



Leading Practices to Improve Staff Compliance

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Objectives

- 
- ▶ Identify 3 Reasons to Drive High Performance Compliance
 - ▶ State 3 Essential areas of compliance
 - ▶ Describe 3 key tenants for effectively motivating staff compliance
 - ▶ Determine 3 key measures to monitor compliance

Why Drive High Performance Compliance

- 
- ▶ Regulatory Compliance is Required
 - ▶ Accreditation Compliance value added
 - ▶ Achieve High Reliability
 - ▶ Drive Employee Satisfaction
 - Improved Recruitment
 - Improved Retention
 - ▶ Drive Client Satisfaction
 - ▶ Increase Collaborative Partnerships
 - ▶ Decrease Liability
 - ▶ Improve Patient Safety
 - ▶ Increase Revenue
 - ▶ Decrease Costs

Critical Components of Compliance



- ▶ Patient/Client Care
- ▶ Infection Surveillance, Prevention, and Control
- ▶ Documentation
- ▶ Billing
- ▶ Collections
- ▶ Environment of Care
- ▶ Information Systems
- ▶ Other



Key Tenants for Effectively Motivating Staff Compliance


- Build a culture of High Reliability
 - Effective Performance Improvement Program
 - Lean Six Sigma or other
 - Standardized Practice
 - In the hands of front line staff
 - Implement Change Management Theory
 - Effective strategies for, leadership, management and staff behavior change

Performance Improvement Definition




- ▶ Measuring the current state and using this data to improve structure, process and or outcomes.
- ▶ Focuses on systems not people

Create a Culture of Safety and Quality

- 
- ▶ Leaders create this culture by fostering:
 - Team work
 - Open Communication
 - Ongoing Learning
 - A Focus on Systems and Processes
 - ▶ All team members focus on maintaining excellence in performance to deliver safe, high quality care, supported by key performance excellence systems .

Key Systems for Performance Excellence

- 
- ▶ Planning
 - ▶ Communication
 - ▶ Using Data
 - ▶ Changing Performance
 - ▶ Staffing



Culture of Excellence

- ▶ Leadership develops a vision and goals for the performance.
- ▶ Leadership evaluates each systems' performance.
- ▶ Future strategies are based on system evaluation results.

Build Individual Accountability for Performance Excellence

Start with an excellent selection system:

- Outline performance standards and required competencies
- Engage team members at all levels in the interview process
- Use a candidate evaluation tool
- Use behavioral based interviewing questions

Build Individual Accountability for Performance Excellence

■ The first 90 days is critical for long term retention:

- Orientation
- Tools and equipment to do the job
- Training and Development
- Supervisory rapport
- Seek Feedback

Build Individual Accountability for Performance Excellence

- ▶ Each position has a job description
- ▶ Orientation is provided to staff
- ▶ Each staff person is required to maintain specific competencies
- ▶ Staff participate in education and training
- ▶ Staff performance is evaluated based on performance expectations that reflect their job descriptions


Support Employee Excellence with Great Leadership

Disney Study


The highest scores in guest satisfaction with strong business results had leaders who received high ratings by direct reports in:

- Listening
- Coaching
- Recognizing People's Efforts
- Giving People Decision Making Authority

Performance Issues

- 
- ▶ Do not tolerate poor performance or ignore performance issues
 - ▶ Schedule a Meeting with the Employee:
 - Describe what has been observed
 - Discuss why you are concerned
 - Show the employee how the work is expected to be done.
 - Inform the employee of the consequences

Robust Process Improvement

- 
- Utilization of Lean Six Sigma and Change Theory to attain sustainable improvement.

Tool Box to Improve Compliance



DMAIC

D *Define the business issue.*
"What is the pain?"


M *Measure the process.*
"How bad is the pain?"

A *Analyze the data. Verify root causes of variation.*
"What is the root cause of the pain?"

I *Improve the process.*
"Which solution will eliminate the pain?"

C *Control the process. Sustain improvements.*
"How do we make sure the pain will not return?"

Define

- 
- ▶ Define the problem and identify opportunities for Improvement
 - Goals
 - Scope
 - Business Case
 - ▶ Specify what customers value

Define: Key Questions and Key RPI Tools



	Key Questions	RPI Tools
Critical Path	<ul style="list-style-type: none"> What is the problem? 	15 Words; Charter
	<ul style="list-style-type: none"> Why is it important? Who is the customer? 	Threats and Opportunities; 3D; Charter
	<ul style="list-style-type: none"> What is the project scope? 	Includes/Excludes; Charter
	<ul style="list-style-type: none"> What does the customer want? What is critical to quality? 	Voice of Customer; Critical to Quality; Quality Function Deployment; Survey Design; Kano Model
	<ul style="list-style-type: none"> What is the goal? 	SMART; More Of/Less Of; Charter
	<ul style="list-style-type: none"> What are you going to improve? By how much are you going to improve it? By when are you going to improve it? 	SMART; Charter
	<ul style="list-style-type: none"> Who are your key stakeholders? Who will be on the project team 	ARMI; Charter
	<ul style="list-style-type: none"> What is the project time line? 	WWW; Charter
	<ul style="list-style-type: none"> What does the current state look like? 	SIPOC Process Map

Define:

Tips to Avoid Potential Pitfalls

- ▶ Narrow problem/opportunity definition
- ▶ Clear project scope (includes/excludes)
- ▶ Broad definition of customers/stakeholders
- ▶ Inclusive project team (≤ 10)
- ▶ Champion/Detractor
- ▶ Measurable Goal
- ▶ Defined Team Member Roles

Identify Opportunity for Improvement



- ▶ New Regulation
- ▶ New Accreditation Requirement
- ▶ New Safety Standard
- ▶ Identified area of deficiency
- ▶ Identified area where improvement is beneficial
- ▶ Burning Platform
 - Fiscal, Contract, Partnership, Program, other

Identify Stakeholders and Form a Team



- ▶ Complete Stakeholders Analysis
- ▶ Charter Team

Example ARMI



Stakeholders	Project Phase		
	Startup	Implementation	Evaluation
Administrator	A	A	A
Medical Director	A	A	A
Physicians	M/R	M	M
CFO	R	R	I
COO	R	R	I
DOPCS	M	M	M
Supervisors	M/R	M	M
RN	M/R	M	I
LVN	R	I	I
PT	M/R	M	M
OT	R	I	I
ST	R	I	I
PTA	R	R	M
OTA	R	I	I
CHHA	R	I	I
Chaplain	R	R	M
MSW	R	R	I
HME	R	R	I
Pharm	R	R	I
VP HR	R	M	M
CIT	R	M	M

A = Approver. Stakeholder that will approve and make decisions on project scope, resources, and recommendations for improvement. There may be several Approvers for more complex projects.

R = Resource. Stakeholders with process/content expertise that could contribute to the project's success but who are unable to attend every team meeting. The team will reach out to them as needed to get feedback.

M = Member. Stakeholder with critical knowledge of the problem or process who will fully participate in the action items and work plan. Team members should be limited to those essential to carry the project workload.

I = Interested Party. Stakeholders who are interested in the project work or its outcome.

Team



▶ Sponsors:

- Susie Smith, Administrator
- Ryan Tyler, Medical Director

▶ Team Leader:

- Tim Turner, RN

▶ Team Facilitator:

- Barbara Tennyson

▶ Scribe:

- Marc Jacobs, RPT

▶ Timekeeper/Process Checker

- Julie Abbott

▶ Team Members:

- John Jones, MD
- Carol Thomason, DOPCS
- Wendy Clugger, Supervisor
- Tim Turner, RN
- Maggie Franklin, Pharm D
- Paul Pierce, HME Driver
- Julie Abbott, Home Health Aide
- Tina Boyle, MSW
- Marc Jacobs, RPT
- Laura Evans, IT Director

Charter Mission and Reason for Action



- ▶ **Project Mission:** To develop a structure for documentation that drives high performance
- ▶ **Reason for Action:** There is an opportunity to improve the structure of how staff document to drive high performance

Logistics



Meeting Frequency, Interval and Duration:

- Meet Q.O.W x 10 meetings
- Meeting length of 90 minutes

Meeting Location:

- Meeting Location is XYZ Home Care, Conference Room 100

Project Deliverables:

- The documentation process will support complete, accurate and timely completion and submission of documentation.


Measures:

- Documentation accuracy will be 95% at the time of first submission.
- Accurate Documentation will be submitted on-time 95% of the time.
- Overall staff satisfaction will be 90%

Reporting:

- The Team Leader will report to the Administrator and Medical Director at least monthly and as needed or requested.

Define Performance Expectations


- 
- ▶ Define the goal in measurable terms
 - What
 - Measurable in terms of quality, time
 - ▶ Involve Stakeholders in Defining Performance Expectations

Develop Change Management Plan



- ▶ Involve Stakeholders in Identifying Benefits to
 - Industry
 - Organization
 - Roles
 - Individuals
- ▶ Involve Stakeholders in developing the Change Management Strategy

Measure

- 
- ▶ Determine current performance level (baseline) and the capability of the process to meet customer expectations.
 - ▶ Identify all steps and inputs in the value stream
 - ▶ Identify potential causes and drivers
 - ▶ Gather and qualify the data


Measure: Key Questions and Key RPI Tools



	Key Questions	RPI Tools
Quality	<ul style="list-style-type: none"> What inputs have the biggest effect on the things that are critical to quality for the customer? 	Cause and Effect Matrix
	<ul style="list-style-type: none"> What could go wrong with these key inputs? What are the probable causes for this? 	Process Failure Mode and Effects Analysis
	<ul style="list-style-type: none"> What are you going to measure? How are you going to measure it? How accurate and reliable is the data? 	Data Collection Plan; Measurement System Analysis
	Key Questions	Tools
Critical Path	<ul style="list-style-type: none"> What is your baseline performance? 	Statistical Process Control Chart; Process Capability
	<ul style="list-style-type: none"> How are you going to communicate your progress to key stakeholders? 	Dashboard; Communication Plan; Stakeholder Analysis
	<ul style="list-style-type: none"> Where should you focus change management efforts? 	Change Management Profile; Stakeholder Analysis
	Key Questions	Tools
Productivity	<ul style="list-style-type: none"> What is the complete flow of your process? What areas should be focused on? 	Value Stream Map; Spaghetti Diagram; Gamba Walk
	<ul style="list-style-type: none"> What could go wrong within your focus areas? What are the probable causes for this? 	Process Failure Mode and Effects Analysis
	<ul style="list-style-type: none"> Can your process meet customer demand? 	Takt Time
	<ul style="list-style-type: none"> What are you going to measure? How are you going to measure it? How accurate and reliable is the data? 	Data Collection Plan; Measurement System Analysis

Measure:

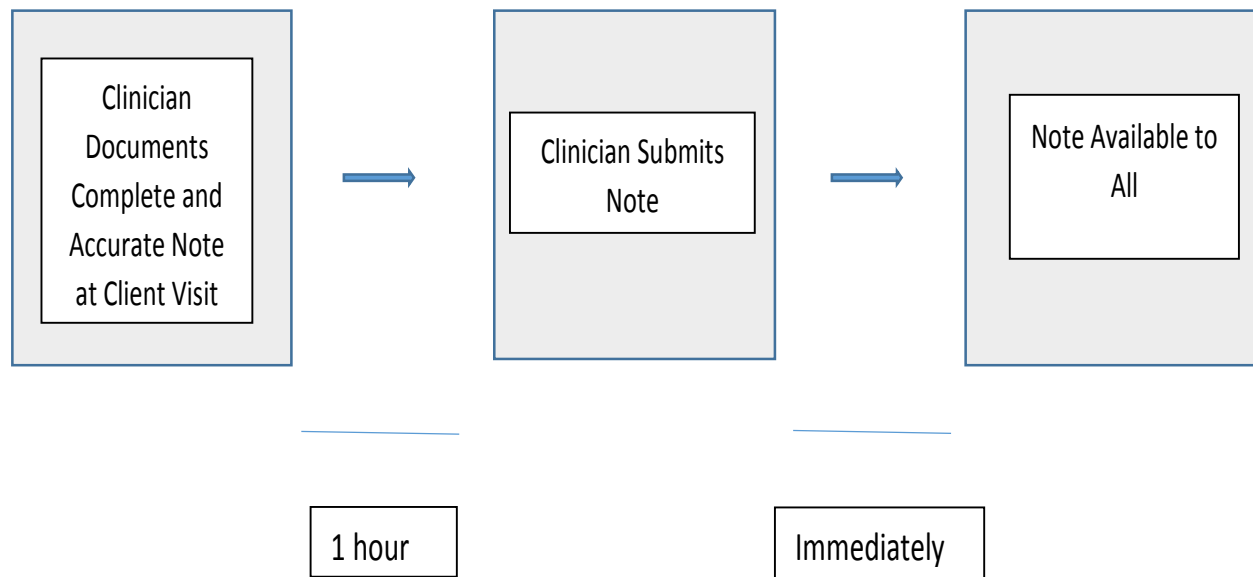
Tips to Avoid Potential Pitfalls

- 
- ▶ Gather comprehensive information regarding the process (Team, Sensing Sessions, VOC, other)
 - ▶ What steps have value and where are the bottlenecks
 - ▶ Establish baseline performance
 - ▶ Data definition includes what, how, when
 - ▶ Best Data not Perfect Data
 - ▶ Communicate

Example Value Stream Map

Basic Value Stream Map

Visit Note



Gather Input




- ▶ Sensing Sessions
- ▶ Survey
- ▶ Focus Groups
- ▶ Team input
- ▶ Other

Example Data Collection Plan



Performance Measures	Operational Definition	Data Source and Location	Sample Size	Who Will Collect the Data	Where will Data be Collected	How will Data Be Collected	Other Data that Should be Collected at the Same Time
Visit note will be complete, accurate, and available to all by midnight of the visit date.	Visit note is complete, accurate and available to all by midnight of the visit date.	Medical Record (Automated = Visit Date matches visit note Date	N=100 cases; Random Sample, between dates of 1/1/14 through 12/31/14	PI Team Members	Home Care Conference Room 100	Review of Medical Record (Automated and Manual) using data collection tool	Discipline Day of Week Week of Month Month of Year Clinician Name Clinician Team Patient Zip Computer Code Staff Member Z

Analyze

- 
- ▶ Use the data to investigate cause and effect relationships, drill down potential root causes, and validate the root causes that have the greatest impact on current performance level
 - ▶ Identify root causes of waste, variation, and defects
 - ▶ Distill the data
 - Focus on and verify root causes and drivers
 - Quantify impacts (technical and business)

Analyze: Key Questions and Key RPI Tools

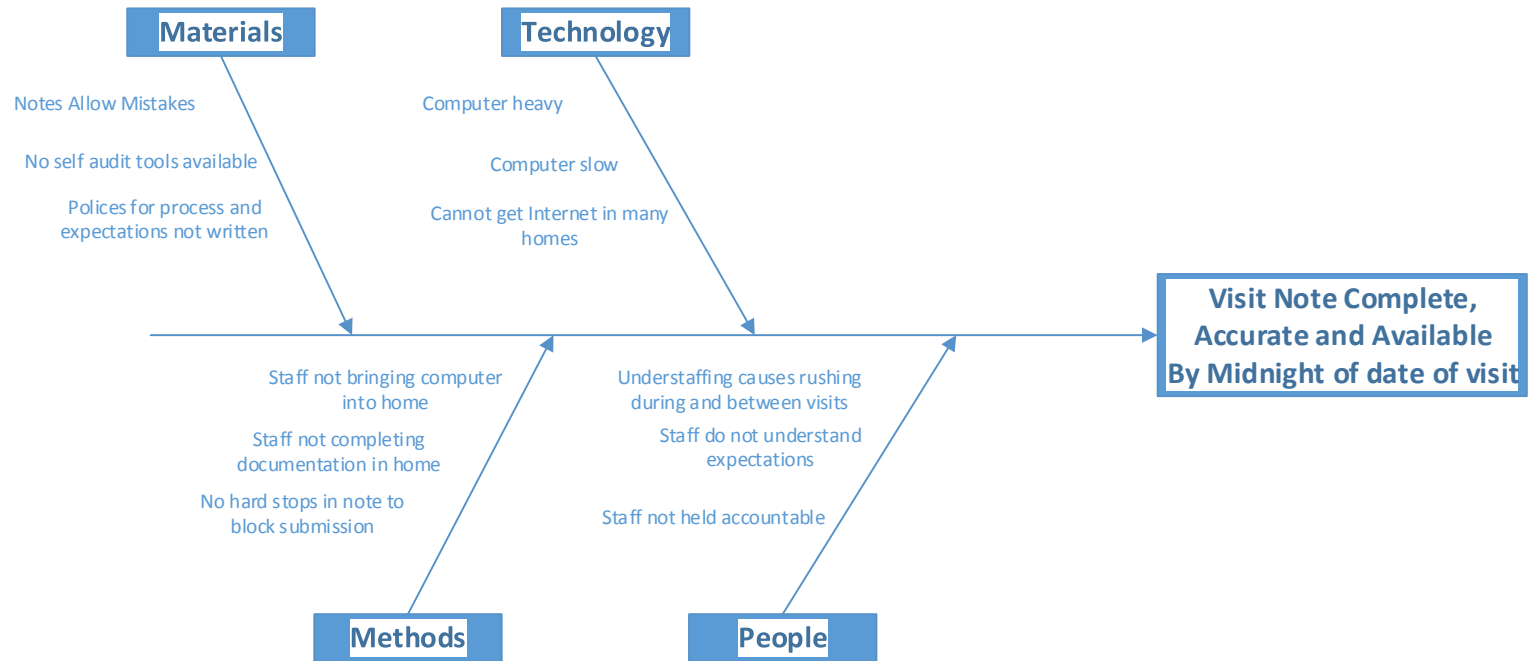
	Key Questions	RPI Tools
Quality	<ul style="list-style-type: none"> What does the data show <ul style="list-style-type: none"> Statistical Significance? Practical Significance? 	Graphical Tools (e.g. Pareto Chart, Histogram); Statistical Tools (e.g. 2-sample t-test, Regression)
	Key Questions	Tools
Critical Path	<ul style="list-style-type: none"> What are the validated root causes? 	Hypothesis Test
	<ul style="list-style-type: none"> How are you going to communicate your findings to key stakeholders? 	Dashboard; Communication Plan; Stakeholder Analysis
	Key Questions	Tools
Productiv	<ul style="list-style-type: none"> What does the data show? <ul style="list-style-type: none"> Statistical significance? Practical Significance? 	Graphical Tools (e.g. Pareto Chart, Histogram); Statistical Tools (e.g. 2-sample t-test, Regression)

Analyze:

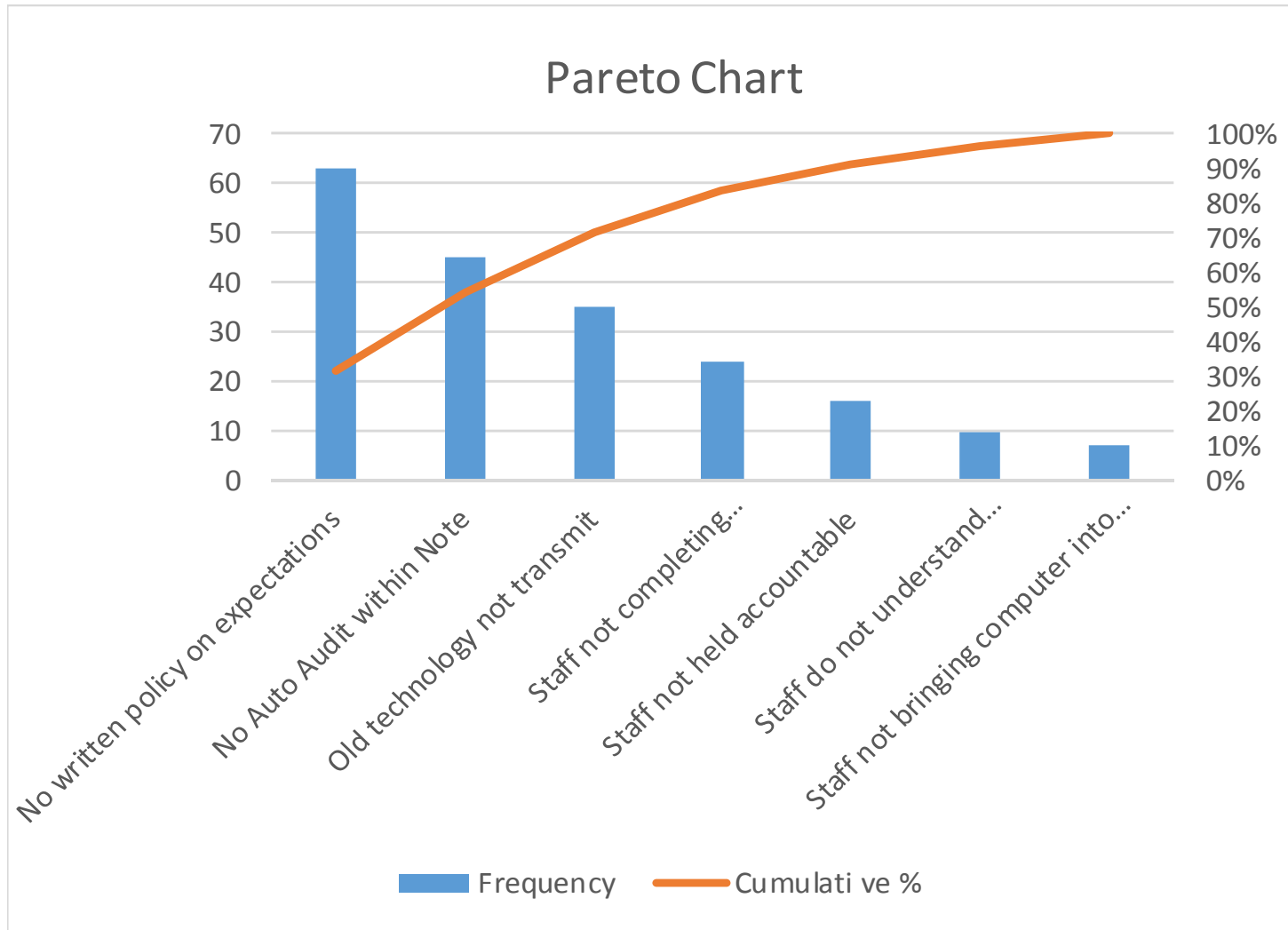
Tips to Avoid Potential Pitfalls

- ▶ Statistical Significance vs. Practical Data – Avoid Paralysis
- ▶ Verify Root Causes
- ▶ Communicate Findings

Example Cause and Effect Diagram



Example Pareto



Example Communication Plan

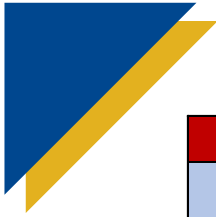
Audience	Message/Goal	Media	Where/How	Who	When
Leadership	Overview of Project	Meeting Email	Monthly Leadership Forum	Administrator/Medical Director	1/1/15
Intake	Overview of Project Expectations	Meeting Email	Monthly Meeting	Marc Jacobs RN, Intake Nurse	2/1/15
Supervisors	Overview of Project Expectations Actions	Meeting Email	Weekly Supervisor Meeting	Laura Evans, Supervisor	1/14/15
RPT	Overview of Project Expectations Actions	Meeting Email Newsletter Screensaver Letter	Special Meeting	Tim Turner, RPT	Multiple Meetings: 1/7/15 1/14/15 1/21/15 1/28/15
PTA	Overview of Project Expectations Actions	Meeting Email Newsletter Screensaver Letter	Special Meeting	Tim Turner, RPT	1/21/15
Clinicians	Overview of Project Expectations Actions	Meeting Email Newsletter Screensaver Letter	Special Meeting Monthly Staff Meeting	Wendy Cluger RN and Tim Turner RPT Carol Jones, MSW	2/1/15
HME	Overview of Project	Email Letter Newsletter		Carol Thomason, DOPCS	2/15/15
Physicians	Overview of Project	Email Letter		Medical Director	2/15/15

Improve



- ▶ Develop (design) and understand improvement options
- ▶ Select the best solution targeted to address validated root cause(s)
- ▶ Pilot the solution, document results
- ▶ Stabilize the process and eliminate or reduce waste, variation, and defects.

Improve: Key Questions and Key RPI Tools




	Key Questions	RPI Tools
Quality	<ul style="list-style-type: none"> What are all the possible solutions targeted to improve the validated root causes? 	Work out; Brainstorming
	Key Questions	Tools
Critical Path	<ul style="list-style-type: none"> What are the best solutions? 	Work Out: Solution and Criteria Matrix; Prioritization Tools
	<ul style="list-style-type: none"> How are you going to test your solutions? 	Piloting; Design of Experiment
	<ul style="list-style-type: none"> How do you know your solutions are truly improvements and not just changes? 	Measurement System; Graphical Tools; Statistical Tools; Return on Investment
	<ul style="list-style-type: none"> Where should you focus change management efforts? 	Change Management Profile; Stakeholder Analysis; TPC; Force Field Analysis
	Key Questions	Tools
Productivity	<ul style="list-style-type: none"> What are all the possible solutions targeted to improve the validated root causes? 	Work out; Brainstorming

Improve:

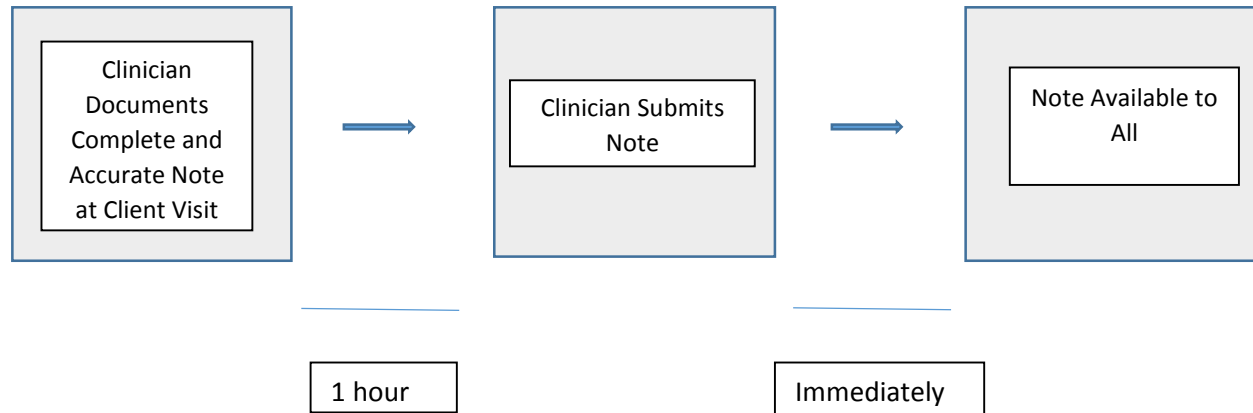
Tips to Avoid Potential Pitfalls

- ▶ Anticipate Barriers and develop plan
- ▶ Utilize Peers to Communicate
- ▶ Ensure Champion **and** Detractor are involved in solution and communication
- ▶ Measure improvement
- ▶ Iterative process until goals achieved
- ▶ Sustain improvement before broadening

Design Ideal Process

- 
- ▶ Design “Fail Safe Mechanisms”
 - Hard Stops
 - Auto Fills
 - If/Then Logic
 - ▶ Define Standard Work
 - Forms
 - Algorithms
 - Checklists
 - ▶ Design Visual Triggers
 - ▶ Incorporate tactics that address user needs

Design Ideal Process



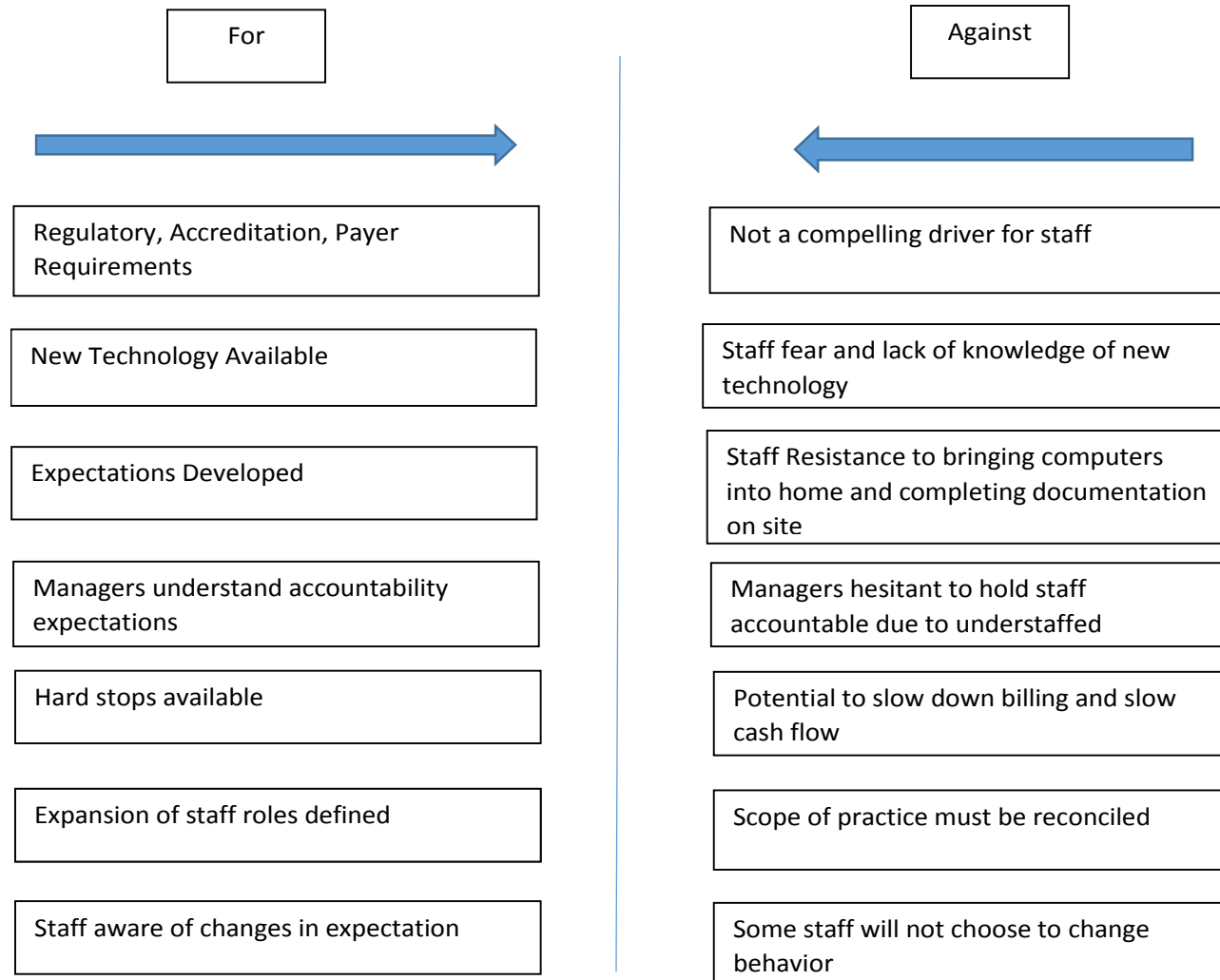
Improvement Plan



- ▶ Determine necessary steps:
 - Improve process
 - Improve Education, Training, Competency
 - Improve Behavior

Example Force Field Analysis

Force Field Analysis



Example Work Out Plan



What	Who	When
Communication Plan	Carol/Tim	12/1/14
Update Technology	Laura/CIT	3/1/15
Auto Audit/Hard Work Out Plan Documentation	Carol/CIT	5/1/15
Policies, Job Descriptions, Performance Appraisals, Competency	Tim/Laura	2/1/15
Training	Tim/Laura	6/1/15
Accountability	Carol/Laura	2/1/15

Communication Plan



Overview of Project:

- Opportunity
- Measures
- Goals
- Findings
- Strategies


Expectations:

- Understand policy at hire, job description
- Complete Note in the home upon completion of visit
- Transmit upon completion
- Notify IT of any transmission issues

Actions

- Write Policy
- Communicate Policy
- Incorporate into Job Description and Performance Appraisal
- Provide updated technology (fail safes, WiFi, etc)
- Train on new Technology
- Establish Competency
- Hold Staff Accountable through data collection
- Reward and Recognize

Communicate Performance Expectations

- 
- ▶ Clearly define overall Expectations
 - ▶ Communicate overall picture to all staff
 - ▶ Communicate specific expectations by role
 - ▶ Select the appropriate person to communicate role expectations
 - Peer to Peer
 - Leader to subordinate
 - Expert to staff

Improving the Process



- ▶ Forms
- ▶ Visual Cues
- ▶ Automated tools
 - Hard Stops
 - Audit
- ▶ Updated Hardware
- ▶ others

Improving Education, Training and Competency



- ▶ Educate on Expectations
- ▶ Educate on resources available
- ▶ Observation to reinforce education and training
- ▶ Competency test until meet expectations and then periodically
- ▶ Reiterative Data collection and analysis
- ▶ Graduate Staff as meet expectations
- ▶ Individual PI Plans as needed
- ▶ Reward and Recognize as graduate
- ▶ Mentor Program
- ▶ other

Control



- ▶ Develop control plans and standardized procedures to ensure that improvements are monitored and sustained.
- ▶ Scale improvements
- ▶ Document and spread the learning

Control: Key Questions and Key RPI Tools

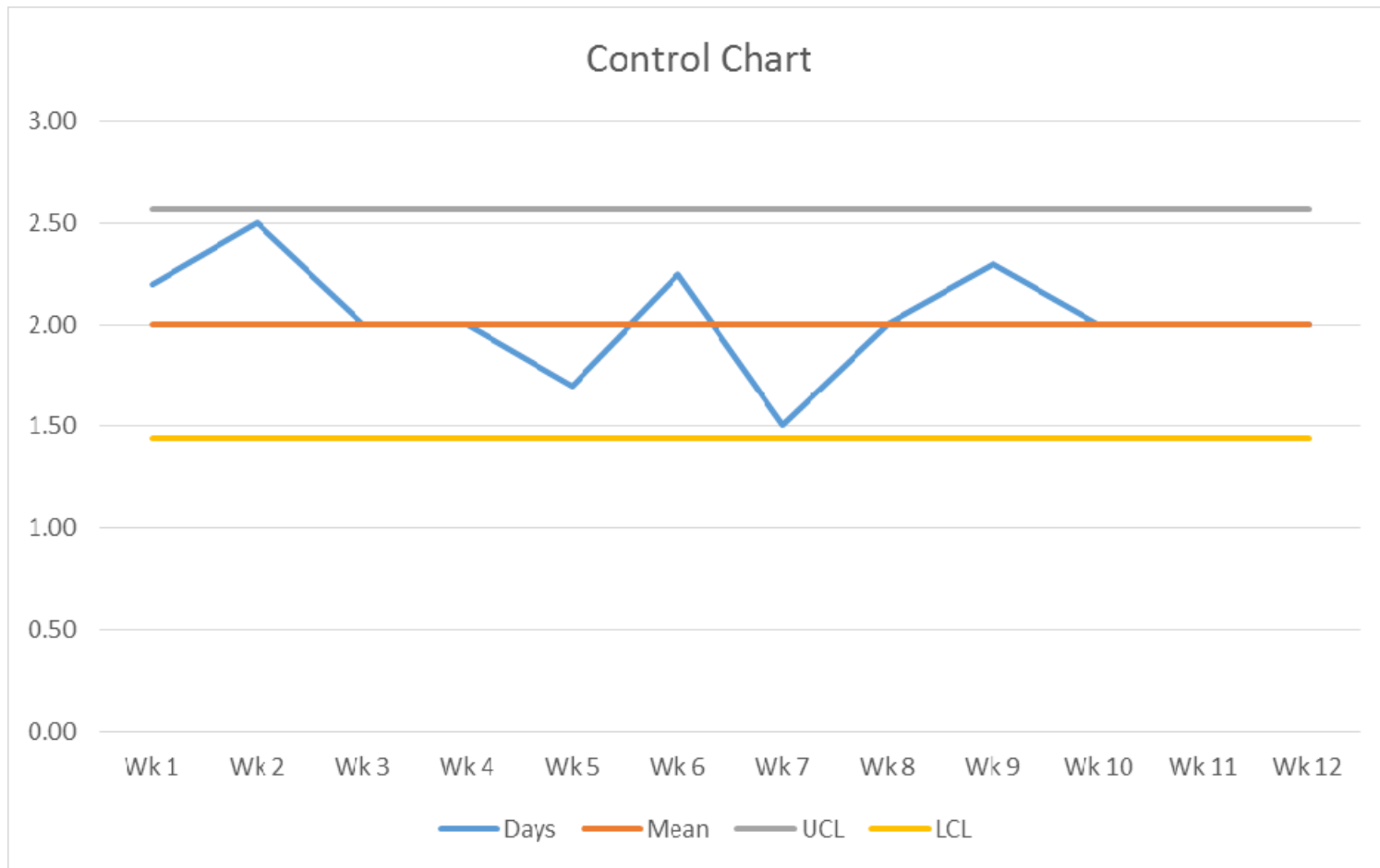
	Key Questions	RPI Tools
Critical Path	<ul style="list-style-type: none"> How will you know your improvements are being sustained? 	Measurement System; Statistical Process Control Chart
	<ul style="list-style-type: none"> What could go wrong with the improvements? How can you prevent this from happening? 	Design Failure Modes and Effects Analysis; Systems and Structures Assessment, Control Plan, Jidoka; Autonomation
	<ul style="list-style-type: none"> How are you going to make the improvements a part of your routine? 	Standard Work; Visual Management
	<ul style="list-style-type: none"> How will you celebrate success? 	Stakeholder Analysis; Rewards and Recognition
	<ul style="list-style-type: none"> Can your improvements be applied to other areas (Scroll and Replicate)? 	Control Plan
	<ul style="list-style-type: none"> How are you going to hand off your project to the process owners(s)? 	Design Failure Mode and Effects Analysis; Control Plan
	<ul style="list-style-type: none"> How are you going to communicate the project close to key stakeholders? 	Communication Plan; Stakeholder Analysis; Control Plan

Control:

Tips to Avoid Potential Pitfalls

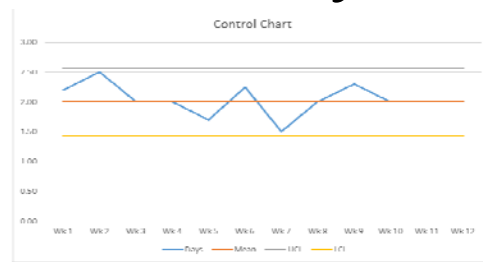
- ▶ Ongoing measurement at defined intervals
- ▶ Define triggers to indicate improvement is not being sustained
- ▶ Standardize work where possible
- ▶ Implement Fail safe strategies where possible
- ▶ Celebrate, Reward and Recognize
- ▶ Hand-off project to process owners

Example Control Chart



Example Dashboard

- Visit documentation complete, accurate and submitted by midnight of visit date.




- Visit documented by completion of visit.
- Visit documentation complete
- Visit documentation accurate
- Visit documentation transmitted by midnight

Effective Rewards and Recognition



- ▶ Organization, Team, Individual
- ▶ Post Data Regularly
- ▶ Success Share
- ▶ Ladder
- ▶ Public Recognition
- ▶ Private Recognition
- ▶ Access to additional perks such as attend conferences, paid certifications
- ▶ Mentor
- ▶ Time off
- ▶ Party
- ▶ Other

Progressive Coaching and Counseling Plan

- 
- ▶ Ensure all fail safe available and in place
 - ▶ Ensure training, education and competency strategies robust and implemented
 - ▶ Individual PI plan
 - ▶ Progressive counseling as necessary

Holding the Gains



Questions



Home Care Team Contacts

Joint Commission Home Care Program

Help Desk: 630-792-5070 or homecare@jointcommission.org

www.jointcommission.org/accreditation/home_care.aspx



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