



Welcome Participants

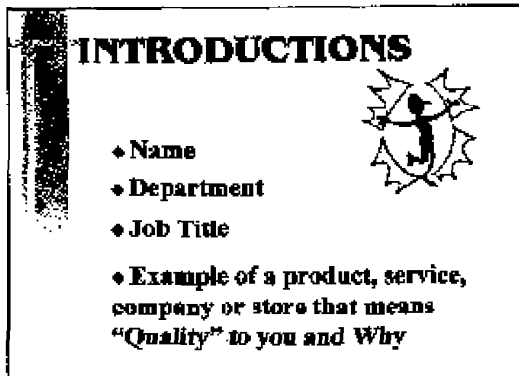
Introduce yourself as you want them to introduce themselves
encourage example of behavior

FLIP CHART Responses

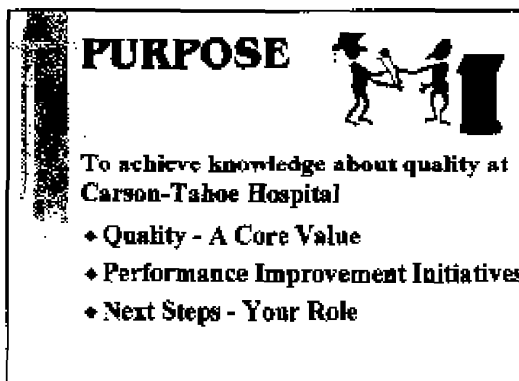
column store/company

column product/service

Save flip chart for later us



Summarize "As you can see there are as many ideas of what quality means as people in."




Yesterday you were introduced to Carson-Tahoe Hospital Values
"Is there anything about those values that stands out"

① every value implies Quality

② Inherent in every value is that Quality is important us @ CTH

Quality is A Core Value here

AGENDA




1. Quality - A Core Value
2. Processes
3. Performance Improvement
 - Tools
 - Approach
 - Plan
 - Cycle
4. Your Role
5. Key Points

This will be our agenda for today

#3 - We will touch briefly on tools.

Refer to Previous Flip Chart "As you can see from our introductions quality means different things to different people -"

WHAT IS QUALITY?




- Anticipating customer needs
- Translating those needs into a useful and dependable service
- Representing value to the customer and stability for the organization

This is how we define quality

This next slide defines process

PROCESS



A series of activities, tasks or functions performed to bring about a result.

Show Lucy Video -


Ask "Is this a process?"

"Does it work?"

"So if we were to improve the process what might we get a couple responses

Example
 Let's look at another process - (Red Bead Exercise)
 Introduce as "I am CEO of a Bead Company. I need 3 Volunteers for a management position" Have them work thru exercise Record # of Beads (Red) on Flip chart do 2 Rounds - Goal is 0 Red Beads
 "Dance"

P.I is our way of Looking at Processes + taking out Red Beads to improve Process






PERFORMANCE IMPROVEMENT 

The continuous, ongoing effort an organization makes to exceed its customers' changing expectations.

So how do we define Performance Improvement


← _____

TEAM ROLES AND RESPONSIBILITIES

-  Coach / Facilitator
-  Process Owner
-  Team Leader
-  Recorder
-  Team Member

Say:
"At Carson Tahoe hospital we use a team approach and there are certain roles and responsibilities on a team." Talk very briefly about each role

"Not all PI projects require Big Teams - but most projects do require interaction with others"

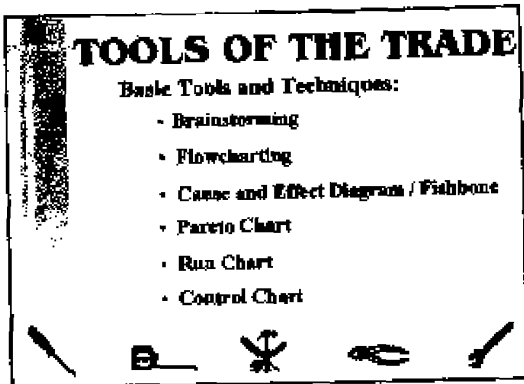
DATA 

- Factual Information
- Information gathered for analysis

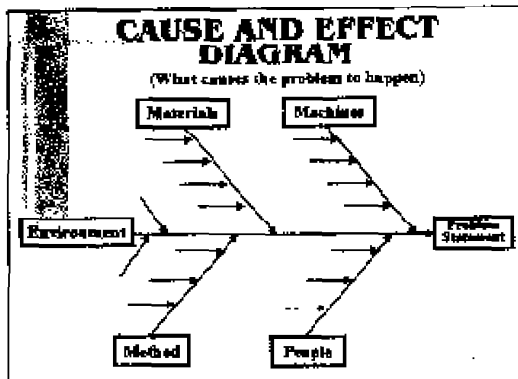
Lets talk about the 4-letter word DATA

We use this information to make informed decisions
Identify opportunities for improvement + measure changes + improvement

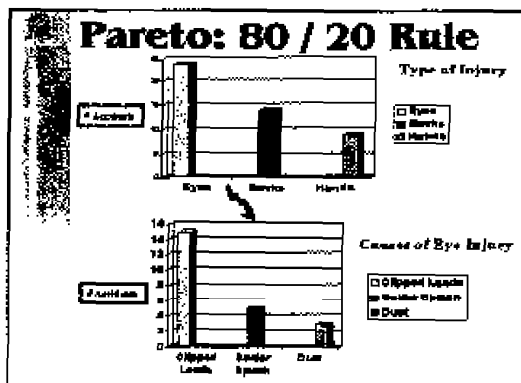
Say



"These are a few of the most frequently used tools."
"We will not go into great detail here; we just want you to be aware"

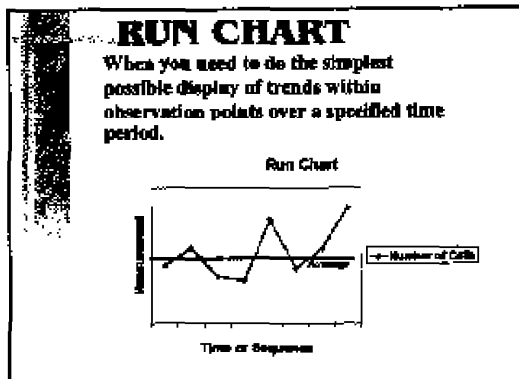


"This is useful when determining causes for specific problem"

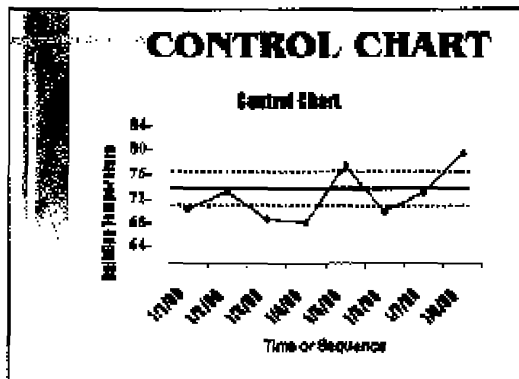


This generally falls into the 80-20 Rule

"80% of Problem caused by 20%"



This is a valuable tool to display and observe data for trends and patterns over time.

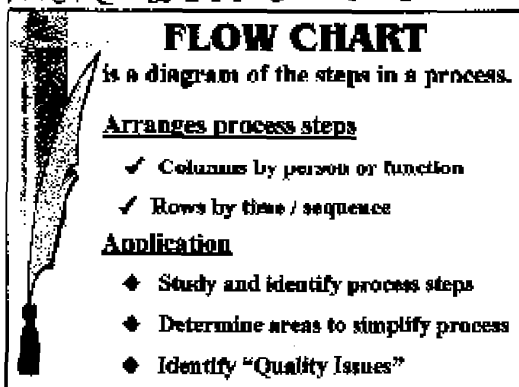


This tool studies variation and source distinguishes special from common cause variation.

SAY

"I know we have touched

very briefly on these tools and that was our intent. As you participate on teams you will learn more about these tools.



"Now we'd like to spend a little time on this tool -

Cover Slide - and demonstrate on a flip chart

Person or Function

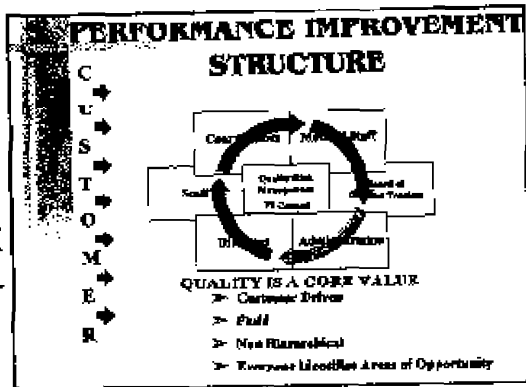
Time



We will use this info in our next exercise

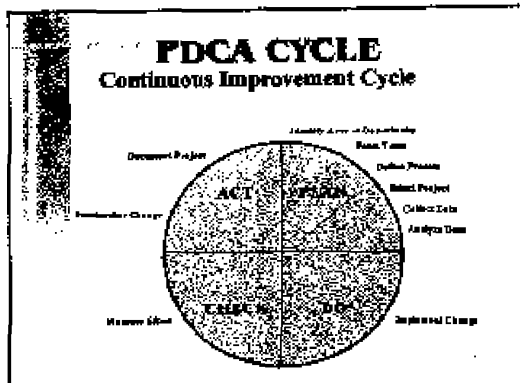
The Plan is 20 pages Long - We will just give you highlights today -

→
PLAN
FRAMEWORK
STRUCTURE



Key Points

- ① Customer Driven / focused
- ② Fluid Framework / Structure
- ③ Outlines accountability, authority and responsibility
- ④ defines a Prioritization Process
- ⑤ Outlines our Approach



Design - PDCA Cycle

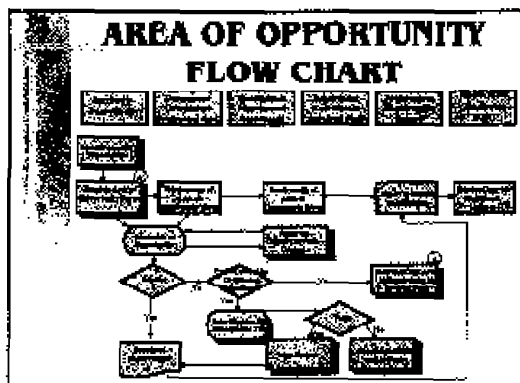
measurement - data Collec

Assessment - interpret data

P.I manage change

improve outcomes

sustain / document improve



This flow chart describes

our Area of Opportunity

Process at CTH

Briefly cover how this

works

Your Role

AREAS OF OPPORTUNITY

- ☒ An event or specific occurrence
- ☒ Quality Review Tracking Forms
- ☒ Quarterly Indicators, Monitors
- ☒ Data supported process or problem
- ☒ "There must be a better way"
- ☒ Studies / Surveys
- ☒ Ricochets / Frantic recoveries

is to look for opportunities for improvement
← here are some ways and places where we might identify opportunities
Expand on a few of these.

PERFORMANCE IMPROVEMENT FORMS

- ☒ Meeting Record Form
- ☒ Area of Opportunity Form
- ☒ Performance Improvement Prioritization Grid
- ☒ Performance Improvement Project Report


Your Role is to use the forms in your binder to identify improvement opportunities to record / document meetings to document PI projects

Bring their attention to additional info in binders.

"Don't Accept: This is the way we have always done it"

THANK YOU

Please complete post-test and evaluation



QUALITY AWARENESS

CARSON-YAROS HOSPITAL

- ① Be sure every one signs on Sign-in Sheet
- ② Be sure to have them complete post test for CEU's or Certificate
- ③ Be sure every one complete evaluations

TOOLS AND TECHNIQUES

PDCA CYCLE	CONTINUOUS IMPROVEMENT CYCLE	TOOLS AND TECHNIQUES
PLAN	IDENTIFY AREA OF OPPORTUNITY (problem identification)	Brainstorming Prioritization Affinity Diagram Flow Chart Pareto Chart
	FORM TEAM	Brainstorming
	DEFINE THE PROCESS (process description)	Flow Chart Cause and Effect Diagram
	SELECT PROJECT	Brainstorming Prioritization Flow Chart Pareto Chart
	COLLECT DATA (data gathering)	Sampling Check Sheet Data Collection Sheet Survey
	ANALYZE RESULTS (data analysis & presentation)	Cause and Effect Diagram Pareto Chart Histogram Scatter Diagram Run Chart Control Chart
DO	IMPLEMENT CHANGE	Brainstorming Prioritization
CHECK	MEASURE EFFECT (data gathering)	Pareto Chart Histogram Scatter Diagram Run Chart Control Chart
	SUCCESSFUL? (data analysis & presentation)	Pareto Chart Histogram Control Chart
ACT	STANDARDIZE CHANGE	Run Chart Control Chart
	DOCUMENT PROJECT	Pareto Chart Histogram Control Chart

Area of Opportunity Form

As part of Carson-Tahoe Hospital's continuing Performance Improvement Program, we are always looking for areas of opportunity for improvement. If you have any ideas on how to improve a process, we would like to hear what it is. We value your ideas and appreciate you taking the time and effort to contact us.

Date: _____ Employee Name: _____ Dept: _____

How can we reach you? Best time: _____ Place: _____ Phone: _____ ext: _____

What Is Your Idea for Improvement? _____

How Will this Make Things Better? _____

Do You Have Any Suggestions How this Might Work? _____

Supervisor / Manager Comments: _____

Please send: ORIGINAL to Quality/Risk Department
COPY to your supervisor or manager or director.

Need more information? Call ext.

PERFORMANCE IMPROVEMENT PRIORITIZATION GRID									
High Risk	High Volume	Problem Prone	Important to Mission	Customer Satisfaction	Staff Satisfaction	Clinical Outcome	Safety	Regulatory Requirement	TOTAL SCORE

Scoring: 0 = no effect; 1 = weak effect; 2 = some effect; 3 = strong effect; 4 = very strong effect; 5 = potentially life threatening
 Grid is used to evaluate and prioritize proposed performance improvement projects.

RECOMMENDATION:

Multidisciplinary Team needed?	Y N	Departmental	Y N	PRIORITY: High (30-above) Med (15-29) Low (14)
Assign team coach?	Y N	Reasonable Time Frame?		Include Other departments ? Y N

PROPOSED TEAM MEMBERS		(Who is familiar with this process?)
NAME	DEPARTMENT	

QUALITY MANAGEMENT COMMITTEE COMMENTS:

Recommendation:

Referred to: _____ Date: _____

**CARSON - TAHOE HOSPITAL
CARSON REHABILITATION CENTER**

PERFORMANCE IMPROVEMENT PROJECT REPORT

DEPARTMENTS:		DATE:
Contact Person:	Ext:	
1. What is the problem identified?		
2. Summarize the Data. What does the data show?		
3. Changes Implemented. What Changes did you make?		
4. Time Frame to Evaluate When will you recollect data to check to see if these changes are working?		

Please Forward this Form to Quality / Risk Management Department

5. Measure Effects (What does the recollected data show?)		
6. Was there improvement?	YES	NO
		Start new form: redefine the problem

RI PE TX PF CC PI LD EC HR IM IC GO MA MS NR

CARSON - TAHOE HOSPITAL QUALITY AWARENESS PROGRAM EVALUATION

DATE: _____ PRESENTER(S): _____

OBJECTIVE(S): Upon completion of this program, attendees will have a basic understanding of our Quality approach at Carson Tahoe Hospital, Performance Improvement principles, and an introduction to tools and techniques utilized.

(PLEASE CIRCLE RESPONSES)

Is Performance Improvement a new concept to you? Yes No

LEARNING OBJECTIVES: How would you rate the objectives as stated?

Completely Achieved		Partially achieved		Not Achieved
5	4	3	2	1

CONTENT: How would you rate the content of this presentation?

Excellent <small>New valuable information</small>	Good	Satisfactory <small>Some information helpful</small>	Fair	Poor <small>Nothing new, too basic</small>
5	4	3	2	1

DELIVERY: How would you rate the facilitators? You may rate each one separately; write first names on grid below.

Excellent <small>Superb presentation skills</small>	Good	Satisfactory <small>Average skills, Improvement needed</small>	Fair	Poor <small>Unorganized, hard to understand, boring</small>
5	4	3	2	1

AUDIOVISUAL:

Excellent <small>Enhanced presentation</small>	Good	Satisfactory <small>Easy to read and follow</small>	Fair	Poor <small>Unacceptable quality</small>
5	4	3	2	1

VALUE OF PROGRAM TO ME:

Extremely Valuable		Some Value		No Value
5	4	3	2	1

Additional Thoughts or Comments: _____

Print Name: _____ Dept/Unit: _____

CARSON - TAHOE HOSPITAL
QUALITY AWARENESS

POST PROGRAM TEST

PRESENTER(S): _____ DATE: _____

Must be completed to receive certificate for CEU's.

1. _____ is a core value at Carson-Tahoe Hospital.

2. Give 2 reasons why the Flow Chart is a valuable tool when looking at how to Improve processes.
A. _____
B. _____

3. Carson-Tahoe Hospital is C _____ driven, T _____ oriented and utilizes D _____ collection to measure process improvement.

4. How will you apply what you have learned in "Quality Awareness" to your work area?

Print Name: _____ Dept/Unit: _____