



Creating the Lean Patient Journey from Beginning to End

Daniel T Jones

**Chairman
Lean Enterprise Academy**



Welcome

- **To the second Forum of the Lean Healthcare Network in the UK**
- **An independent network to help accelerate the implementation of lean across the NHS**
- **Building on the work of the pioneers of lean healthcare in the NHS and across the globe**
- **And the Lean Enterprise Academy's experience as catalysts in experiential learning**
- **Helping pioneer organizations to quickly get started down their own lean journeys**
- **Then writing up the methods for others to follow**



The Power of Lean

- **Purpose** – starting point is value defined from the customer's perspective
- **Process** – set of principles for redesigning value streams – the patient journey, the diagnosis and treatment process and the support processes
- **People** – organisation and management system based on developing people as problem solvers – Toyota the most powerful reference model
- **TQC and Six Sigma** – analyse causes of variance
- **TPM** – improve equipment availability
- **Theory of Constraints** – manage bottlenecks
- **Systems Theory** – optimise whole systems

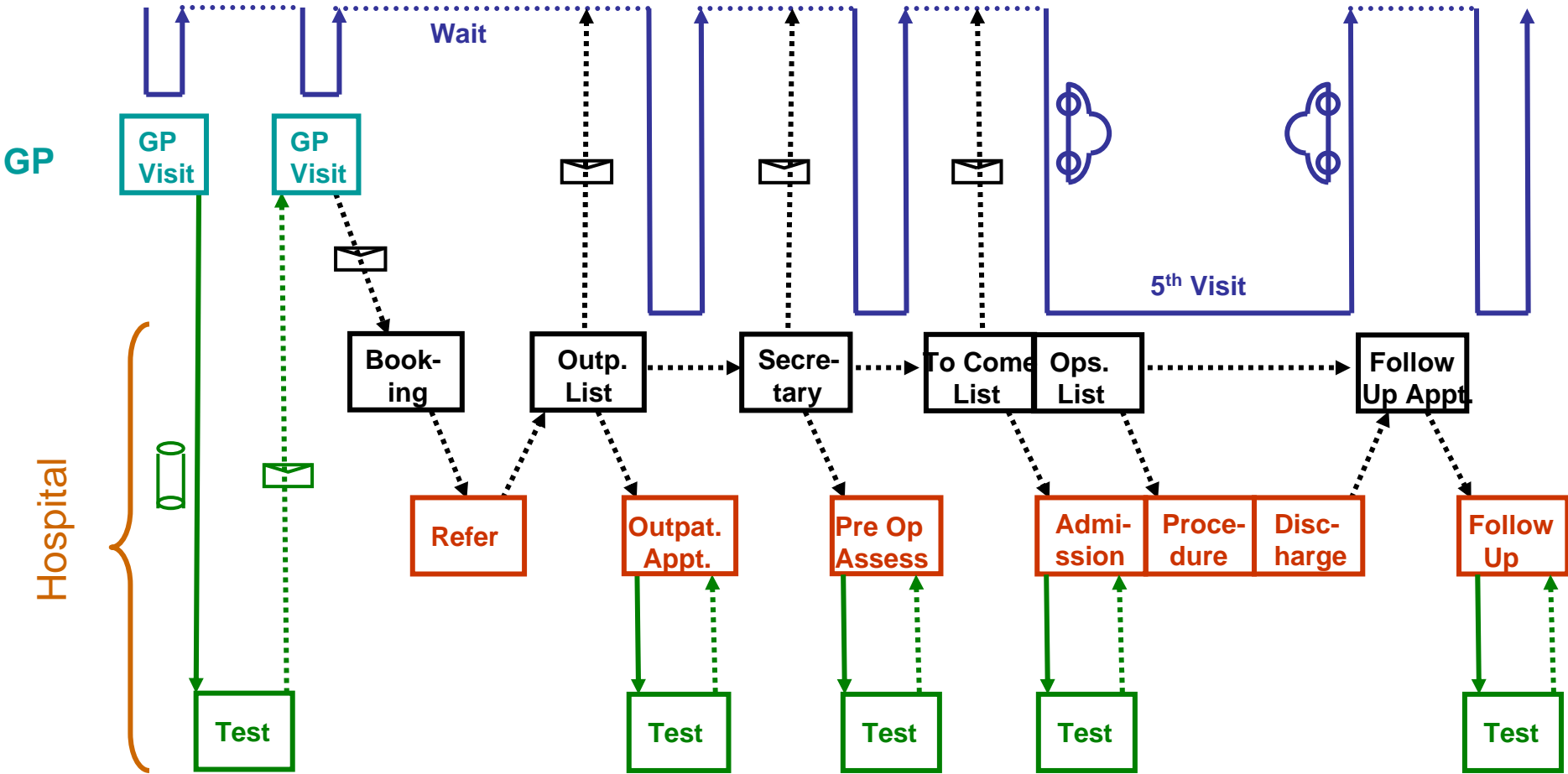


Levels of Action

- **Point Kaizen** – create islands of flow, remove waste, establish standard work, roll out 5S etc. – learn to change things quickly but difficult to sustain in isolation
- **Value Stream Kaikaku and Kaizen** – redesign of the end-to-end patient journey, the whole diagnosis and treatment process and demands on the support processes
- **System Kaizen** – redesigning the series of organisations across which the different value stream flow – and building a management system to sustain and develop the value streams



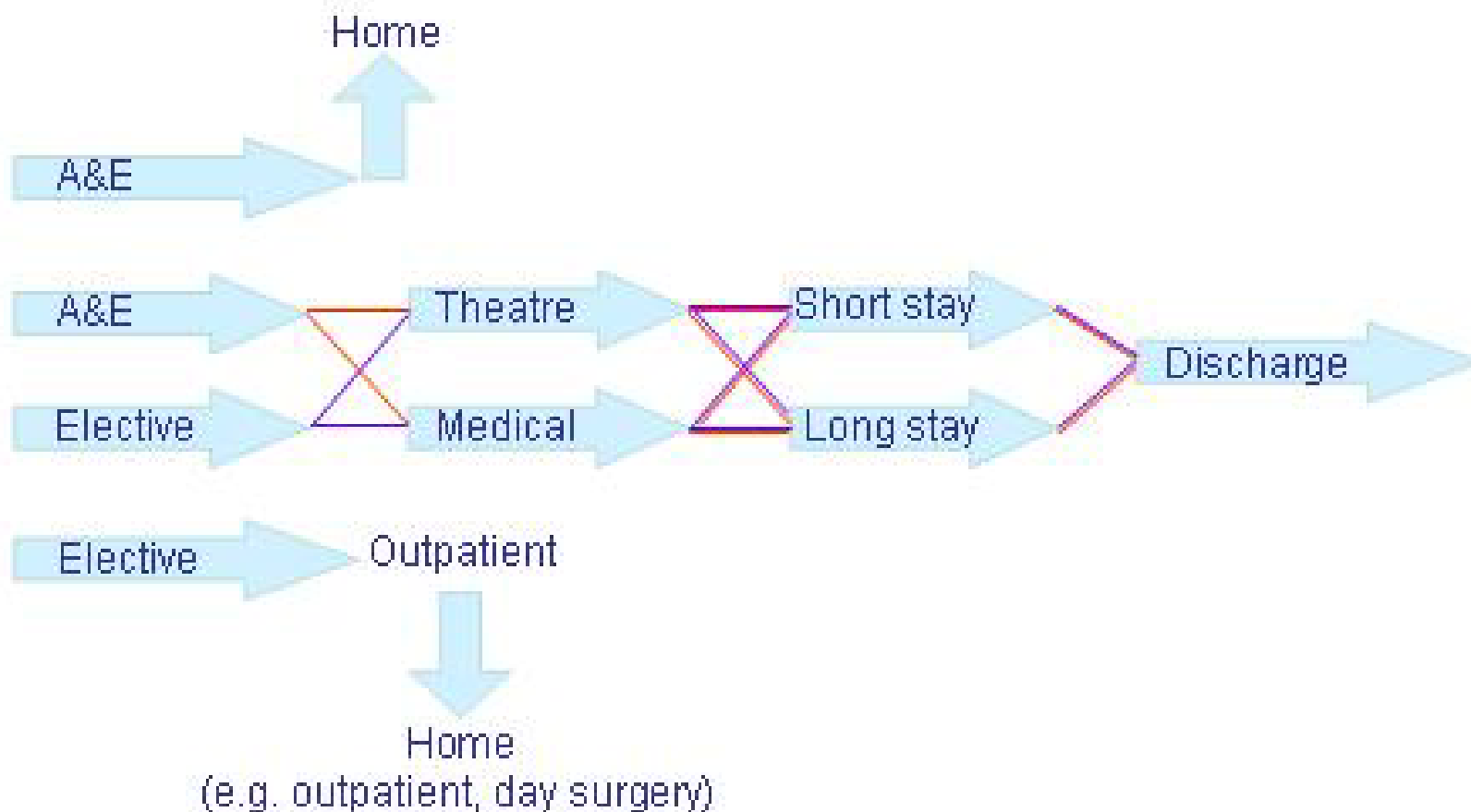
For the Patient - 6 Trips, 100 minutes of Value, 610 minutes Time, over 31 weeks



For Healthcare – 100 minutes of Value, 330 minutes Time, over 31 weeks



Different hospital value streams (simplified)





The Lessons

- The objective is to Improve the **quality** of the patient's journey – as well as improving working conditions and lowering the cost to the taxpayer
- Seeing the whole process is the starting point
- Learning where you can flow comes next – distinguishing the **green** and **red** streams
- Then redesigning the **green stream** so it flows, instead of planning everything as if it were **red**
- Which gives a purpose and direction to all the detailed improvement activities
- Rapid change is not only possible – it is essential – what sticks is what you do yourselves



Today's Agenda

- **Seeing the End-to-End Patient's Journey – mapping the 18 week elective process**
- **Understanding the Gains from lean**
- **Two breakouts on key pieces of the system – Pathology and Radiology**
- **Two breakouts on Running your own Rapid Improvement Events and Mapping the End-to-End process**
- **One additional breakout on Applying Lean to Primary Care – the next frontier**
- **The Flinder's Story from down under**
- **Discussion of the change management issues – and what we need to tackle for next time**



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