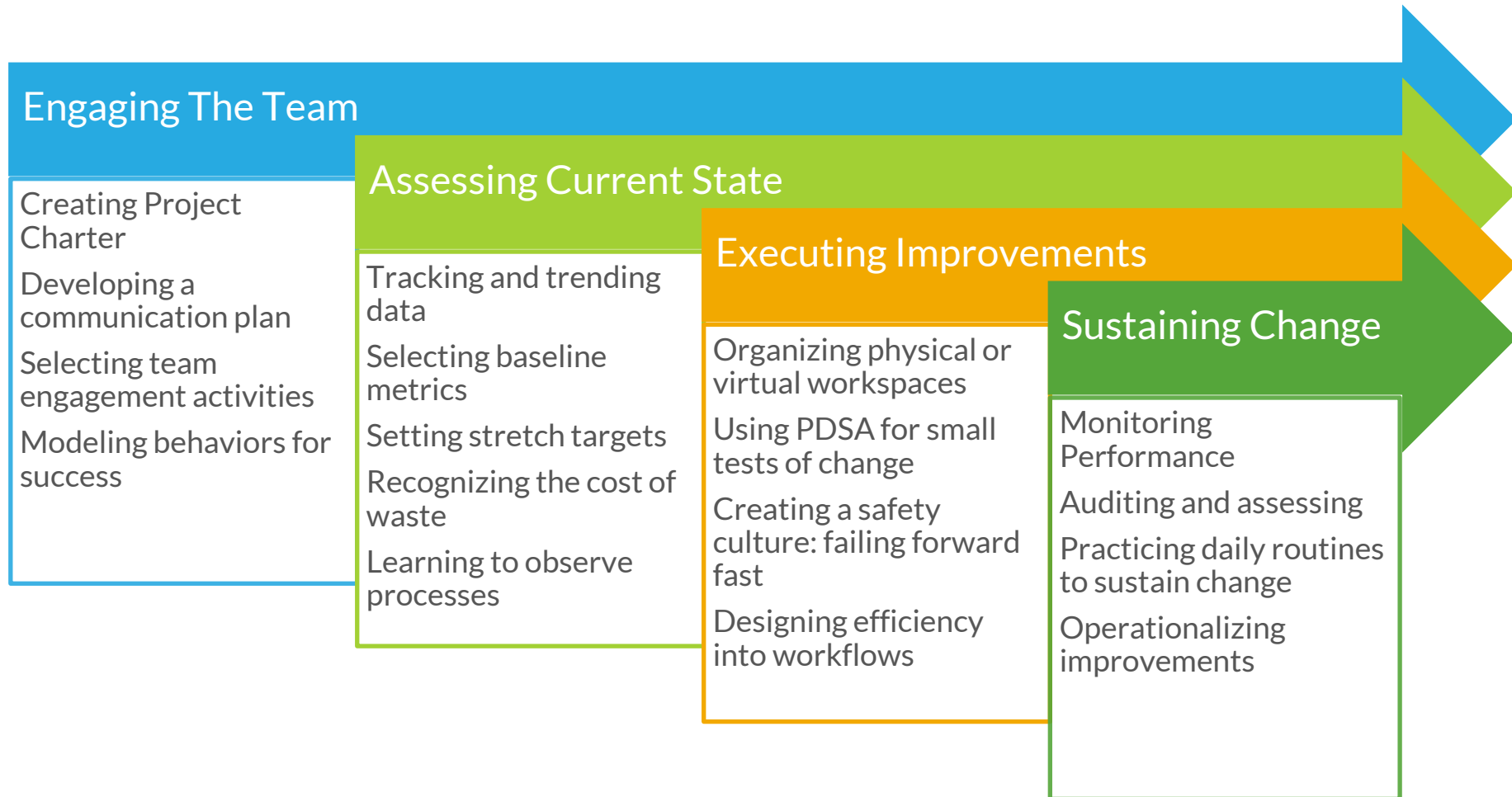


Executing Improvements

Session 5



Course Overview



Agenda for Session 5

Topic/Subject	Duration	Method
Welcome and sharing	10 min	Personal Sharing
Creating a Safety Culture: Failing Forward Fast	30 min	PowerPoint presentation Group Discussion
Mistake-Proofing	45 min	PowerPoint presentation Group Discussion
Wrap-up and Next Steps	5 min	PowerPoint presentation Questions and Answers

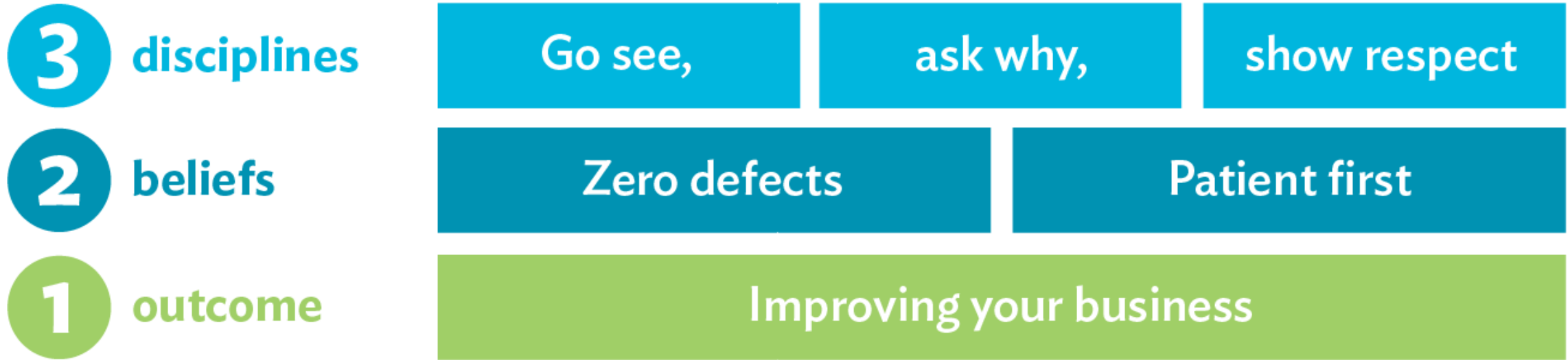
Creating a safety culture: failing forward fast

What are some of the attributes of a safety culture?

Use the chat to share



Improving Quality



Engaging Our Team Members

Big Ears, Big Eyes, Small Mouth



Go and See



Listen to understand

Keep your promises

Be encouraging

Connect with others

Express gratitude

Speak up

Walk in their shoes

Grow and develop

Be a team player

Share information

Virginia Mason INSTITUTE

Top 10 Ways to Show Respect for People
Foundational Behaviors of Respect

- Listen to understand.** Good listening means giving the speaker your full attention. Nonverbal cues like eye contact and nodding let others know you are paying attention and are fully present for the conversation. Avoid interrupting or cutting others off when they are speaking.
- Keep your promises.** When you keep your word you show you are honest and let others know you value them. Follow through on commitments and if you run into problems, let others know. Be reliable and expect reliability from others.
- Be encouraging.** Giving encouragement shows you care about others and their success. It is essential that everyone at your organization understands their contributions have value. Encourage your coworkers to share their ideas, opinions and perspectives.
- Connect with others.** Notice those around you and smile. This acknowledgment, combined with a few sincere words of greeting, creates a powerful connection. Practice courtesy and kindness in all interactions.
- Express gratitude.** A heartfelt "thank you" can often make a person's day and show you notice and appreciate that person's work. Use a handwritten note, use verbal praise or share a story of "going above and beyond" at your next team meeting.
- Share information.** When people know what is going on, they feel valued and included. Be sure everyone has the information they need to do their work and know about things that affect their work environment. Sharing information and communicating openly signals you trust and respect others.
- Speak up.** It is our responsibility to ensure a safe environment for everyone — not just physical safety but also mental and emotional safety. Create an environment where we all feel comfortable to speak up if we see something unsafe or feel unsafe.
- Walk in their shoes.** Empathize with others; understand their point of view and their contributions. Be considerate of their time, job responsibilities and workload. Ask before you assume your priorities are their priorities.
- Grow and develop.** Value your own potential by committing to continuous learning. Take advantage of opportunities to gain knowledge and expertise with others. Ask for and be open to feedback to grow both personally and professionally.
- Be a team player.** Great teams are great because team members support each other. Create a work environment where help is happily offered, asked for and received. Trust that teammates have good intentions. Anticipate other team members' needs and clearly communicate priorities and expectations to be sure the work load is level-loaded.

Learn how to apply **Respect for People** at your organization:
[Creating a Culture of Patient Safety](#)

A Lean Journey is a Learning Journey™
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Transforming Health Care

From  To

Provider First

- Waiting is good
- Errors are to be expected
- Diffuse accountability
- Add resources
- Reduce cost
- Retrospective quality assurance
- Management oversight

Patient First

- Waiting is bad
- Defect-free medicine
- Rigorous accountability
- No new resources
- Reduce waste
- Real-time quality assurance
- Management on site



Patient first

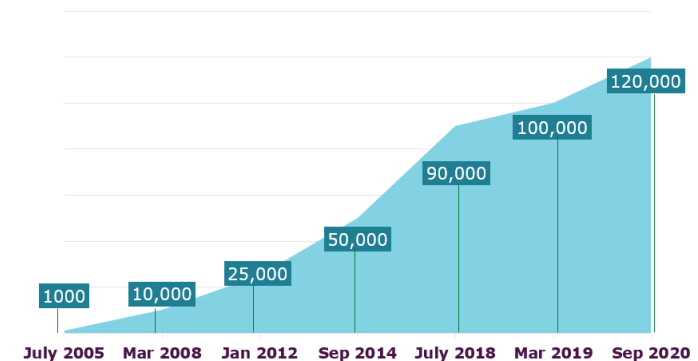
Focus on the Highest Quality and Safety

- Everyone is a safety inspector
- Patient Safety Alert (PSA) and response system
- Embedding Root Cause Analysis and mistake-proofing into everyone's work
- Using failure to improve



Over 120,000 PSAs reported

Zero defects



Good Catch! Safety Award



Guiding Vision: Hippocratic Oath

First, do no harm

Priority

Zero

Defects

“Our first priority is zero defects.”

- Henry Otero, MD, Virginia Mason Institute

Defects

Defects are mistakes that go uncorrected.

The purpose of VMPS® is to ensure **zero defects**.

Zero defects is the only acceptable amount!

But how do we get there when people are not perfect?



What is Good Enough?

When it comes to zero defects

Imagine 96% quality at Virginia Mason...

- 600 defective surgeries per year
- 40,000 medication administration errors per year
- 68,000 defective bills sent per year
- 5,000 defective paychecks per year

Now, imagine 99.9% quality at Virginia Mason...

- 15 defective surgeries per year
- 1,000 medication administration errors per year
- 17,000 defective bills sent per year
- 125 defective paychecks per year

Why isn't this good enough?



Continuous Improvement Culture

- Engaging team members
- Safe to speak up without punishment
- Empowered to stop the line for the patient
- Environment to suggest ideas and be heard
- Time to perform PDSAs and test changes
- Venue to share accomplishments



Mistake-proofing

What are some mistakes-prone situations in your work?

Use the chat to share



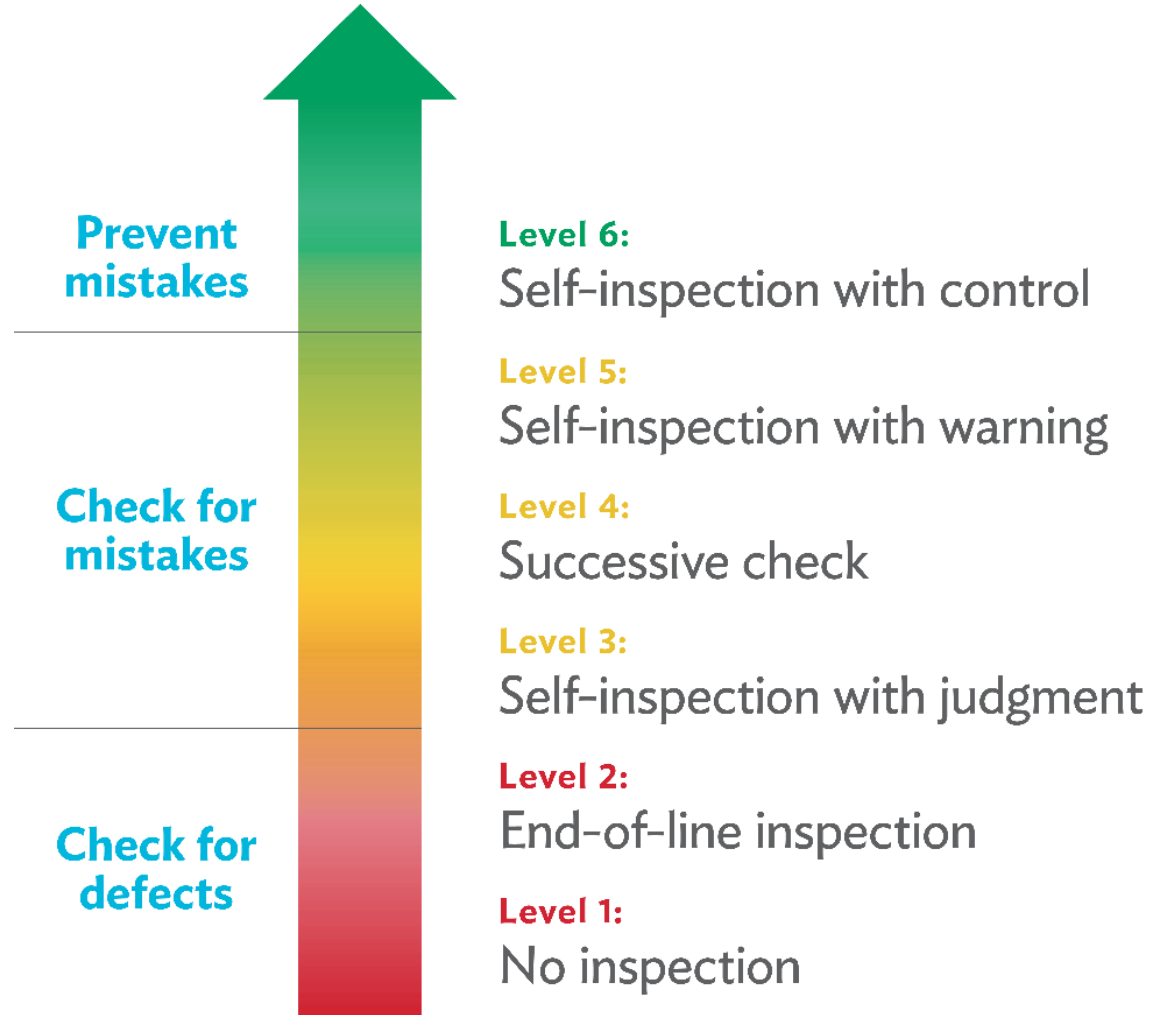
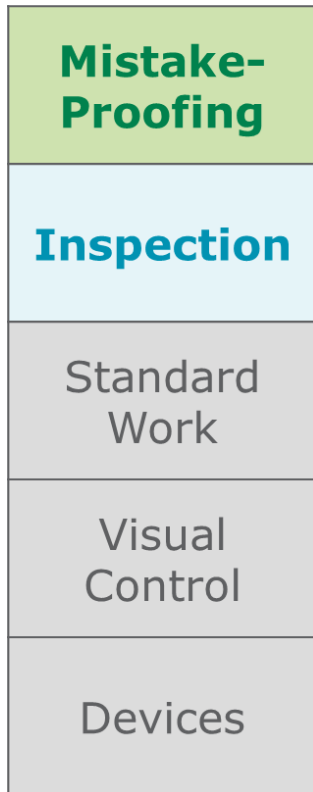
Mistake-Proofing



The basic elements of mistake-proofing:

- **Inspection**
 - checking work to ensure it was completed correctly, comparison to a known standard
- **Standard work**
 - is an agreed upon, repeatable sequence of work assigned to a single operator at a pace that meets customer demand
- **Visual control**
 - are methods, devices, or mechanisms to visually manage operations
- **Devices**
 - Mistake-proofing devices that make it very hard to make a mistake, or they prevent mistakes from occurring

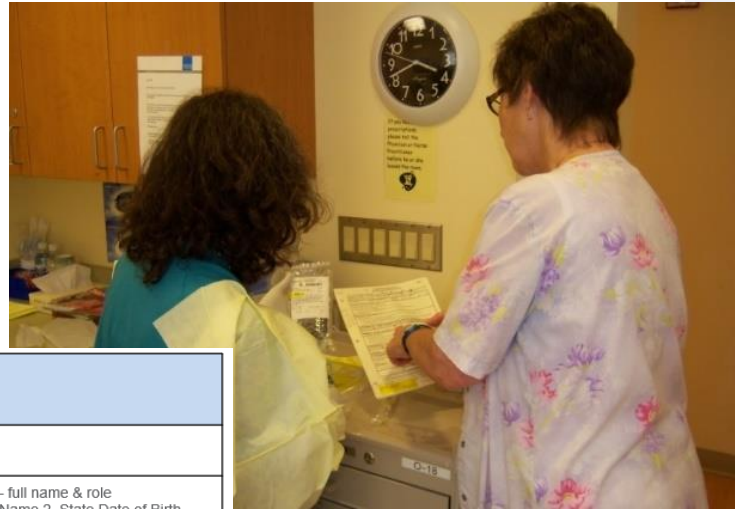
Mistake-Proofing: Levels of Inspection



Mistake-Proofing: Inspection methods are everywhere



Mistake-Proofing
Inspection
Standard Work
Visual Control
Devices



Member	Standard Presentation <i>what you know for sure</i> Safety Checklist by Role
Attending Surgeon	<input type="checkbox"/> Call for Time out <input type="checkbox"/> Solicit Report from Circ RN
Circulating RN	<input type="checkbox"/> Identify self / guest (PRN) – full name & role <input type="checkbox"/> Identify patient 1. State Full Name 2. State Date of Birth <input type="checkbox"/> Consented for (state site & procedure) <input type="checkbox"/> Heating Blanket - turned ON / SCD's / NA <input type="checkbox"/> Rainbow sheet and white board updated <input type="checkbox"/> Solicit Report from Scrub Tech
Surgical Scrub Tech	<input type="checkbox"/> Identify self / guest (PRN) – full name & role <input type="checkbox"/> Specific instrumentation available and sterile <input type="checkbox"/> Specialty Implants / NA <input type="checkbox"/> Confirms "YES" is visible in prepped field <input type="checkbox"/> Drugs AND Solutions are all Labeled <input type="checkbox"/> Preliminary Counts complete <input type="checkbox"/> Solicit Report from Anesthesia
Anesthesiology	<input type="checkbox"/> Identify self / guest (PRN) – full name & role <input type="checkbox"/> State significant Drug Allergies <input type="checkbox"/> Antibiotics - ordered / administered / re-dosing plan <input type="checkbox"/> Concerns, Co-morbidities and <u>Hemodynamics</u> <input type="checkbox"/> Plan for Post-op Pain Management <input type="checkbox"/> Solicit Report from Surgeon
Surgeon	<input type="checkbox"/> Identify self / guest (PRN) – full name & role <input type="checkbox"/> State Name of Procedure <input type="checkbox"/> State Relevant Patient Clinical History <input type="checkbox"/> Verify Imaging Matches Patient/Site/Sidedness/ NA <input type="checkbox"/> State Anticipated Difficulties / significant Co-morbidities <input type="checkbox"/> Solicit any others in room to identify self & role <input type="checkbox"/> Encourage additional Input or Safety Concerns



Mistake-Proofing: Benefits of standard work






- Allows work to be done in the best way, every time
- Assures highest-quality output
- Allows us to see waste
- Is the foundation for improvements
- Ensures improvements are held
- Stimulates more improvement
- Assists with training and coverage
- Specifies responsibility and expected time for completion

Mistake-Proofing: Standard Work Documentation

Mistake-Proofing
Inspection
Standard Work
Visual Control
Devices

Standard Work Instructions: Patient Portal Attachments for IBF Teams



Purpose: To send secure messages to patients with billing attachments in IBF			
Related Policies or Evidence: Contacting Patients for Accounts Receivable			
Roles/Work Units Who Must Adopt This Process: IBF			
STEP	OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED
1.	IBF	Open Cerner to validate if the patient you are working with has registered for the patient portal Power Chart Banner: MyVM: Yes	
2.	IBF	Once confirmed, click on the Communicate button to open a new message	
3.	IBF	STOP!! Make sure you.. <ul style="list-style-type: none"> • Check the To Consumer box • Check the Disable further replies box 	
4.	IBF	Add template to message box Copy and paste template to the right	Attached is a letter regarding insurance claims that are being denied and need your assistance. Please note Patient Financial Services does not operate out of the My Virginia Mason portal. Should you have further questions, please contact our office at 206.223.6601.

Approval Date: 11/2020	Sponsored and Approved by: Lisa Ness, Julie McGill and Jenny Wallace	Author:
Governing Department: That will ensure compliance and provide content expertise	Associated Policy Manual: Required to be placed on V-Net	Next Review Date: 11/2021

Standard Process Description: HPA Charge Correction



Quality Check	Safety Precaution	Standard WIP
◇	+	●
Purpose: Steps for performing and documenting hospital charge corrections.		
Related Policies or Evidence:		
Roles/Work Units Who Must Adopt This Process: Insurance Billing and Follow Up		
STEP	OPERATOR	TASK DESCRIPTION
1.	IBF	Access visit using 'Rep file' or Patient Services screen. Enter visit number with H (H1234567) then Tab .
2.	IBF	Review visit (read notes "NA", account level notes, review charges "CI" and review diagnosis "CD") to verify that charge correction is appropriate. Write down the following info that applies to charges being changed: <ol style="list-style-type: none"> 1. CPT, Charge Code, Units & DOS (found on CI screen) 2. GL (from CI screen, go to "Actions" then "Inquire") 3. NDC# for drugs (go to D1 and search for charge code)
3.	IBF	<i>To Change Diagnoses:</i> <i>Use action code CD, AD. Then follow payer specific corrected claim guidelines.</i>
4.	IBF	*If working on a Series visit charge correction: <i>Verify specific ARCTR using action code TE, BI or TB. Delete bill only on the specific ARCTR for the date of service you want to correct.</i> ** If you are having trouble deleting the ARCTR it may be because the Z99 or secondary ARCTR produced for same date of service. These ARCTR's will need to be deleted as well.
5.	IBF	Action code 'CE'. Pull up or generate a batch. Batch #: [] Description: [D [YOUR USER ID] CHARGE CORRECTION] User: [] Batch Type: Charges <i>*Check the 'ask provider' box.</i> Batch Control Fields Digits for Hash Calculation: [] On: [] Ask Provider: [] As: [] Require Dollar Format: [] By: []

Approval Date: 09/18	Sponsored and Approved by:	Author: IBF Coordinators
Governing Department:	Associated Policy Manual:	Next Review Date: 12/2019

Leader Standard Work

Patient Financial Services Example:

- Daily dashboards
- Weekly production calendars
- Issues board
- Electronic production board
- Daily supervisor and manager checklists

Medicare Daily Dashboard

Tiering: Lauren, James-Dee
 Chris's Meetings: 7:45-8, 8-9, 10-1 and 1-3
 Helpline: Chris 9-10:30, Amy 10:30-12
 Absent: Sharon, Jann, Benna
PAR levels: PAR Levels for each day will be:
 Monday: 10K
 Tuesday: 3K
 Wednesday: 1K
 Thursday: 500
 Friday: GOAL 0.00!

Today's production calendar below. This is no carry over week. Today is project Friday.
 Remember to put your number on the digital production board at a desk
 Sharon's focus D-F, M-H, O-R and S
 Rachel Level loading opportunities: Alpha J-K

Medicare DRO
 Above 25=Red
 Below=Green

Inpatient: 32.02 Outpatient: 24.31 Combined: 28.25

MDC ADR (Average Daily Revenue) = \$399.9K DRO Goal: Combined = 0

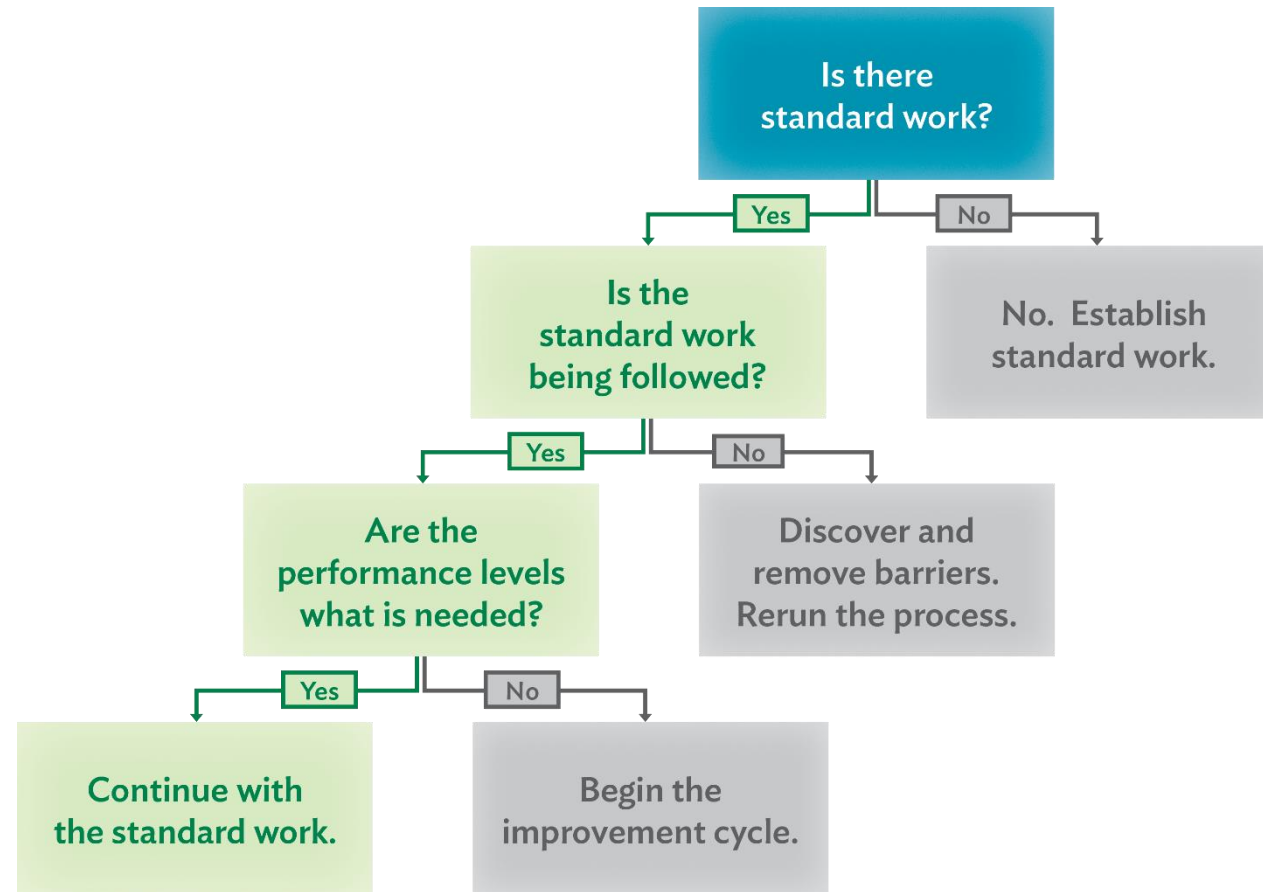
Medicare daily payment: 500005: EFT0556492 110429 \$388,651.20
 507005: EFT0556477 110429 \$46,457.30

Weekly Production Calendar

Mon	Tue	Wed	Thu	Fri
Rejection/Denials Part to 10K Level Loading	Late charges HB 214 Part to 3K Level Loading correspondence	Late charges HB 214 Suspense Part to 1K Level Loading correspondence	Late charges HB 214 Suspense Part to \$600 Level Loading	ELI's PAR, Corr Group E-mail box
Rejection/Denials Part to 10K Level Loading	Late charges HB 214 Part to 3K Level Loading correspondence	Late charges HB 214 Suspense Part to 1K Level Loading correspondence	Late charges HB 214 Suspense Part to \$500 Level Loading	ATB/PCS bottom up and ELI's
Rejection/Denials Part to 10K Level Loading	Late charges HB 214 Part to 3K Level Loading correspondence	Late charges HB 214 Suspense Part to 1K Level Loading correspondence	Late charges HB 214 Suspense Part to \$600 Level Loading	Part to \$250 to \$0 Correspondence status • Personal E-mail • In box on desk • Group E-mail
Rejection/Denials Part to 10K Level Loading	Late charges HB 214 Part to 3K Level Loading correspondence	Late charges HB 214 Suspense Part to 1K Level Loading correspondence	Late charges HB 214 Suspense Part to \$600 Level Loading	Group E-mail box over 30 days ELI's and PAR to \$0.00

“We started our journey with the rigor of leader standard work”

Standard Work Algorithm



Mistake-Proofing: Standard work

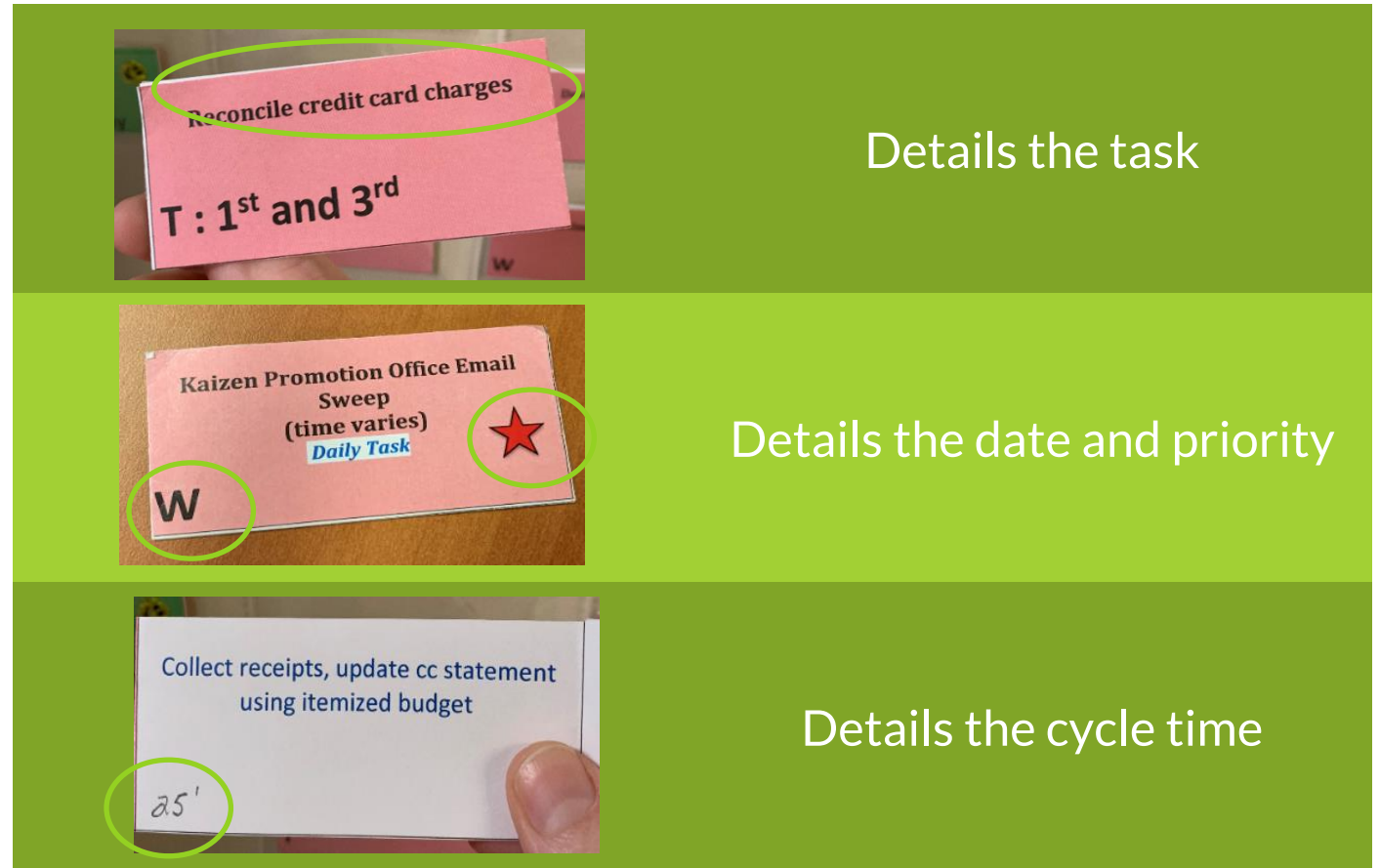
Mistake-Proofing
Inspection
Standard Work
Visual Control
Devices

Adopting Standard Work



"Without standards there can be no improvement."
– Taiichi Ohno


Visual Control Cards and Standard Work



Mistake-Proofing: Visual control methods are everywhere

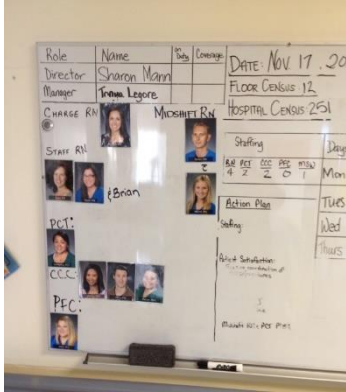
Mistake-Proofing
Inspection
Standard Work
Visual Control
Devices

Color signals



Today's Date: 5 Jan				
Project	Due date	% Complete	On track	
A	1-Jan	75%	Behind	
B	6-Jan	45%	In Process	
C	31-Jan	35%	In Process	
D	1-Feb	0%	Not Started	

Resource Board



Shadow Board



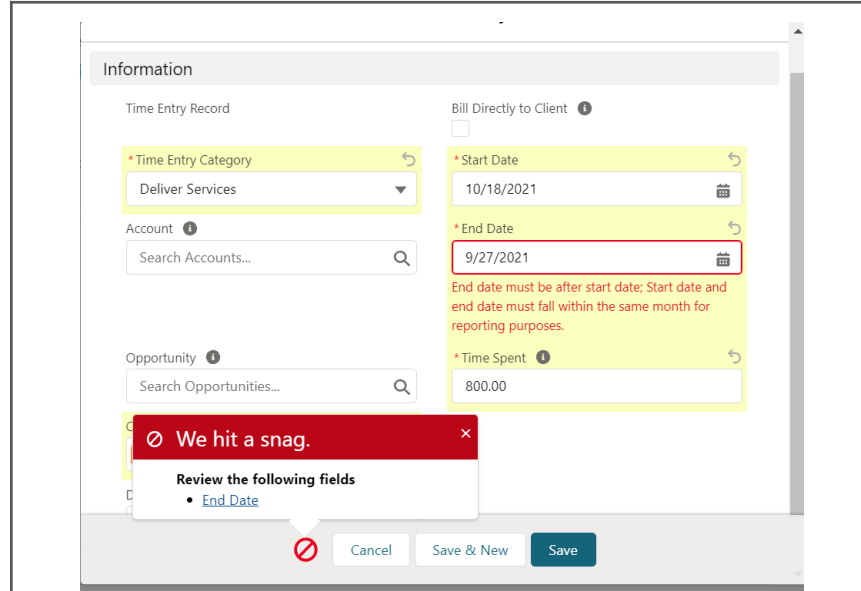
Templates

Project Plan Template

Project name		Project Manager				
Project deliverable						
Scope statement						
Start Date		0-Jan-00	End Date	0-Jan-00	Overall Progress	0%
At Risk	Task Name	Assigned to	Start Date	End Date	Duration	Status

Mistake-Proofing: Device Examples

Mistake-Proofing
Inspection
Standard Work
Visual Control
Devices



Hard stops in computer programs that don't allow you to bypass



Medical gas hoses in the operating room are visually controlled with color, and their unique connectors ensure that they will be connected only to the appropriate gases.

Jidoka

A method to increase productivity by implementing intelligent automation and defect elimination strategies.

MRI Back Exam

Exam Requested*

- | | | |
|--|--|--|
| <input type="checkbox"/> mr cspine | <input type="checkbox"/> mr tspine | <input type="checkbox"/> mr lspine |
| <input type="checkbox"/> mr cspine w/ w/o contrast | <input type="checkbox"/> mr tspine w/ w/o contrast | <input type="checkbox"/> mr lspine w/ w/o contrast |

Current Weight*

lbs kg Max Table Weight 200 kg/441 lbs

ICD9 Code(s)

Indications (select all that apply):*

- Motor deficit (781.99)
- Unremitting pain despite 6 weeks of appropriate therapy
(appropriate therapy is defined as 2 weeks of NSAIDs AND advice to stay active AND documentation of lack of improvement)
Document in relevant history field and apply appropriate ICD 9 code
- Strong suspicion of systemic disease
Document in relevant history field and apply appropriate ICD 9 code
- Neurogenic Claudication(435.9)
- Cauda Equina(344.60)
- Upper motor neuron findings: use myelopathy codes
 - Unspecified Region (722.70)
 - Cervical (722.71)
 - Thoracic (722.72)
 - Lumbar (722.73)
- Significant trauma or fall
Document in relevant history field and apply appropriate ICD 9 code
- Consult has been performed by physical medicine.

NOTE: A spine MRI will likely not be helpful for the patient with back or neck pain if none of these indications are present. The Spine Clinic physician on call will provide help by phone and offer a same day visit to assist in care of the patient. Text page (spine clinic page number) on V-Net and enter the following message: " Dr. --- wishes to speak with you about a patient with neck/back pain in whom an MRI is not indicated. Please call (pager number of ordering provider).

What elements of mistake-proofing could help with your project?

(Hint: Inspection, Standard Work, Visual Controls, Devices)

Use the chat to share



Practical Application

Project Charter

8. Key Activities and Milestones / Action Plan		Shade intensity of work: high , medium , low					
Focus Area	Activity <small>List activities in support of the focus areas.</small>	Responsibility	Wk 1-2	Wk 3-4	Wk 5-6	Wk 7-8	Completion
Engaging the Team Plan/Communicate							
Assessing Current State Observations/Baseline Data							
Assessing Current State Root Cause Analysis							
Executing Improvements Test of Change							
Sustaining Change Analyze Results / Embed standards							

Practical Application

Mistake-Proofing

Your Tasks: Take a walk through the area (in person or virtually)!

- Describe the definitions of mistake-proofing to your team
- Take a walk and identify mistake-proofing countermeasures in place, mistake-prone situations and defects
- Take pictures or capture screen shots to document
- Things to consider: What signals us that there is a problem? How do we track and trend problems? How do we solve problems?

Apply your learning to your PDSA: How can you apply the elements of mistake-proofing to the ideas generated for your PDSA?

Products: Pictures of mistake-proofing elements and mistake-prone situations

Deadlines: Estimated time for completion: 120 minutes

- Document story on the *Assignment Presentation_Name template* and prepare to be selected to share at an upcoming huddle



Questions?