The Role of Senior Leadership in Lean Transformation: A Continuing Journey of E3 Leadership at UChicago Medicine

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Becker’s Hospital Review
9th Annual Meeting
UChicago Medicine at a glance

4 Inpatient Facilities
- Center for Care and Discovery
- Bernard Mitchell Hospital
- Comer Children’s Hospital
- Ingalls Memorial Hospital

1296 Licensed Beds
- 804 Med Surg
- 171 ICU
- 67 OB-GYN
- 77 Gen Peds
- 53 NICU
- 78 Acute Mental Illness
- 46 Rehabilitation

43 Operating Rooms

8 Ambulatory Care Facilities
- Duchossois Center for Advanced Care
- Center for Advanced Care at Orland Park
- Center for Advanced Care at South Loop
- 3 Ingalls Family Care Centers: Calumet City, Flossmoor, Tinley Park
- 2 Ingalls Care Centers: Crestwood, South Holland

Leading Growth in the Market

1.14M Ambulatory Encounters
44K Admissions
253K Patient Days
26K Surgical Cases
141K Emergency Room Visits

$1.88B Net Patient Service Revenue
$242M EBIDA
$109M Operating Income
$425M Community Benefit

~11,500 UCM Employees
1,292 Physicians
3,231 Nurses
1,132 Residents & Fellows
**E³ Leadership**

- **Engaged**: E³ Leadership means that we are all engaged in improvement efforts.
- **Evolve**: We evolve in our understanding of what works best to serve our patients and are willing to change the way we work to meet their needs.
- **Excel**: We excel in implementing this knowledge and ensuring that we remain at the forefront in all we do.

E³ Leadership develops each of our employees to be one of 11,500 interdependent problem solvers throughout UChicago Medicine.
Ensure the Transformation is Comprehensive

- Senior leaders ensure the transformation is inclusive so everything we do moves us towards the true north.
- Ensure one language. Together senior leaders must ensure that everyone moves in the same direction. This requires one common language.
- To create a culture of continuous improvement, senior leaders must understand what that means and share the vision.
Actively Engage in Improvement

- Senior leaders support daily improvement and ensure the system reflects the strategic direction of the organization.
- They actively engage in teaching and development.
- This requires alignment across the senior leadership team.
Remove Barriers

- When implementing a structure that surfaces defects, make sure to build a system of counter-measure and escalation.
- When you ask for escalations, be prepared.
- The Senior Leader role is to remove barriers so the experts can solve the problems.
- Expect to see a lot of defects. It can be overwhelming. Especially in the early days.
Build Diverse Teams

- Diverse organizations produce more revenue, customers and profit
- Diverse teams process facts more carefully and deliberated more effectively
- Homogenous teams feel easier – but easy is bad for performance
- Overcome fluency heuristic bias and raised correct solutions from 29% to 60%

Diverse Teams Feel Less Comfortable and That’s Why They Perform Better

- Diversity can increase conflict, but not as much as you think
- Overcome unconscious bias of over estimating level of conflict in diverse teams
- Capitalizing on diversity means highlighting – not hiding from – differences

Inclusive Leaders:

- Ensure team members speak up and are heard
- Make it safe to propose novel ideas
- Empower team members to make decisions
- Take advice and implement feedback
- Give actionable feedback
- Share credit for team success
Innovative E3 Leadership Integration

E3 Leadership + Equity

Engage in improvement
Evolve in our understanding
Excel in implementing

Diversity, Inclusion and Equity
Finding Answers

Patient Experience and Engagement

Clinical Effectiveness Quality

Operational Excellence

Human Resources
**E3 Leadership Integration Process**

Inclusive, integrated model building process that embeds equity into hospital operations, training, messaging, and measurement

| Phase 1 | • Facilitate work groups with team members of key disciplines  
|         | • Immerse in each other’s core work, training, models and theories  
|         | • Examine basic assumptions, theories, foundational principles, tools, key concepts |
| Phase 2 | • Identify commonality and opportunities to improve effectiveness in each area  
|         | • Prioritize high impact ideas to operationalize  
|         | • Develop an action plan and unified messaging to engage senior leadership and the entire organization |
| Phase 3 | • Integrate action plans into organizational transformation maps  
|         | • Collaborate to execute plans and continuously improve  
|         | • Deliver high-quality, equitable patient outcomes and experience through a diverse, culturally and linguistically competent workforce |
**E3 Leadership Integration Roles**

**Transformation Maps**

E3 Leadership

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**Stratifying data by relevant patient & employee demographics to identify disparities and prioritize equity-focus action**

**Diversity, Inclusion and Equity**
1. Initiate and co-facilitate integration process with operational leaders
2. Equity subject matter expertise

**Patient Experience and Engagement**
- Patient Exp & Eng
  - Surveys
  - Real time Feedback
  - Engagement

**Clinical Effectiveness**
- Patient Care
  - Process measures
  - Quality outcomes
  - Equity report

**Human Resources**
- Employee Data
  - Engagement
  - Workforce
  - Leadership Development

**Operational Excellence**
- Integrating principles from partners into E3 Leadership training

**Marketing**
- Develop common language and unified messaging

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**Annual Operating Plan**

Strategic Planning

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[Image: UChicago Medicine logo]
E3 Leadership Value Equation

\[
\text{Value} = \frac{\text{Quality}}{\text{Cost}}
\]

- **Quality** outcomes
- Equitable care
- Compassionate, culturally competent care
- Short, medically appropriate stays
- Inclusive care planning and decision making
- Communication the patient understands

- **Cost**
  - Lower insurance premiums and deductibles
  - Transparency

- Patients
- Families
- Care Partners
Equitable care is **care that does not vary in quality** because of someone's race, gender, income or location.

Equitable care **may vary in practice**, because quality care (**the right thing at the right time**) is different for different people.

Equitable care **does not** mean treating every patient exactly the same.

Equitable care **ensures optimal outcomes for all** patients regardless of their background or circumstances.

**Instead of inequity,**

**each person**

gets what they need
E3 Leadership in Action: Cancer Center Outpatient Areas

Background – clinic and infusion therapy

- 400 visits per day between clinic and infusion
- 28 exam rooms + 54 chemo treatment chairs
- Many patients are enrolled in clinical trials>> complex care, processes, handoffs
Operations Assessment - December 2016

- Uneven Chemo RN staffing = patient delays
- Low morale of nursing team = union activity
- Unsigned chemo orders = pharmacy and patient delays
- Slow starts to the 1st patients seen = underutilized staff; late stays
- Lack of standard work for manager, supervisors = defects aplenty
University of Chicago’s Cancer Center is one of the most reputed in the Midwest. It houses some of the best oncologists and generates significant research and scientific brilliance.

Despite the availability of resources, the Infusion Center patient satisfaction scores falls in the 6th percentile

As an infusion center, how do we reduce the waiting times and improve overall patient satisfaction?
Patient Satisfaction Scores

Patient Satisfaction Survey is administered by Press Ganey. Patient scores from 1-5 (very poor - very good) on 33 questions- examples:

- Waiting time in registration area?
- Ease of registration process?
- Courtesy of registration staff?

Patient satisfaction with wait times is influenced by:

- Interpersonal skills of treating physicians
- Coordination
- Timeliness of care
- Providers’ willingness to acknowledge errors/delays

Research tells us that long wait times have a large impact on patient satisfaction

Time spent waiting for a scheduled appointment is the largest source of patient dissatisfaction. Patients are more sensitive to exam room waiting times than time spent in the designated waiting room.²

² Bleustein and Rothschild
Most importantly, our patients were pleading with us:

“I have limited time on this earth. Please don’t steal any of my precious moments by making me wait.”
Guiding Principle: We will honor our patients’ time.

- E3 Leadership (Lean) management principles
- MBWA
- Tracking and reporting our metrics
- Asking for help:
  - Faculty, staff, patients, caregivers, peers
E3 Leadership management tools

- A.M. Daily readiness huddles: MESS
  *Methods* Equipment *Supplies* Staff
- P.M. Managing for Daily Improvement (MDI) board huddles
- Daily Dashboard emails: today, prospectively for coming weeks
- Escalating defects for real-time resolution
- Informing patients and staff of any operational impacts or delays
- Daily iPad rounding for real-time feedback
Scheduling is the Holy Grail

- Schedule Scrubber
  - anticipate IVTH volume, move patients to optimize flow

- Nurse Supervisor as Air Traffic Controller

- Level load uneven volumes by day of week, time of day

- Include ancillary services’ impact on flow: lab, pharmacy, research studies
Schedule Optimization

- Infusion therapy scheduling is difficult due to varied appointment lengths, impacts of upstream processes, and complexity of ensuring both nurse and chair availability
- Well designed scheduling templates can result in:
  - Improved patient flow and decreased patient wait time
  - Increased balance in nurse workload
  - Decreased nurse overtime
  - Decreased peak of patients in infusion therapy and maximum chairs used (leveled schedule)
  - Allows for volume growth with current capacity

Goal:

Produce optimized infusion therapy block scheduling templates for each day of the week, to level the patients in infusion therapy throughout the day.
It Truly Takes a Village

- Medical Director
- Operations managers: clinic, infusion, lab, pharmacy
- Nursing
- Clerical staff
- Executive leadership
- Operations Excellence partners
- Center for Quality and Patient Safety
- Patient Experience (“PEEPS”)
- Organizational Development (Change Management)
- Patient and Family Advisory Council
It’s a Marathon, Not a Sprint

- Matching staffing to demand
- Employee engagement improvement
- Modest patient satisfaction gains
- Late stays for RNs
- Missed lunch breaks
- Patient feedback: they are definitely noticing a positive change
Thank You