

# HEALTHCARE SYSTEMS PROCESS IMPROVEMENT

CONFERENCE 2013

Sponsored  
by:



SOCIETY FOR HEALTH SYSTEMS

LEADING HEALTHCARE IMPROVEMENT

## To Survive or Not to Survive...? WMH's Surgical Services 5S Journey

*Tangela Craft*

*Premier Performance Engineer*

By mid 2011, most of Wayne Memorial's surgical services supplies and equipment had been literally squeezed out into the hallways for storage and they were literally bursting out at the seams. Plant Operations leaders were rightly concerned about Fire Safety violations, AND more importantly, The Joint Commission was expected in just a few more months! Obviously, something had to be done and quick. There was a need for change in supply management and in culture. As a way to improve management of equipment and supplies and avoid potential negative repercussions from the imminent Joint Commission survey, surgical services staff stepped up to the challenge by adopting the Lean Six Sigma 5 S technique—sorting, setting in order, standardizing, shining, and sustaining.

## Wayne Memorial Hospital

- ▷ Goldsboro, NC (eastern NC)
- ▷ 316 bed community hospital
- ▷ 1,599 employees
- ▷ Average daily census =166
- ▷ ED visits in 2011 = 55,902
- ▷ OB deliveries in 2011= 1,475
- ▷ 12,680 surgeries

WAYNE MEMORIAL HOSPITAL  
an affiliate of Wayne Health Corporation



2

Before we get into the specifics of our journey, let me give you some background on Wayne. Wayne Memorial is a full-service, 316 license bed general acute care hospital located in Goldsboro, NC. We are a stand-alone mid to large size hospital in a sub-urban area of eastern NC.

Like many organizations of this nature, WMH's strategic goals includes '***ensuring that the highest levels of customer satisfaction & staff satisfaction and retention are maintained as well as putting into place the systems and processes necessary to assure that services are delivered in an efficient manner without compromising quality and safety issues.***' Therefore, a few years ago, WMH began using the Lean Methodology for Performance Improvement to make a favorable impact on their bottom line to directly impact performance.

## Executive Summary

- ▶ Impetus for change...
  - Reconstruction relocated OR equipment & supplies to hallways
  - Fire Safety & imminent TJC visit
- ▶ Division-wide 5S:
  - Over **\$31,000** in sale of surplus items and inventory reduction
  - 13.1% decrease in OR inventory volume in FY 12 (over **\$167,000**)
  - More efficient shelving/storage solutions
  - Improved staff and physician moral
  - Successful TJC visit (secure CMS revenues)
  - Trained, competent, & actively engaged front-line staff



To summarize, there was definitely an impetus for change. Some necessary reconstruction had Wayne Memorial's Surgical Service division in a bit of a quandary in early 2011. So, Performance Engineering was requested to assist them in using some of these Lean techniques & tools. 5S, a 'Lean' five-step performance improvement approach, helped Wayne Memorial to better organize and locate surgical supplies and equipment by removing outdated/unneeded supplies & items all over the entire division, thereby, improving patient safety and reducing supply costs as well as staff time spent searching for needed items.

The hospital immediately realized over **\$31,000** in sale of surplus items and inventory reduction. WMH's Surgical Purchasing Manager also attributed a 13.1% decrease in OR inventory volume (over **\$167,000**) from FY11 to FY12 as "...due primarily to our efforts in regards to the Six Sigma project." WMH was also successful in negotiating for future discounts in more efficient shelving/storage solutions from a new vendor. Furthermore, staff and physician moral was also greatly improved by making it easier and quicker to locate needed supplies and equipment even during this particularly potential volatile experience. Finally, a very successful TJC visit helped hospital administration rest easier knowing the about **\$90M** in revenues from Medicare & Medicaid were still secure. A newly trained, competent, & actively engaged Wayne Memorial surgical services staff team took control over their potentially negative situation and created the tools and culture to turn their 'problems' into solutions.

## Areas of opportunity...



When Performance Engineering (PE) was first called to Surgical Services in mid 2011, it was quickly apparent that every single hallway and open space was crammed full of equipment and supplies. There were rumblings of not everyone knowing where to find items and physicians becoming upset when a case was delayed and staff had to spend precious time searching for needed supplies or equipment.

## Areas of opportunity...



5

Due to the reconstruction in early 2011, most of the surgical services supplies and equipment had been squeezed out into the hallways for storage and they were literally busting out at the seams. In addition to this, The Joint Commission (TJC) expected visit by the end of the year had forced WMH's CNO's top priority to now become clearing those hallways – all this without surgical services division leadership in place (the Administrative Director had taken a medical leave of absence).

## In need of 5S?

---



6

When the remaining surgical services division leadership team reached out to the Performance Engineer for assistance at the direction of the CNO, the PE immediately thought of all the Lean training she had recently been conducting at the hospital and in particular the Lean 5S tool. So..., what they thought was simply help to calculate how much space would be needed for all their existing equipment and supplies quickly became a large scale 5S project for the entire division.

## Ask Yourself???

---

- ▷ Are you busting out of your area with no place for storage?
- ▷ Is your staff spending precious time hunting for supplies / equipment, etc...?
- ▷ When surveyors show up, are you worried about what they might find?
  - Remember, The Joint Commission was due @ WMH any time
  - And Fire Safety is ALWAYS a Plant Operations concern
- ▷ Do you have lots of items, “just in case” you need them?

If you answered **yes** to any of the above questions, then 5S is for your unit/department

7

The PE asked the division’s leadership team these questions from one of slides in the Lean 5S training deck, and they readily agreed that a 5S in addition to a few other tools were in order for their current dilemma.

## Why the “Team” Approach or LEAN works...?

---

“It’s the way to **identify** and **remove waste**: instituting improvements that **truly are owned by the staff members**, because these efficiencies were created by the people doing the work, not by consultants, engineers, managers or experts.”

Source: “Hospitals & Health Networks Daily” by Mark Graban and Rob Harding, August 9, 2011

8

Surgical Services division leadership also agreed that the 5S and solutions needed would best be served by teaching and empowering front line staff to tackle this endeavor themselves for many of the same reasons Mark Graban and Rob Harding discussed in their 2011 article in “Hospitals & Health Networks Daily.”

## The Team that made it happen...!



**Front Row:**  
Joy Overman  
Terry Barnett  
Jamie Howell

**Middle Row:**  
Kim Honeycutt  
Lisa Grant  
Janice Maddox

**Back Row:**  
Eugene Whitley  
Sherry Murvin  
Lugene Fortney

Not Pictured:  
Vernita Burden,  
Angela Jones  
Deon Keen,  
Dee Liverman



Regina Hill



Tangie Craft & Lori Graham

The team was comprised of cross functional staff (RNs and techs) from various surgical disciplines (Neuro, Ortho, General Surgery, Uro, Central Sterile, Endo, etc.), inventory technicians, and Nursing assistants. Support team included other management and staff from the OR, Plant Operations, EVS, Materials, Radiology, and IT. It is important to note that the team was primary comprised of staff members with very little Management involvement other than to provide direction & dissolve road blocks.

# WMH Team Sanction & Team Charter

**Sanctioned Performance Improvement Request**

Team Identified: Storage of Medical Equipment/Supplies in patient areas within Surgical Services

Submitted by: Lisa Fortney and Gina Hill

Reason for Submission: Fire and Equipment Storage Solutions for equipment, stretchers and galleys

Involve Multiple Departments/Individuals?  Yes  No

List Department/Individuals Involved: OR, Central Sterile, Anesthesia, PACU, Surgical Support, ERIC, BWHQ, Pathology and Materials Management

High Volume:  Yes  No High-Risk:  Yes  No Problem Area:  Yes  No

Known to be Problematic:  Storage equipment/Supplies in patient areas

Primary Problem(s):  Immediate Access to needed equipment and supplies

Key(s):  Status 25 events within surgical services in order to expedite storage needs and solutions.

Indicate what area can potentially be improved by a PI focus effort (i.e., improved patient outcomes, decreased costs, increased productivity, decreased duplication of effort, safety issues, etc.)

To be completed with Joint Commission Standards, Life Safety Codes and Fire Safety Codes. Increase productivity and duplication of efforts. Reduce time spent looking for supplies and equipment.

Project Start Date: December 31, 2013 Follow-up Date: Monthly to Monitor and Sustain

Recommended for sanction by Team:  Yes  No

PI Signature & Date: \_\_\_\_\_

List department/individuals recommended for team participation: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Janice Macklin, Lisa Fortney, Gina Hill, Jay Chapman, Steven Martin, Jay Chapman, Janice Macklin, Dawn Kato, Lisa Hill, Gina Hill, Loretta Caputo, BWHQ, et al. (see attached spreadsheet) (all initials and last names)

Quality Council:  Approved  Not approved Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

SS Surgical Services PI Team				
Project SCOPE		Leadership		Schedule
Value Stream: <u>Storage &amp; Equipment</u>	Executive Sponsor: <u>Shirley Macklin, RN, CMO</u>			Date: _____
Project Name: <u>SS Surgical Services PI Team</u>	Team Lead: <u>Janice Macklin, Gina Hill &amp; Lisa Fortney</u>			Start/End Times: _____
Specific Conditions: <u>Clear of patient egress areas.</u>	Facilitator: <u>Janice Hill</u>			Location: <u>Wright Services</u>
Process Trigger: <u>C-106 Safety Fire Safety</u>	Other Leaders: _____			Interim Briefing: <u>Weekly meeting w/PI Team by the Facilitator @ 1:00P</u>
First Step: <u>to action</u>			Workforce Training: _____	
Last Step: <u>All participants agree clear areas and create of departmental policy</u>			Team Process/Status: _____	
Project Boundaries & Limitations: <u>Health &amp; equipment relocation</u>				
Project Drivers / Current State Issues		Team Members		
1. <u>Low communication flow</u>	Function: _____	Director/Manager: _____	Team member Name: _____	Team member Name: _____
2. <u>Fire Safety</u>	1. <u>Event Team Leader</u>	Gina Hill	Janice Macklin	
3. _____	2. <u>and Emergency Tech</u>	Gina Hill	Jay Chapman	
4. _____	3. <u>Event Team Leader</u>	Gina Hill	Janice Macklin	
5. _____	4. <u>Emergency Tech Leader</u>	Gina Hill	Janice Macklin	
6. _____	5. <u>Emergency Tech</u>	Gina Hill	Janice Macklin	
7. _____	6. <u>Emergency Tech - Captain/Chief/Deputy</u>	Gina Hill	Janice Macklin	
8. _____	7. <u>HR</u>	Gina Hill	Janice Macklin	
Project Goals & Objectives		On Call Support		
1. <u>Increase productivity through standardization of supplies and equipment locations &amp; be able to spot problems quickly</u>	Function: _____	Director/Manager: _____	Team member Name: _____	Team member Name: _____
2. <u>Improve patient satisfaction with standardized equipment and supplies</u>	1. <u>Event Supervisor</u>	Janice Macklin/Lisa Fortney	Janice Thompson	Janice Macklin
3. <u>Improve equipment and supplies</u>	2. <u>Event Supervisor</u>	Janice Macklin/Lisa Fortney	Janice Thompson	Janice Macklin
4. <u>Improve OR patient satisfaction through improvement of OR patient satisfaction</u>	3. <u>Event Supervisor</u>	Janice Macklin/Lisa Fortney	Janice Thompson	Janice Macklin
5. _____	4. <u>Event Supervisor</u>	Janice Macklin/Lisa Fortney	Janice Thompson	Janice Macklin
6. _____	5. <u>Event Supervisor</u>	Janice Macklin/Lisa Fortney	Janice Thompson	Janice Macklin
7. _____	6. <u>Event Supervisor</u>	Janice Macklin/Lisa Fortney	Janice Thompson	Janice Macklin
8. _____	7. <u>Event Supervisor</u>	Janice Macklin/Lisa Fortney	Janice Thompson	Janice Macklin
Potential Deliverables		Approvals		
1. <u>Clear egress areas for equipment and supplies</u>	Executive Sponsor: _____	Team Lead: _____	Facilitator: _____	Other: _____
2. _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____
3. _____	Date: _____	Date: _____	Date: _____	Date: _____
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				

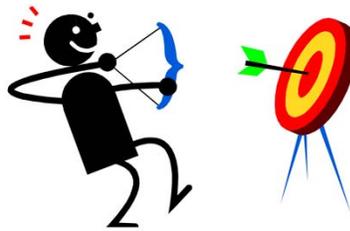
“If you don’t know where you are going,  
 you just might end up somewhere else”  
 Yogi Berra

Per WMH custom, a team sanction request was submitted to WMH senior management for approval. A team charter specifying project scope, boundaries, team members, goals & objectives, and deliverables, etc. was also developed to help keep the team focused.

## Team Goals & Objectives

---

- ▷ Clear all patient egress halls
- ▷ Increase productivity through standardization of supplies and equipment locations to be able to spot problems quickly
- ▷ Improve physician satisfaction with standardization of supplies and equipment
- ▷ Improve staff satisfaction / morale through involvement



11

It is safe to say that the team achieved all of the goals and objectives identified in the initial team charter!

## 5S System

- Sort (Seiri)
  - Get rid of unneeded items
- Straighten (Seiton)
  - Organize and label the location for items that are needed in the area
- Shine (Seiso)
  - Clean the workspace, including equipment cleaned & prepped for use
- Standardize (Seiketsu)
  - Develop cleaning methods & cleanliness standards to maintain the first 3 S's
- Sustain (Shitsuke)
  - Review the workplace regularly. Make it a habit.



12

After the team was formed & sanctioned and the project charter developed, training team members on Lean, and in particular the 5S tool, followed.

Based on five Japanese words that begin with 'S', the 5S Philosophy focuses on effective work place organization and standardized work procedures. 5S simplifies your work environment, reduces waste and non-value activity while improving quality efficiency and safety.

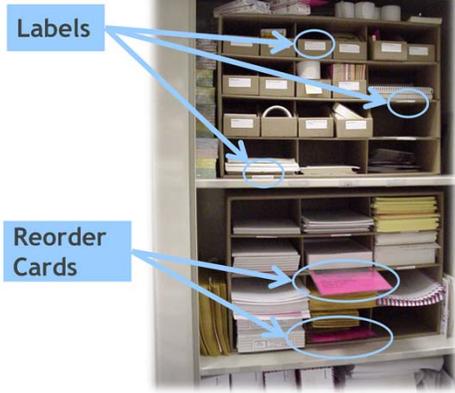
5S involves:

- Sort to get rid of unneeded items
- Straighten to organize and label the location for items that are needed in the area
- Shine to clean the workspace, including equipment cleaned & prepped for use
- Standardize to develop cleaning methods & cleanliness standards to maintain the first 3 S's
- Sustain to review the workplace regularly and make the improvements habit

Once fully implemented, the 5S process can increase morale, create positive impressions on customers, and increase efficiency and organization. Not only will employees feel better about where they work, the effect on continuous improvement can lead to less waste, better quality and faster lead times. Any of which will make your organization more profitable and competitive in the market place.

# Knowing What's In It and Where It Is

## Supply Map on Door

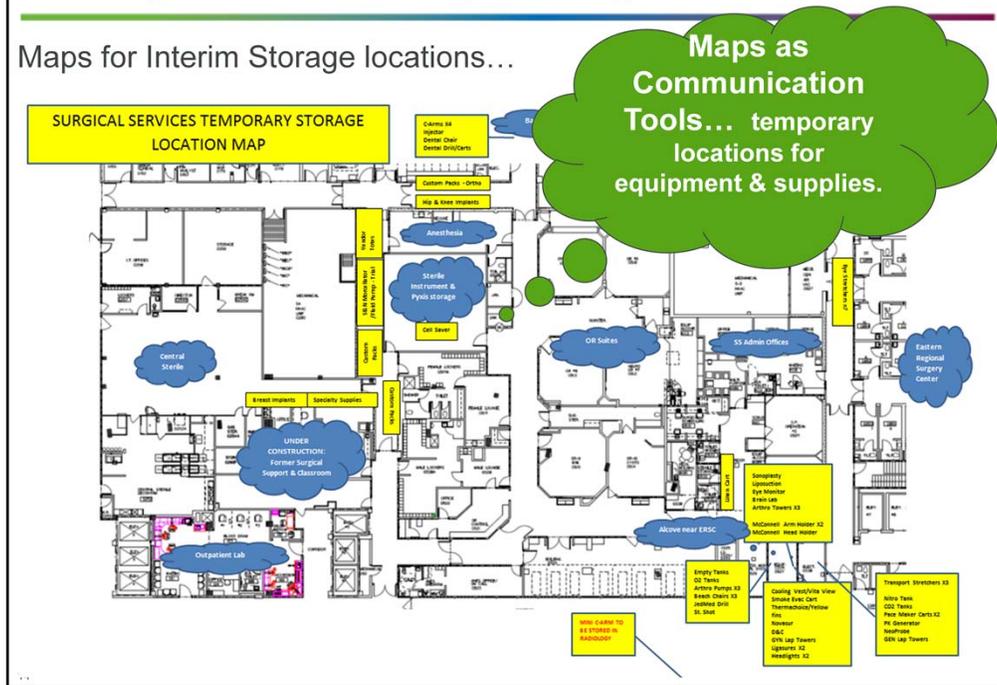


Paper Products & Mailing Supplies					
11x17 Post-It	8 1/2 x 11 Post-It	4 1/4 x 6 1/2 Post-It	4 1/4 x 6 1/2 Post-It	5 1/2 x 8 1/2 Post-It	Letter Quality Post-It
1	2	3	4	5	6
Widener Cards	Rotators Card Protectors	Addressing Machine Tapes	Phone Message Pads	Phone Message Books	11
7	8	9	10	11	12
Fax Labels	Lined Envelope Labels	Ziploc Bags	Ziploc Bags	Ziploc Bags	Ziploc Bags
13	14	15	16	17	18
BCAG Mailing Labels	Discrete Makers	In-plant Mail Package Labels			
19	20	21	22	23	24
Engineering Pads	Lead Spiral Pads	Engineering Grid Spiral Pads			
25	26	27	28	29	30
BCAG Letterhead	BCAG Letterhead, second page	BCAG 10x12 Envelope w/Window			
31	32	33	34	35	36
BCAG 10 x 12 Envelope, All Mail w/ window	BCAG 10x12 Envelope w/Window	BCAG 10x12 Envelope, All Mail w/ window			
37	38	39	40	41	42
BCAG 10x12 Envelope, All Mail w/ window	11 x 12 Manila Envelope	Padded Envelopes 6 x 9			
43	44	45	46	47	48
Envelopes BCAG 10x12	Envelopes BCAG 10x12	Envelopes BCAG 10x12	Envelopes BCAG 10x12	Envelopes BCAG 10x12	Envelopes BCAG 10x12
49	50	51	52	53	54
In-plant Makers	In-Plant Glueless Makers	In-Plant Limited Envelopes			
55	56	57	58	59	60

It is imperative to note that when working with supply storage units in office or patient care areas, it is important to know what's in it and when it needs to be replenished. More notably, it is important to include maps so staff can quickly find supplies they need. Maps and communication quickly became key to our success.

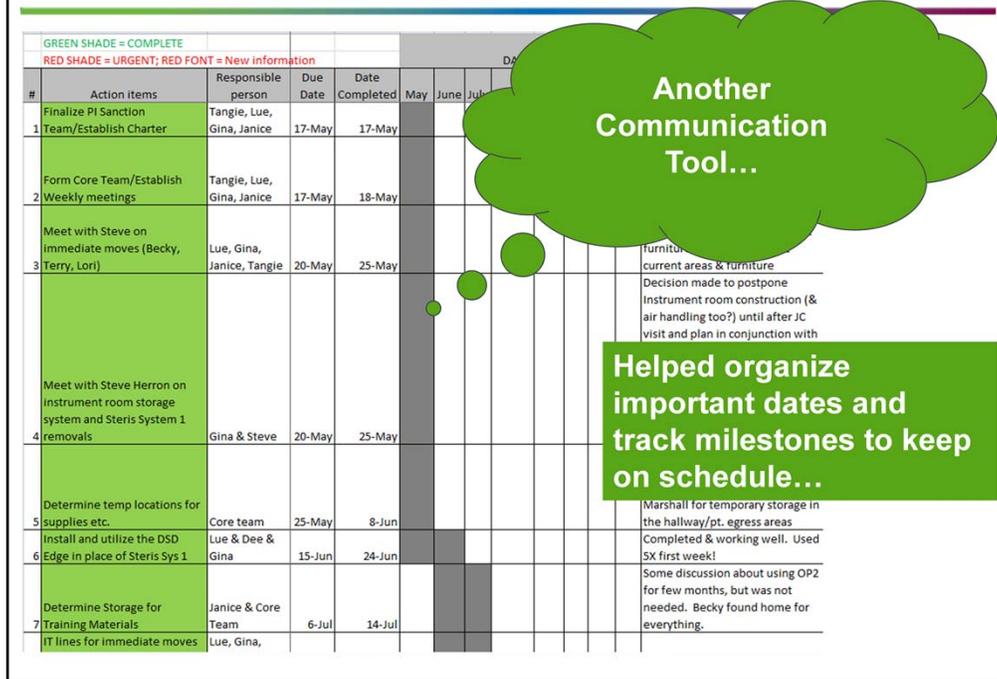
# Knowing Where It Is – Maps & Diagrams

Maps for Interim Storage locations...



Speaking of “knowing where it is and maps & diagrams”... the team learned early on just how important this is! After the initial lean and 5S training, a few of the team members became a little over zealous and decided to go ahead and put into practice what they had learned without a proper plan of action in place. They started to clear out and reorganize items based on what made sense to them without direction or notification & involvement of other staff or physicians in the department. Understandably, this kind of upheaval in an already precarious situation, caused quite a stir. Team members quickly learned that communication and maps in particular were key to success. After this initial uproar, this particular map was quickly developed and shared online as well as posted throughout the division to notify all staff AND physicians exactly where everything was located as the division was reorganized and renovated to accommodate storage requirements.

## Gantt Chart Timeline & Project Plan



Other communication tools also proved very useful. Since this particular 5S involved an entire division as well as much more than a normal simple two or three day 5S event, a project tracking tool was also in order. In addition to implementing what they had learned about sorting, straightening, shining, standardizing, and sustaining, the team was also tasked with finding other places within the division or hospital for the all the remaining equipment to fit besides the current egress halls it had found itself in. On top of this, the team had to develop a plan for temporarily relocating supplies and Pyxis machines in the sterile instrument room while it was renovated to accommodate new HVAC requirements and new storage/shelving solutions – all in 4-5 months before TJC was expected to visit. Project management, training, and most importantly COMMUNICATION were key.

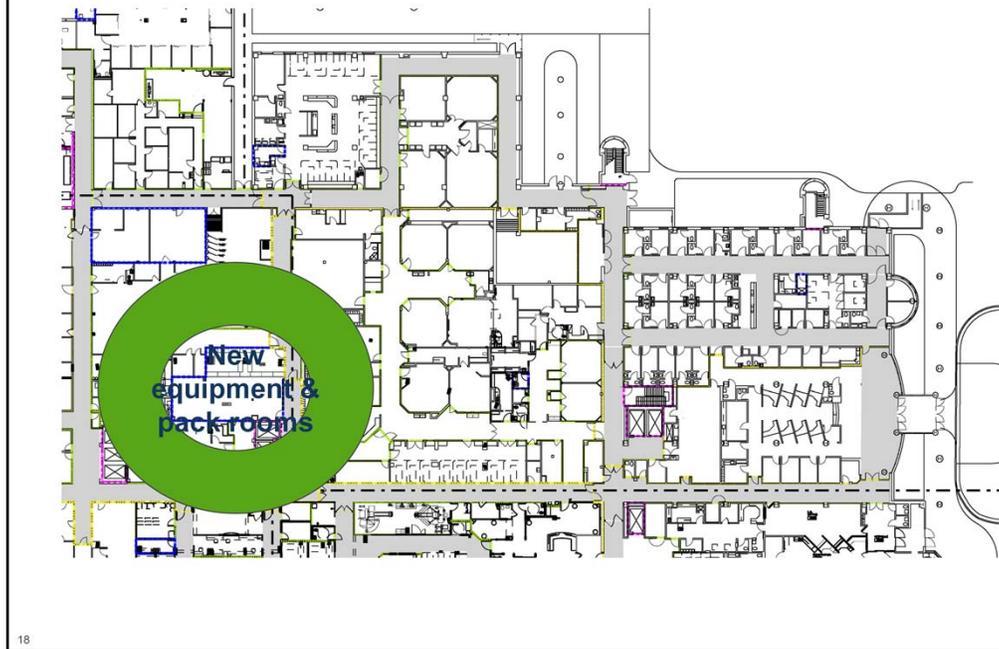
## Creating other options...



Although the PE and current division leadership whole-heartedly sought to include front-line staff in decision making as much as possible, loss of “their” space coupled with the loss of old division leadership had moral at an all-time low in the division at the beginning of the project. In order for the team to move past the ‘storming’ and into the ‘performing’ stage of team development, trust had to be established and staff had to move past their initial resentments.



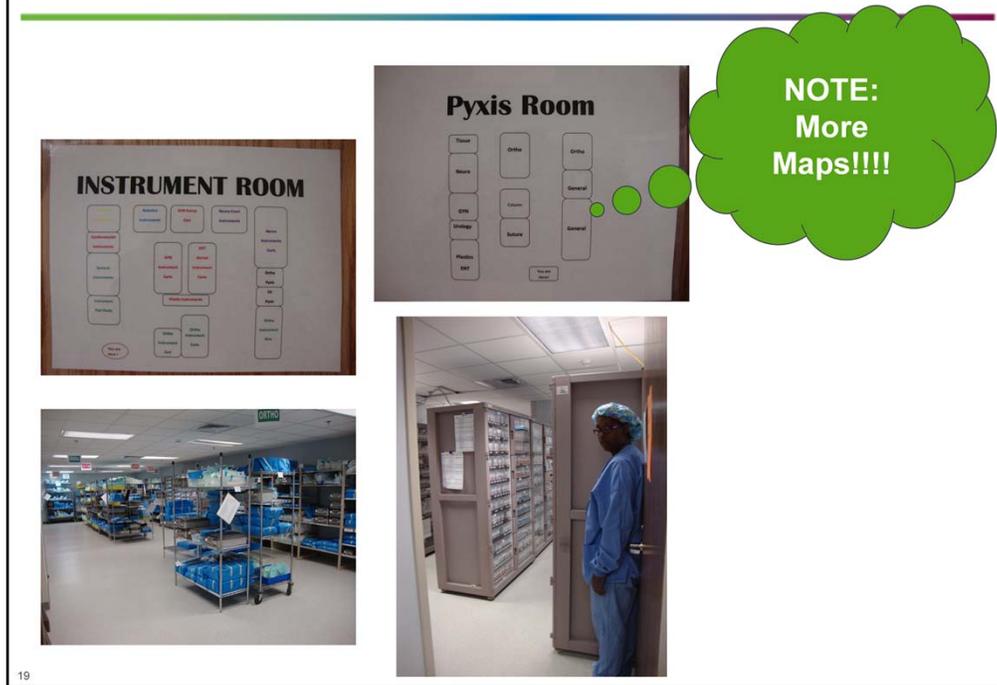
## Converting old Surgical Support Services into storage...



In just 4-5 months (June-Oct), team members:

- Successfully completed the 5S project throughout the division (sort, straighten, shine, standardize, sustain)
- Identified a viable alternative storage location (old Surgical Support offices) which included:
  1. relocating three offices/staff members
  2. working with construction teams to redesign the new area
  3. identifying and installing new more efficient storage solution/shelving for sterile instrument room
  4. temporarily relocating sterile instrument room supplies & Pyxis machines into newly constructed area including ensuring proper air handling / humidity control requirements were met for the sterile instruments
  5. relocating ALL equipment and supplies to new storage area and any other nook and cranny available in the department
  6. and, finally, communicating and providing maps for all the new equipment and supply locations (interim and final)

## Interim Sterile Instrument Storage...



The sterile instruments and Pyxis machines were temporarily relocated to the newly built equipment and pack storage area during the required HVAC upgrade and installation for the new shelving for the sterile instruments. Note that maps communicating equipment/supply locations were even provided during the interim move to smooth transitions as much as possible.

## Steris system dismantle...



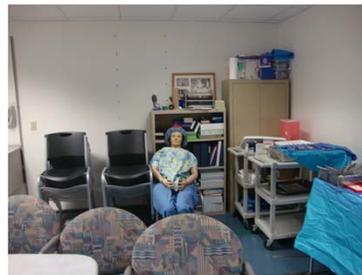
**NOTE:**  
Tape for  
labeling &  
organizing

Team HAD to take  
advantage of  
EVERY 'nook &  
cranny'!!!



The team really had to be creative in finding storage solutions for ALL the equipment and supplies. One very good idea included dismantling three Steris sterilization systems that were no longer used that took up quite a bit of valuable real-estate. Here physician buy-in for using a new DSD Edge for high level disinfection vs. sterilization had to be obtained.

Before: old Surgical Support offices & conference room...



21

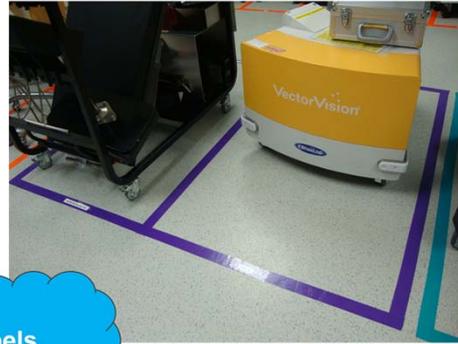
This is what the old surgical support offices and conference/training room looked like before it was renovated to serve as the interim sterile instrument & Pyxis machine and final equipment & pack room storage. A 5S was needed just here alone! Much of this was actually thrown out and all of it definitely reorganized into much neater and easier to locate areas.

## After: NEW equipment room & pack room...



The newly designed equipment and pack room were able to accommodate most of the equipment and supplies granting a much better organized method for storage. Again, note maps & tape for organizing and communication purposes.

## After: NEW equipment & pack room LABELING...



Labels,

- Green = Ortho
- Orange = ENT, EYES, Plastics
- Purple = Neuro
- Aqua = General
- Red = Cardio
- Pink = Gyn



23

Also, make note of use of color coding to quickly identify surgical specialty storage sections. The provided maps also followed the same color coding scheme.

## After: NEW equipment & pack room LABELING...



Labels,

- Green = Ortho
- Orange = ENT, EYES, Plastics
- Purple = Neuro
- Aqua = General
- Red = Cardio
- Pink = Gyn



## After: NEW equipment & pack room LABELING...

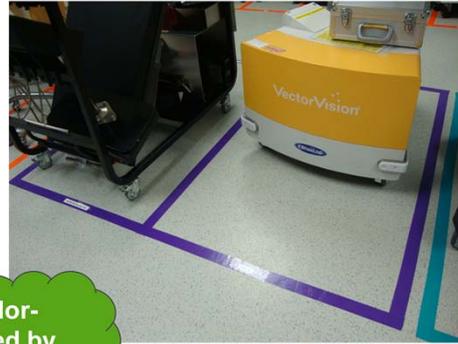


and  
MORE  
Labels...

- Green = Ortho
- Orange = ENT, EYES, Plastics
- Purple = Neuro
- Aqua = General
- Red = Cardio
- Pink = Gyn



## After: NEW equipment & pack room LABELING...



Color-coded by Specialty

- Green = Ortho
- Orange = ENT, EYES, Plastics
- Purple = Neuro
- Aqua = General
- Red = Cardio
- Pink = Gyn



## Hallways... Before & After

---



27

The next several slides show the newly cleared hallways... Almost eerie in comparison.

## Hallways... Before & After

---



28

## Hallways... Before & After

---



29

## Hallways... Before & After

---



30

## Hallways... Before & After

---



## Hallways... Before & After



It is interesting to note that at any given time this particular hallway could be literally full of stretchers. This was the hallway right outside the main OR suites AND Same Day Surgery prep & recovery rooms. The team had some difficulty in determining the best final location for these stretchers, but ultimately agreed on a nearby storage alcove that best accommodated patient flow. Also, division leadership was able to skim down the number of these stretchers and transfer the assets to Central Transport so they would not need to purchase themselves.

## New Sterile Instrument & Pyxis room...

**NOTE:**  
Bins, organization,  
item catalogues,  
and MORE  
labeling!!!!

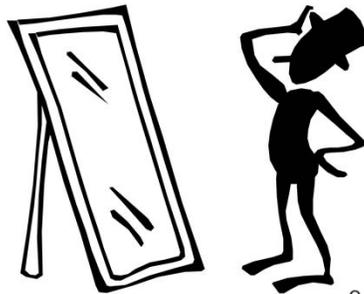


33

This is the new sterile instrument and Pyxis room. Note the new adjustable shelving which the vendor helped to set up or design to maximize space restrictions (minimize open 'dead space'). Again, note the color-coded by specialty labeling and item catalogues.

## Reflections, Growing pains, Challenges...

- ▷ Identifying & engaging appropriate team members & leaders
- ▷ Building communication infrastructure
  - ▷ Overcoming physician and staff resistance to change
- ▷ Balancing Staff autonomy with leadership objectives & extended knowledge
- ▷ Maximizing every bit of space in the division
  - finding locations for SEVERAL C-arms



Although the project was ultimately very successful, it was not without its challenges... In the beginning it was difficult to sort out team leadership due to the divisional leadership being in flux. And several team members initially identified for inclusion quickly became non contributors. These folks were ultimately removed by fellow team members themselves. Effective and continual communication was essential from the beginning. It was difficult to keep everyone notified at all times due to the many changes in such a short time frame. The maps and team members taking responsibility for continual communication throughout the process were key to ensure physician and other staff buy-in. As team facilitator, the PE also had to balance key relationships to ensure team staff autonomy while also including necessary limitations from senior management. Efficiently utilizing every bit of space in the division was also crucial. Negotiating with Radiology for final storage of their C-arms became particularly challenging – eventually they were persuaded to store them (or the less utilized ones) in their own department.

## Reflections, Growing pains, Challenges...

- ▷ Addressing unexpected challenges
  - Endo storage room not converted to office
  - Impending HVAC construction confusion
    - » Finding temporary shelving for interim storage needs
    - » Humidity controls for interim move
- ▷ Dealing with time crunches
  - Identifying, ordering, and purchasing new shelving **ASAP**
  - Complete everything before expected fall TJC visit
- ▷ Maintaining team consensus
  - final stretcher location



35

Several unexpected challenges also came up during the course of the project. An Endo storage area initially cleared to be renovated into an office did not happen, thus, requiring a Director and one of her supervisors to temporarily share a very small office. An impending HVAC construction change to the sterile instrument room was folded into the project about mid-way through requiring the team to quickly find new shelving solutions (temporary and final) and interim storage locations while not forgetting crucial humidity control regulations for sterile instruments. Severe time crunches were present from the start with the team racing against time to beat TJC surveyors. And, finally, maintaining team consensus was crucial up until the end with determining the final storage location for the stretchers.

## Benefits & results...

---

- ▷ CLEAR HALLWAYS!!!!
- ▷ SUCCESSFUL TJC Survey (securing crucial Medicare & Medicaid revenues)!
- ▷ **\$31,000** in immediate savings
- ▷ 13.1% decrease in OR inventory volume in FY 12 (over **\$167,000**)
- ▷ Discounts on efficient shelving solutions



36

Despite the initial road-blocks, set-backs, and confusion along the way, all-in-all, the team accomplished what it set out to do as is evidenced by the benefits and results of the project.

## Benefits & results...

---

- ▷ Improve safety
- ▷ Decrease down time
- ▷ Identify problems more quickly
- ▷ Develop control through visibility
- ▷ Raise employee & physician morale
- ▷ Establish convenient work practices
- ▷ Increase product and process quality
- ▷ Promote stronger communication among staff
- ▷ Strengthen employees' pride in their work & empower them to sustain their work area



37

Other common benefits expected from successful 5S projects were also made possible.

## Contacts

---



Tangela Craft  
Senior Performance Engineer  
Premier Performance Partners, Premier Inc.  
Wayne Memorial Hospital  
Goldsboro, NC  
Tangela\_Craft@premierinc.com  
(919) 731 - 6307



Questions

---



39