NewSTEPs 360: December All-Awardee Meeting
Newborn Screening (NBS) Tools for Hospitals
December 15, 2016

Marci: ... given the holiday business, the craziness that happens with laboratories being closed, with couriers possibly being closed, with various different aspects of the system just being a little off in the month of December. We are going to start with Oklahoma, if that's okay if we start with you guys? Lisa, I lost the picture of you on the screen. Might be on my next screen.

           I think that Lisa was going to be presenting for Oklahoma.

Yvonne: Marci, I can jump in. They have a tool ...

Marci: Thank you.

Yvonne: ... that they've made, that they're testing out with hospitals and came out with some of the data that they did. Lisa, can you share your screen or do you want me to?

Lisa: I'm going to try. Let's see if this works. See the screen with the slides on it.

Yvonne: Marci, do you see the slide? Mine sometimes takes a while. Marci, do you see the slides?

Lisa: I think it's sharing the wrong screen.

Marci: Lisa, you're set. I can see your slides.

Lisa: You can see? Awesome.

Marci: It's a little bit hard to hear though, Lisa.

Lisa: Is this better?

Marci: Keep talking.

Lisa: There's a lot of background. Can you hear me?

Marci: Yeah, that's good.

Lisa: For us, for the Oklahoma team, we decided that we would develop what we could make as most of an inclusive Resource Guide for hospitals to further take and do their own education. Thank you, Lisa, for allowing me to share this

because we put a lot of hard work into it and we're hoping that we're going to have a lot of good output out of it from hospitals using it and getting done better quality samples and also, for timeliness in general, in Oklahoma. I'll go ahead and get started. Let me see. There we go.

First, I wanted to talk about the team from Oklahoma. We have members. We have a member from the Hospital Association, which has been real vital, especially with communicating with CEOs of the hospitals about the project. We also have two members from the OU Children's Medical Center and one is a member that is more in a quality assurance area and then one is actually, one of the leader at the hospital of the Mother/Baby Unit. Then we have the manager for the Mother/Baby Unit for Baptist Medical Center. We have our laboratory and then we have follow-up representatives, as well. Me, as the manager, and then Rachael [inaudible 00:02:47] is our Education Coordinator for Newborn Screening. We have a good little team built together.

The first thing we did whenever we got together to meet. We talked about possible resources that we thought hospitals might find beneficial to use. We just threw everything out there that we could think of. We decided then, that what we wanted to do is we wanted to survey the hospitals and see what they felt would be useful for them. We didn't want to just survey one person at a hospital. We wanted to survey the NICU, the Mother-Baby Units, the laboratories, each area at each hospital so that we could be as inclusive as we could in developing the Resource Guide.

We just sent out a survey at the beginning with the main focus is trying to target, which resources they would find more beneficial for them. As you can see, then those least beneficial one they felt was online and education. That is actually our Year-Two activity because we knew we wouldn't be able to get through all of that in the first year. Next, you can see with everything we had listed out from the collections video is something that's easy that they can just watch to feel a side they thought would be beneficial. Monthly reports. At the time, we were doing quarterly-transit time reports, I believe. When we first started there, there was no unsatisfactory reports and there were no Individualized Hospital Reports, either.

Those were all found to be beneficial from their perception if they could receive those. A Skills Checklist, a policy, a self-evaluation tool, and then the webinar. Pretty much, someone at each facility wanted something that we had to offer. We ended up getting at the time, 54 birthing hospitals. Again, we surveyed the managers at the other baby units. The NICUs which is about six or seven and then the laboratories. We ended up with 75 respondents for the survey. It was a pretty decent turnout. 33 of those where Mother-Baby Unit managers. Six of them were NICUs and then there were 30 from laboratories. Then a few that fell in on "Other" category because they fell into many, multiple departments.

The tools that we decided to involve it basically, in our Resource Guide, it's divided into two sections. There's an administrative resources that cover the model policy, a Hospital Self-Evaluation Form, a collection log, and then there's a "Train the Trainer" resource, which involves an educational PowerPoint that's very inclusive about every aspect you can think of. Questions and an answer sheet that goes along with that. A Skills checklist, specimen examples, and then the CLSI resources. Now, I'll review those in a little bit more detail.

For the model policy, basically, what we did is one of the hospitals that was on our team had a hospital that we just took and adapted it to be a little more generic so that then a facility could take that and review that policy with their current policy, or else they could actually take that and adapt it or amend it to make it meet their needs and just adopt that in case they maybe did not have a policy on-hand. The policy actually reviews the newborn screening blood spot section. It reviews the newborn hearing and the smallpox symmetry because I felt if we were giving them a policy, would be nice just to give them all three at once and see if we could get some improvements in multiple areas besides just collection of the specimen.

We also have the Hospital Self-Evaluation Form. The idea of the Hospital Self-Evaluation Form is that the facility will actually take this form and go through their own processes to see if there are any barriers that they can identify. The idea would be is they would take this form and do it once, annually. It's good because you forget about certain aspects of the process unless you actually walk through the whole process. Beginning first with looking at your policy, reviewing your policy, see if there's any changes that need to be made to your policy, and then look at your unit processes, as well. You have this system in place to make sure everybody be screened in. This system is still in place from the previous year. Who orders the filter papers? It drills down to various components. Where do you put the filter papers to dry? Had that changed in the previous year? Are they in an area that's going to be free from not, hopefully, getting contaminated by water, over spray from cleaners or whatever it may be?

Also, the collection log. In Oklahoma, part of our rules and regulations actually requires for hospitals to keep a collection log. We felt that was important to include that with the components that are required, or else that we recommend for them to keep track of. Also, a Transit Time Section of that Self-Evaluation Form. Do they know when and where their couriers coming to pick up their stuff and making sure that everyone's aware of that process? Then training? How often are they doing training? Their staff, is it annually, quarterly? Maybe rethink about that and maybe it's time they need a training again, and that will help trigger them to do that training.

The other last component of the administrative section would be the collection log, itself. It's just a collection log that they can take and adapt. They get theirs

if they don't have one. It just reviews the stuff that we actually require for them to keep track of in the hospital. This is extremely beneficial, especially when we're calling to get a little bit more information. Maybe, whether or not they were on TP and because the results looked like they were on TP, then the form wasn't logged. We can call and verify so it's real quick for them to be able to go back to this log and look and give us an answer, and it helps digging through this record of that time, to look for it as long as, and as well also documenting the Hearing Screen results and the Smallpox Symmetry Screening on the same log.

Then we get into the "Train the Trainer" resources that we developed. We have a PowerPoint that is pretty inclusive. It covers the blood spot, the Smallpox Symmetry and the Hearing. It's also divided into sections. If a facility wanted just to focus on filling out the filter paper for maybe they've had a lot of missing information the last month, if they want to just target that. They get the PowerPoint in the complete version, but they also get it sectioned out so that they could just pull those slides and focus on that education and target to whatever their needs are. I think it's probably about 150 or 160 slides in all. It would be way too much, really, to sit down at one time and go through.

The Newborn Screening Team developed a smallpox symmetry screen and the blood spot screening. Our Hearing Team actually put together the hearing slides, as well, and did the policy on the Hearing, as well. To compliment the PowerPoint, we have questions that go with each section and an answer-key, as well. Whenever they do the training, they can do a pre or a post-test. If they choose to do so, review those slides and then measure to see if there's improvement, as well as measure whether or not they're sent specimens are being collected in a satisfactory manner, or if they're improving the timeliness of getting them into the Cryolock they're supposed to. Just whatever measurement would be appropriate for what their education was that they get.

We also, one of our hospitals had developed a Skills Check List. Whenever that hospital bought this resource to table to show the group, everybody was like, "Oh, why didn't we think of this?" It's absolutely amazing and it's just a one-sheet checklist so for someone that's struggling no collecting good samples or a new employee, it just gives them time to be paired with them, one, who has a good technique and to go through that entire process of collecting that specimen. From getting everything prepared completely through the process that he signed-off on. Of course, there could be a little bit of areas that may need to be adapted to meet whatever that hospital's specific needs are. They get this in a format that they can manipulate that and fill this checklist to meet their needs, as well.

Then there's a section in the Resource Guide of specimen examples. This is basically what is in the guide, as well as our laboratory also scans the factory specimens and emails them back to facilities for continuing education. The

facility who collects the samples gets the scanned images that they pull back, not other facilities. There's really no documentation of who the child is. They have to go back to their log to be able not get that but at least it lets them know what under saturation or multiple application or serum reads. Then that hospital can then track to see, which staff is getting these specimens rejected back so that they can go and direct that education specifically for that staff member, if needed. I just have a few up here. I'll click through to show you what is in the Resource Guide especially, and I don't know if other sites get this, but the teeny-tiny dots all over the place. It's gotten better but there for a while, it was pretty bad for us. Then clots and serum read, they do things. The specimens don't look like this on their end whenever they're sending them off with a courier. It's only after they've sat a little bit longer that you can start seeing them.

The last component to the education "Train the Trainer" are the CLSI resources. We were able to purchase with sending for New Step, the CLSI, the written document, the companion document and the DVD. Each hospital and each department in that hospital that has anything to do with Newborns actually gets these resources. Mother-Baby Units gets it, the Laboratory gets it. If there's a NICU, the NICU gets it, as well. One thing, and it took me probably about a good month of working on to be able to get us. I was able to get CLSI to provide a letter to allow hospitals to upload these resources to their internal network for educational purposes. They can't upload it externally for anyone else, but they can load it internally for education.

Then I'll just review a few additional tools that we do provide that aren't necessarily part of the resource side but I do think, is very beneficial for the hospital. It helps them to strive for improvement or climb barriers. As part of our site visit, we do a workflow analysis. With that analysis, what we do is whenever we schedule the site visit, we ask for the hospital to make sure and have the manager of the Mother-Baby Unit, the Laboratory, and NICU all together, as well as maybe FQT staff from each of those areas, as well. Then as a group, we all walk through each of the process from getting where they get their filter paper from to submitting it to the courier.

What is really beneficial about this process is most units do not know another units process, at all. They're very lost. They also don't understand how they can impact that other unit's process. Maybe, they're all picked up at the Laboratory and maybe the Mother-Baby Unit or the NICU doesn't realize how them not getting stuff into the laboratory impacts the laboratory's process. It allows an opportunity for members within the same facility to identify potential barriers and come up with solutions together and how they can help each other. This has been received as real positive for the hospitals that we've been to so far, at least.

This, after we go, we send them this algorithm that Rachael does and they say, "Yes, that is our process." Then it allows them to be able to use that for

eduction for future employees that come on or just annually, to ensure that process is still being followed. We know they'll be changes in the process, but at least let them know what it is at the time. The other thing is we revise our Transit Time Report and we broke it into seven day and five day courier service because it's really hard to put them all in one report because it's almost comparing apples to oranges. With seven day courier service, every facility should be able to meet that 48 hour goal that we actually have in Oklahoma, from specimen collection to received in the laboratory. Then comparing five days, they're all going to be to a little bit of a disadvantage for those babies that were born on Friday or late enough on Thursday that when they're collected on Friday, they can't go out with the courier.

Another report that we developed was the Unsatisfactory Specimen Report and we divided our hospitals into low-volume, medium-volume, and high-volume hospitals. The idea is that we would like to have stars all the way across the bars, which means no unsatisfactory assessments, and hopefully we will get there. We've only been to three facilities so far so we're going to fast-and-furious push outcome January. It's just really hard to get buy in and get through the door during the holidays.

Last month, they've received for the first time, an Individualized Hospital Report. With our Individualized Hospital Report, we basically give them a summary table but let them know the number of assessments they submit, how many were unsatisfactory, satisfactory, missing information, or had no missing information, and then provided details as to why assessments were unsatisfactory, or what was missing on the filter paper. Then also, timing of collections. We wanted to give a little bit of effort into improving timing of collections. We're pretty good in Oklahoma, but we wanted to make sure we didn't lose this component in trying to improve other things. We take that hospital and compare them to the State average.

Also, if you notice the left-hand side at the bottom, we will say for their less than 24 hour assessments. For us, we're a one-screen site. It's to be collected at 24 hours or later but for the ones that are less than 24 hours, how many of those were marked as a high-risk on the filter paper? Where they marked as being in the NICU? That just lets them know, if they had 14 that were less than 24 hours they collected on and only two were marked at higher-risk, what about the other 12? Maybe we need to look at that, or is the time didn't get documented appropriately or is the time getting documents appropriately, or the date getting documents appropriately when it's being collected? Is the filter paper getting documented on whether or not they were in the NICU, as well? Just to get further education and feedback on that for hospitals.

Then the monthly webinars that we're doing. That's just a little bit of an overview of what we've done, so far. We do one next week and we'll talk about when to collect a newborn training session, filling out the form and then Ivan

will also be sharing the PDSA Cycle with our group on our webinar, as well. Then hospitals share their experience with the site visit and usually provide feedback on what they found beneficial. Maybe, barriers that they also identified and what they plan to do to make improvements, as well.

The way that we plan on evaluating our Resource Guide, it's hard to truly evaluate other than the perception of the hospital and whether or not their rates improved. With the site visit, we decided that we were going to send a survey after our site visit. We're going to have them rate how they feel that it was beneficial to them. Did it help their hospital identify barriers? Do they plan to make improvements? Did the workflow analysis, did it accurately reflect what they're doing in their hospital? The Resource Manual, did it meet the hospital's needs? Do they intend to utilize the Resource Manuel that we've provided, or at least components of the Resource Manuel? Also, describe barriers that they found and changes that they plan to make, as well. Questions?

Marci: Lisa, thank you so much. You guys have put in a ton of work. That's just an incredible Resource Guide and incredible "Train the Trainer". That's just amazing. The first question I have, and this is get from someone else as well is, can we have these slides we'd post on our site, but also, could we have a copy of your Resource Guide to post on our website for others to be able to borrow?

Lisa: Yes. That actually came up during your two meetings. I said, "Let me get through a few hospitals to make sure I don't make any significant changes and once we feel pretty confident that we're solid, then I'll be happy to share that with you guys."

Marci: That is fabulous. I think that will be a good resource for many, many States. Thank you.

Lisa: Also, I'll make sure. Some of them, we'll need to share in a format that is not just PDF so it's easier to make changes and not having to recreate everything.

Marci: Great. Carol has a question. It's on the chat but I don't know if Carol can just ask it?

Carol: Sure. Can you hear me?

Marci: Yes.

Carol: Lisa, that was fabulous. You guys done incredible work and it's very impressive. I wanted to know what software you used to create your Facility Report? Then I had a comment, too. That I really, really liked that you were able to sort out which were appropriate early collections and, which ones were not.

Lisa: That Individualized Report probably makes Rachael cry putting it together. I say that Rachael is absolutely amazing. Lindsey, who is our epidemiologist in our ADDverse Effects Program but has helped me a lot on all of this data collection. Basically, we pull the information out of the end metrics, and Lindsay has written some amazing SAS code to create it. However, it's not created automatically. Rachael has to sit and pull those graphs and put them in individually, and then we have to double check them before we send it out. It's one of those things. The system wasn't designed to spit out reports like that. We're having to work around to be able to do that, but I felt it was worth the time and the effort because if we want improvement, we have to be able to provide these reports to the hospitals.

Carol: Agreed. I think that's something that we are all struggling with, perhaps. I shouldn't say, "All." Many of us are struggling with is that what the data that we can get out of our database doesn't really match what we really want to do?

Lisa: Correct. Absolutely.

Carol: That's fantastic.

Lisa: Those Individualized Report, between pulling the data and putting them together and double checking them, is about 3 days.

Carol: I'm not surprised.

Marci: How many hospitals do you have?

Lisa: We now have 53, I think.

Marci: I'm just thinking of Texas, thinking.

Carol: A lot of work.

Lisa: Unless someone has oodles of leftover staff in their pocket, I don't but we just knew if we needed improvements, they had to have this feedback. It has to be worth it but it's totally my staff doing it. Kudos to them and to the team for developing the Resource Guide. It would not near as encompassing as what it is or even near as good as what it is, without the involvement of our hospitals on this part. They were critical in this and is also, with the Hospital Association, you have to have that perception in there as well because it helps really beef it up and make it stronger with all the different, various looks of perception's of other entities that may need [inaudible 00:22:32], as well.

Marci: Carol, I have a question for you because I know you guys do reports in Iowa? Also, Individualized Reports, what do you guys use?

Carol: Some of it's our database and some of it is Emily, one of our staff suture and follow-up nurses, adding things in. For our timeliness, we have infographics that we're able to just run very easily in the database but in terms of a traditional report card or to give other quality indicators that are shown here, that's where we're struggling of having that high throughput mechanism to do it.

Yvonne: It's definitely a challenge. It's huge.

Marci: Does anyone on the call have a tool that they use or a program they use to try to do the reports in a more streamline, without as much manpower? Maybe's that the question.

Carol: Arizona's is impressive. I don't know if Carlos is on the call but theirs is impressive.

Marci: Carlos is on the call. Sorry? Carlos, we still can't hear you.

Carlos: ... too much technology.

Marci: There you go. Now we got it.

Carlos: All right. Yeah, we do have a tool. It's like a business intelligence tool that allow us actually, connect directly with the databases and generate reports. It takes some time to set it up but [inaudible 00:24:21] and that's not me.

Marci: I'm going to put you on hold. Someone put you on hold, Carlos. What I was going to say is that I don't want you to give too much because in January, you're presenting.

Carlos: Good.

Marci: We'll learn a lot more than so this is your preview of the next all-state meeting to come.

Carlos: Yeah, stay tuned.

Marci: Yeah, exactly.

Yvonne: He's due for January.

Marci: I guess just so we can give them time, we have another presenter. It's Karen from Kansas, one of our new sites, A Sassy Sister. Karen, you're going to share your screen, I assume. Yay. You're probably on mute still so you'll have to go down to the bottom-left and unmute yourself.

Karen: Okay, we're good. What slide can you see?

Marci: I see the lead slide. You're perfect.

Karen: All right, good. For starters here, we are the Kansas Department of Health and Environmental Labs. We are the best Sassy Sisters of the mid-west. What I have here with me is myself, I'm Karen Masters. I'm the microbiologist over the microbiology area so the unit manager. I also have Dr. Fran Morgan, and she is the laboratory director. I also have Krista [Overmeyer 00:26:03] here with me, and she is our section chief over the environment so much of our customer service, the shipping and receiving department in regards to timeliness for a newborn.

Now that we're all here, what we did is and we all brought ourselves together. We tried to come in from the outside, and try to figure out how we could improve timeliness, and not just within the Newborn Screening Unit. Of course, as you well know, both Krista and myself are not in the New Born Screening Unit but sometimes, it's a good outlook from the outside looking in. We took something very traditional from the "Twas the Night Before Christmas" poem and we remade this to try to address a lot of these timeliness issues. Our overall plan was to decrease the number of blood spot cards that we received greater than 10 days, post-collection. We wanted to focus on decreasing that overall number. Received at the lab could have been due to numerous things such as the use of USPS as opposed to a carrier or even a courier service, could have been due to staff turnover at birthing facilities. Maybe the lack of timeliness, education with midwives and birthing facilities and so-forth.

Essentially, what we were trying to develop is who would be involved with this PDSA Cycle. On a monthly basis, the entire laboratory meets to address various aspects of turn-around time, timeliness, unsatisfactory assessments, etc, in all of our health units, not just newborn screening. This is why it was good to bring us all together to try to figure this out. During the October meeting, the upcoming issues of the holidays and timeliness of specimen being received was addressed. Then we wanted to look at what type of data should we collect? We needed to obtain past historical data to see how much, if any, of the percent of the blood spot cards received greater than 10 days, post-collection, truly was. This was our plan and again, this is in the PDSA-type cycle so if you guys remember this from the meeting, this is our layout here.

Then we moved on to our Due section and we wanted to obtain the data we set for ourselves during the planned staff. The graph here illustrates the number of blood spot cards received great than 10-days, post-collection, in blue and our overall goal is less than 1 in 1,000 blood spot cards in red. The data showed an increasing trend in both December and January 2014 and 2015 for the number of bloodspot cards received greater than 10 days post-collection. Following December and January, the blood spot cards received steadily decreased. We had to ask ourselves, "Why?" We obviously see this trend. We know that we're

coming up on the holidays again, so we needed to address this before this trend happened again.

Then we moved on to our study and this is where we did some data analysis. The data from the previous chart clearly shows increasing trend in the number of blood spot cards received greater than 10 days. What is it due to? Is this due to the holidays, (ie, Christmas and New Years) or is it due to increase related to personnel at birthing facilities taking time off for the holidays? As in, is one dedicated person at a birthing facility the only one that sends blood spot cards off to State Health Lab and then when that person goes on vacation, assessments aren't done? Could it be the fact that the birthing facilities have a significant staffing turnover at the end of the year and into the beginning of the subsequent year that corresponds to blood spots not being sent in a timely manner?

It could have been an increase in the USPS timeliness? Was the blood spot sent in the postal mail, which can take three to seven business days here in Kansas alone, three to one side of the State to the other? Maybe the increase is related to carriers such a USPS or FedEx losing a significant number of packages, which we all know happens around the holidays? It's moving just one package that contains many blood spots? Was the courier to blame? Finally, did the blood spot envelopes fall in-between the bottomless pit between receipt and the console for the carrier? Our study here, was to try to figure out what truly happened.

Then as, of course we well know, moving onto the "Act" stage, it's never just one thing. The data has helped us to determine where to start. Each affiliated submitted a blood spot care greater than the lab, by the lab, less than 10 days, were contacted. In some cases, it was a combination of all of those affects. In some cases, the birthing facilities did use USPS, so the snail mail, to ship cards to the lab, which significantly hindered timely transport and delivery. Our other facilities expressed internal training issues with new and newer staff and the biggest issue, at least this last 2015 data, was due to one facility that continued timely collection but not transport. Essentially, what happened was one experienced staff member always took the same two weeks off work around the holidays, and during which time no blood spots were shipped to the State Health Lab for screening. The blood spots simply, piled up until she returned from vacation to ship them off.

With this knowledge, the lab took new action. In the past, a letter was drafted and sent out to birthing facilities and placed in a monthly newborn screening letter. However, as the data showed, the letter did not reach the eyes of both the frontline collecting and submitting blood spot cards to the State Public Health Lab. This year, we knew we had to take a different approach. Our approach this year was we started to address the timeliness issue in a manner that could involve all individual from birth to collections to transport and to received at

the lab. We remade the traditional "Twas the Night Before Christmas" poem to address accurate blood spot collection, timeliness of collection between 24 and 48 hours of age, submission of accurate and legible demographic information, timeliness and transport using carriers and couriers as opposed to USPS, and the importance of newborn screening to the health and wellbeing of the infant.

Again, the poem itself was great but we knew it wasn't quite enough to reach the eyes of all the individuals involved in the newborn screening and timeliness. Four different drafts were drawn up to include various audiences such as nurses, hospital staff, physician, directors, etc. In the end, two final versions were decided upon. The one, which is the reindeer, was included in the newborn screening newsletter, which was distributed to all birthing hospitals in Kansas on December 1st. The newsletter was also distributed electronically to all birthing facilities, including targeted birthing personalities to the facility. The other version, the Santa, was sent to all the birthing hospital quality assurance and risk managers on November 22nd.

The two designs chosen were geared towards the intended audience. Both of the final, overall design highlighted the overall messages that newborn screening error rates, and specimen transit times increase every year around the holidays. Of course, to help us celebrate the miracle of birth ensuring proper collection and a timely submission assessments all babies born this holiday season. The hope is that the colorful and cheery message reaches the intended audience of everyone involved in the Birthing and Newborn Screening Process. This is one of the final drafts of the reindeer one. For some reason, everyone loved this one so if you can't quite read it here, we're more than happy to share this poem with you. It's kind of tiny on the screen. Essentially, it's a long poem, but the main take-home message is at the bottom.

The second version was the Santa Claus. Again, take-home message here is at the top, which for some people, which is why we sent it to the directors and the QA staff. We wanted the main message to be at the top rather than at the bottom. Then for our new PDSA Cycle, we wanted to follow-up. Only time will tell if we truly met our purposed end-goal to decrease the overall number of blood spot cards received greater than 10 days post-collection. Monthly analysis of the data pre and post-holiday season will help us to evaluate the overall impact of the Christmas poem remake. The blood spot cards received great than 10 days post-collection is already decreasing from five in October to two in November 2016. We'll continue to address individuals submitting facilities the blood spot cards are received greater than 10 days during this holiday season. Anyone have any questions?

Yvonne: Before we go to questions, I have a few things that I just want to highlight. Thank you for presenting, especially on your very first all-state meeting. This is interesting because what they put together is a little different than what we've talked about for buy in. There's not a lot of white space, but I was there when

they were making the decisions on which design to do, and I got to weigh in on the reindeer along with the rest of the team that are also on the call, but the thing that I liked about it is because it's creative, even though it's a lot of words, people will read it I think, to try to see how, I believe. We'll see what they find, but I think they'll read it because it's different and they're going to want to see how they work in all the stuff. I actually think it will get read just because it's a creative twist.

That is one of the reasons why I asked them to present this. Thank you.

Now, I'll put it back to comments and to questions. Actually, Piper, do you want to just get on and say your comment? All right. I'll do it for her. She likes how you talked about using the PDSA Cycle, which I also like, so thank you. Are there questions or other people doing things? Do you run into the same problem? Around the holidays, you're seeing this spike? I loved that it was very clear in the data and that they really narrowed it down. Has anyone had a similar experience or tools that they're using? What do you think of this tool?

Marci: Well, this is Marci. I loved the poem. I loved that you thought outside the box to be creative to try to reach the audiences and that you targeted it towards different audiences. That you really said, "Who's the right audience for this specific poem and how do we tweak it for this other audience?" I love that you did that and I've been trying to read them and can't quite get all of the words. I would love if you could share those with us and we will send and post them to our web page and then send them out via the list serve, as well because this is fabulous. Nice job, Kansas.

Kerry: This is Kerry. Can you hear me?

Marci: Yep.

Kerry: We just got our November HEP Reports and we put them we put them all together and looked at transit time. Collection time looks great but transit time really took a dive. We realized that it was a four day weekend over Thanksgiving so there was a holiday on Thursday and then we don't have Sunday pickup. I haven't really had a change to drill down. I think what's great about this presentation is I hadn't thought about the fact that there are also changes in staffing and availability in staff over the holidays in some of those areas and that if people take time off who are the key people, that also could affect some of what we were looking at and it may not be just courier issue. I found that very helpful.

Yvonne: Thanks, Kerry. I've got to say as the person who looked at the data for the [inaudible 00:37:49], I heard a lot of, "Well, we were setting them off because there's a holiday. We're setting them off because there's a holiday." The States that have worked with me for a while know that my response is, "10 months of

the year, there's a holiday." I really like that this tried to approach that. Again, if other people have other ways they're trying to address or combat the slowness around the holidays, I would love to see it. Again, I thought this was really great.

Marci: Yeah. I look forward to seeing how this works when you have the ability to actually analyze your data and see if this made the difference. I've got the feeling you're going to get a lot of positive feedback from those who read this because it's fun. It's a different twist, and I think we like in the day-to-day activities that we get stuck in, in our jobs, it's fun to have someone who's willing to be creative and make our jobs a little more fun. Nicely done.

Karen: Thanks for letting us present.

Marci: Yvonne, Lisa, do you have something else you'd like to say?

Yvonne: No. Kerry, you might need to stop sharing your screen, although it's really cute so I don't mind looking at the little reindeer.

Bialist: Can you hear me? Can you guys hear me?

Marci: Yeah.

Yvonne: Yeah. Go ahead.

Bialist: Well, besides the talk a minute ago, we had to call in on the phone because we couldn't call in through the computer. Here at APHL, we really like the message in reds, too. I think it was a really, good, strong message about the miracle of birth. That was great. Great message, there.

Marci: Yvonne, are you okay if I move on?

Yvonne: Yes. Thank you. Thanks everyone for presenting. I really appreciate it.

Marci: Yeah, both of those presentations were fabulous. Thank you for being willing to share your successes and your activities in your States with all of us. The last presentation specifically, leads very nicely into our next topic of conversation. Each of your CQI coaches will be talking with you in the coming weeks about completing a plan to Plan-Do-Study-Act tool. Really, what Kansas just presented fits so nicely into this. What we're looking for is we've noticed that a lot of us, and us on our New Steps 360 Team included, it's easy to plan a Plan-Do-Study-Act and you get to the "Plan" and then you do the "Do", and then many times, we end up doing the "Plan" and the "Do" again. Taking the time to really do the "Study" and the "Act" like was just demonstrated on the Kansas team, sometimes doesn't always happen.

We're really going to try to encourage you to really ingrain these into your activities for New Steps 360. Then also thinking about sustainability pass New Steps 360. Doing a Plan-Do-Study-Act cycle and evaluating it. You received this tool at the in-person meeting in Bethesda last month. We're going to ask you to fill it out. We'll send it to you electronically this afternoon, and we're going to talk about it on your coaching calls. What did you do? What did you plan? We're not looking for something big. I was talking to the State this morning, and they came up with a big project. "Okay, here's what this is from beginning to end." Let's try just those little tests on change. How can we test something that could you could have tested in the past month? Something that you may have implemented in December, one of your PDSA Cycles that you implemented, let's write it down and let's talk about it together." What was your plan? How did you do it? What data did you collect? All this planning piece that we're typically pretty good at getting set up in advanced.

You get to the "Do". What did you observe? Did you observe anything that was unexpected? Did you see what you thought you would see? Is there something else that you'd like to comment on, on what you observed during the process? Then you get to the data piece. Analyze your data. Describe the results. What did you expect that you were going to see, and what did you actually see? What did you learn from that cycle? Then you get to that "Act" component. I really appreciate that Kansas really thought about that "Act" and said, "Okay. Now, how do we do this next? What's our next step?" What did you observe in your cycle? Are you ready to implement change on a bigger scale? Are you going to adopt, abandon, or adapt? I don't think that's the right order ... adopt, adapt, or abandon?

How are you going to use what you learned from this to go on to another test of change? Are you ready to adopt them in more hospitals, on a bigger group or do you need to adapt it before you can push it out to someone to a bigger population? We're doing this. This is between you and your coaches. Your coaches will be reaching out to you on this. You're going to have these conversations with your coaches. On the call this month and next month, so we'll start this process, to start thinking about what does this look like? Some of you are in different cycles of your activities that you might be right, very much, in the middle of tasks and not in tests.

If you're in those task phases where you're doing, doing, doing and don't have a lot of chance for those tests of change, you can talk about that with your coach and find out when that right time is to do it. We really want to be able to document these PDSA Cycles. Having said that, I'm going to stop sharing my screen. Does anyone have questions, specifically about that, or Yvonne or Jennifer, or who's team, like you have anything you'd like to add to what I said, please do.

Female: You were brilliant.

Marci: Thank you. That's why I love having you on the calls. I'm just going to read Jennifer's comment about the Kansas presentation. She said, "Putting fun into group it is so important. Looking forward to the results of this PDSA." Thank you, Jennifer, for sharing that. I love that it's really making the process fun. Does anyone else have any other questions? Sara, do you have any other reminders we need to give out to everybody, or Joshua?

Sara: I don't have any reminders. Nope.

Marci: Well, I would like to thank both the two teams who presented today. Kansas and Oklahoma. They were both fabulous presentations and we look forward to sharing your resources on our website as we move forward and [inaudible 00:44:47] served. We'd like you all to have a very happy and healthy holiday season. We will see you all in 2017. Thanks so much.

Female: Thank you.