### LEAN SIX SIGMA IN BEHAVIORAL HEALTH

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### May 19, 2017

- Leadership Training
  - Overview of Lean Six Sigma Tools
  - Lean Six Sigma Concepts
  - What to expect from the 4 days of training
  - Value Stream Mapping- Current, Ideal and Future states

### September 26 & September 30

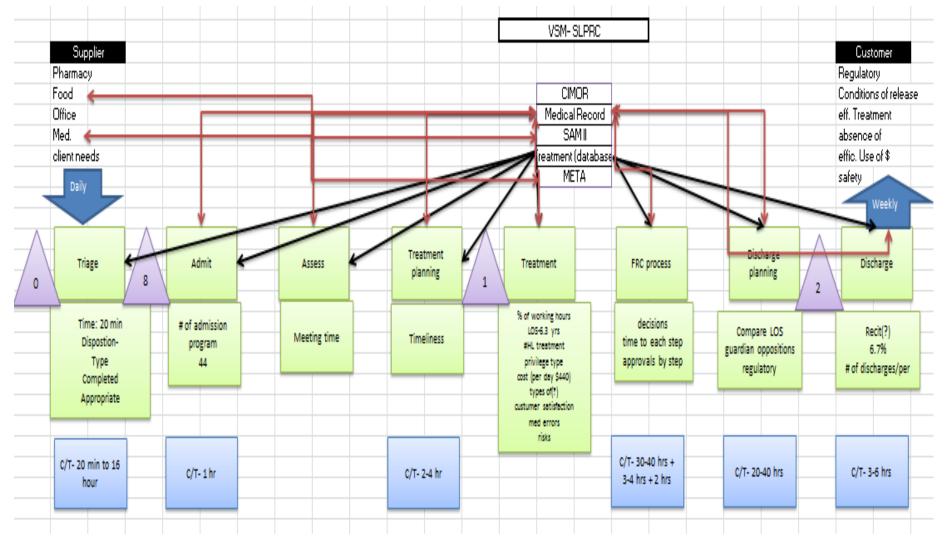
Value Stream Mapping

 Identifying areas of waste and improvement

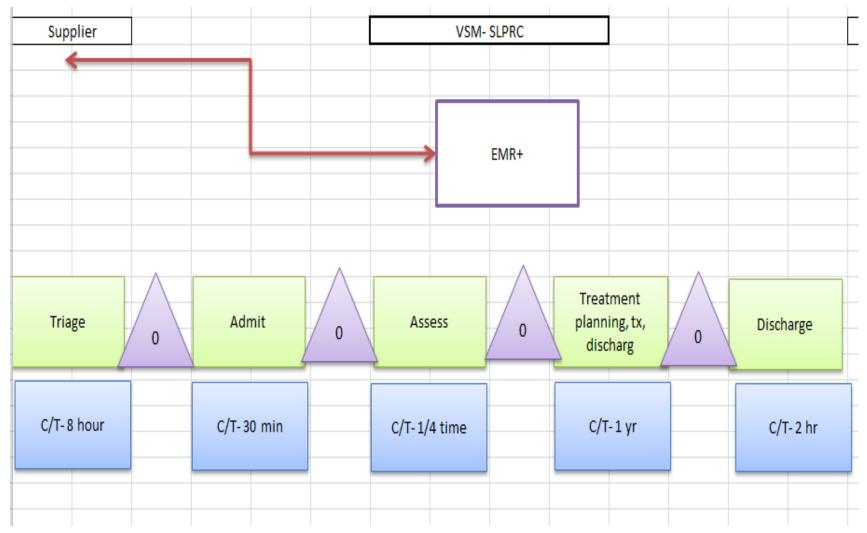
# Project selection

 Using the Value Stream Map to determine areas of improvement

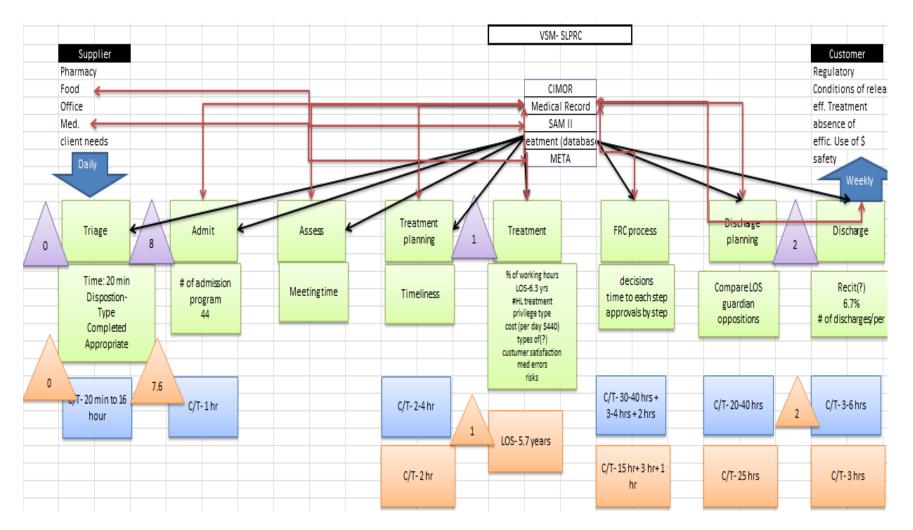
### **Current State**



### **Ideal State**



### **Future State**



### **Project Ideas**

- Human Resource
  Hiring
- Termination Process
- Discipline Process
- Client Purchases
- Privilege Process
- Client Job Types
- Pace Of Treatment

- Streamline Day Of Discharge
- Discharge Criteria
  Standardization
- RN Turnover
- Active Treatment
  Hours
- Client Movement

### **Participants**

- 24 participants began the training.
- Participant's educational level ranged from MD to high school education.
- The group ranged from staff members with direct client care to the supportive services.
- Job titles ranged from Psychiatric Technicians to Executive Committee members.

### **Projects**

#### **Client Purchases**

• Decreasing the length of time it takes to order and receive purchases.

#### Standardize The Day of Discharge

• Decrease the errors and amount of time it takes to discharge a client.

#### Employee Engagement

• Facilitate staff engagement in decision-making and performance improvement, with the hope of decreasing turnover.

#### Streamline Discharge Paperwork

• Remove duplications in paperwork and develop a standardized system.

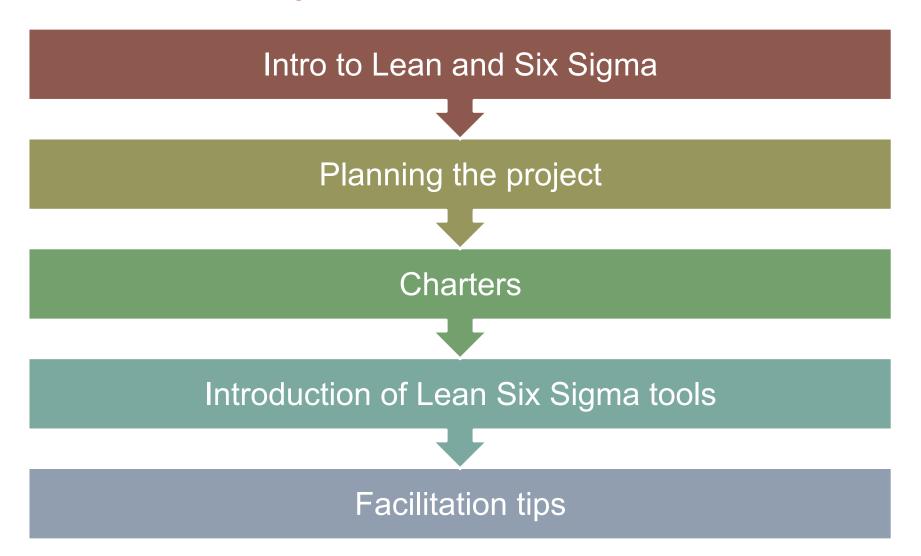
#### Streamline Privilege Process

• Standardize the decisions for privileges.

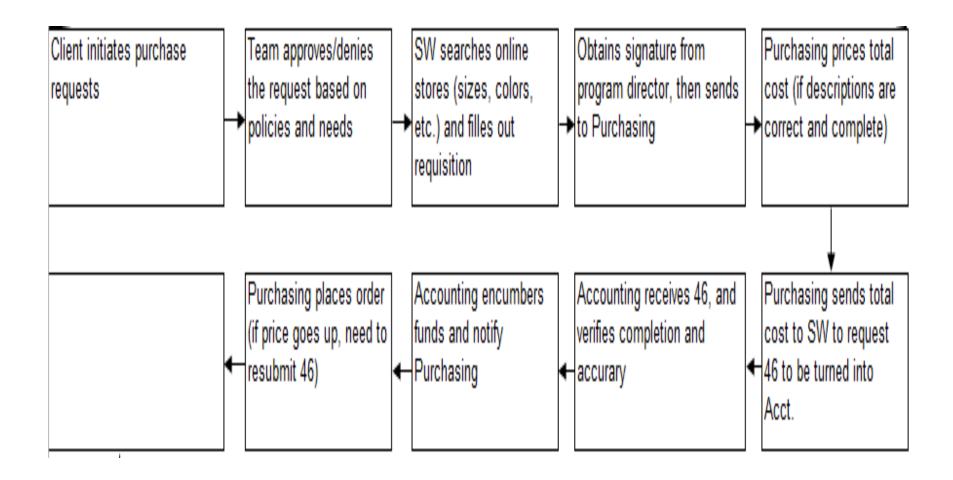
#### Ease Discharge Criteria

• Risk Factors should drive treatment and decision to discharge.

### **Day 1- Define Phase**

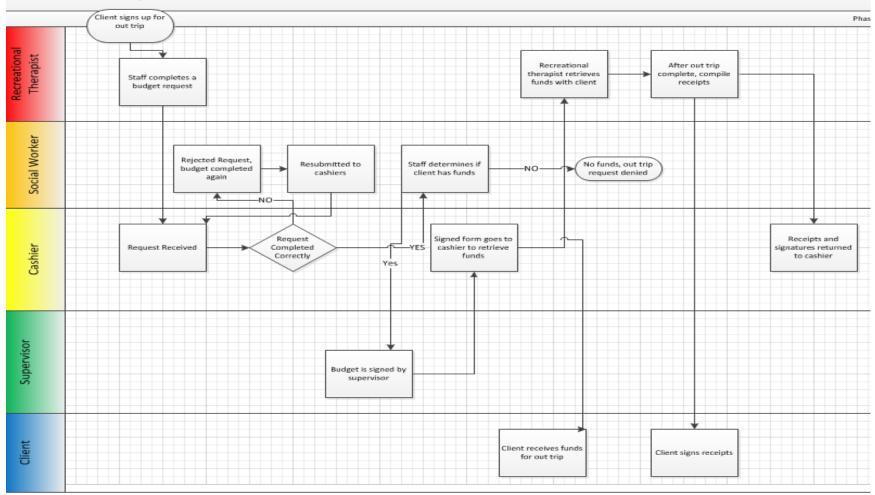


### Example Of A Process Map



### **Example Of Cross Functional Map**

#### Client funds for out trip



### Example Of Voice Of The Customer

#### Leadership

- Leadership would like to reduce the turnover rate of nurses
- Leadership would like to reduce overtime costs
- Leadership would like more sustainability in nursing staff members

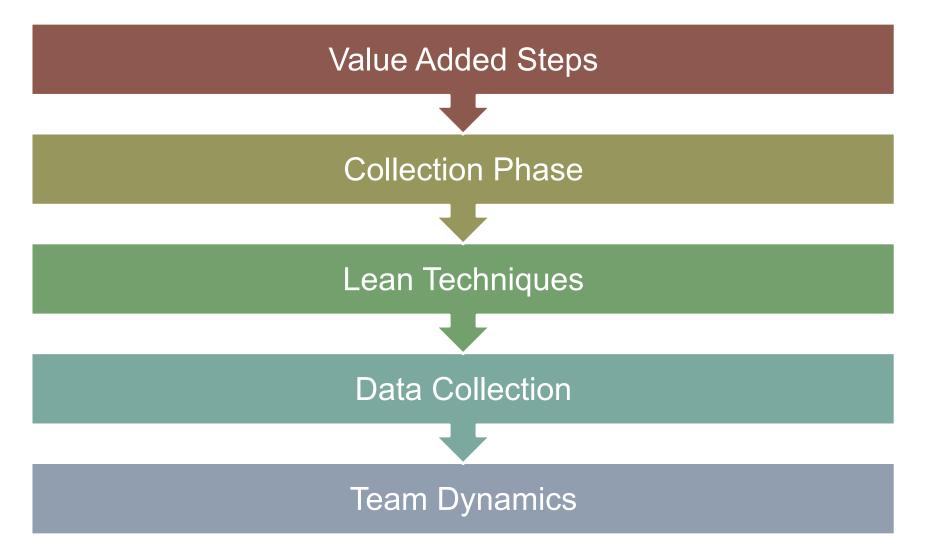
#### Registered Nurses

- Nurses would like more opportunities for professional growth
- Nurses would like better communication between the floor and leadership
- Nurses would like more support from other disciplines and leadership

### Example Of A Charter

1		Yellow Belt Proje	ect		
Project Name	Vitals collection and	recording			
Team Leader	Dr. Quadri (Lead),				
Champlon	Peter Scheers	Product or Serv	ice im pacted	Vital collection &	recording
Sponsor	Dr. Roy Wilson	BeltResource			
Start Date	12-24-16	Target Complet	lon Date		
Champion Signa	ture:	Sponsor	Signature:		
9					
0			1		
PROJECT DEFIN					
2 Process	Obtaining and record				
3 Problem	The process of mon	itoring and document	ing vital signs is	s in consistent.	
4 Description					
Objective		reliably and data is val			
6 Strategic	CustomerFocus: Cli	ents, PTs, nurses,		Early detection an	
Alignment	medical staff.		managem	ent of medical pro	blems
8			would sav	e cost.	
9	Quality/Safety: Vital	s are Important	High Perfe	ormance Organizat	lon: High
:0	Indicators of change	In medical condition.	frequency	r	
1 Risks	Patients can get very	y sick before illness is	discovered.		
2 Team					
4 Members	Felicia McCain N	Michele Rodriguez			
5 Project	Inc	cluded		Excluded	
6 Scope	Vitals, vitals equipm	ent, clients, charts, PT	rs, Clients no	t on location, clien	ts refusing
7	nurses, meta EMR.	Doctors	vitals, nor	-functioning equip	oment.
3			clients r	equiring vitals mo	nthly
9 Stakeholders	Medical staff, PTs	Nurses, Hosp. Admin.			
0		·····	,		
1 Metrics	1				
2	1) Length of time b	etween vital collection	n and data avai	lability in EMR	
3	2) Errors of omissio				
4	3) Errors of commis	mion			
5					
6					
7 Business	Cost reduction Cost A	voidance WIP/inventory	Cash Flow	(Labor Savings)	Incrementa
8 Results		Reduction			Sales
9					1
0	-				
1 Benefit To					
2 Customer					
3 Budget					
4 Action Plan					

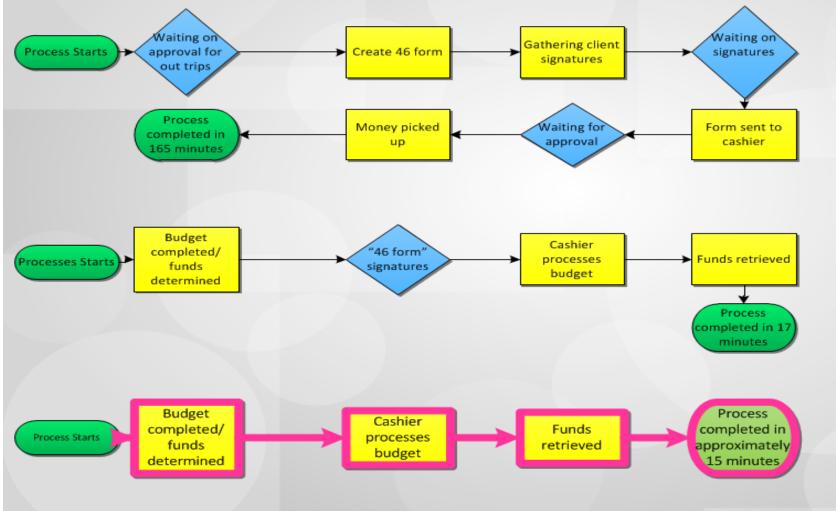
### Day 2- Measure and Analyze Phases



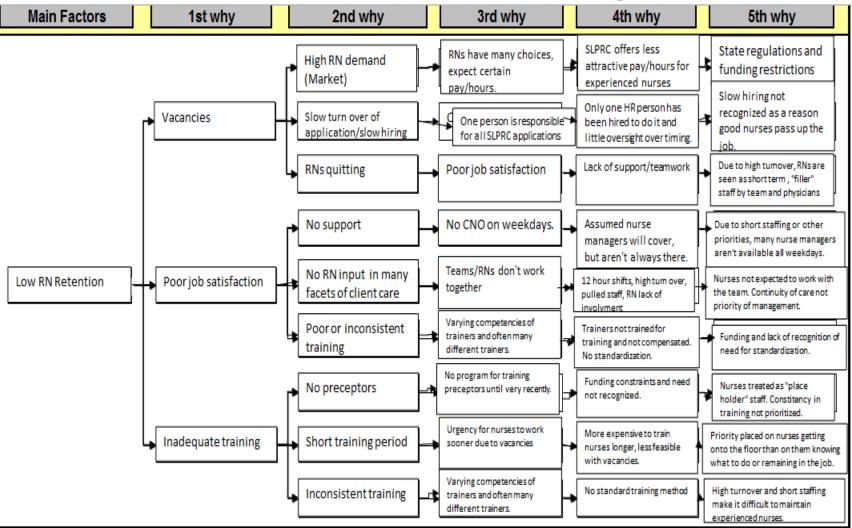
### **Example Of Sigma Level**

	Avg days to receive 46	Avg days to	Avg days to	_		Avg days from receiving req to	Percentage of Errors
to price	request	encumber	Purchase		to Ordering	receiving Items	Found
9.17		0.23				21.82	13.33%
Quantified Def	ects - USL						
82.46%	or 824,600 ppm	1					
CP = .33							
Sigma Lvel = 1			^	Iormal Dis Mean: 15			
		USL: 7 Days		Std Dev:	6.61		
	0.07						
	0.06						
	0.05						
	0.04						
	0.03				$\rightarrow$		
	0.02						
	0.01						
	0.00	5	10	15	20	25 30	35

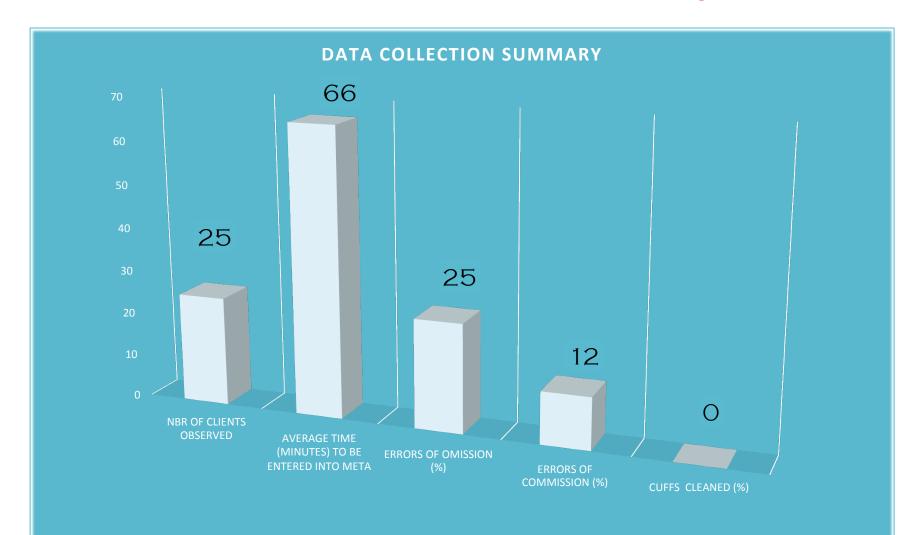
### Example Of Value Added Vs. Non-Value Added Steps



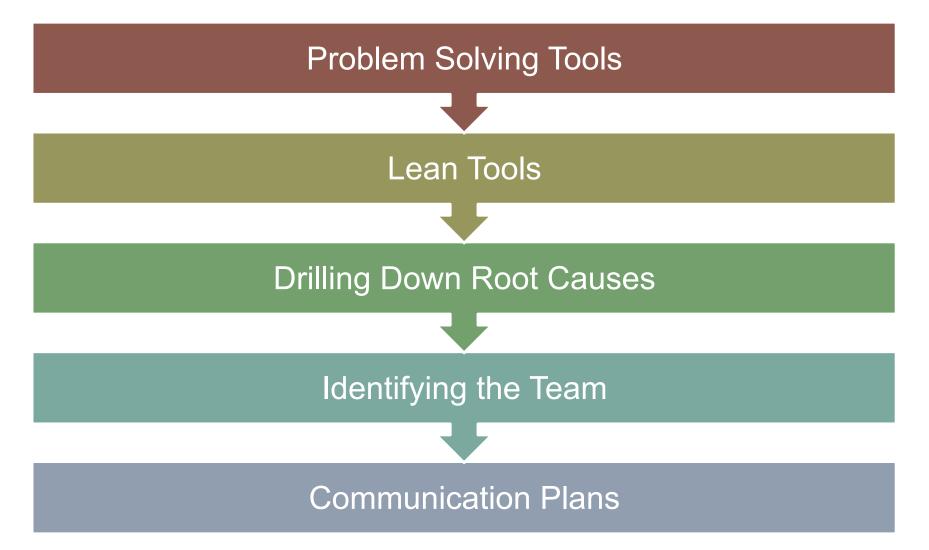
### **Example Of 5 Whys**



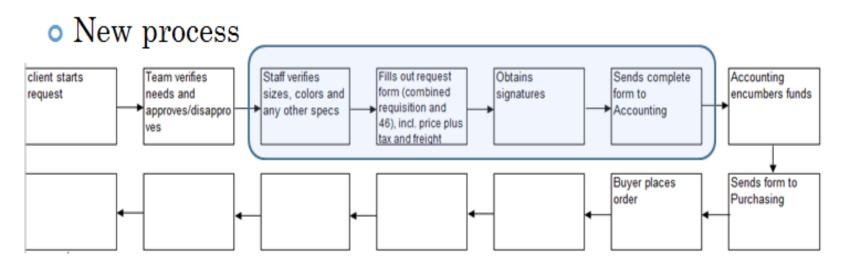
### **Data Collection and Analysis**



### Day 3- Analyze and Improve Phases



### **Example Of Improve Phase**



- Waiting time elimination
  - 5 days of waiting 46 form
  - 2 days of encumbering funds
- Error elimination
  - Calculation errors

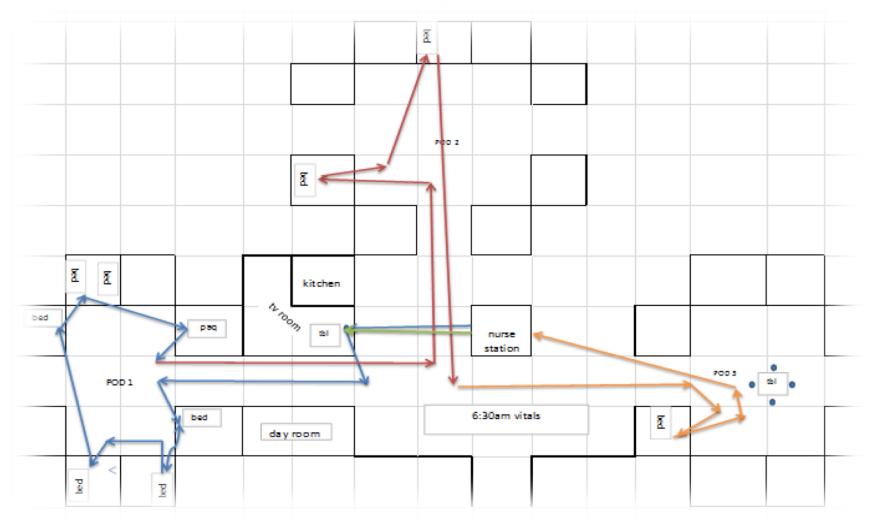
### **Example of Data Collection**

Process Step	Observa flon 1	Observa tion 2	Observa flon 3	Observa tion 4	Observa tion 5	Observa flon 6	Observa tion 7	Observa tion 8	Observa tion 9	Observa tion 10	Observa flon 11	
Budget request completed	10				5	30	10				7	
Budget processed		9	8	27		60	15	20	40	9		
Verify avail. funds	48		Ŭ	21		5	15				60	
Signatures		10			22	5	20	30	70	15	23	
Form taken to cashier office		10	10		19		5	5	35	55	5	9
Funds retrieved			9		3	15	5			7	13	
Total	58	19	17	46	30	120	55	85	165	29	99	

### Example Of Failure Mode And Effects Analysis

FAILURE MODE AND EFFECTS ANALYSIS											
1	1 2 3 4 5 6 7 8 9					9	Action Plan				
Part/Process	Failure Mode	Failure Effects	Sev	Causes	Осс	Controls	Det	RPN (S*O*D)	Recommended Action	Responsibility	Date
Applicants	Slow response from HR - may	Lose potential "Good"	7	Ineffective slow process,	9	Unknown or nor formalized	5	315	Get back to applicants within 15 business days, use more	McFarlane	
			5	DIVIH / SEPRC / only allows	7	N/A	10	350	Start anytime	McFarlane	
New Hires	Cannot work the shift hired for	RN leaves SLPRC. RN	8	Miscommunicatio n by SLPRC, or	5	Chart indicating	5	200	Not sure if letters of acceptance state the shift	Nursing	
	May have gotten another RN	Cannt work shifts	8	The time it takes to get hired and	6	None	7	336	Shorten the length of applicant to hire and NEO	Training Department	
	Letter of Acceptance not	RN vacancies	4	HR error	1	None	5	20	Have a checklist for new employees		
	Did not receive sent Letter of	RN vacancies	2	Post Office error or address	1	None	10	20	Have a checklist for new employees	HR	
Orientation	Not showing up or completing	Loss of time and money	8	Wrong information given	8	None	1	64	N/A	employee	
3 Week Floor Training	Poor training, inconsistent	Quit, stressed, RN's feel	10	Insufficient training methods,	7	Training checklist	5	350	Preceptor and longer training.	Mary Steinhoff	7/1/2017
Full time RN's	Unprepared to work	Med errors, clients	10	Floor training not long enough or	10	No controls for whether	2	200	Preceptor and longer training.	Mary Steinhoff	7/1/2017
PRN RN's	roles they are	Med errors, clients	10	No PRN training to learn	10	PRN specific checklist	2	200	Preceptor and longer training.	Mary Steinhoff	7/1/2017
	Not trained to do Med Pass or	Inexperience leads to many	9	No specific training	10	Task list	2	180	Preceptor and longer training.	Mary Steinhoff	7/1/2017

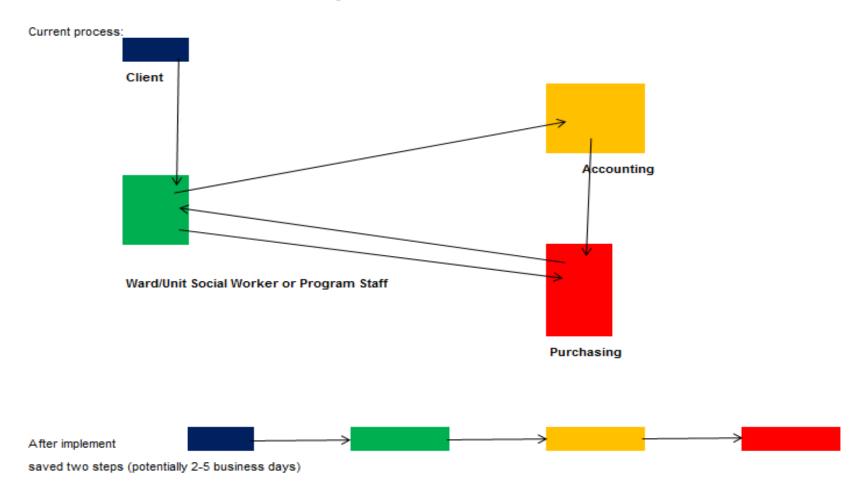
### Example Of A Spaghetti Diagram







## Example Of Possible Outcomes Of Implementation



### **Example Of Root Cause Identification**

Each person retrieving funds for a client has a different process. There is no standardization.

Lack of communication between departments which contributes to a misunderstanding of what information is required.

Staff member's inability to view client budgets to determine if there are funds available. Upon investigation, there are some non-Social Workers that have this ability. The inability to look at client budgets adds Non-Value added steps to the process and contributes to the inconsistency.

The lack of a procedure or training manual leads to a higher failure rate and inconsistencies in the process.

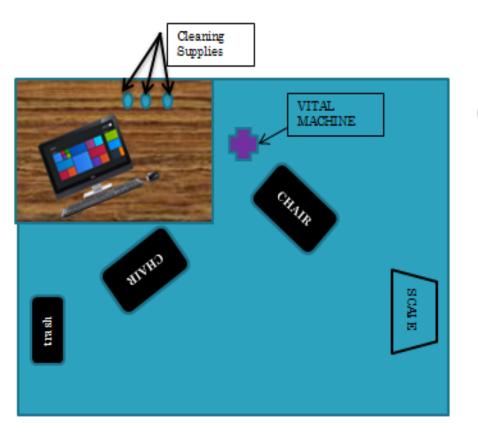
The lack of an electronic method to complete the process adds Non-Value added steps to the process.

### **Example Of Solution Development**

#### Each Solution Could Be a Yellow Belt Project



### **Example Of Pilot Planning**



• Requirements:

- Designated Room
- PC with Intranet Access
- Vital Machine
- Meta Login Credentials for Nursing Staff

### Conclusion

- What did we learn?
- Is there anything we would have done differently?