



Lean Summit 2019

Putting the System into Daily Management

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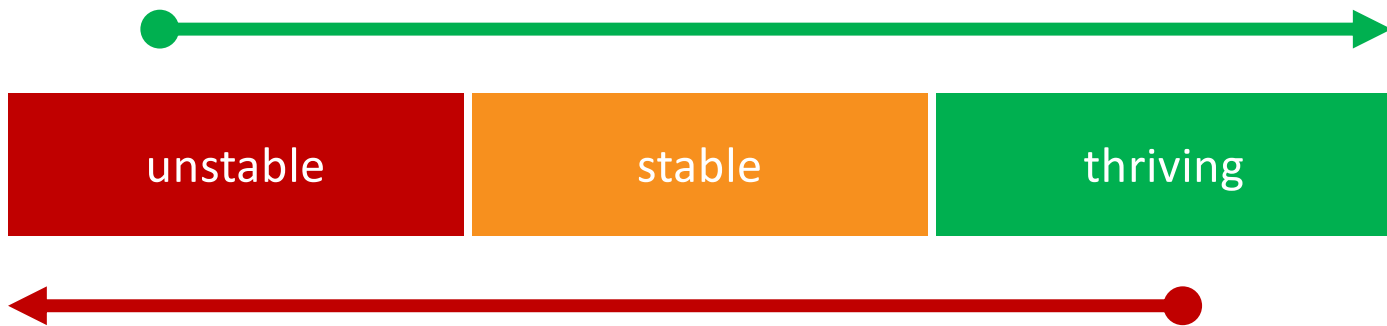
Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford

Today's Session

- The 'why' of Daily Management System
- The 'what' of a Daily Management System
- The 'when' of a Daily Management System







HEALTH SERVICES UNDER SIEGE: THE CASE FOR CLINICAL PROCESS REDESIGN

Redesigning care at the Flinders Medical Centre: clinical process redesign using "lean thinking"

David I Ben-Tovim, Jane E Bassham, Denise M Bennett, Melissa L Dougherty, Margaret A Martin, Susan J O'Neill, Jackie L Sincock and Michael G Sewardborg

In November 2003, the Flinders Medical Centre (FMC), a 500-bed teaching general hospital in the southern suburbs of Adelaide, initiated a program of clinical process redesign across the entire hospital. Redesigning Care, as the program is known, is based explicitly on applying an approach called "lean thinking," which was developed in the manufacturing sector, to health care. The FMC provides the whole range of secondary and tertiary services required by its community, but its main focus is on providing time-urgent, complex care. The extensive nature of the Redesigning Care program, and its focus on a specific improvement method, may be of interest to those outside our centre. Redesigning Care can be considered in three broad phases: "getting the knowledge", "stabilising high-volume flows", and "standardising and sustaining".

Phase 1: Getting the knowledge

In 2003, the emergency department (ED) at FMC saw around 45 000 patients, 40% of whom were admitted to hospital. In that same year, the number of patients seen per day peaked at around 140 once or twice per week during the winter period.

At this time, congestion in the ED had become so severe that the recovery area of the operating theatre suite had been taken over as an extension of the ED. There was bitter conflict between staff, key senior clinicians were prepared to leave, the "blame game" was pervasive, and surgical and medical programs were proving hard to sustain. An aggregated root-cause analysis of a series of deaths in the ED and elsewhere in the hospital made it clear that, despite having implemented a range of strategies to relieve congestion, the capacity to provide safe care was under threat.

As clinicians and senior managers, we were united in acknowledging that we needed to do something, but we did not yet know what or how. We were fortunate to obtain a key piece of advice from a member of the then United Kingdom National Health Service Modernisation Agency,³ who advised that sustainable change requires as much care in developing an improvement team, as in the improvement interventions themselves. Consequently, the Redesigning Care team — comprising three experienced clinicians designated as clinical facilitators, and a part-time director who was also a member of the hospital executive — was formed.

Governance

The hospital management executive is the authorising body for all redesign activities at FMC. The Redesigning Care program itself is managed by a reference group of the most senior hospital executives, plus the redesign team. Clinical leaders from the major clinical divisions take leadership roles in the program, and each major work program involves an executive sponsor from the relevant operational division.

Why "lean thinking"?

Lean thinking¹ is an approach to business processes derived from methods dev

ABSTRACT

The Flinders Medical Centre (FMC) Redesigning Care program began in November 2003. It is a hospital-wide process improvement program applying an approach called "lean thinking" (developed in the manufacturing sector) to health care.

- To date, the FMC has involved hundreds of staff from all areas of the hospital in a wide variety of process redesign activities.
The initial focus of the program was on improving the flow of patients through the emergency department, but the program quickly spread to involve the redesign of managing medical and surgical patients throughout the hospital, and to improving major support services.
The program has fallen into three main phases, each of which is described in this article: "getting the knowledge", "stabilising high-volume flows", and "standardising and sustaining".
Results to date show that the Redesigning Care program has enabled the hospital to provide safer and more accessible care during a period of growth in demand.

MAJ 2008; 188: 527-531

sector. Successful modern manufacturers, such as the Toyota Motor Corporation, are concerned with the timely, safe manufacture of a diverse range of cars or other goods, in large volume and at high quality. We also faced the challenges of volume, timeliness, diversity and safety and quality, and after an early success with applying lean thinking, we elected to use it as the basis for our whole program of clinical process redesign. While lean thinking remains at the heart of the Redesigning Care program, over time we have borrowed from many other manufacturing philosophies.

Getting the technical knowledge

As an improvement team, we needed to "get the technical knowledge" for redesign. Team members read the existing texts on lean thinking,² and the team and hospital senior managers spent 2 days with a lean thinking expert from Lean Enterprise Australia. We also received generous support from the staff of the School of Management at the University of South Australia, where the team plus senior managers also participated in a Diploma in Lean Manufacturing. Through these contacts, we all came to appreciate the complexity of other service and manufacturing industries, and the

Nursing Works: The Application of Lean Thinking to Nursing Processes

Source:

JONA: Journal of Nursing Administration

December 2011, Volume 11 Number 12, page 546 - 552

[Buy]

Authors

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Lewis, Melissa BA(Hons), Psych

Abstract

This article describes the Nursing Works program at Flinders Medical Centre, South Australia. Program goals were to use lean principles to increase the time direct care nurses spent at the bedside, improve patient outcomes, and make nursing work more efficient and satisfying for staff. Steps incorporating lean methodology are described. Outcomes indicate that lean thinking is an effective improvement methodology and a framework for change management of nursing work.

Lean thinking across a hospital: redesigning care at the: Flinders Medical Centre.

By: Ben-Tovim, David I., Bassham, Jane E., Bolch, Denise, Martin, Mar A., Dougherty, Melissa, Szwarcbord, Michael

Publication: Australian Health Review

Date: Thursday, February 1 2007

Abstract

Lean thinking is a method for organising complex production processes so as to encourage flow and reduce waste. While the principles of lean thinking were developed in the manufacturing sector, there is increasing interest in its application in health care. This case history documents the introduction and development of Redesigning Care, a lean thinking-based program to redesign care processes across a teaching general hospital. Redesigning Care produced substantial benefits over the first two-and-a-half year its implementation, making care both safer and more accessible. Redesigning Care has not been aimed at changing the specific clinical practice. Rather, it has been concerned with improving the flow of patients through clinical and other systems. Concepts that emerged in the manufacturing sector have been readily translatable into health care. Lean thinking may play an important role in the reform of health care in Australia and elsewhere.

Aust Health Rev 2007; 31(1): 10-15

THIS PAPER DESCRIBES the introduction and early results of the Redesigning Care Program at the Flinders Medical Centre. Redesigning Care explicitly applies lean thinking (1) to health care. Lean thinking is a codification of manufacturing techniques pioneered by the Toyota Motor Company. During a large scale

https://planet-lean.com/melbourne-lean-government-cities/

Case studies

May 13, 2014

Denise Bennett

Melbourne – pushing the boundaries of lean government

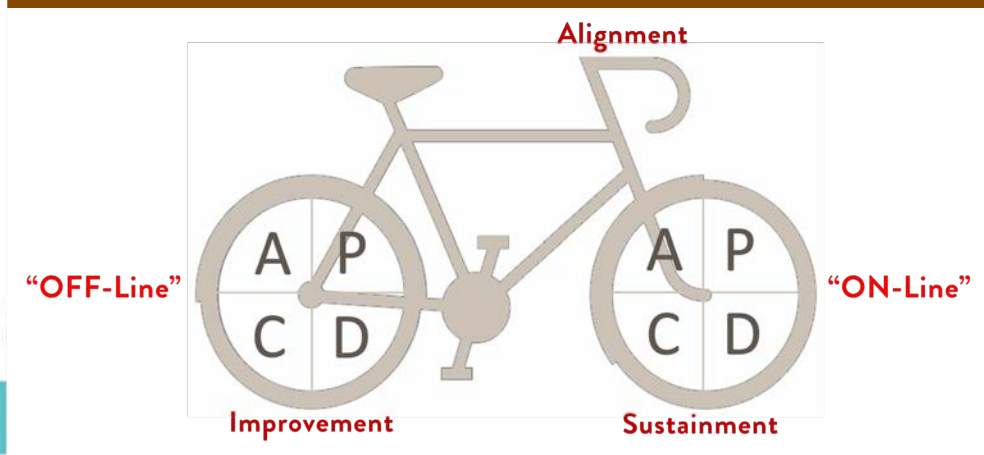
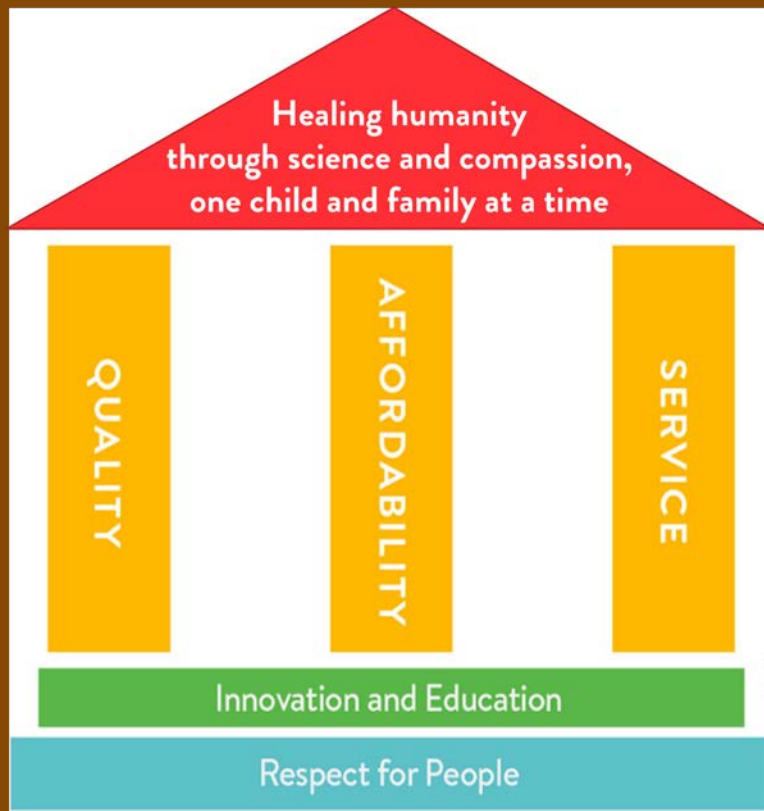


CASE STUDY – How does lean contribute to making Melbourne one of the world's most liveable cities year after year? Denise Bennett explains the approach followed.

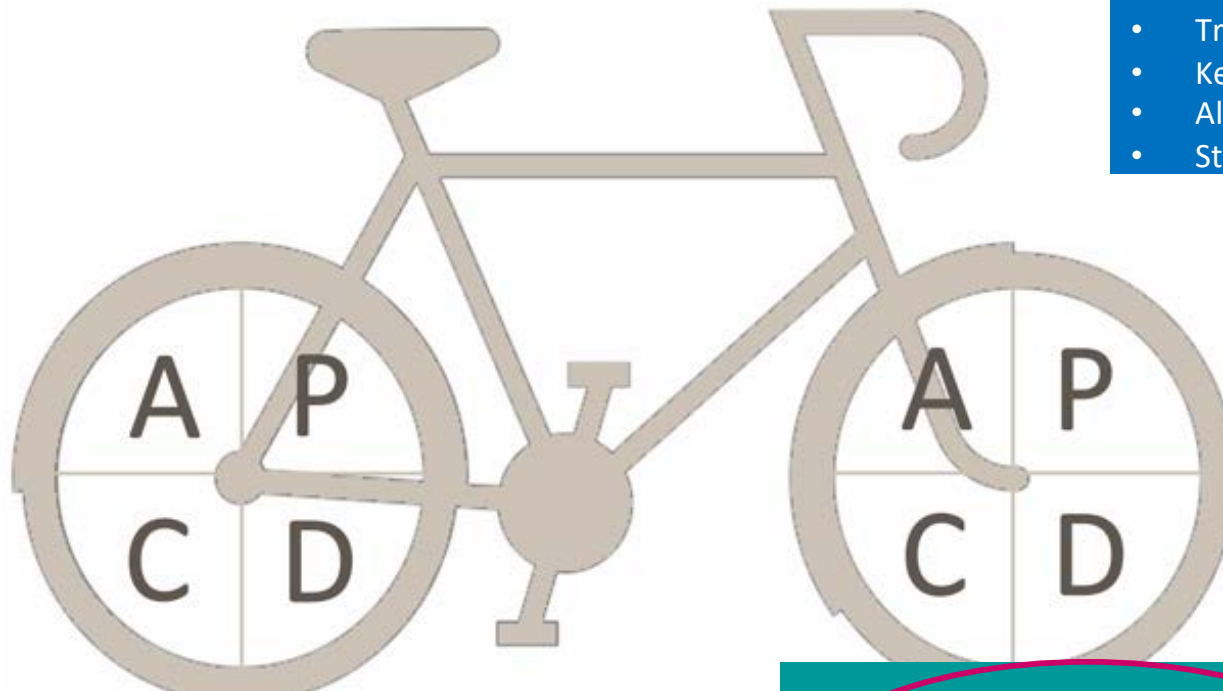
Words: Denise Bennett, Lean Program Manager, City of Melbourne

With its cosmopolitan lifestyle, plentiful parks and gardens, well-designed streets and buildings, and a calendar full of major sporting, artistic and culinary events, Melbourne consistently rates at the top or near the top of international liveability indexes.

Employees at the City of Melbourne pride themselves as innovators who routinely reimagine how cities can function better. So it was always going to be interesting when a new outsider CEO arrived, bringing with her lean thinking and a vision of how to reinvent not just the city, but the organisation itself.



Lean Management System Bike



Steering

- Purpose
- True North
- Key Metrics
- Alignment
- Strategy Deployment

Back Wheel

- Value Stream Improvement
- Transformational Improvement
- Creating New Standards
- Solving larger problems



Front Wheel

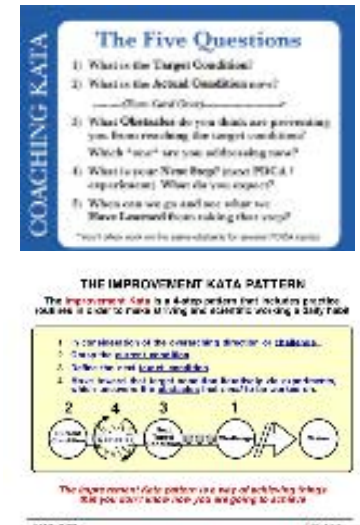
- Daily Management / Operating System
- Standard Work for 'holding'
- Incremental Improvement

Daily Management System

- a collection of daily habits, practices with supporting tools
- a combination of daily habits, practices with supporting tools
- a system of daily habits, practices with supporting tools



a lived experience



Standardized Work Sheet

Figure	Step	Manual Time	Work Time	Conclusion Time
1	1. Pick Check	0	0	0
2	2. Clean Check	0	0	0
3	3. Check Seal on Seal Drive Test	0	0	0

Check Mark

Seal Operation on Test



Work element – fine movement

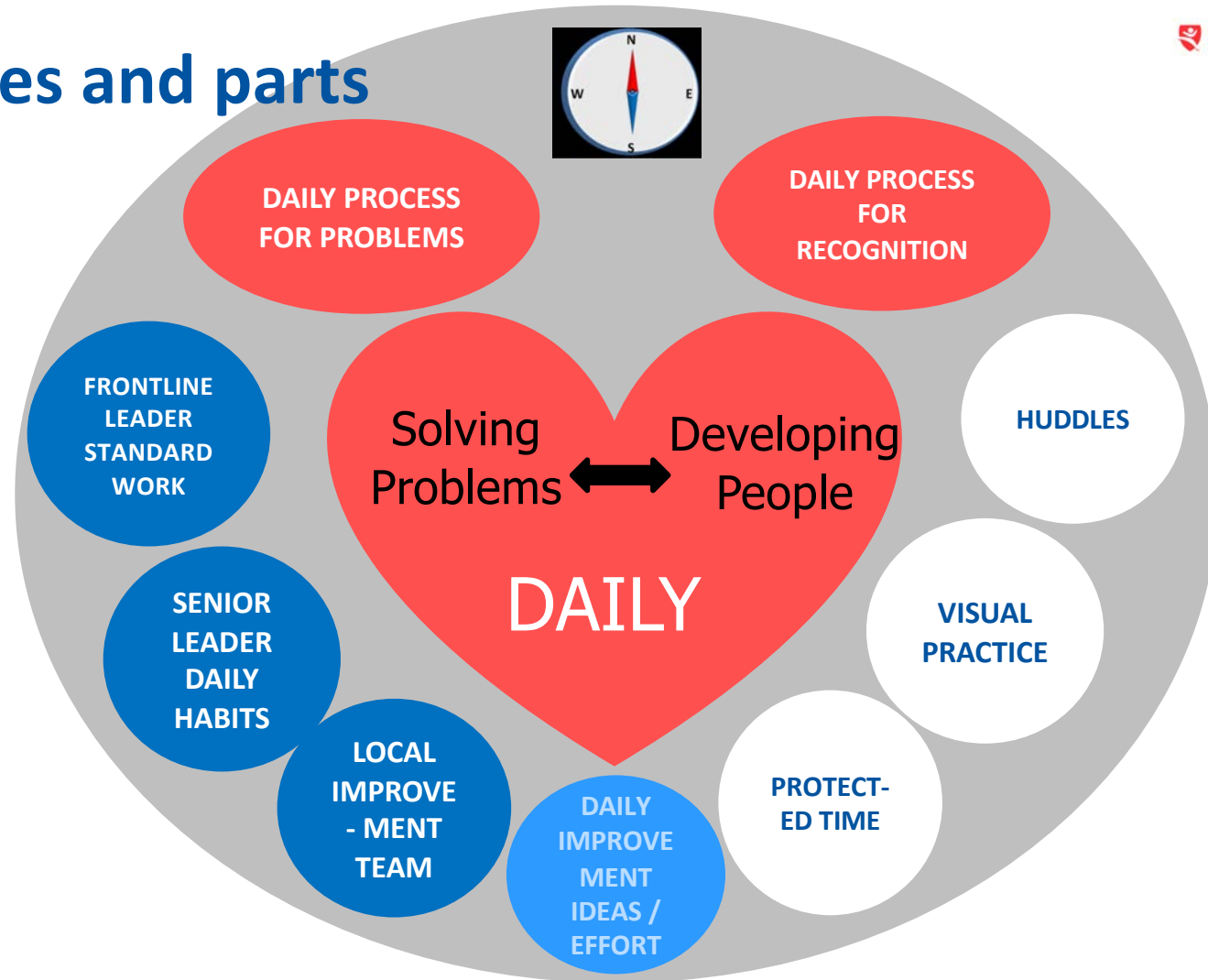
Work sequence

Process Sequence (Agreed Way of Working)

Kata

The continuum of standard work

DMS processes and parts

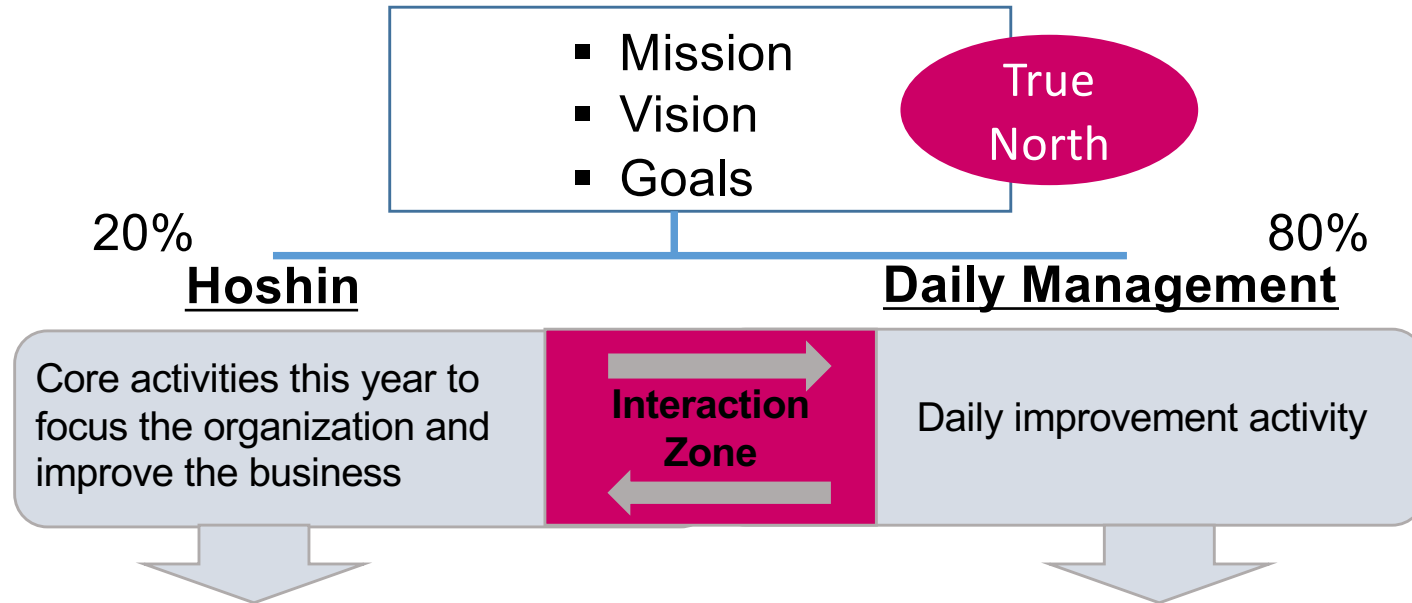


Reflection Tool: Daily Management System

Area	Brief Descriptor	0 None	1 Some elements in some places (<50%)	2 Some elements in most places (>50%)	3 All elements or better than described	Other thoughts / reflection
True North, cascading metrics and area level connected goals	The organisation has clarity about direction with measures that indicate progress. These measures are translated to dep't or team level. Daily work contributes to achieving these goals. Process measures and outcome measures support the effort.					
Processes for Solving Problems	A system exists for identifying problems when they occur and reporting them daily if they can't be addressed real time. Problems triaged and addressed locally or escalated. Use PDCA / A3 thinking					
Processes for Staff Recognition	Daily embedded process to recognise staff for their work – recognise behaviour that aligns with desired culture. Recognition not based on 'superhero behaviour. Connects from the front line to the CEO.					
Front-line leader standard work	Standard work exists to ensure teams deliver value to customers and people are developed. Structure exists for >50% of day. Coaching of staff is evident and connected to problem solving practices					
Senior Leader Daily Habits	Daily habits that support the management system, including Go See to understand and check. Coaching of frontline leaders to develop them.					
Local Improvement Team	Dep't / service level teams who assume responsibility for improvement, support front-line and tackle those problems / improvements that can't be addressed as part of the work. Provide coaching.					
Daily Improvement Ideas	People raise ideas for improvement or take on local problem solving and there is a system to support them to do this. There is a culture where the team's ideas are sought, respected and valued					
Tiered Huddles	Daily huddles that start at the front line and cascade up to CEO / COO level in 3-5 levels. Reflection, Recognition, Readiness					
Visual Practice for DMS	Visual boards that support DMS practices including goal deployment					
Protected Time	Time set aside to keep frontline leaders with their teams focusing delivery of care / service. Senior leaders go to Gemba.					

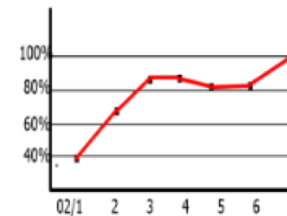


True North



- Large, significant activities to:
- Help the organisation towards true north
 - Take business in new direction
 - Drive significant change to daily management

Business' daily incremental improvement activities managed through KPI





True North

1. Can we contribute directly to the organizational goal?
2. Can we contribute indirectly to the organizational goal?
3. What goal for (quality) will contribute to our local true north?





Daily Process for Problems

Front Line

Issue	Owner	Due date	Status	Milestone
Communication or broken	Nelissa	01/15	★	STP → Δ / adjust stand work
ARROWHEAD	KAT	02/11	★	2nd in 2/16 7 AM, 14th 2/16 10 AM → 15 be broken
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.
URGENT CORONARY STENT	CHERL	2/10	★	cancel AM V.

TIER 3 HUDDLE STANDARD AGENDA

- Daily Status Update (Staffing, Scheduling, etc.) Every day 10 min
- QUICK HITS Every day 5 min
- Daily Focus Areas:
 - Monday: Patient Experience 10 min
 - Tuesday: Big Issues 5 min
 - Wednesday: Pre-visit avm/Epic reg issues 20 min
 - Thursday: STP Review 10 min
 - Friday: Scheduling Issues 5 min

NOTE of	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Staffing	● Summary	● ASSESS	●	●	●
Policy/Process	●	●	●	●	●
Pt. Complaint	●	●	●	●	●
QUALITY (issues)	●	●	●	●	●
Equipment/Supplies	●	●	●	●	●
Injuries	●	●	●	●	●
Recognition	●	●	●	●	●

BLANK IN PROGRESS COMPLETE STPs

PROBLEM SOLVING

Coach teams to triage & categorize problems and Apply appropriate problem solving methods

TRIAGE THE PROBLEMS IDENTIFIED

to assure high quality, safe care & excellent service

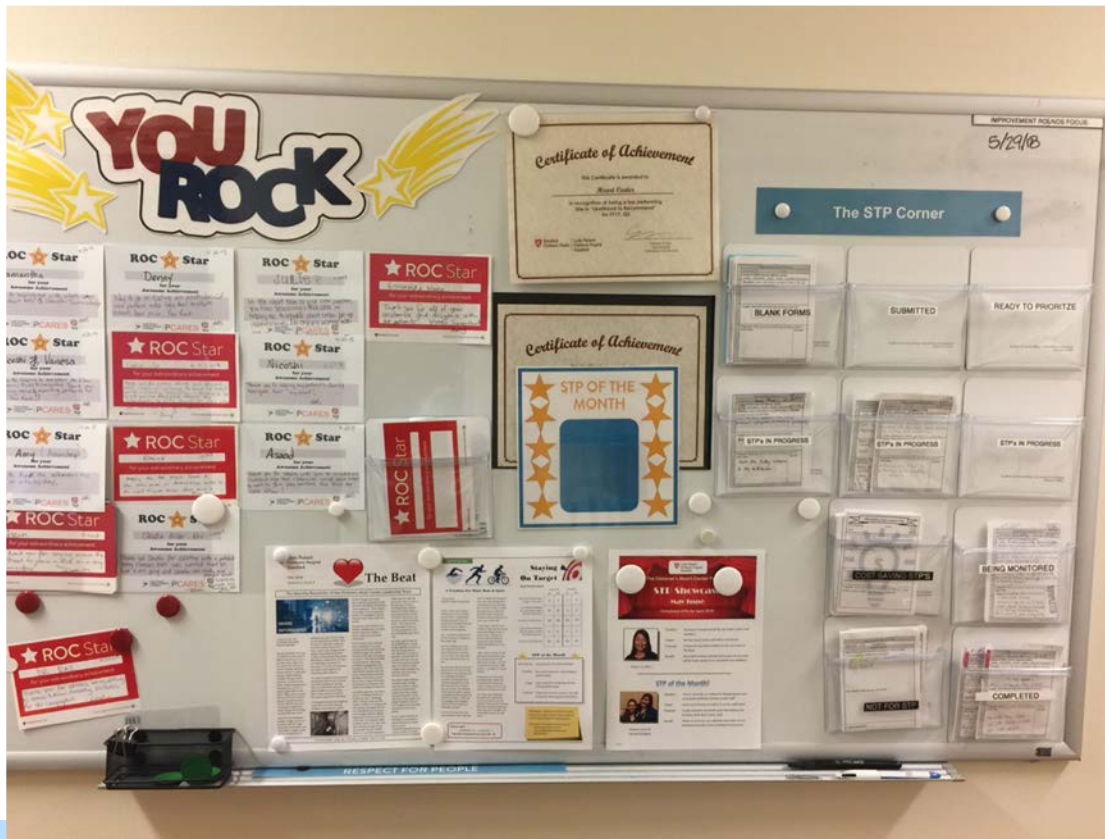
Status	Action
RESOLVE	Resolve "simple" or critical issues immediately
OWN	Own non-urgent issues that require coaching or can be deferred and resolved locally
ESCALATE	Escalate issues that are urgent, time sensitive or ongoing with barriers to being resolved

CATEGORIZE PROBLEMS AND APPLY PROBLEM SOLVING METHODS

Category	Description	Methods
Gap Identified	A gap is identified between the target and actual condition	* Just do it * Troubleshoot * STP * A3
Quick Hit	Operational issues that will be resolved in 24 hours or less	* Just do it * Troubleshoot * STP
Big Issue	Operational issues that will be resolved in greater than 24 hours	* Troubleshoot * A3



Daily Process for Recognition



POMS is our management system, which is how we do our work and continuously improve to deliver value for our patients.

POMS Minimum Standards are specific practices and behaviors that are expected across all areas of the organization to support teams to deliver care, high quality, great service to our patients at an affordable cost.

Recognition of staff through our daily tiered huddle structure is an integral part of POMS Minimum Standard, demonstrating **Respect for People**.

Respect for People Recognition at Tiered Huddles

The Information Desk Team have demonstrated extraordinary care to our patients by vigilantly screening all patients and visitors to the hospital. Each patient, family member and visitor are asked a set of questions to identify any infection risks. For the past 308 days, no known exposures made it past the front door of the hospital. Kudos to the team!

The executive team thanks you for exemplifying POMS and being extraordinary in your work with colleagues and our patients and families.



Huddles, Protected Time and Visual Practice

TIERED HUDDLES
 Attend and lead tiered huddles;
 Coach and facilitate
 Reflection, Readiness & Recognition

ATTEND AND LEAD TIERED HUDDLES
 to assure high quality, safe care & excellent service

REFLECTION
 Ask questions and provide coaching that enable teams to reflect on the previous day or shift

Example questions:
 What went well?
 What are opportunities for improvement?

Identify and understand problems
 through reflection with your team

Example questions:
 How will we deliver high quality, safe care and excellent service at an affordable cost?
 What could get in our way?

RECOGNITION
 Recognize staff for their efforts to proactively solve problems

Example questions:
 What is going well?
 Who can we acknowledge?
 What can we celebrate?

Clinical Quality Gaps-725 Welch

Month/Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Missed Vitals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missed EKG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missed Check Out	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missed Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unkilled Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PHI Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Clinical Quality Gaps-730 Welch

Month/Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Missed Vitals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missed EKG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missed Check Out	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missed Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unkilled Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PHI Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Protected Wait Times

Aug 2018

725 Welch Road

ECHO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Wait # patients	4	3	0	4	2	1	2	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
Wait # patients	10	22	24	25	31	25	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	

730 Welch Road

ECHO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Wait # patients	0	0	1	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Wait # patients	4	1	7	11	10	15	15	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	

TIER 3 HUDDLE STANDARD AGENDA

• Daily Status Update (Staffing, Scheduling, etc.) Every day 10 min
 • Quick Hits Every day 5 min
 • Daily Focus Areas:

Monday: Patient Experience 10 min
 Tuesday: Big Issues 5 min
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 Thursday: STP Review 10 min
 Friday: Scheduling Issues 5 min

NAME of Staff	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Staffing	• Sunrate	• App Spec			
Delays > 15 min Scheduling					
Pt Complaint	AS - late mobility Dem - wheelchair in room				
QUALITY (priorities)	Spnd. Chamberlain (Emergency Prep)	Wash - Electrical order Distribution (all down 2 floors)	BTMS CV - Appl. April 1st issue, recover 30		AS - ASD - Delay in Comm. (Epic/Access - waiting for being sent)
Equipment/Supplies	ATC - Sunray Clean	Sonny - 2 items	Dish Wash - New (all 2 items)		Car beds - No Printing (PIC - South Coast - US waiting on parts)
Injuries		Sonny - 2 items			
Recognition	Joni - 2 items	Robert	Dianne - Credit		Susan - Credit

STPs

PLANT SUPPLIES IN PROGRESS COMPLETED

MICROPHONE OF SPEAKER - People often to the immediate left of microphone

Huddles, Protected Time and Visual Practice



TIERED HUDDLES
Attend and lead tiered huddles; Coach and facilitate Reflection, Readiness & Recognition

ATTEND AND LEAD TIERED HUDDLES
to assure high quality, safe care & excellent service

REFLECTION 	<p>Ask questions and provide coaching that enable teams to reflect on the previous day or shift</p> <p>Example questions: What went well? What are opportunities for improvement?</p>
READINESS 	<p>Identify and understand problems through reflection with your team</p> <p>Example questions: How will we deliver high quality, safe care and excellent service at an affordable cost? What could get in our way?</p>
RECOGNITION 	<p>Recognize staff for their efforts to proactively solve problems</p> <p>Example questions: What is going well? Who can we acknowledge? What can we celebrate?</p>

Readiness Assessment (Quick Hits)	
Safety Safety Concerns? Cares in the past 24 hours?	MR Delay - STAFF MIS CONDUCT (PATIENT Com) X 2 SWAVE VS UPRIGHT CND ST XRAY
Methods Protocol Questions? Unusual Patients / Circumstances?	
Equipment Equipment Down? Scheduled Downtime / Maintenance	MRI 1.5T upgrade Aug 20 7-10 days FLUORO TABLE INTERMITTENT FAILURE
IT Epic? PACS / TRADE Pharos IS Post Completed?	IR IS Access # Flow EPIC → PACS Hanging Protocols IS ON CALL - Nir mal Johns
Supplies Contract Inventory?	PAPERWORK - ORDERS NOT DISPATCHED.
Staffing Call wait Outstanding issues?	Support Staff - 1

PQMS Fact Sheet

Respect for People: Protected Time 8:00 am to 10:00 am

Respect for People is a foundational principle at Stanford Children's Health and we hope to reflect this in our daily processes and routines. Every day we strive to serve our patients without harm and without delay. To support daily readiness we are adopting *meeting free* protected time for leaders to focus on daily management practices to support their teams without distraction. This is respectful to our patients and our staff.

What is 8:00am to 10:00 am Protected Time?

Two hours, early in the day, Monday to Friday, where leaders of care teams and related services focus on their teams, ensuring they are prepared and supported for *today's work* so our patients receive safe, high quality and timely care. This means our leaders will be available each morning to help teams identify and solve problems and support standard work for care practices and processes. Meetings, aside from readiness huddles, should not occur at this time.

During Protected Time our leaders will commit to **Leader Standard Work**, with daily and weekly habits to support our care delivery teams and related services.

Stanford Healthcare maintains a similar 8:00am to 10:00am practice, which will facilitate resource alignment for shared services.

Why is Stanford Children's Health supporting 8:00 am to 10:00 am Protected Time?

Our most important work is taking care of patients and families. Achieving this will be especially challenging over 2016-2017 as we move into Packard 2.0. We need to continue to deliver safe, high quality and timely care with great service to our patients. These two hours of Protected Time will help us do this in a more standard way, using our Packard Quality Management System practices such as standard work, tiered huddles, visual management and problem solving with continuous improvement to support the delivery of reliable care processes across the enterprise.

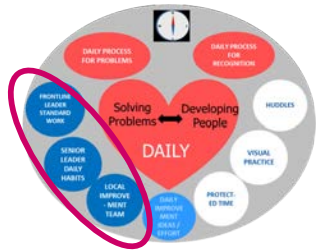
Many teams across the organization are already doing this and doing it well. We want to learn from these areas and spread the good work for the benefit of patients, staff and the organization.

At Stanford Children's Health, we are asking our leaders to incorporate more coaching into the way we all lead our teams. This means asking more questions and taking the time to really understand the work, processes and problems of our teams. The 8:00 am to 10:00 am Protected Time will also provide a daily structure for leaders to practice their coaching in the Gemba, as they interact with other leaders and teams to understand current performance, problems and barriers.

What is expected of leaders during 8:00 am to 10:00 am Protected Time?

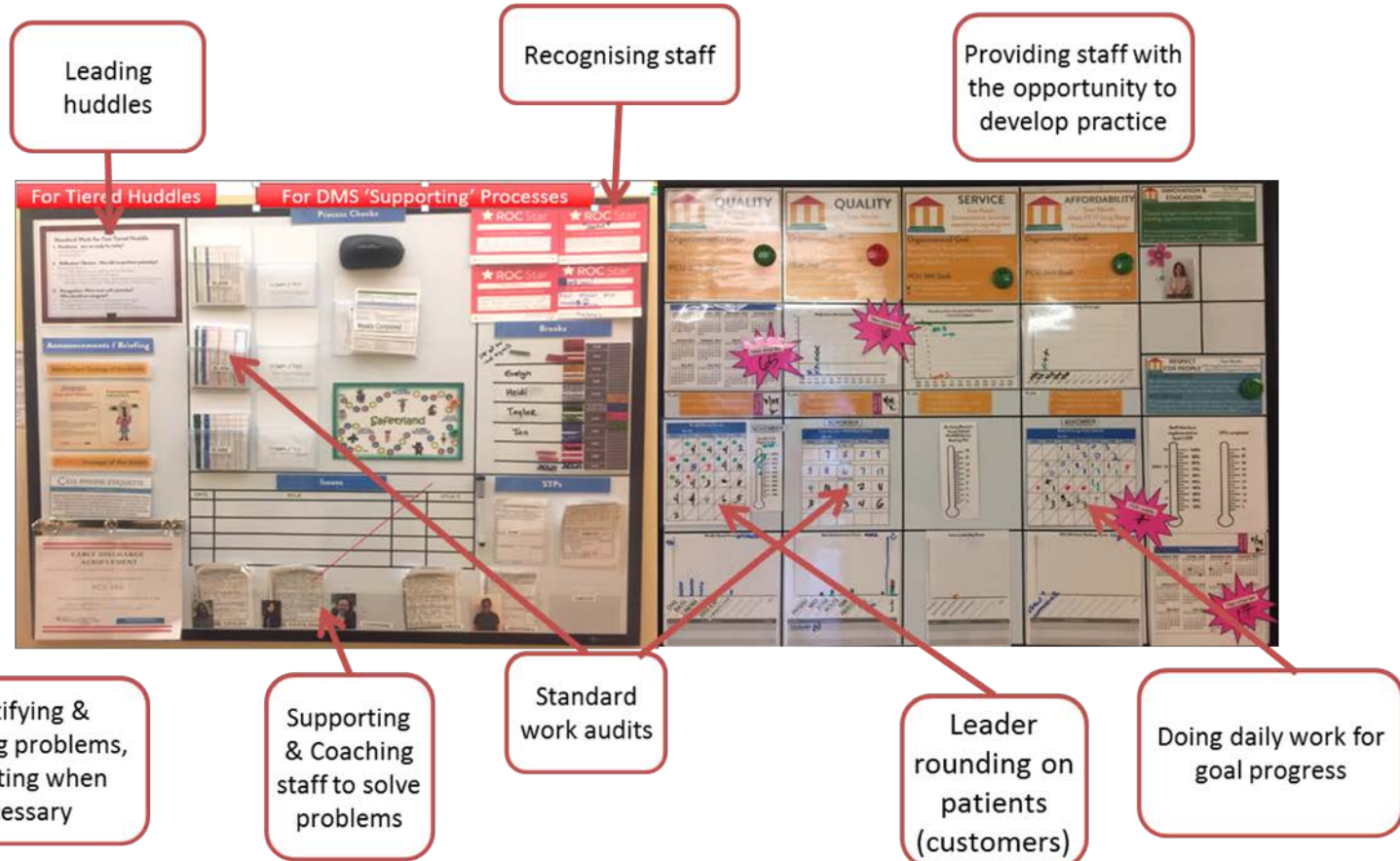
1. Lead and attend 1-2 tiered huddles every day.
2. Spend time weekly on the front line to understand the problems and the work.
3. Ask questions to develop team member's problem solving skills.
4. Support the communication of operational requirements, performance and problems.

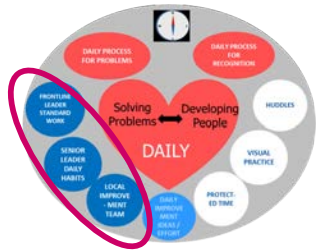




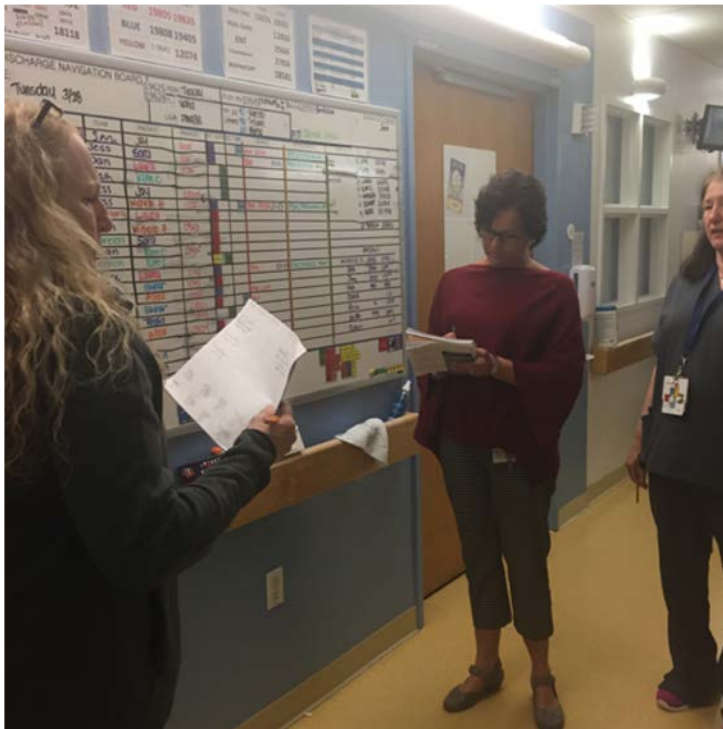
Frontline Leader Standard Work, Senior Leader Daily Habits and Local Improvement Teams

Frontline LSW: the lynch pin

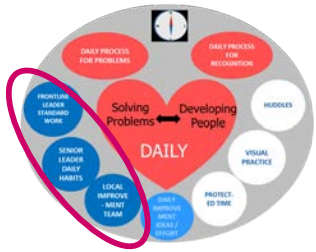




Frontline Leader Standard Work, Senior Leader Daily Habits and Local Improvement Teams



Senior leader daily habits
What can you commit to daily / weekly?



Frontline Leader Standard Work, Senior Leader Daily Habits and Local Improvement Teams

Local teams working together to solve problems

Issue	Owner	Description	Due Date	Status
EWV	EWV	EWV	8/14/18	Completed
AWI	AWI	AWI	9/25/18	Completed
WAT	WAT	WAT	8/21/18	Completed
KATIC AD	KATIC AD	KATIC AD		Completed
WAT	WAT	WAT		Completed
WAT	WAT	WAT	8/14/18	Completed
WAT	WAT	WAT	9/18/18	Completed
WAT	WAT	WAT	7/15/18	Completed
WAT	WAT	WAT	8/21/18	Completed
WAT	WAT	WAT	8/21/18	Completed
WAT	WAT	WAT	9/25/18	Completed
WAT	WAT	WAT	8/21/18	Completed
WAT	WAT	WAT	10/7/18	Completed
WAT	WAT	WAT	8/21/18	Completed
WAT	WAT	WAT	8/28/18	Completed

'IMPROVEMENT ROUNDS' - 4th Tuesday of the Month @ 2pm ☺

A3s **OTHER**

LITOFF Shared Governance & LIT's for project:

Future topics: SBFCR, Handoff, Standard work: USA, WA, MUMPS, etc.

THANK YOU to our participants for learning about A3 thinking! ☺

CHICU to 200 transfer process flow map:

Tracking coming soon:

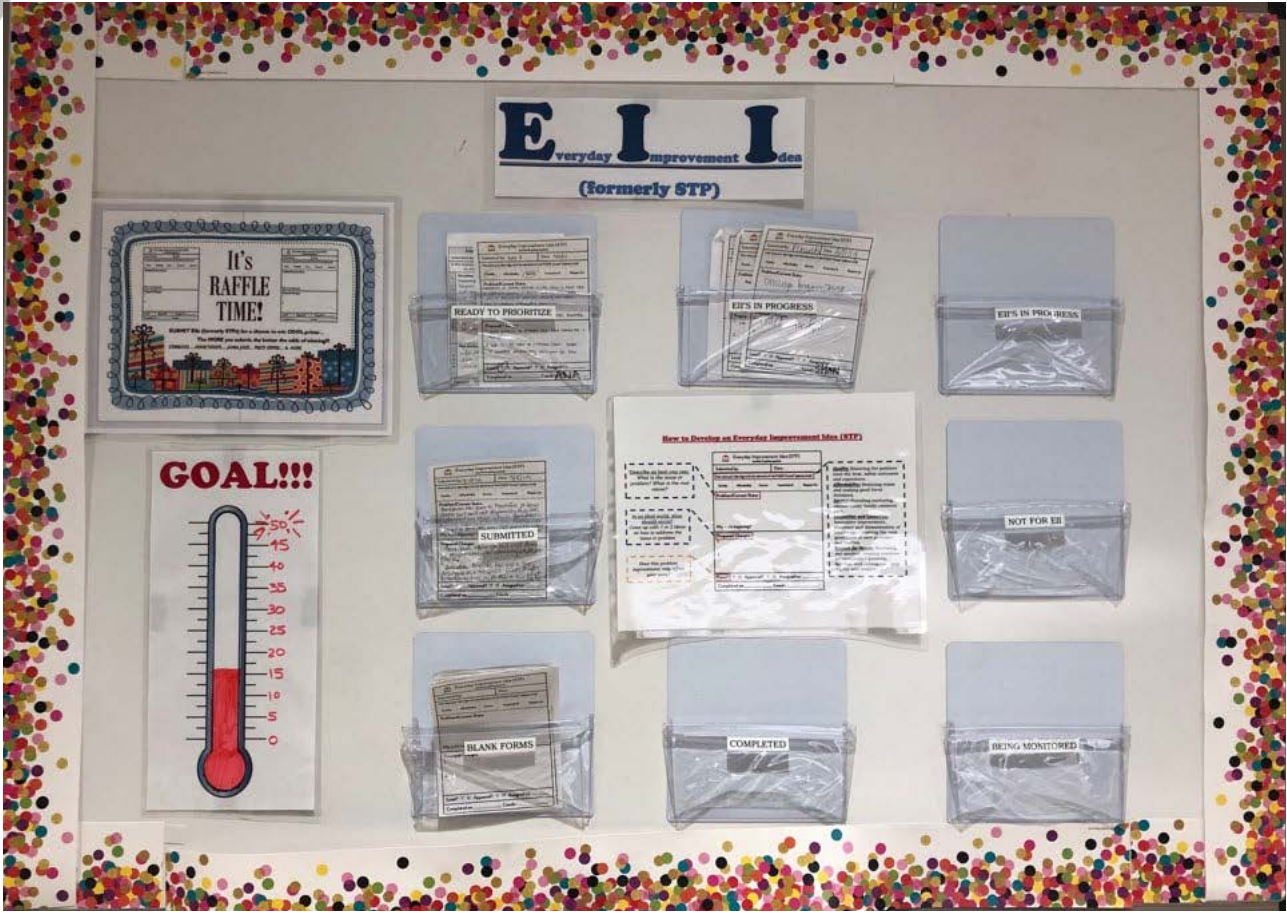
- ADIT's - including early DCI (without get coffee cards monthly ☺)
- Cardiac Census

Wins/completed:

- 55 of Discharge/Equipment room (auditing in start April)
- Cards Census now up to 22
- High Flow O2, now live on 200
- New DMS board & STP board (ESB)
- Off-Site communication check sheet



Daily Improvement Ideas / Small Step Improvement



Our Vision



Professional
Fulfillment

=

*Happiness or meaningfulness, self-worth,
self-efficacy and satisfaction at work*

Mickey Trockel, MD, PhD
Stanford Medicine WellMD Center

The Model



"Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience"

<http://catalyst.nejm.org/physician-well-being-efficiency-wellness-resilience/>

Culture of wellness
Organizational values, behaviors and leadership that prioritize personal and professional growth, community and compassion for self and others



Efficiency of Practice
Workplace systems, processes and practices that promote safety, quality, effectiveness, positive patient and colleague interactions and work-life balance

Personal Resilience
Individual skills, behaviors and attitudes that contribute to physical, emotional and professional well-being

Culture of wellness

Leadership
Values alignment
Voice/input
Meaning in work
Collegiality
Peer support
Appreciation
Flexibility
Culture compassion



Bohman, NEJM Catalyst 2016



Efficiency of Practice

- EHR usability
- Triage
- Scheduling
- Patient portal
- Documentation method
- Team-based care
- OR turnaround times
- First starts
- Second starts
- Staffing
- Medication reconciliation

Bohman, NEJM Catalyst 2016



©Stanford Medicine 2016

Personal Resilience

- Self-care
- Self-compassion
- Meaning in work
- Work-life integration
- Social support
- Cognitive/emotional flexibility

Bohman, NEJM Catalyst 2016

Efficiency of Practice

Critical Success Factors:

- **Teamwork models** of practice
- **Designing roles** to practice at top of licensure
- **Redesign** of inefficient **work**
- **Physician engagement** in redesign
- **Efficient communication** methods
(e.g. Streaming the EMR and IT interfaces)



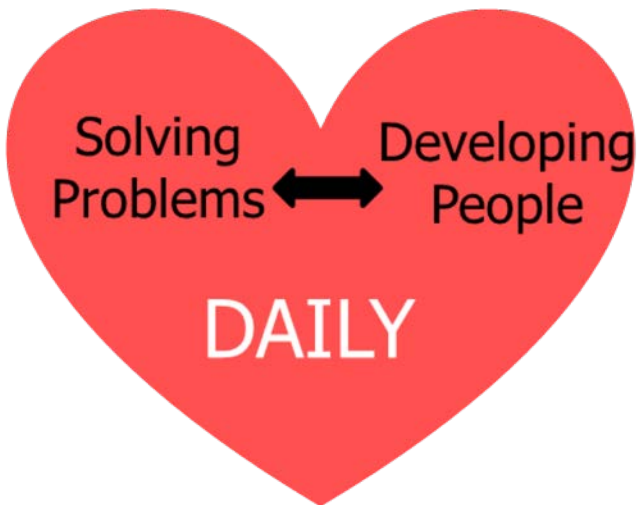


These folks don't need an A3

They need a hug!

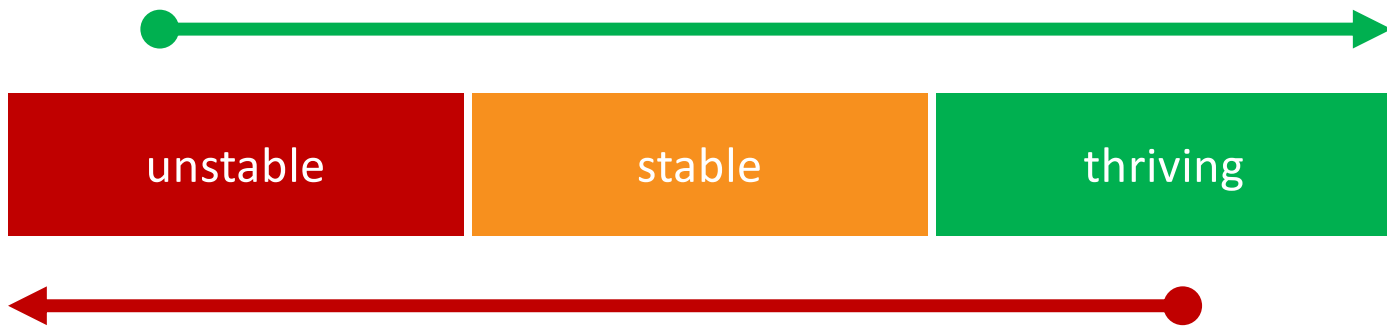
Where to start?

- What comes first, second, third?
- Which tier huddle to start with?
- Go deep or broad?



What is your next move and why?



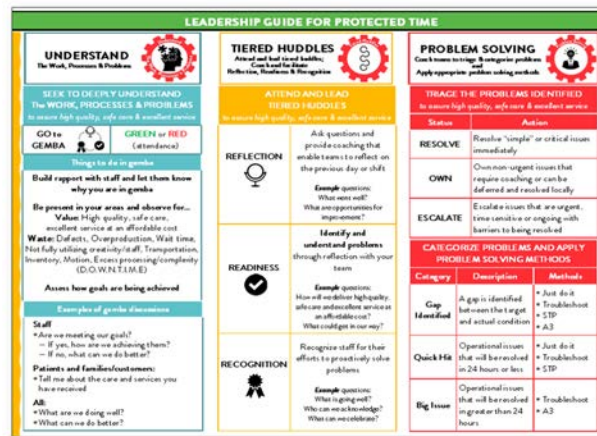
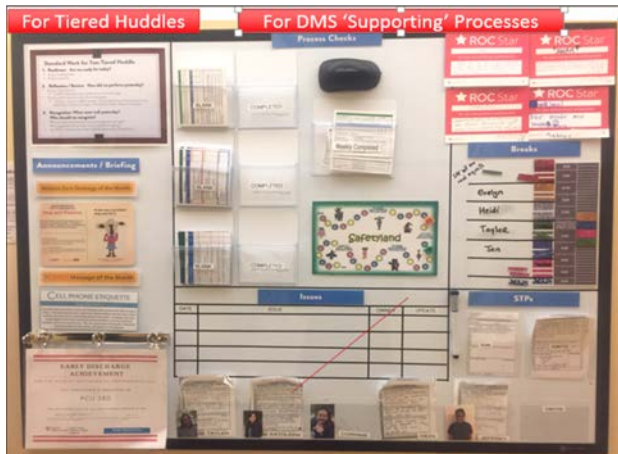


Reflection and continuous improvement

DMS
2010

DMS 2.0
2016
Minimum standard

DMS 3.0
2018
Problem solving

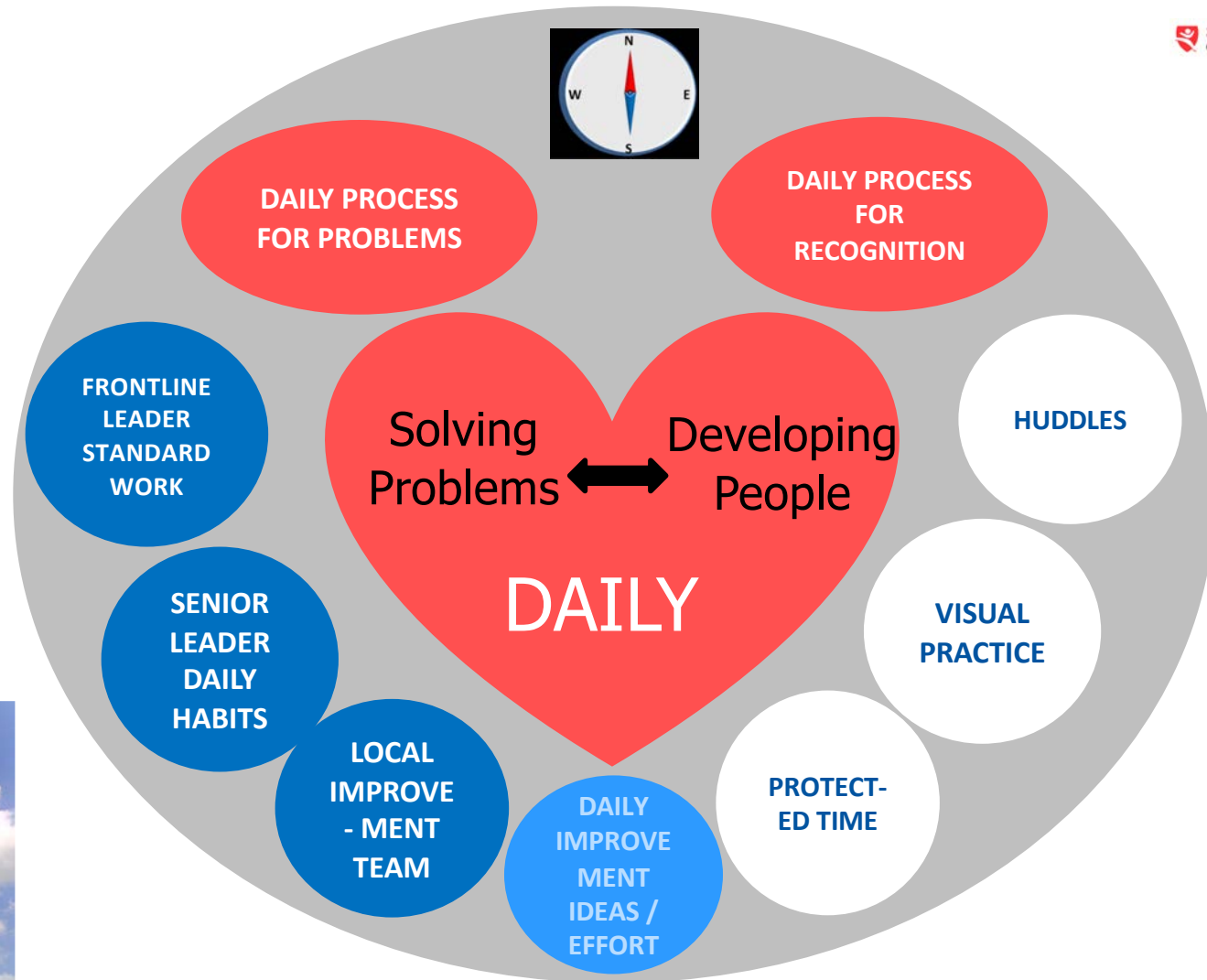


PCU 200 Daily Readiness Checklist

(As an early start for coverage and staff without their normal duty)

Week of:	Standards	3/11	3/12	3/13	3/14	3/15	3/16	3/17	
Staffing	R/R / Patients	11	21	11	26	11	26		
Cardiac Patients / Overflow	R/R	19	2	3	21	5	21	5	
Sick Calls	R AM / R PM	0	0	1	0	2			
Sitters	R AM / R PM	2	2	1	0	1			
Floors	R AM / R PM	0	0	1	1	0			
CNA	R AM / R PM	1	2	2	0	2			
Nurses Orienting / Proctoring	R/R	0	2	1	0	0			
SNH	R AM / R PM	0	0	0	0	2			
Double Time	R AM / R PM	0	0	0	0	2			
A Days	R AM / R PM	0	0	0	0	0			
Cancellations	R AM / R PM	0	0	0	0	0			
WADs	R/R/R	1	1	1	1				
Bundled Rounds Completed - Day		✓							
Bundled Rounds Completed - Night		✓		✓					
Breast Milk Audits - Day		✓							
Breast Milk Audits - Night		✓							
Leader Rounds	R AM / R PM	16	0	15	0	6			
Days Since Last HAC	#	11	12	13	14				
Days Since Last SSE	#	320	321	322	323				
Stethoscope Count	R AM / R PM	26	26	26	26				
Tele box Count	R AM / R PM	8	8	8	8				
Voice Phone Count	R AM / R PM	15	16	16	16				
SBCR Attendance	R/R	3	3	3	3				
Audit Cards (AM/PM)									
SAFETY / Cares		NOXEM delay in CX transfer d/t beds. Ongoing problem solving handoff issue w/ CX - taken to LIT for further analysis						Status	
EQUIPMENT / SUPPLIES		Otoscope not working in room 3 - 3/3 - called in. P checked by key to supply room - missing / open - 7/2 - Lilliana found on top of box!						Status	
EPIC / IT								Status	
MISCELLANEOUS (from above)		Staffing issues - sick calls & high acuity - on post/rotated						Status	
Recognition - who can we recognize for their work today?									
3/12 - Thanks Cathy for taking a pt! (TL)									
3/13 - D'ziam, Mel, Justin, Jamie, Dani - THANKS for the 4 hours OT! (C)									

DMS processes and parts



Today's Session

- The 'why' of Daily Management System
- The 'what' of a Daily Management System
- The 'when' of a Daily Management System

**Thank you for contributing
to our understanding of
Daily Management Systems**