

7-1-2010

## Bend the Curve CIP-News - July, 2010

Bend the Curve Continuous Improvement Practitioners

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## The state of the state

— Walter E. Lowell



*"We need to look at the American people and explain to them that we're broke" <sup>1</sup>*

So what do we not do now?

Laud the good senator for his honesty?

Among politicians certainly something to encourage.

He no doubt hopes that the American people forget by November about how we got here.

Particularly all the votes cast to get us to this point.

But when we are all to blame for getting here,

Blaming is no longer an option and never productive.

History will provide us the answers long after we are gone.

Nonetheless, there is much to reckon with in the present.

Unemployment up.

The housing market down despite lower housing prices and mortgages interest rates.

Americans saving more and spending less which means fewer customers, fewer sales.

And fewer jobs.

Thirty-one states with budget deficits.

And the other 19?

Well, we here at *CI-P News* are not too sure and, given the times, we wonder if they are either.

The government is taking over banking, automobile, and healthcare industries.

Folks delaying retirement because of fears that pension funds will not be there.

Young folks with huge debts graduating from college into a job market that offers little opportunity.

The other day I saw a gathering in Capitol Park. Lots of people walking around with signs and waving flags. I was too far away to hear or see what was going on.

*continued on p. 6*

July 2010

Volume 5, Issue 7

### Inside this issue:

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### Special points of interest:

- Next Study Missions & Clinical
  - › August 20
  - › September 17
- 2010 Lean Systems Summit — Northeast on August 13.





# 2010 Lean Systems Summit — Northeast

*Where Government, Services, and Manufacturing Meet*

**The Northeast Lean Collaborative invites you  
to a special event:**

## 2010 Lean Systems Summit – Northeast

*Where Government, Services, and Manufacturing Meet*

**Friday, August 13, 2010**

**Eastland Park Hotel, Portland, Maine**

Join private and public business leaders for a day to discuss and learn how Lean continuous improvement principles and methods are being used to improve organizational effectiveness. The Summit includes speakers and workshops, from across healthcare, services, government, education, manufacturing, and other businesses, on how Lean leaders and practitioners have used Lean to change their culture and improve their way of doing business.

### Registration

Now through July 27 - \$150 per person  
After July 27 thru August 6 - \$200 per person

For more information and to register: <http://www.mainemep.org/events.html>

### Agenda

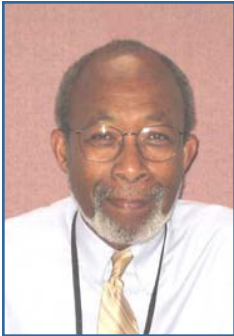
7:30 a.m.- 8 a.m. Cont. Breakfast & Registration	12:00 noon Lunch
8:00 a.m. Welcome	1:00 p.m. - 2:00 p.m. Speaker, John Kim
8:15 a.m. - 9:15 a.m. Speaker, Dana Connors	2:00 p.m. – 2:15 p.m. Break
9:15 a.m. – 10:30 a.m. A Workshops	2:15 p.m. – 3:30 p.m. C Workshops
10:30 a.m. – 10:45 a.m. Break	3:35 p.m. Wrap-Up & Next Steps
10:45 a.m. – 12:00 noon B Workshops	4:00 p.m. Adjourn

### Workshops

- A1 -- The Do's & Don'ts of Implementing a Lean Transformation: Lessons Learned – Again
- A2 – Using Lean Methodologies at Maine Medical Center (MMC)
- A3 – So You Think Lean Manufacturing Practices Are Only Beneficial to Large Businesses?
- A4 – A Strategic Approach to Creating a Sustainable Internal Lean Culture
- A5 – The Soft Side of Lean
- B1 – Using Lean to Improve Legislative Processes – Tales from Under the Dome
- B2 – How Lean Works in a Clinical Healthcare Setting – MMC Endoscopy
- B3 – Inventory Control through Pull and Kanban
- B4 – Seeing Opportunity through LEAN Goggles
- B5 – Leading Transformational Change in Lean Initiatives
- C1 – The First LEAN Event in New York State Government
- C2 – Open Access Scheduling and Efficiency in the Primary Care Setting
- C3 – SME/AME/Shingo/ASQ Lean Certification Development & Application for Synergy in NE
- C4 – Posh and Lean – Improving Service and Process in Luxury Hotels
- C5 – Management Kaizen

# Operations Management

by Arthur S. Davis



What is Operations Management (OM)?

First, it is a given that ***All Work is a Process.***

With sporadic exceptions, all of our (and other service sector entities) processes are invisible and thus have

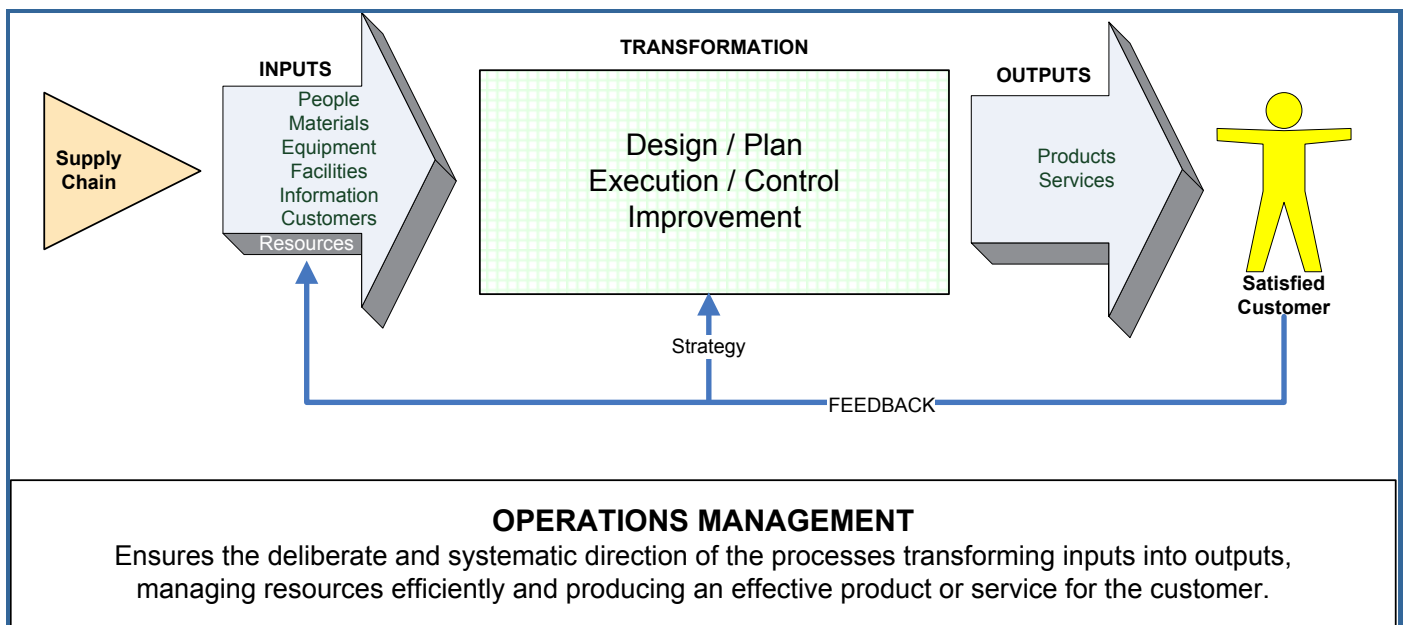
not been well-managed. That is, with deliberate and focused intention, maximizing the value added of the services or products transformed by the very processes for which they are responsible.

Instead, our focus is on people and things (e.g. budgets, program measures, reports, information technology availability and the like). However, although it is not currently widely accepted, it is the case that 80% (perhaps more) of the resources and effort that we, Maine State Government, employ and deploy is the consequence of processes that we have in place.

Yet, given the following definitions of operations, there is no **system-wide operations management**. And where there is operations management, there is little to no structured focus on managing by way of the process.

Where, “Operations Management is concerned with the productive management of resources used in creating and delivering a service or product. The operations function of an organization is a transformation process that converts inputs into outputs. The inputs usually consist of [laws, rules, regulations, orders, and so on; i.e. the Public Service Transformation System] and the outputs are services and products that are sold [provided] to customers. As a result of this transformation, value is created. The operations function comprises many tasks including selecting processes [and/or designing and managing] processes, designing jobs, locating facilities, arranging layouts, managing inventory, and scheduling.”<sup>1</sup>

*cont'd on p. 4*



Or, per the Massachusetts Institute of Technology, “Operations Management deals with the design and management of products, processes, services and supply chains. It considers the acquisition, development, and utilization of resources that firms [*firms* includes organizations] need to deliver the goods and services their clients [customers] want.

The purvey of OM ranges from strategic to tactical and operational levels. Representative strategic issues include determining the size and location of manufacturing plants [i.e. the location of the transformation facility], deciding the structure of service or telecommunications networks, and designing technology supply chains.

Tactical issues include plant layout and structure, project management methods, and equipment selection and replacement. Operational issues include production scheduling and control, inventory management, quality control and inspection, traffic and materials handling, and equipment maintenance policies.”<sup>2</sup>

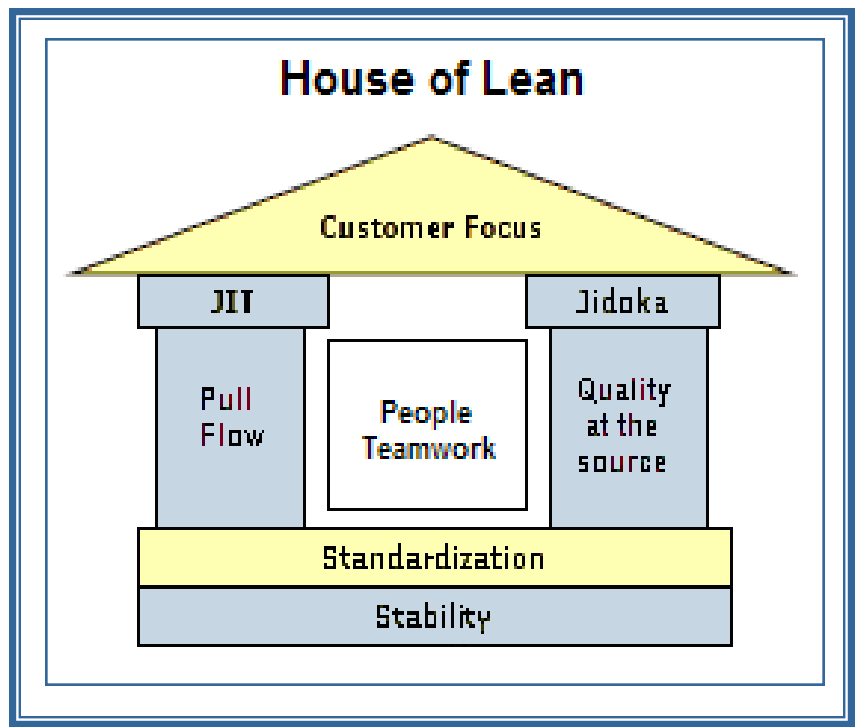
— Arthur

<sup>1</sup>Adapted from Jack A. Fuller and James W. Denton, West Virginia University’s: “*Future Direction of Management Science And Operations Management In Business School Curricula.*” College Teaching Method & Styles Journal – Third Quarter 2006.

<sup>2</sup>Adapted from the MIT Sloan School of Management’s definition of Operations Management 2010. <http://mitsloan.mit.edu/omg/om-definition.php>

## The Ins & Outs of CI-Ps

★ Starting this August, Bridget Bagley will be joining the DHHS Office of Elder Services as the new Community Programs Specialist. In this role Bridget’s time will be primarily focused on program fidelity monitoring, expansion and dissemination of evidenced-based wellness and prevention programs statewide and responsibility for Adult Day Services program administration, oversight, and compliance monitoring. Bridget will be leaving the DHHS Office of Quality Improvement Services where she has held the position of Quality Improvement Data Analyst for this opportunity to apply her experience to field work, as well as use her analytical and quality assurance skills in this new role at OES. She hopes that, in her new job, she’ll be able to pursue her participation in Bend the Curve.



# Printed & Other Matters

Thought you might enjoy this abstract of an article by the new (as of 7/12/10) Director of the U.S. Centers for Medicare & Medicaid Services. Note the date! Also, check out Jim Womack's comments about him: <http://www.lean.org/common/display/?o=1509>



## Continuous improvement as an ideal in health care

By Donald M. Berwick, MD

Abstract of article in The New England Journal of Medicine. Massachusetts Medical Society. Vol. 320. No. 1. pp. 53-56. January 5, 1989.

### Article Abstract:

"An analogy between the practice of medicine and two different managerial methods of assuring quality is drawn. There are two types of assembly lines: one run by a foreman, dedicated to the Theory of Bad Apples, who declares himself to be alert and watching for flaws. He informs his workers that others, perhaps more adept, are waiting for their jobs if they are not vigilant; the other line is controlled by a foreman who informs his team that 'we are in this together for the long haul, and that it is in our collective best interests to improve the quality of the work.' In the second style, the job of this foreman is to look for opportunities to improve quality, for skill that could be shared, and to integrate knowledge gained from past mistakes into the quality in the future. Current medical practice all too often practices the 'bad apple' style of quality control--finding the problem and problem-makers. To determine the bad practitioners, there is overemphasis upon measurement and ability to detect incompetence rather than in finding opportunities and methods for improving. The Japanese have implemented a new concept of quality control, 'The Theory of Continuous Improvement.' They have found that usually the failure of a process lies not in the work ethic of the workers, but in poor job design, failure of leadership or unclear purpose. Real quality requires changes to the production environment based on data derived from the production cycle itself. Medical care is far from this ideal and from the Theory of Continuous Improvement. This theory applies both to large medical institutions and to small systems such as those in individual doctor's offices. American medicine needs to abandon the Theory of Bad Apples and embrace the Theory of Continuous Improvement."



I read about it in the paper the next day. It was a tea party and not the kind my lovely little daughter use to throw me either.

"What's a Tea party?" I asked.

Angry people not happy with the way things are turning out was the answer.

Remember Boston?

Oh!

The paper also said we have a one hundred million dollar deficit, but it neglected to say anything about the one billion dollar deficit it reported earlier.

"Where does the 100 million fit?" I asked.

Does anyone know?

There you have it.

The state of the State six months earlier than expected.

So maybe a better question to ask is this.

What do we do now?

As CI-Ps we should have some answers.

Here's a start and it's been said before.

Change everywhere and forever our systems of production and services.

Sound familiar?

Ed Deming is looking over my shoulder as I write, literally, but you would have to be here to believe me.

We are lucky because even as the task before us looms threateningly, we have him and so many others to lead the way out.

Unfortunately, we cannot just pick up his book and find the recipe.

It doesn't work like that.

We need to do some hard thinking and even harder convincing the likes of the good Representative above and many others.

Perhaps the convincing won't be so difficult because the options have pretty much run out.

Plus, we have all the statistics on our side.

Hear it now, hear it here, hear it again for the first time.

Dear readers, we are in a crisis.

Everything must and will change.

But it will take Leadership with a capital L.

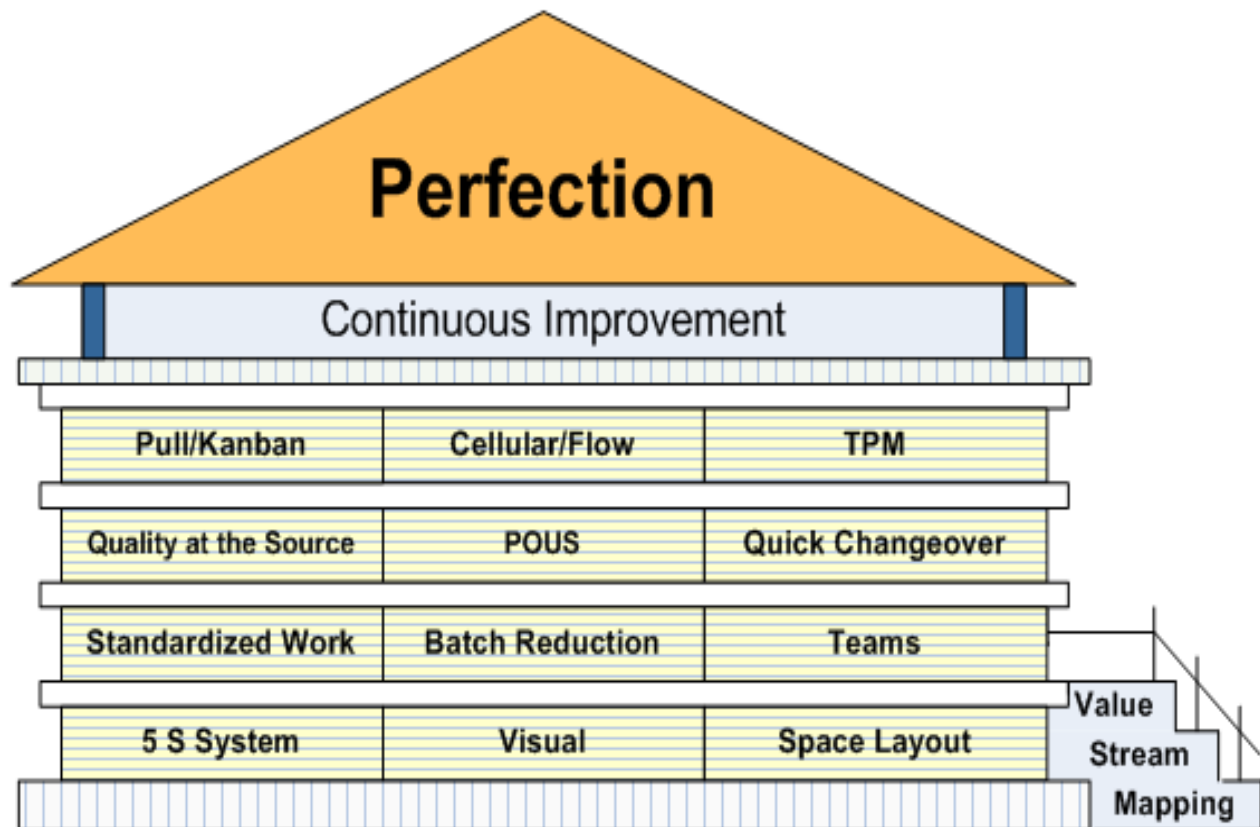
There will be plenty of work to do,

For all of us, are you ready?

— *Walter*

<sup>1</sup> House Minority Leader [John A. Boehner](#), Ohio Republican, in an interview this month with the [Pittsburgh Tribune-Review](#)

# The House of Lean Thinking



## BTC Lean Events

Date	Time	Topic	Location	Contact
<b>Aug 12-13</b>	8:00-4:00	2010 Lean Summit	Portland	WEL
<b>Aug 20</b>	8:15-4:30	Clinical Study Missions	New Balance & Maine Med.	ASD / WEL
<b>Sept 17</b>	8:15-4:30	Clinical Supervision—Jay	221 State, Lean Lab	ASD / WEL
<b>Oct 15</b>	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL
<b>Nov 19</b>	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL
<b>Dec 6-10</b>	8:15-5:00	DOP 2-2 (dates tentative)	221 State, Lean Lab	ASD / WEL
<b>Dec 17</b>	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL
<b>Jan 21</b>	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL
<b>Feb 18</b>	8:15-4:30	Clinical Supervision	221 State, Lean Lab	ASD / WEL

\* To add or see more events or detail, go to the Bend the Curve Calendar in Outlook's Public Folders.





## Department of Health and Human Services

Maine People Living  
Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

**Office of Lean Management, DHHS**  
221 State Street  
Augusta, Maine 04333-0011

**FAX: 207-287-3005**  
**TTY: 1-800-606-0215**  
**Lean Lab: 207-287-6164**

### OLM/BTC Staff:

**Walter E. Lowell, Ed.D. CPHQ, Director**

**Phone: 207-287-4307**  
**walter.lowell@maine.gov**

**Julita Klavins, M.S.W.**

**Phone: 207-287-4217**  
**lita.klavins@maine.gov**

## More Miller workshops & DOP 2-2 being planned !

*Additional workshops  
with Ken Miller are be-  
ing planned. We'll keep  
you posted.*

*The intensive CI-P  
Bronze level training  
DOP 2-2 is tentatively  
being planned for De-  
cember 6-10, 2010.  
More info will be forth-  
coming.*

*You can also check the  
BTC Calendar in Out-  
look's Public Folders &  
come to the planning  
meetings for Clinicals  
and other events.*

The primary purpose of the *Bend the Curve* Team is to provide support, consultation, assistance, and leadership in continuous improvement approaches and activities for State staff, work teams, and leaders as they seek to continually improve their work culture, systems, processes, and environments – in order to meet the mission of the department and the expectations of Maine citizens.

**We're on the net !**

<http://www.maine.gov/dhhs/btc>

<http://www.maine.gov/labor/bendthecurve/>

**Bend  
the Curve**

### Continuous Improvement Practitioners: BTC Intervention Facilitation Status

DHHS		DOL		DAFS	
Bridget Bagley	O	Jorge A. Acero	O	Rae-Ann Brann	L
Kate D. Carnes	C-L	Michael T. Brooker	IA-O	Wendy Christian	IA-O
Nancy Cronin	O	Deidre A. Coleman	IA-O	Rebecca S. Greene	IA-L
Marcel Gagne	CL	Joan A. Cook	CL	Lyndon R. Hamm	IA-CL
Julita Klavins	L	Stephen C. Crate	O	Alicia Kellogg	C-O
Don Lemieux	C-O	Arthur S. Davis	L	Billy J. Ladd	CL
Muriel Littlefield	C-L	Merle A. Davis	L	Maayan L. Lahti	O
Walter E. Lowell	L	Eric Dibner	O	Michaela T. Loisel	IA-L
Jerrold Melville	O	Peter D. Diplock	O	Henry B. McIntyre	O
Ann O'Brien	L	Brenda G. Drummond	IA-O	Gloria R. Payne	O
Cheryl Ring	C-CL	Anita C. Dunham	IA-CL	<b>DOT</b>	
Anne Rogerson	O	Karen D. Fraser	IA-L	Michael Burns	C-O
Terry Sandusky	L	Timothy J. Griffin	L	Jessica Glidden	IA-O
Bonnie Tracy	O	Gaetane S. Johnson	IA-O	Rick Jeselskis	IA-O
<b>Sec. of State-BMV</b>		Michael J. Johnson	O	Robert McFerren	IA-O
Scott Thompson	O	James J. McManus	IA-CL	Sam McKeeman	C-O
<b>OPEGA, Legislature</b>		Scott R. Neumeyer	IA-O	Jeffrey Naum	IA-O
Matthew K. Kruk	IA-O	Bruce H. Prindall	IA-L	Mark S. Tolman	O
<b>Univ. of Maine</b>		John L. Rioux	L	<b>DEP</b>	
Kim Jenkins	O	Sheryl J. Smith	C-L	Carmel A. Rubin	IA-O
<b>Community — Private Sector</b>					
Nancy Desisto*	IA-L	James Fussell*	IA-L	Jack Nicholas*	IA-O
Jane French*	IA-L	Kelly Grenier*	O	Clough Toppan*	CL
<b>Town of Durham, New Hampshire</b>					
David Kurz	O	Michael Lynch	O		
Steve McCusker	O	Todd Selig	O		
<b>* Community CI-P</b>					
IA - Inactive		C - "Champion for Lean" - not facilitating			
L - Lead		CL - Learning Co-Lead		O - Learning Observer	