

Network News

Student Program

The 2012 Improvement Science Summit, the official conference of the *Improvement Science Research Network* (ISRN), held a student program targeting nearly 25 undergraduate and graduate health science students that were in attendance. This program was centered around ensuring the future, by increasing the students capacity and knowledge of improvement science. Students from across the country and leading experts in quality improvement met for an interesting dialogue. “The student program was an incredible opportunity to discuss cutting-edge topics and research presented by renowned speakers,” says student program attendee Tom Methvin.

“The Summit student program will help create awareness [of improvement science] in students before they graduate and enter the workforce.”

LILY THOMAS, PHD, RN, VICE PRESIDENT, SYSTEM NURSING RESEARCH, NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM, ISRN STEERING COUNCIL MEMBER

Improvement science is a topic of great importance, both in the clinical and academic setting. The Summit student program was a testimony of

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2012 Improvement Science Summit Addresses Gaps in Improvement Science



“We’re being pushed to healthcare transformation and [nurses] have the experience and knowledge to lead the way.”

PATRICIA BENNER, PHD, FAAN, PROFESSOR EMERITA AT THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO

Dr. Patricia Benner, Professor Emerita at the University of California at San Francisco and inaugural ISRN Steering Council member, kicked off the 2012 Improvement Science Summit with a keynote presentation on “Improvement Science and the Future of Healthcare Transformation.” “We’re being pushed to healthcare transformation and [nurses] have the experience and knowledge to lead the way,” said Dr. Benner. She went on

to say, “We need to promote a culture of excellence and improvement and making excellent practice public and shared.”

The Summit brought a record number of participants to its conference by producing a lineup of international experts on quality improvement and improvement science. Moving into its fourth year, the *Improvement Science Research Network* (ISRN) aimed to make this year’s Summit agenda challenge the thinking of clinicians and academic researchers, truly building their “IQ for QI.” “The goal for this year’s Summit was to push the envelope with respect to content and speakers,” says Darpan Patel, PhD, ISRN Project Director. “We wanted to challenge the participants to think outside the box of randomized control trials and look at

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Over 40 poster abstracts were accepted for presentation at the Summit, up 25% from last year.

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Student Program

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this high stake topic. Students from both clinical programs and health administration programs participated in these sessions to learn from each other and build collaborations for future work. The highlight of the student program was the student roundtable discussion. Here, students spent one-on-one time with Summit speakers to discuss topics ranging from methodological design to nursing education. Experts including Steering Council members Patricia Benner, Jack Needleman, and Summit presenter Kieron Dey spoke personally with students about how their future goals and research topics can relate to clinical outcomes and improvement science.

The student program was endorsed fully by the ISRN Steering Council, including Dr. Lily Thomas, PhD, RN, Vice President, System Nursing Research, North Shore-Long Island Jewish Health System. “The Summit student program will help create awareness [of improvement science] in students before they graduate and enter the workforce,” said Dr. Thomas. “This level of engagement and dialogue is not something typically afforded at a conference,” continues Tom Methvin. “I am very grateful for the advice I was able to garner from the distinguished panelists. Every student aspiring to enter the healthcare field should attend this conference!” 🌟



Dr. Patricia Benner speaking to students at the Student Roundtable Session. The student program was created to engage undergraduate and graduate health science students.

2012 Improvement Science Summit

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Jack Needleman, PhD, FAAN, presenting “Stepped-Wedge Design: From Principle to Clinical Practice” at the 2012 Improvement Science Summit

methodologies they may not be very familiar with, but are more likely to provide realistic results in their complex adaptive system.” This objective was met with speakers such as Michael Parchman, Jack Needleman, Kieron Dey, and others that filled the Grand Hyatt ballroom.

Kathleen Stevens, RN, EdD, MSN, ANEF, FAAN, and Director of the ISRN, opened this year’s Summit by acknowledging the past years work in improvement science research. She acknowledged the gap in improvement science in graduate preparations. Dr. Stevens spoke on how many of the participants in attendance likely did not receive this type of training during their doctoral programs that they

would receive at the conference. “Our theme for this year’s conference was ‘Discovery and Spread.’ This unique specialty conference is an opportunity for clinicians and academicians to meet and lead in the development of this new field of improvement science,” said Dr. Stevens.

The Summit also set marks for the number of poster presentations. Over 40 poster abstracts were accepted for presentation at the Summit, up 25% from last year. “It is so exciting to see the great work that is being done across the country to improve the quality and safety of patient care,” says Dr. Stevens.

Each year the Summit has introduced something new for attendees and this year the tradition continued. For the first time, a student program was created to engage undergraduate and graduate health science students from across the country in the field of improvement science. For more information on the student program, please see story on page 1.

For the second year in a row, the Improvement Science Summit received conference funding from the Agency for Health Care Research and Quality (AHRQ). “Quality improvement is not an initiative, it is part of daily care, and as such, it deserves a scientific foundation. That is the purpose of this unique research methods conference.” says Dr. Stevens. “We feel so privileged to have had AHRQ support the Improvement Science Summit.” A full recording of the presentations from the Improvement Science Summit are available at www.ISRN.net/events. 🌟

ISRN Awarded AHRQ Grant 2012 Improvement Science Summit

AHRQ awarded the R13 conference grant to Dr. Stevens and ISRN for the 2012 Improvement Science Summit (R13 HS021834-01). The specific aims of the Summit were to offer an event and extended dissemination of conference products that would:

1. Connect academic and clinical scholars and other entities in partnerships to maximize efforts in investigating improvement strategies and disseminating study results.
2. Supplement and enhance capacity of health professionals and scientists to conduct rigorous improvement research studies through exploring methods and designs applicable to this field of research.
3. Solidify national research collaboratives to conduct rigorous improvement research on topics identified as national research priorities.

STAR-2 Research Collaborative Update: Transition to Intervention

STAR-2



“It was great to connect with the entire research team and hear the perspectives of everyone involved in the STAR-2 Study.”

EILEEN ENGH, MSN, RN-BC, CPN, MANAGER OF NURSING RESEARCH & DEVELOPMENT PROGRAMS AT CHILDREN’S NATIONAL MEDICAL CENTER, ISRN MEMBER, STAR-2 SITE PI

The foundation for the next phase of the Small Troubles, Adaptive Responses (STAR-2) study was laid during a Research Collaborative Meeting at the 2012 Improvement Science Summit. This was the first time Site PIs, Research Coordinators, Network PIs, and the ISRN Coordinating Center met in person during the nine month collaborative. The meeting provided an opportunity to discuss the collaborative experience, trends in the data, and next steps for the research collaborative. “It was great to connect with the entire research team and hear the perspectives of everyone

involved in the STAR-2 Study,” said Eileen Engh, MSN, RN-BC, CPN, Manager of Nursing Research & Development Programs at Children’s National Medical Center, ISRN member, and STAR-2 Site PI.

Those present at the meeting voiced an eagerness to move forward in developing interventions that will address operational failures detected in the study. “I feel we have an obligation to the nurses who participated in this study and I am looking forward to building an intervention,” added Ms. Engh. Based on this excitement and energy, STAR-2 will transition from a research collaborative to an improvement collaborative that will develop and test potential interventions. Site PIs from the 14 STAR-2 hospitals will play a key role as they represent the point of care that is directly impacted by these failures. Upon completion of the STAR-2 data analysis, the Site PIs will review the results and work together with the ISRN to systematically develop interventions that will be tested as part of an ISRN Network Study. 🌟

Live the ISRN Mission: Collaborate with the ISRN

Be a part of improvement research that is leading the way for healthcare redesign and better outcomes for patients.

Engagement of ISRN members will be essential for Network Studies. If you are interested in collaborating, contact the ISRN at ImprovementScienceResearch@isrn.net.

The Power of Scientific Teams in Quality Improvement Research



Building Successful Research Collaboratives for Healthcare Improvement is a new evidence-based guide available through the ISRN. Collaboration is necessary to address complex research questions that go beyond the realm of a single investigator. The evidence shows that team-based science results in positive outcomes, including increased innovation and rapid advances of knowledge. Despite the benefits of

collaborative research, the field of healthcare quality improvement still lacks competencies in team science. Fortunately, there are existing best practices in team science that are founded on the evidential base team performance extended to effective team research and successful collaboration. These best practices and the impact on improvement research are summarized in this new publication.

The need for a collaborative approach in improvement science stems from the complex nature of care processes. Research that involves a single investigator studying an improvement intervention at a hospital/clinical unit is not enough to yield effective change or improvement in care processes. Furthermore, this type of research falls short of addressing the impact of organizational culture and context on healthcare delivery. This single investigator mentality results in study designs that lack

robustness, interdisciplinary perspectives, and generalizability. “The use of interprofessional scientific teams in improvement science research can help facilitate the implementation of an improvement study across multiple sites, capture large datasets for generalizable results, and yield effective strategies aimed at improving healthcare delivery and patient safety,” says Frank Puga, PhD, Research Scientist with the ISRN. With these benefits in mind, the ISRN has adopted best practices from team science and integrated them into its national Research Collaboratives.

Best practices adopted by the ISRN include assessments of collaborative readiness, development of a shared mental model, management and planning of collaborative work, and evaluation of success factors for virtual collaboration. The adoption of these best practices and the impact on improvement research conducted by the ISRN Research Collaboratives are described in a manuscript submitted for publication by Frank Puga, PhD, Darpan Patel, PhD, and Kathleen Stevens, RN, EdD, MSN, ANEF, FAAN. This manuscript, along with the new guide on collaborative research, demonstrates the ISRN is leading the charge for the integration of best practices from Team Science in Improvement Research.

To order a copy of the evidence-based guide visit <http://www.regonline.com/researchcollaborativeguide> 🌟

Using Complexity Science to Redesign Healthcare

New and Noteworthy

Network News in your Inbox

Members can now enjoy quicker delivery and streamline access to the ISRN Network News. To enhance member access to the ISRN Network News and minimize the environmental cost of publishing, the winter and spring editions of the newsletter will be distributed electronically. The fall edition of the newsletter will continue as a hard copy version distributed to ISRN members. You can now access the ISRN Network News anywhere! View online on your computer, tablets, and smartphones.

View this and past editions at www.ISRN.net/newsletter

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Learn more about the benefits of membership and Join Us today. www.ISRN.net/JoinUS

To receive the newsletter in your inbox, subscribe to the ISRN mailing list by sending an email with "subscribe" in the body of the message.

ImprovementScienceResearch@ISRN.net

Upcoming Web Seminar

Systems Engineering Impact on Healthcare Delivery

Wednesday, November 14, 2012
2:00 pm EST

Join the ISRN for this free web seminar to explore the impact of systems engineering on healthcare delivery.

For details, registration, and past events, visit the ISRN web site www.ISRN.net/events ✨



“There is an emerging consensus that healthcare teams can undergo transformative change when inclusive leadership supports time for reflection and conversations that lead to sense-making and a specific type of reciprocal learning between team members.”

MICHAEL L. PARCHMAN, MD, MPH, FAFAP, DIRECTOR, MACCOLL CENTER FOR HEALTHCARE INNOVATIONS, GROUP HEALTH RESEARCH INSTITUTE

There is a growing realization that healthcare organizations, such as primary care practices and hospitals, are complex adaptive systems. These systems consist of a network of interacting agents that possess the capacity to learn and act in ways that are unpredictable. Such non-linear relationships require approaches to quality improvement that take into consideration networks, patterns, relationships, and interconnected processes. One such approach is the Multimethod Assessment Process and Reflective Adaptive Process (MAP/RAP). This approach uses a systems perspective to identify opportunities for learning, reflection, and adaptation. During the MAP component of the process, data is collected and synthesized from observation, interviews, surveys, and chart reviews. The collected data then guides the RAP portion of the process where improvement opportunities, solutions, and change impact are to be discussed. A central tenet of MAP/RAP is adaptation, a concept highly emphasized by Michael Parchman, MD, MPH and presented during his presentation on

Reflective Adaptive Process at the 2012 Improvement Science Summit. In his presentation Dr. Parchman described how care teams act as complex adaptive systems and explored in detail the unique characteristics of diversity, non-linear interdependence, self-organization, co-evolution, and emergence. This complex adaptive system perspective creates a framework model for the implementation of change through team learning.

“There is an emerging consensus that healthcare teams can undergo transformative change when inclusive leadership supports time for reflection and conversations that lead to sense-making and a specific type of reciprocal learning between team members,” says Dr. Parchman. Without methodologies such as, sense-making and the complex adaptive system framework, change and improvement will be difficult to implement and sustain. Much is to be gained from complexity science in the quest for quality improvement and the systems perspective is a necessity to redesign healthcare from primary practice to acute care settings. ✨

Research Resources: MAP/RAP:

To learn more about MAP/RAP, consult the following references:

- A video of Dr. Parchman’s Summit presentation is available to ISRN members at www.ISRN.net/events
- McDaniel, R. R. and Driebe, D.J. (2001). Complexity science and health care management. St. Louis, MO, Elsevier Science Ltd.
- McDaniel, R. R., Lanham, H. J., Anderson, R. A. (2009). Implications of complex adaptive systems theory for the design of research on health care organizations. Health Care Manage Rev. 34(2):191-9.
- Stroebel, C. K., McDaniel, R. R., et al. (2005). How complexity science can inform a reflective process for improvement in primary care practices. Joint Commission Journal on Quality and Patient Safety. 31(8): 438-446. ✨

The Importance of Scale-Up and Spread in Multi-Site Quality Improvement Research

The core business of the ISRN is conducting research on healthcare quality to improve care processes and patient safety. With the completion of its first landmark study (STAR-2; see story on page 3) and the launch of the second landmark study on medication errors (see story below), an important question comes to light – what is the next step once data is analyzed and results are reported? A logical progression is to evaluate scale-up and spread of findings and successful interventions across multiple hospitals and organizations.

“The rationale for discussing scale-up and spread centers on the development of new products and processes, knowledge of what works and what doesn’t work, and the appreciation for the enormous levels of variability in our healthcare system.”

STEPHEN HINES, PHD, AMERICAN HOSPITAL ASSOCIATION,
FOUNDER OF HEALTH RESEARCH AND EDUCATION TRUST

Capacity for scale-up and spread is essential to the dissemination of meaningful results and effective interventions that have high-impact in the redesign of healthcare. “The rationale for discussing scale-up and spread centers on the development of new products and processes, knowledge of what works and what doesn’t work, and the appreciation for the enormous levels of variability in our healthcare system,” said Stephen Hines, of the American Hospital Association and founder of the Health Research and Education Trust.

The variability in the healthcare system is of particular note as context heavily influences implementation. No matter how successful a

project or intervention may be at one location, the potential for replication and meaningful outcomes at another is dependent on multiple factors. A lot of the variability in healthcare is due to the complexity of the system. There is growing recognition that the healthcare system acts as a complex adaptive system, with many interdependent factors that must be considered when assessing whether a site can successfully implement and sustain an intervention.

Another challenge in scale-up and spread relates to recruitment. “Most campaigns start off with the assumption that magically people and unit recruitment will be simple,” said Dr. Hines, “however, recruitment is a struggle for both the researcher and the funder.” Other challenges are: a need for a well-defined, evidence-based core; coherent, tailored messaging; and creating a solid implementation strategy for spread. This challenge is echoed at the national level with pushes to study the science of dissemination and implementation. For example, the National Institutes of Health has created a focus on dissemination and implementation with an annual Dissemination and Implementation conference. The ISRN is aligning with this science to ensure best practices are adopted and scale-up and spread efforts are effectively evaluated. Without an understanding of this process, innovative results and interventions will stagnate and effective change will be hindered.

To learn more about scale-up and spread, the recorded presentation by Dr. Hines is available to ISRN members at www.ISRN.net/events. 🌟

Progress of Medication Errors Network Study

The *Improvement Science Research Network* (ISRN) is in the midst of beginning its second landmark study investigating the impact of cognitive load on medication administration errors. Led by principal investigators Lily Thomas, PhD, RN and Patricia Donohue-Porter, PhD, RN, the goals of this two phase study are to: (1) identify factors contributing to medication administration errors, and (2) test interventions to prevent medication administration errors. Ten hospitals met the strict inclusion and exclusion criteria for participation and assembled face to face with Dr. Thomas at the 2012 Improvement Science Summit to discuss the implementation of this project. This innovative project begins data collection in the winter of 2012 and will present results at the 2013 Summit. To become involved in future studies, email the ISRN at ImprovementScienceResearch@ISRN.net. 🌟

Note

FROM THE DIRECTOR



KATHLEEN R. STEVENS, RN, EdD, MSN,
ANEF, FAAN, ISRN DIRECTOR

**Improvement Science Summit:
“Not your ordinary conference.”**

Summit [suhm-it] *noun*.
The highest point of attainment
or aspiration.

Congratulations to the *Improvement Science Research Network*—members, Steering Council, and Coordinating Center Team—who contributed to the great success of July’s Improvement Science Summit. Our ISRN progress and achievements were clearly evident at the Summit. Our collective attainments over the Network’s short history were visible and impressive; and the excitement about our work grew. This issue of Network News reflects across the many aspects of the 2012 Summit.

Our 3rd annual Summit showcased the ISRN’s highest point of attainment to date and participants took advantage of opportunities to set next year’s aspirations toward our mission of advancing the scientific foundation for quality improvement, safety, and efficiency through transdisciplinary research addressing healthcare systems, patient-centeredness, and integration of evidence into practice.

Following the theme of “IQ for QI,” the Summit expanded and advanced our work in unique ways.

Every component of our network was evident in our two days of work: Defining new research studies,

reporting on the first ISRN studies, building capacity with research methods, and connecting people with people for the common cause of knowledge-building for performance improvement. The Summit activities fully supported the ISRN's core business: To conduct landmark improvement studies. The crucial ingredients of direction, infrastructure, and collaboration for landmark research in this nascent field were clearly visible.

National recognition of the ISRN Summit continues to grow: We are recognized as a gathering spot for the cutting edge of improvement science. The conference support given by our 2nd grant from the Agency for Healthcare Research and Quality (AHRQ) further signals the important niche for our collective work—work that is crucial for creating the evidential base for transforming healthcare quality.

New network studies announced at the Summit are forthcoming. You can be part of the solution in healthcare quality by conducting an improvement study in your agency. In this issue, the story on the “Network Study Pipeline” describes the near-future opportunities.

This Network News provides a glimpse of the Summit activities. You are invited to adopt and continue the momentum from the 2012 Summit: ISRN members can access Summit materials via our website: www.ISRN.net.

Mark your calendars for the 2013 Summit July 9-10, 2013, Grand Hyatt, San Antonio. Come for our patients. ✨

Network Study Pipeline

The next wave of ISRN studies are in the pipeline, with the ISRN processes, structure, and research associates proven to measure up to the task of rapid deployment of large, multi-site studies. The ISRN studies that are in the pipeline are built around the ISRN Stakeholder Research Priorities.

In the past few months, the *Improvement Science Research Network* transitioned from “building a research infrastructure” to “conducting improvement research studies” as our core business. The research and development phase (R&D) met the goal of the NIH/NINR ARRA Grand Opportunity Grant (3RC2NR011946), which was to build an infrastructure to advance a nascent scientific field, in our case, improvement science. With guidance from the ISRN Steering Council, we transitioned from R&D into conducting Network Studies in July 2011 and launched the first Network Study in September 2011.

Inside of nine months, 14 Site PIs aggregated into a research collaborative and conducted the STAR-2 study. The study, named Small Troubles, Adaptive Responses (STAR), was an extension of a previous study conducted by Co-PIs Stevens and Ferrer. In part, the STAR-2 study “float-tested” our new research vessel, the ISRN, to evaluate the strength of the cyber infrastructure and virtual collaboration approaches. In part, the STAR-2 study examined a crucial topic in medical surgical care: frontline engagement in identification of operational failures that pose barriers to safe and efficient care.

Following the successful float-test of the first project, plans were laid to launch additional Network Studies to address each of the ISRN Research Priorities. The Pipeline Table below provides key points about each study.

Note that each Network Study is open for ISRN members to become Site Investigators.

Study	Priority	Status
STAR-2	B-Microsystems	PHASE 2 IN DEVELOPMENT: Phase 1 Pocket Card complete in 14 hospitals. 20,000+ data points gathered and analyzed. The ISRN plans to expand this study due to its clinical relevance and will likely engage additional hospital partners in the near future. Site PIs are currently engaged in designing STAR-3 interventions to test.
Medication Errors and Cognitive Load	B-Microsystems	PHASE 1 CLOSED: Site PIs were named across 10 hospitals. Protocol has been IRB approved. Protocol Implementation Kit and training began October 2012.
TeamSTEPPS *	B-Microsystems D-Macrosystems	IN DEVELOPMENT: Project is under development by Network PI. Call for interested hospitals to participate in this study will be released 1st quarter of 2013.
Care Coordination	A-Transitions and Coordination in Care	IN DEVELOPMENT: Web Seminar August 2012 to activate ISRN member interest. Potential intervention identified for Network testing.
Care Transition	A-Transitions and Coordination in Care	IN DEVELOPMENT: Web Seminar July 2012 to activate ISRN member interest.
Improvement Collaborative	C-Uptake of Evidence-Based Practice	IN DEVELOPMENT: Project is on the drawing board.
“Your Study Here”	A, B, C, or D	You are invited to design a Network Study for launch across our 200+ member network. 🌐

ISRN Steering Council

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Call For Abstracts

SUMMER INSTITUTES ON EVIDENCE-BASED QUALITY IMPROVEMENT
JULY 9 - 13, 2013 (SPECIALTY PRE CONFERENCES JULY 10, 2013)
SAN ANTONIO, TX

Clinicians, Educators and Researchers share your EBP successes. Nurses, physicians, pharmacists, managers, and health professionals are invited to submit for consideration, abstracts consistent with the theme of these national, interdisciplinary conferences.

ABSTRACT SUBMISSION DEADLINE: Monday, March 4, 2013

IMPROVEMENT SCIENCE SUMMIT ON RESEARCH METHODS
July 9 - 10, 2013

Transforming healthcare through quality improvement and patient safety initiatives is a national priority which focuses on advancing healthcare improvement through research. We encourage you to submit abstracts on your quality improvement projects that match research priorities set forth by the *Improvement Science Research Network* (ISRN). For further details, see Research Priorities on www.ISRN.net

TOPICS FOR SUMMIT (not limited to):

- A. Coordination and Transitions of Care
- B. High-Performing Clinical Systems and Microsystems Approaches to Improvement
- C. Evidence-Based Quality Improvement and Best Practice
- D. Learning Organizations and Culture of Quality and Safety

REQUIRED SUBHEADINGS

- ★ Background
- ★ Purpose
- ★ Materials & Methods
- ★ Results
- ★ Conclusions
- ★ Bibliography

GUIDELINES FOR SUBMISSION: *New abstract submission requirements this year: abstracts will be accepted online only.*

Online abstract submission opens October 29, 2012.

For information on abstract requirements and to submit your abstract, visit our website at <http://www.regonline.com/2013summerinstitutesonEBOI>

ISRN Member Spotlight



THOMAS METHVIN, A.B. SOCIOLOGY HIGH HONORS (MAGNA CUM LAUDE), PRINCETON UNIVERSITY, M.S. CANDIDATE, HEALTHCARE ADMINISTRATION, TRINITY UNIVERSITY.

“Proficiency in improvement research and associated methodologies is foundational to my ability to achieve these [goals].”

Thomas Methvin, A.B. Sociology, M.S. Candidate, Healthcare Administration, is President of the IHI Open School San Antonio Chapter and an aspiring healthcare leader whose ultimate goal is to make a positive impact on the lives of patients, families, and the organizations entrusted to serve them. “Proficiency in improvement research and associated methodologies is foundational to my ability to achieve these ends.”

As President of the IHI Open School, Mr. Methvin is tasked in leading the organization to achieve the strategic goals, which center on empowering students in every profession to become powerful advocates, for improving the healthcare system to the benefit of patients, their families, and local community. “I spend much of my time trying to create partnerships in the local community with

like-minded entities such as the ISRN. I also focus a lot of time and effort on programming events, projects, and other opportunities for our IHI members to participate in and refine their ‘IQ for QI (Quality Improvement)’.”

Mr. Methvin learned about the ISRN through a personal outreach from Kathleen R. Stevens, RN, EdD, MSN, ANEF, FAAN, and ISRN Director, and was immediately drawn to her “contagious passion for QI.” With “proficiency in improvement research” high on the list of priorities on the road to achieving his goals, Mr. Methvin became a member of the ISRN and attended the 2012 Improvement Science Summit. “The Summit was by-far the best conference I attended this year and truly offered maximum return-on-investment. I met some outstanding experts from the field, reviewed cutting edge improvement research, and took away key paradigm-shifting insights which I plan on incorporating immediately into my constantly evolving mental models.” 🌟

ISRN Mission

To advance the scientific foundation for quality improvement, safety, and efficiency through transdisciplinary research addressing healthcare systems, patient-centeredness, and integration of evidence into practice.

How to get Involved

Become a member of the ISRN, the first national collaboration of clinical and academic leaders devoted to accelerating improvement science in a systems context across multiple hospital sites. Benefits include the following:

- Opportunities to participate in multi-site collaborations on patient safety and quality improvement research initiatives;
- Access to members-only ISRN online resources;
- Leverage of a national test bed for evaluating improvement strategies;
- Training resources such as IRB training;
- Expert guidance in conducting research;
- Technology infrastructure for participating in multi-site studies;
- Access to the ISRN web portal, which provides secure communication, storage, and sharing of documents and data;
- A technical support system that provides access to expert guidance in conducting research and using statistics; and
- Recognition as an ISRN member and use of the ISRN logo on presentations and publications.

To become a member of the ISRN visit: www.ISRN.net and click on "Join Us." ✨

Network News

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