Session 03AB
A Rapidly Adaptable Management System

Presented by:
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Presenter

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COO ThedaCare Hospitals (retired)
Disclosure of Relevant Financial Relationships

The following faculty of this continuing education activity has no relevant financial relationships with commercial interests to disclose:

- Maryjeanne Schaffmeyer

Learning Objectives

- Examine the results of healthcare organizations that have successfully adopted a rapidly adaptable management system.

- Identify and describe the framework, organizational principles and systems that drive sustainable results.
Agenda

• Define terms: rapid, adaptable, and management system.
• Outline organizational prerequisites
• Core components for sustainability
• Describe teams who do this well

Where are you going?

• Developing a management system rapidly or
• Developing a management system that changes rapidly or neither
Break- Out 1

• What do you mean by “Rapidly Adaptable Management System”?

• Do you have a system approach to develop a management system?

• What is missing in your system approach to a “Rapidly Adaptable Management System”?

Break-Out Discussion: Rapid

• Quick to change/Agile/ Nimble
• Adjusts without missing a beat
• Keeps pace with strategy
• Continuously improves
• “Does not require months of training”
• “Boom –Snap”
Break-Out 1: Adjustable

• “Spreadable”
• “Systemically applicable”
• “Flexes with culture of individual units”
• Begins with a standard then improves it
• Easy to learn in the work
• Sensitive to external forces

Break-Out 1: Management System

• “Principle based”
• “Management by process”
• “Standard work at every level”
• Aligned
• Process based(not person or objective)
Working definition

We will write this as a team

Transformation Model
“Leader Prework”

- Create organizational True North
- Reduce the number of strategic objectives
- Create focus and alignment on critical few
- Build a Board competence with Lean (Toussaint, 2013)
- Hard-wire succession planning
- Prepare to change your self

A Cascade of Choices: leader prework

Jeff Hunter (Hunter, Schaffmeyer, 2016)

- What is our winning aspiration?
- The right playing field:
  - Where we will compete: our geographies, product categories, consumer segments, channels, vertical stages of production
- Where will be play?
- How will we win?
- The unique right to win:
  - Our value proposition
  - Our competitive advantage
- What capabilities must be in place?
- The set of capabilities required to win:
  - Our reinforcing activities
  - Our specific configuration
- The support systems:
  - Systems, structures, and measures required to support our choices
- What management systems are required?

Source: A.G. Lafley and Roger L. Martin "Playing to Win"
Creating focus/limiting objectives

- Objectives grow exponentially
- Create function and purpose for frontline
- Those closest to the work focusing on improving the work
- Others building competency to coach them
Prepare to change your leaders

- Focus on leadership changes that front line team can see and feel
- Personal transformation can not be delegated
- Senior team self assessment
- Senior team focus on creating common goals

Principle based leadership—leadership prework

Align Principles (focusing on the vital few)

- #1 ALWAYS: Create Value for the patient creating measurably better value. Highest quality at lowest cost. John Toussaint: “the value proposition”
- Create constancy of purpose: Requires aligning all parts of the organization with one unifying purpose
- Think Systemically: all components working together
Principle based leadership—leadership prework

Improve Principles (continuous cycles)

• Focus on process not people
• Scientific thinking: PDSA/A3
• Create flow and pull value beginning with patient
• Assure quality at source/ reduce rework

Principle based leadership—leadership prework

Enable Principles (the people)

• Lead with humility
• Respect every individual
• Learn continuously
• Intentional self development and continuous improvement
Break- Out 2

• In your organization, what pre work has been skipped
  or
• What additional work will be required

• How do these attributes make a management system rapidly adaptable

Report out: Key factors

• We will build key factors as a team
Core components for stability

Stability before speed and agility

• Build and leverage a model cell
• Standardize the management system
• Determining pilot areas
• Create a spread plan
Building a model cell: stability

- Getting results
- Proof of concept or living model
- Create break through design or redesign
- Create new standard work

Leveraging a model cell: stability

- Senior leadership Sponsor
- CEO/COO gemba
- Inch wide and a mile deep
- Align to True North
Standardizing the Management system

• What is fixed, invariable and constant?

• What modifications can be made to adjust for culture and situation?

• Controlling the variation/fixing the defects

Management System Constants

• Leader standard work
• Visual management
• Executive presence in work Gemba walks
• PDSA approach to problem solving
• Escalation of information
• Deployment of key strategies
Management System Constants
Leader standard work

<table>
<thead>
<tr>
<th>Leader Standard Work</th>
<th>Frequency</th>
<th>Timing</th>
<th>Why / Purpose</th>
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</thead>
<tbody>
<tr>
<td>Weekly</td>
<td></td>
<td></td>
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<tr>
<td>Attend 3 huddles or status exchanges</td>
<td>Weekly</td>
<td>1</td>
<td>Reinforce the importance of the standards and identify does remove roadblocks</td>
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<tr>
<td>Spent at least 1 hr with LMS training</td>
<td>Weekly</td>
<td>1</td>
<td>Learn and coach</td>
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<tr>
<td>Senior Team Gemba walk</td>
<td>Weekly</td>
<td>1</td>
<td>Audit and coach</td>
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<tr>
<td>Monthly</td>
<td></td>
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</tr>
<tr>
<td>Board Huddle</td>
<td>Monthly</td>
<td>1</td>
<td>Discuss Board of new care thinking is driving improvement/Governance improvements</td>
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<tr>
<td>Mission &amp; Governance Committee</td>
<td>Monthly</td>
<td>1-1.5</td>
<td>Address governance issues at Board level</td>
</tr>
<tr>
<td>SLT Projects Review</td>
<td>Monthly</td>
<td>1-2</td>
<td>Review performance of Board priorities and Board subcommittees</td>
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<tr>
<td>SLT Strategic Plan Review</td>
<td>Monthly</td>
<td>1-2</td>
<td>Understand status of major projects, address other priorities, may be re-evaluated</td>
</tr>
<tr>
<td>SLT Performance Review</td>
<td>Monthly</td>
<td>1-2</td>
<td>Understand status of strategic plan initiatives, contributions to performance and countermeasures</td>
</tr>
<tr>
<td>SLT Patient Satisfaction Committee</td>
<td>Monthly</td>
<td>1</td>
<td>Discuss what patients are saying about us, consider future initiatives to address issues arising</td>
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<tr>
<td>Quarterly</td>
<td></td>
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<td></td>
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<tr>
<td>Board meeting to include update on Strategic Plan</td>
<td>Quarterly</td>
<td>1-2</td>
<td>Address Board of current status of strategic plan initiatives, discuss corrective actions if required</td>
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For Agility and Speed Create a **SPREAD!** Model
Spread for Agility and Speed

Spread Models: Inch Wide Mile Deep

- creation and spread on a smaller scale
- model cell creation, then spread
- reduces resistance
- limits involvement of entire leadership team

Spread for Agility and Speed

Spread Models: Mile Wide Inch Deep

- Company wide deployment
- Deploys simplified versions
- Engages entire senior team
- Misses interactive nature of components
Spread for Agility and Speed

**Spread Models: Directional**
- Top-down: from executives to frontline
- Bottom up: from frontline process level to executives
- Middle out: middle managers influence in both directions

**Spread Models: TShape**, (Taher, Landry, Toussaint, 2016)
- Start with upper management mile wide inch deep
- Select Model Cell, inch wide mile deep
- Spread to other areas, Middle out inch wide mile deep
Experiments from across the Network

• St. Mary's Hospital Kitchener Ontario

The story of their journey

SFGH Model Cell Staff Engagement

Model Cell Staff Engagement Survey Overall Score (1-5 Scale)

<table>
<thead>
<tr>
<th>Month</th>
<th>Score</th>
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<tbody>
<tr>
<td>April</td>
<td>3.90</td>
</tr>
<tr>
<td>December</td>
<td>4.50</td>
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BAY AREA LPO RACKS UP ANOTHER IMPRESSIVE WIN!

A pilot group of 6 Nursing Units at ABSMC began practicing DES in August of 2015.

By the end of the year, the pilot group significantly outpaced the control group in terms of engagement index improvement!

ABSMC improved from Red to White on the 2015 Executive Dashboard for People!

Start ups from the Network

Stories from hospitals systems beginning their transformation journey:
Reflections and Questions

Presenter Biography & Contact Info

Maryjeanne Schaffmeyer retired in 2015 as COO of the Hospital Division of ThedaCare after serving there for 20 years in several leadership positions. She piloted the Lean Management System (LMS) and worked with the LMS design team to develop the experiment for leadership standard work. At ThedaCare, Maryjeanne had the opportunity to build a team of managers using the LMS as a model for leadership development, which enabled leaders to develop teams that drove performance improvement on a daily basis.

Since leaving ThedaCare Maryjeanne has served as faculty and advisor to Catalysis (formerly ThedaCare Center for Healthcare Value). In this role she has taught the LMS as well as worked with Hospital systems both nationally and internationally to support and coach executive leadership development during their lean transformations.

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Bibliography/References


