

Integrated Care Leadership Network
patient centered. frontline focused.

The Integrated Care Leadership Network (ICLN) is a small Oakland, CA based non-profit dedicated to building healthier relationships between clinicians, students, patients, and the broader community to improve care across the healthcare continuum. In addition to supporting the professional development and empowerment of clinicians through workshops and organizationally-embedded programs, ICLN also works to promote ideas and solutions to effect change in healthcare organizations.

The healthcare industry is notoriously slow to adopt new strategies for improvement. While quality improvement (QI) work has become standard practice across healthcare organizations, methods of sharing successful and proven improvement strategies both intra- and inter-organizationally are extremely limited, leaving teams to reinvent the wheel, and needlessly duplicate efforts.

Literature indicates the need for:

- Increasing the visibility of existing innovative practices
- Support for their adoption into a new settings?

Web 2.0 (tools that engage the user in online interaction such as wikis, discussion boards, blogs, podcasts, social media, etc.) can be leveraged to:

- Connect clinicians across geographic regions
- Provide professional support
- Accelerate the spread of best practices³

Studies suggest that...

- More than **90%** of physicians already use Web 2.0 in their clinical practice
- Web 2.0 applications are **used more often than PubMed**, which is considered the "official" best evidence tool recommended by medical schools
- Most often used for **open-ended questions** ⁴

MyWikiCare.org is a community-driven online platform for sharing successful strategies and innovations that improve patient care delivery and health outcomes.

Aim statement

Demonstrate the usefulness of MyWikiCare.org, as measured by:

- 50 submissions contributed to the site
- Formal partnership with at least three healthcare systems, schools or professional organizations
- Website evaluation completed by at least 30% of early adopters by October 31, 2014

Implementation

- A low-cost, open-source **wiki platform** was used to beta-test the site
- A **needs assessment** was conducted among QI directors, clinicians actively engaged in QI work, clinical educators, and students throughout ICLN's professional network
- On-going **recruitment** of improvement strategies from practicing clinicians and clinical students

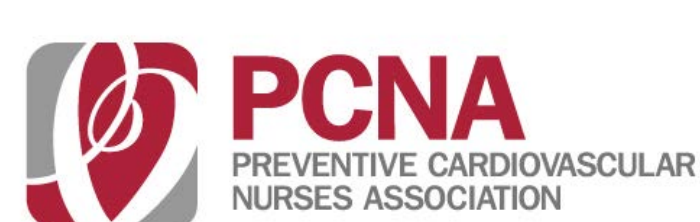
Key Strategies

- ICLN staff **targeted QI interventions** and **practice innovations** that had already been **prepared for public presentation** (e.g. through poster presentation) as an amplifier to share work more broadly than typical attendance at professional conferences, or other standard sharing or publishing forums
- Simplified submission process** – MyWikiCare editors uploaded content for early contributors
- Project "champions"** were early contributors of content, recruited submissions through their networks, and supported the formation of partnerships with hospitals, health systems, professional organizations, and universities.
- Affiliations with healthcare organizations** – organizations gain a platform for organizing and cataloging successful improvement processes; increase the visibility of their work; and simultaneously drive on-going content creation for the site

Outcomes

As of October 31, 2014:

- 45 total submissions live on the site
- 25 submission obtained from partnering organizations:



Formally invited presenters from 2014 National Annual Symposium to submit; Embedded MyWikiCare into 2015 Annual Symposium



Evidence-based Practice Counsel (EBPC): Using MyWikiCare on an on-going basis to share and spread member's evidence-based practice guidelines and process improvements



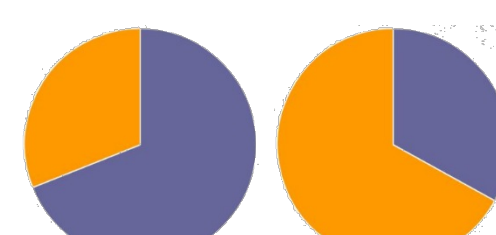
School of Nursing and Health Professions: Embedded into Fall 2014 Evidence-based Inquiry and Informatics class curriculum



Valley Foundation School of Nursing: Embedded into Fall 2014 Nursing 148 class curriculum

Evaluation Findings: An survey among early contributors was conducted to evaluate user experience with the pilot site (n=17, 47%).

79% of respondents indicated that they are likely to contribute improvement interventions/strategies to MyWikiCare again in the future, with an additional 14% somewhat likely, and 7% undecided.



69% of respondents identified that they had used MyWikiCare to learn about other improvement interventions of practice innovations. Of these, 33% had used an improvement intervention, tool, or resource from MyWikiCare.org to improve care in their clinical setting.

93% of respondents were "encouraged to submit to MyWikiCare by someone that I respect in my professional community," indicating the strong social and professional influence on participation.

What is most unique about the information offered on MyWikiCare.org compared to other improvement sharing sites/resources?

The details in the story and the connections to network
User contributed and **VERY** recent
Strongly nurse driven research
Easy to use
Interviews with contributors

Site Analytics

Website analytics were tracked from February 1, 2014 - October 31, 2014

- 4,311 new sessions were initiated, among 3,366 new users
- The average session length for returning visitors was over 9 minutes
- Users visited the site from 71 countries
- Site visits predominantly originated from the US (65%), with 21% of visitors coming from the UK, and 7% from Canada

Areas for Further Study

Mobile compatibility was determined to be an important component for widespread site access, yet it is unclear how actively mobile device and tablet users will interact with the site through a mobile interface.

A majority of surveyed users identified a willingness to directly upload their own content onto the site. This strategy remains untested.

On-going evaluation and analysis is needed to understand the broader impact of site use among visitors.

References

- Institute of medicine (US) committee on quality of health care in america. Crossing the quality chasm: A new health system for the 21st century. Washington (DC): National academies press (US); 2001.
- Lyles CR, Aulakh V, Jameson W, Schillinger D, Yee H, Sarkar U. Innovation and transformation in california's safety net health care settings: An inside perspective. *Am J Med Qual.* 2014;29(6):538-545.
- Lau AS. Hospital-based nurses' perceptions of the adoption of web 2.0 tools for knowledge sharing, learning, social interaction and the production of collective intelligence. *J Med Internet Res.* 2011;13(4):e92.
- Hughes B, Joshi I, Lemoine H, Wareham J. Junior physician's use of web 2.0 for information seeking and medical education: A qualitative study. *Int J Med Inf.* 2009;78(10):645-655.