Regardless of the team, if communication is good and all members are working together towards the same objective, there’s no way they can fail.”

Bill Bowerman- Lean thinker
Utilizing a LEAN Visual Management Tool in the Adoption of a High Performance Management System to Sustain Organizational Improvements

Louise Rudden, RN, NP Paediatrics
Sick Kids Hospital & Holland Bloorview Kids Rehabilitation Hospital,
Toronto, Ontario, Canada
July 29th, 2017
Objectives

• Describe a High Performance Management System.
• Describe an OBEYA
• Discuss the outcomes of the pilot
• Discuss relevance for Nursing Leaders
The Advisory Board Audit tool for Frontline Managers

Managers Struggling to Juggle Three Types of Work

Division of Unit Manager Time

Current State

Ideal State

Leadership Activities

Daily Managerial Work

Non-Managerial Work

Amount of Time Spent

Importance

Amount of Time Spent

Importance

Source: Advisory Board interviews and analysis.

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Key Learnings from ThedaCare

Looking for Solutions as Improvement Stagnates

Timeline of Improvement at ThedaCare

- Lean methodology and goals introduced
- Improvement plateaus when facilitators leave units

10%
Annual Improvement
New productivity goal for ThedaCare announced in 2008

Failing to Keep Up With Initiatives

“We had... [Lean] facilitators... [who] would help us with improvement and tools on the units... But once they left, the manager didn’t know how to pick that up. All of the sudden, they were back in the work and didn’t have someone helping to coach and push them. They became firefighters again... They were no longer organised around their problem solving.”

Jamie Dunham, Vice President of Operations, Appleton Medical Center, ThedaCare

Source: Barnes K. *ThedaCare’s Business Performance System: Sustaining Continuous Daily Improvement Through Hospital Management in a Lean Environment.* The Joint Commission Journal on Quality and Patient Safety, 37, no.9 (2011): 387-399; ThedaCare, Appleton, Wisconsin, US; Advisory Board interviews and analysis.
How do we Achieve an Ideal State?

The Hypothesis

Utilizing a Visual Management tool to implement a High Performance Management System (HPMS) will create a culture that enables the team to sustain ongoing Quality improvement…
Theory: Doing the Work, Improving the Work

Quality Improvement

Act | Plan
---|---
Study | Do

Change Ideas

Process Analysis

Yes

Improved Design

Adjust | Standard Work
---|---
Monitor | Do

Escalate Problem?

Quality Control

BUILDINGconnections 2015 to 2020

SickKids
Architecture of a HPMS (fig 2)

### Quality Control (Operations)

<table>
<thead>
<tr>
<th>Key Tasks</th>
<th>Data for Control</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define core values</td>
<td>&quot;Big Dot&quot; system metrics, process and outcomes metrics</td>
<td>Coaching (all tiers) in workplace</td>
</tr>
<tr>
<td>Articulate principles</td>
<td>Process and outcomes metrics</td>
<td>Monitor T2 standard work</td>
</tr>
<tr>
<td>Obtain and deploy resources</td>
<td>Reports to external stakeholders</td>
<td></td>
</tr>
<tr>
<td>Monitor &quot;Big Dots&quot;</td>
<td>Interepartmental coordination</td>
<td>T2 summary of daily operational issues, Standard department operational metrics</td>
</tr>
<tr>
<td>Frequent frontline observation</td>
<td>Obtain and deploy resources</td>
<td>Coaching T1 on standard work</td>
</tr>
<tr>
<td>Define department metrics</td>
<td>Define department metrics</td>
<td>Monitor staff, process, and outcomes metrics</td>
</tr>
<tr>
<td>Monitor department operations, planning</td>
<td>Interdepartmental coordination</td>
<td>Monitor T1 standard work</td>
</tr>
<tr>
<td>Monitor unit operational status</td>
<td>T2 summary of daily operational issues, Standard department operational metrics</td>
<td>Coaching &quot;what to do and how&quot;</td>
</tr>
<tr>
<td>Define unit standard work, metrics</td>
<td>Incident reports</td>
<td>Monitor frontline standard work</td>
</tr>
<tr>
<td>Manage shift staffing, shift patient priorities, etc.</td>
<td>Summary of daily operational issues, Standard unit operational metrics, Incident reports</td>
<td>Clear communication to support patient and family decisions and expectations</td>
</tr>
<tr>
<td>Incident response, escalation</td>
<td>Observations of care process and environment, Patient feedback and observations</td>
<td></td>
</tr>
<tr>
<td>Situational awareness, prioritize care tasks</td>
<td>Clinical data, tallies of process operation</td>
<td></td>
</tr>
<tr>
<td>Define frontline standard work</td>
<td></td>
<td></td>
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<tr>
<td>Adjust to usual process variation, patient needs</td>
<td></td>
<td></td>
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<tr>
<td>Respond to atypical process variation</td>
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</tbody>
</table>

### Quality Improvement (System Change)

<table>
<thead>
<tr>
<th>Key Tasks</th>
<th>Data for Improvement</th>
<th>Aims Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor environment, anticipate change</td>
<td>Aggregated system process and outcomes metrics</td>
<td>Negotiate T2 strategic goals</td>
</tr>
<tr>
<td>Quality planning: Set strategic direction, Commission and drive system-wide initiatives</td>
<td>T2, system QI project status and metrics</td>
<td>Launch, prioritize system QI initiatives</td>
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<tr>
<td>Consistent messaging, Celebrate improvement</td>
<td>Population organizational impact</td>
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<tr>
<td>Conduct root cause analysis</td>
<td>Aggregated unit process and outcomes metrics</td>
<td>Negotiate T1 goals</td>
</tr>
<tr>
<td>Quality planning: Commission T1 projects</td>
<td>T1 project status and metrics</td>
<td>Launch, prioritize, monitor T2 projects</td>
</tr>
<tr>
<td>Lead interdepartmental projects</td>
<td>Staff QI capacity</td>
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<tr>
<td>Tier 3 Executive, VP</td>
<td>Tier 2 Dept. Manager, Director</td>
<td>Tier 1 Unit Manager</td>
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<tr>
<td>Charge Nurse, Frontline Staff</td>
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</table>

### Patient Care Interface

<table>
<thead>
<tr>
<th>PATIENTS and FAMILIES</th>
<th>PATIENTS and FAMILIES</th>
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<tbody>
<tr>
<td>QI team participation</td>
<td>Identify process problems, offer suggestions, Stories and observations</td>
</tr>
<tr>
<td>Identify process improvements, shape aims for improvement</td>
<td>Patients and families shape aims for improvement</td>
</tr>
<tr>
<td>Candid talk, transparent dialogue</td>
<td>Post quality data (online)</td>
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</table>
Driver program: High Performance Management System (fig 3)

**Primary Drivers**

**P1: Drive Quality Control (QC)**
Management system is organized to anticipate and detect defects, maintain stable operations, respond to abnormalities.

**P2: Manage Quality Improvement (QI)**
Management system mounts coordinated projects to improve process capability.

**P3: Establish a Culture of High-Performance Management**
Positive trust relationship encourages and sustains frontline staff engagement in QC and QI.

**Secondary Drivers**

**S1: Standardization:** Processes to define and disseminate standard work (what to do, how to do it)

**S2: Accountability:** Process to review execution of standard work

**S3: Visual Management:** Process performance information is continuously available to synchronize staff attention and guide current activities

**S4: Problem Solving:** Methods for surfacing and addressing problems solvable at the front line, and for developing improvement capability

**S5: Escalation:** Frontline staff scope issues and escalate those that require management action to resolve (e.g., requiring cross-department coordination)

**S6: Integration:** Goals, standard work, and QI project aims are integrated across organizational levels and coordinated among units and departments

**S7: Prioritization:** Processes to help prioritize frontline improvement projects based on organizational goals

**S8: Assimilation:** QI projects are integrated into daily work

**S9: Implementation:** Frontline teams have support to move from QI back to QC, integrating results of QI efforts into standard processes

**S10: Policy:** HR policies support engagement, transparency, staff initiative (e.g., incentives, recognition, etc.)

**S11: Feedback:** Provided on patient outcomes, with details linked to process abnormalities, utilized in root cause analysis

**S12: Transparency:** System-focused analytical inquiry into causes of process abnormalities ("Why?", not "Who?")

**S13: Trust:** Through regular, consistent execution of standard work at all levels
A Visual Management LEAN Tool = OBEYA

CREATION OF THE OBEYA

CULTURE

INFRASTRUCTURE
Goal: Visual display of Ambulatory Action plan for the upcoming year in macro and micro detail.
Goal: Ensure the portfolio is working on projects that are directly aligned with the strategic directions of the organization.
<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATORS</th>
<th>Urology</th>
<th>EN SURG</th>
<th>GI Hep</th>
<th>SCAN</th>
<th>SMTP3</th>
<th>hemorrhoids</th>
<th>Meziouu</th>
<th>Derm</th>
<th>Genetics</th>
<th>Metabolic</th>
<th>Diabetes</th>
<th>Endocrin</th>
<th>Rheum</th>
<th>Iller/Imr</th>
<th>ophthalm</th>
<th>ENT</th>
<th>plastics</th>
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<td><strong>DRIVERS</strong></td>
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</table>

**Portfolio Wall-EAST**

**Building Connections 2015 to 2020**

**SickKids**
Goal: Visual display of the 1-5 year Strategic Direction of the organization.
Outcomes of Pilot for Managers

- Increased focus and accountability
- Increased collaboration and engagement
- Easier to detect defects in system
- Increased ability to prioritize competing demands
- Visual clarity of workload and resources
- Improved problem solving strategies
Measures of Success

Key Performance Indicators

Increased Staff Engagement

Senior Executive Adoption
Relevance to Nursing Leaders

The HPMS cultivates a positive trust relationship that encourages and sustains frontline staff engagement in Quality Control and Quality Improvement.

Enabling a culture for process improvement can positively effect patient outcomes.

Provides opportunity for mentorship, transparent communication and coaching.

The Visual aspect of the OBEYA helps managers and Leaders “See together, Learn together and Act together”
References


