Lean at UTMB: A World-Class Management System

Why are we talking about Lean right now?
Recent health care reform measures, such as those included in the Patient Protection and Affordable Care Act (PPACA), have presented many new challenges for health care organizations, including UTMB Health. Many aspects of this reform have created a burning platform for health care, because they tie improved patient satisfaction and improved quality outcomes to reimbursement, while simultaneously requiring a reduction in the overall cost of health care. This formula is intended to create greater value for patients and payers—a trifecta that has been coined the “Triple Aim.”

Meanwhile, national health care leaders recognize that there is still a high degree of variability in our systems. Dr. Mark R. Chassin, a physician leader and president of The Joint Commission explains, “What has eluded us thus far…is maintaining consistently high levels of safety and quality over time and across all health care services and settings. The pockets of excellence coexist…with enormously variable performance across the delivery system.” He also notes that the pace and magnitude of improvement in health care delivery is inadequate. However, Dr. Chassin, contends this change can be achieved through leadership, safety culture and robust process improvement.

At UTMB, we have been working steadily to build on these catalysts for change. As we continue working to enhance the development of leaders within the organization and to nurture a Culture of Trust, Lean Management will play an important role in advancing our ability to excel as a health care leader.

What exactly is Lean?
There is not a single, simple solution to health care performance improvement, but Lean Management (which originated as the Toyota Production system) is a set of tools that will help us reach our goals and an evolution of a philosophy already in place at UTMB.

Foremost, when implemented in a health care setting, Lean is patient-centered. It focuses solely on providing care that is respectful of and responsive to individual patient preferences, needs and values. Clinical decisions are patient-centered when they are are guided by the patient’s best interest. In Lean improvement that is also true but, specifically, every work step is evaluated as to whether or not it adds value from the patient’s perspective. Lean also drives efficiency by empowering employees to identify and implement continuous improvements.

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Submit a story: friday.focus@utmb.edu
Friday Focus Team: Mary Feldhusen and Erin Swearingen

Manager of Process Improvement, Adam Spieker, during a visit with the Alvin Pediatrics team: Nursing Supervisor, Ludivina Lara; Practice Manager, Kathy Bell; and Patient Service Specialist II, Emmanuel Tjanis. View the story of how Lean changed their clinic at: http://youtu.be/MfQXlcSoHaQ

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that eliminate waste. Just ask the team at Alvin Pediatrics, who recently streamlined their supply process to improve quality, efficiency, cost savings and an overall improved patient experience (see excerpts at right).

Lean also capitalizes on the same quality foundations, values and principles as Plan-Do-Study-Act (PDSA) and other tools that we’ve learned in the Clinical Safety & Effectiveness (CS&E) course. Some of these shared foundations include:

- Putting patients and families first.
- Striving towards and recognizing uniform patient outcomes and experiences.
- Demanding excellence by continually improving clinical care, level of service and operations.
- Basing clinical care delivery methods and operational processes on the best available evidence from the best available sources.

As we continue to apply Lean disciplines, we will increasingly:

- Define value from a customer/patient perspective rather than from a provider point-of-view.
- Identify and improve key Value Streams (the flow of materials and information required to bring a product or service to a consumer) with a goal to maximize value and create better “flow” for patients.
- Eliminate waste (non-value added activity) throughout the Value Stream.
- Standardize to best known processes.
- Create an environment of true “kaizen” (continuous improvement).
- View the operations of UTMB Health holistically and understand how its parts interact throughout the continuum of care while effectively aligning activities.

What have we accomplished so far?

In the Health System, we have added industrial engineering expertise in the Healthcare Quality and Healthcare Safety Department. Beginning in 2011, we provided Lean facilitator training for 27 UTMB staff in quality, nursing, surgical services, clinics and the revenue cycle in the Health System.

We’ve also provided a Lean overview for 40 UTMB Health System leaders, developed a Lean toolkit and templates, and have run numerous initial Lean projects, including supply management and charging in both the Trauma Center and Cath Lab, decentralized surgical case scheduling, and addressing clutter and efficiencies in both Radiology and the TDCJ ICU.

Currently, our attention is focused on launching Value Streams in the following areas: perioperative services and medical-surgical care (both of which are vital to our preparations for the new Jennie Sealy Hospital), primary care to support the Patient Centered Medical Home initiative, elective orthopaedic procedures, and chronic care management.

How will Lean Transform UTMB?

Several pioneers in the realm of health care have exhibited just those characteristics as they successfully adapted Lean Management into their organizations with impressive results.

Examples include organizations like Virginia Mason Medical Center in Seattle, ThedaCare in Wisconsin, and Denver Health have shown reductions in quality defects, unnecessary travel and inventory, and improvement in productive time in just a few short years.

Performance improvement experts at the Institute for Healthcare Improvement (IHI) have studied institutions leading in quality and have identified several crucial conditions for success, including:

- the systematic gathering of ideas,
- the demonstration of will to take action and to manage distractions,
- and a solid model for execution to test, adapt and implement new ideas in the systems of care.

Change isn’t easy, but by systematically focusing on the deployment of Lean, we will transform care and support processes at UTMB Health. These changes will be led by the teams closest to the processes, and the projects will involve the entire interdisciplinary team. Real change can be made and will be seen in real-time!

Please Join Us...

Thursday, February 7, 2013 at noon in Levin Hall Auditorium for a lecture, “Transforming Health Care: Virginia Mason Medical Center’s Pursuit of the Perfect Patient Experience,” presented by Diane Miller, vice president, Virginia Mason Medical Center and executive director, Virginia Mason Institute.

The lecture highlights ways in which Virginia Mason has applied Lean methodology, principles and tools and how the methods have brought them success. Everyone is invited to attend; managers and directors are strongly encouraged to attend. Please visit iUTMB under the category “Presentations & Seminars” or click this link or more information: https://ispace.utmb.edu/xythoswfs/webview/_xy-4185888_1
UTMB Nurses Serve at 57th Presidential Inauguration

The U.S. Department of Health & Human Services works with federal, state, local and private partners to provide public health and medical support during the inauguration period. These partners include the Office of the Attending Physician to Congress, the U.S. Capitol Police, the U.S. Park Police, the Department of Defense, the District of Columbia Department of Health, the Maryland Department of Health and Mental Hygiene, the Virginia Department of Health, and the American Red Cross.

Health care providers from the ASPR’s National Disaster Medical System, including UTMB Health nurses Jill Bryant, BSN, RN, LNCC, CPHQ, Quality Management Specialist, Terri Benyi, MSN, NNP UTMB retiree and PBL employee, and David Marshall, JD, MSN, RN, NEA-BC, CENP, Chief Nursing and Patient Care Services Officer, and the U.S. Public Health Service, along with Department of Defense medical staff and other private sector partners, were available to provide first aid and basic medical care at medical aid stations around the National Mall, on Capitol Hill, along the parade route, and at various locations along the walking route from RFK stadium to the Capitol.

Clinical Value Analysis Teams

In the past few issues of Friday Focus, we’ve introduced the new Clinical Value Analysis (CVA) initiative and committees to the Health System. We are now pleased to inform you of the leadership of our six Clinical Value Analysis Teams (CVAT). Each team is co-chaired by a physician and a Health System administration representative.

**Surgical CVAT**
Dr. Joel Patterson
Bud Cherry

**Inpatient CVAT**
Dr. Nick Verne
Donna Graves

**Ambulatory CVAT**
Dr. Cynthia Judice
Jesse Seelbach

**Diagnostic VAT**
Dr. Alexander Indrikovs
Craig Maschmann

**Musculoskeletal VAT**
Dr. David Yngve
Bonnie Benkula

**Cath Lab / IR / EP / Vascular VAT**
Dr. George Caryannopoulos
Annette Macias-Hoag

Team members will consist of physicians and clinical professionals who will determine supply choices. Should you ever have questions or concerns regarding requests, please direct them to Clinical Value Analysis Manager, Johann Ramirez at joaramir@utmb.edu.

UTMB recently became the new medical contractor for U.S. scientists working in Antarctica. UTMB hired doctors and assistants for three polar research bases and also provides medications and supplies.

David Peterson, of Clinical Equipment Services (Aramark), recently headed to Antarctica to develop help develop the program and assist in the accurate inventory of equipment, perform preventive maintenance and repair any broken equipment during the six-week deployment period.

In preparation for the trip, David completed extensive physical exams and trained on some of the equipment he is currently working with at the South Pole and McMurdo Bay stations.

CES developed and acquired testing tools and instruments needed to perform the services and are making online maintenance management software available to the program for future replacement planning and service history information about the medical equipment at the stations.
When it comes to making a first impression, nothing replaces the personal touch of a welcoming greeting and compassionate care.

In the book, Customer Service in Health Care: A Grassroots Approach to Creating a Culture of service Excellence, Kristin Baird writes, “Some of life’s most memorable events happen in and around the health care settings. When patients and their loved ones come in contact with hospitals and clinics they are usually under emotional and physical stress.”

Patients and families need to be in a caring, compassionate environment during these times.

Patient satisfaction surveys repeatedly show that the interactions patients and families have in health care settings, from the welcome they receive at check-in, to the quality and availability of amenities throughout their encounter, can be just as important as the care they receive.

A 2011 study by the Advisory Board Company found that patients’ expectations of a positive health care experience include feeling comforted when anxious, having the presence and involvement of family in their care, being listened to and assured that safety is a top priority.

The more comfortable we make our patients and families, the more they will trust us, feel less anxious, better understand what is going on with the treatment plan, and better understand discharge instructions. They’ll also share their positive experiences with others.

A patient with a positive experience is ten times more likely to attract a new customer. And while a satisfied customer may tell five other people about their experience, an unhappy patron will tell approximately 20 others. This is important to remember in the business of health care, where today the stakes are just as high as patients’ expectations.

At UTMB Health, an institution committed to superior patient care, we must always remember that we want to provide the same care we would want the most cherished of our loved ones to receive. Patients’ impressions of our brand are formed from natural relationship-building processes; give them good reasons for spreading the good word about UTMB Health!

HOW DO YOU IMPROVE THE PATIENT EXPERIENCE?

“A lot of our time is spent speaking with the patients...Although we don’t touch or move the patient, the patient gets close to us because we engage with them.”

– Maria Martinez, Environmental Services

“Yesterday we had a lady who was in poor condition and needed help. I helped the Patient Care Technician (PCT) change her bed, bathe her and helped start her day – I go where ever I’m needed. You can’t always expect just the nurses or just the doctors or just the PCTs to be able do it all... sometimes you just have to do a little bit more.”

– Serefina Medina, Environmental Services

Primary Care Pavilion: New Entrance, Parking Information

Entrance A at the Primary Care Pavilion (PCP) is now open. Entrance B is closed for approximately six months while crews complete construction. Once complete, both entrances will be open.

Public parking in the adjacent lot is very limited and, for obvious reasons, is reserved for patients. Many PCP patients are elderly, have limited mobility, or other issues that necessitate the shortest walk possible. If you are a UTMB employee or student coming to the PCP as a patient and are healthy enough to do so, please consider parking further from Entrance A to save the closer spots for those who need them.

- If you are at the PCP for a business-related function and not visiting as a patient, please do not park in the front lot (facing Harborside Drive). You will be ticketed.
- If you are going to the PCP for training, a meeting, class or as float staff – please get with the corresponding scheduler, manager or trainer to assist with parking options; or if you have an existing parking spot on campus and can do so, consider walking over to the PCP.
- The PCP is served by the free campus shuttle. You may park at the UTMB shuttle lot (behind Walgreens on Seawall Blvd.) and a shuttle bus provides regular service to the PCP and other parts of campus.

Thank you for your help in providing the best possible experience for our patients. We look forward to the opening of the second entrance and to sharing this wonderfully renovated facility with you.
UTMB to Add New Safeguards for Patient Privacy

This article originally ran in the December 12, 2013 issue of Impact

UTMB Health is adding new computer safeguards to assure patient privacy.
The information security and privacy offices will install a system that continuously monitors electronic access of UTMB’s estimated 2 million patient records and reports any suspicious activity. UTMB already guards the records in a password-protected network secured to thwart outside intruders. The new system is expected to be in place by February.

Employees and others with access to patient records will be briefed before the monitoring starts and asked to acknowledge in an online form that they understand its significance, said Shelly Witter, privacy officer and director of compliance programs.

“Since there is a lot at stake, we want to ensure that employees are aware this capability is coming and that they know when it gets here,” Witter said.

Employees who violate privacy regulations may be disciplined or terminated.
The monitoring will encompass UTMB Health and UTMB’s Correctional Managed Care operation. Systems to be monitored include MyUTMB; Epic, the electronic medical records system; and Invision, the patient scheduling system.

“In actual use, the UTMB monitoring system will apply custom parameters that interpret activity in the records systems and determine if anything looks suspicious,” said Robert Shaffer, director of information security.

Custom parameters help match bits of information that might indicate suspicious behavior, such as:

- employees who access records outside their practice area (for example, an obstetrics/gynecology employee who views the record of a male patient)
- a neighbor’s record or a record of a patient with the same last name as the employee.

Witter said monitoring systems can make errors: “An individual from the Office of Institutional Compliance will investigate and research any alert to determine whether it’s a ‘false positive’ or indicates inappropriate activity,” she said.

Authorized users of UTMB patient-records systems must sign in to use the systems. Computer logs record masses of information, including the sign-ins of authorized users and the information that a user views. Using the data, the monitoring system can retrieve much information, including the time and date of a user’s access, information viewed, which workstation was used and the pattern of data searches

With customized parameters in place, for example, the monitoring system can identify whether an employee accessed the records of another employee or VIPs receiving medical care, Shaffer said.

“The system is designed to protect all patients, but it also benefits our employees who are patients and have concerns about their information being inappropriately viewed or used by supervisors or co-workers,” Witter said.

UTMB itself enforces rules about patient privacy as outlined in the Institutional Handbook of Operating Procedures.

Numerous medical centers have paid millions of dollars in fines and penalties, and dozens of their employees have been fired or prosecuted due to patient-privacy violations in the past few years. The organization Privacy Rights Clearinghouse reports a rising number of breaches that are traced to employees, contractors or others with legitimate access. Health care centers in the United States, the organization said, reported 84 such incidents since 2010, with two-thirds of them taking place in the last 18 months.

HELPFUL TIPS:

- Don’t access patient information if it’s not part of your job or assigned duties.
- Sign off when you leave a workstation that can access patient information.
- Secure any printed patient information before leaving a work area.
- Limit your access to only the patient information that is relevant to your job. Example: If you are treating a patient for a broken ankle, you probably don’t need to look at the records of a previous stay relating to the patient’s hand surgery.
- Never allow co-workers to use your sign-in and password, even if you log in for them.
- Don’t email unencrypted patient information outside the utmb.edu network.
- Don’t disclose a friend’s patient information to them when it is not part of your job to do so.
- Don’t use the patient care system to look up addresses, locations or phone numbers for employees, co-workers or students.
- Don’t access a patient’s medical record after your involvement in the patient’s care is over. Example: A student who worked up a history on a patient moves to another rotation, but wants to access the record to see where the patient is now.
LifeWings LLP is a global industry leader in patient safety improvement training, founded to improve the quality of healthcare by utilizing best practices of highly reliable organizations and aviation-based methodologies. UTMB first entered a partnership with them in 2005 to improve our safety culture. The program consists of onsite training sessions and customized safety tools (e.g. checklists and standard protocols) to ensure lasting changes. This aviation-based checklist system, known as Crew Resource Management (CRM), is now being applied in our critical care departments.

Earlier this month, LifeWings consultants visited UTMB to train a group of UTMB employees to conduct this interactive patient safety course. The training provided specific team skills that will improve communication and performance, reduce errors and create better teamwork, health care processes and system reliability. The course describes the role of human limitations and the inevitably of human error and why there is a need to have safety systems in place. This week-long intensive training was completed by Dr. Marvin Cohen, Dr. Kristene Gugliuzza, Jennifer Baer and Amber Clayton.

“The LifeWings ‘Train the Trainer’ course was an outstanding experience for me. It was an intense week, but at the end I was proud that I passed and pleased that I came away with new and enhanced facilitation skills that will be helpful in many aspects of my role.”

– Jennifer Baer, Director Nursing Quality

“The LifeWings trainer is an opportunity for me to improve the culture of safety through teamwork and hardwired practices at UTMB. This course provided me with the skills and knowledge to better communicate to my colleagues and coworkers my commitment to ensuring for all of our patients the most reliable and dependable health care experience possible.”

– Marvin Cohen, MD Professor, & Vice Chair, Anesthesiology

Construction of Victory Lakes Expansion to Begin

Construction is scheduled to begin in February on a $90 million building expansion project at the Specialty Care Center at Victory Lakes in League City.

This expansion allows UTMB Health the opportunity to provide more services and convenience to our patients in the rapidly growing Bay Area.

The expanded clinical space will house additional operating rooms, an emergency department, observation units, and support areas for procedures and surgeries requiring up to a 72-hour stay. The Specialty Care Center’s ambulatory surgery and complex diagnostic services will expand to provide 39 inpatient beds, 17 emergency/urgent care treatment rooms, additional operating rooms, endoscopy rooms, and 25,000 square feet of shell space for future development. In addition, the finished site will provide increased imaging capabilities including an X-ray fluoroscopy facility, ultrasound, and CT unit.

The utilities project will build a 5,000 square-foot plant to provide added thermal utilities, normal and emergency electrical power, and redundancy for each system at Victory Lakes. The system will be capable of independently providing electricity, hot water and chilled water for up to 72 hours. The design will provide for three 400-ton chillers and 6 million BTU of hot water.

UTMB opened the Specialty Care Center, 2240 Gulf Freeway South, in 2010. It houses several clinics and currently covers 110,000 square feet.

A groundbreaking ceremony for the expansion is scheduled for February 26, 2013 at 4 p.m.

Welcome, Deb McGrew, Chief Operating Officer, UTMB Health System

Welcome aboard to Deborah A. McGrew as chief operating officer for the UTMB Health System, effective January 17. McGrew will be responsible for leading, planning and directing all aspects of the Health System, which includes the hospitals, clinics, and Correctional Managed Care. She will work closely with Donna Sollenberger, executive vice president and chief executive officer of the Health System, as well as Dr. Danny Jacobs, executive vice president, provost and dean of the School of Medicine.

Until recently, McGrew was the associate vice president, reporting to the chief executive officer at the University of Alabama at Birmingham Hospital (UAB), a 1,146-bed quaternary care academic medical center with total operating revenue of $1.2 billion and annual discharges of 50,000 patients. At UAB, McGrew was responsible for leadership of the Center for Psychiatric Medicine, the Comprehensive Transplant Center, the operation of the UAB hospital-based clinics, Critical Care Transport Services, Respiratory Services, Infusion Services, the Palliative Care and Geriatric Service line, and the Hospital Health Club. She was at UAB from 2005 until 2012. Prior to her work at UAB, McGrew was administrative director of Transplant Services at the University of Wisconsin Hospitals and Clinics.

Mcgrew completed her BA in Biology at Drury College in Springfield, Missouri. She received her MHA in Health Administration from Washington University School of Medicine in St. Louis, Missouri and completed her administrative fellowship at the City of Hope National Medicine Center, a comprehensive cancer center and research institute located in the greater Los Angeles area.
Sandra Calapan, RN was nominated for her clinical skills and compassionate care with patients and their families. Working as a rapid response nurse, she brought a patient to SICU from the floor. While in the SICU, she heard that multiple trauma victims were in route. Sandy volunteered to stay and help. The first patient arrived, and Sandy showed critical thinking, quickly prioritizing her actions and working nonstop to stabilize the patient, who required multiple blood products. She demonstrated teamwork by working with our SICU team to ensure all of our patients received the best care. Although we were unable to save the most critically injured patient, the family confided in us that seeing Sandy and other members of the SICU work so hard to try to save him comforted them. Sandy demonstrated a patient/family focus by allowing the family to see that every effort was made to save their loved one.

Erica Zamora, NC IV in CT Surgery/Vascular Surgery was the second iPad winner in the “Visit the Mock-Up” contest. Anesthesia Tech II, Angelica Ramos, in the Surgical Operating Suite, was also a winner; she was featured in the December 2012 issue of Friday Focus. Thank you for your feedback, and congratulations!