

Part 1 of 2

Innovation through Co-Location: A Pilot Model to Support Pediatric Cancer Research at Seattle Children's Research Institute

Matt McElroy, Sponsored Projects Officer, Office of Sponsored Research
Jenn Perez, Accountant, Office of Research Finance
Marisa Zaleski, Grants and Contracts Supervisor, Cancer Research



Agenda

- Seattle Children's Research Institute Lean Journey
- Lean Concepts
- AutoLiv
- System for Daily Improvement
- Problem Solving
- Key Learnings

Seattle Children's Research Institute

- Seattle Children's has the largest pediatric oncology program in the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) region
- Clinical research in oncology is handled through the Seattle Children's Research Institute (SCRI)
- A cornerstone of SCRI's structure is **Lean methodology**, which is adapted from the **Autoliv** model



Seattle Children's Research Institute Lean Journey



1999 - 2000
Non-clinical point
improvements

2002 - 2004
Clinical point
improvements with
limited physician
involvement

2004 - 2006
Clinical and research
improvements with
physician leadership

2007 - 2010
Value Stream Approach
Integrated Facility Design

2011 - 2016
Clinical Standard Work
Strategy Deployment
Safety/Reliability Focus

Daily Management System
Leader Standard Work

Hospital

2006
Point process
improvements

2007
Visibility

2008 - 2011
Intelli-line
development

2012 - 2013
Lead time
improvements

2014 - 2015
System Thinking
Customer Focus

2015 - 2016
Lean Leader Development
Kaizen

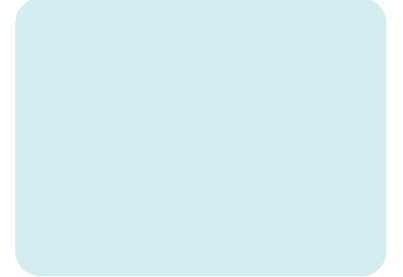
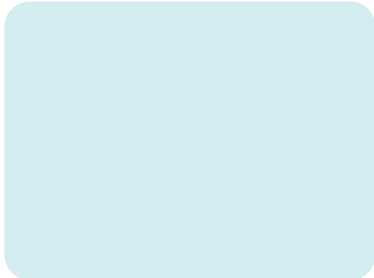
Research Institute



scii
Seattle Children's
IMPROVEMENT AND INNOVATION
Better Every Day



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION



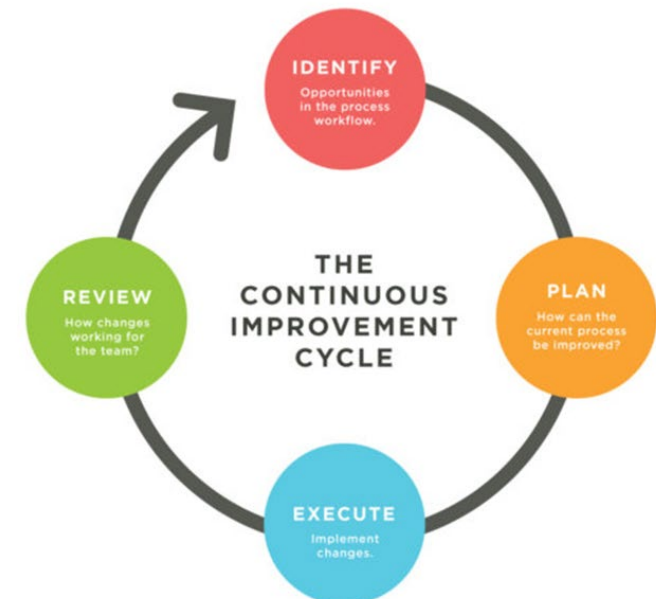
Lean Concepts



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

What is Lean?

- Deliver value from your customer's perspective
- Evaluating your value stream and eliminating waste
- Continuously improving your processes
- Involve and empower employees



Lean in Administration



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

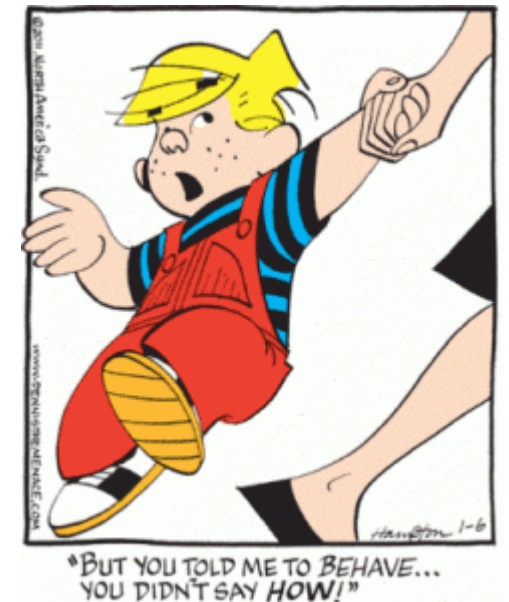
Lean Concept: Standard Work

Philosophy:

- Documenting best practices
- Create a baseline for future improvements

Benefits:

- Creates clear explanations
- Improves quality
- Reduce defects



Lean Concept: Error Prevention

Philosophy:

- Create standardization for work
- Encourages a continuous improvement environment

Benefits:

- Decrease costs
- Eliminates defects later in the process



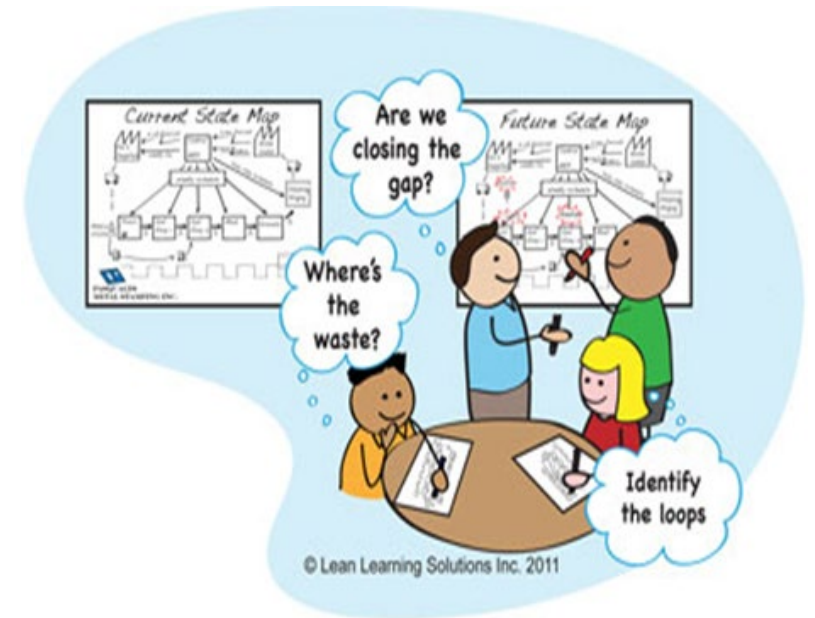
Lean Concept: Value Stream

Philosophy:

- Examine the current state
- Construct a series of events to create the proposed product or service
- Focuses on value add

Benefits:

- Removes waste
- Increases efficiency and productivity
- Promotes process improvement



Lean Concept: Kaizen

Philosophy:

- Gradual continuous incremental improvement
- Nothing is seen as status quo

Benefits:

- Everyone is actively engaged in problem solving
- Impactful results in the long term
- Less waste



Lean Concept: Waste Elimination

Philosophy:

- Removal of any steps or actions that is non-value added
- Ultimately, if it doesn't provide value to the customer, it is waste

Benefits:

- Focus on creating value
- Involve the entire team
- Holistic view mindset of the entire process
- Opportunity to create cross-functional team

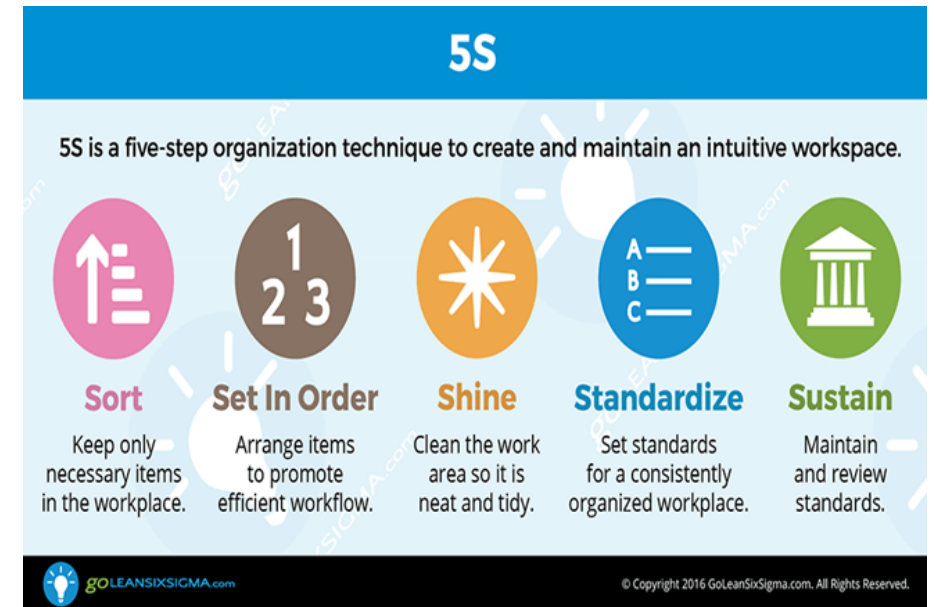
Lean Concept: 5S

Philosophy:

- Encourages organized, safe environment
- Promote less waste
- Assists with productivity and efficiency

Benefits:

- Improve safety
- Lower defects and costs
- Promotes flexibility and adaptability



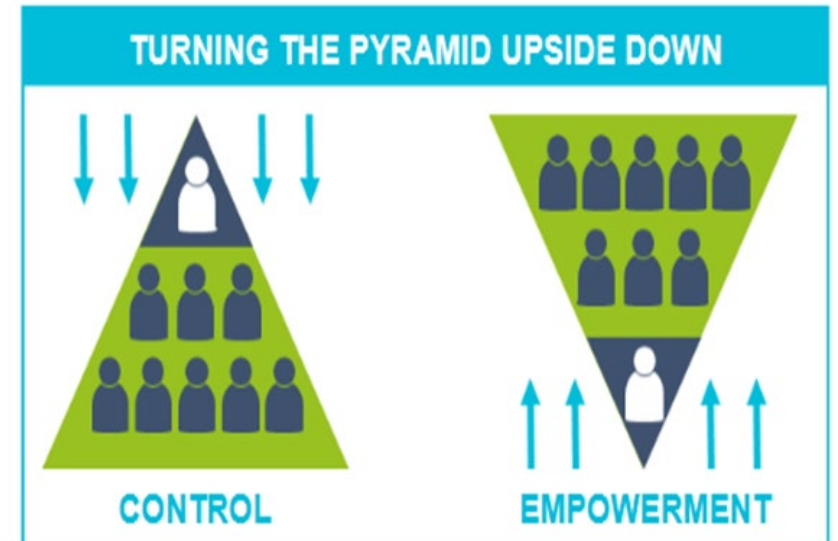
Lean Concept: Flipping the Pyramid

Philosophy:

- Senior management empower their employees
- Employees are leaders within the organization

Benefits:

- Less bureaucratic or hierarchical
- Increased engagement and retention



Lean Concept: Develop Employees

Philosophy:

- Value and grow employee's skills, knowledge and talent
- Develop problem solvers

Benefits:

- Empower employees to make change
- Increased engagement and retention
- Increased gains in improvements
- Key to sustainable growth



Lean Concept: Teamwork

Philosophy:

- Group of individuals working together towards a common purpose

Benefits:

- Collectively working together to identify best practices provides better opportunities for success and innovation



Lean Concept: Huddle

Philosophy:

- Team meets at visual management board
- Short and brief discussion with the team

Benefits:

- Align the team for the day ahead
- Create resolutions to abnormalities
- Forum to escalate any critical issues



Lean Concept: Huddle Trainings

Philosophy:

- Scripted training lessons that target lean methodology

Benefits:

- Increased engagement and retention
- Increased gains in improvements

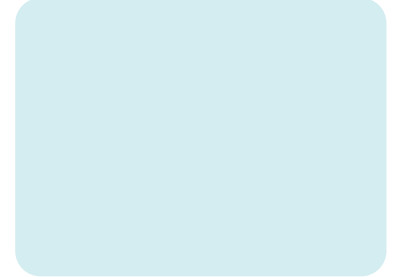
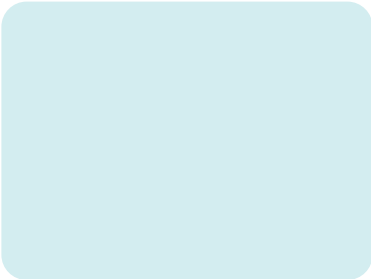


WEEK 1 What Is Visibility?

In a lean organization like Seattle Children's, we believe visibility is a valuable communication tool that, when standardized and maintained, provides great benefits to team members and leaders. **Visibility** emphasizes the importance of visually representing information to our team, our leaders and our customers, often in the form of visibility boards. Take a walk down any hallway across the organization and you will likely see whiteboards, dashboards and other visual cues that help the organization see how we're performing, where help is needed and where teams are continuously improving their work.

The practicing of creating and maintaining visibility as a team yields several benefits:

- Enables all team members to easily contribute to, understand and align on priorities for work
- Creates quick visual cues for team performance towards targets or other related metrics
- Provides communication pathways for issues or problems needing assistance
- Helps leaders at all levels to visually gauge organizational health and see where performance is high or help is needed
- Provides visual documentation of proposed improvement opportunities and successfully implemented improvements worthy of celebration



AutoLiv

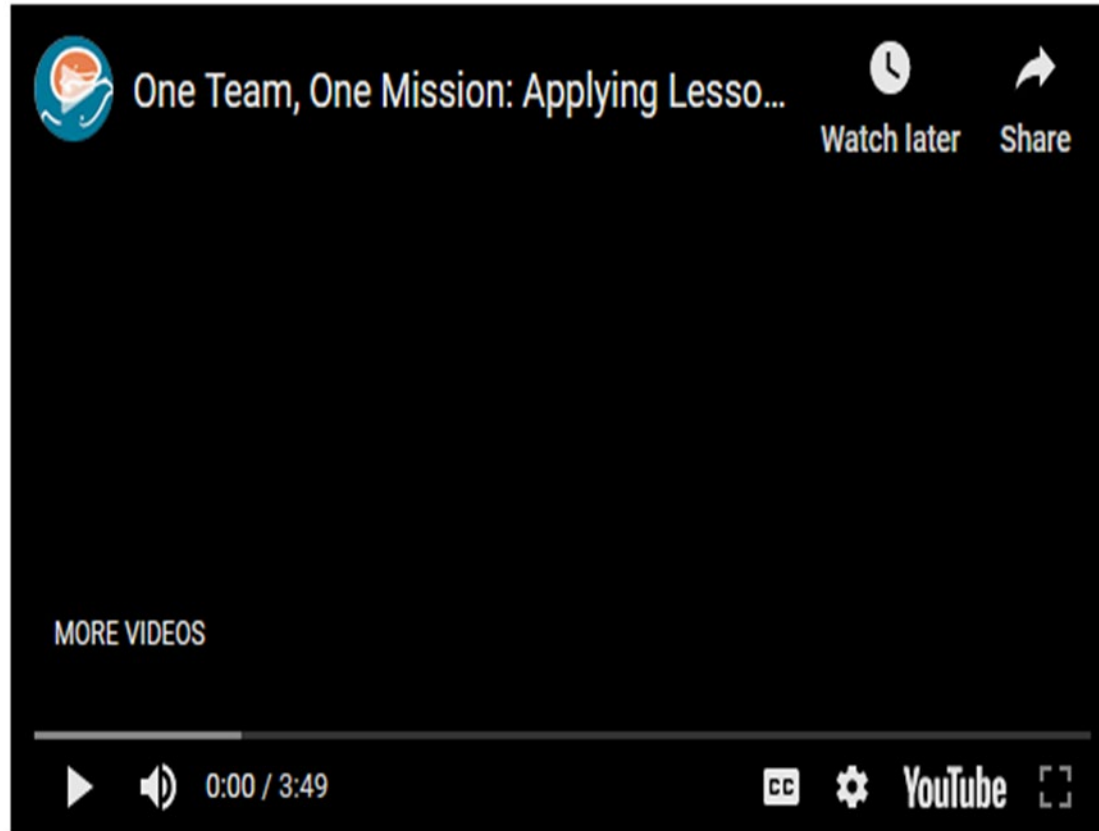


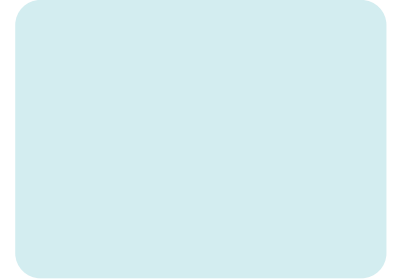
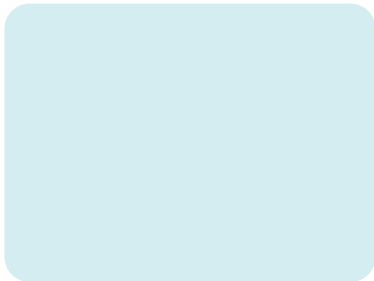
Airbags and the System for Daily Improvement



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Applying Lessons Learned from Autoliv





System for Daily Improvement



**Patients
and Families First**

Better Outcomes

Greater Impact

Faster Innovation

Enhanced Service

Stronger Teams

Safety

Our Values

Compassion • Excellence • Integrity • Collaboration • Equity • Innovation

The System for Daily Improvement (SDI)

STABILIZE

What our team does on a day-to-day basis

MEASURE

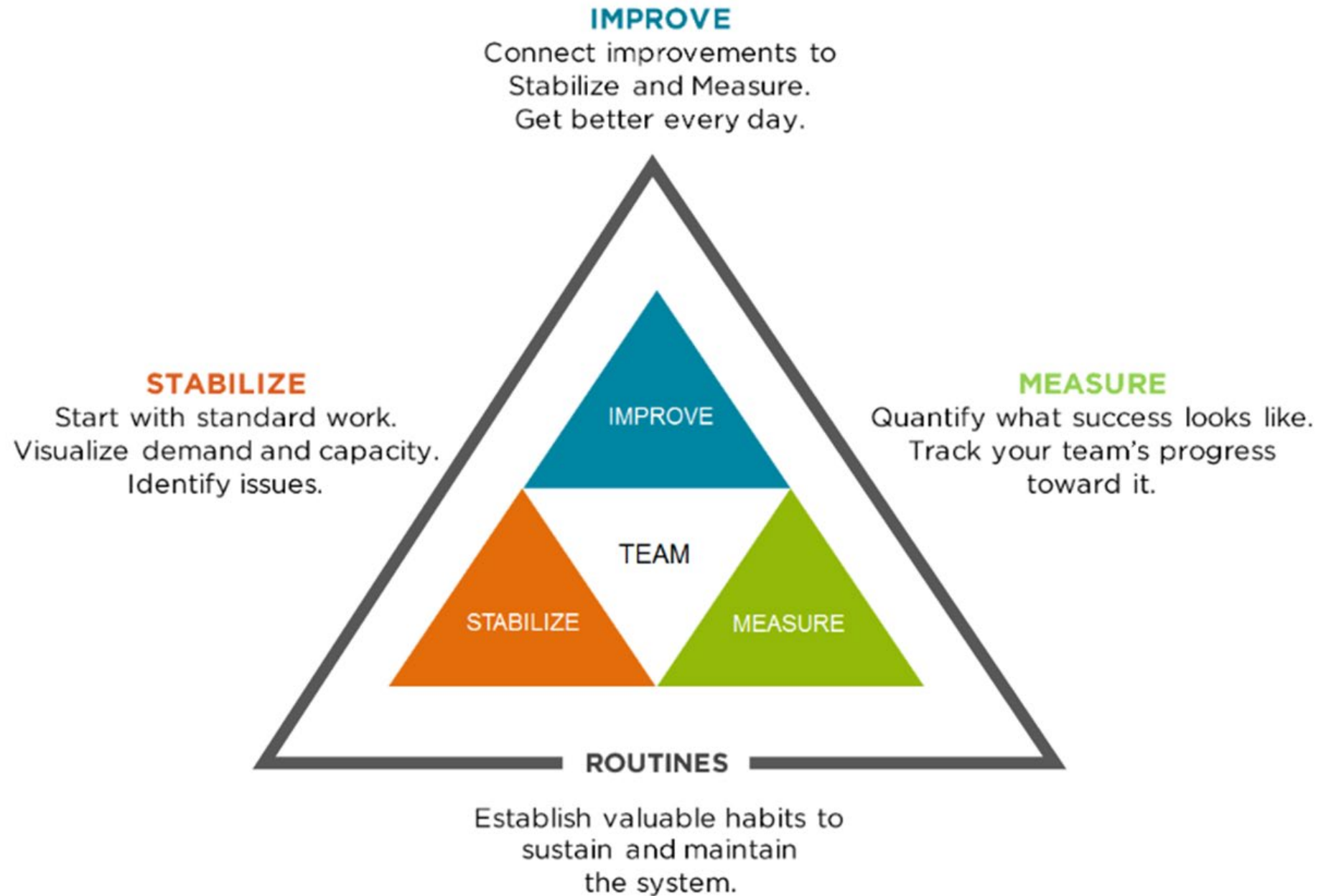
How our team defines success

IMPROVE

Making the work better



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION



CCTR BUSINESS OFFICE

Current Board Leader: Roseanne Hampton
Team Huddle Schedule: Weekly - Thursday at 1PM
Data Update: Weekly - Thursday by 9AM
Last Update:

5/29/2018

Team Capacity

-
-
-
-

- KATHERINE
- KRISTIN
- MARISA
- NICOLE
- SARA
- SHAKEMA
- STACEY
- STEPHANIE F
- STEPHANIE K
- TERRI

GOAL:

CURRENT QUARTER DATA:

FY17 COMPARISON DATA:

MEASURE

STANDARD WORK:

STABILIZE

Center for Clinical &
Translational Research
SDI in May 2018

SRA registration

heart process is
Training in Merge, etc.
er cloud Invoices missing

investigators need to
voice payments applied to wrong LAN
can't see Concur approvals
creating recon projections
payroll transfers - defaults
on hospital budgets

STABILIZE
Issues & Risks

Owner & Date	Countermeasure	Due Date	Status
Team ~ 2018	→ CFT (Stacey + Roseanne)	→ 6/30/18	→ CFT working on
Nicole - Allergy Div 3/18	→ Find trainers/find SOPs	→ 6/30/18	→ No - w GCA st
→ Stacey ~ 2/18	→ Request from Ron A / Roseanne	→ 6/30/18	→ w leadership
→ GCA team 1/2018	→ Wendy + team developing	→ Summer / Fall 2018	→ in development w team
→ GCA team 1/2018	→ GCA collect examples + see if still prob for Q3	→ 6/30/2018	→ w team + ORE
Sara / Nicole 5/18	→ Roseanne to see if she can export a report	→ 6/30/2018	→ yes, Roseanne working on
→ Stacey / Wendy / Shakema 5/18	→ Wendy looking into access for data reports	→ 6/30/18	→ Roseanne aware of issue

IMPROVE

Idea Generated

contract amendments with no budget impact could go to Rapid Line?
centralize institutional level access to PI + staff info (salaries/appl. details)

→ OSR huddle / team mission
→ on hold
→ hold until Dawson upgrade 6/2018

System for Daily Improvement - Huddles

- Huddles are short meetings where teams discuss their SDI board briefly
- Huddle cadence determined by team and work needs
- Teams identify areas of risk and topics which require escalation
- Countermeasures are discussed when metrics are off target



System for Daily Improvement - Huddles

- Sample Huddle Script – OSR
 - Daily roles
 - Kaizens – newly proposed or completed
 - Institutional knowledge
 - Oddities or abnormalities from the previous day
 - Discuss at risk or escalated items
 - Review team capacity
 - Emphasize department priorities

CONFIRMATION CHECKLIST

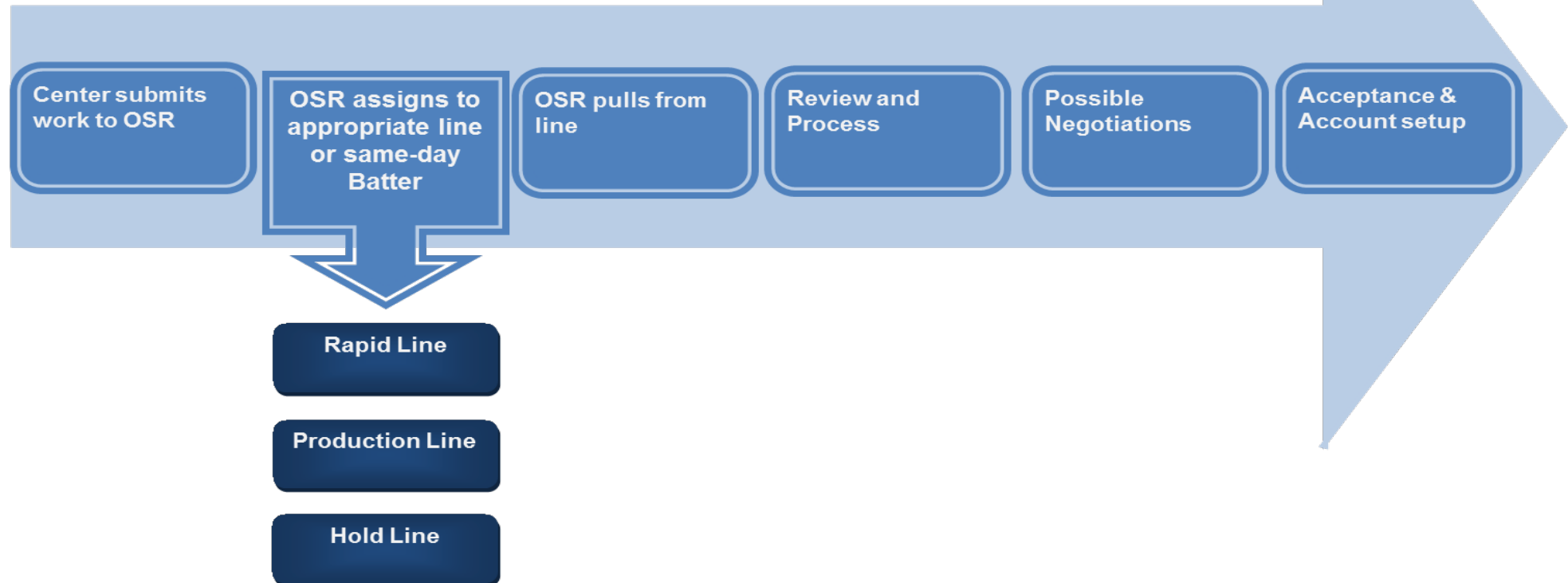
We use these elements...

MEASURE	There is at least one outcome measure connected to a goal pillar.	Our team measures the outcome of our work to know if we need to adjust our processes.
	There is at least one process measure connected to each outcome measure.*	
	All measures have defined target performance.	
	All measures have status indicated.	
	The Measure section has been updated within the last 30 days.	
STABILIZE	The team has anticipated the operational work to be done for the next huddle cycle.	Our team standardizes our processes to provide consistent delivery to our customer.
	The team has evaluated if they can complete the work in the next huddle cycle.	
	There is a system to track issues and risks.	
	All identified issues and risks have an owner, specified action, and current due date.	Our team understands our demand, capacity, and other factors that impact our work so we can anticipate issues and adjust our plan.
	The Stabilize section has been updated within the last seven days.	
IMPROVE	All off-target measures have countermeasures (get back to green plan).	Our team continuously removes waste from our processes to get better every day.
	Issues and risks are being analyzed to prevent reoccurrence.	
	There is a system to submit improvement ideas.	Our team understands the effect that our improvements have on our processes.
	The team is implementing at least one improvement idea per month.	

TEAM OBJECTIVES

in pursuit of these outcomes...

Seattle Children's OSR General Process Map



OSR SDI Board - Intake Queue



Seattle Children's[®]
HOSPITAL • RESEARCH • FOUNDATION

All Data Current as of 2/18/2019 12:03:39 PM

Intake Queue					
Production Line	2/1/2019	17 days	Blume, Heidi	RES - New CTA (Lauren)	PT-18-1015
	1/31/2019	18 days	Opel, Doug	WIP - Provided Services Agreement	PT-19-0096
	2/1/2019	17 days	Leary, Sarah	WIP - Equipment Use Agr (Pilot)	PT-17-077
	2/1/2019	17 days	Sather, Noah	WIP - New Subaward	PT-18-628
	2/5/2019	13 days	Smith, Joe	WIP - CIDR Subaward	PT-18-626
	2/5/2019	13 days	Sather, Noah	WIP - Service Agr	PT-19-0118
	2/5/2019	13 days	Frenkel, Lisa	SUB - 12015SUB New	PT-15-500
	2/5/2019	13 days	Shic, Frederick	WIP - Outgoing DUA	PT-16-676
	2/6/2019	12 days	Mendoza, Jason	WIP - Subaward NCE	PT-17-412
	2/6/2019	12 days	Sathyanarayana, Sheela	WIP - Subaward Mod 5	PT-14-242
	2/6/2019	12 days	Sherman, David	WIP - New Subaward	PT-18-646
	2/6/2019	12 days	Qin, Xuan	WIP - Subaward NCE	PT-17-679
	2/7/2019	11 days	Hamblett, Nicole	SUB - 11998SUB Newq	PT-18-597
	2/7/2019	11 days	Hamblett, Nicole	SUB - 11997SUB New	PT-18-597
	2/7/2019	11 days	Stevens, Anne	SUB - 12006SUB New	PT-18-211-SG
	2/7/2019	11 days	Stevens, Anne	SUB - 12007SUB New	PT-18-211-SG
	2/7/2019	11 days	Stevens, Anne	SUB - 12012SUB New	PT-18-211-SG



Seattle Children's[®]
HOSPITAL • RESEARCH • FOUNDATION

OSR SDI Board - Assigned Work in Process Tracking

Lead SPO	Age	IntakeDate	PI	WIP Type	AgreementID	Other Party	Status Date	Current Status
Matt McElroy	49	12/31/2018	Leary, Sarah	MTA - Outbound	PT-18-1198-AGR001		2/6/2019	With internal party
	42	1/7/2019	Tarlock, Katherine	MTA - Outbound	PT-19-0011-AGR001		1/21/2019	With internal party
	41	1/8/2019	Leary, Sarah	Clinical Trial Agreement	PT-18-509-AGR001		1/30/2019	With internal party
	35	1/14/2019	Leary, Sarah	Other Agreement	PT-17-077-AGR012		2/4/2019	With external party
					PT-17-077-AGR013		2/8/2019	With external party
					PT-17-077-AGR014		2/8/2019	With external party
	32	1/17/2019	Leary, Sarah	Other Agreement	PT-17-077-AGR003		2/8/2019	With external party
					PT-17-077-AGR009		2/8/2019	With internal party
					PT-17-077-AGR011		2/8/2019	With external party
	30	1/19/2019	Torgerson, Troy	Award (NOGA, Subaward, ..	PT-19-0058-AGR001		2/14/2019	In process -- OSR
	24	1/25/2019	Albert, Katie	Clinical Trial Agreement	PT-19-0075-AGR001		2/6/2019	With external party
	19	1/30/2019	Rosenfeld, Margaret	Award (NOGA, Subaward, ..	PT-18-747-AGR001		2/13/2019	With external party
	18	1/31/2019	Horslen, Simon	Clinical Trial Agreement	PT-16-707-AGR001		1/31/2019	With internal party
			Orentas, Rimas	Other Agreement	PT-18-1002-AGR001		2/13/2019	With IPC
	17	2/1/2019	Pinto, Navin	Clinical Trial Agreement	PT-18-1080-AGR001		2/4/2019	With internal party
	11	2/7/2019	Hahn, Sihoun	Confidentiality Agreement	PT-19-0123-AGR001		2/7/2019	With external party
	7	2/11/2019	Nanda, Kabita	Clinical Trial Agreement	PT-18-818-AGR001		2/11/2019	With internal party
	4	2/14/2019	Rosenberg, Abby	Application / Progress Rep..	PT-17-328-APP		2/14/2019	WIP Assigned
			Sun, Angela	Confidentiality Agreement	PT-19-0136-AGR001		2/14/2019	With external party



OSR SDI Board - Process Measure (Leading Indicator)

(Process Measure)	Count	Age (cal. days)
Total Current Inventory	121	102
Unworked, On Hold	5	35
Unworked, In Queue	32	18
Currently In Process	84	102

	Count	Age (cal. days)
Adan	10	102
Kelly	11	81
Lauren	7	77
Mary	5	66
Matt	19	49
Michael	17	89
Una	15	77

OSR SDI Board - Outcome Measure (Lagging Indicator)

Targeted Goal		Target	FYTD
Agreement Lead Time	(Outcome Measure)	22.7	25.2

Kaizen Implementations

FY 2019				
Feb	Jan	Dec	Nov	Oct
	1	1		2
		1	2	
	4	5		3
	2	2		2
	1		2	2
1		2		1
	2	2		3
		1		1
	2	3	1	1

OSR SDI Board – Issues and Risks

<u>Escalated?</u>	<u>Date Identified</u>	<u>Owner</u>	<u>Status</u>	<u>Frequency</u>	<u>Reviewed/updated daily at 9am</u> (Resolved issues are removed every Monday)	<u>Countermeasure</u>	<u>Last Updated</u>	<u>Due Date</u>
Yes	2/14/19	ADAN	W/ SPO			SPO TO REVIEW	2/26	3/1/19
Yes	2/20/19	LAUREN	W/ COUNTER PARTY			SPO TO F/U		2/27/19
Yes	1/24/19	Lauren	W/ IPC > 5 days					2/13/19
Yes	1/30/19	Mary	ERIK, KIM, LANDICE TO MEET					3/11/19
	2/12/19	ANDREW	W/ LEGAL & Risk Mgmt.					2/27/19
	2/13/19	KELLY	W/					3/5/19
	2/14/19	KELLY	W/ P1 for signature					2/27/19
	2/25/19	ADAN	W/ LBO					3/4/19
	2/25/19	ADAN	W/ SPO FOR REVIEW					3/4/19
	2/25/19	KELLY	REDLINES W/ SPONSOR					3/1/19
	2/25/19	KELLY	W/ CENTER FOR SIGNATURE					3/1/19
	2/25/19	UNA	W/ COUNTER PARTY					2/27/19
	1/22/19	Adan	Budget w/ STUDY TEAM					2/29/19

CCTR BUSINESS OFFICE

Current Board Leader: Roseanne Hampton
Team Huddle Schedule: Weekly - Thursday at 1PM
Data Update: Weekly - Thursday by 9AM
Last Update:

5/29/2018

MEASURE

STANDARD WORK:

GOAL:

Team Capacity

- Green: Available for new work
- Yellow: Limited availability
- Red: Not available

KATHERINE
KRISTIN
MARISA
NICOLE
SARA
SHAKEMA
STACEY
STEPHANIE F
STEPHANIE K
TERRI

CURRENT QUARTER DATA:

STABILIZE

Center for Clinical &
Translational Research
SDI in May 2018

FY17 COMPARISON DATA:

STABILIZE

Huddle Agenda

1. Demand and Capacity
2. Measure Status
3. Issues/Concerns
4. Discuss Ideas for Improvement
5. Reminders

Board Last Updated:

2/1/19

Huddle Training Attendance

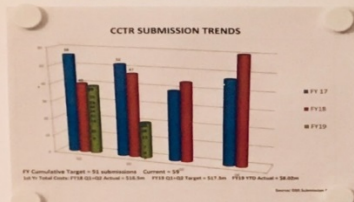
Team Member	Week 1	Week 2	Week 3	Week 4
Alyssa				
Ben				
Deanna				
Olivia				
Isa				
Jessica				
Katharine				
Kristina				
Marisa				
Nicola				
Rebecca				
Sara				
Shakema				
Tomo				

Submissions Recons

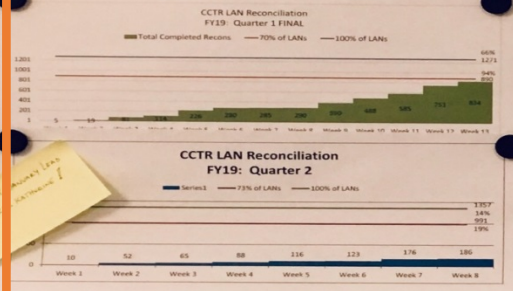
	Submissions	Recons
ALYSSA	0	40
BEN	3	1
DEANNA	1	
KATHERINE		8
KRISTINA	2	
MARISA	2	1
NICOLA		
REBECCA		2
SARA	1	55
SHAKEMA	3	13
TOMO	1	8

MEASURE

Submission Trends



Reconciliations



KPI IN DEVELOPMENT

- # CCTR MILESTONE LANS: 461
- # CCTR MILESTONE INVOICES: 23
- CLEARED QTD
- # CCTR MILESTONE INVOICES: 14
- CLEARED THIS WEEK (14)

GOALS



REMINDERS

- APP DUE @ END OF MONTH
- RETRO SCDs BEFORE LOE TIME
- SUBMIT YOUR MONTHLY KAIZEN

• UPDATE: PROPOSAL TRACKER & RECON SPREADSHEET

PEPS effort by 2/22

IMPROVE

Planned

Kaizen
Huddle
Schedule?

In Progress

Escalated

Completed

On Hold

Date Identified: 1/15/19
Issue: NEED A CIMS!
CCTR Lead: GHR SYSTEMS WHOOP
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: GOAL of not being asked to submit information about in and out of the system
CCTR Lead: SARA
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: SILVER CLOUD INVOICES MISSING FROM ONBOARD
CCTR Lead: SARA
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: NEW INVESTIGATORS NEED TRAINING
CCTR Lead: WENDY AYMAN
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: GA Doc Support Training Manual
CCTR Lead: Sara/Shakema/Hygon
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: HYPOC INVOICES WITH PHOCC BUILDERS, NOT MAINTAINING DATA, UNRELIABLE CHANGES
CCTR Lead: ME with RITA + KP
Escalation Date: 2/13/19

Date Identified: 1/15/19
Issue: NEW EMPLOYEES NEED GUIDANCE ACCESS TO IT SYSTEMS
CCTR Lead: KALEY
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: Need to know points of contact for all changes (e.g. who can help with changes)
CCTR Lead: ALBERT
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: IT cost center for FY without accountability
CCTR Lead: Erika
Escalation Date: 1/15/19

Date Identified: 1/15/19
Issue: Need to know points of contact for all changes (e.g. who can help with changes)
CCTR Lead: JESS
Escalation Date: 1/15/19

IMPROVE

In Progress

Date Identified: 10/01/2018
Issue: MS SHAREPOINT FOR CT INVOICES & BILLABLES
CCTR Lead: CODY W/ KP & MZ
Action: DEVELOP & TEST SYSTEM
11- KP to set mtg with Merge Consultant
Escalation Date:

Date Identified: 1/18
Issue: NEW INVESTIGATORS NEED TRAINING
CCTR Lead: WENDY / TEAM
Action: TOOLKIT DEVELOPMENT ON ~~1/18~~
Escalation Date:

Date Identified: 1/1/19
Issue: GCA Desk Reference / Training Manual
CCTR Lead: Jen / Katherine / Alyssa
Action:
Escalation Date:

Date Identified: 11/27/18
Issue: Lawson reports display revenue that hasn't been received (i.e., invoiced but no funds received)
CCTR Lead: GCA team
Action: propose new revenue category or define it better (not

Escalated

Date Identified: 01/28/2019
Issue: Hemdnc invoices with FHCR billables are returned (lacking detail, unallowable charges)
CCTR Lead: MZ with RM + KP
Action: Partner w/ CSEA, CSR ORF to clarify study setup + invoice process.
Escalation Date: 2/13/19

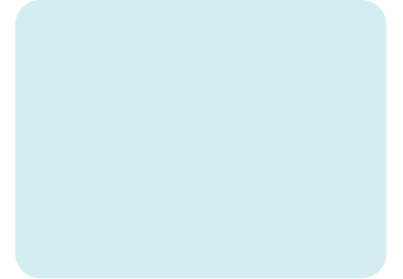
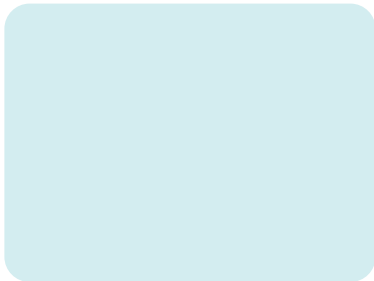
Completed

Using SDI to track improvements and escalations

Date Identified: 
Issue: NEW EMPLOYEES NEED QUICKER ACCESS TO IT SYSTEM
CCTR Lead: KACE
Action: CHECKLIST IMPLEMENTATION FOR NEW EMPLOYEES
Escalation Date:

Date Identified: 11/20/18
Issue: Need to know point contact for all Cores (e.g. who to help re: change)
CCTR Lead: CSEA
Action: DISCUSS at team
Escalation Date:

Date Identified: 7/2019
Issue: 1 open gca



Evidence-Based Problem Solving



Understand The Problem

1. UNDERSTAND THE PROBLEM

Begin the process by identifying the gap between where you are and where you want to be. During this step, determine your current condition and your target condition and define the measurable performance gap between the two.



Analyze Root Cause

2. ANALYZE ROOT CAUSE

The process continues by determining WHY the gap exists. In this step, identify the barriers hindering you from achieving your target condition.



Design Countermeasures

3. DESIGN COUNTERMEASURES

Once you understand the reasons behind the gap in performance, you can brainstorm, select, and test countermeasures to remove those barriers. In this step, you are identifying and testing changes that you believe will help progress toward your target performance goals.

HOW CAN WE REMOVE THIS BARRIER?

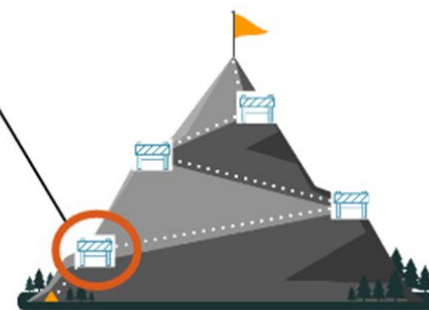
a. Set a hypothesis

Hypothesis: If we try _____, then we will achieve _____ result.

b. Create a plan

- How are we going to test this?
- Who will be involved?
- What data will we gather?
- How long will we test?
- How will we check our results?

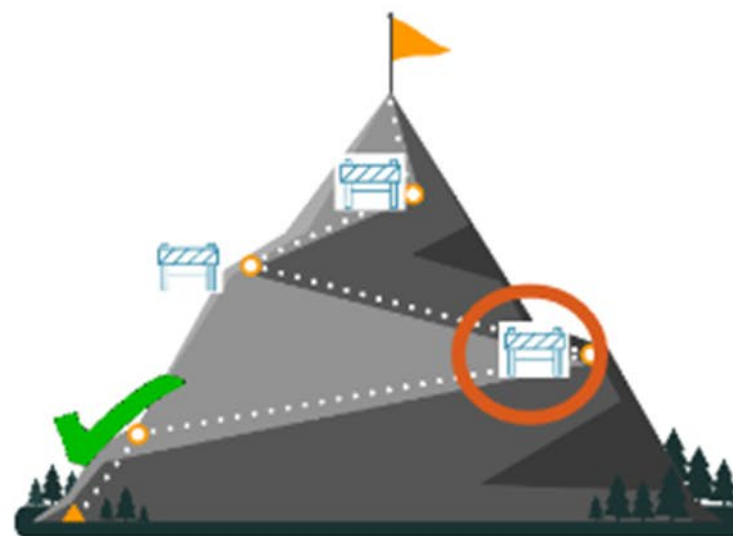
c. Implement the plan



Reflect and Adjust

4. REFLECT & ADJUST

In the fourth step of the process, analyze the results of your countermeasure tests to determine if they were successful. Did you achieve your intended result? Did your gap get smaller? Based on these reflections, you can adjust your process accordingly or return to Step 3 and test countermeasures to continue moving toward your goal.



Use this tool when:

- ☐ the cause of the problem is not totally clear ☐ improving the problem requires team collaboration ☐ the problem or improvement impacts multiple teams or processes

THE PROBLEM

1. Understand the Problem

Describe Current State:

Andres would like to save some money and get healthier by reducing parking and bike to work more. He currently does not bike any days to work.

Describe Target State:

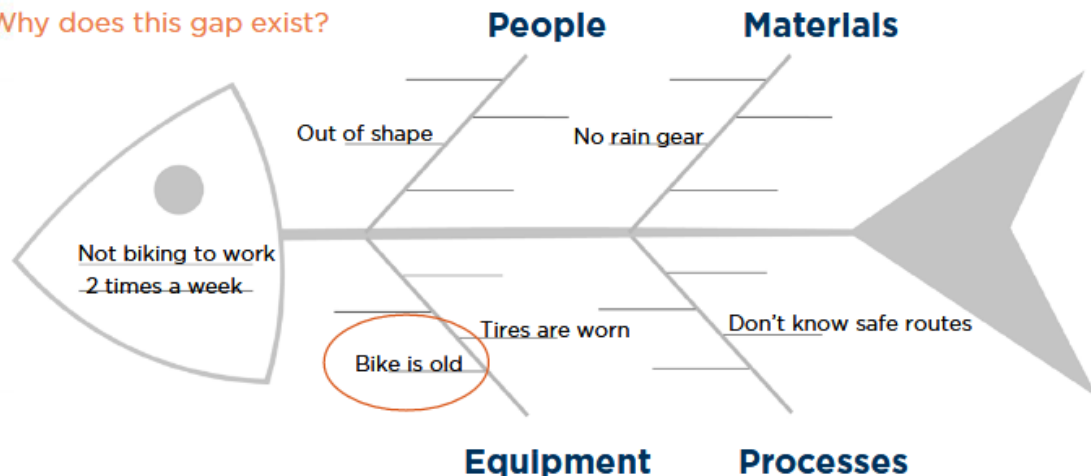
With his family commitments, Andres would like to start by setting a goal of biking to work 2 times a week.

What is the measurable gap between the current state and target state?

To save money, Andres would like to go from biking to work zero times a week to 2 times a week by November 1, 2018.

2. Analyze Root Cause

Why does this gap exist?



THE IMPROVEMENT

3. Design Countermeasures

What we will try:

Andres has decided to prioritize the condition of the bike. He heard of the tune-up program that Seattle Children's has to get his bike in working condition.

What we expect to happen:

If Andres gets his bike tuned up, then we will be willing to ride 2 times/week.

Action Plan:

Actions	Resources/Support Required	Owner	Due Date
Get bike tuned up	Tune-up program	Andres	10/01/18
Start riding!	Tuned-up bike	Andres	10/02/18

4. Reflect and Adjust

Reflection Date: 10/09/18

What happened? What did we learn?

Andres rode once in the last week. He didn't reach his goal of riding twice. He learned that rain can be a real barrier to getting to work dry and warm.

What's next?

Andres would like to try to take down the barrier of having no rain gear and try a different countermeasure next week to be able to ride in all weather and reach his target.

EVIDENCE-BASED PROBLEM SOLVING

Title: _____ Owner: _____ Sponsor: _____ Date: _____



Use this tool when:

- ☐ the cause of the problem is not totally clear ☐ improving the problem requires team collaboration ☐ the problem or improvement impacts multiple teams or processes

THE PROBLEM

THE IMPROVEMENT

1. Understand the Problem

Describe Current State:	Describe Target State:

What is the measurable gap between the current state and target state?

2. Analyze Root Cause

Why does this gap exist?

3. Design Countermeasures

What we will try:	What we expect to happen:

Action Plan:			
Actions	Resources/Support Required	Owner	Due Date

4. Reflect and Adjust

What happened? What did we learn?

What's next?

Reflection Date: _____

Determining Root Cause



5 WHYS

5 WHYS IN ACTION

Problem Hey! There's no cheese on my burger!

Why? Because the cook didn't put cheese on it.

If you were the manager and stopped here, you would be jumping to a solution if you fired or retrained the cook.

Why? Because he ran out of cheese.

Why? Because the supplier didn't bring any cheese.

If you stopped here, you might think the countermeasure would be to change suppliers.

Why? Because we didn't ask the supplier to.

Why? Because we didn't know we were out of cheese.

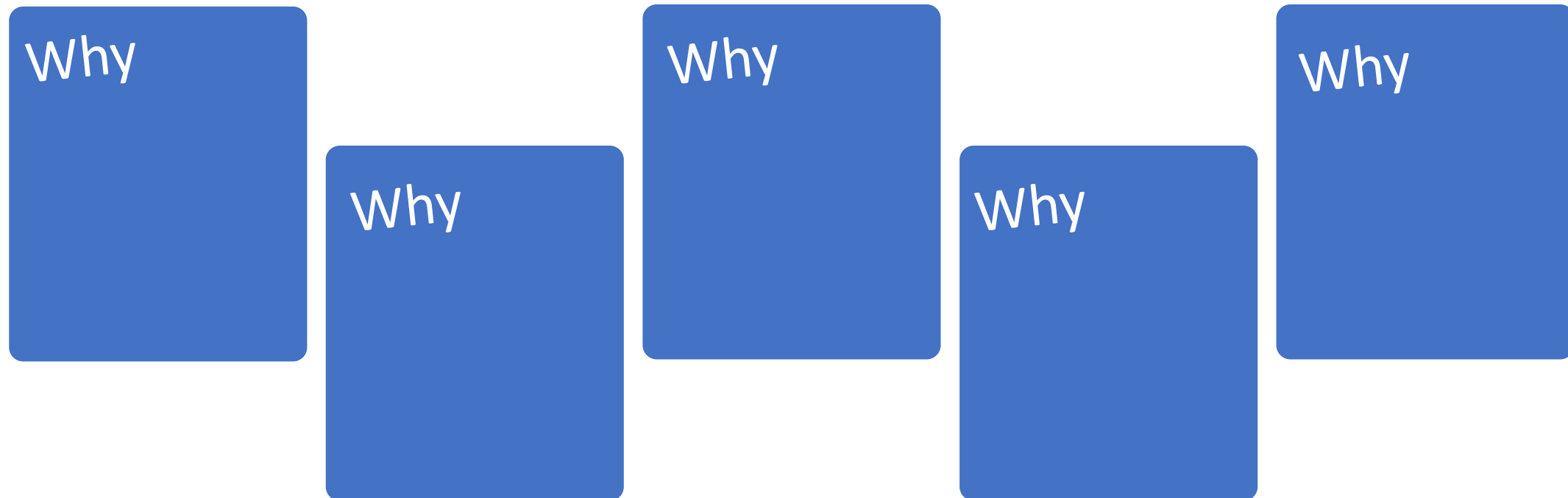
Why? Because tracking supplies is supposed to be done by everyone, but it is not done consistently.

Congratulations! Asking why multiple times led you to the root cause of the issue, not the assumed solution.



Practice: The 5 WHYS in Action

Problem Statement



Example: It takes a long time to route our internal application form for signatures

Countermeasure: Reduction from 10 to 8 required signatures, 4 most common

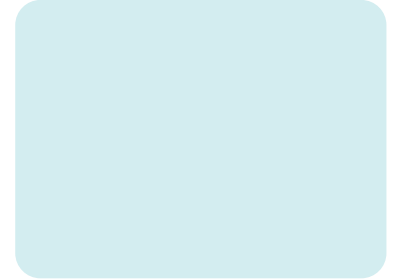
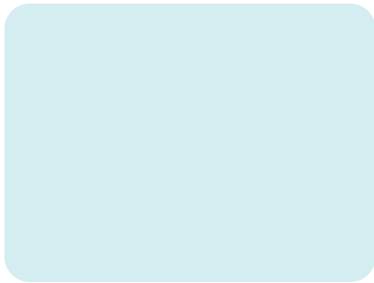
Why

Why

Why

different
depts

regulatory
finding



Lessons Learned (So Far)



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

What Works Well with Lean at SCRI

- Improvements are deliberately and actively discussed
- Front line staff empowered to make changes to accomplish their work
- Visibility and transparency
- Documentation of standard work and reliable methods

Continuous improvement is
better than delayed perfection.

Mark Twain

 quotefancy

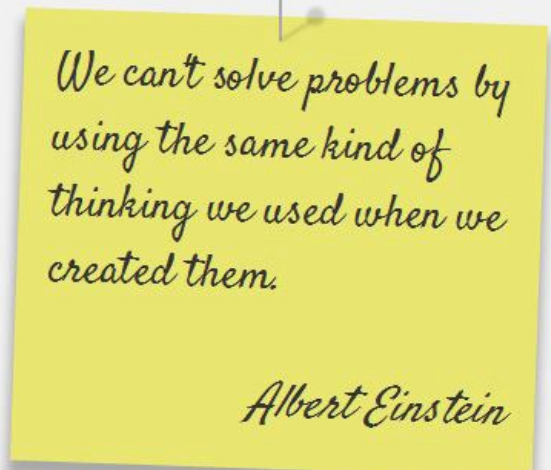
Areas for Improvement at SCRI

- The structure of our teams and processes has created silos
- Yokoten not widely implemented
- Greater specialization will be needed as we grow
- Difficulty representing the work of your group if you have varying roles (e.g. business office with grants administrators and program coordinators)



Practical Application of Lean in Research Administration

- Lean Methodology was developed for manufacturing – concepts not clones
- SCRI has implemented a generalist, line based model for central services but this is not required
- Personalities and leadership styles can have a big impact on implementation



*We can't solve problems by
using the same kind of
thinking we used when we
created them.*

Albert Einstein

Questions?

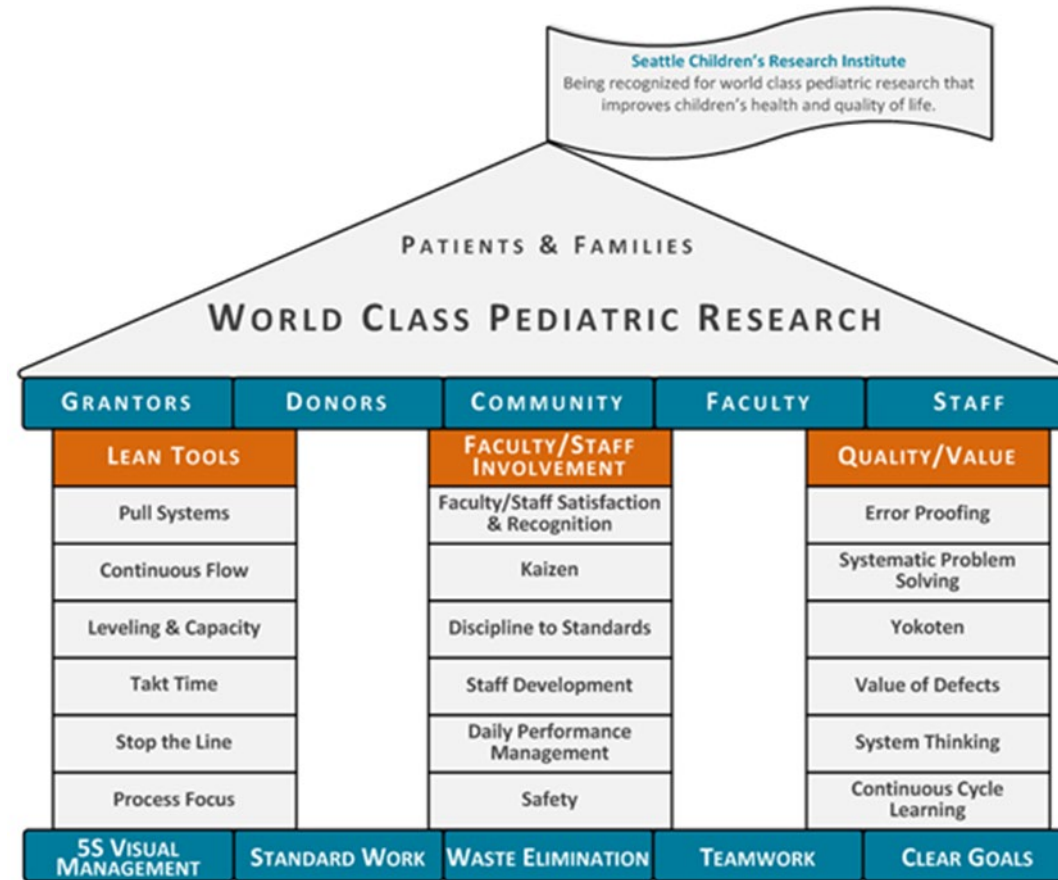




Seattle Children's[®]
HOSPITAL • RESEARCH • FOUNDATION

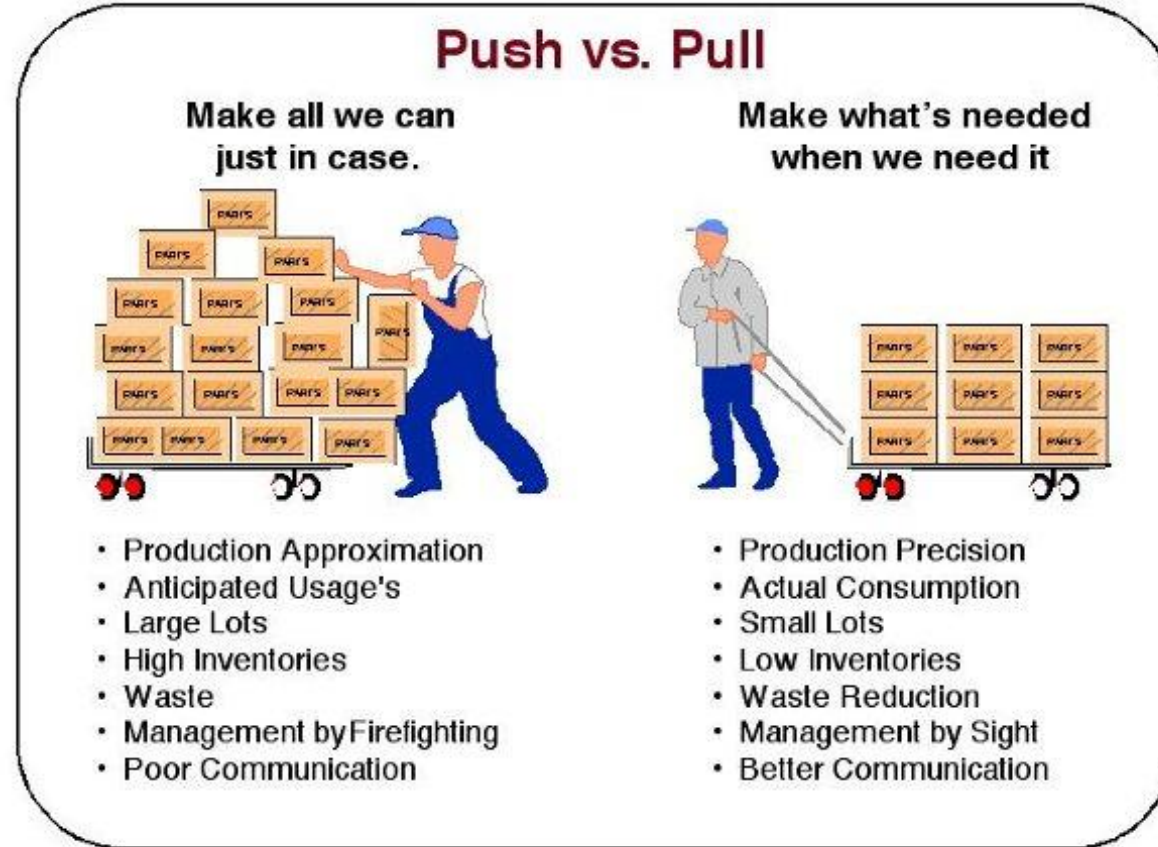


Seattle Children's Research Institute House



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Lean Concept: Push/Pull Systems



Lean Concept: Defects

Philosophy:

- Design a process to identify abnormalities
- Standardization of work will eliminate defects

Benefits:

- Improve profit through waste reduction
- Better product or service to the customer

