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

- **VA** (Value Add): Value creation activities that directly add value to the service.
- **NVA** (Non Value Add): Work that does not add value.
- **NNVA** (Necessary Non Value Add): Necessary non-value add activities.
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-

05/03/2018
Group met every 3 weeks
Review and revise all components of OB

October Outbreak 2.0 conference

Go LIVE November 1st
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 MANUAL AND QUICK GUIDE
# Most Current Outbreaks

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<th>Outbreak ID</th>
<th>Institution</th>
<th>Setting</th>
<th>Outbreak Type</th>
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COMMUNICATING & SUSTAINING CHANGE

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

• Communication throughout OB season
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)

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?

CHANGES AHEAD
References


THANK YOU

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

Winston Churchill