



HEALTH CARE HOME  
COLLABORATIVE

# HEALTHCARE HOME MODEL OF CARE AND THE LEAN METHODOLOGY



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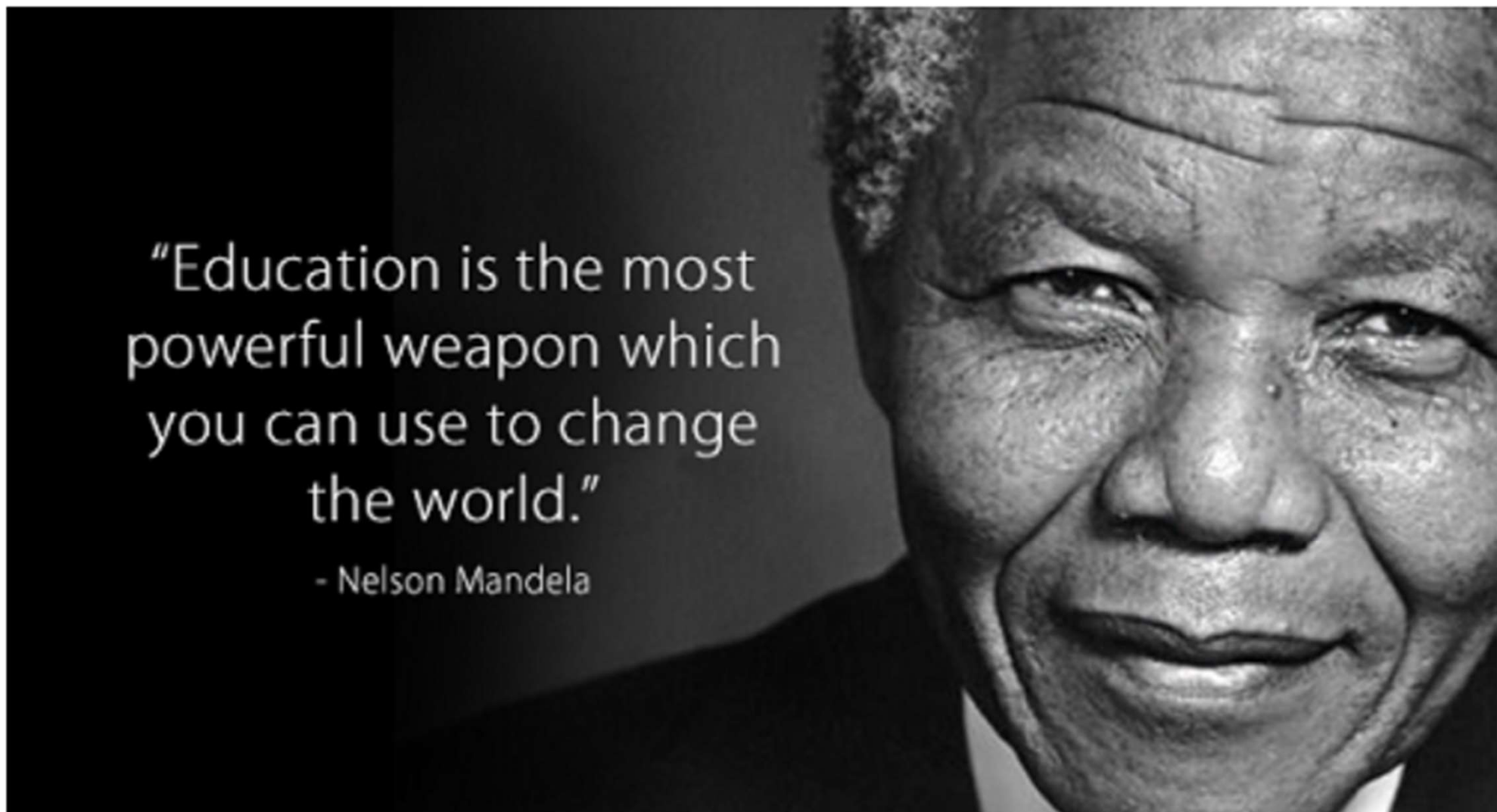
Introduction

Whanuangatanga



"Education is the most powerful weapon which you can use to change the world."

- Nelson Mandela



# What will we cover

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Healthcare Home and LEAN – Reminder of the basics / intro

Drivers for HCH and principles of the model

Who is the customer?

Why Lean and the LEAN philosophy

Lean Tools applied in general practice

LUNCH

Change - ADKAR

LEAN Leadership

Wicked Problems and Clumsy Solutions

Dealing with Resistance

Sustain and Spreading Change

Improvement vs transformation

The role of IS systems in transformation



# GP centric Primary Care model

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- Ours is a GP centric system, driven by the capitation funding model
- GP = patient ratios 1600 -> 2500
- Patient Demand for same population has grown
  - Growing older population
  - Health Inequities / Incidence of disease for Maori and shorter life expectancy
  - Secondary care system over heated / drives short hospital stays, quicker admissions, revolving door A&E, higher complexity in primary care
  - Reduced workforce / not enough GPs coming through NZ training system / not a very attractive prospect (unless you're in the a high co pay / affluent population district)

# Drivers for Change

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- Workforce
  - Workforce shortage / GP not very attractive especially in rural areas of NZ
  - Skills shortage generally, primary care can be quite challenging
  - Opportunities to broaden ; support multi disciplines and create pathways for local skill staff and volunteer teams
- Patient
  - Higher demand and needs levels, higher complexity
  - Increased need for different types of access channels / variety of service offering
  - High need to integrated service delivery / silod services act as a barrier to whanau centred care

# Is there a crisis in NZ Primary Care?

Wednesday, 29 April 2020

## GP says morale 'increasingly low'

News > National



## The Doctors Bayfair walk-in clinic closed - latest symptom of GP shortage

29 Jul, 2021 06:00 AM

7 minutes to read



The Doctors Bayfair is closing the Sunday acute walk-in clinic for a minimum of six weeks. Photo / George Novak

NEW ZEALAND

## Govt help sought to solve GP crisis

28 Nov, 2020 11:55 PM

...sing down because of the Covid-19 level 4  
...rural GP Dr Tim Malloy says.

2 minutes

# How does Health Care Home help?

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Improves access to general practice for patients



Actively manages care for patients with complex needs in partnership with the hospital



Expands roles within the general practice workforce in response to patient need



Future proofing General Practice- needed now more than ever



# Healthcare Home and LEAN

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From	To
One service offering, cookie cutter style 15 minute appointments for everyone	Variable, choice appointment types, times, platforms
Reactive / driven by what walks in the door or "unplanned demand)	Proactive and reactive
Not enough capacity to meet demand	Enough capacity to meet demand
Workforce reliant on GPs and Nurses who do everything	Workforce with breadth of roles: GP, Nurse Prescribers, Nurses, Pharmacists, Health Coach, HIP, Social Workers, HCAs, community health coaches
Small teams, work together in a reactive way, stay together for years serving a small community	Bigger teams, multi disciplines, higher workforce churn, many part timers, many locums
Low creativity, low standardization	High standardization, high creativity



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# LEAN INTRODUCTION / PHILOSOPHY

## What is Kaizen (Lean)?

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- A business culture characterised by the endless pursuit of the elimination of waste
- Comes from the Toyota Production system
- Continuous improvement
- Respect for people

# Philosophy of Kaizen

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'Everything can be improved'

Clarence W Barron



# Change for the Better...

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改 善

KAI  
Change

ZEN  
Good  
(for the better)

everybody  
every day  
everywhere



## The ultimate goal of Kaizen:

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To eliminate:

1. Overburden - muri
2. Unevenness - mura
3. Waste - muda

**He aha te me nui o te ao,  
He tangata, he tangata, he tangata**





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# THE LEAN TOOLS – HOW TO RUN A LEAN PRACTICE

## 5 key principles of Kaizen

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1. Value – what your customers value
2. Value stream – value delivered to the customer
3. Flow – removing barriers to deliver value
4. Pull – triggered on demand from the customer
5. Perfection – continuous improvement

# Kaizen foundations

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CREATE  
CUSTOMER  
VALUE

ELIMINATE  
WASTE

ENGAGE  
(RESPECT)  
PEOPLE

PULL &  
FLOW

PROCESS &  
RESULTS

MANAGE  
VISUALLY

GO AND  
SEE



# Process, Standardisation and Problem solving

- **Rule 1 – Clearly specify all activities of work (Standardisation)**
  - All activities of work should be clearly defined, what happens, when, and what next, and in what order, and how long should they take.
  - This means that everyone follows a standard.
- **Rule 2 – All steps in a request for a product or service are simple and direct (No waste)**
  - This is about complexity. The goal is that the request process be as simple as possible (ie few steps) and direct (ie the requestor gets as close as possible to the person who is offering the service or product).
- **Rule 3 – The flow of steps required to deliver a request is simple and direct (Value Stream Mapping)**
  - Processes to deliver product or service should be as direct and simple as possible ie as few steps and as few people as possible. When analysing a process, look carefully at the steps and hands on the process, delays and sources of delays, queues, unnecessary processing, hand offs) to identify opportunities to eliminate any waste.
- **Rule 4 – Problems are addressed directly in a timely manner, under the guidance of a coach (Structured Problem Solving)**
  - This final rule ensures that an error, if identified, is removed as soon as it's known.
  - This rule relies on the recognition of people doing the work as the most appropriate individuals to solve a problem.
  - In an ideal state, the processes of work abide by Rules 1, 2 and 3.

# LEAN application in General Practice

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## Clinical

- Process Standardisation
  - removes errors, waste, re work, wait times and interruptions
  - improves quality, knowledge share, team work, new staff orientation
  - make it possible to spot errors or process issues; identify, discuss, problem solve (root cause analysis), try to fix, get better, improve and standardise.

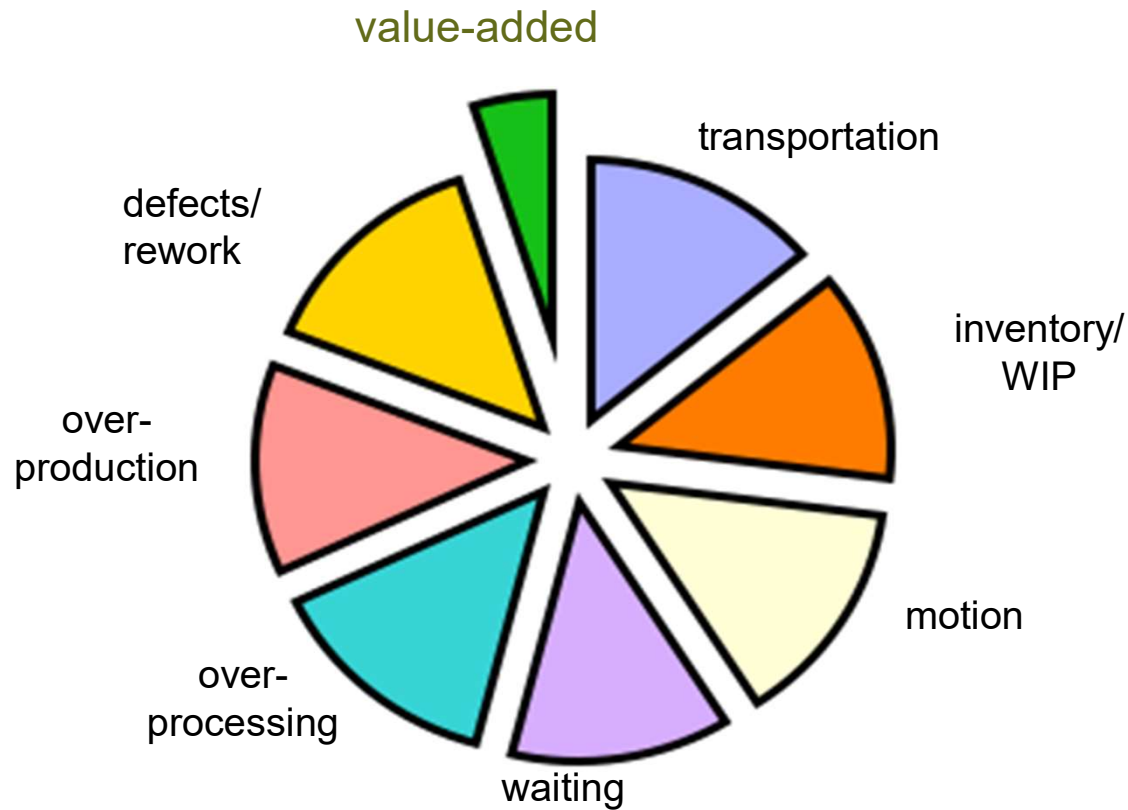
# LEAN application in General Practice

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## Business – removal of waste and standardisation

- Removes waste and increases value
- Improves workforce satisfaction, reduces variation from routine tasks which increases time for value tasks (patient care, creativity)
- Reduces complaints, errors, risks, incidents
- Improves quality, consistency, problem solving, learning, new team development
- Reduces staff not being able to resolve issues / improves morale and team functionality and happiness
- Improves patient satisfaction and outcome

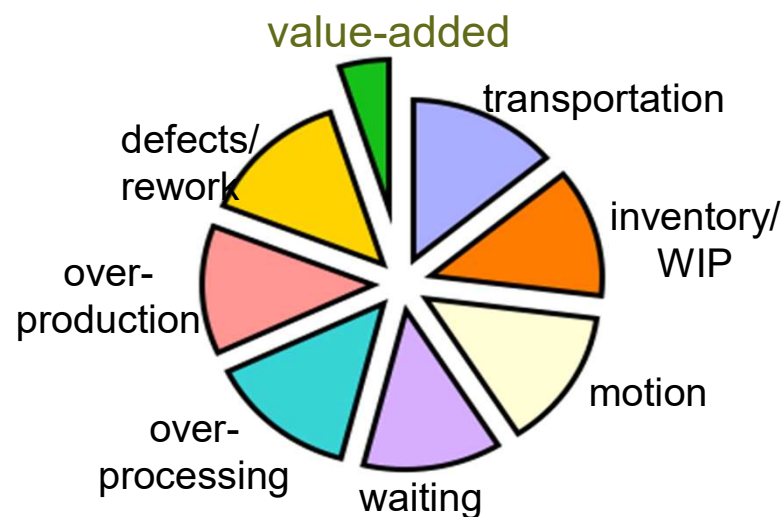
# 7 Wastes of a Process



## Identify Waste – Breakout

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- Come up with examples of waste in your practice, where you could remove barriers and improve flow





# Building in time for Improvement

*“Retrospectives are special meetings where a team regularly steps back, examines the way they work, and identifies ways they can improve.”*

Ester Derby



## Retros :: Top 5 Agile Techniques



Refer to State of Agile Survey 2014: <http://bit.ly/state-of-agile-survey>

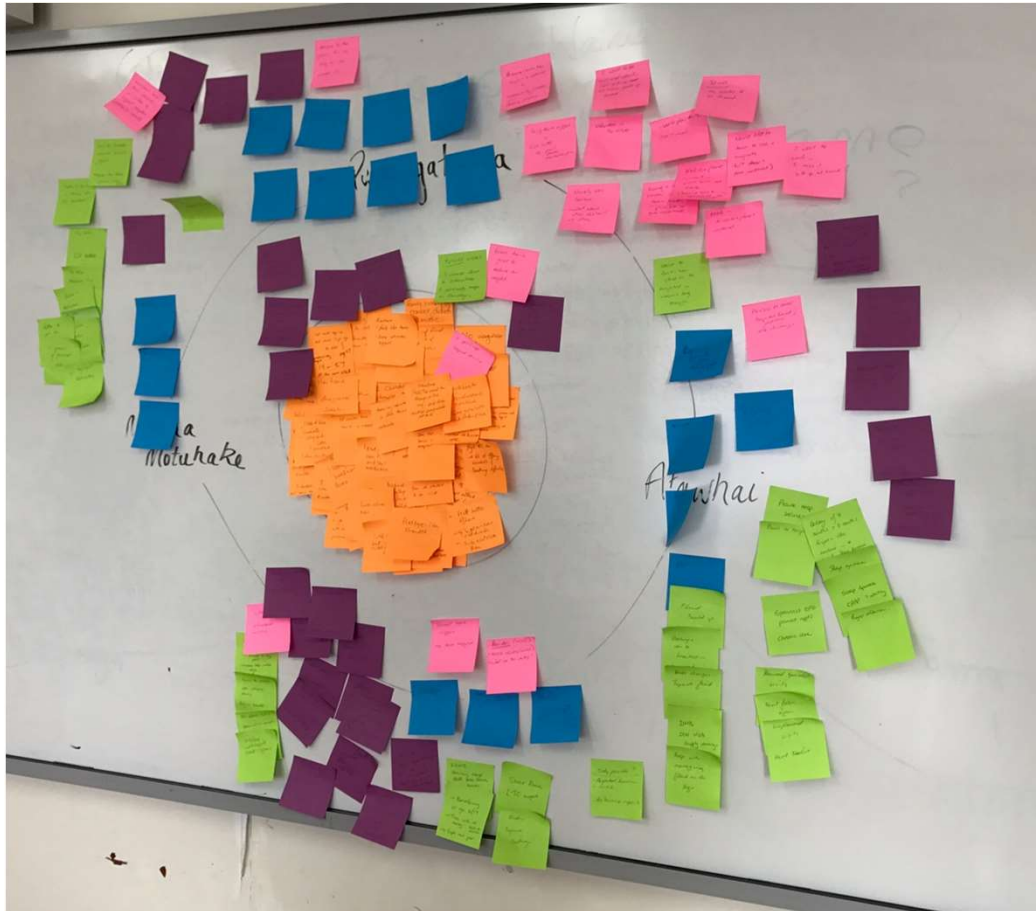
# Visual Management

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- Huddles
- Monthly Meetings
- Performance Board

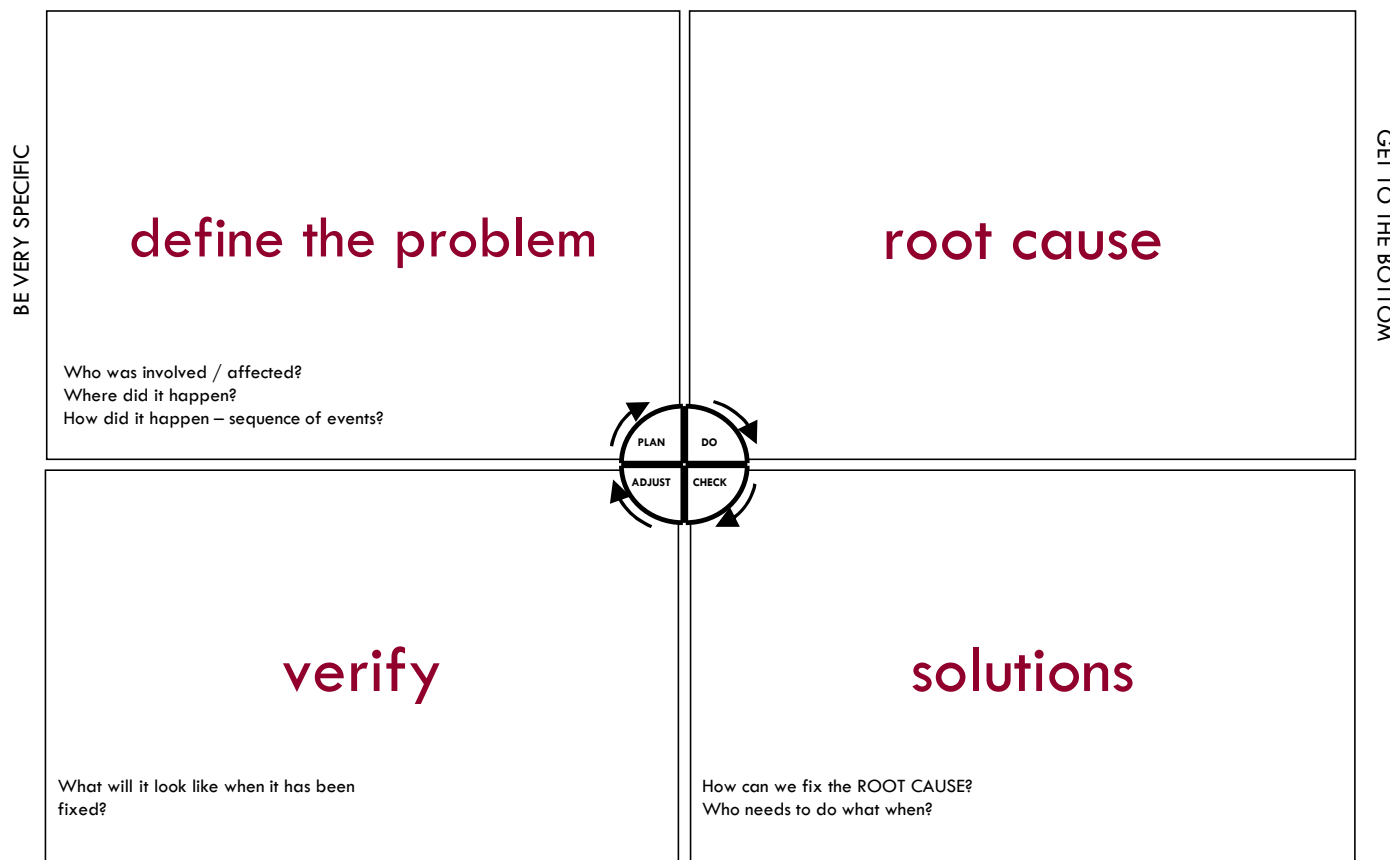


# Patient journey mapping



# Structured Problem Solving

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# Processes and Flow

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- Flow refers to how value is created in a process. A “perfect” process has value in every step. There is no delay or waste



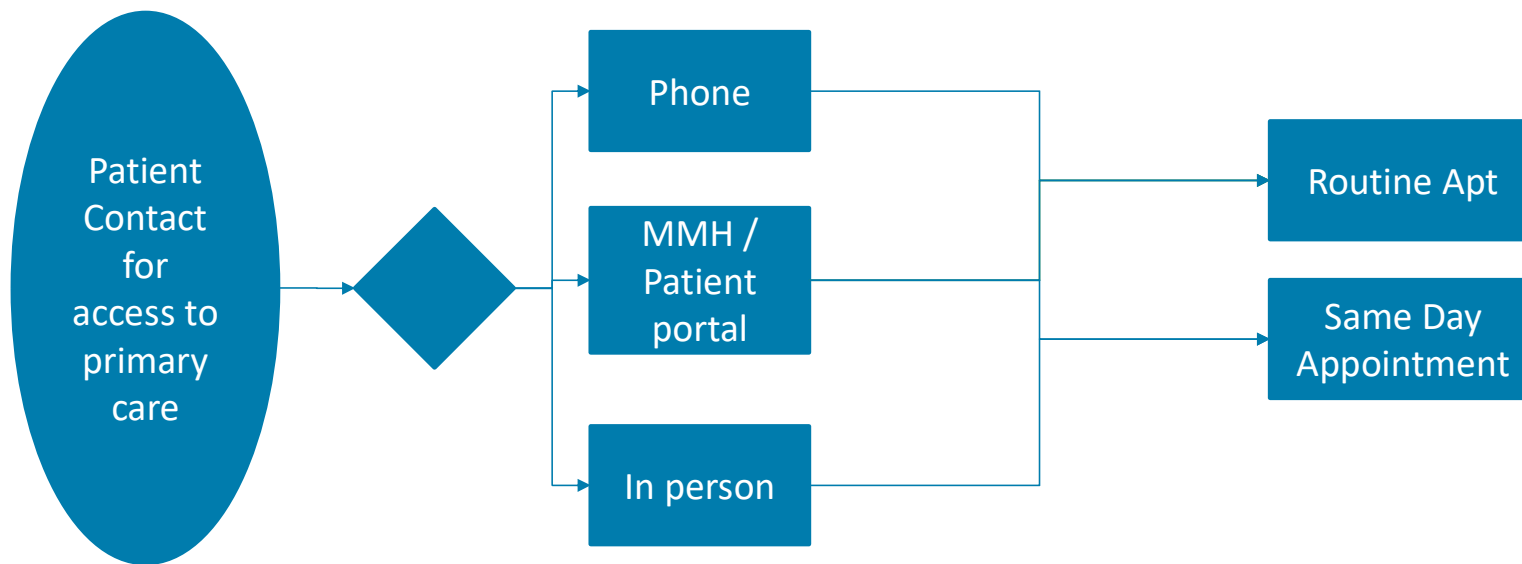
- Pull refers to letting the customer have the product / service when they want it (not when we decide)
  - Examples
  - Recalls
  - Annual imms / vaccinations / screening
  - Appointments (times and places)
  - Appointment lengths

# Flow – Capacity to meet Demand

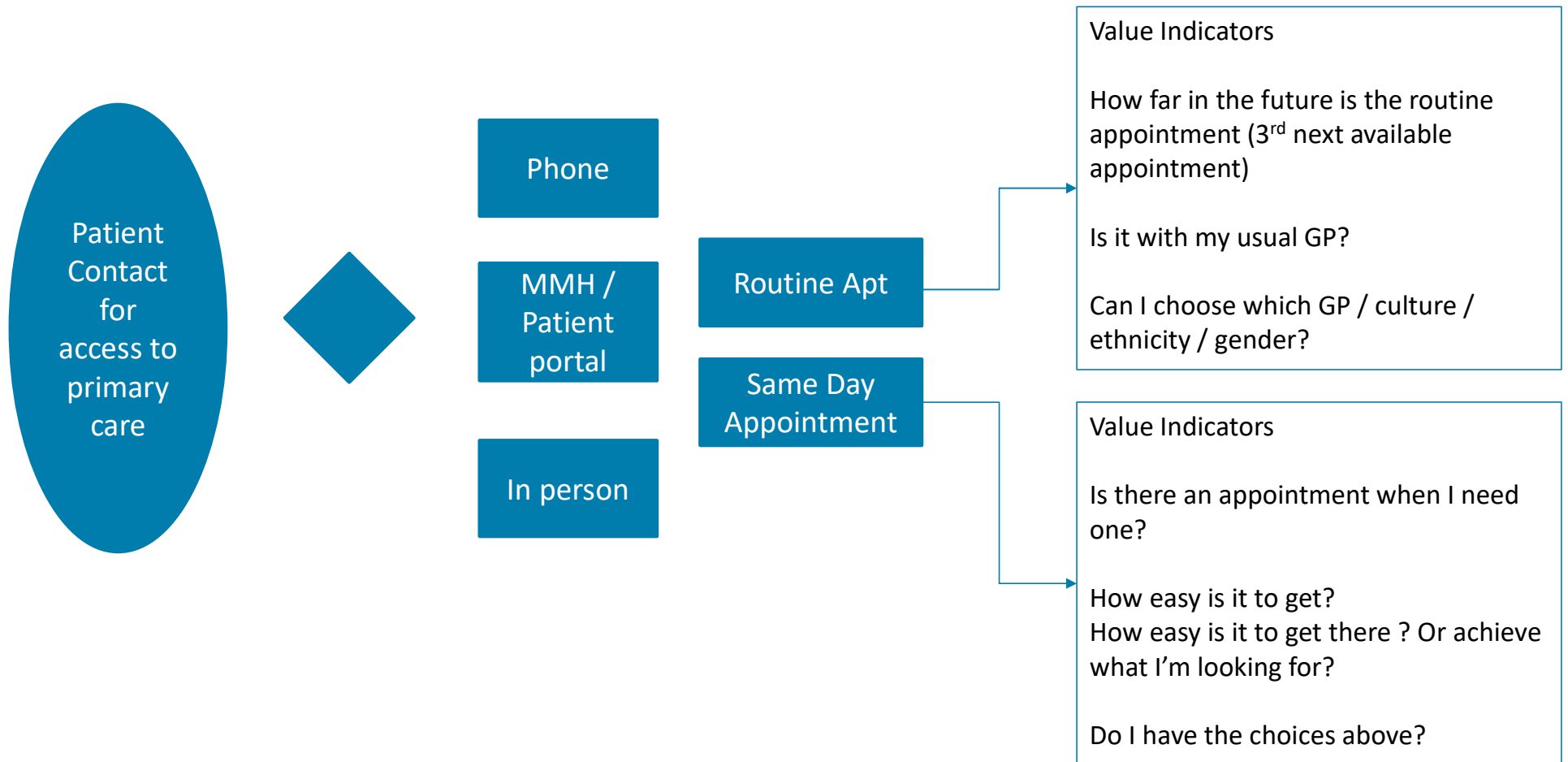
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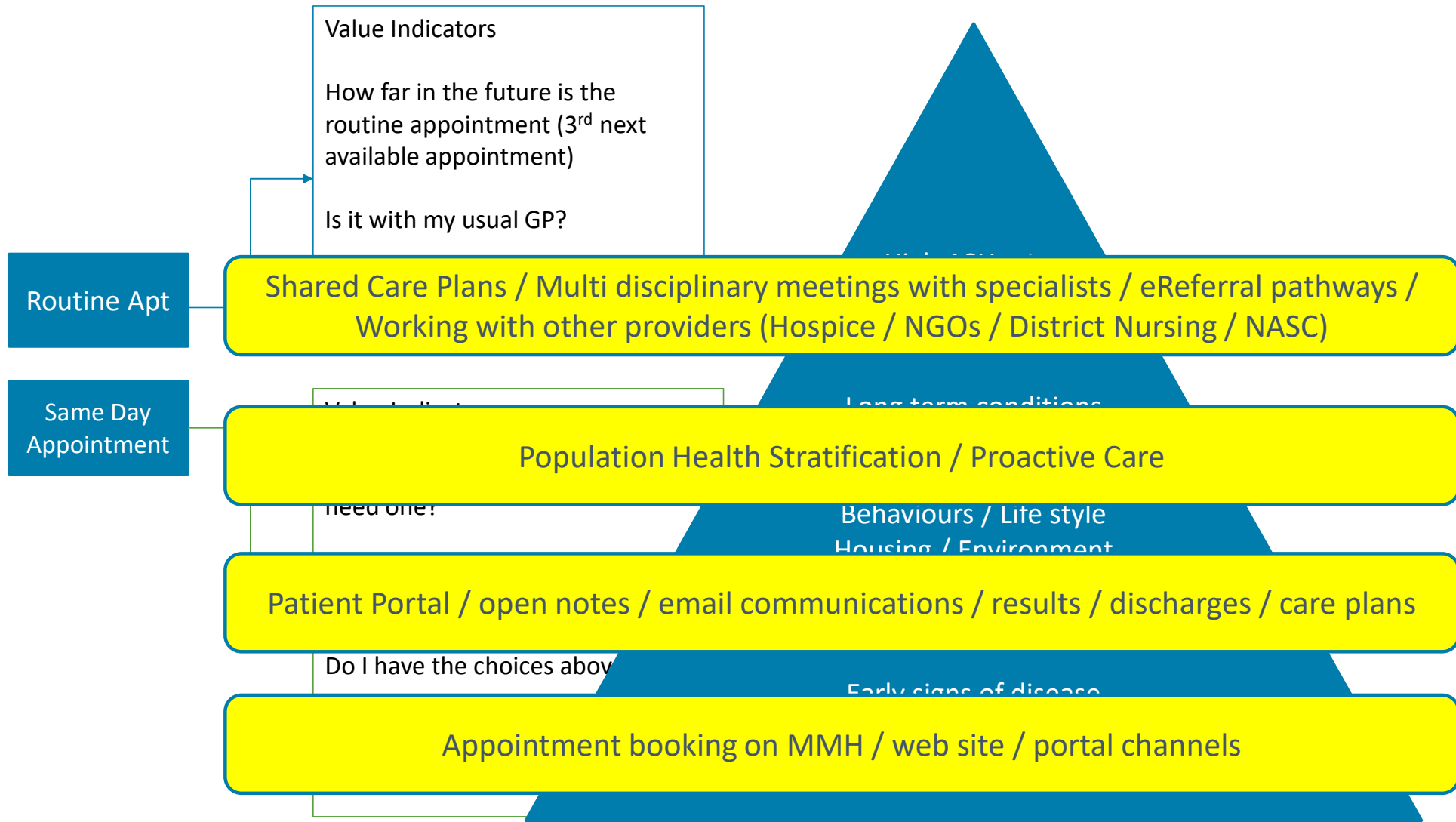
- Benefits
  - Reducing wait times, double appointments, workforce duplication
  - Improved access for patients, right time / right place / right person
- Examples
  - Flow of patient access – getting to the right appointment at the right time
  - Clinical triage – clinically assessing patients before allocating appointments
  - Workforce scope – who does what ?
  - Patient complexity / Stratification – who gets what?

# Patient Demand Flow



# Patient Demand Flow





# Break out

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- Issues / Process problems board
  - Define the problem
  - Place post it notes onto the board
  - Categorise
  - Vote

# Clinical Triage

## Why do Clinical Triage?

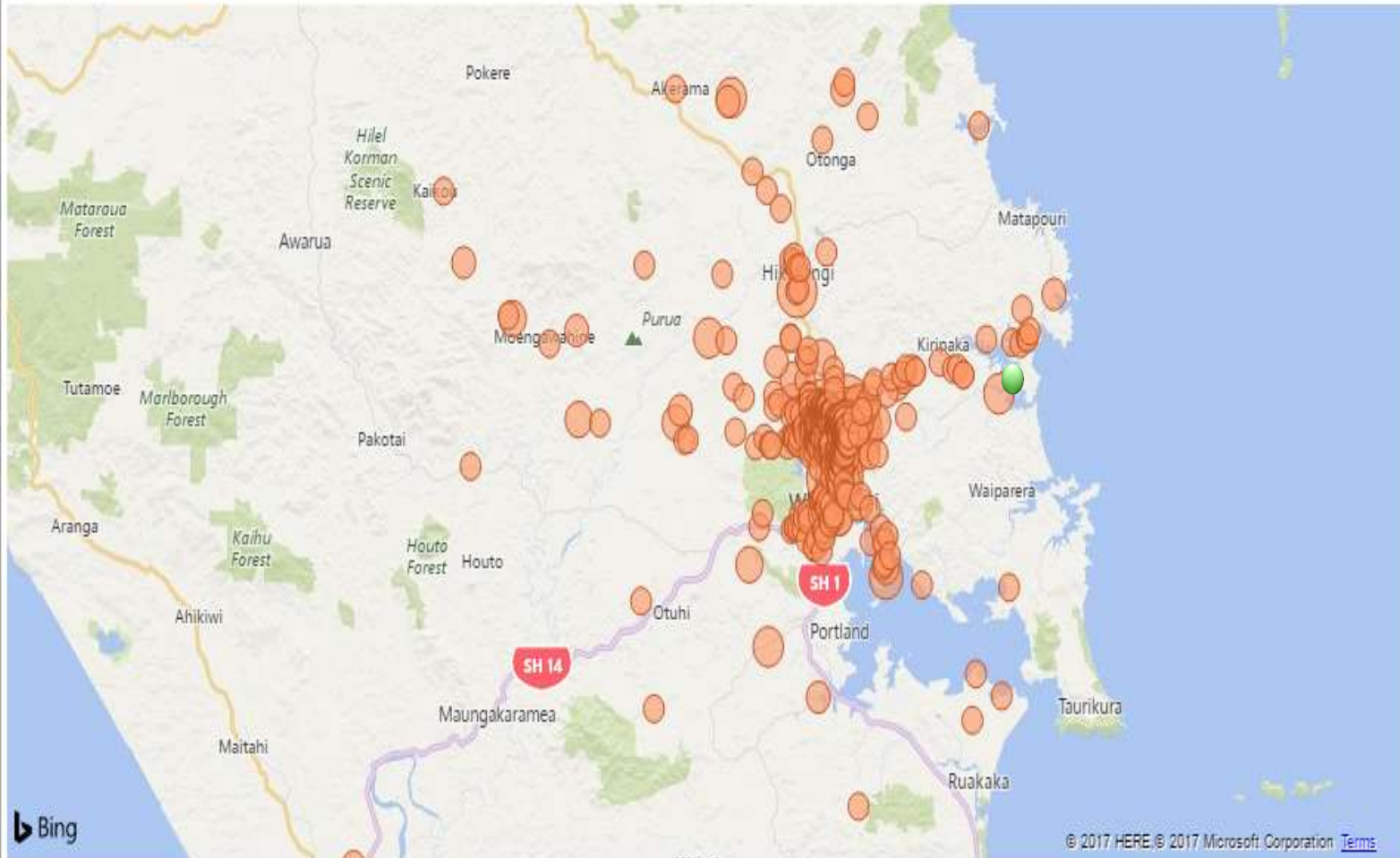
- Value patients time
- Provide other options for access to care
- Increase capacity to cope with acute demand
- Free up time for proactive and planned care
- Improve patient and provider experience
- Bums on seats doesn't mean more money
- Requirement of HCH Model of Care



< Back to Report

### LOCATION OF TRIAGED PATIENTS

Resolved through Triage ● Yes





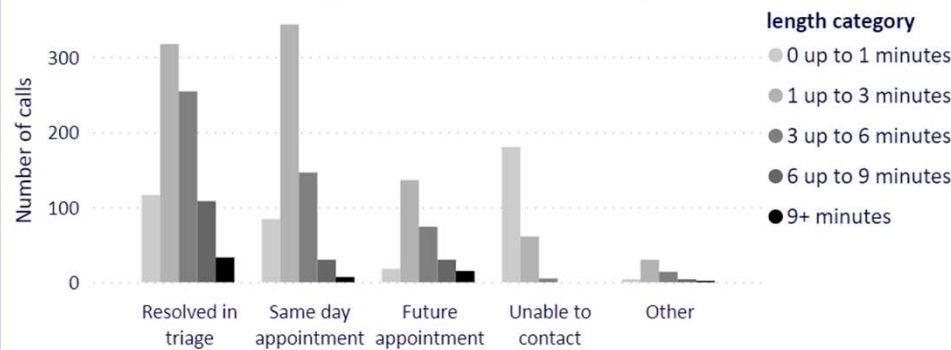
# Performance Data and Analytics

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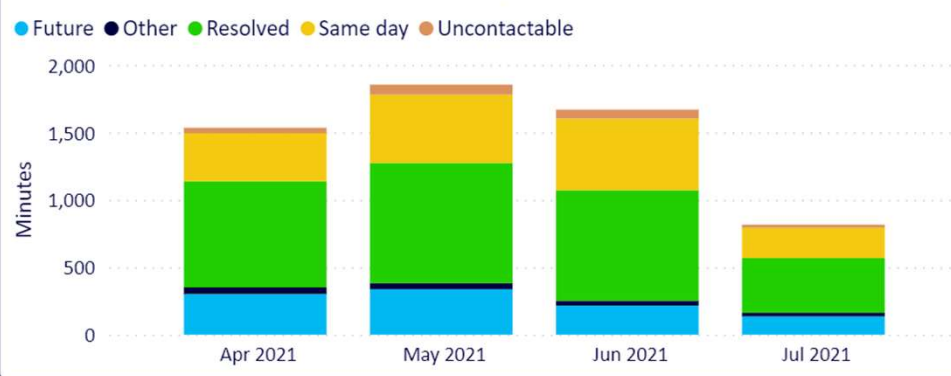
- Analysing demand in order to deliver the right capacity
- An integral part of improvement (how do we know where we are now, how far have we got to go? Have we got any better?)
- An important component of Structured Problem Solving
- A platform for a Population Health approach to Proactive care

# Clinical Triage and Call Handling

Number of calls in length brackets (by category)



Total minutes spent in phone triage (by outcome)





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# KAI AND KORERO

# After lunch – What will we cover

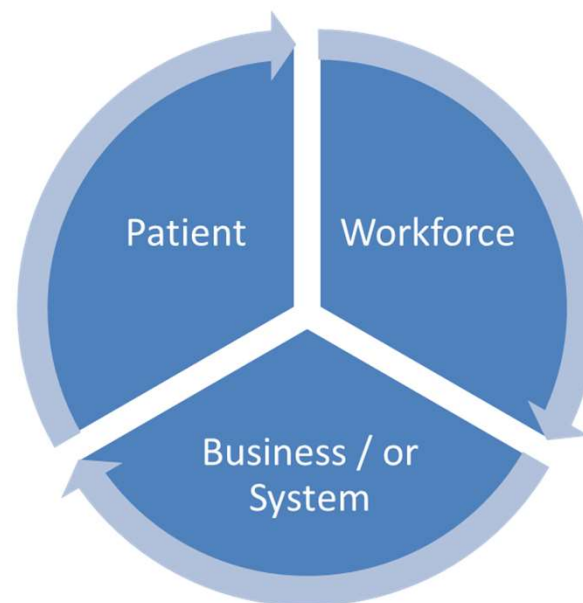
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<b>What does “good” look like?</b>
LEAN Leadership
Change Management
Wicked Problems and Clumsy Solutions
Sustaining Change and Resistance
The role of Information Systems
Transformational Change

# Break Out

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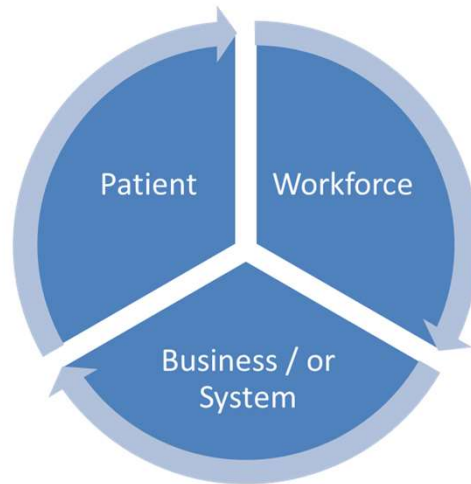
- For each segment, discuss
- What does good look like?
- E.g. for a patient good might be “I feel valued and my needs are met?”
- E.g. for workforce good might be “I feel confident I can do my job”



# What does good look like?

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- I feel valued and cared for.
- I feel like I am treated like a whole person. My family and community needs are taken into account.
- I can choose when and where to consult with my GP practice.
- I can access primary care easily.
- I can use technology e.g. the portal to make appointments, look at my records, order repeat prescriptions.
- There are different appointment lengths that suit my needs.
- I can see the same health professional and team regularly.
- I am able to contribute to business improvements. I feel heard.



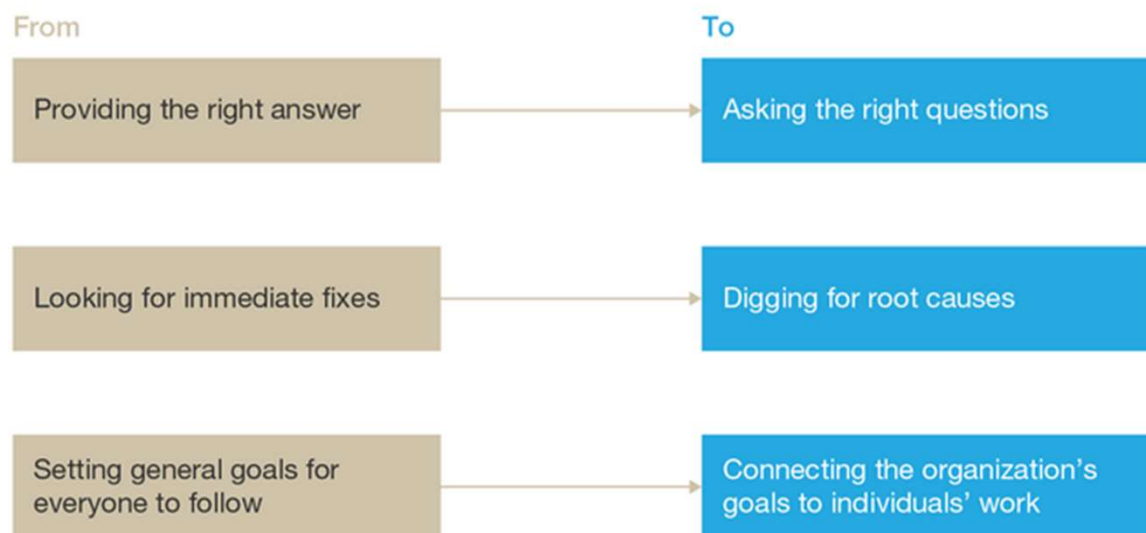
- I have enough time in my day to do all my tasks.
- I can go home on time.
- I am working to top of scope.
- I feel supported and part of a team.
- I feel respected and valued.
- I am using my time effectively.
- I feel like I am doing the best for our patients and community.

- The business model is sustainable and profitable.
- The business can invest in its workforce.
- The business works closely with consumers to improve.
- Business improvement is embedded in our workforce culture. Everybody can make things better every day.
- We love where we work.

# LEAN leadership

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Three fundamental behavior shifts are essential for leaders.



# Lean Leadership

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- Cultivate 6 habits to model mind set and behaviour you desire from everyone
  - Focus on operating processes – gemba walk, open questions, reinforce standards
  - Root cause problem solving – respond to problems, ask why?
  - Clear performance expectations – Track metrics visually
  - Aligned leadership – Process improvements don't stop at functional boundaries.
  - A sense of purpose – make goals tangible, encourage ownership.
  - Support for people – respect, process optimization (not people change). Empowered, valued and encouraged workforce.

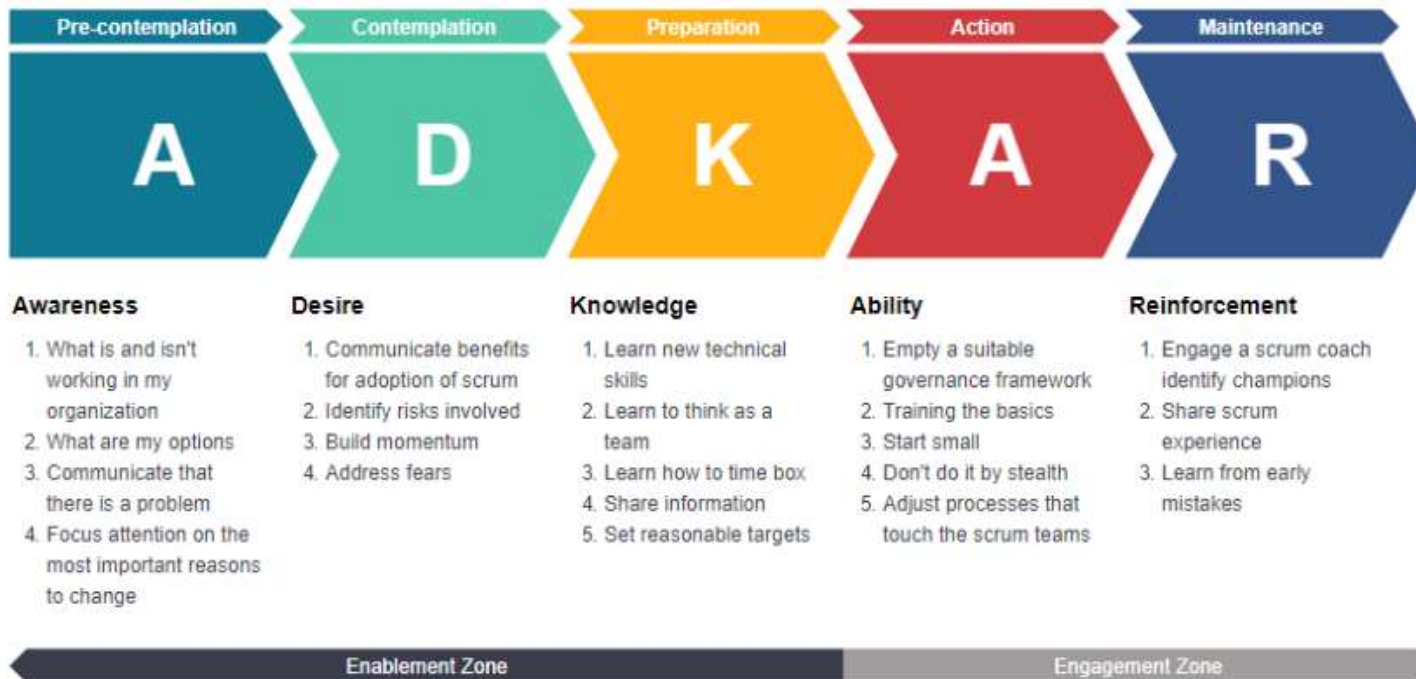


# LEAN leadership is for everyone

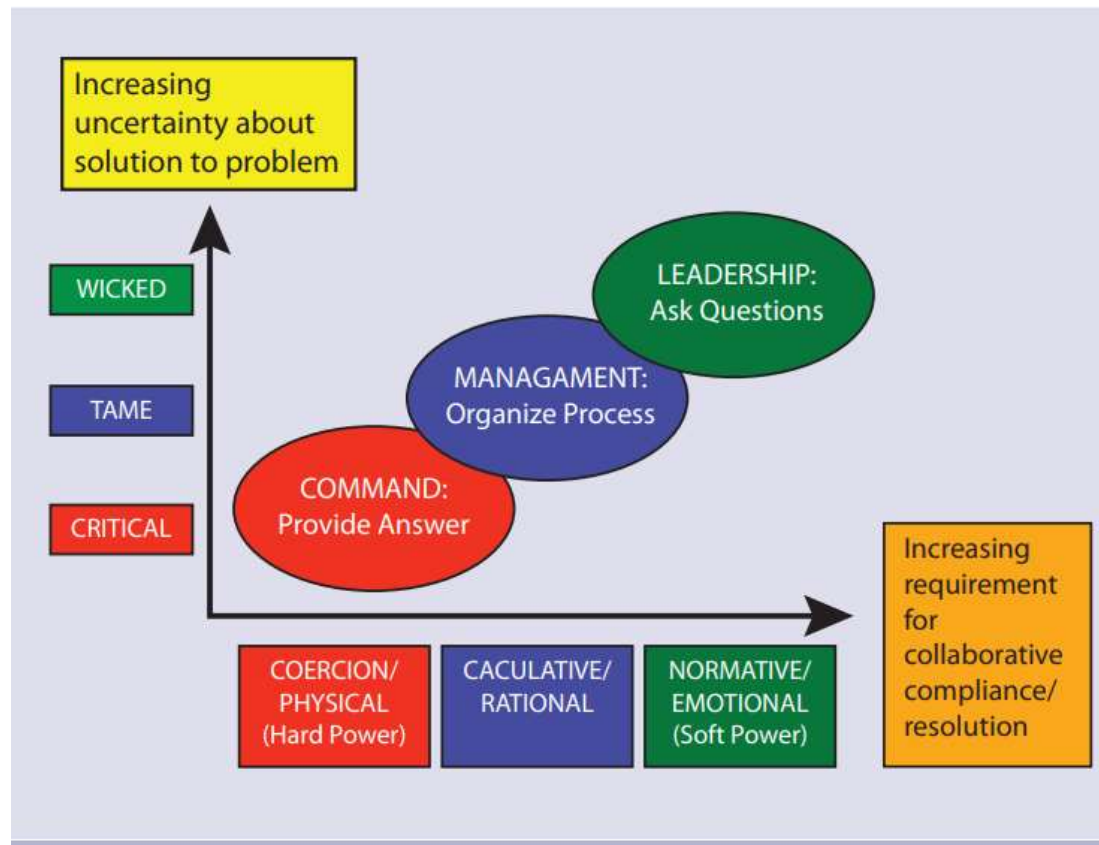
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- LEAN leadership are not always in a position of authority (anyone acting in a way that is committed to improving the situation)
- LEAN leaders challenge the “we have always done it this way” mentality
- LEAN leaders are teachers. They lead by example.
- LEAN leaders set a vision, develop a culture, and measure success.

# Change Management - ADKAR



# Wicked Problems and Clumsy Solutions



Keith Grint BA (Hons) Sociology BA (Hons) Politics DPhil  
Professor of Public Leadership and Management  
Warwick Business School

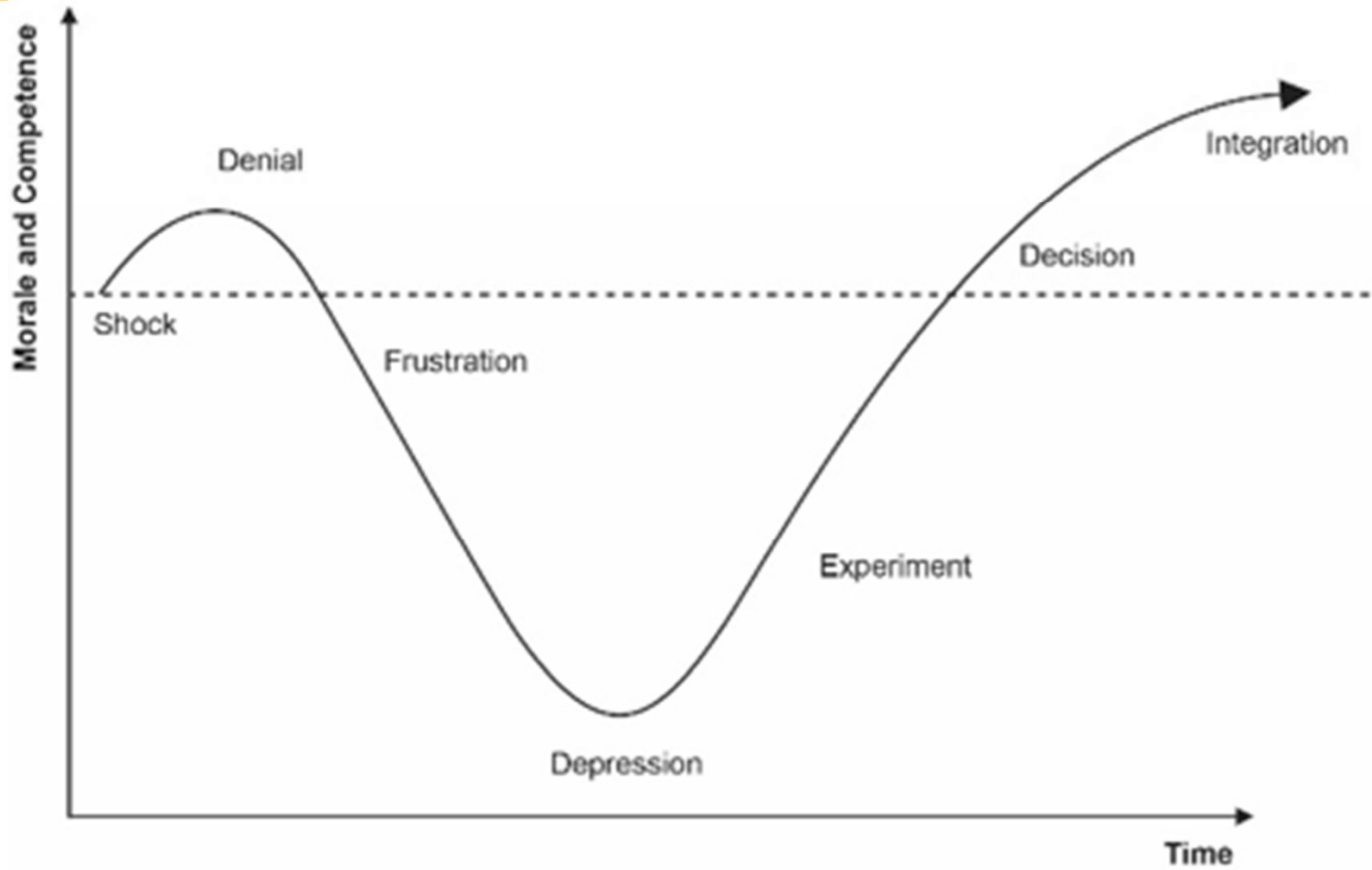
# How does the Healthcare Home model achieve this?

Employees can't change if their managers don't. Lean leaders act as role models for the mind-sets and behavior they wish to instill in their teams.

Habit	Example
<b>1. A focus on operating processes:</b> Senior managers use visible activities to demonstrate the importance of process and of making standardization a habit.	<i>The COO conducts regular shop floor visits and Q&amp;As to review milling-machine operating processes and reinforce standards with workers.</i>
<b>2. Root cause problem solving:</b> Managers fight the instinct to provide immediate solutions to problems, instead using them as teaching opportunities.	<i>Responding to an unanticipated problem, a brewery plant manager first ensures that proper containment measures are taken, and then challenges the team to analyze causes—using “five why” method (examination of problems to uncover the underlying cause).</i>
<b>3. Clear performance expectations:</b> Transparent performance dialogues take place at all levels of management.	<i>An insurance company’s frontline employees meet for 10 minutes daily with their team leaders to track productivity and discuss improvement ideas. Productivity metrics are tracked visually and displayed prominently.</i>
<b>4. Aligned leadership:</b> Process improvements don't stop at functional boundaries.	<i>To create more open and collaborative environment, the COO ties half of the functional leaders' year-end bonuses to the key performance indicators of entire management team.</i>
<b>5. A sense of purpose:</b> Connections between day-to-day work and compelling, long-term aspirations become tangible throughout the company.	<i>To make goals tangible in its quality-improvement program, a medical-products maker brings in health experts to show front-line workers how products are used in surgery—thus emphasizing the importance of meeting quality objectives.</i>
<b>6. Support for people:</b> Managers recognize and demonstrate that front-line workers are a source of customer value. These workers are empowered and encouraged to make important decisions.	<i>An area sales manager drives to the head office to pick up a replacement printer that front-line agents need to continue working efficiently.</i>

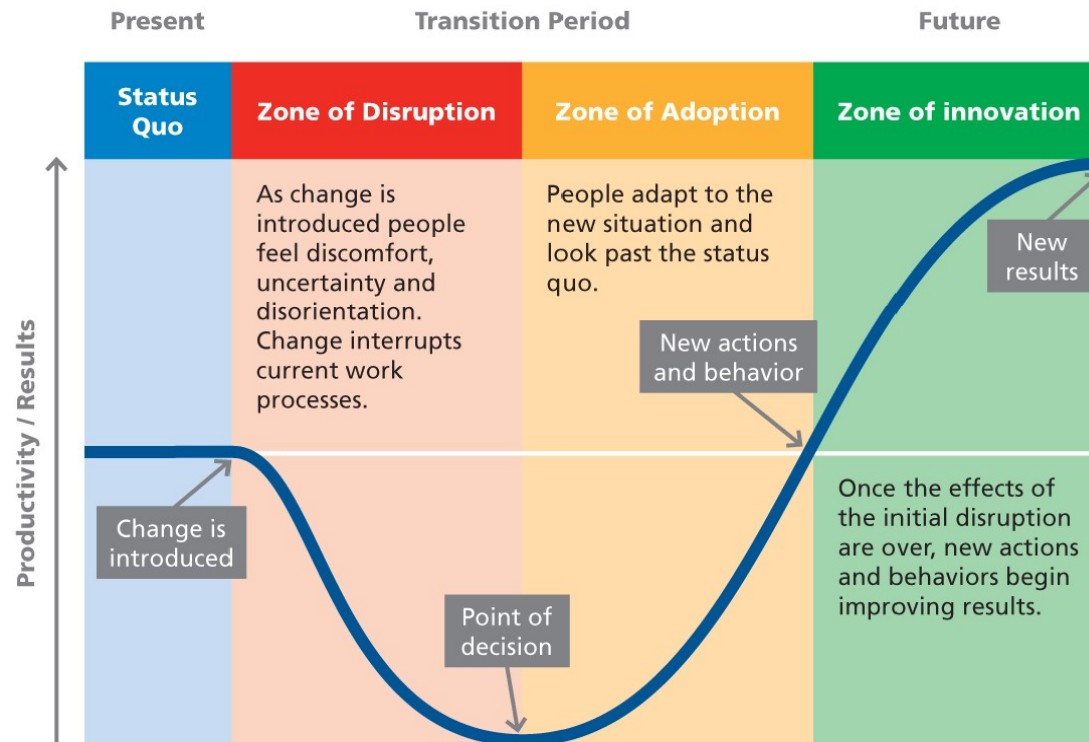


# The Kübler-Ross Change Curve

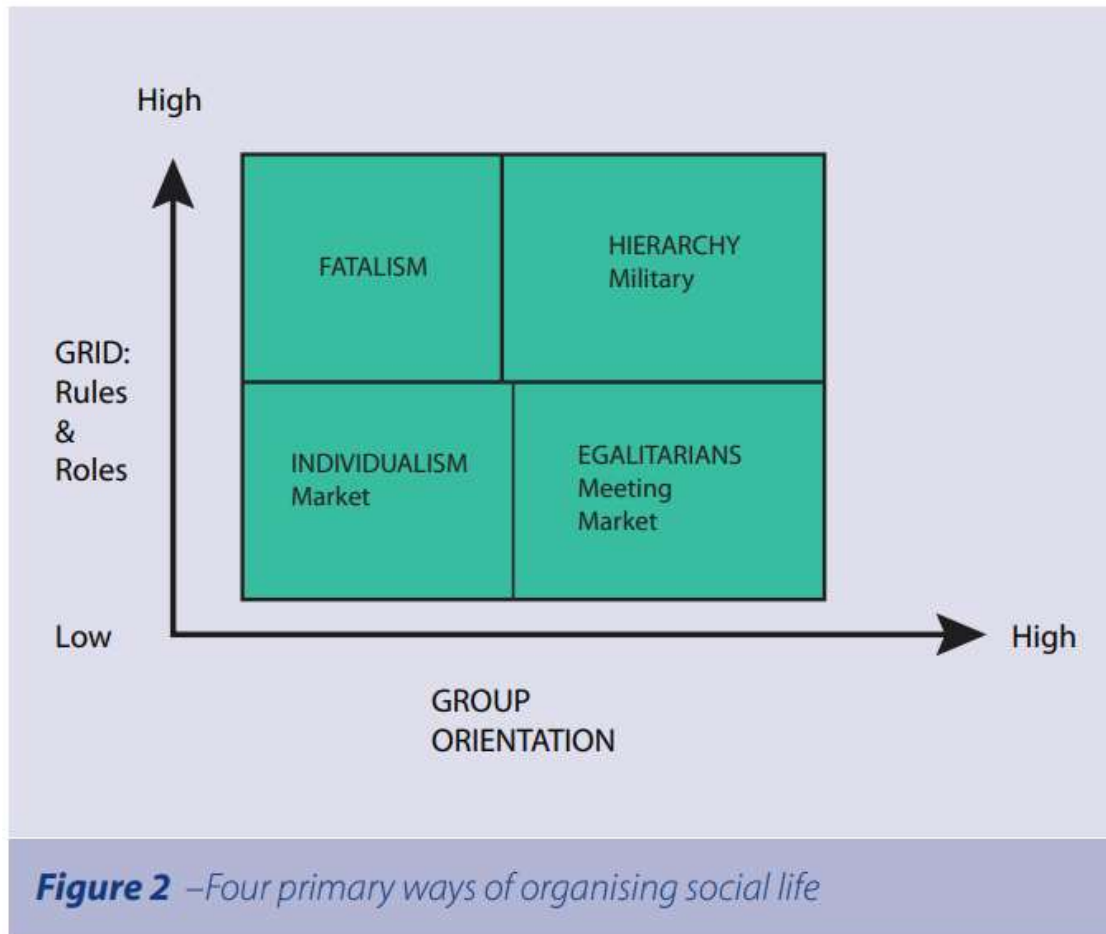


# Kubler Ross change curve

## The Change Curve

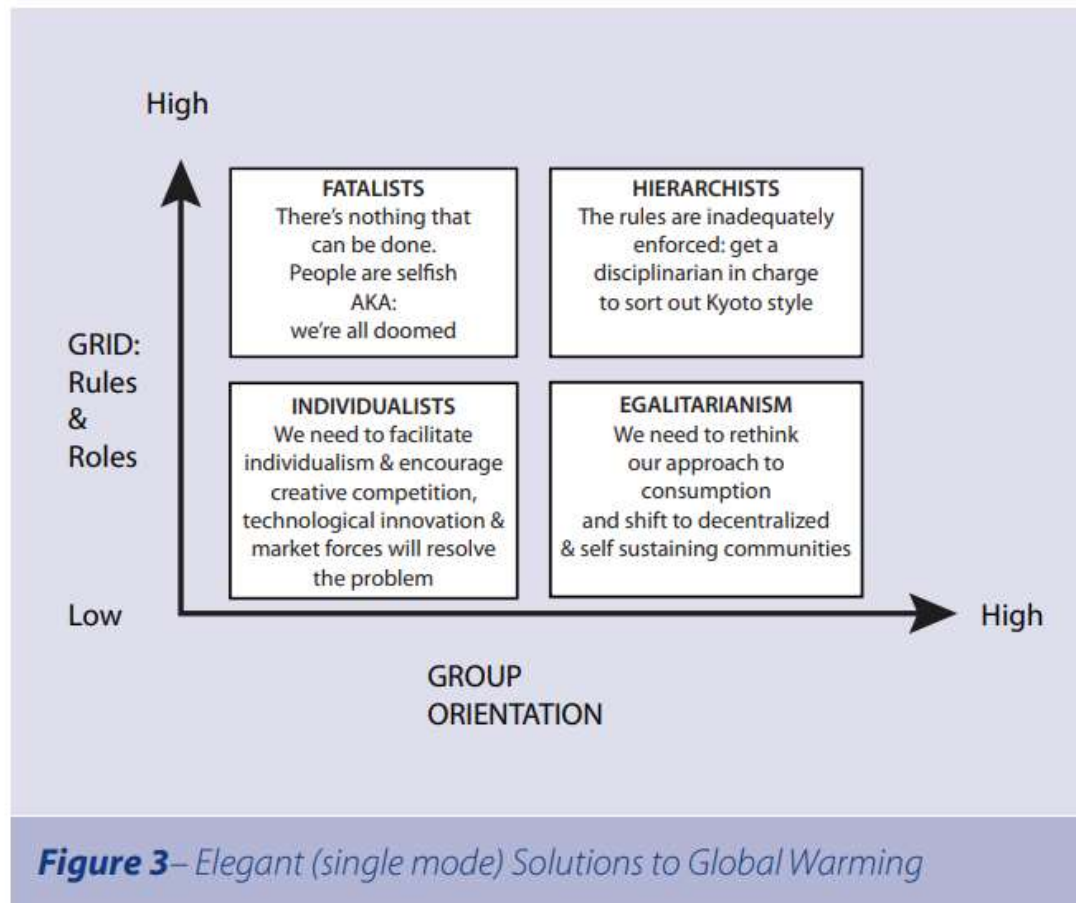


# Elegant vs Clumsy Solutions





# Elegant vs Clumsy Solutions





## Supporting Change and Dealing with “resistance”

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- Setting up a shining example (5s)
- Setting up a road map, checking in (weekly meetings / huddles / communications)
- Start small, get better (one patient, one time etc)
- Chart success / celebrate
- Share stories
- Leadership

# Resistance

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- Setting a sense of urgency
- Communicating the goals, and the plan to get there
- Set a series of meeting (e.g. every Tuesday morning), that focus on moving the change project forward
- Agree the line / Hold the line
- Sometimes some people just aren't joining you on the journey (leave them behind)
- Some people just take time (that's ok)

## Key Enablers to Change - *Making it stick*

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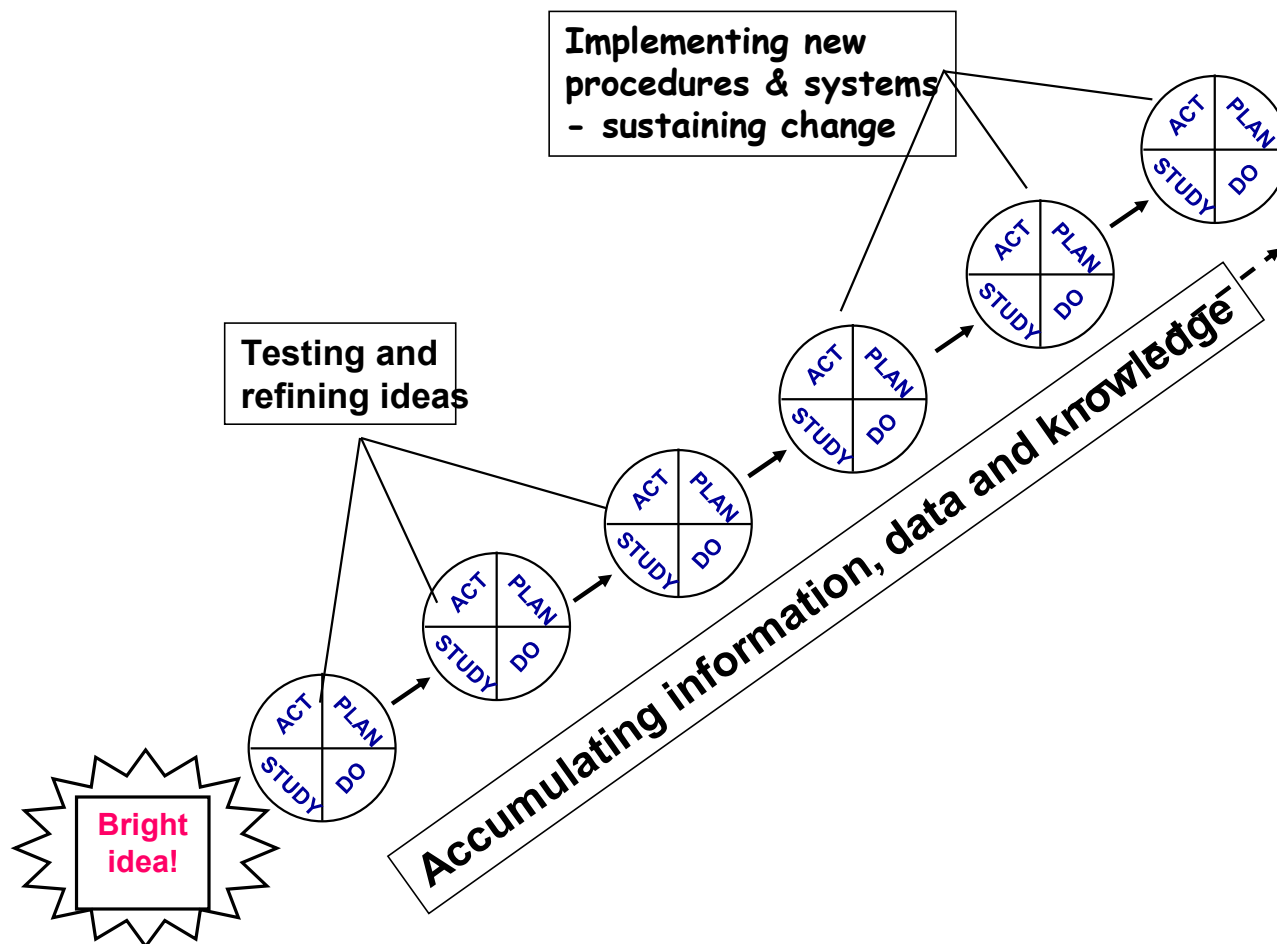
- Generate Awareness and Desire
- Setting aspirations
- Making change happen
- Getting better at it / Celebrate and share success
- Involving everyone – not just change experts
- People, Process and Performance

# Sustain and Spread

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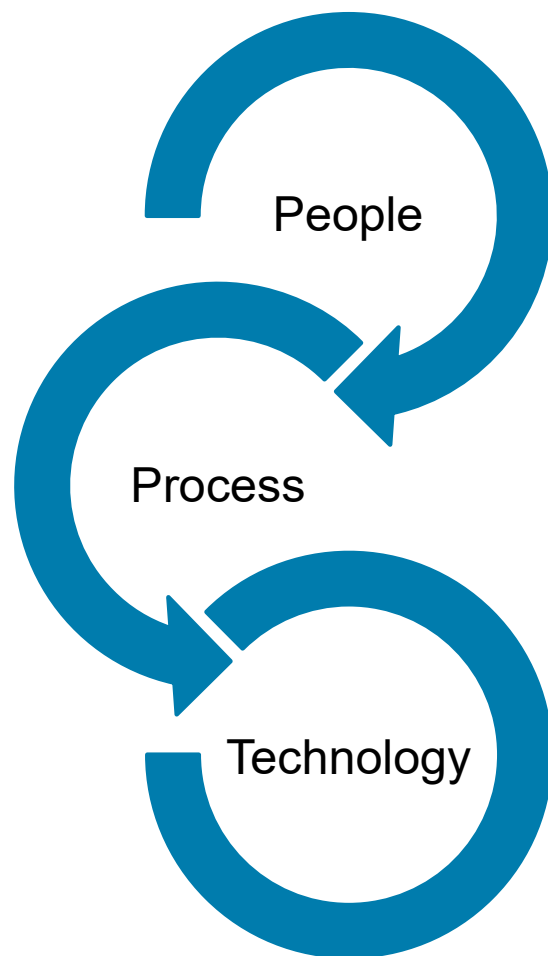
- **Sustainability** means holding the gains, definitely not going back
- **Spread** means that learning is actively shared and used across the organisation
- Resulting in **improvement knowledge that is generated anywhere in the system becomes common knowledge everywhere**

# Repeated use of the PDSA cycle



# The role of Information Systems

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# Integrated Project Approach

The Work Streams Are What We Can Integrate into the Project



# Improvement vs Transformation

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- Transformation change is forced upon organisations by the changing environment
  - Technology, regulation, competition, the economy
- Your organisation is a “whole system”.
  - Lean management is a whole system.
  - It covers org structure, Information management, decision making, resourcing, systems.
- Transformation requires significant courage, creativity and dis continuous change.



A world where things are done differently.

CHALLENGE

STEP CHANGE



This is transformation

~~The Norm~~

Not transformation.  
Just returning to normal.

CONTINUOUS IMPROVEMENT



Solved

Problem



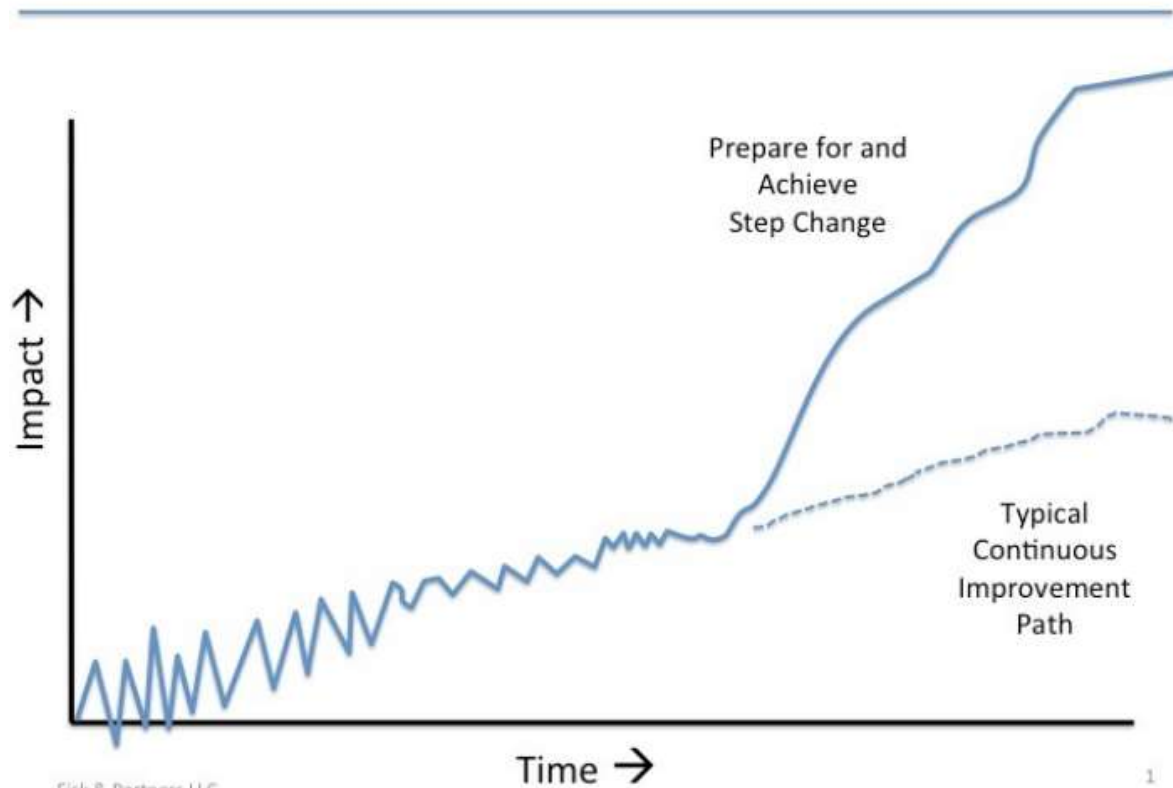
## Kaizen and small change every day

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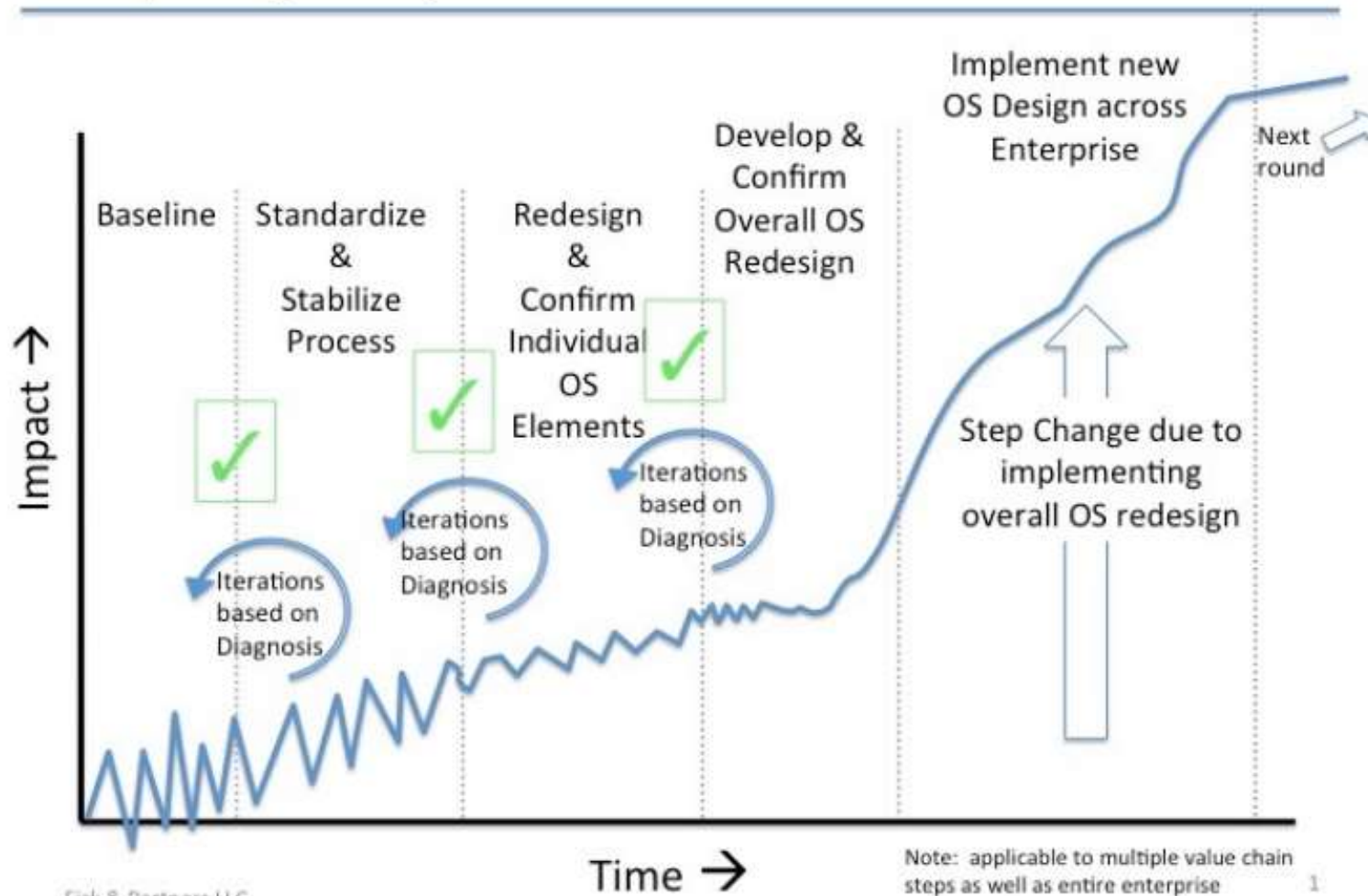
“One of the most notable features of Kaizen is that big results come from many small changes accumulated over time. However, this has been misunderstood to mean that Kaizen equals small changes. In fact, Kaizen means everyone is involved in making improvements. While the majority of changes may be small, the greatest impact may be Kaizens that are led by senior management as transformational projects, or by cross-functional teams as Kaizen events.” [Kaizen.com](http://Kaizen.com)

# Transformation vs Continuous Improvement

## New Improvement Model: Performance Step-Change Path



# OS Performance Step Change Path: Navigate stages with multiple diagnosis cycles





Trust me its going to be fine!