

Green Belt Lean Six Sigma Project Report Out

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Culture of Safety

Performance Improvement Team

Background

- OhioMHAS has been conducting the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture and creating a report of all the hospitals' results since 2010.
- This survey is a validated tool used nationwide to measure staff perceptions of safety in healthcare settings.
- In 2017, ABH's results on the survey showed a marked decrease.

Approach

- ABH decided to use the survey results as a springboard for a PI team aimed at improving the Culture of Safety.
- ABH's safety culture is a top organizational priority. Safety is the number one goal of all hospital departments.

Define

- ABH uses the Lean Six Sigma model of performance improvement.
 - Define
 - Measure
 - Analyze
 - Improve
 - Control
- PI team charter approved April 2018, included projected timeline.

Charter

Culture of Safety PI team Charter

Directions: This charter should be completed by the PI team's sponsor on formation of a PI team to ensure that both the team and its sponsor are on the same track and understand exactly what needs to be done.

Process we want to improve: ABH's Culture of Safety

Customers: All ABH staff and patients

Team sponsor: Jane Krason and Dr. Max McGee

Team leader: Corrie Callaghan

Team members: Kristin Conley, PJ Stanley, Teresa Mize, Allie Jago, Donovan Workman, Dr. Jamrose, Dr. Mages, Brian Warren, Neil Whaley

Why is this improvement important at this time?

Multiple staff have reported feeling less safe at the hospital over the past several months.

ABH's results on the annual Culture of Safety survey indicate a marked decrease in staff perception of safety in the hospital. Our overall composite rating decreased by 6%; several indicators showed double-digit decreases.

Charter

How is this improvement linked to the hospital's strategic plan and to all applicable departments' missions and goals?

ABH's safety culture is a top organizational priority and this decrease in performance indicates a need to implement changes. Safety is the number one goal of all hospital departments.

What are the key metrics that demonstrate that there is a problem today?

2017 Culture of Safety survey data show a decrease in several areas. Some of the lowest scores were in non-punitive response to error; feedback and communications on errors; organizational learning/continuous improvement; supervisor/manager expectations and actions promoting safety; and staffing.

What will be the key metrics to be monitored to demonstrate improvement as a result of the team's work? What are the goals for these metrics and what was the source of these benchmarks or goals?

Culture of Safety Survey results for defined goal areas. |

Project Goals

- Implement specific initiatives suggested by the Culture of Safety PI team.
- Improve Culture of Safety Survey results in defined areas.

Voice of the Customer

- Responses from 2017 Culture of Safety Survey
- Open-ended survey at annual Safety Fair
 - Collected anonymous responses to the question:
“What is one achievable change ABH could make to improve our culture of safety?”
 - Answers included:
 - Nursing staff attending meetings/communication
 - More learning opportunities
 - Always focus on patient care

Voices

- Advertised PI team to all hospital staff, requesting volunteers to participate as well for staff to submit suggestions
- PI team included multiple unit staff representing all nursing roles as well as psychiatrists
- Referenced AHRQ publication, *Action Planning Tool for the AHRQ Surveys on Patient Safety Culture*

Culture of Safety PI Team



Project Sponsors

- Jane Krason, CEO
- Dr. Max McGee, Former CCO

Project Leader

- Corrie Callaghan, QA/PI Director

Team members

- Kristin Conley, RN
- PJ Stanley, LPN
- Teresa Mize, TPW
- Allie Jago, Nurse Supervisor
- Donovan Workman, HR Manager
- Dr. Jamrose, Psychiatrist
- Dr. Mages, Psychiatrist
- Neil Whaley, Nurse Manager
- Brian Warren, Nurse Manager

Brainstorming

- Held first PI team meeting as a listening session; encouraged staff to share problems.
- Second PI team meeting was to brainstorm actionable solutions based on the identified problems.
- During PI team process, visited another state Regional Psychiatric Hospital to learn how they operate in an environment with a higher percentage of forensic patients.

Measure - Baseline Data

In 2017, scores on the AHRQ Culture of Safety Survey dipped in several areas.

Measure	2015 score	2017 score	Difference
Management Support for Patient Safety	77% positive	63% positive	-14%
Organizational Learning/ Continuous Improvement	76% positive	62% positive	-14%
Supervisor/Manager Expectations and Actions Promoting Safety	79% positive	68% positive	-11%
Average rating across composites	61% positive	55% positive	-6%

Data Collection Plan

- Implement suggested interventions from PI team
- Collect data on the actions implemented
- Evaluate impact of changes of interventions on AHRQ survey results

Analyze

- Reviewed literature on AHRQ survey
- Reviewed data gathered as part of Voices

Improve

- Four suggestions emerged from PI team

Area of concern	Plan to improve
Seclusion and Restraint debriefings	Implement a process for nurse managers debriefing of S/R events with unit staff.
Unit and room searches	Increase frequency of unit and room searches.
Medical trips	Explore ways to reduce staff burden of transporting patients to outside medical trips.
Unit staff attending trainings	Implement a process for more unit staff to be able to attend clinical trainings.

Impact Matrix

- Used an Impact Matrix to help identify which solutions would be implemented.
- Decided to focus first on implementing a new debriefing process for seclusion and restraint episodes.

	Low Control	High Control
High Impact	Medical Trips Unit Staff Attending Trainings	Seclusion and Restraint Debriefings Unit and Room Searches
Low Impact		

Implementation Plan

Task	Who	When	Status
Create debriefing form	Corrie	5/15/18	Complete
Inform staff of new process	Neil and Brian	5/25/18	Complete
Implement new process	Neil and Brian	6/1/18	Complete – almost 100% June and July
Review progress and make needed changes	PI Team	8/9/18	Changed process slightly; staff reports reviews are helpful.

S/R Debriefing Plan

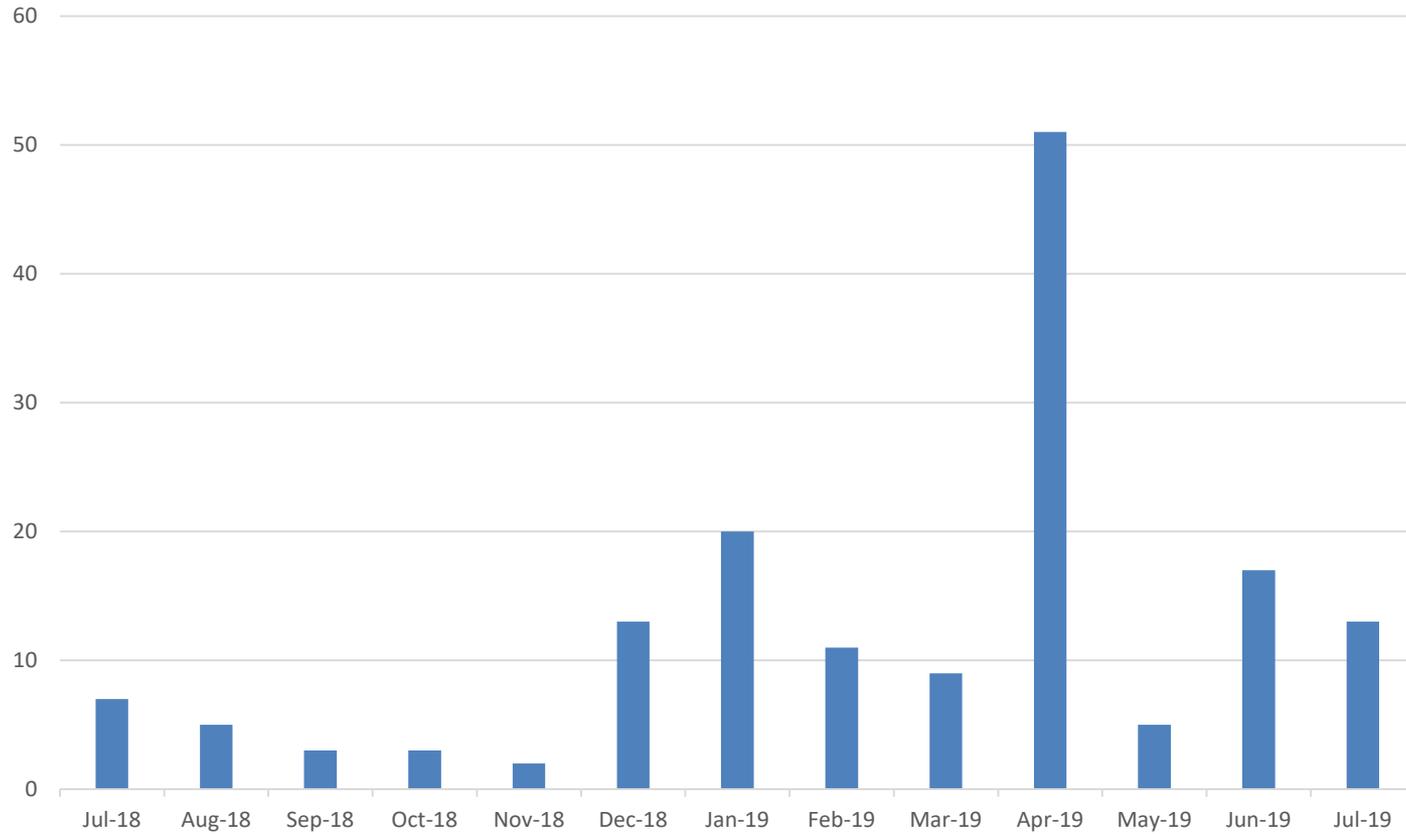
- Process
 - Nurse managers review video and gather group next business day to complete debriefing focused on what went well, what could have been done differently, what changes could be made to avoid S/R in the future, and any necessary follow up actions.
- Form – Poka Yoke
 - Form is included in the packet that gets completed for each S/R event so it is automatically started at that time.
- Reporting
 - Debriefings are reviewed by Administrative Executive Committee weekly.
 - S/R data is reported on QA/PI portal (intranet)

Control

- The debriefing is now a part of standard work and the form is included in the S/R paperwork packet.
- In 13 months since implementation, debriefings have been conducted on 90% of S/R events.
- Visual management
 - S/R data reported on a dashboard available on intranet

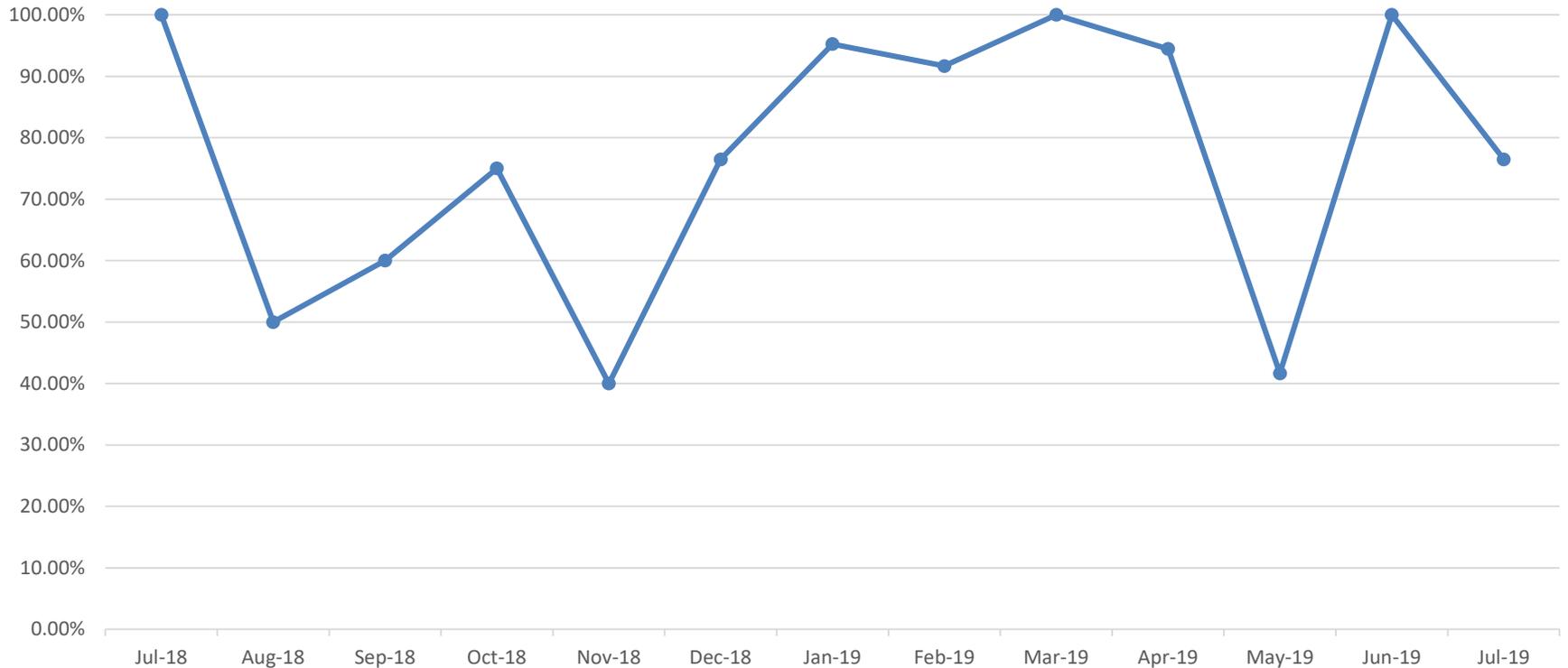
Control

Number of Events Debriefed



Control

Percentage of Debriefings Completed



Project Metrics

Measure	Before	After	Difference
Percentage of S/R events debriefed by nurse managers	0	90%	+90%
Staff perception of organizational learning/continuous improvement	62% positive	70% positive	+8%
Staff perception regarding feedback and communications about errors	50% positive	56% positive	+6%
“We are actively doing things to improve patient safety.”	72% positive	82% positive	+10%
“In this unit, we discuss ways to prevent errors from happening again.”	57% positive	68% positive	+11%
Survey participation rate	64%	79%	+15%

Statistical Analysis

- A two-sample t-test was conducted on five of the questions from the AHRQ survey that showed significant improvement from 2017 and 2018 and that were likely to have been impacted by the S/R debriefing intervention.
- Q23, which had a 12% increase in positive response, had $p < 0.05$
- “Whenever pressure builds up, my supervisor/manager wants us to work faster, even it means taking shortcuts.” (Disagree answers are considered positive.)

Project Benefits - Intangible

- One Nursing Supervisor said, “Debriefings brought up the morale because it gave people a sense of someone they could talk to.”
- Pointed out that this PI team had a lot of unit staff participation, and was held at times that accommodated unit staff. “I heard other people talking about wanting to participate.”
- Some staff are attending debriefings to learn, even if they were not involved in the event. “Unit staff don’t feel as alone.”

Project Benefits - Intangible

- Unit RN said, “I appreciate feeling included in the review of these incidents and that it’s not just administration.”
- Unit RN voiced that the use of camera footage in coaching situations has improved staff perception of the role of the cameras.

Improvement Summary

Key Issues



Unit staff want more feedback from managers



Metrics in several key domains of safety culture decreased



Staff report lack of communication

How We Improved



Managers hold debriefings for each S/R event



Metrics in 9 out of 12 domains improved



Staff report improved communication

Improvement Summary

Additional PI Team Goals



Increase room and unit searches



Decrease medical trips



Increase unit staff ability to attend trainings

How We Improved



Process recently updated to increase frequency of unit searches



Focus group met and some solutions have been implemented



Day shift nurse supervisor has increased use of backups for trainings

Special *thanks* to...

Senior Leadership: Jane Krason

Dr. Max McGee

Dr. Todd Jamrose

Clinical Nurse Managers: Brian Warren

Neil Whaley

Lean Six Sigma Mentor: Adam Negley

Customers: All ABH Staff

References

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Henriksen K, Battles JB, Keyes MA, et al., editors. *Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 2: Culture and Redesign)*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Aug.

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Questions/Comments

