

The waiting game

What limits the improvement in patient satisfaction



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Waiting

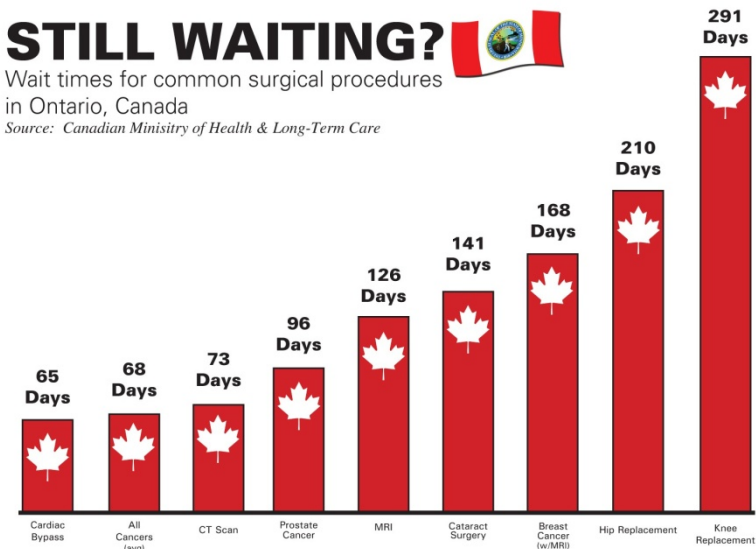
One of the 8 wastes identified in Lean

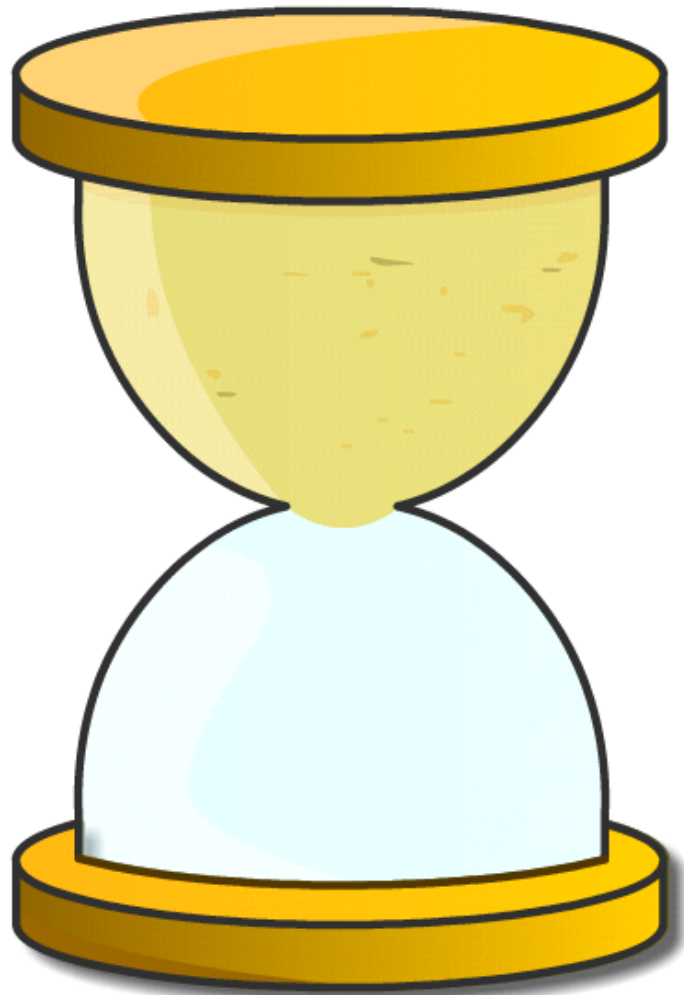


STILL WAITING?

Wait times for common surgical procedures in Ontario, Canada

Source: Canadian Ministry of Health & Long-Term Care





00:03:00

Start

Restart

There are two approaches to waiting

The theme park – Keep them busy

**The lean approach design a no
waiting service**

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That was also 3 minutes

Why does waiting limit the improvement in patient satisfaction

In the hospitality sector it has been proven by many studies that your impression is set in the first 3 minutes

What do you do in the first 3 minutes in a hospital or clinic?

What is the Lean management approach to waiting?

It is to create pull & flow in the system, eliminate waste and minimise any waiting



**Generate capacity = Reduced wait
for appointment times**

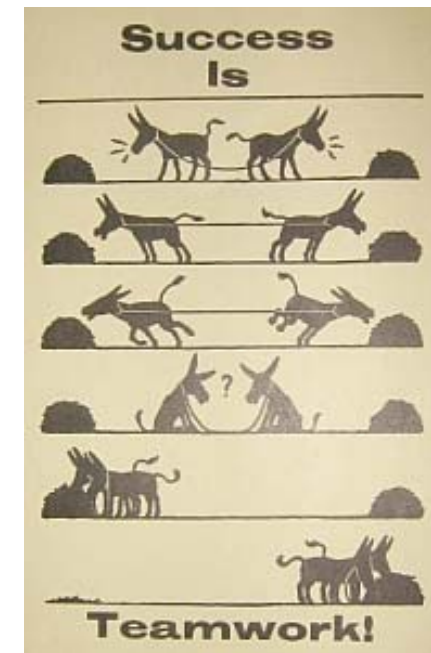
Generate capacity = Eliminate Waste



**Eliminate Waste = Right thing done in the right
place by the right person with the right skill
done right first time in the least waste way**

Hospital – Create pull, build the Value Stream, Care Pathway, and use discharge planning to create the pull

Instead of pushing patients into the hospital pull them through it



Hospital – Emergency Department, Rapid Assessment Area and Medical Protocols supported by a Satellite lab

Rapid Assessment Area

1. Identify and classify the patients (in Canada they score 1 to 5)
2. Stream your low acuity patients to the RAE
3. Use well documented protocols to get the triage nurse to order required tests
4. Have a satellite lab for the high volume tests



Hospital – Emergency Department Rapid Assessment Area and Medical Protocols supported by a Satellite lab

So What did this do?

**ED admission wait times dropped from 11.2 hours to 7 hours
(95th percentile)**

**Non admissions times dropped from 6.5 hours to 3.5 hours
(95th percentile)**

The patient volume went up 11% in the same timeframe

The doctors spent more time with the high acuity patients

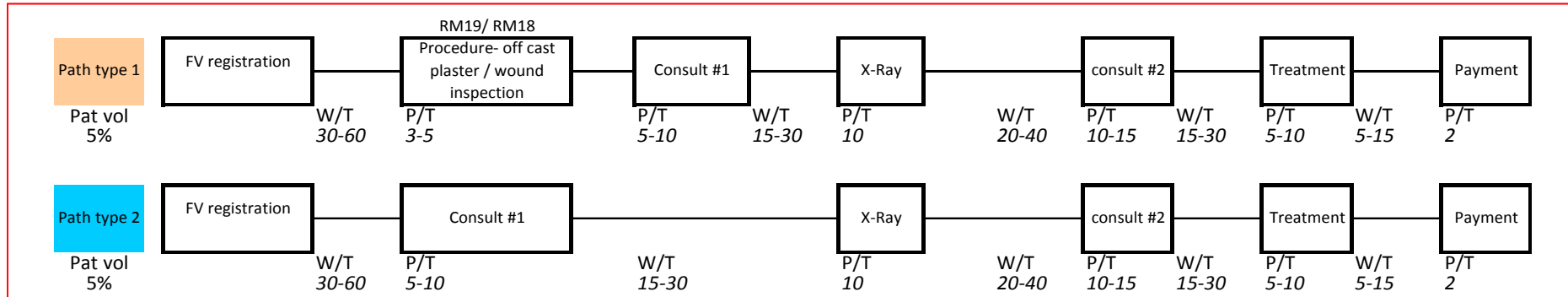
Hospital – Emergency department and discharge planning linked

**When the hospital is nearly at capacity its
always important to look at the system**

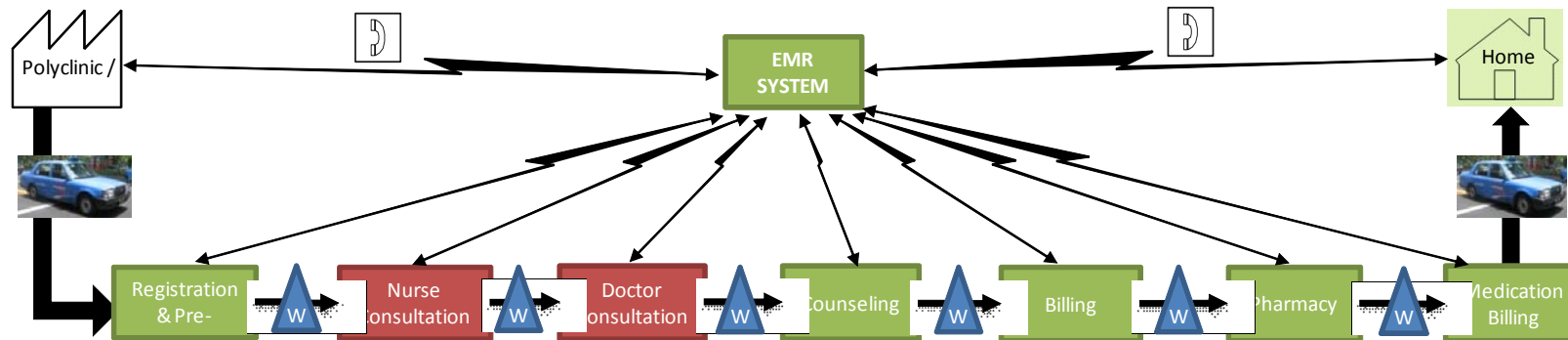
**If you don't have beds or only beds for certain
patients then they should be the ones to flow
through the system from ED**



Hospital – SOC or Polyclinic flow

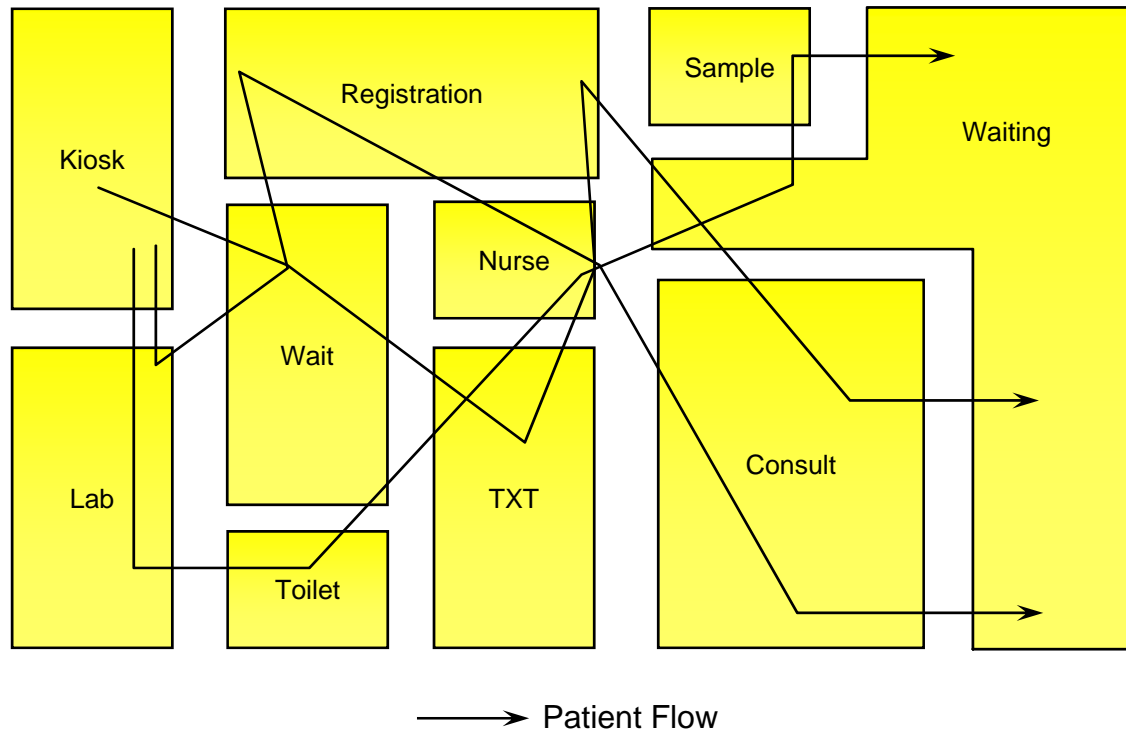


Current State of Value Stream Mapping



No matter how good it looks as a process what is it like in reality?

Hospital – SOC or Polyclinic flow



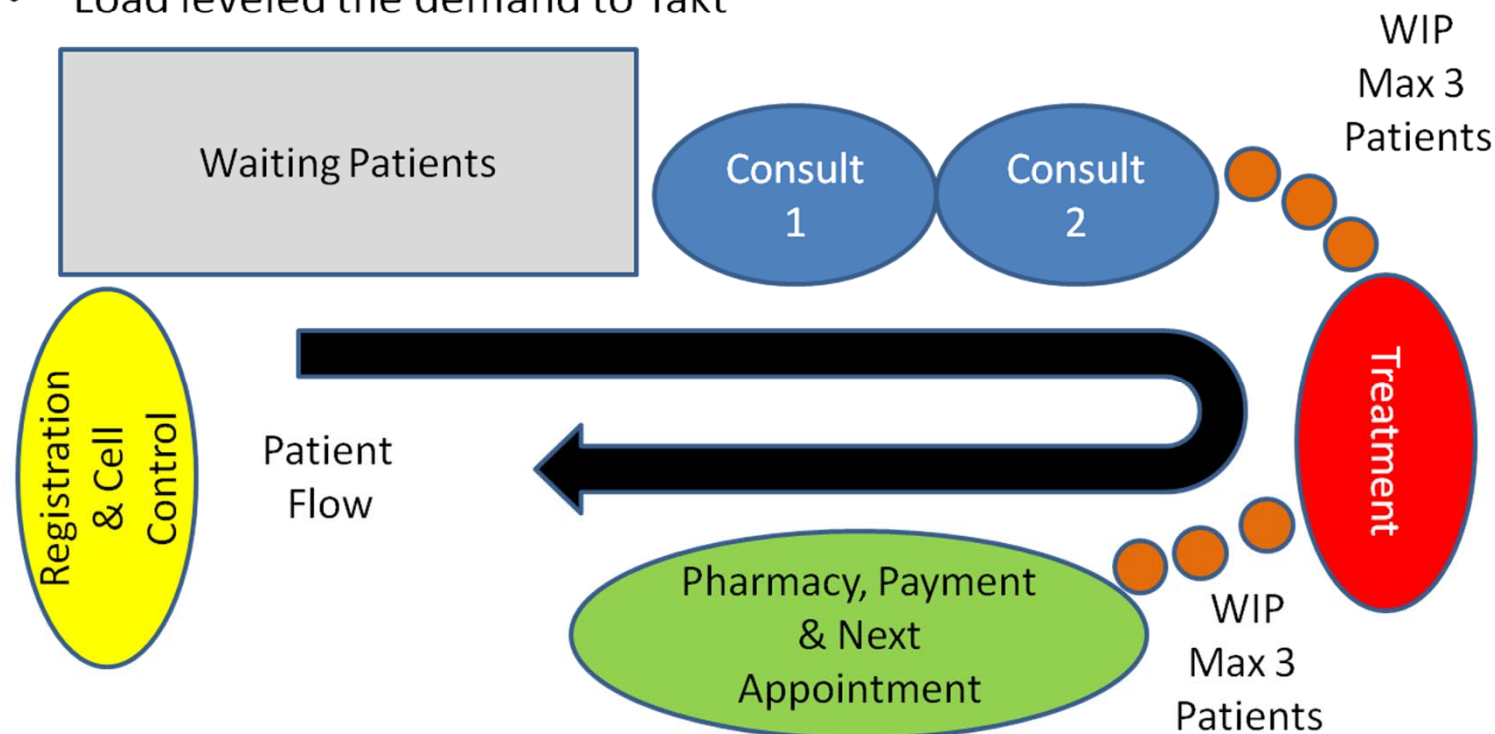
Areas are grouped together according to their function creating a spaghetti flow



Hospital – SOC or Polyclinic flow

What did we do?

- Understand the Takt time required
- Re-designed the flow of patients to be one patient flow.
- Place registration, consultation, treatment, pharmacy and payment in flow
- Load leveled the demand to Takt



Hospital – SOC or Polyclinic flow

Results

TAT from appointment

Before

79 min

After

23 min



Patient Satisfaction -



Not satisfied

8.3%

4.5%

Satisfied

91.7%

45.5%

Very Satisfied

0%

50%



Staff Satisfaction –



Not Satisfied

25.8%

0%

Satisfied

74.2%

50%

Very Satisfied

0%

50%



Patient Throughput 2 Doctors

37

61



A 65% increase in patient throughput with no change to diagnosis time

Thank You & Questions

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