North Dakota Hospital Association
Innovate ▪ ND
HRET Hospital Improvement Innovation Network

Milestones

Recognizing your hospital's achievements toward Harm Reduction

Copper

Bronze

Silver

Gold

Platinum

Zero Harm Award

Falls · CAUTI · ZIP to · 30-Day Readmissions · ZERO HARM

Innovate-ND Milestones Program

The North Dakota Hospital Foundation Hospital Improvement Innovation Network (Innovate-ND) in partnership with Quality Health Associates is pleased to offer an exciting new program to recognize your facility's improvement efforts. As a member of Innovate-ND, YOU get to decide how your facility makes improvement while gaining recognition for your progress. We will provide education and networking opportunities to support these efforts.

⭐ Helpful Tips ⭐

Small change may yield significant results. In fact, beginning with small steps is the best way to make lasting improvements.

Cross-cutting strategies, such as the UP campaign have proven to reduce harm across multiple measures.

Don't wait to share your final success with us. We want to acknowledge the small cycles of change your team is working on to achieve the ultimate goal.

Remember that quality is everyone's responsibility.

Copper

Hospitals will be recognized for this Milestone when they have submitted their commitment letter, have formed a multidisciplinary facility Innovation team, completed the Initial Needs Assessment, and have participated in a Regional HIIN Introductory Meeting and completed site-visit.

Bronze

Hospitals will be recognized for this Milestone once they have reached the Copper Milestone; completed current PFE, Leadership and Governance, Disparities and Cultural Competency Quarterly Survey by deadline; and are current in entering CDS data in a timely manner, defined as entry by the end of the month for the previous month.

Silver

Hospitals will be recognized for this Milestone once they have reached the Copper and Bronze Milestones and participate in at least 1 in-state meeting per year; attended a minimum of five (5) educational offerings provided as HRET webinar offerings (Pacing Calls, CAH Affinity Group, HIIN Virtual Events); coaching calls or other Innovate-ND recognized events; share their current Harm Across the Board Score with their board at all regular board meetings; and are achieving the 1 year reduction goals for at least 5 topics or are maintaining 0 Harm Across the Board with a minimum of 6 months of data.

Gold

Hospitals will be recognized for this Milestone once they have reached the Copper, Bronze, and Silver Milestones and attended a total of eight (8) educational offerings, submitted at least one Huddle for Care story, **or** share a success story or PDSA worksheet demonstrating a cross cutting strategy to be shared in an in-state meeting/newsletter, **or** submit and present a storyboard to a HRET-HIIN Convening; and show positive change on at least 3 Quarterly Survey questions in currently submitted quarter or maintain YES answer on all questions; and have achieved the year 2 reduction goals for at least 5 topics.

Platinum

Hospitals will be recognized for this Milestone once they have reached the Copper, Bronze, Silver, and Gold Milestones and attended a total of twelve (12) educational offerings and have at least one Innovation Team member who completes an HRET PFE or QI Fellowship.

Steps to Innovate-ND Milestones

Use this checklist to track your progress as you move through the program. This is for your own records.

Copper

- ☐ Signed Commitment Letter

- ☐ Formed a multidisciplinary facility Innovation team

- ☐ Completed Initial Needs Assessment

- ☐ Participated in Regional HIIN Introductory Meeting

- ☐ Completed Site Visit

Bronze

- ☐ Completed current Quarterly PFE, Leadership and Governance, Disparities and Cultural Competency Survey by deadline

- ☐ Current in entering CDS data by the end of the month for the previous month.

Silver

- ☐ Attended at least one in-state meeting per year:
  1) _____
  2) _____
  3) _____

- ☐ Attended five HRET, NDHA or QHA educational offerings (Do not count in-state meeting)
  1. _____
  2. _____
  3. _____
  4. _____
  5. _____

- ☐ Share Harm Across the Board Score with Hospital Board

- ☐ Achieving 1 year reduction goals for at least 5 topics or maintain 0 Harm-Across-the-Board with minimum of 6 months of data.

Gold

☐   Attended three additional HRET, NDHA or QHA educational offerings (if attended more than one in-state meeting, #2 and #3 can be included here.)

     6. _____

     7. _____

     8. _____

☐   Submit at least one Huddle for Care story, or share a success story or PDSA worksheet demonstrating a cross cutting strategy to be shared in an in-state meeting/newsletter or present a story board at an HRET HIIN Convening.

☐   Show positive change on at least 3 Quarterly Survey questions during currently submitted quarter or maintain a YES answer on all questions:

     1. _____

     2. _____

     3. _____

☐   Achieved the year 2 reduction goals for at least 5 topics.

Platinum

☐   Attended four additional Great Plains QIN and/or ND NHQCC educational offerings (if attended more than one in-state meeting, #2 and #3 can be included here)

     9. _____

     10. _____

     11. _____

     12. _____

☐   Completion of a HRET PFE OR QI Fellowship by at least one Facility HIIN Team Member.

Zero Harm Award

Do No Harm…since the 5th century, the Hippocratic oath has committed the medical community to a goal of zero harm. But this is not an individual endeavor. It requires the skills and commitment of an entire team; one that is gladly willing to share their knowledge with each other, and requires that we call on one another when the skills of another are needed for a patient's recovery. These ideals are outlined in the wise words of this ancient pledge.

Innovate-ND wishes to recognize the work of those teams who achieve this lofty goal in any one of three (3) most challenging harm events among ND hospitals:
1) Falls
2) CAUTI
3) 30-day Readmissions

Hospitals simply need to submit their data to HRET-CDS, assuring that they are using the proper definitions for each measure as outlined in the HRET-HIIN Encyclopedia of Measures.

Innovate-ND will track the data submissions to HRET-CDS of all participating hospitals and will identify those who are able to meet and maintain zero harm in any of these three categories for 12 consecutive months. Recognition will include:
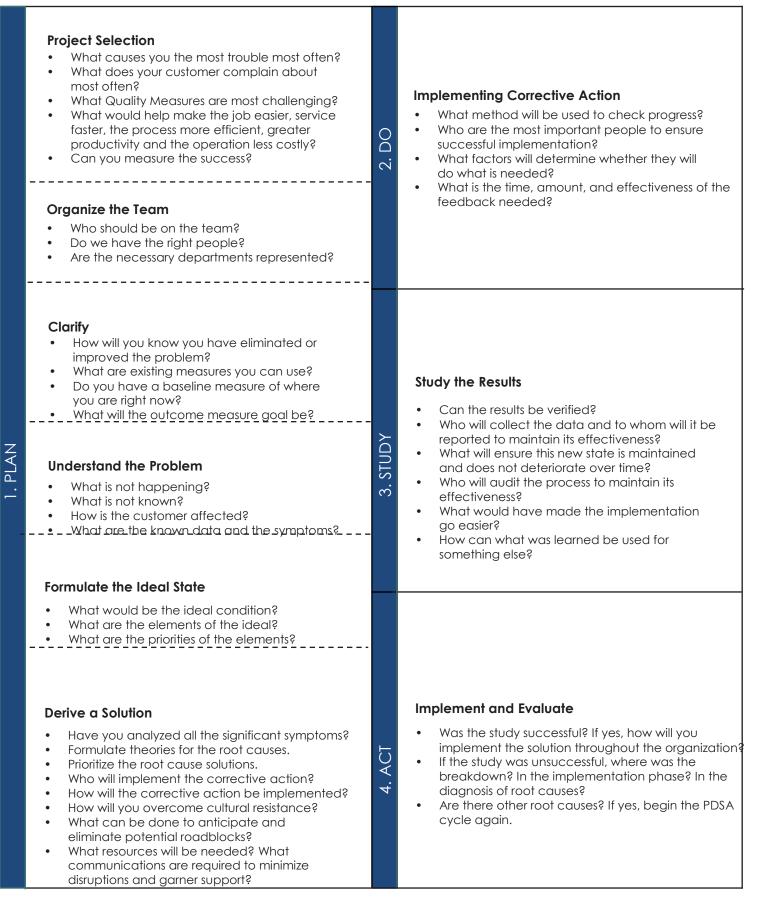1) A letter of congratulations and award certificate will be sent to the hospital CEO and Board of Directors.
2) A photo of the hospital's Innovate team and an article describing the award will be published in the hospital's local newspaper.
3) Zero Harm Award recipients will be acknowledged in the Innovate-ND newsletter and at Innovate-ND in-state meetings.

Using PDSA for Quality Improvement

PDSA=Plan, Do, Study, Act

PDSA is a method widely used to successfully improve services. PDSA uses "cycles" to incrementally test ideas for change. It is also used to monitor a process or discover, assess and diagnose problems. Through PDSA, changes are implemented, evaluated, and spread. Initially, changes are tested on a small scale and if successful, they are spread throughout the organization.

1. PLAN

Project Selection

- What causes you the most trouble most often?
- What does your customer complain about most often?
- What Quality Measures are most challenging?
- What would help make the job easier, service faster, the process more efficient, greater productivity and the operation less costly?
- Can you measure the success?

Organize the Team

- Who should be on the team?
- Do we have the right people?
- Are the necessary departments represented?

Clarify

- How will you know you have eliminated or improved the problem?
- What are existing measures you can use?
- Do you have a baseline measure of where you are right now?
- What will the outcome measure goal be?

Understand the Problem

- What is not happening?
- What is not known?
- How is the customer affected?
- What are the known data and the symptoms?

Formulate the Ideal State

- What would be the ideal condition?
- What are the elements of the ideal?
- What are the priorities of the elements?

Derive a Solution

- Have you analyzed all the significant symptoms?
- Formulate theories for the root causes.
- Prioritize the root cause solutions.
- Who will implement the corrective action?
- How will the corrective action be implemented?
- How will you overcome cultural resistance?
- What can be done to anticipate and eliminate potential roadblocks?
- What resources will be needed? What communications are required to minimize disruptions and garner support?

2. DO

Implementing Corrective Action

- What method will be used to check progress?
- Who are the most important people to ensure successful implementation?
- What factors will determine whether they will do what is needed?
- What is the time, amount, and effectiveness of the feedback needed?

3. STUDY

Study the Results

- Can the results be verified?
- Who will collect the data and to whom will it be reported to maintain its effectiveness?
- What will ensure this new state is maintained and does not deteriorate over time?
- Who will audit the process to maintain its effectiveness?
- What would have made the implementation go easier?
- How can what was learned be used for something else?

4. ACT

Implement and Evaluate

- Was the study successful? If yes, how will you implement the solution throughout the organization?
- If the study was unsuccessful, where was the breakdown? In the implementation phase? In the diagnosis of root causes?
- Are there other root causes? If yes, begin the PDSA cycle again.

How to Complete the PDSA Worksheet

Reporting Team: The department or team assigned to this project.	Report Date: The date you start the PDSA cycle.	
Project Aim Statement: This statement clearly communicates what you are trying to accomplish. Your aim should be concise (only one sentence preferably,) and include important details like your goal date for completion, who will be involved, what is the process you are impacting, and what is your numerical goal for the new process.		
Strategy: A simple statement of "how" you hope to achieve your aim in the broadest sense of explanation. Your detail will be explained later in the Plan section		
Cycle Number: Identifies the number of tests you have done with a particular strategy. Each time your project aim or strategy changes, you will start over with 1. If you run a test cycle and decide to simply "tweak" your strategy and re-test, it would be cycle 2, 3, and so on.	**Beginning Date:** The date you start the test of the new process.	**Completion Date:** The date you end the test of the new process. Your test period should be less than one month.
1. PLAN	This is where you enter what you are going to do, what you hope to accomplish, what you predict the results of your test will be (hypothesis) and what data will be collected during the test to prove if your idea for change was an improvement.	
2. DO	This is where you enter what you did when you ran the test.	
3. STUDY	This is where you complete your analysis of the process. What did the data tell you? What did you learn? What surprised you? Did you run into anything new that you hadn't realized or considered earlier?	
4. ACT	This is where you enter the decisions you have made based on what you learned as well as what your next steps may be. You may decide that you would like to tweak the test and re-run it. You may decide the idea didn't accomplish what you had hoped so you will scrap the idea. Or you may decide that the results were right on target and you are ready to implement.	

PDSA Worksheet

Hospital Name and Reporting Team:	Report Date:

Project Aim Statement:

Strategy:

Cycle Number:	Beginning Date:	Completion Date:

1. PLAN

We plan to...

In order to...

Prediction:

2. DO

What we did was...

3. STUDY

What happened was...

We learned that...

Surprises...

4. ACT

What decisions were made based on what was learned?

What we plan to do next is...

Share **Your** Success Story with ND Peers

Date:_____

Name:_____   Title:_____

Organization:_____

Address:_____

Email Address:_____   Phone:_____

Please share your story below. Keep in mind the following questions, but write as little or as much as you wish, adding another sheet if necessary.
- How did you know there was a problem?
- What did you do to address it?
- Who was involved in the improvement project?
- What results have you seen? Do you have any data to show?
- How has this improved care?
- What advice would you offer to other hospital innovation teams?

_____
_____
_____
_____
_____
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_____
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_____
_____

I hereby grant permission to Innovate-ND, Quality Health Associates of ND and the ND Hospital Association to disclose our relationship with them in quality improvement projects and to use and/or publish information regarding this organization's quality improvement efforts, including interventions, literature, documents, images, graphs, or other materials, for the purpose of furthering the advancement of healthcare quality. This is to include print, electronic, visual, verbal, web and/or various media for an indefinite period of time. This release and consent is made without compensation and no compensation is required or anticipated.

Signature:_____

Must check at least one:
☐ Publish in newsletter
☐ Willing to share at in-state meeting

Huddle for Care Story Submission Template

Thank you for your submission to Huddle for Care! Huddle's evolving library of stories is created by committed people just like you who are working to improve the lives of patients as they transition between care settings. Your contribution is valuable, and our community is grateful.

The most useful stories are concise and provide specifics. A reader should be able to finish your story in four minutes or less and come away with a clear understanding of what you tried and how it worked. The following template will help you craft your message.

ORGANIZATIONAL BACKGROUND (auto generated from profile, do not need to fill out)
- Location
- Care setting type
- Transitional care model (if any)

THE ISSUE

In three sentences or less, describe the problem that your institution was trying to solve.

WHAT WE TRIED

Describe the approach you took for solving the problem.

IMPACT

Describe the impact this innovation had on the problem you were trying to solve.
- *We like numbers! Can you provide any measurement of impact?*
- *If not, can you describe your plan for measurement (if you have one)?*
- *Can you provide any quotes or brief testimonials from external partners, employees or patient?*

TIPS

What advice would you give someone who would like to model your innovation?