Main Line Health®

Leadership Resource Toolkit

Contents:

1. **Framework for Strategy Development and Project Implementation:** (for use by all MLH Leadership when appointed to lead a major initiative or project).

2. **Meeting Agenda and Minutes template:** (for use during all meetings to create accountably and ensure systematic progress to advance our PE2020 efforts).

3. **A3 tool:** (for use to navigate and overcome challenges or unexpected results while leading major initiatives and projects).

These tools are also available on the PE2020 landing page at landing.mainlinehealth.org/PE2020.
If you have questions about using these tools please email PE2020@mlhs.org; Bridget Therriault,
System Director of Communications at therriaultb@mlhs.org or Regina Carr Tierney, System Director
of Education and Development at TierneyR@mlhs.org.

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PERFORMANCE EXCELLENCE 2020

This document provides a framework to help us achieve a STEEEP Experience every time, everywhere for everyone across MLH. By addressing these questions and imperatives consistently and for every initiative, we will better be able to reach our goals, improve results, and become more competitive in the marketplace. It provides a systems perspective to manage all the components of our projects as a unified whole to achieve ongoing success across Main Line Health.

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Framework for Strategy Development and Project Implementation
(Adopted from the Baldrige Framework)

1. Strategy Development
- Review/Read/Assess – Evaluate best practices, data-driven evidence and community needs; conduct literature search; research professional organizations for guidelines/standards of practice.
- What data do we have on our own benchmarks, and how do we compare nationally?
- What goals/objectives/tactics are in the Strategic Plan that are connected to this program, CEW or Service Line?
- Visit and assess other campuses to learn from each other

2. Implementation
- Develop aligned and consistent action plans across the System
- Deploy action plans to the workforce, key suppliers and partners to ensure alignment
- Develop human resources and financial plans and communications strategy

3. Measurement
- Create a balanced composite of measures tied to needs, strategy and goals
- Collect and use data to determine trends, projections and cause and effect
- Use performance analysis in decision-making, improvement and innovation

4. Results (using LeTCI)

Levels
- Is the current level of performance known?
- Is the measure and scale used appropriate/meaningful?

4. Results (using LeTCI) continued

Trends
- How many years of trend data are presented: less than a year; one–two years, three years, or more?
- What is the direction of the trend; positive: sustained high levels, negative, or mixed?
- What rate of improvement do the trend data indicate?

Comparisons
- What type of comparison data are provide: competitor, industry, out-of-industry, other?
- What level of comparison is provided: average, top quartile, top decile, or best performer?
- How relevant are the comparisons for your organization?
- How do your results compare to the comparison data? Integration
- With what approach/strategy are these results integrated/linked?
- How are results segmented?
- What results are missing (e.g., key processes not measured, results required by the Criteria but not provided?

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PERFORMANCE EXCELLENCE 2020

Meeting agendas, minutes, communication points and action items should focus on how we will achieve our
***Future State:** to deliver a STEEEP experience, **every time, everywhere** for **everyone** across Main Line Health by 2020.*

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MLH-PM-JA-014

Meeting Agenda and Minutes template

MEETING INFORMATION

PROJECT NAME:	LOCATION:		MEETING FACILITATOR:
<Enter Project Name>	<enter Meeting Location/Phone Bridge #>		<enter Meeting Facilitator Name>
MEETING SUBJECT:	**DATE:**	**TIME:**	**MEETING SCRIBE:**
<enter meeting subject>	<mm/dd/yy>	<x:xx-x:xx am/pm>	<enter Scribe Name>

ATTENDANCE

#	NAME	WORK ROLE (Job Title or Project Title)	INVITE TYPE (R or O)	ATTENDED? (X if yes)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

AGENDA

TIME	AGENDA TOPIC	PERSON RESPONSIBLE	ACTUALLY DISCUSSED? (X if yes)	RESULTED IN COMMUNICATION/ACTIONS? (X if yes) See next sections for details
: am/pm				
: am/pm				
: am/pm				
: am/pm				
: am/pm				
: am/pm				
: am/pm				
: am/pm				
: am/pm				
: am/pm				

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MLH-PM-JA-014

Meeting Agenda and Minutes template

RESULTING MAJOR COMMUNICATION POINTS

#	COMMUNICATION TYPE (Decision, Clarification, Reminder, etc.)	COMMUNICATION STATEMENT	JUSTIFICATION AND/OR BACKGROUND
1			
2			
3			
4			
5			

ACTIONS

#	ACTION ITEM DESCRIPTION	ACTION ITEM OWNER	DUE DATE	COMMENTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

ACCOMPANYING INFORMATION

#	NAME OF FILE	DESCRIPTION OF FILE
1		
2		
3		

NEXT MEETING

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MLH-PM-JA-014

Meeting Agenda and Minutes template
EXAMPLE

MLH-PM-JA-014L	Meeting Agenda / Minutes Template	

MEETING INFORMATION

PROJECT NAME: Specimen Handling System PI Proejct	**LOCATION:** GoToMeeting		**MEETING FACILITATOR:** Anderson
MEETING SUBJECT: Specimen Labeling Committee Sub Team: Labeling Policy Update, Review 2 – short meeting	**DATE:** 1/9/2017	**TIME:** 3-3:30pm	**MEETING SCRIBE:** Anderson

ATTENDANCE

#	NAME	WORK ROLE (Job Title or Project Title)	INVITE TYPE (R or O)	ATTENDED? (X if yes)
1	Gilbert, Judyann	Administrative Director, MLH Laboratories (Core Lab)	R	X
2	Herbst, Beth	Patient Safety Specialist, BMH & MLH	R	X
3	Anderson, Robert	System PI Engineer	R	X
4	Smith, Judy	Manager, Rapid Response Lab (RH)	R	
5	DiRienzo, Sharon	Director, PS and Risk Management (System)	R	HERBST
6	Muner (Cummins) Jennifer		R	X
7	Merges, Barbara	Clinical Nurse Educator	R	X
8	Craemer, Karen	Administrative Assistant	O	
9	Scott, Ivan	Director of Nursing	R	X
10	McGonagle, Maureen	Per Diem, Resource RN	R	

AGENDA

TIME	AGENDA TOPIC	PERSON RESPONSIBLE	ACTUALLY DISCUSSED? (X if yes)	RESULTED IN COMMUNICATION/ ACTIONS? (X if yes) See next sections for details
PREWORK	Review the latest draft documentation sent for review (see your email). Send comments to andersonro@mlhs.org prior to this meeting	Team	X	X
10:00 am	Review comments as sent	Anderson	X	X
10:30 am	Additional review discussion as desired	Team	X	X
10:55 am	Review of actions/decisions	Anderson	X	---

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MLH-PM-JA-014

Meeting Agenda and Minutes template
EXAMPLE

MLH-PM-JA-014L	Meeting Agenda / Minutes Template

RESULTING MAJOR COMMUNICATION POINTS

#	COMMUNICATION TYPE (Decision, Clarification, Reminder, etc.)	COMMUNICATION STATEMENT	JUSTIFICATION AND/OR BACKGROUND
1	Decision	See notes for "Review 2" meeting under each separate suggestion.	Team discussion.
2	Reminder	Next meeting will be a longer, walk-thru, format.	Per facilitator.

ACTIONS

#	ACTION ITEM DESCRIPTION	ACTION ITEM OWNER	DUE DATE	COMMENTS
1	Send Natalie Doria the applicable standards for CAP for labeling.	Gilbert		1/9: Complete
2	Make document updates as defined by team.	Anderson		1/9/2017: All updates incorporated as provided. Collecting more feedback in next review session.
3	Beth to get canned language to cite how to create an event report. Send to Bob.	Herbst		1/11: Bob incorporated.
4	1/9/2017: Beth did it, Bob needs to incorporate.			
5	Beth and Natalie to look at event reporting STARS tool to see if algorithm can be embedded in the tool and removed from policy. Communicate decision and language to Anderson to update.	Doria / Herbst		1/10: Herbst said they are keeping info out of tool. Closing.
6	Put together a communication to reinforce the need to rubber band SmartCollect tubes (but not near the top where it can slide and knock off the top).	Gilbert		1/9: Looking to have something out this week.
7	Get details and language for extra tube labeling and send to Bob	Muner		1/9: In-work

ACCOMPANYING INFORMATION

#	NAME OF FILE	DESCRIPTION OF FILE
1	See the files on the SharePoint.	http://mdcwss1:1247663/Shared%20Documents/norms/AllItems.aspx?RootFolder=%2fShared%20Documents%2f9%5fTEMP%20SHARING%2f2016%2d12%5fSpec%20Labeling%20Policy%20Subteam&FolderCTID=&View=%7bCA0E5DE1%2dA405%2d4C5F%2d8553%2d4C68502FA475%7d

NEXT MEETING	TBD

PERFORMANCE EXCELLENCE 2020

An A3 is a structured problem solving and continuous improvement approach, first employed at Toyota and typically used by lean manufacturing practitioners. The tool can help us reach a STEEEP experience through a standardized and systematic approach toward problem solving and overcoming challenges as part of our PE2020 efforts.

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A3 tool

<Project Title>	*<Revision date>*	
Define: *<Define the problem>*		*<Insert Graph of Results>*
Measure: *<State the baseline data>*		
Analyze: *<What are the root causes and barriers?>*		
Improve: *<Bullet point of interventions>*	**Control:** *<State the control plan or next steps>*	
	Lessons learned: *<Describe the lessons learned from the project>*	
	Team members: *<Name of all team members>*	
	Project contact: *<Name project lead and email>*	

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A3 tool

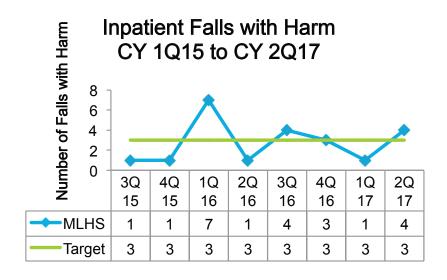| EXAMPLE: Decreasing Inpatient Falls with Harm	7/20/17

Define: Falls is the most frequently reported adverse event in the inpatient setting. Falls that cause injury have the potential to impair mobility, increase length of stay and decrease independence.

Measure: Since CY 1Q16, MLHS continues to see a steady increase in injury falls. The incidence of falls with injury will be benchmarked against an internal threshold of 5 injury falls per year.

Analyze: There are no current trends around time of day or shift where falls occur. However, the majority of falls occur around the activity of toileting: ambulating to/from the bathroom, standing up to use a urinal, ambulating to a bedside commode.

Inpatient Falls with Harm CY 1Q15 to CY 2Q17

Number of Falls with Harm

	3Q 15	4Q 15	1Q 16	2Q 16	3Q 16	4Q 16	1Q 17	2Q 17
MLHS	1	1	7	1	4	3	1	4
Target	3	3	3	3	3	3	3	3

Improve:
- Falls Fairs on all campuses: Reinforce education on preventing falls
- Post Falls Huddle: Debrief after each fall on all units
- Bed alarms and chair alarms: Alerts staff when patients get out of bed or chair
- Reinforce hourly rounding: Purposeful rounding which includes toileting
- Assisting patient to and from the bathroom
- Develop patient/family education on hospital fall prevention strategies
- Accountability: Performance management for staff that are non compliant with MLH falls policy and bundle
- SBAR communication to NMs: Post fall, an SBAR is sent to NMs to be aware of current factors that can increase the risk for falls (RH)

Control: Continue to monitor compliance to Falls Bundle with audits
- Implementation of Marabella Tool to audit and monitor

Lessons learned: Preventing falls and falls with injury requires staff and patient education. The use of technology such as alarms are supportive measures, but there should be a focus on assistance with toileting.

Team members: Judy Latham, Louise Hummel, Kathy Pratt, Jennifer Jones, Diane Lynch, Theresa Ritz, Joan Joyce, Jennifer Forster, Janice Sheehan, Barbara Drapeaux, Margarita de la Fuente

Project contact: delafuentem@mlhs.org
Margarita de la Fuente, MSN, RN-BC, NE-BC
System Director, Magnet & Professional Excellence

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