

Doing More with Less: Process Improvement as a Nurse Leader

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Introduction



Objectives

- Describe process improvement.
- Identify why process improvement is helpful.
- Discuss how anyone can use process improvement to address problems in an effective/efficient way.

Current State of Things

- They're CHANGING....

AND

- We're BUSY!

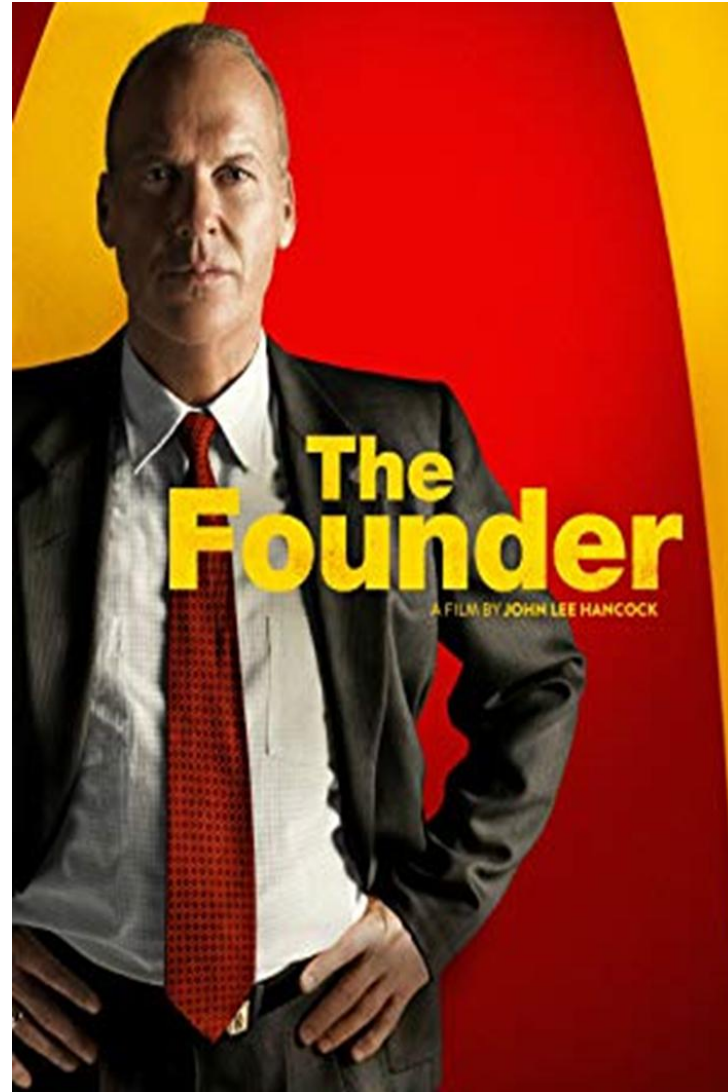
So, the problem....

- Lots of people and workstreams to consider...
- Supply Shifting....
- Increasing demand...
- Limiting resources...
- WHAT do we do????



Process IMPROVEMENT







The Premise



- The true story of how Ray Kroc (Michael Keaton), a struggling salesman from Illinois, met Mac (John Carroll Lynch) and Dick McDonald (Nick Offerman), who were running a burger operation in 1950s Southern California.
- Kroc was impressed by the brothers' speedy system of making the food and saw franchise potential. Kroc soon maneuvers himself into a position to be able to pull the company from the brothers and create a multi-billion dollar empire



- Drive-thru model in 1940's
- Re-evaluated their system



Speedee System



- "The Wait"
- Toyota in 1948

**How does that translate to
healthcare?**

QI Problem Solving Model

- Quality Improvement Problem Solving Model
- Refine Project Scope and Charter the Project
- Document Current State
- Define Aim and Measure
- Develop Theory for Improvement
- Test Interventions
- Implement for Sustainability and Close Project

Expand All +

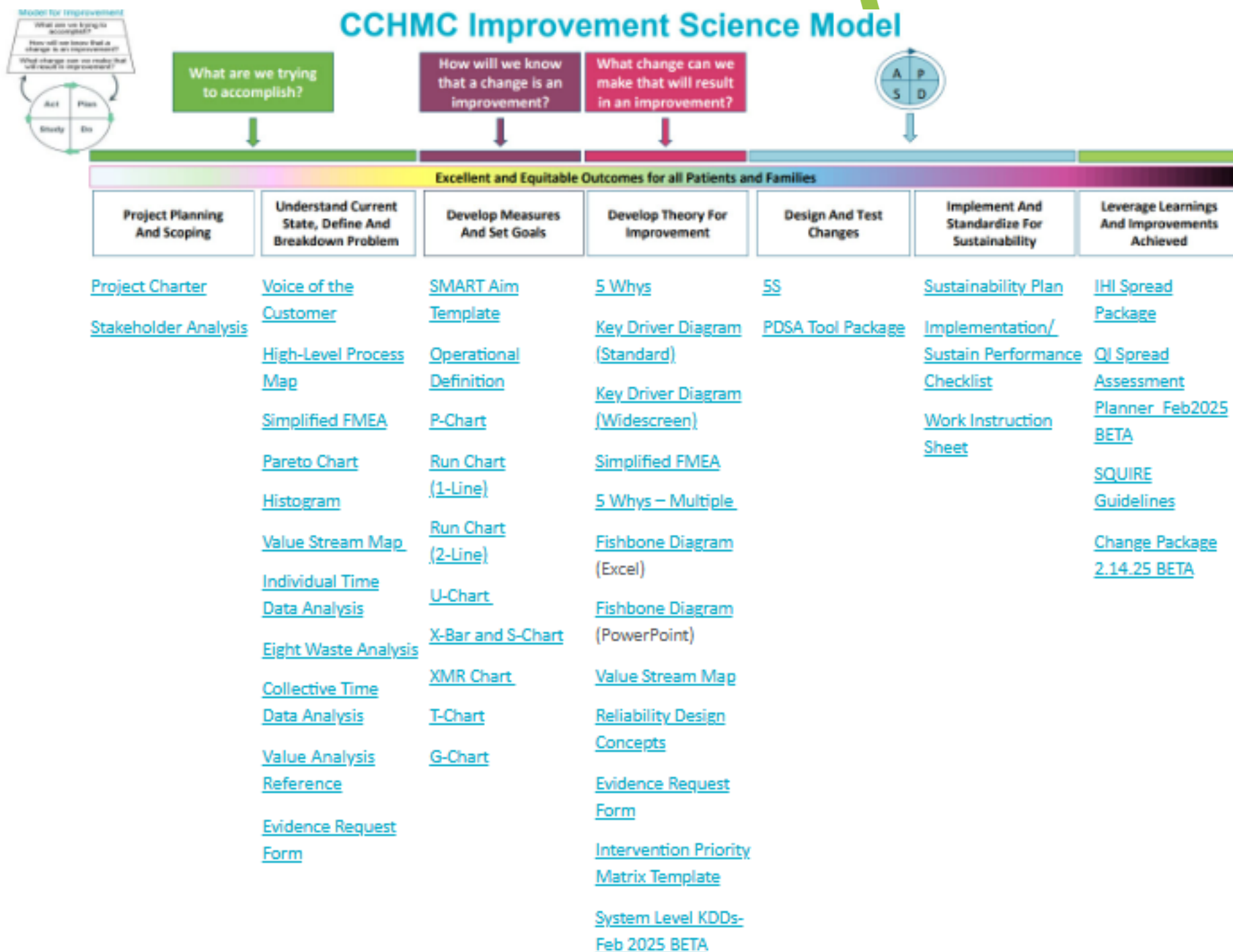
Anderson Center Services

- [Improvement Services](#)
- [Cincinnati Children's Way](#)
- [Learning Networks](#)
- [Health Services Research](#)
- [QI Education](#)
- [Outcomes, Data and Reporting](#)
- [Evidence Based Decision Making \(EBDM\)](#)

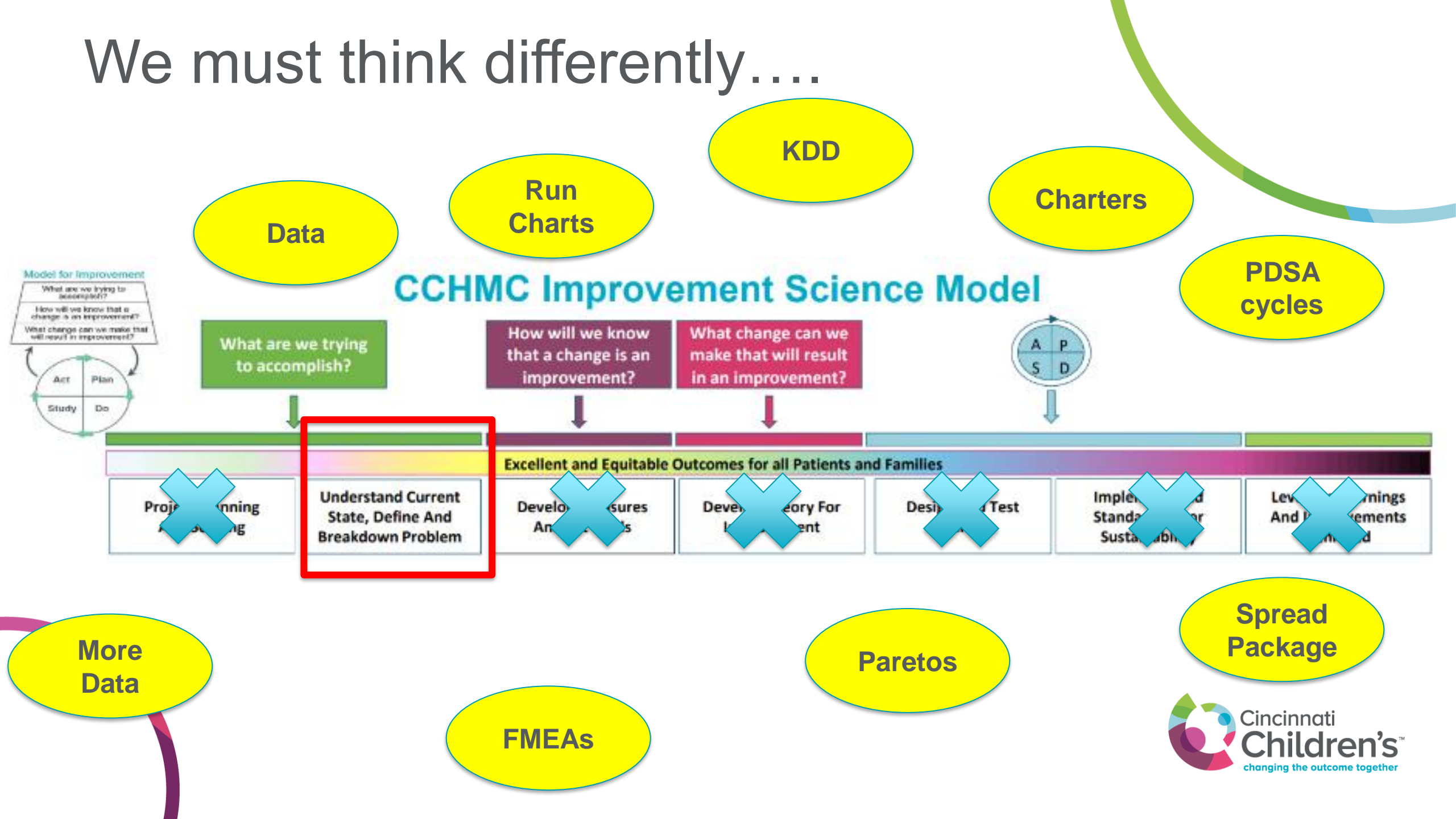
Data Systems and Tools

- [Change Packages](#)
- [Data WIKI](#)
- [C2D2](#)
- [PACRAT](#)
- [PDSA Tool](#)
- [PMRS Home](#)
- [Lean Toolkit](#)
- [DMA Toolkit](#)

CCHMC Improvement Science Model



We must think differently....



Understand Current State, Define And Breakdown Problem

[Voice of the Customer](#)

[High-Level Process Map](#)

[Simplified FMEA](#)

[Pareto Chart](#)

[Value Stream Map](#)

[Individual Time Data Analysis](#)

[Eight Waste Analysis](#)

[Collective Time Data Analysis](#)

[Value Analysis Reference](#)

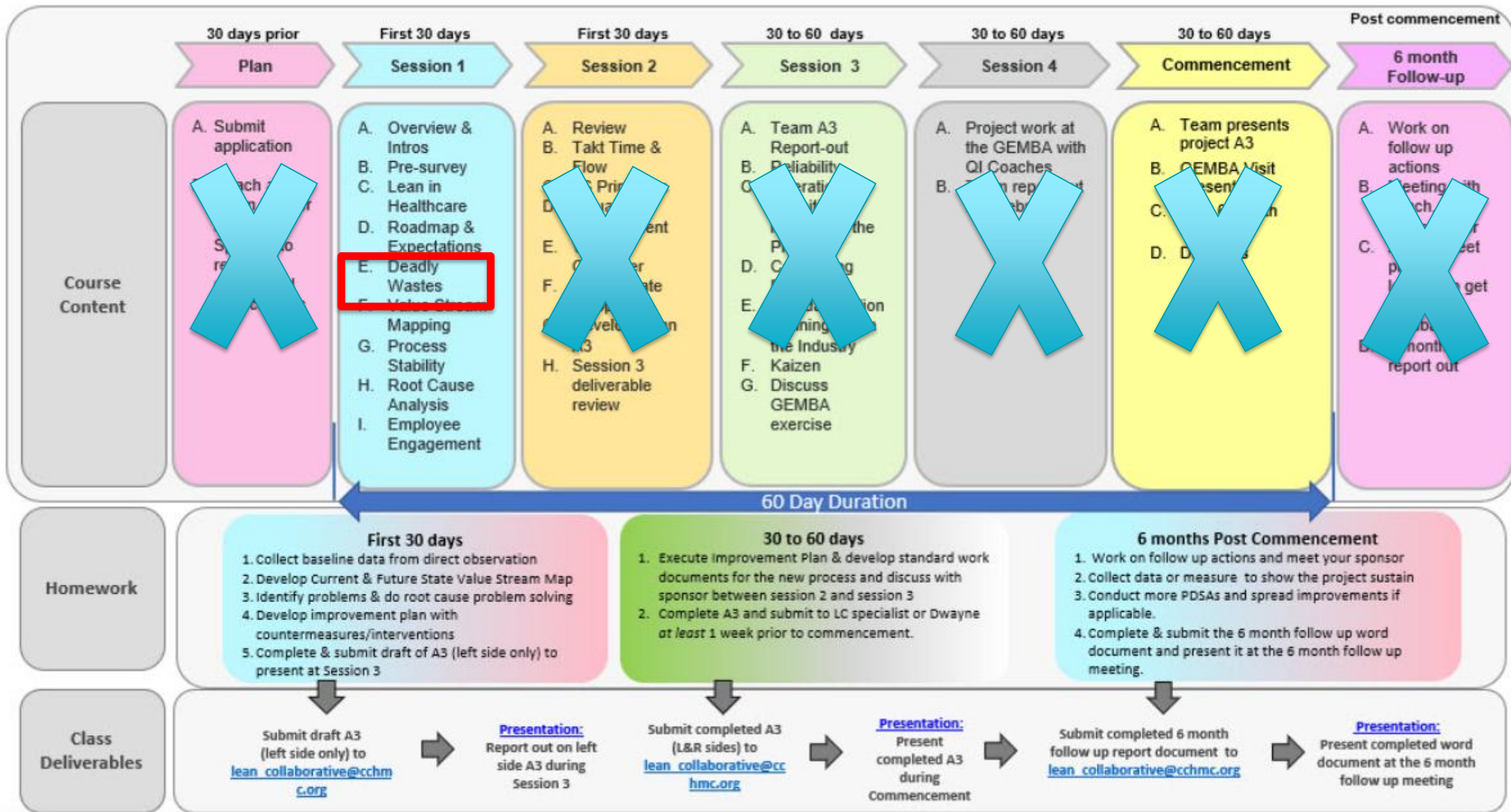
[Evidence Request Form](#)

WHY?

- Shows flow...
- ...in a visual...
- ...with unlimited detail...
- ...that can be broken down, streamlined, edited...
- ...and tested...

- QUICKLY!!!

Lean Collaborative Roadmap



7+1 Deadly Wastes



Transportation

Inventory

Motion

Waiting/ Idle Time

Over-Processing

Over Production

Defects/ Poor Quality

+ Underutilizing Human Talents

How do we operationalize that?

Simply Put...

- Engage a small team.
 - The people that know/do the work.
- Define the problem.
 - Understand what it is you're trying to solve.
- Map the entire process.
 - Every. Little. Detail.
- Frequent follow up.
 - Annoying persistence. Identify waste, address it, and test.
- Adapt the process as needed.
 - Change it until it makes sense.

Joint Commission Coming!!!!



musings.elisair.com

Notes

Line 1
Line 2
Line 3
Line 4
Line 5
Line 6
Line 7
Line 8
Line 9
Line 10
Line 11
Line 12
Line 13
Line 14
Line 15
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Line 49
Line 50



Needs

- Plan to house Sscopes
- Buckle for channel check
- 2nd CNA
- Station to mount CNA

- Sscopes come in
- Hall + 27

- Area + Pulse Right
- Sscopes in 509 - GI on Left
- Everything Less tested in some place

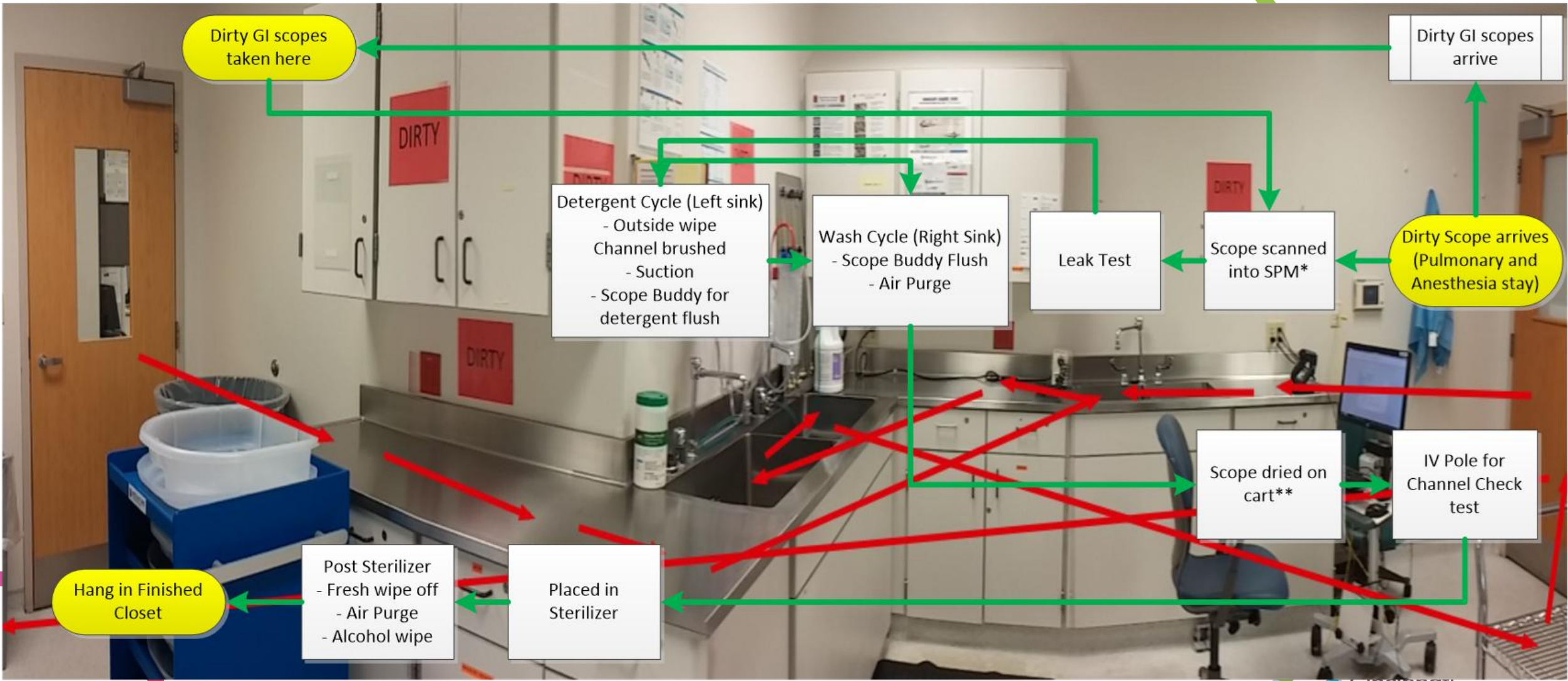
- Detergent in Left sink
Water in Right sink

- Wiped outside
- Channel brushed
- Suction - Deter - Aspirate
- Rinsed to scope buddy
- Deter Flush
- Mach

- Moved to H2O sink
- Flush from Scope Buddy
- Air purge from Scope Buddy

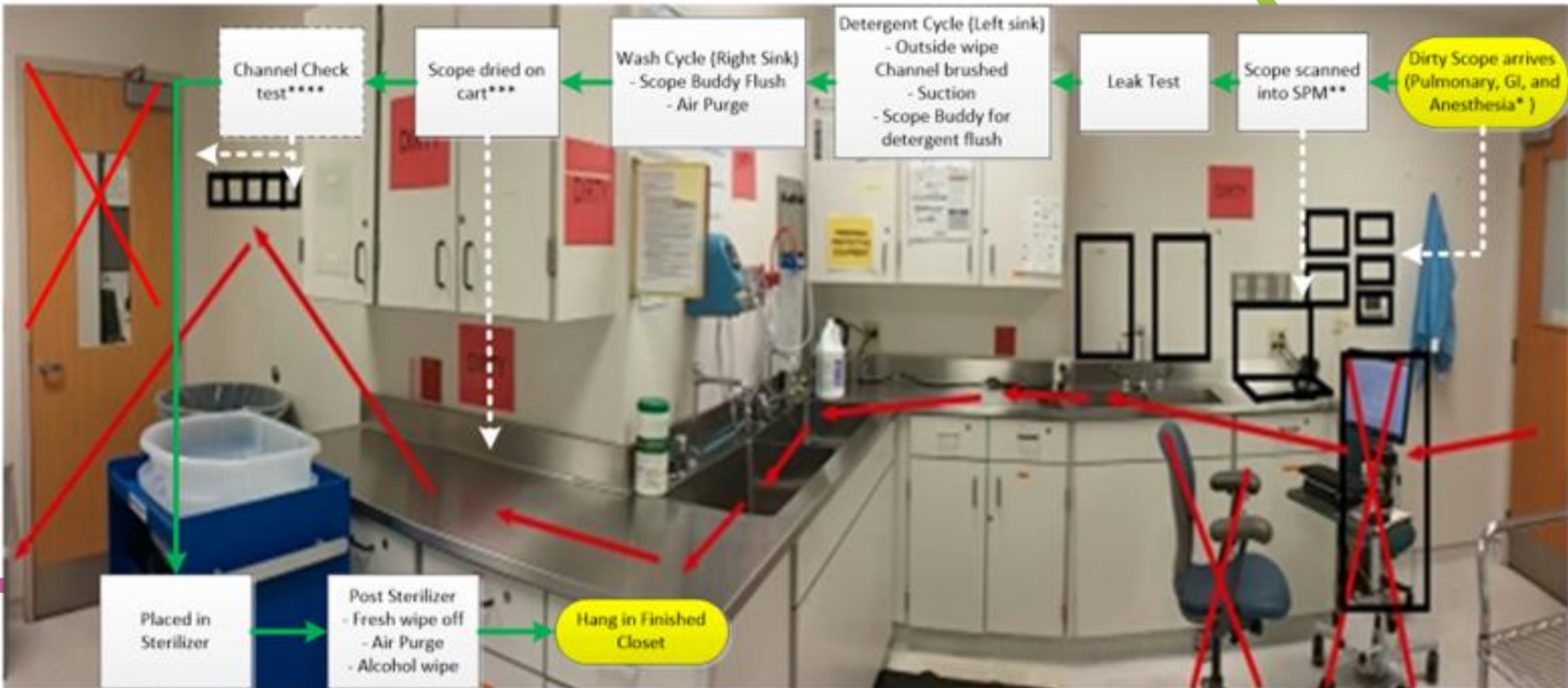
- Put over cart to dry
- Put in II pale to do Channel check
- Channel check pass

- After Sterilizer
 - Goes to Sterilizer
 - Wipe w/ fresh cloth (Dumex)
 - Air purge
 - Wipe w/ Alcohol
- Hang in cabinet - tag it, sleeve it



Cleanascope





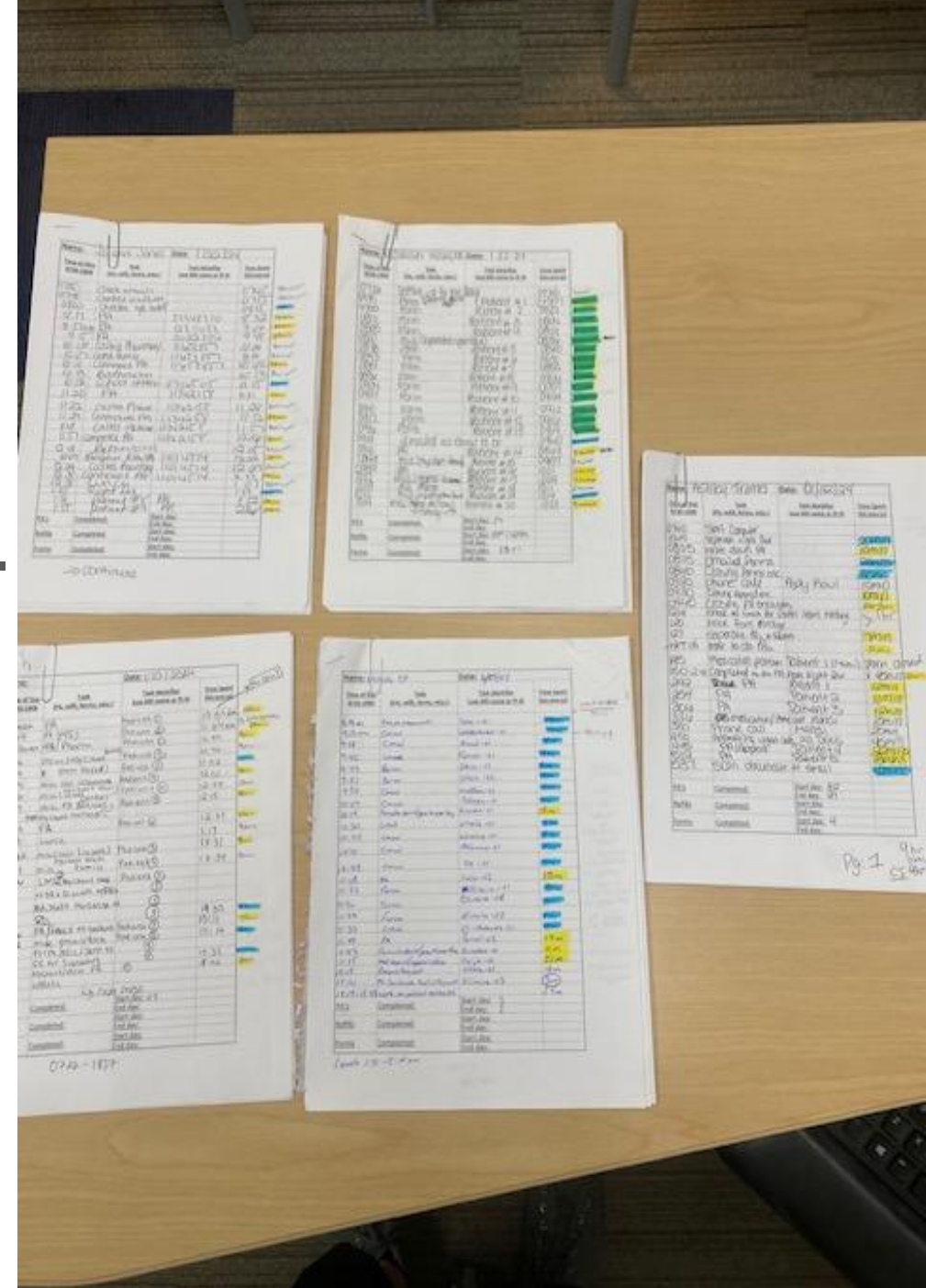
**Ok, without additional
resources??**

5 steps

- Engage a small team.
- Define the problem.
- Map the entire process.
- Frequent follow up.
- Learn and adapt.

Medical Assistant Work

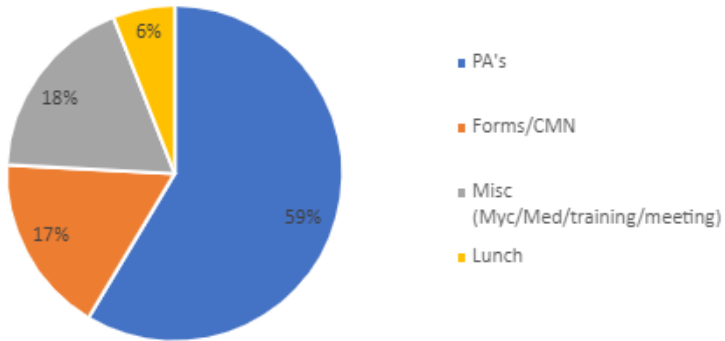
- Small Team: my five office MA's
- Problem: Inability to complete all tasks.
- Mapping the process: Time Study



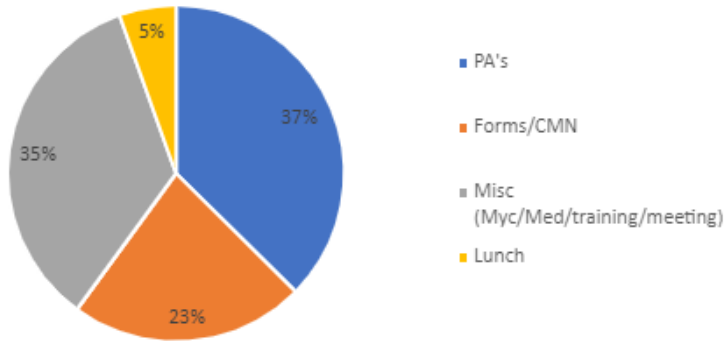
Gastro MA Time Study Results

Frequent Follow Up

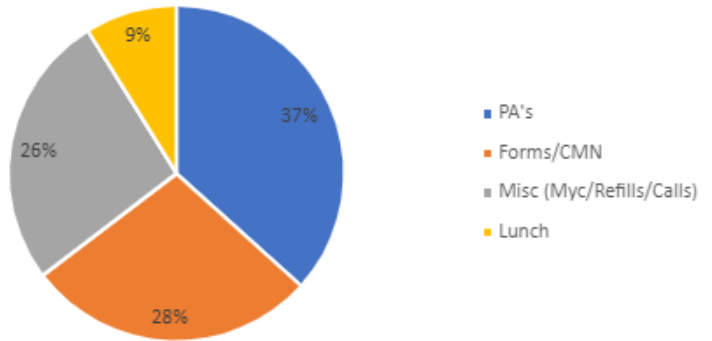
MA 1



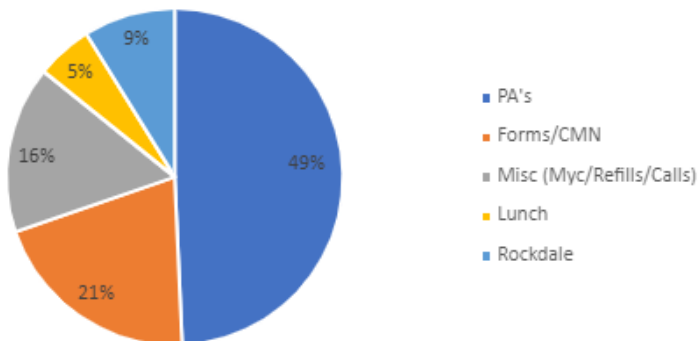
MA 2



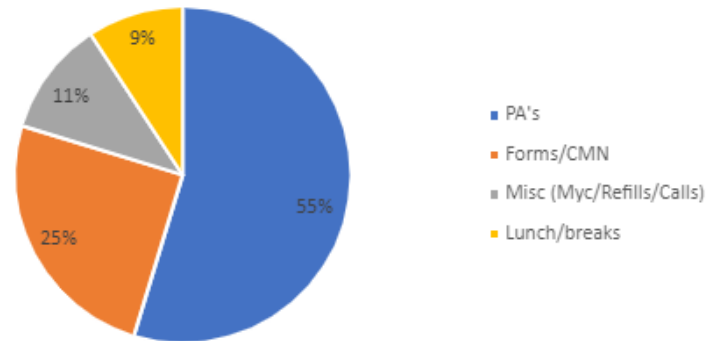
MA 3



MA 4



MA 5



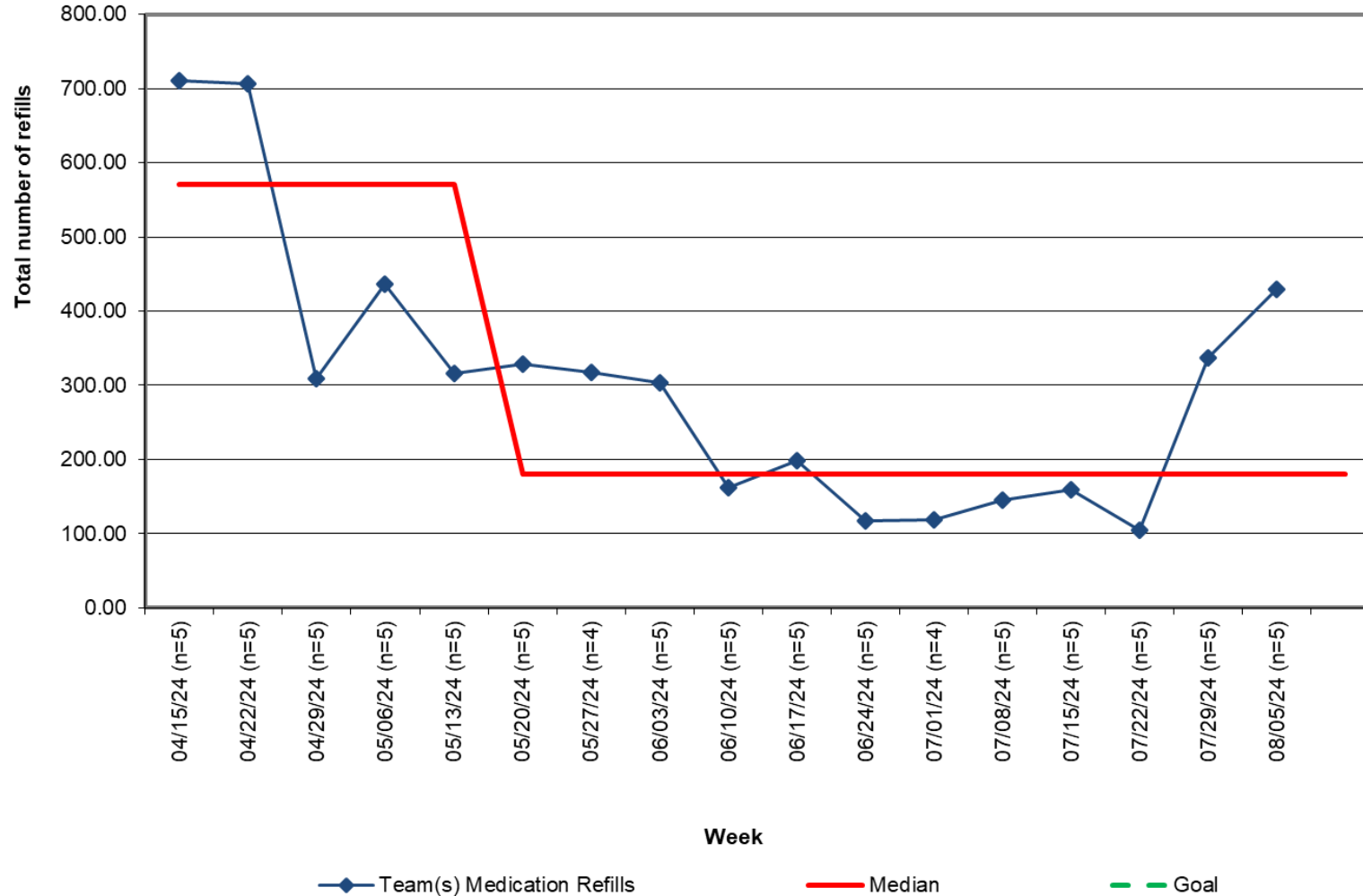
Date: 9/9/24

Team	PAs	Forms	RightFax Refills	Epic Refills	Left Side (Call backs/ MyChart, etc.)	Open Encounters/ Miscellaneous (email, etc.)
Teal	8	3	19	16	2	PTO
Pink	18	2	88	11	2	OFF
Purple	5	2	0	6	3	8
Gold	15	3	0	5	ILL	ILL
Green	8	4	2	5	2	PTO
Blue	7	4	17	16	2	OFF
Orange	2	1	66	0	3	18
Epic Refills # 162/90						
<p>Discussion/Updates:</p> <ol style="list-style-type: none"> 1. We have 2 people off, 2 out on PTO and 1 person ill (2 MA's working in the office) 2. Mariah is Resource MA 3. Clinic girls will get in sometime today and work on Epic refills 4. Mariah will work on 10 of Pink Teams PA's 5. Teejai will work on 8 of Gold Teams PA's 6. Check in at 3pm 						

Data

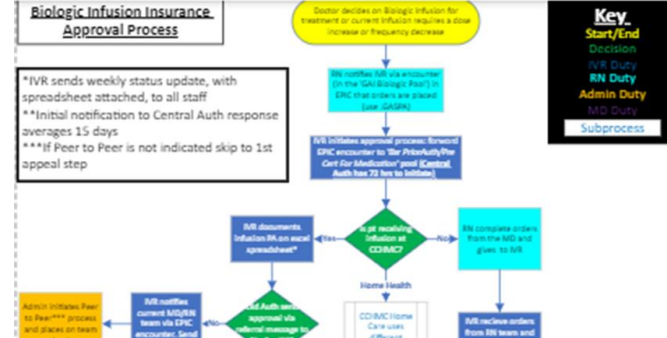


Team(s) Medication Refills



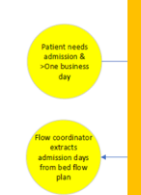


Team(s) Medication Refills



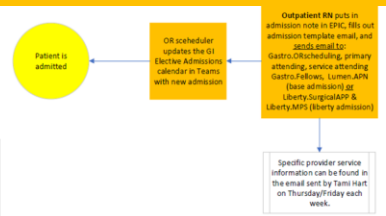
The overarching goal of all this.....

Scheduling Process Diagram

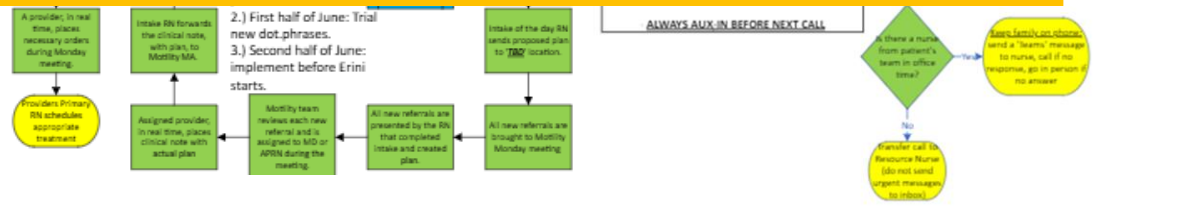


If there are changes to the surgical plan, [click here](#) to see a call to the transfer center is required by the Medical Team to discuss change.

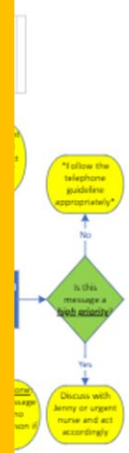
Legend:
 Inpatient Team Role
 Outpatient Team Role



Specific provider service information can be found in the email sent by Tami Hart on Thursday/Friday each week.



Call Decision Tree



Again...keep it simple...

- Engage a small team.
- Define the problem.
- Map the entire process.
- Frequent follow up.
- Learn and adapt.

...and make it your CULTURE.

Questions

