Building Continuous Improvement Skills Across an Institute

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Administrator
Digestive Disease Institute
Institutes at Cleveland Clinic

• 2007 – 2008: Transition from division and department structure to institutes

• 16 clinical institutes, organized by diseases and organ systems

• Facilitates patient care, research and education
Digestive Disease Institute

• Bariatric & Metabolic Center
• Center for Human Nutrition
• Colorectal Surgery Department
• Endoscopy
• Gastroenterology/Hepatology Department
• General Surgery Department
Digestive Disease Institute

• 142 physicians
• 24 locations
• 420 employees
• 61,416 patient days
• 64,009 endoscopic procedures
• 109,947 outpatient E & M visits
• 46,143 new patients
• 20,094 surgical cases
Digestive Disease Institute

• Embed support
  – Clinical Systems
  – Continuous Improvement
  – Human Resources
  – Information Technology
  – Philanthropy
  – Quality
Digestive Disease Institute

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Digestive Disease Institute

• Continuous Improvement Embed
  – Monthly business reviews
  – Access
  – Care paths
  – Patient Experience
  – Productivity
  – Education and training
Environment

• Rapid change

• Emphasis on:
  – Cost repositioning
  – Efficiency
  – Employee engagement

• Many improvement opportunities

• Limited bandwidth for continuous improvement
Multiple Choice Question:

How do we ask our personnel to do more, with the same or fewer resources, while at the same time improving caregiver engagement?

a) Ask Continuous Improvement Department for more resources
b) Impossible!
c) Prescription Medication
d) Visual Management
Visual Management

• Visual Management
  – A short, frequent, team-based, improvement meeting utilizing metrics that are visually displayed
  – Fits best where a group counts on each other frequently to deliver results (they benefit from acting more as a unit)
    – Team members are physically located near each other
    – Ideal team size is between 4 and 15 people
    – Leader of area adopts this as a management technique
Visual Management

- Visual Management
  - Uses a simple, visual picture of how we are doing
  - Uses a short 5-10 minute daily meeting:
    - Prepares team for the day
    - Helps manage workgroup improvements
  - Goal is to facilitate improvements (more with less)
  - Followed Plan, Do, Check and Act cycles
Plan

• Pilot visual management in two areas:
  – An area struggling with employee engagement
  – An area struggling with follow-through

• Measure success by:
  – Progress on action items
  – Improvement in employee engagement
Pilot #1

• Center for Human Nutrition:
  — Struggling with employee engagement:
    — Themes of Communication and Clarity
      — Know what is expected of me
      — Commitment to quality
      — Supervisor support
      — Opportunity - Do what I do best every day

• Measure success by:
  — Employee engagement improvement
Pilot #2

• **Endoscopy**
  – Struggling with follow-through
    – Endoscopy = 25% DDI net revenue
    – Supply costs/procedure = +10%
    – Supplies as % of operating revenue fluctuating from 11% to 16%

• **Measure success by:**
  – Progress on action items
Do

• Core team formed for each pilot area
• Meeting times & metrics selected by team members
• Teams met daily and evolved their visual management practices
  – Where?
  – Who?
  – Who is building board?
  – When should we start?
Guiding Questions

• How do we know if we did a good job yesterday?
• How do we know it’s going to be a “bad” day?
• What matters most to us as a team?
• How can we tell if we are providing adequate quality to our customers?
• How can we tell that we’re providing services in a timely manner?
• How can we tell if we’re spending the “right” amount of time to deliver these results?
“Good Metrics” Exercise

• Each team thinks of at least 2 metrics that answer any questions on the previous page

• Use this checklist to see if they are good metrics:
  – Simple – very clear what it is measuring, easily understood
  – Measurable – simple to measure daily
  – Actionable – We have influence over this
  – Relevant – it matters to us and our customers
  – Timely – Can be measured soon enough after something happened, that we know what caused it
Visual Boards

• 3 critical components of a good visual board
  – Agenda – to keep us on track and on time
  – Metrics/Measures – Tracking to see how we’re doing
  – Improvement/solution tracking
Center for Human Nutrition

• Core team: Registered Dieticians (6) and Dietetic Technician
• Meeting time: 8:30am daily
• Metrics: # erroneously scheduled appointments
• Visual management practice evolved over time
Center for Human Nutrition

- What do we need to be aware of today?
- How did we do yesterday & Why?
- Improvements ideas and status
- What do we need to know today?
- How did we do yesterday & why?
- Improvement ideas & progress.

5 minutes

George (PR)

For ideas, answer:
- Who is best equipped to do
- What is the next step?

-10
-5
5
10
15

For ideas:
- Improvement Ideas
  - Things we are working on
  - Things others are working on
  - Completed

- Errors
- Add-ons
- 11/5-0
- 11/6-0
- CART/Chem: non-HAG

Transplant:
- 11/6-0
- 11/7-0
- 11/8-0
- 11/9-0

July
August
Endoscopy

• Core team: Nurse Manager, Equipment Manager, Inventory Coordinator, Finance Manager

• Meeting time: 9am daily

• Metrics: Orders not received in 7 days, $ ordered vs. $ consumed, cart discrepancies

• Visual Management practices evolved
Endoscopy
DDI Visual Management

• Role of manager or supervisor
  – Participate
  – Do not dominate
  – Facilitate
  – Celebrate “problems”, say Thank you
  – Enable the team to solve problems where possible
  – Don’t say “No” to an idea, instead raise challenges (bring common perspective)
Check

• Are we achieving our goals for the pilot areas?
  – Center for Human Nutrition
    – Improvement in employee engagement
  – Endoscopy
    – Accuracy and accountability of inventory
Center for Human Nutrition

• Employee engagement
  – +1.1 point increase in grand mean
  – Moved from 2\textsuperscript{nd} to 58\textsuperscript{th} percentile
  – Generated many improvement ideas
  – Greatly reduced incidence of scheduling errors to negligible level
Endoscopy

• Improve accuracy of Inventory
  – Secured storeroom
  – Established par levels
  – Better understanding of product usage and trends
  – Identified points where break downs occur
  – Moving toward purchasing based upon par values
  – Standardization of products
Act

• Offering to all clinical and administrative areas in DDI
• Training 6 DDI Visual Management “Coaches”
• Requiring all managers to consider Visual Management in their area
• Aligning visual management with strategic goals
DDI Visual Management

• **Meeting with supervisor to overview “visual management”, benefits, costs, expectations**
  – If “yes”, determine team members & discuss possible metrics
  – Schedule time for 90 min “kick-off” with team

• **Kickoff** (90 min)
  – Introduce the concept
  – Team Determines the “critical few” metrics to track
  – Designs ‘board’ – graphs, improvement tracking, agenda
  – Determine when & where to have first meeting (within 1 week)

• **Coaching** (15 minutes/ day for 1 week)
  – “coach” attends meetings & coaches behaviors (time keeping, keeping on agenda, ‘servant leader/ enabling’ supervisor behaviors, problem solving.)
  – Stop back for periodic check (Management Rounding)
DDI Visual Management

**Implementation:**

<table>
<thead>
<tr>
<th>Visual Management Area</th>
<th>Manager</th>
<th>Supervisor Meeting</th>
<th>Kick Off (With Team)</th>
<th>Meetings Active</th>
<th>Coached to Sustain</th>
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</thead>
<tbody>
<tr>
<td>GI Secretary Team(s)</td>
<td>Annette McKissic</td>
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<tr>
<td>Nutrition- CRRT</td>
<td>Karen Giaco</td>
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<tr>
<td>A3 PSR team</td>
<td>Pat Dailey/ Tamika</td>
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<tr>
<td>H50 Nurses</td>
<td>Susan Beam/ Bruce Robinson</td>
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<tr>
<td>Solon Call Center (DDI &amp; GUKI Area)</td>
<td>Aaron Miles &amp; Hunor Szabo</td>
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<tr>
<td>M66 Bariatrics Med Secretaries</td>
<td>Sherelle Tucker</td>
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<td>DDI NP/PA team ?</td>
<td>Rebecca Wainwright</td>
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<td>Capsule Endoscopy ?</td>
<td>Jennifer Levine</td>
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<td>Education</td>
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<td>DDI Research</td>
<td>Susan Thomas</td>
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<td>A3 CORS Secretaries</td>
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<td>A100 Clinic</td>
<td>Nemo Smith/ Lisa Taylor</td>
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<td>TBD</td>
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<tr>
<td>Nutrition- Weekly CHN meeting</td>
<td>Cindy Hamilton / Bonnie Javurek</td>
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</tbody>
</table>
DDI Visual Management

• Coaches
  — Volunteers who have shown special skills in visual management
  — Take ownership of an implementation of visual management
DDI Visual Management

• Senior management
  – Participate – Try to visit a huddle at least once a month
  – Congratulate team on items accomplished and thank them
  – Ask what they need help with and enable the team to solve problems where possible
  – Offer managerial perspective – speak to goal alignment
DDI Visual Management

Achieving goals is a team effort. How do we impact DDI goals?

Clinical Excellence
- Physician Integration
- Patient Access/Experience
- Clinical Quality
- Evidence Based Medicine
- Stakeholder/Physician Partnering
- Operating Excellence

Growth and Financial Delivery
- Strategic Growth, Brand Enhancement, Innovation
- Physician Integration
- Stakeholder/Physician Partnering
- Operating Excellence

Research, Innovation, and Education
- Research and Outcomes
- Evidence Based Medicine
- Technology Enhancements
- Education

Caregiver Engagement
- Employee & Staff Engagement
- Education

Cleveland Clinic
Coaching Aids

Daily Metrics
- Metrics used to facilitate problem solving
- Team reviews metrics regularly at huddles
- Daily metrics posted and maintained
- Visual display supports work being done

Problem Solving
- Metrics are improving
- Updates on Action Plans occur at huddles
- Problems discussed by team and actions recorded
- Visual display is maintained

Visual Display
- Regular time for huddle established
- Huddle on schedule and uses standard format
- Two-way communication / interactive sessions

Huddle Process

Cleveland Clinic
What Caregivers are saying…

• “There are fewer emergencies because we planned the day”

• “We’re finally fixing the problems we never got around to”

• “I get to share ideas, and they are taken seriously”

• “It’s nice that our supervisor owns some tasks, and reports back to us on her progress so frequently”
What Caregivers are saying…

• “Every day, someone asks if I need anything”
• “It feels much more like a “real” team than it did before”
• “I wish all of my meetings were like this one, time well spent”
• “We’re empowered to lead ourselves and that feels good.”
• “We finally have proof that we do an excellent job.”
Potential Barriers to Success

• Visual management coaching capacity
  — Applying this to various work teams and seeing actual changes in workgroup behavior takes a bit of customization and coaching
  — Overcoming this through a “train the trainer” program
  — Offered coaching as a development opportunity
Potential Barriers to Success

• Sustaining results
  – Making it a part of how we do business
  – Incorporating leadership rounding into the visual management practices
  – Aligns well with servant leadership
Potential Barriers to Success

• Selecting stakeholders to participate on teams
  — Involve anyone who may impact the metric, upstream and downstream, even if they aren’t part of the core team

• Keeping team motivated and inspired as they faced hurdles/obstacles/challenges
Summary

• Visual management is an effective vehicle for continuous improvement
  — Identifying ideas for improvement
  — Facilitating implementation of improvement ideas

• Added value of enhancing employee engagement
  — Empowers caregivers
  — Gets at “What matters most”

• Allows caregivers to connect their daily work with strategic goals
Building Continuous Improvement Skills Across an Institute

• Thank you for attending this session

• Here is my contact information:
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