

Health System Change: Integrating Function

Workshop: Sustaining a Focus on Function in Specialty Research and Care

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UAB MEDICINE

Knowledge that will change your world

One Question for Today:

“Session on mobility was great but I just heard about more evidence-based research and initiatives I’ll never be able to get done in the non-academic real world”

**- Attendee Feedback,
2018 ACE Conference**

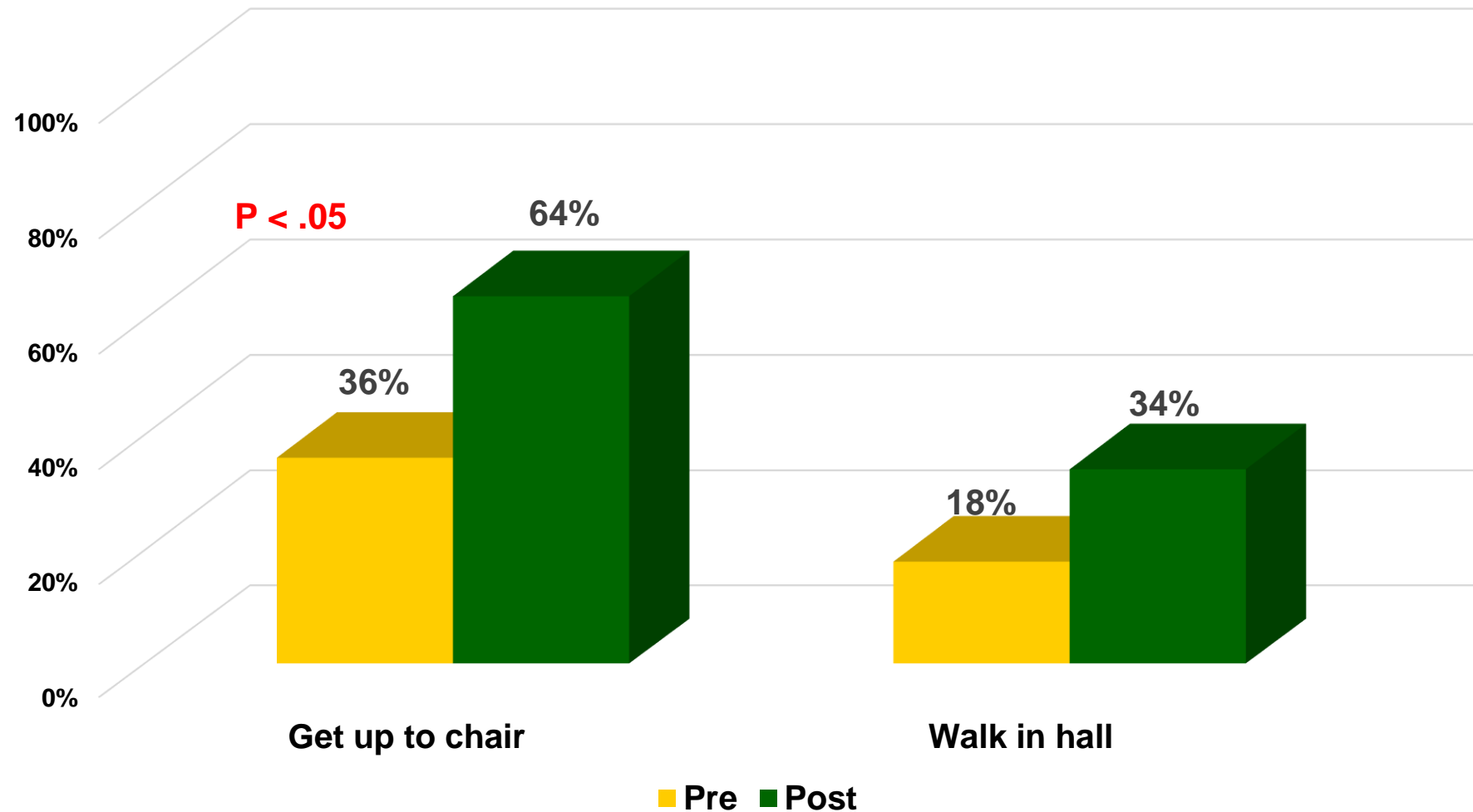
- How can we translate function research/evidence-based work into improved outcomes via system-based change?

“...current healthcare services research activities have largely focused on acquiring new knowledge rather than **implementing existing knowledge”**

– Boustani et al, JAGS, 2018;66:1372

Getting from Point A to Point B: Implementation Science Principles Work

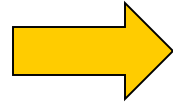
Point B: Orthopedic Surgery Unit Post-Implementation Safe Mobility Intervention



Education alone does not change outcomes

The Problem:

- ✓ 35% older adults are discharged from hospital with functional decline



Education
(knowledge/ skills)



Stakeholders
with a sense
of urgency



Evidence-based
geriatric care
processes



Implement/
Hardwire
geriatric
processes
into the
systems/
workflows

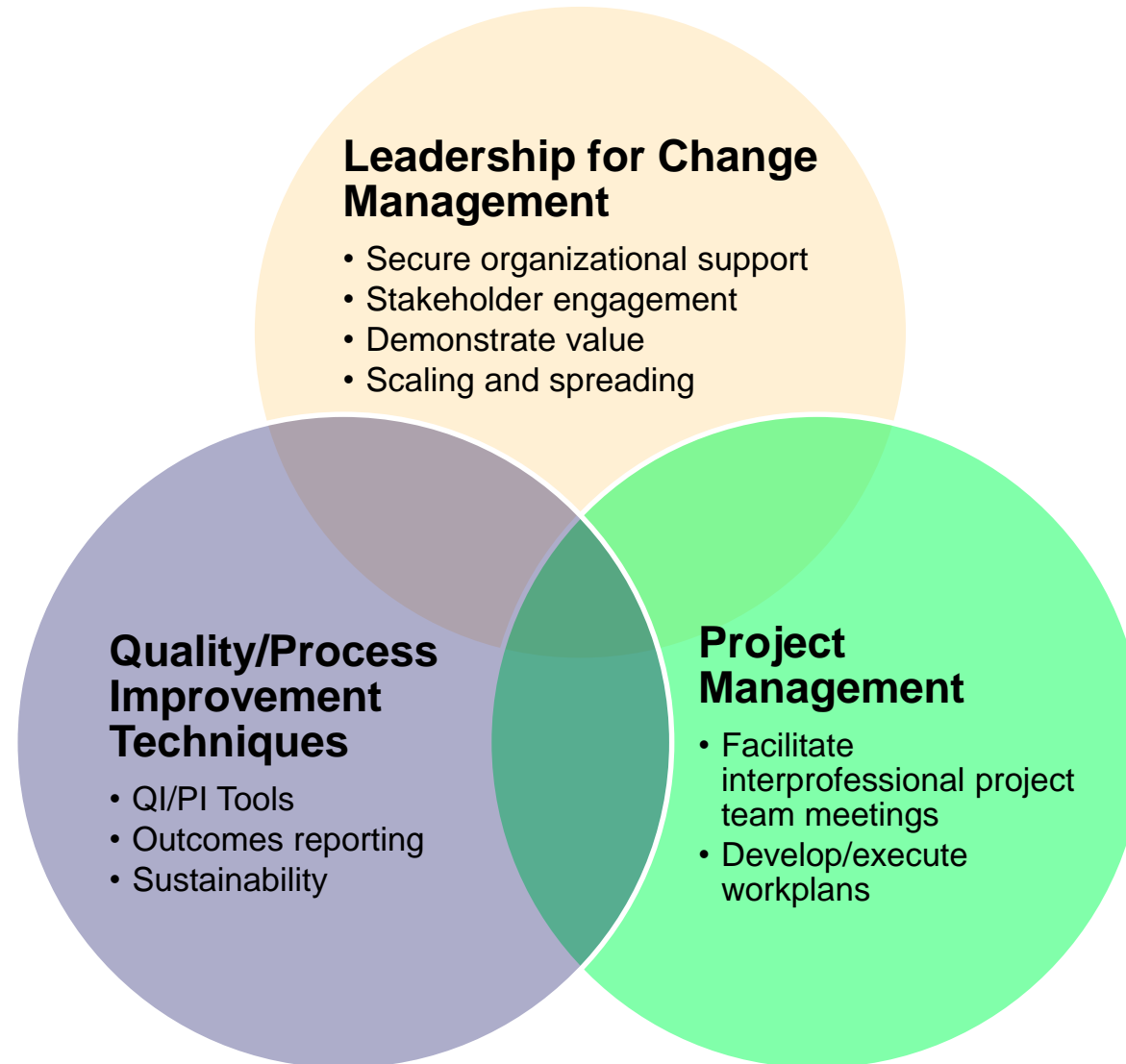


Geriatric
Care
(mobilization)
becomes
just....
Care



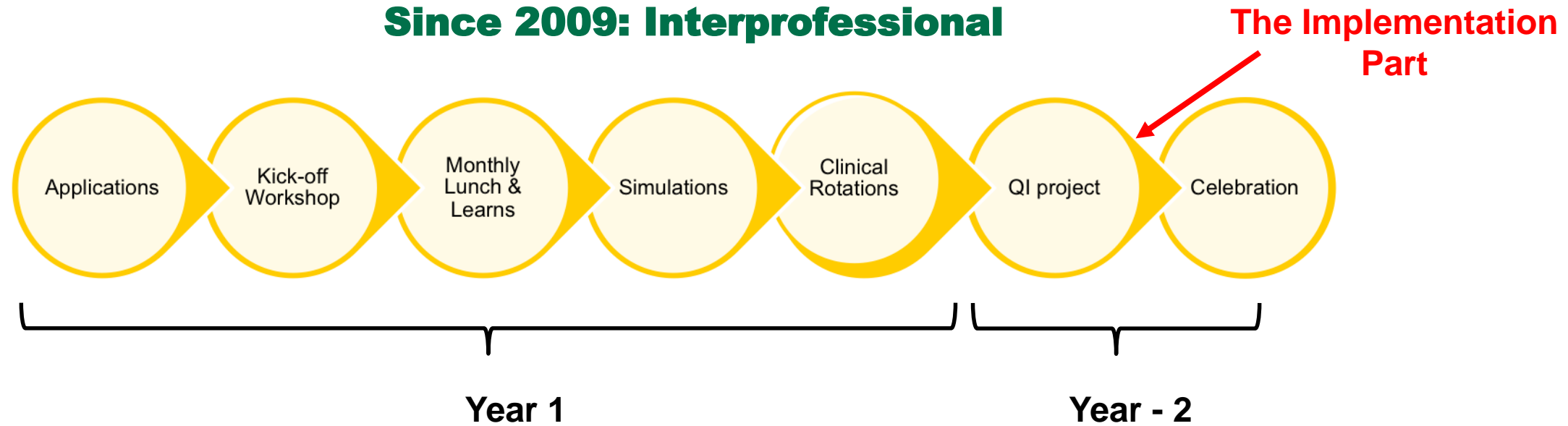
- ✓ “**Implementation scientists** were able to implement a collaborative care model...”
- ✓ “AI Playbook is....**facilitated by a trained AI agent** ...able to facilitate changes at both the organizational level and the individual level”

Implementation Science/Change Management Skills Required

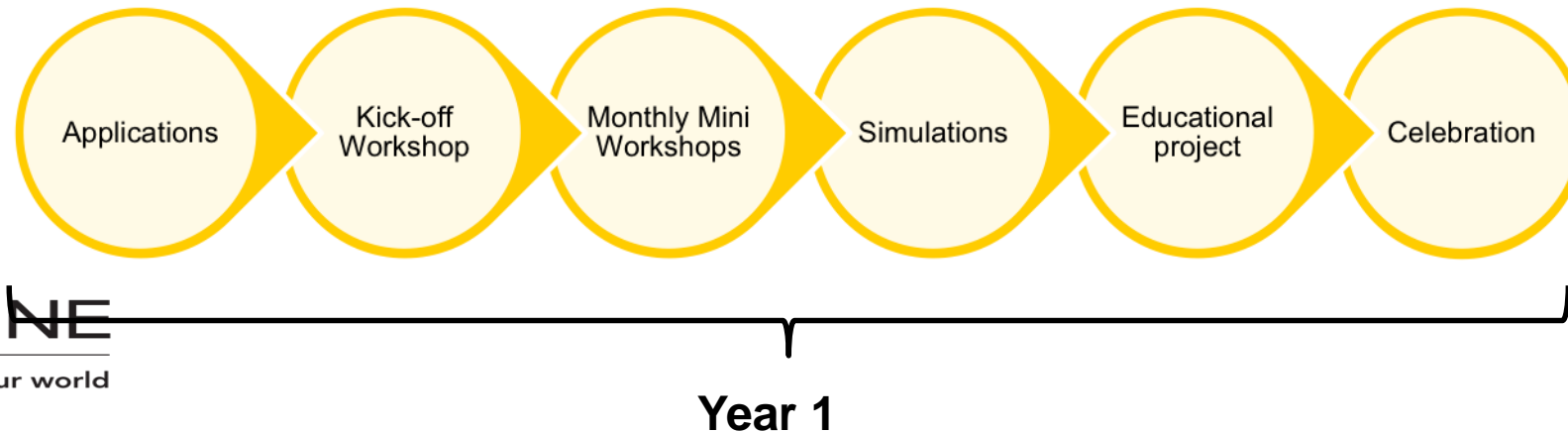


Education and More: UAB Geriatric Scholar Program Army of Change Agents to Deploy for Implementation

Since 2009: Interprofessional



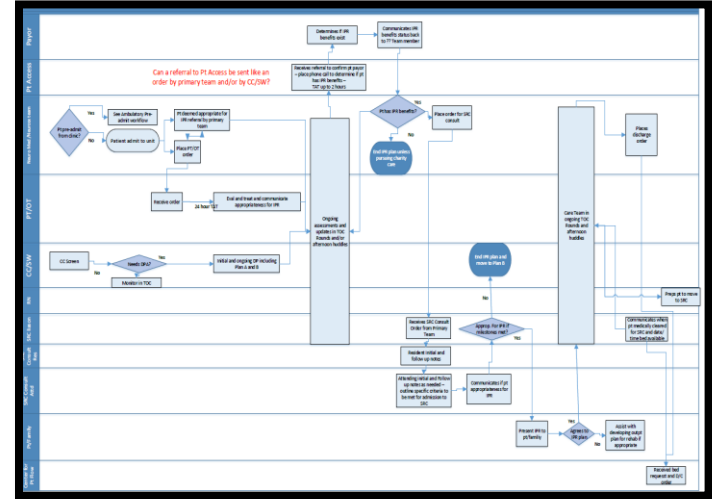
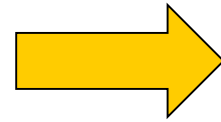
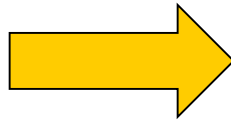
Since 2014: Patient Support



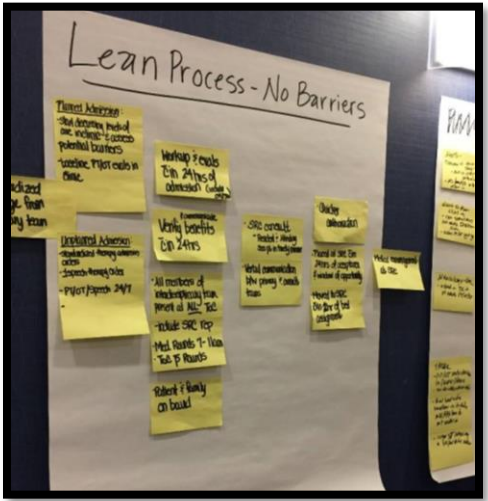
QI/Project Management Techniques and Tools

Process Mapping

Executive Summary		Goals	
Executive Sponsor	Dr. Thomas	Start Date	08/01/2017
Project Lead	Dr. Reed, Dr. Risher, Dr. Shugart	Estimated Completion Date	08/01/2017
Administrative Project Lead	Dr. Fink, Dr. Gorman, Kelle Plant	Actual Completion Date	
Working Project Lead	Dr. Lumbard, Dr. Hines, Emily Stevens	Estimated Project In	
UAB Core Team Lead	Dr. Sostorovich (through July 2017)	Signature	
Project Description			
Scope	UAB Department of Obstetrics and Gynecology and UAB Women and Infant Center (WIC) will be the lead and project sponsor in partnership with the Center for Quality in Women's Surgery (CQWS). The project will be a multi-departmental effort to improve patient safety, reduce medical errors, and improve patient satisfaction. The project will be a multi-departmental effort to improve patient safety, reduce medical errors, and improve patient satisfaction.	Process Start	Oct 2017
Process Statement	The American College of Obstetrics and Gynecology (ACOG) has established a national standard for patient safety in obstetrics and gynecology. The UAB OB-GYN team will be implementing all the national ACOG standards in one surgical department while maintaining all departments. In doing so, we will help improve healthcare and ensure that we help inform future obstetrics and gynecology.	Current Performance / How/When	
Project Goals	Develop new evidence-based practice (EBP) processes to reduce the number of surgical errors and improve patient safety. Develop new evidence-based practice (EBP) processes to reduce the number of surgical errors and improve patient safety.	Goal	Zero errors in obstetrics and gynecology units for the next 12 months. Reduce the number of surgical errors and improve patient safety.

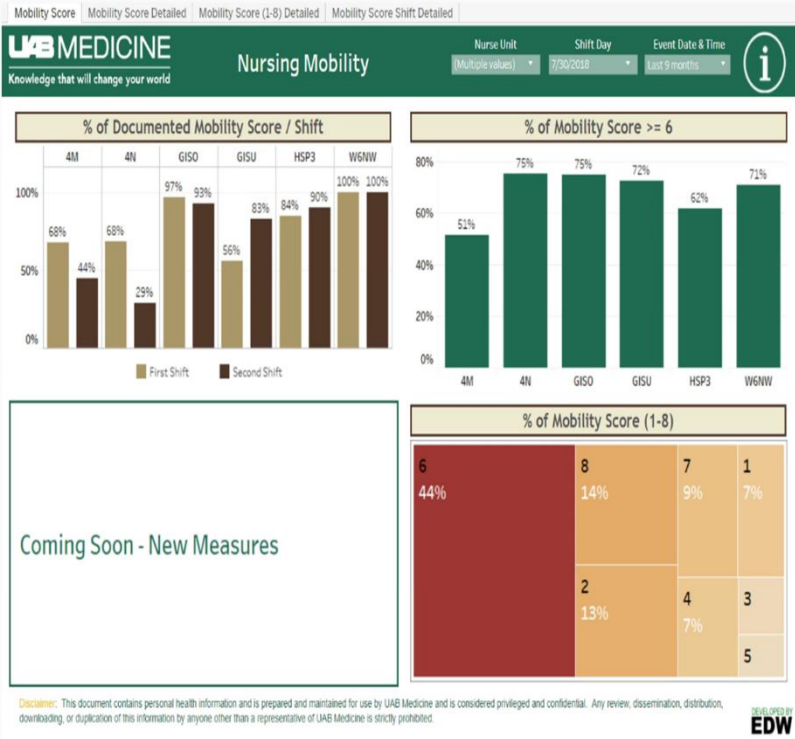


Project Charter

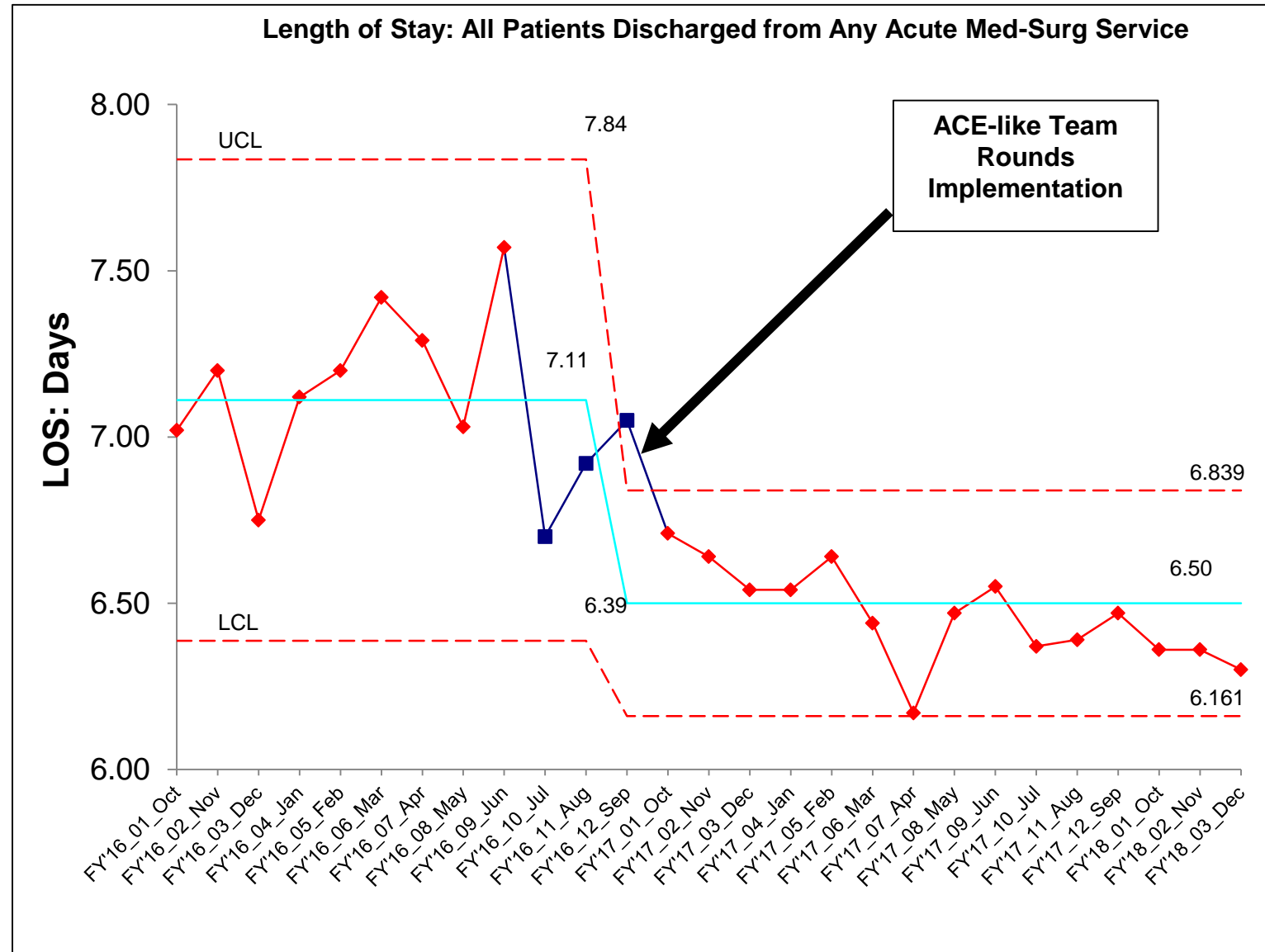


Quality Assurance and Outcomes Measurement Tools

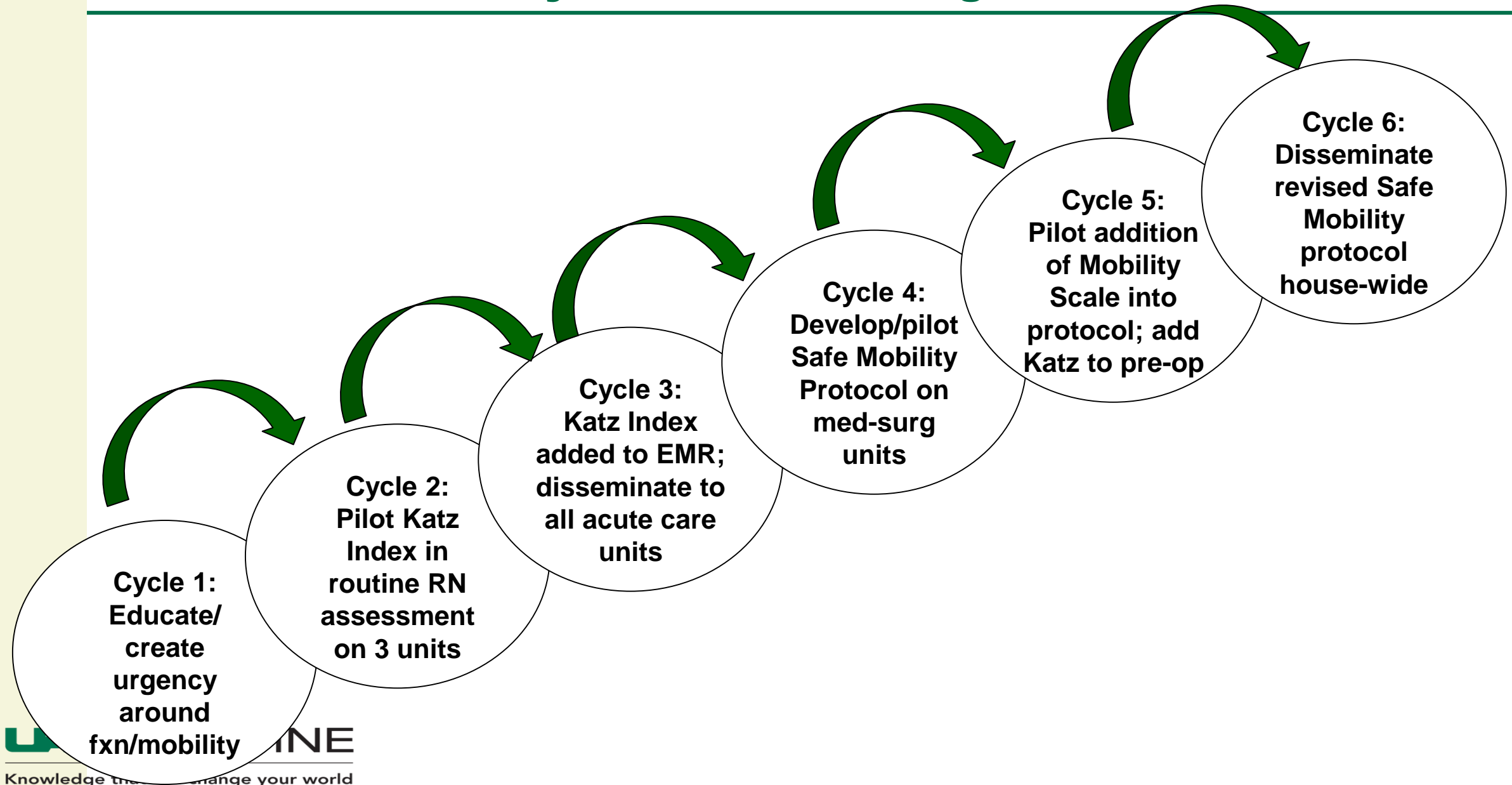
Safe Mobility Dashboard for daily use to hardwire new processes



Control Chart for Measuring Outcomes



Rapid Cycle Change Methodology for System-Based Change



For consideration:

“....current healthcare services research activities have largely focused on acquiring new knowledge rather than **implementing existing knowledge**”
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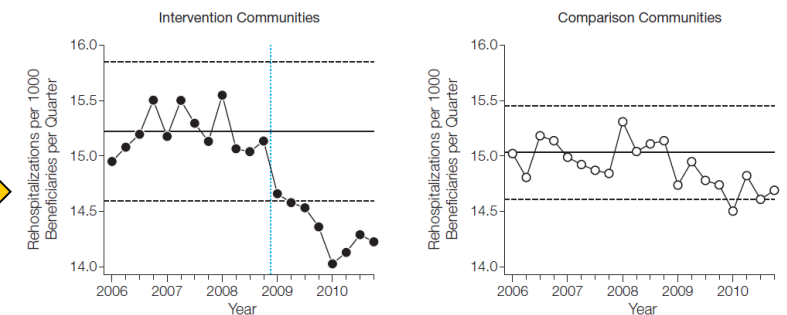
- How can we further influence the external environment to drive organizations toward prioritizing function/mobility outcomes?
 - The way CLABSI, CAUTI, Falls are prioritized
- Is there a funding mechanism to increase the pace of creating Geriatric Implementation Scientists?
 - The GACAs, GWEPs, K Awards version for implementation/quality improvement careers
- Can we further influence the acceptance of implementation work for publication in research journals?

A control chart in JAMA ☺
(Brock et al, JAMA 2013, 309(4):381-391)



QUALITY IMPROVEMENT IN MEDICARE BENEFICIARIES' CARE TRANSITIONS

Figure 1. Process Control Charts for 30-Day All-Cause Rehospitalizations per 1000 Medicare Beneficiaries per Quarter, 2006-2010



Means (solid lines) and upper and lower control limits (dashed lines) set by the experience of 2006-2008. Vertical dotted line indicates start of quality improvement in the intervention communities.

THANK YOU

