Productivity comes with Safety

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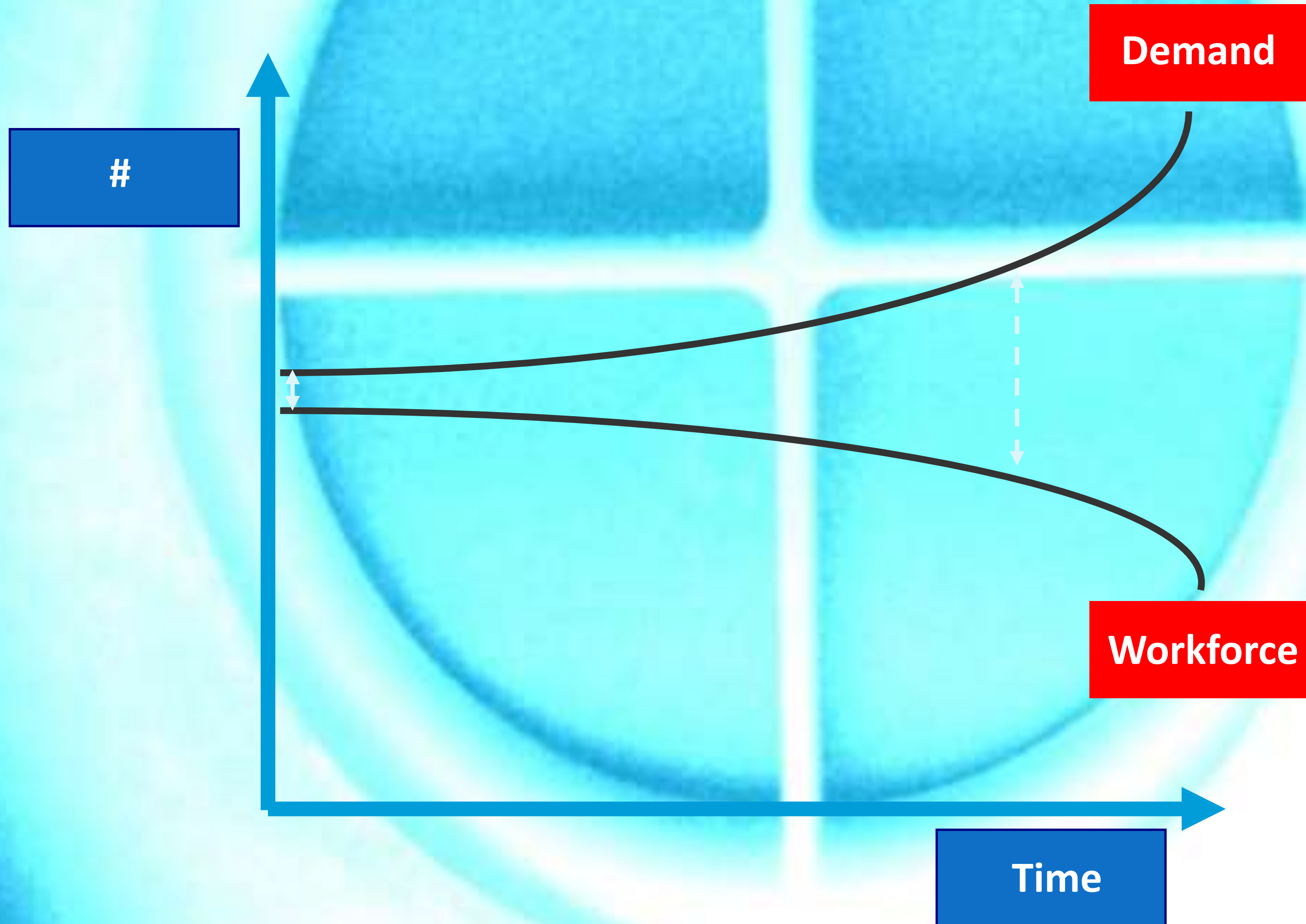
Safer

Around 20.000 unnecessary deaths in EU healthcare each year……

……. Comparable with **60** Boeing 747's a year coming down in EU airspace alone…….

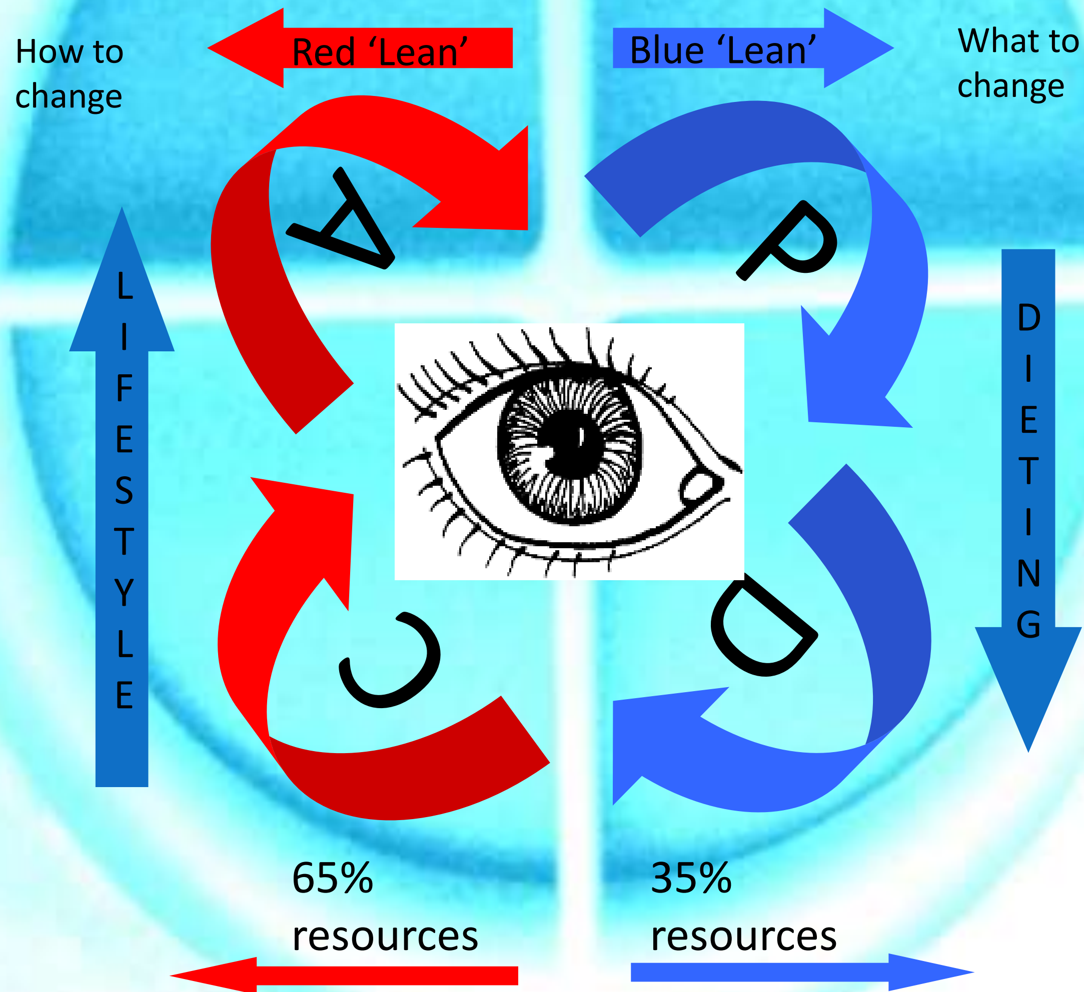
Would you still fly?

More Productive



What to change and how to change….

Dieting or lifestyle change?



How? No grand design, 1000 little improvements....

Step 1; Standard work; know what you are doing and verify

Step by step QC for Patient & Tissue ID

Start with tray of cases

Gross one case at a time

Scan CoPath label

Visueel standaard werk voor de laboranten, zelf ontwikkeld en regelm verbeterd.

Patientbord boven het bed, visual voor vplk, arts, patient en verwanten.

Step 2; Use your incidents to improve tomorrow

PATIENT SAFETY COMES FIRST

FSI: We approach each fall as if it were a crime that needs to be solved:

Step One → Step Two → Step Three

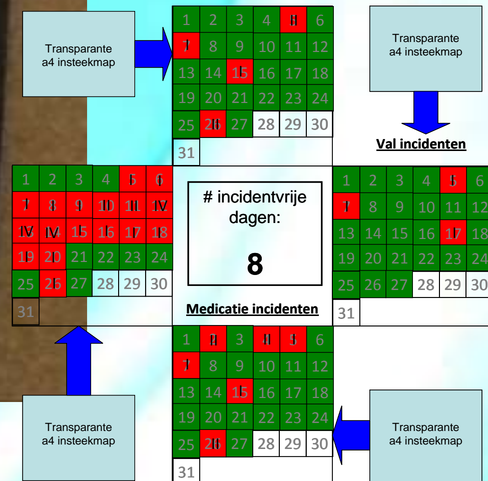
1. Gather the clues and evidence by observation, examination & collection.
2. Investigate and analyze; Why did they fall? Determine the root causes or reasons for the fall.

...ons (interventions)

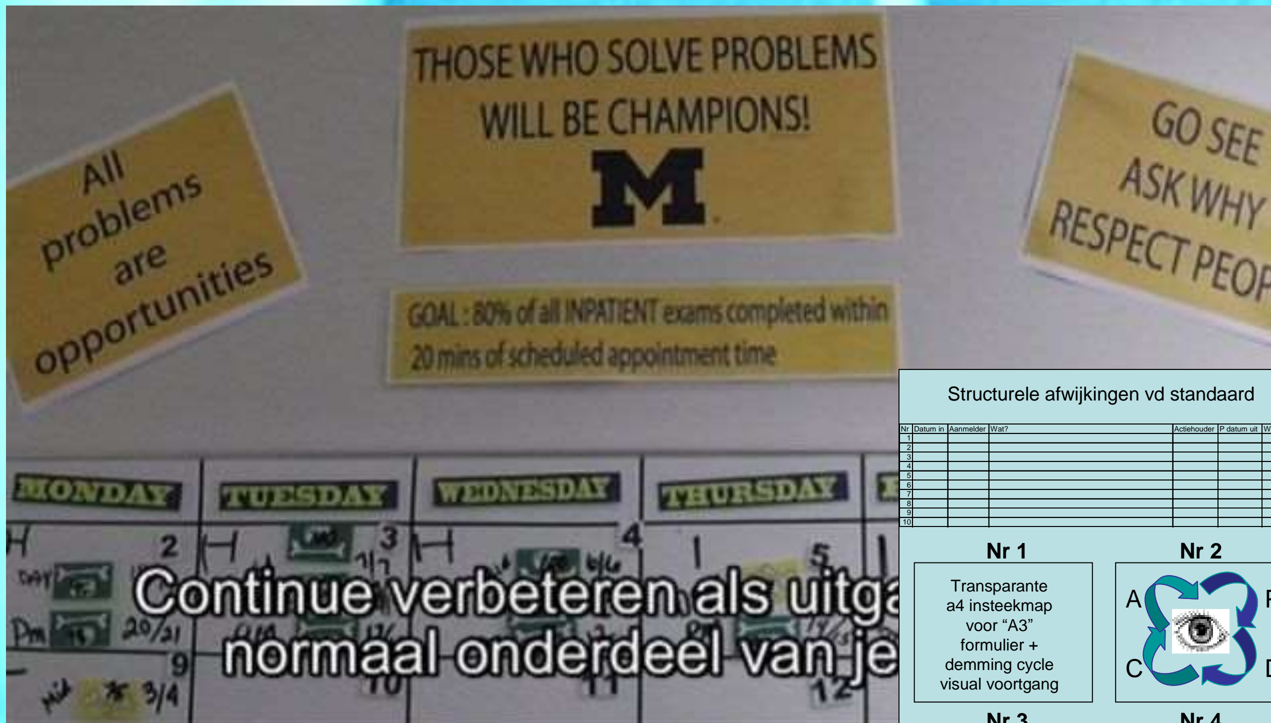
SAFETY

Het veiligheidskruis, ook de leverancier kunnen niet zonder in de zorg.....

Via veiliger productiever!



Step 3; Improve systematically into the chosen direction



Structurele afwijkingen vd standaard

Nr	Datum in	Aanmelder	Wat?	Actiehouder	P datum uit	W datum uit
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Nr 1

Transparante a4 insteekmap voor “A3” formulier + demming cycle visual voortgang

Nr 2

A P C D

Nr 3

Nr 4

Repetitieve incidenten

Nr	Datum in	Aanmelder	Wat?	Actiehouder	P datum uit	W datum uit
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Nr 1

Nr 2

Nr 3

Nr 4

How to change; A3 thinking

Titel: Bondige formulering van het probleem, een dirty story!
Organisatie: afdeling

Aanleiding: Waarom werk je hieraan? Wat draagt dit bij aan jullie true north?

Current Situation

Huidige situatie: Waar sta je nu? Volgens wie? Is er data? Ben je gaan kijken op de werkvloer? Is er 1 gezamenlijke kijk op de werkelijkheid of zijn er meer?

Target Situation

Doelsituatie: Waar wil je staan? Volgens wie? Vanuit de klant of van jou?

Rooth Cause

Belemmering: wat maakt dat de doelsituatie nog niet is bereikt? Wat verhindert jou of je collega's? Wees eerlijk!

Why (x5)?

Teamleden: Namen en functies verbeterteamleden
Datum: Datum start A3 en geplande einddatum

Counter Measures

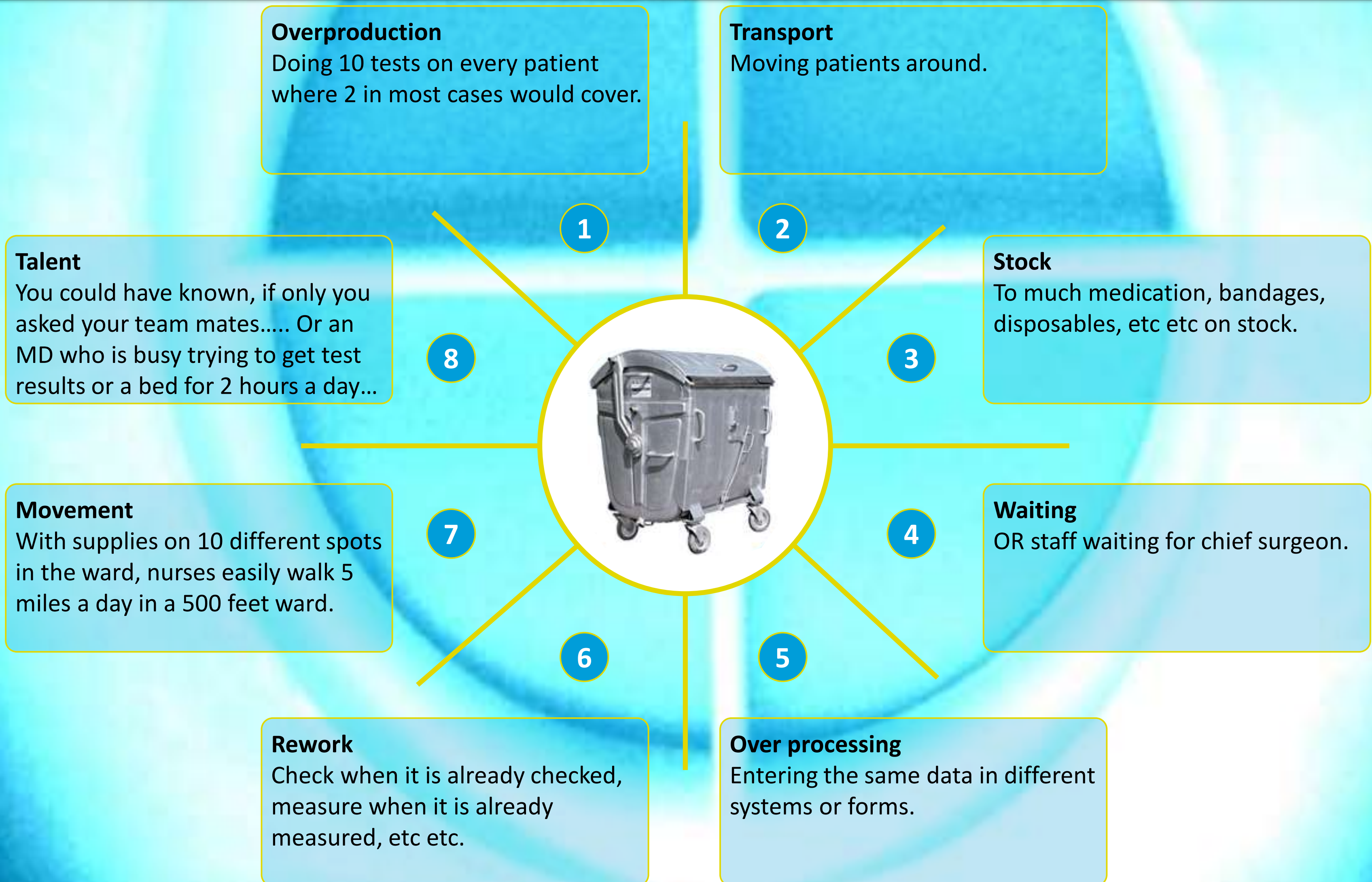
Tegenmaatregelen: welke maatregelen heffen de belemmeringen voor jou en je collega's op? En in welke mate (%)?

Actieplan: wie, gaat wat doen, wanneer en met welke middelen tegen welke prijs?

Action and Measurement

Opvolging: Hoe en wanneer wordt duidelijk dat tegenmaatregelen de belemmering hebben opgeheven? Hoe gaan we dat meten? Wat zijn de verwachte uitkomsten?

Out of the comfort zone 1: adding value by removing something instead of adding something.



Out of the comfort zone 2: horizontal instead of vertical

Vertical budgets

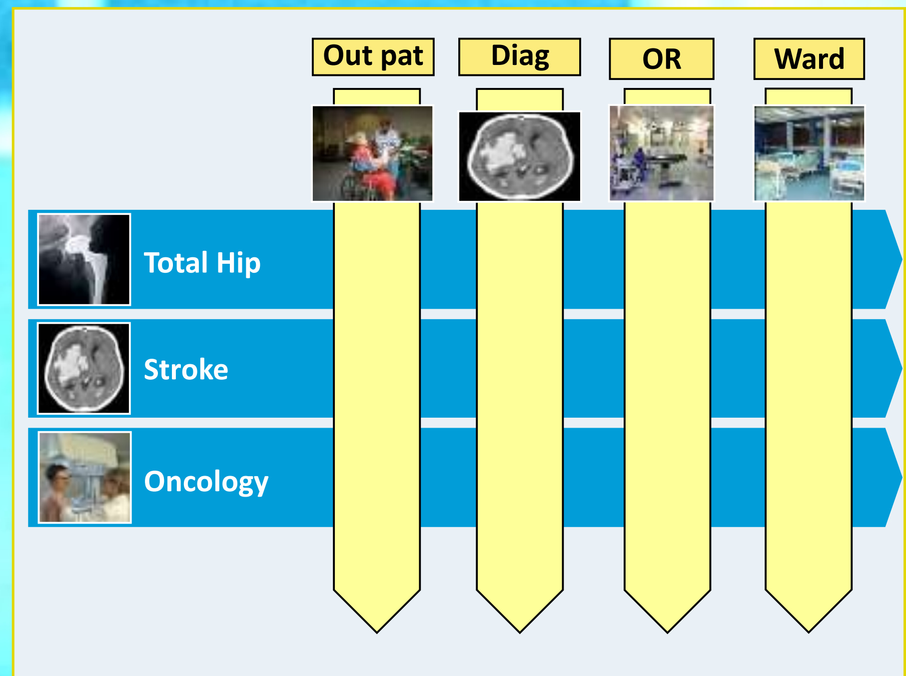
Vertical MD alliances

Vertical managers

Vertical teams

Vertical power

What happened with the patient focus?



Out of the comfort zone 3: Using mistakes to learn every day

INCIDENT BORD

Patïent verwisseld

Toelichting op incidenten

Hygiëne incidenten

Val incidenten

Incidentvrije dagen:
8 dagen

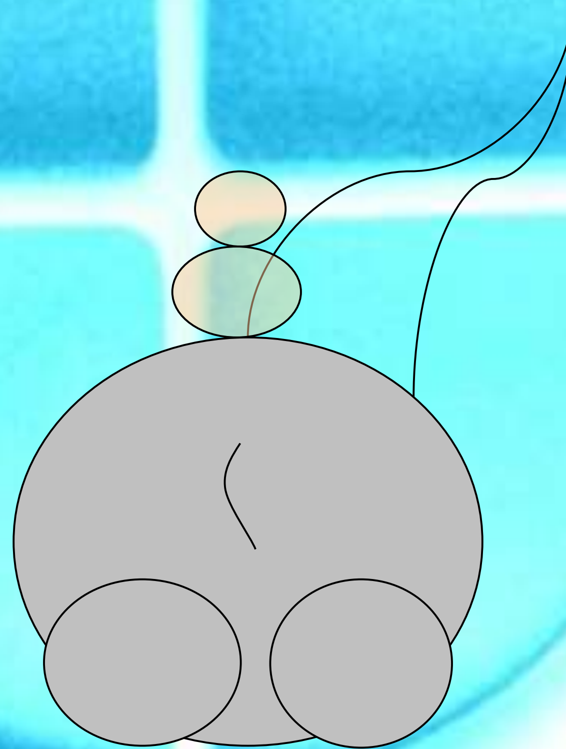
Medicatie incidenten

incidenten

TnP

Change strategy (FFF)

- Path (facilities)
- Rider (facts)
- Elephant (force)



Idea from the book "Switch" by Chip & Dan Heath

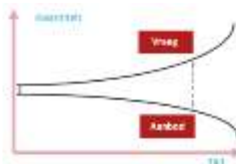
Lean results in Dutch healthcare

4. Productivity

A

Strategy deployment, true north and alignment secures hard work in systems and management decision making.

From



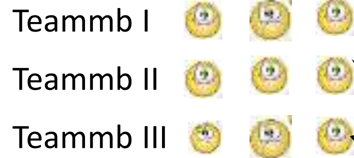
To

3. Joy

C

Staff satisfaction increases because of servant leadership, daily improvement cycles, ownership and waste reduction.

	Ma.	Di.	Wo
Teammb I			
Teammb II			
Teammb III			

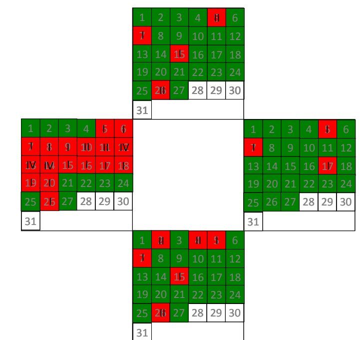


1. Safety

P

Standardization, transparency, analyses and redesign.

incidents



2. Service

D

Implementing standard work, flow based procedures and patient centered thinking.

Out patient ward visit in only one morning instead of 3….

and

Well informed patients

RED LEAN

BLUE LEAN

Before Lean……..

After Lean…….

Productivity comes with Safety!

Workshop rules

1. Productivity comes with safety; get as many balls from the S bucket to the F bucket without dropping them on the floor (that will be considered an accident)

2. Only one person is in charge of admitting (S bucket) and discharging (F bucket) the balls, nobody ells can touch the buckets and the balls in&out (that will be considered an accident)

3. A ball can only move from team member to team member by throwing, no handing over permitted (that will be considered an accident)

4. Every ball completing the process must have been in all team members hands (left&right), any ball who missed a hand will be considered to be in an accident

5. Any ball involved in an accident will be taken out of the game by the observer

6. 3 production rounds of 2 minutes, 3 improvement rounds of 5 minutes (strangely this workshop is about improving, not competing ;-))

7. Best score ever is 97% (100 minus all balls in accidents)

8. 200 balls for 10 team members, any team member extra reduces the number of balls with 10, with a minimum of 100 balls

Workshop hints

1. This is about “productivity comes with safety”, so please invest in accident free (according to the workshop rules) processes

2. Reduce waste, remember the sheet about the 8 types of waste?

3. To improve, you need a standard first, remember? Is everybody in your team aware of the same standard, does the standard work for all team members?

4. What about incidents, did you notice them? Did you use them to improve your process?

5. PDCA is all about experimenting, and go trough the cycle over and over again, no time for endless discussion about the best redesign. Please experiment during your improvement time!

6. Do you remember the “A3” sheet? First current situation (A), then target situation (B), what is keeping you from moving from A to B? Share that with each other, these are the issues to tackle first!

Productivity comes with Safety!