Engaging Frontline Staff in Real-Time Improvement

Sharon Mann and Jennifer Phillips

Institute for Healthcare Improvement
December 2013

Session Code C6
These presenters have nothing to disclose

© 2013 Virginia Mason Medical Center

Session Objectives

• Discuss the difference between a suggestion system and a lean-influenced idea system
• Describe standardized leadership routines that engage staff in improvement
• Identify critical success elements when implementing such an approach
Who We Are

Sharon Mann: RN, MS, NEA, BC
Nursing Director – Emergency, PACE (Observation) and Stroke Units

Jennifer Phillips: BS, MMC
Innovation director focused on implementing our Strategic Innovation Plan

Virginia Mason Medical Center

• An integrated health care system
• 501(c)3 not-for-profit
• 336-bed hospital
• Eight locations (main campus and regional centers)
• 450 physicians
• 5,000 employees
• Graduate Medical Education Program
• Research Institute
• Foundation
Our Strategic Plan

Innovative cultures are stimulating, engaging

Need to assess our culture so we can improve

Assists the translation of ideas into action

Intertwined Guiding Principles

Staff Can and Do Act

Culture of Safety

Staff Engagement

Culture of Innovation

Respect for People

Virginia Mason Production System

Virginia Mason Team Medicine® Foundational Elements

Strong Economics

Responsible Governance

Integrated Information Systems

Education

Research

Virginia Focus
Virginia Mason Production System

Toyota Production System philosophies and practices have given us an effective management approach focused on achieving:

• Customer first
• Highest quality
• Obsession with safety
• Highest staff engagement
• A successful economic enterprise

Requires Deep, Relentless Engagement

• Visible leadership
• Employees trained in Virginia Mason Production System
• Organizational transparency
• Employees improving their own work
Requires Relentless Focus on Removing Waste

- Time
- Defects
- Motion
- Inventory
- Transportation
- Overproduction
- Processing

Taiichi Ohno’s 7 Wastes

Requires Strength in Four Elements

- Frontline Staff Improvements
- Removing Waste
- Ideas encouraged
- Time to work on ideas
- Ideas recognized
- Methods to be creative & innovative

© 2013 Virginia Mason Medical Center

© 2013 Virginia Mason Medical Center
Requires Effective Leadership

“Leaders have a disproportionately large effect on the cultures of organizations. By their behaviors, leaders create the conditions that either hinder or aid innovation.”

*NHS Institute*

Primary Kaizen Activities

- Workshop methods:
  - Rapid Process Improvement Workshops (5-day RPIWs)
  - Shorter Kaizen Events
  - Innovation Events
  - 3Ps
- Lots of everyday kaizen and projects
Strategy Examples

• “Standard Work for Leader” routines
• Everyday Lean Idea (“ELI”) System and daily kaizen
• Patient Safety Alert System
• Staff participation on workshops
• Leadership development & HR support
• Training and ongoing focus on respect for people behaviors

Our Focus Here: Convergence of Two Methods

Staff Idea System

Standardized Leader Routines
Our Staff Idea History is Long…

Circa 1960
Circa 1972

Staff Idea System, Circa 2013

Easy
Little
Innovations
EVERYDAY LEAN IDEAS

© 2013 Virginia Mason Medical Center
The Vision

- Everyone involved in every work area
- Staff testing & implementing small-scale ideas within their control
- Leaders are idea coaches & supporters
- Evidence of waste elimination or reduction
- Ideas and insights spread from area to area

---

Idea Supermarket for Tools & Knowledge Sharing

---

Contact the supermarket team with questions and suggestions: ideas@vmmc.org, Christine Losco at 345-1017, Amy London at 345-1032, or Jennifer Phillips at 345-0665.© 2013 Virginia Mason Medical Center.
**Staff ELI Example**

- **Focused on information defect experienced by patients**
- **Created visual cue**
- **Eliminated rework**

**Idea Title:**
Patient Health History Information Incomplete

**Categories:**
Forms and Information

**Date Created:**
12/24/2012

**Date Published:**
01/02/2013

**Submitters:**
Ketia L. Fall

**Idea Originated From:**
None - Original Idea

**Problem before Improvement:**
Patients who have completed the four page health history form (located in the Corner chart) yet the return health history form shows everything or portions are incomplete. Some patients were asked to complete the entire form again. Flow managers were not always aware there was missing information to update.

**Key Metric to Improve:**
Eliminate incomplete records for return patients

**Idea Description:**
When preparing patient paperwork for the visit, look at the return form clerk room area for red incomplete check boxes before printing return form. Place a bright colored dot at the top of the form as an anchor that there is missing information on the patient.

**Idea Source:**
Personal Experiences / Observation

**How Idea was Tested:**
Front desk prints and notes the missing data. They add the green sticker to alert flow managers there is missing data on the patient. This alerts them to pay special attention to what information needs to be updated in the patient chart. Will test for one week and follow up with flow managers to see if the anchor is helping and a time saver in the process. Then monitor for one month to see if there is a drop in the number of patients arriving and return form showing red alerts.

**Type(s) of Waste Reduced:**
Defects

**Specific Results:**
The flow managers like having a bright anchor that quickly shows them the patient has missing information on the return form. The number of patients now checking in with missing information has reduced 50% and we are continuing to use this process to ensure all patient information will be entered.

**Implementation Status:**
Idea Implemented

---

**Staff ELI Example**

- **Found activity to just stop doing**
- **Great way to eliminate waste of time**
- **Saved 210’ of weekly staff time**

**Idea Title:**
Too Much Inventory of Regional Clinicians Referral Paperwork

**Categories:**
Forms and Information

**Date Created:**
01/29/2012

**Date Published:**
01/23/2013

**Submitters:**
Robert C. Intake Center (TFS) (440815)

**Idea Originated From:**
None - Original Idea

**Problem before Improvement:**
We keep too much paperwork for the Regional Clinicians referrals. We seldom need to go back to this paperwork, it takes up space and it takes time to copy and file this paperwork.

**Key Metric to Improve:**
Reduce inventory, see how often we actually need to go back to the paperwork, reduce time going through old paperwork

**Idea Description:**
Start scanning the referrals and then we can shred them.

**Idea Source:**
Personal Experiences / Observation

**How Idea was Tested:**
Referrals are being held for too long (3 months). We should keep records for a month instead. In the current state, work comes in batched and queued. It goes from one box to another, then to another and then to another. There is a “received folder” in-box, “U” in-box, and a “to be filed” in-box waiting for something to be filed and to be filed in the in-box. Work should be processed as soon as it is received regardless of if there is missing info or clinical information. By holding the work and not fixing it to the respective VH department it delays patient care. It should be one piece flow.

**Type(s) of Waste Reduced:**
Inventory, Motion, Overproduction, Processing, Time, Transportation

**Specific Results:**
We no longer keep any paper records. We fax the information to the clinic sections, wait for the fax success confirmation and then shred the chart notes. This saves approximately 10 minutes a day for the initial preparation that was being done to save the documents and then another 2 hours per week going through to “clean out” old files.

**Implementation Status:**
Idea Implemented

© 2013 Virginia Mason Medical Center
What Staff Experience

“We have great manager support to go forward with ideas.”

“I have great manager support to go forward with ideas.”

“I feel a little anxious about sharing my idea results with coworkers because you never know how people are going to accept or reject your idea.”

“My supervisor tends to bring up pessimistic views first, then suggestions later.”

We Want More of This
Standardized Leader Routines

- Based on World-Class Management approach (Mann, David. Creating a Lean Culture: Tools to Sustain Lean Conversions. Productivity Press, 2010)
- Key element of lean management system
- Requires:
  - An understanding of VMPS concepts, methods, and tools
  - Regular management presence where the work happens
  - A transparent environment
  - Clear and complete goals
  - Constructive and helpful feedback from top management

World-Class Management

1. Run your business
2. Improve your business

Management by Policy
Provides focus and direction

Cross-Functional Management
Aligns across the organization toward full customer satisfaction

Daily Management
Manages daily work
What?

You can standardize what leaders do every day?

© 2013 Virginia Mason Medical Center

Standard Work for Leaders

• We’re standardizing what makes sense
  ▪ Repetitive daily activities and behaviors that leaders engage in to ensure customer demand is met and identify abnormal conditions

• % depends on leadership level
  ▪ 50%-90% if close to daily operations
  ▪ 10%-50% in less structured roles

© 2013 Virginia Mason Medical Center
Why?

- Enables quicker correction of problems
- Provides staff with regular, predictable communication channels
- Makes leaders & their work more visible to staff
- Builds trust & transparency
  - More constructive problem-solving, less blaming
- Boosts quantity/quality of ideas
- Gives leaders more predictability in their day

Components

<table>
<thead>
<tr>
<th>Checklists</th>
<th>Huddles</th>
<th>Rounding</th>
<th>Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Repeatable duties</td>
<td>- Daily</td>
<td>- All leadership levels</td>
<td>- Visual controls&lt;br&gt;- Actively used</td>
</tr>
</tbody>
</table>
What’s Happening?

More teamwork on problems & ideas

Leaders working idea coaching into routines

Issues and ideas more transparent

Organizational framework in place, lots of local adaptation

Cardiologist’s idea sheet and log used during rounding
Insurance Payment Closure’s visual control board for ELIs and staff idea skills map

Clinic huddle board’s tracking sheet for kaizen ideas in process and who’s on point
Examples of teams making staff idea work a fun team sport

Examples of integrating staff idea work into leader checklists
Where We’re At With Spread of Standardized Leader Routines

Cumulative Total-Department Implementation of Standard Work for Leader Routines

Where We’re At With Creating the Conditions for Staff Ideas

Work Groups With High Staff Survey Scores on Cluster of Five Idea-Related Items
Where We’re At With Creating the Conditions for Staff Engagement

Culture of Safety Survey Items

Sup/Mgr seriously considers staff suggestions for improving patient safety
- 2012: 76.2
- 2013: 77.1

Staff freely speak up about safety concerns
- 2012: 75.6
- 2013: 77

Where We’re At With Making Ideas Visible, Spreading Them

Hundreds of staff ideas logged in formal system each year

Estimated 2x-3x more tackled but just not shared organizationally

Formally counting all ideas proving tough; still deciding what needs to be visible
Where We’re At With Providing Useful Idea Tools


- Very Important: 8%
- Important: 18%
- Medium: 36%
- Low Importance: 22%
- Not Important: 17%

What Else We’re Observing

- Energy & conversation level up at huddles
- More visible evidence of staff idea work around the medical center
- Staff involvement in workshops: more volunteers, fewer “prisoners”
- Receptivity/helpfulness to other teams on improvement work
Case Example

Emergency Department and
PACE Observation Unit

Department Overview

**ED**
- 17 beds
- 23,000 visits/year
- Staffed with MD, RN, PCT and PA’s
- Level 1 Stroke and Cardiac Center
- Leadership – Medical and Nursing Director, Manager, 2 Assistant Managers, Social Worker, part-time data analyst and admin. assistant

**PACE**
Patient Accelerated Care Environment
- 2 years new
- 18 beds – 4757 patients admission
- Open 24/7
- Staff - Nursing Director, Manager, Social Worker, RN’s and PCT’s
Department Routines

Daily
- Staff huddles (twice)
- Leader staff rounds
- Leader patient rounds
- Leader huddles
- Environmental checks
- Daily tasks checklist

Weekly
Staff
- People link rounds
- Staffing board review
- Drills

Leader
- Genba rounds
- Board updates
  - Staffing
  - People link
  - Standard work for leaders
  - Production
  - Kaizen activity
- Department email update
- New hire check-ins
Department Routines

Monthly

- Audits
- Kaizen activity re-measures

Quarterly

- Audits
- All staff meetings
- Charge nurse meetings
- Drills

Daily Routines
Who’s Working?

Daily Staff Huddle
Team members present their own ideas and learning's to their co-workers
Production Board

Staff Engagement through VMPS
Staff Engagement through VMPS

© 2013 Virginia Mason Medical Center

Staff Engagement through VMPS

© 2013 Virginia Mason Medical Center
Staff Engagement through VMPS

Leaders Engaging the Team
Leaders Engaging the Team

Leaders Engaging the Team
Staff Engagement in Action

- Elisha Jensen talking about staff ideas turning into real-time assistance when in surge.

Results So Far

2013 ED Length of Stay, Census and Patient Satisfaction Score

- QTR 1: ED ALOS 5274 minutes, 86.6%
- QTR 2: ED ALOS 5305 minutes, 87.9%
- QTR 3: ED ALOS 5651 minutes, 90.8%

- Patient Satisfaction Score: QTR 1: 86.6%, QTR 2: 87.9%, QTR 3: 90.8%
Results So Far
Culture of Safety Items

Results So Far
Voluntary Turnover %

<table>
<thead>
<tr>
<th>VMPS Leaders</th>
<th>Required</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACE</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>ED</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>
Virginia Mason Lessons So Far

- The rituals are critical
- Leader attitudes and approaches really matter
- Boards are only a tool; they can’t be static
- Expect it to take time & lots of experimentation
- Focus on building trusting relationships that can weather change
- Staff idea processes have to be hassle-free

What’s Next: Not Letting Up

- Continue strengthening daily management rigor
- Redesign & simplify organizational idea tools
- Continue integration of leader routines & organizational systems
  - Needs to be as easy as possible for all
Does, or could, this approach resonate with your organization’s culture?
Questions?