

# Stanford Medicine Center for Improvement CONNECTOR

VOLUME 02 ISSUE 11

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Leadership Update

## SMCI FY 2022 and Aspirational Goals

Update from SMCI Senior  
Advisor

*Elizabeth Joyce Freeman, Senior  
Advisor, SMCI*

The SMCI Advisory Committee met on October 15, 2021, to review the FY 2021 Quality reports from the SCH and SHC Chief Quality Officers, Drs. Donnelly and Maggio, and to give feedback on SMCI achievements in FY 2021 and goal setting for FY 2022. Among the achievements highlighted:

- Growth to 704 Affiliates & 75 Fellows
- Launch and Completion of ACIS Cohort 1; Launch of ACIS Cohort 2
- Launch of SMCI Improvement Video Series
- Launch of monthly SMCI Newsletter and Lecture Series and inclusion of CME for lecture series attendance
- Compilation and sharing of 350+ improvement publications from SMCI Affiliates and Fellows CY20; over 550 to date CY21
- Launch of second annual SMCI Improvement Publications Competition
- PCORI Award for development of Safety First Aid tool with RAND
- Successful hosting of 6th Annual Lean Academic Healthcare Conference

The Advisory Committee also reviewed both the FY 2022 SMCI Committee/Work Group goals and SMCI's aspirational 5-year goals. We are extremely fortunate to have world-class leaders in Quality Improvement on our SMCI Advisory Committee ([Advisory Committee](#)). They challenged us to expand our lens beyond Stanford Medicine and to explore how SMCI can influence quality performance measurement. They

## Event Announcements

### SMCI Lecture Series

#### Save the date!

Please save the date for our future SMCI Lecture Series

December 14 12p, PDT

Title: Implementation  
Science: Some basics and  
cutting edge advances



Presenter: Mark McGovern,  
MD

[Click here](#) to access  
recordings of past SMCI  
lectures



2022 dates coming soon!

also challenged us to move the Advanced Course in Improvement Science (ACIS) to either a master's degree or Certificate program.

[READ MORE](#)

[Sign up](#) to be a member of SMC1 for more information on upcoming events



Stanford Medicine Update

## Reflections on SHC's #10 Vizient Ranking

Perspectives from SHC Nursing Executive Leadership

Sharon Hampton, PhD, RN and Dale Beatty, DNP, RN



### Sharon Hampton, PhD, RN, Associate Chief Nursing Officer, Patient Care Services, Stanford Health Care

During the past 18 months we not only experienced a global pandemic but a social justice movement. America was awakened and was asking for action. In response, the PCS leadership team committed to the 6C's of inclusive leadership: courage, cognizance of bias, curiosity, cultural intelligence, collaboration, and commitment. We also committed to being "anti-racist" and took active steps to educate ourselves and others and to treat our patients, peers and co-workers with dignity and respect. The PCS leaders and their teams acknowledged and mitigated their own biases and preferences and opened their eyes and minds to the hopes and needs of our customers to inform better decision-making and ultimately better patient outcomes. The PCS leaders became "customer-centric" and demonstrated empathy and connectedness with our patients and teams as they advocated for safe and equitable care. I believe that the courage to stand in the gap and be the voice of the voiceless is reflected in our LTR and Vizient scores. Patient Care Services has chosen to be on the right side of history and to make Stanford the number one place to seek care.



### Dale Beatty, DNP, RN, Chief Nurse Executive, Stanford Health Care

*Patient Care Services structural changes were instrumental in the improvement of our patient engagement / patient satisfaction scores.*

In June 2018, the Chief Nurse Executive (CNE) advocates for his vision of a strategic change in leadership positions within nursing and PCS. The plan incorporated four Associate Chief Nursing Officers into his direct reporting team to enhance the support of our frontline nursing staff and patients. The change in leadership infrastructure would facilitate greater visibility and representation for nurses and interprofessional teams.

ANCC Magnet designation played a pivotal role, as one of the key differences at SHC is the density and professional maturation of our management structure relative to total

nursing staff. The increased number of nurse leaders is hypothesized to enhance management's accessibility, visibility, and responsiveness to staff, which has been linked to increased job satisfaction in Magnet hospitals (Upenieks, 2003). In total, the CNE added 16 new PCMs and 30 APCMs to the PCS Leaders to support the opening of our new hospital (500P). [READ MORE](#)



## Networking

### Health Equity Action Leadership (HEAL) Network

Jill Evans, MPH, Research Program Director, Pediatrics - Infectious Diseases, Stanford University, School of Medicine

One of the pressing needs for the School of Medicine has been to provide faculty colleagues who have similar research interests the opportunity to network, co-learn and collaborate. In an effort to provide an opportunity to support collaborative work in health equity, Bonnie Maldonado and her team formed the Health Equity Action Leadership (HEAL) Faculty Network. Based in research and scholarship, the HEAL Network brings faculty together to determine how to better address health inequities through research. The HEAL Network provides faculty opportunities to:

- Develop a network across department silos
- Lead and participate in education and training focused on health equity research
- Receive and provide mentorship
- Identify collaborative research and funding opportunities



A few of the accomplishments of the HEAL Network thus far include:

- Formation of a HEAL Network Steering Committee including: Latha Palaniappan, MD, MS; Fátima Rodriguez, MD, MPH, FACC, FAHA; Lisa Goldman Rosas, PhD, MPH; Lee Sanders MD, MPH; Maame Yaa Yiadom, MD, MPH, MSCI; Yvonne (Bonnie) Maldonado, MD; Magali Fassiotto, PhD, and Jill Evans, MPH.
- Launched the [HEAL Network Website](#).
- Initiated a listserv of HEAL Network members to share information and opportunities related to health equity research including networking, education and training, mentorship, and funding opportunities. [READ MORE](#)

### HEAL Fireside Chat

**December 9** 12pm, PDT  
Title: Health Equity Research in Genetics

### Improvement Training Programs

[RITE](#) Realizing Improvement through Team Empowerment

[CELT](#) Clinical Effectiveness Leadership Training

[PE](#) Process Excellence

[ACIS](#) Advanced Course in Improvement Science

[SMCI Video Series](#) Stanford Medicine Center for Improvement Video Series



## Project Planning

### Is your Power out?

**Don't call the  
electrician...  
You might need a  
Power Calculation!**



### **Using free tools for determining sample size in pre-evaluation planning**

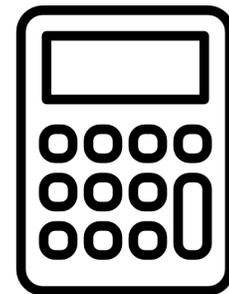
ESU Quantitative Team: Marcy Winget, PhD, Samantha M.R. Kling, PhD, RD, Donn W. Garvert, MS, Darlene Veruttipong, MPH, Winnie Wu, MPH, Liberty Greene, MS, MEd

#### **What is power?**

Power is the probability of detecting an effect if it exists, or, in other words, the probability of rejecting the null hypothesis when it is false. Typically, we aim to have  $\geq 80\%$  chance (power) to detect statistical significance of  $p \leq 0.05$  for the outcome of interest. Power can be calculated in planning stages to generate recommended sample sizes or post-hoc to report how powered your final study was to detect an effect. We will focus on the former here.

#### **Why might I need a power calculation before conducting my Quality Improvement (QI) evaluation?**

While planning an evaluation, calculating power can provide a recommended sample size to inform appropriate scoping and assess feasibility of an idea for a quantitative-focused project. For example: Can I even recruit or observe that many participants from my population and can I do that within my timeline? Is this grant/amount of funds appropriate for this size of project? A power calculation may even be required by your funder.



#### **Are there free tools that I can use to generate a power calculation?**

Yes, there are a wide range of free tools ([here](#), [here](#), and [here](#), for example) for basic evaluation designs and statistical tests. We will walk through two power calculators for estimating sample size when the outcome of interest is the proportion of a population that has a particular property, a common outcome in quality improvement efforts. For example, proportion of clinicians/staff experiencing burnout, proportion of patients who received a new treatment regimen, or proportion of patients completing follow-up care within 2 weeks of discharge. We will use the latter outcome in two examples below. [READ MORE](#)



#### **Interested in Joining Us?**

Together, we are creating a community of improvers that is inclusive of everyone in the Stanford Medicine community.

[Join SMCI today](#)

*Special Thanks to the SMCI Communications Workgroup!*

*Amy Alcantara, Teri Ard, Nathalie Cheng, David Crichton, Lisa Freeman, Roxanne Hyke, Kathleen Lacar, Celina Meza, Jose Munguia, Sharon Platt and Hayley Tse*  
*If you would like to join our team, please contact us at [SMCI@stanfordhealthcare.org](mailto:SMCI@stanfordhealthcare.org)*



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