2011 National Forum Learning Labs
Sunday, December 4
1:00 – 4:30 PM
$415

Learning labs offer specific “how-to” improvement information. The content of each Learning Lab is rich and the opportunities to learn from fellow improvers are invaluable.

Innovate

L1 Creating a Culture of Excellence: Practical Lessons
Despite growing recognition of the importance of a culture of safety, reliability, and patient-centeredness, we are just learning how to truly create this culture. In this session, we will share the best approaches for creating the culture health care organizations need for consistent high performance. Participants will learn how to assess what changes are needed to create a culture of excellence and the most direct and proven ways to begin.

After this session, participants will be able to:
- Describe the role culture plays in reaching and sustaining high levels of performance
- Assess their organization’s attitudes and behaviors in ways that point toward the most important culture changes
- Build a plan for creating a culture of excellence that will have a positive and lasting organizational impact

Kabcenell, A., RN, Vice President, IHI; Plsek, P., Consultant, Paul E. Plsek & Associates, Inc.

L2 Creating the New Care Design Masters
New care design must be robust enough to span the experience of the individual and build capability of contributing microsystems. New thinking requires incorporating production system design concepts that build knowledge and understanding of quality, cost, and experience at the product, service line, and organizational levels. The new care design concepts answer the questions about how well our products are made, how much it costs to make our products, and what the experience is of the individual and the care teams using these products. The session will lean heavily on IHI research and development work related to production system design, outcomes, and effectiveness.

After this session, participants will be able to:
- Use a guide to building quality in daily work that will help when implementing new care designs
- Develop a unique roadmap for implementing care design processes in their organization
- Develop a cultural change package to support the new care design production system
L3 Developing a Portfolio of Projects to Achieve the IHI Triple Aim (IHI Triple Aim Initiative)

No single project is able to achieve the dynamic balance of population health, improved care, and lower cost. It takes a portfolio or a set of projects, investments, and capacities together to achieve the IHI Triple Aim.

After this session, participants will be able to:
- Select a population of focus as the basis for portfolio design
- Develop a draft portfolio to address a range of Triple Aim design concepts
- Articulate aims, system measures, and project measures that are aligned across the portfolio
- Assess investments and capabilities needed to successfully pursue a Triple Aim portfolio

L4 Driving to a New Level with Person-Centered Health IT

Many high-performing health care organizations are focusing on truly patient-centered care and finding that this is raising the goals for quality across the globe. These organizations are increasingly exploiting health IT to support their efforts. Are you wondering how health IT might improve the services you offer to patients? Our expert faculty will help you consider what is generalizable from the early adopters of health IT to support patient-centered care. We will work together to consider how your organization might adapt or adopt from leaders in the field.

After this session, participants will be able to:
- Identify the key elements comprising patient-centered health IT and consider their organization’s progress against these elements
- Develop their understanding of the role that health IT can play in patient-centered care
- Analyze international case studies where patients are supported with technologies to dramatically change the health care paradigm

L5 Finding Fatal Flaws – Saving Lives by Studying Deaths

Patient deaths from medical harm occur in every hospital. This session will demonstrate how you can use a proven mortality review process to find and remove harm and improve care at your organization. Using a hands-on approach, faculty in this session will provide you with the tools you need to design, conduct, and interpret your systematic mortality review “by next Tuesday.” We will emphasize practical methods that can be used in a variety of medical settings, large and small.

After this session, participants will be able to:
- Identify optimal patient subgroups for their customized mortality review
• Use new tools to develop their own effective and systematic mortality review process
• Create a mortality review study with a specific context or population (e.g., end-of-life care; high-risk diagnoses like sepsis or aortic aneurysm rupture) which can then be addressed with system improvements
• Analyze their organization’s mortality review results and find opportunities to improve care

Litman, K., MD, Physician Quality Director, Kaiser Permanente; Lau, H., RN, Regional Director, Hospital Improvement, Kaiser Permanente, Southern California, Kaiser Permanente National Offices; Kanter, M., MD, Medical Director, Quality and Clinical Analysis, Kaiser Permanente Regional Quality and Risk Management; Jones, J., PhD, Researcher, Kaiser Permanente

L6 IDEO’s Human-Centered Design Applied to Health Care
In this interactive session, participants will learn about and practice the human-centered design approach developed by IDEO to find innovative solutions to problems in health care. Starting with lessons learned in applying human-centered design to the translation of patient-centered outcomes research around colon cancer screening, participants will practice using the design approach to find innovative solutions to common problems. After this session, participants will be able to:
• Describe the characteristics of human-centered design
• Identify the unique value added of a human-centered design approach
• Utilize a human-centered design approach to solve a common problem

Sevin, C., RN, Director, IHI; Taylor, J., Improvement Advisor, IHI; Schwartz, A., PhD, Practice Lead, Health and Wellness, IDEO; Zambeaux, A., Project Manager, IHI

L7 Improving Safety Across a Health Community
The South West Strategic Health Authority in England is leading pioneering efforts to improve safety in acute settings as well as in community (community hospitals, district nursing, nursing homes) and mental health settings. This session will describe the journey to date on the evolving collaboratives including measurement strategies, early results, success factors, and program design elements.

After this session, participants will be able to:
• Consider a whole-system approach to patient safety improvement across care settings (acute, community, and mental health)
• Identify the key success factors with specific reference to community and mental health care settings
• Understand the application of these concepts in their own reality
• Understand the steps for planning, implementing, and sustaining a collaborative program of this nature

Delgado, P., Executive Director, IHI; Blumgart, J., RN, Associate Director of Quality and Patient Safety, NHS South West; Thomas, C., RN, Senior Clinical Advisor for Patient Safety, NHS South West; Williams, D., PhD, Improvement Advisor, TrueSimple Consulting

L8 Improving Transitions from the Hospital to Community Settings
Fundamental
The transition from the hospital to post-acute care settings has emerged as an important priority in reducing avoidable rehospitalizations. Hospitals have an important role in designing and reliably implementing effective discharge processes to improve the transition from hospital to home or to the next care setting. Four research and improvement initiatives that aim to improve discharge processes in hospitals and reduce rehospitalizations will be highlighted — IHI’s STate Action to Avoidable Rehospitalizations (STAAR) initiative, the Society for Hospital Medicine’s (SHMs’s) Project BOOST, the Agency for Healthcare Research and Quality (AHRQ’s) Project RED, and the American College of Cardiology’s (ACC’s)/IHI’s Hospital to Home (H2H) initiative.

After this session, participants will be able to:

- Identify promising approaches for clinicians and staff in hospitals to improve the transition from the hospital to post-acute care settings
- Compare and contrast the strategies and specific changes used in STAAR, BOOST, RED, and H2H initiatives
- Identify common elements and characteristics promoted in these four initiatives

Rutherford, P., RN, Vice President, IHI; Nielsen, G., Director of Learning and Innovation, Iowa Health System; Williams, M., MD, Professor & Chief, Hospital Medicine, Northwestern University; Jack, B., MD, Vice Chair, Department of Family Medicine; Krumholz, H., MD, Professor of Medicine, Yale University

L9 Integrating Palliative Care in Critical Care

Fundamental

As up to thirty percent of hospital deaths occur in the Intensive Care Unit (ICU), improving end-of-life care must become a priority to meet the needs of patients and their families. In this session, participants will learn methods for the primary Critical Care Unit (CCU) team to integrate palliative care into daily work. Tools to actively improve dying patients’ pain and symptom management, new ways to implement standardized evidence-based multidisciplinary family conferences, and methods to effectively involve formal palliative care consultation into care will be shared.

After this session, participants will be able to:

- Design and test a non-verbal pain and symptom assessment tool that includes family input
- Design and implement standardized, evidence-based, multidisciplinary family meetings that include shared decision making
- Effectively use formal palliative care service consultation to support patients, families, and staff

Westley, M., MD, Medical Director of Critical Care, Virginia Mason Medical Center; Kregenow, D., MD, Pulmonary and Critical Care, Virginia Mason Medical Center

L10 Rapid Response: Increasing Opportunities to Rescue

Masters

This session will review advances in rapid response systems, including implementation of early warning scoring systems, family activation, and a reliable process for analyzing calls to the rapid response team. Examples, tips, and tricks for implementation and improvement will be shared.
After this session, participants will be able to:

- Identify high-leverage changes to advance rapid response systems
- Develop and implement aggressive, practical approaches to improve a rapid response system
- Identify strategies to implement and market family activation of a rapid response team
- Identify opportunities to use an early warning scoring system to identify deteriorating patients

Duncan, K., RN, Faculty, IHI; Alvarez, T., RN, Director, Design for Perfect Care, Saint Joseph Health System; Levine, C., RN, Program Manager of Quality and Patient Safety, Children’s Healthcare of Atlanta

**Raise Joy in Work**

**L11 Creating and Leveraging Knowledge for Improvement**

*Description TBD*

Hupke, C., RN, Director, IHI; Langley, J., Consultant, Associates in Process Improvement

**L12 Health Care Reform Initiatives and Community-Based Care Transitions**

*Fundamental*

Transitions in care settings are error-prone – no one claims responsibility, tallies errors, or requires improvement. Chronic conditions require comprehensive care plans that reflect medical and social facts and patient and family preferences. Federal initiatives provide incentives (e.g., the Community-Based Care Transitions Program, meaningful use, and Administration on Aging grants), penalties (upcoming three percent penalties to high-readmission hospitals), and technical assistance (Partnership for Patients). This session will highlight recent successes and provide information about additional available resources.

After this session, participants will be able to:

- Explore the strategies and track records of major recent initiatives to improve care transitions
- Position themselves to improve care transitions locally
- Connect goals of comprehensive care plans, community standard processes, and patient activation

Lynn, J., MD, Director, Center for Elder Care and Advanced Illness, Altarum Institute; Hester, J., PhD, Director, Health Care Reform Commission; Schall, M., Senior Director, IHI; Goroski, A., Project Director, Care Transitions QIOSC, Colorado Foundation for Medical Care

**L13 Health Literacy’s Best Evidence-Based Models**

Patient understanding in health care is fundamental to safe, high-quality care, patient and family satisfaction, and clinical outcomes. In this session, participants will discuss the best evidence-based models for helping patients and families better understand their care, discover opportunities for improving critical communication, and simple techniques that make a difference.

After this session, participants will be able to:
Describe the challenges and opportunities for patient and family understanding in health care
Identify user-friendly tools and strategies
Interpret the new IHI Open School health literacy course

Nielsen, G., Director of Learning and Innovation, Iowa Health System; Abrams, M., MD, Center for Clinical Transformation, Iowa Health System; Bradke, P., RN, Executive Director, Heart Care Services, St. Luke’s Hospital

L14 Leading Daily Transformation by Engaging Front-Line Staff
To provide the best care, managers need to know how to work with their staff to get things done. Understanding how to make change happen in the “day-to-day” is a critical skill in today’s complex environment. Participants will learn to apply change management concepts to their staff in order to drive daily improvement. Participants will also develop a deeper understanding of the value of working with and through others as a mechanism to push change.

After this session, participants will be able to:
- Implement change management theory to improve daily care
- Motivate the front-line clinician by re-introducing joy and purpose

Kliger, J., Independent Consultant, The Altos Group; Luther, K., RN, Executive Director, IHI

Motivate

L15 Childhood Obesity: A Multi-Sectoral Approach to System Change
Childhood obesity is a national health crisis receiving widespread, high-level attention. Yet at its core, this is a community-based problem requiring community-based solutions. There are many exciting new programs designed to address the root causes of obesity by improving clinical services and care systems, advocating for local change, and creating powerful community partnerships. Learn how you can apply multi-sectoral, community-based approaches to help address the obesity crisis.

After this session, participants will be able to:
- Assess the many community-based challenges for addressing childhood obesity
- Apply strategies and lessons learned to become part of the solution in their communities

Homer, C., MD, Chief Executive Officer, National Initiative for Children’s Healthcare Quality (NICHQ); Heatherly, P., Senior Project Manager and Director of Staff Development, NICHQ

L16 Community Context as a Vital Sign in Health Care
Fundamental
In health, zip code matters more than genetic code and social determinants matter more than health care. Where one lives, works, and learns, their level of education, income, and employment have more impact on health than health care services received. In this session, we will explore how health care organizations can incorporate community context into interventions. We will also address how to create stronger community linkages that will
improve population health outcomes via targeted health care and community-level interventions.

After this session, participants will be able to:
- Understand the need to incorporate community context into health care
- Describe available tools and resources that facilitate collaboration

**Stiefel, M.,** Senior Director, Care and Service Quality, Kaiser Permanente; **Zell, B., MD,** Senior Advisor for Partnership Development, Centers for Disease Control and Prevention

**L17 Designing and Sustaining a Patient Safety Program**
Improving patient safety requires an acknowledgment that there is a safety problem, development of a structure and process to address gaps in care, use of a methodology to improve, and selection of appropriate process and outcome measures. In this session, participants will study and discuss the components of a framework for implementing and sustaining safety in an organization.

After this session, participants will be able to:
- Define a process for goal-setting and feedback that will lead to individual and organizational learning
- Outline the barriers to physician involvement in safety programs and learn how to use that understanding to facilitate engagement

**Federico, F., RPh,** Executive Director, Strategic Partners, IHI; **Peden, C., MD,** Associate Medical Director for Quality Improvement, Consultant in Anaesthesia and Intensive Care, Royal United Hospital, Bath; **Staines, A., PhD,** Associate Professor, University of Lyon

**L18 Leadership Best Practices to Reduce Hospital-Acquired Infections**
Hospital-acquired infections (HAIs) are a top priority for hospitals, the public, payers, and legislators. In 2008, a Society for Healthcare Epidemiology of America (SHEA)/Infectious Diseases Society of America (IDSA) Compendium summarized evidence-based practices for reducing the leading infections. This session will review the Compendium recommendations and the critical role of hospital leaders in ensuring their implementation.

After this session, participants will be able to:
- Summarize the key strategies for reducing the top HAIs
- Describe practices used by hospital leaders to support infection prevention practices
- Identify opportunities for change and improvement in their own organization related to Compendium recommendations

**Classen, D., MD,** Associate Professor of Medicine, Senior Partner and Chief Medical Officer, University Of Utah; **Griffin, F.,** Senior Manager of Clinical Programs, Becton Dickinson; **Christian, G.,** Executive Director, Kaiser Permanente
L19 New Ways to Lead in a New Environment
Description TBD
Dowling, M., President and CEO, North Shore Long Island Jewish Health System

L20 Overcoming Barriers and Political Pressures to Safe Care
Numerous high-profile inquiries in the United Kingdom, Netherlands, Australia, and the US reveal subtle and overt external pressures that enable and support unsafe care. Understanding these political pressures to execute a government policy regardless of evidence on quality of care is essential if we are to transform our health care systems. This session will review the key findings and recommendations from these inquiries and identify how to overcome the barriers to improvement currently being used around the world.

After this session, participants will be able to:
- Identify the barriers that contribute to patient harm and appreciate the important influence of external political pressures
- Review the professional commitment – across the professions represented by specialty boards, royal colleges, academic medical centers, and professional unions – to protect patients.
- Assess and understand how a culture of blame can affect patient safety in health care systems and how changing this culture depends on the political and the health care characteristics of each country

Jarman, B., Emeritus Professor, Imperial College London and Senior Fellow, IHI; Barach, P., MD, Visiting Professor, University Medical Center Utrecht; Barker, P., MD, Senior Vice President, IHI

L21 Practical Lessons in Transformation: Spend a Day with the NHS
Everyone is seeking innovative ways to lead change and deliver better care at a reduced cost. This session will highlight specific actions and learning from the English National Health System (NHS), which is now rated number two as a health care system by the Commonwealth Fund of Washington. Participants will take away practical tools and engage in an interactive scenario which will bring key points to life.

After this session, participants will be able to:
- Identify the key actions required to transform a health system
- Apply lessons from England in their organization
- Use a range of tools to achieve organizational improvement

Bevan, H., PhD, Chief of Service Transformation, NHS Institute for Innovation and Improvement; Belfield, G., Director of Commissioning, Department of Health, England

L22 Prepare your Improvement Work for Publication
This session will focus on the challenge of moving health care improvement reports from the practice environment to scholarly publication. Attendees and faculty will use the Standards for Quality Improvement Reporting Excellence (SQUIRE) publication guidelines in hands-on
writing activities. Practical topics will include the following: increasing effectiveness in communication of improvement and study aims, context, results, and limitations; creating titles more likely to be cited in scholarly literature searches; and taking full advantage of a journal’s editorial review process.

After this session, participants will be able to:

- Employ writing techniques that are particularly valuable for scholarly improvement reports
- Employ the SQUIRE guidelines to achieve greater success in publication

Stevens, D., MD, Editor Emeritus, BMJ Quality and Safety and The Dartmouth Institute; Batalden, P., MD, Professor, The Dartmouth Institute for Health Policy and Clinical Practice; Davidoff, F., MD, Executive Editor, IHI; Ogrinc, G., MD, Associate Professor of Community and Family Medicine, White River Junction VA Medical Center

L23 Transforming Through Managing and Coaching

Masters
What factors enable successful integration of coaching into management, leading to transformational change? This will be explored in a case study of CareSouth which integrated coaching to achieve significant improvement in quality, financial, and patient experience measures. CareSouth also achieved an increase from 11 percent to 76 percent of staff who felt that the mission of the organization “makes me feel my job is important.” Participants will think through barriers and challenges to application in their organizations.

After this session, participants will be able to:

- Explain how CareSouth defined leadership vs. management vs. coaching
- Identify factors that enable successful integration of coaching into management
- Define what factors enable integration of accountability with personal engagement of staff

Lewis, A., Chief Executive Officer, CareSouth Carolina, Inc.; Baker, N., MD, Principal, Neil Baker Coaching and Consulting, LLC; Crowe, G., RN, Principal, Hamilton Consulting, LLC

L24 Will, Ideas, and Execution in Denmark: The Patientsikkert Sygehus Program
What happens after a national patient safety campaign? The Patientsikkert Sygehus/Danish Safer Hospital Project is a multi-year initiative (2010-2012) which will implement a mandatory set of tested and proven patient safety improvement changes in five selected hospitals. The intent is to create a set of exemplar hospitals whose remarkable results can serve as a driver for continuous work and spread across hospitals in the regions through a predetermined spread plan. In reality, developing the core content is the true beginning of the journey. Real change will be determined when the patient receives the care they are supposed to receive, each and every time.
After this session, participants will be able to:

- Identify the key components of the Patientsikkert Sygehus program
- Describe how to execute whole system change within one hospital
- Reflect on lessons learned to date
- Discuss what it will take to build long-term expertise, sustainability, and capability to support improvements and safety in Danish hospitals

**Leavitt Gullo, S., RN**, Managing Director, IHI; **Lilja, B., MD**, Head of Patient Safety, Danish Society of Patient Safety; **Rischel, V., RN**, Programme Director, Danish Society for Patient Safety; **Haraden, C., PhD**, Vice President, IHI

**Get Results**

**L25 Doing and Using Research to Improve Quality**

*Fundamental*

This Learning Lab will help participants evaluate quality improvement and develop new ways to see the strengths and weaknesses of a quality improvement study – and whether and when to act. Researchers and practitioners alike who want to improve and use quality improvement research would benefit from this session. This session will also describe available online tools and consider practical issues when carrying out evaluations.

After this session, participants will be able to:

- More effectively evaluate the results of quality projects, changes, and programs
- Explain how to critically use research in decision-making

**Ovretveit, J.**, Professor, Karolinska Institute; **Goldmann, D., MD**, Senior Vice President, IHI; **Perla, R.**, Director, Analytics, University of Massachusetts Memorial Medical Center; **Parry, G., PhD**, Research Scientist, IHI


This session will include presentations from colleagues in the US, United Kingdom, and Europe. Presenters will describe strategies for reducing pressure ulcers and falls and will share their results. The background, application, and effectiveness of an hourly rounding process will be explored. There will be ample opportunity for lively discussion and idea generation.

After this session, participants will be able to:

- Identify strategies for preventing pressure ulcers and falls
- Assess the impact of intentional rounding

**Bartley, A., RN**, Program Director, UK Health Foundation Safer Patient Network, Former IHI Fellow; **Baxter, S., PhD, RN**, National Tissue Viability Program Manager, National Health Service Scotland; **Viney, M., RN**, Director, Patient Care Services, Seton Northwest Hospital
L27 Data Mapping for Improvement – Version 2.0
This session is a revised version of a Minicourse on the same topic offered at the 22\textsuperscript{nd} Annual National Forum in 2010. Based on participant feedback, this course has been updated and will explain additional examples of real-world improvement experiences. Faculty will demonstrate the power of qualitative and quantitative analytic approaches for identifying potential improvement opportunities, both at the system level and individual level. Specific processes of the care system that will benefit most from targeted improvement efforts and interventions will be discussed.

After this session, participants will be able to:

- Demonstrate the combined power of quantitative and qualitative evaluation to identify high-leverage improvement opportunities
- Use in-depth case study techniques and quantitative data to generate questions and inform qualitative assessment of a community’s relative performance strengths and weaknesses
- Analyze publically available data that are applicable to local health care systems
- Evaluate a data source’s strengths and weaknesses

\textbf{Radley, D., PhD}, Senior Health Policy Analyst, IHI; \textbf{McCarthy, D.}, Senior Research Analyst, IHI

L28 Measures Must Matter: Determining Metrics of Care that Matter Most to Patients and Communities


L29 Zero Events of Harm: Leading for High Reliability
To achieve and sustain significant improvement in patient safety (e.g., zero events of harm), health care can employ proven strategies of high reliability and safety from other industries. Reliability experts and executives from organizations who have used these strategies will share their experiences and lessons learned implementing reliability principles. Other topics to be discussed include learning from the science of safety, implementing a defined leadership method, and approaches for a more robust culture of safety.

After this session, participants will be able to:
• Discuss the principles of safety and reliability that can help achieve zero events of patient harm
• Contrast evidence-based leadership methods for building and sustaining a high-reliability culture
• Design an approach to implement learned principles in their organization

Yates, G., MD, Senior Vice President and Chief Medical Officer, Sentara Healthcare;
Johnson, K., Senior Partner and Chief Innovations Officer, HPI

Stay Vital for the Long Haul

L30 How to Improve Quality and Flow While Reducing Cost
As funding constraints have increased under health care reform, the way hospital services are designed and managed has become paramount. This session will demonstrate that there is a cost-effective way to reorganize services to deliver safe and effective care. Participants will learn that the management of variability and the application of operations management theory are keys to a financially viable and safer health service. These principles will be illustrated by case studies and participatory work.

After this session, participants will be able to:
• Develop an understanding of the theory of managing operations
• Demonstrate how to improve flow in hospital settings
• Identify ways to decrease variation in delivery of care
• Illustrate how improving flow improves both safety and quality of care

Lachman, P., MD, Associate Medical Director and Consultant in Service Redesign and Transformation, Great Ormond Street Hospital for Children NHS Trust; Litvak, E., PhD, President and CEO, Institute for Healthcare Optimization; Leitch, J., National Clinical Lead for Quality, Scottish Government Health Department