



LEAN – OUTBREAK PROCESS IMPROVEMENT

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April 27, 2018

OBJECTIVES

1. Recognize elements of LEAN methodology as a strategy for process improvement
2. Identify the purpose of value stream mapping
3. Acknowledge expected outcomes of quality improvement initiatives
4. Recognize factors that contribute to creating a culture of quality improvement
5. Encourage the initiation of continuous quality improvement project



QI PUBLIC HEALTH



Achieving quality improvement in public health

May 25, 2016 | 12:00 pm



How can continuous improvement help to improve operations and achieve transformational change in Public Health?

This webinar provides an overview of what continuous quality improvement methodology is and how it can be used in public health settings to realize strategic and operational goals. The webinar will feature examples of quality improvement initiatives from local public health units across Ontario

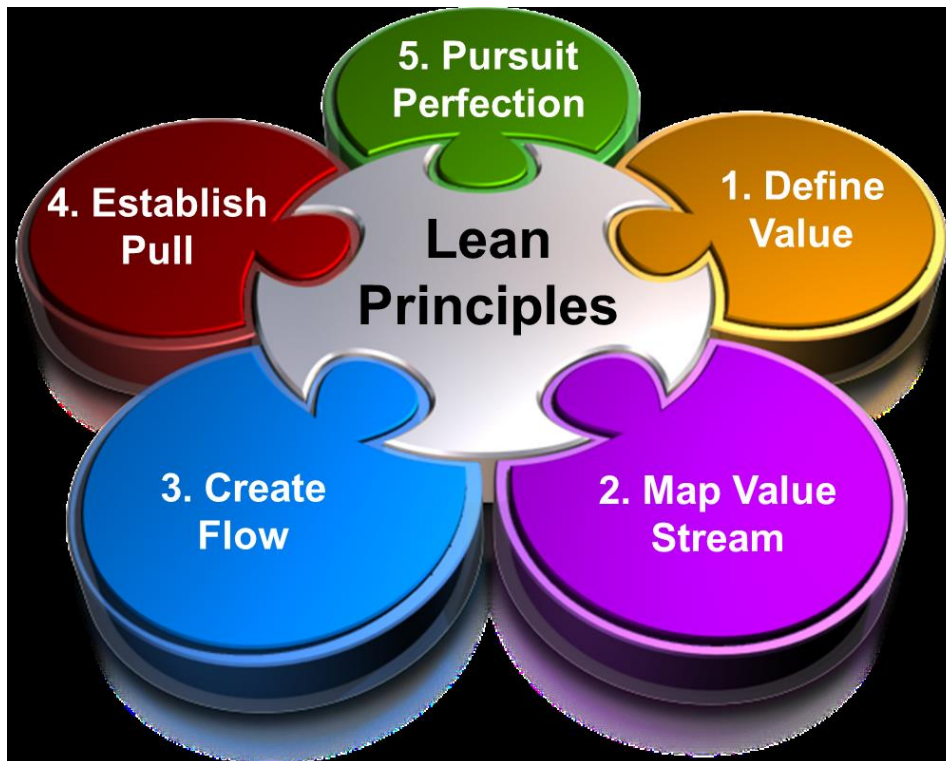


WHAT IS LEAN?

- A management philosophy and methodology for quality improvement
- Focused on value from the customer's perspective
- Better utilization of existing resources
- Continuous pursuit of the perfect process through waste elimination
- Empowerment of employees and key stakeholders in the contribution of making changes



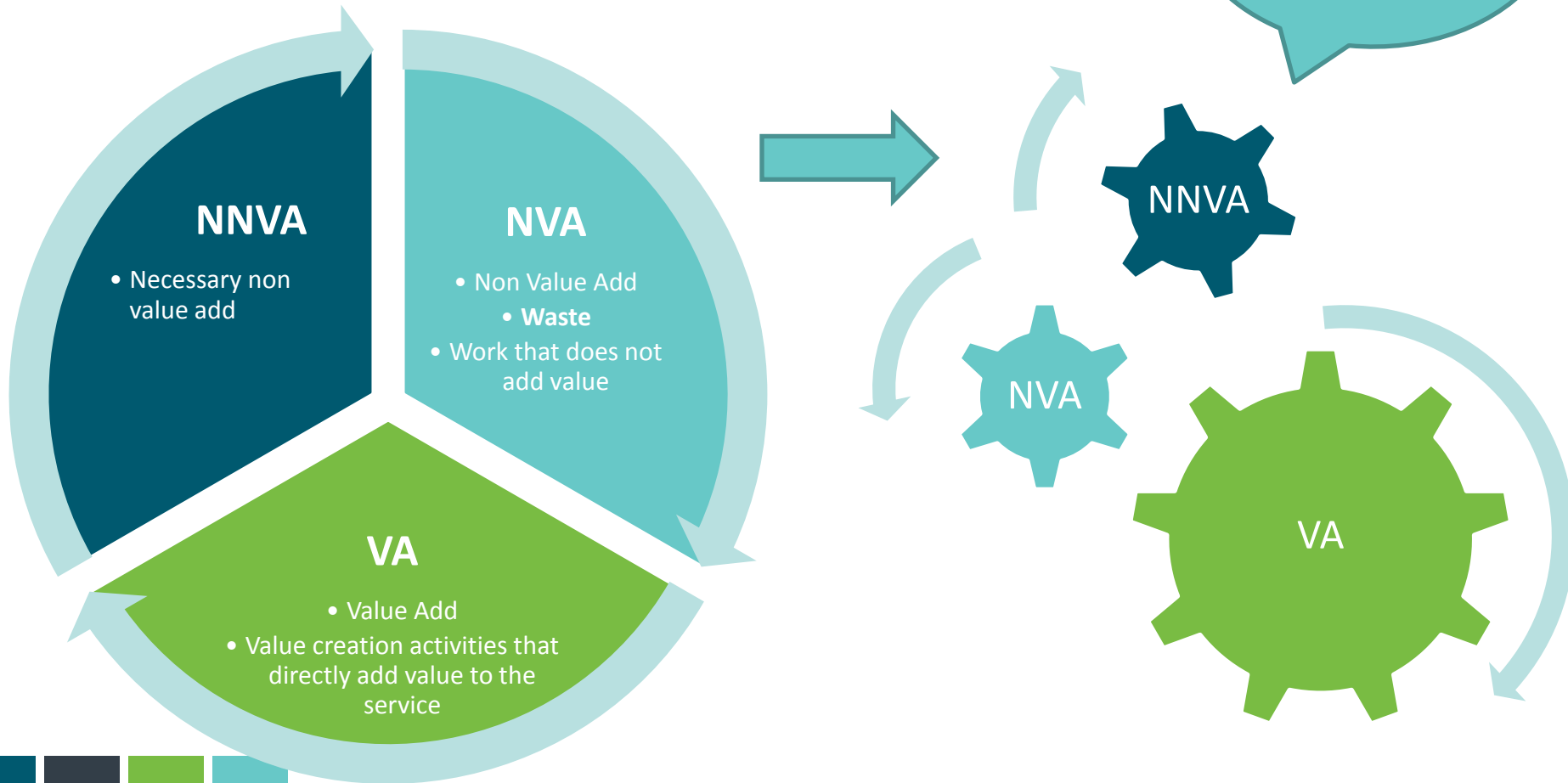
PRINCIPLES OF LEAN



- Delivering service from a client perspective
- Streamlining processes to minimize duplication
- Reduce waste
- Ensure activities add value
- Including front line staff and clients as part of the process

MAXIMIZING VALUE IS KEY

The objective is to increase the share of value add activities by eliminating waste and reducing NVA



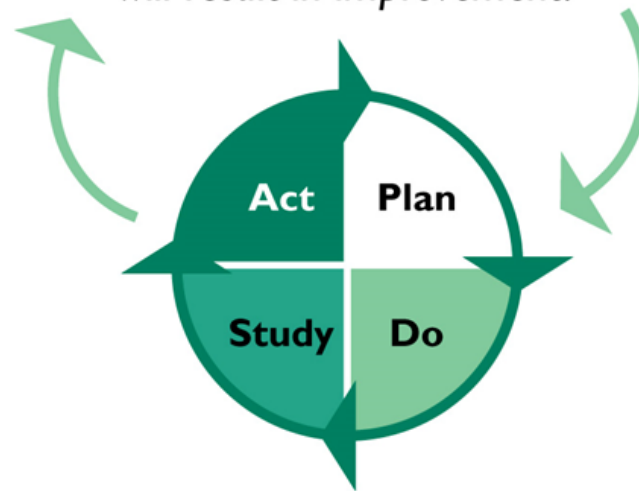
QUALITY IMPROVEMENT

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



Model courtesy of Associates in Process Improvement



MEASURING SUCCESS

- Measurable outcomes
- Indicators
- Efficiency, effectiveness, performance, accountability

Improve client outcomes & the health of the community



VALUE STREAM MAPPING

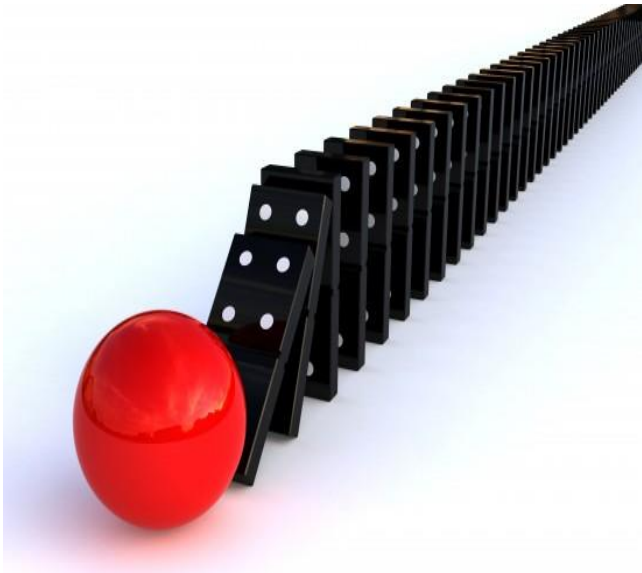
- Visual planning tool
- Provides blue print - enabling LEAN transformation
- Follows service from beginning to end
- Visualization of barriers/road blocks



EXAMPLES OF VSM



CATALYST FOR CHANGE



- Organizational change in response to OB
- GEMBA
- Not meeting ministry expectations- iPHIS data entry within 1 day and closed with 15
- Duplication and redundancy's
- Notification system labour intensive
- Inaccuracies with line lists & data completion
- Results of feedback survey



CALL TO ACTION

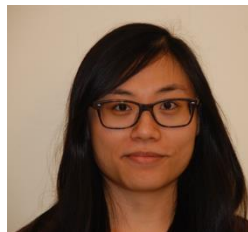
April 2017- WE- IPAC Committee meeting



OB WORKING GROUP

First Meeting- May 10th

- LEAN presentation
- Value stream mapping exercise
- Parking lot



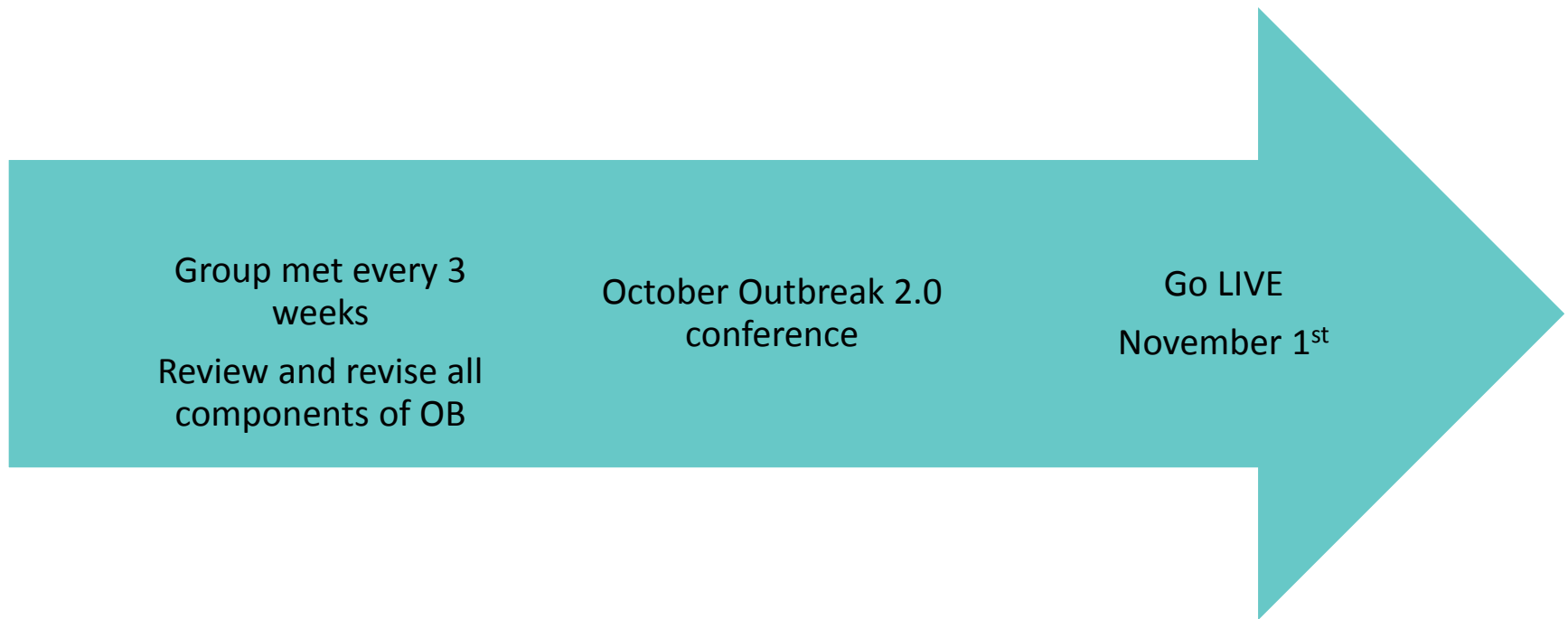
OB WORKING GROUP

- Michelle Campagnoni-PHN IDP- WECHU
- Rachael Oliver- PHN- IDP-WECHU
- Jenny Tan- PHI- WECHU
- Stefano Di Blasio- PHI- WECHU
- Dino Frasto- PHI- WECHU
- Darlene Rojek- ICP- IPAC West
- Olivia Neilipovitz- Village of Aspen Lake- LTCH
- Carol Annett/Bruna Llancari - Huron Lodge- LTCH
- Mercedes Phalavong- Amica- Rest/Retirement home
- Nahed Boulbol- Chateau Park- LTCH
- Newest member- Michael Murphy- Riverside Place-



LTCH

TIMELINES



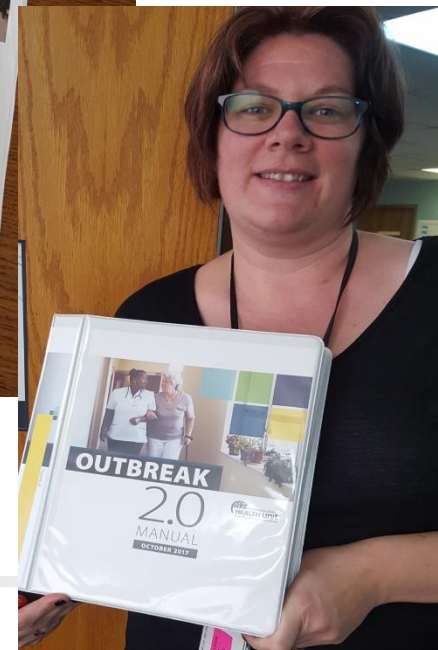
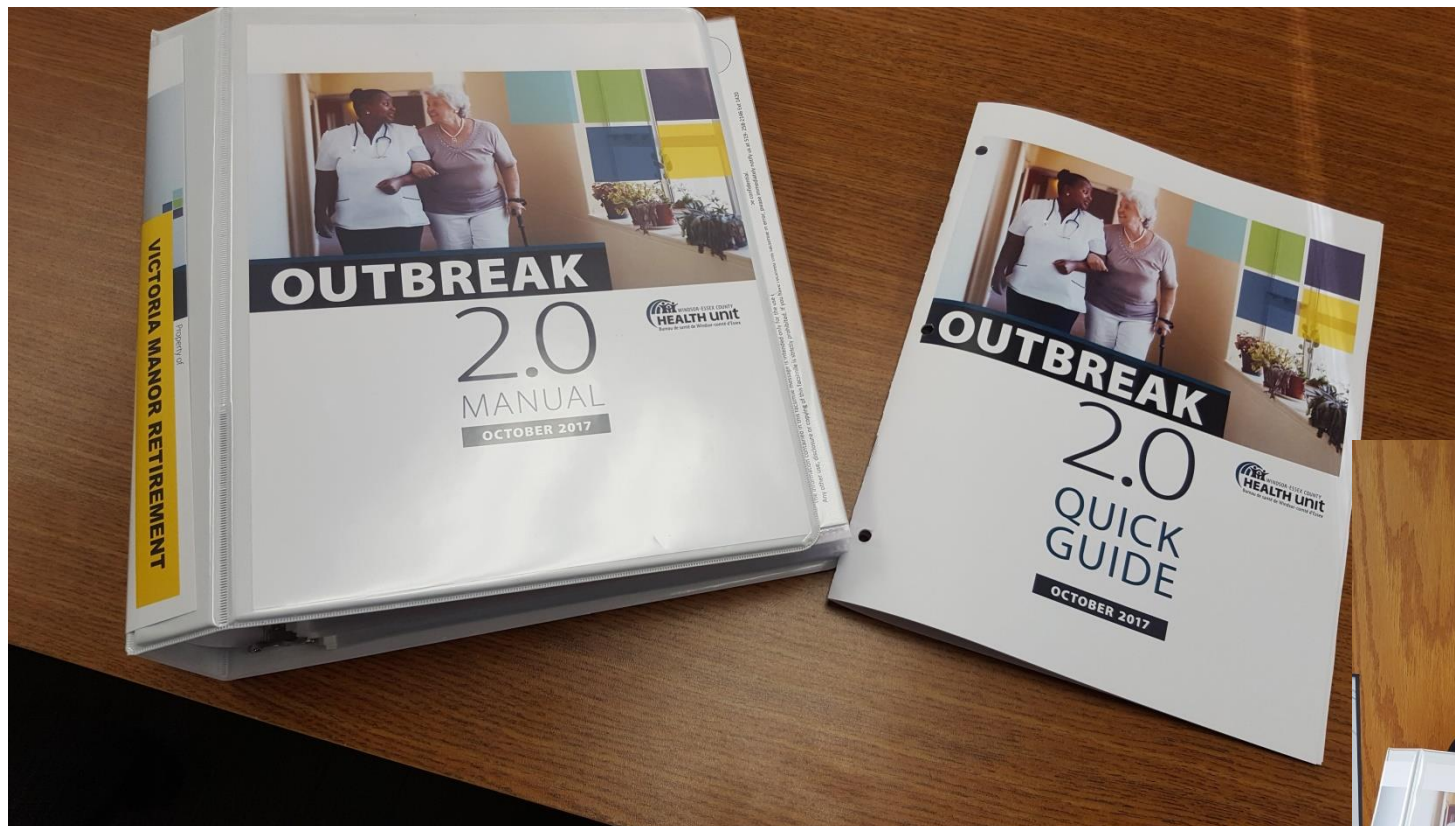
THE RESULTS

- Line lists- focus on case def'n
- Initial facility report
- Influenza documentation
- Summary report
- Anonymous electronic post outbreak survey
- OB Notification- email alert, web based table
- OB Manuals & resources
- Visitor pamphlet

**New &
Improved**



NEW MANUAL AND QUICK GUIDE



REAL TIME OB INFO

Browser window showing the WECHU Outbreaks page. The URL is <https://www.wechu.org/your-en>. The page title is "Outbreaks | The Windsor-Essex...".

Outbreaks

Most Current Outbreaks

Outbreak ID	Institution	Setting	Outbreak Type	Causative Agent	Date Reported	Date Ended
2268-2018-60	Extendicare Southwood Lakes - Facility - Devonshire Unit 1255 North Talbot Rd Windsor, ON N9G 3A4	LTCH	Respiratory	Unknown	April 11, 2018	ONGOING
2268-2018-58	Season's Royal Oak Village - Facility - Entire Facility 2400 Sandwich West Pkwy LaSalle, ON N9H 2S8	Retirement Home	Respiratory	Influenza Type A	April 9, 2018	ONGOING
2268-2018-57	Franklin Gardens Long-Term Care Home - Facility - Entire facility 24 Franklin Rd Leamington, ON N8H 4B7	LTCH	Respiratory	Unknown	April 5, 2018	ONGOING
2268-2018-56	Heron Terrace Long Term Care Community-Facility - Entire Facility 11550 McNorton St Windsor, ON N8P 1T9	LTCH	Respiratory	Unknown	April 4, 2018	ONGOING
2268-2018-59	Augustine Villas (Spruce) - Facility - Entire Facility 54 Spruce St N Kingsville, ON N9Y 3J1	Retirement Home	Enteric	Unknown	April 9, 2018	APRIL 17, 2018

Taskbar: Windows 10 taskbar showing the time 12:23 PM on 4/17/2018. A "Give us feedback!" button is visible in the bottom right corner of the browser window.

COMMUNICATING & SUSTAINING CHANGE

- Free Conference – community partners
- Branded the Conference – Outbreak 2.0
- Interactive case scenarios- Kahoot it



- Communication throughout OB season





INFECTION PREVENTION

BIWEEKLY BULLETIN

INFLUENZA UPDATE & AVAILABILITY OF QUADRIVALENT VACCINE FOR UNVACCINATED STAFF

The influenza season is well underway in Windsor-Essex county. To date, there have been a high number of laboratory-confirmed cases, hospitalizations and facility outbreaks reported. The number and proportion of Influenza B cases is higher than expected, with influenza B identified in approximately two-thirds of the reported cases and outbreaks.

The Windsor-Essex County Health Unit is working closely with acute partners to actively monitor influenza activity and support facilities in outbreak. Since September 1st, 2017, there have been:

- 63 influenza A and 105 influenza B lab-confirmed cases. Among these cases, there have been over 98 hospitalizations and 8 flu-related deaths.
- 7 influenza A outbreaks, 13 influenza B outbreaks and 2 outbreaks that were both influenza A & B.

Please refer to our weekly FLU BULLETIN for the most current local statistics on the website @ this [link](#)

IMPORTANT: The Windsor-Essex County Health Unit is now recommending that unvaccinated staff at LTC homes and Retirement homes receive the quadrivalent influenza measure. The QIV, which provides protection against two strains of influenza B, is available free of charge to unvaccinated staff members. There are currently no new immunization recommendations regarding residents.

A reminder to all facilities to be vigilant with surveillance of resident signs and symptoms and to contact the Windsor-Essex County Health Unit with any suspect activity by sending in a line list as soon as symptoms are detected.



NOROVIRUS

Norovirus is the leading cause of gastroenteritis outbreaks in Long-term care homes & retirement/rest home and affects both residents and staff members, especially during the winter months when incidence rates are high. About 300-400 outbreaks of norovirus are reported to the National Enteric Surveillance Program at the Public Health Agency of Canada each year. Only the common cold occurs more often. ¹

Examples of how an outbreak starts:

- An infected person with unclean hands or gloves contaminating commonly-touched surfaces
- An infected staff or family member with unclean hands or gloves providing care to residents
- Inadequate cleanup of body fluids (diarrhea or vomit) with subsequent contamination of the environment
- Spreading of virus, through droplets sprayed in the air (either vomit or uncontrolled diarrhea)
- The sharing of resident equipment, such as a commode, that is not properly cleaned and disinfected between use
- An infected food handler contaminating resident's food

Infected individuals typically shed millions of viral particles, however only a few of these particles are needed to cause infection. Norovirus is able to survive for days on a variety of surfaces making it extremely difficult to manage and control the spread of infection.

An outbreak cannot be declared over until the facility has gone 5 days without new symptom onset.

INFECTION PREVENTION AND CONTROL IS KEY

- Hand hygiene is the single most important practice in preventing the transmission of infections.
- Personal protective equipment- which includes eye or face protection if care activity is at risk of splashes/sprays
- Increase frequency of environmental cleaning with high level/broad spectrum disinfectants adhering to the contact time on the manufacturer's label
- For more IPAC measures, refer to the Windsor-Essex County Health Unit Enteric Outbreak Control Measures (attached)

1. <http://www.phac-aspc.gc.ca/fs-sa/fs-fi/norovirus-eng.php>

CQI

Formal debrief

- Data and metrics analyzed
- Lens of CQI

OB Working Group

- Reviewed conference feedback
- Analyzed partner feedback surveys
- Evaluated revised line lists/documents
- Additional changes made



EVIDENCE

PHU'S that create a culture of QI

- More likely to
 - Employ evidence based decision making
 - Robust data collection systems
 - Performance measurement standards that are aligned to mission, vision & values



WHAT IT TAKES

SUCCESSFUL QI

- Teamwork
- Supportive senior leadership
- Engaged front line staff
- Client and stakeholder participation essential

Outcome

- Satisfied end users
- Champions
- Measurable improvement

EMBRACING QI

- Look for opportunities
- Ask the 5 Whys?
- Go to the GEMBA
- What is your catalyst for change & call to action?



References

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8. Price, A. Schwartz, R., Cohen, J., Manson, H., & Scott, F. (2017) Assessing continuous quality improvement in public health: adapting lessons from healthcare. *Healthcare Policy*, 12(3), 34-49
9. Ontario Public Health Association (Producer). (2016, May 25). Achieving continuous quality improvement in public health. *How can continuous improvement help to improve operations and achieve transformational change in public health?* Podcast retrieved from <http://opha.on.ca/Events/Achieving-continuous-quality-improvement-in-public.aspx>

THANK YOU



“To improve is to change. To be perfect is to change often.”

Winston Churchill

