Quality Framework for a High Reliability Organization (HRO)

Minnesota Hospital Association (MHA) and Winona Health

Learning Objectives

- Define and understand an overview of HROs

- Examine how an HRO can achieve health equity

- Review MHA's strategic approach to quality improvement

- Examine the implementation of an HRO program using MHA's Quality Approach

- Understand the unique framework for MHA's HRO journey

- Review the evaluation of an HRO program utilizing MHA's HRO Road Map

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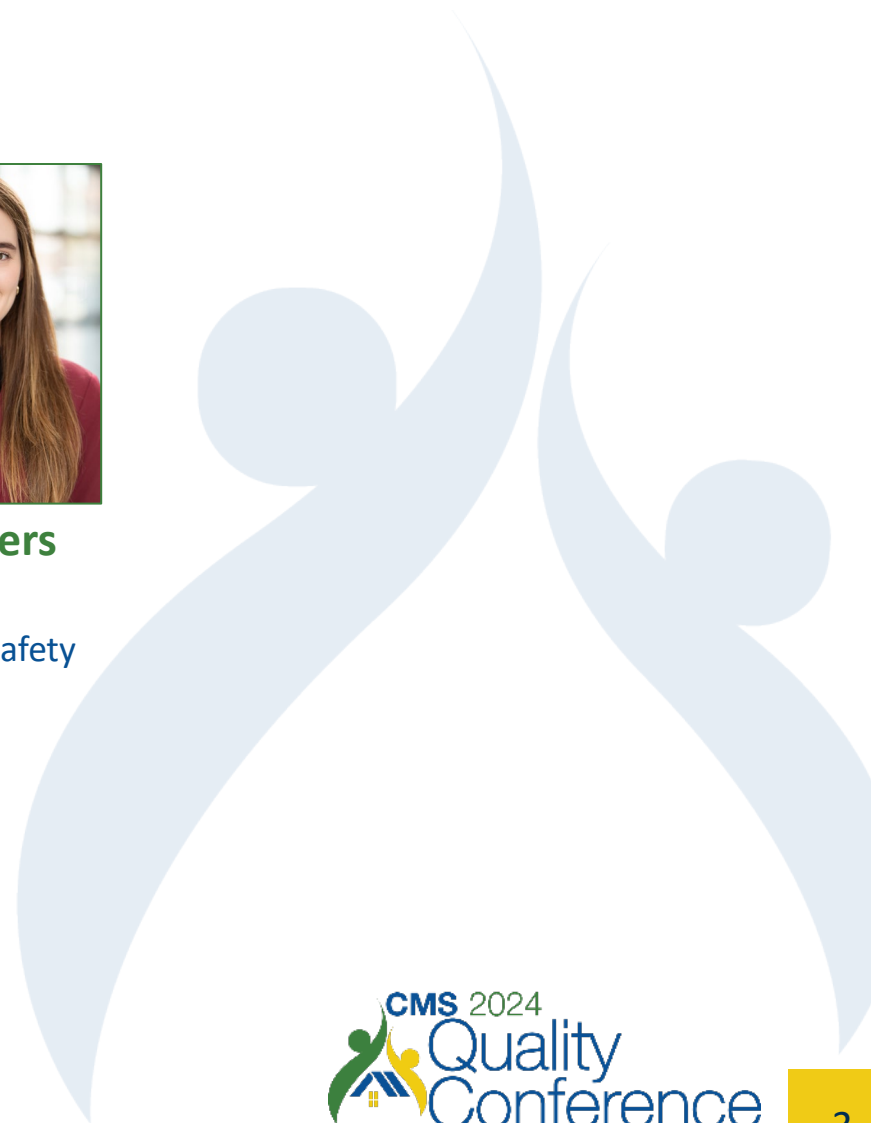
Prospective Payment System (PPS) Hospital:
Critical Access Hospitals (CAHs)
Mental Health Facilities
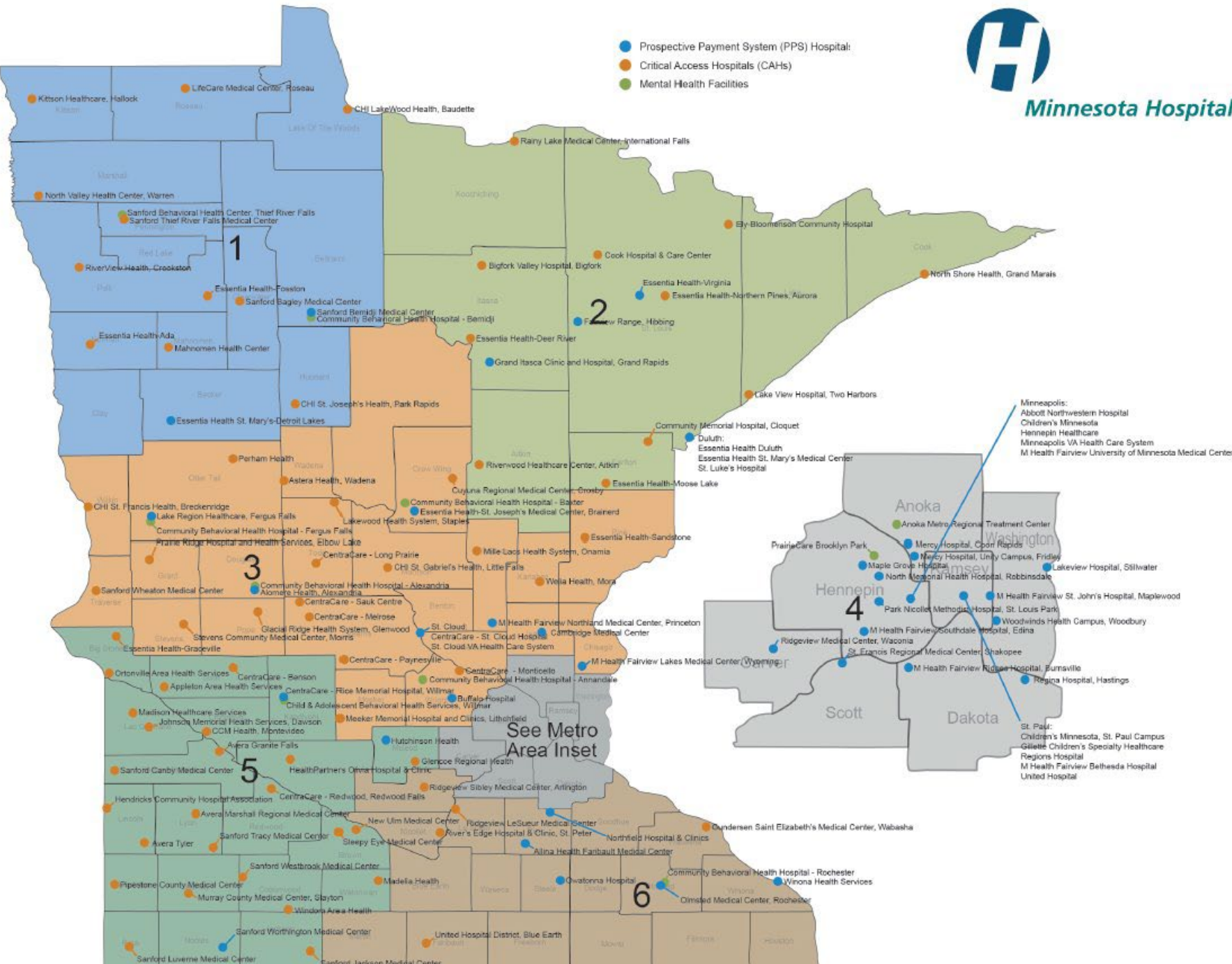
Minnesota Hospital Association

What is an HRO? (1 of 2)

Define and understand HROs

2021 Transportation Mode Fatality Rate
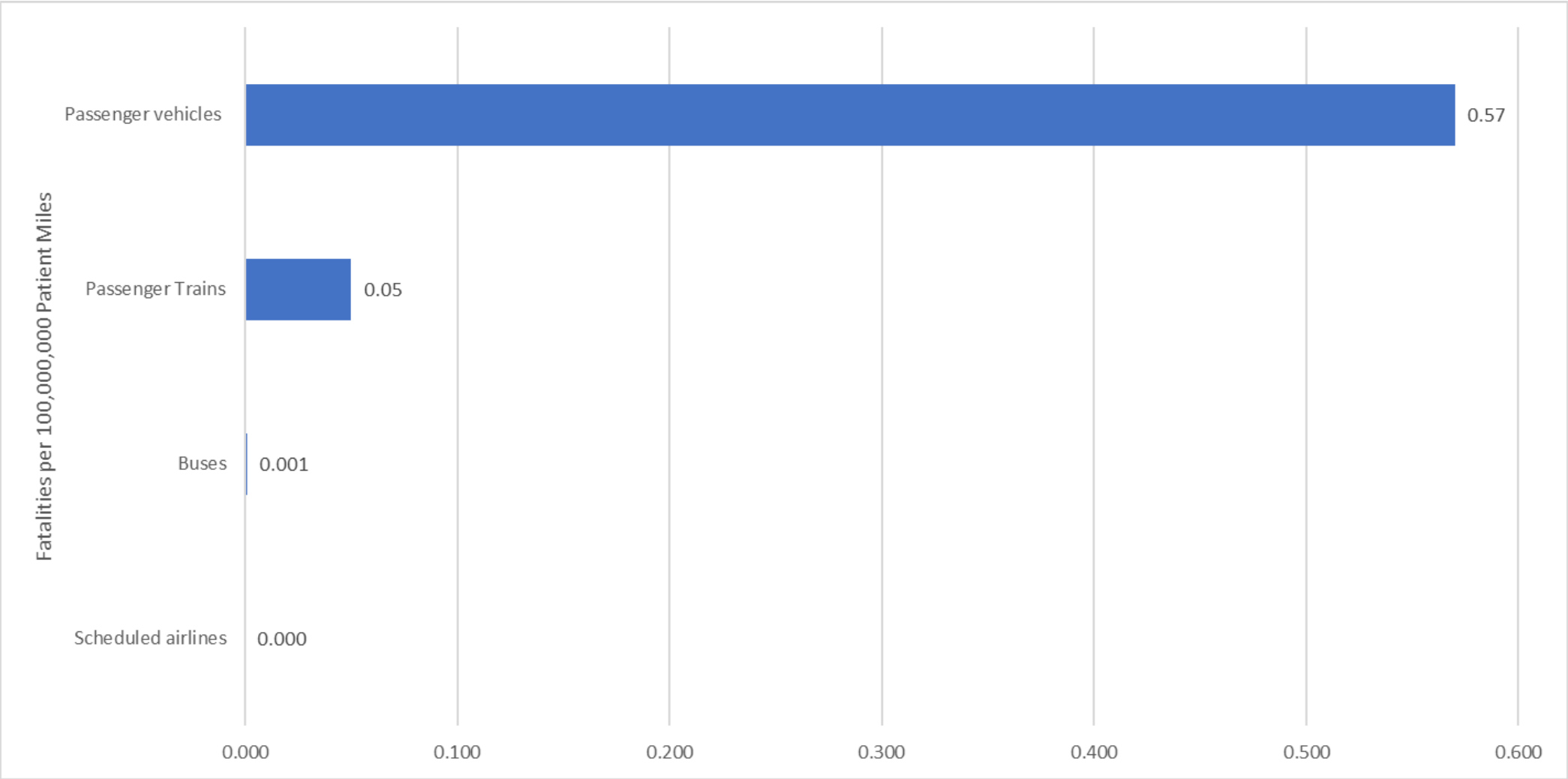
What is an HRO? (2 of 2)

- "An organization that experiences fewer than anticipated accidents or events of harm despite operating in highly complex, high-risk environments" - Department of Veteran Affairs

HRO Principles

- Preoccupation with failure

- Reluctance to simplify

- Sensitivity to operations

- Commitment to resiliency

- Deference to expertise

Health equity and HROs

Examine how an HRO can achieve health equity

HRO to HERO

- **Preoccupation with failure**
  - Identify near miss across populations for identifying disparities in care

- **Reluctance to simplify**
  - Include patient's beliefs, preferences, and behaviors

- **Sensitivity to operations**
  - Broaden awareness for other factors where patients live and work

- **Commitment to resiliency**
  - Apply skills in quality management and risk to include sensitivity in racism, sexism, and ageism

- **Deference to expertise**
  - Listen to patients, families, and community to identify opportunities in marginalized populations

Implementation HRO Programs

Review MHA's strategic approach to quality improvement and examine the implementation of an HRO program using MHA's Quality Approach

What quality models and HRO frameworks exist?

- 64 different quality health care models
  - Institute of Healthcare Improvement (IHI) Framework
  - Total Quality Management (TQM)
  - Lean/Six Sigma
  - ACHE Framework
    - ACHE: American College of Healthcare Executives
  - ARCC Model
    - ARCC: Advancing Research & Clinical Practice through Close Collaboration
- Which is best?

MHA quality framework for improvement

- PDCAC
  - Plan
  - Do
  - Check
  - Adjust
  - **_Celebrate!_**
- Road maps
- Navigators

MHA's HRO Journey

Understand the unique framework for MHA's HRO journey

MHA quality model for HRO rollout

- Created a road map for our HRO journey
  - Used PDCAC to build out road map
    - Plan – stakeholder interest in HRO inception of workgroup
    - Do – created road map draft with HRO content
    - Check – determine through a pilot how easy it is to implement
    - Adjust – HRO Academies developed to improve success
    - Celebrate – recognition of "champions" that helped move the work forward

HRO is a journey: Plan and Do

- QS committee feedback: develop checklist
- Partnership with other states to develop Reliability Culture Implementation Guide; shared with QS Committee

- Pause: COVID-19
- Expert feedback
- Pilot #1

- HRO Learning Academy Cohort 2

- Launched HRO Committee

2018

2019
- SME interviews
- Webinar: HRO topic
- Draft checklist reviewed by QS committee
- Feedback: format as road map
- Road map subgroup formed
- Pilot draft road map

2020

2021
- Pilot #2
- Road map approved by QS committee
- HRO road map rolled out
- HRO Learning Academy Cohort 1

2022

2023
- 43 hospitals have completed the road map in the data portal

2024

Road map definition

- "MHA's road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs and are intended to align process improvement with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and safety committees provide expert guidance and oversight to the various road maps."

Sections & Evaluation of HRO Roadmap

- Three sections (incremental success)
  - ☐ Getting started
    - ◇ Celebrate
  - ☐ Fundamental
    - ◇ Celebrate
  - ☐ Advanced
    - ◇ Celebrate

- Likert scale utilized

- Definition of Skills Level Proficiency

NO	
Level 1: Novice (limited experience)	No work has begun
Level 2: Developing (practical application)	Planning phase and/or pilot in place and/or less than half implemented
Level 3: Intermediate (known practice	Implementation is approximately 50% completed (e.g., half of all application units.)
YES	
Level 4: Proficient (applied per formance)	Implementation is well on its way, but there are still some outliers (at least 75%)
Level 5: Expert (recognized authority)	Full implementation organization wide

Getting Started

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)			If specific road map element is missing, consider the following resources:
Senior Leadership – Creating Safety Culture and Priority	**No (1-3)**	**Yes (4-5)**	Select level (1-3) for No or level (4-5) for Yes. See page 3 for definitions of skills level."	• Institute for Healthcare Improvement: A Framework for Safe Reliable, and Effective Care • Joint Commission Center for Transforming Healthcare: Oro 2.0 High Reliability Assessment • The American College of Healthcare Executives: Leading a Culture of Safety: A Blueprint for Success • Press Ganey: Assess and Diagnose Your Safety Culture • Agency for Healthcare Research and Quality: Hospital Survey on Patient Safety Culture (SOPS Hospital Survey) • Institute for Healthcare Improvement: Leadership Guide to Patient Safety • Health Quality Ontario's System Quality Advisory Committee: Quality Matters: Realizing Excellent Care for All • American College of Healthcare Executives: Hospital CEO Survey on Patient Safety Research Report
	0	0	Actions demonstrate commitment to *Safe, Effective, Patient Centered, Timely, Efficient and Equitable Care* (IOM, 2001). For example, rounding, safety briefing	
	0	0	Actions demonstrate commitment to a leadership style (e.g. servant leadership) and/or LEAN (gemba walk)	
	0	0	Senior leaders know "why" and "how" safety is integrated into mission, vision and values of organization	
	0	0	Medical staff leadership are engaged and committed to creating a culture of safety	
	0	0	Nursing/clinical leadership are engaged and committed to creating a culture of safety	
	0	0	Ancillary department leadership are engaged and committed to creating a culture of safety	
	0	0	HRO is included in succession planning for organization's senior leadership team	
Board Safety Culture – "Board on Board"	0	0	A process is in place for board members to receive training which includes the 5 principles of a High Reliability Organization (HRO)	• Institute for Healthcare Improvement: Framework for Effective Board Governance of Health System Quality • Minnesota Hospital Association Trustee resources: Board Certification, Education and Video Gallery
	0	0	A board quality and safety committee exists with focused measurement and dashboard reports	
	0	0	The board is involved in creating and monitoring quality and safety goals	

Building a Safety Culture	0	0	A process is in place and followed for daily safety huddles which includes senior leadership leading huddles	• Institute for Healthcare Improvement:
				  - Huddles
				  - Sustaining and Strengthening Safety Huddles
				  - How to Improve
				  - Plan-Do-Study-Act (PDSA) Worksheet
				• MindTools: SMART Goals
				• Lean Enterprise Institute: A3 Templates

	0	0	Leaders and staff are trained on team communication	

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Fundamental

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:

<table>
<tr><td rowspan="6">Senior Leadership – Creating Safety Culture and Priority</td><td colspan="2">

No (1-3)	Yes (4-5)	Select level (1-3) for No or level (4-5) for Yes. See page 3 for definitions of skills level."
0	0	Adopts the five principles of an HRO ☐ Preoccupation with failure ☐ Reluctance to simplify ☐ Sensitivity to operations ☐ Commitment to resilience ☐ Deference to expertise
0	0	Committed to zero harm to patients, families and workforce. Commitment is documented/communicated via new employee orientation, annual training, policies, procedures, admission materials, etc.
0	0	Completes baseline organizational assessments and develops summary of findings ☐ Completes a baseline staff and medical staff assessment of the organization's safety culture and culture of excellence (AHRQ Survey on Safety Culture, SCORE or Press Ganey SDA) ☐ Conducts executive assessment of leadership [National Patient Safety Foundation (NPSF) or American College of Healthcare Executives (ACHE) or The Joint Commission (TJC)] ☐ Reviews and analyzes baseline safety and quality data [Institute Of Medicine Vital Signs, Agency for Health Research and Quality (AHRQ), TJC] ☐ Holds open debriefing with leadership team to review organizational baseline findings
0	0	Develops a compelling clear message* e.g. Right Care, Every Patient, Every Time, Everywhere (Essentia)
0	0	Has one-page safety vision plan that can be shared with all patients, families and workforce.

</td></tr>
</table>

Resources column:

- Institute for Healthcare Improvement: A Framework for Safe Reliable, and Effective Care
- Joint Commission Center for Transforming Healthcare: Oro 2.0 High Reliability Assessment
- The American College of Healthcare Executives: Leading a Culture of Safety: A Blueprint for Success
- Press Ganey: Assess and Diagnose Your Safety Culture
- Agency for Healthcare Research and Quality: Hospital Survey on Patient Safety Culture (SOPS Hospital Survey)
- Institute for Healthcare Improvement: Leadership Guide to Patient Safety
- Health Quality Ontario's System Quality Advisory Committee: Quality Matters: Realizing Excellent Care for All

* Operational definition: A compelling clear message is branded, a consistent phrase used throughout the organization and/or aligns with goals

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Advanced

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)			If specific road map element is missing, consider the following resources:
Senior Leadership – Creating Safety Culture and Priority	**No (1-3)**	**Yes (4-5)**	Select level (1-3) for No or level (4-5) for Yes. See page 3 for definitions of skills level."	• American College of Healthcare Executives: [Toxic Behaviors in Healthcare: How Everyday Civility Increases Patient Safety and Team Performance](#) • American College of Healthcare Executives: [Hospital CEO Survey on Patient Safety Research Report](#)
	0	0	Offers strong safety leadership development/emerging leaders program	
Board Safety Culture – "Board on Board"	0	0	Engages in periodic "Patient and Staff Safety Rounds" at the units within the organization	• Institute for Healthcare Improvement: [Framework for Effective Board Governance of Health System Quality](#) • [Minnesota Hospital Association Trustee resouces:](#) Board Certification, Education and Video Gallery
	0	0	Supports organization's safety recognition program	
Building a Safety Culture	0	0	Integrates Just Culture into all HR and quality/safety policies	• Agency for Healthcare Research and Quality: [Toolkit for Using the AHRQ Quality Indicators](#)
	0	0	HR leadership has a process in place to identify and eliminate a toxic workplace with HR leadership	
	0	0	Trains all vendor partners on HRO concepts (or accepts training documentation)	
	0	0	Establishes individual safety culture developmental goals in all job descriptions and annual performance reviews	
Quality & Safety Leadership & Support	0	0	Reviews and develops efficient and effective reporting tools (ease of use/integration in patient EHR systems)	
	0	0	Creates and monitors HRO safety and quality goals for engagement, consistency and improvement	

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Measuring Success: Check and Adjust

- Piloted road map with a few hospitals
- Collected feedback and adjusted
- Started HRO learning academies to ensure adoption of process
- Identified "champions" to help support others

HRO Learning Academy

- 2021 and 2022 MHA hosted HRO Learning Academy cohorts

- Cohorts met over a six-month period, including full cohort meetings and mentor office hours

- Cohorts consisted of teams from Minnesota hospitals, mentors from Minnesota hospitals, and MHA quality and safety team leaders

- During cohort meetings
  - Sections of the MHA HRO road map were reviewed and completed by teams
  - Road map data was reviewed
  - Teams created action plans to move 'no' responses to 'yes'
  - Guest speakers presented on practices implemented in their HRO process
  - Case studies were reviewed for how they applied to HRO principles

- Outside of cohort meetings
  - Teams met to continue working through the MHA HRO road map
  - Office hours were held with mentors and MHA team to answer questions, etc.

Navigators: Supporting Hospitals and their HRO journey

What is a Navigator?

- Support staff that acts a liaison between individual hospitals and overall group
- Every quality and safety team member is a navigator
- Minnesota hospitals and health systems divided among them

How often do they meet?

- Meet formally every quarter
- Communicate regularly

Navigator visits

- During a navigator visit, the specialist will discuss areas of success/opportunity at the organization
  - Evaluation of hospital quality programs
  - Resource support (i.e., workforce, substance-use disorder, workplace violence, etc.)
  - Road map assistance and adherence
    - If a site is on their HRO journey, it is addressed during the visit

Summary of HRO Journey

- **Utilized quality framework of PDCAC**
  - Convened HRO workgroup to develop road map
  - Implemented and adjusted HRO road map through pilots
  - Created HRO academies to increase adoption
  - Designed a navigator program to act as continual support and connect all hospitals together

Winona Health

Review the evaluation of an HRO program utilizing MHA's HRO roadmap

First some context

- Independent, community-owned since 1894
- We provide birth through end-of-life health care
- Winona Pop. 25,964 (2021)

Winona Health Defining Data

- Beds:
  - 49 licensed hospital beds
  - 110 long-term care beds
  - 79 assisted living beds
- Providers on staff:
  - 41 staff active physicians
  - 2 contracted physicians
  - 39 associate providers (NP/PA)
  - 7 CRNAs
  - 130 courtesy physicians (not employed)

- ~ 930 employees
  - 765 FTEs
- Clinic visits: ~ 100,000 annually
- ED visits: ~ 11,000 annually
- Annual net revenue: $115M
- Payer mix (FYTD-Dec)
  - 64% Medicare/Medicaid
  - 34.9% Commercial
  - 0.8% Private

Winona Health Mission, Vision, and Values

Our Mission
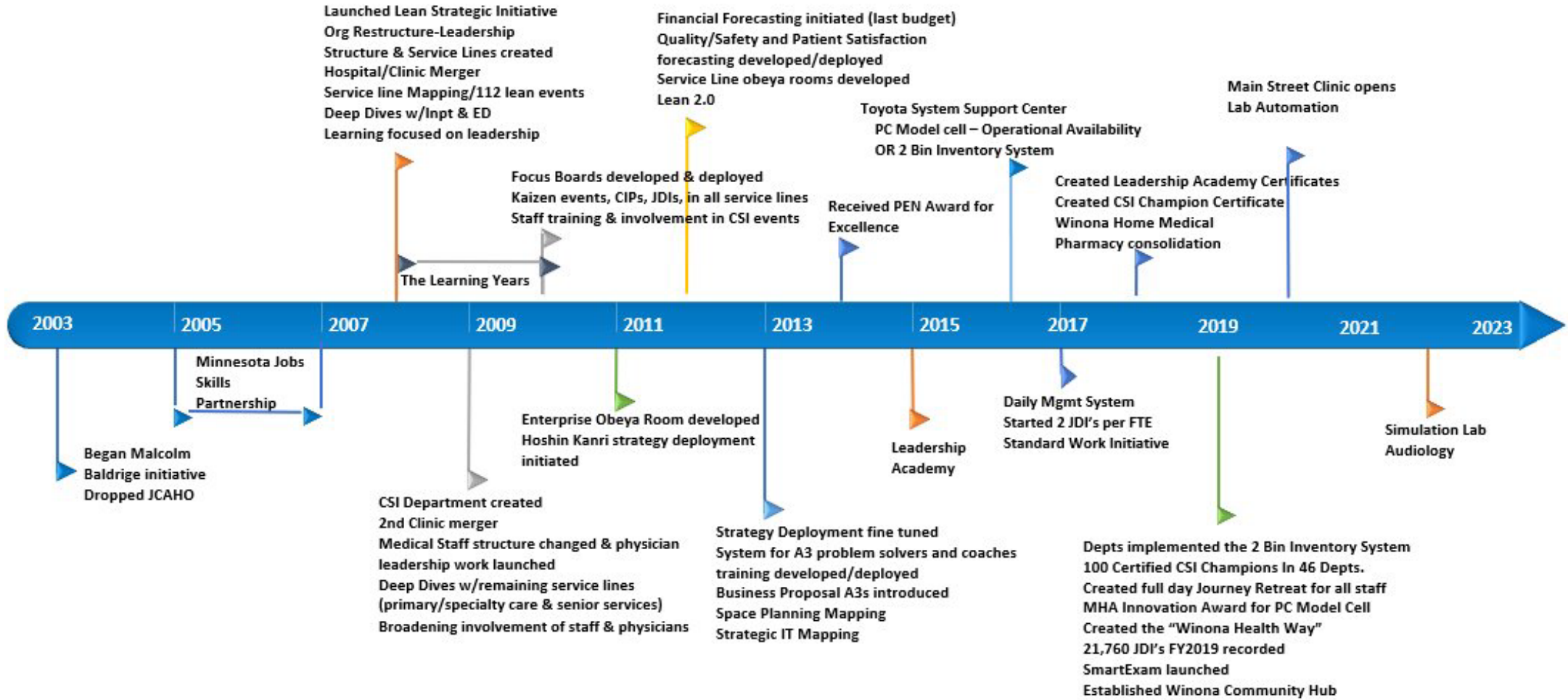To inspire, recognize, and empower the caregiver in all of us.

Our Vision
To create the most inclusive, compassionate, and self-generating community health movement in the nation.

Our Values
We will achieve our Mission and Vision through three interlocking commitments:

Everything Matters
Everyone Matters
Every Moment Matters

Winona Health's Lean journey

Above timeline (left to right):

Launched Lean Strategic Initiative
Org Restructure-Leadership
Structure & Service Lines created
Hospital/Clinic Merger
Service line Mapping/112 lean events
Deep Dives w/Inpt & ED
Learning focused on leadership

Financial Forecasting initiated (last budget)
Quality/Safety and Patient Satisfaction
forecasting developed/deployed
Service Line obeya rooms developed
Lean 2.0

Main Street Clinic opens
Lab Automation

Toyota System Support Center
PC Model cell – Operational Availability
OR 2 Bin Inventory System

Focus Boards developed & deployed
Kaizen events, CIPs, JDIs, in all service lines
Staff training & involvement in CSI events

Received PEN Award for Excellence

Created Leadership Academy Certificates
Created CSI Champion Certificate
Winona Home Medical
Pharmacy consolidation

The Learning Years

Timeline years: 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 | 2017 | 2019 | 2021 | 2023

Below timeline (left to right):

Minnesota Jobs
Skills
Partnership

Began Malcolm
Baldrige initiative
Dropped JCAHO

CSI Department created
2nd Clinic merger
Medical Staff structure changed & physician
leadership work launched
Deep Dives w/remaining service lines
(primary/specialty care & senior services)
Broadening involvement of staff & physicians

Enterprise Obeya Room developed
Hoshin Kanri strategy deployment
initiated

Strategy Deployment fine tuned
System for A3 problem solvers and coaches
training developed/deployed
Business Proposal A3s introduced
Space Planning Mapping
Strategic IT Mapping

Leadership
Academy

Daily Mgmt System
Started 2 JDI's per FTE
Standard Work Initiative

Depts implemented the 2 Bin Inventory System
100 Certified CSI Champions In 46 Depts.
Created full day Journey Retreat for all staff
MHA Innovation Award for PC Model Cell
Created the "Winona Health Way"
21,760 JDI's FY2019 recorded
SmartExam launched
Established Winona Community Hub

Simulation Lab
Audiology

Why transform?

- Escalating pressure on all fronts: changing demographics, transitioning workforce (next generation), health care reform, reimbursement/payors, consumerism, technology...

- *We* want to stay viable to care for our community

- *Our* work is important – to our community, patients, and ourselves

- *We* want to be great at what we do

- *We* have high standards for ourselves and our organization

- Finite resources that need to be leveraged strategically

Why lean?

- Need for a systems approach to transformation
- Timeless, applicable, and resonate with tenets and principles
- Need for every caregiver, provider, and stakeholder to be engaged in the transformation of Winona Health; leverages our most valuable asset: people
- Co-creating takes time but ensures sustainability; no right answers – just directionally correct
- Our future – viability – depends on this
- Haven't found another framework or approach that has engaged everyone or achieved great results

Challenges we faced

- **Changing role of leadership**
  - Need to unlearn/learn new: changing while leading change
  - Cannot delegate this work
- **Accelerated pace of change**
  - Need time to learn and reflect
  - Too many priorities – constantly adding more
- **Data analysis and right measures**
  - Compliance measures prevailed and drove work
  - Waiting for results to validate work – lagging reports of six to 24 months

Barriers to creating Lean culture and environment

- **Behaviors and attitudes**
  - Preserving the status quo
  - Thinking lean doesn't apply to health care
  - Lack of trust in process or the people
  - Lack of skill in managing transitions
  - Attention span short
- **Leadership**
  - Traditional management beliefs – doing both systems
  - Learning "on the job" for management
  - Not what "I signed up for"
 - Having the right discussions (work avoidance)

Building a culture of performance improvement and excellence

- Success factors
  - Leadership engagement
  - Perseverance
  - Go slow to go fast
  - Alignment: enterprise, service line, department
  - Set expectation that *everyone* is involved in this work; it is how we run the organization
- Management system
  - **Daily** focus board
  - **Bi-weekly** management team (Senior Leaders/Directors)
  - **Monthly** Obeya Room
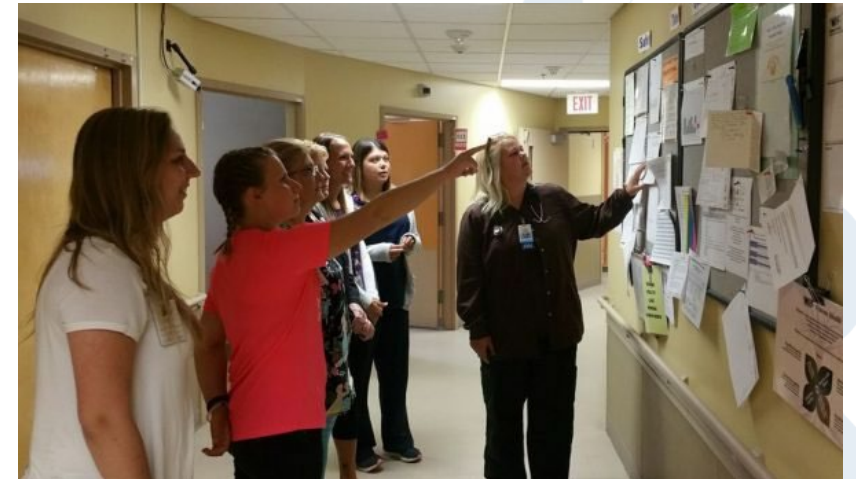
List of lean events (1 of 2)

Primary Care

- FM Model Cell – Flow Manager
- IM Mapping
- IM Team Model
- **IM Depart-Check out**
- **IM Patient Flow**
- INR Process
- Green Team CIP
- **Scheduling CIP**
- Nutrition CIP
- **PCC Mapping**
- Medicare Preventive Exams
- Care Team CIP
- **Condition Specific CIP**
- **Care Team Workflow Kaizen**
- **Provider Documentation**
- **Sno-Med Mapping**
- **Telemedicine in Long Term**
- **MU Stage 2 Planning**
- **Patient Engagement**
- 5S IM and FM Exam Rooms
- **Sno Med Conversion**

Primary Care cont.

- **Phone CIP**
- Dialysis Mapping
- **NP Nursing Home Visits**
- Patient Complaint Prevention
- **ACC Mapping**
- **ACC Workflow**
- **Employee & Community Wellness Initiatives**
- Flu Shot CIP
- Internal Medicine Relocation CIP
- **Family Med Merge 3P**
- **FM Relocation**
- FM Extended Hours
- 5S IM Move
- **Expanded Hours in IM**
- Dialysis 5S
- **Dialysis Workflow** and Staffing
- **Physician Practice Single Piece Flow**
- **School Immunization Forms**
- **Conservative Management Clinic**

Inpatient Services

- **Community Care Network (CCN)**

Inpatient Services cont.

- ICU 2-Bin System 5S
- ICU Role Clarification
- **POC Communication**
- Delays in Patient Transfers
- Staff Responsiveness CIP
- Nurse Communication CIP
- Pain Management CIP
- **FBC Documentation CIP**
- **Medication Communication**
- ED & ICCU Clot Boxes
- Pharmacy IV Storage 5S
- Inpt Pharmacy 3P
- **WHOL Event (Portal)**
- **MSP Workflow**
- **INPT Provider Documentation**
- ICU Handoffs and OT
- MSP NOC Handoff's and OT
- PharmNet CIP's

ED/Urgent Care/Imaging

- ED Overnight Switchboard
- Security Relocation A3
- **ED Lab Cultures** CIP
- Putting the Urgent back in UC
- **ED bedside registration**
- ED Door to Provider Kaizen
- **UC FirstNet Implementation**
- UC Mapping

ED/Urgent Care/Imaging cont.

- **Imaging X-Ray 5S**
- **Imaging Chargemaster**
- Back Pain CIP
- Esophageal Foreign Body
- **UC Provider Flow Mapping**
- **Imaging Vrad**
- **ED Error Proof Nursing Documentation & Charging for Top 9 dx**
- **ED Stroke Ready Designation**
- **UC Nurse Protocol Only**
- **ED E-Code System**
- **CPOE in Imaging**
- **UC My WinonaHealth**
- **UC Error Proof Nursing Documentation for top 6 dx**
- **ED/UC Dynamic Documentation**
- **Imaging Mammo Workflow**
- ED Safe Room A3

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List of lean events (2 of 2)

Surgical Specialty Care

- Lab Order Defects
- **Lab 3P Specimen Flow**
- Storage Design and Layout 3P
- **Surgical Inventory; Usage and Demand Kaizen**
- **SSC PTO Scheduling CIP**
- **Outpatient Lab Mapping**
- **Outpatient Lab Order Activation Process CIP**
- Lab Assistants: Staffing to Demand CIP
- Outpatient Lab 3P
- Women's Health Visioning
- **Lab 3P Work Area Consolidation**
- Decontamination 3P
- **Supply Chain Mapping**
- Sterile Process 3P
- Sterile Process 5S
- C-Section Work Flow Mapping
- **Plastic Surgery – New Service**
- **DME – New Services**
- **Physician Single Piece Flow**
- **OR Shoulder Positioning CIP**

Surgical Specialty Care cont.

- **Spa at Winona Health – New Service**

Medical Staff

- Provider Efficiency Workflow
- **Clinical Protocols**
- **Narcotics Prescribing**
- **Medication Lists/Reconciliation**
- **Problem Lists**
- **Documentation**
- **Provider Communication**

Finance / Facilities

- **Work order process CIP**
- **A/P Process**
- **Revenue Cycle**
- **Weekly Financial Reporting**
- **Forecasting Processes**
- Construction Management
- Master Space Plan all campuses
- **IHP / ACO Demonstrations**
- Pharmacy Perpetual Inventory and 3P

Other Organizational

- Hoshin Metric Alignment Process
- Daily Management System
- Standard Work Document System
- Leadership Academy & Staff development
- Volunteer Event 1

Other Organizational cont.

- Obeya Room Process (enterprise & service lines)
- Focus Boards – standard work
- Leaders Standard Work process events
- First Impression CIP
- Donor Map CIP
- Volunteer Mapping

Winona Senior Services

- Private Rooms
- Resident Services Coordination CIP
- Beauty Shop 3P
- LWM Pathways Phase 1
- LWM Medication Cart Inventory CIP
- **Communication with MSP, Hospice & LWM CIP**
- LWM Communication CIP
- LWM Restorative Kaizen
- HC Teams CIP
- LWM Medication Times CIP
- **HC Orders for Internal Medicine CIP**
- **HC Admission CIP**
- LWM Medication Pass Kaizen
- Falls Prevention
- Reduction of Behaviors with harm

Support Services

- **IT Mapping**
- **IT Project Request CIP**
- **IT Help Desk**
- **IT Customized Reporting CIP**
- **Dynamic Doc/Dragon Kaizen**
- **Master IT Strategic Plan Kaizen**
- **ICD-10 Events**
- **Meaningful Use Events**
- **HR Mapping**
- **HR systems automation**
- **Materials Mgmt Receiving Process Mapping**
- **Medical Staff Services Mapping**
- **Credentialing CIP**
- **Insurance Company Delegation CIP**
- **Provider Recruitment CIP**
- **Physician Onboarding CIP**
- Medical Equipment Life Cycle A3

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Example 1: Simulation Lab

- **Why:** Off-stage training for caregivers
- **What:** Simulation lab with five hi-fidelity mannequins
- **Who:** Internal team and partners with Winona State University
- **How:** Real life simulations in safe environment
- **When:** Opened September 2022
- **Results:** Over 750 internal caregivers learning about ACLS (advanced cardiac life support), OB sims for family birth center, and aseptic technique and sever anaphylactic reactions to name a few
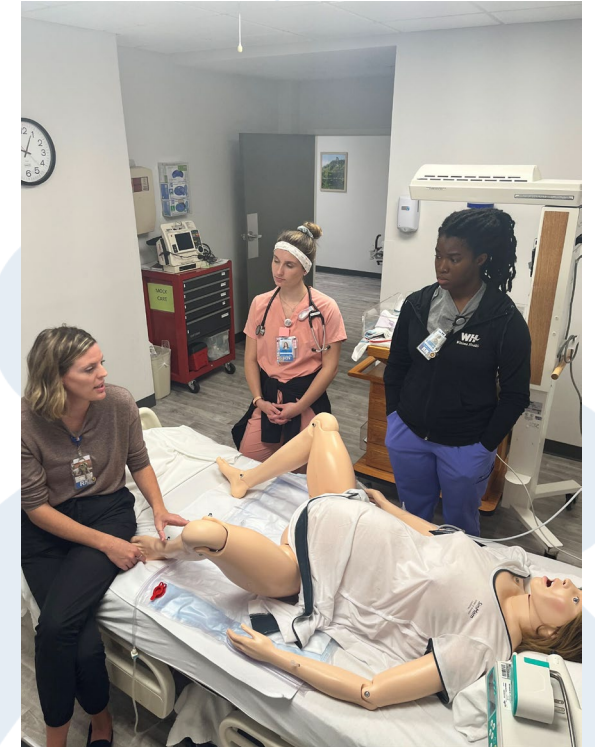
Example 2: National Committee for Quality Assurance-Certified

- **Why:** Need for 100% quality in credentialing process; Reduce the cycle time to onboard new providers

- **What:** WH became certified by NCQA

- **Who:** One caregiver in Med Staff Services for all providers
  - 2023: 109 new provider applicants; 2024 have 234 reapplicants

- **How:** Credentials deep dive (background, licenses, claims, etc.)

- **When:** Certified in 2016;

- **Results:** Effective & efficient credentialing & re-credentialing as evidenced by competent & qualified medical staff; Reduced cycle time to onboard physicians/providers from 120 days to 45 days

Example 3: Pyxis System

- **Why:** Medication safety and diversion prevention
- **What:** Implementation of automated dispensing cabinets
- **Who:** Caregivers in emergency department (ED), hospital, and surgery
- **How:** Extensive training and standard work
- **When:** Deployed October 2022
- **Results:** Average of 15,000 doses dispensed per month:
  - Reduced controlled substance discrepancies per month from 116 to 23
  - Reduced overrides per month from 10.1% to 2.7% (industry goal <3.0%)

Example 4: WH Clinics in Winona Area Public Schools

- **Why:** Reducing health inequity in the community
- **What:** Partner with Winona Area Public Schools to have clinics within the schools
- **Who:** High school and middle school; Alternative Learning Center Fall 2024 & elementary 2025
- **How:** One pediatric provider and one registered nurse (RN)
- **When:** Started 2022-23 school year one to two days per month
- **Results:** Able to reach hundreds of students
  - Basic primary care services including quick ills, medication management, immunizations, and sports physicals

Example 5: Winona Health HERO

"LuAnn: Going above and beyond in what was expected, making a stressful situation much better by being very helpful, kind, pleasant and courteous. This was much appreciated."

Quality – it takes **everyone**

Opportunities for future HRO journey

- Winona Health has engaged in many of the items/ideas already on the HRO road map

- Our future focus areas are:
  - Create a one-page safety vision for patients
  - Incorporate Just Culture training into our Leadership Journey training
  - Board support in safety recognition program

- As we've become familiar with the HRO road map, we can use it for benchmarking our progress

Recommendations for audience

1. CEO and leadership support
2. It takes everyone
3. Important to start – small wins build momentum
4. Go see – internally and other organizations
5. Work *in* the process and work *on* the process
6. Think in systems for sustainability
7. Include equity within your journey of HRO

Thank you!

- Questions?