Advisory Board | Nursing Executive Center and Physician Executive Council

Toolkit for Building Implementation-Ready Care Standards

IMPLEMENTATION RESOURCE

Learn how to:

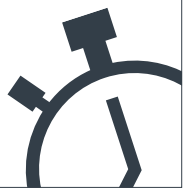
- Clearly summarize the clinical evidence behind new care standards
- Create direct, practical guidance for clinicians about how care standards will change their daily workflow
- Link new care standards to your broader mission to improve quality and reduce costs

TOPIC

Care variation **reduction**

READING TIME

1 hr.



BEST FOR

Teams designing care standards

RECOMMENDED PREP

Have your computer handy to download customizable templates and related resources

CONTINUE READING FOR

- Guidance on creating care standards with implementation in mind
- Customizable templates to ensure staff receive consistent information with each new care standard
- Examples of care standards from leading organizations

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Nursing Executive Center and Physician Executive Council

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Table of Contents

Advisors to Our Work

The Nursing Executive Center and Physician Executive Council is grateful to the individuals and organizations that shared their insights, analysis, and time with us. We would especially like to recognize the following individuals for being particularly generous with their time and expertise.

With Sincere Appreciation

Banner Health
Phoenix, AZ
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William Annable
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Jackie Sherry
Robyn Strosaker
Ken Turner

Source: Advisory Board interviews and analysis.

Executive Summary

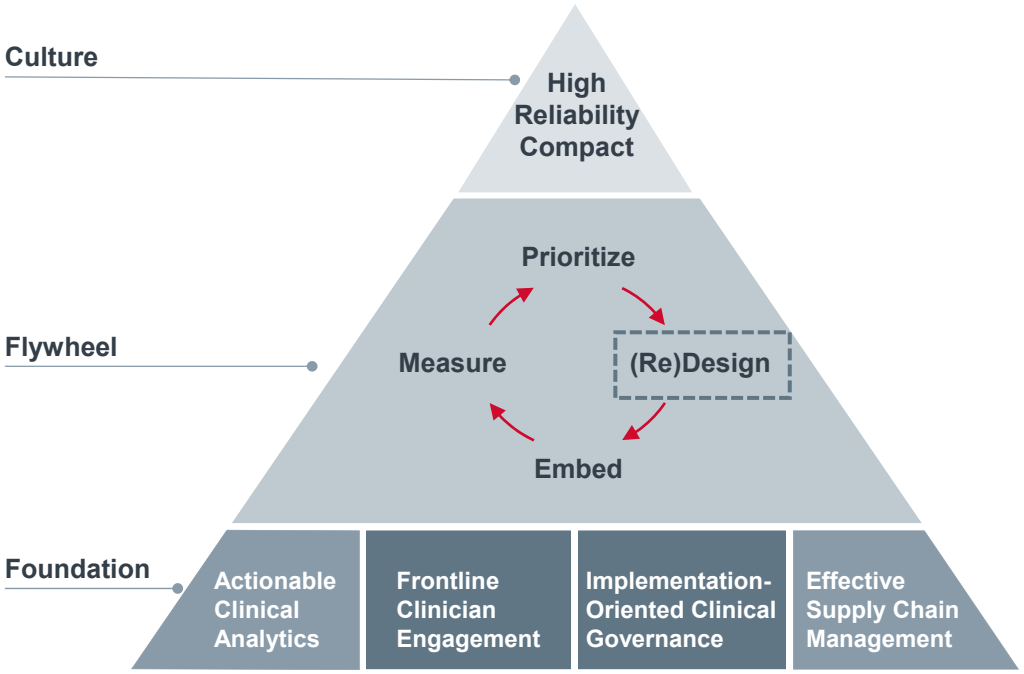
Leaders Struggle to Scale Efforts to Reduce Care Variation

Many pioneers tackling care variation have identified a common challenge: it is difficult to translate care standards into daily practice. For example, one prominent health system approved 106 care pathways, but fully implemented only 14.

This represents the broader challenge many organizations are wrestling with—how to efficiently scale care variation efforts for multiple standards and facilities.

Build Care Standards with Implementation in Mind

Scaling care variation efforts demands an organization-wide strategy. First, leaders need to ensure their organization has adequate performance across the four foundational components of care variation reduction shown below. Once these components are in place, leaders can begin spinning the care variation reduction flywheel.



Five Tools to Standardize Care Standards

This toolkit focuses on a single component of the care variation reduction flywheel highlighted above: designing and/or redesigning care standards. Specifically, this toolkit will equip design teams to create care standards with implementation in mind.

In the following pages, we give design teams a recommended template for new care standards. This template helps both design teams and frontline clinicians by:

- Saving design teams' time. Design teams often work independently, in different clinical areas or facilities across the organization. Templates save them from reinventing the wheel and having to decide what should (and shouldn't) go into a care standard.
- Helping frontline staff absorb the information. Having a consistent format and content ensures frontline clinicians know what to expect from every care standard and where to find the information they need—every time.

In other words, the five tools in this toolkit will help standardize care standards across the organization.

Source: Advisory Board research and analysis.

Tool 1: Summarize the Clinical Evidence

Overview

This tool will help you summarize the clinical evidence behind the new care standard and describe the new clinical pathway clinicians will follow.

Common Pitfall Addressed

Clinicians often receive either insufficient information about the clinical evidence supporting the new care standard or an overwhelming list of supporting literature.

How to Use This Tool

1. Gather relevant materials from the design process. Have the evidence you used to create the new care standard readily available. For example, collect the list of journal articles reviewed, information about governing body guidelines, and any practice-based evidence.

2. Review the example from Banner Health on pages 8-9.

3. Review the essential components of Banner Health's example on page 10.

4. Follow our guidelines on page 11 to help you summarize your clinical evidence. Include the clinical information that clinicians will need to follow the new care standard. Try to anticipate questions clinicians might have about the new standard, and address them in this summary.

Source: Advisory Board research and analysis.

Summarize the Clinical Evidence

Instructions: Review the example below and on the next page from Banner Health. Banner calls this document their "clinical practice summary."

Example Summary of Clinical Evidence from Banner Health

Chorioamnionitis Management in the Well Newborn Clinical Practice

TITLE: Chorioamnionitis Management in the Well Newborn		
Number:	**Date Posted:** February, 2013	
Type: Clinical Practice	**Contact:**	
Approved Date: August, 2012	**Implementation Date:** February, 2013	**Deactivation Date:** as needed
Facilities: All Banner facilities providing obstetrical and newborn care		
Approved by: Care Management Council		

PRACTICE APPROACH:
Expected Clinical Practice

PRACTICE STATEMENT:
All well newborns greater than 34 weeks gestational age born to obstetrical patients with diagnosed or suspected chorioamnionitis will have a neonatal chorioamnionitis management plan initiated within the first hour after birth. All ill-appearing infants, regardless of gestational age will receive a full sepsis evaluation and treatment.

Rationale:
Chorioamnionitis is an obstetrical condition which has implications for the well-being of both mother and her newborn infant. It is standard of care to draw labs and start antibiotics in infants born to mothers with a diagnosis of chorioamnionitis. According to the 2010 CDC guidelines regarding Group B Strep (GBS) Disease, as well as 2012 Clinical Report from the AAP, the diagnosis of maternal chorioamnionitis requires interventions for the newborn, which include drawing of CBC and blood cultures, and initiation of antibiotics.
In an asymptomatic term newborn, there is no evidence that the drawing of a CBC and blood cultures and initiation of antibiotics need to be given within the 1st hour of life. However, based on available evidence and expert consensus, the recommendation is that for the Well Appearing Term Infant with Maternal Chorioamnionitis, blood cultures should be drawn within 1 hour of birth (CBC is more sensitive at 6 hours of life but can be drawn with the blood culture) and the 1st dose of ABX should be given within 3 hours of birth.

CLINICAL APPROACH:
Chorioamnionitis is diagnosed by the attending obstetrician using the evidence-based definition as follows:

- Positive amniotic fluid culture and/or gram stain and/or,
- Maternal fever of 100.4˚F (38 ˚C) or higher, which may be accompanied with clinical features such as:
  - Category 2 or 3 fetal heart rate tracing (as per NICHD Fetal Heart Rate Tracing Guidelines,2008)
  - Premature contractions
  - Uterine tenderness

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Summarize the Clinical Evidence

Example Summary of Clinical Evidence from Banner Health (cont.)

  - Abdominal tenderness OR
  - Hypertonic uterus
- Maternal and/or fetal tachycardia
- Foul smelling amniotic fluid
- Purulent cervical discharge OR
- Abnormal findings on amniocentesis (i.e. 30 or more leukocytes per HPF or glucose level of less than 15 mg/dl).

Once the diagnosis of chorioamnionitis or suspected chorioamnionitis is established the newborn infant will receive an evaluation and antibiotics administration.

The well term newborn evaluation will include: blood culture soon after birth and CBC (the sensitivity of the CBC as a screen for sepsis improves if the sample is obtained or repeated at 6 to 12 hours of life, rather than at birth).

All ill-appearing babies should receive the full sepsis evaluation and initiation of antibiotics soon after birth.

In well appearing term infants the timing of blood draw and initiation of antibiotics will be balanced with the importance of early bonding with mother by using skin to skin approach, as well as early initiation of breastfeeding if desired. Evidence supports that the risk of neonatal sepsis in this group of well appearing asymptomatic term babies is very low, and it is very reasonable to accomplish both goals of early bonding and initiating breastfeeding within the first few hours after birth.

The approach to initiating antibiotics for well appearing infants will be as follows:

A. Blood culture to be drawn soon after birth, ideally within the first hour of life. CBC can be drawn at the same time, or up to 6-12 hours of age.
B. The well appearing infants may be allowed to spend time with the mother and family for the 1st few hours for bonding and breastfeeding.
C. Begin the first dose of antibiotics within three hours of birth.
D. The recommended choice of antibiotics are Ampicillin and Gentamicin. Once the pathogen is identified, antibiotic therapy should be narrowed.
E. The antibiotics should be discontinued at 48 hours if the probability of sepsis is low.

REFERENCES:

A review of NICHD standardized nomenclature for cardiotocography: the importance of speaking a common language when describing electronic fetal monitoring; Roginson, G, MD; Reviews in Obstetrics and Gynecology; 1(2), 2008.

Banner Health Policy and Procedure 13761: WIS: Breastfeeding

Clinical features and diagnoses of sepsis in term and late preterm infants; Edwards, M, MD; www.UpToDate.com, January 2012.

Effect of early skin-to-skin contact after delivery on duration of breastfeeding: A prospective cohort study; Mikiel-Kostyra K, Mazur J, Boltruszko I.; Acta Paediatr 2002;91:1301–1306.

Epidural fever and its implications for mothers and neonates: taking the heat; Shatken S, CNM, Journal of Midwifery and Women's Health; 57(1); February 2012.

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Summarize the Clinical Evidence

Instructions: Review the essential components that make Banner Health's example strong.

Essential Components of Banner Health's Summary of the Clinical Evidence

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Epidural fever and its implications for mothers and neonates: taking the heat; Shatken S, CNM
Journal of Midwifery and Women's Health; 57(1); February 2012.

Summary of Standard Approval History

Begins with a table listing the care standard's authors, key dates, affected facilities and departments, and approvers.

Practice Approach

Includes a quick statement on whether the care standard is required, recommended, or optional.

Practice Statement and Rationale

Provides a description of the new care standard and its rationale, including a summary of supporting evidence.

Clinical Approach

Details the clinical practice, incorporating details such as inclusion and exclusion criteria for patients, required tests or treatments, timelines, and other important steps in clinical care. If needed, includes the care team members completing each step.

Evidence Base

Concludes with a list of the most important clinical evidence used in the development of the standard. Cites articles in a consistent format and includes links where possible.

Source: Banner Health, Phoenix, AZ;
Advisory Board research and analysis.

Summarize the Clinical Evidence

Instructions: Follow our guidance below to help you summarize your clinical evidence.

Download our customizable template at advisory.com/CVRImplementationToolkit.

Guidelines for Summarizing the Clinical Evidence

Approval History

Goal: Provide a clear summary of the standard's design and approval history.

Include a table that provides a quick reference of the standard's history. This snapshot should contain all information needed to track the development and approval process, parties involved, and key contacts.

Practice Approach

Goal: Outline expectations and requirements for impacted clinicians.

Succinctly state the expectations for practice. Note whether the new care standard is required, expected, recommended, or optional in practice. Very few standards should be optional.

Practice Statement and Rationale

Goal: Summarize new practice guidelines, rationale behind new standard, and supporting evidence.

State the practice guidelines, including the context, patients involved, and the rationale. Start with a one-sentence summary of the care standard. Then, add one or two sentences to explain which patients are included. Follow this practice statement with a one- or two-paragraph clinical rationale that includes information on the clinical problem, the current standard of care as supported by evidence, the care variation observed at your organization, and a summary of actions to be taken in clinical practice.

Clinical Approach

Goal: Provide a detailed description of steps clinicians will take under the new care standard.

Share key information and clinical steps for the care team to take. Include a definition of the clinical presentation along with steps for diagnosis, treatment, and care of affected patients. If there is room for ambiguity at the front line, include information on who will complete each step. Finally, if needed, identify which patients are NOT included in the care standard. You will include more details in this section than in the section above.

Evidence Base:

Goal: Include references and evidence that serve as the foundation for the new standard.

Write a list of peer-reviewed evidence and governing body guidelines that informed the development of the standard. Provide links where possible, so clinicians can read the original literature for a more thorough understanding of the standard if desired. Use a consistent citation style throughout your list (e.g., APA, AMA).

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Tool 2: Outline the New Workflow

Overview

This tool will help you succinctly explain how the new care standard will change caregiver workflow. It will provide direct, practical guidance for clinicians about what changes to expect in their daily work.

Common Pitfall Addressed

Clinicians often receive clinical information about the new care standard, but they may not receive information about how to follow the standard in their daily work. As a result, clinicians must independently figure out how to change their workflow after the care standard is implemented, leading to duplication of effort or variation in how they adopt the care standard.

How to Use This Tool

1. Gather relevant materials from the design process. You need the following items on hand to complete this tool:
   a. Process or workflow map
   b. Results from your enabler identification exercise

> **For more information about workflow mapping and enabler identification, see the following publications from advisory.com:**
> - ***Create Care Standards Your Frontline Nurses Will Embrace*** **(Nursing Executive Center)**
> - ***Create Care Standards Your Front Line Will Embrace*** **(Physician Executive Council)**

2. Review the example from Banner Health on pages 14-15.
3. Review the essential components of Banner Health's example on pages 16-17.
4. Follow our guidelines on pages 18-19 to help you outline the new workflow for clinicians.

Source: Advisory Board research and analysis.

Outline the New Workflow

Instructions: Review the example below and on the next page from Banner Health. Banner calls this document their "design summary." Note that there are four sections. The first section consists of the care standard background. The second section consists of clinical specifications. The third section consists of functional specifications. The fourth section consists of a process map.

Example Outline of the New Workflow from Banner Health

Chorioamnionitis Management in the Well Newborn
Design Summary

Care Standard Background

Clinical Practice: Chorioamnionitis Management in the Well Newborn	
CCG: Pediatric CCG	**CCG Co-Leads:** Dr. Kirmani and K Chittenden
Program Manager/Director: M Brooks	
Date: February, 2013	

Clinical Specifications

Clinical Practice Statement:
All well newborns greater than 34 weeks gestational age born to obstetrical patients with diagnosed or suspected chorioamnionitis will have a neonatal chorioamnionitis management plan initiated within the first hour after birth. All ill-appearing infants, regardless of gestational age will receive a full sepsis evaluation and treatment.

Executive Summary:
A diagnosis of maternal chorioamnionitis by the delivering obstetricians has neonatal implications and proper timely management of the baby is vital. The 2010 CDC guidelines regarding GBS Disease, as well as the 2012 Clinical Report from the AAP addressed the neonatal management with maternal chorioamnionitis diagnosis; and recommends drawing CBC and blood cultures and initiation of antibiotics for all such newborns. In addition, the clinical practice developed presents an opportunity to build practice-based evidence and refine the approach.

Functional Specifications

Engineered Design Impacts Overview

People:
- All well appearing newborns
- WIS Staff (both nursing and physicians)
- Pediatricians
- NICU Staff (both nursing and physicians)

Methods and Procedures:
- Newborn Standing Order Set updated and provides process for newborns with chorio
- Specific medications provided in the order set
- Meets the CDC requirements

Technology and Equipment:
- Newborn Standing Order Set
- Cerner forms/flowsheets

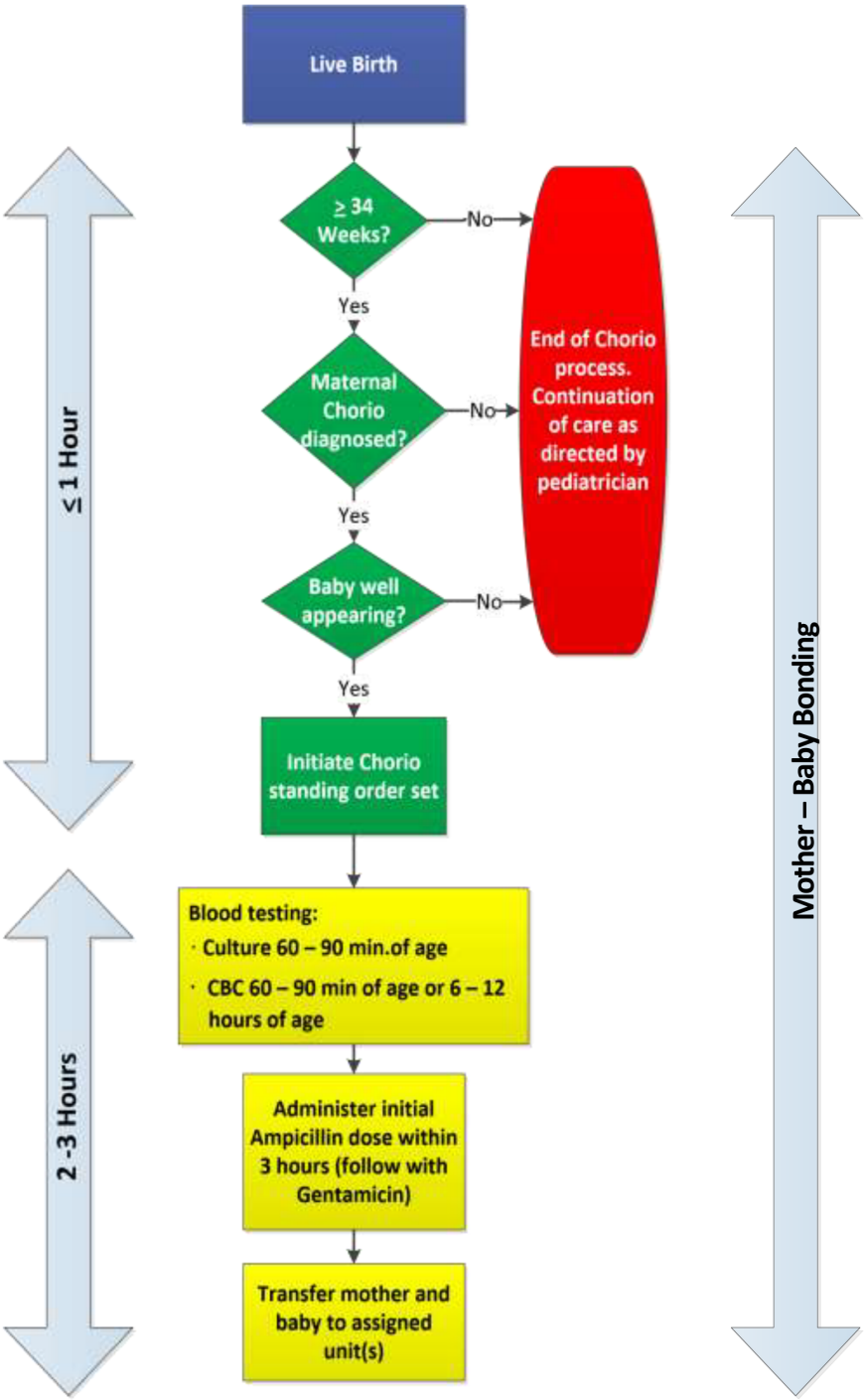
Measuring Success:
- % of infants receiving blood work within first hour after birth
- % of infants that received antibiotics within the first 3 hours after birth
- Number of OB diagnosis of Chorio that did not utilize protocol (compliance) – were not treated using blood work or antibiotics (missed cases)

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Outline the New Workflow

Example Outline of the New Workflow from Banner Health (cont.)

Chorioamnionitis Management in the Well Newborn
Process Flow

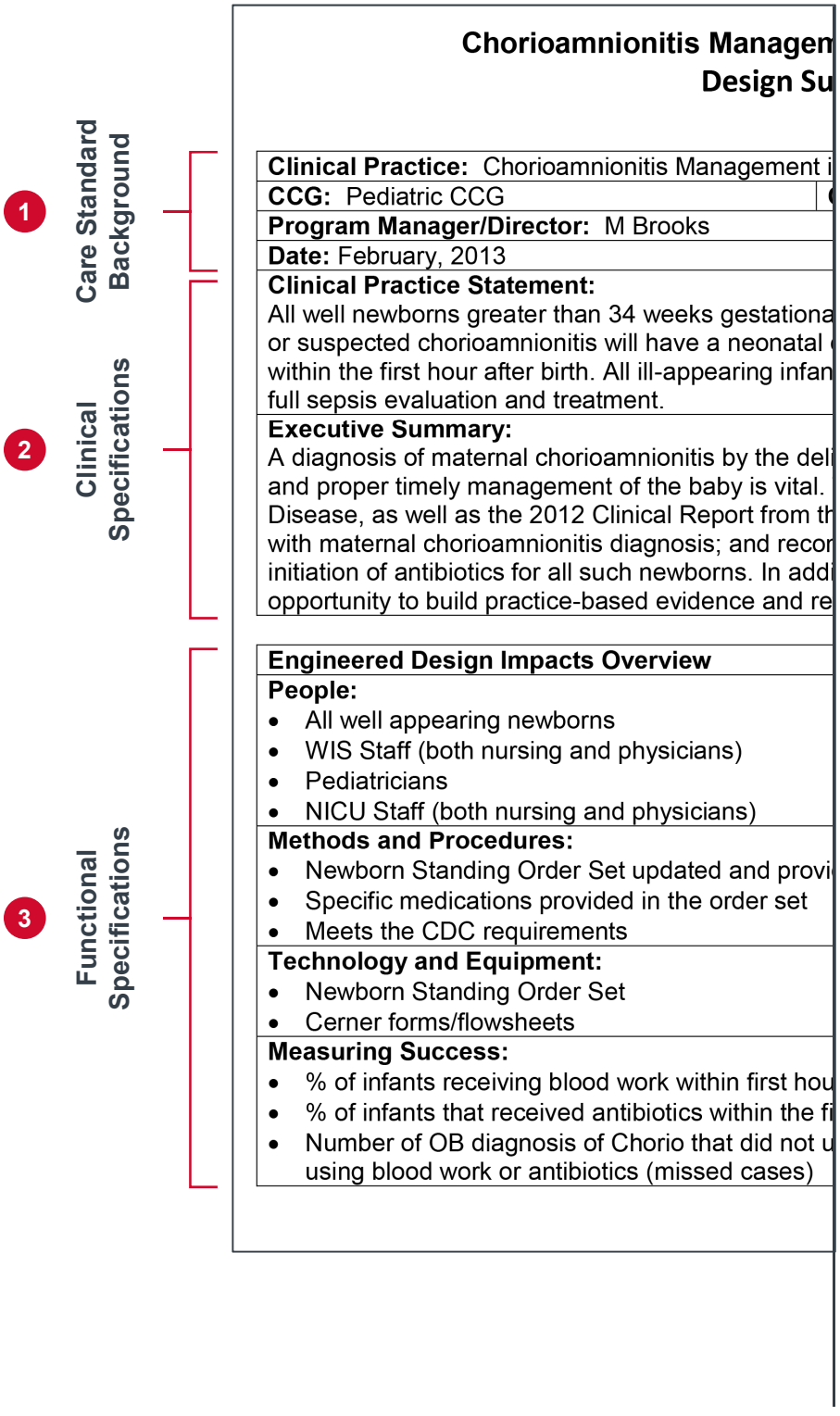


Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Outline the New Workflow

Instructions: Review the essential components that make Banner Health's example strong.

Essential Components of Banner Health's Outline of the New Workflow



1 Care Standard Background
Highlights key dates and leaders who designed the care standard.

2 Clinical Specifications
Provides an overview of the new care standard and why it is clinically important.

- Includes a brief summary of the care to be provided under the new care standard; easy to skim and understandable to all clinicians.
- Includes a brief summary of the clinical evidence and why the new care standard is important to the organization.

3 Functional Specifications
Outlines what clinicians will be doing differently.

- States which patient groups and staff will be impacted by the changes.
- Lists all new procedures for clinicians to apply in the new process.
- Includes a list of technology and equipment needed to follow the new care standard.
- Highlights how success will be measured.

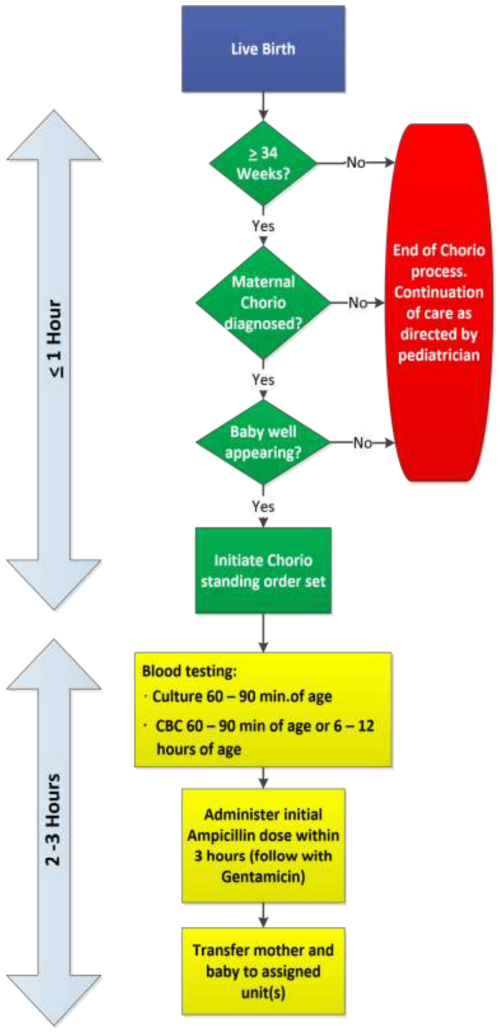
Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Outline the New Workflow

Essential Components of Banner Health's Outline of the New Workflow (cont.)

4

Chorioamnionitis Management in the Well Newbo
Process Flow



4 **Process Flow Map**

Provides a visual representation of the new workflow for clinicians.

Provides Comprehensive Overview

Walks through the steps of the care standard from start to finish without going into too much detail. Impacted stakeholders will receive separate education about the new care standard.

Is Visually Clean and Easy to Skim

Clearly identifies all components of the care delivery process using arrows and color-coded boxes.

Includes High-Level Details

Provides information on the key clinical indicators and care steps, including timelines; stakeholders can see how the detailed process steps fit together into the bigger picture.

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Outline the New Workflow

Instructions : Follow our guidance below to outline the new workflow for clinicians. The goal is to provide impacted staff with the clinical and function specifications they need to know to perform the new standard correctly. Refer to the clinical details from Tool 1 as a starting point.

Download our customizable template at advisory.com/CVRImplementationToolkit.

Guidelines for Outlining the New Workflow

1 Care Standard Background

Goal: Provide background information about the new standard.

Standard Name: Select a name and use it consistently across all materials related to this standard.

Developed By: List the group who designed the standard (clinical consensus group, design team, etc.).

Main Point of Contact: Name the individuals who will serve as the main point of contact for questions and concerns.

Approved By: *(optional)* Indicate who approved the new care standard (specific committee, working group, individuals).

Date: Write the month and year the new standard is being (or was) rolled out.

2 Clinical Specifications

Clinical Practice Statement

Goal: Provide a brief summary of the care standard.

Write a 3-4 sentence overview of the new standard. This section is a high-level overview, so only highlight the most significant changes. Refer to Tool 1 as a starting point.

Executive Summary

Goal: Explain why the new care standard exists.

Write a brief 2-3 sentence overview of the justification for creating the new standard. You may refer to Tool 1 for this information. Specifically, you can pull information from the practice statement and rationale section. The justification could be based on new evidence-based practices, regulatory changes, or a metric that needs improvement.

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Outline the New Workflow

Guidelines for Outlining the New Workflow (cont.)

3 Functional Specifications

Impacted People

Goal: Provide a holistic view of the staff and patients this care standard impacts.

List all staff and patient groups the care standard impacts. Include both clinical and non-clinical staff who will be impacted.

Process Changes

Goal: Outline the process steps that will change for impacted staff.

In a brief list, describe all of the methods and procedures that will change. You may refer to your workflow map and Tool 1 for this information.

Workflow Enablers

Goal: Ensure staff know what is available to support changes to their workflow.

List all major enablers that will support staff in following the standard. Reference your enabler identification work to list items that will enable frontline clinicians to follow the new workflow. This list should not include every enabler, but rather should focus on enablers that are critical to reliable performance, such as specific technology and equipment clinicians must use.

Metrics for Success

Goal: Provide clarity on how you will measure success.

List all metrics that will be used to measure standard success. Consider success across various areas such as quality, safety, and cost savings. Sharing metrics early on with staff ensures they are aware of how their performance will be measured. Reference Tool 4 for this information.

4 Process Flow Map

High-Level Workflow Map

Goal: Share a comprehensive, but high-level, overview of the new care standard process.

Include a visual workflow map. The workflow map you include should be visually clean, be easy to skim, and provide a visual representation of the new process. There are a variety of workflow map styles. You can find more examples at advisory.com/CVRImplementationToolkit, or use a style that is effective at your organization.

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Tool 3: Create an Easy-to-Digest Overview

Overview

This tool will help you create on overview of the new care standard that everyone across the organization—including non-clinicians—can easily understand. During implementation, everyone in the organization will be able to quickly grasp what needs to be done and why it's important. This tool will synthesize information from tools 1 and 2 into a high-level overview.

Common Pitfall Addressed

Clinicians usually understand the new care standard and what they need to do differently—but other stakeholders (e.g., non-clinical support staff, administrators) are often left in the dark. In far too many cases, care standards include only clinical information and jargon that some staff cannot easily understand.

How to Use This Tool

1. Complete Tool 1 and Tool 2 prior to working on this tool. Have these tools on hand to help you create your easy-to-digest overview.
2. Review the example from Banner Health on page 22.
3. Review the essential components of Banner Health's example on page 23.
4. Follow our guidelines on page 24 to help you create your own easy-to-digest overview of the new care standard.

Source: Advisory Board research and analysis.

Create an Easy-to-Digest Overview

Instructions: Review the example below from Banner Health. Banner calls this document their "executive summary."

Example Easy-to-Digest Overview from Banner Health

Chorioamnionitis Management in the Well Newborn
Executive Summary

A diagnosis of maternal chorioamnionitis by the delivering obstetricians has neonatal implications and proper timely management of the baby is vital. The 2010 CDC guidelines regarding GBS Disease, as well as the 2012 Clinical Report from the AAP addressed the neonatal management with maternal chorioamnionitis diagnosis; and recommends drawing CBC and blood cultures and initiation of antibiotics for all such newborns. In addition, the clinical practice developed presents an opportunity to build practice-based evidence and refine the approach.

Currently, there is significant variation throughout Banner as to when the lab work is done and IV antibiotics started; also most units do not distinguish in the management approach of a well appearing newborn compared to one who appears to be ill. Standardizing the approach supports timely management of these newborns as well as giving the family time for skin-to-skin bonding and early initiation of breast feeding if desired.

New practice to be implemented

Once the diagnosis of maternal chorioamnionitis is made by the delivering physician and the newborn's gestational age is 34 weeks or greater and is well appearing on initial evaluation, this will activate the process flow where by the family can spend the 1st hour with the newborn for bonding, breast feeding and skin to skin care. The lab work will be performed, including the blood culture and CBC. Then by 3 hours of life, the IV will be placed and antibiotics administered. This will be done with the help of conditional/standing orders.
The implementation of this new clinical practice will "automate" these actions in the couplet care environment to ensure timely initial care of the newborn. The physician will be notified of abnormal lab values and changes in the newborn's clinical condition beyond the initial management phase, subsequent management continues to be directed by the physician.

Practice-based evidence

With the assistance of Clinical Performance Analytics, data will be collected to answer some of the following practice-based evidence questions:

- Are we missing any newborns on the initial evaluation who end up in the SCN/NICU within 12-24 hours after birth?
- Are we drawing labs and administering antibiotics in a timely manner?
- Are there any adverse outcomes attributed to the above care management practice?
- Is the early bonding time, early breastfeeding initiation and skin to skin care improving the patient satisfaction?

This data will allow revision of the clinical practice, contribute to the body of knowledge, and support Banner's vision to be an industry leader.

Source: Banner Health, Phoenix, AZ; Advisory Board research and analysis.

Create an Easy-to-Digest Overview

Instructions: Review the essential components that make Banner Health's example strong.

Essential Components of Banner Health's Easy-to-Digest Overview

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  24 hours after birth?
- Are we drawing labs and administering antibiotics in a timely m
- Are there any adverse outcomes attributed to the above care n
- Is the early bonding time, early breastfeeding initiation and skin
  patient satisfaction?

This data will allow revision of the clinical practice, contribute to the bo
Banner's vision to be an industry leader.

Summary of Clinical Importance

Begins with a clear, simple description of the clinical problem and the current evidence supporting the new care standard.

Current Practice at the Organization

Includes a summary of current practice at the organization and how it differs from the best practice approach.

Overview of New Practice Standard

Provides a succinct step-by-step overview of the new practice in straightforward language. Includes alterations of care pathways and projected impact on longer term patient care (if applicable).

Evaluation Questions

Concludes with a list of questions that will guide performance measurement. Provides context on the process and outcomes measures to track.

Source: Banner Health, Phoenix, Arizona, US; Advisory Board research and analysis.

Create an Easy-to-Digest Overview

Instructions: Follow our guidance below to create an easy-to-digest overview of the new care standard. The goal is to provide a clear and concise summary of the new care standard for impacted staff. This list is not meant to be exhaustive, rather it should highlight only key information to provide staff with a birds-eye view of the new standard. All staff should be able to understand it—so avoid including clinical jargon.

Download our customizable template at advisory.com/CVRImplementationToolkit.

Guidelines for Creating an Easy-to-Digest Overview

Summary of Clinical Importance

Goal: Summarize the clinical problem and how to manage it.

Offer a succinct summary and justification for the care standard. Write a clear, simple description of the clinical problem and the current recommendations for practice. If appropriate, include a sentence or two justifying any elements of the care standard that differ from the practice recommendation in the literature. Word this section for easy understanding by both clinicians and non-clinicians.

Current Practice at the Organization

Goal: Demonstrate how current practice at the organization varies from the gold standard of practice.

Describe how current practice varies from the new recommended best practice approach. In layperson's terms, highlight the need for standardization in care, and include a sentence or two on how changing to a new care standard will benefit patients.

Overview of New Practice Standard

Goal: Provide a high-level snapshot of the new care standard.

Share a brief overview of the new clinical workflow. Draw from the details from Tool 1, but write this section using language that both clinicians and non-clinicians can easily understand. Keep information at a high level, but include which patients are impacted and any time-sensitive steps in the process. Highlight any steps that differ from previous practice. Where applicable, provide a one-sentence summary of how long-term care pathways and/or longer term care will be impacted.

Evaluation Questions

Goal: Share the reasoning behind your performance measurement plan.

List the questions that will guide performance measurement over time. Link these questions to the process and outcome metrics listed in Tool 2. You might focus your questions on standard adherence, clinical outcomes, or other outcomes influenced by the care standard (e.g., patient experience metrics). Provide context on why it is important to track these metrics.

Source: Banner Health, Phoenix, Arizona, US; Advisory Board research and analysis.

Tool 4: Define How to Measure Impact

Overview

This tool will help you create a one-page summary that defines the important metrics leaders will use to evaluate the impact of the new care standard.

Common Pitfall Addressed

Implementation leaders and other stakeholders do not receive clearly defined metrics to measure the impact of the new care standard. They also do not receive information on baseline performance and organizational targets.

How to Use This Tool

1. Review the example on page 26. This example demonstrates how you can share the information with implementation leaders and other stakeholders in a simple, one-page document.
2. Follow our guidelines on pages 27-28 to help you define how staff will measure impact of the new care standard.

Source: Advisory Board research and analysis.

Define How to Measure Impact

Instructions: Review the example below. In this example, information about how to measure impact is shared with staff in a simple, one-page overview document.

Example Overview Defining How to Measure Impact

Sepsis Screening Protocol Impact Measurement Overview

1 **Overview:** With our new sepsis screening protocol, we will aim to improve quality by reducing sepsis-related 30-day readmission rates and sepsis-related in-hospital mortality rates. We also aim to reduce hospital costs associated with sepsis incidents.

Current Performance and Goals:

- We aim to improve clinician adherence to antibiotic stewardship as part of the new sepsis protocol across the organization.
- We aim to reduce severe sepsis-related 30-day readmission rates from the current rate of 24.2% across the organization to below 15% within the first year of implementing this new sepsis protocol.
- We aim to achieve cost savings of $1 million in direct costs related to sepsis for the 2018-2019 fiscal year.

2 Metric	3 Strategic Goal	4 Current Performance	5 Organizational Target
Antibiotic stewardship	Adherence to Standard	70%	95%
Severe sepsis-related 30-day readmission rate	Quality	24.2%	<15%
Sepsis-related costs	Cost Savings	$18.5K average direct cost-per-case for primary sepsis diagnosis	$1M savings in direct care costs related to sepsis

6 **Metric Definitions:**

- **Antibiotic stewardship:** The percentage of patients with sepsis diagnosis assessed daily for de-escalation of antimicrobials.
  - Numerator: number of patients with sepsis assessed daily for de-escalation of antimicrobials
  - Denominator: total number of sepsis cases
- **Severe sepsis-related 30-day readmission rate:** The proportion of severe sepsis survivors who are readmitted to the hospital for sepsis-related symptoms within 30 days of discharge.
  - Numerator: patient readmissions for sepsis-related symptoms within 30 days of discharge
  - Denominator: all discharged patients with a history of severe sepsis upon admission or during hospitalization
- **Average sepsis-related cost per case:** The average direct cost-per-case for sepsis diagnosis.
  - Numerator: total costs associated with all sepsis diagnoses
  - Denominator: total number of sepsis cases

7 **Performance Tracking and Reporting**

The quality team will pull updated facility-level data for each metric at the end of each quarter. That data will be sent to all facility-level leadership teams, implementation leads, and unit managers for their review. The data reports will also be saved here. If you have any questions about this data, please contact our Director of Quality and Patient Safety, John Smith, at jsmith@abc.org.

Source: Howell MD, Davis AM, "Management of Sepsis and Septic Shock," *JAMA*, 317, no 8, (2017):847-848; Goodwin AJ, Rice DA et al. "Frequency, cost, and risk factors of readmissions among severe sepsis survivors" Critical Care Medicine, 43, no 4, (2015): 738-46; Advisory Board research and analysis.

Define How to Measure Impact

Instructions: Follow our guidance below to help you define how impact will be measured.

Download our customizable template at advisory.com/CVRImplementationToolkit.

Guidelines for Defining How to Measure Impact

1

Overview

Goal: Summarize the overarching goal of the new care standard.

Write a brief summary of the care standard and performance goals. Include a clear, simple description of what metrics you will use to measure success. Highlight the current performance and future target performance.

2

Metric

Goal: Highlight the metrics that will be used to evaluate performance.

Select 2-3 metrics that will be used to evaluate the impact of the new care standard. Include at least one process metric and at least one outcome metric. Ideally, you should also include a cost-savings metric.

3

Strategic Goal

Goal: Demonstrate how performance expectations align with organization-wide strategic goals.

Identify how each performance metric relates to the overall organizational strategic goal. Use Tool 5 as well as any additional information about enterprise-wide strategic goals.

4

Current Performance

Goal: Provide transparency on current performance to shed light on gap-to-goal.

Highlight current performance for each metric. For organizations with multiple facilities, provide facility-level baseline data for each metric.

Source: Advisory Board research and analysis.

Define How to Measure Impact

Guidelines for Defining How to Measure Impact (cont.)

5

Organizational Target

Goal: Provide transparency into organization-wide performance goals.

Highlight the organization-wide targets for each identified metric. When possible, cite the source of these targets—whether they come directly from the organization's strategic goals or from outside governing bodies.

6

Metric Definitions

Goal: Provide consistent metric definitions that will be used across the organization.

Identify the best definition, numerator, and denominator for each performance metric. Provide a clear definition of each metric.

Verify that the selected definition is consistent with how the enterprise defines each concept. If the definition you currently use is not up-to-date, contact the correct individuals to update the standard definition. If you do not already have a definition for each metric, find the best definition in the literature.

7

Performance Tracking and Reporting

Goal: Ensure there is clarity on performance tracking and reporting expectations..

Explain who is accountable for collecting and reporting data. Provide details about how often data will be collected and who will monitor it over time.

Source: Advisory Board research and analysis.

Tool 5: Connect the Dots to the Organization's CVR[1] Mission

Overview

This tool will help you develop an overview document that connects the dots between your new care standard and the organization's broader mission to reduce care variation. This document will ensure everyone in your organization has a common understanding of how you choose which care to standardize, what your organization's standard design process is, how standards are rolled out, and how you will measure impact over time.

Common Pitfall Addressed

Staff receive information about new care standards without context to show how each new standard aligns with the organization's broader mission to reduce care variation. As a result, they see every new care standard as a separate initiative.

How to Use This Tool

1. Review the example on pages 30-31. This example demonstrates how you can connect the dots to the organization's broader CVR mission through a simple overview document.
2. Review the essential components on pages 32-33 that make this organizational CVR overview a strong example.
3. Use our template while following the guidelines on pages 34-35 to help you create your own organizational CVR overview document. Every design team will include this overview document in their new care standard.

!

Special Note

The other tools in this toolkit will be completed by every team designing a new care standard. In contrast, the ideal user of this tool is an executive committee that oversees the work of all design teams across the organization. Furthermore, this tool needs to be completed only once—then included in all new care standards.

1) Care variation reduction.

Source: Advisory Board research and analysis.

Connect the Dots to the Organization's CVR Mission

Instructions for Design Teams: Review the example Organizational CVR Overview below and on the next page. This overview helps connect the dots to the organization's CVR mission.

Example Organizational CVR Overview

Organization Mission Statement
Elm Health System[1] is committed to providing exemplary care and service to each of our patients and their families. We strive to evolve and innovate with the changing health care landscape to provide the best care possible while maintaining our strong ethical standards, showing compassion to one another, and supporting the community we are a part of.

Care Variation Reduction (CVR) and Fulfilling Our Mission
To fulfill our mission statement and provide the best care possible, we need to ensure that each patient is receiving the best known standard of care, at each location in our system, every time. As a result, reducing care variation is one of our top strategic priorities. Reducing unwarranted variation in care will help us to simultaneously improve quality and reduce unnecessary costs.

CVR Definition and Purpose
Unwarranted care variation is the unnecessary variability in care or care processes across our organization. Reducing it will help patients, care teams, and our organization.

- **Patients** will consistently receive the best known standard of care.
- **Care teams** will be able to do their work more efficiently because care standards are designed to simplify workflows.
- **Our organization** will save millions of dollars by eliminating care that's costly and doesn't produce better outcomes.

Organizational CVR Goals for 2018
Because CVR is good for patients, staff, and the organization's financial well-being, we have set a number of goals for this year. The list below includes our largest goals, but is not exhaustive.

- Reduce hospital-acquired infections by 30% and save $800,000.
- Standardize hip joint replacement and reduce length of stay by one day.
- Reduce pressure ulcers by 15% and save $500,000.
- Save $20 million system-wide across all CVR initiatives.

Organizational CVR Success to Date
We know that CVR is a complex and time-consuming process, but the quality improvements and cost savings we have achieved so far demonstrate clear returns. The list below includes our largest accomplishments so far.

- In 2017, we reduced hospital-acquired infections by 20% and saved $500,000.
- In 2017, we standardized coronary artery bypass grafting and saved $600,000 and reduced length of stay by 0.5 days.

1) Pseudonym.

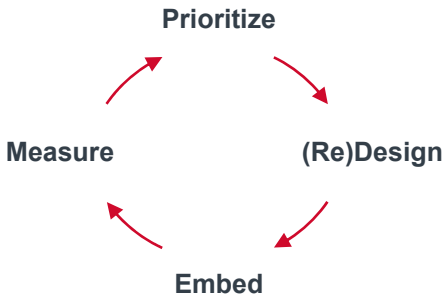
Source: Advisory Board research and analysis.

Connect the Dots to the Organization's CVR Mission

Example Organizational CVR Overview (cont.)

Organizational CVR Process

There are four steps involved in the process of reducing unwarranted care variation. The CVR flywheel below demonstrates our method that begins with prioritizing the right standards, then flows to (re)designing standards to better fit staff workflow, embedding standards into frontline practice, and measuring success.



Prioritize

- **Team Responsible:** Enterprise-wide oversight committee
- **Goal:** Identify best savings opportunities from standardizing targeted care processes, and determine how many standards clinicians can learn

(Re)Design

- **Team Responsible:** Designated design team
- **Goal:** Create/revise clinical specifications that will minimize change to existing workflows, and ensure that new standards are feasible for clinicians to perform

Embed

- **Team Responsible:** Facility implementation leads, educators and clinical leaders
- **Goal:** Roll out new standards smoothly and hardwire new standards into practice

Measure

- **Team Responsible:** Data analysts
- **Goal:** Track standard adherence and results over time to ensure we are achieving intended results

Source: Advisory Board research and analysis.

Connect the Dots to the Organization's CVR Mission

Instructions for Design Teams: Review the essential components of a strong Organizational CVR Overview below.

Essential Components of an Organizational CVR Overview

Organization Mission Statement
Elm Health System[1] is committed to providing exemplary care and
families. We strive to evolve and innovate with the changing healt
possible while maintaining our strong ethical standards, showing c
supporting the community we are a part of.

Mission Statement

Highlights your organization's mission statement to refresh staff on the overarching purpose of the work they do each day.

Care Variation Reduction (CVR) and Fulfilling Our Mission
To fulfill our mission statement and provide the best care possible,
receiving the best known standard of care, at each location in our
care variation is one of our top strategic priorities. Reducing unwa
simultaneously improve quality and reduce unnecessary costs.

How CVR Helps Fulfill Mission

Briefly explains how CVR efforts will enable your organization to fulfill its mission.

CVR Definition and Purpose
Unwarranted care variation is the unnecessary variability in care o
Reducing it will help patients, care teams, and our organization.

- **Patients** will consistently receive the best known standard of ca
- **Care teams** will be able to do their work more efficiently becaus
  workflows.
- **Our organization** will save millions of dollars by eliminating car
  outcomes.

CVR Definition and Purpose

Succinctly defines CVR and identifies three groups that will benefit from CVR success.

Organizational CVR Goals for 2018
Because CVR is good for patients, staff, and the organization's fin
of goals for this year. The list below includes our largest goals, but

- Reduce hospital-acquired infections by 30% and save $800,000
- Standardize hip joint replacement and reduce length of stay by
- Reduce pressure ulcers by 15% and save $500,000.
- Save $20 million system-wide across all CVR initiatives.

Current Organizational Goals

Provides a list of your organization's top CVR goals for the current year. Includes focus on cost-savings goals.

Organizational CVR Success to Date
We know that CVR is a complex and time-consuming process, but
savings we have achieved so far demonstrate clear returns. The li
accomplishments so far.

- In 2017, we reduced hospital-acquired infections by 20% and sa
- In 2017, we standardized coronary artery bypass grafting and sa
  by 0.5 days.

Success to Date

Provides a list of your organization's most successful CVR initiatives and results across the past one or two years.

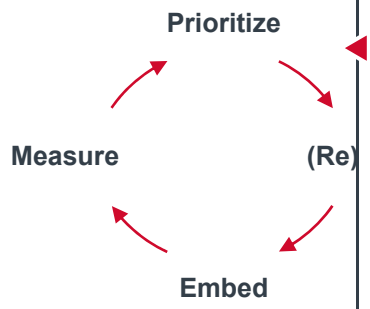
Source: Advisory Board research and analysis.

Connect the Dots to the Organization's CVR Mission

Essential Components of an Organizational CVR Overview (cont.)

Organizational CVR Process

There are four steps involved in the process of reducing unwarrant
below demonstrates our method that begins with prioritizing the rig
standards to better fit staff workflow, embedding standards into fro



Prioritize

- **Team Responsible:** Enterprise-wide oversight committee
- **Goal:** Identify best savings opportunities from standardizing targeted care processes, and determine how many standards clinicians can learn

(Re)Desi

- **Team**
  design
- **Goal:**
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Embed

- **Team Responsible:** Facility implementation leads, educators and clinical leaders
- **Goal:** Roll out new standards smoothly and hardwire new standards into practice

Measure

- **Team**
- **Goal:**
  over tim
  intende

CVR Process Overview Statement

Provides a succinct overview of the organizational process for pursuing CVR.

Graphic of CVR Approach

Graphically depicts the CVR process steps in a way that is easy to skim and understand.

Supporting Details

Shares additional information on each process step for those interested in more specific information. Includes who is accountable and what the high-level goals are for each process step.

Source: Advisory Board research and analysis.

Connect the Dots to the Organization's CVR Mission

Instructions: Follow our guidance below to develop your own overview that will connect the dots to your organization's CVR mission.

Download our customizable template at advisory.com/CVRImplementationToolkit.

Step 1 Facilitator downloads the customizable template

- Senior leaders should designate one individual to serve as the facilitator to drive this process. This individual should have a solid understanding of organizational priorities and how the organization approaches care variation reduction. We recommend that a CQO, CNO, CMO, or someone senior from one of their teams serve as the facilitator. Once selected, the facilitator should download our customizable template at advisory.com/CVRImplementationToolkit.

Step 2 Adapt the template to fit your organization

- Use the guiding questions below to identify and describe critical components of your organization's approach to reducing care variation. These questions will help the facilitator to tailor the customizable template with your organization's details. In addition to the questions below, the facilitator should also consult your organization's strategic priorities and any CVR-related resources your organization previously created.

Guiding Questions

- Why is care variation reduction a strategic priority for our organization?
- How does care variation reduction fit into our mission? Our organizational goals?
- What successes have we achieved so far as a result of efforts to reduce care variation?
- What process does our organization typically use to select what care to prioritize, design new care standards, and roll them out?
- Who is involved in care variation reduction at our organization?
- What terms are critical to define?
- Do we have any materials that explain the organizational process or structure of current efforts to reduce care variation?
- What key components of our strategy to reduce care variation do implementation leaders need to understand? How about frontline staff?

1) You can find examples of how various health systems have structured their oversight committees in the Advisory Board publication The Blueprint for Clinical Standardization

Source: Advisory Board research and analysis.

Connect the Dots to the Organization's CVR Mission

Step 3 Gather the right individuals

- Your CVR overview should be confirmed by a group of senior leaders who have perspective on the organization's strategic priorities and what CVR activities are happening across the organization. These senior leaders can provide the context required for the organization overview and will comprise an Enterprise-Wide Oversight Committee.

  We recommend connecting with one or two of following individuals to vet your draft: CEO, CMO, CNO, CFO, CQO, quality improvement leader, clinical leaders, frontline clinicians, or service line administrators.

Step 4 Vet the draft with key stakeholders

- Solicit feedback on your proposed draft from at least one or two individual(s) identified in step three. If you plan to meet with the stakeholders to vet your proposed draft, you can reach out to them individually or gather them in a group meeting. Use the sample discussion questions below to get the conversation started.

Sample Discussion Questions

- Does this overview make sense? If not, what is confusing or unclear?
- Are we missing anything about our organizational approach to reducing care variation?
- What other information, if anything, would be helpful to include in this summary?

Step 5 Save overview in an accessible location

- Finalize your Organizational CVR Overview and save it somewhere accessible, where all design teams can easily find it. Design teams should include the overview, or a link to it, in the implementation toolkits for all new care standards.

Source: Advisory Board research and analysis.

Want more on **care variation reduction**?

This implementation resource is a joint publication of the Nursing Executive Center and Physician Executive Council, two divisions of Advisory Board. As a member of the Nursing Executive Center and Physician Executive Council, you have access to a wide variety of material, including webconferences, research reports, implementation resources, our blog, and more. Check out some of our other work on reducing care variation.

Resource from the Nursing Executive Center

Research report: Create Care Standards Your Frontline Nurses Will Embrace

Learn best practices to bring your care variation reduction efforts to scale.

Research report: The High-Reliability Clinical Enterprise

Learn how to achieve high reliability across your health system despite the many complications posed by today's care environment.

Resource from the Physician Executive Council

Research report: Create Care Standards Your Front Line Will Embrace

Learn strategies for creating care standards that proactively account for workflow considerations and are actionable at the front line.

Research report: Embedding Care Standards in Frontline Physician Practice

Learn how to manage a successful care standard rollout and embed care standards organization-wide.

Visit us at: **advisory.com/nec**

Email us at: **nec@advisory.com**

The best practices are the ones that work for **you.**SM

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