



Care Coordination Quickinar Series 4: Strategy Tree Development and Implementation

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Health Services Advisory Group (HSAG)

March 1, 2022

OBJECTIVES

A close-up photograph of a hand in a dark suit jacket and white shirt cuff, pointing towards the text. The hand is positioned on the right side of the slide, with the index finger pointing towards the word 'OBJECTIVES'.

- Introduce and review the elements of the strategy tree.
- Discuss the tactics category as a key component of the strategy tree.
- Discover how the strategy tree can be used at your facility.

To Do's by Today (March 1, 2022)

1

Complete the care transitions assessment.

2

Identify 1–2 gaps in your completed assessment you want to focus on.

3

Complete a root cause analysis (RCA) to identify factors contributing to gaps.

2022 Care Coordination Journey

- 1. Assessment:** Complete the care transition assessment and RCA to identify your program's strengths and opportunities for improvement.
- 2. Strategy Selection:** Evaluate findings, review resources, and select the most appropriate strategy to address your gap.
- 3. Implementation:** Develop a strategy tree and implement tactics.
- 4. Monitor Results:** This is how you can determine if the strategy is working and make adjustments to your intervention accordingly.
- 5. Learn:** Attend HSAG Care Coordination quickinar sessions to learn from subject matter experts.



In Case You Missed It (ICYMI)

Session 1: Lessons learned from pandemic that can be applied to care transitions.

Session 2: Completing the care transitions assessment and identify where gaps exist.

Session 3: Completing an RCA to get a better understanding of the factors contributing to the gap (root causes).

View past recording at: www.hsag.com/cc-quickinars

Next steps ...

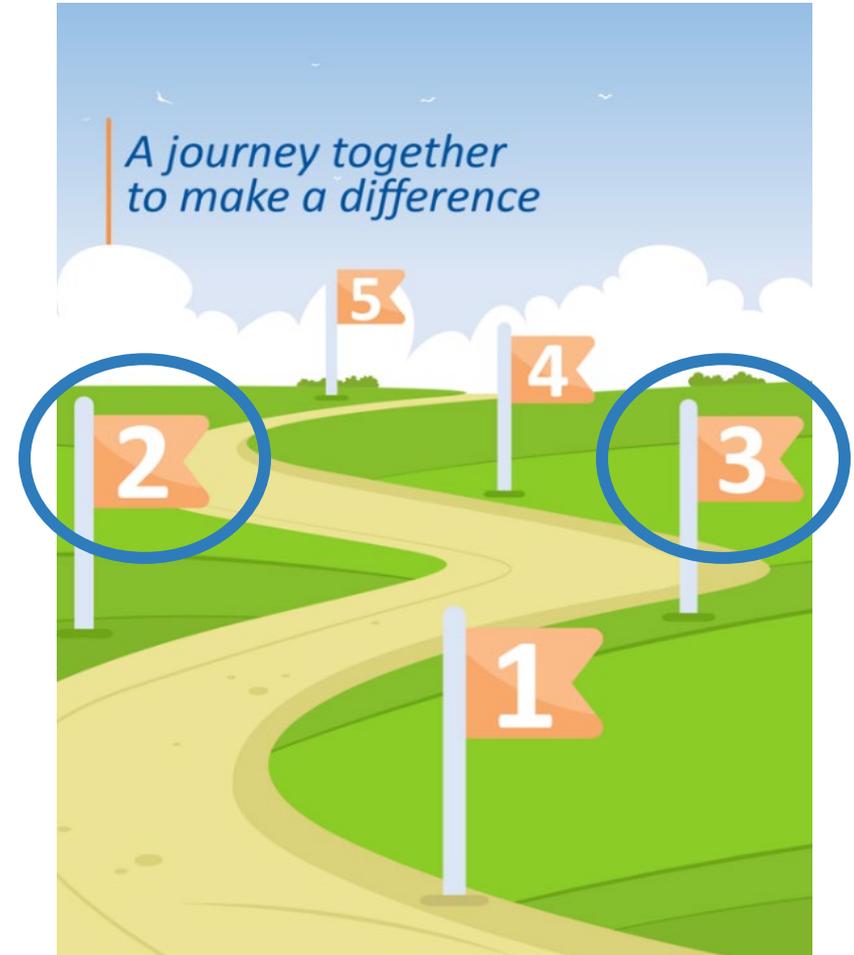
Where We Are Now: Steps 2 and 3

2. Strategy Selection:

- Evaluate findings.
- Review resources.
- Select the most appropriate strategy to address your gap.

3. Implementation:

- Develop a strategy tree and implement tactics.



Where to Start?

Quality Improvement Organizations
HSAG HEALTH SERVICES ADVISORY GROUP

Key Findings and SMART Goal Development

STEP 1: List the key findings from Gap Root Cause Analysis (RCA) and identify one area to focus on for quality improvement project.

Key Findings:

- _____
- _____
- _____

STEP 2: Develop a SMART goal for your quality improvement project. A goal is a clear statement of an intended improvement and how it will be measured. Your goal should answer the question, "What do you want to accomplish?" A goal should be short enough for everyone to remember. Well-written goals should also be SMART. Find training on developing SMART goals here: <https://www.hsag.com/hqic-quality-series>.

S	Specific	<ul style="list-style-type: none">• What do you want to accomplish?• Who will be involved?• Where will it take place?
M	Measurable	<ul style="list-style-type: none">• What is the measure you will use?• What is the current data for that measure?• What do you want to decrease/increase that number to?
A	Attainable	Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark?
R	Relevant	How does the goal address the problem?
T	Time-Bound	What is the target date for achieving this goal?

Sample SMART Goal: By the end of Quarter 4 of 2022, reduce readmissions among super utilizers from the 28 percent baseline rate to 23 percent.

SMART GOAL: _____

STEP 3: Identify one or two strategies to implement that will help you achieve the goal and complete a strategy tree for each strategy.

Strategy 1: _____

Strategy 2: _____

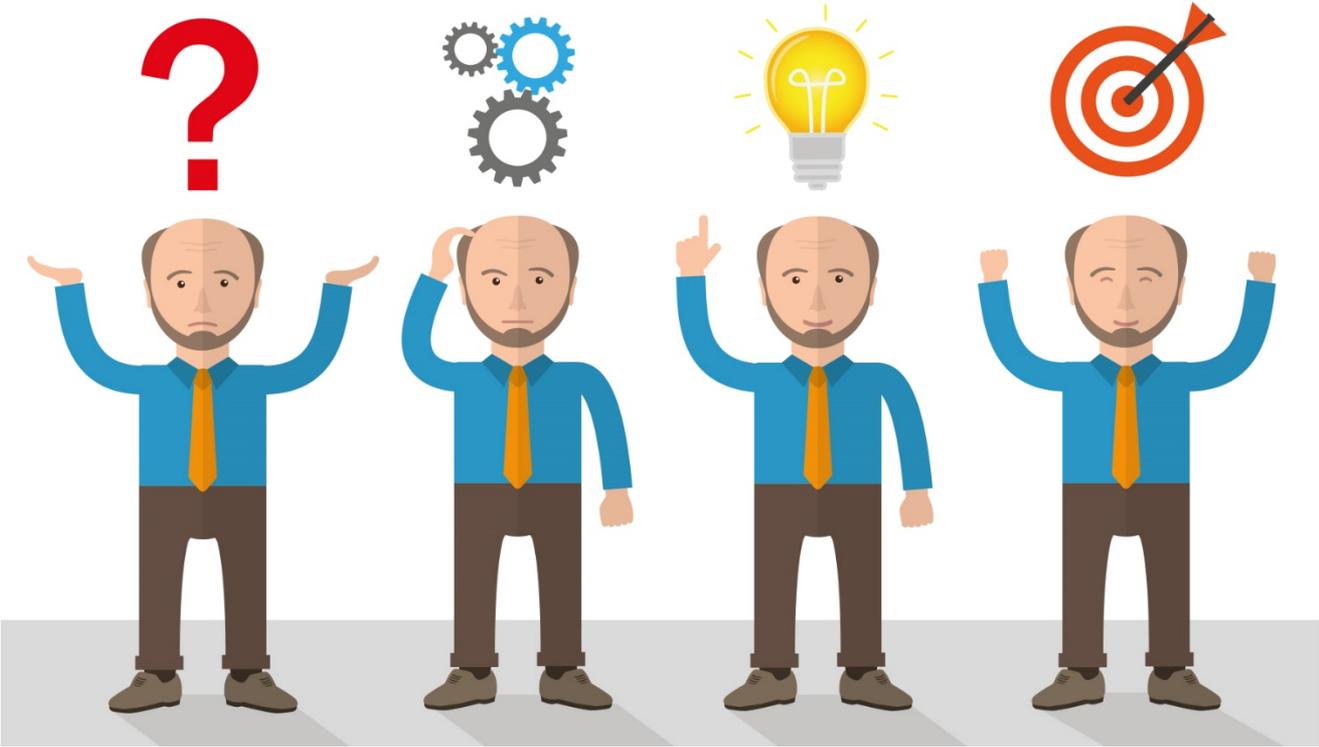
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- Review Gap RCA and identify a key area to focus on.
- Develop a SMART goal.
- Identify strategies to implement to help achieve goals.

www.hsag.com/cc-toolkit
4 Goal and Strategy Development

Strategy Trees



Polling Question

How many on the call
have ever utilized a
strategy tree before?

Enter a
Yes or **No**
response into
the chat
box.

Components to Strategy Tree Document: Goal, Strategy, Tactics, Tasks, Timeline, and Resources

Goal: By the end of Quarter 4 of 2022, reduce readmissions among super-utilizers from the 28 percent baseline rate to 23 percent.

Strategy: Implement teach-back training and ensure the use of teach-back for super-utilizers.

Tactics	Tasks	Who and When	Resources Needed
1. Provide education to RN and CM staff regarding identification of super-utilizer patients.	A. Define super utilizer parameters. B. Develop education on super utilizers. C. Provide education at an all-staff meeting. D. Provide research related to super utilizers and readmissions.	A. Sally— 9/30 B. Sally— 9/30 C. Joe—10/16 D. Mary—10/15	<ul style="list-style-type: none"> Characteristics of Super Utilizer PowerPoint
2. Develop and implement teach-back training.	A. Create training materials (agenda, slides, handouts, role play scenarios, evaluation, etc.). B. Schedule training dates/times. C. Print flyers and create messaging to promote training to staff.	A. Mark—10/10 B. Mary—9/25 C. Brenda—9/30	<ul style="list-style-type: none"> Teach-back training slides Teach-back starter sentences and pocket guides Plain language handout Health Services Advisory Group (HSAG) teach-back flyers
3. Observe three staff members per shift providing discharge education.	A. Identify observation tool. B. Assign a CM and RN to observe 3 staff members per shift. C. Collect TB observations and evaluate key findings.	A. Sally—10/10 B. Joe—10/20 C. Mary—10/30	<ul style="list-style-type: none"> HSAG teach-back competency check list
4. Conduct weekly trending of super utilizers in the emergency department.	A. Make follow-up calls to patients to evaluate patient understanding. B. Develop weekly trend reports. C. Compile and share weekly reports.	A. Sally—11/15 B. Brenda—10/15 C. Mary—COB Friday every week	



Kari Evans, BSN, RN

Common Spirit
Readmissions Liaison
Post Acute Care, PAC-PM
Care Coordination

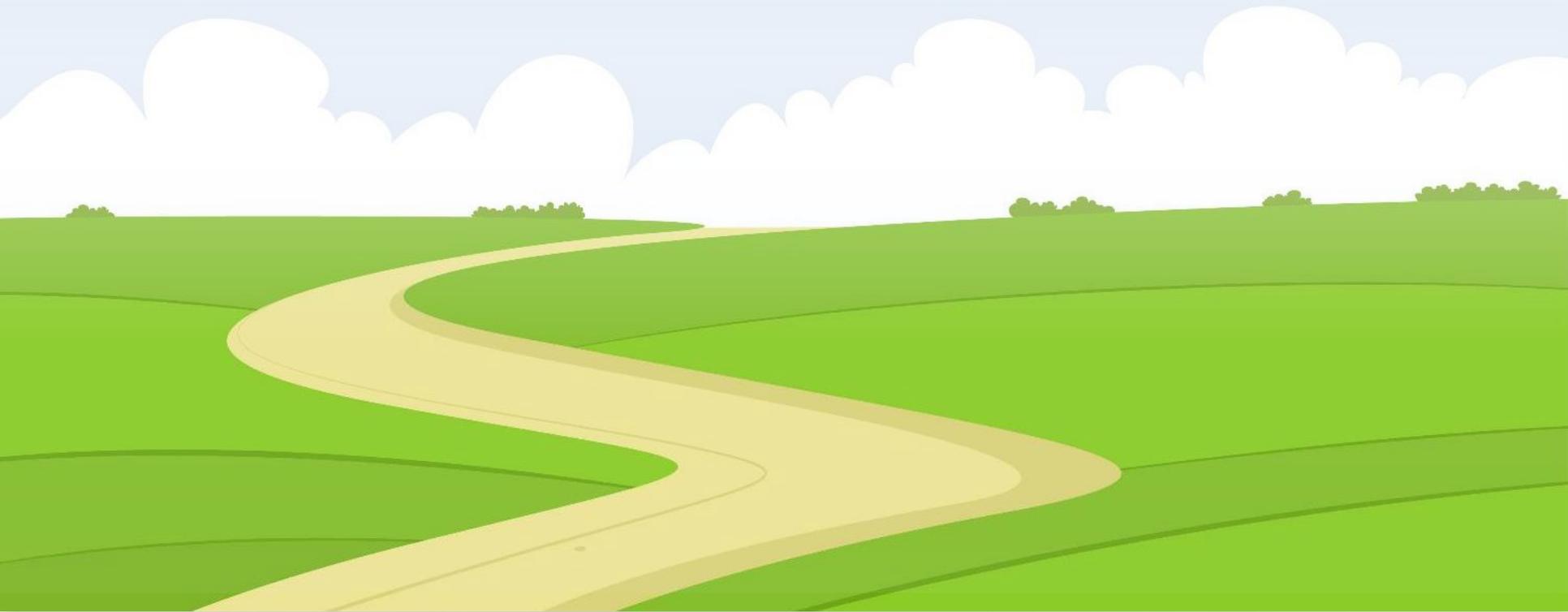


Questions?

Continuing the Care Coordination Journey

Next Steps ...

Implementation and Monitoring Results

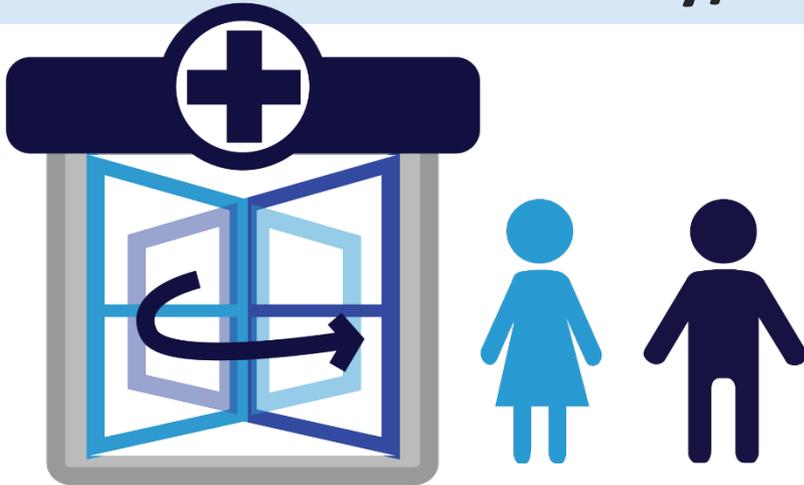


Our Next Care Coordination Quickinar

Readmissions Super-Utilizers

Tuesday, March 15, 2022 | 11 a.m. PT

bit.ly/cc-quickinars



Preventing patients from getting trapped
in a revolving door of admission,
discharge and readmission

Guest Speakers:
Casey Grover, Reb Close, and
Thomas Muir
Community Hospital of
the Monterey Peninsula

Care Coordination Quickinar Series

Care Coordination During a Pandemic

Tuesday, January 18, 2022 | 11:00–11:30 a.m. PT



Care Transitions Assessment Overview

Tuesday, February 1, 2022 | 11:00–11:30 a.m. PT



Gap Root-Cause Analysis (RCA)

Tuesday, February 15, 2022 | 11:00–11:30 a.m. PT



Strategy Tree Development and Implementation

Tuesday, March 1, 2022 | 11:00–11:30 a.m. PT



Readmission Super Utilizers

Tuesday, March 15, 2022 | 11:00–11:30 a.m. PT

Hot Spotting and Resources

Tuesday, April 5, 2022 | 11:00–11:30 a.m. PT

Measuring Progress | QIIP Performance Dashboard

Tuesday, April 19, 2022 | 11:00–11:30 a.m. PT

The Role of Health Equity in Care Coordination

Tuesday, May 3, 2022 | 11:00–11:30 a.m. PT

The Impact of Health Literacy

Tuesday, June 7, 2022 | 11:00–11:30 a.m. PT

Teach-Back: A Strategy to Impact Health Literacy

Tuesday, July 5, 2022 | 11:00–11:30 a.m. PT

Community Collaboration Meetings

Tuesday, August 2, 2022 | 11:00–11:30 a.m. PT

REGISTER NOW! More info at: <https://www.hsag.com/cc-quickinars>

To Do's by the Next Quickinar (March 15, 2022)

1

Review Gap RCA and highlight key findings.

2

Develop a SMART goal and determine strategies.

3

Complete a Strategy Tree outlining implementation.

Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing care coordination practices.



Thank you!

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This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

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