

Lean Healthcare Transformation Summit 2009



Conclusions: an Agenda for Action

Daniel T Jones

**Chairman
Lean Enterprise Academy**

What does this tell us?

Title: Justification for Middletons's Emergency Medical

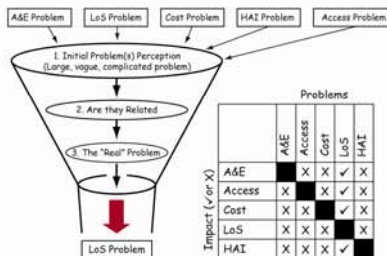
Process Re-Design

Version: v2
Author: JB

Date: 21/11/07

What is the problem?

Medical LoS is our BIG problem and is having an adverse effect on our other Big 4

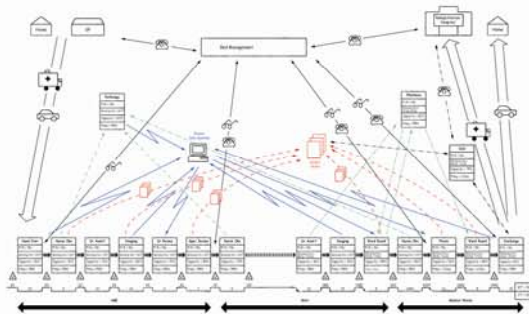


Current condition:

1571 minutes (15%)
Treatment Time

V's

9415 minutes
(85%) Waiting Time



Target condition: Reduce Waiting Time by 64%, therefore reduce average LoS for Medical Patients by 4.94 days

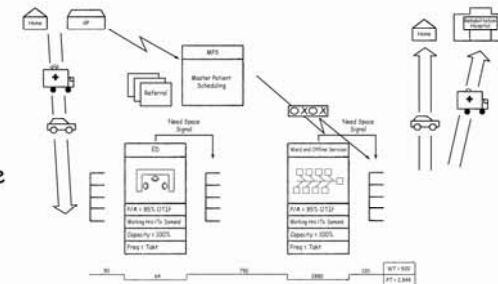
Root Cause Analysis:

- No real plan for patients (hence no actual)
- Departmental working hours are not synchronised
- Capacity (staff) not calculated to meet Demand
- Frequency of interventions not designed to meet Demand

Responsible: JB Team members: BW/NE/JE/ML/HW

Proposed countermeasures:

- Create Stability thro' Ops Management
- Place 'offline' services 'online' & get them operating to takt
- Create Continuous Flow
- Introduce Buffers where we cannot Flow
- Create a Single Point of Schedule (Pacemaker)



Plan:

Step	Start	End	Lead	Responsible	Start/Complete	Z	F	M	A	M	T	W	T	F	S	D	N	D	30d	60d	90d	Site	
1. Develop & execute Gantt Plan	Proposed re-design communication	GD's Staff aware	MB	LD/ST/MB	Jan 08 - Feb 08																	X	
2. Open Night Throughput CS	Plan for Every Patient	Avail CTSP 80%	ST	LD/ST/MB	Jan 08 - Feb 08																	X	X
3. Ready understand demand	Demand In & Out Issues	By Hour/Day/Week/Session	ST	MB/MB	Jan 08 - Feb 08																	X	X
4. Expansion Pacemaker	Scheduled by MPS	MPS meeting	PL	MB/MB/PL	Jan 08 - Feb 08																	X	X
5. Size & implement Gantt Plan	1. One Ward Buffer - logical	Max LoS = 22.5 hours	PL	MB/MB/PL	Jan 08 - Feb 08																	X	X
6. Pull-offline services into Flow	2. Storage Buffer in place	Max LoS = 9 hours	PL	MB/MB/PL	Jan 08 - Feb 08																	X	X
7. Deployment Continual Plan	Top 80% into Patients model	All 80% working to Takt	ST	LD/ST/MB	Jan 08 - Feb 08																	X	X
8. Size & implement buffer	Merged ED-GAR	Max LoS = 85 mins	ST	MB/MB/ST	Jan 08 - Feb 08																	X	X
	One ED Buffer	Max LoS = 2 hours	AJ	MB/MB/PL	Jan 08 - Feb 08																	X	X

Follow Up:

- Conflicting Cost Improvement Initiatives in departments & divisions
- Who will do this work
- How will we know if the actions have the impact needed?

Agreed by: MT

Date: 08/11/07

What have we learnt?



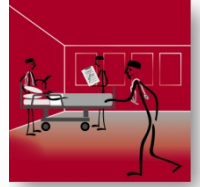
- The scientific method reveals **what** can be done
- We can now see the **scale** of the opportunities in the core patient journeys
- If we have the **will** to realize them over time
- By changing the context to drive the right actions
- Lean is a different answer to the budget cuts
- We do not have to just cut services or pay
- But learn how to work together to deliver more and better care for less resources

Towards a Lean Hospital



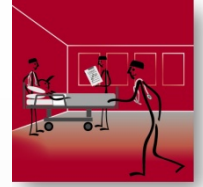
- By extension if we use the same method we can see all the elements of the Lean Hospital
 - The core patient flows through the hospital
 - The core patient flows in and out of the hospital
 - The demand on the supporting flows
 - The procurement and delivery of supplies
 - The core management processes
- And the flows through primary and tertiary care
- Plus the huge waste in the supply chains for pharma and other supplies

But



- It is time to shift our attention to the **how**
- By learning from the pioneers – systematically reviewing what works and what does not
- By deepening the action learning:
 - To learn how to make value stream management work
 - To establish stability across the value streams through visual management
 - And developing experiential learning for managers and staff at all levels in standard work and problem solving

Hospital management



- Is changing fast – from typical public sector – budget administration, fire-fighting and checking
- To the elements of modern management – allocating resources and clear lines of authority
- Now need to also manage the horizontal flows of patients, support services, supplies etc
- Which means questioning the work, where to use time, prioritisation, career paths etc
- So how can we change the management systems to drive the right kind of actions?

Agenda for Action



- Start where you are – read the book, gather the evidence, focus on the vital few actions
- Build a a case to convince the Board to support this – making use of non Execs with experience
- Share your pilots with others – particularly learning from what does not work
- Possibly harness this learning across a network of healthcare leaders – in parallel with the USA
- Find some high profile champions to lead the charge in the UK – across the public sector

Core questions



- Back to the core questions
- ***“Lean can work in healthcare!”***
- We know the actions that work and how to link them together and the potential results
- We will learn how to make value stream management work
- The question is now
- ***“Can you lead lean in your hospital?”***
- and ***“What can be done to help you do so?”***



Thank you for coming
Safe journey home