5. Tools and Toolkits

A. VA HSR&D Cyber Seminars on Tools and Toolkits

B. Links to Implementation Toolkits, Conferences, Consortiums, and Trainings

This section of the Guide is devoted to tools and toolkits that focus on the implementation of evidence-based practices to improve the quality of care for Veterans.

As QUERI groups have conducted projects focusing on translating evidence-based practices into routine care, many groups developed their own tools to assist in the implementation of these projects.

Additionally, other tools, toolkits, and resources are available from a number of organizations outside VA. In this section of the Guide, brief descriptions of the tools and resources are presented, with links to these items themselves, which may be useful for future implementation projects – either as tools to be adopted or to serve as models for new product development. The Guide also provides the names of contact persons.

A. VA HSR&D/QUERI Cyber Seminars on Tools and Toolkits

**Suicide Prevention Interventions and Suicide Risk Factors and Risk Assessment Tools**

http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/esp-061112.cfm ,

Date: 6/11/2012

Series: ESP (Spotlight on Evidence-based Synthesis Program)

Presenters: Bradley, John; Haney, Elizabeth; O'Neil, Maya; and Valenstein, Marcia

Description: This cyberseminar presented two systematic reviews on suicide risk and prevention. The body of research on suicide prevention approaches has been reviewed previously by Gaynes et al., and Mann et al., which were updated in these reports. Suicide Risk Factors and Risk Assessment Tools: Risk factors for suicide in Veteran and military populations identified in more than one study include: white race, bipolar disorder, and substance abuse, and for suicide attempts include: PTSD, depression, psychiatric conditions, prior suicide attempt, alcohol misuse, and history of sexual abuse. Few studies evaluated emerging risk factors, such as traumatic brain injury, among current military personnel and Veterans. There is limited research on the predictive power of suicide risk assessment tools, particularly in populations of Veterans and members of the military. Civilian research has highlighted tools such as the Beck Hopelessness Scale, among others, as showing the most promise for prediction of self-directed violence. Future research should emphasize assessment tools that are brief, conducive to primary care settings, and commonly used in VA and military settings. Suicide Prevention Interventions and Referral/Follow-up Services: Research on pharmacological and psychotherapeutic interventions, as well as referral and follow-up services, was reviewed and summarized. Overall, there is limited evidence
supporting the effectiveness of pharmacological interventions and referral and follow-up services in preventing suicidal self-directed violence. The best available evidence supports the use of problem-solving therapy with patients who have a history of hospitalization for repeated self-harm and dialectical behavior therapy with patients who have a diagnosis of borderline personality disorder.

Aligning Patient Needs with Self-Management Programs


Date: 5/16/2012
Series: PACT (Patient Aligned Care Teams (PACT) Demonstration Labs)
Presenters: Holtz, Bree and Long, Judith
Description: In this cyberSeminar, investigators from two PACT Demonstration Labs presented examples of supporting behavior change in Veterans. Dr. Holtz discussed the Navigator System, a tool for linking patient preferences, goals, and needs to enhanced care and self-management programs. Dr. Long then described a model of supporting behavior change in Veterans using peer mentors to improve diabetes control.

Delirium: Screening, Prevention, and Diagnosis

http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/esp-101311.cfm

Date: 10/13/2011
Series: ESP (Spotlight on Evidence-based Synthesis Program)
Presenters: Wilt, Timothy and Greer, Nancy
Description: Delirium is a common syndrome in hospitalized adults and is associated with adverse outcomes including increased mortality, morbidity, and length of stay. Strategies to detect delirium earlier and to prevent the development of delirium in patients at risk have been advocated. Investigators presented a review of the evidence regarding screening for delirium, strategies to prevent delirium, and the comparative diagnostic accuracy of tools used to detect delirium.

Introducing the VA Quality Improvement Toolkit: Colorectal Cancer Care

http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/qip-042711.cfm
Description: What is the Quality Improvement Toolkit: Colorectal Cancer Care? The Toolkit is the second in a new series of web-based resource guides being developed for quality improvement professionals trying to improve care for a number of high-priority conditions. The Toolkit is available on the VA Intranet:
https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/Pages/toolkit_homepage.aspx

The CRC Toolkit offers technical, organizational, and clinical innovations (tools) that may help your facility improve performance on national VA quality metrics. Every tool included has been carefully matched to relevant OQP quality indicators or monitors. This makes it easy for you to identify the particular Tools that may help improve performance on specific metrics.

Intended audience: Clinicians and other staff involved in the diagnosis and treatment of CRC (e.g., leadership and staff from oncology, pathology, radiation oncology, palliative care, primary care); VISN and medical center staff involved in quality management and systems redesign; VISN and medical center leadership; and EPRP coordinators.

Quality Improvement Toolkit: Lung Cancer Care

Description: What is the Quality Improvement Toolkit: Lung Cancer Care? The Toolkit is the first of a series of web-based resource guides being developed for quality improvement professionals trying to improve care for a number of high-priority conditions.

Each toolkit will offer technical, organizational, and clinical innovations (tools) that may help your facility improve your performance on national VA quality metrics. Every tool included has been carefully matched to one or more relevant OQP quality indicators or monitors. This makes it easy to identify the particular tools that may help improve performance on specific metrics.
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Intended audience: Clinicians and other staff involved in diagnosis and treatment of lung cancer (e.g., leadership and staff from oncology, thoracic surgery, pathology, radiation oncology, pulmonology, palliative care, primary care); VISN- and medical center staff involved in quality management and systems redesign; VISN and medical center leadership; and EPRP coordinators.

AHRQ’s Health Literacy Universal Precautions Toolkit: A Sine Qua Non for a Patient-Centered Medical Home

http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/qir-110910.cfm

Date: 11/9/2010
Series: QIR (QUERI Implementation Research)
Presenters: Brach, Cindy and Noonan, Laura

Description: Cindy Brach, the lead for health literacy at the Agency for Healthcare Research and Quality, described a new toolkit designed for primary care practices to promote better understanding by all patients. The cyberseminar addressed the need for health literacy universal precautions (i.e., minimizing risk for everyone when it is unclear which patients may be affected), and reviewed several of the 20 tools that address spoken and written communication, self-management and patient empowerment, and supportive systems. Laura Noonan, a pediatrician from North Carolina, shared her experiences in piloting the toolkit and using it in a health literacy collaborative. Input into the development of health literacy quality improvement and performance measures will be sought from cyberseminar participants.

B. Links to Implementation Toolkits, Conferences, Consortia, and Trainings

Resource: AHRQ Innovations Exchange

Description: The Innovations Exchange helps solve problems, improve healthcare quality, and reduce disparities by helping researchers to find evidence-based innovations and QualityTools, view new innovations and tools published biweekly, and learn from experts through events and articles.

Innovations & QualityTools
- Disease or Clinical Category
- Patient Care Process
- Setting of Care
- Patient Population
- Stage of Care
- IOM Domains of Quality
Resource: Heart Failure Toolkit for Providers

**Description:** The Heart Failure (HF) Toolkit for Providers [http://www.queri.research.va.gov/CHF/products/hf_toolkit/default.cfm](http://www.queri.research.va.gov/CHF/products/hf_toolkit/default.cfm) has been developed by VA’s Chronic Heart Failure (CHF) QUERI [http://www.queri.research.va.gov/CHF/default.cfm](http://www.queri.research.va.gov/CHF/default.cfm). It offers a comprehensive set of resources to assist providers in managing heart failure, and focuses on several key areas in the management of HF with downloadable documents. The tools are organized by their source: Veterans Affairs (VA), non-VA, or other.

HF Tools are available in the following categories:
- Practice guidelines
- Clinical pathways
- Clinical algorithms
- Screening forms and chart reminders
- Admission order sets
- Discharge process, orders, and instructions
- Best practices
- Related provider education tools
- Related patient education materials
- Related caregiver materials
- Related communication tips for patients
- Related quality of life measures
- Mortality risk models

**Link:** [http://www.queri.research.va.gov/CHF/products/hf_toolkit](http://www.queri.research.va.gov/CHF/products/hf_toolkit)

**Contact:** Anju Sahay PhD at [Anju.Sahay@va.gov](mailto:Anju.Sahay@va.gov)
Description: The PACT Toolkit is part of the VA Quality Improvement Toolkit Series. The goal is to produce and disseminate quality improvement resources nationally. This is an interactive site designed to help implement the Patient Aligned Care Team (PACT) initiative at VA facilities to improve their performance measures and quality improvement efforts.

This toolkit is a centralized library offering access to a range of innovations, or "tools," in care delivery and organization that have been developed by VA colleagues nationwide. To help identify the innovations to be adopted, each one has been matched to one or more of the three main PACT Pillars:

Access
- Offer same day appointments
- Increase shared medical appointments
- Increase non-appointment care

Care Coordination & Management
- Focus on high-risk patients (identify, manage, and coordinate)
- Improve care (prevention and chronic disease)
- Improve transitions between PACT and inpatient, specialty, and broader teams

Practice Redesign
- Redesign teams (roles and tasks)
- Enhance communication and teamwork
- Improve processes (visit work and non-visit work)

Link: VA’s Intranet (SharePoint) site may be accessed only from a VA network computer: https://vaww.visn11.portal.va.gov/sites/VERC/va-case/info/PACTToolkit/SitePages/Home.aspx
Contact: Laura York at Laura.York@va.gov

Resource: Stroke Toolkit

Description: This toolkit has been created by the VA’s Stroke-QUERI http://www.queri.research.va.gov/str/default.cfm to provide resources and materials to help improve stroke care. This toolkit provides examples of specific tools for stroke quality indicators through the continuum of stroke care or by a specific type of resource or tool.
Stroke Quality Indicators

Emergency Room/Early Admission
- Dysphagia Screening before Oral Intake
  http://www.queri.research.va.gov/tools/stroke-quality/dysphagia.cfm
- Early Ambulation
  http://www.queri.research.va.gov/tools/stroke-quality/early-ambulation.cfm
- Fall Assessment by End of Hospital Day 2
  http://www.queri.research.va.gov/tools/stroke-quality/fall.cfm
- NIH Stroke Scale
  http://www.queri.research.va.gov/tools/stroke-quality/nih-stroke-scale.cfm
- Pressure Ulcer: Braden Scale within 24 hours of Admission
  http://www.queri.research.va.gov/tools/stroke-quality/pressure-ulcer.cfm
- Thrombolytic Therapy Administered
  http://www.queri.research.va.gov/tools/stroke-quality/thrombolytic.cfm

Hospitalization
- Antithrombotic Therapy by end of Hospital Day 2
  http://www.queri.research.va.gov/tools/stroke-quality/antithrombotic-day2.cfm
- Deep Vein Thrombosis (DVT) Prophylaxis by End of Hospital Day 2
  http://www.queri.research.va.gov/tools/stroke-quality/dvt.cfm
- Initial Functional Assessment (FIM) Completed
  http://www.queri.research.va.gov/tools/stroke-quality/fim.cfm

Discharge
- Anticoagulation for Atrial Fibrillation
  http://www.queri.research.va.gov/tools/stroke-quality/anticoagulation.cfm
- Antithrombotic Therapy at Discharge
  http://www.queri.research.va.gov/tools/stroke-quality/antithrombotic-discharge.cfm
- Discharge on Cholesterol Reducing Medication
  http://www.queri.research.va.gov/tools/stroke-quality/cholesterol.cfm
- Smoking Cessation/Advice/Counseling
  http://www.queri.research.va.gov/tools/stroke-quality/smoking.cfm
- Stroke Education
  http://www.queri.research.va.gov/tools/stroke-quality/stroke.cfm

Resources and Tools
- Data Collection and Reporting Tools
- Guidelines
  http://www.queri.research.va.gov/tools/stroke-quality/guidelines.cfm
- JC Stroke Performance Measurement Guide
QUERI Implementation Guide


- NIH Stroke Scale
- Order Sets
  http://www.queri.research.va.gov/tools/stroke-quality/order-sets.cfm
- Pathways
  http://www.queri.research.va.gov/tools/stroke-quality/pathways.cfm
- Patient Education
  http://www.queri.research.va.gov/tools/stroke-quality/patient-edu.cfm
- Policies
  http://www.queri.research.va.gov/tools/stroke-quality/policies.cfm
- Process Flow Diagrams
  http://www.queri.research.va.gov/tools/stroke-quality/process-flow.cfm
- Professional Education
  http://www.queri.research.va.gov/tools/stroke-quality/pro-edu.cfm
- Stroke ICD-9 Codes
- VA Inpatient Stroke Processes of Care Data Collection Tool

Link: http://www.queri.research.va.gov/tools/stroke-quality

Contact: Laurie Plue at Laura.Plue@va.gov

Other U.S. Government Resources

- **Agency for Healthcare Research and Quality (AHRQ)** (http://www.ahrq.gov/) website provides practical healthcare information, research findings, and data to help consumers, health providers, health insurers, researchers, and policymakers make informed decisions about healthcare issues.
- **Cancer Control Planet** (http://cancercontrolplanet.cancer.gov/) is a jointly sponsored site (by CDC, NCI, ACS, SAMHSA) that offers informative cancer information and has links to resources for collaboration and disease control programs.
- **Centers for Disease Control and Prevention (CDC)** (http://www.cdc.gov/) is the leading federal agency for the protection of people’s health and safety, providing information to enhance health decisions, and promoting health through strong partnerships. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion, and its education activities are designed to improve health.
  - Replicating Effective Programs (REP) and Diffusion of Effective Behavioral Interventions (DEBI) http://www.cdc.gov/hiv/topics/research/prs/prs_rep_debi.htm
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- **Department of Health and Human Services (HHS)** ([http://www.hhs.gov/](http://www.hhs.gov/)) is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. Most of the other government agencies listed here are under HHS.
- **National Guideline Clearinghouse™ (NGC)** ([http://www.guideline.gov/](http://www.guideline.gov/)), sponsored by AHRQ, is a database of clinical practice guidelines and related materials. The NGC mission is to provide physicians, nurses, and other health professionals, healthcare providers, health plans, integrated delivery systems, purchasers, and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use.
- The **National Institutes of Health (NIH)** ([http://www.nih.gov/](http://www.nih.gov/)) is the major national funding source for health-related studies. The goal of NIH is to acquire new knowledge to help prevent, detect, diagnose, and treat disease and disability.
- **National Heart, Lung, and Blood Institute (NHLBI)** ([http://www.nhlbi.nih.gov/](http://www.nhlbi.nih.gov/)) provides leadership for a national program in diseases of the heart, blood vessels, lung, blood, and sleep disorders. NHLBI plans, conducts, fosters, and supports an integrated and coordinated program of basic research, clinical investigations and trials, observational studies, and demonstration and education projects. For health professionals and the public, the NHLBI conducts educational activities, including the development and dissemination of materials in the above areas, with an emphasis on prevention.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** ([http://www.samhsa.gov/](http://www.samhsa.gov/)) is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society that results from substance abuse and mental illnesses.

**Non-Governmental Resources**

- **AcademyHealth** ([http://www.academyhealth.org/](http://www.academyhealth.org/)) is a professional organization for health services researchers, policy analysts, and practitioners, and is a resource for health research and policy. The organization promotes interaction across the health research and policy arenas by bringing together a broad spectrum of players to share their perspectives, learn from each other, and strengthen their working relationships.
- **American Health Quality Association (AHQA)** ([http://www.ahqa.org/pub/inside/158_716_2487.CFM](http://www.ahqa.org/pub/inside/158_716_2487.CFM)) represents Quality Improvement Organizations and professionals working to improve healthcare quality and patient safety. AHQA focuses on improving healthcare quality through community-based, independent quality evaluation and improvement programs.
- **American Society for Quality (ASQ) Healthcare Division** ([http://asq.org/health/](http://asq.org/health/)) encourages research, innovation, and the formation of learning
partnerships to advance the knowledge of healthcare quality. ASQ disseminates information relating to applications, research, and innovations in quality theory and practice in healthcare.

- **Center for the Evaluative Clinical Sciences** (CECS) ([http://www.tdi.dartmouth.edu/](http://www.tdi.dartmouth.edu/)), at Dartmouth, is a group of scientists and clinician-scholars who conduct research on critical medical and health issues with the goal of measuring, organizing, and improving healthcare systems.
  - CECS’s Clinical Improvement of Health Care ([http://www.dartmouth.edu/~cecs/clinical_improvement.html](http://www.dartmouth.edu/~cecs/clinical_improvement.html)) section works to translate research into tangible action throughout the healthcare system. One of their clinical initiatives is Clinical Microsystems ([http://www.clinicalmicrosystem.org/](http://www.clinicalmicrosystem.org/)), which focuses on understanding those systems that provide care to a population.

- **Centre for Health Evidence** (Canada) ([http://www.cche.net/che/home.asp](http://www.cche.net/che/home.asp)) is a non-profit organization funded by grants and service contracts that engages in projects and partnerships that promote evidence-based practice. Their emphasis is the use of Internet technologies. Within the CHE site, the Users’ Guides to Evidence-Based Practice section offers a series of articles on clinicians’ use of the medical literature to find evidence for practice.

- The **Health Services Research Projects in Progress** (HSRProj) ([http://wwwcf.nlm.nih.gov/hsr_project/home_proj.cfm](http://wwwcf.nlm.nih.gov/hsr_project/home_proj.cfm)) database contains descriptions of ongoing health services research projects funded by government and state agencies, foundations, and private organizations. Use HSRProj to access information about ongoing health services research projects before results are available in published form.

- The mission of **Improving Chronic Illness Care** (ICIC) ([http://www.improvingchroniccare.org/](http://www.improvingchroniccare.org/)) is to help the chronically ill through quality improvement and research. The site describes the Chronic Care Model and provides some tools and examples of how it has been used in quality improvement efforts. Dr. Ed Wagner is its National Program Director.

- The **Institute for Health Care Improvement** (IHI) ([http://www.ihi.org/](http://www.ihi.org/)) is a not-for-profit organization focused on the improvement of health by advancing the quality and value of healthcare. IHI offers resources and services to help healthcare organizations make improvements that enhance clinical outcomes and reduce costs. The site includes a variety of tools, resources, and links to other resources. Within the IHI site, you may want to look at Pursuing Perfection ([http://www.ihi.org/offerings/Initiatives/PastStrategicInitiatives/PursuingPerfection/Pages/default.aspx](http://www.ihi.org/offerings/Initiatives/PastStrategicInitiatives/PursuingPerfection/Pages/default.aspx)).

- The mission of the **Institute of Medicine** (IOM) ([http://www.iom.edu/](http://www.iom.edu/)) is to advance and disseminate scientific knowledge to improve human health. The Institute publishes information and advice concerning health and science policy to government, the corporate sector, the professions, and the public.
The Joint Commission (http://www.jointcommission.org/) works to continuously improve the safety and quality of care provided to the public through the provision of healthcare accreditation and related services that support performance improvement in healthcare organizations.

The National Committee for Quality Assurance (NCQA) (http://www.ncqa.org/) is a non-profit organization whose mission is to improve healthcare quality everywhere. This site is a source for information about the quality of our nation’s managed care plans. NCQA is perhaps best known for its work in assessing and reporting on the quality of the nation’s managed care plans through its accreditation and performance measurement programs.

The National Patient Safety Foundation (NPSF) (http://www.npsf.org/) is a resource for individuals and organizations committed to improving the safety of patients.

The Stanford Patient Education Research Center (http://patienteducation.stanford.edu/index.html) has developed the Chronic Disease Self-Management Program, which is a series of workshops for people with chronic health problems to help them deal with and manage their chronic conditions. Workshops are meant to be participative, and participants’ mutual support and success build confidence in managing their health and maintaining active and fulfilling lives.