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# Interprofessional Engagement in Lean Improvement in an Academic Healthcare Organization

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# Interprofessional Engagement in Lean Improvement in an Academic Healthcare Organization

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## Problem/Impact Statement:

Despite advances in medicine and technology, healthcare teams remain challenged in their quest to deliver safe, reliable and effective care. Engaging providers in interprofessional LEAN applications in our academic tertiary care hospital is essential for safe, reliable and effective patient care.

## Scope:

**In Scope:** Clinical providers including Staff Physicians, Advanced Practice Practitioners (APPs) and learner Physicians who practice at Maine Medical Center's (MMC) Main Campus and are live with Operational Excellence (Op Ex), MMC's Lean adaptation to healthcare.

**Minimum Definition of Inter-Professional Engagement:** Nursing (RN and CNA), Clinical Provider(s) and/or APPs

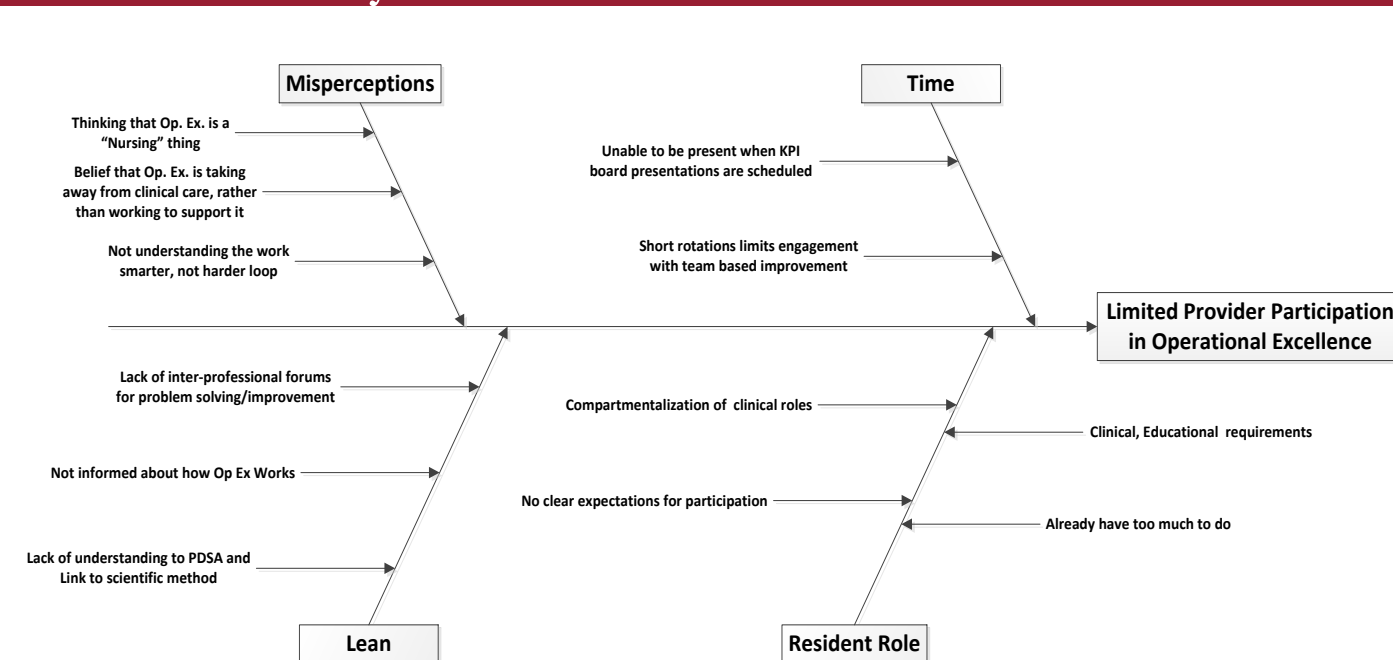
## Goal/Objective:

Within 3 years of Go-live, 36% of MMC's Main Campus based clinical teams have shown Inter-Professional engagement with Op Ex. Our goal is to achieve a mark of 50% within 5 years of go-live.

## Baseline Metrics/Current State:

1. Employed staff physicians – majority not formally trained in quality improvement methodologies. Expected to participate in QI activities with performance incentives. Hospitalist physicians developed an Op Ex Gemba board in 2017. Other pockets of participation – e.g., trauma physicians.
2. Contracted private practice physicians – majority not formally trained in QI. Limited participation – e.g., nephrologist at dialysis board
3. APPs – spotty interest. Majority not formally trained in QI. Recent Cardiology APP participation.
4. Learner physicians – fragmented QI education dependent on discipline and accreditation expectations. Some do Gemba walks on elective rotation. Single Internal Medicine board with house staff participation.

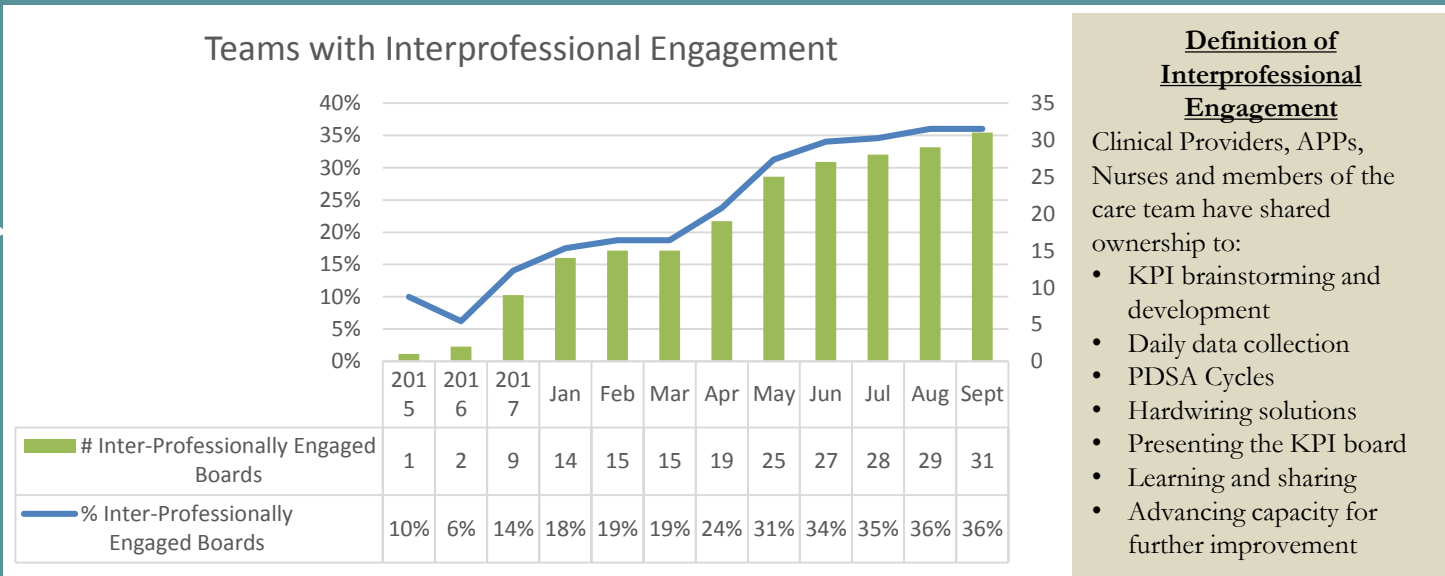
## Root Cause Analysis:



## Countermeasures

Action	Owner	Due Date	Status
Present educational forums • Surgical Grand Rounds, October 2016, Anesthesia Grand Rounds, June 2016, Retired Physicians Reunion Sep 2016, Geriatrics Grand Rounds June 2017, Resident Orientation, June 2016, Residents QI Council Sep 2016 and Provider Staff Meetings (multiple forums)	Director, Op Ex	June 2016-current	Complete
Engage CMO and Chiefs of Service to Lead Gemba Walks	Executive Sponsor (COO), and CMO	July 2015-current	In Progress
Recruit Chief of Pediatrics as Gemba Coach	Director, Op Ex	April 2017	Complete
Seminar in "Humble Inquiry: How to ask questions in service of the other"	MD Chief of Pediatrics and Director, Op Ex	Feb 16 <sup>th</sup> 2017	Complete
On-boarded Adult Medicine Hospitalist Service to go-live with Op Ex Practice Manager as team coach	MMC Op Ex Team	November 2016	Complete
Delivered value to providers by real time responsiveness to identified barriers to care	MMC Executives and CMO	Fall 2016	In Progress
Engaged providers as members of facilitated Critical Care Interprofessional KPI Councils	Intensive Care Unit Managers and staff, Trauma Surgeon, Respiratory Therapists, Pharmacy, Advanced Practice Nurses.	Summer 2018	In Progress
Learner Physicians are now being introduced to a formally developed quality improvement curriculum to achieve... • IHI Quality and Safety certificate, white belt, optional green belt, Op Ex exposure, participation in the Gemba walks and exposure to the root cause analysis process	VP, Quality and Safety	Fall 2018	In Progress

## Outcomes



**Definition of Interprofessional Engagement**  
Clinical Providers, APPs, Nurses and members of the care team have shared ownership to:

- KPI brainstorming and development
- Daily data collection
- PDSA Cycles
- Hardwiring solutions
- Presenting the KPI board
- Learning and sharing
- Advancing capacity for further improvement

## Next Steps

Next steps are to reach a target of 50% engaged by July of 2020. To achieve this goal, we plan to continue using strategies that have yielded good results: Engaging the Chief Medical Officer (CMO) and Service Chiefs as key stakeholders yielded strong engagement among hospitalists and employed attending providers. Engaged Chiefs, Hospitalists and Ambulatory Care Providers became strong role models and served as peer coaches to others resulting in standardization and spread across not only our hospital, but also across our health system where these providers also cared for patients. Lastly, we noted a significant uptick in engagement and enthusiasm when hospital executives demonstrated understanding of the concerns of the frontline, and took action to remove barriers.

Plan

Do

Study

Act