



Implications of Lean Thinking for Healthcare

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Lean Thinking

- **Lean Thinking derives from observing best practice organisations, not from theory**
- **It has a long history – Toyota the leading example**
- **Their example shows us the power of a relentless focus on creating brilliant processes**
- **From them we extracted the principles for designing lean processes**
- **And how to manage them through a scientific approach to problem solving close to the source**
- **It is a path that will separate the sheep from the goats – it not a magic recipe or a quick fix!**



Process Thinking

- **We traditionally see an organisation as a collection of departments or activities, managed separately and with time buffers between them**
- **Performance is improved by setting targets, by switching managers and by restructuring**
- **Danger of jumping to structural solutions**
- **Lean thinkers see an organisation as a collection of customer, provider and support processes**
- **The task is to identify the value in each process, to see and manage the end-to-end flows and to synchronise the support flows**



Phase 1 Lean

- **Is well under way in healthcare in the UK**
- **The Modernisation Agency and Ospreys building lean knowledge and capability in healthcare**
- **Many examples of rapid improvement events and Kaizen breakthroughs in pieces of the system**
- **This shows that rapid change is possible with better outcomes and less wasted time and cost**
- **But the gains are limited unless they can be linked**
- **They are difficult to sustain without the right top management support**
- **Basically this is learning to improve what we have**



Phase 2 Lean

- **The next step is to learn to see and to redesign whole pathways within a hospital**
- **This will be key to reducing 18 months to 18 weeks – but why not 18 days?**
- **But we still do not have an agreed definition of the all the major flows through a hospital**
- **So we can draw a high-level process map to enable us to see what a lean hospital should look**
- **This would show us how to reconfigure the buildings to accommodate several parallel flows maybe with dedicated facilities that minimise time and distance through the hospital**



Phase 3 Lean

- **Will happen quickly alongside Phase 2 lean**
- **Rethinking whole end-to-end patient flows through primary, secondary and tertiary care for different conditions**
- **So we can begin to see and design alternative delivery routes, using right sized equipment and support activities located in the right places**
- **There will almost certainly be several alternatives and not just “one best way” based on coming to the “Big Box” General Hospital**
- **Successful entrepreneurs will design these around different customer circumstances**



Beyond the Big Box

- **“Big Boxes” are relics from the age of mass production**
- **They are increasingly at odds with lean processes that save time and money for consumers and for service providers**
- **Airports are designed around hub-and-spoke systems and big planes - and we hate them!**
- **These are being superseded by regional low cost point-to-point leisure services and a growing network of smaller jet business point-to-point services**
- **Neither of these need big monuments**



The Convenience Revolution

- Perhaps the biggest change is in retailing
- Tesco has led this revolution by : -
 - Knowing who its customers are and what they want
 - Building a range of formats to match their circumstances and
 - Creating a fulfilment system based on small pack sizes and rapid replenishment to serve them all
- The future lies in innovative ways of combining convenience and home shopping - not Big Boxes!



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