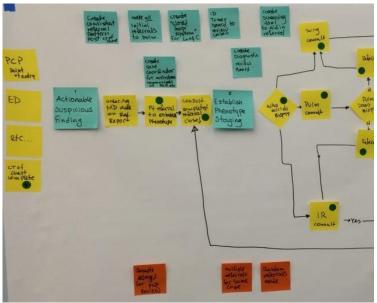
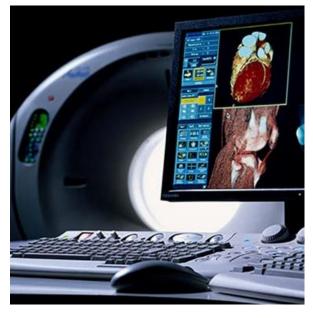
# Performance Improvement Tools Overview

For KP Residents







April 30, 2015

Quality Improvement and Patient Safety for KP Residents

Hugo Danilo, Director of Performance Improvement, LAMC



## Your basic clinical Toolbox

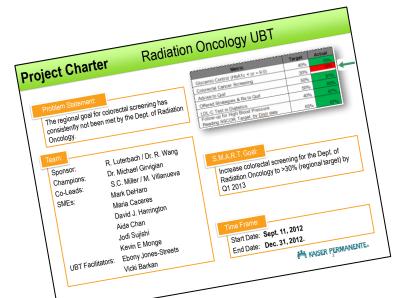


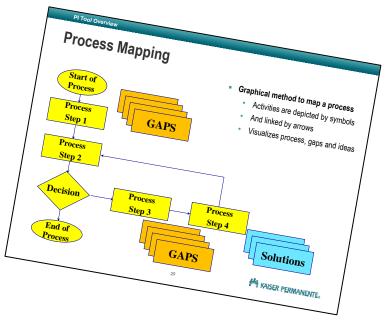


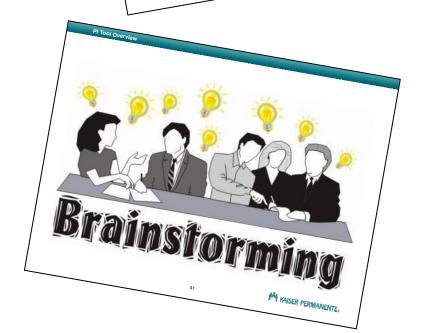


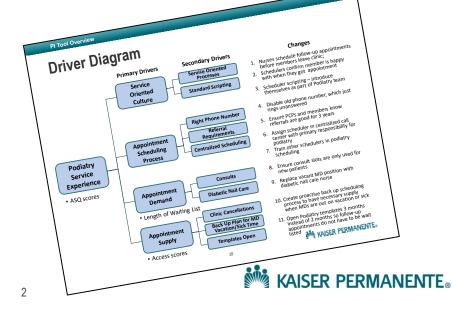


## Your basic PI Toolbox









## **Learning Objectives**

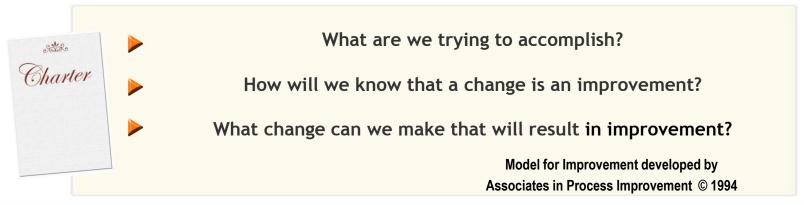
#### In this module we will cover several PI tools:

- Project charter
- Process map
- Driver diagram
- Brainstorming root causes
- Prioritizing potential solutions

Team Breakout activity will involve a KP Case Study

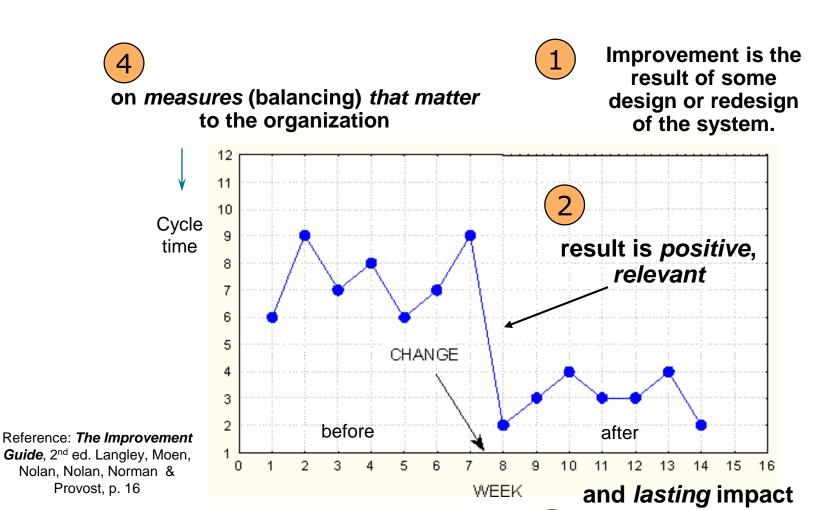


# Kaiser Permanente's Performance Improvement Model



**Develop/Identify** Change **Test** Implement/Control **Assess**  Voice of the Standardize Training Customer (VOC) and simplify •Policy & Process map Reduce waste procedures Baseline data Feedback loops •65 Error proofing Charter project Reduce defects Control charts Create portfolio Apply evidence-Spread plan Data collection based practices plan

## **Operational Definition of Improvement**



### **Basic Team Roles**



#### **Sponsor**

- Establishes the need & vision
  - Initiates the project
  - Allocates resources and time
  - Removes barriers
- Rewards and recognizes



## Champion /Process Owner

- Promotes change in the organization
- Ensures change is sustainable
  - Focuses on results
- Can be liaison between team and Sr. mgmt.



#### **Project Lead (s)**

- Assembles team
  - Facilitates meetings
- Ensures work is progressing
- Ensures project coordination
- Provides status reports
- Partners with IA



#### Team members

- Does the improvement work
- Subject matter expert
- Works with team to create the best solutions
- Runs tests and collects data



### Improvement Advisor

- Provides PI support and guidance
- Helps interprets data and results
- Helps team "see" their learnings & successes
  - Helps with change aspects



# **Project Charter**

- Problem Statement
  - SMART Goal



## **Project Charter**

## [Project Name]

#### **Problem Statement:**

Describe where the process is today using data and precise language. Give current performance and how that doesn't meet target or goal.

#### Team:

Sponsor: <<NAME>>

Champion: <<NAME>>

Co-Leads: <<NAME>>

Team Members: <<NAME and Role>>

<<NAME and Role>>

<<NAME and Role>>

<<NAME and Role>>

Insert Graph or Chart that led to the chartering of this project. Should be simple and self-explanatory.

#### S.M.A.R.T. Goal:

Use **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**imely language in your description of the goal.

#### Time Frame:

Start Date: xx/xx/xxxx
End Date: xx/xx/xxxx



### **Problem Statement...start with the facts**

- What..Exactly is the problem?
- Who..Says there is problem?
- Where..Exactly is the problem happening?
- When..ls it happening? How long?
- How Many People.. Does the problem impact? Statistics?

Then condense to 2-3 sentences max.



### S.M.A.R.T. Goal

"S" = Specific

Avoids generic statements

"M" = Measurable

Based on metrics and data

"A" = Attainable

Should be doable. Avoids "world hunger."

"R" = Relevant

Related to problem statement

"T" = Timely

Must have an end date



## **Project Charter Example**

## Radiation Oncology UBT

#### **Problem Statement:**

The regional goal for colorectal screening has consistently not been met by the Dept. of Radiation Oncology.

#### Team:

Sponsor: R. Luterbach / Dr. R. Wang

Champions: Dr. Michael Girvigian

Co-Leads: S.C. Miller / M. Villanueva

SMEs: Mark DeHaro

Maria Caceres

David J. Harrington

Aida Chan

Jodi Sujishi

Kevin E Monge

UBT Facilitators: Ebony Jones-Streets

Vicki Barkan

Metric	Target	Actual
Glycemic Control (HbA1c < or = 9.0)	45%	70%
Colorectal Cancer Screening	30%	18%
Advise to Quit	50%	81%
Offered Strategies & Rx to Quit	50%	60%
LDL-C Test in Diabetics	40%	67%
Follow-up for High Blood Pressure		
Reading SSCOR Target, by Distr date	65%	87%

#### S.M.A.R.T. Goal:

Increase colorectal screening for the Dept. of Radiation Oncology to >30% (regional target) by Q1 2013

#### Time Frame:

Start Date: **Sept. 11, 2012** End Date: **Dec. 31, 2012**.

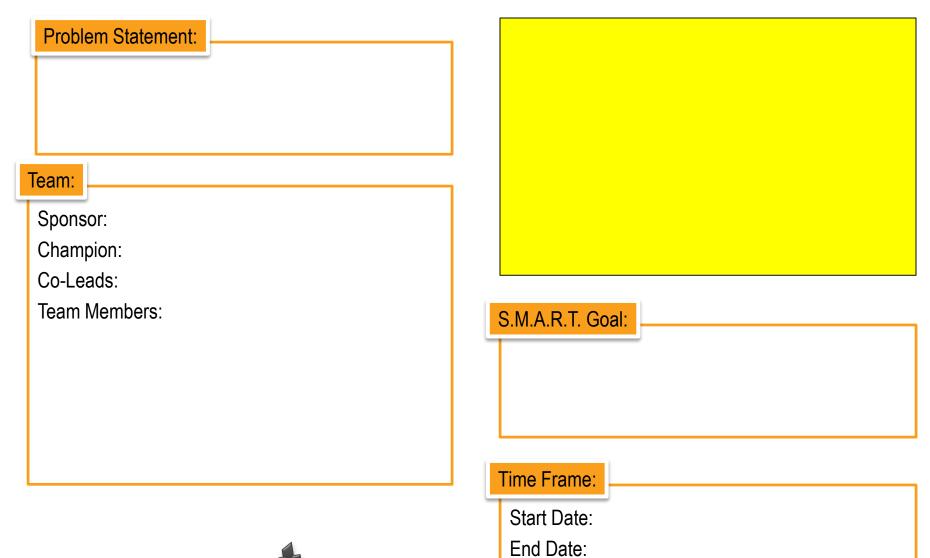


# Table Exercise (10 Minutes) Create a Project Charter for Case Study...

Pain Management (Service)
Hospital Acquired Infections- CLABSI (Quality)
Hematology Oncology Infusion Center (Access)
Sepsis Coding (Affordability)



## **Project Charter:**



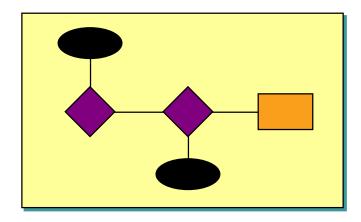




# **Process Mapping**



## **Process Map**



#### Why

- Provides clear understanding of the process scope or execution baseline.
- Illustrates what is happening versus what should be happening
- Captures critical organizational knowledge
- Facilitates identification of problem areas
- Stimulates ideas for business process reengineering
- Facilitates identifying locations for data gathering (process measurement)

#### What

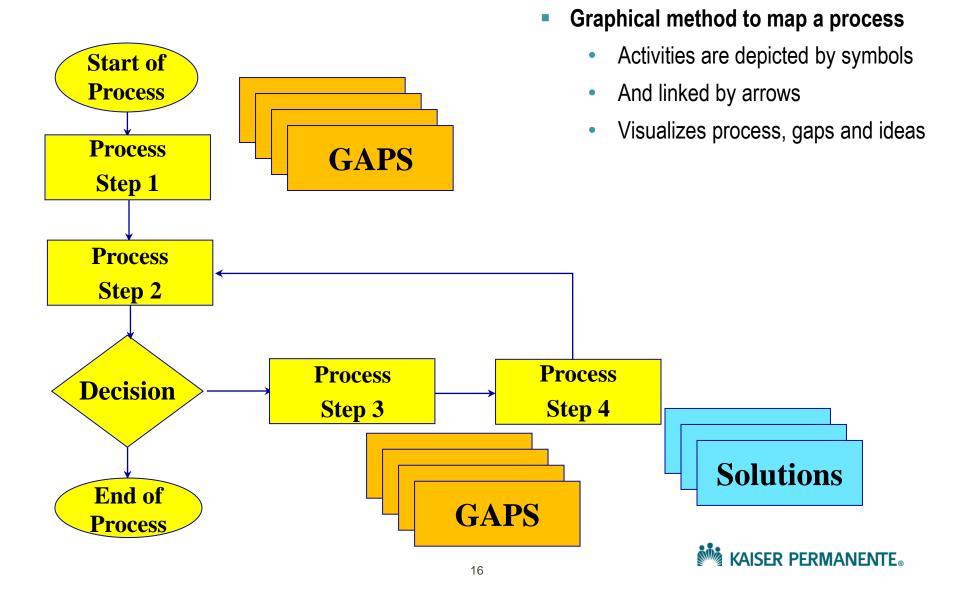
 A process map is a graphical means of depicting the steps or activities which constitute a process. It is a fundamental planning tool for identifying customers. Process Maps are also called flow charts.

#### How

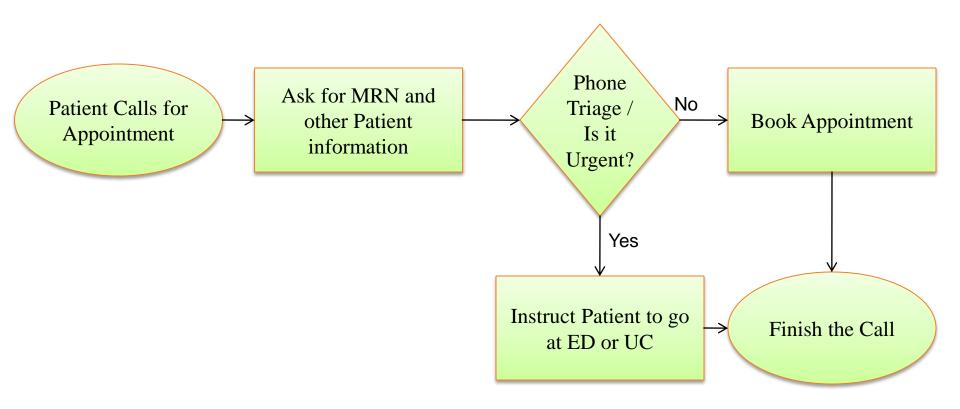
- Use the right people. Include people who work in the process, customers and suppliers. An independent facilitator to keep independence.
- All members must participate.
- Data must be visible to all personnel all the time.
- Start with Post-It notes; rarely is a session completed without reworking the map. Avoid transparencies; this only allows 1 segment of the chart to be displayed at a time.
- Enough time needs to be allotted. Process Maps take longer than is expected.
- Use the common charting symbols.



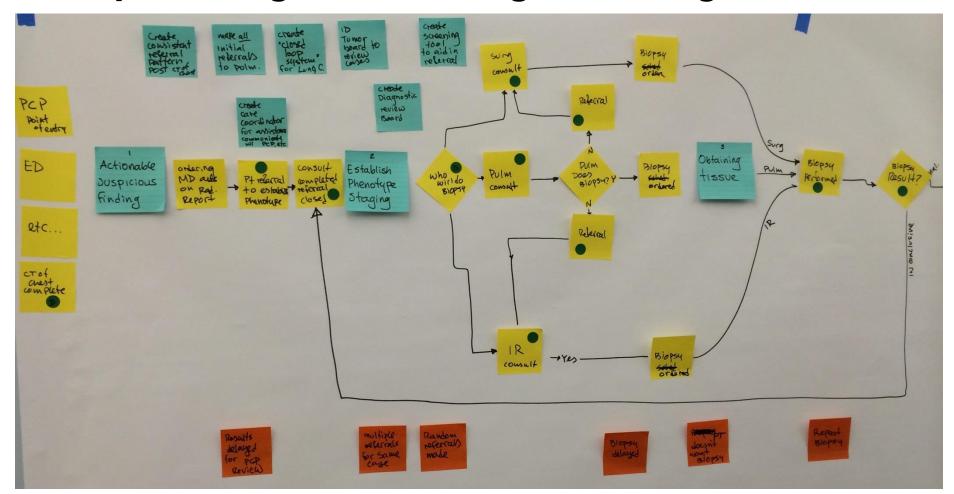
## **Process Mapping**



## **Example**

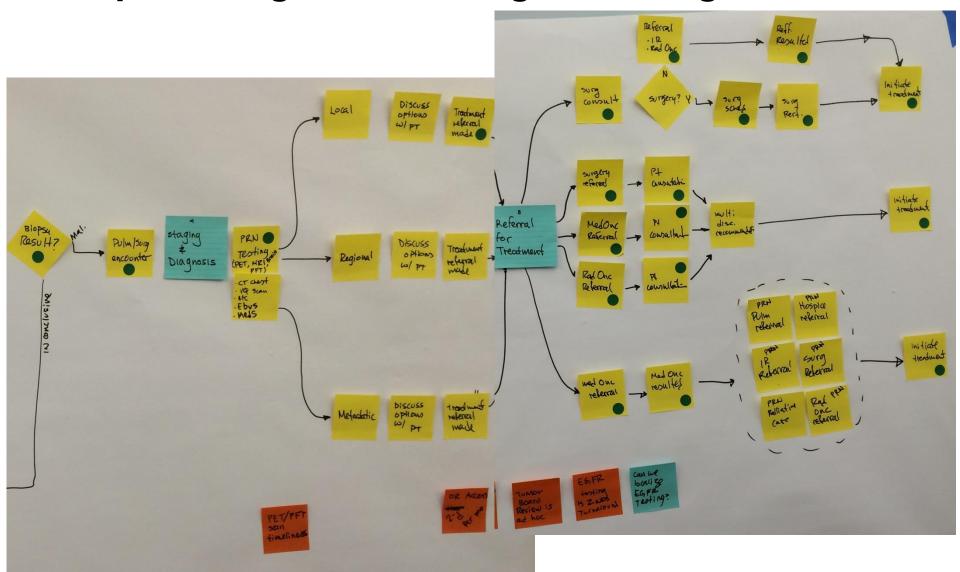


## **Example: Lung Cancer Diagnose Stage 1 of 2**





## **Example: Lung Cancer Diagnose Stage 2 of 2**



# Table Exercise (10 Minutes) – Create a Process Map for your Case Study...



## **Process Map**





## **Root Cause Analysis**

Driver diagram



## A Driver Diagram Is ...

A pictorial display that helps conceptualize an issue and determine the pathway to achieve your goal

#### Goal

#### **Primary Drivers**

- 1.
- 2.
- 3.

System components that will contribute to moving the goal

#### **Secondary Drivers**

- 1.
- 2.
- 3.

Elements of the primary drivers that can be used to create projects and will affect the primary drivers

#### **Changes**

- 1.
- 2.
- 3.

Things that can be implemented to move the secondary drivers



## An Example

Goal

#### **Driver**

Notification of surgical supply part number changes

Playbook - Regionally established playbook on obtaining KSN/Onelink IDs and adding items to Optime

for adding disposables and instruments into Optime

Mass Substitutions - Ability to perform mass substitutions in Optime

Access - Grant Manager access to the Optime portion that allows mass substitutions

w.l.n.d. - CS & OR staff report wrong part number as they are encountered by marking item on preference cards

#### Change

**Update Part Number when Changing Vendor** 

#### **Items Entered into Optime**

in a timely and organized fashion. Efficient

Prevent Requests From Falling Through the Cracks - Make it easy to know which requests have been completed or in process

#### **Maintenance of Preference Cards**

Eliminate need for manually maintenance

#### **Reduce Waiting Time**

Facilitate ability to do mass substitution in a timely manner

#### **Report Wrong Part Number**

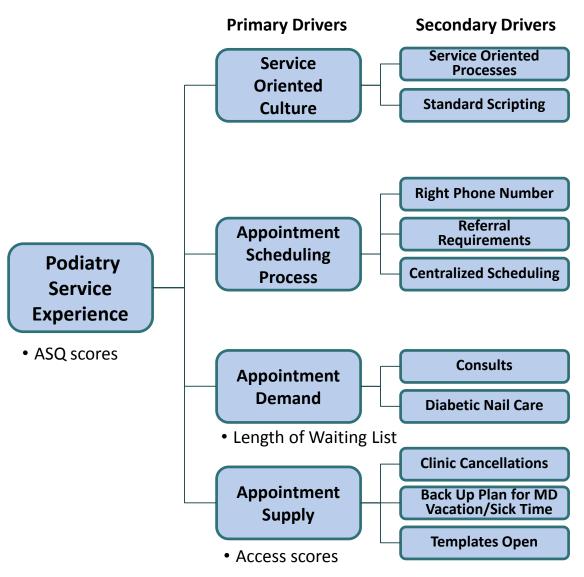
Facilitate way of reporting wrong part number to SEAM manager

KAISER PERMANENTE

Improve
Accuracy of
Surgical
Preference
Cards

Measure: % of carts that are free of all errors (wrong, not picked, damaged instruments)

## **Driver Diagram**



#### Changes

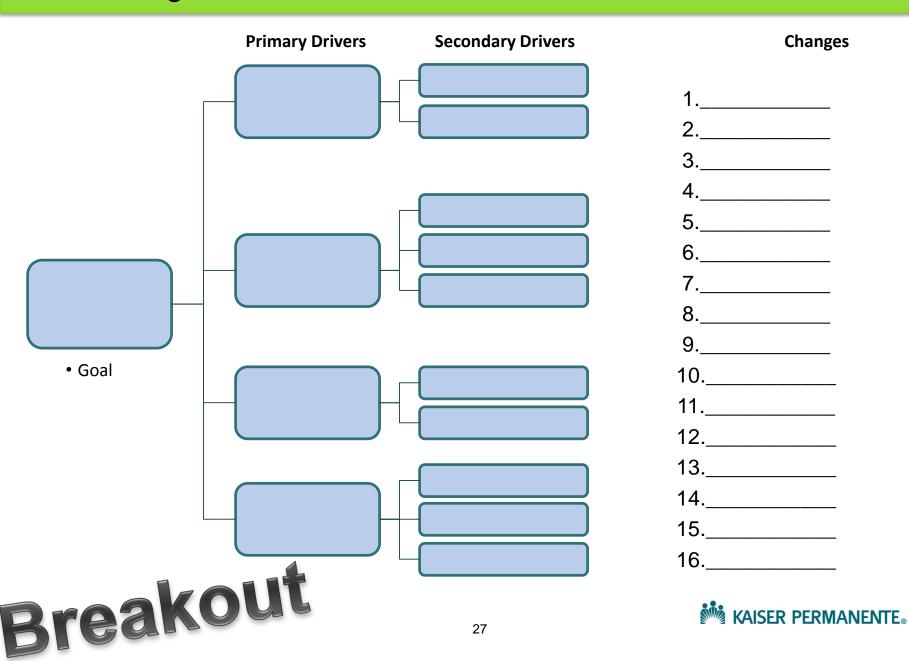
- 1. Nurses schedule follow-up appointments before members leave clinic;
- 2. Schedulers confirm member is happy with when they got appointment
- 3. Scheduler scripting introduce themselves as part of Podiatry team
- 4. Disable old phone number, which just rings unanswered
- 5. Ensure PCPs and members know referrals are good for 3 years
- Assign scheduler in centralized call center with primary responsibility for podiatry
- 7. Train other schedulers in podiatry scheduling
- 8. Ensure consult slots are only used for new patients
- 9. Replace vacant MD position with diabetic nail care nurse
- Create proactive back up scheduling process to have necessary supply when MDs are out on vacation or sick
- 11. Open Podiatry templates 3 months instead of 2 months so follow-up appointments do not have to be wait listed

KAISER PERMANENTE

# Table Exercise (10 Minutes) – Create a <u>Driver Diagram</u> for your Case Study...



## **Driver Diagram**



# **Formulating Solutions**

- Brainstorming
- Idea Prioritization



## **Brainstorming**



#### Why

- Brainstorming produces many ideas/ solutions in a short time.
- Facilitates the creative thinking process.
- Separates idea generation from the judging of the ideas.

#### What

 A freeform method of generating unconstrained ideas/solutions and equalizing involvement in the analysis process

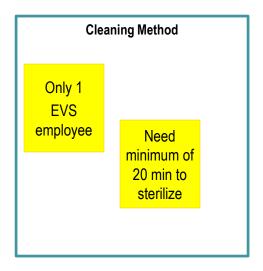
#### How

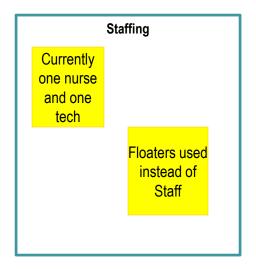
- Review the topic "why, how, or what" questions.
- Give everyone a minute or two of silence to think about the question.
- Invite everyone to call out their ideas (important: no discussion of ideas until session is complete).
- Write down every idea.
- Consolidate like ideas and discuss complete list.
- Use consensus building tools to assist in prioritization.

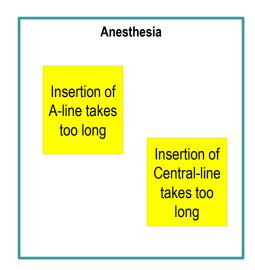


## Brainstorming – Step 1

# 1- Ask your Team why something goes wrong and group ideas into themes



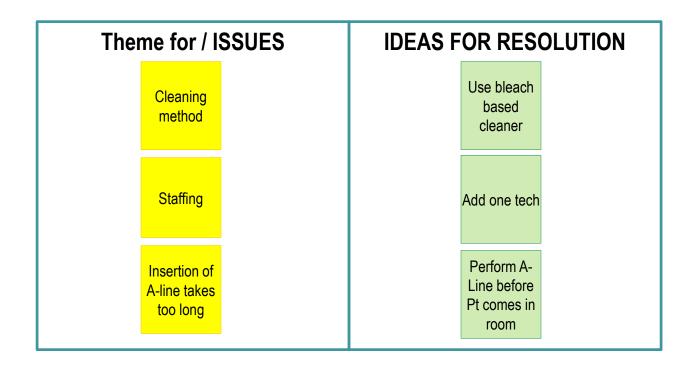






## **Brainstorming – Step 2**

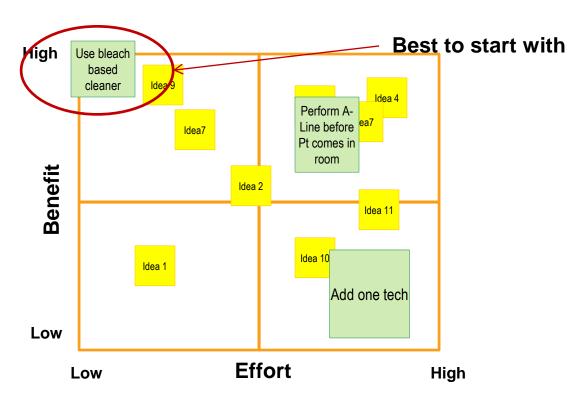
#### 2- Discuss and identify potential solutions per issue or theme





## **Brainstorming – Step 3**

# 3 – Prioritize. Discuss and place ideas on an Effort vs Benefit matrix.





## **Prioritizing Solutions- Communication**



## **Table Exercise (10 Minutes)**

-Brainstorm Root Causes

-Prioritize Solutions

for your Case Study...



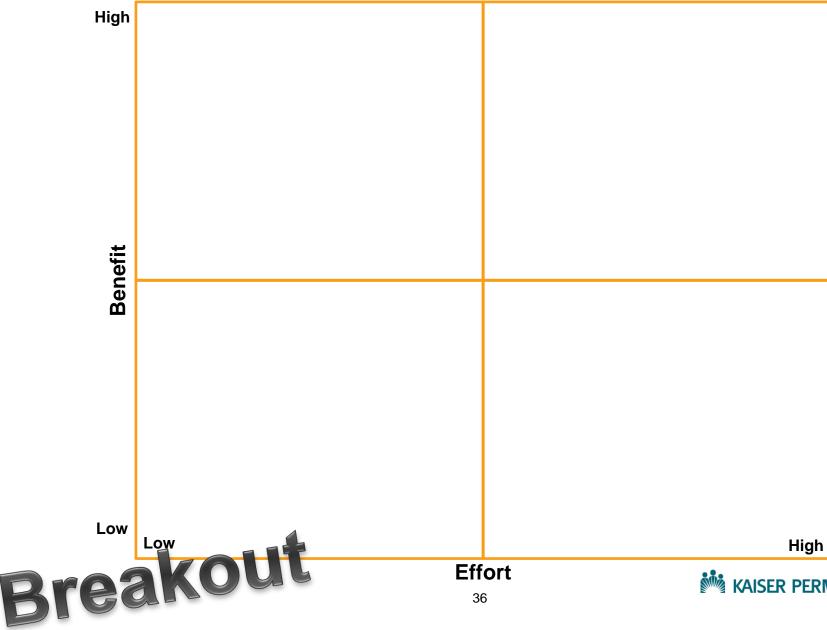
## Brainstorming on root causes

Theme:	Theme:	Theme:





## **Idea Prioritization**



36

# **Solutions Summary**

Problem or Issue	Theme	Proposed Solutions / Actions	Identified by



## For a Successful PI Project:

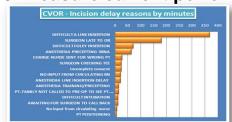
#### 1. Set a SMART goal

- "S" = Specific Anyone can understand
- "M" = Measurable Metrics and Data exist
- "A" = Attainable Knowing how to improve
- "R" = Realistic Considering constraints
- "T" = Timely Must have a date

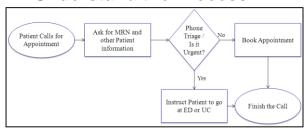
#### 2. Create a Project Charter



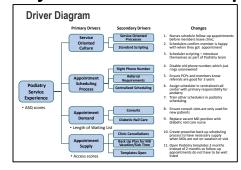
#### 3. Measure current performance



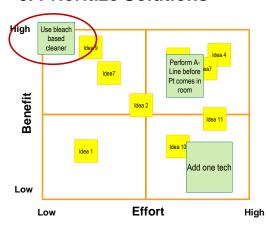
#### 4. Understand the Process



#### 5. Identify the Root Cause of a problem



#### 6. Prioritize Solutions



#### 7. Action Plan (who / When /What)

Due	Owner	Physician	Action	Status
5/4	Yannis		Send to the team vlookup cheat sheet	Completed
5/11	Yannis		Collect feedback on simplified P-Cards	Completed
5/11	Yannis/Claudia/Watson	Birusingh	2 hours meeting to educate coordinators on how to update cards	Completed
5/11	Sally/Dean	N/A	Provide Current Item Master File	PO based!?
5/20	Donald		Policy for distributing trays 48 hours prior to procedure	Not completed
5/31	Hazel/Yannis	Marlin	Cataract (Yannis to oversee the conversion) Preference Card Update	Completed
5/31	Intira	Lim	Manible Osteotomy Preference Card Clean-Up / Update	Completed
5/31	Yannis		Separation of LAMCP-Cards from West LA	Completed
5/31	Leni	Difronzo	Lap APY Preference Card Clean-Up / Update	Completed
7/31	Hazel	Lee	ACL Preference Card Clean-Up / Update	Completed
5/31	Daizy	Shapiro	Cysto Preference Card Clean-Up / Update	Completed

#### 8. Measure Improved performance

