

# LEAN SOLUTIONS: JKA CONSULTING SERVICES



- Commercial: self funded, fully funded, large group, small group, ASO, IDN
- Medicare, Medicare Advantage, Medicare Supplement
- Medicaid
- Integrated Medical Organization Organizations (IMO)
- Medical Expense
- Admin Expense
- Engagement and Activation: members, providers, hospitals, employers, care teams

## LEAN IN HEALTH PLANS

**Overview:** JKA Lean Healthcare model is designed to adapt to the needs, culture and current capabilities of the organization we are working with (one size does not fit all). Understanding that lean represents a *management system* designed to provide the processes, systems and internal capabilities to help leaders lead, managers manage and care teams provide care, the JKA model for lean in healthcare encompasses:

- Alignment to strategic objectives (Hoshin Plan)
- Structure to support mobilization, implementation and deployment of Lean as a *Management System*
- Culture/People development (executives, directors, managers, supervisors and staff).

**Performance Improvement:** When applied properly, Lean can deliver amazing results to an organization. Objectives such as: quality (core measures and outcomes), patient and staff satisfaction, improved access, and financial performance (revenue, cost). When engaged properly, a Lean management system provides:

- A process for communicating strategy, objectives, and process performance.
- A system for front line problem identification, prioritization of opportunities and problem solving.
- A systemic approach to process improvement and improving performance (i.e. access, quality, utilization, financials, etc.)

- A process for knowledge capture and subsequent knowledge sharing across the organization.

**“...sometimes the process is fundamentally broken, and we must improve the process. Sometime the process is not that broken, not everyone understands (follows) the rules”** Understanding which of these two scenarios is in play is key to defining scope, approach and complexity of the problem/solution. One approach taking a traditional *process improvement* approach, the second taking a more analytical approach to data, personalities and change management.

**“...you cannot change behavior by email ...”** Most all healthcare organizations struggle with the implementation and deployment of changes and the subsequent sustainment of results. In our model, we focus on the pathways to communicate and message to all affected constituents (RNs, MDs. Staff, Leaders). Understanding that a *great solution* (that is poorly deployed) is in fact *no solution at all* is the key to understanding the importance of *deployment* (i.e. gaining the buy in/confidence in the new process and the delivery and sustainment of results). Understanding whether the process change affects 12 individuals in sterile processing or 212 clinical staff and 57 physicians that support the ICU is key to defining the complexities associated with the implementation and deployment of a solution.



### Implementation and Deployment examples:

- Periop process across 4 hospitals and 30+ specialty practices improving On time starts from 68% to 84% and increasing OR capacity by 15%
- New central line process across 900+ bed hospital reducing Central Line Days by 20% and CLABSI rate by 82% (\$4.2mm)
- Implementation and deployment of new coding, billing and charge capture process across 95 clinics, reducing time to bill, denials and AR days (\$3.6mm)



# LEAN IN HEALTHCARE



**Implementation and Deployment.** A common failure mode in healthcare is the missing link associated with (1) Implementation and (2) Deployment of changes. With the complexity of hospital patient flows, all improvements must have an approach that not only, implements locally (within a Unit/Department), but also effectively deploys across shifts, units and other hospitals (and/or physician practices) in the system.

For change (improvement) to be effective and results to be sustained, changes must be:

- Captured, Messaged and *effectively* Communicated
- Coordinated and Implemented (all units affected)
- Deployed, measured and sustained

Often this work involves hundreds of individuals (Staff, RN's, MD's) across an organization covering multiple shifts, departments and facilities

Our approach to implementation and deployment actively seeks to capture and effectively share the experiences and improvements developed by a project/lean event team. The ability to capture and message to *those who were not on the team* is the key to effective implementation and is what enables hospitals and health system to leverage solutions and institutionalize learnings developed at one location across the hospital/system. It is in understanding this approach to *knowledge sharing*, that organizations eliminate the need to *pay* for the same improvements over and over again. In the JKA model, "knowledge capture and knowledge transfer" are active components of the learning cycle, and form the foundation for implementing, deploying and sharing improvements from one area, department or clinic to other floors, facilities and departments.

**People and Culture:** Fundamentals such as a) Senior Leadership Roles and Responsibilities, b) Development of Leaders and Leadership Thinking (e.g. Managing for Daily Improvement), c) Internal development of problem identification and problem solving skills (e.g. A3 thinking, PDSA cycle), d) an Infrastructure which supports Knowledge Capture and Knowledge Transfer are all key factors impacting the effectiveness of any management system. More so than driving process and performance improvement, the investment and development in executives, directors, managers and front line personnel represent the keys to both sustainable improvement and *continuous* improvement.



## Key Components: Lean in Healthcare

- **Leadership Development:** *Lean as a Management System* includes the development of senior leaders, directors, managers and supervisors in both performance management (Dashboards, MDI, A3, Gemba walks) and process improvement.
- **Process Improvement:** *Performance Improvement* through the fundamental improvement of key processes is a core competency to be developed in any health system, hospital, medical group and/or health plan.
- **Lean Infrastructure:** Having the processes and systems in place to not only lead and guide the appropriate selection and execution of process improvement activities, but more importantly to effectively document, spread and scale solutions across departments, units, and locations is key to *speed to value*.
- **People Development:** At its most basic level, we view *Lean* and *Lean* as a *management system* as a people development process. Focusing not only on process improvement and results, but more importantly on the continual support and development of thinkers and learners throughout an organization.