How to Implement Lean in 3 Quick Steps

Andy Reid – Sept. 10th, 2015
Just Kidding....
Agenda

• About St. Mary’s
• Background on our Lean Journey
• Initial Launch Strategy
• Results
• Re-Group
• Operational Goals and Focus
• Lean Management System at SMGH
About St. Mary’s

- $145 million operating budget
- Core programs: medicine, surgery, cardiac, respiratory
- Regional Cardiac Centre
- 149 acute care beds
- 1,320 staff
- 400+ medical staff
- 400 volunteers
- 50,000+ emergency department visits/year (24/7 department)
- 12,000+ admissions/year
- 100,000+ outpatient visits/year
- 20,000+ surgical procedures /year
- 5,000+ cardiac procedures /year
Background
Launch Strategy - 2011

There are essentially two available options:
1) Dedicate substantial time to a very small number of Units (Emergency, OR, Finance...)
2) Dedicate small amounts of time to all Units.

It is a difficult decision with pros and cons associate with each and there were only two of us.

We chose option 2
Launch Strategy - 2011

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<thead>
<tr>
<th>Strategy Deployment</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<tr>
<td>Transformation Infrastructure</td>
<td>Introduction</td>
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<td>Capability Building</td>
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<td>Lean Management</td>
<td>Medicine, Surgery</td>
<td>Cardiac, Chest</td>
<td>Support Services</td>
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<td>Rapid Improvement Events</td>
<td>ED Kaizen</td>
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- Finalize Mission Control Visuals
- Start Friday report outs
- Annual goal setting
- 20% staff/yr -5 yrs
- 3 hour awareness training
- Lean Manager training
- Training for facilitators & change agents
- Kaizen 2
- ALC Kaizen 2
- Kaizen 3
- Kaizen 4
- Kaizen 5
Results?

- Quite frankly, it didn’t go all that well.
- There were certainly pockets of success, but there were large pockets of confusion.
- 2 years after the initial implementation only approximately 6 Units were still functioning as expected (out of 40).

Why?
Results?

- The customer/supplier relationship was vague (people were pushing info up the org chart and hoping it was what the leaders wanted)
- Firefighting was the preferred business model
- Problem solving was provider focused instead of customer (patient) focused.
- People like to tell stories instead of facts (data)
- Expectations were not clear (no one knew what they were supposed to look like).

Why?

- Lack of Structure
- Lack of Knowledge
- Lack of Leadership Knowledge
- Too much firefighting/change is difficult.

Those that did succeed, tended to have very strong and dedicated leadership.
Time to Re-Group...

• We regrouped in 2013 with a focus on:
  • Leadership expectation (Information pull)
  • Structure (Management system)
  • Training (Lean Problem solving)
  • Expectations (Standards)

This was difficult and we still made mistakes but we really emphasized the importance of our leaders focusing on a small number of things and demanding results on those items. (In 2013 this organization planned on working on 187 projects – we successfully completed 12)
Operational Goals and Focus

True North

St. Mary’s will be the safest and most effective hospital in Canada, characterized by innovation, compassion and respect.

- Quality & Patient Safety: We will eliminate preventable harm
- Patient & Family Centred Care: We will improve the patient experience
- Our People: We will develop, support and sustain a culture of problem solvers
- Financial Stewardship: We will reduce the cost of quality healthcare
# Operational Goals and Focus

<table>
<thead>
<tr>
<th>St. Mary’s</th>
<th>Operational Goals</th>
<th>Operational Targets April 1, 2015 – March 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISION</strong></td>
<td><strong>QUALITY &amp; SAFETY</strong></td>
<td>Patient falls will be reduced by at least 25% by March 31, 2016.</td>
</tr>
<tr>
<td>St. Mary’s will be the safest and most effective hospital in Canada characterized by innovation, compassion and respect.</td>
<td>We will eliminate preventable harm.</td>
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<tr>
<td><strong>MISSION</strong></td>
<td><strong>PATIENT AND FAMILY-CENTRED CARE</strong></td>
<td>The emergency department length of stay for at least 90% of admitted patients will be reduced by 25% by March 31, 2016 as we work towards our overall target of ≤ 8 hours.</td>
</tr>
<tr>
<td>To continue the healing ministry of Christ consistent with our Catholic traditions and values.</td>
<td>We will improve the patient experience.</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>OUR PEOPLE</strong></td>
<td>Staff and physician injuries (musculoskeletal and blood/body fluid exposure) will be reduced by at least 25% by March 31, 2016.</td>
</tr>
<tr>
<td>We will develop, support, and sustain a culture of problem solvers.</td>
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<tr>
<td><strong>4</strong></td>
<td><strong>FINANCIAL STEWARDSHIP</strong></td>
<td>All units and departments will be in a balanced financial position by March 31, 2016.</td>
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<tr>
<td>We will reduce the cost of quality healthcare.</td>
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</tbody>
</table>
Operational Goals and Focus

- This gives us clear direction
- This gives us focus
- This gives us expectations
- But what if people don’t know what to do?

We needed to give them a system/structure to work with.
The Lean Management System

But what is Lean?
What is a Management System?

This is what we teach our staff… (Leaders first)
Every organization has a “Production System”.

A production system is the day to day method an organization delivers its product to customers.

In Healthcare, our product is quality patient care and our “Production System” is the way we provide that care.

Picture our Emergency Department. The ED “Production System” includes Triage, Registration, Nursing Assessment, Physician Assessment, Testing, Re-Assessment and Discharge.
The Lean Management System

“A management system is the framework of processes and procedures used to ensure that an organization can fulfill all tasks required to achieve its objectives”

Think of it like this; it is the way we will run our Units and Programs to make sure that we are achieving our Corporate Goals. (including measurement)
What is Lean then?

Lean is a business methodology (the Management System) that focuses on continuous improvement (from all employees) by solving problems and removing waste from the customer’s perspective.

What is the Lean Vision at SMGH?

SMGH will develop a culture of problem solvers who will follow a structured approach to removing waste and solving problems from the customer’s perspective.
Why is The Lean Management System Important?
It is the framework that ensures:

1) We are providing the best possible care to our patients.
2) We are focusing on our priorities
3) We are measuring our progress
4) We are making improvements
5) We are accountable to achieving our goals
6) We understand our expectations
7) We all have the ability to make change
**How do we Implement LMS?**

We run 4 Units at a time through a 17 week training program (4 hours; once per week)

<table>
<thead>
<tr>
<th>Session</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Content</th>
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</thead>
</table>
| Overview                    | March 4th             | 8:00 - 12:00      | See Attached | Week 1: *Sr. Team—What and Why message*  
                             |                       |                  |                         *Overview of Lean Management System (LMS)*  
                             |                       |                  |                         *Criteria & Expectations: No meeting zone*  
                             |                       |                  |                         *Handout: Schedule, Dates*  
                             |                       |                  |                         *Standard Ring/Timeframes*                      |
| Module 1                     | March 11th, March 25th| 8:00 - 12:00      | See Attached | Week 2 & 3: Status Exchange  
                             |                      |                  |                         *Purpose of Status Exchange*  
                             |                      |                  |                         *Learn from others*  
                             |                      |                  |                         *Creating a daily Stat Sheet*  
                             |                      |                  |                         *Template*  
                             |                      |                  |                         *Day/Time*  
                             |                      |                  |                         *Go & See and Debate*  
                             |                      |                  |                         *Observe Daily Status Exchange(s)*  
                             |                      |                  |                         *Review and Revise your Status Exchange* |
| Module 2                     | March 4th - June 1st  | 8:00 - 12:00      | See Attached | Week 4, 5, 6, 7, 8, 9: Huddle Boards  
                             |                      |                  |                         *Improvement Board*  
                             |                      |                  |                         *Problem Definition and Current State*  
                             |                      |                  |                         *Huddle Standard*  
                             |                      |                  |                         *Practice Time*  
                             |                      |                  |                         *Performance Board*  
                             |                      |                  |                         *Driver of Metrics/Scoreboard*  
                             |                      |                  |                         *Excel*  
                             |                      |                  |                         *Running a performance huddle using 5 wps*  
                             |                      |                  |                         *How to create a countermeasure summary using the scorecard driver metricto A3* |
| Module 3                     | April 1st - May 6th   | 8:00 - 12:00      | See Attached | Week 10, 11, 12: ULC  
                             |                      |                  |                         *Purpose of ULC*  
                             |                      |                  |                         *Standard work for ULC*  
                             |                      |                  |                         *Schedule ULC*  
                             |                      |                  |                         *5 WPs*  
                             |                      |                  |                         *4S Thinking*  
                             |                      |                  |                         *Root Cause*  
                             |                      |                  |                         *5 Why's*  
                             |                      |                  |                         *Proposed Situation*  
| Module 4                     | May 18th, May 27th    | 8:00 - 12:00      | See Attached | Week 13, 14, 15: Process and Leader Standard Work  
                             |                      |                  |                         *Standard work + other ways to sustain improvements*  
                             |                      |                  |                         *Process vs Leader Standard Work*  
                             |                      |                  |                         *Process Observation Board*  
| Module 5                     | June 3rd, June 17th   | 8:00 - 12:00      | See Attached |                          |
LMS Focuses on 4 Elements

1. Providing dedicated time for **Proactive Planning & People Development**

2. Developing a forum for **Daily Continuous Improvement for all staff**

3. Creating a structure to manage larger problems through that are aligned with Corporate Goals; through the use of **Unit Leadership Councils**

4. Implementing practices that support **Sustaining the Gains**
The 4 Focus Elements of the Lean Management System at SMGH

- Proactive planning and people development
- Daily continuous improvement
- Unit Performance Improvement and Leadership
- Sustaining the gains

Cascading & Linked Status Sheet Exchanges
- To proactively plan for the day
- To coach and develop people / develop your future leaders
- To learn and understand the business
- A mechanism to embed discussions around organizational priorities into daily work habits
## The 4 Focus Elements of the Lean Management System at SMGH

- **Daily Status Exchanges**

<table>
<thead>
<tr>
<th>Safety</th>
<th>Date</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
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<tbody>
<tr>
<td>What safety concerns do you have involving staff or equipment? (Injuries/repairs/needs/infection control)</td>
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<td>Did we have any falls in the last 24 hours? What were the root causes? What interventions are in place</td>
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<table>
<thead>
<tr>
<th>Quality</th>
<th>Date</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
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<tbody>
<tr>
<td>Tell me about any family/patient potential concerns regarding care delivery?</td>
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<td>Tell me about any voiced team concerns regarding care delivery?</td>
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<table>
<thead>
<tr>
<th>Patient and Family Centered Care</th>
<th>Date</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
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<tr>
<td>What patients are requiring a plan intervention?</td>
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<td>What were the patient flow stoppers that we have identified from yesterday? What can I assist with today?</td>
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<td>What potential barriers do you anticipate regarding today's discharges? (within an hour of discharge order, CCAC, transport, outside facility)</td>
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<thead>
<tr>
<th>Our People</th>
<th>Date</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
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<tbody>
<tr>
<td>Who would we like to recognize on our team or in the organization this week?</td>
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<td>Who is going to need consideration or support today? What is the plan?</td>
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<tr>
<td>What staff communication/education opportunities are available for staff today? (Films, courses, LEAN, falls root analysis)</td>
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The 4 Focus Elements of the Lean Management System at SMGH

- **Performance Boards** – visual management to display unit-level metrics & track implementation of improvement ideas
- **Daily Improvement Huddles** – opportunity for staff to identify, prioritize and action daily improvement ideas linked to organizational priorities
The 4 Focus Elements of the Lean Management System at SMGH

• Daily Improvement Huddles
The 4 Focus Elements of the Lean Management System at SMGH

- Unit Leadership Team – a ‘board of directors’ for the unit
- Monthly Scorecard & Performance Review Meetings
- A common problem-solving approach & capability (A3 Thinking)
- Countermeasures Summary
The 4 Focus Elements of the Lean Management System at SMGH

- **Unit Leadership Councils**

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<tr>
<th>Patient and Family Centred Care</th>
<th>We will improve the patient experience</th>
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Driver - CT Procedures Starting On Time In The Morning (%)

- **Top Contributors/Factors**
  - Most data updated by mid-December
  - Some Units have not completed scorecard yet
  - Day Surgery / 700 – still struggling on data entry
  - Cardiology and Chest Program are waiting for baseline data for CHF (QBP) and COPD (QBP)

- **Critical Actions**
  - Most Medicine program scorecards currently up to date after one on one meetings with Program Managers.
  - Chest Program is collecting Staff Satisfaction data in order to get a baseline before they set a target. January 1st baseline will be set and scorecard data will be initiated
  - DI Scorecard transferred to standard format

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Target Zone

- Apr: 51%
- May: 66%
- June: 77%
- July: 74%
- Aug: 87%
- Sept: 91%
- Oct: 82%
- Nov: 86%
- Dec: 94%
- Jan: 85.7%
- Feb: 90.0%
- Mar: 100%
The 4 Focus Elements of the Lean Management System at SMGH

• Performance Reviews

Performance Review Diagram

Purpose: The purpose of the Performance Review is to share the details of important improvement work from the front lines to the Board of Trustees.

Design: The Performance Review is designed so that the President of the organization requests his/her update information and we are accountable for reporting.
The 4 Focus Elements of the Lean Management System at SMGH

- Process changes and **process standard work** defined
- **Observe and train** to process standard work
- **Leader standard work** defined setting expectations and management best practices

![Diagram](image-url)
The 4 Focus Elements of the Lean Management System at SMGH

• Sustaining the Gains
Criteria for Success/Expectations

• How will you know when you are succeeding?
  • It will be measured in behaviours, attitudes and persistence.
  • There will be tangible and intangibles to measure.
  • Consistent action will lead to new behaviours
## Criteria for Success/Expectations

- **We have developed an assessment tool.**

### LMS Assessment

<table>
<thead>
<tr>
<th>Overall Status</th>
<th>&lt;Unit&gt;</th>
<th>Objective</th>
<th>Always/Consistently</th>
<th>Some Times</th>
<th>Rarely/Never</th>
<th>Subjective</th>
<th>Always/Consistently</th>
<th>Some Times</th>
<th>Rarely/Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Proactive Planning and People Development</td>
<td>Answers provide a clear indication of the plan (Who, When, What)</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
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<tr>
<td>Action</td>
<td>Daily Status Exchange</td>
<td>Status exchanges occur at each leadership level</td>
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<td>Occurs daily at unit level</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
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<td></td>
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<td>Occurs on time</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
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<td>Standard work is followed</td>
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<td>Questions are open-ended</td>
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<td>Dialogue occurs</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
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<td>Appropriate people are present</td>
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<td></td>
<td>High priority problem(s) are identified from day to day issues and action plan put in place</td>
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</table>
Criteria for Success/Expectations

- Based on training and working days, we will use this tool to gauge our progress.

<table>
<thead>
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<th>Occurs on time</th>
<th>Standard work is followed</th>
<th>Questions are open-ended</th>
<th>Dialogue occurs</th>
<th>Appropriate people are present</th>
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<tbody>
<tr>
<td>Green</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
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<td>Week 3</td>
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<tr>
<td>There is coaching from the leader and development exists</td>
<td>The conversation leads to the clearer understanding of the business for the leader and the staff being developed</td>
<td>Discussions are tied to corporate goals</td>
<td>There is evidence of probing for clarity and further understanding – not just data gathering</td>
<td>Questions are purposeful/meaningful</td>
</tr>
<tr>
<td>Clear cascade of ideas, problem-solving, communication between Resource-Manager-Director – VP (up and down leadership levels)</td>
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Criteria for Success/Expectations

- We are striving for all Units to be green everywhere.

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<thead>
<tr>
<th>Criteria</th>
<th>Week 3</th>
<th>Week 5</th>
<th>Week 6</th>
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<tbody>
<tr>
<td>Occurs on time</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Daily Continuous Improvement</th>
<th>Huddles/Visual Boards</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boards are neat and up to date</td>
<td>Staff show confidence in participation</td>
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<tr>
<td>Visuals are easily understood</td>
<td>Staff confidently manage the process with or without the manager present</td>
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<tr>
<td>Huddle is on time (start and finish)</td>
<td>There is a clear link to organizational goals</td>
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<tr>
<td>Updates were provided on work in progress</td>
<td>Improvements have a clear problem statement and are robust, meaningful and designed to drive the business</td>
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<tr>
<td>New opportunities are being generated</td>
<td>The staff have an understanding of Unit performance based on the metrics on the board</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### How are we doing now?

<table>
<thead>
<tr>
<th>Department</th>
<th>Wave</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Surgery</td>
<td>1</td>
<td>Green</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>1</td>
<td>Green</td>
</tr>
<tr>
<td>CVICU</td>
<td>2</td>
<td>Yellow</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>1</td>
<td>Yellow</td>
</tr>
<tr>
<td>Operating Rooms</td>
<td>2</td>
<td>Yellow</td>
</tr>
<tr>
<td>Cardiology</td>
<td>3</td>
<td>Yellow</td>
</tr>
<tr>
<td>Chest Unit</td>
<td>3</td>
<td>Yellow</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>2</td>
<td>Yellow</td>
</tr>
<tr>
<td>Medicine (500)</td>
<td>3</td>
<td>Yellow</td>
</tr>
<tr>
<td>Emergency</td>
<td>3</td>
<td>Yellow</td>
</tr>
<tr>
<td>Finance</td>
<td>3</td>
<td>Yellow</td>
</tr>
<tr>
<td>Inpatient Surgery (700)</td>
<td>3</td>
<td>Yellow</td>
</tr>
<tr>
<td>Human Resources</td>
<td>1</td>
<td>Yellow</td>
</tr>
<tr>
<td>Dec. Supp. / Health Rec.</td>
<td>3</td>
<td>Red</td>
</tr>
</tbody>
</table>
How are we doing now?

TOTAL FALLS/MONTH: 2014/15

Lower is Better  YTD Status

Target: ≤16/month

2014 - 2015
How are we doing now?

ED LOS for Admitted Patients

Lower is Better

YTD Status

St. Mary's General Hospital
How are we doing now?

Staff Injuries by Month

Target Zone

Fiscal Year 2014/15
How are we doing now?

- Clearly there is still work to be done
- I am encouraged by the results of the Falls reduction processes of last year.
- I am encouraged by the focus we are putting on our metrics – Managers and above receive daily data on results.

### Daily Access Reporting Tool

<table>
<thead>
<tr>
<th>Metric</th>
<th>Yesterday</th>
<th>Past 7 Days</th>
<th>MTD</th>
<th>Fiscal YTD</th>
<th>Monthly Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Falls</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Staff Injuries</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>90th %ile ED LOS for Admitted Patients (Hrs)</td>
<td>17.57</td>
<td>22.04</td>
<td>23.64</td>
<td>31.90</td>
<td>16.60</td>
</tr>
<tr>
<td>Total ED Visits</td>
<td>133</td>
<td>979</td>
<td>830</td>
<td>5,203</td>
<td></td>
</tr>
<tr>
<td>Time to PIA @ 90th % (Minutes)</td>
<td>93.00</td>
<td>179.00</td>
<td>171.60</td>
<td>236.00</td>
<td>180.00</td>
</tr>
<tr>
<td>IP ALOS (EXC ALC) Discharged patients (days)</td>
<td>4.60</td>
<td>6.40</td>
<td>6.50</td>
<td>6.12</td>
<td></td>
</tr>
<tr>
<td>Admission (EO)</td>
<td>5</td>
<td>73</td>
<td>60</td>
<td>458</td>
<td></td>
</tr>
<tr>
<td>Total ALC Patients</td>
<td>25</td>
<td>20.43</td>
<td>21.00</td>
<td>19.51</td>
<td></td>
</tr>
<tr>
<td>Admission All</td>
<td>15</td>
<td>130</td>
<td>108</td>
<td>736</td>
<td></td>
</tr>
<tr>
<td>Discharged All</td>
<td>20</td>
<td>132</td>
<td>106</td>
<td>741</td>
<td></td>
</tr>
</tbody>
</table>

- Metric equal or outperforming target
- Metric within 25% of target
- Metric underperforming target by more than 25%
What next?

• Continue to train all staff on a new way of thinking.
  • All staff are expected to attend a 3-hour Lean Awareness session.
  • New staff are required to sign up for training on their Orientation day.
  • All leaders are required to attend a 3 day Lean training session.
• Ensure all 40 Units go through the 17 week LMS training process
What Next?

**Will** = Incentive – is it important to my boss?

**Skill** = Training – have I been given the tools I need to implement this change?

**Process** = A way of doing the work – is there documented instruction?

If you don’t have all three, success becomes based on chance.
What Next?

• The Performance Improvement team needs to Continuously Improve as well. All our programs, processes and training need to be evaluated and revised all the time.
Thank you.

• Questions?

CARE.
INNOVATION.
COMPASSION.

St. Mary's is an adult acute care hospital and Regional Cardiac Care Centre located in the heart of Kitchener, Ontario. We are proud to serve the residents of Waterloo Region and surrounding area.