HCAHPS Care Transitions
Rapid Improvement Project

March 7, 2018
Rapid Improvement Project Participants

- Cape Fear Valley – Bladen County Hospital
- Charles A. Cannon, Jr. Memorial Hospital
- J. Arthur Dosher Memorial Hospital
- LifeBrite Community Hospital of Stokes
- Murphy Medical Center
- Pender Memorial Hospital
- 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

• Roll Call
• Homework Review
• Patient Perspective
• Rules of Engagement
• Current State
Participant Expectations - Reminder

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

• Mute is your friend
  o use when not talking
  o do not place on hold – use mute to step away

• Pace yourself
  o ask <pause> listen

• Chat it up
  o questions, brainstorms, etc.
Roll Call

• Name, role(s), facility
Homework Review

- Name, facility
- Project and process
- Reason for selection
## Project/Process Scope

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Project Scope</th>
<th>Process Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Fear Valley - Bladen</td>
<td>Increase staff education to improve patient education and patient satisfaction to improve HCAHPS scores</td>
<td>Educate staff to ensure patients receive correct teaching on diagnoses, medication and treatments</td>
</tr>
<tr>
<td>Charles A. Cannon</td>
<td>Achieve or exceed a score of 57 (80th percentile) on the care transitions bundle with the April 2018 HCAHPS scores</td>
<td>Value Stream Mapping of processes from admission to discharge</td>
</tr>
<tr>
<td>J. Arthur Dosher</td>
<td>Through education efforts using our nursing and pharmacy staff we will improve our patients understanding of the purpose for taking their medications as evidenced by an increase in our Top Box score from 65% to 80% over a 3-month period (March-June 18).</td>
<td>Understanding and purpose for patients taking their medications once they left the hospital.</td>
</tr>
<tr>
<td>LifeBrite Stokes</td>
<td>Improve Q25: When I left the hospital, I clearly understood the purpose for taking each of my medications.</td>
<td>Patient Education and Understanding of Medication.</td>
</tr>
<tr>
<td>Murphy</td>
<td>55% Top Box on Composite 7</td>
<td>Care Transitions: #24; Pts/Family having a good understanding of their responsibility for managing health</td>
</tr>
<tr>
<td>Pender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swain</td>
<td>Improve our HCAHPS scores by 15%</td>
<td>Improvement in the HCAPS Transition of Care scores</td>
</tr>
<tr>
<td>Vidant Bertie</td>
<td>Achieve 70% Top Box score at Vidant Bertie Hospital in the HCAHPS Care Transition question HBPM (Understood purpose of medications post-discharge) by May 31st, 2018.</td>
<td>Medication education processes for patients in our acute inpatient units.</td>
</tr>
<tr>
<td>Vidant Chowan</td>
<td>Achieve 60% Top Box score at Vidant Chowan Hospital in the HCAHPS Care Transition question HBPM (Understood purpose of medications post-discharge) by May 31st, 2018.</td>
<td>Medication education processes for patients in our acute inpatient units.</td>
</tr>
</tbody>
</table>
LEAN Rules of Engagement

Concepts

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

Tools

• Value Stream Mapping
• A3 Problem Solving
**Ideal: Our North Star**

- **Exactly** what the customer needs/wants
- Defect free
- One-by-one, **customized to each patient**
- On demand, **exactly as requested**
- **No waste**
- **Immediate response** to problems or changes
- Physically, professionally, emotionally **safe**
Patient Perspective

Patient-Centered Care:

• “Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”
  - Institute of Medicine

Customer/Patient Perspective:

• Value from process of delivering product or service to customer defined and specified from the customer’s perspective
"The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patient’s perspectives on hospital care…"

Three Goals:

1. Apples to apples – objective and meaningful comparisons between hospitals on domains that are important to consumers
2. Incentives for hospitals to improve their quality of care
3. Enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment
Rule 1: All activities of work must be specified according to:

- Content
- Timing
- Sequence
- Outcome
Rule 2: All connections between people are simple with direct yes/no response
**Rule 3:** Pathways are simple and involve as few steps and people as necessary

Rule 4: Continuous Improvement

- Direct response to a problem
- As close to the problem as possible (in time and person)
- All change is first tested as an experiment
- All redesign is done by those doing the work
- Supported by a coach
Waste - Muda

1. Confusion*
2. Motion
3. Waiting
4. Processing
5. Inventory
6. Defects
7. Over-production
Current State – Step by Step

Step 1: Observe

Step 2: Map

Step 3: Collect Data

Step 4: Validate
Observation is Crucial!

People’s minds are changed through observation and not through argument.

~~Will Rogers

All work redesign is based on DIRECT OBSERVATION OF THE WORK

NOT how you think it is or how you believe it should be or what the policy says it is…

Current State: what is actually occurring
Step 1: Observe

Observation Sheet

- Be quiet – stay in the background
- Document everything
- Ask questions – Socratic Why?
- Validate observation
- Maintain neutral mindset
Step 2: Visualize Workflow

A visual representation of a process:

- A series of actions, steps, or tasks performed to deliver a service or product

- Defines:
  - Beginning of process
  - End of process
  - All actions/steps/tasks in-between

- Defines who does what where

- Measures what is

Step 2: Visualize

Swim Lane Diagram

Workflow Mapping Flowchart

Value Stream Map
Step 2: Visualize Workflow

Types of Work Flowcharts:

- Workflow Mapping Flowchart
  - For step by step instructions visit:

- Swim Lane Diagram
  - Distinguishes job sharing and responsibilities for sub-processes

- Value Stream Map
  - Steps that occur from the time of the request for a product or service through the delivery of that product or service
  - Clearly indicates the flow of process steps, or sets of activities (both value-added and non value-added) required to deliver the requested service or product
Step 2: High-Level Workflow

Swim Lane Diagram

- Bird’s eye view – 50,000 feet
- Project Level Scope
- Each box is a sub-process

Value Stream Map
Step 2: Detailed Workflow

Swim Lane Diagram

- Detailed view – 500 feet
- Process Level Scope

Value Stream Map
Step 2: Swim Lane Diagram

Inpatient Medication Process

Discharge Medication Process
Step 2: Value Stream Map

Inpatient Medication Process

Discharge Medication Process
Step 2: VSM – Request Phase

Discharge Med Rec
- MD compares patient meds with PAML

Discharge Med Order
- MD orders discharge meds using inpatient med list and PAML

Discharge Summary
- MD incorporates PAML & discharge meds into final discharge summary
- RN reviews discharge meds with PAML – notifies MD if discrepancy
- RN signs off electronically that PAML has been reviewed at discharge

Patient Education
- RN reviews discharge meds with patient and/or caregiver
- RN generates EMR post hospital care plan (including discharge med list)
- RN gives patient and/or caregiver paper copy of discharge med list (NOT PAML to avoid confusion)

Patient Care Referral / Discharge
- For patients referred to SNF or rehab facility
  - RN generates patient care referral form containing both PAML and discharge med list
  - Send referral to appropriate: SNF, rehab
- Care Coordinator schedules follow-up visits
- Patient Discharged

Name: T. Sabin
Date: 06.15.16
Process: Discharge Medication Process

Total Time: 10,380 mins
Value Quotient = PT/TT
1% = 63/10380
Step 2: VSM – Process Boxes
Step 2: VSM – Process Boxes

- Process boxes indicate each step required to fulfill the request.
- Each process box indicates the start and stop of a particular set of activities that complete the step.
- Capture when nothing is happening = No Change
Step 2: VSM – Data

Discharge Med Rec
- MD compares patient meds with PAML

Discharge Med Order
- MD orders discharge meds using inpatient med list and PAML

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- Care Coordinator schedules follow-up apts.
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Value Question: PT/TT
1% = 63/10380

Total Time: 10,380 mins
Step 2: VSM – Example
Step 3: Data Collection

Create an *understanding* of current state

- **Recommend 30 data sets**
  - Statistical significance

- **Use common sense**
  - How many events are needed to truly understand the process?
  - Is a snapshot enough or do you need a selection of data over time?
  - How many event observations are realistic given time constraints?
    - Simulate? Role play?
  - Can others help with data collection?
Step 3: Data Collection

- Data elements match process boxes on VSM
- Identify first and last activity for each box
- Use clear, descriptive terms
  - Print on bright colored paper
- Validate understanding with staff who will collect data
- Calculate the delay/wait times
- Use consistent time measurement throughout
  - Minutes, hours, days
Step 3: Data Collection Tool

Log into EHR

Compare active patient meds with PAML

Begin discharge meds order

Complete discharge meds order

Add PAML/discharge meds into final discharge summary

RN signs off on PAML reviewed at discharge

Review discharge meds with patient

Provide patient discharge med list

Generate patient care referral form

Discharge patient

Call patient for post-discharge follow-up

Update patient record

Sample #

Notes

Initials
Step 3: Data Collection Tool

- Log into EHR
- Compare active patient meds with PAML
  - Initials
- Begin discharge meds order
  - Initials
- Complete discharge meds order
  - Initials
- Add PAML/discharge meds into final discharge summary
  - Initials
- RN signs off on PAML reviewed at discharge
  - Initials
- Review discharge meds with patient
  - Initials
- Provide patient discharge med list
  - Initials
- Generate patient care referral form
  - Initials
- Discharge patient
  - Initials
- Call patient for post-discharge follow-up
  - Initials
- Update patient record
  - Initials
Step 3: Validate

- Allows every worker to participate in the improvement, *in the course of work*
  - Validate with all affected staff and customers – front line, administration, patients, IT, etc.
- Insures truth in understanding
- Captures potential flaws in improvement
- Aligns culture and strategy
- Breeds mutual respect
- Builds relationships
- Checks safety
Homework

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

dhunter@ncha.org

• Observe Process (Observation Sheet)
• Visually depict current state (VSM/Flowchart)
• Collect and analyze data (Data Collection Tool)
• Validate with affected workers (patients too)
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Thank you!!