



QI Power Hour

Embedding a Customer Focus: Methods 3sHealth Uses to Define and Measure Impacts on Patient Lives

With Janice Reeves, Jennifer Fetch
& Jill Forrester

TREATY 6 TERRITORY & HOMELAND OF THE METIS

HQC is situated on Treaty 6 Territory and the Homeland of the Métis.

We pay respect to the treaties that were made on this land and acknowledge the harms and mistakes of the past. We are committed to move forward in partnership with Indigenous Nations in the spirit of reconciliation and collaboration.



Access past QI Power Hour sessions

Past QI Power Hour webinars (with download links)

Health Networks in
Saskatchewan (QI Power
Hour)

Nov 15, 2019 at 9:30 AM



Citizen Science in Public
Health Policy: Leveraging the
Power of Ubiquitous Tools

Oct 25, 2019 at 9:30 AM



The Costs of Poverty to
Saskatchewan: Why Do They
Matter and How Do We
Calculate Them? (QI Power
Hour)

Sep 6, 2019 at 9:30 AM



[Visit our website to view past sessions!](#)

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Receive notices about upcoming sessions and details on how to register straight to your in your inbox.



Visit: bit.ly/hqc_subscribe

QI Power Hour Across Saskatchewan



Ombudsman Saskatchewan



SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

Over



60

Companies & Organizations



SASKCENTRAL
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Saskatchewan Health Authority



Regina Catholic School
www.rcsd.ca



QI Power Hour Across Canada



ALBERTA MEDICAL ASSOCIATION



DEER LODGE CENTRE
Making lives better



Holland Bloorview
Kids Rehabilitation Hospital



uOttawa



MISERICORDIA Health Centre
The future of care



THERAPEUTICS INITIATIVE
Evidence-based Drug Therapy

CADTH Evidence Driven.



Gateway Community Health Centre
Every One Matters.

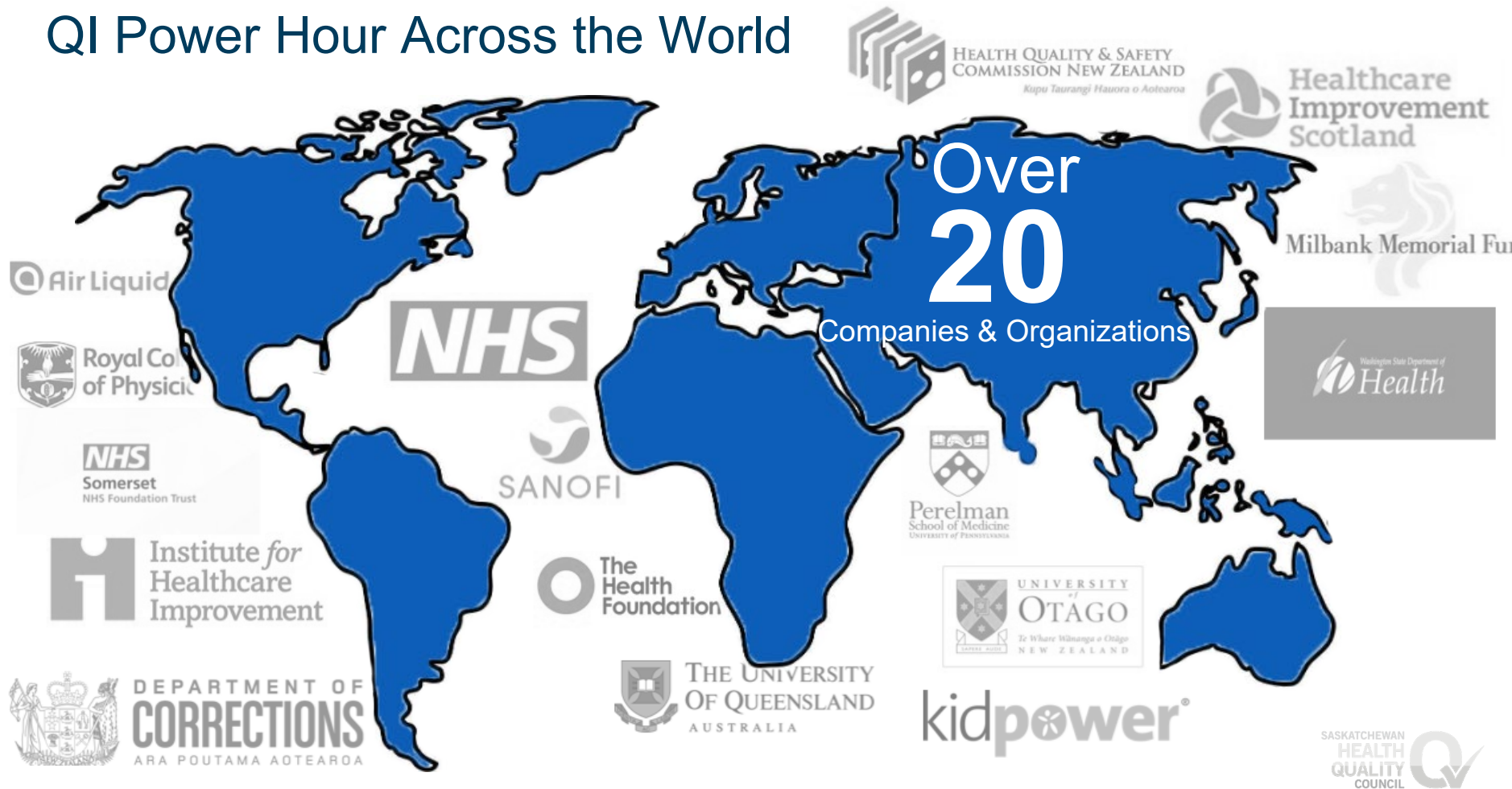


BRITISH COLUMBIA



SASKATCHEWAN HEALTH QUALITY COUNCIL

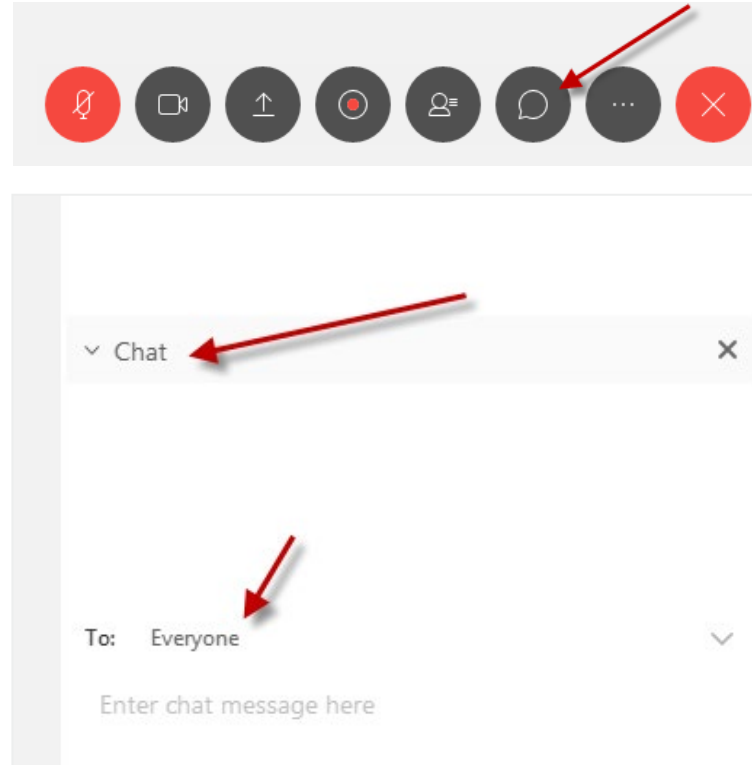
QI Power Hour Across the World



Webex tool: chat function

Chat functions:

- Share **questions, comments,** and **ideas**
- Click on the message bubble icon to access the chat
- Send to **Everyone**





QI Power Hour

**Embedding a Customer Focus:
Methods 3sHealth Uses to
Define and Measure Impacts
on Patient Lives**

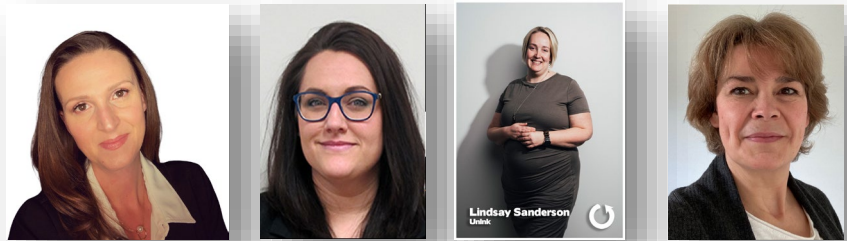
With Janice Reeves, Jennifer Fetch
& Jill Forrester



3sHealth

better together





Embedding a Customer Focus

Jennifer Fetch, Provincial Linen Services Director

Janice Reeves, Patient-and Family-Centred Care Program Lead

Lindsay Sanderson, Patient Family Partner

Jill Forrester, Continuous Improvement Director

Today's Session

You will:

1. Learn about 3sHealth's connection to patients, families and providers
2. **Try out a fool-proof way to write a problem statement** from the customer perspective
3. Discover 3sHealth's method for measuring positive impacts on patients and providers
4. **Hear a story** from Provincial Linen Services



About 3sHealth

What Drives Us?

3sHealth Vision

Healthy People, Healthy Communities, Healthy Partnerships



3sHealth Mission

Partnering to solve complex problems and improving healthcare across Saskatchewan

Our Services



Payroll & Scheduling
\$2.5B in compensation to 47,000 employees



Provincial Contracting
2,400 goods and services contracts worth more than \$250M



Benefits
44,000 plan members across 70 organizations



Linen
Provincial contract for 29M pounds of linen to 180 facilities annually



Dictation & Transcription
2.6 million minutes of dictations turned into text annually



Transformational Services
Partnering to solve complex problems

3sHealth's Health System Partners



Patient Family Centred Care (PFCC) Program

- Patient Family Partners (PFPs) matched with projects and service lines
- Working with leaders to hear the customer perspective



Judy McConnell



Colleen Bryant



Lisa Mitchell



Lindsay Sanderson



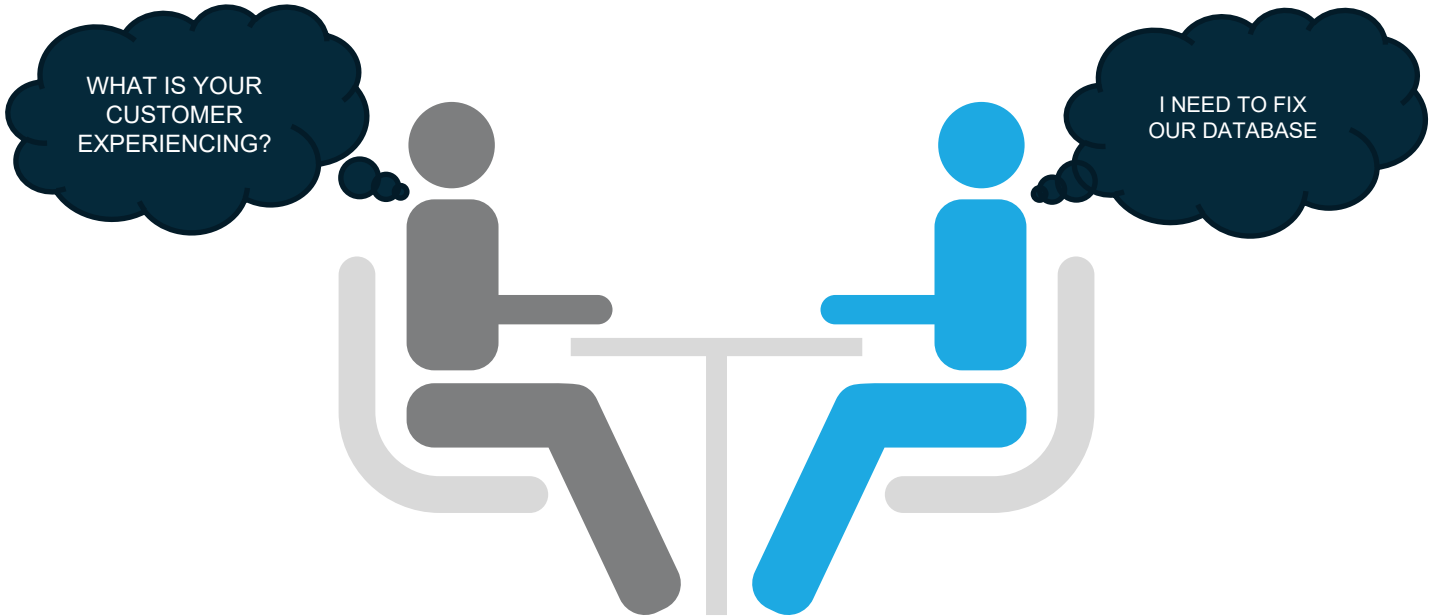
Wendy Kopchiuk

Vision of the 3sHealth Patient Family Partner Council
By partnering with patients and families, we deliver exceptional health care experiences and value for Saskatchewan citizens and communities.



Start with the Problem Statement

CONSULTATION





Definition: Customer-Centred Business

Businesses that place the customer at the centre of all business decisions, and focuses on understanding and meeting the needs, wants and preferences of customers in order to create a positive customer experience.



THINK OF A TIME

Think of a time when you received poor customer service

How did it make you feel?

PLANNING

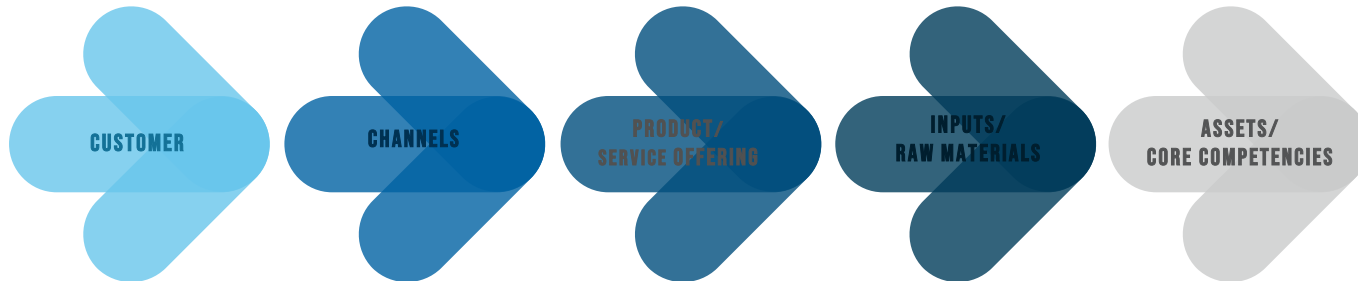


Business-Centred Planning



Goal: Maximize our service to the community with what we already have and positive customer experience/outcomes will surely follow...right?

Customer-Centred Planning



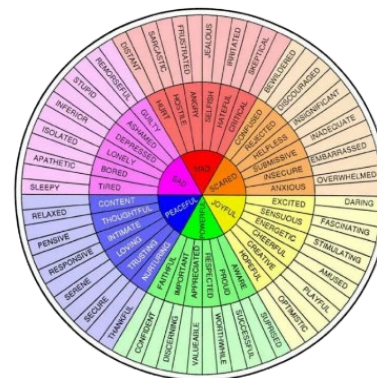
Goal: Design with greater customer relevance/value...which is where the positive customer experiences and outcomes are.

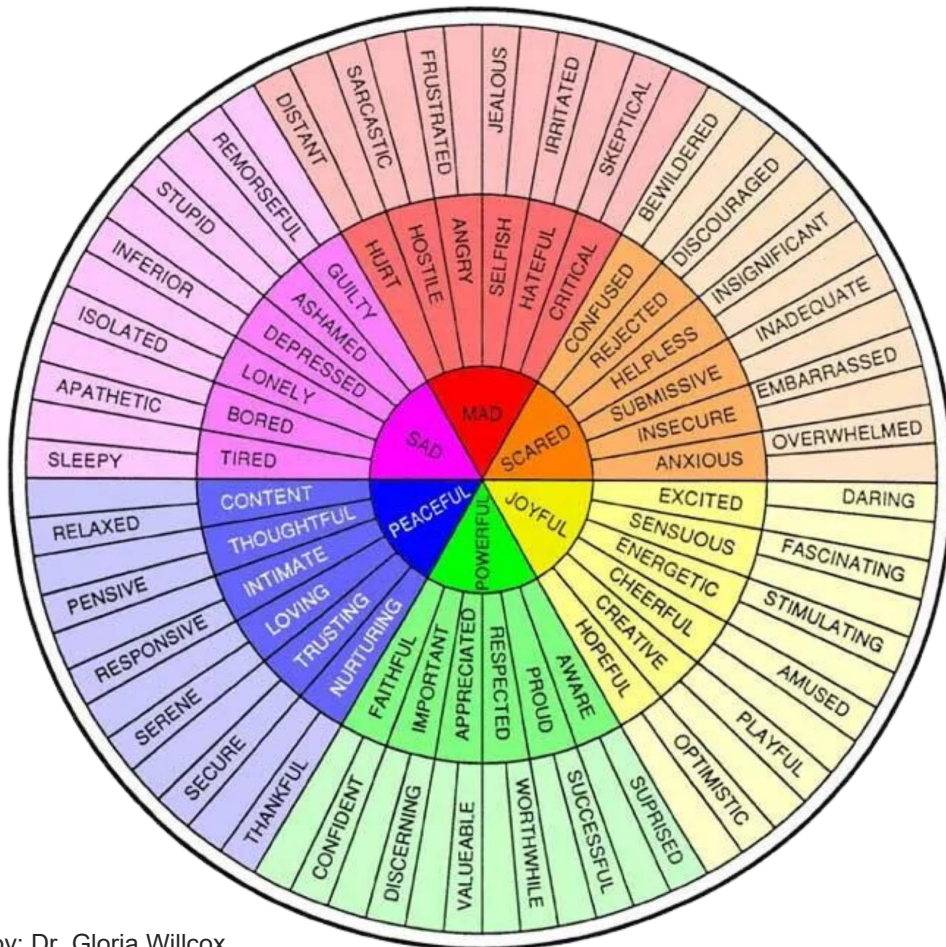
Problem Statements

Business-Centred	Customer-Centred
<p><i>Blockbuster</i> is trying to acquire and sell movies in their stores, but business locations under-utilize or over-utilize human resources, resulting in high, unsustainable operating costs.</p>	<p><i>Movie lovers</i> are trying to visit stores to rent and enjoy movies, but stores are inconvenient, resulting in searching for and purchasing movies somewhere else which makes them feel irritated, frustrated and discouraged.</p>
<p><i>Harvard University</i> is trying to maintain information on a bulletin-board and newsletter using Web 2.0, but information is out-of-date resulting in low viewing rates.</p>	<p><i>Harvard University students</i> are trying to digitally interact with other students who share common interests, but are unable to locate them, resulting in poor social connections which makes them feel isolated, overwhelmed and depressed.</p>

5 KEY QUESTIONS

1	<p>I AM... Define the type of customer.</p>
2	<p>TRYING TO... Determine what they are trying to do.</p>
3	<p>BUT... What is getting in their way?</p>
4	<p>RESULTING IN... What does the barrier result in?</p>
5	<p>WHICH MAKES ME FEEL... How does it make the customer feel? Zone in on the emotion it triggers (feelings wheel).</p>



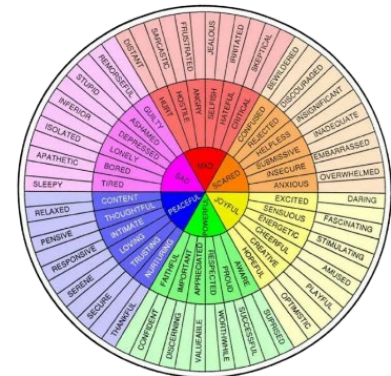


Developed by: Dr. Gloria Willcox

BUILD A PROBLEM STATEMENT – 4 min

1	I AM... Define the type of customer.
2	TRYING TO... Determine what they are trying to do?
3	BUT... What is getting in their way?
4	RESULTING IN... What does the barrier result in?
5	WHICH MAKES ME FEEL... How does it make the customer feel? Feelings wheel.

Activity!
Using your handout, rewrite a problem you experienced or are working on.



Applied in A3 Thinking

Putting Patients First
better health • better care • better value • better teams

Which provincial Outcome does this A3 support:
 Organization:
 Sponsor (VP):
 Team Lead:
 Team Members:

1. Problem Statement *gap - target - actual. What should be happening, what is actually happening and why it happens. Supported by direct observation, customer perspectives and metrics.*

2. Root Cause Analysis *What is causing the problem and how do we know? Use data to show the magnitude of the problem. Use root cause to focus target and action plans. Highlight barriers to change. Try fishbone, 5 whys, Pareto, 80/20, 5Ms (People, Policies, Places)*

People:
 Policies:
 Places:

3. Target Statement *(Describe the future state by March 31 of the planning year) SMART: Specific, Measurable, Attainable, Relevant, Timely*

INSIDE PROJECT TITLE
 Date of Original Issue:
 Date Last Updated:
 Estimated Budget Requirements:
 Estimated Resource Requirements (FTE):

4. Implementation Plan *What are the highest priority actions that will be taken to address the problem within the given timeframe?*

Key Milestones/Actions	Who is Responsible	Completion Date

5. Metrics *How will you know whether the project is successfully moving towards the future state? How will you know a change has been an improvement? These should align to the actions listed above in the implementation plan section.*

Outcome Metrics
 What metrics will show the impact of the project?
 Balancing metrics - any negative impacts we need to address?
 Quality improvement - will this improvement result in a measurable improvement for patients or providers (lives impacted)?

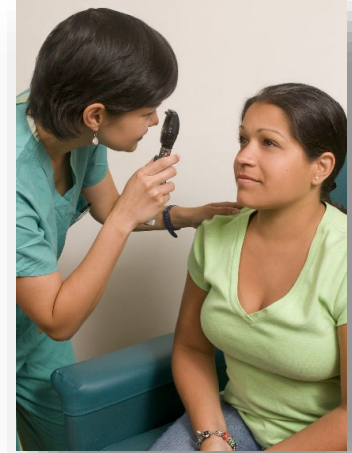
Process Metrics - how the project is going
 Quality - zero defects in quality checks?
 Delivery - meeting objectives?
 Cost - staying budget?
 Safety - are risks being managed?
 Engagement - receiving feedback throughout?

6. Engagement *How are you incorporating the principles of Patient and Family Centred Care (Respect and Dignity, Information Sharing, Participation, Collaboration). How are patient and families being engaged in the work? How are clinicians being engaged?*

Plan (left side of the cycle)
DO (top of the cycle)
Check (right side of the cycle)
Act (bottom of the cycle)

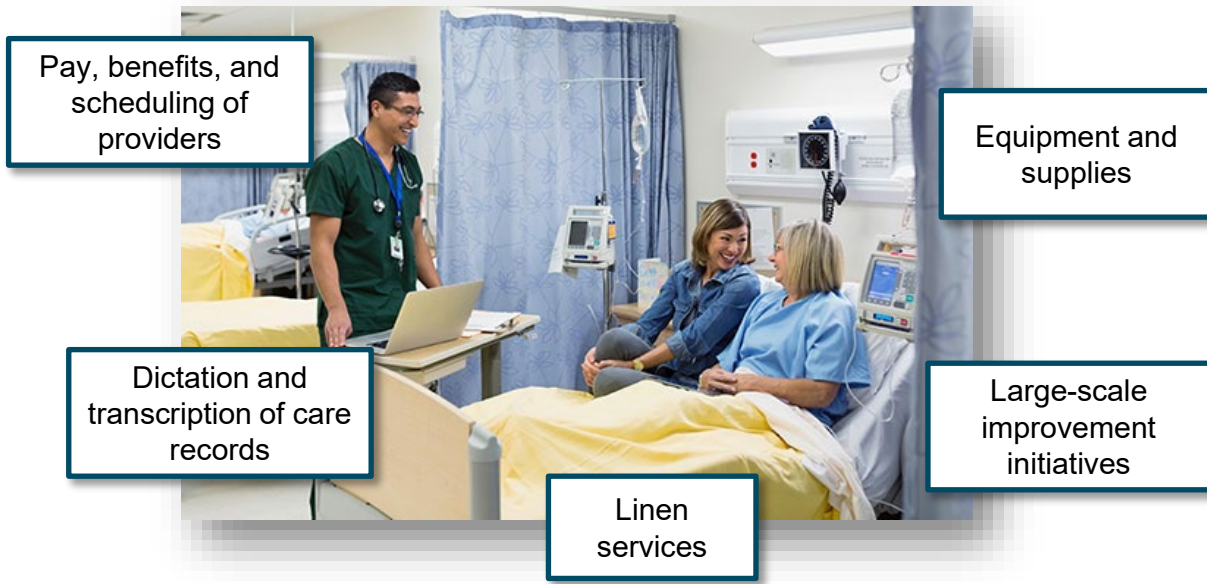
Added the formula to our training for strategic planning

Lives Positively Impacted

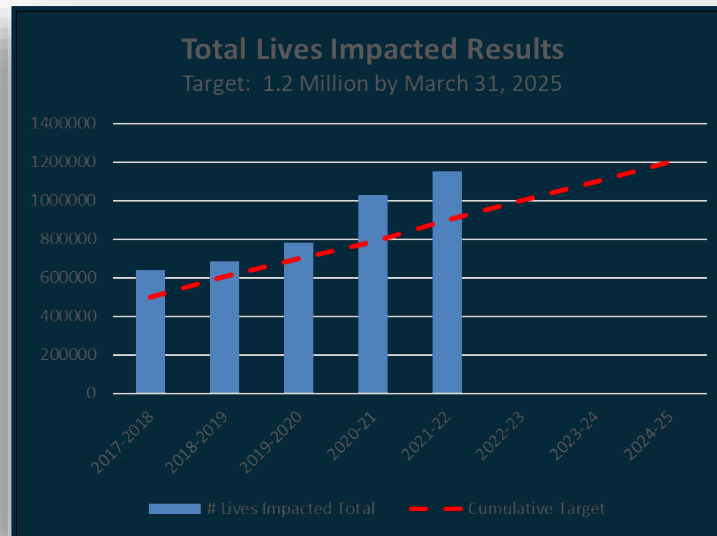


Looking through the customer lens

New: 3sHealth's Impacts on Patient Care



1.2 Million Lives Positively Impacted by 2025



Lives Impacted Measure Defined

- ✓ **Demonstrated quality improvement** for customers (patients or providers)
- ✓ **Number of unique customers** that benefit from the improvement.
- ✓ Measured over a **one-year period**.



What is a *Quality Improvement*?

Safe – *Care is as safe in facilities as at home*

Timely – *No unwanted waits*

Effective – *Evidence-based; best practice is the standard*

Efficient – *Waste is removed from processes*

Equitable/Reliable – *Disparities in care are eradicated*

Patient Centered – *Nothing about me without me*

Institute of Medicine (IOM). *Crossing the Quality Chasm: Washington, D.C:* National Academy Press; 2001.

Lives Impacted Examples

2022: New Nurse Call system: **16,690** patients and residents have safer care


2022: New internationally recognized standards for handling cytotoxic linen: **3,858** care providers are safer

2021: Employee and Family Assistance Program introduced to eight health care organizations: **2,319** care providers are safer

2021: Provincial access to new perfusion monitors (heart and lung machines): safer surgery for approximately **596** patients per year

2018: New medical imaging transcription service with patient report in minutes rather than hours or days (139 minutes or less) **273,733**

Using Standard Provincial Forms

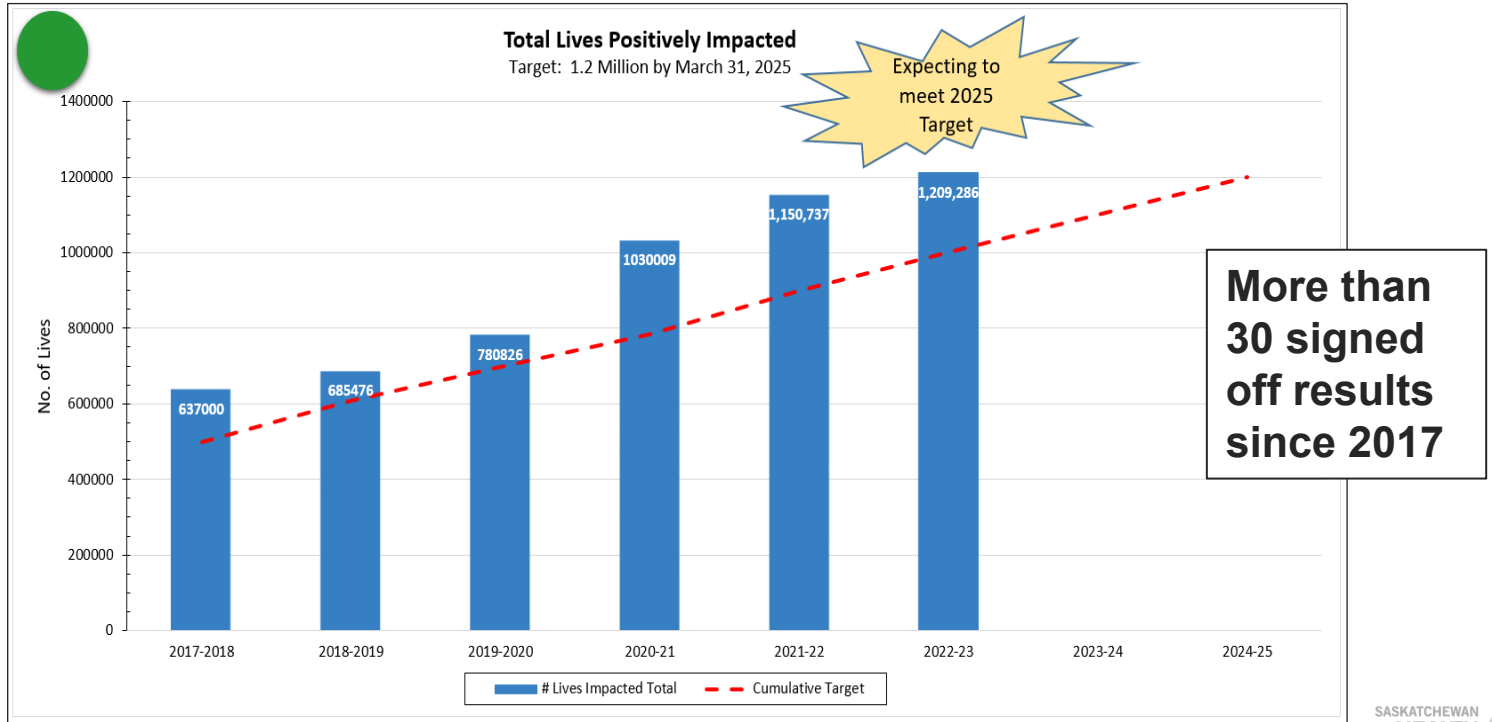
 Putting Patients First <small>better health - better care - better value - better teams</small>		Improvement Summary	
Improvement Title			
Report Out Date			
Process Owner(s)		[Name, Position, Contact Number]	
Key Achievement(s)		AAA Health Region/Organization made XXX changes and increased/decreased ZZZ by NN%. Where possible describe quality improvement that benefited patients and families.	
Before Improvement		Changes Introduced	After Improvement
[Describe the issue that needed to be addressed. Describe how patients were affected by this issue and/or how providers were affected by the issue Include "before" data - e.g. Patient wait times average 2 hours]		[Explain the changes implemented that resulted in improvements. Remember to use plain language; avoid technical jargon; and spell out acronyms.]	[Describe how the changes introduced have improved the situation (include patient and provider data where applicable)]
			Patient Benefit [Describe the benefit using data to help demonstrate the improvement e.g. patients wait time has been reduced by 90%]
			Provider Benefit [Describe the benefit to staff after the event using data to help demonstrate the improvement which has occurred - e.g. staff morale scores have improved by 20%]

Key Measures				
Measure	Baseline	Target	Final	Description (Who, What, When?)
Quotes from Participants				
Consent	Patient Quote	[The quote should speak to how the changes introduced will benefit patients]		
<input type="checkbox"/> Yes	[Name]			
<input type="checkbox"/> No				
Consent	Patient Quote	[The quote should speak to how the changes introduced will benefit patients]		
<input type="checkbox"/> Yes	[Name]			
<input type="checkbox"/> No				
Consent	Provider/Staff Quote	[The quote should speak to how the changes introduced will affect providers/staff]		
<input type="checkbox"/> Yes	[Name, position/title]			
<input type="checkbox"/> No				
Consent	Provider/Staff Quote	[The quote should speak to how the changes introduced will affect providers/staff]		
<input type="checkbox"/> Yes	[Name, position/title]			
<input type="checkbox"/> No				

One Additional Sheet

Lives Impacted Calculation and Sign Off			
Improvement Title			
Report Out Date			
Process Owner(s)	[Name, Position, Contact Number]		
Patient Family Partner	[Name, Contact Number]		
Quality Improvement			
Who Benefitted	Describe role/type:		
Type of Quality Impact	Primary (Select 1)	Secondary (Select 1)	
Evidence of Quality Impact	What was the problem? What did we improve?	Describe Evidence / Result (How did we demonstrate?)	Link to Evidence of Quality Impact
Lives Positively Impacted			
Number of Lives Impacted	Whose Lives are we counting?	Total Lives Impacted	Data Source and Contact
Calculation Method and Assumptions (Show your Work)	Time Period - One Year	Assumptions	Lives Impacted Calculation
	start and end dates of data sample		
	Link to Data Source	Document Prepared by	Date

Lives Positively Impacted Total



Benefits of Lives Impacted

- Good news stories!
- Connects us to our mission
- Improves planning
- Concrete role for patient family partner – problem/impact



Provincial Linen Services

Customer Engagement in Action



Improvement to Health Care Mops

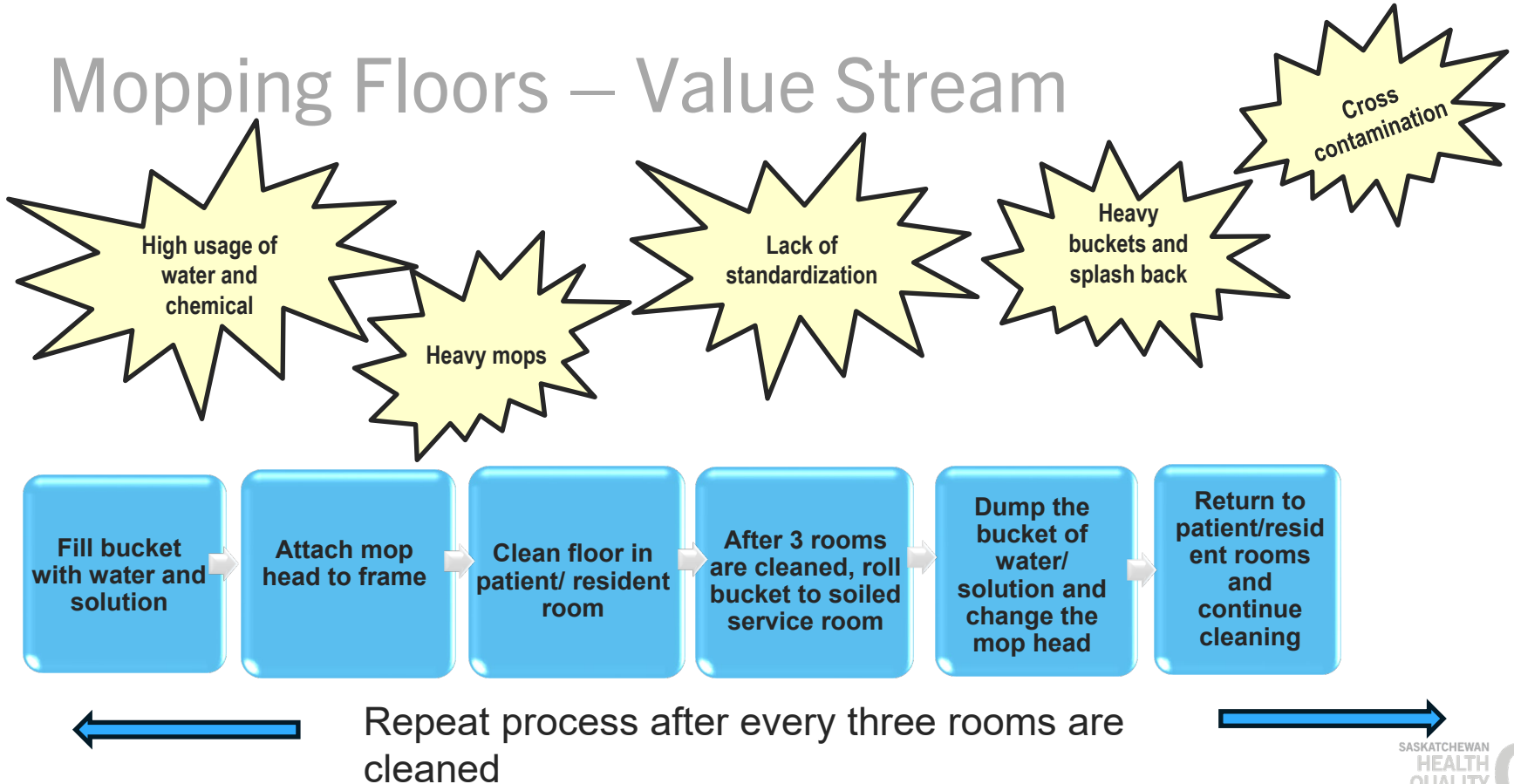


Define the Problem

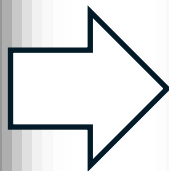
Project Target and Status						
Date Added to Plan	On Strategic Plan?	Related Strategic Priority or Team	STATUS	Problem Statement	Smart Target – with completion date and outcome measure	
ACTIVE INITIATIVES						
1-Jun-19	No	No	Not Started	Create standardization of microfibre mop usage	By December 1, 2019 ensure K-Bro has enough microfibre mop inventory to provide to all customers	



Mopping Floors – Value Stream



Current State VS Future State



Patient Problem



Employee Problem



Lightening the Load

~~Heavy mops~~



~~Heavy buckets and splash back~~

~~Lack of standardization~~

Reduce water & chemical use

Traditional cotton loop mops require a lot of water and chemical
Switching to microfib
approximately 90% and chemical use by



Cleaner Healthcare Facilities

Using cotton loop mops make it difficult to reduce cross contamination when cleaning multiple patient rooms
Best practice for cleaning patient/resident rooms is one mop per room



Measured Results

109,136
Patient & Provider
Lives Positively
Impacted



Safer Care for 106,514 Acute Care Patients

- Improved infection control



Improved Safety for 2,617 Health Care Providers

- Lower risk of shoulder injury

Good News Story for the Health System!

Fewer injuries, improved cleaning properties thanks to a new mop

Mar 09, 2021

Categories: [Linen Services](#), [News](#)

Health-care employees will now have access to a new mop that reduces injuries and has improved cleaning properties.



The new product is made of microfiber. This material makes the new mops lighter and easier to use than the former version, known as “loop mops.” The introduction of the more ergonomic microfiber mops has already led to 93.5 and 95 per cent reductions in mop-related injuries in two separate facilities.

These injuries result from the weight of the saturated loop mops and the potential strain caused by pushing them, ringing them out, and the weight of the buckets.

Microfiber mops also outperform loop mops when it comes to cleaning and infection prevention. Studies have demonstrated the increased effectiveness of the microfiber mop over the loop mop. In an evaluation of the new product, the vast majority of Saskatchewan health-care employees found that the microfiber mop glides better, does not leave any streaks behind, washes a larger area, and is more effective overall. Respondents noted the product also works better for washing walls.

Lindsay Sanderson, Patient Family Partner

What do you like about these processes?

1. Patient-centred problems
2. Lives positively impacted





Questions

Contact us

Reach out anytime at pfcc@3shealth.ca

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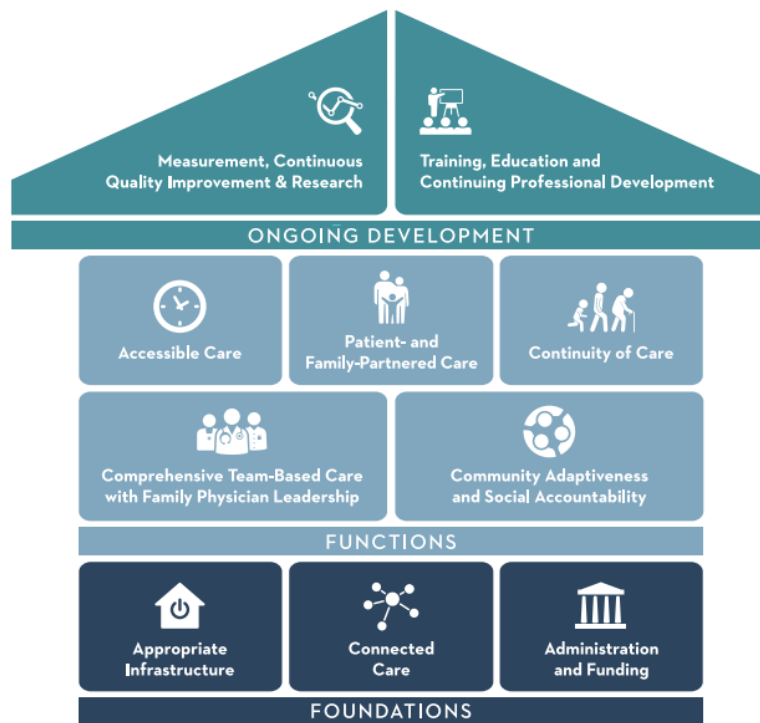
Next up...

Patient's Medical Home

With Dr. Ginger Ruddy

June 16, 2023

9:30 am – 10:30 am CST



To register, [visit our events page](#)