Transforming Health Care:
Virginia Mason’s Pursuit of the
Perfect Patient Experience

Small & Rural Hospital Conference
Charlotte, North Carolina
November 12, 2013

Gary S. Kaplan, MD, Chairman and CEO
Virginia Mason Medical Center
Seattle, Washington
“If you are dreaming about it... you can do it.”

Sensei Chihiro Nakao
Virginia Mason Medical Center

- Integrated health care system
- 501(c)3 not-for-profit
- 336-bed hospital
- Nine locations
- 500 physicians
- 5,000 employees
- Graduate Medical Education
- Research Institute
- Foundation
- Virginia Mason Institute
Time for a Change

Year 2000

• Issues
  ▪ Survival
  ▪ Retention of the Best People
  ▪ Loss of Vision
  ▪ Build on a Strong Foundation

• Leadership Change

• A Defective Product
The Challenge of Healthcare

• Poor Quality........................3% defect rate
• Impact on individuals............100% defect
• Cost of poor quality.............Billions of dollars
• Cost of healthcare to those who pay.....................Unaffordable
• Access........................................Millions
• Morale of workers....................Unreliable systems
Our Strategic Plan

Vision
To be the Quality Leader and transform health care

Mission
To improve the health and well-being of the patients we serve

Values
Teamwork | Integrity | Excellence | Service

Strategies
People
We attract and develop the best team

Quality
We relentlessly pursue the highest quality outcomes of care

Service
We create an extraordinary patient experience

Innovation
We foster a culture of learning and innovation

Virginia Mason Team Medicine℠ Foundational Elements

Strong Economics | Responsible Governance | Integrated Information Systems | Education | Research | Virginia Mason Foundation

Virginia Mason Production System
Why is Change So Hard?

- Culture
- Lack of Shared Vision
- Misaligned Expectations
- No Urgency
- Ineffective Leadership
Kotter’s Eight Steps for Successful Large Scale Change

1. Increase Urgency
2. Build the Guiding Team
3. Get the Vision Right
4. Communicate for Buy-in
5. Empower Action
6. Create Short-term wins
7. Don’t Let Up
8. Make Change Stick
Urgency for Change at VMMC

“We change or we die.”

— Gary Kaplan, VMMC Professional Staff Meeting, October 2000
An Embarrassingly Poor Product


The lead story is titled “The Biggest Mistake of Their Lives” and chronicles four survivors of medical errors.

The article goes on to say that in 2003, as many as 98,000 people in the United States will die as a result of medical errors.
Investigators: Medical mistake kills Everett woman.

Hospital error caused death.
Ongoing Urgency

• In a time of constant and tumultuous change, avoid complacency
Compact

• Expectations members of an organization have that are:
  ▪ Unstated yet understood
  ▪ Reciprocal
    • The give
    • The get
  ▪ Mutually beneficially
  ▪ Set up & reinforced by society and the organization
Clash Of “Promise” And Imperatives

Traditional “Promise” Legacy Expectations

- Autonomy
- Protection
- Entitlement

Imperatives

- Improve safety/quality
- Implement EHR
- Create service experience
- Be patient-focused
- Improve access
- Improve efficiency
- Recruit/retain quality staff
Virginia Mason Medical Center
Physician Compact

Organization’s Responsibilities

**Foster Excellence**
- Recruit and retain superior physicians and staff
- Support career development and professional satisfaction
- Acknowledge contributions to patient care and the organization
- Create opportunities to participate in or support research

**Listen and Communicate**
- Share information regarding strategic intent, organizational priorities and business decisions
- Offer opportunities for constructive dialogue
- Provide regular, written evaluation and feedback

**Educate**
- Support and facilitate teaching, GME and CME
- Provide information and tools necessary to improve practice

**Reward**
- Provide clear compensation with internal and market consistency, aligned with organizational goals
- Create an environment that supports teams and individuals

**Lead**
- Manage and lead organization with integrity and accountability

Physician’s Responsibilities

**Focus on Patients**
- Practice state of the art, quality medicine
- Encourage patient involvement in care and treatment decisions
- Achieve and maintain optimal patient access
- Insist on seamless service
- **Collaborate on Care Delivery**
- Include staff, physicians, and management on team
- Treat all members with respect
- Demonstrate the highest levels of ethical and professional conduct
- Behave in a manner consistent with group goals
- Participate in or support teaching
- **Listen and Communicate**
- Communicate clinical information in clear, timely manner
- Request information, resources needed to provide care consistent with VM goals
- Provide and accept feedback
- **Take Ownership**
- Implement VM-accepted clinical standards of care
- Participate in and support group decisions
- Focus on the economic aspects of our practice
- **Change**
- Embrace innovation and continuous improvement
- Participate in necessary organizational change
Hardwiring Compact

• Recruitment
• Orientation
• Job Descriptions
  ▪ Chief
  ▪ Section Heads
  ▪ Physicians
• Feedback
The VMMC Quality Equation

\[ Q = A \times \left( \frac{O + S}{W} \right) \]

Q: Quality  
A: Appropriateness  
O: Outcomes  
S: Service  
W: Waste
“You should submit wisdom to the company.

If you don’t have any wisdom to contribute, submit sweat.

If nothing else, work hard and don’t sleep.

Or resign.”

Taiichi Ohno
The Impact of Lean

- $\frac{1}{2}$ the human effort
- $\frac{1}{2}$ the space
- $\frac{1}{2}$ the equipment
- $\frac{1}{2}$ the inventory
- $\frac{1}{2}$ the investment
- $\frac{1}{2}$ the engineering hours
- $\frac{1}{2}$ the new product development time
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
Seeing with our Eyes
Hitachi Air Conditioning

Team Leader Kaplan reviewing the flow of the process with Drs. Jacobs and Glenn
Summary

How are air conditioners, cars, looms and airplanes like health care?

• Every manufacturing element is a production processes

• Health care is a combination of complex production processes: admitting a patient, having a clinic visit, going to surgery or a procedure and sending out a bill

• These products involve thousands of processes—many of them very complex

• All of these products involve the concepts of quality, safety, customer satisfaction, staff satisfaction and cost effectiveness

• These products, if they fail, can cause fatality
VMPS Tools in Action

- Value Stream Development
- **RPIW** (Rapid Process Improvement Workshop)
- **5S** (Sort, simplify, standardize, sweep, self-discipline)
- **3-P** (Production, Preparation, Process)
- Standard Work
- Daily Work Life
5S Anesthesia "Shadow Board" - Before
5S Anesthesia “Shadow Board” - After
Central Line Insertion Standard Work

Before

Dry:
- 30 sec scrub
- 30 sec dry

Wet:
- 2 min scrub
- 1 min dry

Maximum Barrier Protection

Thyroid
Angio Drapes

During

OR

Transducer Method
Manometer Method

OR

Transducer Kit in Top Drawer of Cart

After

"Approved to use Date/Initial"

Yellow – top of cart
White – in chart progress notes

Complete Paperwork

Approved to use – top of cart

Date/Initial – in chart progress notes

Yellow

White
Stopping the Line™

Virginia Mason’s Patient Safety Alert System™
Stopping the line
Patient Safety Alert Process™
Created August 2002

- Leadership from the top
- “Drop and run” commitment
- 24/7 policy, procedure, staffing
- Legal and reporting safeguards
40,000th PSA Reported

As of 11/1/13: 41,108

July 2005

March 2008

February 2011

Sept. 2013

# of PSAs reported monthly

1000th

10,000th

20,000th

30,000th

40,000th

Sept. 2012

As of 11/1/13: 41,108
Overall staff response rate
Virginia Mason Medical Center

2002: 21%
2004: 16%
2005: 58%
2006: 21%
2007-08: 47%
2009: 81%
2010: 82%
2011: 84%
2012: 90%
2013: 88%

2013 AHRQ Mean = 51%
Reduction of Hospital Professional/General Liability Premiums

% change from previous year, with 74% overall reduction in premium since 2004-05
VMPS Concepts of a Flow Station

- Waste of motion (walking)
- Continuous flow
- Visual control (Kanbans)
- External setup
- Water strider
- U-Shaped Cell

Creating MD Flow Reduces Patient Wait Times
During 2007 – 2009 VM and Boeing collaborated to implement an “ambulatory ICU” program

Aim: reduce Boeing’s healthcare cost for employees with the most expensive health conditions by 15% while improving their health status

The Boeing Company: Connect and protect people globally
VM’s cost/utilization metrics were outstanding

<table>
<thead>
<tr>
<th>Metric</th>
<th>-100%</th>
<th>-80%</th>
<th>-60%</th>
<th>-40%</th>
<th>-20%</th>
<th>0%</th>
<th>20%</th>
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<td>Costs (standardized)</td>
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<td>Prescriptions</td>
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<td>Out-patient (other)</td>
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<td>Home Health Visits</td>
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<td>Outpatient Visits</td>
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<td>Office Visits</td>
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<tr>
<td>Hospital Days (acute)</td>
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<tr>
<td>Admits (acute)</td>
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The Marketplace Collaborative
Purchasing Power Drives the Quality Agenda

The Marketplace Collaborative Model
Better, faster, more affordable health care.

**Marketplace Customers**
Benefit from models that increase quality and timeliness of care while reducing price.

**Health Plans**
Reduce costs to employers by rapidly aligning reimbursement with value.

**Employer**
Uses purchasing power to specify standards of quality, timeliness, and price.

**Providers**
Produce value, improve quality of health care, and increase access.

Health Care Product Requested
Health Care Product Delivered
Employer Defines Products
Most Costly Conditions

1. Screening and prevention
2. Back pain
3. Shoulder, knee and hip pain
4. Headache
5. Respiratory symptoms
6. Breast symptoms
7. Depression
8. Diabetes
9. Abdominal pain
10. Chest pain

High volume, low per-capita cost conditions
Quality Standard Set by Purchasers
Aligning Providers with Customers

1. Evidence-based care
2. 100% patient satisfaction
3. Same-day access
4. Rapid return to function
5. Affordable price for buyer and seller
Better Quality & Value for Headache
With Medical Evidence and Systems

Redesign creates:
1. Evidence-based care
2. High patient satisfaction
3. Same-day access
4. Rapid return to function
5. Lower cost for buyers and sellers
Value Stream Mapping
Right Process: Patient Perspective for Back Pain

Waits and delays
Non value-added
Evidence-based value

Waiting has indirect cost to employer of over $18/hr
Value Stream Mapping

Right Process: Care of Back Pain Redesigned

Wait for appt → Spine Clinic → PT: 2.8 visits

- Waits and delays
- Non value-added
- Evidence-based value

Waiting has indirect cost to employer of over $18/hr
Evidence-based Imaging
No Costly Vendor-based Inspection Steps

Mistake-proofing Implemented ↑

Reduction in imaging
Headache: -23%
Low back pain: -23%
Sinusitis: -27%

Orthopedic Value Stream

For an uncomplicated
Single Total Knee Replacement or
Single Total Total Hip Replacement
Our patients experience a very complex journey when they come for joint replacement.
Clinic Visits – Patient Request until Surgery Scheduled

Current State VSM for:
Elective Total Joint Replacement

Assumptions:
Uncomplicated, single, TKR or THR

Key:
- inpatient
- clinic
- peri-op
Day of Surgery
Hospital Floor – Day 1
Hospital Floor – Day 2
Hospital Floor – Day 3

Discharge plan:
- Pt has PT/OT for floor visit
- Discuss final discharge plan, provide equipment, review functional mobility.
- Pt has MSW visit
- Discuss and review discharge plan. Calls facilities and agencies.

Pt receives post op care:
- Pain management. CMS, VAs.
- No standardized communication between providers.

Pt has PA visit:
- No standardized communication between providers.

DCC talks to agencies/facilities:
- Copy and fax medical record to SNF or HH agency; call admissions, check benefits.

Skill task alignment with DCC doing clerical:
- RN waits for PA order before starting instructions.

Discharge arrangements frequently made on day of discharge:
- Pt may have to wait for HH services for 3-4 days after discharge.

Pt gets discharge instructions:
- RN discusses med list, dressing changes, staple removal, precautions.

Pt is discharged:
- Pt goes to home, rehab unit or skilled nursing facility.

<table>
<thead>
<tr>
<th>CT</th>
<th>0:10:46</th>
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<td>VA</td>
<td>0:08:00</td>
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<tr>
<td>NFA</td>
<td>0:02:46</td>
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<tr>
<td>%VA</td>
<td>74.30%</td>
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</table>

POD #3
“Nursing Cells” – Results > 90 days

RN time available for patient care = 90%!

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
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<tbody>
<tr>
<td>RN # of steps = 5,818</td>
<td>846</td>
</tr>
<tr>
<td>PCT # of steps = 2,664</td>
<td>1256</td>
</tr>
<tr>
<td>Time to the complete am cycle of work = 240’</td>
<td>126’</td>
</tr>
<tr>
<td>Patients dissatisfaction = 21%</td>
<td>0%</td>
</tr>
<tr>
<td>RN time spent in indirect care = 68%</td>
<td>10%</td>
</tr>
<tr>
<td>PCT time spent in indirect care = 30%</td>
<td>16%</td>
</tr>
<tr>
<td>Call light on from 7a-11a = 5.5%</td>
<td>0%</td>
</tr>
<tr>
<td>Time spent gathering supplies = 20’</td>
<td>11’</td>
</tr>
</tbody>
</table>
Prevalence of Hospital-Acquired Pressure Ulcers

- Q1 08: 6%
- Q2 08: 7%
- Q3 08: 5%
- Q4 08: 2%
- Q1 09: 3%
- Q2 09: 1%
- Q3 09: 2%
## Lindeman Surgery Center
### Throughput Analysis

<table>
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<tr>
<th></th>
<th>Before</th>
<th>Today</th>
<th>% Change</th>
</tr>
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<tr>
<td>Time Available</td>
<td>600 min</td>
<td>600 min</td>
<td>0%</td>
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<tr>
<td>(10 hr day)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Case Time</td>
<td>107 min</td>
<td>65.5 min</td>
<td>39%</td>
</tr>
<tr>
<td>(cut to close plus set-up)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Turnover Time</td>
<td>30 min</td>
<td>15 min</td>
<td>50%</td>
</tr>
<tr>
<td>(pt out to pt in)</td>
<td></td>
<td></td>
<td>(ability to be &lt;10 min)</td>
</tr>
<tr>
<td>Cases/day</td>
<td>5 cases/OR</td>
<td>8 cases/OR</td>
<td>60%</td>
</tr>
<tr>
<td>Cases/4 ORs</td>
<td>20 cases</td>
<td>32 cases</td>
<td>60%</td>
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VMMMC Leadership Compact

**Organization’s Responsibilities**

**Foster Excellence**
- Recruit and retain the best people
- Acknowledge and reward contributions to patient care and the organization
- Provide opportunities for growth of leaders
- Continuously strive to be the quality leader in health care
- Create an environment of innovation and learning

**Lead and Align**
- Create alignment with clear and focused goals and strategies
- Continuously measure and improve our patient care, service and efficiency
- Manage and lead organization with integrity and accountability
- Resolve conflict with openness and empathy
- Ensure safe and healthy environment and systems for patients and staff

**Listen and Communicate**
- Share information regarding strategic intent, organizational priorities, business decisions and business outcomes
- Clarify expectations to each individual
- Offer opportunities for constructive open dialogue
- Ensure regular feedback and written evaluations are provided
- Encourage balance between work life and life outside of work

**Educate**
- Support and facilitate leadership training
- Provide information and tools necessary to improve individual and staff performance

**Recognize and Reward**
- Provide clear and equitable compensation aligned with organizational goals and performance
- Create an environment that recognizes teams and individuals

**Leader’s Responsibilities**

**Focus on Patients**
- Promote a culture where the patient comes first in everything we do
- Continuously improve quality, safety and compliance

**Promote Team Medicine**
- Develop exceptional working-together relationships that achieve results
- Demonstrate the highest levels of ethical and professional conduct.
- Promote trust and accountability within the team

**Listen and Communicate**
- Communicate VM values
- Courageously give and receive feedback
- Actively request information and resources to support strategic intent, organizational priorities, business decisions and business outcomes

**Take ownership**
- Implement and monitor VM approved standard work
- Foster understanding of individual/team impact on VM economics
- Continuously develop one’s ability to lead and implement the VM Production System
- Participate in and actively support organization/group decisions
- Maintain an organizational perspective when making decisions
- Continually develop oneself as a VM leader

**Foster Change and Develop Others**
- Promote innovation and continuous improvement
- Coach individuals and teams to effectively manage transitions
- Demonstrate flexibility in accepting assignments and opportunities
- Evaluate, develop and reward performance daily
- Accept mistakes as part of learning
- Be enthusiastic and energize others
Tuesday “Stand Up”
Leaders’ Role in Signal Generation

“Leaders are signal generators who reduce uncertainty and ambiguity about what is important and how to act”.

— Charles O’Reilly III
“Distress” and Adaptive Work

Adaptive challenge

Disequilibrium

Limit of tolerance

Threshold of learning

Productive range of distress

Effective Sponsorship

- Vision of success
- Set stretch goal
- Provide resources
- Remove barriers
- “Fail forward fast”
- Celebrate achievements
Genchi Genbutsu

• “It’s all lies”
• Go where the action is
• Know your people and let them know you
• Vulnerability is ok
• Connect the dots
Holding the Gains

- It takes hearts and minds
- Great people and great systems
- The gift of time is a treasure
- Accountability and audit
Managerial Courage

• It will be worth it
• Patients and staff depend on it
• Leading change is hard work
• Skeptics can become champions
## Organization’s Responsibilities

**Foster Excellence**
- Facilitate the recruitment and retention of superior board members
- Provide a process for regular, written evaluation and feedback through annual board self-evaluation
- Provide a thorough orientation process for new board members
- Support governance excellence with adequate board resources

**Listen and Communicate**
- Share information regarding strategic intent, organizational priorities and business decisions
- Offer opportunities for constructive dialogue
- Report regularly on implementation of strategic plan and achievement of specific board objectives
- Disclose to and inform board on risks and opportunities facing the organization
- Provide materials to members necessary for informed decision making sufficiently in advance of board meetings

**Educate**
- Provide information and tools necessary to keep members informed and educated on local and national health care issues
- Provide educational and training opportunities to maintain a high level of board member effectiveness and knowledge
- Educate board members about organization, its structures and its guiding documents

**Lead**
- Manage and lead organization with integrity and accountability
- Create clear goals and strategies
- Continuously measure and improve patient care, service and efficiency
- Resolve conflict with openness and empathy
- Ensure safe and healthy environment and systems for patients and staff

## Board Member’s Responsibilities

**Know the Organization**
- Know the organization’s mission, purpose, goals, policies, programs, services, strengths and needs
- Keep informed on developments in the Health System’s areas of expertise, and on health care policy and future trends and best governance practices

**Focus on the Future**
- Spend three fourths of every meeting focused on the future
- Consistently maintain a current and vital strategic plan

**Listen and Communicate**
- Actively participate in board discussions
- Participate in educational opportunities and request information and resources needed to provide responsible oversight
- Provide and accept feedback
- Represent the board to the organization and be an advocate for the organization in the community

**Take Ownership**
- Attend meetings
- Ask timely and substantive questions at board and committee meetings consistent with your conscience and convictions
- Prepare for, participate in, and support group decisions
- Understand and participate in approving annual and longer range financial plans and Quality & Safety oversight
- Make an annual, personal financial contribution to the organization, according to personal means
- Serve on board committees or task forces

**Promote Effective Change**
- Foster innovation and continuous improvement
- Pursue necessary organizational change
Our Quality & Safety Journey

1. Toyota Production System Introduced to VMMC
2. Virginia Mason Production System established
3. Mary L. McClinton - Fatal medical error
4. CPOE Go Live
5. Declare One Organizational Goal: Patient Safety
6. Patient/ Family Engagement
7. Leapfrog Governance Award
8. AHRQ4 Safety Culture Survey: 81% Participation
9. AHRQ4 Safety Culture Survey: 84% Participation
10. Leapfrog Top Hospital of the Decade
11. Respect for People Training

2000
1. 1st IOM Report
2. Culture of Safety Work Plan

2001
1. 2nd IOM Report
2. ADEPT Preprinted Order Sets
3. VM Board: Business Case for Quality
4. Executive Walk Rounds

2002
1. Patient Safety Alert (PSA) for clinical events
2. PSA for non-clinical events
3. Strategic Quality Plan
4. CEO Mandates PSA System

2003
1. 1st Safety Culture Survey
2. PSA Case Studies
3. IHI3 100,00 Lives

2004
1. 2nd Safety Culture Survey
2. MD Disclosure Training
3. IHI3 5 Million Lives

2005
1. Move to yearly AHRQ4 Safety Culture Survey
2. Cross Pillar Culture of Safety Work Plan
3. Staff & Patient Leader Rounds

2006
1. MDM RPIW6
2. Time Out ST-PRA5
3. Just Culture

2007
1. Q4Q Site Visit
2. Cross Pillar Culture of Safety Work Plan
3. Standard Quality Goal Reporting Process

2008
1. AHRQ4 Safety Culture Survey: 82% Participation
2. All staff, all electronic
3. 2010 HealthGrades Patient Safety Award

2009
1. PSA 3P
2. Patient Safety Risk Registry
3. Quest for Quality Citation of Merit

2010
1. 1st IOM Report
2. Culture of Safety Work Plan
3. Executive Walk Rounds

2011
1. 2nd IOM Report
2. ADEPT Preprinted Order Sets
3. VM Board: Business Case for Quality
4. Respect for People Training

2012
1. Institute of Medicine
2. Adverse Drug Events Prevention Team
3. Institute for Healthcare Improvement
4. Agency for Healthcare Research and Quality
5. Sociotechnical Probabilistic Risk Assessment
6. Must Do Measure Rapid Process Improvement Workshop
Flu Vaccination “Fitness for Duty”

- Do we put patient first?
- Compelling science
- Staff resistance
- Staying the course
- Organizational Pride
Figure: Influenza Immunization Rates

- 2002: 38.0%
- 2003: 54.0%
- 2004: 29.5%
- 2005: 97.6%
- 2006: 98.5%
- 2007: 98.7%
- 2008: 98.9%
- 2009: 98.9%

Year}
Critical mass feels urgency for change

Visible and committed leadership

New compact aligns expectations with vision

Broad and deep commitment to shared vision

Executives address technical AND human dimensions of change

Improvement Method Applied to ALL Processes
We are Twelve Years into the Journey

The Kaizen Path

Point Improvements

Point
(Point - Eliminate waste at source, start at point closest to the customer, root out basic problems, make improvements, build a foundation)

5-10 Years

Line Improvements

Line
(Line - Vertical development, (Link processes to create a cell, flow production begins here, flow paves the way for line improvements)

Critical Transition from Point to Line

- Change production method from "Push" to "Pull"
- Plan for Levelling
- Develop Standard Operations
- Quickly Solve Flow Problems
- Practice "Visual Control"

10-15 Years

Spatial Improvements

Spatial Improvements
(Spacing - 3rd Dimensional, Link all elements from concept to customer, raise improvement to the other planes: Finance, HR, Suppliers, etc.)

15-20 Years

Plane Improvements

Plane
(Plane - (Link cells to produce a product. The model line is used as a reference and replicated across the plane.)

10-15 Years

Goal: Flow vs. Batch

Goal: A Model Line

Goal: Raise to Other Planes

Goal: Spread Across Plane
VIRGINIA MASON
NAMED AMERICA’S
TOP HOSPITAL
OF THE DECADE.

National rating based on patient safety, high quality.

Virginia Mason Medical Center is one of only two hospitals in the United States—the other is the University of Maryland Medical Center in Baltimore—to earn the title of Top Hospital of the Decade by The Leapfrog Group rating organization. The Leapfrog Group is a coalition of public and private purchasers of employer health benefits formed a decade ago to promote safety, quality and affordability.

Both Virginia Mason and UMMC were cited for their strong public commitments and major achievements in reducing medical errors and in innovations in patient safety and quality.

A commitment to continuous improvement.

Virginia Mason’s climb to the top began about ten years ago and has been a steady, deliberate effort.

At the turn of this young century, leadership at Virginia Mason began to envision the future, not only on national policy changes and sweeping new technology, but also on the simple reality of everyday care—such as eliminating waste, cutting costs, and improving the quality of services. And, most importantly, always putting the patient first, above all.

After looking at vast array of examples of progress to learn from within the U.S. health care industry, Virginia Mason leadership ventured very far outside the box.

Real changes. Real results.

Results of VMPG over the last decade have steadily expanded the health care professional status at Virginia Mason. The average number of patients per day has increased on average 10% of their time with patients, compared with an average of 5% elsewhere. Physicians are seeing patients during the day, not while they are on the phone, as they had been in the past. More time is spent on the patient during the visit, the time to report lab test results to the patient has been reduced by 53%, the hospital has saved $2 million in supply expenses in a single year; with increased patient safety and quality, professional liability insurance costs decreased 45% from 2004 to 2006; the pharmacy now delivers medications directly to patients’ rooms. The time from the moment of physicians to order availability for administration from 4.1 hours to ten minutes.

Healthcare at Virginia Mason has attracted national attention. For each of the last three years, it has been ranked high among Leapfrog’s Top Hospitals. Hospital administrators from around the world have expressed interest in VMPG, and teams have traveled to Seattle from diverse parts of the world.

Virginia Mason has emphasized the importance of commitment to patient safety, and has demonstrated the value of a comprehensive strategy to achieve excellence in quality and safety. More than a decade ago, Virginia Mason embarked on a journey to change the health care industry. The journey is not yet complete, but the progress is evident.

Learn more.

Virginia Mason has designed a comprehensive system to improve the health care process for all its patients. To find out more about Virginia Mason Medical Center’s continuing efforts to improve health care for all at VirginiaMasonHealthSystems.org or VirginiaMason.org.

To find more information about The Leapfrog Group, visit leapfroggroup.org.
Chosen By Businesses:

- PBGH
  PACIFIC BUSINESS GROUP ON HEALTH

- Lowe's
  Let's Build Something Together™

- Walmart
  Save money. Live better.
Ongoing Challenges - Culture

- Patient First
- Belief in Zero Defects
- Professional Autonomy
- "Buy In"
- "People are Not Cars"

- Pace of Change
- Victimization
- Leadership Constancy
- Rigor, Alignment, Execution
- Drive for Results
First Challenge is Changing the Mind of Medicine

FROM
- Provider First
- Waiting is Good
- Errors are to be Expected
- Diffuse Accountability
- Add Resources
- Reduce Cost
- Retrospective Quality Assurance
- Management Oversight
- We Have Time

TO
- Patient First
- Waiting is Bad
- Defect-free Medicine
- Rigorous Accountability
- No New Resources
- Reduce Waste
- Real-time Quality Assurance
- Management On Site
- We Have No Time
LEADERSHIP MUST CHANGE ITS MENTALITY.

SCARCITY: You are not paying us enough.

ABUNDANCE: We have more than enough.
“Leaders are Dealers in Hope.”

Napoleon Bonaparte
“In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”

Eric Hoffer