

Lindsey Savickas
Director of Operations—Infusion Associates

Executive Summary:

- Leadership of teams in a clinical setting
 - Lindsey Savickas leads her teams at Infusion Associates with Lean Healthcare
 - Sudden growth of Infusion Associates dictates need of new approaches
 - Consultant Steve Palmreuter helps Lindsey implement lean teamwork
 - Teams work effectively and efficiently and accomplish their goals
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This month I am glad to be able to write about team leadership in terms of my recent interview with Lindsey Savickas, Director of Operations of Infusion Associates of Grand Rapids, Michigan. I was introduced to Lindsey by Dr. Khan Nedd, founder of Infusion Associates. He and I agreed that an interview with Lindsey would be a great opportunity for my readers to see effective team leadership at work in an outpatient clinical setting.

As you, my readers, may recall I have been discussing team work in my recent newsletters by reviewing the team work training materials of Team STEPPS. I will return to this review next month by examining the Leadership module of that site. This month, focusing on the leadership style of Ms. Savickas will be an excellent insight into effective team leadership.

About eighteen months ago Infusion Associates experienced a dramatic surge in new patients because of the value that Infusion Associates offered to payers and patients. They also opened a new office in a nearby suburb this year for which Ms. Savickas was responsible. Because of this growth, the staff was becoming burdened with scheduling and with processes that were becoming overwhelming, including referring physician orders. Dr. Nedd was aware of the increasing challenges of meeting the quality of care that the staff expected of themselves.

About a year ago, Dr. Nedd introduced Steve Palmreuter of Boost Value Consulting to Ms. Savickas. Mr. Palmreuter, who focuses on bringing Lean Healthcare principles and culture to his clients, was hired to help the staff of Infusion Associates overcome the challenges presented by the surge in new patients; the goals were to improve the level of satisfaction by staff and patients that existed before the growth explosion and improve the team work so that the staff could effectively handle the new volume of work without adding new hires at the original site. Of course, there would be some new staff at the new site as well as some staff who transferred from the original site.

As Mr. Palmreuter continues to consult for Infusion Associates the staff is finding time to accomplish its many complex tasks efficiently. Ms. Savickas showed me a few improvements that have been made to the processes at the original site. One improvement made was the increase in capacity to process the orders of referring physicians. These orders include the drugs that must be infused for each patient. Thus, the onsite pharmacy must have the prescribed drugs on hand for the patient visit. Some of these drugs are hard to find and purchase. Nevertheless, the goal of the clinic is to never have to cancel a patient visit because the drug was not available.

Orders include not only the prescribed drug but also the timing and frequency of the infusion and the dosage of each infusion. As you can see, each order is very complex.

The staff has been able to stay on top of all the new orders by changing the way orders are processed. One of the ways is visual cues on a wall that indicate the number of orders waiting to be processed. The cues are in a place where all staff can find them easily. The staff have all been trained to help in processing the orders when they have a free moment. Thus, if there happens to be a slow period in a department staff know to see how many orders need processing and to help if there is a need.

One dramatic change that has been adopted is the improved team huddle. Many clinical sites use huddles in the morning to address staff absences, patients that may need extra attention or other problems that may crop up in the day. At Infusion Associates under the guidance of Mr. Palmreuter and Ms. Savickas, the staff has redesigned huddles to be problem solving and continuous improvement meetings. In each department there are dry eraser huddle boards divided up into sections that list areas of improvement that are being addressed or that need to be addressed. All of the huddle boards that I saw had in the center "Patient Safety and Quality".

What goes onto these huddle boards? Any improvement that a front-line staff member sees that can be made that will improve the efficiency and quality of the work to be done. As Ms. Savickas told me, all team members contribute to ideas for improvement because the ones who are involved in a process see most clearly opportunities for improvement. No idea for improvement is considered too small or unimportant. After each department has its morning huddle, a representative from the department is sent to a leadership huddle, where each has 60 seconds to present ideas that came up in the previous huddle. At this leadership huddle any idea that may involve complex changes or changes that involve more than one department are assigned to a special team made of members from members of affected departments. These teams devise ways to implement the suggested improvements. Improvements that do not require special attention are implemented by the teams that created them in their morning huddles.

One of the components of any improvement activity is to develop indicators that measure the new processes or changes to see if there is improvement. If there is improvement in quality, efficiency and safety then the changes are standardized and monitored to see that they become routine for the staff.

I was told by the billing and coding staff of one of their primary goals that they address in their huddles. They see that transparency in billing is very important to the safety of the patient. That is, they want each patient to know ahead of time what they will be expected to pay. They do not want the bill to be a surprise. This way, patients are able to manage the costs of their care without having to sacrifice food, home payments, utility payments, etc. Billing and coding see to it that each client does not have to forego life necessities in order to afford their care. Thus, stress on the patient is lowered and their treatment is more effective.

One of the questions that I had for Ms. Savickas was about the impact of the lean training on the staff. She says that the staff works together as family. Not everyone is perfect and not everything is done without error, but the number of consequential errors has been all but

eliminated. There is a very forgiving attitude among the staff members if an error occurs. Ms. Savickas says the Lean approach has made managing the practice much easier for her. She is not the source of decisions as she is able to trust that the staff is focused on the patients and their needs. She is able to listen to staff individually and collectively and help them accomplish changes that need to be done that bring a quality experience for all involved, both staff and patients, and that is safe and efficient.

As you can see, the teamwork and culture involved in the Lean approach at Infusion Associates has enabled them to overcome the challenges of an explosion of growth. The culture developed has improved the quality of service and the safety of care to a higher level than before the growth. Ms. Savickas expects to have new clinical sites of Infusion Associates adopt the lean model as it is so effective in reaching the goals of the staff and owners.

Note: Ms. Savickas intends to hire new staff that she will train to use Lean approaches. She believes that she will be able to do so as she has considerable experience in HR and now in lean healthcare. Ms. Savickas is also an RN.

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Mr. Bryant is certified by the University of Michigan as a Lean Healthcare facilitator and is a member of the Medical Group Management Association.

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