



**SPECTRUM HEALTH**  
**Medical Group**



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# Rowing Together - Communication Tactics in Ambulatory Systems and Collaboration Groups

Tracking Quality, Finance, and Daily Improvement (MDI)  
Metrics

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November 1, 2018



# Objectives

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Define Communication Tactics – MDI, DCI, Obeya, and Gate Charts

Understand when each tactic is used

Apply Communication Tactics



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Define Communication Tactics – MDI, DCI, Obeya, and Gate Charts

Understand when each tactic is used

Apply Communication Tactics at Home



# Communication Tactics Defined

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A3 –

- Named for the paper size
- Allows for the flow of priorities and tactics through an organization.
- Created first by Organizational Leadership and filters to front line leaders
- Living document – Goals are updated as system changes focus; Actual updated with data



# Operational A3 – Primary Health

OPERATIONAL DEPLOYMENT A3							
A3 OWNER(S):	Fleeger-Wright	This A3 rolls up to:			Erin Inman's	Date:	9/26/2018
AREA(S) COVERED:							
OBJECTIVE:	Develop a culture of continuous improvement and drive key strategic metrics that meet or exceed the needs of the organization and communities we serve						
Overview	Goal (Narrative)	GOAL (annual metric)	TARGET (interim metric)	ACTUAL (last reported metric)	Status Update (red/green)	Comments	
<p>The Spectrum Health System has four priorities: 'Drive exceptional value, transform the care model, grow with purpose and lead new health solutions. There are two new strategies being considered: be more consumer centric and optimize System synergies. Focus areas include: People, Quality, Down the Cost of Care and High Reliability/Systemness. Primary Health will focus on these four areas for FY19.</p> <p>A) People: Primary Health utilizes the Glint survey scores as an the measurement for staff and providers' satisfaction. Currently, this score is at 70 against a goal of 73 (staff). The main areas of concern are staffing levels and relation for staff and operations leaders and the excessive amount of indirect work for providers. We will work on these two issues to impact our Glint scores.</p> <p>B) Quality: Currently, Primary Care has room for improvement in terms of capturing payer program incentives. Through partnering with our Quality Department and utilizing visual management and PDCA cycles, we will identify and prioritize our gaps to systematically address and improve our performance.</p> <p>C) Down the Cost of Care: SH has struggled to meet the plan of Total Cost of Workforce. Currently, SHMG's TCO/W is at 80.1% against a Goal of 77.8%. Primary Health will focus on reducing costs by identifying opportunities to streamline processes, reduce redundancies, transforming the model of care to ensure our team members' abilities and licensures are utilized to their highest potential.</p> <p>D) High Reliability/Systemness: Primary Care is the gateway to the system. In order to appropriately and consistently connect the people from our communities with all the services our system offers, we measure the number of lives we cover. Currently, Primary Care is lagging behind for the target of 440,000 covered lives. We will leverage all of our teams including Primary Care offices and Urgent Care offices to improve our performance and either engage patients who have disengaged from our care and/or be open to new patients.</p>	<b>A1 - Glint score participation increase (staff)</b>	72%	70%	68%		BR and Canadian Lakes - 72% participation - ESAT - 64 Rood City, Turin and Erast - 74% participation - ESAT - 71% Greenville MW Peds - 58% ESAT - 75% Greenville FW OBI Walk-in 70% ESAT - 80% Belding - 67% ESAT - NA	
	<b>A2 - Action plans in place for all practices (staff)</b>	100%	50%	0%		BR and Canadian Lakes - 0 Rood City, Turin and Erast - 0 Greenville MW Peds - 0 Greenville FW OBI Walk-in - 0 Belding - 0	
	<b>A3 - Glint score participation increase (providers)</b>	90%	50%	27%		Belding - NA RC FMIA Kala - 40% 2 of 6 providers Reed - 40% 2 of 5 providers Reed - 17% 1 of 6 providers	
	<b>A4 - Action plans in place for all practices (providers)</b>	100%	50%	0%		BR and Canadian Lakes - 0 Rood City, Turin and Erast - 0 Greenville MW Peds - 0 Greenville FW OBI Walk-in - 0 Belding - 0	
	<b>B - Reduce by 15% the number of quality/safety/experience metrics which are below 50th percentile</b>	4	5	6		REED - 4 Turin - 7 Erast - 6 Big Rapids - 4 Canadian Lakes - 6 LFM - 5 Greenville MW Peds - 4 GFM - 7 Belding - 4 Big Rapids/Oakton/Don Sura NA	
	<b>C1 - Percentage of providers at median productivity</b>	60%	55%	48%		Increase number of providers to median productivity/panel sizes adjusting and optimizing provider templates and session limits ramp up new providers	
	<b>C2 - Decrease cost/total cost of work force</b>	6.46	6.55	6.60		Cost per 10,000 RVU current state Belding - 5.63 vs. 6.53 GFM - 4.74 vs. 5.07 LFM - 3.28 vs. 6.07 Rood City/Turin/Erast - 3.39 vs. 7.02 Greenville MW Peds - 3.55 vs. 3.83 Big Rapids/Canadian Lakes - 3.63 vs. 8.85	
	<b>D - Increase the percentage of providers open to new patients</b>	98%	95%	92%		Currently only 4 Providers not taking templated new patients Zook, Bartlett, Iehl, and Sackett-Foster	

# Operational A3 – Primary Health

Goal (same narrative as above, with additional info as needed)	Measure (describe how you will measure the overall goal)	Fiscal Year End Prediction of Goal (red/green) (if red, when green?)	Tactics Identified to Achieve Goal (Identify the major work required to meet the overall goal)	TACTIC GOAL (annual metric)	TACTIC TARGET (interim metric)	TACTIC ACTUAL (last reported metric)	TACTIC TREND (red/green) (improved since last metric?)	ACCOUNTABLE LEADER (name/practice/department)	Comments
A1 - Glint score participation increase (staff)	Glint Survey tool	Green	Learn transparent to all practices on employee engagement and glint survey results	All Practices (17 Practices)	17	14	Green	Director	NEXT STEPS/LEARNINGS: Expect to have all Action plans by second week of November 2018.
			Manager to provide dedicated space to staff on time for their staff to take the survey	All Practices (17 Practices)	17	0	Red	Practice Managers	
			Manager to visibly engage teams in developing action plans that produce results that will drive future participation in the survey	All Practices (17 Practices)	17	0	Red	Practice Managers	
A2 - Action plans in place for all practices (staff)	Glint Survey tool	Green	Learn to ask each manager or extending beyond them at manager meeting to share their action plan and results	All Practices (17 Practices)	12	0	Red	Director/Practice Manager	NEXT STEPS/LEARNINGS:
			Action plans for each practice posted on the MDI board in the practice	All Practices (17 Practices)	17	0	Red	Practice Manager	
			Division chief to meet with Site Leads/Section chiefs following every provider meeting to discuss Action Plans and Culture	All Practices (17 Practices)	12	0	Red	Division Chief/Site Lead/Section Chief	
A3 - Glint score participation increase (providers)	Glint Survey tool	Green	Present the regional results quarterly to the group and discuss the "why" behind the survey	All Practices (17 Practices)	68	0	Red	Division Chief/Section Chief/Site Leads	NEXT STEPS/LEARNINGS:
			Site leads/Section Chiefs complete action plans with their teams	All Practices (17 Practices)	17	0	Red	Division Chief/Section Chief/Site Leads	
			Post the Action Plans on MDI boards to encourage engagement and track results	All Practices (17 Practices)	17	0	Red	Practice Manager/Site Leads	
			Round in Practices during survey opening and remind providers to take the survey/Carve out time after provider meeting for the providers to take survey	All Practices (17 Practices)	17	5	Yellow	Practice Manager/Site Leads/Director/Division Chief	
B - Reduce by 15% the number of quality/safety/experience metrics which are below 50th percentile	ECQM dashboard	Yellow	Create transparency and accountability with the MDI board to the provider metric for individual/aggregate provider quality and safety data weekly	All Practices (17 Practices)	17	0	Red	Practice Manager/Director	NEXT STEPS/LEARNINGS:
			Review the quality metrics monthly during provider meeting and discuss per week during huddle where providers are included. Identify low metrics to get to goal.	All Practices (17 Practices)	17	0	Red	Director/Practice Manager/Division Chief	
			Each practice create follow standard work to achieve improvement to one of their reds	All Practices (17 Practices)	17	7	Red	Director/Division Chief	
			Jason/Tom meet with quality and identify opportunities for improved provider documentation to hit our quality measures and employ the findings in the provider practices.	Complete (Y) Incomplete (N)			Green	Director/Division Chief	
			Incorporate the review of quality metrics into quarterly performance discussions with providers	All Providers (49 Primary Care)			Red	Division Chief/Site Leads/MDI Office	





# Communication Tactics Defined

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## Obeya –

- “To meet in a great room”
- Place to report on tactics and movement towards goals identified in A3 process document
- Monthly
- In person, each getting 90 sec to report.

## Gate Chart –

- Visual collection and depiction of individual tactics
- Reported on during Obeya



# Gate Chart - Quality

**Spectrum Health**  
Quality - PIP % Earned

Dept / Service Line: Belding Family Medicine / Primary Care  
Opportunity / Metric: eCQM Diabetes Care - Eye Exams  
Target Condition: 25.0%  
Actual: 34.3%  
Report Writer: Dino Aper  
Last Updated: 10.12.2018

Countermeasures	% IMPACT	Responsible	Start Date	Due Date	Complete	Yokaten	% Completed
A Obtain unresulted patient list for 2017 from Quality	40	Aperi / Pritchett	8.31.2018	9.14.2018	8.31.2018	Spread	75 75 75 100
B Utilize clerical team to review and result list	40	Aperi / Mahone	9.24.2018	10.5.2018	10.3.2018	Spread	75 75 75 100
C Review GIC Tables for missing 2017 orders / results, make phone outreach	20	Aperi / Mahone	10.3.2018	10.26.2018			75 75 75 100
D							75 75 75 100
E							75 75 75 100

**Lead Metric**

	3-Oct	10-Oct	16-Oct	23-Oct	30-Oct	6-Nov	13-Nov	20-Nov	27-Nov	4-Dec	11-Dec	18-Dec
Target Condition	20.0%	22.5%	25.0%	27.5%	30.0%	30.0%	35.0%	35.0%	40.0%	40.0%	47.5%	59.0%
Goal	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%	59.0%
Actual	19.7%	33.8%	34.3%									

Notes / Comments

**Lag Metric**

PIP Percent Earned	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Target Condition	25.0%	35.0%	45.0%	55.0%	65.0%	70.0%	75.0%	80.0%	80.0%	0.0%	10.0%	15.0%
Goal	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
Actual	10.0%	14.0%	19.0%	24.0%								

Notes / Comments



# Communication Tactics Defined

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## MDI – Measuring for Daily Improvement

- Daily with Shift
- In Person with Control Board
- Gathering and Reporting of daily/weekly/monthly metrics owned at the staff level
- 5-10 min.



# MDI Control Board





# MDI Control Board – Pareto Chart

**Pareto Chart** Month: \_\_\_\_\_

Directions: Place an X for each occurrence that corresponds to the appropriate issue. If issue is not listed, add issue below.

The chart features a vertical axis on the left with numerical markers at 10, 20, 30, and 40. The horizontal axis is labeled "Root Cause of Issue" and contains 12 empty rectangular bars. Each bar is divided into a grid of 10 columns and 40 rows, with the bottom row of each bar being a solid white area. The grid is intended for recording the frequency of occurrences for each root cause by placing an 'X' in the appropriate cell.

Root Cause of Issue

# MDI Control Board – Kaizen Newspaper

**SPECTRUM HEALTH** **Kaizen Newspaper** Area: \_\_\_\_\_

Date	Issue	Corrective Action	Status	Action By:	Target Date
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

PI Form # 502 rev 012213

# Communication Tactics Defined

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## DCI – Daily Check-In

- Daily
- In Person, Phone, Instant Messenger/Text
- Safety Concerns, Urgent Needs, Announcements
- No more than 15 min





# Revenue DCI Template

Step	Description	Where is the Metric located?	onto spreadsheet	Frequer	on DCI call
1	Posted Charges Variance to Plan	Tableau	one #	Daily	Wed
2	Pre AR Variance %	Tableau	one #	Daily	Wed
3	Open Encounters >5 days #	Tableau	one #	Daily	Wed
	*Closed Encounters >5 days %	Tableau	one #		
4	*Encounters Closed CSNC #	r/a - retired			
	*Encounters Closed MGRVER #	r/a - retired			
	*Encounters Closed NSD #	r/a - retired			
	Deferred Charges in Pre AR %	Tableau	one #		
	Deferred Reason WPD #	Tableau	one #		
	Deferred Reason WPR #	Tableau	one #	Daily	Wed
	Deferred Reason Device #	Tableau	one #		
	Deferred Reason Blank #	Tableau	one #		
6	*Coding TAT (controllable) days	Tableau	one #	Daily	Wed
	*CPT Code LEVEL changes - increase #	Tableau	one #		
7	*CPT Code LEVEL changes - decrease #	Tableau	one #	Daily	Wed
8	Hospital Documents Outstanding >48 hours Pt is discharged, coding cannot be completed Outstanding Documents >48 hours	Epic - metrics on same report - report personalized once	one # for each metric	Daily	Wed
9	Facility Lag Charges #	Epic - established process for facility - report personalized once	one #	Daily	Wed
10a	Facility Late Charges - ALL #	Epic - established process for facility - report personalized once	one #	Daily	Wed
10b	Facility Late Charges - Priority #	Epic - new report created one time from personalized late charge report already in use	one #	Daily	Wed
11	Ready for Initial Scheduling # Ready for Initial Scheduling - Ready to Schedule # Ready to Schedule - AGE # Called 1x # Called 2x # Called 3x # Appointment Canceled #	Epic - all metrics on the same report - report personalized once	one # for each metric	Daily	Mon
12	Registration - TBD Registration - TBD Registration - TBD Registration - TBD	Epic - TBD	one # for each metric	Daily	Mon
13	Denials Reason Eligibility # Denials Reason COB #	Epic - all metrics on the same report - report personalized once	one # for each metric	Weekly	Fri
Copay	CoPay Collected Actual vs Expected % MONTHLY - run 15th day of month for previous month CoPay Uncollected \$ MONTHLY - run 15th day of month for previous month	Epic - all metrics on the same report - report personalized once	one # for each metric	Monthly	Mon

Step	Description	Regional Target	Monday 10/1/2018	Tuesday 10/2/2018	Wednesday 10/3/2018	Thursday 10/4/2018	Friday 10/5/2018	Monday 10/8/2018
1	Posted Charges Variance % to Plan	>94					162%	94%
2	Pre AR Variance %	<105					44%	64%
3	Open Encounters >5 days #	<50	0		0		0	0
3	*Closed Encounters >5 days %	<5	0%		0%		0%	0%
4	*Encounters Closed CSNC #	<5	No data	1			0	3
4	*Encounters Closed MGRVER #	<5	No data	0			0	0
4	*Encounters Closed NSD #	<5	No data	1			1	4
5	Deferred Charges in Pre AR %	<10	0%		4%		9%	0%
5	Deferred Reason WPD #	<5	0		0		0	0
5	Deferred Reason WPR #	<5	0		0		0	0
5	Deferred Reason Device #	<5	0		0		0	0
5	Deferred Reason Blank #	<50	0		0		1	0
6	*Coding TAT (controllable) days	<4	0		0.55		0.27	0.71
7	CPT Code Level Change- Increase #	r/a	0		0		4	0
7	CPT Code Level Change- Decrease #	r/a	0		0		0	0
8	Hospital Documentation Outstanding >48 hours #	r/a	0		0		0	0
8	Hospital Documentation Outstanding >48 hours \$	r/a	0		0		0	0
9	Facility Lag Charges #	TBD						
10a	Facility Late Charges - ALL #	TBD						
10b	Facility Late Charges - Priority #	TBD						
	Date of Data							
	Date of Call							
11 PC Referral - Sent	Total Referrals (QTY)	<Location Specific Goal>	81		83		83	
11 PC Referral - Sent	Incomplete Referrals	<1 Days	0		0		0	
11 PC Referral - Sent	Potential Duplicate Referrals	<1 Days	1		1		1	
11 PC Referral - Sent	Transfer of Care Failures	<1 Days						
12	Registration TBD							
12	Registration TBD							
12	Registration TBD							
12	Registration TBD							
13	Denials Reason Eligibility #							
13	Denials Reason COB #							
CoPay	CoPay Collected Actual vs Expected % MONTHLY - run 15th day of month for previous month	>85						
CoPay	CoPay Uncollected \$ MONTHLY - run 15th day of month for previous month	r/a						



# Questions?

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