

Dare We Say: On the Way to a Real Lean Transformation?



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As he was familiar with lean and enthusiast in supporting activities revolving around lean, the CEO asked for one FTE supervisor to help him roll out lean in 2 critical major departments: Store and Pharmacy. Today the CEO relies on these lean trained supervisors, considered as a taskforce to implement lean in all units.

Now after one full year of doing lean independently of the external lean coach/leader, the following are the achievements and comments made by 3 groups of nurses: the one who took the course, the one who was eager to take it but could not at that point, and the one who had not heard of lean before the introduction of the course.

1- Operating Room:

- Cancellations in OR went from 11% to 8%
- Volume went from 360 patients to 520 and they are aiming to 650, a volume the hospital reached few years back (more operations with same human resources which were minimum to scarce initially due to the financial situation).
- Same material volume -with the preference cart system- is used for a higher volume of cases.
- One OR room is closed and not needed assets and equipment were redistributed.
- A decrease in patient waiting time was also achieved, which improved patient experience not only in OR but in almost every clinical department where lean thinking was adopted.
- Patient Safety improved in critical cases like in Orthopedic surgery due to better coordination between accounting, admission, approval offices and the product suppliers, who started to regain trust in the hospital operation and modality of payment.
- The most noteworthy change in the OR was doctors engagement who were very satisfied with the flow of the whole process which allowed them to focus on their work and have time to fit more patient in the schedule.

This is the story of a lean journey that started 15 months ago in a Beirut hospital that was having financial difficulty. This is a 500 bed hospital where only 40% of its capacity is used.

The CNO believed that educating and developing her greatest asset - her nurses- might not only save her from problems plaguing the hospital for 10 years, but will also provide them a competitive edge in an environment of high technology advancements and rapid changes in customer/patient expectations. After much research she focused on fully committing to the Lean Thinking Process.

So, she decided with a group of nine supervisors to invest out of their pockets in a comprehensive course in Lean System Thinking. Beginning in February they started with the theory and they finished 2 major projects in the OR and OBS departments in May of 2015.

The group of 10 nurses tried to escalate the captured lean knowledge/skills gained from the course and through real projects by giving an introduction on Lean principles and concept to their colleague nurses, and other administrative department heads. Impressed by the lean logic and the excitement from the kaizen spirit prevailing in the entire hospital, many were encouraged to create more learning by doing opportunities and started some kind of lean activity themselves.

Moreover, when the lean reputation reached the CEO office, it triggered the CEO curiosity to pull for the nursing office support for more strategic projects in the hospital.

2- OBS Unit:

A Value Stream Map, like in the OR, helped to pinpoint major constraints for the flow. Brainstorming the etiology of the root causes helped identifying some countermeasures like the following:

- A better coordination with Lab and CSSR made bilirubin test and a minor procedure set ready at the point of use POU in a timely manner.
- Administrative process improved due to the new relocation of the approval office next to cashier and admission ones for a smoother early discharge by 3 pm compared to 6 pm, all orchestrated by the unit clerk.
- Now everyone is speaking the same language to provide a pleasant experience for the parents and the staff. Nurses can now tie every new practice requested by the head of unit to a lean principle, rule or concept (like minimizing motion or applying standard work....).

3- NICU - PICU:

The Head nurse was on maternity leave when the lean theoretical intro was delivered. However, upon her return to work she caught up very quickly with others by learning fast the lean principles, and applied 6S Kaizen, as she believed doing lean would help her spare time for meaningful clinical work which would allow her to provide safer care for the critical category of patients she has. 6S effectively turned the unit into a friendly, enjoyable place to work in. Better management of incubator, along with material at point of use to minimize motion, in addition to a new design of the flow, reduced infection rate due to cross contamination, and allowed the unit supervisor to be closer to the Gemba. This also created template to all procedures, and the visiting time now is tightly controlled.

4- ICU:

When the CEO sensed the benefit of lean in OR and OBS he started getting involved as a genuine lean advocate. So in one of his Gemba (work area) visits to the ICU he grasped the pain caused by late transfer from ICU due to missing lab results and unfinished documents. Now, all the enablers were provided so most of the patients are transferred by 10 am.

5- ER:

A good collaboration with the Lab and X-Ray department, in addition to support departments affected ER workflow

positively, and enhanced patient safety.

6- Oncology:

3 nurses from pediatric, adult and day clinic oncology have standardized the treatment process and cross-trained people from other department just in case. Their obsession with standard work helped them find the time needed to deal with patient clinical and administrative needs. They provided a safer therapy by a good coordination and improved the already low patient moral with their genuine kindness. Consequently, patient number increased.

7- Store:

Although this requires a separate report for the so many details entailed in the improvement journey, we can confirm, in this hospital today that Lean has impacted positively on material management in terms of budget (20% less) and the patient outcome (the poor old system allowed wrong codes and supplies to reach the floor late, unfortunately).

8- Pharmacy:

The old floor stock system is replaced with the request form filled within max 2 hours and they are trying to achieve an efficient Kanban system capable to allow the floors to pull what they want, when they want it with the quantity they want. We have the followings:

- Decreased drug return, improved inventory control and budget used.
- Patient safety has improved as they used to skip a dose or take 2 doses within very close time period.
- New admissions are accommodated in a timely manner, due to the promptness in drug availability and the timely discharge.

OR, ER, Oncology, OBS, Medicine, surgery all together with their persistence and consistency in purpose: to have a better working place and deliver a better patient care while reducing total cost. A 25% increase in bed capacity has been achieved in less than a year. Today occupancy often gets to 190 beds instead of 150 this time last year.

With their appetite to learn, the nurses have proven to be real leaders (Learning is a leader attitude). Their genuine generosity in sharing what they have learned with others helped break the prominent silo mode of operating in most of the departments. The nurses are also full of kindness and

have the good intentions to help their colleagues and the patient with an immense big heart. Lean concept and practice helped only to shed the light on these unmeasurable values they already have. So on the soft side, lean benefited mostly the nurses, and it is shown in their proper/own words:

“All what we were hoping for is to make them think differently about their work, and we feel proud and rewarded they are thinking in a lean way now” (think, think, think and seek for Root cause).

“We are now closer to each other; (talking about other RNs) we understand what is on others’ mind just by looking at them....”

Now, to answer our query in the title: dare we say: on the way to a real Lean Transformation? Yes we dare, for many good reasons:

After 25 years of lean practice in the western world, experts and senseis in lean came to the conclusion that today there is no Lean organization {except perhaps for Toyota} but there are Lean leaders instead. In the case of our hospital, the CNO is a natural born lean leader, who does not stop exploring ways to build on what her team has learned and encourages

them further to share it with others. As for the CEO, the hospital is lucky to have such a Lean advocate in this position. What the nursing office achieved with its modest knowledge of lean encouraged him not only to be supportive, but also to get involved and participate by going to the gemba once a week and appoint a committee for follow up.

Moreover, the hospital tried with the basic Lean training to build a relatively steady ground by using some lean tools and doing lots of critical thinking. It standardized many of its processes and spread a noteworthy culture of Respect for People. Now, it is organizing for further training on more frameworks and tools so it can improve and sustain its performances. This is the highest form of respect management can show to its staff which also can guarantee their engagement.

Only a Strong Management System support will sustain the nursing office initiative and then Lean can transform not only work but society, and even personal lives.

This journey reminded me of a very true saying by my mentor Mr. Brian Furlong: “We have to Inform to Transform”.

Ceremony

Stories of Success - A Recognition Ceremony

An appreciation ceremony for Mr. Munthir Kuzayli was held on August 05, 2016 to acknowledge his valued mentorship in training and guiding hospital managers during his tenure as the Director of the American University Medical Center. The ceremony was hosted by Dr. Dia Hassan and attended by a group of hospital managers along with their spouses who had the privilege of being mentored by Mr. Kuzayli’s. It was an opportunity for the mentorees to express their heartfelt gratitude to his guidance and contribution to their success in the field of hospital management. To commemorate their appreciation Mr. Kuzayli was awarded a trophy engraved with the following:

“Mr. MUNTHIR KUZAYLI-In recognition of your mentorship that shaped our career in hospital management. Your faithful mentorees, August 2016”. The title of this gathering was “Stories of Success”.

Mr. Kuzayli acknowledged the effort and was pleased to meet his mentorees.



Photo from the gathering (from left to right): Khalil Rizk, Suzane Abboud Yazbeck, Saydeh Nassar, Munthir Kuzayli, Dia Hassan and Salah Fakhouri.



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