### 6-S Checklist

#### Sort (get rid of what's not needed):

- unnecessary items have been removed from the area (furniture, storage, things on walls…) | Y N
- any incomplete work has been completed or removed to be resolved separately | Y N
- a red tag area is used to hold items requiring decisions (no item more than 7 days old) | Y N
- work surfaces, drawers and storage areas do not have items in or on them that don't belong | Y N

#### Set in order to flow (straighten):

- all work surfaces, storage areas and equipment are clearly marked and well organized | Y N
- locations and containers for items and supplies are clearly marked | Y N
- incomplete work or items requiring special attention are separated and clearly marked | Y N
- standard information boards have been established (for measurement and management info.) | Y N

#### Shine (clean and solve):

- floors, work surfaces, equipment and storage areas are clean (including the corners!) | Y N
- garbage and recyclables are collected and disposed of correctly | Y N
- work environment is good (air quality, temperature, humidity, lighting, dust, fumes, floors...) | Y N
- when the clean-up activities expose a problem, it is promptly solved and corrective action taken | Y N

#### Safety (make it safe):

- required safety information is posted (Material Safety Data Sheets, Lockout-Tagout, Exits...) | Y N
- fire extinguishers, exits and other emergency equipment are clearly marked and functional | Y N
- basic job skills training has been done (safety and quality pointers are posted and understood) | Y N
- unsafe conditions are promptly resolved (including any place where injury could occur...) | Y N

#### Standardize (tasks):

- roles are identified for keeping the area clean and orderly | Y N
- standard tasks related to cleaning and organizing are defined | Y N
- it is obvious through visual management tools whether tasks have been done | Y N
- this standardization is accomplished without any paperwork | Y N

#### Sustain (keep it up):

- posted Standard Work is being followed | Y N
- standard cleaning and work procedures are being followed | Y N
- documents and instructions are current | Y N
- standard information boards are being used and have current, relevant information | Y N
- work area is clean, neat and orderly with no serious unsafe conditions observed | Y N
6S/Standard Work Exercise

J Koch
A Dordal
• This sheet represents our current work place.
• Our job during a 20 second shift, is to strike out the numbers 1 to 49 in correct sequence. Example: \( 1 \ 2 \ 3 \)
• The team score will be represented by the lowest individual score achieved.
• Give the sheets out face down and have someone keep time.
• Ask each person to call out their individual scores and mark them on a flipchart. Circle the lowest and therefore team score.
• Ask if they are happy with the score
• For our first action, we are going to implement 5S in this area.
• The first step of this is “Sort” and so we have removed from the area all the numbers from 50 to 90 which are not needed.
• Same rule apply. Strike out numbers 1 to 49 in sequence during a 20 second shift.
• Having achieved some improvement, we now need to move onto the next step ”Set In Order”.
• We have installed some racking, and we have organized the items so that with Number 1 in the bottom left hand corner, the numbers are located from left to right and bottom to top - examples 1 in the bottom left, 2 in the middle, and 3 in the top left.
• Same rules apply 20 second shift, lowest individual score equals team score etc…
• Having now made a significant step forward, and having ignored “Shine” for this exercise, we must “Standardize”.
• Since we are dealing with numbers 1 to 49 in sequence, it seems logical to re-organize them in a standard way that makes the completion of the work task as easy as possible.
• This should ensure that everyone is able to complete the task (and therefore produce a team score of 49.)
# Numbers from 1 to 49

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11</td>
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<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
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<tr>
<td>2</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
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<td>29</td>
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<td>3</td>
<td>31</td>
<td>32</td>
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<td>34</td>
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<td>36</td>
<td>37</td>
<td>38</td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td>4</td>
<td>41</td>
<td>42</td>
<td>43</td>
<td>44</td>
<td>45</td>
<td>46</td>
<td>47</td>
<td>48</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>
• To show respect for Standards it is necessary to make the “management” of the area visual.
• Returning to our original work area, we have for this assignment two numbers missing. We cannot complete the task without these numbers - so first we have to find them.
• Start a clock running and every 20 seconds, tell them how many “shifts” they have been down looking for the appropriate numbers.
• Now how much easier is it to find the quality problems?
# Numbers from 1 to 49

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<td>11</td>
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<td>46</td>
<td>47</td>
<td>48</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>

Packet
# 8 Wastes – Walk Form

<table>
<thead>
<tr>
<th>Unused Human Potential:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting:</td>
</tr>
<tr>
<td>Inventory:</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Defects:</td>
</tr>
<tr>
<td>Motion:</td>
</tr>
<tr>
<td>Overproduction:</td>
</tr>
<tr>
<td>Processing:</td>
</tr>
</tbody>
</table>

Packet
Visibility Wall Checklist

- Is the Network format wall in place?
- Is it color coded with clear goals?
- Is the trend data current?
- Are A3s posted and up to date?
- Did the A3 work improve the metrics?
Daily Metric Board Checklist

- Is the Daily Metric board in place and the format correct?
- Is the trend data current with a goal?
- Can you tell status of a metric and reasons for any misses?
- Are action plans posted and up to date?
- Have actions improved the metrics?
<table>
<thead>
<tr>
<th><strong>TITLE:</strong> What are you talking about?</th>
<th><strong>OWNER/DATE:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>I. BACKGROUND</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Why are you talking about it?</td>
<td></td>
</tr>
<tr>
<td>What is the business problem you are trying to solve?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>II. CURRENT CONDITIONS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do things stand today?</td>
<td></td>
</tr>
<tr>
<td>- Show visually using charts, graphs, drawings, maps, etc. to make the problem clear.</td>
<td></td>
</tr>
<tr>
<td>What is the Problem?</td>
<td>Daily metrics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>III. GOALS/TARGETS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What specific outcomes (in measurable or identifiable terms) are required?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>IV. ANALYSIS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the root cause(s) of the problem?</td>
<td>5 why Standard work Process mapping</td>
</tr>
<tr>
<td>- Choose the simplest problem solving-analysis tool (5-Whys, Fishbone Diagram, Process Analysis Tree, etc.) that clearly shows the cause-and-effect relationship.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>V. PROPOSED COUNTERMEASURES</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your proposal to reach the future state, the target condition?</td>
<td></td>
</tr>
<tr>
<td>How will your recommended countermeasures affect the root cause to achieve the target?</td>
<td>6S Standard Work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>VI. PLAN</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What activities will be required for implementation and who will be responsible for what and when?</td>
<td></td>
</tr>
<tr>
<td>What are the indicators of performance or progress?</td>
<td></td>
</tr>
<tr>
<td>- Incorporate a Gantt chart or similar diagram that shows actions/outcomes, timeline, &amp; responsibilities. May include details on specific means of implementation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>VII. FOLLOW-UP</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What issues can be anticipated?</td>
<td>PDCA</td>
</tr>
<tr>
<td>- Ensure ongoing PDCA.</td>
<td></td>
</tr>
<tr>
<td>- Capture &amp; share learning.</td>
<td></td>
</tr>
</tbody>
</table>
Huddle Checklist

- Start on time
- Have each process owner review their metric
- How does that metric impact the patient/ team
- Review process for problems
- Record issues
- Create plan as appropriate

Packet
Future State Questions

1. What work areas need better organization? (Use 6S tool)

2. What work areas need better daily metrics so the status is more obvious? (Use Visual Management/Daily Management System tools)

3. What work area has too much variation? Where is the process not consistently done the same way by all staff? Where is the quality defect rate too high? Where are cycle times too long? (Use Standard Work & A3 problem solving tools)

4. Where is there too much time spent changing from one process to another (Use Turn Over time/Set-up time reduction tool)

5. Where are there material stock-outs? Where is there too much inventory? (Use Material Pull tool)
<table>
<thead>
<tr>
<th>STANDARD WORK FOR: Leadership Gemba Visit – Perioperative Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who:</strong> Director/Administrator</td>
</tr>
<tr>
<td><strong>When:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD PROCESS STEP</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| Planning the visit: Why am I visiting the GEMBA today and which locations will I be visiting? | #1 - Identify “basic” tools that are needed to effectively deliver patient care, and director plans to meet current needs.  
#2 - Assess opportunities to improve environment and aesthetic appearance (first impression) for customers of perioperative services.  
#3 - Review plans for utilization of space to streamline patient flow and create capacity in other areas. |
| FY ’13 Goal review and 6-month plan       | #1- Review director’s initial assessment of goals, metrics and team engagement with administrator  
#2- Identify “next steps” for team- what data/communications/process changes are required to achieve FY’13 goals. What are potential barriers?  
#3- Report plans for perioperative value stream map to administrator |
| Determine need for additional leader involvement (Support) | Administrator, Anesthesia leadership, Medical Director |
| Set Schedule and map a deliberate route   | Specific major projects                                                                 |
| Review action/completion plans from previous visits |                                                        |
| Establish goals for your planned visit    | Overarching Goal:  
Short term: Identify systems/processes that are required to ensure a safe, efficient and customer-friendly surgical experience for our patients. Ensure that director plans are aligned with administrator expectations.  
Long term: Discuss strategic plans for perioperative services- i.e. increasing volume, service lines |
| Write questions to ask based on needs and goals for this visit and previous visits. |                                                        |
| Go to the Gemba                           |                                                        |
### Sample Questions for SPD/OR Gemba Visit (Ask the people who do the work)
- Tell me about what you're working on today
- What makes your job fun? Hard? What would make it easier?
- Tell me why you think it's important.
- Have you encountered any problems as you work through this task (process)?
- Tell me what has been done (or what you have done) to date to resolve any problems. Does it work when followed?

| Ensure metrics are up-to-date |  |
|------------------------------|  |
| Record issues and create a plan to resolve problems |  |
| Recognize top performers (written thank you) |  |
| Revisit regularly |  |
Driving Culture Change
A Lean Daily Management System

Jodi Koch
Director, PeriOp Services
Andrew Dordal
Sr. Lean Coach

Class Description:
Driving Culture Change: A Lean Daily Management System

- Lean management tools are used to identify and remove waste from processes with the intent of improving flow through a system. Daily management is a disciplined process that can drive culture, align goals, improve results, and increase staff engagement.
- The speakers will share how they have embraced Lean strategies in perioperative services in their Magnet hospital, achieving a 75% reduction in operating room hold times, gaining and sustaining an on-time first-case start rate of greater than 85%, and achieving a five-minute reduction in turnover time.
- The speakers, who have worked together as a successful team, will take you down their path of culture change using Lean tools, daily management metrics, visibility walls, and problem solving. You’ll participate in practice exercises and receive tools that you can implement in improving daily operations in your own facility.

Roadmap for Learning
- Introductions
- What is Lean?
  - VA/NVA 8 Wastes
  - 6S, Standard Work Break
- VSM Lunch
- Lean Daily Management – Daily Metrics – A3 Thinking Break
- Culture Change

Who are you?
<table>
<thead>
<tr>
<th>Job responsibility</th>
<th>Geographic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin/Sr Leader</td>
<td>Northeast</td>
</tr>
<tr>
<td>PeriOp director</td>
<td>Southeast</td>
</tr>
<tr>
<td>OR Manager</td>
<td>Midwest</td>
</tr>
<tr>
<td>Frontline mgt/team leader</td>
<td>Mountain</td>
</tr>
<tr>
<td>Frontline team/hands on care</td>
<td>West</td>
</tr>
</tbody>
</table>

Where do you work?
- Ambulatory surgery
- Small community hospital
- Sizeable healthcare network
- Free standing hospital

Where are you in your lean journey?
- Not started, only heard about it
- Education, some dabbling in projects
- In process, successes & challenges
- Ingrained and embedded in culture

LVHN Lean History

Healthcare Spending as % of GDP
What is Lean?

- Elimination of waste through a five step process:
  1. Define customer value
  2. Define the value stream
  3. Make the value flow
  4. Pull from the customer back
  5. Strive for excellence

IDENTIFICATION OF VALUE AND NON-VALUE ADD WORK

Identification of Waste

Value Is:

- Defined from customer’s perspective
- What the customer wants from the process
- What the customer is willing to pay for
- Value = Quality / Cost

Non-Value Add Is:

- Everything the customer does not want
- Everything the customer is not willing to pay for

Value Add vs. Non-Value Add: Increasing Value to Customers

<table>
<thead>
<tr>
<th>Necessary</th>
<th>Value Add</th>
<th>Non-Value Add</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What we are here to do!</td>
<td>State/TJC requirements?</td>
</tr>
<tr>
<td>Not Necessary</td>
<td>Patients require/want but we don’t see need</td>
<td>WASTE! Use lean tools to eliminate to increase capacity Each work element typically waste</td>
</tr>
</tbody>
</table>

What are examples of each of the four areas?

Focus of Improvement

- Total Flow Time for Patient
  - 90% NVA
  - 10% Value Adding

*Improvement will be easier and more likely to succeed by focusing on the non-value added activities and removing them.*
8 Wastes in Healthcare: “U-WIT-D-MOP”

- Unused Human Potential: Untapped creativity/talent/injuries
- Waiting: patients/providers/material
- Inventory: stacks of work/piles of supplies
- Transportation: transporting people, paperwork
- Defects: wrong information/rework
- Motion: finding information/double entry/searching
- Overproduction: duplication/extra information
- Processing: extra steps/checks/workarounds

Examples of the 8 Wastes

- Unused Human Potential:
  - Physicians transporting patients
  - Support and Technical Partners taking patients to/from dept
- Waiting:
  - Waiting for transport to go to or return from any location
  - Discharge transportation
  - Physicians waiting for test results
  - Waiting for DIC instructions
- Inventory:
  - Not having right supplies in the right place at the right time
  - Patients waiting for bed assignment
  - Lab samples batched
- Transportation:
  - Moving patient to tests
  - Equipment transport
- Defect:
  - Re-sticks
  - Medication errors
  - Hospital Acquired Infections
- Motion:
  - Trying to find workspace (i.e. computer terminal)
  - ED has to go to more than one source to find info
  - Multiple locations for information (no cross talk)
  - Searching for materials, information
- Overproduction:
  - Monitoring paper and electronic sources of information
  - Returning multiple times to transport a patient who isn’t/there
- Processing:
  - Picking case that has been cancelled

How to Identify Waste – “Gemba”

- Follow patients
  - From admission to discharge
  - What happens?
  - What doesn’t happen?
  - Where does waiting occur?
- Follow colleagues
  - What are they doing?
  - Why are they waiting?
  - Are they doing things that don’t add value?

*Gemba = work place

Why Do Colleagues Walk?

- Routine work
  - Walking between patient rooms
- Unplanned, reactive work
  - Searching for supplies, meds
- Have work methods and practices been designed or have they just evolved?
- With Lean, we question everything – is there a better way?

How to Reduce Waste

- Focus on actions within the immediate Gemba.
- Focus on “quick wins.”
- Reducing waste in the Gemba means we join the team of 11,500 problem solvers in the Network.
Things to Remember About Waste

- Waste is anything other than the **minimum** amount of resources that are **essential to add value** required by the customer.
- Waste is a symptom, **NOT** a cause.
- Waste points to underlying problems within the system.
- We need to find and address the underlying problems.

Group Exercise

- Individually identify 3 value add activities and 3 non-value add activities at your gemba – 5 minutes
- Break into groups of 2 or 3, spend 10 minutes:
  - Share examples
  - Discuss how non-value add activities relate to value to our customer
- Report out for each group – 10 minutes

*Gemba = work place

BASIC LEAN TOOLS: 6S – Standard Work

Underlying Principles of 6S

A place for everything
AND
everything in its place

Detect normal from abnormal.....
AT A GLANCE

Sequence for 6S

- **Sort**
  - Remove items not needed daily (red-tag process)
- **Set in Order**
  - Label items and make it obvious where they belong
- **Shine/Sweep**
  - Clean and inspect everything, inside and out
  - Visually sweep area to make sure everything is in its place

Sequence for 6S (cont)

- **Safety**
  - Required safety information is posted
  - Exits and emergency equipment are clearly marked and functional
- **Standardize**
  - Establish policies and standard work to ensure 6S
- **Sustain**
  - Training, discipline, daily activities, self-audits
Standard Work: What is it?

- Least waste way to do work or perform a service
- Set of procedures executed consistently
- Basis for all continuous improvement activities

Case Studies

- ASU to OR
  - Difficult IV starts moved earlier
- Move from staging to holding room
  - “First come first served?”
- OR holds
  - Staffing analysis standard work

What Can You Do?

- Waste walk with staff?
- 6S audit?
- Stand and look at area?

Roadmap for Learning

- Introductions
- What is Lean?
  - VA/NVA Waste
  - 6S, Standard Work
- Break
- VSM
- Lunch
- Lean Daily Management
  - Daily Metrics
  - A3 Thinking
- Break
- Culture Change
**VALUE STREAM MAPPING**

Learning to See Opportunities

---

Value Stream Mapping Steps

- Agree on what process to study, logistics, team
- Agree on the current situation
- Agree on a shared vision of the future lean state
- Agree on how to implement the future state plan
- PDCA – repeat again

---

What is a Value Stream?

- A value stream is all the steps (both value-added and non-value-added) that are required to complete a product or service from start to finish.
- Addresses value, flow, work elements and supports continuous improvement.

---

VSM Parts

- Timeline/Heartbeat & Summary
- Information flow
- Process Boxes
- Process Data Boxes
- Begin: Customer

---

VSM Improvements

- Objective of VSM is identified improvement ideas and an actionable roadmap
- The conversation is key!
Future State Questions

1. What work areas need better organization? (Use 6S tool)

2. What work areas need better daily metrics so the status is more obvious? (Use Visual Management/ Daily Management System tools)

3. What work area has too much variation? Where is the process not consistently done the same way by all staff? Where is the quality defect rate too high? Where are cycle times too long? (Use Standard Work & A3 problem solving tools)

4. Where is there too much time spent changing from one process to another? (Use Turn Over time/Set up time reduction tool)

5. Where are there material stock-outs? Where is there too much inventory? (Use Material Pull tool)

Case Studies

- PACU - Felt powerless and wanted mgmt to fix things
- LVH-Muhlenberg - ABU felt powerless as mgmt was telling them what to fix

Lessons learned:
- Think about timing to implement
- Prioritize
- Use visual mgmt for check ins
- Identify gaps between what we think happens and what happens
- Team makeup

What Can You Do?

- Use your lean coach/consultant and create a current state VSM, future state VSM and an action plan

Roadmap for Learning

- Introductions
- What is Lean?
  - WASTES
  - 5S, Standard Work
- VSM
- Lean Daily Management
  - Daily Metrics
  - A3 Thinking
- Culture Change

DAILY MANAGEMENT AND A3 THINKING

- Introductions
- What is Lean?
  - WASTES
  - 5S, Standard Work
- VSM
- Lean Daily Management
  - Daily Metrics
  - A3 Thinking
- Culture Change
The Daily Management Diamond

- Visibility walls
- Daily metrics
- Problem-solving
- Huddle

Daily Management:

<table>
<thead>
<tr>
<th>Is:</th>
<th>Is Not:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A tool for alignment and focus</td>
<td>Just monthly metrics</td>
</tr>
<tr>
<td>A way to drive accountability</td>
<td>Arts and charts</td>
</tr>
<tr>
<td>Proactive problem solving!</td>
<td>A mechanism to assign blame</td>
</tr>
</tbody>
</table>

Consistency and Dedication

What are Visibility Walls?
- Visibility walls are monthly metric boards with key department metrics that are aligned to network goals – P, S, Q, C, G
- They are monthly metrics that track data trends and utilize A3s for problem solving
- Teams meet at the walls monthly to review issues

Visibility Wall Checklist
- Is the Network format wall in place?
- Is it color coded with clear goals?
- Is the trend data current?
- Are A3s posted and up to date?
- Did the A3 work improve the metrics?
The Daily Management Diamond

- Visibility Walls
- Daily Metrics
- Problem-Solving
- Huddle

It Starts With Alignment

<table>
<thead>
<tr>
<th>Metric</th>
<th>Visibility Level</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital - acquired infections</td>
<td>Executive level metric reviewed monthly</td>
<td>Front-line staff generally not involved or engaged</td>
</tr>
<tr>
<td>Catheter - associated urinary tract infections (UTIs)</td>
<td>Dir / admin. level metric reviewed monthly</td>
<td>Aligns w/ exec. metric, May be reviewed at visibility wall with front-line staff</td>
</tr>
<tr>
<td>Catheters in &gt; 2 days</td>
<td>Front-line staff metric reviewed daily</td>
<td>Front-line staff engaged, Completely transparent, Can &quot;course correct&quot; as needed, Increases engagement and staff</td>
</tr>
</tbody>
</table>

What are Good Daily Metrics?

- Engaging to front-line staff
- Easy to track and measure and impact
- Aligned to visibility walls
- Lead to improved results

Daily Metric Components

Trend Chart
How are we doing compared to goal?

If not meeting goal — What was the reason?

Action Plan
Who is doing what by when?

Daily Metric Board Checklist

- Is the Daily Metric board in place and the format correct?
- Is the trend data current with a goal?
- Can you tell status of a metric and reasons for any misses?
- Are action plans posted and up to date?
- Have actions improved the metrics?
The Daily Management Diamond

- Visibility Walls
- Daily Metrics
- Problem-Solving
- Huddle

Problem Solving

- Problems discussed by team & actions recorded
- A3 forms used for key metrics
- Problems discussed by frontline staff and actions recorded

<table>
<thead>
<tr>
<th>Is</th>
<th>Is not</th>
<th>How to be green</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems discussed by team &amp; actions recorded</td>
<td>Manager leads board meeting, manager and frontline staff discuss issues, A3 forms used for key metrics</td>
<td>Manager only leads meeting, frontline staff listens, team meets when actions are required in a metric area</td>
</tr>
<tr>
<td>A3 forms used for key metrics</td>
<td>Problems discussed by team &amp; actions recorded</td>
<td>A3 forms used for key metrics</td>
</tr>
<tr>
<td>Problems discussed by frontline staff</td>
<td>Frontline staff leads board meeting, discussion, manager listens and participates as needed</td>
<td>Frontline staff fills in action plan used to record what/who/when/why</td>
</tr>
</tbody>
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A3 Thinking

- A tool for collaborative, practical problem-solving
- Promotes continuous improvement

Seven Elements of A3 Thinking

- Logical Thinking Process
- Objectivity
- Results & process
- Synthesis, Distillation, & Visualization
- Alignment
- Coherency & consistency
- Systems viewpoint
Huddles

- Problem solving:
  - Discuss critical issues and emerging events
  - Anticipate outcomes and likely contingencies
  - Assign resources
  - Express concerns

Problem solving huddles are not the same as clinical huddles!

Huddle Checklist

- Start on time
- Have each process owner review their metric
- How does that metric impact the patient/team?
- Review process for problems
- Record issues
- Create plan as appropriate

Conversations at the Gemba

- Look
  - What are they measuring? Why?
  - How are they doing?
- Listen
  - Are they problem solving? Is there a plan?
  - Ask, coach, celebrate
  - Relative to their metrics and actions
Two Types of Bird Watchers!

Opportunistic Bird Watcher
- No real plan; just “look”
- Any outcome is good
- Reactive

Purposeful Bird Watcher
- Have a goal and a plan
- Desired outcome is best
- Proactive

Daily Management Lessons Learned
- If you can see it, you can fix it.
  - Act on actions
- If it’s important to you, it will be important to staff.
  - Be seen seeing (looking at the board)
- Act your way into a new way of thinking.
  - Regular huddles

What Can You Do?
- Create a board
  - Align to goals
  - Don’t underestimate the power of engagement
  - Focus on what they can change
  - Identifying the problems
- Start huddles
- Utilize checklists
- Schedule executive gemba walks!

Roadmap for Learning
- Introductions
- What is Lean?
  - VA/NVA 8 Wastes
  - 6S, Standard Work
  - Break
- VSM
- Lunch
- Lean Daily Management
  - Daily Metrics
  - A3 Thinking
  - Break
- Culture Change

PACU Daily Management Process
- Daily review at a stand up meeting
  - Trends, issues, actions
- Two metrics:
  - OR Holds and
  - Percent staff that received break
  - The “and” not the “or”
The “Before” Culture

▪ Staff saw problem as beyond their control
  – Someone has to fix it for us
  – More FTEs
  – Tell us what you want us to do
  – Woe is me

The “After” Culture

▪ Staff now sees problems and owns solution
  – Past: Last spring “woe” is me
  – Now: What can we do to fix this?
  – Conversion from renter to owners
  – How it has helped PACU grow
    – “It doesn’t feel as busy”
    – 15% volume increase

A-B-C of Culture Change

▪ Implement Action
  – Implemented daily metrics on two key metrics
  – Tracked regularly
▪ Create Behavior
  – Reviewed at new daily huddle
  – Asked what happened day before
  – Did we hit goal? What are we doing about it?
▪ Change Culture
  – Staff became proactive at problem solving

Case Studies

▪ Review daily huddle process, talk about “engagement score”: 2 of 12 is not good, also we need to address “what would make your day better?”
▪ Foster engagement vs. fizzle
  – As many people as possible, experiment and risk.
  – Fizzle: too much tracking and not enough problem solving and changes
  – Fizzle: too quick to formulate answers.
  – Block in holding room – could have assumed it was anesthesia. Real problem was they were not on unit first.
▪ Standard work on staffing

What Will You Do Monday?

▪ Do a waste walk?
▪ Do a 6S audit of an area?
▪ Stand and observe for an hour?
▪ Create a Current State/Future State Map/Roadmap? (use a lean coach)
▪ Create a Daily Metric board and Huddle?
▪ Start an A3 on key issue?

Quick vote – raise your hand for the one you will try!

Roadmap for Learning

▪ Introductions
▪ What is Lean?
  – W3A/NVA/Waste
  – 6S, Standard Work
▪ Break
▪ VSM
▪ Lunch
▪ Lean Daily Management
  – Daily Metrics
  – A3 Thinking
  – Break
▪ Culture Change

Questions?

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Creating a Current State Map

- Define process steps – quick review
- Walk the flow backward noting – interview staff
  - Information flow
  - Process steps
  - Performance metrics
- Draw map with data boxes, information flow, timeline
  - Supplier, customer
  - Metrics and quality
  - Accurate data
- Calculate timeline with process time and lead time

Specific VSM Steps

- Overview of area/walk through of process
- Build process steps
  - Leader should know these in advance
  - College process steps, data, and info flows – interviewing as team
    - Walk flow backward after initial overview
    - Interviewer (using some/all current state questions)
    - Data recorder (on data box sheet) – count inventory levels
    - Information flow, process steps, metrics
    - Mapper (write out steps)
    - Time keeper (5-7 min/interview)
- Observations of process/time studies
  - Break into pairs and conduct time studies as needed
  - Calculate timeline with process time and lead time
  - Create VSM – good to do close to Gemba
  - Share data collected/fill in missing data
- Review as a team

Questions for Current State

1. Briefly describe your work process.
2. How do you know what to do next in your process?
   - Keep this question as open ended as possible.
3. Where does material or patient come from and go to?
4. Do you complete your process the same way every time?
5. How long does your process usually take? (process time or “touch time”)
6. How many associates (operators), are involved in completing your process?
7. How many charts/patients/units are waiting to be worked? What is wait time?
8. What computer systems or software are used at this process step?
9. What are significant issues like rejects, wait times, equipment shortage, etc.
   - Consider asking how often this occurs if percent is hard to determine
10. What is at least one critical improvement to your process?
    - Quality issues? Productivity issues? Corrections/clarifications?

8 Wastes – Walk Form

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<thead>
<tr>
<th>Unused Human Potential</th>
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<tbody>
<tr>
<td>Waiting:</td>
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<tr>
<td>Inventory:</td>
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<tr>
<td>Transportation:</td>
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<tr>
<td>Defects:</td>
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<td>Motion:</td>
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<td>Overproduction:</td>
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<tr>
<td>Processing:</td>
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<td>Packet</td>
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