Performance Improvement:
Carolinas HealthCare System

Quality Management

This self-directed learning module contains information you are expected to know to improve the care our patients receive and to promote the adoption of best practices.

Target Audience: All Employees

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Instructions:

The material in this module is an introduction to important general information and procedures for performance improvement. After completing this module, contact your supervisor to obtain additional information specific to your department.

- Read this module.
- If you have any questions about the material, ask your supervisor.
- Complete the online posttest for this module. Once you pass the posttest, print it or a copy of your transcript and give it to your manager.
- The Job Aid on page 8 should be customized to fit your department's policies and procedures and then used as a quick reference guide.

Learning Objectives:

When you finish this module, you will be able to:

- Discuss the CHS model for performance improvement (PI)
- Recognize the benefits of conducting small scale tests, rapid cycle PDSA
- Discuss the performance improvement plan for your facility.
- Explain how performance improvement data is provided to your hospital's board.
- Identify the top four performance improvement priorities for CHS.
- Define a sentinel event.
- Explain how to report a sentinel event.
- Discuss the LEAN process improvement methodology.
CHS Model for Performance Improvement

The Joint Commission requires each facility to have an organization-wide approach to performance improvement that is planned and systematic. Carolinas HealthCare System utilizes the model for improvement with Plan, Do, Study, Act (PDSA) cycle for performance improvement activities.

Steps in the Process:

1. Aim statement- Answer the question, “What are we trying to accomplish”?

2. Goals and Measures- “How will we know that a change is an improvement”?

3. Ideas for Change- “What change can we make that will result in an improvement”?

4. Run a rapid cycle test of change-
   A. Plan – plan the improvement
   B. Do – test the changes on a small scale
   C. Study – study (analyze) the results
   D. Act – based on the results, adapt, adjust or abandon the changes
Performance Improvement Plan

The leaders of the organization, with input from physicians, staff, and managers, develop a Performance Improvement Plan annually. The Performance Improvement Plan is approved and supported by the Hospital Board.

The Performance Improvement Plan outlines the current performance improvement activities for the year and identifies the top four PI priorities for the year. These priorities are developed to be consistent with the corporate goals of Carolinas HealthCare System.

Four Performance Improvement Priorities for 2012

Carolinas HealthCare System's top four PI priorities are:

1. Patient Safety
2. Clinical Outcomes
3. Service Excellence
4. Clinical Efficiency

Do you know what your department is focusing on for performance improvement? If not, talk with your Supervisor or facility Performance Improvement Coordinator/Representative.

CHS Corporate Goals

- Customer Service
- Quality
- Growth
- Performance Excellence
- Community Benefit
- Employee Satisfaction
The Hospital Board is ultimately responsible for all Performance Improvement activities. Performance Improvement results are reported to the Hospital Board in the following way:
Sentinel Event

A sentinel event is an unexpected occurrence involving death or serious physical – including loss of limb or function – or psychological injury, or the risk thereof.

Reference Administrative policy ADM 200.03, Sentinel Events.

Examples of sentinel events include:

- patient suicide in a setting where the patient receives around the clock care
- unanticipated death of a full term infant
- infant abduction or infant discharge to the wrong family
- hemolytic transfusion reaction involving administration of blood or blood products
- surgery on the wrong patient or the wrong body part
- patient death or permanent injury/loss of function as a result of a nosocomial (hospital acquired) infection
- unintended retention of a foreign object after surgery or other procedure

Your Responsibility

If a sentinel event occurs in your area, immediately report it to your supervisor or manager. Any staff member identifying a sentinel event must report it.

After notifying your supervisor or manager, complete an incident report/Care Event.
LEAN Methodology

LEAN is a process improvement methodology that increases process efficiency by reducing the waste in processes. This helps in reducing cycle times and better utilization of resources. LEAN utilizes the voice of the customer to define the waste and then special tools and techniques to reduce or eliminate the waste.

In LEAN there are 8 categories of waste:
1. Waiting: (i.e., idle time, time delays, non-value added time)
2. Over-production: (i.e., making more than the customer requires)
3. Rework/ Defects: (i.e., making errors, producing something that requires rework or is thrown away)
4. Motion: (i.e., actions of people that is not value added)
5. Processing/ Over-processing: (i.e., unnecessary processing steps)
6. Inventory: (i.e., storing or purchasing unnecessary supplies)
7. Intellect/ People: (i.e., not utilizing the skills, ideas and suggestions of employees)
8. Transportation: (i.e., moving items, multiple handlings, unnecessary handling)
Carolinas HealthCare System utilizes the Model for Improvement (Aim, Goals and Measures, Change Ideas) with the Plan, Do, Study, Act (PDSA) cycle for performance improvement activities.

For 2012, the top four PI priorities for Carolinas HealthCare System are

1. Patient Safety
2. Clinical Outcomes
3. Service Excellence
4. Clinical Efficiency

A sentinel event is an unexpected occurrence involving death or serious physical – including loss of limb or function - or psychological injury, or the risk thereof.

Examples of sentinel events include:

- patient suicide in a setting where the patient receives around the clock care
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- unintended retention of a foreign object after surgery or other procedure

If a sentinel event occurs in your area, immediately report it to your supervisor or manager and complete an incident report/Care event. Any staff member identifying a sentinel event must report it.
The **Hospital Board** is ultimately responsible for all Performance Improvement activities.

LEAN is a process improvement methodology that increases process efficiency by **reducing the waste** in processes. This helps in reducing cycle times and better utilization of resources. LEAN utilizes the voice of the customer to define the waste and then special tools and techniques to reduce or eliminate the waste. In LEAN there are 8 categories of waste: waiting, over-production, rework (defects), motion, processing (over-processing), inventory, intellect (people), and transportation.
Posttest

Name: _____________________________________________

Date: _____________________________________________

Circle the correct answer.

1. The model for improvement includes
   a. Aim statement
   b. Goals and Measures
   c. Change ideas
   d. PDSA
   e. All of the above

2. CHS top four 2012 PI priorities, listed in the Performance Improvement Plan are:
   a. Patient Safety
   b. Clinical Outcomes
   c. Service Excellence
   d. Clinical Efficiency
   e. All of the above
   f. a and c only

3. All Performance Improvement data flows through the proper hospital reporting committee structure to which body? (Hint: This body is ultimately responsible for all PI activities)
   a. Ethics Committee
   b. Safety Committee
   c. Medical Staff Quality
   d. Hospital Board
4. What is an example of a Sentinel Event?
   a. Patient suicide in a setting where patient receives around the clock care
   b. Patient death or injury as a result of a hospital acquired infection
   c. An anticipated death of a full-term infant
   d. All of the above
   e. a and b only

5. If you suspect a sentinel event has occurred, how do you respond?
   a. Notify your supervisor or manager immediately
   b. Contact Risk Management and complete an incident report/Care Event
   c. Talk about it in the elevator and cafeteria
   d. a and b

6. The LEAN methodology focuses on reducing waste.
   a. True
   b. False

7. The following are types of waste defined in LEAN:
   a. Processing, Over-production, Rework, and Intellect
   b. Motion, Inventory, Transportation and Waiting
   c. None of the above
   d. a and b

8. The following is an example of a waste as defined by LEAN:
   a. Incorrect or incomplete information on forms
   b. Moving a patient multiple times
   c. Searching for a patient’s chart
   d. All of the above
   e. None of the above

Score: __________
Manager’s Initials: __________
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