



Critical Chain?

"An interesting idea, but nobody is using it. Surely if it was any good, everyone would be using it"

- What is it?
- Who is using it and what they say about it
- The Yin-Yang of Project Control





Why "best practice" may not be the best.

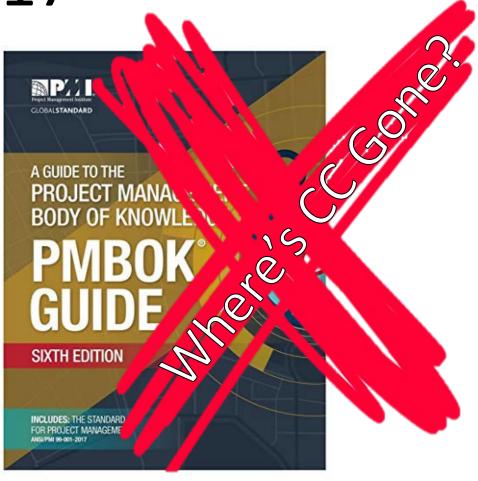
"consensus is almost always wrong ... it is in the slipstream of the fore-front thinkers and observers." Eddie Obeng

"Don't take refuge in the false security of consensus, and the feeling that whatever you think you're bound to be okay because you're in the safely moral majority." Christopher Hitchens





2017



2019



PMI Project of the Year Award 2019

WINNER

E190-E2 Program Development Embraer

SÃO JOSÉ DOS CAMPOS, SÃO PAULO, BRAZIL Learn more

















Not only used on massive megaprojects

















So what is Critical Chain?

- Formal techniques for scheduling and monitoring/control
- Work flow management practices and behaviours

 Developed from Goldratt's Theory of Constraints. The Goal







1: The Principles of Project Work Flow



- Focus & Finish Multi-tasking is Evil
- Limit WIP
 Project Tasks & Portfolio projects
- Relay RunnerPass work on ASAP
- Full KitOnly start if you can finish
- Separate project & task plans
 Project at "Level 2/3"

- Commit to how you will work
 Not achieving task-level estimates.
- Frequent reporting Daily/weekly
- Small BatchesPass work on ASAP
- Continuous Improvement Rapid cycles. PDSA





Baltazar Martinez South Valley Landscape, California

- Focus and Finish
- Stop starting and start finishing
- 28 open jobs -> 4-6
- Durations halved
- Turnover up 50% in 1 year
- Same team
- 70+-hour weeks to picking kids up from school









GSK UK

- Critical chain pilot for new product introduction.
- Now used across all NPI projects.
- Senior stakeholder confidence & reduced micromanagement.

2: The formal technique of CC



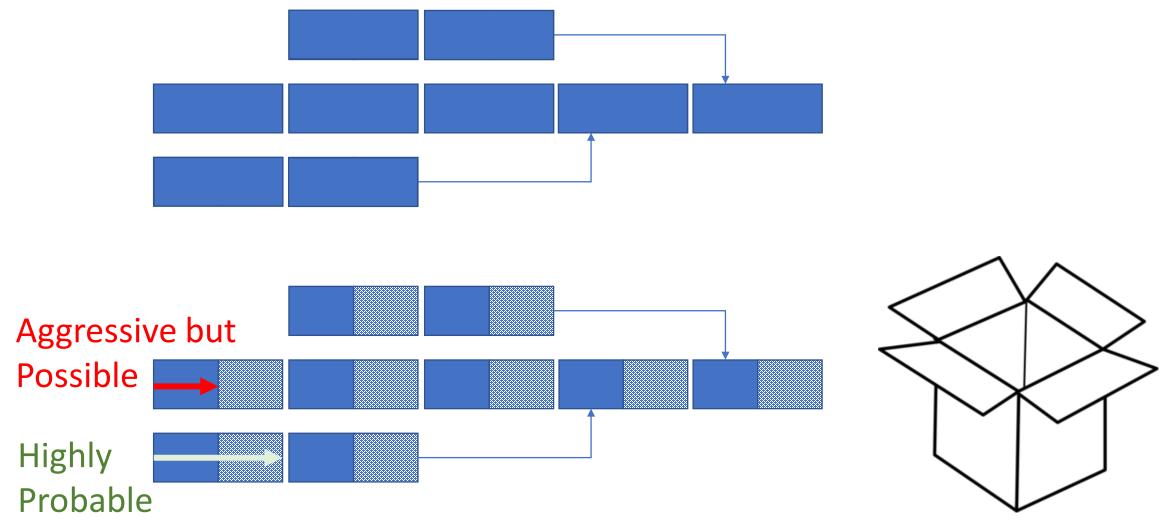
- Buffered Schedules
- Buffer Management Key Project Progress Metric
- Portfolio Staggering

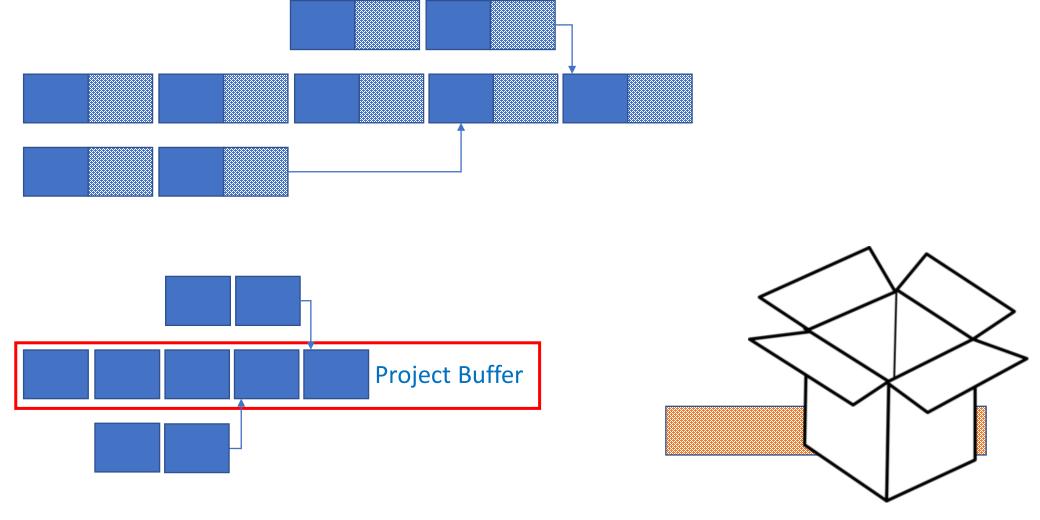
- Built on foundation common to all projects
 - Task dependency network
 - Pull Right-to-Left Scheduling



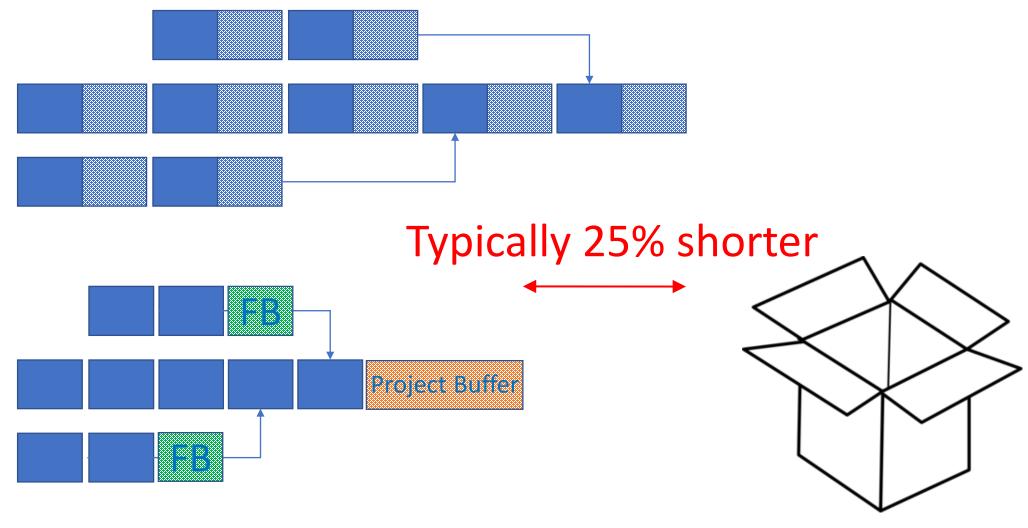


BUFFERS: Shared Safety





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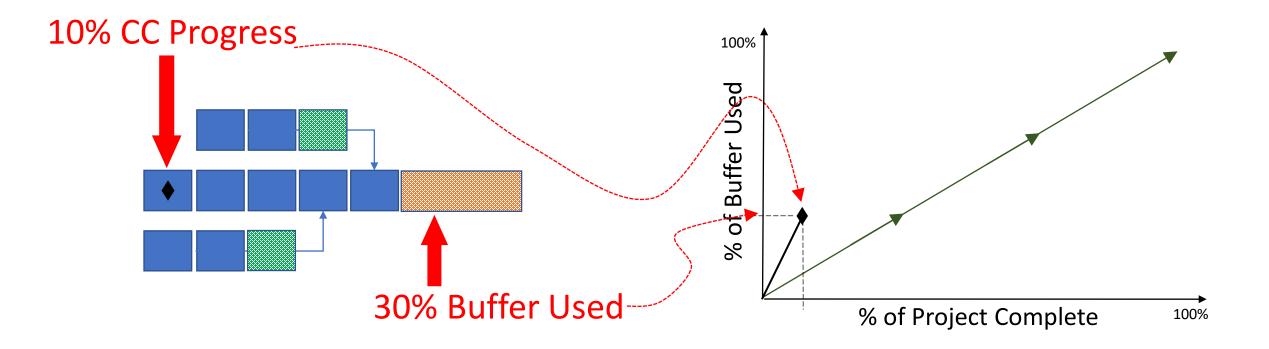
Surely that can't be it?

- All you have done is shuffled some numbers about
 - Same people. Same stuff to do
- Of course not! A buffered plan gives us:
 - A shorter, achievable duration
 - New tools that facilitate better execution control
 - Work priorities
 - Early Warning
- They facilitate and support the project work flow behaviours.
 - "Focus & Finish"
 - Remove waste and improve flow





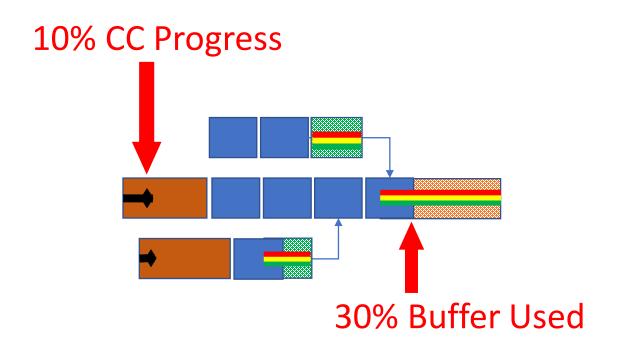
Buffer Management



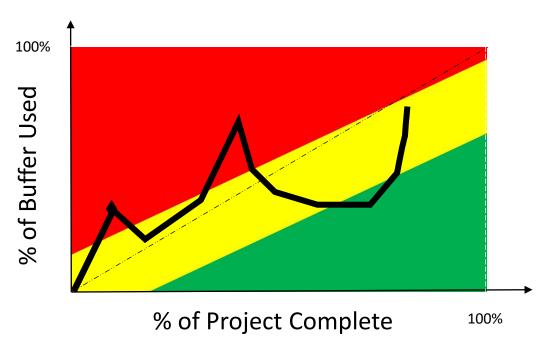




Buffer Management



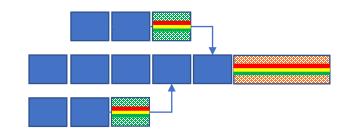
The Critical Chain Fever Chart



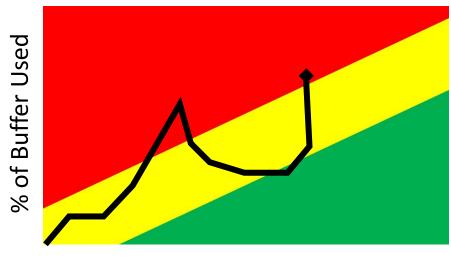




Buffer Management

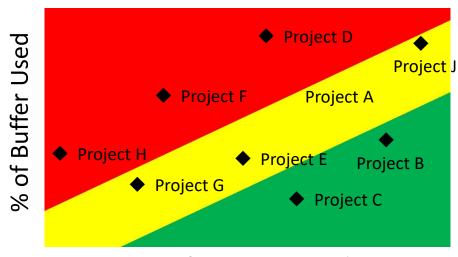


Project Fever Chart



% of Project Complete

Portfolio Fever Chart



% of Project Complete



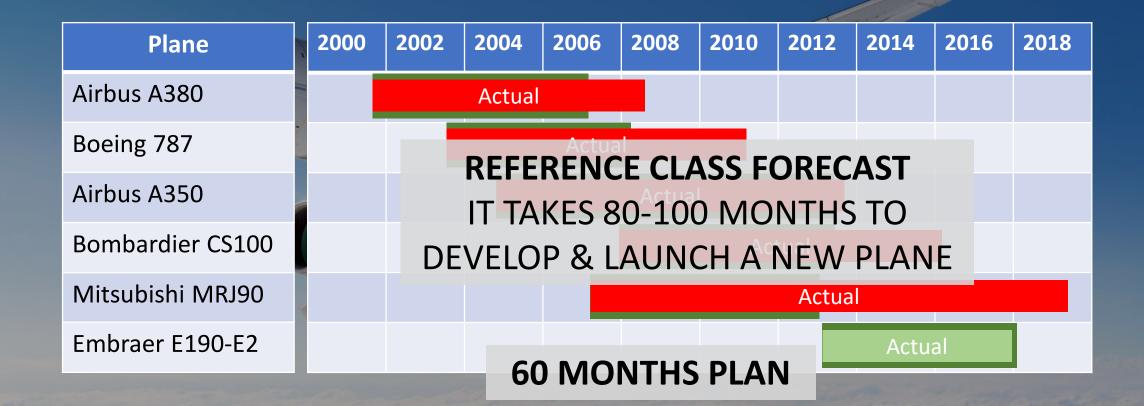


Additional early-warning













BAE Systems and Critical Chain

BAE SYSTEMS

- Local success in the past
- Global piloting 2020 of CC
- Today over 12 major programmes using CC
- Sponsorship of the APM Guide to Critical Chain









Children's Hospital of Erlanger is the only Level IV NICU within a 50,000 square mile area of Chattanooga. The demand for service has increased significantly over two years, and the unpredictable patterns of NICU admissions has stretched our bed capacity and nursing resources. Children's Hospital enticipates NICU reimbursement methodologies will shift financial risk to the hospital, as more emphasis is placed on LOS.

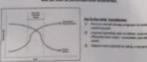
Background

- ADC of 103% (Low 86%: High 114%), expanded NICU to PICU and post partum nursery.
- Inconsistent discharge petterns among attending Neonatologists.
- . Increased scrutiny on NICU costs and LOS.
- 2nd wave TAG (Overall NICU expenditures in TN).
- · Nursing shortage, use of travelers & increase premium pay.
- Limited collaboration between Maternal Fetal Medicine and Neonatology.

Episodes of Care: Incentives

Transitioning from Fee-for-Service to Value-Based Reimbursements

Provides will report limitly blestic to prove partiest quality and sociaums classified; and being met while casting much - quality metrics will be that to perutite and transfers



Objective

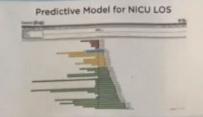
To develop a forward looking, collaborative care planning tool for resource planning and length of stay management to optimize patient flow, nursing resources and bed availability.

Transformational Forward Looking Methodology for Neonatal Intensive Care Unit

Kathy Kohl, RN, MHA | Tyler Shugarts, MBA | Don Mueller, CEO, FACHE Bill Taylor | Danny Walsh | Michael Harris, MD









Projected NICU Occupancy Facilitates Staffing

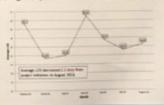


Exepron Lealth

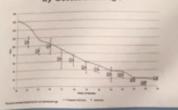
Methodology

- Develop a predictive model for LOS using gestational age and commonly used diagnosis, including surgical interventions.
- Establish collaborative huddles with case management, physicians, nurses, social workers and lactation to discuss discharge planning.
- Improve collaboration with Maternal Fetal Medicine to provide pipeline of expected high risk infant admissions and anticipated LOS in the NICU.
- Plan expected bed and staff resource usage to determine if additional beds are needed in the PICU and post-parturn nursery or consider transfer to lower level NICU.

NICU Average Length of Stay Using Exepron Forward Looking Model



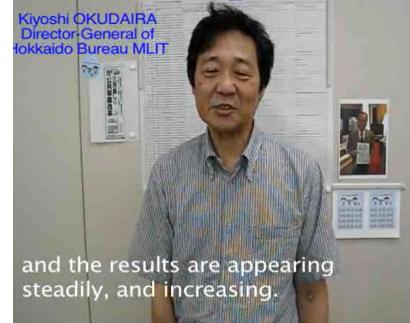
Actual LOS vs. Predicted LOS by Gestational Age



Lessons Learned

- Increase perhatsi colleboration between Maternal Feta: Medicine and Neonatology to better plan for high-eas infants who may require MiCU admission.
- Case Management should play a greative role in utilizing the Exeption tool
 with the health care bearn to ensure ongoing daily collaboration regarding
 LOS and discharge planning.
- Model should be expended to all NiCus at Enlarger to create a "system of care" approach for managing LOS
- Instanced data should be used to continuely evaluate the predictive model and mate adjustments as needed
- For complex cases with surgical intervention, having subspecialties attend huddles as needed should be considered.
- HCAMPS score for Overall Hospital Rating has reached a percentile ranking of 86.96, as a result of collaborative communication.
- Next steps
- Monitor readmissions
- Proactive planning for bed expansion based on modeling.
 Compare post-implementation discharge patterns by attending physician.







Prefecture in 2006

These are the results of the 5 test sites in Kochi







"Critical chain gives us commercial advantage in ... project management. We are more-and-more committed to using it in all our project management applications."

Mauricio Martins de Almeida Filho – Engineering VP, Commercial Aviation

