Manufacturers Alliance Seminar

A3 Thinking & Problem Solving

Practical experiences from peers on how to leverage A3's to unify culture, improve communication, and develop more problem solvers.

Visit: www.mfrall.com Call: 763-533-8239 Email: ma@mfrall.com

Hill-Rom

Rebecca Windhorst

Manager Business Improvement

Hill-Rom Respiratory Care

The Evolution of Applying A3 Thinking at Respiratory Care

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Enhancing outcomes for patients and their caregivers: Hill-Rom

Hill-Rom Respiratory Care

Clearing the way for better days.

The Vest® System 105

View Product

The Vest® System 205

View Product

The VisiVest™ System

VISIVEST™
Airway Clearance System

View Product

The Monarch™ Airway Clearance System

The VitalCough® System

View Product

The MetaNeb® System

View Product

The VisiView™ Health Portal

View Product

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Hill-Rom Respiratory Care

Business Improvement's Service Model

Clearing away clutter by continuously improving how we work allows us the space to focus on what truly matters. **So our commitment must be:**

- To work toward the simplest, most efficient, and effective solutions to problems
- To design simple and efficient work processes, and measure their outcomes
- To promote an environment of continuous improvement

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The Beginning

"Simplicity is the soul of efficiency"

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Garment Fitting Process Improvement

Problem

Lack of a standard process for garment fitting that is applicable to every patient to serve as a fitting guide to ensure we are providing patients receive the right size & style of garment the first time every time.

EXAMPLE

Goal

Develop a standard combination of questions, measurements, and process changes to ensure we send the patient the right garment the first time, every time.

Tools & Methods

- ❑ Voluntary random sample collection event to collect mock patient data.
- ❑ Clinical Specialist given different combinations of mock patient profile information (height, weight, body shape, etc.) and asked to "fit" the patient into a garment using their current process.

Next Steps

- ❑ Analyze the Clinical Specialist's responses
- ❑ Identify how much variation exists in the final garment selection
- ❑ Expecting to see a differences in repeatability and reproducibility based on the combination and amount of patient detail provided in each scenario.

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Sales Reporting & Analytics
Forecasting Tool

Problem

The agility, flexibility and interactive capability of Sales reporting structures & analytical support are not capable of providing the level necessary for Account Executives and Regional Directors to effectively manage their business.

Goal

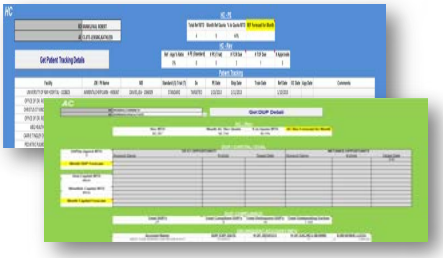
Realign the Sales reporting and analytical support to the Fiscal Year 2013 strategy while providing improved visibility of and enhanced interactive capabilities with Facility and Patient account details.

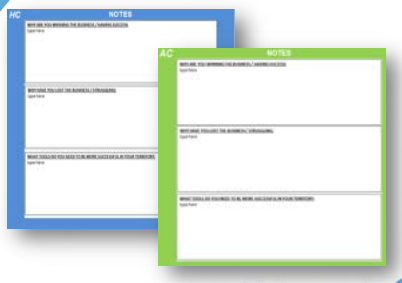
Phase One
Revamp & Deploy Dashboard Platform
- Condense components displaying a quick snapshot of key performance indicators that are aligned to the FY 2013 strategy

Phase Two
Enhance Functionality & Expand Content
- Soup to Nuts" functionality (Patient Details, Capital Details)
- New content: Patient Interactions, Referral per Facility

Phase Three
Customization & Interaction
- **Sales Forecasting Tool**: Interactive platform for Account Executives and Regional Directors to leverage detailed pipeline data and develop monthly forecast of key performance metrics.

EXAMPLE





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The Journey

"More is more and less is a bore"

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Project Retention

Business Description: Since October 2012, the product return to shipment ratio is **X%** - excludes deceased patients and medical discontinuations. Team objective is to reduce this ratio to **X% by Q1 FY2014**.

EXAMPLE

Discoveries

1. No formalized process to identify high risk patients
2. Limited review of training paperwork to proactively respond to high risk patients
3. Outcomes monitoring (OM) program focused on gathering of information vs. supporting patient's use of therapy
4. Deficient coordination of care compounded by limited clinical expertise OM calls
5. Absent formal training program for new contract trainers
6. Absent formal ongoing training program for contract trainers
7. Planning Kaizen Event in September – Binder / Forum

Actions

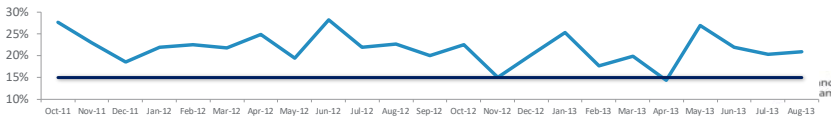
1. Developing Training Forums (Live / Webinar) for current contract trainers
2. Documenting process for identifying and responding to high risk patients
3. Reviewing and revising current contract training onboarding process
4. Developing ongoing training process & supporting material for contract trainers
5. Revising and updating Onboarding training material for new contract trainers
6. Conducting pilot to determine efficacy of patient focused, clinical outcomes calls
7. Identifying key contact points with Account Executives
8. **Completion of Patient Training Kaizen**
9. **Revision of Contract Trainer tools and resources**
10. **Identify and developed new *Train the Trainer* Methods and Materials**

Results

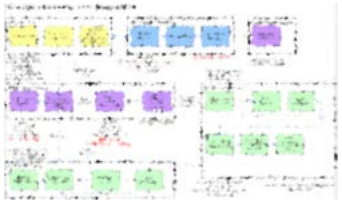
1. Implemented [illegible] Review Process [illegible] Patients
2. Developed CS follow-[illegible] for High Risk Patients
3. Revised OM questions
4. Developed patient support scripting
5. Transitioned OM calls to CS
6. Developed memo for contract trainers; Identify & Respond to High Risk Patients
7. Incorporated Patient Training / Contract Trainer Overview in AE Training
8. Developed guidelines/expectations for new AE's and Contract Trainers and vice versa
9. Developed Training Preparation Checklist for Contract Trainers.
10. Revised train the trainer material and process

Recommendation: Based on the early success of the pilot, with success determined by reducing product returns and enhancing patient outcomes, the **team proposes realigning resources to transition OM calls to the Clinical Specialist**.

Return to Shipment %



Value Stream Map



Current State Value Stream Map
- Reviewed Value Stream Map
- Analyzed Operational Metrics
- Identified Key Focus Areas

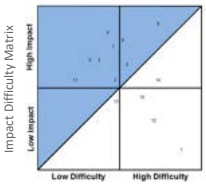
VCO Recalibration
20+ X-Functional Participants

VCO Key Metrics

Key Performance Indicators
- Process Cycle Time
- Referral Fallout %
- Days Sales Outstanding
- Claim Denial %

14 Opportunities Identified

Impact Difficulty Matrix



Top Opportunities

Key Initiatives
- Validated Initiatives
- Prioritized Opportunities

Project Charters

Project Charters
- Documented Key Initiatives
- Defined Next Steps

Event Timeline

VCO Timeline
- Created FY13 Event Timeline

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Visual Performance Management & The Huddle

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The Challenge

"We cannot solve our problems with the same thinking we used when we created them"

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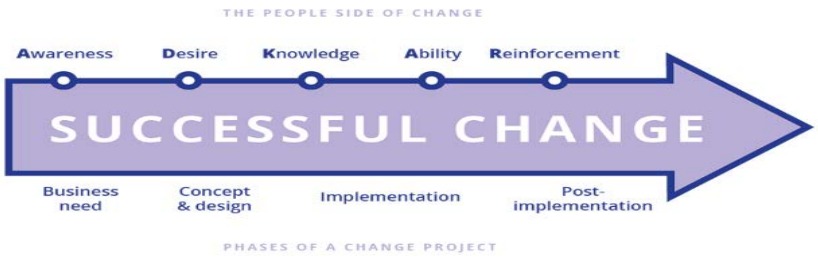
ADKAR for Process Improvement



Awareness of the business reasons for change.

Desire to engage and participate in the change.

Knowledge about how to change.

Ability to realize or implement the change at the required performance level.

Reinforcement to ensure change sticks.

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A3 Program Template

On-Track
At Risk
Off Track
Complete

Work Streams:

1 – Patient Contact

2 – Open Orders

3 – Intake Training Enhancements

4 – Documentation WIP

5 – Authorization Deferrals

6 – Task Backlog

7 – Revenue Fallout Reports

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Patient Contact

Overall Status

Team

Rebecca Simpson
Becca Windhorst

Ad Hoc Members
Lisa McDaniel
Miranda Peterson
Colleen Reisdorf
JoAnn Arny
Amy Napqezek

Scope

In scope
- Reviewed from Patient Services through Revenue Cycle Management

Out of scope
- Patients with product
- Other Discard reasons
- HCT cancel
- Place of service
- Patient already has device
- Reimbursement denied

Timeline

Estimated Completion: For the last 5 months, discards for Refusals and UTC have continued to peak and valley.

Unable to estimate time of completion until the root problems are identified.

Project Status Updates

Work Stream	Status
A. Miranda Peterson reaching out to AE Scott Soileau regarding his ability to reverse Refusals. • Scott Soileau willing to help. Colleen and Miranda scheduling conference call.	
B. Rebecca Simpson, Colleen Reisdorf and JoAnn Arny meeting with Rebecca Windhorst on 02/20/18 to review report with Refusal Reasons. • Email report out to Ad Hoc Members to trouble shoot.	
C. Ad Hoc Members meet on 02/26/18 to review Refusal reasons as a group. • By AE • By Intake Specialist • Medicare Appeals – COPD • By geographic area • By Specific Medicaid's • Encourage trial when there is a refusal	
D. Identify Refusal Tools for the business. • Possible scripting	
E. Train everybody that can discard an Intake of when to use the 'Refusal' or "UTC" Reason and to add a note. • Job Aid BS02405 has been routed with details going forward with Refusals.	
F. Proposal to add another project to the Yield Overview. Utah Trail conversions when there is a refusal. • Utah CF Centers order trials on all 3 competitor devices. The patient after trail chooses what device they keep.	
Communication Plan • Continue to meet Bi-Weekly with Ad Hoc Members • Schedule time with John Powers to discuss verbiage for Refusals	

Challenges

- Hard to schedule meetings due to everyone's busy schedule
- To date - Refusal notes have not been documented

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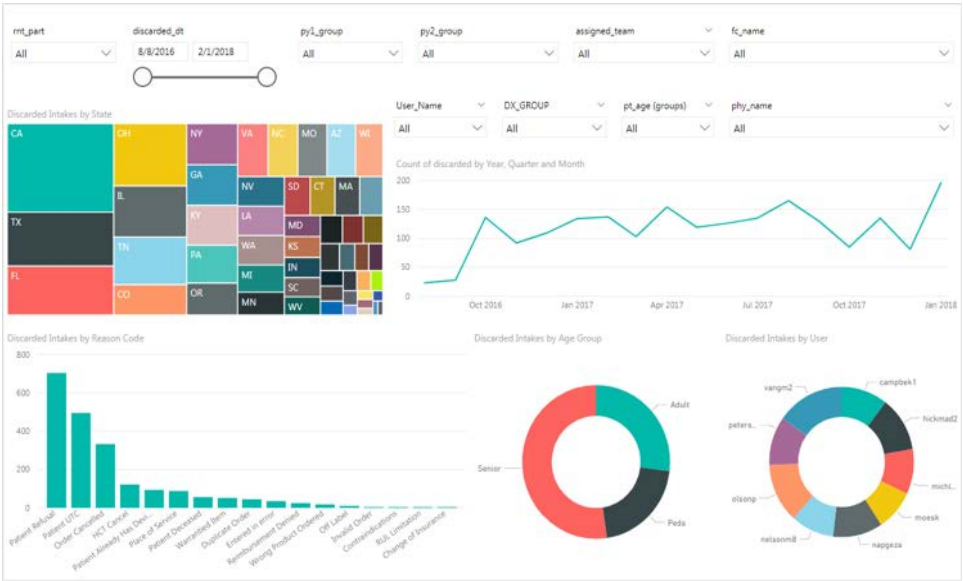
Root Cause Analysis Dashboard Sample



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Thank You

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