Spreading the "SPIRIT" & Changing a Health System’s Culture of Quality & Safety
Sheppard Pratt Health System

Program/Project Description.
Historically, prior to last year we had utilized PDSA as our performance improvement methodology to target quality of care and patient safety issues; however, we identified the following problems with that methodology:
- a less than optimal level of staff awareness of our PI methodology;
- a need for greater participation by direct care staff throughout the system;
- a desire for more individual program interest in and ownership of PI activities; and
- difficulty consistently sustaining improvements over time.

Appeal of Lean Methodology
1) Principles are intuitive and easy to grasp
2) Active involvement of the direct care staff who are most familiar with the processes is a key element
3) Processes are redesigned to reveal problems as/when they occur
4) Tools can be learned easily and implemented immediately
5) Staff feel validated and energized, which increases morale and job satisfaction
6) Front line staff work collaboratively with senior leadership to solve problems
7) Promotes quality assurance residing with ALL, promoting critical ownership of a culture of quality and safety by all

PI/Patient Safety Goal: To implement an effective PI Methodology that all staff could easily grasp, embrace and implement to improve the quality and safety of care and also enhance both patient and staff satisfaction.

Process.
Long a mainstay in the manufacturing industry, the Toyota approach to perfecting patient care has gained traction in the health care industry, but primarily in the medical-surgical hospital environment. Last year, Sheppard Pratt made a decision to adopt this LEAN type of performance improvement methodology to improve efficiency, performance, quality of care and patient safety in our behavioral health care setting. We embarked on working with consultants at the Pittsburgh Regional Health Initiative (PRHI) and introduced that group's "Perfecting Patient Care" © methodology to our staff through a series of training sessions. The methodology is geared towards equipping health care organizations with the tools and resources to eliminate errors, decrease inefficiency and waste and deliver more perfect patient care.

Solution.
Within the first year, Sheppard Pratt had introduced nearly 150 staff (from direct care staff and ancillary staff to Board members) to the management principles that comprise this performance improvement methodology. Naming the initiative "SPIRIT", the Sheppard Pratt Improvement Resources Inspired by Toyota, the established goals at the outset were to "start small", demonstrate success, continue problem-solving, build internal capacity and disseminate and spread learning. To date, six "Kaizen" ("rapid performance improvement events") have been held throughout the Health System. All have involved both direct care staff closest to the activity under review and leadership participation. All also tackled long-standing, vexing problems; several of which were focused on patient safety (i.e. the discharge planning process and process for ensuring dietary tray accuracy). SPIRIT Fairs were held, the initiative was presented at multiple Health System Leadership meetings, and interest and enthusiasm began growing among staff. PI projects are being held throughout various programs of the system, and staff is becoming increasingly excited and empowered by their experiences of being involved in critical problem-solving activities that are showing real results/impact on patient care and safety. The spirit of "SPIRIT" is truly catching! During the most recent SPIRIT Fair, over 75 ideas/proposals for performance improvement ("Kaizen") projects were submitted by employees. This PI model is a "train the trainer" model and one that has a structured expansion strategy to continue to spread/expand the initiative. Plans are in place to train/introduce 30 additional staff to our SPIRIT Initiative and its PI tools every two months. It is exciting to hear our direct care staff members and leadership staff enthusiastically suggest holding a "Kaizen" PI meeting to resolve a variety of performance or safety challenges.
Measurable Outcomes.
Metrics are being tracked for each kaizen event to determine the effectiveness of the interventions. Significant improvements have been noted in response to all events. Most directly related to patient safety, are the discharge planning and dietary tray accuracy data, which are attached.

Sustainability.
In order to sustain and spread the SPIRIT Initiative, we plan to continue to commit to our established training sessions and also increase our internal coaching and leadership capacity. We are also in the process of "cascading" or applying successful, small-scale improvements to additional areas/programs.

Role of Collaboration and Leadership.
Teamwork/collaboration among all staff is considered a critical component to the success of the SPIRIT Initiative. Our Health System Leadership reviewed the methodology and made a decision to commit on-going resources to "spread the SPIRIT".

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IS THIS WHAT PT EXPECTED?

IS THIS CONSISTENT WITH DIET ORDER?

ACCURACY ALLERGY-WISE?

ON 2G

<table>
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<th></th>
<th>3 MONTH'S POST KAIZEN</th>
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DIETARY KAIZEN METRICS
Dietary Summary

The Challenge:

Food is very important to hospital inpatients and weighs heavily in their assessment of the quality of their experience in the hospital. When patients believe they did not receive what they ordered, they often insist on having their tray replaced, forcing both nursing and dietary staff to divert their efforts to resolve the issue right away. This frustrates everyone involved and is wasteful of staff time.

More importantly, hospital inpatients often have food allergies or illnesses which require a special diet. It can be dangerous for such patients to receive foods that aren’t on their special diet.

The Solution

The team decided to focus on the following goals starting specifically on 2E and 2G:

1) No one receives a food item to which they have allergies
2) Food choices are consistent with the diet the doctor ordered
3) All patients receive the diet that the doctor ordered
4) All patients receive what they expect at every meal

The Results:

- Have reached 99-100% tray accuracy for allergies
- Flip chart created to educate patients and staff about diet requirements
- Format for entering a diet order standardized to a single order
- Dietary order can’t be entered without cue to enter any allergies
- Visual reminders improved for tray line
- All units now complete menu for next day
- “Pick sheets” were improved
- Patients will receive a menu specific to diet ordered
Discharge Planning Kaizen Summary

The Challenge:

The time of discharge from a hospital is a crucial transitional period for patients. Much team effort and attention to detail goes into ensuring that all the needs of the people we serve, are met.

There were safety and quality concerns about our discharge planning process. It was not meeting the needs of patients, support systems, aftercare providers, and payers satisfactorily. We also were dissatisfied with our own internal process, including the documentation and communication. All this can add to staff stress and lead to poor outcomes.

By improving this process, we positively impact everyone’s expectations and experience. It leads to a smoother and more satisfying process for staff, helps successfully meet regulatory requirements, and can potentially strengthen our future referral base.

The Solution:

The solution was to begin the discharge plan process shortly after admission and improve communication between team members. Roles of the team members were more precisely defined as well as were the pathways for flow of information. Non value added tasks and processes were identified and streamlined.
The Results:

- Discharge database
- Wellness Journal
- Specific ‘columns’ in Sunrise for communicating discharge plans
- PTC note
- Discharge information sheet in Sunrise
- Discharge checklist
- Standardized supplies in each treatment team room
- Visual aids of to help sustain positive change
- Assigned places for equipment
- Clarification of treatment team roles
- Standardized form to alert Pharmacy of home medications
- Discharge planning manual

72% Improvement

94% Improvement