“The little big secret for improving Healthcare”

Article advocating Lean Healthcare, August, 2009
IE Magazine, 18,000 subscribers worldwide
By Matt Morrissette, President
More Effective Consulting, LLC.

Thank you for this opportunity to serve the Institute of Industrial Engineers since 1994, along with IE Magazine, the IIE-Society for Health Systems & the Boston Chapter of IIE where I preside as President.

-Matt Morrissette

www.MoreEffective.com
HEALTH CARE STRUGGLES TO FIND IMPROVEMENT methods. Decision makers have tried software that tracks patient data and spiraling financial solutions like Medicare and Medicaid. They have multi-million dollar equipment, governing enforcement, expensive doctors & administrators, and fancy architecture. What would happen if the government gets more involved? What would the industry spend billions of dollars in stimulus funding on first?

Most of you reading this article have operational back-grounds, so you tend to want health care to spend money on operations and process, not capital or clinical solutions. Your vote is to understand, stabilize and maximize what you have now, not expand and automate what you already can’t control.

Health care executives are so used to quick wins that they’ve bitten off the tail they’re chasing. Health care management has mastered the art of hiring the most expensive doctor to get the quick hit, but the doctor soon realizes that peers are frustrated with everything around the process and she becomes less productive. These decision makers also master the art of automating, but then fail to ride its data until related process changes have been realized and improved. Health care professionals are also enamored with juggling so many balls that they’ve started to grow extra arms and hands. And you can’t just sever these grown arms, can you?

The point is that employees in healthcare juggle so much that throwing tons of money at them or telling them to focus on process is merely adding one more extension of the burden they all carry. The paradox can be solved with a big little secret of mindset first, action second, but where do you start and how do you get there?

Mental readiness
Change agents must first change minds through four distinct belief systems. Our actions will then have a leader in our minds to follow. These four beliefs work together as a team, not as a sequence of believing one thing after another or believing that if you follow one idea you get the whole package. Believe in all four and you get exponential results. These belief systems are all embedded and should be infused in our transformation strategy called lean healthcare. Lean health care is simply a systematic and structured approach to identify value and eliminate waste in any business process.

The first belief system is called toppa. In Japanese, toppa means breakthrough or breaking through. This belief system centers on believing that there is or will be a breakthrough idea, solution or outcome that will blast through your challenges with blazing determination, but only if you take the first step. Toppa can not foresee success, but it knows it will be there. Believing in Toppa is asking for anxiety because no one can predict an outcome; however, you can predict your pathways of achieving your great outcomes, and that is what toppa asks of you. Toppa will make you steadfast and build your confidence and resolve.

The second belief system is called kaizen. Sure, we have all heard of kaizen and we even facilitate a kaizen event. When kaizen is a belief system, it is where health care starts thinking long term, and works on everything using incremental objectives. This is a core belief that lean health care teaches. This is what comes from Toyota, which finally yielded the largest car seller title after 77 years. Talk about a long term return on investment. When you think about a significant achievement that you made and think about how long it took to get there, do you wonder why it took so long? No. You usually think, I made it. You quickly get over the fact that it took so long, and you think more about each little accomplishment you reached in getting to that master achievement. You likely made calculated risks, and any one or two sink-or-swim risks were merely necessary or inevitable.

In this example, we are dealing with ourselves, but in the case of health care we are dealing with infrastructure, organization and systems. It is difficult to stay focused and manage the incremental improvement of an entire health system. Or is it? When do we get to the point where our mindset is changed and we start taking action?

The third belief system is poky-yoke or mistake proofing. More explicitly, the poky-yoke belief system is more advanced than the ordinary poky-yoke definition. Having a poky-yoke belief system is taking the extra time (almost always coming with an initial price or consequence) to do it right the first time, all the time and every time - something my college professor coined “dirty feet”. Most health care employees are so rushed, so enamored with priorities and so overwhelmed with committees for decision making that this belief system seems impossible. The impossible nature of this belief system is that it is reverse thinking. Why would anyone stop what they’re doing to do a 10-point checklist on even the most trivial task? It is because they believe they should yield better results in the long run. Too often health care professionals only talk about dirty feet when the Joint Commission on the Accreditation of Healthcare Organizations or another governing body tells them, when patient acuity warrants it or when the one-off good employee takes the initiative.

Take medication errors for an inpatient stay, for example. When the patient arrived at their physician’s office, why didn’t employees ensure the patient’s medication was perfectly recorded and communicated so the hospital would then have it perfect? We rely on patient’s memory, we don’t take the initiative.
The little big secret for improving Healthcare

Article advocating Lean Healthcare, August, 2009
IE Magazine, 18,000 subscribers worldwide
By Matt Morrissette, President
More Effective Consulting, LLC.

Care strategy is the best starting point to begin an improvement transformation.

Total deployment
Let’s assume health care employees are willing to change this mindsets. Where do you begin to transform mind power into actionable results? Try deploying a parallel track approach that includes teaching, reading, reflecting, training and projects. And look at the financial and cultural inhibitors to change in the organization. At this year’s IIE Society for Health Systems Conference, Southwest Medical Center, Millinocket Regional Hospital and More Effective Consulting presented a common tool known as 5S with a customized approach.

5S is a tool of lean health care, and this unique approach should be considered first when starting a lean health care transformation. It directly impacts employees’ habits, discrete components of a process and, most important, immediate results within hours. Here’s an idea: What if the government told hospitals to spend all of their Medicare and Medicaid reimbursement dollars on 5S and only 5S? That would be a huge paradigm shift and would reap great rewards.

5S provides so many opportunities to use each of the four belief systems that make it a perfect foundation for building.
The little big secret for improving Healthcare

Article advocating Lean Healthcare, August, 2009
IE Magazine, 18,000 subscribers worldwide
By Matt Morrissette, President
More Effective Consulting, LLC.

What differentiates 5S from all other lean tools? It’s the most popular tool and the easiest to implement. There are limitless interpretations of how to use it, and it’s the fastest culture commitment detector.

You can also see how 5S can fail when mindset and habits are not changed:

- It is allowed to weaken over time.
- It is used synonymously in all situations instead of as a unique tool.
- It is discredited because it appears to lack power, punch or savings.
- It is allowed to continue poorly with little or no oversight.

In case you missed what 5S usually is, it’s a systematic way to be inefficient, not work as a team and ensure you won’t change your habits. The 5S’s are as follows (or at least how some hospitals present their current state): scrounge, steal, stash, scramble, and search.

These 5S’s are characteristic of environments where we sometimes work, perhaps how some folks you work with operate or even where some good workers have succumbed. First, they scrounge for the right materials, and then they steal the right material from the wrong area. Then they stash the stolen material in their own areaa and scramble when questioned about the stolen material, ultimately succumbing to searching endlessly for another storage stockpile to squirrel away supplies only later to be sequestered. Well there is a solution for this slapstick scenario.

The real 5S is actually an acronym made up of five words that define a process and method for creating and maintaining an organized, clean, safe and high performance workplace. Some people choose to use a sixth or seventh S (safety and survey), or if you research its origins you will find 17 S’s. Either way, users around the globe have standardized the methodology as 5S’s. Your 5S journey and future state depend on these core 5S’s, outlined as follows: separate, sort, shine, standardize and sustain.

The separate step is the lean health care phase of eliminating waste – separating good from bad, needed from unneeded. The next step, sort, is knowing everything that remains is of value and must be organized and set in place. This is also when poky-yoke (mistake proofing) begins to take place. When I see sort as the first step, I cringe because it connotates the action of sorting and organizing instead of the right connotation of separating important from not important, value from non-value. Separating has more of a connotation of eliminating and removing. That’s the key.

The third step, shine, makes everything clean, visible, safe and intuitive. The standardize step is my favorite step where you set the standards by which you want to set an example – from standardizing look and feel to standardizing methods and rules. Last, the sustain step is the lean health care phase of continuous improvement to sustain new changes made and encourage employees to improve upon their 5S success forging through new and changing areas where they work.

These five steps lend themselves easily to the kaizen belief system of taking incremental steps. The toppa belief system is one where every 5S event has an a-ha moment after separating where all the non-value added elements are eliminated and employees finally see what remains is what is really important. That is always a breakthrough moment. The poky-yoke

August 2009 37

Millinocket Health System used 5S in a unique approach across the entire health system in a five-month span.
Belief system in the second S where everything has a place and everything in its place. It then stays with shining when you make everything intuitive so no mistakes can happen from people who aren’t familiar with the process. Poka-yoke continues with the 4th and 5th S because when you set standards, you set them to be as perfect as current conditions can allow. The fifth S allows the system to be played with and as mistakes happen with newly formed habits, one must mitigate further mistakes from happening. The last belief system, hoshou, is seen immediately when you yield results.

Therefore, 5S is considered a tool that employees can continue to use, explore and hopefully one day uphold 100 percent.

Maine event
Millinocket Health System in Maine used 5S in a unique approach across the entire health system in one wave of five months. Our model was to deploy 5S across five months so that the pace of change would be easier on such a broad initiative and drive accountability with monthly deliverables and expectations for results to help people make accomplishments. This alone was a breakthrough because otherwise the accountability rested on change agents to drive the 5S timeline. This unique approach turns the traditional 5S deployment from a push system to a pull system. The misnomer for health care employees is that they thought after five months, 5S, lean and improvement would be over. Our model disproved that and slowed it down even more with merely focusing on employees’ work area for the first five months, then patient work flow for the second five months.

It’s very hard for managers and employees to try to dodge improvement activity when every other week a change agent is knocking on their doors for 10 months straight. The paradigm shift is when this unique approach merely used 12 hours of managing the process and eight hours for each department each month. Accomplishments included a 92 percent commitment to 43 5S projects deployed across 26 departments. The outcomes became a fruitful mixed bag of cost avoidance savings, inventory savings, productivity savings and most especially a point of dramatic employee commitment to making improvements.

Since 2005, Exeter Hospital has been transforming its lean health care culture. Lean standards have been explored, and 5S solutions have been used in several kaizen events. One example is in an inpatient discharge kaizen, where the team eliminated waste in preparing for discharges during the first S. The kaizen team designed the value needed for patients, care managers and extended care facilities during the second S. Checklists, urgency labels and roles for clinical leaders were developed in the third S. Case management daily huddles, hospitalist timing and priorities were established around standards by which floors would be the most comfortable and productive during the fourth S. The monthly audit by the nurse manager and data feedback helped evaluate bad habits and create better patterns in the fifth S.

Within the pilot three-week timeframe, discharges before 11 a.m. doubled, even while admissions increased by nearly 10 percent. Exeter is now positioning themselves for other 5S, systematic and sustaining methods to encourage change, improve performance and lower costs.

Maybe the change agent for your health system is you. Think about this. One of the most memorable and impactful moments of my change agent career came from a short two --and-a-half day 5S project in the emergency department in Kalamazoo, Mich. When I followed up and asked what they thought was their top prize from their 5S success, they said it wasn’t the $12,000 savings nor was it the 500-plus square feet of productive room utilization. Quite frankly, their prize was the fact that now the emergency department manager and the materials manager communicate regularly and openly and work together with no uncertain terms. This complete transformation now transcends to other sin their organization.

This is the testament to lean health care, to 5S, to these belief systems and, most especially, to changing mindset first, action second.

Matt Morrissette is president of More Effective Consulting LLC, based in New Hampshire and consulting for hundreds of hospitals since 2001. He is president of the Boston chapter of IIE and hosts events and tours locally for hospitals centering on performance improvement and lean health care.