



APPLICATION
LEAN HEALTHCARE RAPID IMPROVEMENT EVENT INTERNSHIP

FACILITY NAME: Ruby Valley Medical Center

CITY: Sheridan

CEO NAME: Landon Dybdal PHONE: 406-842-5453

CEO EMAIL: ldybdal@rvmc.org

MAIN PROJECT CONTACT NAME: Charlotte Lombardi PHONE: 406-842-5453

EMAIL: clombardi@rvmc.org

The Main Project Contact must be available during the project period.

Will your facility require a background check for the student? This will have no bearing on your selection, but is to help us prepare and plan for the student being on site to do variable time lags in background checks. YES No

SCHEDULE YOUR PROJECT

Indicate *all* dates when you can accommodate intern activity at your facility. Key staff members from the department(s) affected by the project and the main project contact **must be available** during the time period.

Rank by preference 1 - 4 or NA

NO	June 6 – June 17 <i>(Must be able to accommodate both interns for this session)</i>
1	June 20 – July 1
	July 11 – July 22
2	July 25 – August 5

FACILITY RESPONSIBILITIES AND EXPECTATIONS AGREEMENT

Each must be initialed by both the CEO and the Main Project Contact (MPC) before application will be considered

CEO	MPC	
LD	U	The main project contact <u>must</u> be available during the project period.
LD	U	The main project contact will spend time with the intern and assist in defining the project and help with problems that may arise.
LD	U	The facility is able to provide housing for the intern(s) while on site.
LD	U	The facility can provide, at minimum, one meal per day, preferable two.
LD	U	The facility can provide a work station for the intern with internet access.
LD	U	The main project contact will provide the intern with materials and information necessary to complete the agreed upon project.
LD	U	The main project contact will pull and provide relevant data before the arrival of the intern, if possible.
LD	U	The department affected by the improvement project will be informed of project goals and expectations and will actively participate in any analysis and implementation efforts.

DESCRIBE YOUR PROJECT IDEAS

Briefly describe 2 rapid improvement events for implementation at your facility in priority order. See list on pages 8-9 for examples of possible projects and their associated metrics. Project selection is determined by mutual agreement between the CAH, MSU-IMSE faculty, project coach based on efficacy and reasonableness.

PRIMARY PROJECT CHOICE:

Describe the rapid improvement project the intern will address:

The intern will monitor the work flow in the clinic. Monitor the responsibilities of the staff in the clinic (nursing, MA, Registration, Manager, providers, etc.) How jobs can be distributed in a way to decrease stress or sense of being overwhelmed. Would additions staff (case manager) help relieve the pressure on the employees.

List all stakeholders in the project be sure to include all staff and departments affected?

Nursing staff including CMA

Manager

Providers

Registration

Explain the issues/problems are you experiencing with the current process.

Overwhelmed staff

Patient complaints of no call back, or delayed contact from facility.

Patient feeling that staff do not take time to hear them and understand their issues

What metrics will be used to measure the improvements made during the project (see pages 8-9)?

Turn around time for call back, Time for medications to be ordered for patient

Staff satisfaction with jobs, patient satisfaction

What do you hope to achieve by the end of the two-week event? State in clear, specific terms that are measurable.

Better use of staff and their time. See if there is a need for change in staffing, Increase in productivity, Increased satisfaction for staff and patients Decrease in stress and decrease in dissatisfaction in staff

Is there existing data available to be used for tracking these metrics?

- Can collect data prior to intern's arrival but may need assistance.
- I may need help determining what data to collect
- Interns will be able to observe enough events to fully understand the issues/problems in a short period of time.
- Yes (please describe)

SECONDARY PROJECT CHOICE

Describe the rapid improvement project the intern will address:

Monitor the flow of work on the hospital floor for patient care and nursing.

List all stakeholders in the project be sure to include all staff and departments affected?

Nursing staff, CNO, Providers, Billing(better charting and charge dropping)

Explain the issues/problems are you experiencing with the current process.

Swing bed and Acute patient care plan charting problems, some due to EHR

Continuity of care for the patients in the hospital, inconsistent processes being done with change of nursing staff.

Assessment flow on the computer so it is easier to follow each nurse from shift to shift.

What metrics will be used to measure the improvements made during the project (see pages 8-9)?

More data accessible to be measured in the system. Patient survey. Logging time on computer

Reduction in time spent on repeating steps in patient care or charting.

What do you hope to achieve by the end of the two-week event? State in clear, specific terms that are measurable.

Decrease in charting issues that take up the nursing time.

Better care for patient, more consistency and less chance of mistakes.

Better flow to standard care and nursing process on the floor. (especially as we have travel nurses in the facility on a regular basis)

Is there existing data available to be used for tracking these metrics?

- Can collect data prior to intern's arrival but may need assistance.
- I may need help determining what data to collect
- Interns will be able to observe enough events to fully understand the issues/problems in a short period of time.
- Yes (please describe)

REQUIRED SIGNATURES

Applications without required signatures will not be eligible for consideration.

I have read and understand the timeline, guidelines and criteria for participation in the Lean Healthcare Project.

Main Project Contact Charlath Lubard Date 3/31/22

CEO [Signature] Date 3/31/22

APPLICATIONS MUST BE EMAILED NO LATER THAN MARCH 31, 2022!

Late, unsigned or incomplete applications will not be considered for this project.

A complete application package consists of Pages 3-7 of this application.

Send to:

Jennifer.wagner@mtha.org

406-457-8039