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# **Saskatchewan Health System: Staff Engagement in LEAN Transformation**

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Saskatchewan Institute for Health Leadership

Group Project: Loretta Gerlach, Sara Johnson, Stephanie Kavas, Lori Latta

March 15, 2013

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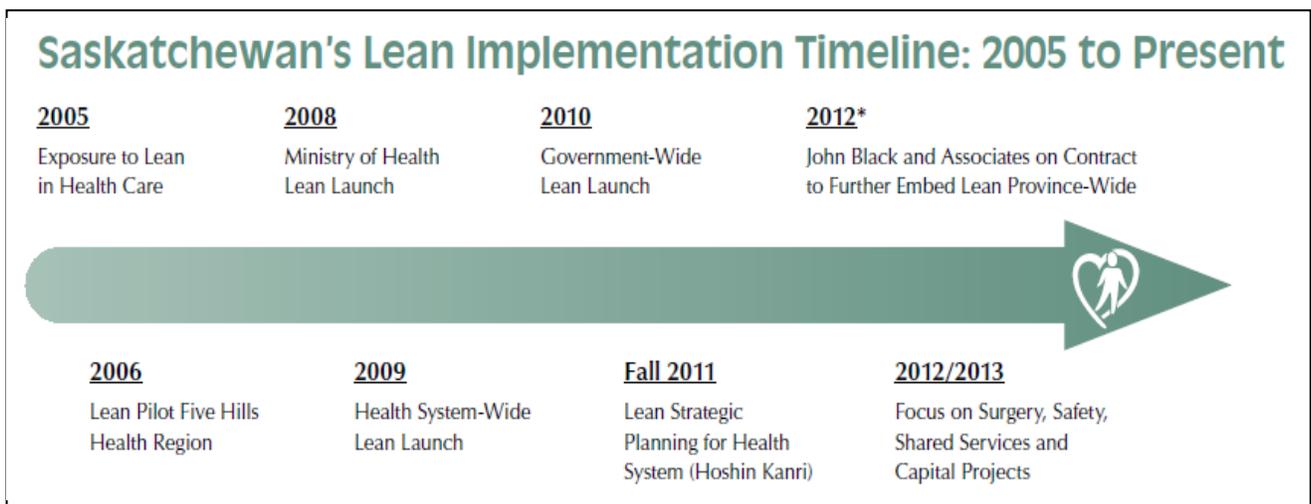
## The Issue:

A LEAN Management System has been adopted by Saskatchewan Health as the methodology to align continuous improvement activities with Strategic and Operational Directions. In the Saskatchewan Health System Five-Year Plan, employee engagement in continuous improvement activities is listed as a priority.

As leaders in the Health Care System, we have identified issues with the current level of staff engagement. Our collective experience suggests that there is a lot of talk about LEAN Management Principles, but a deeper understanding does not yet exist. We hypothesize that this causes anxiety among all levels of staff, and potentially puts LEAN improvement activities at risk of failure.

## Part I: LEAN in the Saskatchewan Health Care System

### Saskatchewan's LEAN Journey



*Transforming Healthcare through LEAN, Fall 2012, Saskatchewan Ministry of Health*

Saskatchewan's implementation of LEAN in health care is part of a quest for quality improvement that started when Saskatchewan was the first province in Canada to set up a Health Quality Council in 2005. Deputy Minister of Health Dan Florizone, then CEO of Five Hills Health Region, was among a group of health system leaders who travelled to Seattle to learn LEAN methodology from the staff at Virginia

Mason Medical Centre. In 2006, Mr. Florizone was instrumental in launching a LEAN pilot project in Five Hills. In 2008, the Health Quality Council launched a province-wide “releasing time to care” program (based on using LEAN methodology to reduce waste in hospital wards) and in 2009 the province allocated \$5 million to Saskatchewan’s 12 health regions to begin work on LEAN. In most health regions, the money was used to introduce LEAN to staff and managers, hire and train LEAN coaches, and begin value-stream mapping.

From the beginning, front line staff and patients were understood to be key participants in value stream mapping, as health regions invited employees to suggest value streams, or ways to improve the system, and participate in mapping events. According to Bonnie Brossart, CEO of the Health Quality Council, "The transformation that we're looking for from our health system is really needing the knowledge and the wisdom that the people working in the health system can offer." (Janet Gibson, *Saskatchewan embraces Hoshen Kanri to improve health care*, Meadow Lake Progress, Saturday, September 17, 2011)

In 2010 Saskatchewan became the first provincial government in Canada to incorporate the LEAN approach throughout its public service, based on “the productive year-long experience in the Ministry of Health.” (*Government Expands Lean Initiative To Improve Services*, Saskatchewan Public Service Commission, June 22 2010) LEAN was identified as a method of eliminating workplace waste, variation and work imbalance.

Early initiatives such as Health Region programs and HQC’s Releasing Time to Care offered front-line staff the opportunity to participate in quality improvement. But by 2011/12 the focus of LEAN leadership in Saskatchewan’s health care system extended to ensuring that health leadership was also committed to learning and applying LEAN principles. Knowledge and support for LEAN in senior leadership broadened to include health region boards of directors, leadership of SAHO (3S Health), Saskatchewan Cancer Agency, and e-Health as well as system partners such as SUN and SMA. Based on the model for leadership training used by organizations such as Virginia Mason Medical Centre and Park

Nicollet Health Services, leaders (including senior executive and physician leaders) receive LEAN certification through extensive training over a two-year period, which involves personal and classroom study, as well as observation, participation and leadership of LEAN improvement events. Senior executives are targeted for leadership training in these models because they are central to ensuring that LEAN will pervade the organization's management system, and provide an example of LEAN principles to other personnel. Personal commitment to LEAN by top management is considered vitally important (Black 2008: 88)

In 2011/12 Hoshin Kanri (LEAN strategy deployment) also became the accepted methodology for system-wide strategic planning with the Ministry of Health. Through hoshin kanri the system identifies a few key breakthrough improvements (or hoshins) and aligns itself around these initiatives. LEAN management requires organizational goals to then be passed down and back up through the system/organization, asking levels, process teams, functions, departments and staff to figure out how to achieve these goals, and ensure that functions and activities are aligned to these goals (in addition to daily work). (Livingstone, 2012)

Along with system-wide strategic planning came an established strategy and projected outcomes for LEAN deployment in Sask Health. A standardized four-year plan for LEAN deployment was created in 2012, with provincial headquarters (known as the Kaizen Promotion Office or KPO) at the Ministry of Health and five regional KPOs in RQHR, Saskatoon Health Region, PAPHR, FHHR, and Prairie North. Northern, Central and South Saskatchewan KPO groups were formed to provide support to all health regions. KPOs are staffed with trained leaders, and their role is to promote LEAN (Black 2008: 91) and advise, support and coordinate the development of LEAN infrastructure across the health system (*Transforming Healthcare through Lean*, Ministry of Health, Summer 2012).

A strategic approach to LEAN also brought about a focus on the Saskatchewan Surgical Initiative, primary health care, patient safety and shared services. Using LEAN in facility design in major capital projects is also a priority, including the new Children's Hospital and Moose Jaw regional hospital.

## **Part II: Status of Staff Engagement in LEAN**

Lack of engagement in LEAN among an organization's employees is seen as a barrier to effective implementation of change (transformation). Senior leadership are advised that communication is key to overcoming employees' fear of change (Black 2008, 102). Chovil (2010) advises that staff involvement in quality improvement is integral, suggesting that it is a way to honour the expertise that each of them bring to the organization. She states that "staff need to own the quality improvement initiatives and embed them into everyday practice" (Chovil, 2010:23). In Saskatchewan, the 2011/12 LEAN deployment strategy includes targets not only for training leaders, but for engaging staff throughout the organization.

### **Measuring Engagement**

The 2012/13 Health System Strategic Plan includes targets for engagement as follows:

- 880 Senior Leaders complete LEAN Leader Certification by 2016 (354 Senior Leaders currently in training 2013). Representatives from all health regions and some external agencies (e.g. the Saskatchewan Union of Nurses and the Saskatchewan Medical Association) participate in these training waves.
- 9,000 staff complete a LEAN Basics course by 2016 -- ultimately, all 40,000 health system employees (3,700 staff have completed LEAN basics 2013)
- 1,000 improvement "events" (e.g., RPIWs, 3Ps, 5S, Kanban, Mistake Proofing) engaging hundreds of staff (almost 80 have taken place by late 2012) (Livingstone, 2012)

- 100s of staff involved in LEAN improvement projects (Health care providers, physicians, leaders and staff were participating in almost 300 focused quality improvement projects underway by late 2012)  
(*Province Accelerates Lean Journey To Improve Health Care*, Ministry of Health November 2012)

The Ministry of Health has also made significant efforts to promote LEAN directly to health system staff by several means, and to ensure that staff have support from various sources including

Web-based resources:

- Ministry web site at [www.health.gov.sk.ca/LEAN](http://www.health.gov.sk.ca/LEAN)
- Health region web sites

Newsletters:

- Ministry quarterly newsletter “Transforming Health Care through LEAN”
- Health Region newsletters (as appropriate)

Training Opportunities:

- Kaizen Basics (offered through Health Regions)
- On-line training at <http://training.health.gov.sk.ca/> (all health system employees have access to a series of training modules)

Visual Reporting:

- “Report out” from LEAN events posted in hallways and on web sites (video format)
- Visual daily management boards established in work sites
- Visibility walls/wall walks by managers to keep in touch with what is happening

## Quality of Staff Engagement

Based on the outcomes identified in 2012/13 provincial health system priorities, staff engagement in LEAN is proceeding on target both in the number of employees trained and the number of LEAN events taking place. KPOs have been established and staffed as projected, senior leaders are devoting large amounts of time to LEAN Leader Certification, and visual management boards are on display in many work sites. Hundreds of LEAN improvement projects involve teams of diverse providers and patients, and the savings to the health system as a result of these projects are regularly reported to media and partners.

However, it remains questionable whether these measures legitimately capture widespread staff engagement in or attitudes toward LEAN. According to Trish Livingstone, Director of the Provincial Kaizen Promotion Office, staff engagement can be better identified by a combination of training and participation. According to Livingstone, it may take involvement in three LEAN events before participants begin to see a change in thinking. However, it is challenging to track the involvement of individual employees in different LEAN events.

A survey of employee engagement is planned within the next four years. The survey would look for answers to questions such as “Are you connected to the vision of LEAN in healthcare”, “Do you see yourself in the plan for LEAN in healthcare” , “Are you/How are you involved in LEAN in your workplace?”, “Does/How does LEAN relate to your work?” A 90% approval rate would be considered success. Other measures of staff engagement shall be identified in anticipation of a LEAN Program Evaluation. (Livingstone, 2013)

## **Case Studies: Employee experiences with LEAN**

### ***A) Child and Youth Services Agency, Regina Qu'Appelle Health Region (RQHR)***

By Sara Johnson

Child and Youth Services informally began its LEAN Journey approximately 3 years ago. One of the program managers spent some time learning about the principles of LEAN and exposed the management team to the idea of the "elimination of waste" and "value add" activities. Since then, exercises in measurement, increased value add activities and ideas about eliminating waste have driven much of the improvement activity at the agency. Recently, Child and Youth Services began its first formal Rapid Process Improvement Workshop (RPIW) with the guidance of the RQHR Kaizen Promotion Office and John Black and Associates (Sensai Shuno).

The journey from our humble beginnings to our current involvement in LEAN activities has been a long and tumultuous journey. A commonly discussed issue from the beginning has been how staff would be engaged in LEAN activities. Staff involvement and contribution to the improvement work was seen as central to the success of LEAN efforts. In order to ensure staff engagement, we need to be open to looking at the strengths and weaknesses of the organization and how they can be supported or addressed.

#### ***WORKFORCE READINESS & ENGAGEMENT***

From the beginning, LEAN was unevenly adopted across the service. There were pockets of leadership that were taking initiative to learn the strategies and principles of LEAN. It was also clear that there were people in leadership positions who did not support the new business model of quality improvement, often making jokes or using LEAN language (Japanese terms) to make fun or belittle the process. In the early days, there was also a lack of real and knowledgeable dialogue with staff to support the implementation of LEAN. Little attention was paid to changing management principles, and

there was some naiveté as to the culture shift that would be required to support implementation of LEAN. Many believed that LEAN management was just the buzzword of the day, and behaved as though participation in improvement activities was optional.

Another issue was the culture of 'shame and blame' that existed at Child and Youth Services. Toussaint et al (2010) suggest that in a culture of shame and blame, "if a nurse or doctor [clinician] makes a mistake or does not conform to an established standard - and not necessarily a written standard - the repercussions are entirely personal" (2010: 89). There definitely was not a culture of safety to admit mistakes or identify errors in the Agency, and to this day there remains a lack of trust regarding changes supported by management.

LEAN often suggests that the key to the success of LEAN improvement activate is People....encouraging creativity. In a system focused on quality improvement, staff take time to gather facts, and make recommendations for improvement. It was important for our staff to understand that the identification of waste was a criticism of the system rather than the dedicated workers within it! Much of the early feedback suggested that staff felt they were being watched and judged and it felt very restrictive. Stopwatches, strangers and ideas never before heard....made everyone a bit nervous.

An identified strength was that staff were aware that changes needed to happen in the service. The Mental Health Commission of Canada's document *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* and the adoption of Recovery principles brought awareness to staff about the need for transformation of our current system. Stepped care, Integration, patients first -- these were things everyone agreed on, as well as the need to improve the patient experience and involve clients in decision making and planning. It has been acknowledged by all that there is a lack of accessibility, standardization, and coordination of services within Mental Health and Addiction Services. Standard work has been accepted as a required exercise in our organization.

Another strength was that the staff at Child and youth services have always been supported in innovation and program development. Staff are invited to be creative and share how their vision of how things can be different.

However, a challenge was that staff lacked some formal skills for LEAN implementation. Only a handful of staff had an opportunity to participate in LEAN activities. Almost 80% of staff at CYS attended the Kaizen Basics Training offered, and experiences there have been mixed. Also, metrics were not something that we had traditionally paid attention to. It was more about what felt good, and our clients often said they were happy with the service and genuinely "liked us"!

Time pressure was also a challenge. Creating a clear vision of a client centered intake took a considerable amount of time and commitment from staff who were often already overwhelmed by their current workload. Chovil (2010) suggests that one of the most difficult challenges was convincing staff that quality improvement valuable enough to take time away from client care. She advises that staff must be able to draw meaningful conclusions from the change in order to get behind it.

Patient involvement in all LEAN activities has been, for me, the most powerful action in our LEAN activities.

## CONCLUSION

Leadership has committed to the process by hiring a private consultant to ensure that enough attention is paid to process and ensuring that they continue to move forward towards their goals. I had the opportunity to be a part of promoting the new vision amongst the staff, and witnessing difficult conversations regarding trust take place on all levels. Perseverance, this concept and being involved in change activities has taught me the need to be patient when it comes to change, and pay close attention to process, rather than just outcomes. This can be difficult when the need for change is so obvious and the evidence for improved outcomes is strong. Our early experiences with LEAN often left a bad taste in

the mouths of clinicians as much of the recommendations remain on the "shelf". Implementation has been difficult.

## ***B) Labour Relations Readiness***

by Loretta Gerlach

In the Saskatchewan Health Care system there are five main unions representing workers: Saskatchewan Union of Nurses (SUN), Health Sciences Association of Saskatchewan (HSAS), Canadian Union of Public Employees (CUPE), Service Employees International Union (SEIU), and Saskatchewan Government and General Employees Union (SGEU). There are also pockets of workers in other unions such as PAIRS, CUPE and RWDSU.

All employees who fall within the scope of the bargaining unit are members of the Union. In the event that employees working conditions are changed or impacted, the Union is the sole bargaining agent to represent employees. The Union also represents employees in the event that there are any issues around investigations or discipline.

### **EMPLOYERS**

The Saskatchewan Association of Health Organizations, Inc. (SAHO) is the designated employer representative for the twelve health regions in Saskatchewan. SAHO bargains the five main collective agreements and also handles all arbitrations with provincial implications. SAHO also provides labour relations advice, as requested, to Labour Relations Consultants working in the RHAs.

To date, SAHO has not been engaged in the LEAN process. None of the SAHO staff have taken LEAN training although it is anticipated in the future some staff will take LEAN Leader training (but currently there are no concrete plans). SAHO has not been engaged in any strategic planning to date. SAHO has not amended any labour relations strategy – in terms of collective bargaining or advice – to incorporate any LEAN principles. This is problematic at both the micro and macro level.

One macro example is that SAHO's lack of involvement in LEAN implies that the kind of language changes required in collective agreements to truly support LEAN are not being made. For example, if we look to organizations like ThedaCare and Virginia Mason (not unionized organizations) for the process they use in the event that jobs are eliminated, that sort of approach would need to be incorporated in the collective agreements to be utilized in Saskatchewan. To date, no progress has been made in this regard. SAHO currently holds four of the five collective agreement.

A micro example is that Managers and Labour Relations Consultants in Saskatchewan have not been adequately trained to respond to and support employees wanting to stop the line. There have been cases where employees who have stopped the line for patient or employee safety have still faced the potential for discipline. Usually common sense prevails, but if an employee tries to stop the line for reasons other than safety, they may very well face allegations of insubordination.

I spoke with labour relations leaders in the two largest health regions in Saskatchewan. Their readiness to incorporate varied significantly. In one Region, they had had absolutely no training beyond Kaizen Basics that would allow them to incorporate LEAN into their day to day work – in terms of their own work processes OR in providing support to clients who are engaged in LEAN. I was told that the team was in “no way prepared for LEAN”. They had never heard the term “stop the line” and did not know how it would be applied in the context of their work.

The point was made that in health care, the majority of money is spent on staff. When we identify and abolish waste, chances are that we are impacting human resources, yet there has been no engagement of human resource professionals, staff or readiness in the transformation of the health care system to date.

The other health region was more prepared. Their staff had all taken Kaizen Basics and employed a visibility wall in their work unit. Their Executive Director was taking LEAN Leader training and after each session would review learnings with the team. Based on this, they felt they would recognize LEAN

related issues within the context of an employee discipline issue. However, this region did express concern with the fact that the KPO did not have adequate understanding of the parameters of collective bargaining which was a gap in potential future success of LEAN.

## UNION

SUN is fully engaged in LEAN and many discussions are referred to the Tripartite Partnership table. SEIU is currently moving in a very supportive direction having key individuals in LEAN Leader training and also engaging in several initiatives. The other unions have not been as engaged yet.

LEAN represents a real culture shift for unions. First, the movement away from an approach that puts worker's interests first to one that puts patients first is crucial. Unions such as SUN who have fully embraced this approach demonstrate the strong potential for workers and health care organizations to work together to truly build better health, better care, better teams, better value that benefit everyone.

## Part III: Recommendations

### Identified Barriers to Staff Engagement

- Health has a traditional management style with a top-down culture. In LEAN, leaders need to learn to manage differently, listen, and leave solutions to staff.
- Health leaders may be skilled professionals, but they are not always trained in human resource management. They may lack skills for respectful two-way communication with front line staff. Respectful communication is also a fundamental requirement of LEAN.
- Trust and open communication among team members, or between employees and managers, is not always present in health working environments. Lean requires that defects (whether in manufacturing products or delivering patient care) be identified and discussed in a non-punitive environment. Otherwise, the faulty process can't be addressed.

- Health systems/leaders/employees can be resistant to change and trying new things.
- Health has a risk-averse culture (for obvious reasons).
- Leaders/Managers need to have LEAN training so they can provide an accepting, encouraging environment for front line employees to suggest changes. The health system is huge, and priority has been placed on training senior leadership. Front line staff have had opportunities to engage, but lack of middle level engagement may be a barrier.

### **Identified Enablers of Staff Engagement**

- Leadership and front line employees are motivated by demonstrated improvements in patient care and/or system efficiency.
- Employees are motivated by having the opportunity to make a difference.
- Employees are motivated by having dedicated time to analyze, discuss and reflect on their work and how to do it better
- Employees are motivated by having the tools and supports that they need, and by starting small and experiencing success

### **Recommendations**

It would benefit lean engagement to develop a province-wide approach to labour relations that incorporates the innovative approaches related to LEAN and also embraces the principles of LEAN into the labour relations strategies and approaches. This will allow movement away from the traditional adversarial approach and build more of the trust required for successful ongoing quality improvement.

As part of the above transformation, labour relations staff should be fully trained in Kaizen basics and LEAN philosophy. SAHO Inc and all unions should be engaged in LEAN initiatives. Provide LEAN training to bargaining committees (Union and Management) before collective bargaining to keep the LEAN

principles in mind). A review of current collective agreements should be undertaken to look for required amendments to support the LEAN process.

Supervisors at every level of health organizations should be prepared for how to have respectful conversations with employees who attempt to point out errors or suggest changes. Employees must understand how and when to raise such issues within the team environment. Toussaint et al (2010) say that is usually found that "the process is more at fault than the individual" (2010: 89). "Respect for People" initiative should be incorporated into the strategic planning process (with targets) to ensure that employees at all levels are fully supported in engaging in LEAN.

Training and development opportunities for LEAN may have been provided in a rather haphazard fashion during the early roll-out of LEAN in Saskatchewan Healthcare. This has allowed for uneven uptake among regions, professions, and levels of personnel, and possibly a lack of standardized messaging. The relatively recent focus on standardized training for senior health system leaders provides a welcome alignment and emphasis, and signals to front line staff that their enthusiasm for the process is not misplaced. Black (2008) indicates that after training senior executives the next priority should be developing an executive development program to ensure that future leaders are also fully trained in LEAN. According to Black, goals related to broad engagement are that "everyone, up and down the chain of command, has a basic understanding of LEAN and why it's important to the organization, so that they will willingly, if not zealously, participate in LEAN improvement efforts." (Black 2008: 88) Sask Health's current engagement efforts for staff are thus broad and unfocused. However, Saskatchewan could show leadership in staff engagement by developing and providing strategic direction to identify groups whose engagement is most necessary to proceed.

An important LEAN factor that engages staff (but is not always mentioned in literature) is the opportunity to let senior managers know what clinicians are experiencing. Leaders don't know what they don't know, yet make decisions daily based on their knowledge of the work place. LEAN needs to

be promoted as a learning process. What comes out of LEAN initiatives needs to be reported and discussed with staff through Visual Daily Management, Newsletters, Wall Walks, Gemba Walks, and celebration of success. Communication should also support safe dialogue.

Where there is frustration with LEAN among health system staff, it is often impatience with the time it takes for changes to be implemented. Also, there needs to be clarification of roles within LEAN Activities. Directors, Managers, KPO Staff, JBA Staff and Clinical Staff need to know what their role is in the RPIW as well as the implementation of recommendations and in the follow up that needs to occur. All levels of staff need to improve their skills for continual measurement and tweaking of activity to continue improvement.

## **Conclusion**

### **LEAN & Leadership**

The LEAN methodology comes from a corporate environment. But it is appropriate that its application in the health sector follows a community development approach. This requires an emphasis on building capacity, team development, engaging staff in decision making, knowing and understanding what is important to staff, identifying common goals, and empowering staff and clients to make positive change.

Success in implementing LEAN requires strong leadership in every area of the organization, from the front line staff all the way up to the executive management. Visible leaders are essential in the LEAN organization in order to engage and encourage the rest of the organization into supporting LEAN.

Lean leaders need leadership qualities such as trustworthiness, intelligence (especially emotional intelligence), self confidence, determination and adaptability. LEAN leaders should possess these qualities and also be technically competent, be present on the floor on a regular basis, be willing and

able to promote and teach others to become leaders, and have the respect of fellow co-workers, staff, and other leaders within the organization. The right leaders are required to support LEAN engagement. They must be able to envision a different future, and believe that transformation is a possibility. They must be motivated to focus and finish, clear schedules, and be committed and visible on the GEMBA. Not for the faint of heart.

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