Introduction to the Model for Improvement

Our AIM

Introduce participants to a pragmatic method, grounded in improvement science, for making things better.
Credit where credit is due: The Model for Improvement was developed by Associates in Process Improvement
Many resources for further study are freely available on the web:

HRET
https://www.youtube.com/playlist?list=PLwpWmQpRN38NDtFr0HI22zqnteusAtZKC

IHI Open School Video Library:
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/default.aspx
"One need not be eminent in any part of profound knowledge in order to understand it and to apply it. The various segments of the system of profound knowledge cannot be separated. They interact with each other. For example knowledge about psychology is incomplete without knowledge of variation."


Deming Institute Website: https://deming.org/theman/theories/profoundknowledge
Knowledge for Improvement

**Improvement**: Learn to combine subject matter knowledge and Science of Improvement (SOI) knowledge in creative ways to develop effective changes for improvement.
Subject Matter Knowledge and Knowledge for Improvement

- Knowledge of subject matter is essential to make changes that result in improvement, but there is also another very useful body of knowledge.

- We are going to focus on six skills to support improvement today (and tomorrow).
The Science of Improvement

W. Edwards Deming
1900-1993

API’s Model for Improvement

- What are we trying to accomplish?
- How will we know that the change is an improvement?
- What changes can we make that will result in improvement?

Plan
Do
Study
Act
Six Skills for Improvement (1-3)

1. Supporting change with data
   – How can we use data to guide actions for improvement?

2. Developing a change
   – Where do ideas come from?

3. Testing a change
   – Why should we test a change?

Six Skills for Improvement (4-6)

4. Implementing a change
   – What is the difference between implementing and testing a change?

5. Spreading improvement
   – How can we get wider impact from a successful change?

6. The human side of change
   – How will the change affect people? How do we obtain the cooperation necessary for making and sustaining improvement?

Aim Statement

To reduce the bed request time window of patient placement from the ED to an inpatient bed from 2hrs (January 2016) to 30 minutes by September 2016.

Background & Problem Overview

The focus of the ED is the main source of volume for the hospital and therefore is critical to the organizational success. When fragmented, it possesses the risk for ED boarding, low patient satisfaction, and reduced quality of care. Resolving ED throughput will allow MLK to meet its strategic goals.

Interventions

Revise current process to streamline steps to patient admission (I)

Utilization Management (UM) designee checks in with MD every 30 minutes for patient admission/transfer potentials. (I)

UM shares potential admission requests with Care Managers (CMs) (I)

CM notifies Independent Practice Association (IPA) of request and acquires beds within 30 minutes of the admission/transfer order and initial notification. (I)

If the IPA does not respond within 30 minutes, the CM/MD makes a determination of patient placement, and processes the patient accordingly. (I)

CMs provide a concentrated RN-to-RN report about patient care, and obtains allocated beds before the conclusion of the call. (I)

Realignment of SW staff is critical to prevention of overutilization.

Realignment of CM staff is crucial to the ongoing departmental support of process implementation.

Consistency in completion of spreadsheets/reports is critical to data collection.

Maintain a proactive process for UM and MD communication

Restructuring and standardization of tools.

Retrain and reinforce process changes with staff, affirming ED restructuring.

Next Steps

Data pertaining to admission times from the point of: (1) MD consideration to admit order input, and (2) admit order input to patient transport to the inpatient unit.

Ongoing testing and subsequent evaluation.

Team Members

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Gifty Davis, RN Care Manager
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Stephen Umstead, RN Care Manager
Marlon Stamford, Care Coordinator

References

# Tracking Tools

## BED REQUEST RUN CHART

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME OF ORDER</th>
<th>FIN</th>
<th>PATIENT NAME</th>
<th>DIAGNOSIS</th>
<th>ADMITTING MD</th>
<th>BED REQ. TIME</th>
<th>CHARGE RN NAME</th>
<th>TIME BED ASSIGNED</th>
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## UM OVERSIGHT RUN CHART

<table>
<thead>
<tr>
<th>ROOM</th>
<th>FIN</th>
<th>NAME</th>
<th>MD/FREQUENT TIME</th>
<th>UTILIZATION START TIME</th>
<th>MD ADMIT/TRANSFER ORDER TIME</th>
<th>FINAL DISPO STATUS/TIME</th>
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Six Skills of Improvement Work

- Supporting change with data
- Developing changes
- Testing changes
- Implementing changes
- Spreading improvements
- Human side of change