



# Lean on Me: A case study on using lean principles in an outpatient mental health setting

Joshua Carlson, MSW, LCSW  
Clinical Supervisor- Family Solutions



# Lean Collaborative

- Teaching Lean principles
- Area not for profit business
- Aimed at capacity building
  - Better use of limited resources
  - Community learning environment

# Lean Collaborative



- Tracy Family Foundation
- Blessing Health System
- John Wood Community College
- 5 Participating organizations



# Lean Collaborative



- TFF Funded the project
- Blessing Health System- provided the trainers
- John Wood Community College provided space
- 5 Participating organizations





# Chaddock Team

- Vice President of Operations
- Associate Director of Quality Assurance
- Associate Director of Finance
- Clinical Supervisor of Family Solutions
- Clinical supervisor of Foster and Adoption Services
  
- Goal- Improve productivity levels at Family Solutions



# Family Solutions

- Chaddock- social services agency in Quincy, IL.
- Family Solutions outpatient program
  - 2 full and 2 part time therapists, 1 AA, and one supervisor
  - 130 clients
  - Providing onsite and offsite services
- Fee for services, Medicaid, EHR

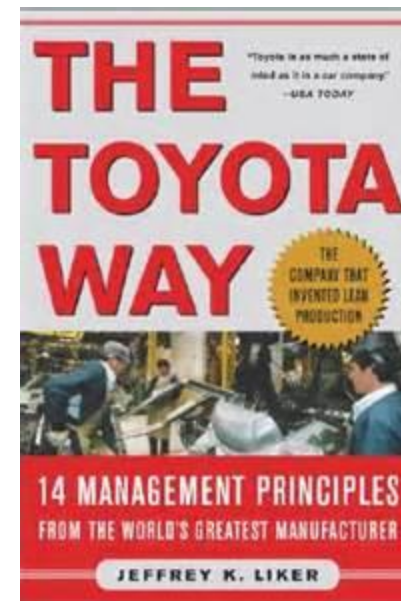
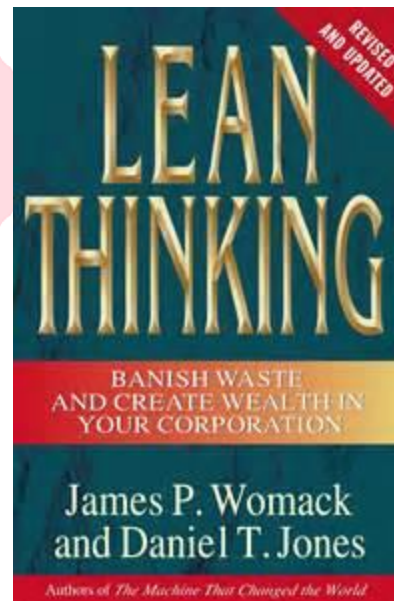


# Family Solutions

- Choosing our project-
  - Participation in leadership academy
  - Improving systems at Family Solutions
  - Increase productivity
  - Become self sustaining

# Lean

## Pre work readings





# Lean

## Lean Six Sigma



Lean is a methodology to implement systematic process improvement

# Key Concepts



# Key Concepts

**Project Proposal A3 Report (What are you talking about?): DATE 8/26/16**

**Project Status: In Progress**

## Background:

What is the perceived problem?:

Not utilizing billable capacity

How do you know it is a problem (evidence and data)?:

Annual billable targets are not being reached

What is not included in this project (out-of-scope)

The referral/intake process and billing accounts receivable process

## Current State:

**PROCESS START POINT: Client arrives**

**PROCESS END POINT: Client returns to reception**

**Step 1:** Client arrives (information gathered calls therapist)

**Step 5:** Next appointment made/billing sheet completed

**Step 2:** Therapist gathers client (billing Starts)

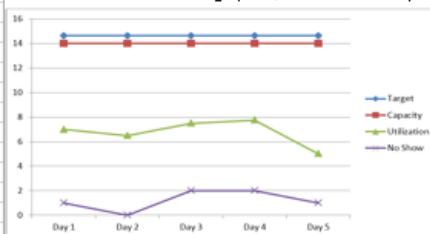
**Step 6:** Gather next client

**Step 3:** Intervention and Collaborative documentation (billing

↑ High Level Process Steps (in order performed) ↑

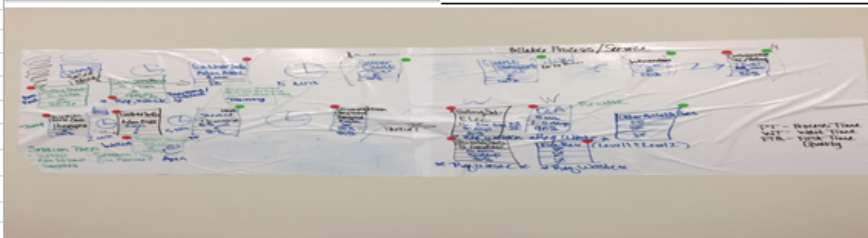
**Step 4:** Client is walked back to the waiting area

Data Place holder for "before graphs" (show the extent of your problem)



**Potential Waste to be Eliminated: (Provide Specific Example)**

- 1) Waiting- time between appointments
- 2) Overproduction- under utilization of therapist capacity
- 3) Rework less than 100% on documentation quality
- 4) Movement- gathering clients/off site(need add value stream)
- 5) Processing (over-processing)- Billing sheets
- 6) Intellect- Therapist doing general office duties
- 7) Inventory- under utilization of therapist capacity
- 8) Transport- movement of therapist



Notes/Comments about the current process and problem:

Identifying non value added work process by therapist and evaluate who else can do them

Do we have enough prescribed capacity

Cancellation/No call/no show rate

## Goals/Objectives:

What is the specific change you want to accomplish now?

Increase prescribed capacity through advertising and community engagement to increase referral sources (Treatment Plans), Increase actual capacity through removal of non value work process (time study value map), Improve data collection of no call no show rates (non billable report), and improve NCNS rates and same day cancellations to single digit %

EXAMPLES:

- 1) Increase prescribed capacity to exceed daily targets by the end of September (fiscal quarter) as evidenced by treatment plans
- 2) Reduce non value added work process by 50% as evidenced by time study
- 3) Increase data collection of same day cancellations and no show to 100% by 8/31

## Analysis:

What is/are the root causes of the problem(s) with the current process?

Are there other contributing factors?

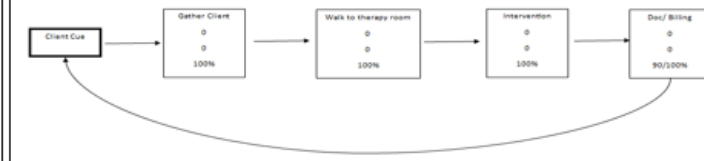
When moving to address the root cause, what requirements, constraints and alternatives need to be considered?

Low prescribed and actual capacity of direct service hours, someday cancellations and no-show appointments with both reducing the utilization of available billable time.

## Recommendations:

What is/are your proposed countermeasure(s)?

Increase marketing, increase community engagement, reducing waste (such as wait time and rework), Reduce cancellation rates and improve client engagement, Improve session documentation, improve billing sheets forward to finance



## Plan:

What activities will be required for implementation and who will be responsible for what and when?

Include implementation plan here.

Include communication plan here. (Change management) **(this section to be completed after training and discussion with your team)**

## Follow-up:

How will we know if the actions have the impact needed?

What remaining issues can be anticipated? **(this section to be completed after training and discussion with your team)**

# Key Concepts

- A3

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# Key Concepts

- A3

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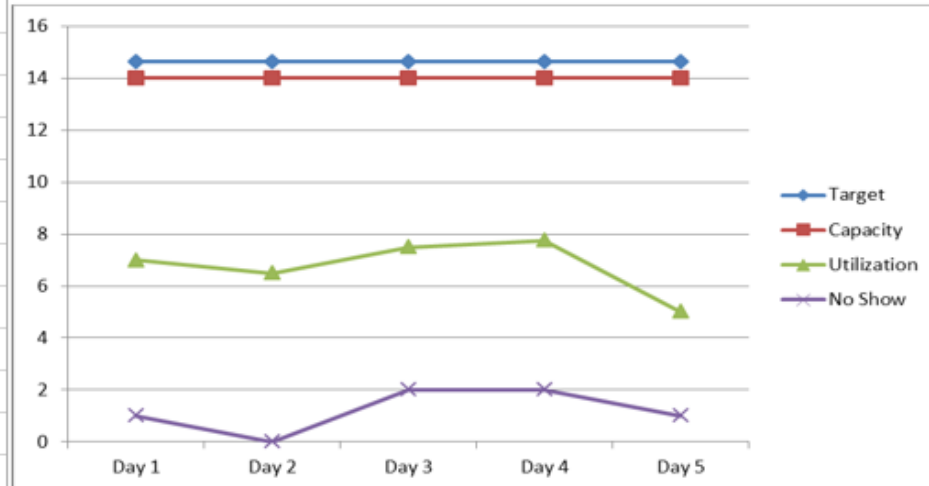


High Level Process Steps (in order performed)



**Step 4:** Client is walked back to the waiting area

Data Place holder for "before graphs" (show the extent of your problem)

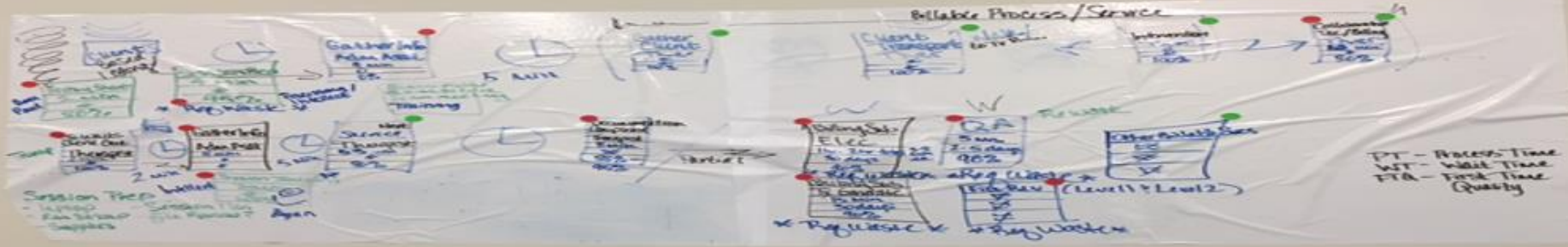


## Potential Waste to be Eliminated: (Provide Specific Example)

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# Key Concepts

- A3



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Do we have enough prescribed capacity

Cancelation /no call no show rate

# Key Concepts

- A3

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# Key Concepts

- A3

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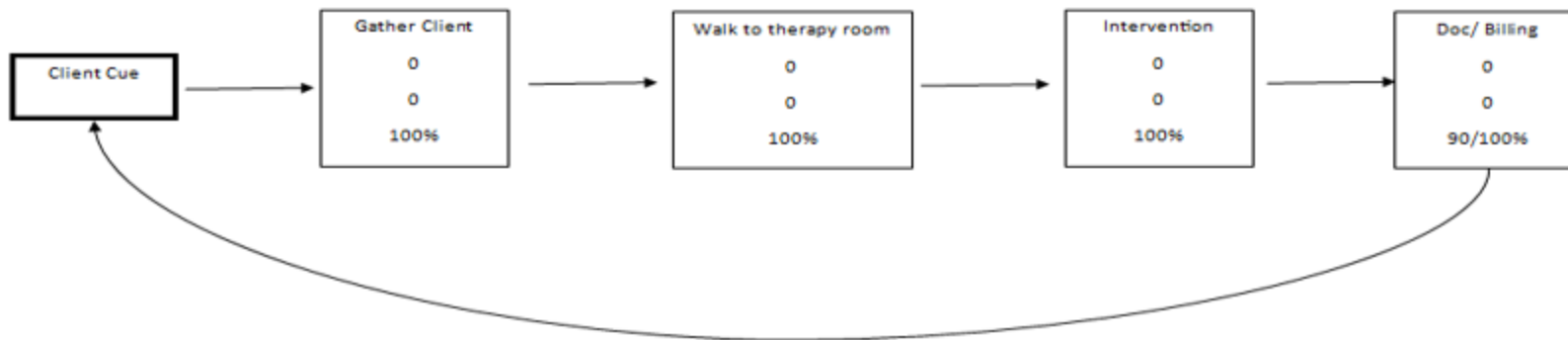
# Key Concepts

- A3

## Recommendations:

What is/are your proposed countermeasure(s)?

Increase marketing, increase community engagement, reducing waste (such as wait time and rework), Reduce cancelation rates and improve client engagement, Improve in-session documentation, improve billing sheets forwarded to finance



# Key Concepts

- A3

## Plan:

What activities will be required for implementation and who will be responsible for what and when?

Include implementation plan here.

Include communication plan here. (Change management) **(this section to be completed after training and discussion with your team)**

# Key Concepts

#	Action Item (what is the plan)	Who? (one name only)	Start Date (When)	Current Due Date (When)	Original Due Date (When)	Updates/Notes (details on what has been done accomplished)	Item Complete
1	Time study to identify non value added steps.	Josh	8/22/16	10/28/16	10/24/16	Will be tracked through the end of October	
2	Complete 5-S on therapy rooms & storage supply	Josh	8/29/16	9/30/16	9/16/2016	<b>Will schedule conference with Ryan on 5S.</b>	
3	Complete 5-S on Adm. Asst. area Use Visual Management	Josh	8/29/16	9/30/16	9/16/2016	worked on organizing 09/02/16. still to do visual management.	
4	E-mail Flex regarding non Medicaid billing	Matt	8/29/16	9/2/16	9/2/2016	e-mailed and received a response by 08/31/16.	C
5	Meet with clinical department regarding reallocating and having training in summer months.	Josh	8/29/16	9/21/16	9/6/2016	to be added to training by mid to late August per HR (as of 6/4/16) JC: meet with Cassie D on 8/31 to let her know about coming proposal	
6	Create a purposal on how to allocate	Josh	8/29/16	10/15/16	10/15/2016		

**CHADDOCK**

**Current Date:**

**9/15/16**

**Red:** (Overdue items)

**Yellow:** (Due within two weeks)

**Green:** (completed items)

**ACTION PLAN:  
Family Solutions**

**Team Sponsor:**

Lean Pilot

**Project Lead:**

J. Carlson

**Action Plan Title:**

Outpatient

**Team Members:**

J. Carlson, A. Nagy, M. Obert, E. Griggs, K.Nelson, Family Solutions team.

# Key Concepts

- A3

## Follow-up:

How will we know if the actions have the impact needed?

What remaining issues can be anticipated? (this section to be completed after training and discussion with your team)

# Key Concepts

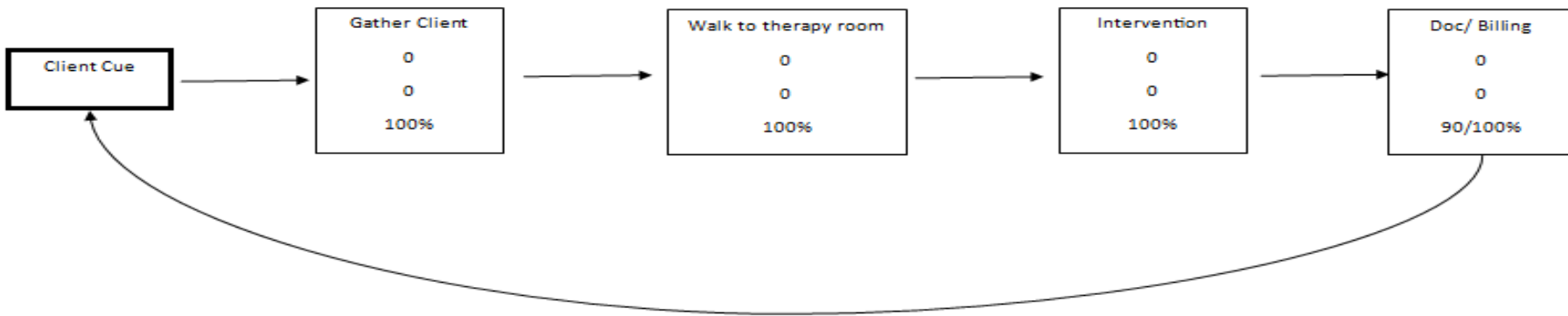
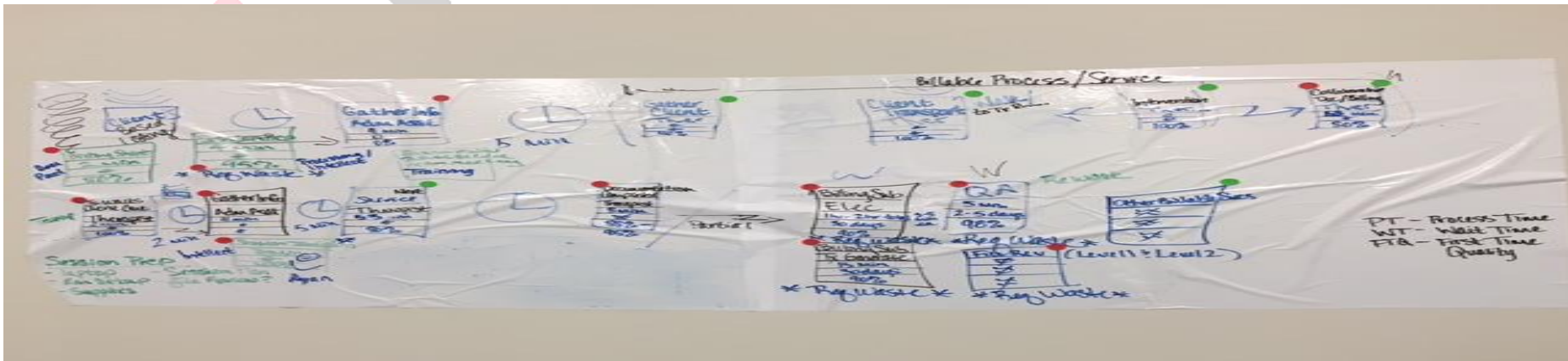
## Lean Principles



- Value Stream
  - Value added
  - Non value added

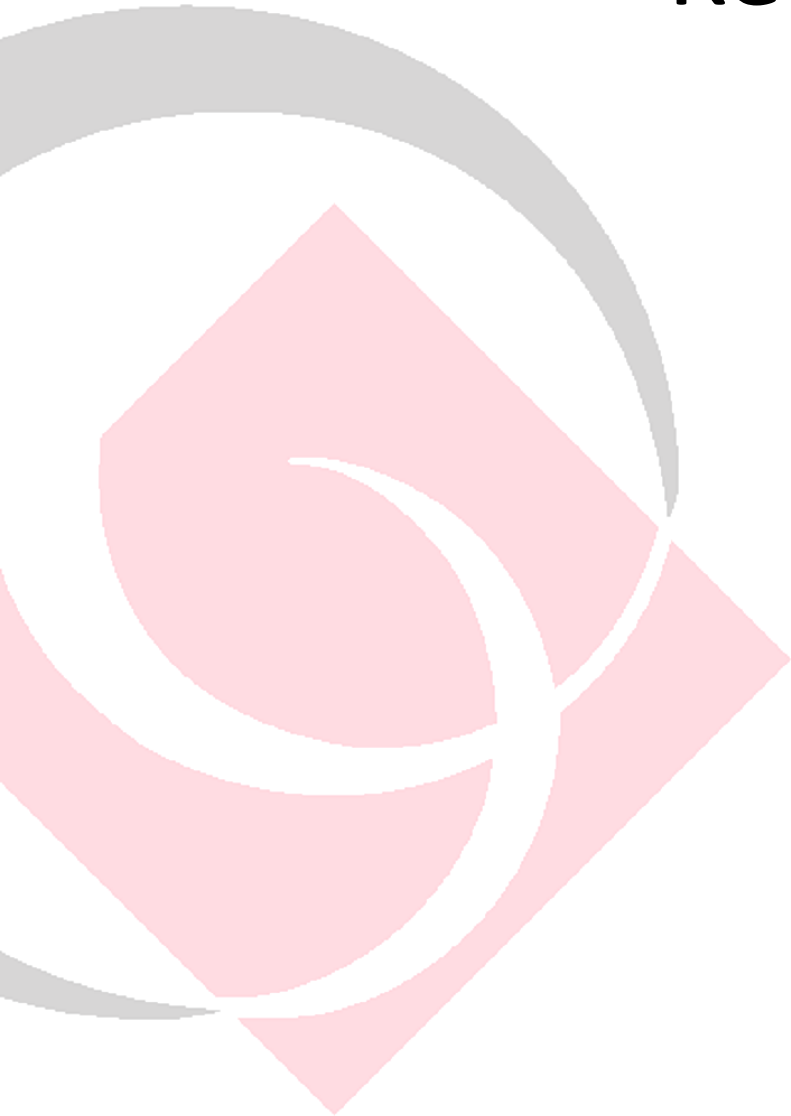
# Key Concepts

- The Race Track



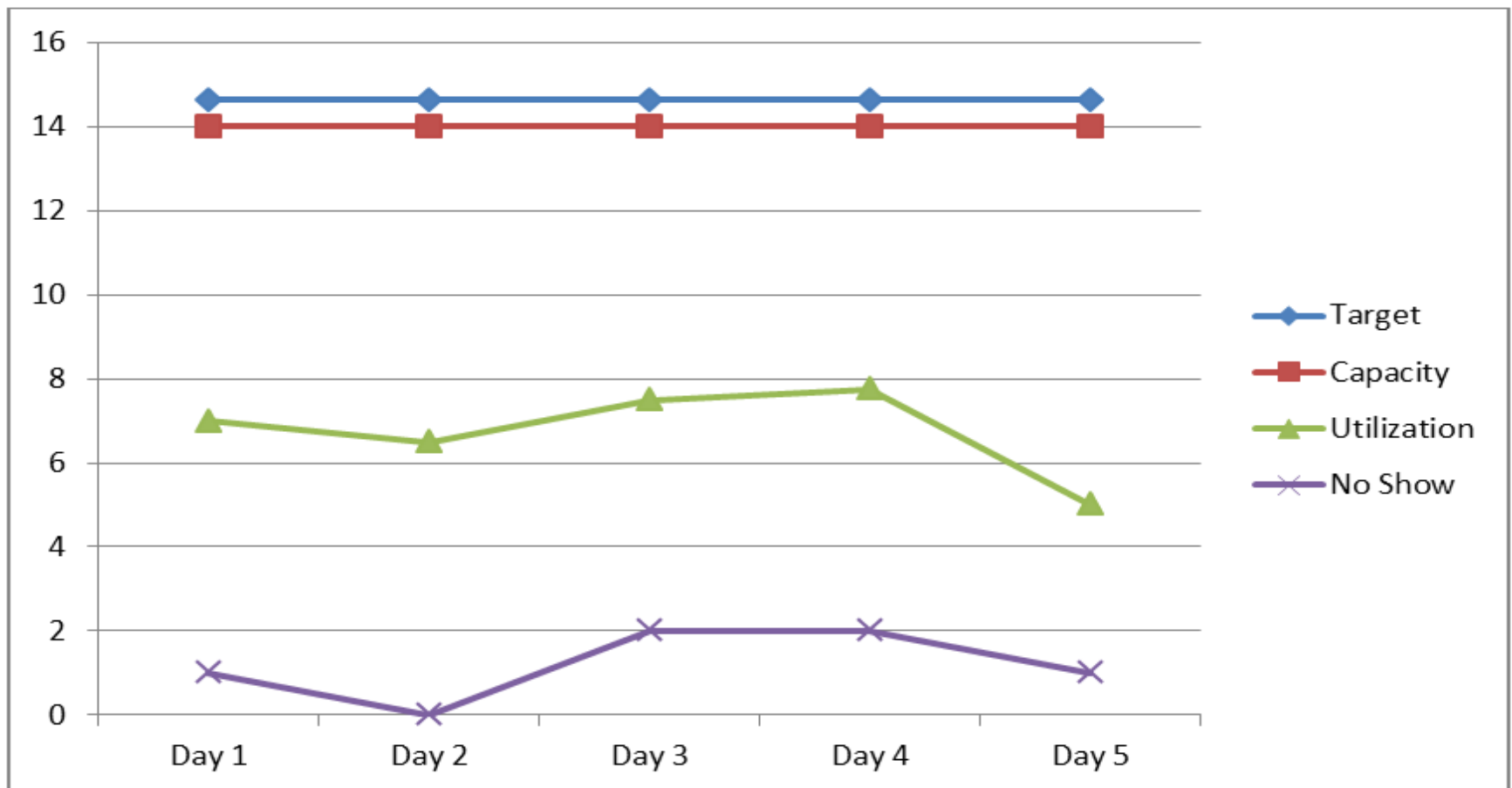
# Key Concepts

- Data
  - Quantitative data
    - Target
    - Productivity
    - Capacity
    - Utilization
    - Cancellation/NS rate
  - Qualitative data
    - Focus group
    - Waiting room observation
    - Time study



# Key Concepts

- Quantitative



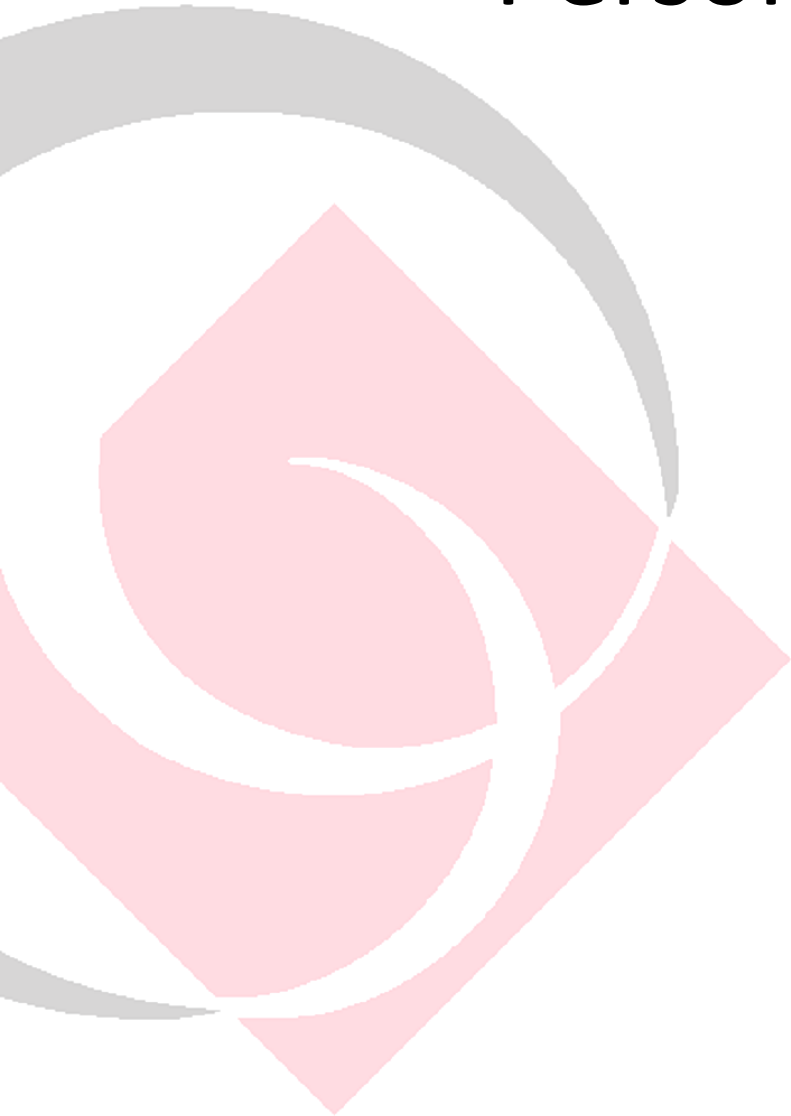


# Key Concepts

- Qualitative

A	B	C	D	E	F	G	H	I	J	K
Week 1 1/2/17-1/6/17	Hours in session	Clinical Paperwork/ Notes	Calls/ Emails	Supervision/ Meetings	Training/ Testing	Travel	Prep	Other/ Lunch	Total Hours	Time not included
Therapist										
	13.5	10.75	1.75	2.5	0	2	1	5	36.5	Off on Monday for holiday
	13.75	9.75	1.75	4.5	0	4.25	2.75	2	38.75	Off on Monday for holiday

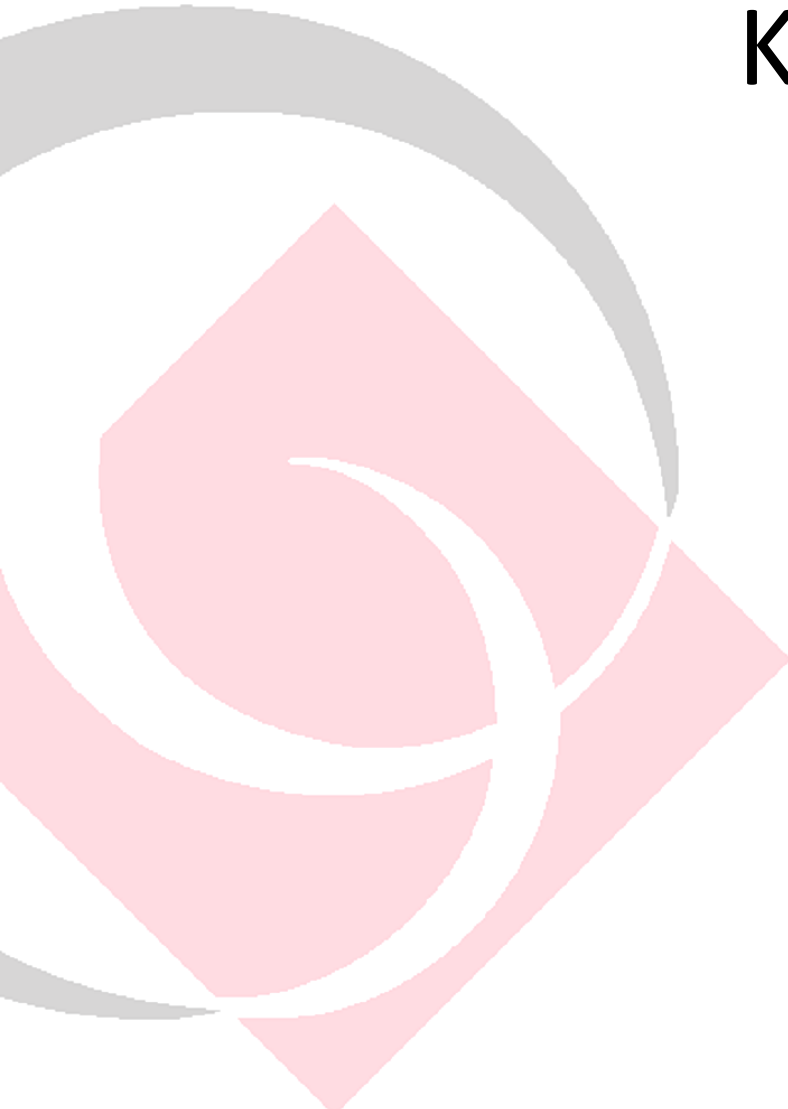
# Personal Revelations



- Supply and demand
  - Training
  - Staffing patterns
- Perishable
  - Therapist time
- Conceptual Variables
  - Abstract concept
- Operationalize
  - Finding ways to quantify these variables
- Internal stakeholders
- External stakeholders

# Key Concepts

- Muda





# Key Concepts

- Muda
  1. Value added
  2. Required waste
  3. Pure waste
- Finding the root cause can lead to corrective action
- Courage to call it waste

# Key Concepts





# Key Concepts

- Muda or Waste
  1. Waiting
  2. Over production
  3. Rework
  4. Motion
  5. Processing
  6. Inventory
  7. Intellect
  8. Transportation



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# Key Concepts

- Muda or Waste

## **1. Waiting**

Signature activity





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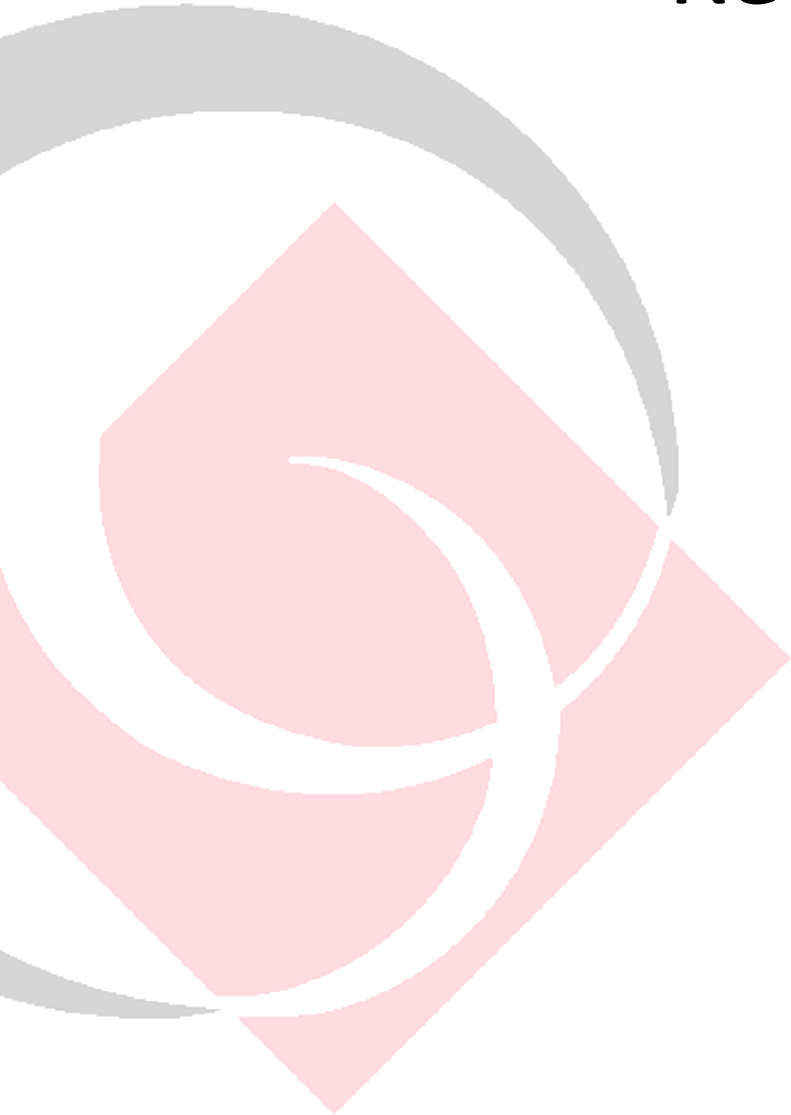


# Key Concepts

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  - 8. Transportation**

# Key Concepts

- Visual Management
  - Visual tools make situations stand out quickly
  - Problem solving ability by all staff
  - Address problems immediately
  - Create a culture where problems are addressed





# Key Concepts

- Visual Management

**Family Jobs**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Photo]	Wash dishes + clean	Wash car + vacuum	Wash car + vacuum	Wash car + vacuum	Wash car + vacuum	Wash car + vacuum
[Photo]	Wash dishes + clean	Wash car + vacuum	Wash car + vacuum	Wash car + vacuum	Wash car + vacuum	Wash car + vacuum
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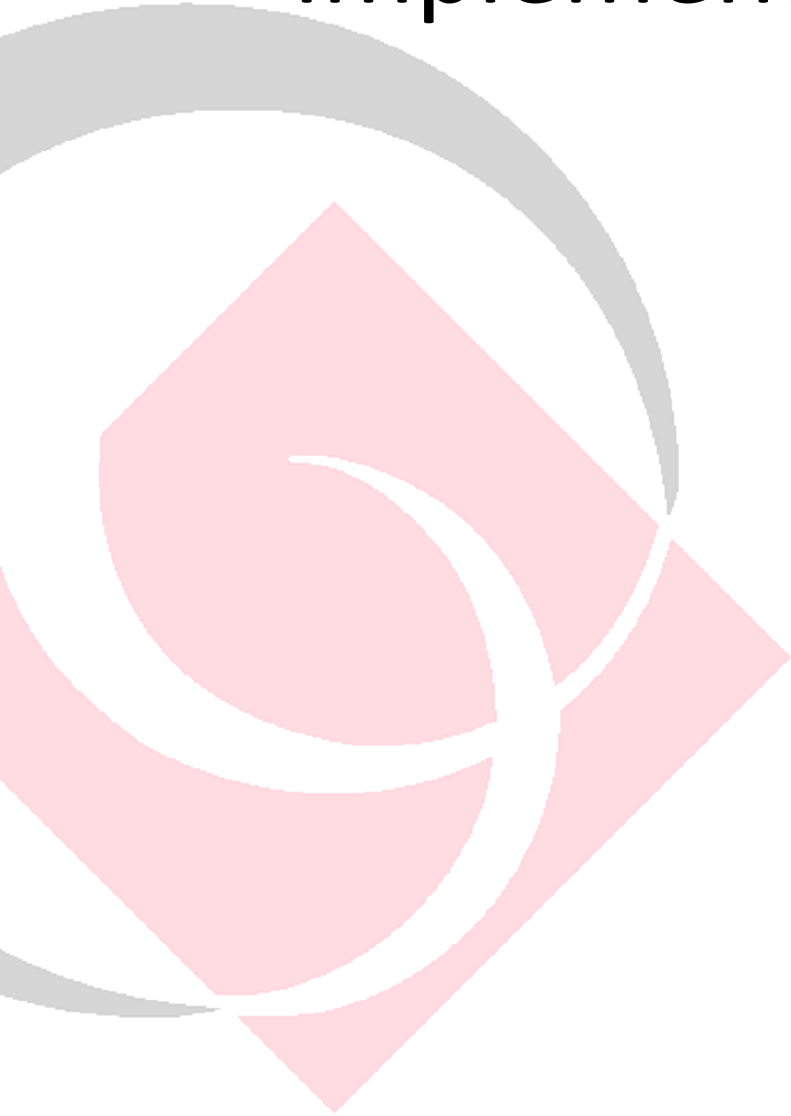
# Key Concepts



- 5S
  - Office supplies
  - Theraplay supplies

# Implementing and Sustaining

- Collaborative Documentation/EHR
- Inclusive Leadership
- Supervision



# Implementing and Sustaining



- Collaborative Documentation/EHR

# Implementing and Sustaining

## KEY LEADERSHIP BEHAVIORS

### Four Leadership Attributions That Link to Inclusion

#### EMPOWERMENT

You enable direct reports to develop and excel.

#### HUMILITY

You admit mistakes; you accept and learn from criticism and different points of view; you seek contributions of others to overcome limitations.



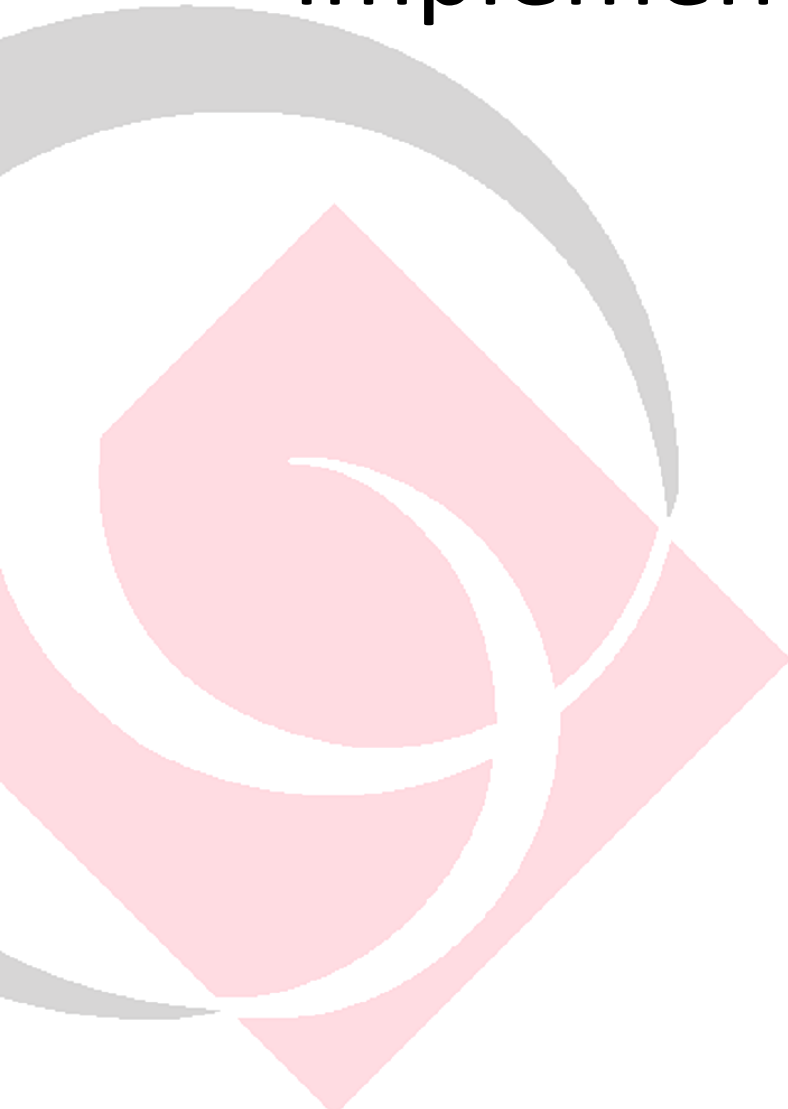
#### ACCOUNTABILITY

You demonstrate confidence in direct reports by holding them responsible for performance they can control.

#### COURAGE

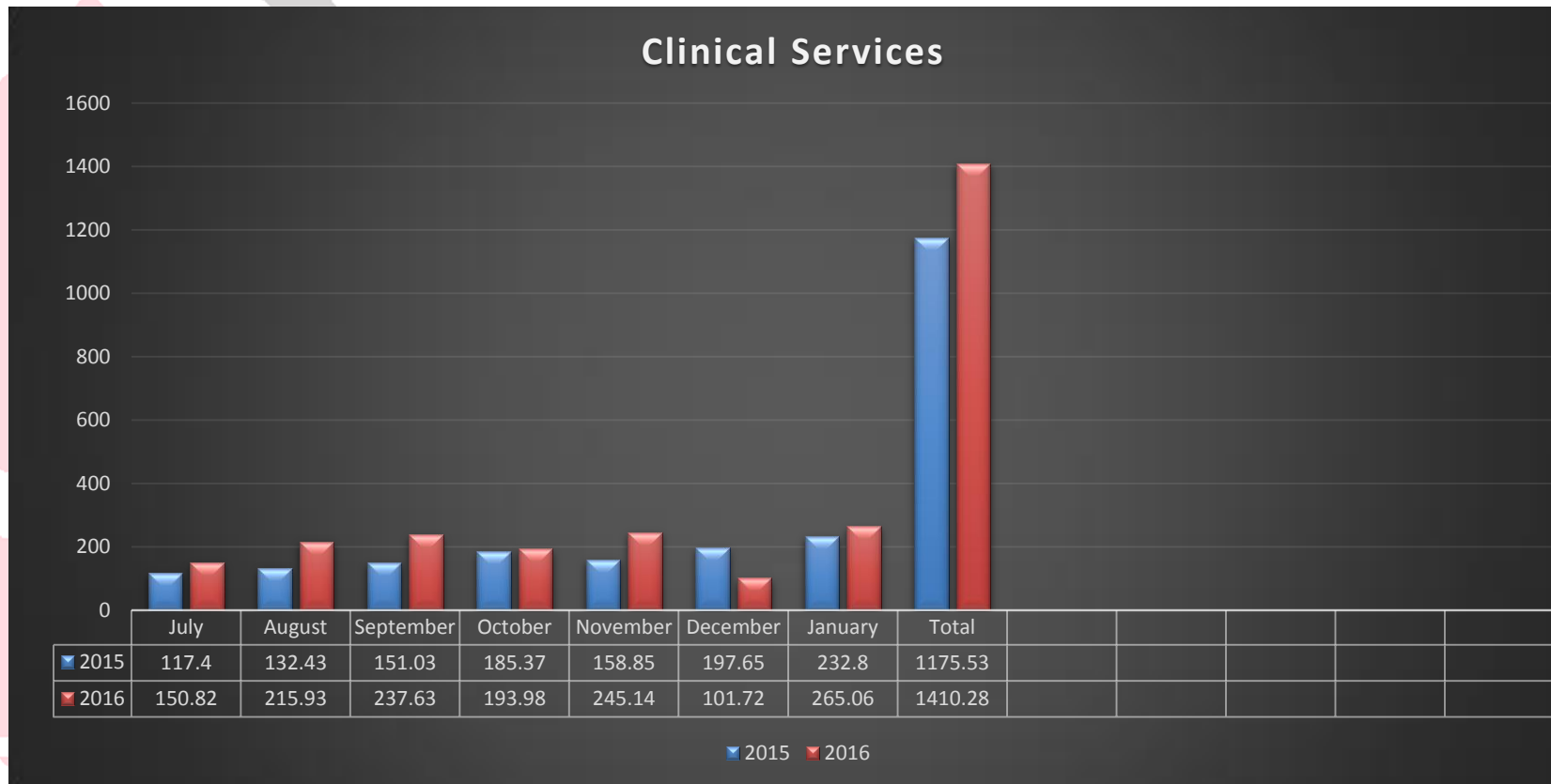
You put personal interests aside to achieve what needs to be done; you act on convictions and principles even when it requires personal risk-taking.

# Implementing and Sustaining

- 
- Clinical supervision
  - Team Meeting
  - Consultation
    - Communicate the purpose
    - Communicate mutual goals
    - Use SMART goals

# Outcomes

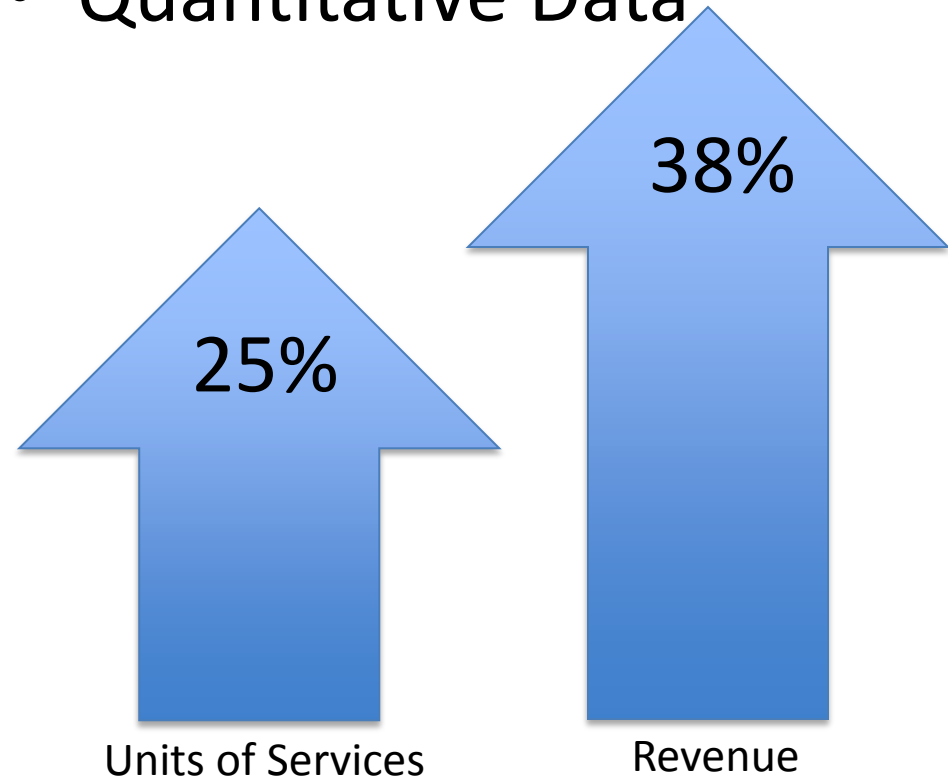
- Quantitative Data





# Outcomes

- Quantitative Data



# Outcomes

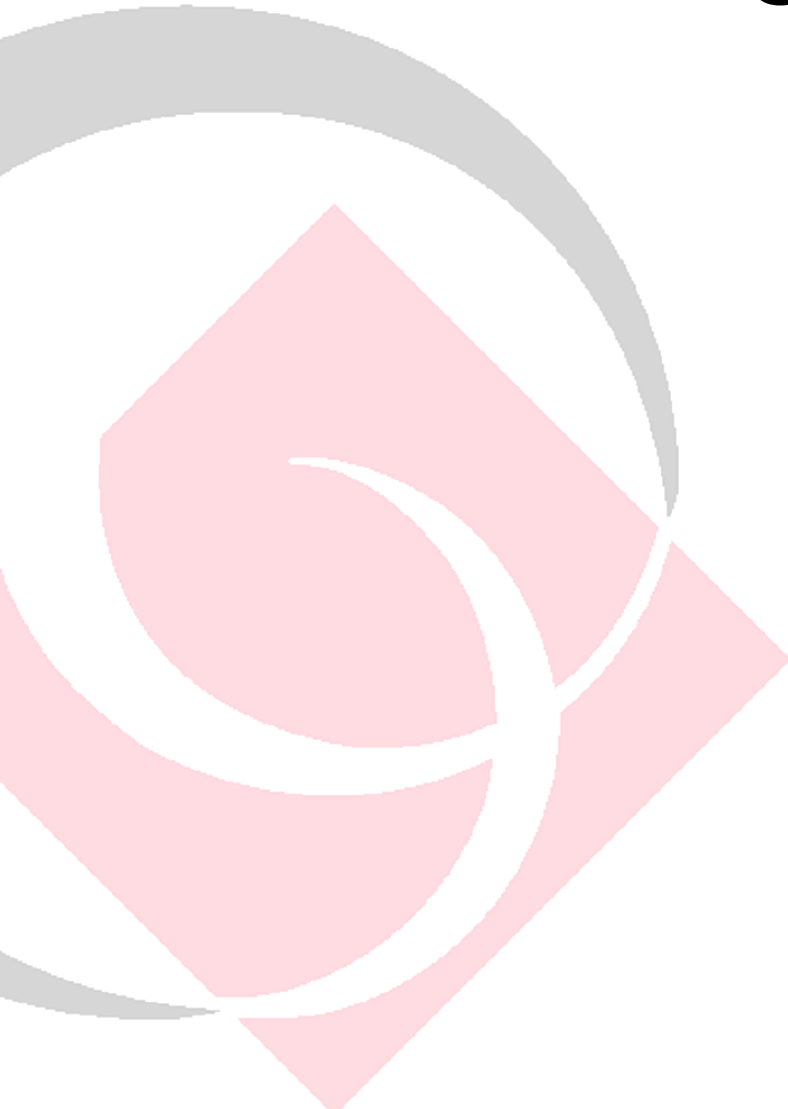
- Quantitative Data

Fulltime Staff

11%

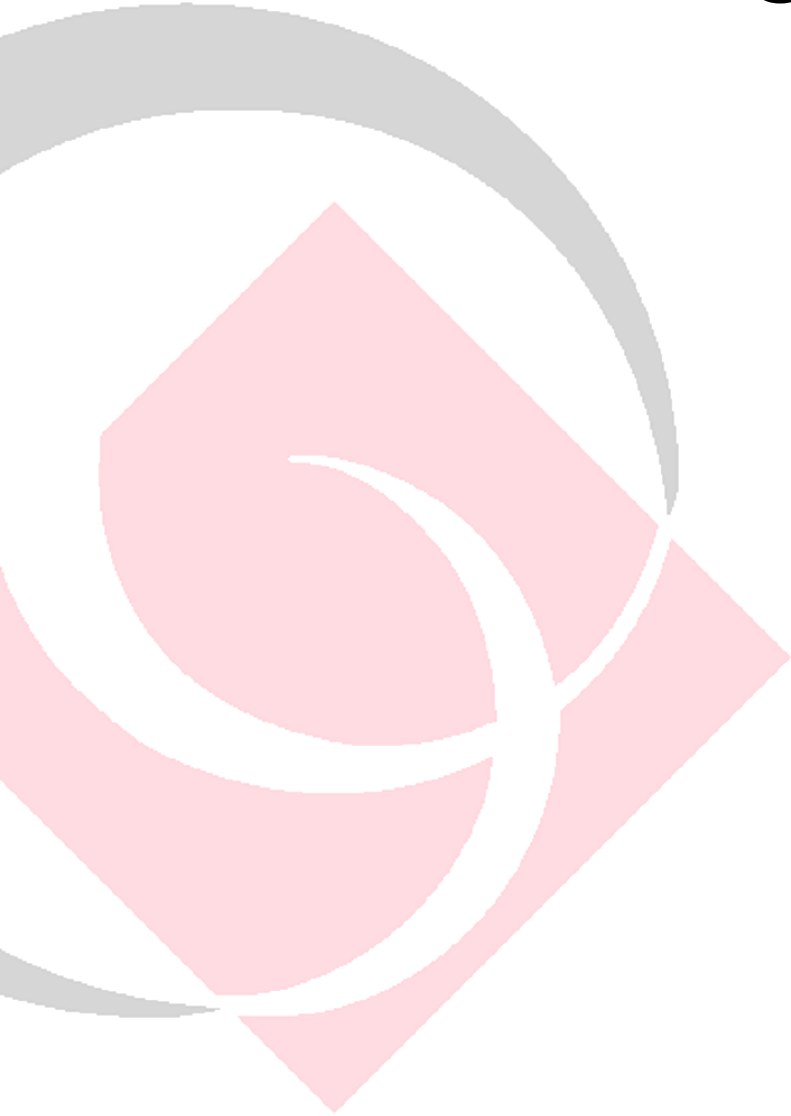
Part time Staff

16%

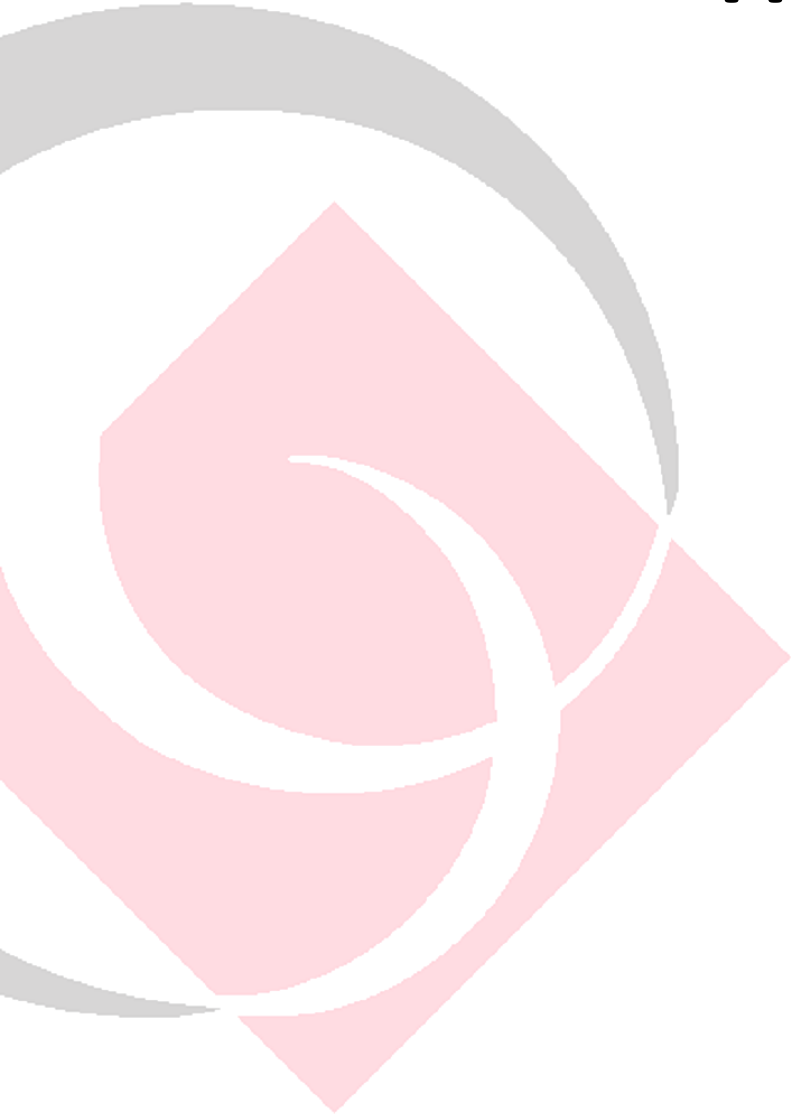


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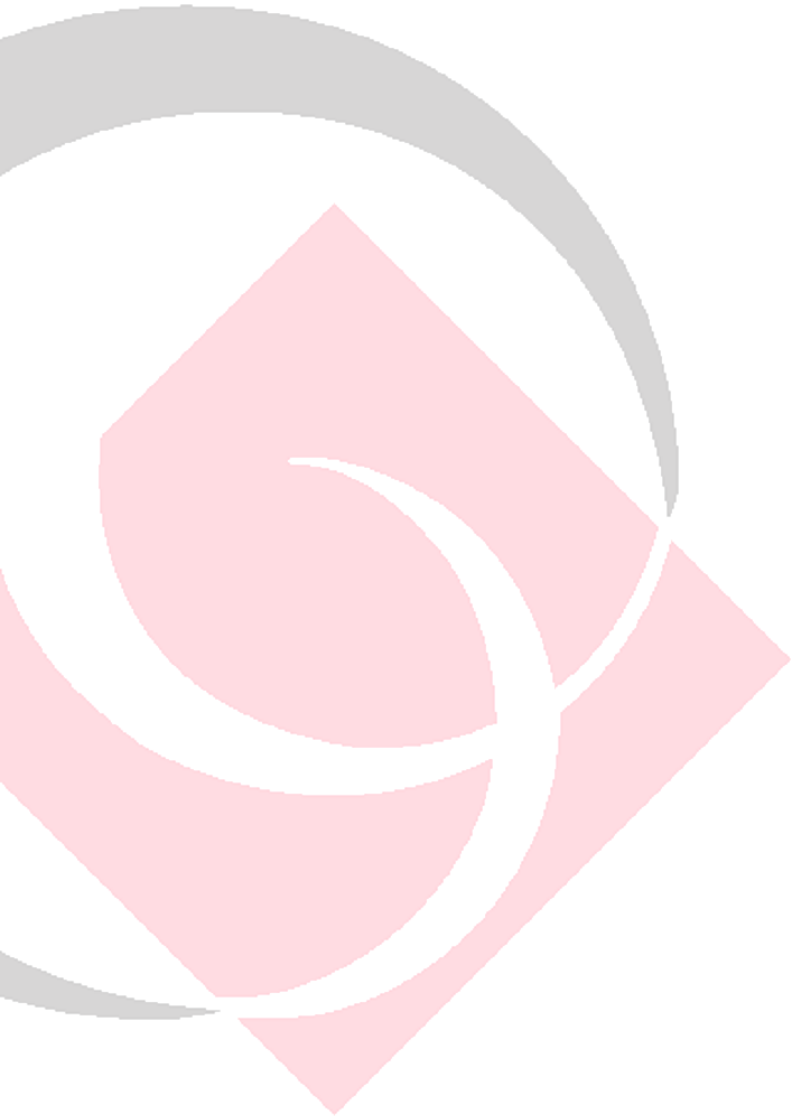
- Qualitative Data
- It made our jobs doable
- Things are more efficient
- I'm not as stressed
- All staff indicated that they felt moral has improved



# What's next



- Chaddock selected for another project
- Invitation for additional training
- Working towards becoming a certified Lean Coach



*“A Leader is one that gets results by maximizing resources.”*

-Tony Robbins

# Reading List

Womack, J. P., & Jones, D. T. (2010).

*Lean thinking: banish waste and create wealth in your corporation.* Simon and Schuster.

Liker, J. K. (2004). *The toyota way.* Esensi.



Thank you.

Family Solutions

Joshua Carlson, MSW, LCSW

Clinical Supervisor-

Family Solutions

217-223-7516

[jcarlson@chaddock.org](mailto:jcarlson@chaddock.org)

Connect with me on

LinkedIn at

[linkedin.com/in/joshcarlson9987](https://www.linkedin.com/in/joshcarlson9987)