Improving Transitions of Care: A 10 Step Program

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Admitting there is a problem…

- Learning through applying 10 key steps in quality improvement
- Start the process of change using the workbook in your packet
- Just the beginning… to peak your appetite

And now…

The TEN STEPS
#10: Know the problem

- Define the issue as specifically as possible
- Do due diligence – get some background
  - Standards/Regulations (e.g. JCAHO/CMS/NQF)
  - Recommendations (e.g. NTOCC/SHM)
  - Other institution’s experience
  - References (e.g. SHM QI Resource Room, Coleman, Naylor, Schnipper, Dudas, Roy, etc…)
- Don’t require re-invent the wheel.
- Find preliminary data from your institution (even anecdotes) – every institution is different
Workbook

Name 3 sources of baseline data at your host institution and indicate what data points you would ask them for.
#9: Identify the Key Players

- “Who cares?”
- “Who does this effect?”
- “Who can make the change happen?”
- Never mistake seniority for first hand knowledge
- Get administrative buy in (solve a problem for the hospital)
- Consider adding a patient
- Keep the team limited but representative
- Include some early adopters to add umph
- Find “champions”
Workbook

Name 5 key people interested and invested in TOC at your institution who would, ideally, help form the backbone of your TOC team. (Insert their title/role if you don’t know their name now.)
#8: Understand the Status Quo

- Consider the current work-flow from the perspectives of your key players.
- Create a process map.
- Consider places where systems changes can be made within work flow.
- Determine how far from goal your organization is.
Workbook

Think about the process of TOC at your institution. Off the cuff (to be refined later after baseline data and process mapping have occurred...), where do you think the **3 biggest gaps** lie between where you are today and where you want to be in six to twelve months?
#7: Create a Climate for Change

Build a team

*Hard work and good intentions are necessary but not sufficient…*

Systems must change.

In meetings, all ideas are acceptable.

Do not let perfection be the enemy of progress.

*Embrace* barriers – “real” and “perceived.”

It must be easier to change than not to.
Workbook

Name the 3 most important barriers to changing your TOC process in order of importance.
#6: Set SMART Goals

- **Specific**
- **Measurable**
- **Aggressive yet Achievable**
- **Relevant**
- **Time-bound**
Workbook

**SMART Goals**
- **Specific**
- **Measurable**
- **Aggressive yet Achievable**
- **Achievable**
- **Relevant**
- **Time-bound**

Name 3 SMART goals you would have for the improved TOC process.
#5: Make Systems Changes SMART

- **S**tandardized and **S**ustainable*
- **M**eaningful
- **A**ccommodates work flow
- **R**eliable*
- **T**eam oriented

* See next slides.
*High Reliability Strategies*

- Point of care decision support
  - Reminders and prompts
  - Feedback
- Making the desired action the default
  - Opt-out strategies
- Built in algorithms / protocols / templates / checklists
- Redundancy
- Scheduling
Workbook

SMART CHANGES
- Standardized and Sustainable*
- Meaningful
- Accommodates workflow
- Reliable*
- Team oriented

Name 3 SMART systems changes you could imagine at your institution and put them in order of first priority to third.
#4: Implement Through an Iterative Process

- Design rapid cycle process changes.
- Plan-Do-Study-Act
- Define-Measure-Analyze-Improve-Control
- Seek feedback actively.
- Critical failures drive customization.
Workbook

- Name the first small change step you envision making *soon* and where (in what setting) you envision this happening.
#3: Roll It Out With A Bang!

- Utilize your champions
- Educate broadly
- Get publicity
- Emphasize benefits of process change
- Caveat: clarify this is not just a phase!
Workbook

Name 3 mechanisms for publicizing the changes.
#2: Measure-Feedback-Measure

- *It’s not worth doing if you can’t measure it.*
- Prospectively build in methods for measure processes and outcomes
  – intended and unintended consequences
- Give performance feedback expeditiously to the both front end users and higher ups.
- Continue to be open to modifications of the system based on feedback, new developments, and critical incidents.
Workbook

Name 3 metrics (measurements) which will help you know if you are making progress with your suggested changes.
#1: Insure Sustainability

Well designed process improvements live in a system, not a person.

Insure process sustainability before dismantling the committee.

Periodic performance checks will always be needed.

Be flexible about changing the system down the line as new developments arise.
*Sustainability*

**Sustainability**: the power to keep the program running even after your meetings about it have stopped!

- Create ownership by key players – not by committees – with high level accountability
- Clarify roles
- Leverage existing processes – don’t create duplicative work – incorporating high reliability techniques
- Redesign work-flow to incorporate changes
  - Make it easier to do the new workflow than the old
- Use technology to facilitate the process
- Scheduled monitoring & feedback
  - Automate data generation
  - Dashboards broadly visible

*J Qual Pat Safety* 2006. 32;10:564-72

IHI: [www.ihi.org/IHI/Topics/Improvement/SpreadingChanges/](http://www.ihi.org/IHI/Topics/Improvement/SpreadingChanges/)
Workbook

Name 3 ways in which you will build in changes into your system of care so as to make the changes sustainable.
Questions??

Comments??