UNMC[SM]

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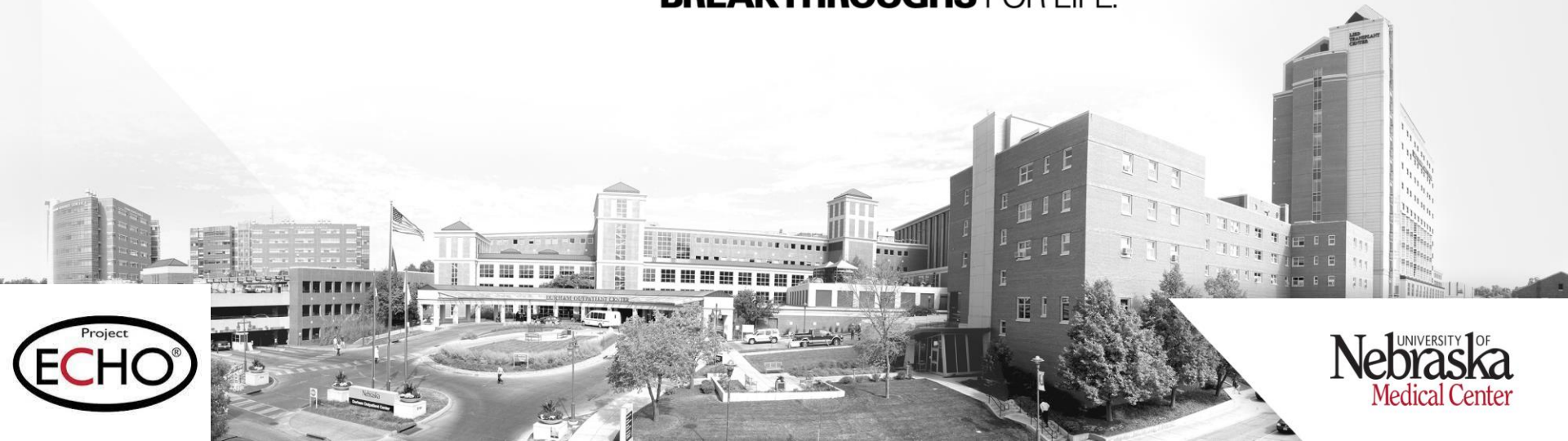

Project ECHO®

University of Nebraska Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 33

Project Funded by Nebraska DHHS through a CDC grant

Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat
- All the session presentation are available on our website

- Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.

https://www.unmc.edu/intmed/divisions/id/echo/health-equity/index.html

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Kelly Cawcutt, MD, MS
- Jonathan Ryder, MD

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
- Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
- Shirley Delair, MD
- Jasmine Marcelin, MD
- Andrea Jones, MD
- Precious Davis, EdD
- Samantha Jones, Program Manager
- Dan Cramer, NP

CE Disclosures

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:
QI: Sustaining Changes

Free Live ECHO Project
March 1, 2023
CID 57619

University of Nebraska Medical Center

TARGET AUDIENCE

This accredited continuing education activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.
The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.

EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Describe how outcome metrics help to plan and measure sustained change.
- Describe how a process metric impacts the ability to sustain.
- Articulate the roles and responsibilities required to sustain a change over time.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
    a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
    b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu

ACCREDITED CONTINUING EDUCATION

In support of improving patient care, University of Nebraska Medical Center 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.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.

ACCREDITED CONTINUING EDUCATION

As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 general continuing education credits. **Social work level of content: Advanced.**

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).

Activity code: I00054036 Approval Number: 230000483

To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

DISCLOSURE DECLARATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.
This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.

Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

The below faculty have nothing to disclose:

- Gale Etherton, MD, FACP
- Mahliqha Qasimyar, MD
- Jeff Wetherhold, M. Ed*

*faculty and planning committee member

Disclosures

PLANNING COMMITEE

M. Salman Ashraf, MBBS
Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, EdD, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Heidi Keeler, PhD, MSN/MBA, RN
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jonathon Ryder, MD
- Bailey Wrenn, MA

www.unmc.edu/cce

POLL

Project Updates

- Approval received from the CDC for project extension
- Focus on providing consultation on QI projects
- Invitation to everyone throughout the state of NE

Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:

Poll Results

Quality Improvement: Sustaining Changes

Presenters: Gale Etherton, MD; Mahliqha Qasimyar, MD; Jeff Wetherhold

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Objectives

1. Describe how outcomes metrics help you plan for, and measure sustained change.
2. Describe how process metrics impact your ability to sustain change.
3. Articulate the roles and responsibilities required to sustain a change over time.

Spread vs. Scale

- Spread means replicating an initiative somewhere else
- Scale-up means tackling the infrastructural problems (across an organization, locality, or health system) that arise during full scale implementation

Source: BMJ 2019:365:I2068

Case Example

A local VA facility successfully tested the use of patient mobile app. check-in process within their internal medicine unit. This practice was then successfully spread to specialty care units within that VA facility.

The VA has stated that this practice will now be scaled system-wide across the US.

What could go wrong?

Approaching Scale Up

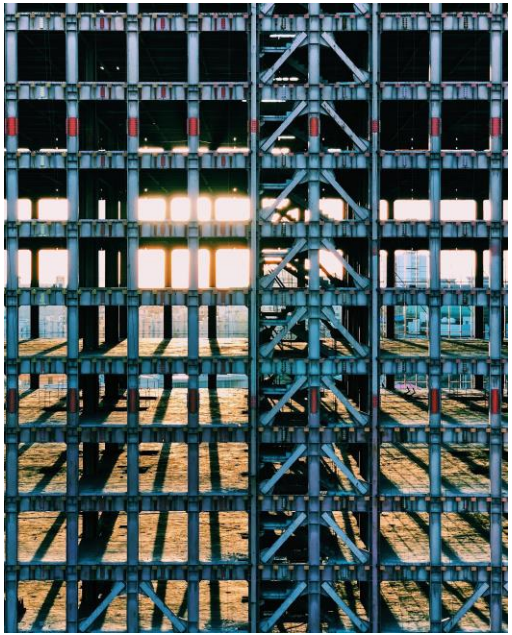
1. Motivate adoptees
2. Build a strong foundation
3. Have an aim for scale
4. Understand the context for scale
5. Use networks to support scale

1. Motivate Adoptees

- How will you get attention?
- How will you get emotional engagement?
- What is the case for change?

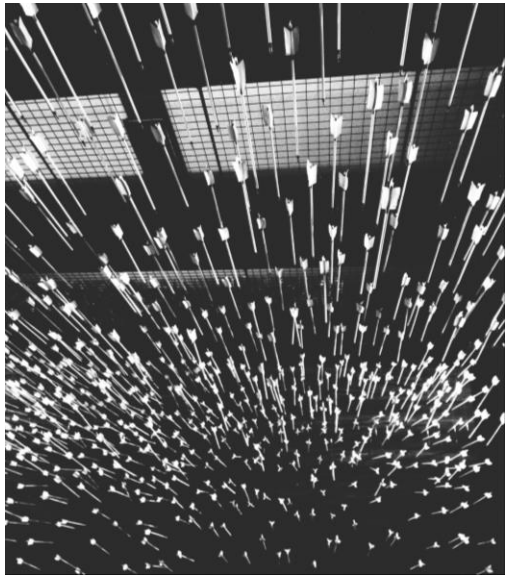
2. Build a Strong Foundation

- Do you have a theory of change?
- Who are your charismatic leaders?
- How do executive leadership regard your change? It is encouraged, ignored, or tolerated?



3. Have an Aim for Scale

- What scale are you seeking to achieve?
- Do you have a clear aim with a timeframe for achieving outcomes?
- What other aims might adoptees bring to this change?



4. Understand the Context

- How does this change fit within a larger narrative?
- How complex is the change?
- How do pilot sites impact adoption?
- Do adoptees feel like they have the bandwidth to make a change?
- What resource needs are likely to emerge and how can you address them?

5. Use Networks

- How will you reach and support targeted participants?
- What new data will you need to collect?
- How will you collect and disseminate learning?
- How will you measure and evaluate success?
- How will you recognize adoptees, and at what intervals?

Case Example

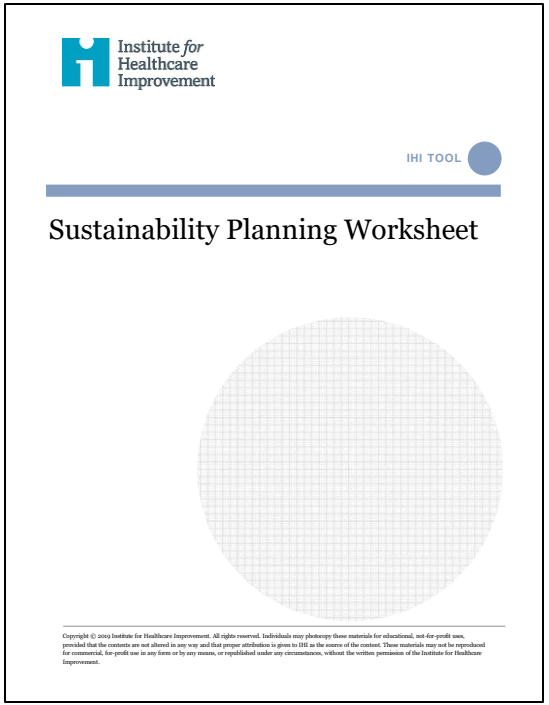
A local VA facility successfully tested the use of patient mobile app. check-in process for check-in within their internal medicine unit. This practice was then successfully spread to specialty care units within that VA facility.

The VA has stated that this practice will now be scaled system-wide across the US.

What could go wrong?

Plan to Sustain

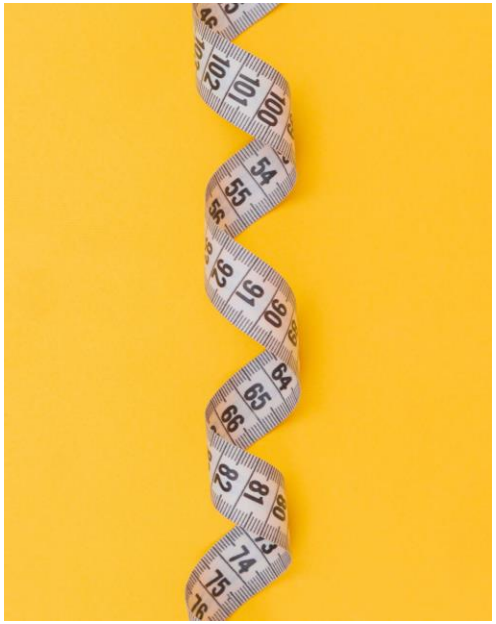
1. Measurement over time
2. Ownership
3. Communication and training
4. Hardwiring the change
5. Monitoring and assessing workload



Source: [IHI Sustainability Planning Worksheet]

1. Measurement Over Time

- What will we continue to measure?
- What will we stop measuring?
- What is a negative signal?
- What will we do if we see a negative signal?



2. Ownership

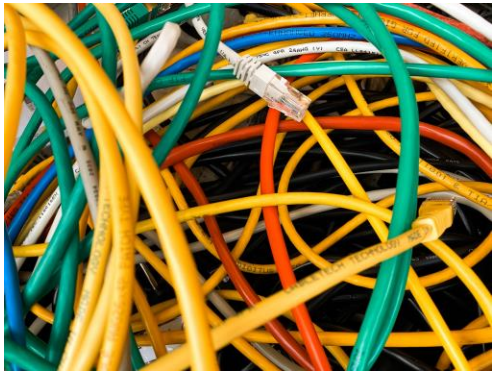
Who will be doing the daily work?	Who will be doing the measurement and monitoring?
• Are they engaged and onboard with the improvement? • Do they understand the need for change?	• Are they engaged and onboard with the improvement? • Do they know how to recognize and respond to a negative signal?

3. Communications and Training

- How will we communicate about the change?
- Who will be the messengers?
- How will we support individuals in new practices?
- What type of training will we use?
- How will the training be reinforced over time, for existing and new staff?

4. Hardwiring Change

- Can we make it harder to do the wrong thing?
- Can we make it easier to do the right thing?
- Can we reduce reliance on human memory?
- How will we standardize?
- What new documentation and resources will standardization require?



5. Workload

Are our changes increasing the overall workload to the system?

If yes: How can we decrease the workload?

If no: How will we communicate that benefit as part of the change?

Case Example

A local VA facility successfully tested the use of patient mobile app. check-in process for check-in within their internal medicine unit. This practice was then successfully spread to specialty care units within that VA facility.

The VA has stated that this practice will now be scaled system-wide across the US.

How sustainable is this?

References

- McCannon CJ, Schall MW, Perla RJ. Planning for Scale: A Guide for Designing Large-Scale Improvement Initiatives. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2008.
- Barker PM, Reid A, Schall MW. A framework for scaling up health interventions: Lessons from large-scale improvement initiatives in Africa. Implementation Science. 2016 Jan;11(1):12.
- Sustainability Planning Worksheet. Boston, MA: Institute for Healthcare Improvement; 2019.

Case Discussion

Today's Topic

Privilege and Power

WHEEL OF POWER/PRIVILEGE

Mahliqha's Story

As a student at UNMC, the only designated prayer space available to Muslims was the Christian chapel. We were welcomed to use it if we left the room as we found it. This meant moving the pews to the perimeter of the room to make space for prayer mats and covering images on the windows and walls.

If this didn't work, we were left to find an empty classroom, conference room, or hallway, which often came with questioning stares and/or commentary on what exactly we were doing there.

Mahliqha's Story (continued)

I became faculty in 2011 and was able to pray in my own office. In 2019, a fellow Muslim physician asked me to join his effort to ask for a dedicated prayer space on campus that was more inclusive than the existing chapel.

The Interfaith Prayer Space was eventually built and opened for use to all staff, students, visitors and patients in March 2021.

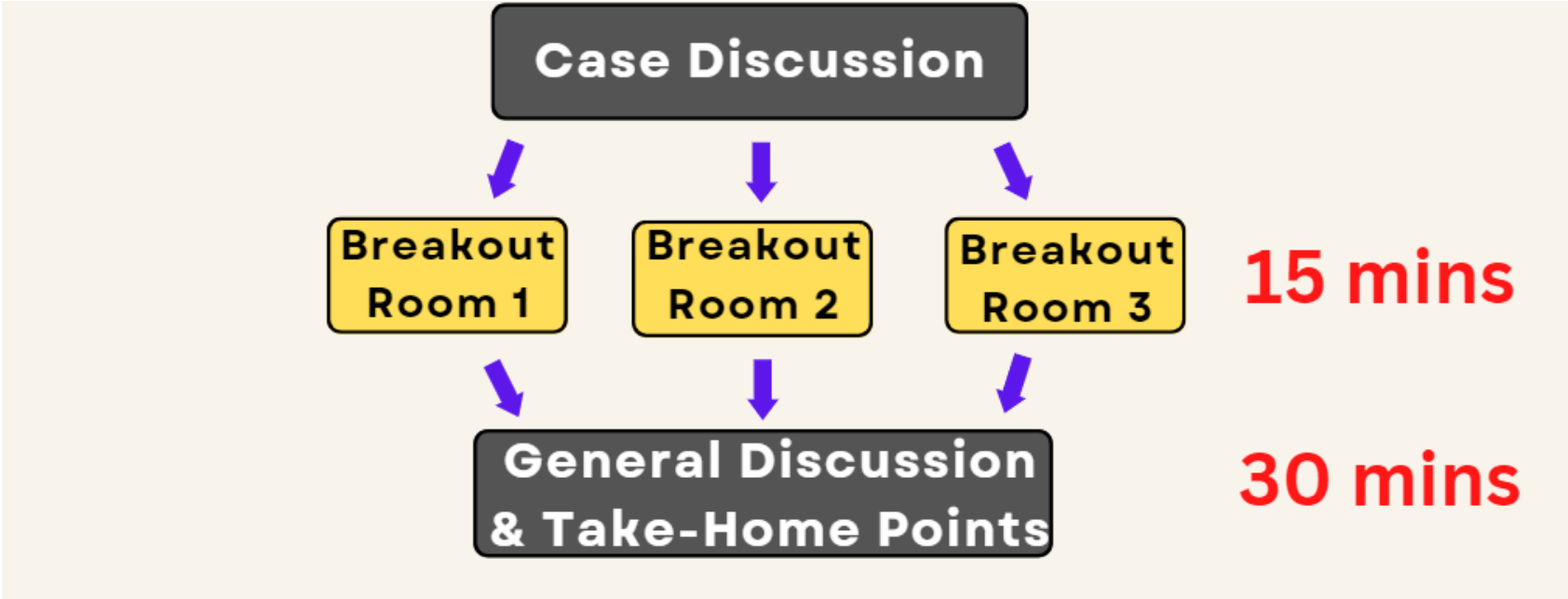
Breakout Groups

Instructions:

Consider the ways in which privilege and power impacted Mahliqha as a student, and how this changed once she was a physician.

1. Which segments from the Wheel are most relevant in Mahliqha's story? Would you add any?
2. How did these segments change or not change over time?
3. How evident are these? What biases might that trigger?

Miro Board


Case Discussion
Breakout Room 1
Breakout Room 2
Breakout Room 3
15 mins
General Discussion & Take-Home Points
30 mins

Ground Rules

1. Be present & turn on your videos
2. Make Space, Take Space
3. ELMO: Enough Let's Move On
4. Take the lessons, leave the details
5. Assume positive intent
6. Be open to learning
7. Building, not selling
8. Yes/and, both/and

Consider the ways in which privilege and power impacted Mahliqha as a student, and how this changed once she was a physician.

	Breakout Room 1	Breakout Room 2	Breakout Room 3
Which segments from the Wheel are most relevant in Mahliqha's story? Would you add any?	• Formal education • Hierarchy/training within medical education system • Gender • Religion • Wealth • Language • Ability (to physically rearrange the chapel) •	• Religion (add) • Citizenship, or perception of • Education • Private space • Peer network/community • Profesional status • Vulnerability/mental health • Gender	• Education • Mental health • Gender • Ability • Religion • Skin color • Citizenship (perception) • Add: age; work experience/professional
How did these segments change or not change over time?	• Formal education, hierarchy, wealth changed • Societal expectations, acceptance, interest in equity/diversity changed	• Changed: education, profesional status, private space, wealth • Same: gender, religion • Unknown: peer network/comm, acceptance • The campus environment changed • She has an ally now	• Education level • Others acceptance of (Muslim) praying • Confidence
How evident are these, and what biases might that trigger?	• Mostly evident. Assumptions re: gender, language, education/training level can easily trigger implicit and explicit biases	• Clearest: professional status (nametage, coat), religion, gender • Hardest to perceive: vulnerability/MH, education • Where is imposter syndrome in this?	• Some are evident and others are not, e.g., education vs skin color

General Discussion

Do you identify owners for the sustainability of changes in your organization? If so, how?

General Discussion

Do you monitor for negative signals for changes in your organization? If so, how?

Current State of COVID-19 in Nebraska

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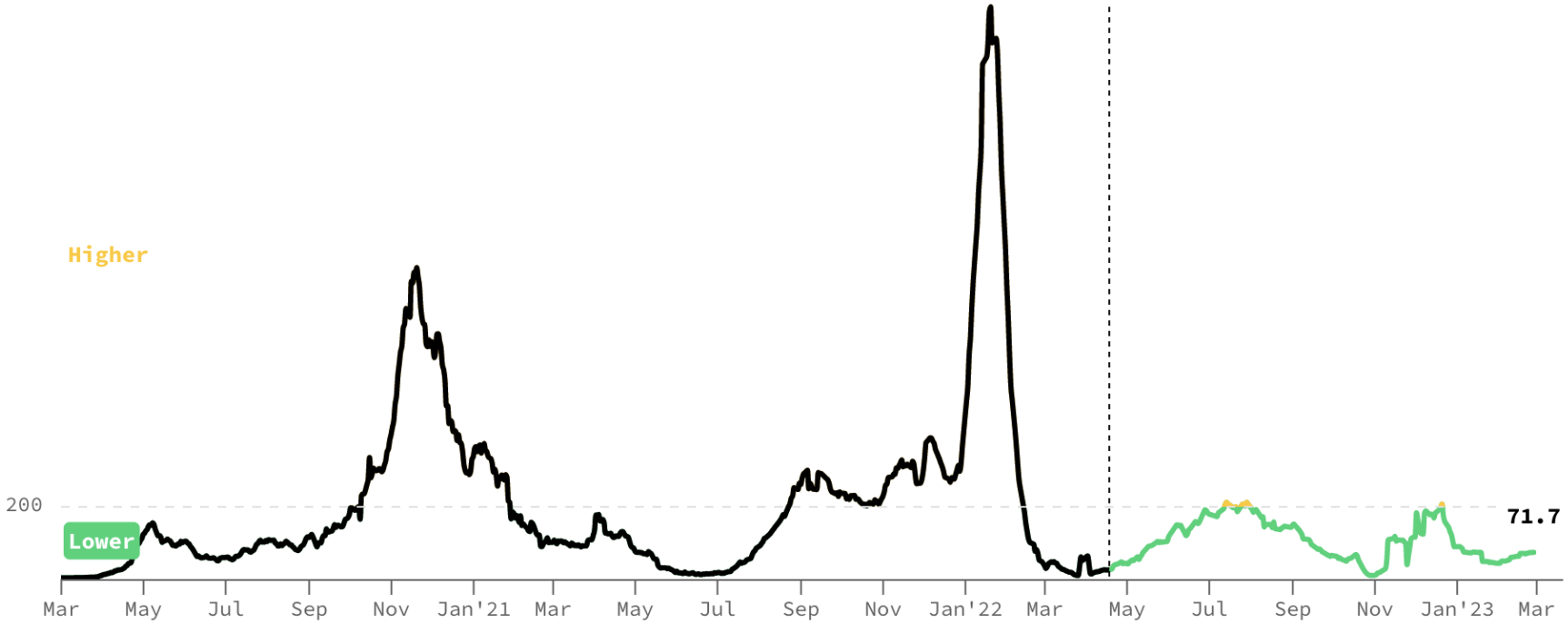
Nebraska COVID-19 Statistics

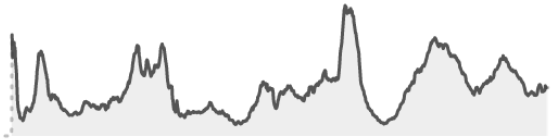
WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
71.7 PER 100K	9.8 PER 100K	3.6% OF ALL BEDS



https://covidactnow.org/us/nebraska-ne/?s=45493299

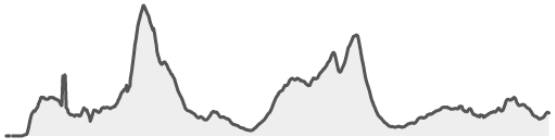
Nebraska COVID-19 Statistics

Test positivity rate



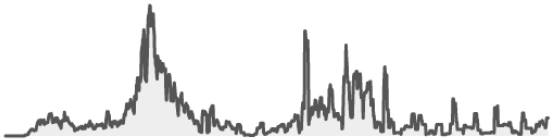
Mar. 2020 Feb. 2023

Hospitalized



Mar. 2020 Feb. 2023

Deaths



Mar. 2020 Feb. 2023

	DAILY AVG. ON FEB. 27	PER 100,000	14-DAY CHANGE
Cases	150	8	–9%
Test positivity	14%	—	–6%
Hospitalized	177	9	+28%
In I.C.U.s	5	<1	–38%
Deaths	4	<1	+27%

https://www.nytimes.com/interactive/2021/us/nebraska-covid-cases.html

Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%
10/19/22	54.3	4.4	160	3.1%
11/2/22	61.6	6.0	177	3.9%
11/16/22	100.3	8.2	203	4.9%
12/7/22	126.2	15	290	6.4%
12/21/22	182.5	11	300	6.2%
1/4/23	88.3	9.4	228	5.2%
1/18/23	72.7	9.0	212	4.6%
2/1/23	41.5	5.0	151	3.3%
2/15/23	59.5	6.3	142	3.0%
3/1/23	71.7	9.8	177	3.6%

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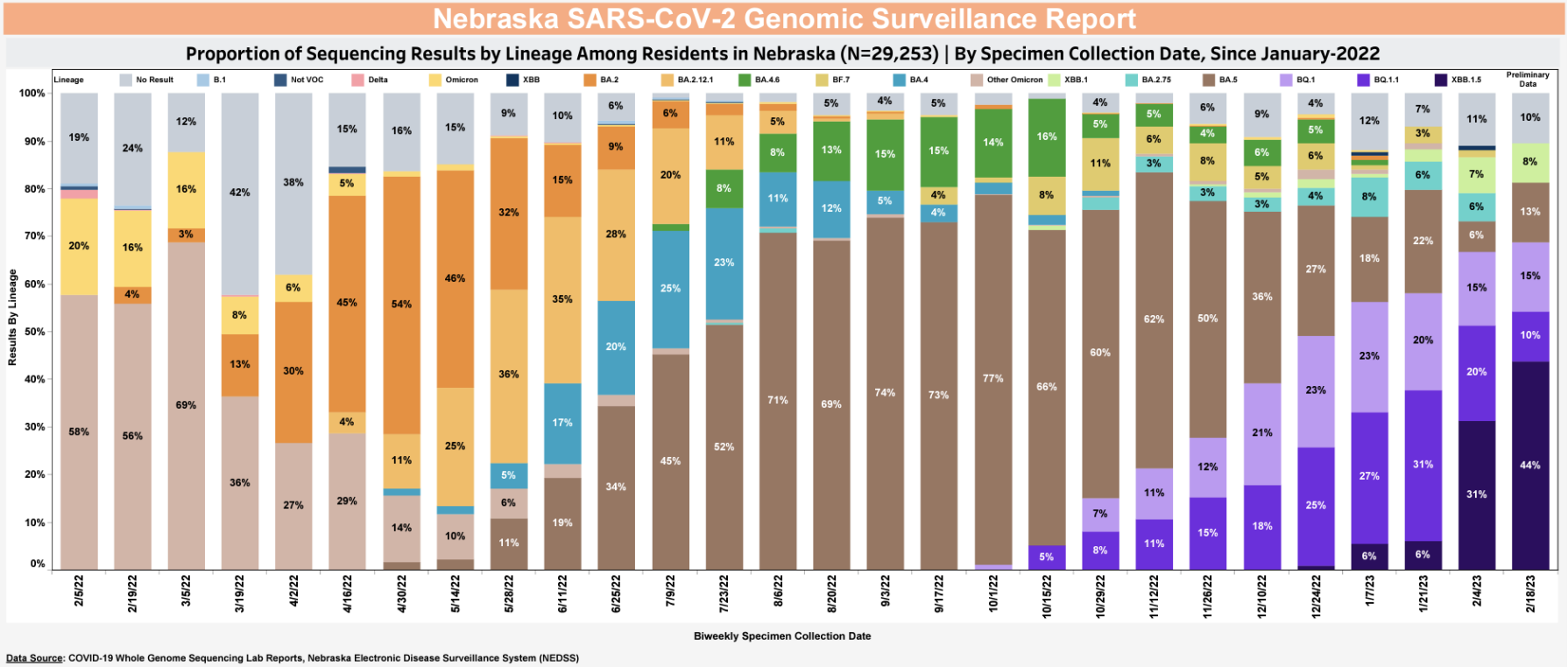
Nebraska COVID-19 Statistics

XBB 1.5 is the predominant variant in Nebraska, currently 44% of those sequenced



Data Source: COVID-19 Whole Genome Sequencing Lab Reports, Nebraska Electronic Disease Surveillance System (NEDSS)

POLL

Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email

2. Next session will be on **March 15th** on:

- Didactic: Health Equity: ***Trauma-Informed Approaches to Providing Care***

- Discussion Topic: ***The Importance of Language***

Poll Results

Thanks