3P Workshop Introduction

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Landspitali
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Let’s Introduce Ourselves

A little about me…

During our time together:
• Ask questions
• Tweet during our time together
  • @ChrisBackous and @VM_Institute

After our time together:
• Visit our website
  www.virginiamasoninstitute.org
• Visit our Blog http://virginiamasonblog.org
• Connect with us on LinkedIn
What is a 3P?

3P stands for:

- Production
- Preparation
- Process

Reasons for a 3P

- New plant or layout
- New products or services
- New processes or providers
- New vision
3P vs. RPIW

- **3P** = Kaikaku “reinvention”
- **RPIW** = Kaizen “renovation” or “continuous improvement”
Linking 3P to our strategic plan
Virginia Mason’s Quality Equation

\[ Q = A \times \frac{(O + S)}{W} \]

- Quality
- Appropriateness
- Outcomes
- Service
- Waste
Processes vs Operations

- Appointing
- Arrival
- Rooming
- Exam
- Discharge

**Processes**
- Greet
- Patient ID
- Agenda
- Prev. Care
- Vitals

**Operations**
Connecting the dots...

How will 3Ps link to organizational objectives?
Balancing Priorities

- Safety for our patients and staff
- Strong Economics
- Capacity to provide care now and in the future
3P Workshop Roles

Participants and Roles

- Workshop Leader
- Team Member
- Team Leader
- Sponsor
- Process Owner
- Home Team
- Advisory Group
- Lean Resources
- Participants and Roles
3P Sponsor

- select the area of focus
- attend all planning meetings
- provide opening remarks on the first day of the workshop
- provide closing remarks at the end of Final Report Out
- influence and approve targets and goals
- support the event leaders
- remove barriers for the team
- champion the team
3P Workshop Leader

- be accountable for the 3P success
- Coach data collection
- lead various 3P meetings
- serve as VMPS consultant
- teach and coach as needed
• Distribute 3P planning materials, workshop documents, supply lists, etc
• Coordinate with customer designated support to schedule all planning meetings
• Facilitate agreement signing
• Invoicing once the 3P Workshop has concluded
3P Prep Team/Team Leader

- member of the customer’s lean or leadership team
- responsible for coordinating pre-3P data collection
- coordinate team activities with guidance from WSL
- facilitate teamwork
- teach and coach as needed
• represent a department, position, work cycle, customer, supplier, or “outside eyes”
• the “do-ers” and testers
• present at Final Report Out
• think with a child’s imagination
• Serve as organizational champions for implementation
• consider inviting patients to serve as team members
3P Team Member Expectations

- ask “why” five times get to the root cause
- avoid phrases like “we can’t”
- use data to make decisions
- create, communicate and implement the vision
- document the vision, action plans and follow-up
- Most importantly: Team members must participate each day for the full day of the 3P. This should be their only job assignment for the 3P Workshop week
• prepare the home team
• free up staff for 3P
• assist in goal setting
• ensure staff are informed of changes during week
• be co-accountable for implementation
Let’s review the 3P planning and launch timeline...
# The 3P Cycle

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Weeks Following the 3P</th>
</tr>
</thead>
</table>
| • 3P Agreement Signed  
  • Initial Scoping and Observations | Planning Meeting 1 | Planning Meeting 2 | Planning Meeting 3 | Planning Meeting 4 | | The organization takes ownership of the 3P vision and progress toward the future state begins |

## Planning and Preparation Phase

- Identify sponsors
- Identify Gemba
- Identify team members
- Identify WSL and TL
- Identify Process Owner
- Identify Advisory members
- Identify Process Boundaries
- Collect data
- Declare Targets
- Prepare the Home Team
- Communicate to organization
- Coordinate with Sensei

## Implementation Phase

- Debrief with sponsors, sensei and process owners
- Complete Final Report
- Complete Kaizen Newspaper items
- Communicate to home team
- Communicate to organization
- Implement plan
- Re-measure targets
- Gather feedback from home team
- Report results of 3P
3P Planning, Execution and Follow Up

Planning (4-6 weeks)
- Initial Scoping Meeting
- 3P Readiness Assessment
- Data collection on the genba by organization leaders and others
- Draft of 3P Project Form
- 3P team member selection
- 3P advisory member identification
- 4 weekly 3P Planning Meetings

3P Week (5 days)
- Monday – Friday
  - 8:00am-4:30pm M-Th
  - 8:00am-Noon Friday
- "Science Fair" feedback sessions
- Tu-Th 4:00-4:30
- Sponsor check ins Tu, W, Th 4:00-4:30
- 11:00-12:00 Final Report Out

Post 3P (1-6 months*)
- Completed 3P Final Report template completed by customer and sent to 3P Workshop Leader
- Two follow up phone meetings to monitor progress
- *Phone meetings scheduled by customer that best meet their needs for insight and guidance
- Additional follow up support may be purchased at the customer’s request
3P Readiness Assessment

Virginia Mason Institute
3P Readiness Assessment Checklist

What is a 3P? 3P = Production, Preparation, Process
A 3P is a 5-day event focused on building a production system for a new product, process or facility space and must meet the following requirements:
- Quality of the product, process or space that is being developed is defined.
- Necessary production volume or time is defined
- Requires a diverse group of individuals and technical knowledge to develop ideas and create future states

Requirements for Organizational support of a 3P workshop includes:
- 3P workshops are led by a VMI faculty, certified as a 3P Workshop Leader.
- The 3P is sponsored by at least one organizational senior executive.
- The need for a 3P aligns with the expressed organizational goals and vision for products or services.
- The 3P supports a future state vision defined by leadership.
- The 3P requires a current state value stream that describes and quantifies the current state opportunities for improvement.
- Space related 3Ps must have an approved capital budget project with support and involvement of appropriate Facility staff.
- A completed 3P Assessment Checklist must be signed by the senior executive sponsor.
- An organization has a minimum of 6 weeks available prior to the event for assessment, planning and preparation of the 3P.
- The organization will provide dedicated resources to support the data collection requirements for the workshop.

| Name of 3Ps |  |
| Assessment Date: |  |
| Person Completing Assessment: |  |
| Process Owners for Outcome of 3P: |  |
| Executive Sponsor: |  |
| Projected Date 3P desired: |  |

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### 1. Process Outline
Insert high-level flow of the current process and color boxes in light yellow that are quality checks.

### 2. Requirements/Targets for the Final Product
Required (see definitions)
- Quality
- Quantity
- Timing
- Target date for implementation

### 3. Material and/or Information Flow
Outline how the flows of material and/or information flow into the overall process. This can include:
- Information or material inputs for production from other areas that drive the process
- Management systems that oversee the process
- Include simple high level measurement of current process in a table (as applicable)

### 4. Current Situation and Issues
- Briefly define the current situation with specific challenges described by specifying VMPS principles and concepts
- Highlight defects or waste in the process
- Briefly list improvement opportunities

Note: Do not need to include previous kaizen work, goal is to simply state the current situation for the participant to understand the issues the 3P will address.

### 5. Improvement Request
Improvement Request is completed prior to the planning of the 3P. The improvement request is a statement with bullets (3-5) of what is desired, not how the improvement will be made. (Use of VMPS terminology recommended).

### 6. Boundaries
Determine boundaries or limitations to the scope. Note: For 3P’s make sure boundaries do not limit creativity.
VMPS concepts we will use in the 3P workshop
Waste

What is Waste?

• Waste is any task or item that does not add value
• from the perspective of the customer.
Two types of Waste

Waste
* Burden of Work * Unevenness * Unreasonableness

Type 1:
Non-value added activities that are currently required, such as work to comply with regulations

Type 2:
Non-value added activities that can be stopped immediately with no detrimental effect
# Three types of time to understand

<table>
<thead>
<tr>
<th>Lead Time</th>
<th>Cycle Time</th>
<th>Takt Time</th>
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</thead>
<tbody>
<tr>
<td>• The entire time required to provide a product or service, from request to completion</td>
<td>• The time required for one operator or machine to complete one cycle of work</td>
<td>• The pace of each step in the process to meet customer demand</td>
</tr>
<tr>
<td>• Measured by observation</td>
<td>• Measured by observation</td>
<td>• Calculated</td>
</tr>
</tbody>
</table>
• is the entire time required to provide a product or service, from request to completion
• includes waits between cycles
• includes “off hours” and weekends
• can be shortened by improving standard work
Cycle Time

- is the time required for one operator or machine to complete one cycle of work
- is measured with a stopwatch
- includes the waste within the cycle
- does not include waiting time before or after
- can be shortened by improving standard work
Other tools that you will receive

• Standard Worksheets: “Spaghetti Maps” that illustrate key flows we will want to understand in order to improve
• Time Observation Form: used to document your lead and cycle time observations
• Takt Time Worksheet: calculation to understand demand
• Value Stream Map template: tool to depict the patient process and opportunities for improvement
• 3P Supply list: all supplies needed to ensure a successful workshop. Yes, we will use Legos®!
Sample Standard Worksheet
Ideal 3P Workshop Location

• A site with many bare walls
• Furnishings that are moveable and storable
• A location that we have full access for the entire week, without other meetings scheduled
• AV capability
  – Screen that is in place or portable
  – LCD in place or portable
  – Wireless microphone and speakers
Lean Facility Design
Benefits of Lean Design

- **Enhances** the patient experience
- **Improves** visibility for patients and team members
- **Eliminates** the burden of work for team members
- **Increases** throughput for all processes
- **Decreases** space allocated for non-value added activity
- **Creates Flexibility** to adapt and change over time with little or no remodeling to support new processes and services
We used to say...

Form follows function
Now...

Lean Process
Follows
Lean Form
Traditional vs. Lean Design

Current Space
Realize the need for improving space and process
Design and Construction
• Unclear about new process flows
• Assumptions made about future work flows
Move in
• Realize old processes won't work in the new space
• Improve process flows
Adjust space and process based upon what was built
Realize the value of the new space

Traditional
Total Project Lead Time

Lean
Current Space
• Understanding of current state processes
• Vision created for new process flows

3P

Move in and Realize the value of the new space

Lean improvements implemented in the current space

Design and Construction
• Clarity on space requirements
• Coordination and shared learning between all teams
• Ongoing mock up and simulation
• Flexibility for future learning
The Lean Equation for Design

• Design and Implementation of New Processes Created from VMPS
• Design and Construction of New Facilities Built to Support Services Created by VMPS

Facilities that Work for Us!
• Reduced Waste
• Improved Quality
• Increased Safety
• Enhanced Service
• Greater Efficiency
3P Workshops to identify ideal, efficient and waste free flows for our patients and their families, providers and staff, medications, supplies, equipment, and information.

RPIWs and Kaizen Events built into yearly improvement plans that allow us to begin marching toward the future vision.
What is a 3P?

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- New vision
Lean facilities are designed by those who do the work
Ideal Design Team Composition

% of Membership on Each Team (estimates)

- Front Line Staff: 50%
- Executives/Managers/Process Owners: 10%
- Operational Leadership: 10%
- KPO: 5%
- VMMC Design Project Team: 10%
- Architects/Designers: 10%

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Simulation Enhances Design
…and may accelerate the overall design process
Use scale model mock-ups and simulation to inform and enhance design
Make it as real as possible
“Try-storm” ideas
VMPS in Construction:
Using Set Up Reduction to Mistake Proof Our Mechanical System Installation

Sections of our mechanical layout are assembled off site in parallel to installation to reduce lead time and improve quality.
Traditional Design
• Architect works with small executive team on design
• Function program written on current state
• Architect uses “in-house” healthcare experts
• Footprint created to support maximum functional units and supply/support areas
• Areas designed in isolation
• Aesthetic and interior concept is for looks only
• Teams work out new functional programs after they occupy new space

The VMPS Way
• Design team includes front line staff, leaders and kaizen staff
• Functional program and flows are designed in 3Ps
• VMMC provided all necessary content experts as design team participants
• Footprint created to support all the flows of medicine and what is needed to meet patient demand
• All areas were designed as they related to one another and existing facilities and services
• Interiors support flow, become visual cues and controls and support intuitive way finding
• Kaizen activity allows teams to begin using their new processes in their old space, long before taking occupancy in the new spaces.
Lean Facility Design Case Study: Jones Procedural Center at Virginia Mason Medical Center
Goal
To create a state of the art integrated Procedural Center incorporating Virginia Mason Production System principles.

Specialties providing care include:
- Gastroenterology (GI)
- Interventional Radiology Department (IR)
- Cardiac Catheterization Department (Cardiac Cath)
- Anesthesiology Services
- Admit/Recovery nursing teams

Improvement Request
1. Improve the overall patient experience
2. Decrease lead time
3. Increase throughput
4. Improve Operator value-added time
Using a Set-Based Approach to Design Improves Quality and Reduces Total Project Lead Time
Selection Integrated Design Approach

Selection Process...
- Core Team Formation
- Integrated Contract
- Integrated Partners

Process...
- Process Improvement
- Modeling
- Design Mockups
- Systems Integration

Physical Construction..
- Constructability
- Mock-ups
- Prefabrication
- Orchestrated Assembly
Week Long Event

Current State:
• 3 Separate Service Lines:
  • GI
  • IR
  • Cardiac Cath

• Physical and Operational Separation
The Floyd and Delores Jones Pavilion
Level 5 Procedures 3P

Pangaea, Pangea, or Pangea (pronounced pan-EE-a), from Ancient Greek - was the supercontinent that existed during the Paleozoic and Mesozoic eras about 250 million years ago, before the component continents were separated into their current configuration.
3P

Visioning
## Guiding Principles

### Exceptional Patient and Visitor Experience

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit and recovery spaces ensure privacy</td>
<td>Patient and visitor areas (including admit and recovery) facilitate comfort and healing</td>
</tr>
<tr>
<td>Respect for the patient’s time through proximities and process</td>
<td>Patients and visitors don’t have to traverse long distances on the procedural floor</td>
</tr>
<tr>
<td>Increased value added time with care team</td>
<td>Family members/visitors are involved in the delivery of care and there is designated space to facilitate their participation</td>
</tr>
<tr>
<td>On/off stage area are used to separate patient from work zones</td>
<td></td>
</tr>
</tbody>
</table>

### Quality and Safety

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual environment that promotes communication and teamwork</td>
<td>Minimize handoffs</td>
</tr>
<tr>
<td>Critical care and other inpatients have direct access to the procedure area</td>
<td>External setup for procedures</td>
</tr>
<tr>
<td>Provider work stations are in proximity to other members of the care team</td>
<td>Supplies/equipment re at Point of Use (POU)</td>
</tr>
</tbody>
</table>

### Embody Virginia Mason Production System Principles

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce overall patient lead time from arrival to discharge</td>
<td>Design facilitates respect for people (both patients/visitors and providers/staff).</td>
</tr>
<tr>
<td>Continuous flow through the patient care continuum</td>
<td>Maximize flow and efficiency, decreasing lead time and increasing throughput.</td>
</tr>
<tr>
<td>External setup for procedures</td>
<td></td>
</tr>
<tr>
<td>Guiding Principles (continued)</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
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</tbody>
</table>

### Exceptional Provider/Staff Experience

<table>
<thead>
<tr>
<th>Flow centers to achieve in-direct work</th>
<th>Design facilitates and integration of resources and ease of communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimize walking distance</td>
<td>Increased value added time with patients (minimize walking, searching, waiting, processing, etc.,)</td>
</tr>
<tr>
<td>Facilitate educations opportunities</td>
<td></td>
</tr>
</tbody>
</table>

### Flexibility in Design

<table>
<thead>
<tr>
<th>Ability to flex admit and recovery resources</th>
<th>Accommodates current demand and can flex to future demand with minimal operational disruptions</th>
</tr>
</thead>
</table>

### Cost

<table>
<thead>
<tr>
<th>Remain within budget</th>
<th>Design that facilitates decreased operational costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximize revenue generating spaces.</td>
<td></td>
</tr>
</tbody>
</table>
Why complete a 3P with only one design concept to carry forward?

If one final concept is good, can three final concepts be better?
Guiding Principles Evaluation

Separate

STOP THE LINE MOCK-UP

Integrated

CLOSE TO FINAL DESIGN

Admit/Recovery

Procedures

Procedures

Admit/Recovery

Lockers

Lockers
Final Solution

11 Procedure Rooms
18 Admit Recovery Rooms
Universal Admit/Recovery rooms identical with doors on both entries
Central control and schedulers workstation centrally located
Support spaces: media center, MD consult, dictation/charting, read rooms, tech documentation
Optimize Program and maximize room utilization

- Admit/Recovery rooms flux throughout the day
- Waterfall exercise confirmed the number of admit recovery rooms.
- Procedure room type and count based on detailed analysis for future needs.
- Maximize use of new construction for revenue generating patient care spaces.
Process Planning

- Understand Current State
- Production Planning
- Table Top Simulations
What would the schedule look like if we just transplant current practice?

<table>
<thead>
<tr>
<th>ExamDesc</th>
<th>DOW</th>
<th>ScheduledDTIM</th>
<th>BeginDTIM</th>
<th>CompletedDTIM</th>
<th>Duration</th>
<th>Modality</th>
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<tbody>
<tr>
<td>CT Abscess Drainage Empyema</td>
<td>Fi</td>
<td>01/21/2011 08:00</td>
<td>01/21/2011 08:21</td>
<td>01/21/2011 09:13</td>
<td>52 CT</td>
<td></td>
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<tr>
<td>Percutaneous Cholecystostomy</td>
<td>Fi</td>
<td>01/21/2011 05:00</td>
<td>01/21/2011 09:20</td>
<td>01/21/2011 09:49</td>
<td>29 Fluoro</td>
<td></td>
</tr>
<tr>
<td>Tube Change</td>
<td>Fi</td>
<td>01/21/2011 05:28</td>
<td>01/21/2011 10:30</td>
<td>01/21/2011 10:25</td>
<td>25 Fluoro</td>
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<tr>
<td>Tube Check</td>
<td>Fi</td>
<td>01/21/2011 10:00</td>
<td>01/21/2011 10:30</td>
<td>01/21/2011 10:25</td>
<td>25 Fluoro</td>
<td></td>
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<td>IAC w/o &amp; w/ contrast</td>
<td>Fi</td>
<td>01/21/2011 11:30</td>
<td>01/21/2011 13:28</td>
<td>01/21/2011 13:26</td>
<td>25 Fluoro</td>
<td></td>
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<tr>
<td>Tube Check</td>
<td>Fi</td>
<td>01/21/2011 11:00</td>
<td>01/21/2011 11:30</td>
<td>01/21/2011 11:00</td>
<td>26 Fluoro</td>
<td></td>
</tr>
<tr>
<td>Percutaneous Verteoplasty</td>
<td>Fi</td>
<td>01/21/2011 12:00</td>
<td>01/21/2011 12:47</td>
<td>01/21/2011 13:48</td>
<td>61 CT</td>
<td></td>
</tr>
<tr>
<td>Tube Check</td>
<td>Fi</td>
<td>01/21/2011 12:30</td>
<td>01/21/2011 13:35</td>
<td>01/21/2011 13:35</td>
<td>21 Fluoro</td>
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</tr>
<tr>
<td>Fine Needle Aspiration Deep</td>
<td>Fi</td>
<td>01/21/2011 11:00</td>
<td>01/21/2011 11:20</td>
<td>01/21/2011 11:20</td>
<td>26 Fluoro</td>
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<tr>
<td>Tube Check</td>
<td>Fi</td>
<td>01/21/2011 12:00</td>
<td>01/21/2011 12:47</td>
<td>01/21/2011 13:48</td>
<td>61 CT</td>
<td></td>
</tr>
<tr>
<td>Perc Drainage of Abscess</td>
<td>Fi</td>
<td>01/21/2011 13:00</td>
<td>01/21/2011 14:00</td>
<td>01/21/2011 15:17</td>
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<tr>
<td>Transcatheter Embolization</td>
<td>Fi</td>
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<tr>
<td>Tube Check</td>
<td>Fi</td>
<td>01/21/2011 14:00</td>
<td>01/21/2011 14:15</td>
<td>01/21/2011 14:35</td>
<td>20 Fluoro</td>
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<tr>
<td>Epidural Catheter Placement</td>
<td>Fi</td>
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<td>01/21/2011 15:30</td>
<td>01/21/2011 15:30</td>
<td>20 Fluoro</td>
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</tbody>
</table>
Let's look ahead to 2015. The full unit is open and patients are coming.

### Waterfall Schedules

<table>
<thead>
<tr>
<th>Time</th>
<th>EUS 1</th>
<th>EUS 2</th>
<th>EUS 3</th>
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<th>Inpt 1</th>
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<th>Inpt 5</th>
<th>Inpt 6</th>
<th>Inpt 7</th>
<th>Tube check/change</th>
<th>Cerebral Angio</th>
<th>Tube check/change 1</th>
<th>Chemo Embol</th>
<th>Tube check/change</th>
<th>Tube check/change</th>
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Table Top Simulations
Table Top Simulations
Table Top Simulations
From Table Top To Mock Up

Going from table top exercises and production planning to physical lay out

- Prefabrication
- Full scale mock ups
- Simulation and evaluation criteria
Full Scale Room Mock-ups
Prefabrication Process
The Mock Up
Simulation in Mock-ups

The Code Response

Flow of the STEMI Patient

Flow of the Patient and Family

<table>
<thead>
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<th>OLD</th>
<th>NEW</th>
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<tbody>
<tr>
<td>L/T</td>
<td>2:45</td>
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<tr>
<td>Distance</td>
<td>151 Steps</td>
<td>102 Step</td>
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### Evaluation Criteria

<table>
<thead>
<tr>
<th>Guiding Principle</th>
<th>Key Attributes</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td><strong>Exception Patient and Visitor Experience</strong></td>
<td>• Admit and recovery spaces ensure privacy</td>
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<td></td>
<td>• Patient and visitor areas (including admit and recovery) facilitate comfort and healing</td>
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<td></td>
<td>• Patient and visitors don’t have to traverse long distances on the procedural floor</td>
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<td>• Family member/visitors are involved in the delivery of care and there is designate space to facilitate their participation</td>
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<td>• Respect for the patient time through proximities and process</td>
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<td></td>
<td>• Increased value added time with care team</td>
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<td><strong>Quality and Safety</strong></td>
<td>• Visual environment</td>
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<td></td>
<td>• Critical care and other patients have direct access to the procedure area</td>
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<td></td>
<td>• Minimized handoffs</td>
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<td></td>
<td>• Rooms are the same handedness</td>
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<td>• Supplies/equipment are at Point of Use (POU)</td>
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<td></td>
<td>• Provider work stations are in close proximity</td>
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<td></td>
<td>• Reduce any waste that impacts speed while maintaining quality</td>
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<td></td>
<td>• Line of sight</td>
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<td></td>
<td>• Economy of movement</td>
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<td><strong>Embody Virginia Mason Production System Principles</strong></td>
<td>• Maximize flow and efficiency, decreasing lead time and increasing throughput</td>
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<td></td>
<td>• Continuous flow through the patient care continuum</td>
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<td>• Minimize hand offs</td>
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<td>• External setup for procedures</td>
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<td>• Reduce overall patient lead time from arrival to discharge</td>
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<td><strong>Exception Provider/Staff Experience</strong></td>
<td>• Flow centers to achieve in-direct work</td>
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<td>• Minimize walking distance</td>
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<td>• Maintain division of onstage and offstage</td>
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<td>• Design facilitates and integration of resources and ease of communication</td>
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<td>• Increased value added time with patients (minimize walking, searching, waiting, processing, etc.)</td>
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<td>• Facilitate education opportunities</td>
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<td>• Optimize environment to maximize efficiency</td>
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<td><strong>Flexibility in Design</strong></td>
<td>• Ability to flex admit and recovery resources</td>
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<td>• Accommodates current demand and can flex to future demand with minimal operational disruption</td>
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<td><strong>Cost</strong></td>
<td>• Remain within budget</td>
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<td>• Design that facilitates decreased operations costs</td>
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<td>• Maximized revenue generating spaces</td>
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Benefits from Building the Mock-Ups

Key Understandings from staff and design teams

Knowledge of mock-up helped identify construction difficulties

- this information could be transferred to the subcontractors
- trouble shooting could happen during mock-ups and modeling instead of during construction
- supports team simulation
Changes include:

- Modest improvements in admit and recovery times;
- Level loading the procedure rooms;
- Scheduling with regard to how long a patient was likely to be in each phase of their experience;
- Room turnover times were not changed but there’s opportunity there too.
The Future...

- We can’t transfer current ways of doing things to the new space.
- Think about how the patient feels at every step of the way.
- Continue to watch and see what processes should change and how.
- Continually question… would make the day run more smoothly?
Jones 5 Procedure Center!
Next steps…

- Complete 3P Readiness Assessment and send to 3P Workshop Leader
- Schedule four, weekly 3P planning meetings leading up to the 3P week
- Begin data collection
- Draft 3P Project Form (keep to one page)
- Secure workshop location
- Gather 3P Workshop supplies
A lean journey is a learning journey. Let us help you.