Who we are

Adam Isaacs, **BSN, RN, HACP-CMS**

Quality Process Improvement Specialist

- Nurse since 2014
- Worked in quality since 2021
- Experience in PCU, Pediatrics, ED, and Quality

Billie Delauder, **DNP, MSN, RN, CPHQ, HACP-CMS**

Quality Process Improvement Specialist

- Nurse since 1987
- 17 years in quality as a PI Supervisor & Clinical Core Measure Abstraction Specialist
- Experience in Med-Surg, ED, and Quality
- 36 years at Pikeville Medical Center (1987-2023)

Casey Franklin, **BSN, RN, WCC, CPHQ, HACP-CMS**

Director of Quality and Health Professions

- Nurse since 2007
- Experience in Clinical Management, LTC, Home Health/ Hospice, & Quality
- 11 years at TJ Samson Community Hospital (2012-2023)

What have we learned?

In **Process Improvement 101 - Part 1,** we explored:
- Defining the problem
- Assessing your current state

(Did you miss it? Check out the recording here!)

In **Process Improvement 101 - Part 2,** we ran through:
- Defining Quality Assurance
- Creating a SMART goal
- The introduction of some commonly used PI tools
- Communicating your goal

(Did you miss it? Check out the recording here!)

Let's wrap it up!

Today we will cover:

- Implementing your new solution/ process
- Standardizing the process
- Trending your Progress
- Identifying when adjustments are needed
- Sustaining (and celebrating) your success!

Implementing your new process

What?

- Stick to the plan created in your process building phase.

Who?

- PI Team (maintain engagement and involvement)
  - Champion designees (at-the-elbow support)
  - Clear expectations for all who will be involved or impacted.

Where?

- Pilot v. regional implementation
  - Low-risk area
  - Confidence
  - Benefits of low-impact v. high-impact areas
  - Buy in

Common "bad guys" who can surface during the Implementation Phase

- The Disappearing Leader
- The Siloed Communicator
- The Ultimatum Setter
- The MacGyver
- The Laggard/ The Negative Nelly
- The Smoke and Mirrors Deceiver

Standardizing the process

- Ensure all tools in place to set teams up for success.

- Continued observation necessary for this phase.

- 50/50 split: instruct and listen
    - Educate first.
    - Validate second.
    - Enforce third.

Standardizing the process

- Ask hard questions.
  - "Can you see the value in this new process now that it is in place?"
  - "Do you feel this revision is negatively impacting your performance/ the patient experience/ morale? Why?"
  - "Do you feel the value in this new process outweighs any negative impacts it may have?"
  - "If you were to deviate from this, how would you do that, and why?"

Trend progress

- Data owner should be assigned to a role, not a person
- Criteria **MUST** BE STANDARDIZED (just as the process was!)
- Transparency, transparency, transparency!
- Frequency
  - ULTIMATELY Based on SMART goal timeframe
  - CAN be based on deviations or roadblocks
  - Try looking at different timeframes
    - Long-term trend from baselines
    - Snapshots as time progresses
    - Trends since go-live date

Trend progress

- Reassess consistency as you examine the numbers.
    - Is the standard work still in place?
- Auditors
    - My hands, my eyes, my numbers
    - Surprises vs. routine visits
    - Transparency balanced with super-sleuthing

Refining the Process as Situations Might Arise:

- **Re-engage All Stakeholders**
  - ✓ Bring everyone back to the table.

- **Conduct Pre-Assessments**
  - ✓ Evaluate the affected staff beforehand to understand perspectives and needs.

- **Evaluate the Need for Adjustments** - How do you determine whether 'tweaks' to the process are necessary.

  1. Verify the proof of concept and/or return on investment (ROI) to ensure the project's viability.

  2. Although the process might be working, is everyone miserable? You need to address the underlying morale issues.

  3. Consider Ancillary Indicators. Identify and evaluate other potential impacts of the changes. What else should be considered?

Refining the Process as Situations Might Arise:

- **Evaluate Sustainability.**
  - ✓ Do we still agree this process is sustainable? Remember, this could be a deal-breaker!

- **Determine Monitoring Duration.**
  - ✓ How long do we need to monitor the process?
  - ✓ Establish Reassessment Frequency

- **How frequently will we reassess the process?**

Refining the Process as Situations Might Arise:

- **Embrace working the cycle again if needed!**
  - ✓ It's okay to go through the cycle again. This is not a failure.
- **Document Changes.**
  - ✓ Record your changes thoroughly. Ten years from now, you may need to look back on what was done.
    - Will you remember the details?
    - Will you even be there?

Let's GO!

- **Implement Organization-Wide**
  - ✓ Roll out the process improvement as defined during the outlining phase, adhering to the established timeframes and operational scope.
- **Repeat and Reinforce**
  - ✓ Repeat steps 7-9 until the changes are fully integrated and hardwired into the organization:
    - **VII-Standardization**
    - **VIII-Trending**
    - **IX-Tweaking**
- **Time to Celebrate Your Successes!**
  - ✓ Celebrate your successes with everyone involved.
  - ✓ Acknowledge and reward the collective effort.

Questions

?

Adam Isaacs, BSN, RN, HACP-CMS
Quality Process Improvement Specialist
aissacs@kyha.com

Billie Delauder, DNP, MSN, RN, CPHQ, HACP-CMS
Quality Process Improvement Specialist
bdelauder@kyha.com

Casey Franklin, BSN, RN, WCC, CPHQ, HACP-CMS
Director of Quality and Health Professions
cfranklin@kyha.com

QUALITY
KENTUCKY
Health Care Quality Improvement Continues

Kentucky
Hospital
Association