



Medical Center Operations Group Retreat

April 14, 2014

Opening remarks

- Purpose
- Context
- Logistics
 - Breakfast: 8:00 am (coffee, water and Danish)
 - Lunch: 12 noon (sandwiches, pasta salad with roasted veggies, brownies, beverages)
 - Light Snack: 2:15 pm (water, tea, sodas and cookies)
- Announcements
- Expectations

Icebreaker

When you were 5 years old, what did you want to be when you grew up and why?

5/16/2014

FY15 goal setting



UVAHS Vision

In all that we do, we work to benefit human health and improve the quality of life. We will be:

- Our local community's provider of choice for its healthcare needs
- A national leader in quality, patient safety, service and compassionate care
- The leading provider of technologically-advanced, ground-breaking care throughout Virginia
- Recognized for translating research discoveries into improvement in clinical care and patient outcomes
- Fostering innovative care delivery and teaching/training models that respond to the evolving health environment
- A leader in training students and faculty in providing healthcare free of disparity

Our clinical direction

Advance our stature as a leading clinical & academic enterprise	<ul style="list-style-type: none"> • Ambulatory/MD Network Development: Expand depth and breadth of our MD/Ambulatory network • Clinical Program Advancement: Develop greater strength in clinical programs and expand subspecialty programs and expertise • Clinical Research Development: Strengthen clinical research platform to fuel clinical differentiation
Strengthen organizational alignment	<ul style="list-style-type: none"> • Collaborative Planning & Management: Ensure collaborative goal setting and execution across the clinical enterprise • Financial Alignment: Create financial transparency and use funds flows to drive alignment • Clinical Alignment: Understand and incent strong clinical performance • Productive Partnerships: Establish statewide network as a platform for clinical integration and growth
Achieve operational excellence: quality, safety, access service	<ul style="list-style-type: none"> • Measurement-Driven Leadership and Process Improvement: Lead the market in quality, service, safety and access performance • Be the Network of Choice for UVA Employees: Attract UVA employees to access UVA services • Strengthen Care Coordination and Patient Navigation: Fund access and navigation supports for patients • Transform the Culture: Advance a culture of physician and employee engagement and alignment that achieves superior levels of constituent satisfaction
Resources sufficient to support our mission	<p>Drive expansion of clinical enterprise to fund "continuous investment":</p> <ul style="list-style-type: none"> • Aggressively expand clinical enterprise through significant capital investments • Use resulting margin to fund strengthening of academic mission • Uniformly strengthen financial performance of entire clinical enterprise – School of Medicine, Physicians Group and Medical Center

Be Safe goals

- Be the safest place to receive care
- Be the healthiest place to work
- Be recognized for our medical expertise
- Advance biomedical effort to improve the human condition
- Advance graduate and undergraduate education through interdisciplinary teams

University of Virginia Health System Goals for FY14 Performance for FY14 YTD (through March)

I CARE		I HEAL		I BUILD	
Patient Satisfaction - HCAHPS		Mortality Index (2012 Risk Calc)		Length of Stay	
<i>Goal</i> ≥70% HCAHPS overall rating of '9s & 10s'	73.1	<i>Strategic Goal</i> < 0.69 <i>Operations Goal</i> < 0.79	0.81 Oct - Dec 2013	<i>Goal</i> ≤ 5.45 Days (MC Only)	5.73 Days February FYTD
Patient Satisfaction - Press Ganey		Standardized Infection Ratios		MC Operating Expense per CMI Adjusted Discharge	
<i>Goal</i> 90.0 for Press Ganey weighted surveys	88.6	<i>CAUTI Goal</i> ≤ 1.0	1.04 Oct - Dec 2013	<i>Goal</i> Budget for FY14 of \$11,639	\$11,411 February FYTD
Employee Engagement		Nurse Sensitive Indicators		UVA Employee & Families Care	
<i>Goal</i> 3.98 FY14 Gallup Survey	3.84 FY13 Gallup Survey	<i>Goal</i> 90% % Indicators where 51% of Units or greater out-perform benchmark	100% Oct - Dec 2013	<i>Goal</i> 37% Receive Care at UVA	32.8% January - Sept 2013
				Operating Margin	
				<i>Goal</i> 4.63% Operating Margin All Business Units	5.5% February FYTD

Better than Goal
Improving, but Not Yet at Goal
Worse than Goal

**University of Virginia Health System Goals for FY14
Draft Goals for FY15**

I CARE	I HEAL	I BUILD
Patient Satisfaction - HCAHPS	Mortality Index (2013 Risk Calc)	Length of Stay (MC)
<i>Goal</i> ≥76.7% HCAHPS overall rating of '9s & 10s'	<i>Goal</i> # as opposed to Index	<i>Goal</i>
Patient Experience Index	Hospital Acquired Conditions	MC Operating Expense per CMI Adjusted Discharge
<i>Goal</i> 88.1 for CAHPS & Press Ganey weighted surveys	<i>CAUTI Goal</i> # as opposed to ratio	<i>Goal</i> Available in April
Employee Engagement	<i>CLABSI Goal</i> # as opposed to ratio	UVA Employee & Families Care
<i>Goal</i> 3.98 FY14 Gallup Survey	Nurse Sensitive Indicators	<i>Goal</i> 37% Receive Care at UVA
	<i>Goal</i> 100% % Indicators where >50% of units out-perform benchmark	Operating Margin (ABU)
		<i>Goal</i> Available in April
ANCC Magnet Recognition		Joint Commission Re-Accreditation
Submitted Magnet Document		TJC Re-Accreditation Received
	Leapfrog	
	Hospital Safety Score	Goal: A
Better than Goal	Improving, but Not Yet at Goal	Worse than Goal

How do we lead to achieve these goals?

- Solving problems to improve the safety of patients and employees
- Focusing on processes, not people
- Getting into the weeds – knowing our business
- Improving communication

Differences in Habits and Practices

Personally Focused Work Practices	Process Focused Work Practices
Independent	Interdependent, closely linked
Self-paced work and breaks	Process-based work, time as a discipline
"Leave me alone"	"I work as part of a team"
"I get my own supplies"	In- and out-cycle work are separated and standardized
"We do whatever it takes to get the job done; I know whom I can rely on at crunch time"	There's a defined process or procedure for pretty much everything; follow the process
I define my own methods	Methods and procedures are standardized
Results are the focus, do whatever it takes	Process focus is the path to consistent results
"Improvement is someone else's job; it is not my responsibility"	Improvement is the job of everyone
Maintenance takes care of the equipment when it breaks; it's not my responsibility"	Taking care of the equipment to minimize unplanned downtime is routine

Real-time problem solving

- Use the "A3" problem solving approach and tool to identify the important few tactics we will take to achieve goals
- A3 is based on the Shewhart cycle
- One consistent way to solve problems across the entire organization
- A3 is key tool



A3 to make problem solving process explicit and visual

- The real power of the A3 is in the “thought process” it is intended to drive
- It is laid out to essentially force the problem solver (A3 creator) to follow the scientific method: problem, current state, future state, action plan and measures
- You are not allowed to go directly from problem to solution as we routinely do in our jobs every day
- A3 is a visual system that encourages collaboration, requires interaction, and removes excuses from taking on process improvement initiatives

A3 is a foundational methodology that teaches us to think and act differently

A3

Why is it called A3?

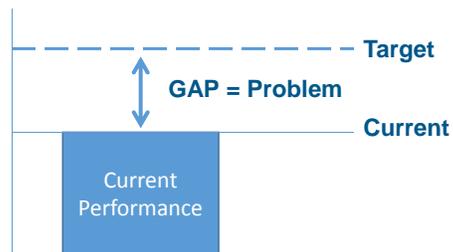
- Size of paper (11” x 17”) is A3

How is it used?

- Utilizes the Rules in Use to identify and solve problems
- A mechanism for strategic deployment of goals and work throughout an organization

A3 Problem Solving is a
disciplined, systematic, repeatable approach to process improvement

What is a problem?



A problem is a gap between:

- Current condition – what is actually happening and
- Target or idea condition – what should be happening, what is needed

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Rules in Use

- Rule 1:** All work shall be highly specified as to content, sequence, timing, location, and expected outcome.
- Rule 2:** Every customer-supplier connection must be highly specified, direct, and there must be an unambiguous yes-or-no way to send requests and receive responses.
- Rule 3:** The pathway for every product and service must be predefined, highly specified, simple, and direct with no loops or forking.
- Rule 4:** Any improvement must be made in accordance with the scientific method, under the guidance of a teacher, at the lowest level in the organization toward the ideals (on-demand, defect-free, 1 x 1, immediately, without waste, and safely [physical, emotional, and professional])

All 4 rules have built-in tests that let you know if the activities, connections, pathways and improvements are being done as expected

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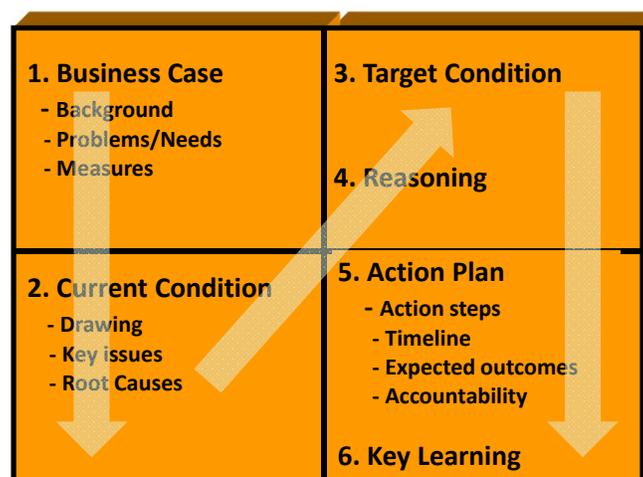
Rules in Use, cont.

You will always find at least one of these in a problem:

- Rule 1:** Work is not clearly defined
- Rule 2:** The way two areas connect isn't clear or direct
- Rule 3:** The process isn't clearly defined and so many paths could be traveled that they create opportunities for error or
- Rule 4:** The method for solving problems doesn't use the scientific method, doesn't include the people who do the work or doesn't involve the people who have the perspective and authority to change processes that cross more than 1 area

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A3 Format



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A3 template example

Business Case

- Business goals
- Data/Measures
- Role of process in business
- *What is the value to the customer?*

Current Condition and problems

Text, pictures, charts, etc. to describe how the process actually works

- Through Direct observation
- Discussion with people that do the work
- Use "Rules in Use" as a guide to draw



⊗ : an observed problem



Problems and root causes

Problems Symptoms	5 whys	Root Causes
 Specific Symptom (A)	→ 5 whys →	Cause for (A)
 Specific Symptom (B)	→ 5 whys →	Cause for (B)

Which of the "Rules in Use" lies at the root cause of the problem?

Target Condition w/o problems

Text, pictures, charts, etc. to describe how work *will be* done (how the process is expected to work) based on the changes we develop

- Use the "Rules in Use" to design

⊙ : the problem removed

Reasoning

Hypothesis for change (If...then...)
How will we know if change is working?

Action Plan

Specific changes (countermeasures) expected to remove root causes)

Problem	Who	What	By When	Test of Value
A				
B				

Key Learning

What did you expect to happen?
 What actually happened?
 What did you learn as a result of your efforts?

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Business Case

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1. Business Case:

- Background information that tells the history of the problem you are trying to solve or the need you are trying to meet
- A description of the problem/need and why it is important to the business case of the organization
- Quantifiable data (safety, quality, financial, etc.)
 - Initially includes baseline data that illustrates the problem/need
 - Data collected during the A3 experiment is compared to the baseline to validate the hypothesis and actions

Example:

The current UVAMC process for discharging patients from the hospital to the next care setting does not result in lengths of stay ≤ 5.45

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Current Condition

2	

2. Current Condition:

- Is a description, preferably in a drawing, that describes how work is actually done
- Reflects actual observation (“Go and see”)
- Uses the Rules in Use to see the system and identify problems
- There are three kinds of problems:
 - Customer did not get need met
 - Work did not comply with the Rules in Use
 - Work was not at the Ideal
- Utilizes the ‘five whys’ as a means of determining the root cause of problems
- Root causes are violations of the Rules In Use and are never people

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Target Condition

	3, 4

3 & 4. Target Condition & Reasoning:

- Addresses the problem and its causes and shows an hypothesis for how work will be done when problem and causes are addressed
- Is realistic and pragmatic
- Moves work design toward Ideal and is more consistent with the Rules in Use than the Current Condition
- A pictorial representation of an improved state, moving from the Current to a Target for:
 - product flow
 - information flow
 - people deployment
- It is dynamic and subject to change as a function of changing internal and external conditions

Action Plan

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5. Action Plan:

- States the activities required to implement the solutions proposed by the target condition
- Links actions to specific problems identified in the current condition
- Is specific in terms of ownership, time lines and expected outcome

Example:

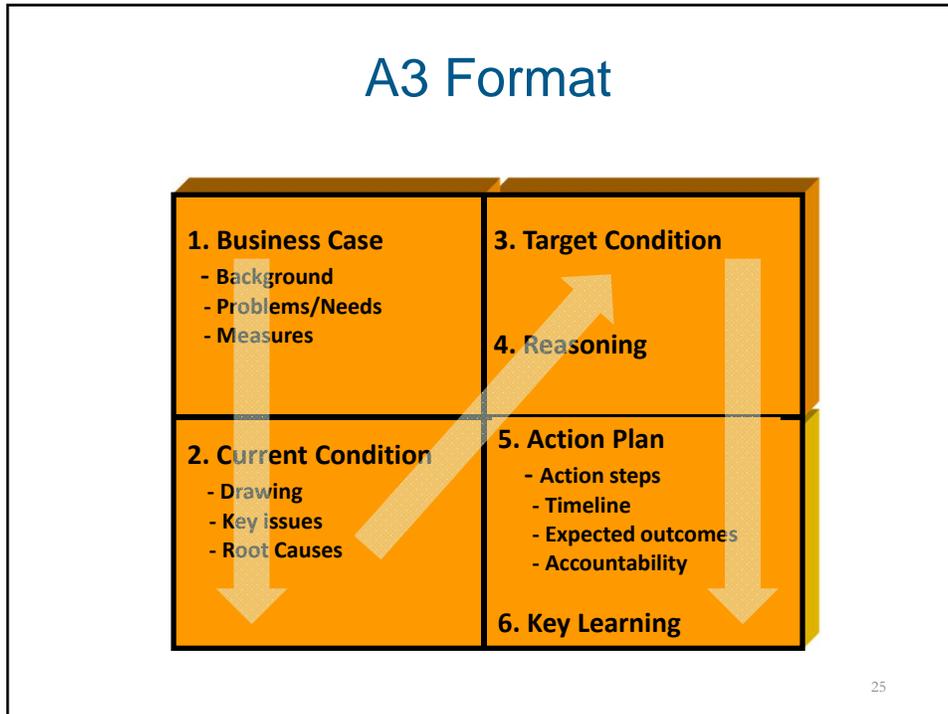
Root Cause #	Who	What	By When	Test of Value

Key Learning

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6. Key Learning:

- Make explicit what each participant expects to learn from this A3 experiment
- State what was actually learned through carrying out the experiment
 - Did you achieve your expected result? Why or why not?
 - What did you learn as a result of your efforts?
- Should be shared with others in the organization who may be able to apply the learning to their work



EXAMPLE

A3: ICU/ Transfer Issues

<p>Patient need: ICU Care</p> <ul style="list-style-type: none"> -right care/ right place (no boarding) -on time -no premature transfers out -accommodate transfers <p>Current Condition</p> <ul style="list-style-type: none"> -32 ICU beds unstaffed -Many delays resulting in loss of case (CT/neurosurg) -39% of referrals accommodated -near misses and deaths (vascular/Whipple) PICU issues <p>Measures</p> <ul style="list-style-type: none"> -time to ICU bed -transfer deaths -patient flow -number turned away each week -patient /provider/referral satisfaction 	<p>Target Condition</p> <ul style="list-style-type: none"> -provide all ICU care based upon patient need -ICU care by service (no boarders) <p>Improvements</p> <ol style="list-style-type: none"> 1. Understand ICU patient flow (med versus surgical) 2. Bring on 4 beds at a time 3. Best practice regarding time to ICU bed 4. Staffing <ul style="list-style-type: none"> - Understand barriers to hiring nurses - Determine allied health staffing
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EXAMPLE

The Work of Improvement

<u>Who</u>	<u>What</u>	<u>When</u>	<u>How</u>	<u>Why</u>
Bo/Lorna	Staffing model 200 nurses needed*	July 2014	---	nursing shortage
Larry Gimple	Time to ICU bed	2/18	bed control	Understand delays
Endfield/CG	patient flow	2/21	previous models	assess demand med vs surg; ED
Gimple/Kern Upchurch	ICU/intermediate	2/21	previous work	work of relevance
Hoke/Young	ICU transfer mortality	2/21	mort review	right care/right patient

* Needed over 6 months. Near term opportunity to be discussed.

A3 Activity

Group 1	Group 2	Group 3	Group 4
Bush Bell John Boswell Chris Branin Michele Hereford Katie McDermott	Tracey Hoke Lorna Facticeau Chris Ghaemmaghami Thomas Saul	Bo Cofield Susan Kirk Bill Gayne Jeff Young	Jim Amato Rick Skinner Tom Harkins Kurt Heysel
Patient Satisfaction	Mortality Index & Infections	Length of Stay	Supply Chain

Draft A3s as assigned

Reflections on A3

- How do we want to make the tool our own?
- How do you envision us using it?
- What will you have to do to enable daily review and action by an already overburdened group of managers?
- How can the A3 presentation be improved for the Forum on Thursday?
- What additional questions do you have?

Working Collaboratively

- How has teamwork improved this past year?
- What are 3 things this team could do better in FY15?
- Give an example when this team was at its best in the past year

Communication

What actions/behaviors can you commit to doing individually and as a team that will achieve the following:

- Better understanding of your business
- Improved communication about your business to the rest of the team

Growth and development

- Name one thing you learned about leadership this past year that has made you a more effective leader?
- How are you developing your leaders?

Closing remarks

- Thank you for your time today
- Follow-up actions