Did you know that 20% of patients discharged from the hospital experience an adverse event within 3 weeks? Did you know that within 30 days of discharge, approximately 2.6 million Medicare beneficiaries are re-hospitalized, at a cost of over $26 billion every year? Did you know that medication errors harm 1.5 million people each year in the US at an annual cost of at least $3.5 billion? These statistics are the result of a complex healthcare system - one key facet being the effectiveness of our transitions of care for patients being discharged. As of Q4 2016, the HCAHPS Composite 7 Measure - Care Transitions scored 51% in North Carolina and 52% in the US. We have work to do! As a member of the Critical Access Hospital Quality Collaborative, we invite you to tackle this opportunity through a Rapid Improvement Project. Improving Care Transitions should impact multiple HCAHPS measures through its blend of nurse-patient communication, communication about medication and discharge information elements.
Critical Access Hospital Rapid Improvement Project
HCAHPS Composite Measure 7 - Care Transitions

February 2018 - April 2018

Project Framework

Session 1: (Webinar)
January 22, 2018
Objectives:
• Review process improvement methodologies
• Understand the importance of project scoping
• Use project scoping tools to create a project scope document

Transitioning from Data to Doing: Define Project Scope
Session 1 launches the project with an overview of the Care Transitions measure including its definition and a review of the state and hospital-level data. Various process improvement methodologies and the value of project scoping are reviewed. A deep dive into project scoping will include setting project aims and smart goals and result in the creation of a project scope document.

2.0 Contact Hours

Session 2: (Webinar)
February 12, 2018
Objectives:
• Review Lean Rules of Engagement
• Understand the importance of the patient perspective
• Use process mapping and observation tools to create a visualization of the current state
• Develop a user-friendly method for data collection

Transitioning from Data to Doing: Analyzing the Current State
Session 2 introduces Lean tools to assist in capturing the current state of the process to be improved. These tools include observing the process, mapping the process, and data collection. Various process mapping tools are explored to identify the one most suitable for the process being improved. A data collection tool will be introduced to aid in gathering both process and outcomes data.

2.0 Contact Hours

Workshop (In-Person)
March 5, 2018
Objectives:
• Review Cause & Effect Diagrams for opportunities identified in the current state
• Learn how to prioritize issues identified from cause and effect exercises

Issue Prioritization
The in-person workshop provides an opportunity for hospital improvement teams to come together to share discoveries about their identified process and related current state, including the review of process workflows. Each team will work through a cause & effect exercise followed by the prioritization of identified issues.

See Agenda Pg. 3

6.5 Contact Hours

All we ask is your commitment to attend every session, complete tasks/assignments, participate in the in-person workshop, implement your solutions, share successes, and have fun!
Critical Access Hospital Rapid Improvement Project
HCAHPS Composite Measure 7 - Care Transitions
February 2018 - April 2018

Project Framework (cont.)

Session 3: (Webinar)  
March 26, 2018
Objectives:
- Introduce A3 problem solving and the PDSA cycle
- Understand the importance of small tests of change and the development of countermeasures
- Develop a framework for the implementation plan

Solution Time: Right Side of the A3
Session 3 incorporates the learnings from the in-person workshop to inform the creation of a future state planning. Hospitals should have solutions identified, so A3 problem solving and the PDSA cycle will be introduced. Countermeasures will be discussed and a tool for implementation planning will be discussed.

2.0 Contact Hours

Session 4: (Webinar)  
April 16, 2018
Objectives:
- Review elements of the improvement process
- Learn about standardization vs. compliance and related tools
- Understand the importance of training and sustainment

A3 & Tools Review and Sharing
Session 4 will focus on a review of the improvement process – scoping and prioritization, current state, future state, countermeasures and implementation plans and testing and follow-up. The concepts of standardization vs. compliance will be introduced and education and training will be discussed along with related tools for sustainment.

2.0 Contact Hours

Session 5: (Webinar)  
May 7, 2018
Objectives:
- Learn from peers and share tools implemented
- Identify additional improvement opportunities

Report Out - Share Success
Session 5 provides an opportunity for each participating hospital to share an overview of their project to include the process analyzed, the issue identified, implementation results and desired outcomes and next steps.

2.0 Contact Hours

In-Person Session Agenda

7:00am - 8:00am  
Registration

8:00am - 9:00am  
Project Updates and Data Discussion

9:00am - 10:30am  
Workflow Review

10:30am - 10:45am  
Break

10:45am - 12:00pm  
Issue Prioritization Part 1: Cause & Effect Diagram

12:00pm - 1:00pm  
Lunch

12:00pm - 1:00pm  
Issue Prioritization Part 2: Issue Prioritization Matrix

1:00pm - 2:45pm  
Break

2:45pm - 3:00pm  
Root Cause Analysis: The Five Why’s

3:00pm - 4:00pm  
Next Steps, Goals, and Assignments

4:00pm - 4:30pm
PRESENTERS

Debbie Hunter, MBA
Performance Improvement Specialist

Debbie leads the Critical Access Quality Collaborative at NCQC and has extensive experience in process management and process improvement methodologies focusing primarily on clinical quality improvement strategies. As a Six Sigma Master Black Belt, she has led and consulted on many transformational performance improvement initiatives and projects that have accelerated the achievement of quality and operational outcomes. Debbie’s skills in organizational development, coaching and facilitation have contributed to her success in building high performance teams and engaging associates to achieve established goals. Debbie previously worked as Assistant Vice President of Quality and Performance Improvement at Wake Forest Baptist Medical Center where she was responsible for planning and coordinating the development, management and implementation of the Medical Center’s performance excellence and quality improvement strategies in partnership with the leadership team.

Sharon McNamara, RN, BSN, MS, CNOR

Sharon is an internationally recognized speaker and consultant on preoperative practice. She is owner and consultant for OR DX+RX Solutions for Surgical Safety Consulting Firm, coordinator of the Patient Safety column for the AORN Journal, and a Collaborative Coach for the North Carolina Quality Center. Previous positions include Performance Improvement Specialist, North Carolina Quality Center; Director of Surgical Services for WakeMed Health and Hospitals in Raleigh, NC; and Director of Perioperative Services for the two city hospitals of Kaleida Health in Buffalo, NY.

In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and North Carolina Hospital Association. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation for Nursing
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Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.

AXIS Contact Information
For information about the accreditation of this program please contact AXIS at info@axismed-ed.org.

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The faculty reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

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<thead>
<tr>
<th>Name of Faculty or Presenter</th>
<th>Reported Financial Relationship</th>
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The planners and managers reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

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<tr>
<td>Holly M Hampe, D.Sc., RN, MHA, MRM</td>
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<tr>
<td>Dee Margillo, Med., MT (ASCP), CHCP</td>
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<td>James Hayes, PMP</td>
<td>Nothing to Disclose</td>
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<td>Sarah Roberts, PMP</td>
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Disclaimer
Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer’s product information, and comparison with recommendations of other authorities.

Americans with Disabilities Act
In compliance with the Americans with Disabilities Act, we will make every reasonable effort to accommodate your request. For any special requests, please contact Sarah Roberts at 919-677-4139 or sroberts@ncha.org before the meeting dates.

Requirements for credit:
- Attend/participate in the educational activity and review all course materials.
- Complete the CE Declaration form online by **11:59 pm ET on the dates listed below**
- Instructions will be provided. If you do not enter the online portal by the above date, you will not be able to retrieve your statement of participation.
- Upon successful completion of the online form, your statement of completion will be presented to you to print.

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