

Lean methods benefit stakeholders

There have been a lot of programs, buzzwords and gimmicks come and go during the course of my 30 years in business. But I've personally witnessed lean methodologies succeed for over two decades, and it's been around a lot longer than that.

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There's a fundamental reason for that longevity. Lean is unique in that, performed properly, it benefits customers, owners and employees. Other short-lived programs benefited one, maybe two, stakeholders but at the expense of the others. As such, they simply weren't sustainable.

There's no better example of the impact of lean than a project I recently completed with Mary Greeley Medical Center. This project had amazing results that will provide long-lasting benefits for patients, visitors, the hospital and medical center staff.

The ability to efficiently and effectively clean and resupply a patient room following a patient discharge is critical to a hospital. Quality is paramount, both in terms of thoroughly disinfecting against invisible germs as well as the very visible aesthetics that impact a patient's first impression at admission.

Speed and productivity follow close behind. Patient room availability is often a key factor in determining patient throughput in feeder processes such as the Emergency Department, especially during periods of high census. Medicare and insurance

reimbursements are based on industry best practices and not actual costs incurred by a specific facility.

So, it was only natural that MGMC chose discharge room cleaning for one of its initial breakthrough improvement activities. Team members included three environmental services workers, two E.S. managers, two nursing managers from patient floors and MGMC's lean coordinator.

We started by analyzing in detail a video of the current process as performed by one of the E.S. workers, a known top performer. It became immediately obvious that the discharge cleaning process made what we would call a "deep clean" at home look like child's play.

The opportunities for process variation were mind-numbing:

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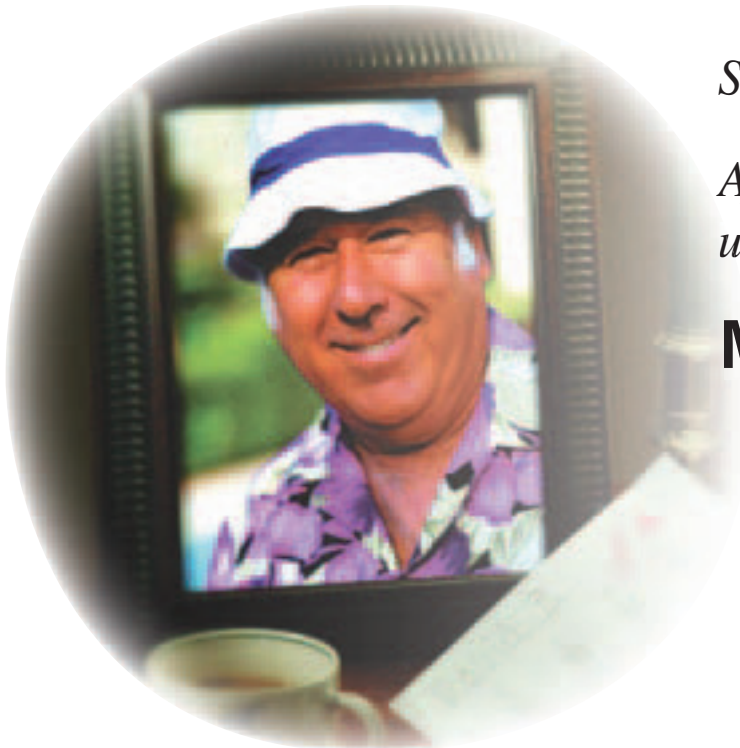
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LEAN

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■ Dozens of discharge room cleanings occurred daily across several different patient units.

■ Almost 50 different E.S. workers performed the task.

■ 188 distinct steps were required to ensure a thorough job.

It was interesting to listen to the comments of the E.S. team members as they observed the video. Comments such as "Oh, that's a good idea!" or "That's not how I do it," or "Here's a little trick I use," were common.

Two needs became obvious. First, a common definition of a standard clean room was required. Most patient units had their own self-imposed definitions. Differences were typically based on legacy rather than patient needs, although the latter did exist.

Secondly, standard work was needed to capture and share best practices of all E.S. workers. In order to be practical, however, we had to first break down the myriad process steps into a manageable number of sub-systems.

Ten "macro" steps such as

stripping the room and cleaning the bedside tray were identified and sequenced. Then each macro step was broken down into the detailed steps required to complete the task in the known best method. Photographs clearly defined each step and minimized the use of words for each standard.

Following several rounds of revisions, improvements and finally approval by the process experts, each standard was rolled out to E.S. workers following a short training session. A laminated copy of the standards was provided with each room cleaning cart. The results have been spectacular:

■ Internal quality checks to determine if areas of the patient rooms have been thoroughly disinfected jumped significantly to over 99 percent.

■ Patient exit survey scores responding positively to a question regarding room cleanliness have jumped significantly and now place MGMC in the top 25 percent of hospitals in this category.

■ The average time to complete a discharge cleaning has dropped and the process is no longer a bottleneck for making rooms available to new patients; varia-

tion in time has also decreased.

■ Turnover among E.S. staff over the past year has dropped to less than half of what it was in the prior three years

It's perhaps the last metric that excites me the most. Standard work has provided E.S. workers with confidence that they – and

their co-workers – are completing the task consistently by the known best method. They are much less apt to become the scapegoat as hospital staff wait for a room to be available for a new patient.

E.S. workers have continued to make improvements to the stan-

dards as new ideas have emerged. They've even requested standard work be completed for the daily freshening up of rooms required when a patient stays.

Safer and satisfied patients, lower medical costs, and happier employees ... now that's sustainable.



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