South Dakota Urban Indian Health: Everyone Has a Voice of Change

South Dakota Urban Indian Health (SDUIH) joined the Improving Patient Care (IPC) program in August 2008, full of enthusiasm and confidence. After all, chronic care—IPC's focus—was one of its strong suits. And, SDUIH had been reporting regularly in compliance with the Government Performance and Results Act (GPRA). IPC was going to be a piece of cake.

By November, they were ready to quit. "We were completely drowning in a sea of overwhelming," remembers Donna Keeler, SDUIH director and IPC sponsor.

Leadership wasn't the problem. Keeler had put together an ace team representing both business and clinical aspects of SDUIH: a fiscal manager, a medical provider, a diabetes care provider, and a mental health provider, along with Keeler herself. Having leadership onboard has been key to SDUIH's success. IPC moves quickly; changes come fast and furious, and leadership has to be ready to respond.

Despite its talent, SDUIH's team floundered a bit in the beginning. There was so much to learn: new terminology, new ways of measuring, regular WebEx sessions … and homework, to boot. All this was complicated by the fact that SDUIH's three sites—Sioux Falls, Pierre, and Aberdeen—are located at least three hours from each other.

But, their luck changed when SDUIH team members attended their first in-person, national training in San Diego. They met the national team, heard the real-life success stories of other IPC sites, did hands-on exercises, and took time to focus on IPC methods as a team. All of the sudden, the pieces fell into place. "It was just perfect timing to save us," Keeler continues. "Everything kind of came together, our team finally clicked, and we got it."

From that time on, IPC has transformed the business philosophy of SDUIH and has led to process changes that have improved access to quality care, increased patient and staff satisfaction, and boosted revenues.

"IPC taught us to look globally at how we're doing our work and identify inefficiencies, then how to deal with those in a more efficient process," Keeler explains.

While the result has been dramatic, the changes have been incremental. "It's the small, everyday changes that impact your staff and your business," Keeler explains.

For example, the average wait time for an appointment with a specific provider was three weeks when SDUIH first joined the IPC Collaborative. IPC instructors promised they could reduce SDUIH's wait time to same-day access within a very short period of time. Keeler admits she was skeptical. "You can't even comprehend how you're going to do that. So, right away, you think of all the reasons why it won't work. You don't think 'it might really work.' Your reaction is if we could have been doing that we would have been doing that."

But, the instructors were right. By following the examples of other successful IPC sites, SDUIH moved to same-day access. "It was hard to believe how you can make changes this simple," she says. "We all look at each other now and just say, 'That was so easy. Why didn't we think of it?"

Now, everyone at SDUIH thinks of ways to improve the efficiency of the system.

The Power of Plan-Do-Study-Act

SDUIH uses one of IPC's models for improving care: the Plan-Do-Study-Act (PDSA) cycle. SDUIH staffers come up with a plan, give it a try, measure the results, and then determine if the change should be made permanent.

Other programs measure outcomes and other clinical measures, such as how many patients are getting their blood pressure checked and how many have their A1C (blood glucose) levels under control. But, IPC digs deeper by measuring the process, and the goal of PDSA is to improve the process.

This was a new experience for SDUIH. "Toes in, toes out: we'd never heard that before," Keeler remembers.

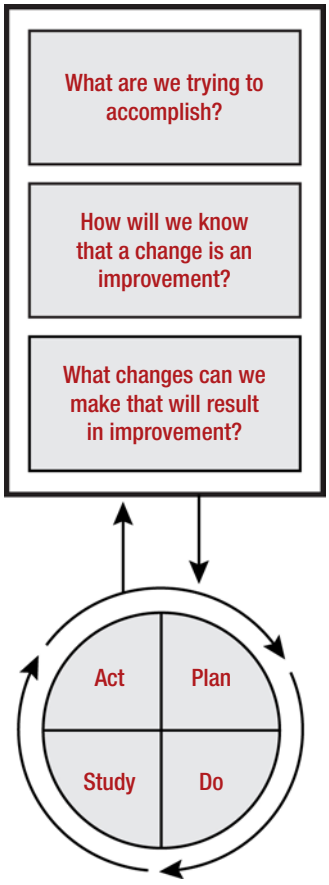
"When you start to look at the registration process and how many times we ask the person the same thing and how many pieces of paper we completed, [we realized] our toes-in-toes-out time was well over 90 minutes. Patients were in our clinic an hour and a half, sometimes two hours." By scrutinizing its processes and improving them, SDUIH decreased toes-in-toes-out time to an average of just over 30 minutes to 50 minutes, while increasing screening rates to 100 percent on most measures.

All staff members have a section dealing with PDSAs in their job descriptions. They must know what they are and how to do them, and they have to do a certain number each year. This way, the ideas don't come from just a small cadre of innovative people; they come from everyone.

"Everyone has a voice of change here," Keeler says. "You put together a PDSA, and you run it. If it makes a process more efficient, the IPC team looks at those. But every single person, whether you've worked here 15 years or two months, has a voice."

Keeler says giving staff a say in process improvement only makes sense. "I'm the director. How would I even know what's the right way to register somebody? Your front desk registration people are experts at that." And they're the ones that come up with the ways to improve that process.

"If someone says 'wouldn't it be better if when the patient comes in we go here and have them do this?' We say, 'Why don't you put a PDSA together and let's try it?'" Keeler explains. "We do not answer by saying 'because we've always done it that way.'"



IPC recommends the Plan-Do-Study-Act cycle for testing new ideas. All staff members at SDUIH devise and carryout PDSAs to improve processes at the organization.

Since joining IPC, South Dakota Urban Indian Health has tried literally hundreds of PDSAs, many of which have led to greater efficiency and effectiveness.

IPC also taught SDUIH what questions to ask to understand staff satisfaction levels. The team did its first survey within the first few months of joining the program. The results were not good. At first, Keeler thought the staff didn't understand the questions. Then, she thought the questions weren't worded correctly. But, the more she talked to her staff and other IPC sites about the results, the more she realized the survey was on target. It didn't measure how much staffers loved their work or believed in the organization's mission, but how happy they were at work. "They're two totally different things," Keeler realizes.

Morning Huddle

One of the first steps in improving staff satisfaction was instituting the morning huddle at each site. All staff members gather for 30 minutes to go over the day's schedule, anticipate events and challenges, and come up with a plan for keeping things running smoothly. They recite the SDUIH mission statement and discuss one of SDUIH's six aim statements. They end with a motivational quote or thought for the day.

The huddle connects the staff, and that has been key to moving the organization forward.

The SDUIH staff is ready to serve—whether it's a traditional meal for visiting health care leaders or a Thanksgiving meal for the community.

Get on the Bus

SDUIH also encourages all employees to "get on the bus" and get involved in finding solutions to common challenges. The analogy comes from Jon Gordon's book, The Energy Bus, which was introduced at that first IPC training in San Diego. The book tells the story of a man who learns the power of positive thinking when he's forced to ride the bus to work.

SDUIH has five "buses" that align with the organization's aim statements. Employees on each bus come up with solutions that move the organization closer to that aim, whether it is patient self-management, integrated care, or a positive influence on the community. These committees also conduct PDSAs to help solve organizational problems. One employee acts as the "driver," calling the meetings and reporting progress to the IPC team.

Even though it adds some logistical layers, each bus has riders from all sites. Meetings are conducted via videoconference. Having representatives from different locations increases communication and cooperation among the clinics and helps the organization avoid "silo syndrome." Keeler explains, "When the teams are each within their own clinics, they really silo themselves. You're all chugging away in your little train, but you're heading for a wreck because you don't have any outside input."

SDUIH encourages cross-site communication with quarterly all-staff meetings and an annual three-day retreat when it closes the clinics and all staffers meet together.

Another big change is the emphasis on transparency. Keeler defines transparency this way: "telling when things are good, and telling when things are bad." That means that screening rates and outcomes are made public to the staff, whether they are good or bad. "Numbers are numbers. You can't ignore [them]. What you can do is deal with

them and make them better." She finds that the staff doesn't have the same hesitation about publishing numbers that are positive, so she suggests coming up with ways to improve the score. And, that leads to another PDSA, which leads to more improvement.

Unexpected Benefits

SDUIH has found that the benefits of this process improvement go beyond clinical outcomes. "The reason that we doubled or quadrupled our revenue was because we weren't spending so much time on processes that were just wasting time," Keeler says. That's right: SDUIH has quadrupled revenues since joining IPC.

This was not something the team set out to do, says Keeler, although she's not arguing with the results. "We never set out to see if we can make as much money in a week as we used to in a month. That wasn't our goal. That was just the result of becoming more efficient in a variety of ways."