China Scholarship Council Visiting Scholar Program Report (Q2)

During the past quarter, I have been:

1. **Attending Workgroup / Subgroup / Committees/ Quality and Outcomes Management (QOM) meetings** to obtain a thorough understanding of how to operate a workgroup or quality management team or project, to learn how to run a meeting, including how to send the invitation, reminding attendees of the agenda, pacing projects or programs along. These meetings include Daily Safety Huddle, Clinical Operations, Policies and Procedures Committee, Medication Safety Meeting, Opioids Stewardship Program Meeting, Staff Education Oversight (SEO) Committee Meeting, and the QOM Team Monthly Huddle.
2. **Taking part in various workgroups and programs for quality improvement.**

Programs/ Workgroup	How I was involved
Bedframe/ Mattress management	I helped with setting up the Kaizen event
Optimize Process for Rehab Level of Care Patients in the ICU	I incorporated the nurse's remarks into Excel and assisted with the categorical classification
Pain Score (Pre&Post) based on The Joint Commission (TJC) findings	I searched for pain requirements in both accreditation areas including TJC and Commission on Accreditation of Rehabilitation Facilities (CARF) standards.
Clinical Documentation	I searched through 188 Shepherd's policies related to Documentation, 68 related to Health Information Management (HIM), and 16 for Electronic Health Record (EHR).
CARF Disclosure Letter	I searched all the CARF standards for "Patient Disclosure Letter" requirements
Staff Education Process Map and Request Form for SEO Committee	I created the Process Map and Request Form for this process.
Food Service	I created Food Service Kitchen Quality Inspection using Microsoft (MS) Forms
Assistive Technology (AT) Outcome Measurement Program	I created the AT outcome assessment using MS Forms.
Opioids Stewardship Program	I put together a presentation on using Traditional Chinese Medicine (TCM) as an alternate form of pain management.
Wound Prevention Workgroup	I worked on identifying skin related standards in CARF.
5s Initiative	I utilized lean methods for optimizing the 7th-floor kitchen area.

3. Completing Observations in Various Departments:

During this quarter, I continued to compete several observations, including:

(1) Recreation Therapy (5 times): including recreation therapy in the Gymnasium, outings for shopping and dining, instructions in hotel travel skills, and pottery making.

(2) Outpatient Clinics: including Physical therapy and procedure observation at the Pain Clinic, Botox Injections observation at the Multi-Specialty Clinic, for Telehealth consultation and infusion procedures observations at the MS clinic and measuring wounds at the Wound Clinic.

(3) Acquired Brain Injury (ABI) and Comprehensive Rehab Unit (CRU) Program Observations for Physical Therapy, Occupational Therapy, Speech Therapy, and nursing, including assessment of cognition, speech, vision, and cushion, training for muscles, bikes, gaits, wheelchair navigation, life skills, catheterization, and reducing swelling.

(4) ABI Residential program and Pathways (Post-Acute Outpatient and Day Program): Learned the concept of the Day Program as well as Residential Programs, and how they function.

(5) Life Skills Vocational Services: I completed an outing to the patient's family home, learned how to manage the patient's schedules, and how to assist with activities of daily living (ADLs).

(6) Administrator On-Call (AOC) Round with Jacqueline Baron-Lee.

4. Participating in QOM Events.

(1) Assisted in Diamond Scorecard – an internal competition for inpatient settings assessing the standard clinical safety outcomes.

(2) Scored Applicants for the Quality Improvement Champion Program (QICP) – applied a rubric for the applicants to the QICP.

(3) Worked on Skin Skills Day – Assisted in tracking and facilitating training of nurses and Patient Care Technicians (PCTs) for Skin Skills day.

5. Research and lectures

(1) I helped gather the materials for the lecture at the 2022 American Congress of Rehabilitation Medicine (ACRM) annual conference in Chicago.

Topic: Aspiring to International Best Practice: Practical, Functional & Cultural Perspectives.

Situation: The gaps between the implementation of evidenced best-practice models of rehabilitation care in high-income (HIC) vs. middle-/low-income (MLIC) countries are well documented. However, both HIC and MLIC have different Challenges and Barriers to the successful implementation of quality care. These challenges and barriers are even greater in rural and urban settings without high-quality medical/professional resources.

Background: The presenter Dr. Morse worked in New Zealand and China for consulting the management in a Rehab hospital. He has experience working in various levels of Rehab and health care.

Assessment: Lots of countries develop best-practice models of rehab by "top-down" approaches, which works for many HICs due to the high-quality medical/professional

resources. But how about in MLIC especially in rural areas? Does "top-down" work well? What are the challenges/barriers to the implementation of Evidence-Based rehab in HIC and MLIC? How do cultural factors play a key role in developing best-practice rehab models?

This presentation will contrast "top-down" vs. "bottom-up" approaches to developing best-practice models of rehabilitation driven by what is practical, functional, and culturally appropriate for the person and family served.

Recommendation: Due to the various cultural aspects that are important in designing rehab treatment, MLIC may do better using a "bottom-up" approach to develop best-practice models of rehab.

My job: Collected materials describing rehab development in MLIC, and discussed the role of TCM culture in the whole medical system.

(2) **Attended the lectures:**

A. Pharmacy Resident Grand Rounds
   a. A Minority Within a Minority: Women with Spinal Cord Injury
   b. Supercalifragilistic hemophagocytic lymphohistiocytosis
B. The Art and Science of Distinguishing Disorders of Consciousness
C. ADA Day Celebration & Presentation: The Americans with Disabilities Act: Barriers, Intersections and Moving Forward.

6. **Facilitating communication and exchange between the US and China**
   (1) I submitted a potential partnership application with Southwest University (SWU) to the Partnership committee at Shepherd. The application introduces rehabilitation development in China, SWU, and its hospitals, as well as the areas of cooperation and benefits to Shepherd.
   (2) To strengthen the cordial ties between our two nations, I invited Dr. Yochelson and Charge Nurse Ifeya Johnson to say hello to Chinese physicians and nurses on Chinese Physicians' Day and International Nurses' Day.
   (3) I presented Chinese calligraphy works to Shepherd's patient to celebrate his graduation.
7. **Gaining knowledge of office software and tools:** I watched the QuickHelp videos for OneDrive, Outlook, and Microsoft Team and discovered how to utilize Visio and MS Form.
8. **The next quarter's plans**
   (1) I will keep up with ongoing programs and finish any tasks. Sentinel Event (Root cause analysis) and CARF criteria should be studied.
   (2) I will observe Pharmacy procedures for 2 weeks.
   (3) To better understand the American health care system and prepare the representation to the Medical Fund Safeguarding Authority and Administration in China, I will discuss with HR and Finance the American insurance system and employee benefits.
   (4) I will introduce Traditional Chinese Medicine as an alternate therapy for pain treatment at the Opioid Stewardship Program Meeting in September.
   (5) Continue to learn how to use PowerBI in data analysis.
   (6) Volunteer at Shepherd Center, I have finished the volunteer orientation.

Jiayi, continues to exceed expectations and I remain impressed by her accomplishments above, Jacqueline Brown-Lee