Transforming Healthcare Reflections on the Journey

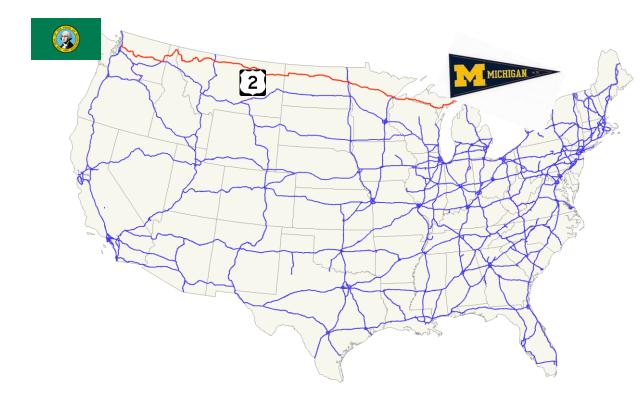
Gary S. Kaplan, MD CEO Emeritus, Virginia Mason Franciscan Health March 2, 2023

Catholic University of Sacred Heart ALTEMS



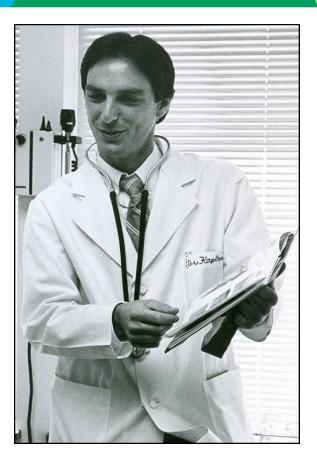


The Journey Begins





The Joy of Patient Care





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"System science and innovation is the next massive major

opportunity to advance human well-being and health."

Atul Gwande, MD



Virginia Mason Franciscan Health

- Integrated health care system
- Founded January 1, 2021
- 501(c)3 not-for-profit
- 11 hospitals
- Total of 1,500 beds
- 300 sites of care
- 5000 physicians
- 18,000 employees

- Graduate Medical Education
- Two philanthropic foundations
- Bailey-Boushay House
- Benaroya Research Institute
- Health Resource Services, LLC
- Networx Health Consulting
- Virginia Mason Institute



Virginia Mason Franciscan Health

101

- 🕕 Hospitals
- Outpatient Centers
- Urgent & Prompt Care Clinics
- Franciscan Hospice House, Bailey-Boushay House
- Benaroya Research Institute





Urgency for Change – VMMC 2000

Issues

- Survival
- Retention of the Best People
- Loss of Vision
- Build on a Strong Foundation

Leadership change

A Defective product

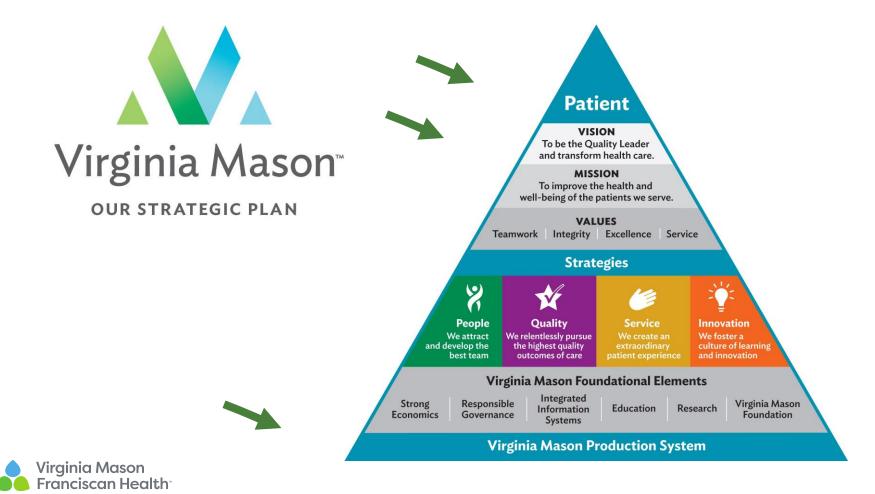


Urgency for Change at VMMC

We change or we die."

— Gary Kaplan, VMMC Professional Staff Meeting, October 2000





Clash of "Promise" and Imperatives

Traditional "Promise" Legacy Expectations

Autonomy

- Protection
- Entitlement

 Improve safety/quality

Imperatives

- Implement EHR
- Create service
 experience
- Be patient-focused
- Improve access
- Improve efficiency
- Recruit/retain quality staff



Aligned Expectations

Physician Compact



O Virginia Masen Maderal Carpe, 2001

Leader Compact

Organization Responsibilities	Leader Responsibilities				
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Virginia M Francisca

Board Compact

VIRGINIA MASON MEDICAL CENTER BOARD MEMBER COMPACT

Organization's Responsibilities Board Member's Responsibilities Foster Excellence Know the Organization Poster Excellence Procisions the recruitment and retention of superior board members Provide a process for regular, written evaluation and feedback through annual board unif-residencing Provide a thorough orientation process for new board members Support growmance encodinges with adequate band resources Know the organization's massion, purpose, goals, policies, programs, services, strengths and needs Keep informed on developments in the Health System's scene of expertis-and on health care policy and future treads and best poverance practices Listen and Communicate Share information regarding strategic intent, organizational priorities and Share information regarding strategic instead, organizational priorities and business decision Offer opportunities for constructive dialogue Report regularity on implementation of strategic plan and achievement of specific board objectives Disclose to and inform board on risks and opportunities facing the organization Provide materials to members necessary for informed decision making ufficiently in advance of board meetin Educate Provide information and tools necessary to keep members informed and Provide information and tools necessary to keep members informed and educated on local and national health care issues Provide educational and training opportunities to maintain a high level of board member effectiveness and knowledge Educate board members about organization, its structures and its guiding Level Manage and lead organizations with integrity and accountibility Create clar goals and strongeles Continuously monitore and integration and set of the set

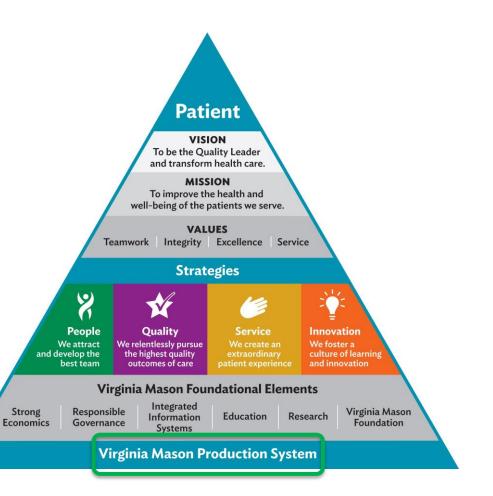
Focus on the Future Spend three fourths of every meeting focused on the forme Consistently maintain a current and vital strategic plan Listen and Communicate Actively participate in bord discussion Participate in observational apportanties and request information and resources assidied to provide requirements or versight Provide and acceptification and be an advocate for the organization in the community Take Ownerabip Around meetings Ask timely and substantive questions at board and committee meetings consistent with your conscience and conviction-Drepare for, participate in, and support group decisions Understand and participate in approving manual and leager range financial plans and Quality & Safety oversight

process the quarkety or sensity overlagat Make an annual, personal financial contribution to the organization, according to pervocal means Serve on board committees or task forces Promote Effective Change • Foster isnovation and continuous improvement • Pursue necessary organizational change

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OUR STRATEGIC PLAN





Virginia Mason Quality Equation

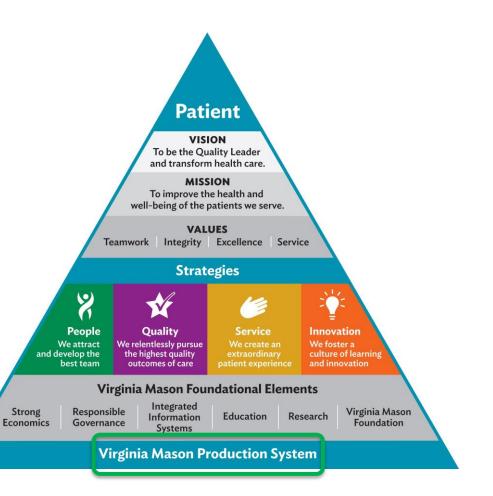
$Q = A \times (O + S)$

- **Q:** Quality
- A: Appropriateness
- Outcomes
- S: Service
- W: Waste





OUR STRATEGIC PLAN





Think Different

- 1/2 the human effort
- $\frac{1}{2}$ the space
- 1/2 the equipment
- 1/2 the inventory
- 1/2 the investment
- $\frac{1}{2}$ the engineering hours
- 1/2 the new product development time



Seeing with our own eyes – Japan 2002



Leaders reviewing the flows of manufacturing at the Hitachi Air Conditioning Plant



Virginia Mason Production System We adopted the Toyota Production System key philosophies and applied them to health care



- 1. The patient is *always* first
- 2. Focus on the highest quality and safety
- 3. Engage all employees
- 4. Strive for the highest satisfaction
- 5. Maintain a successful economic enterprise



Stopping the Line

Using failure to create urgency and improve





Focus on the Quality & Safety

- Everyone is a safety inspector
- Patient Safety Alert (PSA) and Response system
- Embedding root cause analysis and mistake proofing into everyone's work
- Using failure to improve

Over	120,000 PSAs reported							
						100,000	120,000	
				50,000	90,000			
	1000	10,000	25,000					
	July 2005	Mar 2008	Jan 2012	Sep 2014	July 2018	Mar 2019	Sep 2020	



Changing the Culture Learning from Failure



What we've learned

1. We must never put potentially lethal substances which look exactly the same as x-ray contrast onto an angiogram table during an angiogram procedure. Sponges and swabs, not solutions that can be injected, are to be used for cleansing of skin.

2. We must treat all chemicals and solutions with the same cautions that we would any medication: All cups, syringes, basins or other containers with ANY solution must be labeled. If a solution or medication is not labeled it should NEVER be used.

3. Like most medical errors, this was a "systems" problem. The people involved are highly trained, highly experienced, excellent care providers.

4. While no single person is responsible, all of us are responsible. Many were aware of the hazard in the system that could lead to injection of the wrong solution and aware of a simple method to prevent this occurrence. No one took action to change the process before this tragedy occurred.

5. There was variation in the procedure of preparing the skin among persons involved in the procedure. Variation is a common background for errors. Standard practice clearly reduces errors.

6. A Patient Safety Alert, part of our quality assurance process, was activated within hours of this occurrence and processes have been mistake-proofed where this event occurred. But a similar error could easily occur again today in other units: operating rooms, cardiac catheterization labs, endoscopy suites, the dialysis unit or exam rooms. Look around your work place. Is every solution, every medication, every syringe appropriately labeled?



The Gravitational Pull of Status Quo

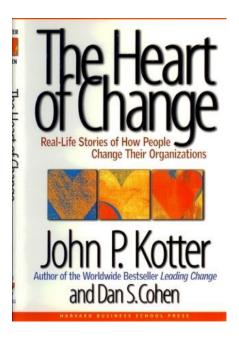


The invisible hold of the status quoeven if it's dysfunctional-is *very* strong:

- The current way is known
- The "new way" raises fear and anxiety. The threat of loss looms large
- The cost of maintaining the status quo is rarely given life



Increase Urgency: See, Feel, Change



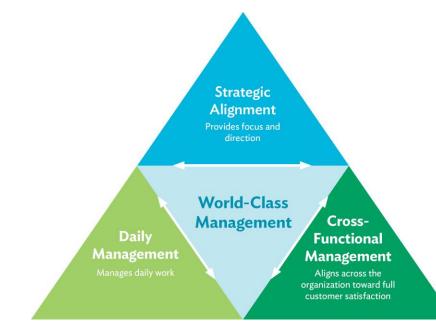
"People change what they do less because they are given *analysis* that shifts their *thinking* than because they are *shown* a truth that influences their *feelings*."

- Kotter and Cohen



World-Class Management

The **world-class management system** is a leadership system that provides focus, direction, alignment and a method of management for daily work.





Strategic Alignment

Long-Term Vision



Strategic

Cross-Functional Management

Creating accountability across a value stream

Orthopedic Value Stream



Throughout the patient's experience we will improve

Home \rightarrow Access to Clinic \rightarrow Clinic Day of Visit \rightarrow ED Length of Stay \rightarrow Acute Length of Stay \rightarrow Home

Quality of Care

- Surgical variability (smoothing patient flow)
- · Falls with injury
- Readmissions
- Hospital-induced delirium
- Glycemic control
- Sepsis



Supply Chain

• The right supplies are available when and where they are needed – just-intime (JIT).

Daily Management

 The system we use to perform daily activities – standardize operations and identify and eliminate waste with rootcause analysis. Our system uses data to ensure we are continuously improving our business.

Daily Management

Leaders have two jobs:

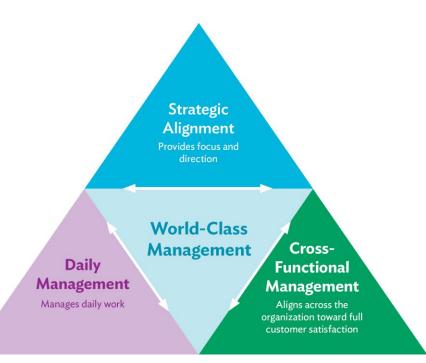
- 1. Run your business
- 2. Improve your business

Creating stability and reliability

Leaders engage in daily activities and behaviors to identify abnormal conditions and ensure customer demand is met.

Leading improvement and innovation

Leaders create kaizen plans, lead improvement and innovation events and activities, and coach everyday lean ideas.





Daily Management

Know, run and

improve your business

Virginia Mason

Franciscan Health



Daily Management

Daily or weekly team huddles to share information on improvement activity, status

of work, goal work, and countermeasures required



Example: Laboratory



Example: Health Information Services

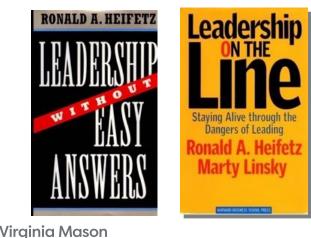


Insight on Change: Ronald Heifetz

Technical

Franciscan Health

- Problem is well defined
- Solution is known can be found
- Implementation is clear

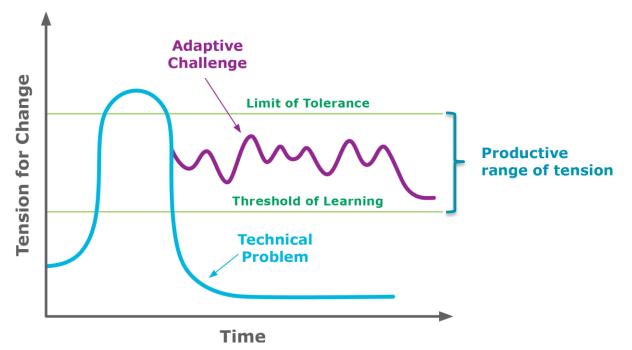


Adaptive

- Challenge is complex
- To solve requires transforming long-standing habits and deeply held assumptions and values
- Involves feelings of loss, sacrifice, anxiety, betrayal to values
- Solution requires learning and a new way of thinking, new relationships
- Triggers avoidance of uncomfortable issues

"Distress" and Adaptive Work

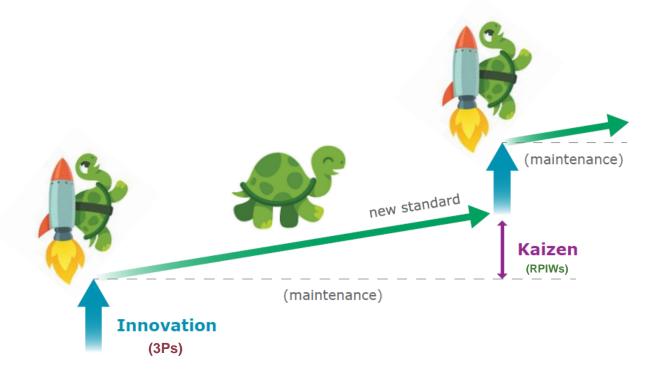
Disequilibrium





Heifetz, Ronald A. and Marty Linsky. Leadership on the Line, Harvard Business School Press, 2002, p 108.

Innovation and Continuous Improvement





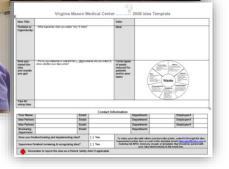
Source: Adapted from Masaaki Imai, Kaizen (McGraw-Hill, 1986), p. 27.

Engage all Team Members

- All team members trained in improvement methods and tools
- Everyone involved in improving their own work with PDSAs and improvement events
- Multi-disciplinary improvement teams









Respect for People

- Am I treated with dignity and respect every day by everyone I work with (regardless of my position, ethnicity etc.)?
- Do I have the knowledge, skills and tools (support) to do my job?
- Am I recognized (appreciated) and thanked for my contributions?



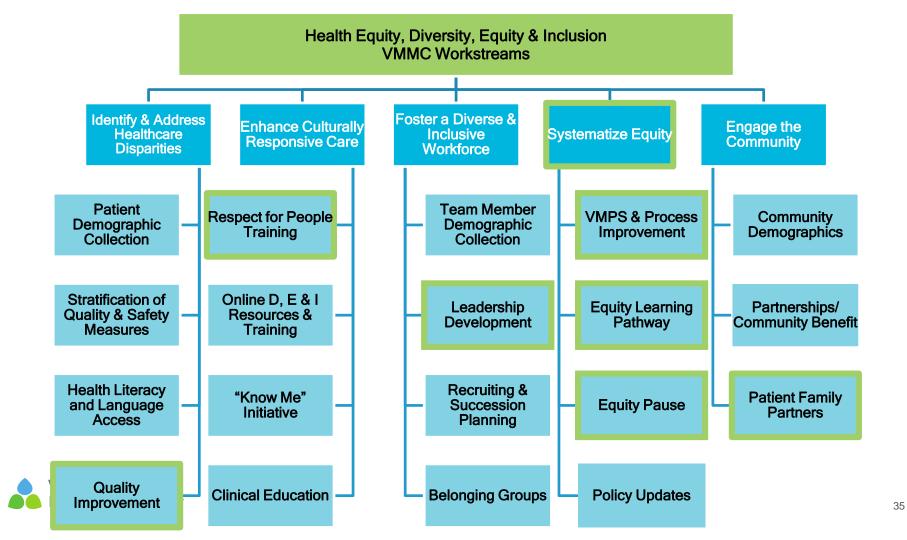
Paul O'Neill Former US Secretary of the Treasury Former Chairman, Alcoa & RAND Corporation



Strive for the Highest Satisfaction Levels

- Remove the burden of the work
- Skill/task alignment
- Developing your people
- Teamwork





What is an equity pause?

An intentional opportunity to:

- Reflect and share our learning related to equity
- Remind ourselves of our shared goals/practices and
- Identify what we might do better to support health equity, inclusion, diversity, belonging, psychological safety and more



Equity Pause Types

Spontaneous Equity Pause

"Hold on - let's take a few minutes and discuss this further to be sure we're considering equity."

Planned Equity Pause

"How can we increase equity in our work?"



Equity Pause Toolkit Topics

- Diversity
- Inclusion
- Implicit Bias
- Self-Awareness
- Psychological Safety
- Racism and Anti-Racism
- Health Equity





Equity Pause Examples: Finance and Patient Relations

Frontline team members felt empowered to initiate equity pauses to facilitate:

- Improvement in finance recruiting process
- Ongoing team discussions re: privilege



Inequity wastes that were addressed



Support for Patients, Families & Caregivers

- Synchronized Ongoing Support (SOS)
 for Patient Families and Caregiver
- Allows our front line to activate a <u>response mechanism</u> for immediate attention when there is serious physical or emotional harm
- Triggers standard process for <u>ongoing</u> <u>support</u>





PSA Activates 3 Pathways

Event Analysis and Review

Ongoing Communication with Patients and their families

Care for our Caregiver Colleagues

Guiding Principles

Guiding principles after unanticipated clinical events

- We will strive to see through the eyes of our patients.
- We will commit to investigating the situation when there is a perception of poor quality.
- We will support the emotional needs of the patient, family, and caregivers.
- We will keep communication open and flowing.
- We will tell patients and families what we know to be true when we know it.
- We acknowledge humans are fallible even within reliable systems and we will approach our response with just culture principles and respect for people.



Clinician Autopause

Automatic: self assessment/leader assessment

For healing, reflection & support

For clinicians most impacted

Activate when death or serious harm coupled closely with an individual action

Variable duration and timing





Experience-Based Design Is...

A philosophy and set of methods focused on an understanding of the experiences and emotions of those who are involved in receiving and delivering healthcare services, striving to understand what people *naturally do and feel*.

What really matters to our customers?



Experience-Based Design Is...

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What really matters to our customers?



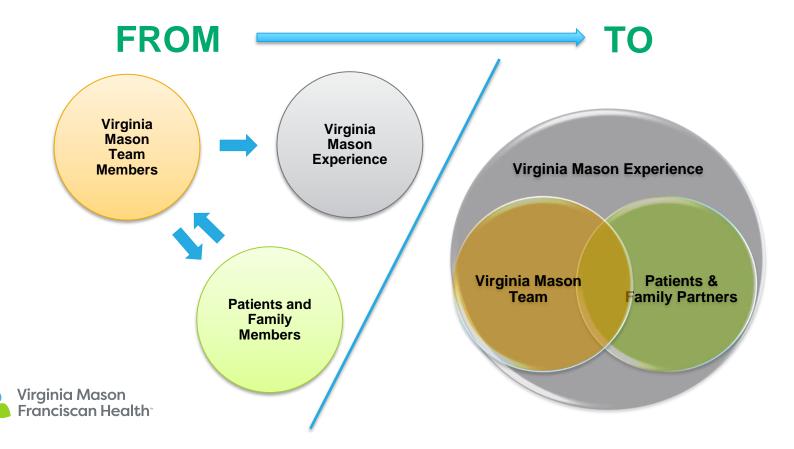
The Value of Emotion Words

Afraid	Disrespected	Great	Ignored	Optimistic	Satisfied
Angry	Empowered	Guilty	Insecure	Peaceful	Secure
Compassionate	Enjoyment	Нарру	Jealous	Pleased	Sense of accomplishment
Confident	Enthusiastic	Hatred	Joyful	Resentful	Successful
Depressed	Frustrated	Hopeful	Loyal	Sad	Valued
Disgusted	Grateful	Hopeless	Okay	Safe	

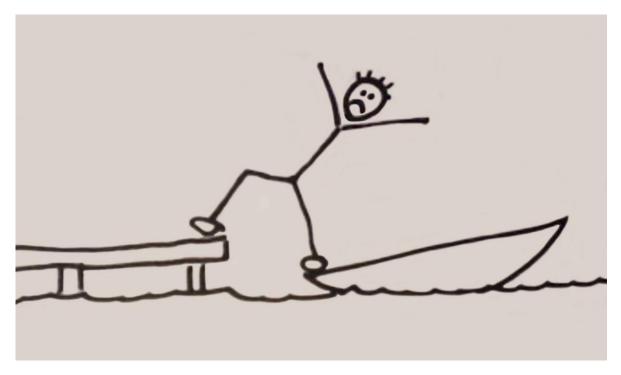
Russ LR, Phillips J, Brzozowicz K, et al. Experience-based design for integrating the patient care experience into healthcare improvement: Identifying a set of reliable emotion words. *Healthc (Amst).* 2013; 1(3-4): 91-99. http://dx.doi.org/10.1016/j.hjdsi.2013.07.004



Redrawing the Boundaries



What's Happening Now





Overview: Virginia Mason's Centers of Excellence and Bundled Care

- Launched 1st bundled care contract in 2013 with Walmart
- Focus on clinical appropriateness
- · Controlled and predictable costs (remove variability)
- Improve outcomes, patient satisfaction
- <u>Today:</u>
- Many Employers: Walmart, Lowes, McKesson, Jet Blue, etc.
- Bundles include: Cardiac surgery, orthopedic, spine (including complex), bariatric, gynecology and general surgery.
- Third Party Administrators: (EdisonHealth, Employer Direct, Health Design Plus)
- Virginia Mason Franciscan Health

Case Study: Spine Clinic

Transforming Back Pain Care through Implementation of Clinical Value Stream: Improved Quality with Lower Costs



Redesigning Health Care Tools of the Virginia Mason Production System

1.Value-stream mapping

Care from the patient's perspective

2. Evidence-based medicine

Care that works

3.Skill-task alignment

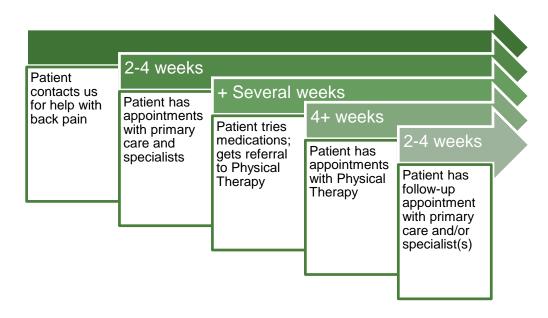
The right provider for the clinical task

4.Lead time reduction

No waits or delays



"Usual" Care for Back Pain

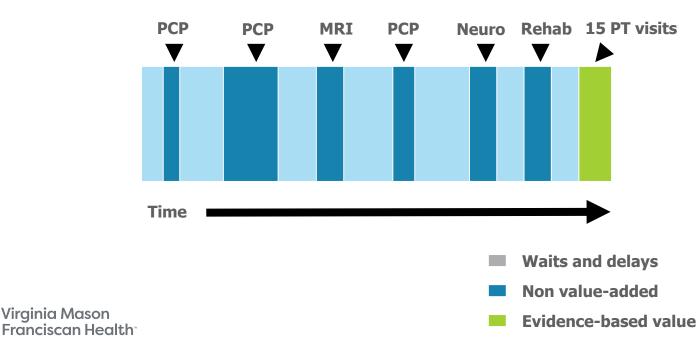


Goals for Spine Clinic:

- Quick access for the patient
- The 'right' care at the 'right' time
- Evidenced based care
- High patient satisfaction
- Quick return to function
- Win for patient, win for employer, win for payer and win for us

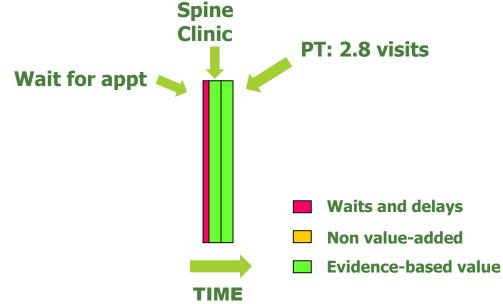


Value Stream Mapping Back Pain: Patient Perspective



Before Systems Re-engineering







A Business Plan That Works



Patients

50% less work loss Better functional improvement Satisfaction: would you recommend? 4.9/5.0

Employers

23% less imaging 50% less Physical Therapy 50% less absenteeism



Providers

Lower cost of producing care

Cost Reduction for All Stakeholders



Using VMPS® to Increase Value

Doing the Right Thing: High Frequency, High Cost Conditions

- 1. Screening and prevention
- 2. Back pain
- 3. Joint pain
- 4. Headache
- 5. Upper respiratory infection
- 6. Breast symptoms
- 7. Diabetes
- 8. Depression/anxiety
- 9. Asthma



- 10. Abdominal pain
- 11. Chest pain
- 12. Bladder infection
- 13. Dyspepsia
- 14. Hypertension
- 15. Hypercholesterolemia
- 16. Total joint surgery
- 17. Spine surgery
- 18. Coronary artery bypass graft

Transforming Health Care





VMPS Publications from our Experts

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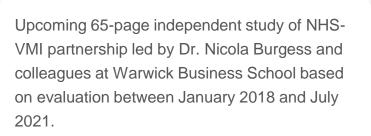
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- <u>http://www.ajhp.org/content/73/18/1416</u>.
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Independent Study of NHS-VMI Partnershi Warwick Business School



Topics include:

- Continuous improvement infrastructure
- Partnership ways of working
- Organizational culture
- Strategic, operational and organizational impact
- Shaping pandemic response



Key findings:

- "Analysis of qualitative data supports the notion that our five CEOs have adapted their leadership behaviours in important ways."
- "[The Transformation Guiding Board] was remarkable for its openness, honesty, and for being referred to by all members as 'the best day of the month.""
- "As well as delivering 'rapid improvement', or 'quick wins', RPIWs provide an important opportunity for cross-functional collaboration, boosting staff morale and fostering employee empowerment."

Leadership voices:

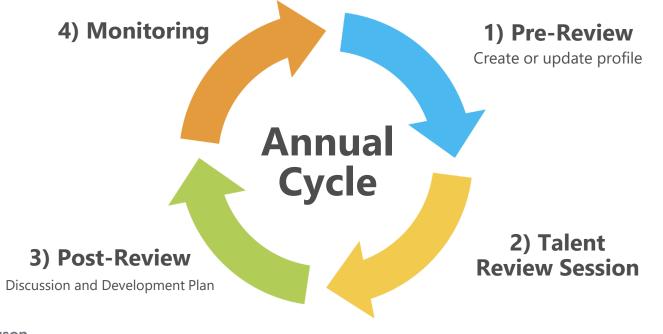
- "We produced a £13.6 million surplus last year. It doesn't matter how we got there, that's what we produced. We wouldn't have done that if we hadn't have been doing this. People are thinking differently ... they're reviewing what they're already doing with the resources that they've got. That wouldn't have happened before." - (CEO, SASH, interview August 2018)
- "Many of us have got to where we are by being problem solvers, but now I recognize that it's the people who do the work that know how to improve the work. We need big ears, big eyes, little mouth." - (CEO, UHCW)

Growing Leaders to Transform Health Care





Talent Review



Virginia Mason Franciscan Health

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Talent Review Guiding Principles

Talent is an organizational resource

> Virginia Mason Franciscan Health[®]

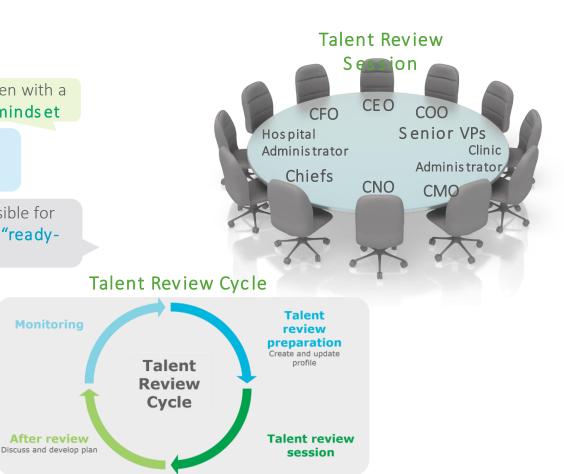
Please listen with a growth minds et

Monitoring

After review

Assessment is **broad-based** and supported with **specific** behavioral examples

> Executive leadership is responsible for ensuring we have a pipeline of "ready**now**" candidates



Talent Review Guiding Principles

- Talent is an organizational resource
- Executive leadership is accountable for developing the talent
- Assessment of leadership talent is broad-based and supported with specific behavioral examples
- Executive leadership is accountable for "ready now" candidates



Superhero Leadership Doesn't Work





Leadership Behaviors that get in the way





The New Leaders







The only thing of real importance that leaders do is to create and manage culture in: Te. -Edgar Schein

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Genchi Genbutsu

- "It's all lies"
- Go where the action is
- Know your people and let them know you
- Vulnerability is ok
- Connect the dots



In Partnerships Worldwide

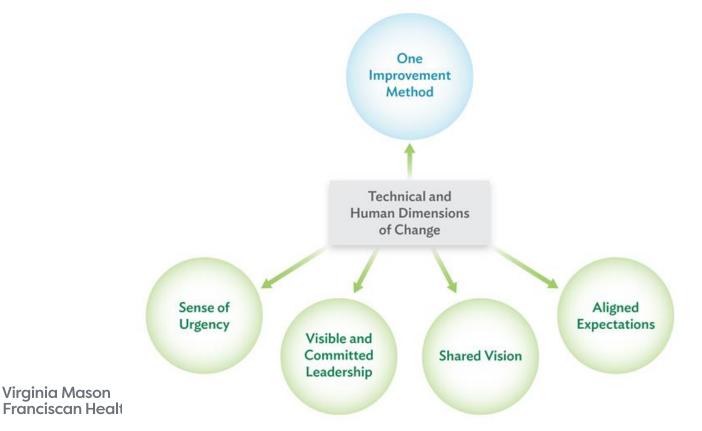
Transforming healthcare across the globe



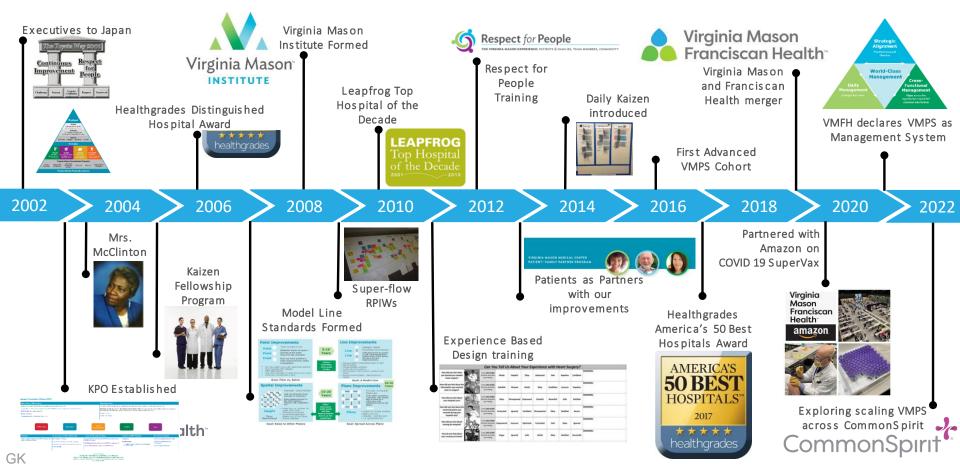


UWHealth

Requirements for Transformation



Virginia Mason's Journey



Thinking Differently Changing our Hearts and Minds

From

Provider First

- Waiting is good
- Errors are to be expected
- Diffuse accountability
- Add resources
- Reduce cost
- Retrospective quality
 assurance
- Management oversight

То

Patient First

- Waiting is bad
- Defect-free medicine
- Rigorous accountability
- No new resources
- Reduce waste
- Real-time quality assurance
- Management on site





"In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists." **Eric Hoffer**