8 Step Problem Solving A3

CC6 Workflow Improvement Plan A3

Owner/ Date	V1: CC6 RIE Team/ 09-30-2010	V2: J.Davignon/ 10-13-2010	V3: A. Small/ 01-15-11	V4:	V5:

1. Problem Statement

Direction
Business Measure
Performance Measure
Process Name

- Improve the efficiency and communication, between team members and patients
- Work to decrease waste
- Work to decrease redundancy
- Improve staff and patient satisfaction
- Increase staff and patient safety

Project Sponsors:
- Jane Foley
- Jenine Davignon

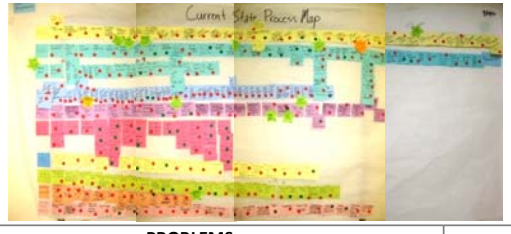
Team Leads:
- Alison Small
- Natalie Fealy

Project Team:
- Stacey Adamson
- Jason Bates
- Suzanne Burger
- Dawn Casto
- Michael Crowley
- Sandra Espinosa
- Alani Gabriel
- Oscar Juarez
- Deb McGrath
- Laurie Phillips
- Amy Sparby
- Scott Herman (Ad hoc)
- Martha Rower (Ad hoc)

2. Current Condition

Plan

Current State Map:



Wastes Observed:

	PROBLEMS		EFFECTS
1	Location of supplies/equipment/linen/kitchen/Omnicells are not optimal for work flow and patient care	P	Waste of time and motion frustration increases pt wait time
2	Communication among members of the patient care team is not efficient	U	Lack of care coordination, increase wait time for pts + staff, frustrating patients and staff
3	Teamwork is lacking	S	Leads to low staff morale, frustration for pts + staff which creates a divide among members of the team
		H	

3. Goals/Targets

Plan

#	Do what:	How much:	By when:
1	Eliminate/decrease wasted motion for supplies (linen, meds, kitchen, office, med-surgery supplies)	Decrease motion/ walking by 50%	1 month
2	Collaborative care planning at specified times of the day between PCT + RN	n/a	3 months
3	Shared expectations of CC6 staff members to provide excellent pt care	n/a	3 months

4. Cause Analysis

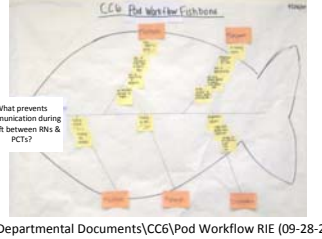
Plan

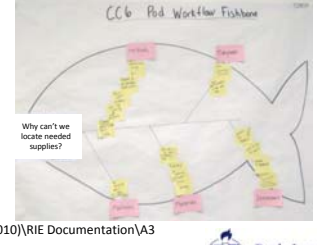
Brainstorm potential cause factors of stated problems above based on facts

Continually question WHY?

Specify the root causes

Fishbone Diagrams:





Plan

5. Proposed Countermeasures

Future State Map:

6. Implementation Plan

Plan

ID	Title	Status	Who	Target Completion Date
1	Print copies of assignment/census (from Zetler for PT, etc. every morning)	Complete	PCT/UCO (evenings)	10/4/2010
2	Pagers clipped to assignment sheets for PCTs	Complete	UCO	10/4/2010
3	Staff remain on unit & available until end of shift	Complete	Everyone!	10/4/2010
4	Develop CC6 staff expectations	Complete	Alison, Amy W., all staff	11/05/2010
5	End of shift restocking - H2O/ IVF/ needs	In Progress	RNs/ PCTs	10/5/2010
6	Scripting huddle/ Re-education	Complete	Dawn, Alani	10/12/2010
7	PCTs in each Pod stock linen carts in their Pod	Complete	Alison, Jane, Edgardo	10/15/2010
8	Redesign white board in backroom	In Progress	Amy, Dawn	TBD
9	Standardize script for case management rounds	Complete	Laurie, Natalie, Alison	TBD
10	Create case mgmt. rounds poster	In Progress	Laurie, Cynthia, Work with CC7	TBD
11	Standardized process for safe coverage of pagers for lunch & breaks	Complete	Workgroup RNs/ PCTs	11/1/2010
12	Huddle at 7am and 7pm to identify key problems on floor.. Fall risks, potential triggers, new admits	Complete	Alison, all staff	1/2/2011
13	Trial small supply cart in one pod with supplies used every day. Keep counts every day to determine need and par levels.	In Progress	Alani, Musa, Deb	2/1/2010
14	Assemble CC6 Lean Steering Committee	Complete	Jane, Alison, Dawn/Alani, Oscar, Laurie, Jenine, Amy	Ongoing

7. Follow Up & Verification (Check both Results & Processes)

Do/ Study

- The CC6 Lean Steering Committee will meet on the 2nd & 4th Thursday of each month to review progress of projects, continue momentum and ensure sustainment of work completed to-date.
- CC6 Lean Steering Committee Members are Jane Foley, Jenine Davignon, Alison Small, Natalie Fealy, Dawn Casto, Alani Gabriel, Laurie Phillips, Michael Crowley, Carlos Ortiz.

8. Standardize and Share Success

Study/ Adjust

- All day assignments are done utilizing the POD Model which means close geographical assignments.
- ACS team Rounds with nurses early so nurses can have most current information for case management rounds.
- PCTs obtain report from Nurses prior to seeing their patients for most current information while previous shift covers.
- All Staff Huddle at 7am and 7pm so there is global knowledge of all important issues to be aware of.
- All staff sign out whenever they leave the floor and write name of covering person so UCO knows who to page for patient requests.
- Case Management rounds done using script in 30 minutes or less.
- White Board designed and utilized by Resource nurse during Huddles and Case Management Rounds

Adjust

For More Information Contact
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