Developing a Problem-solving Culture in Healthcare

For any healthcare organization embarking on a quality journey, a key element of success involves engaging staff members at all levels and empowering them to solve problems and improve processes. At the 2013 Lean and Six Sigma Conference, March 4-5 in Phoenix, Cindy Werkheiser and Patricia Morrill will present a two-part session on how healthcare organizations can develop a problem-solving culture.

The presentation will be based on the lean journey at Monroe Clinic, a not-for-profit health system featuring a multi-specialty clinic and hospital. Monroe Clinic offers comprehensive healthcare with 120 providers, a 24-hour emergency room, home care and hospice services, as well as multiple clinic locations in southern Wisconsin and northern Illinois.

Werkheiser is vice president of service excellence at Monroe Clinic in Monroe, WI. Morrill is president of PM Healthcare Consulting LLC, in Caledonia, WI, which specializes in project management and process improvement strategies, and coaching executives and staff in how to develop a problem-solving culture.

Recently, Werkheiser and Morrill answered some questions about the lean journey and quality improvement at Monroe Clinic, providing a preview of what attendees will learn at their conference session. Here, Werkheiser answers some questions related to the first part of the upcoming presentation.

Healthcare Update: How and when did Monroe Clinic’s lean journey begin? Why?

Werkheiser: We had an obligation to our patients, our staff, and the communities we serve to operate more efficiently. In 2008, with board and senior leadership support, I was asked to lead Monroe Clinic on a lean journey to become more operationally efficient while improving the patient experience.

Healthcare Update: What is the relationship between process and service? Why is understanding this relationship especially important for healthcare organizations when developing a lean culture?
**Werkheiser:** Our ability to create exceptional experiences is enhanced by efficient and customer-centric processes.

Understanding the relationship between process and service is critical. As internal customers of each other, we must understand how the work we do (process) directly impacts the experience of the patient as he or she moves horizontally through the healthcare system.

In order to create a seamless patient experience, the staff of each department, or stop, along the patient’s path toward healing must understand each other’s expectations through effective communication and standard work. To improve the patient experience, the departmental (vertical) way we currently think and do our work must transition to a collaborative (horizontal) way of thinking and doing our work across the continuum of care … the path of the patient.

**Healthcare Update:** In part one of your presentation, you’ll cover how healthcare organizational structure can be aligned so it supports effective problem solving and service excellence at the front line. How have you engaged front line staff at Monroe Clinic in your efforts to improve problem solving and service?

**Werkheiser:** We are helping staff learn how to get to the root cause of a problem using the A3 tool. We have a chairperson in every department that leads problem solving, and the teams have the opportunity to share their improvements with others in the organization as a form of recognition and to share their learning. We require every new employee to attend “Orientation to Lean” and “Service Excellence” training. They are also required, as an employee, to sign a commitment to uphold the service standards.

Front-line staff have the opportunity to participate in week-long improvement events that empower and engage them in creating processes that add value to the patient experience.

**Healthcare Update:** Another topic you’ll cover in your presentation is standard work. Can you explain this idea a bit more, and why it has been important in your lean transformation?
Werkheiser: We didn’t realize how important this was until we were comfortable with some of the tools. We found that sustaining improvement was difficult when we weren’t holding teams accountable to the new process. The new process was not always clear and was not always defined using standard work. When the process is clear and there is standard work, we can observe and measure whether it’s being adhered to, thus being able to sustain and continuously improve it.

Leadership standard work—as I alluded to earlier—also is a big initiative for us this year. We will be implementing standard work expectations for all leaders to hold staff accountable to their standard work. We have lots of work ahead of us.

Healthcare Update: What have been some of the biggest gains Monroe Clinic has seen from its lean journey? What have been some of the biggest struggles, and how did you overcome them?

Werkheiser: The gains we have seen are a new appreciation for each other’s work along with improved patient satisfaction scores. There is less blaming, although it still exists. We’ve experienced a "pull" for help (coaching) in improving a process and kaizen events to improve a value stream. People are getting better at getting to the root cause before coming up with solutions.

We still have a long way to go, though. The biggest struggles have been in getting coaches and directors to understand how to lead lean. It is challenging for them to put themselves into a "learning" mode to help teams. They jump to the "solution" mode too quickly, thinking they are helping their teams. Leaders haven’t had enough experience yet, to trust that this new way to lead is the way to a better experience for them, their staff and our patients.
Part II

Here, Morrill discusses concepts related to the second part of the Lean and Six Sigma Conference presentation, “Developing a Problem-solving Culture in Healthcare.”

*Healthcare Update*: In part two of the presentation, you’ll be diving into how to use the lean A3 tool and project management methods. Why is the A3 tool especially applicable to healthcare? What other methods will you be discussing and you recommend?

**Morrill**: The lean A3 tool helps guide you through a structured problem-solving process, and I add basic project management methods which help in developing an action plan and timeline for improvement implementation. This results in a more robust plan-do-check-act (PDCA) cycle highlighting accountabilities, task sequencing and deadlines. I see many organizations struggle with implementing changes and I will offer practical methods to use.

*Healthcare Update*: Why is the ability to break down problems and issues into manageable components using these tools and methods especially important for problem solving in the healthcare setting?

**Morrill**: Healthcare problems can be quite complex and trying to make improvements seems overwhelming. This adds time and frankly, we have to pick up the pace in making real improvement happen. By breaking issues down into manageable components, we uncover solvable tasks that can be assigned and given a deadline.

*Healthcare Update*: In your presentation, you’ll discuss the danger of making assumptions in problem solving rather than getting to the root of the problem. Can you provide an example of a time a healthcare organization you worked with—perhaps even Monroe Clinic—did this, and what happened? Do you have lessons learned you can share?

**Morrill**: Unless we expose the root cause, we will only fix the surface issue—what appears obvious—and the more important problem will not go away. How many times have you heard: “We’ve been talking about that for years and nothing ever changes”? The old way of supervising staff from behind a desk, listening to issues and giving solutions doesn’t work. We all make
assumptions about how things are supposed to happen but unless we go see how the work is actually being done and ask “why” it is done that way, we won’t uncover the true problem we must solve.

At Monroe Clinic, I led A3 training workshops and individual sessions with 92 coaches, and I thought the best learning occurred when I heard: “I didn’t get as far as I hoped because of the answers I got when I asked ‘why.’” That meant they were delving deeper to expose root cause. One coach jumped ahead to implement a change which resulted in unintended consequences, but she quickly realized it and stepped back to identify the real problem and make successful adjustments.

*Healthcare Update*: How can healthcare organizations put tools in the hands of all staff and engage everyone in an improvement journey? Why is it important to engage staff at all levels?

**Morrill**: Some organizations have built large process improvement departments that get calls or get assigned to fix a problem. This structure does not promote accountability for leadership or staff, it simply lets them pass the responsibility to others.

To make more timely improvements, we must empower staff with the skills and tools to solve problems—not every issue requires a committee or a project. Process improvement leaders need to function as trainers and coaches to spread accountability throughout the organization. There are many different training methods available, such as train-the-trainer, online learning modules, classroom instruction and one-on-one coaching. We cannot expect to have a problem-solving culture and hold staff accountable unless we train them. To pick up the pace for real improvement and service excellence, we need everyone onboard.

*Healthcare Update*: For readers wanting to begin their own lean transformation or quality journey at their facility, what should they do to get started? Do you have any words of wisdom or advice to offer?

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Morrill: Cultural readiness for change is the variable that must be considered when embarking on a lean journey. The best approach is for the senior executive team and board members to participate in a high-level learning module about the benefits of lean in healthcare.

With a basic overview, meeting with peers about lessons learned then can help executives better understand their readiness for such an undertaking. Starting with a seasoned lean practitioner helps build the training structure and ability to kick off improvement successes quickly to gain momentum. Any external trainer or consultant should serve as a partner and coach to a leader within the organization to more quickly spread knowledge. For organizationwide training, the most robust learning methods include small group hands-on workshops with follow-up coaching sessions.

View more information on Werkheiser and Morrill’s presentation, and register to attend the 2013 Lean and Six Sigma Conference.