Death from Kaizen to Daily Improvement

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- 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
Our Lean Journey

August 2011 - creation of Ops Improvement department

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

January 2012 - consultants recommendations

February 2012 - First Kaizen event & A3 training
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
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Our Lean Journey
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?
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*
Model Line Unit

Challenge:

Patient Experience

Patient Home On Time
Model Line Unit

What do you want to work on next?

Not my problem!

Loudest Voice Wins!
• 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!"
Model Line Unit

Challenge:

Patient Experience

Patient Home On Time

Nurses Home On Time

Nurses Lunch On Time
Spread to Other Model Lines

- Emergency Department:
  - Director was part of the advanced group
  - Engaged managers and staff
  - Obtained provider buy-in
  - Kata based on staff satisfaction
    - Completed multiple katatas 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
Our Lean Journey

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- January 2012: Consultants' recommendations
- February 2012: First Kaizen event
- October 2011: Hired Consultants to guide us on the lean journey
- 2016: Toyota Kata
• 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

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!
Daily Rounding

• 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?
Daily Rounding

Mocked up one route

Leader Standard work
Daily Rounding

CEO: What do we want communication to look like?
Daily Rounding

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

“[Before kata, improvement work] felt very scattered and busy. You are not in control, it controls you.”
From Chaos to Control (Nursing)

Staff empowered to make changes

Executive recognition and partnership

Not a solo activity

Staff recognition and partnership

Engagement
Reduced Patient Falls

5E # Falls and Falls with injury

- # Total Falls
- # Falls with injury

Axis Title

Nov-16  Dec-16  Jan-17  Feb-17  Mar-17  Apr-17  May-17  Jun-17  Jul-17  Aug-17
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.”
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.”

Reduced unnecessary consults

5W Total Cardiology Consults / Month

- Feb-17: 134 consults
- Mar-17: 121 consults
- Apr-17: 160 consults
- May-17: 136 consults
- Jun-17: 119 consults
- Jul-17: 84 consults
- Aug-17: 104 consults
• 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
We are actively doing things to improve patient safety.

Supervisor oversees patient problems occurring often.

Supervisor expectations & actions promoting safety.

Staff will freely speak up if something may affect care.

Organization Learning and Continuous Improvement.

After changing to improve patient safety, we evaluate.

Actions of mgmt show that patient safety is a priority.

We are given feedback about changes put into place.

It is by chance that serious mistakes don't happen.

Units work together to provide the best care.
We are given feedback about changes put into place.

Feedback and communication about errors.

We are informed about errors that happen in this unit.

After changing to improve patient safety, we evaluate.

Overall organizational Learning/ Cont. Improvement.

Survey on Patient Safety Culture (Agree)

- **2016 Survey**
- **2016 Benchmark**
Meritus Quality Improvement Organization (QIO) Score

Data source: Quality Forum/QIO Composite Score Worksheet
Maryland Hospital Acquired Conditions

Data source: CRISP MHAC report

Note: 2016 data is not complete (Jan-Nov)
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.

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