Organization
Greater Baltimore Medical Center

Solution Title
Lean Daily Management Rounds Drives Safety and Quality Improvements

Program/Project Description:
Starting in 2010, as part of GBMC’s commitment to continuous process improvement, the hospital has been using Lean tools to eliminate waste, standardize processes, raise efficiency and improve patient safety and quality of care.

In March 2013, Lean Daily Management (LDM) was implemented. GBMC senior leadership tapped GBMC’s Director of Lean Operations, Lisa Griffee to organize the daily gemba (meaning going to where the work is done) walk. Teams of executives round daily (7 days a week) on clinical units to hear from staff about how they are identifying and solving problems that interfere with optimal care delivery. The objective of “Lean Daily Management Rounds” is to develop an organization of “problem solvers.” GBMC supports frontline staff in devising long-term sustainable solutions which become part of daily work in patient safety and quality of care behaviors.

As of October 31, three teams now visit 19 sites to review LDM metrics with frontline staff. As part of the commitment to ensure accountability, GBMC senior executives, including the President, have a standing obligation at 9:00 a.m. each day to participate in the one hour gemba walk. Leadership rotates LDM responsibilities on the weekend and holidays.

The goal of LDM is to create a culture of focused problem-solving, not to rest on success or be discouraged if goals are not met each and every day. Frontline staff members choose the metrics that have the most impact on our overall business goals. Using the daily data, they identify the problems to be solved. They then engage a team to use our problem-solving tools to get to the root cause. Finally, they advance solutions and implement tests of change, which they can monitor for success and report results during the LDM Rounds daily.

Process:
Lean Daily Management is a process for identifying and resolving “in real time” the problems that challenge and prevent us from meeting our goals. The ultimate goal is continuous process improvement resulting in improved patient experience and increased employee engagement. Our focus has been on our hospital operations, which the majority of LDM boards placed in units that provide direct patient care. Some other supporting areas have also been selected to have an LDM board.

Solution:
Each unit on the walk has a white board listing specific metrics/goals which follow the GBMC quadruple aim of Better Health, Better Care, Least Waste and More Joy. Executive Leadership also has a white board and report back to the units on their metrics. The white board is placed in
a central location on the unit as a visual display of what is working and what may not be working.

The board lists:

- The unit goals
- Progress towards achieving its goals
- A “living” Pareto Chart which captures the most frequent issues keeping an area from meeting its goals
- A problem solving area that includes our standard tools to help staff identify the root cause of roadblock issues, as well as a log of their action plans.

At 9:00 each day, the Executive Team meets to review the Executive LDM Board. A VP will report on the Executive Team metrics and then the group split into three teams on three different routes.

At every participating area, a frontline staff member (RN, charge nurse, nursing tech, housekeeper, pharmacist,) presents to the Executive Team on the Lean Daily Management Board for that unit. Each of the three to five metrics includes a review of the previous day’s success and any identified barriers. They also report on trends and problem-solving activities. Executive team members coach problem-solving the local staff through inquiry. A representative of the Executive Team reports on the Executive LDM Board and asks if the staff has everything they need to meet their goals for the day. Any barriers that cannot be resolved at the local level are addressed by the Executive Team. The Executive Team meets briefly after rounding to discuss and address any barriers identified during the rounds.

The goal of LDM is problem-solving, not to rest on success or be discouraged if goals are not met each and every day. Staff can better address barriers and follow trends.

**Measureable Outcomes:**
Overall Rating of Hospital measured by the HCAHPS survey has increased from 69% (9’s and 10’s rating) in Fiscal Year 2013 which is equivalent to the 25th-50th percentile to 73% in Fiscal Year 2014 which is equivalent to the 50th – 75th percentile. We have sustained this improvement level for the past 6 months since beginning our LDM journey.

In another patient experience measure in our Emergency Department survey, the question regarding the wait time in the ER before being admitted has increased in the past year from a mean score of 63.5 (19th %ile in August 2012) to 75.8 (78th %ile in August 2013).

Our third outcome measure was the percent of patients who left our services without being seen. The percent LWOB over the past three years has been 2.5%. Since LDM, our LWOB metric has decreased significantly each month to less than 2.0% and in August of 2013 to 0.59%.

A fourth measure is the median time in the emergency department for patients who arrive and are admitted. Since implementing LDM, our metric has decreased from a median time of 420 minutes to 280 minutes.
**Sustainability:**
GBMC continues to improve on the work of LDM Rounding and expand the business areas that will be participating. Once a goal has been achieved, the unit must demonstrate sustainability, have a visual display of the newly revised process and have sign off from their senior executive and the Lean Operations Director.

**Role of Collaboration and Leadership:**
LDM Rounding is collaboration between the Executive Team, local leadership and staff who commit time every day to participate in the LDM Rounds.

Senior leadership has committed to this process and will continue it into the future. LDM has become the means for accomplishing our goals and is not considered an “add on” to responsibilities but an integral part of our work.

**Innovation:**
At GBMC, LDM Rounding is conducted every day in person on the units. LDM sparks and supports innovation by those performing the work. Problem-solving includes those involved in the process and solutions are developed by those closest to the problem. This approach has led to more meaningful improvement, sustainable results and an engaged front-line staff.

**Related Tools and Resources:**
GBMC LDM Powerpoint

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Better Health

GOAL

Green = MET GOAL
Red = MISSED GOAL
Blue = NOT SCHEDULED

Month

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td>10</td>
<td>11</td>
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Lean Daily Management

GBMC HealthCare
Lean Daily Management Drives Change!

...To every patient, every time, we will provide the care we would want for our own loved ones...
Best Satisfaction

HCAHPS - Overall Hospital Rating

The percent of patients scoring 9 or 10 to the question:
“Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay.”

LDM starts here
Mean Trends

Greater Baltimore Medical Center

Question - Wait time in ER before admitted

LDM starts here

Displayed by Discharged Date
Least Waste

% of Patient LWOB 7/2010 to 8/2013

LDM starts here

...To every patient, every time, we will provide the care we would want for our own loved ones...
Least Waste

ED ADMITS MONTHLY MEDIAN TID

Source: GBMC Operational DW; ED arrival to last ED date, for patient class IN and INO only, excludes patients under 18.

Lower is Better

LDM starts here
Example of LDM Metric Sheet

RN Pull Push - Least Waste
Pull/Push time for an ED admitted patient > 30 min

<table>
<thead>
<tr>
<th># pts transferred &gt;30 mins</th>
<th>0</th>
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<table>
<thead>
<tr>
<th>Daily Goal</th>
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<tr>
<td># of Non Compliant</td>
<td># of Non Compliant</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td>
</tr>
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Day of the Month

To every patient, every time, we will provide the care we would want for our own loved ones...
Example of Living Pareto Chart

<table>
<thead>
<tr>
<th>LIVING PARETO CHART</th>
<th>Area Period</th>
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**Weekly**

<table>
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<th>Date</th>
<th>Reason</th>
<th>Date</th>
<th>Reason</th>
<th>Study</th>
<th>Date</th>
<th>Service</th>
<th>Reason</th>
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<th>Reason</th>
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<th>Service</th>
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**Monthly**

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<tr>
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<th>Date</th>
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<th>Date</th>
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<th>Date</th>
<th>Service</th>
<th>Delay</th>
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</table>

**Area Period**

- **Abdominal Image process time**
- **Study Read time vs testing time**
- **Non-Abdominal Image process time**
- **Study Read time vs testing time**
- **Type of study**
- **Admission Provider disagreement**
- **Service**
- **Routing More tests Service Disagreement**
- **Discharge**
- **Awaiting Clinical Response**
- **Reason**
- **Consults**
- **Service**
- **Callback delay**
- **Lab service delay**
- **Med-Psych**
- **MRI**
- **Provider Busy**
- **Urine Specimen Collection**
- **Data Error**

*To every patient, every time, we will provide the care we would want for our own loved ones...*
Example of Action Plan

<table>
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<tr>
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<td>Who</td>
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...To every patient, every time, we will provide the care we would want for our own loved ones...
5 Why Problem Solving Tool

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<td>5th WHY</td>
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