



# Kata Skill @ Novice

## Common Themes

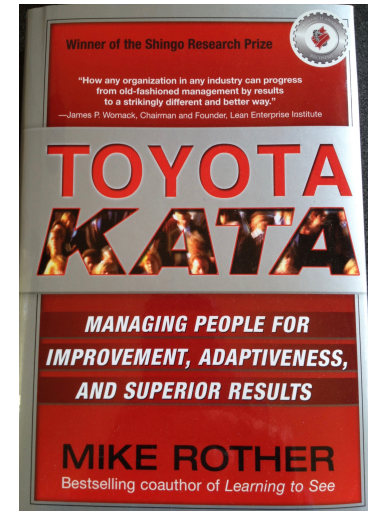
Illustrated  
with a Healthcare Example

Beth Carrington

KATA Matters



# BETH CARRINGTON



Kata Master Coach, Instructor and Master Learner

# Discussion

- This presentation is intended to illustrate 5 common themes demonstrated in the practice by Kata Skill @ Novice Learners and Coaches.
- I used a casual but real call with 2 CI coaches at a Healthcare organization just a few short weeks after their initial coached practice workshop.
- Corrective feedback to improve their practice are linked to the role of the Advance Group and a Kata Master Coach.

# Kata Skill @ Novice

Common themes new Learners and Coaches demonstrate in their practice

1. Target Conditions too far into the future.
2. Target Conditions too large, broad in scope and/or reach.
3. Metrics are unnecessarily complicated.
4. Obstacles large and/or vague, not directly observed.
5. PDCA's too large, listed as Action Item not experiment.



# Illustration Story Outline

1. Healthcare System
2. Organizational Vision and Challenge
3. Parse Organizational Challenge to Process Level
  1. Vision
  2. Challenge
  3. Target Condition
  4. Actual Condition
  5. Obstacles
  6. PDCA

# Healthcare System

- Multiple Site Healthcare System
- Part of 650 Leaders of the organization just parsed the System's goals and objective to site and department level goals and objectives.
- Then an on site-initial coached practice Kata Workshop was conducted.
- A couple of weeks later follow up contact was made

# Vision – System Level

- Top 10<sup>th</sup> percentile in Patient Satisfaction Scores
- Top 10<sup>th</sup> percentile in Quality Rating
- Top 10<sup>th</sup> percentile in Employee Engagement
- Positive Operating Margin



**THIS  
STORY'S  
FOCUS**

# Challenge Development at System Level

- Top 10<sup>th</sup> percentile in Patient Satisfaction Scores
  - Quality - Protecting Patients From Harm
    - Hospital Acquired Conditions (HAC)
      - Patient Falls
      - Pressure Ulcers



**CONTINUING TO  
NARROW and  
DEFINE THE  
CHALLENGE**



# Site Specific and Process Level

- Next step is to “parse” the organization’s goals to process level goals and objectives, asking and answering the question -

**“How does this process have to perform to meet the larger organizational goals?”**

# Vision – Site Specific

- Hospital acquired conditions (HACs) are preventable and we will eliminate HACs at our Hospital.

# Challenge – Site Specific

- By December 31, 2016
  - 15 or fewer inpatient falls (moderate or major) and HAPUs (Stage III, IV and Un-stageable) -- total inpatient falls & HAPUs combined.

# Target Condition (TC)

- **Theme Development** : Although prevention of inpatient falls is important, we believe that HAPU prevention is our first priority.



# Target Condition (TC)

**Date:** 30-May-16 (75 Days in the future)

**Outcome Metric:** 8 or fewer HAPU events

**Process Metric:** % of limited mobility patients being repositioned every 2 hours (baseline results TBD)

**Target Pattern:** Follow the **S & K** of S.K.I.N., Inspection and Training across the site

Skin Assessment	Keep Patient Moving	Incontinence & Moisture Mgmt	Nutrition	Training	Investigation
Braden score and "4 eyes on" skin assessment each shift. 	Reposition limited mobility patients every 2 hours. Early mobility. 	Hourly rounding	Nutrition consult if Braden score < 18	Staff and family	Quality and Wound Care follow up to identify root cause and tactics

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**Common Theme 1.** Target Conditions date too far into the future, Learners & Coaches with Novice Skill set TC dates. There is an underlying assumption and a sense of confidence they can accomplish something with more time.

This TC date should be 7-14 days into the future.

Skin Assessment	Keep Patient Moving	Incontinence & Moisture Mgmt	Nutrition	Tra	
Braden score and "4 eyes on" skin assessment each shift.	Reposition limited mobility patients every 2 hours. Early mobility.	Hourly rounding	Nutrition consult if Braden score < 18	Sta	Identify root cause and tactics



# Target Condition (TC)

**Date:** 30-May-16 (75 Days in the future)

**Outcome Metric:** 8 or fewer pressure ulcers

**Process Metric:** % of limited mobility patients repositioned every 2 hours

**Target Pattern:** Follow the Standard and Training across the site

## Common Theme 2.

Target Conditions too large, broad in scope and/or reach. Not sure in this case which came first the TC date over 2 ½ months into the future or if this site-wide TC drove the date.

In establishing a TC set the date first, with Novice Skill, 7-14 days out.

Then establish the TC, keep asking yourself what TC can I set to learn what I need so that I can achieve the Challenge. Scope the TC so that you can run experiments and observe results. Site wide experiments will be near impossible to grasp & observe the results to determine cause and effect relationship.

Find a “learning lab” area within the organization, learn what you need within the smaller area or reach, in this case a single floor or area.

Skin Assessment	Keep Patient Moving	Incontinence & Moisture Mgmt
Braden score and "4 eyes on" skin assessment each shift.	Reposition limited mobility patients every 2 hours. Early mobility.	Hourly rounding



# Target Condition (TC)

**Date:** 30-May-16 (75 Days in the future)

**Outcome Metric:** 8 or fewer HAPUs

**Process Metric:** % of limited mobility patients repositioned every 2 hours (based on S & K)

**Target Pattern:** Follow the S & K of the process metric and Training across the site

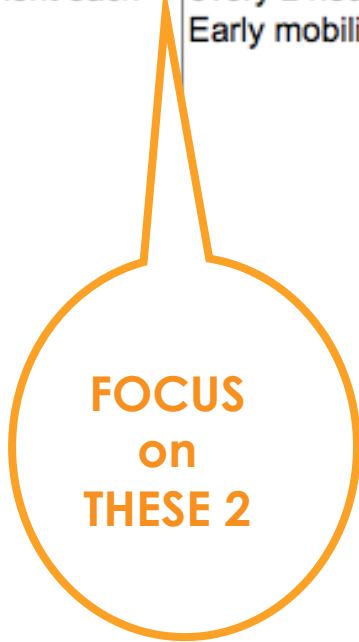
**Common Theme 3.** Metrics are unnecessarily complicated. In this TC the process metric is a % of instances over 2 hours. It is not a directly observable – “in the moment” metric. Simple is better. An example would be to create a run chart of each repositioning and the time since the last move. Now each instance of over 2 hour repositioning the question can be asked and answered. What prevented us from repositioning this patient within the 2 hours. This will generate a list of observable obstacles that need to be overcome. This leads us to the common theme 4, go to page 19 Obstacles Parking Lot.

Skin Assessment	Keep Patient Moving	Incontinence & Moisture Mgmt	Nutrition
Braden score and "4 eyes on" skin assessment each shift.	Reposition limited mobility patients every 2 hours. Early mobility.	Hourly rounding	Nutrition c Braden sc



# Current Condition

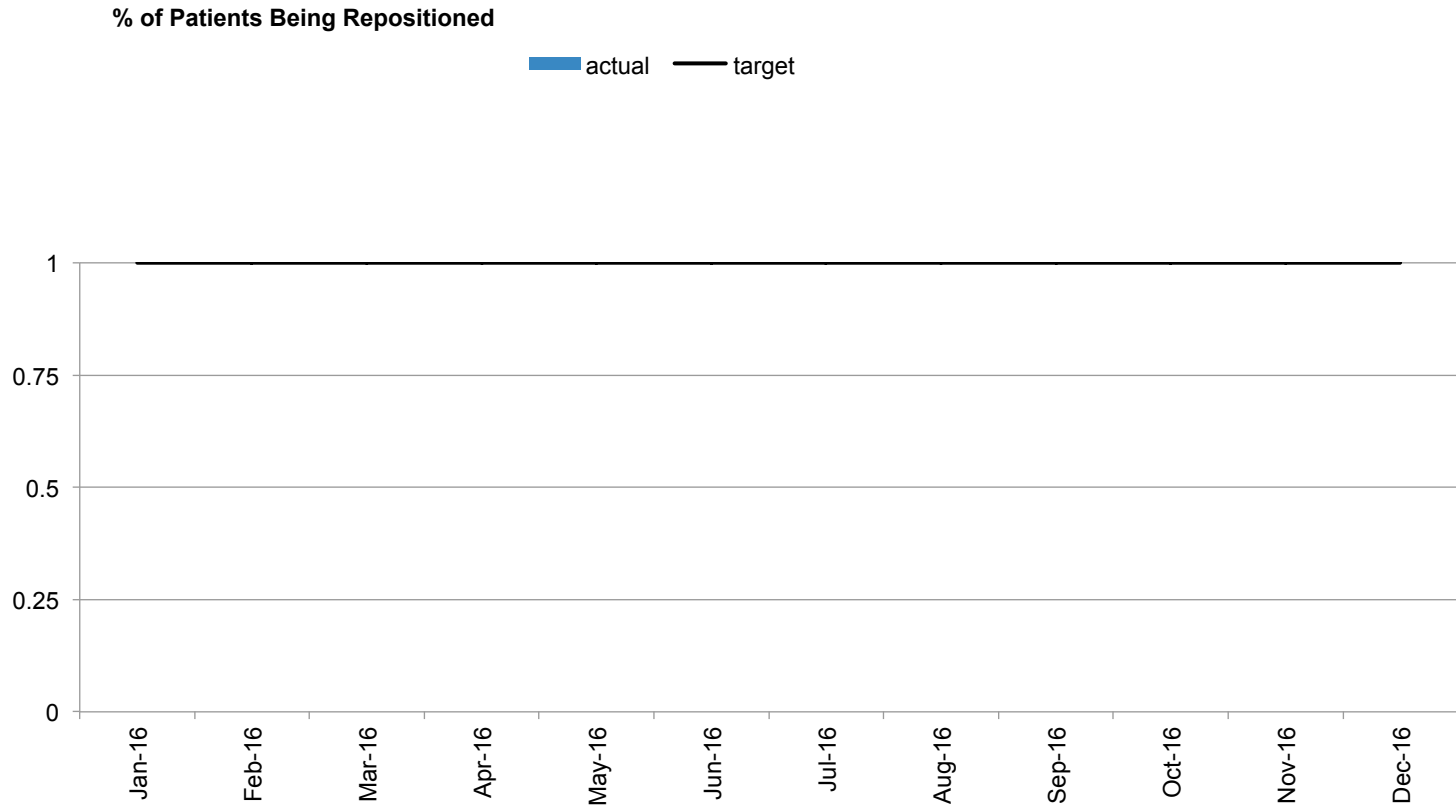
Skin Assessment	Keep Patient Moving	Incontinence & Moisture Mgmt	Nutrition	Training	Investigation
Braden score and "4 eyes on" skin assessment each shift.	Reposition limited mobility patients every 2 hours. Early mobility.	Hourly rounding	Nutrition consult if Braden score < 18	Staff and family	Quality and Wound Care follow up to identify root cause and tactics



We believe that the main gaps in our current HAPU prevention plan (S.K.I.N.) are unclear roles and responsibilities; unclear standards; lack of training; and an inadequate investigation process,. If we are able to close these gaps, we will see improvement in our HAPU harm rates.



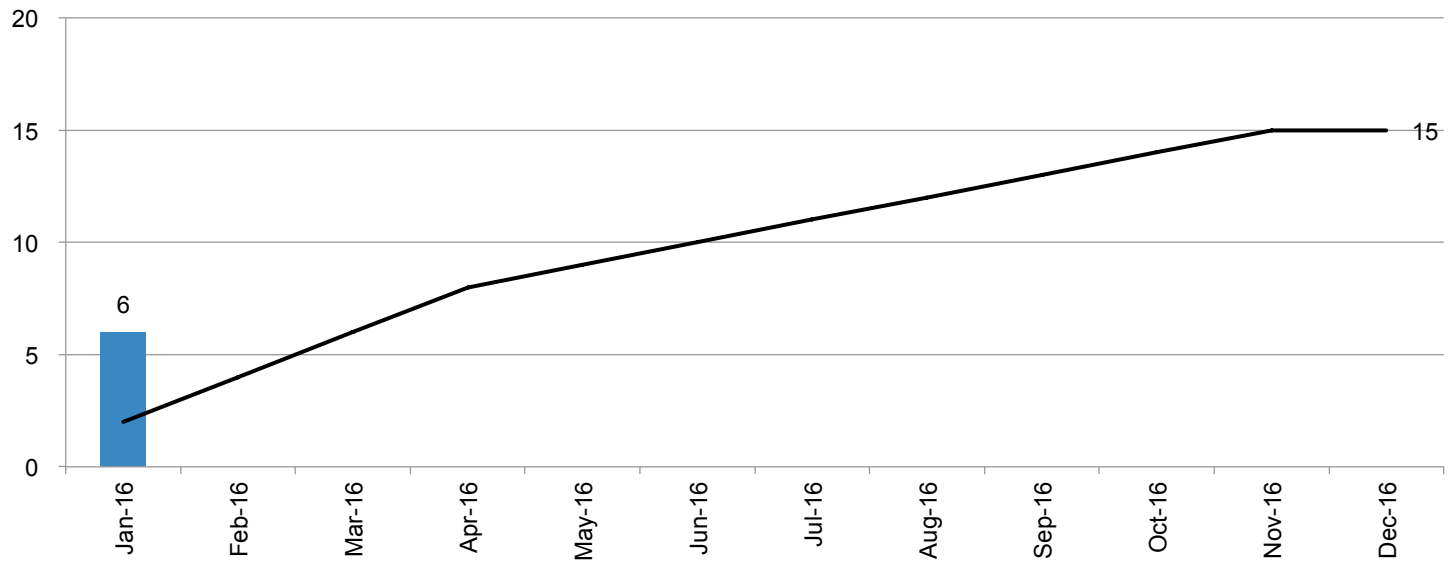
# Process Metric – Baseline TBD



# Outcome Metric

2016 YTD HAC Events

■ YTD actual    — 2016 target



# Obstacles

- Variation in understanding of expectations for S.K.I.N. protocols (who, what, when)
- Inadequate standard/expectation for "4 eyes on" skin assessment

**Common Theme 4.** Obstacles large and/or vague, not directly observed. With a broad TC, obstacles typically become fuzzy, not observed but intuitively developed. As stated in the prior conversation box, with a crisp/focused TC and a directly measurable and "in the moment" process metric, obstacles are easily recognized and observed. I.E. What prevented us from repositioning that patient within 2 hour expectation.

# PDCA Record

PDCA Cycles Record:									
Step		What do we expect?	Who	When	Where	How	What	Why	How
Communicate/Train staff on S.K.I.N. guidelines & expectations. In-services by Wound Care team; Visual Boards.	a	Clarification of roles and expectations.							
Staff training on WHO does WHAT and WHEN for Repositioning and "4 Eyes On". Visual Boards; Wound Care In-service	a	Clarification of roles and expectations.							

**Common Theme 5.**  
 PDCA's too large, listed as Action Item not experiment. The TC date being set too far out, the TC being too large in scope/reach and vague obstacles lead to Action Item list PDCA's as opposed to experimental PDCA cycles and cycles that take longer than the desired Coaching Kata timeframe, preferably Daily at this process level.  
 With a narrow scope/reach TC and observable Process Metric then the obstacles become observable and selecting one will be easier to create an opportunity for experimentation.

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# Avoid these Common Themes

- Experience shows that creating an active and engaged Advance Group helps an organization create competent coaching capacity more quickly.
- Learners and Coaches @ Novice Kata Skill engaged with a Kata Master Coach also build their coaching capability (skill) to competent more quickly.

Wishing you success in your Kata Deployment!



**Kata, kata, kata...**

**Beth**

**[Beth.Carrington@KATAMatters.com](mailto:Beth.Carrington@KATAMatters.com)**