HEALTHCARE SYSTEMS PROCESS IMPROVEMENT

CONFERENCE 2016

Sponsored by: **SOCIETY FOR HEALTH SYSTEMS**
LEADING HEALTHCARE IMPROVEMENT

"Why" Change
Your Approach to Teaching

Isaac B. Mitchell
Director, Lean Continuous Improvement

Marti B. Jordan, RN
Lean Specialist

1. Please **write down** this definition of Lean thinking:

> Lean thinking changes the focus of management from optimizing separate technologies, assets, and vertical departments to optimizing the flow of products and services through entire value streams that flow horizontally across technologies, assets, and departments to customers.

2. **Memorize** the above.

3. **Objectives** for the next hour:
   A.   Tell you what Lean is
   B.   Teach you how to do Lean at your facility
   C.   Cut costs and improve efficiencies
   D.   I would really be surprised if you are reading this far into the slide and not daydreaming about the happy hour networking reception.
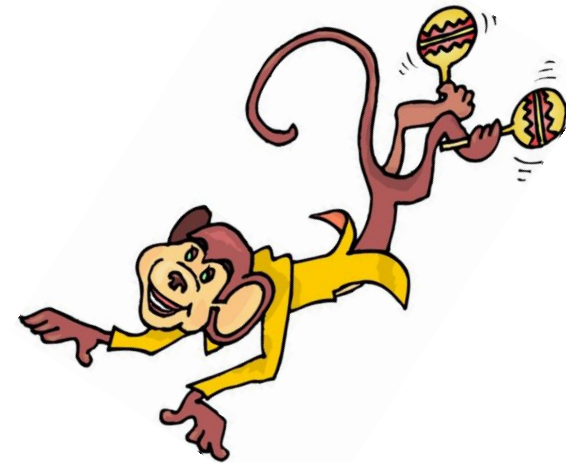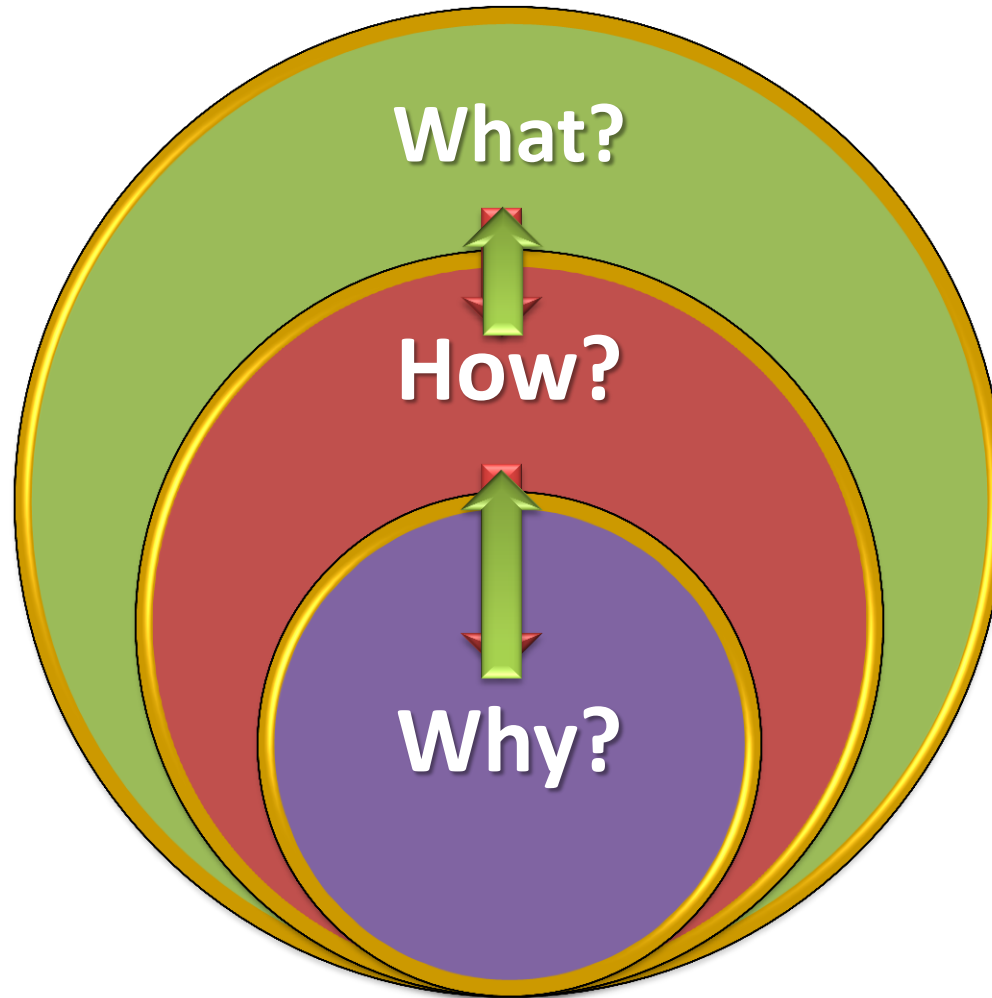
Cold, hard truth

Active Communication

Why?

Why?

...every patient every time

How?

1) **Show** instead of tell
2) **Pull** information
3) **Last** tell how

How?

What is Ideal Patient Care?

- **GOAL:** Ideal care that achieves the best outcome and experience for every patient every time.
  - **Exactly** what the patient needs, when and where they need it and defect free!
  - **Customized** to each individual patient and family
  - **Immediate** response to problems or changes
  - **Safe** for patients, staff and clinicians: physically, emotionally, and professionally
  - **Waste Free**

Children's Hospital
Leading the Way to Healthy Children

Old

New

Knee Injury

How?

Knee Injury

How?

Your Experience

1

2

3

How?

How?

Storm Clouds

Duplicate Medical History

Lean

No Waste

Less Wait

Zero Harm

Employee Engagement

Allergy Story

How?

It starts with your idea!

Idea Card: Ideas / To Do / Doing / Completed

Project #

Date: _____ Your name: _____

Issue: _____
_____

Improvement idea: _____
_____

Expected benefit: _____
_____

Who needs to be involved with the change? _____
_____

How will the project be measured?: _____

Are patients and families directly affected? ☐ YES ☐ NO

Project owner: _____ Team members: _____

Status updates (Date: notes:): _____

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Outcome: _____

Outcomes measured?: ☐ YES ☐ NO Completion date: _____

Wall of fame document created? ☐   Form No. 30174 (12/15) ss

I have a concern: Concern / To Do / Doing / Completed

Project #

Date: _____ Your name: _____

Safety concern: _____
_____

Improvement idea: _____
_____

Expected benefit: _____
_____

Who needs to be involved with the change? _____
_____

How will the project be measured?: _____

Are patients and families directly affected? ☐ YES ☐ NO

Project owner: _____ Team members: _____

Status updates (Date: notes:): _____

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Outcome: _____

Outcomes measured?: ☐ YES ☐ NO Completion date: _____

Wall of fame document created? ☐   Form No. 30751 (12/15) ss

How?

Continuous Improvement Board

How? Working Across Departments

Horizontal Thinking in a Vertical World

Registration	Lab	OPS	Anesthesia	Surgery	PACU
Volunteers	Bio Med	Pastoral Care	Respiratory Care	Radiology	Rehab

Health Information Management

Information Systems

Neurology

Child Life

Administration

Organizational Development & Learning

Environmental Services

Central Supply

Interpreter

Social Work

Purchasing

Food and Nutrition

Business Office

How? A3 Problem Solving Guide

A3 Project Planning Worksheet (Page 1)

Topic/Title: _____ Date: _____
Project Owner: _____ Dept.: _____

For instructions, log onto ETCHnet and visit the **Project Planning Process** link at the *bottom of the main page.*

Identify Need

1) What is the issue/need?

2) Which Organizational Strategic Goal(s) does this issue impact?

☐ Leader in Safety, Quality and Value ☐ Positioning for the Future **Notes:**
☐ Strategic Partnerships ☐ Financial Strength and Integrity ☐ Great Place to Work

3) Describe the current state (Include background information, pre-data, and patient/family input).

Validated? Attach supporting information with Reference List *(e.g. Evidence-based research, data).* ☐

4) What is the underlying cause of the issue/need? (Drill down to the root cause of the problem by asking, "Why?" How will it prevent the issue from reoccurring?)

Determine Scope

5) Who is affected by this issue/need? (List departments/positions and patients/families.)

A3 Project Planning Worksheet (Page 2)

Leadership Mentor: _____
(Council Advisor, Manager, Educator, LLT, Other)

East Tennessee Children's Hospital

Identify Outcome

6) Describe your ideal future state. (What is the change you want to achieve?)

Confirm: Have you reviewed ideal state with stakeholders? ☐

7) What outcome will be measured? List potential method/source.

Validated? Will the outcomes prove/show achievement of the ideal future state? ☐

STOP **Determine Next Steps:** Visit the Project Planning Process on ETCHnet to determine if eligible for Continuing Nursing Education (CNE) and deciding if contacting a council is necessary. **STOP**

Implement and Evaluate

8) Develop a step-by-step implementation plan. (Include specific educational needs, who is responsible, when it will be completed, cost, and benefit)

9) How will you test/trial the proposed future state change (if possible).

10) How do you plan to follow-up and assess that your outcomes were achieved (Include post data)?

Completion Date

Which type do we want to be?

Real Cost

Why Do We Measure?

How? Measure, Measure, Measure

| Collect pre-data | → | Implement the change | → | Collect post-data |

- Pre-data:
  - Is this really a problem?
  - What does this look like today?
- Post-data:
  - Has the change worked?
  - Is there improvement?

How?

How Do We Measure?

Data Collection Form Worksheet

What are the types of data you want to collect? What are the sources of the data and how will your gain access to it?	
How will you collect your data?	
Who will collect your data?	
Why is this data being collected? How will you explain this to the data collectors?	
How will you educate and train your data collectors? How will you ensure they understand how to use the form? How will you monitor that the data collection form is working?	
What is the start date and stop date of the data collection?	
How will you be able to sort and filter your data? How is this identified on the collection form?	
Where do the completed forms go? How often will you collect the complete forms? Who will collect the completed forms?	

Why?

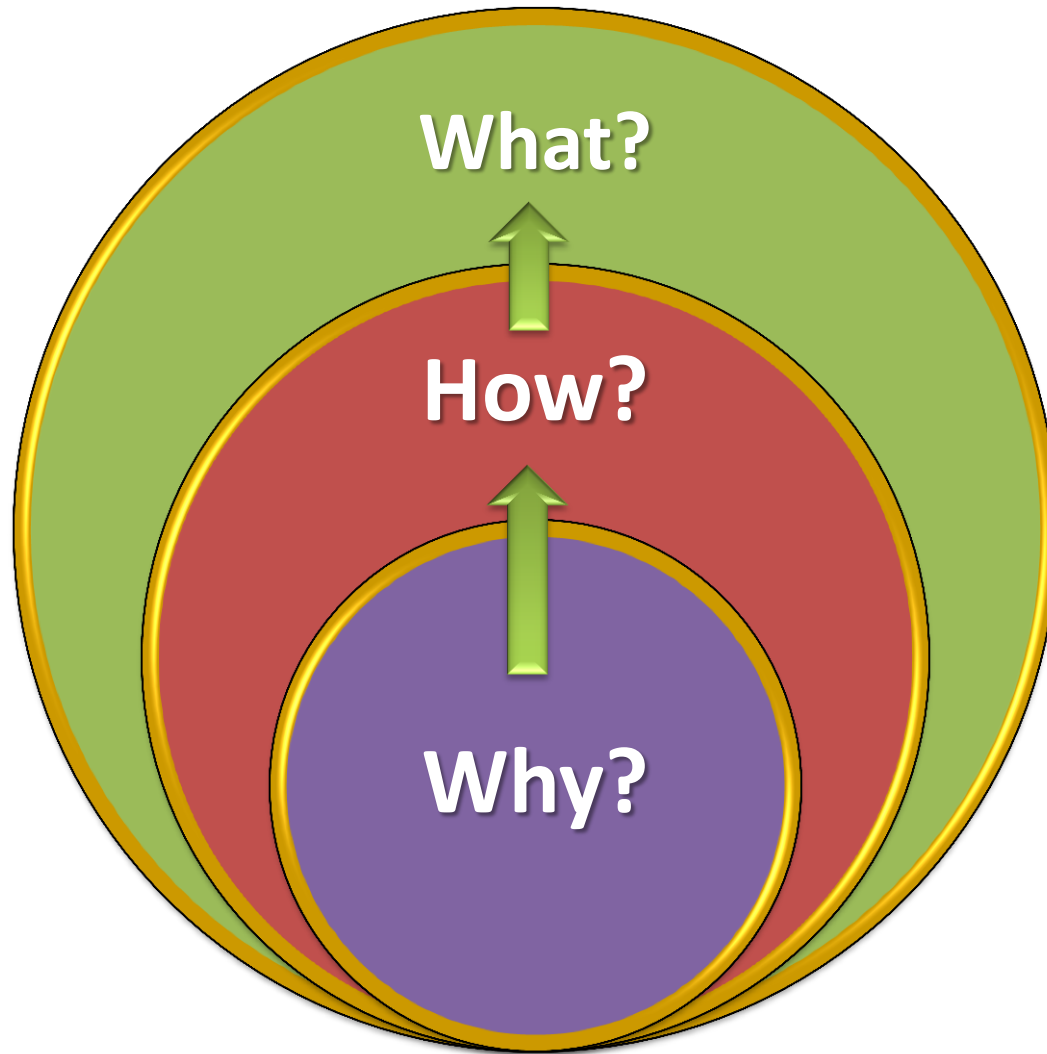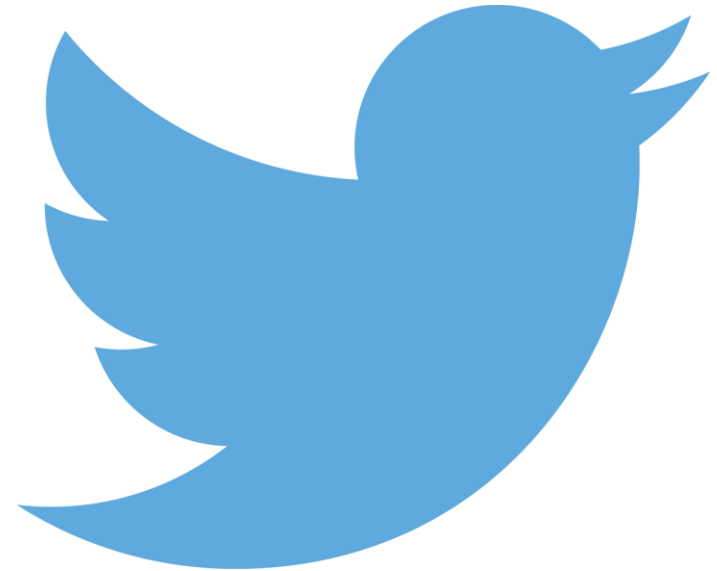...every patient every time

Start with 'Why?'

If you only do one thing, do this.

#SHS2016

Source: Medium.com: *The 30-second habit with a lifelong impact*

Questions?

Isaac B. Mitchell

1-865-541-8304

ibmitchell@etch.com

@IsaacMitchell

www.isaacbmitchell.com

Marti B. Jordan

1-865-541-8272

mjordan@etch.com

@MartiLeanRN

File Downloads:

Presentation

A3

Idea Card