

Going Lean in Healthcare

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“Sometimes no problem is a sign of different problem.”

Mark Rosenthal

“ The most dangerous kind of waste is the waste we do not recognize.”

“Improvement usually means doing something that we have never done before.”

Shigeo Shingo

What is Lean?

- **Lean** is an *Operational Excellence Strategy* that enable you to change for the **better-** in fact the Japanese often use “**Kaizen**” which use by lean practitioners to describe incremental improvements.

Kaizen

改善

To make better

What is Lean?

- *Persistent* process in *elimination of waste* – **MUDA** (uselessness/ wastefulness) – describes any activity that's done, but add no real value to the product or service.



Where Does It Come From?

- Originated from the Toyota Production System
- To create more value using less work
- To reduce waste
 - Rework
 - Overproduction
 - Conveyance
 - Waiting
 - Inventory
 - Motion
 - Overprocessing

Lean Manufacturing

- ***Lean Manufacturing*** – A way to **eliminate waste** and **improve efficiency** in a manufacturing environment
- Lean focuses on ***flow***, the ***value stream*** and eliminating ***waste***
- Lean manufacturing is the production of goods using ***less*** of everything compared to traditional mass production: less waste, human effort, manufacturing space, investment in tools, inventory, and engineering time to develop a new product .

Lean and Just-in-Time

- Lean was generated from the ***Just-in-time (JIT)*** philosophy of ***continuous and forced problem solving***
- **Just-in-time** is supplying customers with exactly what they want when they want it
- With JIT, supplies and components are “pulled” through a system to arrive where they are needed when they are needed


Lean Management

- ***Lean Management*** is an approach to running an organization that supports the concept of ***continuous improvement***, a long-term approach to work that systematically seeks to achieve ***small, incremental changes*** in process in order to ***improve efficiency and quality***.

Margaret Rouse

Core values of Lean Management Theory

- ***Respect for people*** (eg, patients, staff members, managers, physicians),
- ***Continuous improvement*** (eg, easier, better, faster, cheaper), and
- ***Human development.***

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- Lean management principles for years to help **eliminate waste, streamline processes, and cut costs.**
 - This pragmatic approach to **structured problem solving** can be applied to health care.
 - **Health care leaders** can use a step-by-step approach to document processes and then identify problems and opportunities for improvement using a ***value stream process map.***

Lean Thinking

- **Lean Thinking** is a business methodology that aims to provide a **new way to think** about how to organize human activities to deliver **more benefits** to society and individuals while **eliminating waste**.
- Five **principles** for lean thinking are **customer value**, steps in **value stream**, actions creating **value flow**, **just-in-time** approach and **perfection** by continuous waste removal.

Womack & Jones

Lean Thinking Cont;

- **Lean Thinking** is a methodology to produce *highest quality* product in the *shortest* amount of *time*, at the *lowest* possible *costs* by *eliminating* the **seven wastes**.
- The seven wastes are waste of *overproduction*, waste of *time*, waste of product *transport*, waste in *excess processing*, waste in *inventory*, waste in *movement* & waste in producing *defects*.

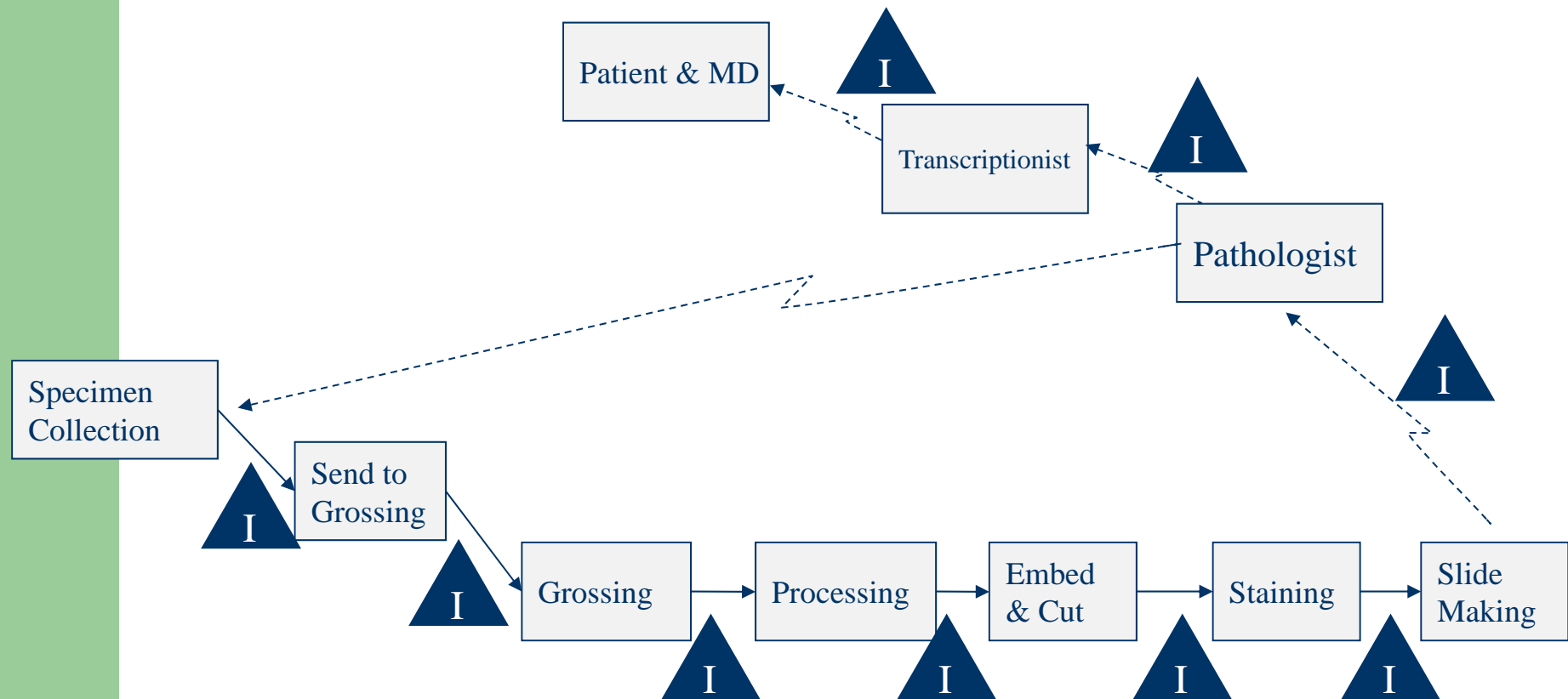
Lean Strategies

- Define the problem or current state
- Create a future state
- Determine the appropriate lean “tools” that should be used
- A smooth transition from the current state to the future state involves leadership, teamwork, communication, and sponsorship from management.
- Continuous improvement

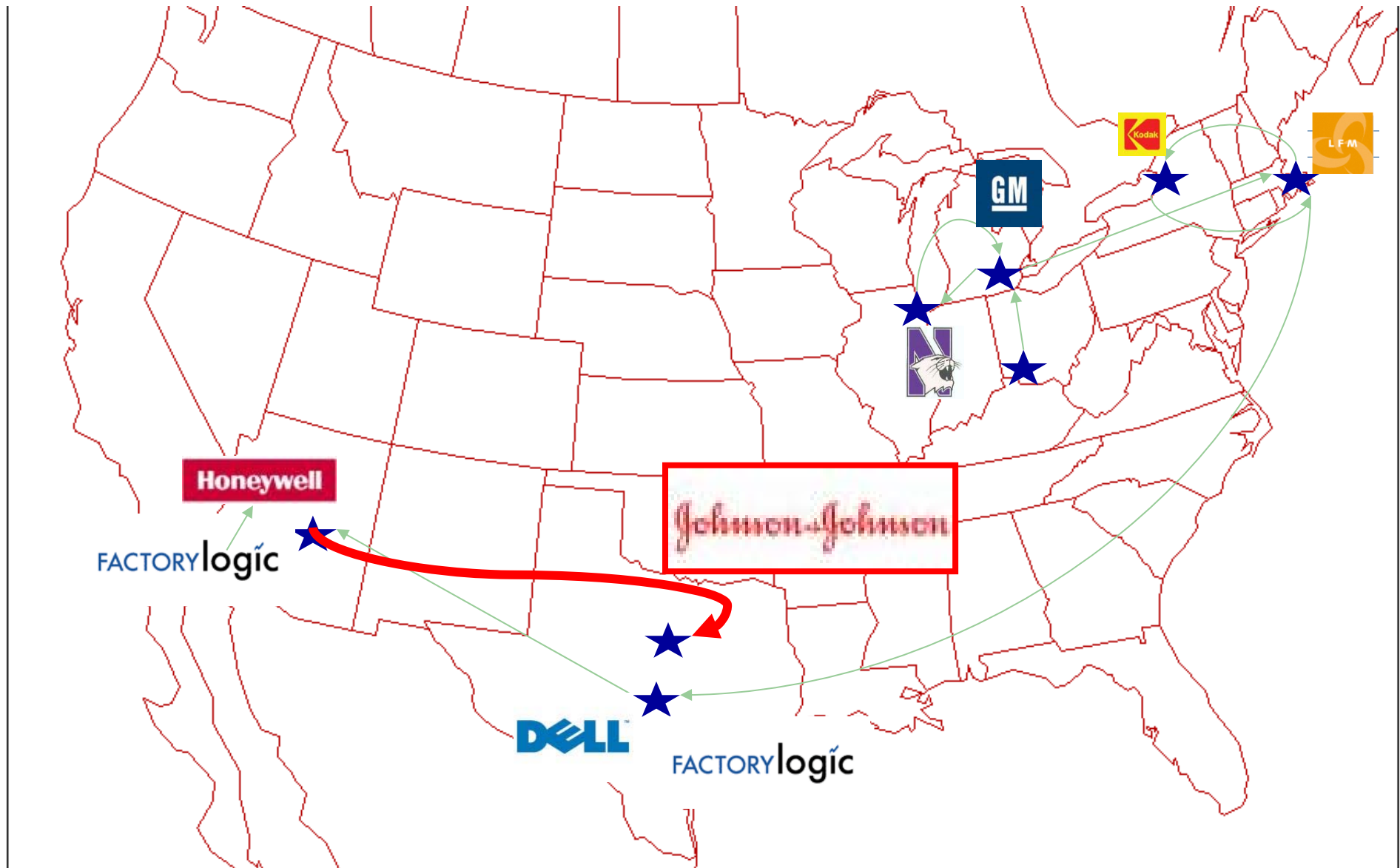
Lean Tools

- ❖ ***Value Stream Mapping*** – A mapping process that visual depicts the flow of materials and information of a product or service
- ❖ ***Kaizen Events*** – Small group that involves workers and managers to come together to make improvements to a process by reducing waste.
- ❖ ***Spaghetti Diagrams*** – Path taken to create a product during the manufacturing process.

Value Stream – Anatomic Pathology



Mark's Spaghetti Chart



Lean Tools Cont;

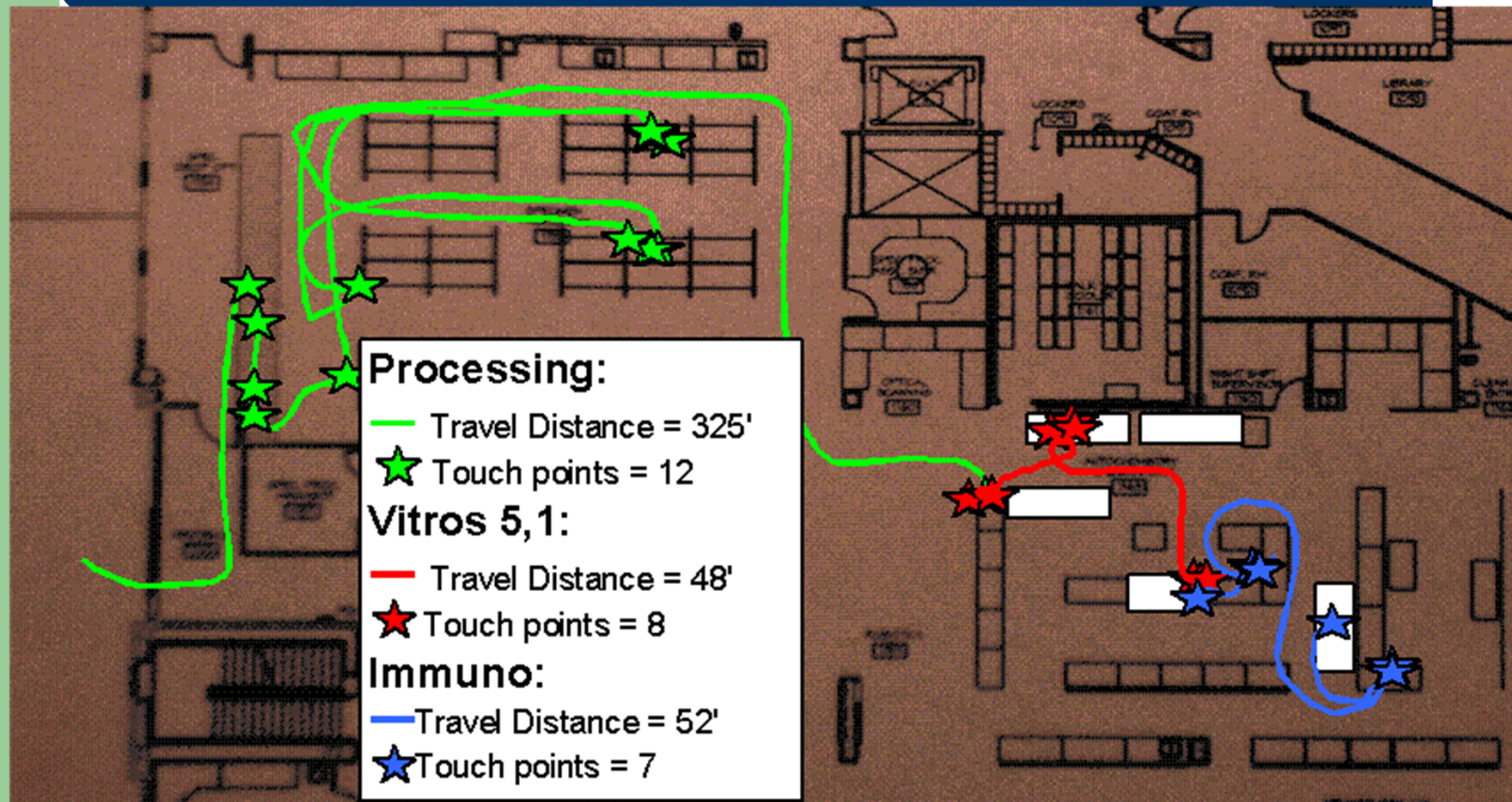
❖ **5S**

- ✓ Sorting
- ✓ Set in Order
- ✓ Shining
- ✓ Standardizing
- ✓ Sustaining

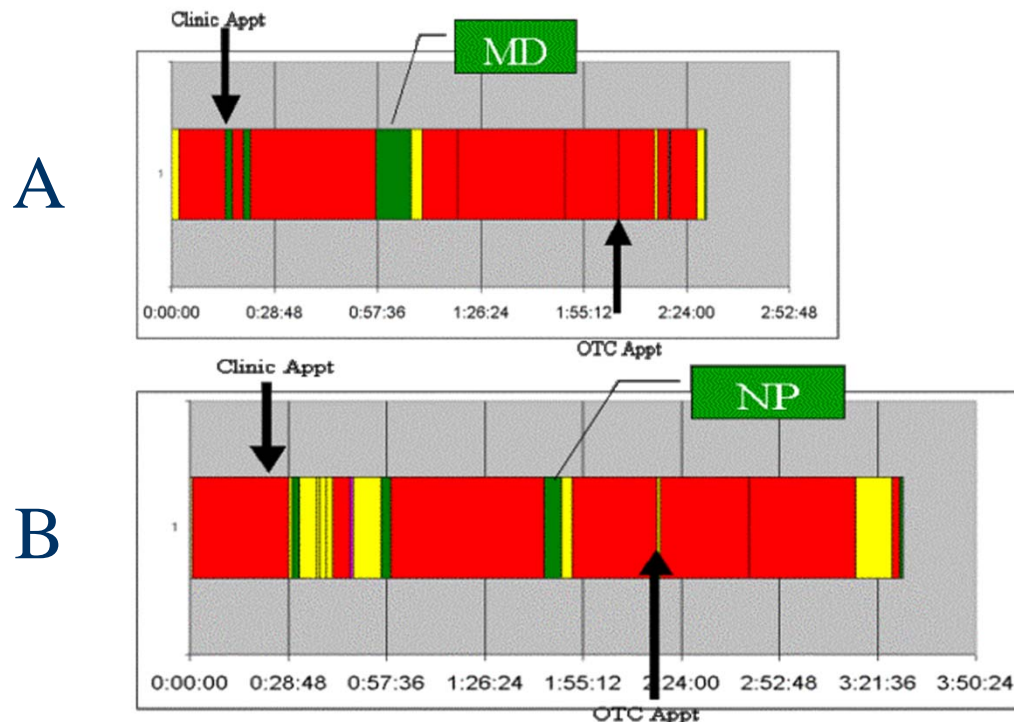
❖ ***Process Maps*** – Shows the different processes from beginning to end used when creating a product

❖ ***Standardized Work Plans***

Clinical Laboratory Product Flow



Outpatient Oncology Patient “Flow”



Value Added

- Blood drawn
- MD consult
- Needle into Port

NVA But Required

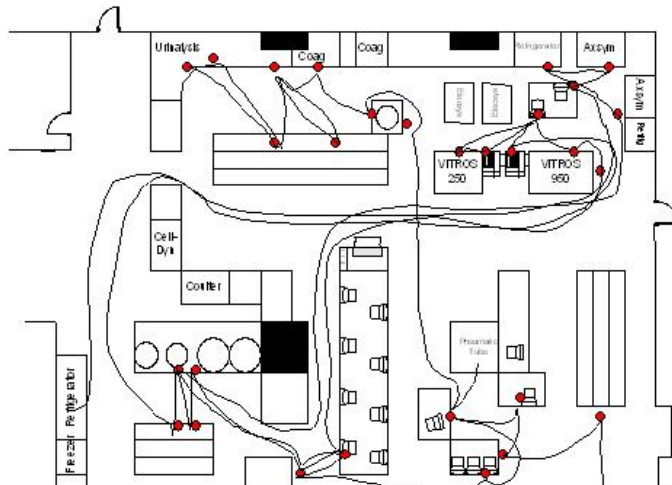
- Check In / Check Out
- Moving from room to room

NVA, “Pure Waste”

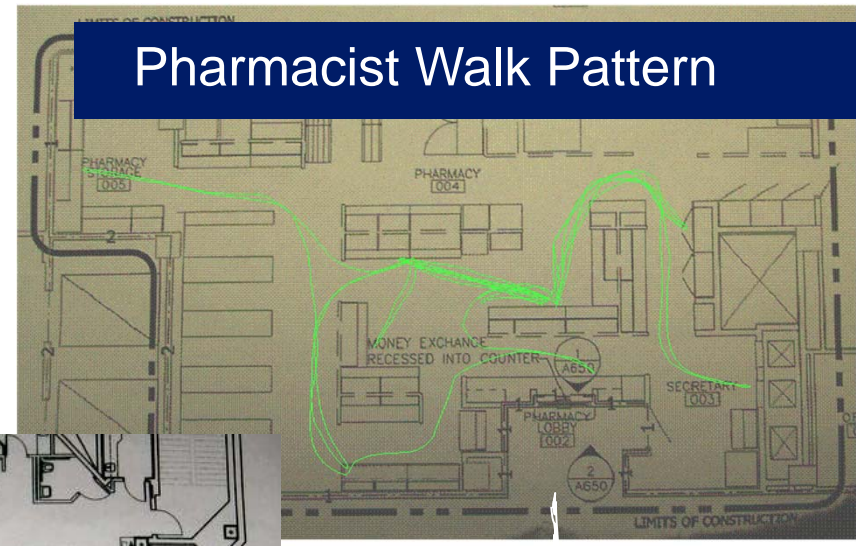
- Waiting for Check In
- Waiting for MD
- Waiting for Treatment

PATIENT	ARRIVAL TO TREATMENT (HOURS)	LATENESS FOR TREATMENT (HOURS)
A	2.5	0.42
B	3.5	1.08
AVG	3.0	0.75

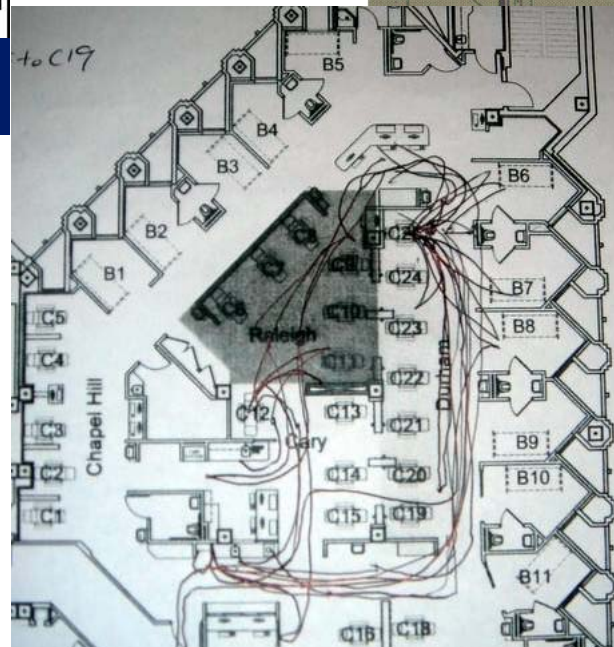
Layouts Drive Waste of Motion



Med Tech Walk Pattern



Pharmacist Walk Pattern



Cancer RN Walk Pattern

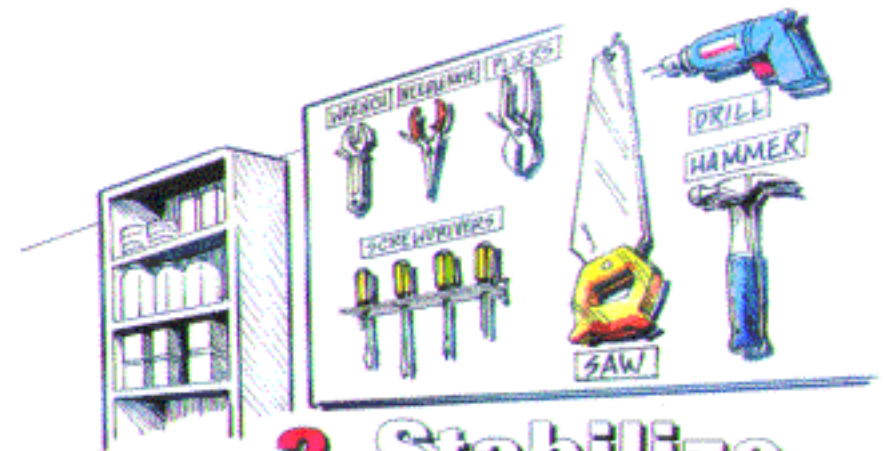
Miles per Day!

5 S's



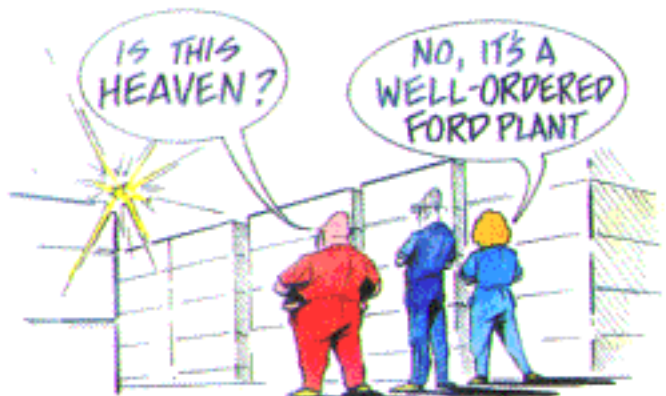


1. Sort



2. Stabilize

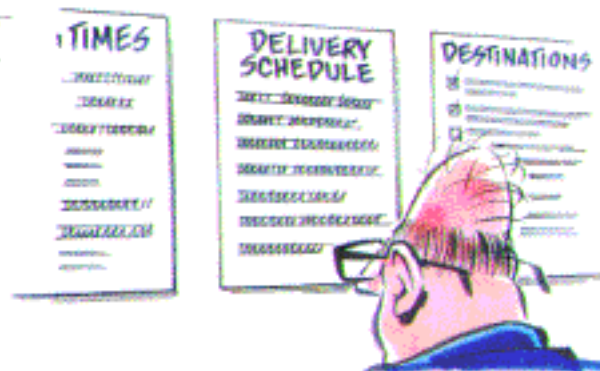
5 S's



5. Sustain



3. Shine



4. Standardize

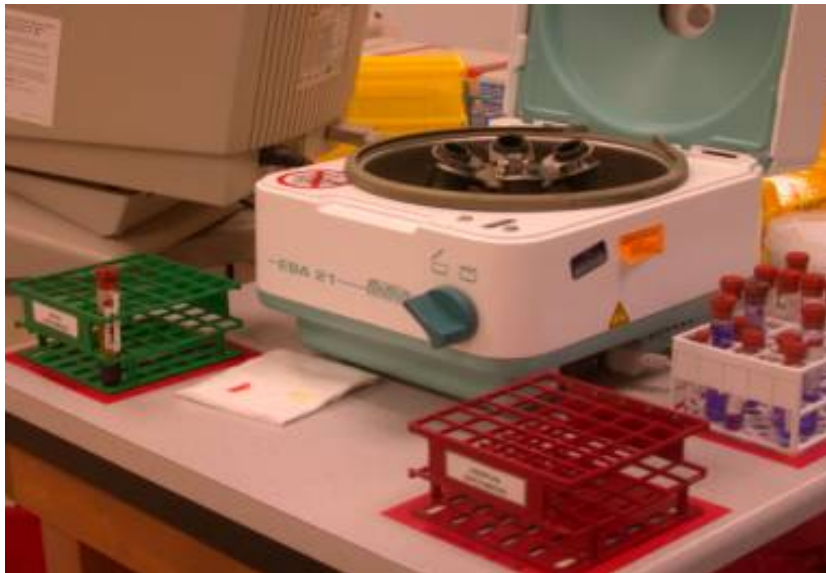
Typical 5S Baseline



- Unorganized Workbenches
- Product Flow not Obvious
- Time wasted looking for things
- Hoarding of supplies

- Poor Utilization of Space
- General Clutter
- Supply Shortages and “Hidden” Inventories

5S Improvement Examples





Lean Healthcare

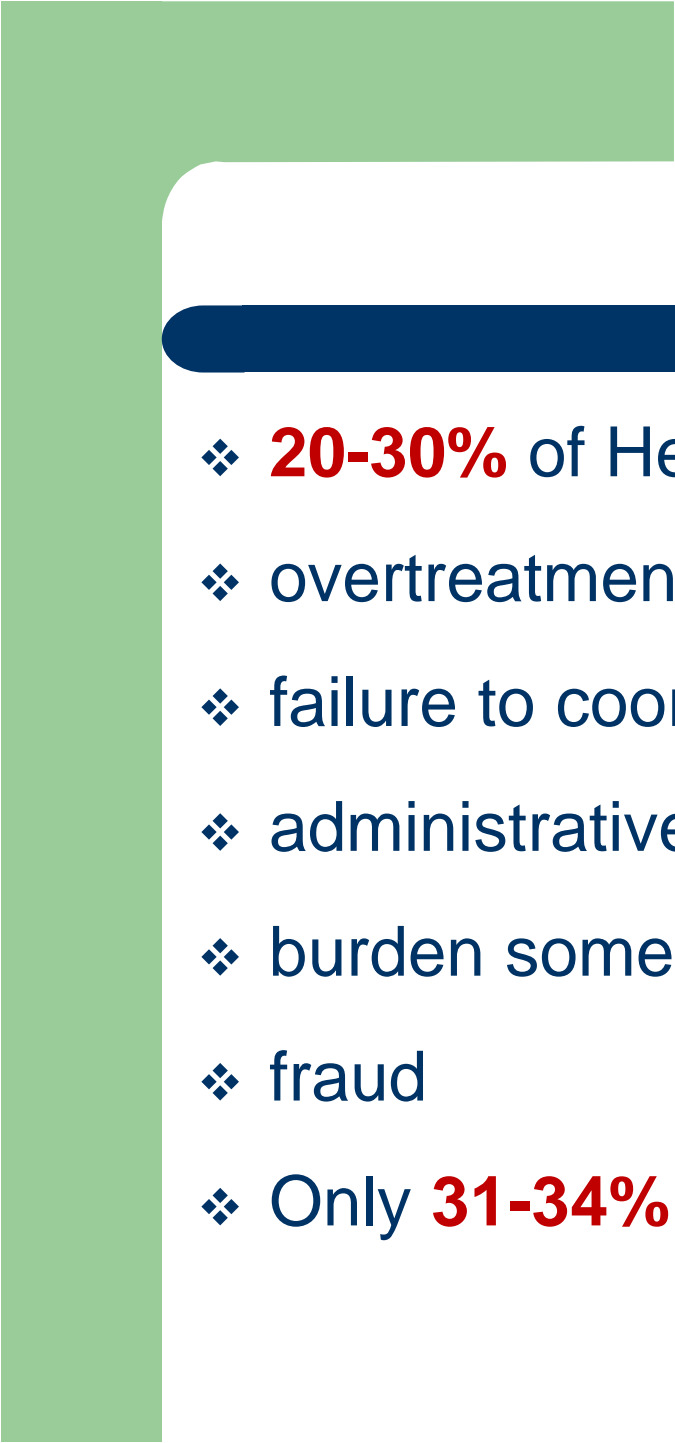

- ***Lean Healthcare*** is a structured way of ***continuously exposing and solving problems*** to eliminate waste in healthcare delivery system that deliver value to the customers (patients). Lean principles can be applied to any process of healthcare: **operations, clinical care, business offices and supportive services.**

Dwayne Keller

Much of the PATIENT'S time is spent WAITING

- **80% or more** of the *time* spent in a healthcare processes is *waste*
- Most of the patient time is spent waiting, moving, etc.
- **Lean Focuses on Reducing Waste**
- **Increase % Value Added Work and reduce Waste to Increase Throughput, Lower Cost and Improve Quality**

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- **Healthcare has many processes and lots of waste**
 - **• Lean is an overall method (with many tools) for improving processes by removing waste**
 - **• There are many opportunities for lean application in Healthcare.**

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- ❖ **20-30%** of Healthcare Spending is Waste
 - ❖ overtreatment of patients
 - ❖ failure to coordinate care
 - ❖ administrative complexity
 - ❖ burden some rules
 - ❖ fraud
 - ❖ Only **31-34%** of nurse time spent with patients

Lean in Healthcare

- Admitting/Discharge
- Internal patient flow within and between departments
- Operating room turnover
- Scheduling processes and systems
- Workplace disorganization
- Medical Records
- Inventory (supplies) control
- Administrative processes and billing
- Equipment availability
- Shift change processes
- Pharmacy and Laboratory work flows and turnaround times
- Emergency Room work throughput
- Clinical Processes
- HR/Hiring Processes
- Med/Surg floor improvement

Eight Types of Waste in Healthcare

- ❖ **Overproduction (Unnecessary Services)**
- ❖ **Waiting**
- ❖ **Excess Motion**
- ❖ **Excess Conveyance (Excessive Transportation)**
- ❖ **Over-processing**
- ❖ **Inventory**
- ❖ **Defects (Errors)**
- ❖ **Unused Creativity**

Overproduction

- Also known as Unnecessary Services
- Producing work or providing a service before it is required or requested
- Examples
 - Pills given early to suit staff schedule
 - Testing ahead of time to suit lab schedule
 - Entering repetitive information on multiple documents
 - Printing, emailing, sending the same document multiple times
 - Treatments done off-schedule to balance hospital staff workloads
 - Treatments done off-schedule to balance equipment loads
 - Delivering extra meal trays when patient has been moved

Waiting

- Waiting for people, equipment, signatures, supplies, information, etc.
- Relatively easy to identify; low-hanging fruit
- Examples
 - Waiting for admissions to Emergency Department
 - Delays for lab test results
 - Delays in receiving information on patients
 - Patient back-up due to equipment not working properly
 - Delays for bed assignments in the hospital
 - Delays for transfer to another health care provider
 - Excessive signatures or approvals

Excess Motion

- Excess movement of people, equipment, paperwork, electronic communication
- Motion that is not value-added
- Extra walking, reaching, bending, etc
- Examples
 - Searching for charts or doctor's orders
 - Searching for medications
 - Searching for poorly located supplies
 - Searching for patients
 - Walking to equipment that is not centrally located
 - Hand-carrying paperwork to another process

Excessive Conveyance

- Also known as Excessive Transportation
- Delivering work products without adding value
- In the healthcare environment, the patient is a “work product” that flows through the system
- Examples
 - Delivery of equipment too early or too late
 - Transporting patients to surgery prematurely
 - Moving samples or specimens to the wrong location
 - “Placing a gurney in the hall and constantly having to move it”

Over-Processing

- Putting work into accomplishing something that the patient, physician, or healthcare provider either does not ask for or does not want
- Results in non-value added work that the customer does not want to pay for
- Examples
 - Retesting (eg. Performing a second 24-hour urine test because a staff member obtained the first specimen incorrectly)
 - Ordering more diagnostic tests (may be unnecessary)
 - Entering repetitive forms
 - Completing excessive paperwork

Inventory

- Excess or outdated supplies; excess medicines & consumables
- Elimination of inventory frees up space and makes it easier to find essential items quickly
- Examples
 - Duplicate medications and supplies in excess of normal usage
 - Obsolete office equipment
 - Excessive office supplies
 - Obsolete charts, files, and medical equipment
 - Extra or outdated manuals, newsletters, or magazines

Defects

- Also known as mistakes or *errors*
- Defect waste includes all processing required to correct a defect or mistake
- It takes less time to do it right the first time than to discover and correct the mistakes
- Examples
 - Medication errors
 - Incorrect patient information
 - Incorrect procedure
 - Missing information
 - Redraws

Unused Creativity

- Not utilizing the available talents and skills of the staff to their fullest
- Examples
 - Insufficient cross-training of staff
 - Reluctance to elicit process improvement ideas from workers closest to the process
 - Design of policies, procedures, and practices without sufficient input from workers

What Mistake-Proofing Means to Healthcare?

The Global Goal: ***Reduce Medical Errors***

*“Human error is inevitable. We can never eliminate it. But we can **eliminate problems** in the system that make it more likely to happen.”*

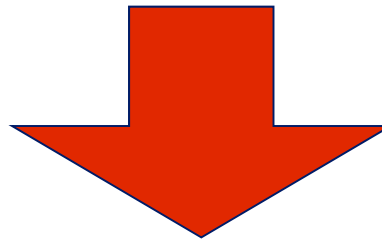
Liam Donaldson

WHO World Health Alliance

for Patient safety

Lean Requires a Cultural Shift

- Traditional Approach:
 - “Naming, Shaming, and Blaming”



- Lean Approach:
 - Supports open reporting of mistakes
 - Root cause problem solving process
 - “Anyone can make mistakes”

Benefits from Lean (Eg.)

- Productivity improvement >30%
- Space savings of >450 sq ft
- Standardized work practices
- Reduction in Errors and Error Potential
- Test Turnaround Time (CT) reduced by 50%

<u>Area</u>	<u>Before</u>	<u>After</u>	<u>% Improve</u>
Hematology	170 min	43 min	75%
Chemistry	175 min	67 min	62%
Coagulation	199 min	26 min	87%
Troponin	131 min	97 min	26%

Benefits from Lean (Eg.)

- From 60,000 sq ft to 40,000 sq ft for new lab
 - Cost avoidance of \$800,000
- Blood bank in new lab w/o adding 2,500 sq ft
 - Cost avoidance of \$400,000
- Hospital food service cancels new building
 - Cost avoidance of \$7,200,000

Benefits from Lean (Eg.)

PATIENT SATISFACTION SURVEY SCORES

October 2005	Hospital System ED	December 2005
60%	Overall Rating	96%
62%	Privacy	84%
78%	Wait Time for MD	96%
61%	Likelihood of Recommending	98%

Potential Obstacles to Lean Healthcare

- Culture of organization or department
- “It’s not my job” attitude
- Lack of vision or purpose from upper management
- Lack of capable processes and standards
- Fear of change
- Inadequate training

Potential Obstacles to Lean Healthcare

Cont;

- Financial constraints
- Lack of departmental communication and co-ordination of care or information
- Governmental regulations
- Legal constraints
- Safety concerns
- Certification/licensing requirements

Why do Hospital Need Lean?

- ❖ Bureaucratic reform & health reform in Myanmar
- ❖ Increased healthcare expenditure
- ❖ Introduction of health insurance
- ❖ Health workforce shortage
- ❖ Variable quality of healthcare
- ❖ Rising healthcare cost
- ❖ TQM does not cover all hospital
- ❖ Solving so many problems that plague hospitals each day



How To Apply Lean in Myanmar Healthcare System?

Where do we start it?

- What is a patient safety problem or risk to solve?
- What are the most pressing complaints from patients?
- What major issues do physicians or other employees bring to your attention?
- What departments have been struggling with employee shortages?
- Who is proposing an expansion or renovation of their space?



Any Question?

Thanks for Your

Attention!