



WACMHC

Washington Association of
Community & Migrant Health Centers

Quality Improvement Roundtable

Lean Boot Camp

Taking Your QI Program to the Next Level

May 8, 2018 | Seattle, WA

Housekeeping

- Building layout
- Folder overview
- Pre-Training Evaluations collected at 10:30 break
- Introductions
 - Name, Organization, Job Title
 - What are you looking forward to this summer?



WACMHC LEAN Workshop

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Who am I?

- Mom to 5 teenage boys
- Wife to retired Army LTC, medical provider, & football coach
- Oldest of 5 siblings
- Football lover
- Beach lover
- Rural west coast native



Let's Get Started!

- Session 1:
 - LEAN/Six Sigma Principles
 - Healthcare Customers & Processes



LEAN Principles...

What does it all mean?

- The term **LEAN transformation** is used to characterize a company moving from an “old way” of thinking to “lean thinking”.
- LEAN is about creating the most **value** for the customer while **minimizing waste**.
- A LEAN approach is about understanding what’s really going on, and improving the processes by which products and services are created and delivered.



LEAN is....



About “doing more with less”, but that means....

- Doing more productive work with less effort and waste
- **NOT about doing more work with less resources!**

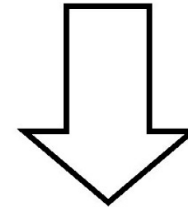
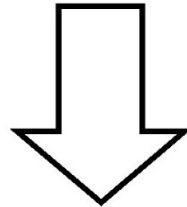
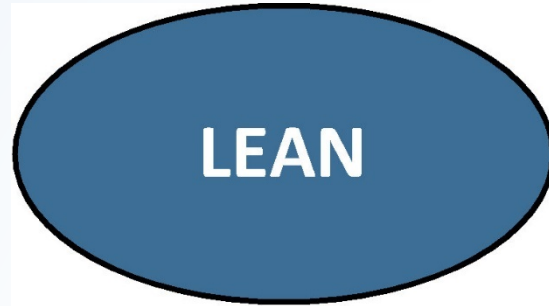
Six Sigma

- “Six Sigma is shorthand for a discipline that allows any business to design, improve and manage its processes so that they perform at their highest possible levels. High levels of performance mean high volume, fast turnaround times, very few errors or defects and low cost. Effective and efficient processes also help to reduce staff turnover and increase retention by eliminating one of the main causes of high turnover – cumbersome and complex procedures and routines.”



<https://www.isixsigma.com/industries/healthcare/six-sigma-powerful-strategy-healthcare-providers/>

LEAN + SIX SIGMA = LEAN SIX SIGMA



Doing the right things

Doing things right

Eliminate waste

Reduce variation

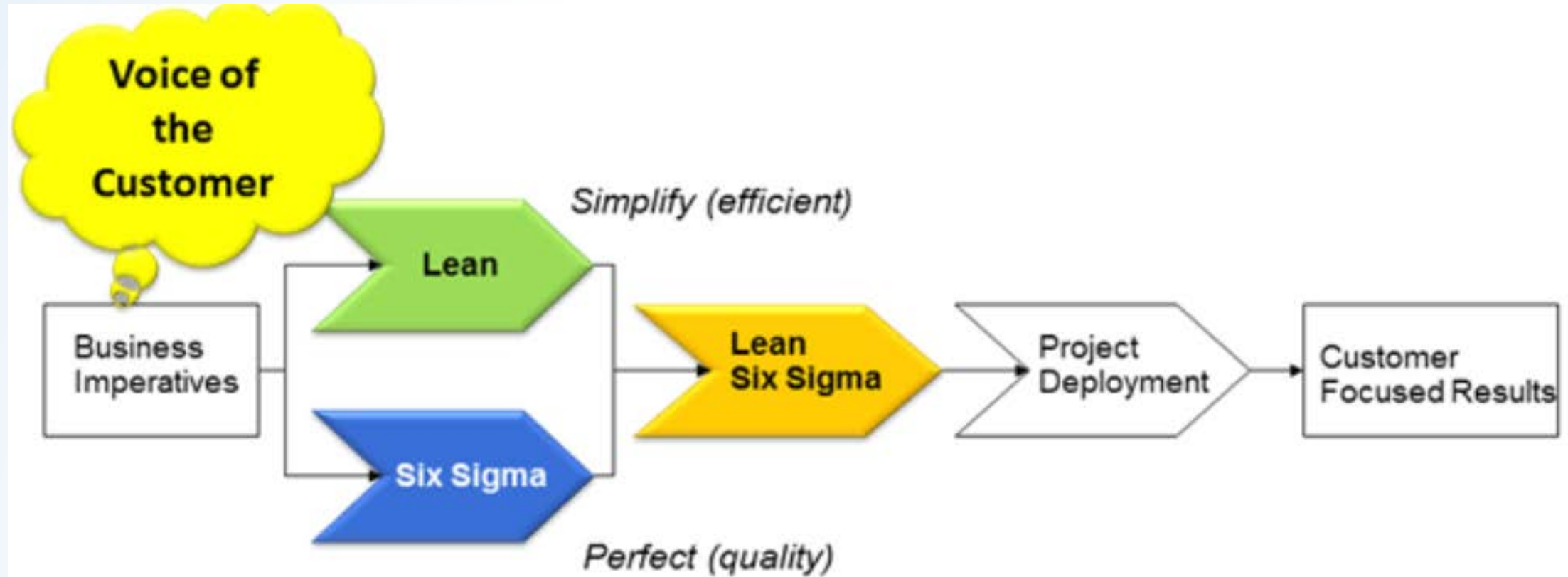
Improve speed
Reduce cost

Consistent quality,
accuracy, timeliness

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Striking the Balance



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Key Terms/Tools to Support LEAN/SixSigma

- **Gemba:** “real place” – the place where value is created
- **Gemba Walk:** walking through the Gemba to perform current state assessment
- **VOC:** Voice of the Customer
- **Kaizen:** “change for better” – model of continuous improvement
- **5-S:** “organization” – sort, straighten, shine, standardize, sustain
- **A3:** a structured problem solving and continuous improvement approach/tool
- **PDSA:** tool for process improvement to incrementally test and measure change
- **DMAIC:** quality improvement methodology



Let's Start with the 8 Steps of a "Gemba Walk"

1. **Why?** – Identify the Purpose for the walk
2. **Why?** – Be sure to understand the process to be observed
3. **When?** – Identify a specific time(s) to observe
4. **Where?** – Be sure to observe in the area where the work is done and value is created
5. **Who/What?** – Focus on observing processes and take notice of the quality of the service(s) provided....inputs & outputs/interactions



Let's Start with a "Gemba Walk"

6. **How?** – Take notice of how the process functions in the current state (separate people from process)
7. **What?** – Observe and identify the gap between the "ideal" state and what is occurring in current state
8. **Why?** – Identify opportunities for improvement (with the end goal being: closure of the gap between ideal & current state)



What the Gemba Walk IS...and IS NOT...

Gemba Walk **IS** to:

Observe

Understand

Focus on Process

Ask Questions

Engage People

Learn

Be Transparent

Gemba Walk is **NOT** to:

Judge

Place Blame

Focus on People

Make Assumptions

Define Specific Problem

Launch into

Improvement Activities



Giving Your Quality Improvement Program Definition

- We all have our own idea of Quality Improvement is (or should be) in our organization....but has it been defined and agreed upon?
 - According to AAFP –
“Quality improvement (QI) is a systematic, formal approach to the analysis of practice performance and efforts to improve performance.”
<https://www.aafp.org/practice-management/improvement/basics.html>
- To ensure its success, your QI Program should be defined through methodology, an assessment process and should incorporate an accountability matrix.



QI Methodology - DMAIC Model



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QUALITY IMPROVEMENT PROGRAM ASSESSMENT		
<u>QI STRUCTURE</u>	<u>Y/N</u>	<u>NOTES/COMMENTS</u>
1. Do you have a defined structure or model to guide your QI workflow? (i.e.: DMAIC)		
2. Do you have a purpose or goal statement for your QI Program?		
3. Who makes up your QI Team?		
4. Do you have defined Roles and Responsibilities for your QI Team?		
5. Do you have team members from across the organization able to participate and collaborate? (clinical, operational, financial, leadership, etc.)		

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6. Do you have engaged members of leadership to support your team?		
7. Do you have regularly scheduled meetings at least quarterly?		
8. Do you assess quality and performance data? (ie: identify opportunity)		
9. Do you assess utilization data?		
10. Does your QI Program influence process improvement priorities?		
11. Does your QI Team maintain a patient-centered focus?		
12. Does your QI Team perform peer review activities?		

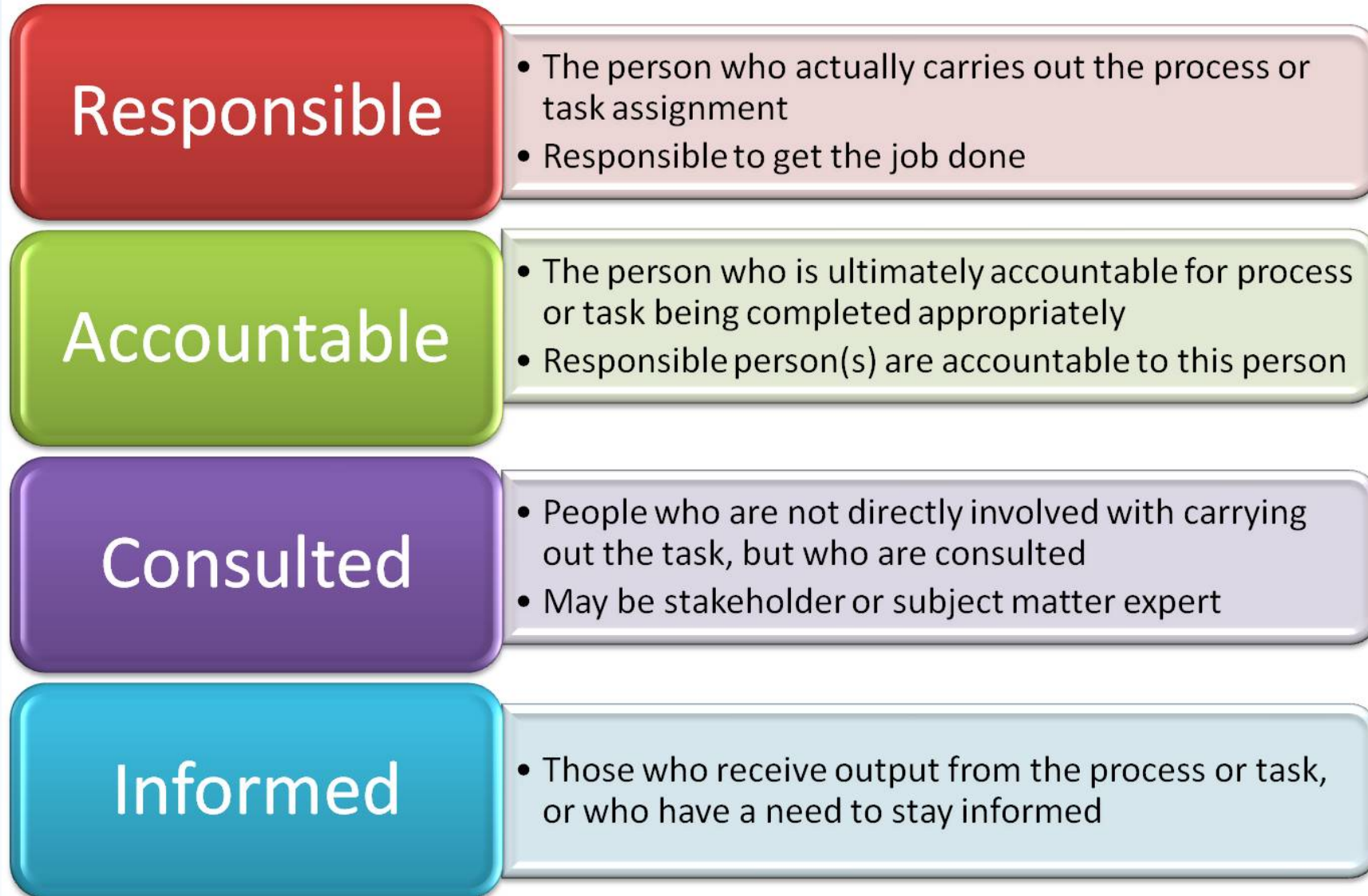


Do You Have What You Need?



- Policies/Procedures to Clearly Outline Process
- Clearly Defined Roles and Goals For the Team
- Clear Decision Trees/Process Maps to Guide Workflow
- Understanding of Your Scope
- Resources to Guide You
- Engaged Leadership To Assist You
- Process and Forum for Safely Asking Questions and Resolving Issues

Accountability Matrix



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RACI – The Responsibility Matrix

Responsible

The individual or group who does the work required to achieve the task. There is always at least one who is **responsible**, although others can be delegated to assist in the work.

Accountable

The one **ultimately answerable** for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible. In other words, an *accountable* must sign off (approve) work that *responsible* provides.

Consulted

Those whose opinions are sought, (typically subject matter experts), and with whom there is two-way communication.

Informed

Those who are kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one-way communication.



- R – Who is Responsible for performing the task?
- A – Who is Accountable if the Process fails? (in charge of R)
- C – Who can we Consult? (Has insight of process)
- I – Who needs to be Informed of the outcomes?

RACI Tool

Roles		<i>Provider</i>	<i>MA</i>	<i>Support</i>	<i>Practice Manager</i>	<i>Care Coordinator</i>
Tasks						
	<i>E.G.: Timely return of phone calls</i>	<i>R</i>	<i>R</i>	<i>I</i>	<i>A</i>	<i>R</i>

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Achieving Excellence Through Alignment

- As a core strategy to Quality Improvement, there should be a focus on optimizing the impact of improvement across the organization.
- Aligning priorities across Clinical, Operational, and Quality performance will maximize resources and produce optimal output.
 - Example:
 - Selecting opportunities for intervention that will improve operational efficiency, clinical care delivery, quality performance and financial stability.
- ***Can you think of some examples in your organization of ways to align priorities? Or examples of times when progress has suffered due to a lack of alignment?**
- ***See “Organizational Alignment Tool”**



Organizational Alignment Tool/Exercise

Proposed Change	Does this change improve operational efficiency? (how?)	Departments impacted by proposed change? (positive/neg?)	Does this change drive improvement for patients? (how?)	Does this change promote improved quality performance? (how?)	Does this change potentially impact revenue/finance? (generate \$ or save \$)

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Failure Modes and Effects Analysis - FMEA

Failure Modes and Effects Analysis (FMEA) is a step-by-step approach for identifying all possible failures in a design.

Also described as a “systematic, proactive method for evaluating a process to identify where and how it might fail, and to assess the relative impact of different failures in order to identify the parts of the process that are most in need of change”.

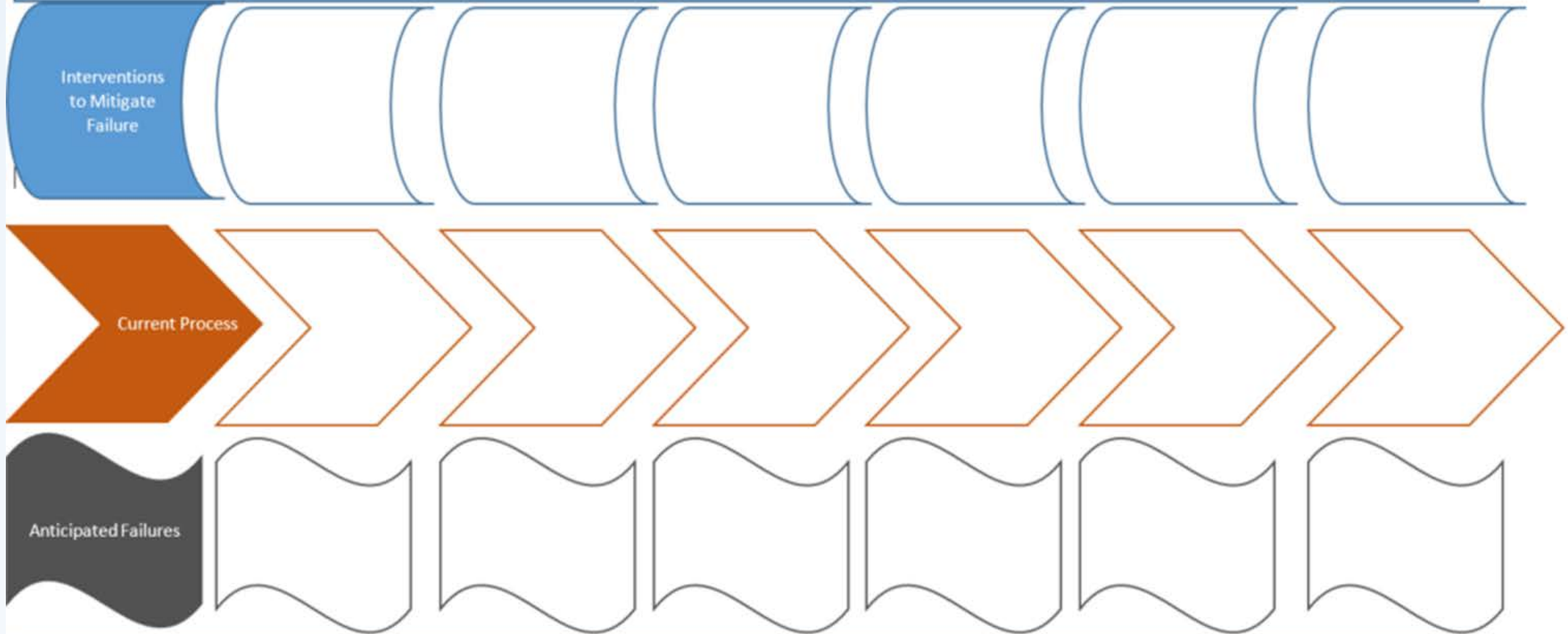
[\(app.ihl.org/Workspace/tools/fmea/\)](http://app.ihl.org/Workspace/tools/fmea/)



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FMEA Tool

What is the process to be examined? QI PROGRAM DESIGN/STRUCURE



What PDSA will you do?

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Identifying Barriers – Potential & Actual

Barrier to Success	Real-or-Potential	Intervention/Strategy



Voice of the Customer



- “The *voice of the customer* is a process used to capture the needs/requirements/feedback from the customer (internal or external) to provide the customers with the best in class service/product quality. This process is all about being proactive and constantly innovative to capture the changing requirements of the customers with time.”

<https://www.isixsigma.com/dictionary/voice-of-the-customer-voc/>

Define The Customer

- We must define the customers of:
 - The healthcare delivery system as a whole
 - Each process being targeted for improvement
- We must identify each customer as:
 - Internal Customers
 - External Customers



**We must incorporate the Voice of the Customer (VOC)
into every process!!**

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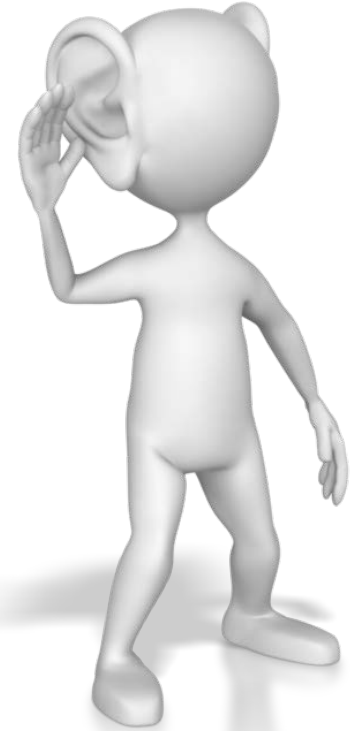
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How to Capture & Measure VOC

- *It is worse to ask and do nothing with the answer than to never ask at all!*

- It is **ESSENTIAL** to listen & utilize VOC meaningfully!

- Voice of the Customer (VOC) can be captured/measured several ways
 - Direct discussions
 - Interviews
 - Surveys
 - Assessments
 - Customer feedback/suggestion
 - Customer complaints
 - Observation
 - Focus Groups/Advisory Groups



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Let's Take a Coffee Break!



Up Next....



- Session 2:
 - 5 Steps to LEAN Thinking
 - 3 Types of Waste in Healthcare

LEAN Thinking



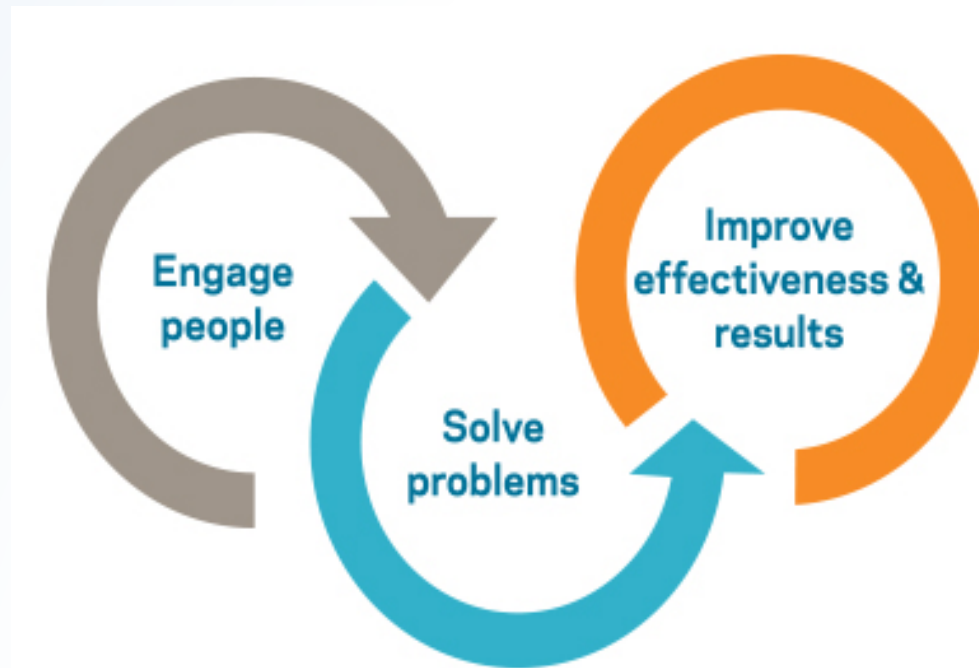
- **First, let's talk about the principles of LEAN Methodology as it relates to "Improvement"**
 - **What is LEAN Thinking?**
 - I. The efficient use of staff, resources, and technology to provide the highest level of service and quality.
 - II. Identifying areas of waste and acting to reduce or remove them through a systematic approach

LEAN Thinking...Efficiency

- **The efficient use of:**
 - Staff
 - Resources
 - Technology
- **To provide the highest level of:**
 - Service
 - Quality
- **To the ultimate customer:**
 - the **PATIENT**



LEAN Thinking...Effectiveness



- **Producing the intended or expected result**
 - Identifying Waste
 - Act to reduce or remove waste through a systematic approach
 - Improve effectiveness

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The Quality Equation

- **Efficiency**: The ability to accomplish something with the least waste of time and effort; competency in performance
- **Effectiveness**: Producing the intended or expected result

Efficiency + Effectiveness = QUALITY

LEAN Thinking....

Maximize Resources

- By using a **people-oriented** approach, an organization empowers its teams to take action toward achieving improvements, and therefore reducing and removing waste.
- LEAN principles support the most effective way to use any organizations most valuable resource - **its people**.



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COLLABORATION & COOPERATION are a must!

- Each team member contributes toward the common goals and objectives
- Meetings are conducive to active discussion, productive and results driven
- Ability to identify strengths within the team, develop subgroups or task forces to pinpoint certain objectives and maximize individual contributions
- Flexibility with teammates – understanding that a team is a group of relationships which require communication and flexibility
- Free of judgement – allow for mistakes



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Providing CLARITY...without it, things are fuzzy!

Clearly Communicated and Defined Roles and Goals!

- There must be clearly defined roles and goals for **each individual team member and for the team as a whole**
 - Each care team member must receive clear communication around the function of the team as a whole, their function within the team, and the function of their team members.



What Does That Look Like?

- Clear mission & vision
– it's our “why”
- Goals are measurable
– metrics for success
- Expectations are clear
- Deliverables are concise
- Leadership and structure is clearly defined



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Setting SMART Goals



SMART goal setting brings structure and accountability to your goals and objectives. SMART goal setting creates a distinct path toward an objective, with clear milestones and specific tracking of the progression toward success within a defined period of time.

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PATIENT CENTEREDNESS

- Being a High Performing Patient Centered Care Team -
 - *maximizing resources and leveraging the skills and expertise of the interdisciplinary team to positively impact care delivery and outcomes for our patients and our organizations*
- **In order to succeed - teams must:**
 - Understand team structure - roles and goals of each member of the team
 - Communicate and share information openly (verbal, written, **data**)
 - Collaborate & cooperate as an organized unit
 - Practice at peak of scope
 - **Include the patient, family, caregivers**
 - Focus on quality and process improvement to enhance care delivery, efficiency, outcomes, safety and quality



INCLUSION...You + Me = WE!



- Each individual has an opportunity to contribute and participate in team activities/ team duties
- Common work spaces and shared resources
- Open and ongoing communication
- Avoid silos
- Avoid stereotyping or making assumptions
- Recognize and respect individual viewpoints, perspectives, experiences and level of expertise

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PRODUCTIVITY...Practicing at Peak of Scope!

**Clearly defined roles as goals are paramount to productivity*



- Each member of the care team is empowered and expected to perform at the peak of their scope of practice, training, certification, or top of licensure
- Allows for enhanced workflow, improved productivity, decreased cost of care, increased efficiency, role clarity, job satisfaction, and patient experience
- **Supports goals of ‘Quadruple Aim’ – higher quality care, lower costs, patient experience and care team experience**

3 Primary Types of Waste in Healthcare

1. Information Waste

- i. Redundant input and output
- ii. Inefficient or ineffective data entry, documentation, etc
- iii. Incompatible data systems

2. Process Waste

- i. Process defect
- ii. Rework, workarounds
- iii. Delays

3. Physical Environmental Waste

- i. Safety
- ii. Workflow/Movement
- iii. Unclear Roles/Responsibilities
- iv. Lack of Training



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LEAN Thinking Waste = DOWNTIME

Defects/Mistakes (medication errors, incorrect coding, etc)

Overproduction (unnecessary medications, unnecessary lab/imaging test ordering)

Waiting (patients waiting to be seen, waiting for exam rooms, results, etc)

Non Utilized Talent (not empowering staff, performing below peak of scope, hiding or covering problems or issues)

Transportation (patient flow, medication flow, supply flow)

Inventory (expired meds/supplies, overstocked consumables/perishables, pre-printed forms, excess equipment)

Motion (unnecessary movement of people due to physical layout and location)

Extra Processing (more work/more complex than needed, care at higher level than needed, interventions higher level than needed, extra paperwork)

Identifying, Reducing or Removing Waste –

- When waste is identified – avoid the impulse to jump in and fix it!
- Use DMAIC to guide the process!
- Don't assume you know the big picture!
- What you see as the problem may just be a symptom!
- Remember, some waste in healthcare is unavoidable and cannot be removed.
- Don't fly solo – call upon the team!



Activity – Trash Can Game!



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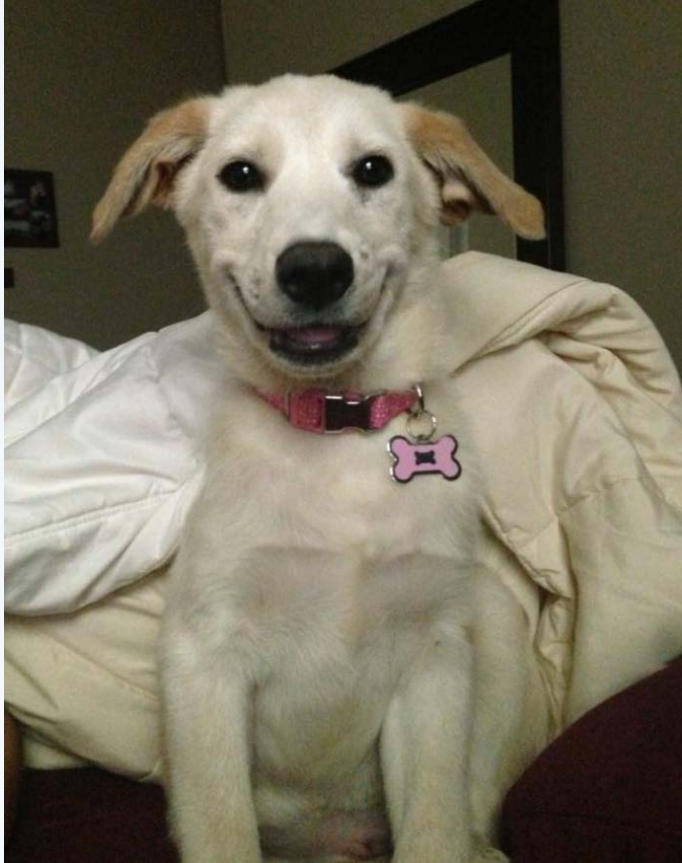
LUNCH TIME!



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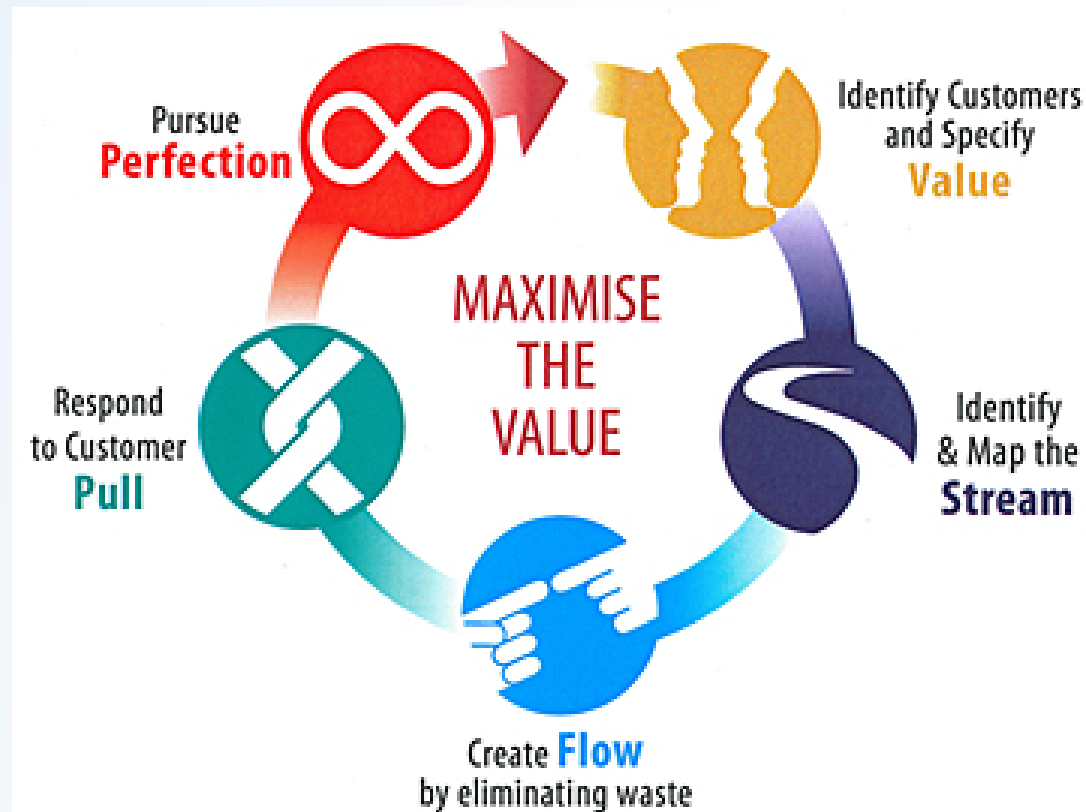
We're Back....



- Session 3:
 - LEAN Thinking (cont...)
 - Value Stream Mapping



LEAN Thinking... 5 Key Components



1. **VALUE**
2. **THE VALUE STREAM**
3. **FLOW**
4. **PULL**
5. **PERFECTION**

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LEAN Thinking...Specify Value

- Each and every step in the process should produce value (directly or indirectly) for the customer
- Many processes have been designed to add value to the healthcare system (our needs, our processes, our definition of value), rather than that of the customer.



❖ **We must evaluate value by determining who the customer is, what it looks like from his or her point of view.**

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LEAN Thinking...Identify & Map the Value Stream

- The steps required to complete a process or deliver a service!



- **We must determine if:**
 1. a given process adds value to the customer
 2. a process adds no value to the customer, but is unavoidable
 3. a process adds no value and should be removed or eliminated

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LEAN Thinking....

Understand the Purpose of Value Stream Mapping

- There are 3 primary purposes associated with Value Stream Mapping

1. Evaluate Current State

- i. Intentionally assess current state
- ii. Identify the existing steps of the process
- iii. Define the associated information (flow, cycle time, etc.)

2. Identify Waste

- i. Quantify the waste
 - a. Measure and define with data.

3. Provide direction for transformation

- i. Create the desired future state



LEAN Thinking....

6 Steps to Value Stream Mapping

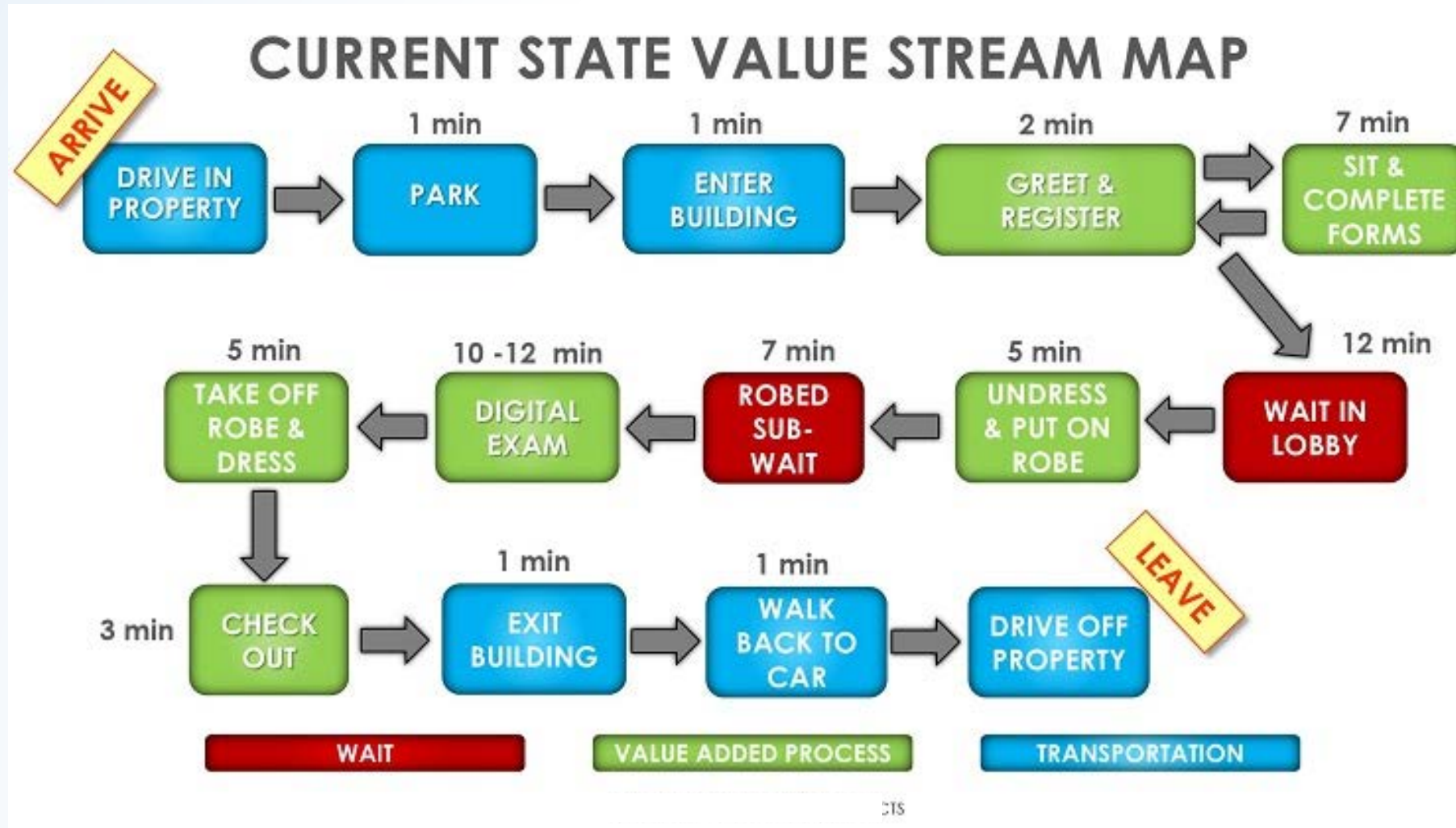
1. Document the Customer and the customer's needs
2. Identify the main steps of the process
3. Select the standardized metrics to measure each step
 - a) Time (process, lead, changeover)
 - b) Completion Percentage
 - c) Accuracy
4. Perform a “Gemba Walk” (walk through to assess current state)
5. Establish how steps are prioritized
6. Calculate the summary metrics

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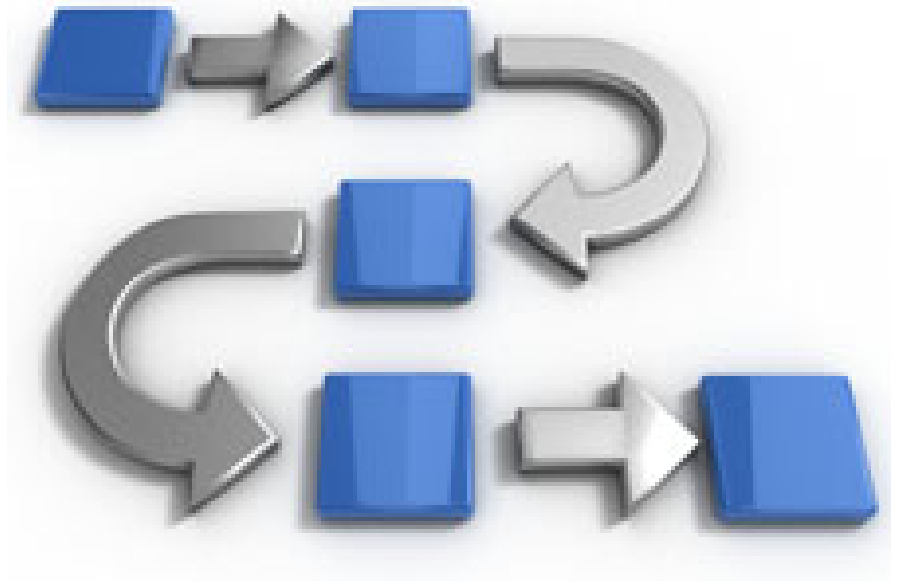
Value Stream Map - Sample:



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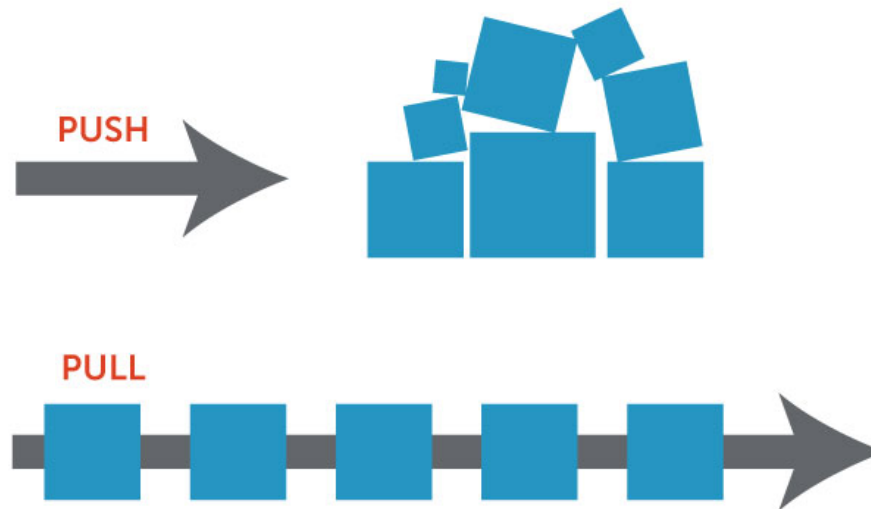
LEAN Thinking...Create Flow

- The goal of flow is to “eliminate the use of batching and queuing within a process. Processes that use batches and queues produce multiple wait times and interruptions.”¹
- We must ensure that a process is continuously worked on until it is complete or targeted improvement is achieved.
 - Tip....standardized work!



LEAN Thinking...Respond to Pull

- The concept of performing work in order, as it is requested or needed by a step in the *value stream*.
- The avoidance of “push”, which leads to steps being performed out of order – therefore compromising the quality of the product of the process

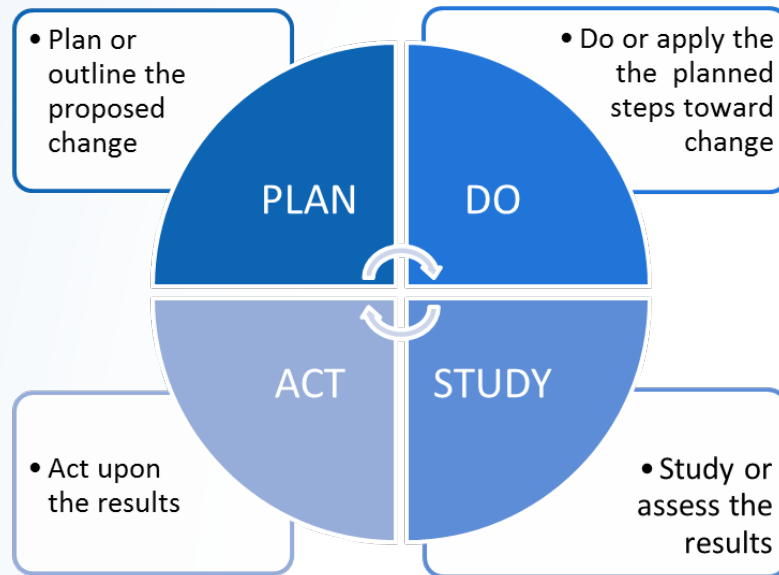


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LEAN Thinking...Pursue Perfection

- A “key tenet in LEAN thinking is that no matter how many times a process is improved, it can be further enhanced.”¹
- Pursuit of “perfection rests on the notion of ***continuous improvement through incremental change based on outcomes.***”¹



*By using the PDCA cycle to incrementally test change in an effort to improve, we are able to apply pragmatic steps of Process Improvement toward reaching the strategic level goals

LEAN 5S

5S

SORT When in doubt, move it out

SET IN ORDER A place for everything, and return everything to its place

SHINE Clean up your work area

STANDARDIZE Set rules for use that the entire team supports and agrees to

SUSTAIN Make 5S a habit by integrating it into your daily work routines

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• Benefits of the 5 Whys

- Help identify the root cause of a problem.
- Determine the relationship between different root causes of a problem.
- One of the simplest tools; easy to complete

• When Is 5 Whys Most Useful?

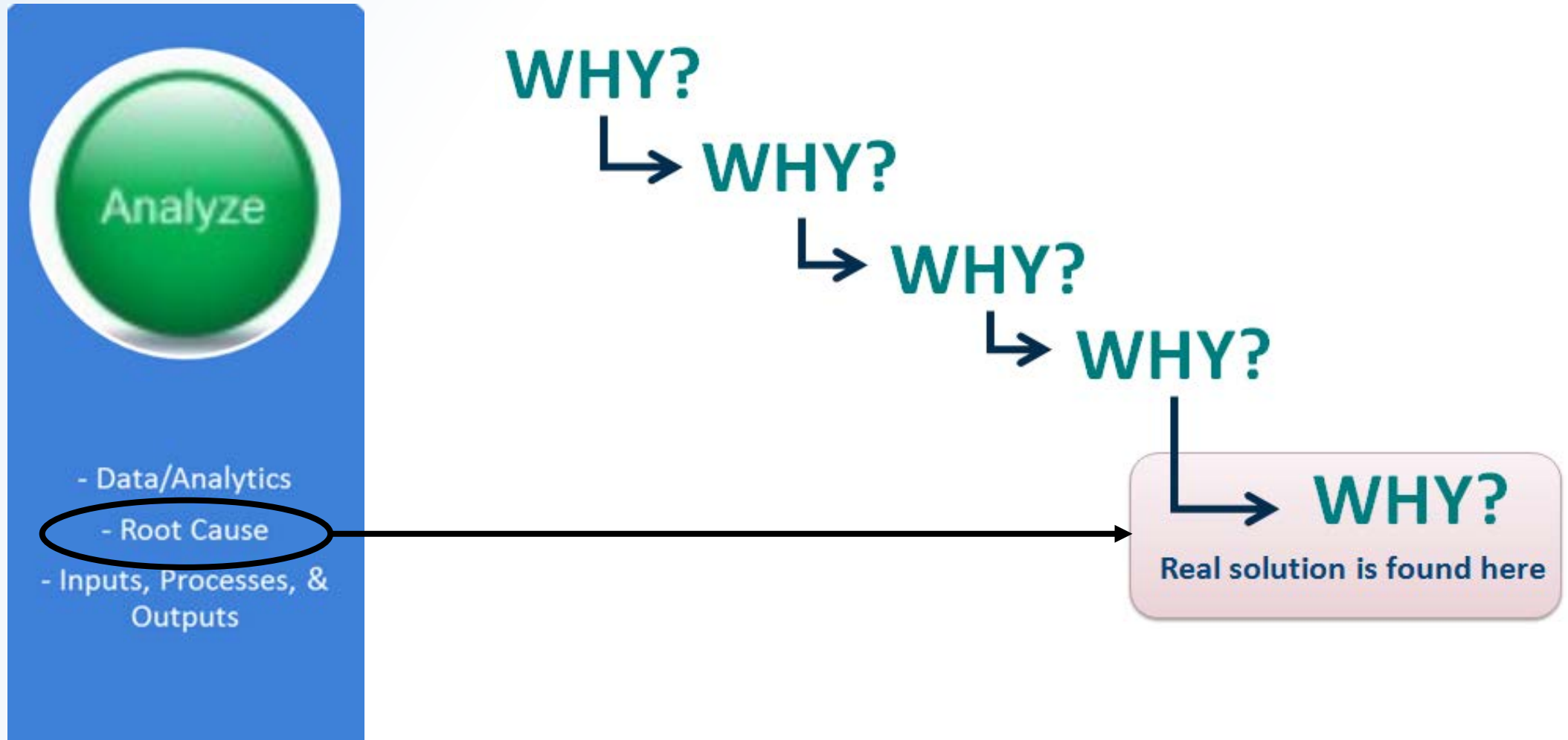
- When problems involve human factors or interactions.

• How to Complete the 5 Whys

- Write down the specific problem. Writing the issue helps you formalize the problem and describe it completely. It also helps a team focus on the same problem.
- Ask Why the problem happens and write the answer down below the problem.
- If the answer you just provided doesn't identify the root cause of the problem that you wrote down in Step 1, ask Why again and write that answer down.
- Loop back to step 3 until the team is in agreement that the problem's root cause is identified. Again, this may take fewer or more times than five Whys.

why?
why?
why?
why?

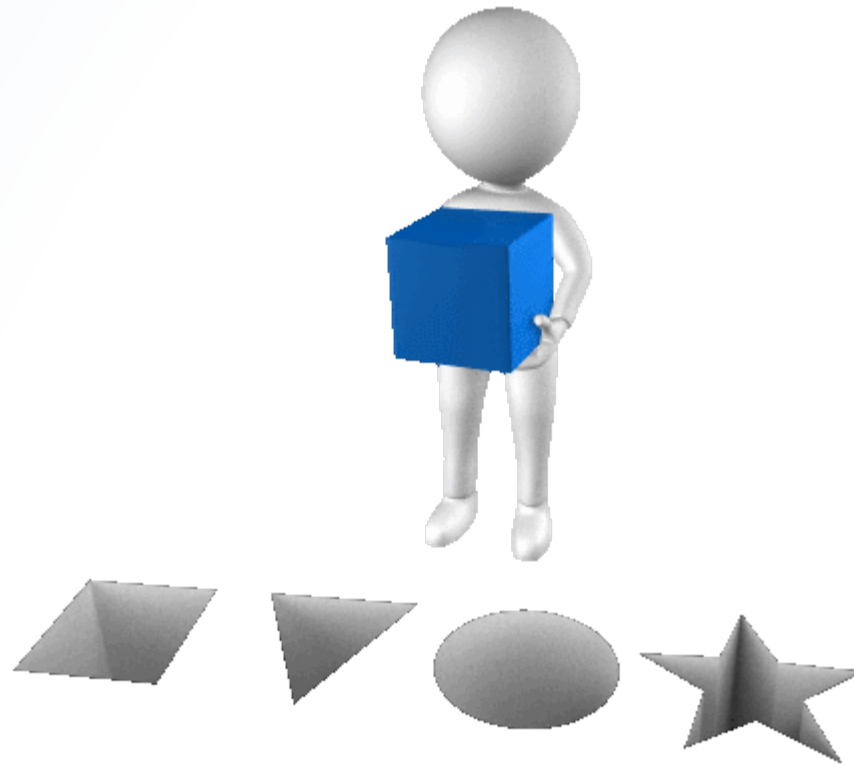
Root Cause Analysis & The 5 Whys of LEAN



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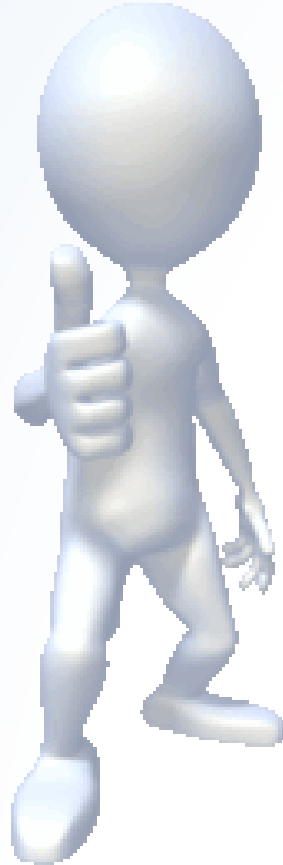
Activity – The 5 S Challenge!



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Last But Not Least....



- Session 4:
 - Process Improvement vs. Quality Improvement
 - Tip and Tools for Success
 - Sustaining Success
 - The Role of Change Management

Support & Interdependence

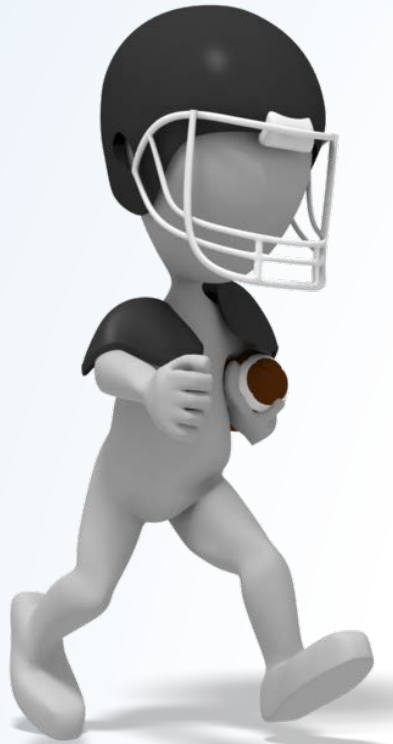


- **QI** and **PI** have a definite supportive and interdependent relationship. It is easy to confuse the two, but it helps to remember a couple of things to differentiate the two -
 - In the **QI** model of **DMAIC** – the action takes place late in the cycle, in the **I (improve)**.....
 - In the **PI** model of **PDSA** – the action takes place early in the cycle, in the **D (do)**
- It may help to think of the “Do” (from PDSA) as part of the “Improve” (from DMAIC)

***Does your QI Program influence your Priorities?**

- *(Hint....the answer should always be Yes!)*

Effectively Tackling Process Improvement



- Once your QI Program Structure has been established, (and a structure such as DMAIC has been adopted) – it is time to get to work on the incremental changes that promote Process Improvement.
- **We have established that the PDSA Cycle provides us with a model for improvement that aligns with the overarching QI structure.**
- In order to effectively tackle PI, it will be extremely important to remember **3 P's**:
 - **Process** - Carefully select the appropriate process for intervention. Select processes that have the highest organizational impact (alignment with multiple depts, services lines, etc), and/or highest impact to patients
 - **Plan** - Clearly define the baseline and establish the metrics for success
 - **People** - Identify the right team members to participate in the PDSA work

PDSA Cycles for Improvement

- The **Plan-Do-Study-Act (PDSA)** cycle is part of the Institute for Healthcare Improvement (IHI) Model for Improvement
- Simple yet powerful tool for accelerating improvement.
- Essential to remember – if we can't measure it – we can't improve it!
 - Always start with baseline measurements, decide on metrics for success, and remember to re-measure to determine action plans.

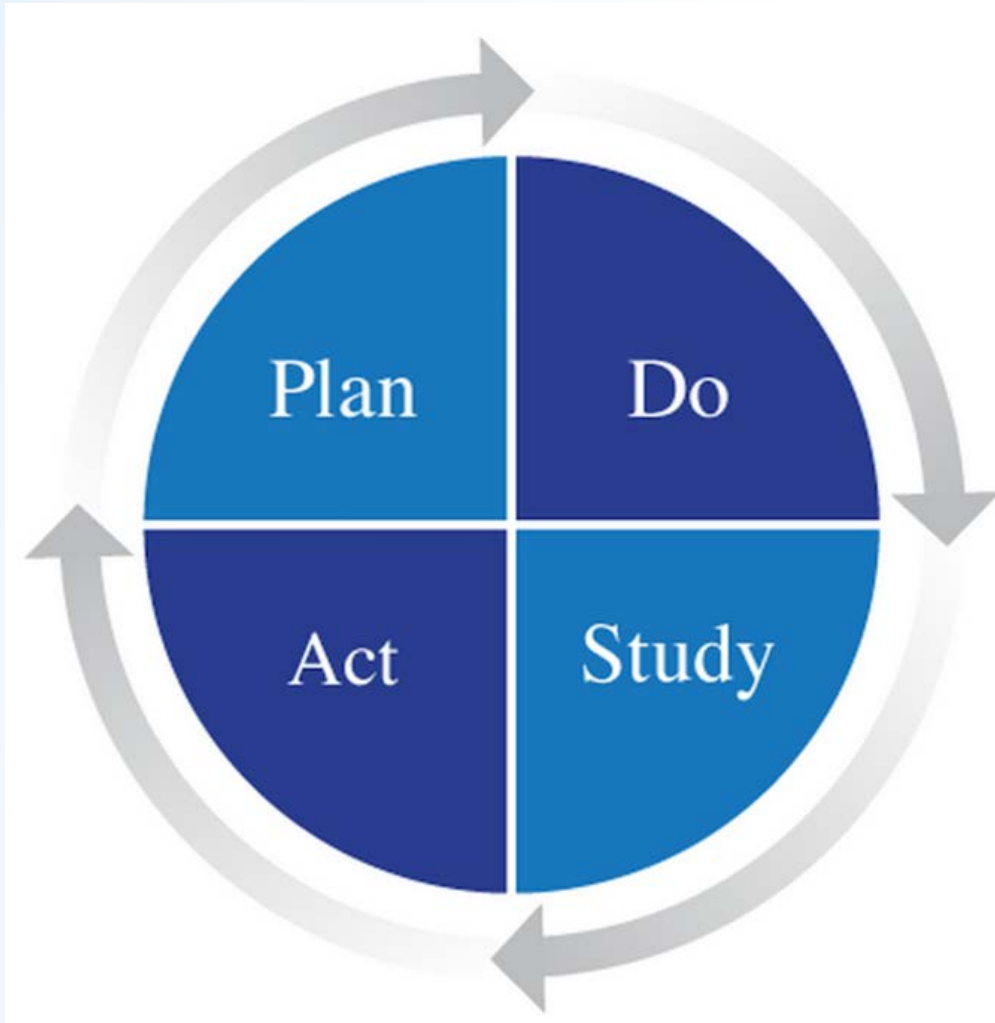


<https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle>

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PDSA Example



Plan (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change (what are you trying to improve):	Person responsible	When to be done	Where to be done
Prediction (What will happen, why will it work, why won't it work):			

Do Define your steps, get input from everyone, Run your tests

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Study Describe the measured results and how they compared to the predictions

--

Act Describe what modifications to the plan will be made for the next cycle from what you learned

Keep It?	Change It?	Trash It?
Reason for above choice:		

Structuring and Implementing a Pilot

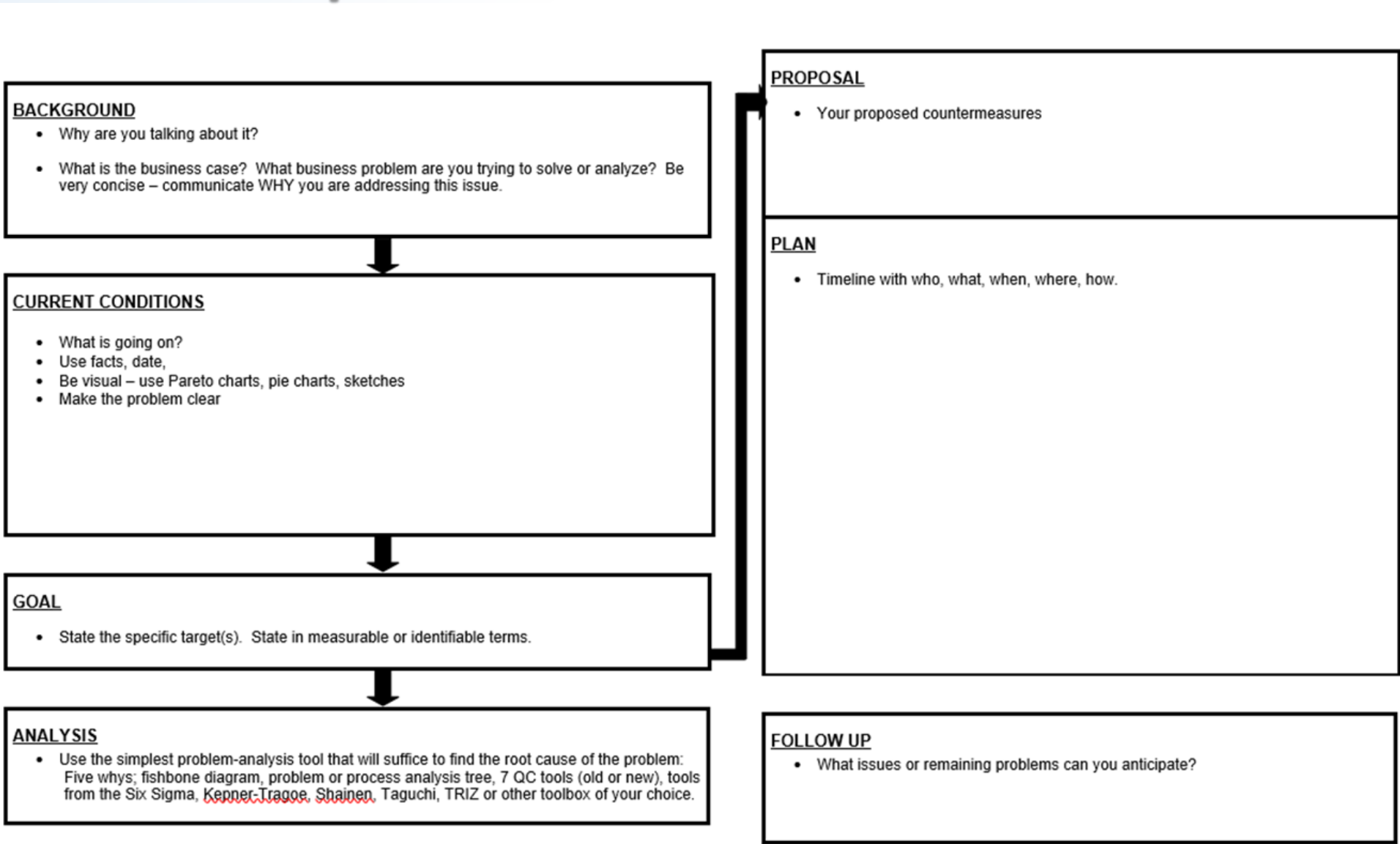
- A **pilot** is a process by which a change is tested in small scale before being widely implemented
- **A pilot study/project has some very specific traits:**
 - Clearly defined current state *(Background/Current State)
 - Clearly defined purpose/goal/intent *(Goal)
 - Predetermined metrics for success *(Analysis)
 - Agreed upon method of measurement *(Analysis)
 - Clearly defined hypothesis or proposal for change *(Proposal)
 - Defined leader and team members *(Plan)
 - Defined scope of work *(Plan)
 - Defined duration or timeframe *(Plan)
 - Activities list/Tasks *(Plan)
 - Regular assessment/reporting of progress toward goal *(Follow Up)
 - Change management strategy for scalability *(Follow Up)



- *See “A-3 Pilot Tool”

A3 Tool Example

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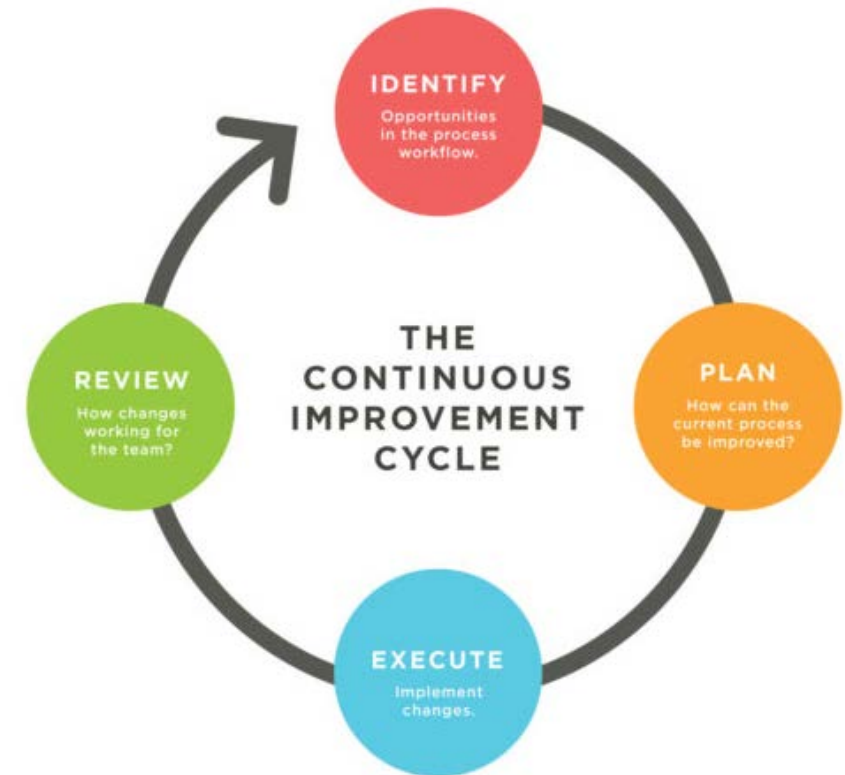
KAIZEN – Part Philosophy ~ Part Action Plan

- Kaizen (Continuous Improvement) is a strategy where employees at all levels of the company work together proactively to achieve regular, incremental improvements.
- Kaizen is about organizing events focused on improving specific areas within the company. These events involve teams of employees at all levels, with an especially strong emphasis on involving front line employees.
- Kaizen works hand-in-hand with Standardized Work.



PRAGMATIC & INTENTIONAL

- High performing care teams must maintain an ongoing focus on Quality Improvement and Continuous Process Improvement as a driver for all activities
- Consists of “*systematic and continuous actions that lead to measurable improvement in health care services, and the health status of targeted patient groups*” (HRSA)
- Ongoing efforts centered around the incremental improvement of processes or services provided to our customers.



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Understanding the Role of Change Management

- Change management is both an art and a science...at its core are 3 basic, yet critical, elements:
 1. Engaged Leadership
 - engagement from organizational leadership who both understands and supports the proposed change
 2. Stakeholder Buy In
 - buy in of the necessary stakeholders and those who will be impacted by the change
 3. Open/Ongoing Communication
 - open and ongoing bidirectional communication (leaders must communicate with their teams, and teams must reciprocate)



When these three elements are present, the risk of failure will be heavily mitigated and the likelihood of success will be exponentially higher

Communication – What Do We Mean?

com·mu·ni·ca·tion

/kəˌmyʊnəˈkɑːʃ(ə)n/ 

noun

1. the imparting or exchanging of information or news.
"direct communication between the two countries will produce greater understanding"
synonyms: transmission, conveyance, divulgence, disclosure; [More](#)
2. means of connection between people or places, in particular.

*Communication in the workplace should support adding value to stakeholders/customers (internal & external)

*Strong communication requires careful and intentional sharing of information with the right people at the right time in the right way.

Communication...Who's Job is it?

- Communication is Everyone's job!
- Communication must be bidirectional!
- If you have a question – Ask it!
- If you hear a rumor – talk to your supervisor and validate before making assumptions
- Assume that intentions around communication are good in nature
- Transparency is important for trust
- Not all information is able to be shared with all teams immediately – timing is essential



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ABILITY TO DISAGREE...it's a good thing!

- Check your ego at the door!
- Disagreement is a good sign of active communication
- Conflicts are managed appropriately and respectfully
- Criticism remains constructive and focused on problem solving – no personal attacks
- Team decision making happens with consensus and by reaching an agreement – compromise
 - If a consensus cannot be reached, the team leader must make decision based on objective information and be focused on reaching the common goal
 - ❖ If leadership intervention is required – avoid lingering discussion or second guessing



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Communication Skills

Keeping Yourself Current –

Read the newsletters, check your emails, pay attention to postings

Get Involved –

Join committees, attend meetings, actively seek and receive information, contribute to communication efforts

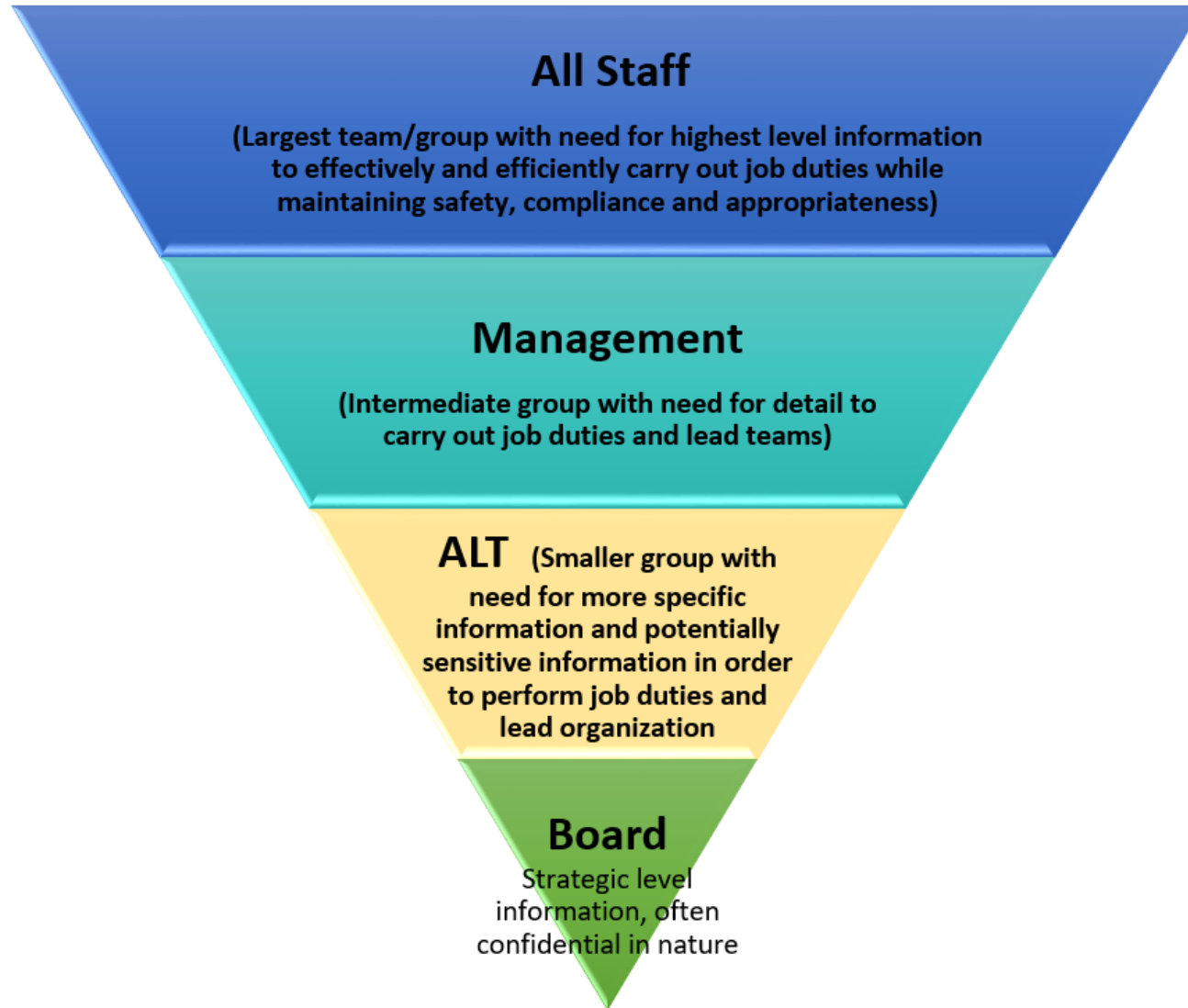


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Information Flow – A Whole New Way to Think About Communication

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THANK YOU!

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Office Hours

[REGISTER HERE](#)

- An opportunity to ask questions, learn about Lean tools or principles in more detail, and get guidance on your current work in a group of FQHC peers led by Jennifer Calohan.
- **First Office Hour will be held on Friday, June 8th from 12 – 1 PM.**
- A registration link will be sent to you in a follow-up email.
- We encourage other staff members from your FQHCs to attend!



Thank you for joining us!

- Please complete your post-training evaluation to inform Office Hours and future trainings!

Upcoming WACMHC Training

Wednesday, May 16th | [PCMH Webinar Series: Part 2](#)

Wednesday, June 6th | [Supporting Patients at Risk for Diabetes](#)

Summer 2018 | CPHQ Training