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Lean Processes in Hospitals

A hall of hospital managers taking advice from Porsche- seems a little hard to believe but Dirk Pfitzer had some interesting comparisons and lessons to transmit. Indeed, many managers are discussing ways in which lean processes can be implemented and sustained in the long-term, taking the automobile industry as a model. Lean processes mean avoiding waste and increasing efficiency for the benefit of the patient.

To illustrate the current waste in hospitals today Pfitzer used four images: one nurse surrounded by six physicians, a busy waiting room, a pile of paper files not in order and a copy of a confusing hand-written schedule. He cites silo thinking, lack of systemised interfaces and a lack of transparency as the main reasons for waste in hospitals. His solution: lean processes.

It has been frequently said that if only there was an IT tool to solve the problem... But most hospitals have state-of-the-art IT solutions which can help but do not solve all the problems. There are several core philosophies from the automobile industry that can be applied to healthcare. There must be simultaneous adaptation to quality, enhancement, and adherence to the schedule.

Hospitals are not hotels but while patients cannot assess medical quality, they can assess comfort (bed, food, TV, etc). The patient must be at the centre of value creation. All things that heal the patient must be central, "anything that does not heal the patient is waste". This is a shocking statement but Pfitzer said it to try to open our eyes to the waste in our hospitals.

According to Pfitzer there are two types of waste: obvious waste such as waiting and looking for files, and concealed/necessary waste (documentation, coding, writing up). We cannot get rid of this waste but we can systemise it and make it more efficient. Waste reduction is not the consolidation of performance. It is not necessarily about working more but working differently, improving patterns and working habits.

To compare the two industries, Pfitzer used two videos: a pit stop and the operating theatre. It was evident that the pit stop is synchronised, very fast and the team works together to help each other in the fastest and safest possible way. In the operating theatre the same structures are there but there is also a lot of waiting. The patient was not punctual or adequately prepared by staff, meaning that the physician was left to wait. This would be fine if the physician was waiting in his office, relaxing, but he was just sitting there with nothing to do. Pfitzer compared this situation to being in a traffic jam.

To conclude, he stressed that quality is not a matter of ratios and questionnaires it is about the patient. To ensure quality we must imagine ourselves as patients in our hospitals.

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