Your basic clinical Toolbox
**Project Charter Radiation Oncology UBT**

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

**S.M.A.R.T. Goal:**
Increase colorectal screening for the Dept. of Radiation Oncology to >30% (regional target) by Q1 2013

**Start Date:** Sept. 11, 2012

**End Date:** Dec. 31, 2012

**Time Frame:**

**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
- ASIA Chen
- Jodi Sujishi
- Kevin E Monge

**UBT Facilitators:**
- Ebony Jones-Streets
- Vicki Barkan

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**Process Mapping**

- **Graphical method to map a process**
  - Activities are depicted by symbols
  - And linked by arrows
  - Visualizes process, gaps and ideas

**Start of Process**

**Process Step 1**: GAPS

**Process Step 2**: Decision

**Process Step 3**: GAPS

**Process Step 4**: GAPS

**End of Process**

**GAPS**

**Solutions**

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**Driver Diagram**

**Primary Drivers**

1. Nurse/clinician follow-up appointments before member leave clinic
2. Members cancel/appointee is happy
3. Scheduling changes - introduce
4. Disable old phone number, which rings unanswered
5. Ensure phone number is clear, easy to understand
6. 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
10. Create proactive back up scheduling process to have necessary supply when MDs are out on vacation or sick

**Secondary Drivers**

1. Access scores
2. Length of Waiting List
3. Appointment Scheduling Process
4. Appointment Demand
5. Appointment Supply
6. Onset
7. Obstacles
8. Right Phone Number
9. Referral Requirements
10. Centralized Scheduling

**Changes**

1. Nurse/clinician follow-up appointments before member leave clinic
2. Members cancel/appointee is happy
3. Scheduling changes - introduce
4. Disable old phone number, which rings unanswered
5. Ensure phone number is clear, easy to understand
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**PI Tool Overview**

**Brainstorming**

- **ASQ scores**
- **Appointment Supply**
- **Appointment Demand**
  - Length of Waiting List

**Pediatric Service Experience**

- **ASQ scores**
- **Appointment Scheduling Process**
- **Appointment Demand**
  - Length of Waiting List

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**PI Tool Overview**

**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

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Model for Improvement developed by Associates in Process Improvement © 1994

Assess

- Voice of the Customer (VOC)
- Process map
- Baseline data
- Charter project
- Create portfolio
- Data collection plan

Develop/Identify Change

- Standardize and simplify
- Reduce waste
  - 6S
- Reduce defects
- Apply evidence-based practices

Test

Implement/Control

- Training
- Policy & procedures
- Feedback loops
- Error proofing
- Control charts
- Spread plan
Operational Definition of Improvement

1. Improvement is the result of some design or redesign of the system.

2. Result is positive, relevant.

3. And lasting impact.

4. On measures (balancing) that matter to the organization.

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

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>>

S.M.A.R.T. Goal:
Use Specific, Measurable, Attainable, Relevant and Timely 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**.. Is 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
Problem Statement:
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Team:
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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>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycemic Control (HbA1c &lt; or = 9.0)</td>
<td>45%</td>
<td>70%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>Advise to Quit</td>
<td>50%</td>
<td>81%</td>
</tr>
<tr>
<td>Offered Strategies &amp; Rx to Quit</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>LDL-C Test in Diabetics</td>
<td>40%</td>
<td>67%</td>
</tr>
<tr>
<td>Follow-up for High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading SSCOR Target, by Distribe date</td>
<td>65%</td>
<td>87%</td>
</tr>
</tbody>
</table>
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:

Problem Statement:

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

Time Frame:
Start Date:
End Date:

Team:
Sponsor:
Champion:
Co-Leads:
Team Members:
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.
Graphical method to map a process
- Activities are depicted by symbols
- And linked by arrows
- Visualizes process, gaps and ideas
Example

Patient Calls for Appointment → Ask for MRN and other Patient information → Phone Triage / Is it Urgent?

- No → Book Appointment
- Yes → Instruct Patient to go at ED or UC → Finish the Call
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…
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.
- **Secondary Drivers**
  1.
  2.
  3.
- **Changes**
  1.
  2.
  3.

System components that will contribute to moving the goal

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

Things that can be implemented to move the secondary drivers
An Example

**Goal**

**Driver**

- **Notification of surgical supply part number changes**

**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

**Improve Accuracy of Surgical Preference Cards**

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

- **Tracking Requests** - File to track all request 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.I.N.D.** - CS & OR staff report wrong part number as they are encountered by marking item on preference cards

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

**Podiatry Service Experience**
- ASQ scores

**Primary Drivers**
- Service Oriented Culture
- Appointment Scheduling Process
- Appointment Demand
- Appointment Supply

**Secondary Drivers**
- Service Oriented Processes
- Standard Scripting
- Right Phone Number
- Referral Requirements
- Centralized Scheduling
- Consults
- Diabetic Nail Care
- Clinic Cancellations
- Back Up Plan for MD Vacation/Sick Time
- Templates Open

**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
6. 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
10. 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

**PI Tool Overview**
Table Exercise (10 Minutes)
– Create a **Driver Diagram** for your Case Study...
Driver Diagram

Primary Drivers

Secondary Drivers

Changes

1. __________
2. __________
3. __________
4. __________
5. __________
6. __________
7. __________
8. __________
9. __________
10. __________
11. __________
12. __________
13. __________
14. __________
15. __________
16. __________
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.
1- Ask your Team why something goes wrong and group ideas into themes

- **Cleaning Method**
  - Only 1 EVS employee
  - Need minimum of 20 min to sterilize

- **Staffing**
  - Currently one nurse and one tech
  - Floaters used instead of Staff

- **Anesthesia**
  - Insertion of A-line takes too long
  - Insertion of Central-line takes too long
## Brainstorming – Step 2

2- Discuss and identify potential solutions per issue or theme

<table>
<thead>
<tr>
<th>Theme for / ISSUES</th>
<th>IDEAS FOR RESOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning method</td>
<td>Use bleach based cleaner</td>
</tr>
<tr>
<td>Staffing</td>
<td>Add one tech</td>
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<tr>
<td>Insertion of A-line takes too long</td>
<td>Perform A-Line before Pt comes in room</td>
</tr>
</tbody>
</table>
3 – Prioritize. Discuss and place ideas on an Effort vs Benefit matrix.

Best to start with:

- Use bleach based cleaner
- Perform A-Line before Pt comes in room

High

Low

Benefit

Effort

Add one tech
Prioritizing Solutions - Communication

**PI Tool Overview**
Table Exercise (10 Minutes)
– Brainstorm Root Causes
– Prioritize Solutions
for your Case Study...
Brainstorming on root causes

Theme: __________

Theme: __________

Theme: __________
Idea Prioritization

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Effort</th>
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<tr>
<td>High</td>
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<td>Low</td>
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## Solutions Summary

<table>
<thead>
<tr>
<th>Problem or Issue</th>
<th>Theme</th>
<th>Proposed Solutions / Actions</th>
<th>Identified by</th>
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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
   - Problem Statement:
     Time for new KP members to book first appointment with a PCP >1 month
   - SMART Goal:
     Reduce TAT for new KP members to book first appointment with PCP from >1 month to less than 2 weeks by September 30, 2012
   - Team Members:
     - Sponsors
     - Leads / Owners
     - Change Agent (PM, IA, MD)
     - SME; Subject Matter Experts

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)

8. Measure Improved performance
obrigado  Dank U  Merci  mahalo  Köszi
спасибо  Grazie  Thank you  mauruuru  Takk
Gracias  Dziękuję  Děkuju  danke  Kiitos