Network News

Expert Perspectives

The Science of Team Science

Because conducting collaborative improvement science research is the focus of the ISRN's operational phase, Summit 2011 aimed to build skills in team science. NIH team science experts L. Michelle Bennett, PhD, and Howard Gadlin, PhD, offered a keynote address on the subject.

Both emphasized that multidisciplinary teams are essential to solving complex scientific problems and that successful teams are created through clear and effective leadership—not born of happenstance. Successful teams minimize destructive rivalry while fostering constructive disagreements, they said.

"Building the right team, articulating a clear vision for the project, and establishing trust are critical for successful collaborations."

L. MICHELLE BENNETT, PHD, DEPUTY SCIENTIFIC DIRECTOR FOR THE NATIONAL HEART LUNG AND BLOOD INSTITUTE, NIH

Summit 2011 Marks Shift to Operational Phase of ISRN

Kathleen R. Stevens opened Summit 2011 with good news about ISRN achievements and strategic directions.

"In years one and two, we built the ISRN 'airplane,' and this year we will fly it. There has been a great deal of participation by the Steering Council and other ISRN members to find the way forward."

KATHLEEN R. STEVENS, RN, MSN, EdD, ANEF, FAAN, ISRN PRINCIPAL INVESTIGATOR

The ISRN's work to advance the emerging field of improvement science has entered a second, operational, phase, said its principal investigator Kathleen R. Stevens in her welcome to Summit 2011 conferees. "In years one and two, we built the ISRN 'airplane,' and this year we will fly it," she said.

Stevens highlighted many gains in the ISRN's first phase: development of national research priorities, the launch of three landmark Network Studies, beta-testing of a cyber infrastructure, staffing the ISRN research Coordinating Center (at the University of Texas Health Science Center San Antonio),

progress on an improvement science taxonomy, recruitment of more than 200 ISRN members, and the creation of several "vibrant communications vehicles."

Last but not least, Stevens noted that a strategic plan aimed at making the ISRN a global and national leader in improvement science had just been completed (for more, see "Strategic Plan Set," p. 8). "There has been a great deal of participation by the ISRN Steering Council and other ISRN members to find the way forward," she said.

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Expert Perspectives

"Team leaders must manage the nonscientific issues such as process, trust, power, communication, and sharing credit and resources, so science can be the focus of the endeavor."

HOWARD GADLIN, PHD, OMBUDSMAN AND DIRECTOR OF THE CENTER FOR COOPERATIVE RESOLUTION, NIH

To ensure team success, trust must be built slowly through shared experiences such as weekly data meetings and teaching opportunities. Written "prenuptials" covering goals and tasks can be helpful, said Gadlin.

Participants must recognize that the team will go through several necessary phases: Forming, Storming, Norming, Performing, Adjourning, and Transforming.

The Storming phase—characterized by struggles resulting from threats to individual power, status, and autonomy—requires careful management but is essential to team success and makes the Performing phase—in which "members work together like a well-oiled machine"—possible, said Bennett.

For much more, see the *ISRN Research Collaborative Guide for Investigative Teams* at www.isrn.net/resources.

Summit 2011 Marks Shift to Operational Phase of ISRN

In keeping with the ISRN's new operational focus on conducting collaborative research to improve the quality and safety of patient care, Summit 2011 offered a series of presentations on research methods, beginning with a keynote address by NIH team science experts L. Michelle Bennett, PhD, and Howard Gadlin, PhD (for more, see "Expert Perspectives," pp. 1–2).

Swedish QI expert John Øvretveit, BSc (Hons), MPhil, PhD, CPsychol, CSci, MIHM, next presented a series of methodological pointers on how to better evaluate and present QI research (see "Evaluating QI Interventions," p. 4, for more).

"Quality Improvement Meets Research: Health Care Failure Modes and Effects Analysis (HFMEA)" featured the proactive risk assessment research of Texas Children's Hospital (TCH) at the Baylor College of Medicine. To address the risks and hazards embedded in the process of transitioning fragile preemies from the NICU to ambulatory care, study participants modified a Veterans Health Administration HFMEA scoring system and identified 114 potential failures modes within the discharge process, including 40 high-risk failure modes and 75 high-risk causes. The Agency for Healthcare Research and Quality (AHRQ) funded the research.
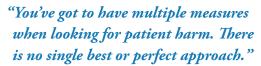
"Proactive assessment can address multiple potential failures in a process rather than just the points at which failure has already occurred," said presenter Virginia Moyer, MD, MPH, the project's principal investigator. One practical result of the research is TCH's use of a health educator to empower

Many Summit 2011 participants engaged directly with presenters and expressed strong interest in the ISRN's first three Network Studies (for more, see "Progress on Network Studies," p. 3).

parents to better care for their babies, said Moyer.

"We look at the problem of patient safety as if it were an epidemic," said presenter James Battles, PhD, social science analyst for patient safety at AHRQ. Battles said the first step in fighting the epidemic is to identify risks and hazards that lead to serious health care–associated conditions, such as central line infections.

"You've got to have multiple measures when looking for patient harm," said Battles, who recommends triangulation, which uses three or more different measurement approaches (e.g., event reporting, surveillance from discharge data, information from medical charts, and patient perceptions of care). Because each type of measurement has unique strengths and limitations, "there is no single best or perfect approach," he said.

"You've got to have multiple measures when looking for patient harm. There is no single best or perfect approach."

JAMES BATTLES, PHD, SOCIAL SCIENCE ANALYST FOR PATIENT SAFETY, CENTER FOR QUALITY IMPROVEMENT AND PATIENT SAFETY, AHRQ

The ISRN Coordinating Center: A Resource for Collaborative Research

Developing successful research collaboratives is central to the ISRN's mission to advance the scientific foundation for quality improvement, safety, and efficiency through transdisciplinary research. Diverse, multisite collaboratives can ensure that research results are credible and generalizable.

With the first of three ISRN multisite Network Studies about to begin (see "Progress" below), the ISRN Coordinating Center is opening its virtual doors "to help collaborating member academicians and clinicians conduct rigorous QI research at their own facilities," says Darpan Patel, PhD, the center's clinical research project manager. Patel oversees day-to-day center operations and contributes to its scientific objectives. "The center is here to assist with whatever researchers need to educate themselves and facilitate studies," says Patel.

This assistance includes a wide variety of services and materials. "Center staff will answer researchers' questions as Network Studies are being conducted, consult on studies to ensure rigor is maintained, act as a sounding board for ideas, be available for IRB and regulatory consults, and help sites with grant-writing, analysis, and finding research funding," says Frank Puga, PhD, center research scientist. Puga will coordinate the collaboratives and provide scientific support.

The center will greatly simplify collaborative startup efforts by providing standardized research protocols and protocol implementation kits, as well as templates for fulfilling IRB requirements.

Center staff are also prepared to help collaborating researchers form successful teams, by using the principles of team science, says Puga. Members may request the center's new guide to collaboration (for more on the science of team science, see "Expert Perspectives," pp. 1–2 of this issue).

New e-reading and e-learning rooms contain research bibliographies, archived presentations, and a compendium of research instruments—all available to members at www.isrn.net.

To contact the center directly between 8 a.m. and 5 p.m. central standard time, call (210) 567-1480 or use the Contact Us form at www.isrn.net. ✹

Pictured above are ISRN Coordinating Center staff Darpan Patel, PhD (left), clinical research project manager , and Frank Puga, PhD, research scientist. A third staff member, senior scientist Grace Willard (not pictured), is working on an improvement science taxonomy.

Progress on Network Studies

STAR 2: Frontline Nurse Engagement in Quality Improvement. The ISRN Coordinating Center reports that there was strong interest in STAR-2 (Small Troubles, Adaptive Responses; also known as the Pocket Card study). Some 55 sites inquired about participation, and 34 submitted letters of intent, from which 14 sites have been chosen to form the initial phase of the research collaborative for this first Network Study.

STAR-2, which significantly expands the scope of STAR-1, an RWJF-funded study, will test bedside clinicians' use of pocket-sized cards to identify, report, and systemically address small operational failures such as missing supplies, malfunctioning equipment, and poor communications that can diminish the safety and quality of patient care, as well as frustrate and exhaust staff.

Preventing Medication Errors. The center will begin soliciting letters of intent in January 2012 for the second Network Study, called Impact of Cognitive Load, Interruptions, and Distractions on Medication Administration Errors.

According to the 2006 IOM report Preventing Medication Errors, at least 1.5 million people are harmed by medication errors each year. Nurses are often the last defense against such errors, yet they are especially susceptible to interruptions and cognitive overload because they must multitask. The study will inform the development of targeted interventions to help practitioners prevent medication errors and improve patient safety.

Team Performance For Patient Safety. The center will solicit letters of intent to join the third Network Study, in the summer of 2012. This study seeks to understand how organizations effectively integrate into practice teamwork principles from the evidence-based training program Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS).

"We know that TeamSTEPPS works and thrives in pockets of excellence but to transform health care we need to know how and why innovative solutions work in different settings," says Heidi King, MS, FACHE, network coinvestigator and deputy director, Department of Defense Patient Safety Program.

To learn more about the Network Studies, visit www.isrn.net and select "Improvement Studies" and Network News 2 (pp. 4–5). To inquire about or express interest in study participation, contact the ISRN by email or phone, using the Contact Us information on page 8. ✹

Evaluating Quality Improvement Interventions

"We stand on others' shoulders, using what others have found to be effective. If you assume a change is effective, and it is not, you could spread something useless. So you have a duty to make sure you've drawn valid conclusions."

JOHN ØVRETVEIT, BSC (HONS), MPHIL, PHD, CPSYCHOL, CSCI, MIHM, DIRECTOR OF RESEARCH, PROFESSOR OF HEALTH INNOVATION IMPLEMENTATION AND EVALUATION, MEDICAL MANAGEMENT CENTRE, THE KAROLINSKA INSTITUTET, STOCKHOLM

Swedish QI expert John Øvretveit's two conference segments offered a wealth of methodological pointers aimed at helping conferees strengthen their research, improve their presentation of research findings, and thereby spread truly useful interventions.

Six of his key themes appear below in condensed form. ISRN members may access Øvretveit's presentations in their entirety at www.isrn.net/events.

Value Small Steps: Be happy to go one step at a time rather than one leap at a time. Incremental improvement is still improvement, and you can check results before your next modifications.

Plan Ahead: All research has a customer, and different customers require different research designs. Ask who is the research for and to make which decisions?

Align Research Design and Interventions with Organizational Culture: If the site of research is accustomed to checklists, a checklist intervention may encounter less resistance and be adopted more quickly.

Collect the Right Data: Data collection is expensive, so first check to see whether usable data is available elsewhere. Don't collect data that you can't link back to your intervention. Be aware of likely data challenges, and be forthright about the limitations of your data.

Describe Interventions Fully and Clearly: In addition to data, you will need descriptive stories of your intervention. Describe your intervention in all its messiness. Until others are clear about what the intervention was, they will not be interested in your data. Do not present data without stories or stories without data.

Discuss Cost: A good way to assess cost is to compare the cost of the problem with the cost of the intervention. Report the difference without exaggeration: "It is likely we wouldn't save more than X amount."

Research Resources: *Evaluating QI Interventions*

Videos of Dr. Øvretveit's two Summit 2011 presentations are available to members of the ISRN at www.isrn.net/events.

Extensive Web resource archives include http://public.me.com/johnovr and www.ihi.org/offerings/IHIOpenSchool/Pages/default.aspx.

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The Cost of Improvement

"If improvement science is going to inform policy, we need to consider the costs of improvement," says ISRN principal investigator Kathleen Stevens. "Policymakers want to know what the return on investment will be."

This is a rich area for research, according to experts Anne-Marie Audet, MD, MSC, SM, vice president of the Health System Quality and Efficiency Program at the Commonwealth Fund, and Jack Needleman, PhD, FAAN, professor in the Department of Health Services, UCLA School of Public Health, associate director of the UCLA Patient Safety Institute, and member of the ISRN Steering Council.

"We know a lot about the cost of poor quality, of not implementing best practices, but we don't know enough about the costs of implementing quality interventions," says Audet. "When we introduce an intervention, what is the value and the return on investment? In order to capture a true sense of the costs, researchers in large systems with complex and multidimensional interventions are starting to involve actuaries in research design, since they have organized ways of looking at inputs and outputs."

Audet suggests that finance stakeholders be involved in the research design. "For example, what is your chief financial officer likely to ask you about the costs of an intervention? If you know ahead of time, you can plan to collect the data that you will need."

Needleman identifies staff levels as a key variable for safe care. For example, existing research on connections between staffing and quality shows that some hospitals have dangerously inadequate staffing levels. "What is the cost of bringing staffing and other elements of care up to what is needed to ensure safe and reliable care?" he asks.

He also argues for more research on incentives that drive better care. "We need more research and analysis on how payment systems should be evolving to develop the right incentives for delivering safe and reliable care to patients," says Needleman.

Finally, he sees an opportunity for improvement science to show how costs of staff and resources can be reduced by re-engineering the work. "Research in improvement science is fundamentally about redesigning care processes to increase the efficiency with which care is delivered and to increase the safety and reliability of care. Improvement science researchers should build an analysis of efficiency as well as the safety and reliability impacts of their initiatives into their research."

"We know a lot about the cost of poor quality, of not implementing best practices, but we don't know enough about the costs of implementing quality interventions."

ANNE-MARIE AUDET, MD, MSC, SM, VICE PRESIDENT OF THE HEALTH SYSTEM QUALITY AND EFFICIENCY PROGRAM AT THE COMMONWEALTH FUND

Research Resources: *Considering Cost*

Dall, T. M., et al 2009. The economic value of professional nursing. *Medical Care* 47 (1): 97–104.

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KATHLEEN R. STEVENS, RN, MSN, EdD, ANEF, FAAN, ISRN PRINCIPAL INVESTIGATOR

Note
FROM THE DIRECTOR

Cost Versus Value

The mission of our national research network is to increase the scientific foundation of improvement science through work that throws light on which strategies are effective and which are not.

Because health care policy informed by knowledge of cost and value is the key to driving transformation of our health care system, our ISRN research priorities are zeroing in on high-cost areas.

To do this work, we need comparative effectiveness research that determines which of two or more useful interventions delivers more value.

Although the term "cost" focuses only on the money involved, the term "value" encompasses both cost and the burden of the intervention (e.g., psychosocial consequences) on the patient and family.

If two interventions are equally effective, the one that costs the least and has the lightest burden delivers the most value.

RESOURCES

The Collaboration Success Wizard: Supporting Team Science

The ISRN is dedicated to rigorously testing health care improvement strategies through multisite research studies and academic-practice partnerships. "Though collaborative research produces important results, it can be challenging to form highly functioning and effective teams across multiple disciplines and sites," says Gary M. Olson, PhD, University of California, Irvine.

Olson and his coinvestigators have developed the Collaboration Success Wizard, a web-accessible assessment tool that helps researchers in large networks understand the strengths and vulnerabilities of their collaborative research project and provides a report that suggests ways to improve. The tool, derived from extensive research and experience, will be integrated into the research collaboratives working on the Network Studies.

According to Olson, the success of a collaboration depends on five factors: **the nature of the work** (it is easier to collaborate on work that can be apportioned, for example); **common ground** among collaborators (sharing beliefs and terminology, for example); a **readiness to collaborate** (the community wants to collaborate and has a good mix of skills, for example); **wise management, planning, and decisionmaking** (principals have time to do the work, the planning process has room for reflection and redirection, and financial and legal issues have been decided, for example); and **appropriate technology** (having a common, reliable platform, for example).

The Collaboration Success Wizard is being used by ISRN collaboratives to measure readiness against these and other factors. "The process of working through the assessment teaches participants, even before they get their report," says Olson.

Learn more at www.isrn.net/resources or write ImprovementScienceResearch@isrn.net.

"Though collaborative research produces important results, it can be challenging to form highly functioning and effective teams across multiple disciplines and sites."

GARY M. OLSON, PHD, DONALD BREN PROFESSOR OF INFORMATION AND COMPUTER SCIENCES, DEPARTMENT OF INFORMATICS, BREN SCHOOL OF INFORMATION AND COMPUTER SCIENCES, UNIVERSITY OF CALIFORNIA, IRVINE

How the ISRN Is Serving Graduate Education

"Improving our work is our work," says Cathy Rick, RN, NEA-BC, FACHE, chief nursing services officer, Veterans Health Administration, Department of Veterans Affairs, and member of the ISRN Steering Council. Rick's dictum assumes that preparation of the next generation of researchers has to include improvement science. The ISRN is in fact preparing students to become successful entrants into the scientific workforce by offering them professional development opportunities and knowledge about what works.

A number of graduate students attended parts of the Improvement Science Summit and Summer Institute. "This opened up new worlds of possibilities for them," says JoAnn D. Long, PhD, RN, NEA-BC, professor and director of Research and Development, Department of Nursing, Lubbock Christian University.

Graduate student Samjhana Pandey Sedhain agrees: "In the Evidence-Based Practice [EBP] session, we examined the elements of the ACE STAR Model of Knowledge Transformation. This was totally new to me. The model helped me to understand the cycle, nature, and characteristics of knowledge used in various aspects of EBP. It provides

Pictured above are graduate students from Lubbock Christian University who attended the Improvement Science Summit and Summer Institute, with mentor JoAnn D. Long, PhD, RN, NEA-BC.

a framework for systematically putting EBP processes into action."

The ISRN invites graduate students to join as members and plans to provide training grants and internships for students. Readers can contact the ISRN Coordinating Center to learn about fellowship and internship opportunities.

Producing Scientific Knowledge on the Front Lines

"Leaders need evidence in order to continuously improve health care delivery, and that evidence needs to be broader than counting whether particular best practices occurred," says Steering Council member Patricia Benner, RN, PhD, FAAN.

"Checklists and other quality measures can improve patient safety, but these quality measures don't address the broad range of frontline knowledge needed to improve practice, including clinical trials and translational research, for example," says Benner. "The ISRN rejects the narrow managerial view that replaces situated clinical judgment with centralized control and is bringing together new methods and research strategies to broaden and redefine the field of improvement science."

For Benner, the ways the ISRN engages frontline workers in

"We need to hold onto the vision of the nurse as a knowledge producer on the front line."

PATRICIA BENNER, RN, PHD, FAAN, PROFESSOR EMERITA, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, AND MEMBER, ISRN STEERING COUNCIL

adding to the evidence base through research connects well with major goals in The Future of Nursing: Leading Change, Advancing Health, a groundbreaking report published in 2010 by the IOM and RWJF.

Benner mentions in particular two key messages in the report: "Nurses should practice to the full extent of their education and training," and "Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States."

"The IOM is calling for us to prepare nurses to participate in policy and to sit in leadership circles," says

Benner. "For that we need a strong understanding of what does and doesn't work in health care. We need to hold on to a vision of the nurse as a knowledge producer on the front line." The ISRN's Coordinating Center, summits, cyber infrastructure, and Network Studies can deliver a critical part of this preparation and will help make the vision real, says Benner.

Benner mentions the ISRN's Pocket Card Network Study as an important discovery-oriented approach to improvement science in which frontline workers take responsibility for adding to the evidence for good care.

Supporting a Culture of Evidence-Based Practice for Magnet

To explain why frontline workers need to be engaged in transforming care though research, Steering Council member Vivian Low, MPH, RN, RN-BC, quotes Florence Nightingale, a pioneer in using data to improve patient care. According to Nightingale, "it may safely be said, not that the habit of ready and correct observation will by itself make us useful nurses, but that without it we shall be useless with all our devotion."

"This captures the essence of the ISRN for me," says Low. "The ISRN

focuses on defining improvement science across systems to help health professionals achieve better design and evaluation so that we understand the cause and effect of what we do. It is a gathering of strategies and transformation of information that will enable compassionate care based on the best evidence."

"One of the requirements of Magnet hospitals is that they have a culture of rich evidence-based practice and resources available to support the

bedside nurse," says Low. "This can be a challenge for hospitals that don't have robust research resources. By creating multidisciplinary and multisite networks, the ISRN makes it possible for smaller hospitals to build that culture."

Low finds that implementing evidence-based practices education through organizations like the ISRN has a positive measurable impact for individual nurses, too. She has used the ACE Evidence-Based Practice Readiness Inventory, an online tool that measures self-reported competencies to indicate the evidence-based practice readiness of RN clinicians. Low finds that strategies such as those of the ISRN "validate the clinical expertise of investigative work to deliver improved care, compassionate care" and can be transformative for the practice of individual nurses.

"The ISRN focuses on defining improvement science across systems to help health professionals achieve better design and evaluation so that we understand the cause and effect of what we do."

VIVIAN LOW, MPH, BSN, RN-BC, CHAIR, NURSING RESEARCH COUNCIL EL CAMINO HOSPITAL; MANAGER, CARDIOVASCULAR PULMONARY WELLNESS CENTER, EL CAMINO HOSPITAL, AND MEMBER, ISRN STEERING COUNCIL

Strategic Plan Set for ISRN Advancement

By 2014, the ISRN will have established itself as a global and national leader in improvement science, a trusted advisor to policymakers, and the preeminent resource for education in this emerging field. So says the bold new strategic plan developed by the ISRN Steering Council (June 2011). The plan outlines six steps to make this vision real:

- **Build Strategic Alliances**
- **Expand the Number of Landmark Studies Conducted**
- **Demonstrate Impact through a Powerful Dissemination Capacity**
- **Multiply the Number of Member Research Associates**
- **Enhance Cyber Infrastructure**
- **Ensure Sustainable Resources**

"Since 2009, the first ISRN Steering Council has moved the network from a 12-page proposal through an R&D stage to operation of its core business—research," says Kathleen Stevens. "Now the Council has produced a brilliant strategic vision and plan for the next three years." Stevens and other ISRN leaders are optimistic about prospects for achieving the vision.

"We are courting alliances now with like-minded organizations to increase the synergy for our related missions, and we invite members to nominate alliance prospects," says Stevens.

"The ISRN is filling a huge void because many hospitals—including many seeking Magnet recognition—don't have the resources to do research," says Sarah Humme, MSN, RN, NE-BC, chief nursing officer for Methodist Texsan Hospital (San Antonio) and ISRN Steering Council member. "As the ISRN conducts more research and demonstrates impact, new members will flock to the network. There is a yearning out there to do research impacting nursing practice."

Making participation in research both easy and meaningful will also attract members, says Steering Council member Mary Salisbury, RN, MSN, president, the Cedar Institute, Inc. The Coordinating Center, the evolving user-friendly cyber infrastructure, and the emerging taxonomy will bear fruit, particularly with more intentional communication of the ISRN's "great strengths," says Salisbury.

ISRN Steering Council

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Network News

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Joining the Network

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 multisite 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 multisite studies;
- Access to the ISRN web portal, which provides secure communication, storage, and sharing of documents and data; and
- A technical support system that provides access to expert guidance in conducting research and using statistics.

To become a member of the ISRN, visit www.isrn.net and click on "Join Now."

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