

# Implementing Operation Groundswell in the Nursing Home Setting

Pennsylvania Quality Improvement  
Demonstration Project

# Collaborative Objectives

- To learn best practices from peer innovators
- To become highly skilled and comfortable with QAPI tools and Advancing Excellence resources
- Refine leadership skills
- Improve the quality performance of host nursing homes

# Leadership Model

Who is the leader?...You are!

What is the role of the associations?...Guide/consultant.

- Rotating Roles
  - Leader (maintains agenda)
  - Facilitator (maintains communication standards)
  - Scribe (takes minutes)
  - Timekeeper (keeps time for agenda items)
  - Member (in line for next leadership roles)
  
- STARTING on Session #2 on 10/24/2014

# Leadership Model Handout

## PA Quality Improvement Demonstration Project: Operation Groundswell

### Rotating Leadership Structure

#### 1) Leader (maintains agenda)

Our PA Demonstration Project lay leaders will guide the participant members to achieve successful project's goals. They are responsible for successfully guiding the team through the processes at hand (e.g., agenda on conference calls) and they provide direction and support. The team leader will be exposed to additional trainings to grow the skills necessary to run highly effective meetings/conference calls. The leader role, as with the other team roles, is rotated.

#### 2) Timekeeper (keeps time for agenda items)

The PA Demonstration Project timekeepers monitor meeting agendas, ensure that the fellow members are aware of the time allotted for each agenda item, and reminds the team when they are approaching or have exceeded the allotted time.

#### 3) Facilitator (maintains communication standards)

While the facilitators in the PA Demonstration Project don't lead meetings (that is the role of the leader), they nevertheless implement change through planning, helping, and facilitating. As a generalist, the facilitator is skilled in problem solving and utilizes effective communication and interpersonal skills. They promote effective group dynamics and are concerned with how decisions are made. They keep the team on track by focusing on the process.

#### 4) Scribe (takes minutes)

The scribe or secretary role is assumed by one person (consider a designated backup) and is rotated between members as well. The role includes documenting minutes of meetings and other recordkeeping activities.

#### 5) Member (in line for next leadership roles)

In the PA Demonstration project, these nursing home staff representatives rotate into the above outlined leadership roles in upcoming weeks.

### Ancillary Support

#### Stakeholder/Sponsors

The Association representatives are the Stakeholder/Sponsors of the PA Quality Improvement Demonstration Project they exist to support the QI efforts of the nursing home lay leaders. They help facilitate obtaining any needed resources (e.g., topic experts, data, analysis) to help the initiative to flourish.

#### Champions

Within the context of the PA Demonstration Project, champions are the respected opinion leaders who provide credibility to the project and are integral to the social structure. The champions are respected healthcare professionals with influence through clinical reputation or leadership qualities. Dr. Kimberly Van Haltsma, from the Polisher Research Institute has lent her support the AE Person Center Goal. We will likely want to recruit one individual per AE Goal to function as champion in order to solidly support the value of each AE Goal.

### General Circle of Excellence Characteristics

The ideal circle size is likely to be 8-12 homes represented. Unless it is necessary, we may want to cap team size to 15 homes – above this point, we may want to split the circles into two separate circles. We want to encourage a communication mechanism (team minutes, session report) for those who miss a meeting and designate one or more people (i.e., scribes) to disseminate this information regularly. Lay leaders (leader, timekeeper, facilitator, scribe) and team members are encouraged to commit to active engagement in team meetings and other activities. Consider "2-deep" leadership at homes when possible for better attendance participation.

The goal is to create Circles of Excellence for the following AE Goals: Hospitalizations, Medications, Person-Centered Care, Pressure Ulcers, Pain, Staff Stability, Consistent Assignment, Mobility and Infections) – focusing on the most popular goals first (e.g., Hospitalization, Person Centered Care).

Adapted from Q: Solutions: Essential Resources for the Healthcare Quality Professional, Quality and Performance Improvement, S. White, Eds. Pelletier, Beaudin. Third Edition. 2012. Page 51, Table 13 – Team Roles.

# Introduction

- Orientation: Peer Lead Grass Roots Initiative
  - bottom-up approach
- Framework: QAPI, Rapid Cycle Quality Improvement Model
  - IHI –Breakthrough Series

# Introduction (continued)

- Topics: Organized Around Advancing Excellence Goals
  - Fidelity to Intervention while Accommodating to Organizational Differences
- Resources: Conference calls, Peer coaching, trainings, evidence based practices

# Leadership Training Series

- Four 1-hour Webinar Series
  - QAPI Overview & Resources – Oct 17th
  - Powerhouse Meetings (Part 1) – Oct 24th
  - Powerhouse Meetings (Part 2) – Oct 31st
  - Peer Coaching – Nov 7th

# Today's Agenda

- Welcome
  - Carol Hann, SPAHQ
- Operation Groundswell/IHI Model of Improvement
  - Scott Crespy, Abramson Center
- Leadership Guide to QAPI Resources
  - Kelly O'Neill, Stratus Health
- Leadership Guide to Advancing Excellence Resources
  - Adrienne Mihelic, Advancing Excellence



# Operation Groundswell

Institute for Healthcare Improvement  
"Model of Improvement"  
Framework

# Model of Improvement

**Goals**  
What are we trying to accomplish?

**Measures**  
How will we know if a change is an improvement?

**Process Analysis**  
What changes can we make that will result in improvement?



1. Define players & goals

# Operation Groundswell Goal

The mission of Operation Groundswell is...

“Through a grass-roots movement and with peer leadership we will grow the capacity of nursing home professionals in Pennsylvania to make quality a part of their everyday work”

# Model of Improvement

## Goals

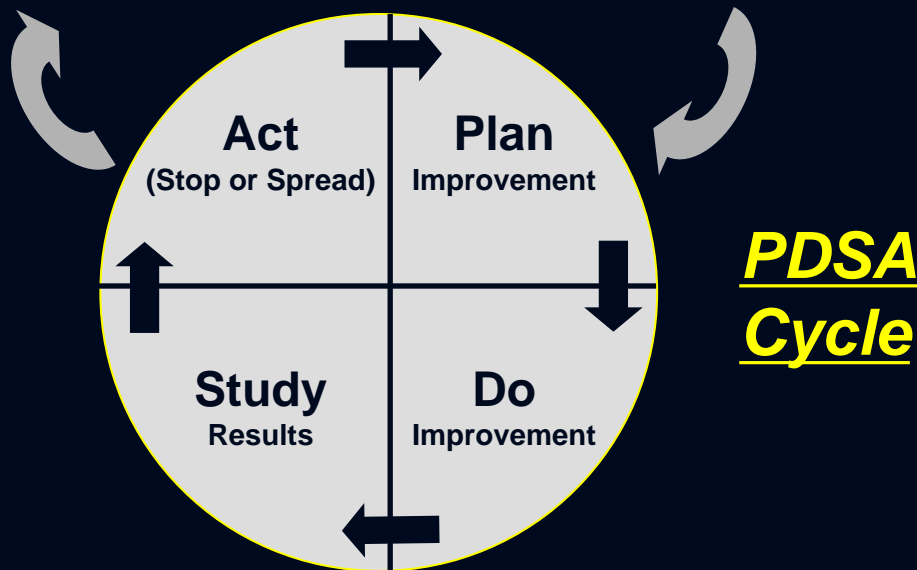
What are we trying to accomplish?

## Measures

How will we know if a change is an improvement?

## Process Analysis

What changes can we make that will result in improvement?



1. Define players & goals
2. Define measures

# Operation Groundswell Measures

- **Outcome Measures (voice of nursing home staff)**
  - Measure of a true effect, result or direct impact on nursing home professionals.
    - E.g., Measure of Confidence in leading/teaching QI activities
- **Process Measures (voice of the workings of the movement)**
  - Measure of the participation of the events occurring, homes signed up for AE Goals and submitting data, etc.

# Groundswell Measure Example

- **Outcome measure:**

% of participating nursing home professionals who will have increased confidence in leading QI projects in one quarter

- **Definition:** 
$$\frac{\text{Numerator: \# improved confidence scores}}{\text{Denominator: \# confidence surveys completed}}$$

- **Operational:** 
$$\frac{\text{Surveys with higher scores}}{\text{Total surveys completed any score}}$$

# Model of Improvement

## Goals

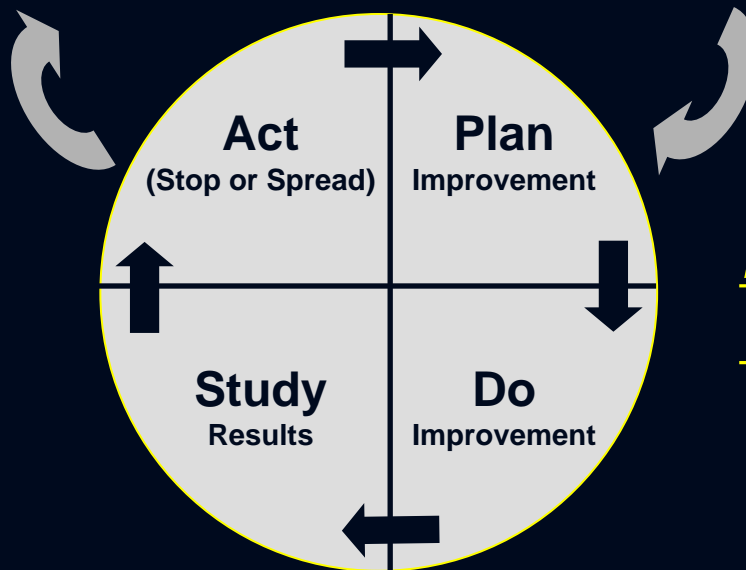
What are we trying to accomplish?

## Measures

How will we know if a change is an improvement?

## Process Analysis

What changes can we make that will result in improvement?



**PDSA**  
**Cycle**

1. Define players & goal
2. Define measures
3. Define specific aims

# Groundswell AIM Statement

- A clearly written statement that answers top questions which identifies specific objective(s) with measurable outcomes.
- Specific, Measurable, Achievable, Relevant, and Time limited
- Format: We WILL improve confidence scores, by 25% (*to 80% average*) for nursing home participants, within 120 days



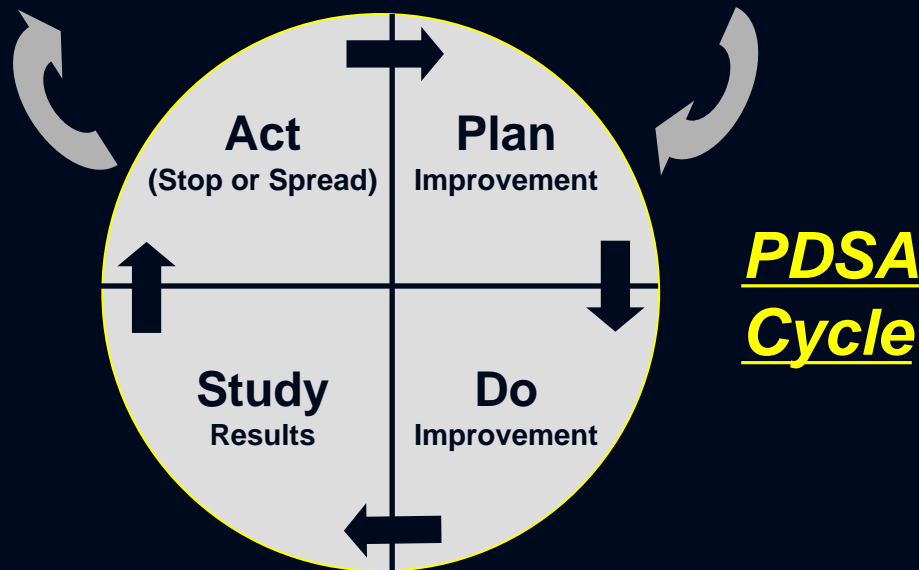
# Model of Improvement

**Goals**  
What are we trying to accomplish?

**Measures**  
How will we know if a change is an improvement?

**Process Analysis**  
What changes can we make that will result in improvement?

1. Define players & goal
2. Define measures
3. Define specific aims
4. Analyze process



# Analyze Process

- Sketch the AE activity across PA
  - E.g., Flow Chart
- Locate areas of interest and noted opportunities for improvement
  - E.g., Bar Charts, Fishbone Diagrams, Run Charts, Root-Cause Analyses
- Develop 2 AE goal starting strategy based on information
  - E.g., Brainstorming, Prioritization Matrix

# Model of Improvement

## Goals

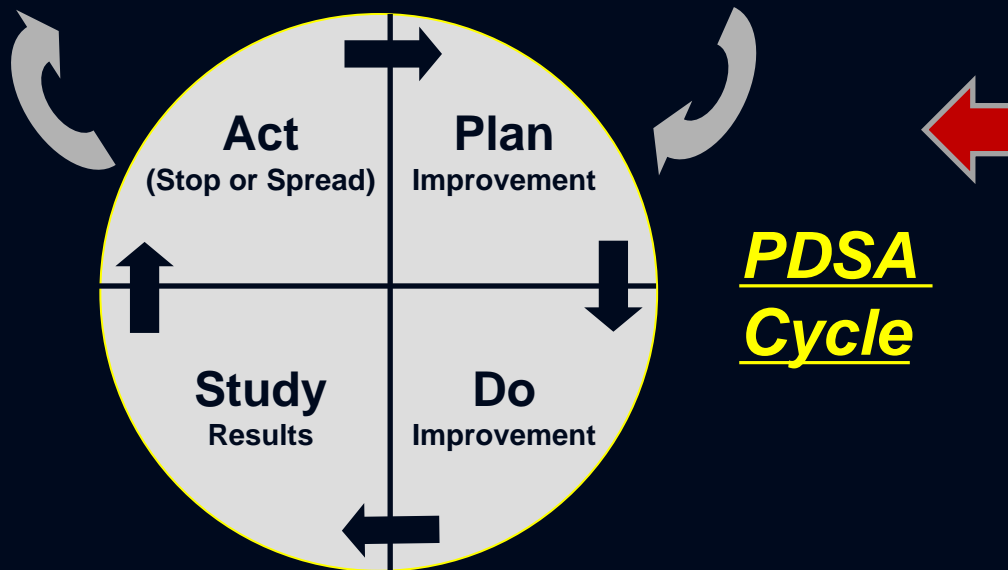
What are we trying to accomplish?

## Measures

How will we know if a change is an improvement?

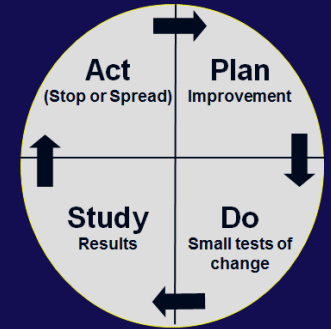
## Process Analysis

What changes can we make that will result in improvement?



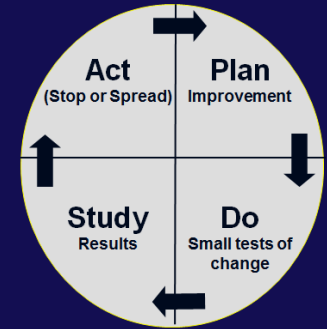
1. Define players & goal
2. Define measures
3. Define specific aims
4. Analyze process
5. Plan and test change

# Plan



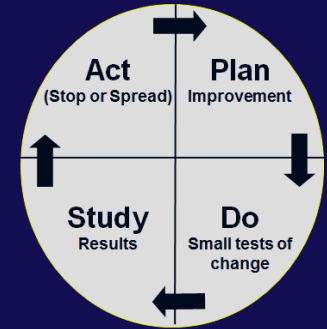
- We will collect and review internal data and incorporate AE participation information
- Reviewing which components of initiative are working well or need improvement
- Revise objectives (AIMS) and processes needed to reach initiative goals
- Communicate goals toward outcomes

# Do



- Set specific Operation Groundswell tasks:
  - Circles of Excellence Calls, trainings, peer coaching, etc. (who, what, where, when)
- Gather observations about the intervention
  - Unexpected results, unintended consequences, problems
- Fine tune as necessary

# Study & Act



- Look at the Operation Groundswell data:
  - Qualitative measures
    - Did participants notice an improvement
  - Quantitative measures
    - Ex., confidence before/after
- Interpret Data: Was the intervention an improvement?
  - Yes, Maintain through expansion
  - No, Act through change in intervention

# Implementation Questions

- How do we help ensure that active ingredients of collaborative get successfully communicated?
- What are the barriers (e.g., structural [staffing], process [communication]) that exist and how can we best guide others through them?

# Preconditions

- Determining if interventions fit for the participating nursing homes
- Working together to identify barriers to adoption
  - Business case, needs assessment, resources, state characteristics
- Overcoming barriers through sharing resources between professionals
  - Training materials, promotion materials, menu options for adapting interventions



# Pre-Implementation

- Review of Relevant and Applicable Materials
  - General materials, operationalized core elements, recruitment tips, selling points, intervention materials, session workbooks, staff member roles, time/resource requirements, leadership guidelines, goals specific printable materials, etc.
- Further refinement based on input from participant homes

# Implementation

- Share with peers
- Provide technical assistance
- Evaluate outcomes

# Contact Information

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