Continuous Process Improvement Workshop

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UL Health

Agenda

- Introductions
- Objectives
- Review Process Improvement
- Practice using DMAIC process
- Managing Change
- More Learning Opportunities
- Final Thoughts

Your Process Improvement Team



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Objectives

By the end of this workshop, we will...

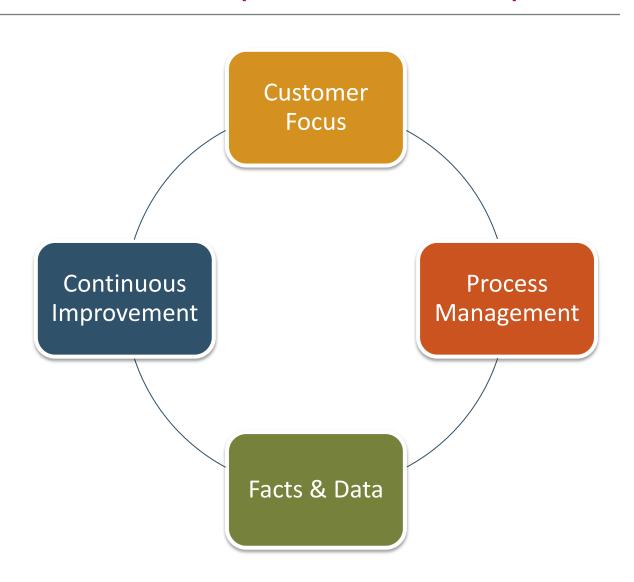
- Review change strategies for process improvement.
- Practice using the Define, Measure, Analyze, Improve, and Control (DMAIC) process.
- Identify process improvement tools that can be used throughout the project lifecycle.

Process Improvement

Review change strategies for process improvement.



Process Improvement Principles



Change Strategies

Improve

- Existing product, process, service
- Gap in performance
- Focus on fixing gap through targeted solution(s)

Think about a recent change in the workplace. Which change strategy was used? And how was it used?

Design

- Current product, process, service for short of needs
- No existing product, process, or service
- Focus on creating vs fixing ("clean slate")

Manage

- Operation and documentation of product, process, service
- Balanced
 measures and
 ongoing
 monitoring
 (includes "voice
 of stakeholders")
- Portfolio management & corrective action

Define, Measure, Analyze, Improve, and Control (DMAIC) Process

Practice using the Define, Measure, Analyze, Improve, and Control (DMAIC) process. Identify process improvement tools that can be used throughout the project lifecycle.



How do we make improvements?

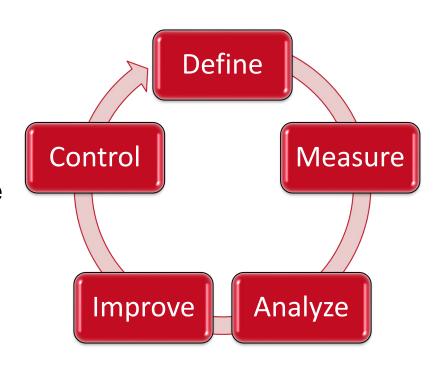
Define – What's the problem we're addressing?

Measure – What facts/data do we have to confirm there is a problem?

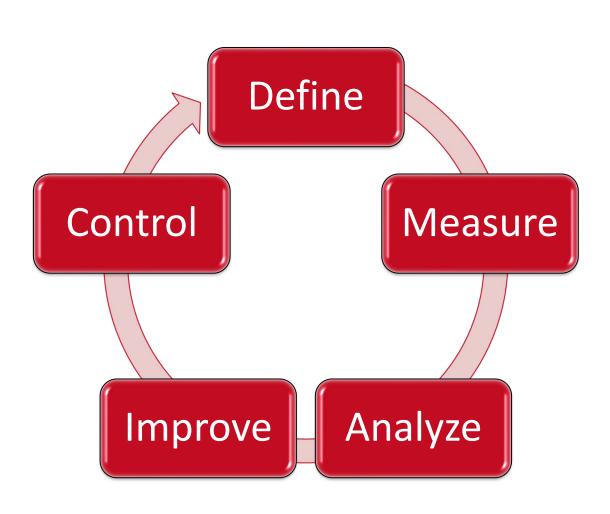
Analyze – Getting to the root cause to understand. What's causing the problem?

Improve – How can we fix the problem?

Control – Now that it's fixed how do we ensure it stays?

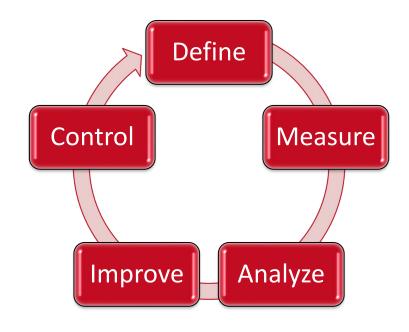


Let's do a practice example!

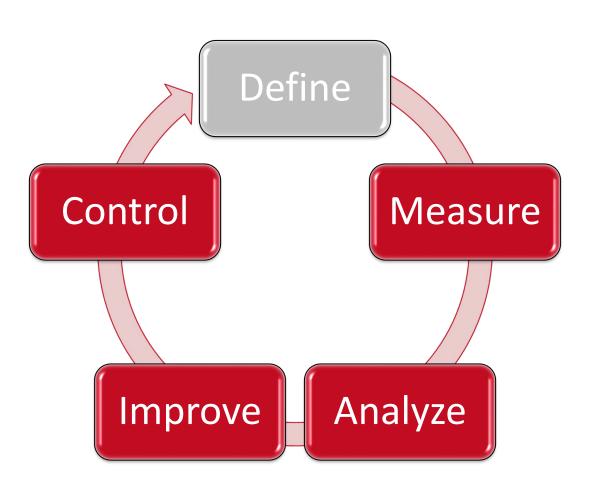


The Workplace Scenario





Define Actions



Proj

Goal Statement

Project Nam

Discover and describe the goal or specific aim of the project. Get agreement on the key metric that measures success for the

Strategic Alignment

Mortality: Increased risk in mortality by developing a blood stream infection.

Patient Centered: Focuses on early removal and appropriate management of central line can reduce the risk of an infection. Avoids prolonged length of stay.

Effectiveness: Standardize insertion, management and removal techniques to improve overall process of hospital and system.

Efficiency: Utilize central lines effectively and appropriately, reducing the length of central line days will reduce the risk of infection and improve patient experience.

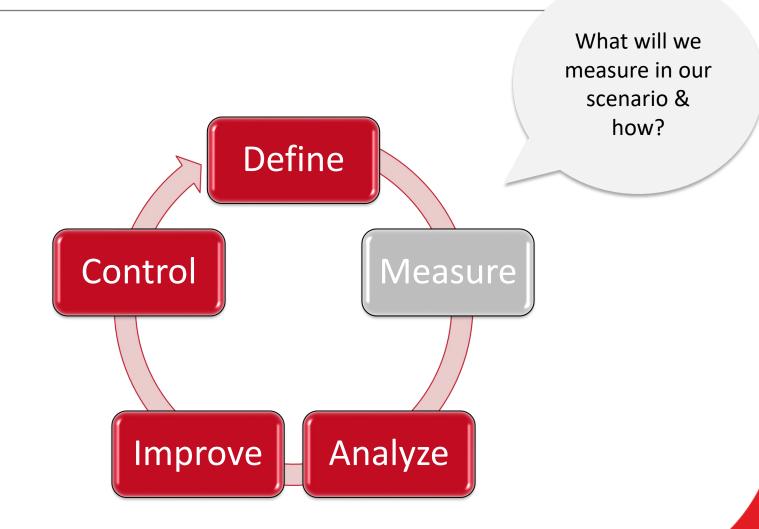
Safety: Greatly reduces risk of infection, length of stay and risk of mortality

In Scope: Out of Scope: **ICU** departments

All other departments

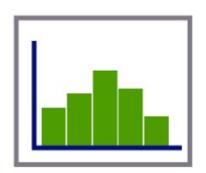
PDPE Black Belt SME SME

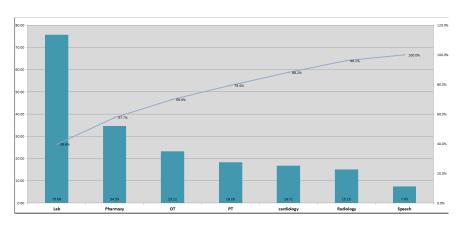
Measure Actions



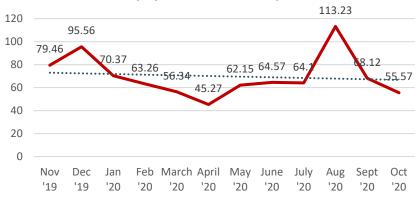
Graphic Options



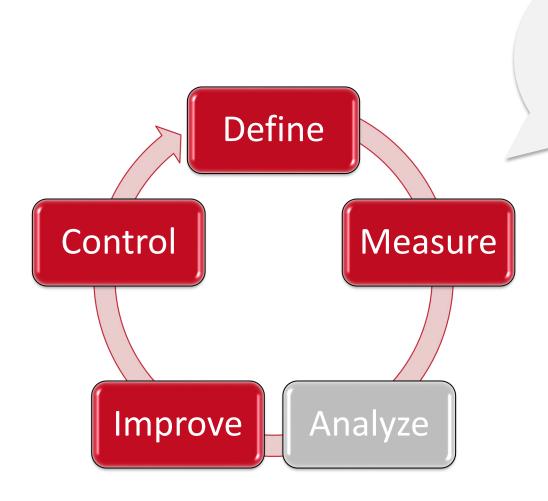




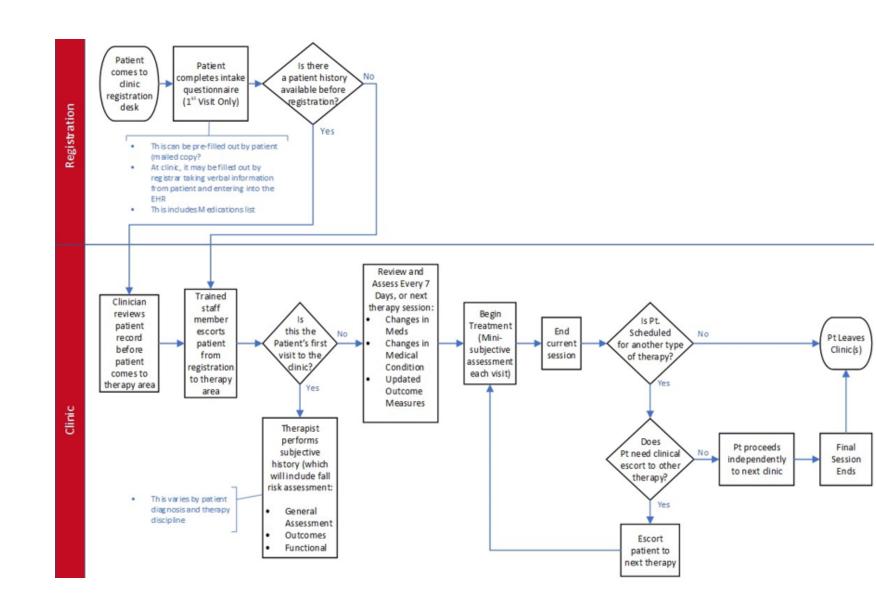
Biopsy Access to Complete



Analyze Actions



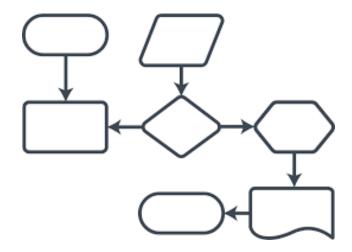
What actions are needed during the Analyze stage in the DMAIC process?



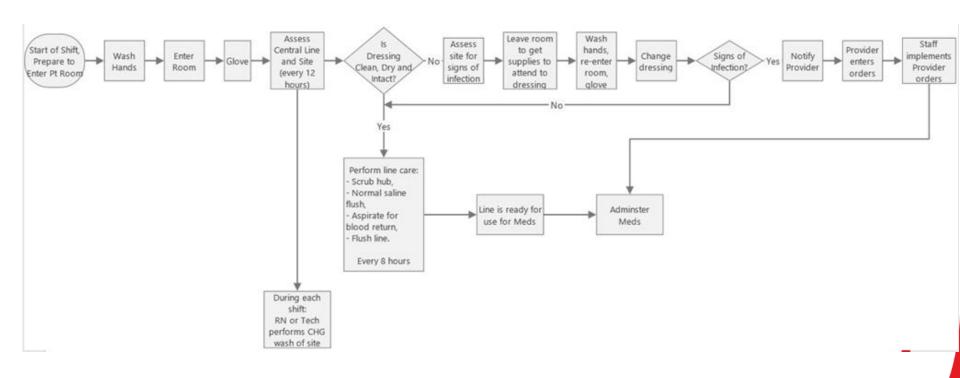
Process Map Exercise

On paper, map your own process, step by step, for the central line process from insertion to removal.

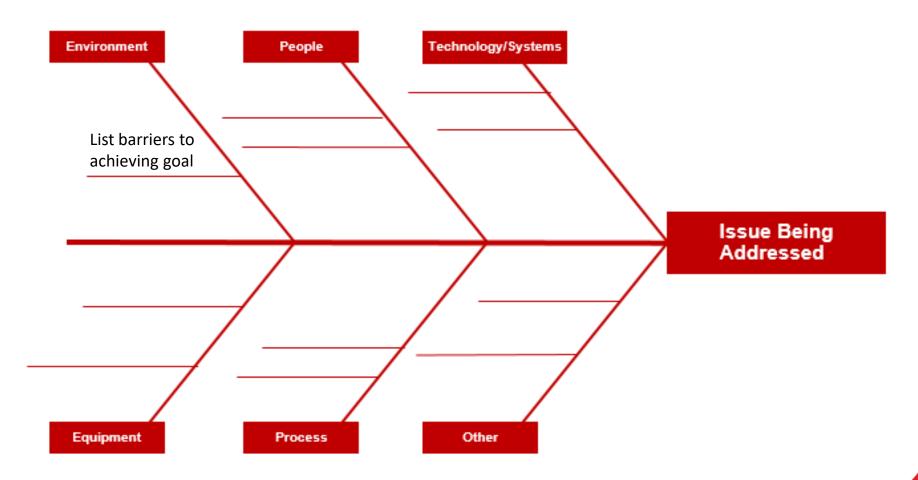
* 5 minutes *



Central Line Care Process



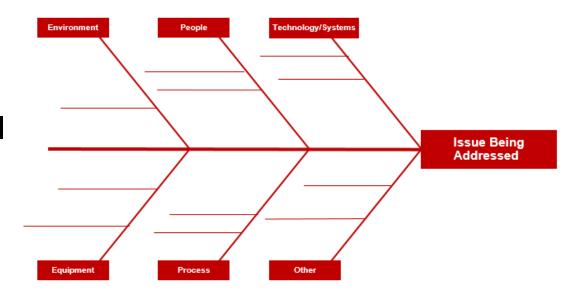
Fishbone Analysis



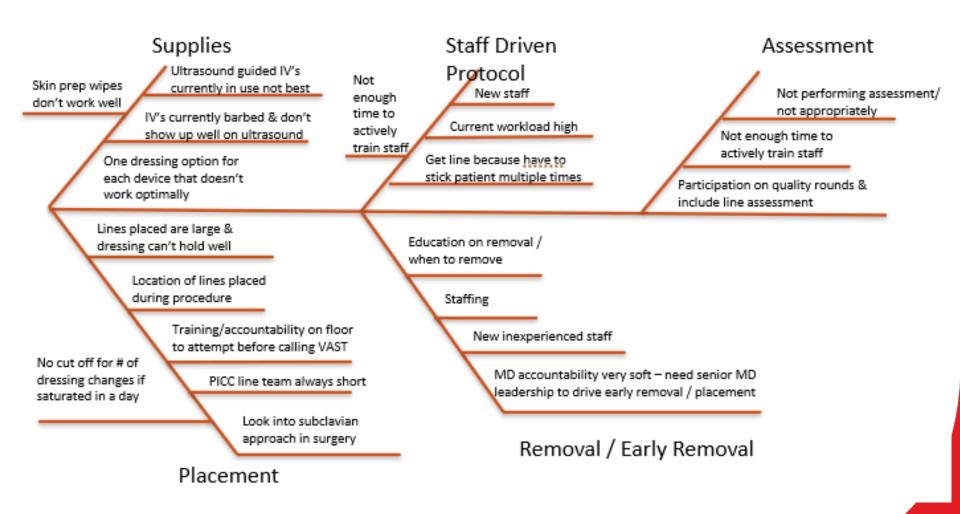
Fishbone Exercise

On the fishbone handout, list the reasons a CLABSI could occur.

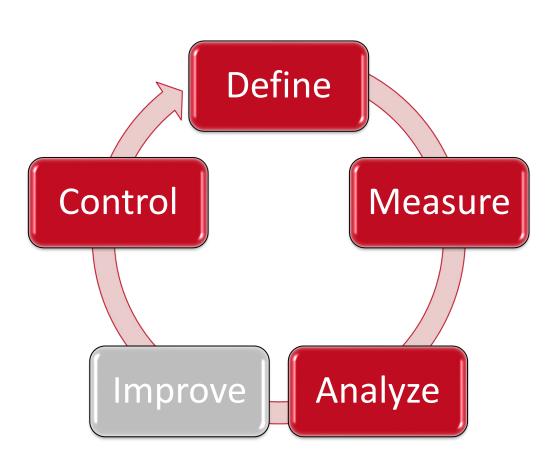
* 5 minutes *



Completed Fishbone Example



Improve Actions



Improvement Idea Considerations

- Overall flow of the work
- Who should do what
- Where to put the work
- Ways to accomplish key tasks
- Ways to reduce waste
- New ways to deliver on customer needs
- Ways to add "delighters"
- How to avoid problems/defects
- How to speed up/cut cycle time etc...



Brainstorming Rules

There are NO bad ideas

Keep it Moving

Everyone Participates

Stay on Track

Quantity over Quality

Capture Everything

Brainstorming Exercise

Write down 5-7 ideas for how to reduce CLABSI at your facility.

* 2 minutes *



Selecting Best Improvements

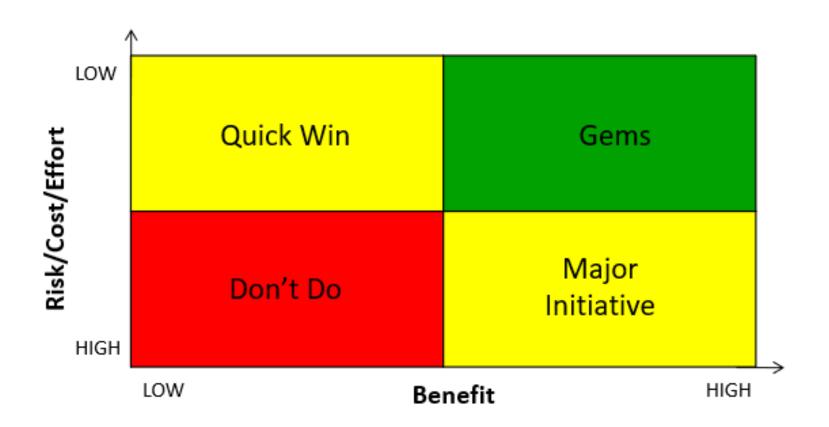
Useful Criteria:

- Level of results (progress toward goal)
- Ease to implement
- Likely buy-in
- Implementation cost*
- Operating cost/complexity*
- Risks*

*Less is better

Selecting Improvements – Determining What to Work On

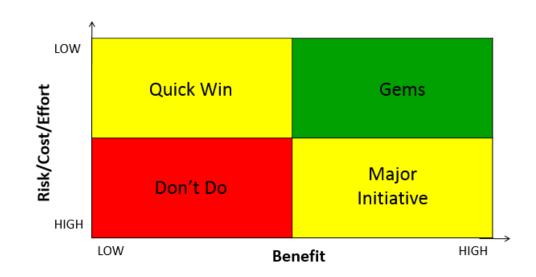
Filtering Matrix (2 X 2 Matrix)



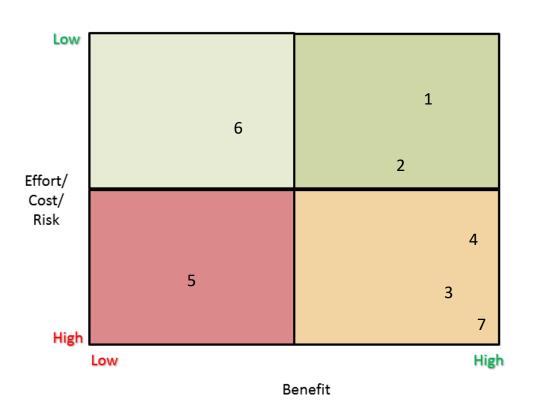
Filtering Matrix Exercise

Rank your improvement ideas using the filtering matrix to determine what solutions to implement first.

* 2 minutes*



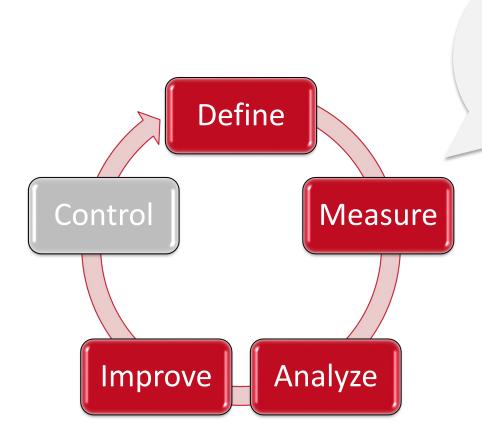
Example Completed Filtering Matrix



Potential Solutions

- Adopt a unit infection prevention adopt a specific ICU unit to spend time rounding on CLABSI
- 2. Nurse driven central line removal protocol for request for removal
- MD Clinical Pathway time to line / removal
- 4. MD champion to assist removal if MD doesn't agree with RN recommendation to remove
- 5. Removal algorithm as part of RN handoff
- Set expectation to assess to place IV before calling VAST
- 7. IP / VAST RN to round with MDs daily & talk about lines, etc.

Improve Actions



Now that we've made the improvements how will we make sure they stay in place?

Action Plan for Successful Implementation

Track implementation status:

- 1. Determine specific goals
- 2. Create an action plan
 - Establish clearly defined deadlines and document key tasks
 - b. Identify task owners (who)
- 3. Check on the project regularly

Action/Task (What)	Due Date (When)	Action Owner (Who)	Comments
Drug reference for lines & PICC	5/1	Jason	Drug reference sheet will be laminated and hung above Pyxis
Button in electronic health record for MD/NP to click VAST consult if patient no-longer meets criteria for a line	5/1	Katrina	
Adopt a Unit	6/1	Crystal	IP team on unit to provide education, audits etc.
Dressing change kit for central line / PICC	7/2	Crystal	In-progress
MD clinical pathway time to line	5/9	Joel	
RN clinical pathway for insertion & removal	5/15	Sarah	Pathway will drive RN decision making regarding need for device & when to request/recommend removal

Managing Change

Tips on how to manage change in the workplace.



Make Process Performance Visual

Place daily, weekly, and/or monthly performance charts in places where they can easily be seen



Managing the Transition

- Clarify responsibility for sustained results
- Turn off any old systems or methods so people can't revert to "old way"
- Toss out/delete obsolete tools, forms, supplies
- Update procedures, processes, job criteria, training
- Monitor change management impact
 - Do you have: Adoption? Grudging compliance? Adaptation? Resistance (visible or hidden)?

Managing the Transition

Control Chart							
Trigger	Action / Task	Responsible	Accountable	Consult / Inform	Comments		
CLABSI occurs on unit	Department review case as part of safety huddle & identify what could be done differently to prevent	Charge RN	Nurse Manager	Share findings with IP	IP compile findings to track & trend. Facility wide project as needed.		
Greater than 3 CLABSI in a quarter	IP review all cases to determine trend & pull multi-disciplinary team together to address	IP	IP Manager	CNO, clinical leaders			
Near miss	If identified by IP, then IP will notify manager and staff and provide any feedback/praise	IP	IP	Nurse Manager, Unit staff	Help support staff who are trying to improve practice		

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"Great ideas don't sell themselves."

Process Improvement Principles Customer Focus Process Management Facts & Data

"What you permit, you promote."

Final Thoughts

What questions do you have?

Thank you for attending the workshop!



Enjoy your continuous process improvement journey!