

Big hospital improvements start small

Lean daily management helped make a Texas medical center's lean

Six Sigma program effective

By Jerry Berlanga and Brock Husby



Imagine starting out in Major League Baseball without spending years perfecting the disciplines of hitting, fielding and pitching. That doesn't seem like a recipe for success.

But that's how many organizations in healthcare and other sectors approach lean Six Sigma. They begin with large initiatives that pull key staff away from their departments for long periods of time. The processes often result in short-term gains; however, long-term sustainability of lean Six Sigma projects is not the norm. These pitfalls and challenges are so common that they are almost a source of commiseration and camaraderie amongst practitioners ... to "begin with a bang" and "end with a whimper."

Projects that started with unified support and energy from leaders and teams often fizzled after the event when the daily operational grind and other crises emerged and the focus shifted elsewhere.

As more hospitals and healthcare systems struggle to get sustainable and impactful results out of their lean Six Sigma programs, many are learning that creating a daily cadence for improvement at all levels of the organization engages more staffers and leaders to solve problems that prevent organizations from reaching their goals. Guadalupe Regional Medical Center's (GRMC) journey represents the same challenge that regional hospitals, large health systems and other healthcare organizations face across the nation, but this Texas medical center's approach is distinctly different than most documented examples in the United States.

GRMC officials realized that they were missing the daily follow-through from leaders and staffers on their key goals, gaps and action plans. Instead, they needed to engage more staffers in improvement instead of relying on a smaller subset of their employees to handle traditional, long-term projects. Toyota style "lean daily management" or LDM is quickly becoming the way hospitals engage more of their workforce on improvement every single day.

PDCA, day by day

Lean daily management establishes visual management boards and develops effective leadership rounds that drive, encourage and inspire front-line managers and staffers to assess gaps in performance daily. The idea is to create a lot of small improvements across the organization (daily plan-do-check-act) instead of concentrating on a few large-scale projects that take months or years to implement. Such traditional improvement initiatives involve intensive and significant investments of time, money and other resources.

This is not to minimize the importance of large kaizen or value stream mapping projects, as they are critical to achieving macro changes that cannot be accomplished through lean daily management alone. But such large projects will be more

FIGURE 1

Modeling management

The lean daily management system model includes four parts: LDM boards, leadership rounds, leader daily disciplines and lean projects.



effective after more of your workforce knows the ins and outs of lean Six Sigma, like the baseball player who toiled away as a schoolboy and in the minor leagues before reaching the Major Leagues.

GRMC is in its second year of lean daily management implementation, and already the culture has been transformed. In a traditional lean journey, most organizations don't undertake lean daily management until their third or fourth year because they spend their first years concentrating on large-project value stream management and kaizen events. Then they watch those once-promising initiatives slide back. The lean transformation "flight plan" of GRMC is distinctly different. GRMC started with senior leaders leading from the front, and they were the first to learn and practice lean daily management.

A common path is for organizations to start lean daily management in a particular department or use a process improvement facilitator working at a middle management level. They regularly get some preliminary (and local) results, but these often stay compartmentalized. What's more, senior leadership often takes a wait-and-see approach. But lean daily management works best when senior leaders learn and practice it first.

Senior leaders at GRMC have settled into a more structured daily routine of rounding on key unit "LDM boards" to assess progress, understand gaps with staff and encourage and coach quick problem-solving with their workers. According to Travis Haynes, the medical center's lean coach, "Problems that festered for years are now getting exposed daily, and staff [members] are seeing the follow-through from leaders that historically didn't happen as consistently."

Lean daily management defined

The lean daily management system model has four parts: LDM boards, leader rounds, leader daily disciplines and lean projects, as shown in Figure 1:

FIGURE 2

Standard work for leaders too

This chart details a standard workday for leaders who are implementing lean daily management throughout their healthcare organization.

LEADER STANDARD WORKDAY				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
750am	CK EMAIL/VM	CK EMAIL/VM	CK EMAIL/VM	CK EMAIL/VM
830am	IP ROUNDING	IP ROUNDING	IP ROUNDING	IP ROUNDING
900am	CHARGES/PYRAMIS	CHARGES/PRYAMIS	CHARGES/PRYAMIS	CHARGES/PRYAMIS
1030am	DESK WORK	DESK WORK	DESK WORK	DESK WORK
1230am	ORDERING	STAFF ROUNDING	ABG CHECK IN	MONTHLY LIST
100pm	QA/QI	QA/QI	QA/QI	QA/QI
200pm	FOLLOW UP/HUDDLE	FOLLOW UP/HUDDLE	FOLLOW UP/HUDDLE	FOLLOW UP/HUDDLE
300pm	OP ROUNDING	OP ROUNDING	OP ROUNDING	OP ROUNDING
400pm	CLOSE DAY/PURGE	CLOSE DAY/PURGE	CLOSE DAY/PURGE	CLOSE DAY/PURGE
(desk work: kronos,policies,high 5's bills)				
MONTHLY LIST: one up, finalize qa/qi, ventilator days, med dir sheets, eval follow up, schedule, rounding w/dr, stop light				
ABG CHECK IN: peer review, maintenance, ext qc, qc data list/levy, api, competency				

LDM boards: The boards help trigger visual management that includes regular problem-solving huddles. The daily huddles should last about 10 to 15 minutes. Visual LDM boards at the levels of senior leadership, middle management and front-line units are important to making sure that your organization aligns key goals and that information, ideas and priorities flow up and down the organization.

Leadership rounds: Leaders regularly visit key front-line units to learn about what is happening with their staff, understand the challenges involved and escalate ideas up the ladder. Independently or as a team, leadership rounds must take place daily or weekly with key units.

On their rounds, leaders review visual lean daily management boards with staff to determine how units are making progress on their daily goals, much like how a physician makes rounds to determine the progress of their patients. This gives leaders the chance to understand challenges on the front line instead of in a conference room, reviewing and understanding the staff's gaps and action plan and pulling in ideas that need to be escalated to the senior leadership huddle board. Finally, such rounds allow leaders to follow through on ideas that have been escalated previously to make sure that the units are getting the support they need.

Leaders are more like coaches who ask questions to drill down to root causes and pull ideas from staff rather than problem-solvers who come down from the board room with all the answers to staff's challenges. The leadership round is attempting to create a "pull" of ideas from front-line staffers rather than "push" solutions to the workforce.

This works better than having staff members detail their problems, wait for leadership to fix things and then get frustrated with the answers.

Leadership rounds focus first on ideas and actions that the unit can implement today or this week. Then the focus can shift to pull in other ideas that need senior leadership support. Leadership rounds are the glue that holds lean daily management together by creating a daily or weekly cadence for im-

provement and accountability across the organization.

Leader daily disciplines: Component three is how leaders hold themselves accountable to the lean daily management model. Leader daily disciplines (sometimes called leader standard work) are the daily, weekly and monthly activities and tasks that keep the management model working.

A sample workday is shown in Figure 2. Leaders ensure that the management system is moving forward and not backward. By building a management system, the leadership team is fostering a system where problems are solved at the lowest level possible by the staff members who understand the problems the best, rather than having senior leaders spend the majority of their time fighting fires that have festered so long that they inevitably escalate to their level. After all, by the time such fires break out, most of the damage has been done, damage that could have been avoided if the situation was addressed much earlier.

Leader daily disciplines include such activities as daily leader rounds with key units, attending daily leadership huddles, daily/weekly escalation of key unit ideas that staff members are struggling with to the senior leadership huddle board and weekly recognition of successful unit ideas. Scheduling quality rounds on Mondays, productivity rounds on Tuesdays, etc., creates a "rhythm" across the organization for improvement. No matter what the fire is, we round on quality on Mondays according to our leader daily disciplines.

Lean projects: Lean projects traditionally have been the starting point for lean implementations and certainly will continue to be the way leaders and staffers learn lean, implement improvements and develop. The difference with lean daily management is how lean projects are pulled from staff LDM boards and leadership rounds versus the traditional push from senior leadership.

As leaders round with their staff, leaders encourage staff members to implement the simple and easy ideas first. As this low-hanging fruit is plucked, leaders and staffers naturally begin to pull more lean Six Sigma tools and methods. Lean Six

Sigma tools and methods are learned and used in real time on the floor in the context of their LDM boards and goals.

Before lean daily management, lean projects felt very much like a push from senior leadership. After lean daily management, lean projects are pulled as needed to achieve their goals. It's a much more natural way to learn and apply lean Six Sigma principles with staff members.

Implementation

The lean daily management model is very easy to understand. Implementing the management model is the hard part. So where do we start?

Senior leadership must be the first to understand, develop and practice the new management model. And in this case, the word "practice" should be emphasized, as this is something that is a learned discipline, just like anything else that is worthwhile.

Understand: Senior leadership must first learn what an effective lean daily management model looks like in a hands-on workshop that uses goals and information tailored to their organization. This workshop needs to teach not only the model and supporting principles but offer leadership a chance to practice huddling, leadership rounds and leader daily disciplines. Leaders, just like the rest of us, learn by doing.

Develop: As senior leaders learn the new management model and practice in the workshop, they will need to develop their senior leadership lean daily management board with key goals (symptoms), key analysis (diagnosis) and action plans (treatment plans). This LDM board will mature over time, so don't expect perfection the first time out of the gates.

Practice: Most importantly, senior leadership needs to practice the management model by engaging in constructive huddles, practicing effective leadership rounds and holding themselves accountable to their leader daily disciplines.

Obviously, there are plenty of concerns. First of all, it's natural for leaders to think that this is yet another thing that they and their staff members have to do on top of the thousand things they already have pulling at them day in and day out.

The effective countermeasure is to take baby steps. Start by simply putting up an LDM board in your unit. Track the one thing that you want to improve the most. Make it that painful item that you want and need resolved. Watch how doing this engages your staff, pulls in leadership to help and starts to improve performance

Spreading lean faster with LDM

Lean daily management was introduced to the GRMC administration in late 2014. The leadership group thought the process sounded great but were unsure about implementation and sustainability.

The administrators decided to try the approach at their level first, as they wanted to lead from the front. Many organiza-

tions take the approach of "Do what I say, not what I do," which sends a strong – and wrong – message. The leadership team wanted to be able to speak from firsthand experience if the ideas worked and spread throughout the organization. As a team, the leaders started with daily huddling, practicing the three-layer lean daily management structure of finding the symptoms, diagnosing the problem and coming up with a treatment plan for selected issues that would help reach important goals.

The team found that the daily discipline of the LDM process started to bring a better level of focus, communication and understanding among the leadership team. They found the "small bites" approach of daily focused discussions with achievable actions and solutions benefited the team and likely would boost the entire organization, as lean coach Haynes said.

"Rather than fixing a problem, the discipline of doing the diagnosis and getting to the root cause resulted in more success in solving the problem," Haynes recalled. "This is the shift from firefighting to true problem-solving."

The administration decided to commit to the lean daily management process and implement it through the organization.

One analogy that helped communicate the significance of the new process was the wearing of two hats. Staff members naturally wear the hat of doing the work. Lean daily management could hardwire a second hat, that of improving the work, into the daily cadence of staff members. This simple concept was a common thread throughout the spread and growth of lean daily management at GRMC.

Implementation was done slowly with leadership selecting key areas that had the greatest need or fit for the lean daily management process.

"We did not launch a big initiative campaign," Haynes said. "Rather, we committed to a slow and steady approach to having more areas and teams wearing the second hat of improving the work on a daily basis through LDM."

This approach is not the traditional method for launching lean initiatives at most healthcare facilities. The common approach is to bring in lean consulting groups. These groups typically analyze the system's needs and gaps from the viewpoint of the executive level. They then launch a series of kaizen events as well as pockets of management level A3 events.

This commonly results in an overwhelming amount of information and planning in a very short period of time. The topics selected are usually complex and involve many layers of staff throughout the organization, and this normally leads to significant shortfalls in sustainment, cultural change and realized impact.

Lean daily management takes a different approach, starting with single departments and units gathering as a team daily to first identify smaller, internal issues and gaps that impact the



Lean shortens emergency waiting

Employing lean methodologies to evaluate processes has helped Saint Francis Healthcare's emergency room achieve turnaround times that beat the national industry standard, a Delaware newspaper reported.

The average time it takes an emergency room visitor to see a St. Francis doctor is 35 minutes, according to *The News Journal*. The hospital also averages a 57 minute "door-to-balloon time" for those suffering from a heart attack. And stroke patients can reach a CT scan within eight minutes. The hospital has had one of the shortest average emergency room wait times in the state for the last five years.

St. Francis coordinates staffing to match personnel to the busiest times of day and separates its emergency department into two areas, one for prompt care and one for acute care.

The prompt care side handles minor things like cuts, bumps and bruises, while the acute care side manages limb- and life-threatening emergencies like heart attacks and strokes. The emergency room also uses a parallel process that puts patients into open beds right away, with registration taken care of at bedside.

Technology, from the computer monitor in the nurses' station that provides a visual cue about new patient arrivals to expedite the triage process to the point-of-care system that helps staff treat patients at the bedside, also plays a role, according to the newspaper.

workflow of the team. This allows the team to practice the lean daily management model.

More importantly, team members get to see sustainable results that they implemented instead of looking on at an approach driven by an outside entity. The latter approach usually drives the team toward a specific end vision, which can remove some of the ownership from the team. The former approach leads to empowerment as well as buy-in at the staff level.

This approach helped the medical center spread lean methodology from department to department. As more and more departments began the process, the problems and focus areas began linking from group to group. Lean daily management connected teams, departments and staffers in processes and workflows.

The process gives formerly siloed departments within the organization a method to communicate with and learn from each other. They have gained a respect and understanding for the goals, workflows and challenges of their neighboring departments. What's more, departments are discovering how their work impacts others up and down the line.

To put this another way, the organization has shifted from a perspective of issues being "their" problems or owned by a specific department to being "our" problems. With this new shared perspective, problems are identified and solved collectively, which is a far cry from a culture of finger-pointing and blaming.

This is in line with the Toyota focus on the customers, which in the hospital's case are patients. Patients flow through the whole value stream and cross departmental lines. All of a hospital's problems across the value stream affect patients, so from the patients' perspective these issues need to be solved to ensure the best outcomes for patients, staff and the organization.

This new approach has improved the effectiveness of large projects at GRMC. As more teams become proficient at lean Six Sigma, they have identified a number of medium and large problems that could not be solved in their lean daily management problem-solving sessions. To solve these issues, multidisciplinary and cross-functional teams have formed organically – quite a different process than the top-down formation of large, formal kaizen or VSM teams.

Since these teams are composed of practiced and efficient problem-solvers who speak the same language of lean daily management, they naturally work together and have effectively solved problems large and medium, some that had persisted for 20 years.

One example was the accuracy of diet orders, where nutrition and nursing collaborated to tackle a problem that is chronic in most hospitals. The results decreased the number of inaccuracies by about 80 percent. This improved patient safety, the patient experience and efficiency.

Starting the hospital off with lean daily management formed a strong foundation for beginning to do large projects, and the problem-solving and cultural changes are setting the organization up for more effective multidisciplinary and complex problem-solving.

Jennifer Valadez, executive director of the GRMC business office, was one of the early adopters and embedded coaches. She shared that she was able to appreciate the differences between the two approaches.

"The biggest difference between the two models is the strong foundation that the daily management model creates with engaged huddling and standard of work," Valadez said. "Creating a culture where your front-line staff is not only heard but is encouraged to participate and problem-solve is game changing."

Valadez noted that the daily management model transforms huddling from fancy charts that management always updates and discusses to the front-line staff owning the problems and coming up with solutions themselves. She recalled a huge kaizen event that cost the facility a lot of time and money, but in less than one year that area was struggling and in the same boat again.

Once again, the workers were in the predicament where all they had time to do was fight fires. Lean daily management introduced the foundation that she missed the first time around.

"As soon as we started huddling the lean daily management way and creating standard work, we saw immediate improvement and, most importantly, maintained it," she said. "We were all now masters of problem-solving, so no matter what new challenge came up, we were ready to solve it." ❖

Jerry Berlanga has more than 20 years of lean Six Sigma experience and has led and supported lean Six Sigma transformations with key organizations such as CPS Energy, USAA, Baylor Scott & White Healthcare and other organizations across the United States and Canada. Berlanga co-teaches a one-day University of Texas at San Antonio (UTSA) lean daily management workshop. He founded UTSA's continuous improvement professionals group several years ago to bring lean Six Sigma professionals together to share innovations, best practices and advances.

Brock Husby is a lean consultant, speaker and researcher and was an associate vice president at Baylor Scott & White Health, where he was an integral part of the deployment of a holistic lean approach, including systemwide training, projects (A3, VSM, lean layout and kaizen), hoshin planning, foundational and advanced tools and an extensive deployment and maturation of lean management systems. Husby also was a process assurance and corrective actions engineer for the space shuttle program at the Kennedy Space Center and a technical assistant at Car and Driver magazine. He holds a B.S., M.S. and Ph.D. in industrial and operations engineering from the University of Michigan.