Lean and Remote:

Because Efficiency Doesn't Need an Office

WASHINGTON STATE GOVERNMENT LEAN TRANSFORMATION CONFERENCE
OCTOBER 24, 2024

UW Medicine
FACULTY PRACTICE PLAN SERVICES

About Faculty Practice Plan Services

Our mission is to serve our patients by supporting UW Physicians

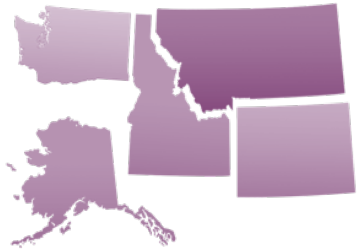
VISION

Through innovation, business excellence and collaboration with our UW Medicine partners, we deliver accurate, timely and cost-effective billing, collection and other administrative services to our physicians

UW Medicine
FACULTY PRACTICE PLAN SERVICES

About UW Physicians

3,000 Physicians and other advanced healthcare practitioners who are active faculty at the UW School of Medicine



Licensed to practice throughout the WWAMI region (Washington, Wyoming, Alaska, Montana, Idaho)

Supported by FPPS (Faculty Practice Plan Services), an entity of UW Medicine that specializes in billing, coding and administrative services for faculty practice plans

UW Medicine
FACULTY PRACTICE PLAN SERVICES

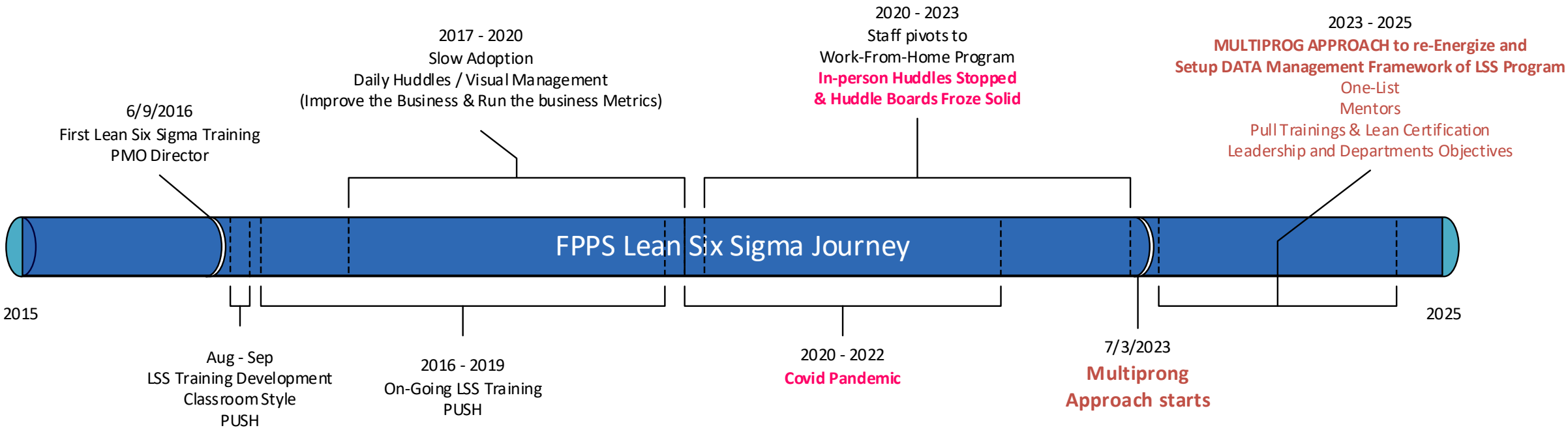
About your Presenter

Serge Alfonse
Operational Excellence Program Manager,
FPPS | UW Medicine

- MSc IT, Six Sigma Black Belt, Lean sensei, CMMI, COPC, Certified Mediator, Prosci Certified Practitioner, and Pilot
- Accumulated vast business and consulting experience gathered through hundreds of consulting engagements for Fortune 100 companies, Federal, State and County Agencies
- 30 years hands-on Quality Management experience
- Thousands of hours as an instructor, and numerous leadership and entrepreneurial positions
- Published Lean Author, Guest lecturer at the UW
- His home is in Seattle, WA

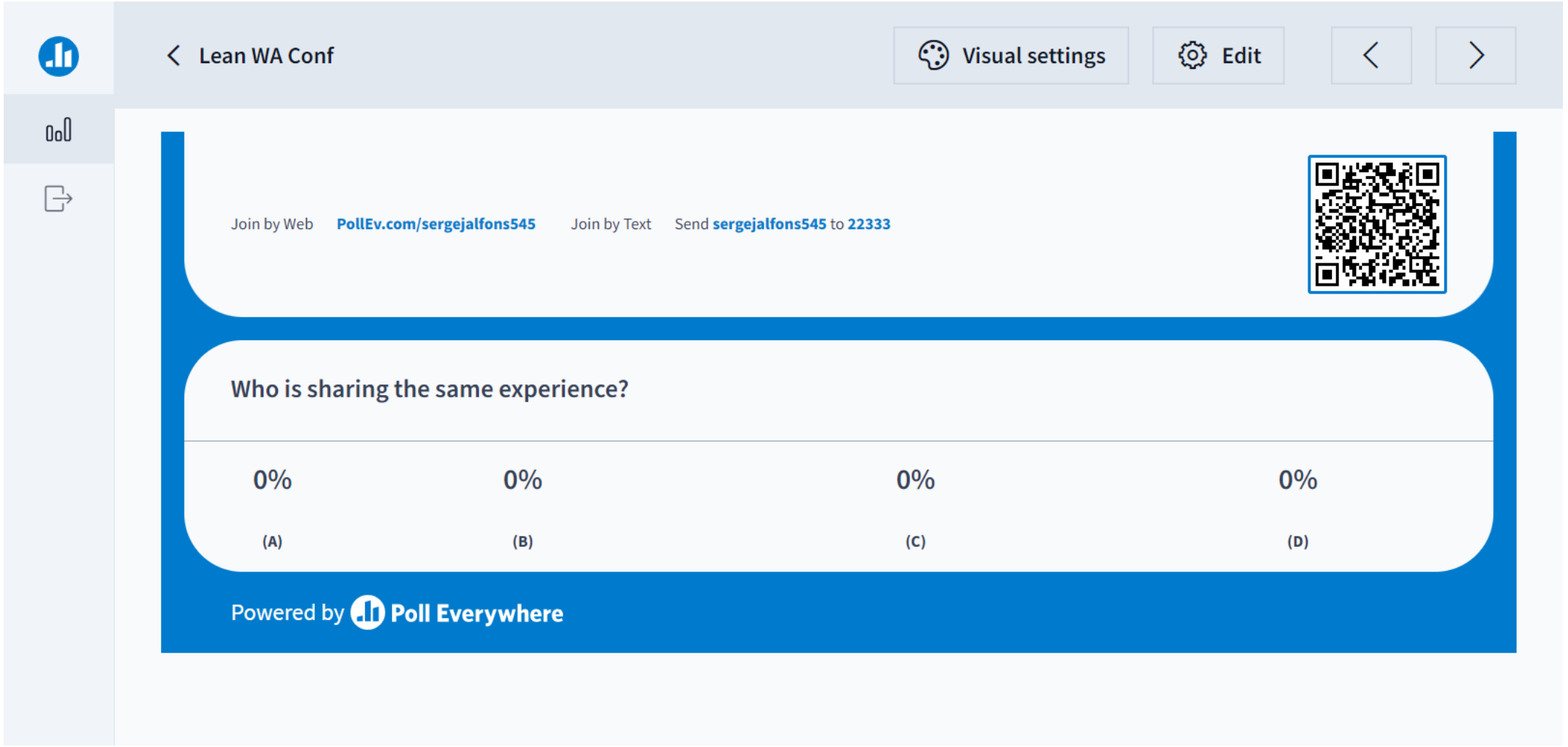
UW Medicine
FACULTY PRACTICE PLAN SERVICES

Situation/Background



UW Medicine
FACULTY PRACTICE PLAN SERVICES

Poll Time



UW Medicine
FACULTY PRACTICE PLAN SERVICES

How to Re-Energize an OE Culture

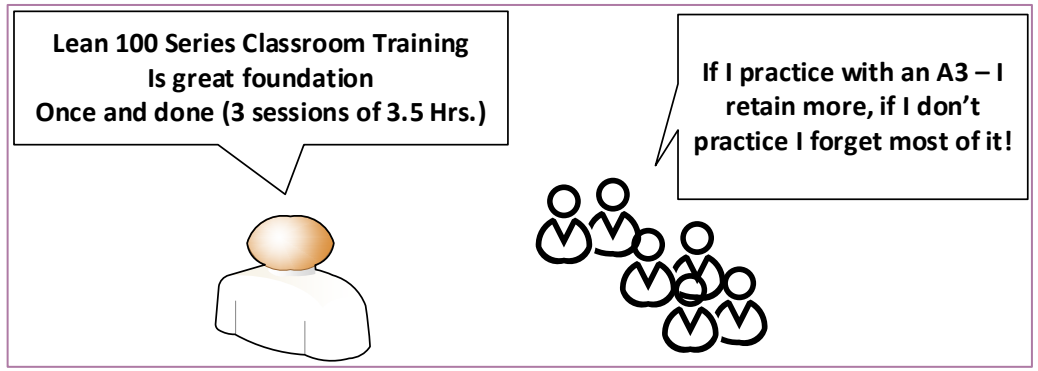
More Process Improvements

Culture of Continuous Improvements

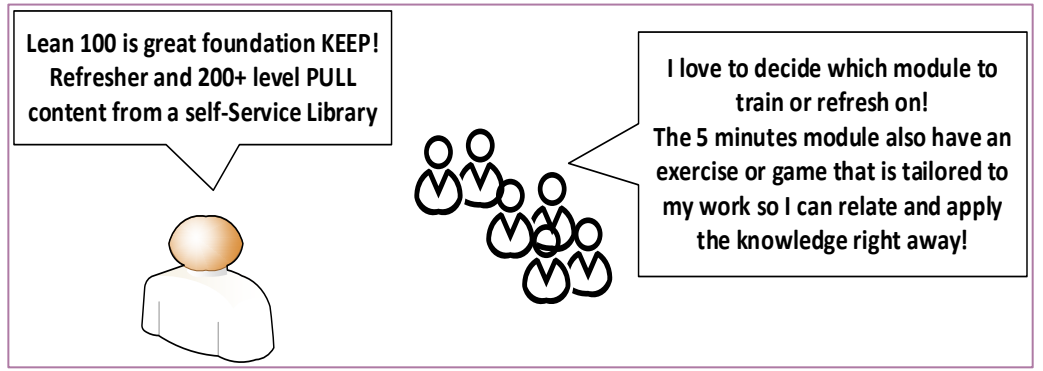
Up LSS Skill Set

UW Medicine
FACULTY PRACTICE PLAN SERVICES

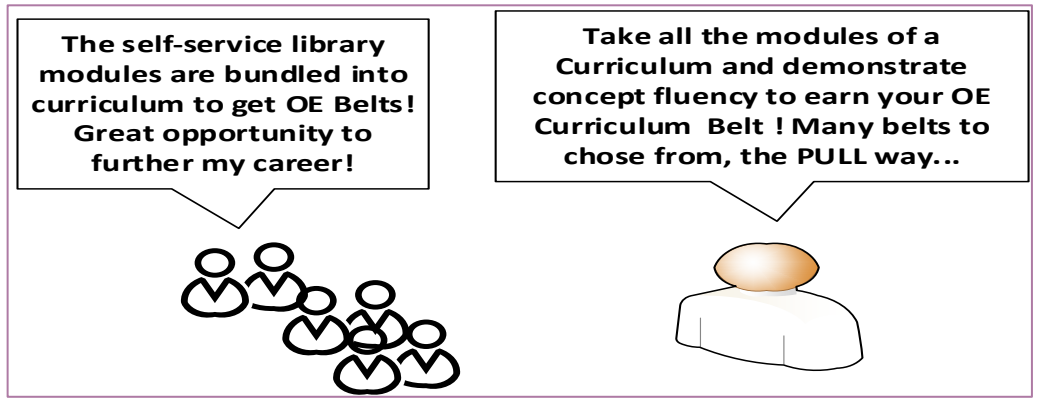
Approach Strategy - Train



PUSH Training



HYBRID PUSH- PULL Training



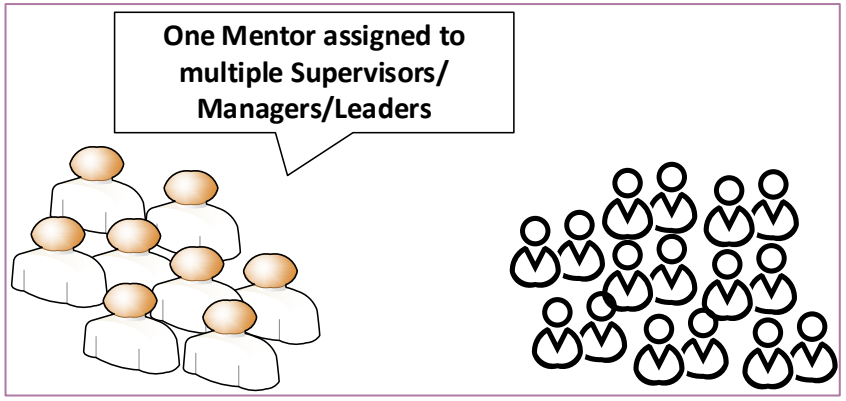
Next Phase: Adding OE Certifications

OUTCOME:

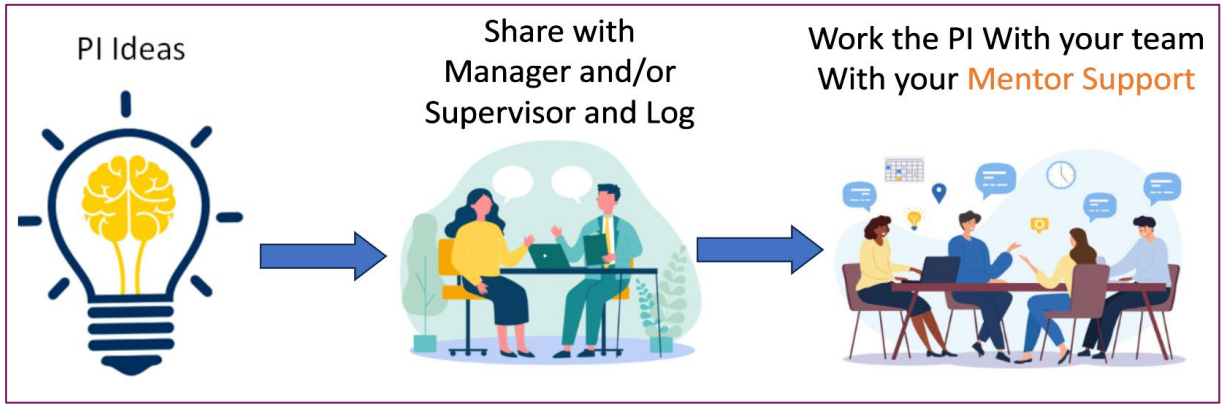
Transferring Lean skills that add value to staff, boosts the number and quality of Process Improvements

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy - Mentor



Simple Mentor Assignment Model



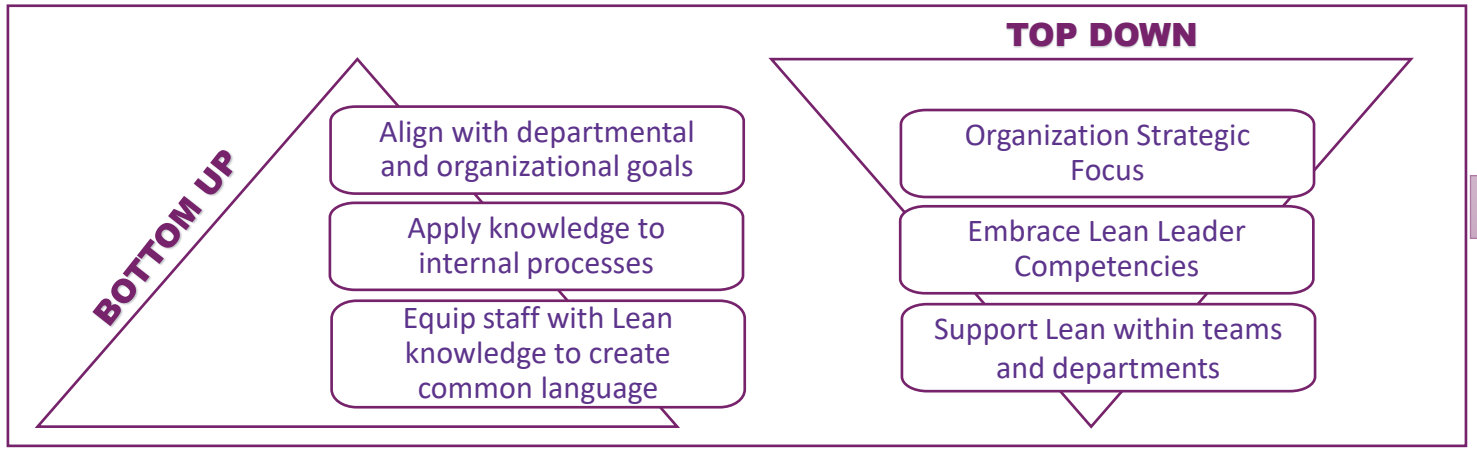
Simple operational Model

OUTCOME:

- Anchor Operational Excellence (OE) **closest to the work**
- Build one-on-one **communication channels/relationships** between OE Mentors and Supervisors & Managers & Leaders
- Mentors acts as **COACH** on PIs (Process Improvements) & 15% ratio mentor to Leaders, Mgrs. Sups.
- **Cascade effect** - Supervisors & Managers become Mentors to their team members
- Enables the **sharing of PIs** across teams

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy - Motivate



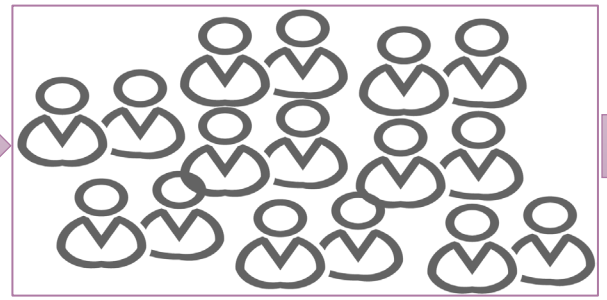
Bridging top-down and bottom-up support for OE through Accountability

Monthly PI Points Game

A friendly department-to-department competition where staff aim to exceed their target number by completing process improvements

AGREED ON MONTHLY TARGETS		
Target	*Team*	*Owner*
1 pt	Department A	Erica
3 Pts	Department B	Laura
3 Pts	Department C	Jeremy
6 pt	Other Department Etc.	Leader….

Departments monthly PI Point Targets



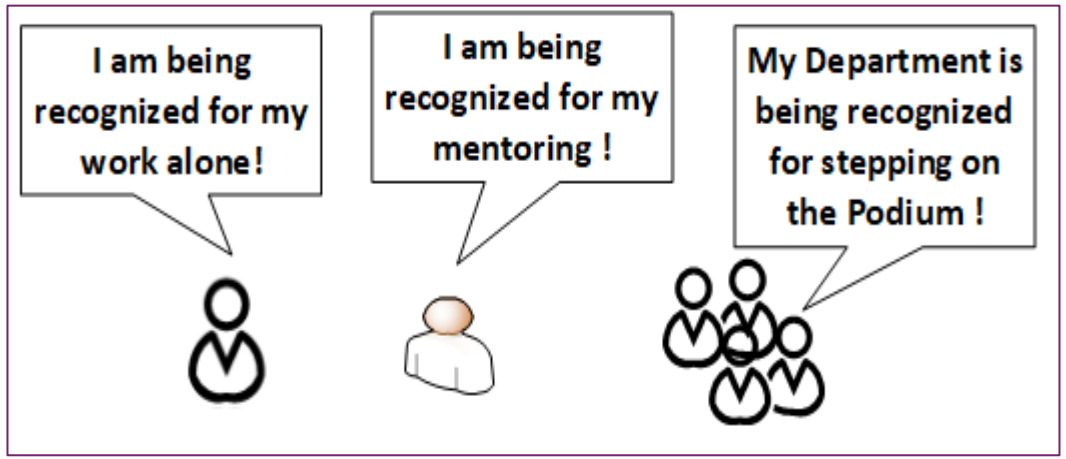
Staff Complete and Log their PIs

PI Type	*Pts*
A3s	5
Projects	5
Staff PI Ideas	3
Kaizen Buddies	1
Reporting Requests	1
Daily Kaizen	1

Points are Counted

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy – Recognize All and Often



Recognize Individuals, mentors, teams

- Monthly Newsletter
- Monthly OE Council
- Cascade down from Leaders to Managers to Supervisors to staff at team huddles
- Bi-Monthly Management Round Table
- Create a recognition topic on Huddle Standard Agendas

Use as many Channels as available

OUTCOME:

Create a culture where:

- Problems are treasures
- Blame has NO place
- Experimenting is superior to succeeding
- Teamwork is valued

UW Medicine
FACULTY PRACTICE PLAN SERVICES

How to Create an OE Culture

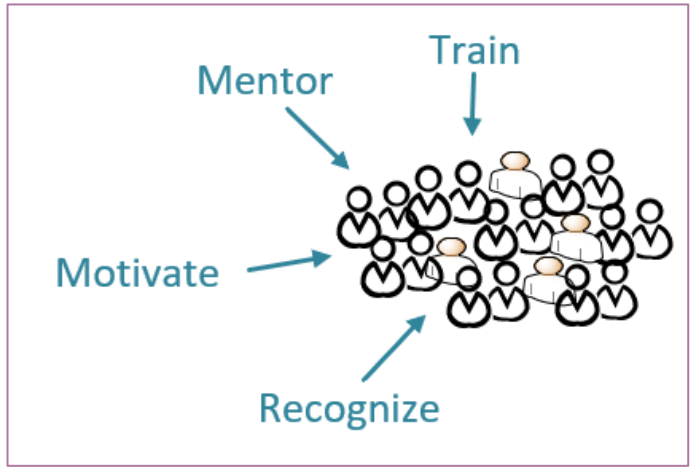
More Process Improvements

Culture of Continuous Improvements

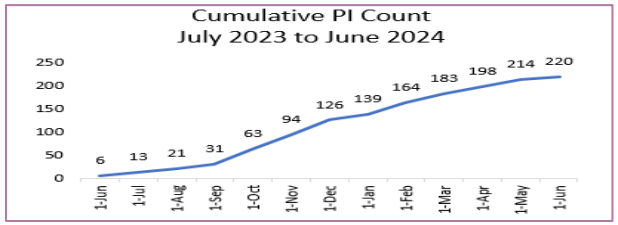
Up LSS Skill Set

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy – More PIs & Lean Culture



Inputs

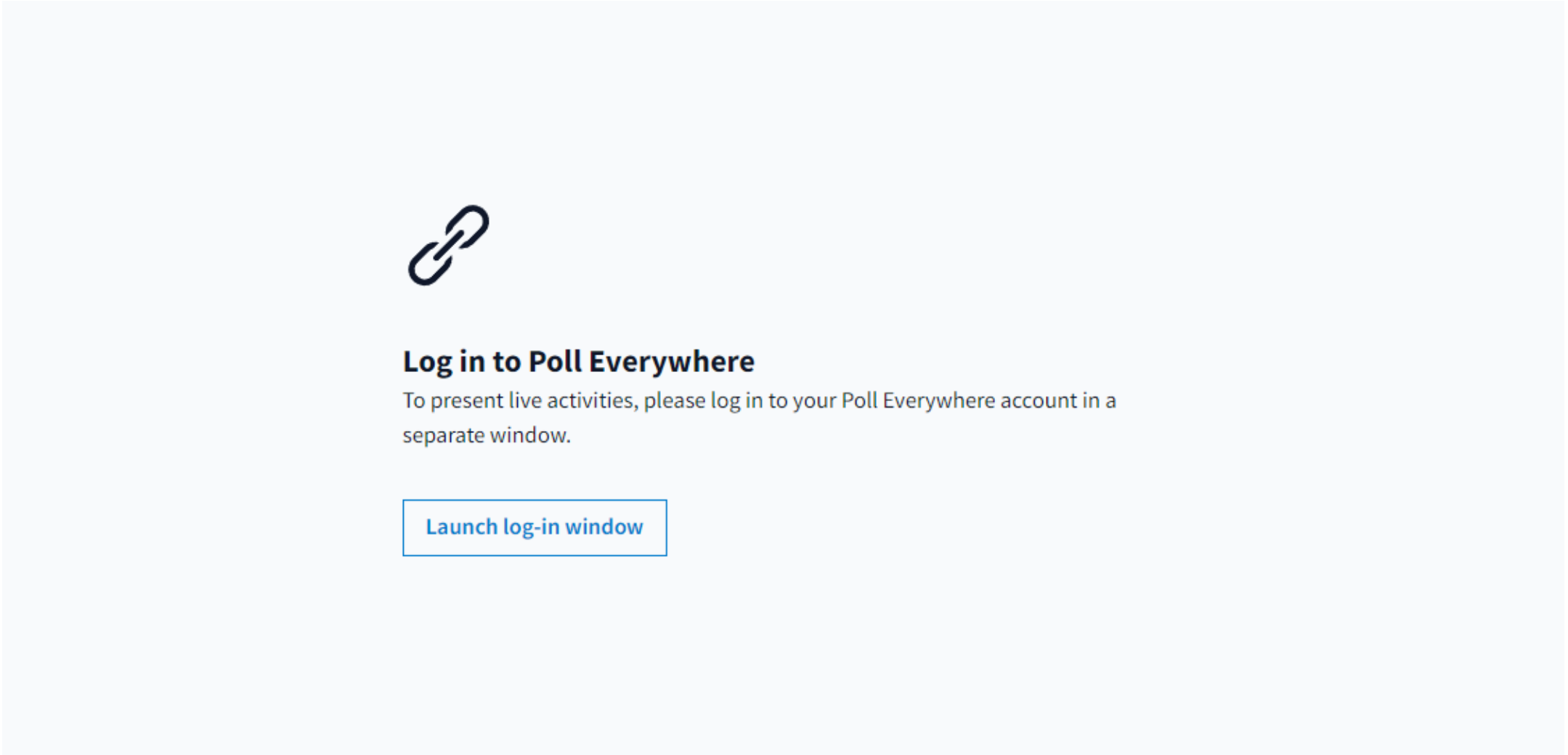


Outputs: More PIs & Lean culture development

How do we sustain over time?

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Poll Time



UW Medicine
FACULTY PRACTICE PLAN SERVICES

How to Manage an OE Culture

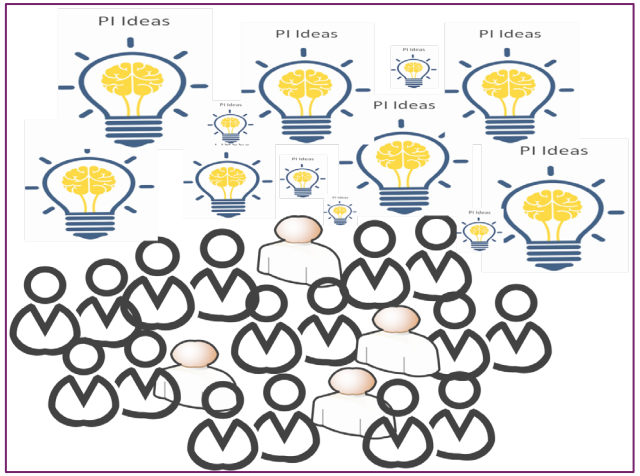
More Process Improvements

Culture of Continuous Improvements

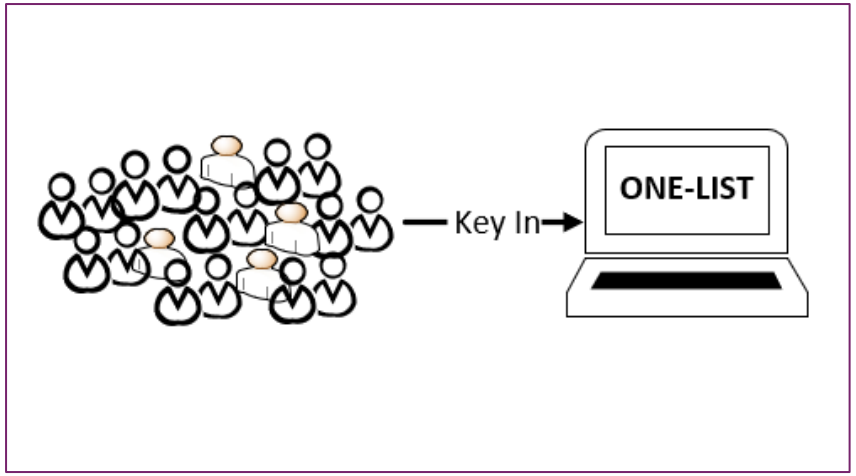
Up LSS Skill Set

UW Medicine
FACULTY PRACTICE PLAN SERVICES

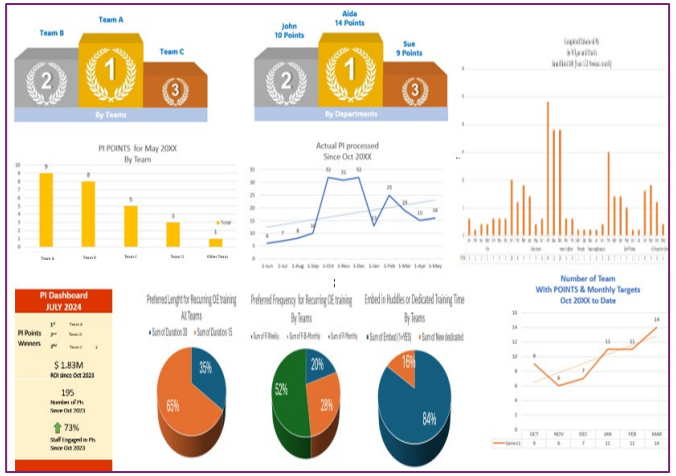
Approach Strategy – OE Management Metrics



OE Efficiency does not need an office, it needs Metrics!



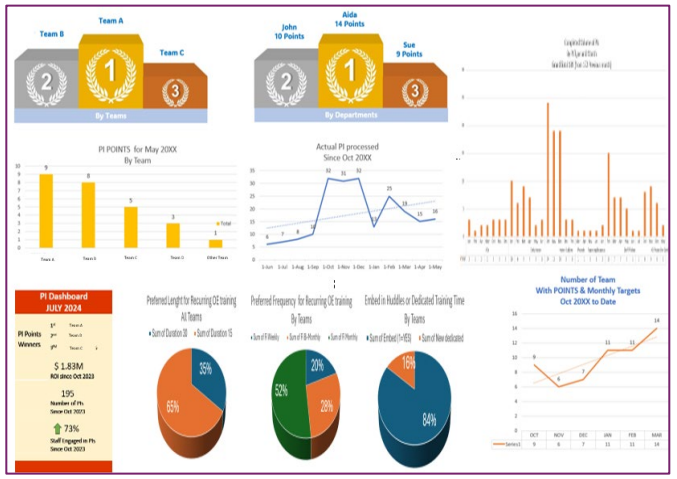
Logs PI and Computes ROI
No Logging of PI No OE Program!



Monthly Dashboards
Future: Near Real-Time

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy – OE Management Metrics



Monthly Dashboards

- Completed Volume of PIs
By PI Type and Month

- Completed Volume of PIs
By Org Teams by Month
Last 4 months

- Actual PI processed
Since MM 20XX

- Completed PI $ Return (ROI)
By PI Type and Month
TOT to DATE $

- Completed PI $ ROI
By PI Team to date

- In-Process PIs by PI Team
Total in-Process

- PI POINTS for MM 20XX
By Team

- PI Points by Teams
Current Month

- PI Points Podium by Team

- PI Points Podium by Leader

- Number of Team With
no POINTS or Missing
Monthly Targets
Oct 20XX to Date

- Percent of Staff Engaged
as PI Owner & a PI Team Member
Inception to Date

- Burn Down Chart PIs
20XX-20XX+1 Goals

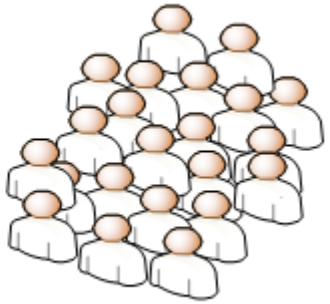
What we measure: Report inventory

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy – OE Management Metrics

All-Hands Survey

Two Bi-Annual Surveys



Leaders/Managers
Supervisors/Leads

Bi-yearly Dashboards

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy – OE Management Metrics

Bi-yearly Self-assessment Dashboards
LEAN LEADERSHIP MATURITY MODEL

	Level 1	Level 2	Level 3	Level 4
	RARE OR NEVER	OCCASSIONALLY	FREQUENTLY	DAILY
LEAN LEADERSHIP	•Observe work in your team quarterly (Gemba) •Problem-solving on issues you own (within your unique department) quarterly •Quarterly recognizing/thanking employees who raise problems	•Observe work in your team monthly (Gemba) •Problem-solving on issues you own (within your unique department) monthly •Monthly recognition/thanking employees who raise problems	•Observe work in your team bi-weekly (Gemba) •Problem-solving on issues you own (within your unique department) at least 2x a month •Bi-weekly recognizing/thanking employees who raise problems	•Observe work in your team daily (Gemba) •Problem-solving on issues you own (within your unique department) daily •Daily recognition/thanks to employees who raise problems
VISIBILITY	•25% of team goals connect to a measurable Customer Statement •Goals are visible. Progress and results are understood by leaders	•50% of the team goals connect to a measurable Customer Statement •Goals are visible. Progress and results are understood by leaders	•75% of the team goals connect to a measurable Customer Statement •Goals are visible. Progress and results are understood by all employees •Problems are visible and acted upon weekly	•100% of the team goals connect to measurable Customer Statement •Problems are visible and acted upon daily •Goals are visible. Progress and results are understood by all employee
STANDARD WORK	•Processes are documented (all not some) •Seasonal forecast of work is understood •We know if customer demand is on/off track	•Forecast exists for some processes •Daily forecast for work is known at start of shift •Line stops are visible (stop work to fix problem in real time)	•Processes are predictable, measurable, and forecasted •Tomorrow's forecast is understood today •There is a way to show work has stopped and processes exist for leaders to respond	•Processes are forecasted and root cause analysis takes place when variances occur •Tomorrow's forecast is understood today – appropriate tools are used to solve variances •Actively use andons, stop-the-line features and problems solving to support work
CONTINUOUS IMPROVEMENT	•Each team has time quarterly for problem-solving •Team members learn problem-solving primarily from the Lean Sigma team •Team documents problem solving •Dedicate time quarterly to train each other on new processes or updates to standards	•Each team has time monthly for problem-solving •Team members learn problem - solving •Team documents problem-solving and learnings/results •Dedicated time monthly to train each other on new processes or updates to standards	•Each team has time weekly for problem-solving •Team members learn problem-solving via feedback from leaders •Team shares problem-solving and learnings/result with each other •Dedicated time weekly to train each other on new processes or updates to standards	•Each team has time daily for problem-solving •Each team member is partnered with a problem-solving mentor/partner •Team shares problem-solving and learnings/results with upstream/downstream teams •Dedicated time daily to train each other on new processes or updates to standards

What we measure:
4 dimensions across 4 Maturity Levels

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy – OE Management Metrics

Bi-yearly Self-assessment
Dashboards
ALL-HANDS
MATURITY and READINESS

1. LSS - Awareness Level

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am not sure what Lean Six Sigma represents or what it is for.	○	○	○	○	○
I understand the basics of Lean Six Sigma, but I am unsure how to apply it to my work.	○	○	○	○	○
I understand A3s and how to use them to improve my work environment and I use an A3 one or two times per quarter.	○	○	○	○	○
I have a good grasp of Lean Six Sigma and apply my knowledge to at least two to three process improvements each month.	○	○	○	○	○
I am well versed in Lean Six Sigma and apply my knowledge to process improvement several times a week or daily.	○	○	○	○	○

What we measure
2 Dimensions based on PROSCI ADKAR Model
(Awareness/Desire/Knowledge/Ability/Reinforcement)

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Approach Strategy – OE Management Metrics

Bi-yearly Self-assessment
Dashboards
ALL-HANDS
MATURITY and READINESS

2. LSS - Readiness

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I know about the operational excellence program and why we have one at FPPS.	○	○	○	○	○
I am interested in learning Lean Six Sigma tools and techniques so I can continuously improve my work environment.	○	○	○	○	○
I have received sufficient Lean Six Sigma training to start practicing process improvement.	○	○	○	○	○
I am confident that I can drive process improvement with my current Lean Six Sigma knowledge.	○	○	○	○	○
I plan to increase the number of process improvement initiatives that I will carry out per month.	○	○	○	○	○

What we measure
2 Dimensions based on PROSCI ADKAR Model
(Awareness/Desire/Knowledge/Ability/Reinforcement)

UW Medicine
FACULTY PRACTICE PLAN SERVICES

How to Continuously Improve an OE Culture

More Process Improvements

Culture of Continuous Improvements

Up LSS Skill Set

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Poll Time

Log in to Poll Everywhere

To present live activities, please log in to your Poll Everywhere account in a separate window.

Launch log-in window

UW Medicine
FACULTY PRACTICE PLAN SERVICES

How to Continuously Improve an OE Culture

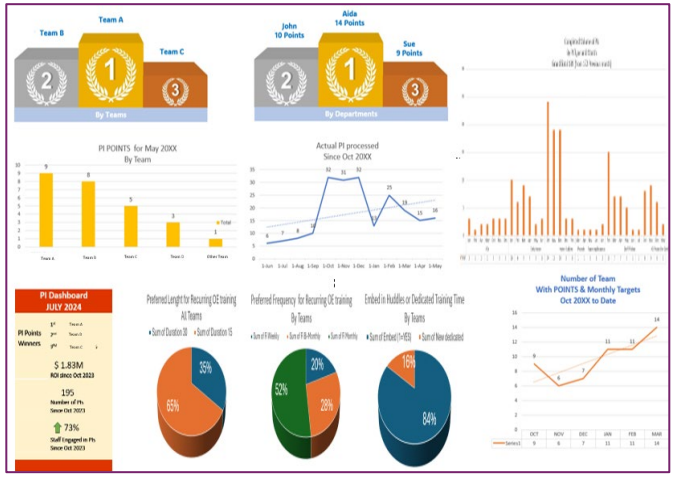
More Process Improvements

Culture of Continuous Improvements

Up LSS Skill Set

UW Medicine
FACULTY PRACTICE PLAN SERVICES

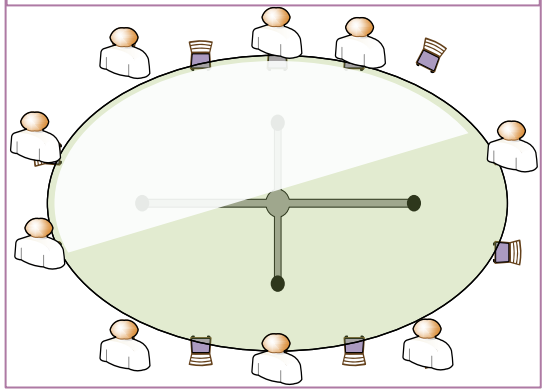
Approach Strategy – PDCAS



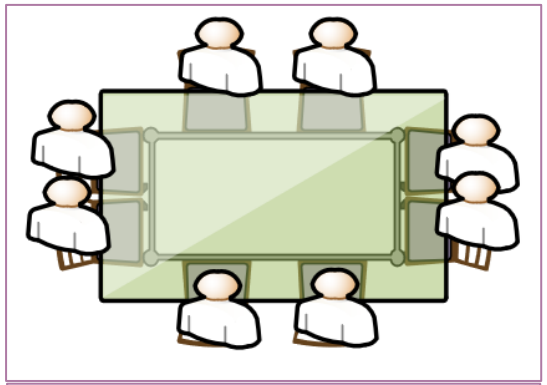
Monthly Dashboards

Bi-yearly Self-assessment

Operational Excellence Council



OE GOVERNANCE



Training Review Board

COUNTERMEASURES PLANS

Plan
Do
Check
Adjust
Standardize

UW Medicine
FACULTY PRACTICE PLAN SERVICES

How to Continuously Improve an OE Culture

More Process Improvements

Culture of Continuous Improvements

Up LSS Skill Set

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Poll Time

Log in to Poll Everywhere

To present live activities, please log in to your Poll Everywhere account in a separate window.

Launch log-in window

CONFIDENTIAL – DO NOT DISTRIBUTE

QUESTIONS?

APPENDIX

UW Medicine
FACULTY PRACTICE PLAN SERVICES

PI Points Game - Rules of the Game

Process Improvement (PI) Points is a monthly department-to-department competition where staff aim to exceed their target number by completing PI initiatives. *Find your Assigned Monthly Target number below…*

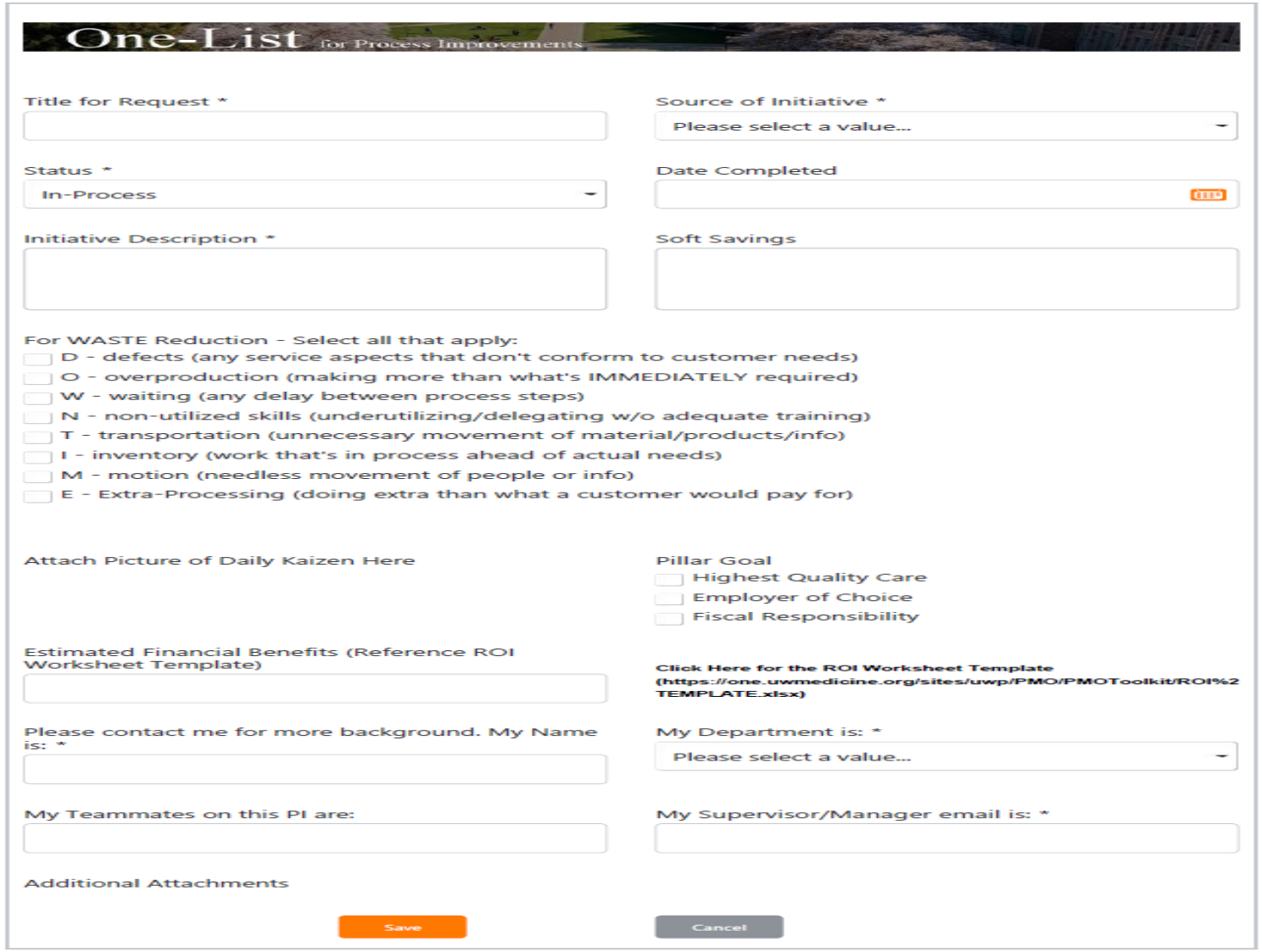
1. Propose your PI idea to your manager/supervisor. This can be large or small, it can be something you work on solo or with a group. *Look over Process Improvement Types and choose which type best fits your project.*
2. Once your PI is greenlit, log it into the One-List.
3. When you've completed the PI, go to your entry in the One-List, calculate your ROI and update the status to "completed" to ensure every point is counted toward your team/department score.
4. At the end of the month, the OE team tallies all the points. The team or department with the largest number of points ***above*** their target wins!

PROCESS IMPROVEMENT TYPES		
PI Type	*Pts*	*Definitions*
A3s	5	Structured Problem-Solving Methodology using the A3 template
Projects	5	Structured Projects using an approved project charter
Staff PI Ideas	3	Improvements that take a day or more to structure, moderately complex to implement.
Kaizen Buddies	1	Process Improvements that are fast, easy to implement, with no or very little cost
Reporting Requests	1	Process Improvements that are fast, easy to implement, with no or very little cost.
Daily Kaizen	1	Process Improvements that are fast, easy to implement, with no or very little cost.
Activities that *don't qualify*: routine operational work (adding a column on a spreadsheet, logging an IT ticket.)		

UW Medicine
FACULTY PRACTICE PLAN SERVICES

One-List Input Form

Fill-out One-List-Initiatives



Click Save

Save

DONE !

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Input Form

Short Title goes here
Short and Explicit

All PIs start as “In-Process”

Description of the PI goes here. Document enough so a new staff reading this description can grasp the topic of the improvement right away.

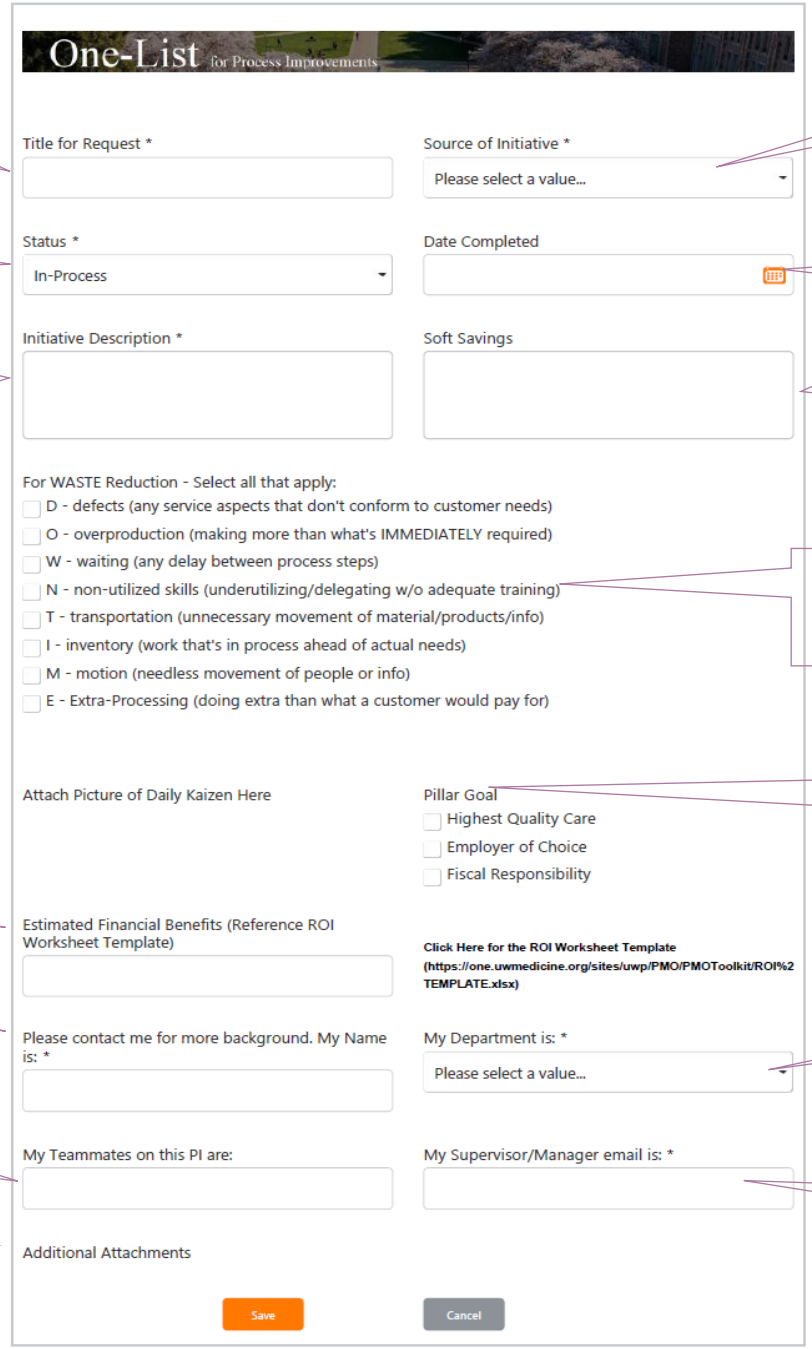
Picture of the IDIDIT Daily Kaizen (Before and After Pictures)

ROI: How much $ will be saved or Earned? (ask your mentor for help)

My name is

My teammates that worked on this PI with me are

Any documentation that can be useful? Attach file here



Select where PI originated:

Document once the PI has been implemented

Anything that is not quantifiable such as "improve morale“, "Happier Staff“…

If PI is waste reduction PI, then select which wastes are targeted

What Organization Pillar Goal is targeted ?

My Department is

My Supervisor/Mgr. email is

UW Medicine
FACULTY PRACTICE PLAN SERVICES

ROI – Sample ROI Calculator

Costs	Unit	ENTER INFO in THIS COLUMN	Description
How many minutes of **your time** will it take to carry out the improvement/effort?	Minutes	35	It will take me 5 minutes to re-arrange my columns in EPIC. It took another 30 minutes to explain my idea to my supervisor
How many minutes of all your **teamates time** will it take to carry out the improvement/effort?	Minutes	45	It will take my 5 colleagues 5 minutes each to re-arrange their EPIC Columns so 5*5=25 Minutes total. It took another 20 minutes at the huddle to explain the daily Kaizen. So total time invested is 25+20=45minutes
Estimated Additional Non-Labor Costs such as materials, supplies?	Dollars		There is no additional cost for supplies or material for this daily Kaizen
	TOT	$ 101.33	

Financial Benefits	Unit		Description
Labor Reduction Minutes per MONTH for all team members together	Minutes	1500	Scrolling back and forth takes 8 minutes per day on average. Eliminating the scrolling will save 8 minutes per team member per day. The team is composed of 5 teamates and each work 20 days on average per month. The total time in minutes saved is 8min*5teamates*20days each month is = 1500minutes saved per month
Additional Revenues per MONTH (example less Write Offs)	Dollars	$ -	There is no additional revenue realized with this Daily Kaizen
	TOT	$ 1,900.00	
	Estimated Financial Benefits (annualized) Annualized	$ 22,698.67	
		Annualized ROI	22400%

ROI = ((Benefit-Cost))/ Cost of Investment) x 100

Assumption:	
Hours Labor Cost	76

UW Medicine
FACULTY PRACTICE PLAN SERVICES

Sample PULL Lean Six Sigma 15 min. Modules

- 5S build intuitive workplace
- 6-3-5 method for brainstorming
- 8 lean Wastes
- A3 - How it works
- Affinity diagram
- Current state and Future state
- Follow up after PIs
- Goal statement
- Graphical data summary
- Incident management CAPA
- Mindfulness
- Pareto charts
- Problem analysis
- Problem statement
- Quality control and zone control
- Recommendations and implementation plans
- Rewarding teamwork with POUT
- Run charts and control charts
- Task management with Kanban boards
- Theory of constraints
- CT trees
- Descriptive statistics
- Prioritization matrix
- Cause and effect diagraph
- FMEA
- Quality function deployment / House of quality
- Hypothesis testing
- Idea generation worksheet
- Is, is not analysis
- PDPC
- Design prioritization matrix
- Practicality scale
- WIP - work in process
- VSM – Value Stream Mapping
- Spaghetti Diagrams
- Process capability
- Daily Kaizen
- Quad plot
- Document control
- SIPOC plus
- Change management / Prosci
- Solution prioritization matrix
- FIFO
- Statistics frequency distribution
- Data cubes
- TDRC - True deep root cause

UW Medicine
FACULTY PRACTICE PLAN SERVICES