list of your clients with OUD, and keep track of a few details (OAT, dose, and Rx start and end dates), you are off to a good start. For measurement of retention, you just need to know when they last restarted OAT.

I2		fx	=-DAYS(G2, A2)						
	A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
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C. Collaborative-level measures

i.   These are the measures that you will report each month for the entire Collaborative. Our central team will collate these to see how we are doing as a whole. (See #5 above for operational definitions of these four measures.)

D. PDSA-level measures

i.   These are the measures specific to the PDSA cycles you are planning. Your measures should include Process, Outcome, and Balancing measures. You can also consider recording some qualitative data/feedback.

ii.   THREE types of Measures

IF we do this, THEN this will happen, BUT this may also happen

OUTCOME	PROCESS	BALANCING
· Based on your Aim Statement (usually) · What is better for the patient/customer? · What is the result of the new process/procedure? · What, ultimately, will be better? (not what are you trying to "do")	· Voice of the system · What is being done differently that we want to capture? · What is now being done consistently?	· What unintended consequences might occur? · What are we worried about – that we can do something about?
Example 1: Median wait time from referral to seen by specialist	Example 1: Percent of referrals to the specialist that have complete information	Example 1: Median wait time from specialist appointment to date of surgery
Example 2: Percent of patients with a Surgical Site Infection	Example 2: Percent of patients with appropriate hair removal according to best practice	Example 2: Staff satisfaction with new forms for Surgical Site Infection guidelines

1. IF = Process
2. THEN = Outcome
3. BUT = Balancing

Sports analogy – If winning the game is our outcome measure, then numbers on the scoreboard are process measures. Knowing the score is a vital part of playing to win.

KEY POINT – Not all process measures should be measured for the entire duration of your project. Some process measures may be dependent on the particular changes you are testing in your PDSA cycles.

iii.   Choosing your measures
1.   These can be continuous measures like weight or height, counts, classifications, proportions, people's thoughts and feelings, ratings, rankings, etc. – See Improvement Guide 2nd edition pg. 29
2.   The measures will ideally leverage pre-existing processes and data sources so that the work of collecting the data is minimized
3.   Opportunity for creative thinking, team involvement
4.   Choose measures that report on key drivers for your project (more on Driver Diagrams later in PLQI)

iv.   Define your data collection plan
1.   What will be measured? (**Operational definitions** required – see below).
2.   Who will be measuring it?

3. When and how often will it be measured?
4. Book time in schedule or calendar to do the measurement (and consider setting reminders, tasks, etc.)
5. **KEY POINT** – Measurement must be done over time, not just once. More time points often provide more insight.

v. Operational definitions

1. What is the measure?
2. Inclusion/exclusion criteria
3. Calculations required
4. Tools required
5. Sample sizes
6. Sampling strategy
7. Subgroup frequency
8. Data collection plan (see above)

E. Tools to learn from variation in data

i. Run Charts

1. Helps make process performance visible
2. Helps determine if change is an improvement
3. Helps determine if improvement is sustained
4. Easy to use Run Chart Rules to detect significant changes
   a. Shifts (6 or more above or below median)
   b. Trend (5 or more decreasing or increasing)
   c. Too many or two few runs (need to stratify?)
   d. Astronomical data points

ii. Shewhart Charts (Statistical Process Control Charts)

1. Similar to run charts, better at assessing variation
2. Upper and lower control limits corresponding to 3 standard deviations above or below

iii. Frequency Plots (histograms)

1. Sometimes these give a richer picture of the improvement process (eg. is if histogram if shown along with a threshold outcome measure)

iv. Pareto Charts

1. Allow us to target our improvement efforts to the common few instead of the few many

v. Scatter plots

1. Allow us to detect relationships in the data (eg. median income vs. life expectancy)

Start small, think BIG, and there is always room to improve!