



# RAPID TRANSFORMATION MODEL IMPROVES CARE DELIVERY AND OUTCOMES



Trudy Johnson, MA, RN, NEA-BC  
Chief Nursing Officer  
SCVHHS/Santa Clara Valley Medical Center  
Behnam Tabrizi, PhD Consulting Professor  
Stanford University School of Management and Engineering

Better Health for All

# TOPICS COVERED



- The principles of the model
- The role of system approach, including executive sponsor
- How the model can be applied in any setting or department, from patient admissions to finance to care delivery
- Key results

# **SANTA CLARA VALLEY MEDICAL CENTER**

## **SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM**



- **Safety Net Academic Medical Center in Silicon Valley that is County Owned and Operated**
- **574 Bed Hospital (Level I Trauma, Burn, Rehab, Level III NICU, WCH**
- **8 Community Based Clinics -FQHCs**
- **Adult and Pediatric Specialty Clinics**
- **Healthsystem includes Health Plan**

# SERVICE PROVIDED

Capitated/Fee4Service Lives	125,000 / 37,000	(58K+since 2013)
Daily Census	380	
Births	3700	
Surgery	9400	
<b>Emergency Visits</b>	<b>75,000</b>	
<b>Express Care Clinic</b>	<b>50,000</b>	
<b>Ambulatory Visits</b>	<b>750,000</b>	
Operating Budget	\$1.3 Billion	
Employees	5800	
Languages	154	



# MAKING CHANGE HAPPEN



- Used consultants and change did not stick
- Rapid Transformation model relies on the staff to make change happen and embeds new processes to sustain change
- Builds bench strength with middle managers
- Empowers and entrusts the frontline staff to become internal agents for change

# EXECUTIVE SPONSOR



- **Senior Executives Public Support**
- **Attributes of engaged executive sponsor**
  - Ensures the team leaders have staff freed up to participate in team meetings
  - Removes roadblocks and ensures competing priorities are managed
  - Supports the organization to keep involved departments operational while teams are meeting

# **RAPID TRANSFORMATION**

- Process and architecture of Rapid Transformation
- Case 1: Specialty Referral Rapid Transformation
- Essence of Rapid Transformation
- Case 2: Flow Rapid Transformation

# **RAPID TRANSFORMATION**

READINESS	Phase 1 Current State	Phase 2 Future Blueprint	Phase 3 Implementation Plan
<i>Pre-Transformation</i>	<i>Diagnosis</i>	<i>Foundation &amp; To be state</i>	<i>Execution</i>
<ul style="list-style-type: none"> <li>Assess prior transformation progress and challenges.</li> <li>Clarify strategic goals and establish transformation imperatives.</li> <li>Structure the transformation effort: scope, timing, critical value maps, and core leadership team (sponsor, champions, PMO, communications, change management, etc.).</li> <li>Define and launch cross-functional Rapid Response Teams (RRT's).</li> </ul>	<ul style="list-style-type: none"> <li>Align team to transformation imperatives and build critical depth of understanding.</li> <li>Complete data-based assessment of current readiness, and identify strengths and gaps.</li> <li>Qualify critical shifts needed to achieve the strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Complete foundation &amp; future blueprint for assigned imperative - including structure, capabilities, processes changes, and critical talent.</li> <li>Define requirements and financial case to implement blueprint, with 6 month base-camps and metrics.</li> <li>Complete draft assessment of ability to implement and execution risks.</li> </ul>	<ul style="list-style-type: none"> <li>Define detailed implementation plan - including milestones, resources, success metrics, decision points, and out-of-bounds criteria.</li> <li>Develop communications and change management plan.</li> <li>Integrate plans for transformation - all initiatives, change management, communications.</li> </ul> <p><i>Rapid Transformation Book, By: Tabrizi</i></p>



***CASE STUDY 1 -***  
**IMPROVING ACCESS  
AND CAPACITY  
(PRE-TRANSFORMATION &  
DIAGNOSIS PHASES)**



# SPECIALTY CARE ACCESS **RAPID**



Referral Authorization Patient visit  
Intake Discharge

*“To create a world class referral process  
that our patients and their families love and  
are proud of”*

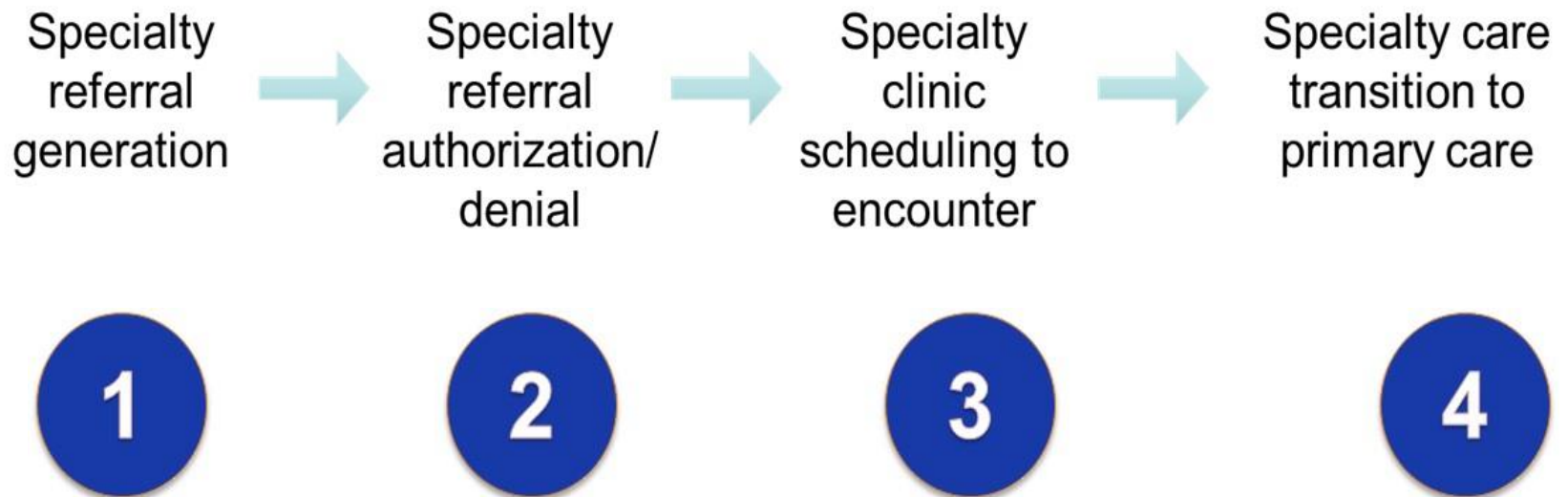
## Pre-Transformation:

1. Determine the SCVMC RAPID response teams
2. Define the referral process
3. Assigned co-leaders to each team

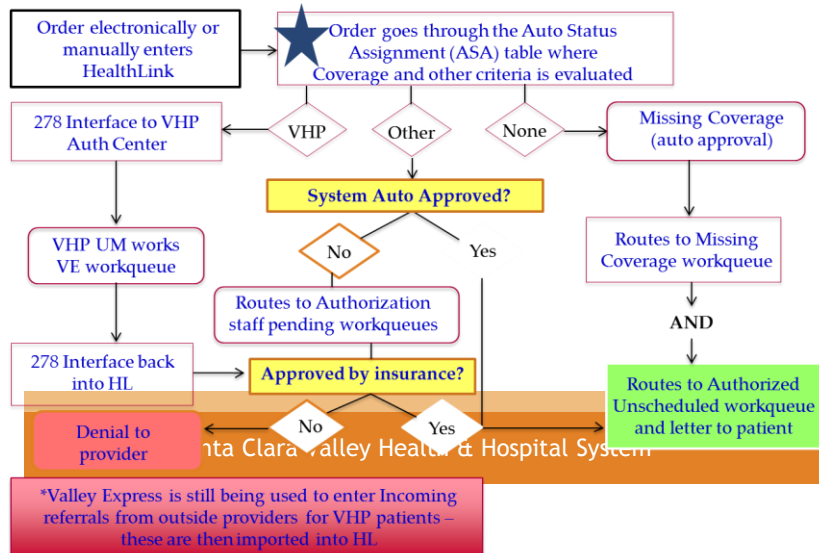
# SPECIALTY CARE CLT



4 Cross-functional and interdisciplinary teams developed for the RAPID process transformation: gap and root cause analysis in process



## Referral Entered



# OPTIMIZING WORKFLOW VARIANCE ANALYSIS



Dermatology Clinic

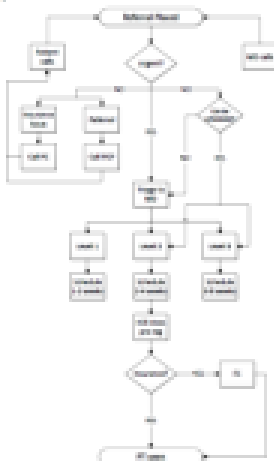


Pulmonary Clinic



Because it is a specialty  
the work may not be different

General Surgery Clinic

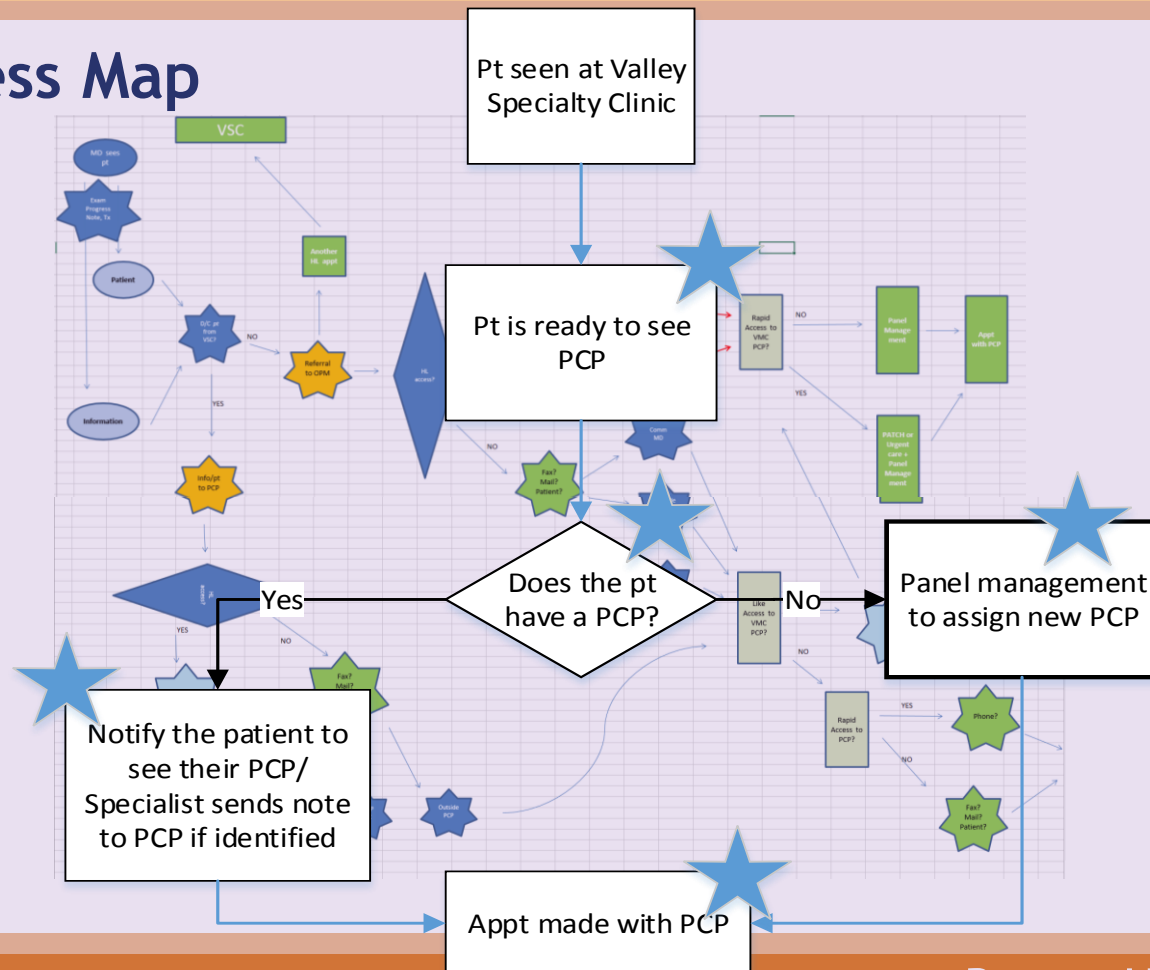


GI Clinic



# PATIENT ACCESS & CARE TRANSITION TEAM - STREAMLINE ACCESS BACK TO PCP

## Process Map



# EXTENSIVE SURVEYS



## Engagement

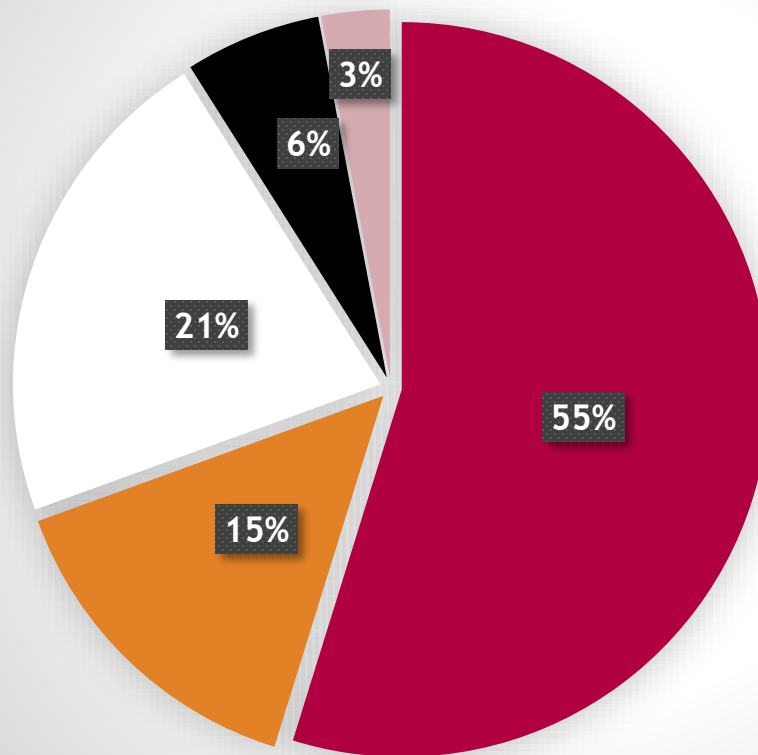
### Surveys

- Staff (HSR, MA, LVN, RN)
  - N = 223
- Providers (Physician, NP, PA)
  - N = 198
- Patient
  - N = 286

# SPECIALTY REFERRAL SOURCE



Referral Source



- Own PCP
- Other PCP
- Specialist
- Inpatient
- ED



# PCP IDENTIFICATION

- VSC-referred patients do NOT always have an identified PCP in EHR
  - Need to ID those lives dedicated to VMC or CH clinics
- Not all PCPs are listed in the EHR Banner (esp. CH clinics)
  - 92% of patients surveyed had a PCP (total 282 patients surveyed)
- Clinic Sites not listed on EHR Banner
- Adequate # of new PCP slots if needed

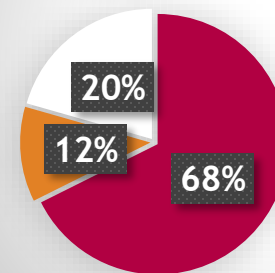
Paneling data as of APRIL 27, 2015.

APRIL PANEL REPORT (V6)

VMC PCP Panels  
Panel Report for Executives

ADULT - IM FP CLINIC TOTALS									
Clinic	Budgeted FTEs	Actual Clinic Half-Days Per Week <sup>(1)</sup>	% Time In Clinic	Total Panel <sup>(2)</sup>	MIN Capacity <sup>(3)</sup>	MAX Capacity <sup>(3)</sup>	Active Panel <sup>(4)</sup>	Availability <sup>(5)</sup> Capacity <sup>3</sup> Less Active <sup>4</sup>	NOTES
East Valley Totals	7.80	48	62%	7,859	7,155	8,371	5,860	1,295 - 2,511	
Gilroy Totals	7.50	61.5	82%	6,262	8,675	10,150	5,323	3,352 - 4,827	
Milpitas Totals	6.20	54.5	88%	6,607	7,046	8,244	5,237	1,809 - 3,007	
Moorpark Totals	17.40	130	75%	16,512	19,403	22,701	12,604	6,799 - 10,097	
Sunnyvale Totals	4.60	34	74%	5,977	4,935	5,774	4,423	512 - 1,351	
Tully Totals	8.60	72	84%	11,615	10,800	12,636	9,236	1,564 - 3,400	
Adult IM FP Totals	52.10	400.0	77%	54,832	58,014	67,876	42,683	15,331 - 25,193	
ADULT PACE and GERIATRICS									
Clinic	Budgeted FTEs	Actual Clinic Half-Days Per Week <sup>(1)</sup>	% Time In Clinic	Total Panel <sup>(2)</sup>	MIN Capacity <sup>(3)</sup>	MAX Capacity <sup>(3)</sup>	Active Panel <sup>(4)</sup>	Availability <sup>(5)</sup> Capacity <sup>3</sup> Less Active <sup>4</sup>	NOTES
PACE	3.10			1,308	1,575	1,575	1,073	509 - 509	
VSC GERIATRICS	4.40			1,040	2,119	2,119	950	1,169 - 1,169	

## Distribution of Referred Patients



- PCP Listed
- PCP Not Listed, but County Responsibility
- Unknown responsibility

# LOW HANGING FRUIT



- ✓ \$2 million work queue down to \$500K through redefining work process
- ✓ Cross functional communication and information sharing
- ✓ Identification of unintended consequences
- ✓ 50% Cataract Surgery wait list redirection through payer prioritization

# OUTPUT FROM VARIANCE ANALYSIS AND STAFF SURVEY



- ✓ Standardization
- ✓ Simplify
- ✓ Resource optimization
- ✓ Education
- ✓ Referral guidelines
- ✓ E - consults

# **GOAL FOR PHASE 2: INCREASE PRACTICE OCTANE**

- 1. Referral guidelines standardization**
- 2. Improve communication**
- 3. E-consult**
- 4. Workflow standardization**

***Rapid***

***Transformation***



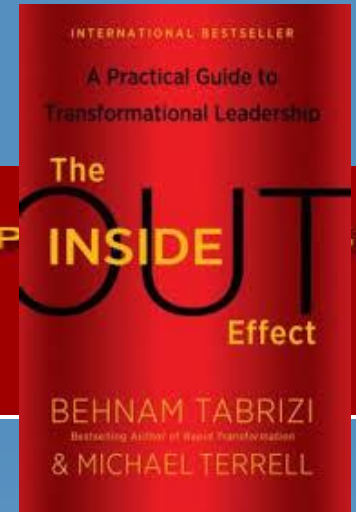
## ***10 Guiding Principles of Rapid Transformation Model***

*By: Behnam Tabrizi (behnam@stanford.edu)*

# ***Rapid Transformation***



**A 3-STEP**



## ***1. Outside-In & Inside-Out***

By: Behnam Tabrizi

***Rapid***

***Transformation***



## ***2. Holistic***



***Rapid***

***Transformation***



## ***3. Top/Down & Bottom/Up Alignment***



By: Behnam Tabrizi





***Rapid***

***Transformation***



## ***4. Cross Boundary Rapid Response Teams***

By: Behnam Tabrizi

***Rapid***

***Transformation***



## ***5. Reassemble Flying Plane***

***Rapid***

***Transformation***



***6. Fast***



***Rapid***

***Transformation***



## ***7. Clean Sheet***

*By: Behnam Tabrizi*

***Rapid***

***Transformation***

**20% Efforts**

**80%  
Results**

## ***8. Pareto***

***Rapid***

***Transformation***

	WBS	Task Name	Cost	January				February			
				12/31	01/07	01/14	01/21	01/28	02/04	02/11	02/18
1	1	Project Summary	\$38,000.00								
2	1.1	Design Phase	\$18,400.00								
3	1.1.1	First Design Phase	\$4,000.00								
		Start Milestone	\$0.00								
		Design Task 1	\$4,000.00								
		Second Design Phase	\$14,400.00								
		Design Task 2	\$6,000.00								
		Design Task 3	\$4,000.00								
		Design Task 4	\$4,400.00								

## ***9. Ruthless Execution***



***Rapid***

***Transformation***



# ***10. Fundamentals***

By: Behnam Tabrizi

# *CASE STUDY 2 -* **PATIENT FLOW (ALL PHASES)**





# PATIENT FLOW RAPID TRANSFORMATION



## VISION

*“World class patient flow process that patients and families love and makes staff proud”*

Improve the patient experience through key stages:

1. Encounter to decision to admit
2. Decision to admit to physical admission
3. Physical admission to efficient care and decision to discharge
4. Decision to discharge to physical discharge

# DIAGNOSE, FUTURE STATE AND IMPLEMENT

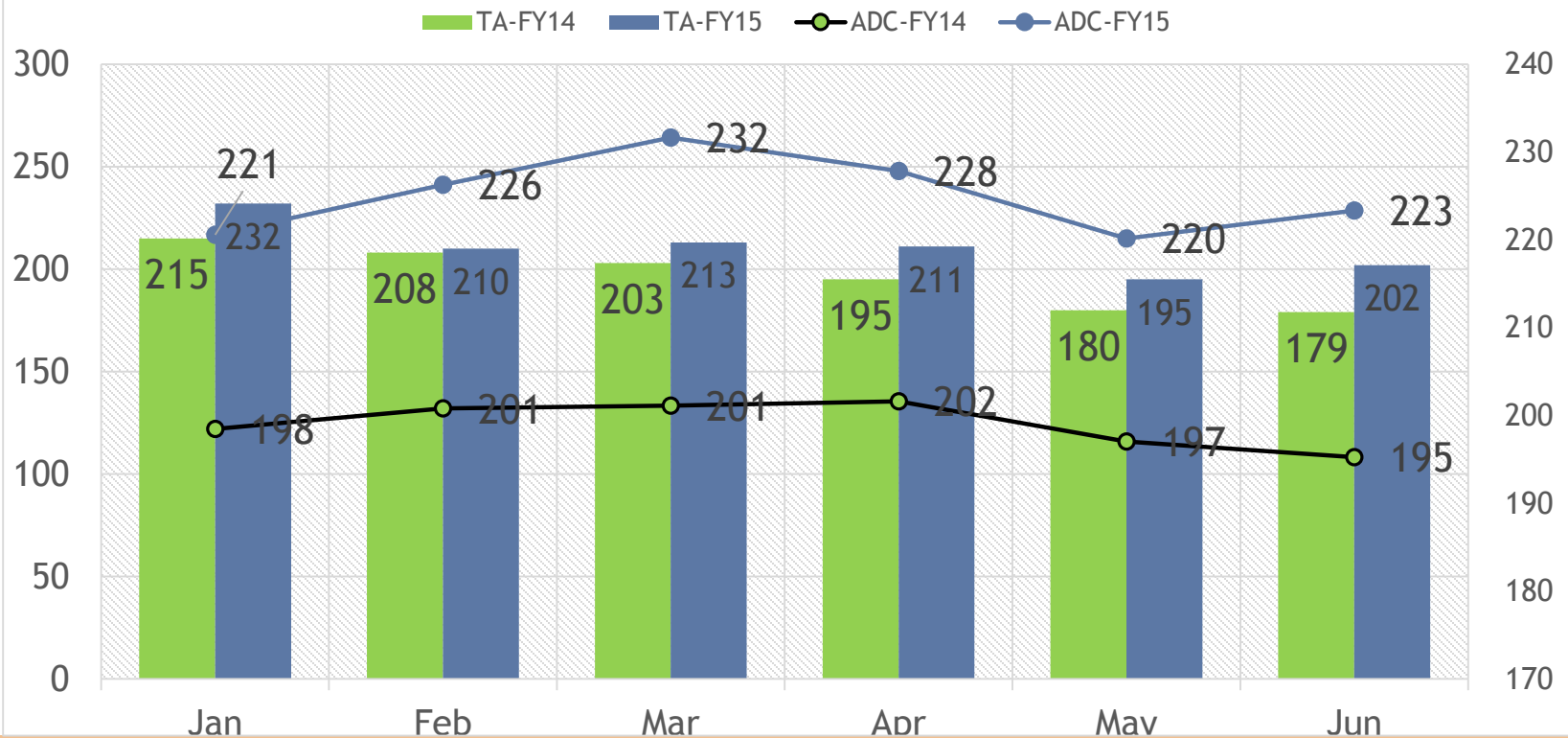


- **Challenges**
  - Capacity of ED, medical-surgical/telemetry, isolation
  - Emergency Psychiatric Services
  - Weekend effect
  - Non-acute patients
- **Changes**
  - Telemetry guidelines; review at rounds daily
  - Staffing and weekend services
  - Contracts and relationships for discharges

# REDUCING CYCLE TIME

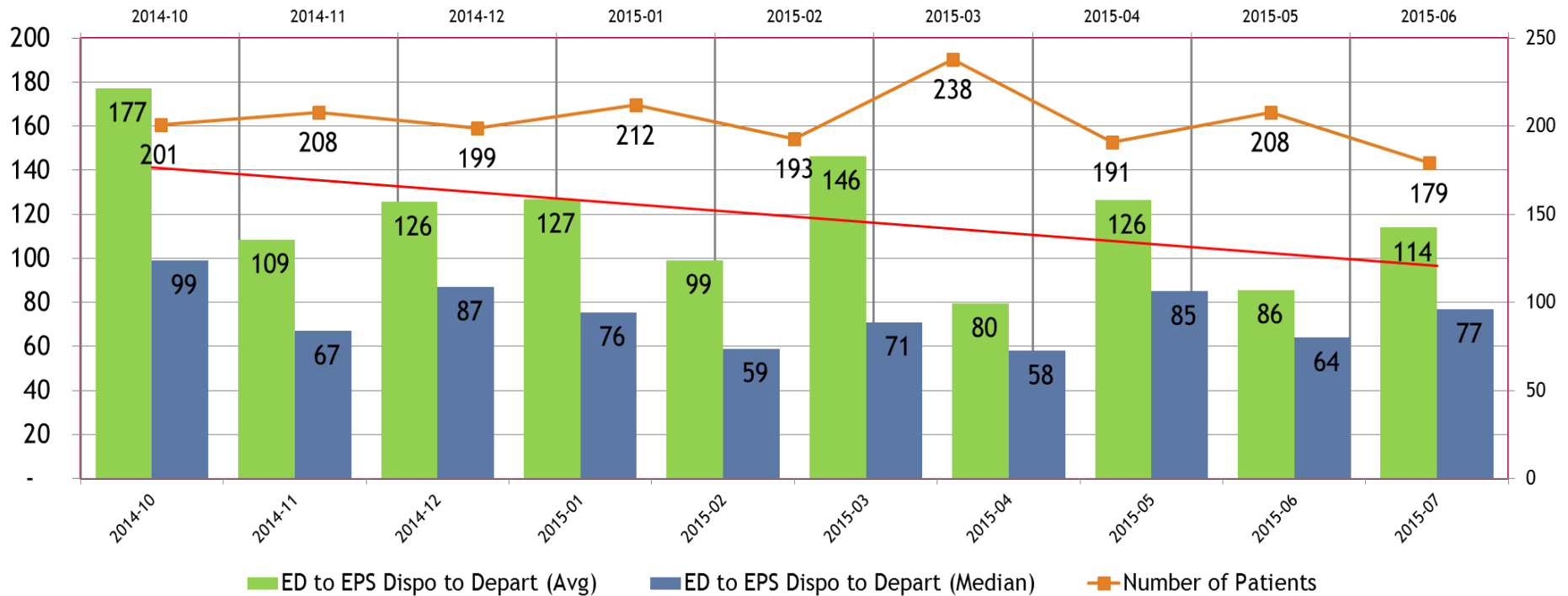


Minutes ED Arrival to Decision to Admit  
(ADC: MedSurg/ICU Only)



# ED TO "EPS DISPO TO DEPART"

(AVG. MINUTES) UPDATED THROUGH 7/11/15



# WEEKEND EFFECT



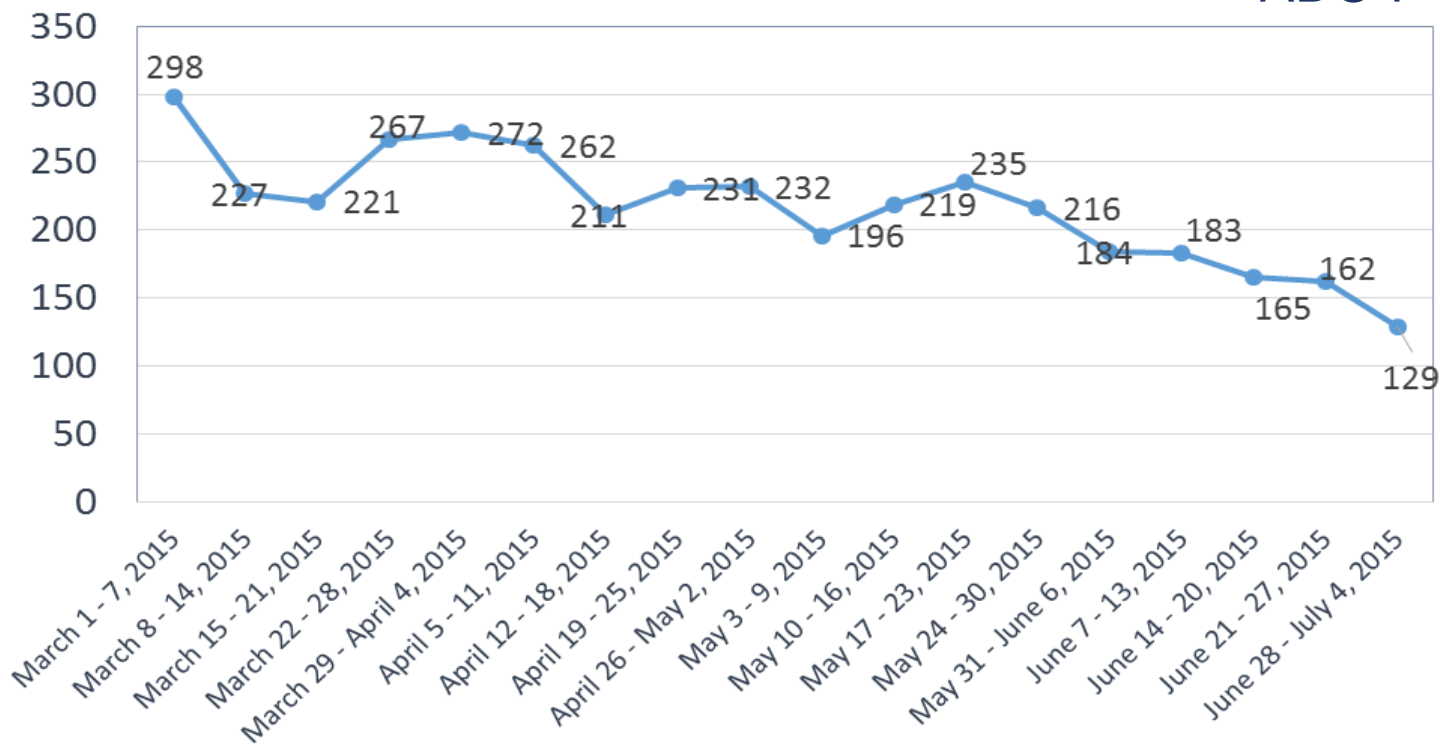
	Change	Value
<b>Diagnostic Services</b>	<ul style="list-style-type: none"> <li>• Increase tests on weekends that were shown to cause delays in care progression or discharge (Cardiac stress tests, echocardiogram, ultrasound)</li> <li>• Dedicated outpatient stress testing slots for Mon/Tue</li> </ul>	Prevent 1,144 avoidable days in a year with stress testing, ECHOs, and US.
<b>Staffing-TIGER TEAM</b>	Increase <ul style="list-style-type: none"> <li>• Care Management</li> <li>• Inpatient Psychiatry (5150s)</li> <li>• Therapy Services</li> <li>• Medical-Surgical RNs</li> <li>• HSAs for observing 5150s</li> </ul>	Prevent 300-500 avoidable days in a year  200-300 earlier referrals Prevent 600-1000 avoidable days/year

# INCREASING CAPACITY



Non-acute Patient Days

26% change  
=ADC 7



# WHY RAPID TRANSFORMATION WORKS



- Large scale change engaging frontline staff with the support of senior leaders
- Methods such as TIGER TEAMS are now used to tackle problems quickly in real-time compared to prior cycle times
- High level of engagement from MDs, RNs & other staff (i.e. registrars, MAs, transport) who went to training are applying principles

# WHY RAPID TRANSFORMATION WORKS



- Inside-Out
- Leadership Alignment
- Holistic
- Engagement
- GPS
- Change leaders





***Rapid***

***Transformation***



**SANTA CLARA  
VALLEY**  
HEALTH & HOSPITAL SYSTEM

***Thank You!***  
***Time for Q&A***

By: Behnam Tabrizi