

**NWX-HHS-AOA-1**

**Coordinator: Lauren Solkowski**  
**April 26, 2016**  
**1:00 pm CT**

Coordinator: Welcome and thank you for standing by. Your lines are in listen-only mode until today's question and answer session. If you would like to queue up to ask a question, you may do so by pressing Star and then 1 on your phone. Today's conference is being recorded. If you have any objection, you may disconnect at this time. I would now like to turn the call over to Lauren Solkowski. You may begin.

Lauren Solkowski: Great. Thank you so much and good afternoon and welcome, everyone to the Administration for Community Living Business Acumen Webinar. Today's webinar is part of a series focusing on quality improvement models and so for today we'll be focusing on the plan deal study act cycle. Again this is Lauren Solkowski and I will be facilitating our webinar.

So for today we have invited (Caroline Ryan) who is my colleague here at ACL to provide an introduction and sort of brief overview of the PDSA cycle and we also have invited (Casia Cohen) with the Senior Alliance in Wayne, Michigan. She will be sharing how they have been working towards incorporating the PDSA model into sort of the fabric of their operations.

So before we start with the presentation, I have a few housekeeping announcements. So if everyone that is on the call could use the link that was included in your calendar appointment to get onto the WebEx so that you can follow along with the slide but also so that you can ask your questions when you have them through the chat function.

If you don't have access to the link that was emailed to you, you can also go to [www.webex.com](http://www.webex.com), click on the Attend A Meeting button that is located on the top of the page and then there you can enter the meeting number which is 668153066. Again the meeting number for today is 668153066.

So if you have any problems getting onto the WebEx, you can call the technical support number which is 1-866-229-3239. Again that's 1-866-229-3239. Again as the operator mentioned, all of our participants are in a listen-only mode however we do welcome your questions throughout the course of the webinar.

There's two ways you can ask your questions. The first of which is through the chat function in the WebEx which is located there on the right hand side of the screen and we also welcome your questions through the audio line. So we will take questions through the phone once both of our speakers have completed their presentations.

If there's any questions that we don't get to through the course of the webinar, we will be sure to follow-up with you. During the webinar I will go ahead and enter my email address there and with the chat box for everyone so that if you do have follow-up questions, you can send them to me. Also we are recording this webinar and we'll post the recording, the slides in the transcript of the webinar online for your reference following the webinar.

Okay so with that, I would like to introduce our first speaker for today (Caroline Ryan). (Caroline) is a social science analyst in the Office of Integrated Care Innovations at the Administration for Community Living. At ACL (Caroline) analyzes policy trends and advances innovative program strategies related to care transitions, healthcare, health information technology, aging and disability. So (Caroline) thank you so much for joining us. I'll turn it over to you.

(Caroline Ryan): Okay. Thank you Lauren and hi everyone. It's great to be here today. I have been asked to give a very, very brief overview of a specific improvement framework called the model for improvement which ACL has been using in a couple of initiatives including the Business Acumen Learning Collaborative and so – and PDSA cycles are part of the model for improvement.

So really this model is a trial and learning approach. It focuses on cycles of small tests of change that are paired with observation about how the system reacts to that change over time. So this rapid cycle learning helps increase the odds that what you're doing will result in lasting improvement.

This model has been used in a variety of different industries including healthcare and social services and the slide on the screen is actually from the Institute for Healthcare Improvement. I think it's a great slide that sort of explains the model for improvement and we have some resources at the end if you're looking for more information.

Okay so the model for improvement consists of three questions that really are designed to help focus your improvement effort and that's followed by (unintelligible) PDSA cycles of learning. So the three questions can be answered in any order but for the purposes of this presentation I'm going to

describe them sequentially and then we'll talk about PDSA cycles. Go to the next slide.

Okay so the first question in the model for improvement asks what are we trying to accomplish and the answer to this question is your aims statement. And an aims statement is basically a succinct description of what you are trying to accomplish. When you're creating an aims statement it is useful to be very specific and include measureable targets. So it's this idea of setting a what-by-when goal and also it's an ambitious goal. It's a stretch goal.

So for example the aim of the Business Acumen Learning Collaborative is that each network will have at least one new contract with an integrated care entity by the end of September 2016. So the what, is one new contract -- and then you'll notice -- the when, is by the end of September 2016.

So the second question on the next slide of the model for improvement is how will we know that a change is an improvement? And different is not the same as improvement so identifying a set of improvement measures will help you recognize if a change you make is for the better. Again using the Business Acumen Learning Collaborative as an example – there are specific measures related to network development and contract acquisitions that I'm sure everyone is probably very familiar with at this point (unintelligible) defined MOU's, submitting pricing proposals, et cetera.

So then the third question is what changes can we make that will result in an improvement? And to answer this question you would start developing ideas of changes that you want to test on a small scale.

So then this leads us to the next slide and the PDSA – the plan do study act cycle. The PDSA cycles are the mechanisms by which you test the changes

that you identified in question three and our next speaker is going to describe some very detailed PDSA cycles in her presentation so you'll get some more examples there.

Basically the focus here is on small tests of change to minimize risk and it'll also help alleviate any initial fear associated with change. The cycle begins with the plan to try and do something different so this is where you would identify a question to be answered and then you actually predict the answer to the question. A data collection plan is also a part of the phase of the cycle.

So then you move into do where you attempt the plan and you record the results. Study – you study the result. So did it work? And this is where you compare your predictions from the plan phase to the actual results. So in this framework a change that doesn't result in improvement isn't considered a failure because it improved your understanding of the system. So again it's just rapid cycle learning.

And then the last part of the cycle is act. So you take some sort of action based on the lessons learned from the PDD and that's part of the cycle. And then all of the information gathered from one cycle can then inform your next PDSA cycle. So again the idea is a small scale testing to build a knowledge over time.

So with sequential PDSA's you might also expand the scale of your test and also test the change under different conditions. So then on the next slide again this was – I was asked to provide a very brief overview of the model for improvement so if you're looking for more information, I have included some resources on this last slide including the improvement guide. This is written by the model for improvement creators and it goes into much more detail about the framework and how to apply it to improvement efforts.

There are also some really great videos online that describe the model for improvement. The Institute for Healthcare Improvement has a really great white board series that talks about the science for improvement and I've included the link on this slide. And also Dr. (Jane Brock) and her colleagues created a YouTube video that actually uses a daily activity – this idea of getting the kids to school on time to explain PDSA cycles and again there's a link on the slide.

So now you're going to hear about PDSA's in action so I'm going to turn it back over to Lauren to introduce our next speaker.

Lauren Solkowski: Great. Thank you so much (Caroline). So now I would like to welcome and introduce (Casia Cohen). (Casia) is a care transition manager at the Senior Alliance and in that role she covers care transition field and phone operations. (Casia) is a 15-year veteran of the retail business industry and she carries a dual bachelor's degree in health administration and health information systems, a dual certification as a master trainer for chronic disease self-management program and diabetes self-management program through Stanford University as well as a Coleman certified care transitions coach.

(Casia) manages a wide variety of training initiatives and quality monitoring strategies to exceed the enrollment targets required by the community based care transitions program demonstration project funded by the Centers for Medicare and Medicaid Services. So (Casia) thank you so much for joining us today. I will pull your slides up and you're ready to begin.

(Casia Cohen): Well thank you, Lauren. I really appreciate the opportunity to present a case study of TSA's experience using the PDSA cycle for our community based care transitions program which is also known as CCTP. Next slide, please.

So as we saw before, the classic process for improvement includes these questions which we sort of looked at earlier and the first step is going to be to identify the goals of the question. What are we trying to achieve? This is addressed during the plan portion of the PDSA cycle. Next, the question how will we know that a modification is an improvement is addressed in the study part of the cycle. And the final question, what alterations can we make that will result in an improvement as addressed in the do and act portions of the cycle.

So we will take a look at the PDSA cycle in depth after first reviewing the classic process for improvement. Next slide, please.

So let's address the first question. What are we trying to achieve? Well in our case study at TSA our care transitions program recognized the impact of staff motivation on our enrollment results. So our management team decided to focus on increasing staff motivation in efforts to minimize turnover, increase the job satisfaction of the staff and increase the enrollment volume which would lead to the continuing of the program.

The CCTP program had been experienced high turnover and this was a national trend. So this turnover was a direct result of the high expectations of the position along with a lack of structure due to best practices not being established yet. We often joked and use the analogy of we were walking on a brick road while laying down the bricks at the same time. So some places were a little bit more bumpy than others and in some places it looked like there were gaps that needed to be filled in.

So we felt that increasing staff motivation would also assist in establishing best practices so that the project to gain the structure necessary to keep new staff. Next slide, please.

So the second question – the classic process for improvement is how will we know that a modification is an improvement? Well this is all found in one word and that word is data. Data analysis is the key to understanding the results of a modification. Some questions must be answered before the modification is made so that we know what the impact of the modification is.

So this also brings to light the fact that it's best not to make a number of modifications at one time. It was already mentioned that this is supposed to be a small change and then you gain the knowledge of how that small change impacted the rest of the process. So it's hard to collect data and realize the impact if you have many variables changing at once.

Some general questions that we had to answer is what is our baseline and what is the trend this time last year. What was the trend last month? Are we collecting the data necessary to measure our modification and what results will we be satisfied with? Next slide.

The final question in the classic process for improvement is what alternations can we make that will result in improvement. This is best answered through brainstorming. It's important to ask the individuals who have to implement the modification in their opinion. Often when a process change is made at a high level without consulting the front line, the change required may hinder functionality or have implications that could be counterproductive.

So it's important to ask these questions and brainstorming what alterations have we made already, how much can we invest, what would be the impact on



our other processes, will this alteration streamline our workflow, what ideas have been presented during regular feedback sessions. Next slide.

So it's time to plan which is the first step of the PDSA cycle. So we know that the PDSA stands for the plan, do, study and act and this plan portion can then be broken down into the smaller parts that are listed. During the plan cycle you want to form the team. You want to set the goals, establish what your measurements will be and then select the change. And it's again very important to prioritize because often times you'll have multiple goals that will come to light and you'll have multiple changes that you could implement and it's good to prioritize them and select which item is the most important.

And once you can do that, you can decide what indicator you want to measure to understand if the change has been actual improvement or if there's been a decline or no change. Next slide, please.

So for many of us the first step is already completed. Usually during the employment process we've been placed on a team and we're not able to select which individuals we are going to work with to achieve our goals and this was the case at TSA.

So the team of management included myself as the operations manager, the care transition manager that was responsible for data, our director who was the chief planning and programming officer and our executive director. Now while the main goal was increasing staff motivation, this goal is not easily measured.

So it was important for us to make sure that whatever goal we decided was on that we decided on was measurable. So it was decided that 950 enrollments should be the goal and it was something that could be easily measured with a

comparative enrollment chart and I'll share that later. And as a nonprofit we were really not in the business of giving monetary incentive but serving different business styles, we realized that most competitive positions offered a monetary incentive as a component. So we decided this change was worth the try and I'll give you a little background.

At this time in our project we were responsible – we had to double the amount of enrollments to insure our program would be continued. So the heat was on and we were willing to pay the price for success. Next slide. So the next step is to do the plan. This step includes testing the changes, implementing the changes and threading the changes. Next slide, please.

So at TSA unfortunately I have to admit even though the first step is to test the change which would have meant to roll out monetary incentive to a small group, the heat was on like I mentioned before and we really wanted to ramp up and we had this goal and we had a deadline set so we did not test the changes. We went straight to the next step which was implementing the changes so we rolled out the monetary incentive to the entire group.

So we jumped right in and then to start the change, we kept reminding the group continually of the monetary incentive. Next slide, please. So this brings us to the study portion and again we talked about the importance of data and it's a part of the classic process for improvement and it's a part of the PDSA cycle. You have to study your data and you have to collect good data.

This data can be used to assess process steps and then hopefully also identify unforeseen barriers. So keep calm and study on. Collect good data so you're able to assess your results. So let's look at some of the results on the next slide.

As you see here, we did our data analysis and we had the continued trend of exceeding our target enrollment. So you see our results for May, June and July but again as mentioned before, the incentivized goal was 950 enrollments and even with the monetary incentive – as you see – we fell short. We only reached 900 for the month of August. Next slide, please.

So when we look at the process gaps we realize that we failed to conduct a staff survey on motivation and as far as the incentive amounts, we were wondering should we have disclosed the amount or should we have just said there will be an amount?

And then as far as identifying unforeseen barriers, we did disclose the amount during the rollout and we found that staff was not satisfied with the selected amount. And then after conducting the staff surveys on motivation, we actually found an unforeseen barrier that the staff was actually motivated by other avenues of or other means of being motivated. Next slide, please.

So the act portion is also can be broken down and it's really – if you think about it – it's when you're going to resign your PDSA because this step actually leads you into your next PDSA because you want to assess your goal achievement, identify redundancy and then report the findings. So if you think of this step as a way to refine the process for your next PDSA, it really just starts the cycle all over again. Next slide.

So looking at our data when we assess our goal achievement, our goal was not achieved. We did not hit the 950 enrollment and what we found is we actually had a decrease in the percentage of change. So when we offered the incentive, we actually slowed down our momentum. Next slide.

So here is our survey – some of the findings we found. And when we say identifying redundancy, that can mean a lot of different things but for us we wanted to know what really would motivate our staff and so we did ask them directly and we found that things like leaving work every day, knowing I've made a significant impact on someone's life or helping others in need – the last quote.

Whether it's a short conversation, being able to provide transportation and meals or helping a patient recognize the importance of following their medication administration schedule, it's a truly fulfilling position to be able to put a smile on the face of someone who may not even get the opportunity to speak with another human being who genuinely cares and listens for five minutes, let alone 40.

So it gave us an idea that we totally were off on the motivation of our staff so it was good that we took the surveys and we were able to assess where the gaps were looking through our data and then collecting more qualitative data and then looking at that. Next slide.

So again it led us right into our new PDSA. What are we trying to achieve? The same thing. We want increased staff motivation but how will we know that a modification is an improvement? Well we'll know it if we actually increase the program enrollment but what alterations can we make that will result in the improvement, increasing recognition of staff's accomplishments.

So therefore we're actually meeting them where they are and hitting their mindset and their goals instead of just sort of idealizing and making up our own path. Next slide.

So what we see – if you could advance the slide – 2014 we had 12,927 eligible participants. So once we actually targeted what they thought was important, we increased it to 16,368 eligible participants. You can continue to advance.

So in 2014 we had 8217 enrolled. We increased that number in 2015 to 12,276 enrolled participants. Next slide. I mean - I'm sorry, next. Thank you.

So in 2014 we had 7,649 successfully paid cases and then in 2015 we had over 11,000 successfully paid cases. And if you could advance again - so only three of six hospitals exceeded our CMS target.

In 2015 we had all of our hospitals exceeding CMS targets and what was the difference? It was our PDSA. It was looking at the original and like it was mentioned before, it wasn't a failure because we were able to look in and gain information and we knew what did not work. So once we identified what did not work, we were able to move forward with what did work and we were able to get the tangible results that we wanted to receive. Next slide.

As mentioned before, here's a reference and I think it's actually very similar to the references that were provided before and if we have any questions, I'm prepared to answer any questions. Thank you so much for the opportunity to share.

Lauren Solkowski: Great, thank you (Casia). That was a great presentation. So operator, we would now like to open up for questions. If you could please provide instructions for asking a question through the phone, that would be great.

Coordinator: If you would like to ask a question by phone, please unmute your line and press Star and then 1. You will be prompted to record your name which is

used to introduce your question. Again if you would like to ask a question at this time, please press Star and then 1. One moment while we see if there are any questions.

Lauren Solkowski: Great. Thank you. So in the meantime we'll take a question that came in through the chat and (Casia) this question is for you. The question is what evidence did you have at the beginning that it was staff motivation that would lead to increased enrollment?

(Casia Cohen): Good question. A lot of our CCTP projects nationally had found that the level of engagement of the staff member really indicated their success and we knew that in our CCTP projects we've been focusing on patient activation and patient engagement and we knew that that helped reduce readmissions to the hospital.

So the line of thinking that the individual and their level of engagement indicates their success was sort of already engrained and we just realized that the projects that were really successful had individuals who were very motivated, had individuals who were constantly giving feedback, had individuals that were on the front lines bringing information back to improve the process.

So we sort of got that information by doing a little bit of benchmarking and discussing what made other projects successful and then we were able to implement that into our project.

Lauren Solkowski: Great. Thank you. Okay, I'm checking for other questions.

Coordinator: We do have a question on the phone line.

Lauren Solkowski: Okay, please go ahead.

Coordinator: (Kristen Smith) your line is open.

(Kristen Smith): Okay, this is actually my second question because I was the chat line also. So you said that it wasn't the monetary incentives that worked and it was more of the personal satisfaction of helping people. What did you do to increase that?

(Casia Cohen): Good question. I didn't really address that in the slides and I just realized that while you were asking the question. We actually started more staff recognition and staff recognition events. So we had times where we would get feedback from a patient or participant stating how well someone did and we blasted it out to the whole group and it became a way to say good job but it also motivated others to get that same type of feedback.

Instead of spending funds and gift cards and things that we thought they would be interested in, we actually did another survey and we asked them what way can we say thank you because we did get extended and you saw the results for 2015 and they wanted to go to a board game event. So we actually rented a board game store that is available here and we had mock elections and they were able to engage that way and recognize each other for various achievements.

So we found that they enjoyed being brought together and I'll again share some background information. A lot of these workers are individuals who do not report to the office every day. Most of them – their car is their office and they're going from home to home to try to reduce avoidable readmissions by identifying barriers that are non-medical. So looking at the social determinants and trying to build support for the individual and empower the individual to support themselves.

So with that in mind, the interaction that an office worker gets on a day to day basis – they do not get. They're pretty much loan rangers out there trying to make it work. So we found that when we pulled them all in, they were able to give each other high fives, we were able to share our successes and we did it on a regular basis. They became more motivated and engaged and we also found that turnover was reduced.

(Kristen Smith): That was great.

Coordinator: We have no other questions on the phone line at this time.

Lauren Solkowski: Okay, I'm showing no other questions in chat at the moment. I'll give it another few minutes just to see if there's any lasting thoughts or questions. Again just in the meantime while we're waiting, this slide – the slides, the recording and the transcript from the webinar will be posted on the ACL website as well as the MLTS network website that all of the learning collaborative members have access to.

And again if you do think of other – hold on one second. Something just came in. Okay so (Casia) we have another question asking how much time went into the planning process.

(Casia Cohen): It was a good three weeks of management meetings I would say so about six meetings about an hour long to come up with a plan of what we were going to do initially. Throughout the whole month of August we went through sort of gauging the staff engagement and we found and we were shocked to find many people weren't talking about it. Some people had even forgotten. And even when we were doing our reminders on our weekly calls that it was apparent that something needed to be done.



And so what motivates youth survey was actually conducted in the third week of August and that again started our planning process of trying to increase staff recognition. So the first initial I would say, we took about six hours as a management team to sort of say what has worked in the past again using different business models.

We know most jobs where you have to sell, where you have to get a certain number – there's commission involved and we never had really considered that aspect. But to see our staff hadn't considered that aspect either. They were in this for a totally different reason.

It was actually kind of comforting to us and then it helped us to direct our dollars to things that they would actually appreciate.

Lauren Solkowski: That's great. I have a follow-up question about what tools did you use to measure staff engagement in addition to the survey?

(Casia Cohen): Again just the enrollment results. We noticed that in 2015 as we continued to have a higher expectation, we continued to meet the expectation. So we would see a decline if staff engagement had fallen and we found that again establishing the best practices of staff recognition of continual meetings – meeting at least face to face once a month of having the weekly conference calls – those things – once we solidified those, it was just consistent.

And we made sure to ask them first what would you like to see? What have you noticed? That in itself changed the dynamic because we made ourselves resources instead of dictators in a sense and that helped them to take ownership of our process and it helped them to stay engaged because as I said, we were building the road while we're walking on it and we wanted to make

sure that what we built would last and sustainability for any business or program is very, very important. So to still be doing this work in 2016 really says a lot to the work that they put in to making our process solid.

Lauren Solkowski: That's excellent. Thank you. Operator, I wanted to check back and see if there's any more questions on the phone.

Coordinator: There are no other questions on the phone line.

Lauren Solkowski: Okay. Again, we'll wait another minute or so.

Coordinator: Again if you would like to queue up, you may press Star 1 to do so.

(Casia Cohen): Lauren, if I could add...

Lauren Solkowski: Yes, sure. Go ahead.

(Casia Cohen): To conduct the survey we did not – we just used a free survey service and we left it anonymous so that people could just give their idea without any fear of retaliation and it really worked well to capture the thoughts and we've done that along the way. So I just wanted to throw that out there as something I didn't mention that I thought might be worth mentioning if there's ever, you know, anyone on the phone who's trying to increase their staff engagement and motivation. It's a really good tool to just throw a survey out there, no names and to get and capture the true thoughts of the individuals who are on the front lines.

Lauren Solkowski: Absolutely. Thank you. Okay, well I'm showing no other questions in chat. Operator, I'm assuming you don't have any other questions.

Coordinator: No questions on the phone line.

Lauren Solkowski: Okay, well I just – every time I – this is great. No, no, no. Okay so one more just came in and they're asking me if you utilize exit interviews when staff leave.

(Casia Cohen): Yes. Actually our HR director is very adamant about using exit interviews and also bringing – we have monthly management meetings – bringing that information back to the management staff in the form of training.

So if we notice that staff are exiting for a specific reason, our HR – our chief HR director will develop a training to help develop our management team at the agency toward that issue. So that is its own PDSA cycle because we want to make sure that we're not collectively overlooking something that can make job satisfaction more secure and we also want to make sure that we are getting adequate training as managers to execute our position and facilitate the growth that's necessary to sustain business. So yes, we do use exit interviews and then we use that information to structure our management training and it's quite effective.

Lauren Solkowski: Great, thank you. Okay, going once, going a couple more times or for any other lasting or final questions. We'll go around one more time. Okay well I'll check the operator again just to make sure.

Coordinator: There are no questions on the phone line.

Lauren Solkowski: Okay, thank you. Well I just wanted to thank our speakers again for joining us and these were excellent presentations and we hope that you find, you know, this useful as you move forward with, you know, maybe changing or looking to improve some of the operations within your organization.

So thank you again to (Caroline) and (Casia) for your presentations. Again if you have additional questions, please send them to me. I can get them to our presenters and get them answered for you. Thank you to all of our participants for joining us today and with that, I think we will conclude the webinar. So thank you, everyone.

Coordinator: This concludes today's conference. Thank you for your attendance. You may disconnect at this time.

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