RAPID TRANSFORMATION MODEL IMPROVES CARE DELIVERY AND OUTCOMES

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Better Health for All
TOPICS COVERED

• The principles of the model
• The role of system approach, including executive sponsor
• How the model can be applied in any setting or department, from patient admissions to finance to care delivery
• Key results
SANTA CLARA VALLEY MEDICAL CENTER
SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

• Safety Net Academic Medical Center in Silicon Valley that is County Owned and Operated
• 574 Bed Hospital (Level I Trauma, Burn, Rehab, Level III NICU, WCH
• 8 Community Based Clinics - FQHCs
• Adult and Pediatric Specialty Clinics
• Healthsystem includes Health Plan
## SERVICE PROVIDED

<table>
<thead>
<tr>
<th>SERVICE PROVIDED</th>
<th>COUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitated/Fee4Service Lives</td>
<td>125,000/37,000 (58K+since 2013)</td>
</tr>
<tr>
<td>Daily Census</td>
<td>380</td>
</tr>
<tr>
<td>Births</td>
<td>3700</td>
</tr>
<tr>
<td>Surgery</td>
<td>9400</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>75,000</td>
</tr>
<tr>
<td>Express Care Clinic</td>
<td>50,000</td>
</tr>
<tr>
<td>Ambulatory Visits</td>
<td>750,000</td>
</tr>
<tr>
<td>Operating Budget</td>
<td>$1.3 Billion</td>
</tr>
<tr>
<td>Employees</td>
<td>5800</td>
</tr>
<tr>
<td>Languages</td>
<td>154</td>
</tr>
</tbody>
</table>
MAKING CHANGE HAPPEN

• Used consultants and change did not stick
• Rapid Transformation model relies on the staff to make change happen and embeds new processes to sustain change
• Builds bench strength with middle managers
• Empowers and entrusts the frontline staff to become internal agents for change
EXECUTIVE SPONSOR

• Senior Executives Public Support
• Attributes of engaged executive sponsor
  • Ensures the team leaders have staff freed up to participate in team meetings
  • Removes roadblocks and ensures competing priorities are managed
  • Supports the organization to keep involved departments operational while teams are meeting
• Process and architecture of Rapid Transformation
• Case 1: Specialty Referral Rapid Transformation
• Essence of Rapid Transformation
• Case 2: Flow Rapid Transformation
<table>
<thead>
<tr>
<th>READINESS</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current State</td>
<td>Future Blueprint</td>
<td>Implementation Plan</td>
</tr>
<tr>
<td>Pre-Transformation</td>
<td>Diagnosis</td>
<td>Foundation &amp; To be state</td>
<td>Execution</td>
</tr>
</tbody>
</table>

**Pre-Transformation**

- Assess prior transformation progress and challenges.
- Clarify strategic goals and establish transformation imperatives.
- Structure the transformation effort: scope, timing, critical value maps, and core leadership team (sponsor, champions, PMO, communications, change management, etc.).
- Define and launch cross-functional Rapid Response Teams (RRT’s).

**Diagnosis**

- Align team to transformation imperatives and build critical depth of understanding.
- Complete data-based assessment of current readiness, and identify strengths and gaps.
- Qualify critical shifts needed to achieve the strategy.

**Foundation & To be state**

- Complete foundation & future blueprint for assigned imperative - including structure, capabilities, processes changes, and critical talent.
- Define requirements and financial case to implement blueprint, with 6 month base-camps and metrics.
- Complete draft assessment of ability to implement and execution risks.

**Execution**

- Define detailed implementation plan - including milestones, resources, success metrics, decision points, and out-of-bounds criteria.
- Develop communications and change management plan.
- Integrate plans for transformation - all initiatives, change management, communications.

*Rapid Transformation Book, By: Tabrizi*
CASE STUDY 1 - IMPROVING ACCESS AND CAPACITY (PRE-TRANSFORMATION & DIAGNOSIS PHASES)
Better Health for All

“To create a world class referral process that our patients and their families love and are proud of”

Pre-Transformation:
1. Determine the SCVMC RAPID response teams
2. Define the referral process
3. Assigned co-leaders to each team
4 Cross-functional and interdisciplinary teams developed for the RAPID process transformation: gap and root cause analysis in process

1. Specialty referral generation
2. Specialty referral authorization/denial
3. Specialty clinic scheduling to encounter
4. Specialty care transition to primary care
PROCESS MAPPING - CURRENT STATE

Referral Generation

Order electronically or manually enters HealthLink

278 Interface to VHP Auth Center

VHP UM works VE workqueue

278 Interface back into HL

Denial to provider

*Valley Express is still being used to enter Incoming referrals from outside providers for VHP patients – these are then imported into HL

Order goes through the Auto Status Assignment (ASA) table where Coverage and other criteria is evaluated

Yes

No

VHP

Other

None

System Auto Approved?

Missing Coverage (auto approval)

Routes to Authorization workqueue

Routes to Missing Coverage workqueue

AND

Approved by insurance?

Routes to Authorized workqueue

Routes to Authorized unscheduled workqueue and letter to patient

Panel management to assign new PCP

Pt seen at Valley Specialty Clinic

Pt is ready to see PCP

Notify the patient to see their PCP/ Specialist sends note to PCP if identified

Appt made with PCP

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Because it is a specialty, the work may not be different.
PATIENT ACCESS & CARE TRANSITION TEAM - STREAMLINE ACCESS BACK TO PCP

Process Map

Pt seen at Valley Specialty Clinic

Pt is ready to see PCP

Does the pt have a PCP?

Yes

No

Notify the patient to see their PCP/
Specialist sends note to PCP if identified

Appt made with PCP

Panel management to assign new PCP
EXTENSIVE SURVEYS

Engagement

Surveys

• Staff (HSR, MA, LVN, RN)
  - N = 223

• Providers (Physician, NP, PA)
  - N = 198

• Patient
  - N = 286
PCP IDENTIFICATION

- VSC-referred patients do NOT always have an identified PCP in EHR
  - Need to ID those lives dedicated to VMC or CH clinics
- Not all PCPs are listed in the EHR Banner (esp. CH clinics)
  - 92% of patients surveyed had a PCP (total 282 patients surveyed)
- Clinic Sites not listed on EHR Banner
- Adequate # of new PCP slots if needed
LOW HANGING FRUIT

✓ $2 million work queue down to $500K through redefining work process
✓ Cross functional communication and information sharing
✓ Identification of unintended consequences
✓ 50% Cataract Surgery wait list redirection through payer prioritization
OUTPUT FROM VARIANCE ANALYSIS AND STAFF SURVEY

✓ Standardization
✓ Simplify
✓ Resource optimization
✓ Education
✓ Referral guidelines
✓ E - consults
GOAL FOR PHASE 2:
INCREASE PRACTICE OCTANE

1. Referral guidelines standardization
2. Improve communication
3. E-consult
4. Workflow standardization
Rapid Transformation

10 Guiding Principles of Rapid Transformation Model

By: Behnam Tabrizi (behnam@stanford.edu)
1. Outside-In & Inside-Out
2. Holistic
3. *Top/Down & Bottom/Up Alignment*
Rapid Transformation

4. Cross Boundary Rapid Response Teams

By: Behnam Tabrizi
Rapid Transformation

5. Reassemble Flying Plane
Rapid Transformation

6. Fast

By: Behnam Tabrizi
Rapid Transformation

7. Clean Sheet
Rapid Transformation

20% Efforts

80% Results

8. Pareto
9. Ruthless Execution
CASE STUDY 2 - PATIENT FLOW (ALL PHASES)
“World class patient flow process that patients and families love and makes staff proud”

Improve the patient experience through key stages:

1. Encounter to decision to admit
2. Decision to admit to physical admission
3. Physical admission to efficient care and decision to discharge
4. Decision to discharge to physical discharge
• Challenges
  • Capacity of ED, medical-surgical/telemetry, isolation
  • Emergency Psychiatric Services
  • Weekend effect
  • Non-acute patients

• Changes
  • Telemetry guidelines; review at rounds daily
  • Staffing and weekend services
  • Contracts and relationships for discharges
REDUCING CYCLE TIME

Minutes ED Arrival to Decision to Admit
(ADC: MedSurg/ICU Only)

- **TA-FY14**
- **TA-FY15**
- **ADC-FY14**
- **ADC-FY15**

<table>
<thead>
<tr>
<th>Month</th>
<th>TA-FY14</th>
<th>TA-FY15</th>
<th>ADC-FY14</th>
<th>ADC-FY15</th>
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<tbody>
<tr>
<td>Jan</td>
<td>232</td>
<td>221</td>
<td>198</td>
<td>215</td>
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<tr>
<td>Feb</td>
<td>226</td>
<td>220</td>
<td>208</td>
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<td>Mar</td>
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<td>Apr</td>
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<tr>
<td>May</td>
<td>220</td>
<td>228</td>
<td>195</td>
<td>197</td>
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<tr>
<td>Jun</td>
<td>223</td>
<td>220</td>
<td>195</td>
<td>195</td>
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ED TO "EPS DISPO TO DEPART"
(AVG. MINUTES) UPDATED THROUGH 7/11/15
## WEEKEND EFFECT

<table>
<thead>
<tr>
<th>Change</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Services</strong></td>
<td>Prevent 1,144 avoidable days in a year with stress testing, ECHOs, and US.</td>
</tr>
<tr>
<td>• Increase tests on weekends that were shown to cause delays in care progression or discharge (Cardiac stress tests, echocardiogram, ultrasound)</td>
<td></td>
</tr>
<tr>
<td>• Dedicated outpatient stress testing slots for Mon/Tue</td>
<td></td>
</tr>
<tr>
<td><strong>Staffing-TIGER TEAM</strong></td>
<td>Prevent 300-500 avoidable days in a year 200-300 earlier referrals Prevent 600-1000 avoidable days/year</td>
</tr>
<tr>
<td>Increase</td>
<td></td>
</tr>
<tr>
<td>• Care Management</td>
<td></td>
</tr>
<tr>
<td>• Inpatient Psychiatry (5150s)</td>
<td></td>
</tr>
<tr>
<td>• Therapy Services</td>
<td></td>
</tr>
<tr>
<td>• Medical-Surgical RNs</td>
<td></td>
</tr>
<tr>
<td>• HSAs for observing 5150s</td>
<td></td>
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INCREASING CAPACITY

Non-acute Patient Days

26% change = ADC 7
WHY RAPID TRANSFORMATION WORKS

• Large scale change engaging frontline staff with the support of senior leaders

• Methods such as TIGER TEAMS are now used to tackle problems quickly in real-time compared to prior cycle times

• High level of engagement from MDs, RNs & other staff (i.e. registrars, MAs, transport) who went to training are applying principles
WHY RAPID TRANSFORMATION WORKS

• Inside-Out
• Leadership Alignment
• Holistic
• Engagement
• GPS
• Change leaders
Rapid Transformation

Thank You!
Time for Q&A

By: Behnam Tabrizi