



*HCAHPS Care Transitions
Rapid Improvement Project*

February 13, 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
- Pender Memorial Hospital
- Swain Community Hospital
- Vidant Bertie 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

- Introductions
- Virtual Technology Overview
- Project Overview and Expectations
- Process Improvement Methodology Overview
- Project Scoping
- Observation

Participant Expectations

- Attend every session
- Complete homework
- Participate in in-person workshop
- Implement solutions and share successes
- *Have fun!*

Virtual Netiquette



https://www.youtube.com/watch?v=z_tiqIBFjbk

Virtual Netiquette

- Mute is your friend
 - use when not talking
 - do not place on hold – use mute to step away
- Pace yourself
 - ask <pause> listen
- Chat it up
 - questions, brainstorm, etc.



Introductions

- Name, role(s), facility
- How does the HCAHPS Care Transitions measure relate to your facility's mission and goals?
 - Mission statement
 - Strategic plan
 - Community Health Needs Assessment (CHNA) Implementation Plan



Rapid Improvement Project Tool Box

Utilize similar language and format to increase collaboration and improve outcomes

Project Scoping

A3 Problem Solving



*Current State
Process
Mapping*

Process Improvement Methodologies

Six Sigma

Define

Measure

Analyze

Improve

Control

Lean

Identify Value

Understand
Value Stream

Eliminate
Waste

Establish
Flow

Enable Pull

Pursue
Perfection

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Process Improvement Similarities

- Disciplined methodologies with specific languages and tools
- Rely on measures (data)
- Focused on continuous improvement of outcomes
- Long history of success in the field

Survey Says...

As of Q1 2017, the
HCAHPS Care
Transitions
measure scored
**51% in North
Carolina and 52%
in the US.**



HCAHPS Survey Composite Measure 7

Understanding your care
when you left the hospital

Q23: During this hospital stay, staff took preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left

Q24: When I left the hospital, I had a good understanding of the things I was responsible for in managing my health

Q25: When I left the hospital, I clearly understood the purpose for taking each of my medications.

Rapid Improvement Project

Goal: Improve HCAHPS score on Care Transitions

Project Objectives:

- Provide opportunity for collaboration with peers to make measurable improvement in a targeted measure
- Transition from “data to doing” by providing educational support, tools and networking opportunities to facilitate a rapid-cycle improvement project

Project Scope – What is it?

Part of project planning process that involves determining and documenting a list of specific project goals, deliverables, tasks, costs and deadlines



Project Scope – Why use it?

Most important part of project

- Clearly defined expectations and goals
- Defined timeline
- Identifies resources and costs
- Prevents scope creep



Project Scoping – Step by Step

Step 1: Project 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

Step 2: Process Scope

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

Step 3: Repeat

Step 1: Project 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)

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Project Team

Name	Title/Department	Role	Responsibilities

Process Prioritization

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

Select a Measure 7 Question to Improve

- **Q23:** *During this hospital stay, staff took my preferences and those of my family or care giver into account in deciding what my health care needs would be when I left.*
- **Q24:** *When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.*
- **Q25:** *When I left the hospital, I clearly understood the purpose for taking each of my medications.*

Question Selection Criteria

- *Lowest score*
- *Low hanging fruit*
- *Constraints*
- *Facility goals and current projects*

Project Aim/Goal

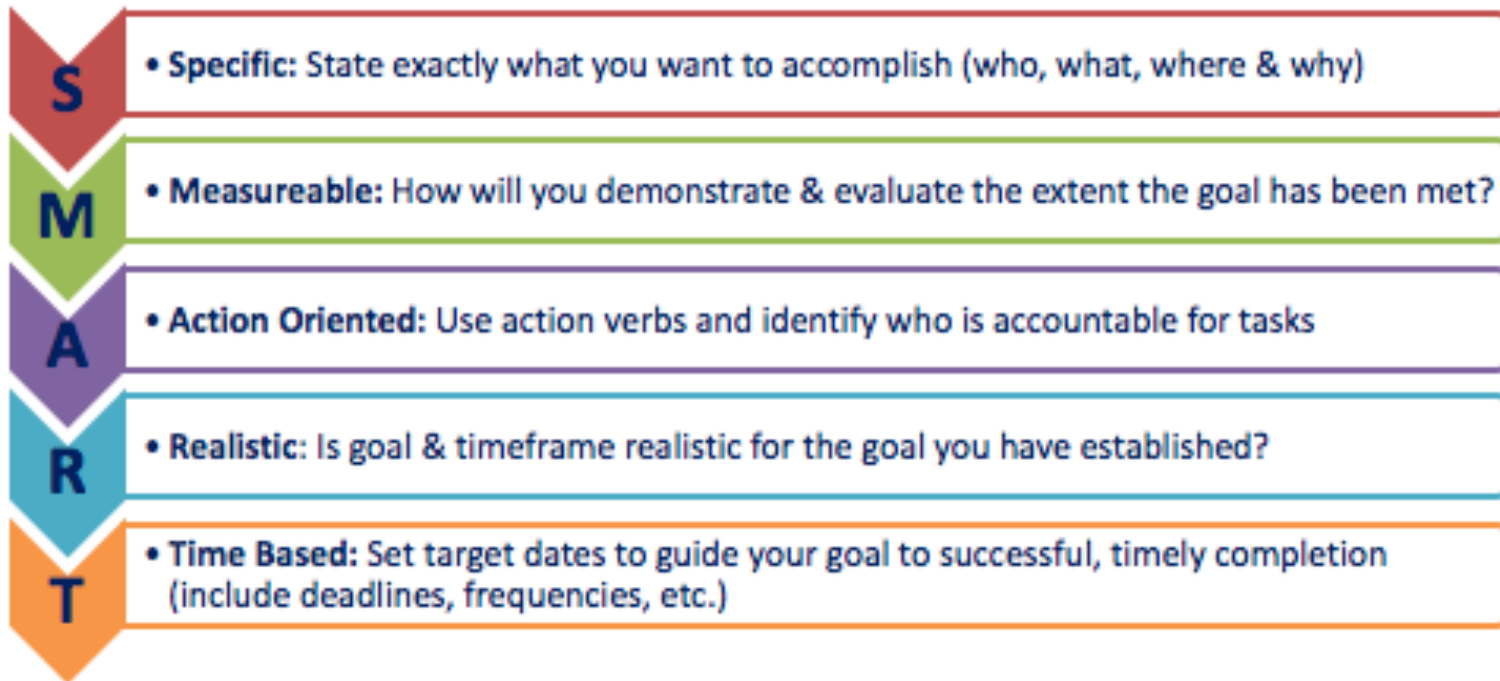
Project Aim: (What are we trying to accomplish?)

Project Goal: (SMART goal)

Project Aim:

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

Project SMART Goal:



Project Constraints

Project Constraints: (What are the boundaries for this project?)

Budget:

Schedule:

Quality:

Other: (Policies, Regulations, Senior Management requirements)

Project Boundaries/Constraints

- Resources (materials, staffing, etc.)
- Regulatory
- Monuments & Elephants
 - Don't move mountains
 - Be open about elephants
- Maintain Balance
 - Time, Cost & Quality



Evaluation Measure - Data

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

Data Types

- **Quality Examples:**
 - MBQIP, PQRS, NQF, CMS, etc.
- **Site Specific Examples:**
 - Financial, Billing, EMR...
 - Public Health, Community Health Needs Assessments
 - Project specific data collection, time studies, observations

Evaluation Measure – Measure 7

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
<i>Care Transition #7/Q25</i>	<i>When leaving hospital, Patient clearly understands purpose for taking each medication</i>	<i>HCAHPS</i>	<i>75%</i>	<i>38.7%</i>	<i>Q4 2015</i>

Prioritize based on:

- Low hanging fruit
- Biggest impact
- Monument-free

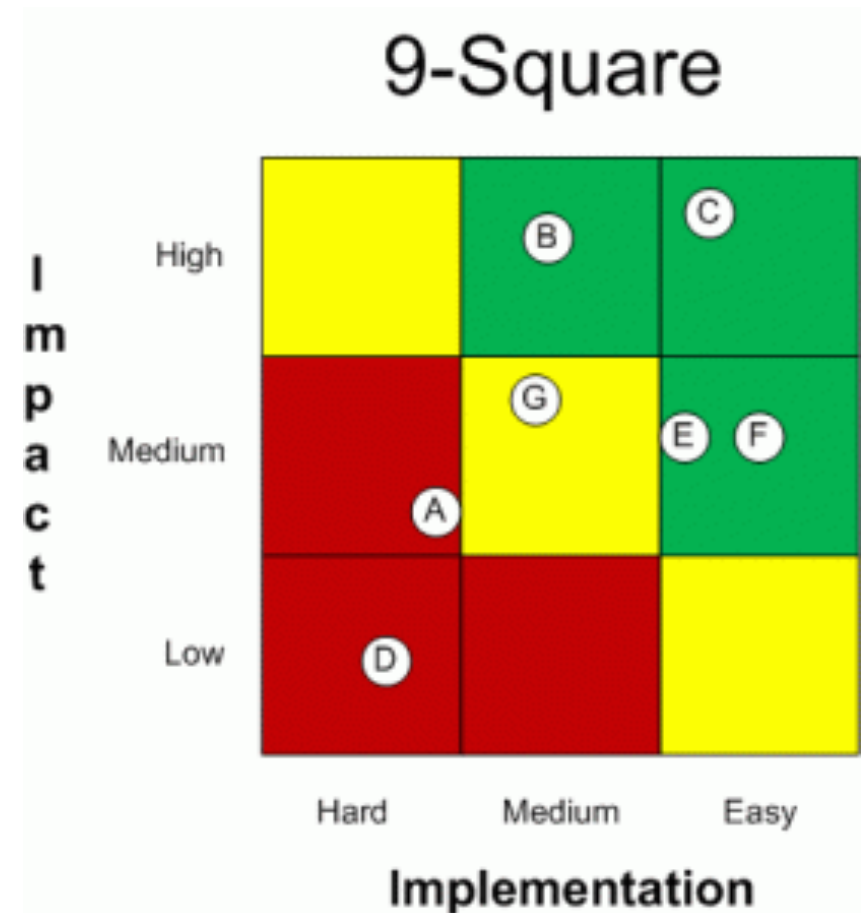
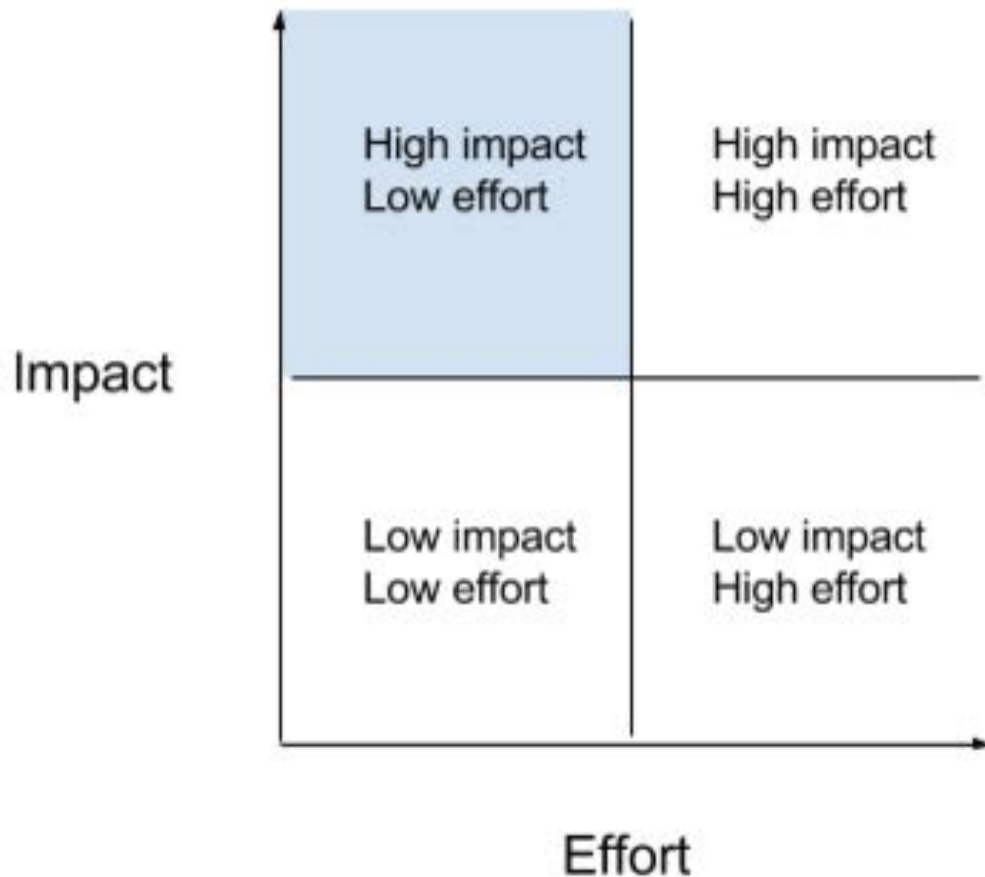
Care Transitions #7	23. Staff took my preferences and those of my family/caregiver into account in deciding what my health care needs would be when I left.	TOP BOX	45.2%	91.2%
		% Strongly Agree		
		% Agree		
	24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	TOP BOX	52.4%	93.7%
		% Strongly Agree		
		% Agree		
	25. When I left the hospital, I clearly understood the purpose for taking each of my medications.	TOP BOX	38.7%	78.2%
		% No Meds		14.4%
		% Strongly Agree		
		% Agree		
	Category Composite	TOP BOX	45.4%	87.7%
		% Strongly Agree		
		% Agree		

Process Prioritization

Potential Processes	Priority ranking (low, medium, high)	Estimated Completion Date	Notes
<i>Medication Review Process</i>	<i>High</i>	<i>9/24/16</i>	<i>Manager Joan on vacation until 7/6/16 – unable to begin until returns (small monument) Larger process – from admission to discharge</i>
<i>Medication Ordering Process</i>	<i>Low</i>	<i>8/16/16</i>	<i>Held rapid cycle improvement project Q1 2016; will evaluate again after test period</i>
<i>Patient Medication Education at Discharge Process</i>	<i>High</i>	<i>8/5/16</i>	<i>Very low score, minimal cost/time to improve</i>
<i>Med Pass Process</i>	<i>Medium</i>	<i>9/4/16</i>	<i>Reviewing Med Errors, time study needed for further evaluation</i>

1. Brainstorm ALL related processes
2. Walk processes to gain deeper understanding
3. Identify and table monuments
4. Look for low hanging fruit, up-stream processes, minimal resources required, etc.
5. Select first process to improve

Process Prioritization Methods



Step 2: Process Scoping

Process Scope

1. Process to be analyzed: Basic Overview/Title:	<i>Patient Medication Education at Discharge Process</i>
2. Why is this process being chosen to analyze? What brought up the desire to map the process?	<i>Low HCAHPS Measure 7/Q25 score (38.7); when process observed – determined process not clearly defined, staff not educated on process. Patients interviewed expressed confusion between education and understanding paperwork sent home at discharge</i>
3. Improvement SMART goal/target for chosen process: (Specific, Measurable, Action oriented, Realistic and Time based)	<i>To improve patient understanding of taking medication at discharge as Measure 7/Q25 score to 75% or greater in Q4 2016 through lean rapid cycle project and patient panel review to be implemented by 8.9.16.</i>
4. Scope of process to be analyzed (clearly define start point and <u>end point</u>):	<i>Request for patient medication education at discharge triggered by discharge orders in EMR to care coordinator follow-up with patient one week following discharge.</i>
5. EHR/Documentation system, module	<i>Epic; Patient Discharge Forms XYZ; etc.</i>

Scope selected process in same manner as project

- More detailed and focused as only one part of project

Step 2: Process Scoping

5. EHR/Documentation system, module and / or applications involved:	<i>Epic; Patient Discharge Forms XYZ; etc.</i>
6. Items/equipment/devices involved in process:	<i>Laptop; Patient Pill Organizer Box; Video...etc.</i>
7. Physical locations involved in process:	<i>Inpatient Rooms Floor 2, Wing 1</i>
8. Staff/people involved in process:	<i>Joe E. Pharmacy; Ellen Q. Nursing; Gail S. Social Services; Rob T. IT; Julie K., Liz F., Bill R – Care Coordinators; Rita W. Long Term Care; etc.</i>
9. How will the process be mapped (value stream map, flowchart, etc.) using what method (direct observation, video recording, etc.)?	<i>Value Stream Map</i>

The devil is in the details...

- Identify ALL the following (if info missing, could indicate possible issue in process and great place to start):
 - Who does process involve? - EVERYONE
 - What is used (is needed) in process? - all materials, forms, electronics, etc.
 - Where does process occur?

Step 2: Process Scoping

10. Who will own the map once completed?	Quality Department – will be available on H: Drive for all staff
11. Planned start date/target end date (of mapping exercise)	6.22.16 / 7.1.16

Process Improvement Project Team			
Name	Title/Department	Role	Responsibilities

To ensure success – Be accountable

- Where – location project documents will be archived for future use
- When – clearly state time line
- Who – Identify and invite Process Improvement Project Team
 - May or may not be the same as Project Team Leads – depends on who the specific process work touches

Homework

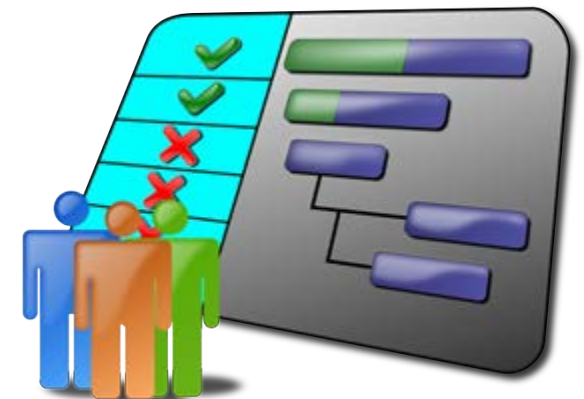
Prior to next session, please complete the following tasks and email related documents to:

dhunter@ncha.org

- Project Scope Document (submit via email)
- Process Scope Document (submit via email)
- Every team leader walk selected process
 - Identified during Process Prioritization
- Identify and invite team members to project

Project Schedule

- ✓ February 13th – Webinar 1: Defining the Project Scope
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Thank
you!!