Kata in Healthcare

This session will provide an overview of Kata application in healthcare and key lessons learned.

- Our purpose is to support the adoption and use of Kata to transform healthcare.
- The outcome of the session is to share three key topics related to kata in healthcare to advance audience knowledge and provide practical information that can be applied.
Session Agenda

• Presentation Section
  – Kata interaction with TWI and strategy deployment (Skip Steward)
  – Virtual Kata coaching (Amy Mervak)
  – Kata integration into an established lean management system and traditional kaizen approach (Mike Radtke)

• Break

• Panelist sharing of “lessons learned” and Q&A

• Wrap up

Kata interaction with TWI and strategy deployment

Skip Steward
Chief Improvement Officer – Baptist Memorial Health Care
One of the largest not-for-profit healthcare systems in the US

- 14 hospitals
- Serving 3 states
- Over 15,000 colleagues
- Over 600 physicians
- Strong network
  - clinics
  - hospitals
  - home health
  - hospice
- 80 specialties
Significant economic impact

- Over $2 billion
- Generate over $191 million in local, state and federal tax dollars
- Generate over 20,585 local jobs

Mental Model

Model based on the Toyota Kata book & research by Mike Rother
Three Training Programs for Three Skills

Skill in Instructing → Job Instruction Training
Skill in Improving Methods → Job Methods Training
Skill in Leading → Job Relations Training

Job Instruction Training (JI)
How to teach people to quickly learn to do a job correctly, safely, and conscientiously.

In Japanese, “The WAY to Teach Jobs” 仕事の教え方 = Shigoto no Oshie-KATA
JI 4-Step Method

Step 1 - Prepare the Worker

Step 2 - Present the Operation

Step 3 - Try-out Performance

Step 4 - Follow-up

“If the worker hasn’t learned the instructor hasn’t taught.”

JOB INSTRUCTION BREAKDOWN SHEET

<table>
<thead>
<tr>
<th>IMPORTANT STEPS</th>
<th>KEY POINTS</th>
<th>REASONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A logical segment of the operation when something happens to advance the work</td>
<td>Anything that might— 1. Make or break the job 2. Injure the worker 3. Make the work easier to do, i.e. “knack”, “trick”, special timing, bit of special information</td>
<td>Reasons for key points</td>
</tr>
</tbody>
</table>

Not a micro-motion study of the job. | The 5 or 10% of a job that represent the hard or tricky parts. | People learn better when they know why they do it that way. |
There are NO magic wands but a powerful COUNTERMEASURE.
Blood Cultures

Many Experiments

OR  Counting  Cleaning & Sterilizing GI Scope  Admissions
Kata integration into an established lean management system and traditional kaizen approach

Mike Radtke
Vice President Perioperative Services and Acute Interventions
ThedaCare

ThedaCare and Our Lean Journey

- Started with Lean in 2003
- Value Stream and Event based focus
- Lots of A3 use – learning A3 thinking
- Daily Improvement – no clear method for doing and coaching - didn’t work as well as events
- Lean management system
## Lean Management System Development

### Team Huddles

- Leader Standard Work
- Scorecards, Scorecard Review meetings, Leadership Team Development
- A3 Thinking/Problem Solving

### Process Observation

### Stat Sheet

<table>
<thead>
<tr>
<th>Stat Sheet Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Measures</td>
</tr>
<tr>
<td>Safety</td>
</tr>
<tr>
<td>How many Patients/Families or staff are at Risk?</td>
</tr>
<tr>
<td>Quality</td>
</tr>
<tr>
<td>Any Quality Opportunities or concerns?</td>
</tr>
<tr>
<td>Falls, bundles, med rec/errors</td>
</tr>
<tr>
<td>Patient complaints/Follow Ups</td>
</tr>
<tr>
<td>People</td>
</tr>
<tr>
<td>Any Staff with Problems/Barriers?</td>
</tr>
<tr>
<td>Who needs the most support today (weakest link)</td>
</tr>
<tr>
<td>Any Physician or Leadership issues?</td>
</tr>
<tr>
<td>Any thing, staff or provider to recognize or celebrate today?</td>
</tr>
<tr>
<td>Delivery</td>
</tr>
<tr>
<td>Any areas that Demand exceeds Capacity</td>
</tr>
<tr>
<td>For Oncology- Any non- oncology pts on the floor?</td>
</tr>
<tr>
<td>How many filled beds?</td>
</tr>
<tr>
<td>How is care management helping to progress care today</td>
</tr>
<tr>
<td>How many discharges planned today?</td>
</tr>
</tbody>
</table>

### Team Huddles

<table>
<thead>
<tr>
<th>Date</th>
<th>Stat Sheet</th>
<th>Scorecards, Scorecard Review meetings, Leadership Team Development</th>
<th>A3 Thinking/Problem Solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fri</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## Kata at ThedaCare – Multiple Experiments

- **Experiment #1 – 2013: Study group gone wild**
- **Experiment #2 – 2014: Attempting to make part of a system-wide standard**
- **Experiment #3 – 2015: “Third time is the charm” – Piloting throughout surgery**
Our Next Steps with Kata

- Continue our experiment: Execution of a major strategic imperative within our system using improvement and coaching kata
- Integrate into our management and improvement system
- Spread to other areas

Kata Playing Well with Others: Kaizen Events, Lean Management System
Kaizen Event

Future chances to engage in Lean
Your credibility

Kaizen Events and Kata

Where the Forms Go on the Storyboard
The forms/routes are also effective within an A3
Lean Management System and Kata

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Daily Stat Sheet</th>
<th>Leader Standard Work</th>
<th>Process Observation</th>
<th>Team Huddles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How has Kata helped?

<table>
<thead>
<tr>
<th></th>
<th>Daily Stat Sheet</th>
<th>Leader Standard Work</th>
<th>Process Observation</th>
<th>Team Huddles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Virtual Kata coaching

Amy Mervak, MPH
Chief Quality and Compliance Officer - Hospice Care of Southwest Michigan
Q1
What is the Target Condition?

Q2
What is the Actual Condition?

Outcome Data

Non-Formulary Costs per Patient Day

Process Map - Medication Management - Home Care (Start: 11/01/15)
**Reflection on Last Step**

**Q3** What Obstacles do you think are preventing you from reaching the target condition?

**Which One are you addressing now?**
**Q4** What is your Next Step? What do you Expect?

**Q5** When can we go and see what we have learned from taking that step?

---

### Target Condition Reflection

**Questions**

- What went well?
- What didn’t go well?
- What was enjoyable?
- What factors made the work possible?
- What factors inhibited the work?
- Are there any loose ends?

---

### PDCA Cycles Record

<table>
<thead>
<tr>
<th>Step</th>
<th>What do you expect?</th>
<th>What Happened</th>
<th>What We Learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>By 10/15, to have each client identified at no risk for dementia re-evaluated and placed on a plan of action.</td>
<td>If the client that received the assessment is at risk for dementia, the assessment should be re-evaluated.</td>
<td>Additional follow-up, which in our experience is standard.</td>
</tr>
<tr>
<td>2.</td>
<td>By 10/15, implement new medication schedule at the practice-wide level.</td>
<td>The new medication schedule was implemented and all clients were placed on the new schedule.</td>
<td>No additional follow-up, which in our experience is standard.</td>
</tr>
<tr>
<td>3.</td>
<td>By 10/15, contact the family to discuss the new process.</td>
<td>The family was contacted and the new process was discussed.</td>
<td>Additional follow-up, which in our experience is standard.</td>
</tr>
</tbody>
</table>

---

### Obstacles (current focus denoted by :)

- Not understanding clients’ reasons for medication continuing.
  - Not understanding clients’ reasons for medication continuing.

---

**Med List in KMS does not agree with 68% of the time.**

- KMS report for the audit: On 10/15, 4 clients had covered dementia meds and 6 clients had non-covered dementia meds.
- Staff having difficulty with the new process.
- Not having documentation of the new process.

---

**Target Condition Reflection Questions**

- What went well?
- What didn’t go well?
- What was enjoyable?
- What factors made the work possible?
- What factors inhibited the work?
- Are there any loose ends?
Accessibility and Flexibility

Break!!
Please be back in 10 minutes...
Panelist Key Lessons Learned/Q&A

Panelist Information

- Amy Mervak, MPH ([amy.mervak@hospiceswmi.org](mailto:amy.mervak@hospiceswmi.org))
  Chief Quality and Compliance Officer - Hospice Care of Southwest Michigan
- Mike Radtke ([Michael.Radtke@thedacare.org](mailto:Michael.Radtke@thedacare.org))
  Vice President Perioperative Services and Acute Interventions – ThedaCare
- Skip Steward ([Skip.Steward@bmhcc.org](mailto:Skip.Steward@bmhcc.org))
  Chief Improvement Officer – Baptist Memorial Health Care

Facilitated by Bill Boyd ([william.boyd@thedacare.org](mailto:william.boyd@thedacare.org))
Operations Director Perioperative Services – ThedaCare