



# LEAN Basics (Toyota Production System)

Basic concepts for continuous improvement

## Module 2

Online or single module version  
Approximate time to complete: 30 minutes

Updated: January 2016



# COURSE INFORMATION

**Title:** LEAN Basics – Module 2: Basic Concepts for Continuous Improvement

**Target Audience:** Sharp HealthCare affiliated physicians, pharmacists, and other healthcare providers interested in continuous process improvement

**Educational Objectives:** Following this activity, learners should be able to:

- Identify the different types of waste
- Discuss the value in looking for waste
- Outline your role in a Daily Huddle
- Eliminate waste from your work

**Principal Faculty:** *Kathy Summers*  
Director, Six Sigma Black Belt  
Sharp HealthCare

**Accreditation:** Sharp HealthCare is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**CME Credit:** Sharp Healthcare designates this internet enduring activity for a maximum of **.5 AMA PRA Category 1 Credits™** after successful completion of the module with a minimum passing score of **100%**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**CA Nurse Credit:** The California Board of Registered Nursing recognizes the use of Category I Continuing Medical Education credit toward credit contact hours. Report "ACCME Category 1 Credit" as the BRN Number. No BRN slip will be given.

**Accreditation:** Sharp Healthcare is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

**CPE Credit:** Sharp HealthCare designates this live **knowledge** activity for a maximum of **.5** contact hours . Partial credit will not be awarded.  
**UAN:** 0571-0000-016-019-H04-P or 0571-0000-016-019-H04-P

**Cultural and Linguistic Competency:** This activity is in compliance with California Assembly Bill 1195 which requires that all CME activities comprising a patient care element include curriculum addressing the topic of cultural and linguistic competency. The intent of this bill is to ensure that health care professionals are able to meet the cultural and linguistic concerns of diverse patient population through effective and appropriate professional development. Cultural and linguistic competency was incorporated into the planning of this activity.

**Type of Activity:** Internet Enduring Material with learning assessment and evaluation

**Release Date:** June 1, 2016

**Termination Date:** June 1, 2017



**Requirements:** Must pass learning assessment with 100% and complete evaluation to receive CME/CPE credit. **Estimated completion time:** 30 minutes

**Hardware/Software Requirements:** OS that supports modern web browser; Browser: IE 11; Google Chrome version 4 or higher; Safari version 10.8 or higher

**Contact Information:** Sharp HealthCare CME at [cme@sharp.com](mailto:cme@sharp.com)

**Tuition:** None

**Commercial Support:** None

# DISCLOSURE



**DISCLOSURE:** As an organization accredited by the ACCME, Sharp HealthCare requires everyone who is in a position to control the content of an education activity to disclose all relevant financial relationships with any commercial interest. The ACCME defines "relevant financial relationships" as financial relationships in any amount, occurring within the past 12 months, including financial relationships of a spouse or life partner, that could create a conflict of interest. Any individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

Sharp HealthCare, encourages faculty to identify investigational products or off-label uses of products regulated by the US Food and Drug Administration, at first mention and where appropriate in the content.

***Kathy Summers and the members of the planning committee have no relevant financial relationships to disclose.***

**ASSEMBLY BILL 1195:** As an accredited provider, Sharp HealthCare is required to comply with California Assembly Bill 1195, which states that all CME activities must address cultural or linguistic competency. At a minimum, cultural competency is recommended to include:

- Applying linguistic skills to communicate effectively with the target population.
- Utilizing cultural information to establish therapeutic relationships.
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment.
- Understanding and applying cultural and ethnic data to the process of clinical care.

## Interested in receiving Continuing Education Credits?

Nurses and Pharmacists – Use  
**Learning Center**

**CME Portal** is for  
**Physicians ONLY**

Nurses will be awarded  
credits via the Learning  
Center.

Pharmacist credit will be  
addressed by the CME  
Department.

## Physicians– Use **CME Portal**

1. Complete the Test/Quiz
2. Complete the Course Evaluation
3. CME Portal will generate a certificate for you – save for your records
4. CME credits will also be noted on your transcript

## QUESTIONS?

Contact Heather Clemons, CME Department  
(858) 499-3518

[heather.clemons@sharp.com](mailto:heather.clemons@sharp.com)

# Are you interested in receiving Continuing Education Credits?

## Nurses or Pharmacists:

### If you're in the Learning Center:

- Complete the Test/Quiz
- Print your completion certificate and send to **within 30 days** of completion:  
  
Heather Clemons  
Lead CME Associate  
[heather.clemons@sharp.com](mailto:heather.clemons@sharp.com)
- Upon receipt of certificate you will be sent a link to complete a course evaluation and CME/CPE credits will be awarded to CME Portal

## Physicians **ONLY**:

### If you're in the CME Portal

- Complete the Test/Quiz
- Complete the Course Evaluation
- CME Portal will generate a certificate for you – save for your records
- CME/CPE credits will also be noted on your transcript

**CME Portal for Physicians ONLY**

# Leading Performance Excellence

## Lean Six Sigma basics for every leader



### White Belt

#### #1 Introduction

LSS awareness, roles and responsibilities

#### #2 LEAN Basics

How we eliminate waste in our work

#### #3 A3 Daily Problem Solving

Reporting tool for resolving daily issues / defects

#### #4 Team and Meeting Facilitation

How we collaborate and engage talent



### Yellow Belt

#### #5 Change Management

Assuring acceptance and accountability

#### #6 Project Management

Managing time and resources for continuous improvement

#### #7,8,9 DMAIC

'Six Sigma' How we reduce variation and Defects

#### #10 LEAN Thinking and Intermediate A3 Skills

How we eliminate waste and create flow

#### Yellow Belt Workshop

Hands on use of the tools and concepts





# Objectives

At the conclusion of this module, participants should be able to:

Identify the different types of waste

Discuss the value in looking for waste

Outline your role in a Daily Huddle

Eliminate waste from your work



# Reflection

## The Saying of Shigeo Shingo

Master of Japanese improvements Toyota Production Systems

**“Most people will get rid of waste once they see it.  
It’s the waste we don’t see that robs us!”**





# You are important!

A LEAN perspective regarding front line staff



Sharp understands that you add “value” to the patient experience.

It is the “waste” in our processes that threatens our ability to be:

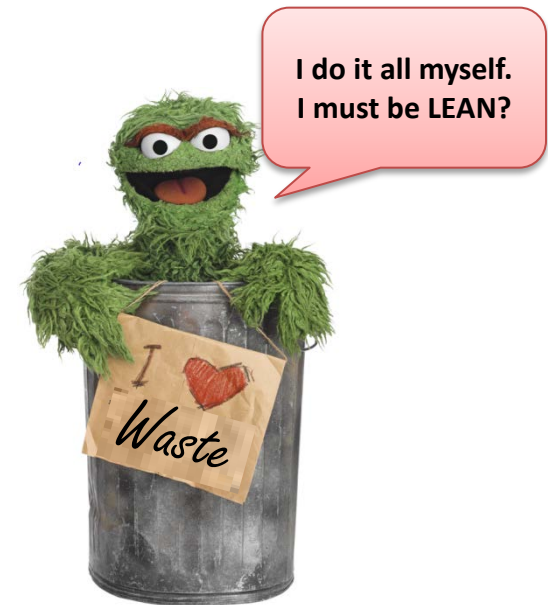
- The best place to work
- The best place to practice medicine
- The best place to receive care



# Waste

In LEAN we learn how to open our eyes to the waste that exists in our daily work. We broaden our understanding of waste by defining waste as any activity that does not benefit our customer.

It is through the elimination of waste that we become LEAN. This is contrary to the misconception that LEAN means to do with little or few resources.



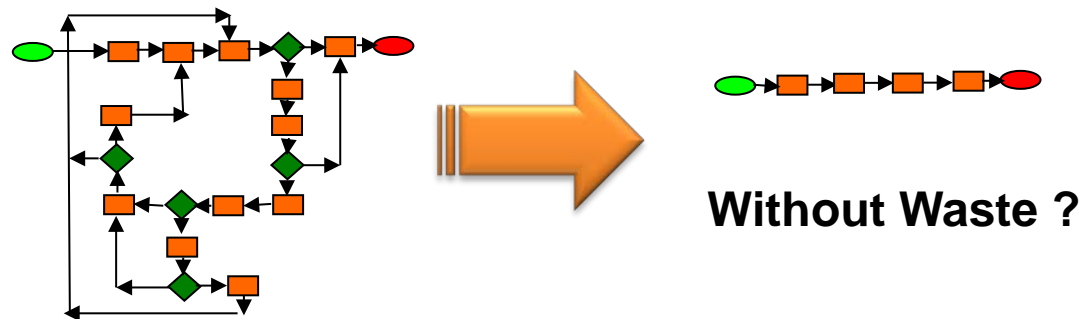
# What would work be like without Waste?



Take a moment to think about a daily task at work. Then take a closer look through the eyes of the patient.

We have found that easily 70% to 80% of our processes are what the patient may call non-value added activities, or waste.

In other words, through the eyes of our patients we perform many activities that are of little or no value to them.



# Waste is not a criticism of people



It describes elements of a process that do not add value  
from the customer's perspective

# Eliminate Waste Video With sound



Video link coming soon – video file can be sent  
by request to [heather.clemons@sharp.com](mailto:heather.clemons@sharp.com)



# 8 Wastes or “Muda” Defined

## 1) Defects

- Not doing something right the first time

## 2) Transportation

- Unnecessary transportation of documents, material, or patients from one place to another

## 3) Searching

- Looking for supplies, people, or equipment to complete a task

## 4) Inventory

- More than is required for the task

## 5) Movement

- Movement of people that does not add value

## 6) Excessive Processing

- Activities that do not add value from the patient/customer perspective

## 7) Waiting

- Idle time created when people, information, equipment or materials are not at hand

## 8) Confusion

- Not knowing how to do the work; not knowing if the previous step is complete; not knowing the next step

# 8 Deadly Wastes Exercise!

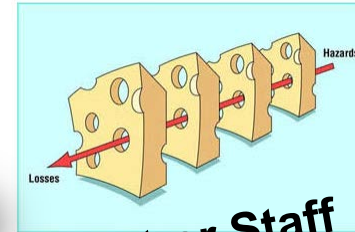
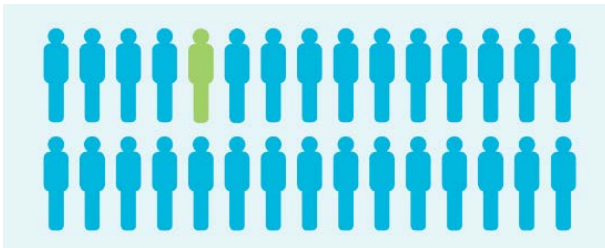
For each Waste, read the example  
and think of waste where you work

**Transportation:** Sending specimens across town



# 8 Deadly Wastes Exercise!

**Defects:** Removing the wrong kidney



**Patient or Staff  
Safety Issues**



**Overproduction:** Order tests just in case the MD wants it





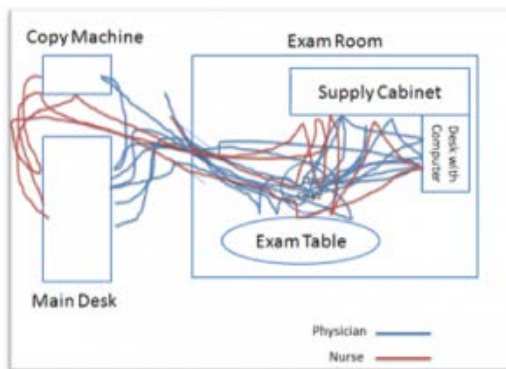
# 8 Deadly Wastes Exercise!



**Inventories:** A drawer stuffed with a year supply of band aids



**Movement:** Looking for face shields, the chart, the machine...



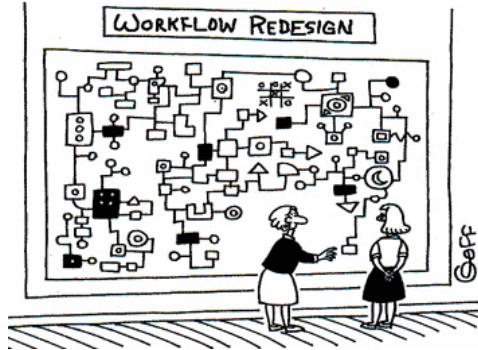
= Delays



# 8 Deadly Wastes Exercise!



**Excessive Processing:** Being asked the same questions 4 times



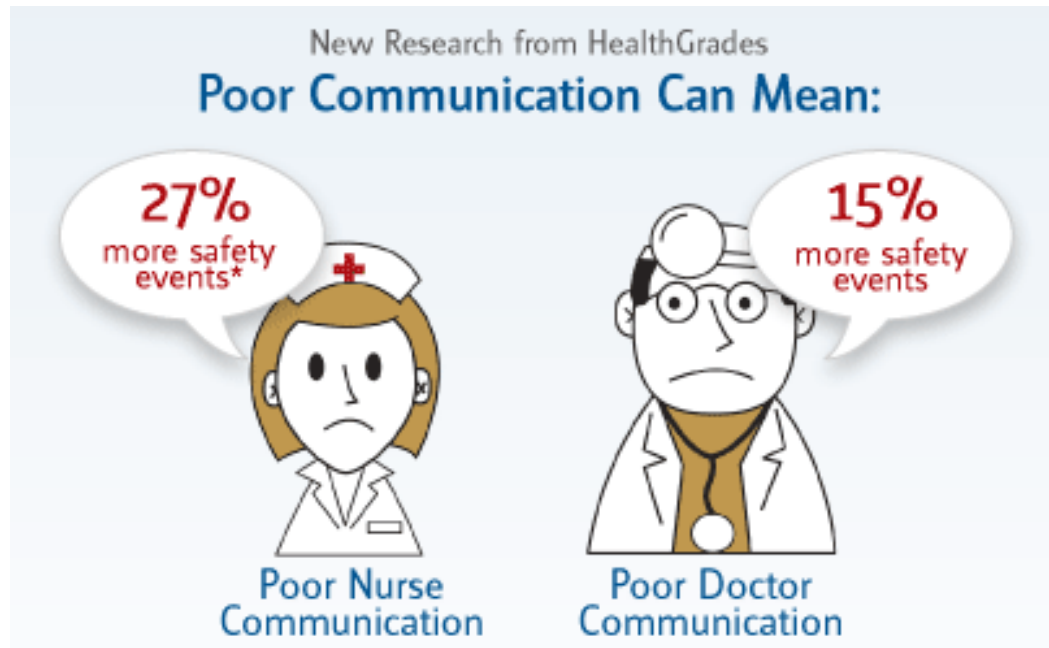
**Waiting:** None of that in Healthcare, right?



# 8 Deadly Wastes Exercise!

**Confusion:** Not knowing what is going on or assuming you do!

Added for Healthcare



# Going to the Gemba



**Definition of Gemba:** The place where the work gets done.

It is not until you get out from behind this computer or get out of the meeting room and into where the action is that you can see all the waste around you.

What  
Gorilla?



When you understand Lean,  
You no longer can tolerate waste!



# Daily Wastes causes us to:

- *Encounter safety issues*
- *Spend less quality time with our patients*
- *Take longer to do our work*
- *Be more stressful*
- *Find work arounds*
- *Encounter safety issues...*

**Okay! I See Waste!  
Now What?**

**What can you  
do to eliminate it?**



You will recognize waste through deliberate observation or encountered when doing your work.

- Is this a just-do-it opportunity?
  - Get what you need
  - Can it be fixed now?
- Bring it up at your department's Daily Huddle!
  - Is this a frequent issue?
  - Is someone working on eliminating the waste (issue)?
- Can you solve it using the A3 problem solving method?
  - Module 3 is about A3 problem solving





# Go on a Waste Walk



Use the worksheet from this link [HERE](#) and go for a walk in the Gemba. Identify waste and find ways to eliminate it.

- Walk the process
  - Observe a process from beginning to end
- Or stand and observe work being done
  - Observe a particular work area

Tip: Observe with

- Big Eyes
- Big Ears
- Little Mouth

A worksheet titled "Waste Walk Notes" with a small Lean Six Sigma logo in the top right corner. It contains fields for "Location:", "Date:", and "Observation By:". Below these are eight numbered items describing types of waste:

- 1) Defects: Not doing something right the first time
- 2) Transportation: Unnecessary transportation of documents, material, or patients from one place to another
- 3) Searching: Looking for supplies, people, or equipment to complete a task
- 4) Inventory: More than is required for the task
- 5) Movement: Movement of people that does not add value
- 6) Excessive Processing: Activities that do not add value from the patient/customer perspective
- 7) Waiting: Idle time created when people, information, equipment or materials are not at hand
- 8) Confusion: Not knowing how to do the work; not knowing if the previous step is complete; not knowing the next step

# Next Steps:

- Complete the Module 2 quiz.
- Print the “Waste Walk” worksheet.
- Determine with your leader how much time you should spend observing your area for waste. (15-60 minutes)
- Complete the Waste Walk and review with your leader.

