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

Hospital Updates

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 SCOPE

Project Aim: (What are we trying to accomplish?)
Project Goal: (SMART goal)

Project Constraints: (What are the boundaries for this project?)
Budget:
Schedule:
Quality:
Other: (Policies, Regulations, Senior Management requirements)

Evaluation Measure (use standardized data, easily obtainable if possible - examples include PQRS, NQF, CMS, IQR and or UDS measures)

Measure Identifier/Number	Description	Data Source	Target Performance	Current Performance	Current Performance Date

Project Team

Name	Title/Department	Role	Responsibilities

Process Prioritization

Potential Processes	Priority ranking (low, medium, high)	Estimated Completion Date	Notes

Process Scope

1. Process to be analyzed: Basic Overview/Title:	
2. Why is this process being chosen to analyze? What brought up the desire to map the process?	
3. Improvement SMART goal/target for chosen process: (Specific, Measurable, Action oriented, Realistic and Time based)	
4. Scope of process to be analyzed (clearly define start point and end point):	
5. EHR/Documentation system, module and / or applications involved:	
6. Items/equipment/devices involved in process:	
7. Physical locations involved in process:	
8. Staff/people involved in process:	
9. How will the process be mapped (value stream map, flowchart, etc.) using what method (direct observation, video recording, etc.)?	
10. Who will own the map once completed?	
11. Planned start date/target end date (of mapping exercise)	

Process Improvement Project Team

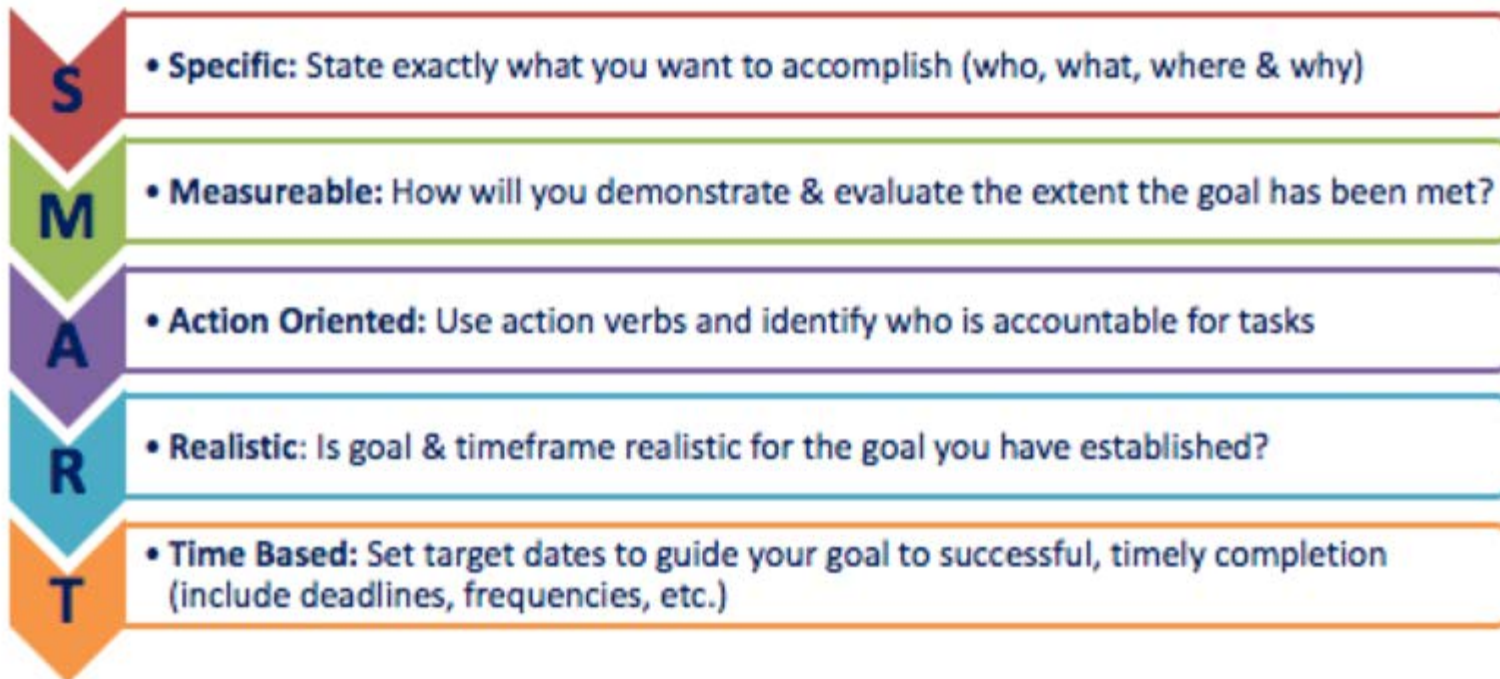| Name	Title/Department	Role	Responsibilities

Project Aim/Goal

Project Aim: (What are we trying to accomplish?)
Project Goal: (SMART goal)

Project Aim:

- Overall purpose/intention of project
- Broad statement of desired outcomes
- "Paints a picture" of project

Project SMART Goal:

- **Specific:** State exactly what you want to accomplish (who, what, where & why)
- **Measureable:** How will you demonstrate & evaluate the extent the goal has been met?
- **Action Oriented:** Use action verbs and identify who is accountable for tasks
- **Realistic:** Is goal & timeframe realistic for the goal you have established?
- **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**

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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**

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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
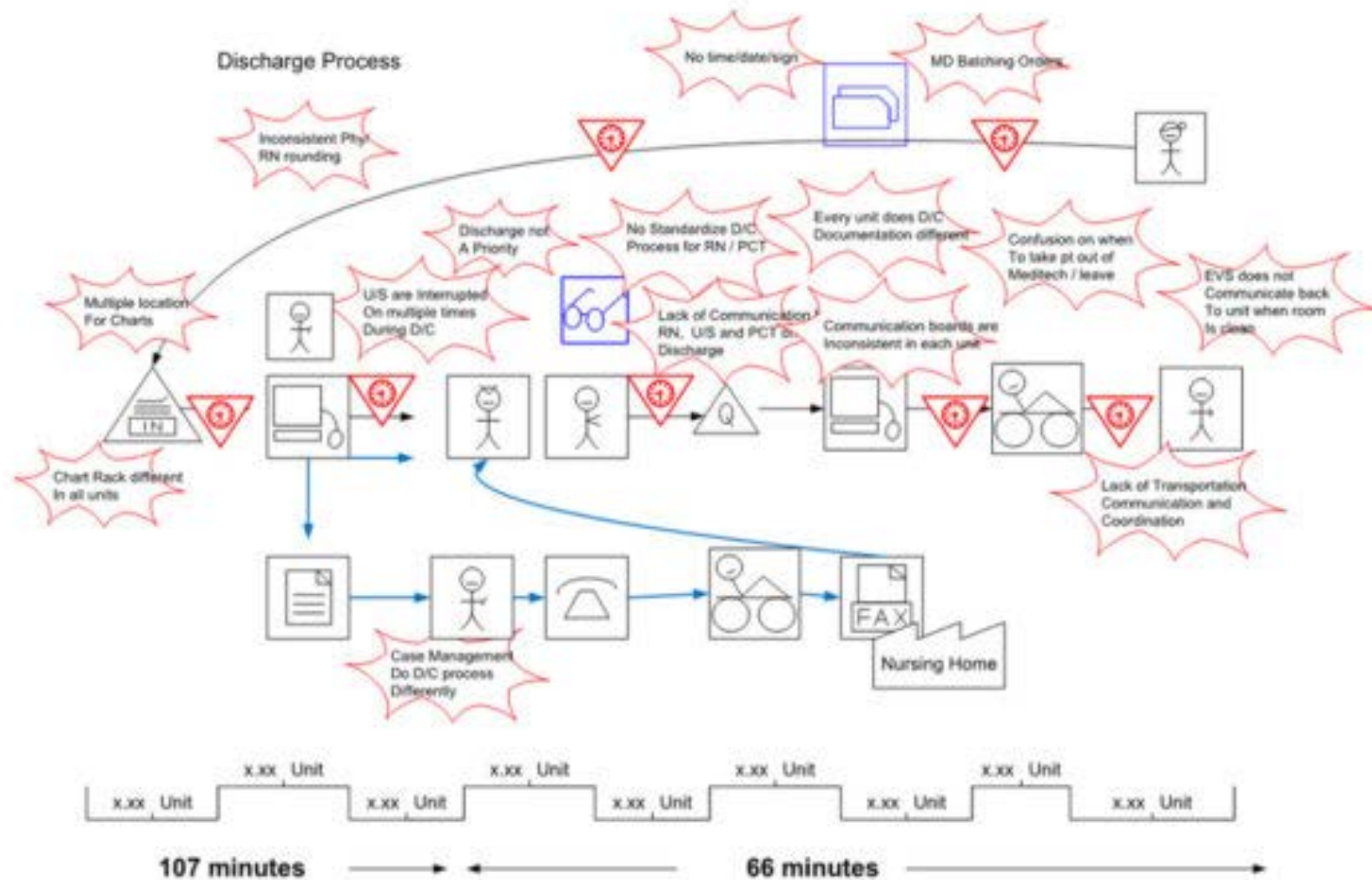
Current State: Problem Analysis Tools

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:
  - 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)
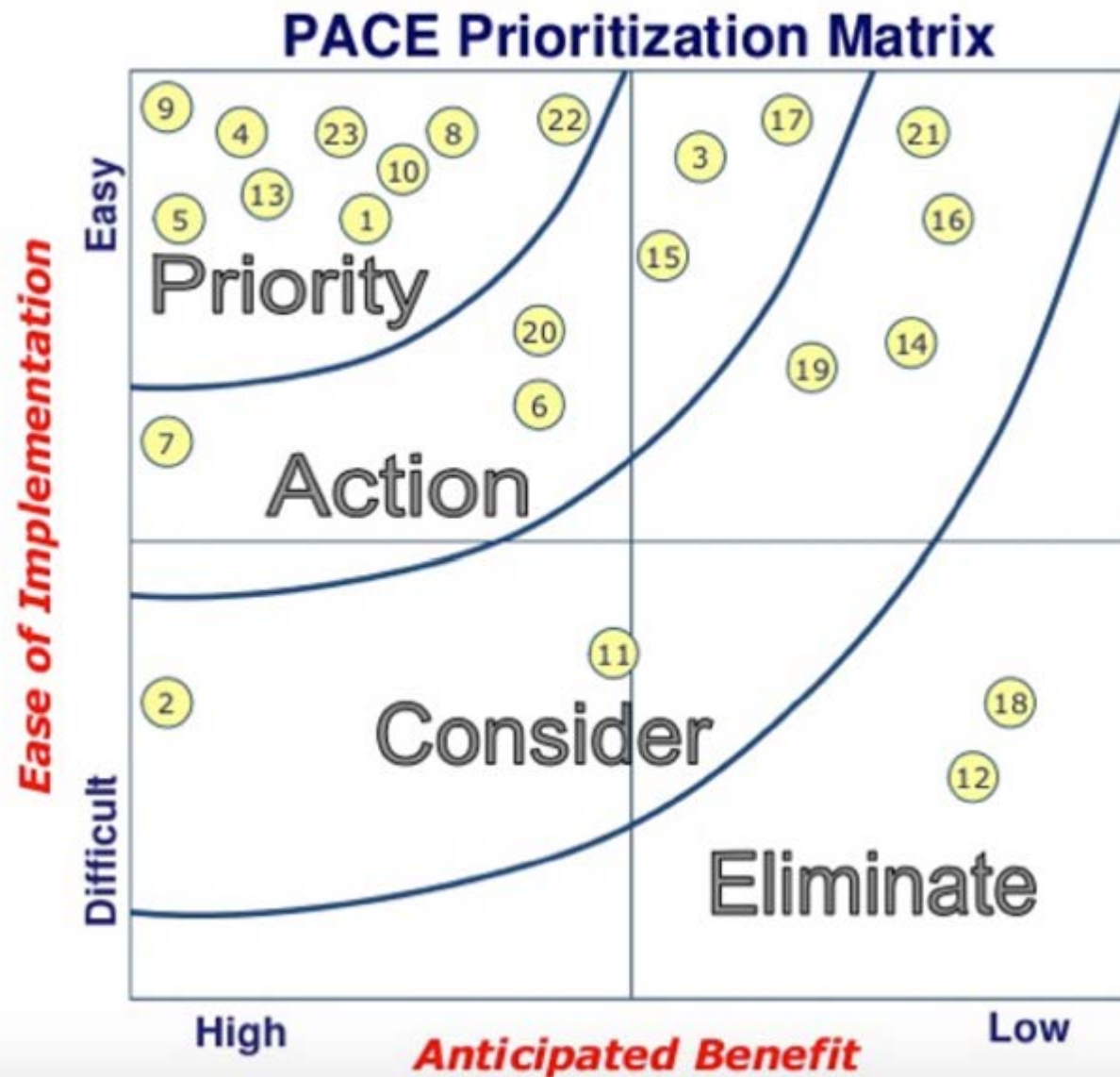
Why?
↘ Why?
↘ Why?
↘ Why?
↘ Why?

Issue Prioritization

PACE Prioritization Matrix

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

PACE Prioritization Matrix

Ease of Implementation — Easy / Difficult
Anticipated Benefit — High / Low

Priority
Action
Consider
Eliminate

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
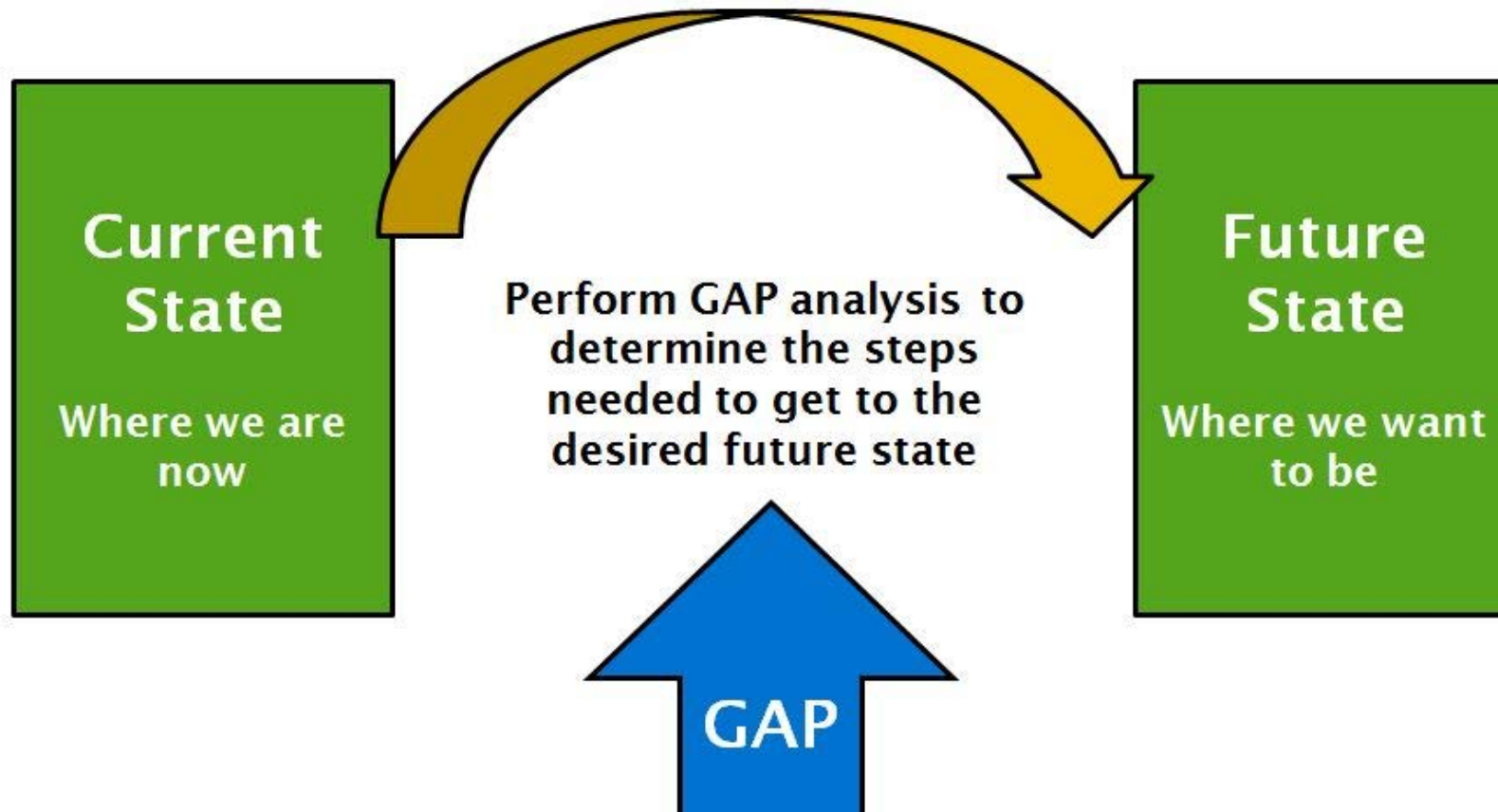
Countermeasures

- Addresses the root cause while moving closer to an ideal state
  - 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

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

Changes that result in improvement

Hunches, theories, and ideas
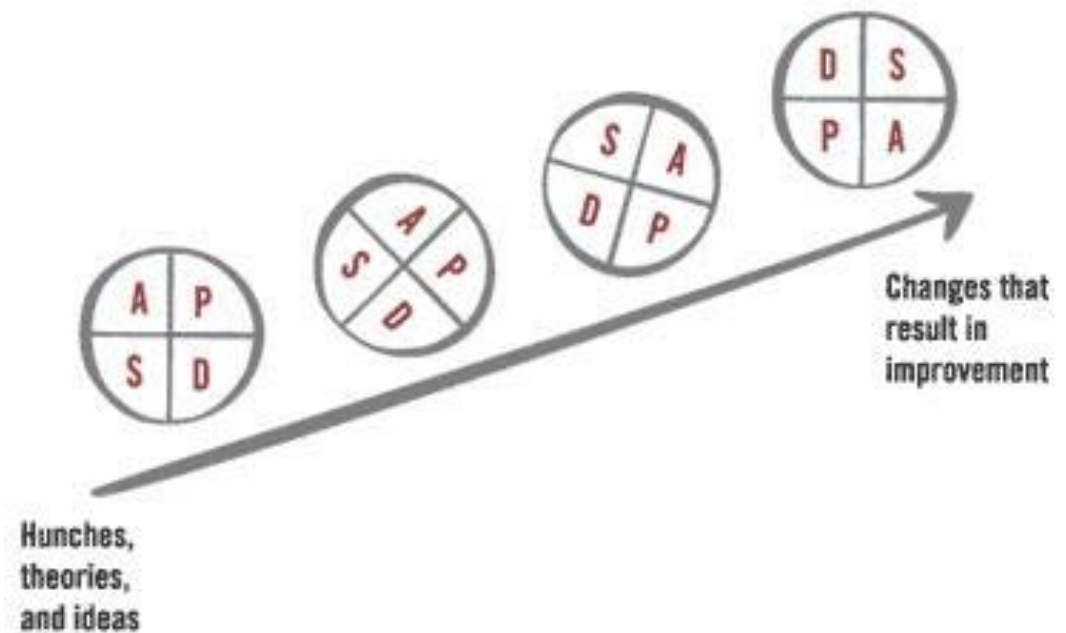
Follow-Up

- 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

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

Root Cause Analysis

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

  Why?

  Why?

  Why?

  Why?

  Why?

Target Condition

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

Implementation Plan

What?	Who?	When?	Where?
Actions to be taken	Responsible person	Times, Dates	

Cost:

Follow-Up

Plan	Actual Results
- How will you check the effects? - When will you check them?	- In red ink/pencil - Date check done - Results, compare to predicted

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

Presentation Template

Project Overview
Hospital Name

Project Team Members (name, title)

HCAHPS Measure Selected to Improve: #7 Care Transitions

Process Analyzed:

Issue:

Implementation Results and Desired Outcomes (Actual/Projected):

Next Steps:

Presentation Template

Current State

Insert Current State Process Map

Presentation Template

A3

Insert A3

Presentation Example

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

Project Overview
Sidney Health Center

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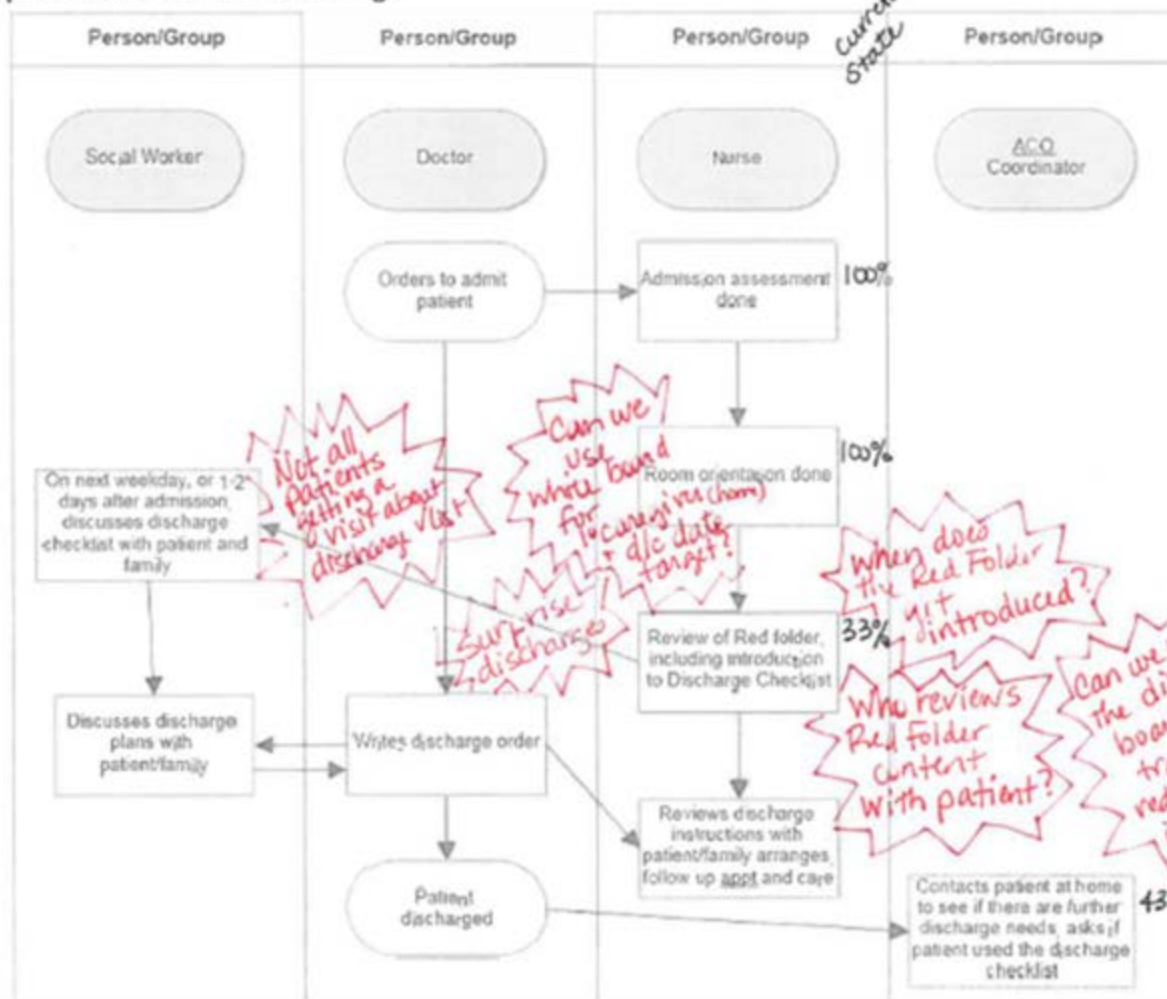
Issue: Patient not aware of discharge planning resources in the Red Folder

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

Presentation Example

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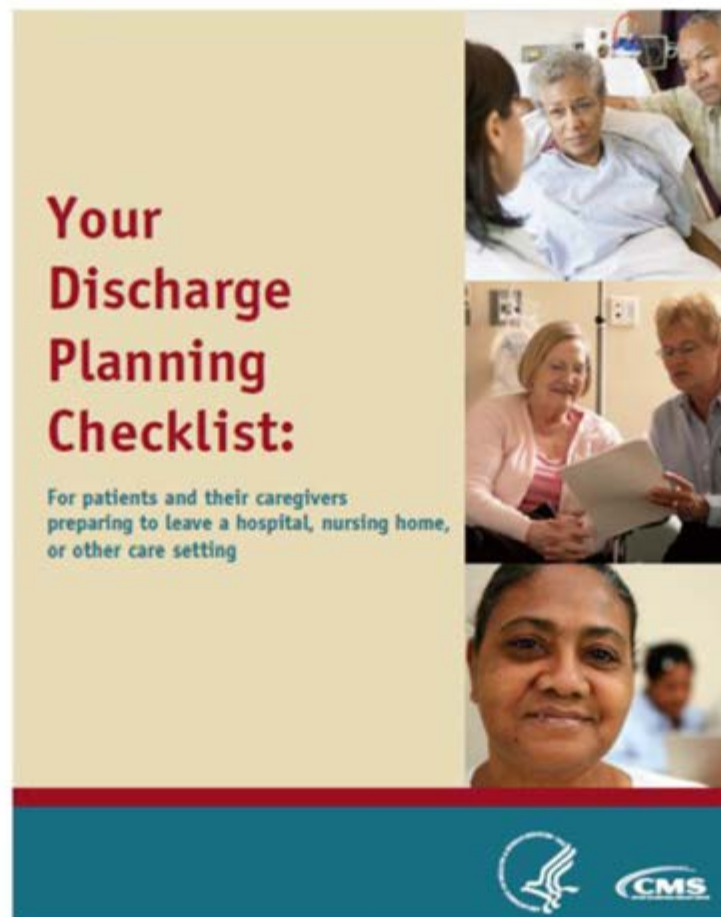
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• May 17th – Presentation at Quarterly Meeting