

# What It Means to Be a Learning Organization

Center of Care Innovations: Population Health Learning Network

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# 65,000 voices



# Check In



## Activity

# Objectives

- Learn about the tools & systems SCF uses to facilitate change
- Share lessons learned in large scale change
- Learn how to support staff during times of change



# Video



[https://drive.google.com/file/d/1LgwRuePUD2Csl\\_M46XStr0vTMYnhsJPL/view](https://drive.google.com/file/d/1LgwRuePUD2Csl_M46XStr0vTMYnhsJPL/view)



# Check In

What does it mean to be a learning organization?

# Corporate Alignment

## Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness

## Mission

Working together with the Native Community to achieve wellness through health and related services

## Goals

Shared Responsibility  
Commitment to Quality  
Family Wellness

## Customer-Ownership



## Leadership Principles

**O**perate from the strength of Alaska Native cultures and traditions of leadership.  
**W**ill stand in the gap to align and achieve the mission and vision.  
**N**urture an environment of trust that encourages buy-in, systematic growth and change.  
**E**ncourage ownership of responsible, calculated risk taking.  
**R**espect and grow the skills of future generations to drive initiatives and improvements.  
**S**hare and listen to personal life stories in order to be transparent and accountable.  
**H**edge people in by creating a safe environment where spiritual, ethical and personal beliefs are honored.  
**I**mprove for the future by learning from the past, giving away credit and celebrating achievements.  
**P**ractice and encourage self-improvement believing there is good in every person

## Operational Principles

**R**elationships between customer-owner, family and provider must be fostered and supported.  
**E**mphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)  
**L**ocations convenient for customer-owners with minimal stops to get all their needs addressed.  
**A**ccess optimized and waiting times limited  
**T**ogether with the customer-owner as an active partner  
**I**ntentional whole-system design to maximize coordination and minimize duplication  
**O**utcome and process measures continuously evaluated and improved  
**N**ot complicated but simple and easy to use  
**S**ervices financially sustainable and viable  
**H**ub of the system is the family  
**I**nterests of customer-owners drive the system to determine what we do and how we do it  
**P**opulation-Based systems and services  
**S**ervices and systems build on the strengths of Alaska Native cultures

## Core Concepts

**W**ork together in relationship to learn and grow  
**E**ncourage understanding  
**L**isten with an open mind  
**L**augh and enjoy humor throughout the day  
**N**otice the dignity and value of ourselves and others  
**E**ngage others with compassion  
**S**hare our stories and our hearts  
**S**trive to honor and respect ourselves and others

# Timeline



Planning

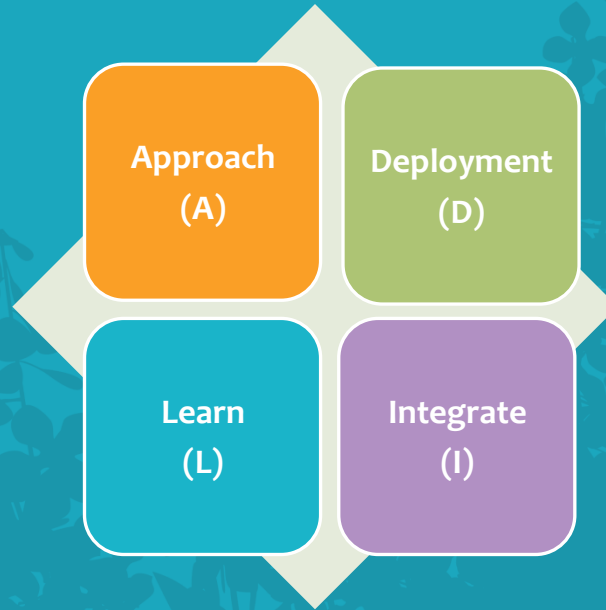
Implementation

Transition

The next big  
change and the  
next big change...




# Baldrige A-D-L-I





**Alaska Native people chose  
to assume responsibility**





Dr. Terry Simpson  
14 Years Service

James Segura  
35 Years Service

Charles  
Anderson  
14 Years  
Service

Karen Caindec  
13 Years Service

Roy M. Huhndorf  
22 Years Service

Charles Akers  
9 Years Service

Loretta J. Throop  
9 Years Service

# Southcentral Foundation Board of Directors





# We Asked the Community



**People said...unfriendly staff, long waits, no customer input, inconsistent treatment, desired their own primary care provider, cleaner and better facilities.**





People Said: Access to own provider  
Culturally appropriate care





**People Said: Cleaner And Better Facilities**



People shared their top 5 needs

# Needs



Domestic Violence  
Child Abuse  
Child Neglect  
Behavioral Health  
Addictions





We Changed Everything





# Customer-Ownership





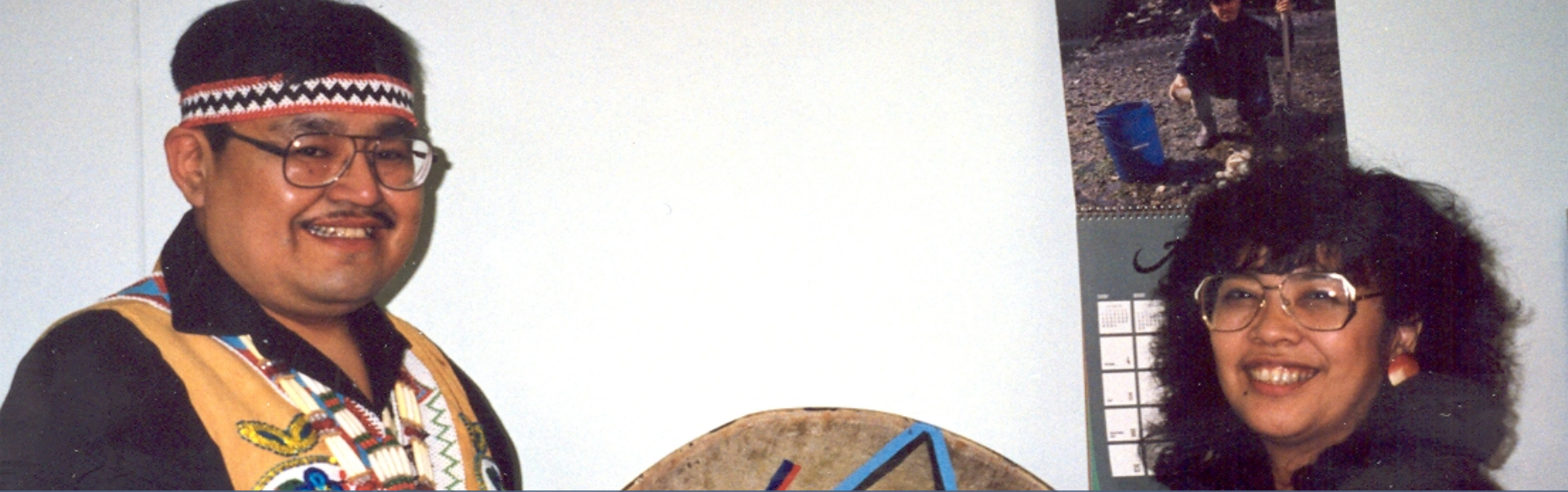


# Direct Input Into Health Care Redesign Customer-Owners



# Check In

How do you listen to the  
voice of the customer?



# The Start of Our Big Change Journey

- Listen FIRST
- Governance
- Leadership
- Customer-owners
- Employees
- Other organizations





# Ways We Listened

- Collect input from customers
  - Mail
  - Phone
  - In person
- One-on-one interviews
  - Asked:
    - What do you like about the system?
    - What don't you like about the system?
    - What would you change?



# Major Milestones

## ■ Communications

- Changed the way customer-owners engaged the system
- Changed the way employees work in the system
- Many changes all at one time
- Paradigm shift – messy

## ■ Solutions

- Engaged employee customer-owners to respond to questions from family
- Use of signage and posters
- Use of printed and electronic material
- Employees available in “real time” to answer questions, empanelment tables
- Leadership presence

# What We Did

Identified two  
models for  
consideration

Primary Care as  
Gatekeeper

Leave as it is – improve  
effectiveness/efficiency

Governance  
and leadership  
debated two  
models

Created a 3<sup>rd</sup> model

Created  
detailed plan

Identified where to start

Managing expectations

Milestones

Executing the plan well



# Integrated Care Teams



# Major Milestones

## ■ Advanced Access

- Customers needed to trust it would happen
- To have relationship, you need access – a means to an end
- Staff had doubts that SCF could achieve same-day access
- Providers had to take same-day and previously booked appointments

## ■ Solutions

- Use of scripting
- Process flows
- Constant communication
- Visible metrics
- Defined end date for extended hours and over time
- Training
- Fun factor and staff support

# Major Milestones

## ■ Data Availability

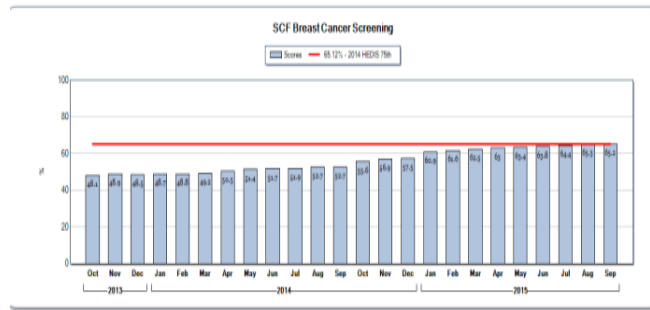
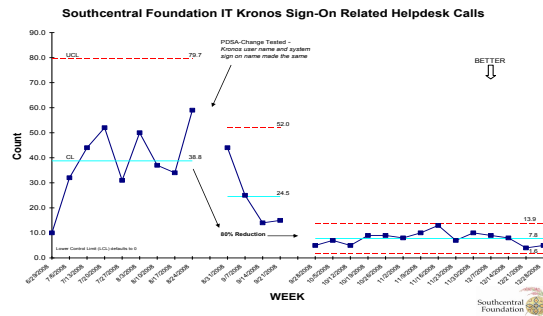
- Not a lot of data available, tick sheets and manual data collection and reporting
- Old EMR that did not capture data elements to effectively measure change
- No agreement on data, what should be measured and if data was accurate
- Anecdotes became the “truth”

## ■ Solutions

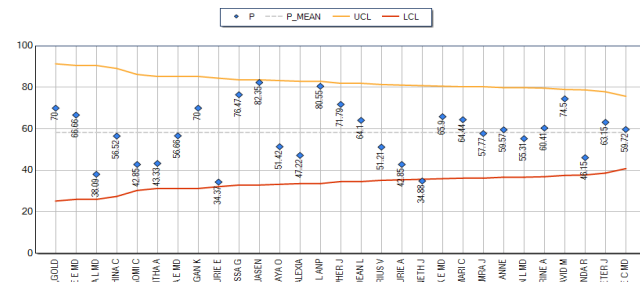
- Built data infrastructure to support staff
- Involved staff in creating and critiquing the methods for data retrieval
- Took time to build & for staff to trust it
- Training

# Visual Learning

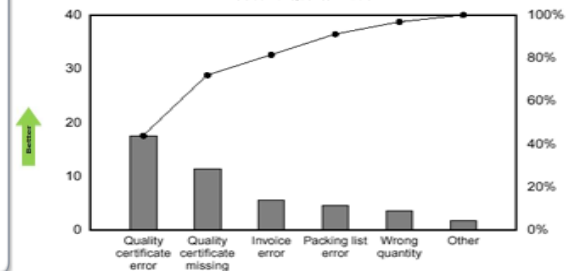
Team	Provider	Numerator	Denominator	% Screened
		696	1194	58.3 %
		660	1104	59.8 %
1 East		79	157	50.3 %
1 West		89	160	55.6 %
2 East		123	210	58.6 %
2 West		111	176	63.1 %
3 East		134	207	64.7 %
3 West		124	194	63.9 %
	JAMES, DAVID M	38	51	74.5 %
	KANTOR, LINDA L ANP	29	36	80.6 %
	LINFIELD, JANA L	16	19	84.2 %
	NORRIS, KENNETH J	15	43	34.9 %
	WRIGHT, TAMARA J	26	45	57.8 %



Diabetes Eye Exam (20 or More Diabetic Patients)



Types of Document Complaints  
Second Quarter 2005





# Operational Principle Alignment

## Aligns

- Un-blinded performance data
- Defined PCP responsibilities

## No alignment

- Group visits
- Nurse Call Line

## Some alignment

- Disease specific approaches

# Check In

How do you create a  
learning environment?



# Infrastructure to Support Improvement

- Culture of Improvement
- Improvement Advisors & Specialists
- Quality Management Courses
- Committee Structure
- Tools, methods and processes
- E.g., Baldrige





# Lessons Learned

- Customer-owner drives the system
  - Shared responsibility
- Leadership must support and drive
- Access and relationship
- Messaging is critical
- Pay attention to workforce
- Data matters
- Process for change necessary
  - Never done, always willing to adapt



**What questions do you have?**

# Thank You!

**Qa̕gaasakung**

*Aleut*

**Quyanaa**

*Alutiiq*

**Quyanaq**

*Inupiaq*

**Awa'ahdah**

*Eyak*

**Mahsi'**

*Gwich'in Athabascan*

**Igamsiqanaghalek**

*Siberian Yupik*

**Háw'aa**

*Haida*

**Quyana**

*Yup'ik*

**T'oyaxsm**

*Tsimshian*

**Gunalchéesh**

*Tlingit*

**Tsin'aen**

*Ahtna Athabascan*

**Chin'an**

*Dena'ina Athabascan*