



Deepening our Knowledge of Lean Healthcare

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Welcome

- **To the third Forum of the UK Lean Healthcare Network**
- **This time 55% from hospitals, 20% from primary and community care and 25% from SHAs, consultants and other organisations**
- **LHN is an independent action learning network to help accelerate the use 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 across sectors**



What Did Toyota Do?

- **And what can we learn from them in healthcare?**
- **They basically transformed the way work is done and the way people work together – helping staff to create brilliant processes without waste**
- **There are three levels to this transformation: -**
 - **Improving the way work is done in wards, theatres, pathology, radiology, etc.**
 - **Redesigning complete patient journeys from beginning to end**
 - **Rethinking the way organisations manage these journeys and synchronise the necessary support activities**



Is Healthcare so Different?

- “There are no standard patients” – yet they basically follow a few routes through the hospital
 - Group the value streams not by department but by length of stay and the facilities they need
- “But demand is quite unpredictable” – actually it is quite predictable in A&E
 - Batching, queuing and rescheduling causes the volatility in elective work – try open access
- “But every patient is different” – actually 6% of procedures account for 50% of the work load
 - Start by creating a flow for these **green patients** and free up more time for the **red patients**



Lean Healthcare

- **Lean thinkers see a hospital (or a large practice) as a collection of patient flows through diagnosis and treatment, enabled by many support activities**
- **Cooperation is vital because many of these patient flows cross several organisations**
- **Moving activities into primary care may be right – but not if we just replicate broken processes – and make existing hospital services unviable**
- **Redesigning diagnostic and treatment processes with their support processes opens up new models for service delivery – with right-sized tools**



The Results

- **The initial gains are a dramatic improvement in quality – mortality, errors, patient satisfaction**
- **Then better staff morale as things get done right first time on time – and budgets are met!**
- **Which leads to increased throughput with the same resources – better utilisation of theatres etc.**
- **Accelerating momentum as staff have time for problem solving and continuous improvement**
- **But because it depends on the willing cooperation of all staff this can not just be seen as a quick fix**
- **On the other hand it will undoubtedly separate the sheep from the goats in this industry too**



Today's Agenda

- **Opening plenary - first report on results from Bolton and the Wirral**
- **Four different hospital lean journeys – there is no one best way to lean!**
- **Taking stock of process improvement in primary care, good examples and a lean way forward**
- **Expert group to share experiences and push the frontiers of lean practice and clinical engagement**
- **Closing plenary – walking the wards and conclusions and next steps**



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