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# *Eastern Maine Medical Center™*

*Inspiring confidence in care*

*Bangor, Maine*



# Journey toward Excellence

**Introduction to EMMC**

**When and Why we began this journey**

**Our strategy for Change: Tri-fold approach to Lean**

**EMMC's experience with aligning Lean with Studer  
Tactics**

**Successes to date**

**Lessons Learned**



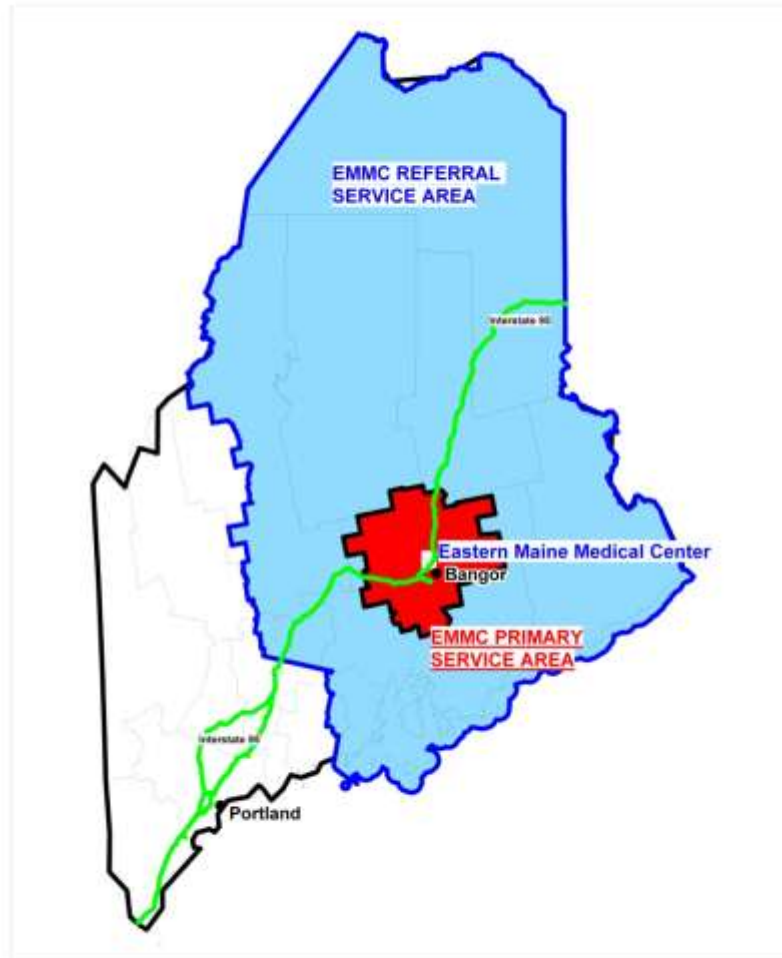
# EMMC Organizational Profile

411 licensed beds  
3,600 employees  
540 medical staff  
20,000 admissions  
40,000 ED visits  
17,000 surgical cases  
\$600 million net revenue

Our Mission: Eastern Maine Medical Center provides exceptional primary and specialty healthcare with a passionate pursuit of excellence in patient safety, clinical quality, and service. Our mission is to care for patients, families, communities, and one another.



## EASTERN MAINE MEDICAL CENTER SERVICE AREA



Prepared by EMHS Planning Dept. 10/17/11

EMMC TSA 2011.wor

# How do you move such a large organization?



How do you stay nimble?

# What is Lean?

## Definition:

- Method of process improvement that looks at processes from the perspective of what is “value-added” for the customer



# Lean--A Different Perspective

What do YOU see?



# Now what do you see?



# What's in YOUR Toolbox?





# What *Lean* “isn’t” ...



# Culture of Excellence

People



Service



Quality  
(including Safety)



Finance



Growth



Community



# Culture of Excellence

People

Service

Quality  
(including Safety)

Finance

Growth

Community



Tools /  
Strategies

Team Structure

Lean

Innovation

Information Technology



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TOGETHER We're Stronger

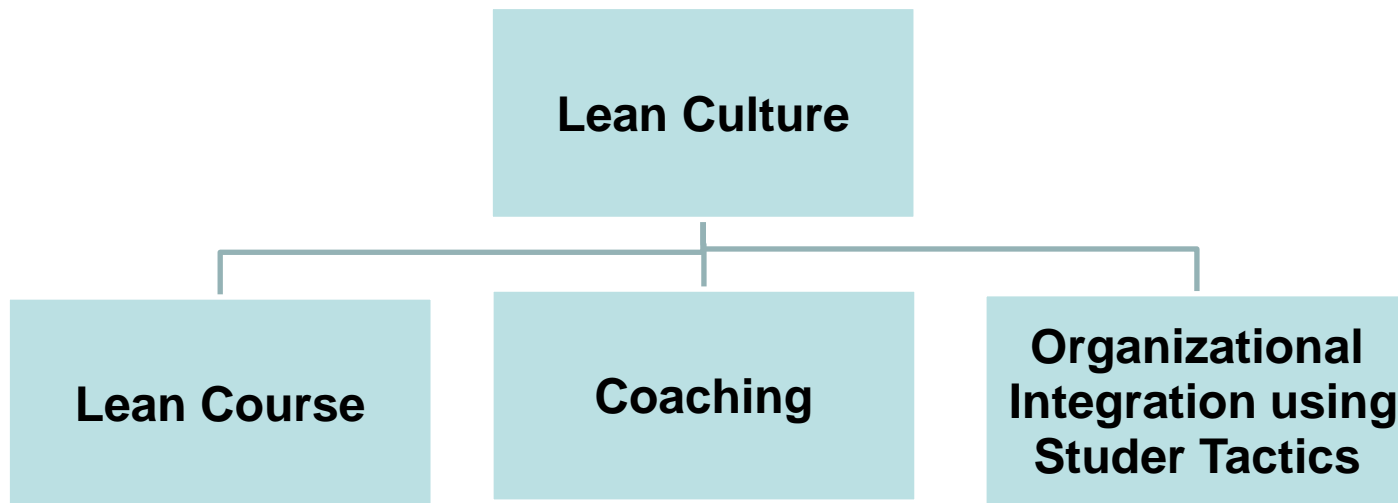


***“Vision without  
execution is  
hallucination.”***

***Thomas Edison***



# Creating a Culture that's Lean



# Course work at EMMC

- EMMC Employees with Lean Training:
  - 82 Lean Intensive Course graduates to date (6 full day curriculum)
  - All 350 EMMC leaders have received 4-10 hours in basic lean concepts and waste identification through presentations at Leader Workouts
  - 2000+ employees received an introduction into basic Lean concepts through presentations at the June 2010 Employee Updates
- Number of current projects:
  - 54 Lean projects currently in progress



# Coaching

- Focused work directed by the Strategic Plan
- Supported by 20 hr of Project Manager
- Quarterly reporting of results to Senior Team



# Organizational Integration

- Employee Forums
- Leader Rounding: key question on rounding log
- Leadership Evaluation Manager: 90 Day Action Plan
- Quarterly Presentation of measures and progress at Senior meeting
- Leadership Development Institute:
  - Formal Presentation
  - Story boards



# Execution Framework *Evidence-Based Leadership<sup>SM</sup>*

TOGETHER WE ARE STRONGER

Foundation

Breakthrough

STUDER GROUP®:



### Aligned Goals

- ▼ Implement an organization-wide staff/leadership evaluation system
- ▼ Create process to assist leaders in developing skills and leadership competencies

### Aligned Behavior

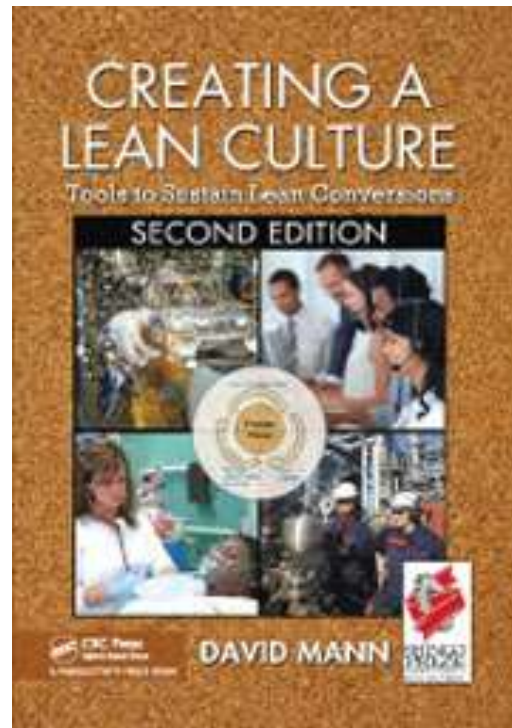
- ▼ Agreed upon tactics and behaviors to achieve goals
- ▼ Re-recruit high and middle/solid performers
- ▼ Move low performers up or out

### Aligned Process

- ▼ Processes that are consistent and standardized
  - ▼ Process Improvement
  - ▼ PDCA
  - ▼ Lean
  - ▼ Six Sigma
  - ▼ Baldrige Framework
- ▼ Software



# Cultural Integration through Lean Leadership Model



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TOGETHER We're Stronger





# Example:

## Cardiac Cath Lab and Electrophysiology Lab



# Why Did We Want/Need To Do Lean in Our Cath Labs & Electrophysiology (EP) Labs?

- Inefficient processes
- Patient complaints
- Physician & staff complaints regarding patient flow
- Staff overtime due to process inefficiencies
- Culture with was very resistant to change
- A culture that truly believed nothing would ever change

# What Were Our Barriers

- Resistance to change
- Leaders/staff did not believe we could ever change their work environment
- Staff believed “Lean” meant a loss of jobs
- We were right-sizing our organization at the time we started our Lean journey

# Goals

- Change our culture from one of resistance to change to one of:
  - » Patient and service focused
  - » Open to change
  - » Open to Lean opportunities throughout our patients' continuum
  - » Accountable
- Increase patient, physician and staff satisfaction



# Focus

1. Decrease lead time from arrival to hospital to foot in Cath Lab
2. Improving patient satisfaction
3. Increasing physician satisfaction
4. Improving staff satisfaction

# Key Stakeholders

- Patients
- Physicians
  - Hospitalists/Cardiologists
  - Referring Providers
- Staff
  - Transfer Center Staff
  - Cath Lab Staff
  - Electrophysiology Lab Staff
  - CCU/CSU Staff
  - Transport
  - Project Management
  - Leadership



# How Did We Make This Work?

- Completed Lean Course
- Conducted Multidisciplinary focused meetings
- Included Physician champions
- Shared Results at Staff and Leadership Meetings
- Established a Cath Lab Efficiency Workgroup

# Issues Addressed

- Challenges with the electronic hemodynamic data system
- Electronic orders not being initiated by physicians (Hospitalists vs. Cardiologists)
- Need for a pre Heart Cath/EP checklist
- Need to standardize process for referral of cardiac patients coming to EMMC

# Interventions

1. Development of EP Huddle
2. Change in Transfer Center process for patient readiness
3. Accountability board in EP
4. Cath Lab electronic schedule to go live in November
5. Standardized checklist completed with improved patient readiness
6. Stream-lined all documentation processes to avoid redundancy
7. Quick change at first by identifying “low hanging fruit” and fixing these issues



# Results

1. Improved physician/staff satisfaction
2. Wait time decreased
3. Improved team work
4. Early engagement and buy-in of staff in Lean work

# Benefits

1. Staff become problem solvers
2. Feedback from leaders
3. Ownership for processes
4. Celebrate and reinforce what is working
5. Unintended benefits
  1. Increase staff morale
  2. Problems don't "fester"; they are brought to huddle and resolved/discussed
  3. Plan of the day together
  4. Open communication

# Clinical Supervisor comment:

*“I never believed this culture would ever change.....but it is changing.”*



# Four Examples of How it Works:

- 1. Daily EP Huddle**
- 2. Tracking Sheet**
- 3. Turnover Time**
- 4. Accountability Board**

# 1. EP Huddle

- Implemented on 4/4/11
- How it works...
  - Daily huddle at 7:10 am for all staff scheduled that day, including charge nurse/department head
  - Review previous day's issues and successes
  - “What improvements can we make **TODAY**?”

# EP Video



# Daily Huddle

“What were the issues yesterday?”

“What can we do about them today?”



7 min!

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- **Secret to Huddle Success**

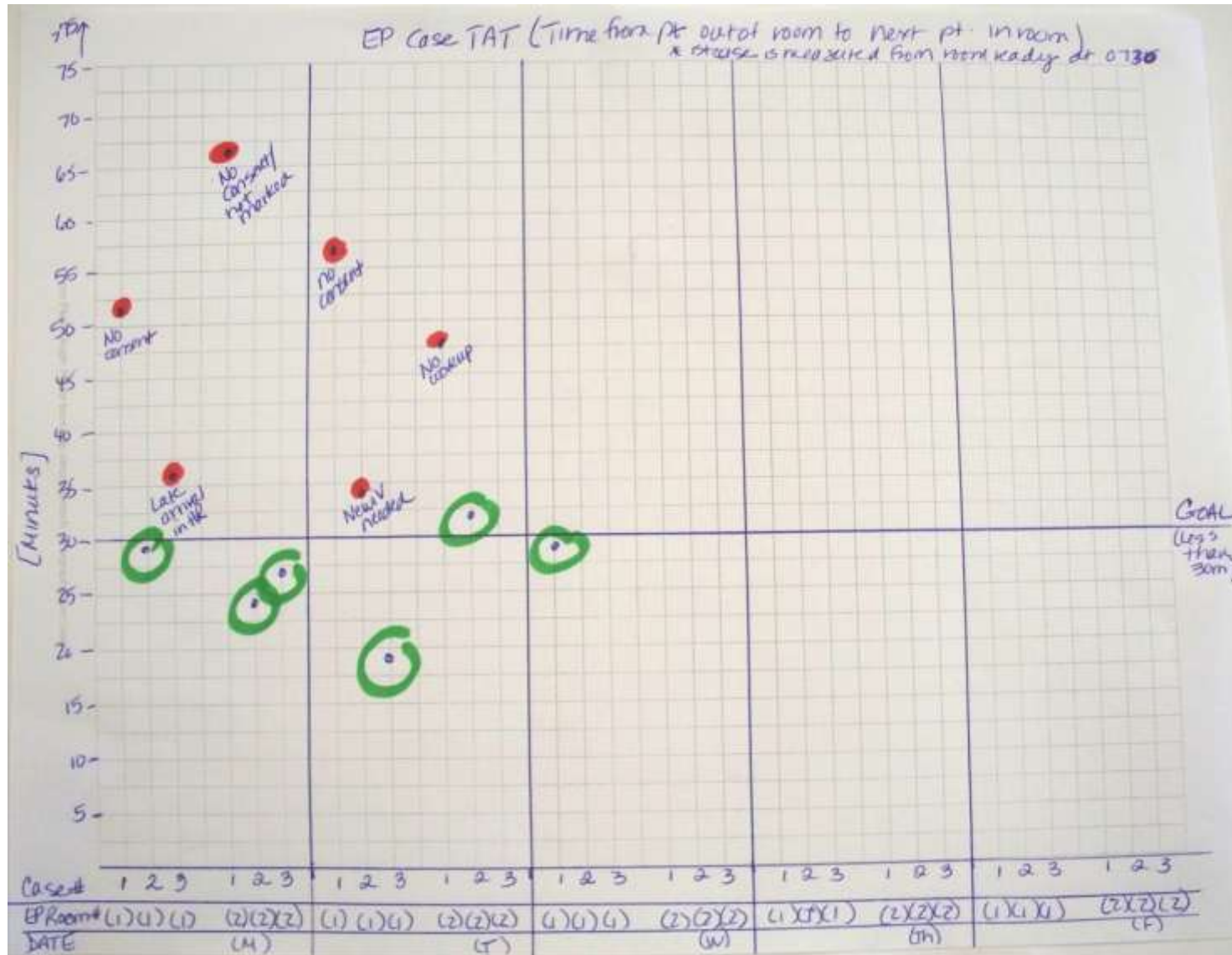
- Focused, action oriented agenda
- No finger pointing (“it’s about the process; not the people”)
- Visual reminders
- Standing (no sitting!) meeting with strict time limit
- Staff participation/staff “owned”

# 2. Tracking Sheet

Case	Type of Procedure	In Room	Out of Room	Experience (what worked well; problems / delays / frustrations)
	Batt Δ	0746	0848	<ul style="list-style-type: none"> <li>• Pt was consented &amp; worked up in Holding - great!!</li> <li>• Chest was signed</li> <li>• anesthesia needed to start IV as Staff had difficulty</li> </ul>
	RV lead Revision	0920	1031	<ul style="list-style-type: none"> <li>• Same time as 1st</li> <li>• set up by EP nurse, frustrated that it took</li> <li>• room from previous</li> </ul>
	Bi-V ICD Implant	1206	1537	<ul style="list-style-type: none"> <li>• (15 mins from room ready to pt on table)</li> <li>• Pt to holding @ Vanco started in hold</li> <li>• previous case completed.</li> <li>• Needed Anesthesia Consent</li> </ul>




Green means "good", Red means there was an issue

# 3. Turnover Time





# Dashboard

		Lean Project Name: Reducing Cath Lab Procedure Delays for Outlier Patients Process Improvement Measures - FY 2010 Project Sponsor: Debbie Richards Project Start Date: October 1, 2010							
		met/exceeded target improved: YTD vs Baseline							
		1-10 % points below target							
		more than 10 % pts below target not improved: YTD vs Baseline							
Pillar	Measurement Statement		Baseline	Q1	Q2	Q3	Q4	FYTD	Target
Service		Decrease the lead time from arrival to EMMC until foot in Cath Lab Holding Room.	Average (h:mm)	3:11	2:35	2:43	2:54		Less than 3:00
			n	43	63	45	67		
Pillar	Measurement Statement		Baseline	Q1	Q2	Q3	Q4	FYTD	Target
Service		Increase the percentage of same day heart cath/PCI transfers that have H & P's dictated within 1 hour of arrival.	%	22%	33%	45%	53%		50% or greater
			N	7	16	14	27		
			D	32	49	31	51		
			Average (h:mm)	1:28	1:14	1:11	1:01		
Pillar	Measurement Statement		Baseline	Q1	Q2	Q3	Q4	FYTD	Target
People		Increase NECA <u>physician</u> satisfaction related to patient readiness.	Scale 1-4 (1= Strongly Disagree; 2= Disagree 3= Agree 4= Strongly Agree)	1.9 (n=9)	1.3 (n=6)	2.7 (n=6)	3.3 (n=6)		3.0 or greater
		Increase Cath Lab staff (Nurses and RT) satisfaction related to patient readiness.		2.2 (n=13)	1.2 (n= 11)	2.9 (n=13)	2.9 (n=15)		3.0 or greater

# On-Going Lean Work

1. Working with Transport to improve arrival times to Cath Lab
2. Process improvement regarding physician consents

# How Does This Work Relate to the Studer Principles

1. Commit to Excellence
2. Measure the important things
3. Build a culture around service
4. Create and develop great leaders
5. Focus on employee satisfaction
6. Build accountability
7. Align behaviors with goals and values
8. Communicate at all levels
9. Recognize and reward success



# 1. Commit to Excellence

- Accomplished a change in culture
- Improved processes by focusing on service to patients by eliminating waste



## 2. Measure the Important Things

- Patient Delays
- Patient Satisfaction
- Physician Satisfaction
- Staff Satisfaction

# 3. Build a Culture Around Service

- Focus on process/service
- Look at our processes through the eyes of our patients

# 4. Create and Develop Great Leaders

- Staff, Physicians, Managers & Supervisors stepped forward, became engaged and owned the Lean process

# 5. Focus on Employee Satisfaction

- Improved score (scale 1-4): from the baseline at 2.2, to the end of quarter 3 up to 2.9



## 6. Build Accountability

- Accountability board
- Monthly reporting of data
- Immediate follow up
- Change processes as indicated

# 7. Align Behaviors With Goals and Values

- EMMC values: *respect, compassion, commitment, quality, integrity, responsibility, Innovation*
- Lean goals
- Behavior changes



# 8. Communicate at All Levels

- Presented at Leadership Development Institute
- Administrator attends EP Huddle periodically
- Cath Lab/EP Ops agenda
- Results reported to executive leaders and staff
- Monthly meetings with Lean team members

# 9. Recognize and Reward Successes

- Celebration at last day of Lean class
- Thank you cards to staff and physicians
- Spotlight on Excellence Recognition

# Lessons Learned

- It all comes down to leadership
- Focus
- Need for course participant selection criteria
- Need for project selection criteria
- Risks of rapid fire training
- Hardwiring the finance pillar has improved measurement with coaches

# Successes

- Course Work
  - Spreading the information quickly
  - Additional training in leadership beyond Lean tools is valuable
  - Aligning Lean with strategic plan
- Coaching
  - Hands on model works best
  - Greatest sustainability through mentoring

# Summary

- Using a tri-fold approach has yielded more immediate and sustainable results
- Aligning with Studer tactics has worked very well
- Leaders who are struggling with hardwiring and accountability with other bodies of work will also struggle with Studer tactics and Lean
- Leadership development and a methodical Project management approach are critical

# *Questions?*

