

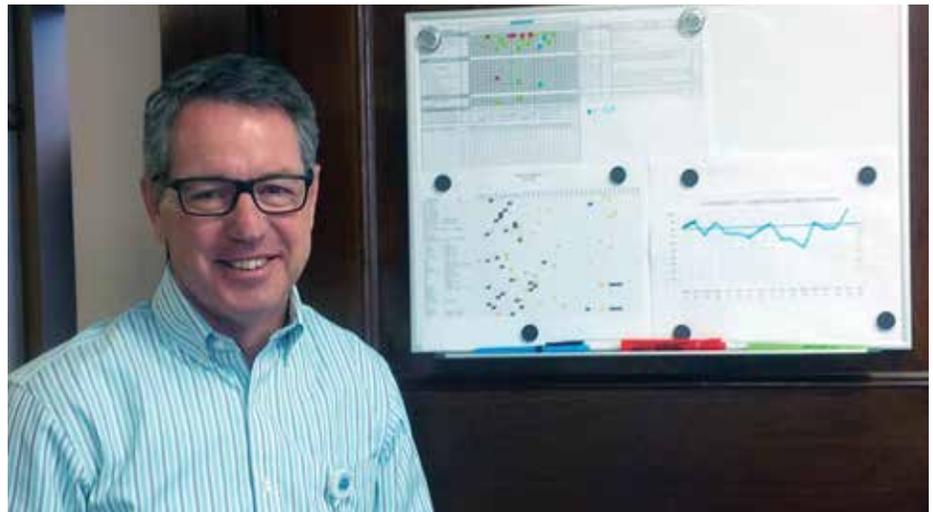
Overcoming obstacles in the lean journey

How St. Mary's hospital charted its path toward a culture of continuous improvement

BY PATRICIA PANCHAK

Rarely is the path of a lean journey straight and clear. That's the message from St. Mary's General Hospital in Kitchener, Ontario, where they confidently declare they've achieved a still too rare milestone: a culture of continuous improvement. This culture is one that they're committed to evolving and improving every day—and that is embedded in their staff and leadership recruitment, training and development and in the daily work of everyone, including the Board of Trustees.

St. Mary's executives are quick to admit their lean journey began with what they now understand was a bit of a false start, stalled under the burden of too many projects, and struggled to find its leadership footing before finally hitting its stride—three years later—with a formal lean re-set. Here's how they persevered through the missteps and unforeseen challenges to forge a sustainable, continually evolving approach.



Don Shilton, president of St. Mary's, initiated the hospital's lean journey.

The Beginning

Don Shilton, president of St. Mary's, was a VP in 2009 when he visited ThedaCare to learn about lean and decided, "If I ever have the opportunity to lead an organization, we're going to do this, for sure." A year later, interviewing for the president's position, he told the recruiters and board members the same thing: "If you hire me, this is what we're going to do."

They did, and St. Mary's lean journey commenced. The leadership team fairly quickly set a new vision for the organization—that it would be safest hospital in Canada; chose a metric by which to measure success—the Hospital Standardized Mortality Ratio (HSMR); and developed its True North, a guide that defined how the hospital would fulfill its vision.

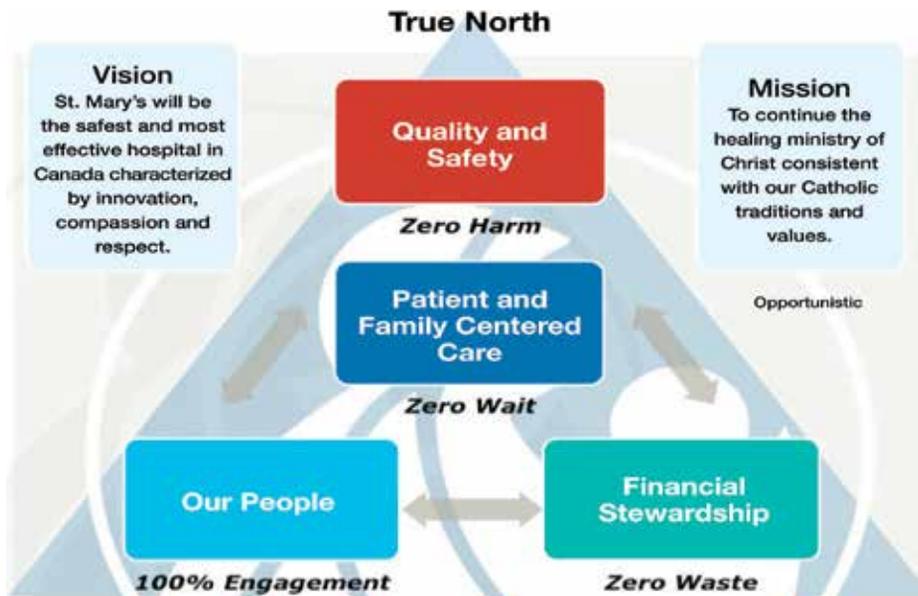
Next, the leadership team set 13 organization-wide goals for improvement over the coming year. Building on what it learned by touring ThedaCare, it also set

a goal of running continuous improvement huddles in every department and unit of the hospital.

Little did they know at the time, they had just made their first two mistakes.

Of the 13 organization-wide goals, "Of course, we didn't achieve any of them," Shilton said, attributing the failure to getting "a bit ahead of ourselves."

The lessons learned? "We had to get a sense of what's the right number of goals, given where the organization is in applying lean thinking systematically throughout the organization," he said, suggesting that in the beginning of a lean journey, it's better to set fewer goals. He added that they'd realized they'd been expecting an organization-wide transformation, even though not everyone had been through lean training and so didn't understand how to apply lean thinking to get breakthrough performance.



St. Mary's set strategic initiatives and operational targets that aligned with its True North.

As for the huddles, the goal was accomplished, but short-lived. Though departments initially huddled, “we didn’t understand the thinking behind it,” Shilton said. “So, yes, we were huddling. Yes, people were putting up improvement tickets—but we didn’t really have much of an infrastructure to hold that up.”

Andrea Lemberg, one of the two Performance Improvement (PI) managers at the time and now the Cardiac Care program director at St. Mary’s, added that only 10 of the huddles survived and had any impact on improving processes within the department: “We realized we weren’t doing lean, we were doing one aspect, one tool, of lean,” she said.

At about the same time, just a year in, some financial troubles monopolized leadership’s attention and “we really took our eye off the lean journey for a large part of 2012,” Shilton said. Once stabilized and with encouragement from the board, St. Mary’s renewed its lean effort in 2013.

“It was a watershed moment,” Shilton declared. “That was when we said, ‘OK we’re going to rededicate ourselves to this.’” The hospital hired Kim Barnas,

previously a senior leader at Thedacare, to do one-on-one coaching with the senior executives—“because we needed to behave differently than traditional healthcare senior leaders,” Shilton said. St. Mary’s also retained KPMG to help develop a lean management system (LMS) to provide the missing infrastructure to reinforce focus on the goals.

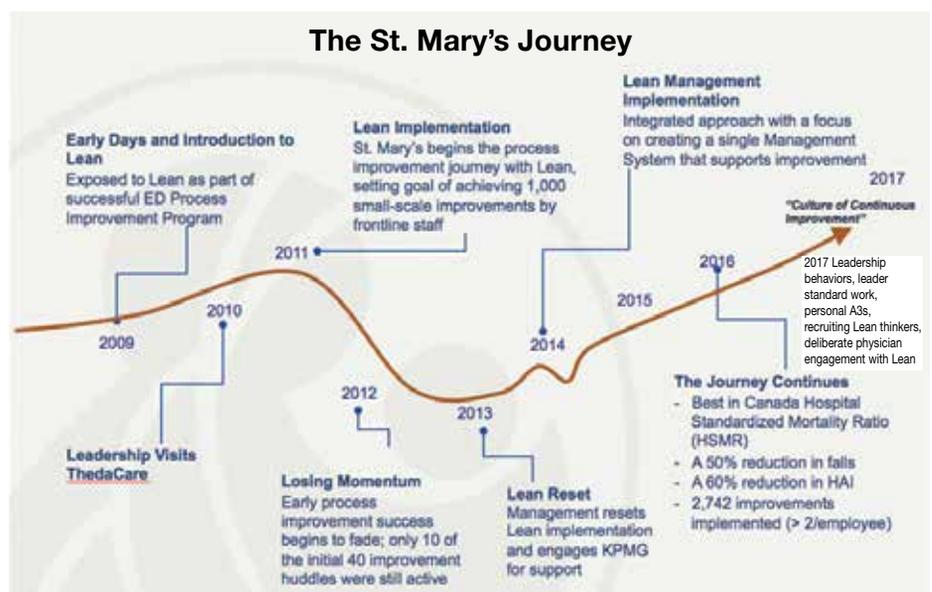
More in-depth training also started in earnest, Lemberg said, “not just throwing up improvement boards and expecting people to know what to do with them.”

Go and see

Meanwhile, Shilton was working to get the board involved. Throughout the initial phase of the journey a few years back, he had had senior leaders tour Thedacare, “so they could see what I was talking about.” He’d even included the representative of the union staff, “because I wanted them to understand that this is really about improving performance and removing waste that drives everybody crazy, this isn’t about eliminating jobs.”

Now the board members toured Thedacare and met with its board members. After each visit, those who’d attended would deliver to other board members a presentation, titled “The Board’s Role in Supporting the Lean Journey,” about what they saw and learned.

Among the practices the board adopted were huddles at the start of board meetings. “They actually jumped on that enthusiastically,” Shilton said.



St. Mary’s overcame some missteps and distractions in its journey to establish a culture of continuous improvement.

BEST PRACTICES

By Patricia Panchak

“They thought, ‘this is going to be weird, we don’t really know what we’re getting into, but since the rest of the organization is doing it, we really need to model the way.’”

A critical component

The development of the LMS at that time is now seen as a critical step in St. Mary’s success in developing a lean culture. “That’s the glue that holds it all together,” Shilton said. “It establishes the structured conversations on a regular basis within the organization about priorities, and regularly reminds people about what the priorities are.”

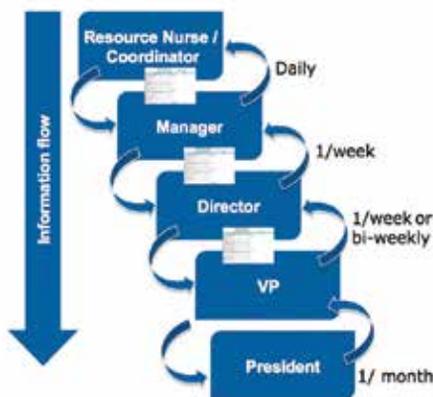
For example, the Status Exchanges, which are part of everyone’s standard work, embed discussions around the organization’s priorities into daily/weekly/monthly work habits, are part of the LMS. The exchanges dictate a regular cadence of communication, reflection and collaboration between managers and their direct reports that helps to maintain focused accountability and alignment. Further, they ensure that the flow of problem solving and communication moves in both directions between frontline staff and executives.

As important, unit coordinators and resource nurses use the status exchange to coach and develop their direct reports, as well as to help them proactively plan for the day.

The new-and-improved huddles also are a part of the LMS, helping to maintain departmental focus on goals and providing a forum to bring forward, discuss and implement improvement ideas at the department or unit.

“Once we created and implemented the full LMS, we’ve been on an upward track,” Lemberg said. “The system is visible and touches every member of our staff, including the board.” Further, because the LMS focuses everyone on corporate priorities, the staff has these priorities front and center as they come up with improvement ideas.

Status Exchange



At each level of the organization, leaders and their direct reports conduct regular status exchanges, which together ensures the flow of problem solving and communication across the organization.

Still not satisfied

Even with the LMS though, the St. Mary’s team still was not satisfied with its progress. This time, however, it wasn’t a misstep; it was the lean culture beginning to take hold.

“I naively thought that when they went through the training on how to run a management system, they would be awesome and be off and running and wouldn’t need any more support,” Shilton said. “But we quickly learned that’s not the case.”

Instead, the LMS process exposed a bit of backsliding on the part of the leadership team in how it handled its weekly meeting. Once a department or unit completes LMS training, it continues to be audited three times per year to ensure they are applying all of the elements of the system. The senior team’s audit revealed that it wasn’t following and auditing its standard work.

“It was a bit of an eye opener to realize, ‘holy smokes we’re actually quite a bit

away from the standard work, and we need to get back to where we were,’” Shilton said. “While we were expecting others to routinely audit their standard work, we weren’t doing it,” he recalled. “I think it was because we thought, ‘we’re the senior team, so we’re perfect—of course.’”

Among the changes the leadership team made was to impose more rigor in what Shilton described as the “long and sort of rambling” weekly senior leadership team meetings. Before the change, any attendee could bring up a new topic for discussion during the meeting, which resulted in extended digressions. Now, they must present briefing notes ahead of the meeting, which are packaged and circulated in advance.

This practice makes sure that people adding the agenda item prepare—they have to fill out a standard briefing note form, it has to be submitted by a deadline, and then it’s added to the briefing book. This approach creates a level of accountability on the member and the rest of the senior team to come to the meeting prepared to discuss items on the agenda.

“For us, it was a game changer,” Shilton said. The changes significantly shortened the length of the meetings, freeing time to add a gemba walk to the meeting.

Still not good enough

“In about 2014, we realized that we still weren’t exactly where we wanted to be, at the pace that we wanted to be, and we felt that it was around leadership,” Lemberg said. Again, the desire for improvement was a function of the LMS and the CI culture that was taking hold.

“You start to learn that, when you have variation and people are doing things in different ways, that it’s taking a lot of time and it’s frustrating, and you say

“We found we just weren’t doing things in a standard way or that our processes weren’t standard.”
ANDREA LEMBERG, CARDIAC CARE PROGRAM DIRECTOR, ST. MARY’S



St. Mary's Medical Device Reprocessing Department team.

'OK, what's the root cause of why we're not achieving what we want,'" Lemberg explained. "We found we just weren't doing things in a standard way or that our processes weren't standard."

Specifically, how metrics were reported up and how corporate priorities were communicated was "somewhat disjointed," she said.

The PI team, working with senior leaders, created a standard reporting template, that cascades from the board and through the unit leadership council. Now, when St. Mary's reports on a metric, it rolls up to a patient services level, then up to a corporate level and then to the board. So, at every level, leaders are seeing the metrics they need, even as the metrics are reported in a standard way.

Another initiative pursued at this time was to create leader standard standard work (LSW), which ensures leaders do the work that is important to St. Mary's and sustains its lean management culture.

Though LSW varies by role, everyone's is based on the categories established in St. Mary's True North: quality and safety, patient and family centered care, our people, and financial stewardship. "Our leader standard work governs how we're supporting those true north categories," Lemberg said. "We all use the same

templates, we all have a graph on our door, where we graph it and trend our progress—we want to achieve 80 percent of our standard work each week—and we're asked about it at our status exchange."

Continued evolution

A year or so later, St. Mary's dissatisfaction centered on leadership development. "We did not have a leadership model within our organization, so most of our leadership experience came from many sources, whether formal education, different organizations, etc.," Lemberg said. "We didn't have a common footprint and so we still found managers taking different approaches to leadership, and it was impacting our progression with lean."

Once again, the desire for change was identified through routine assessments. "The PI team kept identifying that amongst the leaders there's variation, and that we're not approaching it [lean leadership] the same way," Lemberg explained. "We did focus groups with our leaders to understand why they weren't implementing lean and evolving with it."

"So it was through our internal analysis that we felt that we did not have, and never have had, a common leadership model to follow," Lemberg added. So they set out to identify "What was important to us as leaders?"

In 2016, St. Mary's adopted the Leadership Challenge model, based on the book, "The Leadership Challenge," by James M. Kouzes and Barry Z. Posner. The model proscribes the practices that leaders must learn and the relationships that they must cultivate to mobilize others to achieve shared goals.

With this shared vision of leadership, St. Mary's leaders—at every level of the organization—are expected to reflect on the what they personally need to do to become better leaders, and then better and able to support what St. Mary's is trying to accomplish within the LMS.

"We all have personal A3s, so it's a personal development program that we create from that leadership training," Lemberg said. "So it's things that we want to work on individually, as a leader," but in the context of a shared understanding of leadership.

Next steps

In the coming year, St. Mary's will focus on achieving four CI goals. Shilton said the hospital team now has the ability to set and achieve more goals, but it also will be implementing a new IT system, which will require time and attention. Of course, St. Mary's will be applying lean thinking to the IT build and the review of all existing processes before it automates anything.

One goal the hospital has set is to generate at least 500 improvement tickets from patients or their families. The teams are developing standard work for their areas to encourage, collect and implement the ideas.

As well, the board is in the midst of recruiting a president to replace Shilton, who's retiring at the end of June. "What I've heard from board members is the very top skill set they're going to be looking for is a lean leader," Shilton said. "It'll be interesting to see how that translates to potential candidates and hopefully to the person they hire." ●

Patricia Panchak is managing editor of *Target* magazine.