Performance Improvement: Proven Practices for Meaningful Results

National Hospice and Palliative Care Organization
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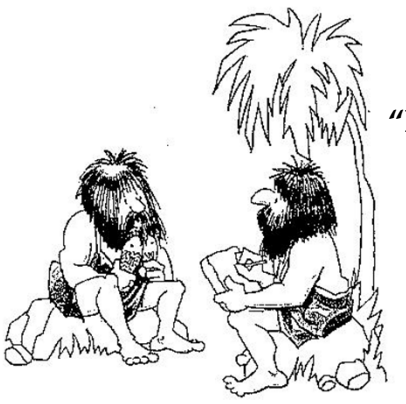
Improvement has been going on for years!



"Negative results on the fish… Let's try rubbing two sticks together."

Objectives

1. Adopt 3 practices to obtain leadership buy in and sustain changes for lasting improvement
2. Write a charter for improvement projects
3. Utilize the Model for Improvement in hospice as a template for improvement activities

The Improvement Team

Everyone involved in hospice is on your improvement team.

- Patient, family, volunteers, physicians, care team and admin team, leadership, board members, and the people on the process improvement team.

If any of team members are missing, your chances of sustaining change and making improvement are diminished.

System Principles

- *If each part of a system, considered separately, is made to operate as efficiently as possible, then the system as a whole will not operate as effectively as possible [Ackoff (1981)].*
- **Every system is perfectly designed to achieve the results it gets.**

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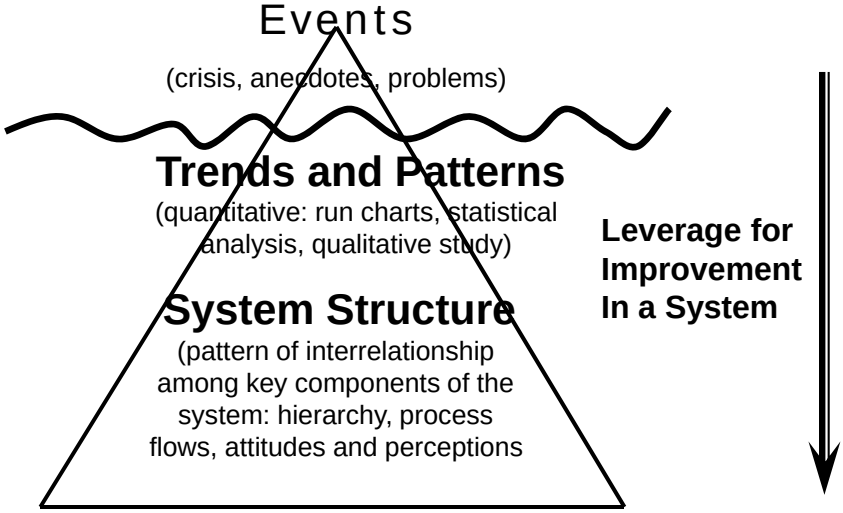
How do we improve a system?



The Fifth Discipline Field book

Proven Practices

- Recognize process improvement is a team sport.
- Embed structures and processes in the organization to support and sustain change.
- Ground your improvement on a foundation of science.
- Recognize that your strength lies in your ability to influence people from the top down and bottom up.

Annual Quality and Safety Plan

Quality and Safety Plan

In tandem with strategic plan and annual targets

Seek input and opportunities for improvement from the staff

Integrate improvement outcomes in KPIs for key leadership and management staff

Measure and display results of progress on a daily basis.

Annual Quality and Safety Plan

- How will executing your quality plan help the organization reach its annual targets/ carry out its strategic plans?
- What are the specific improvement goals for safety and quality improvement you will attain and by when?
- Who (leadership) will be responsible for reaching the improvement targets?
- What improvement tools will you use to implement the change process?

It's alive!

Ask team members - people actually doing the work - where the organization needs to improve.

Share results of CAHPS scores with staff- ask them about barriers to attaining improvement.

Where is the organization going? What improvement projects will help the organization meet its goals and targets?

Review last year's safety and quality data; survey findings, accreditation findings-where are you underperforming?

Make this plan so valuable, it has to be seen as integral to the organization

Key Safety and Quality Measures

How many untoward safety events occurred today?

How well did you do today in meeting your quality targets?

Does leadership know these numbers?

Does the staff know these numbers?

Practices Proven NOT to work

"I really hope we can all work together on this one and make our families more satisfied with their care"

Our goal is to get to the patient's house within 30 minutes of the call. Can we all try harder to do this?"

"If you would just do your notes in the EMR while you are in the patient's house, you wouldn't have to do work so late at night."

Project Charters: Roadmap for Improvement

Preparing for individual improvement Projects

PROJECT NAME:	
Executive Sponsor:	
Process Owner:	
Project Overview:	
Project Objectives Statement:	
Business Justification: (How this relates to GBMC Strategic Goals.)	
Key Stakeholders:	
Proposed Project Scope	
In Scope:	
Out of Scope:	

Critical Success Measures – (It must be a measurable deliverable to judge success of the project.)	
Measure: (comment on availability of baseline data)	Data Source
Potential ROI:	

Project Charter Outline

Name the project- related to the value from attaining improvement

Identify key players:

Executive Sponsor - KPI includes hitting target for improvement for this project- aligned with strategic plan, chief cheerleader and system barrier remover for the project

Project Manager - KPI includes hitting target for improvement

Project Overview

Charter Date- date this project is approved by leadership as ready to implement.

Project Objectives Statement (AIM) (SMART)

Business justification- specify how the improvement you attain is consistent with the organization's strategic plan/annual targets- be as specific as you can

Key stakeholders- Who cares if this project succeeds? Patients and Families? Medicare? JC? Staff?

Project Scope

In Scope

population, times, staff, settings

Out of Scope

patients with less than 24 hour stays?

patients on IPU level of care?

You may eventually want everyone in the world to benefit from this improvement, but starting small and spreading success is much easier to accomplish.

Don't try to stir the ocean…

Critical Measures of Success

How will you know when the changes you have made actually result in improvement?

Metric

Data source

There may be several measures but one outcome is enough.

Can you measure this on a daily basis?

Project Team

Resource groups/ Staff members

Patients and families?

Partners in care?

Major Milestones

Date- accomplishment

Example: December 15, 2015 - Changes will be tested on all home care teams with feedback to project team

Include:

All dates to report progress to leadership

Beginning and end of project, all meeting dates

Issue List

Date and Issue

Example: 12/15/2015- fix permissions in EMR to allow Aides to enter their own schedules

key partners

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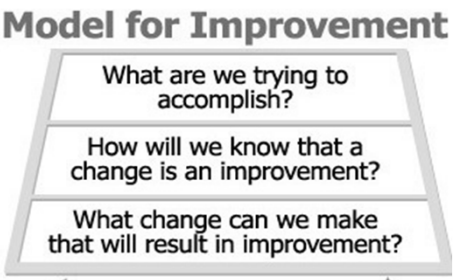
Resources

Model for Improvement: The Science of Change



Aim

Measures

Ideas

Aim Statement

SMART

Everybody has to agree on it

Example: By January 15, 2016, 85% of families called on Monday morning will say they are satisfied with the response time for their weekend visit.

Model for Improvement Application: Your Measurement Work

Building a Measurement System that Works

Aim

What are you trying to accomplish in your measurement for improvement work?

RECOMMENDATION: What do the users (customers) of improvement measurement need to help drive better performance for pateitns and families?

SUGGESTION: Upgrade measures for your project; use the attribute table to think about your measures.

Responsive	The measure is sensitive to changes in the system state. When the system improves, the measure says so.
Valid	The measure aligns with the theory of changes (driver diagram). Improvement in the measure means improvement in the system.
Comprehensible	The intended audience understands the meaning of the measure for system improvement.
Timely	The data are available soon enough to inform improvement decisions (project planning, PDSA testing).
Feasible	The data can be collected with minimum effort and cost, and in a timely fashion.
Relevant	The measure supports problem identification and testing at the appropriate level of management.
Consistent	The measure has a clear definition: it yields consistent results when applied in different places and at different times.
Ownership	Someone is explicitly assigned to monitor the measure on a regular basis, detect problems, and initiate change.

Measurement

Outcome measure: benefit or value to patient/family

Process measure: how well was the change tested

Balancing Measure: the effect of this change on the system

Change Ideas

- Best practices- research/quality improvement outcomes
- Practices that work in other places
- Ideas from the people actually doing the work (improvement team)

Example: shift weekend staffing so more staff are available for high volume call times based on review of call patterns

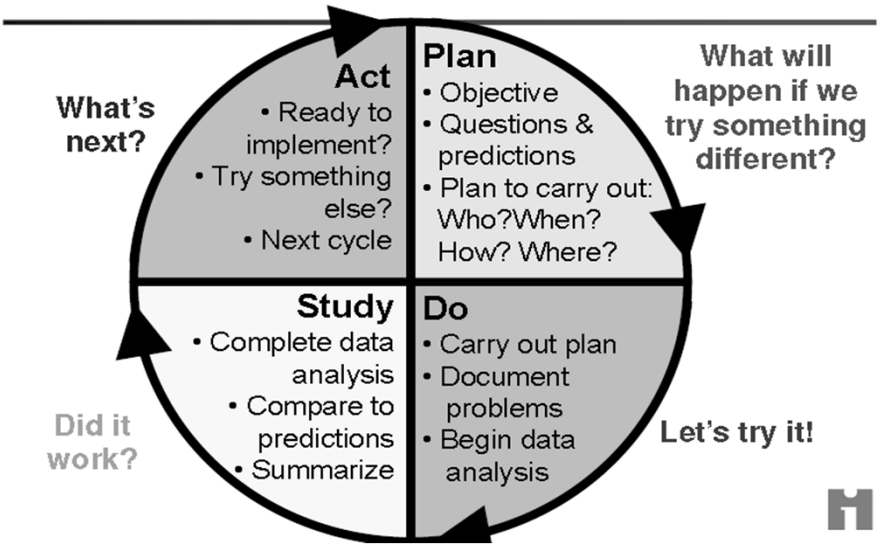
Activity is NOT a change

Don't confuse a task with a test!

Activity may be a necessary preliminary task, but it is NOT a change. Examples:

- Planning
- Having a meeting
- Educating staff
- Creating a protocol
- Assigning responsibility

The PDSA Cycle for Learning and Improvement



Central Mandate

Try it out

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Learn from trying

The Sequence:

Testing/Implementation/Spread

Pre-testing: Collecting data or developing a change. At this point, you don't have a theory to test yet. We are learning about the system, looking for ideas to test and understanding variation in the system.

Testing: Trying and adapting existing knowledge on a small scale and under different conditions. Learning what works.

Implementing: Making a tested change a part of the day-to-day operation of the system in your pilot population.

Spreading: Adopting change to areas other than your pilot population.

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PDSA test

A PDSA test fits the following:

- The test or observation was PLANNED. (Including a plan for collecting data.)
- The plan was attempted. DO the plan.
- Time was set aside to analyze the data and STUDY the results.
- ACTion was rationally based on what was learned.

Guidance for testing a change

- A test of change should answer a specific question.
- A test of change requires a theory and a prediction.
- Test on a small scale and collect data over time.
- Build knowledge sequentially with multiple PDSA cycles for each change idea.
- Include a wide range of conditions in the sequence of tests.

Some hints for planning useful cycles for testing changes include:

- Scale down the size and decrease the time required for the initial test. (One patient, one RN, one MD, one room, one shift, etc.)
- Do not try to get buy-in or consensus for the test; recruit volunteers for the test.
- Use temporary supports to make the change feasible during the test. Use simulation if needed.
- Be innovative to make the test feasible.
- Collect data.
- Test over a wider range of conditions.
- Conduct rapid tests in short periods of time.

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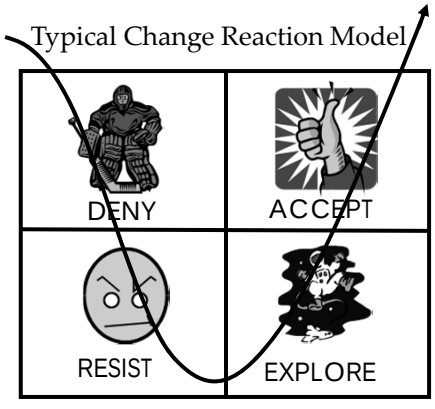
Model for Improvement: Documentation tool

AIM	*What are we trying to accomplish?*			
Measures	How will we know that a change is an improvement?			
Ideas	What change can we try to make an improvement?			
Plan	Who will be involved? What is the test? How will we collect data? What do we think will happen?		Est. Date	Actual Date
Do	Describe what happened during the test.			
Study	How did we do against our prediction? What worked? What didn't work? What did we learn?			
Act	Next steps: Expand test, make modifications, abandon and try something different?			

A Failed Test

- Provides useful info.
- Represents an opportunity for learning.
- Use it to inform the next test.
- Don't implement too soon.

Change Management



- EXPECT REACTION TO CHANGE
- DON'T ATTEMPT TO STEAMROLL
- COMMUNICATE VISION & STRATEGY
- "LEAD" WITH FACTS, NEED FOR CHANGE
- HIGH PERFORMANCE = INEVITABLE CHANGE
- PEOPLE'S PACE OF CHANGE WILL VARY
- LACK OF UNDERSTANDING AND FEAR
- EMPLOYEE INVOLVEMENT & CELEBRATE

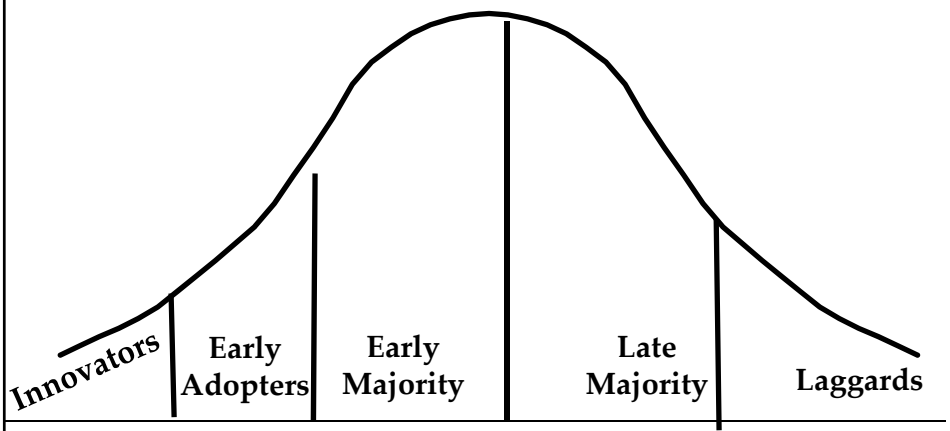
If You Always Do What You Always Did, You'll Always Get What You Always Got…Change Is Necessary!

Managing Change

- Create a sense of urgency
- Communicate a clear vision of the proposed change
- Promote participation in the change
- Communicate clearly
- Maintain the commitment

With permission from IHI

Adopter Categories



Source: E.M. Rogers, Diffusion of Innovations (1995)

Daily Management Daily Measurement

Can you review one record a day?

Can you sit with one staff member a day and observe one interaction to see if they test the change and give them feedback?

Don't wait until the end of the month- you can't do anything to improve the outcome for the month when its over.

Share your results

Use a run chart to demonstrate how your changes are being tested and how the changes are affecting the outcome.

Keep it as simple as it can be and still tell the story to anybody who sees it.

Share results and celebrate your success

Display the run charts prominently

- reinforces what you are trying to do
- Encourages people to "buy-in" and get on the bandwagon
- Creates a daily reminder of their success/progress

Project Newspaper

Sustaining the changes

Newspaper Template

Item #	**Problem**	**Required Action**	**Who?**	**By When?**	**Status**	
Item #	Problem	Required Action	Who ?	By when?	Status	

Managing Time and Energy for Improvement

30-40% Preparing for an improvement project

30% in the improvement project

30-40% Follow up

Summary

Improvement structures and processes are built into the system- not added on

- Annual plan tied to strategic plan
- Leadership has a role in getting results
- Daily huddle- daily numbers demonstrate that leadership is invested in decreasing harm and increasing quality
- All staff, patients and families, volunteers, board members are viewed as the improvement team

Summary (cont.)

Making and sustaining change that leads to improvement is an art and a SCIENCE.

Use the Project Charter, MFI, and the Newspaper with discipline- don't settle for half-baked work.

References and Resources

Institute for Healthcare Improvement
http://www.IHI.org

Associates in Process Improvement
http://www.apiweb.org

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