Managing a True North Vision

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Director of Quality
ThedaCare
House of Lean

True North

Kaizen
RCA
CDI

Improvement Process

Management System

Standardized work
5S, Kanban, Culture

Foundational

Coaching

Development of people
Mission, Vision, Values

Mission
• ThedaCare’s mission is to improve the health of our communities.

Vision
• Our vision is to always set and deliver the highest standard of health care performance in measurable and visible ways so our customers are confident they are making the right decision in choosing us.

Values
• Our values are the internal compasses that guide our day-to-day decisions. They are the glue that holds the organization together.
<table>
<thead>
<tr>
<th>Safety</th>
<th>2015 Target</th>
<th>2019 Target</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis-Preventable Mortality</td>
<td>11.8% (15% YOY)</td>
<td>7.8% (10% YOY)</td>
<td>0%</td>
</tr>
<tr>
<td>Patient Harm Events</td>
<td>225 (30% YOY)</td>
<td>87 (15% YOY)</td>
<td>50</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Quality</th>
<th>2015 Target</th>
<th>2019 Target</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Day Readmission</td>
<td>7.15%</td>
<td>TBD</td>
<td>0%</td>
</tr>
<tr>
<td>Complex Patient Plan of Care</td>
<td>80% (pilots)</td>
<td>80% (All sites)</td>
<td>100%</td>
</tr>
<tr>
<td>Pilots: IM App &amp; Shawano</td>
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<table>
<thead>
<tr>
<th>Work/Life</th>
<th>2015 Target</th>
<th>2019 Target</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe (DART)</td>
<td>1.3</td>
<td>.5</td>
<td>0</td>
</tr>
<tr>
<td>Well (HAT)</td>
<td>81.97%</td>
<td>TBD</td>
<td>90</td>
</tr>
<tr>
<td>Engaged (% engaged)</td>
<td>38%</td>
<td>50% (by 2017)</td>
<td>100%</td>
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<table>
<thead>
<tr>
<th>Financial Stewardship</th>
<th>2015 Target</th>
<th>2019 Target</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>4.0%</td>
<td>5.0%</td>
<td>6%</td>
</tr>
<tr>
<td>Productivity</td>
<td>3.0%</td>
<td>3.0%</td>
<td></td>
</tr>
</tbody>
</table>
Why True North Metrics?

True North Metrics

• Establishes measures of our organizational health and provides us system-wide focus for improvement

Five Areas of Focus

• Safety, Quality, Customer Loyalty, People, and Financial Stewardship

Triangle

• Our True North Metrics are built around a triangle to visually emphasize the need to stay balanced and keep our customers in the center of what we do
Why

• Customers deserve safe healthcare practices and a safe environment in which to receive care
• You deserve a safe and healthy work environment so you perform your best

Measures

• System Patient Safety Bundle (each weighted equally)
  o Flu vaccine rates for patients and staff
  o Pneumonia vaccine rate for appropriate patients
  o Medicine reconciliation (process of obtaining and utilizing a patient medication history to insure safe and effective patient care)
  o Patient falls
  o MRSA (methicillin-resistant Staphylococcus aureus infection) rates

• Employee injuries and illness as measured by Days Away, Restricted, or Transferred (DART) rate
Why

• Our communities expect and deserve the highest quality care
• Our vision is to set the highest standard of health care performance for our customers and we expect future payment models will reward us for delivering high quality outcomes

Measures

• Preventable mortality calculated by the hospital standardized mortality ratio: 
  (# of deaths ÷ the expected # of deaths) x 100
  o Those non end-of-life patient deaths that occur while under our care that, if treated optimally, would have been prevented

• 30 day readmission rate
  o Rate of AMC or TCMC patients that had an inpatient stay and were readmitted back to any of our 5 hospitals within 30 days for any reason
Customer (Lori) Loyalty

Why
• Delivering on what Lori wants consistently and better than other alternatives will likely attract more customers and earn their loyalty

Measures
• Customer loyalty as measured by the Net Promoter Score (likelihood to recommend us) and calculated by subtracting the number of detractors (scores ≤6) from promoters (scores ≥9) on 10 pt. scale
• Key preference drivers
  o Care planning
  o Relationships
  o Time
  o Technology, expertise and quality
  o Access to preferred providers
  o Cost
Who she is a person

• Takes a lot on and at times feels a bit out of control
• Carries much of the emotional burden for her family/friends, doing her best to reassure and support everyone she cares for
• Hard judge of herself and rarely feels she’s done her best
• Knows she should take better care of herself, but other people come first
• Looks for less expensive versions of items -- carefully watches finances

How she relates to health care

• Feels less knowledgeable about health care -- it’s complex and can overwhelm her
• Doesn’t like the idea of going to the doctor, but knows it’s necessary
• When picking a provider, looks for one who truly cares about her and her family and works together with them
• Wants help making sense of health care -- not to be judged or made to feel inadequate or foolish
• Goes online to get health care information

Core Insight

“I’d like to be able to do it all, but I know I can’t. Sometimes I need a little help. I don’t want to ask the ones I love -- I want to take care of them. I need to find people I can trust to work with me and guide me to the right answer.”
People

Why
• When you’re healthy and engaged, your work is more satisfying, you generate more creative ideas and you deliver a better experience for our customers

Measures
• System employee engagement index (summary score of four items)
  o This organization inspires me to perform my best
  o I am willing to put in a great deal of effort in order to help this organization succeed
  o I would recommend this organization to friends as a great place to work
  o I am likely to be working for this organization three years from now
• Employee health as measured by the Health Assessment Tool (HAT)
Why

• Our communities depend on us to reduce costs, use resources effectively and deliver sustainable financial health

Measures

• Operating Margin (revenue in excess of expenses) as calculated by system revenue divided by expenses
• Productivity as calculated by deflated gross revenue (revenue less the value of price increases) divided by worked hours at the system level
Guiding Principles

• Hold us accountable to exceptional care
• Promote improvements in the delivery and outcomes of patient care
• Measures the winning aspiration of ThedaCare
• GP – compare to owners expectations
• Impacted by as many divisions/departments as possible
• Have some consistency
• Measureable
• Clear and reliable measurement specifications
Guiding Principles, con’t.

• Resonates with clinicians and staff’s hearts
• Focus on what can/should be improved
• “Vital signs” and progress to goal
• Represent a performance gap/opportunity
• Simple and understood
• We commit to understanding processes that need to be working in order to be successful
Dean describes his recent experience as a ThedaCare patient!

Review our latest True North Metrics.

Calling all ThedaCare Kids! Help us lead the Children’s Parade!

Check out the construction progress at the ThedaCare Regional Cancer Center.
Spreading the Word

• Can’t make it to a CEO forum? Attend the webinar!
• Dean Gruner will host our employee forum webinar on Tuesday, March 31 at 3 pm!
• During the webinar, Dean will take questions and talk live with employees about system initiatives.
• If you can still attend a forum in person, please do! The webinar is another option to help us stay connected across the growing ThedaCare system.
• Thank you for speaking up and participating in the employee forums!
ThedaCare Improvement System

TIS

TIS 9 Methods to See and Remove Waste in a Process within a Value Stream

Sequence and Continuity

INCREASING DETAIL

GROUND LEVEL

STANDARD WORK

5S

Visual Management

5S
Study and Adjust

Daily Performance Huddle

Purpose: This Daily Performance Huddle is focused on improving performance by using the team’s collective knowledge. It is meant to reinforce, coach and teach the PDCA thought process and establish the daily discipline of identifying and prioritizing defects, assigning resources, and reviewing work in progress through completion. The huddle provides opportunities for engaging staff in problem solving and in helping staff make connections between their work and system initiatives (True North Metrics).

<table>
<thead>
<tr>
<th>Major Steps</th>
<th>Details (if applicable)</th>
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<tbody>
<tr>
<td>1</td>
<td>Manager, supervisor, leads and staff gather at Daily Performance Huddle area/board.</td>
</tr>
<tr>
<td>2</td>
<td>Start by reviewing “Work in Progress” (These are your just-do-its and PDSAs). Briefly review “Just Do Its”. Any barriers to moving forward?</td>
</tr>
<tr>
<td>3</td>
<td>Briefly review PDSAs. If the status indicator is green, acknowledge the work and move on. If the status indicator is red, ask about the barriers.</td>
</tr>
</tbody>
</table>

- Move completed work to “Improvement Ideas Implemented” section of the board.
- Red and green status indicators should be used for PDSAs.
  - If the work is on track (no new defects, adequate resources, no barriers to moving forward, etc.), owner should make sure status is indicated as green.
  - If the work is not on track (new defect, resources needed, barriers to moving forward, etc.), the owner should change the status indicator to red and indicate why during huddle.
- Note: These red/green indicators represent daily status of the work on the PDSA and NOT the metric monthly or year-to-date roll-up.

Move completed work to “Improvement Ideas Implemented” section of the board.
What Does A Health Huddle Look Like?

What do the People look Like?

• Staff are ready to go, may even arrive before leader and self start if leader not there
• Eye contact to each other
• Everyone contributes
• Everyone around board
• Standard work referenced and in hand
• No dominance or intimidation
• Staff rather than leaders do most of the talking
• Leader ready and removes obstacles
• Laughter/smiling/eagerness
• Leader is coaching and engaging everyone
• Everyone is focused-no side conversations
• Focus/expedience/pride/passion all exhibited
What do the boards look like?

- Standard
- Lanes balanced around triangle
- See status “at a glance”
- Opportunities linked to drivers
- Variety in owners
- Change observed in movement of work
- Reflects current completion dates and information
- Needs to be actionable not informational
- Be realistic about quantity of improvements “in Process”
What do you hear?

- Barriers identified
- Problems, ideas, possible solutions
- Is there standard work?
- Volunteers
- Deadlines
- What are the next steps?
- Creativity
- Laughter/Fun
- Stop the complainers
- Pull for other departments
- Asking for help
- Empathy and interest
- Staff doing more talking than leaders
What do you hear? con’t.

- Concern/compassion for patients
- Delegation
- Connections to drivers, etc.
- Discussion about “Just Do Its” vs. PDSA
- Staff recognized PDSA thinking
- Clarification
- Honesty
- Discussion about capacity
- Recognition and cooperation
- Discussion about safety
- Links to other projects
- Respect and candor
### Quality

<table>
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<th>Metric</th>
<th>YTD</th>
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<td>7.13%</td>
<td>7.22%</td>
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<td>Complex Patient Plan of Care Pilot: IM App &amp; Shawano</td>
<td>97.26%</td>
<td>80.00%</td>
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Words to actions

<table>
<thead>
<tr>
<th>Financial Stewardship</th>
<th>YTD</th>
<th>2015</th>
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<tbody>
<tr>
<td>Actual</td>
<td></td>
<td>1.90%</td>
</tr>
<tr>
<td>Target</td>
<td>3.10%</td>
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<tr>
<td>Year End Target</td>
<td>4.00%</td>
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<tr>
<th>Operating Margin</th>
<th></th>
<th>2015</th>
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<tbody>
<tr>
<td>Actual</td>
<td>-2.64%</td>
<td>1.30%</td>
</tr>
<tr>
<td>Target</td>
<td>1.30%</td>
<td></td>
</tr>
<tr>
<td>Year End Target</td>
<td>3.00%</td>
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C-suite to the GEMBA
Conclusion
Announcing a new publication in our Healthcare Management Collection

Quality Management in a Lean Healthcare Environment
By Melissa Mannon and Daniel Collins

Quality in a lean healthcare setting has one ultimate goal—to improve care delivery and value for the patient. The purpose of this book is to provide a blueprint to hospitals, healthcare organizations, leaders, and patient-facing workers with tools, training, and ideas to address quality within their organization.

Examples from healthcare and other industries are provided to illustrate lean methodology in lean and their application in quality. The reader can learn how other organizations improve quality, what their roles are, and what they do daily. By the end of the book, you will have leaned actionable concepts and have the tools and resources to start improving quality.

Click here for more information and to request a desk copy.

All BEP books are available for adoption. Contact Karen Amundson for more information.