

## 2021 APHL NewSTEPS Continuous Quality Improvement (CQI) National Meeting - Session 3

### Session Chat Log

Session	Chat
<h3 style="color: #800040;">Keynote Session – Championing a CQI Culture</h3>	<p>APHL Staff: Welcome to today's keynote session. Please submit any questions or comments in the chat and we will address them during the live Q and A.</p> <p>Amy Gaviglio (she/her): @Beth - did you assess or notice any differences dependent upon race/ethnicity/ancestral groups? E.g., were newborns with 2 mutations who were, say African American, more likely to be told they didn't have CF? In addition to process entrenchment, might we have to battle cognitive entrenchment as well?</p> <p>Beth Tarini: FYI to my Iowa peeps - Deming is an Iowan!</p> <p>Kimberly Noble Piper (she/her): @Beth 🖱️</p> <p>APHL Staff: @Dr. Tarini I really appreciate the fact that your team wasn't afraid to ask why to improve a process. Asking why is truly the spirit of CQI! How was the team able to shift from doing things the way its always been done to questioning the process and asking why?</p> <p>APHL Staff: Welcome again to today's keynote session. Please submit any questions or comments in the chat and we will address them during the live Q and A.</p> <p>Fran Altmaier: #5! Improve continuously and forever.</p> <p>Amy Gaviglio (she/her): ^ YES!!!</p> <p>APHL Staff: @Fran 🍷</p> <p>Amy Gaviglio (she/her): I was just telling Beth that one of my favorite quotes is by Lily Tomlin and it says "The Road to Success is Always Under Construction." :)</p> <p>Phyllis Virgil: I love that Amy!</p>

APHL Staff: Also you are your own CEO i.e. change/improvement starts with you.

Jeremy Penn (he | him | his): A hospital here in Iowa calls on all its employees to remember they all have two jobs: 1) Do your work and 2) Improve your work. That's having everyone involved in the transformation!

Ashley Comer: Its empowering to know its starts with you. When everything seems overwhelming or you don't have control of xyz..the ability to focus on what you can control (i.e you) can be empowering.

APHL Staff: @Jeremy that's awesome!

Jeremy Penn (he | him | his): How do you build a sense of transformation and continuous improvement when so many team members are "temporary" or "part-time" team members (that is to say, they are primarily members of a hospital department but also part of the NBS team)?

Amy Gaviglio (she/her): Thanks Beth! Definitely need more work in equity and understanding biases - working with APHL now to assess health equity data nationally to contribute to this discussion and lead QI efforts toward this end.

Cheryl Harris: Referring to Demings' 14 points, can you provide more clarity on #11, eliminating goals? Thank you.

Phyllis Virgil: Deming said remove "arbitrary goals", meaning without a method, goals are simply slogans. He would ask by what method.

Jeremy Penn (he | him | his): A common barrier in PDSA is setting aside the resources to track and report results data; especially in NBS teams which are often already overworked and underfunded. What strategies might be recommended for finding or creating space and time for collecting and making use of performance data as part of PDSA?

Amy Gaviglio (she/her): YES! Love the idea of removing "arbitrary" goals. Just picking a number, a baseline, a goal is hard to get behind and work towards - defining the measurement and the why is so important.

## Follow-up and Continuity of Operations Planning (COOP) in Newborn Screening

Beth Tarini: @Phyllis - great point. in medicine we rarely see through the customer eye. We see through what we think the customer eye should see.

Jeremy Penn (he | him | his): Same argument in education about calling students "customers" 😊

Deb Britton (she/her): Welcome to today's Follow up and Continuity of Operations Planning session. Please submit any questions or comments in the chat and we will address them during the live Q and A.

APHL Staff: For those just joining welcome to today's Follow up and Continuity of Operations Planning session. Please submit any questions or comments in the chat and we will address them during the live Q and A.

APHL Staff: @Chris have you shared this information with providers? If so what was their reaction when they saw the data showing the prevalence of CCHD cases to be lower than expected?

APHL Staff: Also what is one takeaway or lesson learned you would share with others interested in the case confirmation process?

APHL Staff: @Minnesota project team, what are some challenges with collecting longitudinal data that you did not anticipate.

APHL Staff: Please submit any questions or comments in the chat and we will address them during the live Q and A.

Amanda M: Great job presenting everyone!! :)

Diane Recker: Virginia, what did you do or use in the immediate interim before solving your faxing issue? Sorry if that was mentioned, and I missed it. Thanks!

Fran Altmaier: Arizona has a HIE for the state that all hospitals "dump" into using HIE. I just gained access and it has been amazing!

## Using CQI to Improve Newborn Screening Timeliness

Jenna Laine (she/her): Shameless plug, MN has a poster regarding the remote access process related to this QI project. Feel free to reach out directly to me or add a question to the poster if you have one. Thanks!

Mary Lowe - Virginia NBS: Thank you!

APHL Staff: Thank you all for joining. Please submit questions and comments in the chat and we will address them during the live Q and A.

APHL Staff: @California, the cohort approach is a great example of starting small and spreading improvement/change over time. Can you share how you identified what facilities would be in what cohort?

APHL Staff: @California, can you share how frequently you are looking at and discussing the run charts and who you share the data with? How has regularly reviewing improvement data impacted the progress of the project?

Ruthanne Sheller: @California, can you please share how you identified/empowered NBS champions within your rural facilities?

APHL Staff: Thank you all for joining. Please submit questions and comments in the chat and we will address them during the live Q and A.

APHL Staff: Courier education seems to be a common theme for both projects. What resources/strategies have you found to have the biggest impact on educating/engaging couriers?

APHL Staff: Another common theme seems to be data support to track and report on CQI data. Can you discuss the impact having dedicated data staff has had on your QI project?

APHL Staff: @kansas can you discuss how you have engaged midwives in this overnight shipping trial.

Carol Johnson: For KS/Michelle - thanks for specifically calling out the issues with shipment of samples from midwives. Kudos for working with them. During this process, did you learn anything specific to working with midwives that you could share with us? Thanks!

APHL Staff: That is a great idea Jorge re: driver training videos.

Carol Johnson: Our couriers feel ownership of the NBS process/babies too and it really does make a difference!

Skannan: Post covid, how did you both engage hospital staff regarding pickup times/transit times?

M. Christine Dorley: @Jorge...will you share the link to your three minute training video? TN is always looking for ways to engage our courier service. This video may help us get an idea on how to create our own. Thanks in advance!

Kathy Chou: @California and Kansas have you done a cost analysis per specimen/package for Saturday and/or Sunday delivery? Thank you for sharing your experience!