

Welcome!

Lean for Clinical Redesign Participants

Presented by

Christian Rasmussen, MS, OTR
chrrasmu@umich.edu

For the Jackson Physicians Alliance



Today's Agenda

- **Why We Are Here**
- **Lean Thinking in Primary Care:
An Overview**
- **Lean Thinking in Action**

Why We Are Here

“There is no other work that goes to the heart of improved care – more than what you are doing today””

**Dr. Rick Ward,
BCBSOM Medical Director**

Why We Are Here

“Every quality improvement starts with a problem.”

Steven Spiers

“No problem is **BIG problem”**

Lean Mindset

Why We Are Here

“What’s the Problem?”

“The gap between where you are today, and where you want to be”

Why We Are Here: Voices of Other Practitioners

“....Utilization rates for preventive services remain low....

Why We Are Here: Voices of Other Practitioners

“....Routine referrals from Primary Care Physicians (PCP) to Referral Care Specialists (RCP) are not done in a timely manner...communication is not optimal...

-delays, frustrated providers, staff and patients, no-shows, phone tag....”

Why We Are Here: Voices of Other Practitioners

“.... Uneven application of diabetic template by PCP putting patient population at risk for

- under-treatment,**
- co-morbidity,**
- higher LDL levels,**
- preventable ED visits & hospitalizations...”**

Why We Are Here: Voices of Other Practitioners

“.... Staff is unable to ascertain the extent or the reasons for lack of patient adherence...”

Why We Are Here: Voices of Other Practitioners

“.... we simply did not ever design a process to care for our complex patients any differently from other patients....”

Lessons Learned:

Annals Of Family Medicine, May / June 2007

•36 clinics:

18 Self-Directed versus

18 Facilitated

Lessons Learned:

Annals Of Family Medicine, May / June 2007

- **Change is hard**
- **A Personal Transformation for the Doctor**
- **Monitor Change Fatigue**
- **External Support for Clinic Change**

Lessons Learned:

Annals Of Family Medicine, May / June 2007

- **A Developmental Learning Process**
- **Learn to Learn**
- **Realistic, Contained and Sustainable**
- **Assure Financial Resources**
- **Have a Practice Technology Plan**

Lean for PCMH: Overview

“...Lean thinking and true patient-centeredness are not just compatible; they are at heart, the very same thing.”

Donald Berwick, MD

Defining Lean

“The endless transformation of waste into ***value***”

Jim Womack

“A set of concepts, principles and tools used to create the most ***value***, *from the patient’s perspective*, while consuming the fewest resources”

LEI

Defining Value

For the patient:

“I receive exactly the health care I need, when and how I need it”

Adapted from Gregg Stafanek, DO

For the staff:

“I have what I need to do my job, when and how I need it”

From the Perspective of the Patient:

Video: On patient response to PCMH

In this video, patients of St. Joseph Mercy physician practices describe how the patient centered medical home affects self-management of their diabetes.

<http://leanforclinicalredesign.org/resources/videos/>

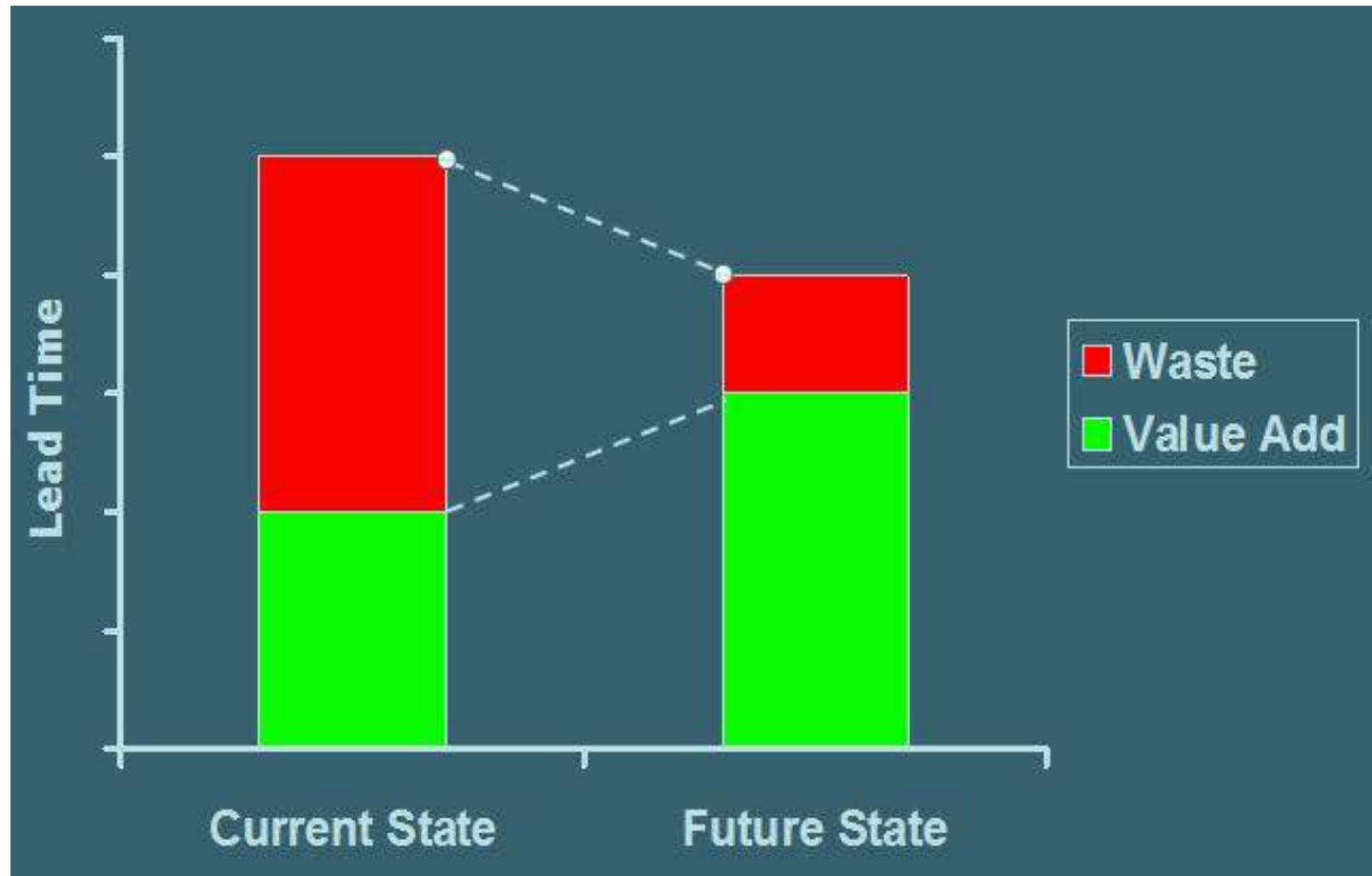
Defining Value: PCMH Capabilities

- 1- Patient Provider Partnership
- 2- Patient Registry
- 3- Performance Reporting
- 4- Individual Care Management
- 5- Extended Access
- 6- Test Tracking

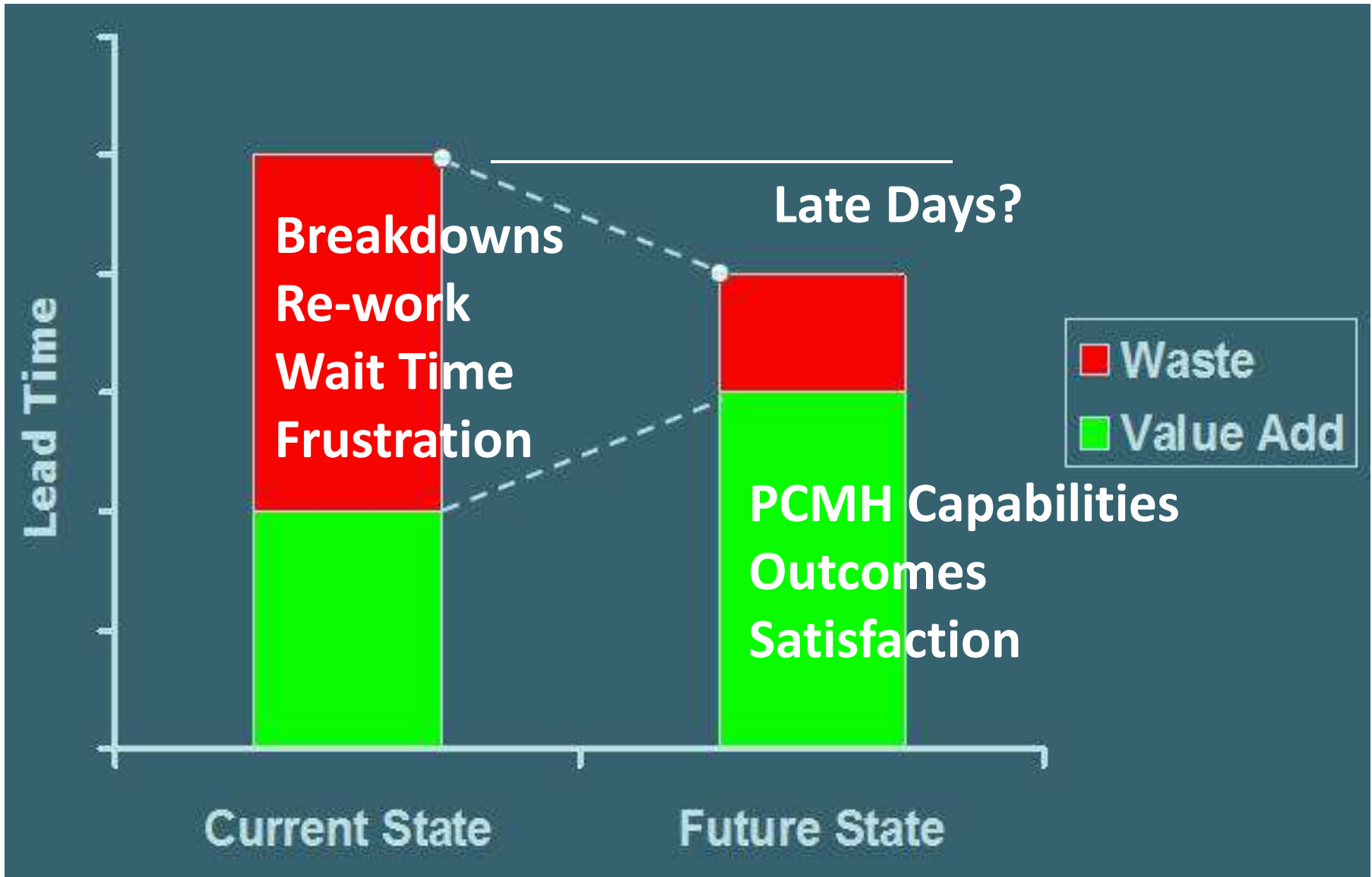
- 8- E-prescribing
- 9- Preventive Services
- 10- Linkage to Community Services
- 11- Self Management Support
- 12- Patient Web Portal
- 13- Coordination of Care
- 14- Specialist Referral

Building in More Value

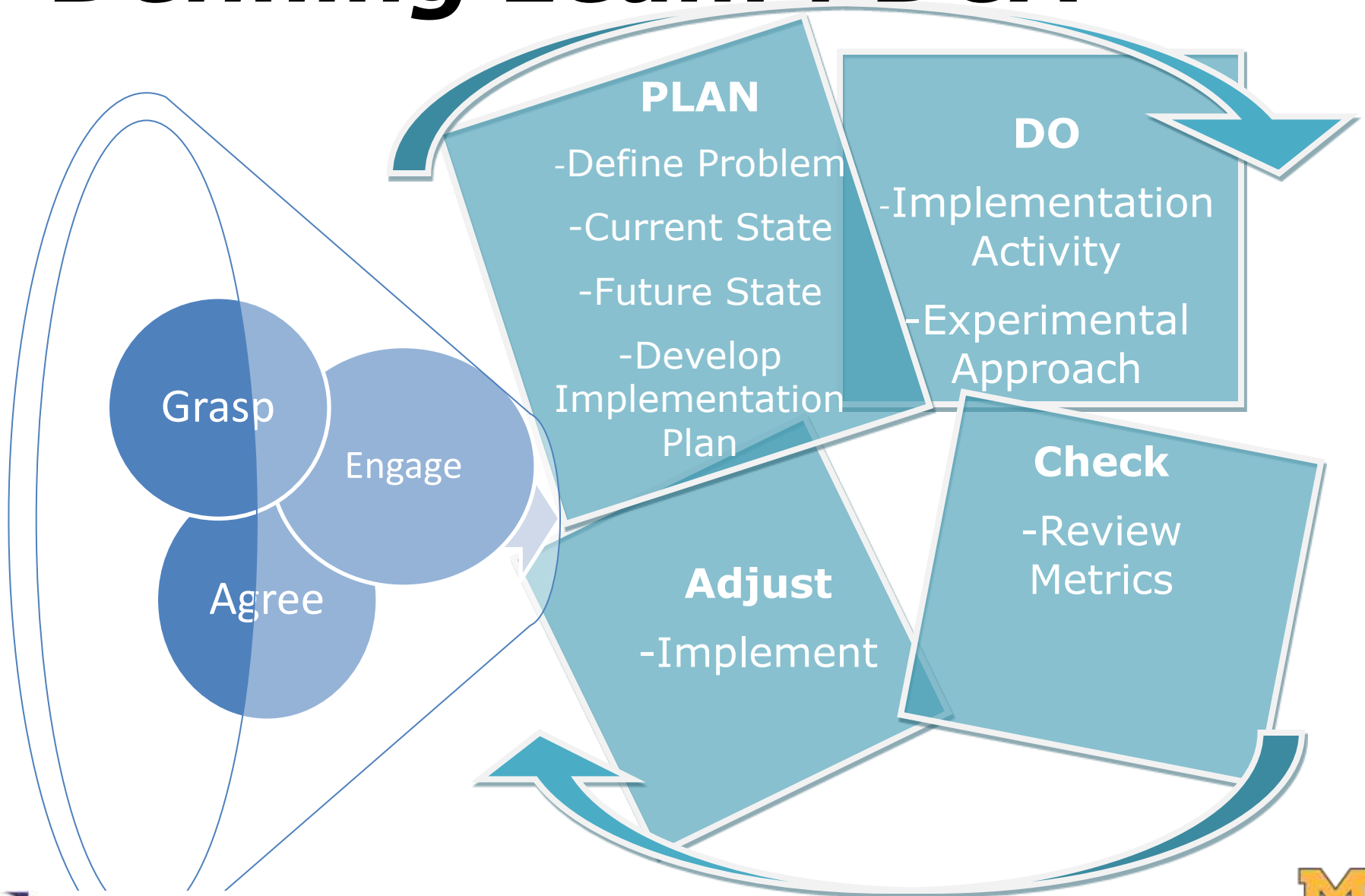
Lean
reduces
waste
and
builds in
value



Building in More Value

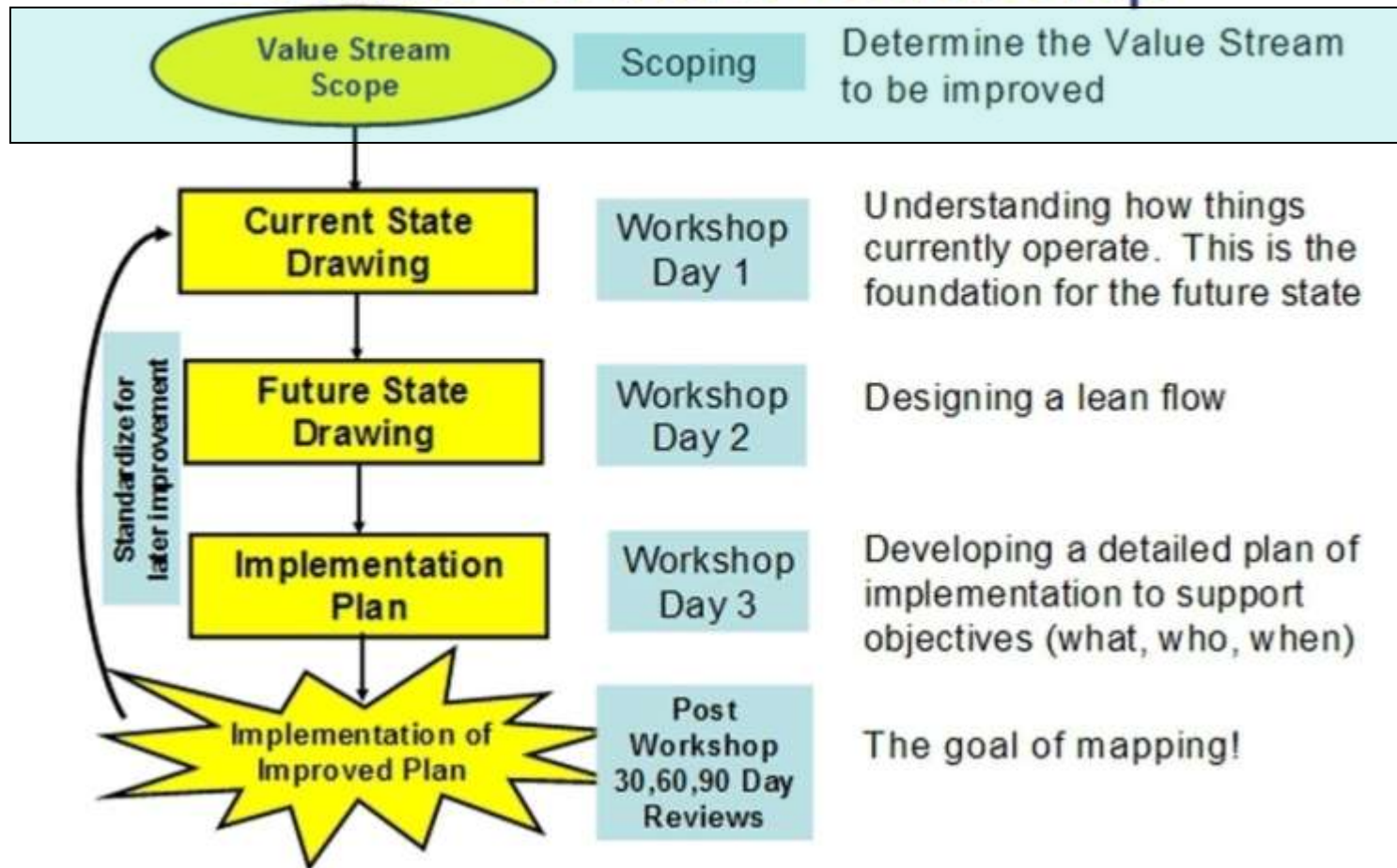


Defining Lean: PDCA



Lean & Clinical Redesign: Process Phases

Value Stream Workshop



Getting at the PCMH Gap

- **Are we consistently managing a patient registry?**
- **What do we do well?**
- **Where do we have breakdowns?**
- **What do we want to improve on?**
- **Is there a gap between best practice and our provision of care?**

Lean Cycle Objectives

- Identify Problems
- All members of the clinic engaged
- Define a future state - higher quality of care and reduced waste
- Create a plan
- Achieve the plan
- Sustain the PDCA cycle of improvement



Lean Cycle Objectives

“.... we simply did not ever design a process to care for our complex patients any differently from other patients....”



Day One Agenda

- 8:30** Participant Update, Expectations and Introductions
- 9:00** Review of Lean and Value-Stream Mapping
- 9:45** How to draw a current state map
- 10:15** Group Activity: Drawing a Current-State Map for *Jax Tax*
- 10:45** Drawing a Current-State Map for your VSI project
- 12:00** Lunch
- 12:45** Drawing a Current-State Map for your VSI project (cont.)
- 3:00** Current-State Map Report and Discussion
- 4:00** Problems with the Current-State Map
- 3:40** Reactions to Day 1 – Next Steps
- 4:00** Adjourn

Day Two Agenda

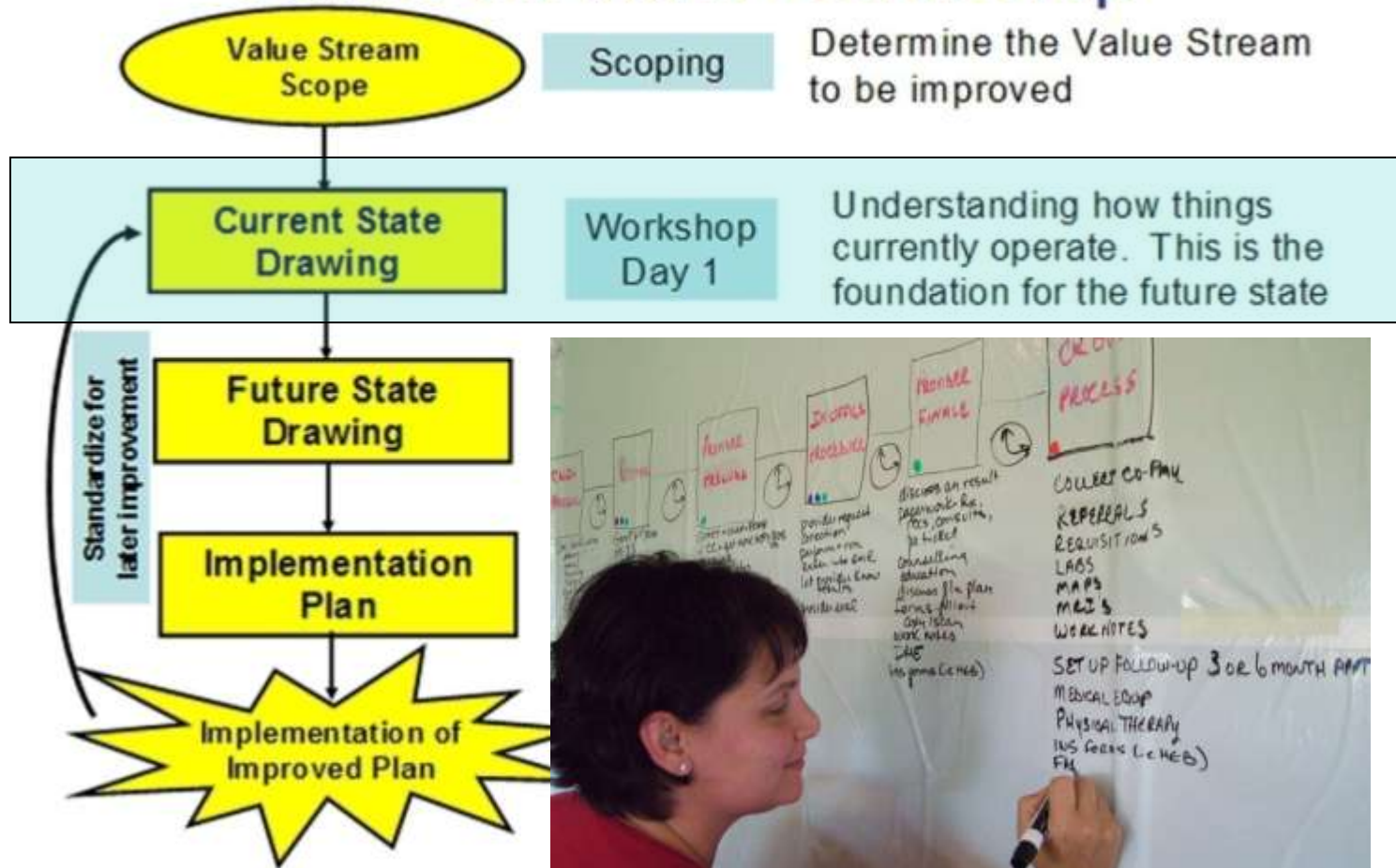
- 8:30 am** Reactions to Day 1
- 8:15** Prioritize Current-State problems and opportunities
- 9:30** Break
- 9:45** Introduce steps for Drawing the Future-State Map (cont.)
 - Begin Drawing the Future-State Map**
- 11:45** Lunch
- 12:45** Drawing the Future-State Map (cont.)
- 2:00** Future-State Map Reports and Discussion
- 2:30** Prepare for Report Out Panel
- 3:00** Present to Report Out Panel
- 3:50** Reactions to Day 2
- 4:00** Adjourn

Day Three Agenda

- 8:30 am Reactions to Day 2 & Report out Concerns**
- 9:00 Introduction to Planning**
- 9:30 Implementation Planning**
- 12:00 Lunch**
- 1:00 Managing Implementation**
- 2:00 Prepare for Decision Panel**
- 3:00 Present to Report Out Team / Panel**
- 3:50 Reflections and Wrap-Up**
- 4:00 Adjourn**

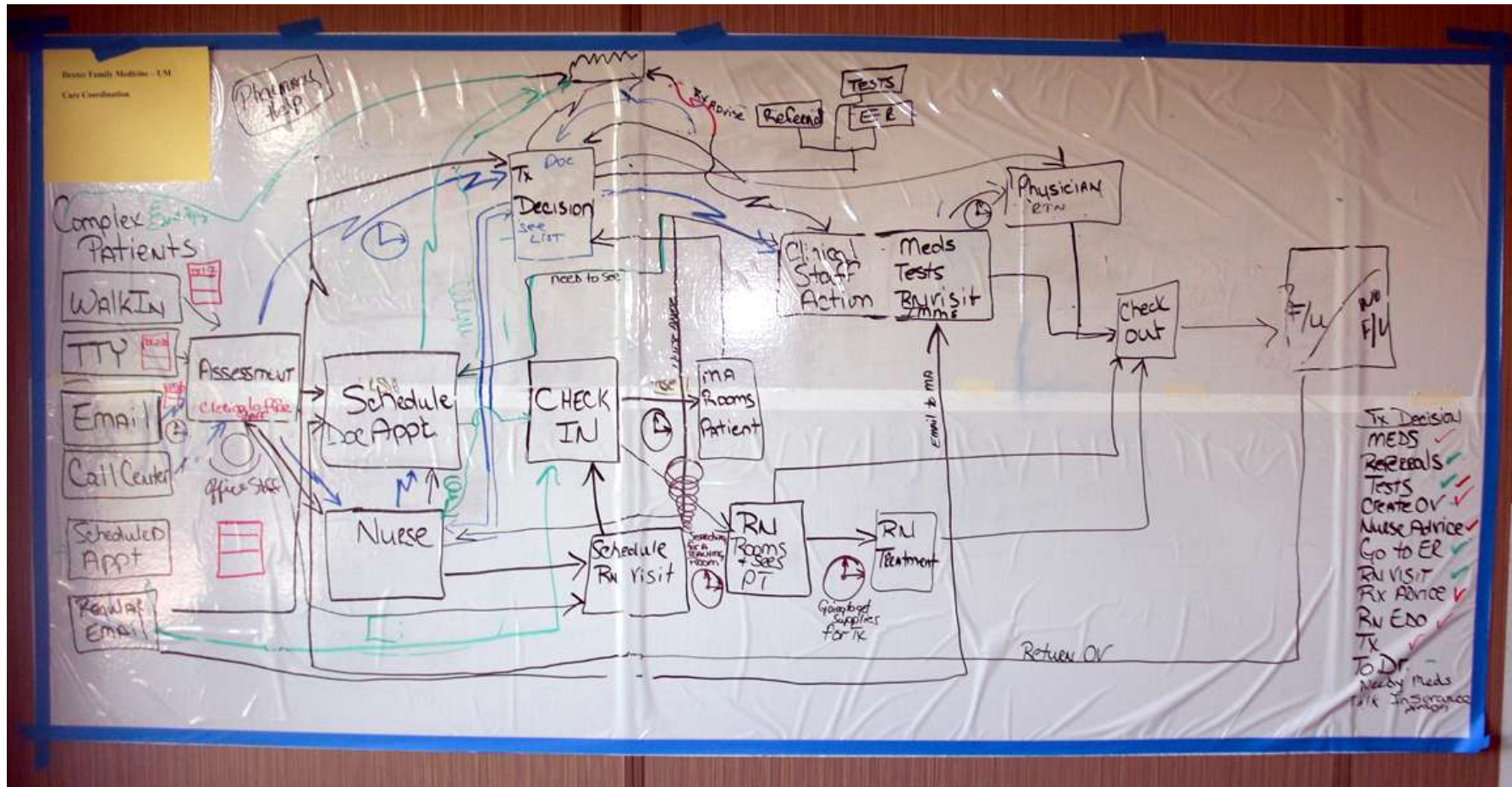
Lean & Clinical Redesign: Where We Are in This Process

Value Stream Workshop



Current State Value Stream Map

An Enabler to Identify the Problems



Learning to See Waste: Eight Forms of Waste in Healthcare

Defects: Producing and Correcting

- Missing or incomplete information, (ie, insurance, reason for appointment, equipment missing, medication errors, wrong patient, wrong procedure, blood re-draws, misdirected results, wrong bills,
- Rework of any process

Overproduction and Production of Unwanted Products

- The most important form of waste – worsens all the others
- Syringes filled with flu vaccines – before required
- Testing and treatment done ahead of time to suit staff schedules and equipment use, medication given early

Waiting

- Patient waiting for prescriptions, check in or out or appointment
- Waiting for test results, records, information, equipment
- Physician waiting for patient
- Nurse waits for meds, blood draw, transport, OR cleaning

Not Utilizing the Creativity and Talent of All Employees

- Unwillingness to consider an idea and experiment with that idea
- Limiting the opportunity for all people to be problem solvers

Learning to See Waste: Eight Forms of Waste in Healthcare

Transport: Movement of Materials

- Moving equipment, specimens, samples, meds, faxes, patients

Inventory

- Supplies, pharmacy stock, test kits, lab supplies, specimens awaiting analysis,
- Expired supplies that must be disposed of yet still stocked

Motion: Movement by Workers

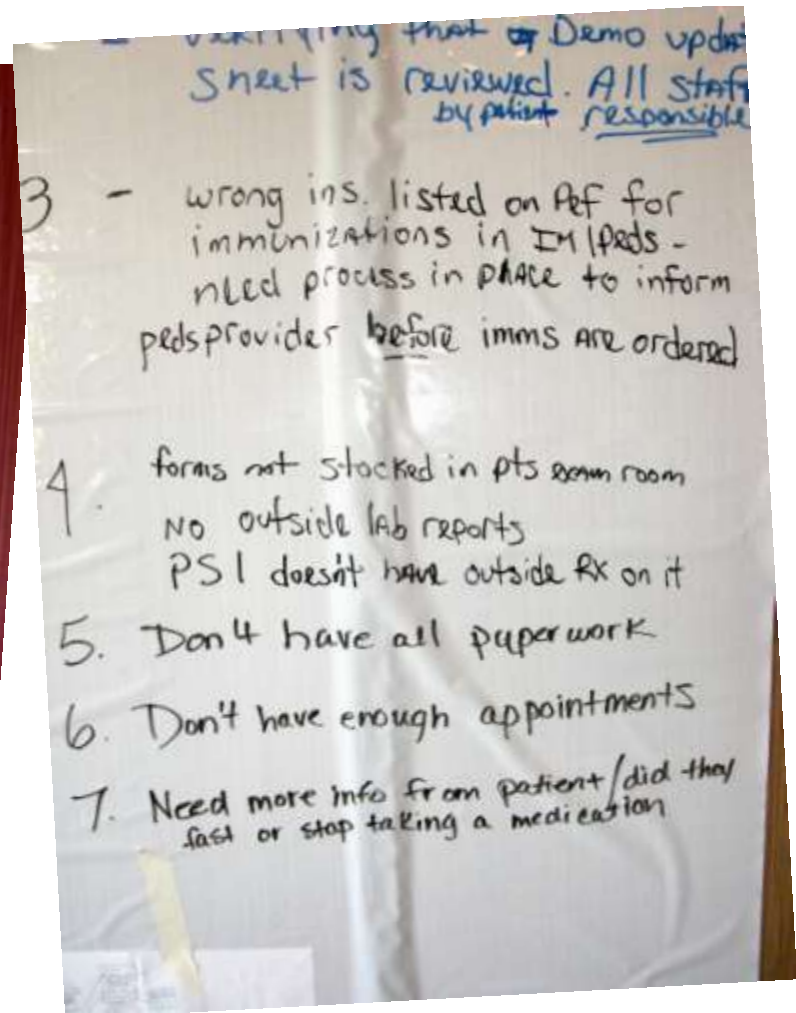
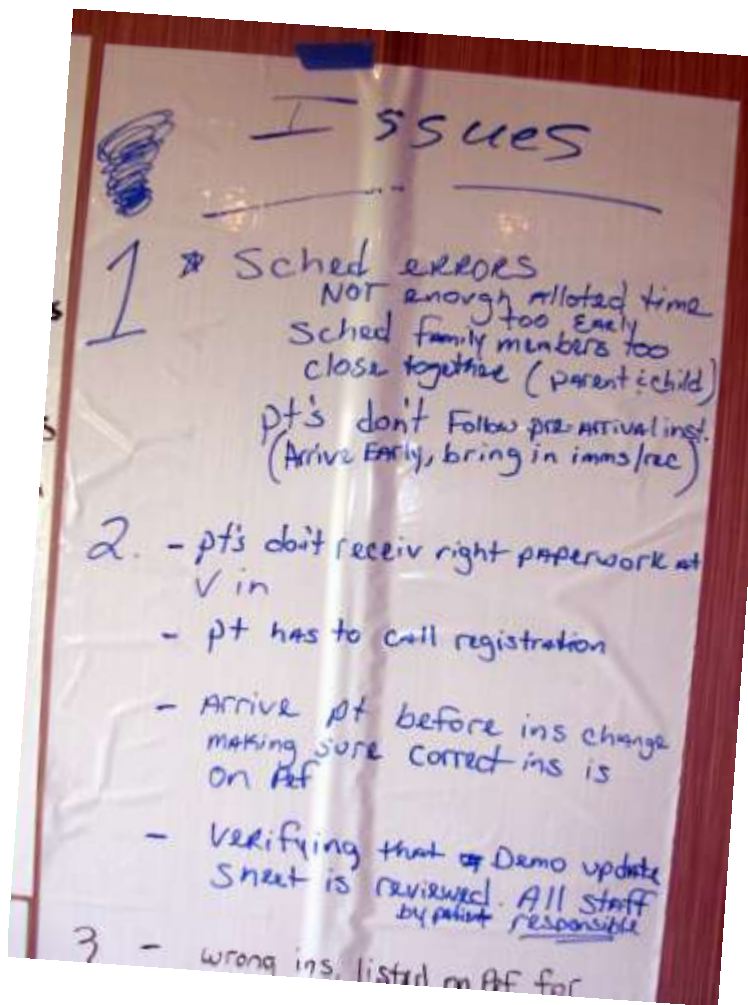
- Searching for charts, supplies, paperwork, patients, meds
- Poor layout causing unnecessary walking, long clinic halls
- No printer in exam room for prescriptions, long walk to fax machine that results in movement as well as batching, patient education materials not in exam room

Extra-Processing

- Time/date stamps on forms but never used, multiple consent forms, repeat paperwork, retesting, repeat registration, repeat visits for lab results, charge tickets, bed moves

Current State Value Stream Map

An Enabler to Identify the Problems



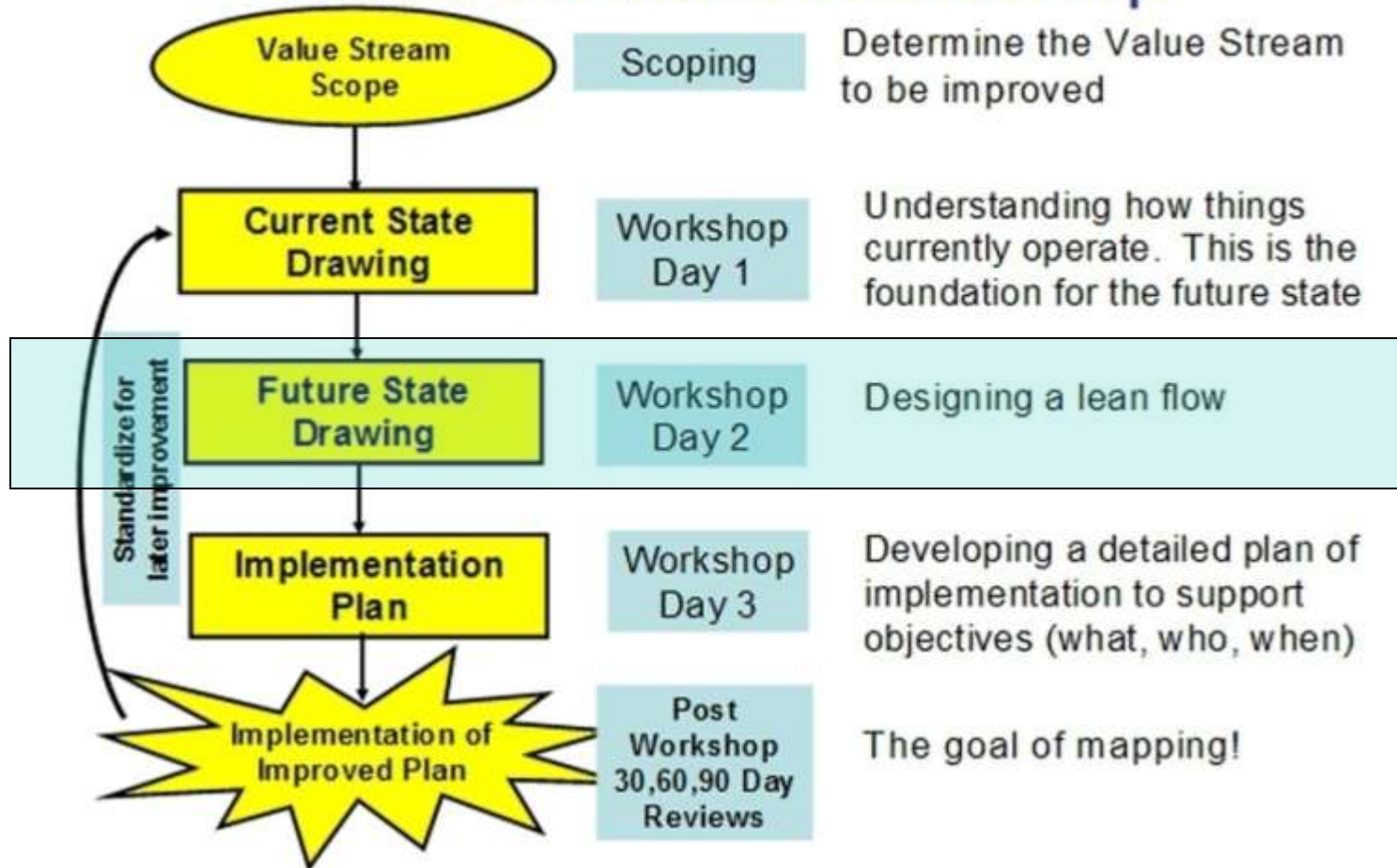
Lean Cycle Objectives

- Identify Problems
- **All members of the clinic engaged**
- Define a future state - higher quality of care and reduced waste
- Create a plan
- Achieve the plan
- To continue the PDCA cycle of improvement



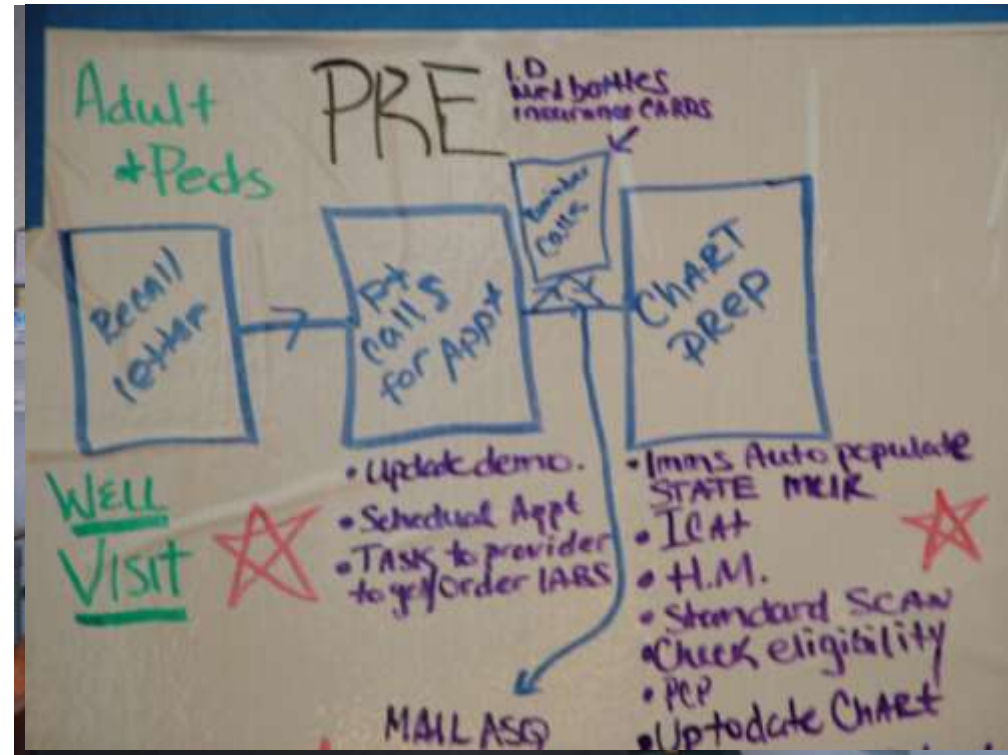
Lean & Clinical Redesign: Process Phases

Value Stream Workshop

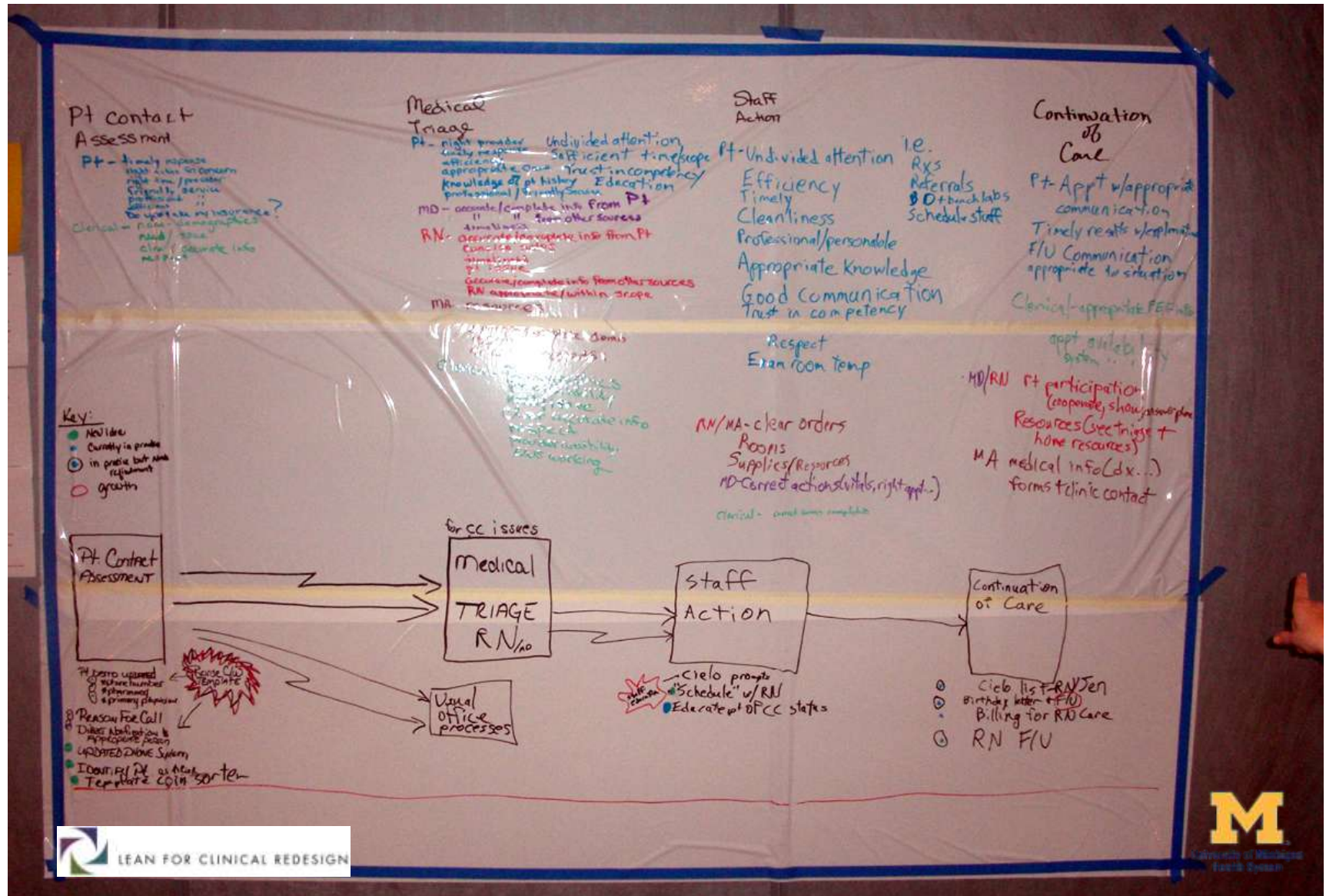


Lean Cycle Objectives

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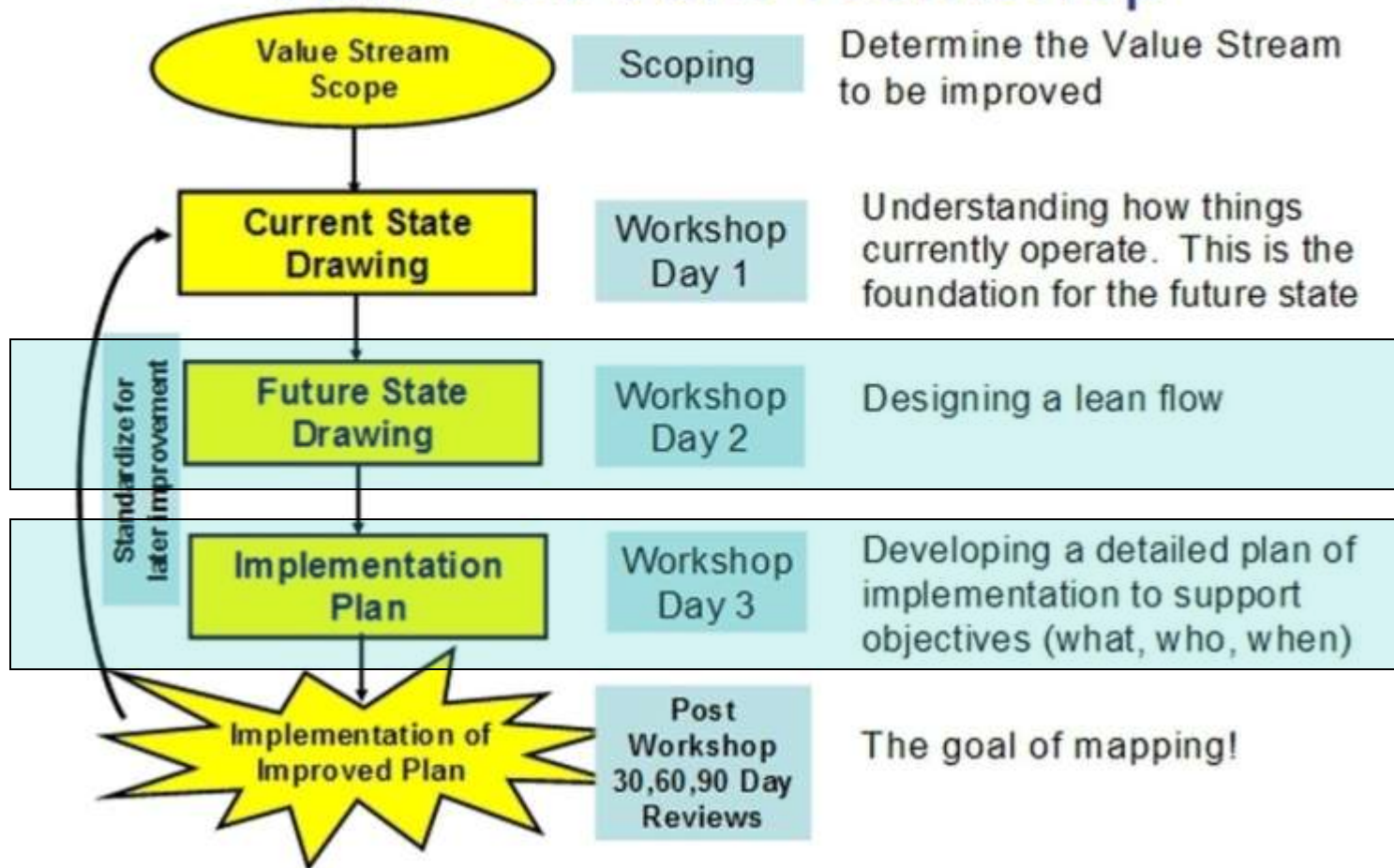


From Current State to Future State



Lean & Clinical Redesign: Process Phases

Value Stream Workshop



Lean Cycle Objectives

- Identify Problems
- All members of the clinic engaged
- Define a future state - higher quality of care and reduced waste
- Create a plan
- **Achieve the plan**
- To continue the PDCA cycle of improvement

Action Register

Clinic Name _____ Date: _____

Goal # _____

Change: _____ Purpose: _____

PCMH Capability(s) Addressed _____ Updated : _____

	Tasks /Actions & Targets	Metric Numerator / Denominator	Start Date	Completion	Responsible	Status	Barriers/Strategies/Comments
a.							
b.							
c.							
d.							

Action Register

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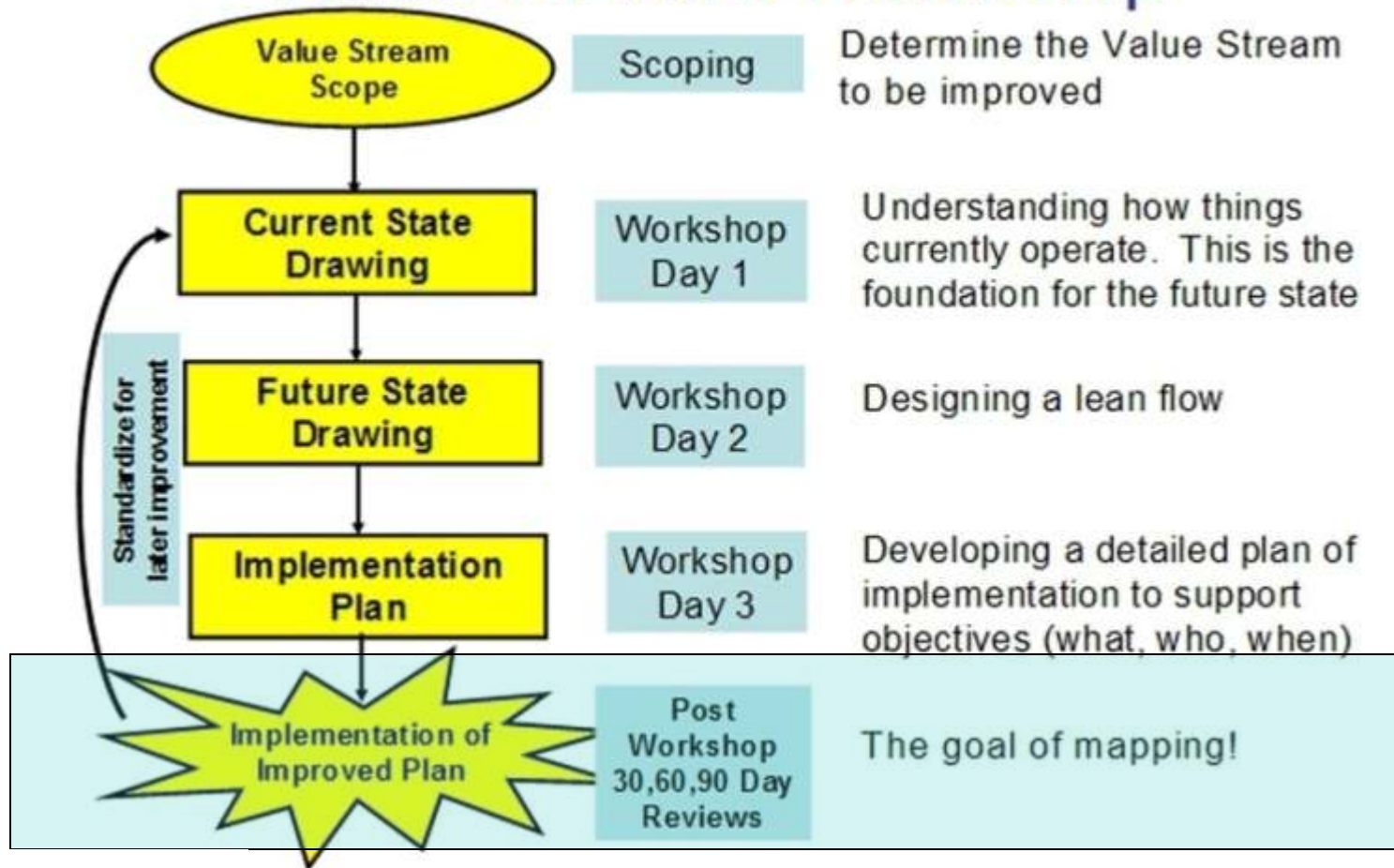
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Lean & Clinical Redesign: Process Phases

Value Stream Workshop



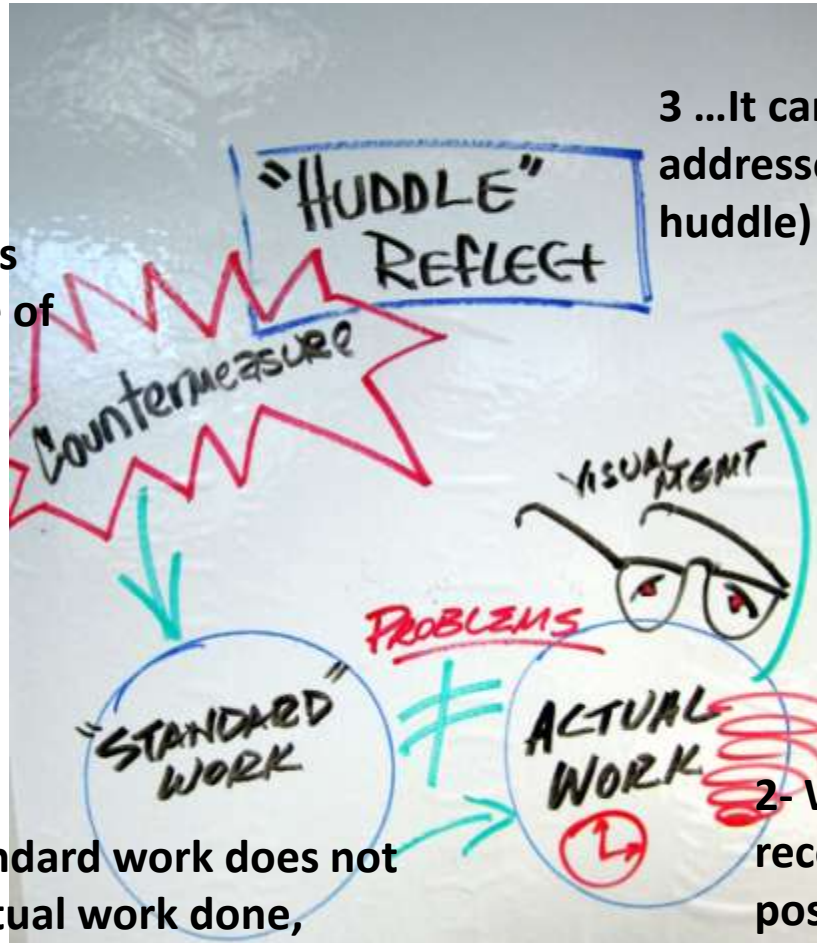
Lean Cycle Objectives

- Identify Problems
- All members of the clinic engaged
- Define a future state - higher quality of care and reduced waste
- Create a plan
- Achieve the plan
- **To sustain further PDCA cycles of improvement**



Sustaining the Cycle of Improvement

4 ...A new experimental countermeasure is applied, in a cycle of team-based, continual improvement

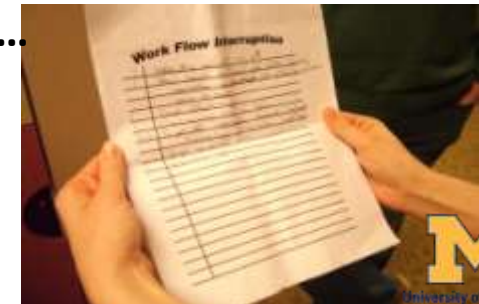


3 ...It can be reported and addressed quickly (via team huddle)

PROBLEN NAME	MONDAY	TUESDAY	WEDNESDAY
David Miller	✓ 18/18	✓ 14/14	✓ 14/14
Wendy Chapman	✓ 18/18	✓ 7/7	✓ 11/11
Jeff Pearson	✓ 19/19	✓ 11/11	✗
Sharon Miller	✓ 16/16	✓ 7/7	✓ 7/7

1- When standard work does not equal the actual work done, That equals a problem!

2- When the problem gets recorded and tracked and posted...



Next Steps?

- **Have a conversation**
- **Visit L4CR.org**
- **Discuss opportunities / work flow problems with your team**

The background of the slide is a light blue, semi-transparent image. It features a stethoscope in the lower-left quadrant and a computer mouse in the upper-right quadrant. The stethoscope's chest piece is prominent, and the mouse is partially visible. The overall aesthetic is clean and professional, typical of a corporate or educational presentation.

Next Webinar is TBA

Please continue to check your email
for the next webinar training session