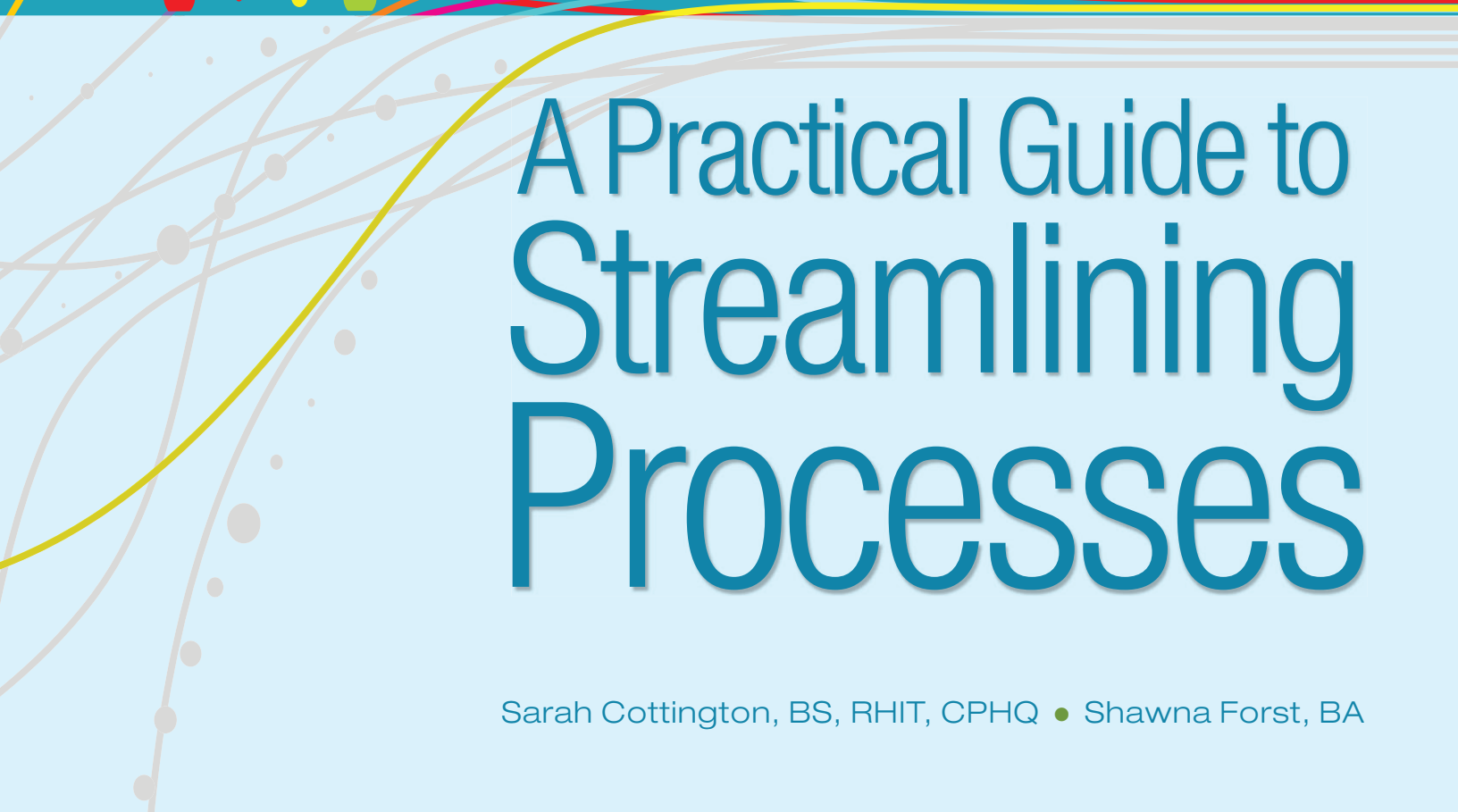# *LEAN*
Healthcare
in Action

A Practical Guide to
Streamlining
Processes

Sarah Cottington, BS, RHIT, CPHQ • Shawna Forst, BA

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Contents

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Acknowledgments

From Shawna Forst: Thank you first to God for your will in my life. Thank you to my husband, Eric, for your support of my work on this book even through a difficult time in our lives. To my children, Emmalin and Carter, you are my heart and soul; blood, sweat, and tears and the pure delight of your father and my lives. Thank you to my mother, Sue, and father, Darrell, and several other family and friends for their unconditional love, priceless guidance, and unfailing support.

From Sarah Cottington: I would like to thank God first for the different gifts and talents He has given to each one of us; my Mom, Linda, and Dad, Clinton, for their guidance in teaching us to do our best, do the job right the first time, and to work smart; and finally, my husband, David, and kids, Grace and Andrew, who are the rainbows in my life.

We would both like to give special thanks to Cindy Jimmerson and Lean Healthcare West for developing a path to begin our Lean journey, to Vicki Baum and Janet Drake who were our initial trainers, to Dr. Tom Evans and the Iowa Healthcare Collaborative for supporting Lean in Iowa Hospitals, to Lean mentors at both Vermeer and Pella Corporations, and to Heather Comak, our editor at HCPro who provided guidance and kept us on track.

Last, thanks to each of the dedicated, caring team members of Pella Regional Health Center who are traveling on this Lean journey and have worked on projects to make things better for our patients.

Thank you!

Introduction

Why Is Lean Something that Any Healthcare Organization Can Utilize?

Lean is a form of continuous improvement that any healthcare organization can utilize. The main reasons for this are the simple concepts included in Lean thinking, which are easy to teach and to learn. Continuous improvement and the concepts of Lean are built around the tenet of having respect for people. Healthcare organizations have to learn these simple concepts and customize them to fit their needs, staying true to their mission and purpose. A Lean culture does not just happen by skipping the hard work and lessons learned. It is a journey that must be completed by those doing the work supported by leadership.

What Is Lean?

It is quality. It is common sense. It is the relentless pursuit to eliminate waste. It is a journey of continuous improvement. It is performance improvement. It is Plan, Do, Check, Act. Lean can take many forms, but mainly it is a way to make things better. The practice of Lean may have different names, but organizations have to incorporate the same basic Lean concepts into their culture their own way.

Pella Regional Health Center

Pella Regional Health Center (PRHC) is a critical access hospital located in Pella, IA, southeast of Des Moines. In the late 1990s, PRHC's administration was looking for a quality program that staff members could embrace. Around this same time, local corporations began practicing Lean. However, the style was different from what was needed in healthcare. Some Lean manufacturing concepts seemed impossible in the healthcare field, such as stopping the line to fix a defect. In early Lean healthcare attempts, this may have been true, but as healthcare's journey progresses, as you will see throughout this book, those basic Lean manufacturing techniques are beginning to find their place in the healthcare setting (e.g., timeout before surgery). Through the early work of Lean Healthcare West and others, Lean thinking was adapted to the healthcare setting. By incorporating these resources—Lean healthcare, Toyota, and Deming—PRHC was able to start with what we had and begin our Lean

journey. The patients and consumers of today have become more engaged in their care and are concerned with where their dollar is going, as deductibles climb. The patient of today wants greater value. Government and other insurance payers have responded to this in different ways, and are also looking at claims with greater scrutiny. As resources become scarcer, the need to do more with less has increased. Lean healthcare seemed too good to be true when management first explored it. It was a method that peers in the field had verified would improve quality outcomes while keeping costs down and upholding excellent customer service. Who wouldn't take a second glance at a pitch like that?

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Building a Quality Foundation

Management's Role

The priority to build a quality foundation begins with management. The senior leadership of an organization sets the stage for continuous improvement. For the leadership team to create an environment that can promote and sustain continuous improvement, employees must feel respected, valued, and safe to identify "opportunities" for improvement, or "problems," as they are more commonly known. Management has the role of setting objectives and clear expectations. These objectives and expectations must be effectively communicated to all staff members.

Management must dedicate time to really understanding how the Lean philosophy must be a priority in their department and how it binds the facility as a whole with the patient as the centerpiece. It is a continuous effort to reduce and eliminate waste, and to have respect for people. "Continuous" means never accepting the current state as acceptable, even after extensive improvement measures have been taken. There will always be opportunities to work on processes and create the best experience possible for the patient. Management must live and model continuous improvement and Lean thinking in their daily work with the staff.

A synergy is created when an organization has a common purpose and all members of the organization are aligned with it. The results will occur exponentially. When one area experiences great rewards for "5S'ing" their area (i.e., organizing and redesigning their area; see Chapter 5 for more information), other areas will take notice or even be affected positively by it. Those other areas want to do what they did, commenting, "We need to 5S our area too!" The collective knowledge of the organization will increase and they will deal with issues which arise in a more efficient manner.

Engaging Employees in Continuous Improvement

When employees first learn to see and recognize waste, they get excited. It is energizing to see the results of your improvement efforts. When staff members contribute to improvement efforts that directly impact their daily work and experience quick success, they are motivated to look for more ways to make things better. One nursing supervisor at Pella Regional Health Center (PRHC) had this experience and is now a champion of Lean. She had just gone through the Lean training and was working a Saturday shift when the surgery on-call team needed to be called in for an emergency cesarean surgery and there was a significant delay. Although the delay did not harm the patient, the nursing supervisor saw this as a perfect opportunity to improve the on-call surgery team process and started an A3 on the spot.

A3 is a specific size of paper, but in relation to Lean an A3 is a form designed to facilitate problem solving. Since that first A3, this same nursing supervisor has gone on to many other improvement projects resulting in improved patient safety and employee satisfaction. Chapters 4 and 5 will go into more detail about tools such as 5S and A3 and will explain how staff members can use these tools to achieve their improvement goals.

Attributes of 'Lean' Leadership

Lean has two basic concepts. The first concept is "The relentless pursuit to eliminate waste" (per Taiichi Ohno[1]) or working toward the total elimination of waste. The second concept is "Respect for people." These two concepts, although simple, will provide huge payoffs if they are followed consistently.

Some attributes of Lean leadership include the following:[2]

- Management is not top-down, or bottom-up, but is supportive and defines work well.

- The people doing the work are the resident experts and all work redesign is done by them.

- Culture is built on the scientific method.

- Problem solving is done in the course of work.

- Departments self-manage improvement efforts.

- As small problems are handled, the big problems go away.

- No change is made until there is a deep understanding of the way work happens now. This deep understanding is achieved through direct observation of work.

- All problems are stated as they relate to the customer.

Formal Lean leaders

A formal Lean leader is the more traditional leader who is already a part of the management team at the organization. It is his or her responsibility to encourage the use of Lean concepts and tools and to provide a level of accountability to others. The formal Lean leader is the person who serves as a coach to ensure sustainment of Lean improvement projects. This senior leader is responsible for engaging employees and giving them the "purpose" of the organization. In his book, *The 21 Indispensable Qualities of a Leader*, John Maxwell lists a "recipe for success." As he states, "If you want to cultivate that quality, here's what you need to do.

1. Show Up Every Day

2. Keep Improving

3. Follow Through with Excellence

4. Accomplish More than Expected

5. Inspire Others" [3]

The American College of Healthcare Executives promotes these tenets through its "Keys to Career Management Effectiveness" to help healthcare executives and leaders advance their careers:

1. "Self-awareness

2. Preparation

3. Tailoring your presentation

4. Handling rejection

5. Follow-up and follow-through

6. Integrity "[4]

Informal Lean leaders

An informal Lean leader can be anyone. We can all think of specific people who we think of as "leaders," but who are not a part of the leadership team. These people have ambition, ingenuity, and initiative. Informal leaders are reliable members of the working department and are usually those who have taken it upon themselves to ask the following questions on their own, without realizing they are Lean concepts:[5]

- Do I ask five "whys" or do I ask one "how"?

- Do I show respect with questions rather than giving answers?

- Do I support every leader as a teacher manufacturing new leaders?

- Do I dig into the details to a point that the root cause of the problem is clear?

The masters of Lean from Japan give us very simply what they include as attributes of Lean leaders:[6]

1. Go see.

2. Ask why.

3. Show respect.

Go see

The best way to understand how work is done is to go to the gemba, or "go see" for oneself. Gemba means "actual place."[7] Never assume what happens; find the facts. Leadership benefits from going to the gemba to observe and to learn how the work is done. Just as nurses make rounds to care for their patients, so too should upper management make rounds on the areas for which they are responsible. This is the only way management can best understand the current state. It also allows for building relationships that are necessary for continued improvement. When staff members see the example of a Lean leader, they are likely to follow that example.

Ask why

We will explore the issue of asking why in more depth in Chapter 4 when we discuss the A3 tool. But for the purpose of describing a Lean leader, it is important to understand why it is crucial to ask why. Lean is based on the scientific methods. Where would the world be without those who pose the question: "Why?" Asking why five times is important as well. This will help to uncover the root cause of the problem. If process improvement stopped at the first or second "why," symptoms of a problem might be

helped a bit, but the root cause will not be fixed. Becoming curious about why things work and happen the way they do is a fundamental skill a Lean leader must learn and maintain.

Show respect

To engage employees in continuous improvement, respect must be shown for the resident expert and coaching must be provided to support the improvements that are proposed and made. Respect is crucial. Every facility has resident experts—those who are great in their profession and in their specialty; not just physicians, but also nurses in infection control, quality, safety, and innovation. Experts are also those staff members who perform a task frequently or daily, so they have firsthand data trends and knowledge to help make good decisions regarding improvements. Consulting with your staff experts conveys respect. If staff members who are interested in improving processes experience disrespect, the continuous improvement movement may be inhibited, or possibly halted.

Prioritization of Lean Projects

See Pella Regional Health Center's strategic plan and front page of accountability tool (Figure 1.1). In Lean manufacturing, strategy deployment is practiced. At PRHC the way we align everyone to the same priorities is through our strategic plan, key indicators, and goals. This is presented annually, in person, by our CEO to every single employee. The strategic goals are a percent of each employee's annual performance evaluation. Based on Quint Studer of The Studer Group's *Five Pillars*[8], Figure 1.1 shows trends over time in each of these categories, and does so at a glance. At PRHC the graphs are color-coded with red, yellow, and green to easily illustrate trends with these key indicators.

Aligning projects: Strategic plan/strategy deployment

In Lean manufacturing, leaders practice strategy deployment. An organization's senior leadership is responsible for aligning all projects to the organization's strategic plan. The strategic plan gives the organization its purpose. Each person in the organization then needs to fully understand the strategic plan and how he or she fits into the bigger picture. At PRHC, we align everyone to identified priorities through our strategic plan, key indicators, and goals. The strategic plan is presented annually, in person, by the CEO, to every staff member. Each employee also has a vested interest in PRHC's strategic goals, as the key indicators from the strategic plan are weighted and are part of each employee's annual performance evaluation. The systemic hospitalwide Lean improvements will only succeed with strong support, involvement, and leadership of top hospital administrators and influential physicians.

FIGURE 1.1	**Pella Regional Health Center's Accountability Tool & Strategic Plan**

PRHC STRATEGIC PLAN KEY INDICATORS–DECEMBER 2008
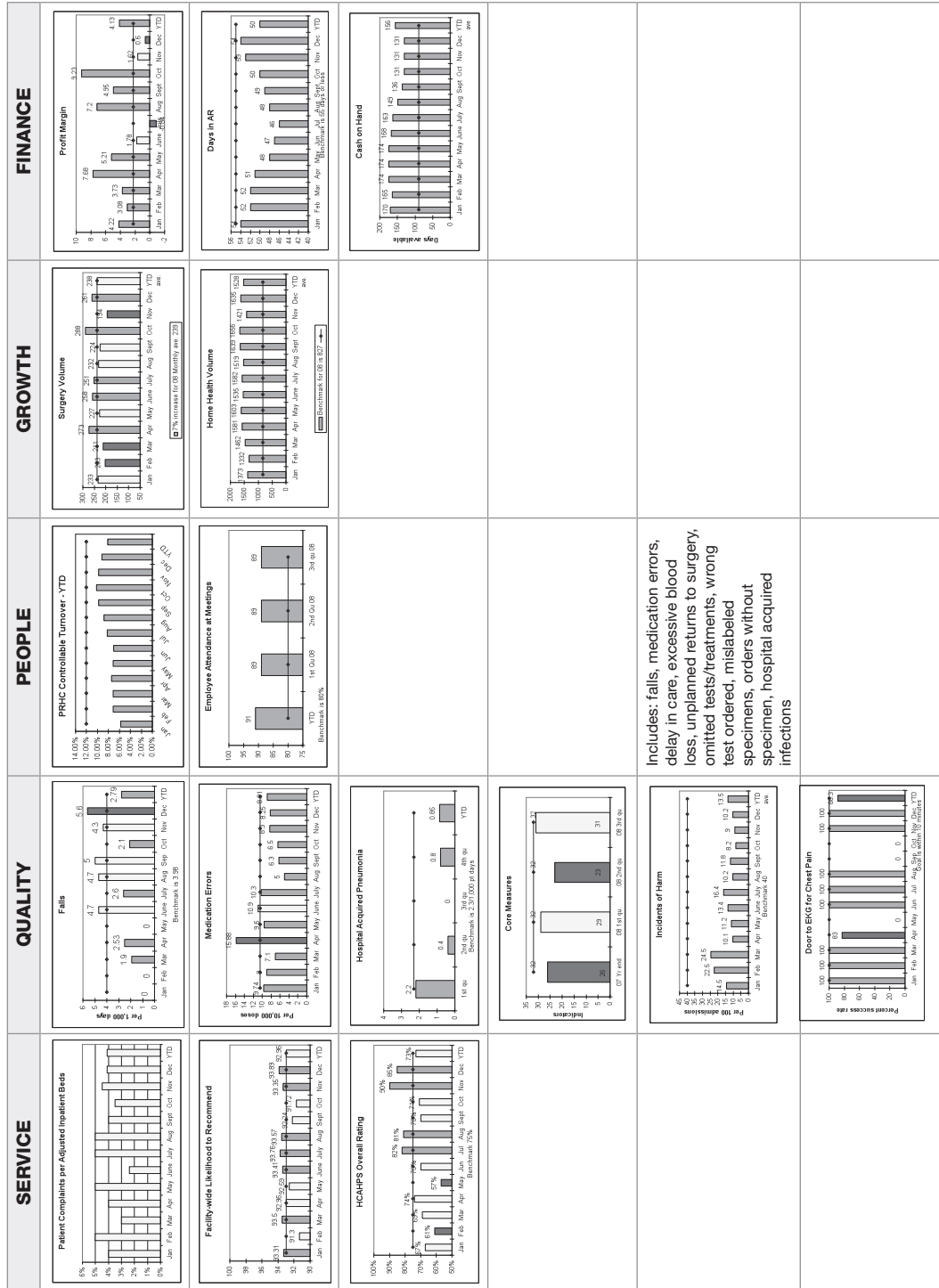
Includes: falls, medication errors, delay in care, excessive blood loss, unplanned returns to surgery, omitted tests/treatments, wrong test ordered, mislabeled specimens, orders without specimen, hospital acquired infections

FIGURE 1.1	*Pella Regional Health Center's Accountability Tool & Strategic Plan (Cont.)*

Pella Regional Health Center

PILLARS OF EXCELLENCE–STRATEGIC GOALS FOR PRHC

2009 First Quarter Results–Data as of March 31, 2009

PILLAR OF EXCELLENCE	GOAL	RESULTS	SCORING GUIDE	RATING
SERVICE	Customer Loyalty/Likelihood of Recommending to exceed an average mean of 93% for all areas.	Average Score: 92.62%	5 = 93.8 or more 4 = 93.5 - 93.7 3 = 93.1 - 93.4 **2 = 92.1 - 93** 1 = 92 or less	2
QUALITY	Meet/exceed Iowa/national average benchmarks for 28 of 32 core measures (MI, CHF, Pneumonia, Surgical Infection, HCAHPS).	Meet/Exceed Core Measures disease process: 29	**5 = exceed 28 of the Iowa benchmarks** 4 = meet 28 of the Iowa benchmarks 3 = meet 28 of the national 2 = meet 26 of the 32 national benchmarks 1= meet less than 25 of the national benchmarks	5
PEOPLE	Maintain controllable employee turnover rate not to exceed 12%.	PRHC overall controllable employee turnover rate: 11.4%	5 = 11% or less **4 = 11.1% – 12%** 3 = 12.1% – 13% 2 = 13.1% – 14% 1 = 14.1% or more	4
	Assure each employee attends 80% of required meetings for their area	PRHC employee attendance at required meetings: 89.9%	5 = 90% and above **4 = 86 - 90%** 3 = 80 - 85% 2 = 75 - 79% 1 = 70-74%	4
GROWTH	Maintain our 2008 volume of surgical services	Surgical Volume: 0%	5 = 2% increase 4 = 1% increase **3 = 0% increase** 2 = -1% (decrease) 1 = -2% (decrease)	3
FINANCE	Obtain organizational break-even operating margin by year end 2009.	Overall Operating Margin: 2.15%	**5 = 1.01% or more** 4 =0.01 – 1.00% 3 = 0% 2 = -0.01 - 01.00% 1 = -1.01or less	5
	Ensure days in AR are less than average of 55 throughout 2009.	Days in AR: 51	5 = 50 or less **4 = 51 - 53** 3 = 54 - 56 2 = 57 - 59 1 = 60 or more	4
			Average Score =	3.86

Impact/difficulty matrix

Once you learn to see and recognize waste, you will find waste *everywhere*. Projects will begin to come from all corners of the organization. These projects are opportunities for improvement. Sometimes in crisis situations, it is necessary for senior leadership to provide direction for project selection. PRHC uses the impact/difficulty matrix (see Figure 1.2) to prioritize these opportunities for improvement. If everything is important, then soon, nothing is. The matrix is an objective way to bring staff members together and align them with the organization's opportunities for improvement.

Staff members use sticky notes to jot down their frustrations or possible improvement areas, and then those notes are put into a quadrant depending on their impact and difficulty. From the group's work, projects can be prioritized and organized, and action plans can be formulated. Everyone thinks his or her specific frustration is a top priority; however, the matrix provides an objective, high-level view. It helps determine the impact of a certain project or process improvement on the facility, and the difficulty of implementing that project or process.

Sometimes organizations or middle managers pick "easy" projects so that they can provide a greater guarantee to senior leadership that the problem will be solved. Although such quick wins are essential to providing motivation when sustainability is required through bigger projects, short and easy projects may not sustain a change for the better, or completely fix the initial problem that required the project. If one of these faster or easier projects is something that the senior leadership team selects, that is okay—we as an organization have to understand why this may be a priority. However, when we select an extended project, one that requires more resources to accomplish improved outcomes, we can solve bigger and more important problems by implementing a wider range of Lean improvement projects. Large Lean projects use more than one tool, or use one tool multiple times to achieve improvements.

FIGURE 1.2	*Impact/Difficulty Matrix*

Use this matrix to help prioritize projects

High

IMPACT

3	4
1	2

Low

DIFFICULTY

Low ←————————————→ High
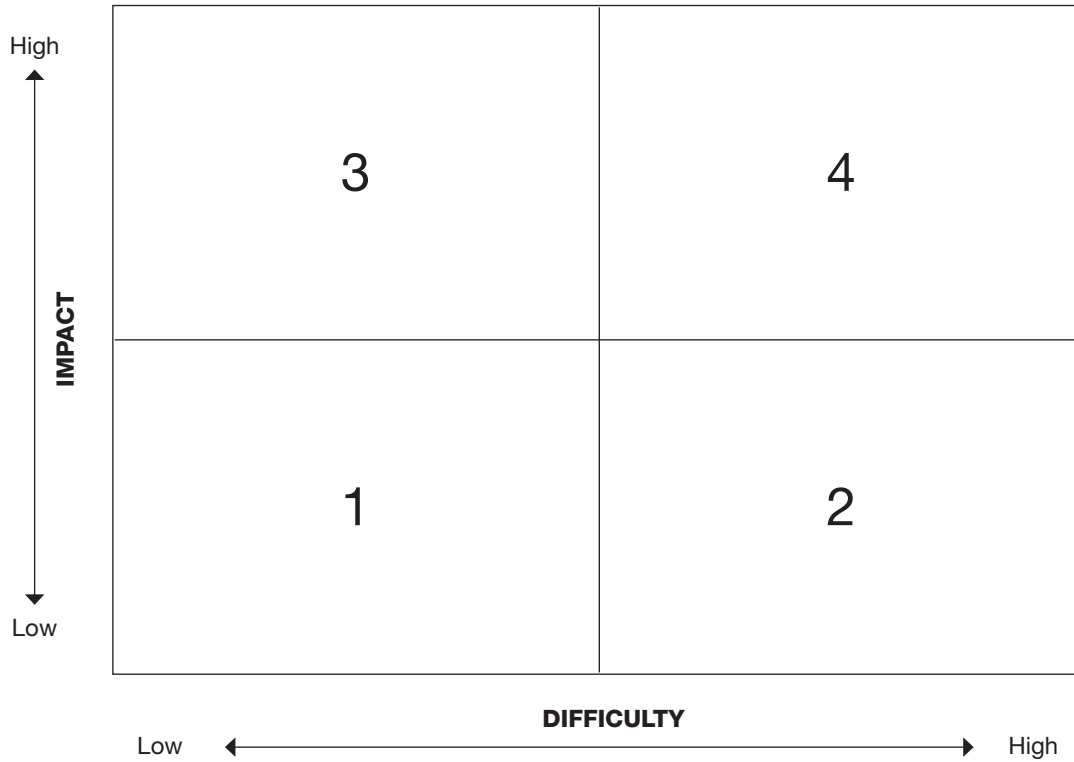
Matrix quadrant actions:

1. Just do

2. Projects to research and do

3. Projects to research and require more time

4. Projects to research and require capital resources

Reducing waste

Taiichi Ohno defined different forms of "muda," the Japanese word for waste, after spending hours and hours observing how work was really being done. Healthcare Performance Partners, a Lean Healthcare consulting company, has expanded Taiichi Ohno's original definitions of waste to form eight forms of waste, defined by the acronym DOWNTIME:[9]

D –	Defects
O –	Overproduction
W –	Waiting
N –	Not Clear (Confusion)
T –	Transport
I –	Inventory
M –	Motion
E –	Excess Processing

Following are some examples we have observed of each of these forms of waste:

- **Defects:** Healthcare-associated infections, insurance claims which have to be refunded and refiled because of late charges on the patient account, and any type of medication occurrence

- **Overproduction:** Making too many copies, asking the patient about his or her history more than once, and charting the same information in multiple locations

- **Waiting:** Patients waiting for the physician, staff members waiting for supplies to finish a task, and staff members waiting on other staff members to arrive to finish a task

- **Not clear (confusion):** Different ways to complete the same task, unclear health insurance coverage, and illegible handwriting; in other words, whenever there isn't a clear cue to begin the task

- **Transport:** Moving equipment, supplies, or patients from place to place when instead, the process should move to accommodate them

- **Inventory:** Too many ointment packets in the drawer, and when we checked expiration dates some were expired.

- **Motion:** Staff walking extra steps for supplies. Also, patients walking extra steps back and forth between departments or activities.

- **Excess processing:** Emails in which more people than necessary are carbon copied when there are only two or three people who need to see the email. Also, committees that require extra processing for themselves only, and not because of a standard or a regulation.

Since Lean has become more widely practiced in healthcare, two other forms of waste have been identified through Lean projects and process improvements:

- Unused human potential: Potential in workers that is not being fully recognized or utilized

- Mandated: Laws, regulations, and policies that cannot be changed but to which staff must adhere

In the book, *To Err Is Human*, based off of a study conducted by the Institute of Medicine in 1997, researchers concluded that "More people die in a given year as a result of medical errors than from motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516)." There are thousands of defects every year that must to be corrected. These defects not only cause patients to suffer, but also are estimated to cost $37.6 billion per year and create an increasing mistrust of the healthcare system.[10] Some of the statistics to come out of that landmark report include:

- 44,000 to 98,000 deaths per year.

- $37.6 billion in costs per year

- Preventable mistakes cost $17 billion to $29 billion per year

- Medical errors consume 10-15% of a hospital's annual operating budget

Change Management

Change is a part of life, and also a large part of moving to a Lean way of thinking. It is human nature to stay in an environment that is comfortable and familiar, even if it is a difficult environment. The unknown frightens people. Since the process of change is often challenging, it can lead to discomfort for many people. Change management is the human attempt to control and "manage" this change. The transition phases that occur with change can be mitigated if senior leadership has defined the organization's purpose and explicitly spelled out the benefits of the change to patients, employees, and the organization as a whole. If people understand the "why" behind a change, they are much more

likely to support it. There is a timing to the transitions which has to occur within your Lean journey to bring the collective knowledge and the whole organization forward.

Change management is a structured and strategic approach to transitioning individuals, teams, and organizations from a current state to a desired future state. When you work with a team or group of people, or even one individual, how you present and manage the transition can go a long way toward ensuring that the change is implemented successfully. Senior leadership needs to be leading the charge to move the initiative forward and provide direction and alignment with the organization's strategy. It is best to start small when beginning Lean improvement projects, because any mistakes you make will have less of an impact. Those mistakes are invaluable to a Lean journey, though. Each project thereafter will be better because of the lessons learned.

Change management involves using an ethical and professional approach with knowledge, common sense, and a well-planned system of organizational communication. Management should predict how each aspect of the transition will likely affect employee behavior and motivation, as well as work flow processes and financial and technological requirements. Senior leadership should manage the change process by anticipating the reactions of the staff and the community to seek their cooperation. They should also anticipate the financial and technological resources that will be necessary so that appropriate adjustments can be made to ensure that the change process is implemented.

To incorporate change management within the work flow process and make it a part of our daily lives is the challenge. People often forget to plan for this, because it takes time. Staff members have busy schedules personally and professionally. Incorporating change management within project management takes time and often some "soft cost" investment. However, effective change management will more than pay for itself by delivering a smooth transition. People will begin to appreciate and recognize this, and will seek out change management strategies when introducing a new initiative.

Change management depends on trust and honesty. To encourage trust and honesty the change management process should focus on revealing as much of the new environment as possible in order to minimize the "unknown" without promising things you cannot deliver. Effective change management should always be accompanied by a structured support process that assures people that they will not be alone when they have difficulty adapting to a change. The people within the new reality must never feel "unsafe" or "in danger." They need to have their basic human needs satisfied.

If you are able to make small changes using Lean improvement projects, and manage the changes effectively, you will develop the organizational values required to tackle the big improvement projects that are necessary. People will realize that you have integrity and honesty and that you really are proposing changes which will become improvements in their work flow processes. This will break down barriers and obstacles to future proposed improvements and changes. Effective change management and Lean improvement projects will provide proof that will change the minds of people who are reluctant to change, establish trust, and reduce resistance to change.

The golden rule of "Do unto others as you would have done unto you" comes to mind when talking about change management. Think about how you would prefer to be treated when going through a major change within your work processes. Each of us can reference a time in a past work life where change occurred and the management of the change was not handled appropriately. Or perhaps you have the great fortune of recalling a time when change occurred and the organization you worked for managed the change so appropriately that the transition was seamless, communication with employees was effective, and there was no "fallout" from the change.

Paradigm Shifting

"Paradigm shift" is a term first used by Thomas Kuhn in his book, *The Structure of Scientific Revolutions* (1962), to describe a change in basic assumptions within the ruling theory of science.[11]

In the late '90s, "paradigm shift" emerged as a buzzword that was popularized through marketing lingo, and began to appear more frequently in print. In his book, *Mind the Gaffe,*[12] author Larry Trask advised readers to refrain from using the term, and to use caution when reading anything that contained the term. "Paradigm shift" as a change in a fundamental model of events has since been widely applied to other areas of life as well, even though Kuhn used the term only in reference to the hard sciences.

A specific example of a paradigm shift we have often experienced at PRHC is when an employee has the opportunity to go and observe work in the "gemba." When the employee is able to go and experience someone else's work area, he or she is able to essentially "walk in the other person's shoes."

While working on a project between the hospital's physician clinic and the health information management (HIM) department regarding referrals, staff members got to experience another person's work.

When the physician clinic staff set up a referral with an out-of-house specialist, a form must be filled out and sent to HIM to release information to that referred specialist so that the patient's health information will get to the specialist's office in a timely manner, hopefully before the scheduled appointment. Frequently, the forms were incomplete, and either HIM or the staff person who filled out the form had to hunt for the missing information so that HIM could get the proper records to the correct specialist's office.

During the course of the project, an HIM technician had the opportunity to spend some time with the staff person in the clinic who was responsible for setting up the referrals, among other things. Although the technician spent only a few hours doing this, the opportunity greatly changed her view of how the clinic staff performed their work duties, and shifted her paradigm regarding the way the work was being completed.

Customer Satisfaction

How do quality and customer satisfaction relate? The quality of care given, even at the highest level possible, does not guarantee great customer satisfaction. How patients are greeted when they come to the facility and how they are treated while they are there are important parts of customer service. In Lean thinking, the customer, or patient, holds the most respected position. If there were no patients, there would be no business. Patients' comments and feedback are crucial and necessary for continuous improvement. Feedback is something which must be cultivated and specifically asked for. Within a Lean healthcare organization, the true purpose of working there is based on the value being delivered to the patient who is the customer. Therefore, it is critical that the organization receive customer feedback in order to provide value to the patient and to continuously improve. Another way to think of this is "What is the customer willing to pay for?" Patients don't want to pay for waiting and for defects. They want great quality with equally great customer service by their care providers.

The federal government has now given more weight to patient feedback through the use of the Hospital Consumer Assessment of Healthcare Providers and Systems. The results of this survey, which has been administered since 2007, are now public information on the Centers for Medicare & Medicaid Services' website, *www.hospitalcompare.hhs.gov*. For prospective payment hospitals, a percentage of Medicare reimbursement is now tied to patient perception. For example, if patients perceive a hospital to be "cleaner," they usually rate it as having a higher standard of quality.[13]

If no structured patient feedback system is set up, most patients will not offer feedback on their own. The exception to this is the 2% of patients who are extremely happy with their service and the 2% of patients who are extremely unhappy with their service. This small percentage of patients will speak up and offer their feedback to you whether you request it or not. However, the majority of patients will "silently" carry their feedback home with them—they will leave and not come back. More than likely, if the patient has a bad experience at your facility, you will not hear about it; however, the patient's community of family, friends, coworkers, and church members will likely hear the entire recollection.

The other "customers" to consider at your organization are the employees, and it's important to gauge their feedback as well. As is the case with patient feedback, if no standard feedback system is set up, you likely will not hear your employees' true perceptions of the organization and their jobs. Instead, if an employee is unsatisfied, he or she will leave and will not come back, and will inform everyone who will listen about the type of experience he or she had at your hospital. Many studies have found that employees often change jobs as a way to leave their immediate supervisor behind, and not because of reasons they give on their exit interview. To retain good people, organizations must see that their employees are respected and are given the resources they need to perform their work, but also must truly listen to their employees.

As stated before, personally obtaining feedback is a skill that can be developed. Patrick Graupp and Robert Wrona offer "Six Tips to Get Opinions and Feelings" in their book, *The TWI Workbook: Essential Skills for Supervisors*:[14]

- **Tip 1:** Don't argue. Do you ever satisfactorily settle anything by an argument? When emotions are charged, the mind is clouded, and arguing doesn't lead to the real causes of the problem. Arrange to meet later in the day at a specific time.

- **Tip 2:** Encourage individuals to talk about what is important to them. It takes a lot of encouragement to get people to talk about what is important to them.

- **Tip 3:** Don't interrupt. When you are telling a story and someone interrupts you, do you feel like continuing?

- **Tip 4:** Don't jump to conclusions. A good supervisor avoids the temptation to do this and tries to gather all of the facts.

- **Tip 5:** Don't do all the talking yourself. It is tempting to want to try to fix other people's problems, thinking that we know what's wrong with them based on our own experiences

or background. However, because each person is unique, we cannot assume that we know all the answers.

- **Tip 6:** Listen. Good communicators are always good listeners, and a good supervisor knows that the best way to get facts about an employee's feelings and opinions is to listen.

No matter what the project is, good and valuable change will happen if there are good people who want to make things better.

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LEAN
Healthcare
in Action

A Practical Guide to
Streamlining
Processes

Sarah Cottington, BS, RHIT, CPHQ

Shawna Forst, BA

Implement Lean principles to create better, more streamlined processes, and save money and time at your facility. Two Lean healthcare experts share case studies of how these processes made an impact at their organizations. Even the most financially strapped hospitals will discover effective strategies to improve project efficiency, enforce accountability, and maximize the potential of every individual in the organization.

- Identify ways to make smaller projects more efficient, allowing more time to address larger issues
- Streamline processes by training staff on the basic Lean concepts
- Illustrate to management the usefulness of the Lean framework in a healthcare setting
- Apply Lean principles to areas that require immediate attention in your facility, such as admissions

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