Systematically and proactively identify and eliminate 50% of non-value-added waste in the US health care system by 2025

**BIG AIM**

**PRIMARY DRIVERS**

- P1 Reduce Harm and Safety Events
  - 1. Conduct regular review of safety and adverse events to identify opportunities
  - 2. Identify bold goals for organization-wide strategic focus areas to reduce harm

- P2 Reduce Non-Value-Added Operational Workplace Waste
  - 1. Create a culture of focus on the relentless pursuit of operational waste
  - 2. Improve operational efficiency through redesign
  - 3. Link to organizational focus on creating joy in work

- P3 Reduce Non-Value-Added Clinical Variation Waste
  - 1. Engage clinicians in activities to reduce unwarranted clinical variation
  - 2. Build linkages to the electronic health record for real-time “smart alerts”

- P4 Actively Solicit Staff and Clinician Ideas
  - 1. Equip and train frontline staff to use key tools (e.g., Lean, visual management system, waste reduction)
  - 2. Engage frontline staff in waste reduction idea generation (e.g., huddles, “fresh eyes” teams)

- P5 Involve Patients in Identifying What Matters to Them
  - 1. Involve patients in co-design to identify value-added vs. non-value-added steps in the care process
  - 2. Solicit ideas from patients and families on waste reduction opportunities

- P6 Redesign Care to Achieve the Triple Aim
  - 1. Engage in care redesign across transitions of care
  - 2. Build in focus on waste reduction to tests of change on the Triple Aim (better care, better health, lower costs)

- P7 Engage Leadership to Provide Ongoing Sponsorship
  - 1. Incorporate waste reduction priorities in system-wide and cascaded strategic plans
  - 2. Create an organization-wide visual management system to monitor efforts and outcomes

**SECONDARY DRIVERS**

**PRIMARY DRIVERS**

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<table>
<thead>
<tr>
<th>PRIMARY DRIVERS</th>
<th>SECONDARY DRIVERS</th>
<th>TESTS OF CHANGE, KEY ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P1 Reduce Harm and Safety Events</strong></td>
<td>1. Conduct regular review of safety and adverse events to identify opportunities</td>
<td>A. Quarterly review of all reported safety and adverse events or near misses</td>
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<td>2. Identify bold goals for organization-wide strategic focus areas to reduce harm</td>
<td>B. Summary report to quarterly Quality Close review to identify trends and action plans</td>
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<td>C. Review Sentinel Event/Root Cause gap analyses for sharable prevention strategies</td>
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<td><strong>P2 Reduce Non-Value-Added Operational Workplace Waste</strong></td>
<td>1. Create a culture of focus on the relentless pursuit of operational waste</td>
<td>D. Annual goal-setting to reduce Harm-Across-the-Board (HAB) by 90%, expanded definition</td>
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<td>2. Improve operational efficiency through redesign</td>
<td>E. Identify Bold Goals for reduction of key Harm categories</td>
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<td>3. Link to organizational focus on creating joy in work</td>
<td>F. Report to Quality Close to review progress made in last quarter, plan next mitigation activities</td>
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<td><strong>P3 Reduce Non-Value-Added Clinical Variation Waste</strong></td>
<td>1. Engage clinicians in activities to reduce unwarranted clinical variation</td>
<td>A. Create / continue activation of specific strategic focus on waste reduction (link to P7)</td>
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<td>2. Build linkages to the electronic health record for real-time “smart alerts”</td>
<td>B. Hardwire Visibility Boards with Management for Daily Improvement (MDI) rounds</td>
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<td><strong>P4 Actively Solicit Staff and Clinician Ideas</strong></td>
<td>1. Equip and train frontline staff to use key tools (e.g., Lean, visual management system, waste reduction)</td>
<td>C. Leverage Lean mindset, methods and management system model</td>
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<td>2. Engage frontline staff in waste reduction idea generation (e.g., huddles, “fresh eyes” teams)</td>
<td>D. Create swimlane approach to reducing waste at each entity and through key departments</td>
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<td>E. Advance Team oversight plans, each entity. Host Lean Close to share successes/plans.</td>
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<td>F. Scope each Lean event and then turn the decision-making over to team members!</td>
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<td>G. Assemble Lean teams with an eye to inclusion of as many staff as feasible participating</td>
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<td>H. Ensure Friday Report Outs well attended with leaders and colleagues to celebrate team ideas</td>
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</table>

**EXAMPLE:** MemorialCare

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## PRIMARY DRIVERS

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- 2. Solicit ideas from patients and families on waste reduction opportunities

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## SECONDARY DRIVERS

### PRIMARY DRIVERS

- 1. Involve patients in co-design to identify value-added vs. non-value-added steps in the care process
- 2. Solicit ideas from patients and families on waste reduction opportunities

### SECONDARY DRIVERS

- A. Ensure patient inclusion in every Lean team/event that impacts patient care/experience
- B. Standing agenda topic on each entities Patient & Family Advisory Committee
- C. Redesign on-the-spot idea collection using Simply Better idea & recognition cards
- D. Review all patient and family feedback comments for opportunities (surveys, Yelp, other)

### TESTS OF CHANGE, KEY ACTIVITIES

- A. Continue care redesign for Alternative Payment model tests (ACOs, Bundles)
- B. Activate strategic partnerships with post-acute care providers in each market
- C. Leverage data warehouse/analytics to identify further opportunities for waste reduction
- D. Partner with HHS in Long Beach on Social Determinants focus; activate Deep Dive plans
- E. Pursue key “filling in the Cracks” tests (e.g. flipped discharge, Lean innovation)
- F. Activate strategic focus on behavioral health support across the continuum – clinic, virtual

- A. Create and activate waste reduction focus into system-wide and cascaded Strategic Plans
- B. Assign sponsorship for each key initiative and reporting mechanism
- C. Update executive Visibility Board “tiles” with key metrics and outcomes for Wall Walks
- D. Share Visibility Board with Boards, CEO and COO/CFO/CNO teams
- E. Encourage idea sharing

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