Improving Patient Care Through Continuous Quality Improvement and Respect for People

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Introduction

Quality and safety are the top concerns of any healthcare setting. With a recent shift in healthcare, focusing on decreasing waste and increasing quality, healthcare providers are required to think differently. Simply doing things "the way they have always been done" will not achieve top decile in quality and safety. To align with this new way of thinking, the health system chose to incorporate Lean methodology into the organization.

Methodology

Wesley Long 4th Floor was the department selected for the Inpatient Value Stream Lean Transformation. The Value Stream Steering Team, utilizing Lean Methodology, developed a year long quality improvement plan. Monthly Rapid Improvement Events (RIE's) were held, which involved selected inpatient staff, customers, and fresh eyes. Process steps were identified as being value-added or non-value added by applying a new way of thinking, known as A3 thinking. Monitoring of the new process occurred during the RIE pre-event preparation, during the RIE, weekly post RIE, and at the 30/60/90 day interval. Daily huddles were held to assess the new processes for barriers/findings and to empower staff to problem solve the process.

Key Concepts of Lean

Respect for People

- Everyone can make a positive difference and create increased quality of care
- Empowerment of front-line staff

Continuous Improvement

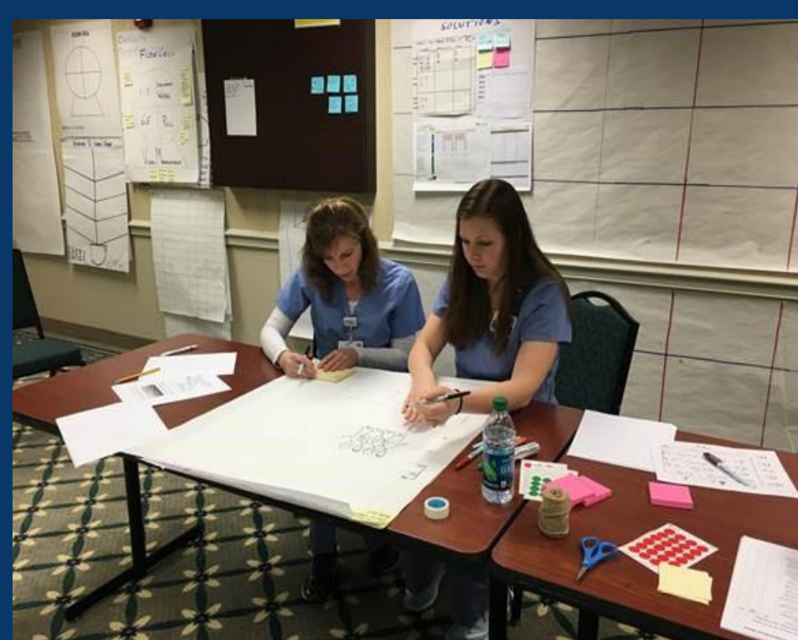
- A desire to always be better
- It is the ineffective processes that are wasteful, not the people

Removing Non-value Added Activities (WASTE) by: identifying defects, overproduction, waiting, non-utilized potential, transporting, inventory, motion, and excess processing

Lean takes out steps that prevent us from giving the best CARE to our patients

What Does Lean Mean?

Lean is eliminating waste in a process and having the patient define what is of value…in other words, getting rid of all that "extra stuff" that gets in the way of providing the best care

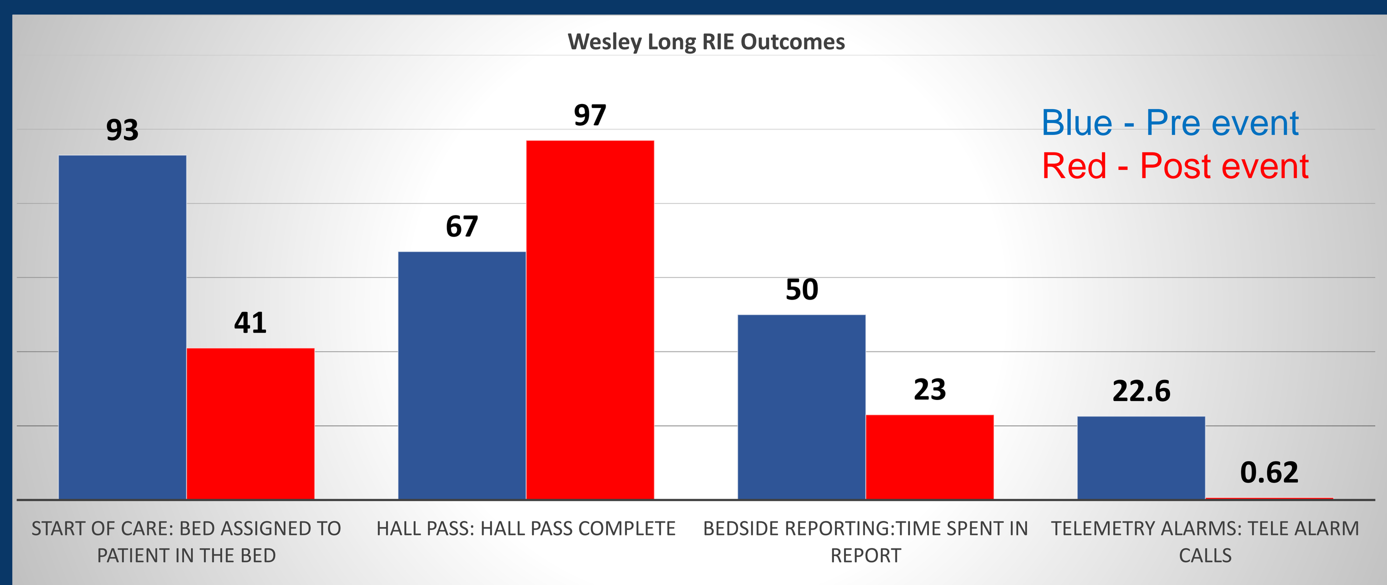


Waste vs. Value

- WASTE are the things that delay care. Patients don't want to pay for delays!
- Staff want to spend time HELPING PEOPLE not doing extra steps or processes

Our patients define value as:

- The best care
- The best outcome possible
- The best price for the care provided
- The least amount of waiting



Rapid Improvement Events (RIE)

- A focused group that spends five intense days on solving a process issue
- RIE Outcomes: experimenting with possible solutions and creating Standard Work (SW)
- SW is the best known way to do something and everyone doing it that way

RIE Outcomes

Hall Pass/ Bedside Reporting

- Effective, safe, and high quality hand-off's between multidisciplinary team members

Intentional Rounding

- Safe Zone (yellow dots in the patient room)
- Wall-a-roo supply standardization
- In-room linen supply

Start of Care

- ED arrival in 20 minutes (bed assignment to patient in bed 40 min)
- Improved collaboration between ED & 4th Floor

Care Coordination

- 1 View (CHL report)
- RN to RN report sheet (CHL report)

Plan of Care

- Plan of care discussion with MD upon admission
- Plan of care board in patient rooms

Telemetry Alarm Management

- Stopped IEM alerts, decreased number of false alarms
- Added person to person team approach

Interdisciplinary Rounds

- Daily patient huddle revamped to focus on progression barriers

Discharge Planning/ Day of Discharge

- Physical Therapy protocol and Discharge Checklist

Challenges

- Staff buy-in
- Rapid Change
- Breaking old habits
- Education of all staff
- Weaving endless possibilities with reality
- Being "okay with RED"

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