


**HEALTHCARE SYSTEMS
PROCESS IMPROVEMENT**
CONFERENCE 2014

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SOCIETY FOR HEALTH SYSTEMS
LEADING HEALTHCARE IMPROVEMENT

 #shs2014
@IsaacMitchell

**Redefine Expert
Engaging Frontline Staff in
Lean Continuous Improvement**

Isaac B. Mitchell

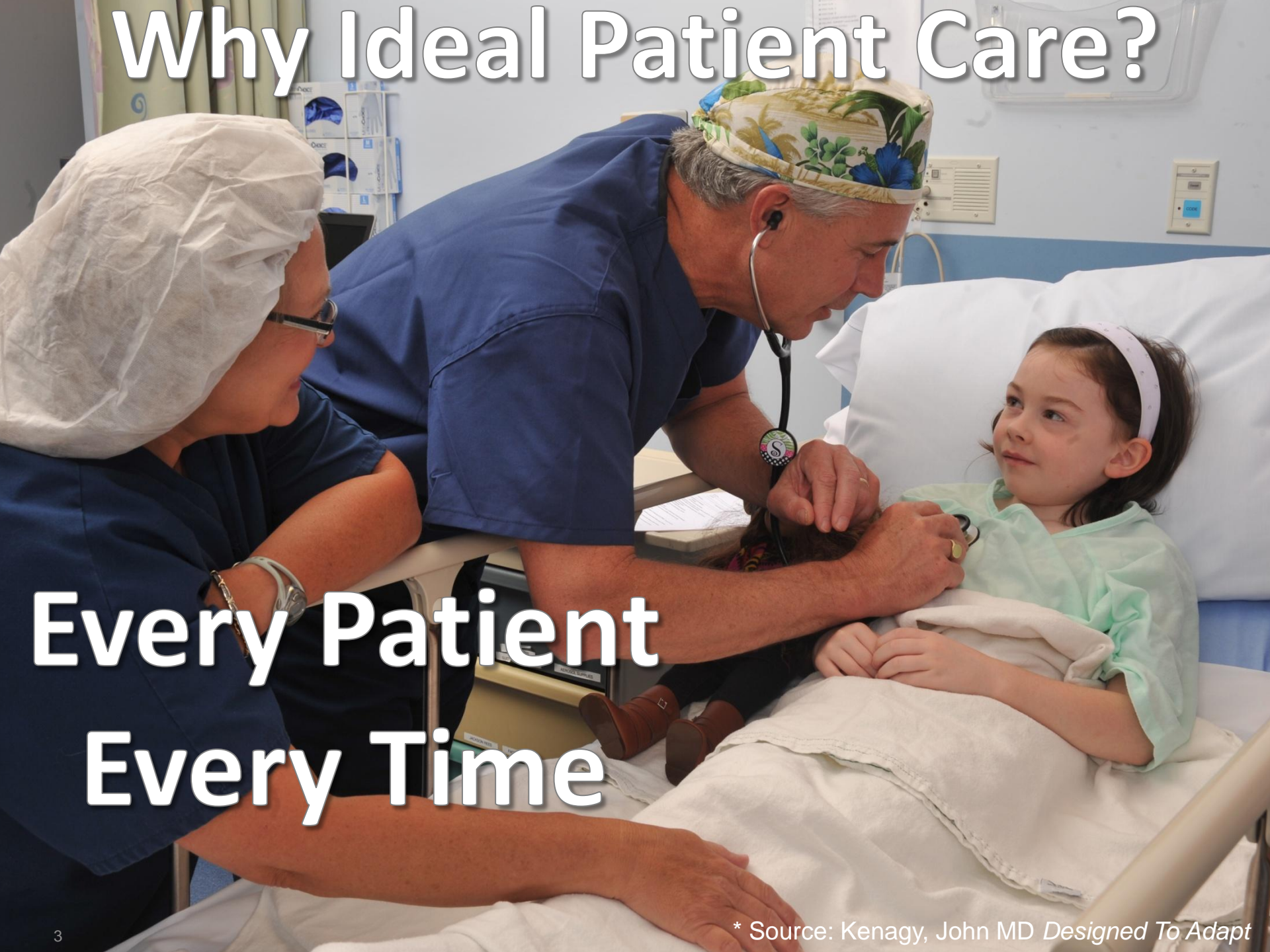
Lean Coordinator, East Tennessee Children's Hospital

East Tennessee Children's Hospital

- Private, independent, not-for-profit pediatric medical center
- The only comprehensive regional pediatric center in East Tennessee
- 152 bed hospital with over 148,000 patient visits a year
- www.etch.com



Why Ideal Patient Care?



**Every Patient
Every Time**

* Source: Kenagy, John MD *Designed To Adapt*

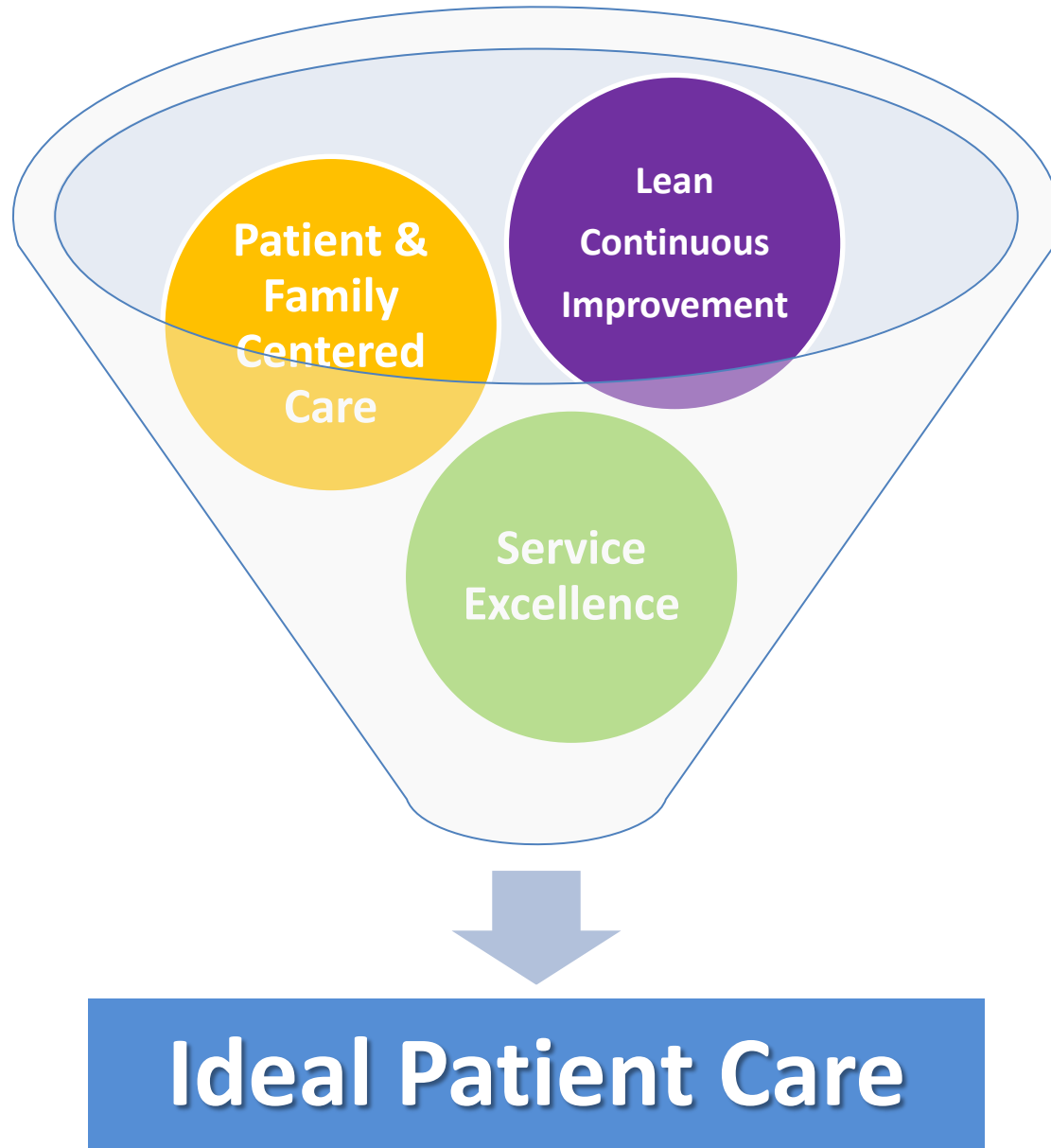
Who is the Expert?



or



Ideal at Children's



Improvements at Children's



Exact





Customized

Immediate



Safe



Waste Free



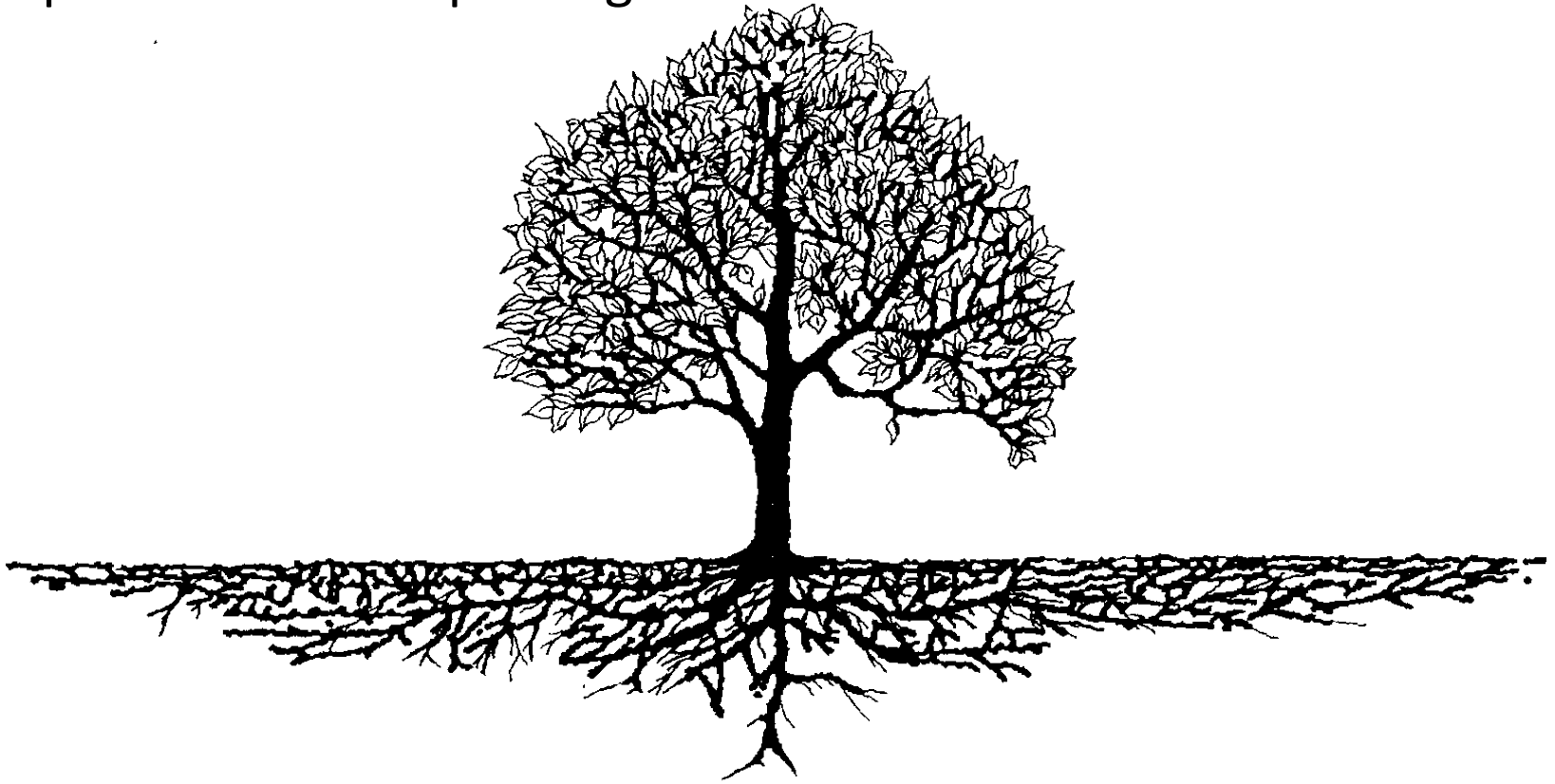
Types of Problem Solving

First Order:

- A quick temporary fix “workaround” that does nothing to prevent the problem from repeating.

Second Order:

- Gets at the root cause and solves the problem for future patients and clinicians.



It all starts with an idea.

#1



Idea Card: Ideas / To Do / Doing / Completed



Date: _____ Idea By: _____

Problem: _____

Idea: _____

Expected Benefit: _____

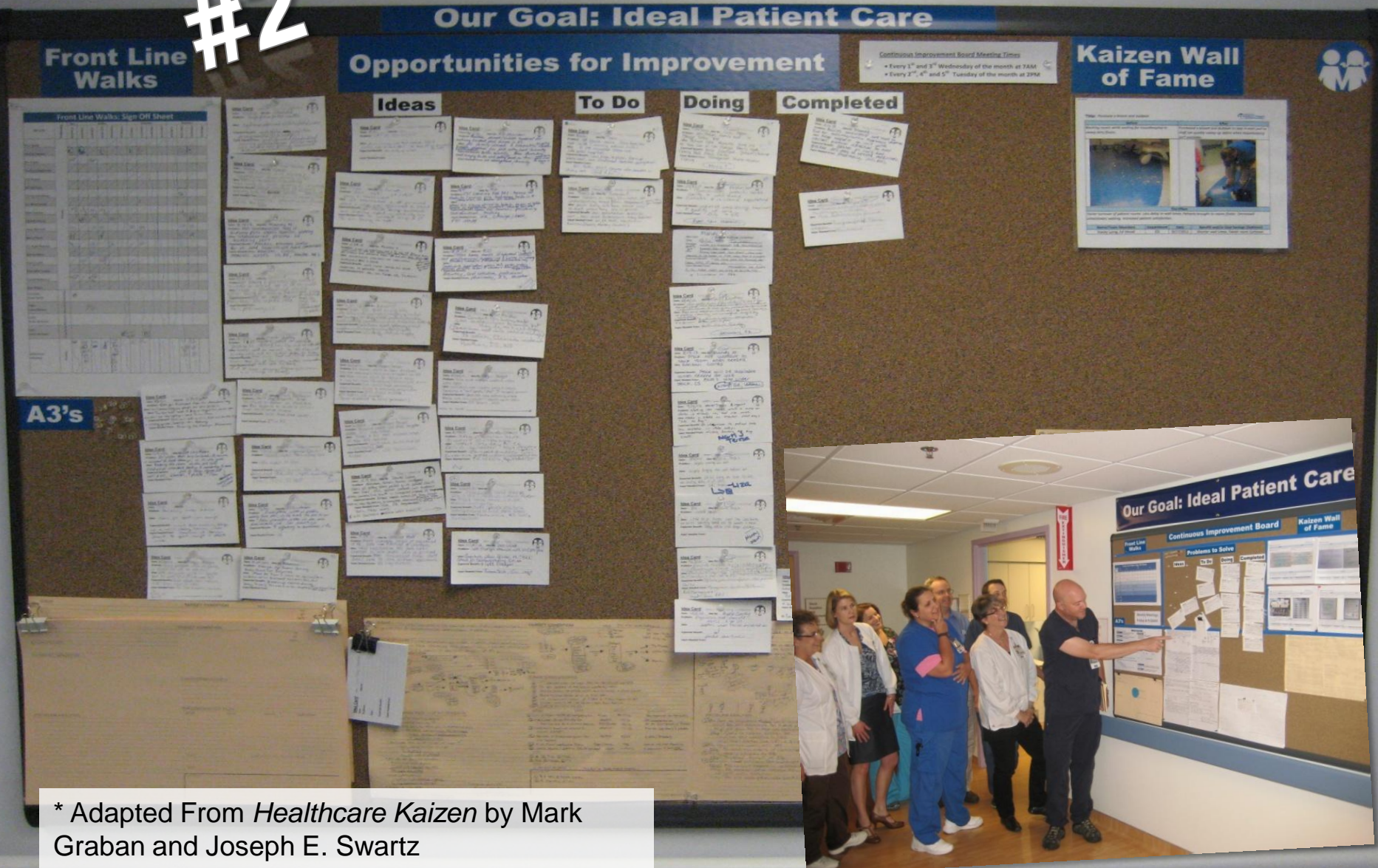
Input Needed From: _____

Patient and family input needed yes no

Form No. 30174 (09/13) SS

Continuous Improvement Board Meeting

#2



* Adapted From *Healthcare Kaizen* by Mark Graban and Joseph E. Swartz

Problem Solving

#3 Idea cards can turn into A3 problem solving projects

Idea Card: Ideas / To Do / Doing / Completed


Date: _____ Idea By: _____

Problem: _____

Idea: _____

Expected Benefit: _____

Input Needed From: _____



A3 Problem Solving

Title: What we are talking about.

Issue What is this report about? State it through the eyes of the patient/customer.

Background Clarify the issue. Add historical data. Determine significance of the problem.

Current Situation
Draw how the work happens now (from your observation)

- * Easily see and quickly grasp how the current process works
- * Identify problems from "storm clouds"
- * Summarize your direct observations

Problem Analysis Drill down into specific issues with current condition

- * Use outlining format and ask WHY 5 times to get to the root cause

Why? XXXXXXXX
Why? XXXXXXXX
Why? XXXXXXXX
Why? XXXXXXXX
Why? XXXXXXXX ← Root Cause

Date: _____ **Owner(s):** _____

Target Condition

- * Draw the proposed better way to work
- * Add "fluffy clouds": good features
- * Validate with staff
- * Does this move you closer to Ideal?

Counter Measure What are we going to do that will move us from the Current Condition to our proposed Target Condition? What are you going to do to address your root causes?

Implementation Plan Details of how we'll make the countermeasures happen (what, who, when) Realistic and achievable plan

What	Who	When	Outcome

Cost _____ **Cost/Benefit/Recognition** _____

Test Implement for a defined period of time in a selected area. Validate it works before you change the process.

Follow-up How/who/when will monitor that the implementation has changed the work for the better?

Celebrate and Share Information

#4

IDEAL PATIENT CARE CONTINUOUS IMPROVEMENT

Title: Drawing Room Exit Signs

Idea By: Carol Pruitt

Before: When patients come out to the drawing room they could not see the exit sign and the door because it is around the corner.

After: An exit sign has been put on the wall overlooking the way out and a sign to lead them to the drawing room.

The Effect of the Change/Improvement: Patients no longer try to exit through a hot drawing room that occupies another patient's family.

Name/Team Members	Department	Date
Carol Pruitt (Nurse) and Carol Pruitt (Nurse)	Laboratory	6/18/2013

Title: Sorted blood tubes

Idea By: Children's Hospital

Before: Specimens were drawn in multiple tubes and at points sometimes after counting the tubes with blood. The tubes were coming left, blood got on person collecting and on number of tube tubes were often mislabeled.

After: Surgery staff educated on use of blood transfer devices. Kasser and Kasser method of water washers.

The Effect of the Change/Improvement: Legible labels, decreased chance of individuals coming in contact with blood, specimens arrive to lab with tube tags intact.

Name/Team Members	Department	Date
Julian Gonzalez, John Miller and Robert Stewart	Laboratory	6/20/2013

Title: Resource Nurse Supplies in Lab

Idea By: Sarah Coakley

Before: No supplies in lab for the Resource Nurse to access needed items or to perform calls.

After: Supplies ordered and distributed place needs for them. Supplies now readily available for Resource Nurse.

NO SUPPLIES IN THE LAB FOR RESOURCE NURSE TO USE. SHE HAD TO BRING THEM WITH HER OR GO SEARCHING FOR THEM ONCE SHE KNEW WHAT SHE NEEDED.

The Effect of the Change/Improvement: No more searching for materials and wasting time. The patient is in and out more quickly. Families are happy!

Name/Team Members	Department	Date
David Wilkerson	Laboratory	8/12/2013

Title: Lab Labels in the NICU

Idea By: Amber Edmiston

Before: NICU does not receive equipment like blood in the morning. When performing lab tests and getting specimens to the lab.

After: What lab has been contacted. Specimen received when they order the tests after lab drawing the specimens from patients.

Pink labels for NICU only.

The Effect of the Change/Improvement: Father and mother secure paperwork drawing the blood and labeling the tubes and the bedside. There is no mix up in patient identification.

Name/Team Members	Department	Date
John Ritter and Dove Wilkerson	Laboratory	6/26/2013

Title: Reagent, Supply, and Stock Ordering System

Idea By: Russell Williams

Before: No system to communicate items that need to be reordered in the lab.

After: Suppliers placed a clip board and pad of paper in each department for staff to immediately communicate needs needs.

There was no system.

The Effect of the Change/Improvement: Items not forgotten on orders. Stock arrives on time. Decreased overnight shipping costs on forgotten items.

Name/Team Members	Department	Date
Russell Williams, Robert Stewart, Carol Pruitt	Laboratory	6/17/2013

Title: Nasal Washing Storage

Idea By: Russell Williams

Before: All prepared specimens kept in trays. Specimens had to be removed from each box and placed into the. Each specimen handled multiple times.

After: New plastic boxes with clip holding set of specimens and handling of specimens. Decreased contamination of parents and medical staff.

The Effect of the Change/Improvement: Increased organization and visibility specimens. Tagged containers identify which set of specimens to discard. Extra handling and moving of specimens minimized.

Name/Team Members	Department	Date
Dove Wilkerson	Laboratory	5/20/2014

PICU Wall of Fame Document

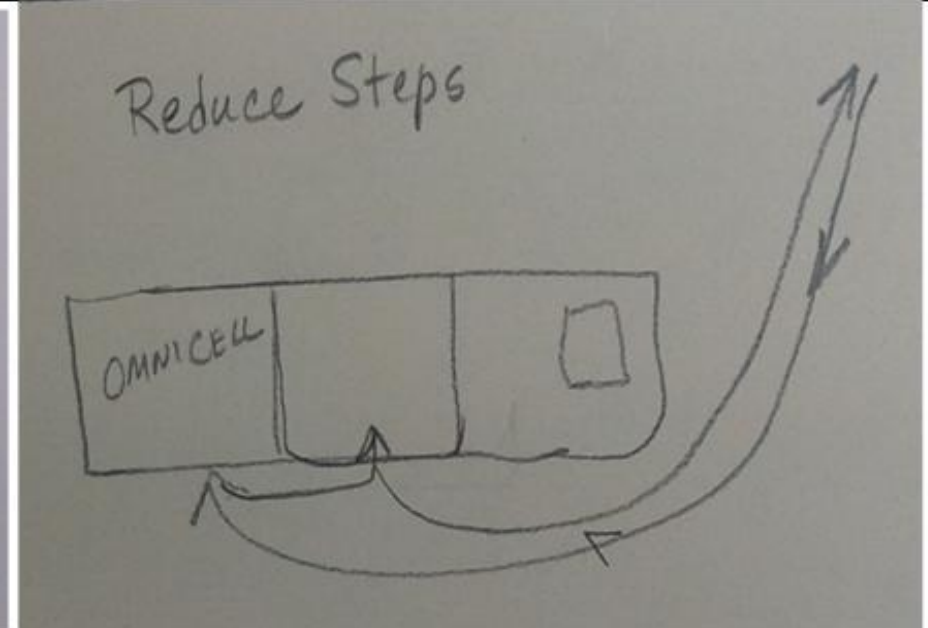
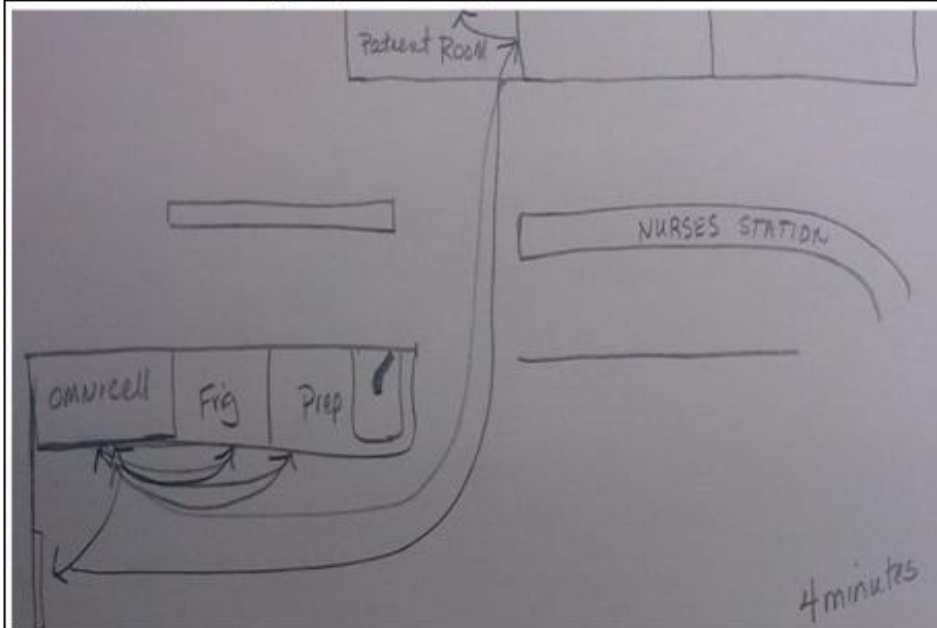
Title: *Ativan Storage*

Before

Multistep process taking at least 4 minutes to retrieve a dose of Ativan, potentially having a patient incur a seizure for a longer period of time

After

Fewer steps, retrieving Ativan takes less than one minute



The Effect

Quicker delivery of a dose to a patient with full accounting for the dose given.

Name/Team Members

Pam Myers / Judy Potter

Department

PICU/Pharm

Date

3/1/2012

Benefit and/or Cost Savings (Optional)

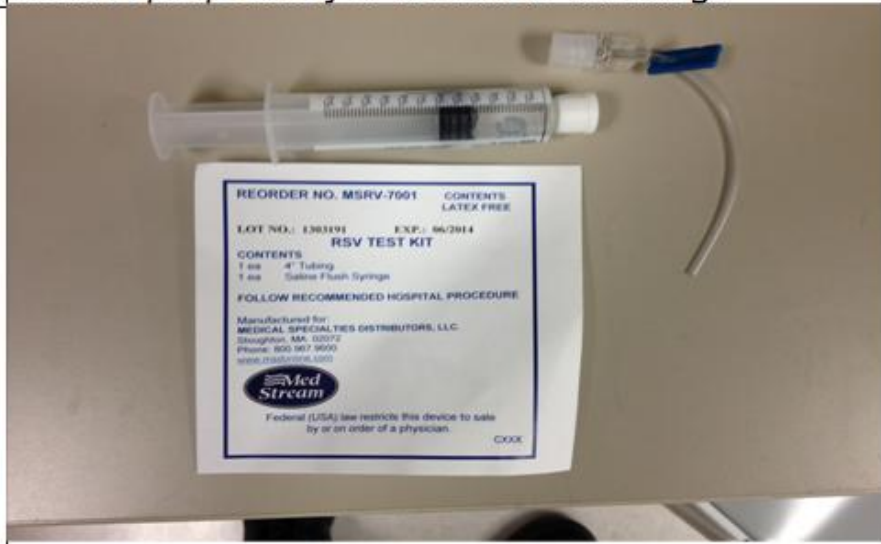
Decrease RN time to dose

Lab Wall of Fame Document

Title: *Nasal Washings for Flu and RSV*

Idea By: Amber Edmiston 

Before	After
<p><i>This is what was used before. We took 3 3ml ampoules and opened them and squeeze them into clean urine container then sucked it up with</i></p>	<p><i>This one comes prefilled with the tubing already set up for the syringe and is a little cheaper and a lot less prep time for the nasal washing.</i></p>



The Effect of the Change/Improvement

Before we had to take 3 one ML tubes of saline and empty them into a sterile urine cup and draw the saline into a syringe then cut the needle end off of a butterfly and squirt the saline into the nose and draw it back out then remove the tubing and cap the syringe. With the preloaded syringe all

Name/Team Members	Department	Date	Benefit an/or Cost Savings (Optional)
David Wilkerson and Amber Edmiston	Lab Lean	9/19/2013	Patient Safety and Employee Satisfaction

ED Wall of Fame Document



Title: *Physician Assistant access to supplies*

Before	After
<p><i>PAs had to wait for an RN/Tech/HUC to open the OptiFlex in order to get out routinely used supplies.</i></p>	<p><i>PAs were given access to the OptiFlex and can gather their needed supplies without waiting on another person.</i></p>



The Effect

Reduced order entry time; reduced patient wait time; increased efficiency for multiple providers.

Name/Team Members	Department	Date	Benefit and/or Cost Savings (Optional)
Molly W. Christy C.	ED	12/1/2012	Increased patient satisfaction.

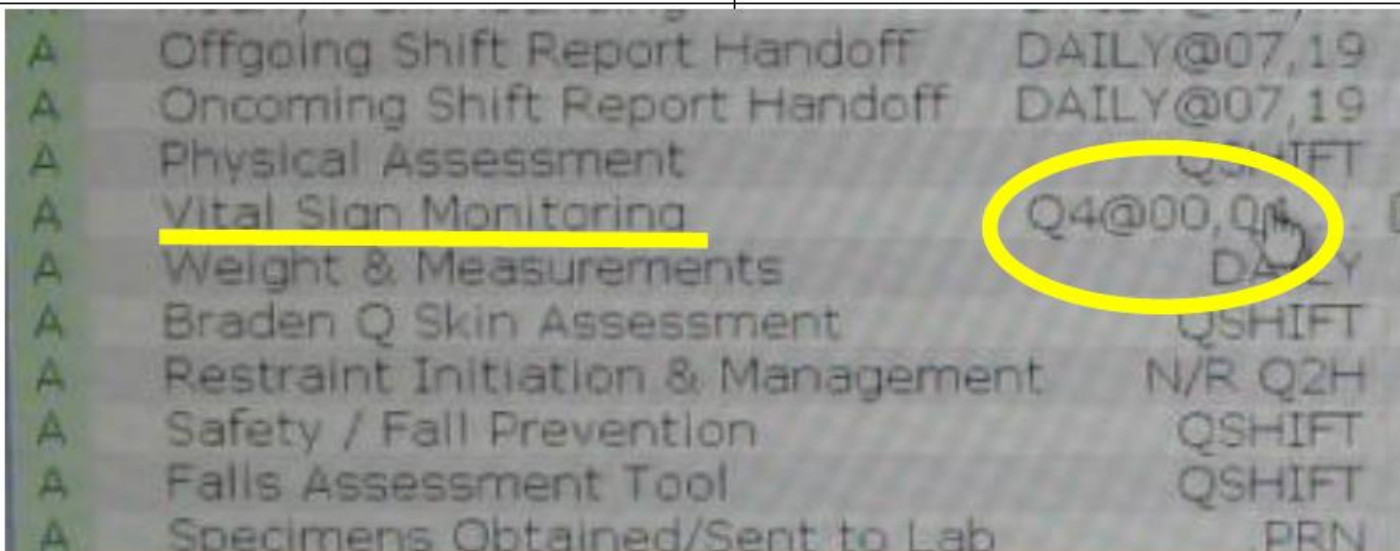
2nd Floor Wall of Fame Document

Title: *Regular Vital Signs*

Idea By:
Mindy Carter



Before	After
<i>Patients not getting all vital signs measured daily because no reminder on worklist.</i>	<i>Clock on PCA and RN's worklist defaults to every 4 hours for vitals to be taken.</i>



The Effect of the Change/Improvement

Patients have vitals taken on more consistent basis = more regular assessments = better patient care and increased safety.

Name/Team Members	Department	Date
<i>Mindy, Aimee, Tonia</i>	<i>2nd Floor</i>	<i>10/28/2013</i>

1st Order vs. 2nd Order Problem Solving

Did you take the patients vital signs?!?!?

Um, yeah....did you remember to take your patient's vital signs? That would be great, mmmkay?

Ask me about your vital signs.



Wall of Fame Archive

[Cafeteria menu](#)

Search ETCHnet

- [Documents and Resources](#)
- [Status Change Form](#)
- [Direct Reports](#)

Department News

Hours of Operation

8:00am - 4:30pm, Monday through Friday

Location and General Info

OFFICE LOCATION: Ground Floor, Main Hospital *First door on the right
project you need help with? Fill out the project request form below or email

Services Provided [PDF](#)

[Project Request](#)

Department Pages

[Proj Request Results](#)

Department Scripting

Documentation and Resources



- [Continuous Improvement Board Meeting Time](#)
- [Ideal Patient Care Leader, Learner, Teacher \(LLT\) Directory](#)
- [Monthly Problem Solving Metrics](#)
- [Lean Part Numbers](#)

 [Documents and Forms](#)

 [Ideal Patient Care Wall of Fame](#)

Title: *ER Oxygen Tanks*

Idea By: 
Michael T

Before	After		
<i>It is difficult to easily locate a full tank of oxygen at a glance.</i>	<i>With a quick glance you can see which tanks are unable to be used.</i>		
			
The Effect of the Change/Improvement			
<i>No time wasted searching through the rack for a full oxygen tank.</i>			
Name/Team Members	Department	Date	Benefit an/or Cost Savings (Optional)
<i>Stacey L, Michael T, Carol S</i>	<i>ER</i>	<i>6/13/2013</i>	<i>Increased Patient Safety, Decreased Staff Frustration.</i>

Email news, events, highlights and questions to ETCHnet@etch.com

[Sign out](#)

New Definition: Ideal Patient Care

Quit doing crazy, ridiculous, wasteful, time consuming, unsafe things that prevent you from providing the best care possible for your patients.

Continuous Improvement Mechanics



Departmental Model Rollout

Current

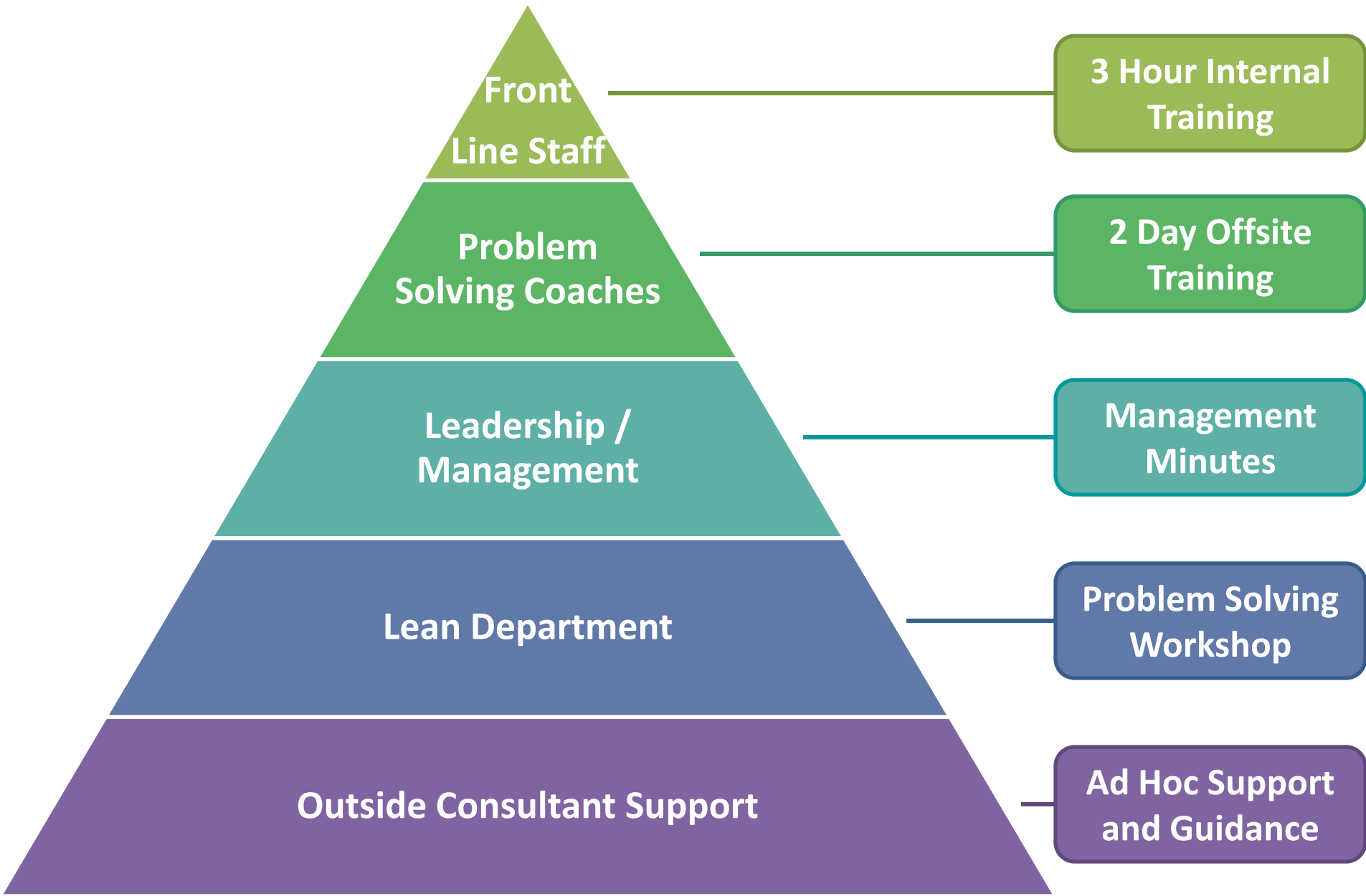
- PICU
- ED
- Lab
- Radiology
- NICU
- 2nd Floor
- 2nd Clinic
- 3rd Floor
- 3rd Clinic
- Outpatient Surgery
- Inpatient Surgery
- Surgery
- PACU

Planned

- Materials Management
- Pharmacy
- Respiratory Care
- Food and Nutrition

- *Create model lines.*
- *Two departments every three months.*
- *Build the support system to ensure they can self sustain.*

Support Systems



Frontline Training

Exercise: Direct Observation

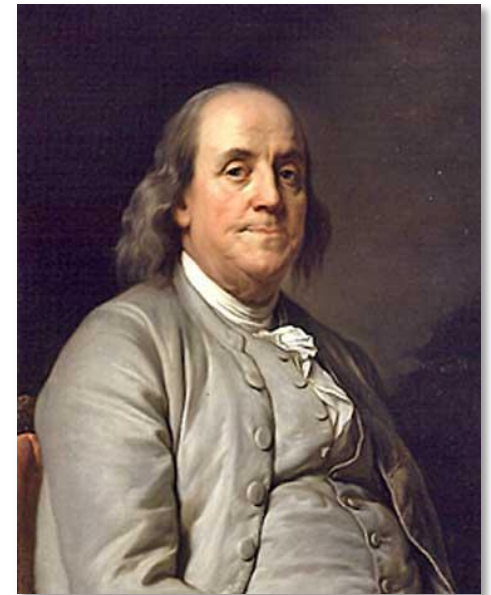
- Work in teams
- Fill out a direct observation form for a hospital process with a defined start and stop point
- Observe the process:
 1. Write down each step or activity in order
 2. Identify waste
 3. Draw out the flow
 4. Don't try to solve the problem just yet
- 10 minutes

- **Into to Ideal Patient Care Concepts**
- **Lean Basics**
- **Patient and Family Centered Care**

Problem Solving Coach Training

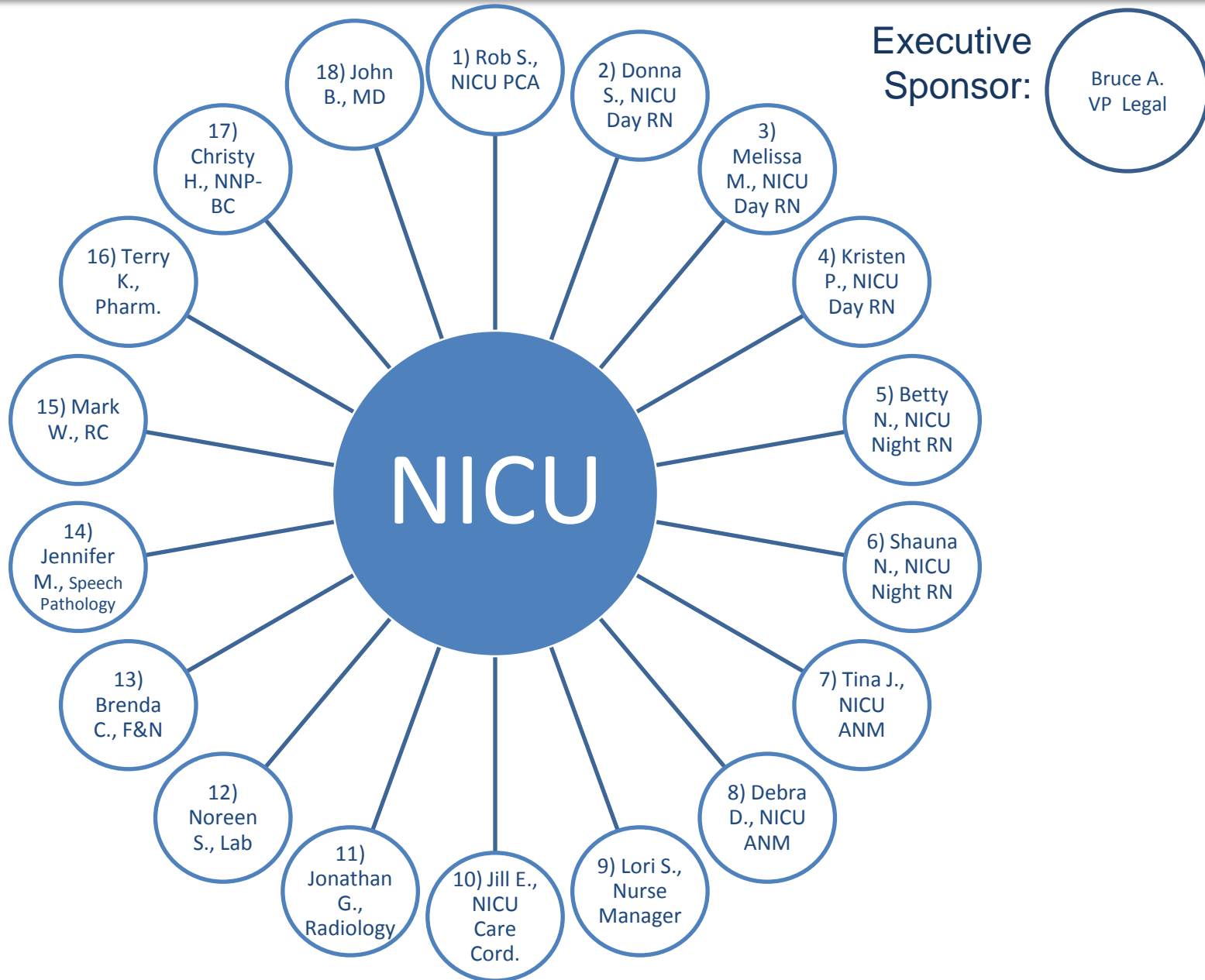
- **Problem Solving Coach: LLT***
 - **Learner:** Learn Ideal Patient Care tools by practice
 - **Leader:** Lead frontline staff at the bedside in problem solving and tools
 - **Teacher:** Teach future LLT's and staff to spread knowledge and improvements

*“Tell me and I forget.
Teach me and I remember.
Involve me and I learn.”
-Ben Franklin*



* Source: Kenagy, John MD *Designed To Adapt*

Sample LLT Group



Staff Expectation

- **Frontline Staff:**
 - Identify opportunities for improvement
 - Participate in A3 problem solving
- **LLTs:**
 - Lead, teach, and coach staff in A3 problem solving
 - Initiate, create, and complete A3 problem solving projects.
 - Act as a department liaison for projects



Leadership Training

- **Lean Management Minutes**
 - Going to gemba
 - Leadership standard work
 - Participation in improvements
 - Coaching staff on A3s
 - Setting expectations
 - Asking the right questions
 - When to coach vs. giving instruction
 - Running a Lean meeting



Leader Expectation

- Develop people with the capacity to problem solve
- Coach frontline staff on problem solving
- Provide time and opportunities for Ideal Patient Care
- Remove barriers that prevent Ideal Patient Care
- Give input on the effect of the changes at hospital wide level

How to Create Time

- See a problem...fill out an idea card
- Work on it during down time
- Make it a part of committee involvement and work
- Make a monthly time commitment and stick to it
- Identify projects and work with your manager to schedule off unit time to work on it
- Use your Lean and Guest Relations resources to help
- Sign up for the Lean Problem Solving Workshop



Learn By Doing



Practice! Practice! Practice!

Continuous Improvement Health Assessment



Department 1 – Health Assessment



Department 2 – Health Assessment

*2nd Order
Problem
Solving?*

Our Goal: Ideal Patient Care

Opportunities for Improvement

Front Line Walks

A3s

Ideas To Do Doing Completed

Idea Cards Not Feasible At This Time

Idea Card Clarification Needed

ETC

Department 3 – Health Assessment

Our Goal: Ideal Patient Care

Opportunities for Improvement

Front Line Walks

Ideas To Do Doing Completed

Stagnant Problem Solving?

Idea Cards Not Feasible At This Time

Idea Card Clarification Needed

2nd Clinic – Process Chart for CSF specimen labels

Department 4 – Health Assessment

Our Goal: Ideal Patient Care
Opportunities for Improvement

Front Line Walks

Ideas **To Do** **Doing** **Completed**

Idea Cards Not Feasible At This Time

Idea Card Clarification Needed

Too much to do?

Department 5 – Health Assessment

Our Goal: Ideal Patient Care
Continuous Improvement Board

Front Line Walks

Opportunities for Improvement

Just Right?

A3s

Idea Cards Not Feasible At This Time

Idea Card Clarification Needed

What's Your Health Assessment?

Our Goal: Ideal Patient Care

Front Line Walks

Opportunities for Improvement

Wall of Fame

Front Line Walks Sign-Off Sheet

A3s

Idea Cards Not Feasible At This Time

Idea Card Clarification Needed

To Do

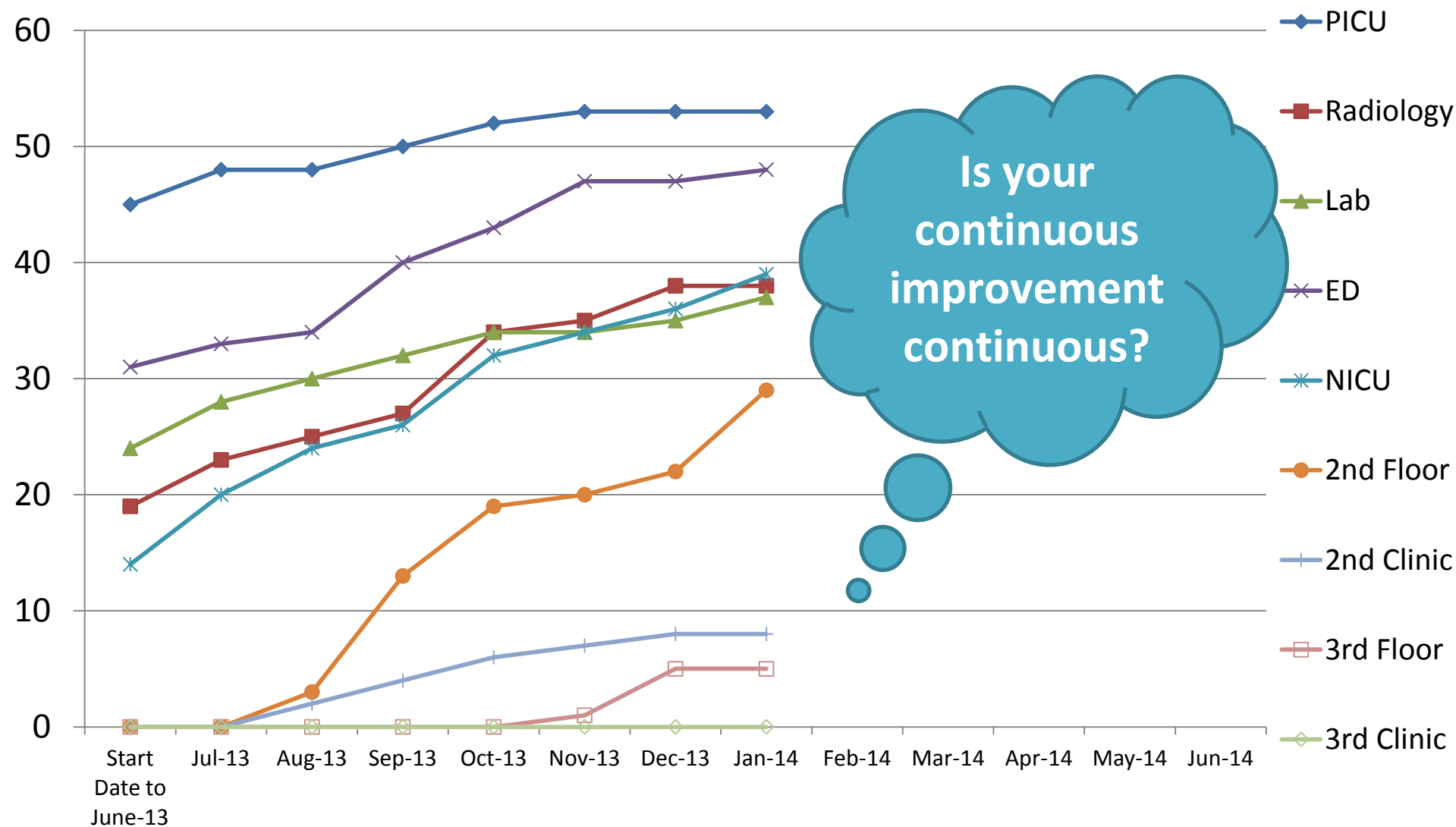
Doing

Completed

The corkboard is a central tool for managing improvement projects. It is organized into several key sections: 'Front Line Walks' (a sign-off sheet), 'Opportunities for Improvement' (a central area for idea cards), 'Wall of Fame' (a grid of project photos and descriptions), 'A3s' (a section for detailed project reports), and 'To Do', 'Doing', and 'Completed' (a Kanban-style workflow for idea cards). A 'Wall of Fame' logo is visible in the top right corner. At the bottom, there are two sticky notes: a pink one for 'Idea Cards Not Feasible At This Time' and a yellow one for 'Idea Card Clarification Needed'. A large, crumpled piece of paper is pinned in the bottom right corner.

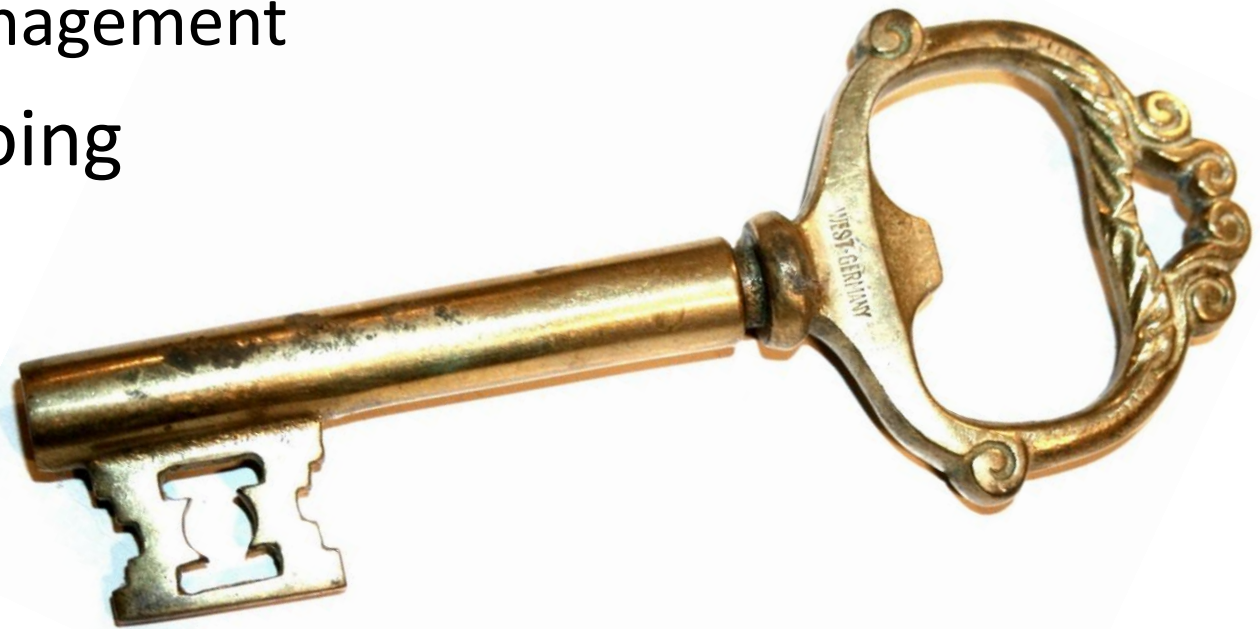
Cumulative Problem Solving

Trend of Sum of Problems Solved by Department for FY 13/14



Key Takeaways

- Frontline Staff are the Experts
- Develop Support Systems
 - Problem solving resources
 - Leadership style and commitment
 - Visual management
- Learn By Doing

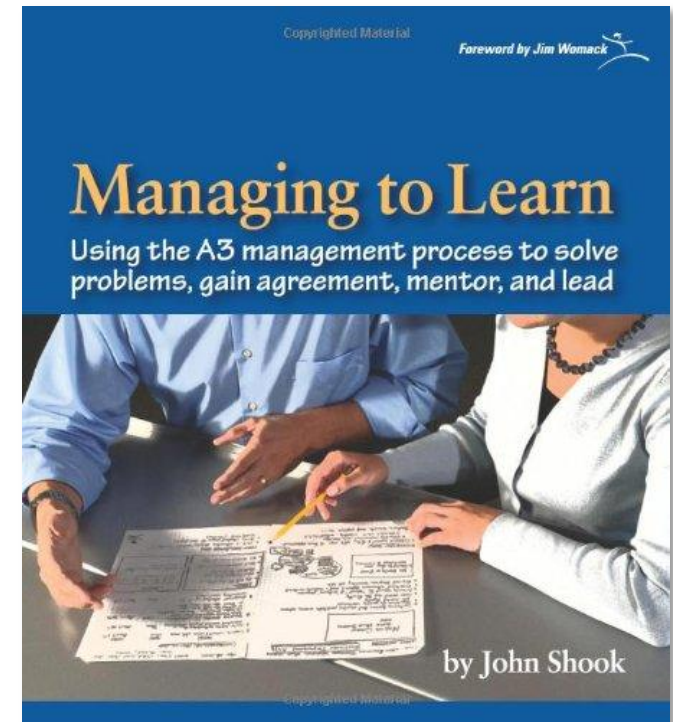
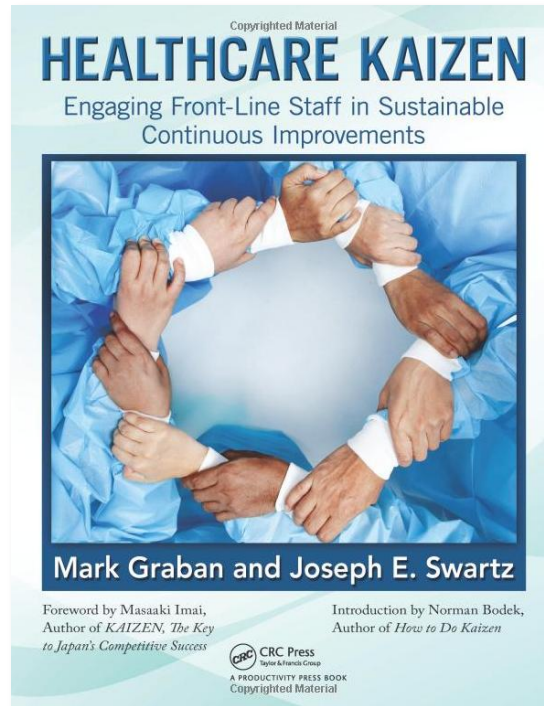
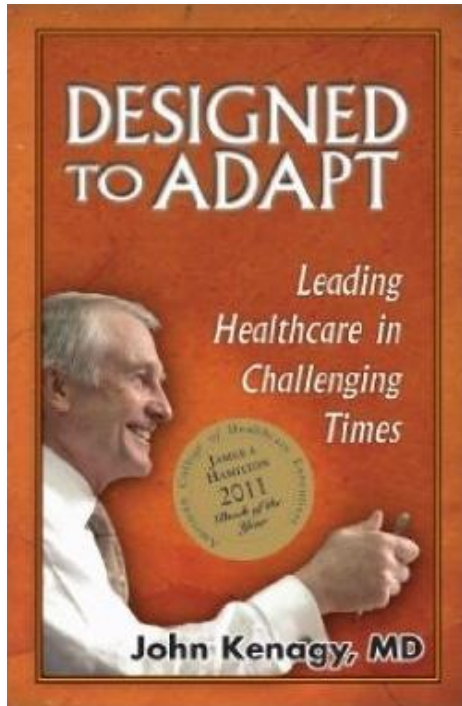


Ideal Patient Care



...to provide care that achieves the best outcome and experience for every patient and family every time they are in our care.

Suggested Readings



Questions?

Contact: Isaac B. Mitchell

• **Phone:** 1-865-541-8304

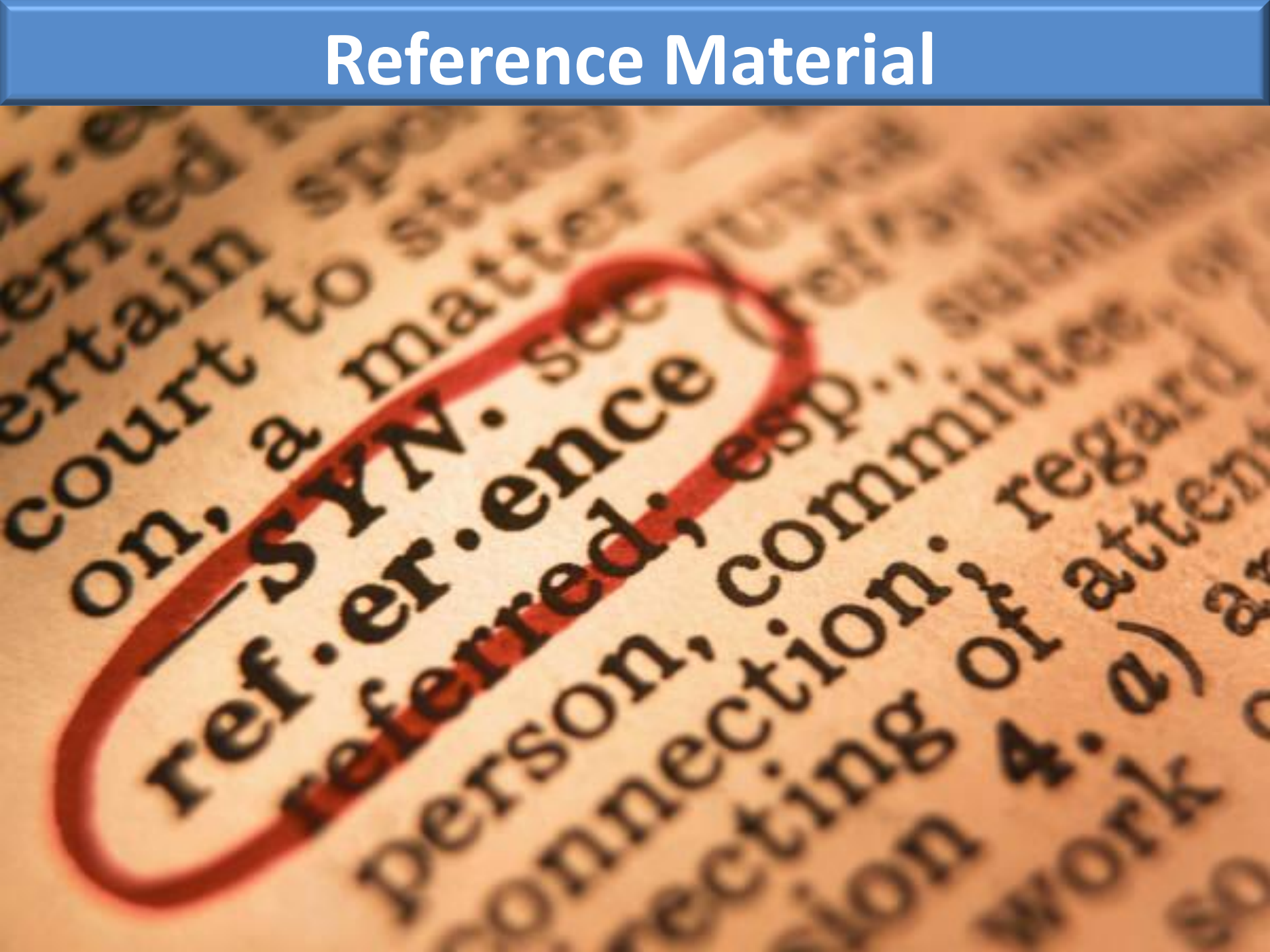
• **Email:** ibmitchell@etch.com

• **Twitter:** @IsaacMitchell

• **LinkedIn:** www.linkedin.com/in/isaacmitchell/

• **Web:** www.isaacbmitchell.com

Reference Material



Sample Direct Observation



OBSERVATION RECORD

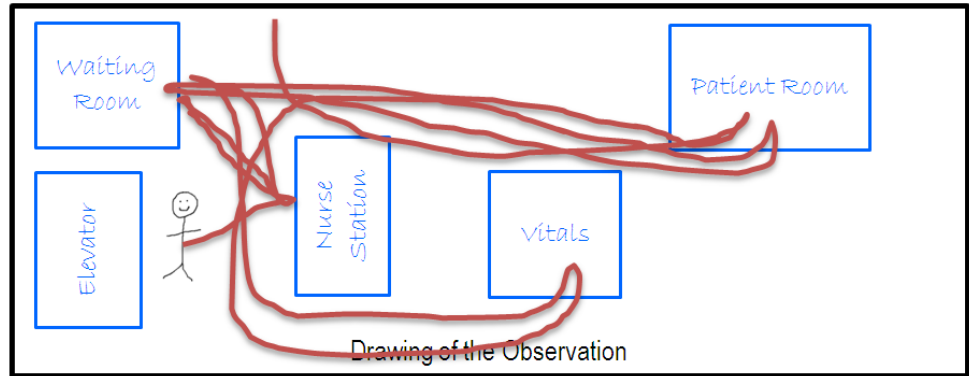
Activity: OPS Patient Flow

Person Observed: Billy E#0123456789

Location: 4th Floor West

Date & Time: 08-23-2013 @ 0630

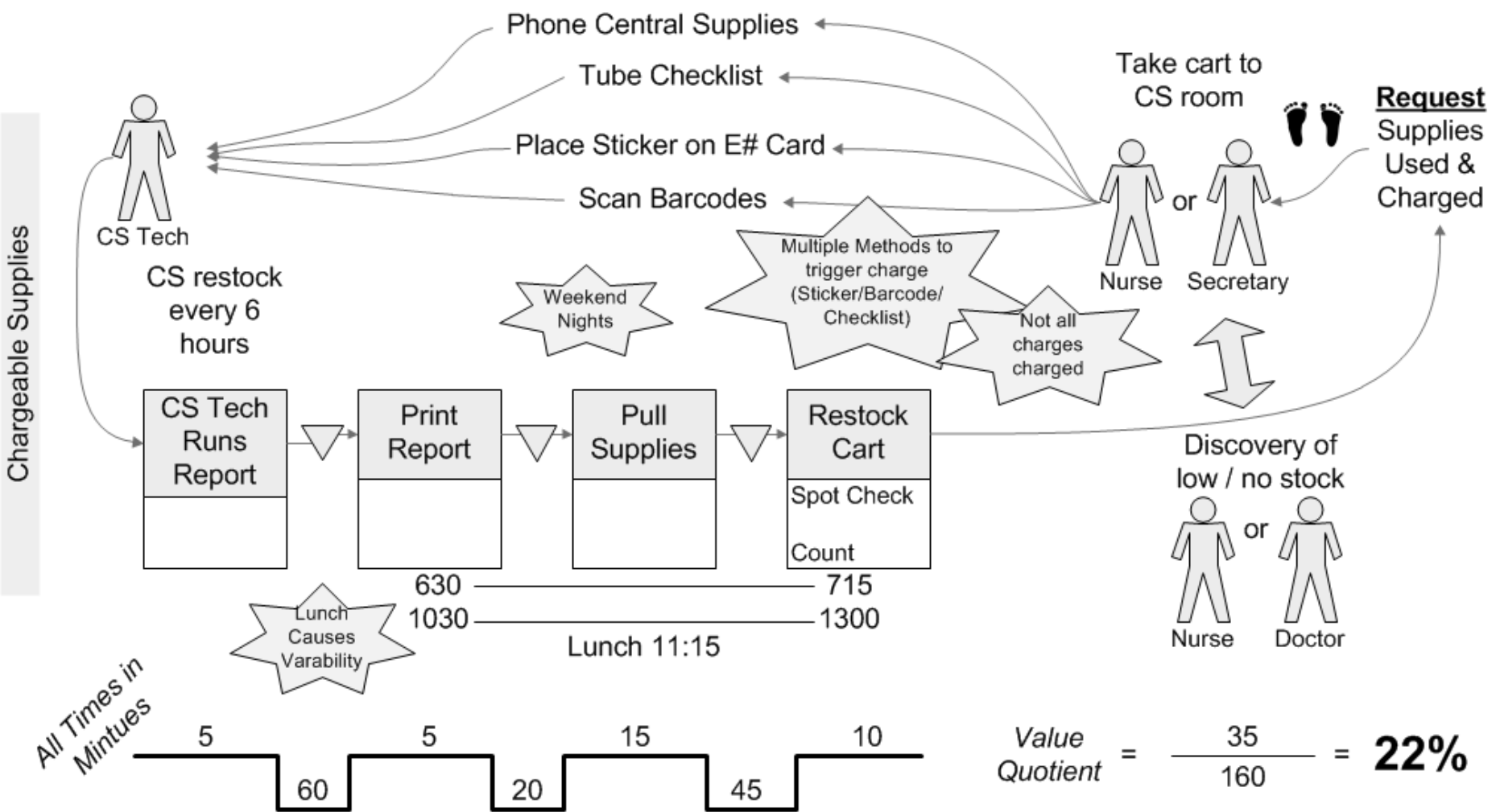
Observer: Isaac Mitchell



TIME	ACTIVITY	TYPE OF ACTIVITY*										NOTES
		Value Added	Overproduction	Defect/Rework	Inventory	Over-Processing	Transportation	Waiting	Motion	Human Potential		
6:30	Patient Arrives to OPS and Checks In	X										
6:32	Waits in waiting room							X				Room number not assigned
6:47	Vital Signs Taken	X										
6:59	Transported to Room						X					
7:00	PCA completes room orientation											
7:06	Waits							X				
7:32	RN does history	X										
7:43	Waits							X				
7:58	CRNA does history	X				X						CRNA ask the same questions
8:07	Waits							X				Delay in OR
8:46	RN give happy juice											
8:48	Waits	X										Long wait after happy juice

Sample Value Stream Map

Central Line / Airway Cart Restocking: Current State



Sample A3

A3 Problem Solving

Title: Central Line / Airway Cart Restocking

Date: 11/28/11 **Owner(s):** Vickie H., Bill C., Rhonda H., Joe P.

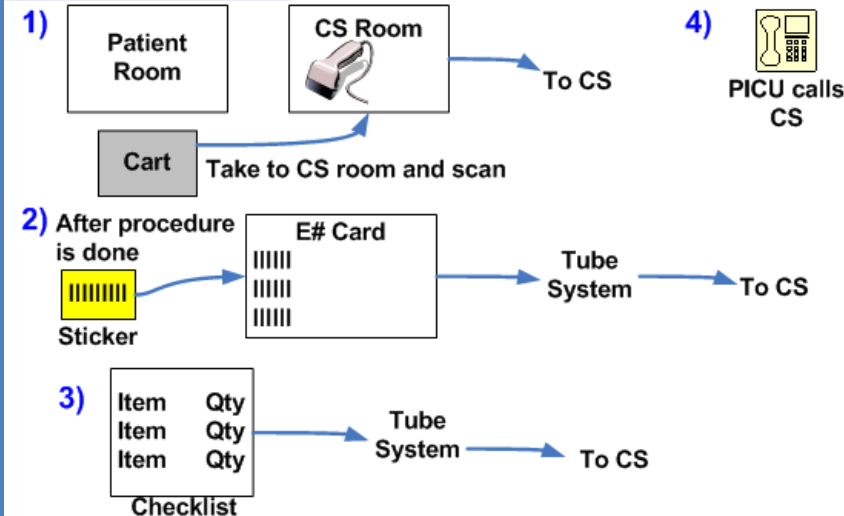
Issue

There are multiple ways of charging for stock items for CVL/Airway Cart

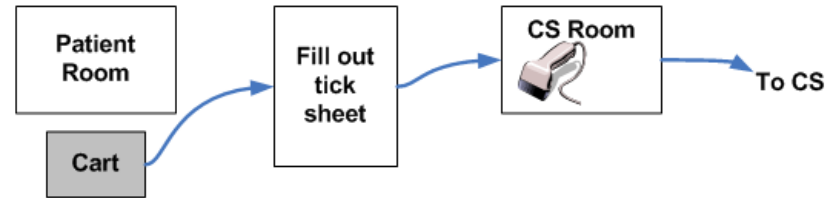
Background

The is only 1 Airway and 1 CVL Cart in PICU for 14 rooms
If this cart runs out of stock there is not stock in the PICU for our patients.

Current Situation



Target Condition



Countermeasure

- 1) Standardize process – barcode scanning of tick sheet
- 2) Train PICU staff of new process

Implementation Plan

What	Who	When	Outcome
Create Tick Sheet	Vickie H.	1/1/12 to 1/15/12	Standard form create to have 1 way to record charge items.
Educate Staff in use	Bill C.	1/15/12 to 1/31/12	Staff only use tick sheet to charge

Cost

Material
Time to train
New system in other areas \$\$

Cost/Benefit/Recognition

Capture more charges / prevent lost charges
Supplies available when needed
Standard process reduces training time for new staff

Problem Analysis

Why are there 4 ways to charge?

Why? Different units have different processes (PICU/NICU/Clinic).

Why? The process not standardized.

Why? Different units have special requirements.

Why? Preferred method not used by all staff.

Why? Staff not trained on preferred method/process.

Why? Staff may not know about the preferred method/process.

Test

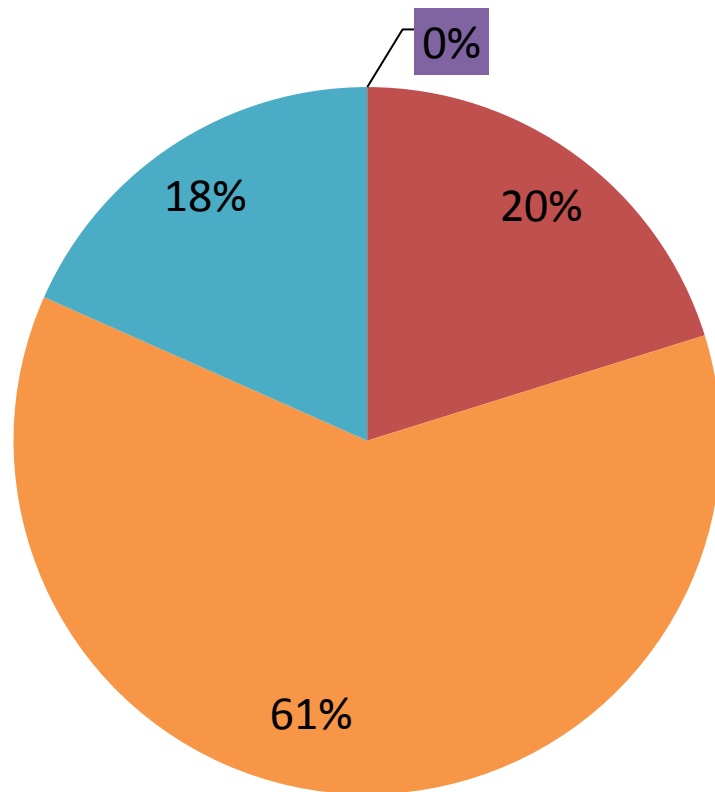
Test for 2 weeks. Implement for all PICU patients. Compare lost charges and staff satisfaction.

Follow-up

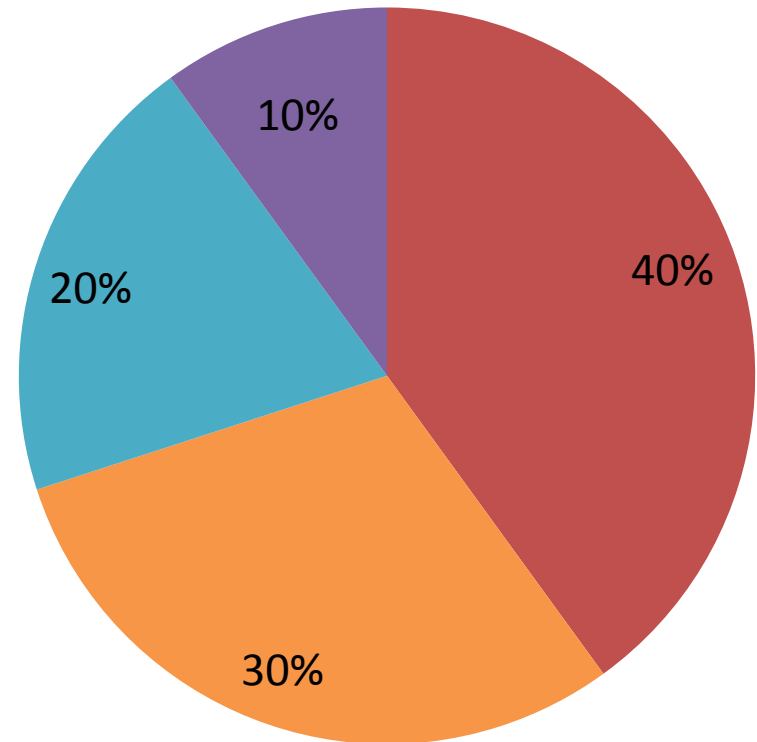
Survey if outcomes are achieved

Current Condition vs. Target

Current: Problems Solved by Staff Type



Goal: Problems Solved by Staff Type



VS.

- Frontline
- LLT
- Manager
- Provider

A3 Problem Solving



A3 Problem Solving

Title: Problem Solving by Frontline Staff

Date: 6/20/13

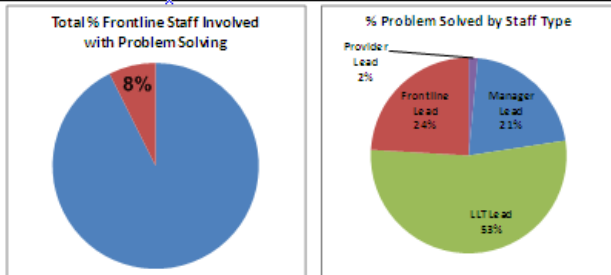
Owner: Isaac Mitchell

To: Administration

Issue Low participation of frontline staff involved in problem solving.

Background The Ideal Patient Care model started in November 2011 with the intent to engage frontline staff "the experts" in 2nd Order (Root Cause) problem solving. Managers and LLTs currently the majority of the people problem solving.

Current Situation

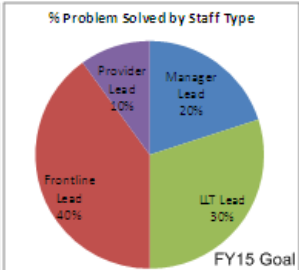
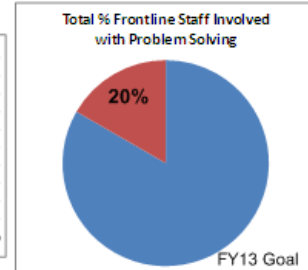
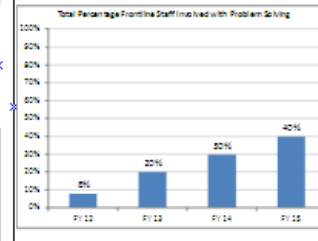


Problems Solved by Department					
Department	PICU	ED	Lab	Radiology	NICU
Start Date	Nov. 11	July 12	July 12	July 12	March 13
FTEs	42	81	57	41	168
Problems Solved	45	31	24	19	14
Provider Lead	1	1	0	0	0
Manager Lead	7	8	8	3	2
LLT Lead	27	12	10	13	9
Frontline Lead	10	10	6	3	3
Last Revision: 7/1/2013					

Problem Analysis Why are frontline staff not involved in problem solving?

- 1) No time for problem solving
 - 1.1) Primary job takes priority (No Action)
 - 1.2) No scheduled time for problem solving.
 - 1.2.1) Low staffing levels because of vacant open positions (No Action)
 - 1.2.2) No formal budgeted time for problem solving (Root Cause)
- 2) Not a priority for staff
 - 2.1) Staff unsure which hospital initiative is most important (Root Cause)
 - 2.2) No expectation, encouragement, & visual support from leaders to solve problems
 - 2.2.1) Manager unsure of Lean leader/manager role (Root Cause)
- 3) Staff not comfortable problem solving
 - 3.1) Not trained in A3 problem solving (In Progress)
 - 3.1.1) Staff unsure of the benefit of the Ideal Patient Care model (Root Cause)
 - 3.2) Internal training not effective
 - 3.2.1) Staff unsure of the benefit of the Ideal Patient Care model (Root Cause)
 - 3.3) Staff worried about backlash from peers (Root Cause)
 - 3.3.1) Manager unsure of Lean leader/manager role (Root Cause)
 - 3.4) Staff worried about backlash from manager/supervisor
 - 3.4.1) Manager unsure of Lean leader/manager role (Root Cause)

Target Condition



Countermeasure

- 1.2.2) Create Kronos clock code for Ideal Patient Care problem solving tracking.
- 2.1) Evaluate hospital initiatives and create a common Mission / Vision / Goals.
- 2.2.1, 3.3.1, 3.4.1) Create manager/leadership specific Lean training.
- 3.1.1, 3.2.1) Evaluate and modify current training method and model.

Implementation Plan

What	Who	When	Benefit
1.2.2: 1) Establish Kronos clock code 2) Establish IPC project status process 3) Educate staff and managers on process 4) Evaluate need for IPC budget	L.Hawkins I.Mitchell, IPC Managers I.Mitchell, Unit Educators I.Mitchell, Z.Goodrich, L. Barnes	July '13	Provides staff time for improvements and increases involvement.
2.1: 1) Identify hospital initiatives 2) Develop committee to identify relationships 3) Make recommendations on shared vision/mission 4) Present recommendations to Administration 5) Administration evaluates recommendations and communicates to hospital employees	I.Mitchell, J.Chambers I.Mitchell Committee Committee Administration	Nov '13	Creates common vision and goals
2.2.1, 3.3.1, 3.4.1: 1) Develop training material 2) Establish requirements 3) Schedule courses	I.Mitchell, J.Chambers, S.Wilburn, I.Mitchell, S.Wilburn, R. McKinley I.Mitchell, ODL	Nov. '13	Give leaders the tools and expectations to manage an empowered employee
3.1.1, 3.2.1: 1) Review current course evaluations 2) Review related Press Ganey questions 3) Establish a baseline metrics 4) Develop proposed training modifications 5) Present to IPC leadership for feedback	I.Mitchell, K.Campbell I.Mitchell, J.Chambers I.Mitchell, J.Chambers I.Mitchell, J.Chambers I.Mitchell, J.Chambers	Aug '13	More effective training and use of staff time.

Test 1.2.2) Test Ideal Patient Care Kronos clock code for one year and evaluate. 2.1) N/A 2.2.1, 3.3.1, 3.4.1) Test leadership training and standard work in the PICU/ Radiology. 3.1.1, 3.2.1) Test modified training on 2nd Floor/2nd Clinic group for three month period.

Follow-up Evaluate Percentage Frontline Staff Involved, Type of Staff Problem Solving, Course Evaluations, and Press Ganey Scores. December 2013 timing.

Obtaining Our Target Condition

Problem Analysis

Why are frontline staff not involved in problem solving?

- 1) No time for problem solving
 - 1.1) Primary job takes priority (No Action)
 - 1.2) No scheduled time for problem solving.
 - 1.2.1) Low staffing levels because of vacant open positions (No Action)
 - ❌ 1.2.2) No formal budgeted time for problem solving (Root Cause)
- 2) Not a priority for staff
 - ❌ 2.1) Staff unsure which hospital initiative is most important (Root Cause)
 - 2.2) No expectation, encouragement, & visual support from leaders to solve problems
 - 🟡 2.2.1) Manager unsure of Lean leader/manager role (Root Cause)
- 3) Staff not comfortable problem solving
 - 3.1) Not trained in A3 problem solving (In Progress)
 - 🟡 3.1.1) Staff unsure of the benefit of the Ideal Patient Care model (Root Cause)
 - 3.2) Internal training not effective
 - 🟡 3.2.1) Staff unsure of the benefit of the Ideal Patient Care model (Root Cause)
 - 3.3) Staff worried about backlash from peers (Root Cause)
 - 🟡 3.3.1) Manager unsure of Lean leader/manager role (Root Cause)
 - 3.4) Staff worried about backlash from manager/supervisor
 - 🟡 3.4.1) Manager unsure of Lean leader/manager role (Root Cause)

Countermeasure

- ❌ 1.2.2) Create Kronos clock code for Ideal Patient Care problem solving tracking.
- ❌ 2.1) Evaluate hospital initiatives and create a common Mission / Vision / Goals.
- 🟡 2.2.1, 3.3.1, 3.4.1) Create manager/leadership specific Lean training.
- 🟡 3.1.1, 3.2.1) Evaluate and modify current training method and model.