Resource and Action Guide

This Resource and Action Guide is intended as a resource to assist with quality improvement initiatives. It walks through each step of an improvement project beginning with problem identification and ending with the plan-do-study-act (PDSA) cycle. Each section provides resources to help generate ideas for improvement strategies, example change strategies, and metrics to monitor progress. We offer resources to help determine what issue to focus on for improvement and provide strategies and tools. This guide is not exhaustive; rather it should be used along with a thorough assessment of current activities in your organization, an understanding of your organization's operations and culture, and technical assistance available for targeted quality improvement.

Putting Evidence-Based Guidelines into Action

The following sources will offer ideas for selecting an appropriate intervention or change strategy for the identified problem.

Opportunities for Action: Through our monthly Community Connect Calls we provide you with tools and evidenced base resources to support your quality improvement efforts in reducing readmissions and increase health equity. Our team has identified specific actions you can take that will advance learning into action. There is something for everyone, some actions will take only a few minutes while others could support an entire quality improvement project.

Readmissions and Transitions of Care

- **National Transitions of Care Coalition (NTOCC)**
  Action Opportunity
  - **Easy**: Review the Safe and Effective COVID-19 Transitions of Care: Interprofessional Strategies Across the Spectrum of Illness and Healthcare Settings activity description and details determine if you would like to complete this.
  - **Intermediate**: Identify your care transitions and care coordination partners and invite them to complete this same activity.
  - **Advanced**: Schedule a meeting with your care transitions and care coordination partners that complete this activity and identify a community action you can take based on what you learned.

- AHRQ - Designing and Delivering Whole-Person Transitional Care (Most provider or community organization types can find an applicable tool here)
  Action Opportunity
  - **Hospital-specific**: Use Tool 1, Data Analysis to understand your *all-payer, all-condition* readmissions.
  - **Easy**: Watch this 27-minute webinar from a national care transitions and readmissions expert, Dr. Amy Boutwell, *Designing & Delivering Whole-Person Transitional Care.*
  - **Intermediate**: Download and use *Tool 4: Community Inventory* to identify gaps and consider providers or agencies you may want partner with to ensure a whole-person plan.
  - **Advanced**: Work with your community to create or update a *Community Resource Guide, Tool 11.*

- INTERACT® (Interventions to Reduce Acute Care Transfers) for skilled nursing, assisted living, or home health.

Action Opportunity

- **Easy:** Sign in/login to INTERACT® website, navigate to the appropriate provider type and review the tools available.
- **Intermediate:** Speak with your clinical or quality improvement director to determine if INTERACT® is being used in your organization.
  - If so, investigate if there are any other tools that might help improve low performing measures (ex. Medicare Compare).
  - If not, choose one tool and use it to evaluate your current transitions of care/patient transfer process. Is there an opportunity to update your process?
- **Advanced:** Use INTERACT® tool(s) for your next quality improvement project around one of your lower performing measures.

Reducing Adverse Drug Events (ADEs) in Communities

- MATCH Toolkit for Medication Reconciliation - Medications at Transitions and Clinical Handoffs

Action Opportunity

- **Easy**: Assembling a medication reconciliation team is an important first step, use this guide to form your action team.
- **Intermediate**: Use these tools for Designing/Redesigning a Medication Reconciliation Process.
- **Advanced:** The MATCH Work Plan supports the implementation and documents outcomes related to the project.

Chronic Care Management (CCM)

Action Opportunity

- **Easy:** Research who your local Medicare Administrative Contractor (MAC) is here. (The MACs process Medicare CCM claims.)
- **Intermediate:** Visit your MAC website to find local coverage and guidance for CCM services by searching the website for "Chronic Care Management."
- **Advanced:** If you are not billing CCM services, speak with your leadership to determine if this would be an opportunity for your organization to consider.

May Community Connect Call Featured Resources:

- **AHA's Institute for Diversity and Health Equity (IFDHE)**
  - Toolkits to prioritize health equity

Action Opportunity: Recognizing there is no predetermined starting point, these toolkits are designed to meet organizations where they currently stand. Initial processes may include:

- Establishing the organization's baseline experience
- Focusing on one or two key areas to drive change
- Tracking progress over time

- **Wellness Recovery Action Plan® or *WRAP®***

Action Opportunity:

- Build your ***Wellness Toolbox***

- Feelings Pyramid
- Crisis Plan
- WRAP® App
- Webinars

Model for Improvement

The Model for Improvement is a simple, yet powerful tool for accelerating improvement. This model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement.

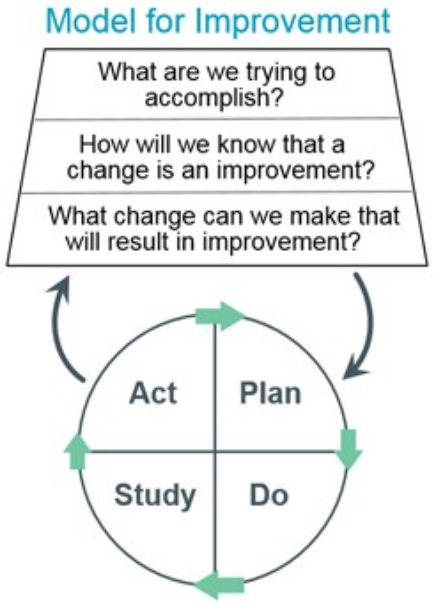
Step 1: Problem Identification/Gap Analysis
Step 2: Root Cause Analysis
Step 3: Select and Implement Change Strategies

Plan-Do-Study-Act (PDSA) Cycle

Conducting a Plan-Do-Study-Act (PDSA) to test the intervention or change strategy on a small scale and determining whether it improves the identified gap or problem may be helpful as part of piloting the change before implementing it widely in the organization.

Use the Telligen PDSA worksheet to walk through a PDSA cycle:
https://www.telligenqinqio.com/wp-content/uploads/2020/05/QII-PDSA-Template-2.pdf

Visit the **Institute for Healthcare Improvement (IHI) Model for Improvement** for additional guidance, tools, and resources related to PDSAs: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx



How will we know that a change is an improvement?
What change can we make that will result in an improvement?

Quality Improvement Resource Tools

- RCA Pathway
- When to Use RCA
- RCA Tool Selection Guide
- Fishbone diagram
- Five Whys Worksheet and Example
- Institute for Healthcare Improvement (IHI) Driver Diagram Tutorial
- Telligen Driver Diagram
- Plan Do Study Act (PDSA) Worksheet

Telligen QI Connect™ Opportunities and Events (Colorado, Iowa, Illinois, and Oklahoma)

- Telligen QI Connect™ Mastermind Team interest form
- Telligen Community Ambassador flyer
- Telligen Portal
- Telligen QI Connect™ Events calendar

Oklahoma Partner Resources

- Unite Us – A free resource for community organizations for referrals, contact Kathy.gooding@uniteus.com
- MyHealth Access Network – A health information system linking providers and their patients to improve care coordination during transitions between health care settings.
- LTCF Communication form that has been updated 3/22/21 to include COVID-19 vaccination status. A great tool allowing the opportunity for consistent communication between long-term care facilities and dialysis facilities, improving care transitions during COVID-19. The form is identified as an approved highly effective practice on the National Forum of ESRD Networks website Approved Highly Effective Practices (esrdnetworks.org)
- Schedule a COVID-19 vaccine appointment at vaccinate.oklahoma.gov, or locate other vaccine opportunities at vaccines.gov.
- Long-term care providers should continue to refer to the Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination for recommendations regarding source control and physical distancing in healthcare settings. The CDC is considering how, or if, the updates for the community should be applied in healthcare and will update the healthcare guidance accordingly.

Oklahoma

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