

2012 Ah-ha's from the Lean Journey at the Mid-County Health Center:

- They had a good foundation in improvement processes before using Lean
- Lean is just a different way to look at improvement activities
- Strive to spend 90% of the time on the Problem and 10% on the Solution
- Leadership must be focused on process not outcome
- Visual management (e.g., graphs) with data available helps but must include WHY and must be designed by the team
- Leader rounds by the chief MD and Administrator works best when using a tool with standard questions
 - "What's going well?"
 - "Tell me about the process"
 - Provide NO solutions
 - Take the time for rounds so that improvements happen
 - Rounds merge clinical and operational work
- A book that is helpful, although some think it's rudimentary = Getting the Right Thing Done by Pascal Dennis
- Use the 5-why's to get to the root cause of the problem
- For training providers and staff, tap staff meetings by making them more efficient but expect to provide training during the Kaizen
- For some initiatives, provide a toolkit for the leaders; e.g., "Suicide Prevention Toolkit"
 - Introduction focuses on WHY
 - Use symbols and Job AIDS to direct the reader
 - Have an overview page to pull out and hang by workstation
 - Include Epic tools (smart phrases or screen prints)
 - Include scripts and tips/tricks for success
 - Include version changes reference list to assure that everyone is working from the most recent version
 - Minimize changes to 90 or more days after roll-out and implementation at all locations
- On boarding and sustaining the Lean culture is a work in progress. Keep training ongoing with clear expectations on hire.