

From Prius to Patient: Salem Health's Decision to Learn from Toyota

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Two years ago I spent the better part of seven days at the bedside of my eighty-five year old mother who had fallen and was hospitalized in a highly reputable Portland hospital. While the experience was difficult for her, it was profound for me. Despite two decades of hospital employment, I had never spent this amount of concentrated time viewing the world from the standpoint of the person at the center of our work—the patient.

As I watched each of the many hospital staff in roles so familiar to me

diligently performing their duties, I had the sense of members of an orchestra who didn't realize they were on the same stage. It was as though each had learned a tune in isolation from the others and had practiced it to proficiency. Now they were in the midst of a performance without a full understanding of how the parts fit together, when one should start or another stop, the speed and cadence of the music, or how the overall piece should sound to the listener.

The result for my mother was uncoordinated and confusing. The result for the health system was expensive.

As I look back at my mother's hospital stay, it was clear that if things had been done in a different order and a more coordinated way her seven-day stay could have easily been completed in three days without any diminishment in care or in diagnostic results. I also knew that what I witnessed at this particular hospital would be considered very good care as it is defined in our world, and would not have been significantly different in my workplace at Salem Health.

We are a system with one large hospital (454 licensed beds), one critical access hospital, a primarily in-

dependent community medical staff together with a small but growing hospital-employed physician group. Our belief in engaging frontline staff through shared decision-making was rewarded last month in achievement of Magnet recognition from the American Nurses Credentialing Center.

This past summer our Board of Trustees committed to a new management system for Salem Health based on the Toyota Production System. My personal transition was from the role of HR Vice President to that of a newly created role of Senior Vice President for Kaizen. Kaizen, the Japanese term for continuous improvement, is the fundamental approach to making incremental changes that over time eliminate waste within our systems and ensure defect-free care.

The Board's decision resulted from a long-standing commitment to improve the patient experience and improve quality while reducing the cost of care. This commitment led us on a search for other healthcare organizations that were simultaneously accomplishing these three things.

We found many organizations that had achieved marginal success

through "doing lean," meaning they were applying continuous improvement methods to improve efficiency, or they were providing short-term training for leaders in lean methods.

We also found a very small number of organizations, like Virginia Mason Medical Center in Seattle, or ThedaCare in Appleton, Wisconsin, that had made the commitment to view their entire organization and all of its operations through the lens of the Toyota Production System and to transform themselves accordingly. They were not "doing lean." They were learning to operate in fundamentally different ways. And they were becoming consistently the highest quality and lowest cost providers in their regions. It was clear that this transformational approach was the path we would need to take if we wanted our efforts to be something more than the latest management fad.

Our Board's decision was to implement the Salem Health Production System, based on Toyota's model, and to enter into a five-year contract with John Black and Associates (JBA) from Seattle to guide us on our journey. The next five years will give us enough experience to be able to continue the work on our own, although it will take closer to twenty years to fully embed the system in our culture.

In the next five years each of our leaders (supervisors through CEO) will complete "lean leader certification" through JBA. This is an intensive course of study including travel to Japan for a two-week immersion in organizations that use the Toyota Production System. Certified leaders will begin working with teams of frontline staff, physicians and patients to examine each of our processes using five-day "rapid process

improvement workshops" (RPIWs), taking on the enemy of waste.

Waste is defined as any activity that uses resources but adds no value—things such as waiting, overproduction, excess inventory, transportation and defects that require rework or potentially cause harm. Waste is everywhere in our systems and those of any U.S. hospital, adding costs, frustrations and safety risks.

At the end of each RPIW, the staff will have changed the process to reduce waste. These will be bite-size changes—the kinds of things you can do in five days. Using this incremental change approach, the same process may be improved multiple times, each time getting a little bit better. Over the years ahead, the entire organization will improve.

One comment we've heard as we've discussed the use of Toyota's system has been, "Patients aren't cars. Can you really apply this system in a hospital?" I'm reminded of a comment in ThedaCare CEO John Toussaint's book, *On the Mend*. ThedaCare learned lean methods from the Ariens, Inc. snow-blower factory in Brillion, Wis. Toussaint says, "Sick people were not snow blowers. The snow blowers were in many ways treated better. Work on each snow blower was designed to happen efficiently, without waiting between procedures, and with every employee understanding his or her role."

Returning to thoughts of my mother's care, the work ahead is about bringing all of our solo performers together to understand their part in the context of the whole, and from the standpoint of their audience—our patient.

With the patient's voice and the concept of value for the patient as the central principle, our physicians

and staff will begin to eliminate the dissonance and confusion. In doing so, they will also eliminate costs associated with things that we do not need to do, and that make our patients less safe and less satisfied. What they will not do is eliminate their own jobs. Our promise to staff is that no one will lose employment as a result of a lean event. This will challenge us to reduce labor through attrition and to find other work for current employees if jobs are redesigned.

Amidst the swirl of healthcare reform, this feels like the right work to do and the right time to do it. The more we learn, the more evident the waste in our systems becomes and the less tolerable it seems. Our greatest challenge may be to pace ourselves for success in the face of enormous need and opportunity. On a personal level, I am inspired to think of the many daughters, sons and spouses whose experience of care for their loved ones will fully reflect our commitment to quality and compassion.

Bev Bow has been with Salem Health since early 2002 when she was hired as Vice President for Human Resources. In June 2010 she transitioned to a new role as Senior Vice President for Kaizen. This new role involves leading the transition to a new management system at Salem Health based on the Toyota Production System.

Prior to coming to Salem, Bev was a partner in Perspective Consulting Group, a consulting practice specializing in Human Resources and Organizational Development consulting based in Portland. She also previously served as Vice President for Human Resources for Emanuel and Good Samaritan hospitals in the Legacy System in Portland, and

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