Managing Change- A Model for Analysis, Implementation, Spread and Sustainment

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Who are We?

- 278 bed Acute Care Community Hospital in Erie St. Clair LHIN
- Population served: 375, 000
- Program:
  - Neuroscience- Neurosurgery and District Stroke Centre
  - Renal
  - Trauma- level 1 (with Trauma acceditation, 2006)
  - Mental Health- Schedule 1
  - Cardiac Services – including PCI and stand-alone Angiograhy
  - Medicine – renal, Clinical Teaching Unit (CTU), Neurology
  - Surgery- vascular, thoracic, orthopedic, cancer surgeries

What do we do?

- Emergency Department 2007-8
  - ED visits- 56,598
  - Admission rate- 13.1%
  - Average wait decision to admit to bed- 6.5 hours
- Operating Room 2007-8
  - Case volume 17,180 (9 suites)
  - Average wait in PACU for inpatient bed – 4 hours

HDGH Strategy Framework

Hôtel-Dieu Grace Hospital

Mission & Values

Mission:

Hôtel-Dieu Grace Hospital is a healthcare community that is inspired by Jesus Christ's healing ministry, respecting the sanctity of life. Our compassionate hearts and competent hands will care for the body, mind and spiritual well-being of all.

Values:

Respect, Teamwork, Compassion, Stewardship.

Strategic Mandate

Hôtel-Dieu Grace Hospital is the region's premier tertiary acute care Hospital. Combining a century-old tradition of compassionate care with cutting-edge diagnostic imaging technology, HDGH leads the provision of advanced care in the areas of:

Complex Trauma, Renal Dialysis, Acute Mental Health, Cardiac Care, Stroke and Neurosurgical, Cancer Surgery and the broad foundation of medical and surgical services required to support these areas of specialization.

Vision

Vision:

Pursuing Perfect Care

Strategic Priorities

Smooth Flow:

Timely access and sequencing of services to patients and their families

Safety:

Cultivate a culture of patient safety among staff and physicians

Affordability:

Demonstrate a strong commitment to accountability and achieve solid financial performance

Healthy People Place:

Foster an enriching safe environment that develops human resource capacity

Transformation Plan of Care (TPOC)

Date of the Event: April 29th - May 1st, 2008
Value Stream Impacted: Enterprise

Process Owner & Exec Sponsor: Neil McEvoy, CEO
Sensei: Mark Barnett & Mark Niccum

1. Reason Improvement was Chosen

Our survival is threatened by increasing demand & expenses growing greater than revenues resulting in failure to meet the needs of our patients, staff, and community, and carrying on the mission of our founders.

2. Initial State

- The hospital's revenues are not keeping pace with its expenses
- The acute care needs of our population is growing (a"Tsunami" of patient demand for our services is coming our way)
- Our staff and physicians are frustrated and finding it challenging to meet all of the needs of our patients
- Physicians and other staff are leaving the organization
- The path to perfect care is broken and in need of repair and there is a train coming toward us
- The connectivity with our community partners is impeded
- We have no clear vision and a lack of organizational alignment
- We need to mend the broken path to perfect care or we risk the long term viability of the hospital

3. Target Condition

- Work together to build a well travelled pathway toward Perfect Care
- Leveraged improvement balance expenses with revenues
- All associates pulling in the same direction
- People feel that they can make a difference
- Physicians and other clinicians "climb on board"
- Patients feel well cared for
- Process improvements and Lean build a "sea wall" so that we can handle the population tsunami without feeling in danger
- HDGH working with Community Partners to provide Perfect Care
- Grave yard is turned into "The Oasis!"

4. Gap Analysis

5. Solution Approach

- Engage EVERYBODY to realign processes to change the way we work to adjust to the reality of fewer resources
- Use the Value Stream approach in the cycle of Continuous Improvement
- Create tighter connections between processes
- Everybody rowing in the same direction
- Free up/convert time and resources to make this Job #1
- Identify and adapt the infrastructure to educate, implement, monitor and sustain the CI process
- Communicate, communicate, communicate
- Integrate TPOC/CI with Accreditation
- GET 'ER DUN!

6. Rapid Experiments

7. Completion Plans

Event	Project	Task	Deliverables: Description	Who	Due Date	Comments
		X	Communicate the "Burning Platform"			
		X	Select and perform Value Stream Analysis on the right Value Streams			
		X	Communicate the TPOC/Plan			
		X	Huki Cure Team Training			
X			Schedule and define Rapid Improvement Events			Completed during Value Stream Analysis
	X		Create the infrastructure and capacity to GET ER DUN			
		X	Deselect non critical projects			
		X	Reconcile open Value Stream with Decision Matrix			

8. Confirmed State

Metric	Baseline	Goal	%	Actual
Length of Stay	7	6	-14%	
Mortality Ratio	103%	98%	-5%	
Occupancy Rates	95%	90%	-5%	
Patient Satisfaction	89.0%	95.0%	7%	
Staff Satisfaction	68.7%	88.6%	29%	
Net Operating Margin ($ millions)	$ 3.1	$ 4.0	29%	
Quality / Defect Index	TBD	TBD	50%	

On Track =
At Risk =
Off Track =

9. Insights

- We need to check-in to ensure that we are talking about the same thing – that everyone has the same understanding
- We see some tie-in with the improvement work we have done here to date.
- The TPOC catches most of our expectations.
- We need to map our next steps prior to the VSA on June 16th:
  1) Communication plan
  2) Dialogue with unions
  3) What Value Streams will we analyze next, when and who will be involved
- We have an awful lot of work ahead of us.
- We need to do some actual de-selecting of various projects currently on our plates

4. Gap Analysis

Strategies	Weight	Environmental Services/Infection Control		Mental Health		Surgery & Periop & Day Surgery (OR/PACU/CSR)		Care Delivery Model		Medicine		Rehab Services		Pt Registration & Bed Assignment		Social Work		Hospitalist Program		Amulatory Care		Diagnostics (Lab/DI/Cardio)		HR Processes		Physical Plant		Patient Transport & Portering		Critical Care (ICU/CCU)		Dietary		Organizational Development		Equipment Management	
		Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW	Rank	RxW
Length of Stay	6	3	18	5	30	5	30	5	30	5	30	5	30	5	30	5	30	5	30	1	6	5	30	1	6	1	6	1	6	3	18	3	18	1	6	3	18
Mortality Ratio	2	5	10	5	10	3	6	1	2	3	6	1	2	1	2	1	2	3	6	1	2	1	2	1	2	1	2	1	2	1	2	3	6	1	2	1	2	1	2
Occupancy Rates	3	3	9	5	15	5	15	5	15	5	15	5	15	1	3	5	15	5	15	1	3	5	15	1	3	1	3	1	3	5	15	1	3	1	3	3	9
Patient Satisfaction	7	5	35	5	35	5	35	5	35	5	35	5	35	5	35	3	21	1	7	3	21	1	7	5	35	3	21	3	21	1	7	5	35	1	7	3	21
Staff Satisfaction	5	5	25	5	25	5	25	5	25	5	25	5	25	5	25	5	25	3	15	3	15	1	5	5	25	5	25	5	25	3	15	5	25	5	25	5	25
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Quality / Defect Index	4	5	20	5	20	5	20	5	20	3	12	3	12	5	20	3	12	1	4	1	4	3	12	3	12	3	12	3	12	3	12	1	4	1	4	5	20
Total		120		138		134		132		124		120		120		106		82		52		76		88		74		74		78		92		48		98	

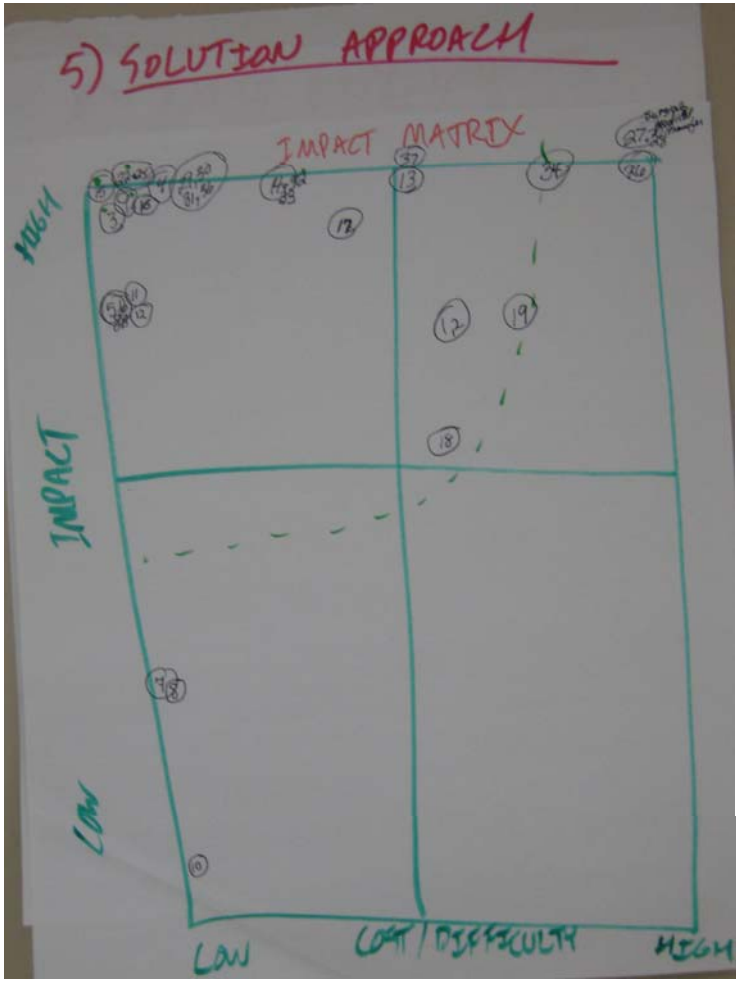
Why the A3 Format

Title: FORMAT FOR PROPOSED CHANGES & IMPROVEMENTS

Background	**Recommendations**
Historical/Organizational context of the situation	The actions proposed and why they are being recommended
Current Situation	**Plan**
Where we are Where we need to be Or Where we want to be	What activities will be required for implementation and who will be responsible for what and when.
Goal	**Follow-up/Contingency Plan**
The specific thing we want to accomplish to improve the situation	How we will know if the actions have the impact needed. What would we do if circumstances change?
Analysis	
To determine the specifics of the issue or need and the reasons it exists. Also the requirements, constraints and alternatives to be dealt with.	

Solution Approach -Medical VSA

1. Clean and organize the units, thereby freeing up nursing time to nurse again!
2. Tightening the D/C process and moving the discussion to the beginning of the patient journey.
3. Right patient, right bed every time!!
4. Tightening connections with ancillary partners/ support to reduce frustrations and duplication.
5. Focused review of information flow and processes- anticipation of clinical documentation and connections of electronic flow.
6. Do no harm- everything else falls into place.
7. Steal shamelessly and share generously.
8. Building a community of care with the patient, by the patient, for the patient.



Solution Approach – Surgical VSA

1. Tighten Pre admission surgical visit process
2. Get patient to OR on time- admitting process
3. Identify discharge date at time of admission
4. Identify barriers to discharge at ELOS in preadmission and set up countermeasures
5. Decrease time spent looking for equipment

IHI Spread plan

- Leadership acknowledges the spread is a key strategic initiative
- Designation of executive sponsorship and day-to-day leadership
- Successful Source of the spread idea
- Evidence of desired outcomes

Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. *A Framework for Spread: From Local Improvements to System-Wide Change*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available on www.IHI.org)

Role of Leadership

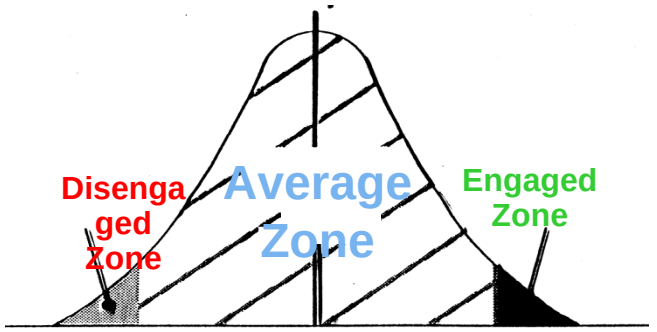
- Leadership from the “Front”
- Transform the Way We “Behave”
- Transform the Way We “Think”

Role of Leadership from the “Front”

- Commit to a *Cultural* Transformation
- Insist on an “Transformation” (not incrementalism)
- Create a regular rhythm of improvement
- Make the tough decisions

Transform the Way We "Behave"

- Attend event Kick-offs & Report-outs
- Participate directly in implementing & instruct middle level managers to do likewise
- Remove barriers impeding improvement
- Address Anti-Bodies early!!



Transform the Way We “Think”

- Make a strong and visible commitment and to the system
- Must participate directly in implementing the system
- Must ask Middle Managers to do the same

Transform the Way We "Think"

The Middle Manager must simultaneously:

"Command" the laggards, and at the same time

"Coach" early adopters as they gain "hands on" experience in the new approach

Stop	Start
Focus on benchmarks	Focus on “Ideal”, & rate of improvement
Relying on technology	Rely on people / Process Technology serves P & P
Thinking “tools” & “best practices”	Running the organization on “principles”
Delegating leadership	Leading from the front, constant reinforcement

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Stop	Start
Dozens of metrics	Few, visual, focused metrics that matter
Internal focus (specialty, unit, role…)	Patient centered, Value Steam focus
Managing by Control	Lead through Principles, Standard work
Improving what we know … greater complexity	Lead transformation … start with simple

Used with Permission from Simpler Consulting Inc. 1996-2006

Stop	Start
Experts collect data, Design / manage projects	Access knowledge & Creativity of workforce
Incremental improvement	Double digit gains in vital areas
Top down execution Rigid command & Control	Bottom up execution Agile and adaptive
The “fix” mentality	The “fitness” mentality

Used with Permission from Simpler Consulting Inc.. 1996-2006

July 2008 RIE- hallway clutter

1. Reason for Action

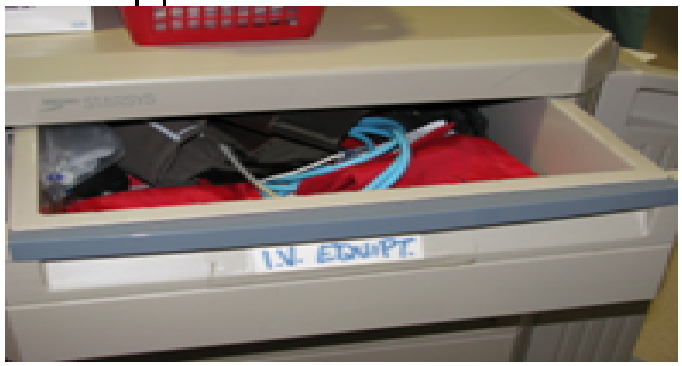
- Culture of Disorder
- Visible, tangible improvement
- Give time back to patient care
- Cost of Hoarding
- Complaints from families:
  - crowded hallways look messy
  - ? hazardous
- Time spent due to:
  - broken and unused equipment
  - Moving obstacles

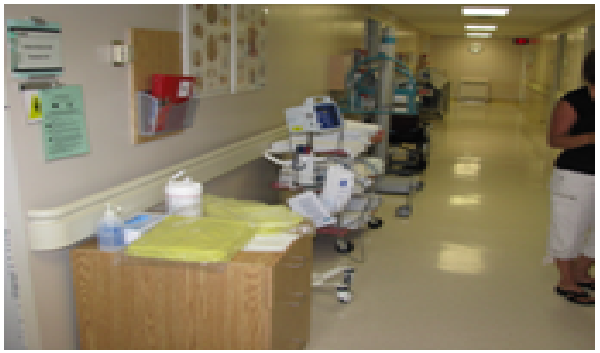
July 2008 RIE- hallway clutter

2. Initial State

SIPOC, Mapping, Go to Gemba, Measures

- Chaos, clutter, disorganization, hoarding
- Broken/ unusable equipment
- Equipment not plugged in
- Incorrect supplies
- Supplies not in correct





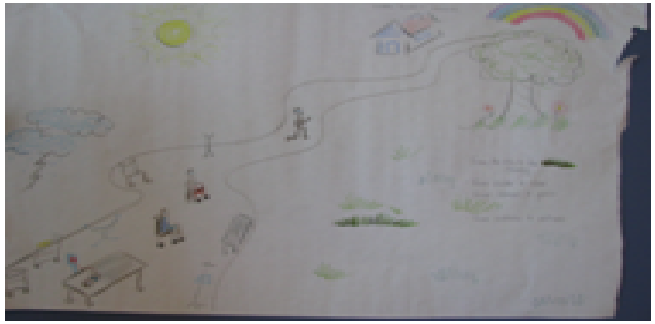
Metrics	Current
6S Score	8W: 2/25 8E: 2/25
Amount of items in hallway	8W=45 8E= 77
Survey: Is your work area quiet and orderly?	sometimes: 8W= 0% 8E= 4% always: 8W=0% 8E= 0%

July 2008 RIE- hallway clutter

3. Target State

What is the ideal state? What can we accomplish in a week?

- Standard work and location for equipment in all Patient Care Areas
- Clean Floors/ tidy, safe area for Patient transport, ambulation and care
- More time for direct Patient care
- No missed breaks and will finish shift on time
- Organized, clean and well supplied Patient Care Area
- Reduce supply cost (linens)
- Sustain, Sustain, Sustain



Metric	Current	RIE target	30 day target
6S Score	8W: 2 8E: 2	20	25
Amount of items in hallway	8W=45 8E=77	↓20%	↓40%
Survey: Is your work area quiet and orderly?	8W=0 % 8E=4%	some-times and alway s to 50%	some-times and always to 100%

July 2008 RIE- hallway clutter

4. Gap Analysis

What is standing in our way of getting to the ideal state?

- No standard for visual control or quantities
- Staff knowledge, resistance to change
- No process for accountability or responsibility for hallway stuff
- Layout/ structure
- Improper storage
- No structure to decide what is necessary
- No back up for items needed

July 2008 RIE- hallway clutter

5. Solution Approach

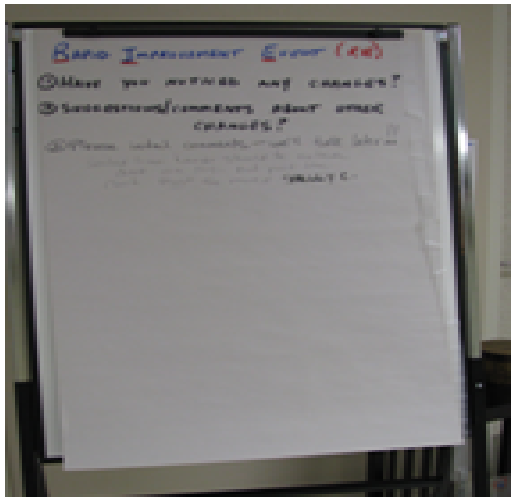
- Gemba to ER and 6W
- 6S
  - Sort
  - Straighten
  - Scrub/Shine
  - Safety
  - Standardize
  - Sustain
- Consensus on Floor plan with other RIE
- Shared responsibility across the floor for sustaining

July 2008 RIE- hallway clutter

6. Rapid Experiment

- Making changes
- PDCA
  - Plan
  - Do
  - Check (study)
  - Act
- Communicate, communicate, communicate

Metric	Current	RIE target	RIE actual
6S Score	8W: 2 8E: 2	20	14
Amount of items in hallway	8W=45 8E=77	20%	8W=19 58% 8E=25 67%
Survey: Is your work area quiet and orderly?	8W=0% 8E=4%	some-times and always to 50%	N/A



July 2008 RIE- hallway clutter

7. Action Plans

What	How	Who	When
Communication: Changes Why What we need from you How to measure	Tell: Communication Boards Intranet Show: Face to Face Involve: Measurement, feedback	Paula Lory Kathy Q, Sandy, Tamara, Nancy	Aug. 25/2008 Aug. 25/2008 Plan:Aug. 25/2008 Target 50% Staff by Aug. 3, 100% by
Metrics	Zone Checks Survey 6s Hallway Inventory	Post & report every week Manager Colleen, Carol Manager and Core team	Aug. 3, first report Distribute, Aug.11 Aug. 21
Feedback and Decision Plan PDCA	TBD	Kathy, Sandy and Nicki	Plan to be complete and communicated July 30

July 2008 RIE- hallway clutter

8. Confirmed State

- Standard Location and process for return for all permanent Hallway Equipment that is visible
- Reduction in hallway clutter
- Plan for communication and Sustainment across the floor
- Safe area to transport and ambulate patients

July 2008 RIE- hallway clutter

9. Insights

Positives	Changes for next time
■ RIE is an opportunity for cross unit, multidisciplinary team building. ■ RIE process is a personal and professional growing experience. ■ RIE challenged our assumptions about inventory and clutter ■ We were impressed by our opportunities to better utilize our resources. ■ GOT THINGS DONE! ■ RIE process positively affects staff in direct or indirect contact. ■ There are many opportunities to apply these new skills in many other areas. ■ Staff feedback suggests improvements to work life are already happening. ■ This is an ongoing process. ■We all would do it again	■ Visual identifiers for participating staff. ■ Improve communication amongst RIE staff and floor staff. ■ Need to improve backfill further. ■ Communication with physical plant staff could be improved in order to reduce confusion.

RIE list

- Infection Control – standardize visual controls
- Information spread
- ADS flow to PACU
- Bed turn process
- OR supply chain- 3 months running
- Red light/Green light
- Right patient, right bed, right time.. first time
- Role of vendors in the OR

“Tell Me”…..and I will forget

“Show me” …..and I may remember

“Involve me” …..and I will understand

Confucius (*Chinese philosopher & reformer (551 BC - 479 BC)*