

Healthy Idahoans Living in Healthy Communities



Our Mission

To promote and support vibrant, effective community health centers in providing accessible, affordable, and high quality healthcare to all Idahoans

Our Work

Health center administration

We help health centers strengthen business operations through support in financial management, health information technology, emergency preparedness, workforce development and medical, behavioral health and dental practice integration.

Quality improvement

We assist health centers achieve the best patient outcomes through innovative quality improvement programs utilizing the highest clinical standards, fostering patient engagement and coordinating care within the larger healthcare system.

Outreach and enrollment

We help health centers provide health insurance education and enrollment assistance to community members, many of whom face barriers in accessing healthcare.

Governmental relations

We monitor the changing healthcare policy environment and connect health center leaders with elected officials on the local, state and federal levels. We engage with the Idaho Department of Health and Welfare and the Department of Insurance to create strong and lasting relationships.

Network management

We support payment reform and value based reimbursement by collaborating with insurance companies to control costs and increase quality of care.

IDAHOPCA.ORG



WEBINAR HOUSEKEEPING

We are
Recording

Mute/Unmute
Mics

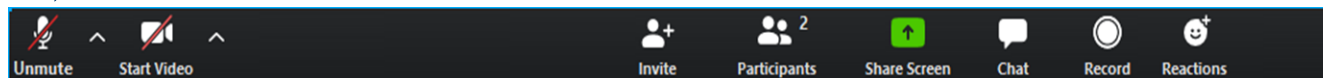
Asking Questions

Evaluations

- Questions?
 - Use the chat function for questions

Please mute your microphone to
avoid background noise

Select “All attendees” before
sending your chat to the group





IBM Watson Health™



IDAHO PRIMARY
CARE ASSOCIATION

Simpler Healthcare Overview Elements of a Lean Transformation

October 8, 2020



Simpler Background & Experience

IBM Simpler is a professional services business that partners with clients to drive meaningful transformations across all aspects of their organization by **aligning strategies, optimizing resources, streamlining operations, and instilling a culture of continuous improvement.**

We help healthcare clients adapt to change using innovative improvements across the healthcare continuum including safety & quality, patient experience, provider & staff engagement, and financial outcomes.



Backed by Powerful Expertise

- 140+ worldwide resources
- Structured approach to alignment & improvement
- Simpler team includes clinical leaders (*Physicians, Nurses, Hospital Executives*)
- Engagements in more than 30 countries
- IBM technologies and resources



Advisory and Operational Excellence Focus

- Create or enhance client strategies
- Diagnostics & Assessments
- Leadership Development
- Process Improvement at all levels
- Management System & culture



Experience Across Industries

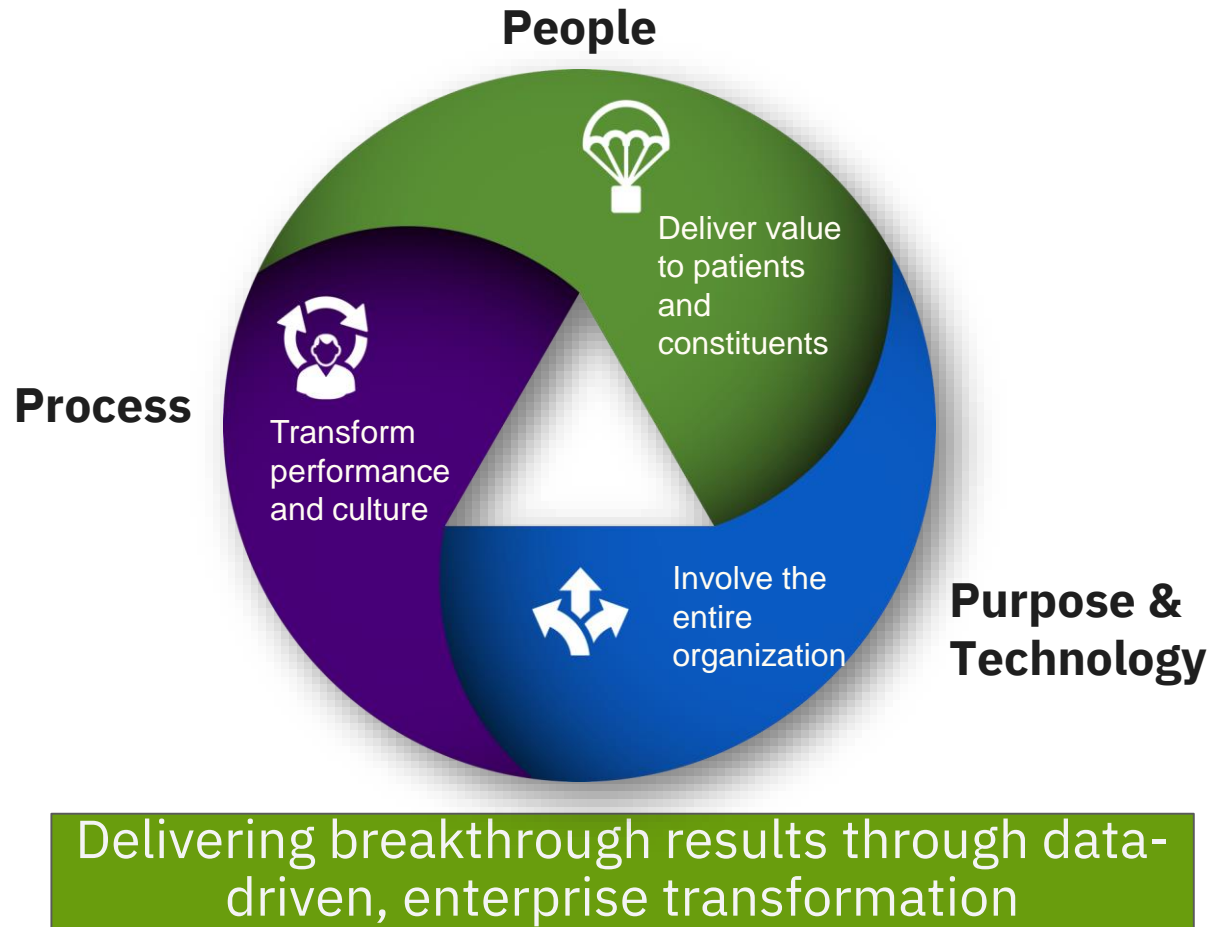
- Healthcare
- Manufacturing
- Service industries
- Financial services
- Military
- Government



Proven / unparalleled performance

- \$4.3 Billion client-verified ROI since 2011
- Breakthrough improvement in:
 - People / Human Development
 - Quality and Safety
 - Access / Timeliness
 - Cost / Productivity
 - Growth / Innovation

What we do



How we do it: Simpler Engagement Model



Develop leaders, drive culture change



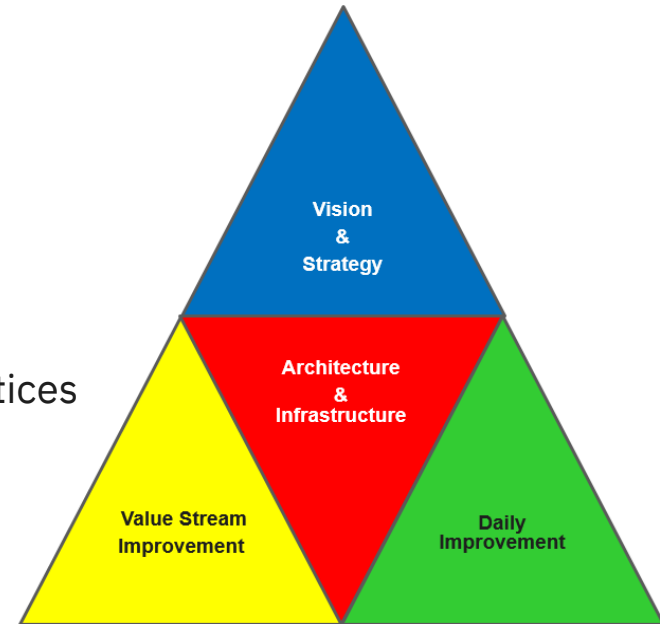
Create standard work and continuous improvement



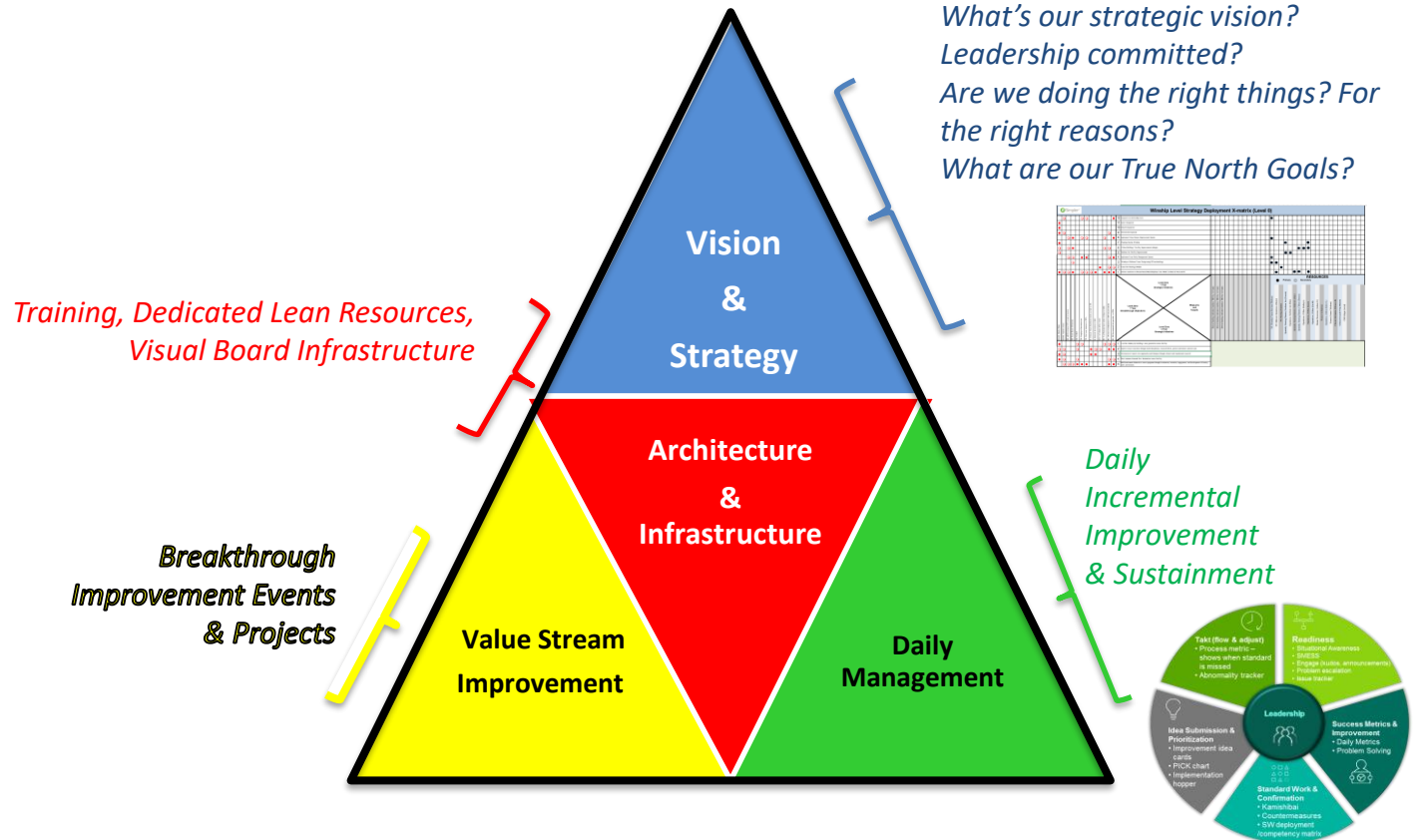
Deliver time-based performance and spread best practices



Build the management system



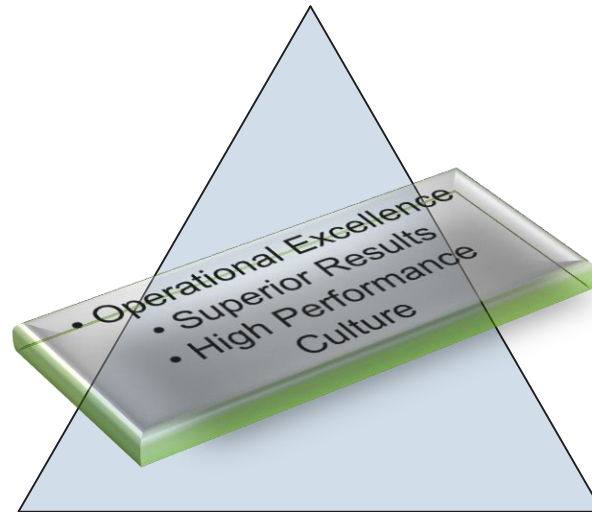
Simpler Engagement Model



Focused approach to Achieving High Performance

People:

- Is EVERYONE doing the work correctly?
- Is EVERYONE involved in solving problems daily?
- Who is the responsible person?



Process:

- What are the relevant process steps ?
- How do we make them Brilliant?

Purpose:

- What is it that we need to do in order to better meet the needs of the customer?
- What do we need to do in order to survive and grow?

Focused approach to Achieving High Performance

Standard Work

Process	ED Patient Flow	Last Updated	8/26/2014	Owner	Rose Colangelo
Done of Process	Patient moves as expected to next step	Rev. Number	1	Takt Time	N/A
Performed by	ED Charge Nurse or Supervisor	Revised by			

Standard Work

of Traumas

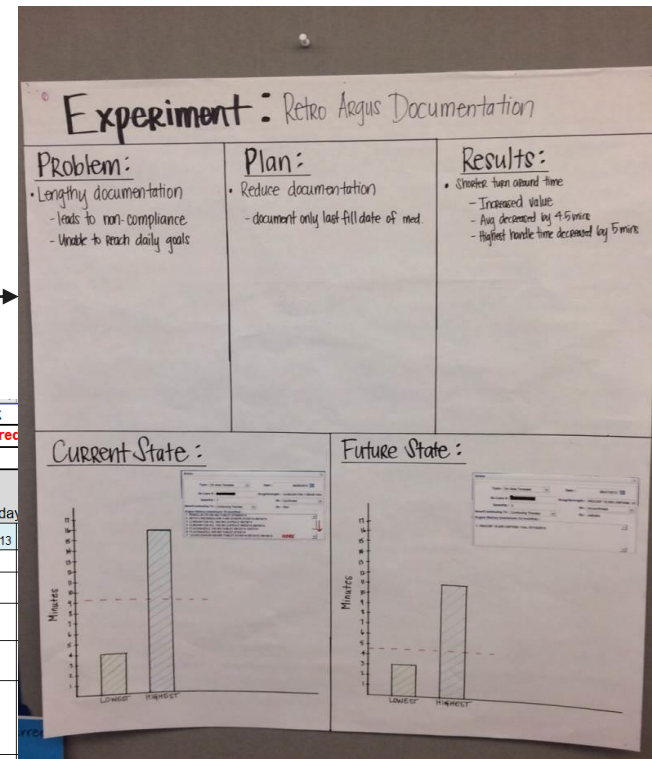
	Major Steps	Details (if applicable)	Time	Diagram, Work Flow, Picture, Time Grid
1	1 st trauma arrives	<ul style="list-style-type: none"> Charge nurse assigns resources to assist Reassess on arrival need for resources 	•	•
2	Resource not readily avail	<ul style="list-style-type: none"> Charge nurse reassign staffing mix to provide resource to trauma 	•	•
3	Resources still not available, call SICU charge	<ul style="list-style-type: none"> SICU charge provides resources If 2nd trauma arrives, SICU scribes and ED provides additional nurse 	•	•
4	SICU not able to assist, or ED can't provide additional nurse, call ED Manager	<ul style="list-style-type: none"> Discuss with trauma director – possible resources If 3rd trauma arrives, charge nurse assigns patient to ED RN in department. 	•	•
5	Call Director to help resolve	<ul style="list-style-type: none"> If appropriate...let patient and family know of progress 	•	•
6	Escalate up the chain of command until appropriate response completed	<ul style="list-style-type: none"> If appropriate...let patient and family know of progress 	•	•

Notes:

People:

- Is EVERYONE doing the work correctly?
- Is EVERYONE involved in solving problems daily?
- Who is the responsible person?

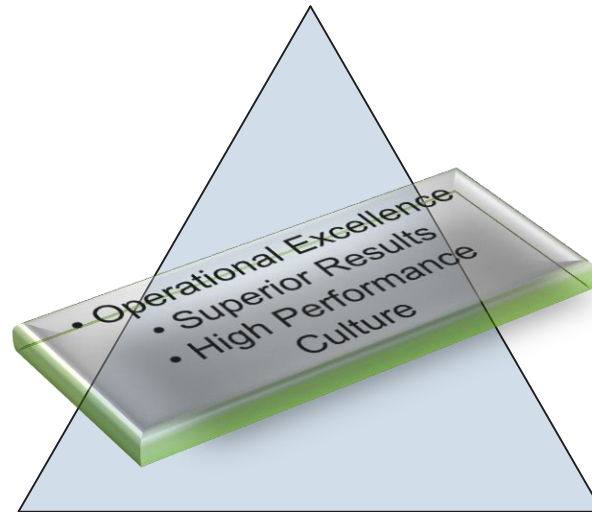
Senior or GL Leader Standard Work				
Date				
Condition Not Good / follow up required				
Condition OK / Activity Complete				
Task/Activity	Notes / Key Outputs	Freq	How Long?	Shade in Saturday
Daily				1 2 3 4 5 6 7 8 9 10 11 12 13
Hour by Hour tracking	TTA	Hourly	5 min	
Run Daily Huddle-Discuss drive metric/issues	Problem Identification	Daily	15 min	
Follow up on active experiments	Physical Change	2x	20 min	
Attend Tiered Huddle	Remove Barriers	1x	15 min	
Audit standard Work	Validate Performance to the standard	1x	15 min	
Weekly				
Story board update for experiments	Learning: Yokoten	1x	30 min	Week 1 Week 2 Week 3 Week 4
Document & Train to new Standards		1x	60 min	



Focused approach to Achieving High Performance

People:

- Is EVERYONE doing the work correctly?
- Is EVERYONE involved in solving problems daily?
- Who is the responsible person?



Process:

- What are the relevant process steps ?
- How do we make them Brilliant?

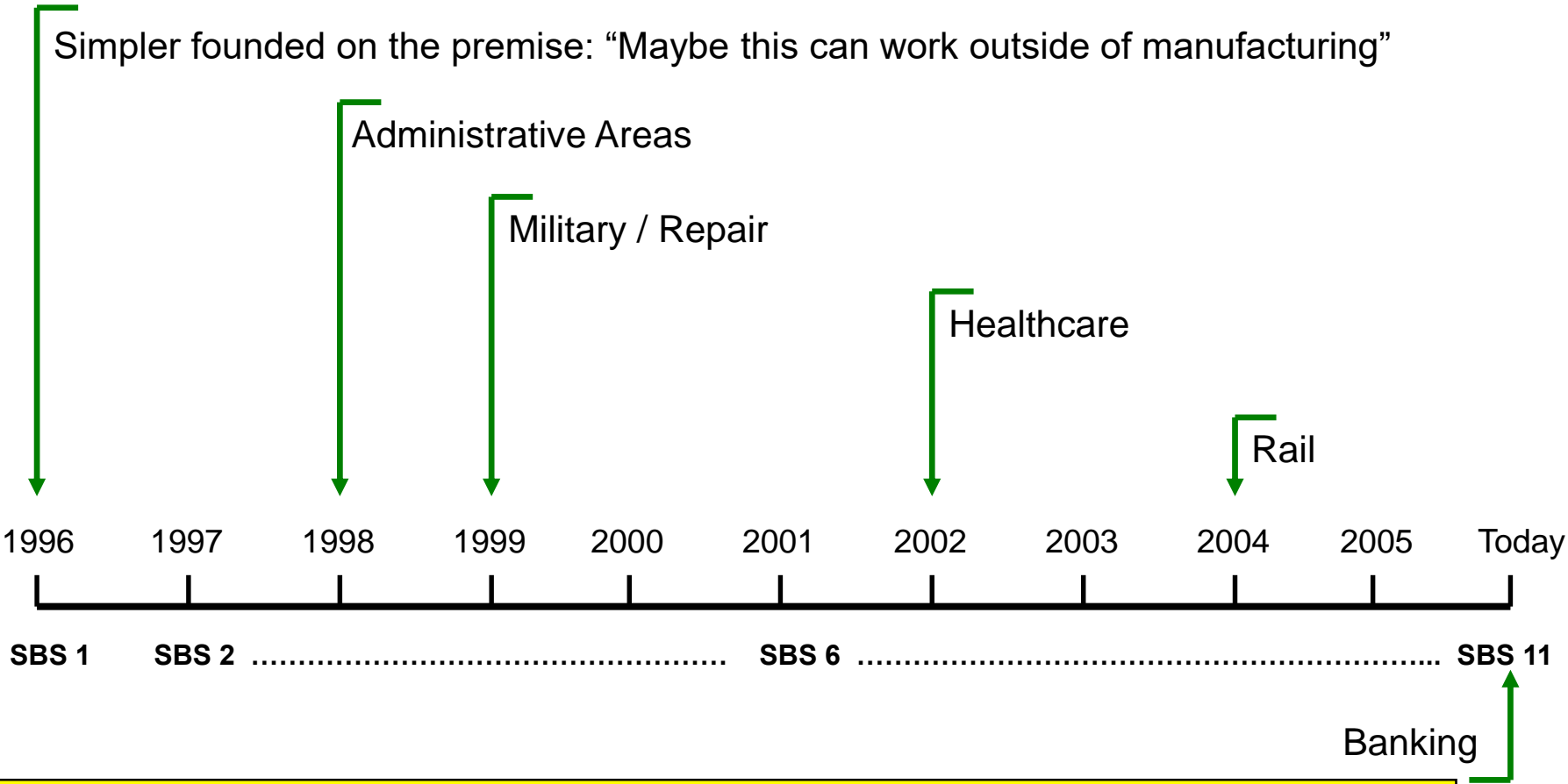
Purpose:

- What is it that we need to do in order to better meet the needs of the customer?
- What do we need to do in order to survive and grow?

Fundamentals of the Simpler Business System

Building Strategic Advantage through Enterprise Wide Improvement

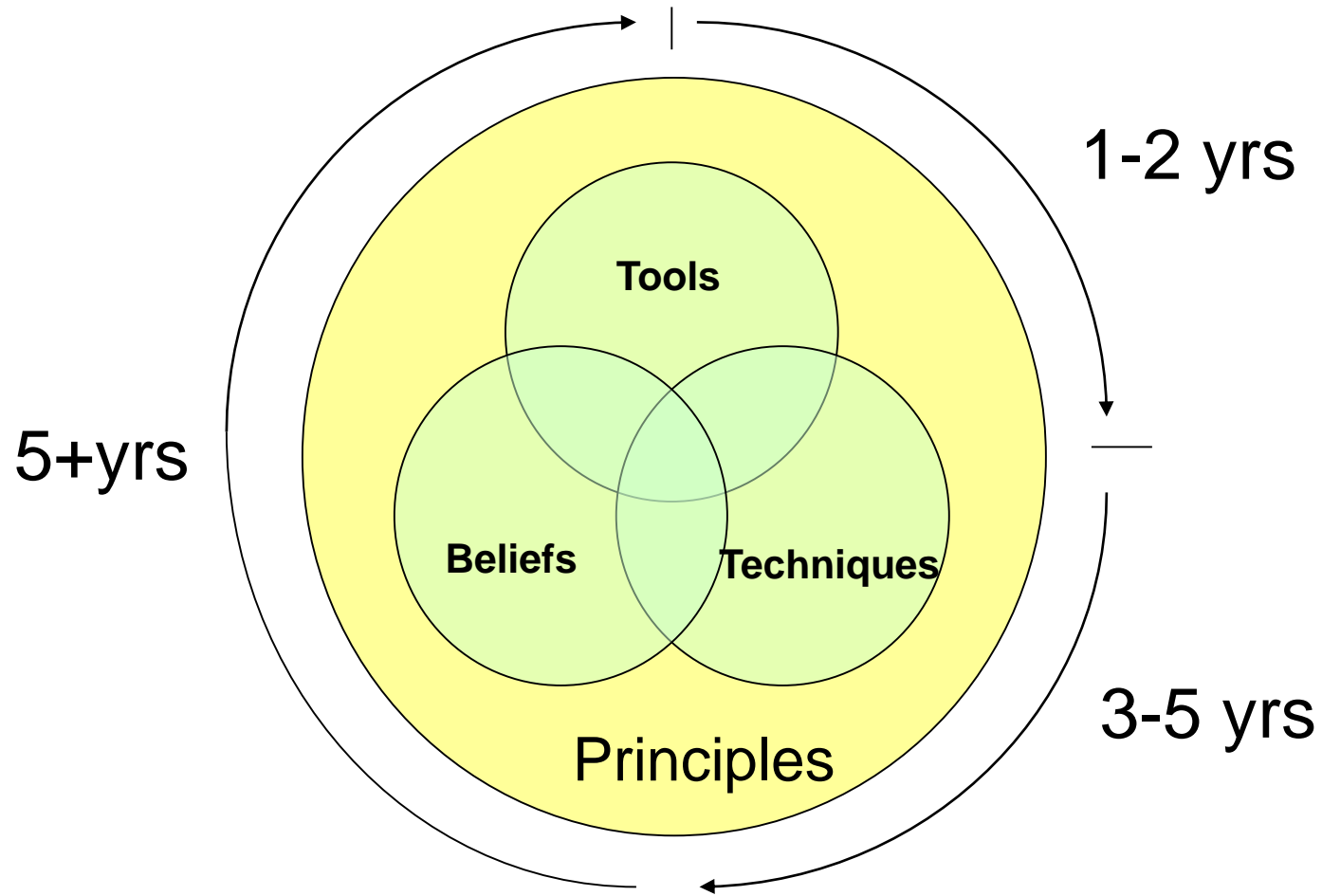
Timeline of Simpler® Business System



The Simpler® Business System is designed to work in every sector



The Mechanics of Improvement



It takes time to transform your organization's culture

Respect for People & Continuous Improvement

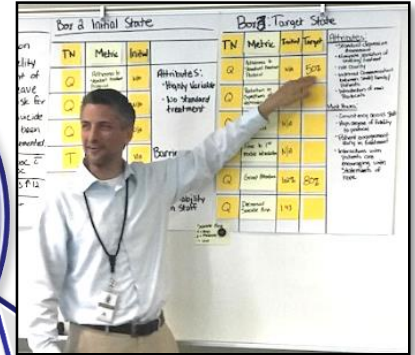


Respect for People

- Developing individuals' knowledge and problem-solving skills
- Going to the source to find facts to make correct decisions and build consensus
- Building mutual trust

Continuous Improvement

- Challenging the organization to achieve the best outcomes
- Solving problems well
- Achieving goals at our best speed



What Lean is... and What It Is NOT:

What it is about	What it is NOT about
Reducing wasteful steps and collaboratively solving problems	Working harder and assigning blame
A balanced approach to improvement	A single focus on cost cutting, patient satisfaction
Involving those who do the work in defining the work	Waiting on the boss or an “expert” to come up with the answer
Learning by Experimenting	Doing things the way we’ve always done or expecting ‘perfect’ solutions
Using facts, data to help us understand a problem	Relying on our ‘hunch’ when making decisions
Embracing the importance of doing work in a standard way (standard work) to achieve a consistent outcome	Doing tasks / work however we’d like and hoping things work out

The Relentless Pursuit of Removing Waste & Adding Value!



Total Flow Time for Patient



Improvement will be easier and more likely to succeed by focusing on & removing the non-value added activities (waste)

What really is value ?

- Customer must think the task is important
 - is the customer willing to pay for it ?
 - Will they pay for it as a stand alone item?
- The task must physically change the information or outcome
 - Movement does not add value
- The task must be done right the first time
 - Continuous work-loops and iterations do not add value

People are valuable - processes are wasteful



8 Wastes in Healthcare

D-O-W-N-T-I-M-E



Defects

Any error, anything that must be re-done



Over-production

Doing work ahead of when needed or producing excess



Waiting

All delays in flow, waiting for the next step



Non-engagement / Non-utilized potential

Underutilizing people's talents, skills & knowledge



Transportation

Unnecessary movements of products & materials



Inventory

Excess products and materials not being processed



Motion

Unnecessary movements by people (e.g. walking)



Extra-processing

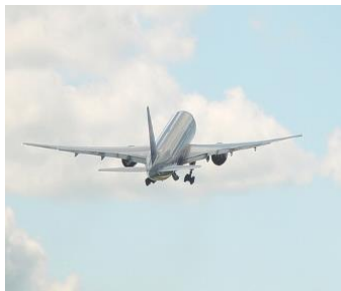
More work or higher quality than is required by customer

Operational Waste

In the eyes of the Customer/Patient everything an Enterprise does either **ADDS VALUE** or **does not**.

Definition of Value Adding

- Any activity that directly contributes to satisfying the needs of a customer.



Definition of Non-Value Added

- Anything that consumes time or resources but does not add value



What steps in your process are Value Adding?

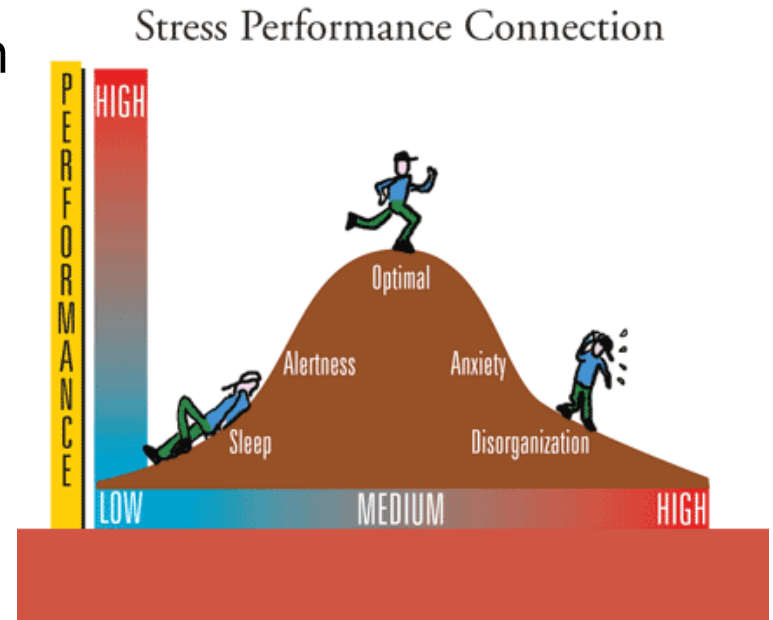
Unevenness

- Needs and demands have natural variation which we often make worse
 - No Standardization
 - Handoffs
 - Delaying
 - Economies of Scale
 - Lack of Skills & Training

2nd order improvements result from reducing variation

Overburden

- Overburden occurs when the human element of a work process is not:
 - Safe
 - Stress free
 - Engaging at some level
- Causes of Overburden are many but typically stem from:
 - Too much waste
 - Too much to do and not enough time to do it
 - Poor ergonomics

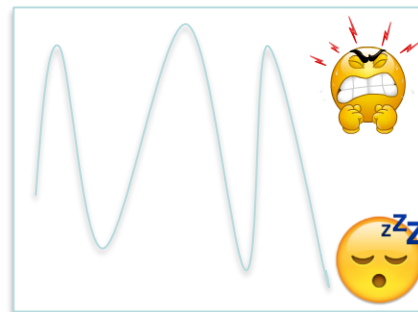


Tolerating Overburden demonstrates a lack of respect for people

Seek Healthcare Improvement through.....

Continuously Reducing:

- + Waste
 - Operational
 - Service design
- + Unevenness
- = Overburden



Continuously Enhancing:

- The Mission of Healthcare
- Everyone's capabilities



Eliminating Waste is only part of the battle

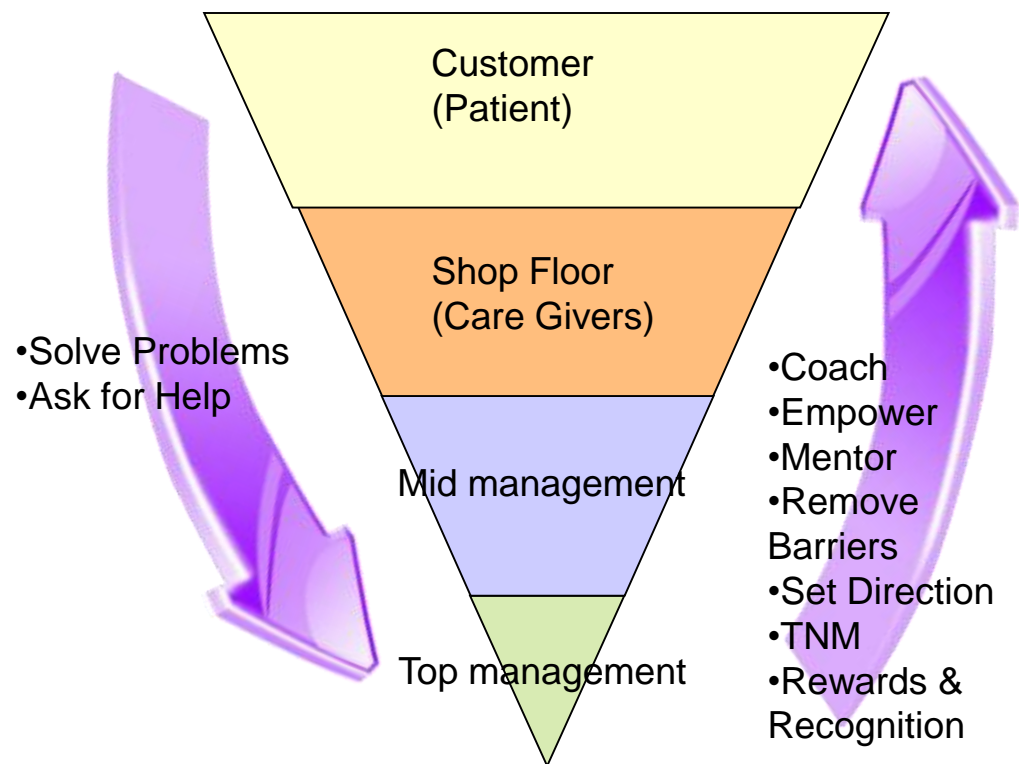
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Traditional Management vs. Lean Management

**Traditional Management
(Directive)**



**Learning Management
(Learning, Supportive Environment)**



A3 Thinking



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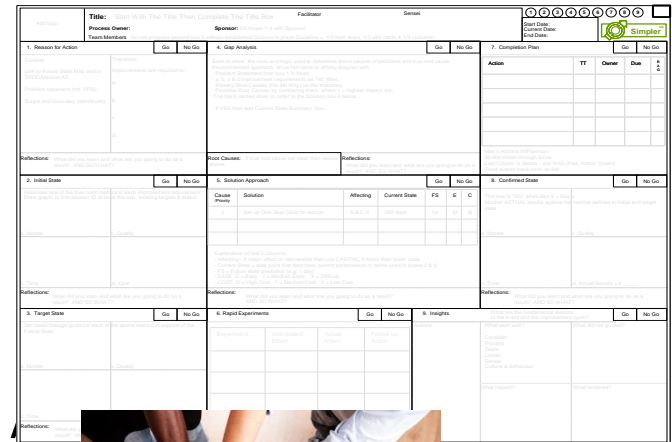
Why Promote A3 Thinking?

- A structured cycle of improvement
- A framework for organizing thinking
 - For individuals and teams
- Eliminates the waste of debating method
- reveals to issues, problems and thinking
- Makes problem solving visual
- Tells a Story – like a story board for a film

The A3 should “tell the story”

What is A3 Thinking?

- A Toyota invented problem-solving method
 - Executed on a single sheet of A3 sized piece of paper
 - A3 is the name for a metric paper size, similar to 11" x 17"
- A3 Thinking
 - Forces consensus building
 - Unifies culture around a simple systematic, methodology
 - Follows a PDCA cycle (Plan, Do, Check, Act)
 - Becomes also a communication tool that follows a logical narrative

A detailed A3 Thinking template form. It is a single sheet of paper divided into sections for problem-solving. The sections include: 1. Reason for Action, 2. Current State, 3. Target State, 4. Gap Analysis, 5. Solution Approach, 6. Rapid Experiments, 7. Completion Plan, and 8. Insights. Each section has a 'Go/No Go' checkbox and a 'Reflections' area. The form is designed to be filled out on a single sheet of A3 paper.

The essence distilled on to one A3 sheet

A3 Thinking

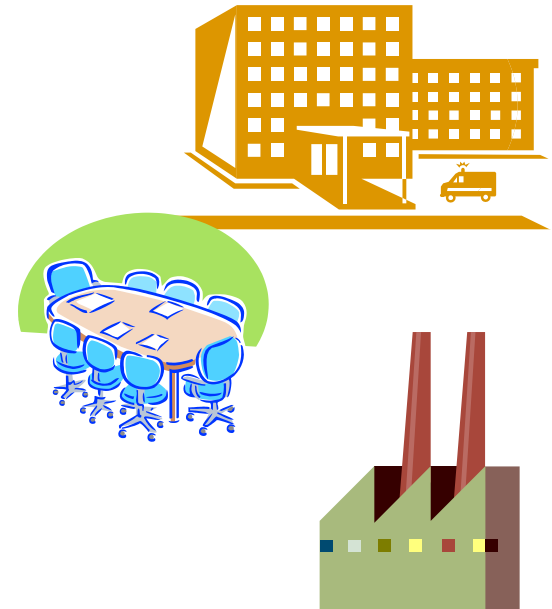
A Systematic Methodology for Process Improvement and Problem Solving

<p>1. REASON FOR ACTION 'Burning Platform' 30 sec elevator speech Why are we doing this? Scope _ _ _ _</p>	<p>4. GAP ANALYSIS Why Box 2 \neq Box 3 5 whys? MOST ACTIONABLE ROOT CAUSE</p>	<p>7. COMPLETION PLAN</p> <table border="1"><thead><tr><th>WHO</th><th>WHAT</th><th>WHEN</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	WHO	WHAT	WHEN													
WHO	WHAT	WHEN																
<p>2. CURRENT STATE MAP PICTURE ATTRIBUTES METRICS</p>	<p>5. SOLUTION APPROACH if we... then we... HYPOTHESIS: if we do 'A' then we get 'B'</p>	<p>8. CONFIRMED STATE</p> <table border="1"><thead><tr><th>CURR</th><th>TAR</th><th>CONF</th><th>30...</th></tr></thead><tbody><tr><td>50</td><td>100</td><td>100</td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p>Are we seeing results sustained 30/60/90 days?</p>	CURR	TAR	CONF	30...	50	100	100									
CURR	TAR	CONF	30...															
50	100	100																
<p>3. TARGET STATE MAP PICTURE ATTRIBUTES METRICS</p>	<p>6. RAPID EXPERIMENTS</p> <table border="1"><thead><tr><th>EXP</th><th>EXPECT</th><th>ACTUAL</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <p>WHY: improve solutions build gemba ownership P-D-C-A</p>	EXP	EXPECT	ACTUAL										<p>9. INSIGHTS 'A HA MOMENTS' What did we/I learn? TECHNIQUE: capture daily summarized at end BELIEF: sharing promotes learning/team</p>				
EXP	EXPECT	ACTUAL																

Where does it apply?

A3's work for all types of activities:

- Strategic Planning
- Problem Solving/Decision Making
- Sharing ideas/Proposing Change
- Value Stream Analysis
- Rapid Improvement Events



A3 should become the default way of making improvement

Lean Beyond Cars



Principles of Simpler Business System

1. The customer defines value
2. Deliver value to customers on demand
3. Standardize and solve to improve
4. Transformational learning requires deep personal experience
5. Mutual respect and shared responsibility enable higher performance

1. Customer defines value

- In the eyes of the Customer/Patient everything an Enterprise does either ADDS VALUE or does not.
- Litmus test: does it satisfy the needs the patient came to the hospital for?

I need a complete solution

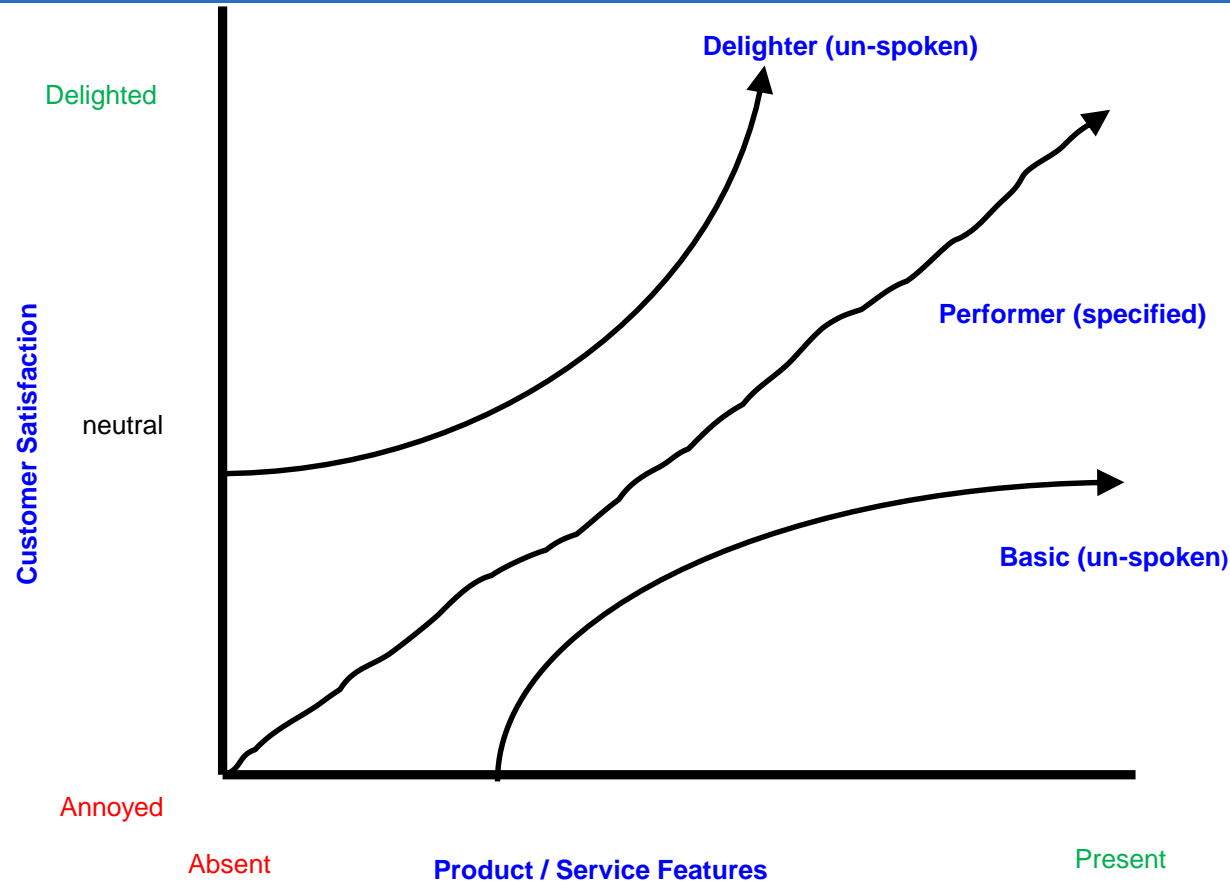
Don't waste my time!

I have a health problem

I want a price that's a fair representation of value



The Customer Defines Value (Kano Model)



$$\text{Cost} = \text{Value Added} + \text{WASTE}$$

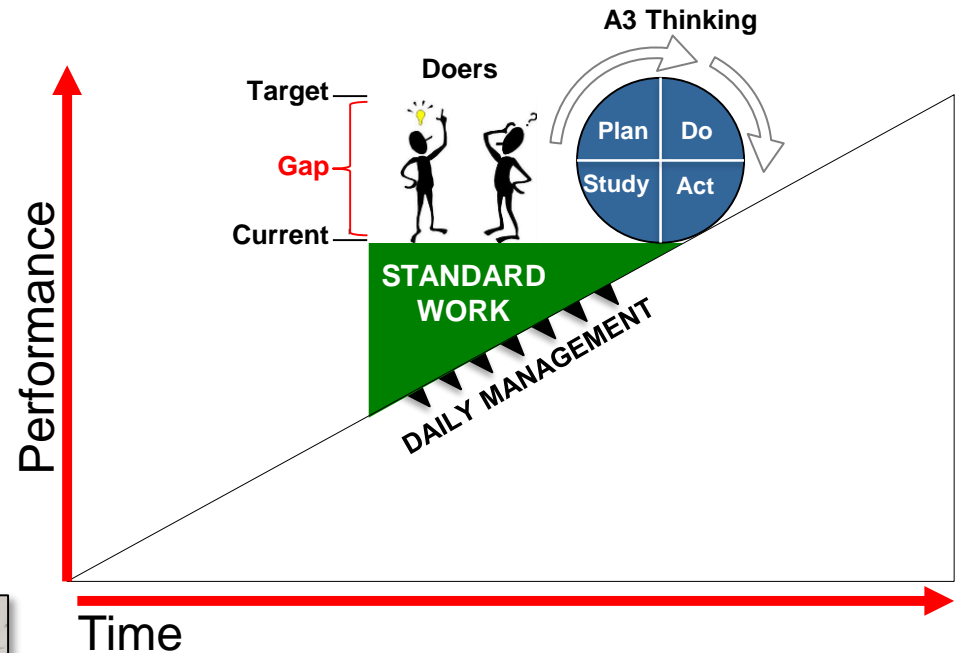
2. Deliver value to customers on demand (without waste)

- Flow without interruption to demand (Takt)
- Zero defects is achievable
- Customer pull triggers action
- Increasing flow motivates improvement



3. Standardize and solve to improve

- Standard work: best known way today
- Standard work secures improvement
- Root cause problem solving vs. firefighting
- A3 Thinking



4. Transformational learning requires deep personal experience

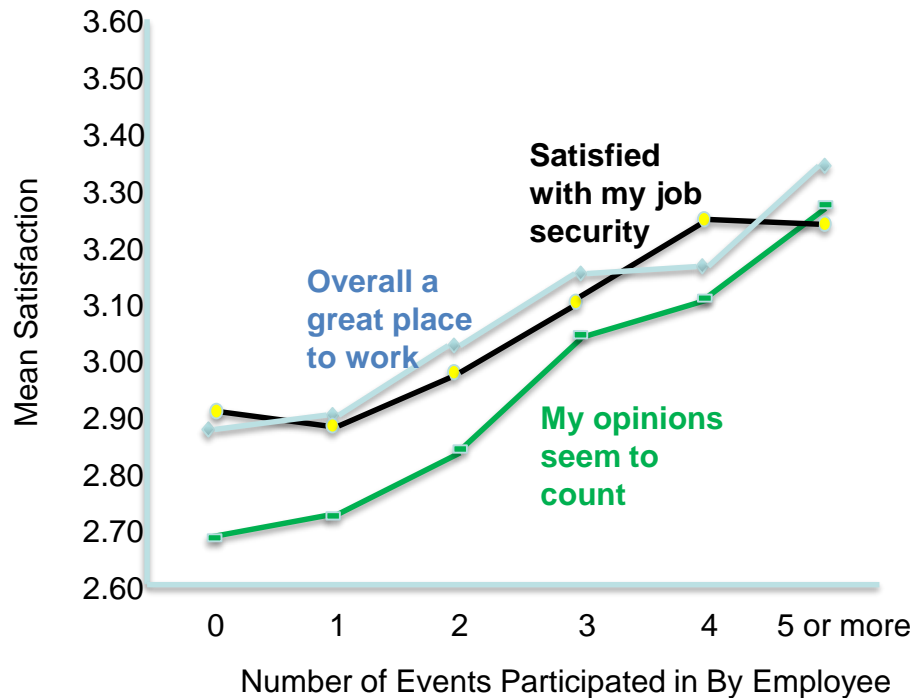
- Learn by doing!
- Engage the people that do the work: the world's greatest experts



Postponed perfection is the enemy of change

Job Satisfaction & Lean

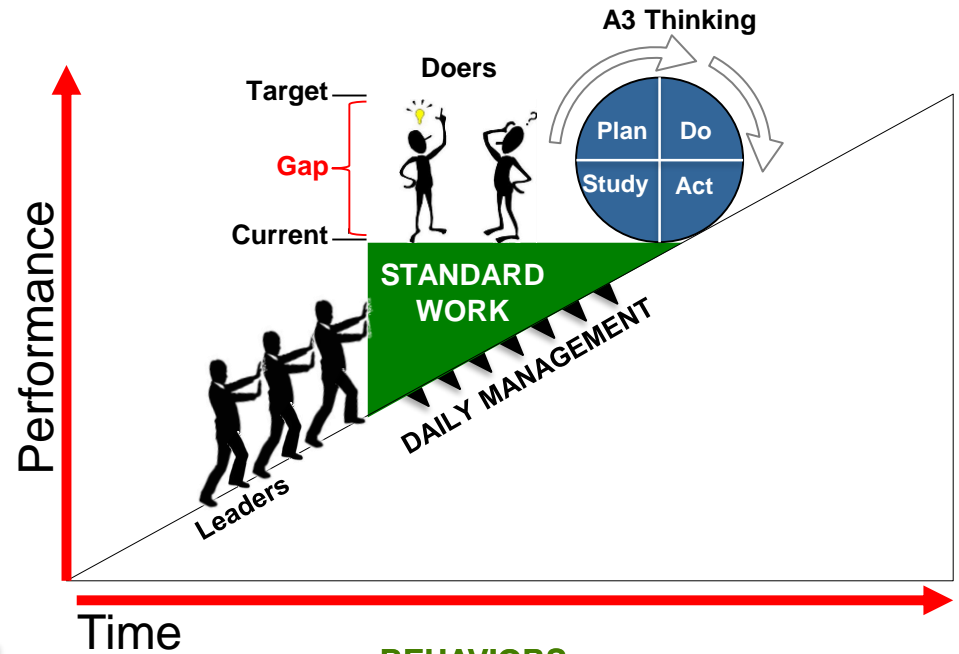
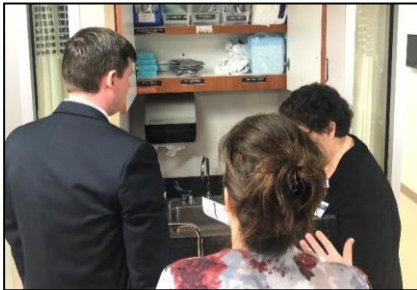
Based on Masters Dissertation looking at 2,000 employees at Thedacare (USA)



The more improvement activities we do, the better we feel!

5. Mutual respect & shared responsibility enable higher performance

- Clinicians, leaders and staff working together
- Leaders coach and model behavior
- Commitment through involvement



BEHAVIORS

Doers	Leaders
<u>Adhere</u> to Standard Work	<u>Coach</u> to Standard Work
<u>Improve</u> Standard Work	<u>Coach</u> to Improve Standard Work

Purpose of Human Development



Few very big problems



Rely on Managerial Heroics



Few medium Problems



Fire fighting-managing inefficiencies



Many Small Problems



Hundreds of heads, hands & hearts solving little problems daily

Becoming the new way to deliver value

Weaving lean concepts into the way you do your daily work to improve and advance patient care.

**RESPECT FOR
PEOPLE**



**CONTINUOUS
IMPROVEMENT**



WASTE ELIMINATION



VALUE CREATION



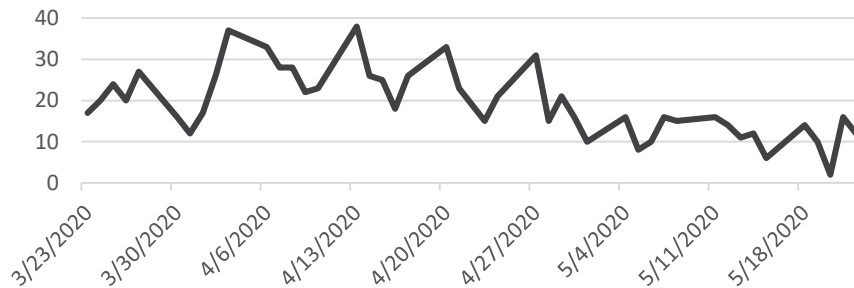
The Desert Sage Way

Voices of Desert Sage Health Centers

pass: desert

Results After 10-weeks

Total Visit Counts by Day



Flow time **30% faster** than typical office visit (35 vs 50 min)

At its peak, drive-in clinic accounted for **2/3** of our total patient volume

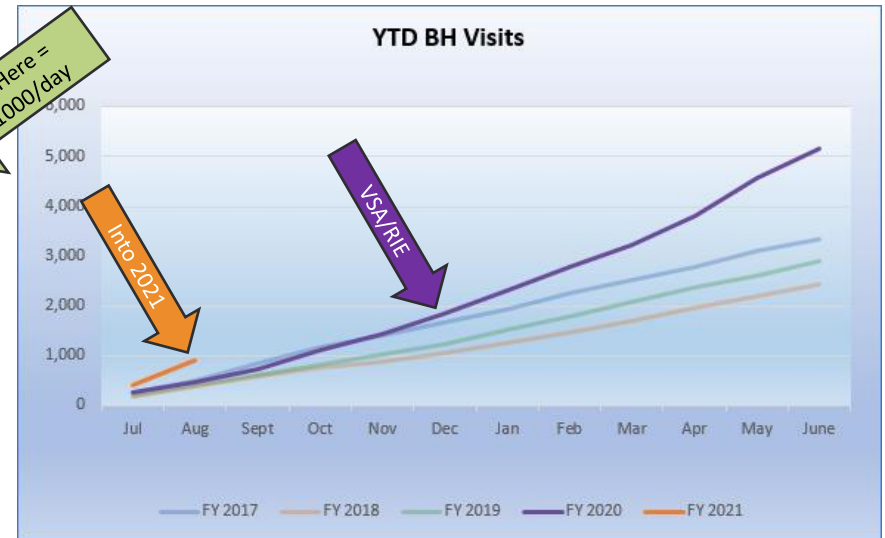
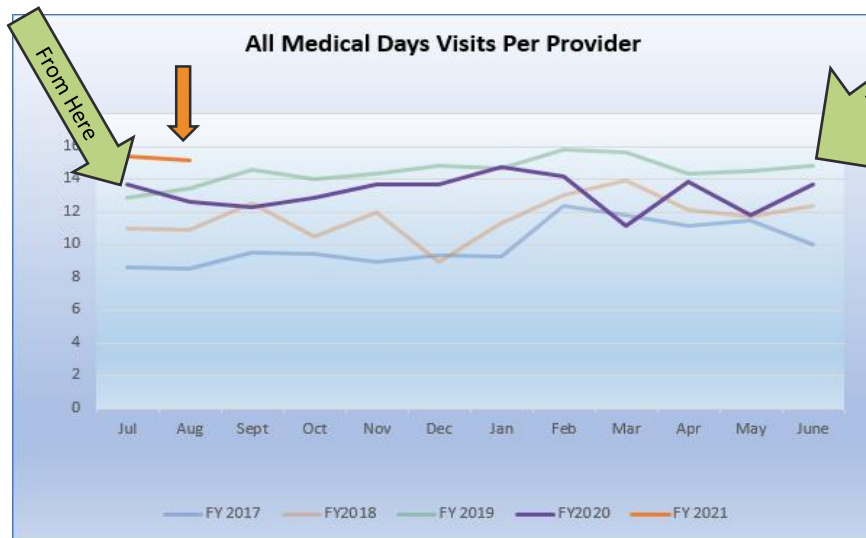
18% average new pts/day. Some days as high as **40%** new patients

907 total visits in 10 weeks, **160** unique new patients

One provider saw **38 patients** in a day (we called for help)

Grew our business (with new patients) when **others were shrinking**

Sustainability Impacts



Days Cash on Hand

June 2018:
189 Days

August 2020:
397 Days

Building your Management System

Transformational Governance & Mission Control

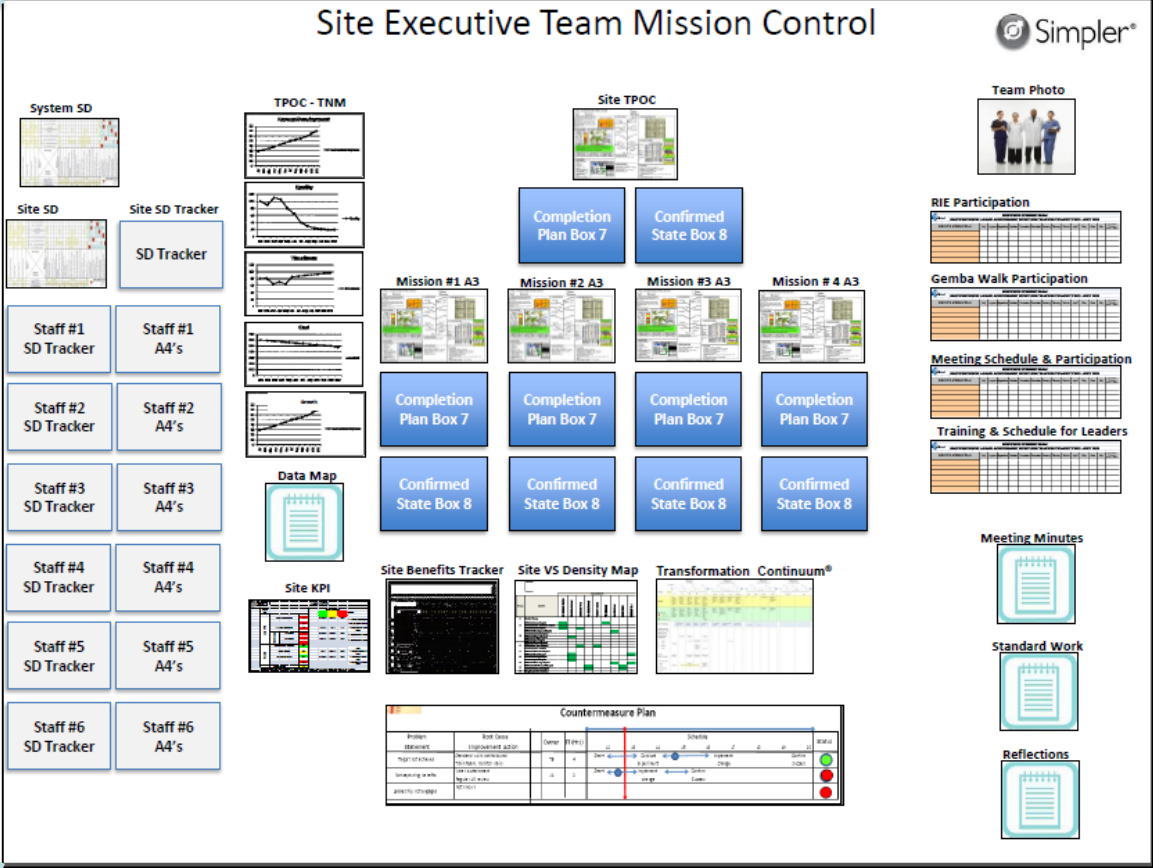
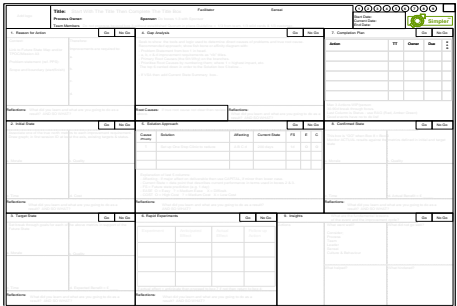


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Enterprise Mission Control for Value Stream Improvement

TPOC A3



Site Executive Team Mission Control

System SD



Site SD



Site SD Tracker

SD Tracker

Staff #1
SD Tracker

Staff #1
A4's

Staff #2
SD Tracker

Staff #2
A4's

Staff #3
SD Tracker

Staff #3
A4's

Staff #4
SD Tracker

Staff #4
A4's

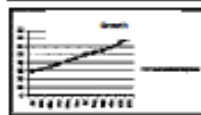
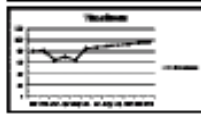
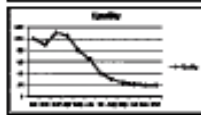
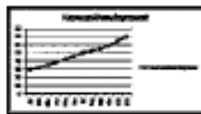
Staff #5
SD Tracker

Staff #5
A4's

Staff #6
SD Tracker

Staff #6
A4's

TPOC - TNM



Data Map



Site KPI



Site TPOC



Completion
Plan Box 7

Confirmed
State Box 8

Mission #1 A3



Mission #2 A3



Mission #3 A3



Mission #4 A3



Completion
Plan Box 7

Completion
Plan Box 7

Completion
Plan Box 7

Completion
Plan Box 7

Confirmed
State Box 8

Confirmed
State Box 8

Confirmed
State Box 8

Confirmed
State Box 8

Site Benefits Tracker



Site VS Density Map



Transformation Continuum®



Team Photo



RIE Participation

DATE	TIME	LOCATION	ATTENDANCE	NOTES

Gemba Walk Participation

DATE	TIME	LOCATION	ATTENDANCE	NOTES

Meeting Schedule & Participation

DATE	TIME	LOCATION	ATTENDANCE	NOTES

Training & Schedule for Leaders

DATE	TIME	LOCATION	ATTENDANCE	NOTES

Meeting Minutes



Standard Work



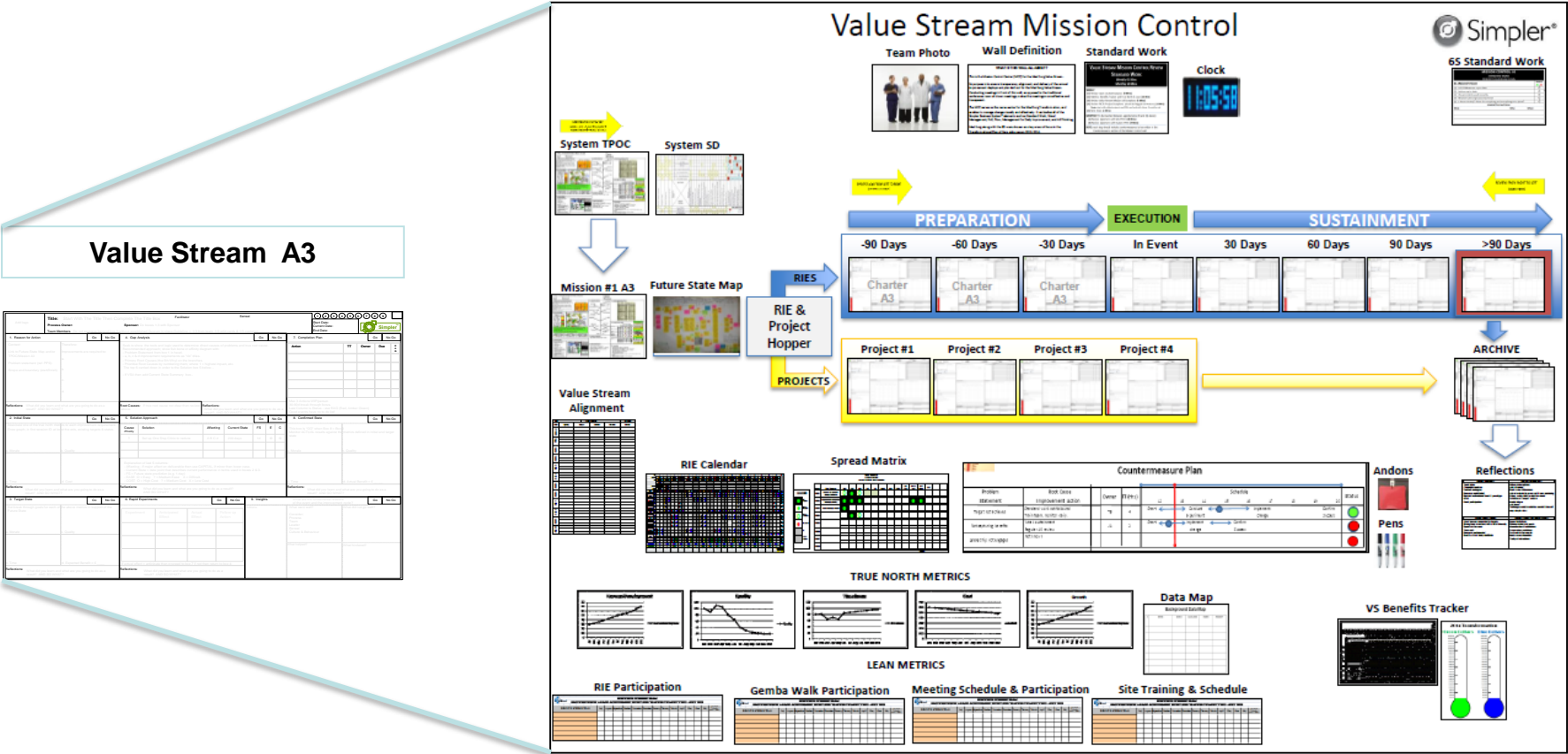
Reflections



Countermeasure Plan

Problem	Root Cause	Owner	Target	Schedule	Status
High level of waste	Excessive inventory levels	John	4/15	4/15 - 4/20	On Track
Low level of waste	Excessive inventory levels	John	4/15	4/15 - 4/20	On Track
Excessive inventory	Excessive inventory levels	John	4/15	4/15 - 4/20	On Track
Excessive inventory	Excessive inventory levels	John	4/15	4/15 - 4/20	On Track

Value Stream Mission Control

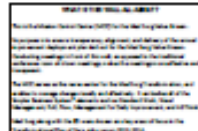


Value Stream Mission Control

Team Photo



Wall Definition



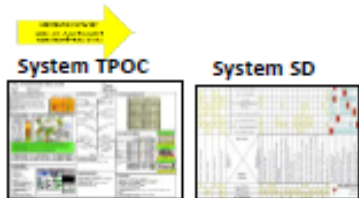
Standard Work



Clock



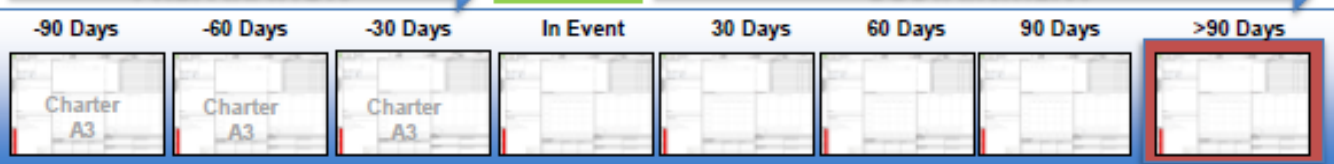
6S Standard Work



Value Stream Alignment

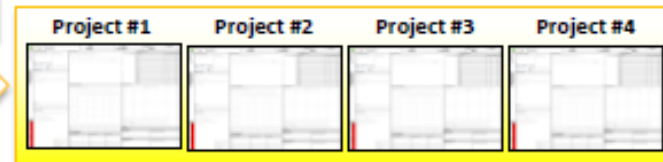


PREPARATION EXECUTION SUSTAINMENT

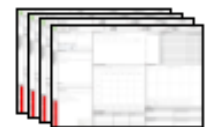


RIES
RIE & Project Hopper

PROJECTS



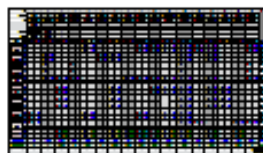
ARCHIVE



Reflections



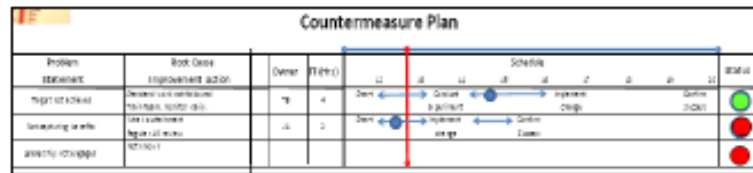
RIE Calendar



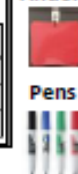
Spread Matrix



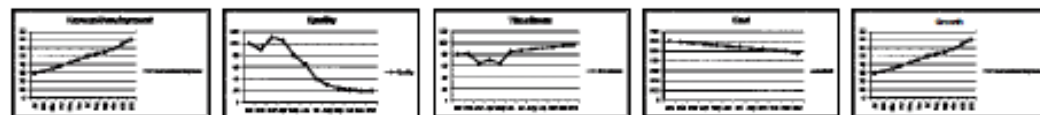
Countermeasure Plan



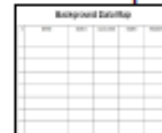
Andons



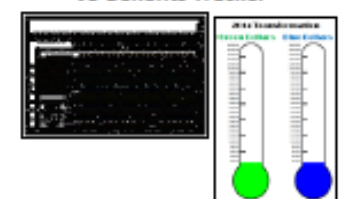
TRUE NORTH METRICS



Data Map

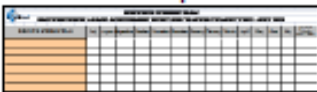


VS Benefits Tracker



LEAN METRICS

RIE Participation



Gemba Walk Participation



Meeting Schedule & Participation



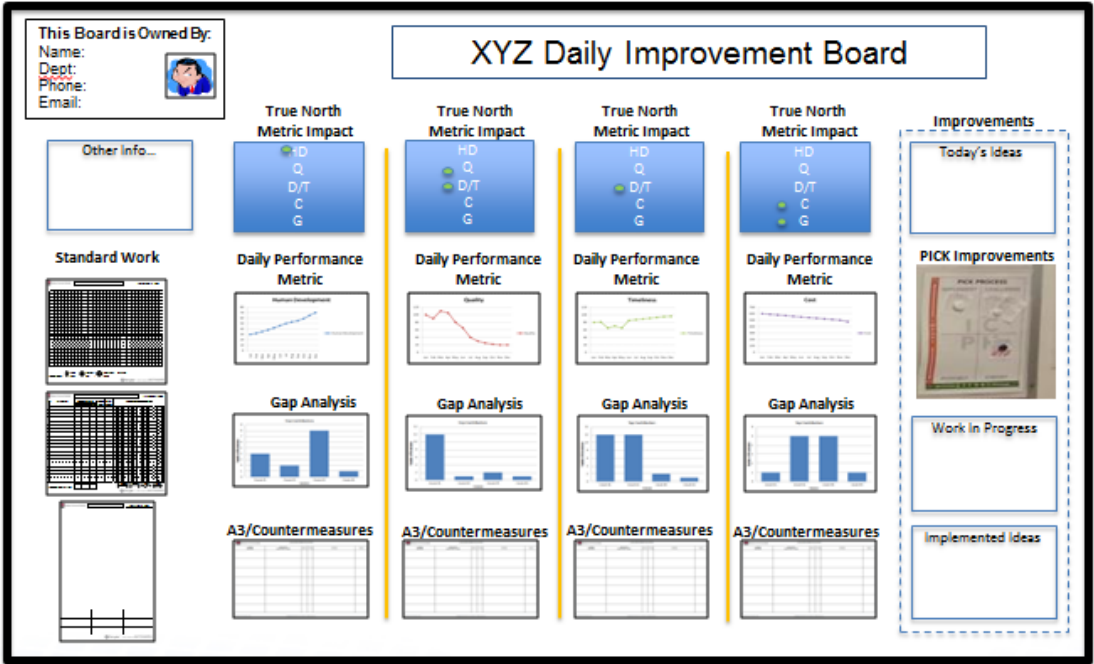
Site Training & Schedule



Departmental (MDI) Managing for Daily Improvement

Department A3

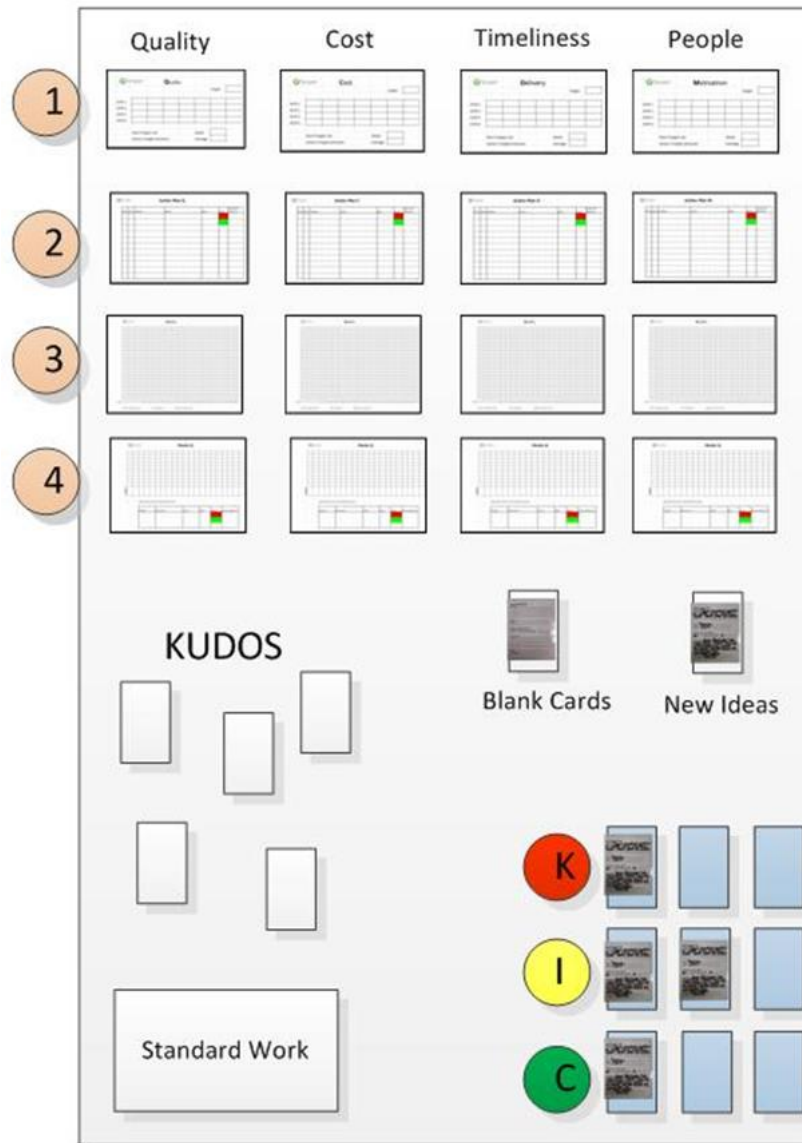
1. Reason for alarm	2. New Problem	3. Current Problem	4. Action Plan
5. Root Cause	6. Countermeasures	7. Follow-up	8. Summary
9. Lessons Learned	10. Status	11. Date	12. Initials



Department/Site Level MDI Board

Implemented Ideas

MDI Example



1. Shift table Define target per shift or day. Manager or Facilitator of the shift must write in red or green their score.



2. Action plan Every no recurrent plan must be written by operator in the action plan. Status of the action green or red and signature of the supervisor when closed.



3. Weekly trend At the end of the day or week manager must calculate the average and add the point to the chart



4. Pareto For every recurrent problem the staff must note in the pareto. If it is a new recurrent problem it must be listed at the bottom. For the TOP 3 a root cause identification and corrective and permanent action must be planned. Status red or green and signed by the director when closed.



5. Kibosh Ideas that are unable to be implemented.

6. In process Ideas that are in process of being implemented.

7. Complete Ideas that have been implemented.

What is tracked on MDI Board for site and/or lean team?



TRUE NORTH METRICS

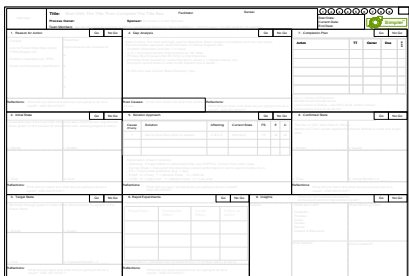
DRIVER METRICS

TOP CONTRIBUTORS

COUNTERMEASURES

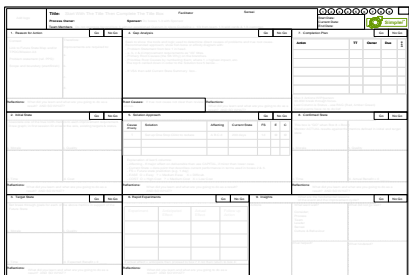
Management System- “Solving problems at the appropriate level”

TPOC A3

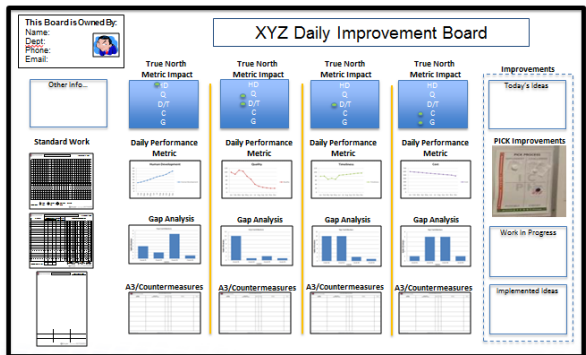
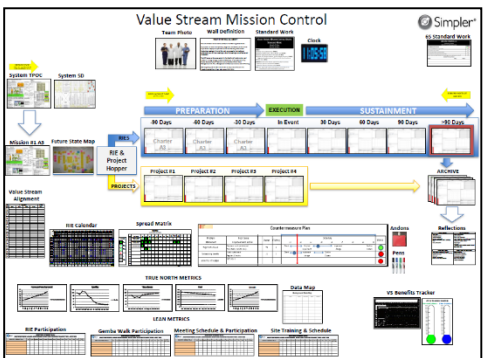
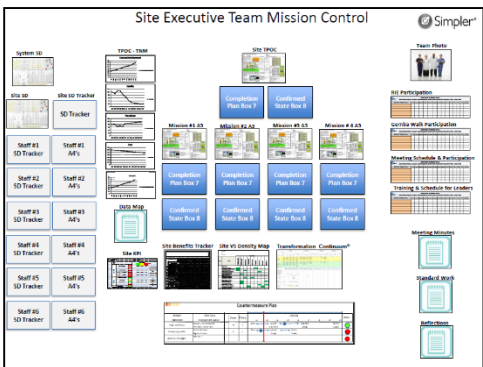
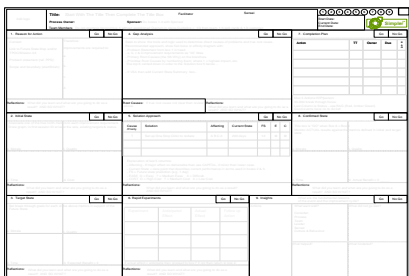


VS

Value Stream A3

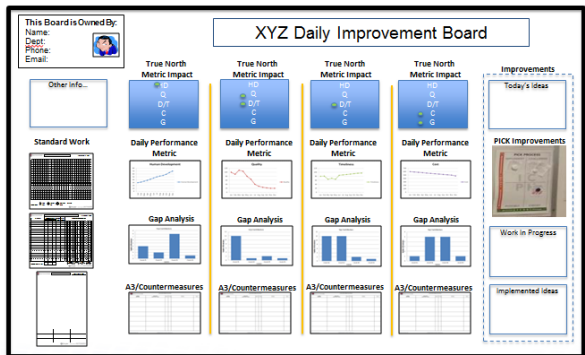


Department MDI A3



MDI

Managing for Daily Improvement (MDI)



Achieving Results (Box 8 = Box 3)

TPOC A3

A3 form template with red numbers 3 and 8. The number 3 is in the bottom left box, and the number 8 is in the bottom right box.

Value Stream Mission A3s

A3 form template with red numbers 3 and 8. The number 3 is in the bottom left box, and the number 8 is in the bottom right box.

A3 form template with red numbers 3 and 8. The number 3 is in the bottom left box, and the number 8 is in the bottom right box.

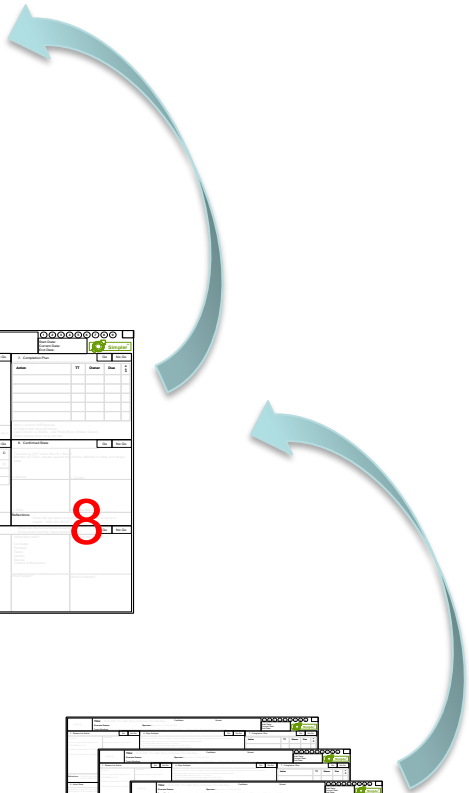
RIE A3s

Stack of A3 forms with red numbers 3 and 8. The number 3 is in the bottom left box, and the number 8 is in the bottom right box.

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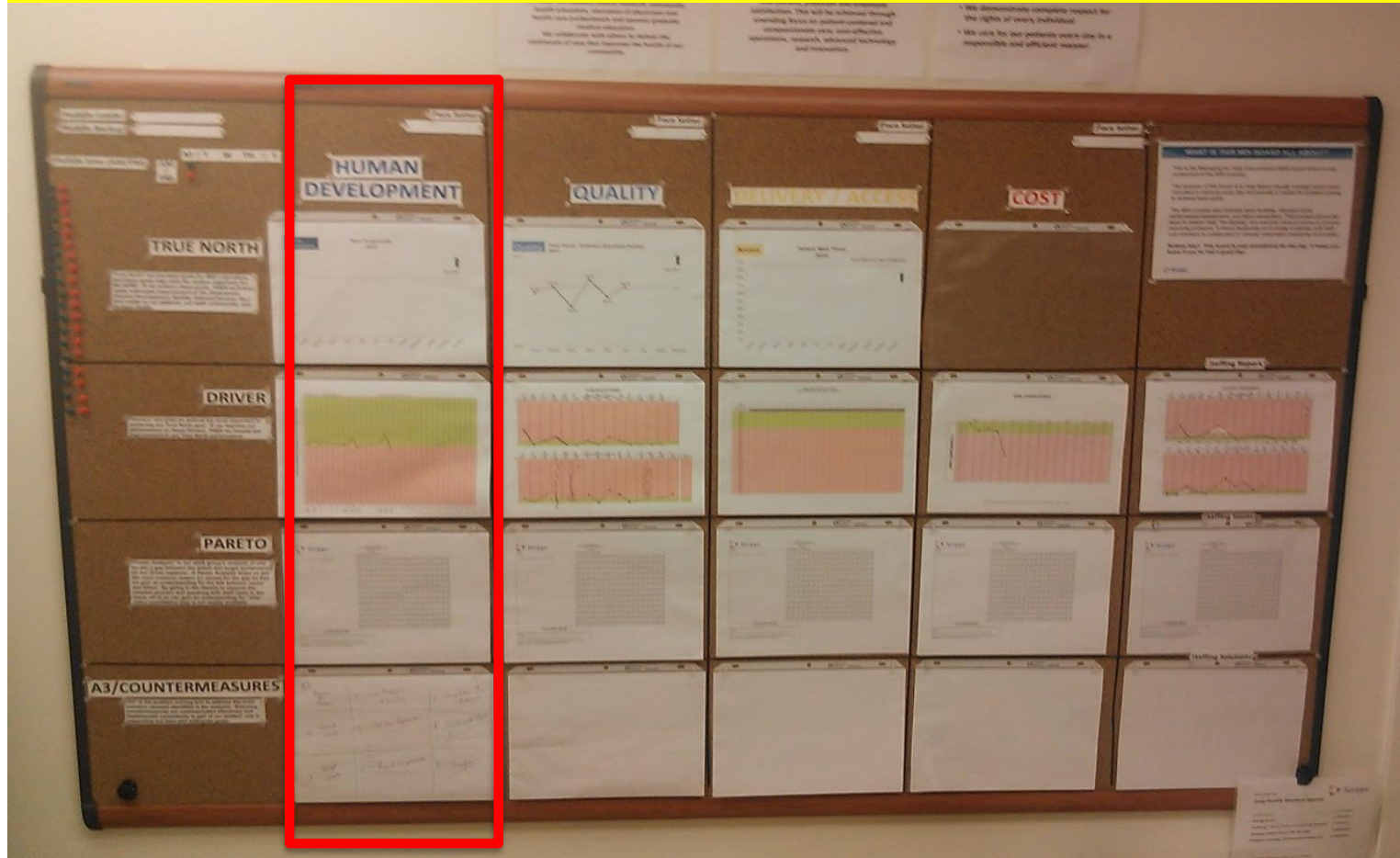
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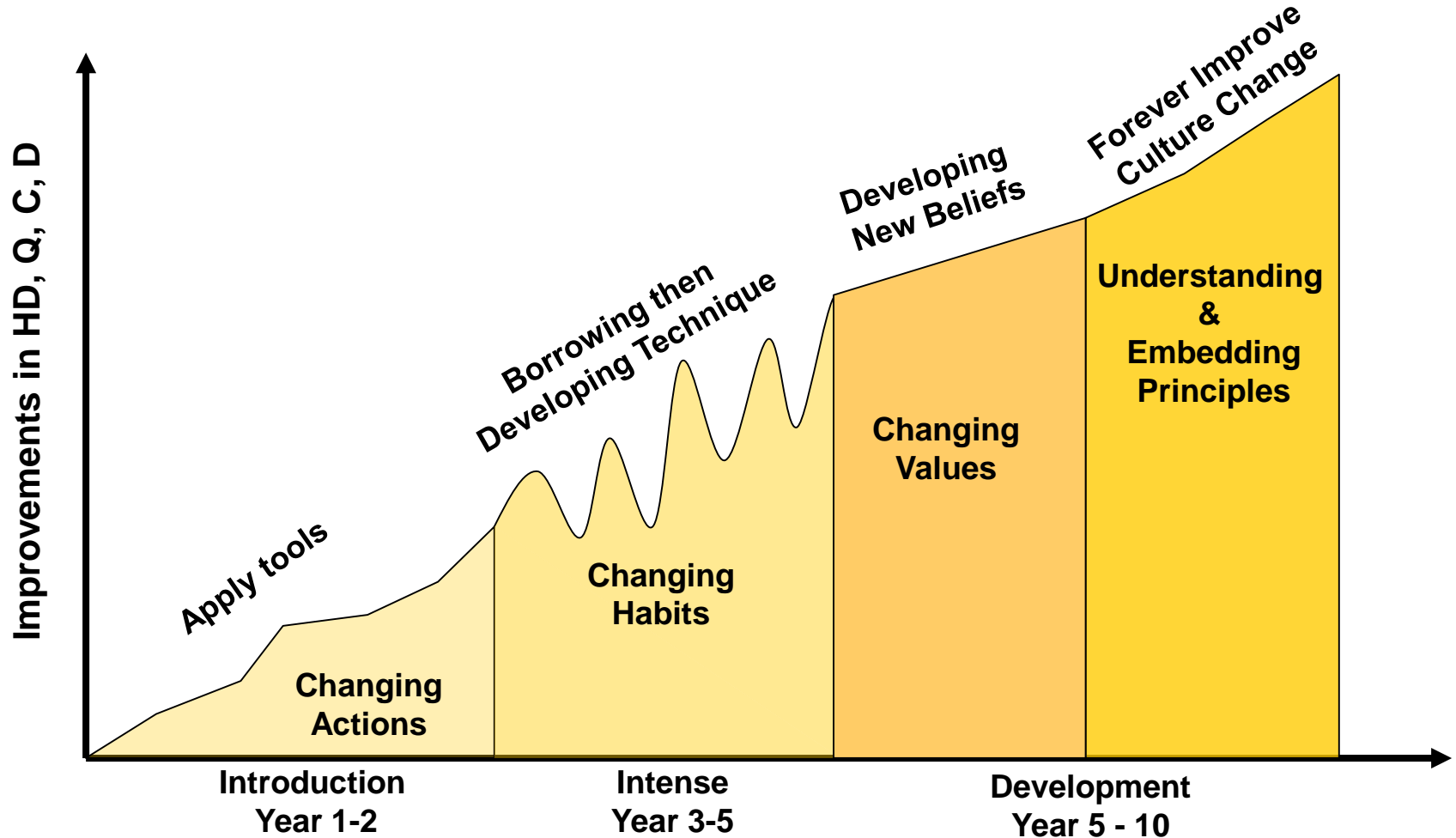


Getting started with your Site Level or Lean office Board

Start Small, Develop Awareness and Routines!



The Transformation Journey



Questions and Next Steps



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