

## **ABSTRACT: 2013 ELAM Institutional Action Project Poster Symposium**

**Project Title:** Operations Councils: Engaging the Team

**Name and Institution:** Susan Moffatt-Bruce, The Ohio State University College of Medicine and the Ohio State University Wexner Medical Center

**Collaborators:** Dr. Lockwood (Dean), Dr. Funai (COO), Dr. Thomas (CMO)

**Background, Challenge or Opportunity:** Every day we take care of increasingly complex patients. The potential for patient safety errors, poor outcomes and low patient satisfaction are real. Therefore, in order to provide the best experience to the patient, with good outcomes and at a low cost, the entire healthcare team must be engaged. Most often the best ideas for change and sustainability come from those that are at the bedside and the ways to implement new strategies must ultimately become their responsibility. Physicians, nurses, staff and students are a growing team of participants that can lead process improvement if given the tools and a burning platform. This is a paradigm shift from top down leadership to truly creating a culture of safety across an entire medical center.

**Purpose/Objectives:** The purpose of my IAP is to establish Operation Councils throughout the entire medical center, across the 6 different hospitals, so to engage front line staff in quality, patient safety, patient experience and efficiency improvement. The Operations councils will be responsible for Quality and patient safety, patient satisfaction, resource utilization and efficiency, research and teaching. Operation councils are created from and dependent on, those working in the clinical areas to engage, identify problems and solve them with skills they acquire through process improvement and high reliability training.

**Methods/Approach:** The areas for each Operations Council will include medical center signature programs, service lines, departmental or clinical areas. The first Operations Councils will be chosen based on recent sentinel and patient safety events, resources utilization challenges and patient satisfaction scores. Each Operations Council will have a nurse, physician and administrator co-chair. These co-chairs would be from the clinical areas involved and really would be the front line staff and leaders. They will be chosen by their peers. Each council will have a trained facilitator, from the same clinical area, in process improvement that will help the councils identify problems and work through the DMAIC process to make improvements and solve the problems. Ultimately, the facilitator will be Green or Black belt trained in six sigma. The facilitator can be a physician, nurse or staff member. The facilitators of the Operations Councils will come together every month with a the Chief Quality and Patient Safety Officer and the Director of Operational Excellence to learn new skills, present projects, share challenges and glean insight from others working on similar projects. The leadership trio of each Operations Council will report out every 6 months to the Leadership Council of the health systems to share their scorecards, successes and challenges.

**Outcomes and Evaluation:** Each Operations Council will develop their own scorecard. The metrics will be in alignment with the healthcare system as a whole. The metrics of success will include reduction in preventable patient safety events, reduced readmissions, improved patient satisfaction and efficiency improvement. We will also complete the AHRQ Culture of Safety survey in the participatory areas and using nursing measurement of staff satisfaction (NDMQI survey)

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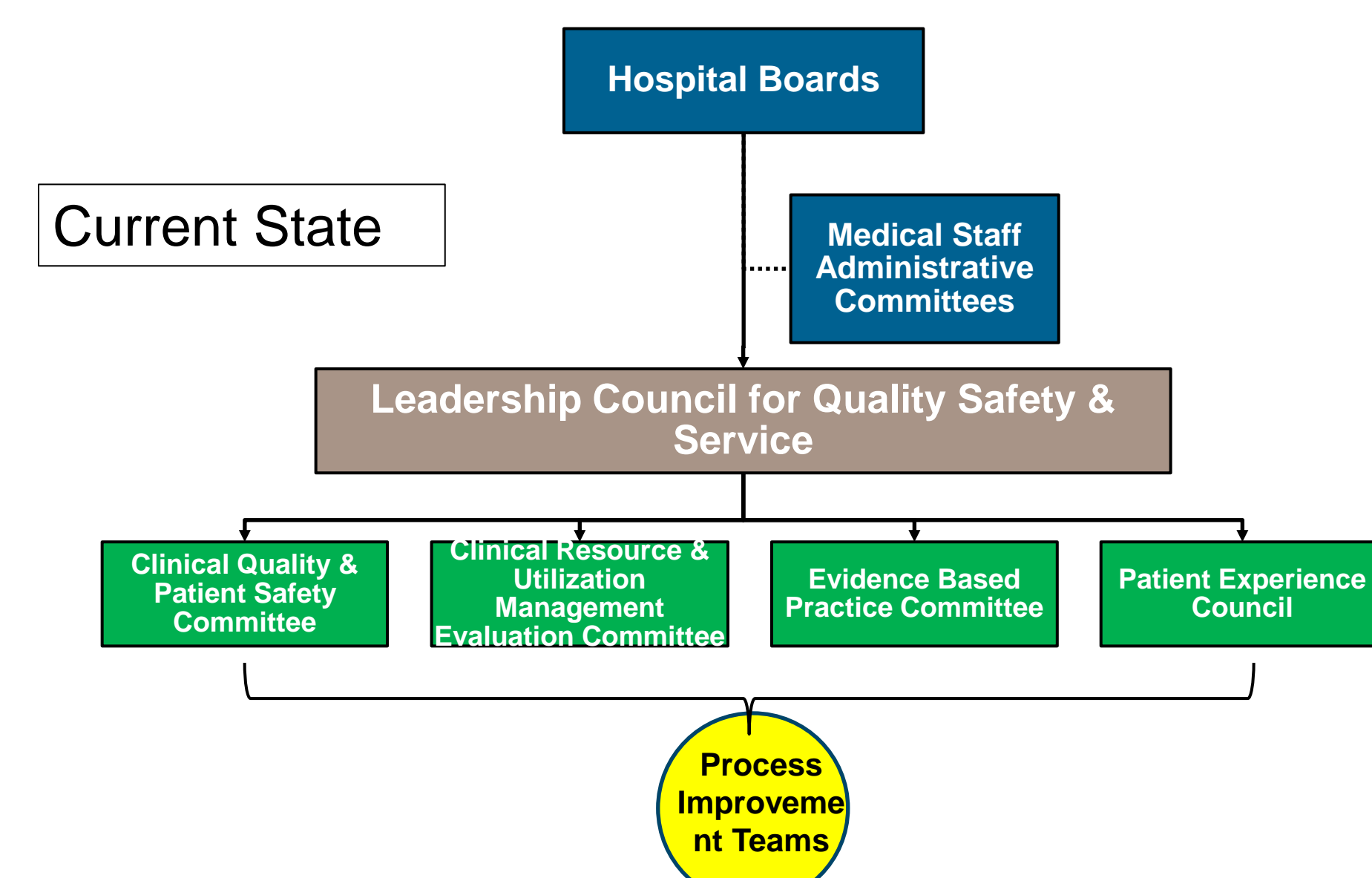
# Operations Councils: Engaging the Team

Susan Moffatt-Bruce, MD, PhD  
Sponsors: Charles Lockwood, MD and Edmund Funai, MD

Presented at the 2013 ELAM® Leaders Forum

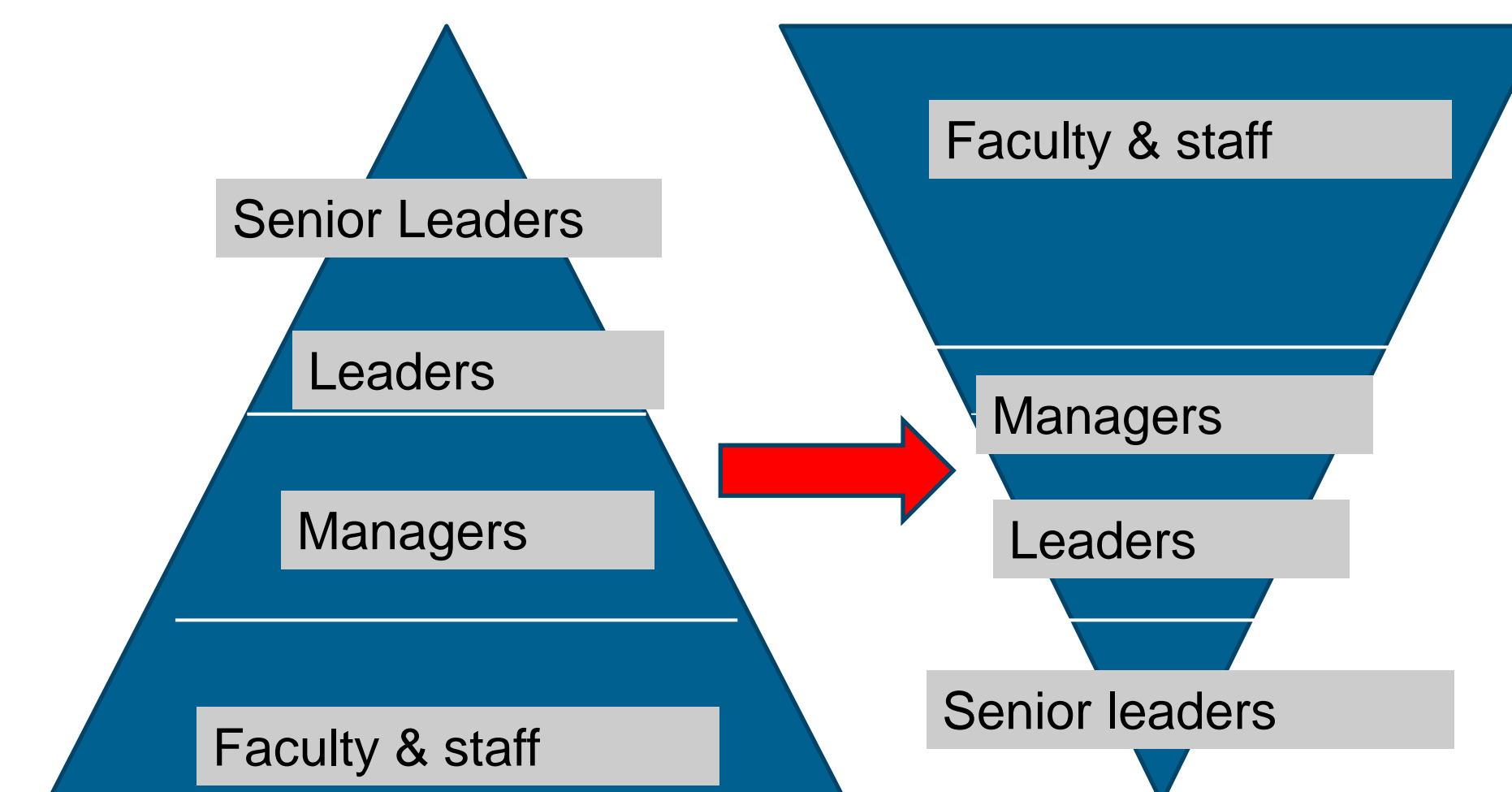
## Background

Every day we take care of increasingly complex patients. The potential for patient safety errors, poor outcomes and low patient satisfaction are real. Therefore, in order to provide the best experience to the patient, with good outcomes and at a low cost, the entire healthcare team must be engaged. Most often the best ideas for change and sustainability come from those that are at the bedside and the ways to implement new strategies must ultimately become their responsibility. Physicians, nurses, staff and students are a growing team of participants that can lead process improvement if given the tools and a burning platform. This is a paradigm shift from top down leadership to truly creating a culture of safety across an entire medical center.



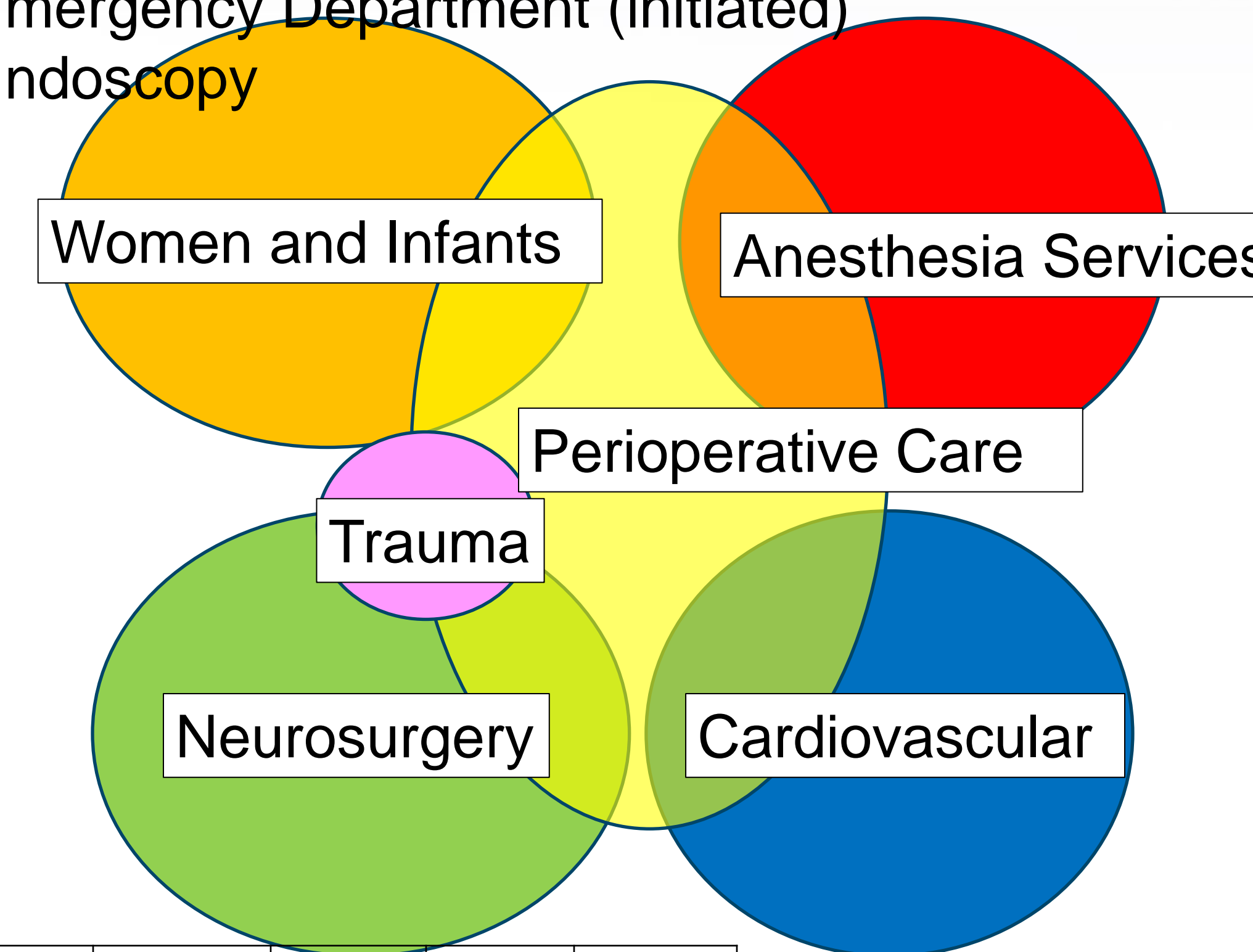
## Methods

- The areas for each Operations Council will include either medical center signature programs, service lines, departmental or clinical areas.
- The first Operations Councils will be chosen based on recent sentinel and patient safety events, resources utilization challenges and patient satisfaction scores.
- Each Operations Council will have a nurse, physician and administrator co-chair.
- Each council will have a trained facilitator, (Lean Six Sigma) from the same clinical area, in process improvement that will help the councils identify problems and work through the DMAIC process to make improvements and solve the problems. -



## Operations Councils

- **Signature Programs:**
  - Cardiovascular (initiated)
  - Neurosciences
  - Critical Care (initiated)
  - Imaging (initiated)
- **Inter-departmental Clinical Product Lines:**
  - Women & Infants (initiated)
  - Trauma
  - Sports Medicine
- **Clinical Service Areas/Locations:**
  - Perioperative (initiated)
  - Emergency Department (initiated)
  - Endoscopy



## Metrics of Success

Type of Event	Count
Retained Foreign Bodies	1
Wrong procedure/site/person events	1
Medication Events with Harm (Severity E-I)	1
Severe Injury Falls (Resulting in Change in Patient Outcome)	1
Hospital Acquired Decubitus Ulcer	1
Central Line Blood Stream Infections	1
Ventilator Associated Pneumonia	1
Hospital Acquired Surgical Site Infections	1
Hospital Acquired Clostridium Difficile Infection	1
<b>Total Potentially Avoidable Events</b>	<b>7</b>

Financial Performance	Score	Target
Surgeries (Budgeted)	5.0%	Budgeted
Meaningful Use with IHIS (Average)	5.0%	Meets Target
Quality of Documentation (Per Compliance Review)	5.0%	>= 90%
Implant Costs (DRG: Implant cost - IP/OP)	20.0%	
<b>Average KRA Score</b>	<b>20.0%</b>	

Work Place of Choice	Score	Target
Improve Faculty, Staff and Student Satisfaction and Engagement (Residents & Fellow Evals)	5.0%	85%
Meeting Attendance (Faculty Meeting, Grand Rounds, M&M, Department, Committees)	5.0%	
Committee Assignments/Administrative Involvement	5.0%	Meets
P3 & Curriculum Vitae Updated Semi-Annually (January & July)	5.0%	
<b>Average KRA Score</b>	<b>20.0%</b>	
<b>Total KRA Weight</b>	<b>125.0%</b>	

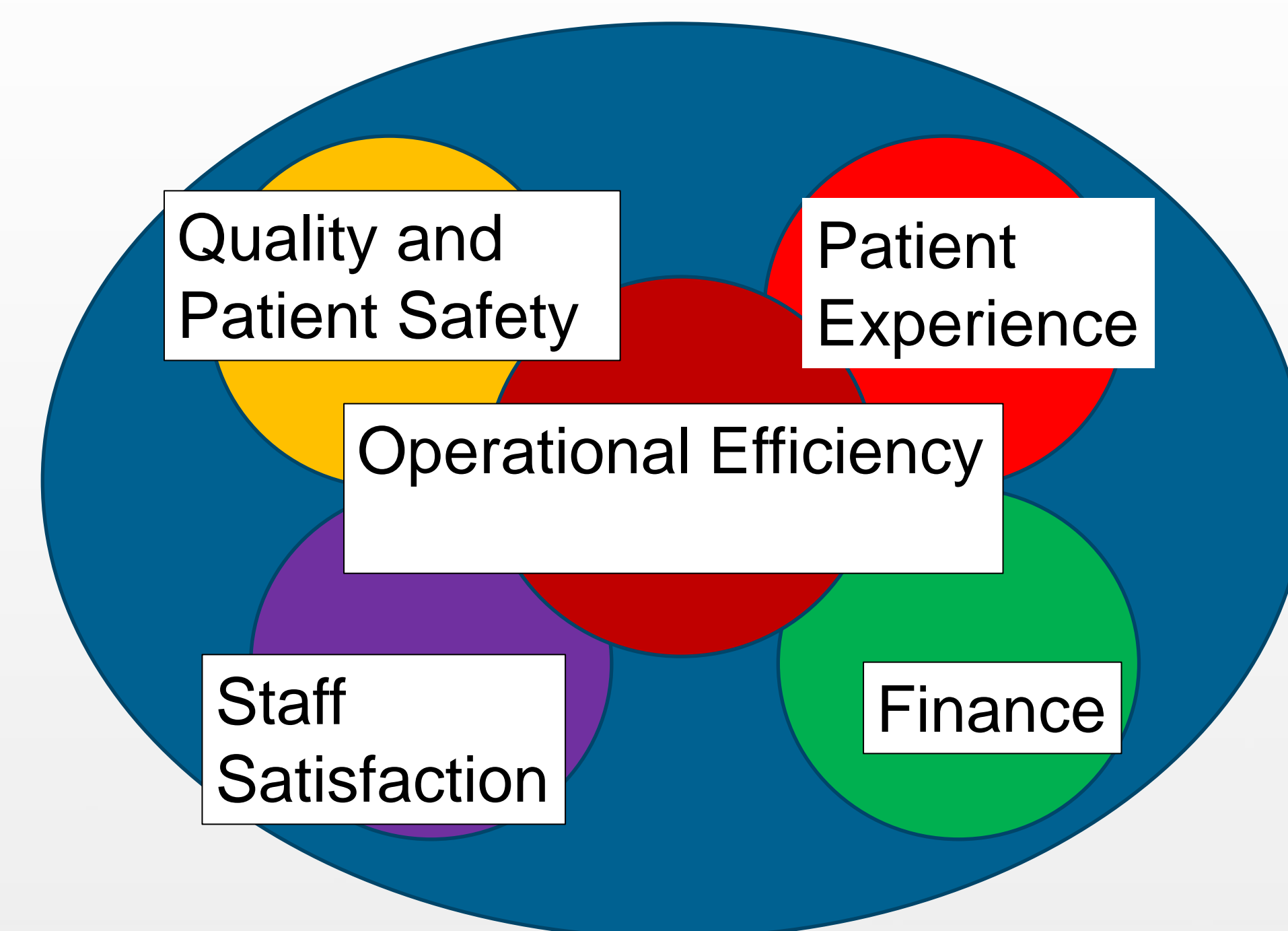
Patient Satisfaction Measures:	Score	Target
Patient Satisfaction - Test Results Follow-up	3.0%	90.0% - 92.9%
Patient Satisfaction - Department Likelihood to Recommend	3.0%	91.5% - 92.9%
Patient Satisfaction - Doctor Communications - Inpatient (Optional Based on Applicability)	3.0%	91.5% - 92.9%
Patient Satisfaction - Doctor Communications - Outpatient	3.0%	91.5% - 92.9%
Patient Satisfaction - Timely Appts, Care, Info	3.8%	69.0% - 91.4%
<b>Total Patient Satisfaction Score:</b>	<b>15.0%</b>	

Pay for Performance Measure	Baseline Period Jul 2009 - Mar 2010	Performance Period Jul 2011 - Mar 2012	National Benchmark (Top 10%)	Minimum Threshold (Median)
AMI AMI PCI ≤ 90 min	77.8%	100%	100%	91.9%
HF HF Discharge Instructions	100%	99.5%	100%	90.8%
PN Blood CX prior to Antibiotics	91.4%	100%	100%	96.4%
PN Initial Antibiotic Selection	94.7%	100%	99.6%	92.8%
SCIP Pre-op Antibiotics ≤ 1 hour	98.6%	99.6%	100%	97.4%
SCIP Pre-op Antibiotic Selection	98.0%	99.6%	100%	97.7%
SCIP Discontinue Antibiotics within 24 hours post-op	97.5%	98.6%	99.7%	95.1%
SCIP Cardiac Surgery Glucose Control	97.0%	99.2%	99.6%	94.3%
SCIP Peri-op Beta Blocker	89.6%	100%	100%	94.0%
SCIP VTE Prophylaxis Ordered	96.6%	97.1%	100%	95.0%
SCIP VTE Prophylaxis Received	95.9%	97.1%	99.8%	93.1%

## Purpose

- To establish Operation Councils throughout the entire medical center, across the 6 different hospitals
- To engage front line staff in quality, patient safety, patient experience and efficiency improvement
- The Operations councils will be responsible for Quality and patient safety, patient satisfaction, resource utilization and efficiency, research and teaching
- Operation councils are created from, and dependant on, those working in the clinical areas to engage, identify problems and solve them with skills they acquire through process improvement and high reliability training.

## Future State



Name	Phys Chair	RN Chair	Admin	Facil	Meet
ES (ESOC)	Mark Moseley	Jason Walsh	Cheryl Dickerson	Amit Vagarali	3 <sup>rd</sup> Wed (2) 11:30a-1p Ross 1215
ES Quality	Eric Adkins	Jan Meyer	Steve Theohares	Sae Berger	
ES Education	Howard Werman	Ross Dutton	Jamie Sharp	Peg Gulker	
ES Oper Imp	Rick Nelson	Cindy Moore	Patti Finerty	Pam Thomas-Groves	
ES Experience	Daniel Martin	Jill White	Julie Mitchell	Jennifer Wenger	
Endoscopy	Naeem Ali	Kim Saxton	Armin Bahamian	Jamie St. Clair	
L&D	Stephen Thung	Jenny Brehm	Randy Allen	Ruth Labardee	1 <sup>st</sup> & 3 <sup>rd</sup> Tues (5m) 7:30-8:30am Ed Funai L&D Conf
NICU	Peter Giannone	Karen Clancy	Randy Allen	Susan Butler	Every Other Fri 11a-12p 168 Doan
Radiology				Gabe Chiappone	
Rad Onc	Steve Kalbfleisch	Cheryl Gyssegen	Armin Bahamian	Barbara Besancon	1 <sup>st</sup> Thurs (2) 7:30a-168 Doan
Vascular (Ross)	Jean Starr	Jan Ramsdell	Traci Mignery	Karen Prenger	2 <sup>nd</sup> & 4 <sup>th</sup> Fri (5) 7-8a Ross 1215
Med Invasive Cardio (Ross)	Ernie Mazzafieri	Lisa Smith	Randy Allen	Danielle Blas	9:20-12 (2) 7-8a Ross 1215
CarSurg (Ross)	Juan Crestanello	Lisa Post	Mark Ringer	Erik Abel	2 <sup>nd</sup> Wed 7-8a 168 Doan
VAD/Trans (Ross)	Aysha Hasan	Greg Segelhorst	Cheryl Dickerson	Todd Yamokoski	3 <sup>rd</sup> Mon 7-8a 6 Ross
Ambulatory (Ross) ACC	Subha Raman	Kathy Bowman	Kent Hess	Julie Comyts	3 <sup>rd</sup> Thurs (2) 2-3p Ross 1215
Pl. Educ (Ross)	Scott Maffett	Joanna Keefe	Mary Angela Miller	Sandy Walden	9:30-12 (3) 10-11a
Perioperative (Ross)	Bob Higgins	Jan Ramsdell	Armin Bahamian	Jill Treece	2 <sup>nd</sup> Wed 6:30-7:30a 4276 Ross
UW Ortho	Dr. Ellis	Mary Howard	Pat Robertson		

