Redefining Shared Governance through Lean Process and Innovation

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Cleveland Clinic
Culture of Improvement Vision

Culture where every caregiver is empowered and expected to make improvements every day
Cleveland Clinic Improvement Model

<table>
<thead>
<tr>
<th>Organizational Alignment</th>
<th>Visual Management</th>
<th>Problem Solving</th>
<th>Standardization</th>
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</thead>
<tbody>
<tr>
<td>Identify and communicate what matters most</td>
<td>Manage what matters most</td>
<td>Improve what matters most</td>
<td>Sustain what matters most</td>
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Behaviors

- Leader
- Manager
- Front-Line

*Coordinated set of systems & behaviors to engage caregivers at all levels*
About us....

- Hillcrest Hospital is part of Cleveland Clinic Enterprise
- 51 bed medical unit
- 115 Caregivers
- Ideas to Innovation Unit
- Turnover
- Plenty of opportunities
So why???

Without change there is no innovation, creativity, or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable.

- William Pollard
What do we want to fix?

Opportunities Metrics Huddle Problem-Solving Actions Sustain, Reward & Recognize

- Crawford Slip - SMART Metrics - Pareto Charts - 5 Whys - PDCA - Kaizen Board

How are we going to track and share it?

How and when are we going to update and review?

What is the root cause of the problem?

How are we going to improve it?

How will we sustain and share the results?

5 Main Culture of Improvement Model Area Roadmap

- Error Proofing
- Celebrate
What do we want to fix? What matters most?

• What prevents you from doing your job to your fullest capability?
Crawford Slip

Brainstorm Opportunities
Affinity Sort

Silent Sort

[Diagram of yellow post-it notes]

[Image of people doing an activity with post-it notes]
8 Forms of Waste

1. Transportation
2. Inventory
3. Motion
4. Waiting
5. Overproduction
6. Over processing
7. Defects (poor quality)
8. Underutilized Human Talent
# Kaizen System – 8 Wastes

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<tbody>
<tr>
<td></td>
<td>All Caregivers</td>
<td>Shared Governance Co-Chairs</td>
<td>Shared Governance Council</td>
<td>Kaizen Owner</td>
<td>Kaizen Owner + NM/ANM</td>
</tr>
<tr>
<td>When</td>
<td>Any time</td>
<td>Saturdays</td>
<td>3rd Wednesday of month</td>
<td>3rd Wednesday of month</td>
<td>Any time</td>
</tr>
<tr>
<td>What</td>
<td>Fill out a card completely (include name)</td>
<td>Aim to move 3-6 submitted ideas to approved or on hold</td>
<td>Include high priority ideas on Shared Gov agenda and PPM board</td>
<td>Include status update on Shared Gov agenda and PPM board</td>
<td>Include status update on Shared Gov and PPM board</td>
</tr>
<tr>
<td></td>
<td>NM/ANMs check notebooks for kaizen ideas</td>
<td>Determine type (A3 – green dot, 5W –yellow dot, JDI – red dot) and priority (high = pt care, low = other)</td>
<td>Thinking round – share solution ideas (timed)</td>
<td>Final round – vote on solution</td>
<td>Phase gate meeting/ discussion with NM/ ANM for sign off</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask NM/ANMs for help, as needed</td>
<td>Determine owner (who submitted idea is preferable) and next step</td>
<td></td>
<td>Share success story in Improvatorium</td>
</tr>
</tbody>
</table>
How are we going to track or share it?
How are we going to update and review?
Metric Maintenance

- Definition
- Data Source
- Collector
- Frequency of collection
- Frequency of review
- Location
- Target
1. Patient status
2. What are we most worried about today?
   – What is our plan?
3. Review metrics
   – misses
   – what’s going well

Data at Huddles
What is the root cause of the problem?
## A3: Root Cause

<table>
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<tr>
<th>Root Cause</th>
<th>Countermeasure (action to be taken to work towards improvement)</th>
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<tr>
<td>When the patient arrives on the floor, the process is not the same for welcoming the patient, introducing the patient’s caregivers, showing how to use the call light system and addressing responsiveness needs.</td>
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<tr>
<td>Staff sees a white light and waits for call center to answer before they act. Staff sees green/orange light and does not act because it’s not their role.</td>
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<tr>
<td>All patients should be every caregiver’s responsibility. Examples: “It’s not my patient,” or caregiver has a heavy assignment and needs help answering their call lights.</td>
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<td>There is not a process that covers the steps that need to be followed for staff assignment in Soundcom, Vocera, Versus and Nortel. Changes to assignments have huge impacts that are not understood by everyone.</td>
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</tbody>
</table>
How are we going to improve it?
Standard Work for All

• Three levels: front-line, manager, leader
• Involve all levels in the how and the why
STAFF ARE THE HIGGS
BOSON PARTICLE OF MY
LIFE...

BECAUSE WITHOUT STAFF BUY-IN, PROCESS IMPROVEMENT WOULDN'T "MATTER"
Support the spirit of trialing improvements

It’s not failure; it’s learning
Solicit feedback through PDCA
How will we sustain/share results?
Top Recommendations for Sustainment

1. Connect to the people who do the work
2. Track and trend data
3. Create standard work for all
4. Support the spirit of trialing improvements
5. Celebrate successes
B) Recognition → Confidence → Sustainment

Time to Celebrate!!!!

All the ideas, hard work and commitment is sure paying off. Since our go-live with our countermeasures our HCAHPS have really increased. For the month of February our Responsiveness score is 72% which is the 74th Percentile! Also our Communication score for the month of February is 88% which is the 96th percentile!!! March scores have started to roll in as well and we are starting off fantastic.

In order to celebrate and say a huge THANK YOU, there will be a waffle
Tried to make an omelette

Didn't end up with scrambled eggs

GOT A HAIRCUT

REMEMBERED TO USE LESS SHAMPOO

CHECKED A BAG AT THE AIRPORT TODAY

I GOT ALL THE ANSWERS RIGHT ON JEOPARDY

49.9 LBS

I DON'T EVEN CARE THAT IT'S KIDS WEEK
Leadership Style

Rescuer - Persecutor

Victim

Challenger - Coach

Creator

THE DREADED DRAMA TRIANGLE (DDT)™

MAKING

SHIFTS HAPPEN

TED™

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Outcomes

$170,000/annual savings
And still counting!!!
5 Main Transformation

**HCAHPS Responsiveness**

- Q4 2014: 53% Top Box, 5% Percentile
- 2/1/2015 - present: 66% Top Box, 49% Percentile

**HCAHPS Nurse Communication**

- Q4 2014: 68% Top Box, 4% Percentile
- 2/1/2015 - present: 80% Top Box, 68% Percentile

**Falls**

- Q1/Q2 2014: 31
- Q1/Q2 2015: 22

**Response Time**

- Dec 14-Jan 15: 1.40
- Feb 15 - present: 1.15
Employee Engagement:

• “Seeing change is the greatest accomplishment in such a large organization. ….”

• “It is nice to work at a place that has shown steps of improving and changing the way work is done. Over the last time frame upper management is listening to staff on how to change process and work flow to make the unit better for patients and staff more satisfied with their jobs.”

• “Your opinions/ideas are respected. This organization is continually evaluating, re-evaluating and implementing ways to improve processes.”
Contact Information

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