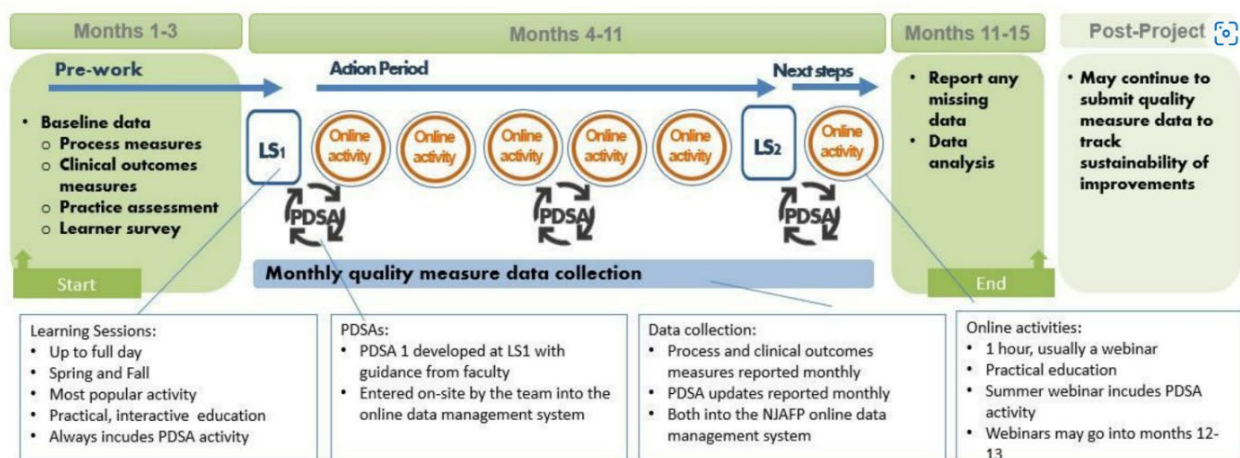# Collaborating for a Healthier New Jersey
Learning Collaborative Getting Started Kit

Welcome to the *NEW* state-wide learning collaborative for family medicine and internal medicine residency programs, funded through a grant from the New Jersey Department of Health! This Collaborative involves residency programs working together using proven methods to achieve improvements to the quality of care.

Over 10 months, teams from residency programs across the state participate in two in-person Learning Sessions and monthly webinars. Teams maintain continual contact with each other and faculty members through webinars, group emails, and monthly updates on progress and data. Information about Learning Sessions and webinars will be posted on the Learning Collaborative Website.

The figure below outlines the basic structure of the Collaborative. We use a simple and proven approach called the **Model for Improvement** (source: The Improvement Guide, 2nd edition) which will be introduced at the first Learning Session.

SAVE THE DATE!

Collaborative Learning Session #1
Friday, October 28, 2022
8:00 am – 4:00 pm
CentraState Medical Center Conference Center
901 W. Main Street
Freehold, NJ 07728

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Getting Started

These **7 key steps** will help your program begin and prepare for the first Learning Session:

1. **Confirm Sponsor and Select Day-to-Day Leader**
2. **Select Topic(s) for Improvement**
3. **Create Core Team and Submit Roster**
4. **Collect Your Baseline Data**
5. **Assess and Finalize Your Aim**
6. **Learn about the Model for Improvement**
7. **Prepare a Storyboard**

Step 1: Identify the Sponsor and Select the Day-to-Day Leader

Identify the Sponsor

The Sponsor is the leader responsible for the performance and results of the improvement team. This person is not a member of the improvement team but is a *support* for the team to accomplish their aim. The residency program director or physician faculty member may be the sponsor, provided that this individual can commit to and ensure the following:

- Encouraging the team to set goals at an appropriate level
- Providing the team with resources needed, including time to work on the project
- Regularly reviewing the work of the team and coaching on activities
- Communicating what is learned from the improvement work to the entire organization

Select the Day-to-Day Leader

The Day-to-Day Leader is the driver of the project, ensuring that changes are tested and implemented and ensuring data collection. This person must work effectively with all members of the team and others in the organization involved in or impacted by the work (physicians, nurses, medical assistants, etc.). The Day-to-Day Leader should:

- Have a working knowledge of the topic(s) selected;
- Be able to organize and coordinate a functioning team that works at an accelerated pace;
- Have time allocated to work on this project;
- Be motivated and excited about change and creating new designs.

Step 2: Select Topic(s) for Improvement

The Sponsor and Day-to-Day Leader should meet as soon as possible to select the topic(s) the team will work to improve. More than one topic may be selected; however, it is essential to consider the resources available, specifically the allocation of time for the work.

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The topics for this Learning Collaborative are based on the Healthy People 2020 goals. Participating programs must select one or more of the topics from the Collaborative aims:

LEARNING COLLABORATIVE AIMS
Increase the percentage of patients: • Age 18+ screened for pre-diabetes risk • Age 18+ with diagnosis of prediabetes referred to a CDC-recognized diabetes prevention program • Age 18–85 with a diagnosis of hypertension whose blood pressure was controlled to $\geq$ 61% • Age 65+ receiving influenza vaccination to $\geq$ 67%

The specific goal(s) for your team can be set after your baseline data is collected. If your data indicates performance less than the goals above, we recommend setting your aim to either achieve this goal or to close the gap by half.

Step 3: Identify Your Team and Submit Roster

The core team should be 3–5 people including the Day-to-Day Leader. One person will be the data entry person and trained on how to enter monthly data into SimpleQI (our data collection tool). Be sure to include key staff that will be involved with and impacted by testing changes – i.e., the team should not be all residents (e.g., nurses, medical assistants, receptionists). Ideally, all members of the core team will attend both Learning Sessions and the monthly webinars.

Complete the Team Roster
Everyone listed on the roster will be added to the SimpleQI platform and Collaborative group email. Your improvement team should be larger than just the core team, but not so large as to make it difficult to get work done (6–10 at most). Others integrally involved in the process should be considered, such as pharmacists, information technology staff, and quality coordinators/managers. Also, consider including a patient or family member.

Step 4: Collect Baseline Data

Measurement is a critical part of this Learning Collaborative as measures help teams evaluate the impact of strategies and interventions tested and adapted. Additionally, measures are used to assess progress toward the collaborative goals. Measurement data will be collected monthly and displayed in run charts.

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To get started and set your aim, you will need some baseline data. Information on how to submit your baseline data will follow at a later date.

IMPROVEMENT MEAUSURES		
Topic	**Definition**	**Notes**
Prediabetes risk Screening	Number of patients completing the pre-diabetes risk test per month	
Diabetes Prevention Program Referrals	Percent of patients age 18+ with diagnosis of prediabetes referred to a CDC-recognized diabetes prevention program	Diagnosis of prediabetes: HbA1C of 5.7–6.4% or fasting glucose of 100–125 mg/dL Only patients with BMI of 25+
Hypertension Control*	Percent of patients aged 18 – 85 with a diagnosis of hypertension who had 2 or more visits during 2021 and whose most recent blood pressure was < 140/90	Exclude patients on hospice
Vaccination for Influenza	Percent of patients age 65+ who had a clinic visit between 10/1/21 and 3/31/21 and have documentation in their medical record of having received influenza vaccination	Measure is met if there is documentation, whether vaccine administered in a clinic or elsewhere Self-reporting is acceptable provided it is documented in the medical record Exclude patients with contraindications; refusal is not a contraindication

 * NQF definition

Step 5: Assess & Finalize Your Aim

When the prior steps have been completed, hold a kick-off meeting with the Sponsor and the improvement team. Below is a recommended agenda for this first meeting:

1. Welcome and Overview of Improvement Team Aim: Sponsor
2. Why this team is important to the overall organizational goals and strategy.
3. Share data that defines the gap and why this was selected (if available).
4. Introductions and Roles and responsibilities: Day-to-Day Leader
5. Introduce each member describing why they were selected for the team and their specific role.
6. Review and Adjust Aim: All Members
7. Hopes and Fears: "Round-robin": each team member describes their hopes and aspirations and shares a fear (record both on flip chart).
8. Closing remarks: Sponsor (describe how you will regularly connect with the team and expectations for regular reports and review).

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Step 6: Learn about the Model for Improvement

Between Learning Sessions, participants actively try new ideas within their organizations. We use a simple and proven approach called the **Model for Improvement** (source: The Improvement Guide, 2nd edition) which will be introduced at the first Learning Session. If your team or individual members of the team have not had experience with the Model for Improvement or a similar improvement methodology, we encourage you to complete one of the following self-study options:

- Review content on this page of the **Institute for Healthcare Improvement** website
  https://www.ihi.org/Topics/ImprovementCapability/Pages/GettingStarted.aspx

- Read the Introduction and Chapters 1-8 of **The Improvement Guide**
  Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2nd edition. San Francisco, California: Jossey-Bass Publishers; 2009.

Step 7: Prepare a Storyboard

These day-long Learning Sessions are an excellent opportunity to experience the "*All Teach, All Learn*" dynamic by teams sharing their data and plans, interacting with faculty, solidifying skills in the Model for Improvement, and planning changes to test in your organization. Prior to the first Learning Session, we will provide a PowerPoint template for your team storyboard and request that your team complete, print, and bring to the Learning Session. A template and instructions will be posted to the Learning Collaborative Website.

CONTACTS

Below are the NJAFP/ACPNJ staff managing this program. Please do not hesitate to contact us with any questions:

Sandi Selzer, MSHQ
Chief Operating Officer, NJAFP/ACPNJ
sselzer@njafp.org

Emelyn Falcon, MPH
Project Coordinator, NJAFP
efalcon@njafp.org

Fran Griffin, RRT. MPA
Improvement Advisor, NJAFP
President, Fran Griffin & Associates
fran@frangriffinassociates.com