Laguna Honda Hospital
Value Stream #1 – Admissions
Kaizen Workshop #2 – Clinical Assessments
Update
July 11, 2017

Dr. Monica Banchero-Hasson, MD FACP
Jennifer Carton-Wade, OTR/L, Assistant Hospital Administrator
Vince Lee, Administrative Analyst
Dr. Michael McShane, MD Chief Medical Officer
This is how the value stream mapping workshop team envisioned the future admissions process for clinical assessments completed by RCTs.
**Problem Statement:** The length of time it takes for all the RCT members to complete the initial resident/patient admission assessment can take up to 7-14 days, which is too long, resulting in residents/patients having to wait for services. The process itself is unclear and variable.

### I. Background

Laguna Honda's first Value Stream Mapping (VSM) Workshop, conducted in December 2016, focused on New Admissions to the Hospital. The three Kaizen Improvement Events that arose from the VSM were identified in three areas: 1) Pre-Admissions Process, 2) Team Clinical Assessments and 3) Room Readiness. This A3 is dedicated to the initial admission assessments completed by the Resident Care Team (RCT) members.

Laguna Honda must meet the CFR §483.20 Resident Assessment regulatory requirement, which states that: "The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. The intent of this standard is that the facility is required to develop a care plan, to provide the appropriate care and services for each resident, which is necessary to develop a care plan, to provide the appropriate care and services based on the resident's status.

The current initial admission practice by each RCT member includes: 1) the length of time it takes for each RCT member to complete the initial admission assessment can take up to 7-14 days, which is unacceptable, resulting in residents/patients having to wait for services. 2) the process itself is unclear and variable.

### II. Current Conditions

- **Gemba walks were conducted over a one-month period, 3 weeks before and after RCT members completed time observations and workflows including clinical assessments.**

### RCT Preparation and Notification:

- **Delay of Admission Completion in Invoicing and A&Es:**
  - RCTs are informed the day before planned admission.
  - Information about the resident is available until reports are received by the discharging MD and RN, thus not providing adequate lead time for the new admission for residents with complex needs.

### III. Goals & Targets

- **Problem Statement:** The length of time it takes for all the RCT members to complete the initial resident/patient admission assessment can take up to 7 days, which is too long, resulting in residents/patients having to wait for services. The process itself is unclear and variable.

- **V. Recommendations / Proposed Countermeasures**

<table>
<thead>
<tr>
<th>If We</th>
<th>Then We</th>
<th>Expected Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create an admission cart that all disciplines can use</td>
<td>Don’t need to leave the resident’s room and decrease motion and transport needs</td>
<td>Reduces unnecessary travel and motion, shortens time needed to complete assessments</td>
</tr>
<tr>
<td>Identify a sequence for assessments</td>
<td>RCT members understand when they need to conduct assessments</td>
<td>Ensures that assessments are completed in a timely manner</td>
</tr>
</tbody>
</table>

| Problem Statement: The length of time it takes for all the RCT members to complete the initial resident/patient admission assessment can take up to 7-14 days, which is too long, resulting in residents/patients having to wait for services. The process itself is unclear and variable. |

### IV. Analysis (from the Kaizen week’s gemba observations of new admissions’ clinical assessments by RCT)

- **Defects:**
  - Communication or information, not having supplies needed for admission in the room, ward care not completed, medications not given, medications not completed, new patient information not complete, new patient assessment not complete, new patient instructions not complete, new patient education not complete, new patient discharge instructions not complete.

- **Overprocessing:**
  - Double documentation, resident had 2 MRNs, RCT getting same info different times.

- **Reasons:**
  - Resources: 3 RNs in new admitted resident’s room, SW ready to document on SFGetCare but ADT not uploaded.

- **Motion:**
  - Nursing staff going in and out of the room during welcome and assessment, nursing looking for supplies.

### VII. Follow-Up

- **WEEKLY CHECK IN BY EXEC SPONSOR**
- **QUARTERLY EXEC QUALITY COUNCIL UPDATE**
- **BI-MONTHLY KPO – KAIZEN #2 LEADERSHIP CHECK IN**
Current state of the clinical assessments process

- **DEFECTS**
  - New Admits come during lunch
  - New Admits bring CHAOS on the unit
  - Due to RELOCATION, family member went to old room where new resident was admitted to - wrong room
  - Food - waste if resident doesn’t like it
    - RN processing resident preferences rather than RD
    - Resident asked several times about diet/food
  - RESIDENT FACTOR - HIGH ANXIETY (transition)

- **Documentation of Assessment Info**
  - ECW ✓
  - LCR ✓
  - SFGC Paper Access ✓
  - Med ✓
  - Usq ✓
  - Rehab ✓
  - AT ✓
  - SW ✓
  - Diet ✓
  - Pharm ✓
Main target:

Decrease lead time from 3-7 days to 2 days for completion of all clinical assessments

- Completion of comprehensive care plan
- Improved care experience

<table>
<thead>
<tr>
<th>Measures</th>
<th>Operators: RNs/CNAs</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Distance (# of steps)</td>
<td></td>
<td>308</td>
<td>154</td>
</tr>
<tr>
<td>Quality (% Defects): All clinical assessments completed within 48 hrs for each new admission</td>
<td>Process: # of defects:</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>sample size:</td>
<td>5</td>
<td>n</td>
</tr>
<tr>
<td></td>
<td>% of defects:</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of text pages sent to notify RCT that resident has arrived</td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Number of RCT members notified by text page that resident has arrived</td>
<td></td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>
Genchi genbutsu (going to see) in the gemba (real place)

4/17 Admission on North 5

Go see. Ask questions. Show respect.

-Taichi Ohno

We went to the gemba to understand how assessments are completed by RCTs
Observations and 5 Whys

PROBLEM STATEMENT
The assessment process takes too long, requires that residents have to wait for services & the process itself is unclear/variable.

WHY #1: Rules & regs for each discipline require different timelines for completion, diff into to be collected.

WHY #2: We’re focused on the nurse regs vs what is best for pt.
- Info systems don’t make it easy - 7 systems/programs now, in 3 months we’ll have 3 (ECW, LCR, SREQ)
- Med & nsg assessment come first then no consistency in what was done next.
- No guarantee that med can do assessment timely, resulting in other disciplines not expecting to debit/medications not readied to clinical service/逢 mutually

WHY #3: Supplies not readily at (not in room)

WHY #4: Teams aren’t informed in concise manner of admission coming/each dept methodologies different/independently
- Assessors, except for nsg, do not document simultaneously/c assessment, timesheets tracking
Work products - #1 Admission Kits

**Problem:** Clinicians did not have the tools need to complete bedside assessments.

**Experiment:** An Admission Kit that contained critical materials/supplies used by all clinical assessment areas was created and tested.

**Results:** Nurses and MDs on 2 units tested; able to reduce motion waste during bedside assessments to 0 steps.
Work products - #2 Notification of Patient Arrival

Problem: Clinicians did not know when new admissions arrived on the unit.

Experiment: A pager group that includes all members of the team was created. Unit clerk sends 1 message to reach all RCT members.

Results: Timely and efficient notification/trigger for clinical assessments to begin.

Rolling out group page notifications with PM SNF!
Work products - #3 Sequence of Assessments

Problem: Residents waiting for 3-7 days for care plans to be completed.

Experiment: Tested a sequence for all initial clinical assessments to be completed within the first 48 hours.

Results: Ability to complete initial assessment improved leading to improved care experience.
Pharmacy begins performing chart prep for new admissions – allowing for quicker:
1) Physician medication orders
2) Medication administration
1) Access to admission log for unit clerks
2) Access to admission packet for RCTs
Established safe and high quality criteria for resident admissions

<table>
<thead>
<tr>
<th>To decrease wastes, we used Lean principles to support improvements:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Created assessment tool kit and resident ADL starter kit</strong></td>
</tr>
</tbody>
</table>
| **Requested that ambulance companies check in with nursing station before going to resident room** | • Ensured residents are welcomed on arrival  
• Decreased resident time waiting for assessments to start (respect for people) |
| **Requested for new admissions to arrive between 10am-12pm** | • Resident benefits from having access to entire RCT on first day (one-piece flow) |
| **Identified boundaries of when assessments begin and end for each area** | • Allowed for most efficient cycle and lead times (standard work) |
| **Created access to the admission packet for clinicians to review resident/patient record prior to starting assessment** | • Decreased over-processing of information (eliminating wastes) |
| **Created a standard for assessment preparation** | • Decreased wait time, excess motion looking for things, and reduces opportunities for defects (eliminating wastes) |
## Final 1-2-3 target sheet

<table>
<thead>
<tr>
<th>Measures</th>
<th>Baseline</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Distance (# of steps)</td>
<td>Operators: RNs/CNAs</td>
<td>308</td>
<td>154</td>
</tr>
<tr>
<td>Quality (% Defects): All clinical assessments completed within 48 hrs for each new admission</td>
<td>Process: RCT Clinical Assessments</td>
<td># of defects: 5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>sample size: 5</td>
<td>n</td>
<td></td>
</tr>
<tr>
<td>Number of text pages sent to notify RCT that resident has arrived</td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Number of RCT members notified by text page that resident has arrived</td>
<td></td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>
# Kaizen action bulletin

<table>
<thead>
<tr>
<th>#</th>
<th>Action Item</th>
<th>Owner</th>
<th>Due</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Create shared folder where application packets are uploaded &amp; accessible by RCT prior to admission</td>
<td>Mivic H.</td>
<td>6/30/17</td>
<td>Completed</td>
</tr>
<tr>
<td>2</td>
<td>Implement Pharmacy chart prep process for new admissions from acute hospitals</td>
<td>Dr. McShane</td>
<td>6/30/17</td>
<td>In progress</td>
</tr>
</tbody>
</table>
| 3 | Text Pages:  
* Notification to RCT when resident arrives on unit  
* Updating group text page | Jenn CW     | 6/30/17    | In progress   |
| 4 | Sequence of Clinical Assessments  
* Nursing & Medicine will complete w/in 3 hrs;  
* SS, Rehab, Clinical Nutrition, and AT will complete w/in 48 hrs | Jenn CW     | 6/30/17    | In progress   |
| 5 | Computer Help Desk flyers | Elizabeth S. | 5/19/17    | Completed     |
| 6 | ADL Starter Kits | Vince L.    | 5/19/17    | Completed     |
| 7 | Nursing/Physician Admission Kits | Vince L.    | 6/30/17    | In progress   |
Team Members

Back Row
- Monica Banchero, MD
- Cho Tai
- Jennifer Carton-Wade
- Susanna Lopez-Meneses
- Quoc Nguyen

Middle Row
- Grace Chen
- Brigitta Van Ewijk
- Linda Hitomi
- Carolina Ong
- Jo Elias-Jackson

Front Row (Sitting)
- Mandy Sen
- Seema Sharma, MD
- Gabby Sirigusa
- Rowena Patel

Executive Sponsor: Michael McShane, MD
Workshop Leader: Vincent Lee
Co-Team Leaders: Mivic Hirose, Elizabeth Schindler