A Lean Management System’s Role in Enabling Health Care Transformation

Candace Jennings
Region President, Hospital Operations
SSM Health - St. Louis
October 10, 2017
Transformation Defined

“**Transform** implies a major change in form, nature or function; to change in character or condition.”

Transformation is a fundamental shift in the way the culture operationalizes the organization's strategies. It is change on steroids.
Healthcare Reform – The Future System

- Pay for Volume to Pay for Value
- Episodic Care to Population Health
- Expanded Coverage
- Elimination of Redundancy
- Standardization of Care
- Reimbursement Compression
- Reduced Volumes (*Admissions and Outpatient Visits*)

Volume driven business model

- Patients
- Visits
- Ancillaries
- Fixed costs
- Variable costs
- Profit

Fee for service

Health value driven business model

- Patients
- Episodes
- Treatments
- Patient satisfaction
- Resource /case
- Case outcome
- Profit / case
- Case mix

Fee for value

HealthReform.gov
The Three Part-Aim
The End Goals for Us All

Population Health

Metrics:
HEDIS:
- Childhood Immunization
- Colorectal Screening
- Breast Cancer Screening
- Flu/Pnu Vaccination
- Diabetes Care
- High Blood Pressure
- Cholesterol Management
QUEST:
- Harm Prevention
- Risk Adjusted Mortality
- Evidence-Based Care

Experience of Care

Metrics:
HEDIS:
- All Healthcare
- Personal Doctor
- Specialist
- Getting Care Quickly
- Getting Needed Care
- Shared Decision Making

Per Capita Costs

Metrics:
- Total Cost PMPM
- Total Cost PMPM Trend
- Admits per 1000 members/year (case mix adjusted)
- 30 Day Readmissions Rate (all cause)
- ED Visits per 1000
- Hospital Admissions for Ambulatory Care Sensitive Conditions (case mix adjusted)

SSM Health

The term Triple Aim is a trademark of the Institute for Healthcare Improvement
**Goals of Health Reform**

1. **Coordination** of health care services across treatment settings
2. Improvement in the **efficiency** of care, **quality and health outcomes**
3. Reduction in the **cost** of health care services, **preventable hospitalizations and emergency room visits**
4. Prevention of **hospital readmissions**
5. Achievement of beneficiary and family-caregiver **satisfaction** while actively **engaging patient** in their own care

**Goals of a Lean Management System**

1. **Reduction in wastes** – duplication created in uncoordinated care
2. **Improve patient outcomes** through single flow and focus on value-add
3. Reduction in preventable wastes and improvement in **visit efficiency**
4. Focus on **standard work** processes to create optimum patient outcomes
5. Increase in providing **value-add** in the patient’s eyes
Core Strategies

I. Transform the delivery of care through the development and implementation of care models using evidence based practices designed towards improving cost and quality.

II. Achieve smart growth.

III. Aggressively pursue and achieve operational cost efficiencies and manage fixed costs in alignment with market volume reduction.
Learning about LEAN from those who had sustained a lean management system for at least a decade ...

**New Management Method:**

**The Virginia Mason Production System**

We adopted the Toyota Production System philosophies and practices and applied them to health care because health care lacks an effective management approach that would produce:

- Customer first
- Highest Quality
- Obsession with safety
- Highest staff satisfaction
- A successful economic enterprise
22 active Value Streams with potential Return on Investment targets of $86,493,955.
SSM Health - St. Louis’s Lean Journey
Who We Are

- One of largest Catholic health care systems in U.S.
- Founded by the Franciscan Sisters of Mary
- Non-profit organization
- Operate in Illinois, Missouri, Oklahoma and Wisconsin
  - 20 hospitals
  - 63 outpatient building locations
  - Pharmacy benefit management company covers 4.9 million lives
  - Health plan with 432,063 members
  - 2 skilled nursing facilities
  - 70 counties served by home care in four states
  - 61 counties served by hospice in three states
  - Headquartered in St. Louis
- More than 33,000 employees
- More than 1,300 employed physicians and over 8,500 medical staff.
Missouri: St. Louis

SSM Health – St. Louis

**Largest concentration of SSM Health facilities**
- Seven adult hospitals in St. Louis/St. Charles region:
  - SSM Health Saint Louis University Hospital
  - SSM Health St. Mary’s Hospital – St. Louis
  - SSM Health DePaul Hospital – St. Louis
  - SSM Health St. Clare Hospital – Fenton
  - SSM Health St. Joseph Hospital – St. Charles
  - SSM Health St. Joseph Hospital – Lake Saint Louis
  - SSM Health St. Joseph Hospital – Wentzville
- One pediatric hospital:
  - SSM Health Cardinal Glennon Children’s Hospital

- More than 65 SSM Health Medical Group locations
- 26 SSM Health Express Clinics at Walgreen’s
- Five SSM Health Convenient Care centers
- Seven Concentra Convenient Care centers
- SSM Health Rehabilitation Hospital (joint venture)
- Licensed beds: 2,250

**March 2016**
- SSM Health Outpatient Center – Wentzville opens

**April 2017**
- SSM Health Outpatient Center – St. Charles opens

**Summer 2017**
- New three-story patient tower at opens at SSM Health St. Joseph Hospital – Lake Saint Louis

**Innovation**
- 2 CMMI & 1 private insurer Bundled Payment pilots
- Accountable Care Organization (as network)
- Employee Health Plan pilot
- Primary care and pediatric medical home pilots
The SSM Health - St. Louis Regional TPOC Elevator Speech

In order to more fully live our Mission, we realize we need to change.

We took a hard look at where we are on our journey to “exceptional” and where we want to go.

We identified gaps and prioritized opportunities. We recognized that we have the pieces, but we needed an organized approach to connect the dots for those individuals we serve and integrate those pieces with one another.

We will create a new culture where we reduce waste and variation and create standard work across our platforms. This process will be our new way of doing business and will help us become the exceptional organization we are called to be. We commit to share our past, present and future goals and results with transparency.
The STL Region’s Mission Control Wall
The STL Region’s Mission Control Wall
STL CQI Structure

- 5 Hospital TPOCs
  - 12 Total Value Streams
- 2 Regional TPOCs
  - 5 Total Value Streams
- 3 Regional Value Streams
- 18 Total Facilitators
<table>
<thead>
<tr>
<th>Performance Metric</th>
<th>Baseline (2016)</th>
<th>Goal</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>YTD</th>
<th>Source</th>
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<tbody>
<tr>
<td>People</td>
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<tr>
<td>Employees First Year Turnover Rate</td>
<td>32.51</td>
<td>27.18</td>
<td>22.93</td>
<td>23.51</td>
<td>25.27</td>
<td>26.05</td>
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<td>29.58</td>
<td>27.98</td>
<td>28.70</td>
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<tr>
<td>% of Individuals Newly Immersed in Lean</td>
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<tr>
<td>NCAHPS - Rate Hospital 8 or 9 - Mean Score</td>
<td>72.7</td>
<td>76.0</td>
<td>71.8</td>
<td>70.7</td>
<td>71.2</td>
<td>76.0</td>
<td>71.7</td>
<td>69.1</td>
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<tr>
<td>HCAHPS - Rate Hospital 8 or 9 - %ile Rank</td>
<td>50</td>
<td>60</td>
<td>43</td>
<td>41</td>
<td>43</td>
<td>41</td>
<td>41</td>
<td>41</td>
<td>41</td>
<td>40</td>
<td>40.0</td>
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<tr>
<td>HCAHPS Communication With Nurses - Mean Score</td>
<td>80.6</td>
<td>80.0</td>
<td>75.0</td>
<td>70.3</td>
<td>74.2</td>
<td>79.0</td>
<td>78.8</td>
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<td>HCAHPS Communication With Nurses - %ile Rank</td>
<td>65</td>
<td>50</td>
<td>41</td>
<td>35</td>
<td>36</td>
<td>60</td>
<td>59</td>
<td>50</td>
<td>44</td>
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<tr>
<td>HCAHPS Communication With Doctors - Mean Score</td>
<td>80.2</td>
<td>80.0</td>
<td>80.0</td>
<td>80.5</td>
<td>77.3</td>
<td>80.4</td>
<td>78.3</td>
<td>78.2</td>
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<td>79.4</td>
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<tr>
<td>HCAHPS Communication With Doctors - %ile Rank</td>
<td>40</td>
<td>41</td>
<td>41</td>
<td>44</td>
<td>50</td>
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<tr>
<td>Customer Service - “Likelihood to Recommend” - Mean Score</td>
<td>88.6</td>
<td>88.5</td>
<td>88.5</td>
<td>88.6</td>
<td>88.6</td>
<td>88.3</td>
<td>88.3</td>
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<tr>
<td>Customer Service - “Likelihood to Recommend” - %ile Rank</td>
<td>47</td>
<td>76</td>
<td>45</td>
<td>37</td>
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<td>53</td>
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<td>40</td>
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<tr>
<td>Quality Safety</td>
<td></td>
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<tr>
<td>_WRONG Site Surgery - Hospital Operations</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>All Cause Readmission Rate - Hospital Operations (3 Month Milestone)</td>
<td>10.11</td>
<td>± 8.10</td>
<td>10.37</td>
<td>10.20</td>
<td>10.67</td>
<td>5.48</td>
<td>10.38</td>
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<td>CLABSI Rate - (Cmsis per 1000 CL days)</td>
<td>0.02</td>
<td>± 0.41</td>
<td>0.79</td>
<td>0.64</td>
<td>1.23</td>
<td>0.63</td>
<td>0.63</td>
<td>0.78</td>
<td>0.65</td>
<td>0.57</td>
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<tr>
<td>AHRQ Culture Safety Survey - Overall perceptions of patient safety</td>
<td>60%</td>
<td>≥ 50th %tile</td>
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<tr>
<td>AHRQ Culture Safety Survey - Management Support for patient safety</td>
<td>60%</td>
<td>≥ 60th %tile</td>
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<tr>
<td>Operating Revenue</td>
<td>$2,411,205,308</td>
<td>N/A</td>
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<tr>
<td>Actual</td>
<td>$2,444,725,192</td>
<td>± Budget</td>
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<tr>
<td>Operating Income</td>
<td>$560,859,645</td>
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<tr>
<td>Actual</td>
<td>$4,816,997</td>
<td>± Budget</td>
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### STL Regional Benefit Tracker

#### SSM Health - St. Louis

**Lean Process Rapid Improvement Events**

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Benefit Tracker - ROI Thru August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SSM Health - DePaul Hospital - St. Louis</td>
<td>2016 Totals</td>
</tr>
<tr>
<td>Total Hard Actual</td>
<td>$1,016,379</td>
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<tr>
<td>Total Hard Goal</td>
<td>$1,401,077</td>
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<tr>
<td>Total Hard Savings Variance</td>
<td>($384,698)</td>
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<tr>
<td>Total Soft Actual</td>
<td>$530,763</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Total Benefit Tracker - ROI Thru August</th>
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<tbody>
<tr>
<td>Total SSM Health - St. Joseph Hospital - St. Charles</td>
<td>2016 Totals</td>
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<tr>
<td>Total Hard Actual</td>
<td>$435,661</td>
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<tr>
<td>Total Hard Goal</td>
<td>$545,636</td>
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<tr>
<td>Total Hard Savings Variance</td>
<td>($124,000)</td>
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<tr>
<td>Total Soft Actual</td>
<td>$706,366</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Total Benefit Tracker - ROI Thru August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SSM Health - St. Mary’s Hospital - St. Louis</td>
<td>2016 Totals</td>
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<tr>
<td>Total Hard Actual</td>
<td>$313,613</td>
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<td>Total Hard Goal</td>
<td>$460,095</td>
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<td>Total Hard Savings Variance</td>
<td>($146,487)</td>
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<tr>
<td>Total Soft Actual</td>
<td>$1,714,909</td>
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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>SSM Health - St. Clare Hospital - Fenton</td>
<td>2016 Totals</td>
</tr>
<tr>
<td>Total Hard Actual</td>
<td>$0</td>
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<tr>
<td>Total Hard Goal</td>
<td>$0</td>
</tr>
<tr>
<td>Total Hard Savings Variance</td>
<td>$0</td>
</tr>
<tr>
<td>Total Soft Actual</td>
<td>$0</td>
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#### SSM Health - Cardinal Glennon Children’s Hospital

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Benefit Tracker - ROI Thru August</th>
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<tbody>
<tr>
<td>Total Hard Actual</td>
<td>$1,580</td>
</tr>
<tr>
<td>Total Hard Goal</td>
<td>$2,047</td>
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<tr>
<td>Total Hard Savings Variance</td>
<td>($467)</td>
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<tr>
<td>Total Soft Actual</td>
<td>$469</td>
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#### Labor Management

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<tbody>
<tr>
<td>Total Hard Actual</td>
<td>$2,272,857</td>
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<tr>
<td>Total Hard Goal</td>
<td>$9,268,396</td>
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<tr>
<td>Total Hard Savings Variance</td>
<td>($2,895,599)</td>
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<tr>
<td>Total Soft Actual</td>
<td>$0</td>
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#### Behavioral Health

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<th>Category</th>
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<tr>
<td>Total Hard Actual</td>
<td>$77,859</td>
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<tr>
<td>Total Hard Goal</td>
<td>$478,748</td>
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<tr>
<td>Total Hard Savings Variance</td>
<td>($400,899)</td>
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<td>Total Soft Actual</td>
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#### Revenue Cycle Denials

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<tbody>
<tr>
<td>Total Hard Actual</td>
<td>$0</td>
</tr>
<tr>
<td>Total Hard Goal</td>
<td>$0</td>
</tr>
<tr>
<td>Total Hard Savings Variance</td>
<td>$0</td>
</tr>
<tr>
<td>Total Soft Actual</td>
<td>$0</td>
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**SSM Health - St. Louis**

<table>
<thead>
<tr>
<th>Category</th>
<th>2016 Totals</th>
<th>YTD 2017</th>
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</thead>
<tbody>
<tr>
<td>Total Hard Actual</td>
<td>$4,116,362</td>
<td>$9,943,047</td>
</tr>
<tr>
<td>Total Hard Goal</td>
<td>$8,153,916</td>
<td>$15,626,652</td>
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<tr>
<td>Total Hard Savings Variance</td>
<td>($4,051,586)</td>
<td>($5,683,605)</td>
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<tr>
<td>Total Soft Actual</td>
<td>$2,952,037</td>
<td>$2,950,437</td>
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<tr>
<td>Total Expenses</td>
<td>$4,083,579</td>
<td>$2,769,005</td>
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<tr>
<td>Savings Net of Expenses</td>
<td>$2,984,821</td>
<td>$10,123,852</td>
</tr>
<tr>
<td>No.</td>
<td>Description</td>
<td>SLM</td>
</tr>
<tr>
<td>-----</td>
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<td>-----</td>
</tr>
<tr>
<td>1</td>
<td><strong>Be the IDN of Choice by end of the year of 2020</strong></td>
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</tr>
<tr>
<td>2</td>
<td>Build and deploy a talent management system for leaders and providers</td>
<td>M</td>
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<tr>
<td>3</td>
<td>Achieve cost reduction and growth goals to meet FIP and budget</td>
<td>H</td>
</tr>
<tr>
<td>4</td>
<td>Maximize collections of earned revenue (Maximize the Payers)</td>
<td>H</td>
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<tr>
<td>5</td>
<td>Achieve physician recruitment plan and optimize current capacity</td>
<td>H</td>
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<tr>
<td>6</td>
<td>Complete IDN and academic strategic plan by Aug 2017 (Reach agreement with the SLU Dean and key SLU Care Recruitment)</td>
<td>L</td>
</tr>
<tr>
<td>7</td>
<td>Achieve cost reduction and growth goals to meet FIP and budget</td>
<td>H</td>
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<tr>
<td>8</td>
<td>Plan and deploy one single access model i.e. Rheumatology patients</td>
<td>L</td>
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<tr>
<td>9</td>
<td>Develop and deploy measures and standards of success for improved patient access - Retail, PCP, etc. - Mostly PCP</td>
<td>M</td>
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<tr>
<td>10</td>
<td>Perform gap analysis for consumer preferred access and put a plan in place to close those gaps</td>
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<tr>
<td>11</td>
<td>Deploy telemedicine options with 2-3 rural hospitals</td>
<td>L</td>
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<tr>
<td>12</td>
<td>ID top 3 commercial bundles and be in positions to deliver in 2018 (e.g. Cabg, Spine, CJR 2.0 high-risk maternity)</td>
<td>L</td>
</tr>
<tr>
<td>13</td>
<td>Enhance Referral Network (Tri-State)</td>
<td>L</td>
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<tr>
<td>14</td>
<td>Designate a leader for the oncology service line</td>
<td>O</td>
</tr>
</tbody>
</table>

**St. Louis Region Level 0 Strategic X-Matrix**

**RESOURCES**

- Candace JJ
- Lee Kathy K
- Kathy B
- Renee Steven
- Travis Mike B
- Ellis Margaret
- Tom Lisle
- Sean Kate
- Alex Karen
- Doug Adriene
- Mike P

Last Revised 1/30/2017
Philosophy of Improvement:

- Every Problem Fixed
- Every Problem Obvious
- Ideal State
- Culture of Improvement
- New Capabilities
- Capture Learning

Current State
Go Slow to Go Fast: Traditional Healthcare Management vs. Lean Management

- Go fast to go slow
- Plans
- Formal education
- Improvements by line managers
- Standardization by experts
- Jump to solutions

- Go slow to go fast
- Experiments
- Gemba learning
- Improvements by staff
- Standardization by those touching the process
- Start with the problem

“Decide carefully, implement quickly.” Toyota
Standardize and Solve to Improve

• Standard Work, current best known way
• Standard work secures improvement
• A3 Thinking
• Root cause problem solving vs. firefighting
A3’s as a Management Process (example)

All A3’s live and used to drive improvement until target conditions are met:

1. Event complete
2. Target met
3. Owned by Site Leader
   Updated monthly
   Updated quarterly with Sensei
4. Owned by Senior Leader
   Updated 6 Monthly with Simpler

Owned by “Process Owner”
Updated weekly with Lean Team

Owned by “Process Owner”
Updated monthly

Owned by Senior Leader
Updated 6 Monthly with Simpler

All A3’s live and used to drive improvement until target conditions are met.

Event complete
Target met
“5 Why” Analysis

• Used to move past symptoms and understand the true root cause of a problem.

• It is said that only by asking "Why?" five times, successively, can you delve into a problem deeply enough to understand the ultimate root cause.

• This methodology is closely related to the Cause & Effect (Fishbone) diagram, and can be used to complement the analysis necessary to complete a Cause & Effect diagram.

Each 5 Why answer must be supported with data!
# Leader Standard Work

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Daily: Start of day
- [ ] Follow-up for any supervisors off: call-ins, shift change coordination
- [ ] Daily check-in with each supervisor (~ 5 minutes)
- [ ] Attend one supervisor’s start-up meeting
- [ ] Review yesterday’s production-tracking documents

### Daily
- [ ] Update schedule/weekly assignment log
- [ ] Check-in with compounding pharmacist - Gary
- [ ] SES report review/follow-up
- [ ] Daily review of “next action” items (~ 5 minutes)
- [ ] Check for schedule trade slips

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<tr>
<th>Notes/ If not completed reason &amp; any actions taken</th>
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Transform the Way We Behave

Perception of Job Functions

Innovation  
Maintenance/Fire Fighting

Top Management  
Middle Management  
Supervisors  
Workers

Lean Enterprise Perception of Job Functions

Innovation  
Cont. Imp.  
Maintenance/Fire Fighting

Top Management  
Middle Management  
Supervisors  
Workers

STEADILY INCREASE THE PORTION OF THE ORGANIZATION THAT WORKS FULL TIME ON IMPROVEMENT
Transformation Journey

Introduction Year 1-2
- Apply tools
- Changing Actions

Intense Year 3-5
- Borrowing then Developing Technique
- Changing Habits

Development Year 5-10
- Developing New Beliefs
- Changing Values
- Understanding & Embedding Principles
- Forever Improve Culture Change
External and Internal Change Forces for SSM Health - St. Louis 2015-2017

External/Internal Change Forces 2015/2016

- Acquisition of an academic medical center September 1, 2015; planning begins for the construction of a new $500 million replacement hospital
- Two collective bargaining unit negotiations completed in 2016 at the academic medical center
- Below market compensation coupled with record volume created the perfect storm of high profitability and high nurse traveler usage with experienced RN turnover in key areas (OR, ICU, Cath Lab, E.D.)
- Regulatory issues (new CMS leader in Missouri) in three hospitals
- Rapidly deteriorating revenue cycle performance and loss of a key Managed Medicaid contract

External/Internal Change Forces 2017

- Declining volumes from loss of some key physicians and the redirection of surgeries/endoscopies to ambulatory centers; softening of the market; success of initiatives to reduce readmissions, redirect patients to urgent care and 26 SSM Health/Walgreen’s Express Clinics across the region
- Union organizing attempts at two of the hospitals
- Regulatory scrutiny continues
- Significant negative performance variances in the academic medical center
- New CEO in May 2017
- McKinsey & Co. engagements in revenue cycle, labor management and supply chain beginning now
- One of nine states for Anthem reimbursement changes
STL Transformation Continuum
Leadership for Change

The lean initiative will not deliver expected sustainable improvements if leadership and management do not change.

- Erase old standards and expectations, learn/own new ones
  - What is acceptable today, won’t be tomorrow
- Learn to see
  - Must be able to see things that are not visible today
  - Best accomplished through coaching and pointing out
- Must become intolerant to gaps
  - Deviations cannot be accepted
  - Never accepting mediocrity, but listening
  - Intolerance doesn’t mean immediate drastic actions – “cure can’t kill patient”
- Learn and practice
  - Must learn/practice persistence, creativity, patience, tactfulness, determination and ... then more and more persistence
  - High tolerance to frustration
Human response to change

- Time
- Performance
- Shock
- Self Blame
- Denial
- Anger
- Bargaining
- Confusion
- Blame Others
- Depression
- Acceptance
- Commitment
- Problem Solving
Leading change

How to help people deal with change

- Shock
- Depression
- Acceptance
- Denial
- Anger
- Self Blame
- Blame Others
- Confusion
- Bargaining
- Problem Solving
- Commitment
- People Need Information
- Empathy Not Sympathy
- Blame Others
- Confusion
- Direction
- Looking Towards Future
- Focused on Past

Openly Expressed Feelings

Hidden Feelings

SSM Health
The nature of change unfolds in a series of dynamic but manageable phases that require preparation.


The five stages of transformation

Stagnation  Preparation  Implementation  Determination  Fruition
A Few Thoughts on Transformative Change

“The talented master has the ability to become a leader who induces change. The leader can transform separate individuals into cohesive teams. So linked, these individuals can communicate without words. They can capture the imagination of larger communities, enticing them to dream new dreams. Even the most tightly held prejudice can be muted. In the end, excellence is infectious.

Transformative change is a terrifying choice, often involving a ‘dark night of the soul.’ Pressure for change comes from the outside world, which forces the organization to reinvent itself. Organizational change then builds pressure for personal change. It is a model of bottom-up change that starts with the individual. We can change the world only by changing ourselves.” - Robert Quinn *Deep Change*

The first task of a lean leader is to change oneself.
Lessons Learned About Transformation

• It’s incredibly hard.

• It’s incredibly easy to veer off course, but adopting a lean management system can help you “steer vs. veer.”

• Since lean is a journey from “doing lean” to “being lean,” you will make a lot of mistakes in leading the transformation. Mistakes/experimentation are essential to learning and to success.

• Leading a transformation is indeed a journey to the “dark night of the soul” at times. You also are going through the Kubler Ross change continuum. You need a sensei’s support and ways that work for you to first manage yourself, then manage others.

• There will be tremendous resistance to what you are doing. Assessing and managing the emotions of change and having a continuous dialogue about how a lean management system is the best way – perhaps the only way – you will achieve your transformation and sustain it over time will help you and those who are making the journey with you manage this resistance.
From Chief Naysayer to Chief Lean Cheerleader: Linda Hertelendy
From Chief Naysayer to Chief Lean Cheerleader: Linda Hertelendy
SSM Health’s Mission

Through our Exceptional health care services, we reveal the healing presence of God.

Questions?