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SAN FRANCISCO GENERAL
Hospital and Trauma Center

5 Important Questions to Ask (and Keep Asking) in Implementing Lean in a Public Safety Net Teaching Hospital

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Special Thanks Jenna Bilinski RN – Director, Kaizen Promotion Office, Reyland Manatan, EVS Supervisor, the ZSFG KPO and the ZSFG Expanded Executive Team



San Francisco Department
of Public Health



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Objectives

- Practice inquiry and self-reflection to support learning (hopefully mine and yours!)*
- Share example stories to summarize broad learnings from our lean journey as a public, safety net, teaching hospital
- Identify key learnings and opportunities

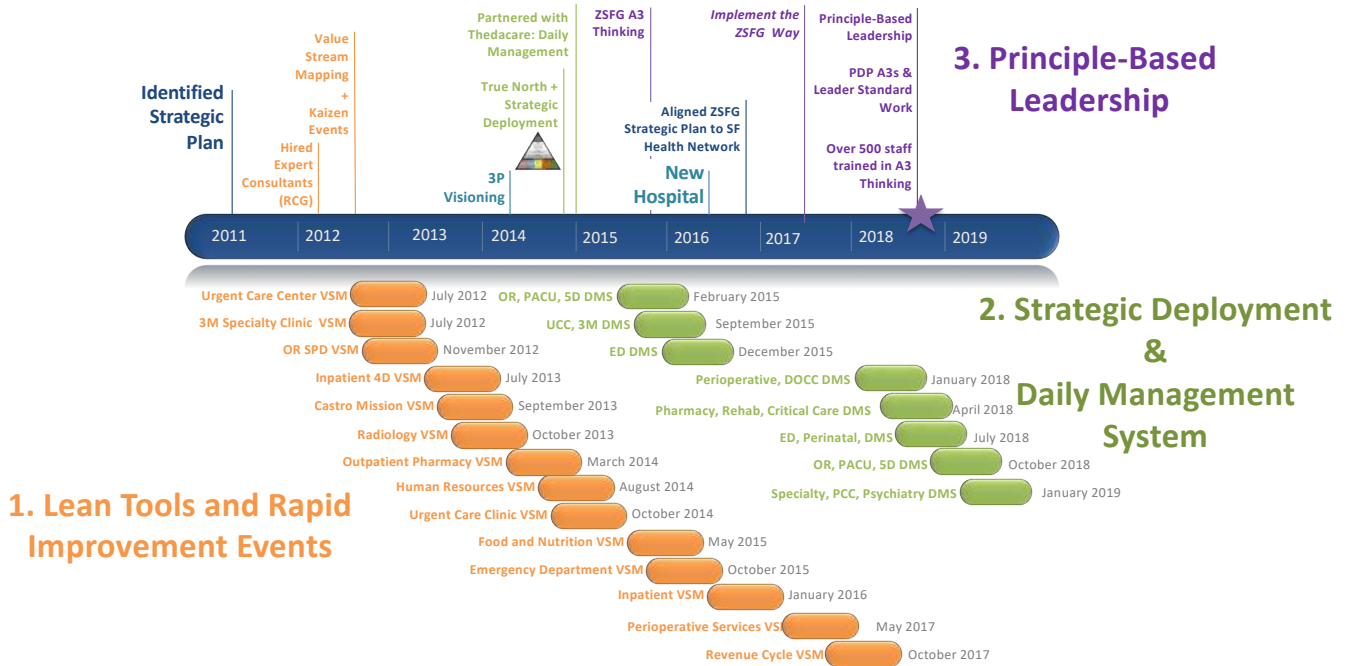
**Questions adapted from Center for Lean Engagement & Research - Health Care Assessment Instrument*



5 Challenges for ZSFG - a public safety net teaching hospital

1. While deeply mission-driven, our organizational and system-wide goals are incredibly complicated
2. Our system has not historically been patient-centered
3. Our customers, staff and expected outcomes are growing increasingly complex – and reinforced by highly specialized, professionalized staff in disparate sub-cultures
4. We are exceptional at reacting to emergencies as heroes, but less good at using systems and tools to empower staff with trust and compassion.
5. Organizational change requires an improvement mindset by leaders at all levels, which is really hard work!

ZSFG Lean Journey



Warm-Up #1: The last time I went to see my own health care provider, my emotional reaction was...

- A. I love it! I can't wait to see my doctor!
- B. I like my provider OK, and I know I have to go.
- C. I'll wait and see. (...maybe I can google my symptoms!)
- D. No thank you. I hate having to wait.
- E. Doctors? I want nothing to do with doctors!

Warm-Up #2: When staff in my organization hear the word “Lean,” the most common emotional reaction is...

- A. Lean! I love it!
- B. Lean is pretty good. I like it.
- C. I'll wait and see.
- D. Lean? No thank you. What will you try next?
- E. Lean? We don't make cars! Why are you making me do this?
- F. Huh? What's Lean?

1. In my organization, goals are visual and understood; Everyone knows if goals are being met

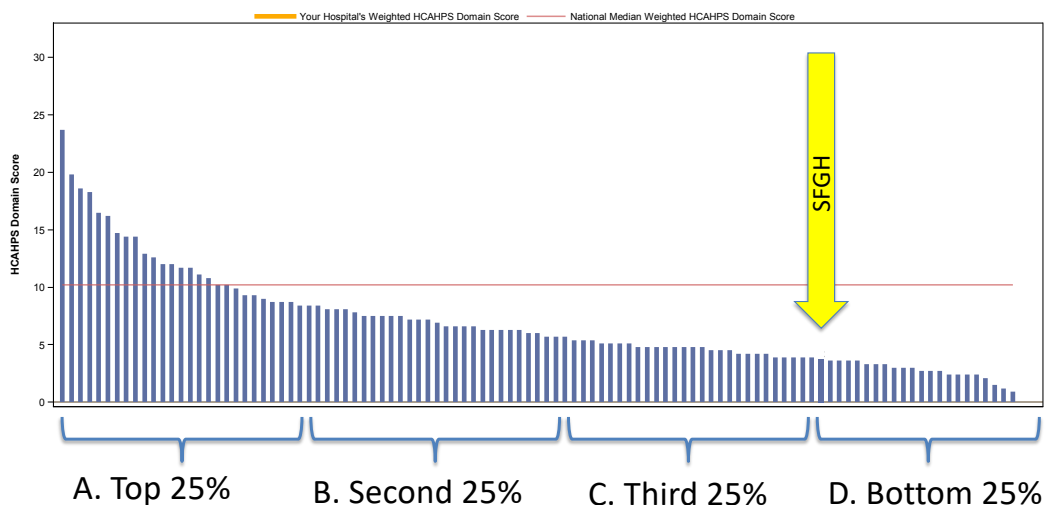
- A. Strongly Agree
- B. Agree
- C. Neither agree nor Disagree
- D. Disagree
- E. Strongly Disagree

2. In my organization, Customer/Patient needs drive our work (e.g. strategies, decisions, behaviors)

- A. Strongly Agree
- B. Agree
- C. Neither Agree nor Disagree
- D. Disagree
- E. Strongly Disagree

As the “Best Public Hospital in the country...” What did we actually know and how did we know it?

FIGURE 5. HCAHPS Domain Performance at NAPH Member Hospitals
Baseline Period Covers Patients Hospitalized from April 1, 2009 to March 30, 2010
Pre-Performance Period Covers Patients Hospitalized from April 1, 2010 to March 30, 2011



Stages of grief Quality Measurement

Kübler-Ross	Sims*
Denial	There's not a problem
Anger	Data is completely wrong
Bargaining	We need different metrics
Depression	My patients are sicker
Acceptance	OK, maybe we can do better

*Steve Meurer, UHC; Shannon Sims, Rush U.



U.S. Health Care historically driven by:

- Volume (fee-for-service)
- Providers & organized medicine
- Regulations
- Reputation
- NOT patients or value

ZSFG's Complex Mission and Goals

- "Provider of last resort" (Ca Welfare Code 17000, 1933)
- Public Health Mission
 - Integrating Primary Care, Specialty Care, Jail, Pop Health Psychiatric, Homeless Health, Rehabilitation, etc
- Research and Teaching Missions

Learning to See with Events and Tools

“Lee” is a 46 year old Bayview woman in a 2011 improvement event responding to a ZSFG executive who described how patients are supposed to arrive in the ER, be greeted, get registered and triaged to be seen...”



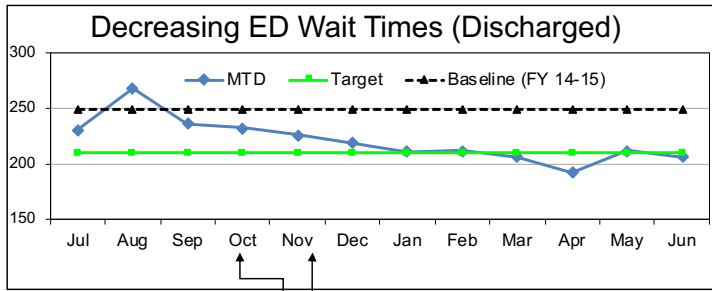
“Greeted? What hospital are you talking about? I’ve never been greeted in the ER. I came three times last year, and I was just told to stand in line, and quit complaining...”

Note: Stock photo

Learning to See with Events and Tools

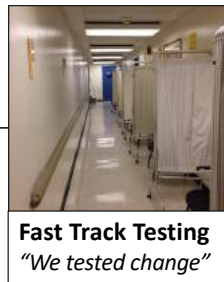
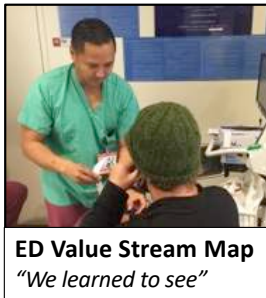
- 14 Value Stream Maps and Rapid Improvement Events
- Lean Certified Leaders and Spread of Lean Tools





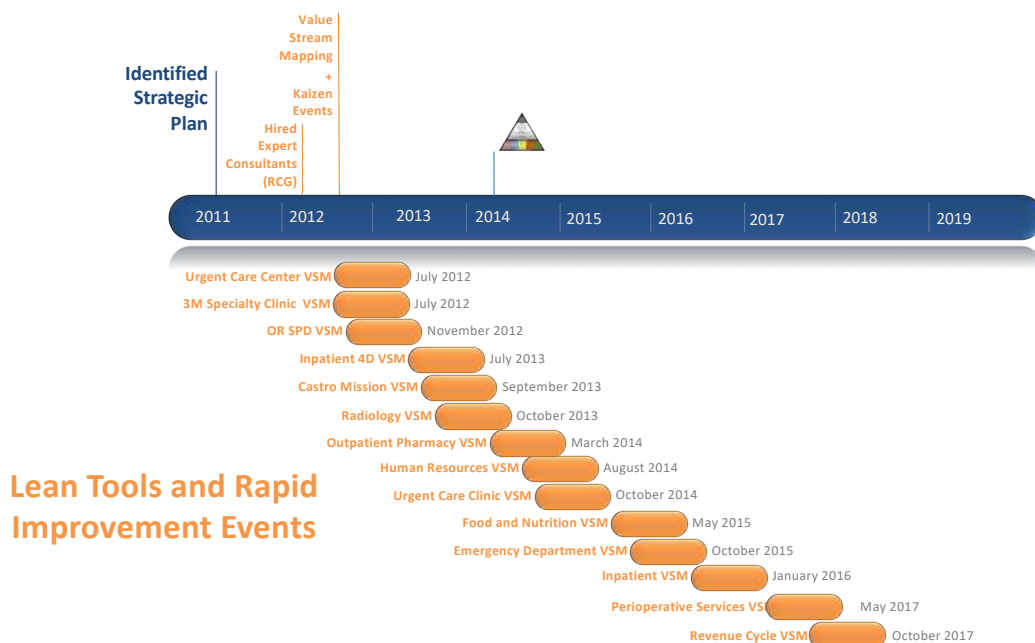
Wait Times (Discharged) **-20%**

Left without Being seen (%) **-32%**



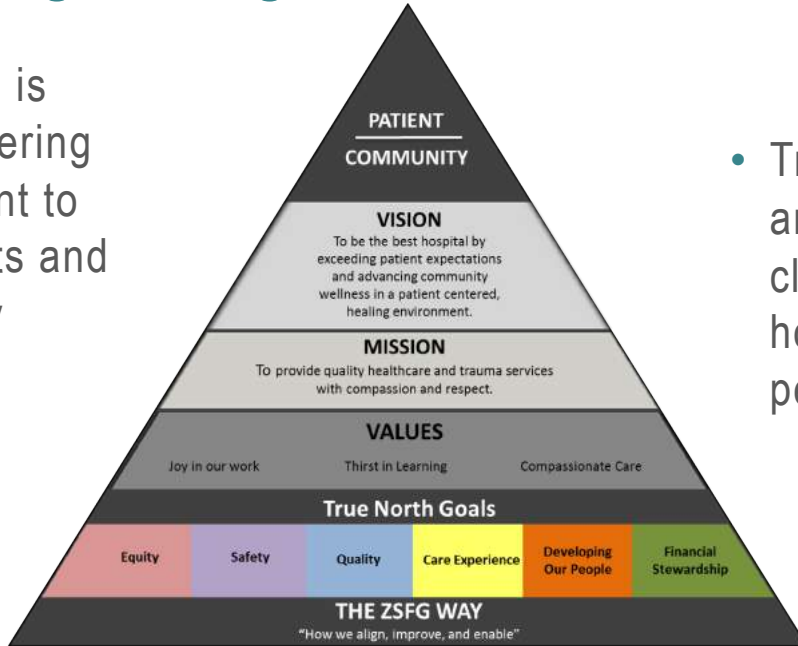
"Last time I was here I waited 4-5 hours and had no idea what was going on. This time, I knew everything that was going on [and completed before 80 minutes]."

ZSFG Lean Journey – Early Phase



Realigning Through ZSFG True North

- True North is our unwavering commitment to our patients and community



- True North Goals and metrics clarify what and how we are performing

Learning to Partner ZSFG Community Engagement Committee



Patients Attending Our Strategic Planning for a Integrated Electronic Health Record:

"I lost my grandson to violence in February...


I am so glad to know when my family comes for mental health, treatment of pain, or even peer support, that you will be connected.

Even just making it easier to make appointments. Thank you. "



3. Everyone is empowered and recognized for signaling problems or defects that occur in their area

- A. Strongly Agree
- B. Agree
- C. Neither agree nor Disagree
- D. Disagree
- E. Strongly Disagree



4. The communication that occurs among those who provide service to customers is focused on problem solving rather than blaming or telling

- A. Strongly Agree
- B. Agree
- C. Neither agree nor Disagree
- D. Disagree
- E. Strongly Disagree

Culture of Heroes and Hierarchy



Reyland Manatan, Houskeeping Supervisor
On discovering patient rooms were not cleaned adequately.



*"I watched my staff get asked questions, about how things could be improved, and **they didn't answer**, and would just look to me to answer for them..."*

*"I realized **I had never really asked** my staff about their problems, and how they could improve! It took practice and patience, but once we got together, shared the data, and shared our stories, that's when our team began to engage... 'This can't be,' they said."*

Culture of Heroes and Hierarchy



44,000-98,000 preventable deaths per year.

- To Err is Human, IOM 1999



*"Why are you shoving all of this management down my throat? I am here to save lives and kick a**!"*

Plane Crashes While Landing at San Francisco Airport - Told to a ZSFG ER Leader

"[...] a nurse with an idea to improve the patient experience typically keeps it to herself, knowing it would need to go through layers of management. It's just not worth her time."

*- Ehrlich and Touissant
NEJM Catalyst 10/18*



Our “customers” are increasingly complex.
 Our services and staff are increasingly complex.
 Our desired outcomes are increasingly complex.
 (and often matters of life and death).

A3 Thinking: Our Shared Approach to Problem Solving



**A3 Thinking
Internal Training Program**

- 577 Leaders Trained
- ~100% Execs, Directors, Managers
- Even 1st-Yr UCSF Med Students



**A3 Learning Labs =
Practice + Internal Coaching**

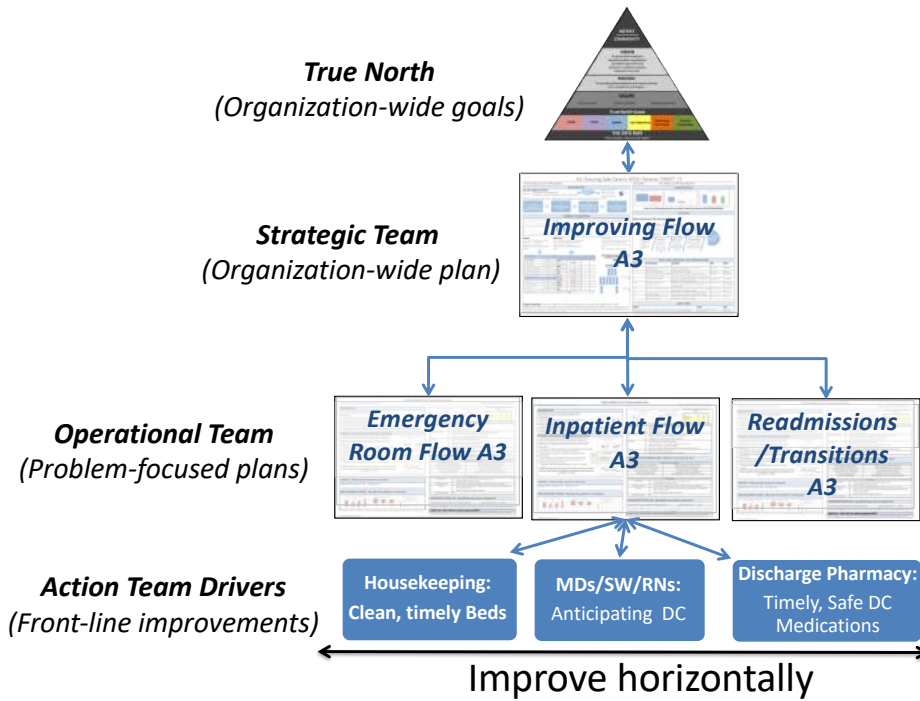
- 2-3 Learning Labs Weekly
- 5 modules, toolsets
- Clinical & non-clinical coaching team!



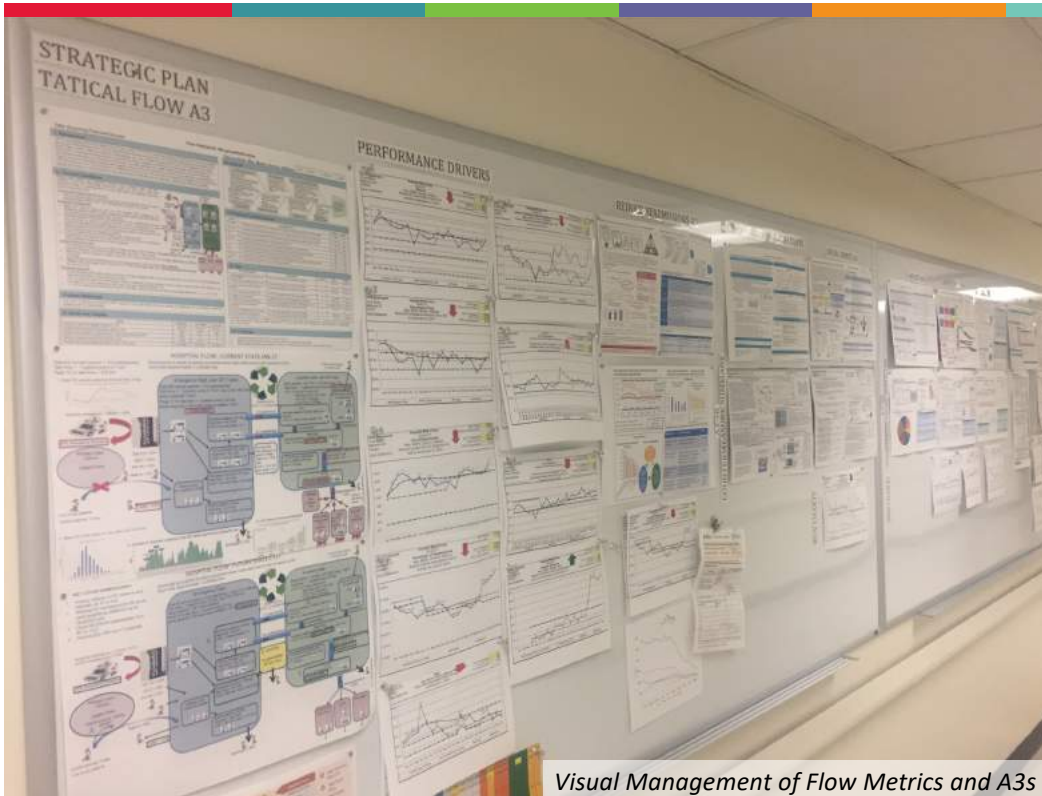
**A3 Integration into
Systems, Tools , Results**

- Strategic planning A3s
- Improvement driver A3s
- Annual A3-Status Reports
- Personal Development A3s

Strategic A3 Deployment



Engaging Tools...
Assumptions,
starting to solve a
problem is to
understand it
Believe me, it's
not thinking
together, it's
problem solving
and addressing
it! At
times, ZSFG
-- ZSFG Executive



Visual Management of Flow Metrics and A3s

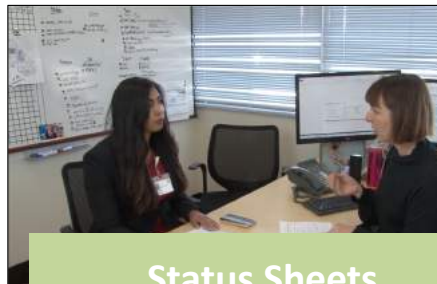


Organizational Learning...
“We cannot solve all of our problems alone, nor do we have the expertise to solve all our problems...”
-- ZSFG Executive

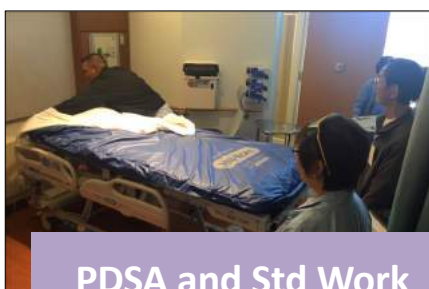
Empowering Staff through the Daily Management System



Team Huddles



Status Sheets



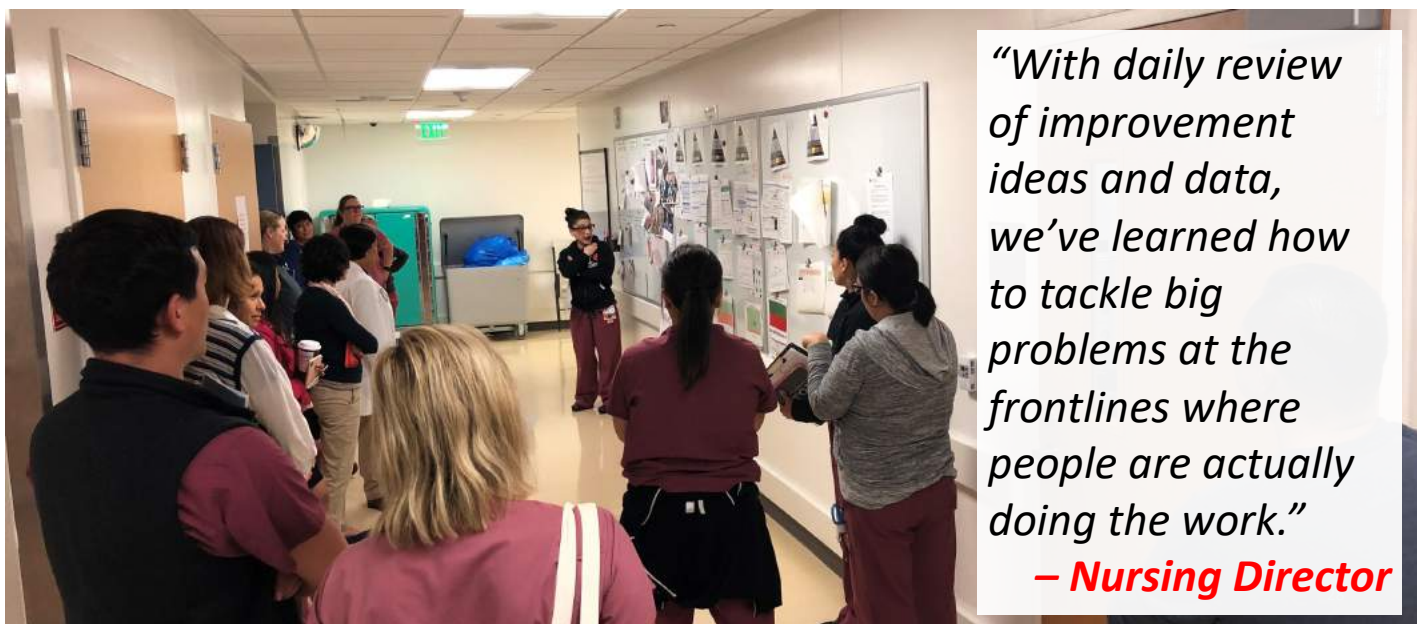
PDSA and Std Work



Unit Leadership Teams

Team Huddles

Nurse Manager Melissa Pitts reviewing improvement ideas in a daily huddle with emergency room staff



“With daily review of improvement ideas and data, we’ve learned how to tackle big problems at the frontlines where people are actually doing the work.”

– Nursing Director

Status Sheets

A manager and a team member in a comical teaching skit called "Meaningless Status Sheet."



"We aren't just telling or checking boxes. The status sheet is a standardized leadership practice of inquiry to learn, problem solve and coach our people." – **Nurse Manager**

Teaching PDSA and Standard Work



"Standard work wasn't telling others what to do. It became OUR current best way, owned by frontline staff.

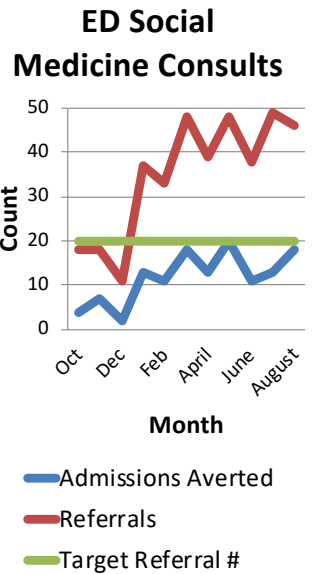
Our team tested 15 versions for room cleaning, dropped wasted time by 48%, and reduced cleaning defects to 0%. But now my staff has a voice, uses data, and just keeps getting better!"

Rey Manatan
EVS Supervisor



Unit Leadership Teams & Drivers

The ER Social Medicine Team problem solves network-wide to address patients with complex social emergencies

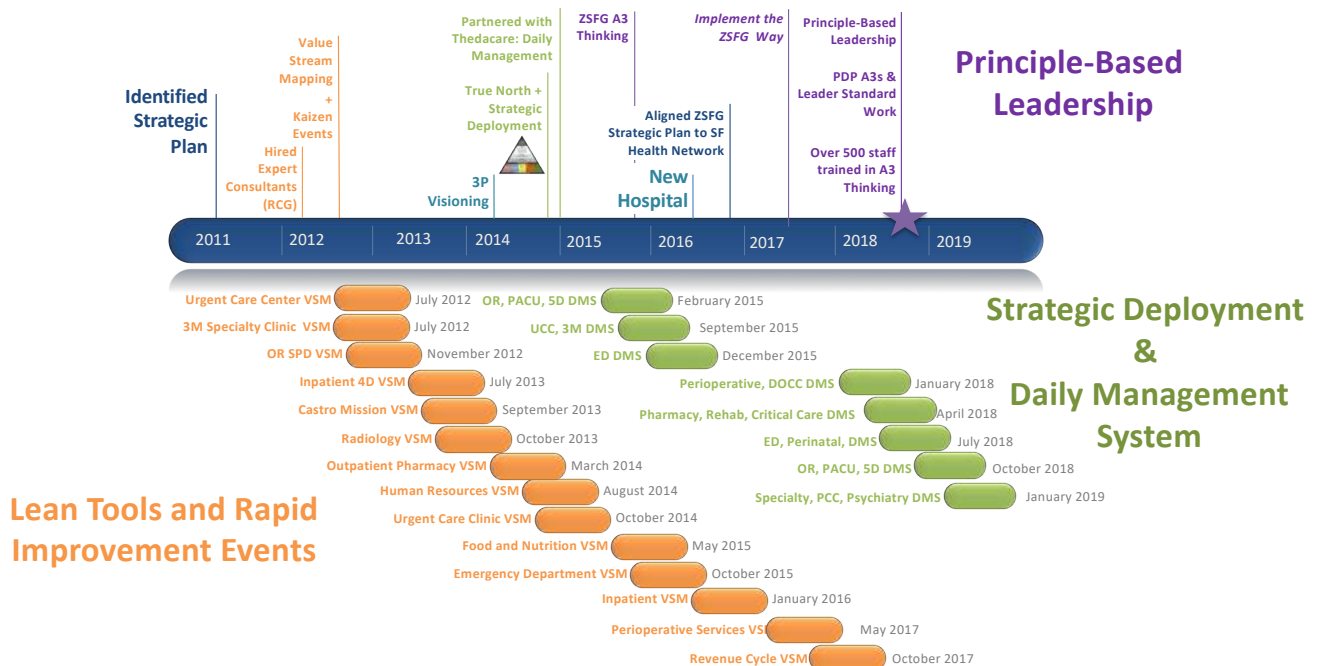



“We saw this as an opportunity to help vulnerable patients, as individuals and as a group, while fostering teamwork at the hospital and across our health network.”

*Hemal Kanzaria, MD
Director of Complex Care Analytics for the
San Francisco Health Network*

Source: sfgfh.org

ZSFG Lean Journey





5. Leaders at all levels create and sustain an environment of continuous improvement and learning (for others and themselves)

- A. Strongly Agree
- B. Agree
- C. Neither agree nor Disagree
- D. Disagree
- E. Strongly Disagree



Leading Differently

White Coat Leadership	Improvement Leadership
Adopts “in charge” posture and status	Demonstrates humility
Tells others as “all knowing” expert	Learns w/inquiry, observation, curiosity
Dictates top-down	Empowers interdisciplinary teams
Adopts a “buck stops here” approach	Supports frontline ownership and alignment
Shows impatience	Perseveres and models PDSA
Blames others	Uses Systems Thinking; Asks why?
Controls and directs others	Develops and coaches leaders

“White Coat Leadership” Adapted from Toussaint, Frontiers 29:3

Personal Improvement is HARD work

Personal Development Plan A3s: Excerpt from JDM's A3

Behavior Radar Chart



Problem Statement

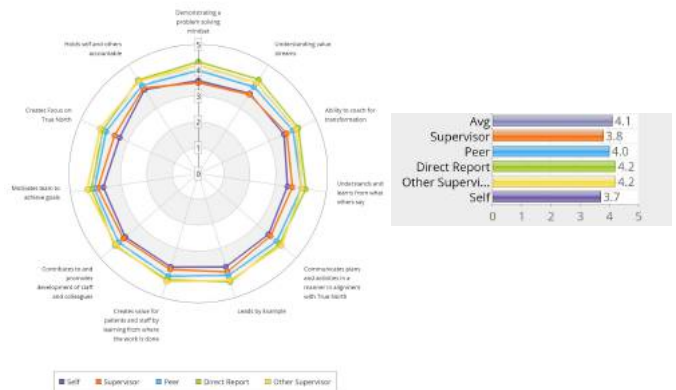
I spend too much time 'doing' the wrong tasks and not enough time developing, coaching and learning from others to be the transformational leader that our organization and patients need

Personal Improvement is HARD work

Leader Standard Work



360 Evaluations



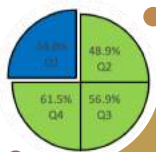
When We're Developing Our People, We're Developing Ourselves

Faculty Training, Coaching (and KPO Fellowships!)
"It is so valuable for a junior faculty member like me to receive this type of recognition and support for improvement work."
 --Pediatric Faculty Member



Junior Attending

Housestaff Incentive Program
"We wouldn't have improved screening without engaging the residents." --Faculty Lead



Medical Residency

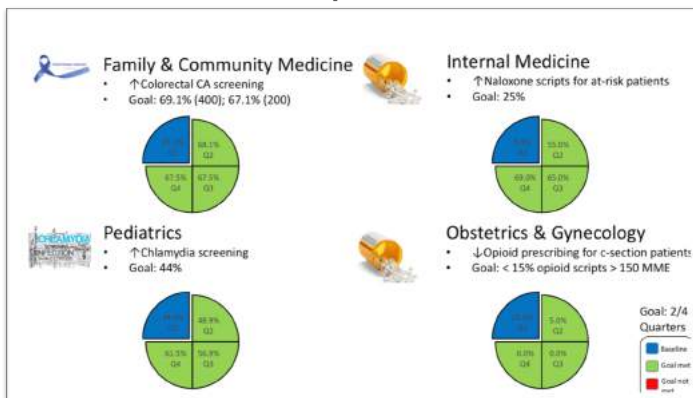
UCSF Bridges Clinical Microsystems Curriculum (Required)
"I realized my ideas were just assumptions, and engaging frontline staff made them feel like they owned the work."
 --1st-Year Student



Medical Student

Housestaff Incentive Program Learners and Teachers as Leaders

2017-18: Four Departmental A3s



2018-19: 11 Departmental A3s

Department	Goal	Progress	Target	Baseline
Anesthesia	Increase % of hip fracture patients who enter the OR within 24hr	90%	71%	71%
Emergency Medicine	Increase average # meds-in-hand prescriptions per month	10.2	8.12	8.12
Family & Community Medicine	Decrease the # of unlocked notes per week	30	30	30
Internal Medicine	Increase average # medication assisted treatment prescriptions per month for alcohol use disorder	15	10	10
Obstetrics & Gynecology	Increase % of Spanish/Chinese speaking patients who receive postoperative language concordant instructions	50%	0%	0%
Orthopedics	Decrease average time to OR for hip fractures	26	29.5	29.5
Pediatrics	Increase % of EM patients discharged from ZSFG with either a phone or office follow up within 7 days	86%	72%	72%
Radiology	Increase % of critical findings reported within one hour	75%	68%	68%
General Surgery	Increase % of select general surgery patients prescribed recommended non-opioid medications	50%	45%	45%
Neurology	Increase % of eligible patients with a door-to-head-to-needle-to-arterial puncture time of less than forty-five minutes	75%	69%	43%

Five Questions We Shouldn't Stop Asking

1. Are our goals visual and understood, with everyone knowing if we are achieving our goals?
2. Is our care driven as partners with our patients, not as providers of last resort?
3. Are we tackling our complex social and technical challenges with a shared culture of problem solving?
4. Are our systems, tools and behaviors empowering our staff to identify problems through trust and compassion?
5. Are we developing leaders at all levels who are committed to continuous improvement and learning (especially for themselves)?



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Thank You!

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