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High Reliability + Value Improvement = Learning Organization

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High Reliability + Value Improvement = Learning Organization

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SL16

The presenters have nothing to disclose.

#IHIFORUM



Reflection & Safety Message



Session Objectives

- Learn how High Reliability Organization (HRO) and Clinical Value Improvement (CVI) are integral to Providence St. Joseph Health's strategic plan and leadership development
- Identify successful elements and challenges of implementation and spread of our high reliability behaviors
- Demonstrate how HRO behaviors are the foundation for daily improvement across a large organization
- Apply Clinical Value Improvement to enable employees to improve their job, quality, and affordability

Today's Journey

Approx. Time	Topic
20 min	Objectives, Goals, & Get to Know Each Other
20 min	High Reliability Organization Journey
30 min	Activity: Learning Board
20 min	Clinical Value Improvement Journey
30 min	BREAK
20 min	One Hospital's Story
60 min	Activity: Problem Deep Dive
10 min	Closing

Getting To Know Us



Who is Providence St. Joseph Health?

 **51**
HOSPITALS

 **829**
CLINICS

 **5m**
UNIQUE
PATIENTS
SERVED

 **16**
SUPPORTIVE
HOUSING
FACILITIES

 **119k**
CAREGIVERS

 **38k**
NURSES

 **25k**
PHYSICIANS

 **2.1m**
COVERED
LIVES

 **1.2m**
HOME HEALTH
VISITS

 HIGH SCHOOL
NURSING
SCHOOLS &
UNIVERSITY

 **2**
HEALTH
PLANS

 **\$1.6b**
COMMUNITY
BENEFIT

States served:

Alaska
California
Montana
New Mexico
Oregon
Texas
Washington

 **PROVIDENCE**
Health & Services

St. Joseph Health 

Covenant Health 

 **FACEY**
MEDICAL FOUNDATION

 **hoag**

 **KADLEC**

 **SWEDISH**

 **pacific
medical
centers**

 **Providence
St. Joseph Health**

PSJH Mission, Vision, Values, Promise, & Strategy



MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.



Vision

Health for a Better World



Values

Compassion Dignity Justice Excellence Integrity



Promise

Know Me, Care For Me, Ease My Way



**STRENGTHEN
THE CORE**



**BE OUR
COMMUNITIES'
HEALTH
PARTNER**

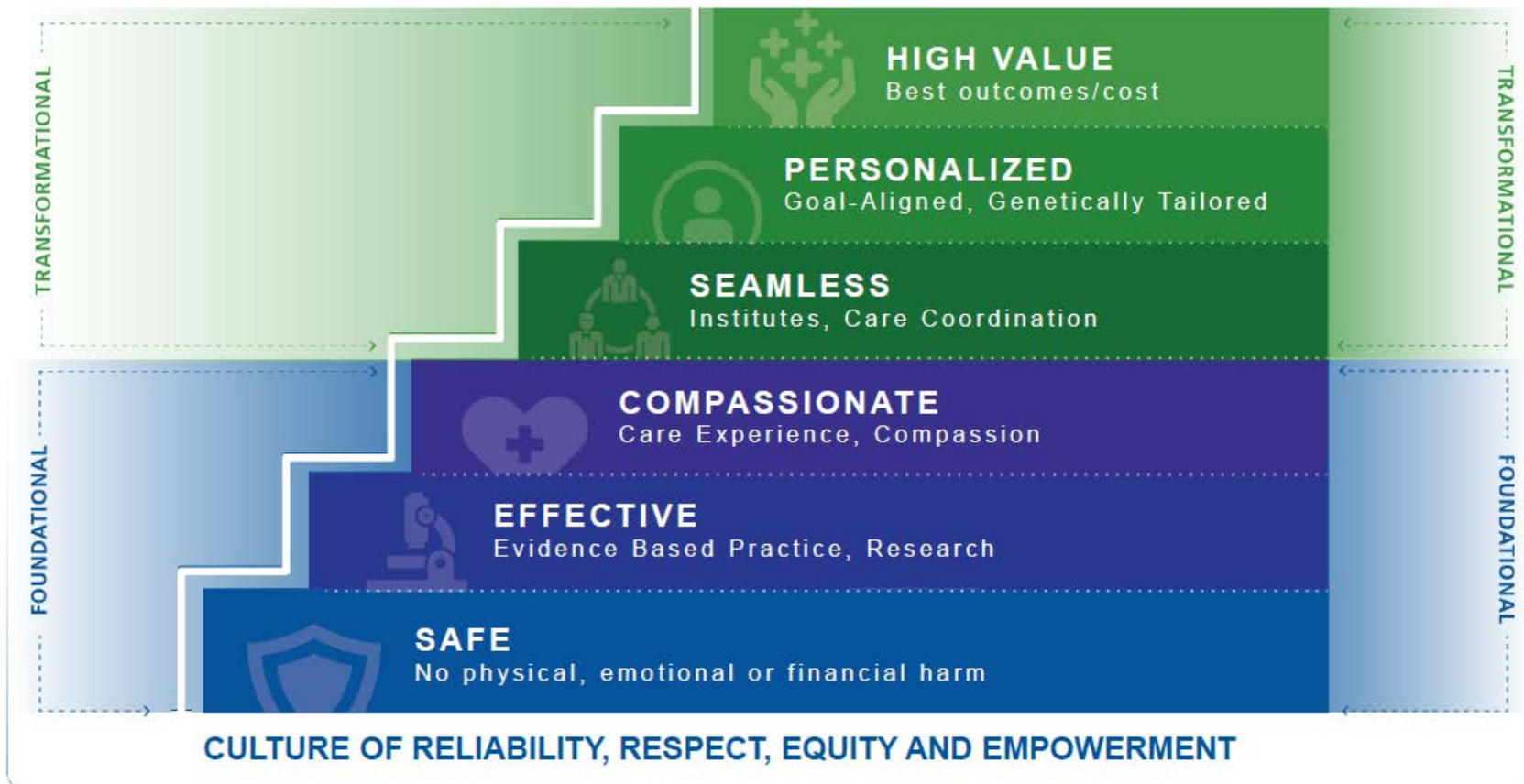


**TRANSFORM
OUR FUTURE**

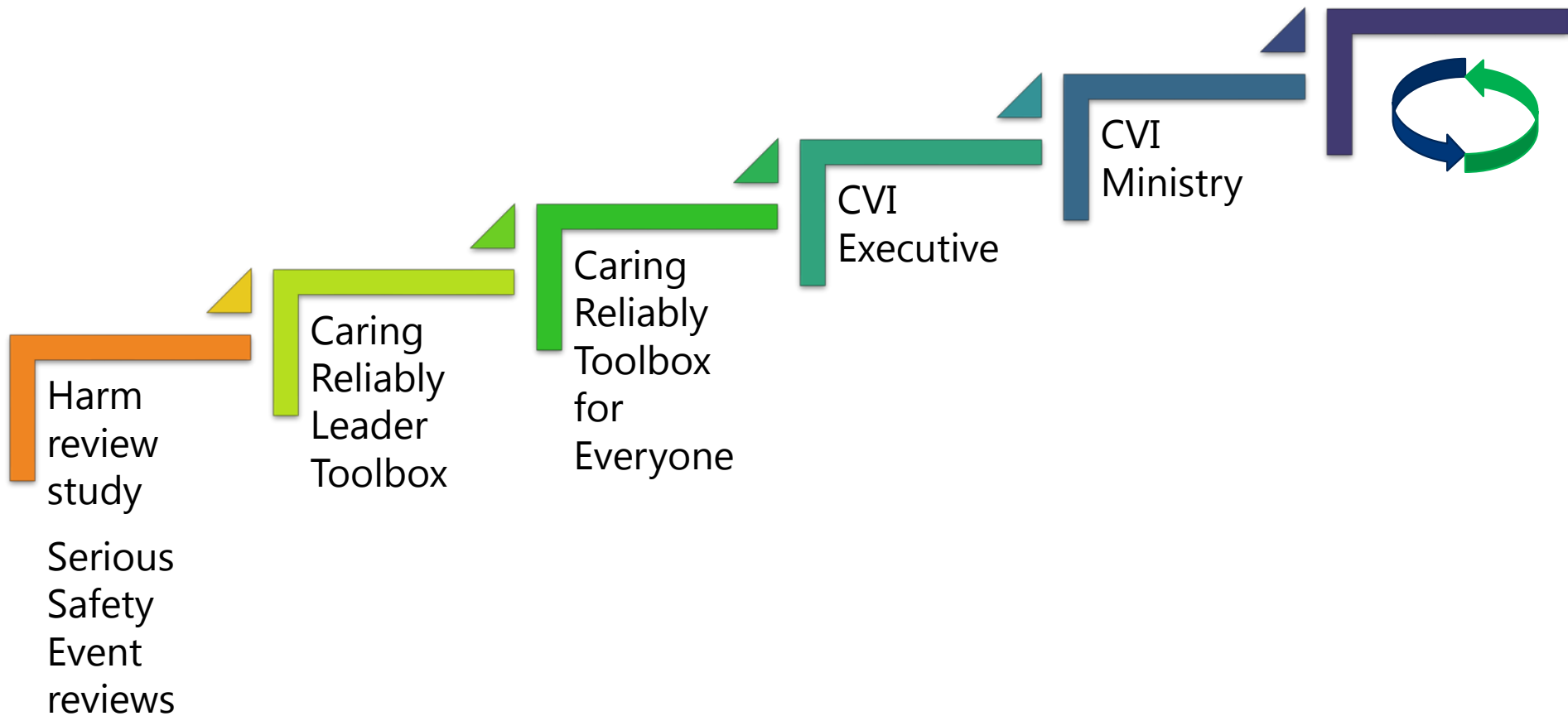
PSJH Clinical Strategy: HRO is Foundation

KNOW ME
CARE FOR ME
EASE MY WAY

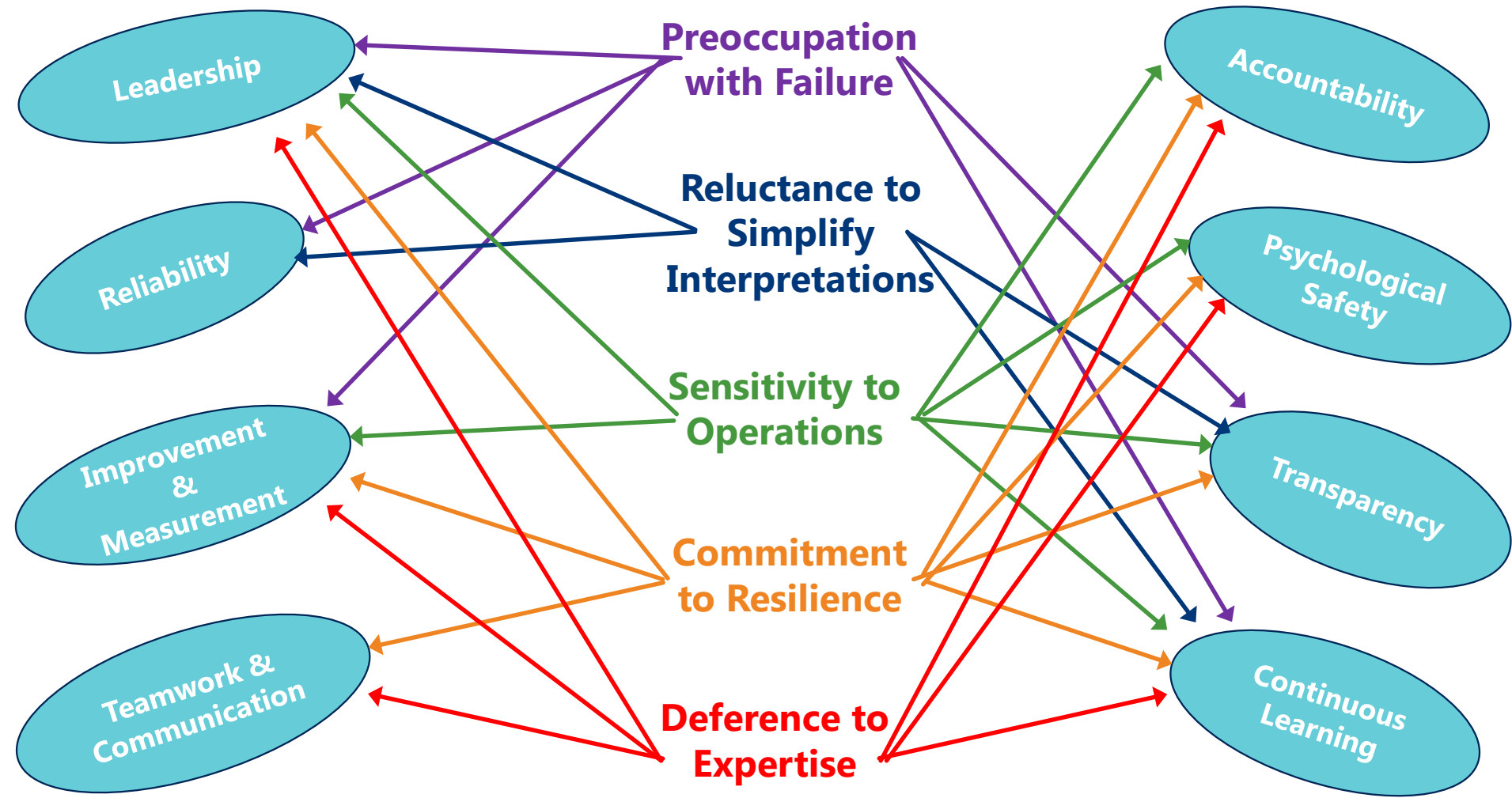
Health for a Better World



PSJH High Reliability Learning Organization Journey



How to Achieve Characteristics of HRO

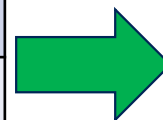


Sources: Federico, F (2018). *Is your organization highly reliable?* Healthcare Executive.
 Frankel A, Haraden C, Federico F, Lenoci-Edwards J. *A Framework for Safe, Reliable, and Effective Care*. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017. (Available on ihi.org)
 Wieck, KE., & Sutcliffe, KM. (2007). *Managing the Unexpected: resilient performance in an Age of Uncertainty*. Jossey-Bass.

Initial Diagnostic Study Summary

"How" Data: Individual Errors

<i>Lack of Critical Thinking</i>	37%
<i>Lack of Knowledge & Skill</i>	19%
<i>Lack of Attention on task</i>	14%
Non-Compliance	14%
<i>Lack of Info processing</i>	13%
Normalized Deviance	3%
Moderate to Severe Harm = 785 events Individual Acts coded = 1019	



Toolbox for everyone

With our collective commitment to safety and reliability, we serve our mission and achieve our vision.

Our Mission
As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values
Compassion, Dignity, Justice, Excellence, Integrity

Our Vision
Health for a Better World

Our Promise
"Know me, care for me, ease my way."

CARING RELIABLY
Be Compassionate. Be Safe. Be Reliable.

Tones for respect of others at all times

Smile and greet others; say "Hello"

Introduce using preferred names and explain roles

Listen with empathy and intent to understand

Communicate positive intent of our actions

Provide opportunities for others to ask questions

Universal behaviors and tools

PAY ATTENTION TO DETAIL

- Self-check using STAR (Stop, Think, Act, Review)
- Peer check

HAVE A QUESTIONING ATTITUDE

- Validate and verify
- Know why and comply

COMMUNICATE CLEARLY

- SBAR (Situation, Background, Assessment, Recommendation)
- Three-way repeat-back and read-back
- Phonetic and numeric clarification
- Clarifying questions

OPERATE AS A TEAM

- Brief, execute and debrief

SPEAK UP FOR SAFETY

- Escalation using CUS (Concerned, Uncomfortable, Stop) and chain of command
- Event reporting systems (UOR)

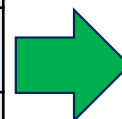
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Initial Diagnostic Study Summary

"Why" Data: System Failures allowing errors

Culture	49%
Process	21%
Policy & Protocol	14%
Structure	10%
Technology & Environment	6%
Moderate to Severe Harm = 785 events	
System Failures Acts coded = 1522	



Leader toolbox

As leaders, we are committed to the safety of our patients and caregivers. We demonstrate this promise in every action, from the front line to the board room.

Our Mission
As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values
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Our Vision
Health for a Better World

Our Promise
"Know me, care for me, ease my way."

CARING RELIABLY
Be Compassionate. Be Safe. Be Reliable.

Putting our commitment into action

MESSAGE ON THE MISSION

- Follow the reflection with a safety message at the start of meetings
- Put safety first in every decision
- Stand up for those who speak up for safety

LEAD RELIABLE OPERATIONS

- Hold a daily safety huddle
- Hold daily departmental huddles
- Create and execute on a Top 10 List

BUILD ENGAGEMENT AND ACCOUNTABILITY

- Provide 5:1 feedback
- Round to influence
- Apply fair and just accountability principles

FOSTER TEAMWORK

- Data boards: unit-based safety, quality and service results
- Operate learning boards
- Create and execute on action plans

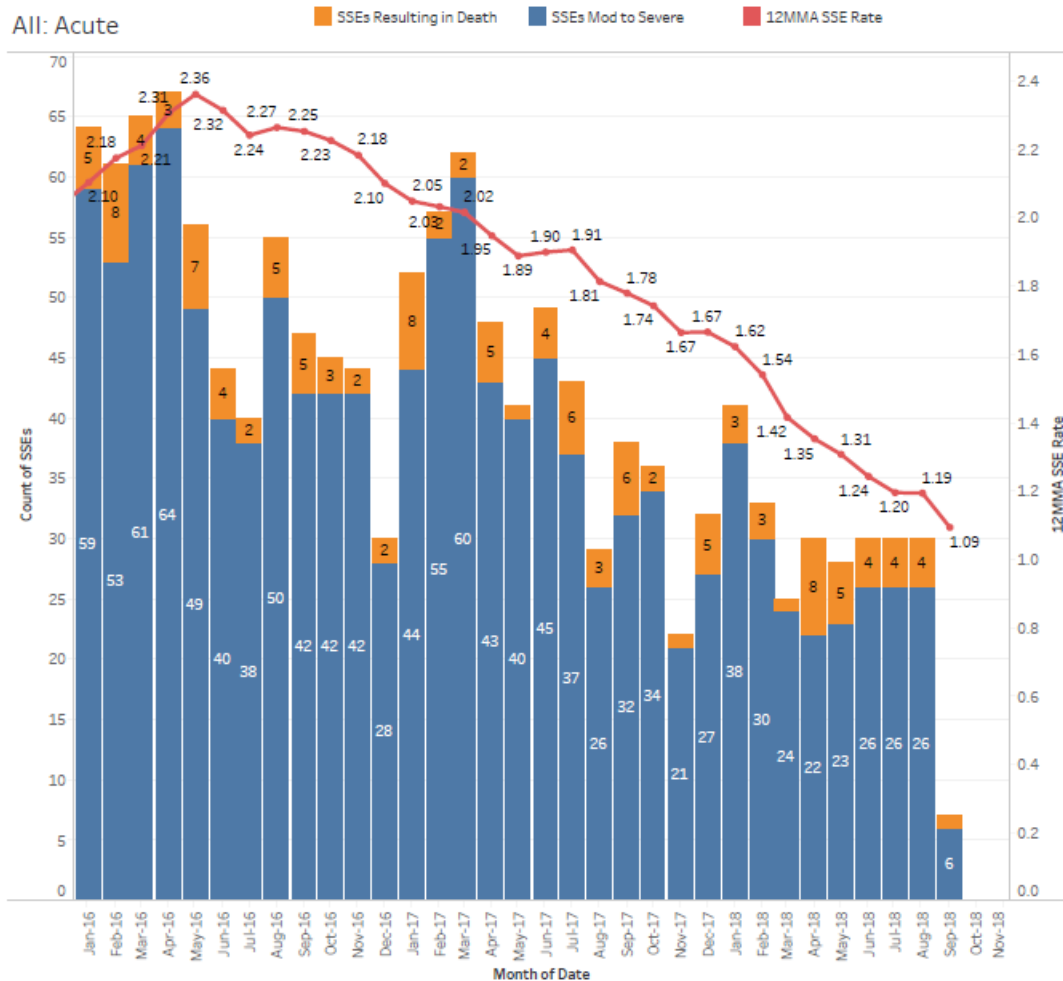
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Caring Reliably

Be Compassionate, Be Safe, Be Reliable

Serious Safety Event Rate: Inpatient only, as of Sept 2018



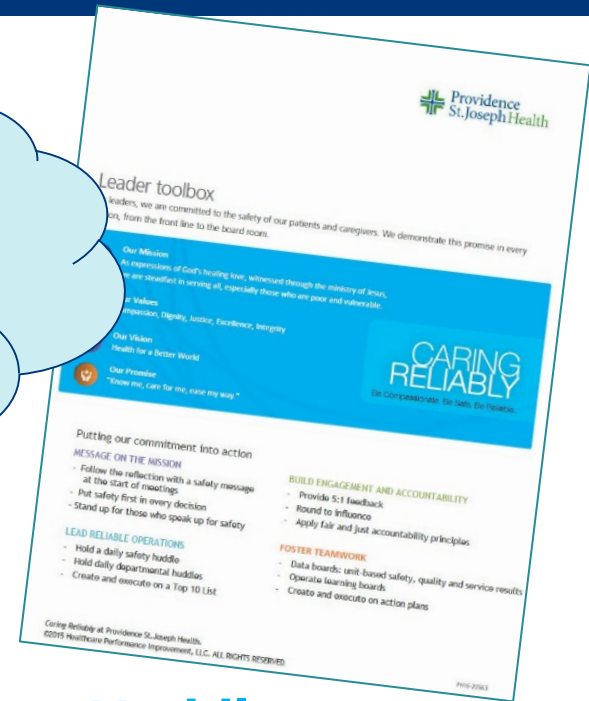
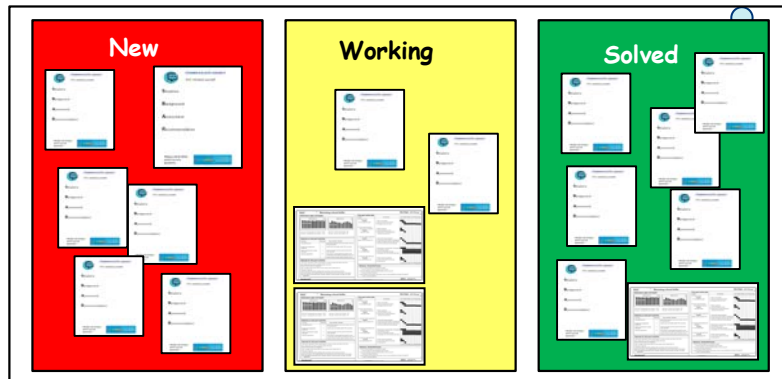
	Safety Climate all Settings		
	2017 % Favorable	2017 % Positive	% Positive vs. 2016
Legacy PH&S Regions			
AK	80%	74%	+5
NWR	83%	77%	+7
OR	79%	72%	+8
PHC	82%	76%	+5
PMC	80%	74%	+10
PSCS	83%	81%	+6
PSMS	80%	74%	+9
SER	80%	73%	+4
SoCal – LA	81%	76%	+4
Swedish	79%	73%	+5
SWR	78%	70%	+2
VMR	80%	74%	+7
VWR	85%	81%	+8
Legacy SJH Regions			
Northern California	81%	--	N/A
SJH System Office	76%	66%	N/A
SoCal – OC and High Desert	81%	75%	N/A
Texas	81%	78%	N/A
	83%	80%	N/A

Building Frontline Ownership

What if I have an idea to improve how we do things???

What if policies, procedures, checklists DON'T MAKE SENSE ???

Learning Boards



Department Huddles

Daily departmental huddle agenda

- 1. LOOK BACK** – Significant safety or quality issues from yesterday
- 2. LOOK AHEAD** – Anticipated safety or quality issues for today
3. Follow up on **Start-the-Clock** Safety Critical Issues

Two Views of Waste

Micro

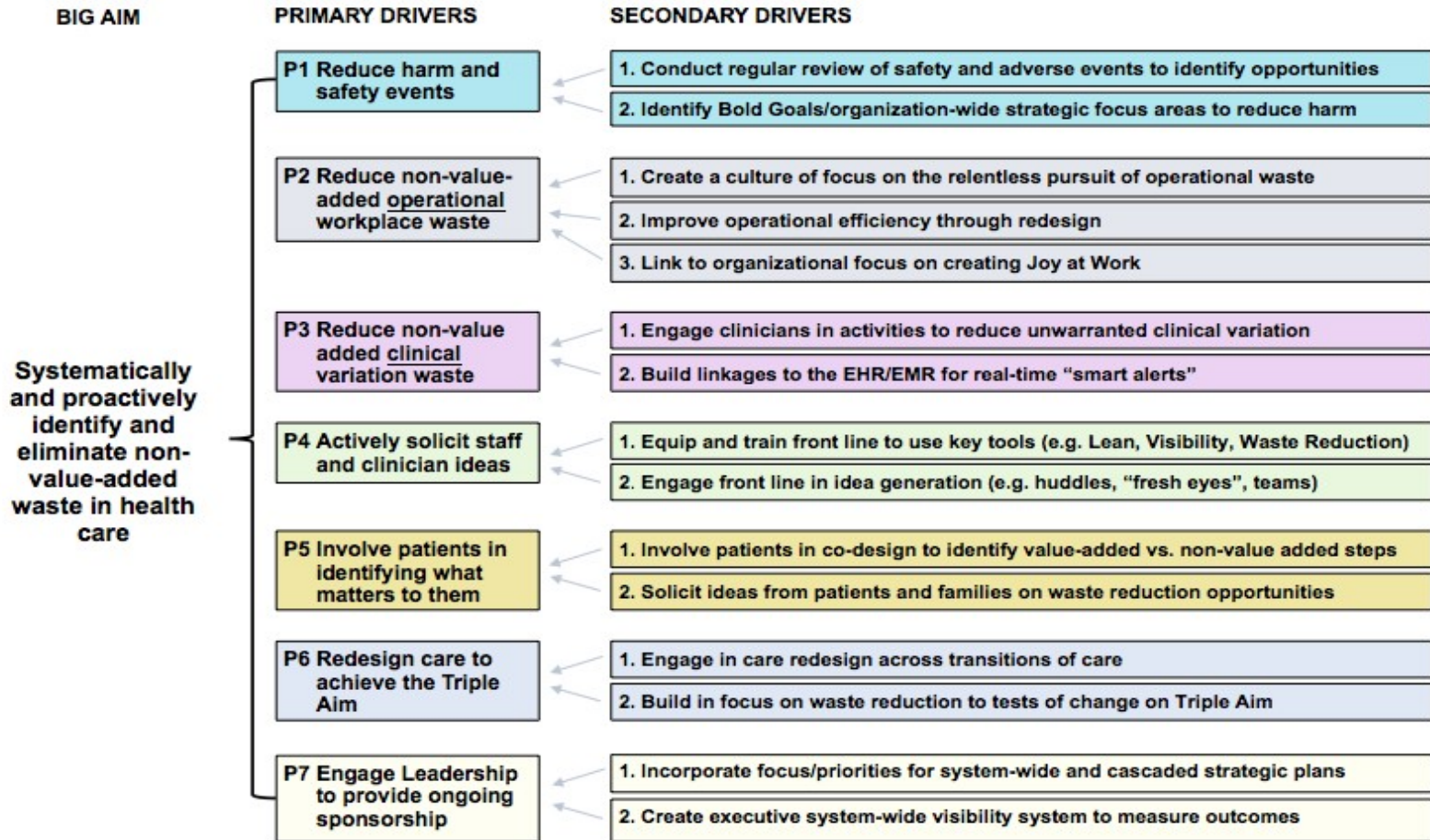
- Overproduction
- Transportation
- Motion
- Waiting
- Processing
- Inventory
- Defects

Macro

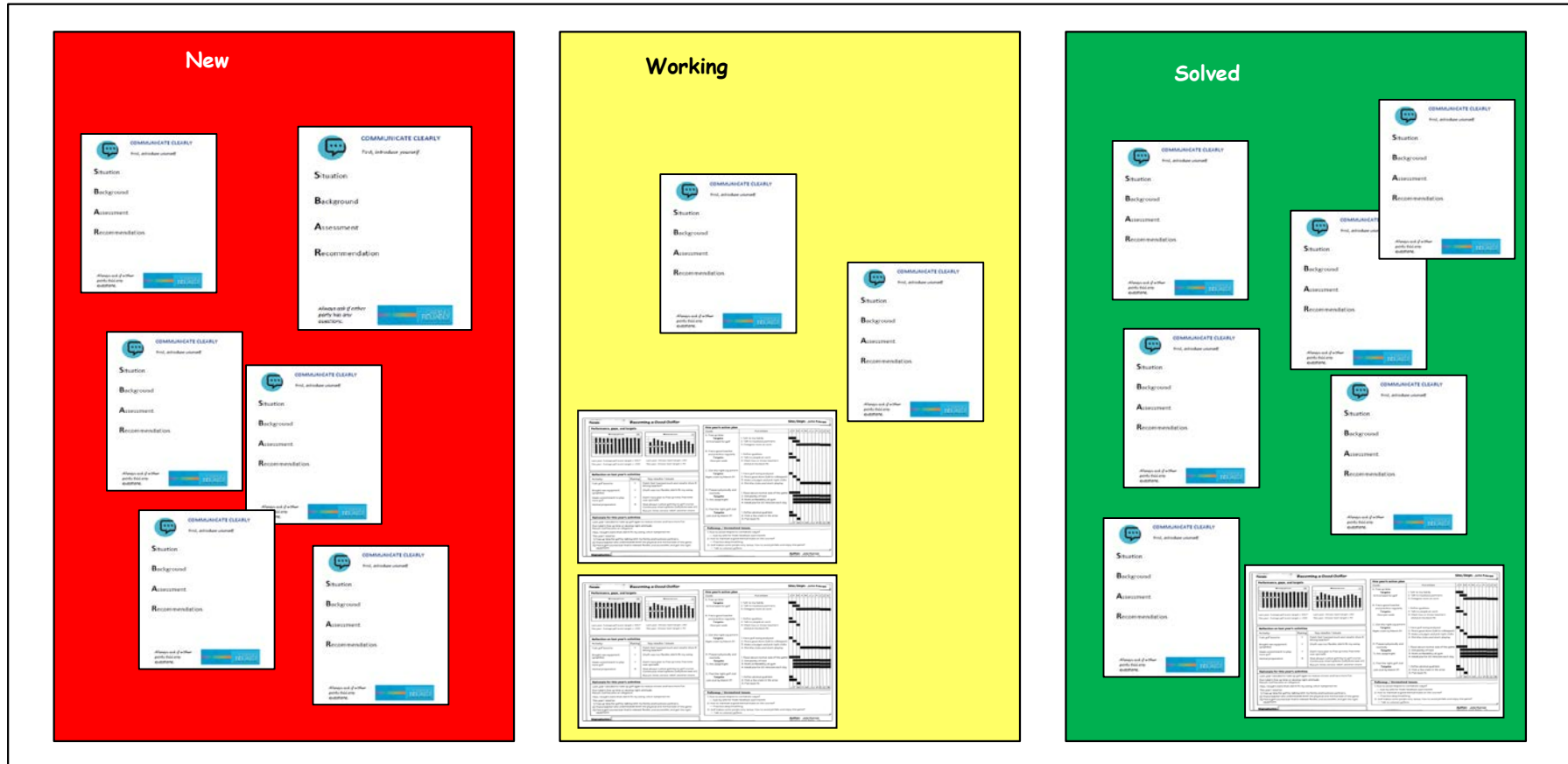
- Overtreatment
- Failures of care delivery
- Failures in care coordination
- Administrative complexity
- Pricing failures
- Fraud and abuse

Source: Berwick, Dm & Hackbarth, AD (2012). Eliminating Waste in US HealthCare. JAMA 307 (14).

IHI Leadership Alliance Waste Driver Diagram



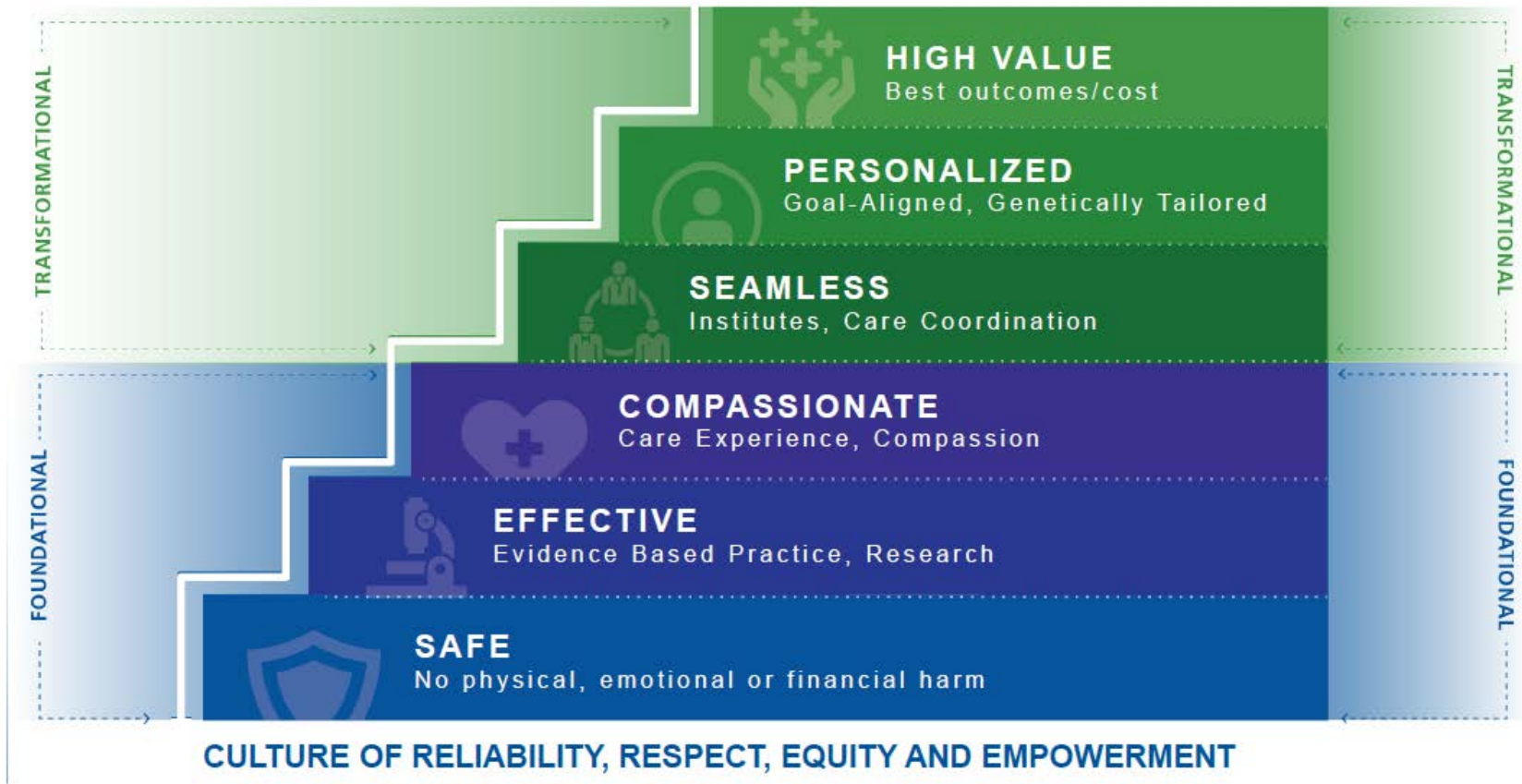
Simulation: Problem Identification



PSJH Clinical Strategy: High Value is the Aim

KNOW ME
CARE FOR ME
EASE MY WAY

Health for a Better World



The Value Equation



$$\text{Value} = \text{Outcomes} / \text{Cost}$$

Develop the Whole Leader



Clinical Value Improvement | 2018-20 at a glance

Problem: We have excellent clinicians in leadership roles, with widely varying leadership skills in **driving value** = a lack of synergy between clinical, operational and financial leaders.

Vision: We will develop our executive and mid-level leaders to be the skilled, strategic, transformational leaders we need for **Health for a Better World**

30%

Of healthcare cost is waste JAMA study 2012



\$4.2B

Aim: 2018-2020
Executive & Mid-level leaders

65%

Of our costs come through hospitals



Clinical Value Improvement

Executives

- Lead value improvement at micro, meso, and macro levels
- Apply skills of scale, spread, and sustainability
- Set vision of the learning organization in delivering value

Clinical Directors/Senior Medical Directors

- Statistical process control (run control charts)
- Understanding applying variation in improvement
- Ability to scale & sustain improvements
- Teach/coach other leaders

Managers/Unit Leaders/Medical Directors

- HRQ Leader Topics
- HRQ Open Source Quality modules
- Coaching for improvement
- Align CVI leader tools into existing practice

All Caregivers & Providers

- HRQ Toolkit for Everyone
- Eight modules in Healthcare
- AT Out skills at Hubbers Learning Boards



Clinical Value Improvement (CVI) Executives; a project-based, 120 day leadership experience for CMOs, CNOs and CFOs in a Region led by core CVI Faculty.

Clinical Value Improvement (CVI) Ministry; a project-based, 85 day leadership experience for Clinical Directors, Unit Leaders and Medical Directors at a PSJH Ministry/hospital led by local faculty.

Ministry CVI

3 in 2018

30 in 2019

17 in 2020

~1500 leaders

Executive CVI

1 in 2018; 70 executives;
70-80 executives in 2019



3 types of measures



Behavior

Engagement of medical staff



Results

Progress on Top 20 DRGs

Cost of recruitment



Return On Learning
Value = outcomes/cost

How can you help?

Create the time and space for Region CMOs, CNOs and CFOs to engage in Executive CVI



Clinical Value Improvement

Tiered Value Improvement Model Vision



Clinical Value Improvement

Southern California Executive Program Curriculum



Learning objectives: Equip Ministry level CMOs, CNOs and CFOs/COOs to:

- Set the vision of the learning organization to deliver value; craft and lead the strategic improvement agenda
- Ready mid-level leaders to Manage the improvement agenda; coach and train
- Apply skills of scale, spread, and sustainability

Foundations

What is our aim?
How will we know
a change is an
improvement?
What changes can
we make that will
result in
improvement?

Business

What is value?
What are the
business drivers of
cost?
How do we create
and measure
value?

Pebble in the Pond

How can the
organization and
community
structure be used
to facilitate
spread?
How will I help
other leaders
inspire
organization-wide
adoption?

Clinical Value Improvement

Southern California Executive Program



Target Audience: 65 Ministry level CMOs, CNOs, CFOs/COOs, and CQOs



Lessons to date:

- **The backstory** = a dynamic, fruitful and sometimes messy endeavor to unify the structure in SoCal
- **The big idea** = to use CVI as a catalyst for coming together as a Region
 - SoCal is in the middle of this journey, and the teams are wrestling with what it means to be “one”
 - It is fragile; and there is a pull towards the local, so CVI is serving as a “proof point”

BREAK



Providence Regional Medical Center Everett



ACCOLADES

2017 Statistics & Awards

- HealthGrades Labor and Delivery, Obstetrics and Gynecology, and Gynecological Surgery Excellence Awards
- US News and World Report – Highest rank in Abdominal Aortic Aneurysm Repair, Aortic Valve Surgery, Heart Bypass Surgery, Hip & Knee Replacement
- Nurse.org – One of the best hospitals for nurses to work
- LifeNet Health – Hospital of the Year
- American Heart Association - Get with the Guidelines Stroke Gold Plus Quality Achievement Award
- CareCheck #1 in Washington State for cardiac care
- Stryker Sustainability Program Gold Healthy Hospital award



340,586

PRIMARY CARE
OUTPATIENT VISITS



31,150

INPATIENT ADMISSIONS



214,942

SPECIALTY CARE
OUTPATIENT VISITS



\$65.9
Million

COMMUNITY BENEFIT



4,540

BIRTHS



89,406

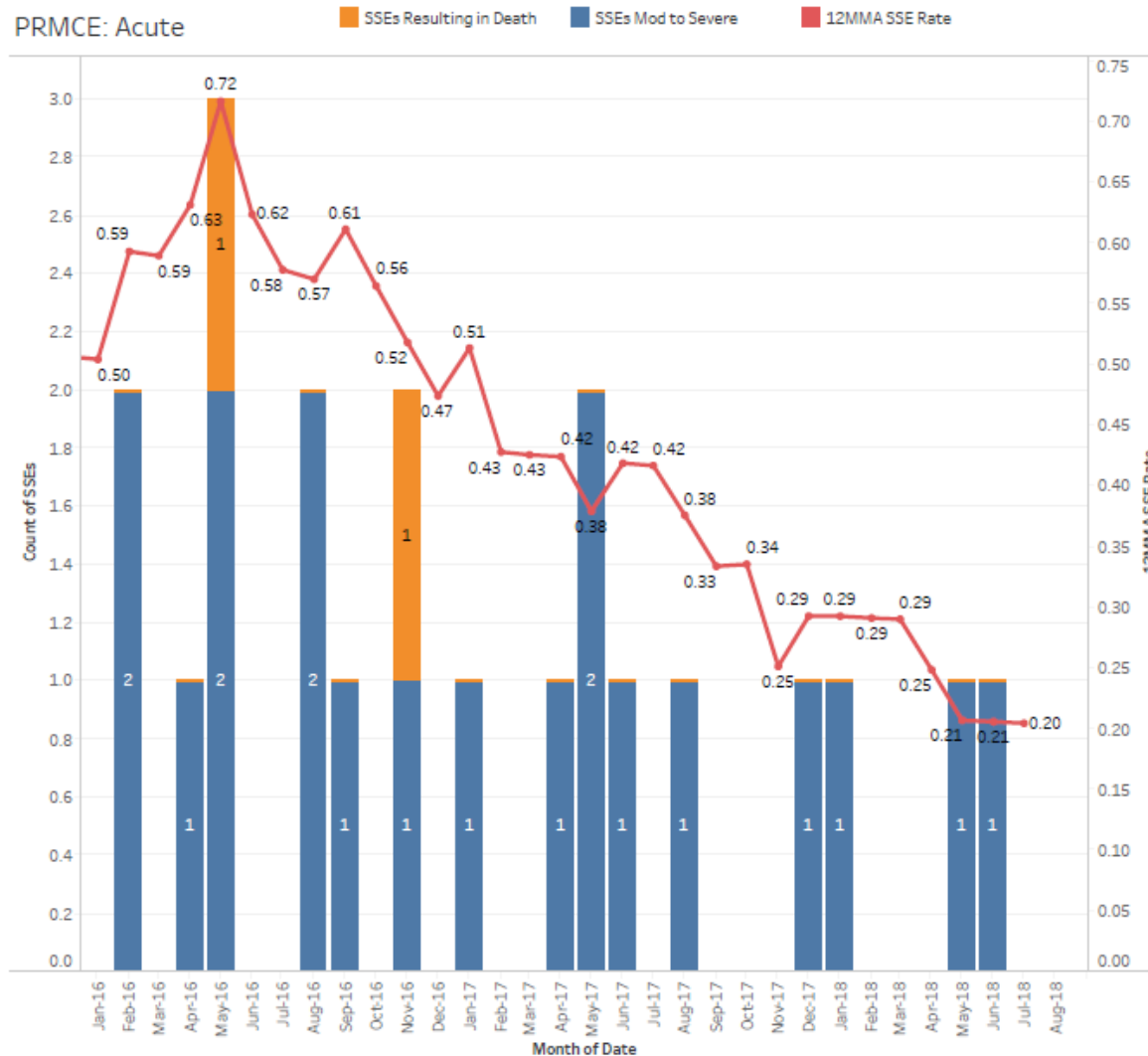
EMERGENCY
DEPARTMENT
VISITS



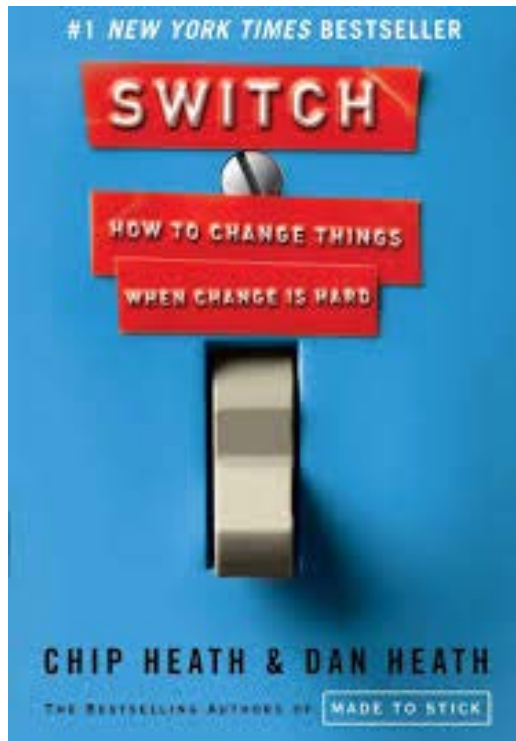
29,750

SURGERIES &
PROCEDURES

From HRO to CVI: One Hospital's Story

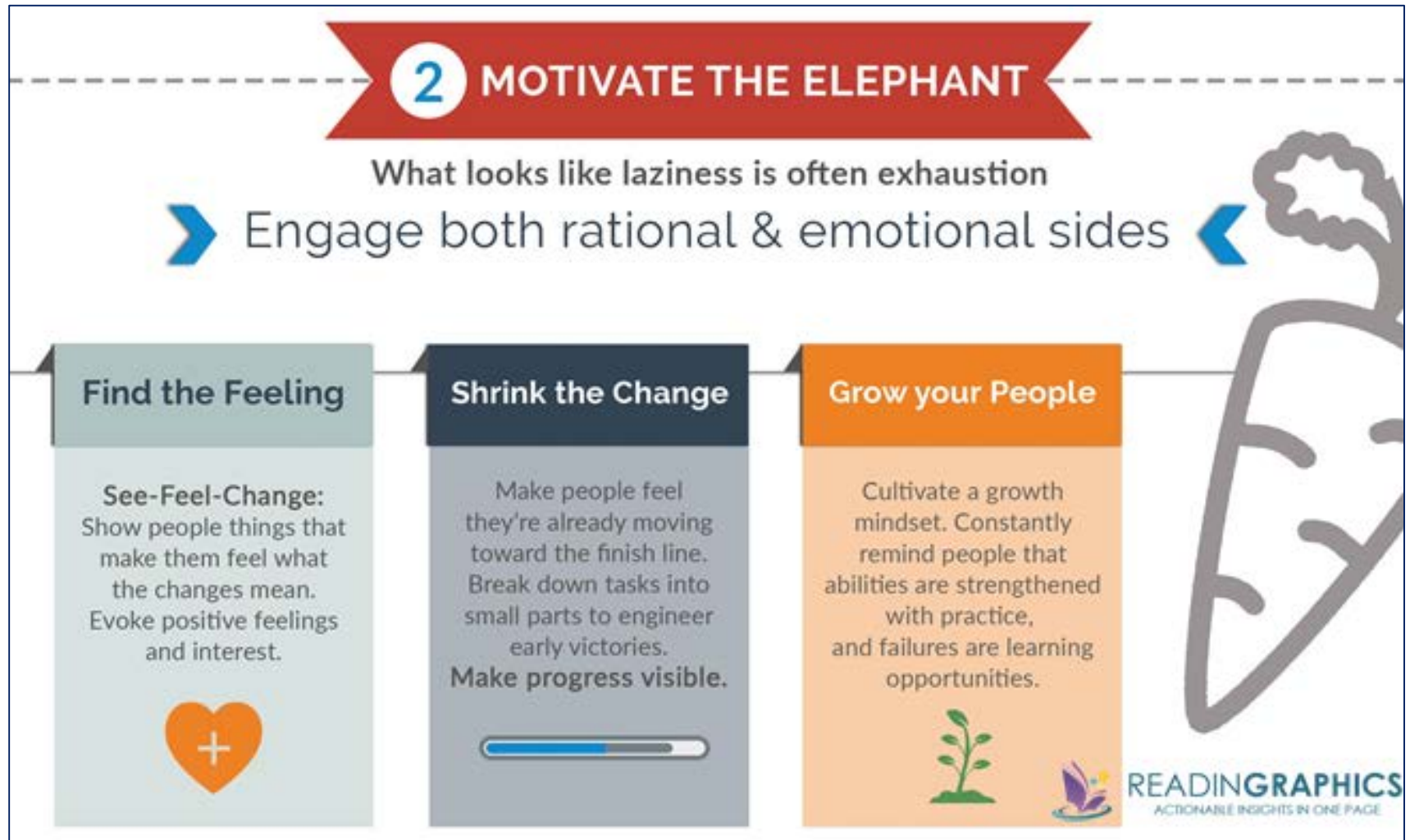


One Hospital's Story



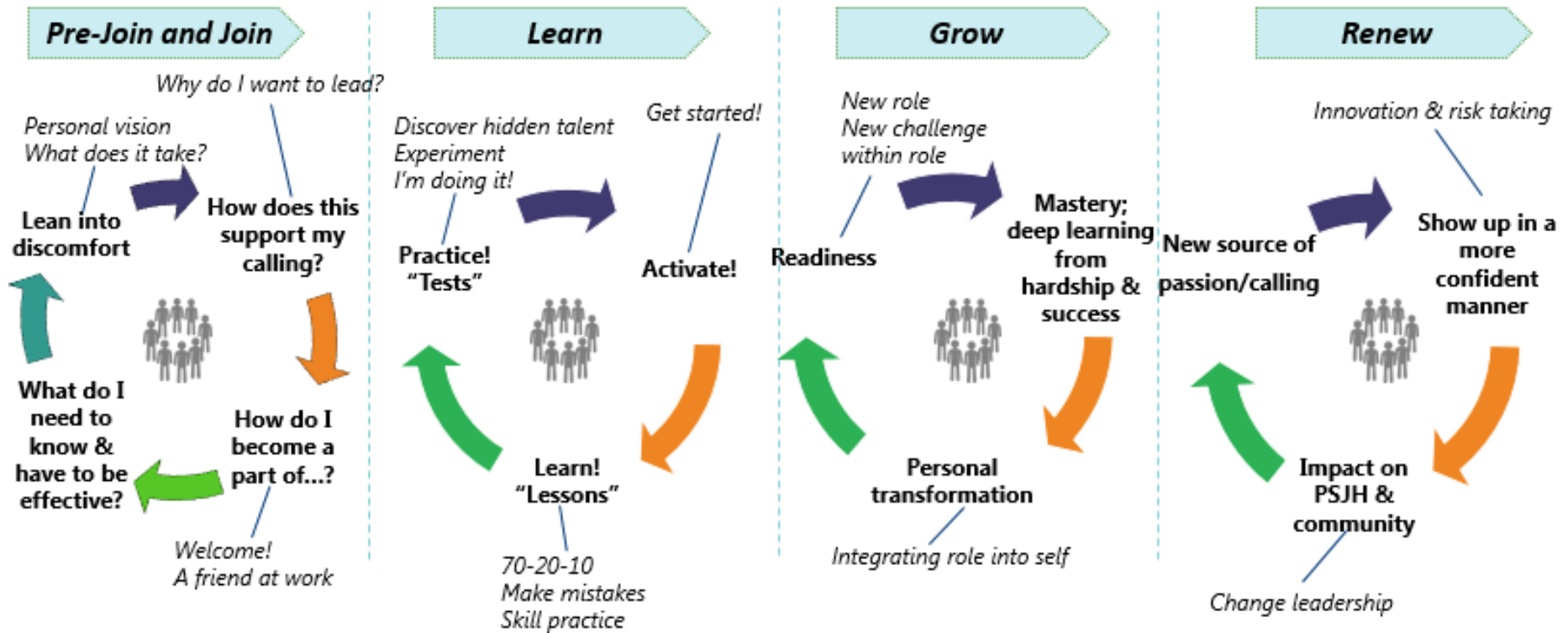
DIRECT the **RIDER**
MOTIVATE the **ELEPHANT**
SHAPE the **PATH**

One Hospital's Story



CVI Ministry Journey Map

Clinical Leader: *learning journey*



Financial Impact of Projects, First Cohort

Hard Dollars
\$581,887

- Post Partum LOS Reduction \$347,487
- ED Social Admits \$224,000
- Pharmacy Reduction of Wasted IV Meds \$10,400

Soft Dollars
\$65,170

- Bed Placement Barrier Reduction \$36,340
- Room Readiness (Beds) \$28,830

No Financial
Impact

- Heart Failure OP Follow Up Appointments
- Inpatient Surgery to Pre-Op Consent Correct
- ED CT Turnaround Time (Closed)

One Hospital's Story

Improvement Science

- Use selected IHI Open School modules
- Power of data display on Learning Boards
- Go to gemba

Finance

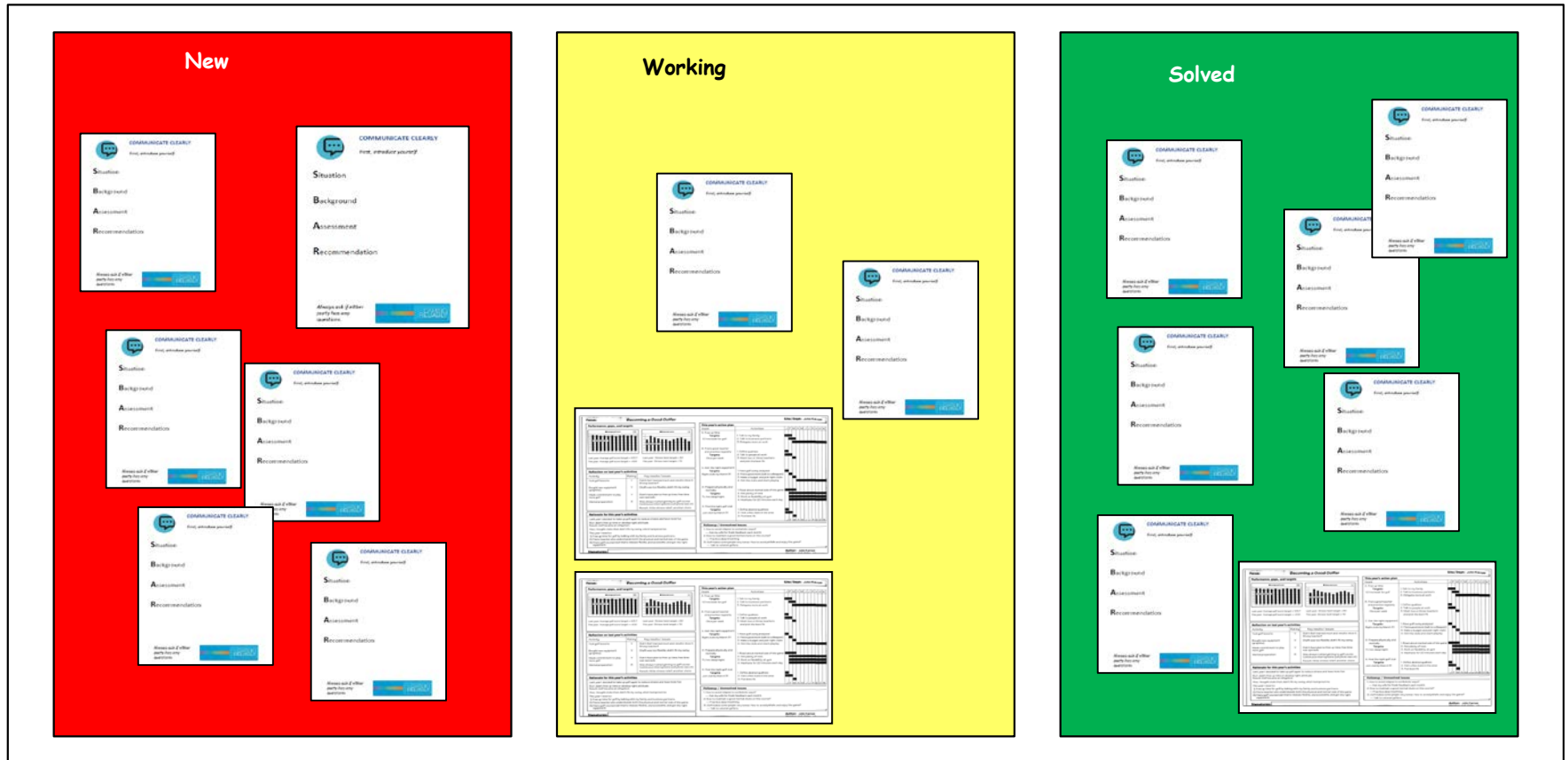
- Partner with CFO early & often
- Insist on ROI estimate at project selection
- Common finance language

Pebble in the Pond

- Executive Team commitment
- Estimate time commitments with role clarity
- OE partners are vital

Simulation Work

Simulation: Problem Deep Dive



Closing Thoughts

- Evolution of HRO and CVI to address Health for a Better World, must be constantly evolving.
- Breaking silos of where care happens, merging the lines across the care continuum
- Challenge pre-conceived notions that depict how roles traditionally function