Let My People Grow

Engaging, Training and Developing
the Healthcare Workforce

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TWI Summit – May 2010

LMC PATHOLOGY SERVICES
An Aurora Diagnostics Partner

YUMA REGIONAL MEDICAL CENTER
Caring for the growing needs of our communities

Agenda

- Today's healthcare system
- Engaging, training and developing your people
  - Where leadership/communication fits in
  - Where training (TWI) fits in
- Case Example: Yuma Regional Medical Center
  - Defect rate decreased from 34% to 3% in 3 months
    - Change in management's mind-set/perspective
    - Discovering effective training

Today's Healthcare System

- Enormous pressure to reform itself
- Legislating universal coverage/cost-cutting
  - unlikely to produce desired result
- Systemic upgrades in effectiveness (and efficiency) of services
- Pathway to "real" reform:
  - Simultaneous improvements in clinical quality, cost-effectiveness and financial profitability

Path to Improvement

- "You don't have to be sick to get better"
  Dr. Ellen Domb
- Lean now well established in healthcare
- Connecting individuals and professional groups to Lean philosophy is key to unleashing the "deep" power of Lean (more than tools and Kaizen events)
- Begins with realizing we are connected and in something worthwhile together

Yuma Regional Medical Center

- 333 licensed beds
  20,000 Admissions 65,000 ER visits
- Service lines
  - Open heart surgery
  - Renal dialysis
  - Multimodality cancer therapy
- Lean Six Sigma Culture
  - 1st pilot project – Laboratory
  - 2nd pilot project now starting in ER

Lean Journey at YRMC

- Began in the clinical laboratory
- Spread to the histopathology lab
- Inspirational leadership from Chief of Pathology
- Results: pathology operations improved using Lean framework to integrate new technology
  - Pathology information system – upgraded version
  - Barcode-driven, voice-enabled workflow
  - Improved TAT: 95% cases reported in 1 day
- A new issue was then driven to the forefront

The Histology Lab Problem

- Order Entry position:
  - Six (6) people in 3 years
- Why such high turnover?
  - (#1): "We just can't seem to find/hire good people"
  - (#2): "We are too tolerant of mistakes … … need more accountability"
- (Refined question) Why so many mistakes?
  - (#3): "Job is too big … no one person can do it"

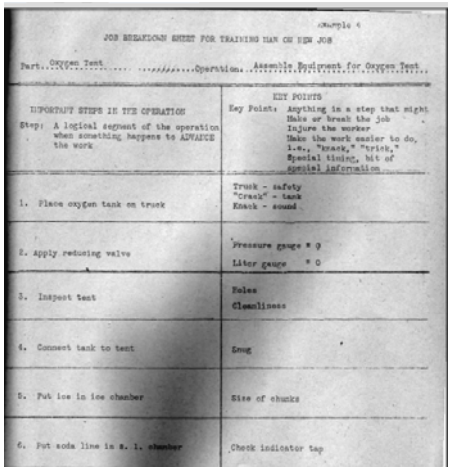
The Histology Lab Problem (cont.)

- New Histology supervisor (came up through the ranks) took collaborative approach
- (Refined) Why so many defects?
  - (#4): "We do not adequately train … … new Order Entry staff."
- Complete job content ("JBS") had never been documented

The Histology Lab Problem (cont.)

- Initial documentation of job steps developed jointly by supervisor and histology lab staff.
- One-on-one training of new hire by supervisor using a 4-step JI-like process.
  - Prepare the worker
  - Present the job/task
  - Let the worker try it
  - Check back regularly

Initial Order Entry (JBS) Job Steps



JOB BREAKDOWN SHEET FOR TRAINING MAN ON HIS JOB

Part...Oxygen Tent ..... Operation...Assemble Equipment for Oxygen Tent...

IMPORTANT STEPS IN THE OPERATION Step: A logical segment of the operation when something happens to ADVANCE the work	KEY POINTS Key Point: Anything in a step that might Make or break the job Injure the worker Make the work easier to do, i.e., "knack," "trick," Special timing, bit of special information
1. Place oxygen tank on truck	Truck - safety "Crack" - tank Knack - sound
2. Apply reducing valve	Pressure gauge * 0 Liter gauge * 0
3. Inspect tent	Holes Cleanliness
4. Connect tank to tent	Snug
5. Put ice in ice chamber	Size of chunks
6. Put soda lime in s. l. chamber	Check indicator tap

- Verify requisition to specimen
- Verify patient name
- Verify insurance for O.P. cases
- Verify specimen information/ name
- Align specimens/triage (no like specimens placed back to back)
- Place decal gall stone jars
- Verify primary physician & cc physicians
- Distribute samples (fluid/tissue), fix w cytolyte [to lab]; follow cyto-protocol
- Verify & order additional histology orders (ex. CD-8, special stains, IHC)
- Create cytology slip if required
- Organize paperwork for login
- Verify D.O.S.
- Verify spelling of specimen
- Distribute Dr's gross vs. Chuy's gross
- Verify ICD-9 bone marrows; Note BM logged in by histo-techs
- Verify at login for special studies orders, done at reference labs (RPMI, fetal chromosome, Oncotype, etc.)

Engaging **All** the Staff

- Other expert staff contribute knowledge of order entry job
- “What’s Bugging You?” Board

Rose Will Monroe. She was a riveter building B-29 and B-24 planes at the Willow Run Aircraft Factory in Ypsilanti, Michigan when she was asked to star in a promotional film about the war effort

No Job is an “Island”

Daily and Weekly Lab Duties (all staff)

Gross room Duties

Daily Chores	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
...municate any previous day issues							
...k surgery schedule to ...cipate gross room days ...kflows (FS, send outs, etc.)							
...ove clean dishes from tissue processor							
...tart tissue processor ...ocol for new days run							
...mp gross room trash, ...n previous days work							
...stock, re-supply gross ...m (blades, wipes, etc)							
...an gross refrigerator of ...ccessive fluids from cytology							
...an gross room tables, ...inters and instruments							

Weekly Gross Room

Weekly Chores	Week 1	Week 2	Week 3	Week 4
Send supplies to ...ysicians office, (Endo, doctors office, etc)				
...scard specimens and ...ash bins for storage				

Accessioning/Gross Room Duties	Histology Duties
1. Review histology department manuals	1. Answer Phones/ Customer Support
2. Read send out manual	2. Frozen section accessioning within PowerPath, INGR, INTP etc
3. Read PowerPath Manual	3. Assist with frozen sections
4. Train on PowerPath	4. Make sure Frozen rack is clean
5. Train with Transcription Standards and workflow	5. Clean Crytostat
7. Communicate (Huddle), all specimens received, any previous day issues (issue with being jumped on when walking through door)	6 File micro slides in filing room.
8. Check surgery schedule to anticipate gross room issues that could arise (Frozen’s, send outs, etc)	7. Print slides, keep printer clean and full slides
9. Remove cleaned dishes from tissue processor’s	8. Process cytology specimens, stock hood
10. Start tissue processor protocol for new day	9. Assist when Pathologist Grossing
11. Dump trash from gross room containers’ from previous days work (clean area if needed)	10. Change the tissue processor weekly
12. Collect specimens from; Main OR, WSS OR, Endo, morning specimen drop, ect…	11. Order supplies for gross room???
13. Triage specimens match container, with information provided on specimen requisition (decal containers, GB stones, Cyto extra labels, ect)	12. Scan in requisitions, insurance data, etc into PowerPath
14. Call on issues regarding specimens and incompleteness of req., DOS, Check insurance, etc. /check cassettes, organize	13. Process wet tissue send outs (Bone marrows, Fetal Chromosome, etc.)

Order Entry Defects: Old Culture

Cases reviewed in December 2008
Total cases reviewed = 673
Total errors = 226
Error rate = 33.5%

Incorrect data	**Cases**	**% of Errors**
Omitted physicians	79	11.7%
Incorrect specimen name	16	2.38%
Incorrect/omitted acct. #	6	0.90%
Incorrect patient name	13	1.93%
Incorrect date of birth	2	0.30%
Incorrect date of service	53	7.87%
Incomplete/incorrect cytology	57	8.46%

***Data Gathering initiative Yuma Regional Medical Center, Kathleen Kardell, 12/08-present

Order Entry: New Training Culture

Cases reviewed in February 2009
Total cases reviewed = 1526
Total errors = 63
Error rate = 4.13%

88% improvement

Incorrect data	**Cases**	**% of errors**
Omitted physicians	20	1.31%
Incorrect specimen name	21	1.37%
Incorrect/omitted acct. #	3	0.20%
Incorrect patient name	5	0.33%
Incorrect date of birth	1	0.06%
Incorrect date of service	6	0.39%
Incomplete/incorrect cytology	7	0.46%

Order Entry: New Training Culture

Cases reviewed in March 2009
(Feb 25 – March 26, 2009)
Total cases reviewed = 1496
Total errors = 51
Error rate = 3.41%

17% improvement

Incorrect data	**Cases**	**% of Errors**
Omitted physicians	20	1.34
Incorrect specimen name	11	0.74%
Incorrect/omitted acct. #	1	0.07%
Incorrect patient name	10	0.67%
Incorrect date of birth	3	0.20%
Incorrect date of service	5	0.33%
Incomplete/incorrect cytology	1	0.07%

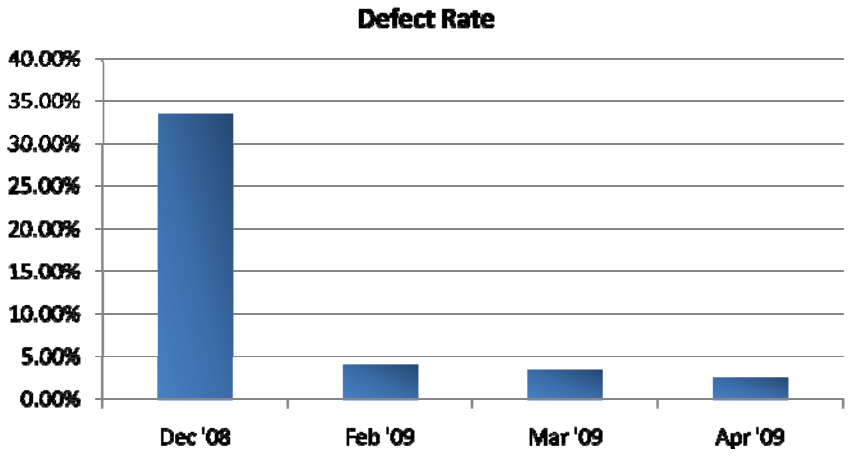
Order Entry: New Training Culture

Cases reviewed in April 2009
(March 27 – April 27, 2009)
Total cases reviewed = 1529
Total defects = 40
Defect rate = 2.62%

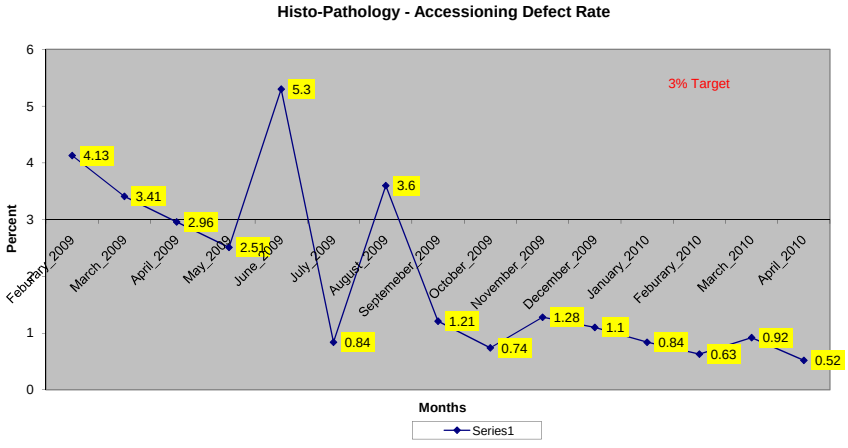
23% improvement

Incorrect data	**Cases**	**% of Defects**
Omitted physicians	13	0.85 %
Incorrect specimen name	19	1.24%
Incorrect/omitted acct. #	0	0%
Incorrect patient name	0	0%
Incorrect date of birth	1	0.06 %
Incorrect date of service	5	0.32%
Incomplete/incorrect cytology	2	0.13%

Defect Reduction Results

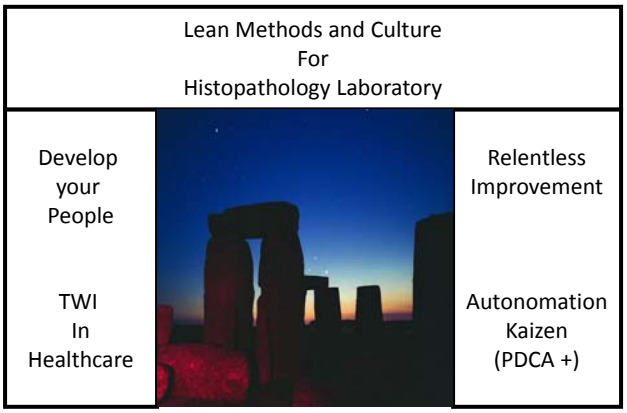


Continued Progress through 2009-2010



Histopathology Lab Improvement System

The Pillars of Lean

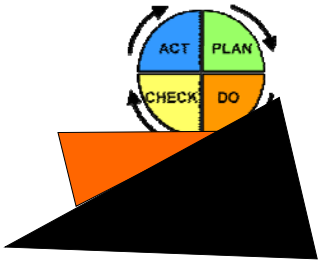


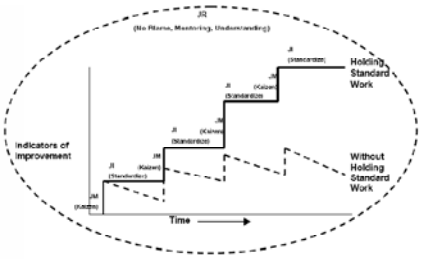
Let My People Grow

- Building the Pillar of Participation:
  - "Engage, train and develop Your People"
  - Harness their unique contribution …
    … their "DNA" of participation
  - "Everyone has a part to play"
- "Deep Respect" - Fujio Cho
  - Go See (Gemba)
  - Ask Why (Root-cause problem solving)
  - Show Respect (Engage, train and develop)

It's More Than Just 'Training'

- Standardized work and Kaizen





- Foundation is well-trained, fully-engaged workforce
- Fully engaged Top Management …

… leading the parade

Engaging the Staff

- Leadership as non-hierarchical phenomenon
- Allowing "innate" leadership to emerge
- Call up each person's unique (DNA) thing to lead/contribute
- Integrating all "DNA's" toward organization purpose/mission/goals
- Training to enable this is needed

Training the Staff

- More than “seats in a room”
- Knowledge vs. “engages with …”
- Does creativity come from fore-knowledge?
- Unleashing people’s passion and enthusiasm
- Has people be self-generating (vs. motivation)
- Most organizations do not train this way

Organizations as Living Organisms

- Each has a unique “DNA” (way of serving)
- Planning/direction function
  (“nervous system”)
- Performance/execution function
  (“musculoskeletal system”)
- Common organizational dis-eases
  - Adaptations “numbness”
  - Disconnects “no response”
- Prevention: task and communication “checklists”
  - Obligatory communication (Makes people talk)
  - “Leading” = the secret sauce

Next Organizational Development Theme

- Order entry and histopathology defect rate now ~ 1% (started at 33.5%!!)
- Can we get to Zero defects?
- Dr. Pronovost's checklist

Contact Info

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