METHODIST RESEARCH DAY

(Case Study in Healthcare Innovation)

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Certified Lean / Six Sigma Master Black Belt
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Introduction / Career Background:

- First Data Corporation – VP, Lean Six Sigma Deployment
- Blue Cross Blue Shield NE – Director, Lean Six Sigma
- Think Whole Person Healthcare – Chief Process Officer
- Founder of Performance Enrichment Consulting

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Think – Health Care Innovator and Disrupter

- 47,000 Patients, 37 Internal / Family Practice Physicians
- + Psych, PT, Dental, Massage, Eye and Eye Ware Etc.
- Targeted Medicare 65 and Older Patients

What Worked Well:

- Patient Centered Focus
- RNs Only Manning the Triage Call Center
- 2 Room Patient Model
- Angel Scribes Supplied for all Physicians
- Chronic Care Managers Tracking Time
- RX Care Specialists for Patients with > 8 Meds
- BCBSNE Incentives for Lowering Costs
- Intensification of Visits (data mining)
- Large Process Room Focused on Team Improvement Projects
- 97% of Labs Results were Ready in 30 Minutes
- Free Food for Employees
- No Offices for Clinical Staff

What Didn't Work:

- RFID Tracking for Patients / Simulation Model
- First Names Only for All Employees (including Physicians)
- Paperless Environment
- Smart Scheduling Module
- No Offices for Physicians
- Automated In-house Pharmacy

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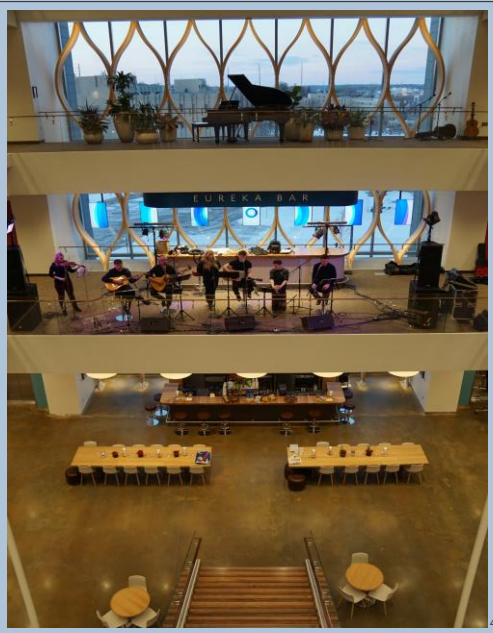

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Brief Lean / Six Sigma Overview:

- Philosophy – Continuous Improvement / Zero Defects
- Belt Certifications:
  - Green Belt - Training / Testing, Project Work and Certification
  - Black Belt - Training / Testing, Project Work and Certification
  - Master Black Belt - Teaching, Coaching and Certifying Belts

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Continuous Improvement Goals:

- Meet or Exceed all Customer Requirements
- Empower Employees to Lead Teams & Make Improvements
- Improve Processes and Continually Work Towards Zero Defects
- Achieve Process Efficiency & Reduced Costs
- Reduce Waste & Eliminate or Streamline Non-Value-added Steps
- Utilize Lean / Six Sigma Toolbox to Achieve Goals
- Have an Inch Wide, Mile Deep Mentality

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Why Focus on Healthcare & Innovation?

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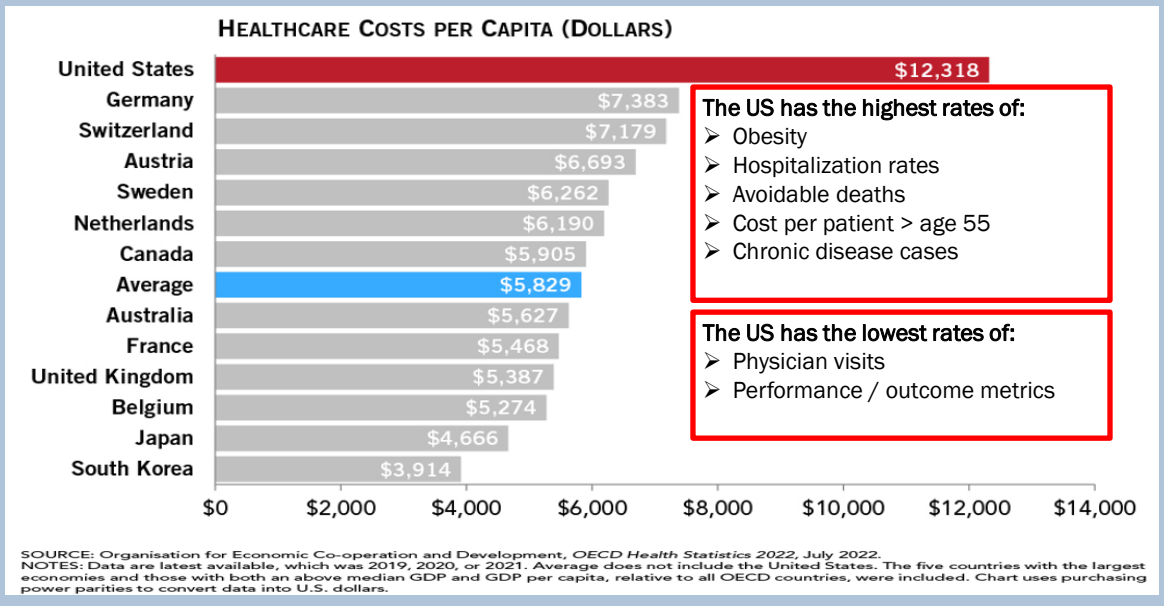

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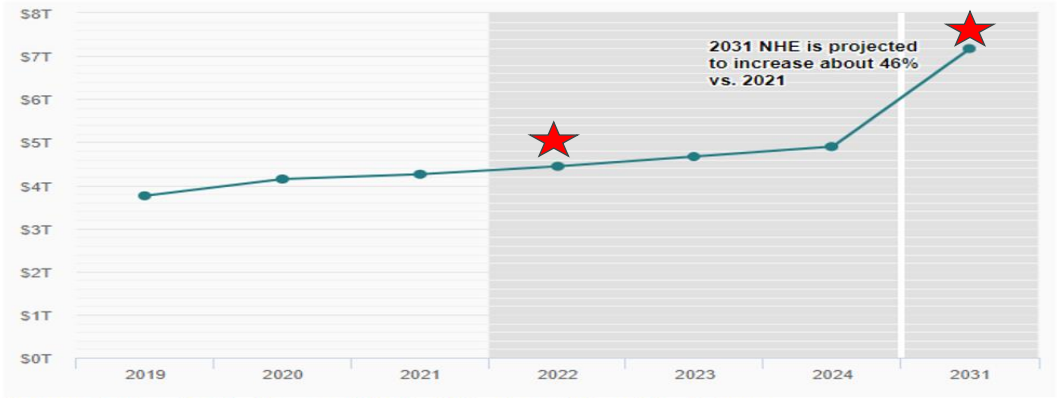
NATIONAL HEALTH EXPENDITURE PROJECTIONS

U.S. spending on healthcare will increase an average of 5.4% annually from 2022-2031, federal actuaries project.

□ = projected



Source: Centers for Medicare and Medicaid Services Office of the Actuary

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Not even wealth is saving Americans from dying at rates seen among some of the poorest Europeans

Experts said a new study of wealth and mortality in middle-aged and older adults points to deep-rooted health risks in the U.S.

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So, What to Work On First, Second Etc. ?

- People Closest to the Process Should be Involved
- Often, New Ideas / Solutions Need to be Generated
- Utilize Standard Brainstorming Techniques
- Pick Projects that have High Impact and Those that are Easier to Implement
- Find the Best Way to Identify & Prioritize Solutions

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Let's Explore Ways to Generate and Prioritize New Ideas / Solutions

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Brainstorming Guidelines:

	Free-Wheeling	Round Robin	Slip Method
Method	Allows members to call out ideas freely, encouraging random contributions of as many ideas as they wish until no one has anything to add. Record and write ideas on a flip chart. No discussion (or criticism) of ideas is permitted until all ideas have been listed.	The facilitator systematically asks each team member to contribute an idea. All ideas are written on a flip chart. If a team member had nothing to contribute, he/she says "pass". The next time around, this person may provide an idea. Ideas are solicited until no one has anything to add. Typically, this method of brainstorming stimulates a good deal of group interaction and humor.	The facilitator asks each team member to write on posted notes as many ideas as he/she can imagine. Upon completion, the facilitator collects the slips and writes all the ideas on a flip chart. Ensure there is only one idea p / posted note.
Advantages	• Spontaneous and open. • Group members can open-up and think more creatively. • Many ideas can be generated in a short period of time. • Results can then be voted on to help prioritize	• It is difficult for anyone to dominate the discussion or to become the "expert". • Because the discussion is focused on a specific problem, contributions don't stray from the issue. • Everyone is encouraged to participate. • Enables members to "hitchhike" or combine and improve upon the ideas of others.	• All contributions remain anonymous. • Members who are reluctant to express themselves publicly (perhaps their manager is present) are free to express ideas using this approach.
Disadvantages	• Certain individuals may dominate the session. • Some team members may be reluctant to participate. • Confusion may result when too many people talk at one time.	• Anxiety may develop while team members wait for their turn. • Individuals may forget their ideas before it is their turn. • May inhibit creativity.	• Creativity may be blocked because members do not hear the contributions of others and cannot hitchhike. • The group may not understand something written on a slip, but to ask for clarification would cause loss of anonymity.

Ideas Captured on Posted Notes can then be Sorted and Categorized. This Method is Called "Affinitizing" the Data

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Selecting the Right Projects:

Thought Process Map

Problem Example:
Patient Census in Cardiac Rehab is Suddenly Up 20%

Things We Know for Sure

- Patient Census is on The Rise
- 1 New Cardiac Surgeon was Added Recently
- More Heart Procedures happening p /day (> Stents and TAVRs)
- Staff is Feeling Overworked
- Other Cardiac Programs in Omaha Do Not Offer Classes with Extended Hours - Methodist Does

Things We Don't Know

- Will Increased Procedure Volumes Be Permanent?
- Are There Plans to Add Any More Surgeons / Cardiologists?
- If Staff is Needed, How Many and what type (RNs, Exercise Physiologists etc.)?

These Become Action Items for the Team to Explore

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Clinical Huddle Boards:

Huddle Potential Topics:
- Issues
- Solutions – who to test
- In Process Items
- Completed Items
- Recognition

Lessons learned from Thedacare (major hospital system in Wisconsin)

- Hesitation at first from staff members
- Need managers to keep staff engaged in process
- Staff should eventually facilitate the huddle, not the manager
- The huddle board is not a "complaint" board but contain high-level issues that affect patient care
- Needs encouragement to be successful
- Generating /posting ideas should become part of performance expectations
- Scheduled set times (15-minute max)
- Need a few quick wins to keep up the momentum

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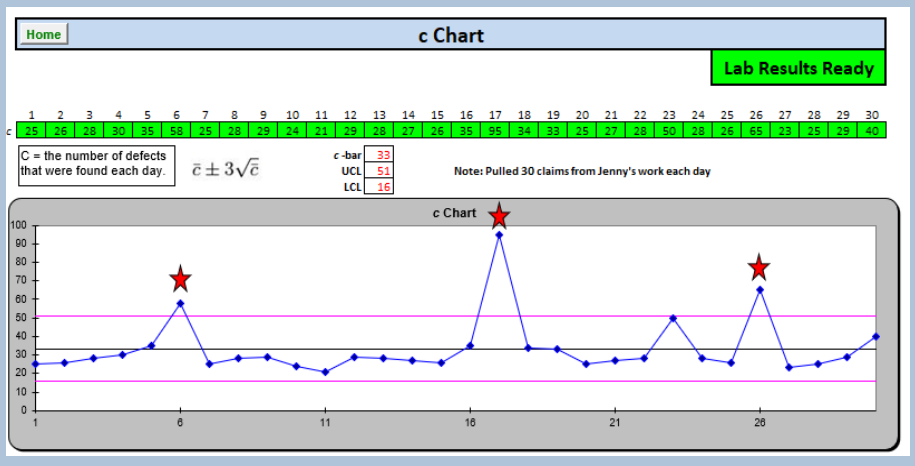
Control Charts – Lab Results Example



- All processes have variation
- Most data points fall within + / - 2.7 standard deviations of the mean & are considered normal variation
- ★ Data points outside the control limits warrant potential project work

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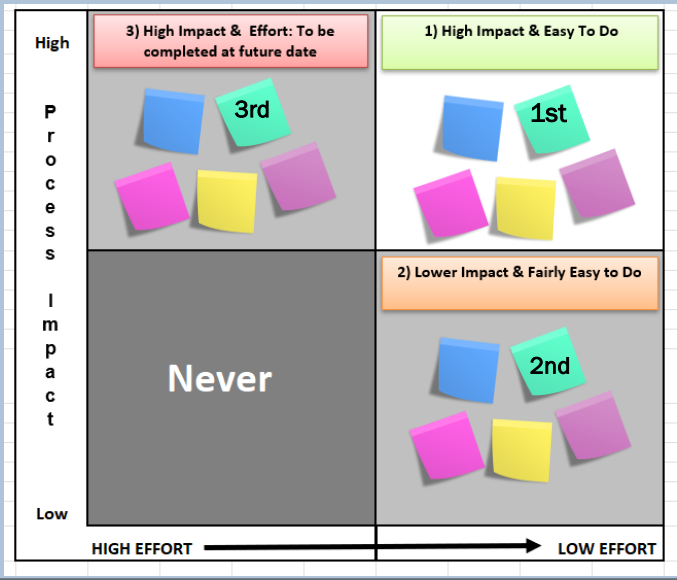
Impact Charts – Sort & Prioritize Ideas



- Brainstorm Solutions on Posted Notes (One Idea Per Note)
- Arrange Based on the Anticipated Impact to the Problem as Well as the Ease to Implement
- Work Quadrants 1 and 2 First
- Quadrant 3 Often Involves System Fixes and Modifications
- Never Work on Quadrant 4

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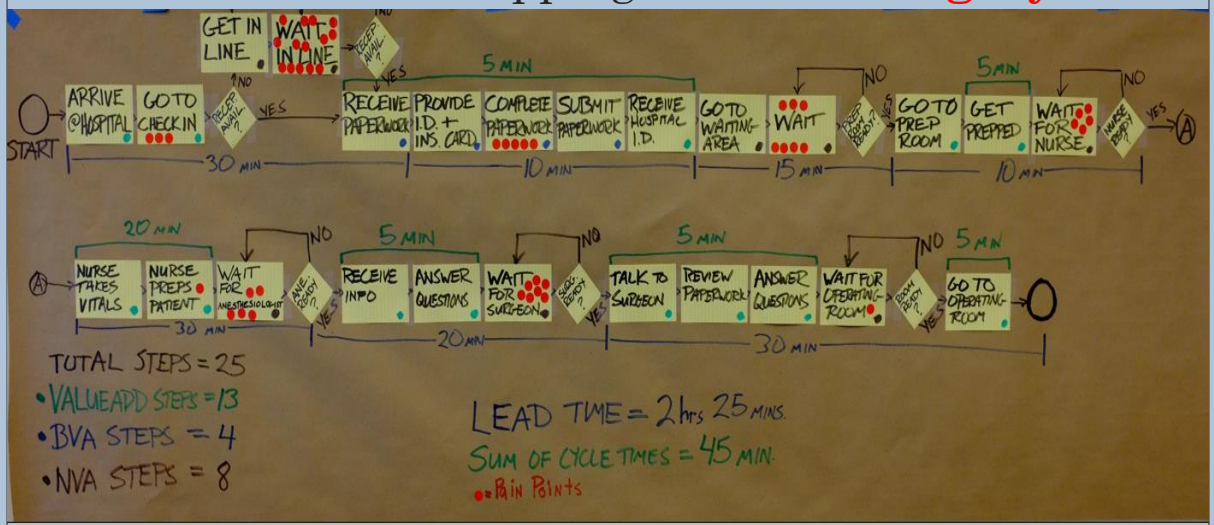
Value Stream Mapping – Minor Surgery



Red Dots Indicate Where There are Wait Times or Pain Points in the Process. Pain Points and Non-Value-Added Steps are Ripe for Project Selection to Reduce Waste, Redundant Steps and Wait Times 18

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Muti Generational Plan – Sort Solutions

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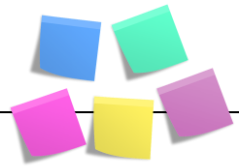
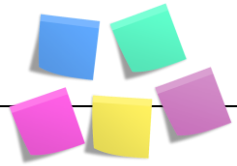
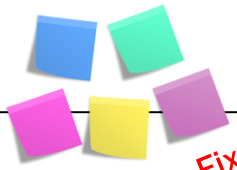
Multi Generational Plan (MGP)

Phase I (30 - 60 Days)	Phase II (60 - 120 Days)	Phase III (> 120 Days)
Quick Hits: What can I do immediately to remove pain, stop bleeding, fill existing process voids?	**Mid-Term Fixes:** What can I do to improve the process that is within our control to do in the short term?	**Long-Term Fixes:** What are the future state breakthrough ideas for our customers?
 Quick Hits	 Medium Term Fixes	 Longer Term Fixes

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Solution Ranking Tool Example:

Picking an EHR for Primary Care

Solutions Ranking Tool

Software Solution	Criteria and Weights (Rank on 1 to 10 Scale. 10 being the best)						
	Monthly Cost	Functionality	Can be Customized if Needed	Works Well for Primary Care Offices	Ease of Implementation	MISC Integration(s) Needed	
	0.4	**0.25**	**0.05**	**0.05**	**0.05**	**0.2**	**1**
Cerner	10	8	10	10	8	4	**7.4**
Allscripts	5	10	10	10	9	10	**5.95**
Epic	3	10	10	10	9	10	**5.15**

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Risk Assessment Tool (FMEA):

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Process/Product Failure Modes and Effects Analysis (FMEA)

Process or Product Name: Patient Call Response

Responsible: Department Manager

Prepared by: Department Manager

FMEA Date (Orig) _____ (Rev) _____

Process Step/Input	Potential Failure Mode	Potential Failure Effects	SEV	Potential Causes	OCC	Current Controls	DET	RPN	Actions Recommended	Resp.	Actions Taken	SEV	OCC	DET	RPN
What is the process step?	What can go wrong?	What is the impact if failure occurs?	How Severe is the effect to the customer?	What causes this step / input to go wrong?	How often does cause or FM occur?	What controls and procedures exist to prevent the failure?	How well can you detect cause?		What can detect / prevent the occurrence of the cause of the failure?	Who is responsible for the recommended action(s)?	What actions were taken? (Re-score)				
Answer Patient Calls ★	Not Triaged Correctly or Not put into the right queue	If Critical, it could result in negative impact on Px Health (up to & including death)	10	Not trained correctly Or Not Message not given to medical staff	1	Call Triage instructions are part of job training Medical staff are trained to monitor physician queues	10	100	This is where the Team would work to brainstorm ways to endure this does not happen	Typically the Dept. Mgr. or the Team Lead takes responsibiity for implementing solutions	Results are tested and tracked to ensure compliance				0

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Today's Takeaways:

- ❑ Understand that Every Process Can Be Improved
- ❑ Involve Staff Closest to the Process to Improve and Generate Ideas / Solutions to Problems
- ❑ The Health Care System has Abundant Areas of Opportunity to Improve Efficiency, Cost and Patient Outcomes
- ❑ Utilize These Few Lean Tools to Help Innovate Health Care

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Tool Recap:

Brainstorming Techniques	Used to Generate New Solutions to Problems
Thought Process Map	To Generate the Unknows Re: the Process or Problem
Huddle Boards for Admin. & Clinical	Weekly 15 Minute Updates on Department's TO DO's
Control Charts	Monitor Process for Out-of-Control Data Points to Correct
Impact Charts	Identify the Solutions that Will Have High Impact and Easy to Implement
Value Stream Mapping	Identify Pain Point & Patient Wait Times that Need to be Improved
Multi Generational Plans	Lays Out Solutions Into More Manageable Phases *
Solutions Ranking Tool	Rates Potential Solutions and Scores them to Prioritize Solutions
Risk Assessment (FMEA)	Identifies Which Patient Facing Processes Pose the Most Risk To Fail

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Appendix 1

How NE ACO's are Measured

PY2023 Nebraska Medicare Shared Savings Program ACO Quality & Financial Performance Summary
Assigned Beneficiaries
COST and UTILIZATION
Savings Rate
Quality Score
Per Capita Expenditures
Per Capita Savings (generated saving/total person years)
**Inpatient Discharges per 1K Person Years*
**ED Visits per 1K Person Years*
Primary Care Services per 1K Person Years
CONSUMER SATISFACTION - CAHPS
Getting Timely Care, Appointments, and Information
How Well Your Providers Communicate
Patients' Rating of Provider
Access to Specialists
Health Promotion and Education
Shared Decision Making
Health Status/Functional Status
Stewardship of Patient Resources
Courteous and Helpful Office Staff
Care Coordination
CLINICAL QUALITY
**Hospital-Wide 30-day Readmission Rate*
Falls: Screening for Future Fall Risk
Influenza Immunization
Screening for Depression and Follow-Up Plan
Colorectal Cancer Screening
Breast Cancer Screening
Statins for Prevention & Treatment of Cardiovascular Disease
Depression Remission at 12 Months
**Diabetes: Hemoglobin A1c Poor Control (>9%)*
Controlling High Blood Pressure

The Nebraska Health Network is led by **Lee J. Handke**, PharmD, MBA, who serves as the Chief Executive Officer (CEO). Dr. Handke is responsible for implementing strategies to achieve the organization's mission of transforming health care in the region. Additionally, **Jeff Harrison**, MD, serves as the Medical Director and Board Chair.

Both leaders bring extensive experience in health care and are dedicated to improving patient-centered, high-value care. Let me know if you'd like more details about their roles or the organization!

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Appendix 2 – Thought Process Map

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Thought Process Map

Things We Know	Things We Do Not Know	Who Might Know?

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Appendix 3 – Impact Chart

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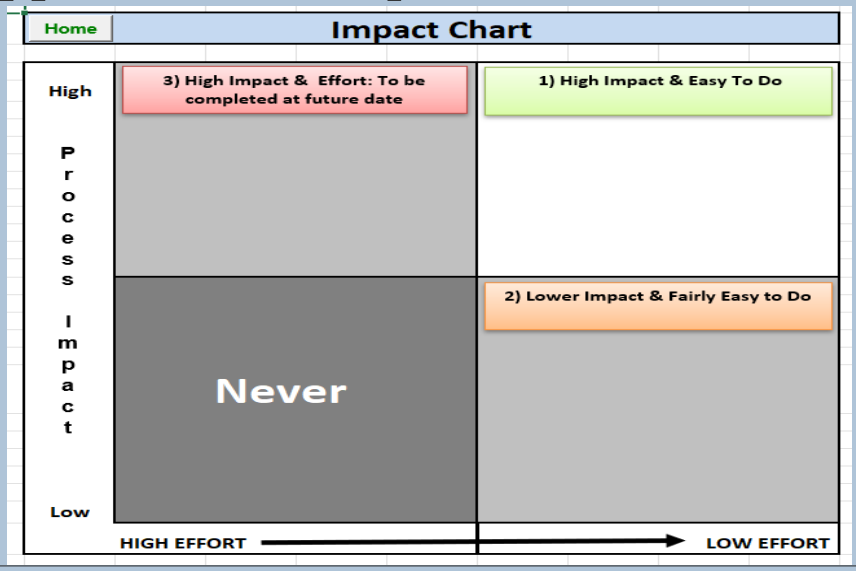
Impact Chart



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Appendix 4 – Multigenerational Plan

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Phase I (30 - 60 Days)	Phase II (60 - 120 Days)	Phase III (> 120 Days)
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Appendix 5 – Solutions Ranking Tool

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Solutions Ranking Tool

	Criteria and Weights					
	Cost	Time	Quality	Customer Satisfaction	Ease of Implementation	
Solution	0.2	0.2	0.2	0.2	0.2	**SUM**
A						0
B						0
C						0
D						0
E						0
F						0
G						0
H						0
I						0
J						0
K						0
L						0

Sum = (Sum of the voted ranks) x weight
Criteria examples = Ease of Use, Within our Control etc.
Note: Criteria and weights can be customized as needed. Weights entered in %'s must total 1.
Highest score = Best option overall

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Appendix 6 – Risk Assessment Tool

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Risk Assessment Tool - Failure Modes and Effects Analysis (FMEA)

Process or Product Name: Patient Call Response	Prepared by: Department Manager
Responsible: Department Manager	FMEA Date (Orig) _____ (Rev) _____

Process Step/Input	Potential Failure Mode	Potential Failure Effects	SEV	Potential Causes	OCC	Current Controls	DET	RPN	Actions Recommended	Resp.	Actions Taken	SEV	OCC	DET	RPN
What is the process step?	What can go wrong?	What is the impact if failure occurs?	How Severe is the effect to the customer?	What causes this step / input to go wrong?	How often does cause or FM occur?	What controls and procedures exist to prevent the failure?	How well can you detect cause?		What can detect / prevent the occurrence of the cause of the failure?	Who is responsible for the recommended action(s)?	What actions were taken? (Re-score)				
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Resources and References

1. Center for Medicare and Medicaid Services Office of the Actuary, The Centers for Medicare and Medicaid Services (CMS) Office of the Actuary Releases 2022–2031 National Health Expenditure (NHE) Projections | SCAI accessed July 2022.

2, Mcshane-Vaughn, Mary. (2022) The ASQ Certified Six Sigma Black Belt Handbook, Fourth Edition

3. Organisation for Economic Co-Operation and Development, OECD Health Statistics 2022, accessed July 2022.

Nebraska Methodist College Lean Six Sigma Progrma Information:

https://www.methodistcollege.edu/lean-six-sigma-green-belt-course

Questions? Contact:

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