DISCOVERY

Stanford HEALTH CARE

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Meet the Expert

For Thumbnail only:

RITE Realizing Improvement through Team Empowerment

Clinical Effectiveness Leadership Training
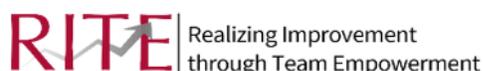
The image below is a comparison of the two programs:

	RITE Realizing Improvement through Team Empowerment	Clinical Effectiveness Leadership Training
Focus	To achieve **sustainable improvement results in a meaningful project** and gain a practical knowledge in quality improvement and project management.	To obtain the skills and tools needed to become a **healthcare improvement leader** and achieve at least **modest improvement in a meaningful project**.
Audience	All healthcare staff. **More focused for front line teams.** 7-8 projects per cohort. 4-6 people per team. Course applicants enter and participate in teams.	Physicians, clinicians, and administrative leaders. 7-8 projects per cohort. 4-6 people per team. **More focused for physicians and admin leaders**. Course applicants enter and participate in teams.
Format	**Flipped classroom style learning.** Participants watch prepared video tutorials and come to class sessions ready to discuss and apply.	**Lecture style learning from thought leaders** on leadership development. **Flipped classroom style learning** on quality improvement methods and tools. Past cohorts have been CME accredited.
Schedule	Twice annually, 1 month break in between cohorts. November-March and May-September	
Time Commitment	**Moderate time commitment.** 5 month, 10 session course. Sessions occur every other Thursday from 11-1. Lunch is provided.	**Significant time commitment.** 5 month, 9 session course plus graduation. Sessions run from 8-5 (see detailed schedule for dates). Breakfast and lunch are provided.

Photo courtesy of the CELT and RITE program

Blurb:

David Larson, MD is an Associate Professor of Pediatric Radiology and Vice Chair of Education and Clinical Operations with the Department of Radiology at Stanford University, School of Medicine. Dr. Larson is also one of the co-founders of the CELT and RITE program at Stanford Medicine, and currently

oversees both programs. We had the opportunity to ask him some questions regarding the programs. To learn more about Dr. Larson click [here](#).

Web Article:

The Office of Research had the pleasure of interviewing Dr. David Larson about two programs he co-founded here at Stanford Health Care, the Clinical Effectiveness Leadership Training (CELT) and the Realizing Improvement through Team Empowerment (RITE) programs. Here is what he had to say about these innovative and solution-based programs.

Q: Can you tell me about your role and what you do at Stanford?

A: I am a Pediatric Radiologist and the Vice Chair for Education and Clinical Operations in the Department of Radiology at Stanford. I also oversee a number of our quality improvement programs at Stanford Medicine, including the CELT and RITE programs.

Q: How did the CELT/RITE programs come to be?

A: The CELT program was conceived of Dr. Bryan Bohman, who was at the time the outgoing Chief of Staff, and was looking for a way to bring greater capability for improvement to Stanford. He enrolled in the Advanced Training Program, then led by Dr. Brent James at Intermountain Healthcare. Dr. James is now on faculty here at Stanford and wanted to bring a similar training program to Stanford, so Michelle DeNatale, Executive Director of Strategic Initiatives at SHC, spearheaded a workgroup to design and implement the program. I had recently arrived from Cincinnati Children's Hospital, where we had a similar program, so I joined forces with Bryan as the co-Director of the program. Michelle was the Administrative Director of the program for the first several cohorts as it got on its feet, and then handed over the reins to Ben Elkins, Director of Performance Improvement.

The RITE program was started in the Department of Radiology as part of a Research and Education grant, sponsored by the Radiological Society of North America (RSNA). When our department was looking at the many projects we wanted to accomplish for the year, we found that there were far too many for a single person or quality team to tackle. We needed to engage and support the frontline staff to be able to do these projects. However, our staff had minimal experience in quality improvement methods, and we did not have a structure to support dedicated improvement projects at the time. So we combined the project management elements with the training elements into a single program, which we called "Radiology Improvement Team Education," or RITE. After a couple of successful cohorts, the program expanded to include the entire medical center. At that time, we kept the acronym, but changed the title to "Realizing Improvement through Team Empowerment," which we feel better represents the program.

Q: What are the goals of each program and how do they differ?

A: The goals of each program are two-fold: 1) to enable meaningful and sustained improvement in organizational performance through team-based projects, and 2) to train and empower teams and individuals to be effective improvement leaders.

The RITE program is more focused in that it consists of 10 two-hour sessions over a period of 18 weeks, whereas the CELT program consists of 10 full-day sessions over the same period. In addition to focused project execution, in the CELT program, we bring in nationally renowned speakers to provide a greater background in areas complementary to improvement such as adaptive leadership, human factors engineering, and complex adaptive systems management. The CELT program is, essentially, "RITE plus," in that the morning consists of visiting speakers and the afternoon consists of RITE.

Q: What are some of the major accomplishments from these programs?

A: Project teams have made a number of important improvements in the organization, ranging from decreasing the time from onset of stroke symptoms to treatment, increasing the number of primary care patients referred to mammography, to decreasing inappropriate use of our intermediate care facilities.

Here are our to-date projects and breadth of participation so far:
- *Current Projects: 21*
- *Current Participants: 143*
- *Upcoming publications/posters: 10*
- *Total number of completed Cohorts: 11*
- *Number of graduates: 340*
- *Projects completed: 67*

Q: What challenges have you faced running these programs and what were they?

A: Believe it or not, the biggest challenge we have is finding a room to hold the RITE sessions!

The challenges we have faced in running the programs are mainly those that you would expect in running any program over a long period of time. There are constant logistical challenges. We also are constantly working to ensure that we are meeting a real need in the organization and providing real value. But we have been delighted to see the broad support from leadership and faculty and staff at every level across the institution in supporting these programs.

In addition to ensuring the quality of the programs, we also work hard to ensure that the programs nicely complement's other efforts in the medical center. We do not want to have a program for the sake of the program, and we definitely want to avoid competition between programs. We are in constant communication with institutional leaders, especially quality leaders and those leading other training programs to ensure alignment and reduce duplicate work.

Q: What is one big takeaway you hope people get from completing these programs?

A: Our goal is that those who complete these programs will have a whole new perspective on how to improve performance in a complex environment like healthcare. We hope that participants will better appreciate the power of teams, better understand how organizations work as systems where systems tend to break down, and be able to interpret and use fact-based performance data to drive improvement. We want to help people become better problem-solvers, both as individuals and as teams.

People often tell us that they have been working on a problem for many years and had given up hope that they could solve it. Through the program, they were able to solve this problem that seemed unsolvable, and also gained the ability to solve other problems. That is exactly what we are trying to accomplish.

Q: As you continue to expand the program, what advice do you have for potential applicants looking to take part?

A: The primary points of advice we give to those entering the program are:

- *Improvement is often harder than you think it should be, so plan to put in some real effort.*
- *Many aspects of improvement are counterintuitive, but improvement methods can be learned.*
- *To be effective at improvement, you need to trust and follow the process.*

If you have further questions about the CELT or RITE program, or if you want to be on the e-mail list for the next call of projects, please e-mail celt@stanfordhealthcare.org.

Article By: Monique Bouvier

Research
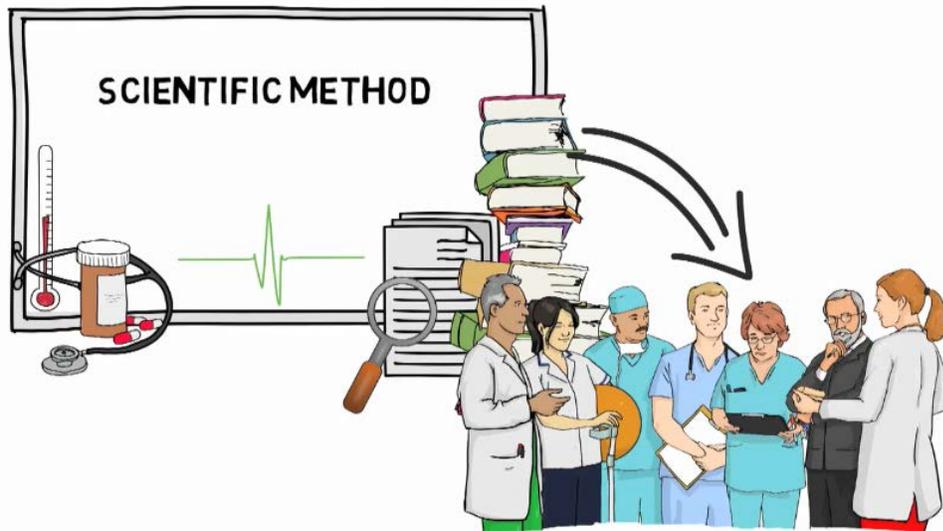
Blurb:
Understanding research in clinical practice can often be challenging. To address this, Stanford's Office of Research & Nurse Alumnae offer a free 9 module educational series that helps providers improve their research literacy and expand their general knowledge of the research process. From exploring what it means to be an inquisitive clinician to preparing manuscripts for publication, these educational modules have something for everyone.

Web Article:
Research Literacy for Clinical Practice - A Video Series

Research can often seem overwhelming and the process complex. Yet, research literacy and a fundamental understanding of the research process is required for optimal clinical care. Clinicians across the care spectrum are being asked to translate their clinical questions into structured research questions and incorporate existing research into their practice. The problem is that they may not know where to start or what the best practices are.

Stanford's Nurse Alumnae and the Office of Research, PCS have combined efforts to create a free 9 module video series that walks clinicians through the research processes, and helps identify how providers can translate their clinical questions into testable research projects. These simple-to-navigate modules targeted for bedside providers help navigate the research process and cover topics such as:

- Developing a Clinical Question
- Evidence Evaluation
- Common Study Design
- Developing Measurable Outcomes
- Study Analysis
- How to use Tables and Graphs
- Preparing and Conducting Research

- Dissemination of Study Results
- Abstract Writing
- Poster Preparation
- Manuscript Writing

If you are new to research or looking to expand your knowledge, this is the place to start.

Article By: Nicholas Berte

Education
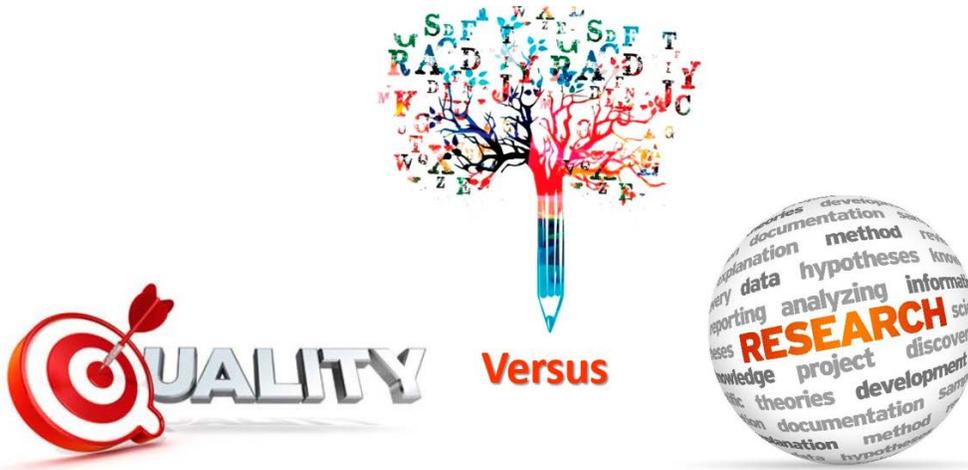
QI versus Research – How to Write for Publication

Quality vs. Research Graphic

Blurb:
Both quality Improvement (QI) projects and research studies can result in publications. However, the language the author uses in the publication is different in QI than the language used in research. This article outlines the differences in language usage between research and QI publications.

Web Article:
QI versus Research – How to Write for Publication

There are significant differences in the written language used when publishing a Quality Improvement (QI) paper versus a research paper. The QI paper often begins by describing a

problem that is difficult to solve. The suggested solutions often refer to pre-existing evidence – hence the term Evidence Based Practice (EBP) and how evidence was applied in a clinical setting. In contrast, research studies are focused on creating new knowledge to answer questions where the answer was previously unknown.

Key Points: Both QI and research can result in publications. However, the language descriptors and the steps differ between the two. This article outlines the differences in language usage between research and QI publications.

The QI Problem versus the Research Hypothesis

The introduction of a QI paper typically describes a problem that the authors want to solve. The problem and its details are specific to a particular hospital setting. For example: decreasing wait-times in the emergency department (ED), or increasing the numbers of patients discharged from the hospital by 11 am. These problems are local, and the solutions are likely to be local as well. This is a QI maxim, even though every hospital in the country struggles with these issues. There is not a universal solution for all hospitals, and it generally involves multiple QI steps and stakeholders within the organization. Most QI publications describe successful interventions. Unsuccessful projects are almost never published.

In contrast, a research study might use a hypothesis such as "there is a positive correlation between short wait-times in the ED waiting room and satisfaction with medical and nursing treatment." The intent here is not to improve the patient's experience, but to determine whether wait time is associated with satisfaction and the care provided. The research methods used to answer this question can be surveys, qualitative interviews, video-interactions or even randomization into two groups.

Key Points: A QI paper describes a problem that was solved and uses problem-solving language. A research paper creates evidence to answer a question or hypothesis and uses specific research-based language.

QI Frameworks versus Research Frameworks

Both QI projects and research studies follow a systematic process, but the theoretical frameworks and steps are very different. There are many theoretical models that underpin QI projects. Well known examples include PDSA (Plan-Do-Say-Act), Six-Sigma, and Lean (A3 planning). The authors typically state which QI model was used to formulate the improvement process and describe the subsequent steps according to the selected model. There are numerous QI planning tools that are used to share the improvement vision and gain stakeholder input. The planning tools might include flowcharts, and an A3 diagram/tool. The authors may describe a "small test of change" and how their process was altered, refined and

repeated. QI studies allow the processes to be "tweaked" and adjusted to achieve a desired outcome. These changes are described in the paper.

Research studies establish a research protocol using a specific methodology and the procedures do not change during data collection. In this way, a research project is less flexible than a QI project.

Key Points: Both QI papers and research papers use theoretical frameworks. The QI framework is flexible, process-orientated and encourages input from key stakeholders (examples are PDSA and LEAN). The research framework may be derived from the data (exploratory or qualitative studies) and is driven by a structured research protocol.

QI Outcomes versus Research Results

In QI projects, the intent is not to "prove" but to "improve." The outcomes are presented in tables or as a "run chart" to show improvement over time (i.e. 6 months or 4 quarters). QI outcomes are descriptive but often not statistical. The intent is to improve a process and to sustain the change. Real world language is used such as "patients" and "nurses."

In quantitative research, the intent is to "prove" or "disprove" a hypothesis. Answers are described as "results" and typically statistics are employed to demonstrate a causation between variables. Research specific language is used such as "subjects" or "participants."

Key Points: QI projects report outcomes and demonstrate improvement over time. Research studies report results often using statistics, without the necessity of demonstrating a sustained effect. QI projects use real-world language in the publication.

Summary

Both QI projects and research studies can be published as an abstract, poster, or manuscript. Using the appropriate language will improve the chances of a successful publication.

QI Writing Guidelines:

More detailed guidelines for publishing QI projects can be found at the *Standards for QUality Improvement Reporting Excellence website, (*SQUIRE). The SQUIRE 2.0 guidelines provide a helpful checklist for QI publication: http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471

Research Writing Guidelines:

For research studies, there are several writing guideline checklists depending on the research methodology. Examples include:

Randomized controlled trials: CONSORT http://www.consort-statement.org

Observational Studies: STROBE https://www.strobe-statement.org/index.php?id=available-checklists

Systematic Reviews: PRISMA http://www.prisma-statement.org

Qualitative Research: COREQ https://academic.oup.com/intqhc/article/19/6/349/1791966

Economic Evaluations: CHEERS http://www.equator-network.org/wp-content/uploads/2013/04/Revised-CHEERS-Checklist-Oct13.pdf

Diagnostic Accuracy Studies: STARD https://www.equator-network.org/wp-content/uploads/2015/03/STARD-2015-checklist.pdf

An extremely helpful central resource for many research reporting guidelines is the EQUATOR Network website. It is really worth a visit!

 https://www.equator-network.org

Another helpful resource is the Stanford ORPCS (Office of Research Patient Care Services). We are always available for consultation to help you write an excellent QI or research paper. Use the email below to request a consultation. We are also really worth a visit!!

Office of Research, Patient Care Services Website http://orpcs.org

Office of Research Email Contact research@stanfordhealthcare.org

Article By: Mary Lough

Spotlight

Photograph of 2018 Healthcare Con at Arrillaga Alumni Center.

Blurb:
Stanford Health Care and Stanford Children's Health are pleased to announce the return of Healthcare Con! This year the event will be held over 3 days at Stanford and includes a Pre-Conference Evidence-Based Practice Workshop. Early-bird registration is now open. Secure your spot at the conference today and join in on the opportunity to connect with other regional and Magnet hospitals. Click HERE for more information.

Web Article:
Healthcare Con Returns for its 2nd Annual Conference
Stanford Health Care and Stanford Children's Health are pleased to announce the return of Healthcare Con! Sponsored by 12 regional hospitals of Bay Area Magnet Convening, Healthcare Con is an excellent opportunity to discover the aspiring research and education conducted at other institutions that aim to improve healthcare for all.

Healthcare Con 2019
June 26th
Pre-Conference EBP Workshop
Li Ka Shing Center (LKSC)

291 Campus Drive, Stanford, CA 94305

June 27th-28th
2-Day Healthcare Con
Arrillaga Alumni Center
326 Galvez St. Stanford, CA 94305

BRN CE Contact hours will be available. The total contact hours and final agenda will be released in April-May 2019.

Healthcare Con is an interdisciplinary conference developed to showcase the latest in research, innovation, quality and evidence-based healthcare improvement projects. The event will feature a wide-range of exciting lectures, discussions, poster presentations, networking opportunities, and educational session aimed to teach and inspire healthcare professionals of all career stages.

Keynote Speakers:

Bernadette Melnyk, PhD, RN, APRN-CNP, FAANP, FNAP, FAAN is the Vice President for Health Promotion, University Chief Wellness Officer, Professor and Dean of the College of Nursing at Ohio State University (OSU), and Professor of Pediatrics and Psychiatry at OSU's College of Medicine. She is a nationally and internationally recognized speaker and researcher in areas of evidence-based practice, adolescent mental health, and health and wellness.

Atul Butte, MD, PhD is the Priscilla Chan and Mark Zuckerberg Distinguished Professor and inaugural Director of the Bakar Computational Health Sciences Institute at the University of California, San Francisco. Dr. Butte is also the Chief Data Scientist for the University of California Health System which includes 17 health professional schools, 6 medical centers, and 10 hospitals. Dr. Butte has been funded by NIH for 20 years, and has authored over 200 publications, with research repeatedly featured in the New York Times, Wall Street Journal, and Wired Magazine.

Pre-Conference EBP Workshop
Healthcare Con 2019 is excited to present an Evidence-Based Practice (EBP) Pre-Conference workshop on Wednesday June 26th, 2019 presented by Dr. Lynn Gallagher! Dr. Gallagher is the Senior Director, Clinical Core Director at Helene Fuld Health Trust National Institute for Evidence-Based Practice in Nursing and Healthcare. Dr. Gallagher's clinical background in maternal-child health and nursing administration spans 30 years.

Hear more about the experience from last year's attendees:

"It was incredible to participate in this conference and learn what other area Magnet organizations are doing at the bedside."

"This was a well-organized conference with interesting, relevant, and inspiring topics and speakers THANK YOU!"

"This was great overall! I learned so much. The poster presentations were an additional learning material and it was great to see nurses participate."

"Will attend the next Healthcare Research Conference in a heartbeat! Having international speakers help inspire and rekindle my professional curiosity and soul."

"This was one of the best educational conferences I have attended Thank you!"

Early-Bird Registration is OPEN!
Seats are limited, so be sure to request time off, use your tuition funds, and register ASAP!

Registration Fees:
$100 fee for Pre-Conference
$299 fee for Early-Bird 2-Day Conference *(Ends May 1st 2019)*
$350 fee for General 2-Day Conference

Article By: Sana Younus