Permission to tweet
@EmoryRadiology

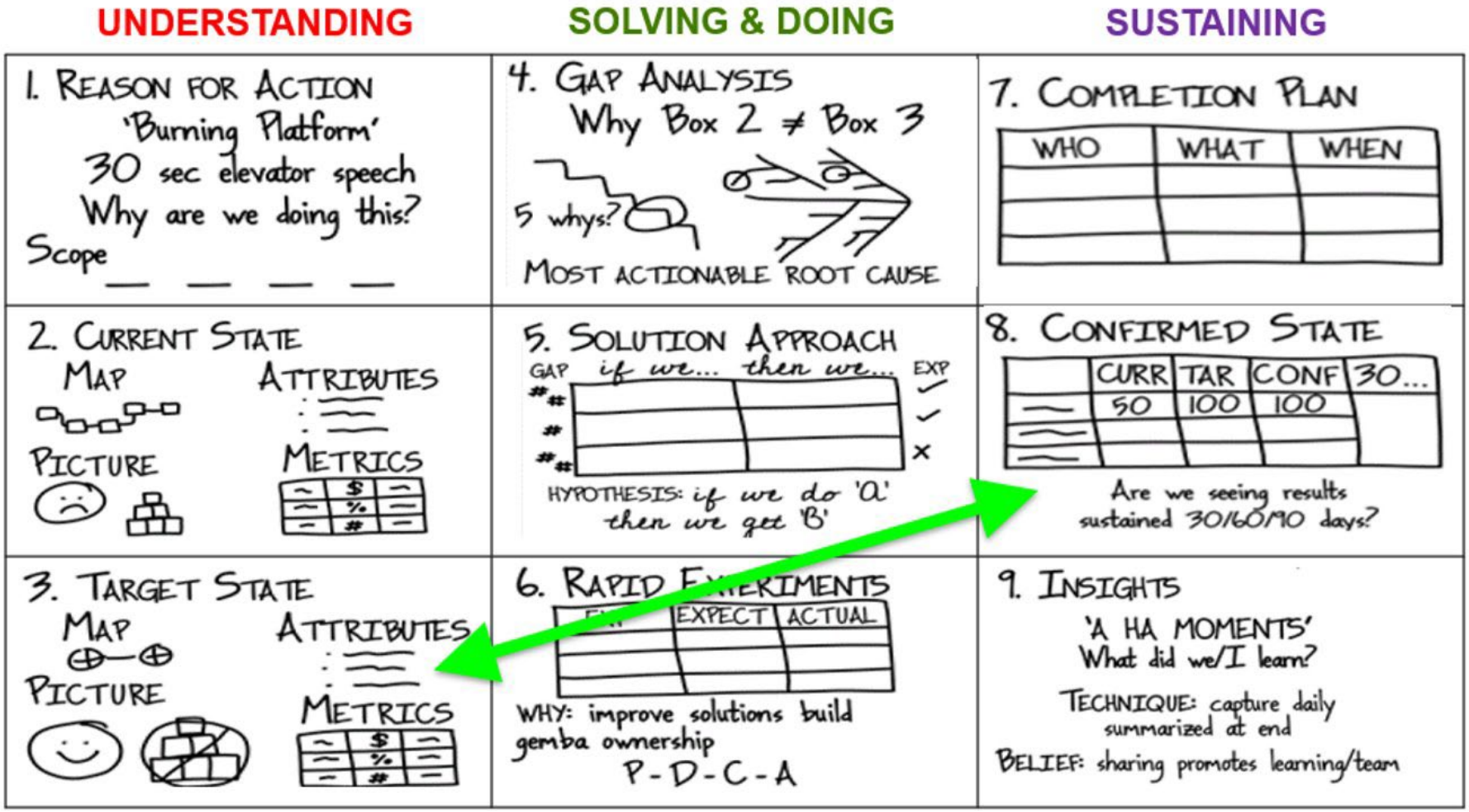
Introduction to A3 thinking

AUR ARRALD Program
Session 5: Introduction to Process Improvement and Quality Tools

Objectives and Process

- Learn the basics of A3 Thinking/Project development
- Understand the role of Standard Work in Process Improvement
- How
  - Didactic presentation
  - Interactive mockup of a known improvement opportunity

A3 Thinking: Story without a storyteller

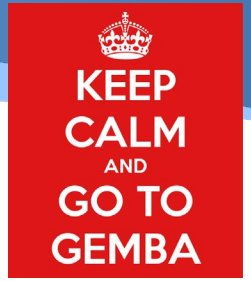


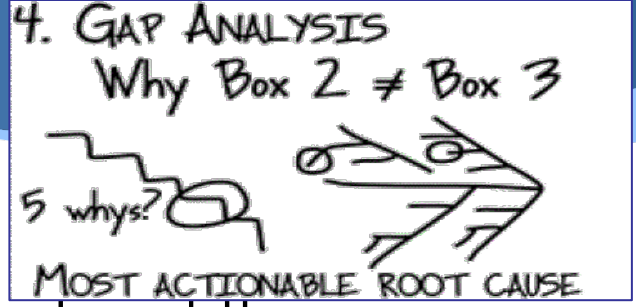
PROBLEM STATEMENT

A well-defined problem statement should fill in these details:

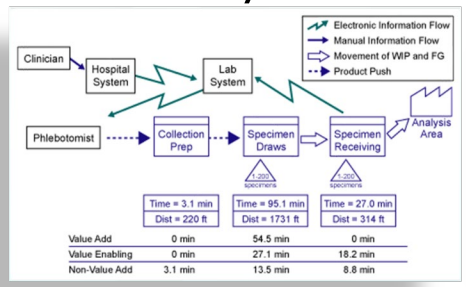
1. What is the Problem?
2. Why is it a Problem?
3. How does the problem impact the customer & the process?
4. When does the problem occur?
5. Where does the problem take place?

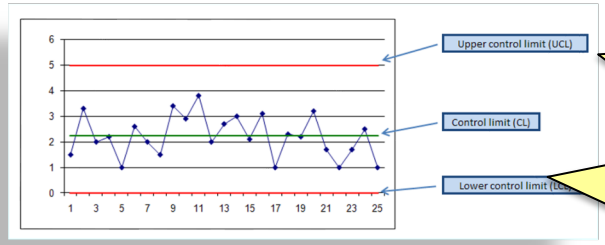
GAP ANALYSIS





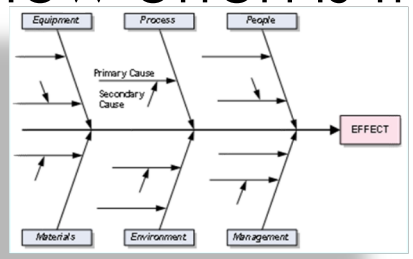
- Go to the GEMBA: you cannot understand the process from a conference room
- How do you understand the process?





You are looking for major findings

- How often is the problem happening?



- What is causing the problem?

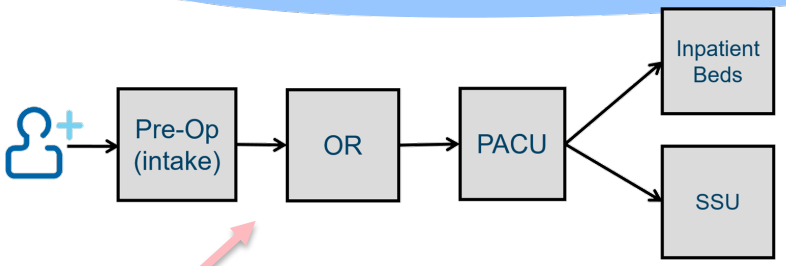
What did you learn?

What root causes will you address?

What does the data tells you?

IMPROVEMENT DESIGN

Types of Standard Work Documents



Operational Level

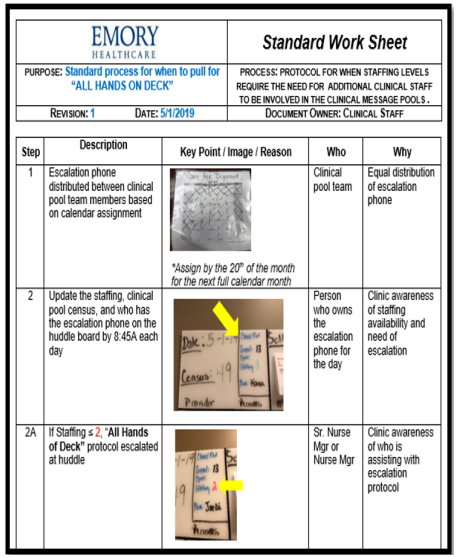
- Used to document the overall flow, usually including more than one job role (i.e. clinic flow from front desk to exam)

Task Level

- Step-by-step explanation, at the individual role level
- Used for training; steps are memorized
- Includes safety, quality, and patient experience requirements

Job Aid

- A reference in the work area: checklist, tables/charts, color coding, references, etc.



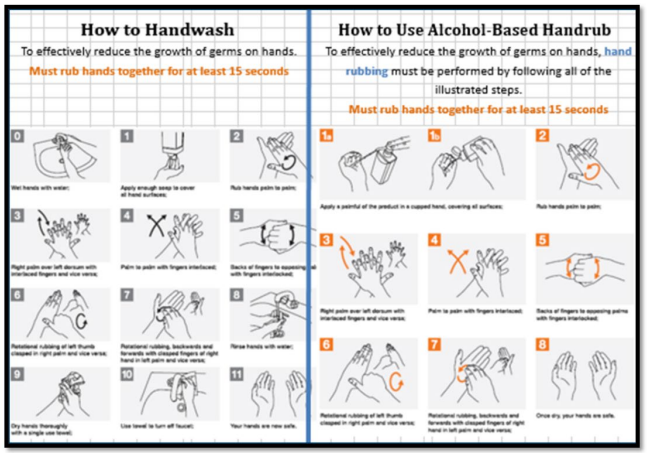
EMORY HEALTHCARE — Standard Work Sheet

PURPOSE: Standard process for when to pull for "ALL HANDS ON DECK"

PROCESS: PROTOCOL FOR WHEN STAFFING LEVELS REQUIRE THE NEED FOR ADDITIONAL CLINICAL STAFF TO BE INVOLVED IN THE CLINICAL MESSAGE POOLS .

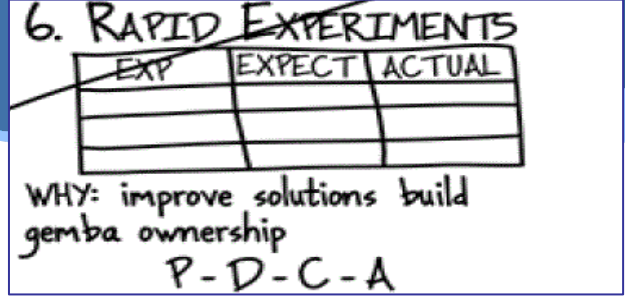
REVISION: 1 DATE: 5/1/2019 DOCUMENT OWNER: CLINICAL STAFF

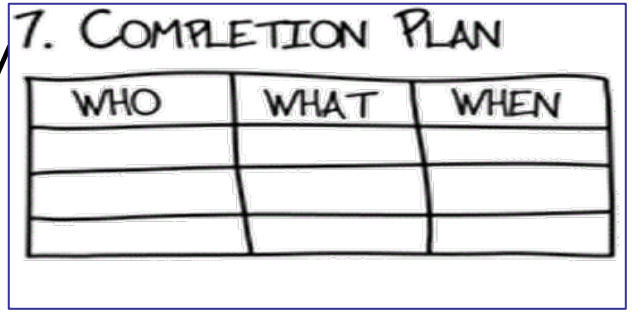
Step	Description	Key Point / Image / Reason	Who	Why
1	Escalation phone distributed between clinical pool team members based on calendar assignment	*Assign by the 20th of the month for the next full calendar month	Clinical pool team	Equal distribution of escalation phone
2	Update the staffing, clinical pool census, and who has the escalation phone on the huddle board by 8:45A each day		Person who owns the escalation phone for the day	Clinic awareness of staffing availability and need of escalation
2A	If Staffing ≤ 2, "All Hands of Deck" protocol escalated at huddle		Sr. Nurse Mgr or Nurse Mgr	Clinic awareness of who is assisting with escalation protocol



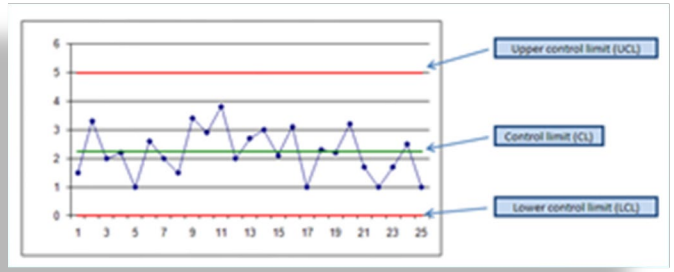
ATTEMPT CHANGES

- Experiment with new workflow
  - Assign responsibility
  - Measure change





Category	Action Item	Who	By When / Update	1/9/19 Updates
Just Do It	**Dissection protocol update**	Radiology Informatics/Pratik	Work order submitted. Work order was recently assigned to Kelli Miller. May require RadNet build and will be reviewed in January (Update - 12/19)	RadNet team backed up and short staffed
Just Do It	**Use walkie-talkie to communicate with RNs to bring patients**	Philip Haun + Derik Close/CT Techs	Currently in progress; Philip - CT has a radio now and can begin this immediately (Update 12/28) Philip - will check with Shared Governance Council for the ED (Update 1/2) Philip - Going to meet with UPC team on Monday to discuss to gain their input (Update 1/3)	1/23 - UPC meeting. Go-live 1/28
Just Do It	**Track number of times IV access is an issue (no IV, inadequate gauge of IV, location of IV etc.)**	CT Techs	In progress	Progress made with communication at ER huddles
Just Do It	**ER-CT faculty collaboration – bi-annual meetings to review protocols and processes**	Dr. Pendley	Mid 2019	Amber to help schedule meeting in April. ER Rad + CT team will get together a list of protocols to discuss.
Just Do It	**Optimize time between stroke alert page and patient arrival:** Scan stable Head w/o patient if there is a > 15 minute window between stroke alert and patient ETA	CT Techs	In progress	Neuro team fine with optimizing time. If non-stroke patient on table, stroke pt. can be taken to the high acuity room.
Just Do It	**POC Testing** - QC schedule	CT Techs	TBD - discuss at 1/9 meeting	Need to develop a standard process



EMORY UNIVERSITY SCHOOL OF MEDICINE

COMMON MISTAKES:

- SMART goals – missing at least 1 of the SMART points. Often timing
- Baseline analysis is not clear. Description of major findings missing.
- Interventions are not clearly assigned. I.e. who or what role is responsible for making each of these steps happen?
- Missing measures in the 'Monitor' section (despite having goals, which are your measures).
- Impact is used to write out what you can read in the measures (repetitive, missed opportunity)

SUMMARY

- Quality Improvement is a science with unique methodology
- A critical aspect is stepping back from proposing a solution to define the problem first*
- The baseline analysis is going to reveal both potential solutions and the improvement targets
- Success depends on tying SM-RT problem statements and SMART goals together

*This is applicable to initiating all research problems

- Specific
- Measurable: Quantify the impact to the business using numerical values whenever possible. "Some" or "multiple" are not quantities; "16" is a quantity that can be easily measured.
- Attainable: Make sure your goal is resonable.
- Relevant
- Time-bound: State how long the problem has existed.