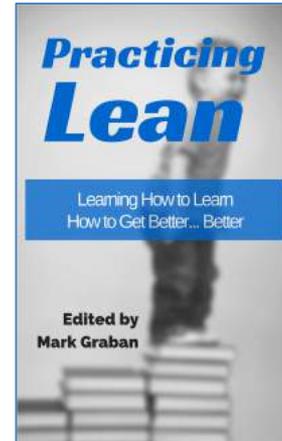
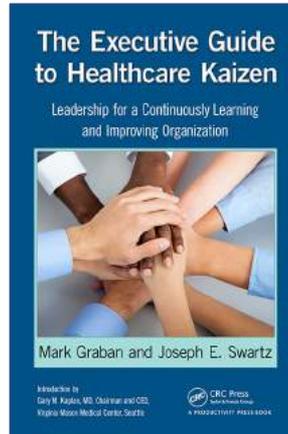
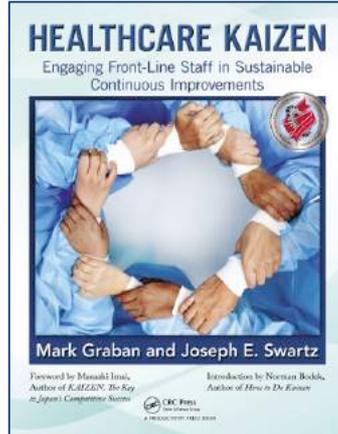
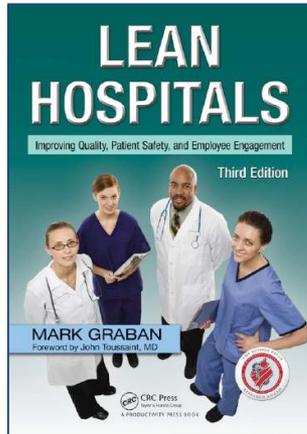


Standardize What Makes Sense... Then Engage Everybody in Improving What You Standardized

Slides & More: <http://www.markgraban.com/qualitycafe>

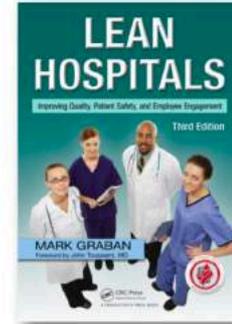


 **@MarkGraban**
Mark@MarkGraban.com

Free Chapter Download

- **Chapter 5:**
Standardized Work as
a Foundation of Lean

<http://www.markgraban.com/qualitycafe>



Chapter 5: Standardized Work as a Foundation of Lean

From the book
*Lean Hospitals: Improving Quality, Patient Safety, and Employee
Engagement, 3rd edition*

By: [Mark Graban](#)

1st Edition Published by Productivity Press, July 2009
2009 Recipient of the Professional Publication and Research Award from the Shingo Institute

For more information:

<http://www.leanhospitalsbook.com>

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3rd REVISED EDITION RELEASED JUNE 2016

The Webinar's Key Points

- Neither of these are meant to be forced on people:
 - Standardized Work
 - Kaizen (Continuous Improvement)
- It's up to leaders to engage & involve people



Key Questions

- What to standardize?
- For what purpose?
- To what degree?
- With what flexibility?
- By whom?

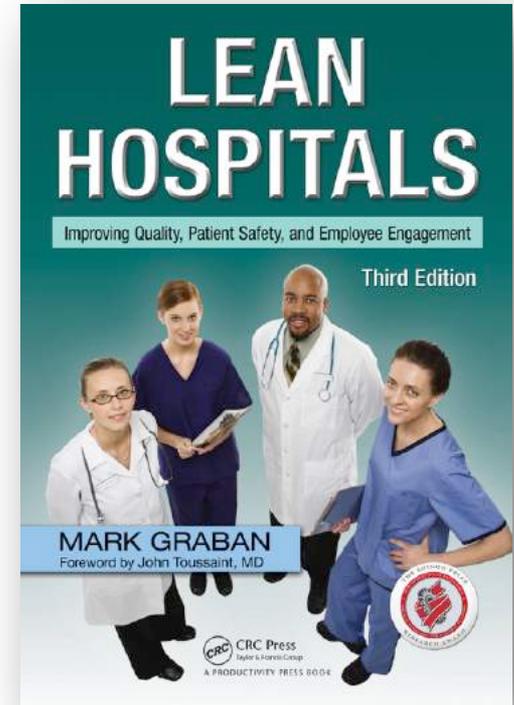


Lean



Beneficial Standardization

- University of Kansas hospital learned they had 171 different registration forms related to ambulatory care
- Standardized on **SIX** forms



People Ask, "Should We..."

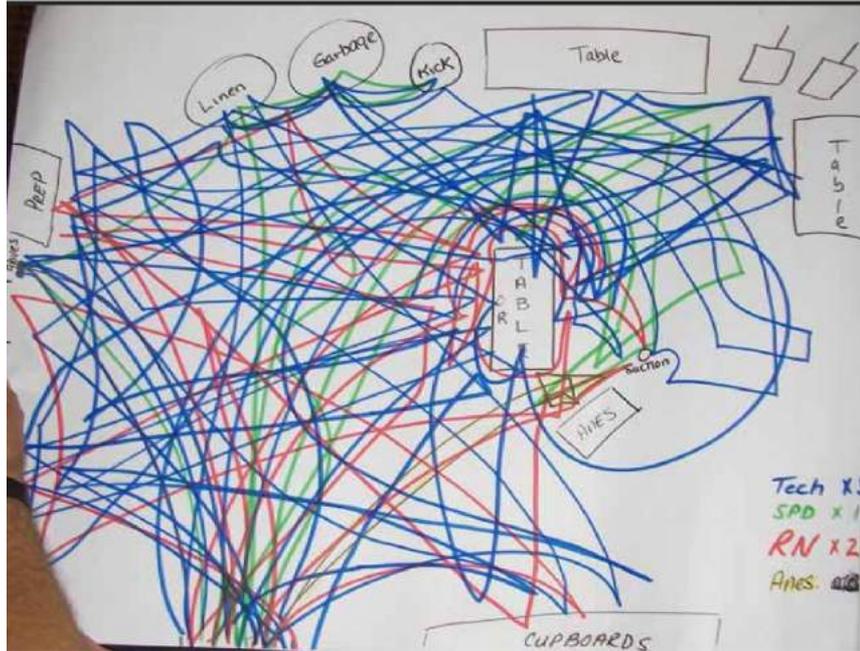
- Standardize the A3 form that is used?
- Standardize the huddle boards?
- Standardize our crash carts?
- Standardize the treatment received by a patient who presents with chest pain?
- Standardize the length of patient appointments?

— \ _ (ツ) / —

**"But Lean says
we should
standardize..."**

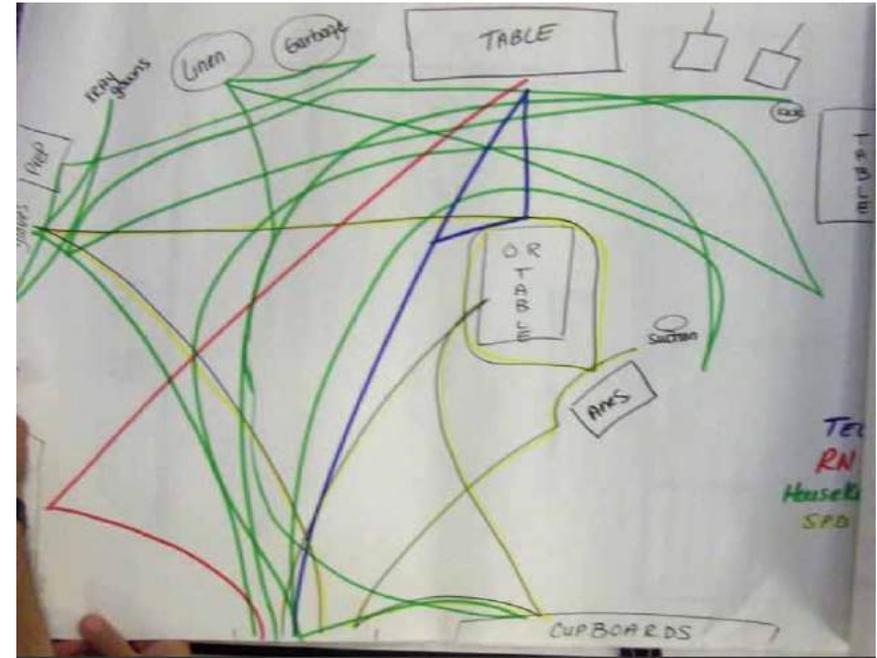
**Lean does not
replace thinking
and judgment**

Beneficial Standardized Work ThedaCare OR Turnover



Before

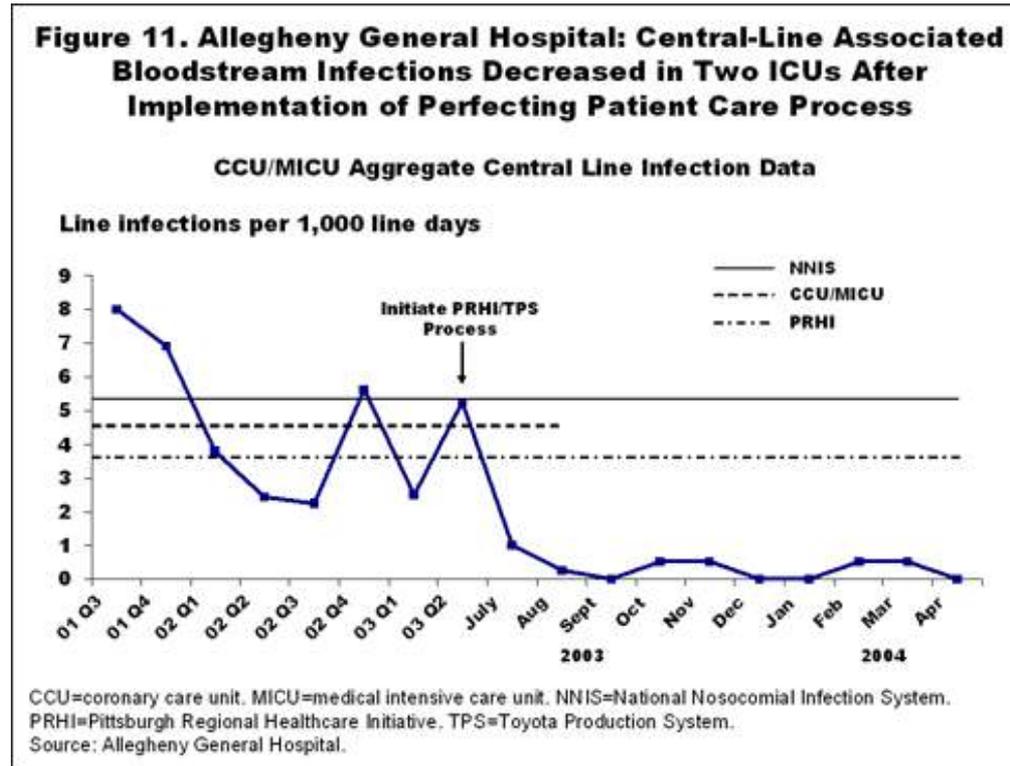
After



ThedaCare “Door to Balloon” Time



Even More Beneficial



One Definition of Standardized Work

“The current one best way to safely complete an activity with the proper outcome and the highest quality... written by the people who do the work.”

Taiichi Ohno



"When creating Standard Work, it will be difficult to establish a standard if you are trying to achieve "the best way." This is a big mistake. Document exactly what you are doing now. If you make it better than now, it is kaizen. If not, and you establish the best possible way, the motivation for kaizen will be gone.

Types of Standardized Work

- Who does what?
 - Are all 6 clinic nurses responsible for "everything?"
- When do you do it?
 - When does a unit send specimens to the lab?
- How do you do it?
 - How do we greet and register a patient?

Primary Care Form

 **GroupHealth.**

MyGroupHealth - Active / Inactive / Declined

Visit Label

Name: _____	Exam Room: _____
Visit Dt/Tm: _____	Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No

Chief Complaint: _____

_____ New Pt?

MED ALERT (Provider action required)

Vital Signs

BP: _____	Temp: _____	Audio	L	R
Pulse: _____	O2%: _____			4000
Resp: _____	Weight: _____			2000
	Height: _____			1000
				500
Peak Flow: _____	HC: _____			

_____	Visual Acuity:			
	L:			R:

Preventive

<u>Date Last Done</u>	<u>Check if Due NOW</u>
Td/Tdap: _____	<input type="checkbox"/> Td/Tdap
Flu: _____	<input type="checkbox"/> Flu
PPV: _____	<input type="checkbox"/> PPV
Pap: _____	<input type="checkbox"/> Pap
Mammo : _____	<input type="checkbox"/> Mammo
FOBT: _____	
Flex Sig: _____	<input type="checkbox"/> Colon Screen
Colonoscopy: _____	
Other: _____	

Chronic Disease

Check box if on Problem List. Review PCER/IHM and identify specific need.

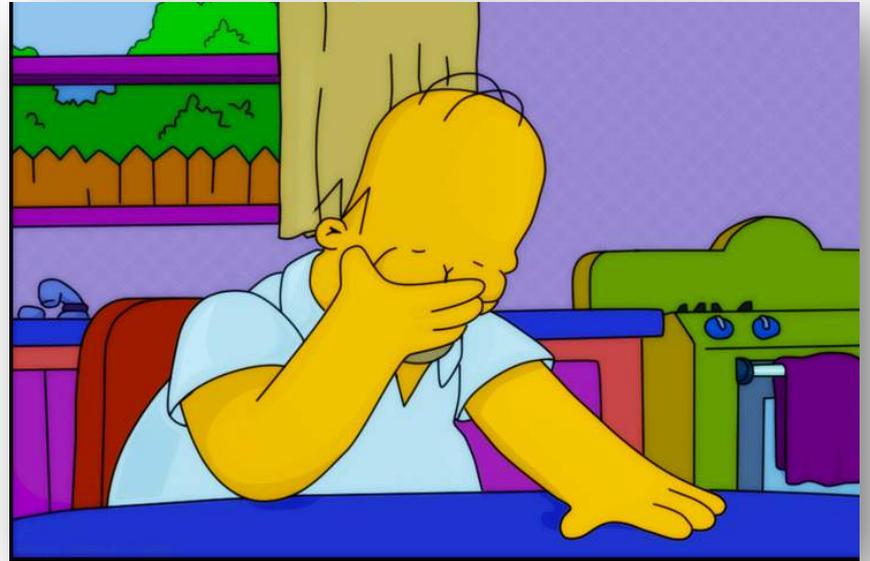
<input type="checkbox"/> DM: _____	Foot Exam _____
<input type="checkbox"/> CAD: _____	
<input type="checkbox"/> HTN: _____	
<input type="checkbox"/> CHF: _____	
<input type="checkbox"/> Asthma/COPD: _____	
<input type="checkbox"/> Depression: _____	PHQ9 _____
<input type="checkbox"/> Other: _____	

DA-3319 Rev. Date 2009168

Source: Group Health Cooperative

Warning: This is Myth...

Standardized work
“should allow virtually
anyone to perform
the work without any
variance in the
desired output.”



Lean?





The NEW ENGLAND JOURNAL of MEDICINE



Perspective

Medical Taylorism

Pamela Hartzband, M.D., and Jerome Groopman, M.D.

N Engl J Med 2016; 374:106-108 | [January 14, 2016](#) | DOI: 10.1056/NEJMp1512402

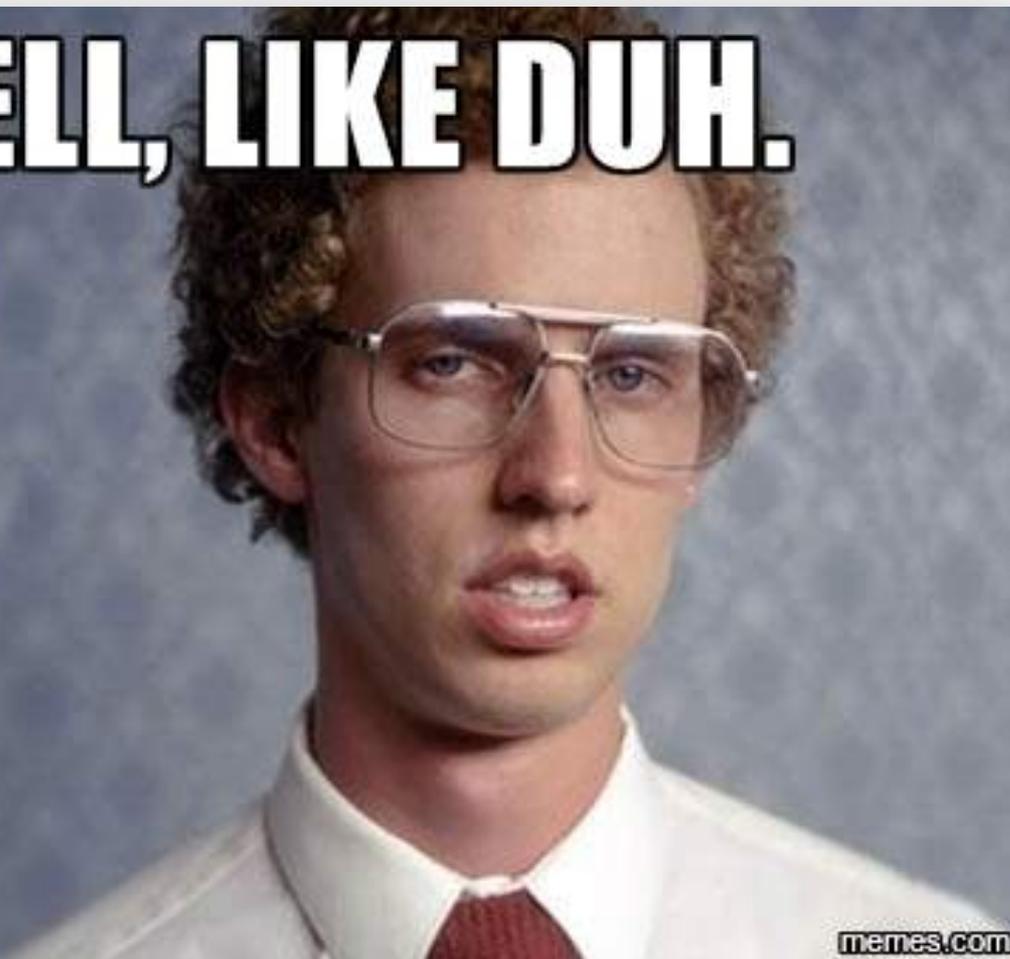
 [Comments](#) open through January 20, 2016

They're Upset...

"Advocates lecture clinicians about Toyota's "Lean" practices, arguing that patient care should follow **standardized systems** like those deployed in manufacturing automobiles."

**"Patients are
not cars"**

WELL, LIKE DUH.



**"They're
being resistant
to Lean?"**

I Would Be Too...

"Colleagues have told us, for example, that **managers with stopwatches** have been placed in their clinics and emergency departments to measure the duration of patient visits.

Their aim is to determine the optimal time for patient–doctor interactions so that they can be standardized."

**They're
being resistant
to something.**

Is This Really Lean?

"One of our patients recently told us that when she came in for a yearly "wellness visit," she had jotted down a few questions so she wouldn't forget to ask them.

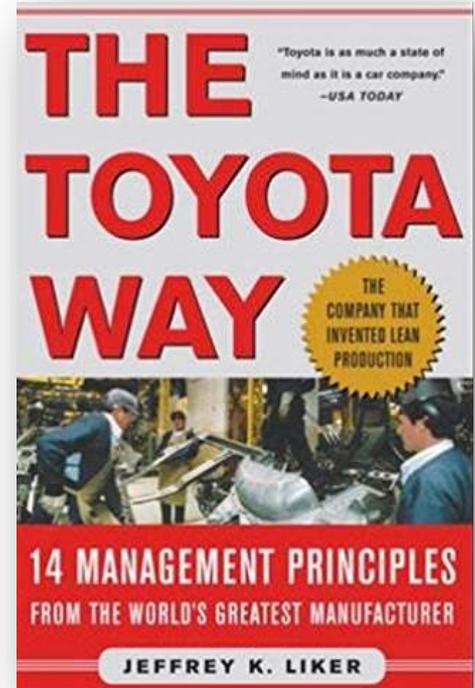
She was **upset and frustrated** when she didn't get the chance: her physician told her

- there was **no time** for her questions because a **standardized list** had to be addressed —
- she'd need to schedule a separate visit to discuss her concerns."

**Was this forced
on the doctors?**

But, Toyota Would Say...

- "...standardized work was **never intended** by Toyota to be a management tool to be **imposed coercively** on the work force.
- ...standardized work is the basis for **empowering workers and innovation** in the work place."

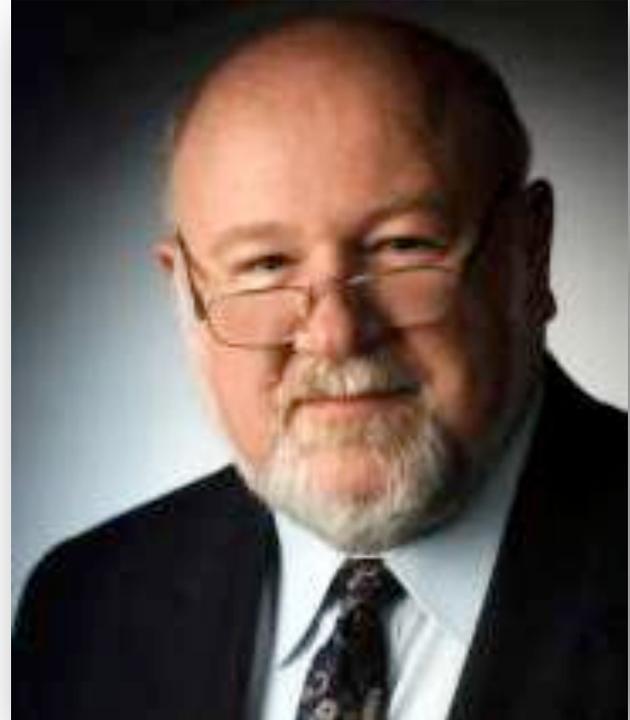


**Are people
"resistant to
change?"**

Resistance to _____?

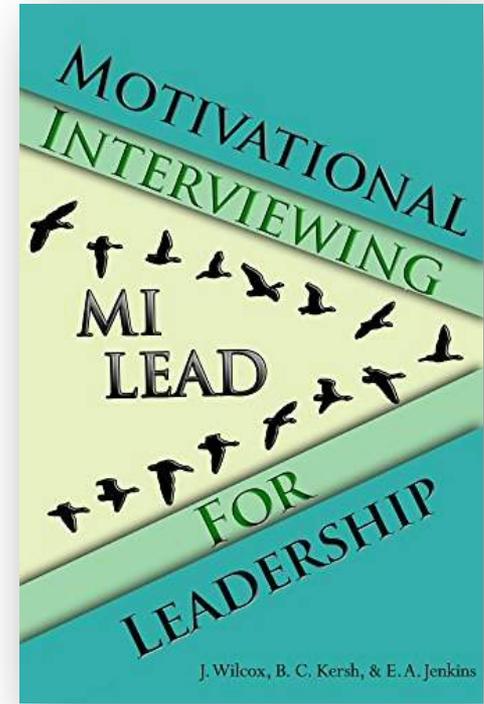
"People don't resist change, they resist being changed."

– Peter Scholtes (1938-2009)



"Resistance" is a Normal Step

"... a term that seems to treat a normal part of the change process as abnormal or pathological... without recognizing how we, as leaders, maybe contributing to the issue."



“Equally Important Pillars”



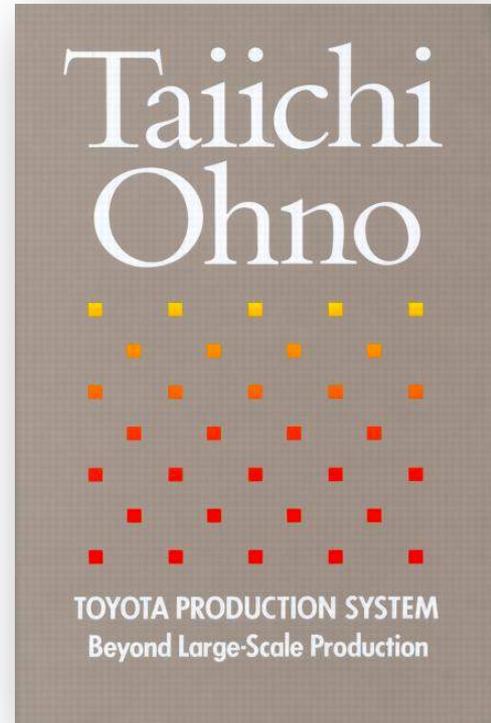
THE TOYOTA WAY

**CONTINUOUS
IMPROVEMENT**

**RESPECT
FOR PEOPLE**

Direct from Taiichi Ohno

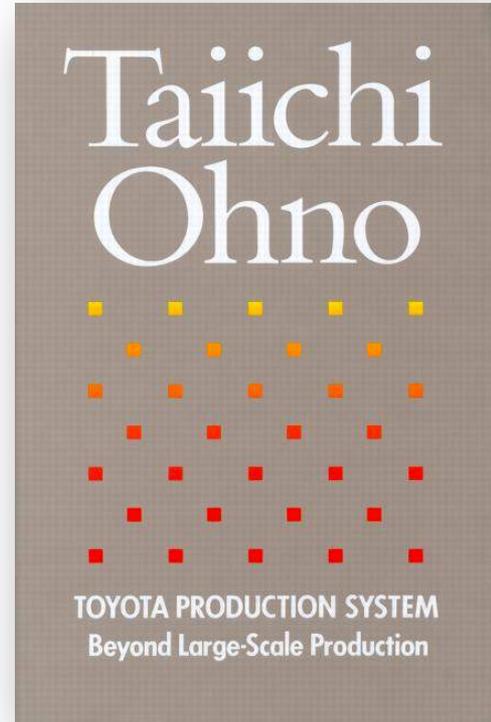
" Standards should not be forced down from above but rather set by production workers themselves."



Start With Why

Direct from Taiichi Ohno

"For a production person to be able to write a standard work sheet that other workers can understand, he or she must be convinced of its importance."



Standard, not Robotic

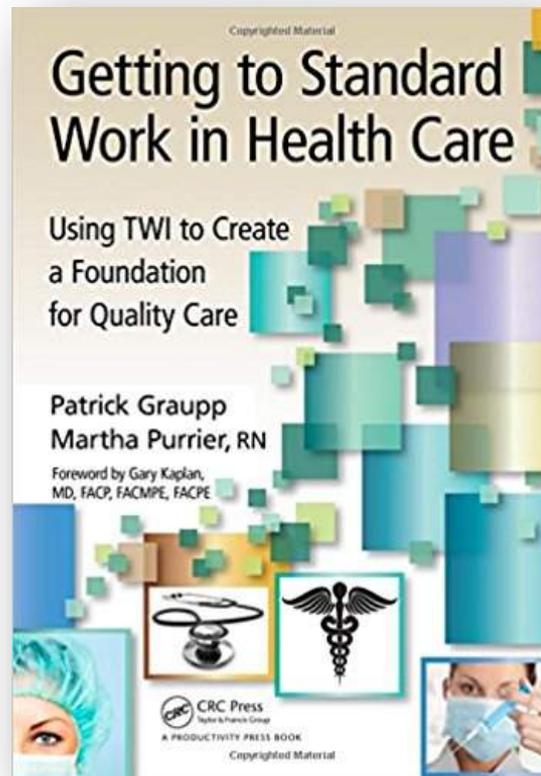
- “**Mindless conformity** and the thoughtful setting of standards should never be confused.”
- “What solid SOP’s do is nip common problems in the bud so that staff can focus instead on **solving un-common problems...**”

– Bill Marriott, *The Spirit to Serve Marriott’s Way*

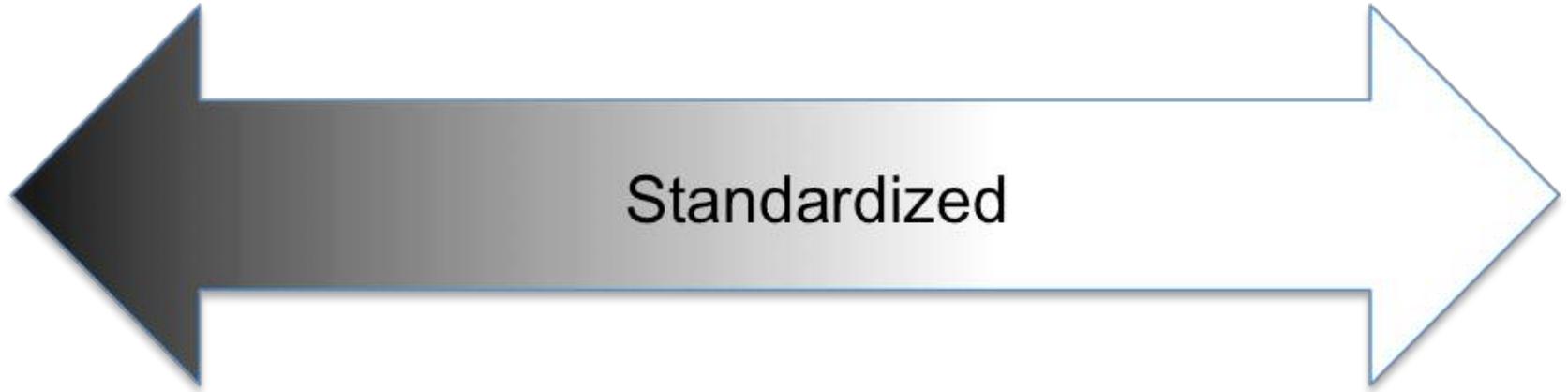


And in Healthcare

- "Standard Work is about creating reliability in the process and stability in the overall delivery of care.
- It is about making routine the elements of care that we know to be beneficial so that we can create **capacity for critical thinking and deduction where it is most needed.**"



A Spectrum of Standardization



No Standards
Always Different

Completely
Identical

Lack of Standardized Work Hurts

The Detroit News

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Reports, emails show years-long problem putting patients at risk



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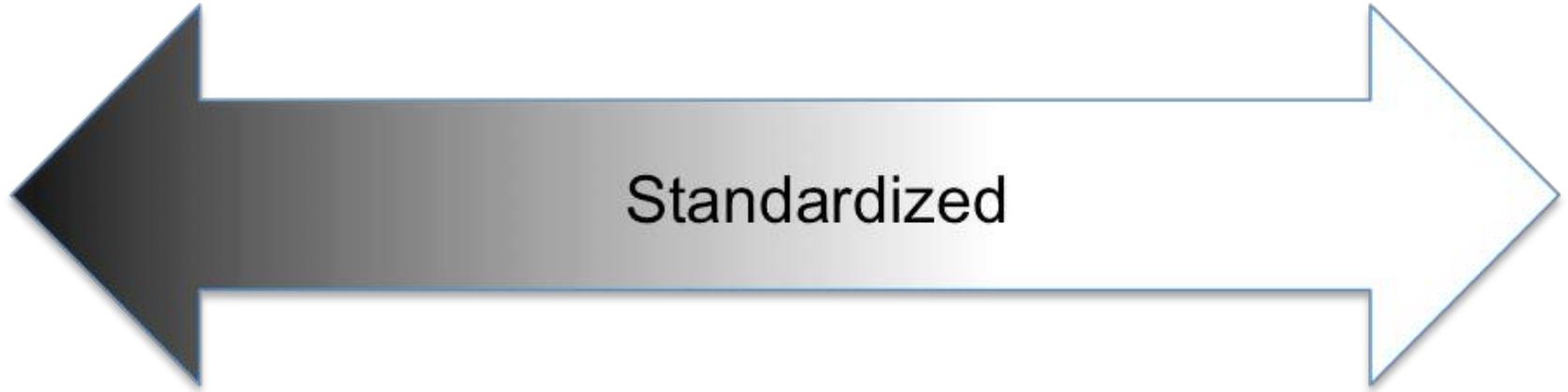
E
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M
MORE

Detroit — The Midtown hospitals of the Detroit Medical Center have struggled for years to properly clean surgical instruments, stoking doctors' fears about patient safety, a Detroit News investigation has found.

The News has obtained [more than 200 pages of internal emails and reports](#) indicating that surgeons

A Spectrum of Standardization



No Standards
Always Different

Completely
Identical

**Cookbook
Medicine?**





**"Cooking without
tasting would be like
painting a picture
without looking at it."**

Culinary Tip Of The Day: Taste Your Food!

Next to actually cooking the food you serve from your food truck, to taste your food as you cook is arguably the most important part of cooking.

<https://mobile-cuisine.com/culinary-lessons/taste-your-food/>



Recipe: Neapolitan Pizza Dough

Written By Peter Reinhart

Saturday, 02 April 2016

[Recipes](#) | [Written Recipes](#)

5 cups unbleached all purpose or -00- flour (22.5 oz / 638 g)

1 3/4 teaspoons table salt (0.43 oz / 12.5 g) (if using coarse kosher salt it will be closer to 2 teaspoons)

1 teaspoon instant yeast (0.11 oz / 3 g)

1 3/4 cups plus 2 tablespoons cool water, 65° F (15 oz / 425 g)

- 1.** Mix all the ingredients together in a large bowl or an electric mixer on slow speed (use the paddle attachment) for about 1 minute. Let the dough rest for 5 minutes. If using a mixer, switch to the dough hook, then continue mixing on second speed for about 2 to 4 minutes, or until the dough is smooth and supple. Add flour or water if needed.
- 2.** Transfer the dough to a slightly oiled work surface and hand knead for an additional minute, making any final adjustments. The dough should be tacky but not sticky and feel very supple, not stiff. Cover the dough with a bowl and let it rest for 30 minutes.
- 3.** Divide the dough into desired size pieces and form each piece into a ball. Place the dough balls onto a lightly oiled pan or into a dough box. Mist with pan spray and cover with plastic wrap, a large plastic bag or trash can liner, or a lid. Place the pan into a refrigerator to slowly ferment overnight. (Note: if making pizza on the same day, allow at least 6 to 8 hours in the fridge). They will keep in the refrigerator for up to three days. (You can also refrigerate the whole dough, in a covered bowl or container, and divide and ball it the next day, two hours before you plan to make the pizzas).
- 4.** Remove the dough balls from the refrigerator 2 hours before you plan to bake the pizza to take off the chill and make them easier to stretch. (Note: You can also freeze the dough balls by placing them each in their own freezer zip bag that has been misted with spray oil. They will keep for up to three months. Move them to the refrigerator the day before you plan to make the pizzas to slowly thaw, then treat them as refrigerated dough the next day).

Standardization in Surgery

HOME SEARCH

The New York Times

In Bid for Better Care, Surgery With a Warranty

By REED ABELSON MAY 17, 2007



A nurse at Geisinger Wyoming Valley Medical Center in Wilkes-Barre, Pa., counted sponges after surgery to ensure none were left in the patient. Kalim A. Bhatti for The New York Times

<http://www.nytimes.com/2007/05/17/business/17quality.html>

The "Before" Condition

- 7 different surgeons, 7 different ways
 - “We realized there were seven ways to do something,”
 - Dr. Alfred Casale, Director of Cardiothoracic Surgery

Standardization Approach

- **Surgeon-driven effort**
- Identified 40 key steps that should ALWAYS happen, including:
 - Screen for risk of stroke
 - Antibiotics at proper time before surgery
 - Giving beta blockers after surgery
 - Starting patient on daily aspirin regimen on discharge

It's About Better Results

- Fears of “inferior, cookbook medicine”
 - “It’s not that we were a uniquely compliant group of personalities,” said Dr. Charles H. Benoit, a cardiac surgeon.
- Standard was initially followed 59%
 - Started canceling procedures if a single pre-op step was missed
 - Perfect record for next seven months

Flexibility and Kaizen

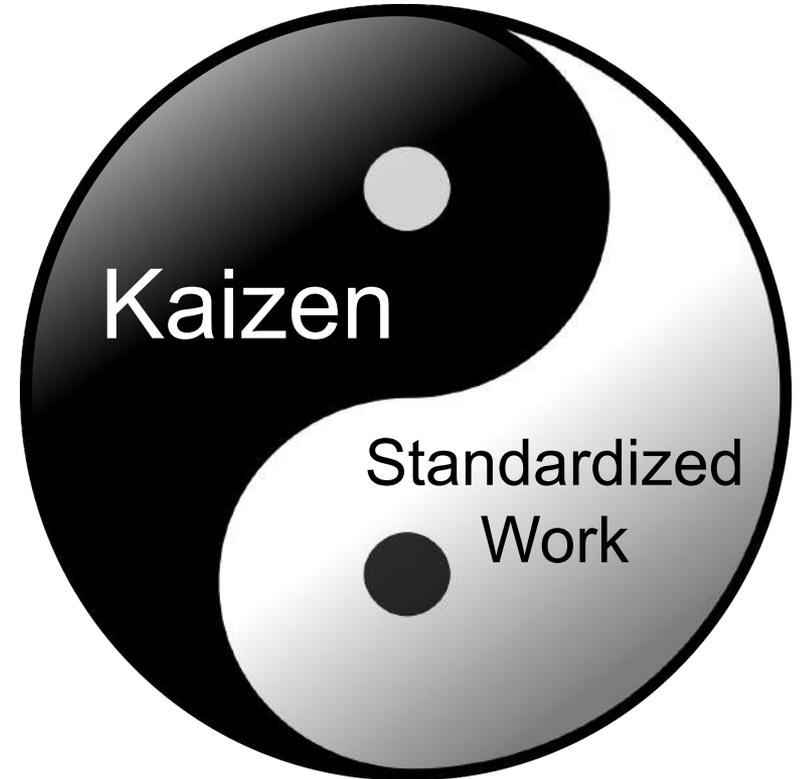
- MD's can choose to not follow standard if necessary for a particular patient
- Steps can be changed (kaizen) with medical evidence

The Results

- Better outcomes
 - 67% reduction in inpatient mortality
 - 76% reduction in deep sternal wound infections
- Shorter Length of Stay
 - Less likely to return to intensive care
 - More likely to return to own homes
- Expansion of "ProvenCare" approach

A Toyota Guidebook Says...

- “Kaizen is the Lifeblood of Standard Work”
- “Standard Work is the Basis for Kaizen”



Adapted from Toyota

Taiichi Ohno



"There is something called 'Standard Work,' but standards should be changing constantly. If you think of the standard as the best you can do, it's all over. The standard is only a baseline for doing further kaizen."

Toyota Learned from Henry Ford

- "Today's standardization ... is the necessary foundation on which tomorrow's improvement will be based.
- If you think of "standardization" as the best you know today, but which is to be improved tomorrow—you get somewhere.
- But if you think of standards as confining, then progress stops"



Kaizen:

改

善

**“everybody
improving,
everywhere, and
every day”**

Masaaki Imai - Founder KAIZEN Institute



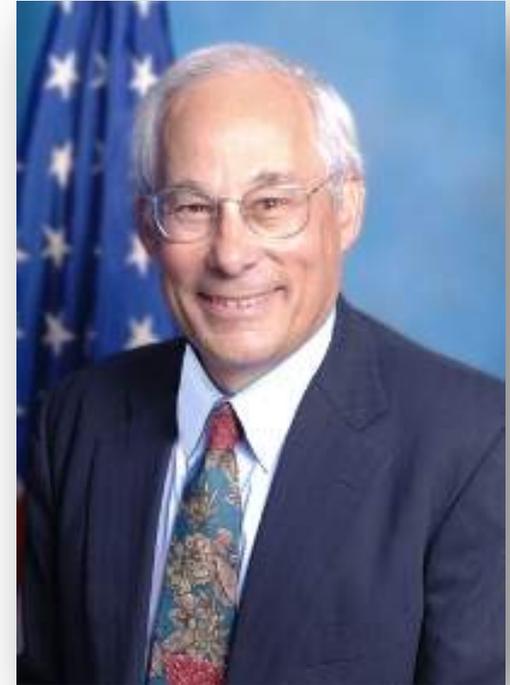
The NEW ENGLAND
JOURNAL of MEDICINE

SOUNDING BOARD

CONTINUOUS IMPROVEMENT AS AN IDEAL IN HEALTH CARE

"The Japanese call it *kaizen* – the continuous search for opportunities for all processes to get better.¹¹

An epigram captures this spirit:
'Every defect is a treasure.'"



Franciscan St. Francis Health

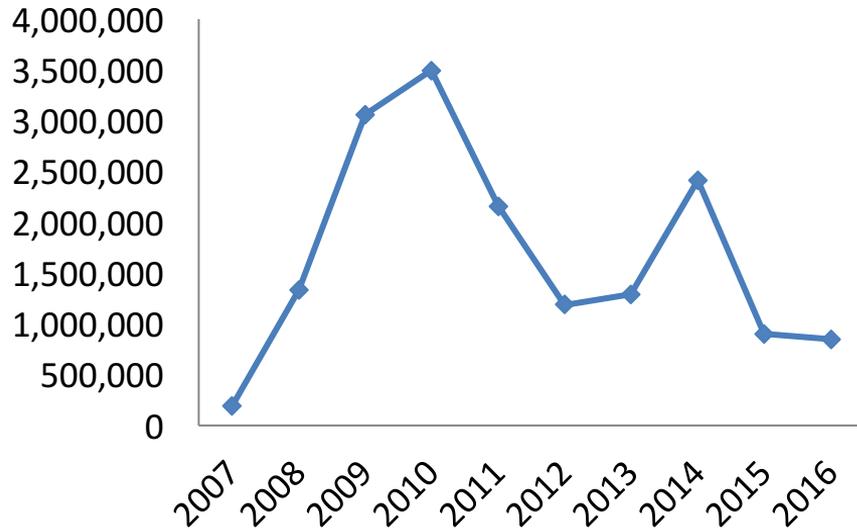
A large, modern hospital building with a glass facade and a heart-shaped logo on the left side. The building is multi-storied with a mix of glass and light-colored panels. The sky is clear and blue.

30,000

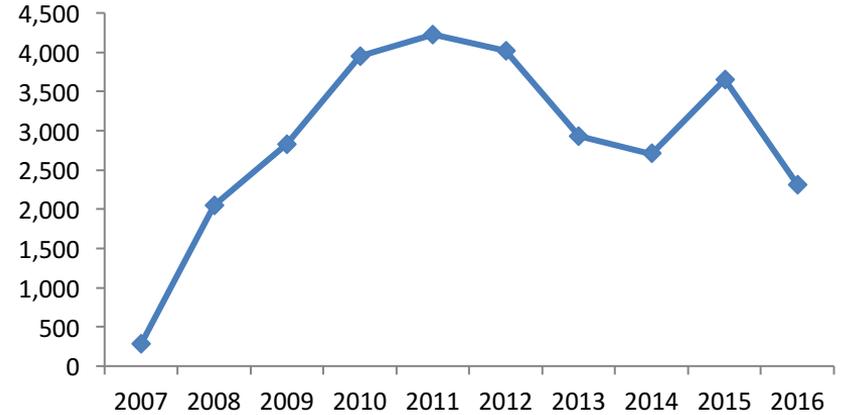
Kaizen – Central Indiana



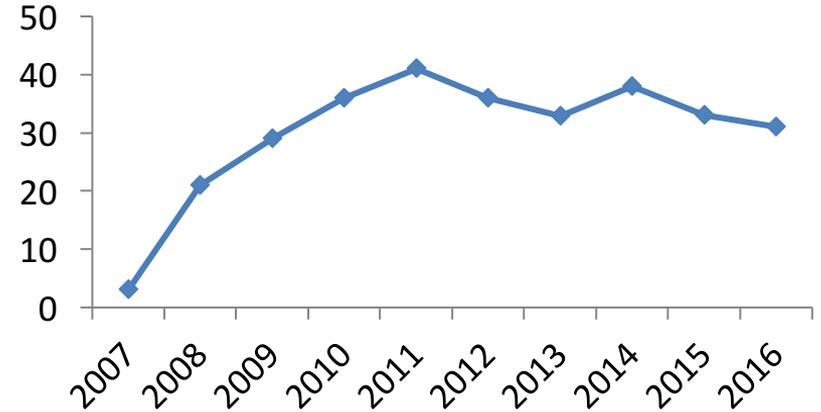
Total Estimated Dollar Savings



Kaizens



% of Employees Participating





“The culture here is staff input into everything. They want staff figuring out how to fix things. What can we do to make our job easier? They allow us to implement things to see if it will work.”

The Webinar's Key Points

- Neither of these are meant to be forced on people:
 - Standardized Work
 - Kaizen (Continuous Improvement)
- It's up to leaders to engage & involve people

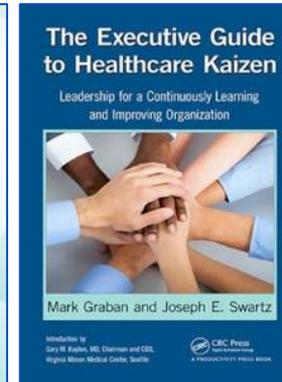
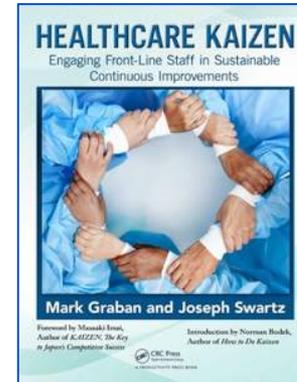
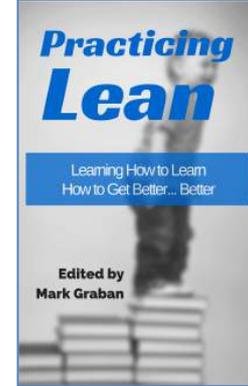
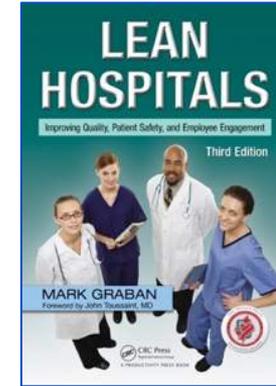




Q&A / Contact Info

- **Slides, Free Book Chapter & More:**
<http://www.markgraban.com/qualitycafe>

- **Email:** Mark@MarkGraban.com
- **Website:** www.MarkGraban.com
- **Blog:** www.LeanBlog.org
- **Twitter:** www.twitter.com/MarkGraban



Bonus Slides

A Professor Said...

“If you schedule 20-minute appointments, Toyota would tell you to kick the patient out of the room at 19:59 because you have to keep on takt time.”



What is TPS?



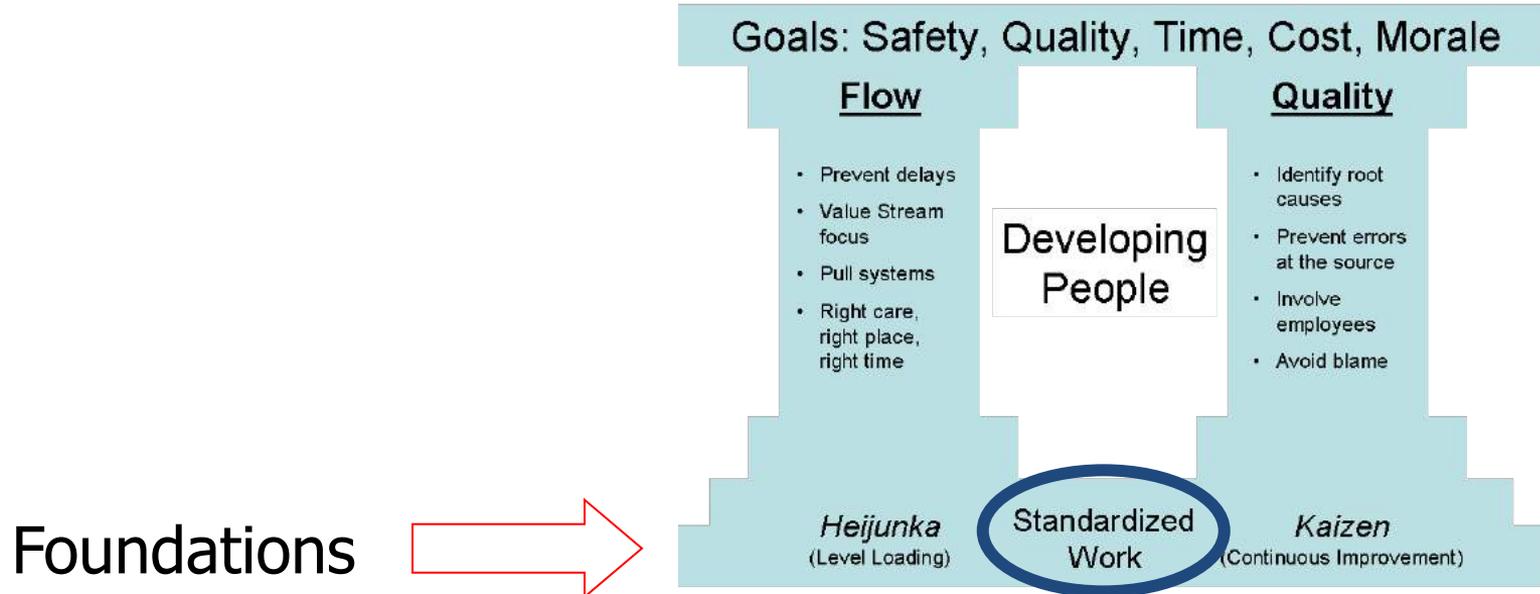
Jamie Bonini
Toyota

TPS Philosophy

- **Customer first**
 - Provide customers with what they want, when they want it, and in the amount they want it
- **People are the most valuable resource**
 - Deeply respect, engage, and develop people
- **Continuous improvement (*kaizen*)**
 - Engage everyone each and every day
- **Shop floor (*gemba*) focus**
 - Go to where the work is done to find & solve problems

Origins of Standardized Work

- Toyota learned Standardized Work after WWII from an American war program called “Training Within Industry”



Description of the task:	Loading RXL Specimens to Verification of Results		<u>List Common Key Points:</u>	
Parts (UPN, describe the parts)	Patient Specimens		The operator must be properly trained on the RXL to safely run this standard of work.	
Tools & supplies required:	RXL, RXL segments, computer			
Safety equipment required:	Lab Coats, Gloves			
Important Steps		Key Points		Reasons
WHAT?	A logical segment of the operation that advances the work.	HOW?	Things in important steps that will: 1. make or break the job 2. injure the worker 3. make the work easier	WHY? <small>List the reasons for the key points</small>
1	Load patient specimens on RXL	1) Verify all specimens are labeled correctly- barcodes facing outward and on the bottom half of tube	<input type="checkbox"/>	1) If specimens aren't labeled correctly, the analyzer will not run the specimen delaying the resulting of the specimen.
		2) Place segment on RXL (Make sure the segment is seated properly), Press Run	<input type="checkbox"/>	2) If the segment is not seated properly, the carousel will be jammed
		3) Make sure all barcodes are read by analyzer by viewing "segment status" to see if all barcodes were read.	<input type="checkbox"/>	3) This is crucial because if it does not read the barcode, the analyzer does not notify you and the specimen will not be processed
2	Verify Results	1) Tear Printout Result off	△	1) The printout will show any errors or processing problems
		2) Pull corresponding tube from segment	△	2) It allows the operator to observe any hemolysis or any specimen problems; Once a segment is done processing, any leftover tubes were not analyzed
		3) Do not take tubes from segments while the carousel is moving.	+	3) There is a possibility of the tube breaking and causing injury. Also, it may disrupt the other specimens' processing.
		4) Result Specimen (Note hemolysis, lipemic, etc.)		
Key Point reminders:				Owner of this document: Atef Yousef
<input type="checkbox"/>	△	+	✓	Revision Date: 6/19/07
Critical check or inspection	Quantity Check	Could injure the person	Makes the job easier	

We have to be careful...

"We learned some people had interpreted that Lean was all about Standard Work. There became a point when people stopped thinking. In reality, we pay people to think and learn. We had gotten away from that."

- Dean Gruner, MD
Former CEO of ThedaCare

