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@EmoryRadiology

Introduction to A3 thinking

AUR ARRALD Program
Session 5: Introduction to Process
Improvement and Quality Tools



Objectives and Process

- Learn the basics of A3 Thinking/Project development
- Understand the role of Standard Work in Process Improvement
- How
 - Didactic presentation
 - Interactive mockup of a known improvement opportunity



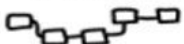


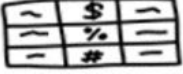
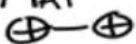
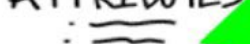

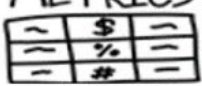


A3 Thinking: Story without a storyteller

UNDERSTANDING

SOLVING & DOING

SUSTAINING

<p>1. REASON FOR ACTION 'Burning Platform' 30 sec elevator speech Why are we doing this? Scope _____</p>	<p>4. GAP ANALYSIS Why Box 2 \neq Box 3</p>  <p>5 whys?  MOST ACTIONABLE ROOT CAUSE</p>	<p>7. COMPLETION PLAN</p> <table border="1" data-bbox="1300 425 1841 592"> <thead> <tr> <th>WHO</th> <th>WHAT</th> <th>WHEN</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	WHO	WHAT	WHEN																																						
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PROBLEM STATEMENT

A well-defined problem statement should fill in these details:

1. What is the Problem?
2. Why is it a Problem?
3. How does the problem impact the customer & the process?
4. When does the problem occur?
5. Where does the problem take place?

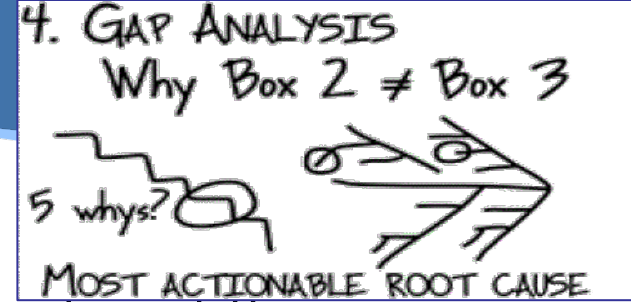
1. REASON FOR ACTION
'Burning Platform'
30 sec elevator speech
Why are we doing this?
Scope _ _ _ _

2. CURRENT STATE

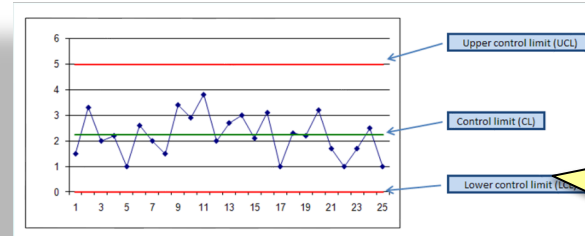
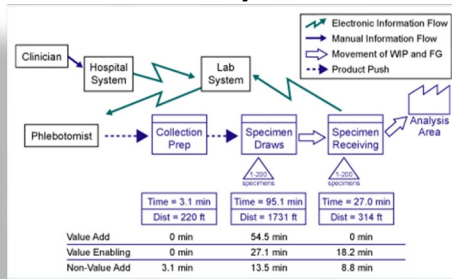
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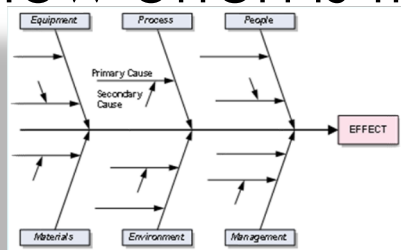
GAP ANALYSIS



- Go to the GEMBA: you cannot understand the process from a conference room
- How do you understand the process?



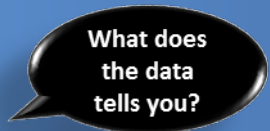
- How often is the problem happening?



- What is causing the problem?

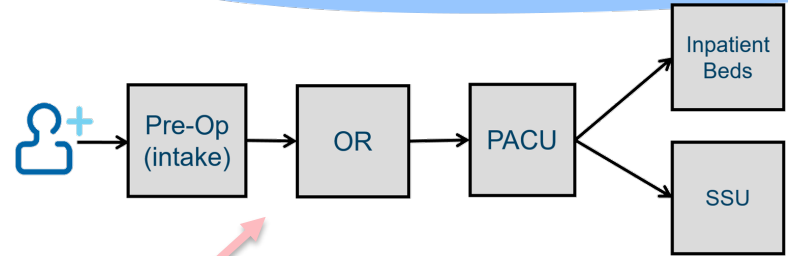
What did you learn?

What root causes will you address?



IMPROVEMENT DESIGN

Types of Standard Work Documents



Operational Level


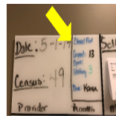
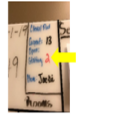
- Used to document the overall flow, usually including more than one job role (i.e. clinic flow from front desk to exam)

























Task Level

- Step-by-step explanation, at the individual role level
- Used for training; steps are memorized
- Includes safety, quality, and patient experience requirements

Job Aid

- A reference in the work area: checklist, tables/charts, color coding, references, etc.

EMORY HEALTHCARE		Standard Work Sheet		
PURPOSE: Standard process for when to pull for "ALL HANDS ON DECK"		PROCESS: PROTOCOL FOR WHEN STAFFING LEVELS REQUIRE THE NEED FOR ADDITIONAL CLINICAL STAFF TO BE INVOLVED IN THE CLINICAL MESSAGE POOLS.		
REVISION: 1	DATE: 5/1/2019	DOCUMENT OWNER: CLINICAL STAFF		
Step	Description	Key Point / Image / Reason	Who	Why
1	Escalation phone distributed between clinical pool team members based on calendar assignment	 *Assign by the 20 th of the month for the next full calendar month	Clinical pool team	Equal distribution of escalation phone
2	Update the staffing clinical pool census, and who has the escalation phone on the huddle board by 8:45A each day		Person who owns the escalation phone for the day	Clinic awareness of staffing availability and need of escalation
2A	If Staffing ≤ 2, "All Hands of Deck" protocol escalated at huddle		Sr. Nurse Mgr or Nurse Mgr	Clinic awareness of who is assisting with escalation protocol

How to Handwash			How to Use Alcohol-Based Handrub		
To effectively reduce the growth of germs on hands. Must rub hands together for at least 15 seconds			To effectively reduce the growth of germs on hands, handrubbing must be performed by following all of the illustrated steps. Must rub hands together for at least 15 seconds.		
					
					
					
					

ATTEMPT CHANGES

- Experiment with new workflow
 - Assign responsibility
 - Measure change

6. RAPID EXPERIMENTS

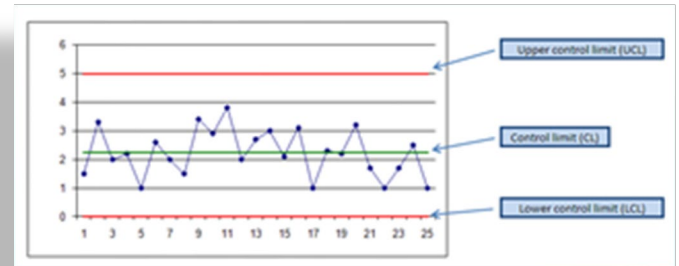
EXP	EXPECT	ACTUAL

WHY: improve solutions build gemba ownership
P-D-C-A

7. COMPLETION PLAN

WHO	WHAT	WHEN

Category	Action Item	Who	By When / Update	1/9/19 Updates
Just Do It	Dissection protocol update	Radiology Informatics/Pratik	Work order submitted. Work order was recently assigned to Kelli Miller. May require RadNet build and will be reviewed in January (Update - 12/19)	RadNet team backed up and short staffed
Just Do It	Use walkie-talkie to communicate with RNs to bring patients	Philip Haun + Derik Close/CT Techs	Currently in progress; Philip - CT has a radio now and can begin this immediately (Update 12/28) Philip - will check with Shared Governance Council for the ED (Update 1/2) Philip - Going to meet with UPC team on Monday to discuss to gain their input (Update 1/3)	1/23 - UPC meeting. Go-live 1/28
Just Do It	Track number of times IV access is an issue (no IV, inadequate gauge of IV, location of IV etc.)	CT Techs	In progress	Progress made with communication at ER huddles
Just Do It	ER-CT faculty collaboration – bi-annual meetings to review protocols and processes	Dr. Pendley	Mid 2019	Amber to help schedule meeting in April. ER Rad + CT team will get together a list of protocols to discuss.
Just Do It	Optimize time between stroke alert page and patient arrival: Scan stable Head w/o patient if there is a > 15 minute window between stroke alert and patient ETA	CT Techs	In progress	Neuro team fine with optimizing time. If non-stroke patient on table, stroke pt. can be taken to the high acuity room.
Just Do It	POC Testing - QC schedule	CT Techs	TBD - discuss at 1/9 meeting	Need to develop a standard process



COMMON MISTAKES:

- SMART goals – missing at least 1 of the SMART points. Often timing
- Baseline analysis is not clear. Description of major findings missing.
- Interventions are not clearly assigned. I.e. who or what role is responsible for making each of these steps happen?
- Missing measures in the ‘Monitor’ section (despite having goals, which are your measures).
- Impact is used to write out what you can read in the measures (repetitive, missed opportunity)



SUMMARY

- Quality Improvement is a science with unique methodology
- A critical aspect is stepping back from proposing a solution to define the problem first*
- The baseline analysis is going to reveal both potential solutions and the improvement targets
- Success depends on tying SM-RT problem statements and SMART goals together

*This is applicable to initiating all research problems

- Specific
- Measurable: Quantify the impact to the business using numerical values whenever possible. "Some" or "multiple" are not quantities; "16" is a quantity that can be easily measured.
- Attainable: Make sure your goal is reasonable.
- Relevant
- Time-bound: State how long the problem has existed.