**NURS 525
Managing Clinical Effectiveness Within Care Systems**

**Winter 2011**

This course is taught 100% as a web-based course; there are no in-person class meetings.  Appointments with either the lead or the co-instructors are available; if requested.

**Lead Instructor:**

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**Co-Instructor:**

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Office Hours:  By appointment

**Credits**: 3

**Course Description:**

NURS 525 is a 3-credit graduate course, conducted as a web-based seminar that provides a guided review of the literature and current care system practices in designing, managing, and evaluating clinical effectiveness, efficiency, and safety within health care systems, using quality improvement as the overarching framework. The achievement of clinical effectiveness is an essential care system strategy throughout the United States and abroad. It is widely known that while the U.S. spends more per capita (person) on healthcare than any other country in the world, U.S. clinical effectiveness measures are not the highest. Thus, the challenge in U.S. healthcare and the focus of this course; specifically, understanding quality improvement and using QI to increase or improve clinical effectiveness overall.

Since this version of the course is taught to students who, for the most part, already have had experience working in the health care system, it takes a somewhat more focused approach than would be the case with students who are new to health care.

The course is organized into five modules:  introduction to quality improvement, tools/methods, data, challenges/trends, and emerging strategies.

**Course Objectives:**

Upon completing the course, the student will be able to:

1. Assess and classify selected populations' need for clinical interventions in relation to desired health outcomes across settings.
2. Understand and evaluate variation in healthcare processes and outcomes.
3. Understand quality improvement as a key care system strategy to achieve clinical effectiveness.
4. Understand commonly utilized QI tools and approaches.
5. Understand data collection, presentation, and analysis strategies, tools, and approaches.
6. Apply knowledge of QI tools and approaches to basic clinical improvement opportunities.
7. Plan and evaluate continuous quality improvement in clinical programs and care systems.
8. Evaluate the reliability and validity of clinical guidelines, protocols, and other decision tools.
9. Plan for managing provider, financial, technical and information resources to support clinical effectiveness and efficiency in care systems.
10. Design patient safety and reliability into microsystems (clinical care systems).
11. Understand the importance of educating health professionals in quality management.

 **Evaluation:**

Final grades will be determined based on the following:

|  |  |
| --- | --- |
| Class preparation/participation (web-based discussion board )  | 33.3%  |
| Midterm Project:  Improvement critique  | 33.3%  |
| Final Project: Clinical Effectiveness Analysis, Scholarly Paper  | 33/3%  |

 **Required Text:**

The text for this course is:

Scott B. Ransom, Maulik Joshi, & David Nash Editors. (2008). The Healthcare Quality Book: Vision, Strategy, and Tools; second edition.

Course readings include the book, The Quality Handbook for Health Care Organizations: A managers guide to tools and programs, selected chapters from the Institute of Medicine Report, Crossing the Quality Chasm (National Academy Press, 2001), and supplemental readings, which will be available through the UW Health Sciences library E-reserve.

Additional assigned readings or tools for measuring improvement are available by linking directly to the World Wide Web and/or will be distributed in class

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#### COURSE REQUIREMENTS AND EXPECTATIONS

Students are expected to complete assigned readings and view video-streamed lectures each week, to participate in web-based discussions of the material, and to complete both a midterm and a final project; requirements for which are set forth below.  Note that the lead instructor will be responsible for the entire course; and will be grading all discussion board assignments and the mid-term.  The co-instructor will be coordinating the final group project and will be grading the final projects.  Therefore, for questions re the discussion board and the midterm, contact the lead instructor.  For questions re the final group project, contact the co-instructor.  Final grades for the course will be submitted by the lead instructor.

 **Lectures:** Almost every week of the course, there will be a lecture available in video-streamed format, which can be accessed by clicking on relevant links on the course website. Please email course website Help if you have any trouble viewing the videostreamed lectures.

 **Video and Audio Stream Viewing Requirements:**
It is recommended that you view the streams on a high-speed connection such as cable or DSL modem, or from the campus library, but the audio should be useful on even the poorest/slowest connections. To view or listen to these streams you must use the free RealOne Player (view download and installation instructions) which is available for free download here.

 **Weekly, web-based discussion:**

If you encounter technical problems or other difficulties, please ask for assistance, there is support available if you need it. At the conclusion of each "class week", you can expect some comments from the instructor for each student's answer, plus general comments to the entire class overall. These will be posted on the discussion board. You are encouraged to read the general comments as an additional learning opportunity. If the instructor needs additional information from you or if the instructor believes your answer is insufficient, the instructor will indicate such with directions for completion.

In the event that you are unable to complete your discussion board question during the required time period, please notify the lead instructor of your challenges; no penalty to you for notification. The responsibility is on the student however to keep the instructor informed of any challenges, anticipated delays in assignments being turned in, and so forth.

**INDIVIDUAL MIDTERM PROJECT:  Improvement Study Paper**

***Project Background***

The Patient Protection and Affordable Care Act will dramatically change how healthcare is reimbursed and how it is organized.  One of the new reimbursement models is the "Readmissions Penalty," which effectively will withhold payment to hospitals for excessive readmissions with specific clinical conditions that are deemed to be 'preventable' or 'avoidable': initially CHF, AMI, and pneumonia.  Thus, healthcare organizations and systems must aggressively evaluate and redesign all processes associated with discharge and care transitions out of the hospital in order to avoid preventable readmissions.  Data clearly suggests that tremendous improvement opportunity exists to decrease 'avoidable' or 'preventable' readmissions, due to process dysfunction or failures.  Therefore, this is both a financial imperative, as well as a moral imperative from the standpoint of the patients' health and well-being.

Project Requirements

For purposes of your midterm project, you are to read the following article:

Bisognano, M. and Boutwell, A.  Improving transitions to reduce readmissions. Front Health Serv Management. 2009 Spring; 25(3): 3-10.

You are to select ONE process discussed in this article that can contribute to avoidable/preventable readmissions, and then complete the following in a scholarly paper:

1. Find a relevant, recent improvement study related to the process you have chosen.  Your study should be from a peer-reviewed, professional journal, and should be an improvement project, NOT a research project.
2. Create a "idealized" process map of the process you have selected (5-7 key steps)
3. Provide the study's QI problem statment, hypothesis or study focus: also include an Aim/Goal statement if provided.
4. Describe the improvement project's approach or methodology used.
5. Discuss the project's results.
6. Describe how the project's data was presented in the article; including your reflection on data presentation strengths and weaknesses
7. Discuss any improvement project limitations/barriers; as presented in the article.
8. Provide your personal perspective as to system enablers and barriers that would need to be in place in Greenforest Health System in order for your selected process improvement to be implemented.

To give you an example of an excellent improvement project reported in the literature that reflects work on one process that can contribute to readmissions, you can review the following article (therefore, no student can use this particular improvement article for your project!):

Harlan, G. et.al.  Improving transitions of care at hospital discharge--implications for pediatric hospitalists and primary care providers. J Health Quality, 2010. Sept-Oct, 32(5): 51-60.

A copy of your selected study AND your midterm project paper are to be submitted electronically to the lead instructor's email (fleischc@advisory.com) by \_\_\_\_\_.  You will receive email confirmation that your study and paper have been received.

There is no page limit for this paper, but be as concise as is possible.  You are **urged** to organize your paper into the eight sections listed above in order to assist the instructor's analysis.

Follow a standard scholarly paper format, as appropriate; ie, APA.

**FINAL GROUP PROJECT**

The CIPCT curriculum utilizes the "Greenforest Health System Case Study" and emphasizes group learning through specifically developed tools. The final project will therefore be a group project; with ONE paper submitted from each group, using the CIPCT Case Study re Greenforest Health System.  Project groups will be finalized and published by the third week of the course. Discussion groups will be set up for each group in order to facilitate group work via distance learning.  Final project content, guidelines, and the required format will be published on the course website during Week 3 (Attached at the end of this syllabus).  The Final project will be coordinated by the course's co-instructor and will be due at the end of Week 10.

**Course Evaluations:**

Course evaluations will be electronically conducted  prior to the end of finals' week. A web-link will be provided to students so that they can give feedback anonymously.

All students are expected to participate in web-based discussions of the course material that correspond to the weekly lecture that is posted, along with assigned readings. You are encouraged to first read the weekly assignments and view the corresponding lecture before you attempt to answer the weekly discussion board question. This is because your answers will be evaluated in terms of completeness, timeliness, and **reference to relevant lecture/reading material.** Answers are to be posted no later than 11:59pm of each Sunday night before the start of another class week. Answers should be concise; and no more than 2 pages. Discussion board grading will reflect adherence to the aforementioned criteria; in addition, some credit will be given to your overall discussion board grade if you conduct in discussion board 'discussions' with your colleagues during a specific discussion board week.

**Final Group Paper Instructions**

**BACKGROUND**
GreenForest Health System has made the strategic decision to accelerate EMR implementation efforts and to have in place a fully integrated and standard EMR across all of its hospitals, its medical group, home services, and affiliated clinics by 2015. The system wishes to use this commitment as an opportunity to simultaneously improve achievement of clinical outcomes through the use of standard evidence based practice/protocols. In the past, GreenForest employees have been resistant to change when faced with significant changes to either their workflow processes or customary approaches to providing patient care. The entire executive team anticipates that this new commitment will be no different, unless the system employs change management as part of its implementation plan.

Recognizing that this is a huge undertaking, GreenForest has decided to *start* with congestive heart failure (CHF) and, in fact, start ‘small,’ with the design/implementation of a standard CHF discharge plan/teaching process. In addition, the system has decided to use *either* John Kotter’s Change Model or Kurt Lewin’s Change Model.

Beyond the above two decisions and facts included in the GreenForest Case study regarding the status of EMR implementation, additional facts germane to this challenge include the following:

1. There is no standard across the system regarding a CHF inpatient or cross-continuum protocol.
2. There is variability in all facilities regarding who provides and how discharge instructions are provided to patients.
3. There is variability in the facilities regarding how evidence-based protocols are created/ launched.
4. There is variability in the facilities regarding the use of advanced practice nurses and hospitalists.
5. There is a primary care physician shortage throughout the GreenForest Health System market, and it is expected to continue.

**FINAL GROUP PROJECT**

For this final group project, each assigned group is to complete the following:

1. **STEP ONE**. Select an evidence-based CHF “bundle” and design an “idealized” CHF discharge plan/teaching process. For this process, identify 5-7 steps for the CHF discharge plan/teaching process; who should be responsible for the process; and identify any potential process barriers for each step in the process. Use references, course materials, and what you have learned in the course where possible to defend your rationale for the CHF discharge plan/teaching process design. For this step, remember that your process is to be STANDARD across the entire GreenForest Health System which, of course, will be enabled by the EMR roll-out, although the EMR is but a small part of this process. In this step, the 5-7 steps for the process can be a process map.
2. **STEP TWO**. Next, determine which of the two change models your group wishes to use and rationale for the choice.
3. **STEP THREE**. Using your selected model, create a detailed plan for executing the change model in order to achieve the desired process standardization throughout ALL of GreenForest in a six month time frame. Be VERY specific here; for example, if one of the components of the change model requires you to select an executive champion of the project; WHO within GreenForest would be the executive champion and WHY. If your group believes that some things need to be built or modified within GreenForest in order for the Kotter model to be maximized, identify those changes as well.
4. **STEP FOUR**. Identify barriers to your idealized process being sustained over the long term, and how your selected change model can mitigate the identified barriers.

**PROJECT REQUIREMENTS**

1. Each group is to follow the CIPCT *Group Work Guidelines and Required Deliverables* and associated requirements that are posted on the NURS 525 course home page.
2. Each group will submit one scholarly paper that will represent the work of the entire group.
3. Papers are not to exceed 20 pages, excluding references and process illustrations. Headers for each of the four major paper sections are strongly encouraged.
4. All group papers are to follow APA format as found in the ***Publication Manual of the American Psychological Association, Sixth Edition.* Please note that APA format goes beyond formatting references.**
5. Dr. Maggie Baker, co-instructor for NURS 525, will be coordinating all group assignments and serve as your lead contact for project development, challenges, and advice. Please contact her at mwbaker@uw.edu with any questions *or group process problems*.
6. All group projects papers are due Week 10. Email the group’s paper by attachment to Dr. Baker at mwbaker@uw.edu *and* cc yourself and each member of the group on the email.

**Grading Grid**

Total Points Possible = 100

**Group points**:

|  |  |  |
| --- | --- | --- |
| Criterion | Possible Points | Actual Points |
| Select an evidence-based CHF “bundle” | 5 |  |
| Design an idealized CHF discharge plan /teaching process. Identify 5-7 steps for the CHS discharge plan /teaching process, including who should be responsible for the process; based on references, course materials, and what you have learned in the course. | 10 |  |
|  |  |  |
| Identify potential process barriers for each step in the process; based on references, course materials, and what you have learned in the course. | 10 |  |
| Standard process applies to entire GreenForest Health System. | 5 |  |
| Identify change model and rationale for choice. | 5 |  |
| Using selected change model, create a detailed plan for executing change; plan includes standardization across GreenForest; within six-month time frame; plan is specific as described in instructions. | 20 |  |
| Identify barriers to sustaining idealized process over the long term; identify how selected change model can mitigate identified barriers. | 5 |  |
| Paper submitted by due date/time.  | 5 |  |
| Project reflection completed and submitted by due date/time | 5 |  |
| APA format (see additional grid) | 5 |  |
| Quality of references (published in a peer-reviewed or other acceptable professional journal within last 5 years unless special circumstance (.e.g, “classic” article) or credible, reliable “grey” literature | 5 |  |
| TOTAL | 75 |  |

**Individual points based contribution to group process/product**:

|  |  |  |
| --- | --- | --- |
| Criterion | Possible Points | Actual Points |
| The 25 possible points in this section are based on your individual contributions to the group project based on feedback from the other students in your group. Please see the “Group Evaluation Rubric” on the course website in the document “Group Work Guidelines and Required Deliverables.”  | 25 |  |

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APA formatting review of final papers

(Example criteria only. APA formatting applies to entire document)

|  |  |  |
| --- | --- | --- |
| APA Format Detail | Correct?  | Comments |
|  | Yes/No/Sometimes |  |
| Title page |  |  |
| Running head |  |  |
| Font  |  |  |
| Margins |  |  |
| Type size |  |  |
| Concise language |  |  |
| Hyphens when appropriate |  |  |
| Proper format of numbers in text |  |  |
| Correct use of plural versus possessive |  |  |
| Use of punctuation in text |  |  |
| Use of punctuation in quotes |  |  |
| Acronym use |  |  |
| Verb tense agrees in sentence |  |  |
| Verb tense agrees in paragraph |  |  |
| Noun and verb agreement |  |  |
| Use of citations in the text |  |  |
| Formatting of citations within text |  |  |
| Proper use of “et al.” |  |  |
| Formatting in references |  |  |
| Other |  |  |

**NURS 525 WEEKLY READINGS AND DISCUSSION QUESTIONS**

**Week 1**

Ransom Chapters

1.  Healthcare Quality and the Patient

**Discussion Board:** There is a difference between nursing research and quality improvement.  Based on your readings, independent research, and understanding thus far, list three things that you believe differentiate nursing research from quality improvement;with brief rationale for your choices.

**Week 2**

No reading for week two

**Discussion Board:** Select one of three public quality websites cited in this week's lecture that you believe most effectively communicates clinical quality information to a consumer who needs to select a hospital for elective, general surgery, and provide brief rationale for your selection (in other words, why is it the best website for a patient trying to select a hospital for surgery).

**Week 3:**

*Ransom Chapters:*

2 - Basic Concepts of Healthcare Quality

4 - Quality Improvement:  The Foundation, Processes, Tools, and Knowledge Transfer Techniques

**Discussion Board:**

Select a process in your work/personal environment. Create a process map with five to seven steps. Identify five hand-off challenges between process steps that could impact process effectiveness.

**Tools:**

[www.ihi.org](http://www.ihi.org/)

**Week 4**

**Discussion Board*:***

Five processes were identified in last week's lecture; slides seven through fourteen. Select one of the identified processes; ideally the one that you are most familiar with.  Create a hypthetical cause/effect diagram with detail to include: problem, causal areas, and contributing causes for each causal area.

**Tools:**

[www.ihi.org](http://www.ihi.org/)

**Week 5:**

Ransom Chapters: 6 and 7

**Discussion Board:**

You have been asked to create a data management strategy for one of the following scenarios:

a) Demonstrating to clinical staff the progressive results of an improvement project that focuses on ensuring same day access to clinic (office visit) appointments when needed, **or**

b) Demonstrating to inpatient nursing staff the  results of an improvement project focusing on discharge plan completion for CHF patients.

Select one of the two options and list FOUR key components of your data management strategy for the scenario selected.  Provide BRIEF rationale for the components you listed.

**Week 6:**

No readings; go to the CMS website and learn about the HCAHPS metric system (Consumer Assessment of Health Providers and Systems)

**Discussion Board:**

The HCAHPS system is intended to provide consumer-generated data rating various components of a hospital's overall effectiveness-particularly as it relates to service.  Select ONE of the HCAHPS metrics that you believe is aligned with **clinical quality/effectiveness** and your brief rationale as to why.

**Week 7:**

Ransom Chapter: 10

**Discussion Board:**

Explore websites to find a either a nursing or an organizational dashboard (may be from employing institution).  Forward the link or dashboard site.  List the dashboard's key strengths and weeknesses; with brief rationale, according to course learnings (readings/lectures).

**Week 8:**

Ransom Chapter: 17

**Discussion Board:**

Based on your readings and learnings, provide three reasons to DEFEND the use of financial incentives or penalties with providers and clinicians in order to increase achievement of clinical quality outcomes.

**Week 9:**

Ransom, Chapter 15

**Discussion Board:**

You are the CNO of EITHER a multi-specialty (ambulatory) group practice owned by a medical center **OR** a 300 bed tertiary hospital.  A strategy that your organization has committed to is full implementation of all relevant NDNQI clinical indicators within the next twelve months; currently, performance is highly variable throughout your units/clinics.  LIST the  components of your "system" implementation plan, and BRIEFLY identify your rationale for each component.

**Week 10:**

No reading

**Discussion Board:**  Please go to the [discussion board](https://moodle.washington.edu/course/discussion.asp) and respond to questions.

Referring to last week's question, your nursing staff is ambivalent at best regarding this initiative.  LIst four tactics that you would implement to improve staff engagement and change their behavior, and BRIEFLY identify your rationale for each tactic chosen.