

Welcome!

ACEs Implementation Office Hours

April 22nd, 2021



Housekeeping Reminders



Audio

Link your audio to video if you called in via phone



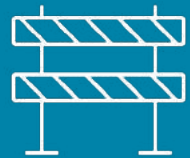
Chat Box

Please chat in your questions



Name

Add your Name and Organization



Tech Issue

Private chat Nikki for assistance

Agenda



Housekeeping



Warm-up Activity



Using Data Sets and Lessons learned to drive Improvement



Discussion and Reflection



Upcoming Dates & Opportunities



Closing





Session Goals

- 1 You will learn how to utilize your available data sets to drive improvements
- 2 Review ways to generate change ideas
- 3 Discuss methods to prioritize change ideas

Faculty



- Karissa Lockett, RN, BSN, MSW
- Proud to be a Nurse for over 25 years
- Has worked in quality arena and part-time for the Joint Commission for the past 12 years
- Doesn't know what she wants to be when she grows up
- Momma Bear to a lovely 15-year-old daughter and a 1-year-old Cavalier King Charles

Aw, Springtime...

- Describe in one or two-words how Springtime makes you feel?
- Link: <https://www.menti.com/9tukdh48ix>





From Roadmaps to Sustaining/Spreading Improvements

1. Review your data sets
2. Select measures to improve upon
3. Compile Change Ideas
4. Prioritize Change Ideas
5. Test Change Ideas
6. Document Lessons Learned (QI Process)
7. Identify key changes, then spread

Foundational Data Sets



California ACEs Learning and Quality Improvement Collaborative
Quarterly clinical data reporting dashboard

Prepared by the Center for Community Health and Evaluation

CONTENTS

- Measure 1: Percent of primary care providers who completed the state training for ACEs screening
- Measure 2 (Pediatrics): Percent of eligible patients screened for ACEs
- Measure 3 (Pediatrics): Percent of patients screened who were high risk for ACE-associated health conditions
- Measure 4 (Pediatrics): Percent of patients warranting follow up/referral who received a response
- Measure 2 (Adults): Percent of eligible patients screened for ACEs
- Measure 3 (Adults): Percent of patients screened who were high risk for ACE-associated health conditions
- Measure 4 (Adults): Percent of patients warranting follow up/referral who received a response

Quarterly Data Reports

Clinic capabilities related to ACEs screening and response

Foundation
The questions in this section relate to the essential practices and structures that a healthcare team needs to educate, screen, assess, and respond to ACEs and other traumatic experiences.

1 No This is not in place at all
2 Somewhat/limited
3 Somewhat/adequate
4 Yes
5 Unsure

1. Understanding of and commitment to trauma and resilience-informed care and supporting practices

	1	2	3	4	5	UNSURE
Our clinic provides education or training to all staff and providers on trauma and resilience and implications for care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our clinic's formal policies and procedures reflect language and practice of trauma and resilience-informed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Leadership is supportive of screening and response to ACEs and actively promotes trauma and resilience-informed care

	1	2	3	4	5	UNSURE
Leadership expresses commitment to implementing trauma and resilience-informed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership focuses on recruitment and retention of diverse health care team members (i.e., providers that reflect the social, ethnic, and cultural diversity of our patient population with trauma-informed care expertise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership engages in learning activities related to trauma-informed care, including with health care teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership practices cultural humility (including engaging in training and open discussions related to individual and institutional power and privilege, to reduce implicit bias and create a culture of equity and collaboration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Feedback on Implementation

“It doesn’t take as long as I thought it would to screen” Dr. Marcus Welby

“I found out helpful information about my patients” Dr. BJ Hunnicutt

“Made well-child visit go smoother” Dr. Doug Ross

Top 3 Innovations

- IT Enhancements :
 - Thoughtful design and implementation of our workflows which include an Electronic Health Record built with
 - ACE Screen, score and code generated
 - Template for physicians to document ACE Screening & Response including patient education, ACE-Associated Health Conditions, Validation of existing strengths and protective factors, and Referrals which include Health Promotion/Wellness Navigation, Behavioral Health as well as the 7 evidence-based strategies for toxic stress mitigation
 - Addition of the item “ACE Screening due” to our Huddle Reports & Patient Care summaries that the medical teams use as they plan their visits for the day
 - New Referral “Teams” designated within the electronic health record workflow for
 - ACES Behavioral Health Response Team & ACES Health Promotion Response Team

Baseline Assessment

CALQIC Roadmap

The roadmap is intended to support teams in clearly defining the opportunity and purpose of their project, their aims and sub-aims, as well as key activities to support meeting their aims. The roadmap can also be used to build consensus, understanding, and support the project, and to have a single, brief and descriptive document to share broadly across the organization when it is helpful.

Date Created: _____ Date Last Modified: _____
 Organization: _____
 Project Lead(s): _____
 Project Team Members (Role): _____
 Decision Making Process: _____

What are we trying to accomplish?

Opportunity for Change: Background and Reason for Effort
 (In the broadest sense, what’s your “why”? What problem(s) are you trying to solve?)

Aim Statement
 (What’s your overall goal and by when? Remember SMARTIE: Specific, Measurable, Achievable, Relevant, Timely/Inclusive, and Evaluable.)

Qualitative Data

Roadmap

Storyboards



Key Considerations

- Stage of implementation process
- Using EHR & data to paint a picture
- Aligning with existing strategic initiatives (HRSA, PCMH, Joint Commission, Meaningful Use)
- Using Data to gain support
 - Fiscal case (Billing and Reimbursement)
 - Gaining staff resources
- Moving from project/program to standard of care
- Mindful of the balance to increase screening and providing relational healing

Methods to Generate Change Ideas



Driver diagrams

Process mapping

Journey mapping

Empathy mapping

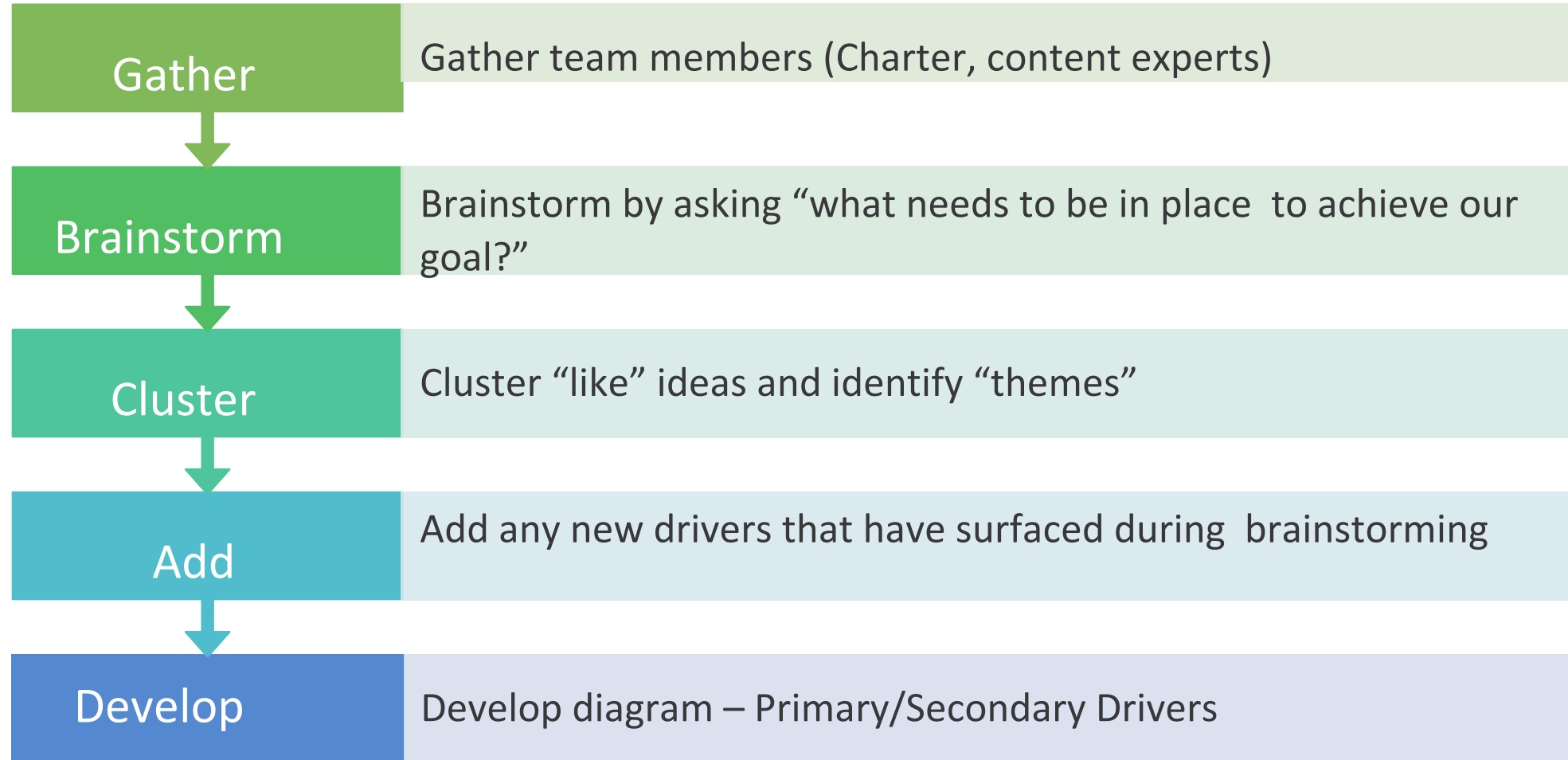
Brainstorming

Using Sticky notes

Pareto Chart

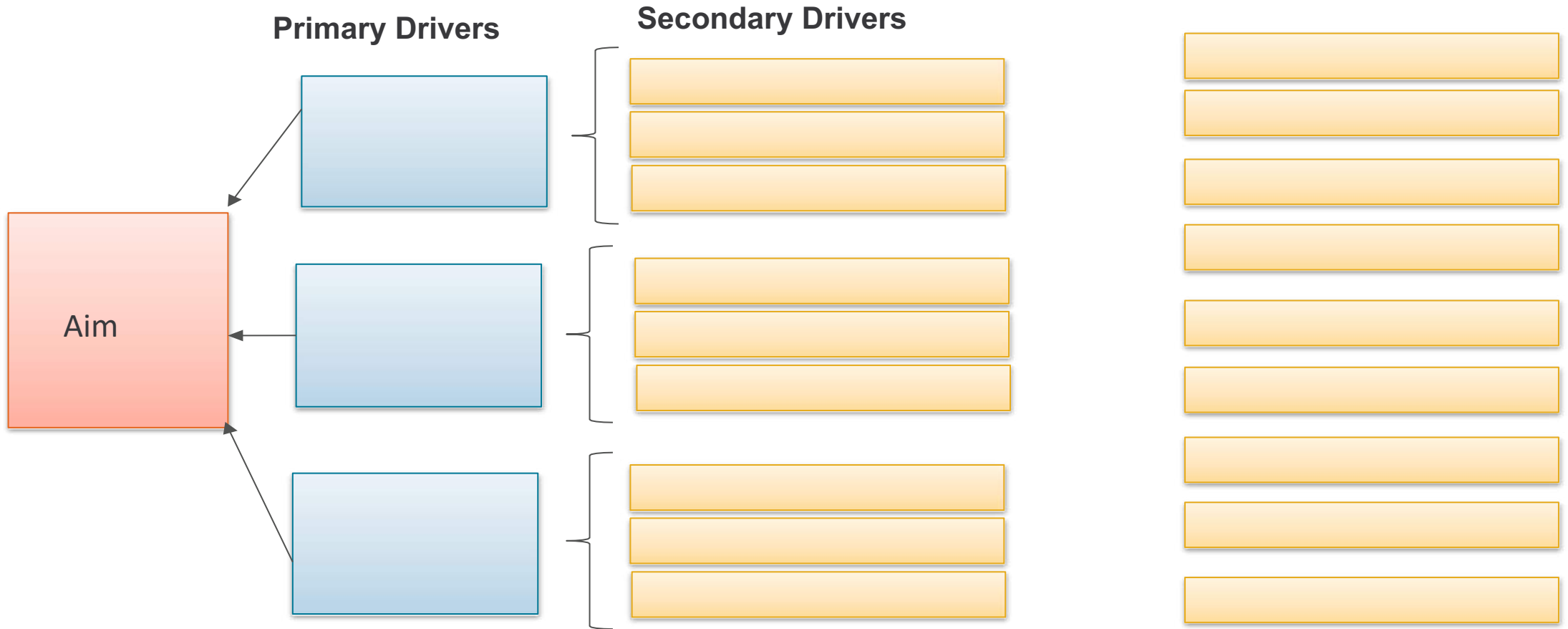
Fishbone Diagram

Steps to Develop a Driver Diagram





Driver Diagram Template



Utilizing a Prioritization Scoring Matrix



Change Idea	Organizational Mission/Vision	Org Strategic Initiatives	Triad Framework	Data Submission Goals (Roadmap)
Idea	Score 0-3	Score 0-3	Score 0-3	Score 0-3
Idea	Score 0-3	Score 0-3	Score 0-3	Score 0-3

- Develop Matrix criteria that best fit your clinic goals
- Score ideas 0-3, 3 being best alignment, 0 being no alignment
- Ideas from 9-12 should be considered as optimal for implementation
- Ideas with a score 6-8 should be tabled for later implementation
- Ideas with a score less than 5 should be put into parking lot for future re-evaluation

Using a Prioritization Matrix



Secondary Driver/ Change Idea	Clinical Quality Improved?	Financial performance improved?	Patient Care Experience Improved?	Ease of Implementation (1 is difficult; 3 is easy)	Leadership Support	Provider /Staff Engagement	TOTAL
Reminder calls to keep BP appt. check	1	3	3	3	3	3	16
Staff Audits – BP Competency	3	3	3	2	3	3	17
F/up Visits for Elevated BP	3	1	2	2	3	2	13



Case Study

- Data Reports Utilized: Quarterly data submission
 - No increase in provider attestation rate between Q3 and 4
 - Screening rate sustained above 75% for Q3 and 4 for Peds only
 - Positive screen rate little variation for Q 3 and 4
 - Referral rates for patients with a positive screen at 20%

Case Study

- Why is our referral rate for patients with a + ACE score so low?
- Not documenting correctly, Patients are already in services, Don't know who to refer to???





Case Study

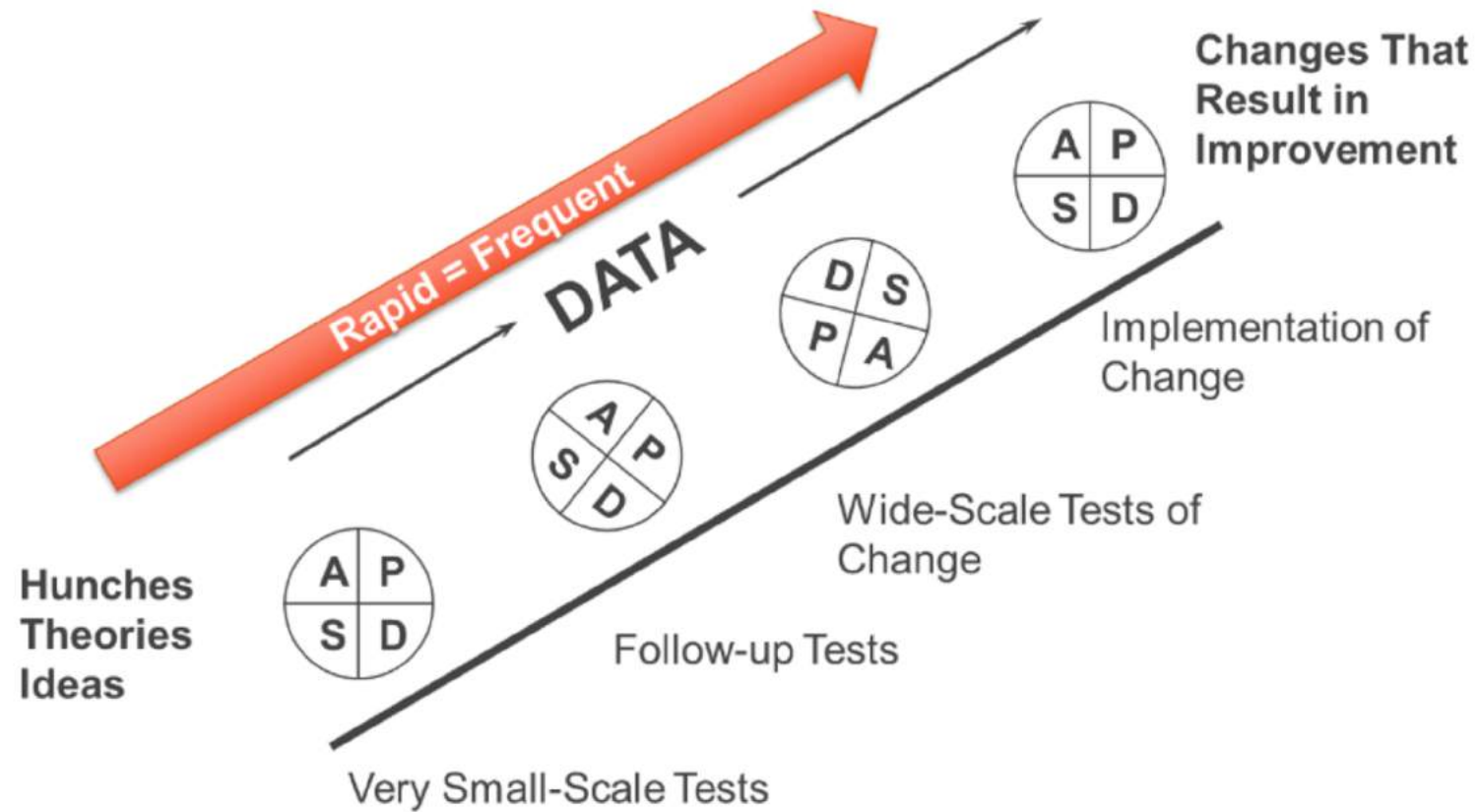
- Decision Matrix Scoring Results

Change Idea	Ease of Implementation	Improve Patient Experience	Supports PCMH (Strategic Initiative)	Positive Financial Impact
EHR enhancement	3	3	2	1
Build out Referrals	1	3	2	1

Testing Change Ideas



Ramp Up: Rapid and Iterative Cycles



Rapid Cycle Worksheet



Title of PDSA:

Aim statement:

PDSA Cycle No.	PLAN				DO		STUDY	ACT
	What <i>change</i> are you testing?	What have you <i>learned</i> from previous PDSAs?	What do you <i>predict</i> will happen?	What <i>data</i> will you collect to know how it's working?	Date(s) of test	What did you <i>do</i> ?	What did you <i>learn</i> ?	What will you <i>do next</i> ? (ex. forget it, more testing, ready to implement, ready to teach others)
1								
2								
3								

CALQIC: Breakout Groups



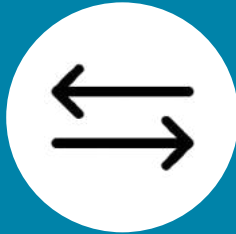
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Activity Tips

The intent of the session is to provide an opportunity to discuss and reflect on data use, and how changes are shaping this initiative



Which data set has provided you with the most actionable items?



What is 1 change idea you will test next week?



What are 1 or 2 changes you want to test in the next few months in anticipation of spreading your project further?

Reflection



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Team Reflection

- 1 Which data set provides have you found most useful?
- 2 Tell us about a change idea you will implement next week.
- 3 Tell us about 1 thing you will test in the next few months in anticipation of spreading this initiative.

Opportunities



Set up time with your team & coach to work change ideas



Office hours with Karissa - virtual consults!



Submit quarterly data by July 15th



Need more support? Check out CCI's QI training at

<https://www.careinnovations.org/cci-academy/>

Closing



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CCI CENTER FOR CARE INNOVATIONS		Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	
Peer Learning Community 												
	Optional Connection Call Jan 21, 2021 (12:30-2)	Content Webinar Feb 18, 2021 (12:30-2)	Peer Learning Session #2 Mar 16, 2021 (11-2)	Optional Connection Call Apr 22, 2021 (12:30-2)	Content Webinar May 20, 2021 (12:30-2)	Peer Learning Session #3 June 22, 2021 (11-2)	Optional Connection Call July 22, 2021 (12:30-2)	Content Webinar Aug 19, 2021 (12:30-2)	Final Peer Learning Session #4 Sept 21, 2021 (TBD)			
		Coaching: Monthly Team Calls										
Data Reporting and Evaluation Activities	Interviews Jan-Feb 2021										Interviews Sept-Oct 2021	
	Quarterly Report #2 By Jan. 15, 2021				Quarterly Report #3 By April 15, 2021		Quarterly Report #4 By July 15, 2021		Quarterly Report #5 By Oct. 15, 2021		Endline Assessment September 2021	Final Report to CCI Oct 31, 2021
	Surveys to gauge satisfaction with sessions, webinars, TA, etc											



Chat Box: How did today go?

I like... I wish... I wonder...

Thank you!

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