



Inspiring Healthcare Leaders
Accelerating Change

Innovations in Management from Children's Mercy in Kansas City

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Introduction

Many organizations have developed a daily management that includes stand-up huddles, a huddle board where key metrics are reviewed, and where staff ideas for improvement are captured. Some have also begun using daily status sheets where managers meet with front line staff to understand barriers to daily work processes so that anything in the way of great care can be addressed and staff can do their best work. But as we look beyond the front line to the VP and senior VP level the standard work for huddles and executive management is less consistent and therefore, less effective. For the last two years Children's Mercy has worked hard to create the same rigor at the top level of the organization as at the front line. We report here on those results.

Children's Mercy (CM), a 300+ bed Children's hospital with 8,000 staff in Kansas City, has been on an accelerated journey of organizational excellence for the last few years. When Paul Kempinski was named CEO July 2018, he turbo-charged the learning journey. His primary focus was on employee and patient safety. He set out to build a safety system that could help get Children's Mercy to zero harm.

In order to reach this goal, he realized there needed to be transparency regarding every injury or near miss. CM has a robust frontline management system in place which includes daily huddles in over 300 tiered areas. Although a spoken intent of huddles is safety, there were still safety concerns going unvoiced during frontline daily huddles. As a result, there were days when zero problems were escalated, and no one on the executive team really knew if frontline safety problems were even being captured.

The improvement team was asked to do an assessment. The first step was to understand why problems were not being escalated. They found that problems and the barriers to solving problems were getting stuck somewhere between the frontline department and the senior executive team. In other words, there was no place for problems to be escalated to and no effective system to visibly highlight these problems for executives. So, in March 2019, the executive team worked with the improvement team to design an executive management team huddle. The first attempt included a huddle board and an agreed upon time to have the huddle. But many of the executives didn't see how the huddle would help with escalating safety problems. And in fact, the data showed it wasn't working (fig.2). There was need for improvement.

In August of 2019 improvement staff members attended a class on [Kata](#) that was offered at Catalysis. This generated the idea of using a leader story board, a Kata tool, to rapidly experiment at senior management on improving their huddle (fig.1) with the priority of creating a management system process that would support safety problem escalation from the frontline.

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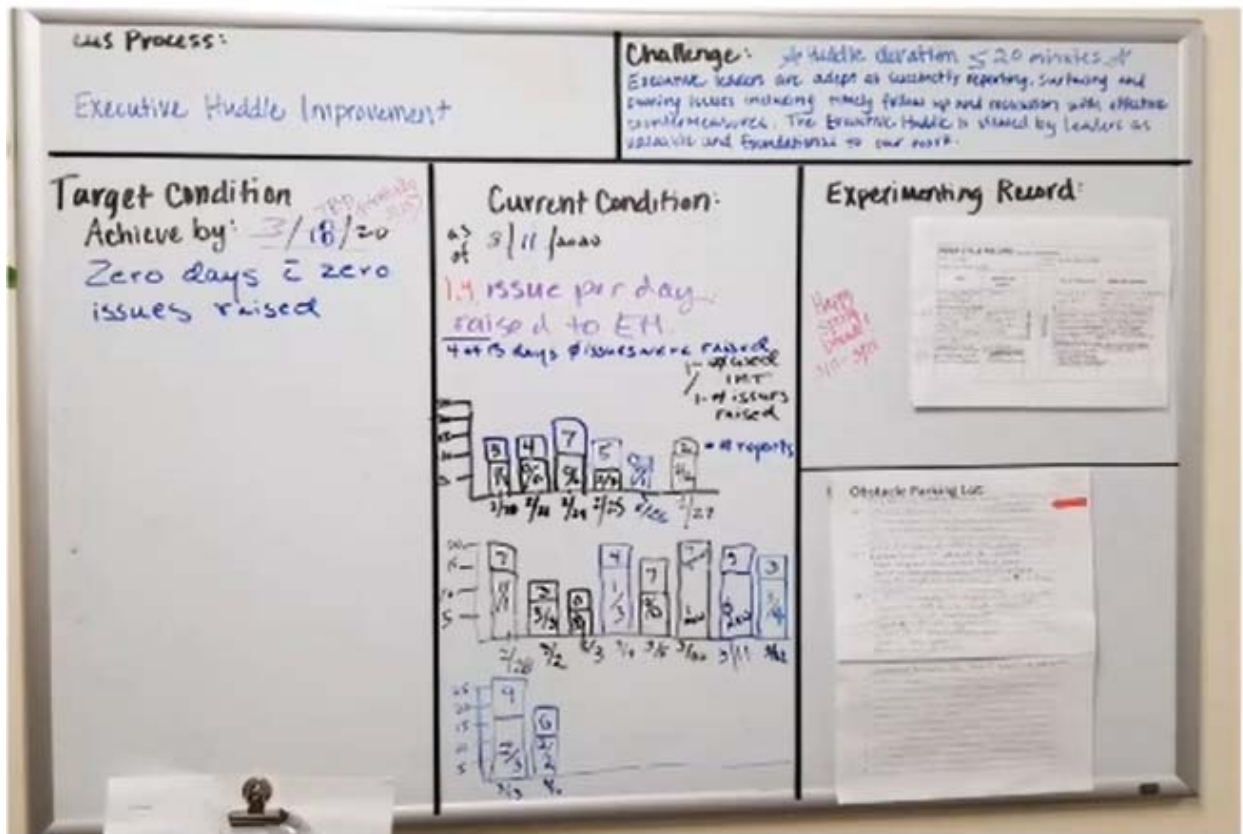


Fig. 1 Leader story board developed for executive management huddles.

A kata team of four executive leaders was established to use the storyboard and improvement kata. This process was used to run a series of experiments that led to improved executive standard work for huddles. For example, in the interest of keeping discussion at huddle brief, the executive team developed a standard verbal format (Issue-Impact-Countermeasure-Timing) for reporting issues at huddle. To ensure the owner of an issue provided a report-out on the due date, the team set up automatic reminder emails one day prior. To improve huddle attendance of all executive members, attendees were asked to tally their names on the board for all to see.

When leaders went to the gemba they found frontline teams were confused about how or when to escalate problems, or if their problems would even be welcome at the executive level. One of the first experiments coming off the leader story board was to define escalation criteria. This process led to a clarification of what types of issues to list (or not list) on the board. Any “safety or service” issue was to be escalated to the executive huddle. The executive huddle board has “quick hits” and “complex issues” sections that are visited every day and have clear labels of who is responsible for addressing the problem, what is the problem, what are the barriers to solving the problem, by when is it anticipated (or needed) for the problem to be solved.

Once it was clear that senior management wanted issues to be escalated, they got a lot of them and realized the filter may have been too broad. So, they ran another experiment to clarify definitions of what constitutes a safety and service issue needing escalation. The focus was placed on actual harm or near misses to patients and staff, as well as unsolicited or widespread patient complaints.

To reinforce the criteria definitions, the next experiment for senior management was to create scripted gemba questions. The questions helped to unearth why problems were not being escalated; for example executives asked while in the gemba, “Is it evident issues are being escalated appropriately?” and “What issues might be stale/languishing (unresolved) near the frontline, and why is/isn’t the team escalating?”

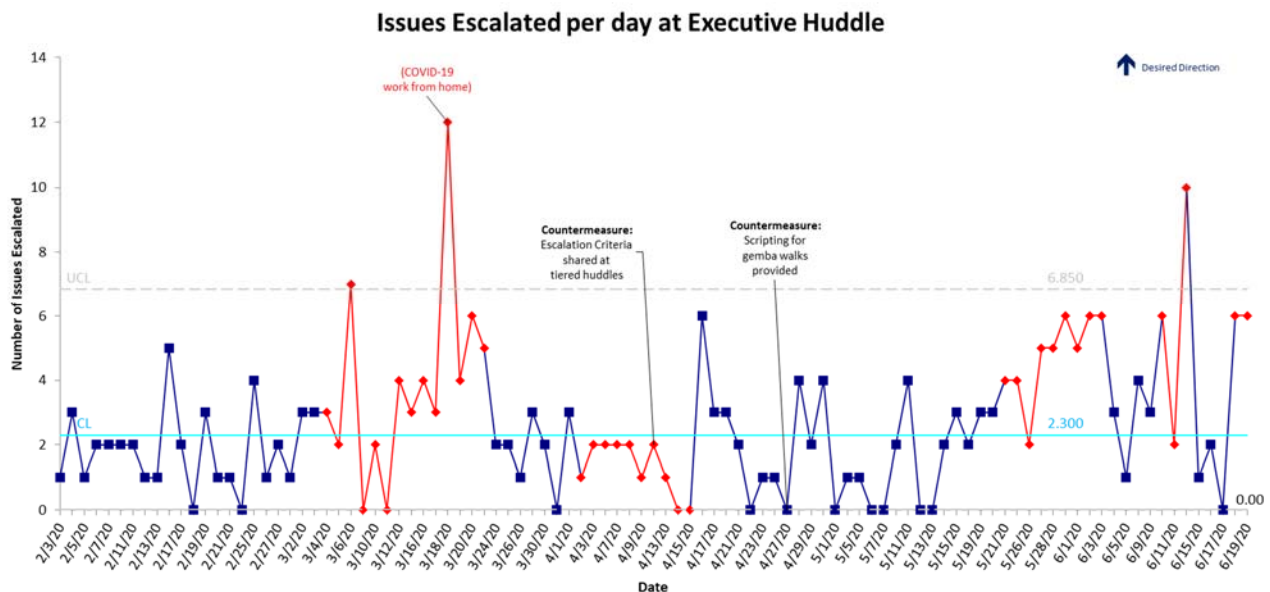


Fig. 2 SPC chart of problem escalations to senior management huddle. A special-cause increase—meaning statistically not due to chance alone—occurs just weeks after implementing two countermeasures geared at increasing the number of issues escalated.

On March 17th everything changed. COVID took over. Although many frontline teams were still meeting at gemba, about 100 teams were working off-site, including members of the senior management team. So, the huddles had to be converted to virtual format. The standard work that had been developed for the face-to-face huddle board was quickly converted to virtual (fig.4). Then, using the leader story board virtually, the senior team built a virtual huddle board through a series of rapid experiments. (fig.3)

Focus Process: Executive Huddle	Challenge: Improve the Executive Huddle while reducing the duration to ≤ 20 minutes.	
Target Condition: Reduce the number of days on which zero issues are raised at Executive huddle to 0 Achieve By: 6/10	Current Condition: Week of 3/9: 1.4 1.8 escalations are communicated at Executive Huddle per day (per Smartsheet) 4 of 13 days zero issues communicated (as of 5/6/20, for month of April) 2.3 1.9 escalations are communicated at Executive Huddle per day	Experimenting Record: <i>(see below)</i> <hr/> Obstacles Parking Lot: <i>(see below)</i>

Fig. 3 Virtual leader story board

The team started using Microsoft Teams for their huddles and continued the leader story board for rapid experiments utilizing improvement team support where needed.

They continued to follow standard work for the huddle which included a standard agenda. (fig.5.) Just as with the face-to-face huddle, the virtual huddle is facilitated by a different leader each day.

The huddle begins with a discussion on the “state of the house”. This is mainly a staffing discussion, and if there is not adequate staff the department is red and needs immediate attention from senior management. Then the discussion moves to “situation awareness”. This covers known or potential risks to the day’s work. The team moves next to “quick hits” and “complex issues,” with the verbal prompt, “any new issues to escalate?” This is where any escalated safety problems are surfaced. This is the top priority for the senior team. Everyone on the team is involved in discussion regarding escalated problems. The discussion ends with someone on the senior team being assigned to address the safety problem and a time when there will be a report-back. An example recently was a software issue in the heart center. A senior manager (IT) is assigned to the problem, to assure the issue is addressed.

As issues are voiced, the huddle facilitator categorizes them as either “quick hits,” those needing resolution within a few days, or “complex issues,” which are generally multidisciplinary issues requiring a deeper dive into the problem. A complex issue might require an A3 and a senior manager as sponsor. Barriers to completing already listed projects is discussed next, and finally “recognitions” and “announcements.”

The result so far since conversion to virtual huddles is better senior management engagement in the huddle. The dialogue is richer than face-to-face. There is better participation with higher attendance than before. By using Microsoft Teams they have found people are listening and engaged. The huddles

are actually lasting longer, sometimes lasting a half an hour or more. Although this is a sign of engagement, it is also an area for improvement. The goal for all huddles is 20 minutes or less.

As Kimberly Brown, Vice President of Audit and Compliance, puts it, “Executive Huddle provides an efficient way of highlighting problems that are affecting operations each day. Understanding trends in issues surfaced and barriers noted is helpful to prioritize projects and help support the organization’s efforts to move forward in an efficient, compliant manner.” Scott Gage, Vice President of Support Services, adds, “The Executive Huddle at Children’s Mercy provides unique visibility into the interrelationships between nearly all areas of the Hospital and criticality of all staff working together in an environment where silos have been removed and goals and objectives are crystal clear. As a leader at CM, the knowledge I’ve gained and relationships I’ve strengthened from participation in Executive Huddle have greatly enhanced my efficiency and effectiveness, and that of the entire leadership team.”

It’s clear these huddles will improve with time. The virtual leader story board has been an important tool for the senior management team as a way to constantly experiment. Gage describes, “Participation in Executive Huddle primed my desire to learn more about lean and the desire to help evolve Executive Huddle into the best tool possible. Implementing, measuring, and analyzing the direct impact of individual experiments on Executive Huddle has been fascinating, as has the evolution of Executive Huddle over the past 6-9 months.” So far so good in transitioning to virtual huddles, yet the appetite for learning at Children’s Mercy has only increased.

Conclusion

The CM story proves that leaders focused on building a safety culture can have a big impact by modeling the way. Leading with humility, the CM executive team knew they had to change. That behavior led to the development of the executive huddle and the beginning of a complete executive management system which continues to drive safety improvements throughout the organization. Dedicated to pursuing perfection the CM team used the Kata approach to continue to improve the system. We believe Leaders focused on staff and patient safety in any organization can apply this same thinking to build their own executive management huddle and system and provide better support for staff working at the front-line.

7. Projects

Are there barriers to completing any projects?

Issue	Countermeasure	Origin	Local Owner	EH Owner	Date Added	Barrier s?	Urg Due Date	Cur. Due Date
Communication on code pink w/ parents	9/5 miscommunication to Operator understanding roles, re-education in orientation, C/A handoff tool revising, 3/17 extended to 9/12	EH	B Paulsen	C Hunt	06/02/20		07/01/20	
Gun shot patient black out Visitor status confusion	2/27 A3 working 2/19 Received approval for PT support 2/17 no report still working 1/25 moved	DSU		Cheri Hunt	1/19/19	07/17/20	4/24/19	07/17/20
Code Pink at bedside using Teams	9/2 Code Pink and Telemedicine- Teams at bedside-review communication process	EH	B Paulsen	C Hunt	06/02/20		07/01/20	
Steel tanks (48) found in transport & other locations on-site	2/18 request team support, create a process map all areas 2/13 Moved to Project- developing standards, checks	DSU	L Wilkinson	Lena Fitzgerald	01/21/20		04/22/20	08/28/20
What are we charging for-long term Anesthesia callroom being missed by EVS	Short-term-one offs until end of month Reviewing guidelines working meeting investigator clarify process-	EH	B Gostomsky	Frank M. S. Gage	06/02/20		07/15/20	#####

8. Recognitions

From DSU
 GREAT CATCH - Nyeisha Finch, CHAA, Behavioral Health Care Representative, Kara Start, Office Manager, and Sarah Sadler, Administrative Assistant, all in Developmental and Behavioral Sciences
 Major uptick in hospital wide grants-Candace Foster and team-PreAwards- thoughtfulness, patience, empathy-exceptional work
 Dawn Wolff, Strategic Planning-Flexible Work Arrangements project-great work, actionizable next steps

9. Announcements

929 Employee Support Fund update: 612 request applications (\$531,284) - applications extended another 2 weeks
 929 - Joint Commission is resuming their survey activities. We are scheduled for a follow up Life Safety & Environment of Care visit
 971 - looking for volunteers to help with screening - reach out to Angie Black
 92-Fleming Viewpoint survey starts 9/3-9/22-furloughed employees are able to complete the survey are not required-link will be sent
 92-Fleming 9/3 at Noon gathering of support and unity on community events join via Teams if remote, few areas in Chapel to gather
 93 - Community Blood Center is holding a blood drive today from 9-3 - watch for flyer
 93 - Microbiology Lab going live today with New Covid Test - an SBAR and collection instructions were sent out house wide for a new nasal swab
 94 - the August schedule is out for Executive Huddle metrics and gamba reflections
 94-Cascade at tiered huddles for ordering screen wipes #34251 Do not use Sariwipes on P/monitors
 94-Not good coverage for TruD staffing, significant gaps, 85 after 1pm and 66-if anyone has staff members available to train and help reach out to Susan Cain, Mike Sayer

10. Schedule (6/1/20)

Gamba Walk Reflection Questions:
 -What issues might be stale/longstanding (unresolved) near the frontline, and why isn't the team escalating?
 -What is the biggest challenge the team was

[Click for a guide on how to present a Gamba Walk Reflection](#)

JUNE 2020 HUDDLE FACILITATION & SCRIBE				
Monday	Tuesday	Wednesday	Thursday	Friday
Facilitator: S. Doyle Scribe: M. Dahm Gamba Ref: N. Stromboom	Facilitator: M. Butler Scribe: K. Hicks Gamba Ref: Kana Team	Facilitator: J. DeWitt Scribe: M. Dahm Metric: Amb Access	Facilitator: K. Brown Scribe: K. Hicks Gamba Ref: P. Kempinski	Facilitator: B. Gostomsky Scribe: K. Hicks Metric: People
Facilitator: G. Fitzgerald Scribe: M. Dahm Gamba Ref: R. Faulk	Facilitator: N. Stromboom Scribe: K. Hicks Metric: Pt. Safety	Facilitator: B. Gostomsky Scribe: M. Dahm Metric: ED LWBS	Facilitator: J. Oliver Scribe: K. Hicks Gamba Ref: B. Foster	Facilitator: L. Ellison Scribe: M. Dahm Metric: Staff Safety
Facilitator: B. Flouf Scribe: M. Dahm Gamba Ref: R. Steele	Facilitator: S. Doyle Scribe: K. Hicks Metric: P/Fam	Facilitator: N. Stromboom Scribe: M. Dahm Metric: Margin	Facilitator: K. Brown Scribe: K. Hicks Gamba Ref: S. Doyle	Facilitator: Robin Faulk Scribe: M. Dahm Metric: Amb Access
Facilitator: M. Queen Scribe: M. Dahm Gamba Ref: S. Gage	Facilitator: J. DeWitt Scribe: K. Hicks Metric: OR On Time	Facilitator: Robin Faulk Scribe: M. Dahm Metric: People	Facilitator: G. Nicholas Scribe: K. Hicks Gamba Ref: B. Flouf	Facilitator: Scribe: M. Dahm Metric: Pt. Safety
Facilitator: M. Butler Scribe: M. Dahm Gamba Ref: B. Gostomsky	Facilitator: S. Doyle Scribe: K. Hicks Metric: ED LWBS			

[Click to view or edit the Leader Gamba Walk quantities](#)
[Click to view full schedule](#)

6-4-20
Attendance- running
+

Fig. 4 A snapshot of the standard virtual senior management huddle at Children's Mercy.

Executive Huddle Agenda

Monday | 11:40am-12:00pm

Tuesday – Friday | 11:00am-11:20am

Agenda Item
1. Review State of the House
2. Solicit Safety & Service Issues
3. Solicit Methods Issues
4. Solicit Equipment & Supply Issues
5. Solicit Staffing Issues
6. Follow-up on any Issues Due
7. Recognitions & Great Catches
8. Acknowledge Leader Gemba Walks / Reflections
10 . Acknowledge Metric of the Month
11 . Announce relevant notes in FYI

Fig. 5. Agenda for huddles at Children’s Mercy