Lean Kaizen Process for Staff Engagement & Empowerment
The Johns Hopkins Bayview Care Center

Program/Project Description
Staff morale was low and had lost confidence in their ability to engage with a large list of issues facing them on a daily basis. Staff engagement surveys for the pilot team ranked in the bottom third with their peer-group. Lack of communication (and listening) from leadership was verbalized as a barrier to their process improvement. So, the project purpose was to re-open lines of communication and create mutual trust by forming an empowered team with members from all sides of quality, safety and process issues. The hoped-for true proof of success would be when the front-line staff become their own improvement idea "engine". They will be confident in the quality of their own ideas and that leadership will recognize, support and implement those improvement ideas.

Process.
EMBRACED A VISION: The Director of Performance Improvement was the initial Champion of the project; she took Lean Sigma Healthcare courses and became a Certified Green Belt. She realized the power of the tools to unlock the potential of the Care Center staff for process and quality improvement. Process improvement had to be owned by the entire staff, but there had to be a learning process for empowerment.

IDENTIFIED A PILOT GROUP: The Champion looked throughout the Center and identified a unit location and a team to be the "First" pilot group for the project. There was an obviously attractive blend of interest, skills, and "hope" in one of the floor units.

GROUND-FLOOR, FRONT-LINE TRAINING: The Champion identified a Master Black Belt to be a mentor/facilitator from the internal CIQPC (Center for Innovation in Quality Patient Care) to train the staff and help lead the project. There were classes scheduled on multiple days and at multiple times to allow the majority of the building's staff to attend. The first class provided a 1-hour overview on Lean Sigma Healthcare and some basic terms and concepts. The second class quickly described Kaizen and led immediately into a brainstorming session on problems.

ENGAGED THEIR HEARTS, HEADS AND HANDS: The brainstorming process had several steps. The first step challenged every staff member to generate problems/issues (but not solutions yet) on post-it notes onto the work table. The more ideas the better! As the flow of issues started to slow down, the staff was asked to take the post-its and place them onto the wall and selecting ideas groupings as they went. After all the issues were grouped (which created a second round of ideas) each member was given (3) adhesive dots. Each dot represented a "vote" for a "priority" problem/issue. They could each "vote" on three different problems or even all on one.

COMMUNICATED EVERYTHING TO EVERYONE: After multiple brainstorming sessions, all of the issues and votes were compiled and posted for the entire staff. The results then were shown in an Effort-Impact diagram to show which areas had been selected as the first issues to be addressed.

FIX THE QUICK, SHOW THE PLAN: If some items are easy, they fixed them fast. Harder items may need "solution ideas" to come from the staff themselves.

GIVE THE STAFF A WAY TO CREATE AND TRACK: A magnetic whiteboard was purchased for the teams break room and it was broken into 4 quadrants: Idea, Accepted, In-Process, Completed. The staff could post any new idea and could watch it progress as leadership would move it through the process to completion.

Solution.
The new process was a solution by itself, but it also generated a number of solutions to an equal number of problems identified by the team. Some of the "fixes" included: Wrapped new patient bundles, EVS pride welcome cards for patients, break room cleaning & painting, lids for trash cans, removing non-nursing duties, specific allocation of a day-shift houskeeping supervisor to the Chesapeake unit.
Measurable Outcomes.
The staff has already shown greatly increased engagement toward process improvement. They are seeking out leadership with brand new ideas based on the fulfillment of previous ideas. Some have noted increased nursing time at the bedside. The quantitative results will be available in the next staff engagement survey.

Sustainability.
The project concept is that staff-empowerment becomes self-sustaining all by itself. Leadership needed to “enable” staff engagement with the process improvement process. With the renovation of their break room, and the addition of an idea process board, staff is encouraged to bring forth issues and solutions. To maintain this, the training, ideas, progress and results on the pilot unit are continually shared with all of the other units in the building.

Role of Collaboration and Leadership.
The leadership consisted of the Pt Care Manager and the Director of Performance Improvement. In a very visible manner, they shared their vision of change, they introduced the new process to the team (and the entire building), provided trained facilitators, provided times, locations, snacks and their visible participation at all steps.

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