Safe Prescribing Action Group:

Basics of QI and Application for Safe Prescribing Culture in Residency Programs

CALIFORNIA HEALTHCARE FOUNDATION

California !mprovement Network

Better Ideas for Care Delivery

Agenda

- Housekeeping & Accreditation
- Quality Improvement Models
  - What is QI? Why is it important in our work?
- Guiding Change in your Organization
  - Managing resistance
  - Communication
  - Leadership engagement
- Calendar

Faculty

Kelly Pfeifer, MD
Director, High-Value Care
CHCF

Diana Coffa, MD
Residency Director
UCSF/SFGH Family Medicine
Residency Program

Kristene Cristobal, MS
Cristobal Consulting, LLC

Housekeeping

- This session will be recorded
- Slides and recording will be posted on action group website (Basecamp) within a week
- To ask a question:
  - Logistical questions: Use CHAT to the Host
  - Questions for Speakers : Use CHAT to ALL
- Webinar Evaluation: please take a moment at the end of the webinar to give feedback

Accreditation Information

Physicians

Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Boston University School of Medicine designates this live activity for a maximum of ***1.5 AMA PRA Category 1 Credits™***. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Target audience: Residency Programs Across California

- **Educational Objectives:**
- At the conclusion of this activity, participants will be able to:
- Understand basics of quality improvement and change management
- Discuss how to implement these methods in the residency clinic setting

FOR CME CREDIT: Complete evaluation

Faculty

CME Course Director: Daniel Alford, MD, MPH, FACP, FASAM

- Dr. Alford has nothing to disclose with regard to commercial interests.

Diana Coffa, MD

- Dr. Coffa has nothing to disclose with regard to commercial interests. She does not plan on discussing unlabeled/investigational uses of a commercial product.

Kristene Cristobal, MS

- Ms. Cristobal has nothing to disclose with regard to commercial interests. she does not plan on discussing unlabeled/investigational uses of a commercial product.

Kelly Pfeifer, MD

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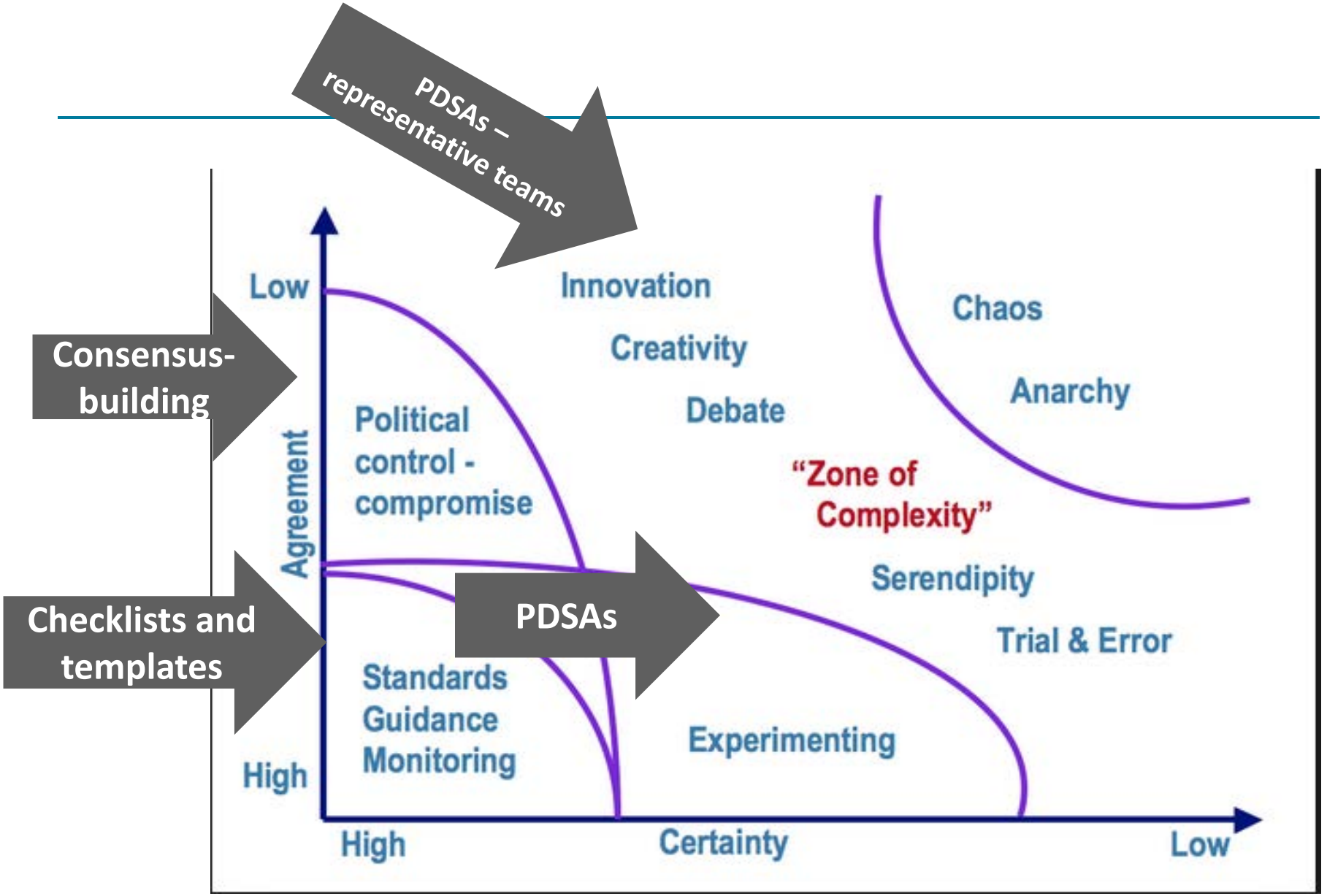
QI What's In It For Me? (WIIFM)



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What is Quality Improvement?

Change at system level

- Work at the frontline level, with multi-disciplinary staff and teams

Regular, ongoing assessment and measurement

Reduction of variability

Process focus, not individual as good/bad

Examples

- Increase patients with urine toxicology screening
- Develop standard approaches to patients with abnormal drug screen results

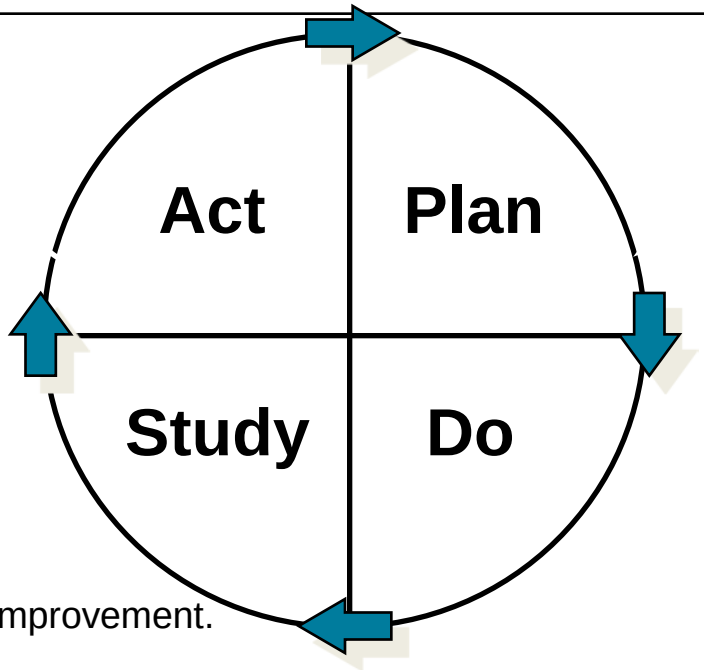
Time for a QI Poll

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



From Associates in Process Improvement.

Model for Improvement

SMART Goals

What are we trying to accomplish?

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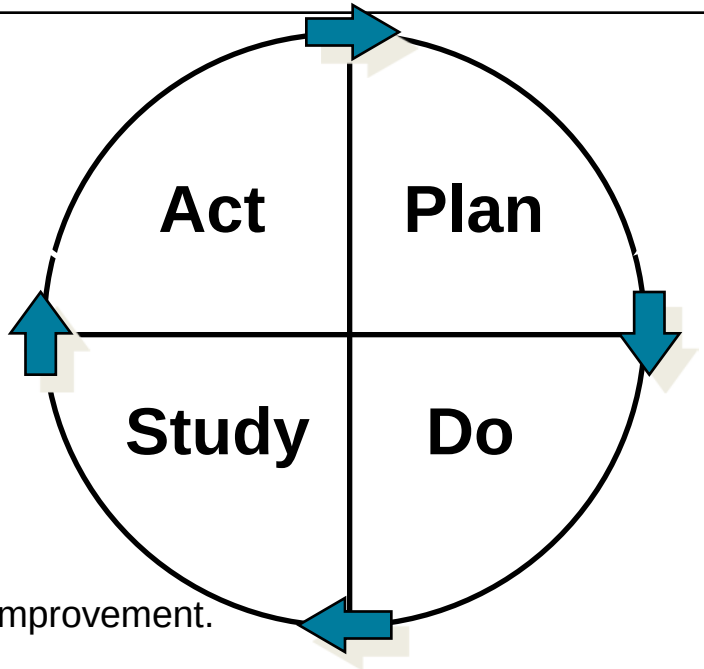

From Associates in Process Improvement.

SMART GOALS	On target examples	Not so much
SPECIFIC	We will design and test 8 hours of residency training for first year residents	We will improve our curriculum
MEASURABLE	80% of attendings will sign a commitment to follow safe prescribing guidelines by June 2016	We will get buy in for a new culture
ACHIEVABLE	We will identify members of a review committee and review at least 2 charts a month for 3 months	We will implement guidelines, start a review committee, and implement a complementary care clinic by September
RELEVANT	At least 2 attendings will get bupe licenses by June	We will hire two more pain specialists
TIME-BOUND	Design urine drug screen workflow by September, test through December, review at provider meeting in January, adopt by June	Our clinic will be a better place to work eventually

Diana's SMART goal example

"Increase naloxone in our clinic."

- How can we make this more:
  - Specific
  - Measureable
  - Achievable
  - Realistic
  - Time-bound

Team example

Create a clinic opiate oversight committee to include family medicine residents and faculty by Jan 31, 2016 with clear guidelines for referral and process implementation of the committee by March 1, 2016.

- Which residents?
- What is ‘process implementation’?
- What important outcome will this impact?

Model for Improvement

Measures

What are we trying to accomplish?

How will we know that a change is an improvement?

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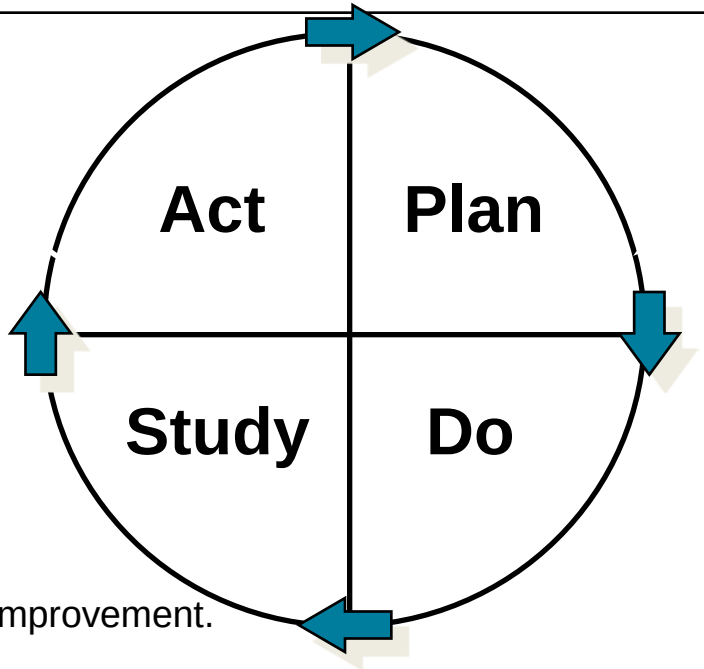


From Associates in Process Improvement.

All in the Family… of Measures

Outcome

- Are changes actually improvements?
- Important to patients/customers
- Necessary to show outcomes for performance targets

Process

- Are we making the changes we planned to?
- Process measures show improvement more quickly than outcome measures
- Motivating for staff to see results of their QI work

Balancing

- Unintended consequences
- What concerns the team that we should track?

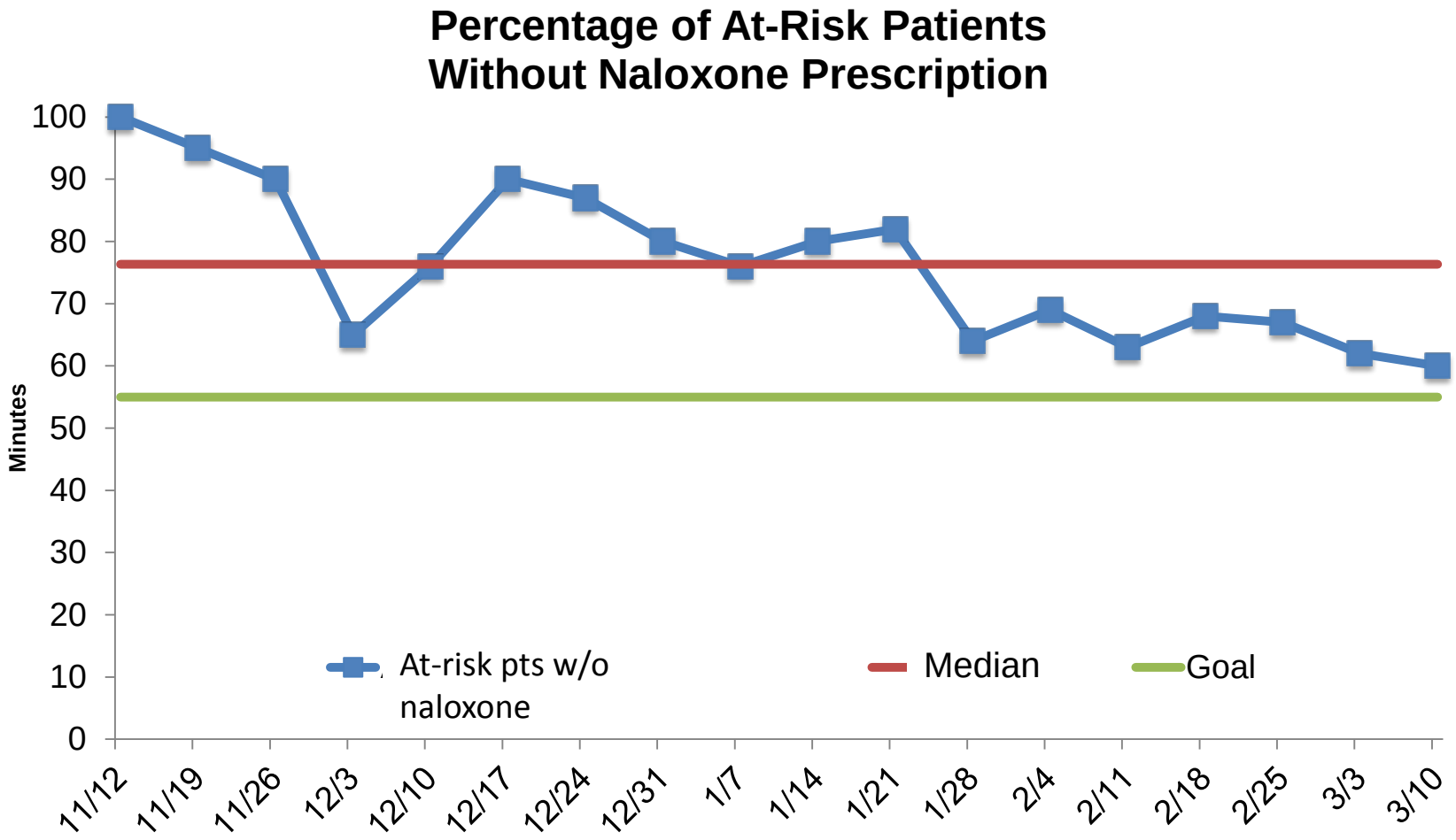
Oversight Committee Family of Measures

Name of Measure	Type
Percent reduction of opioid dose in clinic	Outcome
Number of patients whose opioid doses are reviewed	Process
Pain score Patients dropping out of clinic	Balancing

Diana's Naloxone Family of Measures

Name of Measure	Type
Opioids deaths in the population	Outcome
Percentage of at-risk patients with a naloxone prescription	Process
Cycle time of chronic pain patient visits	Balancing

Run Charts in Primary Care



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Model for Improvement

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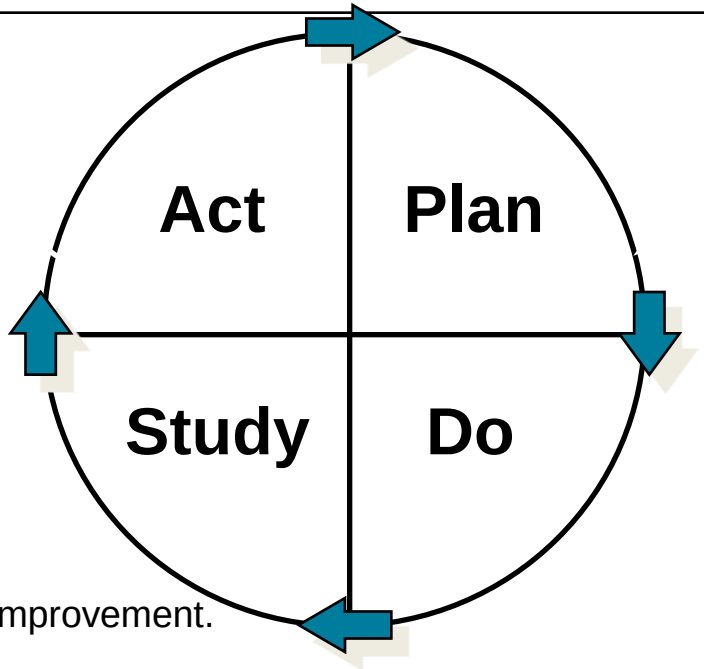
Small tests of change



From Associates in Process Improvement.

Why do Small Tests of Change?

- Understand the likelihood that change will result in improvement
- Understand the extent and limitations of the change
- Learn to adapt the change to local environment
  - **Evaluate cost**
  - **Address unexpected consequences**
- Gain buy-in and minimize resistance if change is implemented and spread

Adapted from the Institute for Healthcare Improvement Breakthrough Series College.

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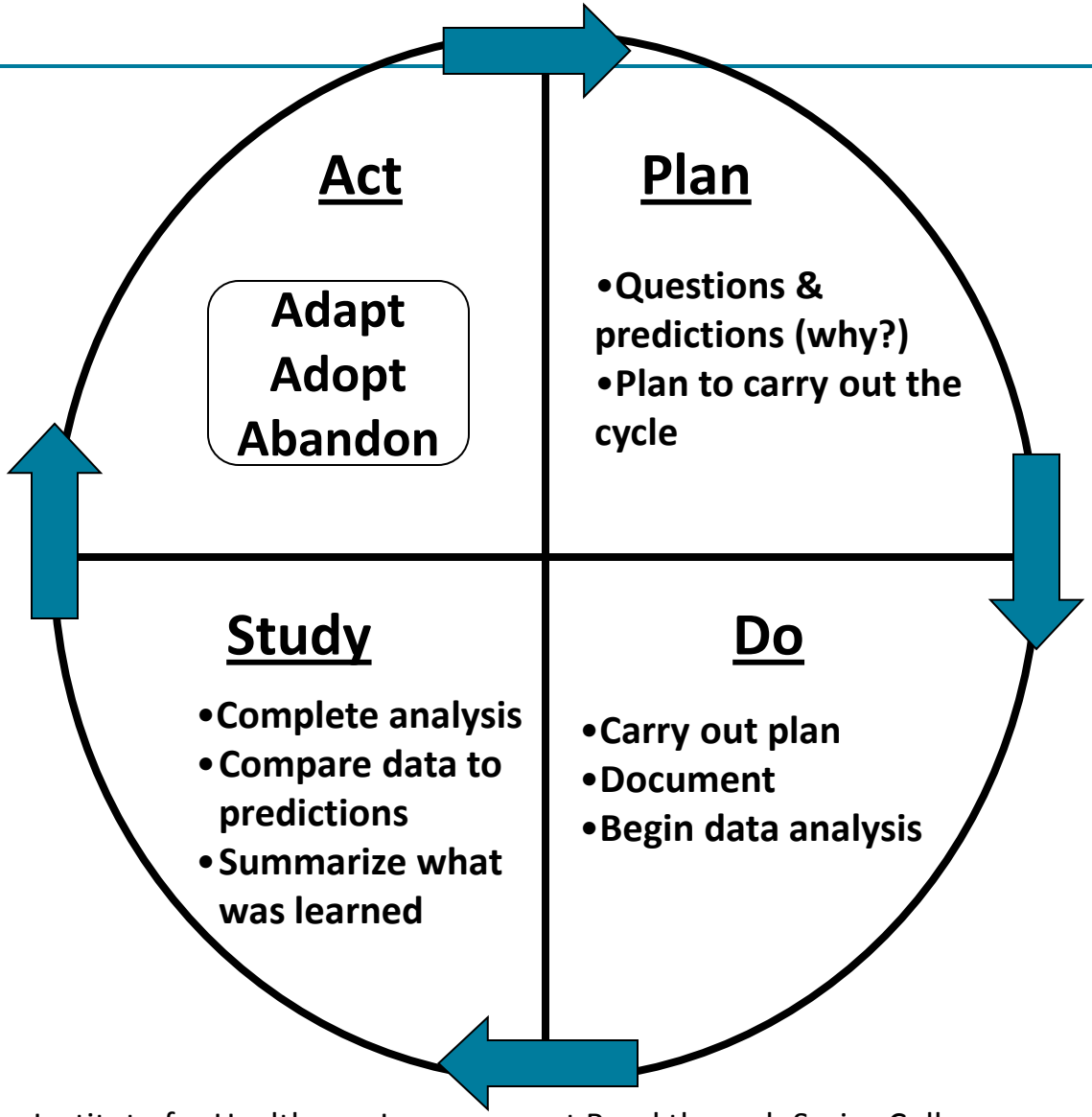
PDSA – Rapid Cycle Improvement

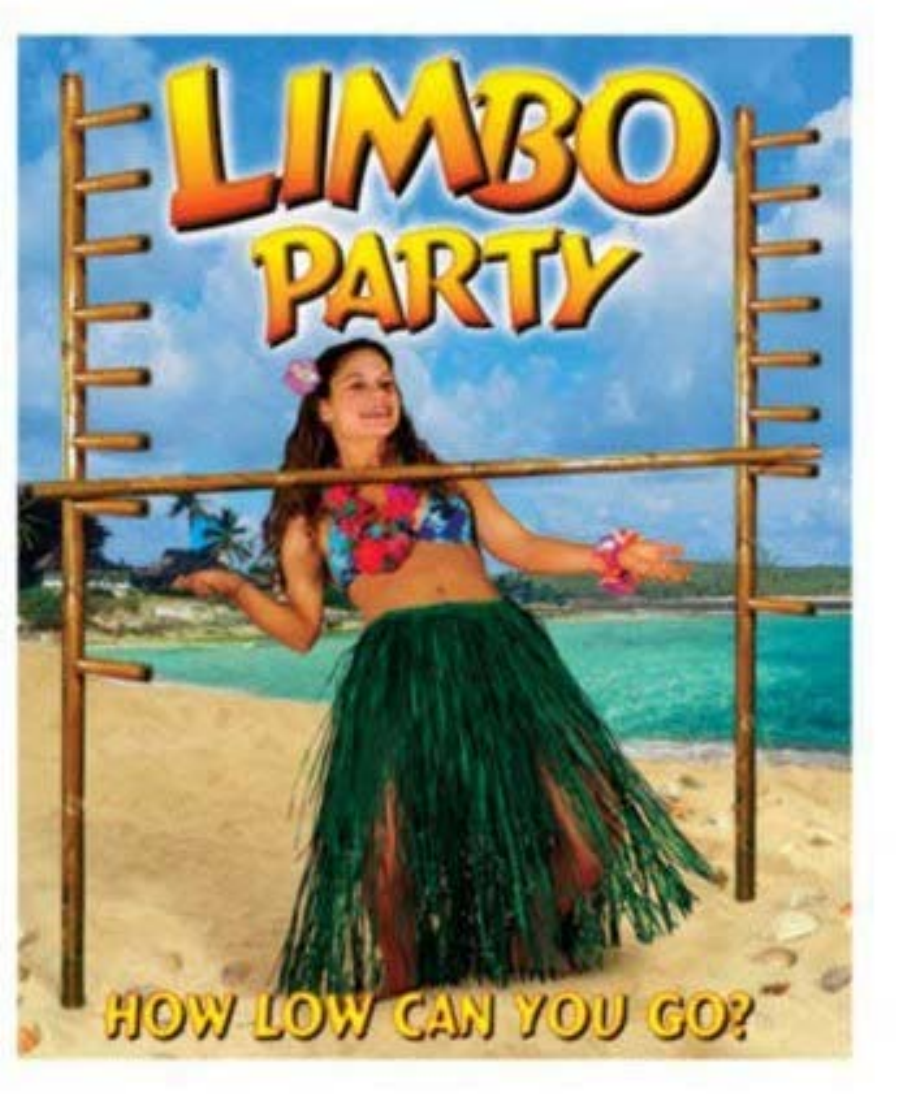


Adapted from the Institute for Healthcare Improvement Breakthrough Series College.

Diana's tests of change examples

- Aim: By January 2016, 100% of patients on opioids will have a naloxone prescription and a kit, and will be trained in how to use it.
- Plan
  - Contact Walgreens throughout the city to insure they carry naloxone
  - Order 300 kits
  - Stock all four nursing stations with 75 kits each and a log book to track prescriptions
  - Grand rounds in September to teach providers
  - Launch email right after grand rounds
  - Discuss at provider meeting the following week
  - Add a section to R2 seminar on chronic pain management
  - Have medical assistant enter data from log book into database to track prescriptions
  - Provide quarterly reports to providers about their compliance

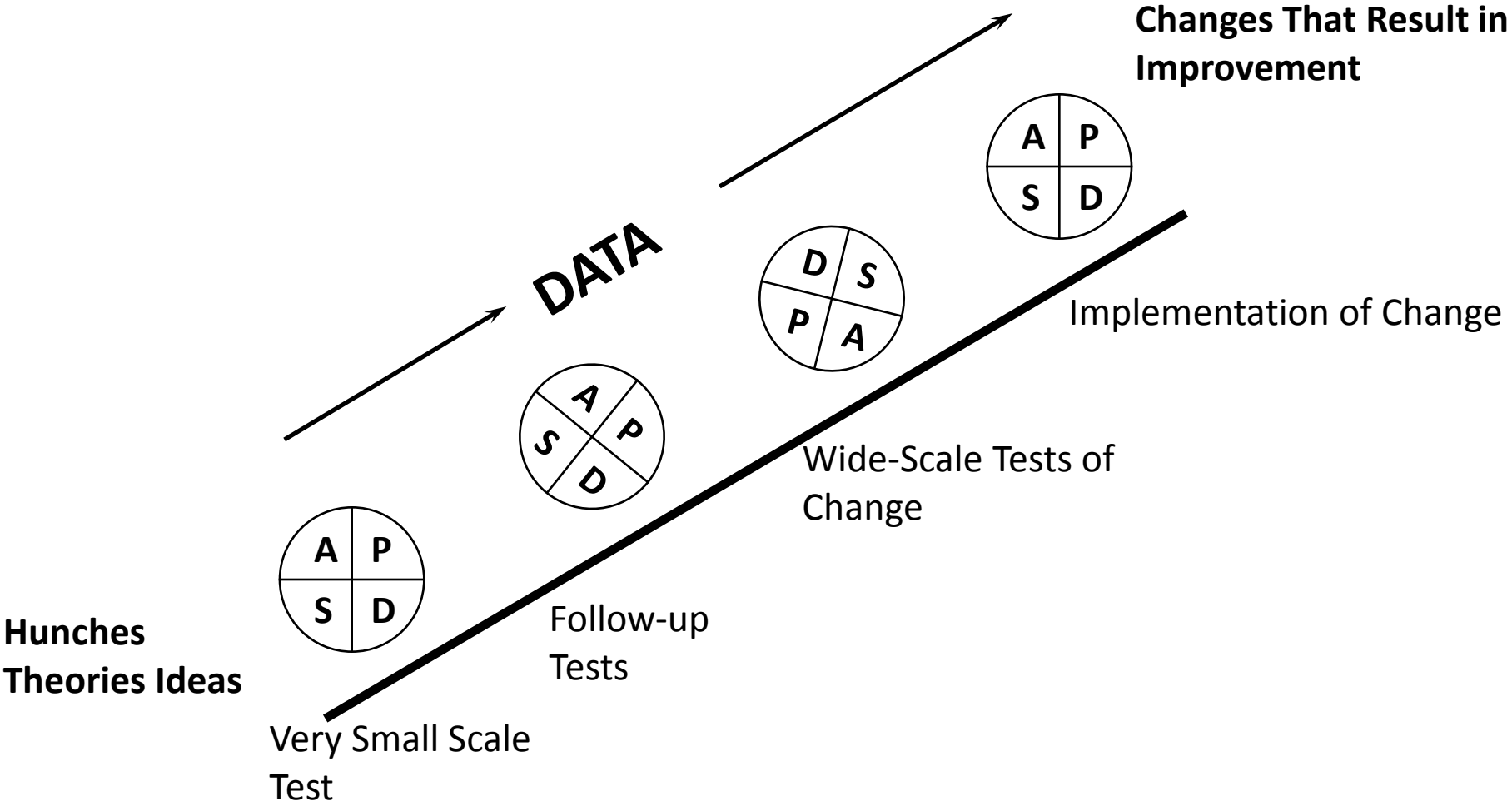
How Low Can We Go?



Aim:
By January 2016, 100% of patients on opioids will have a naloxone prescription and a kit, and will be trained in how to use it.

PDSA:
Stock all four nursing stations with 75 kits each and a log book to track prescriptions

Repeated Uses of PDSA Cycle



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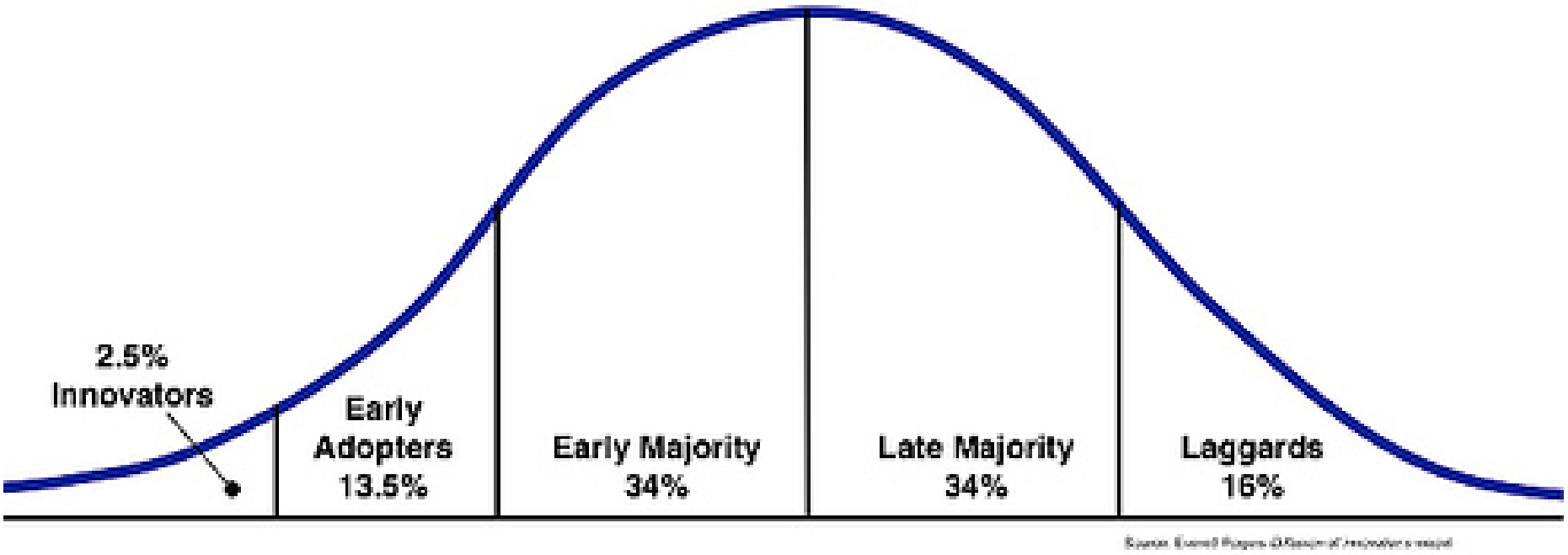
MANAGING CHANGE

Change is not just about ideas

It is also about people

Technology Adoption Curve
Everett Rogers—Diffusion of Innovations 1962



We are all sometimes laggards and sometimes innovators.

And we also each have tendencies in one direction.

Exercise:

- Think about a time when you were an early adopter and a time when you were a laggard
- What was different for you about the two situations?
- Using the chat function, tell us what made you an early adopter
  - Did you believe in the problem? The solution? The leaders? Your own role?

Technology Adoption Curve
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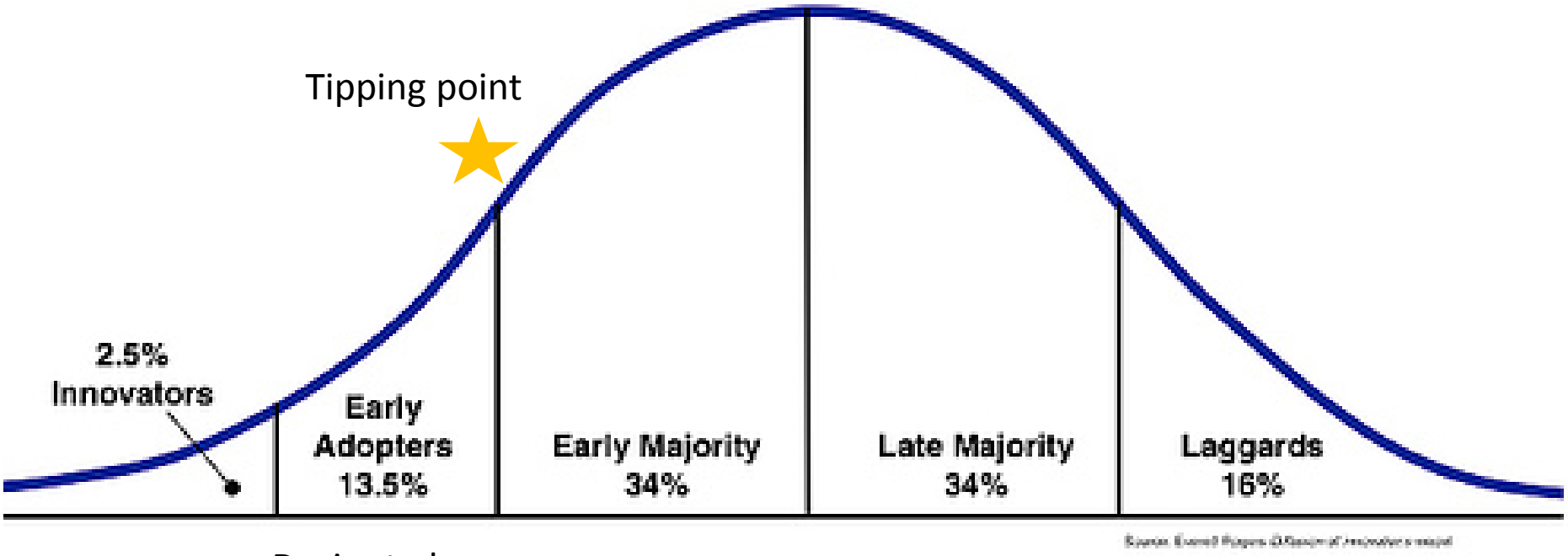


Ease, simplicity, Good ideas

Desire to be a leader/champion

Incentives/costs

Value/usefulness

Mandate/ consequences

Thought leaders

- The rest of the organization listens to thought leaders.
- They may be thought leaders because they are
  - In leadership positions
  - Compelling and charismatic
  - Demonstrated success
  - Smart and thoughtful
  - Willing to speak up
  - Angry

Identify the thought leaders in your organization

- Work closely with the early adopter thought leaders.
  - They are the engine for change

Cultivate your early adopters

Identify the thought leaders in your organization

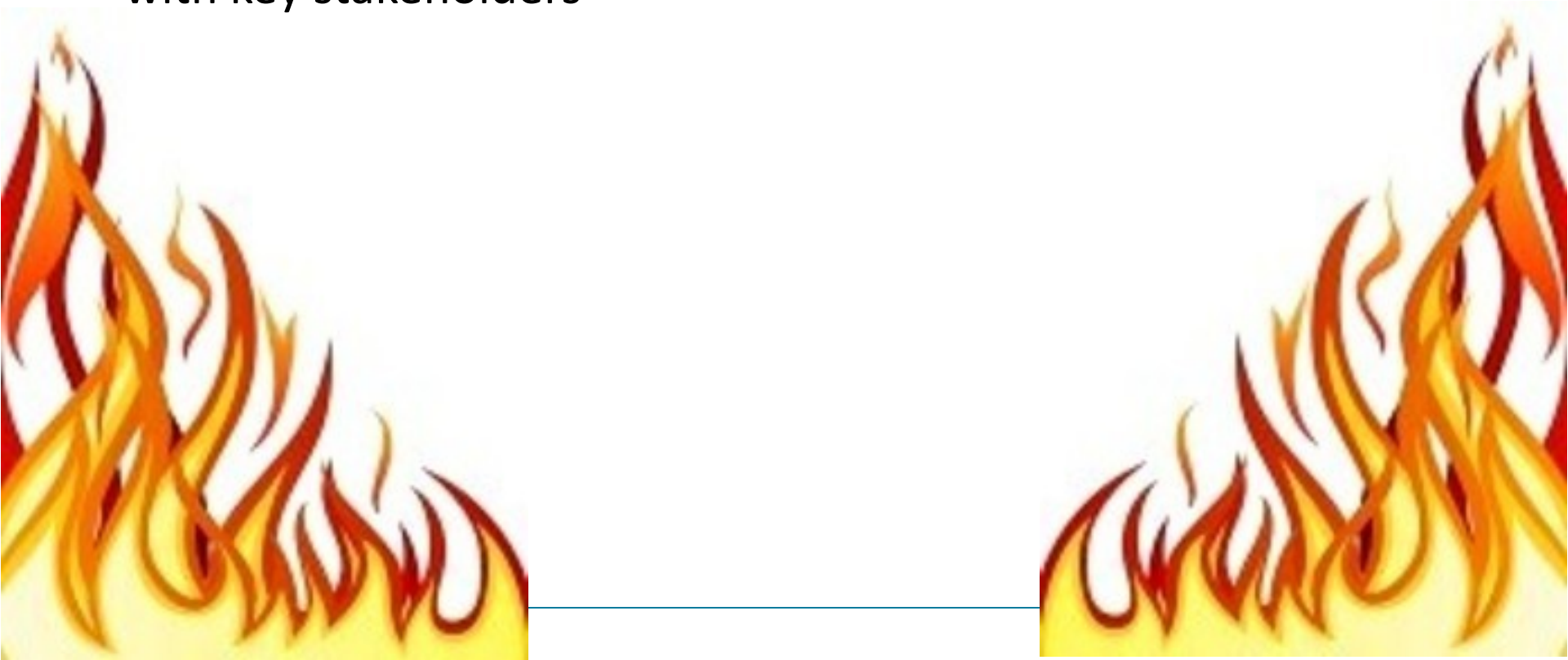
- Work closely with the early adopter thought leaders.
  - They are the engine for change
- Bring laggard thought leaders on board
  - Before group meetings
  - Give them an opportunity to vent, discuss their concerns with you 1:1
  - Give them ownership over something

Exercise:

- Have you had success bringing an important stakeholder on board?
  - Above you in the chain of command
  - Below you
- In the chat section, tell us what you did to get buy-in from someone whose support you needed.

The burning platform

- Everyone is more motivated when they believe the problem is real.
- Make a case for the importance and urgency of the problem with key stakeholders



Exercise

- Can you articulate the burning platform that you are trying to address around chronic pain?
- In the chat box, articulate the problem you hope to address in your clinic in a way that will engage front line staff
- Now articulate the problem in a way that will engage hospital or clinic leadership

Technology Adoption Curve
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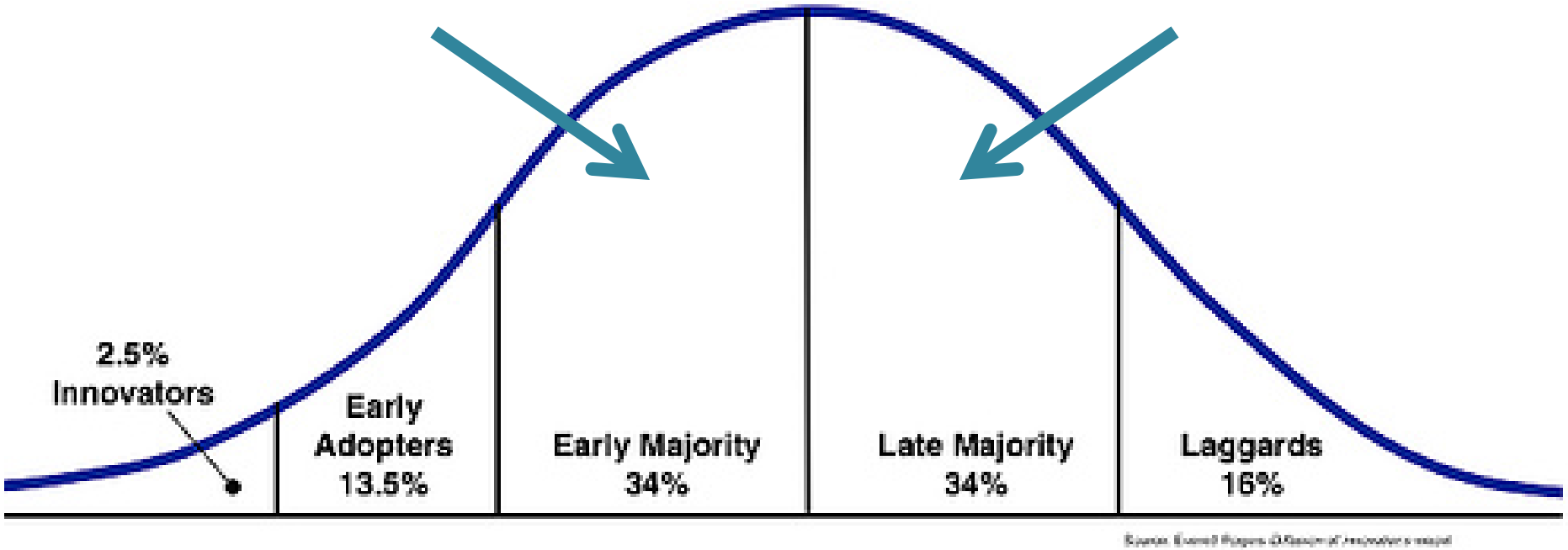

Communicating about change

- People are busy
- Residents and doctors are beyond busy
- They may not read your carefully crafted email

Overcommunicate

- Communicate 10 times as much as you think you need to
- Use 10 different formats and media

Exercise

- What are some creative ways you have shared messages within your organization?
- Write your answers in the chat box

Communication media (use multiple)

- Email
- Snail mail flyers
- Posters
- Meetings
- Teaching conference, grand rounds, lunch talks
- Pre-clinic huddles or pre-clinic teaching
- Videos
- Provide metrics by mail, email, or post on the wall
- Checklists

Residency Action Group 2015-16 Calendar

	July	August	September	October	November	December	January	February	March
Webinars 90 min	7/22 12pm	8/28 12pm Password: chcf Code: 668 818 809	9/8 12:30pm Password: chcf Code: 668 610 299		11/9 12pm Password: chcf Code: 661 331 076	12/14 12pm Password: chcf Code: 665 897 286	1/11 12pm Password: chcf Code: 663 298 057	2/8 12pm Password: chcf Code: 669 393 250	
Office Hours			~~9/21 11am Password: chcf Code: 662 422 708~~	**New Time TBD**	11/23 12pm Password: chcf Code: 669 822 219		1/25 12pm Password: chcf Code: 669 860 079	2/29 12pm Password: chcf Code: 663 211 015	
In-person				10/1 9-5pm					3/24 9-5pm
Topics	Addiction and pain	QI and Change Mgmt	Behavioral Health	SCOPE, Team planning	Patient engagement, self-care, integrative medicine	Art and science of opioid tapering	Medication-assisted treatment	TBD	Harvest our learnings
Coaching	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly

Reminder to register for 10/1 SCOPE of Pain training.

https://www.scopeofpain.com/in-person-training/ choose Waterfront Hotel, Oakland, CA, Oct 1, 2015

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Please Fill Out the Evaluation (CME Credit)

http://goo.gl/forms/i6gMH4CkMR

Questions?

- Diana Coffa, MD, faculty

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- Kristene Cristobal, coach and project manager

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- Kelly Pfeifer, MD, Project Lead

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