

Making Sense of Performance Transformation Methodologies

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The Kindler, Gentler Engineer: Your Approach Matters

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Objectives:

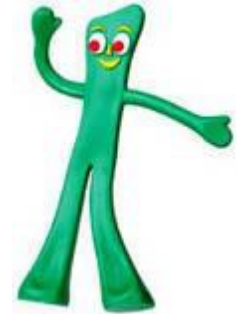
- ✓ Apply the “kinder, gentler” approach when working with Leadership and teams
- ✓ Comfortably “adjust” your current tool-kit to fit every situation by applying “flexibility” as a tool

Agenda:

- * Starting premise – being “Semper Gumby”
- * Who the heck are you, anyway?
- * So here’s our task – a sample project
- * Let’s boil the ocean! - Chartering & Scope
- * Who’s on first? - Roles & Responsibilities
- * What project schedule? - Wing it!

Starting Premise – being “Semper Gumby”:

- * Always be willing to bend, but never be willing to sacrifice (i.e., choose your battles)
- * Meeting the team Leads:
 - * Assess the situation
 - * Do your own Stakeholder Analysis
 - * What’s the bottom line?
- * Meeting the team:
 - * Setting the tone
 - * I’m here to help...
 - * Patience, patience, and more patience



Who the heck are you, anyway?



- * Listen to their initial concerns and stories
- * Come clean – don't pretend to have all the answers
- * You're just a facilitator, project manager, and/or process engineer, there to guide them as they develop solutions

So Here's Our Task...



Goal: Reduce Central Line Associated Blood Stream Infections (CLABSIs)

Let's Boil the Ocean! – Chartering & Scope

- * Understand the Problem, Vision and Goal of the effort
- * In-Scope/Out-of-Scope – formal statements
- * SIPOC – “a rose by any other name”...
- * Hand-offs to other project teams and/or prioritization of current effort

Sample SIPOC

SIPOC For: xxxxxxxxxxxx Process				
Suppliers	Inputs	Process	Outputs	Customer
<i>List everyone that supplies 1 or more inputs (Use NOUNS)</i>	<i>List all the inputs/raw materials to the process (use NOUNS)</i>	<i>Write out the HIGH LEVEL process (4-6 steps) (Use VERBS)</i>	<i>List what the process produces (Use NOUNS)</i>	<i>List all of the customers of the output (Use NOUNS)</i>
		<u>Step 1 -</u>		
		<u>Step 2 -</u>		
		<u>Step 3 -</u>		
		<u>Step 4 -</u>		
		<u>Step 5 -</u>		
		<u>Step 6 -</u>		
		<u>Step 7 -</u>		
		<u>Step 8 -</u>		
		<u>Step 9 -</u>		
	Input Metrics	Process Metrics	Output Metrics	
				** Quality **
				** Speed **
				** Cost **

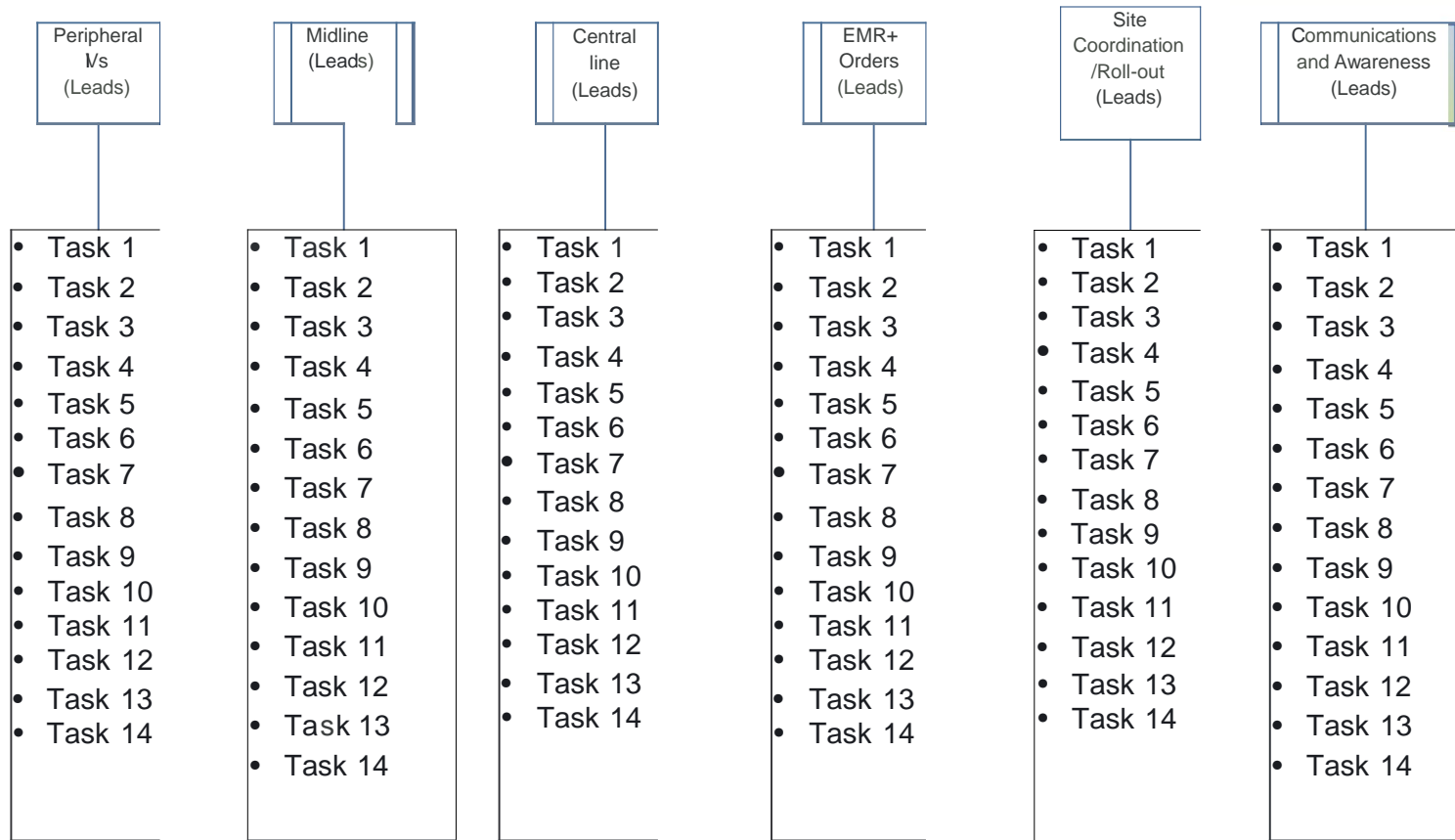
Who's On First? – Roles & Responsibilities

- * Ensure all Leads (sub-teams/sub-tasks) are identified and clarify what they're responsible for and when
- * Clarify roles of support staff:
 - * Communications
 - * Data Support
 - * PI Support
 - * Technical Support
 - * Liaisons

Sub-teams and Their Main Efforts

Central Line Associated Blood Stream Infection Team

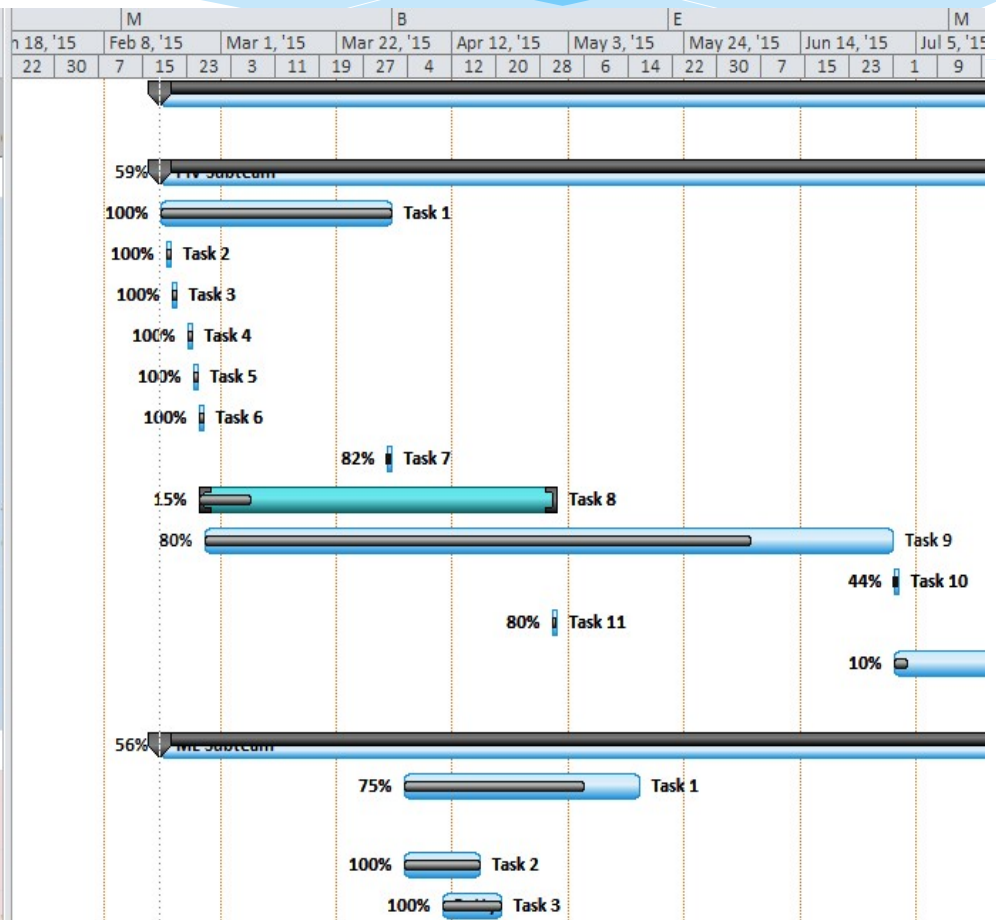
December 3, 2015



Brainstorming the Project Plan

First Cut at Schedule

Task Name	Start	Finish	% Complete	Resource Names
CLABSI Project Start	Wed 2/18/15	Fri 8/28/15	60%	
PIV Subteam	Wed 2/18/15	Fri 7/31/15	59%	Sue/Jim
Task 1	Wed 2/18/15	Tue 3/31/15	100%	Sue/Jim
Task 2	Thu 2/19/15	Thu 2/19/15	100%	Sue/Jim
Task 3	Fri 2/20/15	Fri 2/20/15	100%	Sue/Jim
Task 4	Mon 2/23/15	Mon 2/23/15	100%	Sue/Jim
Task 5	Tue 2/24/15	Tue 2/24/15	100%	Sue/Jim
Task 6	Wed 2/25/15	Wed 2/25/15	100%	Sue/Jim
Task 7	Tue 3/31/15	Tue 3/31/15	82%	Sue/Jim
Task 8	Wed 2/25/15	Thu 4/30/15	15%	Sue/Jim
Task 9	Thu 2/26/15	Tue 6/30/15	80%	Sue/Jim
Task 10	Wed 7/1/15	Wed 7/1/15	44%	Sue/Jim
Task 11	Thu 4/30/15	Thu 4/30/15	80%	Sue/Jim
Task 12	Wed 7/1/15	Fri 7/31/15	10%	Sue/Jim
Task 13	Fri 7/31/15	Fri 7/31/15	0%	Sue/Jim
ML Subteam	Wed 2/18/15	Fri 7/31/15	56%	Betty
Task 1	Fri 4/3/15	Fri 5/15/15	75%	Betty
Task 2	Fri 4/3/15	Thu 4/16/15	100%	Betty
Task 3	Fri 4/10/15	Mon 4/20/15	100%	Betty



So now we have a schedule... Status please?... Anyone??... Buhler?... Anyone?...

CLINICAL PERFORMANCE IMPROVEMENT – CLABSI SUB-TEAM UPDATES

HOW ARE WE DOING- PT EXPERIENCE GOAL: (LEAD NAMES GO HERE)

SUMMARY

(Type your input here)

- *(Type your input here)*

COMPLETED ITEMS

- *(Type your input here)*

IN PROGRESS

- *(Type your input here)*

BARRIERS/ISSUES

- *(Type your input here)*

PIV TEAM UPDATE: (LEAD NAMES GO HERE)

SUMMARY

(Type your input here)

- *(Type your input here)*
- *(Type your input here)*

COMPLETED ITEMS

- *(Type your input here)*

IN PROGRESS

- *(Type your input here)*

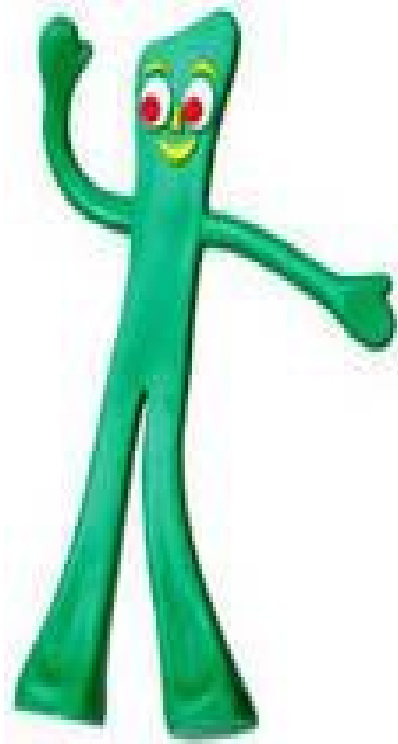
BARRIERS/ISSUES

- *(Type your input here)*

Implementation-focused Schedule – driven by training and EMR change activation

Facility	Wave	Start Date	End Date Training to be Completed
A	1	7/20/2015	8/7/2015 (completed)**
B	1	7/20/2015	8/2/2015 (completed)
C	2	8/3/2015	8/16/2015 (completed)
D	3	8/17/2015	8/30/2015 (completed)
E	4	8/31/2015	9/13/2015
F	5	9/14/2015	9/27/2015
G	5	9/14/2015	9/27/2015
H	6	10/1/2015	10/11/2015
I	7	N/A	N/A
J	8	10/26/2015	11/8/2015
K	N/A		5/31/2015
L	N/A		5/31/2015
M	N/A		1/1/2015

So What's the Bottom Line? –
Remain “Semper Gumby”!



QUESTIONS?

The Effect of A3 Methodology on Organizational Culture

Marc Herwitz, OD, MHA, FAAO, FACHE

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A Love|| Story



North Chicago, Illinois

A Love|| Story



- Established Oct 1, 2010
- 67,000 beneficiaries + 40,000 Navy Recruits
- Two main campuses
- Four Navy branch health clinics
- Three Veteran CBOCs

A Love|| Story



“Readying Warriors and Caring for Heroes”



Lovell FHCC Mission

Leading the way for federal health care by providing a quality, patient-centered experience and ensuring the highest level of operational medical readiness.

Lovell FHCC Vision

Creating the future of federal health care

Lovell FHCC Values

Respect, Integrity, Trust, Accountability, and Teamwork

Love **||** Culture

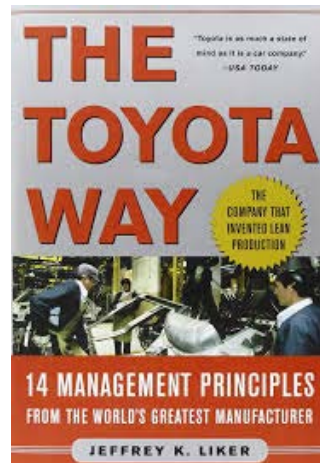
- Merger or Invasion?
- VA Staff : Many employees started their careers at this VA and never worked anywhere else.
- Navy Active Duty Staff: Move on every few years to new locations and new positions.
- “This is an experiment. It will fail. Once the smoke clears we will return to how things were before.”

Love **||** Challenges

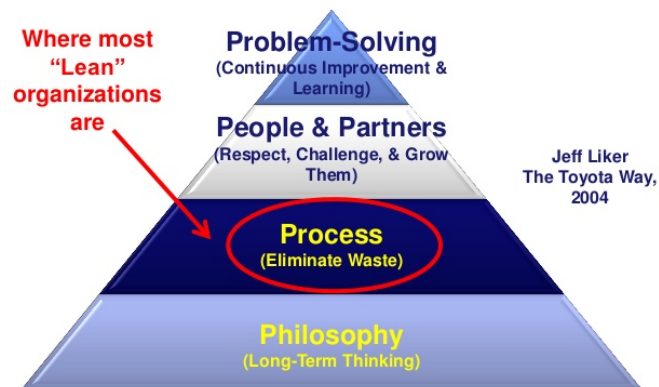
- Ill defined governance
- Separate Regional leadership Oversight
- Separate funding sources and accounting issues
- Priority of care
- Separate IT systems
- Fully integrated care
- Different pharmacy formularies

Lean at Love II

- April 2012
- Toyota Production System (TPS) A3 Methodology was selected as the process
- Two Lean Six Sigma Master Black Belts were brought in as consultants
- A Lean Team was assembled comprised of two VA and two Active Duty staff members.
- Green Belt training conducted through the VA Center for Applied Systems Engineering (VA-CASE), Indianapolis, IN.



Toyota's 4P Business Model



Lean at Love II

- **A3 Methodology**

Continuous Improvement
 Respect for People

- ✓ **Empowering people through tools to make change**
- ✓ **Providing instruction on eliminating waste and reducing variation in processes**
- ✓ **Utilizing metrics to establish baselines and track success**

Lean at Love II

The Lovell Model Followed **Gerald Leone** and **Richard Rahn's Five Key Points to Improve Culture Change** through Lean:

1. **Executive Leadership Engagement**
2. **Lean Education**
3. **Physical Transformation**
4. **Involvement in Transformational Process**
5. **Engagement in Continuous Process Improvement**



**Requirements
Needed
to
Sustain Gains**

Lean at Love II

1. Executive Leadership Engagement

- Without strong leadership that is convinced Lean is the way to go, nothing will happen.
- Top leaders need to know the tools
- Management teams need to be trained
- Dashboard for leadership helps to track change

Lean at Love II

1. Executive Leadership Engagement


Strategic Planning




Gemba



Weekly Report Outs

 **Captain James A. Lovell**
Federal Health Care Center

BASED UPON THE EVIDENCE, FHCC LOVELL HAS
MADE **LEAN** A STRATEGIC OBJECTIVE



Lean at Love II

2. Lean Education

- The workforce will not be excited or involved if they haven't been exposed to it.
- Implementation teams must know the tools and philosophy behind it.
- Education needs to come in multiple stages and be sustained over time.
- First level of training must explain basic principles and tools

Lean at Love II

2. Lean Education



Captain James A. Lovell
Federal Health Care Center

Lean Transformation – Why Are We Doing This?

- Improve the Patient Experience
- Improve the Availability of Resources within the Organization

Captain James A. Lovell
Federal Health Care Center

Mission: Create a Learning Organization


Learning Organizations are Built Upon Two Pillars

- Respect for People
- Continuous Improvement

Respect for all people is a foundational value that guides Continuous Improvement

Box #1: Reason(s) for Action


1. Reasons for Action:
 What are you talking about and why? What is the problem you are trying to solve?
 Clear, succinct background/problem statement serves as the "compass" for the project



Process Start:
Process End:
In Scope:
Out of Scope:

Box #2: Current State


2. Current State:
 Where do things stand now? Facts, data, or metrics to indicate the problem:

Attributes and Process Map 

Relation to True North	Metric	Current State
People		
Service		
Quality		
Resources		

Box#3: Target State

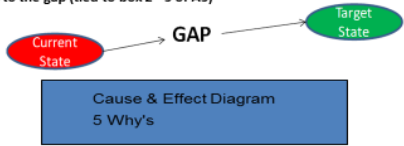
3. Target State:
 What are the target conditions or measures? Establish target metrics (tied to box 2 of A3)

Attributes and Process Map 

Relation to TN	Metric	Current State	Target State
People			
Service			
Quality			
Resources			

Box#4: Gap Analysis

4. Gap Analysis:
 Why does the problem or need exist? What are the top contributors/root causes to the gap (tied to box 2 - 3 of A3)



Problem Statement	Direct Cause	Root Cause(s)

Box#5: Countermeasures/Solution Approach

5. Countermeasures/ Solution Approach:
 Countermeasures - what do you propose to close the gap for those key processes?
Ask how each root cause could be eliminated or minimized - at least 3 "hows" for each root cause

If we...	Then we expect...
Ex. Exam time ≠ proc. time	Adjust procedure times Modify xxx
Ex. #2	Add room for prep Trial 1 Trial 2 Trial 3
Ex. #3	Trial 1 Trial 2 Trial 3

Box#6: Rapid Experiments

6. Rapid Experiments:
 Plan each experiment - what - who - when - where; Learn and improve as you go

Baseline	Target	Trial 1	Trial 2	Trial 3	Trial 4
Ex. Time to register: 13 min	5 min	12	7	13	4

Box#7: Implementation/Completion Plans


7. Implementation / Completion Plans:
 What are the implementation plans? Who does what by when?
 Refine Standard Work, Train and Communicate

What	Who	By When

Box#8: Confirmed State


8. Confirmed State
 What were the actual results?
 Did you close the performance gap [does Box 8 = Box 3] - are we moving the metrics? Are we having the anticipated outcomes and sustaining them? Spread - how far, how fast? More Check - Act or new PDCA?


Relation to TN	Metric	Current State	Target State	Confirmed State
People				
Service				
Quality				
Resources				

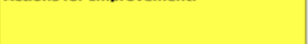


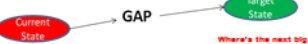
Box#9: Insights

9. Insights:
 What were the insights or lessons learned? What's going well? What can be improved upon? What is the plan for improvement based on plus/deltas? What new improvement opportunities and when will they be addressed?

What Worked Well? 

What Didn't Work Well? 

Actions for Improvement: 



Where's the next big performance gap? 7777

Lean at Love II

3. Physical Transformation

- Moving of equipment and physically changing the layout and/or build out of spaces is important to sustain change.
- If things look like they did before, even if the processes were changed, things tend to revert back to how they were before change was implemented.
- The more you can do to physically change the work place, the easier it will be for people to engage in new behaviors.

Lean at Love II

3. Physical Transformation



TRY STORM

Measure Twice - Cut Once!

New Office

Box 5. Solution Approach

POCKET DOOR?!

Micro-Scan Unit

Plan Review

New workstation

Deep thought

New Workstation

Lean at Love II

4. Involvement in Transformational Process

- People doing the work must be “invited” into teams
- Provide “open season” members an opportunity to provide opinions and feedback.
- Invite stakeholders and give them a chance to speak
- Success comes when the people say, “we did it ourselves”.

Lean at Love II

4. Involvement in Transformational Process

2P Design in Health Care

Microbiology and Blood Bank Reorganization
North Chicago, IL
Captain James A. Lovell Federal Health Care Center, VISN 12
1/21/2014 through 1/23/2014



2P Design in Healthcare

Captain James A. Lovell Federal Health Care Center, VISN 12
North Chicago, IL
May 27-30, 2014



ICU



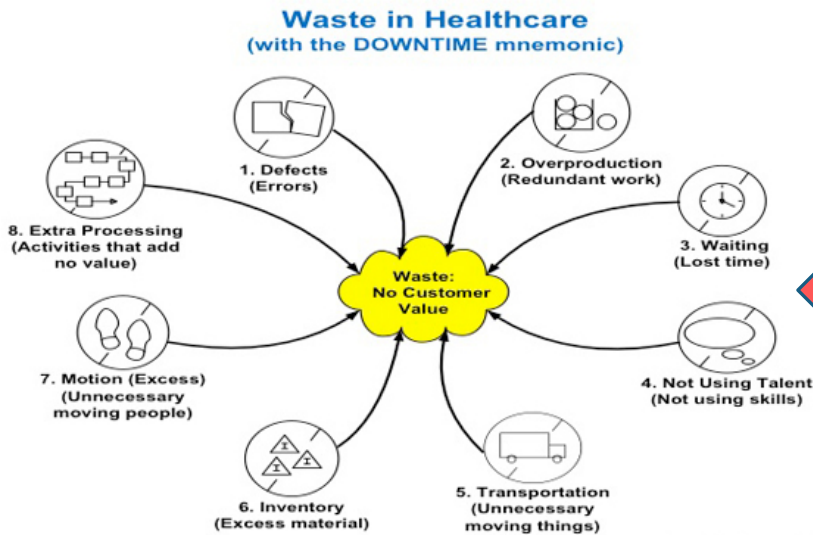
Lean at Love II

5. Engagement in Continuous Process Improvement

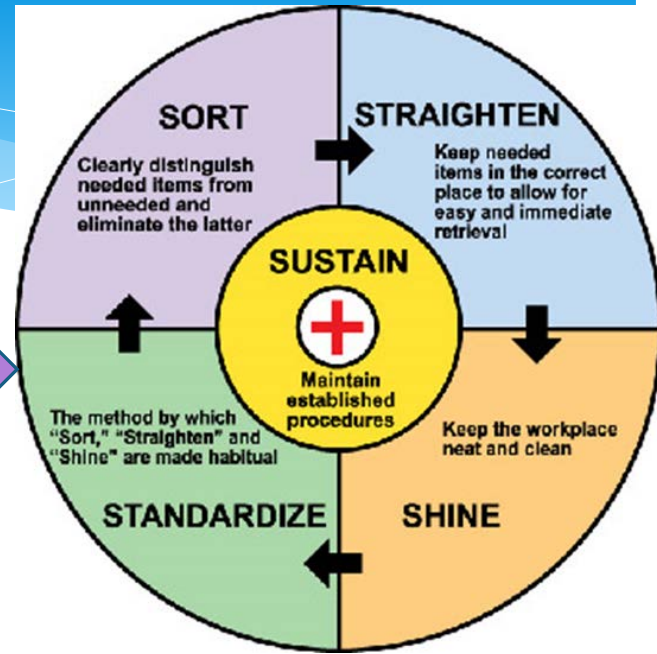
- Getting the workforce's ideas and suggestions evaluated and implemented leading to smaller changes and cultural alignment.
- People need to be engaged in identification of waste and problem solving so that they can identify problems, come up with solutions and implement them.
- Highly functional companies get 1-2-3 suggestions from every person every month.

Lean at Love II

5. Engagement in Continuous Process Improvement



James Shirley Management Consultants, Inc. - 11-17-14



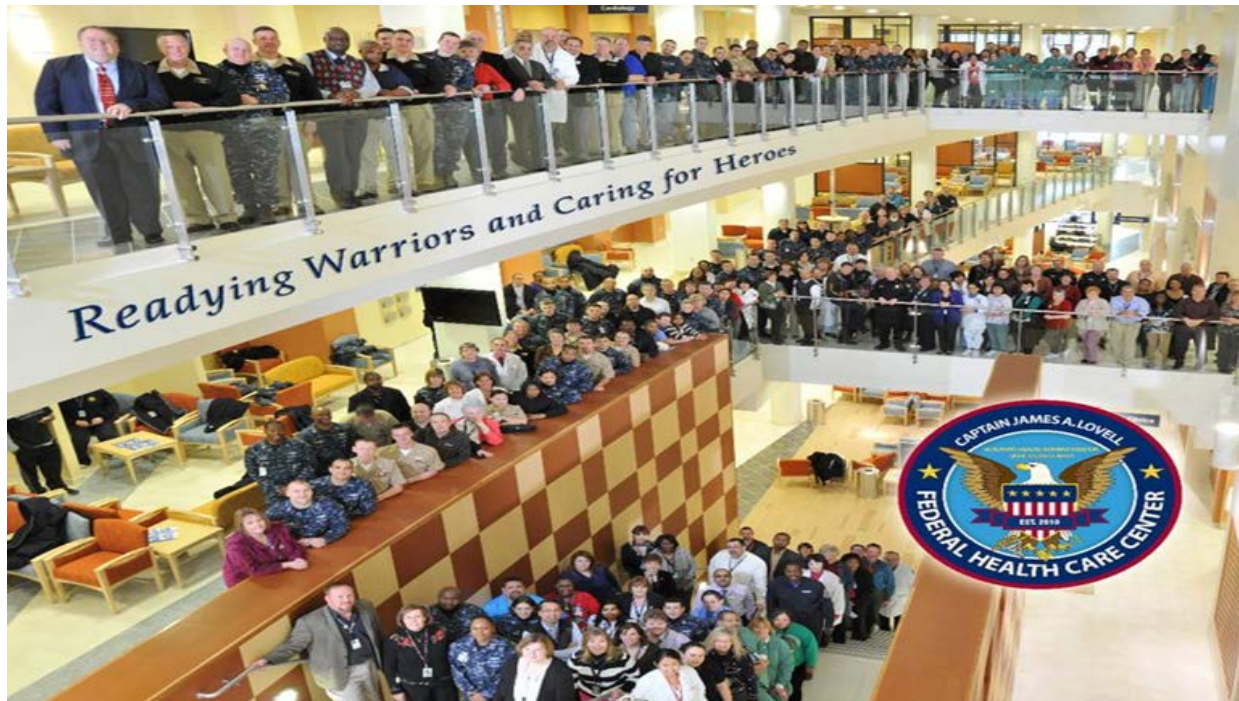
2014 Lean Summary – Lovell Federal Health Care Center

- Two Value Streams – Inpatient, Outpatient
- Eight Rapid Improvement Events
- Two Problem Solving Events
- Two 5-S Projects
- Four 2-P (Process Preparation) Events
- Huddle Boards – Expanded from six to 23 in 2014



Lessons Learned on Organizational “Change”

- Change is slow...persistence is key
- Hard to Sustain – re-evaluation and re-engagement is key
- Resistance exists at all levels – Need 100% Executive Leadership engagement



Questions?

GE Style WorkOut™ for Empowerment & Process Excellence

Marilyn Bota

President & CEO

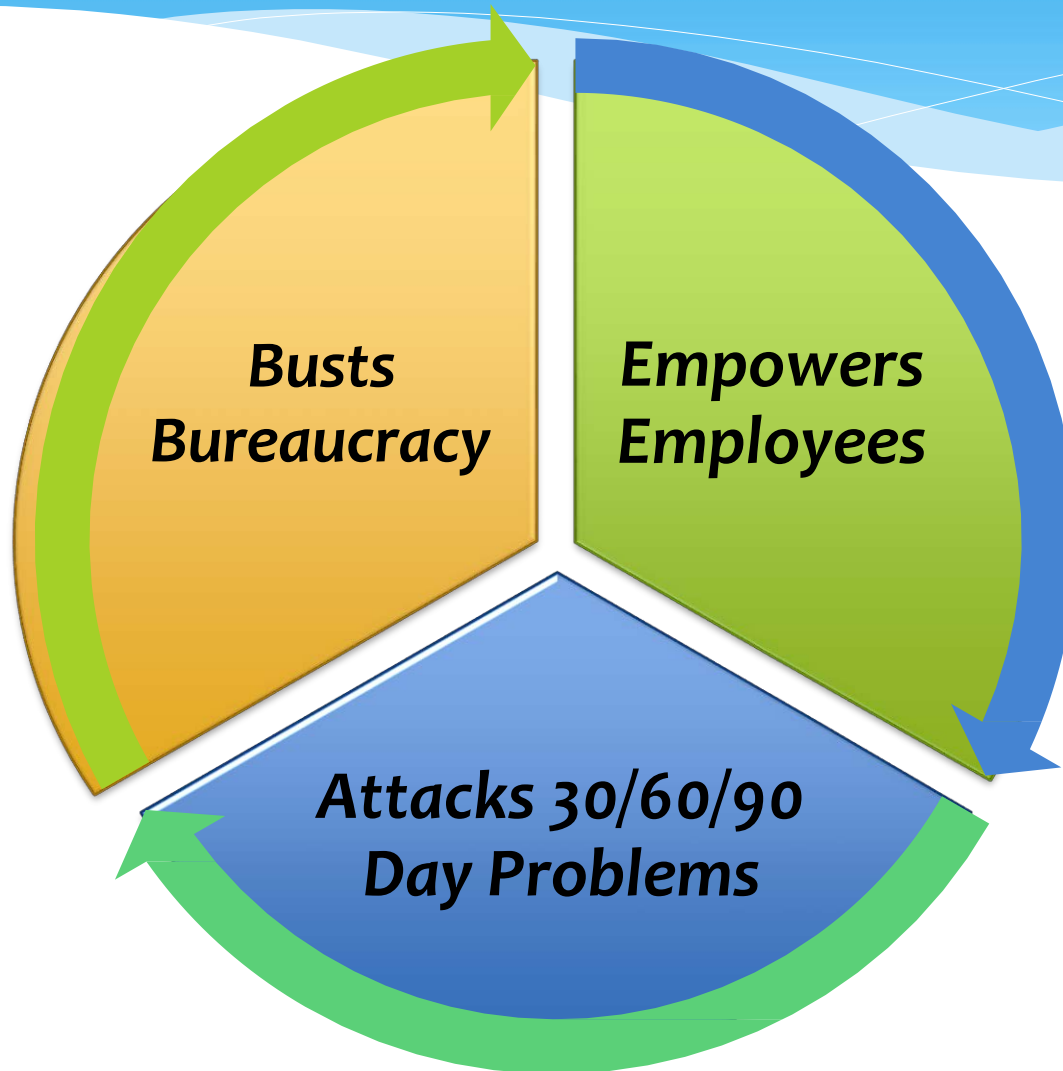
Bluestone Process Dynamics, LLC.

ceo@my-bluestone.com 804-638-0011

The WorkOut™ Process

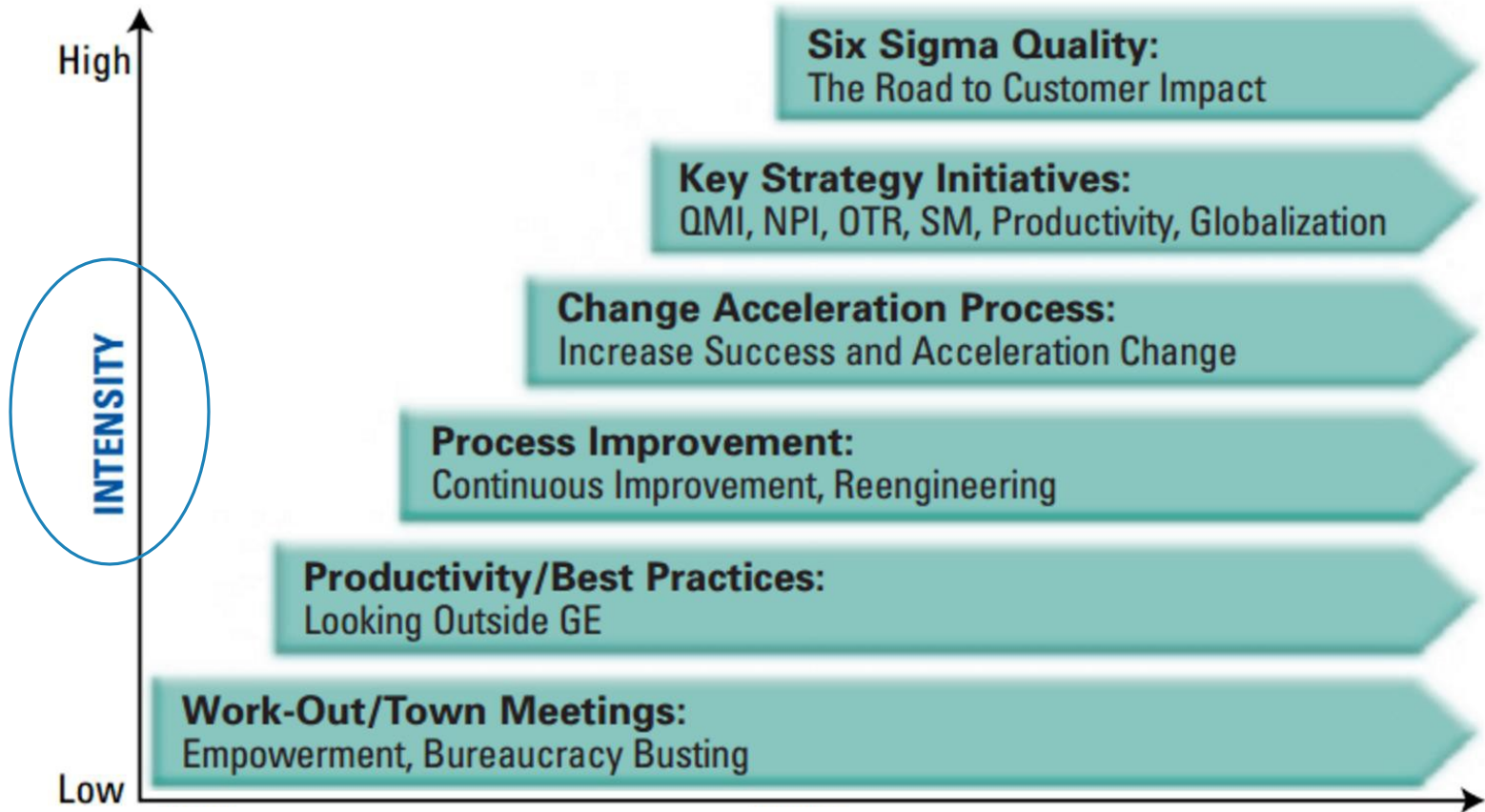
1. Bring together the people who know the issues best (those who live the processes day to day) and give them time to talk/debate/suggest
2. Challenge team to develop creative solutions to streamline and solve problems – concise challenges are best
3. Leaders commit to make “yes” or “no” decisions on the solutions *immediately* in a public forum – safe place to share
4. Empower people to carry out the solutions

WorkOut™



WorkOut™ Feeds Quality Projects

GE's Evolution Towards Quality



Healthcare Call Center Story

Mission to provide services related to emergent calls

Reality – 86% of calls are non-emergent

- MANY policies to comply with
- Most call center reps are clinicians

Emotional Connection

- Simple, **high-involvement process** for solving problems quickly
- Employees ***frustrated by unproductive work*** that hinders what they are valued for – hence “WorkOut”
- Focus on the knowledge, intelligence and experience of the **people closest to the work**
- Town Hall **cuts through bureaucracy**

Two days later...

- ✓ Uncovered sense of isolation
- ✓ Many processes targeted were legacies of when organization was small
- ✓ Networking opened eyes
- ✓ Ownership of immediate and near term change
- ✓ Larger projects parked for Lean/Six Sigma opportunities

Summary

WorkOut™...

- ❑ Breaks down organizational barriers
- ❑ Utilizes those closest to the process (the answers are often there, if asked)
- ❑ Quick results – ownership makes buy-in easy
- ❑ Leaders poised for “yes”
- ❑ Can be used as resource for Lean/Six Sigma projects

Questions?

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