

Collaborative Session #6

Utilizing Your SMART Aim and the Benefit of an Iterative Process

January 16, 2024

Acknowledgments

The EMSC Innovation and Improvement Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling \$2.5M with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government. For more information, visit [HRSA.gov](https://www.hrsa.gov).



Key Reminders



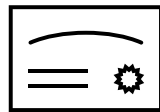
Portions of Today's Session Will Be Recorded

- Available in Archives of PRQC Website



Use Chat Function to Ask Questions

- Dedicated Time for Q&A at End of Session



Seeking Nursing Continuing Education Credit

- Enter Name in Chat Box

Objectives

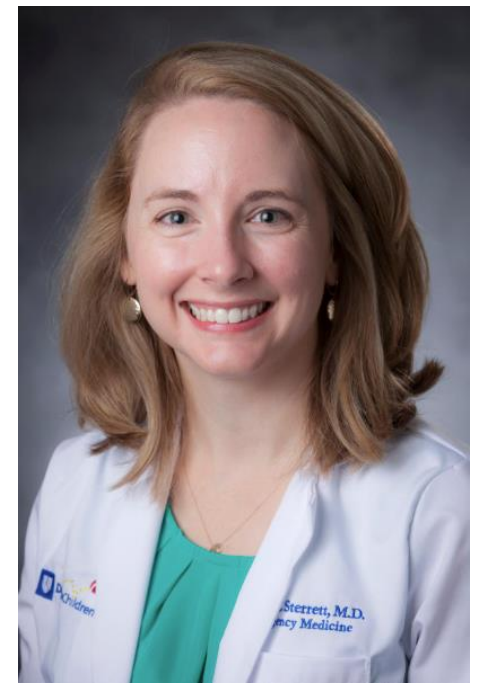
After participating in this session, attendees will be able to:

- Organizing a PDSA cycle utilizing your SMART Aim
- Review SMART Aims and PDSA cycles
- Showcase the value of an iterative process

Speakers

Emily C. Sterrett, MD, MS

Associate Professor of Pediatrics, Pediatric Emergency Medicine
Director of Improvement Science, Dept of Pediatrics
Duke University Hospital & School of Medicine



Timothy W. Staed, MD FAAP

Emergency Room Physician, Cardinal Glennon Children's Hospital
Adjunct Professor Department of Pediatrics Saint Louis University
Associate PI, CGCH Pediatric Pandemic Network (PPN)



Site Updates January 2024



EMSC
Quality Improvement
Collaboratives

S.M.A.R.T. Aim

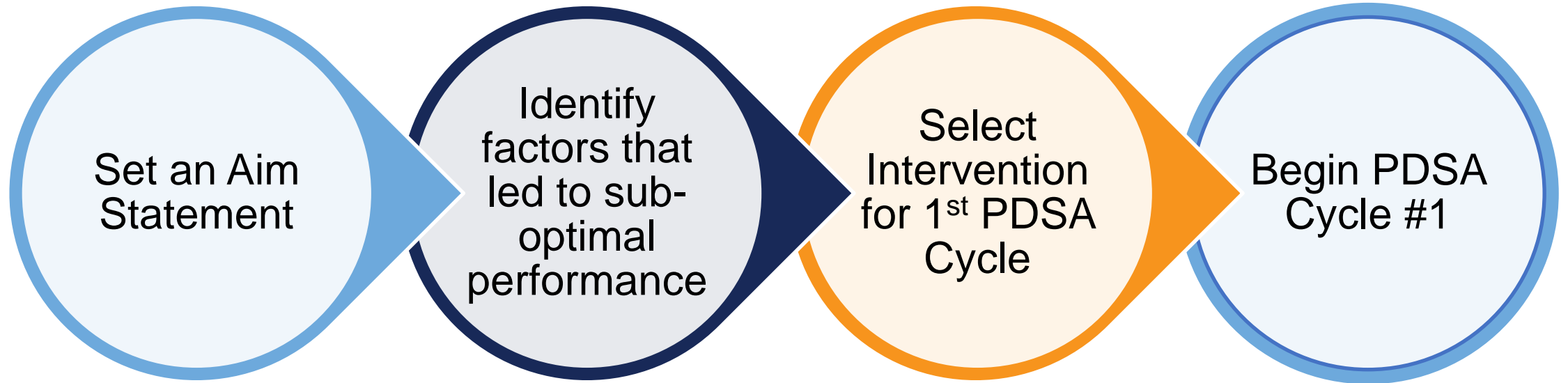
Know what your goals are



Common Terms and Concepts in Quality Improvement

- Baseline Data
- Sampling Strategies
- **S.M.A.R.T. Aim Statements**
- Plan-Do-Study-Act (PDSA cycle)
- Process Mapping
- Fishbone Diagrams (Cause & Effect Diagrams)

How does a S.M.A.R.T. Aim Fit into PDSA Cycle?



What is a SMART Aim?

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime-bound



- An aim statement is a clear, explicit summary of what your team hopes to achieve over a specific amount of time including the magnitude of change you will achieve
- Narrower and more measurable than Global Aim

Example of a Poor S.M.A.R.T. Aim

Starting now we will increase the number of pediatric patient weighed in kilograms only until we weigh everyone in kilograms every day!



Why was that a poor S.M.A.R.T. Aim?

- You don't have:
 - Specificity – what do you mean by 'increase'?
 - Specificity – what defines a pediatric patient?
 - Measurable – what is your baseline for weighing pediatric patients in kilograms only
 - Measurable – how do you measure the change after your first intervention
 - Achievable – can you reasonably expect to change the process immediately
 - Achievable – can you reasonably expect to get to 100%? Maybe
 - Realistic – How is this change going to happen? Just because you said so....???
 - Realistic – What process plan can your staff follow?
 - Timed – When may you expect to achieve your stated results
 - Timed – How long will education take? When can you get equipment change? How long/how many patients will it take to get measurable results. 30 patients? More?

Example of a better S.M.A.R.T. Aim

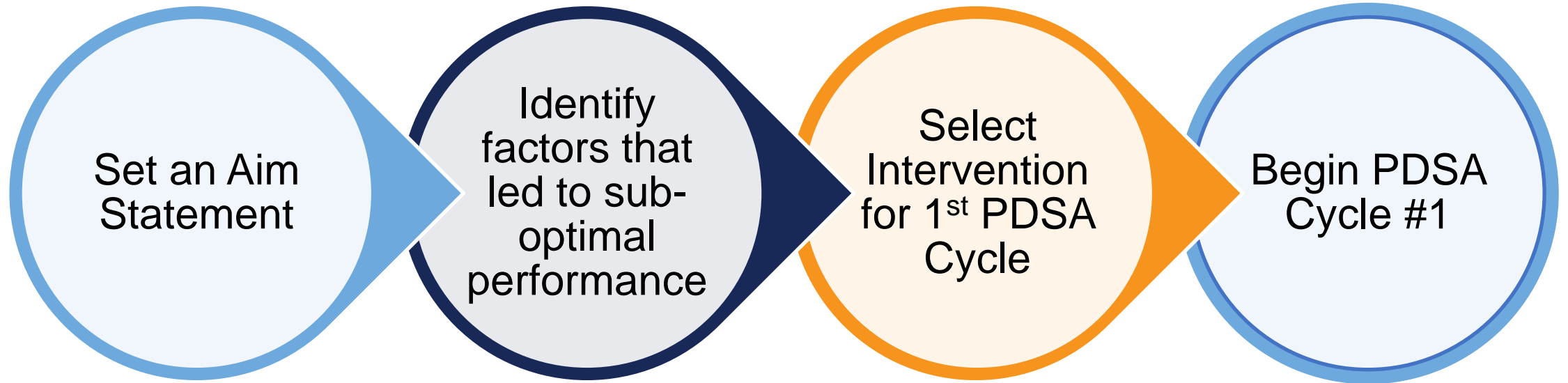
By March 1, 2024, we will increase the number of patients aged 0-18 weighed in kilograms only from 85% to 95%.

Why is this a better S.M.A.R.T. Aim?

Specific **M**easurable **A**chievable **R**ealistic **T**imed

- “By March 1, 2024....” Timed, Realistic:
- “.....we will increase the percentage of patients ages 0-18...”
Specific, Measurable
- “....who are weighed in kilograms only...” Specific,
Measurable
- “from 85% to 95%....” Specific, Measurable, Achievable,
Realistic.

A good S.M.A.R.T Aim sets up an entire project

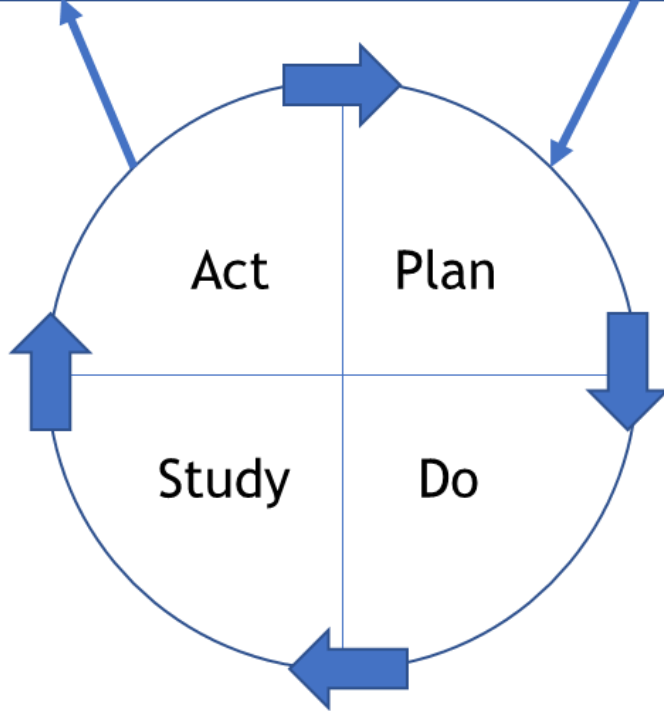
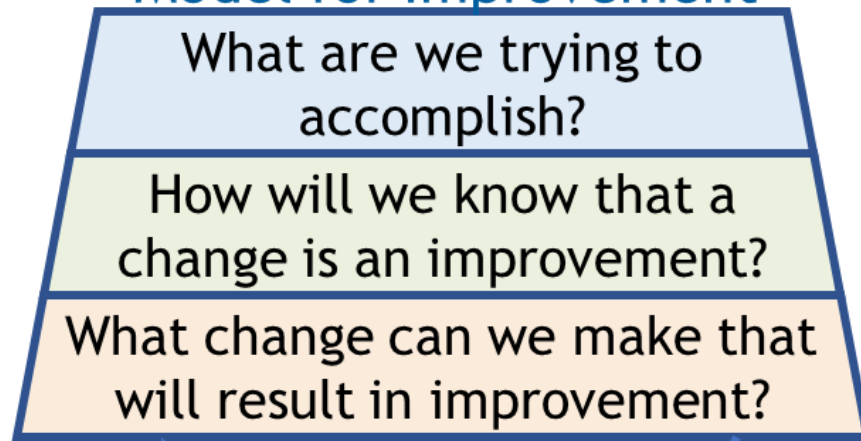


Plan Do Study Act

Emily Sterrett, MD, MS



Model for Improvement



Not all changes lead to improvement, but all improvement requires change.

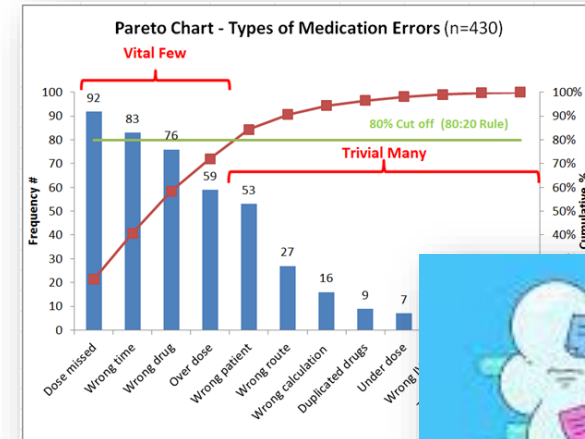
What are you going to work on?

Informed by data

- Pareto analysis
- Cause-and-effect analysis
- Failure modes brainstorming

Stratified by likelihood for success

- Readiness for change
- Risk/cost of failure
- Confidence that change will lead to improvement



Current Situation		Staff/Physician Readiness to Make Change		
		Resistant	Indifferent	Ready
Low Confidence that change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
	Cost of failure small	Very Small Scale Test	Very Small Scale Test	Small Scale Test
High Confidence that change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Small Scale Test	Large Scale Test
	Cost of failure small	Small Scale Test	Large Scale Test	Implement

Staff/Physician Readiness to Make Change

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Steps to Make Change

Not Ready	Ready
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Tests of Change

High Confidence that change idea will lead to Improvement	Cost of failure large
	Cost of failure small



What is a *test*?

Putting a change into effect on a temporary basis and learning about its impact



Why test on a small scale?



- Minimal risk, cost reduction
- Learn without severely impacting performance
- Degree of belief that the change will result in improvement
- Adapt to other conditions/your environment
- Minimize resistance to implementation

Scientific & Deliberate

Plan

- What are you going to do?
- What do you expect to happen?

Do

- Did things happen how you planned?
- What was the result?

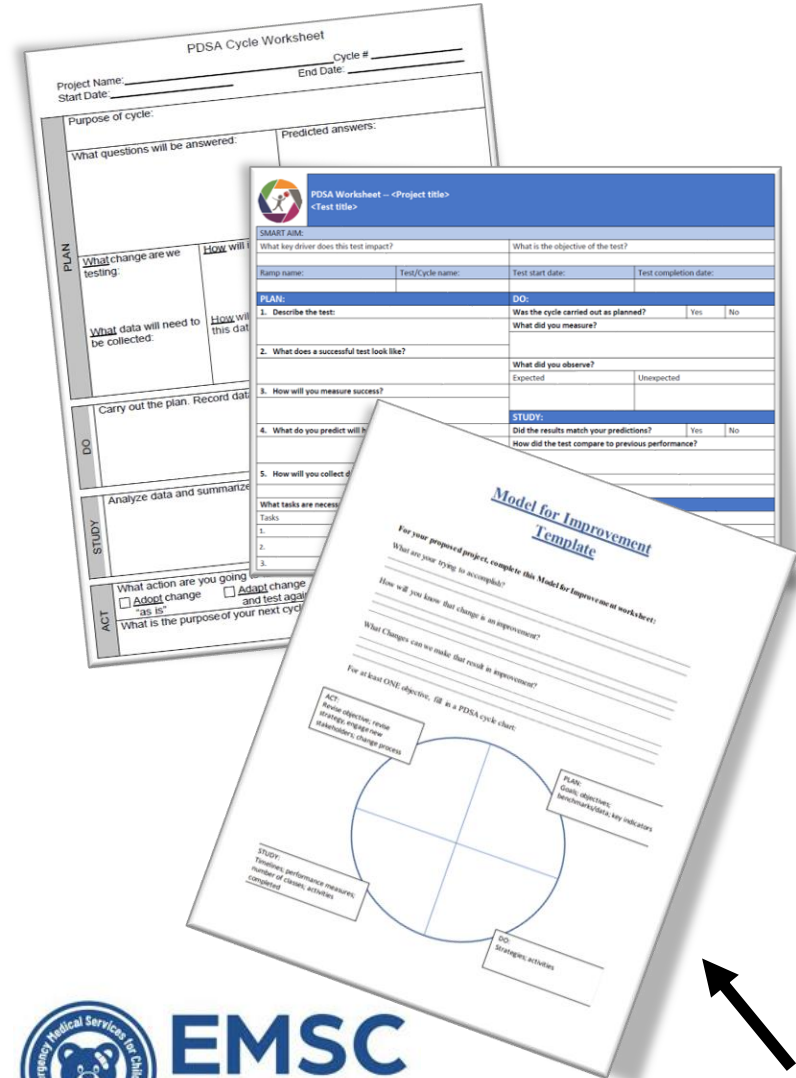
Study

- What did you learn?
- How does this compare to prior tests?

Act

- What are you going to do next?
- Adopt? Adapt? Abandon?

Write it down!



PDSA Example – *New Pain Scale*

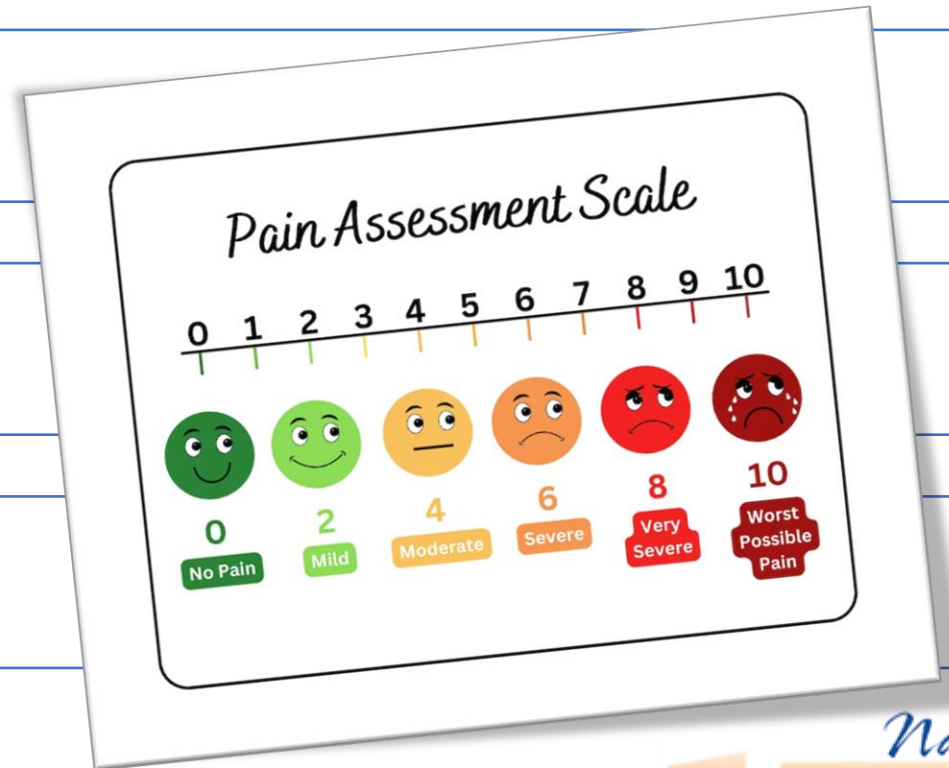
Plan

- Print new pain scale on paper & identify 1 nurse to test usability with patients
- Nurse will use paper pain scale with patients in triage on next shift tomorrow

Do

Study

Act



Write it down!

PDSA Example – *New Pain Scale*

Plan

- Print new pain scale on paper & identify 1 nurse to test usability with patients
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Do

- Nurse used paper pain scale with all pediatric patients, except infants & critical patients
- Nurse reports that families found it easy to understand; Easy for nurse to use

Study

Act

↖ *Write it down!*

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Study

- Pain scale was user-friendly, acceptable to staff and patients
- Not adequate for all scenarios, but good for most situations

Act

↖ *Write it down!*

PDSA Example – *New Pain Scale*

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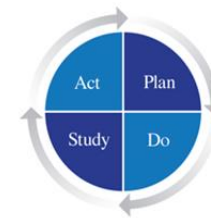
Study

- Pain scale was user-friendly, acceptable to staff and patients
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Act

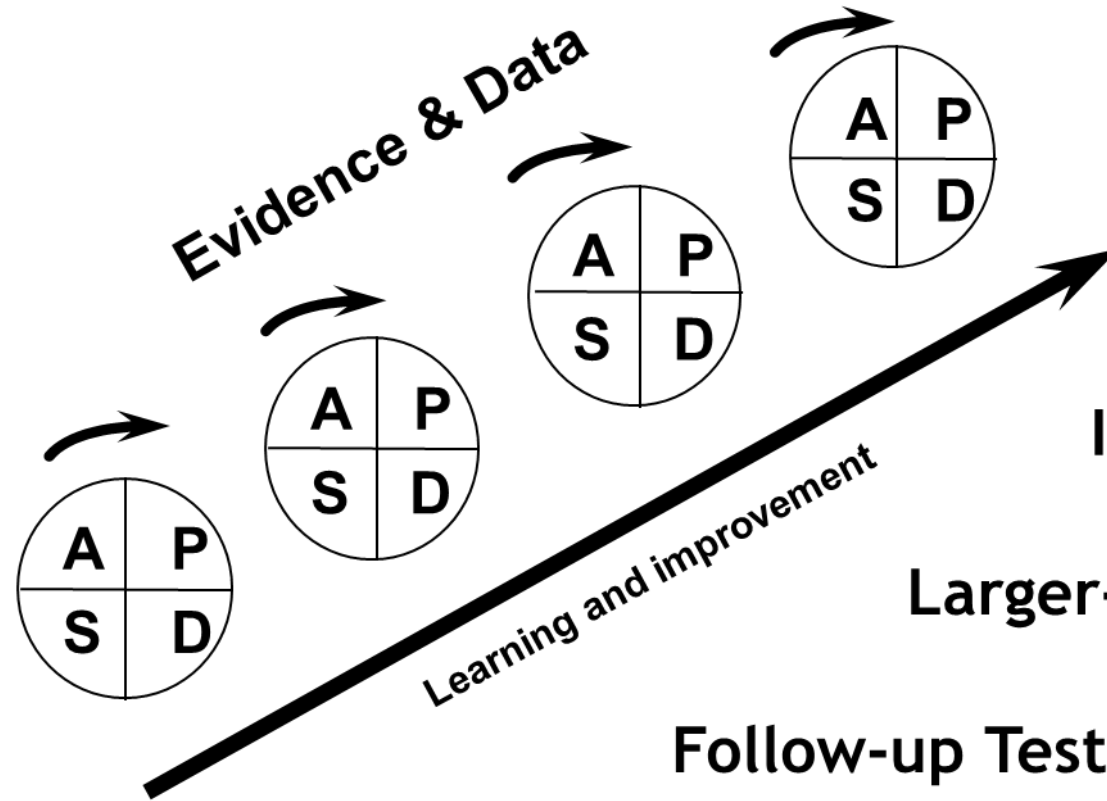
- Try paper test again with 3 other nurses, including night shift and one "late-adopter" nurse
- Review results with clinical committee to determine adoption

↖ *Starts the new cycle!*



PDSA Ramp

Evidence
Best Practice
Testable Ideas
Theories
Hunches



Breakthrough results
Improvement at scale

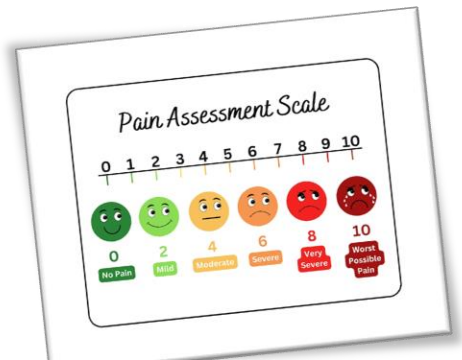
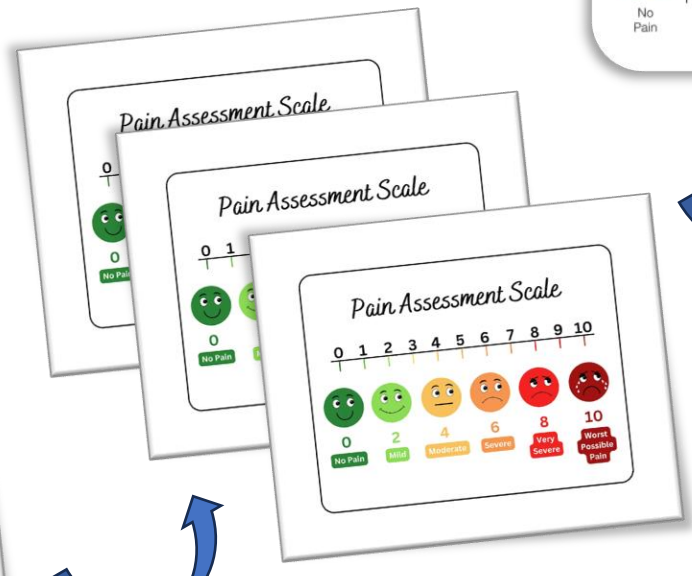
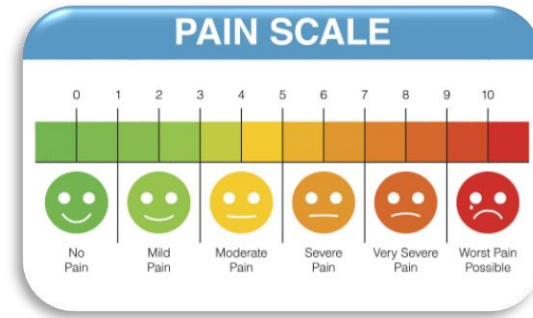
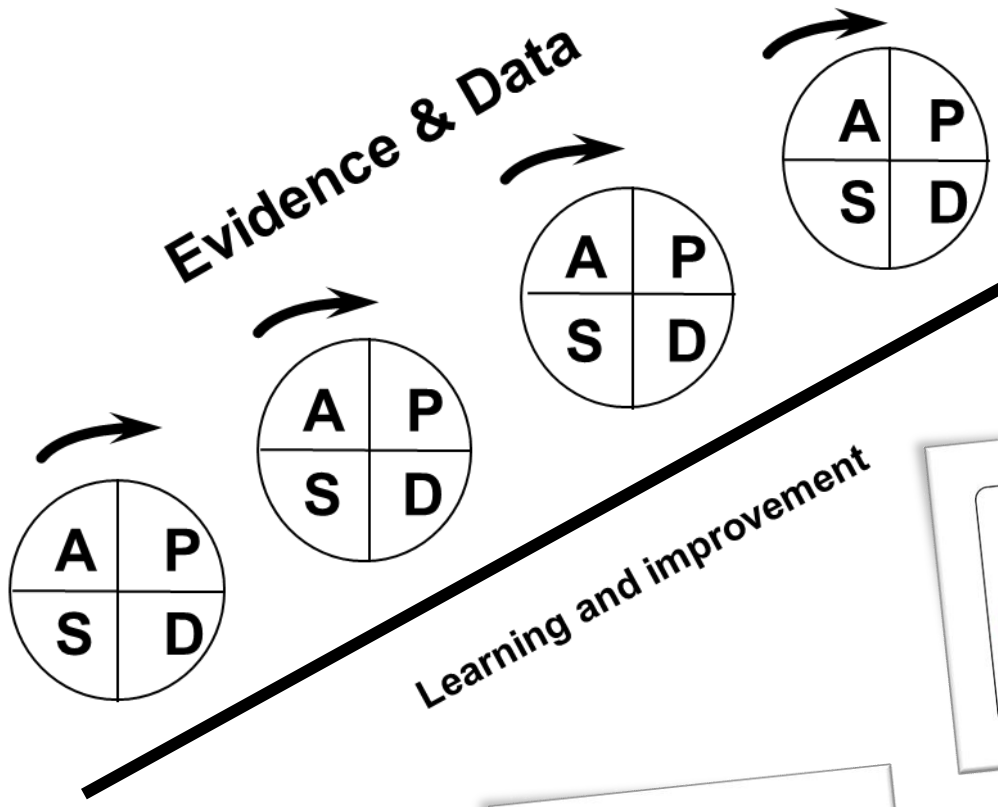
Implementation of Change

Larger-scale Tests

Follow-up Tests

Very Small Tests of Change

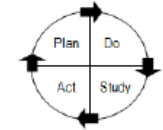
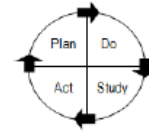
PDSA Ramp



PDSA Ramps

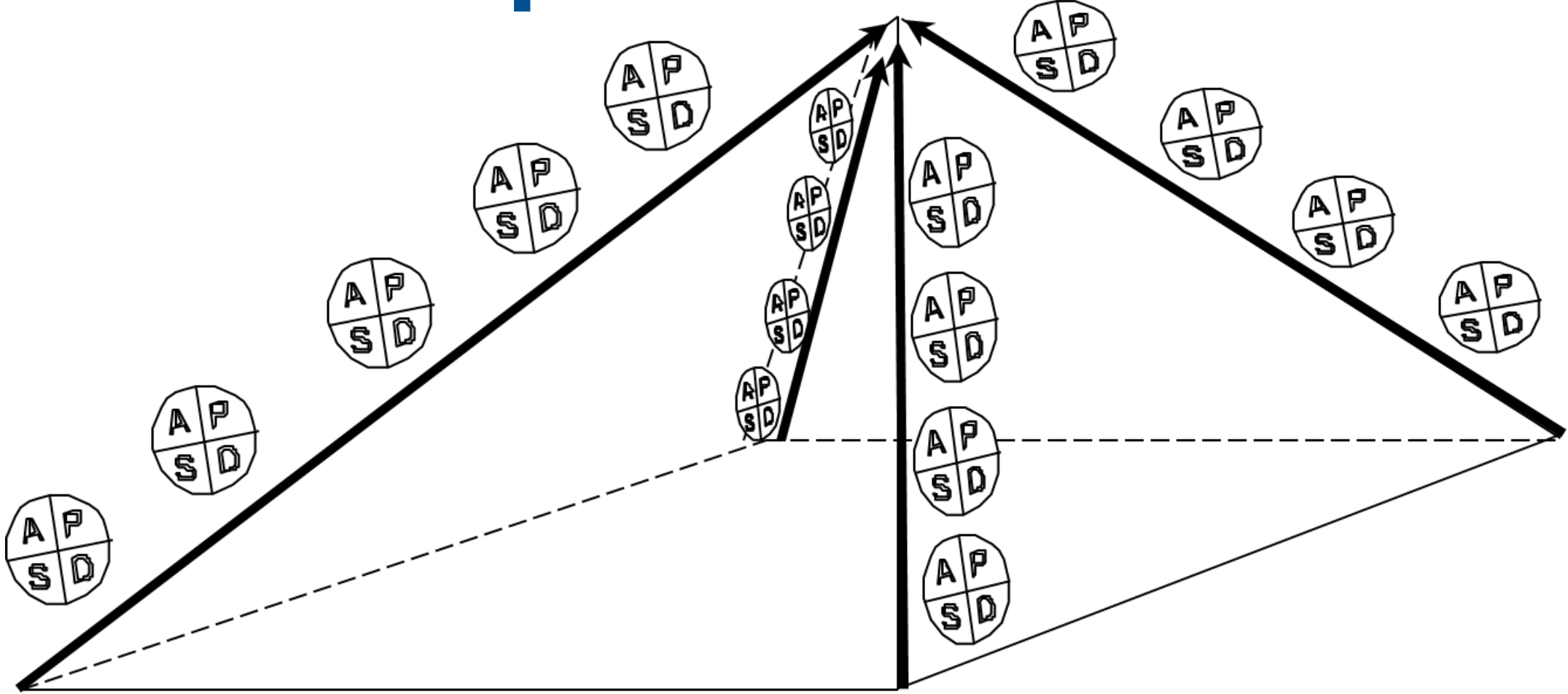
PDSA Ramp Worksheet

PDSA Worksheet -- <Project title>
<Ramp title>

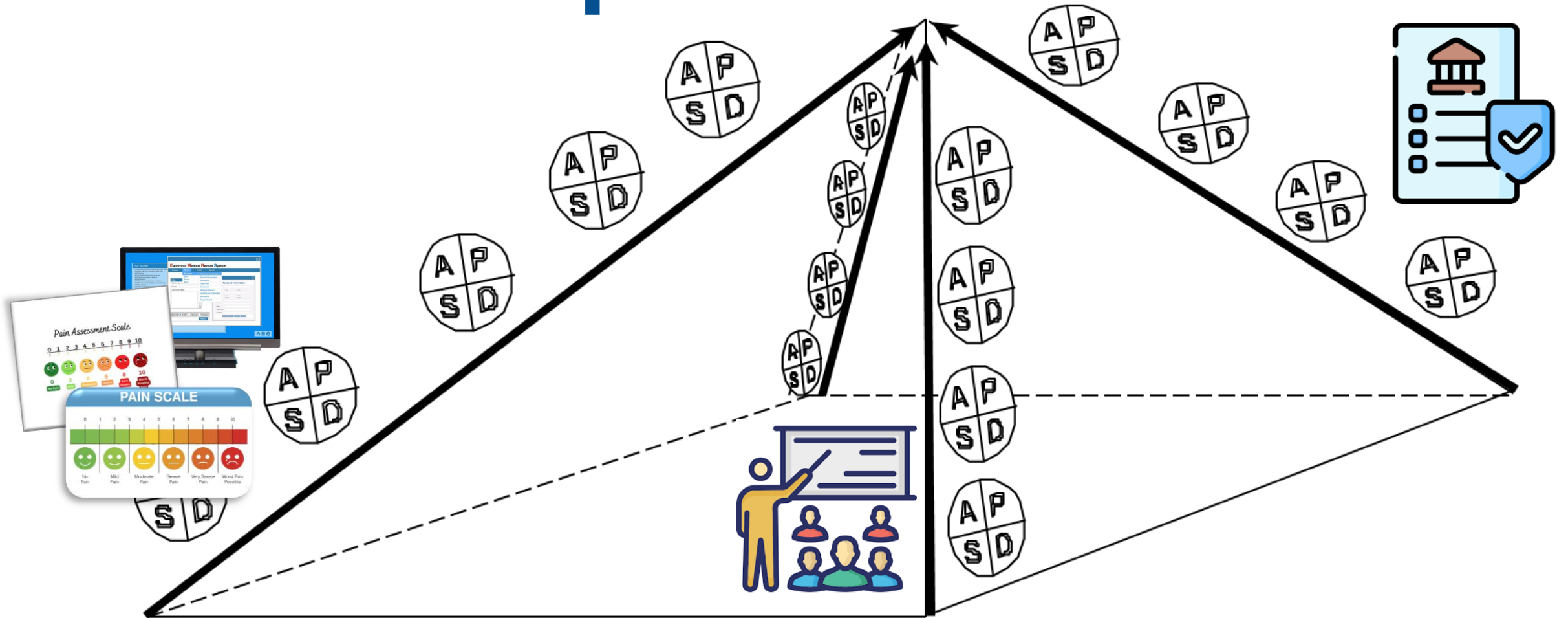


	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Test description:				
Test population:				
Location of test:				
Duration:	<i>ED Triage</i>	<i>ED Triage</i>	<i>Whole ED</i>	<i>Hospital</i>
Test conditions:	<i>One Shift</i> <i>Paper</i>	<i>One Week</i> <i>Paper</i>	<i>+ PeriOp</i> <i>Quarter Yr</i> <i>Badge Buddies</i>	<i>EMR</i>
Date:				
Test Results:				
Action (Adapt, Adopt, Abandon):	<i>Adopt</i>	<i>Adapt</i>	<i>Adopt + Adapt</i>	<i>Adopt</i>

PDSA Ramps

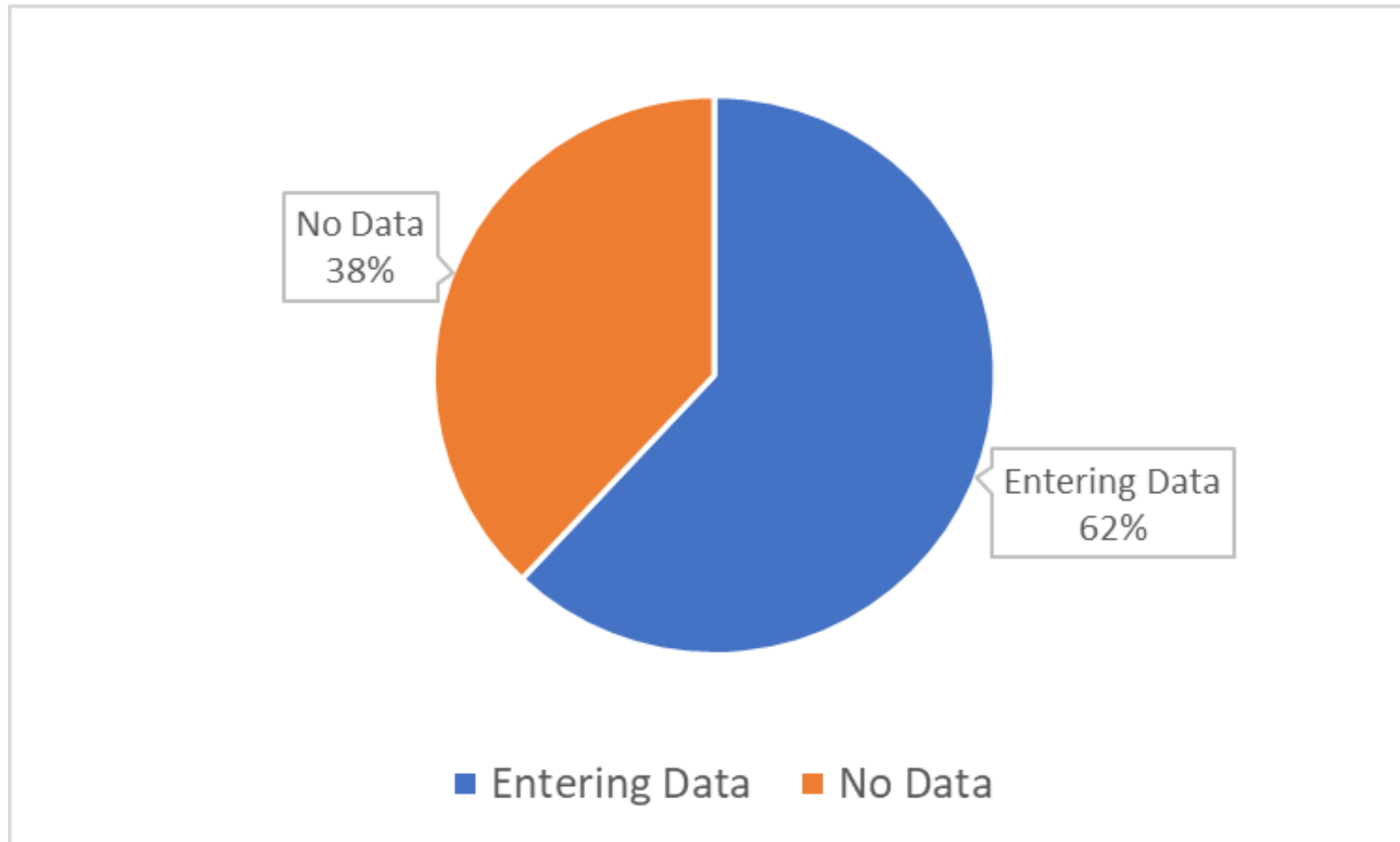


PDSA Ramps



PRQC- NPRQI Utilization

PRQC Sites with Executed POAs Entering Data



NPRQI Reminders

- PRQC registration period officially closed on **December 15, 2023**
 - NPRQI (the data portal) remains open as a standalone QI improvement tool unaffiliated with PRQC.
- 2023 data must be entered by **January 31, 2024.**
- 2024 data entry will begin in January.
- Annual survey coming soon

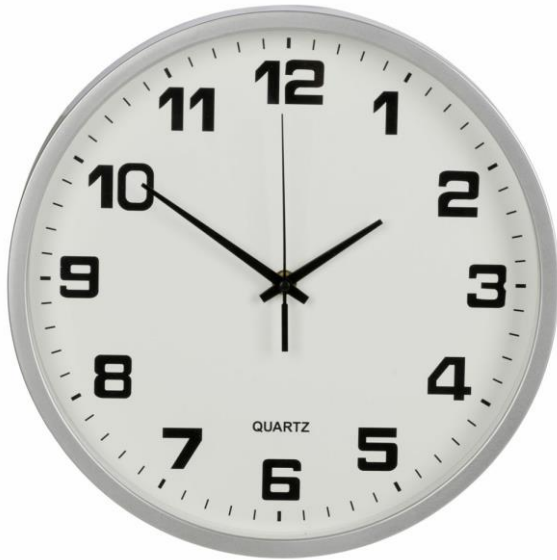
NPRQI 1:1 Office Hours

Wednesday, January 17th

1:30 p.m. – 3:30 p.m. Central Time

Use link or QR code below to sign up for a time

[Register for Jan. 17 NPRQI Office Hours](#)



NPRQI Secure Login Credentials

- Secure login credentials will be sent from Clario via tap.support@clario.com to registered users.
- Have your IT department "**whitelist**" **this email** so it does not get flagged as spam or junk email.
- Don't see your login link? Check you spam or junk email folders. Or you can email tap.support@clario.com and request they send the NPRQI data portal link.
- To add or remove users email: liza.hinojosa@austin.utexas.edu

NPRQI Webinar – January 23

Join our upcoming Webinar

January 23, 2024

11:00 a.m. Central Time



NPRQI Dashboard Update

NPRQI Reporting Dashboard

68 Sites / 3,269 Records

Make your selections from the green filter bar, and Click "GO" to return your report

Year

Select all that apply
All

Quarter

Limit the # of Quarters by selecting Year(s) first
All

Site

All

Results View

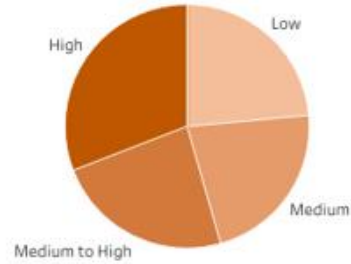
Table

Patient Clinical Group

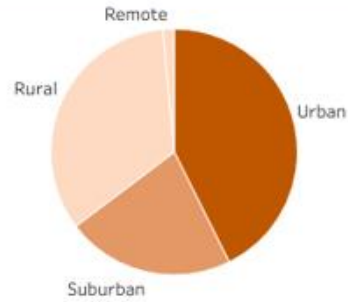
All Patients (Core Measures)



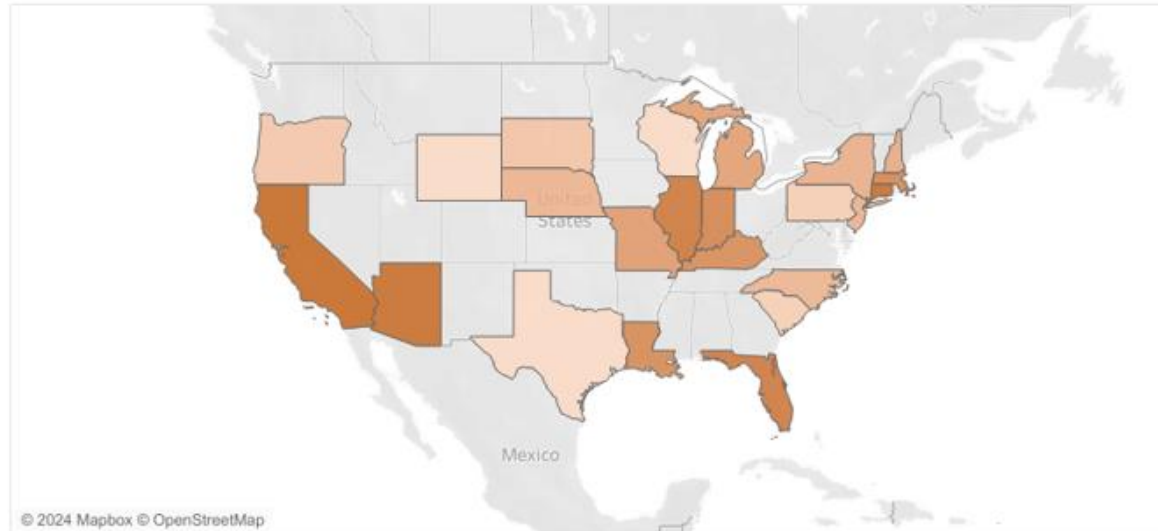
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



The NPRQI is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.2M with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Last Dataset Refresh:
1/15/2024 1:18:52 PM
Last Patient Included:
1/13/2024

CLARIO.





- Complete onboarding

- Build PRQC Team
- Complete Participant Demographics Survey
- Share intentions with Stakeholders

- Complete Environmental Scan
- Begin collecting baseline data
- Decide on clinical area(s) of focus

- Select SMART Aim
- Identify change strategy
- Implement change strategies
- Review (compare performance to SMART Aim)
- Adapt/Abandon

January

February

March

April



- **Adopt an implementation plan**
 - Develop SMART Aim
 - Select a change strategy
- Put the plan into action
 - Rapid test of change
- Assess the outcome and evaluate your performance
- Consider: Was it successful? What feedback was gathered?
- Adapt or abandon the change process and implement another PDSA cycle



Pediatric Mental Health Care Access (PMHCA) Quality Improvement (QI) Collaborative

February 22 at 1pm EST.

The Collaborative offers several benefits to participants:

- 1. Access to a Quality Improvement Guide:** A detailed QI guide provides valuable insights and methodologies to enhance knowledge in the field.
- 2. PMHCA Community:** Joining a community of mental health professionals offers networking, collaboration, knowledge sharing, and peer support.
- 3. Team Building:** Sharing ideas and best practices among mental health professionals supports collaboration and addresses challenges in a supportive environment.
- 4. Project Reporting to the PMHCA Community:** Sharing project updates with the PMHCA community fosters knowledge exchange and recognition, enhancing visibility and potential for collaboration.
- 5. Focused Working Sessions:** In focused working sessions, smaller groups can concentrate on specific aims and create effective strategies to overcome obstacles by exploring key drivers and identifying interventions.
- 6. One-on-One Office Hours:** Personalized support from quality improvement coaches and data analysts can guide improvement strategies and tailor insights specific to each team's goals.

Scan the code
to view our
offerings!



Please Complete Session Evaluation Poll

Thank you!

Fireside Chat: A Closer Look at Patient Safety



February 6, 2024

Collaborative Session #7: Communication



February 20, 2024

Join Us for Upcoming Sessions

Nursing - CE contact hours

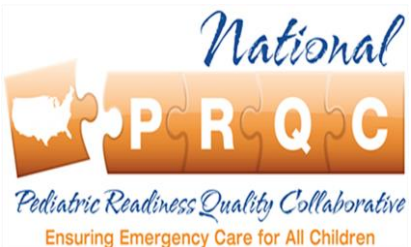
Collaborative session #6 January 16, 2024

1. Enter your first and last name in the **chat** if you have not done so already
2. Scan the QR code/use link to access session evaluation
3. Submit completed evaluation by 1700 (Pacific) on 1/17/2024 to be eligible for CE hours



<https://bit.ly/PRQCCollaborative6>

If you have any questions, please contact Robin Goodman at robin.goodmanrn@gmail.com



BRN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours