Research Report of China Scholarship Council

Visiting Scholar Program (Q1)

Overview

The work in the first quarter was mainly to get familiar with the operation of Shepherd center, observe some Senior Management Team (SMT) meetings, attend Quality and Outcome Management (QOM) meetings, follow some current performance improvement projects, and complete some simple tasks. Observed Transition Support Program, Peer Support Program and Assistive Technology Clinic.

Brief Description of Operation of Shepherd and QOM

1. Initial understand of Shepherd through Day One Orientation and Shepherd Central browsing. A general understanding of the composition of SMT members which is the core of administration. Finally understand the importance of mission, vision, values and culture in the hospital, they are the center of all the work and They are almost very clear at each level of staffs at Shepherd.
2. Know the scope of QQM'S work: 1) Accreditation, Compliance, and Regulation; 2) Concepts and measures within the SMT Scorecard Metrics and Pillars of Excellence including project improvement efforts, outcome tracking, and data

visualizations; 3) Organizing Workgroups and Committees and Assignment of area designees; 4) Quality improvement education and foundations of quality Improvement.

3. Have a general understanding of how QOM works and the scope of work of each member. Maybe don't know the details of every meeting but understand the topical and how they run the process, and this is important to learn from.

Work Tools or systems

Tools can be operated to complete the existing work: Outlook /Microsoft Teams/ OneDrive/ Shepherd Central/ Policystat. Continuous Learning how to use Microsoft products though QuickHelp.

Observation and experience

1. SMT or Committee meetings
    1) Safety Huddle: Maybe it's the most effective meeting to keep SMT knowing the basic situation and problems of Shepherd, especially in the pandemic. Safety Huddle Notes are also effective for reminders and notices.
    2) Mtg to review Policies: Knowing the importance of reviewing policies and the difference between policy and procedure. Regular review of policies is an effective way of reducing administrative costs and maintaining compliance.

Policystat is an effective tool to manage and check policies which provides a good idea for improving policy review. Finding out the reference of each policy can help judging whether the policies match criteria.

3) ClinOps Mtg or SMT Scorecard Mtg: SMT Scorecard mainly focus on People, Service, Quality, Finance and Growth,15 metrics totally, quarterly analysis and annual summary by Fiscal Year. Knowing the content of the metrics, the responsible people or department, the targets, and the results, but do not know why the metrics were chosen and how they were calculated and how the targets were set. NEXT STEPS: compare the CARF standard and metrics in 2 hospitals, analyze the reference of metrics selection and how to calculate.

2. QOM meetings and Performance Improvement Projects

1) Learning different meeting modes to make meeting more efficient and precise.

a. Kaizen. Observed how Kaizen runs on Bedframe/Mattress management sessions. Kaizen can help visually identify problems and sort out the solution process with high efficiency.

b. SBAR. SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication. SBAR notes can help people who receive the task easily understand what kind of problem is, why it is needed to be

solved and the backgrounds.

c. Strategic Planning. It is very important because strategy is the goal of all work. Everything should be developed and chosen around a strategy. Departmental strategies are developed in accordance with Shepherd's overall strategy, so direct clarification of strategies by SMT members is useful for accurately grasping the direction of progress. It is also very effective that all the next steps are scheduled in the meeting.

2) Learning how to work with CARF standards though CARF disclosure letter project, which is the first project I followed up with beginning, Listed all the contents of the CARF standard on disclosure letters and gave me a experience how to work with CARF standards. This experience leads me work with CARF standards for Pain /Fall/ Skin.

3) Learning how to educate employees diversely. Education in relative meetings such as governance meeting every month, through Emails, ARW, put on screensaver, Mindful Minutes, QuickHelp, Some events like Patient Safety Week. Diversity isn't boring and also ensures the effectiveness of training.

3. Transition Support and Peer Support Program

1) Following up with each member of Transition Support Program. Discussing how they work, Observing Clinic Team Meeting, phone calls with clients and vocational talks with patients. Observing 1-to-1 with a patient and the

"Shepherdy" Self-care class with Peer Support Program. All the program can help patients return to communities successfully, increase their confidence, increase patient compliance and self-efficacy, and reduce readmission rates. It is another kind of therapy services after hospital.

2) Shared them to Chinese hospital and held an exchange meeting between shepherd and Southwest University Hospital to talk about these programs. Promoting exchange, motivating research on them. Acting as a bridge between medical professionals in 2 nations.

4. Assistive Technology

Observed Seating Clinic, Driver Clinic and Environment Access Clinic which are not available in China right now. There isn't any hospital in China has partnership with the vendor to set clinics like this. Lack of patient's independence and support from health insurance may be the main reasons. But with the development of China, there must be a large market for these kinds of services in China.

Research on Patient-Report Shared Outcome database

1. Background.

Shepherd Center wants to establish a core-set of shared patient-reported outcomes that can be used to demonstrate improvement among patients. The

outcome selection can be applied to all patient populations focusing on global community-based outcomes that have relevance to all rehabilitation populations. It also needs to be easily captured in all fields of rehabilitation without many limitations and additional staff or resources.

2. Progress

   1) Gathered recommendations for outcome consideration and establish database to score. There are 8 domains of measures which contain Health, Quality of Life, Community Integration, Employment/Financial status, Patient-Stated Goals, Canadian Occupational Performance Measure, Depression, Leisure/Physical Activity. It is recommended to apply 8 parameters in the nomination and selection of patient-reported outcomes which include:

   a. Does this outcome apply to all core programs at Shepherd Center: ABI, CRU, SCI?
   b. Does this outcome apply to at least three settings across the continuum of care: ICU, Rehab, Clinic, Day, Community/Post-Discharge?
   c. Is this well-vetted, existing outcome measure or does the measure have strong psychometric properties?
   d. Can this measure be used for Ongoing-/Focused-Professional Practice Evaluation (OPPE/FPPE) accreditation/regulatory requirement?

e. Can this measure be used for long-term rehabilitation outcome?

f. Is this measure feasible to administer at least 3-time frames?

g. Can this measure be utilized without additional staff?

h. Can this measure be administered by a lay-trained person?

2) Found out outcome measure scales and literatures to help scoring the 8 parameters.

3) If there are multiple measurement scales in the same domain, consult the literatures to select the most appropriate one.

4) There are 5 measures which have the highest score but need to narrow the scope.

Debrief to Mentors

Discussed the program with Dr. Deborah Backus, VP of Research and Innovation, and Dr. Jacqueline Baron-Lee, the Director of Quality and Outcome Management every week before the Program start. After the program began, Debrief to Dr. Baron-Lee and Meena Iyer, Sr. Internal Improvement Consultant weekly. Debrief to Dr. Backus twice.

Plans for Q2

1. Keep on observation at clinic, includes Recreation Therapy, Pain Institute, Multi-

Specialty Clinics, MS Institute, Wound Clinic, SCI, ABI, and CRU.

2. Keep on observing some SMT meetings and attending QOM meetings, following up performance improvement programs, doing tasks includes helping with Bed/Mattress, food service, CARF disclosure letters, Wound, Opioid Stewardship Program, etc.
3. In-depth knowledge of CARF or Joint Commission standards. Crosscheck the standards and quality metrics, analyze the reference of metrics selection and how to calculate.
4. Research:
   1) Keep on following up research on Patient-Report Shared Outcome or some other research.
   2) SBAR on Chinese Medicine for Pain Management:

      Situation: a. The percentage of Shepherd's patients prescribed opioids is 87.53% (06/2021-12/2021). b. Patients taking daily MME exceeds>10 MME/day. c. Number of patients with opioid ordered/administered>90 days. d. 54% Patients prescribed opioid +benzodiazepines. e. 32% patients prescribed high risk medications. F. There maybe overdose on fatal and non-fatal linked to naloxone (waiting for data).

      Background: TJC needs the hospital use opioid medications safely.

      Assessment: Opioid Stewardship Program will track and trend for 6 months

and establish goals for safe practice of opioids.

Recommendation: Try to find some documents or literatures on Chinese Medicine for Pain Management to reduce the use of opioid, provide a reference for Opioid Stewardship Program.

5. Introduce the concept of wheelchair clinics to Chinese hospitals or wheelchair manufacturers, try to combine hospitals and manufacturers to launch wheelchair education among patients to increase patient awareness.

Jiayi is an amazing scholar and is doing a terrific job assisting with the Department of Quality and Outcomes Management (QOM). She is learning a lot about our department, outcome management, and quality improvement. We look forward to continued collaboration.