

LEI Webinar

***Managing to Learn:***  
**Part 2 - Conversations with Lean  
Leaders About the Real Impact of the  
A3 Management Process**

With John Shook, Lynn Kelley, Ph.D,  
Eric Ethington, and Jack Billi, MD

November 13, 2008

# Housekeeping

Use the volume controls on your computer to adjust sound

Enlarge slides with the console button beneath them

Use the "ask a question" button on the left side to submit questions



# Managing to Learn

Using the A3 management process to solve problems, gain agreement, mentor, and lead



# Our host for this conversation

## John Shook

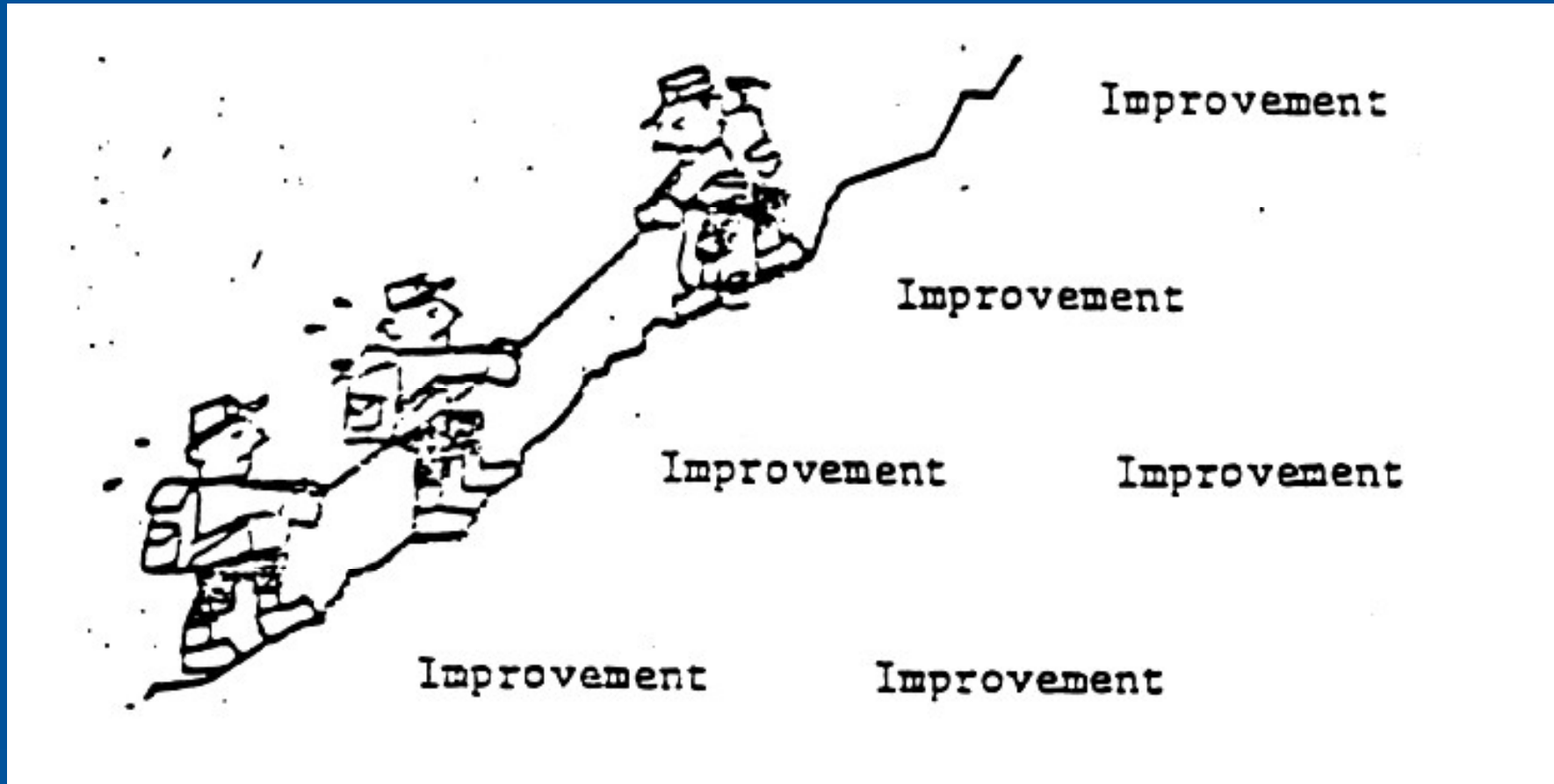
Lean Transformations Group  
LEI Senior Advisor



- ✓ Hired by Toyota in 1983 to help manage the transfer of the Toyota management system across the world.
- ✓ Learned the A3 process through being mentored as a manager in Toyota City
- ✓ Co-author of *Learning to See* (Value Stream Mapping).
- ✓ Now introducing the A3 management process to the global lean community in his new book, *Managing to Learn*.

# The Lean Leader's job is to...

Get the work done (design-build-ship-sell)  
While developing people...at the same time!





**Lynn Kelley** is Vice President, Textron Six Sigma, a position she was appointed to in May 2007. Kelley drives the ongoing deployment of Textron Six Sigma and the continuous improvement of its DMAIC, DFSS and Lean capabilities across all Textron business units. She is a member of the Textron Transformation Leadership Team, a Corporate Officer and a Textron Six Sigma Master Black Belt.

Kelley began her Textron career at Textron Fastening Systems in 1999, where she held various positions, including Vice President, Continuous Improvement and Acting Vice President of Strategic Planning. Prior to joining Textron, she was Professor, Department Chair, and Director of the Master's Degree in Quality and Operations Management at Madonna University. She also served as Executive VP and COO for Doctors Hospital in Detroit, Michigan.

Kelley holds a Ph.D. from Wayne State University, an MBA from Michigan State University Executive MBA Program, and a BBA, Business Management from University of Detroit-Mercy. She has published books in the fields of statistics and operational excellence.



**Eric Ethington** is a Lean Implementation Manager in Textron Six Sigma's corporate lean organization, joining the group in the spring of 2007. Eric's role is one of driving change within Textron through influencing and teaching others. Key internal customers of Eric's are Bell Helicopter, Jacobsen and the Textron Six Sigma Council. Prior to joining the lean group, Eric spent eighteen months in the corporate black belt program, obtaining his DFSS certification in October of 2006.

Before joining Textron in 2005, Eric held various positions at Delphi in a career spanning 22 years. A key accomplishment during his Delphi career was his team's development and execution of Delphi's internal Lean Enterprise College. Additionally, Eric was mentored for 3.5 years by Yoshinobu Yamada, former General Manager of Production Control for NUMMI.

Eric earned a BS in Industrial Engineering from General Motors Institute (now Kettering University) and an MBA from the University of Michigan at Flint.

# The Personal Impact of Using A3's

- Leaders “facilitating learning” is a big change from traditional leadership models
- Always preferred a direct approach, which felt more efficient, but often was not
- A3's make a lack of agreement/alignment visible
- Using A3's has had many spillover effects on day-to-day behavior e.g. keep reminding yourself as questions

# The Organizational Impact of Using A3's

- Organizational conflict often comes from different perceptions of a problem/situation
- A3's create a common process to agree (or fail to agree) on a problem definition AND... to compare a variety of potential solutions
- A3-based agreements work better than contracts/task lists --- based on real understanding and agreement
- A3 use has grown organically, not mandated --- “Pull” not “Push”

## Value Stream Improvement – Plant 40

### Situation:

- Leadership decision to focus continuous improvement activities in key plants
  - Plant 1
  - Plant 40
  - Plant 7
- Desire to transform operation to a lean enterprise, leveraging all continuous improvement skill sets.

### Plant 40 Problem Statement:

Improve On Time Delivery & First Time Quality in key value streams, which are to be determined, while building Continuous Improvement capabilities at all levels.

### Analysis of key VS(s) and Recommendations

1 = Low  
9 = High

	Business impact within VS	Business impact across VS's	Quick beach head	Most difficult	TOTALS
VS1	3	1	9	1	14
VS2	9	3	1	1	14
VS3	9	3	1	1	14
VS10	9	9	1	9	28

■ unmet need if single solution pursued

- Recommend dual, staggered approach
  - Lead with Value Stream #1 to create quick results
    - Beachhead
    - Place for others to go see
    - Quick win
  - Follow with Value Stream #10 to have greatest impact on the Plant

Date:

Agreement:

Eric – Lean Sensei      Robert – Plant Mgr

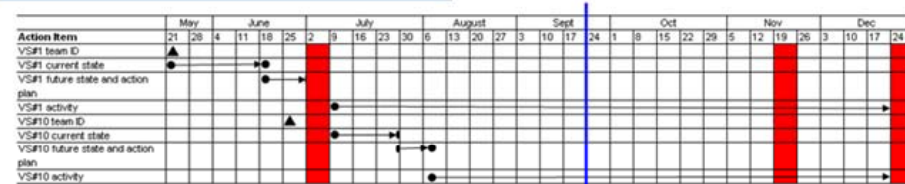
Ron – Dir. of Lean      Dan – VP TSS

**TEXTRON**

### Multi-level capability building:

	Tail Rotors	V22
Front lines	John	Paul
Middle Management	George	Pete
Top Management	Robert	
Sensei Training	James	
MBB Training	John	

### High-level timing:



▲ planned milestone  
○ planned start/end  
▲ actual milestone  
● actual start/end

NOTE:  
Progressing according to timeline

### Team Strategy:

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- Begin with small core team to develop current state map and first-cut future state
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- Expand team appropriately during development and implementation of specific solutions: Allow future state to adjust based on learnings.

### VS#1 status:

- 2 Projects working concurrently
- Improve OTD from 75% to 90%
  - Scheduling and kitting
  - Internal material flow

### Other:

- Initiating scheduling project in VS#99 (feeder to #1)

### VS#10 Status:

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### Issues:

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### Learnings:

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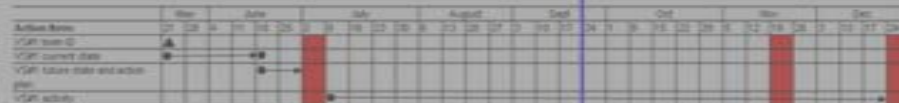
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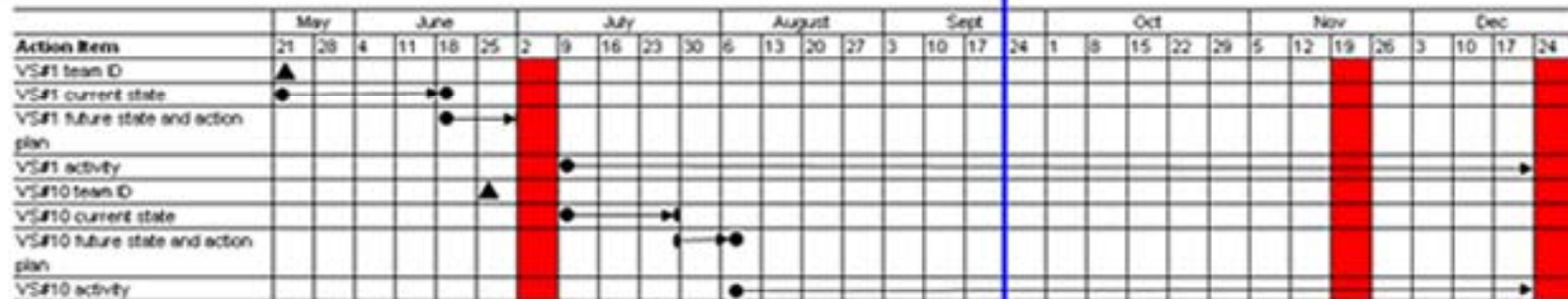
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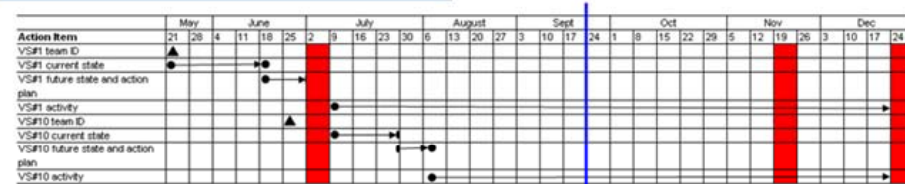
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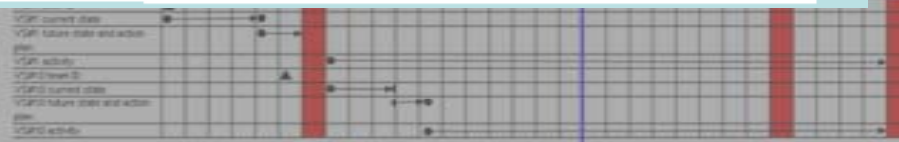
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Issues:

# A3 Advice

- Don't underestimate the power of the alignment and mentoring aspects of the A3 --- it's not just a problem-solving format
- Mentoring is independent of position --- you can mentor up or down or with colleagues
  - Try it with your boss... What boss would reasonably object to being presented a concise, clear story?
- Be prepared to be changed and how you listen and interact with people in general



**Jack Billi, M.D.**, is professor of Internal Medicine and Medical Education, and associate vice president for Medical Affairs of the University of Michigan.

Dr. Billi, also leads the Michigan Quality System (MQS) at the University of Michigan Health System (UMHS). MQS, drawing from GM's Global Manufacturing System and the Toyota Way, uses lean principles to build on continuous improvement methods to improve quality, safety, efficiency, appropriateness, and service in healthcare. MQS also works with regional physician groups and hospitals.

Dr Billi directs courses for introducing lean thinking in healthcare, including a joint educational program with the University of Michigan's College of Engineering. From 1997 to 2005, he led UMHS's development and implementation of innovative health programs that were used in insurance pilots with Ford, GM, and currently are being used by several insurance companies. Dr. Billi is active in statewide, regional, and professional initiatives affecting quality of care and physician practice issues, especially the use of community consortia to support quality improvement.

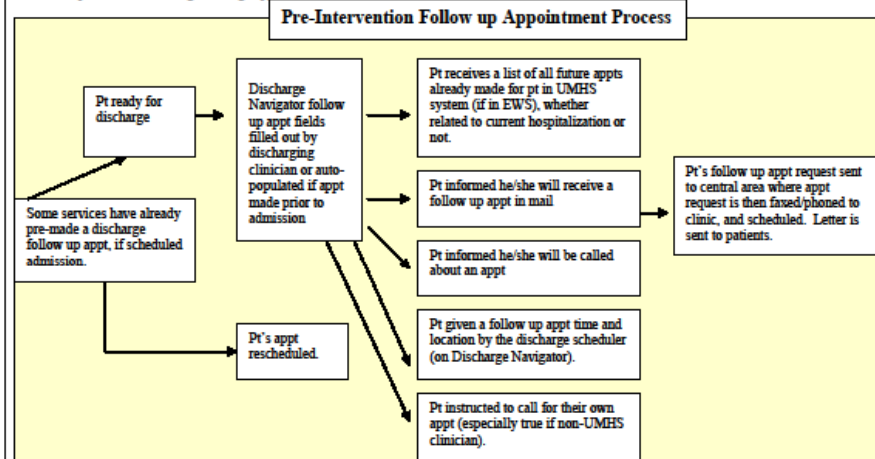


# Improving Patient Flow by Reducing Hospital Readmissions through Patient Involvement

Name of Project or Theme: LEAN Discharge Follow up Appointment Process

## Brief History

Each year, the University of Michigan Health System (UMHS) treats more than one million outpatients, provides at least 36,000 hospital visits, conducts hundreds of scientific research projects and educates the next generation of medical professionals. UMHS has experienced high occupancy for the past 12 months with an average occupancy of 93%. In an effort to improve patient flow and increase capacity a lean project was commissioned to study the inpatient discharge process on a pilot unit. The time after discharge is considered high risk for patient care, often marked in our patients by re-admissions and/or repeat ER visits. The follow-up appointment from discharge is hypothesized to be the cornerstone of continuity of care to prevent re-admits/ER visits. In 2006, prior to an intervention, 48,954 discharge follow-up appointments were scheduled primarily after the patient was discharged. Approximately 60% of patients arrived to their appointment, 15% were no-shows and 25% cancelled. A 1<sup>st</sup> intervention on the Medical Faculty Hospitalist Service (MFH) was piloted, scheduling appointments prior to discharge. Due to process issues, this change did not significantly affect the rate of no-shows and cancellations. A separate ER pilot had been implemented to improve follow-up appointments from ER discharges. For the 2<sup>nd</sup> intervention, this process was adapted to include the patient in scheduling discharge appointments and online appointment request tool was developed and piloted.



**Future State Goals:** Ensure that patients have a communicated follow up appointment(s) at the time of the discharge from the hospital, to promote a smooth transition of care to the outpatient setting. A specific goal for the discharging physician is to focus on determining which follow up appointments are important as related to this hospitalization. An anticipated outcome was that emergency room visits and/or readmissions would decrease.

- Appointment made prior to patient leaving, at least 24 hrs prior to discharge
- Appointment made with patient/family involvement
- U of M Attending Physician is notified that appointment is made
- Nursing includes follow up appointment information during discharge instructions

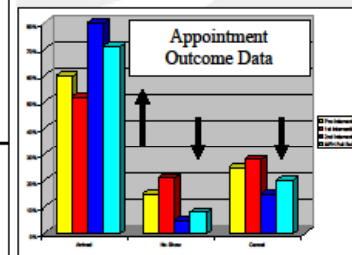
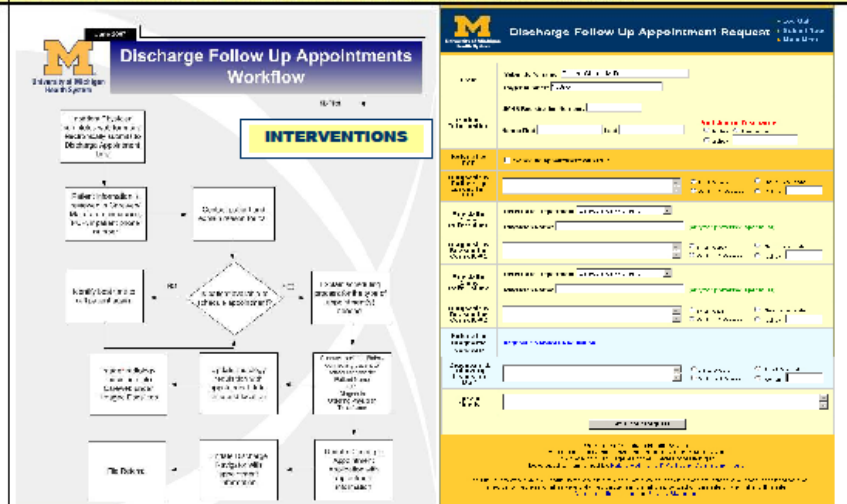
## Who Is Involved? (Major stakeholders and players)

**Lean Process Owners:** Robert Chang, MD and Donna McClish, RN **Lean Coaches:** Kate Bombach and Christopher Kim, MD, **Public Relations and Marketing Communications:** Josie Aguirre and Laura Rowland **Outpatient clinics staff, Patients and Families**

## Countermeasure Implemented to Date:

- A web site was developed to allow physicians to place requests for discharge follow-up appointments for patients on the 5B inpatient unit. (See attachment 1)
- The workflow process for discharge follow-up appointments was standardized. (See attachment 2)
  - U-M physician completes Web form to request a discharge follow-up appointment with either the patient's PCP or a specialist.
  - A discharge appointment coordinator receives the request in a work queue. The coordinator contacts the patient directly, while still in the hospital, and reviews the discharge instructions for a recommended follow-up appointment. (See attachment 3)
  - The discharge appointment coordinator contacts the patient to either the PCP's office or specialty clinic by telephone to schedule a follow-up appointment within the suggested time frame.
- The process allowed the nurse to review the online discharge appointments in Discharge Navigator.
  - As part of the discharge process, the unit nurse reviews any necessary patient education information and future scheduled appointments.
- An easy online process for tracking the appointment outcome was developed for the U-M physician
  - The discharge appointment coordinator documents the appointment outcome in the Discharge Follow-Up Appointment Web application, for the U-M physician to track.

Where Are We in the Project Cycle? Full rollout to MFH Service - October 2007



## Appointment Outcome

**Pre-Intervention (12/1/2004-11/30/2005)**  
 Scheduled Appts. 398  
 Arrived 237 (60%)  
 No Show 61 (15%)  
 Cancelled 100 (25%)

**MFH Full Rollout (9/6/2007 - 11/9/2007)**  
 Scheduled Appts. 249  
 Arrived 178 (72%)  
 No Show 20 (8%)  
 Cancelled 51 (20%)

## Readmission Rate < 14 days

Pre-intervention 11.81%  
 MFH Full Rollout 7.90%

## Return to ED < 3 days

Pre-intervention 3.96%  
 MFH Full Rollout 0.75%

## Lessons Learned:

- Multidisciplinary team consisting of physicians, nurses, discharge planning, information technology, public relations designed an application that was very user friendly.
- The Michigan Quality System and the lean Healthcare Method was an effective methodology. Small scale testing led to rapid improvements in the Web form.
- Understanding physician workflow and tools can improve work flow.
- Take advantage of pre-existing technology and expand on it. The inclusion of individuals from Information Technology is essential.
- Frequent, focused and succinct communication was key. This included soliciting feedback from the faculty and staff.
- Involvement of patients and families was essential.
- Standardized training for the physicians is essential. In order to be effective, the training needs to be focused and hands on.
- Multiple rounds of testing helped to flush out problems and user interface design.

## Next Steps:

- Patient satisfaction data collection
- Firming up takt time: number of calls the scheduler can handle per day and how long each call takes
- Discussion of expansion after stress test is over and above steps completed
- Hospital-wide - will look at other services (i.e. surgery often schedules their fu appointment in clinic prior to admission)

# A3 Application Examples at UMHS

## Proposals

- Major clinical expansion in a geographic region
- Capital project review (\$61M in requests v. \$26M available)
- Requests for central lean coaching resources
- Creation of a claims data warehouse for Michigan physician organizations
- Proposal to health system's senior leadership to use A3s to track progress on top 24 objectives

## Status Reports

- Health system's senior leadership tracks progress on top 20 objectives (e.g., Discharge Appointments)

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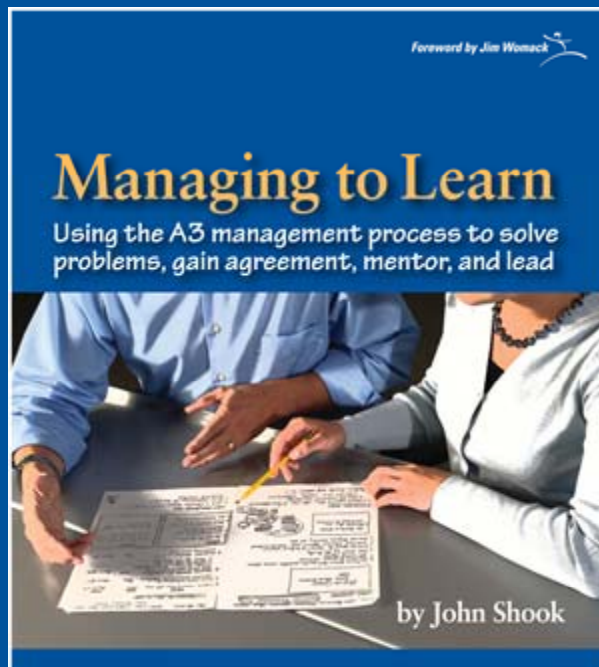
- Health system's senior leadership tracks progress on top 20 objectives (e.g., Discharge Appointments)

# A3 Observations from the Gemba

*We are just starting to learn:*

- Beware A3s without the conversations
- Not enough gemba – debates on hear-say
- Too many words, not enough graphs, charts, maps, facts
- Not presenting the whole A3
- The waste of over-processing
- For some A3 is “required”, not driven by owner need

# Now Available in the LEI Bookstore



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**Managing to Learn**

# Now at Lean.org

New Website Feature:



John Shook's

---

**Lean  
Management  
Column**

[lean.org/shook](http://lean.org/shook)





# Managing to Learn

Using the A3 management process to solve problems, gain agreement, mentor, and lead



Questions from the Audience...