From Chaos to Clarity:

A Lean Culture Transformation in Rural America

40th Annual Oregon Rural Health Conference
October 13, 2023

GOOD SHEPHERD
HEALTH CARE SYSTEM

Presenters

Jodi Thompson

RN, CRHCP

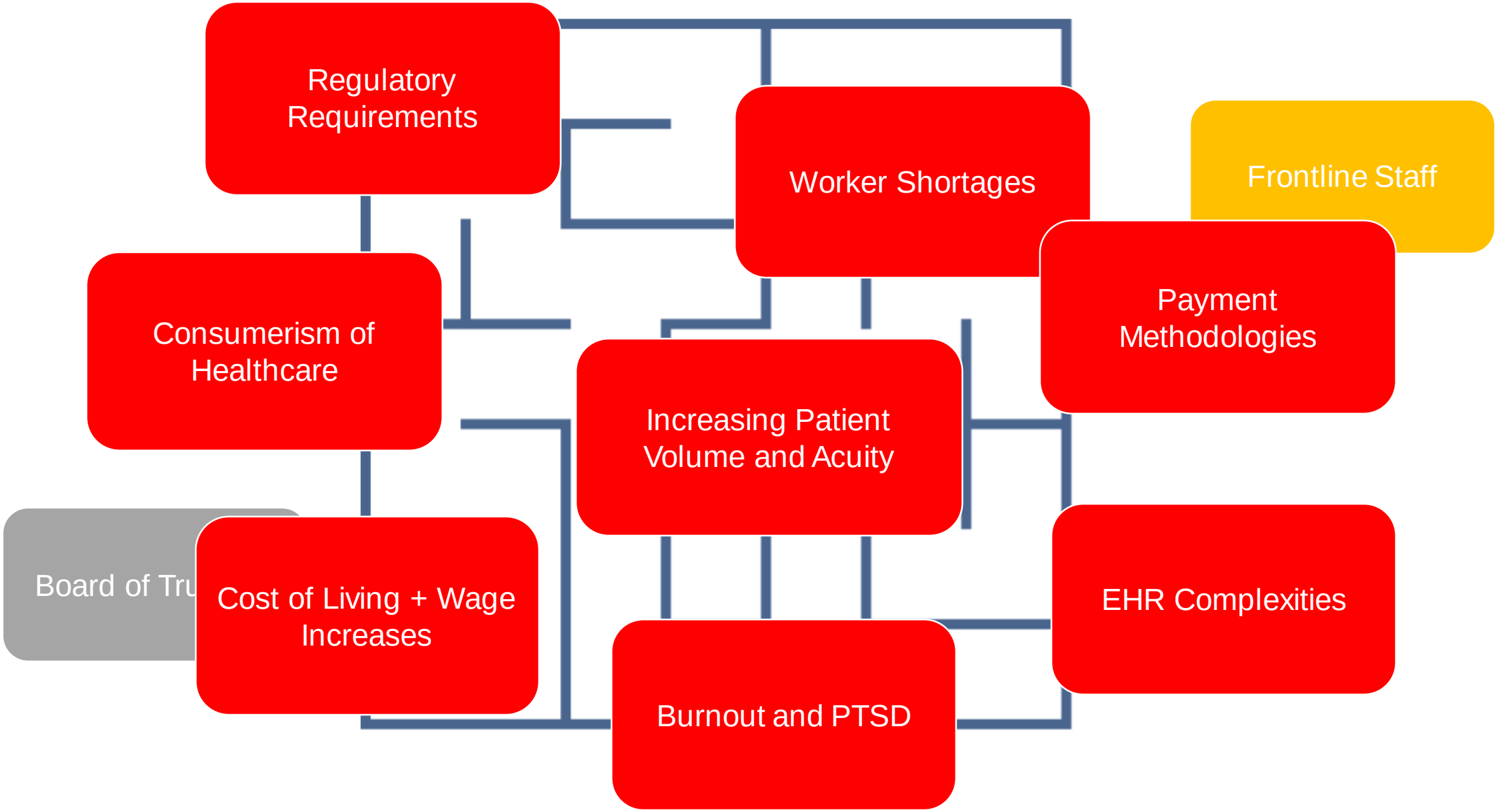
- 15 years of healthcare experience
- Associates in Nursing
  - Blue Mountain Community College
- Certified:
  - Lean
  - Rural Health Clinic Professional (CRHCP)

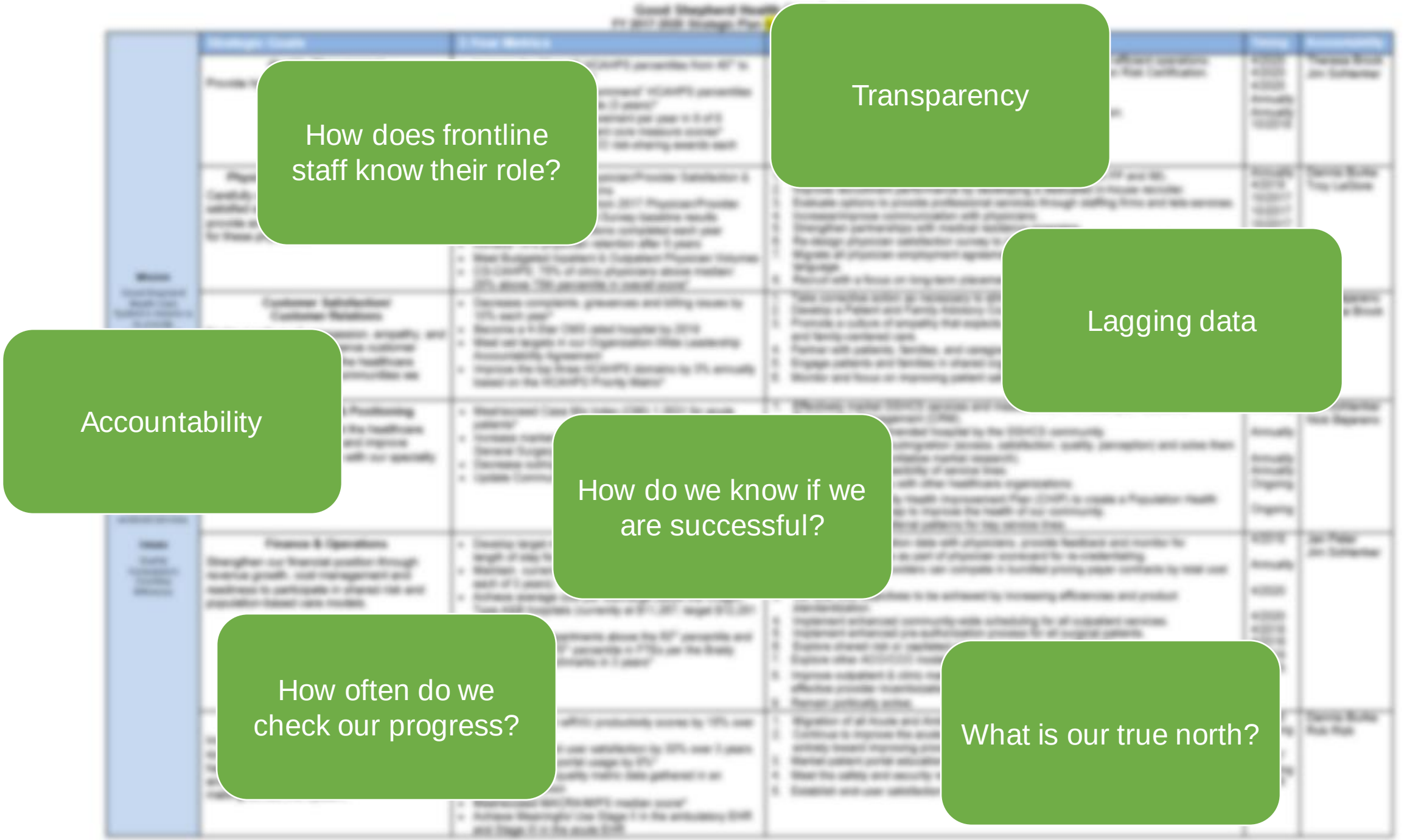
Devin Goldman
MSHM, CPHQ, CPXP, CRHCP

- 9 years of healthcare experience
- Master of Science in Healthcare Management
  - Oregon Health and Science University
- Certified:
  - Lean
  - Epic Cogito Analyst
  - Healthcare Data Analytics
  - Professional in Healthcare Quality (CPHQ)
  - Patient Experience Professional (CPXP)
  - Rural Health Clinic Professional (CRHCP)

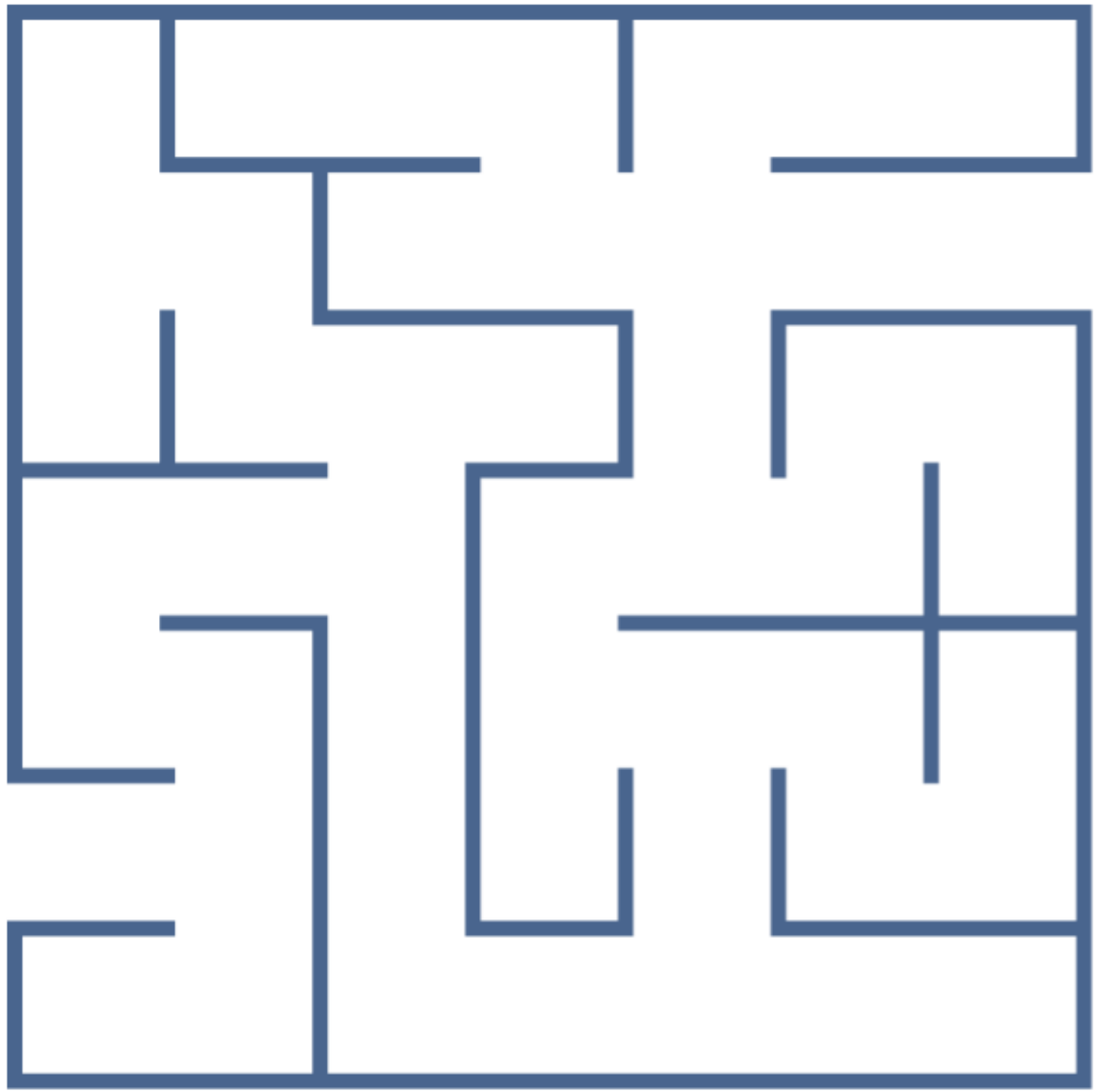
Presentation Description

- Operationalizing the strategic plan
- Lean methodology
- Alignment of goals
- Implementation of a top quality management system
- Optimization of processes to improve outcomes


Regulatory Requirements
Worker Shortages
Frontline Staff
Consumerism of Healthcare
Payment Methodologies
Increasing Patient Volume and Acuity
Board of Tru
Cost of Living + Wage Increases
EHR Complexities
Burnout and PTSD

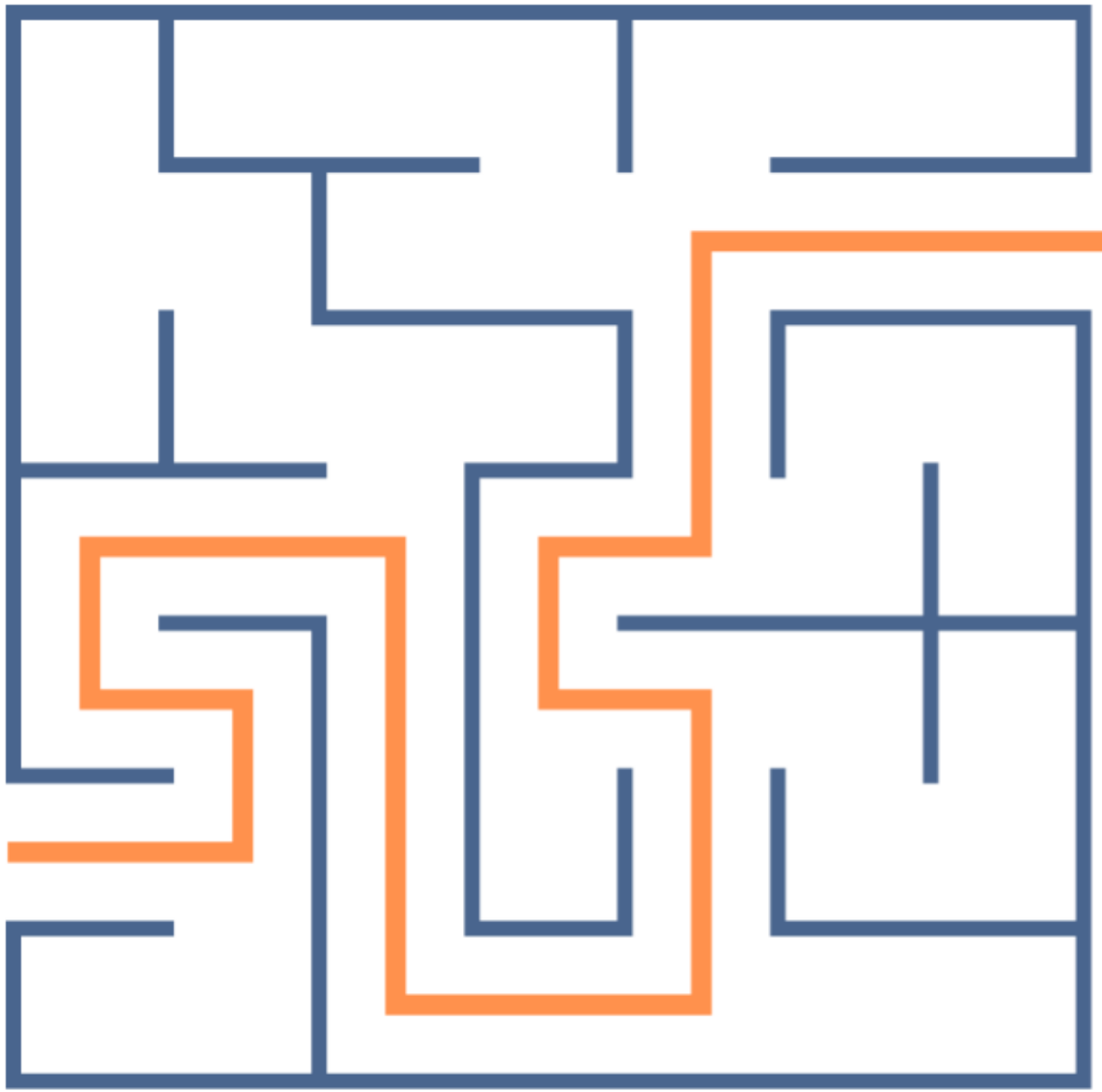

How does frontline staff know their role?
Transparency
Accountability
Lagging data
How do we know if we are successful?
How often do we check our progress?
What is our true north?

Frontline Staff



Board of Trustees

Board of Trustees



Frontline Staff

N
DEFINE TRUE NORTH
ALIGNMENT OF GOALS
REFINE QUALITY MANAGEMENT SYSTEM
KAIZEN
STANDARD WORK FOR STANDARD PROCESSES

N
DEFINE TRUE NORTH

Provide dependable, safe, quality healthcare and wellness services.

Strengthen our financial position through service line prioritization, departmental cost management efficiencies, and readiness to participate in shared risk/ population-based care models.

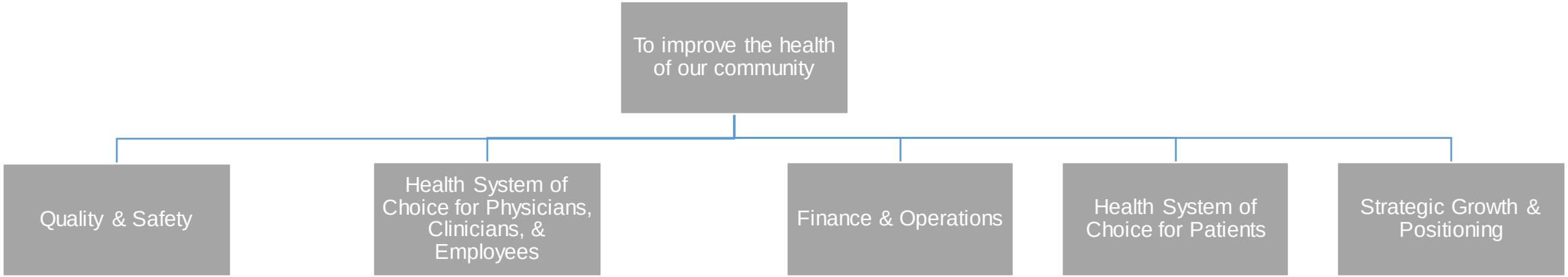
Provide and facilitate access to services that meet the healthcare needs of our service area.

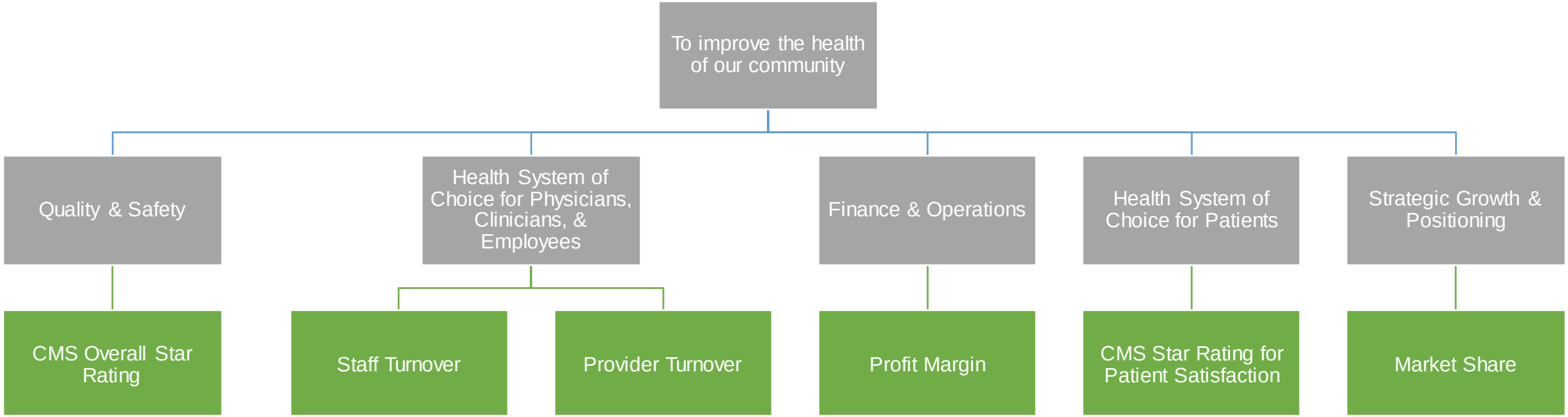
Achieve and maintain an exceptional practice environment that promotes skilled and engaged physician/ clinician staff and a loyal referral base.

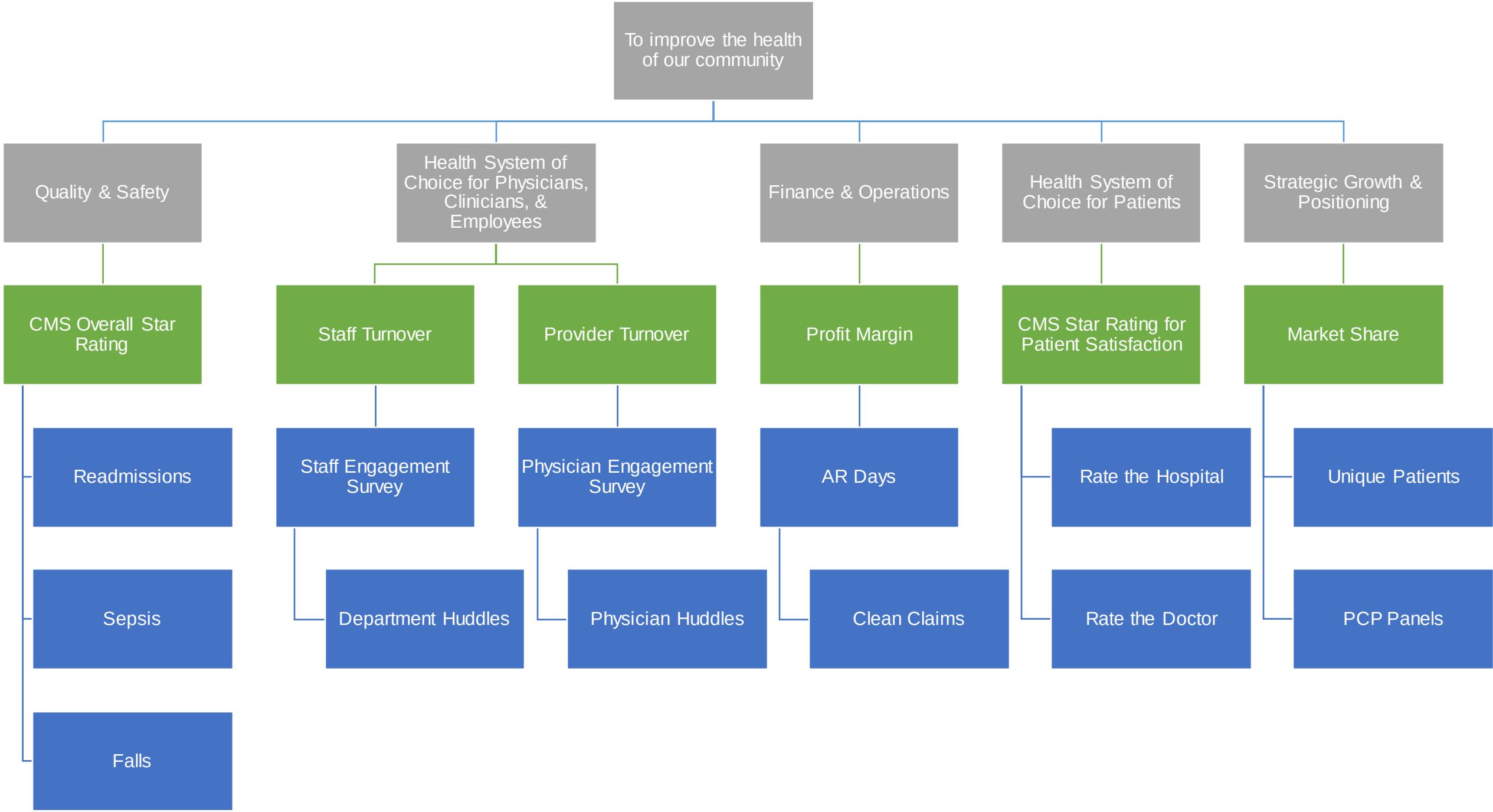
Foster a culture of compassion, empathy and service excellence to enhance customer experience and become the healthcare system of choice for the communities we serve.

To improve the health
of our community

ALIGNMENT OF GOALS


To improve the health of our community
Quality & Safety
Health System of Choice for Physicians, Clinicians, & Employees
Finance & Operations
Health System of Choice for Patients
Strategic Growth & Positioning


To improve the health of our community
Quality & Safety
Health System of Choice for Physicians, Clinicians, & Employees
Finance & Operations
Health System of Choice for Patients
Strategic Growth & Positioning
CMS Overall Star Rating
Staff Turnover
Provider Turnover
Profit Margin
CMS Star Rating for Patient Satisfaction
Market Share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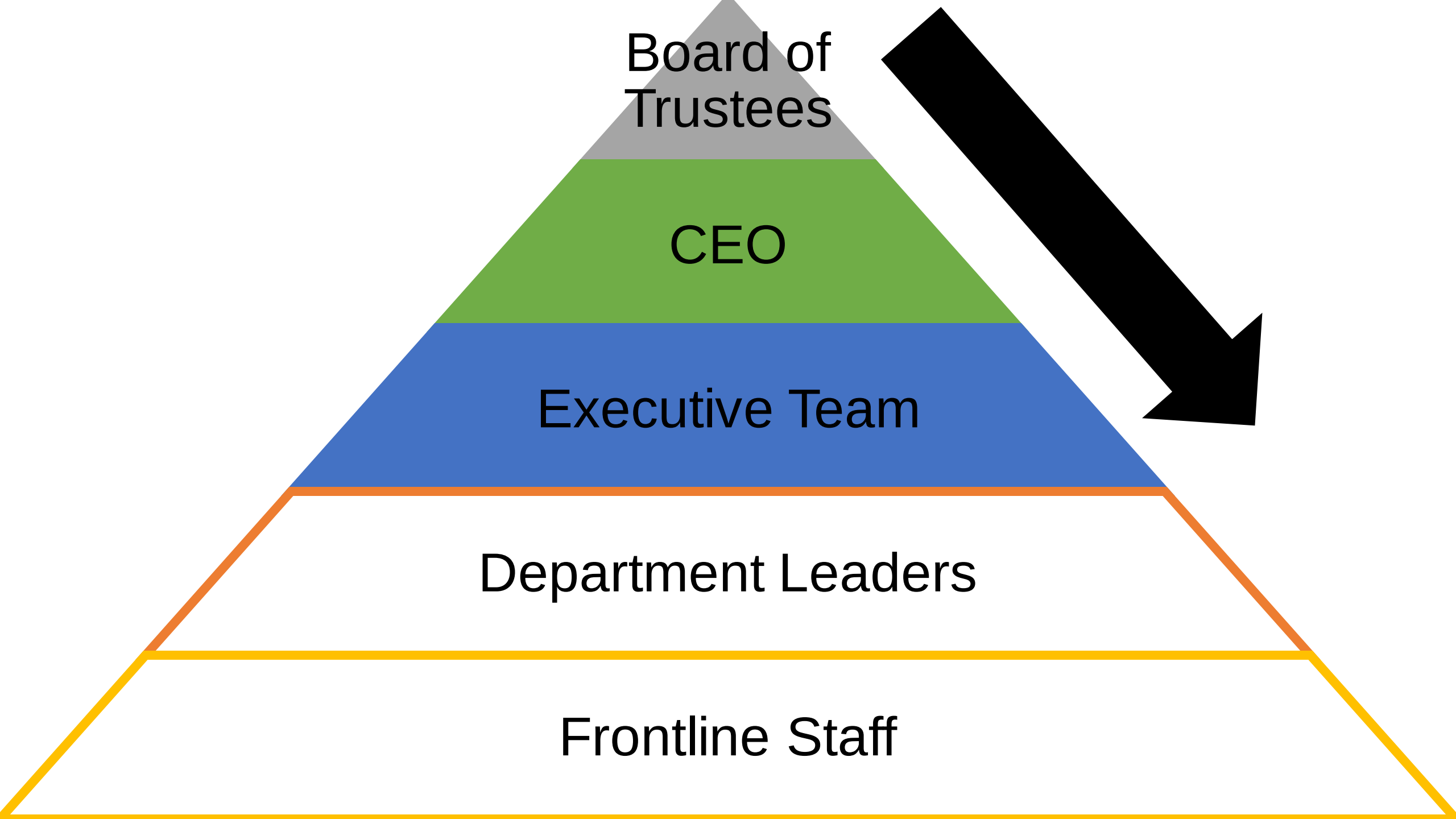
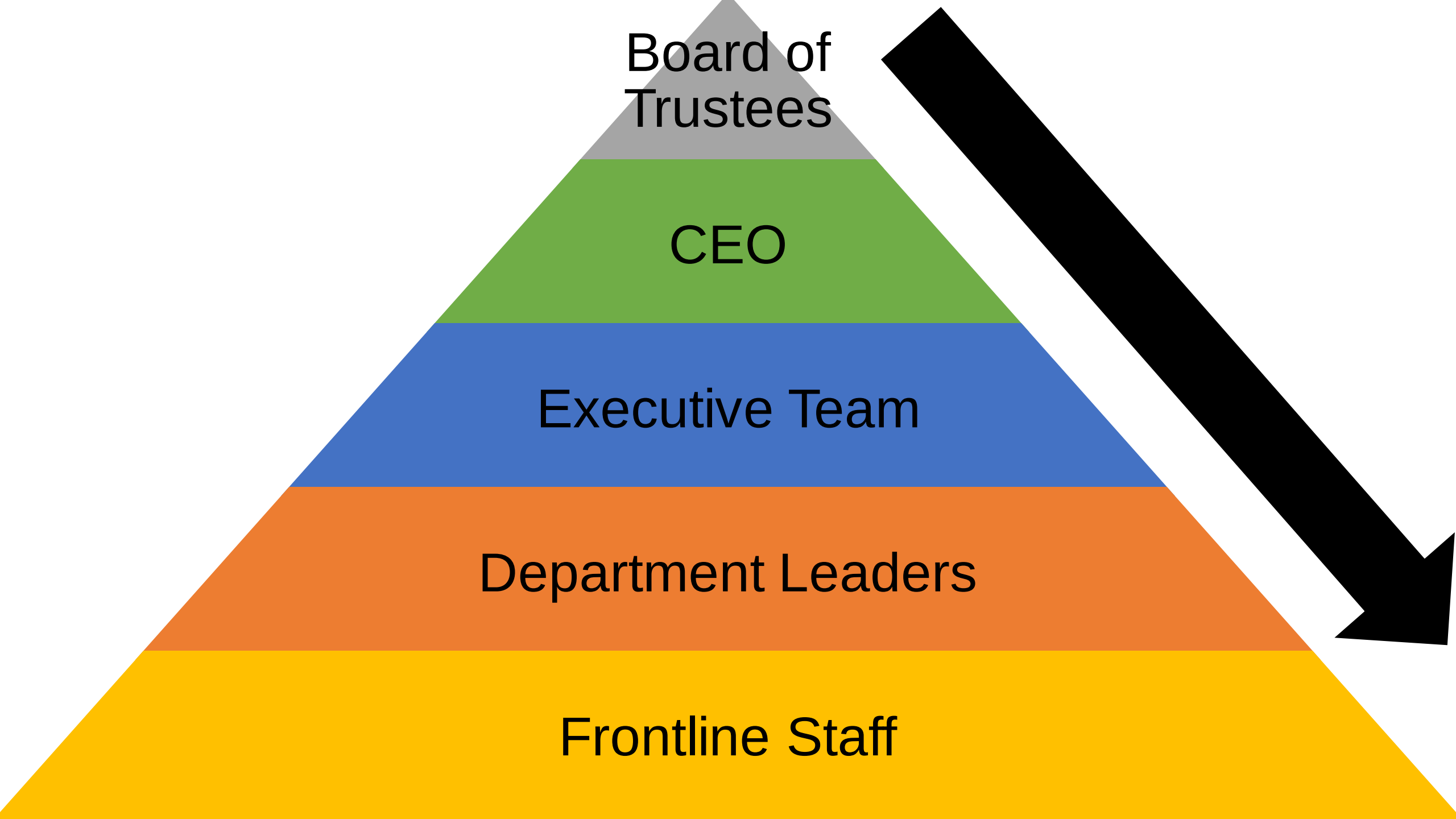
CMS Star Rating for Patient Satisfaction
Market Share
Readmissions
Staff Engagement Survey
Physician Engagement Survey
AR Days
Rate the Hospital
Unique Patients
Sepsis
Department Huddles
Physician Huddles
Clean Claims
Rate the Doctor
PCP Panels
Falls


Board of Trustees
CEO
Executive Team
Department Leaders
Frontline Staff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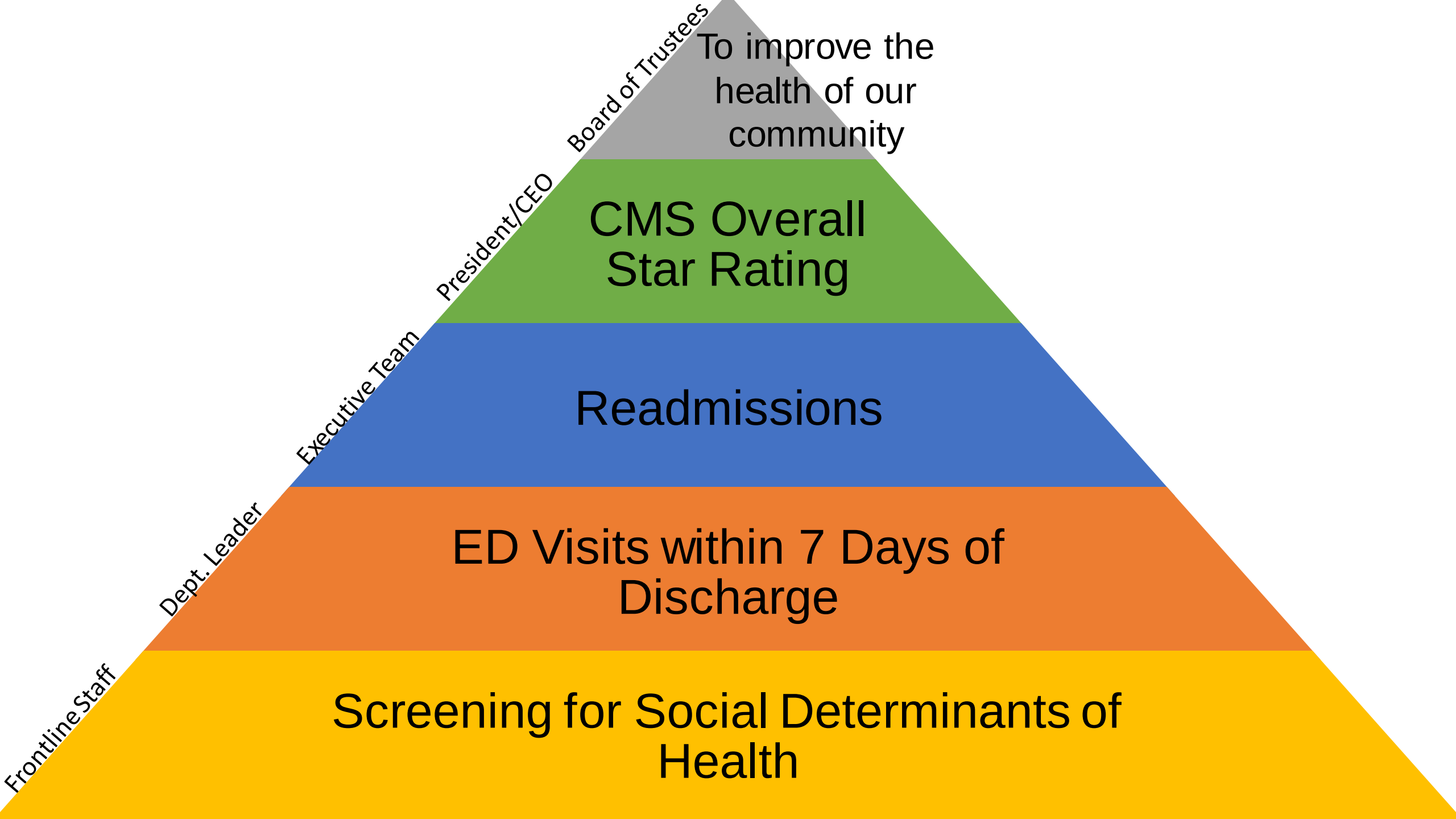

Board of Trustees
To improve the health of our community
President/CEO
CMS Overall Star Rating
Executive Team
Readmissions
Dept. Leader
ED Visits within 7 Days of Discharge
Frontline Staff
Screening for Social Determinants of Health

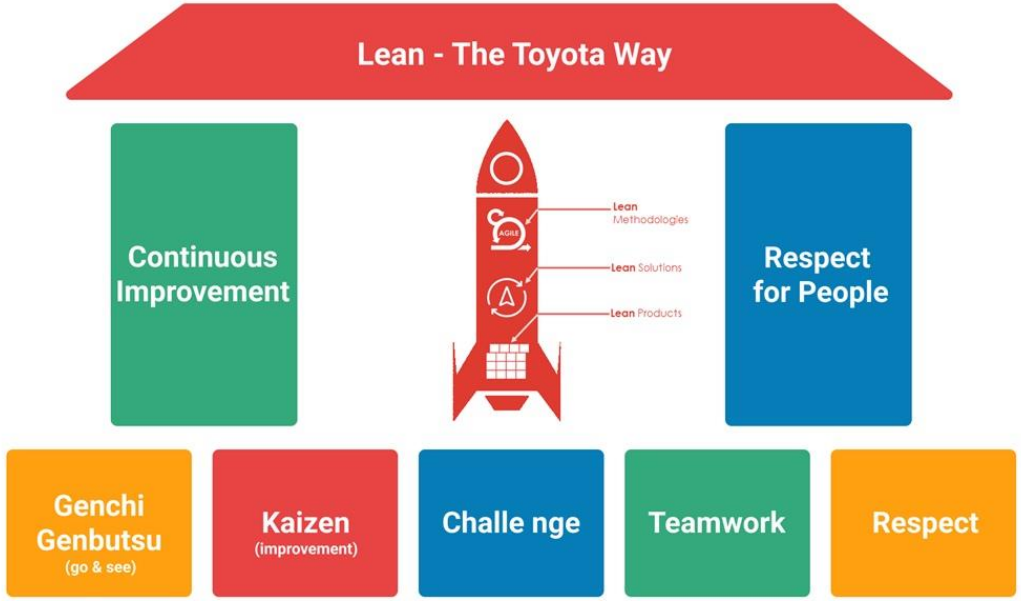
LEADING METRICS
PLAN
LABORATORY: Outpatient Services – Registration
LABORATORY: Turnaround Time
PHARMACY: HCAHPS Comm. about Medicines
PHARMACY: Medication Oversight Group
SPEECH THERAPY: Stroke Inpt Reassess within 48 hrs
Brian Patrick
VP of Nursing
ANESTHESIA: Verbal Orders Signed within 48 Hours
CANCER CENTER: OP-35 Chemo Admissions, ED Visits
CANCER CENTER: Oncology Survey – Nursing
CARDIOPULM REHAB: 30/60/90 Report Completion
CARDIOPULM SERVICES (RT): Therapist Driven Protocols
CASE MNGMT: Continued Stay Utilization Review
CONNEXIONS: Post Discharge Referrals
EMPLOYEE WELLNESS: Wellness Program Enrollment
FOUNDATION: Friends of Foundation
HUMAN RESOURCES: Culture of Safety
MRKTING & COMMUNICATIONS: Website Traffic
MRKTING & COMM: New Patient Conversions
NUTRITION SERVICES: HCAHPS Nutrition Q's
VOLUNTEERS: % of Staffed Entrances
Sam Perry
VP of Clinics
GSMG ENDOCRINOLOGY: # of Referrals

REFINE QUALITY MANAGEMENT SYSTEM

KAIZEN

STANDARD WORK FOR STANDARD PROCESSES

Lean Methodology



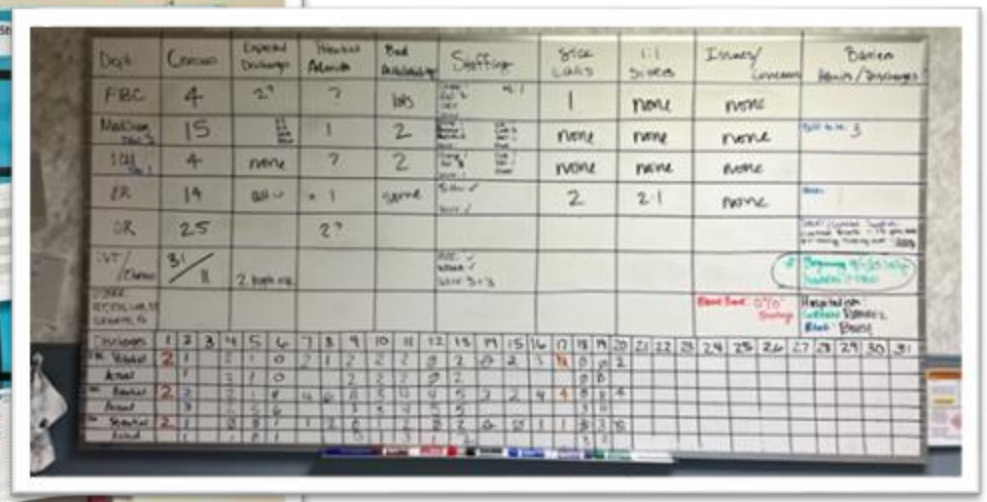
- Reducing waste, reducing variation
- Adding value
- Efficiency
- Respect for people
- Reducing the burden of the work on the worker
- Is not financially motivated but is financially beneficial

Diagram: https://microbiology.github.io/blog/toyota-way-science/

Kata & Gemba

Health System of Choice for Patients and Providers
Customer Experience
Resource Issues
Performance Metric
Department Updates
FYI Department
FYI Hospital
Service Recovery
Hospital Updates
Prioritized DO tis
Department
ABILITY

Strategic Plan Focus Area
Quality & Safety
Physician & Clinician Partners
Health System of Choice for Patients & Providers

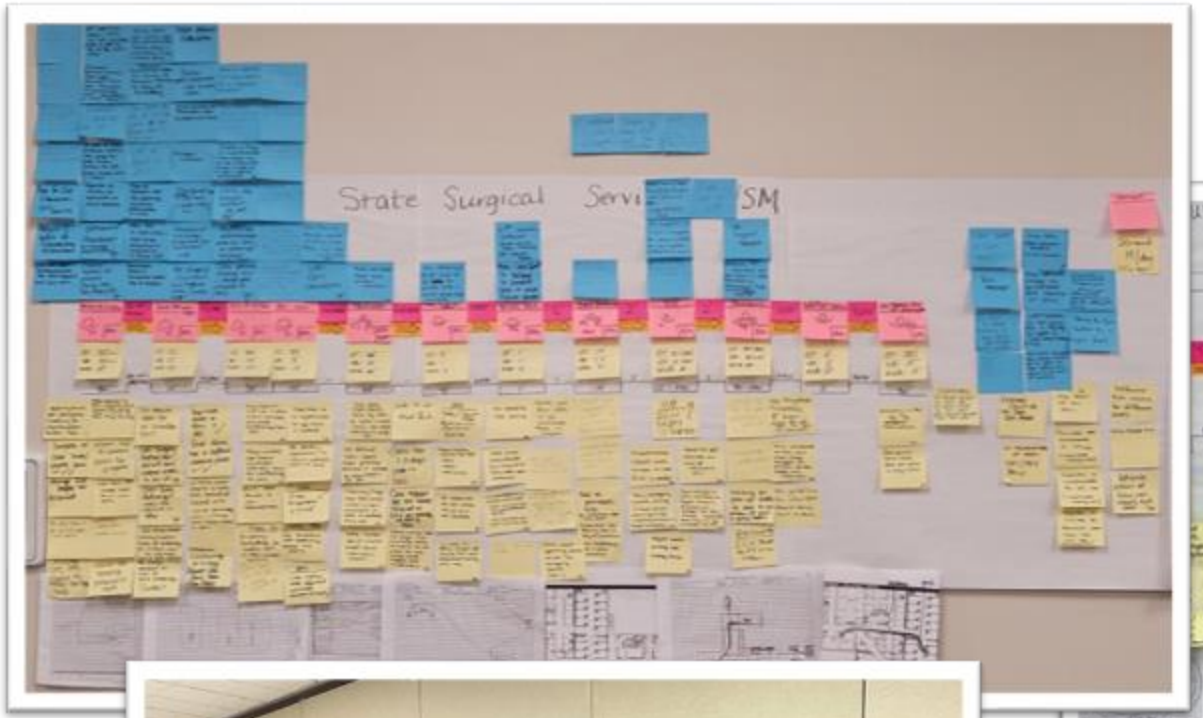


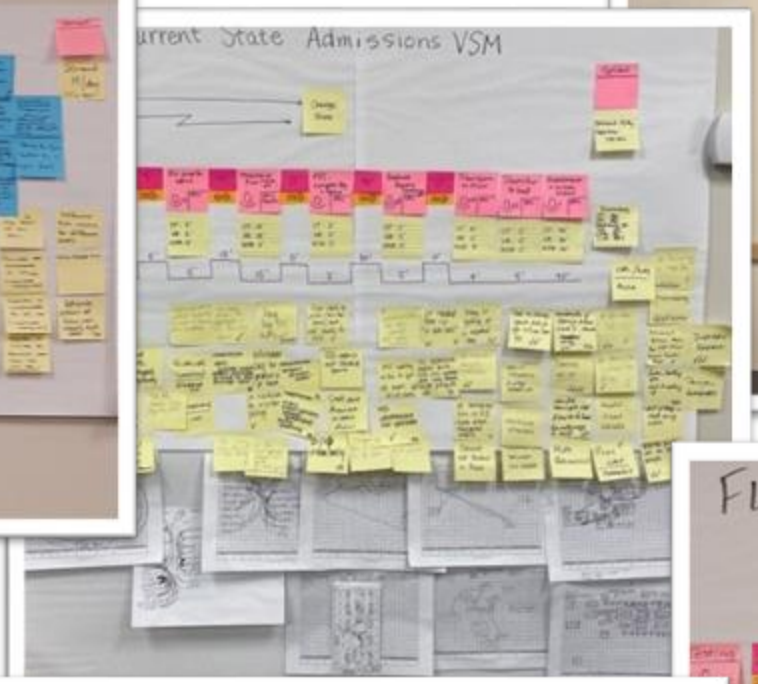
SEPTEMBER

KAIZEN

Since June 2021:

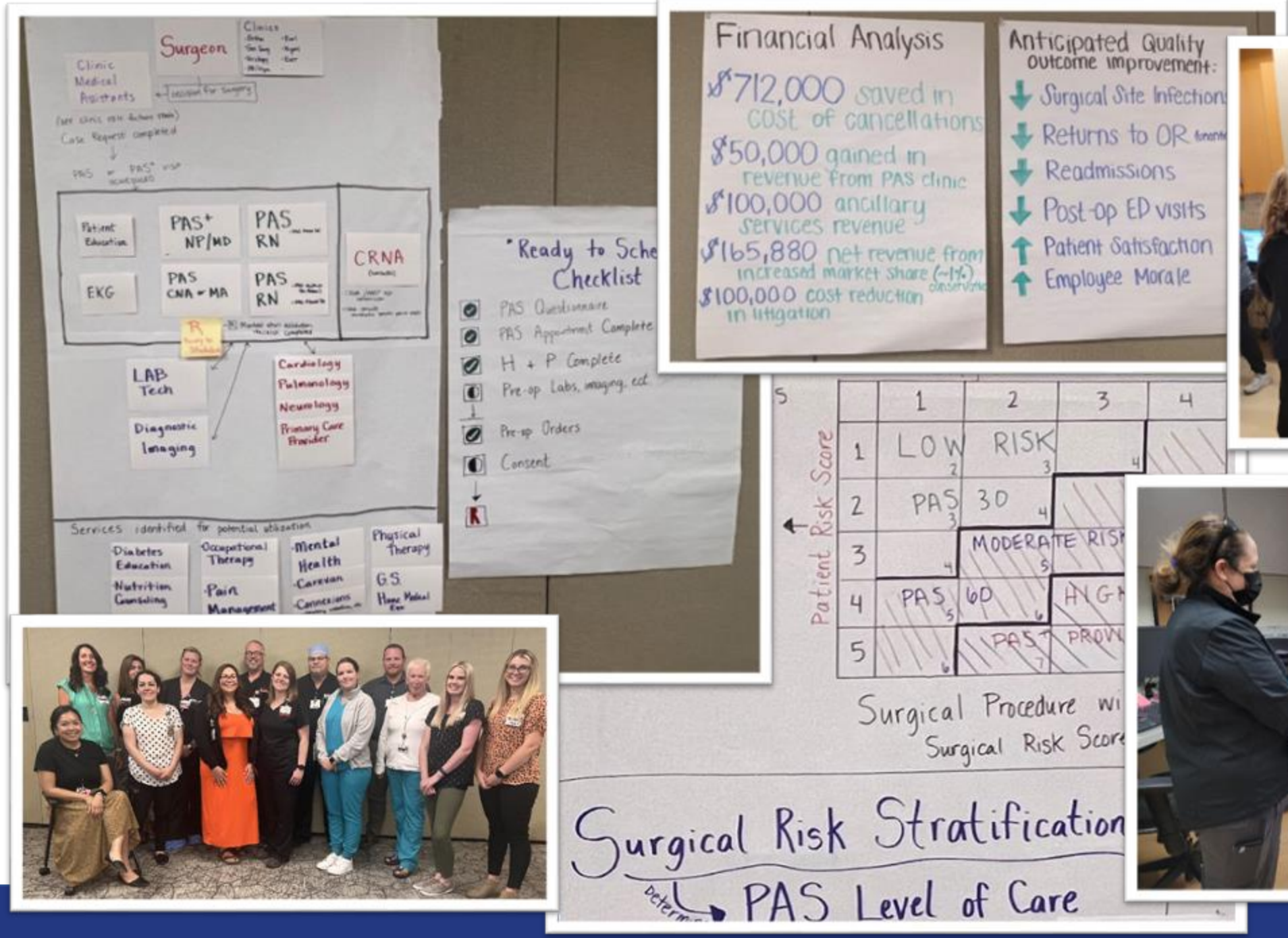
- 3 value stream mapping events
- 12 kaizen events
  - Emergency Department
  - Med/Surg
  - Surgical Services


State Surgical Servi SM


urrent State Admissions VSM

Delamarter's 5 D's
Disposition
Delivery
DME
Drugs
Delays

FUTURE STATE SURGICAL SERVICES


Surgeon
Clinic Medical Assistants
Patient Education
PAS+ NP/MD
PAS RN
EKG
PAS CNA + MA
PAS RN
CRNA
LAB Tech
Diagnostic Imaging
Cardiology
Pulmonology
Neurology
Primary Care Provider
Services identified for potential utilization
Diabetes Education
Nutrition Counseling
Occupational Therapy
Pain Management
Mental Health
Physical Therapy
G.S.
Ready to Sche
Checklist
PAS Questionnaire
PAS Appointment Complete
H + P Complete
Pre-op Labs, imaging, ect
Pre-op Orders
Consent
Financial Analysis
$712,000 saved in cost of cancellations
$50,000 gained in revenue from PAS clinic
$100,000 ancillary services revenue
$165,880 net revenue from increased market share (~1%)
$100,000 cost reduction in litigation
Anticipated Quality outcome improvement:
Surgical Site Infections
Returns to OR
Readmissions
Post-op ED visits
Patient Satisfaction
Employee Morale
Patient Risk Score
1
2
3
4
5
LOW RISK
PAS 30
MODERATE RISK
PAS 60
Surgical Procedure
Surgical Risk Score
Surgical Risk Stratification
PAS Level of Care

https://www.kidzworld.com/article/30704-losing-someone-you-love-the-effects-of-grief/

STANDARD WORK FOR
STANDARD
PROCESSES

Stroke Pit Stop

Definition: A pit stop is a 3–5-minute stop when the patient checks into the ER or when a patient arrives by EMS.

Pit Stop Time: 3-5 minutes then transferred to CT

Team Composition: Any of these combinations but must be at least 3 members: 2 RNs (Pivot, Triage, Primary RN, ED Tech, and Lab Tech)

Pre-assign roles daily to avoid confusion as to w is doing what task each time.

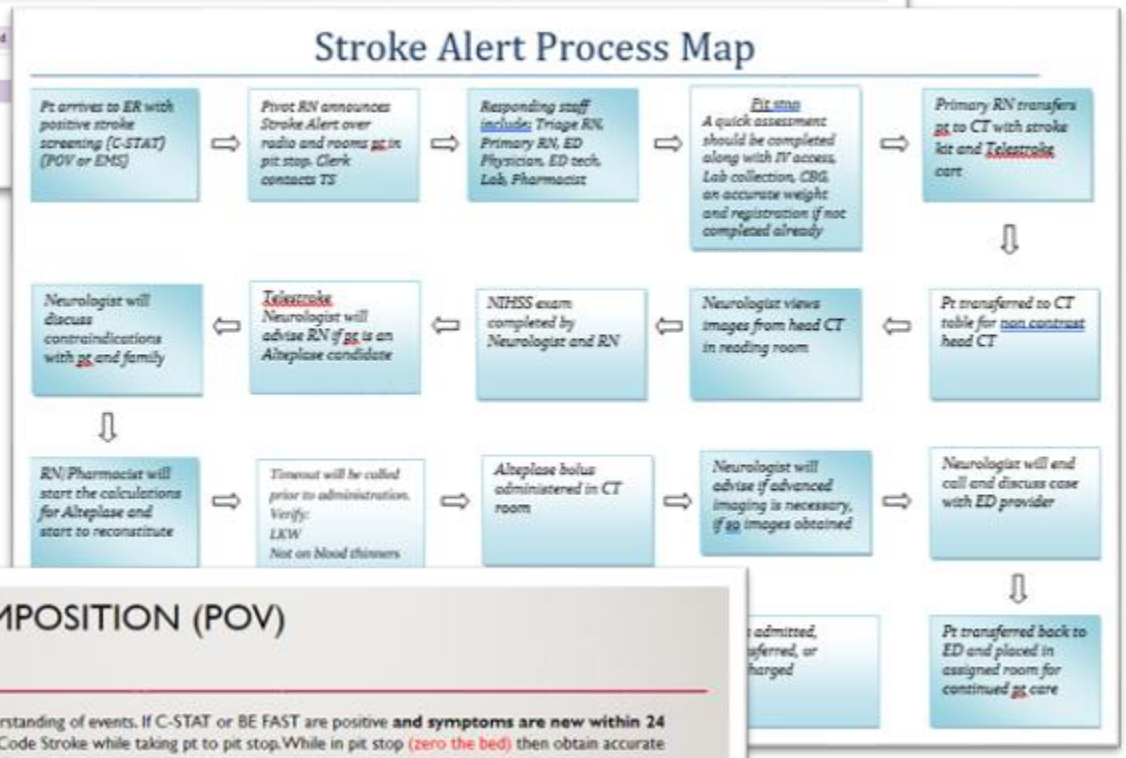
- First at pit stop (Triage) becomes the timekeeper and announces time to trans to CT

Patients Excluded:

-patient comes in as a "Code blue"
-ABC instability

Pit Stop Steps

1. Pt arrives via EMS or walk-in and taken into Pit Stop zone
2. Quick registration if able, or do this through window in pit stop area
3. Pt taken directly to Pit Stop (triage 2)
4. Staff obtain vitals, establish IV access, collect labs (EPOC) and weight patient
5. ED physician and primary RN co… quick exam for stability and neu…
6. Stroke Alert Order Set initiated
7. TeleSpecialists physician should… background for observation (ac… ASAP on arrival or when EMS ca… report)



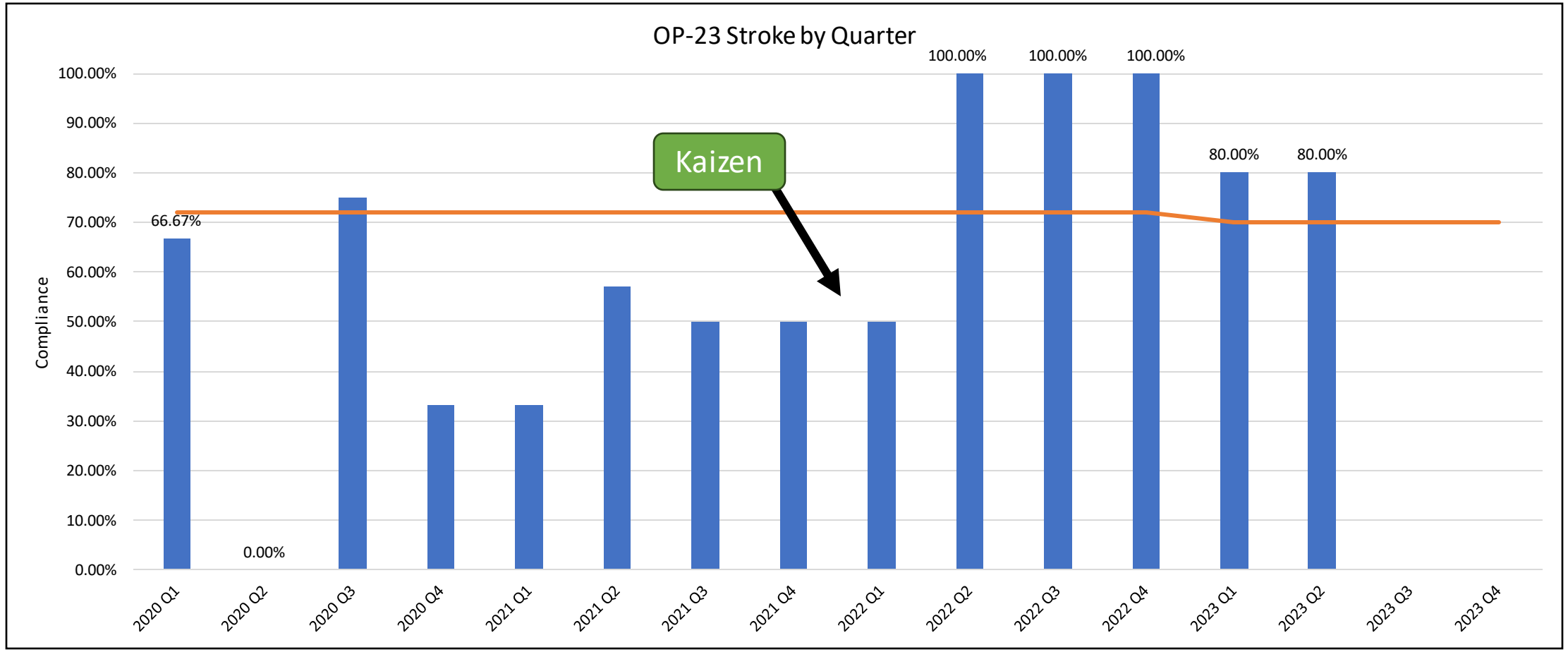
TEAM COMPOSITION (POV)

- **Pivot RN**: Gain understanding of events. If C-STAT or BE FAST are positive **and symptoms are new within 24 hours or less**, call a Code Stroke while taking pt to pit stop. While in pit stop (zero the bed) then obtain accurate weight and establish IV access
- **Triage RN**: Completes triage and is the Timeline Recorder (we have a stopwatch you need to use on robot)
- **Primary RN**: Pulls Stroke Kit and completes baseline neuro assessment with Provider and takes over pt care

(Charge nurse plays a vital role in identifying who needs to respond to Pit Stop, plan on which room is up)

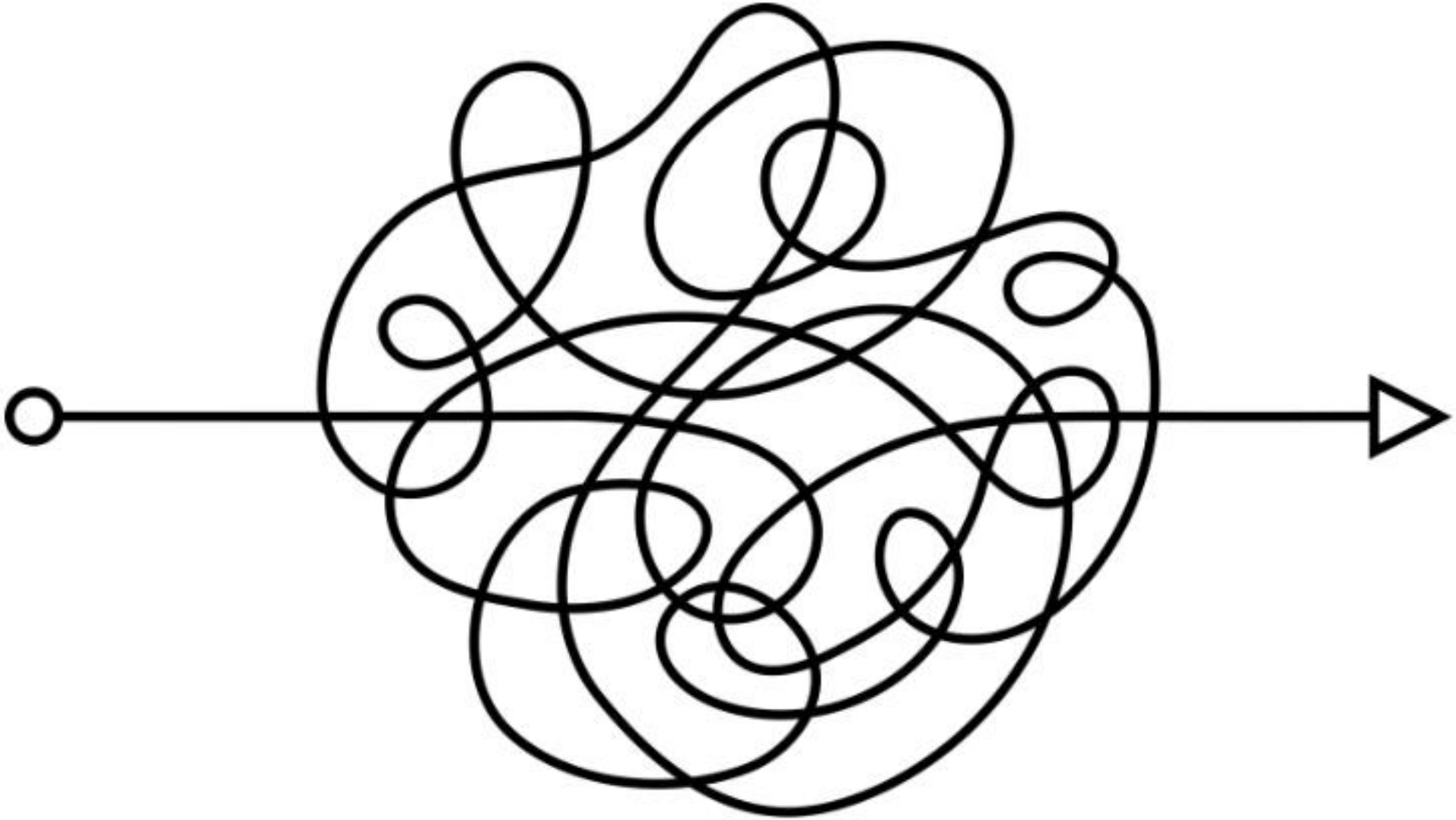
- **ED Tech:** Connects pt to monitors (cardiac, bp and continuous SPO2) and completes fingerstick glucose
- **Lab Tech:** Completes EPOC and sends specimens to lab
- **ED Provider**: Evaluate pt in pit stop prior to CT transport/place orders ASAP
- **Night Shift** : available staff can assist in areas of need (secondary RN, House Sup, RT)

Stroke Pit Stop

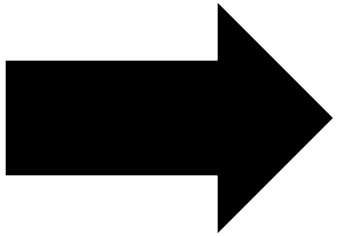


REFINE QUALITY
MANAGEMENT SYSTEM

Quality Management System

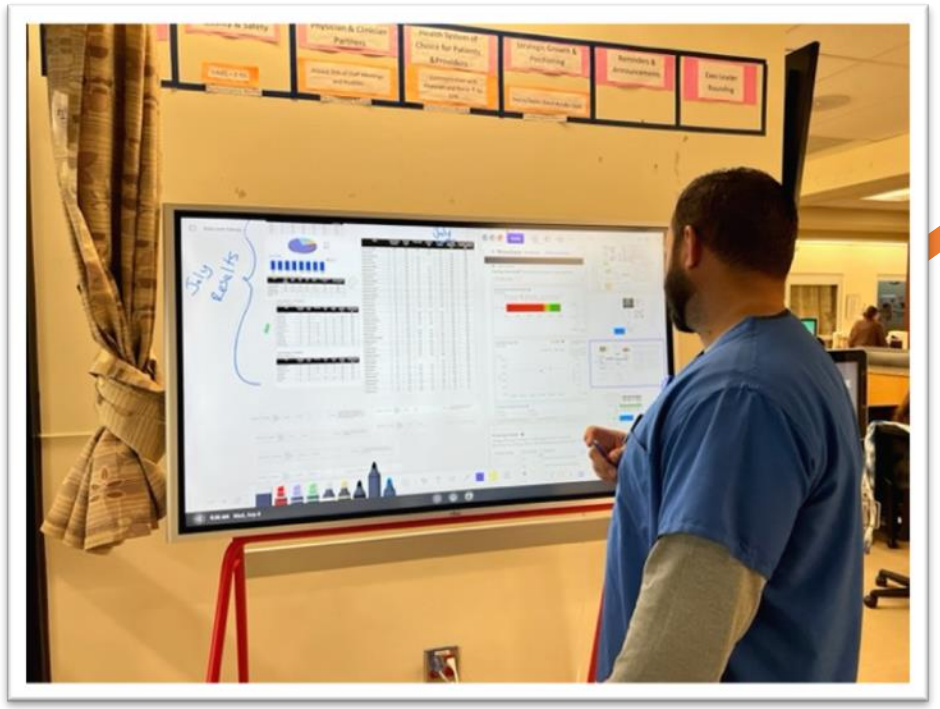


Quality Council



Quality Council Top Management

Quality Council



Using the QMS to Incorporate the Strategic Plan

GOOD SHEPHERD

FY 2024 Strategic Plan - Department Goals

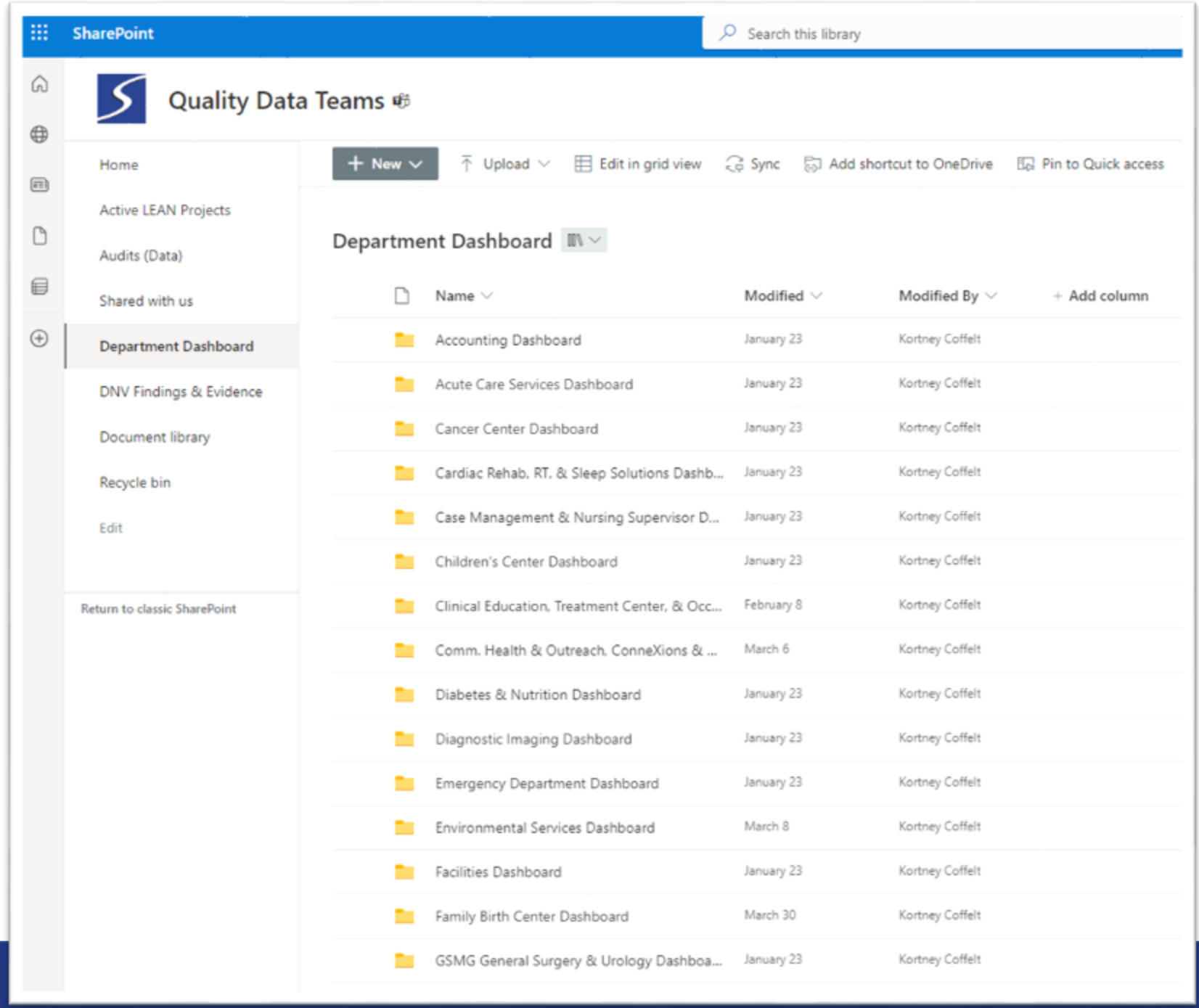
Department	Pillar	Lagging Metric	Leading Metric
Cancer Center	Health System of Choice for Patients	HCAHPS Rate the Hospital	Oncology Survey - Nurses
CareVan	Health System of Choice for Patients	Rate the Hospital & Rate the Doctor	Pharmacy delivery structure/improvement
Critical Care	Health System of Choice for Patients	HCAHPS Rate the Hospital	Nursing Communication
Diagnostic Imaging	Health System of Choice for Patients	HCAHPS Rate the Hospital	Outpatient Services - Registration Domain
Diagnostic Imaging	Health System of Choice for Patients	HCAHPS Rate the Hospital	Outpatient Services - Staffs explanation of tests/treatment
Emergency Department	Health System of Choice for Patients	HCAHPS Rate the Hospital	Nursing Communication, Provider Communication
Environmental Services	Health System of Choice for Patients	HCAHPS Rate the Hospital	Cleanliness
GSMG Internal Medicine	Health System of Choice for Patients	Rate the Doctor	CGCAHPS - Physician Communication & Office Staff
Hospitalists	Health System of Choice for Patients	HCAHPS Rate the Hospital	Provider Communication

Revenue Cycle

Includes: Health Information Management, Patient Access & Patient Accounts

Metric	Quality Auditor	Measure Type	Activity Tracker	Target	CY 2022	YTD 2023	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul	23-Aug	23-Sep	23-Oct	23-Nov	23-Dec
Regulatory Requirements																		
Health Information Management: Medical Record Deficiencies	Bel	●	★	≤ 3.00%	N/A	✓	✓	✓	✓									
Best Practice																		
Patient Accounts: Open Denials (% of Accounts Receivable)	Bel	●	★	<2.00%	✗	✗	✗	✗	✗									
Customer Satisfaction																		
Patient Access: Outpatient Services - Registration Domain (Lab & All Scores)	Jenny	●	★	≥ 75.00%	✗	✗		✗										
Coming Soon																		
Clean Claims (First Pass Denials)	Devin		★	≤ 65%														

Department	Status	What is the problem?	What is the plan of correction?	Who is responsible? (name)	Barriers or potential barriers?	Was the plan implemented? (date)	Expect to see results? (date)	What was the outcome?	Supporting Documentation
Diagnostic Imaging	Plan	Decreased patient scores for DI registration with associated comments	Work with PFS to evaluate current registration process and handoff	Robert	Inaccurate survey forms	12/1/2022	4/1/2023		
Patient Access	Act	Low patient satisfaction scores for DI registration	Imelda and Jonathan reviewed Press Ganey scores and comments in Spring of 2022 and held meetings with Patient Access staff about patient hand-offs, wait time communication, etc.	Imelda	Language barriers, patients have unrealistic wait times	Summer of 2022	Fall/Winter of 2022	Increased patient satisfaction scores	Email from Jenny on 4/15/22 to Imelda and Jonathan with PG comments and scores
Patient Access	Act	Language barrier caused delays in patient check-ins	Placed bilingual Patient Access staff member in Diagnostic Imaging/Lab waiting area	Imelda	Staffing shortages	Fall of 2022	Winter of 2022	Increased patient satisfaction scores	N/A
Patient Access	Act	Patients were seating themselves without first checking in and registering with staff	Implemented 15-minute rounding throughout both registration and front lobby to ensure patients are attended to	Imelda	N/A	Fall of 2022	Winter of 2022	Increased patient satisfaction scores	N/A
Patient Access	Plan	Patients were seating themselves without first checking in and registering with staff	A color-coded system is being developed that will signal to registration staff the status of each patient. For example, orange would mean pt has checked in but needs to be walked to treatment waiting area)	Imelda	N/A	Spring of 2023	Summer of 2023		


SharePoint
Search this library
Quality Data Teams
Home
Active LEAN Projects
Audits (Data)
Shared with us
Department Dashboard
DNV Findings & Evidence
Document library
Recycle bin
Edit
Return to classic SharePoint
New
Upload
Edit in grid view
Sync
Add shortcut to OneDrive
Pin to Quick access
Department Dashboard
Name
Modified
Modified By
Add column
Accounting Dashboard January 23 Kortney Coffelt
Acute Care Services Dashboard January 23 Kortney Coffelt
Cancer Center Dashboard January 23 Kortney Coffelt
Cardiac Rehab, RT, & Sleep Solutions Dashb... January 23 Kortney Coffelt
Case Management & Nursing Supervisor D... January 23 Kortney Coffelt
Children's Center Dashboard January 23 Kortney Coffelt
Clinical Education, Treatment Center, & Occ... February 8 Kortney Coffelt
Comm. Health & Outreach, ConneXions & ... March 6 Kortney Coffelt
Diabetes & Nutrition Dashboard January 23 Kortney Coffelt
Diagnostic Imaging Dashboard January 23 Kortney Coffelt
Emergency Department Dashboard January 23 Kortney Coffelt
Environmental Services Dashboard March 8 Kortney Coffelt
Facilities Dashboard January 23 Kortney Coffelt
Family Birth Center Dashboard March 30 Kortney Coffelt
GSMG General Surgery & Urology Dashboa... January 23 Kortney Coffelt

GOOD SHEPHERD
HEALTH CARE SYSTEM

Emergency Department													
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Regulatory Requirements													
Admit Length of Stay	Andrea	●	★	≤ 210 min	✗	✗	✗	✗	✗	✗	✗	✗	✗
Blood Transfusion Compliance - System Wide	Marie	●	★	≥ 90.00%	✗	✗	✗	✗	✗	✗	✓	✓	✓
CDIFF - Emergency Department	Kortney/ Devin	●	★	≤ 1.00%	✓	✓	✓	✓	✓	✓	✓	✓	✓

Metric	Quality Auditor	Measure Spec	Activity Tracker	Target
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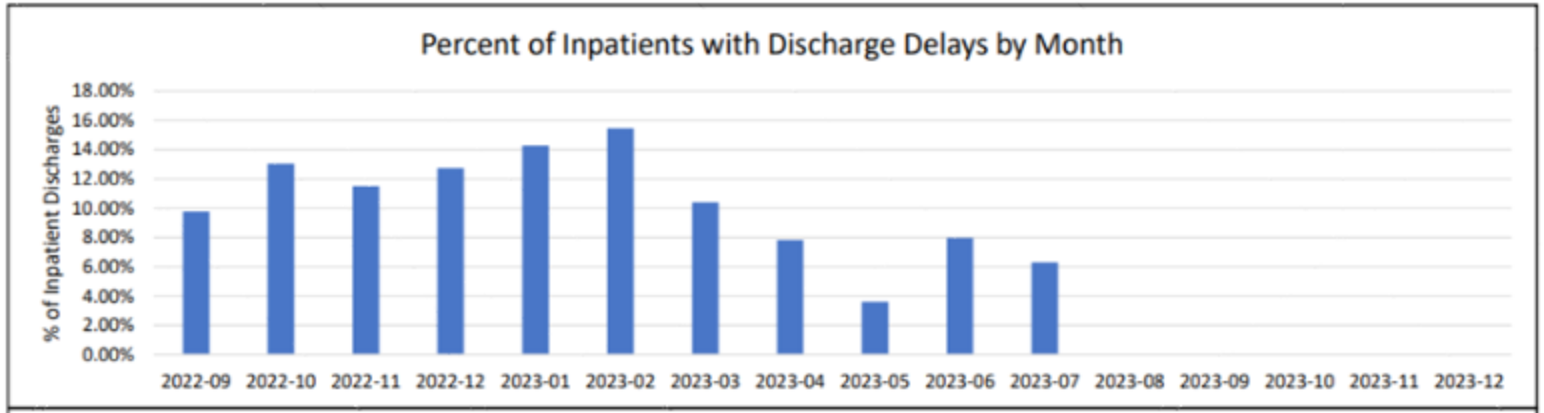
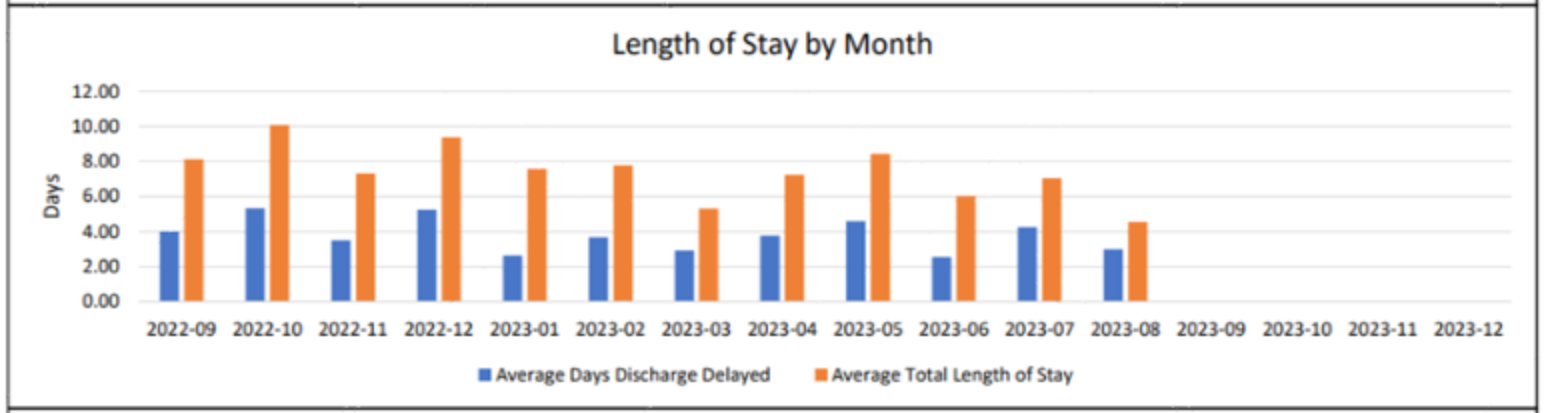
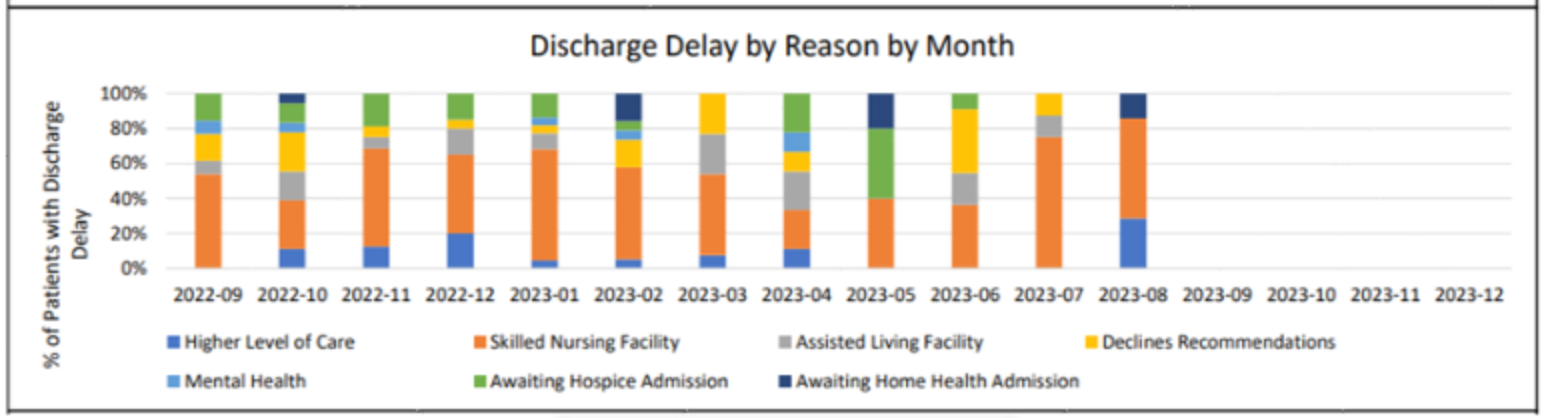
Difficult to Discharge







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Regulatory Requirements													
Admit Length of Stay	Andrea	●	★	≤ 210 min	✗	✗	✗	✗	✗	✗	✗	✗	✗
Blood Transfusion Compliance - System Wide	Marie	●	★	≥ 90.00%	✗	✗	✗	✗	✗	✗	✓	✓	✓
CDIFF - Emergency Department	Kortney/ Devin	●	★	≤ 1.00%	✓	✓	✓	✓	✓	✓	✓	✓	✓

Metric	Quality Auditor	Measure Spec	Activity Tracker	Target
Admit Length of Stay	Andrea	●	★	≤ 210 min
Blood Transfusion Compliance - System Wide	Marie	●	★	≥ 90.00%
CDIFF - Emergency Department	Kortney/ Devin	●	★	≤ 1.00%

GOOD SHEPHERD HEALTH CARE SYSTEM

Metric	23-May	23-Jun	23-Jul
Admit Length of Stay	✗	✗	✗
Blood Transfusion Compliance - S	✓	✓	✓
CDIFF - Emergency Depart	✓	✓	✓

Measure: Outpatient ED-Throughput Median Time from ED Arrival to ED Departure for Discharged ED Patients (OP-18)

Measure Type: Process

Rationale: Empirical evidence demonstrates that emergency department (ED) throughput is an indicator of hospital quality of care and shows that shorter lengths of stay in the ED lead to improved clinical outcomes. Significant ED overcrowding has numerous downstream effects, including prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. Quality improvement efforts aimed at reducing ED overcrowding and length of stay have been associated with an increase in ED patient volume, decrease in [number of patients who leave without being seen, reduction in costs, and increase in patient satisfaction
https://qualitynet.cms.gov/outpatient/specifications-manuals

Description: Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.
https://qualitynet.cms.gov/outpatient/specifications-manuals

Measurement Steward: CMS

Collection Frequency: Quarterly

Collection Method: Chart Abstraction – Population is sampled.

Continuous Variable Statement: Time (in minutes) from ED arrival to ED departure for patients discharged from the emergency department.

Populations:
Included Populations:
• Any ED patient from the facility's emergency department

Excluded Populations:
• Patients who expired in the emergency department

Definitions: N/A

Benchmark: 143 minutes or below

Goal: 143 minutes or below

Trigger: 3 Consecutive Months Below Goal

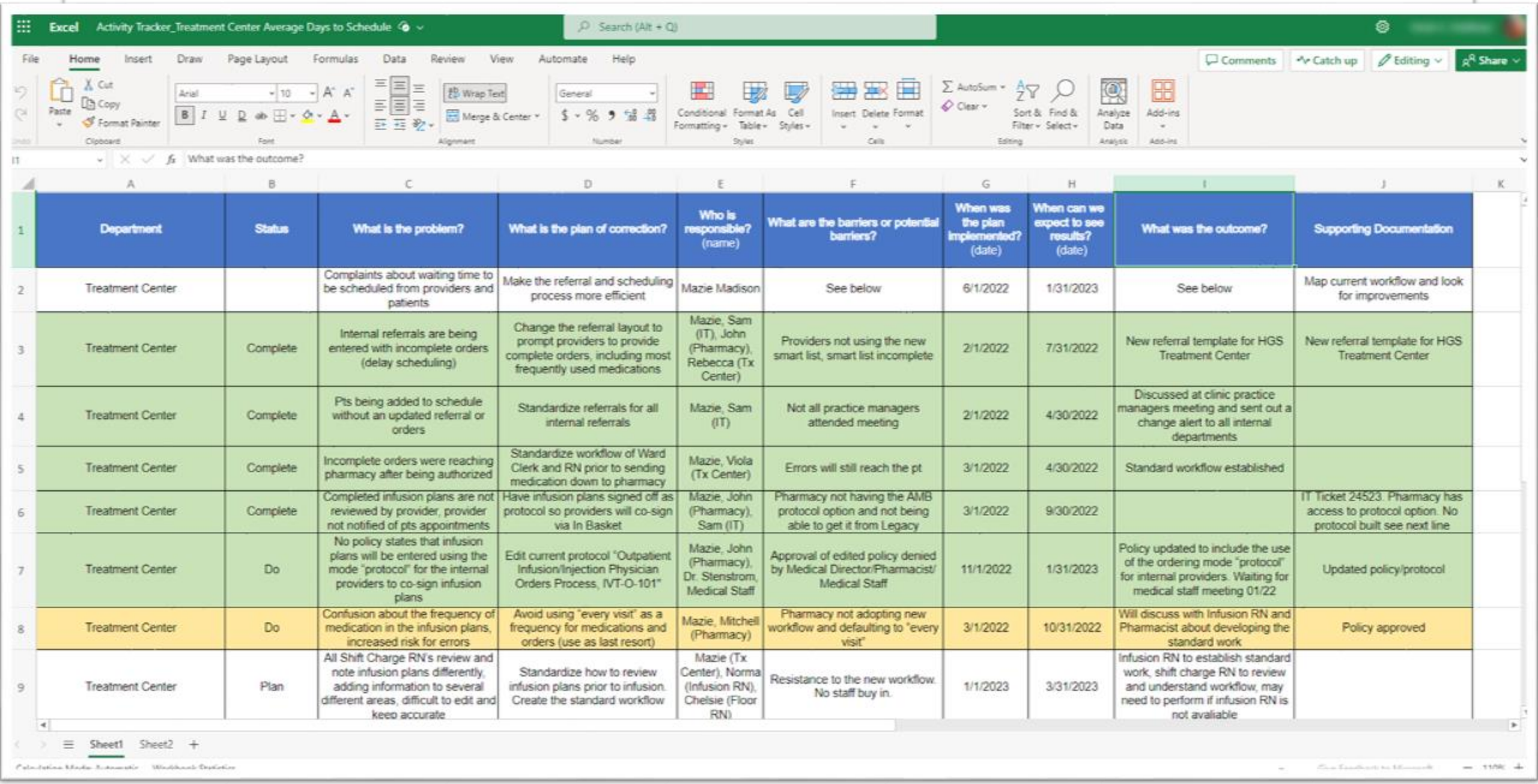
Reporting Level: Departmental, System-wide

Reporting Path: EMC Trauma – Quality Council – Quality Council Top Management – Board of Directors

GOOD SHEPHERD
HEALTH CARE SYSTEM

Emergency Department													
Metric	Quality Auditor	Measure Spec	Activity Tracker	Target	CY 2022	YTD 2023	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul
Regulatory Requirements													
Admit Length of Stay	Andrea	●	★	≤ 210 min	✗	✗	✗	✗	✗	✗	✗	✗	✗
Blood Transfusion Compliance - System Wide	Marie	●	★	≥ 90.00%	✗	✗	✗	✗	✗	✗	✓	✓	✓
CDIFF - Emergency Department	Kortney/ Devin	●	★	≤ 1.00%	✓	✓	✓	✓	✓	✓	✓	✓	✓

Metric	Quality Auditor	Measure Spec	Activity Tracker	Target
Admit Length of Stay	Andrea	●	★	≤ 210 min
Blood Transfusion Compliance - System Wide	Marie	●	★	≥ 90.00%
CDIFF - Emergency Department	Kortney/ Devin	●	★	≤ 1.00%



	Department	Status	What is the problem?	What is the plan of correction?	Who is responsible? (name)	What are the barriers or potential barriers?	When was the plan implemented? (date)	When can we expect to see results? (date)	What was the outcome?	Supporting Documentation
2	Treatment Center		Complaints about waiting time to be scheduled from providers and patients	Make the referral and scheduling process more efficient	Mazie Madison	See below	6/1/2022	1/31/2023	See below	Map current workflow and look for improvements
3	Treatment Center	Complete	Internal referrals are being entered with incomplete orders (delay scheduling)	Change the referral layout to prompt providers to provide complete orders, including most frequently used medications	Mazie, Sam (IT), John (Pharmacy), Rebecca (Tx Center)	Providers not using the new smart list, smart list incomplete	2/1/2022	7/31/2022	New referral template for HGS Treatment Center	New referral template for HGS Treatment Center
4	Treatment Center	Complete	Pts being added to schedule without an updated referral or orders	Standardize referrals for all internal referrals	Mazie, Sam (IT)	Not all practice managers attended meeting	2/1/2022	4/30/2022	Discussed at clinic practice managers meeting and sent out a change alert to all internal departments	
5	Treatment Center	Complete	Incomplete orders were reaching pharmacy after being authorized	Standardize workflow of Ward Clerk and RN prior to sending medication down to pharmacy	Mazie, Viola (Tx Center)	Errors will still reach the pt	3/1/2022	4/30/2022	Standard workflow established	
6	Treatment Center	Complete	Completed infusion plans are not reviewed by provider, provider not notified of pts appointments	Have infusion plans signed off as protocol so providers will co-sign via In Basket	Mazie, John (Pharmacy), Sam (IT)	Pharmacy not having the AMB protocol option and not being able to get it from Legacy	3/1/2022	9/30/2022		IT Ticket 24523. Pharmacy has access to protocol option. No protocol built see next line
7	Treatment Center	Do	No policy states that infusion plans will be entered using the mode "protocol" for the internal providers to co-sign infusion plans	Edit current protocol "Outpatient Infusion/Injection Physician Orders Process, IVT-O-101"	Mazie, John (Pharmacy), Dr. Stenstrom, Medical Staff	Approval of edited policy denied by Medical Director/Pharmacist/ Medical Staff	11/1/2022	1/31/2023	Policy updated to include the use of the ordering mode "protocol" for internal providers. Waiting for medical staff meeting 01/22	Updated policy/protocol
8	Treatment Center	Do	Confusion about the frequency of medication in the infusion plans, increased risk for errors	Avoid using "every visit" as a frequency for medications and orders (use as last resort)	Mazie, Mitchell (Pharmacy)	Pharmacy not adopting new workflow and defaulting to "every visit"	3/1/2022	10/31/2022	Will discuss with Infusion RN and Pharmacist about developing the standard work	Policy approved
9	Treatment Center	Plan	All Shift Charge RN's review and note infusion plans differently, adding information to several different areas, difficult to edit and keep accurate	Standardize how to review infusion plans prior to infusion. Create the standard workflow	Mazie (Tx Center), Norma (Infusion RN), Chelsie (Floor RN)	Resistance to the new workflow. No staff buy in.	1/1/2023	3/31/2023	Infusion RN to establish standard work, shift charge RN to review and understand workflow, may need to perform if infusion RN is not available	

Barriers

- Understanding of safety huddle versus lean daily management
- Narrowing focus
- Accountability
- Lack of documented standard work
- Building the plane while we fly it
- Pandemic pause
- Changing leadership

What's Next?

- Implementation of Lean Transformation Office
  - Continue to spread throughout the organization
    - More education (at all levels of the pyramid)
    - Visibility wall development in all departments
    - Standard work, standard work, standard work
    - Combat "flavor of the year"
      - Consistency is key