Bringin’ it to the Bedside: Staff-Driven Savings

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Presenter Disclosures

There are no conflicts of interest to disclose for the presenters.

Session Objectives

• Identify organizational strategies to engage bedside staff in non-labor expense reduction

• Develop and implement a strategy for sharing best practices across units
Agenda

• Introduction
• CHOPtimize- the organizational initiative
• Leveraging nursing shared governance in engaging frontline staff
• Structured QI framework and methodology
• Spreading best practices and tool kit
• Successes at the bedside- glucose test strips and pulse oximetry
• Embedding CHOPtimize into operations
• Discussion

About The Children’s Hospital of Philadelphia

• Founded in 1855 as the nation’s first hospital dedicated exclusively to the care of children
• Located in West Philadelphia adjacent to the University of Pennsylvania
• Specialists serve as the Department of Pediatrics for the University of Pennsylvania School of Medicine
  – Ranked as #1, #2, or #3 for 9 of the 10 subspecialties
  – #1 pediatric residency program
• Magnet Institution
The Numbers

Key operating statistics

- $2.4B net revenue
- **11,649 employees**
- 537 licensed beds (main campus)
- 28,154 admissions
- 436 average daily census
- 1.2M outpatient visits
- 90k emergency department visits

Network platform

- 11 specialty care centers
- 3 ambulatory surgery centers
- 31 primary care sites
- 3 urgent care centers
- 11 community hospital partners
- Home health

Culture Change

“For things to remain the same, everything must change”

(spoken by Tancredi)

“As CHOP employees, we all have an opportunity and obligation to continuously look for ways to improve how we do our work. Every team must redesign and improve their work processes to work smarter, not harder, and still deliver a high standard of care.”

Dr. Steven Altschuler - Office of CEO message titled “Workforce Productivity: Focus on Continuous Improvement” (December 21, 2011)
Bringin’ It to the Bedside:
Staff-driven savings
Organizational Engagement
Amy Gallagher
A Little About Me....

• Senior Director of Home Care at The Children’s Hospital of Philadelphia

• CHOPtimize Co-leader from initiation of project

• Doctor of Pharmacy, Master's in Health Care Administration, Member of CHOP's Therapeutic Standards, Medical Device, and Value Analysis committees

CHOPtimize Savings Goal

• Save $45 Million of non-labor expenses over the next three years

Use the right Supply for the right Patient at the right Time!
How will we do this?

Follow the CHOPtimize established plan:
• identify, standardize and analyze products and services
• eliminate waste
• uncover unnecessary costs
• remove non-value added features

All while maintaining or improving:
• efficiency
• reliability
• QUALITY

Where to start

Strategic Plan
• Organization wide initiative that is visible on an Operating Plan with measurable goals
• Direct administrative involvement and systematic support
• Culture shift necessary for buy-in and sustainability

Leadership Briefing
**Build your structure**

*First...*

Determine your committee and team structure

– select your team leaders
– select team members that are inclusive of your organization
– establish clear expectations of each member
Roles and Responsibilities

Define your Team Roles
• Team Leaders
• Steering Members
• Team Members
• Supply Team Members

Create your idea

Develop "YOUR" name
Establish "Your" vision
Create "YOUR" story

Remember staff engagement is key!!

Keep your goal in line of sight!!
Support

• Commission Resources needed for success
  – Supply Chain
  – Physicians
  – Contracting
  – Finance
  – Infection Control
  – Process Improvement
  – Information Technology
  – Data Sources - internal and external

Hitting the target

• Initial successes

• Continue to tell your story

• Spread CHOPtimize to all staff
Bringin’ It to the Bedside:
Staff-driven savings
Empowering the Bedside Staff
Megan Waxler

A Little About Me....

• Clinical Nurse Expert at The Children’s Hospital of Philadelphia

• 55 bed Pediatric Intensive Care Unit

• Former Department Chair for the Supporting Practice and Management Committee in Nursing Shared Governance
Nursing Shared Governance

- Encompasses a series of unit based and department councils for multidisciplinary team members that are the forums for decision making in the Nursing department

- Retain the responsibility and accountability for the process and outcome of all issues related to professional practice, research, quality improvement, education and leadership through a shared governance structure

Supporting Practice and Management Council

Responsibilities include:

- Support and resource, in a fiscally responsible manner, the Department of Nursing in its quest to provide quality care

- Support operational systems and workflow management strategies that support unit and department goals and objectives
Getting them Engaged

Bridging the gap between the suits and the scrubs

Elevator Speeches

Let me tell you about this great CHOPtimize initiative and why it’s important.....

Sure! You have 20 seconds...19...18...
Embracing Change

• Understanding the “why”

• How does this help me? How does this help our patients?

"Progress is impossible without change, and those who cannot change their minds cannot change anything."

- George Bernard Shaw
Good Grief!
“People do not fear change, they fear loss”

<table>
<thead>
<tr>
<th>Denial</th>
<th>Commitment</th>
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</thead>
<tbody>
<tr>
<td>“It’s not happening to me”</td>
<td>“This is how I work now”</td>
</tr>
<tr>
<td>“I don’t have to do this”</td>
<td>“This is a better way”</td>
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Letting Go
The Neutral Zone

<table>
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<tr>
<th>Resistance</th>
<th>Exploration</th>
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<tr>
<td>“This will never work”</td>
<td>“OK, maybe this can work”</td>
</tr>
<tr>
<td>“I want to go back to the old way”</td>
<td>“There might be a way…”</td>
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Providing the Support

Who are your resources?

- Support from Nursing Leadership to get work done
- Multidisciplinary effort:
  - Supply Chain
  - Finance
  - Nursing
  - Environmental Services
  - Performance Improvement
  - Quality Improvement
We are spending how much??
The Numbers

- **28** active unit based projects driven by clinical nurses
- Total FY15 savings for all projects including pulse oximetry = $546,768.00

(and going up!)

Now...how did we get them there??
Bringin’ It to the bedside: 
Staff-driven savings

Integrating Structured Improvement Methods
Cheryl Gebeline-Myers, MS

A Little About Me....

• Manager, Enterprise Improvement at The Children’s Hospital of Philadelphia

• Office of Safety and Medical Operations

• I represent many improvement professionals at CHOP supporting the CHOPtimize efforts (*The Suits*)
Engage care providers in cost savings... 

AND use standardized improvement methodologies...

Where do we begin??
GLOBAL AIM

Embed Staff-Driven savings and build improvement capability at the Unit-Level

Non-Salary Expense Reduction: Unit-Level Transformation
Key Driver Diagram
FY 2014-2015

- PRIMARY DRIVERS
  - Unit-level engagement
  - Education
  - Standardized improvement methodology
  - Data availability
  - Leadership engagement/support

- SECONDARY DRIVERS
  - Integrate existing committee structure
  - Establish sense of urgency/call to action
  - Foster cross-unit collaboration

- CHANGE CONCEPTS
  - Foster support to align with SPM
  - Demonstrate financial concepts/tools and linking impact to health care financials
  - Ensure leadership/valORIZATION of improvement
  - Integrate sharing of accomplishments/lessons learned across units (benefits all organization/unit)
  - Tracking and sharing of unit progression through implementation framework

- Global Aim:

  Embed Staff-Driven savings and build improvement capability at the Unit-Level

- Education
  - Administrators/staff must have an understanding of the improvement framework phases/tools

- Improvement tool availability
  - Have standardized improvement tools readily available for units

- Improvement guidance/support
  - CSO team lead, SPM Chair, OSRO support
  - Align SPM chairs with unit-level quality and safety coordinators (if support)
  - Work with unit leaders to identify relevant breakdowns/access needed

- Data tool training and ongoing support/refinement
  - Utilize strategies, tools, analytics, survey and trend/mapping data available
  - Generate supply-specific SMART models

- Leadership engagement/support
  - Establish as a priority
  - Ongoing support of unit-level efforts

- Change Concepts
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- Global Aim:

  Embed Staff-Driven savings and build improvement capability at the Unit-Level

- Standardized Improvement Methodology
  - Centralized, easy to use tool for Opportunity Identification and tracking/monitoring over time

- Data availability
  - Basic/mapping data/Cross-institution sharing

- Improvement guidance/support
  - Ongoing support of unit-level efforts

- Change Concepts
  - Foster support to align with SPM
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The ‘How’: Structured Improvement Methodology

- Structured framework for improvement modeling IHI Model for Improvement

- Longitudinal, staged improvement education with application of concepts between phases

- Mentorship with organizational improvement experts

- Structured oversight and accountability for deliverables

Nursing Practice- Improvement Language Crosswalk

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<tr>
<th>Admin</th>
<th>Nursing</th>
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<tr>
<td>Voice of Customer (VOC) Charter</td>
<td>Pt. feedback Assessment</td>
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<tr>
<td>Data Benchmark Value stream map</td>
<td>Data Research Workflow</td>
</tr>
<tr>
<td>Action plan Tests of change</td>
<td>Care plan</td>
</tr>
<tr>
<td>Monitor</td>
<td>Interventions</td>
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Similar goals & tools...just different names
Define Phase: 
What problem are you trying to solve?

• Use data to inform focus
• The Project Charter
• Assemble the team

Diagnose Phase: 
What is the Current State?

• Interview staff
• Go for a ‘Walk’
• Map the process
• Identify problem areas
Diagnose Phase:
Go for a ‘Walk’

Test & Implement Phase:
Structured Tests of Change

- Use Plan-Do-Study-Act
- Measure, Intervene, Remeasure
- Adopt-Adapt-Abandon change
Sustain and Spread Phase:
What worked and how do we share with others?

• Adopt = embed change in local operations
• Identify other units that can benefit from similar change
• Share the Improvement Story ‘How To’

• But wait...
• Is there a tool for that?
Sustain and Spread Phase:
What worked and how do we share with others?

Now there is!

And now...we’re bringing it to the bedside.

A Highlight of Staff Driven Savings

Jessica Phillips
Clinical Nurse Expert
A Little About Me....

- Clinical Nurse Expert at The Children’s Hospital of Philadelphia
- 35 bed GI, Endocrine, Metabolism, and Liver Transplant unit
- Member of Supporting Practice and Management Committee in Nursing Shared Governance
Department-Wide Initiatives: Pulse Oximetry

Background Information:
Pulse Oximetry represented the largest product spend for the hospital (1.98 million FY 13)

The Pulse-Ox Journey:

Reprocessing practice standardization  Emergency Department Clip Conversion  Longer Lasting Product Conversion (Velcro Prode)  Home Care and Off-site Review / Standardization of Practice

Recycling: Root causes & progress:

 Asking “why” 5 times

• Why are we not recycling?
  ➢ Not enough boxes
  ➢ Boxes not close to bedside
  ➢ Unaware of recycling

• Improvements:
  ➢ Boxes in every room
  ➢ Education
Reprocessing

TOTAL FY 13 – FY 15:

- $1,110,578 Reprocessing Savings
- $2,912 Waste Savings
- 16,181 pounds of waste kept from landfill

Emergency Department Clip Conversion

*Choosing the *RIGHT* probe for the *RIGHT* patient*
NICU Conversion to Velcro Probes

- Geared towards continuous monitoring
- Met the needs for longer stay patients
- The cost logic: Impact is huge (4 day stay example)
  - Current: 4 probes at $10/probe = $40 total
  - Future: 1 probe at $15/probe = $15 total (37.5% savings)
There is Still Work to be Done.

- What’s next for pulse oximetry savings?
  - Introduce the probe in home care setting
  - Work with primary and speciality care sites
    - Determine each office’s practices
    - Generate practice change recommendations
    - Establish pulse-ox recycling at sites that do not yet participate
    - Create a pulse-ox playbook
    - Standardize purchasing
Staff Driven Savings: Glucose Test Strips

- Welcome to 5 West B- 11 bed endocrine unit

- After receiving my unit’s data in SPM it was simple to see it was time to make changes.

Glucose Test Strips
- FY 2014 Spend: $90,000

Utilizing the CHOP Improvement Framework

Glucose Test Strips (just one example):

<table>
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<tr>
<th>Work Chartered</th>
<th>Process Mapped</th>
<th>PDSA Cycles Initiated</th>
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How Can we Prevent Waste?

Our Solution:
Store Supplies in a uniformed place in each patient room.

Execution:
Gain approval from valuable groups
Trial the boxes and gain staff feedback
Hang one box per patient room
Educate staff in daily huddles

Results

Glucose Test Strip Savings

Implementation of unit based changes
Secondary Gains

- Patient Safety
- Nursing Satisfaction
- Professional Development
- Knowledge and Success Sharing
- Including a trip to the IHI!

Embedding CHOPtimize into Operations: Changing Philosophy and Structure
Value Analysis to CHOPtimize

Value Analysis:
- Creative, analytical study and evaluation of the function of products, services and systems
- Identifies the primary function or need of a product or service
- Determines the lowest cost, without compromising quality or safety, for a product or service
- Strong engagement by supply chain staff along with clinical area representation

CHOPtimize:
- Proactively reviews all products, services, and utilization processes identifying opportunities to reduce cost while maintaining safety and quality
- Utilizes a structured quality improvement framework and value analysis methodology to set goals, reduce cost, and provide effective innovative products/processes to enhance patient care
- Driven by end user staff with supply chain support
- Ongoing evaluation of products and processes at routine intervals post implementation

What to Expect?
- Product reviews including requests for new products, opportunities for savings through utilization, standardization, and contract opportunities
- Continued focus on safety, quality, and cost
- Proactive evaluation of data to make changes
- A culture of practicing with a questioning attitude and low tolerance of waste
- Improved turnaround for requests and implementation
- Lots of engagement from clinical staff along with support from supply chain
- And… making it fun by celebrating successes!
FY15 CHOPtimize Results FY15

✓ $16.6M Net and $24.2M Annualized Savings

This achievement shows a culmination of the many great accomplishments by our CHOPtimize teams and the CHOP community at large

AND

Value Based Culture Change
Discussion/Thoughts?