



# Death from Kaizen to Daily Improvement

### Eileen Jaskuta System VP, Quality and Patient Safety Sara Abshari

**Program Manager Operations Improvement** 







### AME**BOSTON**2017

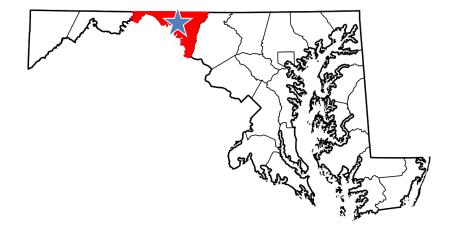
# GETENGAGED

### **Meritus Health**

- Patient population of 244,642
- Approximately 3000 Employees
- Meritus Medical Center ("MMC")
  - 251 bed 511,834 square feet general service facility opened on December 11, 2010
  - All private rooms
  - 52 bed Emergency Department
  - 18 room inpatient behavior health unit
- Meritus Medical Group ("MMG")
  - 9 primary care practices
  - 10 specialty physician practices



**Meritus Medical Center** 









# **Our Lean Journey**

February 2012- First Kaizen event & A3 training

January 2012- consultants recommendations

October 2011- Hired Consultants to guide us on the lean journey

August 2011- creation of Ops

# Still no lean culture (everybody, everyday)!

 Big list of to-dos but difficult for process owner to execute

### Lack of buy-in from non participants

#### scope:

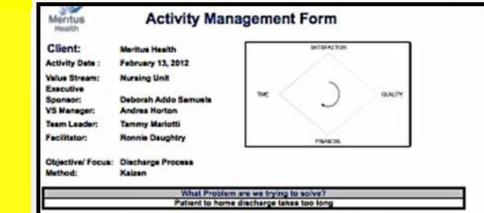
All process steps from when the doctor creates discharge order to when the patient leaves the room.

#### **Objective:**

Reduce discharge time from order written to patient out the door

MeritusHealth.com

### scharge



#### Tactical Metrics (If we improve this, Goal Metrics will improve):

Metric	Baseline	Target	Trialed	Measurement System
Discharge Time	187 minutes (Dec 2011 avg)	131 minutes (20% Improvement)		Intranet Report (Meditech data representing actual times not estimated times or times posted at

#### Business Case (Value Diamond Goal Metrics)

Element	Metric	Baselins	Target	Trialed	Measurement System		
Satisfaction	Patient Satisfaction - 5 South				InCAPPS Discharge Queidions on 5 South Data reference 1.31.12		
	1. Written eduction information at discharge	82.6% Percentile Rank+61	PR= 75 Overall Goal		Rolling 5 mith avg. n=59		
	<ol> <li>Questioned about having help at home during discharge</li> </ol>	85.6% Percentile Rank+51	PRin 75 Overall Gael		Rolling 5 mith ava 10-57		
Oscharge Errors - wrong PT discharge <u>Neittech</u>		7 per month (5 nth aug)	30 day: 5 errors 60 day: 3 errors 90 day: 0 errors		Dreident Reporting System Aug 2011 - Dire 2011		
Time	LOS - per patient on 5 South	7.1 days (5 mth.avg)	2.0 daya		Hit Financials July 2011 - Dec 2011		
Reancial	LOS cont - per patient on 5 South	\$17.752	\$17, 650		Ht Financials		
		3/3 x 52,300 (apprint)	\$200 per patent Karlinja		2011: 2,168 disharges on 5 South		
					1 hr/24 hr = .041 x 2,500 = \$224		





# **Our Lean Journey**

February 2012- First Kaizen event

Lean Plateau

January 2012- consultants recommendations

October 2011- Hired Consultants to guide us on the lean journey

August 2011- creation of Ops



Mile Wide, Inch Deep!







# What do we want problem solving to look like?



#### The Five Questions

- 1) What is the Target Condition?
- 2) What is the Actual Condition now?

-----> (Turn Card Over)----->

- 3) What Obstacles do you think are preventing you from reaching the target condition? Which \*one\* are you addressing now?
- 4) What is your Next Step? (Next experiment) What do you expect?
- 5) How quickly can we go and see what we Have Learned from taking that step?

"You'll often work on the same obstacle with several experiments



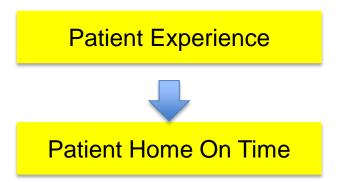




Share • Learn • Grow.

# **Model Line Unit**

### **Challenge:**











### **Model Line Unit**







What do you want to work on next?

### Not my problem!

Loudest Voice Wins!



Share•Learn•Grow





# **Model Line Unit**



- This is how we knew to do it! It might have worked for another organization, but didn't for us.
- Know thy culture! Coaching a new skill in front of an audience may be intimidating to your learner. Benchmark best practice but do not copy!!!!!.







### Lets go and learn!



### Aha Moment.....

We think this is what we want problem solving to "look like!"



### COLLEGE OF ENGINEERING UNIVERSITY OF MICHIGAN

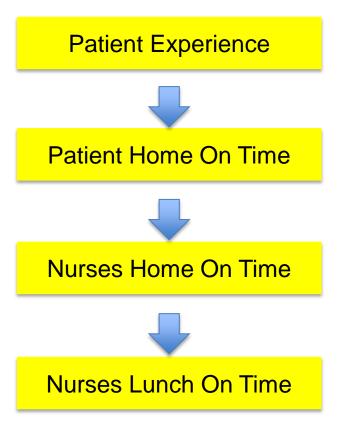






# **Model Line Unit**

### **Challenge:**











### Emergency Department:

- Director was part of the advanced group
- Engaged managers and staff
- Obtained provider buy-in
- Kata based on staff satisfaction
  - Completed multiple katas thereafter

### Endocrinology:

- VP part of the advanced group
- Needed help the most (long wait times)
- Engaged manager but actively disengaged provider
- Kata halted after a few months



AMEBOSTON2017





### **Our Lean Journey**

February 2012- First Kaizen event

2016-Toyota Kata

January 2012- consultants recommendations

October 2011- Hired Consultants to guide us on the lean journey

August 2011- creation of Ops





# **Spread to Other Model Lines**



- Start with your strong leaders!
- We can only progress at the speed of learning







### Kata Kick Off!!

# 20 hour class/simulation 5 days. 4 hours/day ervisor: Plan your next expe **Directors and managers** AHA moment for model line units: everything made sense Commitment from OI: daily coaching for all participants

# It's not about the dominoes!







- What have we done to change our daily routines in the past few years to move the needle for senior leader presence and engagement?
- Can I get you to commit as a senior leadership team to try this once a week for a month?







#### **Benchmark**

### Mocked up one route /

Learning Questions	O.R./C.P.		2 East (Khrys Davis on Weds)		2 West		1 West		Imaging (Rad Conf Rm)	
	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart
	8:07	8:12	8:15	8:20	8:21	8:26	8:30	8:35	8:37	8:42
Review Daily Organizational Metrics from SET huddle										
Any new safety or quality issues (staff injury, patient falls, core measure fallouts)?										
Operations: How did we do yesterday?	# cases: # add ons: # rooms: Utilization:% Productivity: %		Census: D/Cs: Admits: Productivity:%		Census: D/Cs: Admits: NAS: Productivity:%		Census: D/Cs: Admits: Productivity:%		Volume: CT:/8 Rad:/17 MRI:/1 ultra:/2 nuc:/2	
Operations/Delivery: Any issues today (Staffing, volume, etc)?	# cases:		ADC: 18 patients (6 RNs, 3 CNAs) Census: Planned D/C: Staffing +/-: Other:		ADC: 23 patients (10 RNs, 3 CNAs) Census: Planned D/Cs: Staffing +/ Other:		ADC: 14 patients (3 RNs, 2 techs) Census: Planned D/C: Staffing +/-: Other:		Staffing +/-:	
Long-term challenge? 2 week target condition? Actual condition now? What was your last step? What did you expect? What did you leam? Which obstacle are you addressing now? What is your next step?										
What do you expect? When can up counter the first have been been been been been been been be	Lea	ide	<mark>r St</mark>	tan	<mark>dar</mark>	<mark>d v</mark>	vor	k		
leadership to be aware of?			ally Rounding\to							







CEO: What do we want communication to look like?





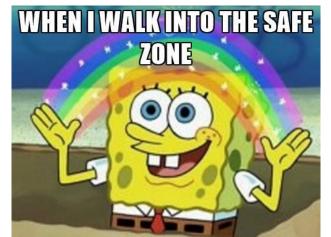








- Leader standard work important, but do not copy
- Intimidating at first for staff
- Scripts were uncomfortable for VP's
- Created safe zone for staff









EARNING

OLOP



# Spreading Kata

- Training every quarter & Continue daily coaching
- More attendees from the same departments
  - 25 units departments in a year
- More departments to be involved in leader rounding
  - Increased to 4 routes and 5 departments each





### **Outcome Measure**



- Speed of learning instead of steps and # of katas in progress
- High reliable organization
  - Problem solving attitude now and in the future
- % of people using kata as their common language



GETENIGAGED





# From Chaos to Control (Nursing)

### **Roxann Rosendale:**

" [Before kata, improvement work] felt very scattered and busy. You are not in control, it controls you."









### GETENGAGED From Chaos to Control (Nursing)

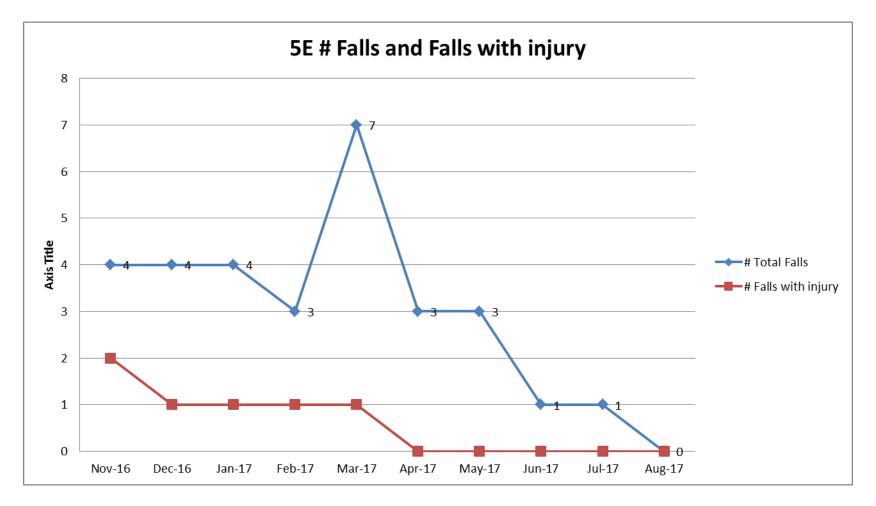








### **Reduced Patient Falls**







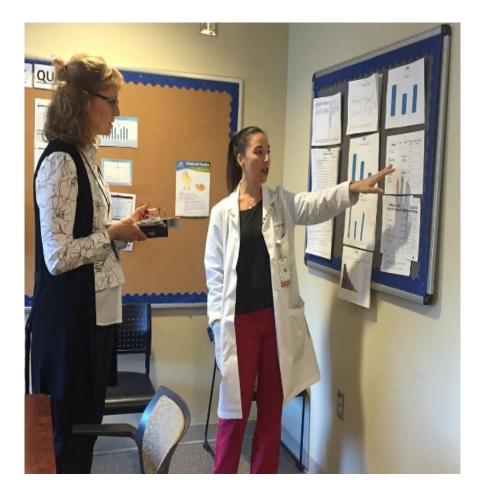


# Hospitalist Engagement

### **Kasey Schnebly:**

" [Before kata, improvement work] there were so many opportunities for improvement, but I didn't know where to start and I didn't want to boil the ocean."

"Time is so valuable. We have 100s of meetings each month, but nothing gets done."









# Hospitalist Engagement

### Kasey Schnebly:

" I can actually verbalize what I am working on in 30 seconds."

"You are in control, you know that you are making great changes and not impacting patient care."



84% of physicians are willing to address potential sources of healthcare waste.<sup>2</sup>

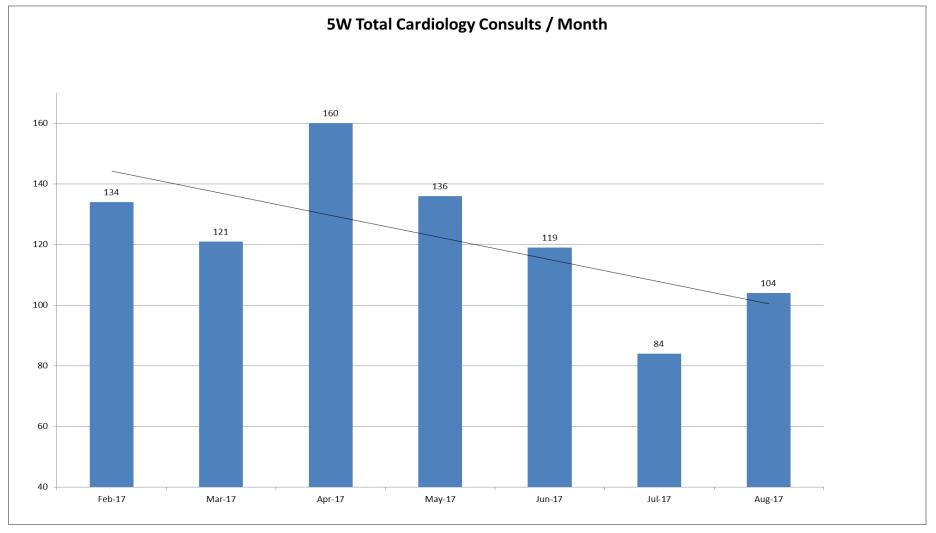
Source: https://www.healthcatalyst.com/wpcontent/uploads/2017/05/Engaging-Physicians-Proven-Strategies-Infographic.pdf







# **Reduced unnecessary consults**









### Hospitalist



- Physician and care provider do like to be engaged
- Much easier to have 15 minutes of their time, rather than one week of events







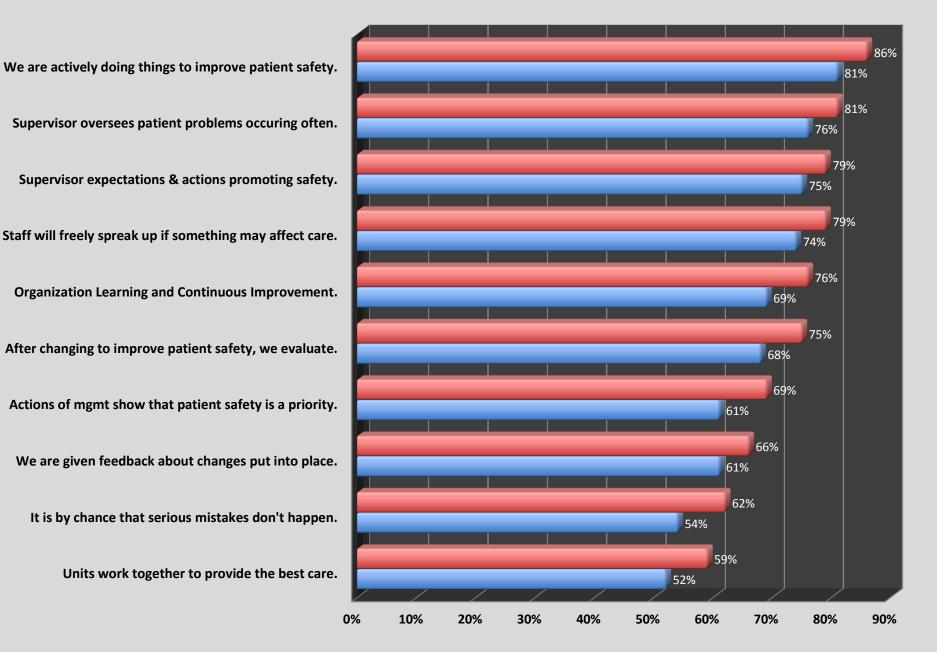




### RESULTS OF PROCESS IMPROVEMENT

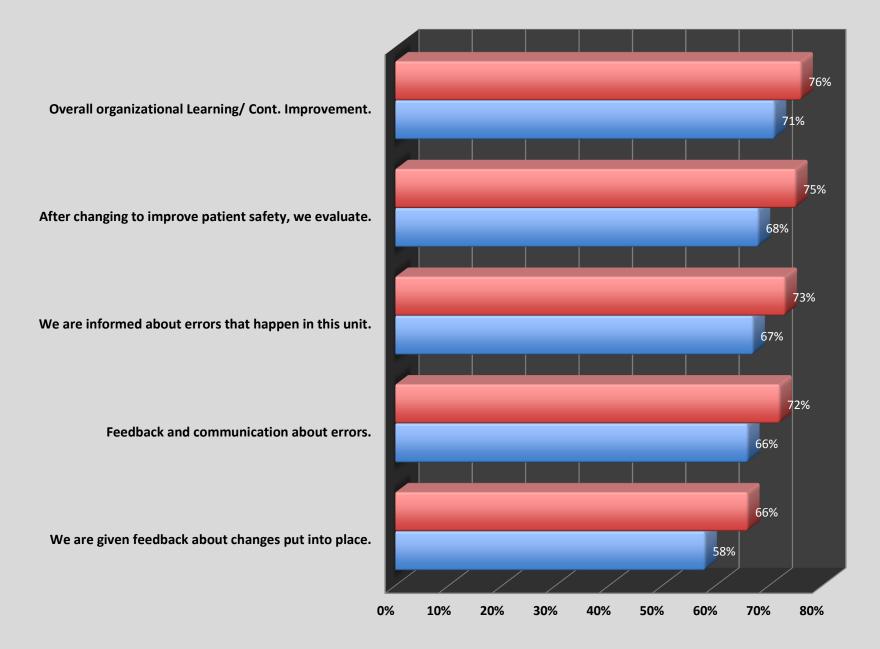


#### Survey on Patient Safety Culture (Agree)



≥ 2016 Responses ≥ 2015 Responses

#### Survey on Patient Safety Culture (Agree)







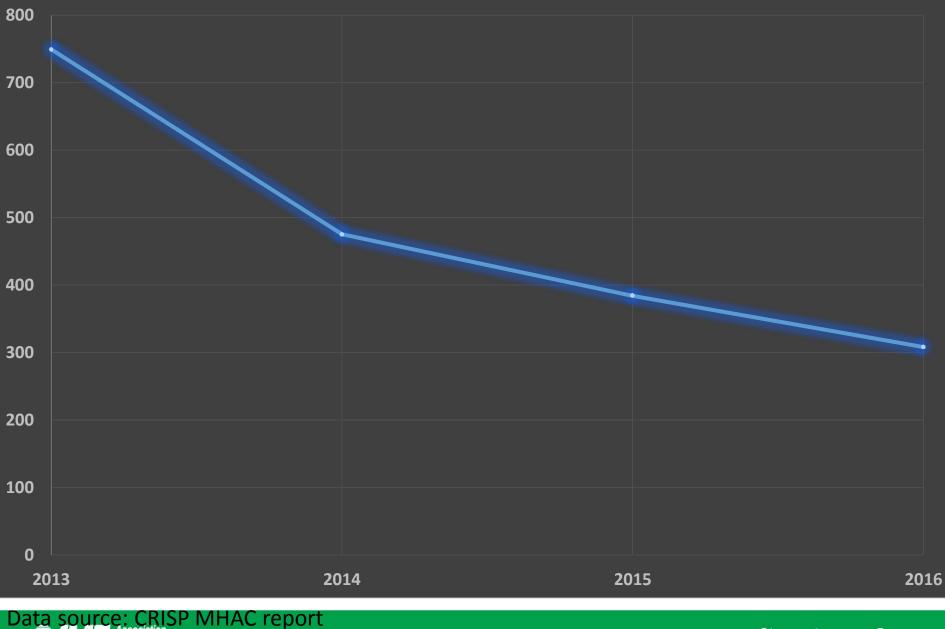
#### Meritus Quality Improvement Organization (QIO) Score



#### Data source: Quality Forum/QIO Composite Score Worksheet



#### **Maryland Hospital Acquired Conditions**



Data source: CRISP MHAC report Association Note: 2016 Association Note: 2016 Association





### **Next Steps**

- Link challenges with strategic goals
- Cascading challenges
  - See a problem, solve a problem, teach somebody!
- Increase the speed of learning
  - Directors as coaches
  - OI as second coaches
- Escalation to leadership
  - Transparency









## What we leave you with

- Seems overwhelming at first
- Start somewhere and everything will fall into place.
- Steal shamelessly and make it yours
  - Leanhealthcareconsortia.org/tools









# Thank You!

### Your opinion is important to us!

# Please take a moment to complete the survey using the conference mobile app.

### Session No: (WS/26) Death from Kaizen to Daily Improvement

Sara Abshari Meritus Medical Center Sara.Abshari@meritushealth.com Eileen Jaskuta Main Line Health System JaskutaE@mlhs.org

