

Planning a PI Project

A Media Oaker Example

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PI Project planning exercise

- Based on a real problem, but a fictitious medical center you will:
 - Consider who you will invite to your PI Project kickoff meeting
 - Develop a SMART goal statement
 - Current state process map
 - List what you will measure
 - Brainstorm a test of change (or two)
 - Determine how you might sustain/spread your learnings

The Scenario

- Media Oaker Community hospital CEO Martha Jones is concerned:



Why she is concerned?

- 100 bed rural medical center
- New report that sentinel event rate, particularly wrong site surgeries, in Media Oaker Medical Center is four times the national average
- Martha was called by the local media for a comment on the new report.
- A call to her “QI desk” confirmed the finding: four wrong side mastectomies, one wrong side nephrectomy and a half dozen inappropriate wide skin excisions done because of pathology errors.

“We’ve got to fix this!”

Physician concerns



- The physicians expressed dissatisfaction with the EMR because the surgical pathology orders weren't intuitive.
- There was no money to re-program the system, however.



Wasted time in the pathology dept...

- Pathology dept has two technicians logging in specimens each day.
- 25% of their workday was spent tracking down names, medical record numbers and other missing information.



Baseline data

- 25 patients reviewed
- 10% rate of left/right discrepancy with resident physicians
- 7% rate of left/right discrepancy with staff physicians

- Review of 100 specimens revealed a 43% rate of at least some kind of error in the biopsy process.

Multiple orders...

- Multiple orders placed for different specimens on the same day generated multiple billings leading to Medicare reimbursement denials.

Martha picks up the phone...

- “Hey, this is Martha, look, you are a trained improvement advisor, right?”
- “I need to tell the press something about how we are making Media Oaker better.”
- “Can you come up with something In the next few minutes?”



Your job is to help improve surgical pathology ordering in the dermatology department:

1. Determine who would be the 2-3 most important people to have at your PI project kickoff meeting.
2. SMART goal statement
3. Current process map (from biopsy in the office to result in the computer), be creative, include the most basic steps
4. What are one or two things you would try to implement to improve the current state (tests of change)?
5. What will you measure?
6. Come up with one idea you would use to sustain/spread your best practices.

Now, go have fun!

Project Charter

Project Name: Dermatology Pathology Specimen Error Reduction		Charter Date: September, 2014	
Improvement Advisor: [REDACTED]		Facility: Fontana Medical Center Dermatology Department	
PI Director / Lead IA: [REDACTED]		Mentor: [REDACTED]	
Project SMART Goal: To reduce the % of Dermatology Pathology Specimen Errors from 3.7%(weekly average from April to August 23) to 2% by October 31st , 2014.			
Problem Statement and Business Case		Project Team	
Problem Statement	Pathology receives weekly specimen errors from Dermatology which can lead to incorrect diagnosis, unnecessary treatment and increased work for staff.	<ul style="list-style-type: none"> Sponsors: [REDACTED] Champions: [REDACTED] Project Co-Leads [Process Owners]: [REDACTED] Front-Line: Dermatology Staff: [REDACTED] Project Oversight: QLC/SSQI 	
Customer Benefit	To ensure patient safety and best patient care practice.		
Expected Financial Impact	Increased reimbursement for processing each specimen.		
Other Business Benefit	Deliver world class healthcare throughout our organization and achieve high levels of patient safety and care.		
Project Timeline and Key Milestones		Project Measures	
<ul style="list-style-type: none"> Assess: <ul style="list-style-type: none"> Baseline Data Obtained- August 22-26, 2014 Project Kick-Off- September 3,2014 Project Charter Completed- September 3, 2014 Process Map Completed- September 3, 2014 Voice of the Customer Obtained Identify Changes: <ul style="list-style-type: none"> Cause and Effect Developed-September 5 Start PDSA Action Plans- Sept 5, 2014 Test: <ul style="list-style-type: none"> PDSA Action Plans Completed- Sept 28, 2014 Implement: <ul style="list-style-type: none"> Sustainability Plan Completed- October 15, 2014 Training and Communication Plans- October 15,2014 Financial Impact Validated by Finance Project Storyboard Complete and Submitted Spread Plan 		<ul style="list-style-type: none"> Outcome Measures: Percentage of Weekly Dermatology Pathology Errors Process Measures: Percentage of Double Verification of Pathology Specimens Balancing Measure: Incidental Overtime Hours 	
		Project Scope	
		<ul style="list-style-type: none"> In Scope: Fontana Dermatology Department As Needed: Inpatient Hospital Areas Out of Scope: Other Fontana Ambulatory Departments 	

Strategic Plan Overview

Strategic Imperatives



Quality
"Care Delivery"



Affordability
"Improving Cost Structure"



Access
"Patient Focused Care"



Growth
"New Members"



People
"Culture, Leadership Communication"



Systems
"Innovation and Replication"



Service
"Care Experience"

Business Strategy

Inpatient
Sepsis, HAIs, Readmissions, Safety culture

Outpatient
Diabetes, cholesterol management, POE execution, Z-score composite

Transitions of care
PDR rate, Readmission, Hospital Standardized mortality rate

Improve margin to 5% by 2016

Drive inpatient utilization to regional benchmark

Drive non-KFH spend to budget

Increase accuracy of coding

Pharmacy and non-payroll spending

Operating Room
Perioperative safety culture, backlog reduction, smoothing

Ambulatory
9.0 appt ASQ, direct booking

ED/Urgent Care strategy

Lead region in customer retention

Grow membership in large commercial

Position and market KP as an IE Center of Excellence

Continued evolution of comprehensive service delivery in all sub-markets

Cultural development
Unstoppable leadership culture, Cultural measurement tool

Leadership development
Physician development series, Leadership forums, Growing leaders program

Communication
Internal and frontline—leverage technology

Identify and implement innovative initiatives

Identify and replicate (implement) internal and external best practices

Inpatient
Voice of nursing, overall HCAHPS, UBTs replicate best practice for service

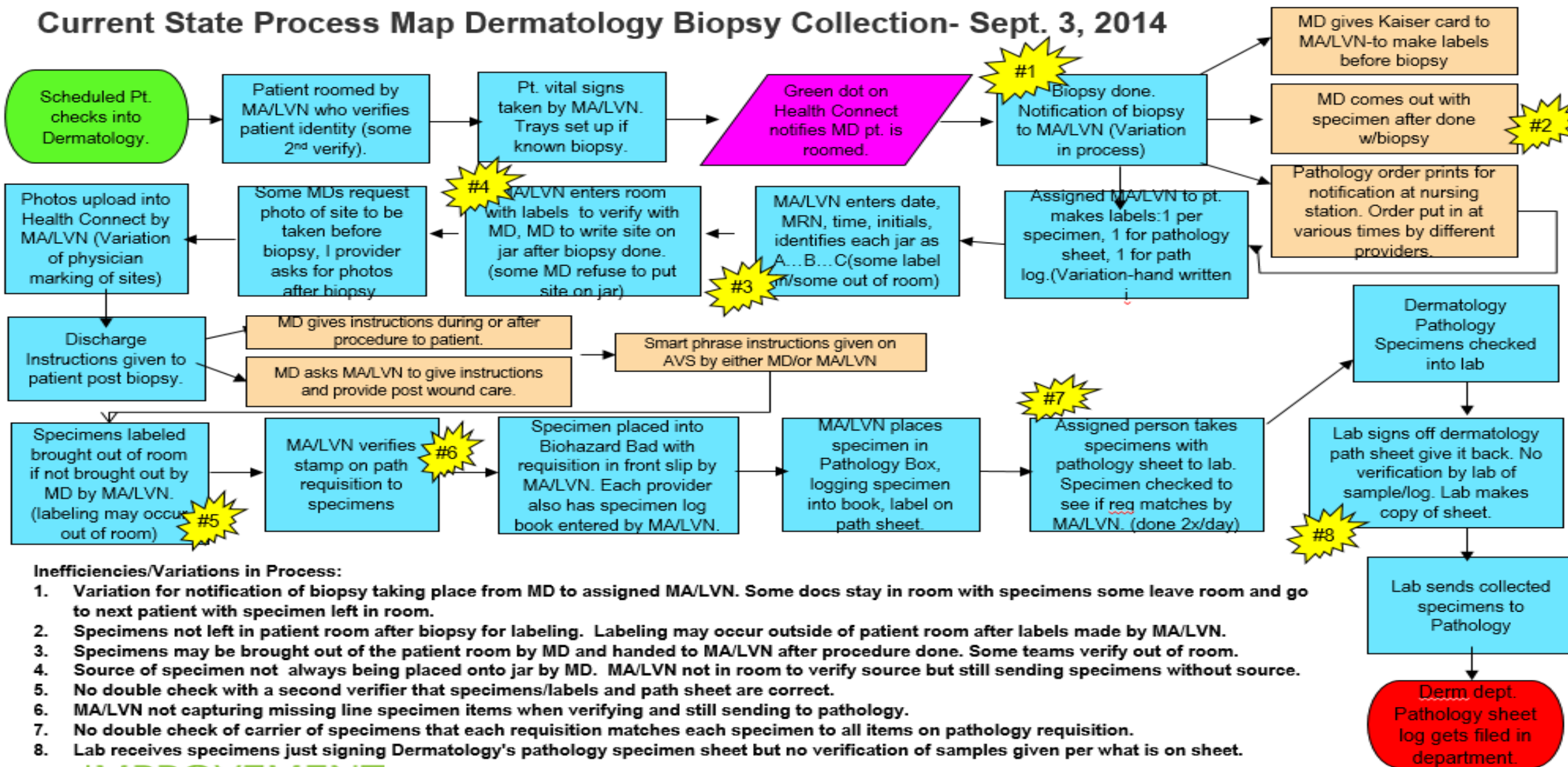
Outpatient
PRIDE standards, overall ASQ scores

Culturally responsive care

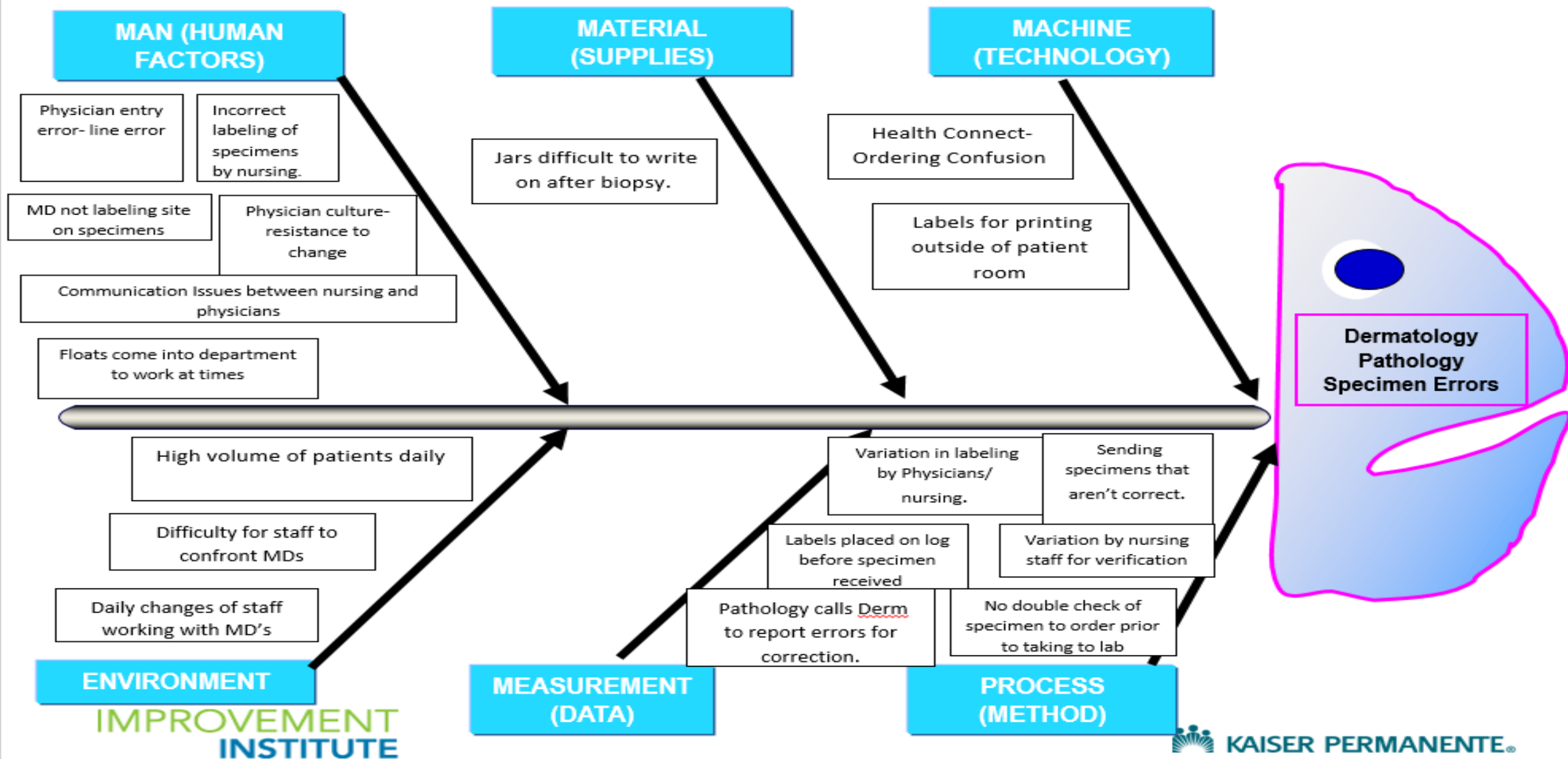
New member onboarding

Kp.org registration

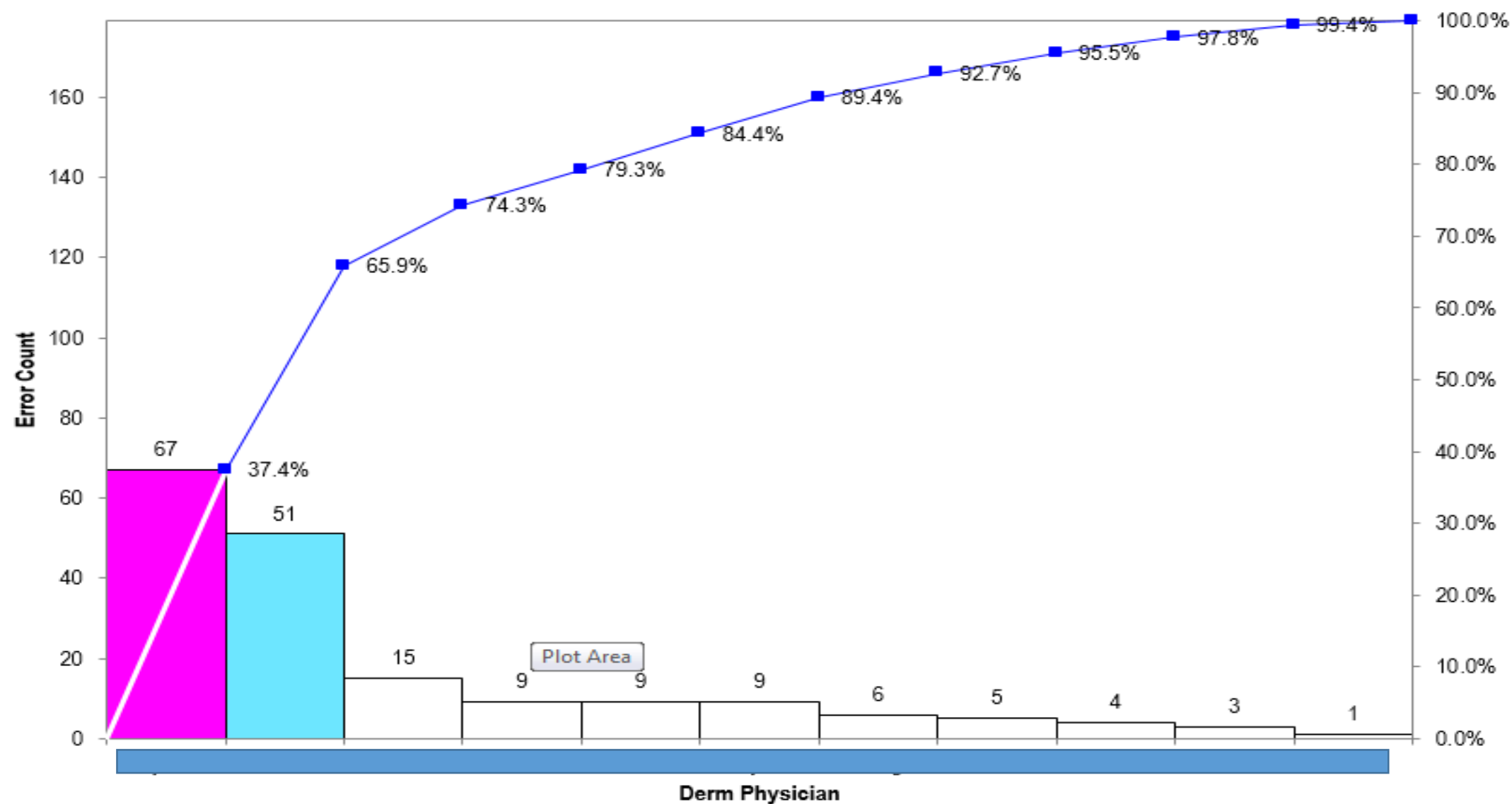
Current State Process Map Dermatology Biopsy Collection- Sept. 3, 2014



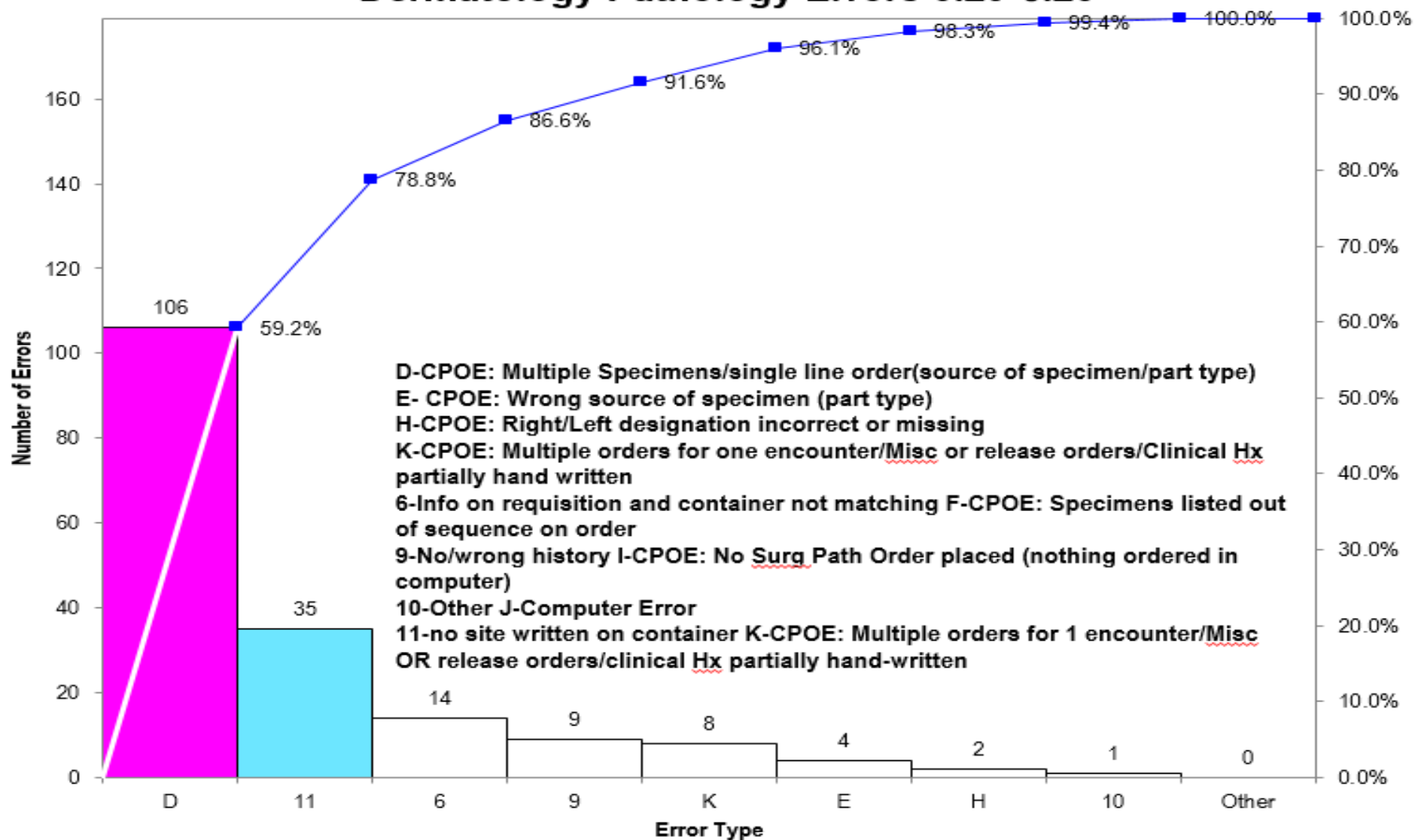
Assessment Results



Dermatology Pathology Specimen Error Count 3.29-8.23

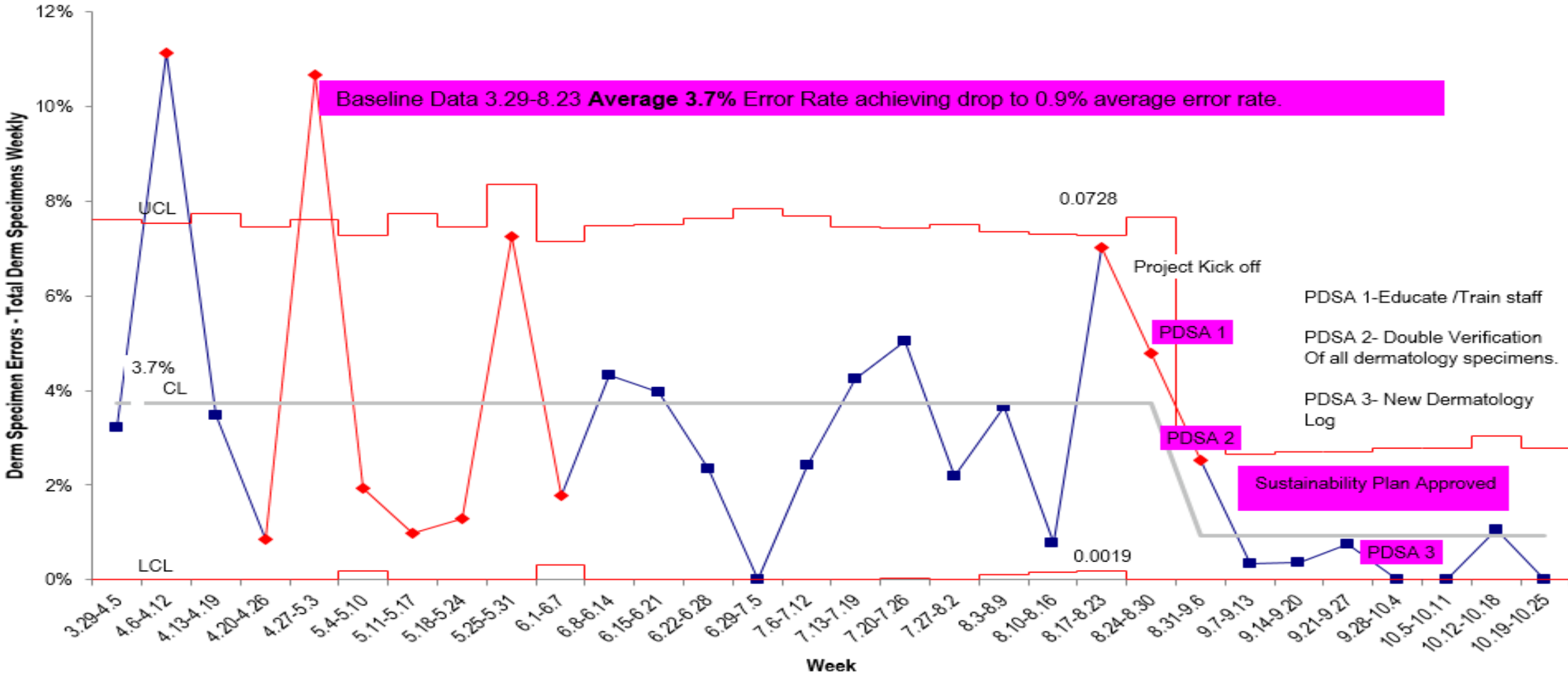


Dermatology Pathology Errors 3.29-8.23



Outcome Measure

Derm Specimen Errors / Total Derm Specimens Weekly p Chart



Lessons Learned

- **Key to Success:**
 - **Frontline engagement**
 - **Input from Staff**
 - **Visibility in Department daily**
 - **Coaching and Mentoring of Staff**
 - **One on one coaching with physician staff**
 - **Listening to Concerns of physicians**
 - **Standardization of Process for labeling jars**
 - **Standardizing Verification of Requisitions and Specimens with all staff**
 - **Standardizing Second Verification Process RN accountability**
 - **Team Approach**
 - **Department ownership of project**
- **Barriers**
 - **Culture-overcome by working closely with the physicians and nursing staff plus buy in from the Chief of Dermatology**
 - **In-Consistency in Practice of Collection of Specimens-Overcome by standardizing process and support of Chief to follow correct process and policy for specimen collection.**



Department of Family Medicine
Pathology Error Reduction Project

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