

Creating a Lean Culture in Healthcare

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Building Leaders – Transforming Hospitals – Improving Care



45 Years of Delivering Results

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HealthTechS3 is a 45 year old, award-winning healthcare consulting and strategic hospital services firm based in Brentwood, Tennessee with clients across the United States.

We are dedicated to the goal of improving performance, achieving compliance, reducing costs, and ultimately improving patient care. Leveraging consultants with deep healthcare industry experience, **HealthTechS3** provides actionable insights and guidance that supports informed decision making and drives efficiency in operational performance.

Our consultants are former hospital leaders and executives. **HealthTechS3** has the right mix of experienced professionals that service hospital clients across the nation. **HealthTechS3** offers flexible and affordable services, consulting, and technology as we focus on delivering solutions that can be implemented and provide a positive, measurable impact.



STRATEGY – SOLUTIONS – SUPPORT

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GOVERNANCE & STRATEGY

- Affiliation Consulting
- Executive & Management Leadership Development
- Strategic Planning & Market share Analysis
- Community Health Needs Assessment
- Compliance Consulting Services

FINANCE

- Performance Optimization / Margin Improvement
- Revenue Cycle & Business Office Operations
- Productivity & Staffing Consulting - Optimum Productivity Toolkit

CLINICAL CARE & OPERATIONS

- Continuous Survey Readiness
- Quality Assurance Performance Improvement
- Lean Culture
- Customer Experience
- Clinical Resource Management
- Care Coordination – Primary Care Practice
- Physician Practice & Clinic Assessment
- Long Term Care Consulting
- Swing Bed Consulting
- Perioperative Services Consulting

RECRUITMENT

- Executive Recruitment
- Manager and Clinical Positions
- Physician / Provider Recruitment
- Information Technology Professionals
- Interim Placement



SECOND QUARTER WEBINARS

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WEBINARS AT A GLANCE

- Improve Your Swing Bed Program One Step at A Time – April 5
- Understanding The New Team-Based Documentation Rules: What Impact Can It Have On Your Practice? - April 11
- Diversity As A Key Component to Executive Recruiting - April 24
- Swing Bed Series Part 2 - Implementing Trauma-Informed Care - May 3
- The First 90 Days of a Healthcare Executive - June 6
- Strategies for Improving the Effectiveness of your Community Health Needs Assessment - June 7
- Implementing Care Coordination: Partner to Remove the Barriers - June 13
- Impact of Brand & Culture on Executive Recruiting - June 14

Go To
www.HealthTechS3.com
to register

All Webinars are Recorded



Instructions for Today's Webinar

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- ✓ You may type a question in the text box if you have a question during the presentation
- ✓ We will try to cover all of your questions – but if we don't get to them during the webinar we will follow-up with you by e-mail
- ✓ You may also send questions after the webinar to our team (contact information is included at the end of the presentation)
- ✓ The webinar will be recorded and the recording will be available on the HealthTechS3 web site: www.healthtechs3.com



www.healthtechs3.com

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Faith M Jones, MSN, RN, NEA-BC
Director of Care Coordination and Lean Consulting

Faith Jones began her healthcare career in the US Navy over 30 years ago. She has worked in a variety of roles in clinical practice, education, management, administration, consulting, and healthcare compliance. Her knowledge and experience spans various settings including ambulance, clinics, hospitals, home care, and long term care. In her leadership roles she has been responsible for operational leadership for all clinical functions including multiple nursing specialties, pharmacy, laboratory, imaging, nutrition, therapies, as well as administrative functions related to quality management, case management, medical staff credentialing, staff education, and corporate compliance. She currently implements care coordination programs focusing on the Medicare population and teaches care coordination concepts nationally. She also holds a Green Belt in Healthcare and is a Certified Lean Instructor.

Healthcare
Focus

45 Year
Company History

Experienced
Consultants

Technology
Partnerships

Objectives

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Upon completion of the webinar, the participant will understand:

1. The background and history of lean
2. The concept of frontline work
3. The role of managers and executives in developing lean thinkers



Triple Aim

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Brief History of Lean

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- W. Edwards Deming
 - *Improve design and product quality*
- Taiichi Ohno
 - *Toyota Production Systems*
- Jim Womack
 - *Lean & LEI (Lean Enterprise Institute)*
- Bowen & Spear
 - *Decoding the DNA of the Toyota Production System*
- C. Jimmerson & D. Sobek
 - *Lean for Healthcare*



Transforming Culture with Lean

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Standardization. Communication.

- Lean methodology...
 - Creates a common language for improvement
 - Researched, evidence based format
 - Patient-centric
 - Improvements identified by those doing the work



Lean Philosophy

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...creating value by understanding what customers value

...the continuous pursuit of the perfect process through waste elimination.



The Toyota Way

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I. Continuous Improvement

- Form a long term vision and meet challenges with courage and creativity
- Always driving for innovation and evolution
- Go to the source to find the facts to make correct decisions, build consensus and achieve goals

II. Respect for People

- Make every effort to understand each other, take responsibility and do the best to build mutual trust
- Stimulate personal and professional growth, share development opportunities, and maximize individual and team performance



jojo: Slowly, Gradually, Steadily

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“There’s no genius in our company. We do what we believe is right, trying every day to improve *every bit and piece*. But when 70 years of very small improvements accumulate, they become a revolution.”

Katsuaki Watanabe, CEO, Toyota Motor Company

Lessons from Toyota’s Long Drive

*by: Thomas A. Stewart and Anand P. Raman
July–August 2007 issue of Harvard Business Review*



Lean: Simple Formula

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Liberate the *people who do the work* to use a proven method to look at what they do with “new eyes” to identify elements of the work that permit:

- Errors and delay in care/service
- Waste of resources
- Frustration in the workplace



Lean: Simple Outcomes

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- Happier workers
- Happier customers
- Increased capacity for work
- Lower operating cost



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Key Components

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Concepts

- IDEAL
- Four Rules in Use
- Seven “Mudas”
- Power of Observation



Tools

- Value Stream Mapping
- A3 Problem Solving

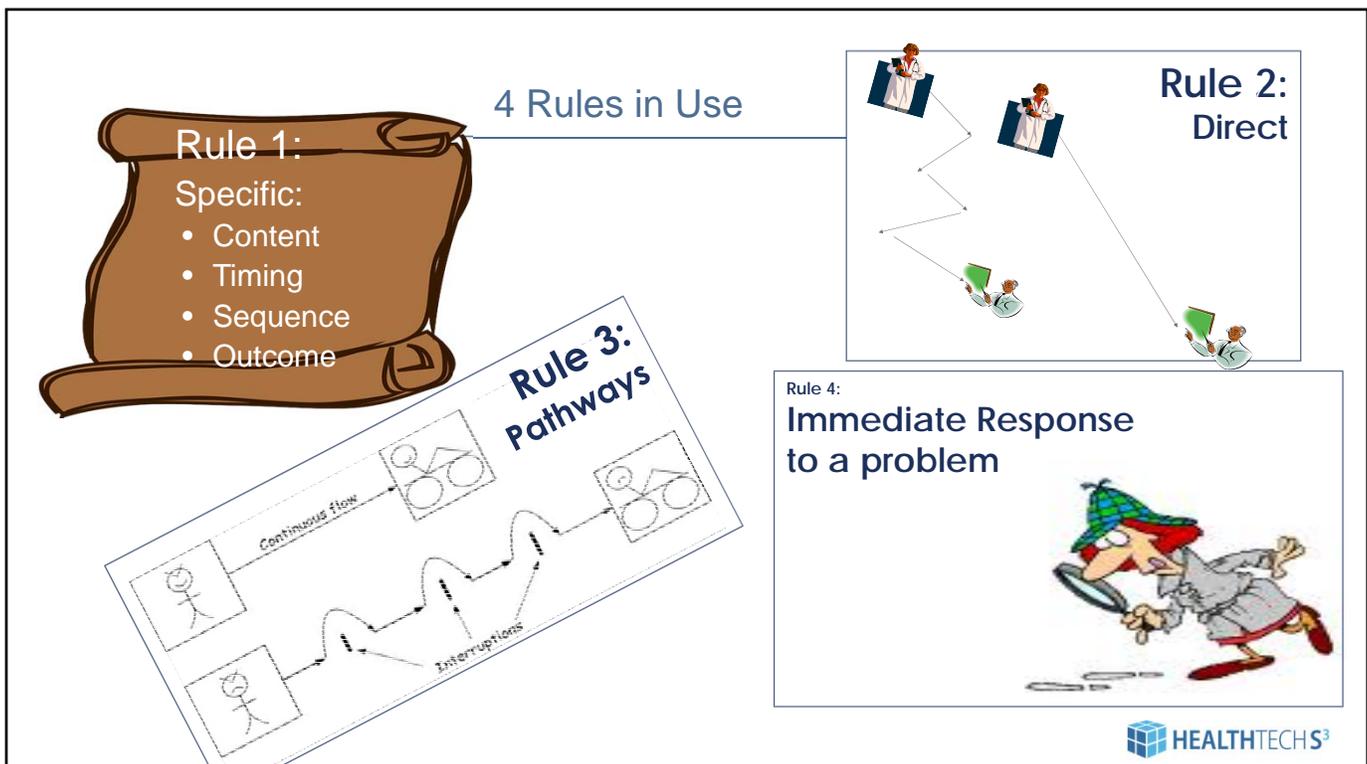


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IDEAL

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- *Exactly* what the customer needs/wants,
- Defect free
- One-by-one, *customized to each patient*
- On demand, *exactly as requested*
- *No waste*
- *Immediate response* to problems or changes
- Physically, professionally, emotionally *safe*



Muda

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- Confusion*
- Motion
- Waiting
- Processing
- Inventory
- Defects
- Over-production



*Jimmerson, C. (2010) Value stream mapping for healthcare made easy. P 4.



Power of Observation

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Really understand how work currently happens is essential before trying to fix it!



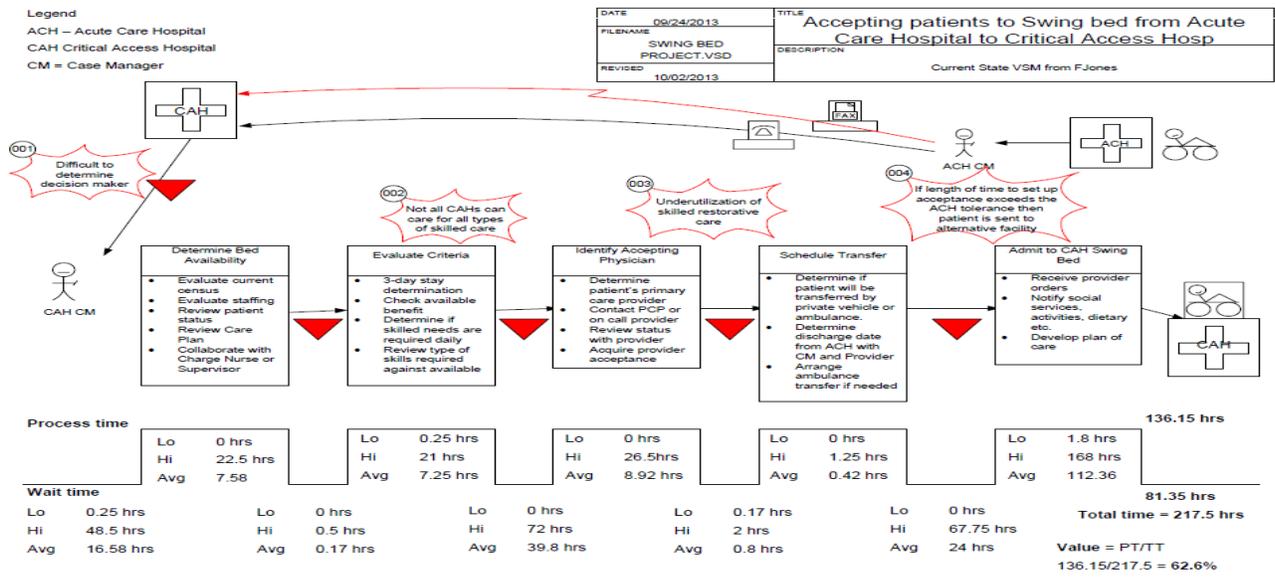
1st Tool - Understanding the Work

Value Stream Mapping

- The view from 10,000 feet
- All activities are recognized as value added or non-value added
- Identifies *where* there are areas of inconsistency



Example of VSM



2nd Tool - The A3 Problem Solving Process

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- View with a microscope
- Tool for “drilling” down into variation in the process
- Documentation of problem solving activity
- Tells the story visually

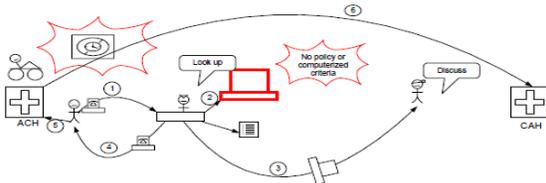


Example – Swing Bed A3-003

ISSUE # 003 - Underutilization of skilled restorative care

BACKGROUND Skilled restorative care is an acceptable indicator for using swing bed care, however on review of CAH swing policies none addressed this indication. In FY 2012 only admitted ~1248 people to swing post hospitalization for all types of care with ~ \$14M paid by Medicare for this care in the State of MT.

CURRENT CONDITION



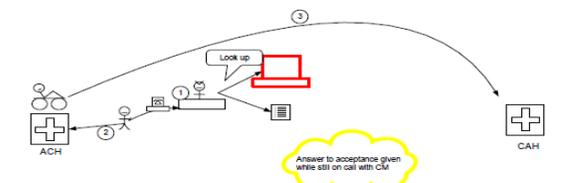
PROBLEM ANALYSIS

- There is a time delay in getting a patient admitted from the ACH to the CAH
- Why – There are many phone calls back and forth
 - Why – Staff are unsure if the patient qualifies for care
 - Why – There are no agreed upon criteria for skilled restorative care
- Looking at Policy and or computer does not provide answer
- Why – Different ACHs and CAH use various software that do not provide guidelines
 - Why – Most of the criteria are acute care focused
 - Why – The acute care setting is DRG focused
 - Why – Skilled care is more about resources used and not diagnosis
 - Why – There are no agreed upon criteria for skilled restorative care

Legend
 ACH – Acute Care Hospital
 CAH – Critical Access Hospital
 SM – Case Manager
 BHIS – Better Health Improvement Specialist
 PD – Program Director
 PI – Primary Investigator
 RT – Research Team

FILE NAME	SWING BED	TITLE	Accepting Patient into Swing Bed from ACH to CAH
PROJECT LEADER	BHIS/CAH	PROPOSER	Falm Jones
NUMBER	12/02/13		

TARGET CONDITION



COUNTERMEASURES

- 1 – Develop agreed upon criteria
- 2- Provide the resource and educate on the resource to CAHs and ACHs.

IMPLEMENTATION PLAN

What	Who	When	Outcome
Identify Stakeholders	BHIS/PD	Oct 10, 2013	Form research team of stakeholders
Layout Team Expectations	PD	Oct 14, 2013	Get info out to team
Gather and disseminate info to team	PD/PI	Nov 1, 2013	Team to read and provide input
Gather team input	PD/PI	Nov 30, 2013	Share input with team members
Craft input into criteria	RT	Dec 30, 2013	Draft form of the criteria
Validate criteria with sites	PD/RT	Jan 30, 2013	Present to Med staff for add'l input
Develop Educational plan	PD/RT	Feb 28, 2013	Educational plan
Deliver Ed plan to CAH/AACH	PD/RT	March/April	5 CAH and 2 ACHs plan in place
Roll out to other CAH/AACH	PD/RT	FY 2015	up to 20 add'l CAHs and 6 ACHs

Cost of Implementation

Staff time in education process
 Research Team time in the development of criteria and attending/hosting med staff meetings and educational sessions.

Cost Benefit

Increase utilization of swing bed by 20% - increase the current aver/hospital swing bed use from 20 to 31 patients per year
 Increase revenue related to swing – using average of 10,000/patient = increase of \$50,000 per CAH per Year

Test

Train 1 CAH and 1 ACH to test for one month and measure utilization
 Roll out training to remaining 4 CAHs and other ACH and measure utilization for an additional 2 months before rolling out to rest of CAHs and ACHs.

FOLLOW UP

As of Nov 18, 2013, Research team identified, expectations sent out with proposal and information disseminated to RT.



Program Design

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- Teach a 6 session Workshop Course on site for ~ 12 staff participants that includes 2-5 instructors in training
- Conduct Executive and Management Courses in tandem with Workshop Course
- Train 2-5 on site instructors during the first 6 session Workshop Course
- On site instructors teach the second 6 session Workshop Course and are provided with on site Coaching as they teach
- Facilitate ongoing training, education, and networking of the on site instructors through monthly virtual meetings
- Facilitate ongoing support for the Lean Executive Champion through monthly virtual meetings



Workshop Course Design

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- Session 1 – Intro to Lean and Observation
- Session 2 – Current State Value Stream Mapping
- Session 3 – Adding data to your Value Stream Map
- Session 4 – Future State VSM, Future State Plan, and intro to A3 Problem Solving (left side)
- Session 5 – A3 Problem Solving (right side)
- Session 6 – Review, Report out, and Coaching



Executive and Management Course Design

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- Session 1 – Intro to LEAN and Leadership Style
- Session 2 – Power of Observation
- Session 3 – Data and Resource Availability
- Session 4 – Value Stream Mapping
- Session 5 – A3 Problem Solving



Management Focus is a Role Change: Problem Solver to Coach

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Feelings?
Thoughts?
Reactions?



Executive Role in the Journey

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Create a Vision and Communicate it!

- Where do you want to go?
- By when?
- What do want your organization to look like when you get there?
- Will you know you're there when you arrive?



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The Journey

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Cultivate a Supportive Environment

Provide the right tools

Grow the front lines



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Past Experience

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Since 2016...

LEAN INSTRUCTOR NETWORK: 1
ON-SITE INSTRUCTORS: 22
PROJECTS: 174

Projected Project Savings:
\$7.9 MILLION



Thank you!

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If you would like more information or would like to discuss incorporating
Lean into your Culture, please feel free to contact me.

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strategy solutions support



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