

### A3 – Status Report

## TRUE NORTH TACTIC: Implementing a Daily Management System

**OWNER(S):** Iman Nazeeri-Simmons

### I. BACKGROUND AND PROBLEM STATEMENT

**Background:**

- At SFGH, there has been no consistent, reliable processes which care and services are managed. SFGH has not had a standard expectation for executive, directors and /or managers to understand the daily business performance, and to proactively drive improvements based on unfavorable performance trends. Managers and Medical Directors, who are at the “sharp” end of the service delivery, are not supported with a management system.
- There are no consistent managerial tools used across all leaders to: understand the root cause of problems (rather than jump to solutions), develop front-line staff as problem solvers, prioritize improvement work, drive toward established performance targets and goals, with clear ownership and responsibility for achieving targets.
- Unit based performance is not aligned to organizational True North metrics and therefore not leveraging the full potential of people, processes, systems and most importantly, patient care.

**Problem Statement:** Absence of a management system results in unreliable patient care and low staff morale.

### II. TARGET STATEMENT

- Target:**
- Management has an understanding of the business every day: Model Cell June 2015, 3 other units by April 2016.
  - Units will have Improvement PDCA’s in place: Model Cell July 2015, 3 other units April 2016.
  - Staff Engagement scores on model cell units will increase from 3.16 to 4.0 by December 2015.
  - Improve driver performance metrics at the model cell level by 20%.
  - Increase number of implemented staff driven improvement ideas on each unit from 1/month to 5/month.

### III. COUNTERMEASURE IMPLEMENTATION

Action	Who	When	Status
Process Observation Standard Work & Calendar	P Coggan/L Holpit	8/15 – 10/15	In Progress
Spread LMS to UCC and 3M	I Nazeeri-Simmons, T May	10/15 – 4/16	In Progress
Implement LINC-Up with Exec team	I Nazeeri-Simmons	10/15	In Progress
Implement LINC-Up with Mgmt/Directors	I Nazeeri-Simmons	11/15	Delayed until 7/1/16
Spread LMS to ED	T Dentoni, J Marks	12/15 – 6/16	In Progress

### IV. IMPACT (BASELINE/TARGET/ACTUAL/YTD):

Model Cell	Drivers	True North Metric	Baseline	Target	YTD
OR	Improve First Case Start Time	Quality	53%	58%	55%
	Reduce Case Turnover Time	Care Experience	45 mins.	30 mins.	45 mins.
PACU	Same Day Cancellation Rate	Care Experience	8%	5%	10%
5D	Reduce Unanticipated Discharges	Care Experience	64%	50%	51%
	Increase Flu Vaccine Compliance	Quality	77%	93%	79%
UCC	<i>Pending Leadership Meetings and Unit Scorecard development</i>				
3M					
ED	Reduce Lead Time for Fast Track Patients (ESI 4 and 5)	Care Experience	187 mins.	135 mins.	154 mins.

### IV. IMPACT (BASELINE/TARGET/ACTUAL/YTD):

Model Cell	Driver	True North Metric	Baseline	Target	YTD
OR, PACU, 5D	Staff Engagement	Developing People	3.16	4.0	3.76
Model Cell	PDSAs in Progress	Total Improvement Ideas Implemented			
OR	Pending	23			
PACU	Regional Block Nurse Handoff	44			
	Social Work Assistance for Homeless Come/Go Patients				
5D	Improper PIV Use	22			
	Adherence to Strict In’s and Out’s Recording in LCR				
UCC					
3M	<i>Pending Leadership Meetings and Unit Scorecard development</i>				
ED	Fast Track	3			
	ESI 3 Patients				
	24/7 MEA Coverage at Triage				
	Signaling for New CPOE Orders				

### V. FURTHER ANALYSIS AND STRATIFICATION OF GAPS; LEARNINGS:

Challenge	Root Cause
Monthly Performance Review meetings, Director and Executive Sponsor Level	Executive culture of accountability to Daily Management work has not been developed
Leader Standard Work	Current internal meetings and external (City/County) meetings are held during the LINC-Up time.  Communication about LINC-Up time has not been disseminated to areas outside the Model Cells
Process Observation Calendar	Process Observation Calendars have not been implemented fully in the Model Cell areas due to lack of standard work
Use of PDSA	Use of PDSA is inconsistent across the organization

### VI. NEW COUNTERMEASURES/ ADJUSTMENTS

Action	Who	When
Reinforce importance of leadership accountability to Daily Mgmt	J Bilinski	In Progress
Create a communication for all departments about LINC-Up time	J Bilinski	May – June 2016
Create standard work to implement daily process observation	P Coggan/L Holpit	June 2016

### VII. UNRESOLVED ISSUES

- Timeline for launching LINC has been delayed to July 1, 2016 after B25 transition.
- Lean Certification trainings are in planning phase, but launch date and content isn’t confirmed.

## Impact

Model Cell	Drivers	True North Metric	PDSAs in Progress	# Improvement Ideas Implemented (March – October)
OR	Improve First Case Start Time	Quality	Reduce Turn	
PACU	Same Day Cancellation Rate	Care Experience	Regional Block Nurse Handoff  Social Work Assistance for Homeless Come/Go Patients	
5D	Reduce Unanticipated Discharges  Increase Flu Vaccine Compliance	Care Experience  Quality	Improper PIV Use  Adherence to Strict In's and Out's Recording in LCR	
UCC				
3M				
ED	Reduce Lead Time for Low Acuity Patients (ESI 4 and 5)	Care Experience		

## Further Analysis

Model Cell	Challenges	Lessons Learned	Next Steps
OR		Performance Huddle enhances a managers' interaction and visibility with staff; great way to celebrate staff for their excellent work	
PACU	Used same day cancellation data to identify top contributors not easily seen at first glance – 16% No Shows who Confirmed  14% Rescheduled due to Emergent Cases  10% No Show who were Unable to be Reached during reminder call  10% Not medically cleared		
5D			
UCC			
3M			
ED			

# Model Cell Calendar

	Monday	Tuesday	Wednesday	Thursday	Friday
Manager Status Sheet					
OR Status Sheet – Front Desk	8:30am	8:30am	8:30am	8:30am	8:30am
5D Status Sheet – Break Room	9:00am	9:00am	9:00am	9:00am	9:00am
PACU/Pre-op Status Sheet – Nurses’ Station	8:30am	8:30am	8:30am	8:30am	8:30am
UCC Status Sheet	No set time	No set time	No set time	No set time	No set time
3M Status Sheet	8:00am	8:00am	8:00am	8:00am	8:00am
ED Status Sheet	8:30am	8:30am	8:30am	8:30am	8:30am
Director Status Sheet					
Patty – Nikki, Jerry – Patty’s Office	10:00am				
Leslie – Ethel – Leslie’s Office				9:30am	
Rosaly-Ricardo	1:30				
Rosaly-Dana					
Patt-Dave/Melissa					10 am
Luke-Ron					
Malini- Mary					
Executive Sponsor Status Sheet					
Terry – Patty -- Jens	2 <sup>nd</sup> /4 <sup>th</sup> Monday,9:00-9:30am				
Todd -- Terry -- Patty -- Jens	4 <sup>th</sup> Monday, 9:30-10am				
Leslie- Terry (no specific schedule)					
Iman/Todd – Luke/Rosaly					
Jim/Terry - Malini/Patt			Every Other Wednesday, 8 am		
Daily Performance Huddle					
OR	7:00am	7:00am	7:00am	7:00am	7:00am
5D	2:30pm	2:30pm	2:30pm	2:30pm	2:30pm
PACU/ Pre-op	9:00am	9:00am	9:00am	9:00am	9:00am
Anesthesia	7:00am			6:35am	
Urology				7:00am	
ENT		7:00am			
UCC	12:45pm	12:45pm	12:45pm	12:45pm	12:45pm
3M	8:30am	8:30am	8:30am	8:30am	8:30am
ED					
Unit-Based Leadership Meeting/Monthly Performance Review Meeting					
OR Leadership Meeting				1st Thursday/month 4-5pm in 3C26	
5D Leadership Meeting				1 <sup>st</sup> Thursday/month 11am-12:30pm in Solarium	
PACU/ Pre-op Leadership Meeting				1st Thursday a month at 10am	
Anesthesia Leadership Meeting			3 <sup>rd</sup> Wednesday every month 4-5:30pm		
UCC Leadership Meeting					
3M Leadership Meeting					
ED Leadership Meeting					
DMS Steering Team Meeting					
Reflections from Model Cells, Communication Strategy, Roles/Responsibilities – 3C26					12:00 – 1:15pm
Reflection from UCC/3M					
Reflection from ED					