

What Is This Thing Called LEAN ... As It Comes From Toyota?

"LEAN is a set of concepts, principles and tools used to create and deliver the *most* Value from the Customers' perspective while consuming the fewest resources

by fully utilizing *the skills and knowledge* of those who do the work."







When Lean works it's a culture

...a culture of problem solving for continuous improvement

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A Culture of Problem Solving

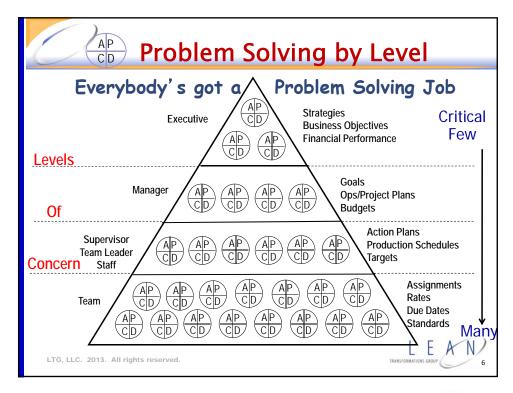
...by the people working in an operation as part of their jobs

That means everybody! ... at every level











Lean Is Problem Solving For A Purpose

in pursuit of two business/clinical goals:

- 1. **Effectiveness** in delivery of value to the customer (what was promised, when, where, in the quantity and the quality promised)
- The greatest Efficiency possible in the delivery of that value for the benefit of both the customer and the business

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Culture

- Culture can only be grown
- It cannot be copied or transplanted
- It can only be developed over time
- Culture lives in the day to day, not in abstract values and feel good slogans
- Culture is who we are embodied in what we do when nobody is looking
- Culture is learned through doing, not through classes, readings, or exhortations

Peter M. Senge - Why is Culture so Illusive

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Let's Grasp The Situation!

Table Exercise Breakout:

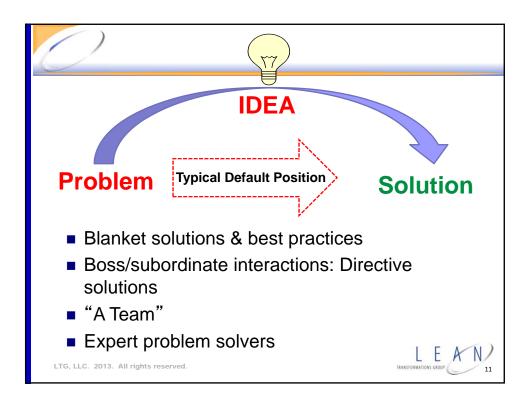
- Where are you now in developing capability in your organization for Lean Transformation?
- What model(s) are you using now to develop your employees' capability for problem solving? your managers'/supervisors' coaching ability?
- How well are they working? If not, why not?

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Problem Solving Culture Assessment To Some **Barely Extent** Much Employees know that at their level: They are expected to recognize ...and respond to problems at their level They are allowed to point out and react to problems at their level Their supervisors believe they are capable of addressing problems at their level They have the means and support to address problems at their level That addressing problems they recognize is critical to the performance of their group, their department and the company They have tools to distinguish normal from abnormal and the ability self-manage their work performance to a large extent And believe that addressing problems is worthwhile for the company, their group, their department and themselves personally



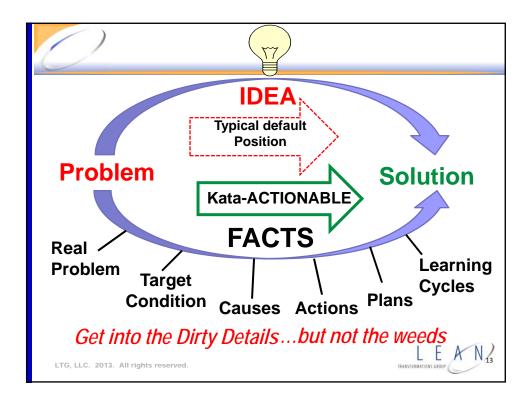


The Typical Default Positions Result In:

- Traditional approaches to problem definition
- Solution-based improvements
- Minimal front line ownership
- Minimal management system linkage







Kata Style Variations Of Continuous Improvement

- Coaches work with teams and with each other
- Teams work on specific problems and share efforts with each other
- Cadenced touch points to allow experiential learning, socialization, and group learning/sharing

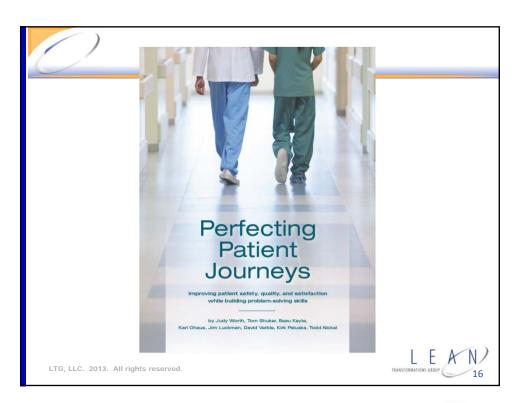




The Emergency Department Collaborative Model

- Traditional LEAN approach was not the practical answer
 - □ Reality of the situation: \$\$, capacity, and language.
- Approach
 - □ Proof of concept 2009
 - □ Statewide launch 2010
- Socialization was of paramount importance









How Did We Get There?

- Use MHA Keystone collaborative model to learn together: improvement kata
- Integrate expert content
- Provide central support from MHA: coaching kata
- Rely on local leadership to execute

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Result: A New Hypothesis For Collaborative Learning

Hypothesis: A continuous improvement culture can be initiated by a few front-line staff members leading a process problem-solving project in the ER, based on fundamental principles of lean thinking in the ER.

- This approach:
 - □ does not rely on huge training budgets or extensive use of consultants
 - does require a few key individuals to learn how to lead, engage and champion the effort
 - □ does rely on intensive skill building but includes little conventional training.







- This approach (cont'd):
 - □ uses external experts, but they will never be on site or recommend specific changes to your process.
 - focuses on solving real organizational problems but has formal connection to senior leadership only through a "champion" role.
 - does not assume that all of the organization's problems will be eliminated - it asserts that the right project can help build capacity to solve problems.

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Approach Details

- Independent "problem" within the theme of ED patient flow
- Teaching in central locations: teach draft share
- Take home assignments: share do learn
- Creating emergent support
- Adhering to PDCA in design and implementation
- Integrating coaching and improvement kata





Tri-County Family Practice Coaching Kata

- External Lean Coach
 - □ Lead Expert Coach: A lead coach oversees the collaborative, but only coaches outside Gemba
- Internal Lean Coach
 - ☐ Tag team style to accelerate skilling up
- Collaborative teams
 - ☐ One per location, each one with a dedicated internal coach

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Tri-County Family Practice Improvement Kata

- Problem selection: picked by individual teams within a specific strategic theme
- Improvement kata: improving and socializing within sites, socializing and learning between sites
- Highly leveraged learning







Multi-Plant Coaching Kata

- External Lean Coach
 - □ Coaches oversee, teach, and facilitate coaches and PI teams at the Gemba
- Internal Lean Coach
 - □ Tag team style to accelerate skilling up
- Improvement teams
 - □ One per location, each one with a dedicated internal coach
- Coaching connections up the ladder
 - □ External and internal coach debriefs with plant managers, who also coached the coaches!

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Multi-Plant Improvement Kata

- Problem selection: picked by areas supervisors with specific performance problems
- Improvement kata: Deep problem breakdown via A3 thinking, improving and socializing within sites, socializing and learning between sites
- Highly leveraged learning

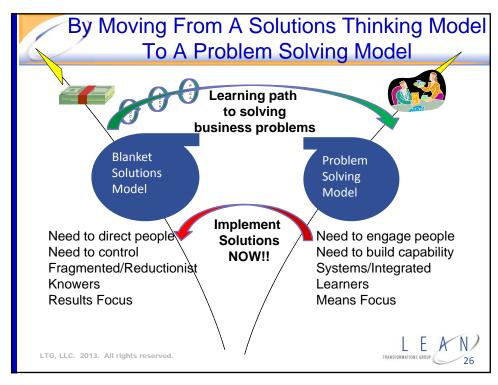
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How Were These Gaps Closed With The New Methods?

- Traditional approaches to problem definition
- Solution-based improvements
- Minimal front line ownership
- Minimal management system linkage







We Used Small Reversible Experiments As Kata

- Systemic scientific thinking and acting
 - ■Within the process
 - □Within the management of the process
 - □ Quick cycles of learning
- Focus on learning, not implementing solutions

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How Did It End Up?

- Bumps along the way
- "Those who remain will become champions"
- Performance achievements:
 - ☐ All hospitals improved
 - □ Over half have sustained the initial effort
 - □ Over 70% have expanded the efforts inside and/or outside the ED
- Social achievements
 - □ Over 50% reported improved engagement levels from and between MDs, nurses, leadership, and other staff
- Current muses in the trenches: "Gee, I wish we were having another collaborative day right now!"





Let's Leave With A Plan To Improve Continuous Improvement!

Table Exercise Breakout:

- What changes in methods would you like to make over next 6 months?
- What are your initial thoughts regarding a plan to do so?
- What's your plan to socialize this and get agreement on a better way to improve?

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Reflection

What impressions do you have about what we just discussed?

- Value to self
- Value to your customers/patients
- Value to your organization



