LEAN DAILY MANAGEMENT: LEADERSHIP IN THE GEMBA

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WHO IS BRONSON?
System Statistics

Workforce:
- 7,100 Employees (1,400 RNs)
- 1,000 Medical staff members
- 870 Volunteers

Licensed bed count:
- 648 Acute care beds
- 115 Skilled nursing facility beds
- 49 Psychiatric/gero-psychiatric beds
Bronson’s Service Area

[Map showing service areas, including Allegan, Barry, Eaton, Van Buren, Kalamazoo, Calhoun, Berrien, Cass, St. Joseph, and Branch counties.]
Bronson Healthcare Group

- Regional, not-for-profit health system
- Serving southwest Michigan since 1900
- Bronson Methodist Hospital-Located in Kalamazoo, Michigan
  - 21,500 discharges and 103,000 ED visits
WHY GEMBA WALKS
Why Gemba Walks

Leaders tell us they want to:

• Create a culture of problem solvers
• Align organizational goals with department goals
• Increase employee engagement
• Bring executives to interact with employees
Why Gemba Walks

Front Line Employees tell us:

- “I don’t know how to ask for help”
- “My boss doesn’t know what I do”
- “The left hand doesn’t know what the right hand is doing”
- “I’ve tried to implement change but got frustrated”
WHAT ARE GEMBA WALKS?
Lean Daily Management

• Daily Huddles
• Daily Check In
• Gemba Walks (The focus of this presentation)
This is Gemba
This is NOT Gemba
Gemba Walks

- Daily (Monday-Friday)
- Along a Specified Route
- Around a Standardized Board
- By an Executive and a Director
- Standard Scripts
Gemba Walk Video
What do they look like?

- Metric Bar Charts
- Pareto Chart
- Action Plan
- 5 Whys
What do they look like?

Metric Bar Charts

Safety Metric: Beds clean and ready
Target (Goal): >85% of inspected beds will be clean and ready

Red: Did not meet goal
Green: Met goal
Blue: Not measured that day

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Num (A)</td>
<td>12</td>
<td>16</td>
<td>11</td>
<td>15</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Denom (B)</td>
<td>10</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Percent of A/B</td>
<td>120</td>
<td>160</td>
<td>110</td>
<td>150</td>
<td>110</td>
<td>120</td>
<td>110</td>
<td>120</td>
<td>110</td>
<td>120</td>
<td>110</td>
<td>120</td>
</tr>
</tbody>
</table>

Monthly Average

Year 2014

Performance

Goal 85%
What do they look like?

Pareto Chart

<table>
<thead>
<tr>
<th>Category</th>
<th>July 1, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not charged</td>
<td>7/5, 7/4, 7/6, 7/7, 7/13, 7/7, 7/8, 7/10, 7/16, 7/18</td>
</tr>
<tr>
<td>IV pole not down</td>
<td>7/5, 7/10, 7/18</td>
</tr>
<tr>
<td>Not locked</td>
<td>7/5, 7/16</td>
</tr>
<tr>
<td>Linen/pillow present</td>
<td>7/5, 7/17, 7/20, 7/22</td>
</tr>
<tr>
<td>Hole in mattress</td>
<td>7/27</td>
</tr>
<tr>
<td>Oxygen missing/not full</td>
<td>7/5, 7/14, 7/16, 7/17, 7/18, 7/7, 7/10, 7/16, 7/17, 7/20, 7/23, 7/26, 7/27, 7/28</td>
</tr>
</tbody>
</table>
What do they look like?

<table>
<thead>
<tr>
<th>Date</th>
<th>Metric</th>
<th>Idea to Try &amp; Expected Result</th>
<th>Who owns? By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/24</td>
<td>Beds clean and Ready.</td>
<td>Put an oxygen cage and tanks in transport room. Expect to see less.</td>
<td>Tiffany 8/1</td>
</tr>
</tbody>
</table>

Action Plan

**WHO**

**WHY**

**WHAT**

**HOW**

**PDSA**
What do they look like?

### 5-Whys Worksheet

**Define the Problem:**

<table>
<thead>
<tr>
<th>Why is this happening?</th>
<th>Why is That?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

**Date:**
**Completed By:**

**Caution:** Try to answer without making assumptions, if possible.

**Caution:** If your answer is a person, make it a process. 5-Why not 5-Who

**Caution:** If your last answer is something you cannot control, go back up to previous answer.

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**WHO** | **WHY** | **WHAT** | **HOW** | **PDSA**
---|---|---|---|---

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**BRONSON**
Gemba Walks
Current State

• 3 Service Lines have Gemba Walks
  • Cardiac (5 Boards)
  • Neuro (5 Boards)
  • Ortho (6 Boards)

• One Support Service Line (5 Boards)

• Patient Access/Environmental Services (Manager Led) (6 Boards)
Preparation

- No Meeting Zone (10:00-12:00)
- Executive and Director Training
- CEO to do first walk
<table>
<thead>
<tr>
<th>Gemba Walkers</th>
<th>Board Presenters</th>
</tr>
</thead>
</table>
| 1. The Executive Rounding Team is **led by a spokesperson.** | **2. Say “Good morning” to the leader of the Gemba & state your name and role.**  
*Note: Get right to the report out. You are reporting on the last 24 hours of activity with some exception for weekend items.* |
| 3. The spokesperson warmly greets the **presenter & introduces others** (including their department/role). | **4. Present from left to right on all the metrics.**  
**Example:** *Our Safety Metric is Patient Falls; Our target is zero; We are green for our safety metric. We didn’t meet our Quality Metric, which is Mislabeled Specimens, for the last 24 hours. Our target was “X” and our actual was “Y”. We had an issue with “Z” (Pareto). We have completed a 5 Why and the Root Cause is “A”. We have identified __ action item on our Action Plan.* |
| 5. Verify a **cause been found (Pareto / 5 Whys)** and there is a strategy in place (Action Plan). Review these on the board and further discuss, if necessary. Provide guidance and help to remove barriers. This is the critical part that the Leadership team plays in the Gemba to | **6. When this process is complete, ask “Do you have any questions for me or the team?”** *If you do not know the answer (and no one is available) put it on the action plan to follow up on and available for them to view on the next Gemba Walk.* |
| 7. To conclude, the spokesperson asks: **“Do you have what you need to meet your goals today?”** | **8. Thank them for coming!”** |

**WHO**  
**WHY**  
**WHAT**  
**HOW**  
**PDSA**
Walker Key Points

• **Red** is Okay– Make sure presenters understand that red shows good problem selection

• Board purpose = “Problem Solving Tool” *NOT* “Report Card”

• Make focus and questions about “Action Plan” items
Format

• 4 Day Kaizen Event Format was Used to Implement Gemba Boards
Steps to Create a Gemba Walk

- Develop Metrics
- Learn Problem Solving
- Build Boards
- Train Staff
- Practice Run
- Final Run

WHO | WHAT | WHY | HOW | PDSA
Develop Metrics

- Learn Problem Solving
- Practice Run
- Build Boards
- Train Staff
- Final Run

WHO  WHAT  WHY  HOW  PDSA
Develop Metrics

- Staff are given some time to think about metrics **before the event**
- Staff are coached **in the event** to come up with the original 4 metrics
- Staff are coached **after the event** when it’s time to change the metrics

Staff Choose the Metrics

**WHO** | **WHY** | **WHAT** | **HOW** | **PDSA**
What are Metrics?

They are grouped into five basic categories:

**Safety** - Falls, Employee Injuries, PPE

**Quality** - Documentation, Errors, Right the first time

**Delivery** - Timely Responses, Correct Information

**Productivity** - Man hours, Overtime, Idle time

**Cost** - Delays, Inventory on Hand, Over-processing
What is more important?

Safety

Quality

Patient/Customer and Employee focused

Delivery

Productivity

Patient focused

Cost

Business Focused

WHO  WHY  WHAT  HOW  PDSA
## Sample Metrics

### Cardiac Value Stream

<table>
<thead>
<tr>
<th>Area</th>
<th>Safety</th>
<th>Quality</th>
<th>Delivery</th>
<th>Productivity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Call Center</strong></td>
<td>none at this time</td>
<td>&lt;5 orders with problems per day</td>
<td>0 call center scheduling errors</td>
<td>5 days ahead of pre-registration.</td>
<td>none at this time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 accident information missing</td>
<td></td>
</tr>
<tr>
<td><strong>Cardiac</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced</strong></td>
<td>Diagnostic Turnaround abnormal nuclear or echo within 24 hours to MA 100% of the time</td>
<td>Patient Wait Time &lt; 30 minutes from sched. Appt to Provider Contact at least 50% of the time</td>
<td>Zero occurrences of MI Calldown to non-scheduled provider</td>
<td>Order reconciliation of Testing Procedures and EKG's to be marked done ECIS 80% of the time</td>
<td>none at this time</td>
</tr>
<tr>
<td><strong>Area</strong></td>
<td><strong>Safety</strong></td>
<td><strong>Quality</strong></td>
<td><strong>Delivery</strong></td>
<td><strong>Productivity</strong></td>
<td><strong>Cost</strong></td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td>Zero Patient Falls</td>
<td>100% Documentation of Patient I &amp; O per shift</td>
<td>80% of Discharged patients leave unit within 1 hour of order written</td>
<td></td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>90% of patients will have their sheaths DC'd within 30 minutes of normal ACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cath Lab &amp; PRU</strong></td>
<td>100% Document Contrast usage in EPIC</td>
<td>none</td>
<td>80% First Case On Time in each lab</td>
<td>No PRU Staff misses lunches between 12 &amp; 2</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>100% appropriate Time Out for All procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area</strong></td>
<td><strong>Safety</strong></td>
<td><strong>Quality</strong></td>
<td><strong>Delivery</strong></td>
<td><strong>Productivity</strong></td>
<td><strong>Cost</strong></td>
</tr>
<tr>
<td><strong>Cardio-Vascular Services</strong></td>
<td>Pre-Stress Check List received prior to test 90% of the time</td>
<td>Zero Incorrect Stress Orders received</td>
<td>70% of Stress Tests are started within 15 minutes of scheduled time</td>
<td></td>
<td>none</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100% of Patients arrive with appropriate attire</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### WHO > WHY > WHAT > HOW > PDSA

**WHO** - Cardiac Value Stream

**WHY** - Develop Metrics

**WHAT** - Sample Metrics

**HOW** - None of the above

**PDSA** - None at this time
Learn Problem Solving

Develop Metrics

Learn Problem Solving

WHO  WHY  WHAT  HOW  PDSA
Learn Problem Solving

• Training includes:
  
  • 5–Why
  • Choosing the right problems
  • Brainstorming Countermeasures
  • Manageable experiments
Pareto Analysis
5 Why’s Worksheet

Define the Problem:
The car won’t start because the battery is dead.

Why is this happening?

1. The alternator did not charge it correctly.
   Why is that?
   2. The alternator is not rotating.
      Why is that?
      3. The belt driving the alternator from the crankshaft pulley is broken.
         Why is that?
         4. The belt was not changed at correct mileage interval.
            Why is that?
            5. The owner did not follow the recommended maintenance schedule.

Caution: Don’t jump to Conclusions

Caution: Focus on the Why’s NOT the Who’s

WHO  →  WHY  →  WHAT  →  HOW  →  PDSA
5 Why’s

WHO  WHY  WHAT  HOW  PDSA
Define the Problem:
The stone on the Jefferson Memorial was crumbling

Why is this happening?

1. The stone was crumbling because it was washed too frequently.

2. It was washed regularly to remove the bird droppings.

3. The birds flock to the building due to the abundant food supply of little fat spiders.

4. There are so many spiders because they are attracted to all of the midges.

5. The midges are attracted to light and emerge in a mating frenzy when the Park Service turns on the spotlights at dusk.

Caution: Don’t jump to Conclusions

Caution: Focus on the Why’s NOT the Who’s

Who > Why > What > How > PDSA
Solution: Delay the daily lighting to one hour after sunset. Midge population went down 90%, they have broken the food chain and there are less frequent washings.
Build Boards
Build Boards

You will need:

- Post-it packages (2)
- Sign Holders (12)
- Screwdrivers (1)
- Screws (27)
Train Staff

Develop Metrics

Learn Problem Solving

Build Boards

Train Staff

WHO  WHY  WHAT  HOW  PDSA
Train Staff

- Staff Training Staff
- Employee Roster ensures 100% Completion
- Different Levels of Training
  - Observer
  - Apprentice
  - Expert
Practice Gemba Walk

Develop Metrics
Learn Problem Solving
Build Boards
Train Staff
Practice Walk

WHO  WHY  WHAT  HOW  PDSA
Practice
Gemba Walk

WHO  WHY  WHAT  HOW  PDSA
Final Run

- Develop Metrics
- Learn Problem Solving
- Build Boards
- Train Staff
- Practice Walk
- Final Run

WHO  WHY  WHAT  HOW  PDSA
Final Run
PDSA

(PLAN DO STUDY ACT)
PDSA
(Plan Do Study Act)

• SharePoint
• Gemba Board Owners
• Action Plans moved under Metrics
• Week-long commitments
• Process Management Support on Mondays
• Maps available in the meeting area
• Manager led walks are successful!
Upcoming Thoughts/Changes

• Incorporating Bronson Practices
• Develop devoted team problem solving time
• More coaching through managers
• Identifying organizational metrics related to the boards
• Including Patients and Family Advisors on the walk
Sample Results

Cardiac Gemba Walk

# HALL OF FAME

- **Cardiology**
- **Cath/PRU**
- **Cardio Vascular Services**
- **Emergency Dept.**
- **Advanced Cardiac**

| | 
|---|---|
| | I & O documentation goal was achieved and sustained |
| | Pain reassessment increased and sustained |
| | Shave and prep work for cath lab patients yielded many opportunities for education and improvement |
| | Appropriate attire worn when coming to CVS has gone from 17% to 80% |
| | Pain reassessment raised from a baseline of 47% consistently reaching the 90% goal |
| | Referral process was improved and sustained |
| | Abnormal Nukes Process was improved and sustained |

**WHO**

**WHY**

**WHAT**

**HOW**

**PDSA**
Orthopedic Gemba Walk

**HALL OF FAME**

<table>
<thead>
<tr>
<th>OSU</th>
<th>REHAB</th>
<th>PREOP</th>
<th>OR</th>
<th>PACU</th>
</tr>
</thead>
</table>

- Sustained SCIP #9, Foley Catheter removal on POD 1 or 2 at 100% for all THR and TKR patients
- Sustained decrease in LOS for TJR patients by .7 days (knee) and 1.0 days (hip)
- Sustained improvement in TJR patients scheduled to go home after discharge graduated physical therapy on day 2
- Sustained compliance with antibiotics ordered by surgeon in EPIC on day of surgery
- Sustained compliance with procedure specific consent utilized for TJR patients
- Sustained compliance with appropriate personal protective equipment
- Sustained compliance with standardized components of “time-out”
- Sustained improvement in supplies availability in OR rooms for 0730 cases
- Sustained improvement in compliant specimen labeling
- Sustained improvement in assuring evening staff breaks
- Sustained use of POSS sedation scale
- Sustained improvement in unit to unit communication in IP PACU and CSU
- Sustained improvement with bedside handover at change of shift
- Sustained compliance with obtaining vital signs 30 min prior to leaving PACU
Thank You!

bronsonhealth.com