Leadership and Lean:

Playing a Critical Role in Building Organizations of Quality
Workshop Objectives

By the end of this session participants will be able to:

- Identify ways to support an organizational culture that supports continuous quality and process improvement.
- Understand the framework being utilized for process improvement.
- Describe steps utilized to identify root causes and testing possible solutions and making change last.
Panelist

Lynn Community Health Center
- Lori Abrams Berry, Executive Director
- Maria Escalera, Director of Practice Management
- Anna Rabkina, MD, Medical Director, Market Square

East Boston Neighborhood Health Center
- Anita Morris, Senior VP Clinical Services & Chief Operating Officer
What is Lean?

- The relentless pursuit of the perfect process through waste elimination
- A set of operational concepts
- A set of tools used in a variety of industries, including healthcare, to improve processes and outcomes
- A philosophy that drives efficiency through employee empowerment and change at all levels of an organization
House of Lean

- Patient Focus
- Continuous Improvement
- Standardization
- Just-in-Time
- Jidoka/Quality

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Leadership & Lean: Playing a Critical Role in Building Community Health Centers of Quality

How do we best leverage the integration of all three forces?

- Performance Improvement Training
- Patient-Centered Medical Home
- CHC Culture
Steps For Successful Change

1. Define the problem and create an aim statement
   - Create a focused, targeted, manageable aim with sponsor support

2. Learn the process as it exists today
   - Collect qualitative and quantitative data

3. Determine the root cause
   - Analyze the data

4. Seek buy-in
   - Why do we need to do this? What's in it for me?
   - How will things be better?

5. Brainstorm solutions & go through PDSA cycle(s)
   - Engage staff in solution testing and implementation

6. Continuously measure progress
   - Develop dashboards/metrics/targets
Create the Improvement DNA
Performance Improvement Practitioner Development (PIPD)

2 weeks 4 weeks 5 weeks 4 weeks

Define

- Create project charter
- Complete stakeholder analysis
- Communication

Measure /Analyze

- Create & validate process map
- Collect & analyze
- Root cause analysis
- Communication

Improve

- Brainstorm & select improvements
- Test improvements
- Collect results
- Implement improvements
- Communication

Sustain

- Create sustain plan
- Develop run chart
- Communication

Report Out

8
Improve the Call Wait Time & Abandonment Rate at Market Square Family Health
Data collected to understand possible root causes of the problem:

- Market Square team held a brainstorming session and created process map to understand current incoming call process.
- Pulled incoming call data from phone system which identified number of calls, call wait time and abandonment rate.
- Requested front desk staff and nurses to track type of calls they received.
Key Takeaways:

- Front desk staff is responsible for too many tasks; not enough people answering calls
- Staff does not know how to transfer calls therefore calls go to wrong person
- Computers are slow which cause staff to take longer on each call
- Patients probably hanging up because the wait is too long
Results of Analysis:

Incoming Call Data Weeks 1 & 2
Root Causes Identified:

- Handle all incoming calls
- Register patients with appointments
- Schedule appointments (follow-up and new)
- Pre-registration
- Find nurse for triage, patient clinical requests
- Assist patients with completing medical release forms
- Sort, label and distribute mail and faxes
Improve

Ideas tested:

• Re-trained front desk staff regarding how to identify and transfer calls appropriately.
• Added 1 call taker for a 2 week period to handle incoming calls.

Results from tests:

• More calls were being transferred to the appropriate person.
• Number of abandoned calls decreased by 70% (week 2 = 319 to week 3 = 97)
Improve: Staff Feedback

- Nursing staff: Increase in appropriate calls sent to RN extension; able to handle more RN patient calls while extra person was there. Noticeable difference without the person.
- Front desk staff: Having the additional call taker made the job much more manageable; people stopped complaining.
- Clinical Staff: Distinct absence of complaints about phone system
Improve: Patient Feedback

• A “live” person picked up the phone but puts me on hold.
• No additional complaints regarding no one picking up or being on hold for so long.
Incoming Call Data with Week 3

- Calls Presented
- Handled Calls
- Calls Abandoned
Our plan to sustain changes includes:

- Make additional call taker position permanent
- Create incoming call procedure manual for all call takers
- Practice Manager will monitor and document incoming call data and call queue wait time
- LEAN team will be updated monthly to review data
- Post data and outcomes in waiting room for patients to see and encourage feedback
Key Learning and Future Work

Key learning from this work:
• Importance of collecting data and identifying the root cause before coming up with or implementing a solution
• Identify stakeholders (ie: patients, team members, sponsors)
• Engage the staff (stakeholders); identify those who do the work to understand the current process and solicit ideas to improve
• Possible solutions should be tested (PDSA) before implementing
• Communicate at each level of the change process
• Celebrate success

Plans for future improvements:
• Write the protocol for how to handle various types of incoming calls; provide training
• Use LEAN concepts before implementing change
• Assess call center role/structure at the main site before making changes
Problem Statement:
In the process of delivering quality health care, providers are inundated with tasks, many of which do not require provider expertise and increase cycle times for patients. We are looking to streamline our processes and increase our staff proficiency and efficiency by assigning some of these tasks to appropriate support staff in order to optimize provider face-to-face time with patients.

Aim Statement:
- The medical assistant (MA) has a critical role in the system. We would like to enhance proficiency and efficiency of the medical assistants by standardizing workflows for routine visits. We will identify opportunities for the medical assistants to support the visit flow by further engaging them in patient care and thus allowing them to support providers in additional ways.

Measures of Success:
- Measure and analyze the cycle time medical assistants spend preparing for routine visits by standardizing workflows
- Develop competency-based checklists for all testing performed by medical assistants
- Medical Assistants will be independent and proficient in performing all patient testing

Scope:
- Establish cycle times for well child check (WCC) visits and identify opportunities for greater efficiency.
- Review medical assistant workflows in Epic
- Review tasks performed by medical assistants when not assigned to a provider

Boundaries:
- The patient visit cycle time is affected by many variables. This project will focus on the medical assistant role during WCC.

Facilitators / Practitioners:
- Karin Leschly, MD
- Lili Silva, MMHS
- Maria DeModena, RN, BSN
- Evelyn Ortiz, MA

Coaches: Linda Bacelis-Bush
Antonia Blinn

Team Members:
Medical Assistants
Physicians
Nurse Practitioners
Physician Assistants
Nurses

Start Date: November 2011
Planned End Date: Feb. 1, 2012

Sponsor:
- Anita Morris, NP

Project Charter for East Boston Neighborhood Health Center
Project: Streamline Patient Flow in the Family Medicine Department
Sponsor:
- Anita Morris, NP
Coaches: Linda Bacelis-Bush
Antonia Blinn
Team Members:
Medical Assistants
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Nurse Practitioners
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To understand possible root causes of the problem we:

- Created process map of Well Child Check (WCC) visit.
- Reviewed the WCC workflow visit with MAs and providers.
- Initially observed 14 WCC and documented cycle times.
- Focused on MA tasks while patient is with provider and with nurse and developed a checklist of daily tasks not associated with patient visits.
Root Cause Identified

• WCC require multiple screenings that can be time consuming.
• Cycle times are impacted by other clinic demands.
• Need to establish annual competency reviews of MA tasks (vision, hearing screening, and vitals)
Findings:

- Medical Assistants perform Well Child Check tasks efficiently
- Median visit time was 58 minutes
- Identified 2 non-value added times: waiting for nurse and waiting for provider.
Well Child Check Cycle Time Observations

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<td>Total time</td>
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Improve: Ideas Tested

Piloted adding new tasks to MA workflow with 2MDs and 2 MAs. The new tasks were:

1. MAs entered orders for Reach Out and Read, vision, hearing and Behavioral Health Assessments.

2. MAs obtained and documented abbreviated Social History. When appropriate, enrolled patients in Cradles to Crayons clothing program.

3. MAs began inputting vision and hearing result into visit note (making information more easily accessible to providers)
**Improve:**

**Staff feedback:**
- Providers were pleased with the new workflow which afford them additional time to discuss patient care
- MAs did not report any additional workload burden and were pleased with ease of placing orders.

**Patient feedback:**
- Patients are pleased that we are working to improve their experience in Family Medicine
Improve: Results from Tests

- Completed 10 Well Child Check visits using new workflows.
- Improvement in overall visit cycle time is due to multiple variables including: improved workflow, staff awareness, Well Child Check visits not requiring vaccines
- Reassigned the tasks of ordering screenings to medical assistants
- Started tracking Behavioral Health screening orders
Well Child Check Cycle Time Observations - Including New Work Flows
Sustain:

Our plan to sustain changes includes:

- Revised the Medical Assistant Rooming Policy.
- Incorporate practice redesign (or “lean”) updates to monthly staff meeting agendas to keep all stakeholders engaged.
- Recognize staff accomplishments by posting updates on department white board.
- Incorporate celebrations into staff meetings.
- Highlight progress in EBNHC newsletter.
- Continuing to track percent of Behavior Assessments ordered in Well Child Check Visits.
Sustain:

% Behavioral Assessments Ordered

- June 2011
- July 2011
- August 2011
- September 2011
- October 2011
- November 2011
- December 2011
- January 2012
- February 2012
- March 2012
- April 2012

% Behavioral Assessments Ordered
## Achieving Sustainable Change

<table>
<thead>
<tr>
<th>Need for Change</th>
<th>Shared Vision</th>
<th>Leadership Commitment</th>
<th>Employee Involvement/Commitment</th>
<th>Integrated Organization Changes</th>
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Questions?