### **CollN to Advance Care for Children with Medical Complexity**

### Video conference access – PRE-REGISTER

- Please see Zoom registration confirmation email
- From your PC, Mac, Linux, iOS or Android device, go to
  - https://bostonu.zoom.us/j/633935875
- On your phone, dial:
  - 669-900-6833 **or** 408-638-0968 **or** 646-876-9923
  - Use meeting ID number 633 935 875

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# Webinar: Observational Walks and On-Site Prep September 17, 12:00-1:30pm EST

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #UJ6MC31113: Health Care Delivery System Innovations for Children with Medical Complexity (\$2,700,000 annually). This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsement be inferred, by HRSA, HHS or the U.S. government.

Anna Maria Padlan, HRSA/MCHB Project Officer

Boston University School of Social Work Center for Innovation in Social Work & Health

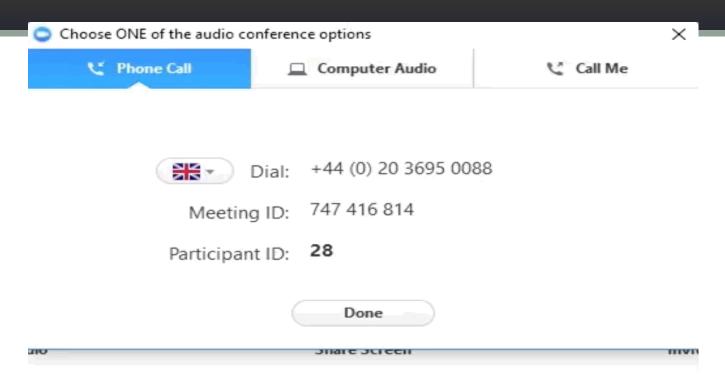


### Welcome

# Housekeeping & Hellos

- This call is being recorded
- Make sure to mute your phone when you are not speaking
  - Press the "mute" button on your handheld or press \*6 to mute and \*6 again to unmute
- Please do not put us on hold
- Please do not use speaker phone if at all possible
- Participation is essential
- Chat box
- If using phone audio, please take a minute now to link your phone with your computer





# If you join by computer <u>AFTER</u> calling in via phone:

You can enter the Participant ID to bind your phone and computer session together by entering #Participant ID# on your phone. Your participant ID usually pops up for easy access on the webinar platform, but you can find it under "join audio" if it does not.



### Welcome

# **Webinar Objectives**

- Describe the components of an Observation/Gemba walk
- Discuss how completing a gemba walk can help propel your team's work forward
- Choose a process in your project that you will observe by "going to the gemba"
- Review prework for the onsite learning collaborative meeting
- Discuss next steps and project updates





**Kerri Deloso,** MHA, CLSSBB Program Director, Population Health Improvement Partners

# Going to the Gemba



Mary Webster, MSN, RN, CCM, CPHQ Senior Program Director, Population Health Improvement Partners



# Where are we now?

# **GETTING STARTED**

Select a QI Project

**Assemble a QI Team** 

# THE MODEL FOR IMPROVEMENT

ACT

### AIM

What are we trying to accomplish?

### **MEASURES**

How will we know that our changes are an improvement?

### **IDEAS**

What changes can we make that will result in an improvement?

### **PLAN**

### **TEST**

DO

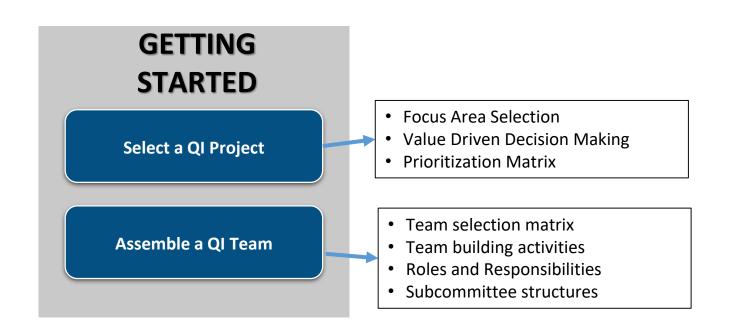
Ideas with
Plan-Do-StudyAct
cycles for
learning and

**STUDY** 

improvement

### **SPREAD & SUSTAIN**







- Aim statements
- Charters
- Common measures
- Individual measures
- QIDA
- Force field analysis
- 5Rs
- Fishbone diagrams
- Alternative payment models
- KI interviews
- Focus Groups
- Literature & research
- Gemba walks
- PDSA Cycles

### **AIM**

What are we trying to accomplish?

### **MEASURES**

How will we know that our changes are an improvement?

### **IDEAS**

What changes can we make that will result in an improvement?

**FOR IMPROVEMENT** 

THE MODEL

ACT

### **PLAN**

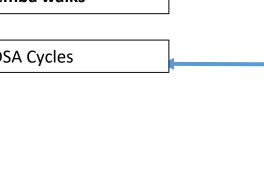
**TEST** Ideas with

Plan-Do-Study-Act cycles for learning and improvement

DO

**STUDY** 

### **SPREAD & SUSTAIN**





# COLLABORATIVE SHARING

THE MODEL FOR IMPROVEMENT

FAMILY ENGAGEMENT

# **GETTING STARTED**

Select a QI Project

Assemble a QI Team

### AIM

What are we trying to accomplish?

### **MEASURES**

How will we know that our changes are an improvement?

### **IDEAS**

What changes can we make that will result in an improvement?

### PLAN

### **TEST** Ideas with

DO

Plan-Do-Study-Act cycles for learning and improvement

### STUDY

### **SPREAD & SUSTAIN**



- Understand your current process
- Identify opportunities for improvement
- Identify the root causes of observed problems
- Identify change ideas/solutions
- Prioritize change ideas for testing

# THE MODEL FOR IMPROVEMENT

ACT

### **AIM**

What are we trying to accomplish?

### **MEASURES**

How will we know that our changes are an improvement?

### **IDEAS**

What changes can we make that will result in an improvement?

### **PLAN**

Ideas with Plan-Do-Study-

DO

**TEST** 

Act

cycles for learning and improvement

**STUDY** 

### **SPREAD & SUSTAIN**



### **Gemba Walk**

- What is it?
  - An observational walk that helps you understand how your current process works
  - —Typically a person or thing your follow
  - Allows you to observe the process first hand
- Why is observing the process first hand important?
  - —See how the process is <u>actually</u> performed versus how we think it is performed
  - Understand the process through the eyes of the patient/family
  - —System level view
  - —See different perspectives
  - —See variation
- What are drawbacks to observing the process first hand?
  - —Takes time
  - -Staff and patients don't always like to be observed
  - Behavior can change when being observed



# How to Complete a Gemba Walk

- Determine what process you will observe
  - What's its scope (from \_\_\_\_\_ to \_\_\_\_\_)
  - How will you observe it "real time"?
  - Who do you need to get permission from?



- Assemble your team to observe the actual process
  - Who from your team should attend?
- Go to the gemba! While observing:
  - List steps & decisions that occur in the process
  - Document details of each step in the process
  - Collect data on the process (e.g. total time, delays, etc.)
  - Note any areas for improvement



# **Don't Forget To Collect Data!**

- **Frequency**: How often does each process step occur? When?
- Cycle Time: How long does it take to complete each process step?
- Wait Time: Where does waiting occur? How long?
- Staffing: How many staff are involved in each process step? Where do hand-offs occur?
- Error Rates: How often do mistakes occur?
- Gaps: What gaps between the current care and evidence based care do you see?
- Qualitative comments: What do you hear from staff and customers



# **Data Collection Form**

GEMBA DATA COLLECTION FORM									
Step No.	Process Step Name	What specific activities occur during this step?	Delays/Waits	Observed Time (min.)	Observed Waste	Improvement Ideas			
1	Willingness to Return Home Assessment	*Coordinator reviews potential discharge criteria *Asks family about ability to meet criteria, comfort level, and desired timing	10 minute wait becaue had to pause for provider rounding	30 minutes	*Had to repeat portion of conversation as dad was returning from the cafeteria	*Have script to help coordinator set the stage for discussion *Set up time to discuss beforehand to ensure all family members are present			
2	Identify Discharge Team	*Coordinator identifies who should be involved on the care team by reviewing medical records and notes from family interview *sends e-mail to administrative assistant asking for meeting w/ discharge team	4 hours (other interviews to conduct)	15 minutes		*Can team composition be developed before readiness assessment and then presented to family for additions?			
3	Discharge Team Meeting	*Reviews initally discussed discharge criteria and adds to/modifies *Pools resources for returning home *Discuss any lingering concerns about home care / timing	2 days to schedule call	45 minutes	*Additional criteria identified that will have to be reevaluated with family	*Is there a way to involve family in some of these discussions? *Can team meet before to get input on criteria? *Can we create standard criteria for different patient types?			
4	Discharge Care Plan Created								
5	Finalize Discharge								
6	Schedule follow-up visits								



# **Understanding Value and Waste**

 Value added: activities that the client/community deems necessary, at the right time and cost (e.g., services, testing, etc.)

 Non-value added but necessary: activities that are necessary to support the client/community today but are not considered of value by the client/community (e.g., regulations, etc.)

 Non-value added: activities that the client/community deems unnecessary or are unwilling to pay for (e.g., waiting, errors, etc.)





### Where Do You See Waste?

### **Lack of Efficiency**

- Defects
- Overproduction
- Waiting
- Non-value added processing
- Transportation
- Inventory
- Motion
- Employee Underutilization

### **Lack of Effectiveness**

- Lack of adherence to:
  - Evidence-based practices and strategies
  - Guidelines and Recommendations



# **Team Sharing**

- What have you observed? (Think of clinical, administrative, or personal examples)
- What about:
  - Waiting in line for food at a ball game?
  - Checking in at your medical practice for a yearly exam?
  - o Car wash?
  - Getting a check cashed at the bank?
  - Signing up for a health fair?



# **Observation Example**

The basketball passing video

https://www.youtube.com/watch?v=vJG698U2Mvo



### What Did You See?

- What was the process?
- How many people were involved in the process?
- How many steps?
- Any steps unclear? (areas of improvement?)
- Any "waste" or "value" seen?



### What If You Can't Observe Your Process "Real Time"?

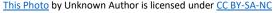
- Can you observe a portion of the process?
- Can you simulate the process?
- Can you use focus groups or key stakeholder interviews to "fill in the gaps"?
- Could you learn from a home visit?
- Could you benefit from following a family for a day (consider an empathy tour)?
  - Could start at the family's home and watch how they prepare for their doctor's appointment, what their transportation looks like, etc.
  - Helps you observe otherwise unknown barriers



# **Group Discussion!**

- What observations has your team already completed?
- How can this help your team now?
- What process could your team observe before the onsite?







# Gemba Examples

- Registration for new patients
- Patient flow through the clinic from check- in to check- out
- Lab draw in the clinic (the process of)
- Registering patients for a procedure
- Intake process for provider to provider referrals
- A group teaching visit for young mothers of children with g-tubes
- Care conference start to finish
- Transferring a patient from one unit to another
- Process for making appointments



# **Your Assignment**



- Decide on the process you will observe
  - What's the start/end of the process?
  - Reach out to your coach if you have questions about what or how to observe
- Decide how you will observe the process?
  - Can you observe it first hand or do you need to simulate?
- Schedule a time to go to gemba
  - Make sure you ok your observations with the staff you'll be observing



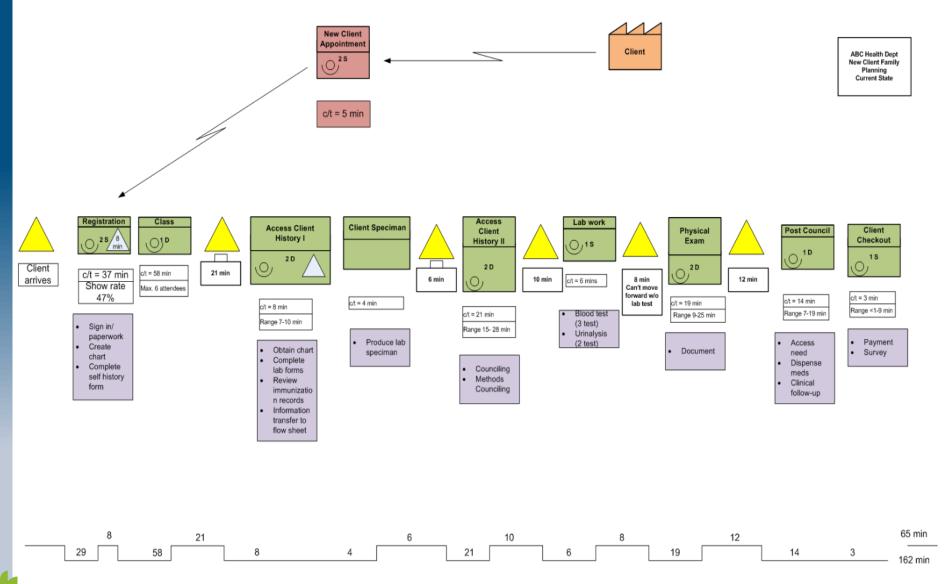
# Tips For Observation Success

- Observe as a team, but take notes as individuals (can use the data collection form)
- Stay focused on what the process looks like today
- Keep observing do not correct those doing the process
- Maintain an open mind and ask lots of open-ended questions
- Validate assumptions to clearly understand
- Observe in a variety of conditions to get a complete picture
- Don't forget to observe and record <u>actual</u> data (both quantitative and qualitative)
- Be respectful of those you are observing!

PROCESS DATA COLLECTION SHEET							
WHAT	¥HO	HOW LONG?	OPPORTUNITIES FOR IMPROVEMENT	IMPROVEMENT ID			
f. Describe the specific process step	t. Who performs the process	f. How long does it take to perform this	Inhere are there opportunities to improve	Inhat could be done to improve th			
2. List specific activities that take place in this	stop?	stop?	identification of patients, documentation of	to include screening guidelines.			
step 3. List specific Chlamydia/HIV screening	2 How many people do this	2. How long was the wait between this	sexual history, and ordering of screen?				
policies/procedures used during this step	stop?	process step and the next?					
(e.g. sexual history form, screening, etc.)							
Registration/Check-in	Clark (Zpaspla)	10 minutes (The patient waited for 5 minutes in	Sexualscreening forms were difficult to find	Color code the form and place it in astar			
Wolcomo pationt, confirm thoir namo, addross,		the waiting room until they were called back to	·	that it is easy to find			
phono numbor and domographic info; Givo pationt		the intake room)					
packot that includo so xual history form							
Intako	Modical Arsistant (2 pouple that pick-	15 minutos (The patient was taken from the inta	The patient war in the room with the parent when the sex-	Croato asafospaco for the patient to an			
	up a pationt ar they arrive)						
calcuato BMI							



## Bring Your Observations With You to the On-Site



Total 227 min

# **Questions?**





# **Storyboard Assignment**

### **Our Vision**

A world where all individuals enjoy optimal health and wellbeing

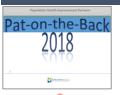


### **Meet the Team**





### **Proudest Moments**





### **Getting Involved**

We have the opportunity to improve the health of our community, but in order to do so, we must expand our thinking.

Many things contribute to our health and well-being. Incomes, lifestyle, health behaviors and our ability to access health-promoting services all affect our health.

We're involving leaders from a wide spectrum of community organizations in developing ways to engage residents in improving their health.

Participating communities will share and learn from each other as they develop best practices.

To be successful, everyone must get involved. That's why we're engaging leaders in health care, public health, social services, government, education, business and others.



# **Storyboard Assignment**

### Things to include:

- Condensed AIM
- Team members
- Family engagement strategies
- What you're most proud of
- Public Service Announcement
- Materials created so far that you want to share with other teams
  - Copies or prototypes of things you've developed
- Questions for other teams/what you would like feedback on (you will have area to write and leave comments)



# Storyboard Example

### **Our Vision**

A world where all individuals enjoy optimal health and wellbeing

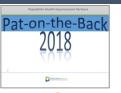


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# **Next Steps**

- Go to the gemba and come with your observations to facilitate mapping!
- Develop your team storyboard (see template)
- Continue your team meetings and coach calls
  - Be sure to schedule extra time to fully prepare for the inperson meeting
- Answer team questions per follow-up webinar email:
  - Top 3 successes; top 3 challenges; top 3 goals coming out of the in-person meeting



# **Project Updates**

- SPECIAL SESSION: Introduction to the State Team QI Measures
  - Zoom webinar: October 4<sup>th</sup> from 2-3 PM ET
- NEW!!! Open office hours with Meg for TA
  - Zoom webinar: Please respond to Doodle poll <u>https://doodle.com/poll/4eiazidnwdczruub</u>
- Thank you for August state team updates (-:
  - REMINDER: Due online last Friday of the month
- Next e-Newsletter out by last week of Sept.
- Other questions? Type into chat → we will respond via email



# **CMC CoINN Upcoming Events**

Sep	Webinar: Team Sharing and Intro to Observation Walks (State Team Reps) 9/17, 12pm-1:30pm EST	
Oct	Webinar: Introduction to the State Team QI Measures (State Team Reps) 10/4, 2:00pm-3:00pm EST  Office Hours: Measures (State Team Reps) Date: TBD, Time: TBD	Learning Session (State Team Reps) 10/28 , 4:00-7:00pm 10/29 & 10/30, 8:00am-5:00pm EST Location: AAP, Itasca, IL
Nov	Webinar: LCM Follow-Up Topic (State Team Reps) 11/29, 1:30pm-3pm EST  Monthly Open Office Hours with Meg Date: TBD, Time: TBD	
Monthly Open Office Hours with Meg Date: TBD, Time: TBD		



# A Conversation on Protecting Rights of Children with Medical Complexity in an Era of Spending Reduction

Sufficient access to services for children with medical complexity varies considerably by state, geographic region and payer. Families, advocates, and health care professionals need to understand children's rights. Policymakers and payers must help support reliable and appropriate coverage and benefits. Learn how medical-legal partnerships and other forms of advocacy can protect the rights of children and support families in an era of cost containment.

Speakers: Jane Perkins, JD, MPH, Jeffrey L. Goldhagen, MD, MPH, Edwin Simpser, MD Moderator: Rishi K. Agrawal, MD, MPH

Join Us! September 20, 2018 from 11 am-12 pm PST Audience Q&A is highly encouraged. Attendees can listen via web or phone.

Register: lpfch.org/aapsupplement





# We need your feedback!

- Webinar Evaluation please participate!
  - Link: <a href="https://www.surveymonkey.com/r/D6B9C7V">https://www.surveymonkey.com/r/D6B9C7V</a>
  - See chat box to click directly on the link
  - Short & sweet: Only 1 page, 5 questions
  - Carpe Diem!
- CONTACT US anytime!
  - Your Coach: Project implementation questions
  - BU: Administrative questions



### Thank You!

Meg Comeau mcomeau@bu.edu

Sally Bachman sbachman@bu.edu



Bethlyn Vergo Houlihan bhoulihan@bu.edu

Boston University School of Social Work

Sherry Leonard sleonard@improvepartners.org

Mary Webster mwebster@improvepartners.org



Kerri Deloso kdeloso@improvepartners.org

