

# Leading LEAN Transformations The HDGH Experience

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To the First Global LEAN Healthcare Summit

Kenilworth, Warwickshire, UK

# Early Beginnings

- CEO knowledge & support for LEAN
- VP & some key managers learn about LEAN – LEI Value Stream Mapping for Healthcare
- Attempt to apply LEAN to Porterage

# Portering – Our First Project

- Nurses on inpatient units were portering patients to other inpatient units and to and from various diagnostic and treatment units
- Nurses viewed this as a waste of their time
- Some diagnostic and treatment units had porters assigned to them – ER, OR & DI
- Nurses wanted these porters to do all the portering in the hospital

# Portering – Our First Project

- Neither the managers nor the porters in ER, OR or DI asked for LEAN – although they wanted to improve portering within their unit, they did not want to take on additional portering
- We abandoned the project and encouraged porters to become involved in LEAN projects within their own departments, once they began
- **Learning: You can only deal with what is within your own control**

# ER – Our Second Project

- Average wait time just to see a physician was consistently at or above 2 hours for all ER patients
- Average length of stay for all ER patients was consistently 4 hours
- Average length of stay for patients discharged from ER (without being admitted to inpatient unit) was 4 hours

# ER Project

- Between 400 and 450 patients per month (out of an average of 5000 = 8 – 9%) left our ER without being seen by a physician
- Staff turnover was 16% per year at a cost of \$374,000 per year
- Our attempts at “fixing” the problems involved adding resources, but just added to the wait time
- Staff were frustrated and more were contemplating leaving

# Creating Interest in LEAN - ER

- We encouraged our ER clinical leaders and managers to visit Detroit Medical Centre to see how they operated - 29 minute guarantee
- We sent some of them to the LEAN Healthcare Certificate Program at the University of Michigan
- Our Sensei, Dr. John Long, spoke with them and took them to St. Mary's Hospital in Grand Rapids, Michigan, where he was leading a LEAN initiative in their ER

# “Pull” - ER

- They became interested in trying a LEAN approach
- They asked us to support them in a LEAN project
- We call this “pull”
- The objective was to reduce the wait time for our dischargeable ER patients
- There was alignment with our strategic direction since this would improve our processes and thereby increase our capacity and decrease patient wait times

# 3-Day Workshop

- Introduction to LEAN
- Understanding Value Stream Mapping
- Map the Current State
  
- Understand Waste
- Identify problems & waste in Current State
- Map the Future State
  
- Understand Action Plans
- Develop Action Plan to move toward Future State
- Utilize Decision Panel

# Our Ground Rules for LEAN

1. Respect each other – no blame – no excuses
2. No one loses a job because of LEAN
3. Deal only with what is within your own departmental control
4. No additional resources

# Success in ER

- Average wait time to see a physician was reduced from 2 hours to 1.25 hours
- Average length of stay for all ER patients was reduced from 4 hours to 3 hours
- Average length of stay for dischargeable patients was reduced from 4 hours to 2.5 hours – 85% of our ER patients are dischargeable

# Success in ER

- The number of patients leaving our ER without being seen by a physician fell from 400 per month to an average of 200 per month with the same volume of visits
- Staff turnover was reduced from 16% to 6% for a savings of \$218,000
- **79% of the staff have been involved in one or more improvement tasks within the department**

# Success Helps Create “Pull”

- Our metrics demonstrated to our ER staff and other staff, the success of our ER LEAN project
- Our local media covered our successful LEAN project in ER
- Other hospitals in Canada and the USA came to visit and learn from our experience

# Success Helps Create “Pull

- Huge improvement in relationships among staff members – respect for what every member does – every member valued for their contribution
- Improved job satisfaction
- Changed the way people thought about their work
- “Can do” attitude
- These factors helped create an interest in other areas of the hospital to try LEAN

# LEAN Projects at HDGH

- Porterage July 2005
- Emergency Department Oct. 2005
- Orthopedics – Hips and Knees Sept. 2006
- Mental Health Oct. 2006
- Clinical Teaching Unit (CTU)- Internal Medicine Nov. 2006
- General Radiology January 2007
- Central Service and Reprocessing Feb. 2007
- CAT Scan May, 2007

# Clinical Leadership and Process Management

- Important to identify the process or value stream owner – the manager of the unit/department
- Educate the process owner in LEAN
- Process owner has responsibility to drive the process and the process improvement
- Physician involvement & commitment is helpful in support of the process owner
- Process owner provides the focus - engages front line staff to “work on the work”

# Implementation & Sustaining

- Action Plan should have manageable number of achievable tasks
- Identify front-line facilitator to help task/project leaders
- Develop Story Board and schedule weekly “Board Meetings”
- Continually conduct “reviews” at intervals (30, 60 or 90 days) agreed upon in the action plan

# Reflections on LEAN at HDGH

- Concentrated effort at unit/department level – resulted in very good knowledge and use of LEAN at front-line level
- Tremendous enthusiasm for LEAN
- Unit level workshops identified organization-wide problems
- We are struggling now to find an effective method to address the organization-wide issues
- We need to clarify our strategic plan and deploy our strategy, using LEAN, through all our key value streams

# Reflections cont'd

- We now have a core group of very capable LEAN facilitators – front line workers
- We have struggled with defining the role of process owner vs. facilitator
- Success in one unit can help develop the “**pull**” in another unit to try LEAN
- Learnings and experiences in one unit are often easily transferable to other units

# Look Forward

- We will clarify our strategic plan and deploy it through all our value streams, including community partners
- We will continue to concentrate LEAN efforts at the unit level
- We will also apply LEAN to organizational-wide improvements
- We will continue to share our learnings with others and learn from them

