

Performance Improvement in Rural Health Organizations: *Summary of Lessons Learned*

Altarum Institute integrates independent research and client-centered consulting to deliver comprehensive, systems-based solutions that improve health and health care. A nonprofit, Altarum serves clients in both the public and private sectors. For more information, visit www.altarum.org

Altarum Institute and Michigan Center for Rural Health

Michigan Center for Rural Health and Altarum Institute have been working in partnership with different rural health organizations throughout Michigan (CAHs and RHCs) facing different challenges in a variety settings

Background

- ▲ Altarum Institute has been working with the MCRH and member organizations since 2013
- ▲ We have encountered a multitude of diverse settings with different challenges
- ▲ Our project work in focus today occurred in different rural health organizations throughout Michigan (CAHs and RHCs)

Michigan's Critical Access Hospitals

- 36 CAHs
- Currently engaged with four
- Have engaged with 10 others
- Opportunity to "touch" additional 22
- Additional RHCs and other clinics



2016 Project Highlighting

Hayes Green Beach Hospital- *Urgent Care Process*

Sparrow Ionia Hospital- *Outpatient Surgery Referral Process*

Rural Health

- ▲ Rural health organizations face unique challenges when it comes to performance improvement:
 - Resource constraints
 - Staffing models
 - Patient population
 - Lack of internal expertise
 - Competing priorities

Summary of Discussion

- ▲ Review performance improvement (PI) model
- ▲ Discuss PI methods, tools, and techniques
- ▲ Review PI projects
- ▲ Provide perspective and insight
- ▲ Q/A

Principles of Performance Improvement

- ▲ Team-based problem-solving
- ▲ Root cause - not "fixing" symptoms
- ▲ Team identifies, prioritizes, & selects improvements
- ▲ Knowledge transfer
- ▲ Cultivate internal PI capacity

Guiding Principles of Our Work

We do not do anything that will have a negative impact on:

- Safety
- Quality
- Patient Satisfaction

Focus on a "bottom-up" approach- ideas and improvements generated from the people doing the work everyday

Discovery Phase Activities

▲ A standard approach & model for improving performance:

- Discovery phase:
 - *Interviews – discussion with staff and providers*
 - *Process observations*
 - *Review of data/information*
 - *Team/group exercises*
 - *Using different tools and techniques*

Moving Performance: Critical Success Factors

- ▲ Collaboration
- ▲ Team work
- ▲ Coordination
- ▲ Communication
- ▲ Role clarification
- ▲ Performance standards
- ▲ Performance management
- ▲ Speed

Tools and Techniques Used

- ▲ A3 (*charter and summary of issues, proposed solutions*)
- ▲ Process observation
- ▲ Interviews
- ▲ Data and information review
- ▲ Murphy's Analysis
- ▲ Fishbone Diagram (cause and effect)
- ▲ Value stream mapping (*process map*)



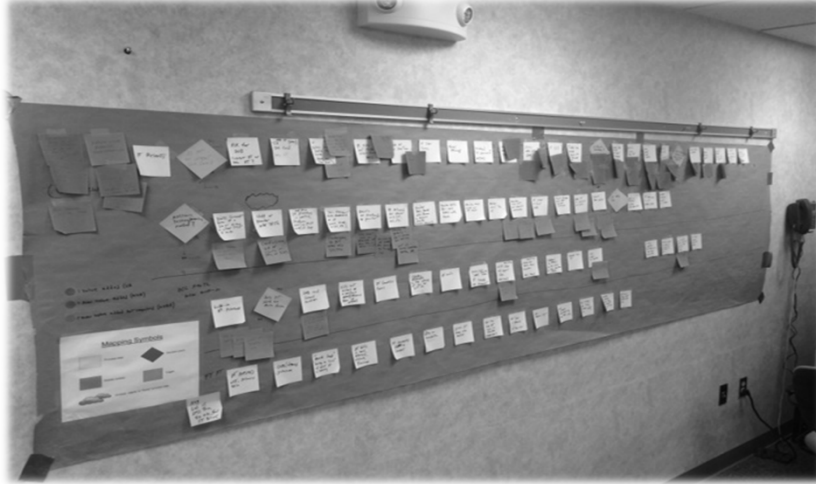
Sparrow Ionia Hospital

Outpatient Surgery Referral Process

OP Surgery Referral Process – *current state*

- ▲ Patient dissatisfaction with referral process – length of time from referral received until initial patient contact was too long
 - *No “process owner” – lack of clarity around roles*
 - *Lack of process visibility – no dashboard*
 - *No established expectations for contacting patients*
 - *No clear “case type” designation*
- ▲ Some patients opted to go elsewhere due to:
 - *Wait time for initial contact*
 - *Length of time from referral received until case scheduled*

Referral and Scheduling Process – *current state*



Defining and Clarifying Case Category

Established initial patient contact expectations – all referrals should be contacted within 48 business hours.

Referral received initial patient contact

Case Type	Old Standards	New Standards
Emergent	Same day?	Immediately
Urgent	2-5 days	Within 24-48 hours
Routine	2-3 weeks	Within 7 days

Changes and Counter Measures

- ▲ Changed communication protocol – reached out to patients earlier in the referral process
- ▲ More proactively manage and set patient expectations (in order to improve patient satisfaction)
- ▲ Clarified role and performance expectations for team(s)
- ▲ Developed standard work for major parts of surgery scheduling process
- ▲ Refresher training on referral workflow within EPIC

Drivers of Change

- ▲ New location
- ▲ Added new surgeons and services
- ▲ Increased case volume

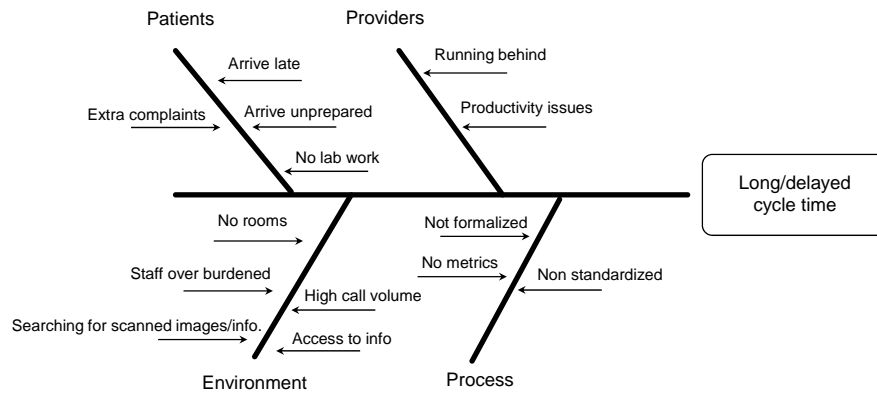
Changes and Results

- ▲ Went from an average of 3-4 weeks (from initial referral receipt to patient scheduled) to an average of 48 hours
- ▲ Reduction in cycle time (wait time from time referral received until service scheduled)
- ▲ Defined and clarified expectations/definitions around case type:
 - *Emergent*
 - *Routine*
 - *Urgent*

Patient Education – planned changes

- ▲ Important influencer of:
 - *Quality*
 - *Patient satisfaction*
 - *Preparedness*
 - *Managing/influencing patient expectations*
- ▲ Shift patient education to begin at point of referral
- ▲ Informed patients and caregivers:
 - *Provide pre-procedure information*
 - *Explain how patient will feel post-procedure*
 - *Explain post-procedure care process*

Cause and Effect Diagram – *Delayed Cycle Time*



Dashboard and Ongoing Improvements

- ▲ Time from referral requested until received by General Surgery
- ▲ Time from referral received by General Surgery until patient is scheduled
- ▲ Time from patient scheduled until consult/procedure is completed
- ▲ Case volume (weekly and monthly, internal referrals and external referrals)
- ▲ # of cancellations
- ▲ # of no shows
- ▲ # of preventable or "no go cases" (missed opportunities) (lost business)

Recommendations for
dashboard development

“There are really no processes that are set – we all just do what we need to do”

Hayes Green Beach Memorial Hospital



Urgent Care Performance Improvement

Urgent Care Process- Lean Project

Goal:

Improve "throughput" (the flow of the patients) entering, moving through and exiting urgent care

Objective:

Reduce current "length of stay- LOS" (wait time is "Length of Stay-LOS")

Discovery Phase Activities:

- ▲ Interviews/discussions with staff & providers
- ▲ Process observation
- ▲ Team/group exercises
- ▲ Using different tools and techniques
- ▲ Review of data and information

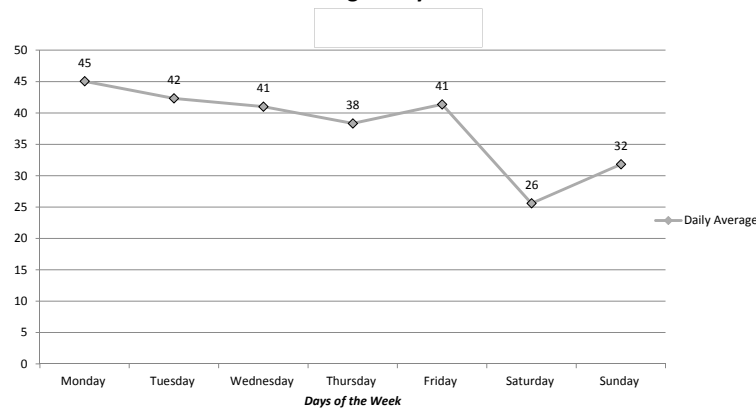
What we did...

▲ Model for performance improvement:

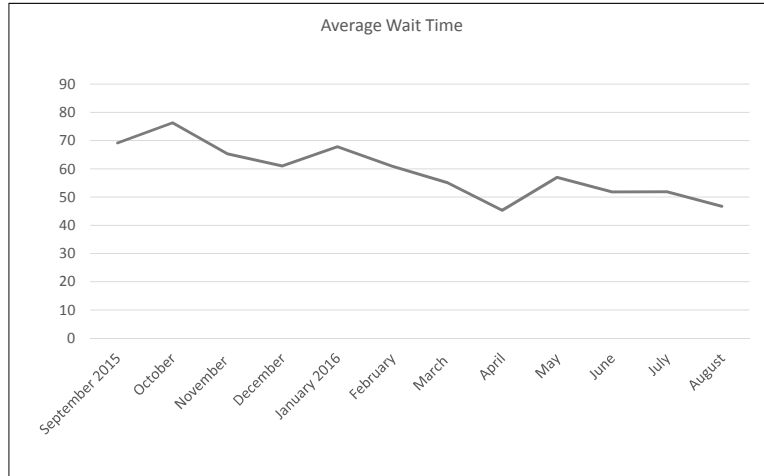
1. Initial planning session – scoping, identify objectives and focus areas
2. Discovery – learn about current state (issues, barriers, and pain points) using different tools and techniques)
3. Flushed out potential solutions and counter-measures to identified issues and barriers
4. Decide which improvements should be implemented – and when (timing)
5. Reviewed current performance (*April 2016 – August 2016*)

Measurement

Average Daily Visits



Measurement (continued)



Title: HGB Urgent Care Improvement Project

Background

Why are you talking about it?

Current Situation

Where do we stand?

→What's the problem?

Goal *Where we need to be?*

What is the specific change you want to accomplish now?

Analysis

-What is the root cause(s) of the problem?

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Recommendations

What is your proposed countermeasure(s)?

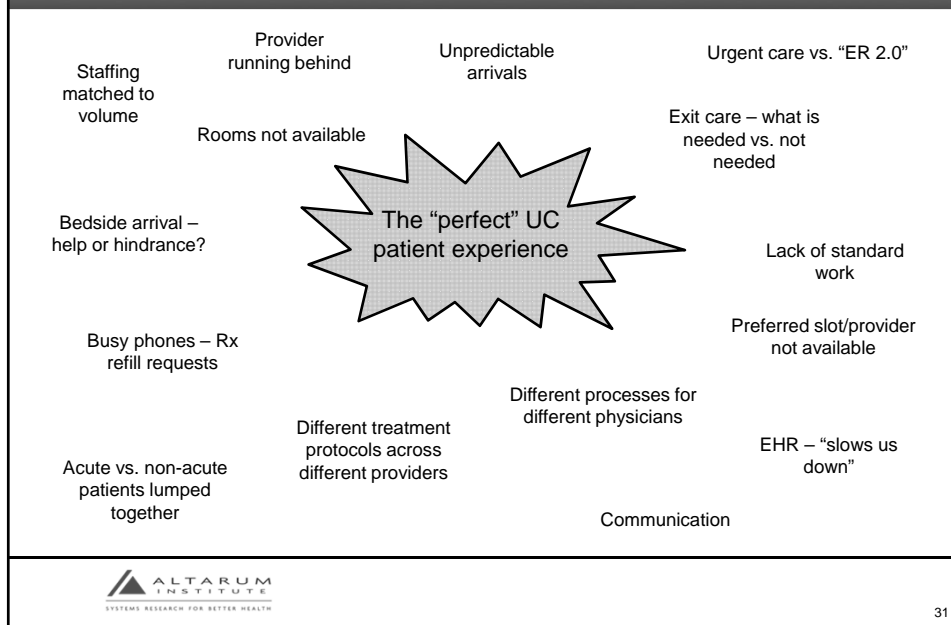
Plan

What activities will be required for implementation and who will be responsible for what and when?

Follow - up

How we will know if the actions have the impact needed? What remaining issues can be anticipated?

Murphy's Analysis – *Ideal UC Patient Experience*



Why Use Standard Work?

1. Create consistency and predictability
2. Build "process literacy" – formalize the informal
3. Preserve know-how and expertise
4. Prevent recurrence of errors
5. Improve staff satisfaction and productivity
6. Improve patient and physician satisfaction

The Power of Standard Work – *formalizing the informal*

- ▲ Standard work is a documented record of how to do a job – *it helps drive consistency and maintain operational discipline*
- ▲ It must be followed by all those performing that particular task:
 - *All associates*
 - *All shifts*
- ▲ Creating standard work involves several steps
- ▲ Define the what, who, when, where, and how of all processes – from registration to exit care (*see items # 10, 11 and 12 on opportunities grid*)

Typical UC & ED Improvement Goals

- ▲ Reduce LOS
- ▲ Reduce LWBS
- ▲ Improve satisfaction – patients, staff, and providers
- ▲ Ensure appropriate care setting
- ▲ Connect patients to primary care providers
- ▲ Align staffing to better match volume
- ▲ Grow volume
- ▲ Appropriate care setting (*urgent care vs. secondary ED*)?

Key Improvements that surfaced

- ▲ Phase 1:
 - Online registration model
- ▲ Phase 2:
 - Fast track for urgent care patients

HGB UC - On a Sustained Improvement Path

- ▲ Reduce Length of stay (LOS-wait time)
- ▲ Reduce LWBS (patients who left without being seen)
- ▲ Improve satisfaction (patients, staff/providers)
- ▲ Ensure appropriate care setting (ED vs UC)
- ▲ Connect patients to primary care
- ▲ Align staffing to better match volume
- ▲ Grow volume

Questions?

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