

# AHA Living Learning Network **Solution Lab**





## What's in this book?

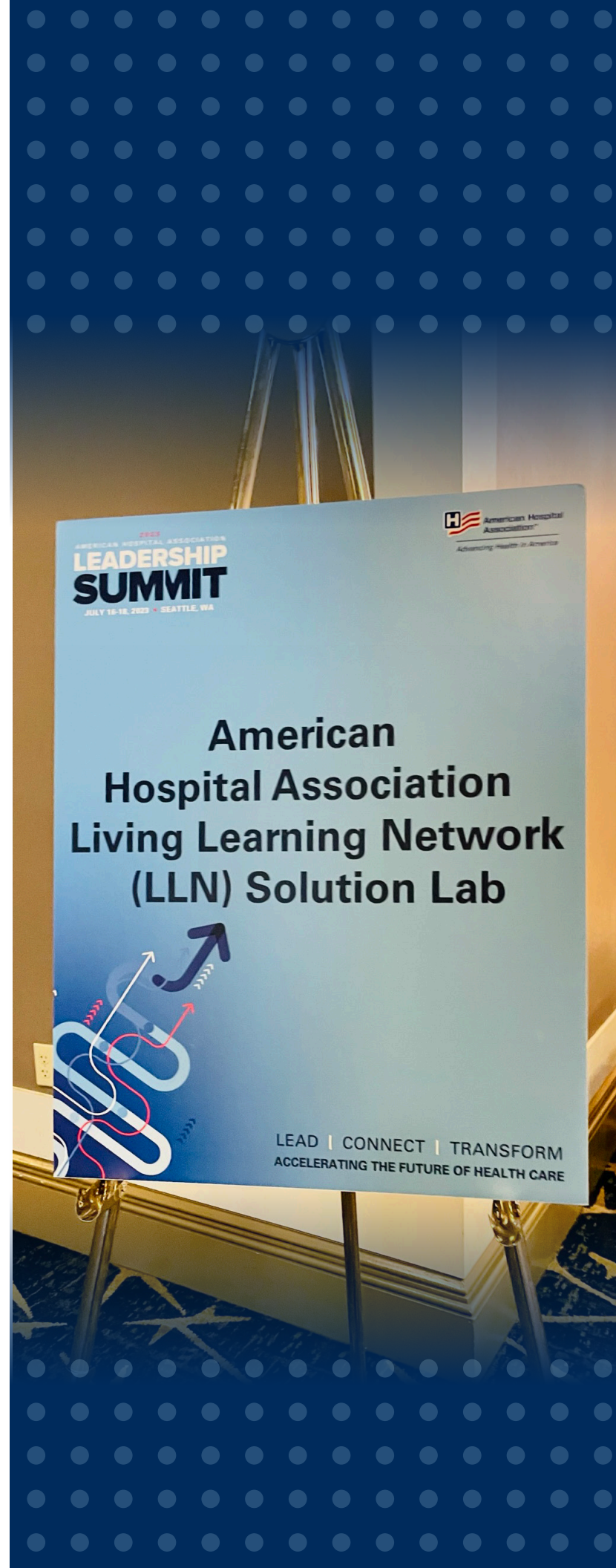
At the American Hospital Association (AHA), our mission is to advance the health of all individuals and communities. We lead, represent and serve hospitals, health systems and other related organizations that are accountable to communities and committed to equitable care and health improvement for all.

The AHA's Living Learning Network (LLN) hosted a three-hour Solution Lab at AHA's 2023 Leadership Summit in Seattle, Wash. The event was driven by the LLN's mission to advance health and convene health care leaders from technology, workforce and academia to collaborate on improving the field by tackling the biggest challenges related to quality and patient safety. A total of 30 health care professionals were in attendance.

This resource shares the novel perspectives of the Solution Lab participants who brainstormed solutions to health care scenarios. It offers guidance on developing a personalized problem-solving style, moving beyond generic techniques and empowering individuals to address real-world challenges in different ways.



Advancing Health in America

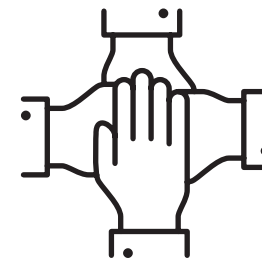


## Why a Solution Lab?

A high-energy, fast-paced, in-person event, the Solution Lab convened health care leaders, academics and patient safety and quality creators experts to contemplate scenarios and explore solutions while challenging traditional thinking. Participants worked together discussing current challenges associated with patient safety, evaluating ongoing methodologies and contributing ideas as the entire group collaborated to present real-time solutions.



## Solution Lab objectives:



### Collaboration Across Sectors

Provide a deeper understanding of how to collaborate across sectors in order to improve the patient experience.



### Spark Creativity and Innovation

Support co-designing creative and cutting-edge solutions to tackle patient safety and quality by using methodologies that spark innovation and drive change.



### Peer-to-Peer Sharing

Engage individuals in a network in which they can frequently connect via the LLN to continue working toward improving patient safety and quality of care.



# Key Speakers



## Marie Cleary-Fishman

Vice President, Clinical Quality,  
American Hospital Association



## Thomas H. Gallagher, M.D.

Professor and Associate Chair, Department of Medicine  
Professor, Department of Bioethics and Humanities  
University of Washington, UW Medicine Center for  
Scholarship in Patient Care Quality and Safety Division  
of General Internal Medicine



## Jill Hoggard Green, Ph.D.

President and Chief Executive Officer,  
The Queens Health System (Hawaii)



## Elizabeth Mort, M.D.

Former Senior Vice President Quality & Safety,  
Chief Quality Officer  
Primary Care Physician,  
Division of General Internal Medicine,  
Massachusetts General Hospital



## Ajun Srinivasan, M.D.

Deputy Director, Health Care-Associated  
Infection Prevention Programs, Division of  
Healthcare Quality Promotion, National Center  
for Emerging and Zoonotic Infectious Diseases  
Centers for Disease Control and Prevention



## Robert Otto Valdez, Ph.D.

Director, Agency for Healthcare Research and Quality



# BREAKOUT SESSIONS



## Structure

The breakout sessions were the primary focus of the Solution Lab, challenging participants to collaborate, co-design and “solve” three patient safety and quality scenarios, working in small, topic-focused groups. Topics included:

Infection prevention and control

Team-based care

Accelerating performance

Community partnerships

Policy

Workforce

Subject matter experts facilitated these discussions using the value proposition canvas to “solve” the scenario. Participants engaged in different topic discussions throughout the entirety of the session.

## Process

### Customer Profile

For the purposes of the breakout sessions, the customer was a hospital executive or senior leader.

- Gains – the benefits that the customer expects and needs, what would delight customers, and the things which may increase likelihood of adopting a value proposition.
- Pains – the negative experiences, emotions and risks that the customer experiences in the process of getting the job done.
- Customer jobs – the functional, social and emotional tasks customers are trying to perform, problems they are trying to solve and needs they wish to satisfy.

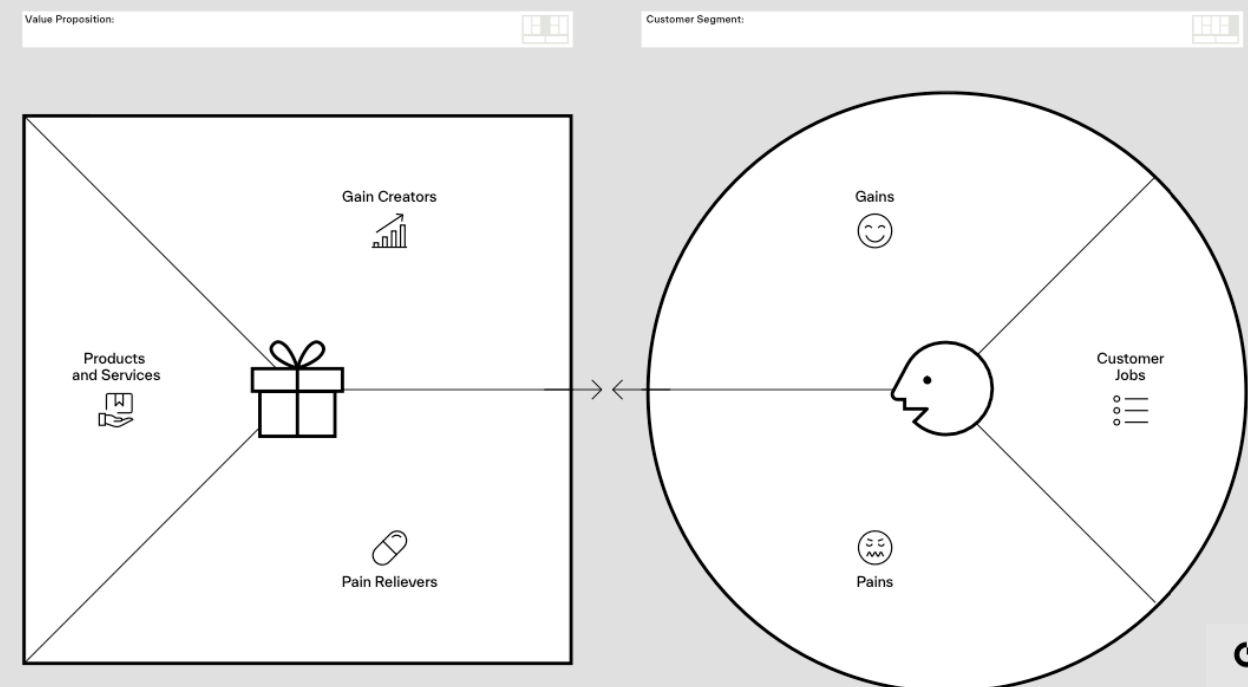
### Value Map

For the purposes of the breakout sessions, the value map focused on processes, practices and strategies as the “gains, pains or products and services.”

- Gain creators – how the product or service creates customer gains and how it offers added value to the customer.
- Pain relievers – a description of exactly how the product or service alleviates customer pains.
- Products and services – the products and services that create gain and relieve pain, and that underpin the creation of value for the customer.

Throughout the breakout sessions, facilitators and participants interacted with the value proposition canvas freely to facilitate and deepen each discussion. Areas of the canvas were filled in with sticky notes.

### The Value Proposition Canvas



Strategyzer  
strategyzer.com

Source: Strategyzer AG. “Value Proposition.” Strategyzer. Accessed December 14, 2023. <https://www.strategyzer.com/library/the-value-proposition-canvas>

## Outcomes: SCENARIO #1 INSIGHTS

Most hospitals saw increases in health care-associated infections during the pandemic. Some of these increases were due to changes and complexities in COVID-19 care, and some were due to breakdowns in safety systems.

How can we help hospitals assess their systems for preventing HAIs to better understand where that system is vulnerable and what can be done to address those vulnerabilities?

## POLICY

### Gains:

- Systemwide reporting for near misses that is provided to committees to inform action.
- Tiered, daily reporting — such as a huddle — on what issues need to be addressed immediately.

### Pains:

- Required areas of reporting are ones that tend to be prioritized.
- Some national measures are focused on the wrong target population.
- National priorities may not be nimble enough.
- Engagement — or lack of — from hospitals and health systems with state patient safety organizations.

### Solutions:

- Use a root cause analysis framework for HAIs — specifically central line-associated bloodstream infections (CLABSI).
- Standardize national measures to provide a framework.
- Reduce regulatory requirements as appropriate; more requirements are added, but few are retired.
- Report regulatory requirements from The Joint Commission that support addressing priority issues.
- Increase automation for data collection and reporting.
- Align electronic health record requirements with organizational patient safety and quality priorities.
- Standardize patient safety measures in alignment with EHR companies.
- Align regulations across public and private sectors.

## WORKFORCE

### Gains:

- Key performance indicators for workforce
- New staff are very invested in helping patients.
- Identification of best practice units

### Pains:

- System and process breakdowns
- Desensitization of busy health care workers to alarms or sensors due to numerous safety alerts

### Solutions:

- Tailor communications for the intended audience.
- Provide feedback loops and 360 feedback.
- Use technology that can help and doesn't add burden.
- Enhance process improvement through reporting.
- Provide just-in time training.
- Offer professional development opportunities.



## TEAM-BASED CARE

### Gains:

- This breakout group spent their time on pains and solutions and did not have time to address gains.

### Pains:

- Staff shortages
- Changes in policy — when staff can enter a patient's room and which staff are allowed
- HAI score penalties (connected to financial loss)
- Lack of personal protective equipment
- Balancing prioritization of long-standing quality with emerging COVID-19 efforts
- Competing demands on the same workforce to manage HAI prevention
- Staff turnover
- Keeping staff trained and educated on HAI prevention
- Lack of knowledge regarding cause of HAIs from a system perspective

- Budget cuts and increased cost of providing care resulting in loss of orientation and ancillary services
- More focus on the critical nature of patients and less attention to basic care (e.g., oral care, skin care, use of central line and Foley catheters)
- Lack of focus on quality; shift to margins and throughput
- Lack of knowledge and education on safety of lines and Foley protocols

### Solutions:

- Develop interdisciplinary teams to work together.
- Post quality-related outcomes on units.
- Prioritize patient safety at the C-suite level.
- Use TeamSTEPPS — and other evidence-based, patient safety tools — and huddles for all staff.
- Offer incentive pay for improved outcomes.

## INFECTION PREVENTION AND CONTROL

### Gains:

- More awareness of infection prevention best practices, such as personal protective equipment

### Pains:

- Electronic health records
- Lack of supply chain feedback loop at point of care
- Lack of psychological safety and just culture
- Payment penalties
- Staff shortages
- Complexity of invasive devices
- Shortened education because need staff trained quickly
- Training new and temporary staff
- Documentation and education

### Solutions:

- Empower patients.
- Collaborate with patients to co-design problem lists.
- Initiate needed change; EHR built on billing may result in information loss.
- Submit change requests to Epic, Cerner, etc., and secure leadership support.

## ACCELERATING PERFORMANCE

### Gains:

- Communicating the goal.
- Setting a culture of quality and performance improvement.
- Engaging key stakeholders.

### Pains:

- “We’ve always done it that way” mindset
- Situational awareness and experience
- Patient-to-staff ratio
- Stress and burnout of health care professionals
- Workforce safety
- Union contracts
- Maintaining a culture of quality and performance improvement

### Solutions:

- Automate systems.
- Hardwire infection prevention and control guidelines.
- Provide onboarding and regular trainings on quality and performance improvement.
- Share best practices through peer-to-peer networking.
- Reduce documentation through technology.





## COMMUNITY PARTNERSHIPS

### Gains:

- Data analytics focused on communities
- Hospital at home
- Telehealth
- Modeling-based regional areas and demos

### Pains:

- Managing a variety of community needs along with other priorities, including but not limited to:
  - » HIV
  - » Drug addictions
  - » Mental health issues
  - » Obesity and poor food health
  - » Food disparity
  - » Breakdown of testing
  - » Nursing home issues

### Solutions:

- Embrace an “Ohana” mindset; “Ohana” is a Hawaiian term for family or community.
- Partner with community-based organizations to identify and address priority community health needs.
- Address workforce in the community including:
  - » Creating long-term workforce pipelines through community colleges and entry-level positions across the field;
  - » Offering more training and development programs; and/or
  - » Highlighting leadership programs, such as Girl Scouts and Boy Scouts.
- Provide increased access to vaccines through pharmacies.
- Partner with food suppliers to support healthy food options and prevent food disparities.



## Outcomes: SCENARIO #2 INSIGHTS

You are the CMO of a large, integrated health system. A 55-year-old Black woman has reached out to your office about a delayed cancer diagnosis.

She has been seeing a physician assistant as her primary care physician at one of your community clinics for years. At her visit with the physician assistant nine months ago, she mentioned a breast lump. She was starting her menstrual cycle, so the PA recommended she be reexamined at a return appointment.

The PA then went on leave, and the patient did not make another appointment for the breast lump. The physician who assumed the patient's care saw her over the next six months for high blood pressure but did not notice the breast lump as “active” in the problem list.

The practice adopted a new EHR, and providers find the problem list cumbersome. After her blood pressure was under control, the patient told the covering M.D. that her breast lump had grown. The doctor expressed surprise to learn about the lump and ordered a mammogram. The patient was diagnosed with breast cancer and then contacted your office to voice concerns about her care.



## POLICY

### Gains:

- Overall incentives for improving quality of care (payment, EHRs, insurance)

### Pains:

- Volume-oriented reimbursement system
- Gaps in health insurance coverage
- Private payer focus on 1:1 match between problem and visit
- Private payer fragmentation and lack of aligned requirements
- Lack of consolidated patient family health history within EHRs
- Variation in insurance rules

### Solutions:

- Develop metrics that focus on care coordination.
- Use telehealth visits to lower barriers to care access.
- Ensure clearer transitions in care; provide supportive infrastructure.
- Increase flexibility in changing coverage when an individual's primary care physician is dropped from their network.

## WORKFORCE

### Gains:

- Disclosure prevention
- Technology to flag "active problems"
- Just culture
- Increased reporting of medical errors

### Pains:

- Lack of adequate training on EHRs

### Solutions:

- Embrace volume review.
- Seek out opportunity for diversity, equity and inclusion review.

## TEAM-BASED CARE

### Gains:

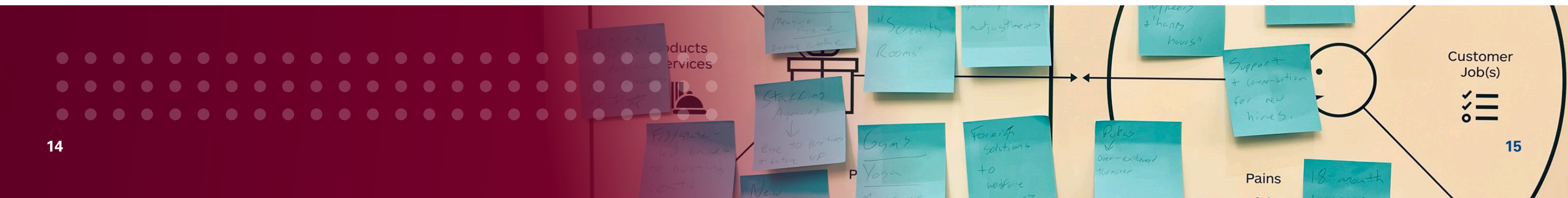
- Commitment to organizational transparency
- Patients empowered for self-referral to mammography
- Physicians can place follow-up orders
- Electronic health records: infrastructure for seamless care handoff

### Pains:

- Poor communication; no handoff for care
- Lack of coordination between physician assistant and appointment staff
- Lack of information transfers and/or information not in the system
- Poor handoffs and communication between providers; unclear ownership of problems
- EHR problem list is cumbersome
- Changes in EHRs require staff to relearn and deal with missing information
- Fear of being sued
- Lack of trust leads to poor communication from patients
- Lack of communication from patient about breast lump when blood pressure was checked

### Solutions:

- Co-design patient problem list.
- Outsource mammogram screening appointments for eligible patients.
- Schedule appointments bedside for follow-up.
- Track upcoming appointments before patient leaves the facility.
- Automatically enter diagnostic test orders with listed presenting problems.
- Automate communication (email, text, call) with scheduled reminders.
- Implement artificial intelligence-based follow-up, addressing all concerns (via text message, etc.).
- Adopt a team approach to address issues requiring follow-up (involving nurses, social workers, etc.).
- Empower patients to advocate for themselves effectively.
- Maintain a problem list with active warnings.
- Use health maintenance recall lists.
- Have physician assistants actively follow up with patients.





## INFECTION PREVENTION AND CONTROL

### Gains:

- Educational evidence-based practice — catch early.
- Increased recognition of the importance of team-based care.

### Pains:

- Lack of time with patient
- Lack of communication across health care teams
- EHR issues; copy/paste creates unusable and unhelpful notes

### Solutions:

- Empower patients.
- Collaborate with patients to co-design problem lists.
- Initiate needed change; EHR built on billing may result in information loss.
- Submit change requests to Epic, Cerner, etc., and secure leadership support.

## ACCELERATING PERFORMANCE

### Gains:

- Root cause analysis; investigation
- Standard of practice reviewed

### Pains:

- CEO may not be informed
- Role clarification: “Who stops the line?”
- Patient understanding of follow-up
- Systematic tracking of issues for follow-up

### Solutions:

- Dedicate resources to solve the issue.
- Think of the patient and ask: Is there any question we need to talk about? Is there anything else you need?
- Use a whole-team approach
- Be proactive in outreach to patient for follow-up.

## COMMUNITY PARTNERSHIPS

### Gains:

- Redundancies
- Patient education
- Patient-first mentality
- Work and cost analysis

### Pains:

- EHR systems (transitioning)
- Health inequities
- Communication between physician assistant and physician
- Handoffs
- Cascading issues

### Solutions:

- Initiate proactive screenings; teach self-advocacy.
- Conduct a 360 review; identify and address problems.
- Establish an ongoing postmortem process; conduct regular evaluations.
- Foster accountability; implement processes for follow-up.

- Engage and facilitate communication within community groups.
- Navigate from clinic to system; implement escalation procedures.
- Implement third-party patient advocacy; establish payer-based advocacy.
- Incorporate QR code for physician assistant; gather information from community partnerships.
- Develop an early detection registry.
- Engage community-based organizations to ensure the highlighting of at-risk behavior.
- Collaborate with the American Cancer Society to promote self-efficacy.
- Implement methods to track handoffs; use the emergency department as a model for leveraging technology in handoffs.
- Provide IT support.
- Integrate reminders into the system for follow-ups.
- Establish a patient-driven process.





## Outcomes: SCENARIO #3 INSIGHTS

The board of your hospital has been briefed on the current state of preventable patient harm and has made advancing the hospital's progress toward zero harm their highest priority.

They are asking senior leaders in the organization for their top three initiatives to sponsor for the upcoming year. They're looking for high-leverage initiatives with some return on investment, ideally. These could include new programs, trainings, digital applications and other ideas.

For background, your organization has a well-functioning EHR, performs well on CMS stars (5 stars) and Leapfrog (A), and yet safety culture scores dipped a bit during the pandemic. Your organization has workforce burnout and staffing concerns like so many others. What would you recommend and why?

### POLICY

#### Gains:

- Administrative leave for staff experiencing workplace violence

#### Pains:

- Private report cards on quality
- Reporting burden from excess number of measures
- Struggle to recruit in rural and historically marginalized areas
- External measures, regulations and internal needs don't match.
- Interstate licensure barriers
- Reimbursement system
- Medical staff and management divisions

#### Solutions:

- Increase access to well-being and behavioral health resources.
- Standardize quality metrics.
- Focus on accreditation, not regulation.
- Launch moonshot on health care workforce.
- Spread training on high-reliability organizations.

### WORKFORCE

#### Gains:

- Deregulation in health care

#### Pains:

- Gaps in data

#### Solutions:

- Empower registered nurse research teams to have time and capacity to focus on research and share their results.
- Make sure board presentations include patient stories.
- Encourage board members to shadow clinicians.



## TEAM-BASED CARE

### Gains:

- Better sharing of resources, data and strengths.
- Delegating strategic ownership instead of bearing the entire process.
- Developing standardized processes and workflows with interdisciplinary input and roles involved.
- EHR functioning well so can leverage for teamwork
- Partnerships with medical directors
- Tier-based safety huddles
- Trust — speak up and report near misses.
- Education and regular training
- Accountability
- Vulnerability
- Partnerships
- Potential to reduce delays in care and improve transition of care, such as earlier discharges, improved throughput.
- Pressure on productivity, so no time for other focus
- Lack of accountability, transparency; vulnerability, fear of consequences
- Cost of digital initiatives, application training

### Solutions:

- Conduct tiered safety huddles lasting 10 minutes involving bedside nurses, managers, directors, VPs, etc.
- Report near misses to ensure team accountability.
- Host regular multidisciplinary team lunches provided by the hospital.
- Implement interdisciplinary huddles for patients with complex care needs, reflecting a top-down commitment.
- Facilitate interdisciplinary leadership visits to units for real-time questions and feedback from staff.

### Pains:

- Timely and effective communication remains a constant challenge.
- Turnover of staff and providers, so teamwork not developed (no trust)



## INFECTION PREVENTION AND CONTROL

### Gains:

- None listed.

### Pains:

- High burnout of infection preventionists
- Readmissions are revenue; can be a disincentive to reduce readmissions

### Solutions:

- Teach patients that they are rating the system — not the person — to get truer impact measures.
- Aim to decrease staff burden; consider electronic solutions to make the process easier.
- Leverage students and volunteers; draw insights from COVID-19 creativity.
- Decentralize ownership.
- Create a task force to streamline a previous process with existing work, to decrease burden on staff.

- Respond to chief medical officer and document suggestions and implemented changes.
- Enhance infection prevention by ensuring staff understand their roles and the roles of others.
- Model actions and cultivate the desired culture for the board and leadership.
- Increase workforce engagement, as it is inversely proportional to safety and infections.
- Personalize the narratives to create a more impactful connection.
- Distribute pieces of work (burden) away from front-line staff to others for completion.
- Combat burnout by fostering the view that that infection prevention and control is everyone's responsibility, not just the infection preventionist's role alone.

## ACCELERATING PERFORMANCE

### Gains:

- None listed.

### Pains:

- Staff departures
- High costs
- Lower margins

### Solutions:

- Set expectations through mandatory assessments and trainings.
- Purposeful leadership rounding on patients.
- Assess staffing issues.
- Empower the voice of front-line staff.
- Assess and address workforce burnout and competency.



## COMMUNITY PARTNERSHIPS

### Gains:

- Technology and digital solutions
- Temp-to-permanent conversions
- Peer-to-peer sharing
- Support and compensation for new hires

### Pains:

- 18-month turnover mark
- Recruiting staff
- Burnout
- State reciprocity for license

### Solutions:

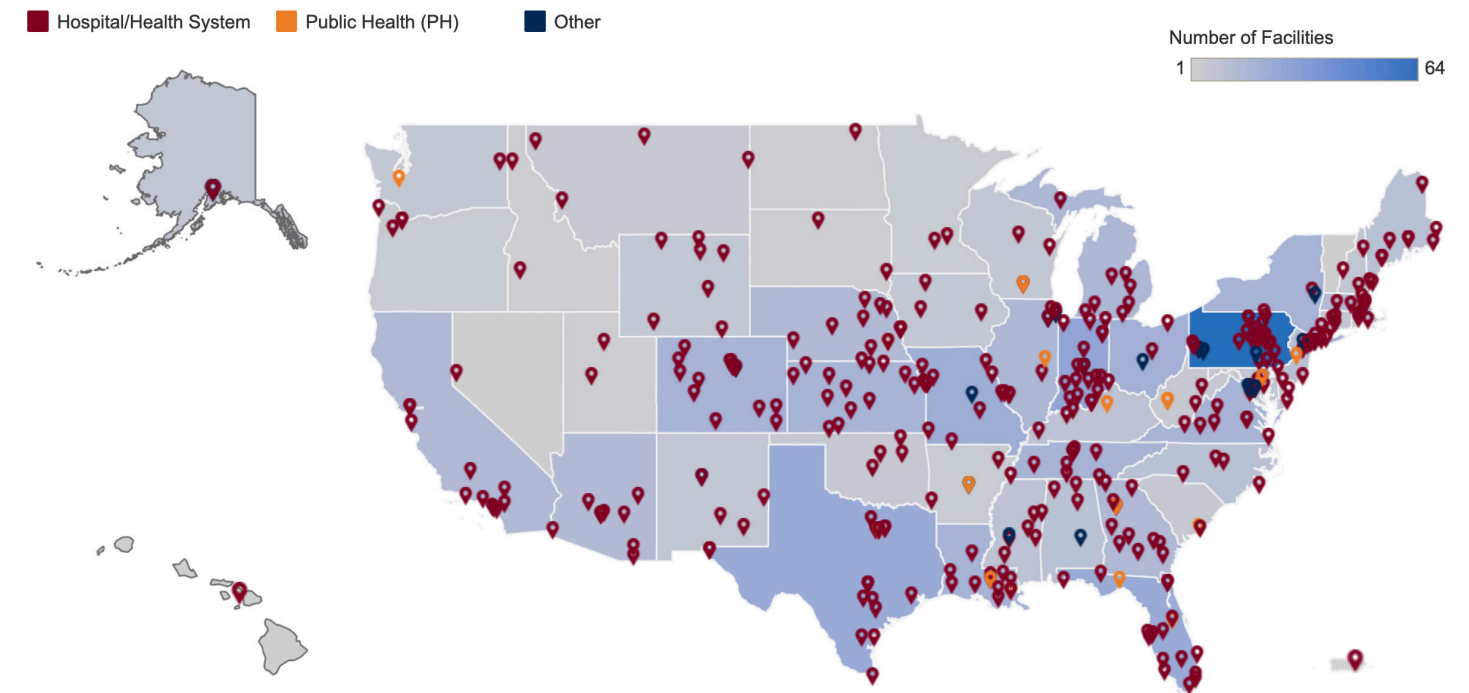
- Ensure staff have adequate time for breaks.
- Shorten licensure requirements and work with accrediting body.

- Implement new initiatives to promote interprofessional collaboration.
- Establish pipelines with social worker and therapy agencies.
- Offer gym and yoga discounts for health care professionals.
- Explore finding health care workers through community partnerships and programs.
- Approach staffing agencies with an eye on positives and the future workforce.
- Provide home health options and support for caregivers.
- Reinvest in the workforce.
- Introduce serenity rooms in the hospital.
- Implement nonpunitive adjustments.

## About the LLN

The American Hospital Association's Living Learning Network provides a platform for health care and public health organizations to collaborate, learn and share best practices. The LLN promotes knowledge exchange, fostering innovation and driving improvement across a wide range of areas, such as patient safety, quality improvement and operational efficiency. By leveraging collective expertise and experiences, the LLN empowers organizations to achieve higher standards, optimize outcomes and deliver exceptional health care services.

Additionally, the LLN's partnership with the Centers for Disease Control and Prevention further enhances its effectiveness in addressing public health challenges and implementing evidence-based practices, ultimately benefiting patients, their families and communities.



Source: Based on 2022 LLN Community Members.

**LLN** Living  
Learning  
Network



American Hospital  
Association™

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*Advancing Health in America*