COMMON REALITIES

- The patient care area and the quality department are geographically separated.
- The Operating Rooms are geographically separated from the patient care areas.
- The multidisciplinary team members are often housed in separate geographic locations in the hospital/clinic.
- The Data collection occurs in a geographic location away from the patient care areas and the patient care teams.
QUIZ

What do you call a relationship between 2 people or entities that are separated by distance?

CONGRATULATIONS!!!

You are ALL in a long distance relationship.

You are ALL in SEVERAL long distance relationships.
OVERCOMING BARRIERS OF LDRS

- Eliminate or shorten the distance
- Pick a meeting location
- Meet regularly and frequently
- Display the data; be transparent
- Involve the entire care team, including providers and frontline staff

ELIMINATE OR SHORTEN THE DISTANCE

- Embedded Quality members within the actual applicable units
  - GEMBAs and Unit Governance Councils
  - Communication and information is linked
  - Sense of team
  - Job Security

- Data and outcomes connect to daily patient care activities
  - Trends and key metrics identified
  - More targeted and aligned PI work
  - Data is actually tracked and discussed daily
LOCATION AND FREQUENCY

- Discussion occurs at the Visual Learning Board on the patient care unit
- Daily
- 15 minutes
- Weekly rounds by Executive and Senior Leadership Team Members

VISUALIZATION

- Quiz: Is this series of numbers increasing, decreasing or mostly staying the same?
  - 7, 10, 8, 9, 4, 6, 9, 3, 7, 10, 6, 5

- Quiz: Is this series of numbers increasing, decreasing or mostly staying the same?

ATTENTIVENESS DURING MY TALK

- Scale of 1-10
- Minutes

11/30/2018
TRANSPARENCY AND INCLUSIVITY

- When a “miss” occurs, staff/leaders indicate the reason why (cause). This is done for every single time we did not meet our targeted metric. We also note the date.

<table>
<thead>
<tr>
<th>Reasons why and when they occurred</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slept thru alarm</td>
<td>12/3</td>
<td>12/4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAIR!!!</td>
<td>12/5</td>
<td>12/9</td>
<td>12/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could NOT find anything to wear</td>
<td>12/1</td>
<td>12/4</td>
<td>12/8</td>
<td>12/10</td>
<td>12/12</td>
</tr>
<tr>
<td>Could NOT get out of bed...where’s the daylight?</td>
<td>12/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgot to set alarm</td>
<td>12/1</td>
<td>12/2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Care team members, visitors and patients can see the work.

- The information comes from the frontline staff:
  - Believable
  - Agreement on root causes
  - Direct involvement in resolutions

- Go get your dry cleaning!
- Pick out your clothes the night before!
- Retail therapy!

PUTTING IT ALL TOGETHER
**EXAMPLE – Metric Summary Sheet**

The Metric Summary Sheet is a visible representation of whether the target is met.

**Metric:**
Make sure to have a metric that can be reported on daily without the use of a réport.

**Target:**
Ensure the target is attainable or a stretch goal and that each team member understands how they impact the target.

Red is good. It helps identify gaps to problem solve.

**EXAMPLE – Run Chart**

A run chart is a line graph of data plotted over time. By collecting and charting data over time, you can find trends or patterns in the process.

Add a title to represent what data is being measured.

Add a scale and measurement to the axis.

In the example above: Jan 1st had 0 patient falls and is represented by the dot above 1/1. Jan 2nd had 0, Jan 3rd had 1, so being to track the data over time.
**EXAMPLE – PARETO CHART**

The Pareto chart is used to help understand the "WHY" Example: If a miss occurred on January 5th. Document 1/5 for 1 occurrence of the miss. For multiple misses to the goal, represent each miss with the corresponding date. See below. January 7th has (3) misses.

![Pareto Chart Diagram]

This chart *does not* change monthly, but only when the problem tracking changes. This chart lets you see occurrences over life of problem solving.

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**EXAMPLE – PDCA Sheet**

The PDCA Sheet is the documentation of the action the team took to resolve the root cause. In the example below, the team determined that the root cause was the bed alarm was off. Together the team determined a small test of change and documented their findings on the sheet.

![PDCA Diagram]

- **Date**: 1/9/17
- **Step [What, When, Who]**: Train new staff on bed alarm - one day one of orientation. Due 1/25/17 by Housestaff/Unit Nurse Manager.
- **What do we expect?**: In the second box, write out the team's prediction for the small test of change.
- **What we expect to happen from the action**: Eliminate errors due to new staff on unit for bed alarm.
- **What happened?**: After test of change, all new staff errors were eliminated.
- **What we learned?**: In the final box, describe the learnings the team discovered from the test of change.
- **Take the next step (conduct a small test of change)**: Training new staff is key.
LEAN DAILY MANAGEMENT BOARD SUMMARY

- Quicker identification of root causes/barriers
  - 30 data points in 1 month
- Resolutions come directly from data tracking
- Faster to implement a revision
  - Most changes don’t require a committee approval
- It’s a stepwise discussion thru process improvement thinking

APPLICATION#1: POD ZERO AMBULATION

Root Causes
- Patient Refusals
- Pain
- Fear
- Durotomy
- Bed rest order
- ICU
- Float RN
- New RN

Resolutions
- Why?
  - Set expectations in Prehab; look at pain protocols
- Followed trends; not within control of the floor
  - Next step to look at need for ICU and could they still ambulate them
  - Educate all new and float staff that this is an action that we do on this floor.

Next
- Order sets
- Documentation consistency
  - Include actual distance
APPLICATION #2: URINARY RETENTION PROTOCOL

Root Causes
- LDM in quality
- Need the pre-op PVR to use as a baseline
- Bladder scanner availability
- An extra step
- Hesitancy to straight cath
- Concern with volumes

Resolutions
- Built standardized order sets
- Follow up with APPS
- Urology input for protocol
- Urology to attend future UGC
- Consideration of Policy

KEY COMPONENTS
- Leadership support
- C-suite, Departments and Units
- Culture
  - Safe to try change
  - Message delivery
- Accountability
- Provider buy-in
- Frontline engagement
- Visually displayed

ACCOUNTABILITY is the glue that ties COMMITMENT to the result.
- Bob Proctor
OPPORTUNITIES

- Process drift
- Prevention of less frequent causes
- Further detailed investigations
- New metrics
- Standardization of order sets or practice
- Standardization of order sets or practice
- Shared learnings across system where applicable
- More frontline facilitation or engagement
- Streamlining of process
- Constant communication

Q & A SESSION