



at the Game of Healthcare

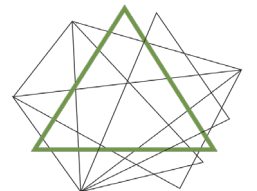
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Tools to Identify Waste & Discover Opportunities for Cost Reduction

Kari Kalgren, LSSGB, LBC
K2 Health Training Solutions
kari@k2-health.com



**On a scale of
1 – 10,
how much does
workflow impact
your practice
revenue?**

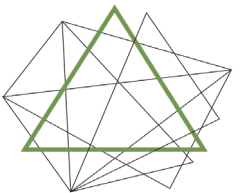


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- Know your fellow **Players**
- Understand the **Rules**
- What is the **ProcEss**?
 - Draw
 - Discard
- What **Strategy** is best?
- How do you keep **Score**?
 - Who
 - How often
 - How else can you get points / lose points
 - What is "game"?



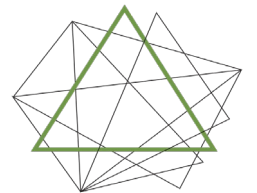
How Do You Win a Game? → PRESS



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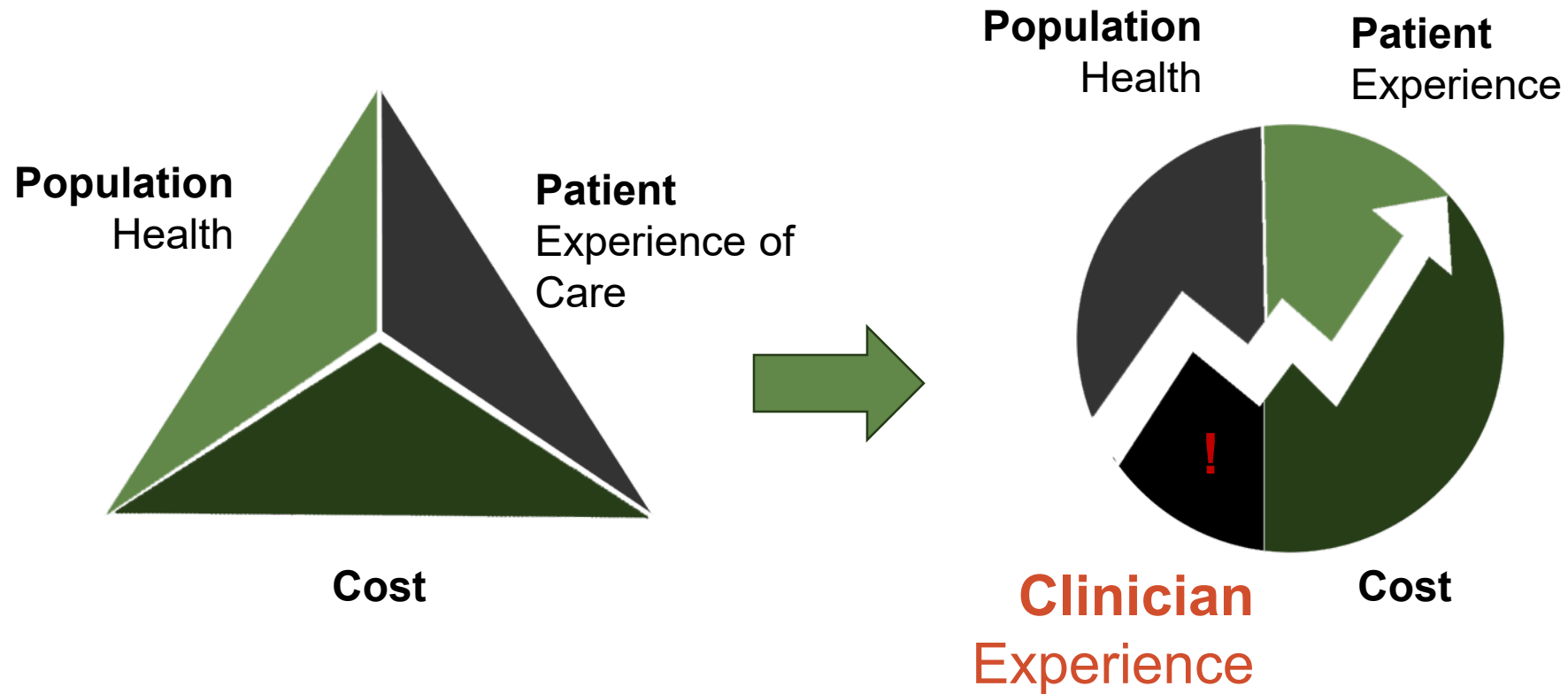
- **Players** – Who is involved and how will you engage them
 - **Rules** – What are we solving for and how important is it?
 - **procEss** – Go see them live & draw them out with pictures, data, graphs or process maps
 - **Strategy** - So What?
 - **Score** – How will you measure the change & evaluate success?
-

PRESS to find **Root Cause** **of Waste** in the Practice



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The Triple Aim is now the Quadruple Aim



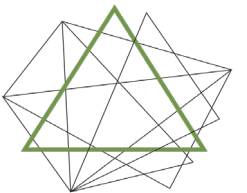
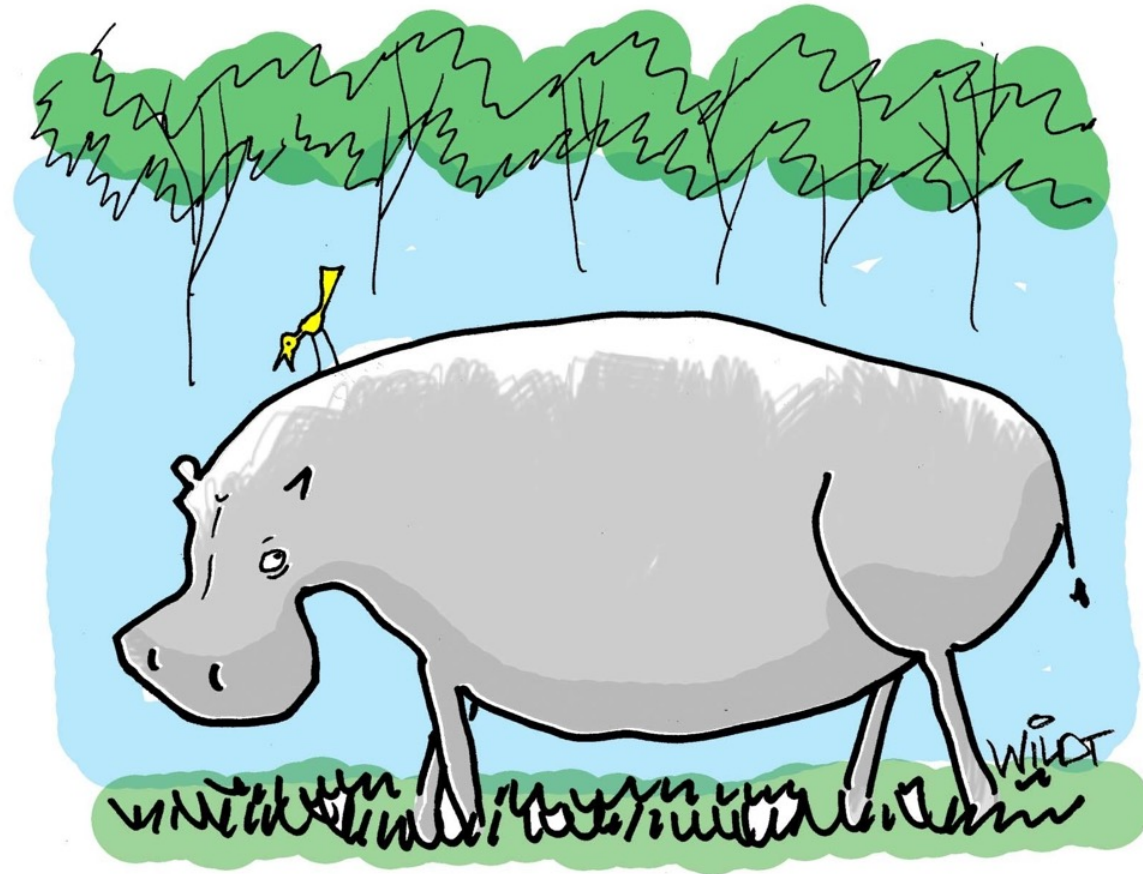
Sometimes We Choose the Wrong Process

“When you are uncertain, you have that immediate emotional reaction that it needs to be resolved *now*, and you will devolve to the fastest, easiest, least-painful solution before you will to the best solution.”

~Margaret King
Center for Cultural Studies & Analysis



What problem are we solving for?



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1

**How do you know
where to start?**

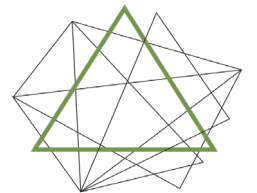


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2

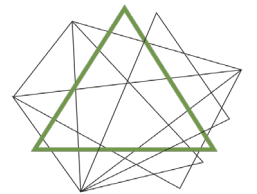
How are you currently determining root cause before you implement change?



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Eight Wastes in Healthcare

Waiting	Motion
Inventory	Over processing
Transportation	Human Potential
Defects	Overproduction



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1

**Clean Up to
“See”**



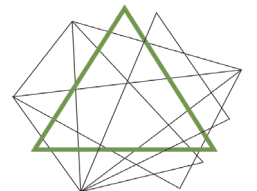
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What is responsible for the mistake?

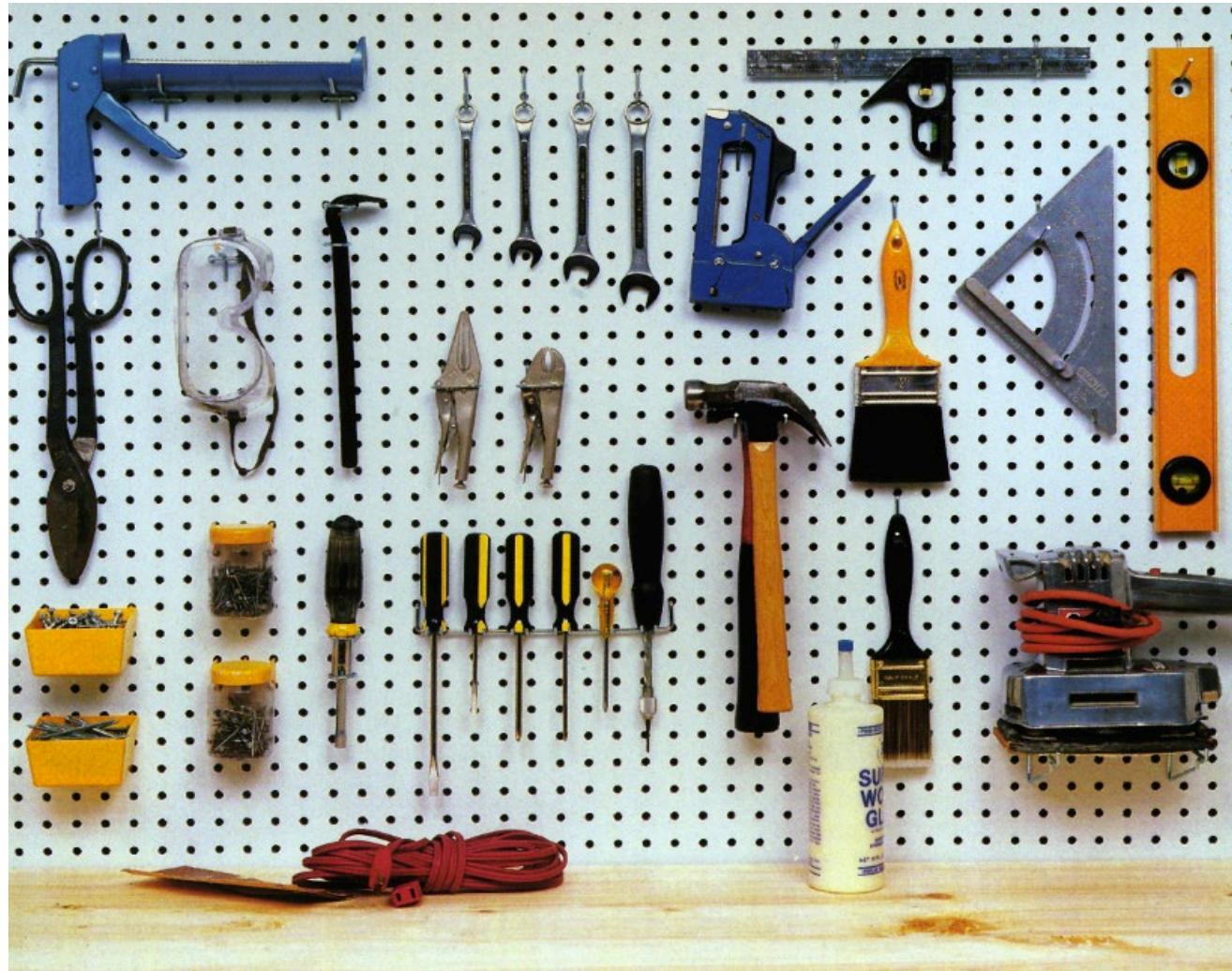


Chae, Boyoun (Grace) ChaeRui (Juliet), and Rui (Juliet) Zhu. "Why a Messy Workspace Undermines Your Persistence." *Harvard Business Review*, 22 Jan. 2015, hbr.org/2015/01/why-a-messy-workspace-undermines-your-persistence. Messy work station photo

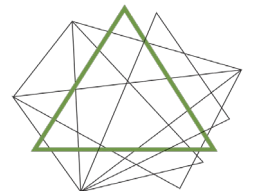


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Straighten Up to See: Variances & Abnormalities



Fernandez, Roelen. "30 Home Decluttering Hacks." *Keep tools and equipment organized with pegboards*, Amazon supply, 10 Mar. 2017, www.getorganizedwizard.com/blog/2014/09/30-home-decluttering-hacks/. Photo of tools



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5S and Red Tags



- Not required?
- Defect?
- Aged/Obsolete?
- Scrap?
- Other?

RED TAG

Action to Take

- Return to: _____
- Discard
- Move to Red Tag Storage Area
- Move to Storage Site: _____
- Other: _____

General Information

Date: _____ Tagged By: _____

Item Name: _____

Location: _____

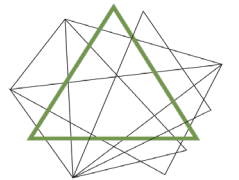
Category

- Equipment
- Tools & Jigs
- Finished Goods
- Instruments
- Consumable Materials
- Other: _____
- Raw Materials
- Work-in-Progress
- Stationary, etc.
- Machine Parts
- Misc.

Reason for Red Tag

- Not Required
- Defect
- Aged/Obsolete
- Scrap
- Other: _____

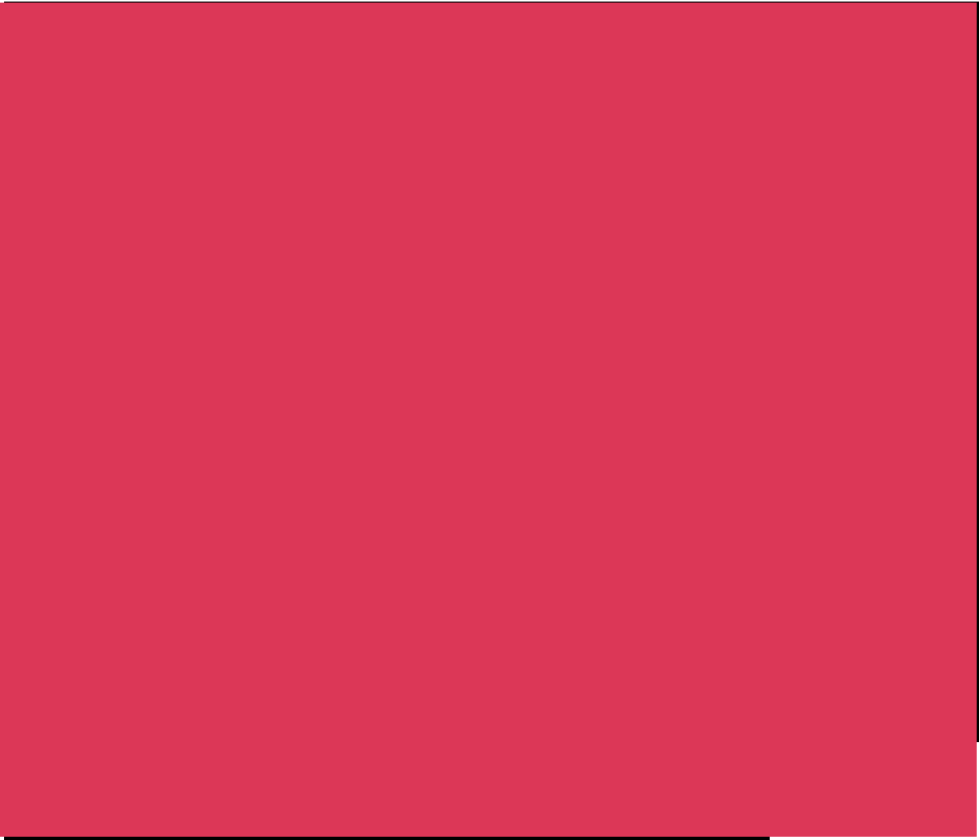
Log No. _____



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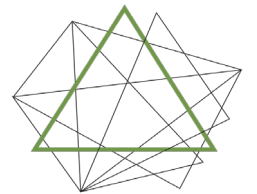
Set Standards



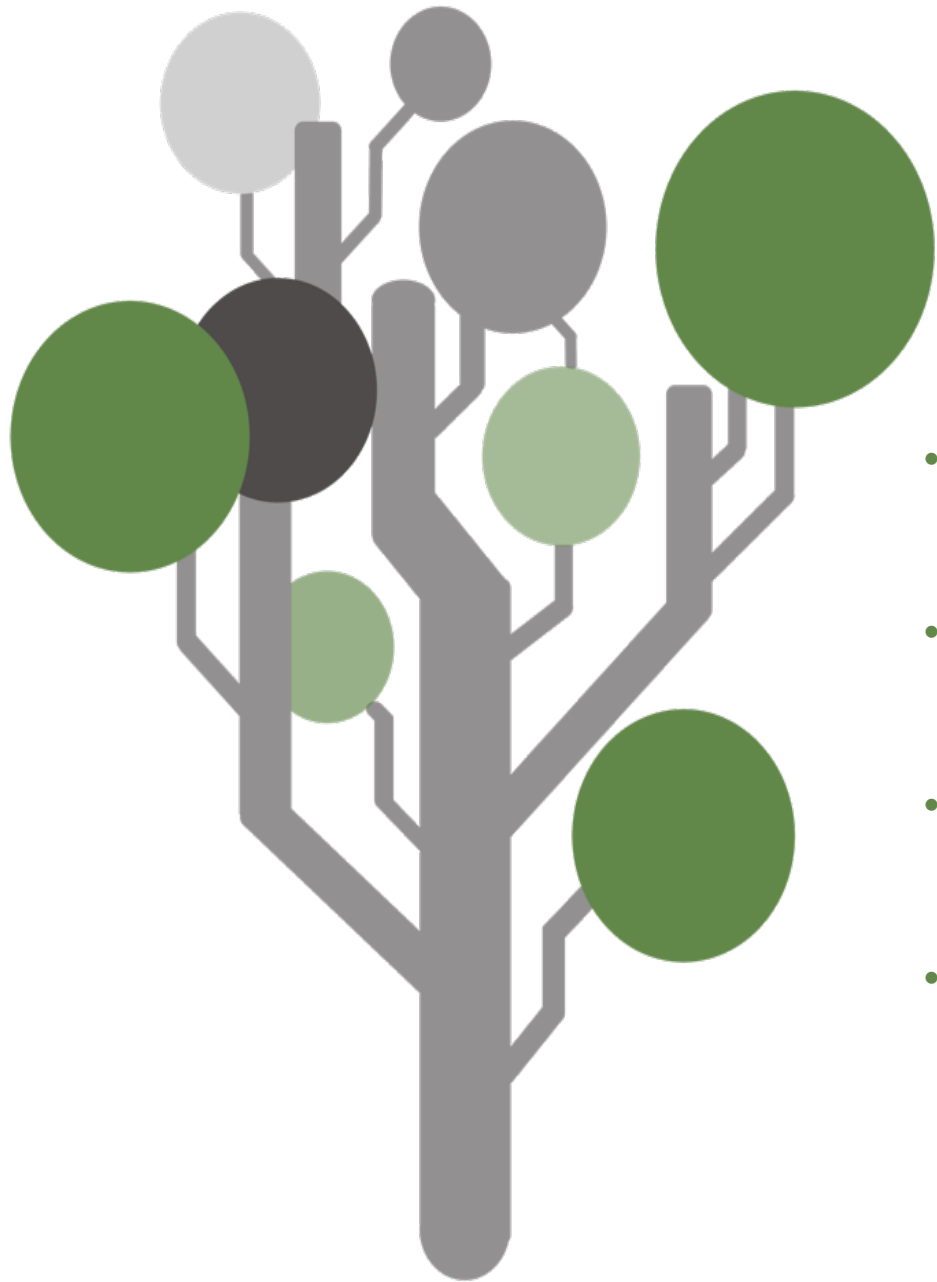


2

Determine Root Cause



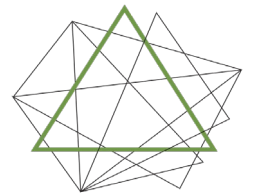
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What could you do to optimize efficiency & workflow in your practice?

Ask yourself these questions:

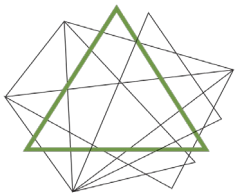
- What prevents you from leaving the office to get home on time?
- How long do patients have to wait to get a new patient appointment?
- If someone quit tomorrow, would your team be able to cover the gap easily?
- Do your physicians feel like they spend more time “clicking” in the EHR or measuring Quality Measures that take them away from patient care?



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waste

**Refer to the 8 Wastes
to Organize Your
Thinking**



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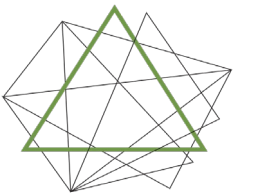
Eight Wastes in Healthcare

Type	Example	Specific Example
Waiting	Waiting for an upstream process to deliver, queuing	Patients in waiting rooms (or exam rooms) Staff members with uneven workloads waiting for their next task; Ancillary Staff waiting on patients
Inventory	Inventory that is not directly required to fulfill current Customer orders. Inventory includes raw materials, work-in-process and finished goods. Inventory all requires additional handling and space.	Waiting patients in the ER waiting room or before a procedure or operating room; Medication that may expire; Overstocked consumables; Pre-printed forms
Transportation	Unnecessary motion or movement of materials	Patients are moved room to room Medication is moved from the pharmacy to where it is needed; Supplies are moved from storage to the floor
Defects	Products or services that do not conform to the specification or Customer's expectation, thus causing Customer dissatisfaction	Misdiagnosis; Administration of incorrect medications; Hospital acquired conditions Incorrect ICD-10 codes

Type	Example	Specific Example
Overproduction	When operations continue after they should have stopped	Unnecessary diagnostic tests; Ordering medications that the patient doesn't need; Peak staffing during non-peak hours; Prior Auths on multiple biologics
Motion	Extra steps taken by employees and equipment to accommodate inefficient process layout, defects, reprocessing, overproduction or excess inventory. Motion takes time and adds no value to the product	Office layout is not consistent with workflow; Supplies are not stored where needed or adjacent to pods/work stations (equipment or co-location of teams); Equipment is not conveniently located
Over processing	Extra operations, such as rework, reprocessing, handling or storage that occurs because of defects, overproduction or excess inventory.	Performing additional tests on a patient even though the patient does not need them or a simpler method would suffice (X-ray); Unnecessary paperwork: Follow-up appointments that don't improve patient outcome; Treatment by specialists that could be done by primary providers
Human Potential	Waste and loss due to not engaging employees, listening to their needs, and supporting their careers	People habitually working below their level of licensure



But, we already started and have a project in progress....



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Three Core Questions to Assess Progress

Are we achieving our target or goal?

Occasionally?

Consistently?

Are we improving?

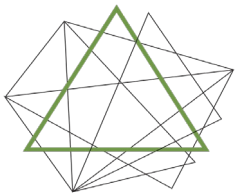
Can we predict future performance?

How do we improve?

When do we react?

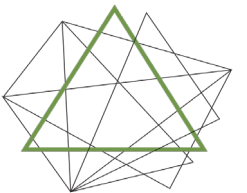
When do we step back and improve the system?

How can we prove we've improved?



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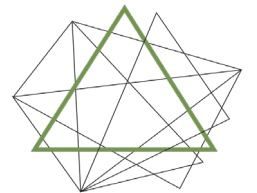
**Right Problem?
Right Tool?
Right Solution?**



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Are you using the right tools to get to the root cause?

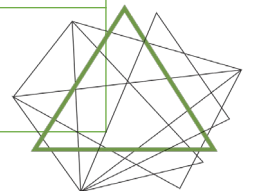
- Get to the root of the cause
- Objective “Gemba” Walk – 3rd Party
- 5 Why
- Fish Bone
- Spaghetti Diagram
- Value Stream Map
- Organization Charts



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Tools to Examine Root Cause

Waste Type	Gemb a Walk	5 Why	Pareto Chart	So What	Process Map	Value Stream Map	Spaghetti Diagram	Fish Bone	Org Charts	5S / Red Tag
Waiting	✓	✓	✓	✓	✓	✓	✓	✓		
Inventory	✓	✓	✓						✓	✓
Transportation	✓	✓	✓				✓			
Defects	✓	✓	✓					✓		
Motion	✓	✓	✓				✓	✓		✓
Over-processing	✓	✓	✓	✓		✓		✓		
Overproduction	✓	✓	✓			✓		✓		
Human Potential	✓	✓	✓	✓	✓	✓		✓	✓	



Go and See: Waste Walk

email: kari@k2-health.com for electronic versions of tools for use

Go and See Walk: Waste Worksheet

Visit the "gemba": the front lines to understand how the work is done

Leader:
Practice:
Date:

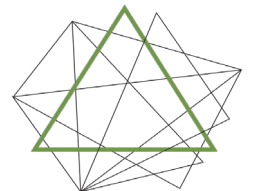
	Defects	Over production	Waiting	Not Utilizing Potential	Transport	Inventory	Motion	Excess (over) Processing
<p>Observation of Waste Identify as many sources of waste as you can during your "go and see" walk. Describe what you see and check of what type of waste you identified in the columns to the right.</p>	Defects: incorrect work, rework	Overproduction: making more than what is needed	Waiting: for material, instructions or information	Not Utilizing Potential: are talents, skills sets best utilized? Is everyone working to the top of their credentials?	Transport: people, materials, information	Inventory: does team have required materials? Is there excess inventory (supplies, medications that may expire, forms, reagent) or people in queue?	Motion: walking, reaching, bending, layout, supplies and equipment not where they are needed	Overprocessing: using more material than needed, unnecessary paperwork, multiple touches, follow up appts that don't improve outcomes, treatments that could be done by other providers



Follow Up:



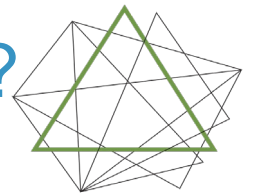
Items for Immediate Action:



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5 Why Exercise: Patient Rooming

- 1 Why are patients not in the room when the physician is ready?
- 2 Why does the physician think the patient is in the room?
- 3 Why does the rooming process from waiting room to exam room take so long?
- 4 Why do the MAs room patients in the order they are calling them back?
- 5 Why doesn't the clinic have more stadiometers and scales?



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So, what?

1

So, what will happen if we adjust the EHR to update for the physicians when the front desk “opens” the encounter?

2

So, what is the impact of distributing the patient load of new patients throughout the day?

3

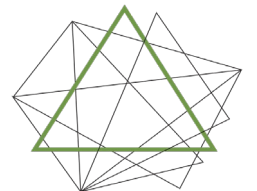
So, what would happen if we changed patient exam rooms for our two providers to be closer to the front of the clinic?

4

So, how does using only 2 check in windows vs 4 check in windows affect the patient rooming cycle time?

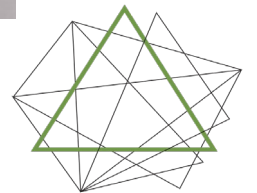
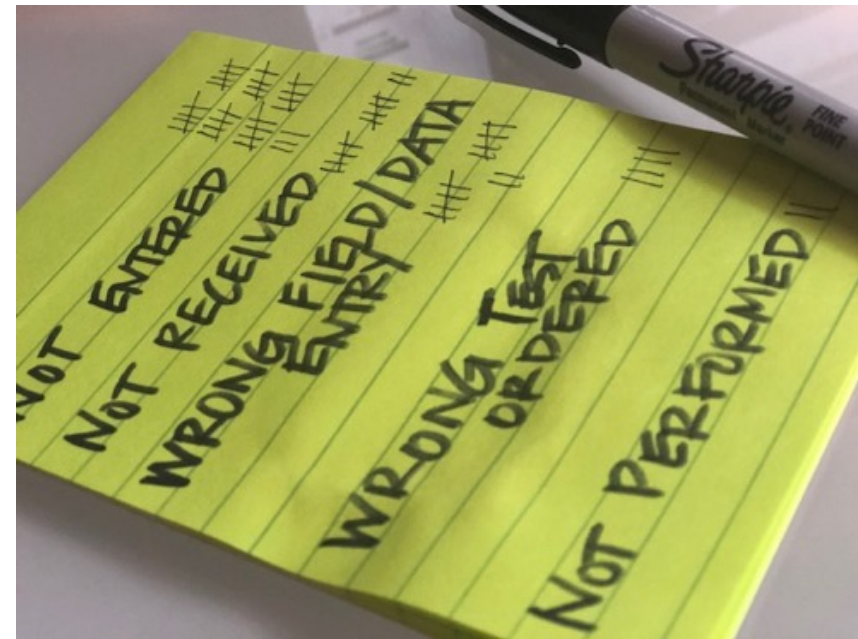
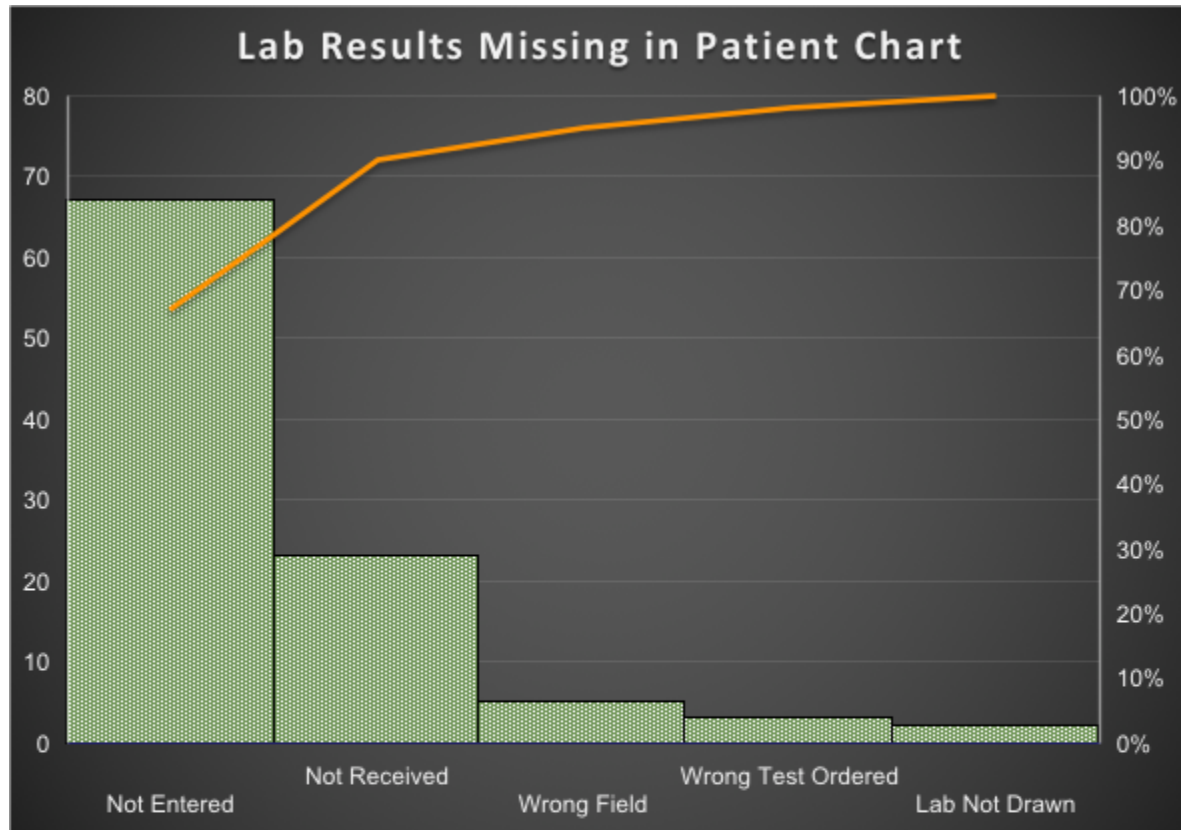
5

So, what would change if we purchased stadiometers and scales for each exam room?



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Pareto Chart



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Calculators: What is a Minute of Your Time Worth?

Calculate your savings

YOUR PRACTICE

\$ 3.00 /min

Cost of physician's time

\$ 0.50 /min

Cost of non-physician clinical staff time

220 days/year

Clinic days per year

ESTIMATED TIME SPENT ON TASKS THAT COULD BE DELEGATED OR ELIMINATED

90 min/day

Estimated physician time ?

120 min/day

Estimated staff time ?

FINANCIAL SAVINGS WITH TEAM-BASED CARE

\$59,400

Gross physician
annual savings

+

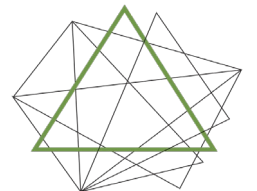
\$13,200

Gross non-physician clinical
staff annual savings

=

\$72,600

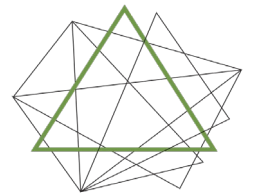
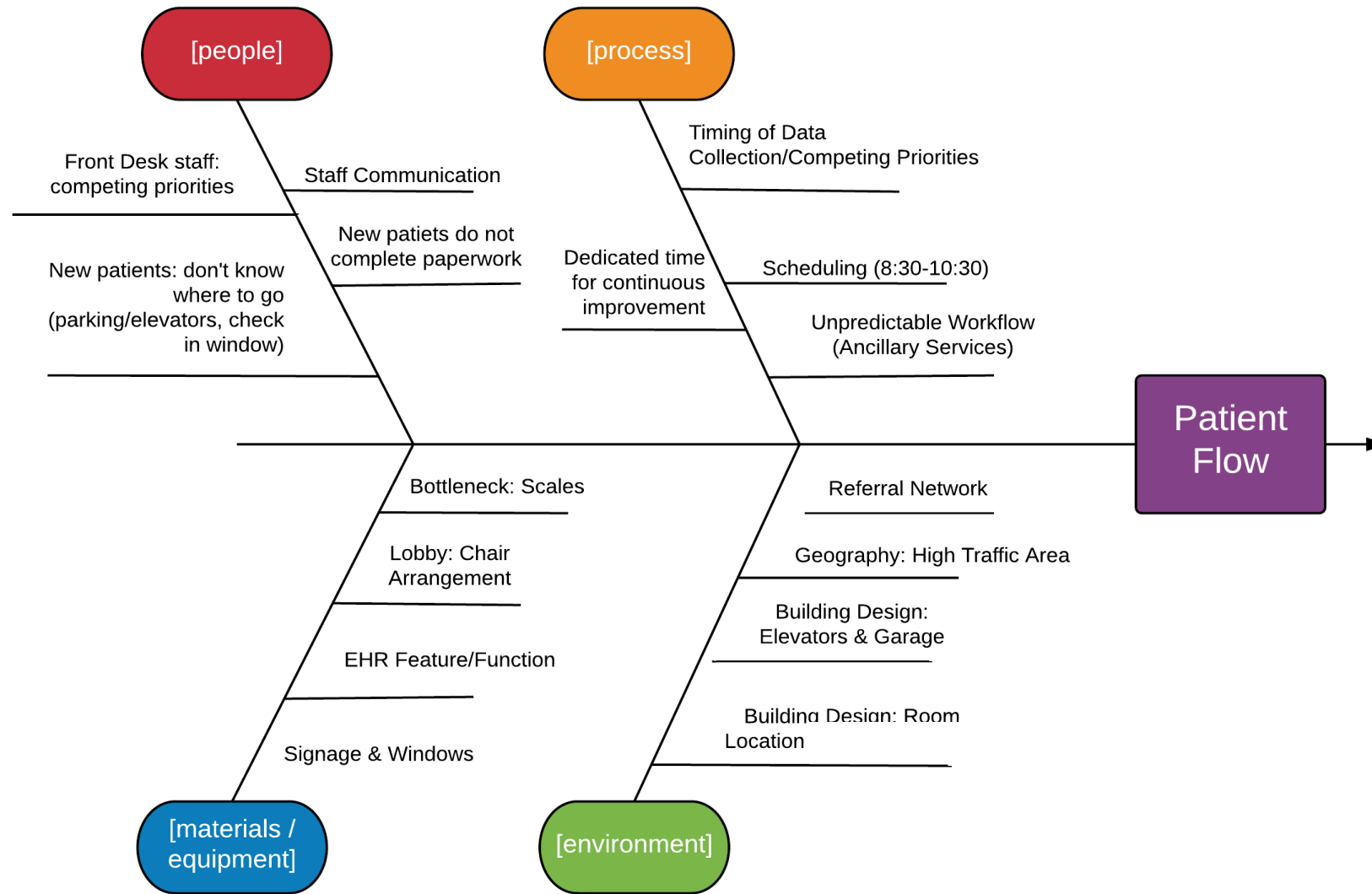
Net practice savings



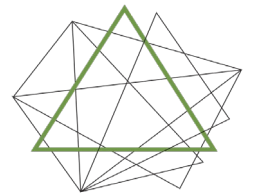
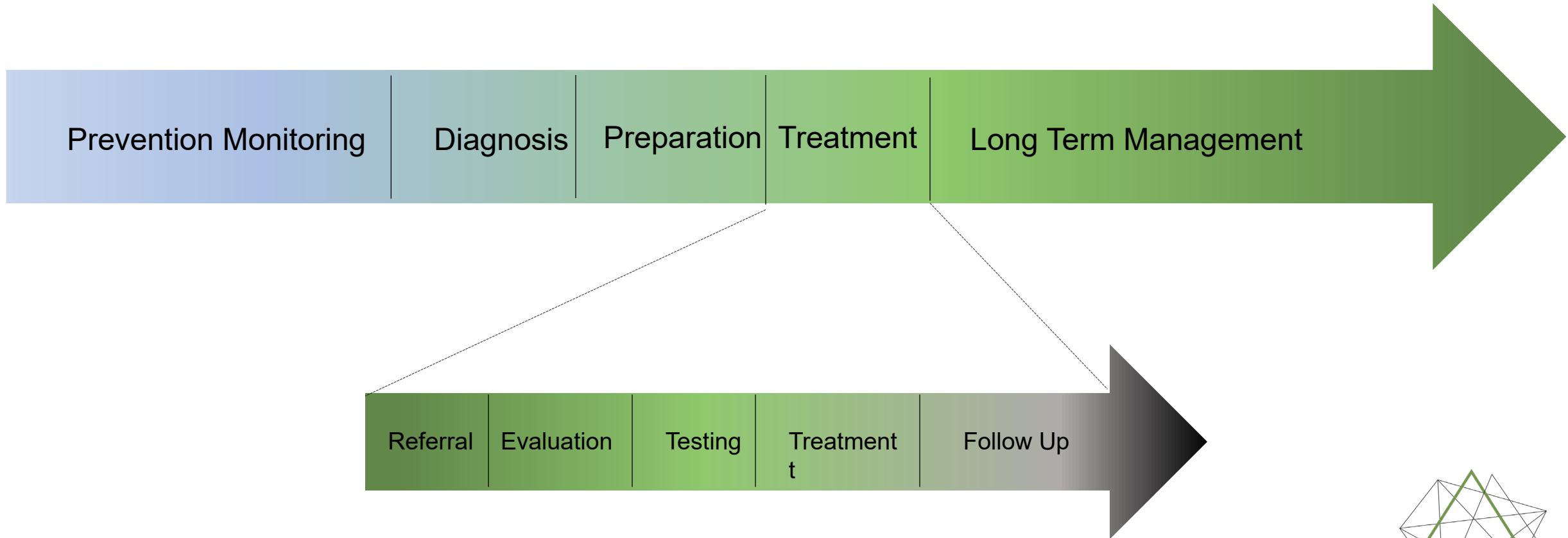
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Fishbone Diagram to Determine Root Cause



Consider the Entire “Value Stream”

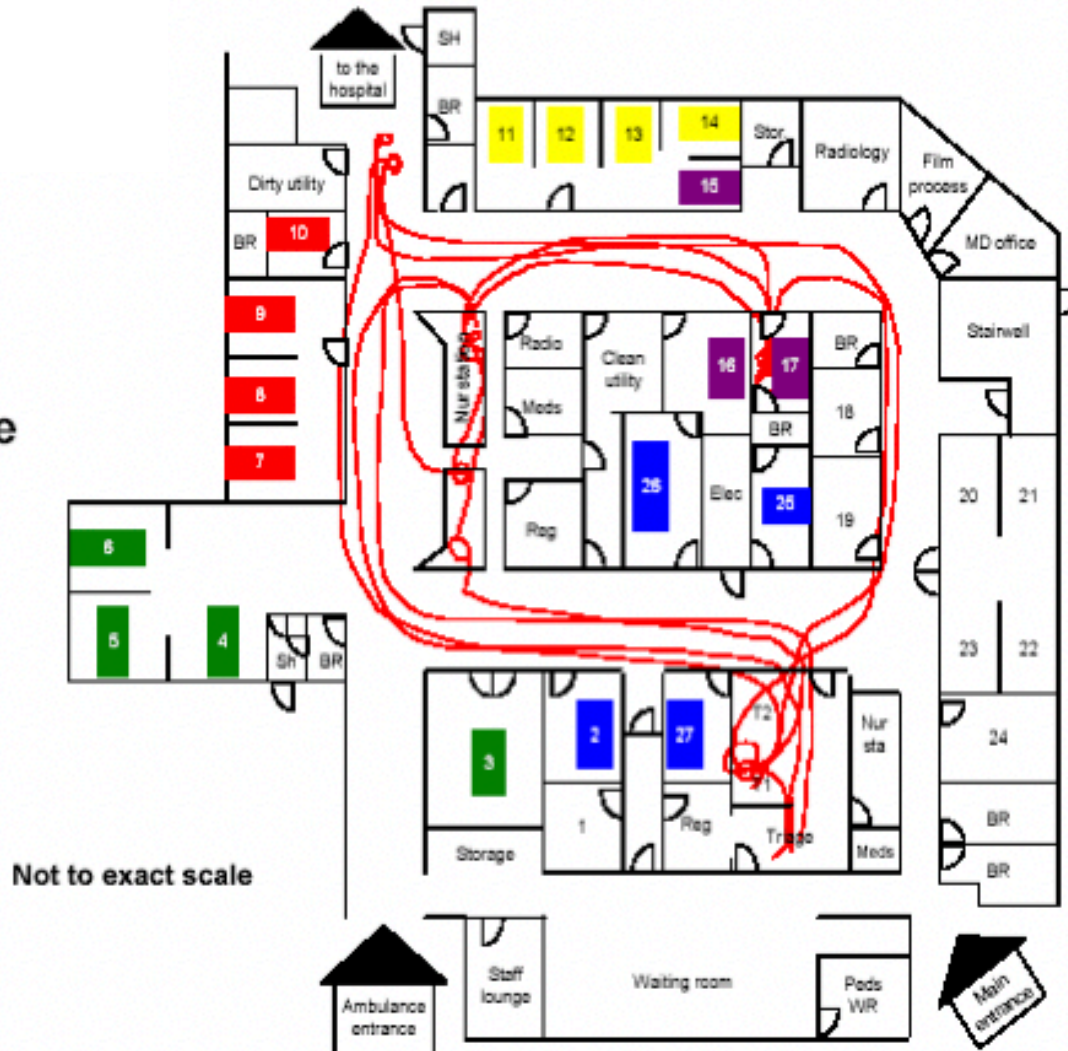


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Spaghetti Diagrams

Where is unnecessary movement occurring?

Steps Triage Nurse takes to place patient in room

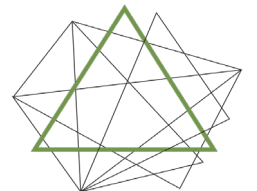


Not to exact scale

Total distance traveled = 1250 ft.

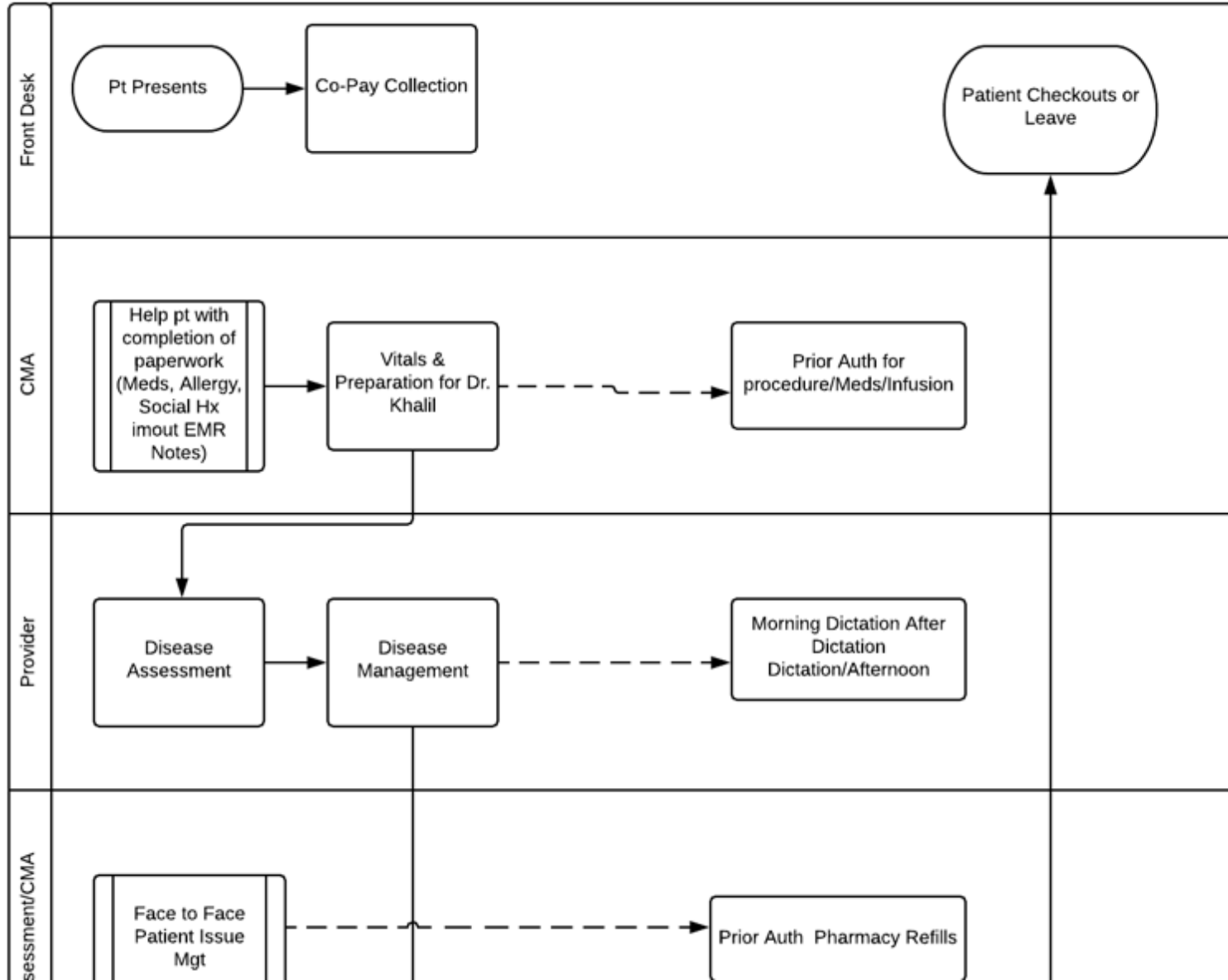
TIP

Places where information, people or motion accumulate, identify where workflow is stopping & a bottleneck occurs



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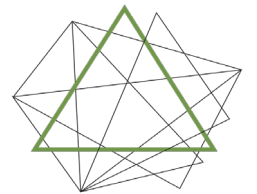
Process Maps with Swim Lanes



TIP

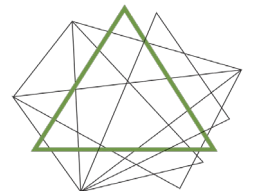
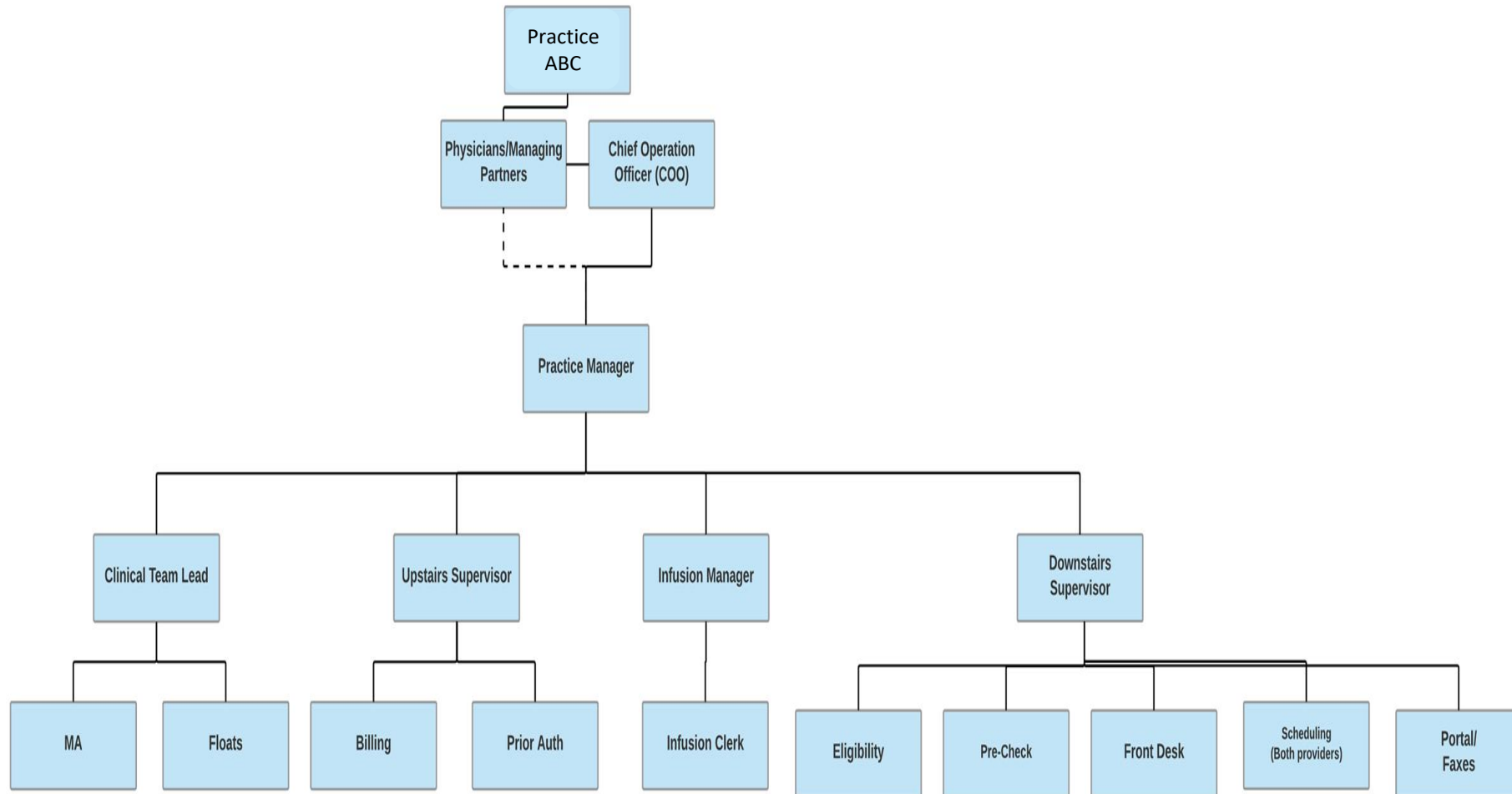
Start with Current State
 Identify Improvement Opportunities
 Create Future State

If you are having a hard time getting started, draw an “ideal” Future State and then draw your Current State and assess gaps



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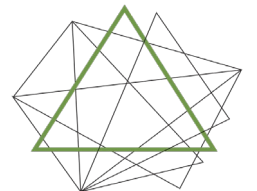
Organizational Charts



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Most Common Pitfalls in Practices

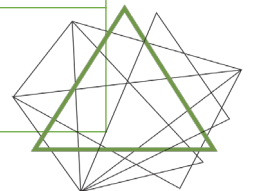
- Overproduction** • Unbalanced Workload:
 - Peak Flow Times
 - Scheduling
 - Staff Workload
- Motion/Human Potential** • Right People; Right Place; Right Task
- Motion/Defects/Culture** • Lack of Communication Regarding Goals
- Motion/Over Processing** • Missing SOPs for Sharing Best Practices or Learnings
- Waiting** • Ancillary Services – Unpredictable Workflow
- Waiting/Overproduction** • Lab Volume & Workflow Inefficiency
- Culture** • Culture of Chaos & Confusion
- Culture** • High Rate of Turnover
- Waiting** • Excess Waiting
- Defects** • High Rate of Rework or Time Spent Fixing Errors



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Tools to Identify Root Cause

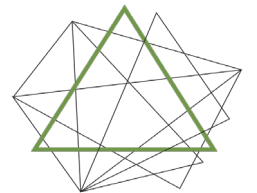
Waste Type	Gemb a Walk	5 Why	Pareto Chart	So What	Process Map	Value Stream Map	Spaghetti Diagram	Fish Bone	Org Charts	5S / Red Tag
Waiting	✓	✓	✓	✓	✓	✓	✓	✓		
Inventory	✓	✓	✓						✓	✓
Transportation	✓	✓	✓				✓			
Defects	✓	✓	✓					✓		
Motion	✓	✓	✓				✓	✓		✓
Over-processing	✓	✓	✓	✓		✓		✓		
Overproduction	✓	✓	✓			✓		✓		
Human Potential	✓	✓	✓	✓	✓	✓		✓	✓	



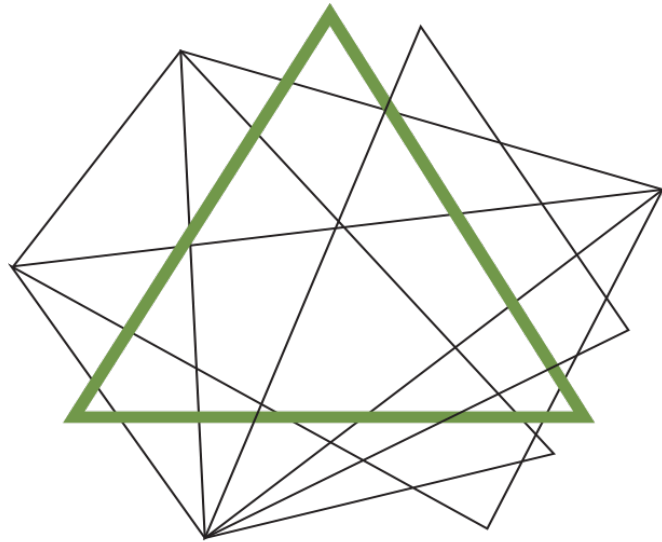
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Summary

- There is an economic impact to your practice when workflow isn't efficient
- Straighten up & compare against your “standards” to get started
- Use tools to determine root cause with “nouns & numbers” to verify your current state (and your future “ideal” state)
- Determine what 2-3 metrics will indicate success (or not) before you get started



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Get certified! Lean Bronze Certification (LBC) and ARIM Certification online courses begin soon:

- Lean (LBC): May 22, 2019
- ARIM: May 29, 2019

Contact Lori Shelton for more information: lori@k2-health.com