

Growing Grassroots Quality Improvement: A Large Community Hospital's Capacity Building Initiative

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BACKGROUND

Trillium Health Partners (THP) is one of Canada's largest community hospitals with over 1,300 beds and 3 campuses, serving a population of more than 1.5 million residents in the west Toronto region. To deliver on the hospital's new strategic plan and leverage quality improvement (QI) as a core strategic enabler, the hospital delivered training and coaching for 200 Staff, Physicians, and leaders on Lean and QI methodologies to catalyze a number of front-line, grassroots initiatives. Through this successful engagement and skills adoption at a grassroots level, the hospital has increased its 'transformation army' of QI practitioners who have been deployed to deliver – and train others – for strategic hospital projects.

AIM

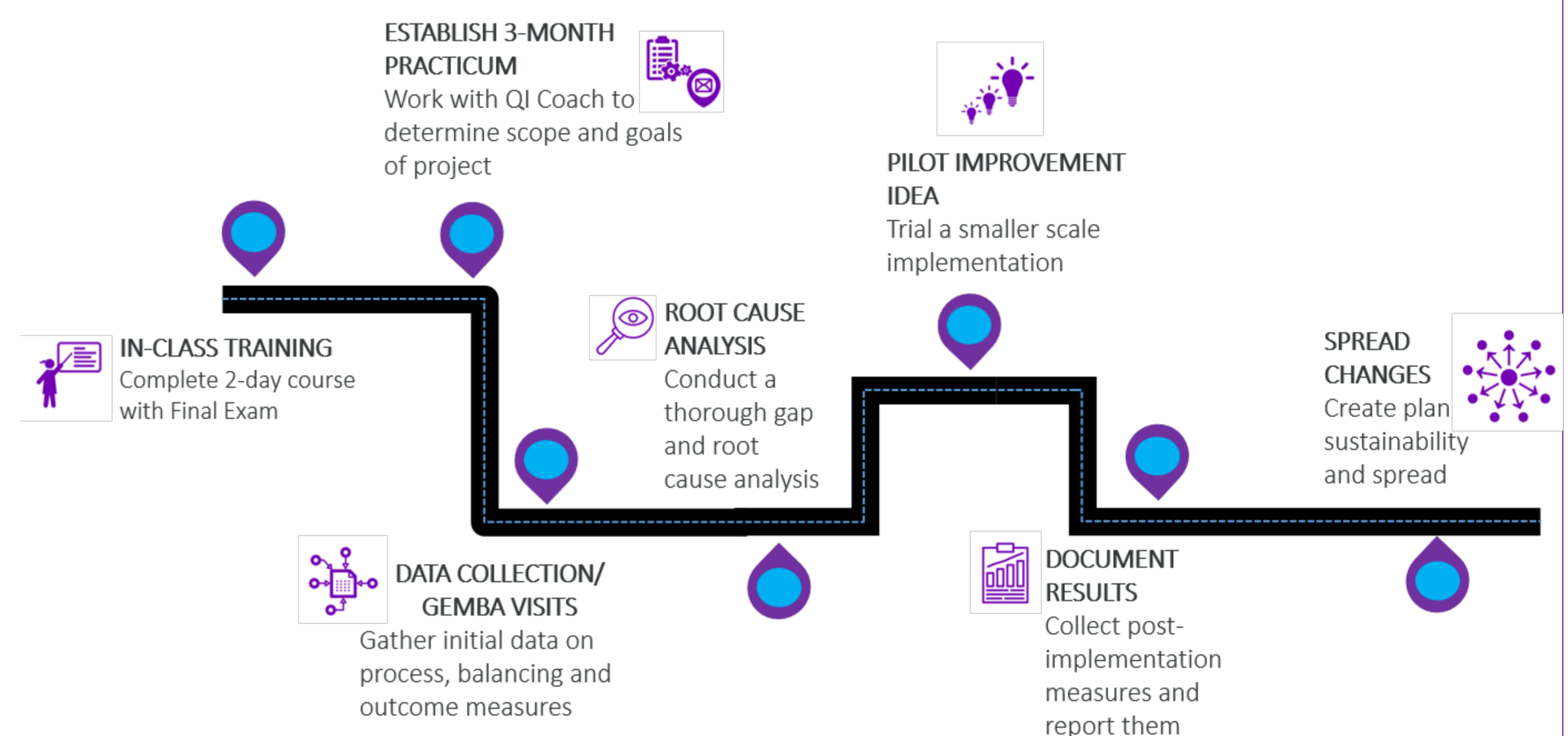
- To build front-line and leadership capacity and capability in Quality Improvement (QI) through training, practicum coaching and mentorship.
- To achieve measurable organizational improvements through 150 Lean yellow-belt, learner-led practicum projects, supported by 50 newly trained champions (hospital leaders).
- To align front-line, grass-roots QI efforts to priorities from the hospital's new strategic plan, emphasizing strategic quality pillars of: reliability, staff and patient experience, and improvement.

PROJECT DESIGN/STRATEGY

A Lean Yellow Belt Certification program was provided to 150 front line Staff and Physicians from May 2017 – May 2018. Concurrently, a Lean Champion training program was provided to 50 hospital leaders, educating them on how to champion Lean projects run by these newly minted Yellow Belt learners. The Lean certification program had the following two components:

1. A two-day training course where learners acquired use of quality improvement tools and practices required to lead QI initiatives in their units.
2. A three-month Lean practicum grassroots project directed to improve one of the following strategic quality pillars: 1) Reliability; 2) Quality and Sustainability; and/or, 3) Staff or Patient Experience. Practicum projects were coached by experienced QI practitioners from the Quality and Patient Safety Department.

Each learner tracked results against a set of quality improvement indicators that were reported to and centrally tracked by the Quality Department.



RESULTS

RELIABILITY

- Reduced admissions to hospital from a local Long Term Care facility from average 8 admissions per month to 1.5 admissions per month through virtual consultation model and education.
- Reduction in number of escalation calls from patients owing outstanding balances to Finance from 2,000 to 50 per month, through introduction of new outgoing automated calls.
- Increased identification of Substitute Decision Maker (SDM) in patient health records by 60% with an 87% likelihood of accurate SDM determination, facilitating care provision and contributing to reductions in length of stay (LOS).

IMPROVEMENT

- Housekeeping bed turnaround process time reduced by 18 minutes that improved timeliness and flow of patient admissions to ward beds from the Emergency Department (ED).
- Improved process flow of pre- breast cancer surgery ultrasounds, resulting in 30% improvement in Operating Room (OR) start times.
- Improved adoption of post-fall huddle tool in Renal Care Services from 15% to 100% compliance.
- Accounts receivable reduced overall volume of bill printing and mailing by 17%.

EXPERIENCE

- Lab Specimen Collection Team staff satisfaction increased by 65% for receipt of specimens after implementation of a tracking system in the central specimen receiving area.
- Security and Corporate Services staff satisfaction increased by 30% following changes to morgue processes.
- Time spent making payroll adjustments by the Clinical Resource Team Clerk decreased from 55 to 9 minutes.
- Increase in Finance staff satisfaction of 53% (from 39% to 92%) following streamlining of payroll processes.
- Accounts Payable increased productivity by 5% through implementation of an education plan across departments on non-Purchase Order submissions, which has also resulted in an equivalent improvement in customer service.



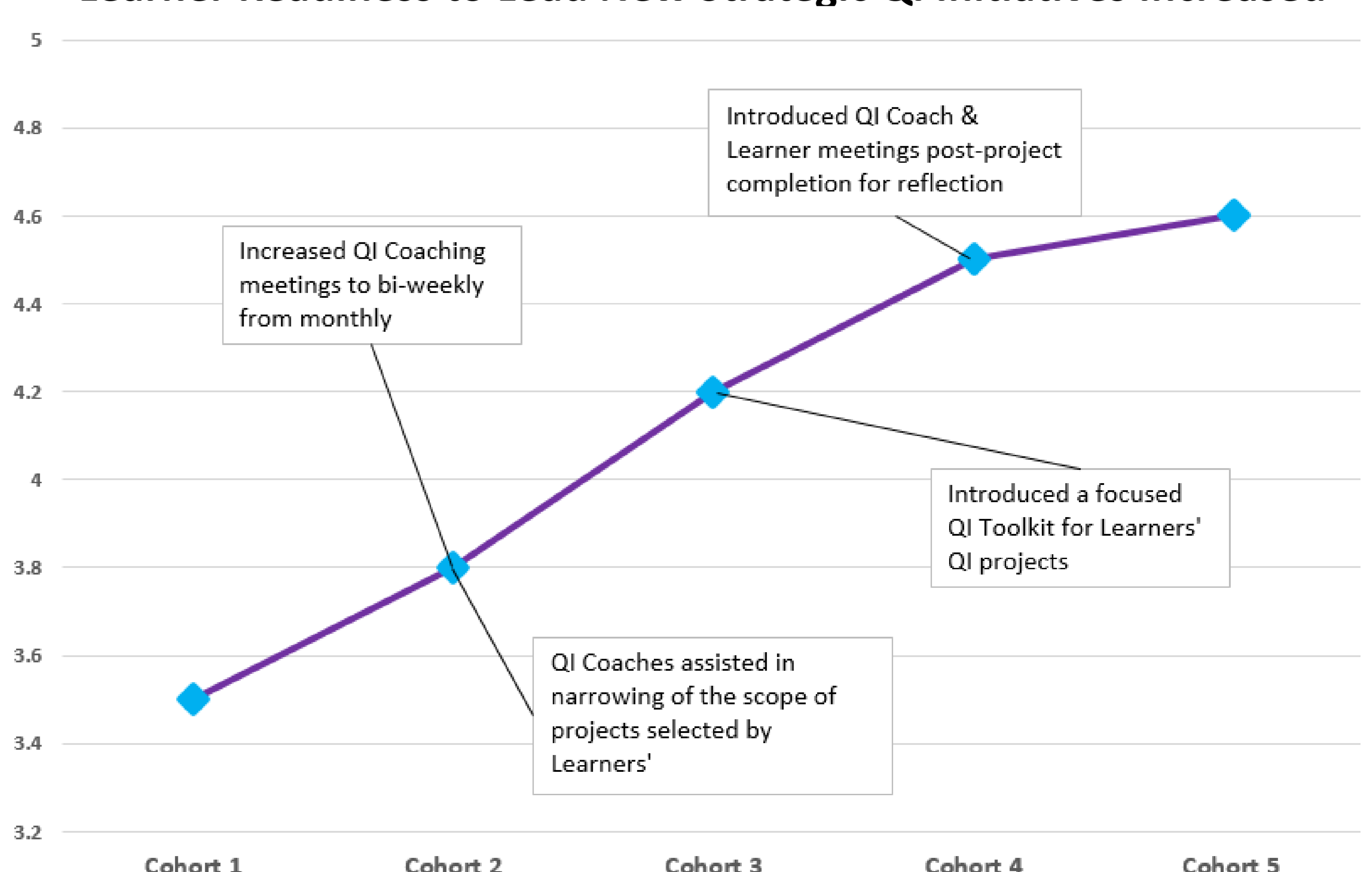
Improvements to all three strategic quality pillars of - reliability, improvement and experience - were reported across the 150 Lean Yellow belt practicum projects, for clinical, enabling and corporate services projects. Some highlights are summarized here.

CONCLUSIONS & NEXT STEPS

The THP Lean Yellow Belt Certification initiative has been very successful in building a strong QI foundation across the hospital and has helped to build awareness of QI methodology and capacity for change – and transformation. Learners became confident about their 'transformative skills' and ability to successfully implement small-scale QI initiatives. This skill-set will become increasingly valuable as the hospital undergoes major changes in the next 10 years with a new strategic plan that outlines commitment to building two new facilities, upgrading its hospital information system, and implementing numerous initiatives aimed at mitigating capacity challenges due to skyrocketing demand for services in the hospital's catchment area.

The hospital will leverage the 150 Lean Yellow Belt graduates and 50 Champions, who will transfer and share their knowledge and skills with other staff members at THP. A 'train-the-trainer' initiative will further increase front-line capacity on the clinical, enabling and corporate units through "Just Do Its" (small-scale local improvements) and how to implement them. The Quality Department will centrally lead and coordinate this effort, but always with a focus on harnessing front-line engagement and passion for making things better locally, for their patients and colleagues.

Learner Readiness to Lead New Strategic QI Initiatives Increased



Learner readiness to lead strategic QI Initiatives at the hospital was self-evaluated on a 1-5 scale after each of the five learner cohorts completed their 3-month Practicum project. QI Coaches from the Quality Dept. incorporated learner feedback into subsequent cohort approaches, and average learner readiness to lead other QI initiatives improved.