



# Building a culture of engagement

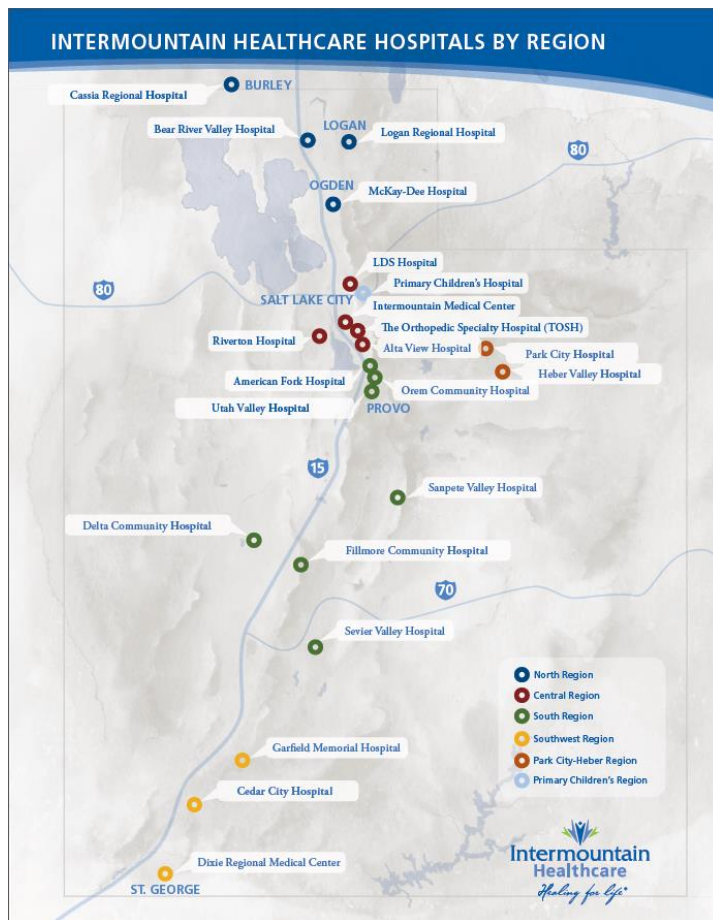
**Bryan Crowell**

AVP Continuous Improvement  
Intermountain Healthcare





# INTERMOUNTAIN HEALTHCARE



## Hospitals



### Since 1975

- 22 hospitals
- 2,784 licensed beds
- \$6.1 Billion Annual Net Revenue

## SelectHealth



### Since 1983

- Health plans
- 830,000+ members

## Medical Group



### Since 1994

- 1,200 employed physicians
- 335 APCs
- 32 Instacare Clinics



# OUR MISSION

Helping people live the healthiest lives possible



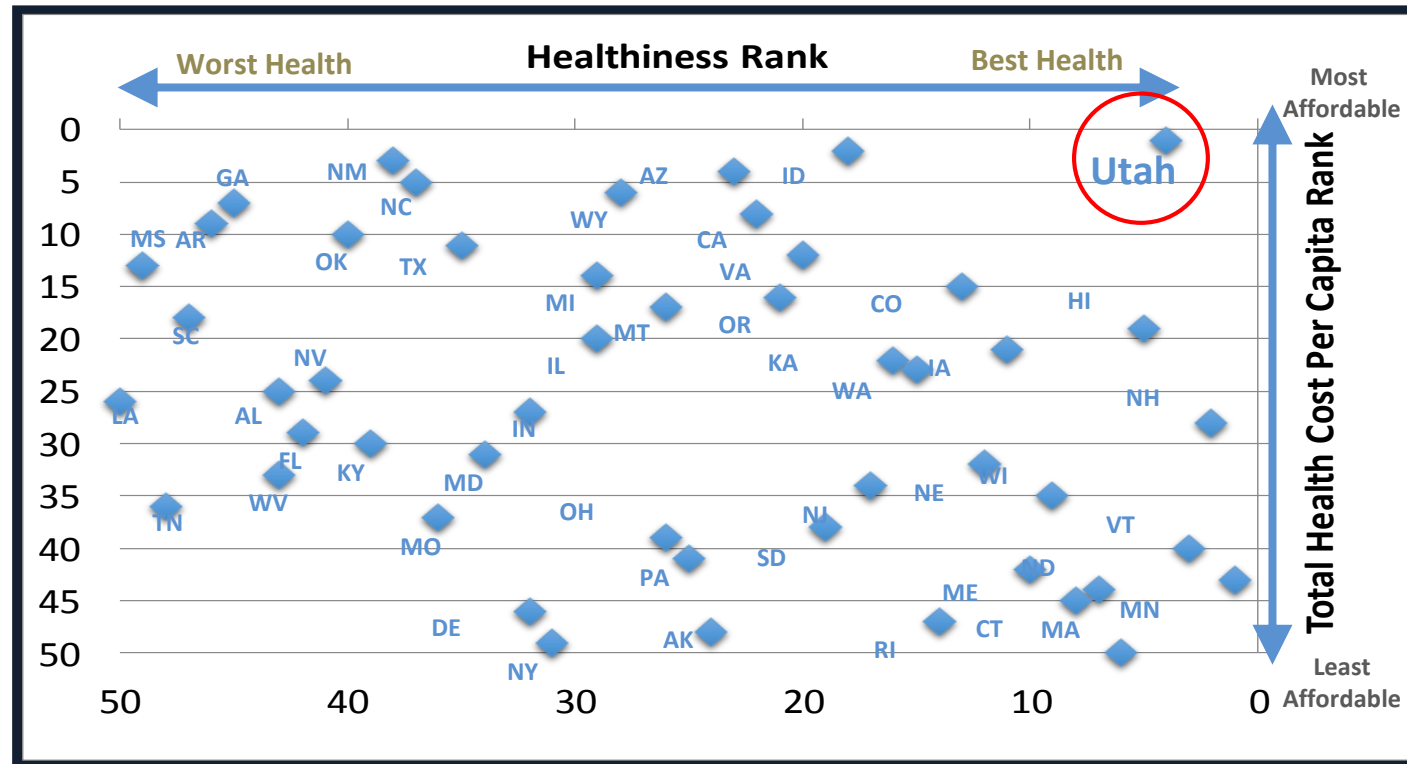


## OUR VISION

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



Source: Healthiness – United Health Foundation, 2012; Total Health Cost – Kaiser Family Foundation, 2013



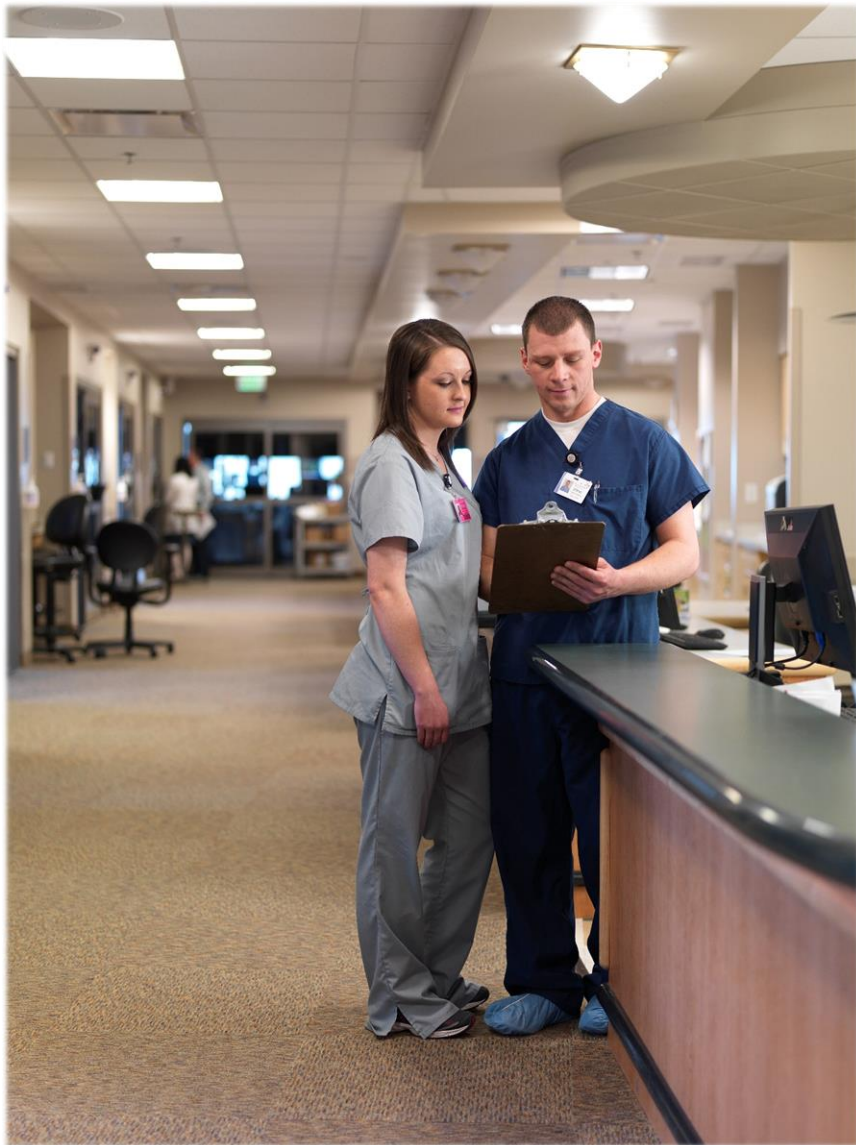
# ENGAGED EMPLOYEES



# 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

**10<sup>th</sup>**

in importance

Ranked

**45/48**

attributes



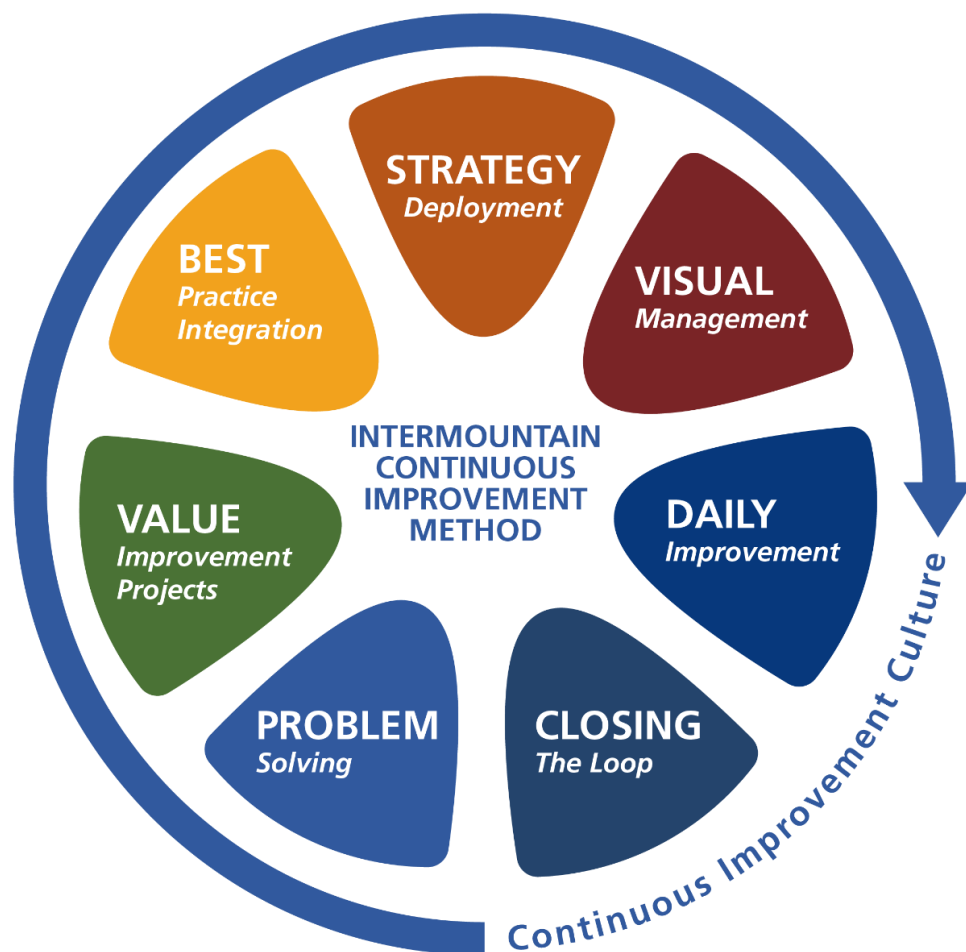


## 2015 Gallup Survey

“My opinions count.”

Remains *lowest* scored question

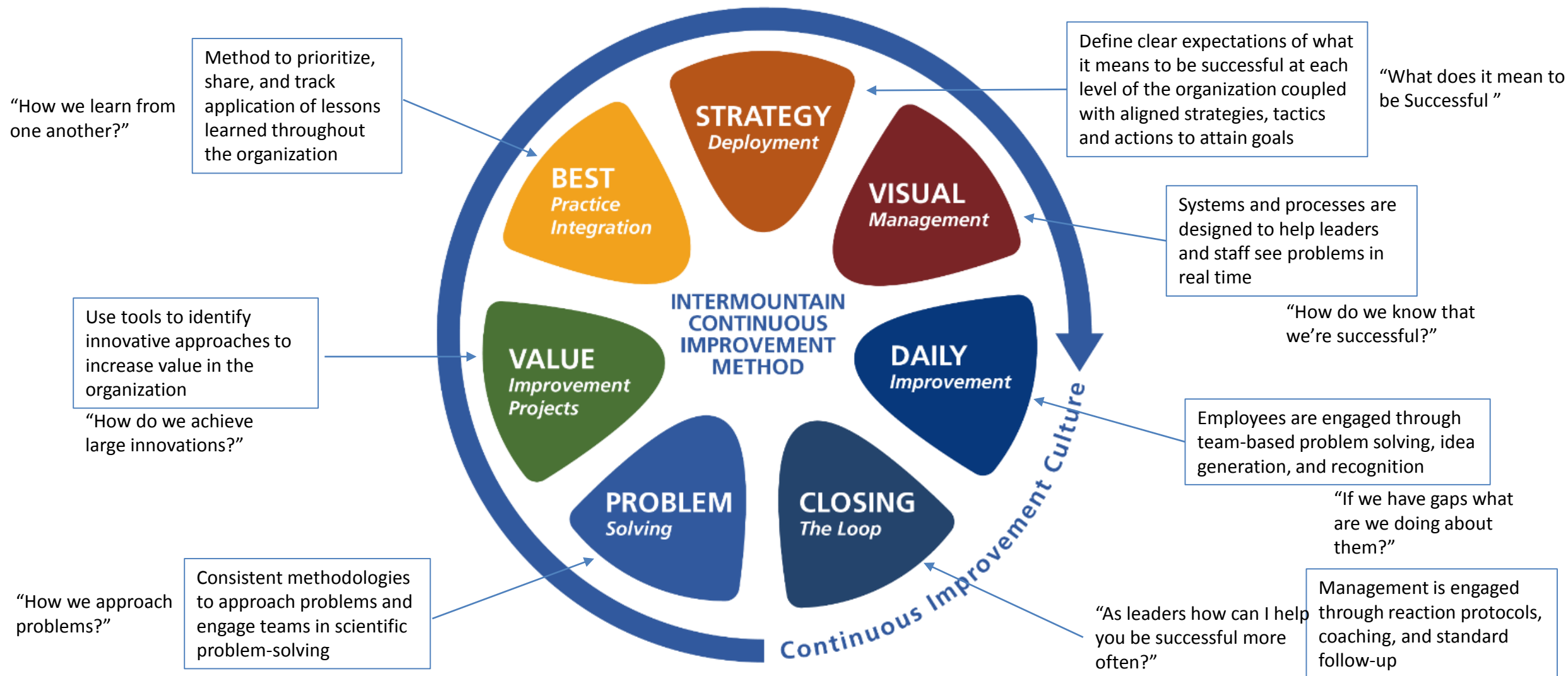
Mean=3.83



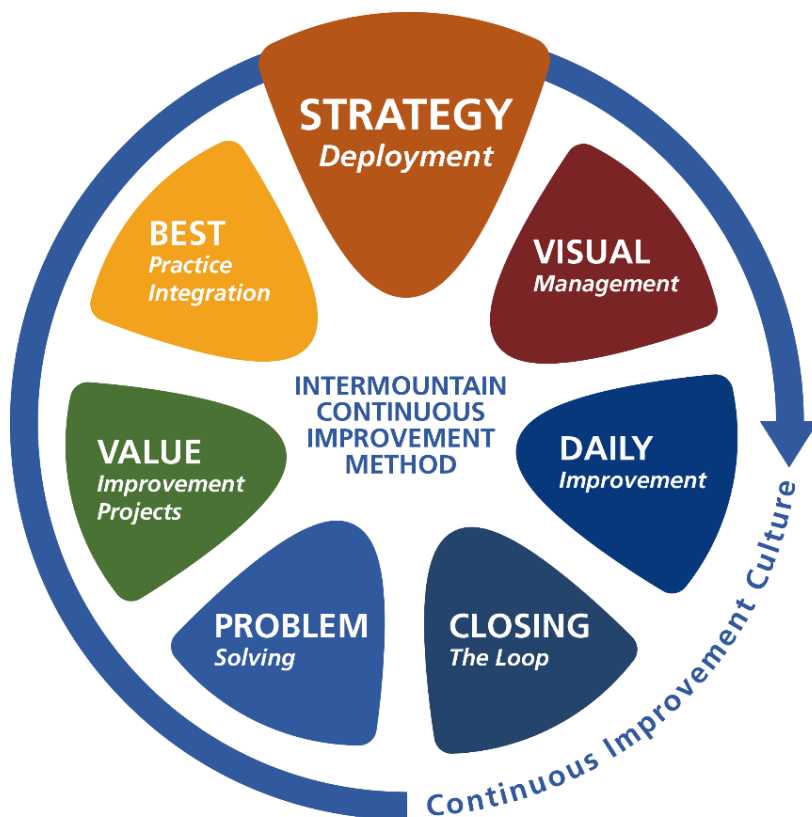
## Intermountain<sup>®</sup> Continuous Improvement

- Seven Key Systems
- Each Key System has several Elements
- Key Systems and Elements help leaders create a culture of Continuous Improvement

## CONTINUOUS IMPROVEMENT METHOD







## 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.



## STRATEGY DEPLOYMENT

### Key Elements

- Catch Ball Process
- Strategy Connection Tool
- Scorecards
- **Huddle Board**
- One on One's
- Step back reviews
- Operations Review

McKay-Dee Hospital – Medical/Surgical Director Board



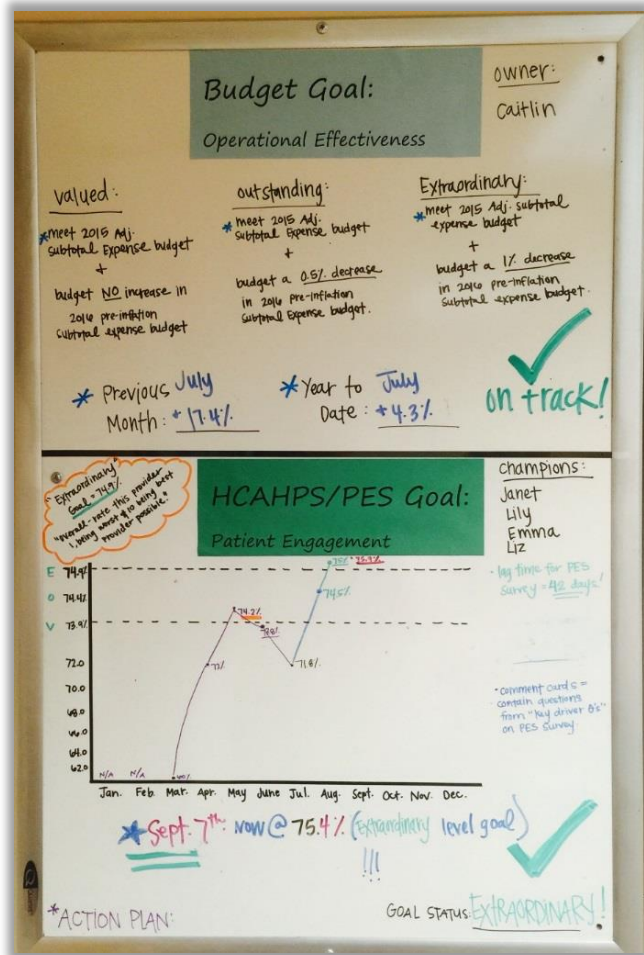
## Key System: VISUAL MANAGEMENT

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

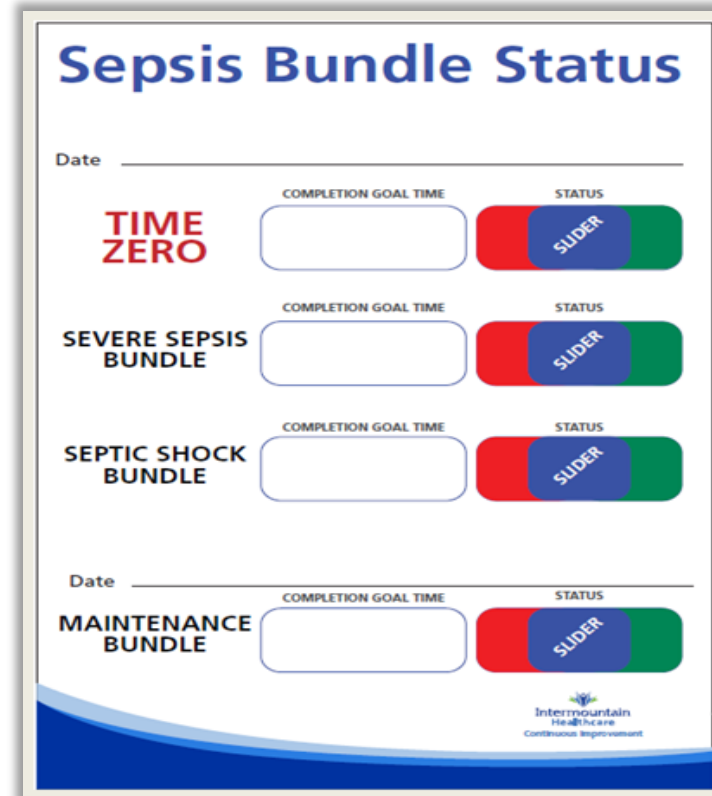
Systems and processes are designed to help leaders and staff see problems in real time.







Surgical Unit, McKay-Dee



ICU, McKay-Dee

## VISUAL MANAGEMENT

### Key Elements

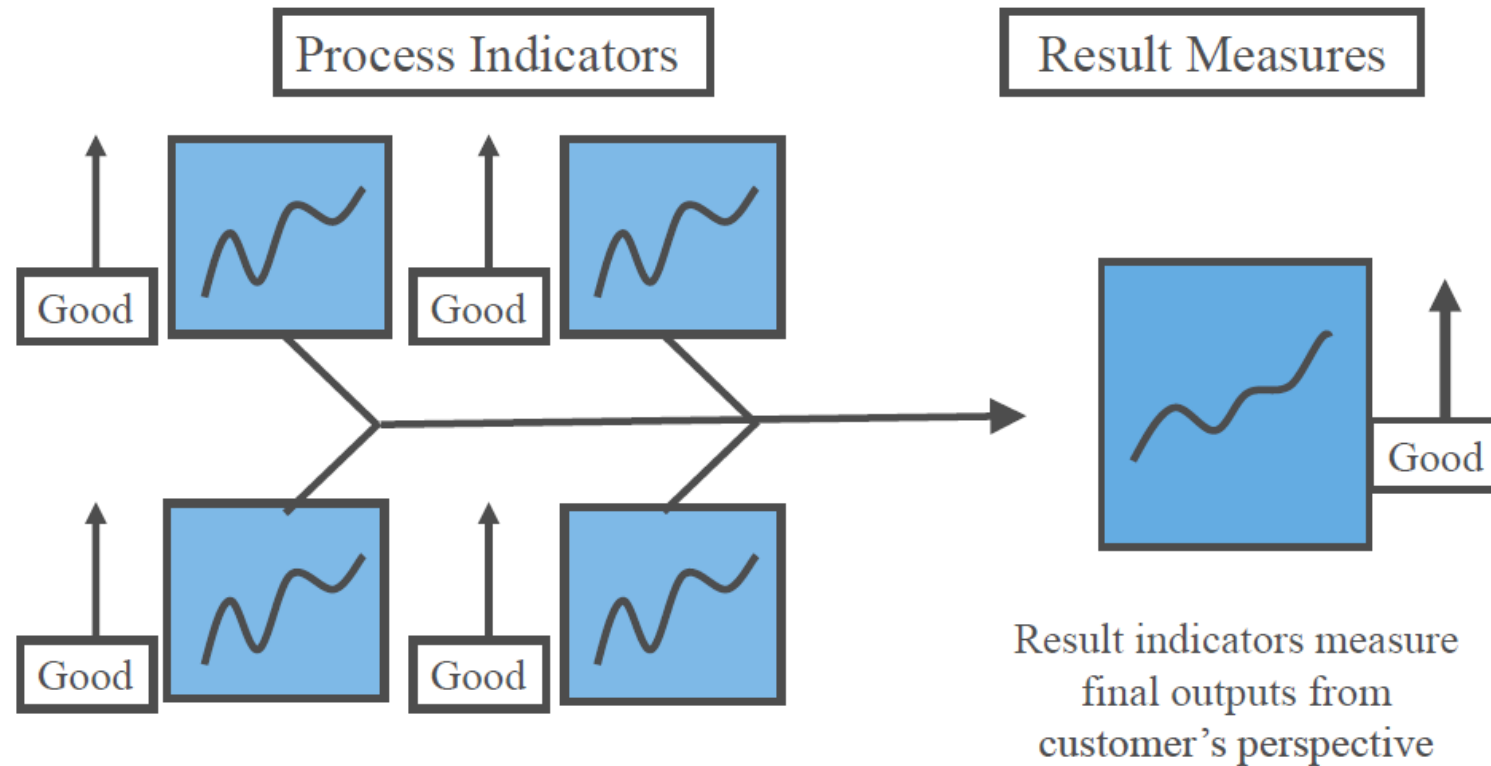
- Metric Indicators
- Process Signals
- Resource Demand Tool
- 5S

# 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



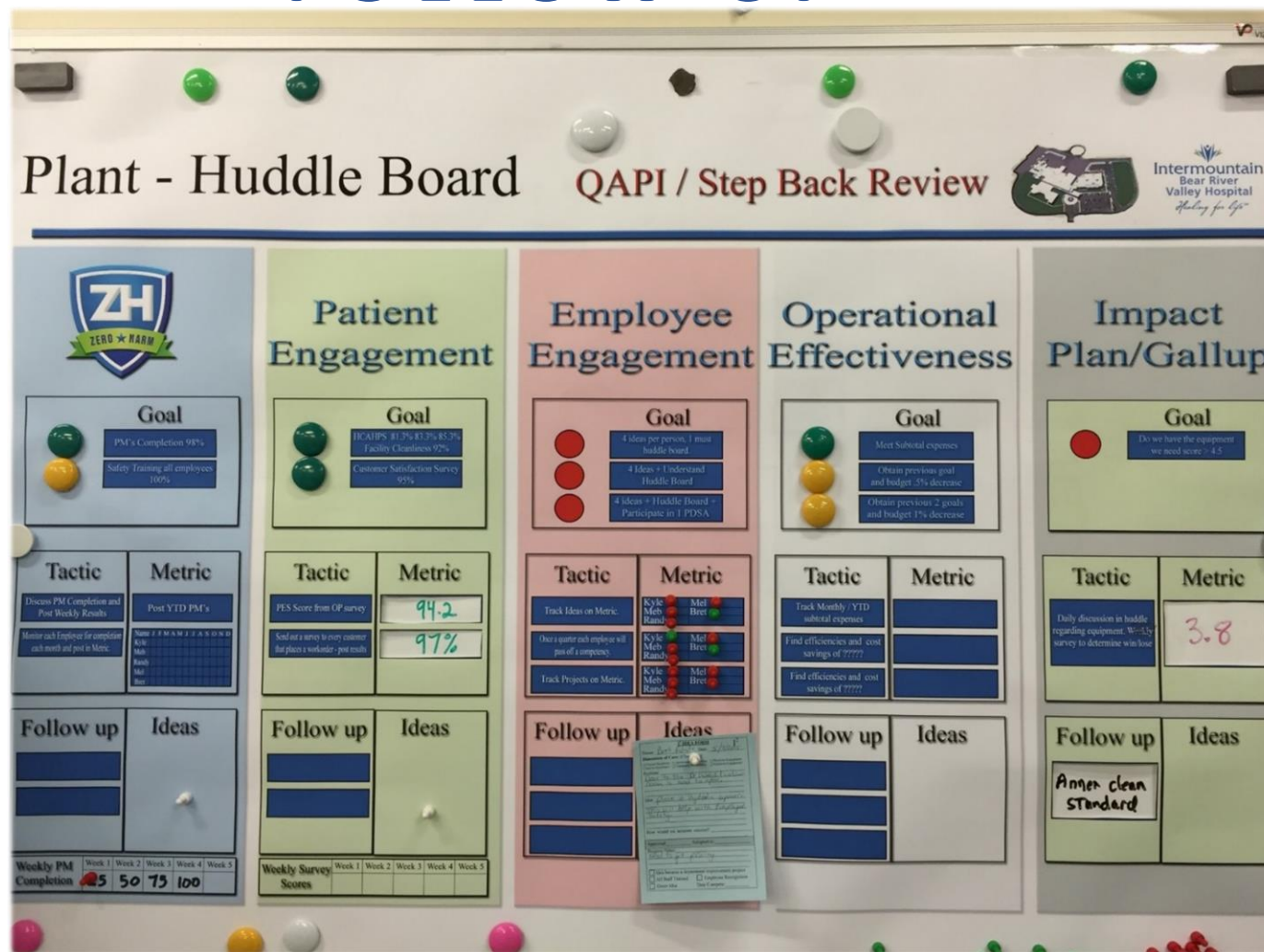
# PROCESS INDICATORS & RESULTS MEASURES

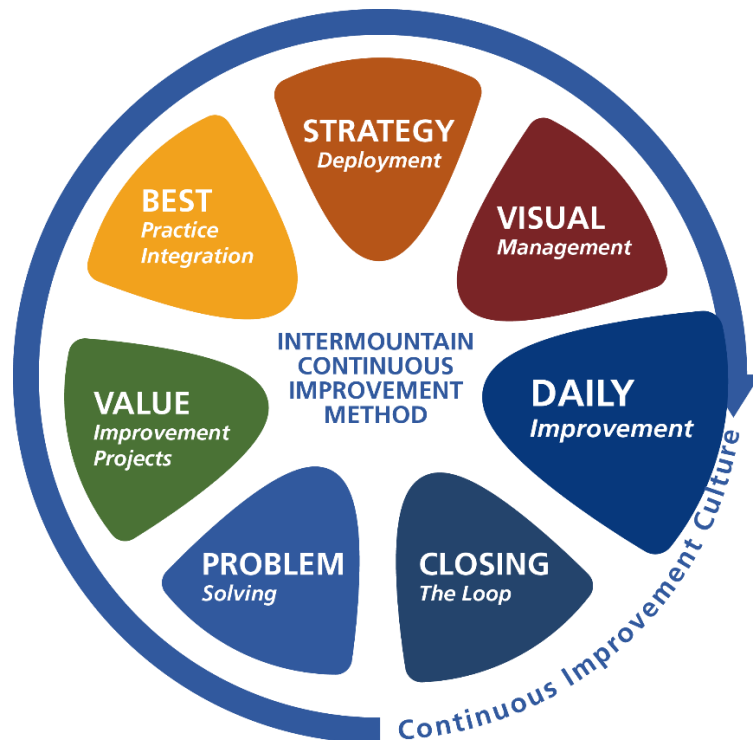


*Process Indicators* measure key points within the process which will predict/affect the *Result Measures*



# CLEAR INDICATION OF GAPS WITH BUILT IN FOLLOW UP





## Key System: DAILY IMPROVEMENT

*"If we have gaps, what are we doing about them?"*

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

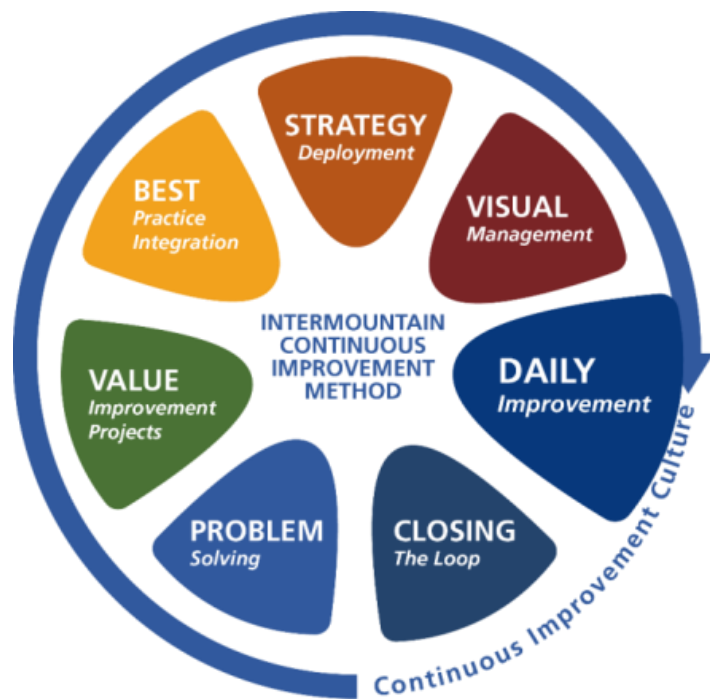
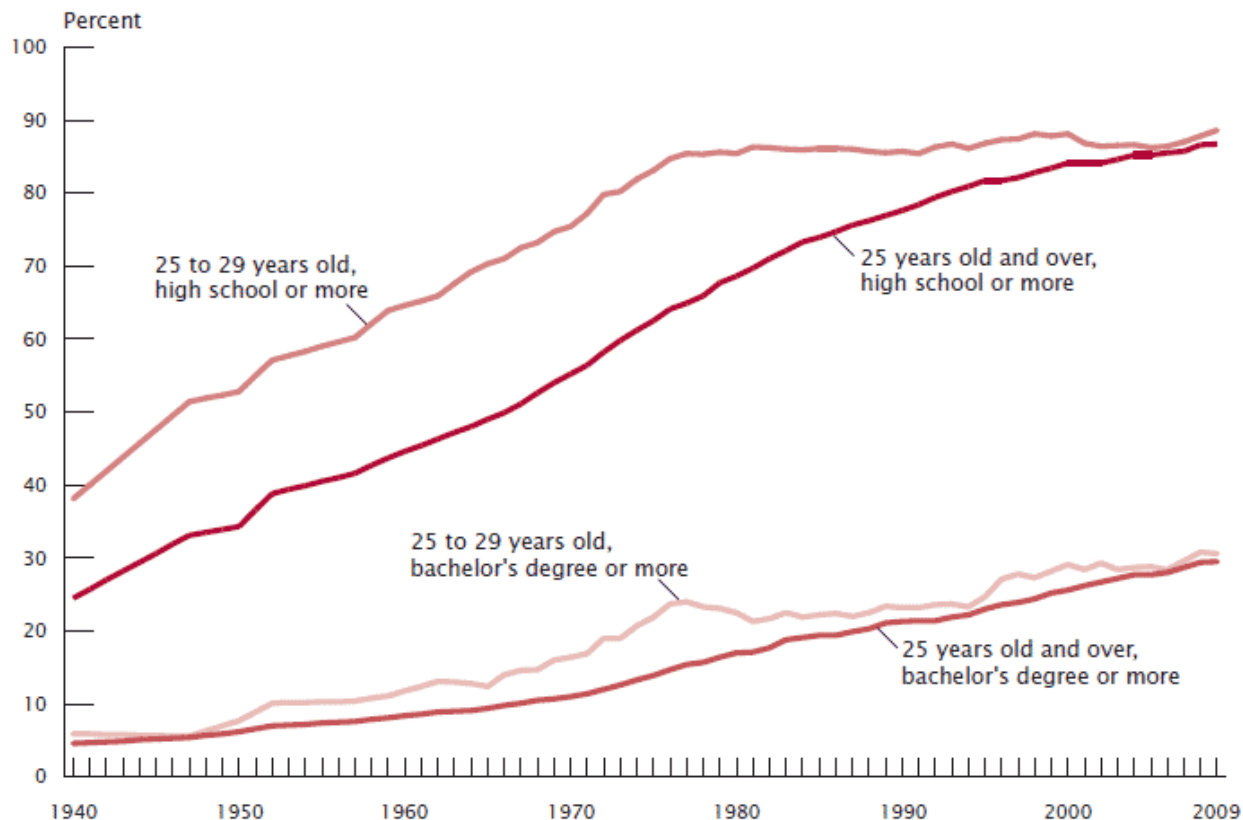
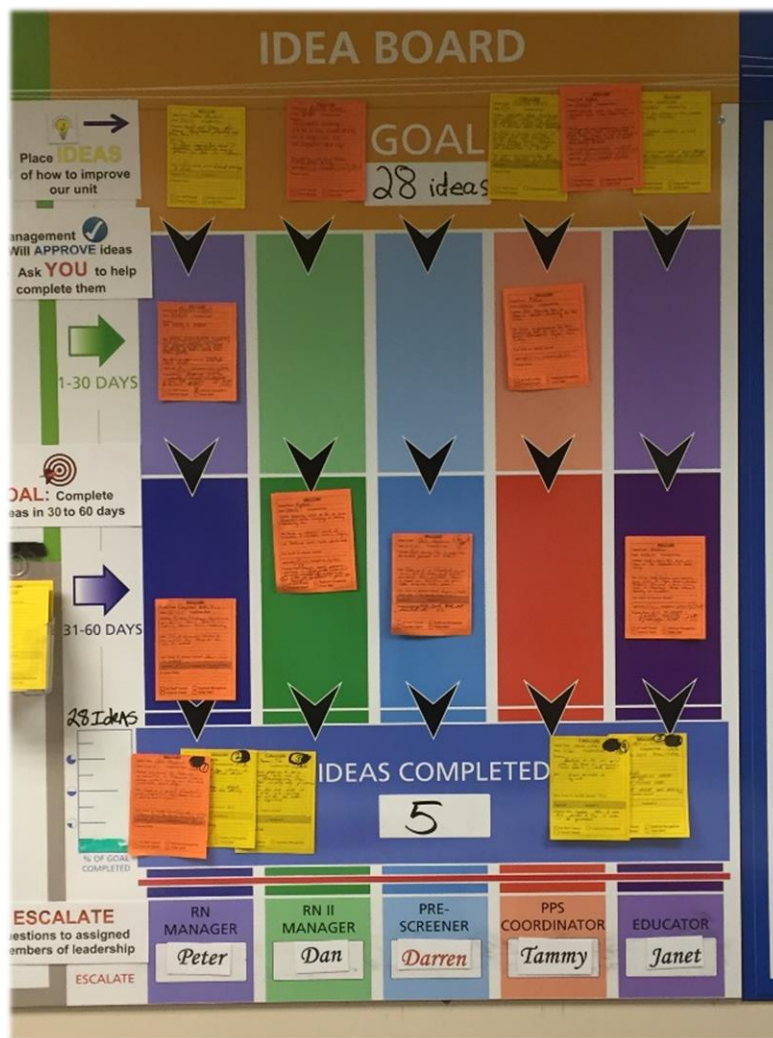


Figure 1.  
Percentage of the Population 25 Years and Over Who Have Completed  
High School or College: Selected Years 1940–2009



Source: U.S. Census Bureau, Current Population Survey and decennial censuses.



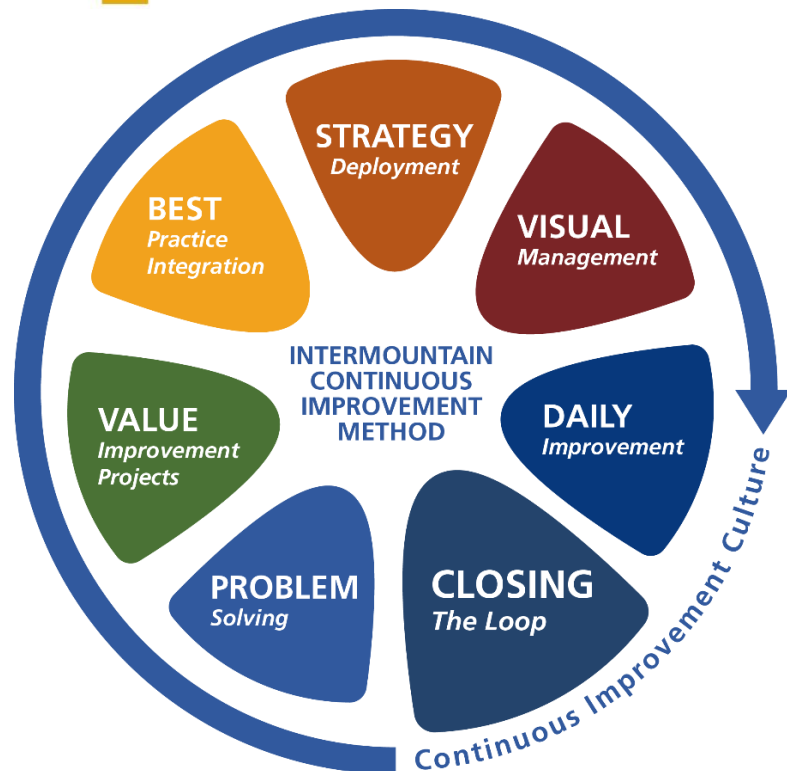


Idea Board, McKay-Dee

## DAILY IMPROVEMENT

### Key Elements

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



## Key System: CLOSING THE LOOP

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

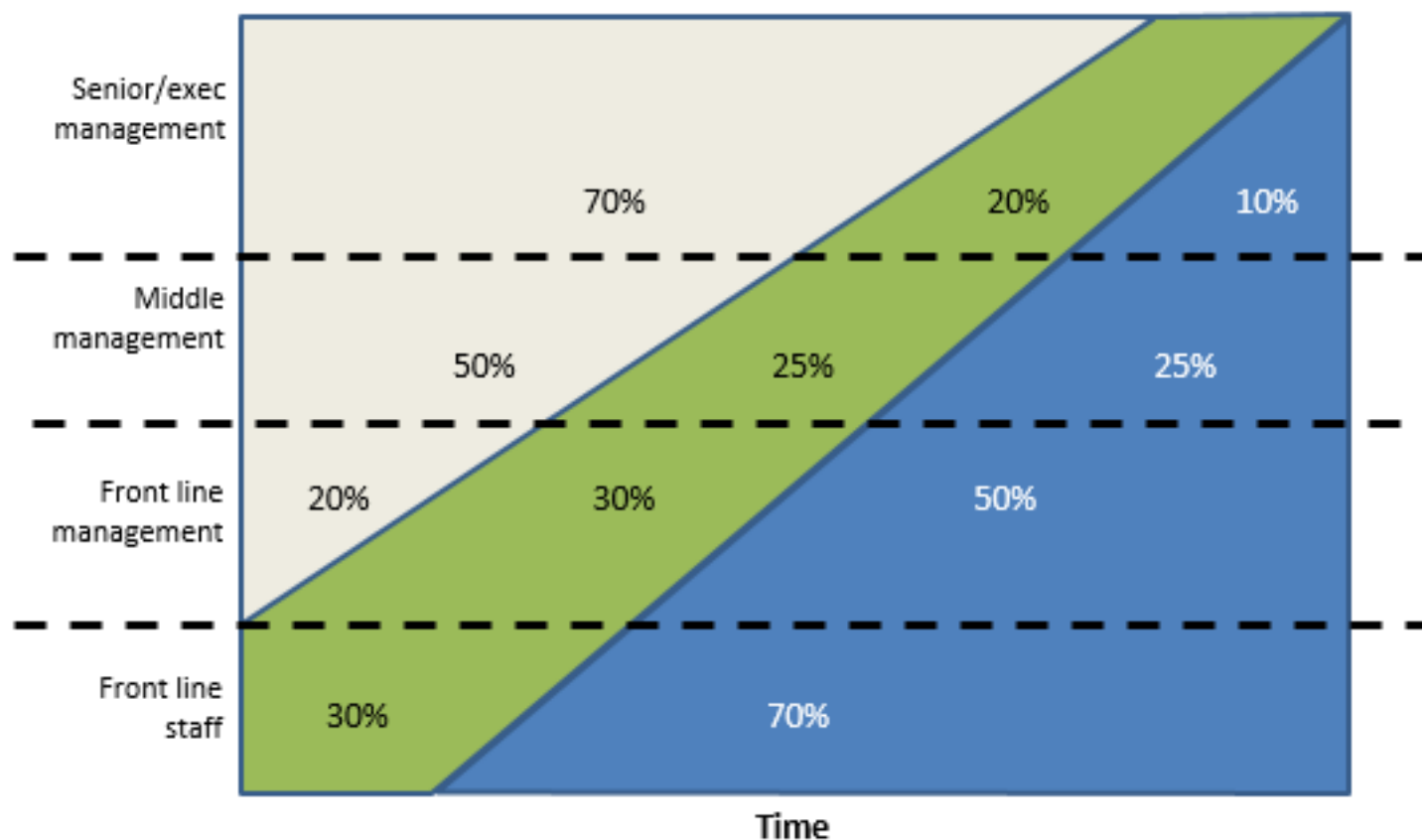
Management is engaged through reaction protocols, coaching, and standard follow-up.

# 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






9:50




- Review Region Status
- Ensure Actions are in place for improvement
- Provide support where needed
- Recognize Region members

9:40




- Review Hospital Status
- Take Action for escalation
- Review past due Significant Events
- Report on constraints
- Share lessons learned
- Recognize team members

9:30



- All team leaders meet daily
- Report on current status and performance
- Share corrective actions and lessons learned
- Escalate issues to management team
- Recognize Team members

8:30



- Front line Team meets by shift
- Review Abnormalities
- Escalate issues
- Discuss Corrective Actions
- Ideas for improvement
- Recognize Team members

## 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

## Rapid Safety Containment Alerts

### ZERO HARM

#### Patient Safety Alert

##### Primary IV Set Safety Concerns



1. Incidences of the primary IV tubing set becoming loose have occurred in our clinical areas. Clinical staff using the primary IV set Hospira 20795-48 pictured below should check all connections and manually tighten to ensure a secure connection.
2. Incidents occurring with this set 20795-48 such as loose connections, disconnections, should be reported through the event system.
3. All clinicians using this tubing should be aware that since we are in transition between Hospira 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 Hospira tubing may require a greater force to secure the connection, whereas the CareFusion may not require the same amount of force).

Corporate and the Supply Chain are investigating the issue and will provide us with a resolution. Until that time, please follow the Interim Process.

##### 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 PreOp to the OR, or from OR to PACU, etc.
- Notify the Charge Nurse, Supervisor or Manager immediately with any issue related to the tubing and its connections.
- Complete an iReport for all incidents related to the tubing and its connections.



Please contact your Quality Consultant or Patient Relations Representative for any clarification or concerns.

Intermountain  
Continuous Improvement  
Zero Harm

### ZERO HARM

#### Patient Safety Alert

##### 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 hyponatremia. 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 risks including potential death.

**Background:** This is a known risk to the industry. The following abstract from the article, Sterile Water Should Not be Given "Freely," (Pa Patient Saf Advis 2008 Jun; 5(3) 53-6) summarizes the challenge.

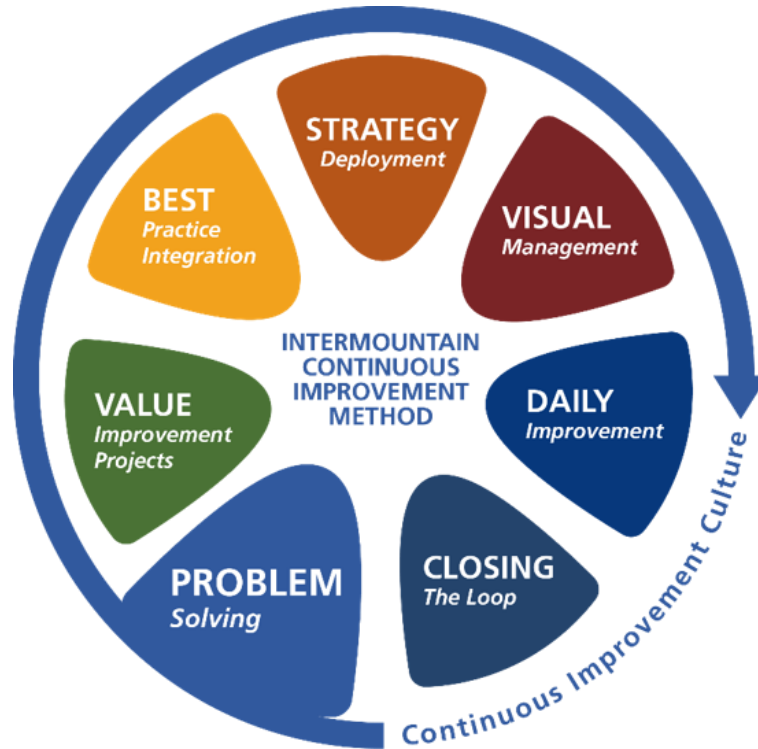
"Severe hyponatremia can be challenging to treat. There appears to be a failure among healthcare practitioners to recognize the danger of infusing plain sterile water intravenously. Bags of sterile water for injection and inhalation also are being mistaken for intravenous (IV) solutions. Sterile water is hypotonic (0 mOsm/L). Serious patient harm, including hemolysis, can result when it is administered by direct IV infusion. ...medication error reporting programs have received reports of IV administration of sterile water to patients, some of which have resulted in patient deaths. Risk reduction strategies include recognizing the problem, developing protocols to treat hyponatremia, 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 1L to 2L bags last year, but 1L bags still exist for other uses.

**Recommendation:** While we conduct an investigation of our risk reduction strategies system-wide, 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 failures in our process.



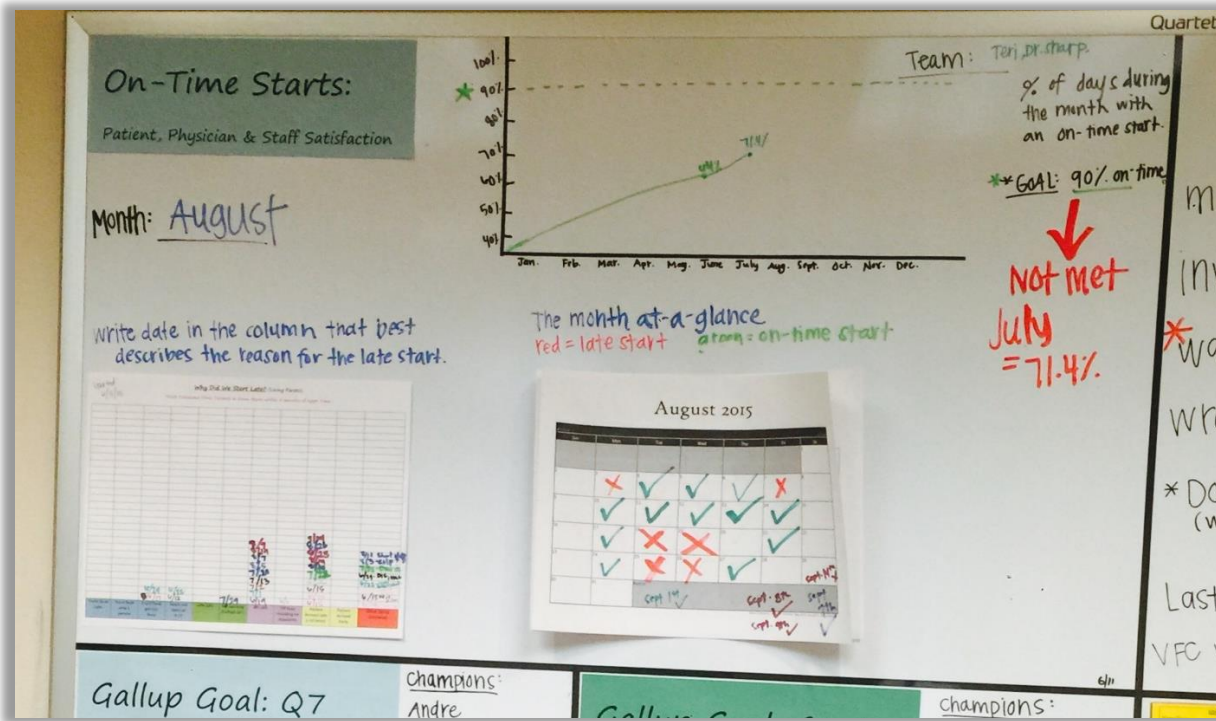


## Key System: PROBLEM SOLVING

*“How do we approach problems?”*

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



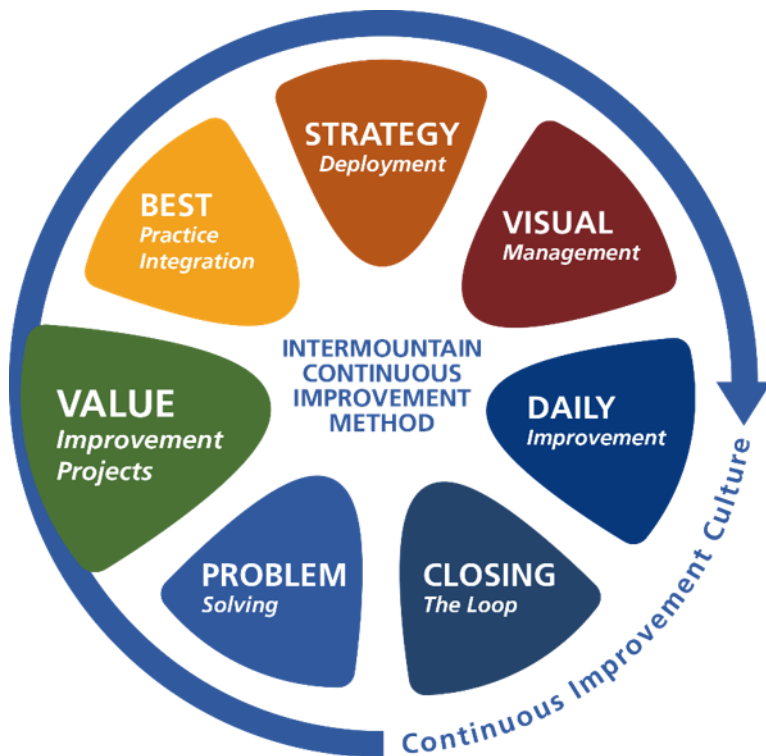


Porter Clinic, McKay-Dee Hospital

## 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



## 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



Medical Group, 3P Event

### 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





## 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.

## BEST PRACTICE INTEGRATION

### Key Elements

- Best Practice Escalation
- Best Practice Integration Goals
- Lateral Deployment Process**
- Best Practice Reviews

Improvement Title	Facility	Department	Type	Safety x5	Quality x3	Flow x1	Engagement x1	Cost x1	Priority	Weighted Score
Joint and Spine (VSM only)	McKay-Dee	Joint & Spine	N/A	High	High	High	High	High	HH-Difficulty/Impact	5
Improve Cath Lab 8 am Start Times	McKay-Dee	Cath	N/A	High	High	High	High	Low	LL-Difficulty/Impact	4.7
UTI Management	McKay-Dee	CVTU	N/A	High	High	Medium	Medium	High	LH-Difficulty/Impact	4.7
Implementation of visual patient safety/falls board	Logan	Medical	N/A	High	High	Low	Medium	Medium	LH-Difficulty/Impact	4.4
Reduce 30 day readmissions by identifying high risk patients	Logan	Medical, BHU	N/A	Medium	High	Medium	High	High	HH-Difficulty/Impact	4.1
Daily Management System on Medical Unit	Logan	Medical	N/A	High	Medium	Medium	Medium	Low	HH-Difficulty/Impact	3.9
GI Lab Patient Flow Improvement	McKay-Dee	GI	N/A	Medium	High	High	Low	Medium	HH-Difficulty/Impact	3.8
IABP Improvement	McKay-Dee	Cath, ICU & OR	N/A	High	Medium	High	Low	N/A	LH-Difficulty/Impact	3.8
BioMarker in Cardiac Patients	McKay-Dee	Cath & ED	N/A	Medium	High	Medium	Medium	Low	LH-Difficulty/Impact	3.6
Decrease ALOS in Postpartum	McKay-Dee	OB	N/A	Medium	High	Medium	Medium	Low	LH-Difficulty/Impact	3.6
Mother/Baby Whiteboard Redesign--Reduce LOS									ulty/Impact	3.5
Reduce X-ray, CT turnaround times in ED									ulty/Impact	3.3
Restricting Acetylcysteine to acetaminophen Over									ulty/Impact	3.2
Total Knee VSM									ulty/Impact	2.6
Add frequently used meds to both ADMs									ulty/Impact	2.6
ED geographic zones staffing to improve flow									ulty/Impact	2.1
Outpatient Schedule Optimization--Increase capa									ulty/Impact	1.8
Interpreter Scheduling									ulty/Impact	1.8
Demand-based Staffing Models									ulty/Impact	1.7
Decrease CCT staffing model to a 2-tech model									ulty/Impact	1.5
2-bin Supply system in BHU									ulty/Impact	1.2
Steris Reliance Synergy - clinical engineering									ulty/Impact	1.1
Purchase Big Boy Beds to reduce the cost for rent									ulty/Impact	1.1
Transition to Pacific Interpreter for phone interpr									ulty/Impact	0.9
Decrease Tech staff by changing ADM fill times									ulty/Impact	0.6
Turning off computers									ulty/Impact	0.3

#### Best Practice Integration Tracking Form

Opportunity Falls Prevention Board

Facility: Region

Implementation Lead: Brian Child Phone: 435-716-5196

SMC Lead: Bonnie Jacklin Start Date: 4/2015 Complete Date: 11/2015



#### Department Information

Department Visited: None

**Background Information:** The Medical Unit at Logan Regional needed a visual solution to help nursing and leadership identify and prevent falls on their unit.

**Scope:** Clinical areas with high falls-risk patients

**Notes:** None

#### Categorization

**Application Type:**

☒ Visual ☐ Process ☐ Other  
☐ Standard ☐ Training

**Implementation:**

☒ Adopt ☐ Adapt

## North Region, Lateral Deployment Process

### Deployment Tracking

Location	Department	Status	Training	Grasp Application	Owner	Start Date	Due Date	Complete Date	F/U Scheduled
LO	Medical Unit	✓	✓	✓	✓	2012	✓	2012	
LO	Surgical Unit	✓	X	X	✓	Jun 15	Aug 31		
MR	Medical/Surgical Unit	X					Aug 31		
MKD	Joint/Spine Unit	X					Aug 31		
MKD	Rehab Unit	X					Aug 31		
MKD	Surgical Unit	X					Aug 31		
CA	Medical/Surgical Unit	X					Aug 31		




# Intermountain®

## Continuous Improvement

- Creates a common language
- Provides a framework to assess culture & performance

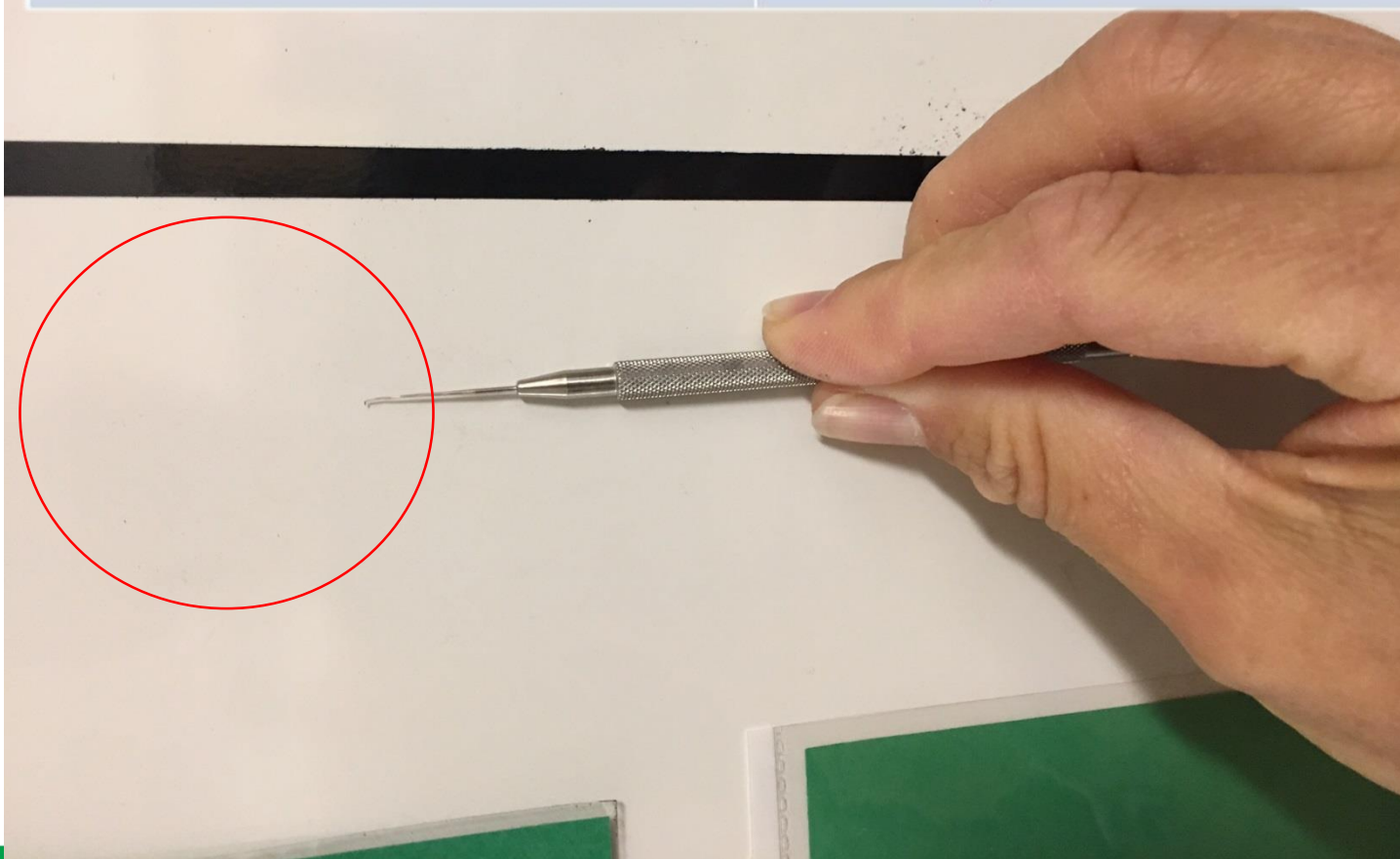
Key System	Key Element	Level	Question	Score	Scale	Score 1
					0% Never 25% Sometimes 50% Often 75% Most of the Time 100% Always	
Strategy Deployment	Catch Ball	Level 1	Leadership has a calendar to support the catch ball process.			
Strategy Deployment	Catch Ball	Level 1	Each level has input into the higher tiers goals. (i.e. Managers involved in Director goals)			
Strategy Deployment	Catch Ball	Level 1	Each team reviews higher tier goals and develops their respective goals to support.			
Strategy Deployment	Catch Ball	Level 1	Senior Leaders verify lower level goals align to organization goals			
Strategy Deployment	Catch Ball	Level 1	The organization leadership reviews new goals with teams.			
Strategy Deployment	Catch Ball	Level 1	The teams are given autonomy to develop their leading goals.			
Strategy Deployment	Strategy Connection Tool	Level 1	Leader has a document that shows alignment and connection of their goals to supervisors goals.	75%		
Strategy Deployment	Strategy Connection Tool	Level 1	Leader can show the strategies that have been defined and how they support department goals.			
Strategy Deployment	Strategy Connection Tool	Level 1	Leader can show the detailed actions to support each strategy.			
Strategy Deployment	Strategy Connection Tool	Level 2	manage the changes.			
Strategy Deployment	Strategy Connection Tool	Level 2	The Strategy deployment tool clearly identifies the status of the actions and strategies.			
Strategy Deployment	Strategy Connection Tool	Level 2	The leader has a robust process to review the status of actions and update as needed.			
Strategy Deployment	Scorecards	Level 1	Does a score card exist?			
Strategy Deployment	Scorecards	Level 1	Scorecard summarizes team performance for a given time period. (Typically 1 month)			
Strategy Deployment	Scorecards	Level 1	Scorecard clearly identifies goal attainment. (Red or Green)			
Strategy Deployment	Scorecards	Level 1	Scorecard is visible to the team.			
Strategy Deployment	Scorecards	Level 2	Team has an incentive based on goal performance.			
Strategy Deployment	Scorecards	Level 2	Teams that meet monthly goal are recognized by management.			
Strategy Deployment	Scorecards	Level 2	Team has time to reflect on goal performance and help develop return to green plans.			
Strategy Deployment	Scorecards	Level 3	goals.			
Strategy Deployment	Huddles, Huddle Boards	Level 1	The team Huddles are held every shift.			
Strategy Deployment	Huddles, Huddle Boards	Level 1	Where possible the forum for the huddle is a stand-up.			
Strategy Deployment	Huddles, Huddle Boards	Level 1	The huddle starts with a focus on safety- Ex: Safety Moment, Recognize Good catch's etc.	100%		
Strategy Deployment	Huddles, Huddle Boards	Level 1	Safety concerns are raised/identified.	25%		
Strategy Deployment	Huddles, Huddle Boards	Level 1	It is evident the team is focused and engaged with safety.			
Strategy Deployment	Huddles, Huddle Boards	Level 1	People feel safe, at ease and supported when they escalate concerns.			
Strategy Deployment	Huddles, Huddle Boards	Level 1	Both process measures and outcome measures are identified (leading/lagging measures).			
Strategy Deployment	Huddles, Huddle Boards	Level 1	Anyone can see the goals and gaps in performance.			



## Intermountain True North Statement

### Engaged Caregivers

Caregivers have an unparalleled work experience that supports them in delivering the fundamentals of extraordinary care.



**Safety Moment** No Door Propping

# Days w/o Injury: **>200**  
Running Record:

**Physician Engagement**  
We will observe 30 cases by 10/31/16 (4 ea. per Specialty) and return to CP and report at the next huddle what we learned.

21/31



Case Visits  
Case Visits

Specialty	Staff Member Assigned	Physicians
ENT	Brandon Hamilton, Bonnie, Dawn, Emily	Hamilton, Denys, Porter, Shipley
Eye	Emily Hunsaker, Sasha Hunsaker, Ted Smally, Dawn Smally	Smalley, Hunsaker, Gunther
General	Brandon Patterson, Aaron, Ted, Sasha Peugh	Pugh, Tittensor, Patterson, Wennegren
Cysto	Ted, Emily Reynolds, Bonnie	Cahoon, Reynolds
GYN	Bonnie, Sasha Jones, Sasha Bean	Melendez, Bean, Jones x2, Young, Clark, Cloward, Conway, etc
Neuro	Sasha Edwards, Emily, Bonnie	Farley, Edwards
Ortho	Curt Stock, Sasha Stock, Aaron Wells, Dawn Wells	Stock, Wells, Ritchie, Matthews, Gillette, Joos, Green
Podiatry	Bonnie T. Rogers, Dawn T. Rogers, Ted	Rogers x3, Gibson, Phillips, McKenzie
Plastic	Dawn Tittensor, Ted Sanderson, Emily Jensen	Sanderson, Jensen





Used KPSW to reduced 1st Year Turnover from 116% to 14.3% in one year

Standard Work   Intermountain Healthcare			
	<b>Key Process:</b> Onboarding <b>Trigger:</b> Hiring a new employee to your department/team	<b>Performed By:</b> Director and Managers <b>Owner:</b> Kim Klinkowski <b>V:</b> 1.0	<b>Next Review</b> 6/2017
			
Timing	Major Steps	Key Points	Reasons Why
The day the new hire accepts the offer	<ul style="list-style-type: none"> <li>Contact your new employee</li> </ul>	<ul style="list-style-type: none"> <li>Call prior to the anticipated start date</li> <li>Welcome the new employee to the team</li> <li>Confirm their start date</li> <li>Ask them when they are doing new employee orientation and patient experience training</li> <li>Tell the new employee where to report               <ul style="list-style-type: none"> <li>Directions to the department</li> <li>Where to park</li> <li>Start time</li> </ul> </li> <li>Instruct them on dress requirements</li> <li>Provide your contact information</li> <li>Ask if they have any questions</li> </ul>	<ul style="list-style-type: none"> <li>A new hire's decision to remain with the company long term is made within the first 6 months of employment</li> <li>Begins an emotional connection with the new hire</li> <li>Helps the new employee to feel valued upfront</li> <li>Helps the employee to feel safe, welcome and at ease.</li> </ul>
Ensure tools are in place prior to start date	<ul style="list-style-type: none"> <li>Ensure Tools are in place</li> </ul>	<ul style="list-style-type: none"> <li>Some tools will not be available until after hire</li> <li>Use reference list to assist with requests for access *</li> <li>Ensure the work area is ready for the new employee</li> <li>Notify staff of new hire and start date</li> <li>Identify a mentor for the new hire</li> <li>Schedule time with the educator/lead to do dept. orientation and review orientation plan</li> <li>Have orientation packet printed and ready for first day.</li> </ul>	<ul style="list-style-type: none"> <li>Ensures the new hire can be productive on their first day of work.</li> </ul>



## Intermountain® Continuous Improvement



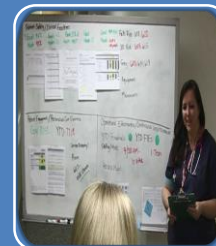
### Phase 3(Innovation) Proactive Improvement

- A3/VSM/Tools



### Phase 2(Problem Solving)

- Reactive Problem Solving process
- Daily Escalation
- RCA process

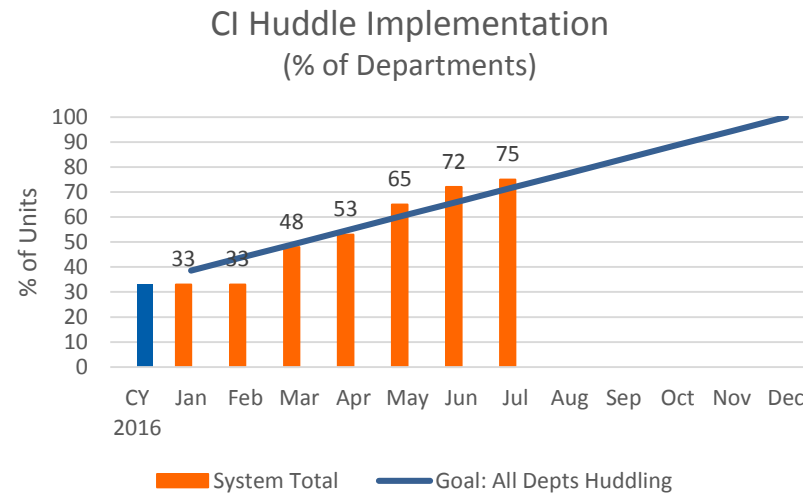
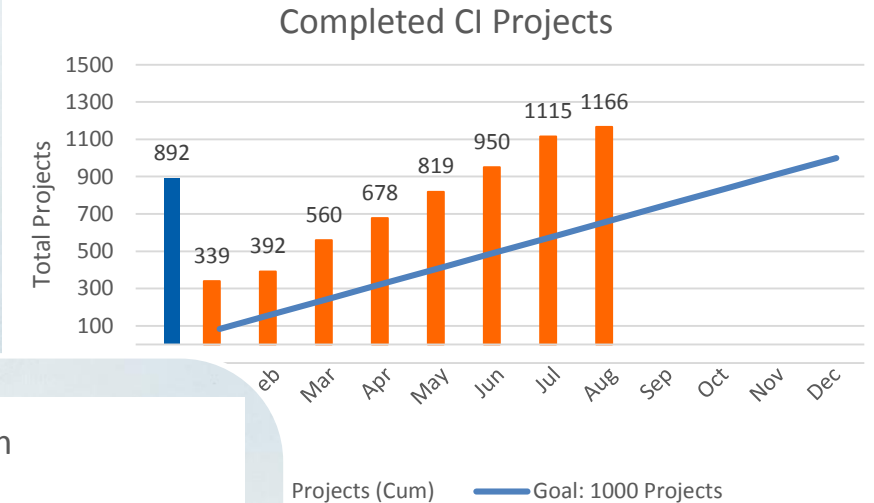
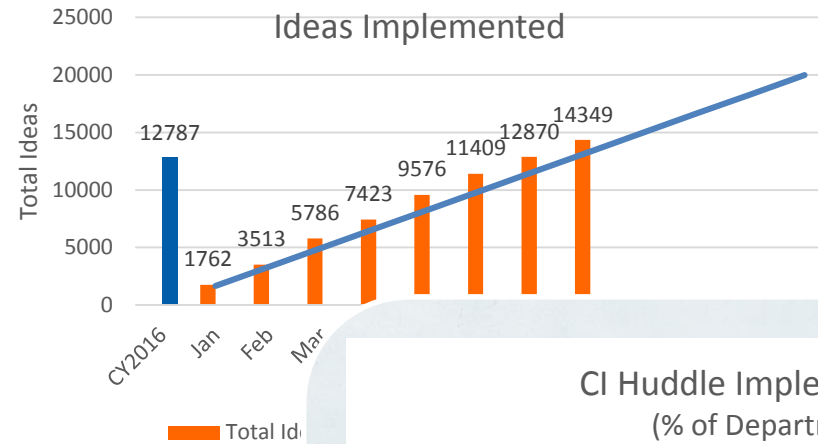


### Phase 1(Accountability)

- Strategy Deployment/Employee Ideas
- Huddle, Huddle boards Idea Systems



# CI METHOD PROGRESS



# LESSONS LEARNED



1. Build Leadership Support
2. Language Matters – Connect Language to Culture
3. Develop a Continuous Improvement Framework/Method
4. Start with Huddles, Huddle Boards, Idea Systems, and SBR
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**

**Bryan Crowell**

Intermountain Healthcare

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