



*HCAHPS Care Transitions
Rapid Improvement Project*

April 17, 2018



Rapid Improvement Project Participants

- Cape Fear Valley – Bladen County Hospital
- Charles A. Cannon, Jr. Memorial Hospital
- J. Arthur Doshier Memorial Hospital
- LifeBrite Community Hospital of Stokes
- Murphy Medical Center
- Swain Community Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital

Project Schedule

4 Sessions and 1 Workshop:

- ✓ • February 13th – Webinar 1: Defining the Project Scope
- ✓ • March 7th – Webinar 2: Analyzing the Current State
- ✓ • March 23rd – In-Person Workshop: Process Mapping, Issue Prioritization, and Root Cause Analysis
- **April 17th – Webinar 3: Right Side of the A3**
- May 4th – Webinar 4: A3 Tools Review and Sharing

Today's Agenda

- Welcome and Introductions
- Learnings from In-Person Workshop
- A3 – Left Side Review
- Hospital Updates
- A3 – The Right Side
- Wrap Up/Next Steps




Learnings from In-Person Workshop

- What people think they are doing may be different from what is actually happening
 - Discharge planning does not really start at admission
- Use of key words and consistent language is important
 - Language consistent with survey verbiage
 - Language around “managing health”
 - Key words for medication discussions
- Lack of standard work around education
- Perception of doing something additional vs. doing something differently
 - Gain staff buy-in

Capturing the Current State

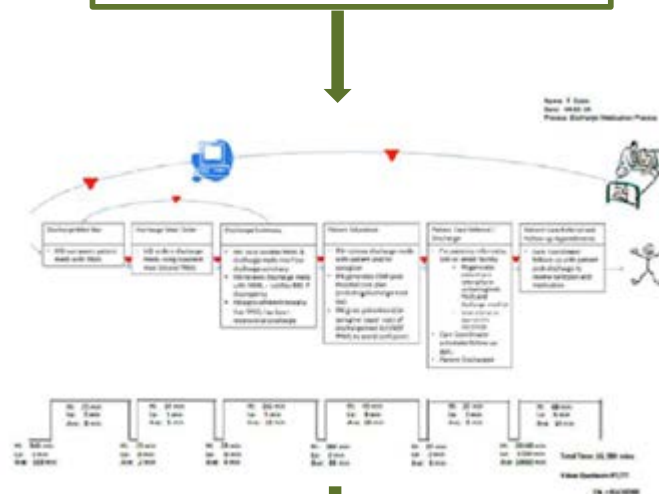
Step 1: Observe

OBSERVATION RECORD		
Activity: _____		
Person Observed: _____		
Location: _____		
Date: _____	Observer: _____	

sketch of physical location/work area

Time	Activity		Operator	Prep	Prep minutes	Look up / Don	Chapman	Waiting	Assignment	Start Day	NOTES
00:00			○	by	00	?	▽	△	⚡		
00:01			○	by	00	?	▽	△	⚡		
00:02			○	by	00	?	▽	△	⚡		
00:03			○	by	00	?	▽	△	⚡		
00:04			○	by	00	?	▽	△	⚡		
00:05			○	by	00	?	▽	△	⚡		
00:06			○	by	00	?	▽	△	⚡		
00:07			○	by	00	?	▽	△	⚡		
00:08			○	by	00	?	▽	△	⚡		
00:09			○	by	00	?	▽	△	⚡		
00:10			○	by	00	?	▽	△	⚡		
00:11			○	by	00	?	▽	△	⚡		
00:12			○	by	00	?	▽	△	⚡		
00:13			○	by	00	?	▽	△	⚡		
00:14			○	by	00	?	▽	△	⚡		
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00:16			○	by	00	?	▽	△	⚡		
00:17			○	by	00	?	▽	△	⚡		
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00:19			○	by	00	?	▽	△	⚡		
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00:21			○	by	00	?	▽	△	⚡		
00:22			○	by	00	?	▽	△	⚡		
00:23			○	by	00	?	▽	△	⚡		
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00:25			○	by	00	?	▽	△	⚡		
00:26			○	by	00	?	▽	△	⚡		
00:27			○	by	00	?	▽	△	⚡		
00:28			○	by	00	?	▽	△	⚡		
00:29			○	by	00	?	▽	△	⚡		
00:30			○	by	00	?	▽	△	⚡		

Step 2: Map

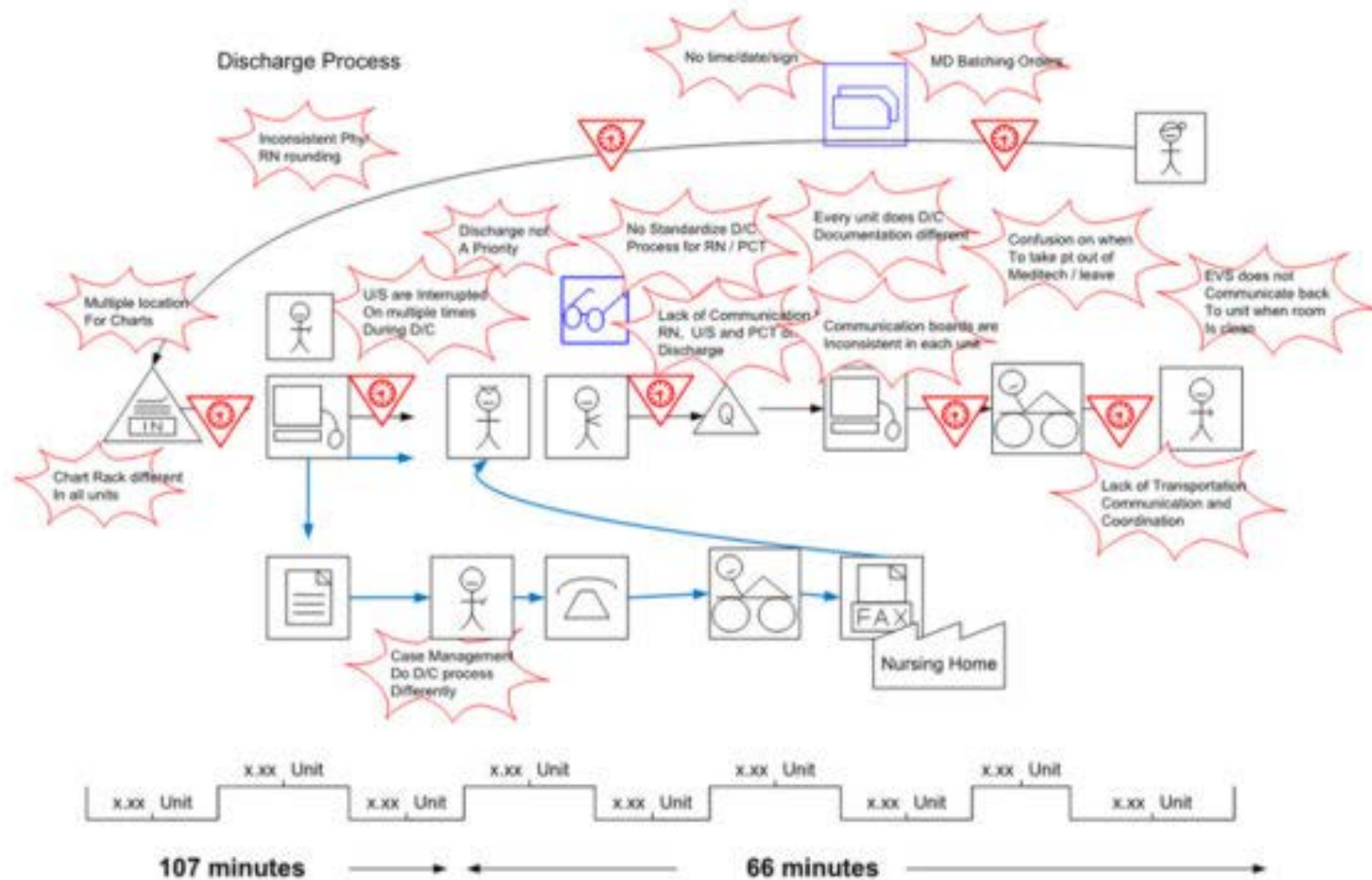


Step 3: Collect Data

	Sample # _____	Notes _____
Log into EHR	_____	_____
Compare active patient meds with PAML	_____	_____
_____	Initials _____	_____
Begin discharge meds order	_____	_____
Complete discharge meds order	_____	_____
_____	Initials _____	_____
Add PAML/discharge meds into final discharge summary	_____	_____
RN signs off on PAML reviewed at discharge	_____	_____
_____	Initials _____	_____
Review discharge meds with patient	_____	_____
Provide patient discharge med list	_____	_____
_____	Initials _____	_____
Generate patient care referral form	_____	_____
Discharge patient	_____	_____
_____	Initials _____	_____
Call patient for post-discharge follow-up	_____	_____
Update patient record	_____	_____
_____	Initials _____	_____

Step 4: Validate

Current State: Issue Identification



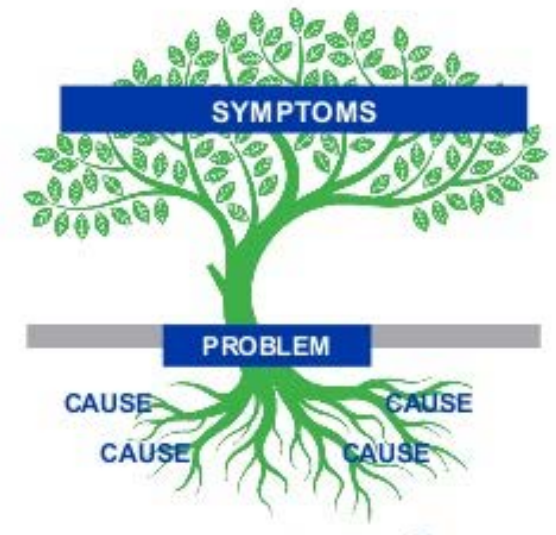
Root Cause/Problem Analysis

What is meant by “root cause”?

- Underlying reason, usually not obvious
- Versus a “contributing” cause, or symptoms

Why do we pursue the root cause?

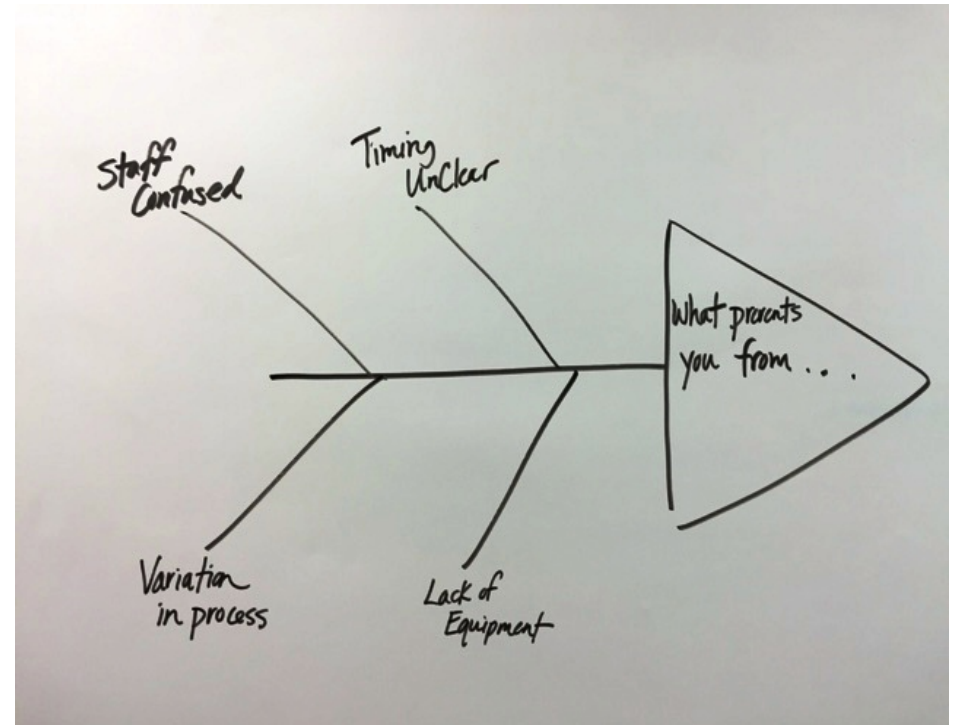
- Root cause is solvable and will result in fixing the problem by applying a countermeasure
- Solving contributing causes or symptoms **won't** eliminate the problem (the waste)



Current State: Problem Analysis Tools

Fishbone Diagram:

- Identifies many possible causes for a problem
- Start by asking a question – *“What prevents medication from being delivered on time?”*
- Participant responses create the “bones” of the fish



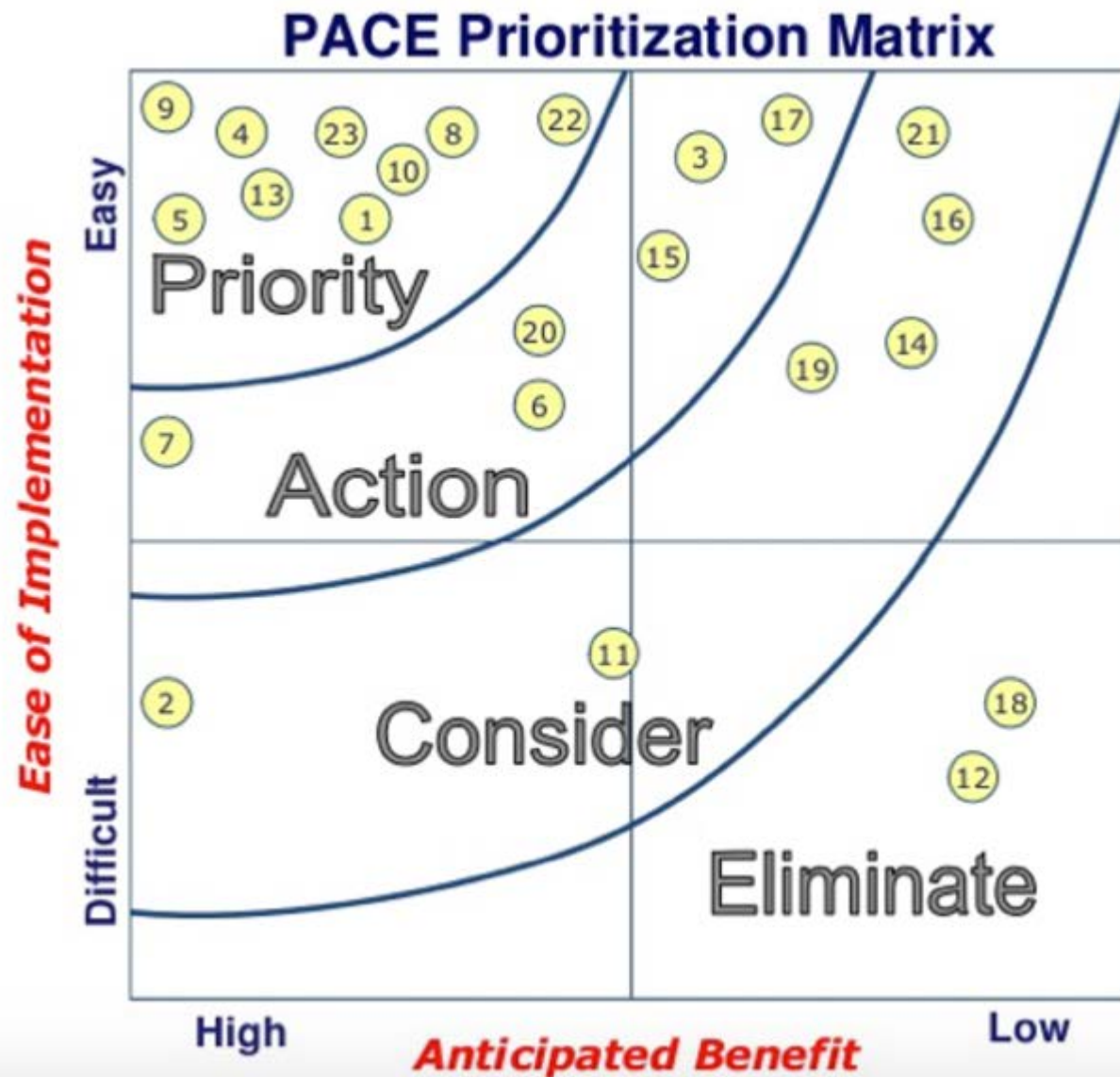
Current State: Problem Analysis Tools

5 Whys:

- Iterative, interrogative technique used to determine the root cause of a problem
- Asking iterative “whys” seeks to dig deeper and deeper into the problem
- Ask 5 Whys of a specific problem:
 - Must be scoped small
 - One branch of the fishbone
- Must be asked of those very familiar with the process or work (Rules of Use #4)



Prioritization of Identified Issues



Hospital Updates



A3 Problem Solving

What is our goal? Scoping & Prioritization

- Project
- Process
- A3 – Issue Statement

How is the work happening now? Current State

- Current State Mapping
- Observation
- Data Collection
- A3 – Background Data & Current Condition

What is not working? Issues

- Storm Clouds

Why is it not working? Root Cause Analysis

- A-3 Problem Analysis

How do we fix it? Countermeasures & Implementation Plan

Did we reach our goal? Test and Follow-up



A3 Problem Solving & PDCA

The diagram illustrates the A3 Problem Solving and PDCA (Plan-Do-Check-Act) process. It features a large blue arrow pointing downwards, symbolizing the flow of the process. The form is divided into several sections:

- PLAN** (Large blue text):
 - ISSUE
 - BACKGROUND/MEASUREMENT
 - CURRENT CONDITION
 - PROBLEM ANALYSIS
- PLAN** (Medium blue text):
 - TARGET CONDITION
 - TITLE
 - COUNTERMEASURES
 - IMPLEMENTATION PLAN (what, who, when, outcome)
 - ☐ validated
- Do** (Green text):
 - COST OF IMPLEMENTATION
 - COST BENEFIT
- CHECK** (Orange text):
 - TEST
 - FOLLOW UP (what, who, when)
- ACT** (Purple text):
 - Improvement Complete (yes/no)

Blue arrows indicate the flow from the PLAN section through the Do, CHECK, and ACT sections.

A3: *The Left Side*

1. The Issue

- Statement of issue through the eyes of the patient

2. Background

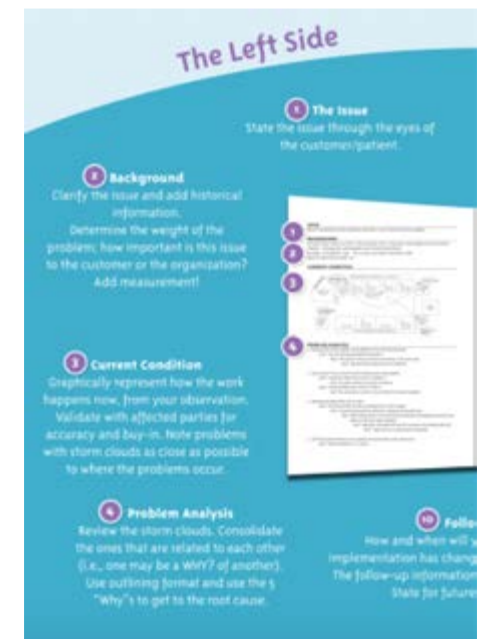
- Clarification of the issue including historical information
- Determination of the weight of the issue
- Addition of measurement

3. Current Condition

- Graphical representation of how the work happens now
- Validated with affected parties
- Notation of problems with “storm clouds”

4. Problem Analysis

- Review of “storm clouds”
- Consolidation of related “storm clouds”
- Use of the 5 “Whys” to get to the root cause



A3: *The Right Side*

5. Target Condition

- Proposed better way to work
- Validate with staff
- Does this move us closer to the Ideal State?

6. Countermeasures

- What are we going to do to move us from Current State to proposed Target State?

7. Implementation Plan

- Details of how we will make the countermeasures happen
- What, who, when and the outcome

8. Cost Benefit

- Financial, time, quality, safety, patient/employee satisfaction
- What will it cost to make the target condition happen?
- Can you quantify the waste?
- Can you measure the improvement?



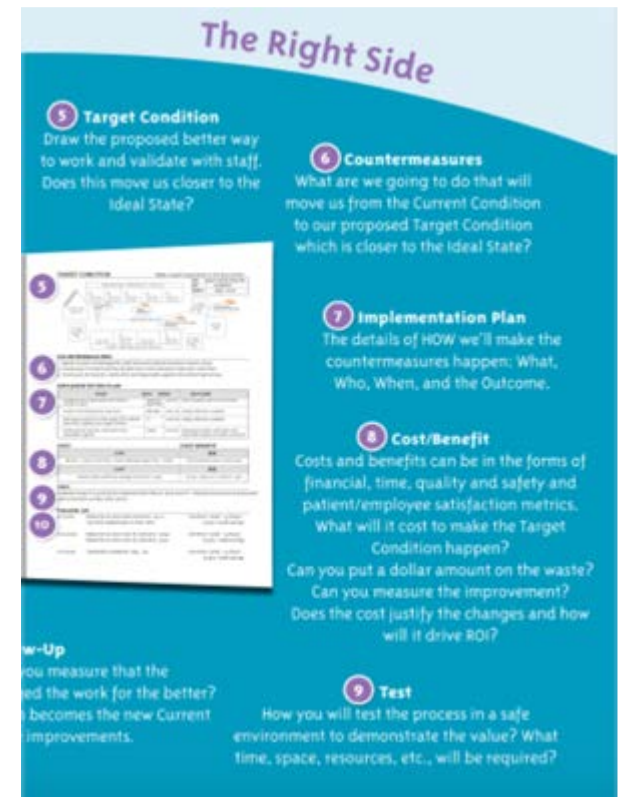
A3: *The Right Side*

9. Test

- How will you test the process in a safe environment to demonstrate the value?
- What time, space, resources, etc. will be required?

10. Follow-up

- How and when will you measure that the implementation has changed the work for the better?
- Follow-up information becomes the new Current State for future improvements



The A3 Report

Background

- Background of the problem
- Context required for full understanding
- Importance of the problem

Target Condition

- Diagram of proposed new process
- Countermeasures noted as fluffy clouds
- Measureable targets (quantity, time)

Current Condition

- Diagram of current situation (or process)
- Highlight problem(s) with storm bursts
- What about the system is not IDEAL
- Extent of the problem(s), i.e., measures

Implementation Plan

<i>What?</i>	<i>Who?</i>	<i>When?</i>	<i>Where?</i>
Actions to be taken	Responsible person	Times, Dates	
Cost:			

Root Cause Analysis

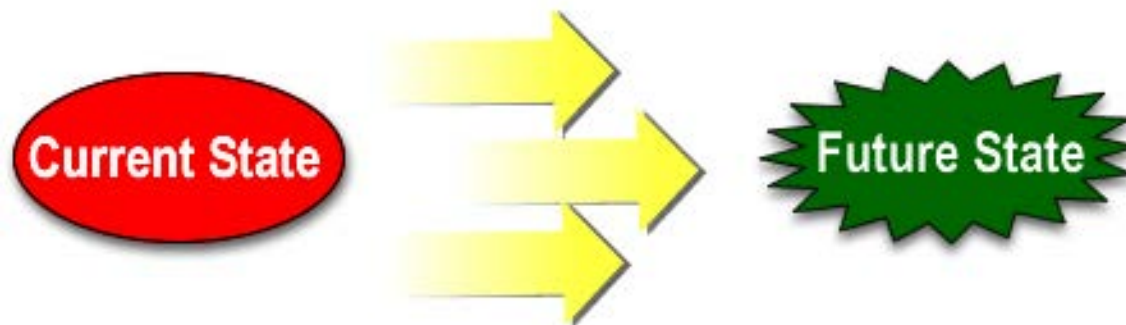
- List problem(s)
- Most likely direct (or root) cause:
Why? Why?
Why? Why?
Why? Why?

Follow-Up

<i>Plan</i>	<i>Actual Results</i>
<ul style="list-style-type: none">• How will you check the effects?• When will you check them?	<ul style="list-style-type: none">• In red ink/pencil• Date check done• Results, compare to predicted

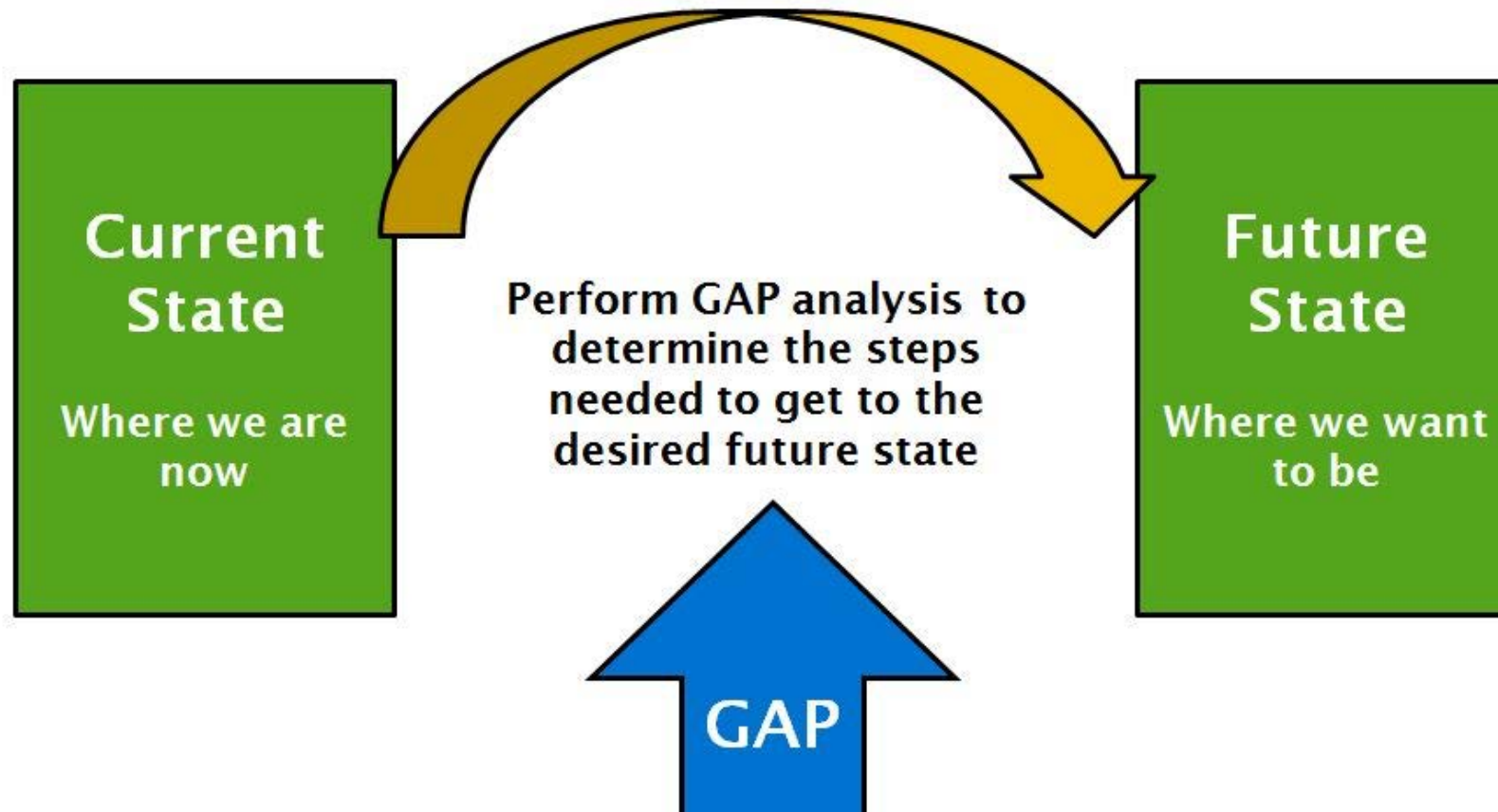
Target Condition

- Ideal state to strive for, not the result you will achieve
- Design work to create a new and better reality
- Strive to eliminate work-arounds and re-work involved in the current condition
- Create a graphic of the IDEAL state
- Should be defect free, no waste and safe for all



Target Condition

Gap Analysis



Countermeasures

- Addresses the root cause while moving closer to an ideal state
 - One proposed countermeasure per root cause
- Specify what will be changed to get from current condition to target condition
- Hypotheses: if we do “A”, then we get “B”
 - PDSA testing



Key Strategies

Care Transitions

- Explaining patient responsibilities
- Scripting: “We want to have a good understanding of your preferences related to discharge needs.”
- Staff education on HCAHPS survey questions

Discharge Information

- Discharge planning
- Discharge education
- Discharge planning phone calls or home visits



Implementation Plan

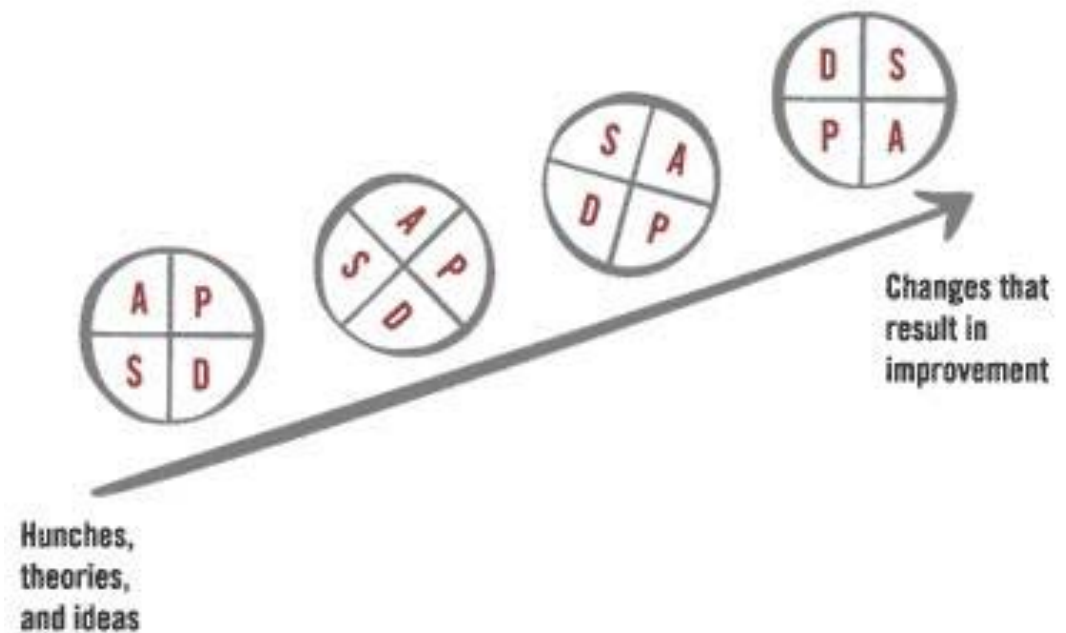
- Outline steps that must be accomplished to realize the target condition
- Specify content, sequence, timing, location and outcome of each step
- Pilot Test – real time trial with front line employees to validate the new process and gain their feedback



Small Tests of Change

Try out proposed better way to work with a safe, experimental attitude and environment:

- Defined test timeline
- Minimal risk
- Ability to tweak the system before implementation



Follow-Up

- Assigned to one or more individuals
- Specific dates for re-evaluation
- Follow-up report becomes new current condition
- If it's not perfect, that's OK – initiate another A3!



The “Magic” of A3 Problem Solving

- The A3 method demands the documentation of how the work actually happens
- The A3 report enables the people closest to the work to solve problems rather than just work around them
- The A3 report represents a thorough problem-solving approach – from problem identification to analysis and solution generation, all the way through implementation planning and follow-up



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- ✓ • April 17th – Webinar 3: Right Side of the A3
 - May 4th – Webinar 4: A3 Tools Review and Sharing
 - May 17th – Poster Presentation at Quarterly Meeting



