

A3 Problem Solving

DEFINE

Topic/Issue: Responding to Patient Needs
Background/Problem Statement: (when, where, how does it occur)
 Patient needs are not being met timely based on fourth quarter data from the LINCS dashboard indicating 15 out of 20 patients (75%) complain about call light responsiveness. Third quarter 2015 HCAHPS responsiveness composite score is 65%, which is below the corporate goal of 72%.
Improvement Goal Statement: (goal target and date to accomplish)
 Improve patient perception of timely response to needs with reduced patient issues on call light responsiveness to less than 25% and increase HCAHPS responsiveness composite to 75th percentile or 73% by second quarter 2016.

MEASURE

Current State Process: (list or draw steps of the process to ID bottlenecks/failures)

Baseline Metrics & Date:
 LINCS dashboard fourth quarter 2015, indicates that 10 out of 20 patients (50%) with a complaint about call light responsiveness is related to needing timely help for bedpan or bathroom.

ANALYZE

Analysis (Identify problems and waste with the current condition as identified by storm clouds above. Get to the root cause(s) for the problem, **prioritize**, update analysis when additional root causes identified)

1. Patient not offered bathroom help while in the room or during rounding
- 2. Patient uses call light instead of ASCOM phone**
3. HUC may or may not be available to answer call light
4. Staff busy and doesn't answer HUC ASCOM phone call - HUC doesn't forward to another person & patient puts call light on a second time OR person accepts call, doesn't get to patient timely and patient puts light on a second time.

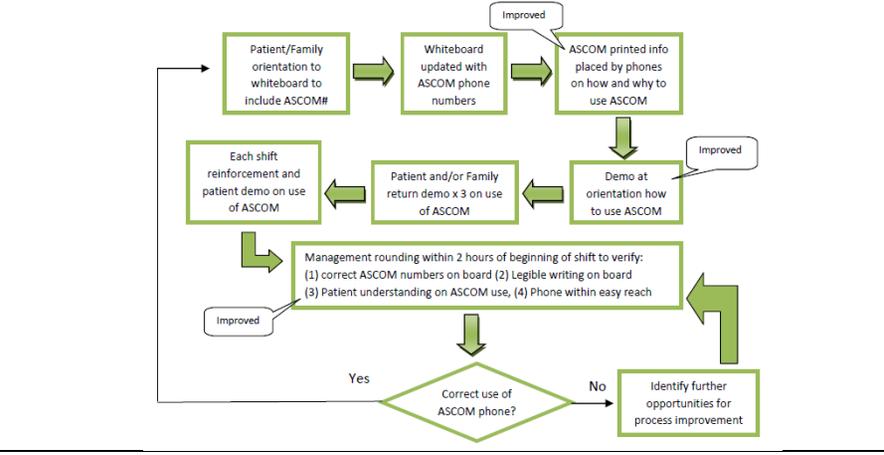
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Why's

2) Root Cause Analysis: **Patient uses call light instead of ASCOM phone**

Why: Whiteboard not updated with correct Ascom #	Why: Patient can't read/see number on whiteboard	Why: numbers change each shift & numbers on board not correct	Why: Does not know why or how to call Ascom phone **	Why: Phone not within reach	Why: Easier to use call light
Why: staff forgets to update whiteboard	Why: illegible, too small writing, or board location (root cause)	Why: Ascom phone # assigned to staff not room (root cause)	Why: not informed using the Ascom will go directly to staff instead of front desk	Why: not placed for immediate use	Why: call light attached to bed or handrail & phone is not
Why: it is a manual process (root cause)			Why: did not receive demo with return demonstration for use	Why: not current process	Why: cost outweighs benefit (root cause)
			Why: not reinforced with return demo each shift		
			Why: not built into current process (root cause)		

Which root causes are within your control? →

Ideal Future State Process: Highlight the improved features using circles or callouts



Solutions -- Short Term (implement 2-4 weeks)
Solutions -- Long Term (> 4 weeks to implement)

Implementation Plan Actions	Who	By When	Expected Outcome
Staff communication on future process changes, expectations & implementation date	NM, CMC, Charge Nurse	1/31/16	100% staff communication
Staff demo and patient and/or family return demo for correct Ascom usage	Assigned Nurse	2/1/2016	100% demo and return demo documented on education form
Develop visual aide for placement by phone on Ascom use	NM, Marketing	2/29/16	100% placement of visual aide by phone
Daily management rounding within 2 hours of beginning of shift to verify: 1) correct Ascom numbers on board (using assign patient/staff numbers list), 2) legible writing on board, 3) patient understanding on Ascom use, 4) phone within easy reach	NM, CMC, Charge Nurse	2/2/16	100% management rounding to assess compliance

Sustainment/Follow-up Plan
How do you know the solutions implemented are effective?
 Management Rounding within 2 hours of beginning of shift.
 Weekly audits/ Secret shopper to test call light response time.
 Monitor and track mobile rounding application log for issues on call light and monthly aggregated VOC report.
 Statistical improvement with HCAHPS results and trend analysis.

If applicable, Internal Audit #: *Include IA number and dates if applicable*
 Date of Completion: 12.22.15 Revision Dates: 2.29.16

Team Members: Angela Knipp (TL); Lovetta Ball; Jarrod Games; Lori Propps ; Tera Shaffer (Include the names of all participating team members. Identify a key contact.)
 Approvals: Mike Williams, VP; Peggy Erlewine, AA (What stakeholders will need to be informed and approve solutions? Remember any related regulatory entities.)

IMPROVE

CONTROL

A3 Problem Solving Reference Guide

DEFINE

Topic/Issue: *What is going on? What is the issue through the eyes of the customer/patient?*

Background/Problem Statement: *Include information for understanding the issue. (When, where, how does it occur? How big is the problem? What is the impact?) Include history and data that is pertinent to the issue.*

Improvement Goal Statement:
Good problem and goal statements are SMART: Specific, Measurable, Achievable, Relevant, and Time-Bound. Keep it brief, simple, yet specific. Do not assign blame. Do not assume solutions. You may not have enough information at this point to complete the goal statement. Review and update it after the Analyze phase.

MEASURE

Current State Process:
List or draw steps of how the process happens now to identify bottlenecks. Do direct observation of the work process to ensure that reality is reflected. Highlight the specific problems/issues/waste with storm clouds or stars. What specifically about the problem/issue is not defect-free? Can you measure the waste?



Baseline Metrics & Date: *Included pertinent current state measurement data that is aligned with the Problem Statement and Goal Statement. Include specific information for the source(s) of data, as well as clear definitions for the metrics.*

ANALYZE

Analysis
Identify problems and waste with the current condition (as identified by storm clouds above). Get to the root cause(s) for the problem(s). Consider using one or more of the following tools:

- 5 Whys
- Brainstorming
- FMEA (Failure Modes Effects Analysis)
- Fishbone Diagram

Update Improvement Goal Statement: *Be sure to update the goal statement based upon the findings of the Measure and Analyze phases of problem solving.*

If applicable, Internal Audit #: *Include IA number and dates if applicable*
 Date of Completion: _____ Revision Dates: _____

Ideal Future State:
List or draw steps of what should be happening with bottlenecks removed: a better way to work. Include specific measurable targets (quantity/time). Highlight the improved features using circles or call-outs. Make the changes/improvements obvious to anyone reviewing your document. These should address the problems, or storm clouds in the Current State.



IMPROVE

Solutions – Short Term
What are we going to do in the short term to have immediate impact on the problems? Short term solutions should address any immediate safety or major financial implications.

Solutions – Long Term
What are we going to do to move us to the Ideal State? Solutions may need to be evaluated and prioritized. Pilots or PDSA tests of change may need to be conducted on solutions.

A cost/savings analysis and summary may be required for solutions.

- Supports decision making and prioritization of solutions.
- Facilitates the effective management of resources.

Implementation Plan Actions	Who	By When	Expected Outcome
<i>Include specifics of implementing solutions</i>			

CONTROL

Sustainment/Follow-up Plan
When and how will follow-up be conducted? By whom? What are the results compared to the goals? What are the strategies for sustaining improvements?

- Examples: 5S, visual management, single point lessons, standardized work, error proofing, etc.

Team Members: *Include the names of all participating team members. Identify a key contact.*
Approvals: *What stakeholders will need to be informed and approve solutions? Remember any related regulatory entities.*