

Attachment 301-A Performance Improvement

Performance Improvement

The Performance Improvement method used in the LAC+USC Medical Center to guide Performance Improvement activities is the Institute for Healthcare Improvement Model for Improvement and Principles of Lean.

I: Performance Improvement Projects

Performance improvement projects (PIP) will be chosen based on deficiencies found in quality control data. PIP must be strategically aligned to the Medical Center Balanced Scorecard.

The Nursing Clinical Council (NCC) participates in identified departmental quality improvement and control indicators. When the problems are multidisciplinary in scope, recommendations are made to the Quality Improvement Committee (QIC) for assistance.

If the QIC determines a problem that requires the dedication of facility wide resources for correction, members of the Department of Nursing Services participate in these activities. The teams that are convened include the persons most knowledgeable about the process and person associated with each step of the process. All teams include a facilitator or coach.

II: Institute for Healthcare Improvement Model for Improvement

A. The Model for Improvement (MOI) is a tool for accelerating improvement.

The tool includes two parts:

1. Fundamental questions:

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

2. Plan- Do- Study- Act (PDSA) cycles for improving and testing changes.

B: Process for using the MOI

1. Form a team
2. Setting Aims (goals)
3. Establish measures
4. Selecting changes
5. Testing changes utilizing rapid cycle improvement PDSA
6. Implementing changes
7. Spreading changes

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III: Principles of Lean

Lean principles have been employed successfully in industry for many decades and while relatively new to healthcare; have been successfully used to improve processes. The basic principles involve identifying key processes (value streams) and then mapping the process as it actually exists. Value is defined from the perspective of the customer (patient) and all aspects in the value stream that do not add value are considered waste and eliminated. The goal is to identify what the ideal process would look like and to use traditional tools of PDSA and rapid cycle improvement to identify and drive out waste so that all work adds value and serves the patient's needs.

IV: Data Display

Whenever possible data should be presented in line graphs such as:

- Run charts
- Control charts

Bar graphs are discouraged as they do not show connections between time points from a systems perspective.

V. Presentations of PIP

Presentations of PIP should utilize the Project Reporting Template

VI: Act to hold the gains:

- Standardize the changes
- Revise the policies and procedures
- Train personnel to enable them to participate in maintain the gain
- Communicate the improvements to appropriate departments and services to ensure changes made are sustained
- Monitor results, continue to gather performance data

Rev: 18,22