Building, Implementing and Tapping into the Potential of Tiered Huddle Systems: Emory Healthcare Case Study

Our Presenter:

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Sr. Advisor, The Poirier Group

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Emory Healthcare

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2 August 2022
PURPOSE:
To share a great example of an Employee Engagement System, to share learnings and insights on how to Build and Successfully Utilize Tiered Huddle Systems.

11:30 Tee-up--Scott

11:35 Victoria Jordan—Vice President, Quality, Emory Healthcare

12:25 Scott Close out and Adjourn
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- Career and Leadership Development
- Change Leadership and Management
- Industry and Service Systems 4.0
- Integrated Lean and Six Sigma
- Operational Analytics
- Operational and Business Process Excellence
- Personal and Professional Mastery

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**Industry and Service Systems 4.0**

Explore the major “movements” and hear thought leaders in Industry 4.0, Healthcare 4.0, Supply Chain 4.0, Service Systems 4.0, more.

- Business Process Management 4.0/5.0: Perspectives and Points of View to Migrate to Higher Levels of Operational Excellence
- Integrated Systems Engineering: Thought Leader Perspectives and Points of View
- Supply Chain 4.0: Cold Supply Management Vaccine Case Focus
- Using ‘Control Towers’ to Integrate your Digital Supply Network
- Supply Chain 4.0: Benchmarking to Latest Innovations in Logistics and Supply Chain Leadership and Management
- Service Systems Engineering Best Practice Virtual Benchmarking
- Service Systems Engineering Outstanding Innovation
- The Industry Practitioner Track Orlando 2019: Sneak Preview
- Smart Supply Chains and Industry 4.0
- The Impact of Industry 4.0 on Business Models
- The ISE Role in Service Systems Engineering: Service 4.0 Overview, Digital Transformation in Healthcare and Enterprise Shared Service
- Whetting your Appetite (“Aperitivo”): All you Need to Know about Industry 4.0

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**Operational and Business Process Excellence**

Some organizations integrate Business Process Excellence perfectly. Others need a well-designed program. We’ll show you how to jump-start a great Op Ex Program.

- Agile Operational Excellence/Process Improvement
- IISE Annual Conference 2022: The Performance Excellence Track Detailed Preview
- The New Industrial Engineering: Integrated Systems Engineering and Management Systems Engineering
- Building Performance Management Systems: Sharing Lessons Learned
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- Operational Excellence: Creating Strategies and Migration Plans for Large-Scale Improvement Initiatives
- Industry Benchmarks: Small and Medium Sized Enterprises Best Practices in Operational Excellence
- How to Design, Develop and Execute “Flow Workshops”
- Principles and Tools to Ensure Optimal Process Performance
- ISE: Outstanding Capstone Senior Design Projects
- Pioneering and Engineering a New World
- Resilience Re-examined: Reengineering How We do Business and Ensure Public Safety
- Restarting the Economy: Guidance on the Backside of the Disruption
- Business Continuity Strategies and Tactics in Periods of Major Disruption
- Navigating Your Business Through the COVID Crisis

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**3/15/22**

**7/12/22**
PEOPLE have been at the ‘heart’ of all this innovation in the field of Integrated Systems Engineering.....

A BRIEF -HOWEVER COMPLEX- HISTORY OF LEAN
Several branches & trends influence its evolution

Operational Excellence
Evolution began with the founding of Industrial Engineering circa turn of 20th Century
Branches evolved in Lean and TQM then into Integrated LeanSigma and now into Integrated Systems Engineering:
Enterprise Wide Operational Excellence Programs
ISE is the People Centric Engineering Discipline—First Who, then What!!
The ‘nature’ of organizational systems is evolving.....

The Evolution of Organizations

From Organizations as MACHINE
INDUSTRY 1.0 - 3.0 (Taylorism, Fordism)

To Organizations as “ORGANISM”
INDUSTRY 4.0 (Convergence, Agile)

To Organizations as RELATIONSHIPS
INDUSTRY 5.0 (Relationshipism, People-Centered Organization System)

Much of this evolution is ‘driven’ by Moore’s, Metcalf’s, and Kryder’s Laws of Technology (hyperconnectivity) that are altering how we work and relate and how value is created...
ISE’s Create Value by Integrating **People**, Strategy, Process and Technology

The requirement for improved communication to support increased requirements for coordination is critical in most organizations.

ISE’s are well suited (trained) to help ensure that PEOPLE stay engaged and coordination is optimized with Tiered Huddle Systems.
Lean Operational Stability

A tiered huddle approach to engage staff, solve problems and always be prepared for patient care, even through disruption

Victoria Jordan, PhD, MS, MBA
Vice President – Quality and Patient Safety
• 11 hospitals
• 300 provider locations
• > 21,000 employees
• > 2500 licensed patient beds
Emory Healthcare (EHC)

- Only health system in Georgia with four Magnet-designated hospitals (one since 2012) and awaiting results of Ambulatory Magnet visit; Only AMC in Ga

- Emory Healthcare Network (est 2011) - largest clinically integrated network in GA with more than 1,800 physicians concentrating in 70 different subspecialties.

- Relationships with Atlanta Children’s Hospital and the Center for Disease Control

- Official healthcare provider for the National Champion Atlanta Braves (MLB), Atlanta Hawks (NBA), Atlanta Dream (WNBA), Atlanta Falcons (NFL)
Outline

- Emory’s Journey - Lean Operating System (EmPower)
  - Levels of LOS
  - Daily Management
    - Tiered Huddles with Problem escalation
    - Std Work
    - Leaders as Coaches
  - Process Improvement
    - Value Streams
    - RIEs
    - Link to strategic goals
- Structure to support the effort
- Impact of COVID / resilience
- Q&A
Jim Kennedy's Story

James Cox (Jim) Kennedy, chairman of Cox Enterprises

Estimated net worth of $10.5 billion, according to Forbes

Treated at Emory for prostate cancer in 2014

Cancer-free in 2015
“I’m intensely aware of how good the medical care was that I received,” said Jim Kennedy, chairman of Cox Enterprises and president of the James M. Cox Foundation, of his own treatment for prostate cancer at Emory. “The doctors are great. The care is great.”

Emory receives $25 M to advance patient care

And yet, even with the life-saving care he received, Kennedy said he experienced frustrations that nearly all medical patients with a serious condition experience when waiting for test results.

“The wait times are always frustrating, the scans, the biopsies,” Kennedy said. “By the time it (the information) got around to me, I was petrified and worried.”
Where to start?

• Engaged Joan Wellman whose company later merged with Simpler
• Selected specific “learning lines” with willing leadership
• Study Trips
  • Manufacturing (e.g. Autolive)
  • Hospitals (e.g. Seattle Children’s, Intermountain)
Study Trips
Why does EHC need a lean operating system?

- Patients and families receive care that is subject to variation in processes that can produce negative health and financial outcomes as well as unpredictable experiences.
- Providers of care and those supporting them are overburdened in doing their work.
- Considerable waste is generated by the minute, hour, and day that challenges the operating system of EHC.
- This results in great people using suboptimal processes to achieve variable outcomes at high cost.
- We stand by our mission, vision, and values, and believe that Lean Operating System is a vehicle that will enable us to better execute on those.
Lean Principle: Respect for People

- Better Outcomes
- Improved Team Experience
- Lower Costs
- Improved Patient Experience

Improved Team Experience becomes the 4th element of the Healthcare Triple Aim model.
Why Respect for People Matters

• Those closest to the work are the best ones to identify what it takes to improve
  - Interact with process daily
  - Understand the customer / patient
  - When involved in problem solving, more likely to follow through on plan of action

• Without engagement, ideas, and commitment, a business will struggle to continuously improve

• A leader’s role is to create an environment where people are engaged around “making it better”
Mindset: Lean Operating System Value Proposition

Customer Engagement (True North)

Customer Objectives (True North Metrics)

Caregiver & Staff Requirements

Corporate Requirements

Extraordinary Patient Care

High Quality

Low Cost

Timely Access

Compassionate Care

Engagement

Meaningful work

Reasonable workload

Feel supported by management

Consistent “good” income/benefits

Culture of respect/Safe work environment with a trusted team

Market Flexibility

Profitability – through the elimination of waste
Lean Operating System

Extraordinary Patient Care
Highest Quality, Safety and Empathy; Easiest and Timely Access and Lowest Cost

LEVEL 5
(Optimize)

LEVEL 4
(Takt environment)

LEVEL 3
(Match capacity to demand)

LEVEL 2
(Stability)

LEVEL 1
(Foundation)

No Waiting
- Innovation to improve, access, cost, empathy
- Set staff cycle times
- Staff standardized work
- Clinical standardized work

Management System People Development
- Refine leadership's and workforce's PDCA skills
- Refine strategy deployment
- Manage to standardized work and level flow
- Immediate andon response

Quality First
- Innovation to improve quality/safety
- Verify at the source
- Use andon for process-stop to meet the standard
- Successive check

Detail patient flow and lead times
- Establish flow
- Initiate clinical std work

Level loading
- Quality and service standards
- Workflow control
- Control process variation

Staff to demand
- Success metrics
- Methods, staffing, equipment, supplies (Mess+55)

Understand cadence (takt)

Leader engagement
- Customer = patient
- Shared values
- Value stream thinking
The EmPower Daily Management System (DMS) is...

A series of repeatable processes designed to...

- Connect everyone to what’s important
- Help leaders at all levels differentiate normal from abnormal conditions
- Identify and proactively address issues that impede our success
- Develop leaders as coaches
- Resolve our “gaps” through team-driven problem solving
- Sustain breakthroughs from team improvements

Stage #1 of DMS is Readiness with Problem Escalation
Improving Communication through the Organization:
• The first major goal of EmPower was to stand up a daily tiered Readiness & Problem Escalation huddle system
• The “Tier 5” System huddle launched in May 2019

**Diagram:**

- **Tier 1** – Front Line, Dept/Clinic with Supervisor/Manager by 8:00am (e.g. PACU)
- **Tier 2** – Joint Depts/Clinics with Director by 8:30am (e.g. Periop Svcs)
- **Tier 3** – Hospitals and PGP Service Lines (separately) huddles by 9:00 AM
- **Tier 4** – Joint Hospitals (e.g. DOU) and All-PGP by 9:30am
- **Tier 5** – Combined System 9:45am

- SMESS status
- Barriers
- Business status
- PDSA ongoing
- Metrics
- Escalation
- Messaging top initiatives
- Mentoring
- Remove Barriers
- Goals
- Strategy
- Purpose
- True North
The Three Readiness Components & the Purpose of Each

1. Readiness Huddle
   - A brief team meeting that typically occurs at the beginning of each day or shift
   - An opportunity to review / share info that is relevant to the day or shift ahead
   - There are five Readiness Huddle Tiers

2. Huddle Board
   - Readiness Huddles are conducted at the Huddle Board
   - Staff continuously documents relevant info throughout the day

3. Problem Solving & Escalation
   - When a problem emerges, it is shared with the team at a Readiness Huddle
   - If the team can resolve the problem, it is assigned to a team member
   - If the team does not have the resources or authority to resolve a problem, they escalate it to the next tier
DMS Deployment: The Purpose of Readiness

**Readiness Supports Foundational Stability**

**Readiness supports us by:**

- **Strengthening** processes that prepare your team for a successful shift or day
- **Assuring** that we have *what we need, when we need it, where we need it*
- **Helping** your team know *what to expect* each day
  - What the *workload* for the day / shift will be
  - What *problems* exist that might impact the work
Huddle Logistics

- Same time every day (shift)
- Brief – 5-7 minutes
- In the work area - At the huddle board
- Standing up, ≤ 5 feet from the board
- Everyone Participates

**BEFORE**
- Prepare
- Update board information

**DURING:**
- Review today's statistics
- Discuss new problems (issues)
- Update status of earlier problems
- Celebrate successes

**AFTER:**
- Problem solve as needed
- Update status
- Check the board during the day for updates
Tiers

**Tier 1** - Front line staff with supervisors and managers by 8 a.m.

**Tier 2** - Directors with charge nurses, supervisors and managers by 8:30 a.m.

**Tier 3** - Separate hospital and PGP huddles by 9 a.m.

**Tier 4** - Joint hospitals & operations huddle by 9:30 a.m.

**Tier 5** - System Strategy 10 a.m.

Issues and barriers that impact multiple areas or need higher authority to be solved are brought to the next tier, all the way to 5.

Announcements, changes, and updates to previously escalated items flow back to Tier 1.

- Mentoring
- Removing Barriers
- Goals and Strategy
- Purpose
- True North
- Messaging top initiatives
Engagement and Empowerment
Readiness Huddle Board

1. **Situational Awareness**
   - Things that cannot be completed right away, but we still want to keep up with

2. **Big Issues**
   - Things that happen multiple times. Could be a small issue, but when it happens many times know it is time to “fix” it

3. **In Process Issues**
   - Tracks coaches, leaders and other areas who visit your huddle

4. **Recurring Issues**

5. **Visitors/Leader Log**

- 1. Statistics specific to your work area that help you know what the day will be like. Patient census, # of cases, etc.
- 2. Issues and concerns. What are the issues identified today. This is called SMESS
- 3. In process issues we are following
- 4. Big Issues
- 5. Recurring Issues
- 6. Visitor/Leader Log
- 7. Information to share & people to recognize
Board Element 1: Situational Awareness

Goal:
- Know your workload / demand
- Know staffing needed to meet workload / demand
  - Use Staffing section within SMESS to minimize impact of short staff

Examples:
- Census, anticipated admits, anticipated discharges, acuity
- Work orders, upcoming projects that will generate work orders

<table>
<thead>
<tr>
<th>Area</th>
<th>Nutritional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CENSUS</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>310</td>
</tr>
<tr>
<td>Med Surg</td>
<td>210</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>32</td>
</tr>
<tr>
<td>Cardiac Intensive Care Unit</td>
<td>23</td>
</tr>
<tr>
<td>Maternity / Child</td>
<td>45</td>
</tr>
<tr>
<td>Diabetic Patients</td>
<td>47</td>
</tr>
<tr>
<td>Other Special Diets</td>
<td>23</td>
</tr>
<tr>
<td>Contact Precautions</td>
<td>12</td>
</tr>
</tbody>
</table>

| Physicians in Clinic today: | 12 (Green) |
| Total clinic appts:         | 95 (Green) |
| Procedure:                  | 15 (Green) |
| Pre-certs:                   | 20 (Red) |
| Bump list:                   | 120 (Red) |
Board Element #2: SMESS is Used to Categorize Problems

<table>
<thead>
<tr>
<th>Safety</th>
<th>RN</th>
<th>Tech</th>
<th>Physician</th>
<th>Manager</th>
<th>Clinical Coord</th>
<th>Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have safety &amp; quality concerns been communicated to your team?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
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<tr>
<td>• Are there any potential risks to patients, staff, and caregivers?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Methods</th>
<th>RN</th>
<th>Tech</th>
<th>Physician</th>
<th>Manager</th>
<th>Clinical Coord</th>
<th>Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is the process causing me to do the work twice?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
</tr>
<tr>
<td>• Is everyone trained and following the ‘best way’?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
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<td><img src="#" alt="Green" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment</th>
<th>RN</th>
<th>Tech</th>
<th>Physician</th>
<th>Manager</th>
<th>Clinical Coord</th>
<th>Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is equipment available when we need it to deliver work to our customer’s satisfaction?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplies</th>
<th>RN</th>
<th>Tech</th>
<th>Physician</th>
<th>Manager</th>
<th>Clinical Coord</th>
<th>Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do we have the supplies or information necessary to deliver excellent results?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staffing</th>
<th>RN</th>
<th>Tech</th>
<th>Physician</th>
<th>Manager</th>
<th>Clinical Coord</th>
<th>Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do we have enough people to meet the workload?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
</tr>
<tr>
<td>• Does anyone need extra help today?</td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
<td><img src="#" alt="Green" /></td>
</tr>
</tbody>
</table>
This diagram indicates a **Methods** issue (red signal / andon) that is being shared with the team by an **OSA**. An issue card for the problem has been documented in the Tier 1 column because the reporting Tier team can resolve it within 3 days.
The Path of an Issue Ticket

So you're at your daily Huddle and a problem gets mentioned. The scribe writes a ticket for the problem but ... what happens after that? Read on to learn about the lifecycle of a ticket!

1. Before or during huddle, an issue ticket is added to the board and its category is marked red.

2. The issue is discussed during huddle: an action, owner and due date are determined.

For this sample ticket, it was decided that we need a substitute for Spectralinks but the issue needs to be escalated to the next tier because it couldn't be solved in 1-3 days at this level. The ticket is taken to the next tier's huddle and added to the Big Issue Tracker.

3. When a ticket is escalated to the next tiered huddle, participants will decide whether they can solve the issue in 3 days. The ticket remains on the board and the Tier 1 Big Issue Tracker is updated.
### Tier 2 Action Items, Big Issue Tracker & Recurring Issue Tracker

<table>
<thead>
<tr>
<th>Category</th>
<th>When to Use</th>
<th>How to Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escalate to Tier 2</td>
<td>• Can’t be fixed by team&lt;br&gt;• may take weeks to resolve&lt;br&gt;• issue with major impact</td>
<td>1. Tier 1 Huddle Leader presents the issue at Tier 2.&lt;br&gt;2. Tier 2 accepts the issue to resolve it &amp; adds it to their Huddle Board&lt;br&gt;3. Tier 1 Leader posts the issue card back to Tier 1 and posts it in the Tier 2 column.</td>
</tr>
<tr>
<td>Big Issue Tracker</td>
<td>• More complex but fixable by team&lt;br&gt;• will take over three days to resolve</td>
<td>1. Remove Issue card from Tier 1 column, and write issue on the Big Issue Tracker.&lt;br&gt;2. Monitor due dates for the issue, and update the Big Issue tracker as steps are added and completed.</td>
</tr>
<tr>
<td>Recurring Issue</td>
<td>• Issue that occurs multiple times</td>
<td>1. Write the issue on the next line on the Recurring Issue tracker form. Each time that error occurs, fill in a circle on the form and write the date above it&lt;br&gt;2. Monitor occurrences to determine when further action is needed to eliminate the root cause</td>
</tr>
<tr>
<td>Announcements</td>
<td>Kudos</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Joint Commission next week</td>
<td>Thanks to Joe for running out to catch a patient who had left her medication.</td>
<td></td>
</tr>
</tbody>
</table>
## Visitor / Leader Log

<table>
<thead>
<tr>
<th>DATE</th>
<th>LEADER WHO ATTENDED</th>
<th>KUDOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/25/20</td>
<td>Jane Doe</td>
<td>Great huddle!</td>
</tr>
<tr>
<td>3/5/20</td>
<td>John Smith</td>
<td>Very informative.</td>
</tr>
<tr>
<td>March 12</td>
<td>Adam Carter</td>
<td>Thanks for inviting me to your huddle</td>
</tr>
</tbody>
</table>
Tiered Huddles

Radiology Example

Hundreds of Tier 1 - Unit level (e.g. Diagnostic Xray, Radiology Pre-procedure, etc. at EUH)

50-100 Tier 2 - Department level (e.g. Radiology Dept at EUH)

11 Tier 3 - Each hospital (e.g. EUH)

Less than 10 Tier 4 - All Clinics and Service Lines that cross hospitals (e.g. Radiology Service Line)

One Tier 5 - Emory Healthcare System
Tiered Huddles

Left - Radiology Pre-Procedure Care Area Tier 1 - Radiology Nursing Unit Director explaining standard work confirmation process.

Right: Radiology Technologist leading Tier 1 Radiology Diagnostic X-ray huddle
Huddle Board Examples

Start on paper – continuous improvement
## Tier 5 – EHC System Huddle

### EHC System Huddle

**Date:** 10/8/2020  
**Time:** 9:45am  
**Facilitator:** Dane Peterson

### Serious Events

- EUHM: None
- EJCH: None
- ESJH: None
- EUH: None
- EDH: None
- PGP: None

### Announcements

### Kudos

<table>
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<tr>
<th>SAFETY</th>
<th>METHODS</th>
<th>EQUIPMENT</th>
<th>SUPPLIES</th>
<th>STAFFING</th>
<th>People to Recognize</th>
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<td></td>
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<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>EJCH</td>
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<tr>
<td>ESJH</td>
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<td>EUH, EUW, EUOSH</td>
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<td>EUH, EUW, EUOSH</td>
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**Critical Staffing Shortage:**

<table>
<thead>
<tr>
<th>Critical Staffing</th>
<th>Staffing Shortage</th>
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</tbody>
</table>

---

*Note: The image contains a detailed table and a diagram that likely represent operational metrics and status updates for the EHC System.*
The Role of Leaders

• Leaders as Coaches
• Rounding
• Standard Work
• Strategic Deployment and Catch-ball
• Empower employees (responsibility, resources, accountability)
• Strategic reviews (remove barriers for teams)
## EmPower: Tracking our Transformation Journey

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Metric</th>
<th>FY22 Target</th>
<th>Current State (Feb '22)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daily Management System (DMS)</strong></td>
<td>Departments/clinics with active DMS Module 1: Readiness &amp; Problem Escalation (n≈1000)</td>
<td>75% deployed</td>
<td>80% deployed</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Departments/clinics with active 2nd DMS Module (n=1000)</td>
<td>5% deployed</td>
<td>7% deployed</td>
<td>●</td>
</tr>
<tr>
<td><strong>Leader Standard Work (LSW) / Leader Engagement</strong></td>
<td>Senior Leaders using LSW (n=400)</td>
<td>15% deployed</td>
<td>12% deployed</td>
<td>●</td>
</tr>
<tr>
<td><strong>Value Streams</strong></td>
<td>Learning Lines launched</td>
<td>1</td>
<td>0</td>
<td>●</td>
</tr>
<tr>
<td><strong>Building Internal Capability</strong></td>
<td>“Gold” certified</td>
<td>10</td>
<td>6</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>“Silver” certified</td>
<td>20</td>
<td>10</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>“Bronze/Green” certified</td>
<td>100</td>
<td>17</td>
<td>●</td>
</tr>
<tr>
<td><strong>Strategy Deployment</strong></td>
<td>Engagement in lean training courses and improvement activity</td>
<td>6,000</td>
<td>5,000</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>Units with line of site to major strategies</td>
<td>All OUs ≥1 AOP goal incorporating lean to address</td>
<td>Actively achieving (A3s can be provided at request)</td>
<td>●</td>
</tr>
</tbody>
</table>

**WHSC Board Updates** | 3 | 1 | ● |

**Status Legend:**
- ● Already met or clear trajectory to meet
- ○ Unclear trajectory to meet in current year
MD Testimony about Daily Huddles and Employee Involvement
COVID Cases in the State of Georgia
Mar, 2020 – Mar 2021

Georgia Weekly Cases Per 100K (Confirmed and Total)

- CDC Red Zone
- CDC Orange Zone
- CDC Yellow Zone

Confirmed Cases Per 100K (PCR)
Total Cases Per 100K (PCR + Antigen)
STRATEGY

What Stayed the Same

• Core Values and mission to “improve lives and provide hope”
• 5 year Strategic Plan

What Changed

• COVID became top priority
• Incident Command Center established
  • Team of Six
  • Teams identified to cascade focus
  • Daily ICC Calls and 10 and 5
• Opportunity to reinforce mission
PROCESS

What Stayed the Same
• Tiered Huddles
• Leader Standard Work

Discipline but not Rigidness

What Changed
• Added COVID Huddle
• “Business at the speed of trust”
• Supply Chain / value of centralization
• Impact on University and increased collaboration
• Agility and rapid innovation (e.g., screeners, waiting rooms)
## EHC System Huddle

**Facilitator:** Thomas Thurman  
**Date:** 4/22/2022  
**Time:** 9:45am  
**Location:** Tier 5 SMESS

<table>
<thead>
<tr>
<th>Safety</th>
<th>Methods</th>
<th>Equipment</th>
<th>Supplies</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUHM</td>
<td>Car break-in last night.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EJCH</td>
<td>Urine analyzers down. No delays. IR room down.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESJH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EUH EWH EUOSH</td>
<td>High Census. 6 ED holds.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDH EHH ELTAC</td>
<td>Crit care short in vas in house. Sub pending.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGP</td>
<td>PT chart test mistake.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN, Techs, Onch tech.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN, L&amp;D, Onch, EVS, Pt access.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periop, endo, cvor, ana, spd, APP for RAD, Mats.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN, No triples. EVS, car cord, food and nut, diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN, Techs, 1 triple.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMORY HEALTHCARE**
And then there was a vaccine.....

- Designed on-line scheduling system
- Used process mapping, time studies, and lean tools to design optimal flow in drive-through and then clinic settings
- Used 5S to layout vaccine stations
- Used Kanban process for supplies
- Daily huddle and debrief sessions and visual management boards to identify opportunities for improvement
EmPower During Covid

- Daily huddle structure helps support communications through COVID response
- Leader mindset of transparency and listening to front lines
- Telemedicine rapid expansion efforts supported by presence of standard work
- Use of lean to inform approaches / decisions surrounding Epic go-live preparations
- A3 development, process mapping, and staffing to demand models for new processes
  - COVID-19 results notification
  - Donation center / distribution of PPE
  - Antibody Testing Site
  - COVID Testing expansion
  - COVID Vaccine distribution
Discrete Event Simulation of Patient Flow in COVID Vaccine Center

- https://www.youtube.com/watch?v=ueBNoi-ZVLo
TECHNOLOGY

What Stayed the Same
- Data transparency / dashboards
- Focus on data
- Data due to CMS and State

What Changed
- Significant increase in telemedicine
- Alternative PPE
  - Face shields from Ga Tech
  - Hand sanitizer from breweries
  - Masks from theaters
  - Gowns direct from textile manufacturers (American Apparel Producers Network) and assembly (Mohawk)
- iPads and baby monitors

Faster time to adopt technology
Lessons Learned

• Daily Management (and specifically tiered huddles)” are an important starting point
• Importance of “true-north”
• Must be applied to strategic goals, not “random projects”
• Must be leader-driven and owned
• EmPower is the HOW, not the WHAT
• Quality is the continuous and never-ending reduction of variability around customer-defined needs.
QUESTIONS AND DISCUSSION
Just Ahead.....

2022 IISE Training and Development Opportunities:

• 16 Aug—Innovative Methods to more rapidly improve Competencies with Business Process Improvement/Op Ex specialists (e.g. ISE’s)
  
https://us06web.zoom.us/webinar/register/WN_PQQjKjwZRYuKU9jJJPuGkA

• 13 September—Final Four ISE Capstone Senior Design Project Case Studies (Uof Washington, West Virginia, Va Tech, and Dalhousie)

• 4 October—Life and Career Choicepoints—Highly Successful ISE’s share tips, learnings, lessons (Jim Tompkins & Gabe Burnett)

And don’t forget IISE’s new Operational Analytics Certification Program...
IIESE Performance Excellence Track for Practitioners and Students

Operational Excellence, Performance Excellence, Integrated LeanSigma, Operational Analytics, BPM/I 4.0, High Performing Cultures, Integration of Strategy-People-Process-Information and Technology Enablement, Best in Class Case Studies, Networking

All being Developed for you for New Orleans in May 2023!!!
Customer and Member Satisfaction and Feedback Survey

Building and Tapping into Tiered Huddle Systems

You can go to this IIESE link soon and get deck and recording.

Certificates of Participation will be e-mailed to you within 3 business days.