

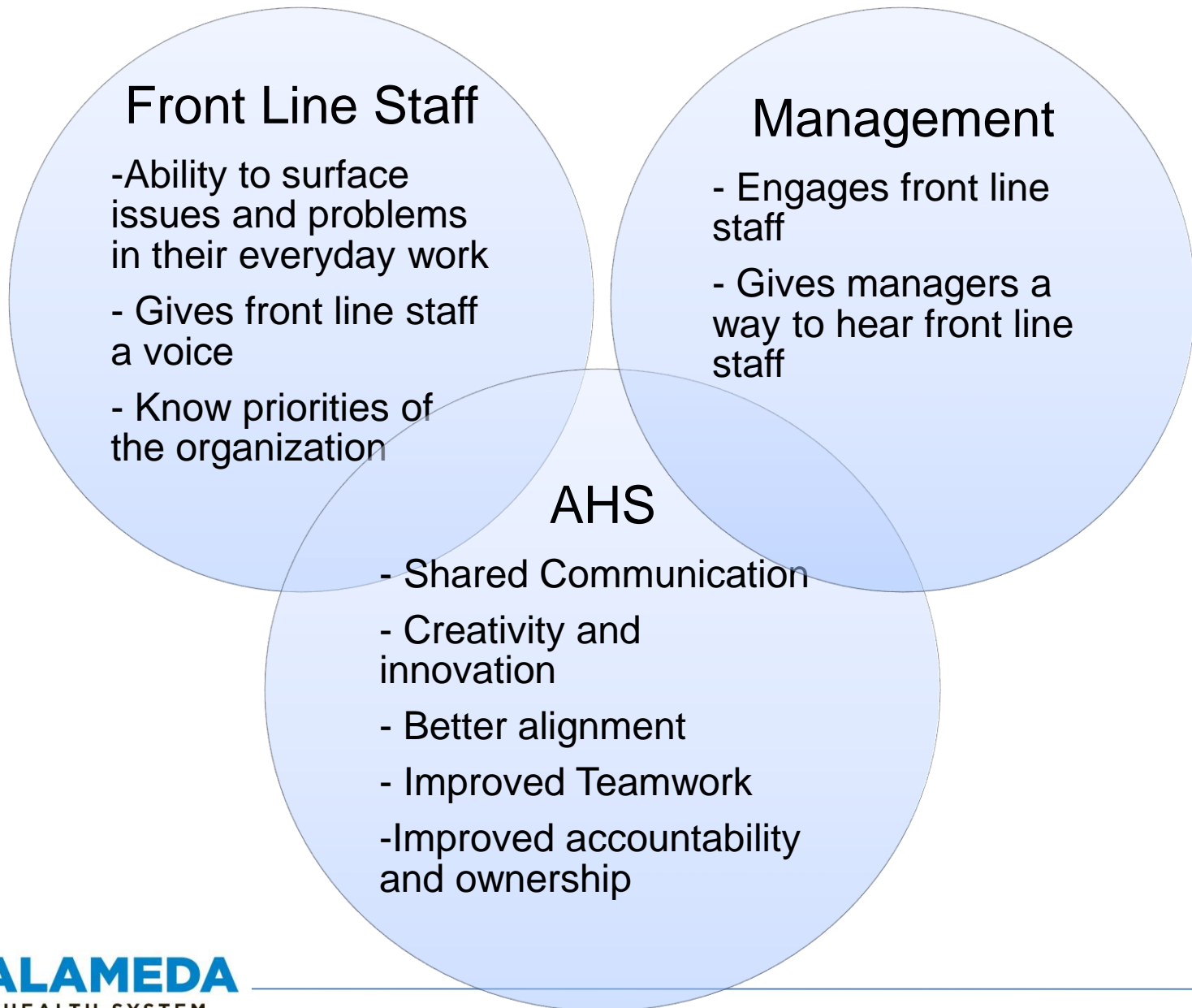


# Staff Engagement Strategy - “Operational Excellence in Action”

# Overview: Staff Engagement Strategy

- AHS has always been committed to process improvement and LEAN thinking. In FY17, through a department reorganization, the System Transformation and Reengineering (STaR) division was created.
- Over the past several years processes and tools have been established to aid in successful implementation of organizational improvements. While these efforts are robust and have proven to demonstrate continued and sustained improvements, more work has to be done to further engage frontline staff in the idea generation process.
- While leveraging the current foundation, we are taking steps to achieve the following benefits:
  - Transparency and alignment
  - Increased awareness of performance
  - Harvest the knowledge and creativity of the team
  - Develop staff; continuous learning

# Why is this important?



## SYSTEM TRANSFORMATION AND RE-ENGINEERING

### STAR Mission:

To standardize clinical and related processes across AHS by working on prioritized project & lean opportunities that will focus on improving outcomes, eliminating waste, promoting efficiency, enhancing patient, provider and staff experience, and aligning with strategic initiatives to support our transition into a Population Health Management Organization.

### STAR Vision:

Guide AHS on its journey to organizational excellence utilizing strategically aligned continuous improvement methodologies to instill a culture of empowerment, collaboration, and results-driven problem solving to produce benefits that aid in eliminating disparities in care throughout our system and the communities we serve.

Have you identified an Improvement Opportunity that requires help from the STAR team?

Click to download the [Opportunity Identification \(OID\) form](#).

If you have any questions regarding the OID form, then please send an email to:  
[STARRequests@alamedahealthsystem.org](mailto:STARRequests@alamedahealthsystem.org)

## STAR LINKS

[STAR Toolkit](#)

[STAR Event Calendar – July 2019](#)

[STAR Success Stories](#)

[STAR Event Participation](#)

[STAR Testimonials – NEW](#)



1. "Opportunity" and Submitter Details:

Submitter:		Submit Date:	
Phone:		Email:	
Manager:		Department Name:	
Project Title / Idea Name:		Project Sponsor:	
Requested Start Date:		Requested End Date:	
Business or Process Owner:		Suggested Project Business Lead:	

2. Critical Initiative Alignment ( *check all that apply and describe in justification ... if none apply, please do not submit request* ) :

<input type="checkbox"/> Quality	<input type="checkbox"/> Just Culture/BETA	<input type="checkbox"/> Operational Excellence	<input type="checkbox"/> Revenue Cycle Improvement	<input type="checkbox"/> Workforce Training
<input type="checkbox"/> EHR	<input type="checkbox"/> HEALTHPAC	<input type="checkbox"/> Managed Care	<input type="checkbox"/> WAIVER (PRIME, GPP, WPC, Dental)	<input type="checkbox"/> REGULATORY!

3. Current State: Problem, Background or Justification/Business Case, Stakeholders Impacted:

Describe the high-level problem, opportunity or business need for the proposed project.

Current State/Problem:	<p>Currently referral for post-acute care to external providers is done manually. Medical and other payers require that we demonstrate that we attempted to actively place/refer to other in-system providers before approving out of system providers. We need to enable us to access a broader array of providers within specific geographies.</p> <p>- Typical system solutions would entail ADT fees. Would include print attach functions</p> <p>- Care Management would be core user of this system. Core stakeholders include in Registration to capture information correctly</p> <p>- Scope includes all acute care hospitals, HGH, SLH, AH, FMT. Need to confirm if JGH is cope.</p>
Justification (ROI, Improvement, Internal Rate of Return (IRR), etc.)/Business Case:	<p>Eliminate inaccuracies and overhead associated with manual processes. Improve through-put and reduce denial.</p> <p>Insert cost-benefit.</p>



Describe the approach & solution including if small tests of change are needed, in the box below. Complete the table details.

**Approach & Solution Description:**

Goals/Milestones	Baseline Data or Narrative (and Source)	Target Metric or Narrative	Target Completion Date

**5. Approval Signatures**

Role	Printed Name	Signature	Date
Project Sponsor			
Business/Process Owner			
Other Stakeholder (e.g. Nursing)			
Other Stakeholder (e.g. IS/IT)			

**For STaR Internal Use Only**

**Project or Lean?**

☐ Project (please complete Intake Step 2 and Budget Estimation Worksheet)

☐ Lean Process Improvement (includes Kaizen, PDCA, 5S, Value Stream Mapping)

**Priority Score:**

0

**Status:**

☐ Approved

☐ Rejected

☐ Hold

**STaR Reviewing Resource:**

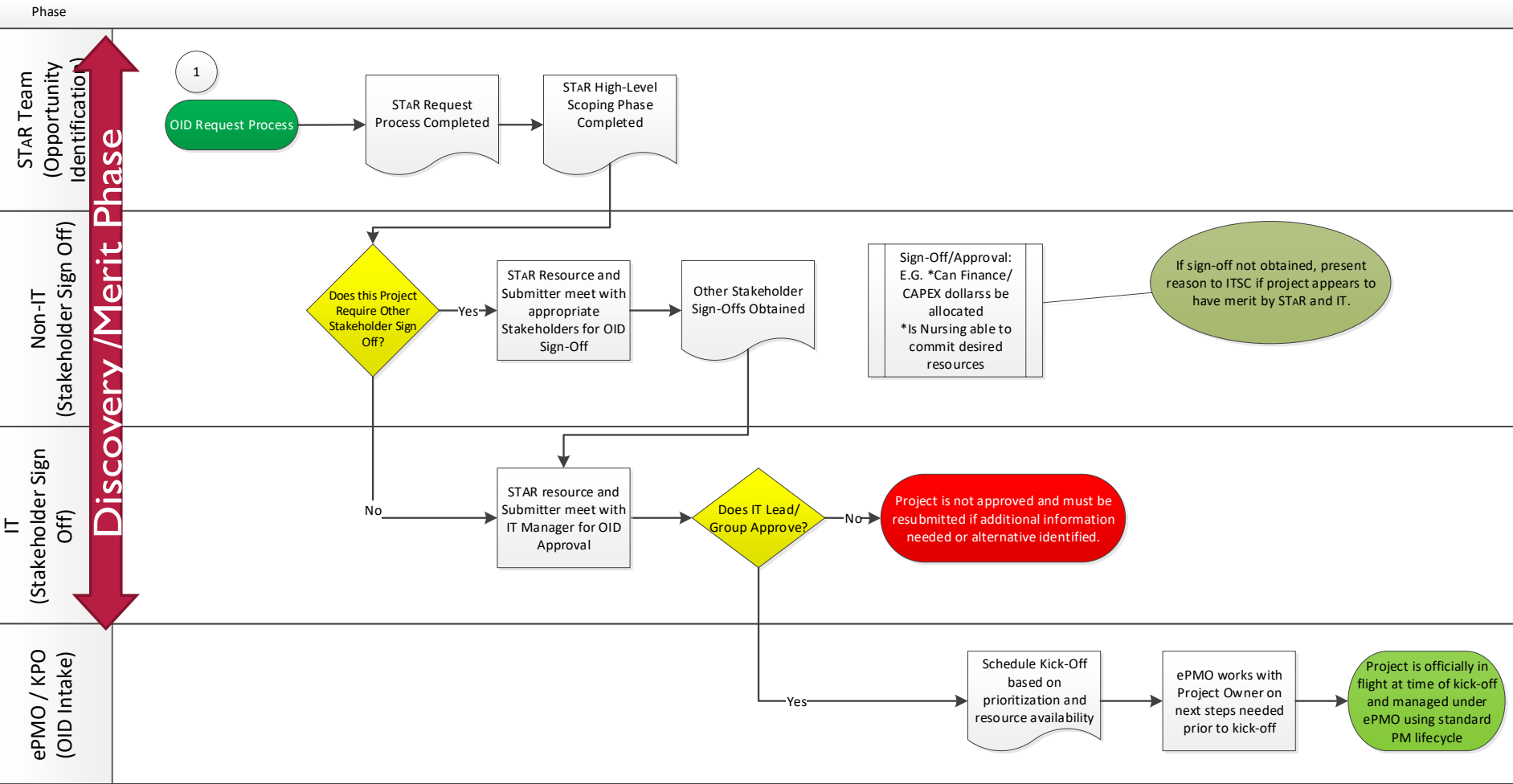
**STaR Approver:**

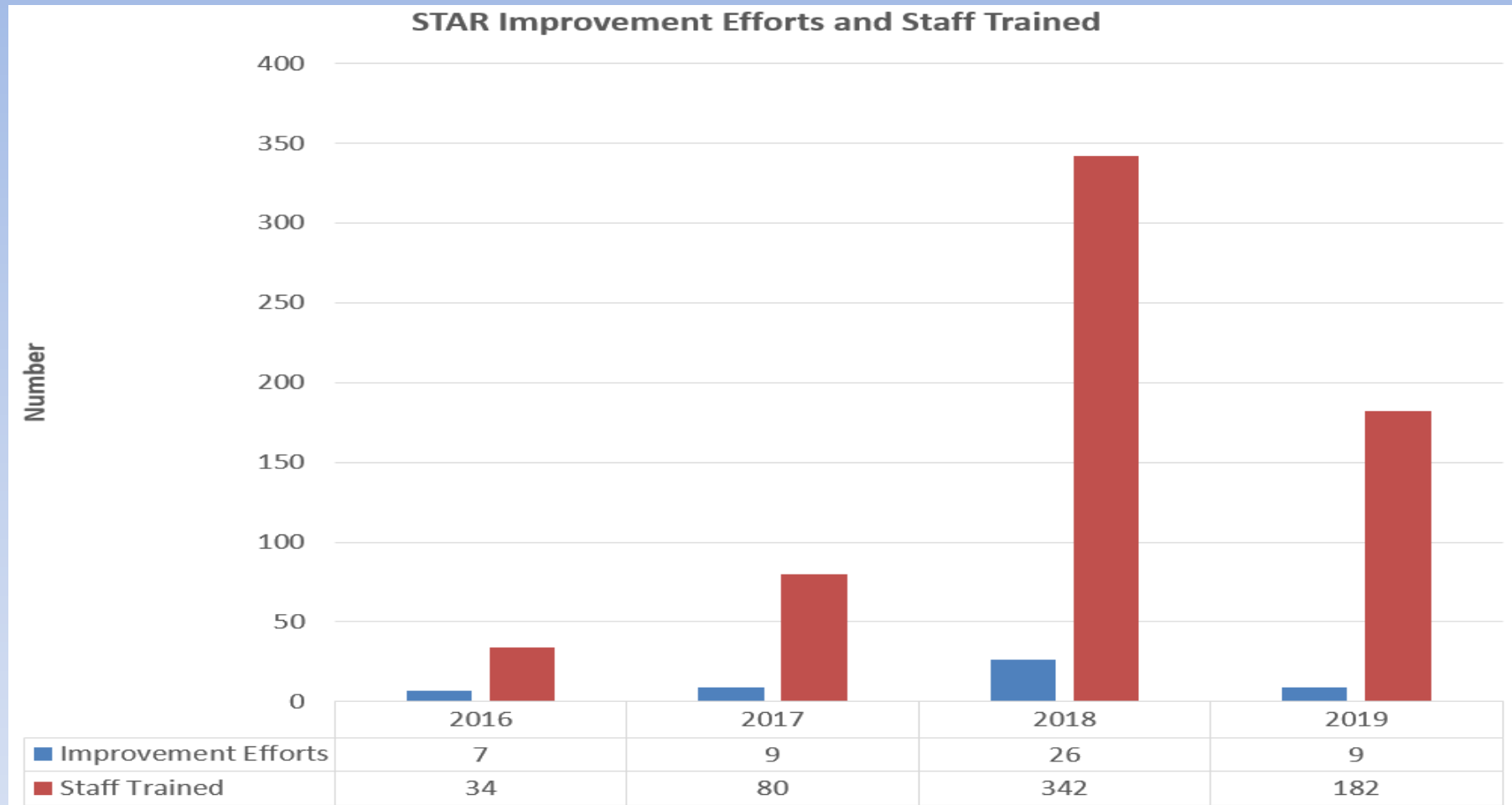
**Project #:**

Enter # from PMO Timeline

[insert link to SP folders for submitted, reviewed/approved, rejected/on-hold forms]

OID Request and Approval Process (OID Process)—Current State





Increase the number of individuals participating in STAR Improvement Efforts by 25%



“You guys have done great work. I was skeptical in the past of these sort of efforts but you guys clearly know what you are doing. I am telling everyone.”

*Michael Krosin, MD, Orthopedic Surgeon*

“RN’s and MD’s love the use of the Surface Pro Tablet for translation. It is much preferred to the old phone system and patients are appreciating the improved experience”.

*GI Lab Charge RN,  
Highland Wellness*

“I didn't know where to go to find this kind of support in the system - the STAR team provided the direction and support I needed. It made a great difference as you can see by the results and it took great weight of frustration off of my shoulders.”

*Pat Reynolds, Surgical Services Manager,  
Alameda Hospital*

“The Kaizen process helps the Multidisciplinary team see every step of the process, to identify and close any gaps in the process.”

*Robbie Masangkay, Nurse Manager,  
Highland Hospital*

“People cared about the problem because they came to see versus just assuming I could do things differently.”

*Paulette Gairey, Surgical Services Unit  
Coordinator, Alameda Hospital*

“The Surge Plan keeps the ED staff from feeling alone or isolated.”

*Shareen Cronin, Director of Nursing*

“The ED Surge Plan REALLY WORKS!”  
*Ann Nomura, Physical Therapist, Highland  
Hospital*

“Working with the Lean team has been awesome. Since our Kaizen we have been able to implement new processes and create standard work for the Accounts Payable department. The LEAN tools and resources have been very valuable, and we have been using them as part of our daily activities. For example, the Huddle Board, it was hard to implement at first, but now, most days the team is coming to the huddle prepared and ready to report! Change can be hard but going through this process has helped my team to take ownership of the changes and help facilitate solutions.

I would like to acknowledge Michele for her coaching, knowledge, and mentoring as we walked through this journey! I would especially like to thank Rachna for all her help, patience, and steadfast energy. She has been an asset to us and she played a significant role in our success!”

Thank you Lean team!

*Cher Duvernay, Accounts Payable Manager*

“The Kaizen process helps the Multidisciplinary team see every step of the process, to identify and close any gaps in the process.”

*Robbie Masangkay, Nurse Manager,  
Highland Hospital*

“The Surge Plan keeps the ED staff from feeling alone or isolated.”

*Shareen Cronin, Director of Nursing*

“It really works! Doesn’t seem like I am working in the same hospital”

*Joe Porta, Bed Control, Highland Hospital*

We had someone who could walk us through the process of preparing for a Kaizen event, marked milestones, set deadlines and facilitated between our department and the lean team. We were educated on Lean tools. Without this support we would have been under-resourced and unclear on next steps to achieve goals.

*Sheila Lyzwa, Vice President of Care Management*

I think it was wonderful. We knew we had an issue, but we did not understand (until the mapping occurred) of how complex this issue really was. It was rooted in several departments throughout the organization and the process helped us to understand how work in one area was impacting the work in another.

It also helped the teams to come up with their own plans on how modify processes, even if they didn't think it would work, and see the great outcomes that came out of it. It also allowed them to understand that continued reworking of process is also a good thing.

I appreciate all the support the STAR team has provided on this project. We have been able to sustain and better our numbers.

*Richard Espinoza, Chief Administrative Officer,  
Post Acute Services*

"I was uncertain about what to expect when our COO offered help from the STAR team. In part because, as I have shared previously, I've been trying to get traction on this idea for quite some time with only very slow progress. As a physician leader, I'm often asked to give solutions for medical/population health kinds of problems and what I would call business process issues which can be nerve wracking. It was great to have a unit that I was able to turn to for help to rationally think of solutions, rather than be stuck in a silo struggling to think of them on my own.

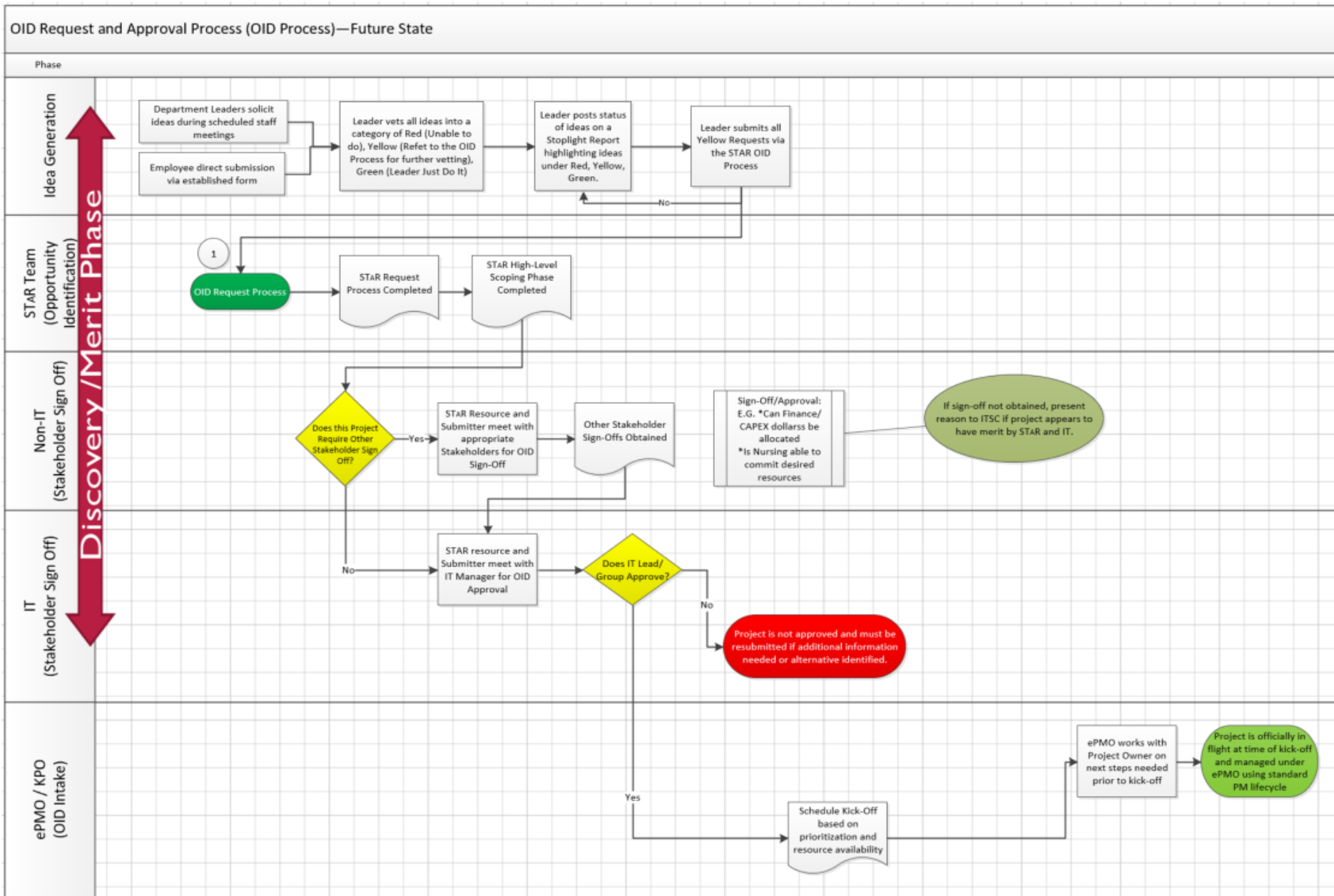
I greatly appreciated the team walking through the LEAN steps and helping keep all of us working on this project accountable.

Overall I was very impressed with the performance of the team and as I said previously, I'm looking forward to re-engaging as the SDC starts transitioning to Urgent Care"

Thanks again!

*Dr. Ghosh, Medical Director, Same Day Clinic*

# New Process Swimlane



## AHS Employee Suggestion Form

Your personal information will only be used to contact you for further information regarding your suggestion. It is not required, and you may choose to remain anonymous.

Employee \_\_\_\_\_

Dept. \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Phone/Ext. \_\_\_\_\_

1. **What is the current situation?** (What is wrong? Describe in detail the present practice, condition, method, etc., that you believe should be changed. Attach any documentation that may be helpful in understanding the problem.)

---

---

---

2. **What is your suggestion?** (Specifically describe your proposed improvement. How can it be made? What steps need to be taken?)

---

---

---

---

3. **What are the expected results?** (Check all boxes that apply, and then describe the advantages and benefits that would result from adopting your suggestion. Include any specific estimates you may have, such as expected savings.)

I believe my suggestion will:

◇ **Improve Service**

◇ **Reduce Injuries or Illness**

◇ **Save Materials**

◇ **Increase Revenue**

◇ **Reduce Labor Costs**

◇ **Save Space**

◇ **Increase Productivity**

◇ **Reduce Equipment Costs**

◇ **Save Time**

◇ **Improve Program Quality**

◇ **Improve Employee Morale**

◇ **Save Money**

◇ **Other** \_\_\_\_\_

4. **Additional Comments:**

Once completed submit to [STARRequests@alamedahealthsystems.org](mailto:STARRequests@alamedahealthsystems.org)

The Stop Light Report is a way to communicate in writing (post on communication boards) how the ideas/concerns harvested are processed:

- **Green** Light items are things that are “Just Do Its” and have been addressed and are complete.
- **Yellow** Light items are things in progress.
- **Red** Light items are those issues or ideas that cannot be done with the reason why.



### Stop Light Report: Rounding Follow-up

Feedback from (period)

**Successes:** Note positive things learned.

[Enter Comments Here]

**Completed** These are opportunities/ideas answered/addressed right away.

[Enter Comments Here]

**Work in Progress:** These are opportunities/ideas that we couldn't answer right away, but are working on vetting.

[Enter Comments Here]

**We can't do now and here is why:** These are requests that we cannot do at this time and the reason why.

[Enter Comments Here]

The Stop Light Report is a way to communicate in writing (post on communication boards) how the ideas/concerns harvested are processed. Green Light items are things that are “Just Do Its” and have been addressed and are complete. Yellow Light items are things in progress. Red Light items are those issues or ideas that cannot be done with the reason why.

## Next Steps (July – Early 2020)

### **ACTION 1 (August 2019) – ELT**

Executive Team announces a campaign to solicit staff to be part of the “Change and System Transformation”—Everyone wants to be a STAR!!

- Campaign to center around the “sense of urgency” for standard work and process improvement and we need their ideas to continue to encourage efficiency and fiscal responsibility

### **ACTION 2 (September – October 2019) – STaR**

System Transformation and Reengineering (STaR) staff will attend staff meetings to share the process and obtain feedback.

### **ACTION 3 (October 2019) – STaR**

Finalize Employee Suggestion Form incorporating staff input. Update and Promote STAR Website to include Employee Suggestion Form.

### **ACTION 4 (November 2019) – Department Leaders**

Implement Stop Light Report Program

### **ACTION 5 (Spring 2020)**

Share information and results of improvement efforts at the all employee forums