Profile
Providence Health and Services (PH&S) is a five state health system based in Renton, Washington. The health system is comprised of:

- 34 Hospitals
- 600 Clinics
- 18,000 Medical Staff
- 82,000 Caregivers
- 1 Health Plan covering 1.2M lives
- 41 Non-Acute Services
- 1 High School
- 1 University
- Community Connected Customers

Each day PH&S grows and affiliates with additional partners.

The Challenge
Understanding the organization has a problem or opportunity and then translating the data into useful information so it can be acted upon is an ongoing need. Getting the right information to the right people at the right time is critical to being able to improve patient care, operations, and outcomes. The processes delivered must provide information consistently in a visible manner in the right window of time for success.

Implementation Overview
The first step in the process is to identify what item will receive focus. These focus areas may come from system or local goals and initiatives. Often times the initial starting point will come from a dashboard. Being able to serve up multiple items in a way that team members can tell, at a glance, where they are is very beneficial.

From there, having the ability to drill-down into facilities, patient care units and/or specific patients and care team members is invaluable. Without granular details, it is often difficult to clearly describe where the problem needs to be addressed. This is where any issue can begin to get traction.

The detailed data helps start the conversation (problem statement) about what is going wrong and where. Often times, things you hadn’t thought could be influencing an issue will be found to be at play. Having a problem statement that is specific helps teams more easily stay focused and solve the problems more quickly.

The CAUTI bundle changes were part of the system-wide initiative known as the Nursing Quality Improvement Collaboratives. Providence has historically had below standard performance in nursing sensitive indicators, including CAUTI prevention. Our chief clinical executive has reinforced Providence’s commitment to the consistent use of bundles, including process measure dashboards and closely tracking outcomes. Each Collaborative has representatives from each site, and the Regional Chief Nursing Officers (CNOs) acted as the sponsoring group for this work. Two in-person CAUTI Collaborative sessions were held centrally in the spring of 2016, and evidence-based bundle elements
for improving CAUTI performance were identified and agreed upon at those sessions. The work was then reviewed and approved by nursing, medical and Quality Improvement (QI) clinical leaders.

As part of the planning implementation of the identified bundles we identified several changes to Epic that would both drive practice and facilitate reporting on process and outcome measures. This was then presented for ECO (Epic Clinical Optimization) slotting, approved, and driven as a major ECO project. 2016 was Providence’s building year for this improvement activity, and we expect 2017 to show considerable improvement in process and outcome.

Once the problem has been analyzed, the right tools and functionality can be brought forward to address the issue(s). Using visuals helps to keep the team together with a basic understanding and agreement of how the work will proceed.

Finding a tool that can present naturally in the workflow with the right prompts or tips is invaluable to insuring team members can do the right thing, it is easy, and not disruptive in any way. Easing the way of any team member is a critical success marker.

Last, but certainly not least is to watch the change to make sure it has the effect you desire. If it doesn’t, take the problem apart again and find the pieces that were missed or the circumstance that was changed. Using an analysis process to insure the pieces you believe are the key impacts are indeed the impacting components is important. Sometimes a change will need to be done, tuned, and fine-tuned to get the desired result. If the bar doesn’t raise or lower as expected, don’t be afraid to go back and look again. Plan for this and discuss this need with your teams – it is a normal experience.

All along the journey, it is important to plan, do a change, study the effects of the change, and take an appropriate next step or action. Using data at each juncture helps get information to all levels of the organization, raise awareness, and creates the opportunity to help the organization make the needed changes.

**Key participants involved in the process:**
- Clinical (MD, RN, Therapy, etc)
- Ancillary (Lab, Pharmacy, DI)
- Instructional Designers / Training

Keeping the value cohesive and strong takes key players.

**Resulting Value / ROI**
Having a protocol around catheter usage, the direction of the usage, and prompting for removal are all keys to reduction in Catheter Associated Urinary Tract Infections. As these infections are reduced, patients are healthier, experience shorter lengths of stay, and have better outcomes for the contacts they do have.

*Analytics allows the right action at the right time to benefit the patient experience.*
<table>
<thead>
<tr>
<th>Resulting Value / ROI</th>
<th>Colon Surgery</th>
<th>Heart Failure</th>
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<tbody>
<tr>
<td><strong>Planning</strong></td>
<td>Having the data needed to pinpoint the problem.</td>
<td>Not all problems are the same across all areas of the organization. What may be a problem in one area may not be a problem in others. Data is needed to insure the problem relevancy.</td>
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<td><strong>Initiation</strong></td>
<td>Having a visual of the flow and touch points for the process.</td>
<td>Strong scope, key problem statement agreement, and a defined timeframe to work in are key to success.</td>
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<td><strong>Design</strong></td>
<td>Easing a change into the flow just in time is beneficial.</td>
<td>Cross-discipline teams are needed when a problem is complex. Don’t be afraid to look at a problem from a lot of angles.</td>
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<td><strong>Build</strong></td>
<td>Lining build up alongside of the streamlined workflow is optimal.</td>
<td>Roadshow the work with the key customers. They can help balance out the work before it is moved across the organization.</td>
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<td><strong>Implementation</strong></td>
<td>Monitor, tune, monitor, monitor, tune, monitor, sustain.</td>
<td>Help the team to understand this may be iterative. The first change may not bring enough benefit and more changes may be needed. Just because the solution is good, doesn’t mean the intended result is being delivered. Set a goal, monitor, and insure that the behaviors needed have arrived. It can often take 90-120 days to un-do a behavior and seat a new one – take the time needed.</td>
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