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UNIVERSITY OF
Nebraska
Medical Center

Achieving Equitable Health Outcomes in Nebraska

An ECHO Project Funded by
Nebraska DHHS through a CDC grant

Session 8 – January 17, 2024



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.



Subject Matter Experts

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UNMC ID Health Equity and Quality Improvement ECHO Project

Planning for Success: Measurement

Free Live ECHO Project
January 17, 2024
CID: 59003

UNIVERSITY OF
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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:

1. Describe why measurement is an important part of scoping a Quality Improvement project.
2. Discuss how process, outcome, and balancing measures provide insight into health disparities.
3. Apply process, outcome, and balancing measures in the context of health equity case discussion.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit, you must:

1. Attend the live activity via Zoom,
2. Your attendance will be verified by the organizers.
3. Within 1-2 business days, you will receive an email from UNMC with a link to claim credit
 - Complete the online evaluation.
 - Save and print your certificate.

You have 20 days to claim credit for this activity. You will need to complete the evaluation and attest the time you spent participating in the activity. Your certificate will be saved in your UNMC MyCCE account under Certificates & Transcripts.

Questions regarding continuing education, please contact Valeta Creason-Wahl at vcreason@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 1.0 *AMA PRA Category 1 Credit*[™]. 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 1.0 ANCC contact hour. 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 1.0 general continuing education credit. **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 1.0 CE contact hour.

Activity code: I00057754 Approval Number: 230004202

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:

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 COMMITTEE

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Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH

ReViral Ltd.: Industry funded research/investigator

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Planning for Success: Measurement

Presenters: Gale Etherton, MD, FACP; Jeff Wetherhold, M.Ed.

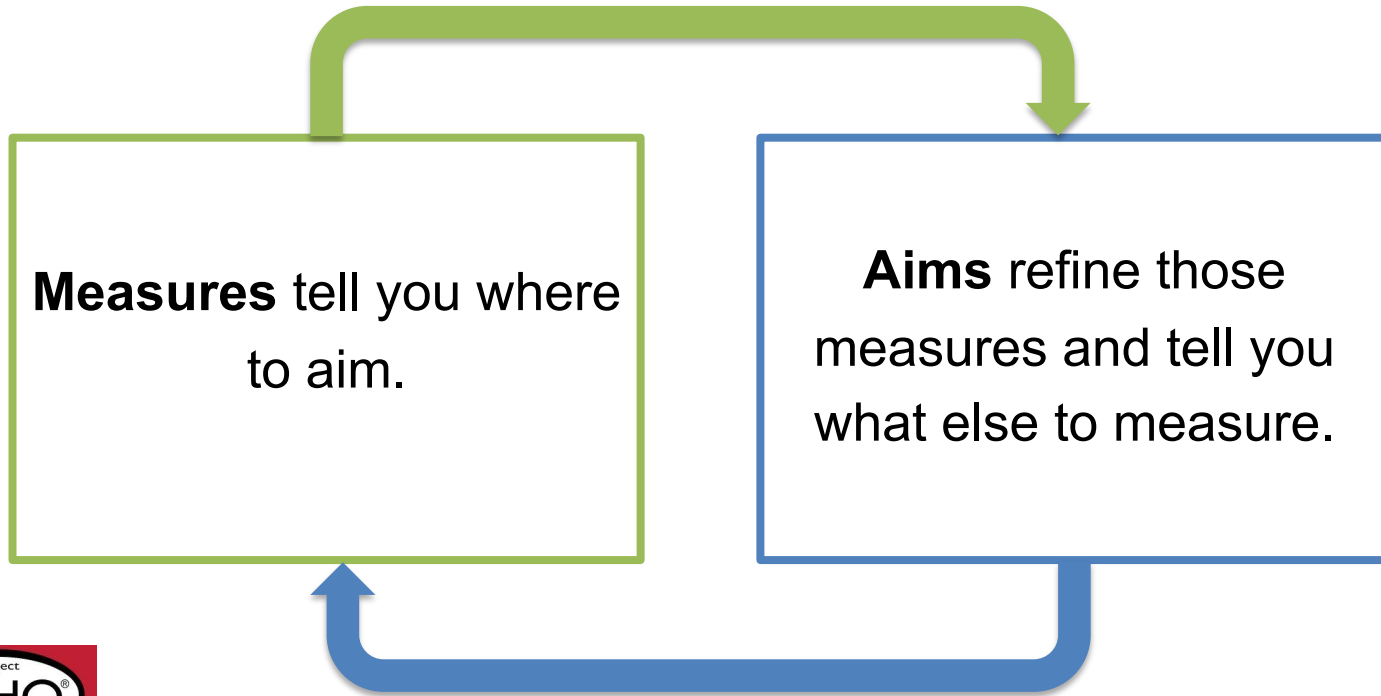


Objectives

1. Describe why measurement is an important part of scoping a Quality Improvement project.
2. Discuss how process, outcome, and balancing measures provide insight into health disparities.
3. Apply process, outcome, and balancing measures in the context of health equity case discussion.



Measures and Aims



Measurement Starts with a Problem Statement

- A concise and focused description of the issue that needs to be addressed by the problem-solving team.
- Describes what is wrong without offering theories about cause(s) or solutions(s).
- Delineates the difference between current state and ideal state in measurable/observable terms.

Good, Better, and Best

The narrower the scope and more specific the description, the easier it will be to identify root cause(s) and to solve the problem deemed most important.

✓ Good

Cupcake recipe did not work on vacation

✓✓ Better

Family chocolate cupcake recipe used when cooking on vacation resulted in burned liquid chocolate mess

✓✓✓ Best

Following the family chocolate cupcake recipe when cooking in a new kitchen on vacation in the mountains resulted in burned liquid chocolate that did not rise



Things To Think About For Interventions And Metrics

- Whose viewpoint are you choosing to improve?
- Do you know what steps are critical in the process?
- How will you define success?
- When do you need to have results?
- Can your intervention even be done?
- Is the intervention relevant?

Where Do We Lose Staff In Measurement Conversations?

- We make it complicated instead of simple
- We make it reactive instead of proactive
- We make it evaluative or punitive instead of making it constructive and learning-oriented
- We focus on things that are outside of our control
- We fail to get input from the frontline workers

Outcomes Measures

- Outcomes measures tell us how we will know that a change is an improvement within a specific timeframe
- Leadership or management are accountable

Examples:

- Vaccination rate
- COVID infection rate
- Resident fall rate

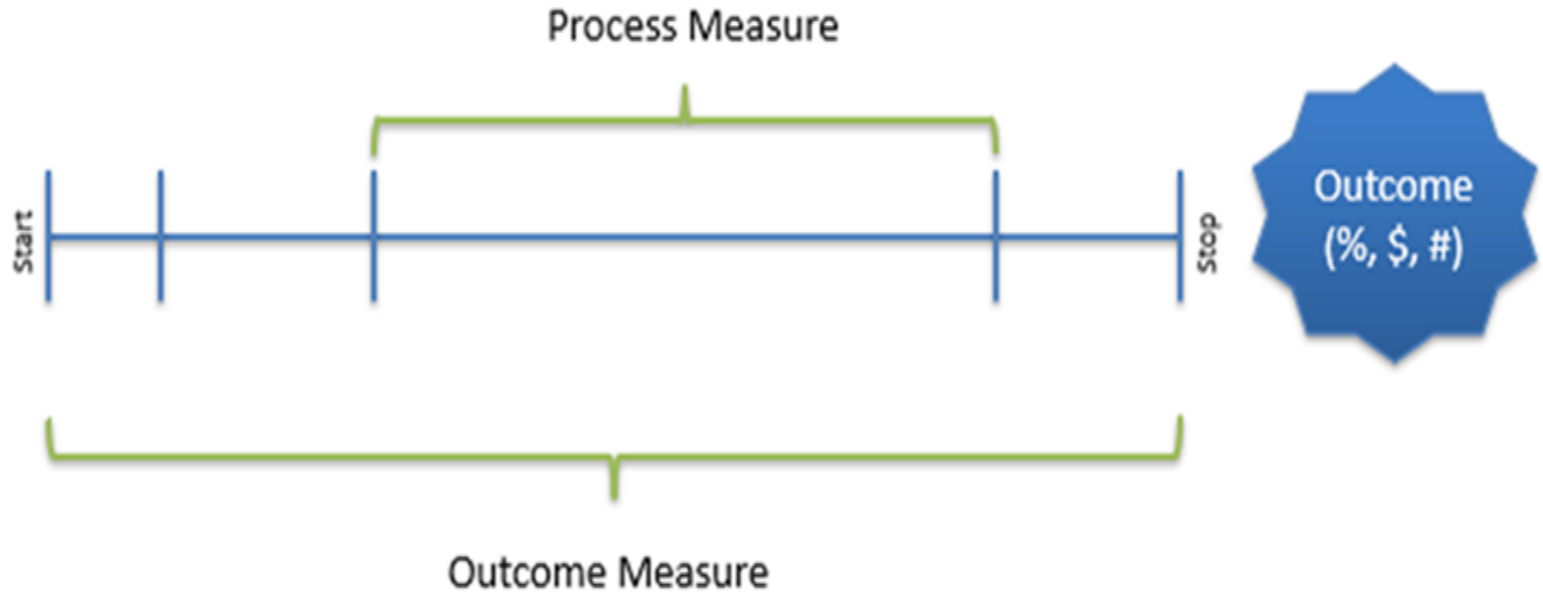
Process Measures

- Process measures tell us what changes we can make that will lead to improvement
- Frontline staff are accountable

Examples:

- Vaccination conversations
- PPE usage
- Risk assessment for resident falls

Discussion



Discussion

You are establishing a working group to advise your organization on improvements to health equity.

What might process and outcomes metrics look like?

Example Outcome Measure	Example Process Measure
COVID infection rate	PPE usage



Discussion

You are trying to improve the rate of screening for mental health needs among your patients.

What might process and outcomes metrics look like?

Example Outcome Measure	Example Process Measure
Resident fall rate	Risk assessment for falls



Why Should Staff Measure Process Change?

- They design the work
- They make process changes
- They learn most quickly by seeing results firsthand
- They give you better feedback
- They can tell you whether a change can be tested and measured in the course of daily work



How should staff measure process change?

1. Who does it?
2. When should it be done?
3. Where is it done?
4. How is it done?
5. What is needed to do it?

(+1 Why is this necessary?)

- Keep to a yes/no format whenever possible
- Start from small samples rather than all
- Ensure that designers are also data collectors
- All process users can identify the same answers to the 5+1 Questions consistently
- Have leadership conduct periodic spot checks for process implementation



Discussion

What sources of data could you use in your QI projects?



Data Come in Many Forms

- Spreadsheets or reports
- Yes/No questions
- Check boxes
- Thumbs up/Thumbs down
- Observations
- Conversations



Balancing Measures

- Balancing measures tell us what could go wrong outside of our process
- Frontline staff are accountable

Examples:

- Staff satisfaction
- Patient/customer satisfaction
- Time expended
- Financial cost

Project Resources



Health Equity Toolkit

We are considering these elements for a summary resource for this ECHO

1. Matrix of TJC/PHAB health equity accreditation requirements
2. Guide to implementing TJC/PHAB health equity improvement
3. Checklist for key elements of health equity improvement processes
4. Templates/sample resources relevant to health equity
5. Examples of best practices in health equity improvements

Is there anything you would add or subtract?



Case Discussion

Presenters: Gale Etherton, MD, FACP; Jeff Wetherhold, M.Ed.



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



Case Discussion

(1/4)

Hispanic patients in your clinic who test positive for COVID-19 are being prescribed Paxlovid at a lower rate than non-Hispanic patients.

Why might this be happening?



Case Discussion

Hispanic patients in your clinic who test positive for COVID-19 are being prescribed Paxlovid at a lower rate than non-Hispanic patients.

*What **outcome** measure might be most relevant to an improvement project?*



Case Discussion

Hispanic patients in your clinic who test positive for COVID-19 are being prescribed Paxlovid at a lower rate than non-Hispanic patients.

*What are relevant and trackable **process** measures?*



Case Discussion

Hispanic patients in your clinic who test positive for COVID-19 are being prescribed Paxlovid at a lower rate than non-Hispanic patients.

*What are relevant and trackable **balancing** measures?*



Wrap-up



Community risk level metrics

WEEKLY COVID ADMISSIONS

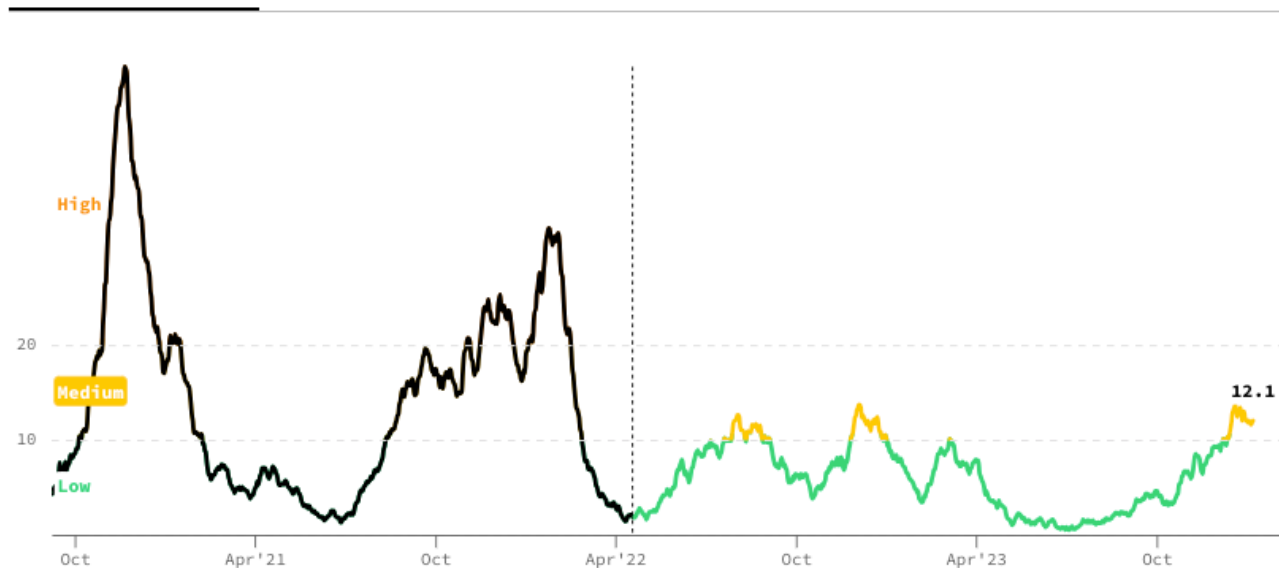
PATIENTS W/ COVID

WEEKLY NEW REPORTED CASES

● **12.1** PER 100K

● **0.6%** OF ALL BEDS

● -- PER 100K



Over the last week, Nebraska had 235 new COVID hospital admissions (**12.1** for every 100,000 residents). Grading is not applied to weekly COVID admissions prior to April 18, 2022, indicated by the dotted line. This date marks our change to measure community risk levels, a framework that is only relevant for the current phase of the pandemic. [About this data](#)

Share 📄

Our Follow-up

You will receive:

- Today's presentation
- A one-pager with key-takeaways
- Relevant supporting resources
- Next session's agenda and information



Session 9: February 21

Setting Aims for Equity

1. Identify the characteristics of effective aim statements.
2. Apply the characteristics of effective aim statements in the context of health equity related improvements.
3. Demonstrate the ability to distinguish effective from ineffective aim statements in the context of a case discussion.



Thank you!

