

Job Instruction - Healthcare

Job Instruction – Part of the Continuous Improvement road at Virginia Mason Medical Centre, Seattle

**Virginia Mason Medical Centre, Eight Units
Oscar Roche with a lot of help from Martha Purrier, 2013**

Brief

Any person who is injured, ill or has an ailment should leave the “system” cured with no harm done along the way. This is the aim of healthcare. It isn’t happening often enough sufficient to be of huge concern.

Nurse Unit Managers in particular, in fact anyone in healthcare involved in ensuring the above does happen, will find a pathway to improvement in this case study. Martha Purrier is “just a nurse” (her own words). Via TWI Job Instruction she helped many others make it more likely that her patients left her hospital system cured with no harm along the way.

This case study describes how Virginia Mason Medical Centre applied Job Instruction and as a result:

- *Improved reliability of hand hygiene to above 98%.*
- *Improved patient check reliability to greater than 98% which lead to a 5-10% improvement in patient satisfaction scores.*

The Job Instruction approach to standardising work demonstrated respect for the worker and helped ensure the Virginia Mason staff had the required resources and skills.

Source for information: *Virginia Mason Medical Centre, Seattle USA. 336 bed hospital (main campus), 8 locations (main campus and regional centres), 400 employed physicians, 5,000 employees, USD650,000,000 Net Revenue.*

INTRODUCTION

(Gary S Kaplan, CEO Virginia Mason Health System).

There is sufficient data available around the world to demonstrate that the intent of “curing people with no harm done along the way” is not met often enough. “Medical errors” are a significant cause of injury, deterioration in health, and even death, in most health care systems. Those under pressure due to uninsured patients, variation in standards at hospitals, and increasing costs, suffer the highest risk of “medical errors”. Today’s healthcare challenges are myriad in scope and complexity. It is clear that the healthcare environment of today and the future must embrace rapidly developing new technology amidst continuously increasing complexity. A trained, competent and engaged workforce has never been more essential. The healthcare industry itself, is clamouring for solutions to healthcare’s complex challenges. We know that our most valuable resource in these efforts is our people - the committed men and women who work every day to help keep patients healthy and reduce the burden of disease. Our staff at all levels, including physicians, nurses, technicians and front-line personnel, are doing great work. Yet they are hampered by excessive complexity, waste-filled processes, lack of goal clarity, and inadequate or absent job-specific training.

(Gary S Kaplan, CEO Virginia Mason Health System).

At Virginia Mason, where we employ the Virginia Mason Production System as our management method, we have learned that Standard Work and eliminating non-value-added variation can greatly reduce errors and defects, improve quality, and reduce the burden of work for our staff. But, this Standard Work is only as effective as our ability to put it into place and execute the many innovative initiatives underway across our country and around the world. Unfortunately, in many organisations, we are seeing the best intentions and ideas all too often becoming failures of execution because we have inadequately trained and prepared our workforce.

The way forward reflected the evolving understanding of how people learn and how best to train Virginia Mason’s most precious resource, their people.

CONTENT

The pathway with Job Instruction was as follows.

- First Job Instruction Class held in March 2009:
 - Areas of focus - Hand hygiene, Hand washing, 6 point hourly rounding, Collecting a specimen, Blood glucose monitoring, Remove a saline lock, Donning and removal of gown and gloves, Placement of patient ID band, Stool occult blood testing, Emptying an ostomy bag.
- Selected jobs to pilot:
 - Criteria - Had to be tied to organisational goals, an important problem to solve and highly visible.
 - Jobs selected - Hand hygiene (washing hands with soap and water, washing hands with gel); Hourly patient checks.
- Pilot area - Eight nursing units, 467 Registered Nurses and Nurse Assistants.

Before the pilot:

- 83.5% of VMHC staff were observed washing hands when needed. Worldwide, only 60% of healthcare workers wash their hands when they should (World Health Organisation, 2010).
- Reliability of patient check at the start < 50%.

After the pilot:

- In areas where the Job Instruction pilot was run, reliability of Hand Hygiene went above 98%.
- Reliability of patient check > 98%. (Note, this was after the 3rd “improvement” of the task. JI requires a “study of the work” which inevitably brings about improvements.)
- Patient satisfaction scores increased 5-10% where the patient check was implemented.

(Gary S Kaplan, CEO Virginia Mason Health System).

Job Instruction training is an approach that specifically addresses inadequate or absent job-specific training and an inadequately trained and underprepared workforce. It produced results in better execution and improved performance wherever it was tried. It is a defined method that works reproducibly and in many ways more deeply embeds safety right into the work itself. The results of this approach are now predictable. Staff perform tasks without defects! This approach demonstrates greater respect for the worker and helps each of us ensure that our people have the resources, skills, and demonstrated proficiency that our patients have every right to expect.

CONCLUSION

TWI Job Instruction helped Virginia Mason Medical Centre increase the likelihood that any person who was injured, ill or had an ailment left their “system” cured with no harm done along the way.

This case study forms the basis of the book “Getting To Standard Work in Healthcare” written by Martha Purrier and Patrick Graupp.