Daily Management

Julie Fry
October 2014
Today’s Objectives

• (Minor) Understand how Daily Management fits in with VM organizational management framework

• (Major) Identify the 5 elements of Daily Management

• (Major) Understand how Daily Management principles can support your leaders and team members
We adopted the Toyota Production System philosophies and practices and applied them to health care because health care was so lacking in an effective management approach that would produce:

- Customer first
- Highest quality
- Obsession with safety
- Highest staff engagement
- A successful economic enterprise
Traditional Health Care Management System?
The World-Class Management System is a leadership system that provides focus, direction, alignment, and a method of management for daily work.
The World-Class Management System is a leadership system that provides focus, direction, alignment, and a method of management for daily work.
Management by Policy
Aligning Vision with Resources

Long Term Vision

5 year Plans

Annual Goals

KPO Priorities

Clinic Priorities

Section Priorities

- Develop and implement a “know you” template in our electronic medical record (EMR)
- Standard touch point behavior (Milkshake) TBD
- Contribute to my team’s excellent phone service performance
- Work to resolve patients’ needs in one call
- Measure and improve message lead time
- Simplify scheduling “rules”, share best scheduling practices, and reduce appointment types
- Design and test innovative care delivery models
- Increase patient enrollment in MyVirginiaMason
- Pilot patient direct scheduling
- Identify new ways to engage patients to use the portal
- Know and explain how Virginia Mason is present for patients within my community
- Schedule patients for follow-up appointments before they leave my clinic
- Successfully implement our ambulatory computerized provider order entry (ACPOE) system
- Give patients the specific information they need to navigate next steps in their care

How do I contribute to these goals?

- Implement new workflows using our electronic medical record (EMR)
- Help us grow! Champion our locations, services and quality to provide our patients what they need

Service: Patient Experience
Integration of the Patient Experience
People: Team Engagement
- Strategic Staffing Initiative
- Transformational Leadership
Strong Economics
- Strong Economics
Integrated Information
Leveraging our Data
- Measure and Improve our Results
Realizing the Potential of our Data
- Enhancing Online Services

Quality and Safety
- Prevention, Early Identification, and Treatment
- Early Identification and Treatment of Severe Sepsis
- Eliminate Healthcare Associated Infections
- Glycemic Control
- Prevention Hospital Associated Deficit
- Designing the Quality Care Continuum
- Patient-Centered Coordinated Care
- Smoother Patient Flow

Throughout the patient’s experience we will improve

Home > Access to Clinic > Clinic Day of Visit > ED Length of Stay > Home

Quality of Care:
- Patient-Centric Interactions
- Non-Pharmacologic Pain Management
- Patient-Centered Care
- Staff Welcoming Presence
- Patient’s Rights
- Patient Safety

Home > Access to Clinic > Clinic Day of Visit > ED Length of Stay > Home

Supply Chains
- Just in time: Make sure you are where they are needed - Just in Time

Daily Management
- Sync care in real time: Support patient care with accurate and current information - Just in Time

Home > Access to Clinic > Clinic Day of Visit > ED Length of Stay > Home

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2014 VMPS Priorities

Reduce Lead Time
Improve Quality

Home > Access to Clinic > Clinic Day of Visit > ED Length of Stay > Home

Share
- Help us grow: Share our locations, services and quality to provide our patients what they need

Prepare
- Build and deliver care using our electronic medical record

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Management By Policy, or Hoshin Kanri

- **PLAN**
  - "Catchball"
    - Idea exchange
    - Feedback, engagement
    - Identify resources / roles
    - Set measurement criteria

- **DO**
- **STUDY**
  - Check and Review
    - Compare performance to plan
    - Occurs at all company levels

- **ACT**

**ENGAGEMENT**

**Reflection**
- Environmental Scanning
- SWOT
- Review 5 Year Plans
- A3

**Deployment**
- Production plan
- Understanding/ awareness
- Develop strategies for entire organization, departments, individuals

Adapted from elements of World Class Management, Management by Policy
Check and Review Cycle

• regular checks and reviews are critical
• determines current status of goal achievement
• conducted regularly (e.g., daily, monthly, quarterly)
• includes intensive, objective study of data
• joint problem-solving, planning, and follow-up may be required

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A management system for implementing breakthrough improvements that is always focused on the elements of full customer satisfaction.
Achieving full customer satisfaction requires integrated cross-functional management, teams working together, not at cross purposes.

Top leadership must integrate the organization into a close-working system.

All functions must work together to achieve optimum quality, delivery, cost and service (QDCS).

“The ‘horizontal weave’ must be stronger than the ‘vertical weave’” Kaoru Ishikawa.
Cross Functional Management

Orthopedic Value Stream
Daily Management
Repetitive daily activities and behaviors that leaders engage in to ensure customer demand is met and identify abnormal conditions:

- Know at a glance status of daily work
- Completing planned work
- Understand status of upstream and downstream processes
- Standard work being followed
- Know when to take action and what action to take
- Engaging Staff
As a leader you have 2 jobs:

1. RUN your business
2. IMPROVE your business

Daily management is HOW you do this…
The FIVE Principle Elements of Daily Management

- **Visual Controls**: Create linked visual systems that drive action
- **Daily Accountability Process**: Establish rounding process at all levels
- **Discipline**: Leaders consistently verify the health of processes and systems
- **Root Cause Analysis**: Asking "why" and using data and analysis to attack problems
- **Leader Standard Work**: Leaders routinely complete key activities necessary to run and improve their business
In order to run your business, you have to KNOW your business.

Start with understanding your demand

- A metric that reflects your departmental objective – one that tells you whether you’re meeting your day-to-day customer requirements. (e.g., 22 patients per day per MD, or Ortho surgery schedule = 5 total hips on Tue, L9 requires 5 empty beds. etc)

- A metric that reflects the health of your departmental processes. (e.g. 48 hour post discharge phone call for all medical patients)

**NOTE:** Be sure you are looking at process measures versus outcome measures (e.g. how is your staff currently handling the demand of phone calls versus what do the phone stats show on the analytics report retrospectively?)
Now that you have identified your demand, what is your supply (what resources do you need to meet demand)?

Hospital example:

- Daily staffing and types of staffing needs (RNs, PCTs, MAs, MDs, RTs, etc)
- Room availability?
- Special equipment?
Production Boards

Understand your business
- Key business function to meet customer demand
- Daily/weekly demand (plan). (Pts., files, checks, etc.)
- Capacity (FTEs, rooms, machines)

Make it visual
- Determine best metric—should be process not outcome
- Frequency to measure (daily, weekly)
- Visual display of plan versus actual
- Communicates key expectations with simple visual displays

Make it easy (at a glance)
- Standards are clear (quantifiable activity)
- Abnormal conditions are visible
- Improvement opportunities are apparent
# Visual Control Starting Point

## Genba Production Board Checklist

<table>
<thead>
<tr>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Assignments (lunch/breaks, assignments)</td>
</tr>
<tr>
<td>Demand</td>
</tr>
<tr>
<td>Evidence of Visual Review by Leader</td>
</tr>
<tr>
<td>Leadership on Point for the Day</td>
</tr>
<tr>
<td>Normal/Abnormal Status</td>
</tr>
</tbody>
</table>
Visual Control

Production Boards

- Cardiology
- CTS

Number of patients being seen today, should have this many charge slips
Phlebotomy

AM Draw Production Board – team assignments and team leaders

Daily schedule
Daily Management

Production

Daily

Weekly

Monthly

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### ED Production Board

<table>
<thead>
<tr>
<th>Daily Patient Average</th>
<th>Baseline 2013</th>
<th>TARGET</th>
<th>PRIOR MONTH</th>
<th>JUNE</th>
<th>CURRENT MONTH</th>
<th>JULY</th>
<th>YESTERDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily ED Volume</td>
<td>63</td>
<td>64</td>
<td>70</td>
<td>64</td>
<td>57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily ED Volume (avg)</td>
<td>19</td>
<td>10</td>
<td>27</td>
<td>32</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily ED Volume (avg)</td>
<td>156</td>
<td>120</td>
<td>167</td>
<td>174</td>
<td>146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily ED Volume (avg)</td>
<td>2.14</td>
<td>150</td>
<td>227</td>
<td>233</td>
<td>202</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Actions:**
- Increase adherence
- Reduce hospital admissions
- Increase case management

**Notes:**
- Week 1/11
- Monday: 73
- Tuesday: 82
- Wednesday: 73
- Thursday: 82
- Friday: 81
Visual Controls

Patients can see status
Visual Controls

Here’s an example of how insurance payment closure understands their business daily.

Visual signal for help

Staff member can see & re-assign to help
Responding to abnormalities
1. Visual Controls
Create linked visual systems that drive action

2. Daily Accountability Process
Establish rounding process at all levels

3. Leader Standard Work
Leaders routinely complete key activities necessary to run and improve their business

4. Root Cause Analysis
Asking “why” and using data and analysis to attack problems

5. Discipline
Leaders consistently verify the health of processes and systems
**Daily Accountability Concepts**

**Huddles**
- “Go see. Ask why. Show respect.” (Mr. Cho, Chairman TMC)
- Regular checks on the production boards
- Process to follow up on the stories told by the visual controls
- Leaders hold people accountable for completing their assigned tasks

**Genba Rounds**
Visibility of all levels of leadership involvement
Huddles with Standard Agenda

- **Demand**: expected vs. current
- **Capacity**: availability of staff, beds, appointments, etc.
- Identify and trend **abnormalities**/assign improvement work as needed
- Develop plan to address any **variances**
- **Performance** from the previous day to be recognized or addressed/improved (e.g., quality measure such as phone stats, outstanding WIP, etc.)
Daily Accountability Process
Build the foundation with genba walks and a routine for huddles.

• Team leader huddle with team at start of shift at a minimum once per day

RUN my business:
- Standard agenda/checklist
- Staffing and rotation
- Updates regarding performance from the previous day
- Takes place at the production board
- Review today’s plan – note issues
- No longer than 15 minutes; standing up
Genba Round

- Team leader huddle with team
- Supervisor huddle on genba with team leaders (daily)

RUN my business:
  Review production boards
  Safety, Service, Quality, Cost

IMPROVE my business:
  Review issues from previous day – trend abnormalities
  Task assignment (red dot, green dot)
  From the trending of production issues, visual board depicts who is assigned, due date, and on task (green) or off (red).
Genba Round

- Team leader huddle with team
- Supervisor huddle on genba with team leaders (daily)
- Supervisor huddle on genba with manager (weekly)

Leadership

- Review issues, trends, abnormalities
- Conducts Root Cause Analysis
- Create/review action plans
Genba Round

- Team leader huddle with team
- Supervisor huddle on genba with team leaders (daily)
- Supervisor huddle on genba with manager (weekly)
- Manager genba walk with directors/executives (monthly/quarterly)

RUN/IMPROVE my business:
- Starts at production board
- Review issues, abnormalities, trends
- Opportunity to discuss and make a plan for issues that cannot be solved locally.
Barriers to daily huddles include:

- 24/7 operation
- Phone work (can’t remove everyone at same time)
- Staggered start times
- Staff work from home

Some ideas our staff have leveraged:

- Videotape
- Sharing of huddle leadership
- Cascading huddles
1. Visual Controls
   Create linked visual systems that drive action

2. Daily Accountability Process
   Establish rounding process at all levels

3. Leader Standard Work
   Leaders routinely complete key activities necessary to run and improve their business

4. Root Cause Analysis
   Asking “why” and using data and analysis to attack problems

5. Discipline
   Leaders consistently verify the health of processes and systems
Standard work for leaders specifies the actions to be taken each day to focus on the processes in each leader’s area of responsibility.

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**Clinic Supervisor Daily List**

**Director Daily List**

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## Essential Assigned Work for Each Site Leader

<table>
<thead>
<tr>
<th>Critical Elements</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td>Daily</td>
</tr>
<tr>
<td>Review Financials &amp; Report Variances (information/report specific)</td>
<td>x</td>
</tr>
<tr>
<td>Document &amp; Follow Up on Issues/Concerns</td>
<td>x</td>
</tr>
<tr>
<td>Document &amp; Follow Up on Patient Alerts &amp; Defects</td>
<td>x</td>
</tr>
<tr>
<td>Review and Updated Kaizen Plan</td>
<td>x</td>
</tr>
<tr>
<td>Operational Rounding (Leader rounding, Service rounding, etc.)</td>
<td>x</td>
</tr>
<tr>
<td>Conduct Purposeful Genba Observations supported by VMPS tools</td>
<td></td>
</tr>
<tr>
<td>Applause Recognition</td>
<td></td>
</tr>
<tr>
<td>Sweep Staff Readiness: Performance Evals, FFD, etc.</td>
<td></td>
</tr>
<tr>
<td>Review Press Ganey</td>
<td></td>
</tr>
</tbody>
</table>

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**Essential Assigned Work for one leader at each site**

<table>
<thead>
<tr>
<th>Leader Standard Work Checklist</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential &quot;Assigned&quot; standard work for at least one Leader</strong></td>
<td></td>
</tr>
<tr>
<td>Conduct Daily Huddle with Standard Work</td>
<td>Daily: x</td>
</tr>
<tr>
<td>Review &amp; Sign Genba Production Board (throughout the day)</td>
<td>Weekly: x</td>
</tr>
<tr>
<td>Sweep Work Environment/Facility</td>
<td>Monthly: x</td>
</tr>
<tr>
<td>Sweep for WIP (electronic systems for urgent messages i.e., Outlook, Cerner, etc.)</td>
<td></td>
</tr>
<tr>
<td>Review Kronos (Overtime, no breaks, etc.)</td>
<td></td>
</tr>
<tr>
<td>Plan &amp; Schedule Staffing</td>
<td></td>
</tr>
<tr>
<td>Perform Required Safety Audits &amp; Checks</td>
<td></td>
</tr>
<tr>
<td>Review VMPS for Leader Status</td>
<td></td>
</tr>
<tr>
<td>Track &amp; Trend Production Board Defects/Issues</td>
<td></td>
</tr>
<tr>
<td>Update PeopleLink</td>
<td></td>
</tr>
</tbody>
</table>
Suggestions for Leader

1. Keep standard work with you all the time
   - Clipboard, card, daily planner
   - Sequence of tasks
   - Visual

2. Note completion of tasks
   - Note if not completed in sequence
   - Checklist

3. Record daily notes
   - Review for opportunities at standard times
   - Update standard work for leaders tool after solutions implemented or kaizen
Examples

Kept on clipboard for both leaders to use (Weekly)

Keeps these on a clipboard for rounding (Daily)
“The purpose of a lean system is to make problems glaringly obvious.”

Robert W. Hall, Editor in Chief
Target, Association for Manufacturing Excellence
1. Visual Controls
Create linked visual systems that drive action

2. Daily Accountability Process
Establish rounding process at all levels

3. Leader Standard Work
Leaders routinely complete key activities necessary to run and improve their business

4. Root Cause Analysis
Asking “why” and using data and analysis to attack problems

5. Discipline
Leaders consistently verify the health of processes and systems

Root Cause Analysis
Root cause

– “The basic source from which a problem grows” David Mann, Creating a Lean Culture

Analysis

– A structured process of breaking a topic into smaller parts to gain a better understanding
Steps from Identification to Solution

1) Identify and define the problem.
2) Quarantine the problem and take immediate REMEDIAL actions.
3) Involve the appropriate, knowledgeable people.
4) Conduct RCA (Root Cause Analysis).
5) Identify root cause solutions, assess them and test preferred alternative.
6) Implement root cause solution(s).
7) Monitor and revise the solution(s) as indicated by performance data.
Your production board, daily rounding and tracking, value stream map, defect metrics, etc., will show you where to start.

This is knowing your business.

This can be MUCH harder than it sounds…
Step 2: Quarantine the problem and take immediate remedial actions

This allows the workers to stop the line, identify the issue and correct immediate defects.

A structured process solves the problem and changes the culture from creating a work around.
Step 3: Involve the appropriate, knowledgeable people

- Upstream
- Midstream
- Downstream
- Sidestream
- This list may expand and contract as you get to real root cause.
RCA is more than fixing the current problem, it’s about preventing it from occurring again

– 5 Whys
– Affinity Diagrams
– Fishbone Diagrams
Root Cause: Looking at Data 3 Ways

Defect by root cause (process accountable)

Defect by product grouping

Defect by risk to the patient (Red, Orange, Yellow)
Example of Fishbone for RCA

Management / Environment
- Procedure is more complex time consuming than expected (3)
- Schedule is double-booked.
- Patients check in at multiple locations (3)
- What is really the "start time"?
- Too much walking – admit to chairs, walk to stretcher, hook up patient (2)
- No ride home for the patient (3)
- Patients told to be here at 7:15 when RNs don't arrive until 7:30.
- Poor communication to floor RN's – prep not done, NPO not indicated, transport late
- Poorly informed patients lack of procedure preparation (4)
- Same day consults - paperwork does not travel to procedure side.

People / Manpower
- RN lunch - PM delays if lunch starts late.
- MD's late due to phone, meetings, paperwork, etc (3)
- MD late due to procedure running late
- Elderly patient needs full assist for procedure readiness incl. consent (2)
- MDs leave the procedural area
- Patient is not ambulatory (wheelchair)
- Not enough staff to admit all patients - 5 pts to admit at the start of the day, but not 5 admit staff (result - last one admitted 5 min prior to procedure.
- Staff sick calls.
- Lack of skill task alignment when roaming patients - RN do all set-up.
- Patient late, (traffic, parking, lost) (4)
- Interpreter not scheduled.

Method/Process
- Wrong check-in time told to patient (2)
- Room is not set up correctly (wrong scope)
- Medical issues not recognized (diabetes, anti-coag, AICD, pacemaker, etc) (3)
- Equipment is double-booked
- Equipment is not set-up: MD does not inform staff of what equipment is needed early on – lack of communication (i.e., Bear, Clair)
- Patient admitted in wrong order.
- Consent problems (dementia)

Machine / Equipment
- Added elements to case (gastric lab, etc.,)
- Combo procedure not scheduled - gastric lab, bravo, etc.
- Patient is over-sedated.
- Lack of "truth in scheduling": Wrong procedure time for complexity (4)

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You can only improve your business if you now take action.

VMPS as management methodology enables us to:

– Understand the current state-Standard Operations
– Solutions to test-Idea generation
– Improve-VMPS Methods
– Continual Improvement-Kaizen Action Plan (multiple roots?)
Step 6: Implement root cause solution

- Change Management
- Training
- Communication
Step 7: Monitor and revise the solution as indicated by performance data

- Production board tracking
- Assess if multiple roots exist for the same problem
- Kaizen action plan lets you have a structured plan for addressing ALL identified roots.
1. Visual Controls
Create linked visual systems that drive action

2. Daily Accountability Process
Establish rounding process at all levels

3. Leader Standard Work
Leaders routinely complete key activities necessary to run and improve their business

4. Root Cause Analysis
Asking “why” and using data and analysis to attack problems

5. Discipline
Leaders consistently verify the health of processes and systems
• The adherence to a defined process
• Lack of follow through/rigor (discipline) is the leading cause of ‘failure’ in a lean culture
• This is the at a minimum Genba walk in action

*How do you build accountability into your work?*

*What leader behaviors exhibit commitment, relationship, reliability and inspiration?*
## Discipline on the Genba

**Location:** Cardiology Clinic

<table>
<thead>
<tr>
<th>Leader:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td>Observe discharger station - instructions to patients, “did we meet all your needs today”, flow</td>
<td>Shadow Flow Manager(s) on rooming sequence, check medication history taking process (use of last compliance, does patient need refills, use</td>
<td>Recognize staff</td>
<td>Ask Flow Managers to demonstrate how they prepared for the day and when possible, observe MD/FM huddle</td>
<td>Observe the waiting room area - are patients being asked to ring the bell in CVL, are they waiting, what has been their experience</td>
</tr>
<tr>
<td><strong>Week 2</strong></td>
<td>Listen in on appointment phones and watch for how messages are taken (is template used, is subject line standard, is routing clear). Also, look</td>
<td>Check status of Problem List entry - review report and interview staff</td>
<td>Standard Work for Rounding - complete with 2 staff members (one either a MD or ARNP)</td>
<td>Observe on-call interventional clinic patients - are patients waiting or seen on time, is the FM on top of it, what contingency plans</td>
<td>Observe the process for new standard work developed this month</td>
</tr>
<tr>
<td><strong>Week 3</strong></td>
<td>Observe the check-in desk - what is working, what could be improved</td>
<td>Review staffing plan in the ECHO area - does volume support the staffing levels and if not, what staff plan is in place for today - how is it</td>
<td>Observe Flow Manager(s) what is in their inbox and the inbox of the MD they are responsible for</td>
<td>Ask Flow Managers at 10 a.m. and/or 2 p.m. what the last patient was that was roomed - how often does it happen and what counter actions are in</td>
<td>Review Standard Leader Boards and Vis Wall</td>
</tr>
<tr>
<td><strong>Week 4</strong></td>
<td>Standard Work for Rounding - complete with 3 staff members</td>
<td>Ask Flow Managers to demonstrate how they prepared for the day and when possible, observe MD/FM huddle</td>
<td>Shadow Flow Manager(s) on rooming sequence, check medication history taking process (use of last compliance, does patient need refills, use</td>
<td>Recognize staff - review patient comments from Press Ganey for CT Surgery &amp; Cardiology.</td>
<td>Spend time observing the triage RN - what is working, how are messages documented</td>
</tr>
</tbody>
</table>

This is a monthly calendar describing what specific observation will occur on each day. This provides a specific purpose to the rounding and allows the leader to touch the standard work of her area once per month.
Our team members tell us Daily Management...

- Enables quicker correction of problems
- Provides staff with regular, predictable communication channels
- Makes leaders & their work more visible to staff
- Builds trust & transparency
  - More constructive problem-solving, less blaming
- Boosts quantity/quality of ideas
- Gives leaders more predictability in their day
2013 ED Length of Stay, Census and Patient Satisfaction Score

QTR 1
QTR 2
QTR 3

ED ALOS mINUTES

- Census
- PG Patient Satisfaction Score

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ED Results

Voluntary Turnover %

VMPS Leaders

<table>
<thead>
<tr>
<th></th>
<th>Required</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACE</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>ED</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>
Members of my work group treat one another with dignity and respect.

<table>
<thead>
<tr>
<th>Phlebotomy &amp; Reception</th>
<th>N Size</th>
<th>%Strongly Agree</th>
<th>%Tend to Agree</th>
<th>%Tend to Disagree</th>
<th>%Strongly Disagree</th>
<th>2012 Mean Score</th>
<th>Internal Rank</th>
<th>2012 Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mix of skills/styles.</td>
<td>36</td>
<td>62.5%</td>
<td>27.8%</td>
<td>5.6%</td>
<td>4.2%</td>
<td>82.9</td>
<td>110</td>
<td>77.5</td>
</tr>
<tr>
<td>In dignity and respect.</td>
<td>36</td>
<td>63.9%</td>
<td>30.6%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>86.2</td>
<td>88</td>
<td>81.7</td>
</tr>
<tr>
<td>In dignity and respect.</td>
<td>36</td>
<td>61.1%</td>
<td>25.0%</td>
<td>8.3%</td>
<td>5.6%</td>
<td>89.3</td>
<td>116</td>
<td>73.3</td>
</tr>
</tbody>
</table>

2012: 77.5
2013: 82.9
The rituals are critical

Leader attitudes and approaches really matter

Boards are only a tool; they can’t be static

Expect it to take time & lots of experimentation

Focus on building trusting relationships that can weather change

Staff idea processes have to be hassle-free
“The intangible benefits of visual controls are remarkable. The development of teamwork by increasing the level of involvement of the operators in observing, analyzing, improving the process, and understanding the whole and not just their individual work.”

David Mann, Creating a Lean Culture
• What is your business?
• What are you producing?
• How are you running your business?
• How do you identify issues?
• How do you assess root cause?
• How are you improving your business?
Virginia Mason

Each Person.
Every Moment.
Better Never Stops.