

Certificate Training Program Session 1

Welcome!: Before We Start

Sign-in at the back
Pick up handout packet
Put on your name tag
Sit with your CTP team at your assigned table



Today's Objectives

1. Set collective ground rules and learning objectives for the course
2. Explore an overview of the program's purpose, structure, and expectations
3. Deepen community by learning more about your team members and cohort
4. See an example of the QI work and leadership journey undertaken by a prior team of participants
5. Understand the core skills imbued by great leaders



97,999 and Florence: The Case for Transformation

Jeff Glasheen, MD



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Meet Tina

- 47 yo woman
- Cough for 1 mo; improves spontaneously
- 10 days later develops fatigue & SOB with lower extremity swelling
- Post-viral cardiomyopathy
- Deteriorates, requires heart transplant
- A month after transplant d/c home



After Discharge

- Day 1 Doing well
- Day 2 Continues to do well
- Day 3 Mild dyspnea on exertion
- Day 4 More short of breath
- Day 5 Worsened symptoms, 8 # wt gain
- Day 6 Biopsy, grade 2 rejection



Medications on day of discharge

- Ranitidine 150 mg p.o. bid
- Furosemide 20 mg IV bid
- Ganciclovir 1000 mg p.o. bid
- Ferrous sulfate 300 mg p.o. bid
- Amlodipine 5 mg p.o. qam
- Mycophenolate 1000 mg po bid
- Pravastatin 20 mg po phs
- TMP-SMX 800 1 MWF
- Magnesium 500 mg po daily
- Docusate 100 mg po qam
- Calcium carbonate 500 mg po bid
- Aspirin 325 mg po qam
- Metoprolol 50 mg po bid
- Nystatin 500000 Units qid
- Prednisone 20 mg p.o. qday
- Insulin lantus 10 Units sq qhs
- Insulin lispro 5 Units sq tid
- Insulin lispro SSI
- Milk of magnesium 2 tsp po bid
- Albuterol 2 puffs q4hrs prn
- Combivent 2 puffs q4hrs



Medications on discharge paperwork

- Ranitidine 150 mg p.o. bid
- Furosemide 20 mg IV bid
- Ganciclovir 1000 mg p.o bid
- Ferrous sulfate 300 mg p.o bid
- Amlodipine 5 mg p.o. qam
- Pravastatin 20 mg po phs
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Outcome

- Tina was started on appropriate medication
- Cont. to deteriorate, admitted back to ICU
- Stabilized & went home 3 weeks later
- Lost her job
- No health insurance
- Hospital bill ~\$1,000,000
- Husband & child declared bankruptcy



Objectives, Introductions & Ground Rules

Jeff Glasheen, MD



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Your Objectives for the Course



- By the end of the program, I hope to . . .
- Report out



- How to measure the right thing
- Gain buy in
- Translate to front line
- Proactive, not reactive
- Delegating for success
- Supporting wellness of team
- Team motivation
- Optimize new processes
- Role clarity for effective individuals
- How to build a team – for engagement, recruitment
- Grow and build a new team
- Growth and change roadmap
- How to triage problems to address
- Disseminate successes
- Improve patient experience
- Translate our work
- Strategic growth from project, on
- Build relationships
- Formal leadership frameworks / tools

- Reduce inefficiencies
- Support team member growth
- Build cohesion in leadership team
- Maintain processes, programs, sustain the change
- Business case
- Be a positive deviant / role model
- Improve patient outcomes
- Grow professionally / as leader
- Effectively negotiate
- Tap into intrinsic motivation
- Learn how to ask the right questions
- Lead a quality & change endeavor
- Communicate to stakeholders, within team
- Optimize voice of APPs
- Clinical informatics for QI success
- Manage conflict resolution
- Get resources
- Copy / paste prior successes = spread
- Learn specific techniques to address problems
- Start a new service – effectively!

Implement!



Ground Rules

To make this the most productive environment for collaboration and growth, we should . . .

- Commit to being present
- Support each other
- Be engaged
- Be selfish – protect the oasis
- No electronics except for course notes, urgent needs
- Step out as needed
- Be vulnerable
- Respectfully challenge each other
- Be respectful
- Have fun
- Make room for multiple voices
- Be transparent
- OK to share themes, lessons – not details
- Start on time, end on time
- Speak into the mics
- Celebrate each other
- Give ourselves grace



Meet Jim

- 61 yo man admitted with R LE cellulitis
- Admission orders antibiotics, VTE proph
- Day 2 develops frank hematochezia
- Transferred to ICU, given pRBC
- Colonoscopy reveals diverticulosis
- Debilitated from ICU stay→rehab
- Day 12 discharged to home



Admission Orders

Attending Physician:		
	Ordering Healthcare Provider:	GME/UPI #:
	Service:	Pager:
	Allergies:	
	<u>meds</u>	
	Vancomycin 1g IV Bid	
	Acetaminophen 1000mg PO q 6h PRN fever	
	MSO4 1mg IV q 6h PRN pain	
	Hydralazine 500mg SQ Bid	
	<u>Antibiotics</u> Cef, Clm F	



Patient Safety Timeline

- 4th Century BC
 - “First Do No Harm” Hippocrates
- 1850s
 - Florence Nightingale railed against unsafe pt care in the Crimean War front
 - Ignaz Semmelweis challenges providers to wash hands to stem tide of puerperal sepsis
- 1910
 - Ernest Amory Codman implored physicians to study outcomes, remedy errors, make results public



...Healthcare Remains Unsafe

- 1980s
 - Harvard Medical Practice Study found 4% hospitalized patients injured, 2/3rds preventable
- 1999
 - IOM data, similar data from Canada, Europe
- 2000's
 - IHI estimates 15 million episodes of medical harm in US per year—40,000 per day!
- 2006
 - WHO declares that serious preventable adverse events occur in 10% of hospital stays
- 2010
 - 18% case-rate of harm for hospitalized patients; 63% preventable
 - No change in rate of harm between 2002-2007
- 2023
 - 24% rate of adverse events; 8% rate serious adverse event

Landrigan. NEJM 2010;363:2124-2134
Bates. NEJM 2023; 388:142-153
Higgins. Am J Med 2024; in press





IHQSE Mission

To transform through discovery, improvement, and spread, the people and processes that serve our patients.



Transform

- People
 - *Develop the capacity of frontline clinicians to drive change.*
- Processes
 - *Drive improvements in clinical care processes, leading to better outcomes.*
- Organizations
 - *Develop capacity and sustained process changes to improve an organizations overall quality, safety and financial performance.*



Transforming People

	Pre-CTP	Post-CTP
Competency	N = 302 (97.4%)	N = 222 (71.6%)
Strategies to deal with complex change	25%	80%
Ability to use common QI/PI tools	22%	82%
Ability to use common patient safety tools	46%	92%
Ability to reduce operational waste	26%	79%
Ability to lead organizational change	24%	86%
Ability to create & enhance high-functioning teams	70%	92%
Ability to identify and use data for improvement	42%	87%

CTP = Certificate Training Program



Transforming Processes



Transforming Organizations

Original Article

Medical Quality

The Institute for Healthcare Quality, Safety, and Efficiency: A Comprehensive Approach to Improving Organization-Level Quality Performance

Jeffrey J. Glasheen, MD¹, Ethan Cumbler, MD¹, Dan Hyman, MD, MMM², Patrick Kneeland, MD^{1,3}, Gail Armstrong, DNP, PhD⁴, Sarah Caffrey, MBA⁵, Jennifer Wiler, MD, MBA¹, Anne Fuhlbrigge, MD¹, Douglas Jones, MD¹, and Read G. Pierce, MD^{1,6}

Abstract

Despite decades of effort to drive quality improvement, many healthcare organizations still struggle to optimize their performance on quality metrics. The advent of publicly reported quality rankings and ratings allows for greater visibility of overall organizational performance, but has not provided a roadmap for sustained improvement in these assessments. Most quality training programs have focused on developing knowledge and skills in pursuit of individual and project-level improvements. To date, no training program has been associated with improvements in overall organization-level, publicly reported measures. In 2012, the Institute for Healthcare Quality, Safety, and Efficiency was launched, which is an integrated set of quality and safety training programs, with a focus on leadership development and support of performance improvement through data analytics and intensive coaching. This effort has trained nearly 2000 individuals and has been associated with significant improvement in organization-level quality rankings and ratings, offering a framework for organizations seeking systematic, long-term improvement.





180%













Creating the Science of Quality and Safety: >125 publications

Publications

	IHQSE Faculty Member Creates Real-time Mortality Prediction Tool May 10, 2021 Working with a team of clinicians and informaticists, IHQSE Director Dr. Jeff Glasheen helped create and implement an EHR-driven tool that accurately predicts inpatient mortality. The tool, using real-time data from Epic, provides a highly predictive mortality score that is updated every 15 minutes across a 12-hospital health system. Tested on over 80,000 patients, the tool was developed to aid decision making in scarce resource situations, such as COVID-19 ventilator shortages. Full story
	COVID-19's Impact on Physicians & Staff Apr 28, 2021 IHQSE Faculty member, Emily Gottenborg, MD, and her colleague, Amy Yu, MD, are first authors on an article about the pandemic's impact on personal and professional activities of healthcare providers. They suggest solutions to help mitigate the impact, such as continuing alternate and flexible work schedules, developing flexible promotion timelines, investing in family support mechanisms, creating social support networks, and addressing gender pay disparities. Full story
	IHQSE Graduates' Publication Outlines Improvements in Inpatient Penicillin Allergy Delabeling Apr 13, 2021 Ninety percent of patients labeled as penicillin allergic are tolerant to the medication, yet those labeled as allergic have longer hospital stays, increased exposure to suboptimal antibiotics, and an increased risk of methicillin-resistant infections. Through several quality improvement interventions, including development of a multidisciplinary clinical care pathway, workflow optimization, and education sessions, a team from Children's Hospital Colorado successfully increased the rate of penicillin allergy delabeling among low-risk hospitalized pediatric patients. Led by Certificate Training Program graduates Drs. Maureen Egan Bauer and Kristin Carol, Christine MacBrayne, PharmD, and Amy Stein, CPNP, this work allowed for increased use of optimal antibiotics. Full story
	IHQSE Leader Publishes Formative Look at Challenges to Women in Healthcare Leadership Feb 2, 2021 Dr. Emily Gottenborg, IHQSE faculty member and Director of the Introductory Training Program, was the lead author on a seminal paper understanding the experiences of women in leadership roles in hospital medicine. Her team highlighted four limiting challenges including lack of leadership training, bullying, a need to sacrifice to achieve balance and the need for personal and professional validation. Key interventions to address these issues were also shared. Full story
	Kidney Transplant Team Adapts Pediatric-to-Adult Transition Program to Virtual Format Jan 9, 2021 Recognizing the challenges of in-person sessions due to COVID-19, Certificate Training Program graduates Drs. Mary Chandran and Margaret Book and Clinical Program Manager Megan Bisek published their experience adapting their pediatric kidney transplant transition-to-adult-care program to a virtual platform. The team attributed much of their progress to the knowledge and skills gained in the CTP course. Full story
	IHQSE Faculty Publish Successes of Early-career Quality and Leadership Training Program Oct 8, 2020 IHQSE faculty published the six-year follow up of the success of University of Colorado School of Medicine's Health Innovators Scholars Program. The program has shown a lasting impact on students' ongoing participation and leadership of quality and innovation work. Full story
	Sustaining Change: 5 Years Later Antibiotic Stewardship Project Reveals 26% Reduction in Use Oct 4, 2019 Drs. Christine MacBrayne, Jason Child and Sarah Parker shared the 5-year follow up of the "handshake stewardship" program developed in the Certificate Training Program. The program has resulted in a sustained 26% reduction in antimicrobial use and saved millions of dollars all without changes in balancing measures such as length of stay, mortality or readmissions. Full story
	Improving Care for Patients with Obstructive Sleep Apnea (OSA); Leveraging Electronic Medical Records (EMR) May 20, 2019 IHQSE graduates, Ricky Mohan, MD, program coordinator Su Linstrom, Susan Hines, CPNP, and Susan Crane, PsyD, presented the outcomes of their Certificate Training Program project to improve care of pediatric patients with obstructive sleep apnea. Through the implementation of an innovative EMR process, the team significantly increased the percentage of patients who scheduled follow up appointments from 72% to 92% as well as those who completed their visits from 60% to 85%. The increased follow up enhanced patient adherence to necessary positive airway pressure treatment. Full story
	IHQSE Leaders Reduce Hospitalist Burnout by 30%

Publications

	Reducing Cognitive Load is Key to Enhancing Quality and Patient Safety Mar 14, 2018 Drs. Read Pierce and Patrick Kneeland, founding faculty members of IHQSE, show how addressing the limits of brainpower can lead to better patient outcomes. Full story
	Antimicrobial Stewardship Program Leads to Millions of Dollars of Savings Oct 30, 2017 Dr. Sarah Parker, a pediatric infectious disease expert and graduate of the Certificate Training Program, shares the more than \$2 million cost savings obtained by building the hospital's antimicrobial stewardship program through the CTP. Full story
	Improving Length of Stay and Transitions of Care in Geriatric Hip Fracture Patients Oct 30, 2017 Drs. Mary Anderson, Jason Stoneback and Kelly McDevitt, RN, Certificate Training Program graduates, and Dr. Ethan Cumber, a founding faculty member of IHQSE, share the outcomes of a comprehensive geriatric hip fracture program. The program, completed as part of the Certificate Training Program resulted in nearly a day reduction in length of stay, increases in patient follow up, and significant improvements in osteoporosis treatment. Full story
	Improving 1-year Survival in Geriatric Patients Suffering Hip Fractures Sep 8, 2017 Dr. Ethan Cumber, an IHQSE faculty member, and Drs. Mary Anderson, (Hospitalist), Jason Stoneback, (Orthopedic Surgeon) and Kelly McDevitt (Registered Nurse), Certificate Training Program graduates, publish the outcomes of a comprehensive geriatric hip fracture program. Completed as part of the Certificate Training Program, the program resulted in a statistically significant improvement in 1-year survival in geriatric patients suffering a hip fracture. Full story
	Overcoming Change Fatigue in Continuous Quality Improvement Sep 1, 2017 Drs. Ethan Cumber and Read Pierce, both IHQSE faculty members, help to understand how QI success can lead to future failure. Using the analogy of airplane lift, the two show how flight (QI success) leads to increased wingtip vortices spiraling behind the plane resulting in drag (difficulty sustaining success with current and future QI projects) and offer suggestions to address the change fatigue common in QI. Full story
	Antimicrobial Stewardship Program Enhances Infectious Disease Team Relationships May 15, 2017 The IHQSE Certificate Training Program helped Dr. Sarah Parker, an infectious disease specialist at Children's Hospital Colorado, build stronger interactions between the infectious disease and clinical teams. Full story
	IHQSE Graduates Publish Outcomes of Antibiotic Stewardship Project Mar 1, 2017 Dr. Sarah Parker, an IHQSE graduate from Children's Colorado Hospital, reports on the benefits of a streamlined antibiotic regimen in children with appendicitis. The work, a by-product of their enrollment in the Certificate Training Program shows how a simplified antimicrobial regimen can lower costs and improve outcomes in patients with or without perforated appendices. Full story
	The Impact of Medicaid Expansion on Hospital Length of Stay and Mortality Rates Dec 11, 2016 Certificate Training Program graduate Dr. Mary Anderson and IHQSE faculty members Drs. Jeff Glasheen and Read Pierce report no difference in hospital LOS or mortality in states who did and did not expand Medicaid under the Affordable Care Act. Full story
	QI Project Improves Time-to-Therapeutic Levels in Vancomycin Dosing Oct 7, 2016 IHQSE Director Dr. Jeff Glasheen published the outcomes of a QI project resulting in approximately 60% less underdosing and 40% less overdosing of vancomycin in critically ill ICU patients. Full story
	Handshake Stewardship Model Results in 10% Reduction in Antimicrobial Usage Oct 1, 2016 Drs. Jason Child and Sarah Parker, Certificate Training Program graduates, published the outcomes of their QI project showing a 10.9% reduction in antimicrobial use over a 4-year period. Their "handshake stewardship" program resulted in a greater than 20% reduction in broad spectrum antibiotic usage such as vancomycin and meropenem.

A decade+ of lessons learned

- Success defined
 - Develop QI skills
 - Grow as leader
 - Project success
- Successful teams
 - Meet consistently with coach
 - Do work outside of class and coaching sessions
 - Follow the playbook; complete assignments
 - Create a sense of urgency and guiding coalition
 - Have executive stakeholder support
 - Develop strong business cases
 - Access to data and epic integration, when necessary
 - Start with the problem, develop a solution



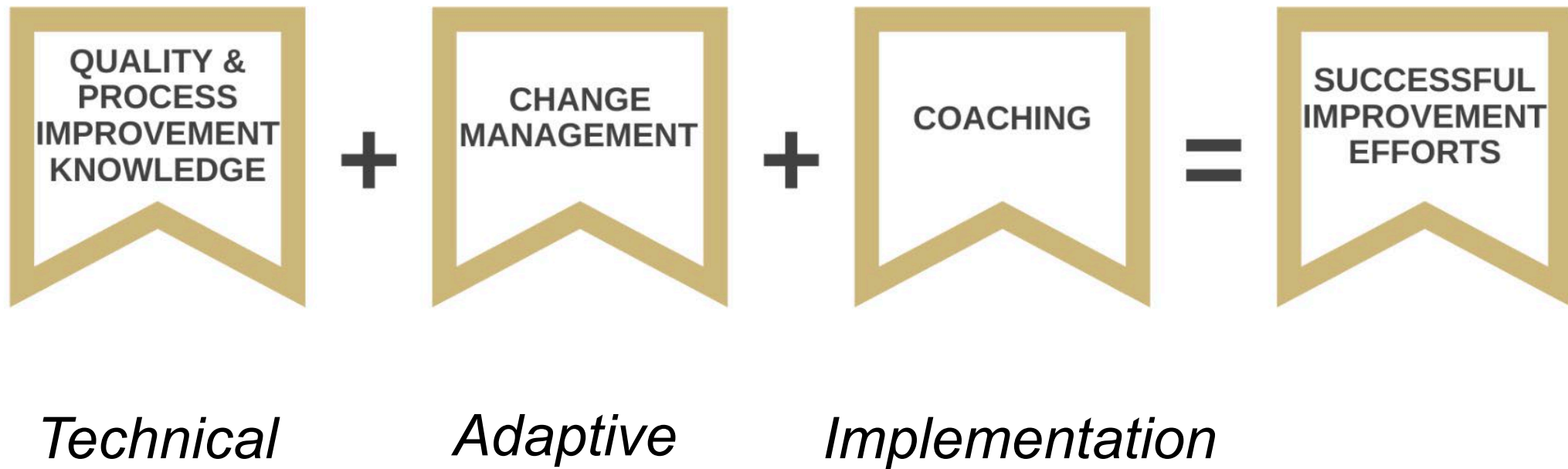
Comments on the Coaching

- Routinely rated as the most important aspect of the course
- Expected to meet for 1 hour the 1st and 3rd week of month
- We will include coaching/breakouts in the classroom sessions
- Each team meets two times with the entire coaching team prior to CTP sessions
- Coaches' role is to facilitate and help the team; not do the project work



Overview of the CTP Curriculum

Course Overview



Curriculum Overview

KEY
Team Check-in
Inspiration
Background
Process Improvement
Leadership
Quality/Safety
Coaching
EMR

8/20	#1	Welcome	Beginning with the End in Mind	Objectives & Introductions	Overview	Leadership Defined	Team Norms	Understand Process	
8/27	#2	UCH Sleep	Thriving as a Leadership Imperative	Value Defined	Introduction to Quality Improvement	IHQSE Model of Change	Coaching	Understand Process	
9/3		Coaching							
9/10	#3	CHCO Secure Chat	Investigate the Problem	Problem Statement	Voice of the Customer	Process Mapping	Stakeholder Analysis	EMR Process & Data	Baseline data
9/17		Coaching							
9/24	#4	UCH Multidisciplinary Pain Clinic	Investigate the Problem	Understanding Root Causes	Baseline Data	Business Case	Coaching	Baseline data	
10/1		Coaching							
10/8	#5	UCH Neurosciences	QI vs. Research		Leading Change				Baseline data
10/15		Coaching							
10/22	#6	DHA Antimicrobial Stewardship	Data Collection Plan			Myers Briggs			Process Optimization
10/28		Coaching							
11/12	#7	CU Medicine Dermatology	Leading Change: Vision		Understanding Business Drivers	Negotiating for what You Need	This Place Called Academia	Process Optimization	
11/19	#8	CHCO Nursery	Leading Change: Sense of Urgency	DEI in QI		Wellness			Finalize Need
11/26		Coaching							
12/3	#9	UCH Infectious Diseases	Hone the Intervention	Identifying Your Intervention		Design Thinking	Positive Deviance	Leading Change Guiding Coalition	Finalize Need
12/10	#10	DHA Clinical Informatics	Leadership Journey: Tom Gronow	Aim Statement	Optimizing EMR Requests		Storytelling	Team Logo	Submit Ticket
12/17		Coaching							
1/14	#11	CHCO ICU Delirium	Alumni Presentation	Leadership Journey: Jena Hausmann	Pre-mortem Analysis	Leading Change: Awareness Campaign	Mid-year Report Overview	EMR Decision	
1/21		Coaching							

Curriculum Overview

KEY
Team Check-in
Inspiration
Background
Process Improvement
Leadership
Quality/Safety
Coaching
EMR

1/28	#12	UCH Sleep	Overcoming Resistance	Feedback to Improve Performance	Mid-year Report Practice Session		EMR Build	
2/4		Coaching						
2/11	#13	Report Outs			Running Effective Meetings		EMR Build	
2/18		Coaching						
2/25	#14	Report Outs			Leading Change: Removing Barriers		EMR Build	
3/4		Coaching						
3/11	#15	UCH Neurosciences	Just Culture		Second Victim		EMR Build	
3/18		Coaching						
3/25	#16	DHA Antimicrobial Stewardship	Data to Understand Impact	Positive Organizational Design	Leading Change: Short-term Wins		Production	
4/1		Coaching						
4/8	#17	CU Medicine Dermatology	Impact of Quality and Safety on Healthcare Finance	Leading through Complexity	DEI & Leadership		Refinement	
4/15		Coaching						
4/22	#18	CHCO Nursery	Strategic Planning		QI Spread	Power & Influence	Refinement	
4/29		Coaching						
5/13	#19	UCH Infectious Diseases	Burnout & Resilience	Innovation in Healthcare	Embed the Change		Data Extraction	
5/20		Coaching						
5/27	#20	Leadership Journey: Dean Sampson	Report Outs				Data Extraction	
6/3		Coaching						
6/10	#21	Report Outs						Data Extraction
6/17		Coaching						
6/24	#22	Reflecting on Why		Certificates	Closing Time		Data Extraction	

Date Assigned	Assignment	Due Date
#1 – Aug. 20, 2024	<ul style="list-style-type: none"> Develop group ground rules Complete Leadership Defined Self-assessment 	Review in coaching
#2 – Aug. 27, 2024	<ul style="list-style-type: none"> No new assignments 	
#3 – Sept. 10, 2024	<ul style="list-style-type: none"> Complete voice of customer Build stakeholder analysis Complete process map Meet with Dr. Moksha Patel 	#6 – Oct. 22, 2024
	<ul style="list-style-type: none"> Develop problem statement 	#7 – Nov. 12, 2024
#4 – Sept. 24, 2024	<ul style="list-style-type: none"> Reading: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i> 	#5 – Oct. 8, 2024
	<ul style="list-style-type: none"> Complete affinity diagram 	#7 – Nov. 12, 2024
	<ul style="list-style-type: none"> Draft business case 	#8 – Nov. 19, 2024
#5 – Oct. 8, 2024	<ul style="list-style-type: none"> Complete Myers-Briggs Assessment 	Friday, Oct. 18, 2024
	<ul style="list-style-type: none"> Complete literature review Complete Program Evaluation/QI/Research Tool 	#8 – Nov. 19
#6 – Oct. 22, 2024	<ul style="list-style-type: none"> Complete data collection plan 	#9 – Dec. 3, 2024
#7 – Nov. 12, 2024	<ul style="list-style-type: none"> Develop/utilize current vision tying to project 	#8 – Nov. 19, 2024
#8 – Nov. 19, 2024	<ul style="list-style-type: none"> Finalize sense of urgency 	#9 – Dec. 3, 2024
	<ul style="list-style-type: none"> DEI Scan 	#12 – Jan. 28, 2025
#9 – Dec. 3, 2024	<ul style="list-style-type: none"> Complete Positive Deviance Exercise Complete Design Thinking Exercise Develop list of potential interventions Finalize guiding coalition 	#12 – Jan. 28, 2025
#10 – Dec. 10, 2024	<ul style="list-style-type: none"> Complete aim statement 	#11 – Jan. 14, 2025
	<ul style="list-style-type: none"> Finalize logo 	#13 – Feb. 11, 2025



Date Assigned	Assignment	Due Date
#11 – Jan. 14, 2025	• Draft mid-year report out	#12 – Jan. 28, 2025
	• Complete pre-mortem assessment	#13 – Feb. 11, 2025
	• Create and implement a communication plan	
#12 – Jan. 28, 2025	• Finalize mid-year report out	#13 / #14 – Feb. 11 or 25, 2025
#13 – Feb. 11, 2025	• No new assignments	
#14 – Feb. 25, 2025	• Create plan for removing barriers to success	#16 – Mar. 25, 2025
#15 – Mar. 11, 2025	• No new assignments	
#16 – Mar. 25, 2025	• Create series of short-term wins to support project • Update data plan to include current state data	#17 – Apr. 8, 2025
#17 – Apr. 8, 2025	No new assignments	
#18 – Apr. 22, 2025	• Develop plan for sharing/spreading your work	#21 – June 10, 2025
#19 – May 13, 2025	• Plan for putting project into embed phase • Develop final report out	#20 / #21 – May 27 / June 10, 2025
#20 – May 27, 2025	No new assignments	
#21 – June 10, 2025	No new assignments	
#22 – June 24, 2025	No new assignments	

Comments on the Curriculum

- We will strive to stick to this plan
- However, we may move some topics around
 - Hard to pin down faculty full 12 months in advance
 - Tailor to needs of the class
 - Likely will have a weather event, etc.
- Definitive update on what we are covering, and how long each topic will last, ***will occur through the agenda we send out 5 days in advance for each session***



Program Expectations

1. Build community & share
2. Start Tuesday sessions on time—**by 1:05**
 - *Music cues start of session*
3. Attend > 80% of Tuesday sessions
 - *Let Sloan know if you can't make a session*
4. Come prepared to practice, discuss, & lead
 - *Complete all assignments and reading prep work*
 - *~1-4 hrs of work between each session*
5. Coaching sessions twice/month to drive both team enhancement & projects forward
6. Drive toward scholarly activity and spread; include coach, acknowledge IHQSE



Questions?



Meet Sarah

- 51 yo woman
- Admitted to ICU with severe CAP
- Intubated, started on broad spectrum antibiotics
- Day 2 improving
- Day 3 off vent
- Day 5 severe sepsis from femoral line infection
- Day 6 line removed
- Day 10 on oral antibiotics
- Day 14 discharged to home



Keystone Project

- CLABSI common, deadly, costly
 - 80,000 CLABSI annually
 - Kills between 30,000-62,000 annually
 - CLABSI costs \$2.3 billion annually
- 103 Michigan ICUs
 - Wash your hands
 - Clean skin with chlorhexidine soap
 - Cover yourself and patient when placing catheter
 - Avoid groin catheters
 - Take out unneeded catheters
- Median CLABSI per 1000 catheter-days
 - Before 2.7
 - 3 months 0
 - 18 months 0



But Most Often Don't

- Social and cultural reasons
- Physicians and nurses are famously autonomous
- Technical solution (checklist) can't solve a social/cultural problem
- Work when led by clinicians with expertise in PI AND leadership



UCH Inpatient Rehab

Meghann Griffin, Med,
CCC-SLP

Emily Hagburg, MS, MS,
CCC-SLP

Amanda Hoffman, MS,
OTR/L, BCPP

Danielle King MSPT, OCS



Institute for Healthcare Quality,
Safety and Efficiency

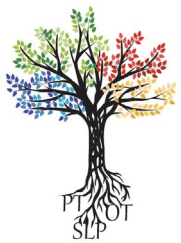
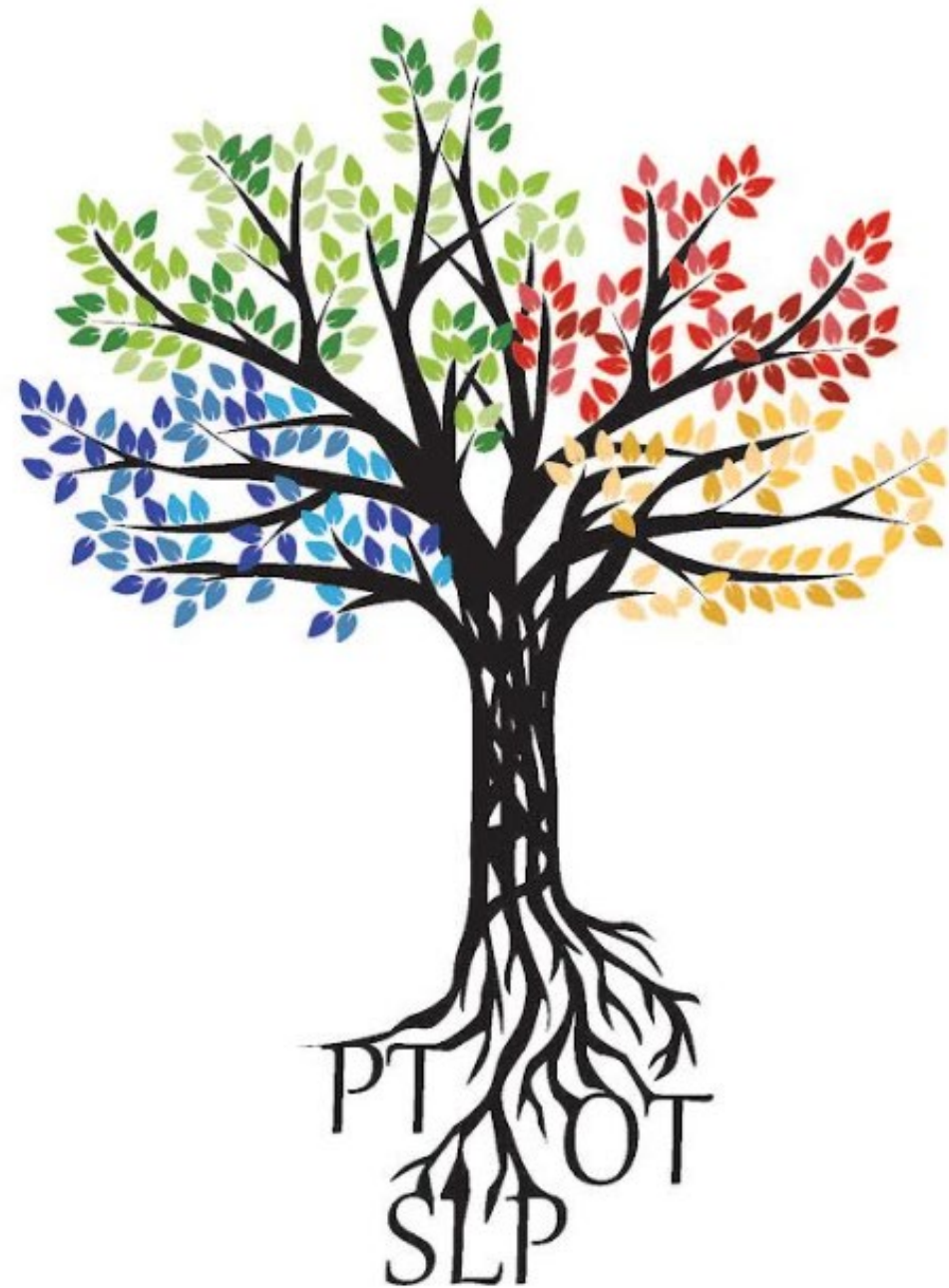
SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Inpatient Rehab Transformation

**IHQSE Cohort 10
(Aug 2022-June 2023)**

Meghann Griffin
Emily Hagburg
Amanda Hoffman
Danielle King







UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER



UNIVERSITY OF COLORADO HOSPITAL



AN SCHUTZ INPATIENT BUILDING



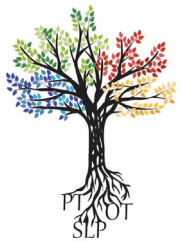


Improvements

Structure

Efficiencies

Quality of
Care



Rehab Therapy Manager

OT Supervisor
32 OTs
1:32

PT Supervisor
62 PTs
1:62

SLP/NICU
Supervisor
20 Therapists
1:20

2 Leads,
1 Relief

3 Leads

2 Leads

25 Units



AIM 1

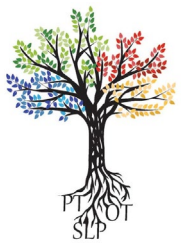
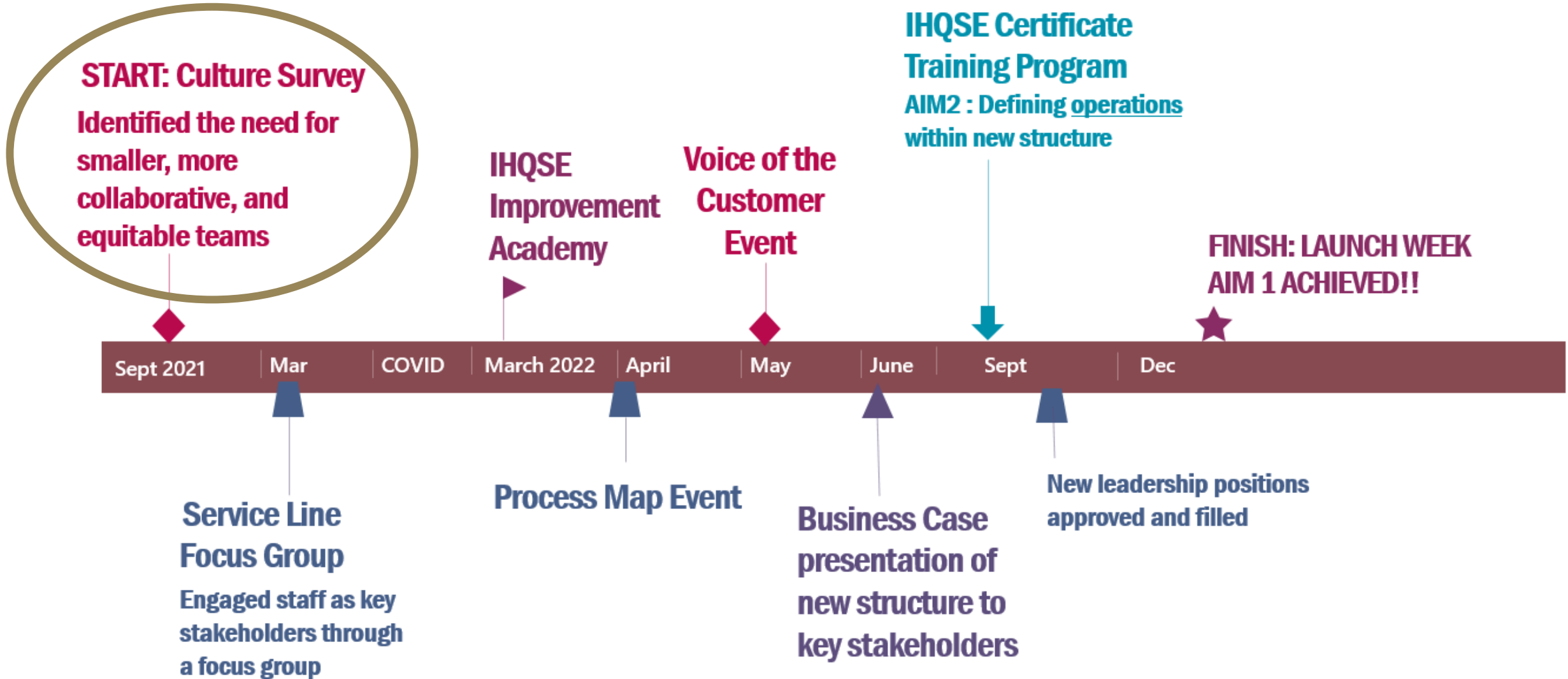
Global Aim

Create a new structure within the Rehab Department to support the growth of University of Colorado Hospital by December 2022

SMART Aim

Equalize ratio of staff to leaders to 30:1

Rehab Transformation AIM 1



Rehab Transformation AIM 1

START: Culture Survey

Identified the need for smaller, more collaborative, and equitable teams

IHQSE Improvement Academy

Voice of the Customer Event

IHQSE Certificate Training Program

AIM2 : Defining operations within new structure

FINISH: LAUNCH WEEK
AIM 1 ACHIEVED!!

Sept 2021

Mar

COVID

March 2022

April

May

June

Sept

Dec

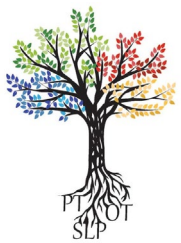
Service Line Focus Group

Engaged staff as key stakeholders through a focus group

Process Map Event

Business Case presentation of new structure to key stakeholders

New leadership positions approved and filled



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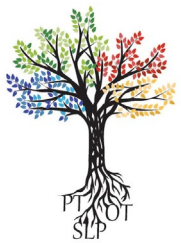
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Inpatient Rehab Therapy Manager

OT Supervisor
32 OTs
1:32

PT Supervisor
62 PTs
1:62

**SLP/NICU
Supervisor**
20 Therapists
1:20

**2 Leads, 1
Relief**

3 Leads

2 Leads

25 Units

Inpatient Rehab Therapy Manager

Blue Supervisor

Red Supervisor

Green Supervisor

Yellow Supervisor

30 OTs & PTs

30 OTs & PTs

30 OTs & PTs

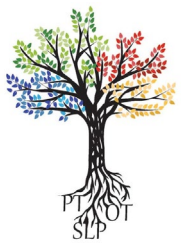
30 OTs, PTs, SLPs

Medicine
and Oncology

Cardiopulmonary,
ED, Orthopedic

Neurology,
Trauma, Surgical

NICU, Burn,
SLPs



Rehab Transformation AIM 1

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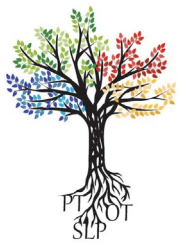
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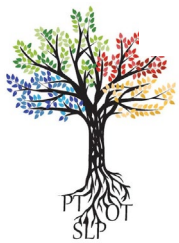
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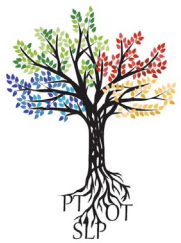
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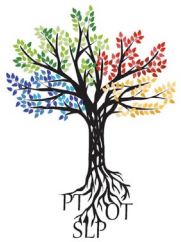
AIM 1



New Structure



Ratios **30:1**

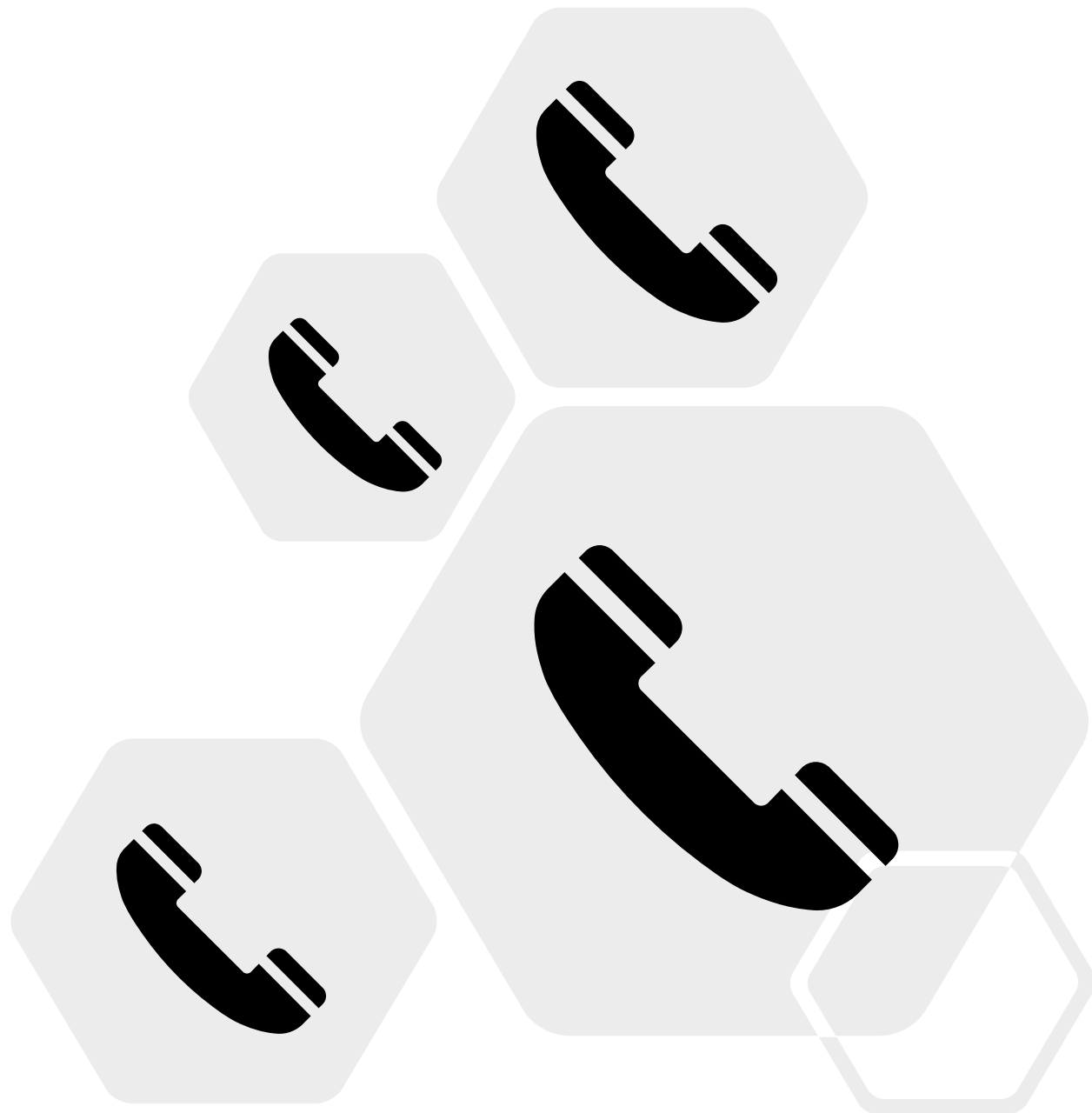




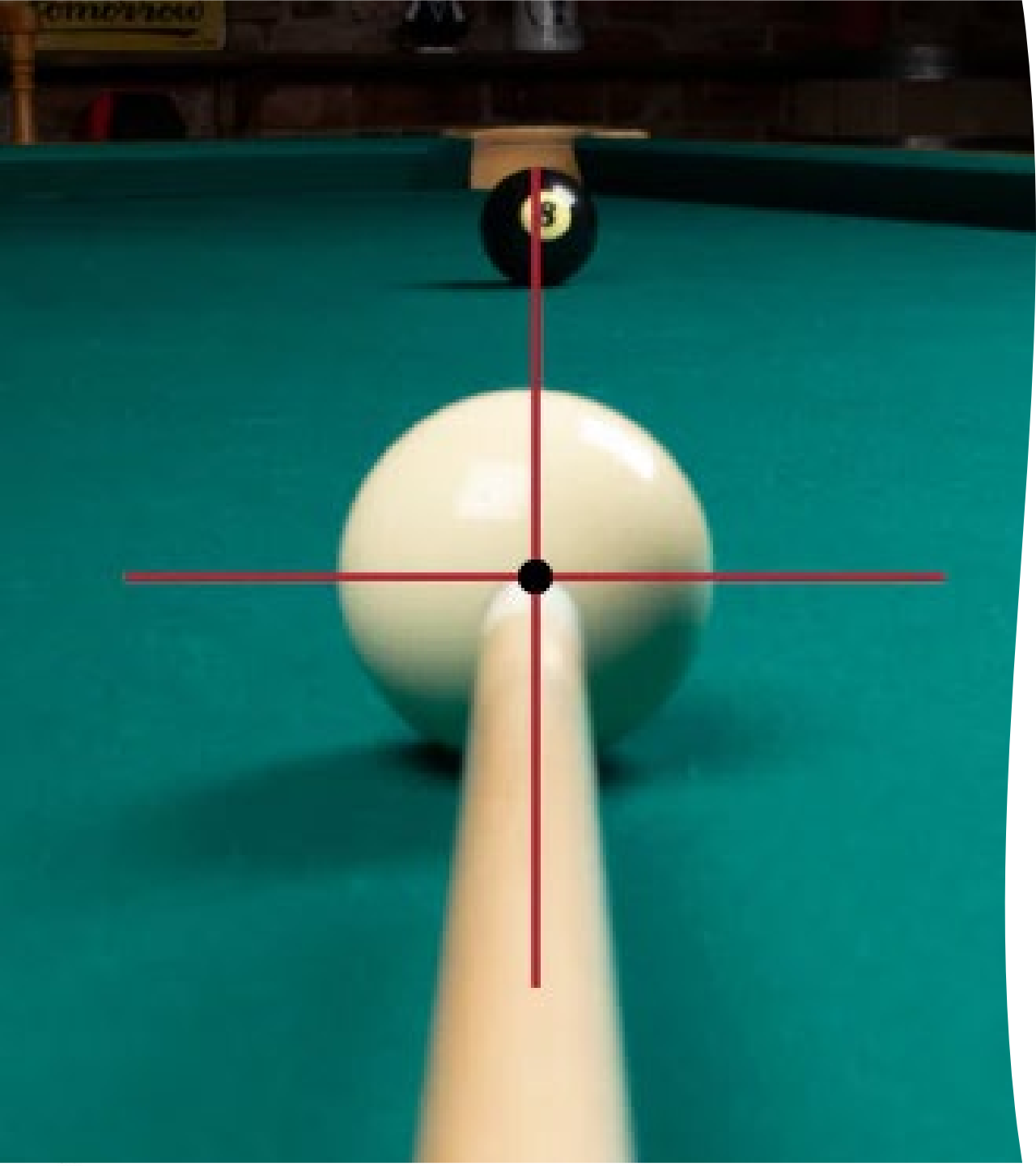
Launch Week

**"Most fun I've had
in years."**





"Who can
help me with
my patient?"



AIM 2

Process AIM

Increase direct management of patients from **27%** to **95%**

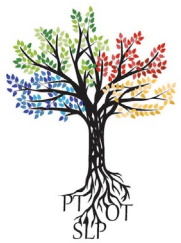
Outcome AIM

Improve productivity to **>100%**

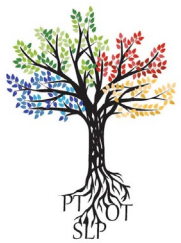
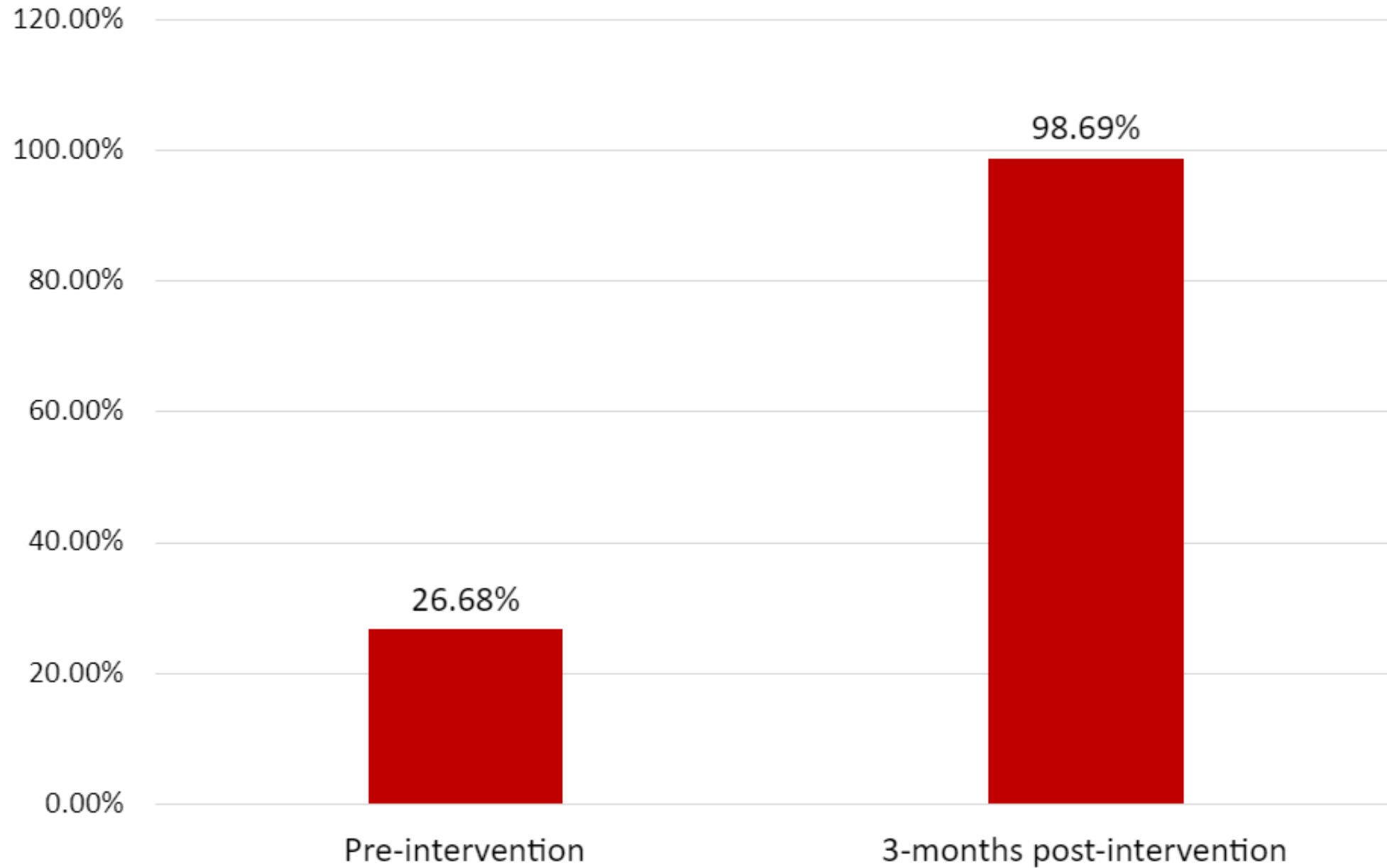
Intervention – The Morning Triage

Every patient assigned a **dedicated** therapist, listed on their treatment team, by 7:15am.

27% → 95%



Percentage of patients assigned

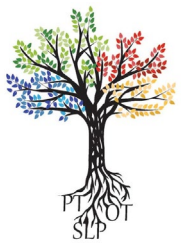


"Who can
help me with
my patient?"

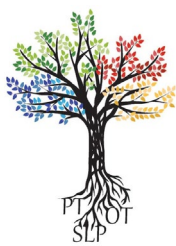
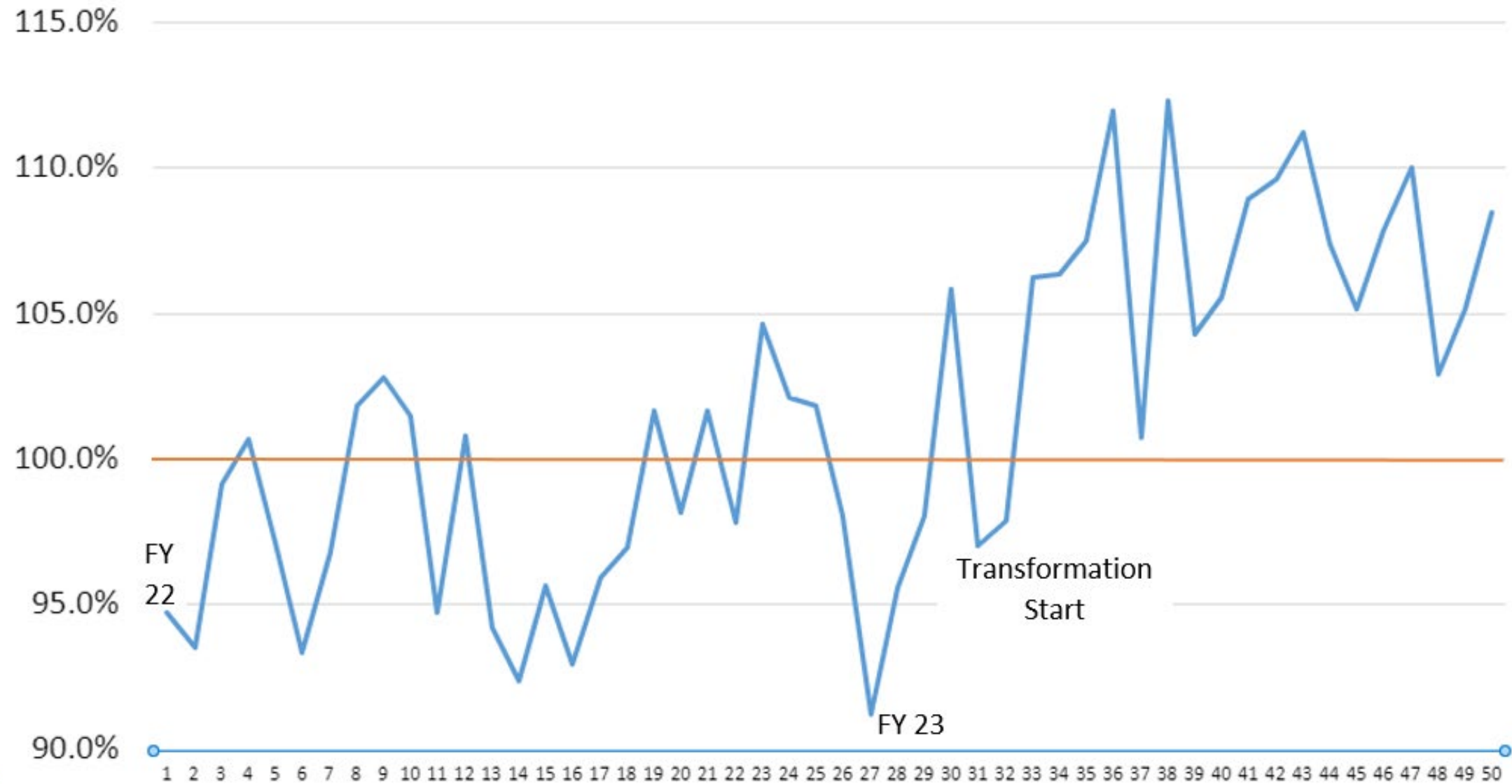


AIM 2

- ✓ 95% of patients managed by a dedicated therapist
- ✓ Productivity improved to >100%



Weighted Average Productivity

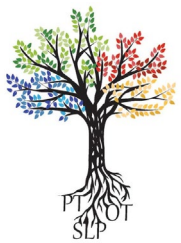


Improvements

Structure

Efficiencies

Quality of
Care











What is one positive outcome of the rehab department transformation?



Supervisor
Engagement



Interdisciplinary
Collaboration



Smaller Teams



Patient
Population Focus



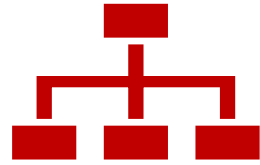
Autonomy and
Caseload
Management



Sustainability & Future



Maintain Staff
to Leader
Ratio (30:1)



Maintain >
100%
department
productivity



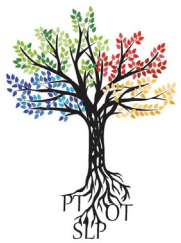
Maintain or
increase
professional
development
opportunities



Align
weekend and
weekday
operations



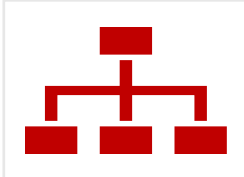
Improve staff
satisfaction



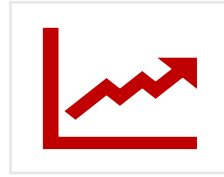
2 Years Later...



Staff to
Leader Ratio
(34:1)



Diversified
positions:
Data Analyst
& Rehab
Educator



Leadership
promotions



CO State
Presentations
at APTA and
AOTA



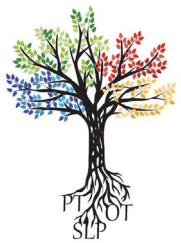
Clinical
professional
development
opportunities
with 28
Clinical ladder
promotions



UCHealth
system
expansion to
Southern
Region



Submission
for journal
publication





2 Years Later...

COLOR WARS fun continues!!

2022 – Blue Team

2023 – Yellow Team

2024 – TBD October!!!



THANK YOU

- BEST COACH EVER - Emily Gottenborg
- IHQSE Cohort 10

- 
- # THANK YOU
- BEST COACH EVER - Emily Gottenborg
 - IHQSE Cohort 10



Leadership Defined

Katie Raffel, MD



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

What is Leadership, Exactly?



Leadership Attributes

Think of someone you consider a great leader.

What words describe that person's leadership?



Attributes of Great Leaders

- Flexibility - **RELATIONSHIPS**
- Open - **R**
- Effectively communicate – **TASKS, R**
- Inspiring - **VISION**
- Approachable - **R**
- Vulnerable - **R**
- Supportive - **R**
- Knowledgeable of the actual work - **T**
- Inclusive - **R**
- Advocate FOR their people – **R, T, V**
- Compassionate - **R**
- Understanding / respectful of personhood - **R**
- Excited and passionate about the work - **V**
- Thoughtful - **V**
- Wise – **V, T**
- Authentic - **R**
- Open about selves - **R**
- Reliable – **T, R**
- Acknowledge own mistakes - **R**
- Ability to listen - **R**
- Self-aware of strengths and biases – **T, R**
- Recognizes / celebrates others – **T, R**
- Fair and equitable - **R**
- Role modeling of desired behaviors – **T, R**
- Empowering others – **V, T, R**



Leadership Framework: Kotter

Three Primary Functions

1. Development and articulation of a **vision**—an ideal state of being we are striving to achieve
2. Attention to organization and execution of **tasks**, needed to move toward the vision
3. Cultivation of productive **relationships** with others in the pursuit of both vision and task management



Leadership Framework: Kotter

Leadership = Vision + Tasks + Relationships

$$L = V + T + R$$



Leadership Attributes

Look again at the list of leadership attributes.

*For each attribute, label it—is it **V**, **T**, or **R**?*



Leadership Attributes

Looking at leadership
through our definition
($L = V + T + R$) . . .

What patterns emerge?



Leadership Attributes

Where do clinicians excel?

$$L = V + T + R$$



How Clinicians and Leaders Differ

Clinicians	Clinician Leaders and Executives
Doers	Planners and designers
Deciders	Delegators
Value autonomy	Value collaboration
1:1 interaction	1:N interaction
Patient advocate	Population, organization advocate

Meet Rory

- 63 yo man HTN and DM
- Acute right sided weakness for 45 minutes
- Symptoms improved
- Admitted with TIA at 9am



Later that day...

- 5pm
 - R-sided hemiplegia & aphasia
- 530pm
 - Nurse calls physician, no answer x 3
 - Realizes different physician after 5pm
- 550pm
 - Physician evaluates, orders HCT
 - Transport unavailable
- 620pm
 - To CT but patient in scanner
- 645pm
 - HCT completed
- 715pm
 - HCT read by rads; no bleed
- 730pm
 - Rads alerts MD of findings
- 735pm
 - Neurology consulted
- 800pm
 - Neurology sees Rory

Rory's symptoms do not improve. Eventually transferred to a nursing home.



Breakout: Team Ground Rules

- *When will we meet for coaching?*
- *How will we get work done outside of class/coaching sessions?*
- *What will allow our team to work together effectively this year?*



Appreciative Debrief

*Share with the group 1 thing you found most intriguing
from this session*



Next Steps

- We are very excited for our shared transformation journey
- The learning experience and climate rely on you as much as on the faculty
- We will set the stage for presence, growth, fun before every session
 - One of your teams will lead the session start every time to do this
 - This will happen the session after you come for pre-session coaching
- Coaching Session 1/Homework
 - Complete your Team Ground Rules and Leadership Defined Worksheet
 - Due Session 2 (discuss with coach)



Meet Florence

- 68 yo woman h/o afib on warfarin
- Admitted with altered mental status
- CT revealed massive intracerebral bleed
- INR 7.2
- Review of chart shows TMP/SMX given for UTI one week prior
- No INR check in past 3 months
- Care withdrawn, Florence passed away

Evaluation

Name Tags: please return to box on way out



