



SMS (Scripps Management System)

*Coaching for Development and
Continuous Improvement*

Miguel A Moreno
BSRT, RCP, RRT-ACCS-NPS



**WHAT HAPPENS
WHEN YOUR EXPERTISE
GETS YOU PROMOTED,**
BUT YOUR LEADERSHIP IS STILL
A WORK IN PROGRESS?



RT Role in the Hospital Setting *(How do we see our selves)*



*How did they
see us?...*



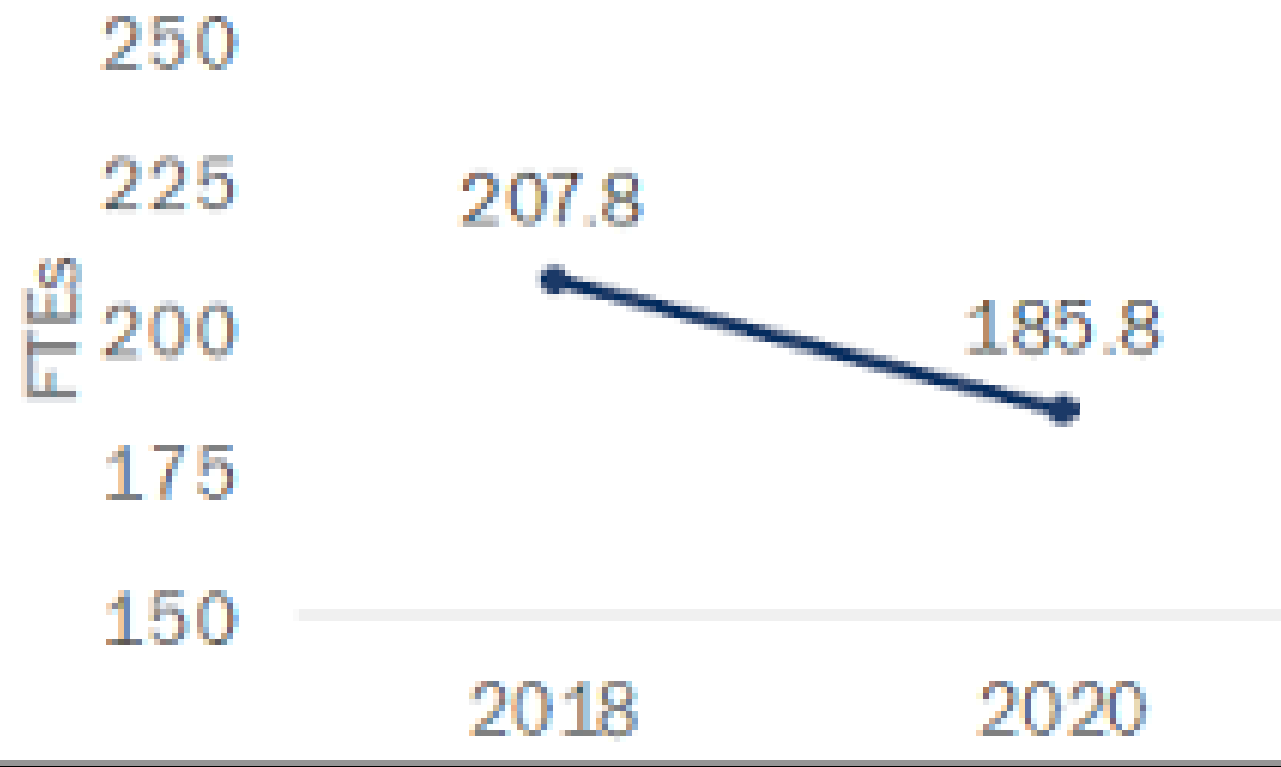
me when I'm tired of
explaining to people what a
Respiratory Therapist does



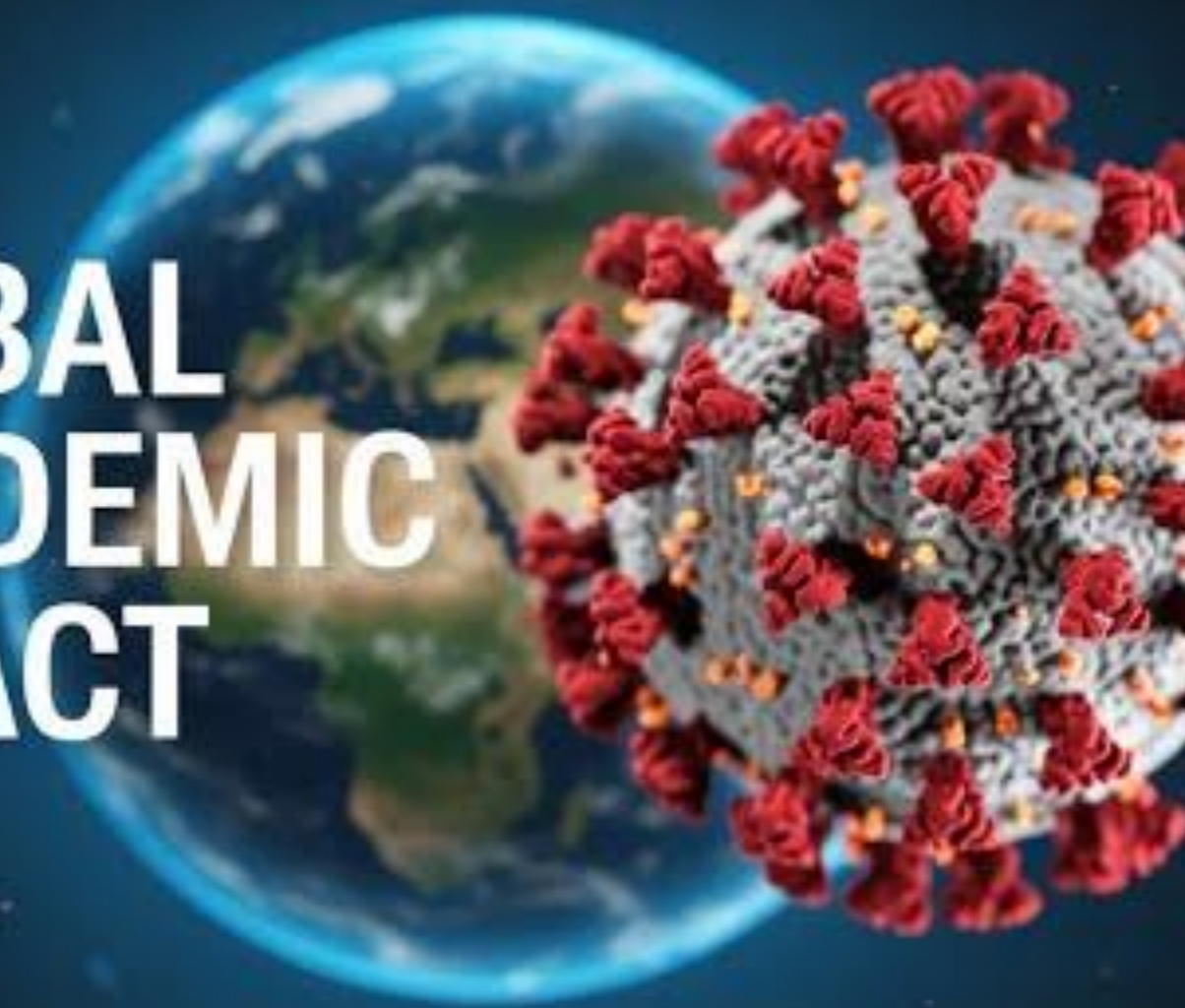




Respiratory Therapist FTEs by Year

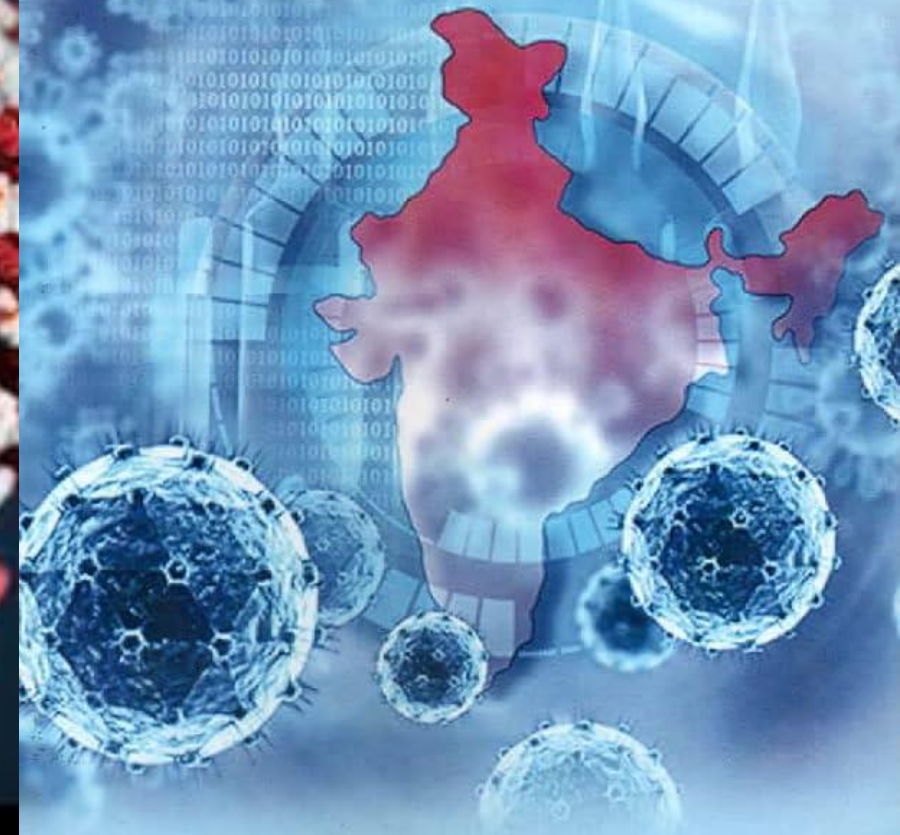


GLOBAL PANDEMIC IMPACT



COVID-19 PANDEMIC AND ITS MULTIDIMENSIONAL IMPACT

The Road Ahead



Editors

Tapan Kumar Ghosh, Tonmoy Chatterjee and Indrajit Ghosh

...Unsung Hero: Respiratory Therapists

ABC 10
Modesto, CA
April 17, 2020

[https://www.abc10.com/article/news/health/coronavirus/unsung-hero-of-the-coronavirus-pandemic-respiratory-](https://www.abc10.com/article/news/health/coronavirus/unsung-hero-of-the-coronavirus-pandemic-respiratory-therapists/6284200)

← UPLOAD CORONAVIRUS EXTRA BUTTER BARTELL'S BACKROADS WHY GUY

CORONAVIRUS

The unsung hero of the coronavirus pandemic: respiratory therapists

—
It's their job to draw blood to determine how a patient is breathing and make the changes in the ventilator bringing life support.



Author: **Lena Howland (ABC10)**
Published: **11:15 PM PDT April 17, 2020**
Updated: **11:16 PM PDT April 17, 2020**



MODESTO, Calif. — While covering the coronavirus pandemic, ABC10 has been sharing stories



FACTS
NOT FEAR
CORONAVIRUS

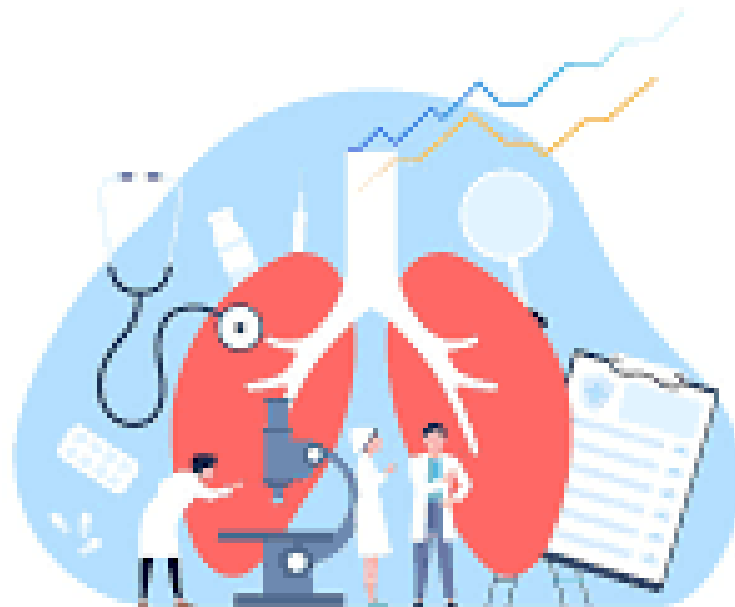
**RESPIRATORY
THERAPISTS
PLAY VITAL ROLE**



How COVID-19 Has Influenced the Rise of Respiratory Therapy

PROUD TO BE A



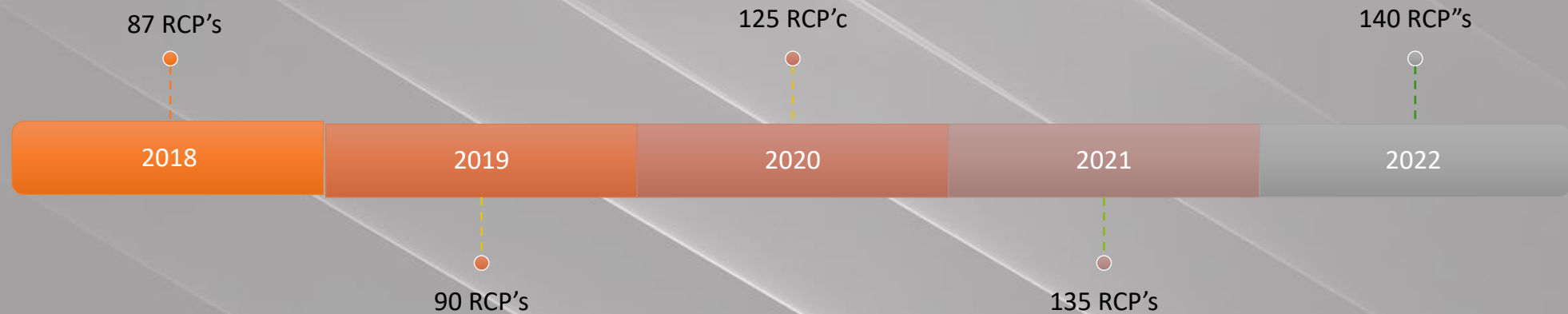


13% job growth (2022-2032)

About 8,200 openings each year,
as demand for respiratory therapists
outpaces supply.

Source: Bureau of Labor Statistics May 2021

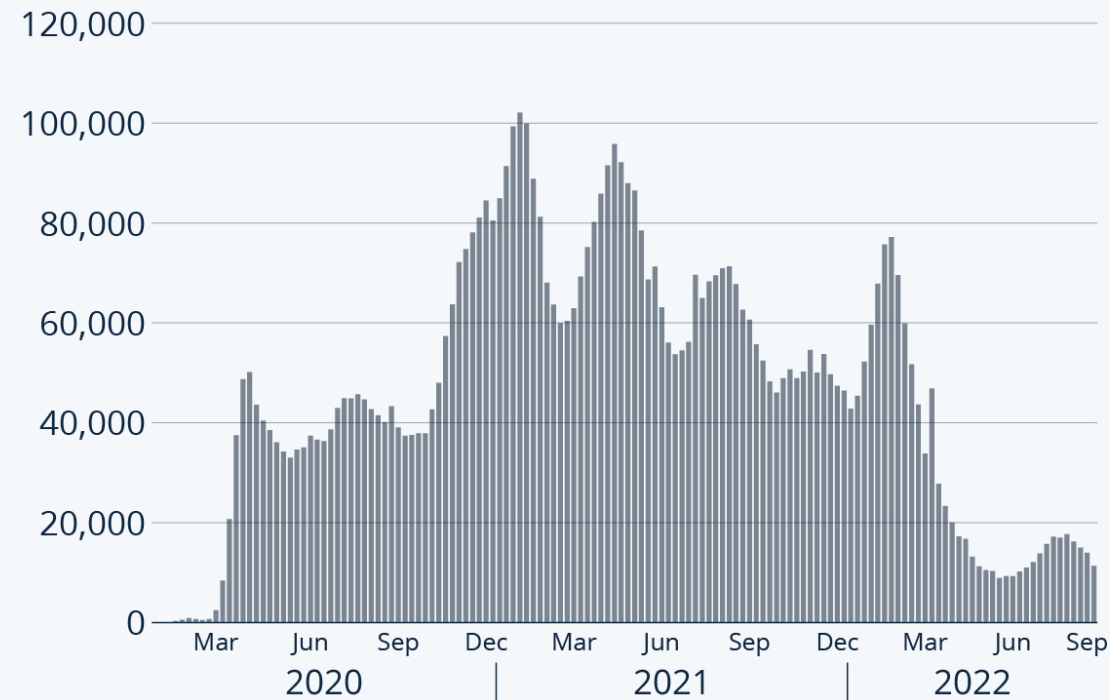
My Hospital (*Scripps Mercy Hospital*)





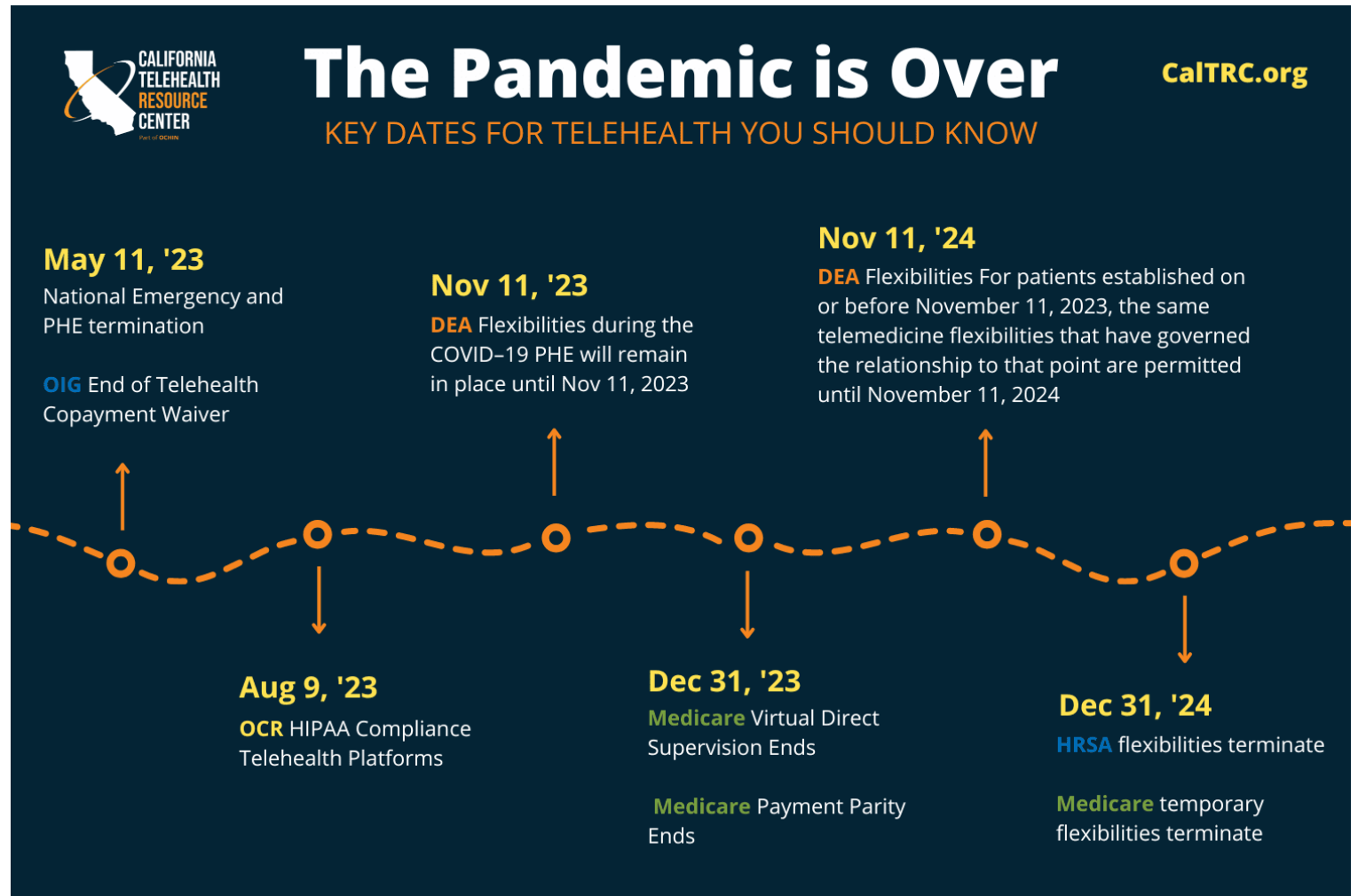
End of Covid-19 'in Sight'?

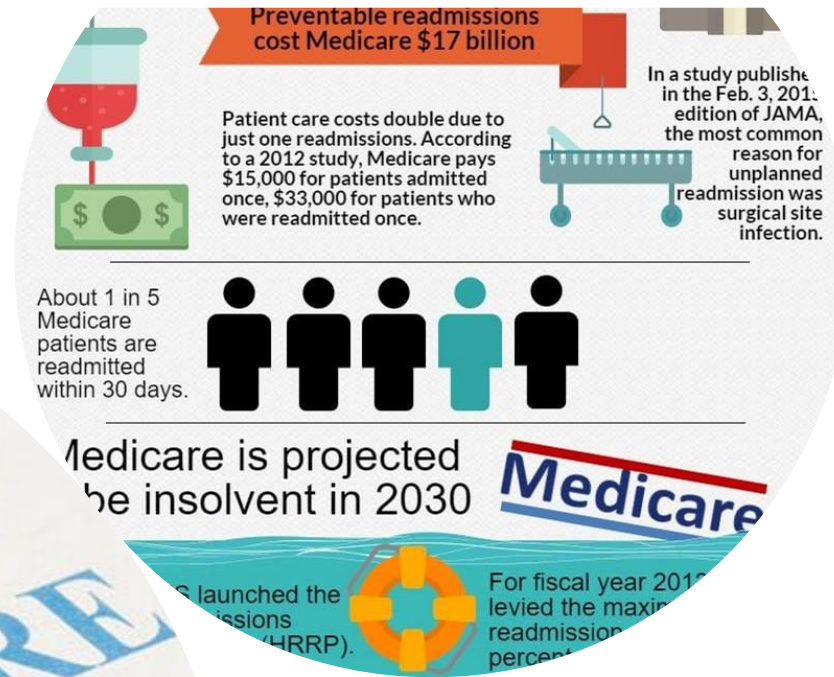
Number of weekly Covid-19 deaths worldwide



Source: World Health Organization

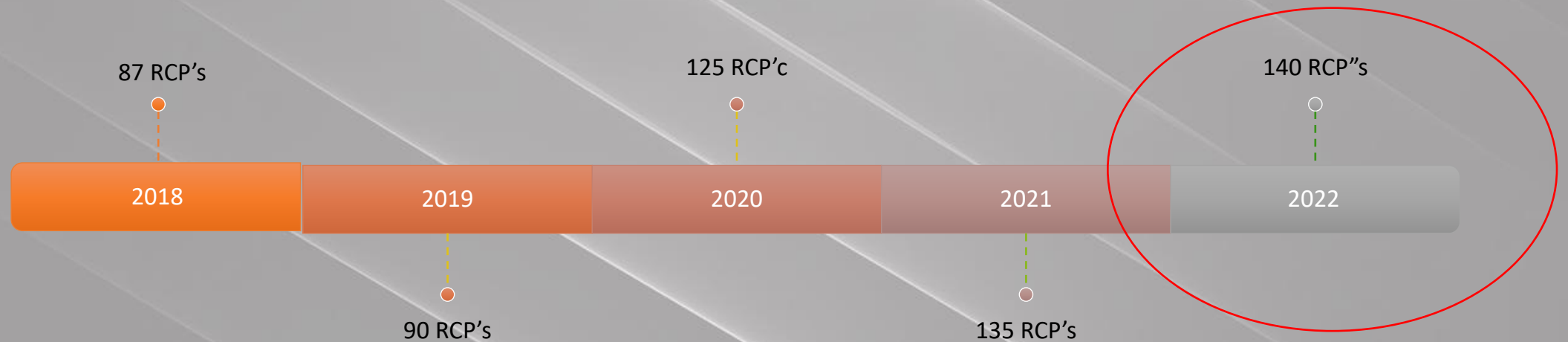






Hospital Costs, Payment Regulations and Penalties

My Hospital (*Scripps Mercy Hospital*)











**MANY PROFESSIONALS
EARN PROMOTIONS
BASED ON THEIR**

TECHNICAL SKILLS AND
KNOWLEDGE, BUT LACK
EXPERIENCE MANAGING
A TEAM OF PEOPLE.

Scripps Management System

SMS Purpose

- Use standard system-wide method
- Identify opportunities
- Improve effectiveness
- Create value for customer (internal/external)

Standard Work *

- **Who** owns the process (leader, staff, provider)
- **Clear** expectations - Who does what, in what sequence
- **How** long, **when** it is needed and **expected outcomes**
- **What** resources are required (to maintain continuous flow of work)

Coaching for Development and Scripps Continuous Improvement Process steps 3, 4

Visual Controls

- **Measure** performance (measure what matters)
- Actual vs. expected, trending over time
- Easy and accessible (10 ft, 10 sec visual)
- Barriers/most likely causes of gap to target condition (visual tracking tool)
- Coordinate effective action (who, what, when, status, and anticipated impact)

Coaching for Development and Scripps Continuous Improvement Process steps 4, 5

Daily Accountability *

- **Staff/provider ownership**
- **Leader ownership**
 - Assess, reassess & refine (What is the process? Is it working? Is it improving?)
 - Determine root cause & next action (who, what, when, status and anticipated impact)
 - Brief, transparent & focused

SMS Outcomes

✓ Consistent
Desirable
Predictable

Interlocking Relationship

between two adjoining management tiers

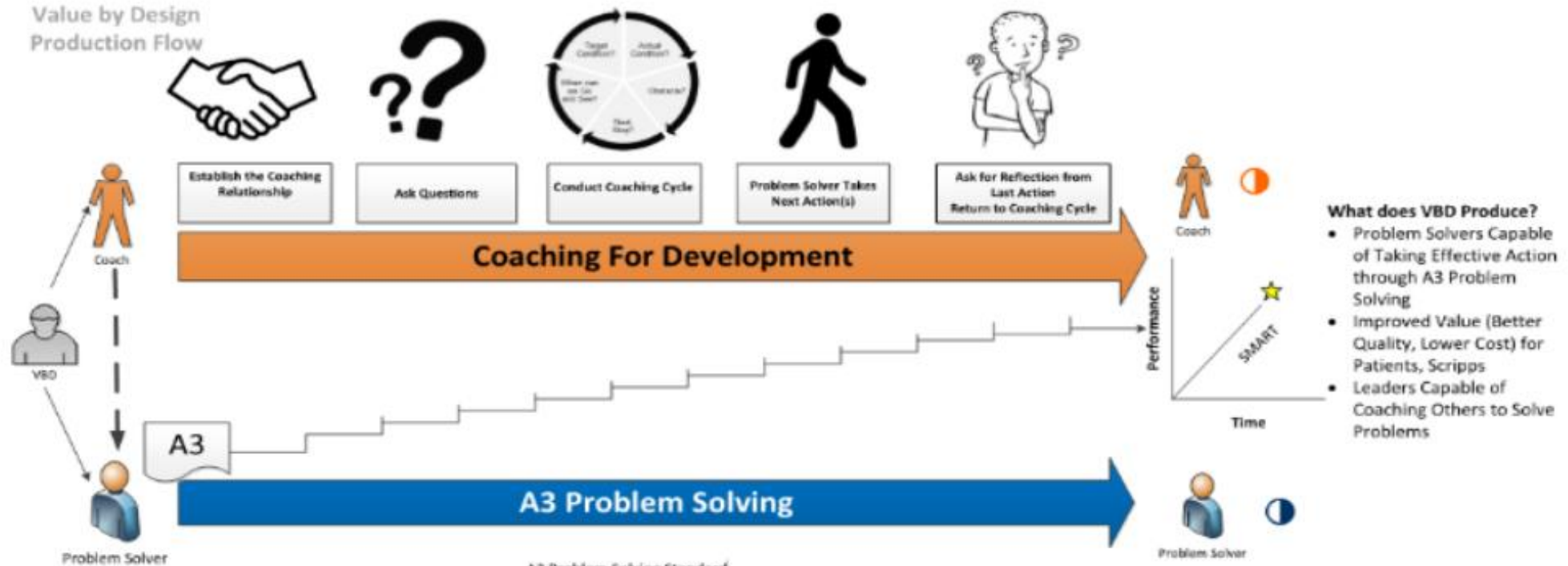
Pull Authorization:
Individual innovation and aligned direction



Innovation
Dialogue
Proposal
Authorization

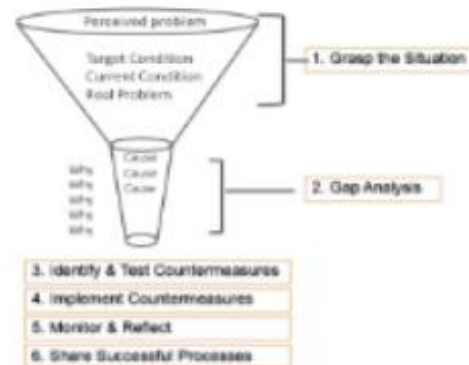
A – Alignment
P – Pull Authorization

(Lean Management Approach)



Updated
1/31/2017
v5

A3 Problem Solving Standard



**Respect for
People**

**Continuous
Improvement**

Development Framework			
		Knowledge	Skill
Beginner		Understands the importance of the skill and able to articulate the 'why'	Learner has observed others perform the skill correctly
Progressing Toward Mastery		Can answer basic questions about how to perform the job/skill	Learner correctly performs the skill with guidance of a teacher / master
Nearly Mastered		Can answer questions about 'how to' perform the job/skill	Learner has correctly performed the skill independently to achieve the desired outcome
Mastered		Can teach others	Learner performs the skill in a range of settings to achieve desired outcome; can adapt practices of skill based on circumstances. Has the ability to teach others how to correctly perform.

Cultural Pillars

- Demonstrated by
 - Give them the job; let them try.
 - Implement and support leaders' standard work.
 - Ensure there is no tier confusion – know your process.
 - Ensure no tier intrusion – solve problems from your processes.

Respect for People



- Demonstrated by
 - Help them see, force reflection.
 - Apply visual control.
 - Exercise daily accountability process.
 - Discipline
 - Engage those in the work to see and solve problems
 - Culture of transparency

Continuous Improvement/Problem Solving



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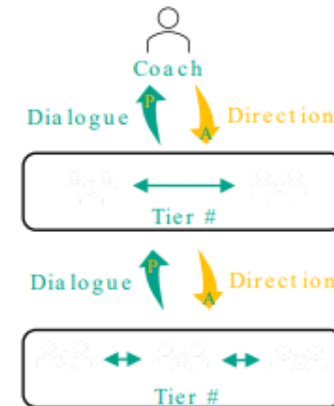
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Dialogue
Proposal
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Version 1 – 10/25/2024

Scripps Continuous Improvement Process Steps

1

Grasp the
Situation

2

Gap Analysis

3

Plan,
Experiment,
Create or Revise
SW, and
Institutionalize
Process
Changes

4

Monitor &
Reflect

5

Share Successful
Processes/
Practices

Scripps Continuous Improvement Process

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1. Background - What is the issue or opportunity? What's causing your pain? What's the problem you are trying to solve?

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2. Understand the CURRENT State / Baseline

- ☐ Define the Input (Go SEE) and output / end state (problem statement)
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- ☐ What should be happening? Where do we want to be? (*Ideal State, connection to Mission, Vision, or Business Goals*)
- ☐ Define value proposition (*Impact to internal / external customers*)
- ☐ **Where do we want to go?** (*Target Condition / Improved State*)

4. Who should be involved? (Team-based approach)

- ☐ Who is driving it? (Coach and Team Leader)
- ☐ Team Members - Process owners, Providers, Upstream & Downstream Stakeholders

Step 2 – Gap Analysis

1. What are the obstacles / barriers preventing you from reaching the Target Condition? (*Top 3 barriers, get the FACTS – Go SEE*)

2. What are root causes / most-likely causes of those barriers? How much is the impact?

- ☐ *Common Tools: Process mapping / Affinity diagram, 5-Whys, Fishbone / Cause-and-Effect diagram, 80/20*

Step 3 – Plan, Experiment, Create or Revise SW, and Institutionalize Process Changes

1. Experiment (Input) – Create / Revise – Implement (Output)

- ☐ TRY it! Small-scope experiment / Road test, testing the hypothesis and countermeasures with trials and series of iterations to eliminate the barriers
 - *SharePoint \ Experiment PDSA Worksheet – If..., Then...*
- ☐ How to Measure it (i.e., Visual Control)? Evaluate the Impact and repeat testing cycle if needed!
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2. Develop implementation plan to institutionalize the process changes

- ☐ Standardize and document the process changes, i.e., document or revise the Standard Work
- ☐ Who to train, to What level of capability and by When?

Step 4 – Monitor & Reflect (*Practice Coaching for Development & SMS*)

1. Monitor & Reflect on the Outcomes / Impact - Evaluate the learnings, results, Target vs. Current Condition

- ☐ Ensure compliance to Standard Work
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Step 5 – Share Successful Processes / Practices (SSP)

- Celebrate, spread from local to enterprise level, share the learnings / practices so others can adapt / adopt as appropriate. This is how we do this work! (standard practice)
 - ☐ Who should be involved?
 - ☐ Monthly enterprise SSP presentations.
- Getting recognized for the dedicated effort toward continuous improvement of daily work to achieve consistent, desirable and predictable outcome
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Grasping the Situation: Background

(Reason for Action)

- What is the issue or opportunity?
- What's causing your pain?
- What's the problem you are trying to solve?



Step 1 – Grasp the Situation

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Go-SEE (*Gemba*) is NOT...

- Walking around without a purpose
- An opportunity to find fault in others
- A time for solving problems and making changes
- One place that is NOT “**Go-SEE**” is a desk.

Why do **Go-SEE** Walk

- See what is happening
- Instill discipline (e.g. standard work practice)
- A chance to talk with staff, to hear what problems are not getting solved
- A chance to emphasize quality and safety

GEMBA WALK *Steps...*

- **1. Prepare for the walk**

- **Purpose**

- Building understanding and trust/ Coach the participants before the walk (why)

- **Plan**

- Seek to understand barriers and interruptions (process not people)
 - What are you going to ask? (Document findings)
 - What do I want to learn?

- **2. Do the Walk**

- Ask What, then Why (by observation, not action)
 - Show Respect (share follow up)

- **3. Debrief the Walk**

- How effectively was the purpose of the walk accomplished?
 - What improvement opportunities or action commitments were made during the walk?
 - Actual-VS-Expected *(Identifying the Gaps?)*

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A3 Problem Solving

1. Grasp the Situation

2. Gap Analysis
3. Plan, Experiment, create or modify SW and institutionalized process.
4. Monitor and Reflect
5. Share Successful Practices/Processes



Scripps Continuous Improvement Process

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Step 4 – Monitor & Reflect (*practice Coaching f*)

Step 2 – Gap Analysis



What are the top 3 obstacles/barriers preventing you from reaching the Target condition?



What are the root causes of the barriers?



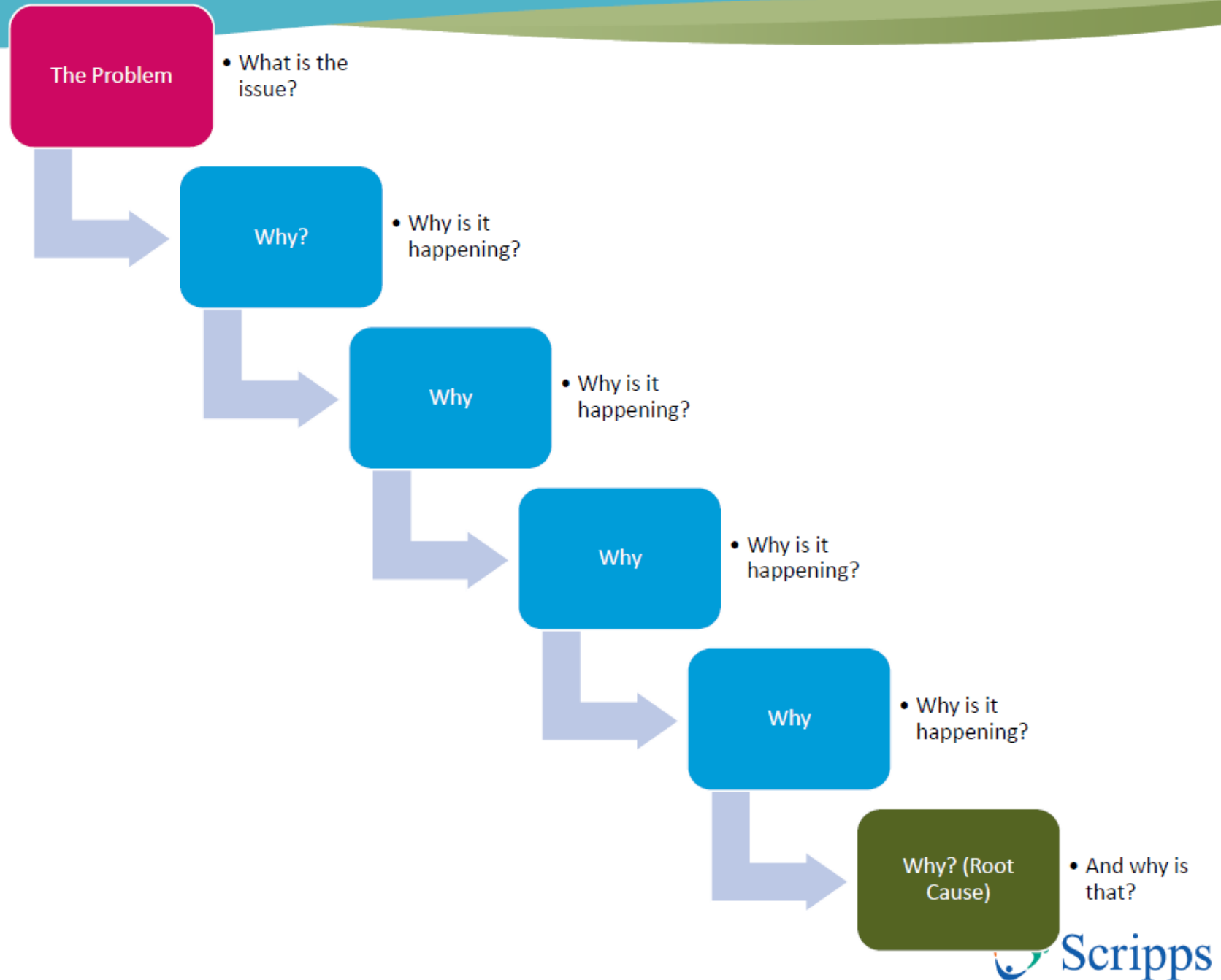
How much is the impact?

Gap Analysis "5 Why's"

- *The 5 Why's is a question-asking technique used to explore the cause-and-effect relationship underlying a particular problem.*
- *The primary goal of the technique is to determine the root cause of a defect or problem.*
- *(The "5" is the number of iterations typically required to resolve a problem).*

Gap Analysis Tools

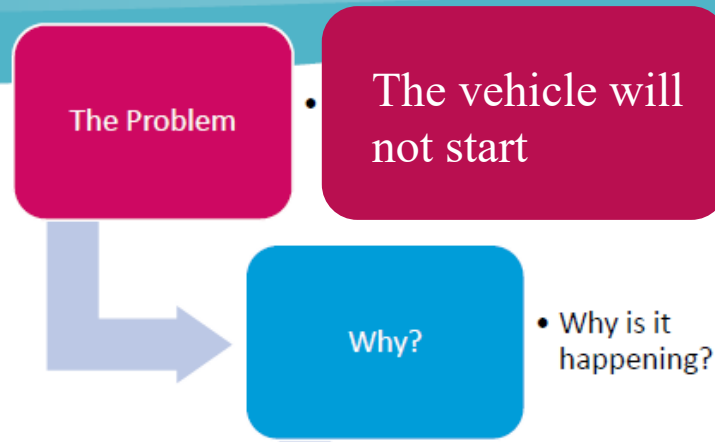
5 Whys



Gap Analysis 5 Why's

- **Example**
- The vehicle will not start (the problem)

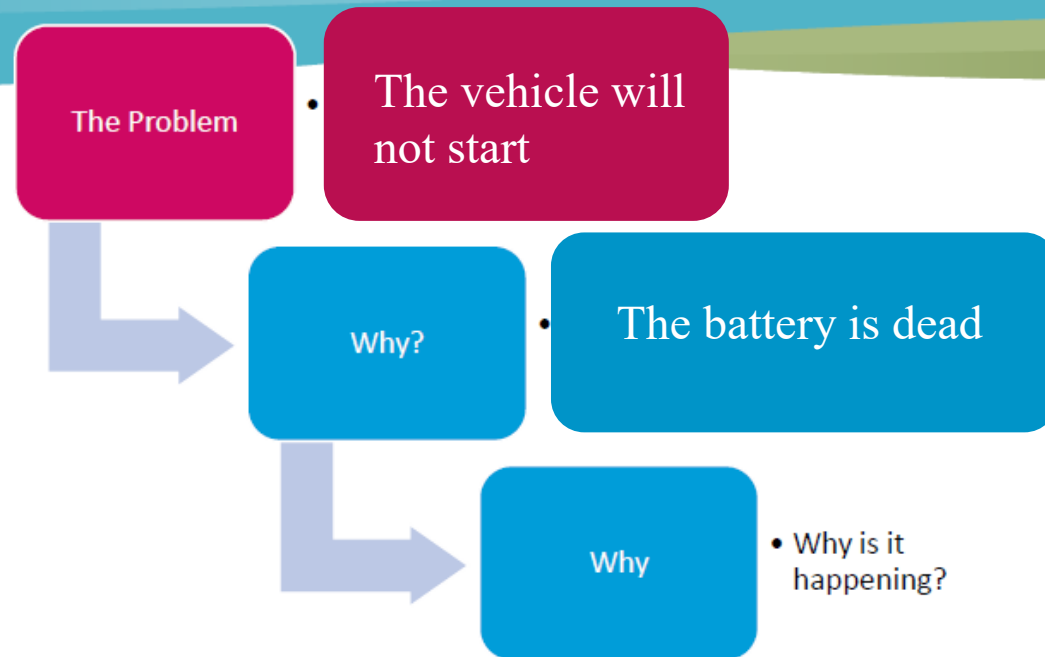
Gap Analysis Tools



5 Whys

Example

Gap Analysis Tools



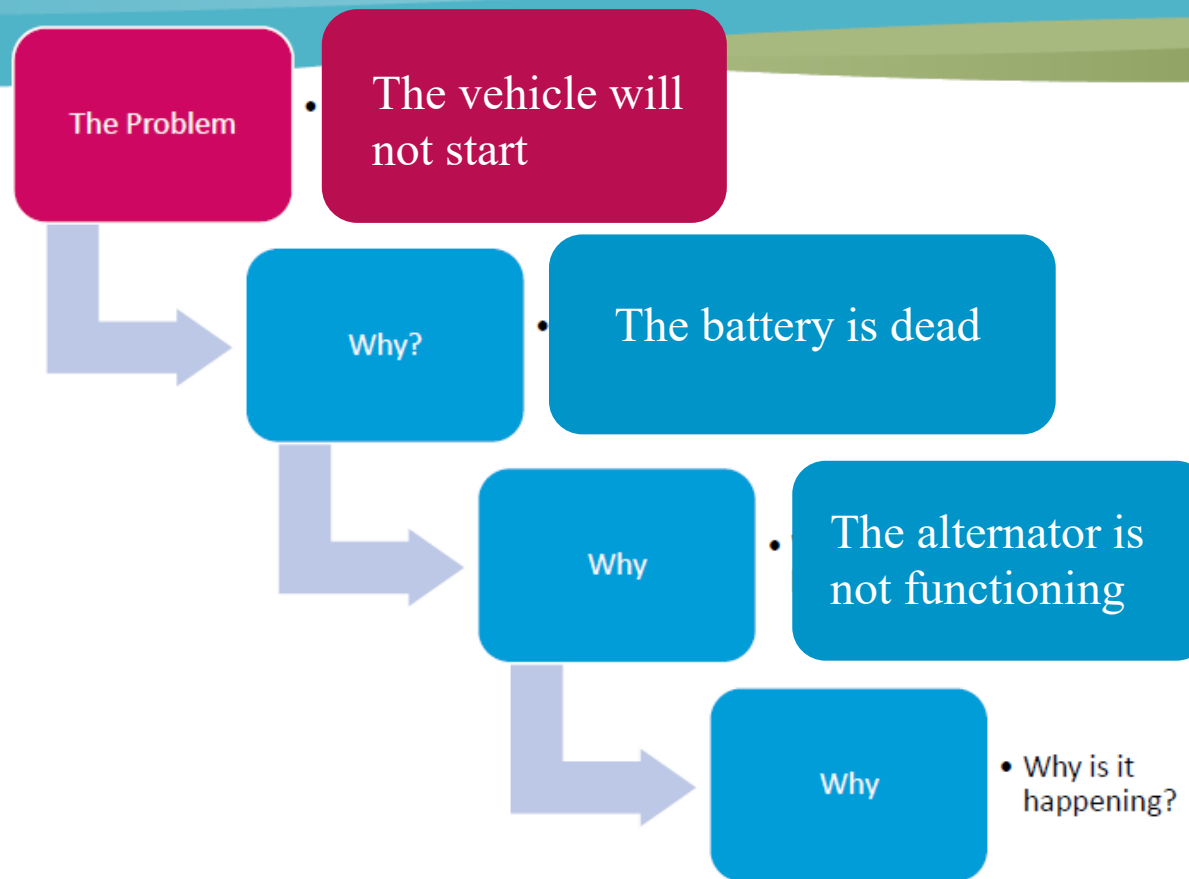
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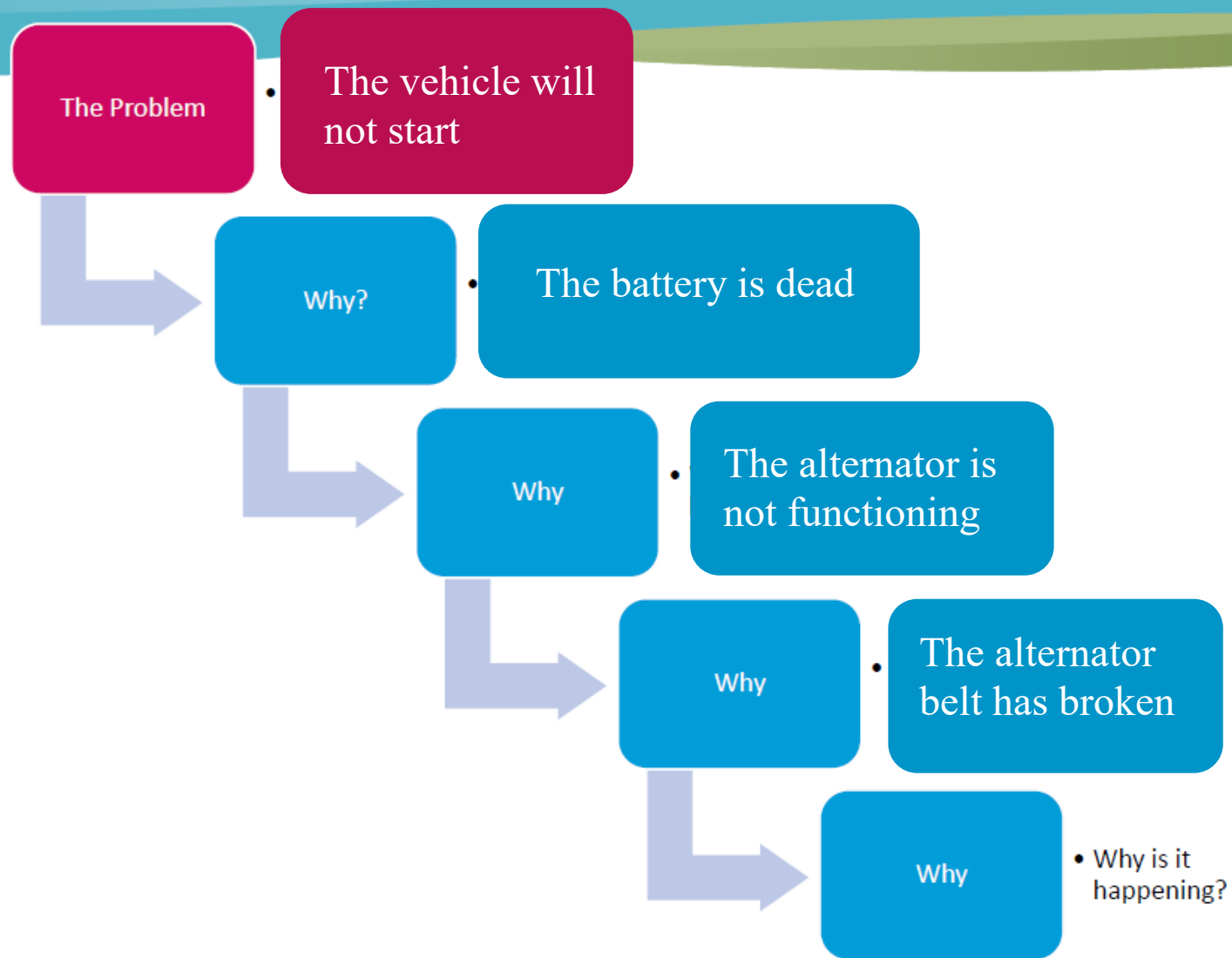
Example



Gap Analysis Tools

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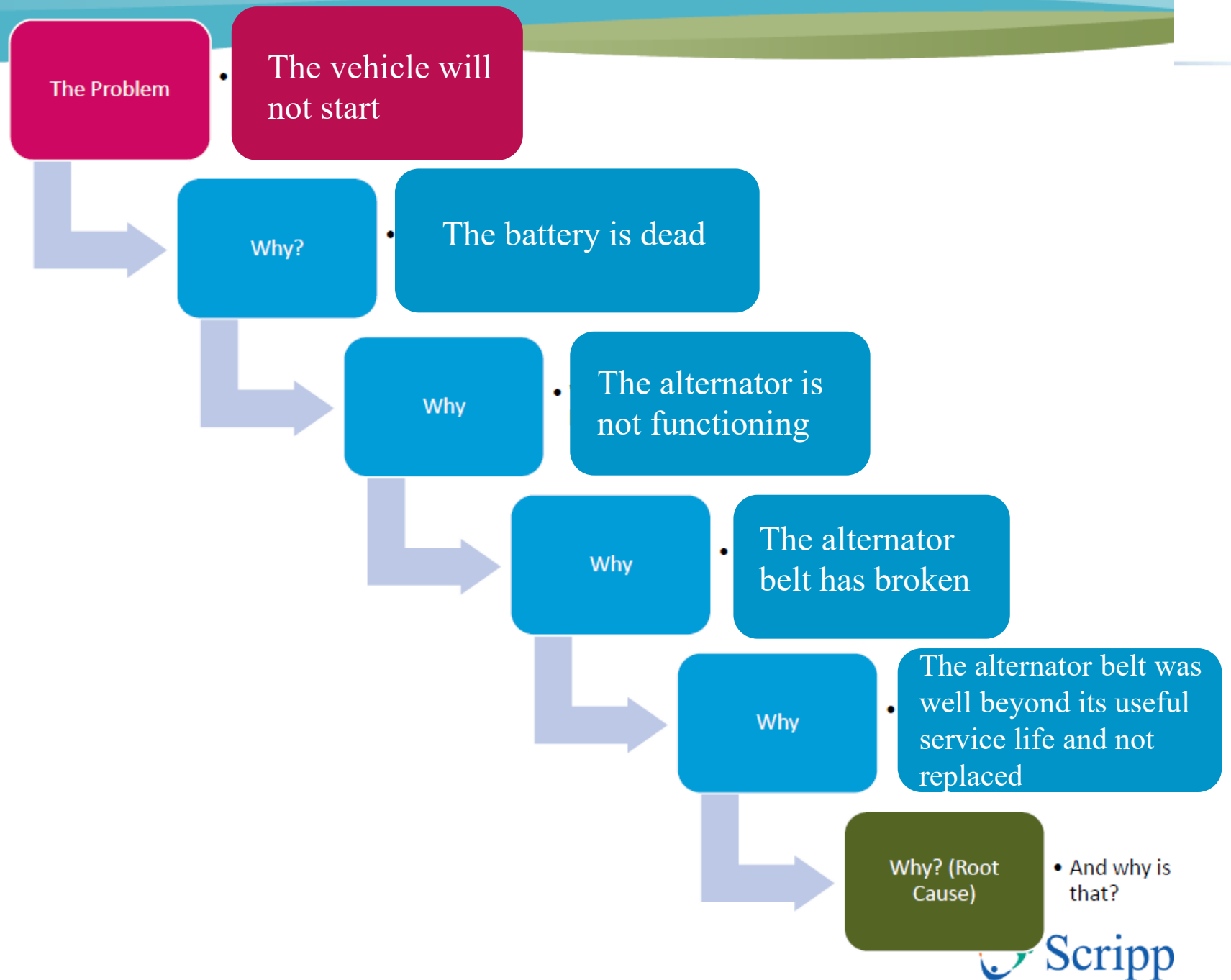
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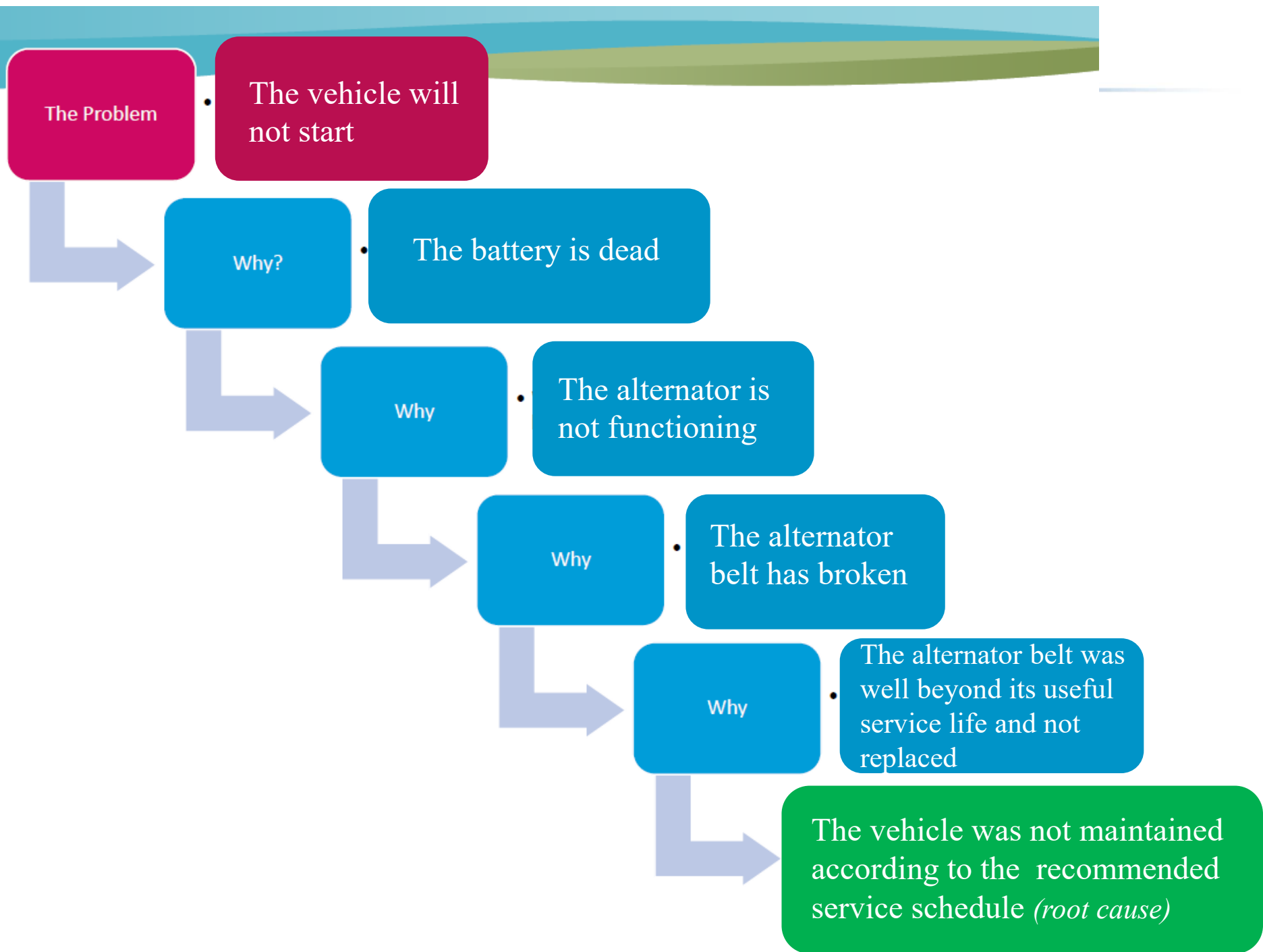
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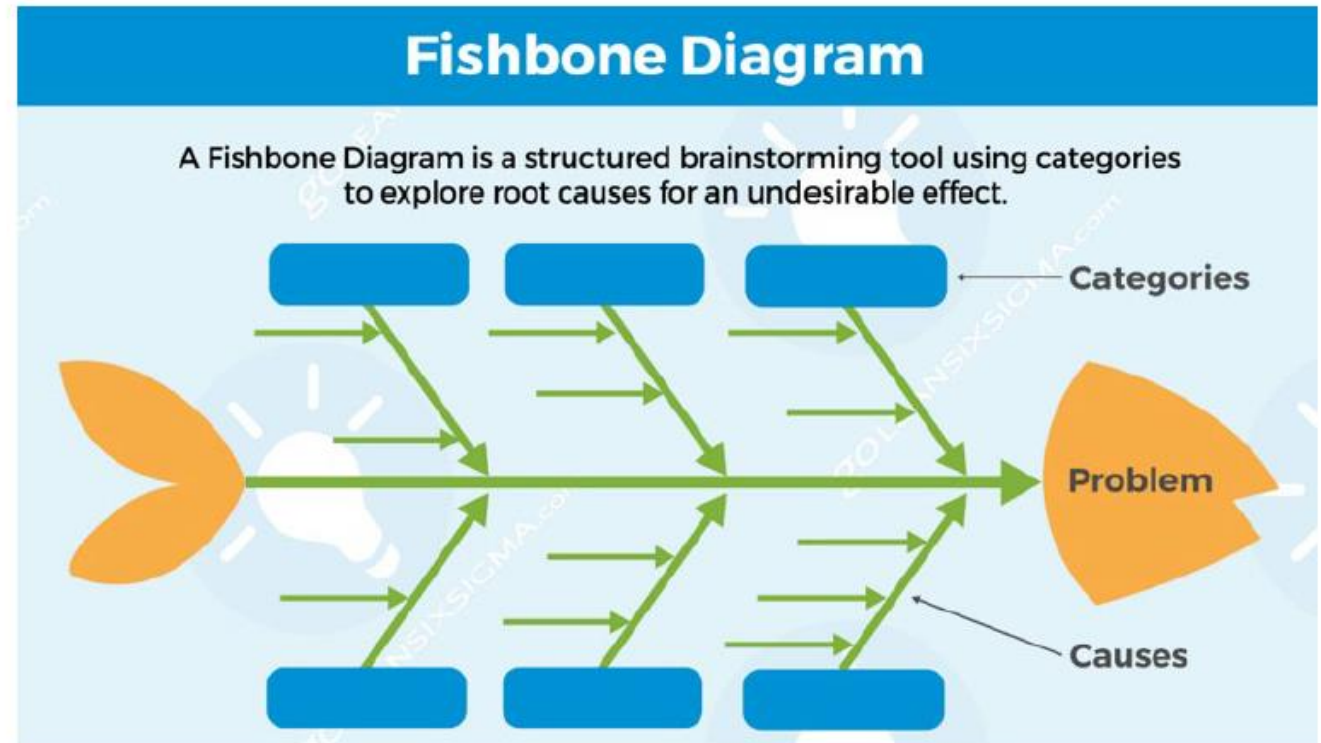


Gap Analysis 5 Why's

- [Five Whys Jefferson Memorial Example](#)

Gap Analysis Tools

Fishbone Diagram



Gap Analysis



DEPARTMENT NAME:

TOP CONTRIBUTORS

FOR TIME PERIOD:

THEME/REASON	Write the date each time the theme/reason contributed to missing the target. There may be multiple occurrences on the same date.																							

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Step 3 – Plan, Experiment, Create or Revise SW, and Institutionalize Process Changes

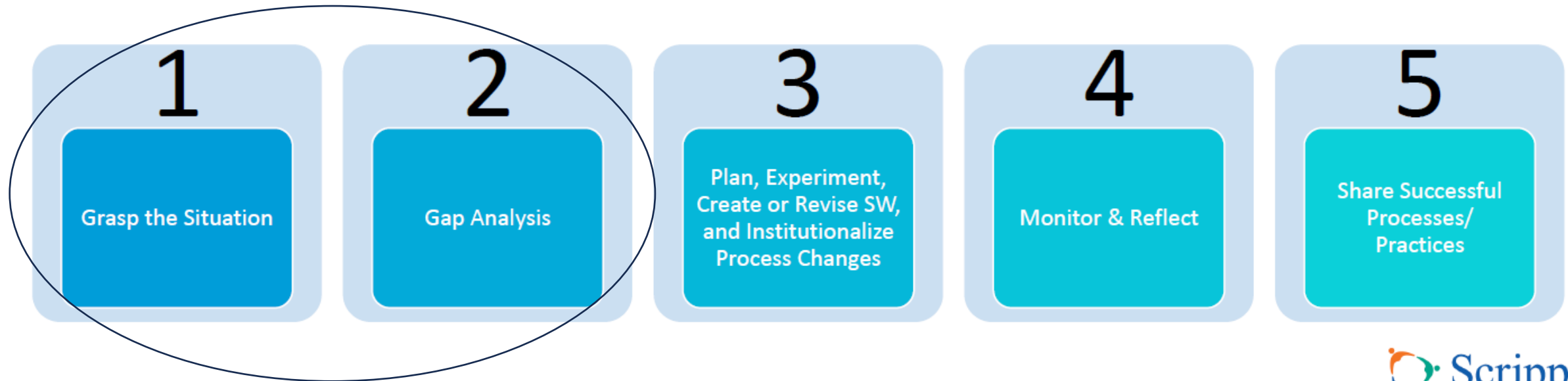
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2. Develop implementation plan to institutionalize the process changes

- ☐ Standardize and document the process changes, i.e., document or revise the Standard Work
- ☐ Who to train, to What level of capability and by When?

Step 3: Plan, Experiment, Create or Revise Standard Work, and Institutionalize Process Change



Step 3a: Plan, Experiment, Create, Revise

What **small-scale experiment(s)** were done in the last 30 days to test the hypothesis and countermeasures, and eliminate the barriers?

Description

What are you measuring to evaluate the impact?

Do you need a repeat testing cycle?

What needs to be revised/changed in the next 30 days?

Journal Pre-proof

Page 1

A3 Problem Solving

Purpose: To solve problems using a structured method

Title:	Coach:	Problem Solver:	Date Initiated:	Estimated Completion:	Revision:
Stakeholders:					
1. Grasp the Situation <u>Perceived Problem</u> - Of all the problems to solve, why this one? - Why is solving this problem important to staff, patients, Scripps, community? - Why does this problem matter now? <u>Target Condition</u> - What does the customer want? - What does good look like? (Safety, Quality, Connectedness, Cost) - What are our quantitative and qualitative goals/targets? <u>Current Condition</u> - Go see and observe the actual place, actual process, and actual people - What are the processes that create this condition? - What facts do you know about the process? - What? Where? When? Who? How many? How (method)? Consequence? <u>Problem Statement</u> - What problem are you trying to solve? - Summarize the perceived problem given what you now know about the target condition and current condition			2. Gap Analysis - What are the obstacles/barriers keeping you from reaching the target? - Analyze obstacles/barriers objectively to define potential cause (80/20, 5 whys, fishbone diagram) - What are the top 1-3 obstacles to focus on next?		
			3. Identify and Test Countermeasures (Rapid Learning Experiments) - What ideas do you have for addressing potential causes? - Push for strong countermeasures - What adjustments to the process will prevent this problem from occurring (mistake-proof)? - Design small-scope experiments with measurable objectives - Conduct experiment cycle - Analyze results - Adjust and repeat		

Step 3b:
Institutionalize

**Training others on the
standard work**

Who needs to be trained?

What level of capability is warranted?

When will this be completed?

Issue/Opportunity:		Who's Driving:	
Target State:			

- INPUT INFO HERE

Largest milestones achieved in last 30 days



- INPUT INFO HERE

Largest milestones planned for next 30 days



- INPUT INFO HERE

Barriers/Obstacles



- INPUT INFO HERE

Next actions to mitigate barriers



Performance Data
(graphs, charts, tables)

Scripps Continuous Improvement Process

Step 1 – Grasp the Situation

1. Background - What is the issue or opportunity? What's causing your pain? What's the problem you are trying to solve?

- ☐ What is the scope or process boundary?

2. Understand the CURRENT State / Baseline

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- ☐ What is actually happening? What are the opportunities for improvement (OFI)? What's the impact to the work being done? Where is it coming from?

3. What's our TARGET Condition or IMPROVED State?

- ☐ What should be happening? Where do we want to be? (*Ideal State, connection to Mission, Vision, or Business Goals*)
- ☐ Define value proposition (*Impact to internal / external customers*)
- ☐ **Where do we want to go?** (*Target Condition / Improved State*)

4. Who should be involved? (Team-based approach)

- ☐ Who is driving it? (Coach and Team Leader)
- ☐ Team Members - Process owners, Providers, Upstream & Downstream Stakeholders

Step 2 – Gap Analysis

1. What are the obstacles / barriers preventing you from reaching the Target Condition? (*Top 3 barriers, get the FACTS – Go SEE*)

2. What are root causes / most-likely causes of those barriers? How much is the impact?

- ☐ *Common Tools: Process mapping / Affinity diagram, 5-Whys, Fishbone / Cause-and-Effect diagram, 80/20*

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1. **Monitor & Reflect** on the Outcomes / Impact - Evaluate the learnings, results, Target vs. Current Condition

- ☐ Ensure compliance to Standard Work
- ☐ Did we meet the Targets on Visual Controls, Actuals versus Expected (*SMS – Accountability Process*)?
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2. Repeat the problem-solving process with step 1 to 3 as needed

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Step 4: Monitor and Reflect

Ensuring compliance with the standard work

Did we meet targets on visual controls?
(actuals vs. expected)

Did we measure what matters?

Do we need to revise the visual controls?

Are we ready to share our successful practices?

Scripps Continuous Improvement Process

Step 1 – Grasp the Situation

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5. Share Successful Practices

- **Standard Work**
 - WHO owns the process (Leader, Staff, Provider)
 - CLEAR expectations – WHO does WHAT, in what SEQUENCE.
 - HOW long, WHEN it is needed and expected outcomes.
 - WHAT resources are required.
- **Example... (Oxygen Documentation and Billing)**

	Major Steps <i>What I am doing-</i> A logical segment of the operation when something happens to advance the work.	Tasks/ Key Points - How I must do the work - Things that make or break the job - Things that prevent injury Things that make the work easier to do; a “knack” or a “trick”		Major Steps <i>What I am doing-</i> A logical segment of the operation when something happens to advance the work.	Tasks/ Key Points - How I must do the work - Things that make or break the job - Things that prevent injury Things that make the work easier to do; a “knack” or a “trick”
1	Physician places order for oxygen therapy	Encourage physicians to utilize the oxygen order sets: Adult Nasal Cannula Oxygen Titration Protocol (100-NS8720-124SW) High Flow Nasal Cannula (HFNC)	5	RCP Documentation	- Documentation is done in Epic under the Oxygen Therapy flowsheet. - Document the following: - O2 delivery method - Flow rate and/or FiO2 - Patient’s breath sounds and V.S. including SpO2 - Go to Oxygen Therapy section on patients’ flowsheets. - Oxygen delivery Method: N/C, Simple, ect - FiO2 and/or O2 flow rate. - If titrating <u>patient</u> click the “significant data” showing the change and communicate to the RN.
2	Charge RCP will identify the patients on Oxygen therapy	- Look on EPIC at O2 therapy list. - Identify all patients on oxygen therapy	6	RCP Billing/ Charge Capture	- On oxygen therapy flowsheet for the first check drop the “single oximetry/ pulse ox check” (For consecutive checks, this will be non-billable) - For billing sheet: 1 point productive for first check 1 point non- billable for consecutive - When initiating or discounting O2 select the drop down: “\$Oxygen Initiated/Discontinued” and select what applies
3	RCP assigned to oxygen rounds	- Look on EPIC at O2 therapy list. - Identify all patients on oxygen therapy or documented on oxygen. - Verify that all patients on oxygen have a titration order. - If no order, contact RN to have the MD place order - Or contact MD to place the titration order. - When assigned to O2 rounds, refresh Epic page to see any new patients throughout the night.			
4	RCP assessments	- perform an assessment to all patients receiving oxygen therapy at least twice a shift. - Titrate Oxygen (either FiO2 or flow) according to SpO2 goal. - reassess the patient to see if further titration is required.			

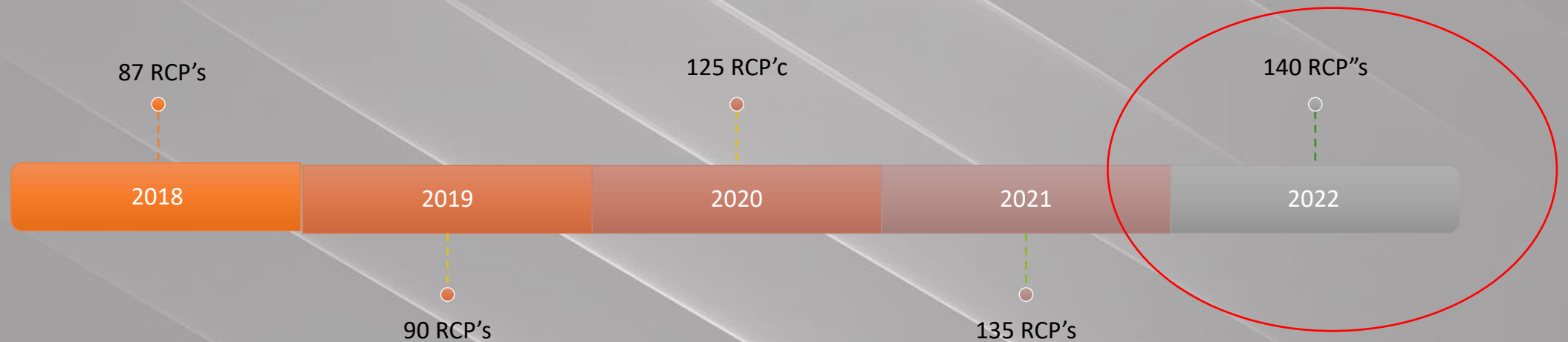
Leadership Standard Work

DAILY ACTIVITY	5-Jan	6-Jan	7-Jan	8-Jan	9-Jan
DAYS					
FIRST ROUNDS (0700-1000 & 1900-2200)					
CHECK WITH CHARGES WORKLOAD DISTRIBUTION	AJ	AJ	Hugo	Brad	Brad
L&D/NICU staffing	MELY	SIMON	Sami	Julie	Sami
NICU charge RN/ L&D rounds	NANCY/Y	MAE/Y	DJ/y	Evelyn/y	Nancy/y
Babies on 02 / babies on Vent	0/0	0/0	0/0	0/0	1/0
Round all Units. Talk to staff Focus on these 2 questions How's your workload? Anything I can do for you?	JAMES S. VERNEON GENA KACIELYN KASEY	SAMI TEBERH KASEY GENA	Christian Rachel James S. Fern	Fredo Kayla Natalie Susan	Susan Natalie James H Victor
Update/check Workload distribution and productivity Spreadsheets	Y	Y	Y	Y	Y
Huddle Done BY:	RD	CM/RD	CM/RD	CM/RD	RD
check Charges SW	Y	Y		Y	
SECON ROUNDS (0300-0530 / 1500-1730)					
update staffing & Productivity sheet	Y	Y	Y	Y	Y
Review high risk readmission patients for aggressive tx			Y	Y	Y
Round all Units. Focus on these 2 questions How was your workload today? Report ready for Next shift?	RICK P. SIMON LOPEZ	TRACEY JEFF RUBY	Sherri Lopez Jazmine	Rachel Fern Rob	Monique Tracey
L&D/NICU followup	MANDY	Mandy	Jen	Mandy	Mandy
Babies on 02 / babies on Vent	0/0	0/0	0/0	1 O2	0/0
verify NICU RT's for next shift .	Y	Y	Y	Y	Y
verify next shift staffing / workload (if possible, participate in staffing call)	Y	Y	Y	Y	Y
Verify pending ABG Orders for next shift	Y	Y	Y	Y	Y
Give report to Next Supervisor(verbal or written)	Y-MIGUEL	Y	Y	Y	y-Miguel
NIGHTS					
DAILY ACTIVITY	5-Jan	6-Jan	7-Jan	8-Jan	9-Jan
FIRST ROUNDS (0700-1000 & 1900-2200)					
CHECK WITH CHARGES PRIOR TO WORKLOAD DISTRIBUTION	Micalang	Micalang	Noel		Elena
L&D/NICU staffing	Em Jae	VICTORIA	Micalang		Brayan
NICU charge RN/ L&D rounds	y	Y	Y		Y
Babies on 02 / babies on Vent	Jan-00	0/0	0/0		0/0
Round all Units. Talk to staff Focus on these 2 questions How's your workload? Anything I can do for you?	Pablo Jennifer Jessica Freya EM JAE	SAMAR FREYA KEILA HALEY	Jeannette NED Hurtado		Valorie Brooke Troy Ratchel
Update/check Workload distribution and productivity Spreadsheets	Y	Y	Y		
Huddle Done BY:	PG	EZ/PG	EZ/PG		
check Charges SW	Y	Y	Y		

DAY SHIFT		14-Jan	15-Jan	16-Jan
		WEDNESDAY	THURSDAY	FRIDAY
Charge Name		AJ	BRAD	BRAD
Report to work 30 minutes before start of shift		YES	Y	YES
Meet with Previous Charge and Supervisors (if avail.) Confirm shift coverage		YES	Y	YES
Any staff ON OT? Why? DISCUSS BOTH SHIFTS		NO	N	N
Workload Divided and distributed on time		YES	Y	Y
FIRST ROUND				
STAFFING ROUND Round all Units. Focus on these 2 questions: How's your workload? Anything I can do for your?	ICU'S	YES	Y	YES
	STEP DOWN (11th, 4th)	YES	Y	YES
	FLOORS	YES	y	YES
	NICU, ED, RESOURCE	YES	Y	YES
GlideScopes Stocked and ready for use		YES	Y	YES
Check ICU Closet / Fully stocked?		YES	Y	YES
Bronch Cart / Disposable Bronch Stocked & Ready?		YES	yes	YES
Check all ABL machines are up and running		YES	yes	YES
Ensure all staff signed in to Epic and Voalte		YES	yes	YES
ATTEND HUDDLE		YES	yes	YES

SECOND ROUND			
Current # of Vents Avail		12	8
Current # of NIV Avail		6	10
Check in with Equipment tech		YES	YES
ALL MD'S ORDERS ARE UPDATED		YES	YES
ALL RT EVAL AND TREAT ARE DONE		YES	YES
COORDINATE WITH RESOURCE AND SUPERVISOR THAT ALL RT'S TAKEN LUNCH BRAKE		YES	YES
STAFFING ROUND Round all Units. Focus on these 2 questions: Any changes with your workload? Anything I can do for you?	ICU'S	YES	YES
	STEP DOWN (11th, 4th)	YES	YES
	FLOORS	YES	YES
	NICU, ED, RESOURCE	YES	YES
THIRD ROUND			
Attend Staffing Call		YES	YES
Complete staffing for next shift		YES	YES
STAFFING ROUND Round all Units. Focus on these 2 questions: Any updates with your workload?	ICU'S	YES	YES
	STEP DOWN (11th, 4th)	YES	YES
	FLOORS	YES	YES
	NICU, ED, RESOURCE	YES	YES
Any tasks pending (ABG's, Transports, etc.) before Report?		YES	YES
Meet with next shift Charge and Supervisors if availables, give report.		YES	YES

My Hospital (*Scripps Mercy Hospital*)



Scripps Continuous Improvement Process

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☐ Define value proposition (Impact to internal / external customers)

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SMS Purpose

- Use standard system-wide method
- Identify opportunities
- Improve effectiveness
- Create value for customer (internal/external)

Standard Work*

- Who owns the process (leader, staff, provider)
- Clear expectations - Who does what, in what sequence
- How long, when it is needed and expected outcomes
- What resources are required (to maintain continuous flow of work)

Coaching for Development and Scripps Continuous Improvement Process steps 1, 2, 3

Daily Accountability*

- Staff/provider ownership
- Leader ownership
 - Assess, reassess & refine (What is the process? Is it working? Is it improving?)
 - Determine root cause & next action (who, what, when, status and anticipated impact)
 - Brief, transparent & focused

Coaching for Development and Scripps Continuous Improvement Process steps 3, 4

Visual Controls

- Measure performance (measure what matters)
- Actual vs. expected, trending over time
- Easy and accessible (10 ft, 10 sec visual)
- Barriers/most likely causes of gap to target condition (visual tracking tool)
- Coordinate effective action (who, what, when, status, and anticipated impact)

Coaching for Development and Scripps Continuous Improvement Process steps 4, 5

SMS Outcomes

Consistent
Desirable
Predictable



* Start here for SMS Design & Implementation Sequence
* Start here for SMS Practice Sequence

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Back to Basics!

O2

management

Rt Eval & Treat

Rt Navigator

**Personalized Patient
Care.**

Scripps Management System

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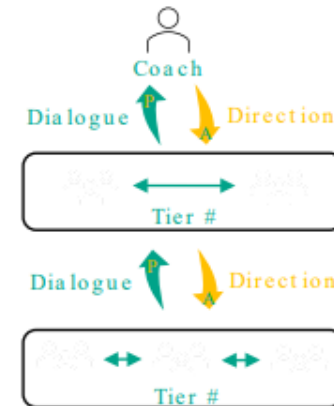
SMS Outcomes

✓ Consistent
Desirable
Predictable

Interlocking Relationship

between two adjoining management tiers

Pull Authorization:
Individual innovation and aligned direction



Innovation
Dialogue
Proposal
Authorization

A – Alignment
P – Pull Authorization

Version 1 – 10/25/2024

Coaching for Development Principles

COACHING FOR DEVELOPMENT

What is Coaching?



What is Coaching?

- *The Principle of Coaching relies upon the staff experience and actions.*
- The GREAT VALUE OF COACHING is to enhance staff's vision,
ie: The Search for Answers;
- *To do so, the coach needs to ask powerful questions*
 - *How do you want it to be* (Target condition)
 - *What can you do to make the change?* (What actions can be taken)
 - *What concrete actions?* (Initiate those actions on specific plans)
 - *When Will you start?* (Set dates for the first step)

Coaching for Development

know these 5 Principles...



Coaching for Development Principles

1. Effective coaching occurs when both giver and receiver are ready

- Know oneself—aspire toward personal mastery
- Don't be offended when your efforts to help are not well received. (*Take ownership*).
- Show respect; offer to come back if the problem solver isn't ready



Coaching for Development Principles

2. *Effective coaching occurs when the coach is in the right role*

a) **Minimize inappropriate corrections**

- *Let problem solver catch their own mistake if possible; builds their esteem;*
- ***don't "steal their learning"**; can be demeaning if coach is always correcting*
- ***Let them think; let them try***

b) **With feedback, be descriptive and avoid judgement**



Coaching for Development Principles

3. *Effective coaching starts with pure inquiry*

- a) Always start with some version of pure inquiry

- b) Seek to understand
 - *Actually, listen to the answer; stay curious*
 - *“Access your ignorance”*



Coaching for Development Principles

4. Everything you say or do is an intervention that determines the future of the relationship

- c) Use the phrase “for you” in your questions:
“What’s the real challenge here for you?”**
- *Compels the person to wrestle with their own struggle and what they need to figure out*
 - *Forces self-reflection and personal insight*
- d) Stick to questions starting with “what” or “how” and avoid “why”**
- *“Why” puts people on the defensive*



Coaching for Development Principles

4. Everything you say or do is an intervention that determines the future of the relationship

- a) Ask one question at a time; wait for the answer**
- b) Get comfortable with silence**
 - *Silence is a measure of success when coaching*



Coaching for Development Principles

5. The problem solver is who owns the problem

- No matter how similar a problem is to the one you feel you know all about, it is the other person's problem, not yours



Coaching for Development Principles

One More thing... Create a Coaching Habit

The habit of “coaching for development” is embedded in your daily routine

- *Organize your coaching practice and build into your calendar and leader standard work so it's predictable*
- ***Proceed systematically...***



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 - Determine root cause & next action (who, what, when, status and anticipated impact)
 - Brief, transparent & focused

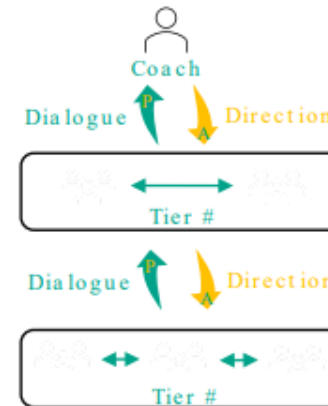
SMS Outcomes

✓ Consistent
Desirable
Predictable

Interlocking Relationship

between two adjoining management tiers

Pull Authorization:
Individual innovation and aligned direction



Innovation
Dialogue
Proposal
Authorization

A – Alignment
P – Pull Authorization

The Scripps Management System

The key elements that encompass SMS are

**Problem Solving & Coaching
for Development**

TOOLS

RESULTS

- **Daily Accountability**

- Staff / Provider Ownership
- Leadership Ownership
 - Assess, reassess, and refine.
 - Determine root cause and next action.
 - Brief, transparent and focused

- **Visual Controls**

- Measure Performance
- Actual vs Expected.
- Easy and Accessible
- Barriers / Most likely causes of gap to target condition.
- Coordinate effective action and make clear who is to do what, and by when.

- **Standard Work**

- WHO owns the process (Leader, Staff, Provider)
- CLEAR expectations – WHO does WHAT, in what SEQUENCE.
- HOW long, WHEN it is needed and expected outcomes.
- WHAT resources are required

Conclusion...

If “managing” is about thinking...

“leading” is about getting other people to think.

-- David Verble

If improvement is about taking responsibility and initiative

Leading is about getting other people to take initiative

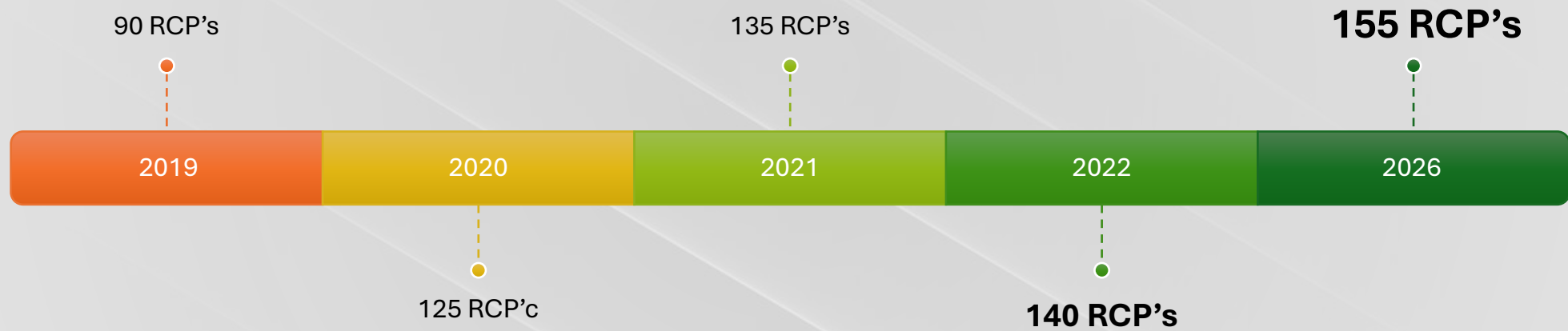
Thank you.

one more thing...
Quick shout out to...

Miguel A Moreno, BSRT, RCP, RRT-NPS/ACCS



Mi Hospital (*Scripps Mercy Hospital*)



Scripps Mercy Respiratory Therapy

FY2026

- **Productivity:** >100%
- **Measured outcomes:**
 - Hospital Stay: Down by 1.2 days &
 - Readmission rates: Down <16%
- **Engagement** >80%
- **Community leadership:**
 - Protocols & Navigator Role

AVALADO POR:  

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TERAPEUTAS RESPIRATORIOS

El estándar internacional en terapia respiratoria

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