

2024 QI Summer Series: *Bringing QI to the Bedside*

PDSAs



Overview

- Brief overview of 12th Annual Conference
 - ILPQC QI Framework: Model of Improvement
 - PDSAs
 - Interactive Session
 - Wrap-up
-



SAVE THE DATE

ILPQC 12th Annual Conference

10.30.24

THE WESTIN LOMBARD



**Registration
Coming Soon!**

**The Westin Lombard
Hotel Room Block
Coming Soon!**

Make sure at least **one *physician champion*, one *nurse champion***, and **a *patient partner*** are there to represent your ³

ILPQC Bedside Nurse Scholarship Opportunity Coming Soon!



- Each hospital can send 1 bedside OB and 1-Neonatal nurse to attend the 12th Annual Conference in Lombard, IL.
- Discounted registration & 1-night hotel stay provided.
- More details to come.

ILPQC Patient Partner Opportunity Coming Soon!



ILPQC Patient Partners
working with an ILPQC hospital
are invited to attend the 12th
Annual Conference in Lombard, IL.

- **FREE Registration and 1-night Hotel stay will be provided.**
- **More details to come.**

Submit your Data!

- All data baseline-August 2024 will be **due on September 27th, 2024**, for award consideration.

Call for QI Abstracts!

- **Info coming soon!** All hospital teams are asked to submit an abstract on their QI work (can be in progress). **Due: Friday September 20th, 2024**

ILPQC Annual Conference Survey!

- We want to hear from you! **Survey opening soon!**
- This is a great opportunity to share your teams' thoughts & insights reflecting on 2024 and planning for 2025!

Upcoming Annual Conference Prep



**Data &
AC Teams Survey due:
Friday September 27th,
2024**

12th Annual Conference Planning Committee Volunteers



- Join the team to help bring the ILPQC magic to life!
- Join the 12th Annual Conference Planning Committee!
- Interested? Email info@ilpqc.org



12th Annual Conference

ILPQC Partner Tables



- Want to share your organization's resources with the ILPQC teams?
- Want to engage directly with attendees, foster relationships and collaborate with attendees?
- **Interested?** Email info@ilpqc.org





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Project Coordinator



KIELA MORENO, MPH
Project Coordinator



CORLISS DAVIS
*Community
Engagement*

ILPQC Central Team

ESSI Prioritization matrix template

Review from June

| Driver # | Driver name | Importance + or - | Parent Importance + or - | Resource Intensity + or - | Complexity + or - | Score + or - | Priority Rank # |
|----------|-------------|----------------------|-----------------------------|------------------------------|----------------------|-----------------|--------------------|
| | + or - | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

1. Determine driver to be evaluated
2. Determine criteria & rating scale
3. Score each intervention using criteria
4. Prioritize list of potential inventions

Process Mapping

- Flowchart or simple diagram shows all the steps involved in doing something
- Helps team to understand how a process works
- Identify any unnecessary steps
- Find ways to make it more efficient



Goals of the 2024 QI Summer Series

Today's Focus:

-fundamental framework used to test changes in a structured way

Refresh your QI tools to apply the Model of Improvement to your work

ILPQC QI SUMMER SERIES:

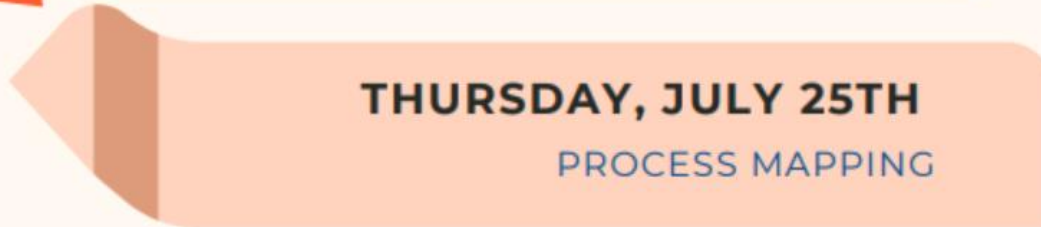
Bringing QI to the Bedside

QI ESSENTIAL TOOLS TO ACTIVATE YOUR TEAM



THURSDAY, JUNE 27TH

PRIORITIZATION MATRIX



THURSDAY, JULY 25TH

PROCESS MAPPING



THURSDAY, AUGUST 22ND

PDSA CYCLES

Implement QI strategies directly where patient care is delivered



Scan me!

JOIN US VIRTUALLY FROM 12:00-1:00PM FOR ILPQC'S
SUMMER LUNCH & LEARN QI SERIES
ALL ARE WELCOME TO ATTEND!



Plan-Do-Study-Act (PDSA) cycles

a useful QI tool for documenting a test of change

Model for Improvement

- Framework to guide and accelerate improvement work
- Model for Improvement has two parts:
 - Three fundamental questions
 - Plan-Do-Study-Act (PDSA) cycle
- Guides the team through:
 - Process of establishing appropriate measures
 - Creating changes
 - Evaluating changes
 - Implementing changes and spreading changes



Source: Adapted from The Improvement Guide (2009)



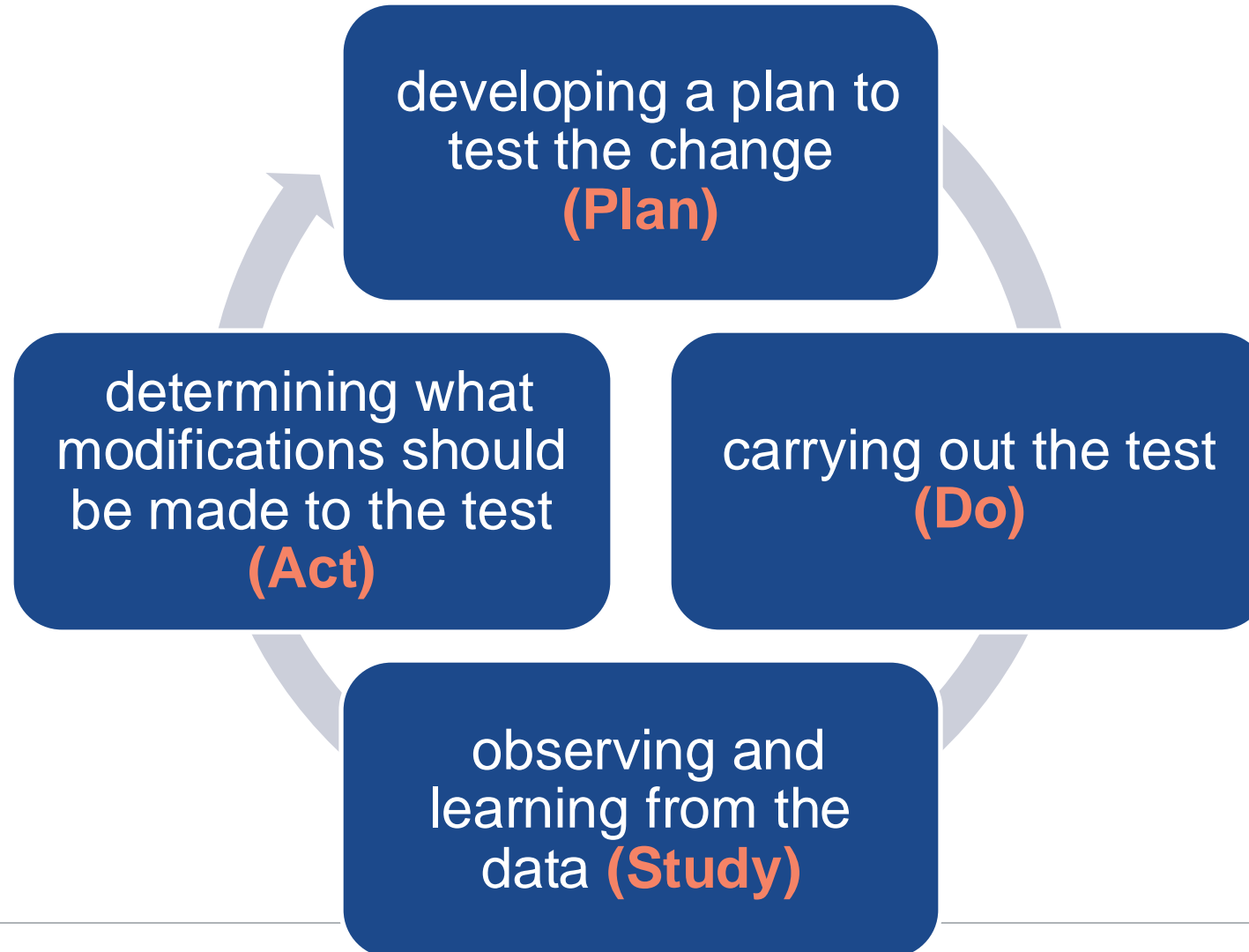


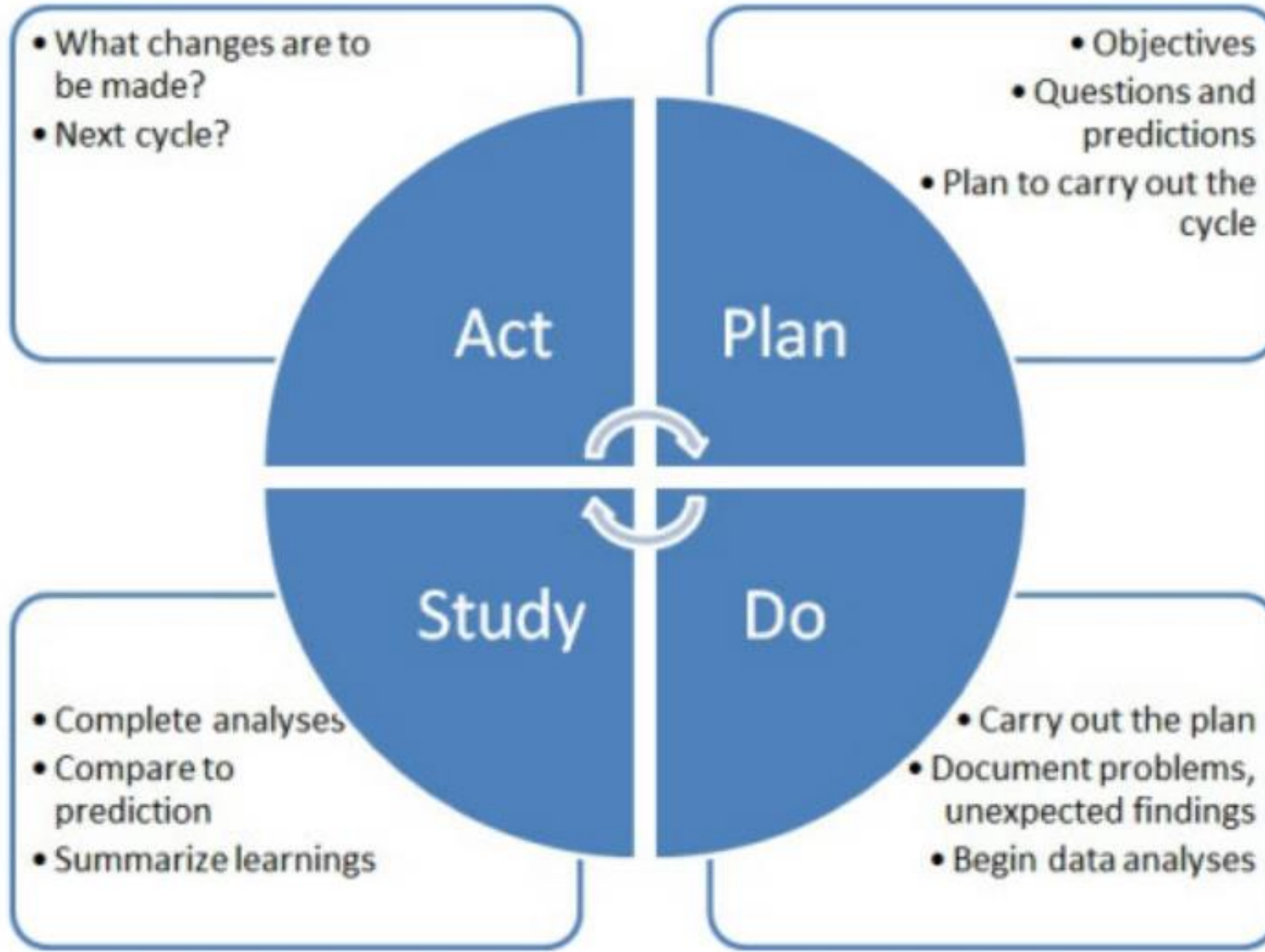
SCAN ME



**IHI PDSA
Resource**

PDSA: Breaking it down





ILPQC's PDSA resource for initiative toolkits



PDSA WORKSHEET

| | | |
|------------------------------------|---------------|-----------------------|
| Team Name: | Date of test: | Test Completion Date: |
| Overall team/project aim: | | |
| What is the objective of the test? | | |

PLAN:

Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen?

PLAN

| List the tasks necessary to complete this test (what) | Person responsible (who) | When | Where |
|---|--------------------------|------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Plan for collection of data:

DO: Test the changes.

Was the cycle carried out as planned? Yes No

Record data and observations.

What did you observe that was not part of our plan?

STUDY:

Did the results match your predictions? Yes No

Compare the result of your test to your previous performance:

What did you learn?

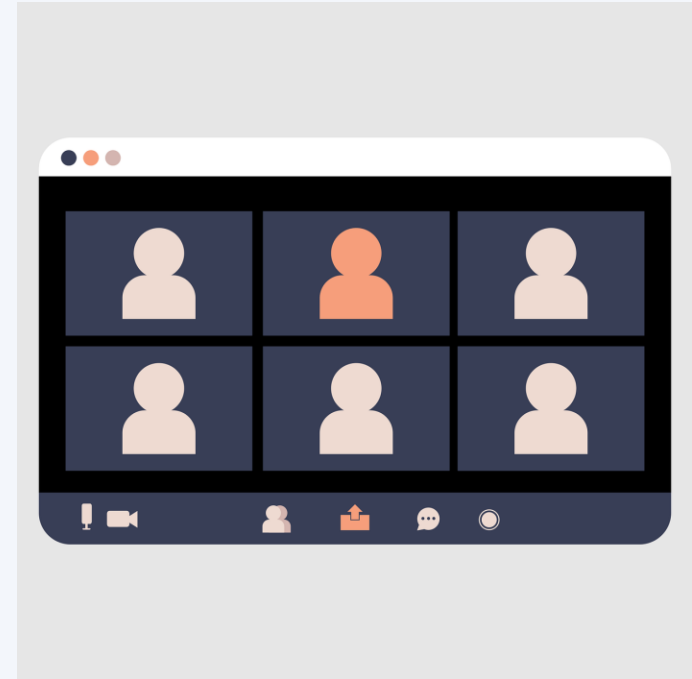
ACT: Decide to Adopt, Adapt, or Abandon.

Adapt: Improve the change and continue testing plan.
Plans/changes for next test:

Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

Abandon: Discard this change idea and try a different one

Interactive Session



Scenario: QI Team Monthly Meeting

- **Hospital Demographics:** Suburban, level II hospital, 80-90 births/month
- **Team Leads:** Alana (RN Champion) and Patti (QI Lead)
- **QI Team members:** you on the call (interdisciplinary team)
- **Accomplishments**
 - Readiness survey complete
 - QI team has a regular meeting set-up
 - Attended data training calls, QI Leader calls and Jan-May monthly webinars
 - All data is in and current, including baseline data
 - Prioritization matrix tool to determine next steps
 - SIPOC Diagram for sDOH Screening and Linkage
 - **Next: focus on testing one of the key strategies in our day-to-day**

Key Driver Diagram



Aims

By December 2025:

1. Greater than 70% of Illinois birthing and children's hospitals will address disparities and promote neonatal equity by actively participating in the ESSI initiative.

2. Greater than 80% of infants will be discharged from ILPQC hospitals with a completed ESSI bundle.

ESSI Bundle:

Primary Drivers

Healthcare Professional Commitment

Inclusive Clinical Environment

Parent and Caregiver Empowerment

Community Partnerships

Healthcare Data Utilization

Secondary Drivers

- Equitable and Respectful Care Education and Implementation
- Safe Sleep Environment Education and Implementation

- Organizational Leadership Commitment
- Equitable and Inclusive Unit Policies
- Parent and Caregiver Experience Prioritization

- Respectful Parent and Caregiver Partnerships
- Safe Sleep Awareness
- Transition to Home, including SDoH Screening and Resource Linkage

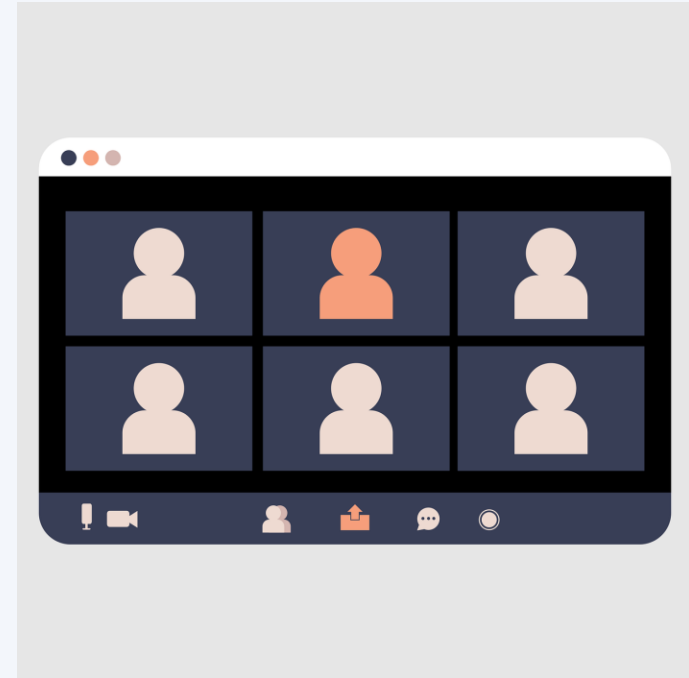
- Resource Mapping
- Building Relationships with Community Organizations
- Transfer of Care to Community Providers

- Collection of Accurate Race and Ethnicity Data
- Dissemination of Stratified Data
- Application of Data to Address Inequities

- **Awareness:** Parents or caregivers report an understanding of a safe sleep environment, including navigating challenges to safe sleep at home
- **Readiness:** Family is prepared for a transition to home, including SDoH screening and resource linkage
- **Transfer of Care:** ESSI Newborn Care Plan (Awareness & Readiness) documented in the discharge

Breakout Rooms

- SDOH screening and linkage
- Identifying a patient partner
- Setting up a respectful care launch



Questions?
Clarifications?
Examples?





Thank you for your participation!

Coming via Email: QI Summer Series Evaluation

- Feedback to successful learning
- Feedback on what opportunities you would have liked to see
- Suggestions on what would be helpful for you and your QI teams
- Suggestions on future QI topics to help you participating in ILPQC initiatives



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