Building a culture of engagement

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AVP Continuous Improvement
Intermountain Healthcare
Since 1975
• 22 hospitals
• 2,784 licensed beds
• $6.1 Billion Annual Net Revenue

Since 1983
• Health plans
• 830,000+ members

Since 1994
• 1,200 employed physicians
• 335 APCs
• 32 Instacare Clinics
OUR MISSION
Helping people live the healthiest lives possible
OUR VISION

Be a model health system by providing extraordinary care and superior service at an affordable cost
STATE RANKINGS OF HEALTHINESS & VALUE

Compared to Total Health Cost Per Capita Rank

ENGAGED EMPLOYEES
HAVE WE CREATED THE SYSTEMS SO PEOPLE CAN BRING THEIR BEST TO WORK EVERYDAY?

- Ideal Results require Ideal Behavior
- Beliefs and Systems drive behaviors (Choices)
- Consequences of our systems sometimes drive behaviors we don’t anticipate
Extraordinary Employee Experience

“A say in decisions that affect me.”

 Ranked 10th in importance

 Ranked 45/48 attributes
2015 Gallup Survey

“My opinions count.”

Remains *lowest* scored question

**Mean=3.83**
• Seven Key Systems
• Each Key System has several Elements
• Key Systems and Elements help leaders create a culture of Continuous Improvement
Define clear expectations of what it means to be successful at each level of the organization coupled with aligned strategies, tactics and actions to attain goals.

Systems and processes are designed to help leaders and staff see problems in real time.

Employees are engaged through team-based problem solving, idea generation, and recognition.

Management is engaged through reaction protocols, coaching, and standard follow-up.

Use tools to identify innovative approaches to increase value in the organization.

“How do we achieve large innovations?”

“How do we approach problems?”

Consistent methodologies to approach problems and engage teams in scientific problem-solving.

“What does it mean to be Successful”

“How do we know that we’re successful?”

“If we have gaps what are we doing about them?”

“As leaders how can I help you be successful more often?”

C O N T I N U O U S I M P R O V E M E N T M E T H O D
Key System: STRATEGY DEPLOYMENT

“What does it mean to be successful?”

Clear expectations of what it means to be successful at each level of the organization, coupled with aligned strategies, tactics, and actions to attain goals.
McKay-Dee Hospital – Medical/Surgical Director Board

STRATEGY DEPLOYMENT

Key Elements
- Catch Ball Process
- Strategy Connection Tool
- Scorecards
- Huddle Board
- One on One’s
- Step back reviews
- Operations Review
Key System: VISUAL MANAGEMENT

“How do we know that we’re successful?”

Systems and processes are designed to help leaders and staff see problems in real time.
VISUAL MANAGEMENT

Key Elements
- Metric Indicators
- Process Signals
- Resource Demand Tool
- 5S

Surgical Unit, McKay-Dee

ICU, McKay-Dee
KEY VISUAL PROCESSES FOR HUDDLE BOARDS

• Safety
• Alignment
• Process indicators and leading measures
• Clear indication of gaps
• Closed loop follow up for improvements, escalation and actions
• Recognition and appreciation
Process Indicators & Result Measures

Process Indicators measure key points within the process which will predict/affect the Result Measures. Result indicators measure final outputs from the customer’s perspective.
CLEAR INDICATION OF GAPS WITH BUILT IN FOLLOW UP
Employees are engaged through team-based problem solving, idea generation, and recognition.

Key System: DAILY IMPROVEMENT

“If we have gaps, what are we doing about them?”
Figure 1.
Percentage of the Population 25 Years and Over Who Have Completed High School or College: Selected Years 1940-2009

DAILY IMPROVEMENT

Key Elements
- Idea Boards
- Idea Innovation Time
- Implemented Idea Metric
- Idea Recognition

Idea Board, McKay-Dee
Key System: CLOSING THE LOOP

“As a leader, how can I help you be successful more often?”

Management is engaged through reaction protocols, coaching, and standard follow-up.
Leadership must spend time supporting daily work

- Strategy development and deployment;
- Checking progress against goals; removing barriers;
- Overall business direction
- Improvement; Problem-solving; Focus on KPIs
- Daily Management Checking, Issue Resolution

[Diagram showing time allocation for different management levels]
CLOSING THE LOOP

Key Elements

- Standard Work: Leader
- Standard Work: Key Process
- Standard Work: Dedicated CI
- Rounding For Outcomes
- Daily Tiered Huddles (Escalation Process)
- Leadership Huddles
- 4S (Standardize, See, Solve, Sustain)
- Recognition
- Action Register
**Zero Harm**

**Patient Safety Alert**

**Primary IV Set Safety Concerns**

1. Incidents of the primary IV tubing set becoming loose have occurred in our clinical areas. Clinical staff using the primary IV set Tronix 3975-VH should check all connections and manually tighten to ensure a secure connection.

2. Incidents occurring with this set 3095-48 such as loosen connections, disconnections, should be reported through the event system.

3. All clinicians using this tubing should aware that since we are in transition between Nustar and Carefusion tubing, that the feel of the connection may be different, as well as the force needed to secure the connection. For example, the Nustar tubing may require greater force to secure the connection, whereas the Carefusion may not require the same amount of force.

**Interim Process until Resolution**

- Secure the connection.
- Once the connection is secured, use TransPore tape to reinforce and maintain the connection. (See photo below.)
- Check all connections to ensure they have remained intact after all transfers of the patient. i.e., from ICU to OR, or from OR to PACU, etc.
- Notify the Charge Nurse, Supervisor or Manager immediately with any issues related to the tubing and its connections.
- Complete an RFI report for all incidents related to the tubing and its connections.

**Coordinators and the Supply Chain and Patient Relations Representative for any clarification or support.**

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**Sterile Water Infusion Safety Risk**

**Situation:** A physician ordered sterile water to be given intravenously to treat an ICU patient’s elevated sodium level and severe hypernatremia. The ICU nurse was able to call Materials Management and order a bag of sterile water which was delivered to the unit. Fortunately, a pharmacist stumbled across it before it was infused and educated the ordering physician about the risk including potential death.

**Background:** This is a known risk to the industry. The following abstract from the article, Sterile Water Should Not be Given “As Needed,” (J Hosp Infect 2006 Jan 20:59-66) summarizes the challenge.

> “Severe hypernatremia can be challenging to treat. There appears to be a failure among healthcare practitioners to recognize the danger of infusing plain sterile water intravenously. Bags of sterile water for injection and inhalation solutions are being misused for intravenous (IV) solutions. Sterile water is hypotonic (0.55 mOsm/L). Serious patient harm, including hypernatremic, can result if it is administered by direct IV infusion... Medication error reporting programs have received reports of IV administration of sterile water in patients, some of which have resulted in patient death. Risk reduction strategies include recognizing the problem, developing protocols to treat hypernatremia, establishing safeguards, assessing for safe storage, and ensuring that sterile water bags cannot be provided without prior pharmacy agreement and supervision.”

**Assessment:** The investigation revealed that this occurs several times a year but has gone unreported. To avoid confusion with Sterile Water for Respiratory Therapy, the organization moved from IV to SI bags last year, but SI bags still exist for other uses.

**Recommendation:** While we conduct an investigation of our risk reduction strategies systemwide, we recommend the following:

- Work with your Supply Chain/Materials management to apply signage that states it can only be dispensed to pharmacy.
- Also, tag each bag in their stock with a label that will say “Safety Alert: NOT FOR DIRECT INFUSION” while we work through the failure in our process.
Key System: PROBLEM SOLVING

“How do we approach problems?”

Consistent methodologies to approach problems and engage teams in scientific problem-solving.
PROBLEM SOLVING

Key Elements

- 8 Disciplines of Problem Solving
- Problem Solving Tools (5 Whys, A3, Fishbone, Six Sigma, etc.)
- 100% Participation Frontline Tools
- Significant Event Tracking & Metrics

Porter Clinic, McKay-Dee Hospital
Key System:
VALUE IMPROVEMENT PROJECTS

“How do we achieve large innovations?”

Use tools to identify innovative breakthrough approaches to increase value in the organization.
VALUE IMPROVEMENT PROJECTS

Key Elements
- Expectations
- Project Prioritization and Visual Tracking System
- **Innovation Tools and Activities** (Value Stream Maps, Rapid Improvement Events, 3P, etc.)
  - Standard Project Mgmt tool
  - Clinical Program Initiatives
  - System Projects
  - Improvement Wiki

Medical Group, 3P Event
Key System: BEST PRACTICE INTEGRATION

“How do we learn from one another?”

Method to prioritize, share, and track application of lessons learned throughout the organization.
North Region, Lateral Deployment Process

Key Elements

- Best Practice Escalation
- Best Practice Integration Goals
- Lateral Deployment Process
- Best Practice Reviews
• Creates a common language
• Provides a framework to assess culture & performance
Engaged Caregivers

Caregivers have an unparalleled work experience that supports them in delivering the fundamentals of extraordinary care.
Used KPSW to reduced 1st Year Turnover from 116% to 14.3% in one year

<table>
<thead>
<tr>
<th>Timing</th>
<th>Major Steps</th>
<th>Key Points</th>
<th>Reasons Why</th>
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| The day the new hire accepts the offer | • Contact your new employee | • Call prior to the anticipated start date  
• Welcome the new employee to the team  
• Confirm their start date  
• Ask them when they are doing new employee orientation and patient experience training  
• Tell the new employee where to report  
  - Directions to the department  
  - Where to park  
  - Start time  
• Instruct them on dress requirements  
• Provide your contact information  
• Ask if they have any questions | • A new hire’s decision to remain with the company long term is made within the first 6 months of employment  
• Begin an emotional connection with the new hire  
• Help the new employee to feel valued upfront  
• Help the employee feel safe, welcome and at ease |  |
| Ensure tools are in place prior to start date | • Ensure Tools are in place | • Some tools will not be available until after hire  
• Use reference list to assist with requests for access  
• Ensure the work area is ready for the new employee  
• Notify staff of new hire and start date  
• Identify a mentor for the new hire  
• Schedule time with the educator/lead to do dept orientation and review orientation plan  
• Have orientation packet printed and ready for first day | • Ensures the new hire can be productive on their first day of work |
Phase 3 (Innovation)
Proactive Improvement
- A3/VSM/Tools

Phase 2 (Problem Solving)
- Reactive Problem Solving process
- Daily Escalation
- RCA process

Phase 1 (Accountability)
- Strategy Deployment/Employee Ideas
- Huddle, Huddle boards Idea Systems
CI METHOD PROGRESS

Ideas Implemented

- Total Ideas
- Ideas Implemented

Total Projects

- Completed CI Projects

CI Huddle Implementation

- (% of Departments)

% of Units

- System Total
- Goal: All Depts Huddling
LESSONS LEARNED

1. Build Leadership Support
2. Language Matters – Connect Language to Culture
3. Develop a Continuous Improvement Framework/Method
5. The Leader’s Role
Thank You!

*Your opinion is important to us!*

Please take a moment to complete the survey using the conference mobile app.

Session No: WS/36
Continuous Improvement

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