Quality and Safety Series

Process Observation
OBJECTIVES

• Discuss the performance pitfall related to non-compliance.
• Define process observation.
• Explore process observation tools.
• Discuss how to action results of process observations.
Performance Pitfall

You’ve completed a successful quality improvement project. You’ve sustained the gains for 9 months. However, the last 6 data points have shown “drift.”

• What do we do?
• How do we find the problem?
• What has changed?
Frontline Compliance

State of the Union

What Should Happen
• Processes
• Process maps
• Policies
• Procedures
• Created in the conference room

Frontline Actions

What Actually Happens
• Workarounds
• Shortcuts
• Deviations
• Knowledge deficits
Compliance

“What gets measured gets managed.”
—P. Drucker

One of the biggest barriers to sustainability is lack of compliance monitoring.

Process observation is key!
Go to the Gemba!

“Go to the Gemba” is a Japanese term used by Six Sigma that means to go to the actual place or where the work is happening.

Get out of the office or conference room.

Observe the process and talk to the frontline staff.

https://www.leansixsigmadefinition.com/glossary/gemba/
What Is Process Observation?

**Process Observation**—uses a standardized tool that allows the observer to collect important information about a process and/or identify deviations.

- It is a direct observation of the frontline staff performing a specific process.
- Use your process map as a foundation.
- For complex processes, focus on a department or break the process into components.

See *Process Mapping* Quickinar: [https://www.hsag.com/hqic/quality-series/](https://www.hsag.com/hqic/quality-series/)
Keys to Performing Process Observation

• Clarify the purpose of the observation with the team.
• Create a standardized data collection tool based on key steps for your current process.
  – List steps in order.
  – Add additional indicators, such as time to perform step(s), wait times, etc.
• Train all observers to use the tool in the same way.
• Perform multiple observations.
  – Can be a sample if dealing with a large volume.
  – Include all shifts.
  – Observe on various days of the week.
    Don’t forget weekends!
  – Look for interrater reliability.

Interrater Reliability is the percentage of agreement among independent observers.
Example of a Process Observation Tool

### Healthcare-Associated Infection (HAI) Program Adherence Monitoring

**Hand Hygiene**

Regular monitoring with feedback of results to staff can improve hand hygiene (HH) adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

**Instructions:** Observe at least 10 HH opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

<table>
<thead>
<tr>
<th>HH Opportunity</th>
<th>Discipline</th>
<th>What type of HH opportunity was observed? (select/1 per line)</th>
<th>Was HH performed for opportunity observed?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>N</td>
<td>□ before care/entering room*  □ before task  □ after body fluids □ after care indicated upon leaving room</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>HH1</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH2</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH3</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH4</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH5</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH6</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH7</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH8</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH9</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH10</td>
<td></td>
<td>□ before care/entering room  □ before task  □ after body fluids □ after care  □ upon leaving room</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disciplines:**
- N = Nurse
- P = Physician
- D = Dietary
- CNA = Nurse Assistant
- RT = Respiratory Therapist
- S = Student
- VIS = Visitor
- VOL = Volunteer
- W = Social Worker
- OTH = Other, Specify
- U = Unknown

**Opportunities:**
- ☑ = Opportunity Successful
- ☐ = Opportunity Missed

**For HH1- HH10:**

Total # HH Successful (“# = ”): __________  Total # HH Opportunities Observed: __________  Adherence: __________%  (Total # HH Successful / Total HH Opportunities Observed x 100)
### Hand Hygiene/Personal Protective Equipment (PPE) Monitoring Tool for Nursing Homes

<table>
<thead>
<tr>
<th>Resident Care Unit/Dept.</th>
<th>Month/Year:</th>
<th>Monitor’s Initials:</th>
</tr>
</thead>
</table>

HR = Alcohol Hand Rub  
HW = Hand Wash  
Y = Yes  
N = No  
(Mark each opportunity observed. If no opportunities observed or NA, leave blank.)

#### Healthcare Worker Type:

1 = Physician/Provider  
2 = Respiratory Therapist  
3 = Physical/Occupational/Speech Therapy  
4 = Registered Nurse (RN)  
5 = Licensed Vocational Nurse  
6 = Nursing Assistant  
7 = Other

<table>
<thead>
<tr>
<th># Observations</th>
<th>Date</th>
<th>Time</th>
<th>Healthcare Worker Type</th>
<th>Hand Hygiene BEFORE Room Entry</th>
<th>Hand Hygiene</th>
<th>Transcription-based Precautions</th>
<th>COVID-Specific PPE</th>
<th>Gloves Worn</th>
<th>Hand Hygiene Before Donning Gloves</th>
<th>Gown Worn</th>
<th>Gloves and gown Removed Upon Room Exit</th>
<th>Hand Hygiene Upon Room Exit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This material was adapted for use by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, based on material prepared by United Hospital, St. Paul, MN, available from the Minnesota Hospital Association, used with permission. The contents presented do not necessarily reflect CMS policy. Publication No. QN-1250W-XC-10132020-91
More Advanced Example

![Foley Catheter Observation and Quality Tool]

Date: Patient Census: Number of Patients with Devices: NPC: Not placed correctly
Unit: 

Complete for each indwelling catheter Foley in use:

COMMENTS

Direct observation

1. Is a closed system being maintained?
2. Is the Foley secured to the patient's body to prevent urethral tension?
3. Is the bag below the level of the patient's bladder?
4. Is the tubing from the catheter to the bag free of dependent loops?
5. Is the tubing secured to the bed or chair to prevent pulling on the entire system?
6. Is the bag hanging free without touching the floor?
7. Does the patient have an individual measuring device marked with his/her name and room number?

Total Positive Per Patient
Total % Adherence Per Patient

Chart Review

8. Is there documentation indicating which department inserted the Foley and if periurethral care was performed?
9. Note the department/unit where the Foley was inserted and when periurethral care was last performed.
10. Is there documentation available indicating Foley necessity?
11. Is there documentation available for completion of the insertion bundle?
12. Has there been a check for Foley catheter necessity today?
13. What criterion is noted?

Chart Review Indicators

- 8: 95%
- 9: 88%
- 10: 95%
- 11: 89%

Total % Adherence

Chart Review Indicators

www.hsag.com/globalassets/hqic/cauti_audittool_hqic.xlsx
Process Observation Template

Process observation is a direct observation of frontline staff performing a specific process. The use of a standardized tool allows the observer to collect important information about a process and identify deviations. Process observation can be used to identify barriers in operationalizing a new process, assess compliance, and is part of a sustainability plan.

A process observation tool should be based on a process map or other detailed process for performing a task. For very complex processes, focus on a specific department or singular area of the process (i.e., for a discharge process, the observation could be on the role of case management, nurse discharge instructions, medication reconciliation, etc.) rather than the entire process. This Process Observation Template is designed for teams to customize their tool based on the process of focus.

Process observation is meant to be a direct observation of the frontline staff. So, do to the Gemba or where the work is happening!

Keys to Performing a Process Observation

- Clarify the purpose of the observation with the team.
- Create a standardized data collection tool based on key steps for your current process.
  - List steps in order.
  - Add additional indicators, such as time to perform step(s), wait times, etc.
- Train all observers to use the tool in the same way.
- Perform multiple observations.
  - Can be a sample, if you are dealing with a large volume.
  - Include all shifts.
  - Observe on various days of the week.
  - Don’t forget weekends!
  - Look for interrater reliability (the percentage of agreement among independent observers).

*Go to the Gemba* is a Japanese term used by Six Sigma that means to go to the actual place or where the work is happening.
Now What?

- Analyze the results.
  - Adapt the HSAG HQIC Process Observation Tool to an Excel document.
  - A drop-down for “Reasons for Non-Compliance” might need a baseline first.
- Focus on the areas of non-compliance.

- Convene the team to discuss barriers and solutions.
  - Don’t forget frontline staff!
- Use PDSA* for a quick test of change to adapt your process to overcome barriers.
- Remember, education related to knowledge deficit can be a barrier.
  - Education is a Level III, weaker action in the action hierarchy.

*PDSA = plan, do, study, act
Key Take-Aways

• A frequent performance pitfall can be lack of process compliance with frontline staff.
• “State of the Union” refers to how things should be done.
• Process observation reveals what is actually being done.
• Process observation is a direct observation of the frontline staff performing a specific process.
• Use a standardized tool to collect important information about a process and/or identify deviations.
  - Workarounds, shortcuts, deviations, knowledge deficits
• Go to the Gemba!
• Perform routine audits, including various shifts, units, and days of the week (including weekends).
• Check interrater reliability among observers—strive for 95%.
• Analyze observation data for trends.
• Use PDSA to adapt processes to overcome identified barriers.
Thank you!

Questions: hospitalquality@hsag.com