

GA 007 | Mark Graban

Announcer: You're listening to episode seven with Mark Graban.

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Announcer: Welcome to the Gemba Academy podcast, the show that's focused on helping individuals and companies achieve breakthrough results using the same continuous improvement principles leveraged by companies such as Toyota, Del Monte, and the US Department of Defense. Now, here's your host, Ron Pereira.

Ron Pereira: Hey there, this is Ron Pereira with Gemba Academy, and I'd like to welcome you to another edition of the Gemba Academy podcast. Now, before we get into the show I have a question.

I'd like to know how you're listening to this podcast. Maybe you're listening on our blog through your computer, or smart phone, or perhaps you're listening to the show on iTunes, or Stitcher.

No matter the method, we'd really like to know how you're connecting with us. In fact, we're so interested in this information we're going to have our first podcast contests.

Simply go to gembapodcast.com/07 and leave us a comment with how you're listening. We'll then randomly select one person, who will win a combo subscription to the Gemba Academy School of Lean and School of Six Sigma, which is valued at \$1,995.

This is no small prize. Again, head over to gembapodcast.com/07, so that's G-E-M-B-A podcast.com/07. Scroll to the bottom of the page and leave a comment.

We'll run this contest through May 30th, 2014. If you're listening to this episode after May 30th, 2014, don't worry because we plan to run another contest, as well. Be sure to check out our other episodes.

Today, I'm excited to welcome my good friend, Mark Graban, to the show. Mark is an author, speaker, consultant, blogger and pod-caster.

Mark has worked in the manufacturing sector. He now spends his time working in the healthcare world. Specifically, he helps hospitals and other healthcare organizations improve the way they work using Lean principles.

Mark is also the VP of Innovation and Improvement Services at a company called KaiNexus. We're going to have links to all of Mark's websites and books, and so forth, over at the show notes, again, gembapodcast.com/07.

During this episode, Mark and I talked about how Lean is being used within the healthcare world and even if you don't work directly in the healthcare field, we're all, obviously, potential customers of this industry.

You're definitely going to benefit from Mark's wisdom. Enough from me, let's get to the show.

Mark, first of all, thanks for taking the time to visit with us today. Where are you calling in from today Mark?

Mark Graban: Hey Ron, it's great to be a guest. San Antonio, Texas. We're not neighbors anymore.

Ron: Yeah, I know. Mark and I used to live, probably what, 10 minutes away from each other.

Mark: Thereabouts, maybe again.

Ron: Now you're a Spurs fan, right? What's up with my little Mavericks beating them last night, or the other night?

Mark: Yeah, being a Spurs fan is a civic obligation here in San Antonio, I'm now a Spurs fan now.

Ron: This podcast will be released long after that series is over. I fully expect the Spurs to take care of business here over the next few games.

Mark: No predictions from me.

Ron: Hey Mark, why don't we kick things off with you telling the listeners a little bit about yourself, your background and really how did you first come to learn about Continuous Improvement.

Mark: My background, my undergraduate is in industrial engineering. I first got exposed to Continuous Improvement, probably really when my dad came home from work in the late 80s talking about this guy named Dr. Demming.

My dad was an engineer, worked 40 years for General Motors before retiring and my dad had a chance to do Dr. Demming's famous four day seminar.

My dad came home talking about this and eventually there was a copy of "Out of the Crisis" sitting there at the house, and I'm a big nerd and I read it in college.

Ron: Wow.

Mark: It exposed to quote, unquote, lean production. In the mid 90's it was really taught just in the context of an operations management class. Where you were looking at push versus pull and con-bon versus ERP scheduling.

It really wasn't a very broad view of lean. I didn't really get into that more until I got out into the workplace. That foundational philosophy and approach from Dr. Demming.

Has served me well and it's really an important part of the lean management system and the lean philosophy is understanding those roots.

Ron: Recently interviewed your business associate Greg, and we're talking a little bit about KaiNexus, you're obviously involved with KaiNexus, so in case folks haven't heard that episode give a short clip on KaiNexus.

Mark: KaiNexus is a technology company that was founded by the guest you mentioned there, Dr. Greg Jacobson and tech co-founder Matt Paliulis. What we have is a web based software platform that helps organizations manage innovation and improvement activity.

Everything from identifying problems and opportunities for improvement to assigning and following up on the improvement work.

Building teams, tracking what you're doing, then resolving those improvements, and categorizing and quantifying those results so you can run a bunch of reports and metrics and see what the benefits are of the improvements and give recognition to the people, who were involved.

Ron: It's kainexus.com right? That's the website?

Mark: Yeah, so Kai, like kaizen and Nexus. N-E-X-U-S. KaiNexus.

Ron: We'll link to it in the show notes there as well. Mark, before we get into the teeth of the interview we like to ask our guest to share a leadership or continuous improvement quotation that inspires him. What quotation inspires you Mark?

Mark: There's one quote, and it's funny, it's attributed sometimes to two different Peters. Peter Drucker and then Peter Scholtes who worked with Dr. Demming, who was a professor.

I believe at the University of Wisconsin, before he passed away. The quote is the idea, "People don't resist change, they resist being changed."

I find that very insightful, and very inspiring for any Lean or continuous improvement work that it's far too easy for change agents or Lean people or black belts or leaders to quickly label people as, "Well they're resistant to change." To really marginalize or diminish people.

Wait a minute, if we're really truly being respectful and people have concerns, we have to understand those concerns. A lot of times people are being "resistant" because they don't understand why this change is happening.

Responsible leaders need to make sure people understand the problem, understand the current reality. Sometimes people "resist" because they're being told what to do. They weren't being involved in developing solutions.

When people understand why changes are necessary, when they're involved in the process, that "resistance" more often than not fades away.

Instead of blaming and labeling people we need to work with them and collaborate, that's far more effective than "Change Management" programs. Just work with people.

Ron: Yeah, exactly. Greg, during our interview, he talked about one of his keys was validating people, really listening to them. I thought that was so powerful, that statement that he made.

Mark: Yeah.

Ron: All right, I've known you for a long time and I know your background more manufacturing focused. How does someone with a manufacturing, engineering background get into healthcare, which is where you're working these days.

Mark: Right, the first 10 years of my career were in manufacturing. Companies like General Motors and Dell Computer and Honeywell. I got into healthcare in 2005, and sometimes it's gosh, being in the right place at the right time.

My wife was taking a new job that was having us move from Phoenix to the Dallas/Fort Worth area that put me on the job market.

I was going to have to leave Honeywell and I was trying to figure out what to do next. I got a call from a recruiter at Johnson & Johnson. Saying we're looking to hire people through this Lean and Six Sigma consulting group we have that works with hospitals and would you be interested?

I talked to a lot of people, I looked into it and sometimes with a lot of career choices you're given this fork in the road and you think, well this will either be an interesting detour for a career path.

That I'll learn a lot, it will stretch my thinking about Lean and process improvement or it will be a career change. It's really been more of a career shift. I really, really love and enjoy working in healthcare, I feel very fortunate to be able to do so.

There's a lot of people who are making that transition or trying to make that transition. For some reasons that can be frustrating, it's not always easy for people to make that transition.

Meaning organizations often won't bring in people from other industries. That's changing a bit, but that still seems like it's a pretty common barrier for folks.

Ron: Right. Now, we're going to get into the theme of this podcast like I mentioned in the intro that everyone heard, was "Healthcare Kaizen." That's what we're going to talk about. Before we do that, you've written some books. High level, what are your books about?

Mark: The first book was called "Lean Hospitals." It's meant to be an introductory book for people in healthcare. Who've really not heard anything about Lean, or there's a secondary audience for people.

Who know Lean but are looking to figure out, "How would this apply? How would my skills and experiences apply in a new industry?" There was a first edition in 2008. There was an updated second edition in 2011.

Then I had a really good opportunity to partner up with Joe Swartz. Joe is my co-author for the Healthcare Kaizen book. We did a version called "The Executive Guide To Healthcare Kaizen."

Joe and I both knew Norm Bodak. Joe and I both switched from manufacturing into healthcare back in 2005 and Norman knew this. He said, "You guys should talk."

Ron: I never knew that. That's cool.

Mark: Really good networking and helpful idea from Norm. Joe and I were doing similar types of work where I was flitting around, working with lots of different organization.

Joe has been the director of business transformation for a health system in Indianapolis for eight and a half years now, really driving deep and meaningful culture change and doing this great organization-wide formal kaizen process.

With depth and breadth over different experiences, we decided to partner up on doing the book. There's so many great examples in the book, especially from Joe's organization. I still partner up with him on training and other things that we do. That's the most recent of the books.

Ron: The theme of this episode is kaizen, and how it applies to the healthcare industry, but obviously, the concept of kaizen applies to any industry. One of my goals with this podcast is to reach some folks out there who may not be into this whole Lean world or kaizen or whatever.

They may not even know what kaizen means. Let's start with that. What is the word "kaizen"? What does that mean?

Mark: Forgive me for the Japanese buzzword. Sometimes the Lean community, we get criticized. People overdo it. Kaizen is probably one of three or four Japanese words I use regularly.

It is a very specific word. It's a Japanese word that translates, literally, to mean "good change." It's usually used in the context of continuous improvement or change for the better.

Joe and I, we really debated, even with the title of our book, should we really go heavy with the term "kaizen," or should we call it "continuous improvement" or something different?

For a number of reasons, we realized the term is out there, it's pretty common, it has a very specific meaning. We'll try to teach people what the word is.

It helps separate kaizen practices and mindsets from things people might have already tried, like suggestion box systems. We talk about how kaizen is different. Even if it's not really new, it might be new to them. What's different about this approach?

Ron: One of the things within the world of Lean and kaizen is, many people get enamored with the traditional kaizen event. A group of people come together for three to five days and they really focus on a particular area and they try to make it better.

Many times, they do. That's a good thing, kaizen events, but what are your thoughts on the relationship between kaizen as an overall philosophy and way of life versus events?

Mark: It's all helpful and all necessary, and complimentary. One reason Joe and I wrote the book. We emphasize this in the book and every time we teach classes. There's nothing bad about kaizen events.

They play an important role in the overall improvement program and culture. They can be very helpful for certain sized problems and certain types of problems. We're all for kaizen events.

The reason we wrote the book is that we saw, out there in healthcare, an over-reliance on rapid improvement events, kaizen events, rapid process improvement workshops.

That's one piece of the puzzle. A kaizen event is a good change. It's a change for the better. It's more episodic improvement than it is continuous improvement.

You can do a kaizen event, and then, my gosh, if you're continuously improving, follow up the larger change that you can drive through an event with smaller, ongoing, continuous improvement, or daily kaizen...

The one thing I sometimes cringe at is when people say, "We did 14 kaizens last year." What they're really saying is "we did 14 kaizen events." I encourage people, don't shorthand that. If you mean "kaizen events," say, "kaizen events." That is very different and very particular.

Joe's organization does 4,000 kaizens a year, which are relatively small to mid-sized improvements that didn't require a formal team and an entire week. You can do both.

When you do them well, the smaller kaizens and the larger, week-long events, they're all built around the PDSA cycle, plan, do, study, adjust. Either for smaller problems or for bigger, more complex stuff that might require an event. They really should go hand in hand.

Ron: Let me switch gears a little bit, since we are talking about healthcare. Something you and I have talked about in the past is that, unfortunately.

Many hospitals out there sometimes resort to layoffs in order to cut costs. Obviously this doesn't jive with the whole idea of kaizen. What needs to change?

Mark: Leadership mindsets at the top need to change about what types of improvement are possible. What's happening out there in healthcare, and what's happened over decades is organizations, when they get into a financial crunch, tend to fall right into the idea of lay-offs.

Compared to some manufacturing businesses, hospital cost structure may be 60 to 70 percent labor cost. On one level, it's rational. If 60 to 70 percent of your cost is labor, where do you think your biggest opportunities are? In reducing labor.

The problem is, you see headlines from organizations that say, "We were forced to lay off people." It's like, wait a minute, there's so many opportunities in reducing waste, reducing supply chain inefficiencies, reducing patient harm, reducing delays in patient care.

There are so many different things, opportunities for improvement, other than laying off people. It's unfortunate when hospitals either don't know about or ignore those opportunities and they make that leap right into laying people off.

Lean provides a great alternative for organizations. They say, "Oh, we didn't know there was anything else we can do." We can go and reduce millions or tens of millions of dollars worth of cost out of a hospital's cost structure and improve quality and safety and reduce waiting times.

What tends to happen, when hospitals are doing nothing but laying off people, that means diminished service. That can mean harming the levels of quality and increasing harm to patients, things that are obviously not what the hospital is trying to do.

When we take a more balanced approach at trying to figure out how do we try to improve the healthcare system instead of making that quick leap to layoffs. You get better results.

There are hospitals out there that have some version of a no-layoffs philosophy, or a policy that says specifically through Lean and improvement, when we increase efficiency, we will not lay people off as a result.

More broadly, data care in Wisconsin has what they call a "no layoffs philosophy," which really means the leaders are making a commitment that layoffs would be absolutely the last resort.

They're managing their business in a way that would, ideally, never put them in the position where they had to go to that last resort. They make sure they don't grow too quickly. They make sure they don't over-hire.

They make sure, when they have efficiency improvement, that they redeploy and retrain people into other areas. There is that clear alternative, to the traditional healthcare slash and burn, cut and layoff approach that's usually there.

Ron: Now, I know you're going to know this much better than I do. It popped in my mind. I'm not really even prepared to ask you, but I'm going to try to ask it anyhow. It might be a rookie pod-casting mistake here, but we'll kaizen this as we go.

There was an article in Canada, where some hospital, I believe it was hospital system or a hospital, were hiring some somewhat expensive consultants to come in and work with them.

It was getting some bad press, but I don't know if it was the press trying to make it out to be bad. What was going on in that situation? Are you familiar with that, obviously? I think you are. What's going on up there?

Mark: I am familiar with it from reading news articles and talking to some people who have been involved. Some staff, a couple of leaders. I did a podcast with the former deputy health minister for Saskatchewan, for that province.

I know they've been working with Lean for a long time. It was in the news that they had a \$39 million contract with an American consultant. There's a number of different levels of discussion.

You've got people that say, "Wait a minute. Lean? Woah, this is a manufacturing thing. I'm not sure this applies in healthcare." In the last 10 to 12 years, there's enough evidence and proof that Lean does work in healthcare.

It's not "turning the hospital into a factory." There's still people who debate that. There's the debate around, "Oh, should we have hired an American?" The Canadians are very proud of their health system.

People say, "We don't want to turn this into an American system," which, of course, Lean has nothing to do with that. Lean is being used all around the world.

Ron: By the way, my father lives in Canada. He's in the hospital right now. He's very old and he's nearing the end. I can tell you, the hospital he's in could use Lean, trust me.
[laughs]

Mark: The current state before Lean has such poor quality, is often so unsafe for patients and staff, it's so inefficient and wasteful. Lean, it's about engaging doctors and nurses and everyone else in the process to make improvements.

In Saskatchewan, because it's government healthcare, they have the two political parties. The party that's in power signed this contract, and the opposition party is trying to use this to score political points.

That's what politicians do. It's created this big, swirling mess of controversy [crosstalk] level.

Ron: Are they seeing some success, though? Do you know what consulting company -- I don't want you to say -- are they making some headway?

Mark: The Saskatchewan leaders, their premier, their health quality counsel people within the ministry of health are saying, "Yes, this contract has more than paid for itself from different improvements that we're already seeing, but this is a longer term play.

We're training people, we're developing capabilities. This isn't just a short term ROI story." Again, this can be somewhat political. You have nurse's union coming out and saying, "We have our concerns. We're not sure this is good for patient care."

From what I've read, there are a cycle of contract negotiations starting up. Back to the earlier discussion, you don't want to label the nurse's union as being "resistant to change."

If they have legitimate concerns, if things are being done in a way that doesn't really sound like Lean...people are complaining. "They're not involving us, they're forcing a bunch of changes on us." Wait a minute. That doesn't really sound very much like Lean.

I get emails from people from across the US in different places. Sometimes people...I would agree with them, I would complain about that, too, when you have something Bob and Miliani would call "Fake Lean." On my blog, I call it LAME.

It's an acronym, Lean Is Misguidedly Executed. You can do any silly thing and call it Lean. Sometimes that gives Lean a bad name. I'm not there, so I read these reports, and there's always two sides to a story.

It's disappointing if the whole process there is leading to controversy, instead of focusing on improving patient care and engaging everybody in that.

Ron: It's politics. Not just in Canada, but the whole world, I guess. Can you share some specific examples of how Lean thinking, kaizen thinking methodology has made some improvements within hospitals, maybe that you are part of?

You don't have to give where it was or anything like that, but that would be helpful for non-healthcare folks to see what kind of improvements are being made.

Mark: You start off thinking about why we're doing this, or thinking about the benefits we're looking at. Hospitals that are embracing Lean use the same high level metrics that a factory would use, safety, quality.

You might call it "access." In manufacturing, you might talk about delivery. In healthcare, you're looking at patient flow, reducing delays.

Ron: Unless it's in the baby ward. [laughs]

Mark: What was that?

Ron: Unless it's in the baby section, you know, delivery. [laughs]

Mark: Oh. [laughs] Then cost and employee morale. I've been involved in projects where we're looking at reducing patient harm and working with nurses to look at serious problems.

Hospital patients who fall would be one type of harm we're looking at. Trying to understand the root causes of why patients are falling. A lot of times it's because they're getting up and trying to get out of bed on their own.

Why are they trying to do that? Because call lights aren't being responded to promptly, or the proper hourly rounding interval for the nurses or the patient care techs isn't happening.

Somebody says, "I'm going to get up and try it myself," then they fall and break a bone or break their hip. When you start looking at some of the root causes, you see things like there's too much waste in the overall process.

Nurses are not able to spend enough of their time at the bedside with the patients, because they're running around fighting fires, dealing with various sorts of inefficiencies.

There's generally not one single magic fix. There's lots of different things. We identify a problem. What was wasting your time today? "I was running around gathering everything I needed to start an IV."

Wait a minute. Nurses start IVs all the time. Let's create an IV start kit, or let's put everything together on the shelf so you can get it and get back to the patient more immediately.

There are some organizations I work with where, in the matter of a couple of months, these basic things to free up time and allow nurses to spend more time being nurses leads to pretty dramatic reductions in patient falls and pressure ulcers or if you will, bed sores.

70 to 80 percent reductions in those instances of patient harm in a relatively short time. Making sure nurses have been trained properly. How to follow the correct protocols to help prevent falls.

A lot of times nurses think they're following, if you will, the standardized work, or the protocols, or the bundles. Then, when you have nurses shadowing those nurses and realizing, "Wow, OK, they're not doing these certain things correctly," that's a system issue. That's a training issue.

Why weren't people trained? Why weren't they being supervised properly? You start fixing those very basic things and you see pretty dramatic improvement happening pretty quickly. That reduces cost, it's better for the patient, better for the staff.

It's really good all around. When you see safety and quality improvements, flow improvements, that then leads to cost reduction as an end result of doing all those other things well.

One example, a final thought to the question, I've worked with a lot of hospital labs that have been able to reduce the turnaround time for getting test results by 50, 60, 70 percent by improving the physical layout, by reducing batching, by improving the flow.

That, often, then, leads to the hospital lab being able to take on 30 percent more testing volume without adding more employees.

It's not doing more with less, it's doing more with roughly the same number of employees. That is, in effect, its own cost reduction in a better way for the long term.

Ron: Not to mention, and I know you and I have talked about this before. Doing that more of a one piece flow type approach instead of batching also leads to less mistakes, right? As far as mixing up stuff. That's horrible.

Mark: There's fewer opportunities for mislabeled specimens, mislabeling the patient. A lot of the old habits in healthcare are similar to the old habits in manufacturing. Why do we have these batches? "I don't know, we've always done it that way."

Sometimes, you can quickly and easily change to something closer to one piece flow, or you've got to make some systemic changes to the layout, to job roles and responsibilities, to make that single piece flow possible.

Ron: The thing that always strikes me about healthcare and why I'm so happy there's folks like you that are out there in the trenches at hospitals is think about it -- yeah, making improvements in a factory and moving products more smoothly, that's great. Less defects, that's awesome.

That's good for everything. Helping people who are sick or a child who is ill and you're improving that process, how much greater success can you have than that? That's what's incredible about healthcare.

Mark: It is incredibly rewarding. Lean work, it's fascinating. Sometimes it's really challenging. What I say to people is, the bad day, if you're in healthcare, are bad days like bad days in Lean manufacturing in a factory environment.

The good days, oh my gosh, the good days are so powerful. When you can see that impact on the patients, when you can see the impact on nurses and front line staff.

Because, I look and say, "Well, you know what people on the modern Patient Safety Movement would say?" The problem in health care is not a bunch of bad apples.

It's not bad people. It's system problems. This is what Dr. Deming always emphasized. I have this article that he wrote, a bunch of Dr. Deming's notes from this time he was in the hospital, probably around 1990.

All the waste and all the problems he described are the things you might still see in a hospital here 24 years later.

Ron: How sad is that?

Mark: It's not bad people. It's problems with the culture, the management system. Those are the things that we have to change because the people in healthcare, I really empathize, because a lot of times they're not supported very well. They're trying to do their best.

They're hardworking, well-educated, smart, caring, wonderful people. It's too hard for them to do their job the way it should be done. That's what Lean can help affect.

Ron: We've now come to my favorite part of the show, which we're calling the "quick fire section." This is where you get to share your personal thoughts and wisdom, what you've obviously been doing, but now, we're going to focus a little bit on Mark. [laughs]

Mark: I thought you'd say we're focusing on keeping it short.

Ron: No, it's fine, no. The first question, we Lean thinkers talk a lot about the importance of respect for people. Sometimes, when you try to define what is respect for people, that can be hard. In your opinion, what does respect for people mean?

Mark: The one thing that's easy, let's say, that it does not mean is being superficially nice all the time or being easy on people.

Respect for people means that as a leader, you're doing everything you can to help your employees, your team, your organization perform at their absolute peak potential.

That means listening and supporting people, but it also means sometimes challenging them and pushing them because you know they can perform better. There is that aspect of respect for people. It doesn't mean we're cuddling people or that we're never challenging them.

I think back. I had an amazing Forest Gump type moment. You run across people in your life. I got to talk to Stephen Covey face to face before he passed away. I asked him this. He talks a lot about respect. What do you think about Toyota and respect for people?

He said very simply, shorter answers I'm unable to give, "It means you're caring and that you trust people to do the right thing." That's really powerful. We trust people. We work with them. We trust that they want to do good quality work.

Unlike the old Theory x managers, and I was around a ton of them at General Motors, and they exist in healthcare, that Theory x perspective that doesn't trust people and assumes that they're lazy. They don't want to work. They don't care.

Respect for people does incorporate Theory y. People do want to do great work and sometimes you need to get out of their way. You need to support them. You need to unleash them, so they can do great things.

Ron: Mark, what's the best advice you've ever received?

Mark: I've been lucky to get a lot of great advice from people. One thing I thought a lot about, last couple of years, including time working Kinaxis, as a start up software company. There are some really great insights and lessons from Eric Ries in the Lean Start up Movement.

One of those pieces of advice is the questions of...if you have two questions, if you're going to do a project or start a company or build a website, question one is the technical question. Can you do it? The answer these days is usually, yes, you can do it.

The second question says, "Well, should you do it? Do you have a market for that? Do you have customers for that?" The biggest risk for companies is that it turns out you look back and said, "Oh, we really shouldn't have done that."

Eric Ries ties it back beautifully to respect for people, saying as a business leader you don't want to waste years of a developer's life building something that customers don't want or building something that doesn't solve an important societal problem.

You need to be respectful and validate your theory about a business as soon as possible. If you're going to fail, fail quickly, so you don't waste a lot of your time and you can move on to something else that hopefully then is a better idea that you can validate and something that you should do.

Ron: The whole concept of the minimally viable product, that's such a great thing for all of us to think about, not just in the entrepreneurial world, really anything.

Mark: The best validation...you're talking Lean. Value is defined by the customer. Are they willing to pay for it? You can take it beyond, are they willing to...they're paying you.

You can take surveys and do focus groups. You can talk to friends. People say, "Oh, yeah, I would buy that." The proof is in, punching in that credit card or giving you money. You want to validate that sooner than later.

Ron: It even applies to folks that work in, say, a hospital or a factory. If you have ideas...the whole concept of 3P, go out, pilot, test ideas, small ideas, and see how they work.

Use toilet paper to build widgets and what not and see if they work before you go out and spend money. A lot of the same things apply.

Mark: Validate your idea at a small scale when it's inexpensive to make changes. I've been in a hospital that have been involved in some Lean design exercises with architects and hospital staff.

There was one hospital I worked with. They had what they called "the plastic hospital, where they had a whole open floor and they put up plastic sheeting and metal frames to represent walls and rooms and the hallways.

They had mocked up benches out of wood and cardboard, or not benches, but cabinetry and furniture that they would use. They were simulating their workflow the best they could to make changes at that earlier stage, before it became concrete and inflexible constructed space.

Ron: That's awesome. Mark, can you share one of your personal productivity habits that others might benefit from?

Mark: It's funny. My own personal reflection. I'm not a personal productivity guru. I don't know if I'm personally that productive myself. I get distracted.

Ron: Give me a break. You write blog articles every day.

Mark: I get distracted by Twitter. I get distracted by email. I need to be better about turning off some of that stuff. I'm not Tim Ferriss and "The four-hour Workweek."

Ron: Neither is he, by the way.

Mark: [laughs] If I don't have the most productive work habits, I probably do make up for it by working a lot. I love what I do. Maybe it's easier said than done.

The habit I would share is that to the best you can, get yourself into a position, a job, a career a company, where you love what you do and you love the reason you're doing it.

Then, if you're working 12 hours a day, it's almost fun. It's engaging. It's interesting. I do have work-life balance. I get to do some things that are fun. I get to hang out with my wife. I don't have kids. A lot people are like, "Oh, OK, I get it. You don't have kids. You've got tons of time." [laughs]

No, no magic trick to pass along, other than do stuff you love.

Ron: One question I'm thinking about starting to ask folks here is, and we'll do a test here, we'll do a little 3P here on the podcast, what's your inbox look like right now? How many emails do you have in it?

Mark: Oh, boy. I am not really good at managing my inbox. My work email, I've gotten down to inbox zero occasionally. I have somewhat of a bad habit of emailing myself stuff instead of using a to-do list. Our buddy, Dan Markovitz would look over my shoulder...

Ron: He's cringing right now. [laughs]

Mark: So many different opportunities about, you need to live in your calendar. Don't live in email.

Ron: I'm going to start asking people that because I also stink at email, but the last three weeks, I'm proud to say, I have maintained inbox zero. I've started trying some experiments and what not.

I'm not ready to share them with the world yet because it's still a work in process. It's something that I'm curious to always hear how other people approach email because it's a killer for many.

Mark: It's a lot of typing. I've experimented with Dragon voice recognition software. My biggest personal productivity gift is I learned touch typing in elementary school. I did a lot of computer programming and I'm a very fast typer. That helps sometimes.

Ron: Aside from your books [laughs] , which we're going to link to. We highly recommend everyone to check those out, especially in the healthcare industry.

If you could recommend one other book related to Lean leadership, continuous improvement, something in that niche, what would it be and why?

Mark: I'm bringing up Dr. Deming again. I encourage people as much as I can to pick up and read his classic work "Out of the Crisis."

There's also a book -- I'm going to cheat and mention a couple -- there's a book Rafael Aguayo, who worked with Dr. Deming. It's called "Dr. Deming, the American Who Taught Japanese about Quality."

It's almost a better introduction than Dr. Deming's own book. It's written by somebody who understands and knows it.

It's organized better. Sometimes people criticize Dr. Deming's writing style that it's repetitive or it's a little choppy. Sometimes you got to go right to the source. I also really recommend Rafael Aguayo's book as a first introduction.

Then, I'm going to jam in one more. You can edit this.

Ron: No, that's good.

Mark: I'm violating your standardized form. There's a book by Donald Wheeler, who was a professor at University of Tennessee. I think he's still there. I know he's still alive. It's called "Understanding Variation."

I did a webinar for Gemba Academy about applying statistical process control to management data, to charts and metrics. That book is very, very powerful and I recommend it to people all the time. It's building on some of Deming's statistical process control type of work.

Ron: It's such a short read and it's so easy. That's one of my favorite all time books as well.

Mark: Very, very powerful.

Ron: Last question. This is how I phrased it with Greg. I said, "All right, so Kinaxis has been successful and you sold it for a billion dollars and you're looking for something to do now. You've been hired now." Now, you have been, Mark, as well, you and Greg both have.

You've been hired as a general manager of a company. This company is struggling with quality, productivity. They're a mess. You were hired because of, obviously, your background and your experience.

As it turns out, the CEO that hired you has given you complete operational and profit and lost control and trust that you're going to right this ship. What would your first week on the job look like? What would you do and why?

Mark: It sounds like one of the first things I would do is adjust my salary to one dollar a year.

Ron: Yeah, there you go because you got a billion dollars. [laughs]

Mark: These healthy CEOs. The first thing, I would spend as much time as possible in that first week out of my office, out of conference rooms, going and talking and I really mean listening to customers, listening to employees, listening to managers.

If you've got all of that control and power that's been thrust upon you, you need to build trust. You need to build relationships. You need to listen to people and make sure you're not jumping to conclusions about what problems need to be solved and what the priorities are.

I was very, very fortunate. This was advice I got from a plant manager in my General Motors days. It was more advice through action than it was advice through words. We got a plant manager, after my first year. Terrible quality and bad productivity and unhappy workforce.

Ron: What I described, right? [laughs]

Mark: Yeah. We got a new plant manager who was, thankfully, one of the first GM people that ever worked with Toyota at the NUMMI plant in California, when that started up.

He came in and spent lots of time, before I even knew the word "Gemba," he was walking the Gemba. He was listening as much as he was talking.

I was a young engineer. I knew the things were a mess. I was out in the Gemba all the time as an engineer. I asked him, "We're impatient for change. When are we going to get things going? When are we going to transform this place?"

He looked me at he said, "Well, you know, I've done this transformation at a couple of different plants already. I'm pretty sure I know what the problems are."

Because you know GM plants, how different are they from each other? "And I'm pretty sure I know what the answers are, but the people working here don't know that I know. They don't trust that I would have the right answers."

It could fell into the category of going slow to go fast. He didn't come in with grand pronouncements. It was obvious to everybody that a leadership change meant things were going to be shaken up hopefully in a positive way. He was very patient.

I admired the way he put a lot of effort into building relationships with people and the UIW workforce and the salaried ranks, and being a mentor to me as this young engineer. I draw on that experience and say I would try to do the same thing.

Probably one other thought I would add to this is I would probably also laser focus on safety and send the message, and take action, more importantly, that the first thing we're going to do is create a safe environment.

Without that, nothing else matters. That's a lesson, from the leadership of Paul O'Neill, from his time at Alcoa and his time trying to help in healthcare.

You got to take care of the people. If you're in a healthcare environment, that includes taking care of the patients and the staff and the healthcare workers. No one should get hurt at work.

Nobody should go home completely physically and mentally exhausted. Patients should not be harmed. If you can fix those things, everything else sorts itself out.

Ron: What's beautiful about that last part there, Mark, was that you said "safety." The question is a company or it could be a hospital. They're not necessarily companies.

But it could be any organization where safety, no matter if it's in an office environment or a factory or a hospital, safety can mean so many things, not just people getting hurt, but having a safe environment, where people feel empowered. I really love that answer.

Mark: You're right, emotional, psychological safety is really important as well. Trying to create an environment...and people might not speak up right away. I coach leaders on this a lot. They want to go to the Gemba. They want to listen.

You can't expect people to magically open up to you if there's been decades of mistrust and a bad environment. You've got to build those relationships for people to open up to you.

Ron: Mark, thank you so much for taking the time to visit with us today. It's been a great conversation.

Mark: Thank you.

Ron: Why don't we close this show, Mark, with you sharing some final words of wisdom and then tell everyone how they can connect with you via social media, your blog and any other outlet that you want to put out there.

Mark: Thank you. You're being very kind and I'm going to return that favor by being a contrarian and say my "words of wisdom" are to stop looking around for words of wisdom.

Ron: OK. [laughs]

Mark: What I mean by that is, so many times people are looking for an answer from another organization, from another industry, from a consultant, from their boss. They spend so much time searching for someone's answer instead of spending time working to figure out their own answers.

That would be my piece of advice. Roll up your sleeves, practice good what they call A3 thinking or lean problem solving and go try to figure it out yourself. There's a time and a place for outside views and learning from others, of course, but sometimes people rely on that.

Ron: There's a lot of wisdom to what you just said, whether you like it or not, buddy. [laughs] You gave wisdom. You didn't even mean to.

Mark: I've just said don't go looking for wisdom. Who wants to follow me on social media? [laughs]

Ron: No.

Mark: My approach to social media is not to be pontificating, but sharing links to articles I'm reading, sharing examples of what's going on out there, trying to have good discussions.

I'm on Twitter as @MarkGraban. If people go either to Leanblog.org or Markgraban.com, you can find links to all the usual places.

There's an obnoxious number of ways of finding me online.

Ron: Graban is G-R-A-B-A-N for folks that are listening.

Mark: Correct.

Ron: All right. Thanks, again, Mark. We'll see how those Spurs do against the Mavericks. They'd better win. You can't let the eighth seat beat you guys. We'll see.

[music]

Mark: Go, Spurs, go!

Ron: Thanks again, Mark, and take care.

Mark: You too, thanks.

[music]

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