

Montfort Hospital Takes Performance Improvement Seriously... and it Shows

Reinforcing Montfort's Process Improvement Journey through Ontario's Emergency Department Process Improvement Program (ED PIP)...

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Introduction

For years, Montfort Hospital struggled to defend its ability to operate as a hospital uniquely positioned to serve the francophone community in the Ottawa area. Like many other hospitals in Ontario, there were issues of hospital overcrowding, and long wait times. In 1997, Montfort received a directive from the Health Services Restructuring Commission (HSRC) around the closure of the hospital. The Francophone community rallied together in support of the hospital and sued the HSRC, claiming that this would force assimilation of the francophone community. The courts agreed with the community and reinforced Montfort's position, thereby stopping the hospital closure.

Prior to the HSRC's directive, there were certainly issues facing Montfort, however, by the time their decision was overturned by the courts, these issues were further compounded by the fact that the hospital had operated in "survival mode" for about five years as they faced what seemed like imminent closure. This had an extremely negative impact on the organization.

The ED staff was demoralized. Nursing retention suffered, and the high turnover led to a high use of agency nursing staff to sustain coverage in the ED. As a result, nurses with less experience were being hired and tended to turn-over quickly. At the same time, there was a perception by physicians that the administration would not implement recommendations they put forward and as a result, they became distanced from the hospital. Any engagement would be challenging.

After years of lobbying for redevelopment, in 2002, the Ministry of Health and Long Term Care formally approved a hospital expansion for Montfort. Specifically, they announced an expansion that would almost double the number of inpatient beds to a total of 289 beds.

With leadership's focus on planning and preparing for expansion and growth, enhancing quality was felt, particularly by clinicians, to be a lower priority than they might like. Yet it was through the expansion planning that Montfort was introduced to Lean improvement methodology and the positive impact it could have on all aspects of performance, including clinical quality. This created an opportunity to align the various stakeholders behind an initiative that would benefit patients and hospital staff and physicians.

Adopting Lean Methodologies to Support Process Improvement

In 2008 as part of the planning and readiness for hospital expansion, Montfort's mandate was to identify best practices from other hospitals that could be adopted internally. Through their site visits, François Lemaire, the Director of Critical Care met an individual from St. Josephs Health Centre in Toronto. He talked about St. Joseph's experiences piloting Lean process improvement between the ED and Medicine. Their improvement story was compelling. Given some of the existing cultural issues compounded with poor performance related to key provincial ED metrics (such as ED wait times, length of stay, etc.), Lucille Perreault (Vice President of Clinical Programs) and Dr. Bernard Leduc, (previously Chief of Staff, and current CEO) were convinced that, like St. Josephs, they should invest in Lean methodologies to kick-start their process improvement journey.

As a first step, Montfort procured the services of a consulting firm who initially focused on Lean education geared to a hand-selected group of approximately thirty people. The upfront commitment for this group was four to six hours per week. The leadership team seconded two individuals to lead the internal improvement team. Both were clinical services/program directors.

This initial project was four months long and was being led by consultants who were on-site four days per week. They had experience with Lean in healthcare and were quickly able to establish credibility with the Montfort team. To build momentum, this improvement project became branded as *Projet Synergie (Synergie)*.

Prior to *Projet Synergie*, there was no corporate coordination around improvement initiatives at the hospital. This project brought people together aligned around process improvement and empowered people to make decisions. This was a departure from the traditional top-down approach. With *Projet Synergie*, there was finally executive level support for process improvement as it became a corporate priority. Although *Projet Synergie* was launched as a project, there was a clear declaration from the leadership team, that process improvement was not a project. *Projet Synergie* became known only as “*Synergie*”. Using Lean and focusing on process improvement would become a journey for Montfort.

Being part of Ontario’s Emergency Department Process Improvement Program (ED PIP)

Through Montfort’s initial Lean work as part of *Synergie*, there was evidence of isolated improvements (e.g., ED ALOS was reduced from almost 20 hours to less than 15 hours; and percent of high acuity patients seen within the target shifted from 49% to over 80%), but not the large system, step change in performance that leaders had hoped for. Furthermore, there was not a sense of confidence that an internal team would be able to lead improvement efforts without external support.

In the summer of 2009, Montfort was trying to determine how they would continue to support Lean process improvements across the hospital. Lucille Perreault (VP, Clinical Programs) talked about how they wanted to move away from a “gimmick” project title like “*Synergie*” and use the language of Lean and apply a lean framework to improvement across the hospital. They became aware of the

About ED PIP

The ED Process Improvement Program (ED PIP) is a component of Ontario’s ED ALC Wait Time Strategy. ED PIP is designed to support improvements to patient flow and build capabilities within hospitals for long term sustainable change.

ED PIP began in early 2009 with five hospitals in one Local Health Integration Network (LHIN). Two additional waves were undertaken (wave 2: Sep 2009 - May 2010; and wave 3: May 2010 - December 2010 which include the participation of over sixty hospitals across Ontario. Additional waves will kick off in early 2011).

ED PIP uses a lean improvement approach based on learning from health care transformations in Ontario and globally. Improvement teams in hospitals examine patient flow from “end to end” from arrival in the ED through to discharge from the floors. Each improvement wave lasts approximately 8 months, including five phases (Prepare, Diagnostic, Solution Design, Pilot and Roll out & Control). Hospitals participating in ED PIP have support from expert coaches in health care improvement. The coach focuses on building internal capabilities so that hospitals can lead transformative improvements that can spread and be sustained across their organization. In addition, hospital teams have access to practice experts, regional training forums, an online collaborative tool, and a comprehensive toolkit outlining the PIP approach, tools and guidelines.

Since 2009, over 60 hospitals (including fully participating and light touch hospitals) have participated in the various waves of Ontario’s Emergency Department Process Improvement Program.

opportunity to participate in Ontario's Provincial ED Process Improvement Program (ED PIP). One of the key drivers to participating in this program was the access to a coach to support capability building across the hospital to lead their own Lean projects in the future.

ED PIP's program offering (including coaching support and central training forums) helped to develop and reinforce the skills required for Montfort to lead Lean improvements internally. Support from coaches was particularly helpful in focusing on the right things during training. The coach pushed the team to think differently around process improvement and was very helpful in problem solving in general. The role of coach was critical in keeping the team focused on achieving results over the course of a predetermined eight month ED PIP schedule.

Participating in ED PIP introduced Montfort's improvement team to new Lean tools and provided a better opportunity to work on sustainability (as opposed to their initial four month project). Through the team lead training and the regional training forums for each project phase, one of the most valuable aspects of ED PIP was the networking that fostered learning from peer hospitals going the program concurrently.

To be successful, Montfort separated the project team to delineate leadership between the ED and inpatient units. The team was led by two clinical directors, one focusing on ER initiatives and one on inpatient projects. Although there was a heavier focus on medicine, some of the initiatives were more generally related to inpatient care.

Through Montfort's experience with ED PIP, the process improvement team developed confidence, which would position them well to lead Lean initiatives. They felt like they had an opportunity to ask the questions that they may not have known to ask the first time around (during "*Synergie*").

The Montfort Hospital improvement team certainly saw value from its participation in ED PIP. In fact, they requested continued participation in the next wave of ED PIP to continue to drive improvement. Unfortunately this was not possible, as the program needed to be offered to other sites who had not yet participated in the program.

Another benefit of the program included the requirement to the use of a custom Daily Access Reporting Tool (DART). This tool included more than twenty-five metrics that were recorded and monitored daily. It allowed the team to have quick answers to questions like "how many ED visits did we have yesterday?" or "What was the ratio of discharges to admits yesterday?" Problems could be identified in near real time based on the data and solutions could be generated to make improvements. The DART was developed during *Synergie* and ED PIP monitored that the tool was being kept up to date and the coach supported the hospital to adopt a practice of daily reporting to support their process improvement journey.

Challenges: Gaining Support from Physicians

There are a lot of very strong successes that have come from Montfort's efforts in Lean process improvements in general and specifically through ED PIP. Although there has been some physician involvement and engagement in ED PIP, gaining support from physicians in the hospital is not an area where Montfort has declared victory - yet.

The physician situation at Montfort is not that different from most hospitals where there is a barrier between the medical staff and everyone else. A relatively small group of family doctors provide coverage for "orphaned patients" (those patients who come through the system without association with a specific hospital physician). This group of patients requiring coverage fluctuates, but is relatively substantial. As a result, a small cohort of GP hospitalists has emerged over the past few years who take on this responsibility.

Unfortunately, given some poor historical relations between the medical staff and the hospital administration, there is some reluctance for physicians to get involved in any hospital work outside clinical care. However, the hospital works hard to try to find opportunities to develop trust and build support for process improvement from their physician group.

Dr. Leduc is himself a family physician with years of clinical hospital work behind him. He was appointed CEO during ED PIP, but previously held the role of Chief of Staff. Where historically, physicians may have doubted the administration's commitment and accountability, under Dr. Leduc's leadership, there is certainly hope for building better trusted relationships.

At the beginning of ED PIP, Dr. Douek was appointed the physician lead for inpatients. Her leadership role was not highly sought after given some of the history in the organization. She recalls ED PIP not being seen as a positive thing from the physician group in part because there was a lack of manpower in family medicine for patient care.

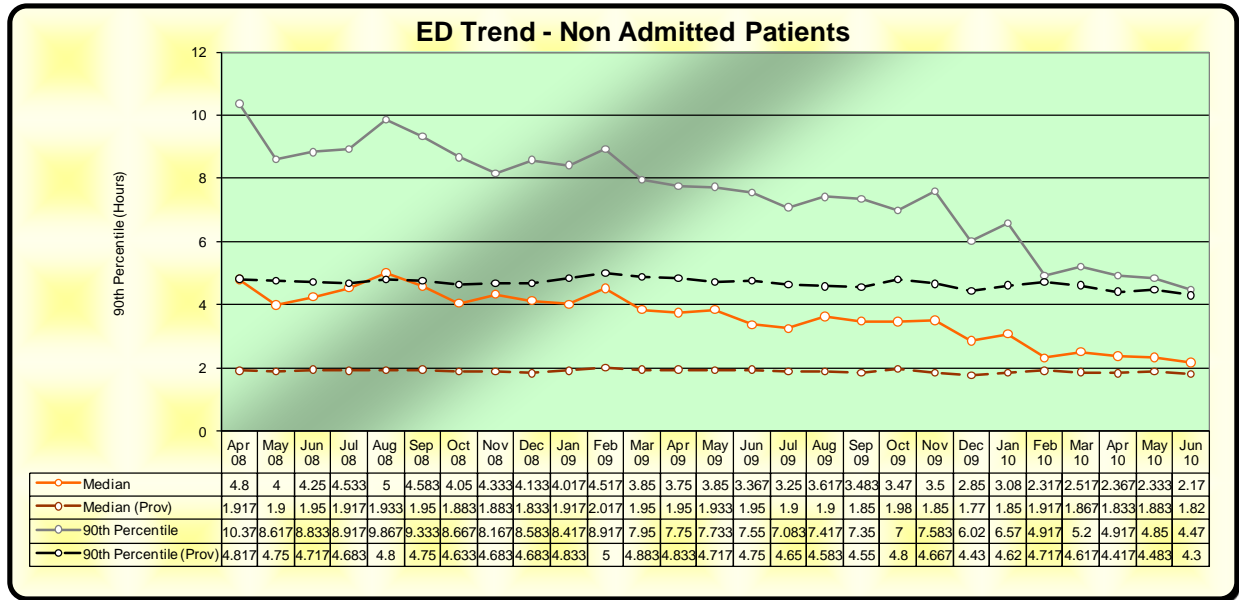
Despite the high level of cynicism and resistance of physicians to engage in ED PIP, Dr. Douek was able to slowly improve engagement in her group. Given that she was in the same position as her peers, she was able to understand why they were frustrated and as the program was underway, she was able to slowly gain support through story telling about the improvements that were being made leading to good public perceptions for the hospital and better experiences for their patients. Momentum was a big key to moving things forward. It was also critical that issues were reframed as quality of care to better support serving the population as opposed to simply improved efficiency.

There is a little more goodwill from the physician group than there was prior to the program. Post ED PIP, Montfort is committed to continually improving engagement of their physicians and will make this a priority through their renewed strategic plan.

Achievements

Over the course of Montfort’s participation in ED PIP, the hospital was extremely encouraged by their results. Montfort hospital was a top performer. They had one of the highest rates of improvement in the province specific to the Pay for Results metrics for which each hospital is accountable. It was quite an achievement to go from one of the lowest performing hospitals to the middle of the pack (see sample data in exhibit 1 below).

Exhibit 1. ED Wait Time trend for non-admitted patients



Through their participation in ED PIP, Montfort piloted and implemented a number of improvement initiatives that were believed to support improved management and patient care. Some of these included: introducing a rapid assessment zone for higher acuity patients in the ED; creating a geographic cohort for hospitalists; implementation of visual management boards and changing the criteria for fast track in the ED (through visual management).; and introduction of bullet rounds in the inpatient units,

Lucille Perreault (VP, Clinical Programs) talks about how eighty-nine people across the hospital had been touched by Lean directly (through training and accountabilities for improvement initiatives). Montfort’s solutions were beginning to address some of the root causes of their problems. For example, like many hospitals, discharge delays receive a high level of attention. Through the root cause investigation for delays in discharge, the team found that PT/OT delays occurred because of weekend schedules. As a result, sometimes patients left the hospital without seeing a PT or OT (even when it was indicated). The

Ontario’s Pay for Results Program

Ontario’s Pay for Results (P4R) Program helps hospitals that meet specific emergency room (ER) wait time reduction targets. P4R provides financial incentives for hospitals who are able to meet certain wait time reduction targets. Over the last two years it has helped participating hospitals lower overall wait times by 4.7 hours (28%) for patients who require complex medical care and by 1.4 hours (22%) for patients with minor conditions – include source for these results

solution was to add more available Physio/OT time on the weekends. Also, they added PT consultations for ALC patients which further improved disposition. 73% of these patients improved their mobility, and 27% of discharge destinations changed.

As a softer measure of success, an organization that previously had no infrastructure to support process improvement now has some. There are now weekly discussion meetings to establish links between services and talk about performance around key metrics (with the help of decision support resources). For example, in one of the weekly meetings, the team was reviewing data and someone suggested that due to improvements in inpatient Length of Stay (by 2 days in 2009) in the key case mix groups (CHF, CVA, COPD and pneumonia), there were more high acuity ambulances able to offload, which may translate into an overall increased patient acuity level which could impact length of stay in the future. This was currently being proactively investigated at the time of the case study development.

Sustaining Improvements

The senior leadership views Lean and the process improvements that resulted from their focused practice as a positive shift away from their cultural norms. ED PIP presented an opportunity to sustain improvements by reinforcing the Lean education initially provided by consultants through Synergie. Now the leaders and front line staff from Montfort have been able to step through the process improvement journey and learn from the experiences of their peers going through the improvement journey together.

Following participation in ED PIP, Montfort is focused on developing their sustainability plan. However, there are a number of things that are now embedded in the organization that will support the hospital's efforts to sustain their process improvement program and spread results across the organization. A good example is that the monthly quality meetings and the weekly performance meetings will be maintained.

The team leads at Montfort felt strongly that having Directors seconded to lead improvement projects such as ED PIP was critical to sustaining gains. Once the "project" was complete, the Director continued to own the process improvement projects/initiatives and became accountable for driving continuous improvement. This also provided a good opportunity for Directors to interact with their staff, which was beneficial for overall engagement in the department.

Through each of the process improvement experiences of ED PIP, the hospital leadership built incremental goodwill around facilitating change. Through the improvement work, the tensions between the Emergency Department and the Department of Medicine were addressed. There is no longer an

Creating a geographic hospitalist cohort

Through the creation of a cohort for hospitalists on one floor, communication improved drastically between physicians and amongst the other care providers. The hospitalists gained a better appreciation for what the rest of the care team was doing and how their practice could improve or reduce the coordination of care from the patient's perspective.

Prior to this initiative, the data previously showed physician delays as the number one reason for delays in discharge. Now with the hospitalist cohort geographically aligned, physicians are no longer the top reason for discharge delays.

“us” versus “them” mentality between the groups. Now, there is a higher level of comfort around having an objective, patient-focused problem solving discussion.

The team visited a site in San Antonio who regressed two years after their consultant/coach left the organization. According to Dr. Leduc, this cemented the need to build in the costs for internal resources to make their process improvement journey successful.

Over the next year, Montfort will be developing its next strategic plan which will focus on a way to integrate process improvement into their organization by aligning Lean with their strategy and developing a management system that support process improvement.

Lessons Learned

For Montfort, there is no doubt that their focus and commitment to process improvement has been significant and the outcomes should certainly be considered a success. When the leaders at Montfort were asked about their key lessons learned through adopting Lean process improvement, this is what they said:

- “Process Improvement projects must be a priority of the senior team”
- “It is critical to develop credibility as a team lead”. Montfort has a rolling secondment of various clinical directors as team leads as they believe these individuals will receive more respect and they will then carry on the accountability for process improvement in their clinical area once the specific project is complete.
- “There is no such thing as too much communication”. There was a feeling that the team could have always done more communication.
- “Engaging physicians early on is critical”. Engaging physicians has been a constant challenge.
- “Selecting physician leaders who are credible, respected and engaged is critical”
- “Good (credible) data is crucial for gaining support for process improvement initiatives”. Data needed to be timely. In some cases, it was absolutely critical that the data be available in almost “real-time”.
- “Making data visible helped foster higher levels of accountability”
- “Re-frame issues to focus on improving quality of care”. This helps to foster support of staff that improvement initiatives were the right decision for the hospital.
- “Project leads need to have strong communication skills”. The importance of clear communication should not be underestimated.
- “When staffing project teams with front line staff, remember that they may need some additional training in basic areas such as computers and project leadership”. Often, the day-to-day roles don’t necessarily require these skills. There may be a learning curve that should be anticipated.
- “Expect resistance and plan for it”. Embracing some of the basic change management principles was one of the toughest things to do.
- “It is important to recognize each of the staff involved in process improvement work”. They are making a significant commitment to the organization that should not be overlooked.

- “As leaders, don’t make assumptions that others are engaged. Ask questions and take a pulse.”
- “Maximize on early wins”. Some improvements are painless and everyone is happy to support the initiative. Success in these projects will help to build momentum. A good example of this was to identify patients who are ready for discharge, but required lab results before discharge. The solution was to prioritize these to facilitate an earlier discharge.

About Montfort

Hôpital Montfort is an Academic Health Science Centre offering acute primary and secondary services. With the major construction project finally completed, the New Montfort is engaged in the development and the consolidation of our assets and the expansion of our services.

Montfort has adopted a humanistic vision based on the attributes of a healing hospital. “A healing hospital must always listen to what its healthcare professionals, physicians and volunteers have to say. My duty is thus to further reinforce this healing approach so positive impacts continue to multiply in proportion to Montfort’s growth. Down the line, it will be the patients and their families who will reap the benefits of this compassionate, respectful and dignified treatment”, said Dr. Bernard Leduc, President and CEO.

Hôpital Montfort is also a strong believer in the importance of working in partnership with other healthcare organizations, academic institutions and the community in order to provide a continuum of care, ensure client satisfaction and staff development. Montfort is promoting ongoing innovation and improvements in the quality of the care and services provided. The new Research Institute of l’Hôpital Montfort was created with a focus on the health of the population living in a minority situation.