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The Motorola Consulting and Training organization provides solution sets drawn from SIX SIGMA methodologies and programs which result in sustainable business performance improvement.



Catholic Healthcare West

St. Joseph's Hospital Improves With CFPM

Duplication of effort, delays in completing medical records that led to delayed billing – they all added up to inefficient operations at St. Joseph's Hospital. The full scope and impact of these issues were not known until the hospital staff came together.

Undertaking the SIX SIGMA® quality methodology streamlined and improved administrative procedures at the 477-bed licensed hospital. St. Joseph's, located in Phoenix, Ariz., is part of Catholic Healthcare West. The company, incorporated in 1895, has 48 hospitals in three states.

CHW was using a Motorola affiliated company, Eclipsys, computer application for clinical documentation. During expansion of the system, personnel realized the need to become more efficient and coordinate the several different methods of documentation that were being used throughout the hospital.

"We went with Motorola University because we knew the company and knew it was doing world-class defect-reduction work," said Gayle Vernon Simkin, regional

information officer for CHW. At the start of this improvement project, she was the hospital's regional vice president.

One tool the hospital used was Cross Functional Process Mapping. CFPM involves developing "maps" of process flows by describing the functions involved in each step of a particular process. Maps are developed for both the way things are being done (the *as is* map) and the way things should be done (the *should be* map).

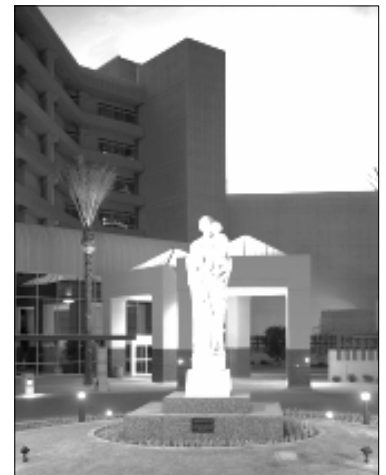
In April 1998, approximately 30 people, representing most of the hospital departments, began meeting and using CFPM. The team built its *as is* map over three full days, wrapping conference room walls with maps over six feet high.

The group developed the maps by following the documentation process for different types of patients, starting with hospital admission and ending with record archiving.

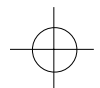
The *as is* session generated 235 issues; a review afterward with hospital staff added two more.

Jim Sanderson, R.T., senior systems engineer

The results obtained through the MU initiative were significant. In Medical Records, having lab reports complete and available at time of discharge rose from 33 percent to 100 percent. Complete and available progress notes went from 66 percent to 100 percent.



St. Joseph's, Phoenix, Ariz.



Cycle Time Reduction
Initiative

"One in a Series"



Catholic Healthcare West

“This project has been of huge benefit, and the learning gained has spread to other areas of the hospital.” Gayle Vernon Simkin, regional information officer, Catholic Healthcare West

Cycle Time Reduction
Initiative

Network Support, developed a way to render the maps as PowerPoint flowcharts. This was enlarged to a colorful 4-by-10-foot banner, and posted for two weeks so all employees could view and comment on it.

“Previously, people would complain about issues and not know the cause,” said Sanderson. “With the map, they could see where information was not being distributed or where it was incomplete. That was a real eye-opener, and helped people to understand each other’s problems.”

Following the comment period, the team reconvened for a *should be* session identifying 30 action items that resolved most of the 237 issues. Employees were invited to sign up for teams, although some were asked to join specific teams based on their backgrounds and job responsibilities.

Tina Brucato, RN, was in charge of the project and managing the teams. “Undertaking this quality improvement methodology was important. St. Joe is large, and changes were often made without total planning behind them,” said Brucato, nurse manager for the Neurosurgery ICU and Step-down Unit.

Further evaluation of the action items led to a higher level of categorization, to improve communication and help teams identify cross-over tasks with other teams. The final eight categories were:

Education/Training, Admission Processes, Patient discharges, Information Systems, Measurement/Accountability, Health Information Services/Medical Records, Kardexes/Clinical Pathways/ Medication Records, and Patient Charges.

Some of the bigger issues included record management and improvement of chart flow, registration of women and their newborns, too many (20) admission sites within the hospital, and training personnel how to document, because there was a large variability in the methods used. “Some of the processes here have threads that date back to 1895,” said Simkin.

And a number of teams made improvements. In Maternal-Child, for example, the team reconfigured registration and separated the admitting area, simplifying the admissions process. They also improved the accuracy in assigning a pediatrician to a newborn. Previously, that wouldn’t get done in a timely manner, resulting in mothers and babies staying in the hospital an extra day before the babies could be examined. Maternal-Child found its 30 logbooks contained a great deal of duplication, and consolidated them into six books.

In Medical Records, having lab reports complete and available at time of discharge went from 33 percent to 100 percent. Complete and available

progress notes went from 66 percent to 100 percent. “Until the medical record is complete, the hospital doesn’t get paid. Having the paperwork done means the hospital can send invoices faster, reducing paper and saving time,” Brucato said.

CFPM is a tool that aids understanding, and has since been used in many other areas around the hospital, according to Simkin. “It’s been of huge benefit, and the learning gained has spread to other areas, including Human Resources and Orthopedics,” she said.

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