



Transcript for the WLEI Podcast:

5 Guiding Principles for Tailoring a Path to Lean Transformation

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Featuring Host Tom Ehrenfeld and his guest, Alice Lee

Tom Ehrenfeld:

There has never been a better time to transform the practice of healthcare. And fortunately, Lean offers powerful set of ideas and practices to do just that. I'm Tom Ehrenfeld and welcome to WLEI, the podcast of the nonprofit Lean Enterprise Institute. Recently a group of Lean authorities from around the world presented a white paper, "Five Guiding Principles to Transform Healthcare." Today, we have one of those authors, Senior Coach Alice Lee of LEI, and we'll explore the findings of this paper in depth.

Alice Lee:

Thank you, Tom. Well, so this white paper, didn't start out as a white paper. The first time we got together was when John Shook set up a challenge for three of us, Flavio Battaglia from the Institute in Brazil, Oriol Cuatrecasas from Spain and me, Alice Lee from the US. Three of us were doing some work in healthcare and doing serious reflection. And he thought, wouldn't it be great to put the three of you together to study and learn together so we can maybe capture that and help the rest of LGN? So LGN back then, I think was probably something like 17 or so institutes, it's 33 or so now.

Tom Ehrenfeld:

The Lean Global Network.

Alice Lee:

Yes, thank you. This was in 2015 and John Shook said to us, "LGN should exercise our leadership - we have the ability to share amongst ourselves and elevate our own learning, but also with the world. How can we better capture what we're learning in our work and share that knowledge?"

Alice Lee:

That was the challenge, the original challenge. So, we started out by just learning about each other and how we work. We spent the better part of a year traveling to each other's country and studying each other. John, you may know, is an anthropology major in school. He is our executive sponsor. And what was interesting is this was I think an anthropological study. We studied each other. We considered ourselves, I'll use the term, chief architects. We said chief engineer at first, in a kind of a reference to Toyota, which has taught us so much.

Alice Lee:

But we decided it was really a chief architect, helping organizations, healthcare organizations, learn and develop their own internal expertise, so that they didn't have to rely on us, the external chief architect. That was always one of our core principles. We learned that about each other as we did this

anthropological study, as we traveled from country to country, going to each other's Gembas and putting each of us in new situations and asking, "What would you do here?"

Alice Lee:

I'd never been put under such pressure before. I learned a lot of Spanish and Portuguese in the process, by the way, because the front line, those are the languages they spoke in those countries. But I think what was really remarkable for me was being studied. I would say that was the hallmark of my experience, as terrific as it was to study Flavio in his world and Oriol in his, I was nervous about having them study me and tell me what they learned or observed or saw, really helped me do a better reflection of my own practice.

Alice Lee:

So that is how it started, we were just learning about each other. It wasn't a white paper in the beginning. And each of us had co-learning partners (organizations) where we visited, and we actually did real work as if we were the chief architects there. We didn't study just the native chief architect. We also switched roles and said, "Well, what would Alice do in Brazil?" And then studied. It was really interesting action research, because I had no idea what I would do in the moment. But you listen to them, and you do what you normally do. What's the problem? What's the background? You go to Gemba. It's all the things that Lean thinkers and practitioners do while the other two would record and try to understand the approach and why.

Tom Ehrenfeld:

So, what did you observe? The three of you, what are the common things that emerged from these close observations?

Alice Lee:

We suspected that we had a common point of view, given that all three of us use the Lean Transformation framework, which is on our website, lean.org with those questions. We had common thinking, common approaches. We were pretty sure we had a shared point of view in many things.

Alice Lee:

We started to document what we thought were patterns of thinking and patterns of behavior. And I remember saying that even though maybe some folks might look at what we were seeing and say, "No, no, that's different." We could see the similarities. We actually called us tailors, the people that customize your clothing, so that we were all creating a suit with a similar pattern of sleeves and collars and lapels and three buttons or two if you're really stylish, but we customize depending on the body.

Alice Lee:

And that was a breakthrough for us that we started to understand that what we were trying to do was understand what it took to be a tailor, a chief architect, if you will, and document those things. And out of that came those five principles with lots of detail behind each one. And then we decided to publish it as a white paper to share more broadly.

Tom Ehrenfeld:

What types of problems did you guys observe at the various healthcare organizations?

Alice Lee:

I think given the current state we're in globally with the pandemic, we're starting to better understand that the work of frontline health care folks are heroic, what they have to do. We could not have predicted a pandemic when we were doing this study. But we would say, "How do we get to a point where our front line doesn't have to get what they need to do their work through heroics? And how can we help them reduce some of the chaos?"

Alice Lee:

What we saw everywhere we went, and we went to many places, was that work wasn't designed, that it was ad hoc and driven by the need in the moment. We started to think about, "Okay, so what are those things that are key and important for us to convey as we start to develop a chief architect?" The audience for our white paper, are internal chief architects.

Alice Lee:

Many organizations will bring in someone external like me, or Oriol or Flavio to help them get started. But none of us were traditional consultants and we did not want a lifetime gig at these organizations, that would mean we failed. We started to think about how do we help develop these chief architects internally, so that they are not reliant on external consultants, long term?

Alice Lee:

This work was to help and create a framework of thinking to help transformation go more reliably and ultimately faster. The first principle is, don't wait for the CEO. We got a lot of pushback on that, can you imagine? Because I think many Lean practitioners think that they can't move forward without the CEO.

Alice Lee:

Now, obviously we all want the CEO on board. That is the best case. But the reality is they're busy people, they have a lot of priorities, a lot of crises even happening on a day-to-day basis. And in our study, we learned that, yes, sure, that would be the best scenario, but it's not necessary. It's not necessary, that you can start wherever you are. What you don't want is a negative CEO, but it's okay to have a neutral CEO. And that drives how you approach your transformation. It doesn't stop you.

Tom Ehrenfeld:

Did you guys observe transformation that was kind of launched or got started at a lower level somewhere and had a real impact that built momentum and spread beyond?

Alice Lee:

Yeah, so surprisingly, because there is actually some chatter and one might even call criticism out in the Lean community about that - doing small improvements isn't really transformation. But in all three coaches' instances, all of us, we had examples of how that led to transformation. In the case of the small community health center I wrote about where I was the chief architect, they started very small.

Alice Lee:

Their CEO, the previous CEO, I would say was supportive, but not involved. And that fell right into what we were learning across the world was that she wasn't negative, but she wasn't going to roll up her sleeves and participate, which is what you hear a lot about, if the CEO is not involved, it's not going to

happen. But it took negotiation, and we started with a small project in one clinic - why do patients wait? And the reason for that, that's another principle, what's your next move and why?

Alice Lee:

The reason for that move and that's a decision that I made with their developing internal chief architect is that we needed to create an example of what's possible. An example of what good looks like that's tied to the business, tied to a business problem. And for community health center, money is a problem. If we could show very simply how to improve throughput, see more patients, get more revenue, and improve the bottom line, she will become more engaged, the CEO will become more engaged.

Alice Lee:

And that is exactly what happened. And really accelerated their Lean transformation. In fact, that small experiment turned that clinic into a model clinic and became an exemplar within the organization and also attracted visits from all over the world, even from non-healthcare organizations. We had a restaurant visit, another co-learning partner for the Lean Enterprise Institute who visited because they were inspired by what they heard, "Wow, so part of your reduction of your customers, your patients, waiting in exam rooms, waiting for the doctor, we're trying to have our tables flipped faster and you're flipping exam rooms faster." So, they took what they learned and came to our Gemba and visited and we walk them through, and they implemented those changes in their restaurants. So that is another principle, cross pollination. How do you learn quickly from others regardless of industry, regardless of function? Because the principles are what we are trying to teach.

Alice Lee:

And by teaching the principles and tying them to the tools that one sees, that brings in the social aspect of Lean. And that's generally where the questions were, was that was a part of transformation that I would say many of our visitors would point out, "Well, this is different." Because they would point at the artifact that they could see. Important - we love our tools - but not enough.

Alice Lee:

How do you engage the physician who's busy and they don't even know what Lean is? What you're trying to do is tackle something that they do care deeply about. They went to medical school for a reason. The way we talk about Lean, the social side, mattered a lot. And that was another thing we talk about in our white paper, that this balance of technical and social was really important to driving real, sustainable transformation.

Tom Ehrenfeld:

What does that mean at the Gemba? When you say the balance of technical and social, how does that manifest? How does that show up?

Alice Lee:

Yes. Another principle that we highlighted, all of these seem obvious now, is make it your problem. The improvements, even though one could say, "Oh, how difficult was it to do all these things?" We were just creating a pull system throughout at every step, so the patient never had to wait. It seems simple enough, but the point isn't to say, "I have the answers, let's implement them." Because as soon as you leave, they'll break.

Alice Lee:

The goal was really, how do we develop the people who work within these processes to own them, to sustain them, and to improve them? And let me not forget, design them. We had medical assistants, for instance, Denise, John Shook loved Denise. We would go visit this medical assistant, a high school graduate, who would walk these visitors, CEOs from all over the world through her clinic. And she would very confidently talk about her iterations, show her PDCA sheets.

Alice Lee:

And I remember John Shook asking her, "You have every PDCA you've done on this flag system to pull people in exam rooms?" The right function to come when the patient needed them, without shouting, without anyone corralling. But the visual management pulled the right people in when they were needed. And she said, "Yeah, of course I know every single thing that we've tried, what worked, what didn't, when we did it, who was involved." Because we just designed the infrastructure for her to document her thinking. And she was proud, and she actually called herself the flag mama. She said, "I'm the flag mama and I am the one that helps anyone that wants to learn more and implement in their area." That goes back to that social, I think contract I'll call it. The social contract that we have with the front line is that they own the work. They get to design it.

Tom Ehrenfeld:

One of the principles is make it your problem.

Alice Lee:

Right. And that's tied to that as well that if you really want to engage folks and have them care about this; you won't make it your solution imposed on them. That this isn't about copying best practice. Health care people love best practice. And honestly, it does save lives. I believe in it too. But in some instances, it's okay to take that as a base standard, and then what do you do from there? So yes, be inspired as you visit and go see other places to say, "This could inform my problem." But then how will you make it work for your own? Make it your problem. Don't just take a solution and paste it. It will not last. I've seen that happen in my many, many years of working in healthcare.

Tom Ehrenfeld:

Again, another, the principle is the right knowledge for the right people at the right time.

Alice Lee:

Right. There's a lot of cautionary tales around that. I think once you get your senior executives or CEO, even the board involved and they're enthusiastic, I think one of the failure modes that we often see is that the organization will then dictate batch training. They don't call it that, they'll say, "Lean for everyone." And that tends to not work, because training without trying just leads to atrophy of that knowledge. You can't really do anything with it if it just stays as a classroom training of sorts. And in many cases, people have just said, "Take this one-hour training." And it's really limited. And folks don't know what to do, or they'll just do like a little 5S exercise. But a whole collection of all of that doesn't lead to transformation of either the person or the area.

Tom Ehrenfeld:

So, training without trying is not the way to go?

Alice Lee:

Definitely not.

Tom Ehrenfeld:

I find that really fascinating. Can you say more and maybe grounded in one of the case studies for one of the places you guys observed? What's the antidote to training without trying?

Alice Lee:

Another aspect of training with trying is to do it in small, learnable pieces. And that example, I just shared about Denise, the medical assistant in the model clinic we were trying to build. We would meet together in small timeframes, because they were clinical people, doctors, nurses, medical assistants, they had to see patients. The CEO said, "Listen, I believe, but every minute they're not seeing patients, we could lose money." And I told her it was an investment and we would get there, but it's hard to get started.

Alice Lee:

They were meeting for two hours a week. And in those two hours, there was always a Gemba component to truly grasp what's actually and really happening. And they would measure and say, "We don't know how long they're waiting in this piece, or this piece." So, we were in the value stream mapping parlance, trying to document all the triangles, all the waits in every aspect of the visit.

Alice Lee:

And in each of those timeframes, two hours is not long, but there would be a proposed PDCA, the PLAN part, if you will. And then between that day and the next week, the DO would happen - design of experiment, what are we going to try? And they were little, they were little, little things, but this is your Learn, Do, Learn, Do. Train, Try, same thing.

Tom Ehrenfeld:

What kinds of little things?

Alice Lee:

It could be as little as, "We think people wait the longest when they first arrive in the waiting room." I used to say, "Don't make crap up. Don't make crap up. How can we learn?" They would say, "We could learn in this way." And I would know that's probably not the way to measure, but you stifle. You just have to hold back and let them learn.

Alice Lee:

It doesn't matter how long it takes, because it will be everlasting if they learn it on their own. Takes a lot of discipline from your chief architect to not try to speed up any of this work. I would say, "Okay, fine. You want to measure from A to B." Even though I knew that's ... but they would do it and they would design it and it's generally a manual way, but that's okay.

Alice Lee:

They would come up with a way. In the following week, I would ask, "What did you learn?" That's part of PDCA, what did you learn? And they would say what they learned. I then asked, "Oh, and so what did

you think would happen?" "We thought this would happen." The difference between what they thought and what actually happened, drives their next PDCA. So that's what John Shook was talking about. You have every PDCA you've ever designed?

Alice Lee:

And they were little - he was tickled. It was pages and pages and probably five PDCA's per page. But what was terrific about that is those pages also became a means for them to reflect as a team on their own learning and their progress as Lean thinkers and practitioners but reflect as well on the improvement within their clinic. It was this self-rewarding kind of activity. So again, they're tiny. These things they did and were just a collection of, I'm not kidding hundreds of these little things, but many people doing them.

Tom Ehrenfeld:

Was that a surprise for you or the other coaches?

Alice Lee:

Well, this was an approach I had used in a previous organization and I knew it would work. I would say Flavio and Oriol did very, very similar things. Their PDCA sheets might look a little different, didn't matter, but the thinking was the same. And in every case that we studied, we saw some deep understanding of Lean thinking and practice because of that rote practice that we put people through.

Alice Lee:

It's what John often says that they have to act their way into a new way of thinking. It's really that they were doing these things and it was very rote, "Okay, time to go into the DO box." And not truly understand, but it didn't matter. This kind of repetitive cycle of learning allowed them to do it on their own. And then midway, we pulled out. We said, "Why don't you guys run the meeting? I can't make it the one week."

Alice Lee:

We started weaning them. And that's another thing that we saw all three coaches did. They didn't call it that, that was my word. You almost have to build that into your development plan - I'm not going to be here forever. You slowly wean them from dependence on the external chief architect or even the internal one. Eventually the internal chief architect started weaning herself out too. You end up with a bunch of developing chief architects all over the clinic in different areas, teaching and developing and coaching and trying. And so ultimately that's what you're trying to do.

Tom Ehrenfeld:

Interesting. How does this paper itself, this white paper with principles basically function in a similar manner to each of you as Lean coaches who went to these places and tried to help suggest ways that each of these workplaces could transform using Lean principles.

Alice Lee:

Again, I said earlier that the audience for the white paper and who we were writing for are chief architects. Folks that really needed some help and guidance. We actually said the white paper can be a Sherpa for that long walk up a very steep mountain.

Alice Lee:

One of the things that we are hoping to do is bring the white paper more to life, there is a lot in there, and we've already received a lot of great feedback on how helpful it is. Think about how we can use the white paper and develop a knowledge base of sorts. And so, for each principle, what are some cases, tools, maybe templates, and things to study, so that there's more practical, actionable things the chief architect could take and learn.

Alice Lee:

We've also talked about potentially putting together a workbook that's based on the white paper, that one could go through and practice while leading a team through some exercise. They're developing their own capability, while working with others and developing theirs. That's a tall order, but that's what we're interested in doing. And actually, I have a phone call today to talk about that.

Tom Ehrenfeld:

I want to be mindful of time. I'll try to have one final question. Let's remind people that they can download the Lean Global Health Care Initiative white paper.

Alice Lee:

Yes. The white paper can be found on planetlean.org, and it's free. I encourage you to download it and read it with folks in your organization. Please do send us any questions you have. Five of the authors are from four countries who are directly involved in some of the earliest Lean healthcare transformations around the world, many of them as the internal chief architects.

Alice Lee:

So as a result, the firsthand knowledge and experience is pretty deep in this white paper. We've learned it can take up to 10 years to develop capability within organizations to have a real sustainable Lean transformation. One of our key goals in this research was to shorten the lead time to develop the needed capabilities for your organization, as well as for developing people. We believe this white paper will help you, whether you're just getting started or you are years into your transformation. I would go further and say, this white paper can be useful for anyone and is sector agnostic. In fact, all of the authors learned and honed their thinking and practice in a sector other than healthcare.

Tom Ehrenfeld:

Planet Lean has a wealth of fantastic articles on Lean in healthcare and ones that feature various members of the team of authors for this white paper.

Alice Lee:

We also have a recorded webinar on our white paper on Planet Lean as well. So what's next? As members of the Lean Global Network community, we're committed to continue our work to share what we've learned, stay tuned.

Tom Ehrenfeld:

That's fantastic. And thank you so much.

Alice Lee:

We have a lot of work to do in healthcare. I'm fortunate to be part of this group of passionate coaches. We'll continue to work together. I look forward to sharing our progress in the future. Thank you, Tom. I appreciate our time together.

Tom Ehrenfeld:

Thank you very much, Alice Lee for sharing your time and your thoughts on this very important topic. I want to also thank Emma Rippe and Pat Panчек for working on this WLEI podcast. If you have any questions, comments, or suggestions, please share them with us at pod@lean.org. And above all, I want to thank you, our listener, for taking the time to listen in.