

Resilience in a Lean Healthcare Journey: Using Lean Product and Process Development to Redesign Healthcare

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March 8, 2023



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Goals:

- Recognize opportunities to check and adjust
 - Even from efforts that seem like failures at the time.
- Be open to running an experiment
 - With Lean Product and Process Development.
- Gain experience with Humble Inquiry
 - On a challenging real work project

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Means:

- Stories from the University of Michigan journey
 - Every worker, every day??
 - 2 decades of challenges
 - Out of the ashes:
 - From Destination Programs to Clinical Design and Innovation using Lean Product and Process Development
- Opportunities for you to reflect
 - Lessons from your project that didn't go according to plan.
 - Practicing Humble Inquiry on challenging projects.
 - Seeking opportunities to use LPPD principles.

March 8, 2023

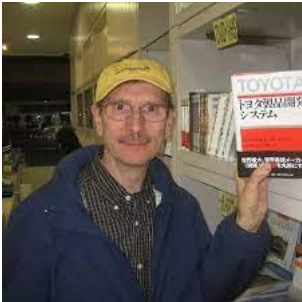
Agenda

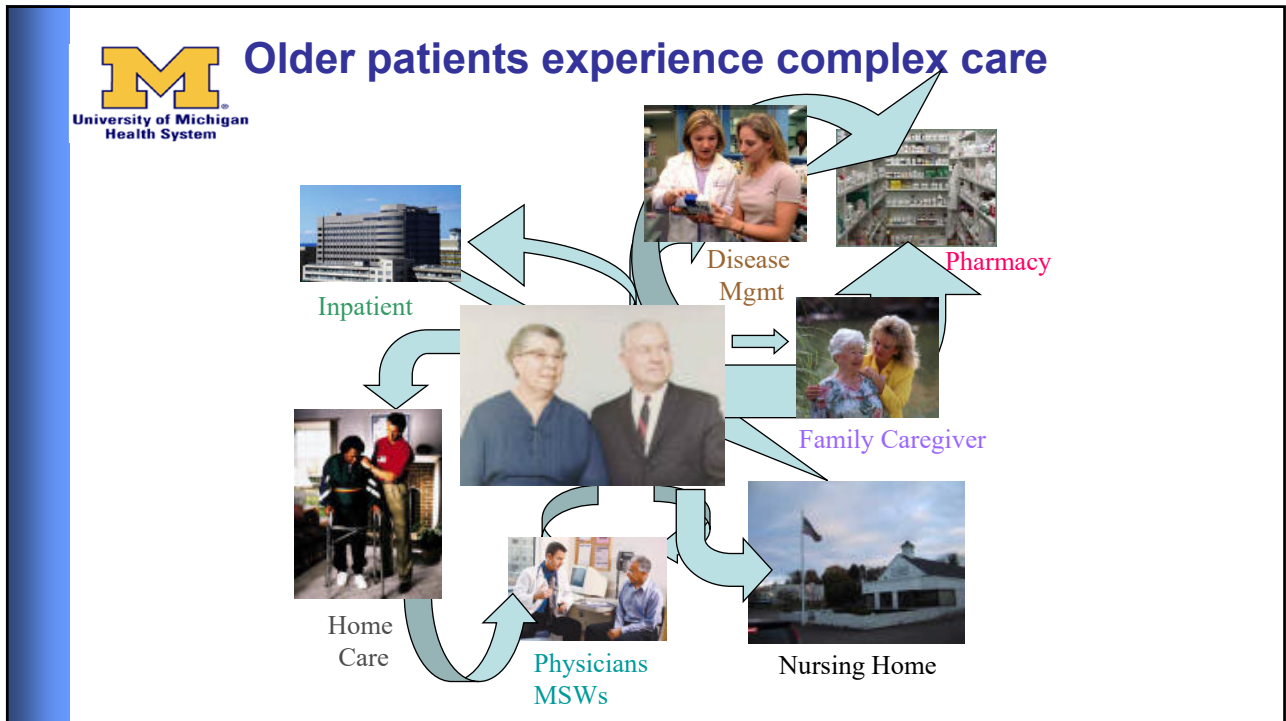
- Reflecting on the Story of Lean at Michigan Medicine (10)
- Reflection/Interaction #1
 - *Using Humble Inquiry to deal with troubled projects (15)*
- Lean Product and Process Development at Michigan Medicine (20)
- Reflection/Interaction #2
 - *Applying LPPD concepts to troubled projects (20)*
- Lean Product and Process Development at Trinity Health IHA Medical Group (10)
- Wrap up interaction #3
 - *Finishing Line exercise & Q&A (10)*
- Total time = 85 mins

Reflecting on Story of Lean at Michigan Medicine

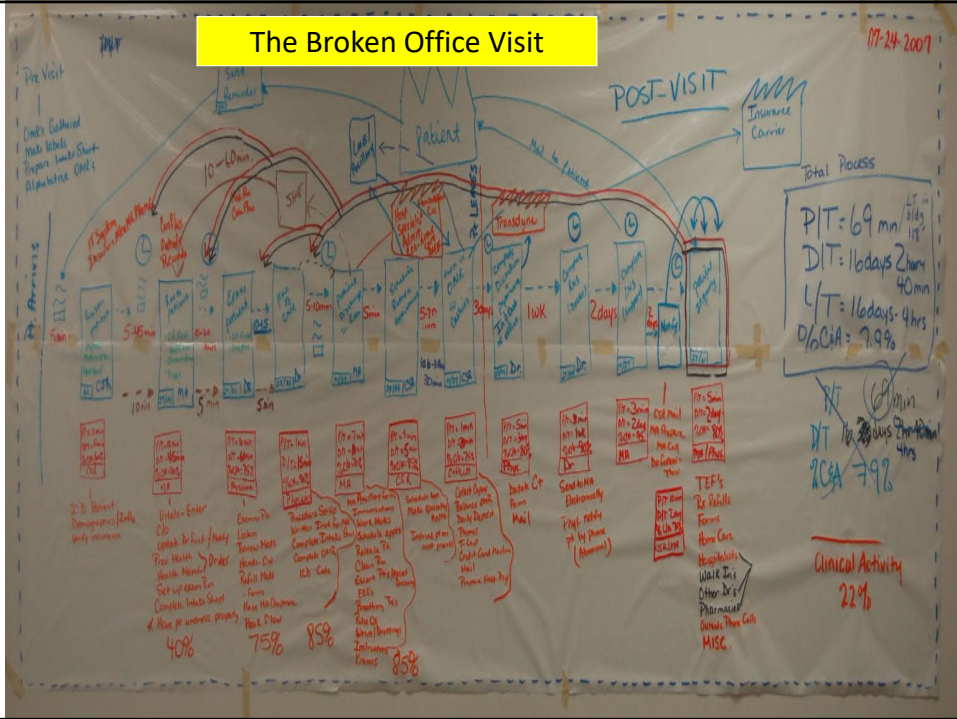


Lean at University of Michigan Health: A long strange trip.



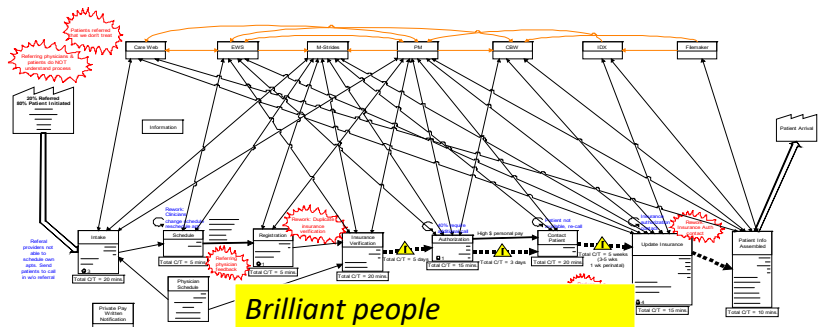


The Broken Office Visit



Psychiatry Referral Process

Current State Map



Brilliant people
Broken processes
Mediocre results

-Fujio Cho



Advanced Lean???
Help *all* our people
do 4 things *every* day.

- Do our work every day in a standard way
that we created
- Be alert to things going wrong
- Fix the problem now
- Find and fix the root causes of the problem



Modified after Spear



Our Advanced Summary
of Scientific Problem Solving:



- **Go and See**
- **Ask Why**
- **Show Respect**



An A3 Template

Title: What we are talking about. Date: _____ Owner: _____

Background
Of all our problems, why are we talking about this one? The "ugly story"...
Historical/organizational/business context...

Current Situation
Where is the problem?
Current state Value Stream Map
Future State Value Stream Map?

Goal
What is the target condition or performance improvement you want now? Measurable, by when?

Analysis
What are the root causes of the problem? (Fishbone, 5 Whys, Pareto)
What requirements, constraints and alternatives need to be considered?

Recommendations
What are the recommendations, and how will we implement them correctly to meet the customer's needs?
(Some needing resources)


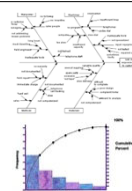

Plan
What, Who, When? What activities will be required for implementation and who will be responsible for what and when?

Follow - up
How will we know if the actions have the impact needed? What remaining issues can be anticipated? When/how will we follow up?

Reviewed By: _____ Date: _____
Modified from Verble, Shook, LaHote, Billi

A Template For Structured Problem Solving...
...Does this sound familiar??

Create Problem Statement

New Patient H&P

Name of Patient: _____ Date: _____ Clinician: _____

History

Chief Complaint

History of Present Illness

Past Medical & Surgical History

Medications and Allergies

Family and Social History

Review of Systems

Physical Exam

General Appearance, Vital Signs

HEENT

Heart & Lungs

Abdomen

Extremities

Neuro

Mental Status, Affect

Impression - Diagnoses

- 1.
- 2.
- 3.

Plans

Diagnostic:
1, 2, 3,

Treatment:
1, 2, 3,

Follow - up

Monitor x, y, z

Return visit:

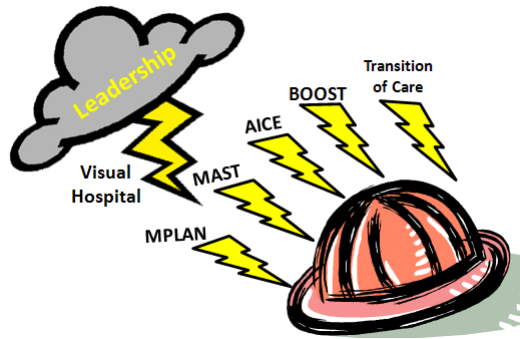


What happened along the way?

- Everything's broken.
 - Let's train everyone, then they'll fix everything.
- Jack visits the OR...
- Jack is called into the CEO office...
- Jack goes to an "all coach" meeting with the new Chief Quality Officer...
- Eternal vigilance is the price of freedom...
 - Pt Safety, HRO, Linkages Academy, VMI, PEx
- Award-winning buildings.



Overburden (*Muri*) *The cork helmet problem...*



Multiple top priorities...
"The camel can always carry another straw..."

Are you too busy to improve?





At the Total Quality Picnic



*Award-Winning
Buildings!!*

*"Don't worry, we've
got this!"*





Pull-Based Authority

Early Mobilization of ICU Ventilator Patients



"But I haven't been to lean training yet..."



License Verification for New Residents

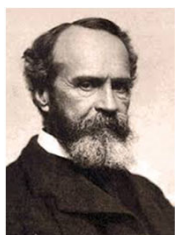




Reflection...



- “We do not learn from our experience. We learn from reflecting on our experience.”
– John Dewey



- “My experience is what I attend to. Only those items which I notice shape my mind. Without selective interest, experience is an utter chaos.”
– William James

Interactive Exercise #1 – Opportunity to pivot – Using Humble Inquiry to explore a challenging project or process

Reflection #1 – Opportunity to Pivot – using Humble Inquiry

- Quick Summary of Humble Inquiry:
 - How do we ask questions that truly help the person?
 - Ask questions in service to the problem owner.
 - Questions that don't remove responsibility from the owner.
 - Open ended questions.
 - Questions to which we do not know the answer.
 - Advice shuts down the conversation: (go do this or don't do this)
 - Coach, don't fix.
- Table exercise: Use Humble Inquiry on a challenging project

Reflection #1 – Opportunity to Pivot – using Humble Inquiry

Half the plans you make are wrong (you don't know which half)

- At your table, one volunteer describes a project that did not go according to plan, went poorly or wasn't completed.
- The others ask open ended questions:

Ask questions to which you do not know the answer.

- What were goals?
 - What was tried? What happened? Why?
 - Were there unexpected results or unintended consequences?
 - What barriers arose? What adjustments did you make?
 - What did you learn?
 - What came of it later? How does it look now?
 - Were there results that looked bad that turned out to be valuable?
 - What did it take to turn those into something of value?
- Total discussion 15min – Share what you learned.

History of Destination Programs

- Goal: clinical programs so good patients fly in for them
- Started OK, first 3 were already good programs
- Leaders wanted rapid expansion: internal RFP, 18 selected,
- Grew too fast
 - Not enough staff support to develop them. Couldn't scale the process.
 - Leaders reluctant to slow down when in trouble.
- Rebooted with new team, back to basics - studied true costs of care
- Focus on improving value for episodes of care
- Success in Bladder Cancer and Orthopaedic Joint Replacement
- Clinical Design formulated

Lean Product and Process Development (LPPD) at Michigan Medicine

Launch of Clinical Design & Innovation

- Focus on Improving VALUE of the Patient Journey
 - Value = Appropriateness x Quality/Cost ($V = A \times Q/C$)
- Replicate success of two Programs:
 - Bladder Cancer Surgery (Readmission Rate)
 - ✓ Standardized pathways for physicians & nurses
 - ✓ Readmission rate reduced by 55%
 - ✓ Improved patient outcomes
 - ✓ Improved financials via appropriate coding
 - Orthopaedic Joint Replacement (% discharges to Skilled Nursing Facilities)
 - ✓ Created “what to expect when you go home” pathways
 - ✓ Reduced d/c to SNFs from 34% to 9%
 - ✓ Shared expectations “your surgeon wants you to go home”
 - ✓ Reduced LOS from 3 days to < 2days
 - ✓ Implemented new pain protocol

Launch of Clinical Design & Innovation

- Use frequent, short interactions with Physicians instead of typical three-day workshops
- Assigned two new programs before we finished the first two
- Tasked to Redesign care for 8-12 procedures or conditions/year
- This seemed problematic (and scary) ***“we can’t get through 2 programs in our 90 min meetings, how will we manage 8?”***
- Invited to participate in “experiment” with LEI/LPPD
- ***Happy to be part of an experiment if I can get help***

LPPD Learning Group Experiment

4/4



Current Learning Group Companies

These high performing, non-competing organizations from diverse industries learn together how to better understand customer needs, effective design and development of products, processes, and creation of strong management systems.



LPPD Concepts

- “A predictable schedule”
- “You can’t manage a secret”
- “It’s okay to be red, it’s not okay to stay red”
- “Go slow to go fast”
- “Protect the milestones”
- “Avoid traveling hopefully”

LPPD Experiment

$$MS = OS \times LB$$

Management System = Operating System x Leadership Behaviors

OS = “what” we do

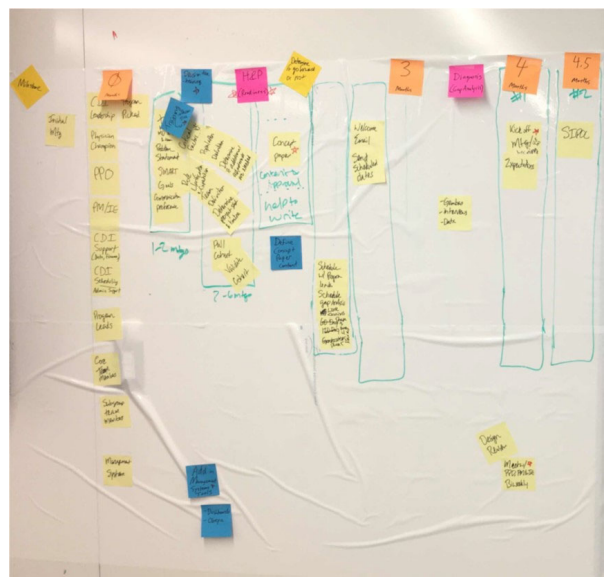
LB = “how” we do it

Develop our Operating System

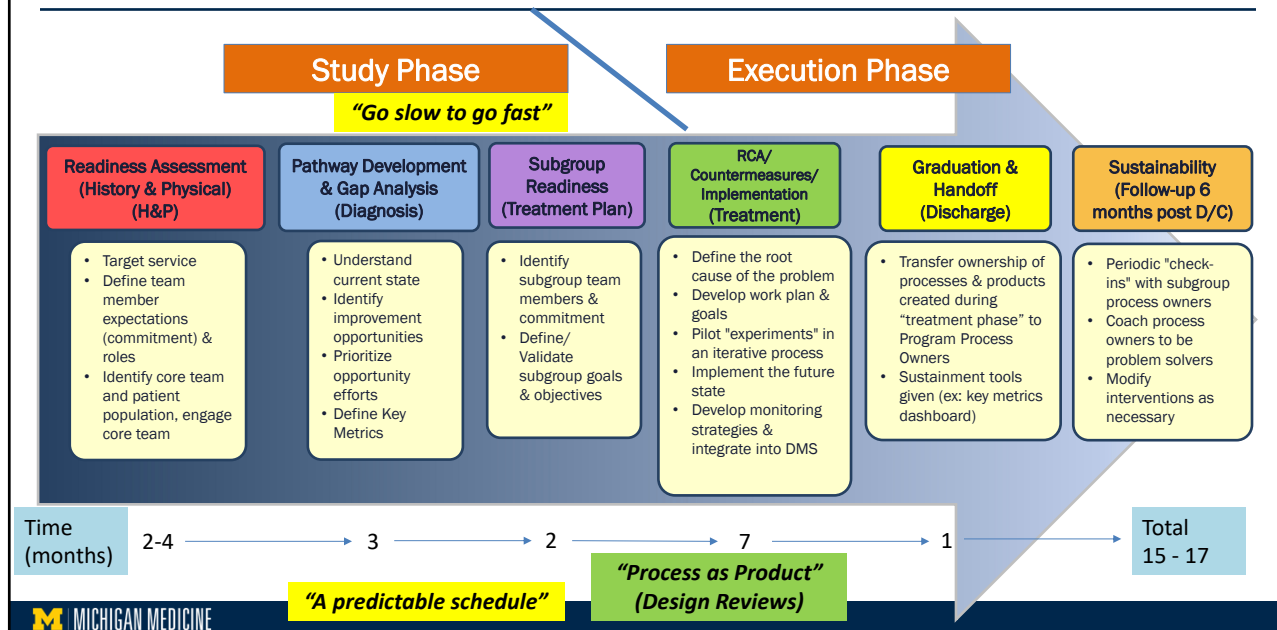
Started with a Reflection – “how is it going?”

- Work is taking too long, need to do more programs (reduce Cycle Time, add capacity)
- Difficult scheduling work sessions with participants
- **CDI Team meets weekly for 90 mins to review programs, but can't get through 2-3**

Map Current Process and Develop a Future State



Clinical Design Product Development Process



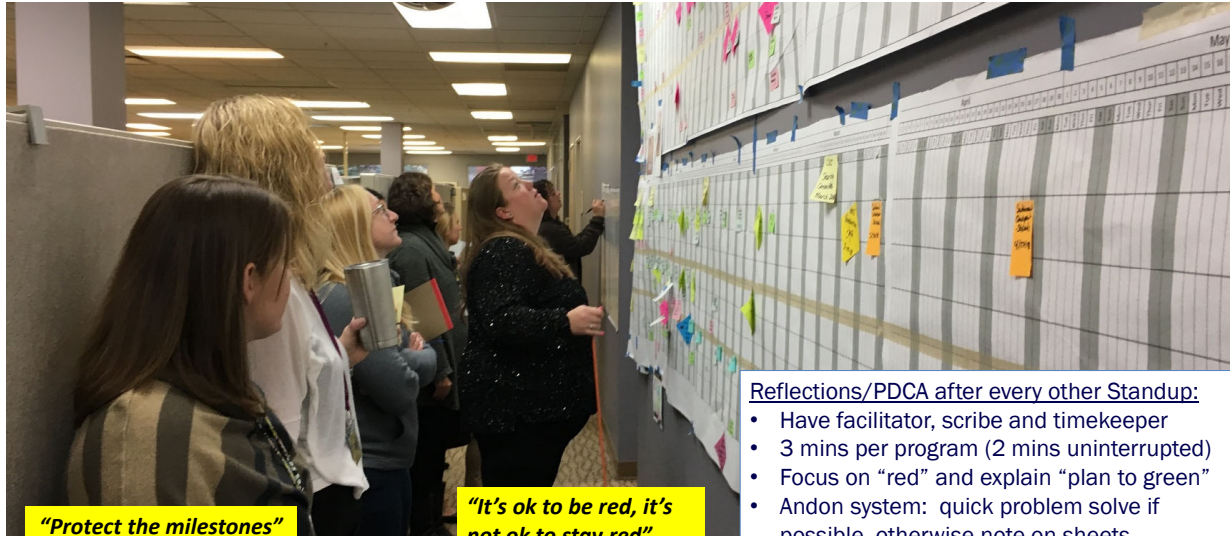
Operating System: Obeya and Weekly Standups

LPPD Experiment – Obeya and Standups

- Find a space
- Make the work visual (don't over think this)
- “Just get started”
- Manage the work (alignment, escalation process, **focus on problem solving, not “status updates”**)

Obeya and Standup v1.0

"You can't manage a secret"



"Protect the milestones"

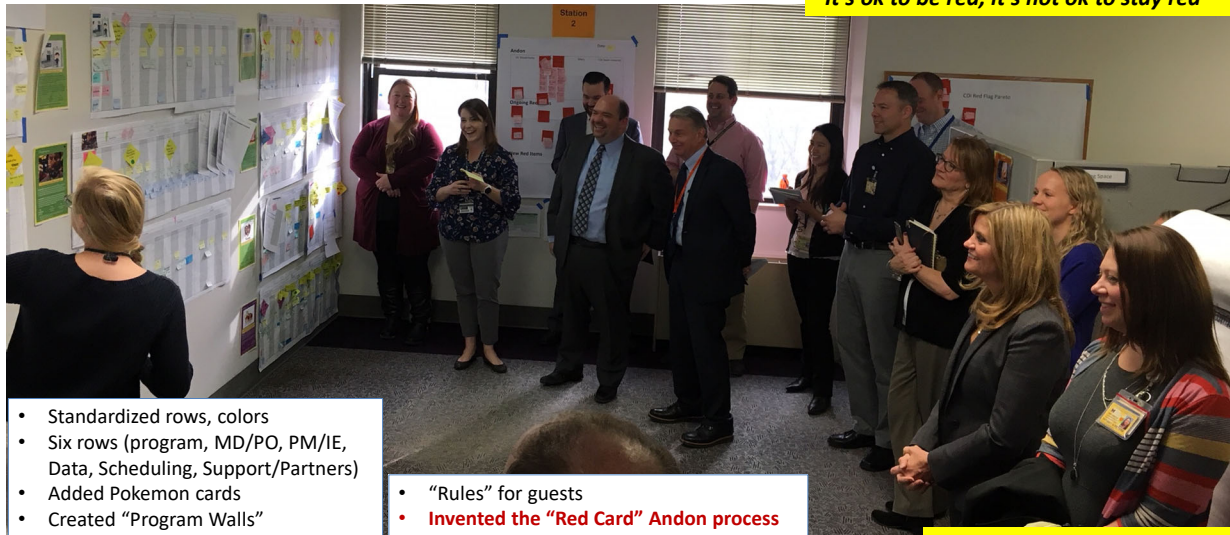
"It's ok to be red, it's not ok to stay red"

Reflections/PDCA after every other Standup:

- Have facilitator, scribe and timekeeper
- 3 mins per program (2 mins uninterrupted)
- Focus on "red" and explain "plan to green"
- Andon system: quick problem solve if possible, otherwise note on sheets

Obeya v3.0

"It's ok to be red, it's not ok to stay red"



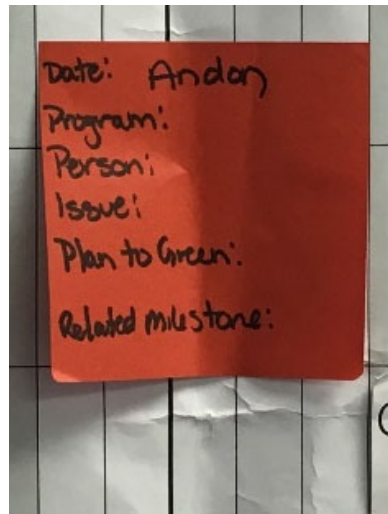
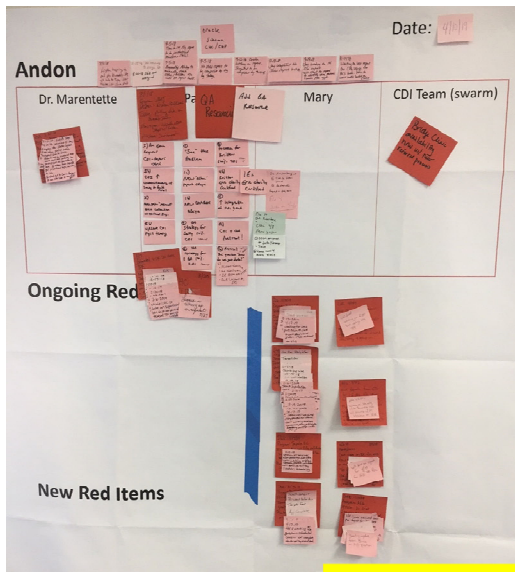
- Standardized rows, colors
- Six rows (program, MD/PO, PM/IE, Data, Scheduling, Support/Partners)
- Added Pokemon cards
- Created "Program Walls"

- "Rules" for guests
- **Invented the "Red Card" Andon process**

"Protect the milestones"

"You can't manage a secret"

From Red Dots to Red Cards



- Red dots - hearing the same story each week
- Red Card - write out the issue and list "plan to green"
- Try to get to green for 1-2 weeks then escalate
- Avoid **"traveling hopefully"**
- Learn other people's work (by respectfully asking why, how & when, and document - glide path timing)

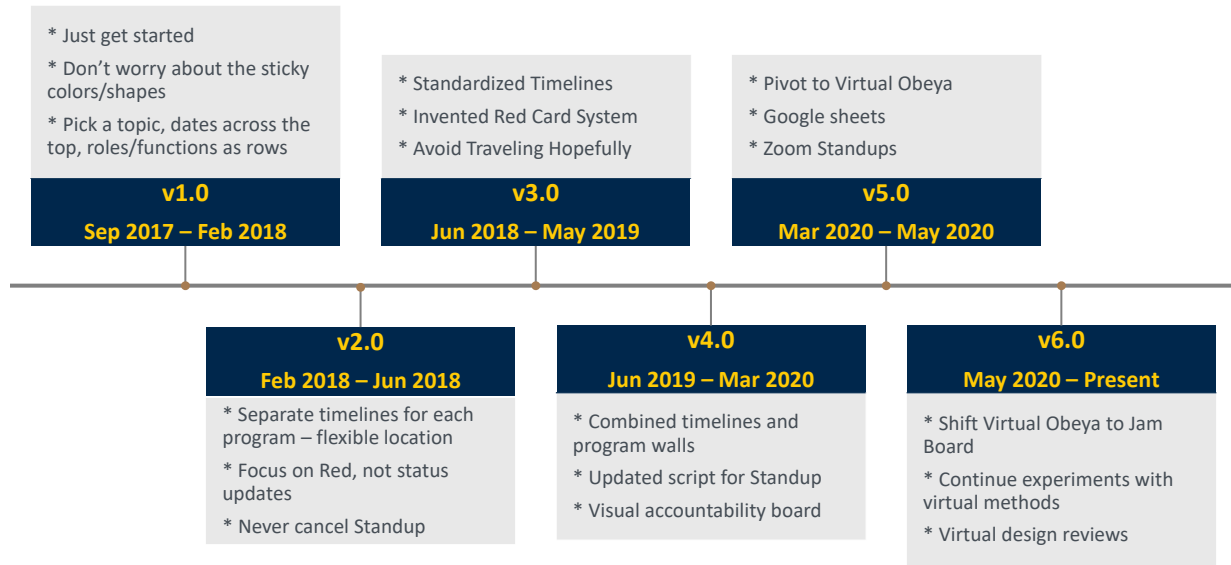
"It's ok to be red, it's not ok to stay red"

Red Card Pareto



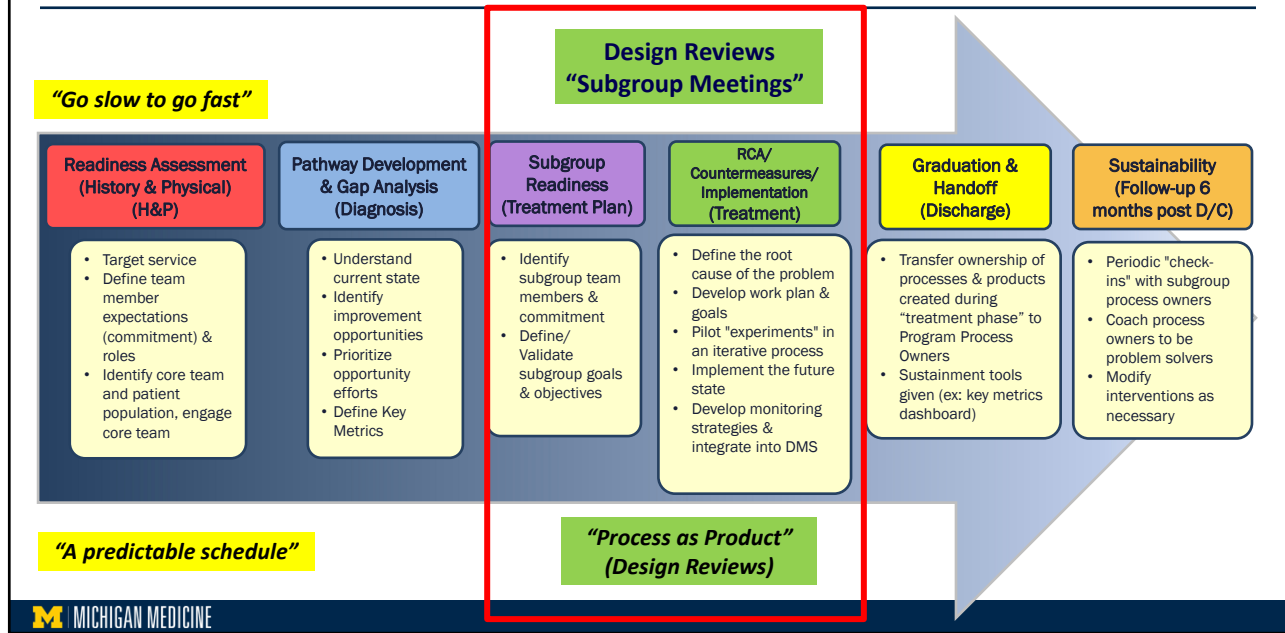
- Move to pareto after "get to green"
- Keep track of common Red Card themes
 - Scheduling
 - Data
 - Approvals - external to program
 - Leadership or ID next step
 - Competing priorities related to timing
 - Program delays or follow through

PDCA'ing our Obeya and Standups

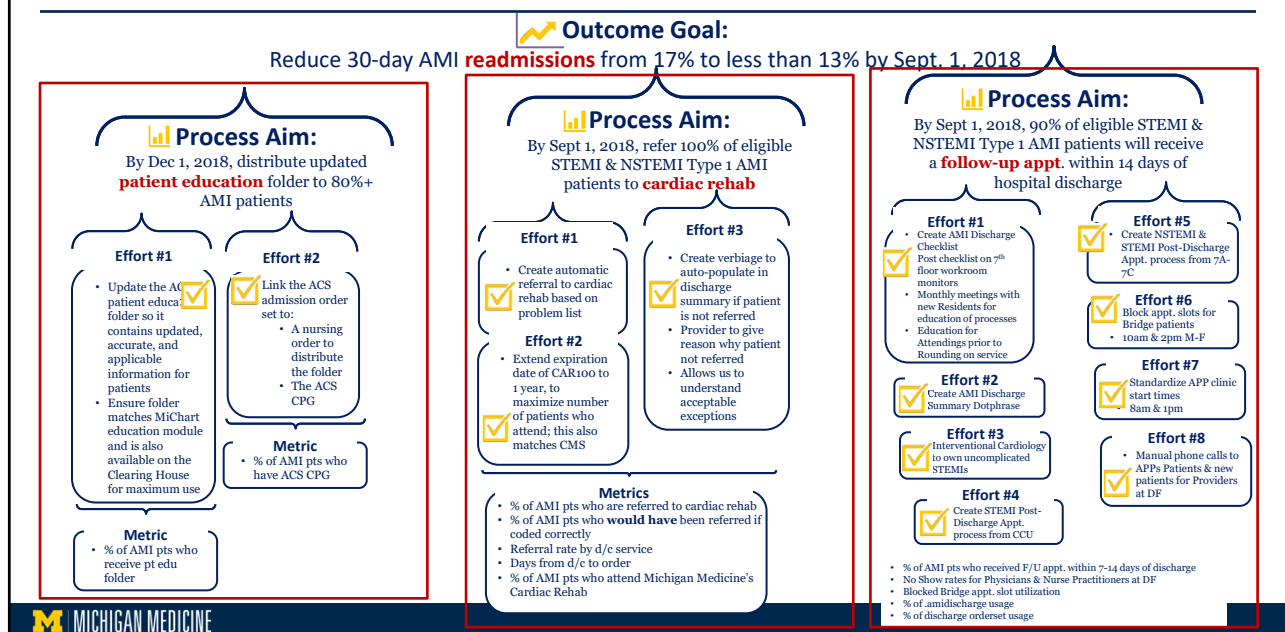


Design Reviews

Clinical Design Product Development Process



AMI Game Plan (Goal – Aim – Metric – Effort) – Design Reviews



AMI Readmission Rates – FCVC Dashboard



Updated: 06/3/2019

| | FY19 Q1 | FY19 Q2 | FY19 Q3 | FY19 Q4 | Measure Owner |
|--|---------|---------|---------|---------|---------------|
| Cardiovascular Medicine Outcomes | | | | | |
| 30 Day Readmission Rates by dx or procedure | | | | | |
| Heart Failure - 30 day readmission rate* | 22.6% | 19.0% | 19.1% | | T. Koelling |
| | 74 | 75 | 69 | | |
| | 327 | 305 | 362 | | |
| AMI -30 day readmission rate* | 10.3% | 11.7% | 8.6% | | A. Stein |
| | 10 | 11 | 6 | | |
| | 97 | 94 | 93 | | |
| Unscheduled readmit to any DRG w/in 30 days | | | | | |
| - Cardiology | | | | | |

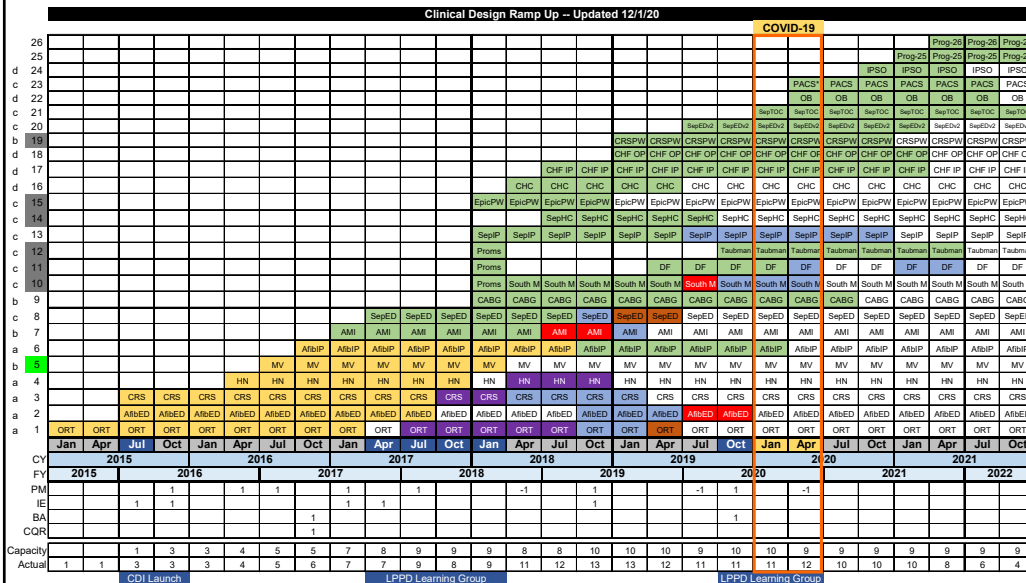
* Measures are publicly reported. Sites include Hospital Compare, UMHS Quality and Safety, Society of Thoracic Surgeons, and Leapfrog Group

- Achieved or exceeded Target
- Improved from previous value but did not achieve Target
- Declined from previous value and did not achieve Target

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CDI Ramp up and Complexity Chart

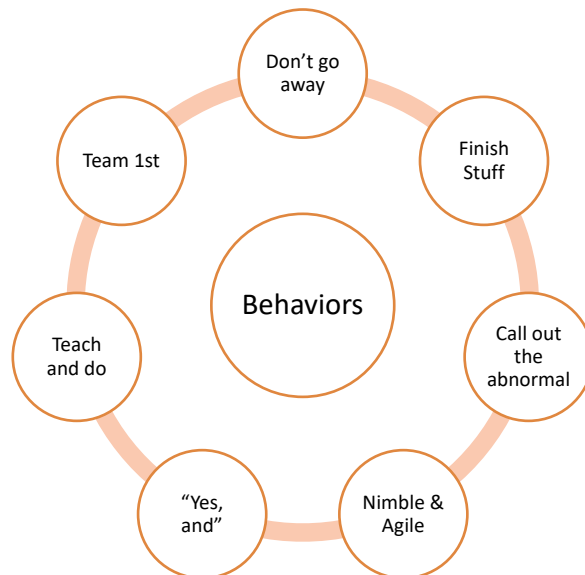


- Programs managed by teams of "Matched Pairs"
- 5 Project Managers and 5 Industrial Engineers
- Ramped up to 24 programs over 5 years
- Managed 11-13 programs "in flight" at the same time



Leadership Behaviors

Clinical Design & Innovation – Leadership Behaviors



MS = OS x LB

Interactive Exercise #2 – Applying Lean Process and Product Development (LPPD) concepts to troubled projects

Reflection #2 - Opportunity to Run an Experiment and try LPPD Concepts

- What are the elements of a good experiment? (baseline, hypothesis, plan to reflect and collect learnings, plan to spread the learnings, data collection strategy, clear intervention with timeline, clear understanding by participants,)
- How do you work on projects that fall behind, or don't seem to get traction? (or you don't know if you're ahead or behind?)
- Why do you think this happens?
- What countermeasures have you tried to overcome this? (or could try?)
- Has anyone given you a completion date, only to change it or say they won't meet it the day it's due?
- Has anyone told you their work will be "done," only to tell you that "that was just 'a phase' of the work" forcing you to ask them when will it be "done, done?"
- How can LPPD Concepts help with these failure modes?

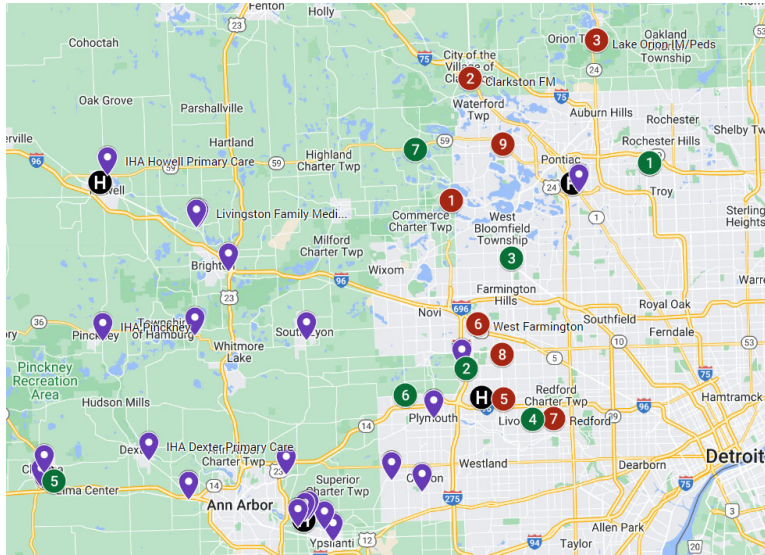
Reflection #2 - Opportunity to Run an Experiment and try LPPD Concepts

- Split into 2-3 groups at table. One describes a project that was challenging or “failed” due to unclear expectations, timelines, or milestones, or not knowing if you’re ahead or behind.
- Discuss if LPPD concepts and behaviors could help:
 - Can’t manage a secret.
 - Shared timeline.
 - OK to go red, not to stay red.
 - Protect the milestones.
 - Cadenced reviews.
 - Visual management.
 - Go slow to go fast...
 - Team first.
 - Teach and do.
 - Don’t go away.
 - Finish stuff.
 - Call out the abnormal.
 - Nimble and agile.
 - Yes, and...

Total discussion 10min. Share what you learned

LPPD Concepts Actually Work – Starting again at Trinity Health IHA Medical Group

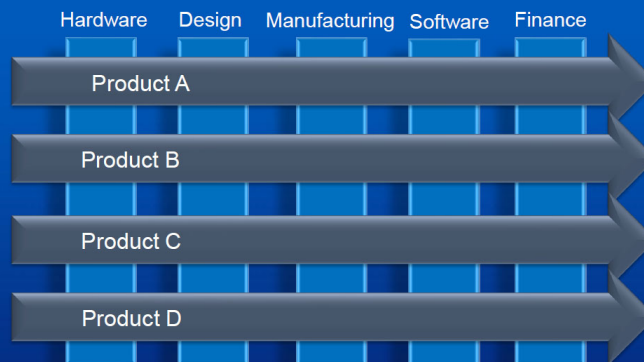
LPPD Experiment at IHA



- Build a Project Management Process and Team
- Focus on Growth (Moves, Satellites, Transitions, New Sites, Acquisitions)
- Across four Divisions (OB/Peds, Primary Care, Surgery, Medical Specialties) **sharing the same Central Resources**

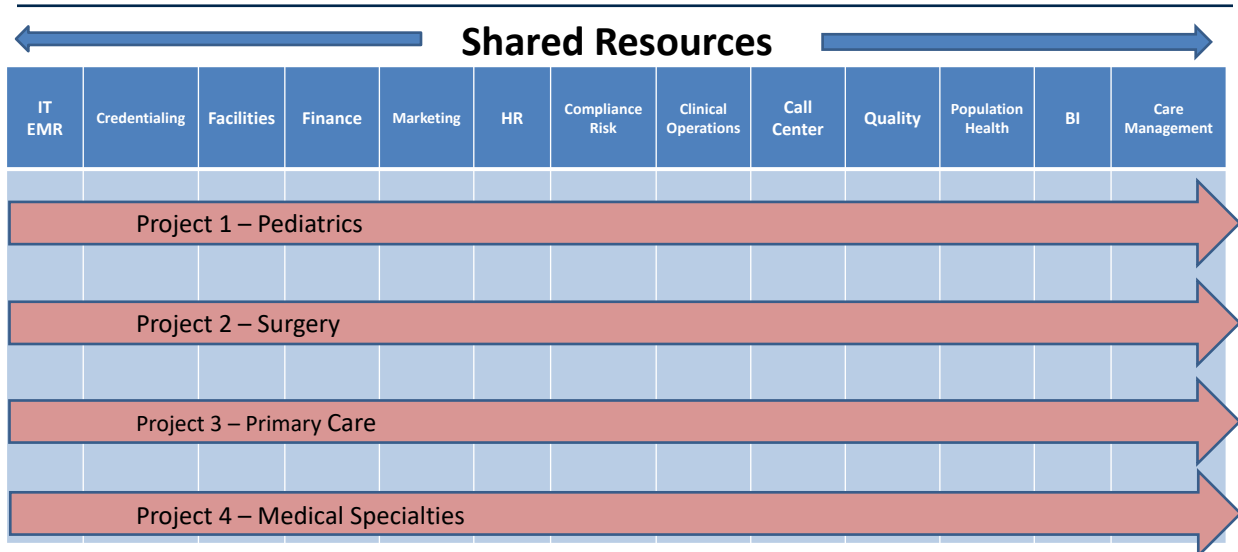
Chief Engineer Model

The matrix



Developing people and products

Aligning Resources



LPPD Concepts & $MS = OS \times LB$

- “A predictable schedule”
- “You can’t manage a secret”
- “It’s okay to be red, it’s not okay to stay red”
- “Go slow to go fast”
- “Protect the milestones”
- “Avoid traveling hopefully”

LPPD Experiment at IHA – Develop an Operating System

Started w/ a reflection – “how is it going?”

- Lack of Communication
- No long-term planning
- It was normal to delay projects (“you mean we are really going to do this?”)
- Traveling Hopefully (“everything is ok, until it’s not ok”)
- Weekly huddle (**lasted two hours, but only able to handle 2-3 programs**)

IHA Huddle – Focus on Red Items, not Status Updates

IHA Integrations and Activations Transition Team Meeting – Agenda Monday, April 5, 2021 3:00-5:00 PM Microsoft Teams Meeting

Weekly experiments

Covered 15 programs in two hours

| AGENDA: | Topic | Key Items for Discussion | Notes |
|--|--|--|---|
| 1. Administrative Updates | Paul Poliani 3:00-3:05 PM | <ul style="list-style-type: none"> • Experiments for this week: <ul style="list-style-type: none"> • SmartSheet Enhancements (organized into folders, modified columns) • Communication (transparent, timely and specific) • Updates to the Site Initiatives List file • Program “health” (Red issues) brought to Wednesday Leadership meetings • Overview of Today’s Meeting <ul style="list-style-type: none"> - Roles: Timekeeping (Paul), SmartSheet (Chris), meeting notes (Chris) | <ul style="list-style-type: none"> • Check it Out • Site Initiatives List • LMC Grid |
| 2. Active Transitions: OB/Peds Division SmartSheet Project Plan Review | Katie Johnston Tracy Hilobuk 3:05-4:00 PM | <ul style="list-style-type: none"> • IHA Obstetrics & Gynecology (Livonia) (3:05-3:20 PM) <i>Transition: SIMG to IHA transition on 5/24/2021, no move</i> • IHA Obstetrics & Gynecology (Livonia) (3:20-3:30 PM) <i>Transition: SIMG transition & move to LMC 3/17/2021</i> • IHA Obstetrics & Gynecology (Westland) (3:30-3:40 PM) <i>Transition: SIMG transition & move to LMC 3/17/2021</i> • IHA Union Lake Pediatrics (3:30-3:40 PM) <i>SIMG transition, 3/1/2021 (second go-live 7/1/21)</i> • SIMG Obstetrics & Gynecology Rochester Hills (3:40-3:50 PM) <i>New Site, 3/22/2021</i> • IHA Livonia Pediatrics (3:50-4:00 PM) <i>New Site, 6/22/2021</i> | |
| 3. Active Transitions: Primary Care Division | Jeff Patterson 4:00-4:05 PM | <ul style="list-style-type: none"> • IHA Livonia Primary Care (4:00-4:05 PM) <i>Move 4/23 and open 4/26</i> | |
| 4. Active Transitions: | | <ul style="list-style-type: none"> • IHA Urgent Care Livonia (4:05-4:10) | |

| | | |
|---|--|--|
| Jennifer Nemeth Rabyn Davis Deb Pomo Dana Rudolph Kelly MacKinnon | <ul style="list-style-type: none"> • Move on 4/30 and open 5/3 • SIMG Plastic & Reconstructive Surgery Livonia (4:25-4:30 PM) <i>Move 5/7 and open 5/10</i> • IHA Vascular and Endovascular Surgery (4:30-4:35 PM) <i>Satellite Location, opens 6/7</i> • IHA Urology (4:35-4:40 PM) <i>Satellite Location, opens 6/7</i> • SIMG Michigan Brain & Spine Institute (4:40-4:45 PM) <i>Satellite Location, opens 6/7</i> | |
| 6. IA PowerPoint | | |
| 7. Open Issues | <ul style="list-style-type: none"> • Questions/comments from the Team (4:45-5:00 PM) | |
| Whole Team 4:45-5:00 PM | | |

Shared what was coming next

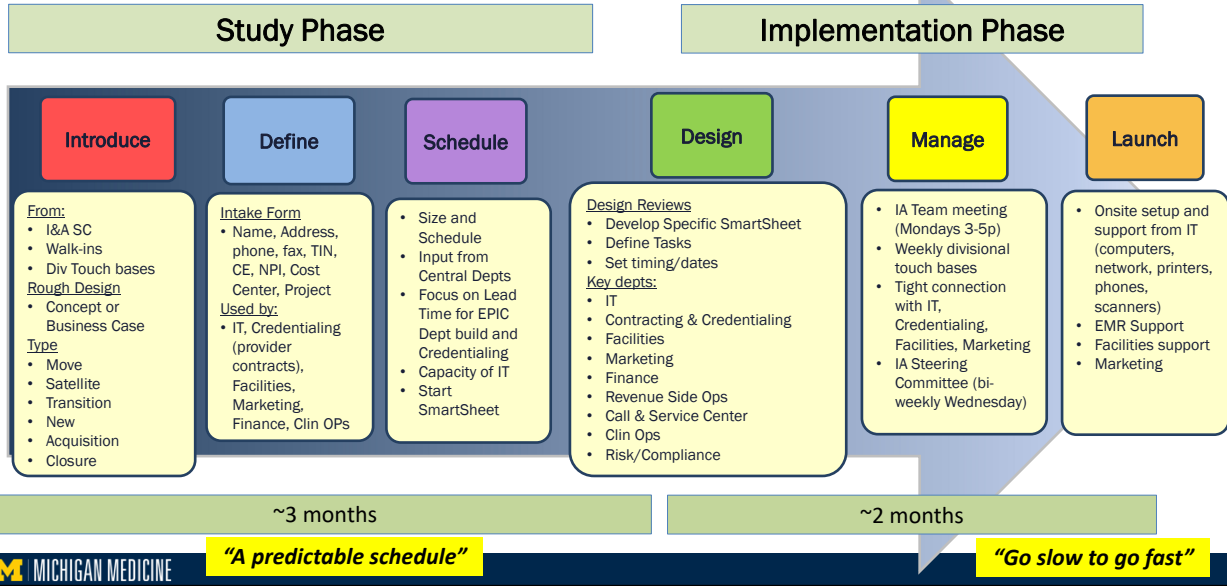
| Upcoming Sites | Remaining CY 2021 Launch Schedule (List) |
|---|--|
| Coming Soon to this meeting & SmartSheets | <ol style="list-style-type: none"> 1. Westside Obstetrics & Gynecology (Canton) - Practice closure July 2021 2. IHA Bloomfield Primary Care - New TIN (crosses SIMG to IHA) 7/1/2021 3. IHA Union Lake Pediatrics - New TIN (crosses SIMG to IHA) 7/1/2021 4. IHA Obstetrics & Gynecology (Livonia) - New TIN (crosses SIMG to IHA) 7/1/2021 5. IHA Obstetrics & Gynecology (Westland) - New TIN (crosses SIMG to IHA) 7/1/2021 6. SIMG Rochester Primary Care - SIMG transition to IHA August 2021 7. SIMG Lake Orion Primary Care - SIMG transition to IHA August 2021 8. IHA Livonia Pediatrics - New TIN 8/2/2021 9. IHA Orthopaedics Livonia - New TIN 8/2/2021 10. IHA Hand Surgery Livonia - New Satellite Location August or September 2021 11. SIMG Obstetrics & Gynecology Clarkston - SIMG transition to IHA September 2021 12. SIMG Obstetrics & Gynecology Bloomfield - SIMG transition to IHA September 2021 13. SIMG Maternal-Fetal Medicine Oakland - SIMG transition to IHA September 2021 14. IHA Orchard Pediatrics - Acquisition 10/4/21 15. IHA Southeast Livonia Primary Care - New Site & SIMG transition (Redford & Livonia) to IHA 10/21/21 16. IHA Urgent Care Southeast Livonia - New Site 10/21/21 17. SIMG Waterford Primary Care - SIMG transition to IHA November 2021 18. IHA Farmington Hills Primary Care - SIMG transition to IHA December 2021 19. SIMG Clarkston Primary Care - SIMG transition to IHA December 2021 |

“Everyone complained, but they kept coming back”

“You can’t manage a secret”

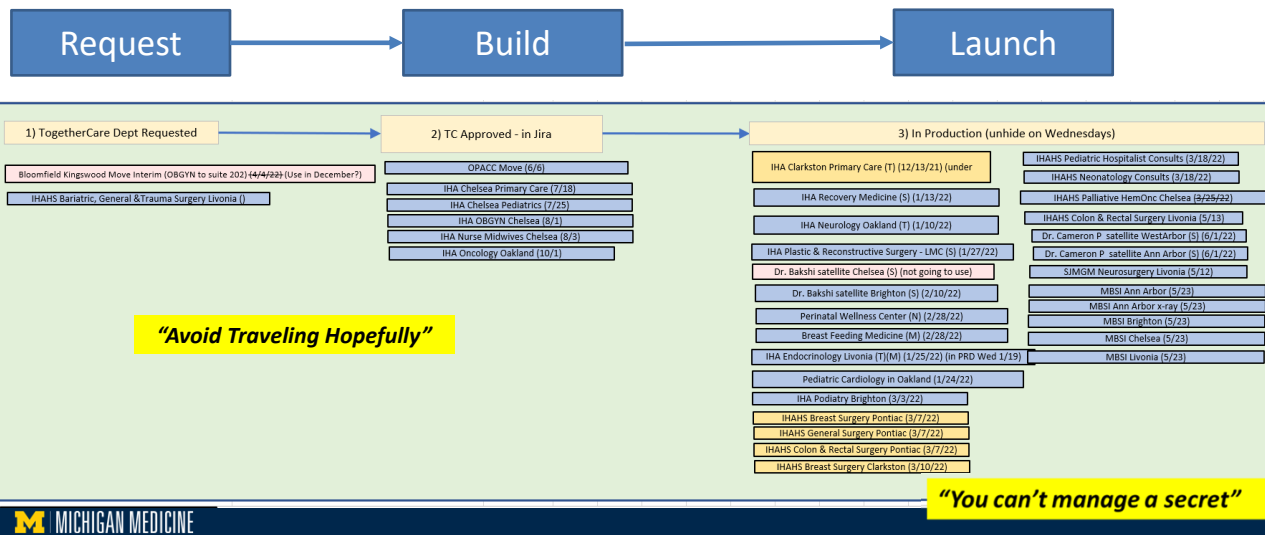


Integrations & Activations Product Development Process



IHA Obeya – Department Build Kanban

From a “Hidden” White Board to Shared Information

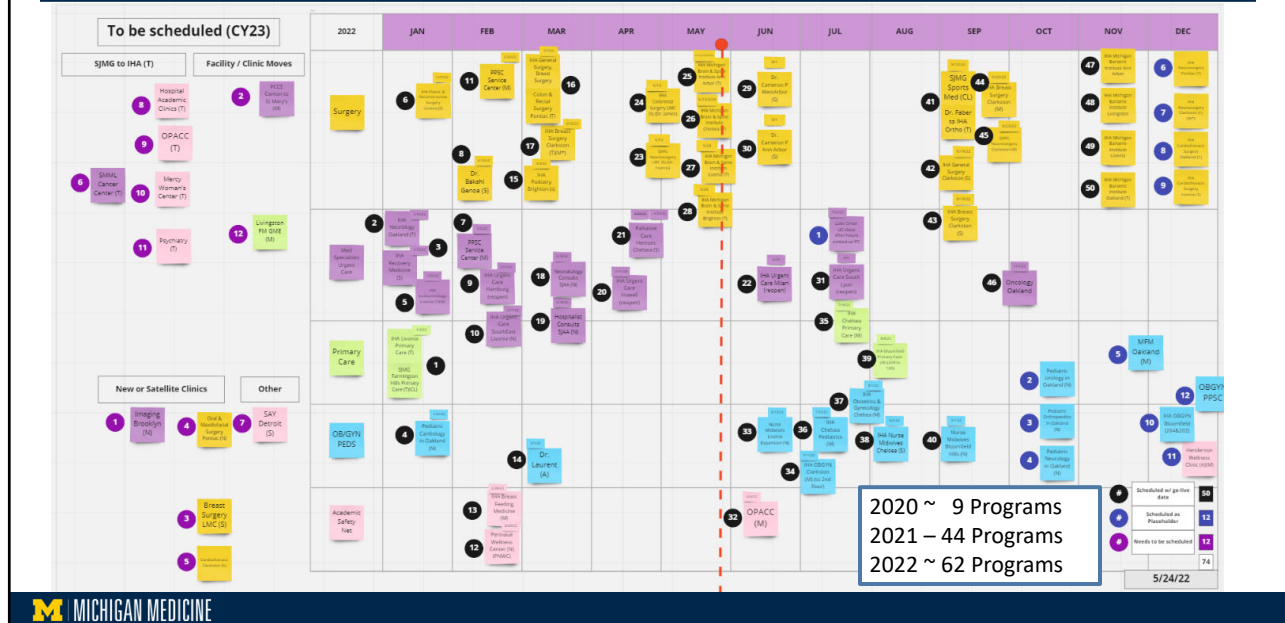


IHA Obeya – Block Schedule (Plan to our Constraint)

| | Jan-22 | Feb-22 | Mar-22 |
|----|---|---|---|
| 1 | SJMG Endocrinology Livonia (T)(M) (LCM) (1/10/22) (1/24/22)(1/25/22) | PPSC Specialty (Phase 1 move call center to DF) (Tech solutions) (2/9/22) | SJMG General Surgery Clarkston (T)(M*) (3/14/22)(3/10/22) |
| 2 | SJMG Neurology Oakland (T) (1/24/22)(1/10/22) | | SJMG General Surgery Pontiac (T) (3/7/22) & (3/8/22 - Dr. Kieninger) |
| 3 | IHA Recovery Medicine Livonia (S) 1/13/22 | Surgery (Phase 1 move call center to DF) (OSA, AAOS) (Tech solutions) (2/23/22) | IHA Podiatry Brighton (S) (3/3/22) |
| 4 | "need contracts by 9/1/21" | | Dr. Laurent Retire - acquire assets/patients (A) (3/1/22) |
| 5 | Pediatric Cardiology in Oakland JOA w/ MM (Oakland) one 1/24/22 (phones, basic Tech, TC Dept build - outpatient only, EKG, Holter, Echo) (N) | | |
| 6 | 1) McKenzie Jones, PA-C, 1/1/22, IHA Ortho, Full Time 2) Amy Dunn, MD, 1/3/22, Orchard Lake Peds, Part Time 3) Candace Cooper, DO, 1/3/22, SE Liv Primary Care, Fulltime 4) Kacie Hadley, CNP, 1/3/22, South Lyon Primary Care, Full Time 5) Molly Muir, CNP, 1/3/22, IHA MFM Oakland, Contingent 6) Michael Ambrose, MD, 1/4/22, IHA Peds Float, Contingent 7) Kathryn Strong, PA-C, 1/10/22, Hospital Med, Fulltime 8) Marissa Sevishin, CNP, 1/10/22, Peds Float, Contingent 9) Mira Mitry, MD, 1/15/22, Hospital Med, Part Time 10) Nashwan Yousef, MD, 1/15/22, Waterford PC, Full Time 11) Mohammad Aun Afzal, CNP, 1/17/22, IHA Hematology Onc, FT 12) Mohammad Rauf, MD, 1/18/22, Endocrinology, FullTime 13) Anna Pierzchala, MD, 1/24/22, Medicine Float, Contingent 14) Amanda Hirsch, CNP, 1/17/22, IHA MFM Oakland, Full Time 15) Emily Mills, MD, 1/31/22, IHA UC, Contingent - Jenny Shih, DO, 1/1/22, Liv Primary Care, Part Time - Kayla Garrett, CNP, 1/1/22, Liv Primary Care, Full Time - Barbra Alvir, DO, 1/1/22, Liv Primary Care, Full Time (MORE below) - Basel Assaad, MD, 1/10/22, IHA Neurology Oakland, FullTime - Linu Stephen, CNP, 1/10/22, IHA Neurology Oakland, Full Time | 1) Sukhinder Maan, MD, 2/1/22, Hospital Med, Full Time 2) Sandra Cadichon, MD, 2/1/22, IHA Neonatology, Part Time 3) Abeer Almohammad, CNM, 2/14/22, Midwives, Contingent | 1) Blake Movitz, MD, 3/1/22, IHA General Surgery - Chelsea, FT 2) Douglas Stoinski, DPM, 3/1/22, Podiatry, Full Time 3) Morgan Gardner, MD, 3/1/22, IHA Pediatric Float, Contingent 4) Stephanie Levin, MD, 3/9/22, Behavioral Health Psychiatrist, Contingent 5) Monica Hill, MD, 3/21/22, IHA OBGYN Westland, Full Time 6) Farah Dourra, PA-C, 3/21/22, Michigan Heart, FullTime |
| 7 | | Saint Joseph Mercy Perinatal Wellness Center (N) (2/28/22) - 3/1/22 | Peds Neonatology Consults SJAA (N) (3/18) |
| 8 | | IHA Breast Feeding Medicine (M) | Peds Hospitalist Consults SJAA (N) (3/18) |
| 9 | | | MBSI IT Planning |
| 10 | | Dr. Bakshi satellite Brighton (S) (2/10/22) | |
| 11 | | IHA Urgent Care SouthEast Livonia (N)(2/21/22) | |
| 12 | | Pediatric Cardiology EMR Support (IP Echo Reads/Consults, MFM Echos, OP) | |
| 13 | | MBSI IT Planning | |
| 14 | | Re-open IHA Urgent Care Hamburg (2/14/22) | |
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| 25 | SJMG Farmington (CL)(T) to IHA Primary Care Livonia 1/3/22 | | |
| 26 | IHA Plastic & Reconstructive Surgery - LMC (S) (1/27/22) | | |

"You can't manage a secret" **"Protect the milestones"**

IHA Obeya – Long Term Planning



Leadership Behaviors

- Develop **Behaviors**
 - Consistency
 - Safe to raise issues
 - Respectfully asking “why” or “how”
 - Transparency
 - PDCA ourselves



Interactive Exercise #3 – Q&A / Finishing Line

Reflection #3 – The Finishing Line

We learn from reflecting on our experience.

- Discuss at your table:
 1. What was your biggest **surprise**, biggest Ah-ha?
 2. What will be **your** biggest challenge going forward?
 3. What do you need to know **more** about?
What do you want to practice more?

- Share your reflections.

Final reflections





End of Workshop Wrap-up

- Questions?
- Comments?
- Reactions?
- Plan to try anything different now?