

Welcome to computer based PI training!!

Getting started on the right  is extremely important. Just saying “Go improve something” doesn’t move us very far in that direction.

We have to first understand what performance improvement is.

What’s a foot got to do with it?

Baptist Health has adopted a performance improvement model by which we can assess our performance and make improvements where necessary.

What you can expect in the series of PI training modules...

This module is part of a series of educational segments that has been developed to help you understand the performance improvement process and tools, and make them more practical to your everyday work life. The remaining modules are:

Module 2: How to Identify PI Opportunities

Module 3: Collecting Data and Identifying Solutions

Module 4: DO and STUDY Stages

Module 5: ACT

...Important information coming...

When you complete the post-test for this module that was attached to the e-mail, fax it to Organization Development in HR, so that you receive credit for completion. Then, move on to the next module! (We'll remind you at the end!) **Good luck!**

What will you learn?

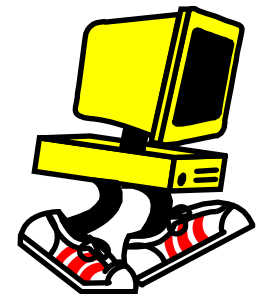


We can't make you a PI Master, but...

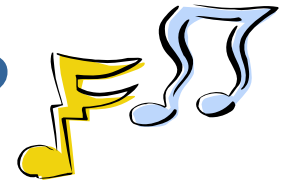
In this module, you will...

- ...be introduced to Performance Improvement (PI);
- ...learn a little bit about the history of PI;
- ...understand when and why to use PI; and
- ...be introduced to the Baptist Health model and philosophy for approaching PI projects.

Let's Get Started!



Are we on the same sheet of music?



What is Performance Improvement?

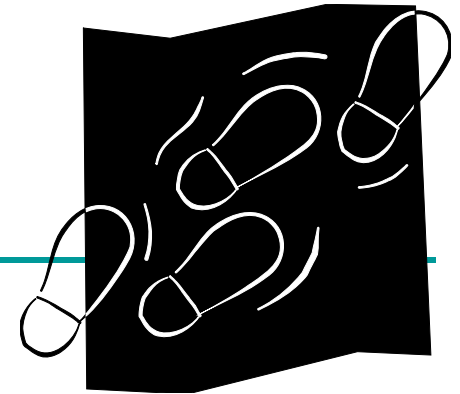
Performance improvement, often referred to as PI, means looking at what we do and figuring out how to do it better.

This means taking something we **don't do well and improving it**. But it also means taking something we **already do well and improving it**.

What is the goal of PI?

Raise the level of performance rather than weed out bad apples! To do this, quality needs to be defined by the consumer and top management must be committed to improvement. Employees also must be involved in PI and it's the managers responsibility to make this happen. **Also, PI focuses on faulty systems -- it is **not** looking for a person to blame!**


A step-by-step approach towards improvement



Question?

Have you ever been successful when you “shoot from the hip” to resolve something? **Sometimes? Sometimes not?**



The  to PI is that it is a methodical, step-by-step, approach that will allow you and your staff to be successful more consistently and more often. As some might say, **“There is a method to all this madness.”**

The methodical approach is...

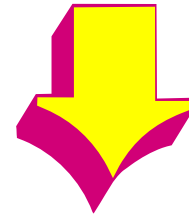
Assessing work processes that are in need of improvement;



Determining how and why a work process functions as it does and the impediments to better performance;



Developing and implementing solutions that address root causes; and



Tracking outcomes and demonstrating improvement.





History of PI and Quality Management

An important aspect of any successful business is that of the attainment of, and then the maintaining of, the highest level of quality possible. We at Baptist Health are constantly striving for this both clinically and non-clinically. But we aren't the first.

In the 1980's and 1990's, businesses experienced a tremendous awakening in regard to the importance of "quality." Once perceived as merely the absence of failures, quality became widely credited with playing a critical role in all aspects of business. This led to wide recognition and acceptance of such strategies as Total Quality Management, Benchmarking, and **Performance Improvement**, to name a few.

Many of these approaches are actually offshoots of quality management programs that were developed as early as the 1950's in the country of Japan. It was at this time that W. Edwards Deming and Joseph M. Juran were beginning to make their mark in the business world relative to quality management and **performance improvement**. They also helped pave the way for future expert, Philip B. Crosby, who followed their lead in the field of quality management and **performance improvement**.



THE W. EDWARDS DEMING INSTITUTE®

W. Edwards Deming®

W. Edwards Deming

Let's take a look at some of W. Edwards Deming's many accomplishments.

Deming is heralded as one of the foremost authorities on quality management. During his lifetime he espoused many different approaches to achieving high standards of quality, and he was one of the first contemporaries to bring his ideas to Japan.

Some of Deming's ideologies are the following:

- Quality of any product or service can only be defined by the customer
- Quality is relative and will change depending on the customer's needs
- To know the customer's needs, one must do research based on statistical data.

Dr. Deming is also known for popularizing the PDSA (Plan, Do, Study, Act) Cycle which is a systematic approach to problem solving. You will learn more about that later on in the module.



Joseph M. Juran



Like Deming, Joseph M. Juran was one of the first to bring his ideas of quality management to Japan in the 1950's.

Juran sees quality planning as part of the “quality trilogy” which consists of quality planning, quality control and quality improvement. The key elements in implementing company-wide strategic quality planning are in turn seen as identifying customers and their needs; establishing optimal quality goals; creating measurements of quality; planning processes capable of meeting quality goals under operation conditions; and producing continuing results.



Philip B. Crosby



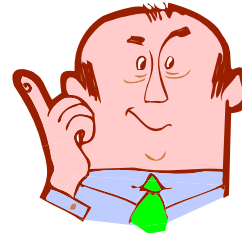
Philip Crosby has written, to date, thirteen books on the topics of quality, leadership, management, etc. and all thirteen books have become best sellers.

When discussing Crosby's contributions to quality management and performance improvement, the two concepts that most often come to mind are: (1) Do it right the first time (DIRTFT) and (2) Zero Defects.

Crosby's philosophy doesn't mean that people never make mistakes. He simply believes that the company does not start out expecting them to make mistakes. Sounds like a pretty good philosophy. Wouldn't you agree?

So now that you know a little bit more about the history of performance improvement, let's begin understanding why PI is so important.

Why is PI so important?



Understanding and applying the principles of PI is an expectation of the leadership of Baptist Health. All Managers are evaluated on PI during their annual performance review. Leadership takes performance improvement **seriously**.

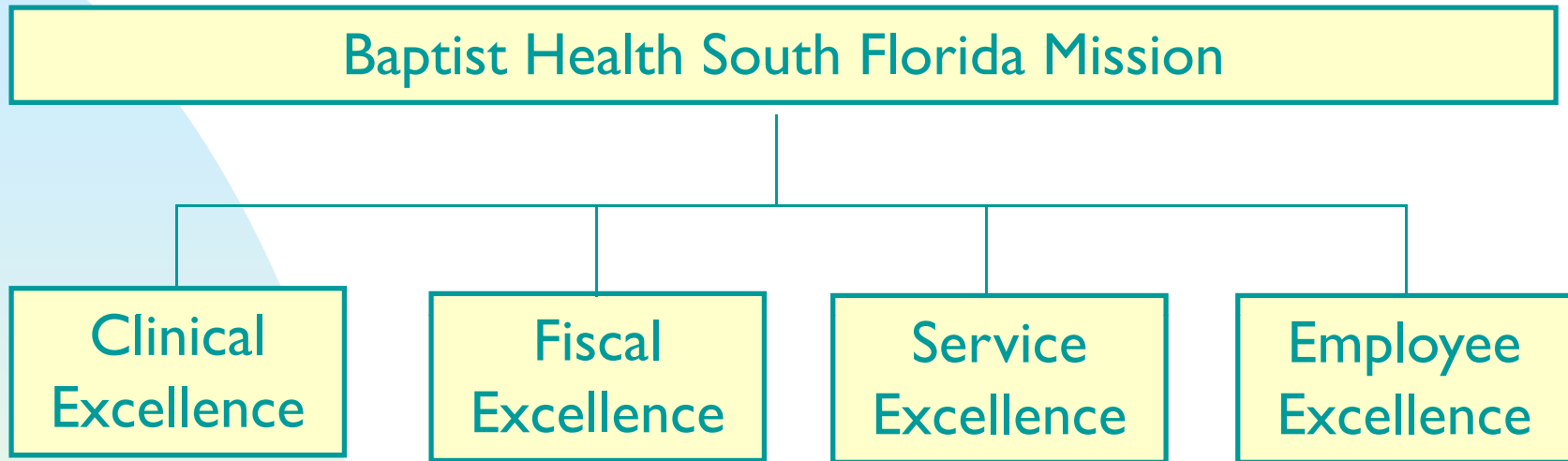
Our mission at Baptist Health *is to improve the health and quality of life of the individuals and communities we serve*. In order to achieve this, the leadership has identified four categories that define our critical requirements for success.

They are:



- Clinical Excellence
- Fiscal Excellence
- Service Excellence
- Employee Excellence

Question: What do you notice about the four critical requirements for success?



It doesn't say that we are striving for Clinical "OK," Fiscal "So-So," Service "Good," or even Employee "Alright."

We are striving for **EXCELLENCE**

EXCELLENCE means better than the rest or "best in class."

Now...I want you to think of the other benefits of PI.

How does performance improvement benefit...

☆...you as an individual?



EXERCISE #1

Look at the following statements and identify all that apply:

It benefits YOU by...

- ...helping you to become more efficient and productive
- ...giving you an opportunity to make a difference
- ...allowing you to influence decision making that impacts you

So...which ones did you choose?

If you guessed that all apply to you...you are correct.

Give yourself a pat on the back!!

Now...let's see how you do on the next one.

How does performance improvement benefit...

☆...you as an individual?

🕒...your department?



EXERCISE #2

Look at the following statements and identify all that apply:

It benefits YOUR DEPARTMENT by...

- ...increasing cross-departmental problem solving and communication
- ...analyzing and improving current departmental processes
- ...measuring and monitoring performance

So...*now* which ones did you choose?

If you guessed that all apply to you department...you are again correct. Now...what about your entity?

How does performance improvement benefit...

☆...you as an individual?

🕒...your department?

🕒...your entity (BHE, BHM, BHS, HH, MH, SMH)?



EXERCISE #3

Look at the following statements and identify all that apply:

It benefits YOUR ENTITY by...

- ...improving patient/customer satisfaction
- ...ensuring patient care is a seamless process for the patient
- ...ensuring we achieve “excellence”

Let me guess...you chose them all?!?

Congratulations. Now you know just some of the benefits of performance improvement.

PI does all this and much, much more.

When should you use PI?

Some of you may remember the “Sound of Music?” Maria sang,
“You start at the very beginning, a very good place to start.”

The beginning for most performance improvement projects will be based on the need for improvement. The need for improvement may stem from an opportunity or a problem. Simply put - in many cases, PI will be initiated **REACTIVELY**. A problem implies that something undesirable is happening -- customers are complaining or a process is not flowing smoothly.

For Example:
The **amount**
of computer
down time.

But we don't have to wait for something to go wrong in order to start performance improvement. A work process may not be broken, but there may still be a better way to do it! That's what we mean by addressing Performance Improvement **PROACTIVELY**.

When we do this and compare ourselves with other outstanding practices, we call that Benchmarking.

The point is, almost anything can be improved. We just need to look!



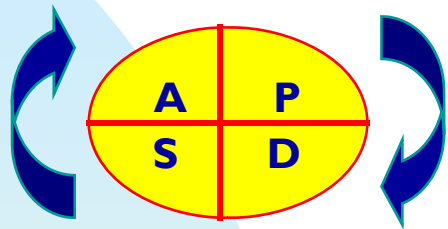
PROACTIVELY?



REACTIVELY?

For Example:
The **time** it
takes to
receive lab
results.

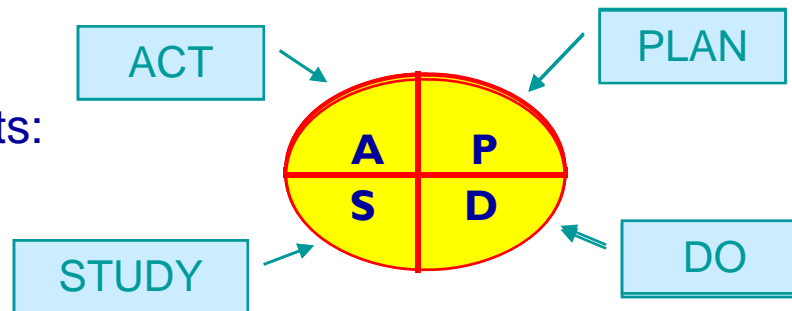
Now that we understand the *what, why, and when* of PI, let's take a look at the model that Baptist Health is using.



The PDSA cycle, popularized by Deming, provides us with a systematic approach to achieving performance improvement.

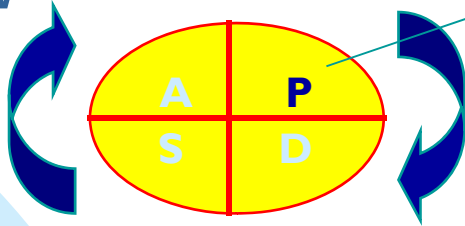
It is represented graphically as a circle or wheel because it involves repeating the steps over and over in a continuous effort to improve performance.

The circle has four quadrants:



Even though the circle has four quadrants, there are actually five steps. Once you have completed a cycle you need to **REPEAT** the process. Now, let's look at each one of these steps in a little more detail.

PLAN



PLAN an approach

- Write opportunity statement and identify objectives
- Develop solutions
- Develop plan to carry out change
 - Who? What? When? Where?
 - What data needs to be collected


During the first step of the PDSA cycle, **PLAN**, the majority of the work will be done. The first step is to identify a performance improvement opportunity. The problem you will probably run into is identifying too many opportunities. Once you have narrowed down the field to a specific opportunity, write an opportunity statement and identify the project objectives.

For Example:
From April 1 to June 30, 30% of performance evaluations were completed late.

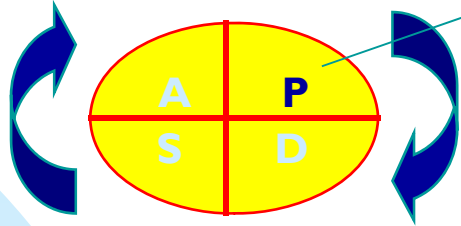
To identify objectives, ask yourself, “What are the desired results?”

You need to know where to focus your efforts. Once this is established, the fun begins. Start identifying solutions and determining which one to implement.

For Example:
From July 1 to Sept. 30, 95% of performance evaluations will be on time.

The  to success in the PLAN phase is to get others involved in these steps. This ensures that you have communication and maximum buy-in.

PLAN continued



PLAN an approach

- Write opportunity statement and identify objectives
- Develop solutions
- Develop plan to carry out change
 - Who? What? When? Where?
 - What data needs to be collected

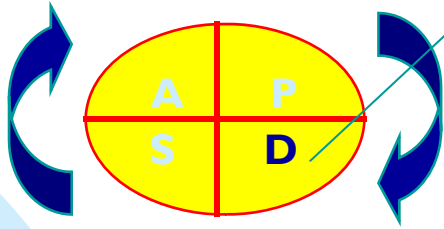
Lastly, in the **PLAN** phase, you will develop the plan for carrying out the change...otherwise called the Implementation Plan. In this plan, you need to consider Who? What? When? and Where?

Often times, this is where we fail. Have you ever gone on a driving trip without a road map or directions? Did you get lost? This analogy represents what will happen if you implement change without direction. To ensure success, you need to have your implementation route, mapped out.



Numerous tools can be used during the **PLAN** phase. Some that you are probably familiar with are *Brainstorming* and *Multivoting*, *Cause and Effect Diagrams*, and *Flowcharts*. Check out additional modules for more information about these tools.

DO



DO the activity

- Carry out the test
- Document problems and unexpected observations
- Begin analysis of data
- The test may be very small in scale
 - Next 5 patients
 - 2 days of data
 - Only 1 unit

As mentioned previously, the PLAN stage of the cycle can take the most time, but the DO, STUDY, and ACT can be the most critical.

During the DO stage, you carry out a small test of change. We should:

- Train the people responsible for implementation
- Monitor the process carefully
- Document observations, especially problems or the unexpected
- Begin analysis of the data

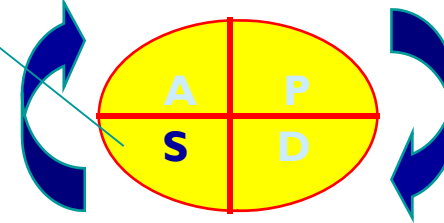
For Example:
Four schedulers on day shift will document the number of days it takes to get an appointment.

Remember : Tests of change are done on a very small scale. You may design a test of change to be carried out by one staff member on one shift...or you may try it with the next 5 procedures, study the progress, and make changes as needed; then try the next 5 procedures. Maybe you'll modify the process for two days or one week, then assess before trying another change. This process of "doing" forces us to conduct a trial run before implementing the change full-scale. It can save a lot of frustration and heartache.

STUDY

STUDY results

- Complete analysis of data, observations
- Compare outcomes to predictions
- Summarize what you have learned



STUDYing observations is a critical step. Remember that you are trying small tests of change. They are like small experiments. We want to know what is working and what is not working because we will be implementing the changes on a larger scale later on. *Investing the time to analyze the small tests will pay off in big dividends by avoiding unexpected problems.*

In the **PLAN** stage, we made predictions about the change effort. In the **STUDY** stage, we take the time to compare our expectations with the actual outcomes. We want to know not only what worked and what didn't, but also why it worked or didn't work. This builds our learning.

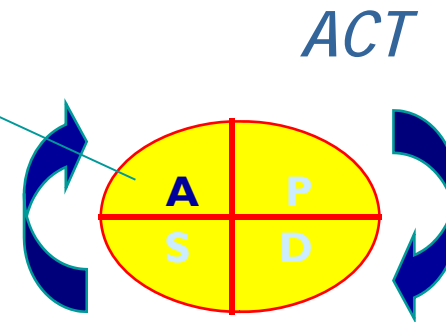
For Example: Response to patient call buttons decreased by 2 minutes.

A great tool to use in this stage is the *Run Chart*. A run chart allows you to compare a performance measure before and after implementation of a solution to measure its impact. Check out additional modules for more about this tool.



ACT on results

- Are we satisfied with the outcome of the test?
- Should modifications be made to the test?
- What should we try next?



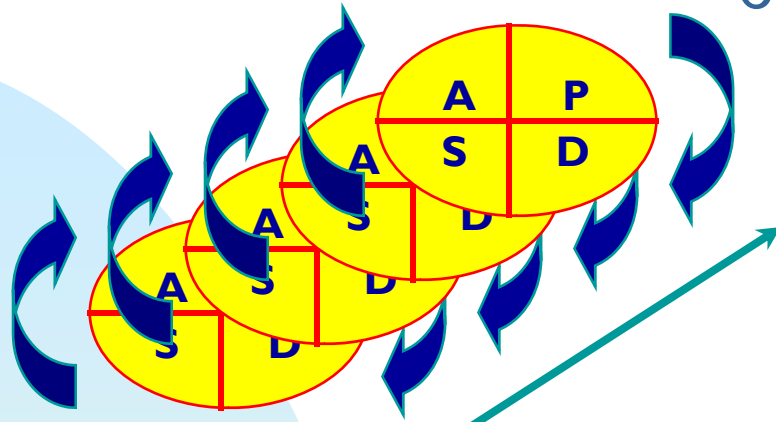
The PDSA cycle is an iterative process; that is, we will try one thing, then another, then another, until we reach the level of performance we are striving for. Therefore, after each **STUDY**, we need to make a decision about further changes. Are we satisfied with the results of the last test of change? What should we try next?

Assuming you are dissatisfied with the outcome and choose to try another test, we would then progress to the **PLAN** stage. On the other hand, if you are satisfied with the outcome and are going to standardize, you need to plan for further implementation. Either way, you return to additional planning.

For Example:
Choose another test: Patient **wait time** to see an ED doctor **did not decrease**.



Continuous Performance Improvement



Completion of one project leads to the another project. It's like a wheel rolling down the road. Change and improvement are continuous. We must always be looking for ways to improve our process. But we want to undertake change in a logical fashion. That's why a process such as PDSA is so useful.

Success

When we link our successive changes, we will ensure success. Success is a journey based on linking individual improvements to achieve greater overall excellence.

PDSA is a process for improving performance that builds on our knowledge, experience, and wisdom about our work. It allows us to use our intuition to make small tests of change in a controlled fashion. We must be able to answer the question, "How did we know that a change was an improvement?" This means that we must be able to measure the work process and demonstrate success. That way, we will know what worked and what didn't work in order to implement our changes on a larger scale.



So...what have you learned?

In this module, we begin to understand the importance of performance improvement and how it is a critical component to EVERY manager's job description.



The Leadership at Baptist Health encourages you to accept the challenge and personally lead the performance improvement effort in your work place by using the PDSA model. Learn the concepts of PI, then apply the tools contained in the remaining modules. With time, practice, and proper application, you should begin to see improved patient/customer and employee satisfaction. You may even save time and money by eliminating unnecessary work and waste. Together, we can achieve the four critical success factors of fiscal excellence, service excellence, employee excellence, and clinical excellence!!

Congratulations!!!

Now that you have completed the *“Introduction to Performance Improvement”* module we ask that you continue learning. Your next module is *“PLAN - Identify PI Opportunities.”*

Good Luck!

