

A little bit of Lean goes a long way

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A little bit of Lean goes a long way

- Introduction

- I was introduced to the concept of Lean whilst studying for an MBA
- Dissertation title, 'Can Lean cure the ills of the NHS?'
- Became a lean groupie and now believe that, not only can lean cure the ills of the NHS, it can also cure the ills of the World.

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- The purpose of the break out group is to look at the small amount I implemented and then see how many ideas we can generate for you all to take away with you.

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- Traditional problems in radiology
 - Radiology is a silo patients dumped in the silo
 - Many different silo's one for CT one for MRI and others
 - Huge back logs, every so often money thrown at the problem and waiting list initiatives occur
 - Spaces left for emergencies and everyone run ragged trying to deal with the endless demand

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- Traditional solutions which include:
 - More staff
 - More slots
 - More money
 - Carve out for rapid referrals
 - Extended working days

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- There is another way!
- It requires culture change
- Different way of thinking
- Get a grip on what is happening
- Process map
- Understanding activities, capacity and demand
- Get all the backlog on the system so we know how long the waiting list is.

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- What can be achieved in a really small department
- Use the Glenday sieve
 - To identify your greens & reds

The Glenday Sieve

% Cumulative Sales	% Cumulative Product Range
50%	[Green Bar]
95%	[Yellow Bar]
Last 5%	[Red Bar]

The Glenday Sieve

% Cumulative Sales	% Cumulative Product Range
50%	5%
95%	
Last 5%	

The Glenday Sieve and Process Mapping

What do you map first?

The Glenday Sieve and Process Mapping

To make the 'greens' flow to a drumbeat

The Glenday Sieve and Process Mapping

which as *a consequence* reduces non-value added activities plus smoothes & increases patient throughput (NOT sweating the asset)

The Glenday Sieve

% Cumulative Sales	% Cumulative Product Range
50%	5%
95%	50%
Last 5%	

The Glenday Sieve

% Cumulative Sales	% Cumulative Product Range
50%	5%
95%	50%
Last 5%	50%

The Glenday Sieve

reds colour our perceptions of demand and introduce high levels of variability

The Glenday Sieve

Don't mix reds with greens

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- Looked at what we did in Ultrasound captured the activity.
- No surprises
- 5% of what we do makes up 67% activity
- 42% = 95%
- 58% = 5%

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- What was achieved by looking at activity
 - Obstetrics 'one stop on demand' service
 - Capacity needed to be freed to increase capacity elsewhere for greens
 - Process mapped and sieved
 - Dating scans given 5 minute slot
 - Paperwork reduced (no IRMER) no request card needed for routine

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- What was achieved by looking at activity
 - 2 sonographers sent to clinic appointments doubled 20 scans performed in 2 hrs
 - Capacity freed in general radiology
 - Extra gynaecological, urological and general abdominal scans performed by sonographers.
 - Waiting lists cascaded through the green stream.

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- What is the real waiting time?
 - Clear the backlog get all the out-standing appointments onto the system this brought waiting times down two weeks. Why?
 - By more closely scheduling the predictable greens, freed up capacity for more throughput

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- Actively manage lists fill all the green gaps.
- Do not leave spaces in lists for emergencies.
- When work flows the emergencies will flow with the rest of the work - believe me.
- Leave green space for wards (based on demand data) they will come every day so those gaps are needed and they will be filled.

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- Think about shaving a couple of minutes off routine procedures by standardising work

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- How can lean work in other areas
- MR?
- CT?
- A/E
- Any ideas?

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- What are the possible barriers
- How can we overcome them
- How in radiology can we influence our user groups?
- How do we ever get the patient flowing to the drum beat?

A little bit of lean goes a long way

- Take home messages
 - Process map, sieve and create flow
 - Tidy the work area
 - Tell people what you are doing keep them in the loop
 - Actively manage the schedules
 - Clear the backlog of requests get them on the system
 - As soon as a green patient cancels fill the space
 - Deal with each days requests as they arrive

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- Take home messages

– DO NOT LEAVE SPACES FOR THE UNEXPECTED

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- What was the most difficult thing in creating a lean environment
 - MANAGING CHANGE
 - You cannot lead people forcibly to happiness people will still complain even when their life is much better and they are no longer run ragged.