12-9-2018

High Reliability + Value Improvement = Learning Organization

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Recommended Citation
Feeney, Sheri; Mezaraups, Liga; Meyer, Douglas; Battey, Glenda; and Severs, Linda, "High Reliability + Value Improvement = Learning Organization" (2018). Publications. 11.  
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High Reliability
+
Value Improvement
=
Learning Organization

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Linda Severs, OTR/L, MPA, Lean Six Sigma Black Belt

SL16
The presenters have nothing to disclose.

#IHIFORUM
Reflection & Safety Message
Session Objectives

• Learn how High Reliability Organization (HRO) and Clinical Value Improvement (CVI) are integral to Providence St. Joseph Health’s strategic plan and leadership development

• Identify successful elements and challenges of implementation and spread of our high reliability behaviors

• Demonstrate how HRO behaviors are the foundation for daily improvement across a large organization

• Apply Clinical Value Improvement to enable employees to improve their job, quality, and affordability
## Today’s Journey

<table>
<thead>
<tr>
<th>Approx. Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 min</td>
<td>Objectives, Goals, &amp; Get to Know Each Other</td>
</tr>
<tr>
<td>20 min</td>
<td>High Reliability Organization Journey</td>
</tr>
<tr>
<td>30 min</td>
<td>Activity: Learning Board</td>
</tr>
<tr>
<td>20 min</td>
<td>Clinical Value Improvement Journey</td>
</tr>
<tr>
<td>30 min</td>
<td>BREAK</td>
</tr>
<tr>
<td>20 min</td>
<td>One Hospital’s Story</td>
</tr>
<tr>
<td>60 min</td>
<td>Activity: Problem Deep Dive</td>
</tr>
<tr>
<td>10 min</td>
<td>Closing</td>
</tr>
</tbody>
</table>
Getting To Know Us

HELLO
my name is

My role is __________
Who is Providence St. Joseph Health?

- **51** hospitals
- **829** clinics
- **5m** unique patients served
- **16** supportive housing facilities
- **119k** caregivers
- **38k** nurses
- **25k** physicians
- **2.1m** covered lives
- **1.2m** home health visits
- **2** health plans
- **$1.6b** community benefit

States served:
- Alaska
- California
- Montana
- New Mexico
- Oregon
- Texas
- Washington
PSJH Mission, Vision, Values, Promise, & Strategy

**MISSION**
As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

**Values**
Compassion Dignity Justice Excellence Integrity

**Vision**
Health for a Better World

**Promise**
Know Me, Care For Me, Ease My Way

**STRENGTHEN THE CORE**

**BE OUR COMMUNITIES’ HEALTH PARTNER**

**TRANSFORM OUR FUTURE**
PSJH Clinical Strategy: HRO is Foundation

CULTURE OF RELIABILITY, RESPECT, EQUITY AND EMPOWERMENT

- SAFE
  - No physical, emotional or financial harm

- EFFECTIVE
  - Evidence Based Practice, Research

- COMPASSIONATE
  - Care Experience, Compassion

- SEAMLESS
  - Institutes, Care Coordination

- PERSONALIZED
  - Goal-Aligned, Genetically Tailored

- HIGH VALUE
  - Best outcomes/cost

© 2018 Providence St. Joseph Health
How to Achieve Characteristics of HRO

# Initial Diagnostic Study Summary

## “How” Data: Individual Errors

<table>
<thead>
<tr>
<th>Error Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Critical Thinking</td>
<td>37%</td>
</tr>
<tr>
<td>Lack of Knowledge &amp; Skill</td>
<td>19%</td>
</tr>
<tr>
<td>Lack of Attention on task</td>
<td>14%</td>
</tr>
<tr>
<td>Non-Compliance</td>
<td>14%</td>
</tr>
<tr>
<td>Lack of Info processing</td>
<td>13%</td>
</tr>
<tr>
<td>Normalized Deviance</td>
<td>3%</td>
</tr>
</tbody>
</table>

Moderate to Severe Harm = 785 events  
Individual Acts coded = 1019

PRIVILEGED & CONFIDENTIAL CLIENT INFORMATION protected from discovery as pursuant to state statutes of Providence St Joseph Health. Diagnostics performed by Press Ganey/Healthcare Performance Improvement, LLC in collaboration with PSJH.
### Initial Diagnostic Study Summary

#### “Why” Data:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>49%</td>
</tr>
<tr>
<td>Process</td>
<td>21%</td>
</tr>
<tr>
<td>Policy &amp; Protocol</td>
<td>14%</td>
</tr>
<tr>
<td>Structure</td>
<td>10%</td>
</tr>
<tr>
<td>Technology &amp; Environment</td>
<td>6%</td>
</tr>
</tbody>
</table>

| Moderate to Severe Harm   | 785 events |
| System Failures Acts coded | 1522       |

---

 PRIVILEGED & CONFIDENTIAL CLIENT INFORMATION protected from discovery as pursuant to state statutes of Providence St Joseph Health. Diagnostics performed by Press Ganey/Healthcare Performance Improvement, LLC in collaboration with PSJH
Caring Reliably
Be Compassionate, Be Safe, Be Reliable

Serious Safety Event Rate: Inpatient only, as of Sept 2018

<table>
<thead>
<tr>
<th>Month of Date</th>
<th>SSEs Resulting in Death</th>
<th>SSEs Mod to Severe</th>
<th>12MMA SSE Rate</th>
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<tbody>
<tr>
<td>Jan-18</td>
<td>2</td>
<td>10</td>
<td>2.02</td>
</tr>
<tr>
<td>Feb-18</td>
<td>2</td>
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<tr>
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<td>3</td>
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</tr>
<tr>
<td>Apr-18</td>
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<tr>
<td>May-18</td>
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<td>7</td>
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<td>Jun-18</td>
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<tr>
<td>Dec-21</td>
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### Safety Climate all Settings

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<tr>
<th>Region</th>
<th>2017 % Favorable</th>
<th>2017 % Positive</th>
<th>% Positive vs. 2016</th>
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<td>80%</td>
<td>74%</td>
<td>+5</td>
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<tr>
<td>AK</td>
<td>83%</td>
<td>77%</td>
<td>+7</td>
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<tr>
<td>NWR</td>
<td>79%</td>
<td>72%</td>
<td>+8</td>
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<tr>
<td>CH</td>
<td>82%</td>
<td>76%</td>
<td>+5</td>
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<tr>
<td>PHC</td>
<td>80%</td>
<td>74%</td>
<td>+10</td>
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<tr>
<td>PMC</td>
<td>83%</td>
<td>81%</td>
<td>+6</td>
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<td>PSCS</td>
<td>80%</td>
<td>74%</td>
<td>+9</td>
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<tr>
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<td>73%</td>
<td>+4</td>
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<tr>
<td>SER</td>
<td>81%</td>
<td>76%</td>
<td>+4</td>
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<tr>
<td>SoCal – LA</td>
<td>79%</td>
<td>73%</td>
<td>+5</td>
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<tr>
<td>Sweden</td>
<td>78%</td>
<td>70%</td>
<td>+2</td>
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<tr>
<td>SWR</td>
<td>80%</td>
<td>74%</td>
<td>+7</td>
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<tr>
<td>WMR</td>
<td>85%</td>
<td>81%</td>
<td>+8</td>
</tr>
<tr>
<td>Legacy SJH Regions</td>
<td>81%</td>
<td>--</td>
<td>N/A</td>
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<tr>
<td>Northern California</td>
<td>76%</td>
<td>66%</td>
<td>N/A</td>
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<tr>
<td>SJH System Office</td>
<td>81%</td>
<td>75%</td>
<td>N/A</td>
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<tr>
<td>SoCal – OC and High</td>
<td>81%</td>
<td>78%</td>
<td>N/A</td>
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<td>Desert</td>
<td>85%</td>
<td>80%</td>
<td>N/A</td>
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<tr>
<td>Texas</td>
<td>83%</td>
<td>80%</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Building Frontline Ownership

What if I have an idea to improve how we do things???

What if policies, procedures, checklists DON’T MAKE SENSE ???

Learning Boards

Department Huddles

Daily departmental huddle agenda

1. **LOOK BACK** – Significant safety or quality issues from yesterday
2. **LOOK AHEAD** – Anticipated safety or quality issues for today
3. Follow up on **Start-the-Clock** Safety Critical Issues
Two Views of Waste

**Micro**
- Overproduction
- Transportation
- Motion
- Waiting
- Processing
- Inventory
- Defects

**Macro**
- Overtreatment
- Failures of care delivery
- Failures in care coordination
- Administrative complexity
- Pricing failures
- Fraud and abuse

IHI Leadership Alliance Waste Driver Diagram

BIG AIM

Systematically and proactively identify and eliminate non-value-added waste in health care

PRIMARY DRIVERS

P1 Reduce harm and safety events

P2 Reduce non-value-added operational workplace waste

P3 Reduce non-value-added clinical variation waste

P4 Actively solicit staff and clinician ideas

P5 Involve patients in identifying what matters to them

P6 Redesign care to achieve the Triple Aim

P7 Engage Leadership to provide ongoing sponsorship

SECONDARY DRIVERS

1. Conduct regular review of safety and adverse events to identify opportunities
   2. Identify Bold Goals/organization-wide strategic focus areas to reduce harm

1. Create a culture of focus on the relentless pursuit of operational waste
   2. Improve operational efficiency through redesign
   3. Link to organizational focus on creating Joy at Work

1. Engage clinicians in activities to reduce unwarranted clinical variation
   2. Build linkages to the EHR/EMR for real-time “smart alerts”

1. Equip and train front line to use key tools (e.g. Lean, Visibility, Waste Reduction)
   2. Engage front line in idea generation (e.g. huddles, “fresh eyes”, teams)

1. Involve patients in co-design to identify value-added vs. non-value added steps
   2. Solicit ideas from patients and families on waste reduction opportunities

1. Engage in care redesign across transitions of care
   2. Build in focus on waste reduction to tests of change on Triple Aim

1. Incorporate focus/priorities for system-wide and cascaded strategic plans
   2. Create executive system-wide visibility system to measure outcomes
Simulation: Problem Identification
PSJH Clinical Strategy: High Value is the Aim

- **HIGH VALUE**: Best outcomes/cost
- **PERSONALIZED**: Goal-Aligned, Genetically Tailored
- **SEAMLESS**: Institutes, Care Coordination
- **COMPASSIONATE**: Care Experience, Compassion
- **EFFECTIVE**: Evidence Based Practice, Research
- **SAFE**: No physical, emotional or financial harm

**CULTURE OF RELIABILITY, RESPECT, EQUITY AND EMPOWERMENT**
The Value Equation

Value = Outcomes/Cost
Develop the Whole Leader

Clinical Leadership
Do Right by my Patients
- High Reliability Behaviors
  - Tones, Tools
  - Leadership behaviors
- Compassionate Care
  - Goal-aligned care
- Clinical Value Improvement
  - Value = outcomes/costs
- Change Management
  - Scale, Spread, Sustain
  - Team-based care

Business Leadership
Do Right by the Organization
- Thought Leader
  - Business Acumen
  - Strategic Thinking
  - Innovative Mindset
- Results Leader
  - Enhances the Patient and Customer Experience
  - Organizational Agility

People Leadership
Do Right by the Caregiver
- Inspirational Leader
  - Mission Focused
  - Courageous Presence
  - Servant Leader
- People Leader
  - Coaches and Develops Others
  - Builds Diverse and Inclusive Talent
  - Partner and influence Effectively
  - Steward of Engagement

#IHIFORUM
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Clinical Value Improvement | 2018-20 at a glance

Problem: We have excellent clinicians in leadership roles, with widely varying leadership skills in driving value = a lack of synergy between clinical, operational and financial leaders.

Vision: We will develop our executive and mid-level leaders to be the skilled, strategic, transformational leaders we need for Health for a Better World.

Aim: 2018-2020
Executive & Mid-level leaders

65%
Of our costs come through hospitals

Clinical Value Improvement (CVI) Executives; a project-based, 120 day leadership experience for CMOs, CNOs and CFOs in a Region led by core CVI Faculty.
Clinical Value Improvement (CVI) Ministry; a project-based, 85 day leadership experience for Clinical Directors, Unit Leaders and Medical Directors at a PSJH Ministry/hospital led by local faculty.

Ministry CVI
3 in 2018
30 in 2019
17 in 2020
~ 1500 leaders

Executive CVI
1 in 2018; 70 executives;
70-80 executives in 2019

3 types of measures
Behavior
Engagement of medical staff

Progress on Top 20 DRGs
Cost of recruitment

How can you help?
Create the time and space for Region CMOs, CNOs and CFOs to engage in Executive CVI
Clinical Value Improvement
Tiered Value Improvement Model Vision

**Executive CVI**

**Manage**

**Lead**

**Ministry CVI**

**HRO Toolbox & CVI skills**

**Executives**
- Lead value improvement at micro, meso, and macro levels
- Apply skills of scale, spread, and sustainability
- Set vision of the learning organization in delivering value

**Clinical Directors/Senior Medical Directors**
- Statistical process control (run/control charts)
- Understanding/applying variation in improvement
- Able to scale & sustain improvements
- Teach/coach other leaders

**Managers/Unit Leaders/Medical Directors**
- HRO Leader Toolbox
- IHI Open School Quality modules
- Coaching for improvement
-Inject CVI/Leader tools into existing forums

**All Caregivers & Providers**
- HRO Toolbox for Everyone
- Eight wastes in healthcare
- JIT CVI skills at Huddles/Learning Boards
Learning objectives: Equip Ministry level CMOs, CNOs and CFOs/COOs to:

- Set the vision of the learning organization to deliver value; craft and lead the strategic improvement agenda
- Ready mid-level leaders to Manage the improvement agenda; coach and train
- Apply skills of scale, spread, and sustainability

**Foundations**

What is our aim?
How will we know a change is an improvement?
What changes can we make that will result in improvement?

**Business**

What is value?
What are the business drivers of cost?
How do we create and measure value?

**Pebble in the Pond**

How can the organization and community structure be used to facilitate spread?
How will I help other leaders inspire organization-wide adoption?
Clinical Value Improvement
Southern California Executive Program

Target Audience: 65 Ministry level CMOs, CNOs, CFOs/COOs, and CQOs

Prepare
Purpose: Decide on the strategic improvement topic, overall measures of success, and projects

Learn
Value Proposition: Equip Ministry level CMOs, CNOs and CFOs/COOs to set and lead a strategic improvement agenda

Sustain
Purpose: Assess readiness; to what extent is the organization ready spread and sustain improvements? Are the people ready?

Formal 120 day program

Lessons to date:
• **The backstory** = a dynamic, fruitful and sometimes messy endeavor to unify the structure in SoCal
• **The big idea** = to use CVI as a catalyst for coming together as a Region
  • SoCal is in the middle of this journey, and the teams are wrestling with what it means to be “one”
  • It is fragile; and there is a pull towards the local, so CVI is serving as a “proof point”
BREAK
ACCOLADES
2017 Statistics & Awards

- HealthGrades Labor and Delivery, Obstetrics and Gynecology, and Gynecological Surgery Excellence Awards
- Nurse.org – One of the best hospitals for nurses to work
- LifeNet Health – Hospital of the Year
- American Heart Association - Get with the Guidelines Stroke Gold Plus Quality Achievement Award
- CareCheck #1 in Washington State for cardiac care
- Stryker Sustainability Program Gold Healthy Hospital award

340,586 PRIMARY CARE OUTPATIENT VISITS

214,942 SPECIALTY CARE OUTPATIENT VISITS

31,150 INPATIENT ADMISSIONS

$65.9 Million COMMUNITY BENEFIT

4,540 BIRTHS

89,406 EMERGENCY DEPARTMENT VISITS

29,750 SURGERIES & PROCEDURES
From HRO to CVI: One Hospital’s Story

PRMCE: Acute

- SSEs Resulting in Death
- SSEs Mod to Severe
- 12MMA SSE Rate

Month of Date

- Jan-16
- Feb-16
- Mar-16
- Apr-16
- May-16
- Jun-16
- Jul-16
- Aug-16
- Sep-16
- Oct-16
- Nov-16
- Dec-16
- Jan-17
- Feb-17
- Mar-17
- Apr-17
- May-17
- Jun-17
- Jul-17
- Aug-17
- Sep-17
- Oct-17
- Nov-17
- Dec-17
- Jan-18
- Feb-18
- Mar-18
- Apr-18
- May-18
- Jun-18
- Jul-18
- Aug-18

Count of SSEs

- 2
- 1
- 1
- 1
- 1
- 1
- 1
- 1
- 1
- 1

12MMA SSE Rate

- 0.00
- 0.20
- 0.25
- 0.29
- 0.29
- 0.29
- 0.29
- 0.34
- 0.38
- 0.42
- 0.42
- 0.42
- 0.43
- 0.43
- 0.51
- 0.52
- 0.72
- 1
- 0.61
- 0.62
- 0.63
- 0.59
- 0.55
One Hospital’s Story

DIRECT the RIDER
MOTIVATE the ELEPHANT
SHAPE the PATH

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One Hospital’s Story

2. Motivate the Elephant

What looks like laziness is often exhaustion
Engage both rational & emotional sides

Find the Feeling

See-Feel-Change:
Show people things that make them feel what the changes mean.
Evoke positive feelings and interest.

Shrink the Change

Make people feel they’re already moving toward the finish line.
Break down tasks into small parts to engineer early victories.
Make progress visible.

Grow your People

Cultivate a growth mindset. Constantly remind people that abilities are strengthened with practice, and failures are learning opportunities.
CVI Ministry Journey Map

Clinical Leader: *learning journey*

**Pre-Join and Join**
- Why do I want to lead?
- Personal vision
  - What does it take?
- Lean into discomfort
- What do I need to know & have to be effective?
- Welcome! A friend at work
- How do I become a part of...?

**Learn**
- Discover hidden talent
  - Experiment
  - I’m doing it!
- Practice! “Tests”
- Learn! “Lessons”
  - 70-20-10
  - Make mistakes
  - Skill practice

**Grow**
- Get started!
- Activate!
- New role
  - New challenge within role
- Readiness
  - Mastery; deep learning from hardship & success
- Personal transformation
  - Integrating role into self

**Renew**
- Innovation & risk taking
- Show up in a more confident manner
- New source of passion/calling
- Impact on PSJH & community
- Change leadership
Financial Impact of Projects, First Cohort

Hard Dollars
$581,887

- Post Partum LOS Reduction $347,487
- ED Social Admits $224,000
- Pharmacy Reduction of Wasted IV Meds $10,400

Soft Dollars
$65,170

- Bed Placement Barrier Reduction $36,340
- Room Readiness (Beds) $28,830

No Financial Impact

- Heart Failure OP Follow Up Appointments
- Inpatient Surgery to Pre-Op Consent Correct
- ED CT Turnaround Time (Closed)
One Hospital’s Story

Improvement Science
- Use selected IHI Open School modules
- Power of data display on Learning Boards
- Go to gemba

Finance
- Partner with CFO early & often
- Insist on ROI estimate at project selection
- Common finance language

Pebble in the Pond
- Executive Team commitment
- Estimate time commitments with role clarity
- OE partners are vital
Simulation Work
Simulation: Problem Deep Dive
• Evolution of HRO and CVI to address Health for a Better World, must be constantly evolving.
• Breaking silos of where care happens, merging the lines across the care continuum
• Challenge pre-conceived notions that depict how roles traditionally function