

# Lean Implementation at SIPPS



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# What is Lean?

**Lean is an ever-evolving philosophy based on proven principles and practices aimed at the elimination of wastes.**

**Lean is a compilation of world-class practices that will improve an organization through an evidence-based methodology.**

- Lean focuses on eliminating waste in processes or systems
- Lean is not about eliminating people, but about using them more wisely
- Lean is about working with people to achieve continuous improvement activities to assist in reducing cost in an organization
- Lean is about understanding what is important to the customer

# Lean Objectives

- Create a more defect-free product or service
- Reduce/eliminate waste and increase efficiency
- Increase patient and employee satisfaction
- Reduce costs
- Increase patient safety
- Enhance leadership and communication skills

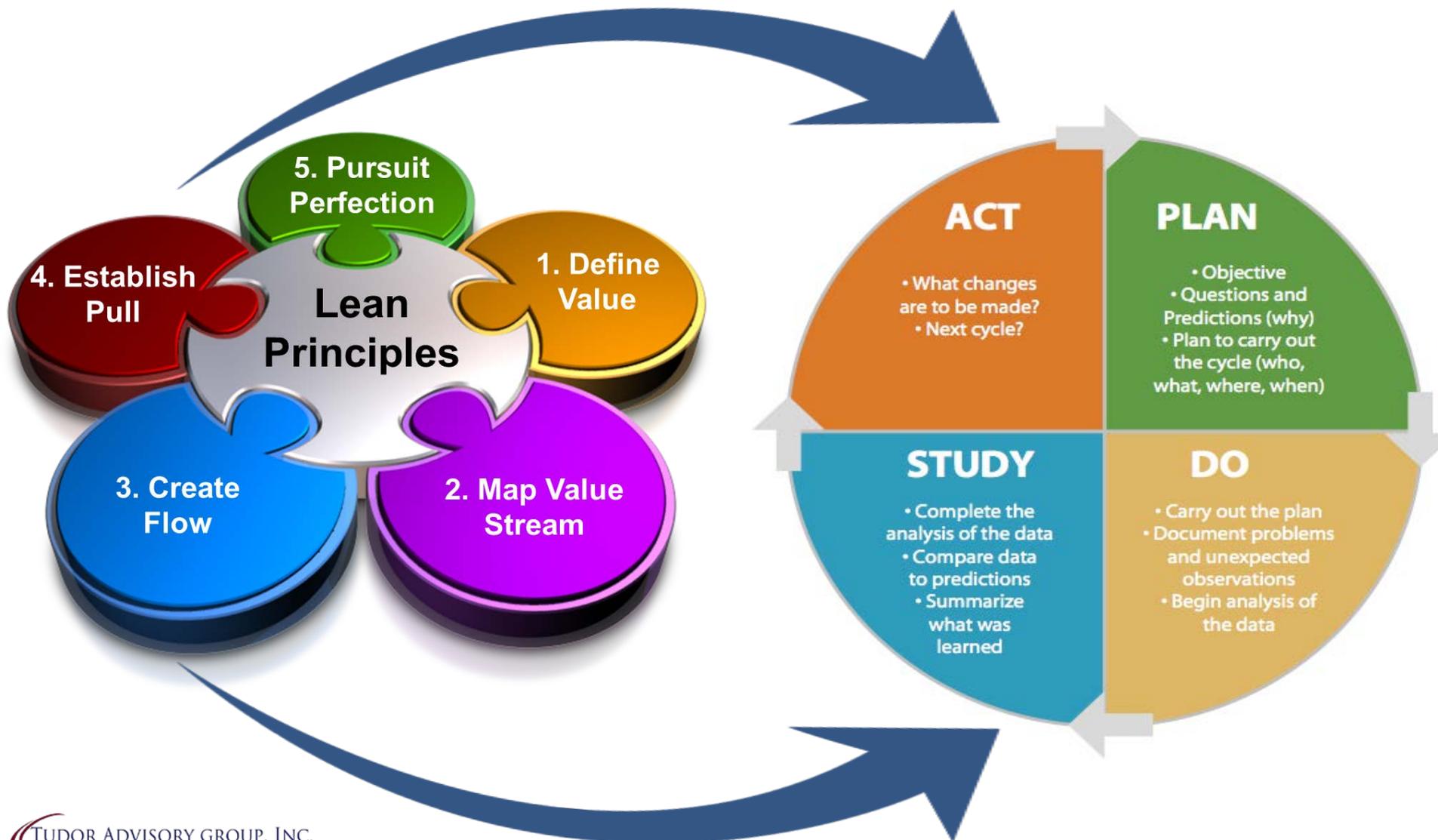
# Lean Principles

- **Specify value**
  - Value is defined in relation to the customer
- **Identify the value stream**
  - Exposes the enormous amounts of waste in a process
- **Create flow**
  - Reduce Waste (Noise)
  - Reduce batch size and work in progress
- **Let the customer pull product through the value stream**
  - Do only what the customer needs or wants at the right time
- **Seek perfection**
  - Continuously improve quality and eliminate waste

# Sample Lean Tools

- **5 S**
  - Sort, Straighten, Shine, Standardize, Sustain
- **Value Stream Mapping with Waste Walk**
  - Identify value added vs. non-value added steps
  - Identification and elimination of waste in the process
- **Load Leveling**
  - Used to reduce fluctuations in customer demand
- **Kanban – Just-in-time**
  - Pull process for better flow, not push
- **Kaizen Rapid Improvement – “Good Change”**
  - Continuous improvements by using those that do the work to redesign the process and eliminate waste

# Linking Lean with RCI

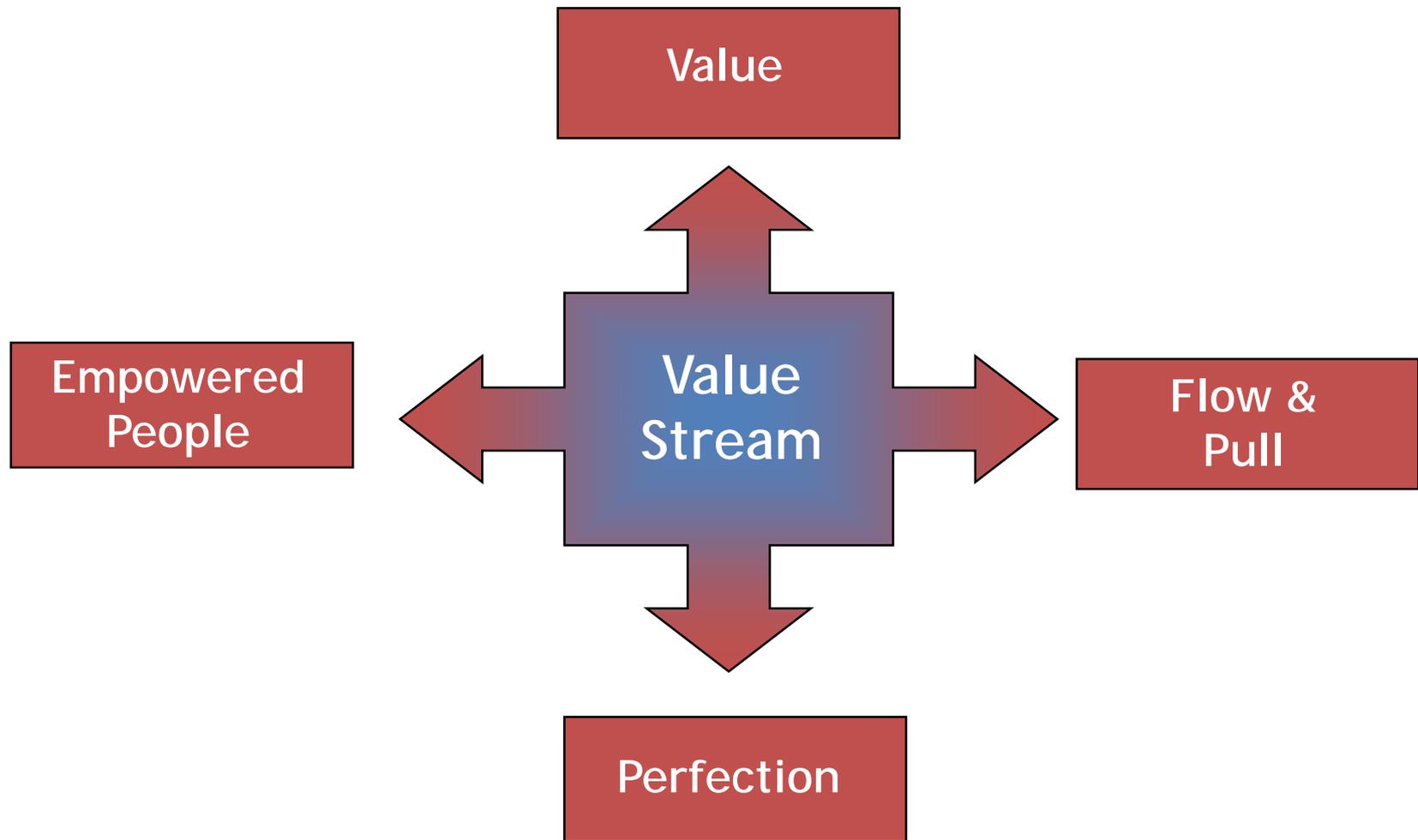


# Lean-RCI in Healthcare

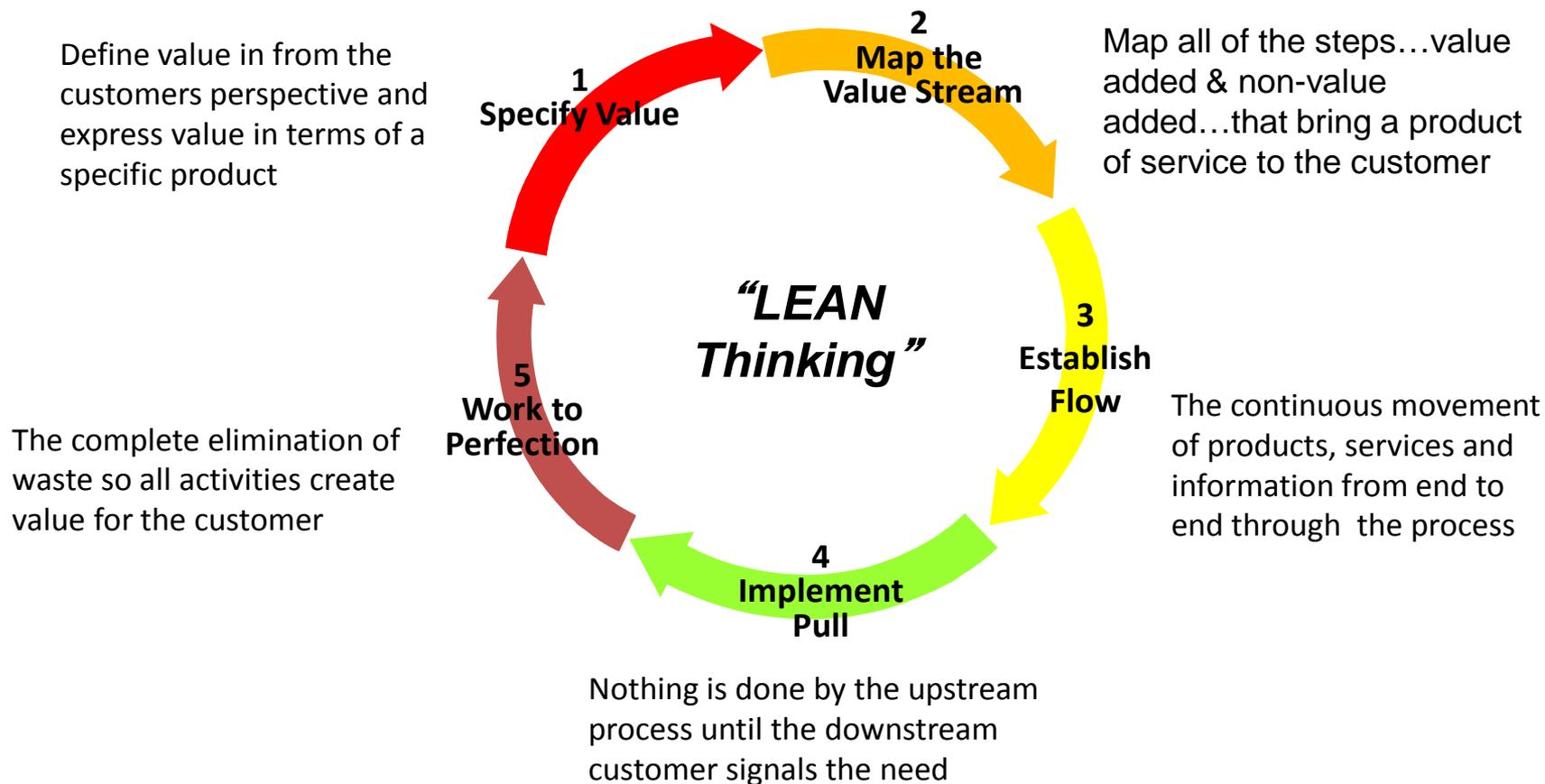
Although the concept of Lean and its various tools come from the manufacturing industry (popularized by Toyota), Lean has been used in healthcare for over 20 years. Today, hundreds of health systems and hospitals successfully use Lean to increase efficiency and reduce waste. A few examples include:

- Cleveland Clinic
- Denver Health Medical Center
- Virginia Mason Medical Center
- University of Michigan Medical Center
- Brigham and Women's Hospital

# Lean Thinking Model



# The 5 steps to Lean Thinking ...



Key concepts - identifying value, the value stream and waste

# Lean Healthcare Examples

Project	Facility	Outcome
ED Bed Assignment	250 Bed Community Hospital	Decreased TAT by 23% for bed assignments for ED patients
Billing and Collection	Core Laboratory	Increased billing and collection rates by 17%
CT Turn Around Time	900 Bed Tertiary Hospital	Increased outpatient scans by 15/week, leading to additional revenue of \$350,000/yr.
Revenue Cycle	Emergency Medical Services Agency	Reduced days from call received to billed from 27 to 6 days. Estimated revenue impact of \$3,000/week.
OR Laproscopy Supply Utilization	600 Bed Tertiary Hospital	Decreased waste of OR supplies by 20%
CT Turn Around Time	150 Bed Community Hospital	Increased outpatient volume by 15 patients per week

# Why Lean for DSRIP

- Builds management/leadership capacity
- Brings together diverse groups and providers to streamline processes
- Creates a standard language across providers
- Aids in the implementation of projects
- Proven model to improve healthcare delivery

***CREATES A MEANS FOR EXECUTION AND SUSTAINABILITY***

# Staten Island PPS

“SI PPS leadership believes that Lean training provides a common language of change management which could be introduced across many partner organizations. Adopting this common language would permit many formerly independently functioning organizations to join together to tackle and improve like processes which involve common patient groups.”

William D. Myhre, MPA  
Sr. Director Workforce and HR  
Staten Island PPS

# Staten Island PPS Lean Timeline

- March, 2016: Lean-RCI informational seminars held for all interested SIPPS members
- April 2016 (ongoing): Lean-RCI educational workshops and intensives offered based on agency interest and project needs
  - 2 hour overview for senior leaders
  - 1 day intensive for those directing lean teams and projects
  - 4 ½ day lean practitioner course for those participating on lean teams (1/2 day and/or full day sessions)\*
- June 2016 (ongoing) Educational sessions followed up by on site coaching and mentoring of lean teams, as well as consultation with senior leadership to ensure Lean alignment with DSRIP and PPS projects/goals

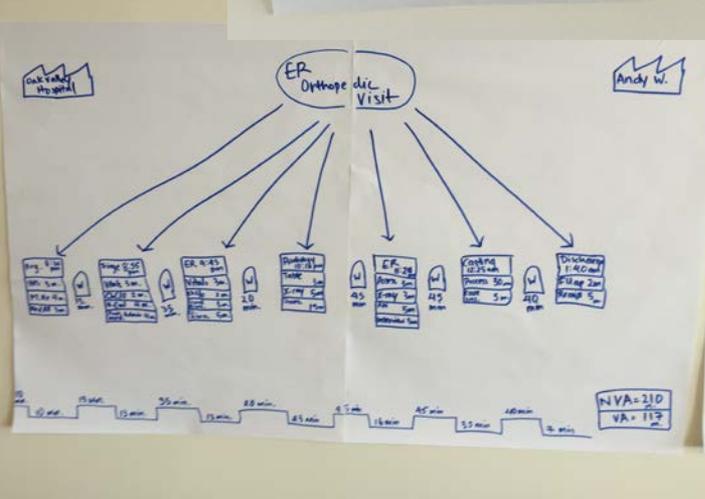
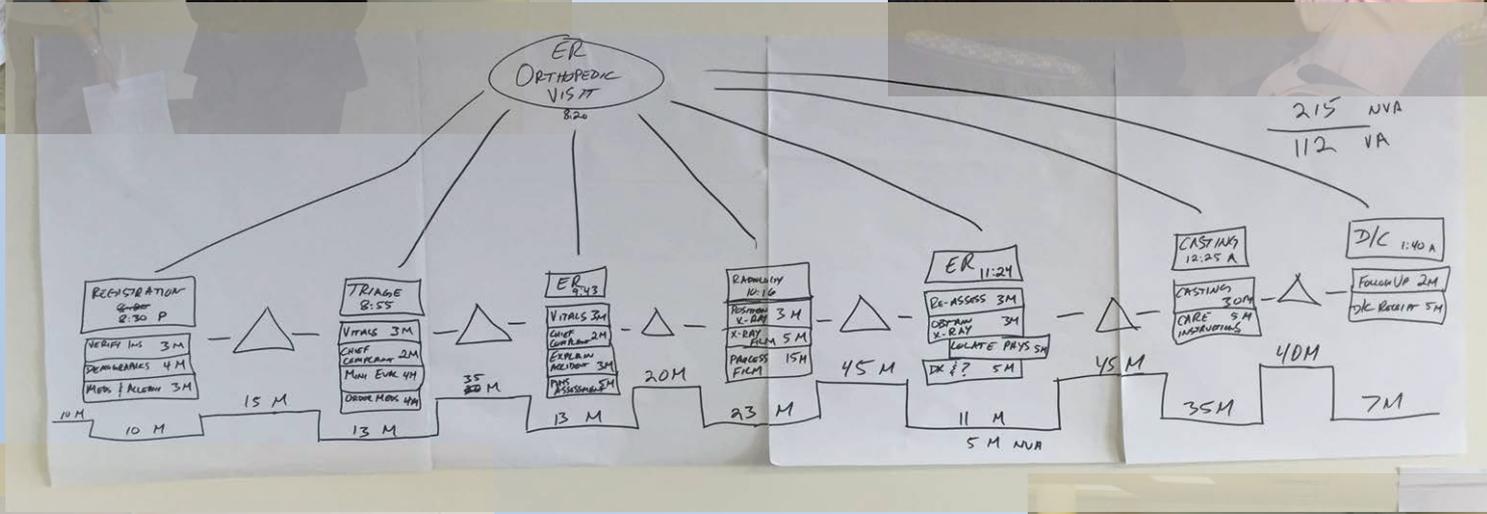
\* Flexible schedule based on participating PPS members input

# On-Site Facilitation

- Lean-RCI facilitators on-site to coach the Lean Practitioners for Lean projects after classroom educational sessions
- Facilitators also act as a liaison to organizational leadership to help with project selection and alignment with DSRIP/PPS projects
- Lean-RCI facilitators available for on-site meetings and facilitation on an as needed bases

# Current SIPPS Projects

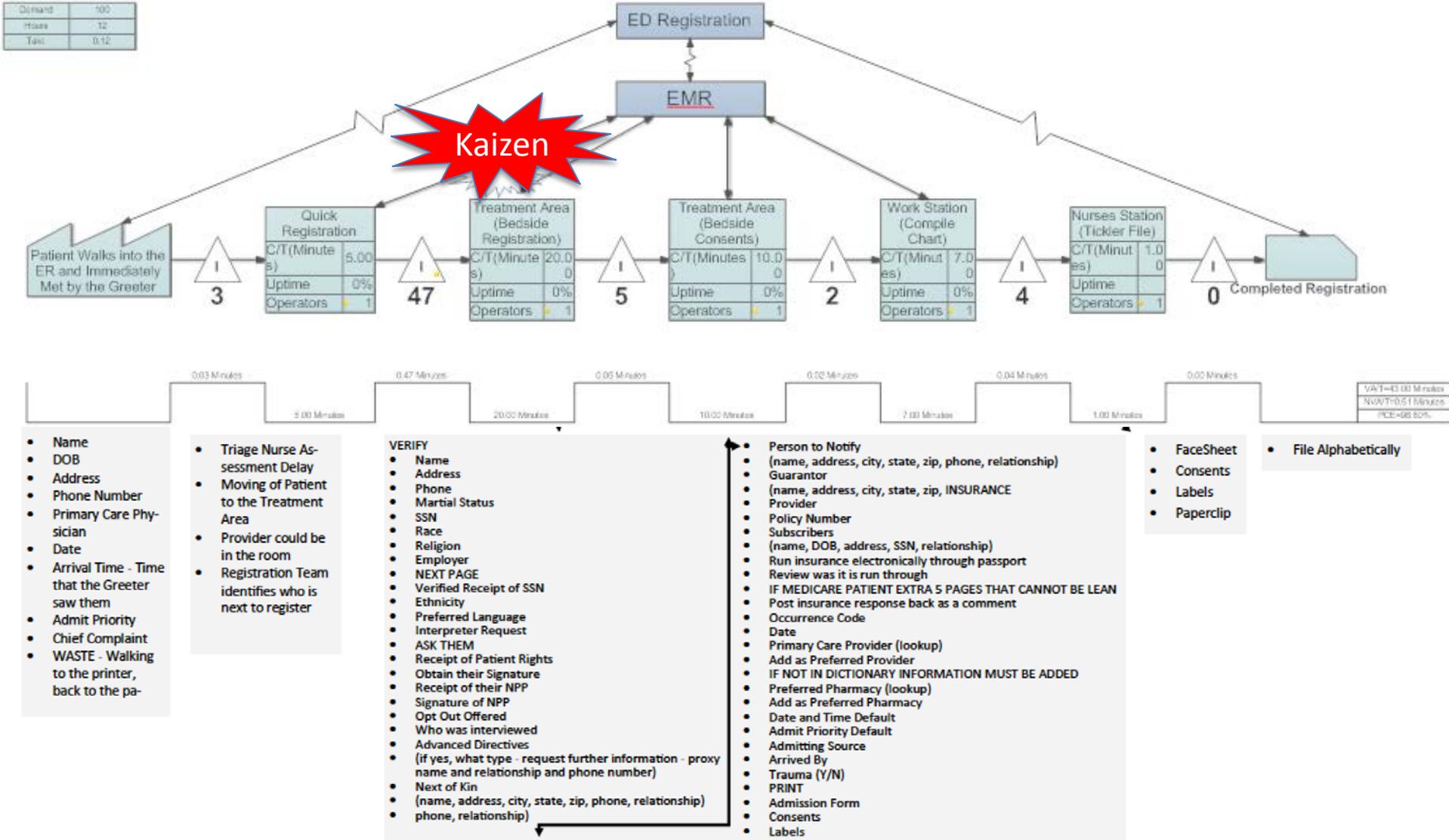
- Implementation of the Community Wide Consent Form
  - Redesign of the ED registration process at RUMC
- Redesign of the talent acquisition process at RUMC
- Patient intake at Bridge Back To Life (Community Based partner)
- Multi stage projects to merge behavioral health provider with RUMC (planned)
- Nursing home efficiency and integration with other PPS members (planned)



Value Stream Mapping Exercise with First Lean Practitioner Class



# E.D. Registration Value Stream



- Name
- DOB
- Address
- Phone Number
- Primary Care Physician
- Date
- Arrival Time - Time that the Greeter saw them
- Admit Priority
- Chief Complaint
- WASTE - Walking to the printer, back to the pa-

- Triage Nurse Assessment Delay
- Moving of Patient to the Treatment Area
- Provider could be in the room
- Registration Team identifies who is next to register

- VERIFY**
- Name
  - Address
  - Phone
  - Marital Status
  - SSN
  - Race
  - Religion
  - Employer
  - NEXT PAGE
  - Verified Receipt of SSN
  - Ethnicity
  - Preferred Language
  - Interpreter Request
  - ASK THEM
  - Receipt of Patient Rights
  - Obtain their Signature
  - Receipt of their NPP
  - Signature of NPP
  - Opt Out Offered
  - Who was interviewed
  - Advanced Directives
  - (if yes, what type - request further information - proxy name and relationship and phone number)
  - Next of Kin
  - (name, address, city, state, zip, phone, relationship)
  - phone, relationship)

- Person to Notify (name, address, city, state, zip, phone, relationship)
- Guarantor
- (name, address, city, state, zip, INSURANCE)
- Provider
- Policy Number
- Subscribers
- (name, DOB, address, SSN, relationship)
- Run insurance electronically through passport
- Review was it is run through
- IF MEDICARE PATIENT EXTRA 5 PAGES THAT CANNOT BE LEAN
- Post insurance response back as a comment
- Occurrence Code
- Date
- Primary Care Provider (lookup)
- Add as Preferred Provider
- IF NOT IN DICTIONARY INFORMATION MUST BE ADDED
- Preferred Pharmacy (lookup)
- Add as Preferred Pharmacy
- Date and Time Default
- Admit Priority Default
- Admitting Source
- Arrived By
- Trauma (Y/N)
- PRINT
- Admission Form
- Consents
- Labels

- FaceSheet
- Consents
- Labels
- Paperclip

- File Alphabetically

# Current Thoughts

Based upon our experiences over the past 90 days, we have seen enthusiasm and the development of process improvement ideas being created by our partner organizations. This has created interest in other partners as well.

William D. Myhre, MPA  
Sr. Director Workforce and HR  
Staten Island PPS

# Going Forward

- Completion of current projects with report-outs to organizational and SIPPS leadership
- Second Lean Practitioner Course scheduled for July - August
- Additional on-site Lean overviews and intensives scheduled with PPS members
- Acute care and behavioral health integration project and Nursing home integration project kick-offs in late July

# Questions



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