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JOHNS HOPKINS
MEDICINE

Lean Daily Management – Huddles Overview

A focused approach to improve workflow & performance

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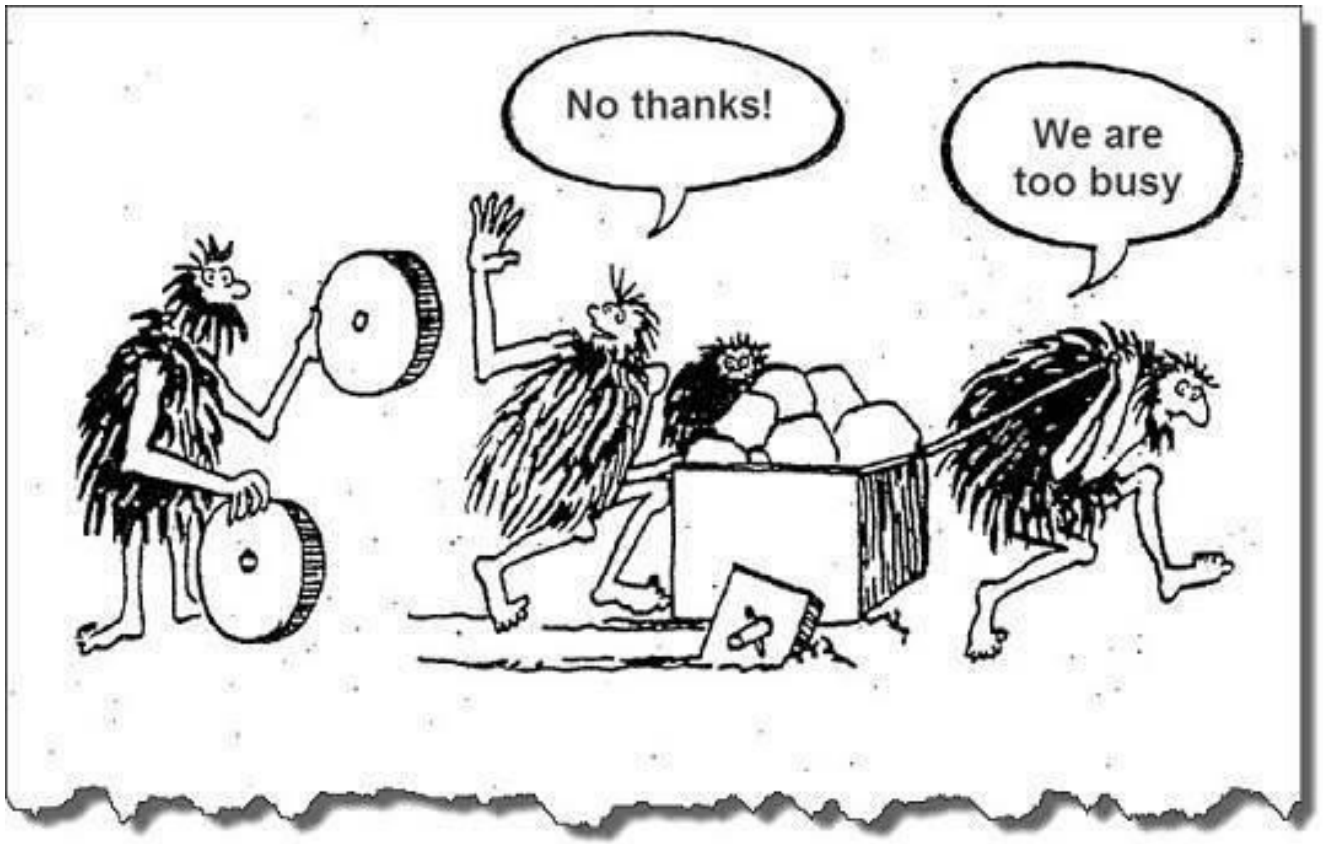
The Definition of Insanity



What is a Lean?

A philosophy, tools, and a culture to maximize value to our customers

- Safety, Quality, Experience, Efficiency
- *… the relentless effort of eliminating waste (non-value activities) in pursuit of the perfect process*

What do we mean by relentless?
…Continuous improvement!

Where are its origins?
…Automotive Manufacturing

We can apply Lean tools and principles to any process

Where else is it used?
…Service Industries, Government, Healthcare

What is a Lean Management System?

A formal system of accountability whereby both leadership and the front line are connected using visual management tools to remove barriers and solve problems impacting patients at the point of care

Key Components

1. Huddles – Staff 2-way communication
2. Huddle boards – Tool to facilitate the huddle
3. Standard work – Uniformity of the huddle process

What is a Huddle?

Team discussion in the gemba (where the work is done)

- Brief,
- Facilitator led – standardized process
- Communicate the previous and current shift issues
- Mitigate the issues if possible
- Determine the next steps and maintain communication

Huddle Board – Visual Management

A **tool** to guide the huddle & reduce variation

Purpose:

- Make alignment visible
- Make performance visible
- Make defects visible
- Make problem solving visible

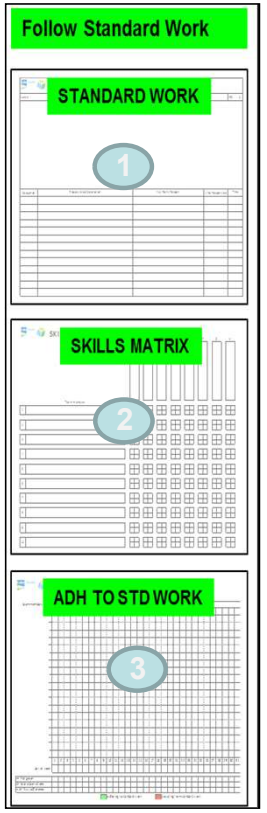
Promotes standard work

(The best known way of doing something)

Standard Work System

Documented SW + Training + Process Audits

- **Document the Process**
- **Implement the Standard**
  - Train the people doing the process on the standard
  - Observe the people doing the standard
  - Ensure the performance of the process
- **Monitor the Standard**
  - Regularly observe the process
  - Is the standard being followed? If not, understand why.
  - Improve the Standard



What is Standard Work?

Standard work is critical to Lean Daily Management (LDM)

- Leader standard work
  - Facilitating the huddles
  - Leadership oversight
- Huddle & board layout

All of this helps change behavior

- Behavior shapes culture

Standard Work for Leading Huddles

- The outgoing Charge Nurse facilitates each huddle, the on-coming charge should attend
- Pre-populate the board prior to huddle (~ 2 min.)
- Enforce all should attend
- Review each SMESS category, pause and prompt for input – update board real time
- Ask questions, encourage participation

2x per shift/7days per week

Your team will get out of it, what you put into it!

Readiness Huddle for High Reliability

Two-way comm. to surface & remediate anticipated issues

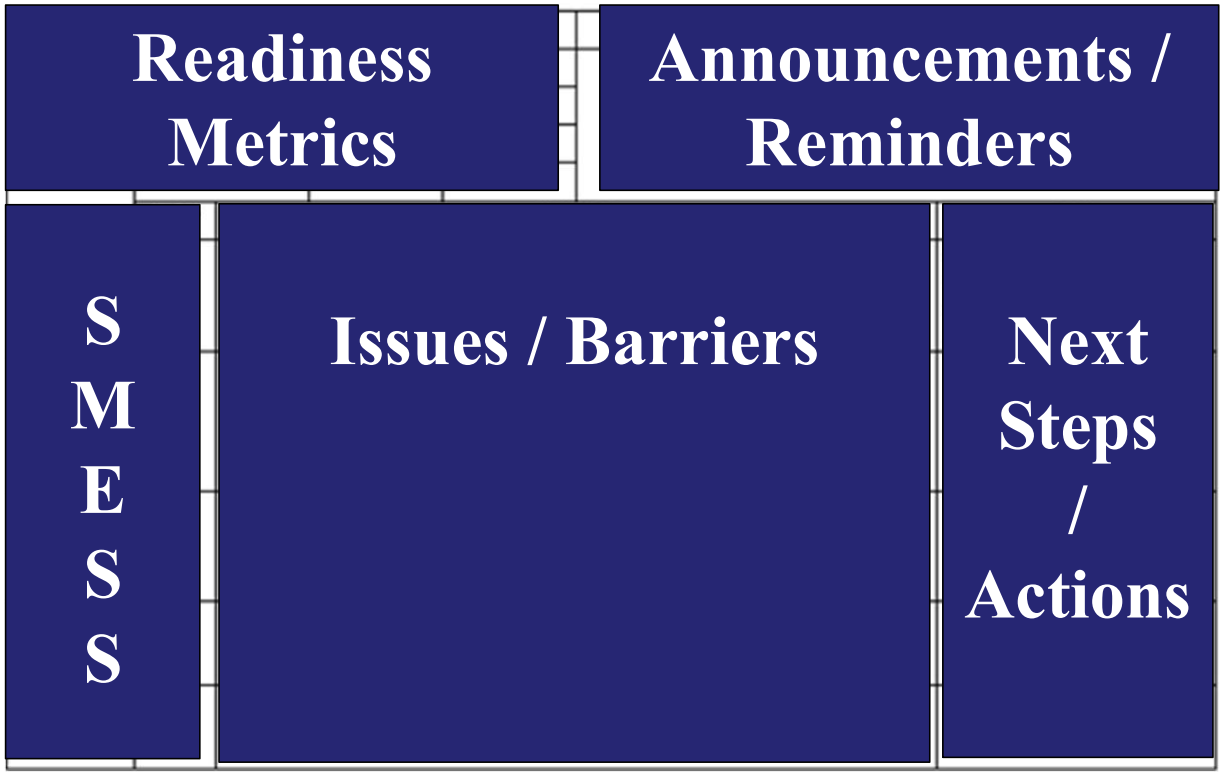
SMESS Format

- **S**afety – Events, near misses, patients to watch, concerns for pts./staff
- **M**ethods/Practice Issues – Issues involving the workflow – defects, variation in practice, training needs
- **E**quipment – missing, not working or malfunctioning
- **S**upplies – right quantity, right location, shortages
- **S**taff – Callouts, reassignments, sitters, agency, OT

Phase 1 - Readiness & Mid-shift (SMESS)

Readiness

- Start of Shift
- 2 –way comm.



Mid Shift

- Update changes/actions completed or in process since shift readiness huddle
- Discuss any unanticipated “surprises” or events

Phase 1 - Readiness & Mid-shift (SMESS)
Phase 2 – Performance Improvement

Phase 1

SHIFT READINESS METRICS DATE SHIFT		AM	PM	Announcements/Reminders
	CENSUS			
	ADMITS			
	D/CS			
	Other categories...			

	STATUS	COMMENTS	ACTION
SAFETY		Falls, HEROS, Have there been any near misses? Any concerns? Patients to watch? Name alerts	Origin date & actions to correct. If complete, note and maintain for next shift report
M METHODS		Are our current processes effective? Any non-value added activities (waste)? What processes need to be re-evaluated? Workarounds occurring?	
E EQUIPMENT		Do we have what we need? What isn't working? Computer issues?	
S SUPPLIES		Do we have what we need? Shortages? Substitutions we need to use.	
S STAFF		Callouts, Resource RN? New staff members?	

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Phase 2

Metric #1	Metric #2	Metric #3	Wacth Metrics
Outcome	Outcome	Outcome	
Process	Process	Process	
Why	Why	Why	
Try	Try	Try	
Reflect	Reflect	Reflect	

Phase 2- Mid-Shift Metric Improvement

Purpose – To improve performance of metrics (3 maximum). Identify root causes and solutions. Pilot solutions and reflect on their impact

Idea cards, list all interventions in process

Notes as to what was learned

Gap — How much do we need to improve?

Why? — What is causing the gap? (barriers/defects)

Try — What interventions should we try/adjust?

Reflect — Are the interventions working?

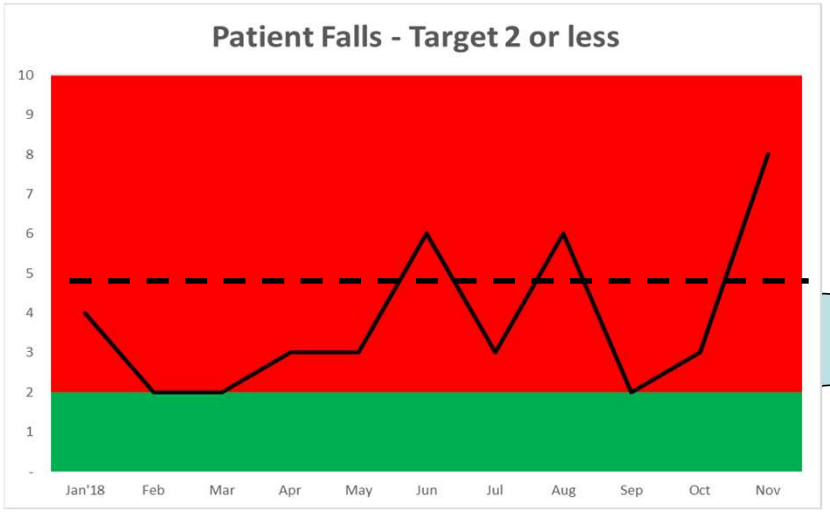
Implemented later!

Consists of a lagging metric (KPI) and a process/driver (leading) metric

Example: KPI - Outcome (lagging) Metric

Gap

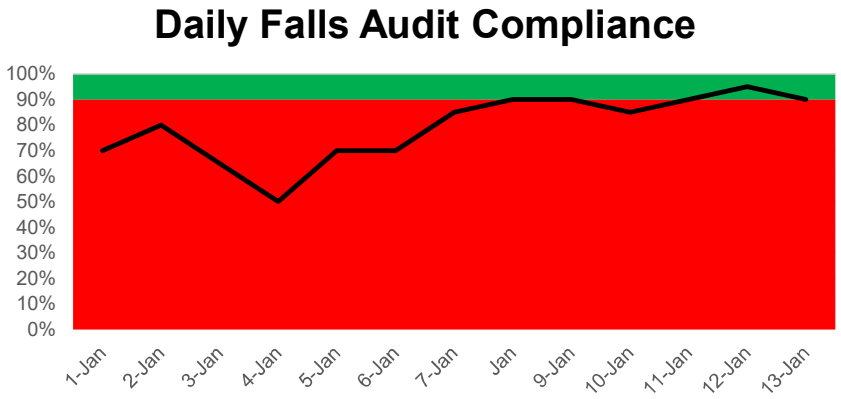
Top level



Typically Measured Monthly

Example: Process (Driver) Metric

2nd level



Measured Daily

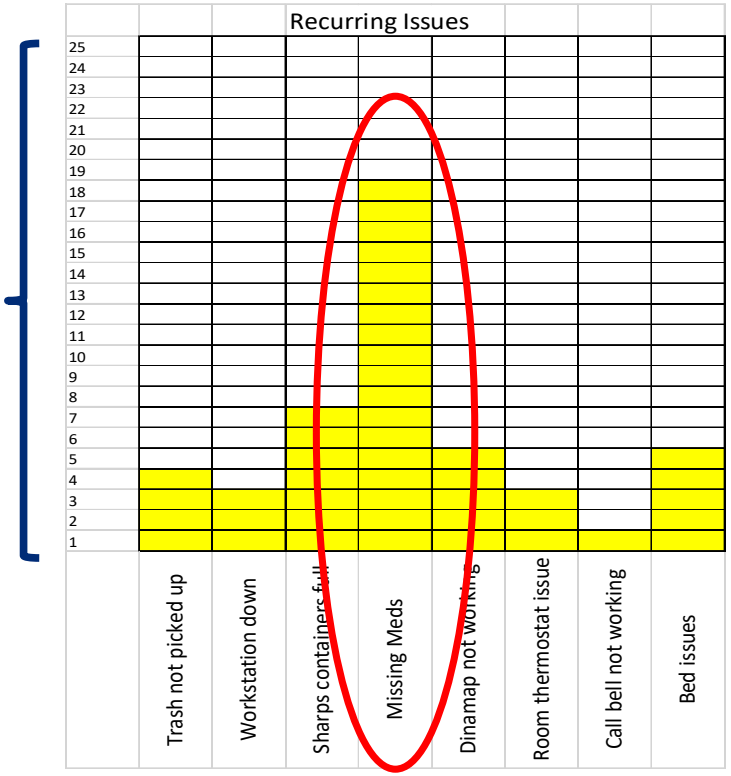
Capture Recurring Issues from SMESS

Why

To identify problems we encounter again & again in order to fix them

Count of incidences

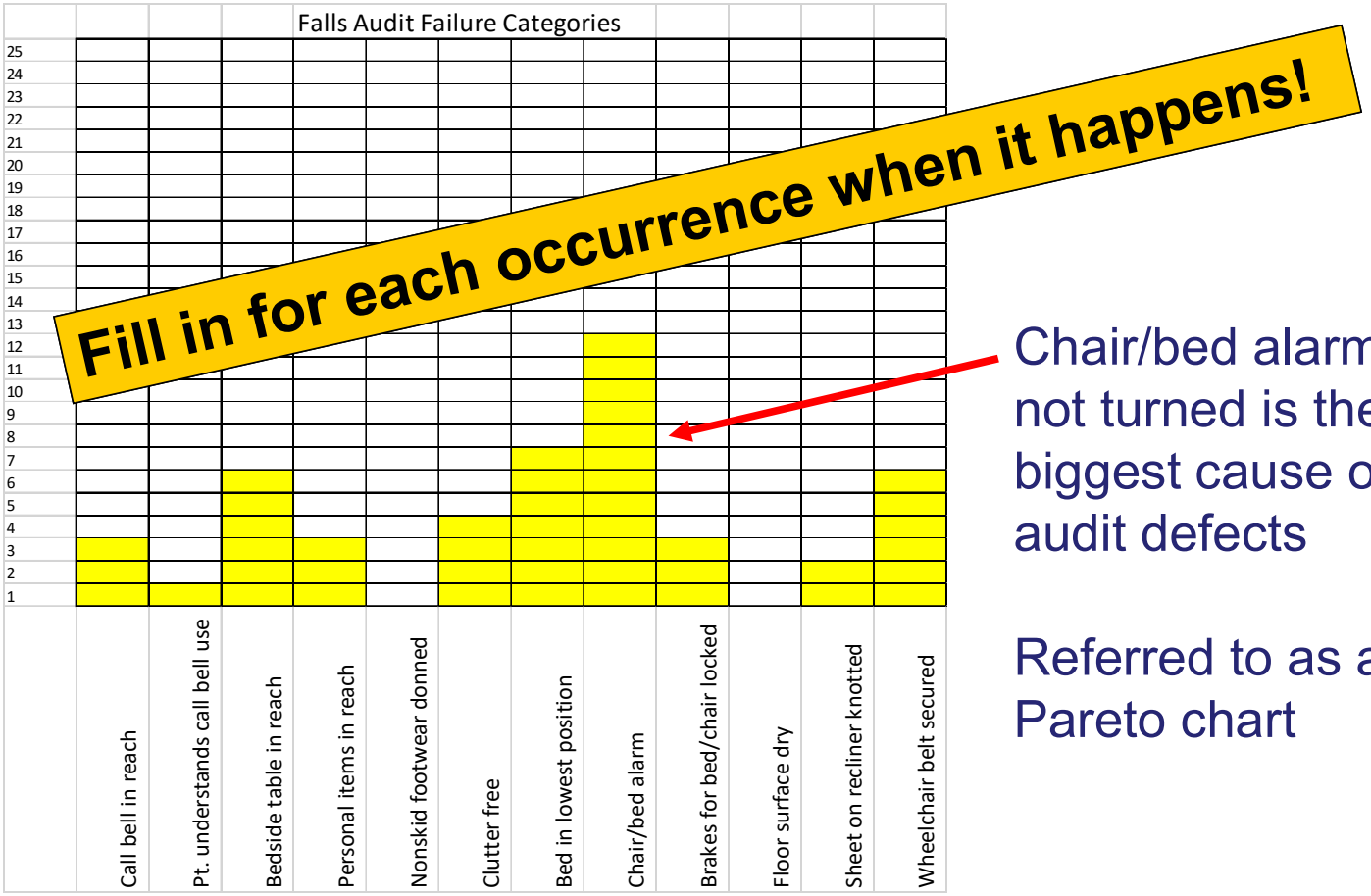
Greensciencepolicy.org



Issue categories

Example: - Root causes of the GAP

Why



Fill in for each occurrence when it happens!

Chair/bed alarm not turned is the biggest cause of audit defects

Referred to as a Pareto chart

Example: Team generates ideas & tries 1-2

Try

Ideas generated:

1. Signage in room
2. Educate family to look out for
3. Check during purposeful rounding

Idea selected:

- #3

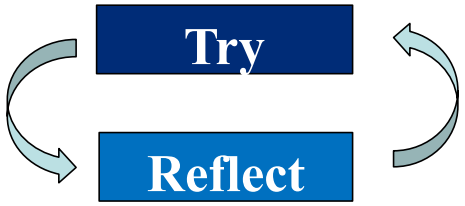
Pilot the idea!

Example: What did we learn from what we tried?

Reflect

- Are we all trying the intervention?
- Any issues/barriers present?
- Is it effective in fixing the problem?
- If not, How can we improve it?

Did it work? If not, what's next?



Monitoring: K-Card (Kamishibai) – A visual tool to help ensure we are doing the standard work

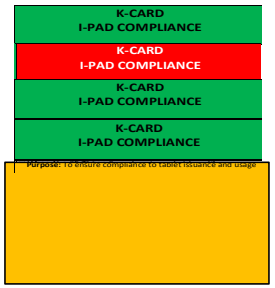
Step 1 – Create a K-Card listing items to be checked

K-CARD I-PAD COMPLIANCE	K-CARD I-PAD COMPLIANCE
Purpose: To ensure compliance to tablet issuance and usage **Process:** The Charge Nurse for each (AM/PM) shift will identify the nurse who is caring for a patient and together perform the K-Card checks.	**Purpose:** To ensure compliance to tablet issuance and usage **Process:** The Charge Nurse for each (AM/PM) shift will identify the nurse who is caring for a patient and together perform the K-Card checks.
☐ I-pad present? ☐ I-pad provisioned? ☐ Did the patient know what it was? ☐ Were the "5 Things" card reviewed at hand? ☐ Is bedside tablet charted as "activated" in daily cares flowsheet?	☐ I-pad present? ☐ I-pad provisioned? ☐ Did the patient know what it was? ☐ Were the "5 Things" card reviewed at hand? ☐ Is bedside tablet charted as "activated" in daily cares flowsheet?
Green front	**Red back**

Step 2 – Make copies for # of process checks/shift

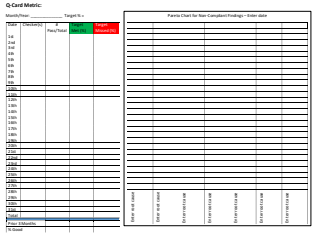
Step 3 – Perform the check w/ the staff taking care of the pt.

Step 4 – Place cards on rack showing green side for pass/red side for deficiency



Example: three pass one "not"

Step 5 – Update Check sheet and review at mid-shift huddle

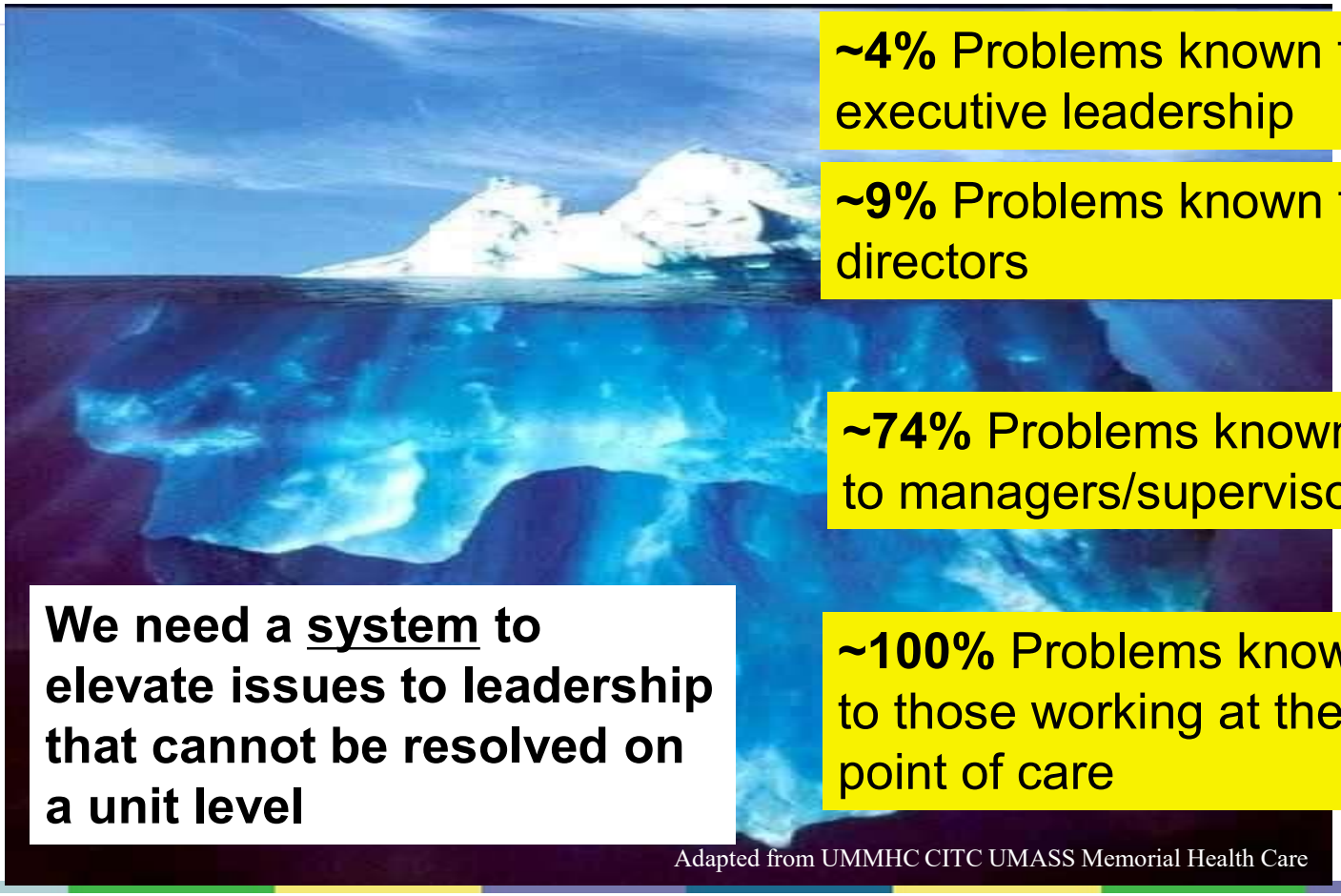


Huddle Reflection

- Did the huddle leader lead an effective huddle?
- Is the team realizing value from the huddles?
- What could be improved?

Basic Activity	Basic Points	Advanced Activity	Adv. Points
Current date shown			
Status section & SMESS updated pre-huddle			
Appropriate use of dots (all items have them, appropriate color)			
Facilitator stands during huddle			
Facilitator uses std. work huddle tool during huddle		Another staff member uses audit checklist tool	
Attendance – majority of staff present at board - Number __		~ 80% of staff attending or calls/seeks missing staff	
Each element of status section reviewed		Ask if any questions when section is complete	
All SMESS elements reviewed w/ actions/follow-up		After each element - ask for input, pause, update board	
Review announcements		Ask if anyone has anything else to add & update	
Thank everyone & announce the huddle is complete			
Huddle facilitator demonstrates overall competence		Leads with enthusiasm/Role model	
Scoring Instructions			
A) Enter Total points – add up each score (total in both Basic and Advanced columns)			
B) Enter **17** if beg. Of shift huddle **OR 15** if mid-shift			
Calculate score using above = A/B & enter % score			

The “Awareness Iceberg”- Issues at Point of Care



~4% Problems known to executive leadership

~9% Problems known to directors

~74% Problems known to managers/supervisors

~100% Problems known to those working at the point of care

We need a <u>system</u> to elevate issues to leadership that cannot be resolved on a unit level

Adapted from UMMHC CITC UMASS Memorial Health Care

Leader Standard Work

Round on huddle boards per a schedule

- Go see, ask why, show respect
- Support and mentor problem solvers
- Understand what specific leadership support is needed

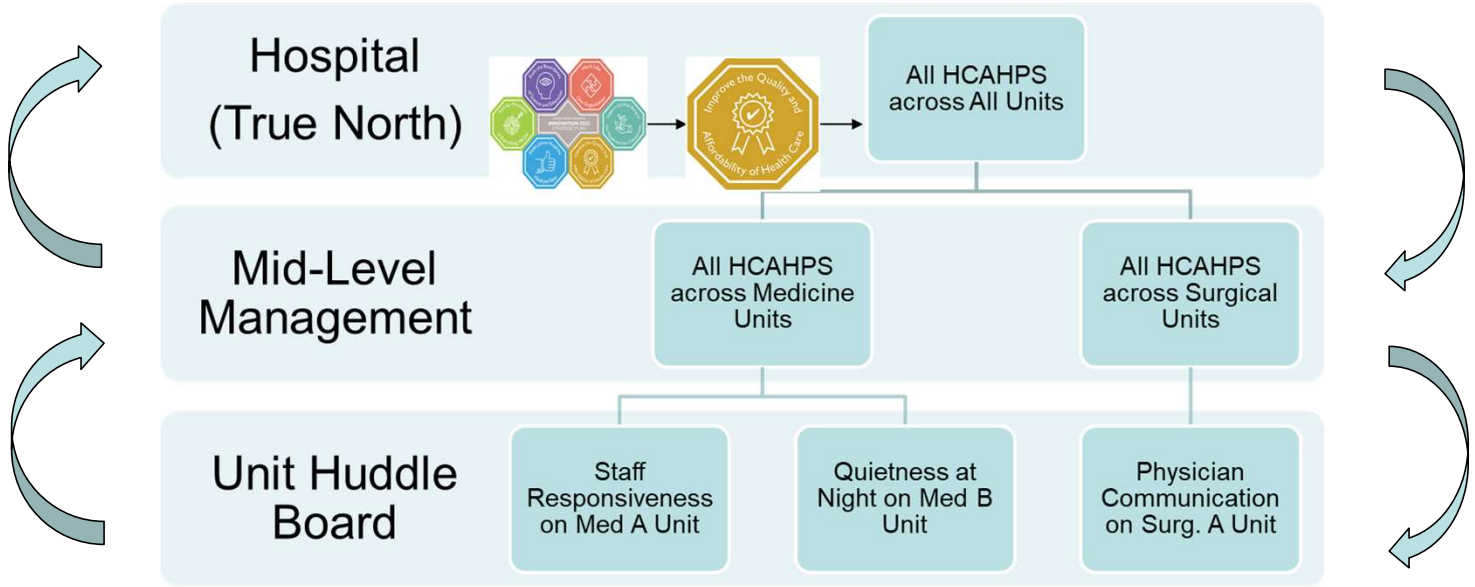
Gemba Questions:

- What is your priority today?
- What issues do you have?
- What data are you tracking?
- What have you tried?
- What did you learn?
- What's your next step?
- What support do you need (barrier removal, help prioritizing)

Starting point for Gemba walks:
"Look at the scoreboard. Go watch the game."

Cascading Huddles/Boards – Visual Management at all Levels

Communication and status/resolution of issues



Communication and Elevation of issues

A system to enable system wide LDM

Questions

Getting Started to Perform Shift Readiness

Pre-work (LMS)

1. Meet with Departmental leadership – support and commitment
2. Review this package with Nurse Managers & Charge Nurses
3. Install huddle boards – ID location, procure, mock-up board
4. Communicate/review process with staff
    1. Expectation is all staff will attend – every day, all shifts
    2. Staff will learn by doing
5. Determine huddle times and go-live date for each unit

Begin huddles

1. Update board for 1st huddle (don't forget the date)
2. Coach to observe first few huddles and support/observe as needed
3. Phase 2 (Problem solving) will be introduced later