Robust Process Improvement in DBH Hospitals July 2019





High Reliability / RPI

- For the past decade hospitals in the US have been focused on improving patient safety and reducing critical errors as central to quality
- You should expect that processes underlying care should consistently minimize any errors that result in harm to patients (e.g., wrong site surgery) and improve efficiency (costs)
- The Joint Commission (TJC) has led the way to making hospitals highly reliability and have advocated for a model of Robust Process Improvement (RPI) as a means to achieve high reliability
- Adopting Lean and Six Sigma tools prevalent in manufacturing, TJC aimed to help health care organizations reduce waste and variability in health care (rate of airline fatalities - one fatal accident for every 16 million flights vs. wrong patient, wrong procedure, wrong site and wrong side surgeries - 40 per week)

What is RPI?

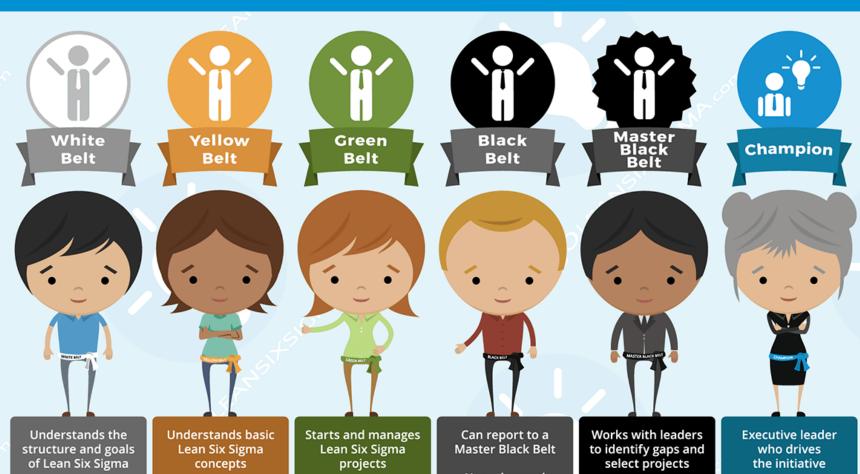
- A systematic approach to problem solving proven in many other industries including healthcare
- Blended approach including Lean, Six Sigma, and formal change management
- Equally effective when applied to health care's toughest safety and quality problems
- Benefits for patients, stakeholders, and employees
- Appealing to physicians and other clinicians because it is data driven

ROBUST PROCESS IMPROVEMENT®



FOCUS IS ON THE PATIENT

Lean Six Sigma Roles



Uses basic Lean Six Sigma vocabulary terms

Reports process issues to Green and Black Belts Reports process issues to Green Belts and Black Belts

Participates on project teams and receives just-in-time training Has Lean Six Sigma expertise but in less detail than Black Belts

Provides just-in-time training to others Has advanced Lean Six Sigma expertise

Functions as a coach, mentor, teacher, and project leader for project teams Coaches, mentors, teaches, monitors and leads projects

Responsible for Lean Six Sigma implementation and culture change Helps select projects and remove barriers for project teams

Supports change and develops a Lean Six Sigma culture

Robust Process Improvement Timeline

2015

2016

2017 2018

2019

- Leaders **Facilitating** Change **Training**
- Wave 1 Green **Belt Training**
- First Black **Belt Training**
- Wave 1 Change Leader **Training**
- **○** Wave 2 **Green Belt Training by DMH Black Belts**
- Wave 2 Green **Belt projects** completed
- **Change Leader Projects Completed**
- Waive 3 Green **Belt Training**
- **Master Black Belt training**
- Yellow belt online training created

Benefits of RPI – Active Treatment at SLPRC

- □The Challenge Increase daily access to treatment
- ☐The Result
 - ✓ The average or mean of scheduled treatment was 6.55 hours (previously it was 5.29 hours).
 - ✓ The process was 66.5% capable (compared to 38% capable previously). Capability means they met the expectations of 6-9 hours of active treatment 66.5% of the time
 - ✓ They were below the customer's expectation of minimum of 6 treatment hours 26.5% of the time (compared to 61.5% previously).

Benefits of RPI-Security Department Consolidation for Outside Trips at FSH

- ☐ The Challenge 1400 Offsite trips per year
- □ The Result
 - ✓ Created operational definitions for trips
 - ✓ Created a better tracking system for trips
 - ✓ Utilized the MedCons program for scheduling trips
 - ✓ Evaluated trips and eliminated redundancies in SORTS staffing resulting in a reduction of the number of man hours used and a reduction of payroll spent
 - ✓ Created/reclassified job positions in order to have multi skilled workers that can perform scheduling/driving/escorting duties as well as work within the units

Want more information?

https://intranet.state.mo.us/dmhonline/professional-developmentopportunities/department-of-mental-healths-robust-processimprovement/