St. Elizabeth Healthcare

A COMPREHENSIVE APPROACH TO SUSTAINING QUALITY IMPROVEMENTS

Bill Harrington, PhD, PE
Director of Quality Improvement
St. Elizabeth Healthcare

KEY LEARNING OBJECTIVES

What you should takeaway…

1. **Prioritization and Initial Commitment**
• Kano Model and primary focus on harm reduction
• Project prioritization approaches
• Quality Improvement (QI) Model and problem-solving format options
• Securing leadership commitment at project inception and accountability beyond project handoff
2. **Project Execution**
• Training project teams on Lean during project work to enhance cohesion and problem solving
• Cadence of project meetings and leadership updates to meet project timeline goals
3. **Post-Project Success**
• Sustaining improvement beyond handoff and avoiding repeat projects
• Realizing cumulative gains in quality performance
4. **Evolving a Quality Improvement Program**

ST. ELIZABETH HEALTHCARE

CMS
DBN, EDG: ★★★★★
FLO: ★★★★
FTT: ★★★

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

FACILITIES

St. Elizabeth has six facilities operating throughout Northern Kentucky and Southeastern Indiana as well as more than 170 St. Elizabeth Physicians offices located throughout Kentucky, Ohio and Indiana.

COVINGTON | DEARBORN | EDGEWOOD
FLORENCE | FT. THOMAS | GRANT

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TABLE EXERCISE #1 (10 MINUTES)

Customer focus

Make a list of your customers, i.e., who you serve.

What do they value?

What would they consider to be an error?

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SETTING PRIORITIES

Don't get the cart in front of the horse

Recognize that patients value:
- Safety- "Don't hurt me"
- Quality- "Help me get well"
- Service- "Respect me"

Kano Model serves as a guide
- Basic- prevent harms and readmissions
- Performance- length of stay, communication with patients, engagement of associates and clinicians
- Excitement- seamless experience

Kano, N. , Seraku, N. , Takashi, F. & Tsuji, S. (1984). Attractive quality and must-be quality. *The Journal for Japanese Society for Quality Control*, 14, 147–156.

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FIRST, DO NO HARM

A journey of patience and perseverance

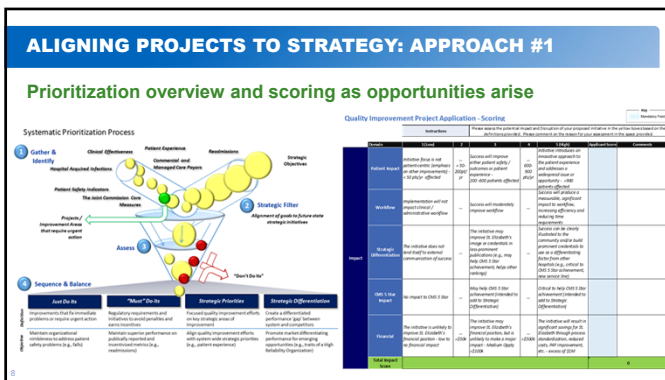- **Initial focus of efforts was on harm reduction (HAI's, HAPI, Falls)**
- **First collaborative started in Q1 2020 following 2nd C. Diff project**
- **Harm-Across-the-Board (HAB) is now lower than pre-pandemic level**

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BLUE-SKY TO HOSHIN

Process Flow

Here's how the pieces work together:

1. 3 to 5-year goals establish the Blue-Sky pillars
2. Annual goals are created to work toward the Blue-Sky pillars
3. Metrics determine if we are improving
4. Improvement activities are the strategy for achieving annual goals
5. The master schedule (implementation plan) determines sequence, priority and timing of improvement activity
6. Monitoring, review and response to results of implementation provide feedback at the strategy level to the team, objective level and the Blue-Sky pillar for management reflection, learning and planning as subsequent planning cycles are undertaken

● Executive Leadership
● Management Team

VISION -> BLUE-SKY PILLARS [3-5 YEAR GOALS]
CREATES
OBJECTIVES [ANNUAL 1 YEAR GOALS]
DETERMINES
METRICS
DECODES
STRATEGY [IMPROVEMENT ACTIVITY]
FACILITATES
MASTER SCHEDULE [IMPLEMENTATION PLAN]
REQUIRES
● MONITORING
● REVIEW
● RESPONSE
FEEDBACK

DEVELOPING THE VISION

The Purpose of the Process

- The term Hoshin Kanri comes from Japanese. It is written as 方針管理.
- The first half is the word 方針 (hoshin) for "policy; plan; course; principle; objective; but also as magnetic needle (or compass)."
- The second half is 管理 (kanri) for "control; management." Hence the translation is policy management, although it is more often translated as policy deployment.
- Hoshin Kanri starts with specific objectives at the top level of the hierarchy, which then are used to develop the objectives for lower levels.
- Each level's objectives support the objectives above and give the organization a unified direction.

Ho — Direction   Shin — Needle
Kan — Control   Ri — Reason
= Hoshin (Compass) Kanri (Management)

TABLE EXERCISE #2 (5 MINUTES)

It is about winning

Thinking of what you learned in the first exercise, consider the following:

What is winning in your area / service line?

Do your staff and others share this understanding?

Dr. Bill Harrington, PhD, PE
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2024 Kentucky Association for Healthcare Quality (KAHQ) Conference: September 13, 2024
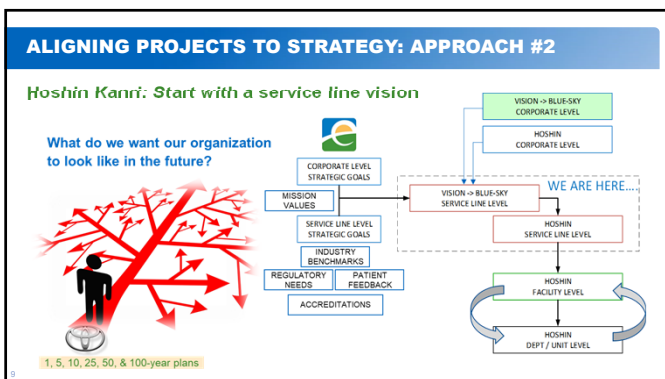*"A Comprehensive Approach to Sustaining Quality Improvements"*
CE Provider: Dept. for Behavior Health, Developmental and Intellectual Disabilities
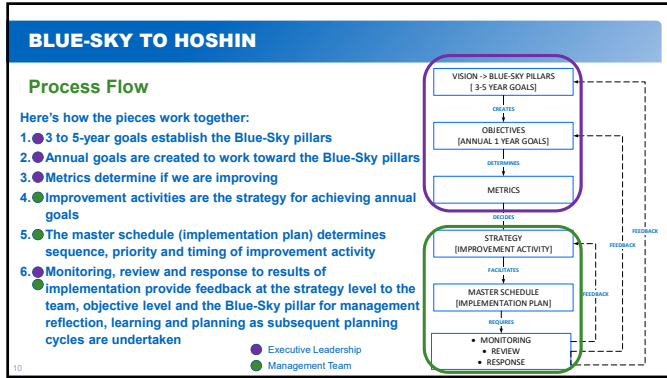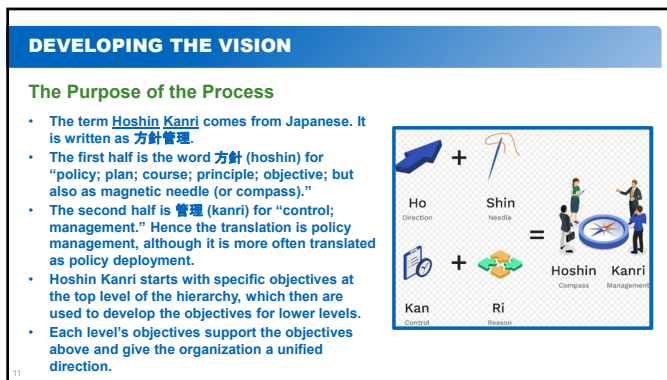KBN Provider-Training Number: 5-0051-0126-753

DEVELOPING VISION / BLUE-SKY

Pillars of focus

Review:
- Current conditions
- Current metrics
- Current improvement results

What you want to show your executives?
- Identify 4–6 major categories (pillars)
- Draw consensus
- Identify champions
- Define 1-2 outcome measures for each pillar

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MEASUREMENT

Determine Outcome Measures

ASK
- What does your customer need?
- What regulatory considerations exist?
- What accreditation considerations exist?
- What industry benchmarks are present?

Outcome Measure Category Examples for Healthcare

1. Access
2. Composite
3. Cost / Resource
4. Efficiency
5. Clinical Outcomes
6. Patient Engagement / Experience
7. CMS Compliance [Regulatory]
8. Core Measures Compliance [Regulatory]
9. Accreditation Compliance

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UNDERSTANDING WHERE WE ARE...

SWOT Analysis

As its name states, a SWOT analysis examines four elements:
- **Strengths**: Internal attributes and resources that support a successful outcome.
- **Weaknesses**: Internal attributes and resources that work against a successful outcome.
- **Opportunities**: External factors that the entity can capitalize on or use to its advantage.
- **Threats**: External factors that could jeopardize the entity's success.

S - LIST STRENGTHS   W - LIST WEAKNESSES
O - LIST OPPORTUNITIES   T - LIST THREATS

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TABLE EXERCISE #3 (10 MINUTES)

Define winning

How do we currently measure winning?

What leading indicators are there?

Do we trust our data?

What do our customers / patients say about us?

DRIVING GOALS TO ACTION

Elements of the Hoshin X-Matrix

1) **3-Year Goals**
   - Based on what the measurable vision (3-5 years), what can we commit to in 3 years?
2) **1-Year Objectives**
   - What will we need to accomplish this year to make progress towards our 3-year goals?
3) **Annual Improvement Priorities (AIPs)**
   - What initiatives / projects will we need to undertake this year to achieve our 1-year objectives?
   - Consider SWOT Analysis findings
4) **Targets for Improvement**
   - How will we know the AIPs are getting done / done correctly?

HOSHIN X-MATRIX

Using the X-Matrix

The executive team establishes:
- 3-to-5-year goals
- 1-year objectives
- Targets for Improvement
- Alignment of 3-to-5-year goals to 1-year objectives

The management team establishes:
- Annual Improvement Priorities (strategies)
- Alignment of 1-year objectives to Annual Priorities
- Alignment of Annual Priorities to Targets for Improvement

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St. Elizabeth Healthcare

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TABLE EXERCISE #4 (5 MINUTES)

Prioritizing by going from could-to-should

What opportunities exist in your area?

What do you believe would be the most important opportunity to address this year as an AIP?

Could it be solved this year, or might it carryover?
Is there a second or third AIP that you would also <u>need</u> to be addressed <u>this year</u>?

PROBLEM SOLVING FRAMEWORK

Our QI Model

DETERMINING THE APPROACH

Guided by standard work!

- **Makes sure we use the right approach based on what we know about the problem and its urgency**
- **Urgency was a gap, so created 3Cs process (next slide)**

Problem Solving Approach Selection Guide

Dr. Bill Harrington, PhD, PE
Director of Quality Improvement
St. Elizabeth Healthcare

URGENT RESPONSE

3Cs when action is needed now!

- Intended for urgent threats to safety, care delivery, or regulatory compliance
- VP over relevant area and Quality Division VP determine if 3Cs is needed
- Adapted from the 8D model of the American Society for Quality

Containment — Causes — Countermeasures
1 Day — 5 Days — 5 Weeks

SECURING COMMITMENT

Ensure leaders agree to QI requirements

- "Begin with the end in mind"
  - Habit #2 of The 7 Habits of Highly Effective People®, FranklinCovey
- Orient Project Leadership
  - Executive Sponsor
  - Physician Champion
  - Project Team Leader
- Review deliverables
  - Governance is key

PREPARING THE TEAM TO SOLVE

QI 450: Process Improvement for Teams

- Pushed for QI project starting in 2022
- Helps participants enhance project solutions
- Has accelerated projects
- 5-hour commitment
- 3 rounds of simulation in an ED
- Hands-on exposure to lean tools / concepts
- Debriefs for learning / application to projects
- It's FUN and the team grows together!

KEEPING ON-TASK

Project Management

- Team meets weekly
- Executive Sponsor and Physician Champion updated biweekly
- Escalate concerns
- Prioritize near-term solution items
- Use governance for post-handoff work

NAVIGATING THE UNKNOWN

Trust the QI Model and have a guide!

- Projects have unknowns
- The team may get anxious, so build trust
- A facilitator is a guide who is an expert at navigating the unknown with the QI Model
- Staff can be developed to be facilitators

Rother, M. (2009). *Toyota kata*. New York, NY: McGraw-Hill Professional Publishing.

BUILDING TRUST

Voice of Customer and Voice of Business

- What is important to you when we talk about the project or change?
  - What are you hopeful the future would entail?
  - What are you fearful we could get wrong?
- These are not solution ideas, rather ways to describe how the future would be.
- Example: Reducing OR turnaround time
  - Hope: My day will end on time
  - Fear: Cleaning procedures might be rushed and not done correctly
- The team uses this to develop solution acceptance criteria.

Record 1 idea per sticky note → Place sticky notes on wall → Work in groups to arrange ideas that fit similar themes into columns → No more than 7 unique ideas per theme → Discuss with entire team and label the columns with titles of themes

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GAINING ACCEPTANCE

An equation for effective solutions

$$E = Q \times A$$

Effectiveness = Quality of Solution x Acceptance

- Quality addresses the root cause(s)
- Acceptance respects what was captured in voice gathering at the beginning of the project
- Acceptance can be gained through influence

SOURCES OF INFLUENCE

	Motivation	Ability
Personal	Help them love what they hate	Help them do what they can't
Social	Encourage them	Assist them
Structural	Change their economy	Change their workspace

Grenny, J., Patterson, K., Maxfield, D., McMillan, R., & Switzler, A. I. (2013). *Influencer: The new science of leading change*. New York, NY: McGraw Hill Education.

TABLE EXERCISE #5 (5 MINUTES)

Influencing change

What hopes or fears would stakeholders have regarding your most important opportunity?

What sources of influence might be necessary once an effective solution is found?

POST-HANDOFF SUSTAINMENT

Improvement does not last without management rigor

- **Budget QI Consultant**
  - 10 hours / week for project
  - 4 hours / month for governance
- **Governance led by operations**
  - No additional resources needed

- **CAUTI as example (original project in 2017)**
  - Not sustained → Installed governance → Enhanced monitoring → Improved with PDSA

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MONITORING PERFORMANCE

Data used in CAUTI Collaborative for governance

- Derived from Control Plan
- Evolution with data collection and reporting

ON-GOING PDSA

Key improvements from the CAUTI Collaborative

- Revised selections in Epic for Foley catheter (FC) necessity to reduce unnecessary usage
- Standardized practices and educated on use of alternative devices
- Worked w/ Urology to revise Voiding Trial Protocol
- Implemented ICU Intermittent Straight-Cath Protocol
- Enhanced UC Protocol to exchange FC before obtaining UC
- Updated Epic to require ordering provider to select a reason for UC prior to signing the order
- Developed Maintenance Bundle in Epic
- Provided "Back to Basics" education on CAUTI in DEC-2023 with weekly topics / materials for frontline staff (working on recurring cycle)

STATISTICAL VALIDATION

Early **results are promising with the last 3 quarters as the lowest**

- Data collection improved
  - Now tracking catheter insertions
  - 3 quarters of SIR also have 9 months of stability when viewing events to insertions

- Studied trend over the range of data (Q1 2017 – Q2 2024)
  - Lower values and less variation in individual values control chart
- Compared periods after project and from collaborative results
  - 49.2% reduction found to be statistically significant (Two-Sample t-Test)

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OTHER IMPACTS BEYOND HARM

Observed-to-Expected measures

- **Readmissions: effort started in 2021**
  - **7-Day, then disease-specific**
- **Mortality: effort started in 2022**
  - **COPD and CHF**
  - **Alzheimer's and Palliative Care / Hospice**

O/E Quality Metric Performance

	2020	2021	2022	2023
Readmit	1.10	1.10	1.09	0.99
Mortality	0.78	0.90	0.86	0.74

QI MATURITY MILESTONES

Continually improving how we improve

Q4 2019 Establish 2022 QI Goals and start annual hoshin plan	**Q1 2020** C. Diff Collaborative is 1st of its kind	**Q1 2020** QI Facilitator Training inaugural cohort	**Q2 2020** Started Post-Handoff Project Surveys	**Q1 2021** QI Project Leadership Orientation Materials	**Q2 2021** A3 Problem Solving Training and Quality Leader Certification
Q1 2022 Problem Solving Approach Selection Guide and 3Cs Approach	**Q2 2022** Process Improvement for Teams Training part of QI projects	**Q4 2022** Establish 2025 QI Goals for next cycle of annual hoshin planning	**Q4 2023** Initiated monthly Process Governance Meeting with Nursing	**Q1 2024** Train Clinical Educators and ANMs on Process Improvement	**Q2 2024** Pilot Lean Assessment in MS Units to identify next step in Lean journey for unit

NEXT STEPS IN PROCESS GOVERNANCE

Enhancing our culture of quality

- **Expand pilot of Lean Assessment from two MS units to select TCU units**
- **Work-Out on Change Control**
  - **Current state is an average of one change per day being pushed to units**
- **Format for on-going reinforcement of harm prevention (higher reliability)**
  - **Skills days for CAUTI, CLABSI, C. Diff prevention measures**
  - **Strengthen compliance and thoroughness of leader rounding**
- **Embedding partners for Magnet certification in our collaboratives so Magnet preparation is seamless**

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TABLE QUESTION #6 (5 MINUTES)

Engagement

What could you do to make the journey fun or exciting?

What would it be like if your team consistently had fun finding ways to win together? What would your associate retention be?

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SUMMARY ON SUSTAINING QI

Wrapping it up

- **Prioritize opportunities**
- **Secure commitment for the vital few**
- **Choose an appropriate approach for each project**
- **Capture and respect acceptance criteria**
- **Apply structure and cadence in execution**
- **Ensure accountability to post-handoff governance**
- **Have fun finding better ways to win at all levels**

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Questions?

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