



Creating a sustainable management system

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About Scripps Health



\$2.9 BILLION
IN REVENUE

15,000
EMPLOYEES

3,000
PHYSICIANS
2,000 IN INDEPENDENT PRACTICE

Not-for-Profit, Integrated Health Care System in San Diego, California

Operating Two of San Diego's Six Trauma Centers





Disclaimer!

- Our aim is to keep this talk simple, but our slides may not feel that way
- Our aim is to give you a “parting gift” to reflect on back home, what we’ve learned, where we’ve stumbled, and where we’ve succeeded



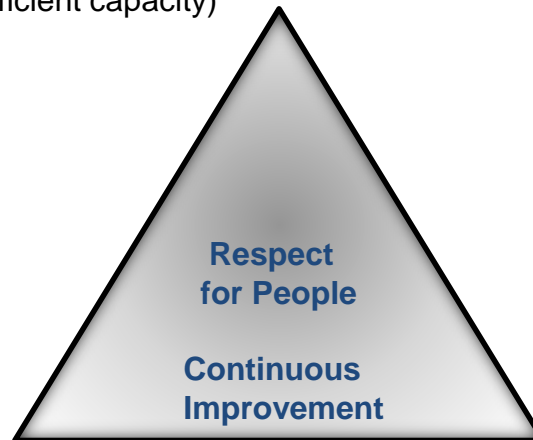
Purpose-driven Excellence

Purpose (Business Need):

- Lower cost by 20% (Medicare break even) within five years
- Achieve and sustain hospital wide patient satisfaction through top decile performance
- Achieve and sustain quality patient outcomes through top decile quality performance
- Provide all patients access to Scripps as a viable option (create cost efficient capacity)

Process (Reason for Action):

- Strategy has been driven by penalties and external requirements
- Strategy has been financially driven
- Planning/execution has been to create an incremental improvement, not breakthrough focused
- Functional vs process problem-solving approach (tactics vs integrated processes)
- Current performance improvements have had challenge in sustainment, consistency and reliability of outcomes



People:

- Heroic efforts and creative workarounds have allowed for immediate solution but variable and inconsistent outcomes
- Individuals that have participated in Value by Design show growth and development in problem solving
- Align clinical and operational practices together

AIM:

Lower cost and improve quality for entire system of care by:

- A. Creating a workforce that is eager to solve problems at the appropriate level – aligned with purpose
- B. Creating sustainable business – develop a workforce that knows how to continually improve through VBD principles
- C. Integrating and aligning the work of clinical care lines, medical management and operational performance
- D. Foster an environment to achieve breakthrough performance

SCOPE:

Acute Inpatient Care (our 5 hospitals)

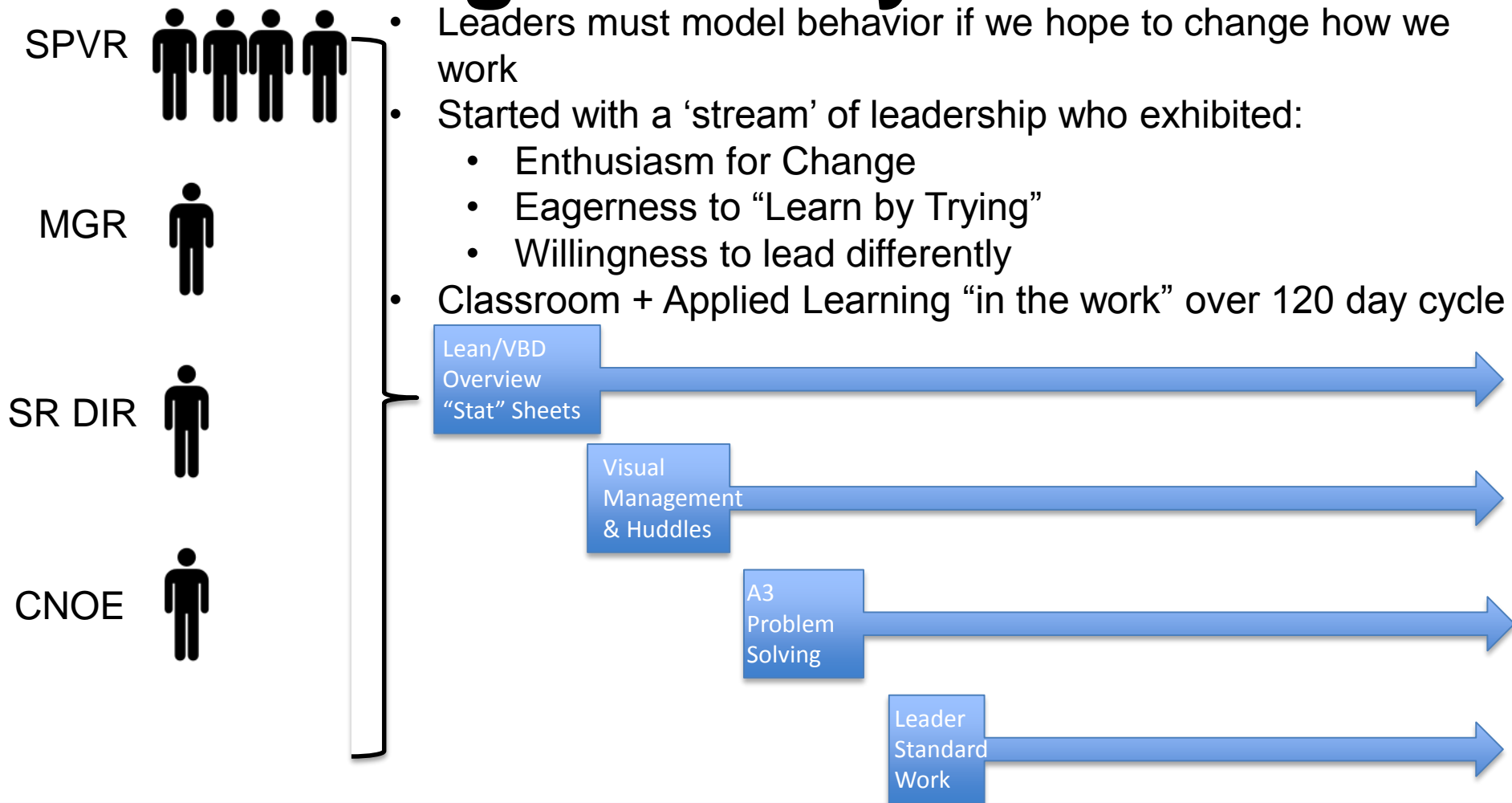


Why focus on the management system?

- On lean transformation in 2014 with a Value stream approach
- Shift from 'doing lean' to lean becoming our DNA
- Challenge getting improvement to “stick”, connect to strategy and for all folks to be daily problem solvers
- So much change at once – hard to keep track, keep things moving and stay prioritized/focused
- Hard to make quick adjustments to plans
- Losing on staff engagement
- Not everyone could be involved in value stream work



How did we start the management system?





What we learned from this

- Coaching is not telling; hard to break habits!
- Being in the Gemba Matters
 - Relentless Focus: this is a priority
 - Awareness and ability to “go and see”
 - Recognition of People, on the spot
 - Leader as teacher
 - Dedicated Time = Essential
- Visual Management & Huddle engage the staff, but required dedicated time and physical proximity
- Hard to Manage in “two ways” (Lean vs Non-Lean)
- Fun = Good



What Next?

- Expanded “MDI” across multiple Nursing Floors, Operating Rooms within One Site
- Daily support from Coaches to:
 - Practice the Standards
 - Reflect on the Practice
 - Incorporate learning(s) and grow
- What we learned:
 - Hard to be everywhere at once as we develop more areas
 - Leadership visibility is important
 - Everyone learns at their own pace, hard to predict
- As leaders from other hospitals “came to see” a strong desire to introduce model cells at their hospital
 - So much for the model!



System Hospital MDI Roll-Out

	Jul 2014	Oct 2014	Jan 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Oct 2015	Dec 2015	Jan 2016	Apr 2016
Hospital 1	M/S ED	OR M/S SPD M/S M/S	M/S L&D MBU HR Clin. Nut. FNS Qual.			ICU ICU			Rx CM Amb. OR PACU Pre-Op		PT Cath Lab OT Speech
Hospital 2			M/S M/S	M/S M/S	M/S	ICU		OR SPD Rx		EVS	
Hospital 3			M/S ED			ICU	M/S			MBU L&D Rx	Rehab FNS Surgery
Hospital 4a			M/S			ICU ICU	M/S M/S M/S M/S ED				
Hospital 4b			M/S			ICU	M/S M/S OR ED				



What we learned from MDI deployment initial spread

- Living is learning for executives; helped change mindset
- Sr Leadership team plays an important role in:
 - Aligning improvement efforts and strategy
 - Coaching and supporting others
 - Modeling the behavior
- Saw significant variation among sites in terms of how senior leadership performed these duties
- Saw significant variation in understanding and participation in Lean concepts
- Had no repeatable “system” to connect the activities of front line teams to the aims of the enterprise



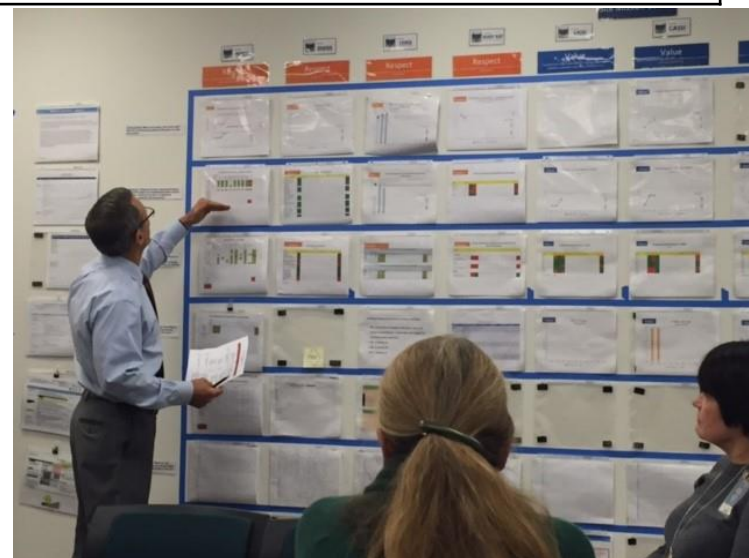
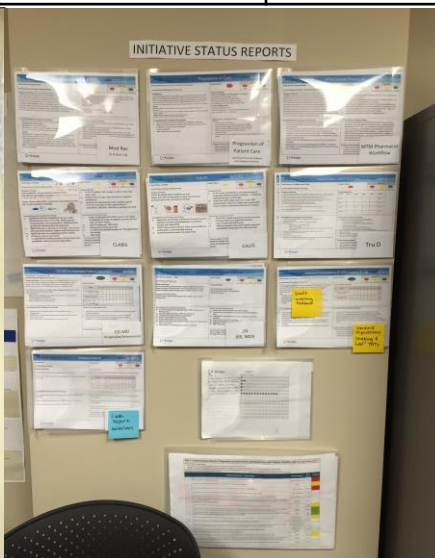
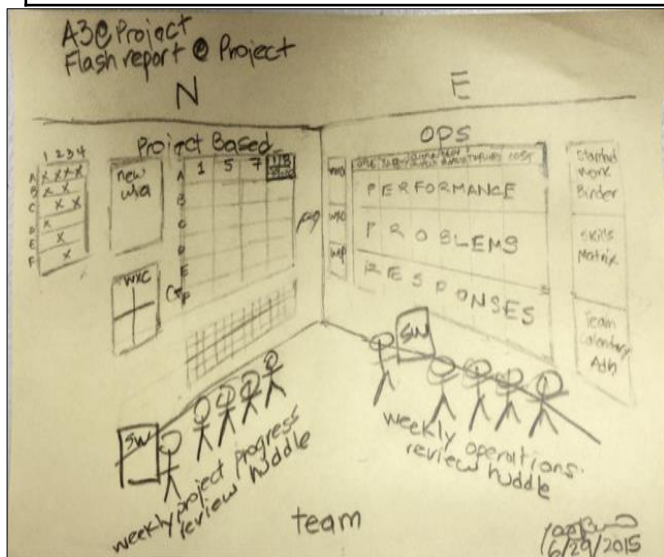
How did we create a “system”?

- Go and See others
- Enlist help from a Sensei
- Collaborate in its design to make this Scripps-specific across all hospitals
 - Full week event
 - Reflection on learnings
 - Integration of Value Stream work and Management System
 - Prioritized Management System and spread as a key element needed to sustain any improvement work
 - Narrowed to the ‘critical few’...even if it was too many



Solution approach

If We....	Then We Expect....
Design and implement a Management System that allows us to run and improve the business	Greater understanding for all leaders across Scripps about roles, expectations, and methods to help us improve
Revise our Site Mission Control Reviews to look and feel the same	To see greater consistency across Acute Care Settings and knowledge shared among sites
Use a robust portfolio governance process at the System, ACST, and Site levels	Strategic initiatives to progress in a timely fashion while achieving performance goals
Continue our MDI deployment in ancillary, support areas	A greater number of leaders and staff will have a means to improve with support of their leaders





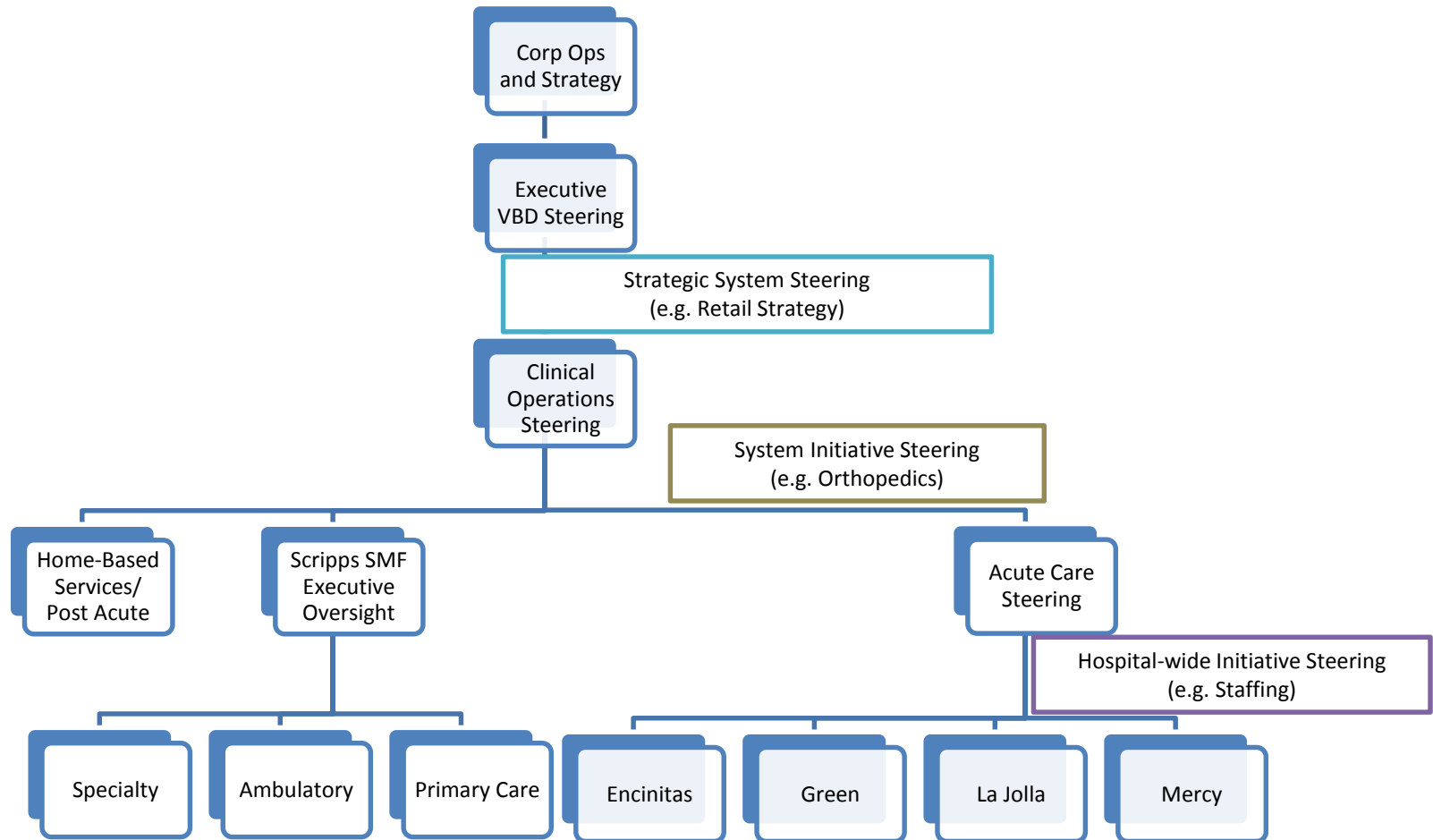
Site Mission Control Room





Governance

Scripps Management System

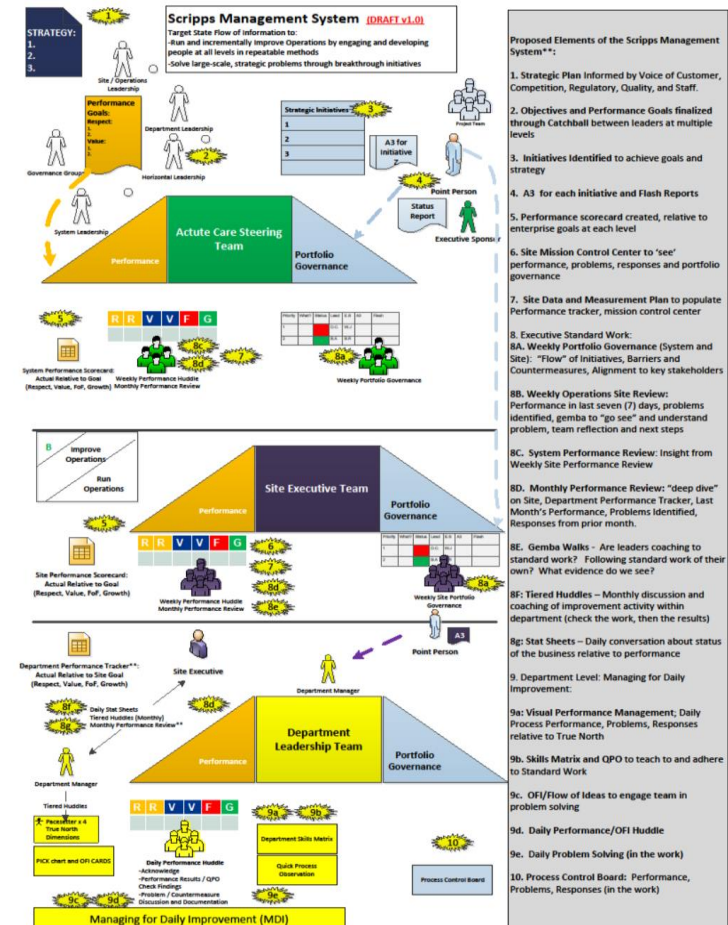




Overview of Scripps Management System (SMS)

It's a lot of detail:

- Each level is articulated
 - Front line staff to CEO
- Portfolio (Project and Value Stream work)
- Performance (Daily Operational metrics and improvement)





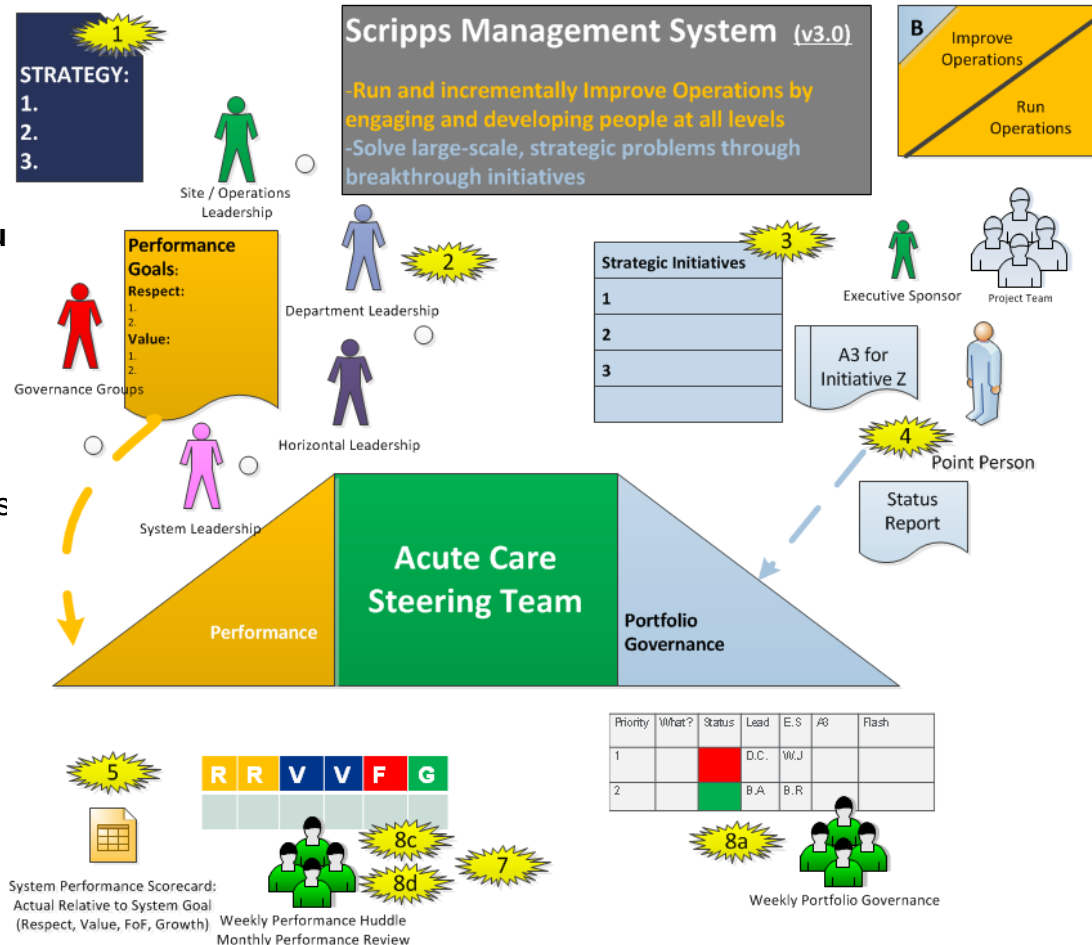
Guiding principles for Acute Care Steering

- Be focused around The One Plan
 - Think global/system, not site
 - Commit to following standard work
 - Be bold and transparent presenting barriers
 - Be consistent with the process
 - Focus on the process to achieve outcomes
 - Bring to the team the need to mitigate before deviating from the process
- Earn the trust of our people and each other
 - Support, champion and provide clarity around the single management system
 - Focus on the “what”. The initiative team focuses on the “how”
 - Coach up and down
 - Speak with data
 - Be proactive



Elements of the Scripps Management System:

- 1. Strategic Plan** Informed by Board of Trustees, Voice of Customer, Competition, Regulatory, Quality, and Staff/Leadership.
- 2. Objectives and Performance Goals finalized through Catchball** between leaders at multiple levels
- 3. Initiatives Identified** to achieve goals and strategy
- 4. A3 for each initiative and Flash Reports**
- 5. Performance scorecard** created, relative to enterprise goals at each level
- 6. Site Mission Control Center to ‘see’** performance, problems, responses and portfolio governance
- 7. Site Data and Measurement Plan** to populate Performance tracker, mission control center
- 8. Executive Standard Work:**
 - 8A. Weekly Portfolio Governance** (System and Site): “Flow” of Initiatives, Barriers and Countermeasures, Alignment to key stakeholders





Site Executive Team Routines

6. Site Mission Control Center to 'see'
performance, problems, responses and status of portfolio

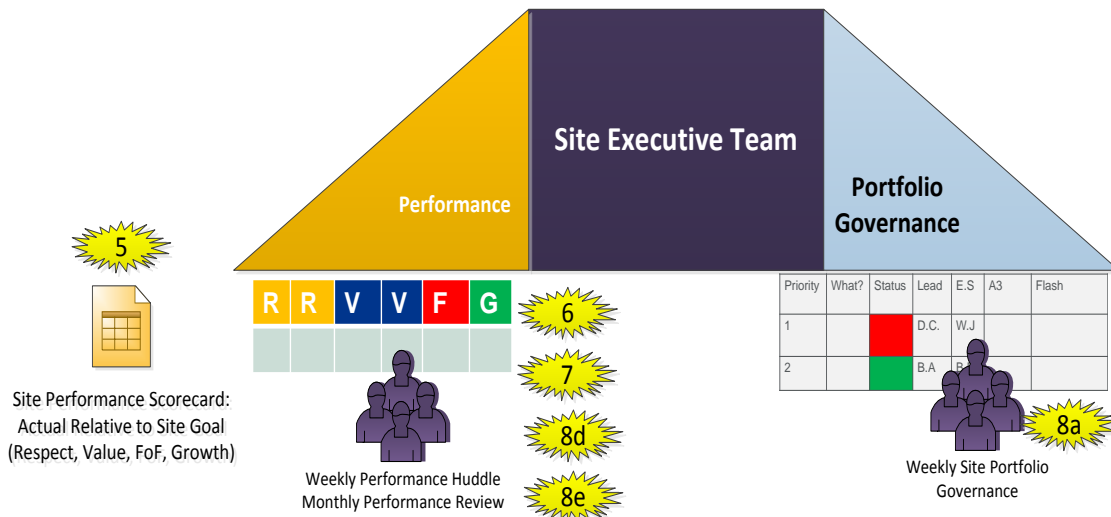
7. Site Data and Measurement Plan to populate scorecard, mission control center

8A. Weekly Portfolio Governance (System and Site): "Flow" of Initiatives, Barriers and Countermeasures, Alignment to key stakeholders

8B. Weekly Performance Review: Performance in last seven (7) days, problems identified, Gemba Walk to "go see" and understand problem, team reflection and next steps for +7d

8D. Monthly Performance Review: "deep dive" on Site, Department Performance Scorecard, Review of Last Month's Performance, Problems Identified, Responses from -30d, Plans for +30d.

8E. Gemba Walks - What evidence do we see of Performance, Problems, Responses when we "go and see?" Are leaders developing, instructing, and coaching to standard work? What evidence do we see/hear from staff? What problems need assistance?





Site Executive Level: Leader Standard Work

It's a life changer!

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Quarterly

AND...It keeps evolving

Cindy's Lead

Task/Frequency	Notes/Log Output	How	Cycle Time	1	2	3	4	5	6	7	8	9	10
Daily													
Get above new/ren with Luke			30 min										
Get above new/ren with Billie			30 min										
Get above new/ren with Denise			30 min										
Get above new/ren with Adele			30 min										
Get above new/ren with Carol													
Get above new/ren with Lynn			30 min										
Lunch			30 min										
Coaching with MG Dismember			30 min										
Free Work Time			2 hour										
Work Sign Off			30 min										
Weekly		1 hr											
MG Work			30 min										
Gerry Update			1 hour										
Regular review			1 hour										
Bi-Weekly		1 hr											
Direct report with Billie			1 hour										
Direct report with Luke			1 hour										
Direct report with Adele			1 hour										
Direct report with Denise			1 hour										
Direct report with Carol			1 hour										
Direct report with Lynn			1 hour										
Direct report with Kristen			1 hour										
Direct report with Chief of Staff			1 hour										
Review with Thomas			30 min										
Monthly		1 hr											
LJ Leadership Meeting			60 min										
Direct Report Scouting			30 min										
Direct Report Trends			30 min										
Quality Meeting			30 min										



Department Leadership Team

8F: Tiered Huddles – Monthly 1:1 discussions ; coaching on flow of improvement activity within department

8g: Stat Sheets – Daily conversation about status of daily business relative to performance aims

9. Managing for Daily Improvement:

9a: Visual Performance Management; Daily Process Performance, Problems, Responses relative to True North

9b. Skills Matrix and QPO to ensure effective instruction and adhere to Standard Work

9c. OFI/Flow of Ideas to engage team in problem solving

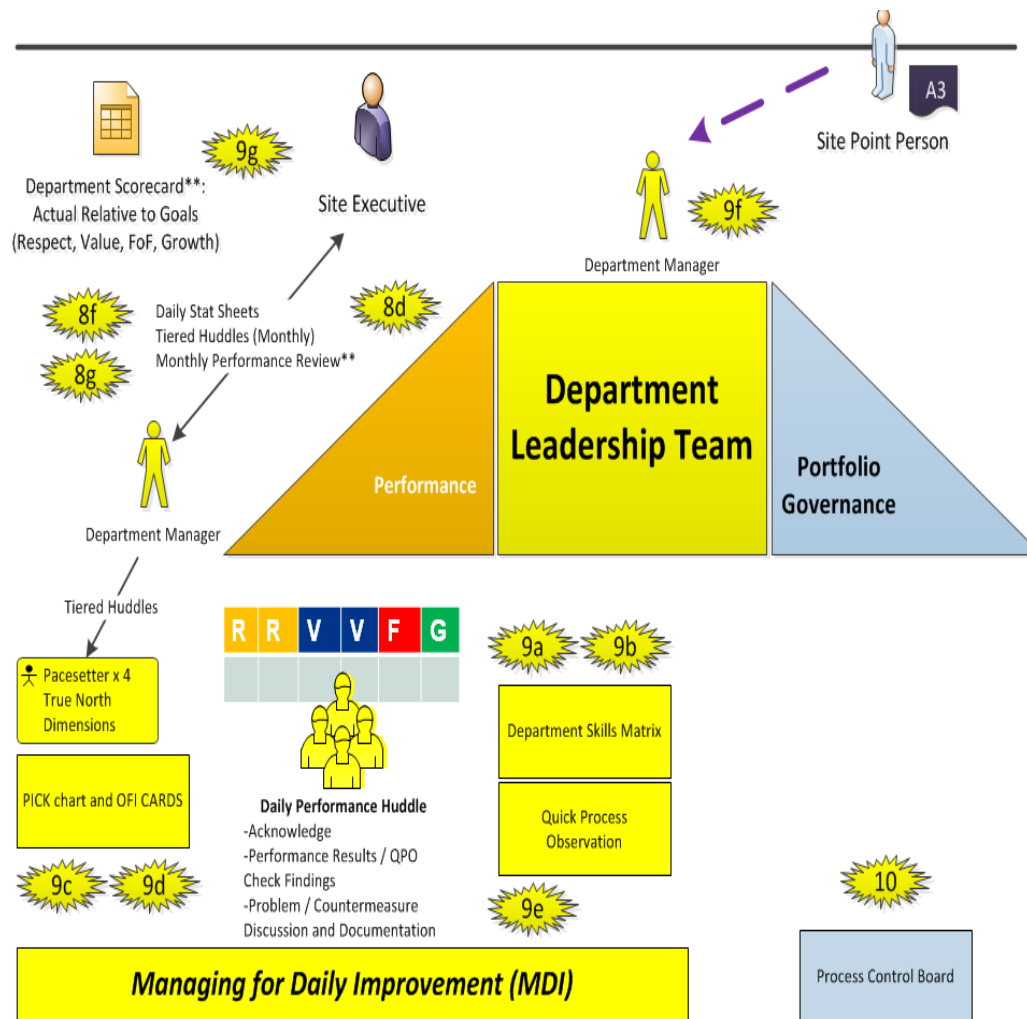
9d. Daily Performance/OFI Huddle

9e. Daily Problem Solving (in the work)

9f. Leader Standard Work

9g. Department Performance Scorecard and Monthly Performance Review (all metrics)

10. Process Control Board: Performance, Problems, Responses (in the work)






Department Level: Stat Sheet

DAY Daily Stat Sheet			Unit: CVSU
	Sun	Mon	
Human Development	Who would you like to recognize today that helped to eliminate obstacles or made your shift smoother by taking a proactive approach?		
	What are your immediate concerns about today's assignment that your charge nurse/supervisor needs to know?		
	What concerns do you have about any of the unit pilots or RIEs?		
Quality	Who are you concerned about that will benefit from the "Disruptive Behavior Algorithm"?		
	Of the patients listed for the "Disruptive Behavior Algorithm" how many have a social work consult ordered?		
	What are the most common reasons for patients being discharged to the ED?		

Disruptive Behavior Algorithm

Daily Stat Sheet		✓ after asking					Notes
Leader Name:	Unit: CVSU	Mon	Tue	Wed	Thu	Fri	
							Mon
Think: coaching opportunities, dive into the problem. Start with the real problem							
Of everything you heard today, what causes you the most concern?							Tue





Department Level: MDI Board

Department MDI Boards:

- True North aligns to site initiatives if relevant for department
- Each department has a Watch Scorecard and a “Wild Card” lane





Department Level: Pick Board

Department PICK Boards:

- Generate department opportunities for improvement
- Gives the problem solving to the people that do the work

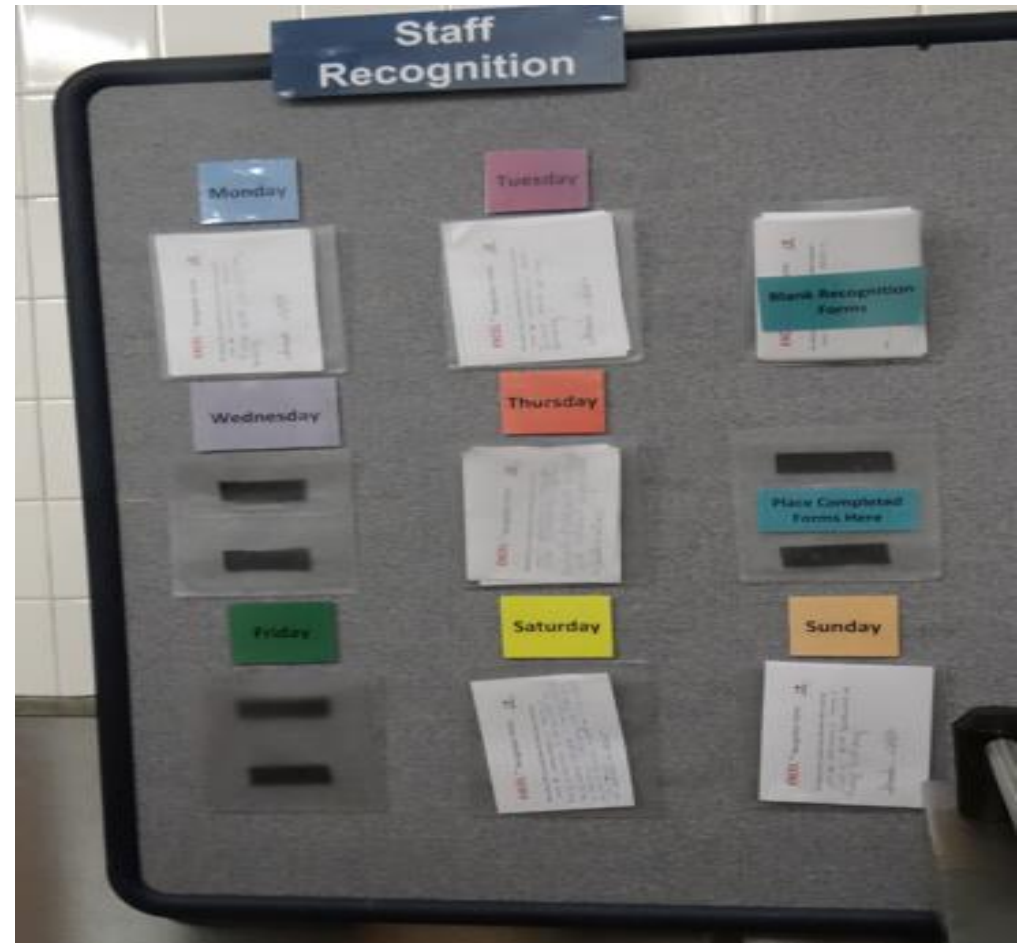




Department Level: Recognition

Department Recognition Boards:

- Provides opportunity for each staff member and shift to get recognized
- Leaders follow-up with recognition
- Provides reminders to recognize proactive not just reactive teamwork





MDI Results – Food & Nutrition

- Started with stat sheets (frontline staff concerns graphed)
 - Quality of chicken (tough)
 - Led to change in chicken
 - Out of stocks
 - Altered placement on shelves
 - Reset delivery schedule to 3x/wk from twice/wk
 - Inventory reduced \$142,000 ytd from last year in food costs and continuing to drop.
 - Stock outs went from multiple/day to essentially zero
- Moved forward with visual management – MDI Board and lanes
 - Abandoned calls reduced from over 20% to 7% with many days at 0 during a time of 38% increased census for meals
 - Improved patient and staff satisfaction – maintained > 1 year
 - Addressing back injuries by creating a special bottom in trash cans (staff idea) reduced to 0 injuries
 - Staff looking for barriers to getting food to patient in timely manner and at good temp
 - Began After tray line huddle – what went well, what opportunities, which led to monitoring tray line time for efficiency
 - Resulted in Adjusting Food Tray / Cart locations to minimize delay in tray service, delivery



MDI Results – Food & Nutrition

- Staff engagement survey metric for % engaged
 - Moved from 47.1% to 52.6%
 - Now 80th percentile
- One of the statistically significant top impact drivers to improved score was:
 - “My ideas and suggestions are valued by my organization”



Other MDI “Wins”

- Main Operating Room – our first RIE, followed by MDI to sustain
 - Wasted supplies taken into main OR Suite for case, but not used
 - Created hold bag, case picker role and Doctor Preference Card process
- Ambulatory Surgery Center
 - Noted surgical sutures are wasted because they are opened and do not get used in the case. Tested a process change by placing sutures in a hold bucket separate from other supplies and opened once the surgeon confirmed they were needed.
 - Action: Tracked suture utilization daily on their MDI board.
 - Business impact: Reduced year to date unfavorable variance from \$14,000 to \$1,000 in less than 3 months
- Nursing unit evaluating patient satisfaction for response to calls
 - Noted number increased during lunch relief, Identified reasons as pain and BR
 - Developed rounding process prior to lunch break and greatly reduced calls while increasing patient and nurse satisfaction



Take Away

- Our staff and patients (customers) deserve our best
 - No matter how challenging the environment
- Staff know the questions and the answers and want to be involved in the conversation
- Models can be useful, but stick with it...too fast too soon can be problematic!
- A lean transformation is a cultural shift
 - It's a journey not a destination
- Don't let perfect be the enemy of good



Thank You!

Your opinion is important to us!

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

Session: TP/08

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Questions

