HCAHPS Care Transitions
Rapid Improvement Project
May 4th, 2018
Rapid Improvement Project Participants

- Cape Fear Valley – Bladen County Hospital
- Charles A. Cannon, Jr. Memorial Hospital
- J. Arthur Dosher Memorial Hospital
- 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

• Hospital Updates

• Tools Review

• Preparation for May 17th Meeting

• Wrap Up/Next Steps
No really ........... how's it going?
A3 Problem Solving

What is our goal? Scoping & Prioritization

• Project
• Process
• A3 – Issue Statement
Project Scoping

Step 1: Project Scope

Step 2: Process Scope
**Project Aim/Goal**

<table>
<thead>
<tr>
<th>Project Aim: (What are we trying to accomplish?)</th>
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</thead>
<tbody>
<tr>
<td>Project Goal: (SMART goal)</td>
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**Project Aim:**
- Overall purpose/intention of project
- Broad statement of desired outcomes
- “Paints a picture” of project

**Project SMART Goal:**

- **S:** Specific: State exactly what you want to accomplish (who, what, where & why)
- **M:** Measureable: How will you demonstrate & evaluate the extent the goal has been met?
- **A:** Action Oriented: Use action verbs and identify who is accountable for tasks
- **R:** Realistic: Is goal & timeframe realistic for the goal you have established?
- **T:** Time Based: Set target dates to guide your goal to successful, timely completion (include deadlines, frequencies, etc.)
A3 Problem Solving

What is our goal? Scoping & Prioritization

- Project
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How is the work happening now? Current State

- Current State Mapping
- Observation
- Data Collection
- A3 – Background Data & Current Condition
LEAN Rules of Engagement

Concepts

• IDEAL
• Four Rules in Use
• Seven "Mudas"
• Power of Observation

Tools

• Value Stream Mapping
• A3 Problem Solving
Capturing the Current State

Step 1: Observe

Step 2: Map

Step 3: Collect Data

Step 4: Validate
A3 Problem Solving

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What is not working? Issues
- Storm Clouds

Why is it not working? Root Cause Analysis
- A-3 Problem Analysis
Current State: Issue Identification
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:
  o Must be scoped small
  o One branch of the fishbone

• Must be asked of those very familiar with the process or work (Rules of Use #4)
Issue Prioritization
A3 Problem Solving

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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
Target Condition

Gap Analysis

Current State
Where we are now

Perform GAP analysis to determine the steps needed to get to the desired future state

Future State
Where we want to be

GAP
Countermeasures

• Addresses the root cause while moving closer to an ideal state
  o 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”
  o PDSA testing
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 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**
<table>
<thead>
<tr>
<th>What?</th>
<th>Who?</th>
<th>When?</th>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions to be taken</td>
<td>Responsible person</td>
<td>Times, Dates</td>
<td></td>
</tr>
<tr>
<td>Cost:</td>
<td></td>
<td></td>
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</table>

**Root Cause Analysis**
- List problem(s)
- Most likely direct (or root) cause:
  - Why?
  - Why?
  - Why?

**Follow-Up**
<table>
<thead>
<tr>
<th>Plan</th>
<th>Actual Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you check the effects?</td>
<td>In red ink/pencil</td>
</tr>
<tr>
<td>When will you check them?</td>
<td>Date check done</td>
</tr>
<tr>
<td>Results, compare to predicted</td>
<td></td>
</tr>
</tbody>
</table>
HERE COMES THE BIG REVEAL...

ARE YOU READY?!
May 17th CAH Quarterly Meeting

WHAT: CAH Quality Collaborative Quarterly Meeting

WHEN: Thursday, May 17th from 10:00 – 4:00

WHERE: The Hawthorne Inn & Conference Center, Winston-Salem

WHY: Share the great work your teams have been doing to improve HCAHPS Care Transitions

HOW: 10-15 minute informal presentations
A project overview template is displayed with placeholder text. The template includes sections for project team members, the HCAHPS measure selected to improve (#7 Care Transitions), process analysis, issue description, implementation results and desired outcomes, and next steps. The hospital name is indicated as a template placeholder.
Insert Current State Process Map
Insert A3
Project Team Members (name, title):
1. Peggy Kopp RN, Quality
2. Pam McGlothlin RN, DON
3. Peggy Bunnell RN, ACO Case Manager
4. Karen Arnold-Truax MSW, Social Services/Discharge Planner
5. Roland Achenjang DPh, Director of Pharmacy

HCAHPS Measure selected to improve:
During this hospital stay staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

Process Analyzed: Discharge planning education, introduction of Red Folder contents to patient

Issue: Patient not aware of discharge planning resources in the Red Folder

Implementation Results and Desired Outcomes (Actual/Projected):
1. Increase awareness of Red Folder contents (including discharge planning checklist) among staff
2. Increase patient awareness of discharge planning checklist to 48% on post d/c phone call (43%)
3. Reduce unplanned readmissions to 5% (4% - 1.5%)
4. Increase HCAHPS for Measure #23 top box to 44% (Jun 30% - Jul 20%)

Next Steps: Look for root causes of miscommunication in the discharge planning process
Swim Lane Chart: Process for making certain that patients and caregivers preferences are taken into account in deciding what the patient needs will be at discharge

- Social Worker
- Doctor
- Nurse
- ACO Coordinator

- Orders to admit patient
- Admission assessment done
- Room orientation done
- Patient discharged

Current State

Not all patients receive a visit about discharge visit

Can we visit more patients for discharge?

Surfaced discharge

Review of Red folder (including introduction to Discharge Checklist)

When does Red folder introduced?

Who reviews Red folder content with patient?

Can we use the discharge board to track Red folder introduction?
Presentation Example

Tools

Your Discharge Planning Checklist:
For patients and their caregivers preparing to leave a hospital, nursing home, or other care setting

https://www.medicare.gov/Pubs/pdf/11376.pdf
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✓ • May 17th – Presentation at Quarterly Meeting
thank you