Mechanisms (Resources & Reasoning)

	Frontline healthcare providers felt "push" approach	
	Senior leadership Lean training focus led by external consultancy	► Leadersh
	Compulsory Lean training- Didn't connect factory to patient care-f	feeling of disconnect for front staff
	Large amounts of Lean events- staff didn't feel involved, didn't un	nderstand the purpose
Contexts for early implementation	Value congruency to some degree, training failed to show the connect	ction between Lean and healthcare
Mandated and funded implementation by Ministry	Perceived as an outsider that didn't fit and understand healthcare contended	ext 💦 Lack of fit between ou
External consultancy to lead implementation	Lean language did not make sense and resonate with staff, staff felt monito	ored
Negative media messaging	Created negative perceptions about Lean "cost cutting"	Resistance from front
Hierarchical organizational structures ——>Leaders support L staff	ean and value it more than frontline staff A disconnect in the leve	l of support & buy into Lean betwee
Rapidly changing contexts "innovation fatigue"	Staff overwhelmed, feel Lean is the latest fad	Lack of support for the

Process of customization to local context, External consultancy JBA contract ended

*Ripple-effect: negative outcomes of implementation (e.g., resistance, lack of customization and negative perceptions), resources (e.g, poor training that did not connect the meaning of Lean to healthcare, external Lean consultants that were not from healthcare), and the scale of implementation (e.g., mandated top-down approach at macro level) shaped the contexts (resistance, lack of customization and negative perceptions and variation in Lean training and exposure) mechanisms (e.g., sense-making, staff engagement, awareness) and outcomes (e.g., degree of support, continuation and normalization) of Lean efforts.

	Mechanisms (Resources & Reasoning)	Outcomes
Contexts for sustainability	Process of moving from overt Lean language & principles to implicit Lean -	Continuation of Lean driven from senior leade
External consultancy contract ended	Degree of sense-making and staff engagement (+/-)	Degree of support, continuation and normaliz
Dropped use of Lean Language	Perceived positive mindset shift (Facilitated by dropping of Lean language &	external) Degree of support
Resistance from frontline healthcare providers	Perception that Lean is gone & was a waste of time and money, a "fashior	n fad" — Frontline staff are unaware of what o
Negative perceptions about Lean	Unit managers/leaders feel a lot of staff are not aware of what changes are a	s a result of Lean or not
	Unit managers recognize need for staff involvement in order for changes to stick	 Frontline staff involved in Lean even
D	egree of observability that Lean works	Staff more likely to support and buy

A model to depict the interconnecting CMO configurations and ripple-effects from early-stage implementation outcomes to contexts for sustainability and their influence on the normalization and support for the sustainability of Lean

Outcomes

Resistance from front line healthcare providers
 hip capacity and buy in to Lean "better equipped"
 Potential reason for staff retention issues
 Resistance from front line healthcare providers
 Lack of buy-in (frontline)
 utside culture of lean and healthcare context

: line healthcare providers en senior leaders, unit managers and frontline

ne continuation of Lean

ers & unit managers

zation of Lean in practice

t, continuation and normalization of Lean

changes are as a result of Lean or not

nts and changes

/-in to Lean efforts for