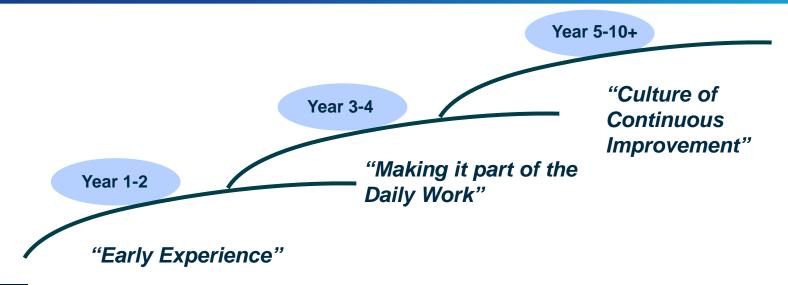


#### **Today's Discussion**

What does the Lean journey look like in Canadian healthcare? 2 Where do organizations typically struggle to scale and sustain gains? 3 How can Leaders accelerate their improvement journey? 4 **Discussion** 

#### **Lean Improvement Journey: The Textbook Version**



Goals

 Islands of improvement in selected areas

- Improvements focused on key Value Streams
- Improvement goals are tied to True North goals

Resources

- "Project" Infrastructure put in place to lead the work
- Senior team leading the change
- 80+% of improvement occurring through daily events

**Focus** 

- Focus is on operational improvements
- Increasing focus on the management system and people
- Increasing focus on culture and capabilities (i.e. leader as coach)
   "Respect for People"

**Capabilities** 

- Capabilities starting to be built with a few people
- Awareness and education across the organization
- Capability building tied to advancement (including coaching and mentoring)

#### But is the real journey so simple?

#### **Idealized**



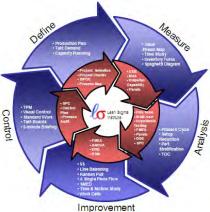
#### Reality



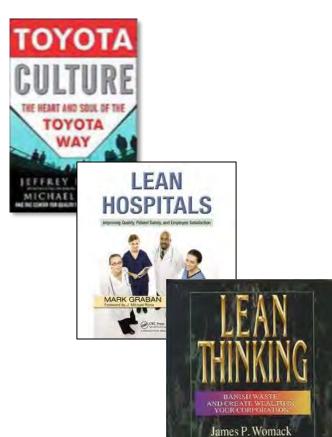
#### We have a good understanding of the theory...

#### **Frameworks**



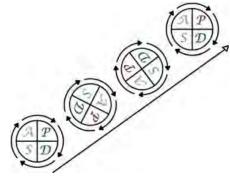


#### Literature



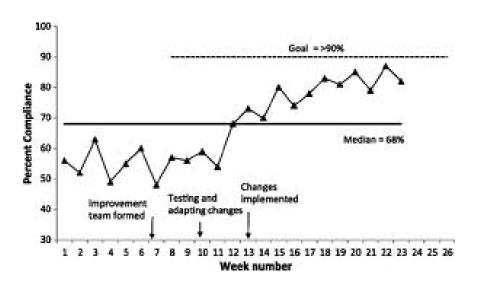
and Daniel T. Jones

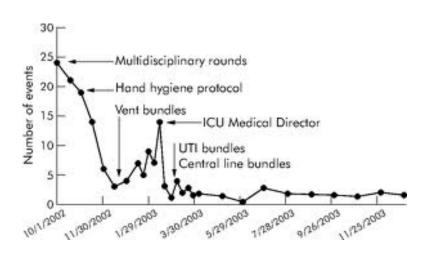
#### Tools





#### ... an increasing number of case studies....













#### ...and strong pressure to improve quality, access and costs...



Back to Cohn: Prepare for post-election pain, no matter who wins Ontario vote

## Cohn: Prepare for post-election pain, no matter who wins Ontario vote

August 20, 2011

\*Tweet

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Report an error

identify services for privatization.

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complaints process.

a statement.

The commission is no stealth mission, but it is flying under the

mandate, embedded in the last budget, is to seek out governme

The "Excellent Care for AIF Act - the government

require hospitals to develop and post annu

Hospitals will develop patient and employe

"The government is improving the quality of

making it more accountable to patients." He

Hospital bed crisis leads to longer wait times

By CAROL MULLIGAN, THE SUDBURY STAR

Flatel 3 munificings

Hospital administrators and provincial politicians are going to have to show stronger leadership to produce the "seismic shift" in thinking needed to improve wait times and ease bed pressures at Canadian hospitals, says a Sudbury doctor.

Dr. Chris Bourdon, chief of staff at Sudbury Regional
Hospital, says if will take creative and innovative thinking –
and putting the focus back on the patient – to improve
timely access to health care services.

BGH aims to reduce falls, improve hand hygiene

By STEVE PETTIBONE, STAFF WRITER Posted 8 months ago

Fewer falls, more effective hand hygiene and improved

ockville General Hospital rovement plan (QIP) now ebsite

g effort by hospitals across idards of the Excellent Care to by the October

the hospitars quality committee at Monday night's board meetin

lentified "s pecific smart objective locument keys on processes, rai

uraged us to focus more on prorse of the year, we will be looking in the province."

the province."



#### ...but we struggle to demonstrate improvement at scale and pace

#### What are we missing?

- □ Approach for building the capabilities needed (Lean + change) AND regular improvement work tied to core metrics
- □ Practical 'Lean Management' model that supports scaling and sustaining performance across the organization/system
- ☐ Discipline to clearly capture and communicate performance gains

#### **Today's Discussion**

What does the Lean journey look like in Canadian healthcare? Where do organizations typically struggle to scale and sustain gains? 3 How can Leaders accelerate their improvement journey? 4 **Discussion** 

#### Top Reasons for Why a Lean Journey Struggles

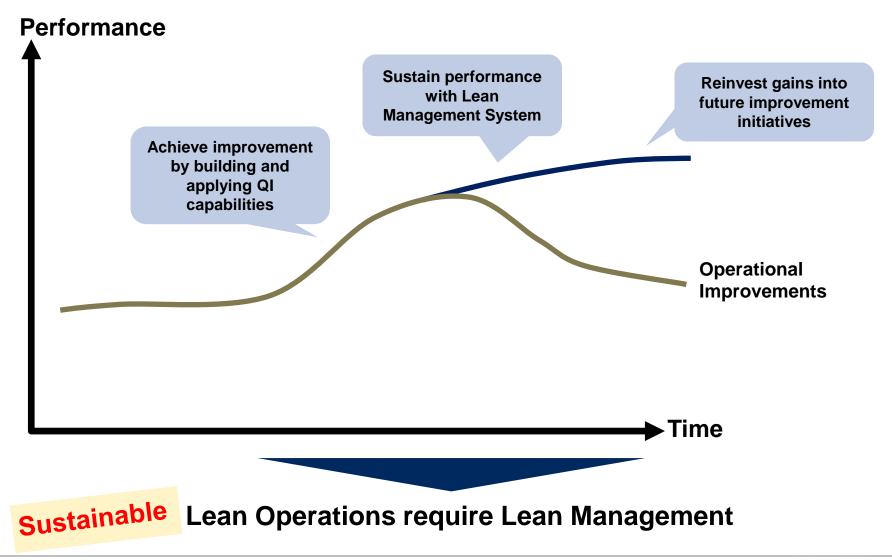
Capabilities & Improvement

Lean anagement System

Capturing Gains

- 1. Not involving HR to build broad capability seeing the effort as operational
- 2. Not supporting managers / directors for their new role
- 3. Focus on "Lean Tools"
- 4. Not linking Lean / QI to the "daily work"
- 5. Healthcare priorities and improvements not connected
- 6. Leaders delegating Lean to others
- 7. Losing interest once implementation starts "Squirrel!"
- 8. Continue to rely on the "heroic recovery", not the process
- 9. Issues and problems not visible
- 10. Using the wrong measures for success i.e. number of events
- 11. "Lazy Farmer" forgetting to harvest and invest performance gains

#### **Bridging the Sustainability Gap**

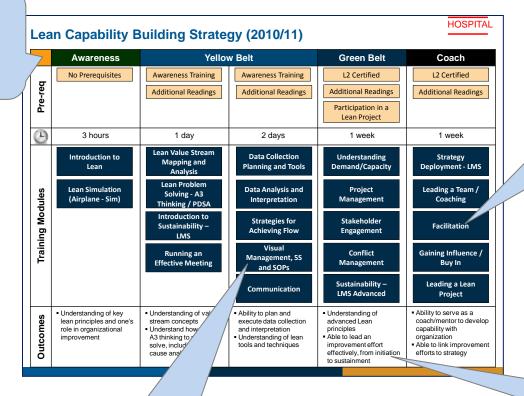


#### **Today's Discussion**

1	What does the Lean journey look like in Canadian healthcare?
2	Where do organizations typically struggle to scale and sustain gains?
3	How can Leaders accelerate their improvement journey?
4	Discussion

#### 1. Systematically build capabilities and....

Tailor the expertise you build directly to your organization's performance goals



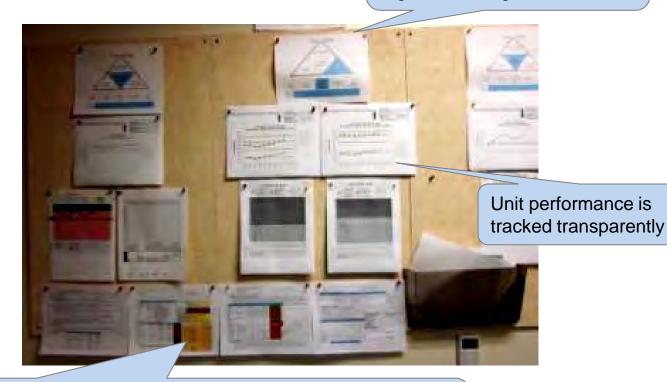
Balance tools with practical 'soft' skills (e.g., conflict management)

Support specifically for frontline managers

Tie the investment in learning to targeted improvement projects

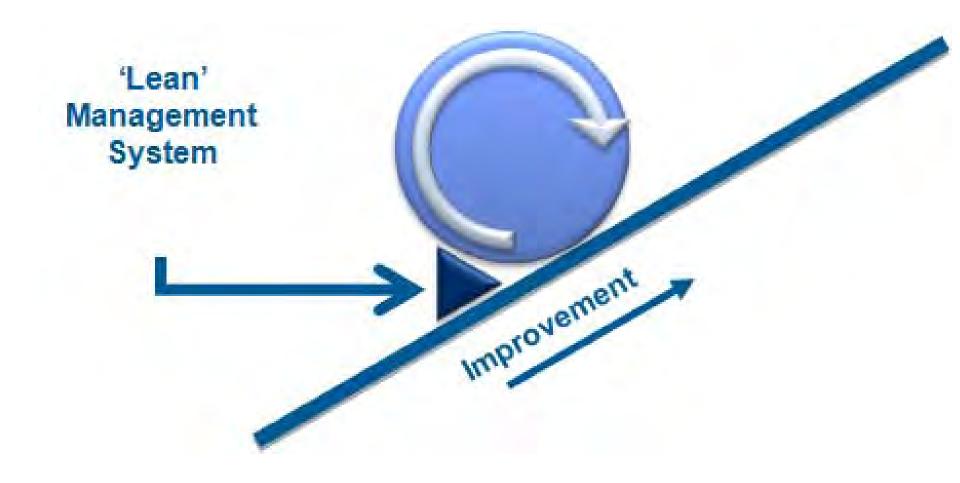
#### 1. ...apply through improvement work tied to core metrics

Organization breakthrough goals cascade from organizational goals



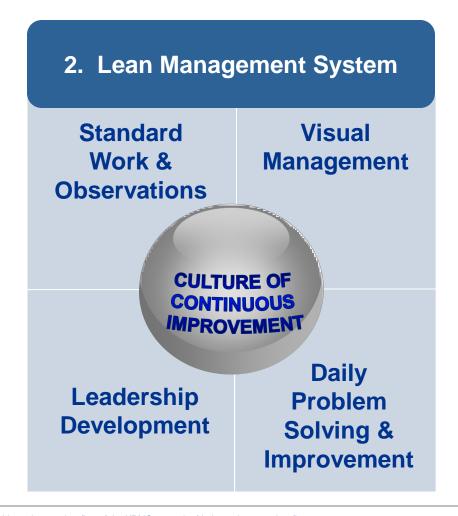
Improvement is part of 'daily work' and is tied directly to organization goals - continuous daily improvement <u>and</u> projects (Kaizen, Transformation)

#### 2. Lean Management System



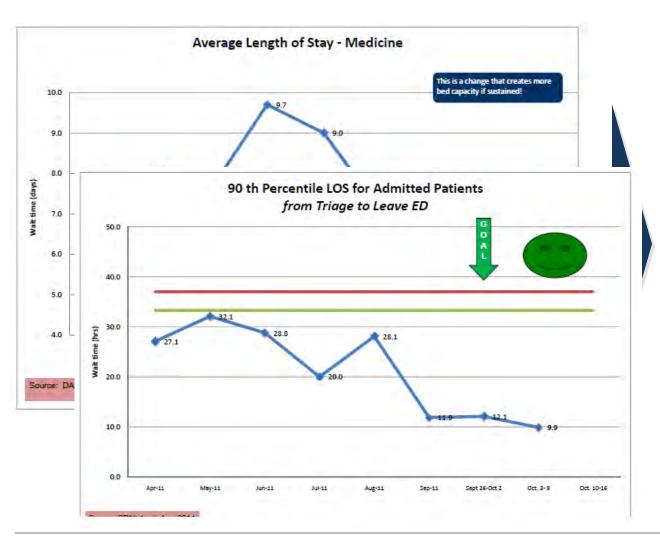
#### 2. Lean Management System

1. Cascaded
Goals and
Accountabilities



#### 3. Capture and communicate how you are reinvesting gains

#### Community Hospital results – week 8 of pilot (as of Oct/11)



Imagine you were the CEO of this hospital and the 1.5 day improvement in inpatient LOS was sustained....what would you do with the 'unlocked' capacity?

- Increase volume while holding costs
- Reduce costs while maintaining volume
- Improve clinical outcomes?
- Improve the patient experience?
- Something else??

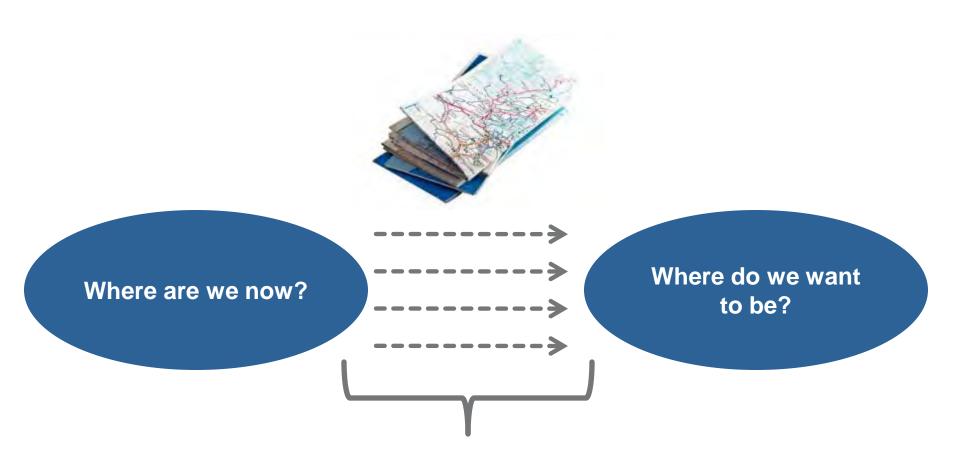


#### How can Leaders accelerate the journey?

"If you don't know where you're going, you might end up some place else."

- Yogi Berra

#### Create a roadmap for your journey



How do we successfully navigate from "here" to "there"?

#### Case Study Discussion: St. Mary's General Hospital



Don Shilton, President

Lydia Chudleigh, Vice President, Quality and Performance Management





## To be the safest and most effective hospital in Canada, characterized by innovation, compassion and respect.





#### Where did St. Mary's Begin? The What: Strategic Directions and Goals

St. Marys GENERAL HOSPITAL		Strategic Direction	Strategic Goals 2011-2013
VISION St. Mary's will be the safest and most effective hospital in Canada	1	QUALITY & SAFETY We will provide safe, kind, effective and timely care in an environment of inquiry and learning.	<ul><li>1.To increase the reporting of medication incidents by 50% per year.</li><li>2.To reduce hospital-acquired MRSA infections by 25% per year.</li><li>3.To reduce ED wait times for admitted and non-admitted patients by 5% per year by improving the flow of patients throughout the hospital.</li></ul>
characterized by innovation, compassion and respect.	2	PATIENT AND FAMILY-CENTRED CARE We will ensure that the patient and their family are at the centre of everything we do, every encounter, every day.	<ul> <li>1.To reduce the percentage of patients who score us Poor or Fair on patient satisfaction surveys by 25% per year.</li> <li>2.To engage 50 patients and families per year in the review of our care and services and include them in building new processes.</li> <li>3.To enhance our care and services for the elderly by engaging the broader community in building new models of care.</li> </ul>
MISSION  To continue the healing ministry of Christ consistent with our Catholic traditions and values.	3	OUR PEOPLE We will foster a positive and productive culture that engages our greatest resource—our staff, physicians and volunteers.	<ul> <li>1.To achieve a 75% participation rate in the employee survey.</li> <li>2.To implement 6 Rapid Improvement Events (cross-departmental process reviews) per year involving staff, physicians, volunteers and patients/families</li> <li>3.To implement one thousand (1,000) measurable improvements per year.</li> <li>4.To facilitate the involvement of our staff and physicians in the International Outreach Program.</li> </ul>
	4 St.Marys GENERAL HOSITIA	FINANCIAL STEWARDSHIP We will invest our resources to achieve this vision.	1.To decrease the proportion of non-value added activity for the patient by 10% through Rapid Improvement Events.  2.To implement 2 innovative opportunities per year for revenue generation through partnerships and business development.  3.To balance our budget while improving our financial health.

#### Why did St. Mary's choose to use Lean management principles?

Our Patients: Lean has been proven to improve patient safety and patient satisfaction



Reduced Hospital Standardized Mortality rate by 30%



32% improvement in patient satisfaction

Our Hospital: Lean has been proven to make hospitals more efficient and more financially sustainable



Hôpital St-Boniface Hospital

Reduced supply chain cost by \$1MM per year



21% reduction in cost per case

Our People: Lean has been proven to improve staff satisfaction



50% reduction in % of staff who were "not engaged" in their work



Improved average staff satisfaction from 4.5 to 5 (out of a 6 point scale)

## Performance Improvement Pulse Check: Diagnostic Survey Summary of Results

Content Area	Assessment		
Strategy Deployment	25%		
Visual Management	50%		
Regular Problem Solving Methods	25%		
Leader Standard Work	25%		
Change Readiness	75%		



#### What will our Performance Improvement System Look Like?



Other members of St. Joseph Health System

**Board Chair** 



Senior Team and Key Leadership Team
Members

Service and Nursing
Union Representatives

COS/VP Medical & Medical Leadership

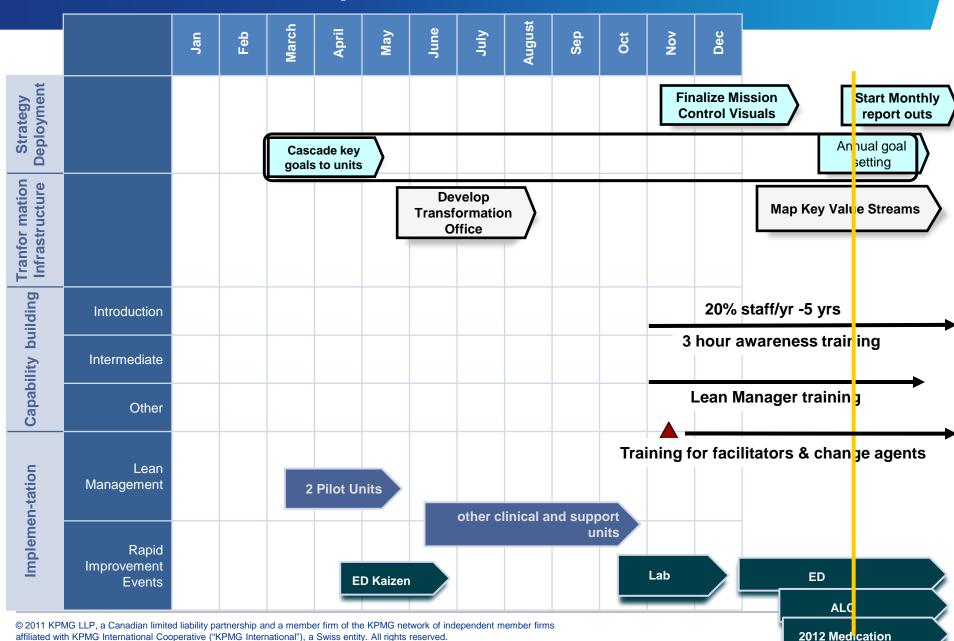
**TMMC** 

## Performance Improvement Roadmap 2011/12

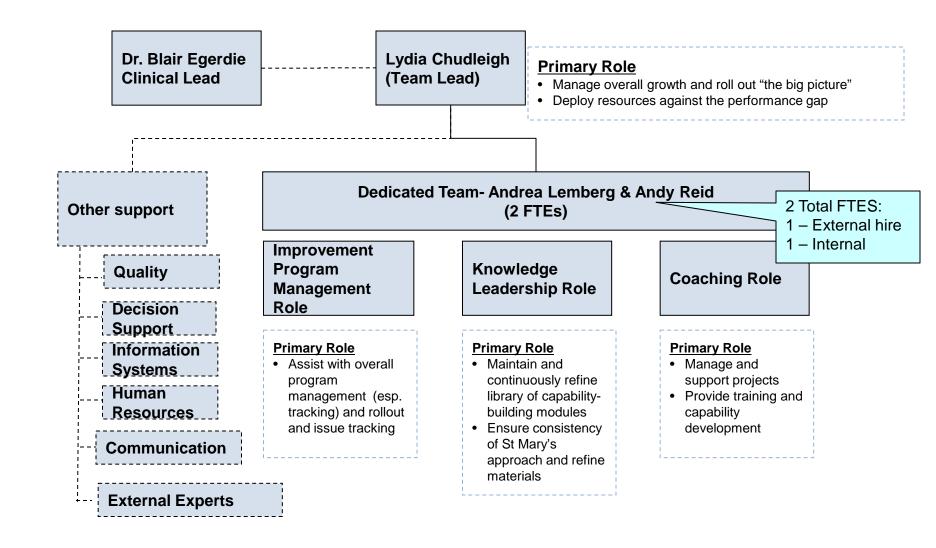
- Cascade St. Mary's Strategic goals across organization
- Setup infrastructure to drive improvement efforts going forward
- Setup infrastructure to report on progress
- •Provide Lean Training to all managers, transformation office staff and 20% of all front line staff
- •Roll-out Lean Management to entire hospital
- Run 6 Kaizen events



#### Performance Improvement – Roll-Out 2011/12



#### Performance Improvement Team: Structure





## Aligning and Cascading Goals Example: Patient and Family Centred Care



#### **Strategic Direction**

We will ensure that our patients and their family are at the centre of everything that we do, every encounter, every day

#### **Organization Goal:**

We will reduce the percentage of patients who score us poor or fair on patient satisfaction survey by 25% per year



## Unit Specific Goals

We will start 80% of our first cases of the day on time We will call 100% of our outpatients within 24hrs



- On Time Starts
- Patient Call Backs
  - -% Patient called
  - -% Patient contacted





#### Daily Unit Huddles Running Across Hospital by July 1 2011





#### **Visual Controls**

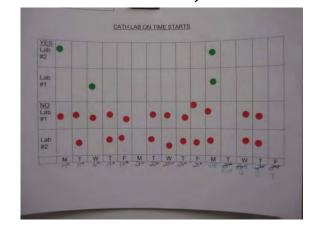
Simple is better: hand tracked metrics are just fine





Performance should be easy to infer

Metrics should be organized and easy to link to key goals for the unit





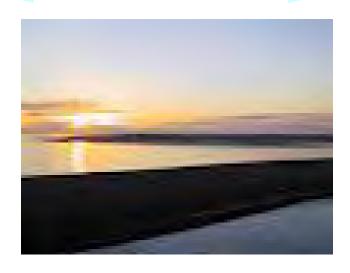
#### Looking Back......



#### Should we have used an organization-wide approach?



Should we have chosen a specific program at one time (narrow and deep)?



**OR** 



#### **Capability Building Plan**

Managers/Leaders

Team

Performance Management

ΑII

Employee Group	Awareness (Run 12x per year)	Level 2 (3 Day Leader training) 1-3 X per year	Level 3 (Run 2x per year)	Level 4 (Run 1x per year)	Other (As needed)				
Front Line Staff (~1,200 people)	20% of existing staff per year Started Sept.'11			2012/2013					
Volunteers (~100 people)	Key individuals								
Physicians					Physician focused session				
Senior Team					Senior Team focused sessions				
		All Managers	Selected	Selected					

All Managers

Started

Aug.'11

ΑII

Managers and

other informal

leaders

ΑII

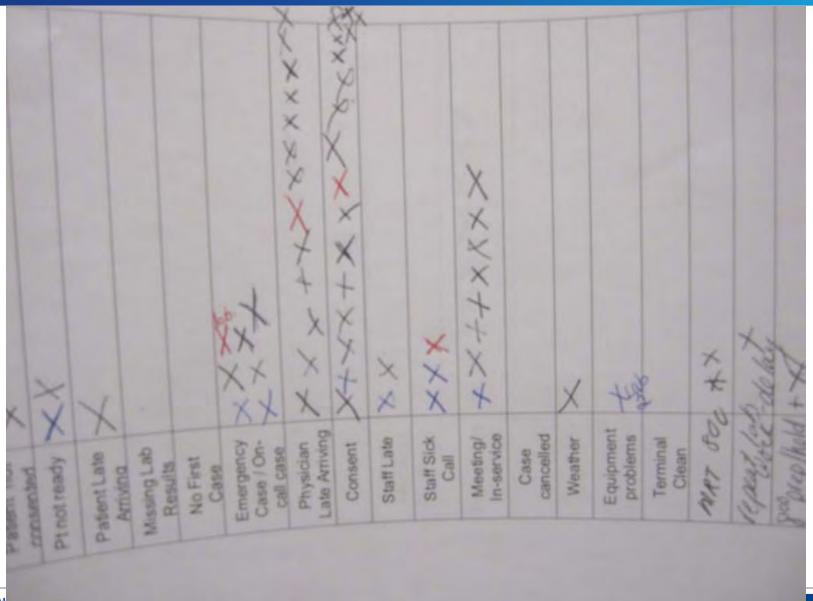
Managers and

other informal

leaders

ΑII

#### Importance of Timely Data ~ simple is better





#### **Importance of Timely Data**

## MARY Mobile analytics repository









"MARY promotes team atmosphere! If a bed is available you can now see it and the activities in the hospital are now transparent."



#### **Importance of Sharing with Others**

"Selflessly helping each other when needed, in the amount needed, is the heart of just-in-time."

Dr. Sami Bahri



#### **Informal Site Visits**

- Other industries
- Other hospitals
- Network Groups

#### **Health Care Value Leader Network**

**Gemba Visits** 

**Annual Summit** 

**Assessment** 

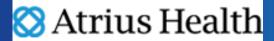
**Affinity Groups- HR** 

On-line forums

Other Resources/events











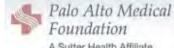


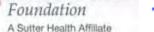




#### THEDAS CARE









University of Michigan



**Cleveland Clinic** 



#### KAISER PERMANENTE.

Hôpital St-Boniface Hospital



UCLA Health System

















CENTER NORTH IOWA

A member of Mercy Health Network







Beth Israel Deaconess



The Choice for Medical Excellence



A Personal Relationship with Medical Excellence



CEDAR RAP









Salem Health

HENRY FORD WEST BLOOMFIELD HOSPITAL





















The Art of Wellness Lucile Packard Children's Hospital at Stanford





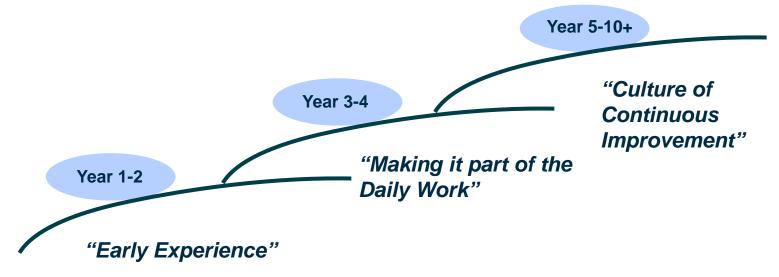


#### Physician Engagement

- Have a physician leader as part of your team
- •Use your performance improvement system to help solve their problems— Ultimately we all want the same thing--- to improve quality and safety for patients
- Preference for Project Work vs. Daily Improvement
- •Find the early adopters recognize— Nuclear Medicine
- •Connect your physicians with physicians from other organizations that can speak for the success of this approach



#### Lean Improvement Journey: St. Mary's Version



Goals

 Islands of improvement in selected areas • Improvements focused on key Value Streams

• Improvement goals are tied to True North goals

Resources

 "Project" Infrastructure put in place to lead the work Senior team leading the change

80+% of improvement occurring through daily events

**Focus** 

Focus is on operational improvements

- Increasing focus on the management system and people
- Increasing focus on culture and capabilities (i.e. leader as coach)
   "Respect for People"

**Capabilities** 

 Capabilities starting to be built with a few people

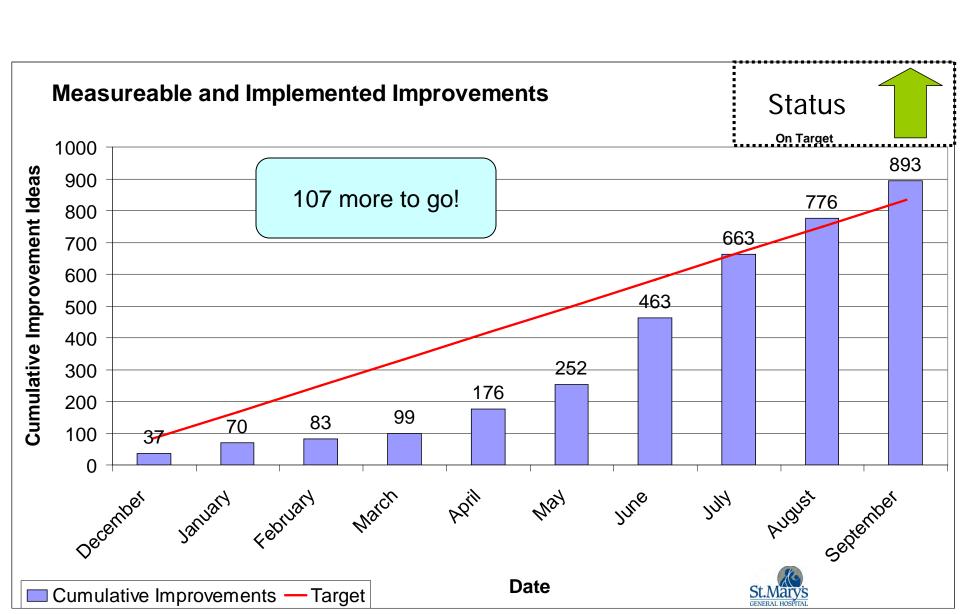
- Awareness and education across the organization
- Capability building tied to advancement (including coaching and mentoring)





#### 厂

#### How have we done so far with staff engagement?



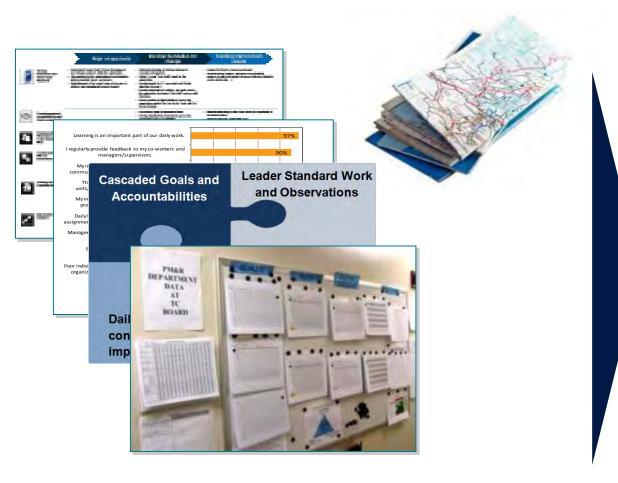
#### How have we done so far?

# 1000 Better Ways





#### How will a transformation road map help you?

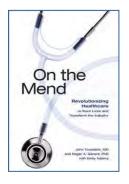


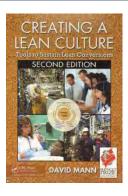
# Developing the transformation roadmap will help support sustainability

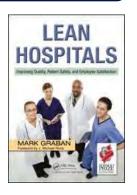
- Managing the pace of change the organization can support
- Balancing operational improvements with capability building
- Right level and structure of centralized support to manage change
- Balance of breadth and depth of involvement across the organization over time

#### Learn from others

#### **Articles and Books**



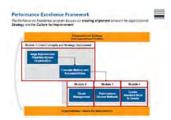




#### **Training and Coaching**



Lean Healthcare Green Belt Training



Lean Management System Workshop Series

#### **Communities of Practice**





#### **Site Visits**

THEDACTCARE

CENTER FOR

HEALTHCARE VALUE

Targeting Value. Spreading Change.

Lean Healthcare Leaders like Thedacare Appleton, Wiss



Healthcare Value Leaders Network Podcast

Lean Leaders beyond healthcare



## Dylan Hardy, Partner dylanahardy@kpmg.ca

- ✓ Lean Six Sigma Transformation Program Design & Coaching
- ✓ Lean Training & Capability Building
- Lean Management System and Senior Leadership Coaching
- ✓ Strategy and Governance



## Don Shilton, President dshilton@smgh

Lydia Chudleigh,
VP Quality and
Performance Management
Ichudleigh@smgh.ca

St. Mary's will be the safest, most effective hospital in Canada, characterized by innovation, compassion and respect.

