Flow Improvement Workshops:
How to Design, Develop, Lead and Ensure Successful Follow up

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Beth Haselwood, Adm Director, Nursing Svc’s, OSU UHE
Edward Yao, ILSS GB Candidate, OSU
Purpose/Intent of Webinar

Purpose: to share what we are doing, why, how and with the intent of helping others use Value Stream Flow Workshops as centerpieces for Performance Improvement Initiatives.

Agenda, our Modules of sharings:

1. Start by summarizing the outputs and outcomes from the Workshop, what we created over the four days;

2. Then give you highlights of our Concept and Detailed Design steps leading up to the Event in addition to highlighting key aspects of the four days themselves;

3. Finally, we want to talk with you about our Post Event experiences and what our plans are for the rest of this year with this initiative—share some challenges and thoughts on how we’ll address.
Performance Excellence Track—New Orleans 2020
31 May-2 June

Who We Designed the Track for:
- Industry Practitioners
- “ISE” function Leaders and Managers
- Young Professionals
- Students

Reasons to Attend:
- Critical, hot topic sessions
- Benchmarking, learn from best in class organizations
- Networking and recruiting opportunities
- Effective, Efficient, High quality and value Learning and Development
- Actionable takeaways to Engineering Value for your Business
2020 Webinar Line-up: 1st Quarter

30 Jan—How to Design, Develop, Lead and Follow-through with Flow Improvement Workshops (OSU University Hospital East)

25 Feb—Agile Methodology to Enable Rapid Process Innovation and Improvement (Joan Tafoya and Caitlyn Kenney)

19 March 2020: *Creating Cultures that Support Full Potential Performance/Operational Excellence.*

22 April 2020: *Best of Best ILSS Certification Capstone Project Case Studies*—select from OSU Med Center, Hirschvogel, Abbott Nutrition, Columbus City Schools, and others.
Reducing Overall Lead Time (total length of stay) ED & IP

Webinar on Designing, Developing, and Executing Best in Class Flow Improvement Workshops
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2. Then give you highlights of our Concept and Detailed Design steps leading up to the Event and then the Event itself;
3. Finally, we want to talk with you about our Post Event experiences and what our plans are for the rest of this year with this initiative—share some challenges and thoughts on how we’ll address.
Beth and Olivia—before I go through some slides depicting ‘outputs’ from our Flow Workshop…. What were your takeaways from the Workshop, what would you say the ‘voice of the participant’ was, some representative experiences?
High Level Design for Workshop

Day 1: Initial Kick-off, laying the Foundation for Success
- Review DONE
- Review agenda to get to DONE
- Review Walls
- Ground Rules & Operating Principles
- Foundational Principles and Concepts we’ll use—some initial training/grounding
- Readying for Day 2

Day 2: Critiquing the Present with the Future in our Minds Eye
- From-To Concept Discussion
- Wall Walk
  - Failure Modes
  - Pain Points
  - Critical Alignment Points
  - Control Points and Metrics
- Segue to Day 3

Day 3: Counter Measures and Control Measures
- Dialogue on Day 2 Learnings
- Identify and Prioritize “Counter Measures”
- Develop “One-Pagers”
- Identify KRA’s and KPI’s across the control points
- Segue to Day 4

Day 4: Development of the Migration Plan and detailing next steps
- Development of an Integrated Migration Plan (IMP)
- Discussion on key Fronts and how we’ll manage—requirements for success
  - 30, 60, 90, 120 day planning
- Executive Debrief

Foundation Laying
How does it Work & How does it Perform
How can we improve Flow and Overall Performance
Through to DONE Planning
Walked through VSM from left to right starting in ED to discharge in IP to capture the VoE.

Definitions:
- Failure Mode – where system breaks down
- Pain Point – Frustration felt from breakdown
- CAP – comms and coordination between multi-units critical
- Control Points – where we can turn the nozzle

High Level Points
- The system is complex and dynamic.
- There is a lack of communication and coordination.
- Lack of standard work, processes, and accountability.

Recorded failure modes, pain points and CAPS.
*Subset only, rest of FMs and PPs recorded.
Post-Wall Walk – Individual additions and Control Points

Individuals went to wall to add additional FMUs and PPs.

To end the day, added control points.

These are metrics that tell us how the system is functioning.
We spent 3 weeks creating a 20’ butcher block Swim Lane Flow Map with the foundational information mapped up and out.

The level 1 and 2 workflow was prepared before.

We did a ‘wall walk’ from left to right and clarified, added, modified, etc.

We ‘annotated’ Failure Modes (red stickies), Critical Alignment Points, Pain Points (VOC/E).

We did not add key metrics, charts until later in the workshop but they are shown here.
Level 1 Value Stream View—Middle part of VS

- ED Process
- Acceptance of Patient to IP from ED
- SOUND assignment of patient of physician
- In-patient Treatment
- Case Management
- Discharge

Level 2

Key Results, Metrics
Level 1 Value Stream View—Tail
End of VS

- ED Process
- Acceptance of Patient to IP from ED
- SOUND assignment of patient of physician
- In-patient Treatment
- Case Management
- Discharge

Level 2

Key Results, Metrics
Swim Lane Flow Map

This is a swimlane flowchart. The lane that the light blue process boxes are in indicates process accountability for that role.

Green boxes are sub-processes that are / will be mapped. Their location in the swimlane DOES NOT indicate accountability. It is just there.

If a term on the process map is unclear, click on the operational definitions box to find what the term means.

Reference the top of the process slider to find out where this process is in the end-to-end work stream.

The time stamp point indicates when the series of processes need to be completed by.

Operational Definitions

Process RACI

Click “BACK” at any point to return to the process hyperlinks.

Operational Definitions

Process RACI

This is the name of the sub-process that you are viewing with “START” and “END” points established for sub-process scope.
Critical Alignment

Critical Alignment Points (CAP) are stage-gates in key points in the process where we need to ask the question: “Are we aligned, strategically and financially, across all levels: corporate, category, shop.

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<th>CAP#</th>
<th>Description</th>
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We employed the Nominal Group Technique on 2nd day to create consensus and prioritization on “Counter Measures”/Adjustments/Solution Elements
General Process for NGT

Nominal Group Technique

1. individual suggestions
2. group discussion and merging of items
3. ranking of items

Output
ranked list of items
Generated List of Countermeasures to Failure Modes

Silently and individually write down improvement ideas.

Round Robin, one at a time, share verbally and we posted the ideas.

Clarification step allows for ensuring idea is understood, and sometimes combination of ideas.

*Subset shown here, rest of list in backmatter*
Your Outputs from this exercise

1. Convert Non-EDI to EDI
   - 1-5-1-7-4
   - 5/8/90
   - #4

2. Bring Master Data Maint in-house
   - 2-2-5
   - 3/9/27
   - #8

3. Track variation in customer release rate
   - 3/1-3-4-5-5-1
   - 7/22/196

4. Analyze reasons for schedule change
   - 3-2
   - 2/5/#10

5. Identify ability of SAP scheduling
   - #5

6. Operator cross training
   - 7-2-5-6
   - 4/20/#80

7. Create resource planning check sheet for every production order
   - 9-6-7
   - 3/17/#51

8. Master list of MCR & LCR that is maintained
   - 6-4
   - 2/10/#20

9. Team needs to get clarity of process to how to manage it
   - 5-6-7-7-4-5
   - 6/34
Consensus Counter Measures/Ideas

Examine and improve rules for consistent discharges (from 34, 31, 5, 12, 29, 21)
6-1-5-4-5-4-3-7-2-7-7-5-7-5-3-5-7-1-7 20/96/1920

Having rooms ready for new admits (nursing) (from 18, 7, 11)
5-4-5-6-7-6-3-4-6-5-3-2-4-2-6-3-6-7 18/84/1512

Team approach to admissions (standard model)
7-4-4-6-4-3-5-6-5 9/44/396

Staffing to NDNQI standards
5-5-4-6-6-4-1-4 8/35/280

Nurse help (float, break nurse) on unit. Go to 52
1-2-7-3-6-1-4 7/24/168
Consensus Counter Measures/Ideas

Bridge orders vs full orders
  3-3-1-2-7-6-1 7/23/161

Additional beds for observation
  5-2-7-6-6-3 6/29/174

Designated holding lot for patients
  1-2-4-2-2-2-4 7/17/119

Action plan related to surge "code"
  3-7-2-6-4-1 6/23/138

Proactive discharge or POC planning talk about tomorrow during today's huddles (from 29)
  3/5/2/5/5 5/20/100
One-Pagers: Scoping Documents, pre Charter

• PURPOSE – Why work on this of all the things we could work on, why this?
• What are the intended Key Results? (see next slide, what 'outcomes' are we intending to achieve?)
• What's DONE? (again, next slide, what intermediate benefits are we looking, intending to create?)
• What's the strategy to get to DONE?
• Who are the right people to drive this to DONE?
• When do we need to get to DONE?
One-Pagers Created

One-Pagers: Scoping Documents, pre Charter

- PURPOSE – Why work on this of all the things we could work on, why this?
- What's the Primary Y? (see next slide, what 'outcomes' are we intending to achieve?)
- What's DONE? (again, next slide, what intermediate benefits are we looking, intending to create?)
- What's the strategy to get to DONE?
- Who are the right people to drive this to DONE?
- When do we need to get to DONE?

*Comprehensive list in backmatter
Beth, Olivia, Edward—what would you add to this overview of outputs….

What worked?
Anything you would have done differently?
Do you feel the Executive Sponsor was satisfied?
How about the Value Stream Owner?
General sense of Participant satisfaction, engagement, alignment, commitment to follow through?
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Olivia and Beth—what was the driving force, the motivation behind doing this project, this way?

In that first meeting back in August when we were launching Edward’s Certification Project, share briefly how we evolved from doing another “pain point” focused project to a more system wide approach.
In 2018-2019 we tackled a known ‘pain point/flow metric’—Occupied Timer

Primary Metric: Occupied Timer – The time it takes to get a patient to an IP bed once a patient is RTM and a clean bed is available and assigned.

Success & Validation for Success

Future State: April 2019

- Fluid ED to IP patient hand-off process that gives IP nurses enough time to review patient’s charts, while getting the patients out of the ED on time
- Occupied timer metric at or below 60 minutes
- LOS metric TBD
The forecasted impact of Solution Elements is shown below—but has not been realized to date.

**Why 320 minutes?**
- UHE ED has been able to perform at his level in the past.
- EVS was found to be the bottleneck, many of the main drivers for being the bottleneck have/will be mitigated.

**Current state of the system**
- 350 minutes

**After implementation of EVS changes**
- 320 minutes

*Source: TeleTracking, 10/1/17 – 2/14/2019*
<table>
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<tr>
<th>Project Description</th>
<th>Team</th>
<th>Role</th>
<th>VSO</th>
<th>Other Benefits (25%)</th>
<th>Total Score</th>
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I think we all sat in the room in August of 2019 and discussed what the next right project was for 2019-2020 and what we had learned and accomplished with the Occ Timer Project and felt in our heart of hearts that something wasn’t right.

Edward, your experience leading that first meeting?

Olivia and Beth, your thoughts?
I think that was the critical moment when the team sensed we needed a different strategy.
...And Olivia jumped in and shared here experiences with “Kaizen Events”

We were fortunate to have Olivia on the team.

Olivia—give us some brief background on your previous experiences and learnings...

Leveraging Olivia’s experiences and also the ‘collateral’ she was able to share really accelerated the migration through Concept Design to Detailed Design for the Flow Workshop.

I (Scott) have done many value stream workshops and Kaizen Events but the support material Olivia was able and willing to provide was invaluable.

So the learning and tip, suggestion is that you need to benchmark, don’t reinvent the wheel.

The support material we primarily utilized is depicted on the right. Much of this is Institute for Healthcare Improvement

And much of the specific case examples in these support materials are from Cincinnati Children’s Hospital and their Center for Health Systems Excellence. Thanks for their willingness to share learnings and examples.

https://www.cincinnatichildrens.org/research/divisions/j/anderson-center/capacity-management

http://www.ihi.org/?gclid=EAIaIQobChMIkL6GtOue5wIV0Rz9Ch2zDgADEAAYASAAEgLoPvDN_bW
I was able to share my IIESE Council on Industrial and Systems Engineering benchmarking from Fall 2016 Meeting in Toronto.

- **UHN Digital & Data and Implementation Science**
  - Michael Caesar
  - Andre D’Penha
  - Emma Pienaar

- **Lean Process Improvement – Overcapacity Protocols & Flow**
  - Shrikant Kelkar
  - Oliver Hsiang

- **Centre for Global eHealth Innovation Overview & Facility Tour**
  - Anjum Chagpar
And, later, I was able to share my benchmarking from the Council on Industrial and Systems Engineering Fall meeting, Oct 2019 and integrate it into our Nov Workshop.
And that then kicked off the development of our 9-week plan to get to and through the Workshop, and then beyond......

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<tr>
<th>Week</th>
<th>Dates</th>
<th>Activities</th>
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<td>Wk1</td>
<td>7 Oct</td>
<td>Concept Design &amp; Plan and DONE Alignment:</td>
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<td></td>
<td>- DONE for Workshop</td>
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<td>- Agenda concept Design v1.0</td>
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<td></td>
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<td>- Dates and times and venue locked down</td>
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<td>Wk2</td>
<td>14 Oct</td>
<td>Detailed Design of Agenda and Workshop:</td>
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<td>- Design and the facilitator and support team meet to tighten up and detail out agenda</td>
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<td>Wk3</td>
<td>21 Oct</td>
<td>Study and integrate Past Initiatives, Create the Future State and the Past/Current State “Walls”</td>
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<td>- Get and stage all workshop support materials</td>
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<td>Wk 4-5</td>
<td>28 Oct - 4 Nov</td>
<td>Final Prepwork, loose ends, other development to make workshop move faster and more smoothly</td>
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<td>Wk6</td>
<td>12-15 Nov</td>
<td>Deliver Workshop</td>
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<td>Wk 7-9</td>
<td>18 Nov-6 Dec</td>
<td>Post Workshop Clean-up, consolidation, analysis, and prep for Tollgate on or before 6 Dec</td>
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<td>- Develop “Program” Migration Strategy and Plan</td>
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<td>- Develop project plans for mini-projects for Jan-April 2020 (Edward’s domain)</td>
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<td>Do, Study, Adjust:</td>
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<tr>
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<td>- Offset Entropy/Manage Energy</td>
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<td>- Manage the Transformation</td>
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<td>- Executive Champion Hold the Vision</td>
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<td>- Don’t let the C and D drive the B out</td>
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Weekly, Monthly, Qtrly OKR’s
Beth and Olivia.....

Some questions for you at this point in the process:

1—It seemed like the concept of having an event like this was embraced quickly and strongly, was that the case or did you have some selling to do? 4 days in this environment is hard to do, was it worth it?

2—what was the most important and/or the hardest part of getting ready for this event?

3—any things you would do different in the preparation for the Flow Workshop?
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**Agenda, our Modules of sharings:**

1. Start by summarizing the outputs and outcomes from the Workshop, what we created over the four days;

2. Then give you highlights of the motivation for the workshop, our Concept and Detailed Design steps leading up to the Event, and then how we managed the 4 days;
   - Why we chose this path
   - Picking and Preparing the participants

3. Finally, we want to talk with you about our Post Event experiences and what our plans are for the rest of this year with this initiative—share some challenges and thoughts on how we’ll address.
The week before we held the Workshop, we put together a small e-mail memo/note and a short set of slides in an attachment.

Beth and Oliva—did you feel we:

1—picked the right people
2—prepared them well enough for the workshop
3—were prepared to execute a ‘10’ event?

What follows are examples of things we shared as pre-reads prior to the workshop.
Purpose of the Value Stream Improvement Workshop:

to establish a process for improving the flow for managing patient care, end2end, such that total performance is significantly improved and that level of improved performance is sustainable over time.

Session Objectives (borrowed from source below)

After this session, participants will be able to:

• Analyze and identify relevant strategies for creating a plan for executing a sustainable system for patient flow, so that patients receive the right care, in the right place, at the right time

• Select high leverage strategies and interventions, and prioritize short-term and long-term initiatives to achieve established performance goals

Source: Institute for Healthcare Improvement presentation: Putting It All Together: Strategies to Achieve System-Wide Results. Katharine Luther, Lloyd Provost, Pat Rutherford. November 2, 2017
We share pieces of our Organization’s Strategic Plan

Focus - Healthcare Delivery

Metrics:
Inpatient Length of Stay
Patient Satisfaction
ED Boarding Hours
1. **SHARED VISION:** We’ve created a Vision/Picture of how our End2End System and Processes should look and work in order for UHE to be performing at best in class levels. We are aligned on how we want the system and processes to work.

2. **ALIGNED MIGRATION PLAN:** We collaborated and came up with a strategy for systematically moving from the way it is now to the way we want it to be.

3. **PRACTICAL FIRST STEPS:** We created and agreed to a 30-60-90-120 day plan of action to ensure we get this initiative launched, viable and sustainable.

4. **WE HAD FUN, LEARNED, GOT COMMITTED:** We engaged, bought in, contributed, and felt like we made a big contribution to something really important for our patients and ourselves.
We had detailed agenda’s built for each day and we did some Voice of Participant surveys as part of the design process.

### Day 1: Initial Kick-off

- Review DONE
- Review agenda to get to DONE
- Review Walls
- Ground Rules & Operating Principles
- Foundational Principles and Concepts we’ll use—some initial training/grounding
- Readying for Day 2

### 12 Nov

- **Executive to Kick-off, set tone and stage for initiative (:15)**
- **Expectations Exercise**
  - Voice of Participant: DONE for this initiative (see next slide)
  - Voice of Participant: DONE/Success for this initial Workshop
- **Go over Agenda, the strategy and plan to get this DONE**
- **Ground Rules and Operating Principles**
- **Foundational Principles, Concepts, Tools we’ll be working with**
- **Initial Review of the ‘Walls/Maps’**
- **Readying for Day 2**
- **Executive Recap/Closure**
Summary of things we heard from participants when surveyed: What did we want to get DONE in the Workshop

- We know what our throughput and throughput capacity is and how we will measure and manage it so that it ‘optimal’ based on demand and mix.
- We understand the things that happen that we aren’t ‘coping’ with effectively that cause throughput to be less than what we want or is required.
- We have collectively created a process map of the entire value stream, identified all the critical control points (and critical alignment points).
- We’ve identified Key Result Areas and Key Performance Metrics within those and mapped them to the Value Stream and Process/Area owners.
- We’ve collectively created an effective visible measurement and management system that’s practical and sustainable.

- We’ve defined our strategy for success, our operating model(s) that will sustain great flow in the face of dynamic demand and mix.
- We have created of solid ‘vision’ of the future state ‘system’ that every body has contributed to, understands and buys in to.
- We are aligned as to the historical and current state/situation, how it works, how it performs, where it breakdown (failure modes), why it is breaking down, etc.
- We’ve identified the gaps, defined them, prioritized them.
- We’ve identified a very tight, focused, prioritized set of improvement projects (mighty few) that Andrew and Management Engineering can help us complete using Agile principles and methods.

Creation Skillful: “The Clearer you are about what you want to create, the more quickly that will manifest itself.”
Design Characteristics—don’t reinvent the wheel

We’re going to discuss “Design Characteristics” for how UHE’s “System” for managing flow will look.

As an example, Cincinnati Children’s Design Characteristics:

1. **Strategic improvement goals are part of our strategic plan** and address the needs of our mission - patient care, research, education

2. **Accountability** for achievement of improvement goals **is shared** by all levels of the organization

3. **Leadership for the improvement** system is **multidisciplinary** and cross functional

4. **Capability for improvement** is built at the point of care and horizontally across CCHMC

5. **Performance improvement** is integral to the leadership system and **integrated with daily work**

6. Performance improvement is **measurement-based/responsive/efficient/proactive/aligned**

7. Consistent use of the **science of improvement**

8. **Transparency** of results and process

9. **Constancy of purpose for improvement**

*Source: Institute for Healthcare Improvement presentation: Strategies to Achieve System-Wide Hospital Flow: Right Care, in the Right Place, at the Right Time. Uma Kotagal, MBBS, MSc & Pat Rutherford, RN, MS. October 30, 2017.*
We felt this worked so we borrowed it and used it.

**Key Elements for Breakthrough Improvement:**

*Will* to do what it takes to change to a new system

*Ideas* on which to base the design of the new system

*Execution* of the ideas

---

**Executing for System Level Results:**
http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/ImprovementStories/ExecutingforSystemLevelResultsPart3.htm

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**Source:** Institute for Healthcare Improvement presentation: Putting It All Together: Strategies to Achieve System-Wide Results.
Katharine Luther, Lloyd Provost, Pat Rutherford. November 2, 2017
Institute for Healthcare Improvement’s Strategies for Success

We don’t have to reinvent the wheel, other people are doing this successfully…

Four strategies for successful execution on Flow:

1. Provide Oversight of System-Level Performance
2. Use Hospital-wide Flow Measures to Guide Learning and Improvement to Achieve Results
3. Create a System for Achieving Breakthrough Performance Improvement
4. Build Quality Improvement Capability at All Levels of the Organization

Source: Institute for Healthcare Improvement presentation: Putting It All Together: Strategies to Achieve System-Wide Results. Katharine Luther, Lloyd Provost, Pat Rutherford. November 2, 2017
Visual Management Systems

Importance of visual management and what is possible—this was a recurring theme, requirement we kept stressing.

Source: Institute for Healthcare Improvement presentation: Strategies to Achieve System-Wide Hospital Flow: Right Care, in the Right Place, at the Right Time. Uma Kotagal, MBBS, MSc & Pat Rutherford, RN, MS. October 30, 2017.
What is Flow and Why is it Important

Flow means our patients progress through our system and processes smoothly, with as few delays/waits as possible. When that happens, what’s called ‘throughput capacity’ is improved.

To achieve Flow, unnecessary wastes (various types) have to be identified and eliminated. Communication and Coordination have to be improved. Other Principles of “Lean” have to be understood and applied.

Flow improves customer experience, but it also creates positive benefits for employees and, of course, UHE.

Bottom Line, we go home Not Tired, Good Kind of Tired, rather than Bad Kind of Tired—Flow just makes it easier for us to do what we do best—care for patients.

“What’s in it for me?”

Good Tired vs Bad Tired

Finding Flow

I'm tired, but it's a good tired.

The Psychology of Engagement with Everyday Life

Mihaly Csikszentmihalyi
Author of Flow and Creativity

The Ohio State University
Wexner Medical Center
Purpose/Intent of Webinar

**Purpose:** to share what we are doing, why, how and with the intent of helping others use Value Stream Flow Workshops as centerpieces for Performance Improvement Initiatives.

**Agenda, our Modules of sharings:**

1. Start by summarizing the outputs and outcomes from the Workshop, what we created over the four days;

2. Then give you highlights of the motivation for the workshop, our Concept and Detailed Design steps leading up to the Event, and then how we managed the 4 days;
   - Why we chose this path
   - Picking and Preparing the participants
   - How did our Design Work for the 4 days

3. Finally, we want to talk with you about our Post Event experiences and what our plans are for the rest of this year with this initiative—share some challenges and thoughts on how we’ll address.
Beth and Olivia.....

Day 1, the launch of an Event like this is critical. Has to be designed to ensure they hear what they need to hear, connect to it, buy in, engage, understand what, why, how, and when the first day ends you have to ensure they ‘feel’ and ‘think’ a very specific way.

That has to be ‘engineered Designed’ and then executed effectively.

Beth and Oliva—did we...

1—get the workshop off on the right foot on Tuesday?
2—what worked about the first portion?
3—anything you would have done different?
4—what stood out in terms of modules we did or things we covered?
Some Selected Highlights from the Four Days

Strategy for what to share. Decided to share Principles, Concepts, Abstractions, Methods Employing rather than focus on detailing What we did blow by blow, e.g. just using agenda as the story line.
As already indicated, we intentionally shared this model to ensure people understood the end-game for this initiative. This concept holds true for the workshop as well as the projects that come out.

Path between improvement projects and strategic objectives

Capabilities
A set of project deliverables enabling an organization to deliver a desired outcome. They can be a service, function or operation that enables the organization to exploit opportunities. Capabilities exist prior to transition.

Examples
- Critical Alignment Points managed better
- CAP Owners
- Visible Measurement and Study
- Adjust with Ownership and Accountability
- New habits, behaviors, mindsets

Benefits
Measurable improvements providing a business advantage. Benefits can be both tangible or intangible, are often interconnected and stakeholder specific.

Examples
- Improved communication and coordination
- Lead Time improving
- QWL improving
- Teamwork improved

Intermediate Benefits
- Patient Satisfaction improved
- Lead Time significantly improved
- Capability to keep improving

Outcomes
A new operational state achieved after transition of capabilities into live operations. Normally affecting real world behavior or circumstances, they are the manifestations of the future state implemented.

Examples
- Workshop(s), Alignment, Redesign/Adjustments, visible measurement system, Study-Adjust process, etc.
- The Control Point KPI’s are moving in right direction.

OSU UHE End2End ED-IP Process Improvement Initiative

Optimal Healthcare Delivery

Strategic Objectives
Another example of where we leveraged benchmarking material that ‘fit’
We defined things for them…Day 1

**Takt Time**

\[
\text{Takt Time} = \frac{\text{Working time available}}{\text{Customer demand}}
\]

- Full shift, minus breaks, meetings, etc.
- Demand for that production period

\[
450 \text{ minutes} \quad \text{Customer demand} \\
= 9 \text{ minutes}
\]

\[
50 \text{ units}
\]

*Takt time is the required pace of production to meet demand.*

---

**Lead Time and Cycle Time**

- **Lead Time:**
  - Time between request to delivery
  - This is what the customer sees!

- **Cycle Time:**
  - Time between production start to completion
  - Not visible to customer

---

**Time (min.)**

- 16
- 14
- 12
- 10
- 8
- 6
- 4
- 2
- 0

**Adm** 1  
**Triage** 2  
**Treat** 3  
**IP Care** 4  
**Bed Mgmt** 5  
**Disch** 6

---

- Takt time
- Maximum time taken
- Variation
- Minimum repeatable time

---

http://www.wisestreaming.net/cycle-time/
Level 1 Value Stream View—how it looks at GM and Boeing because they’ve engineered it be this way

Takt time
Level 1 Value Stream View—How it is here partly because of the way it is partly because it’s the way we’ve ‘engineered’ it to be

ED Process
Acceptance of Patient to IP from ED
SOUND assignment of patient of physician
In-patient Treatment
Case Management
Discharge

Cycle Times

25%

75%

Takt time

The Ohio State University Wexner Medical Center Management Engineering and Process Improvement
And we acknowledged that a Hospital Value Stream is more complex than an assembly line—Day 1

Key Learning: How Flow works as a System
We introduced them to Plan, Do, Study, Adjust: Day 1 and 3
And to the importance of Operational Analytics and speeding improvement cycles up—Day 1, 3, 4

- "Above the line" analyst role
  - Extract features based on questions you have to answer by ‘torturing’ the data until it speaks to you and others. Pick right metrics of interest!!
  - Apply curiosity & business acumen to data & analyses – create new knowledge, insights, ‘aha’s’
  - Apply data visualization techniques to aid in telling the right story – as in life, so in business: the best story wins …Develop the Art of Great Story Lines and Powerful Visualizations and stay focused on driving the ‘end game’
We leveraged previous outstanding work and it worked!!—Day 1

Key Elements for Breakthrough Improvement:

**Will** to do what it takes to change to a new system

**Ideas** on which to base the design of the new system

**Execution** of the ideas

Executing for System Level Results:
http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/ImprovementStories/ExecutingforSystemLevelResultsPart3.htm

Source: Institute for Healthcare Improvement presentation: Putting It All Together: Strategies to Achieve System-Wide Results. Katharine Luther, Lloyd Provost, Pat Rutherford. November 2, 2017
We spent a little time on each component

Key Elements for Breakthrough Improvement:

**Will** to do what it takes to change to a new system

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*Executing for System Level Results:*
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*Source: Institute for Healthcare Improvement presentation: Putting It All Together: Strategies to Achieve System-Wide Results.*
Katharine Luther, Lloyd Provost, Pat Rutherford. November 2, 2017
This is a big focus of our attention right now—we’re fighting ‘entropy’

Key Elements for Breakthrough Improvement:

**Will** to do what it takes to change to a new system

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**Execution** of the ideas

Executing for System Level Results:
http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/ImprovementStories/ExecutingforSystemLevelResultsPart3.htm

Source: Institute for Healthcare Improvement presentation: Putting It All Together: Strategies to Achieve System-Wide Results. Katharine Luther, Lloyd Provost, Pat Rutherford. November 2, 2017
One Abstraction that we’ve found has ‘power’ is the ABCDE model: Day 1, 3, 4

you don't manifest what you want.
you manifest what you believe.

“Time isn't the main thing. It's the only thing.”
– Miles Davis

Time Spent CS
- Do the Dumb
- Cater to Crises
- Enjoy Life
- Administer my job
- Build for better

Time Spent FS
- Fifth Discipline
- Deming
- Lean
- Argyris

Can do this for you!!!
First we decide what we want to create, what our goals are...

Then we commit to them individually and collectively...

Then we examine our habits in the context of our goals...

If our habits/tendencies support achievement of our goals, then we press on...

If our habits/tendencies don’t support achievement of our goals, then we change our habits....
We don’t have to reinvent the wheel, other people are doing this successfully…

Four example strategies for successful execution on Flow:

1. Provide Oversight of System-Level Performance

2. Use Hospital-wide Flow Measures to Guide Learning and Improvement to Achieve Results

3. Create a System for Achieving Breakthrough Performance Improvement

4. Build Quality Improvement Capability at All Levels of the Organization
The literature, case examples, experience is plentiful, just have to pick and choose the right learnings and tailor and do it—Day 1 and 4

We’re going to discuss “Design Characteristics” for how UHE’s “System” for managing flow will look.

As an example, Cincinnati Children’s Design Characteristics:

1. **Strategic improvement goals are part of our strategic plan** and address the needs of our mission - patient care, research, education

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Source: Institute for Healthcare Improvement presentation: Strategies to Achieve System-Wide Hospital Flow: Right Care, in the Right Place, at the Right Time. Uma Kotagal, MBBS, MSc & Pat Rutherford, RN, MS. October 30, 2017.
Guiding Principles, Learnings, Strategies: Day 4

Harvard Business Review

Leading Change
Why Transformation Efforts Fail
by John P. Kotter

EIGHT STEPS TO TRANSFORMING YOUR ORGANIZATION

1. Establishing a Sense of Urgency
   - Examining market and competitive realities
   - Identifying and discussing crises, potential crises, or major opportunities

2. Forming a Powerful Guiding Coalition
   - Assembling a group with enough power to lead the change effort
   - Encouraging the group to work together as a team

3. Creating a Vision
   - Creating a vision to help direct the change effort
   - Developing strategies for achieving that vision

4. Communicating the Vision
   - Using every vehicle possible to communicate the new vision and strategies
   - Teaching new behaviors by the example of the guiding coalition

5. Empowering Others to Act on the Vision
   - Getting rid of obstacles to change
   - Changing systems or structures that seriously undermine the vision
   - Encouraging risk taking and nontraditional ideas, activities, and actions

6. Planning for and Creating Short-Term Wins
   - Planning for visible performance improvements
   - Creating those improvements
   - Recognizing and rewarding employees involved in the improvements

7. Consolidating Improvements and Producing Still More Change
   - Using increased credibility to change systems, structures, and policies that don’t fit the vision
   - Hiring, promoting, and developing employees who can implement the vision
   - Reinventing the process with new projects, themes, and change agents

8. Institutionalizing New Approaches
   - Articulating the connections between the new behaviors and corporate success
   - Developing the means to ensure leadership development and succession
We shared a number of what I call From-To Visuals—Integrated Master Plans: this was one we created with them on the first day: Day 1

Where we are

- Frustrating system where we are “pushing” patients instead of “pulling.”
- In need of more staff.
- Recurring bed capacity and room maintenance issues.
- Growing pains.

Where we will be

- Run as a system
- Shared mental model; everyone is on the same page.
- Organized, efficient and accountable.
- VoP & VoE – Understand job
- Better listeners.
- Seamless flow of patients.
- Stop being at effect and more at cause.
- More empowerment; less fear

Top 10 Initiatives.
High Level Migration Plan: Day 1, 4

Initial State Fall 2019

Voice of Patient

• It’s seamless, I just seemed to zip through
• You made being ill less stressful, thank you
• You are very organized and disciplined but also have a personal touch.

Voice of Business

• UHE is a great case study of how to implement Op Ex, our showcase
• The dials are all going right direction, improvement is consistent and well planned and executed.

Voice of Employee

• We’ve still got our moments where we are stressed and strained but we know how to cope with them much better
• The “C” and “D” are noticeably less, you can feel improved flow
• Communication and Coordination is more consistent and is pervasive

Voice of Process

• Control Points are proactively managed
• Dials moving intentionally
• Real time Mutual Adjustments happening with Huddles

The Ohio State University Wexner Medical Center Management Engineering and Process Improvement
High Level Migration Plan: Day 4

Initial State Fall 2019
- Workshop
- Flesh out Top Priority Counter Measures

Voice of Patient

Voice of Business

Voice of Employee

Voice of Process

Progress key top 10 CM’s

Meas System Design

Integ with Other Initiatives

Disciplined Execution Process & Ownership and Accountability Mechanisms

2021

Intended/Desired State Dec 2021
- Voice of Patient
- Voice of Business
- Voice of Employee
- Voice of Process

The Ohio State University Wexner Medical Center Management Engineering and Process Improvement
And it actually did play out pretty much as we had designed and planned it

<table>
<thead>
<tr>
<th>Day 1: Initial Kick-off, laying the Foundation for Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review DONE</td>
</tr>
<tr>
<td>• Review agenda to get to DONE</td>
</tr>
<tr>
<td>• Review Walls</td>
</tr>
<tr>
<td>• Ground Rules &amp; Operating Principles</td>
</tr>
<tr>
<td>• Foundational Principles and Concepts we’ll use—some initial training/grounding</td>
</tr>
<tr>
<td>• Readying for Day 2</td>
</tr>
<tr>
<td>I believe they were focused, engaged, interested, ‘willing and able’</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 2: Critiquing the Present with the Future in our Minds Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>• From-To Concept Discussion</td>
</tr>
<tr>
<td>• Wall Walk</td>
</tr>
<tr>
<td>• Failure Modes</td>
</tr>
<tr>
<td>• Pain Points</td>
</tr>
<tr>
<td>• Critical Alignment Points</td>
</tr>
<tr>
<td>• Control Points and Metrics</td>
</tr>
<tr>
<td>• Segue to Day 3</td>
</tr>
<tr>
<td>I believe they were enlightened, engaged, clearer, motivated, content, learning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 3: Counter Measures and Control Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dialogue on Day 2 Learnings</td>
</tr>
<tr>
<td>• Identify and Prioritize “Counter Measures”</td>
</tr>
<tr>
<td>• Develop “One-Pagers”</td>
</tr>
<tr>
<td>• Identify KRA’s and KPI’s across the control points</td>
</tr>
<tr>
<td>• Segue to Day 4</td>
</tr>
<tr>
<td>I believe they were focused, aligned, motivated to continue/contribute, content, learning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 4: Development of the Migration Plan and detailing next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Development of an Integrated Migration Plan (IMP)</td>
</tr>
<tr>
<td>• Discussion on key Fronts and how we’ll manage—requirements for success</td>
</tr>
<tr>
<td>• 30, 60, 90, 120 day planning</td>
</tr>
<tr>
<td>• Executive Debrief (this was optional for some, yet most showed up!!)</td>
</tr>
</tbody>
</table>

I believe the Design and Development Team and others were committed but unsure about how this was going to actually play out. Maybe not trusting they could do it?
In hindsight, how did you feel about the workshop? Do my summary statements end of each day ring true?

1—was it effective?
2—was it efficient?
3—did participants value it?
4—did it lay the foundation to get to DONE?
5—what would you have done differently? Anything we didn’t do that you felt would have been useful?
Purpose: to share what we are doing, why, how and with the intent of helping others use Value Stream Flow Workshops as centerpieces for Performance Improvement Initiatives.

Agenda, our Modules of sharings:

1. Start by summarizing the outputs and outcomes from the Workshop, what we created over the four days;

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   - How did our Design Work for the 4 days

3. Finally, we want to talk with you about our Post Event experiences and what our plans are for the rest of this year with this initiative—share some challenges and thoughts on how we’ll address.
Critical Success Factors we’re focused on right now

Beth, Olivia, Edward….

The things I see as priorities right now relative to sustaining progress and performance are:

2. Sustained communication and coordination. P&P update discipline, OKR discipline, the right frequency of team huddles, etc.
3. Helping our team to learn how to do “B” in the face of lulls in A, too much A, lots of C at times, and way too much D. Developing a habit for doing “B” work.
4. Program Management Office stand-up and leadership.
5. We’ve got a lot of work to do on the Measurement Front. Ken Groves is stepping up to help, he is the natural leader for this development. Edward will be working closely with him.
6. We’ve got some opportunity to integrate this into OSU’s version of Huddles and improve those.
Once again, Models for Successful Transformations exist, don’t have to reinvent the wheel

Local Care Offer Mapped Against The NHS Change Model, 2018

Skills packages for:
- Appreciative Enquiry
- Leadership
- Accountability
- Learning Styles
- Working styles
- Understanding your locus of control

Facilitation for:
- Stakeholder mapping
- Co-design Workshops
- Engagement and messaging

Facilitation of System workshops and OD
- Links to local and national drivers;
  - CQC
  - NHSL and NHSE
  - Other STP workstreams
  - Support for business planning

Analytical Support:
- Help with data analytics
- Support with cohort identification
- Data modelling and KPIs
- Working with partners on future data requirements
- Help to know what data to gather and what is already available

Skills packages for:
- Change management
- Resilience
- Sustainability
- SBAR effective communication

Quality Improvement tools:
- PDSA Cycles
- Logic Modelling
- Process Mapping
- Service re design
- Rapid improvement workshops
- Thinking Differently
- Working Productively
- Workplace organisation 5S

Project Management:
- Project plan templates
- How to run a project
- Introducing Lean efficiency

Developed by Cathy Bellman
What We Need Infrastructure wise to Ensure Success

**Infrastructure**

- Front line staff need to own the top 10 Initiatives.
  - Pair front line staff w/ a leader.
  - Use process engineers expertise to guide.
  - Need all levels of staff involved to overcome barriers.
  - Use single unit to prototype solutions before rolling out.

- Culture shift so frontline staff feels empowered
  - Servant leadership.
  - Need to keep frontline staff engaged and involved.

- Convey vision upfront (shared vision)
  - Make end benefits known from the start.

- Initiatives started at the bed side

- Close the data gap
  - Front line cannot be data providers and interpreters.
  - Need operational analytics professional to provide support.
  - Make sure there is enough time and support for staff to be able to do their jobs and head initiatives.
Operational Excellence
2004-2007 Planning, Development, and Deployment

MDS Science advancing health
The First Six Months was Benchmarking, Partnering, Socializing with the Senior Team, Readying to do White Belt Training to the top 250 leaders.
Leadership Alignment & Support
Infrastructure was a Critical Early Factor

1) Pick the right belts and 2) surround them with the support requirements they need to be successful.
# What We Need Communications and Coordination Wise to Ensure Success

## Communication
- Have execs come to each unit staff meeting to empower and involve unit staff.
- Publish thank you w/ event pictures to start comms and set tone.
- Front line staff need to feel validated.
  - Engage them about 10 things and get their ideas.
- Ongoing comms from execs to front line staff that they have support.
- Convey this is continuous improvement
  - Use RACI matrix.
- Ongoing comms from execs to front line staff that they have support.

## Coordination
- 9:30 am call w/ multiple units and depts. as forum for coordination.
  - Face to face is a lot better.
- During huddles use info about what happened yesterday.
  - What can we learn from yesterday?
  - How can we adjust?
  - Only actionable info.
- Need to time huddles appropriately.
  - Should be sequenced based on info flow.
- Resource (dedicated person) on the spot to make changes.
“C” and “D” Squeezes the “B” out….often this is habit driven or reinforced

Have stay conscious about not letting the “C” and “D” squeeze “B” out AND make sure your “B” is high quality
Our staff aren’t used to “B” work, they are used to “A” and “C” work

Coaching, Support, “Study/Work Hall time”, dedicated “B” time worked for us at MDS.

So, we’re going to experiment with that.
Need some effective PMO work to keep momentum

Migration Strategy & Plan: Consensus, Normative View

Dynamic Start, Stop, Continue has to be accepted and incorporated. We’re experiencing that.
We’re pushing for the Design and Development Team (DDT) to do some Study Tours
Measurement System Needs to Ensure Success

**Measurement**

- Right tools in the hands of the right person.
  - Data analytics specialist informing front line how to measure and operationalize data.
  - Rationalize metrics of interest.
  - Relationship between measures.

- Daily dashboard w/ info pertinent to whole hospital.
  - Where to go from each measure.
  - Use percentile data.

- Leadership comes to the huddle and reports metrics.
  - Understand the gaps.

- Consensus from front line what metrics represent what staff is feeling.
  - Don’t use average or median to measure performance.
  - Metrics must reflect how they are feeling.
We also are creating some high quality KPI portrayals that help us think statistically about flow performance.

Dashboard of Time Series Charts for Nine Hospital-wide Patient Flow Measures
Example of longitudinal tracking of Outcomes – we want to see this...

Managing Discharge when Medically Ready

% Discharged within 2 Hours of Medically Ready

Includes patients on A6C, A6N, A6S, LA1W, B5CA, A3N, A4N, and A6S

Source: Institute for Healthcare Improvement presentation: Strategies to Achieve System-Wide Hospital Flow: Right Care, in the Right Place, at the Right Time. Uma Kotagal, MBBS, MSc & Pat Rutherford, RN, MS. October 30, 2017.
Chapter #1 Webinar Archives....


The Agile Scrum Process for Process and Product Improvement
Process improvement projects whether they are DMAMC or DDOV/G/DMAD or business process reengineering typically take far longer than business desire or require. This is true for product as well as service process development.

The Industry Practitioner Track Orlando 2019: Sneak Preview
This is a sneak preview of the Performance Excellence Track, which is focused on industry practitioner concerns, May 18-21 at the IIEE Annual Conference & Expo in Orlando, Florida.

Becoming a Change Master
Change Masters are those professionals (ISEs) who envision what's possible, are adept at crafting strategies to optimize process performance, skilled at managing energy (effective entropy), and capable of modeling people and resources to achieve full potential performance.

Smart Supply Chains and Industry 4.0
In this webinar, industry expert and past president of IEEE, Jim Tompkins will provide a high-level overview of how “Industry 4.0” is impacting how supply chains are managed. This is an opportunity for all ISEs to work on the T-Model Professional Development; keep broadening your knowledge and understanding of our field.

The Impact of Industry 4.0 on Business Models
On Oct, 11, IEEE hosted a webinar that introduced Industry 4.0 and launched a webinar series on this very broad and important subject. This webinar will examine the impact of Industry 4.0 on business models; more specifically product service systems, servitization, and smart services.

Creating and Ensuring Superior Client Experience
During this webinar, the presenters will discuss approaches that organizations can take to ensure superior customer (customer, stakeholder) experience. He will build on his work and presentation in 2012 for IIEE that focused on cultural modeling and shaping to support lean transformation effectiveness and improved outcomes for organizations.

The ISE Role in Service Systems Engineering: Service 4.0 Overview, Digital Transformation in Healthcare and Enterprise Shared Service Industry 4.0 is a concept that is becoming well established and understood. The role of the ISE in this ongoing transformation is well established. A similar transformation is occurring in service systems. Transformation, which some are calling Service 4.0, is less well understood and for sure the role is much less well defined. The Service Systems Engineering “Community” in IIEE has joined forces with Chapter No. 1 and created a series of webinars that will launch on the Nov. 6 and continue into 2019.

Whetting your Appetite (“Aperitivo”): All You Need to Know about Industry 4.0
ISE is a very diverse professional society with many young/early career professionals. Our Manufacturing and Design Division has teamed with Chapter 1 (Columbus) and the Council on Industrial and Systems Engineering (CISE) to provide a “foundational” webinar on Industry 4.0 and National Network for Manufacturing Innovation (NNMI).

Senior ISE Leaders Share Learnings from Career and Life Checkpoint
The Council on Industrial and Systems Engineering is a small group of very senior ISE Leaders that meet twice a year to benchmark and continue to learn and develop. One of the ways CISE serves the profession, institute and our members is to provide periodic webinars where a small group of CISE members share life and career lessons and tips.

Achieving Full Potential Performance: Managing Transformations in Yourself, Others, In Teams, and Organizations
This webinar is focused on consolidating a great deal of research, experience and wisdom-sharing literature into practical, bite-sized chunks, which will help you balance your ISE knowledge and skills with “beside manner,” soft, change leadership, and management and persuasion skills.

Operational Analytics for Integrated LeanSigma Process Improvement Projects Part III
Part III of our Operational Analytics Webinar Series will focus the first three parts, bring it all together. We will discuss comprehensive case studies of where the Data Manager Role (Part II) and the Decision Support Analyst Role (Part III) come together in DMAMC and/or DDOV/Type Process Improvement Projects. We’ll have project leaders on the webinar with us in a panel format and will engage the audience in Q&A.

Operational Analytics for Integrated LeanSigma Process Improvement Projects Part III
Part III of our Operational Analytics Webinar Series focuses on the Decision Support Analyst role. We will review summarize parts I and II, and then zoom in on the art and science of creating powerful visualizations that can accelerate implementation decision making and action taking.

Integrated LeanSigma Certification: Project Cast Studies
This webinar will share three integrated LeanSigma process improvement projects that were completed as part of the Certification Capstone in IIEE at Ohio State.

Operational Analytics for Integrated LeanSigma Process Improvement Projects Part III
Part II of our Operational Analytics Webinar Series focuses on the data management role of an ISE in a process improvement project. Fredriksen will lead by sharing a data modelling process that ensures you have the right data and facts to support sustained process improvement.

Engaging Employees in Operational Excellence: 2-Second Lean Case Studies
Effectively engaging employees in continuous improvement is a goal that most organizations aspiring for improvement want and need. There are many ways to achieve this, Paul Lives has made the 2 Second Lean popular and has provided great guidance on how to pull this off.

Career and Life Checkpoints
By member request, CISE offers a webinar on September 12 that focused on this topic presented by Joan Takagi with Intel, Steve Sanevich with GM and Scott Sink with DSO. CISE feels that this offering has extended value for our members and so we want to “iisode it” the model and do three more for CISE members.
2020 Webinar Line-up: 1st Quarter

25 Feb--Agile Methodology to Enable Rapid Process Innovation and Improvement (Joan Tafoya and Caitlyn Kenney)

Agile Methodology (principles and methods) are rapidly being expanded in application and having big impact on acceleration of benefits realization. Joan and Caitlyn will provide great insights on how to incorporate this into your ‘tool kit/set’.

https://attendee.gotowebinar.com/register/4639163216712293379

March 2020: Creating Cultures that Support Full Potential Performance/Operational Excellence. Sreekanth Ramakrishnan, IBM and David Poirier, The Poirier Group. Another overview (50 minute webinar) of an 80 minute session that will be delivered in May at the IIEE Annual Conference. David Poirier and Sreekanth Ramakrishnan will discuss case examples (Loblaws, Hudson’s Bay Company, MDS, Int’l and IBM) of how ISE initiatives included Culture Transformation to support larger, system wide Enterprise Transformations.

https://attendee.gotowebinar.com/register/2259980584644846093
Agile Methodology to Enable Rapid Process Innovation and Improvement

Caitlin Spargo
Systems Engineer at International Systems Management Corp.

Joan Tafoya
Director, Sandia National Labs

https://attendee.gotowebinar.com/register/4639163216712293379