Change Without Fear

Spreading a Model Cell to Improve Health Care

BY JOHN TOUSSAINT, M.D.

Today's healthcare environment is challenging. It requires rapid cycles of change to respond quickly to new opportunities. The subsequent changes must then be spread across complex organizations, but spread is poorly understood in health care. Common executive behavior is to simply hand "best practice" to a department or clinic and expect it to be applied uniformly.

Typically, an outside "benchmarking consultant" creates a narrowly focused analysis, such as measuring nursing hours per patient day or other common metrics. The consultant then produces a report showing variations among healthcare providers. Next, the best-performing hospital or health system is identified as best practice. Leaders make the mistake of expecting their "underperforming hospital" to achieve the same metrics as a top performing hospital. This usually means cutting staff, which invariably leads to reducing the quality of patient services.

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Soon after the cuts are initiated, problems in patient care arise from understaffing, and the same leaders that let people go end up hiring them back. It's a vicious cycle that never solves the original problem and instead does nothing but create fear and a demoralized staff.

Inch Wide and Mile Deep

An alternative is to develop a "model cell" and spread the results. A model cell is a new care system that runs an inch wide and a mile deep. The model cell must focus on an important business problem.

For example, if a department regularly delivers care that harms patients, that's a perfect place to start. A crowded emergency department (ED) is another good place. Agreement on the business case keeps the team focused. The scope of the redesign must be limited, usually to one unit or clinic.

The redesign results in a new care system. This new system, with documented standard work, refers to the best known way of doing the work today. It is not developed by consultants, but by the staff who actually perform the work. Front-line teams must develop the new standard work because they are the people who will need to follow the standard work. They also have the power to change it using plan-do-study-act cycles as the work progresses.

Knowledge of Lean thinking, including problem-solving practices, the improvement management system, and tools, are implanted deep into all stakeholders within the project scope. This means the leaders, too. Leaders who are not engaged in the changes required of them do not learn how to support the work of the radical change agents in the model cell. Model cell development typically takes six to nine months, and the result creates a best practice template. This core becomes the organization's teaching

center and the framework for spreading it across the system.

The Short Answer

Spread is extremely difficult. In the second year of my CEO journey, I told my mentor, George Koenigsaecker, who led Lean transformations in manufacturing at Danaher and Hon, I was very happy with the work that one of our clinics had produced in a new ambulatory model cell, and I wanted to make sure that the improvements were spread to all our clinics.

"Couldn't we simply send clinic leaders and physicians the standard work and ask them to implement it?" I asked. George responded, "I managed 19 plants in 12 countries. Whenever there was model cell activity, each plant would review the standard created and determine if it was applicable to their business."

The short answer to my question: No, we couldn't just hand the new standard to the rest of the clinics and expect them to implement it. The entire tenet of improvement is that people doing the work have a chance to influence it. That includes both the original model and areas the learnings plan spreads to.

James Hereford, the former senior vice president at Group Health and Palo Alto Medical Foundation (PAMF), now chief operating officer at Stanford Hospitals and Clinics, tells his story about learning how to spread.

At Group Health, he explained, they used a sell-and-tell approach. Their team created a model cell, and then, as they went to each clinic, they told the workers they would apply the new model because it was better than what they were doing. This approach accomplished minimum compliance, but not the engagement and innovative thinking leaders were looking for. As I explain in my new book, *Management on the Mend*, when Hereford had the opportunity at PAMF to lead the Lean transformation, he tried a copy/improve approach. The model cell was created at PAMF's Fremont Clinic. Other clinics decided to adopt the new model as-is or change it to meet their circumstances.

Many changed the model to fit their individual clinic circumstances. Within 15 months, every clinic had new standards in place—not exactly the same ones as Fremont but similar framework and standards that worked for their needs. The fundamental tenet is not that the standard work be the same from clinic A to clinic B, but that there be standard work. Without standards, no improvement is possible.

Experiments That Inform

As each clinic experiments with the new standards, innovation happens that informs the work of the original model cell. In this way the clinics compete to find better and better ways to do the work.

For example, when I was CEO at ThedaCare, I visited one of our clinics a few months after a new standard had been spread. The phone cell had been redesigned from the original model cell clinic:

- It was designed in a U-shape.
- Medical assistants sat next to nurses.
- Real time data was displayed on the wall, electronically populated by the phone system to show how long patients were waiting and who was next in the queue.
- Clearly documented standards for phone answering and triage were posted.
- Staff also posted their daily performance data.

As a result of the redesign, the clinic had reduced dropped calls to almost zero and had 80% of calls answered in 20 seconds.

The next week, I was back at the model cell clinic and asked the supervisor if she had seen the phone cell at the clinic I had recently visited. I explained what was happening, and her eyes got big. She said, "I know Christi [the supervisor at the other clinic]. I'm going down there tomorrow." She spent the next morning visiting the spread clinic to learn how leaders had taken the existing model cell work and radically improved it.

Frictional Heart

Spread doesn't just happen. It requires a plan because friction is at the heart of spreading this work, and friction is unavoidable because the two key principles at play here are standardization and customization. You must standardize the model cell to replicate it, yet the needs of individual clinics and units demand tailoring the model cell to local needs. Assign a leader to the spread duty. As teams build the model cell, leaders should already be thinking spread. Where are we going to take this work next?

If it is a series of clinics, make sure the spread clinics have team members working on the model cell. If it's a hospital department, establish the common redesigned framework in one department first. Then, the framework can spread across all departments. Again, the most important success factor is that the front-line teams in every department have the opportunity to change the standard work to conform to their needs

while maintaining its core elements.

For example, when ThedaCare physicians spread the work of the original model cell clinic developed by Montgomery Elmer, M.D., and his team members at the Kimberly, Wisconsin, Family Practice Clinic, it was a copy/improve approach.

What the team had determined was that 15-minute onsite lab turnaround was critical if patients were going to have their plan of care 100% complete on discharge. As the new standard work was spread, system leaders did not tell the clinic staff and physicians how they must redesign to achieve the 15-minute result. They were told this result was paramount to achieving the desired outcome. Clearly, designing this system for a 75-provider clinic is totally different from a six-person provider clinic. In this way, clinic team members at every spread site were involved in solving the problem. That created engagement at the front-line level.

Fix What's Broken

Spread is an ongoing process improvement challenge. Learning how to do it is the key to long-term sustainable success. Leadership needs to spend less on high-flying benchmarking consultants and more time building model cell strategies and spreading the learning. Remaking health system processes is the only way we will engage and release the creativity of the talented healthcare work force. The leader's job is to create and encourage an environment that allows the people who do the real work the chance to fix what's broken.

Reference

1. J. Toussaint and E. Adams. 2015. *Management on the Mend: Healthcare Executive Guide to System Transformation.* Appleton, Wisconsin: ThedaCare Center for Healthcare Value. At https://createvalue.org/product/management-on-the-mend.

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