1115 Healthcare Transformation Waiver
Statewide Learning Collaborative Summit

The 4 “P”s of Improvement
September 10th, 2014

David Munch M.D.
SVP Chief Clinical Officer
Healthcare Performance Partners
Develop “True North” and align the organization to that pursuit

Strategy development and deployment
Develop systems and structures

Develop and support all staff in continuous improvement
Grow your capacity for improvement through Coaching
Create the Environment for Continuous Improvement
This is Leadership's most important job

Engage staff in surfacing and solving problems
A3 Problem Solving
Safety Culture

The 4 P's of Continuous Improvement

Problem Solving

Purpose

Process

People

Eliminate waste and make the right work easier to do
Leadership Standard Work
Visual Management
Rapid Improvement
5S
`Would you tell me, please, which way I ought to go from here?` Alice said. 
`That depends a good deal on where you want to get to,' said the Cat. 
`I don't much care where--' said Alice. 
`Then it doesn't matter which way you go,' said the Cat.
Line-of-Sight

5 year Strategic Plan

Site Annual Plan
Area Annual Plan
Dept. Scorecard
Plan
Improve
Manage
Daily Mgmt
Staff Goals

Tying the smallest behavior to the biggest goal
Vision

To be the preferred employer in the area and the provider of the highest quality care at the lowest cost with the best reputation for customer service in the region
## Inp-Med 5 Balanced Scorecard

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Area Outcome Indicator</th>
<th>Process Indicator</th>
<th>Staff Indicator</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Q4 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience and Customer</td>
<td>HCAPs (% of scores 9-10)</td>
<td></td>
<td></td>
<td>68.8%</td>
<td>33.0%</td>
<td></td>
<td>64.5%</td>
</tr>
<tr>
<td>Service</td>
<td>Likelihood to Recommend</td>
<td></td>
<td></td>
<td>86.3</td>
<td>79.8</td>
<td></td>
<td>87.9</td>
</tr>
<tr>
<td></td>
<td>Response to concerns and complaints</td>
<td></td>
<td></td>
<td>81</td>
<td>81</td>
<td></td>
<td>81.8</td>
</tr>
<tr>
<td></td>
<td>Staff addressed emotional needs</td>
<td></td>
<td></td>
<td>79.3</td>
<td>80.3</td>
<td></td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>Staff included pt in decision</td>
<td></td>
<td></td>
<td>80.4</td>
<td>75</td>
<td></td>
<td>82.7</td>
</tr>
<tr>
<td></td>
<td>Completeness of Careboards</td>
<td></td>
<td></td>
<td>96%</td>
<td>92%</td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>% of patients discharged by 2pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39%</td>
</tr>
<tr>
<td>Quality</td>
<td>Falls/1000 patient days</td>
<td></td>
<td></td>
<td>2.3</td>
<td>4.1</td>
<td></td>
<td>4.1</td>
</tr>
<tr>
<td></td>
<td>Fall Intervention</td>
<td></td>
<td></td>
<td>N/A</td>
<td>83%</td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Hospital Acquired pressure ulcers (% of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>hospital acquired)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skin prevention Interventions</td>
<td></td>
<td></td>
<td>62.0%</td>
<td>N/A</td>
<td></td>
<td>85%</td>
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<tr>
<td></td>
<td>Hospital Aquired Infections/1000 patient</td>
<td></td>
<td></td>
<td>0%</td>
<td>0%</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>% of staff performing hand hygiene</td>
<td></td>
<td></td>
<td>96%</td>
<td>98%</td>
<td></td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td>MDRO Education</td>
<td></td>
<td></td>
<td>55%</td>
<td>59%/74%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of Catheter related infections</td>
<td></td>
<td></td>
<td>0%</td>
<td>0%</td>
<td></td>
<td>0%</td>
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<tr>
<td></td>
<td>Readmission Rate</td>
<td></td>
<td></td>
<td>18.26%</td>
<td>N/A</td>
<td></td>
<td>15%</td>
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<tr>
<td>Employee Engagement</td>
<td>Morehead Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>awaiting results</td>
<td>Tier II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Vitality</td>
<td>Productivity Target</td>
<td>Hours Per Patient Unit (HPPU) % to budget</td>
<td>96%</td>
<td>94%</td>
<td>100%</td>
<td>100% orange = 85-95%</td>
<td></td>
</tr>
</tbody>
</table>
## Establishing Line of Sight – Examples

<table>
<thead>
<tr>
<th>Level</th>
<th>Focus Area - Quality and Safety</th>
<th>Focus Area – Financial Vitality</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Year Plan</td>
<td>Safest place to get care</td>
<td>Improve Core Systems and Processes (Operational Efficiency)</td>
</tr>
<tr>
<td>Organization Wide Annual Plan</td>
<td>Reduce hospital acquired infections</td>
<td>Optimize Revenue Cycle Opportunities</td>
</tr>
<tr>
<td>Department Electronic Scorecard</td>
<td>Time between hospital acquired infections</td>
<td>“Lag Days” Target (&lt;4)</td>
</tr>
<tr>
<td>Department Annual Plan</td>
<td>Improve hand washing and clean equipment compliance</td>
<td>Reduce Ambulance Billing Lag Days</td>
</tr>
<tr>
<td>Lean Daily Management System</td>
<td>Visual board with charts on HW and CE compliance, Pareto, A3 problem solving, standard work, auditing standard work, coaching</td>
<td>Visual Board with Process Indicator. Daily Charts on average number of claims/day and average time to process a claim, staffing flex plan if they are overloaded or short work.</td>
</tr>
<tr>
<td>Staff Standard Work</td>
<td>Participate in A3 problem solving and writing standard work. Comply with standard work regarding HW and CE compliance</td>
<td>Standard Work Map (standardize to approx. 8 minutes per claim/bill), Standard Work that utilizes best practice (i.e. eliminated “over searching” for insurance/registration)</td>
</tr>
</tbody>
</table>
Vision of Planning and Review Structure at Denver Health

- Three to Five Year Strategic Plan
- Organization Wide Annual Improvement Plan
- Area Annual Improvement Plans
  Service Lines, Departments, Clinics, etc.
- Electronic Scorecards
  Board, Board Committees, All Plans, All Areas
- Lean Visual Management Boards
  All Areas
- High Impact Area Visual Management Boards
- Single Point Accountability Daily Huddles
- Support Card
  (Selected Support Areas within the Organization)
Process

• Make the Right Work Easier to Do
  - Take Waste out of your Processes
• Improve Flow
• Standardize
• Create Situational Awareness
  - Measurement
  - Observation
• Respond to problems
Current and Future State Process Map
Improvement Starts with Situational Awareness

• Problem: “We Need More Computers”
• Let’s go See
• 4 WOW’s don’t work
• 3 Wall Mount Computers very difficult to use
• What was the real problem?
Sensitivity to Operations

• You cannot see the abnormal until you have established the normal.

![Diagram showing the relationship between probability, time, defect, and harm or damage.]

Adapted from slide by John Shook: U. Michigan
Performance Board

History
Performance Over Time

Example: Run Chart

Example: Run Chart

Example: Run Chart

Example: Run Chart

Example: Run Chart

Pareto
Key Drivers of Performance

Example: Pareto Chart

Example: Pareto Chart

Example: Pareto Chart

Example: Pareto Chart

Example: Pareto Chart

Problem Solving

Example: A3

Example: A3

Example: A3

Example: A3

Example: A3

Daily Management
Process Metric

Example: Daily data

Example: Daily data

Example: Daily data

Example: Daily data

Example: Daily data

Quality/Safety

Patient Experience

Cost of Care

People and Partners

Financial Sustainability

History
Performance Over Time

Example: Run Chart

Example: Run Chart

Example: Run Chart

Example: Run Chart

Example: Run Chart

Pareto
Key Drivers of Performance

Example: Pareto Chart

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Example: Pareto Chart

Problem Solving

Example: A3

Example: A3

Example: A3

Example: A3

Example: A3

Daily Management
Process Metric

Example: Daily data

Example: Daily data

Example: Daily data

Example: Daily data

Example: Daily data

Quality/Safety

Patient Experience

Cost of Care

People and Partners

Financial Sustainability
What is your Target Condition?
What is your Current Condition?
What is working well?
What are your gaps?
What is your next step?
What do you need from me?
Our love affair with “Best” Practice

• Copying others does not make an organization adaptive and continuously improving

• The solutions others developed is not nearly as important as how they developed them.

• Context + Mechanism = Outcome

Pawson and Tilley; Realistic Design

“Benchmarking will be the downfall of western civilization”
W. Edwards Deming
People
Stop Wasting Your Most Important Asset

• Alice through the Looking Glass: The Garden of Live Flowers,… said the Red Queen,

• “Now, here, you see, it takes all the running you can do, to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that!”
“We are Leaders in an industry that we are not sure we understand”

• Healthcare has become so complex that “command and control” no longer works.
• We have the most educated staff of all industry yet we do not take advantage of their wisdom.
  – Timothy Porter-O’Grady

• Leaders must develop those for whom they are responsible so that the organizational capacity to be self-correcting, self-improving, and self-innovating is distributed and practiced widely and consistently
  – Steven Spear
An Elegant Model of Leadership

• **Go see**: Visit the point where value is actually being created; verify the situation

• **Ask why**: What is the problem? What are possible solutions?

• **Show respect**: Assign clear responsibility for every process and problem; ask questions about people’s work.

Fujio Cho: Chairman Toyota Motor Company
The System of Continuous Improvement:

Executive Leadership
- Strategy Deployment
- Coaching and Developing Managers
- Leadership Standard Work (Executive)
- Org Dev. & Learning

Middle & Front Line Management
- Visual Management
- A3 Deployment
- Coaching and People Development
- Leadership Standard Work (Manager)

Front Line Staff
- Standard Work
- Surfacing & Solving Problems
- Participate in Improvement

Continuous Improvement and Operational Excellence

Improve Process & Performance while Developing People: “Learn by Doing”
The Power of Coaching
JCAHO Transforming Care

Hand Hygiene Independent Observation Audits
Monthly Composite Results

Understanding The Problem
Manager Coach Training
Manager Coaching

Percent Compliance

Dec-08 Jan-09 Feb-09 Mar-09 Apr-09 May-09 Jun-09 Jul-09

Hand Hygiene Goal

50% 60% 70% 80% 90%
Outcome Measures
Does all this washing make a difference?

HAI Prevalence Correlated with Hand Hygiene Compliance

- HAI Prevalence per 1,000 pt days
- Hand hygiene percent compliance
Physician Engagement Framework

Finding Common Ground
Shared Purpose

Mutual Exchange of Value

Respect Their Time
Physician Sponsor Model

Provide Good Data & Respectful Feedback

A Partnership
Problem Solving

Every Problem has a Simple Solution that is Wrong
Middle Manager in Crises
A3 Thinking/ A3 Problem Solving

<table>
<thead>
<tr>
<th>Business Case</th>
<th>Future State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
<td><strong>Solution</strong></td>
</tr>
<tr>
<td><strong>Current State</strong></td>
<td><strong>Action</strong></td>
</tr>
<tr>
<td><strong>Cause</strong></td>
<td><strong>Measure</strong></td>
</tr>
</tbody>
</table>

a.k.a. The Scientific Method
Thank you