

# NHPCO Project ECHO

**January 2022**

**Presentation by Arif Kamal, MD, MBA, MHS and Jon Nicolla, MBA**

**ECHO session facilitator – Sarah Simmons, Executive Director, Calvert Hospice**



# Disclosures

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## **Disclosure**

The planners and faculty disclose that they have no financial relationships with any commercial interest.

## **Data Collection**

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

## **Evaluation**

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. Completion of this evaluation is required for Quality Connections credit. We ask all participants to take the survey as it will help us to improve future clinic sessions.

# Today's Agenda

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- Welcome and brief introductions
- Introduction of the case presenter and subject matter experts
- Brief didactic presentation related to the topic
- Case presenters/Subject matter experts present topic details and specific questions or ponderings.
- Questions and clarifications – subject matter experts and participants
- Final thoughts and lessons learned - subject matter experts and participants

# Ground Rules and Video Conferencing Etiquette

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- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants - introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

# Introductions

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## Session Presenters and Subject Matter Experts – Duke University and Palliative Care Quality Collaborative

- **Arif Kamal, MD, MBA, MHS**

Physician Quality and Outcomes Officer, Duke Cancer Institute Associate Professor of Medicine  
Division of Medical Oncology and Duke Palliative Care

- **Jon Nicolla, MBA**

Executive Director - Palliative Care Quality Collaborative  
President - Prepped Health LLC

# Today's Topic

BiteSizeQI

Top Ten Mistakes  
*(we all make)*  
In Doing Quality Improvement

Arif Kamal MD, MBA, MHS  
Jon Nicolla MBA



*“We’re all in the service industry, we just happen to be delivering health care”*

*“the great enemy of the truth is not the lie – deliberate, contrived, and dishonest – but the myth – persistent, persuasive, and unrealistic”*

*“If I had an hour to solve a problem, I’d spend 55 minutes thinking about the problem, and 5 minutes thinking about solutions.”*



# Blaming People

## GAPS IN QUALITY ARE SYSTEMS ISSUES

Avoid identifying people, organizations, events, settings

Quality improvement is not about finding “bad apples”

Save specific entities for the driver diagram (e.g. Fishbone) discussed later

~~“It’s because Dr. X is always so far behind during his clinic day that patient’s just get up and leave. They don’t want to wait for him.”~~



# Not Defining the Problem

## HAVE A PROBLEM STATEMENT

One or two sentences describing specifically the Who, What, When, Where, and Harm of the problem (but not How or Why)

“In our outpatient clinic, 40% of lung cancer patients referred for outpatient palliative care did not show in the last 12 months, reducing opportunities for timely symptom management”

~~“So we’re here to talk about growing our clinic”~~

# Not Defining the Problem Again

## REVIEW THE PROBLEM STATEMENT DURING EACH MEETING

Review the Who, What, When, Where, and Harm of the problem (but not How or Why)

“In our outpatient clinic, 40% of ~~lung cancer~~ all patients referred for outpatient palliative care did not show in the last 12 months, reducing opportunities for timely symptom management”

“~~And thus....we need.....to do....~~”

# Not Knowing Where You Are Going

## HAVE AN AIM STATEMENT

What is the goal of your quality improvement project?

Include the Who, What, When, Where (but not Why or How)

~~“We will reduce the no-show rate among all patients in the outpatient palliative care clinic by 20% over the next 6 months by calling patients the night before to remind them to come”~~



# Too Many Solutions, Too Early

## PROVE THE PROBLEM

Develop a plan to prove the problem

- A. Exists
- B. Is Important
- C. Is Affected by Stakeholders Involved

Divide comments/suggestions during early meeting into “problem proving” or “potential solutions”

# Developing a Solution Not to Fit the Problem

## EXPLORE THE PROBLEM

What are the drivers of the problem?

Can you brainstorm, organize, and quantify those drivers (e.g. Fishbone/Ishikawa, Process Map, Pareto Chart)?

Did you ask all stakeholders (e.g. patient survey)?

“We believe the leading reasons patients do not show for clinic are lack of transportation and long wait times”

# Not Having the Right People on the Team

## RIGHT PROBLEM, RIGHT TEAM

Are all stakeholders represented on the team (think frontline staff, patients, environmental services)?

Do you have a guarantor? Is he/she aware?

Is your team agile enough to discuss and make decisions in-person?



# Not Aligning the Drivers of Problem to Solution

## RIGHT PROBLEM, WRONG SOLUTION

“Our patients are missing their appointments due to transportation issues, we will give our clinicians a Powerpoint presentation during the next faculty meeting about being more efficient during clinic visits and not getting behind”

“Our patients are missing their appointments due to transportation issues, we will give them taxi vouchers after they arrive.”



# Testing For Too Long

## FAIL EARLY, TRY OFTEN

Interventions of change should be tried for short periods (typically weeks to few months)

Interventions of change should not be complex

Bad interventions should be abandoned

Emotional/historical attachments to interventions should be checked at door

# Fearing Failure

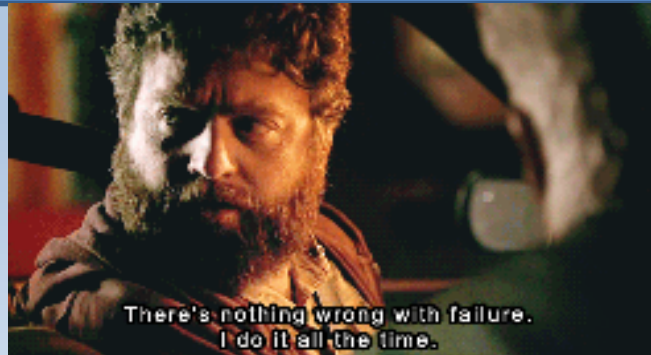
FAIL EARLY, FAIL OFTEN

MOST quality improvement interventions do not work

You are not testing a hypothesis

Cultural, political, environmental, timing factors affect success

Solutions that work may be too expensive, resource-laden, difficult, or not sustainable long-term



# Top 10 Mistakes

1. Blaming people
2. Not defining the problem
3. Not defining the problem – again
4. Not knowing where you're going
5. Too many solutions – too early
6. Developing a solution not fit to the problem
7. Not having the right people on the team
8. Not aligning drivers of solution to the problem
9. Testing for too long
10. Fearing failure

**BUT WAIT**

**THERE'S MORE**

## OUR JOB MAY BE QI, WE WORK IN HEALTHCARE

QI is hard, we'll fail often

Don't let numbers be your only measure of success

Each 1% we improve represents improvement of care to PEOPLE

The Boy and the Starfish

*...it matters  
to this one.*



# So, How Do We Avoid These Mistakes?

## PREPARE AND ORGANIZE

Provide your team structure

How are you documenting your decisions?

A Project Charter (Six Sigma, IHI, PDSA, etc)

BiteSizeQI – NHPCO Quality Connections Program

- Pilot with 30 NHPCO Hospice Programs
- 3 Affinity Groups
- BiteSizeQI to structure the project
- Small group QI coaching sessions

Celebrate your wins!

# INTRO TO BITESEQI

**WELCOME TO  
BITE SIZE QUALITY IMPROVEMENT**

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**Here**

Why is this problem important? Who or what is it harming?

Please type below

This led to unhappy patients

Full Problem statement

From October to December, patients at the Pine Street Clinic had to wait 35 minutes on average to see their doctor. This led to unhappy patients.

Examples:

- From October to December, patients at the Pine Street Clinic had to wait 35 minutes on average to see their doctor. This led to unhappy patients.
- During the last three months, patients in the cardiology service line reported satisfaction at the 45th percentile. This resulted in a decrease in return visits.
- Between March and June, hematologists on Unit 8100 received STAT coagulation results 85 minutes after the sample was drawn. This caused delayed discharges.

Back Done

**This is the project title**

Your Project Code is: W387W

### Solutions

Select a Cause	Potential Solutions	How likely is it to work?	How difficult is it to do?
<input type="checkbox"/> No medical records <input type="checkbox"/> Staff turnover problems <input type="checkbox"/> Clinic inventory issues <input type="checkbox"/> Staff used on shift too <input type="checkbox"/> Long time to process	<input type="text"/> Clinic Director <input type="text"/> Reception staff to stop <input type="text"/> Patients <input type="text"/> Change practitioners <input type="text"/> Doctor presence	<input type="button" value="1 - Somewhat Likely"/> <input type="button" value="2 - Somewhat Likely"/> <input type="button" value="3 - Very Likely"/> <input type="button" value="4 - Very Likely"/> <input type="button" value="5 - Likely"/>	<input type="button" value="1 - Somewhat Difficult"/> <input type="button" value="2 - Very Easy"/> <input type="button" value="3 - Somewhat Easy"/> <input type="button" value="4 - Very Difficult"/> <input type="button" value="5 - Neither"/>

Add Another Solution

Back Done

**Wait Times**

### Cause and Effect

**Process**

- No medical records available
- Wait time too long

**Equipment**

- Printing equipment broken
- Other accessibility issues

**People**

- Staff turnover
- Staff working assignments

**Environment**

- Long wait times for bus

From October to December, patients at the Pine Street Clinic had to wait 35 minutes on average to see their doctor. This led to unhappy patients.

Back Done



## Executive Summary

### Charter Phase

**Problem Statement:**

Over the past 12 months Oncologists at [REDACTED] had the same TAT and QNS rates for biomarker only testing as a full diagnosis with biomarker testing. This is causing suboptimal, or delayed treatment decisions.

**Aim Statement:**

By December TAT and QNS for biomarker testing only biopsies at [REDACTED] will be reduced by 1-2 days and 10% respectively.

**Roster:**

Project Champion - Dr. [REDACTED] (Oncologist)

Project Lead - ODM

QI Team - Dr. [REDACTED] (Pathologist), [REDACTED] (Radiologist), [REDACTED] (PSS)

### Discover Phase

**Measurement:****Who will collect it?**

TAT – Oncology staff, Pathology staff or QA/QI specialist. QNS = Pathology staff or QA/QI specialist.

**How will the data be collected?**

TAT from EMR, or Flatron. QNS from reference lab.

**What time period?**

3 months

**How will the data be recorded?**

EMR, or Flatron reporting system. Custom report from reference lab.

**Cause and Effect:**

★ No standard protocol to communicate biopsy purpose to Radiology and Pathology

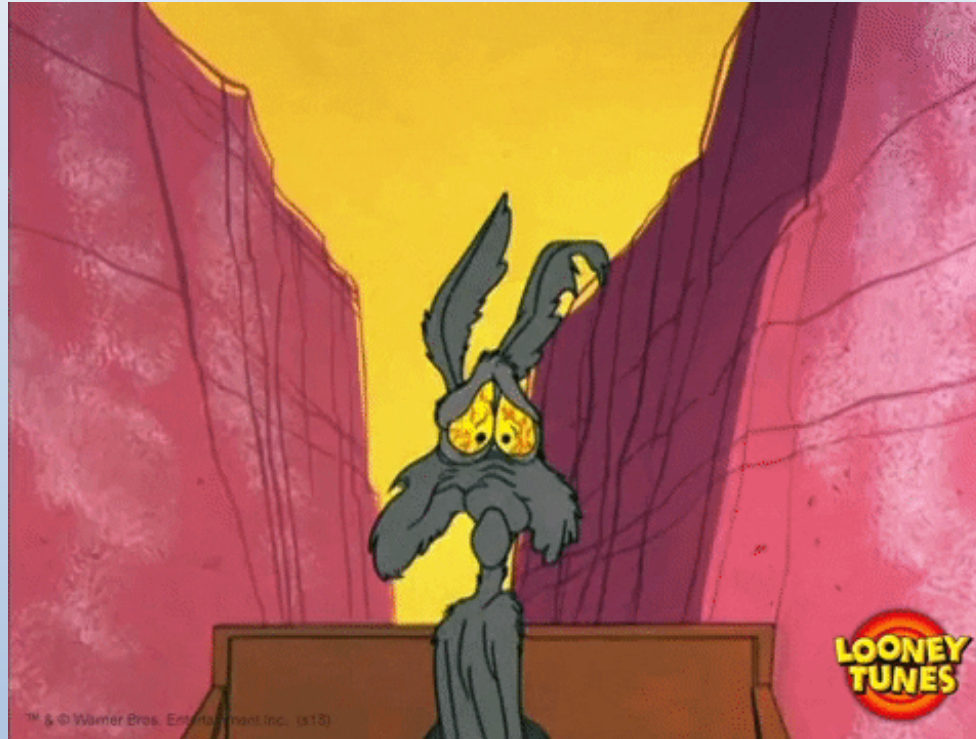
★ Biomarker testing only case handled the same as a case needing diagnosis and biomarker testing

★ No ROSE

★ No standard protocol for using ctDNA biomarker testing

★ Pathology staffing - not enough Pathologists/Cytotechs to perform ROSE

# Questions/Discussion



Arif Kamal MD, MBA, MHS

Jon Nicolla MBA

**PREPPED HEALTH**  
Be Ready

# You Too Can Present a Case!

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- Could be in the hospice or palliative care space
- Quality focused
- Is relevant to today's hospice and palliative care environment
- What are we looking for in a patient-based case?
  - Poses difficult issues for the interdisciplinary team
  - May be an outlying or a frequent situation that involves clinical/ emotional/ psychosocial/ spiritual challenges
- What are we looking for in a process-based case?
  - May involve operational or clinical process issues
  - May affect patient care
  - Is a focus of quality improvement for the organization

# Upcoming Project ECHO Sessions

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## **Cases needed for 2022**

Access our Project ECHO webpage  
at <https://www.nhpc.org/projectecho/>

Scroll down to complete the case study SBAR form