

Expert column



Perfect Healthcare

By Brian de Francesca

The Silver Bullet

I offer you a guaranteed way to improve patient safety, improve customer experience and improve efficiency. No, it is not too good to be true – it is literally all around you each and every day – you just cannot see it.

When compared to all other industries, we in healthcare can do much better in the areas of safety, efficiency and customer experience. I am often asked what one piece of advice I would give to make the greatest improvement to healthcare performance. What is my proverbial “Silver Bullet?”

In my experience, the root cause of most waste, risk and problems are found in two related areas: “Processes”

and “Communications.” It is really a coin toss to decide which is more important, so in this article I will focus only on “processes.” While there are enormous gains to be had in better asset management, people management, supply chain management and the like, what is consistently overlooked is comprehensive “process management.”

There is an unspoken belief, that if you construct a large marble-clad building, fill it with lots of clinical people and the very best medical equipment, you will then have a hospital. The reality is that all you will have is a building full of equipment and warm bodies and unless you consciously plan out, monitor, and improve the thousands of interrelated and overlapping

processes, you will end up with a lot of waste and risk as well; which is what we have in many hospitals. If you conduct a proper “process waste audit,” I am confident you will find savings of 30-40%. This is a lot of process waste, most of which could have been avoided in the first place.

Most organizations fail to meet their performance targets. In fact, most organizations just plain fail. We have become artists at retroactively moving the goalposts so that our relatively poor performance is not easy to quantify – but in general, healthcare performance is not impressive. This is because many executives’ decisions are little more than guesses; though we do not actually want to admit or acknowledge this, or maybe we are deluded into believing that we actually know much more than we really do. Regardless, there is too much guesswork going on. But why is this so?

Executives cannot make effective decisions without timely and accurate information. However, It is commonly agreed that most Information Management (IM) initiatives fail to meet promised expectations; this is because we attempt to implement rigid IM strategies and structures on top of constantly changing, overlapping, unneeded, and non-standardized business processes.

The result is that executives do not receive the information they need, when they need it in order to make effective decisions. As a healthcare executive, one of the best things you can do TODAY is to engage someone to map out ALL of your organizations business processes and take a look at them (the processes not the person). You need to become “process literate.”

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“WARNING: Don’t get caught up in the BIG DATA excitement until you first sort out the often ignored BIG PROCESS issues that if not tended to will undermine most information management initiatives.”

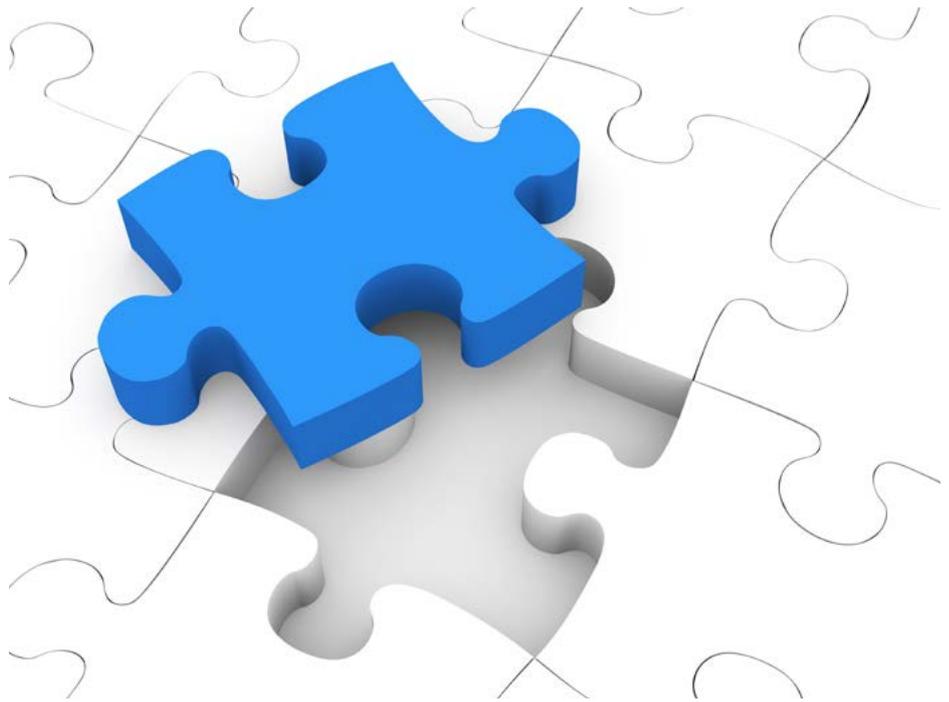
You will be shocked at what you find. Thus, if you want better performance, improve your processes. Today. But this does not happen: why?

Why are processes ignored?

There are two main reasons: “Organizational Process Management” and “Communications Effectiveness” is normally not the job of any one person. Someone now long forgotten wisely said: “when something is everybody’s responsibility, then it inevitably becomes no one’s responsibility.”

While there may be some degree of “process management” within a department or a business “silo”, it is in the spaces between departments where the problems mostly occur; and these “between department problems” cannot be repaired by someone within one of the silos. It is in these “process chasms” where the opportunity for improvement resides.

Secondly, once you identify problem processes (what we do, how we do it and who is doing it) then changes need to be made. We humans do not take well to change. We excel at doing the same things, in the same way, with the same people, and expecting different outcomes.



If you want more of the same, then just keep doing what you are doing. If you want to make improvements, then take action. And this “taking action,” is the responsibility of the “Leader,” but leadership is another topic for another article.

What do to?

Seek out a person who is well versed in organizational process management. Initially, you don’t need to invest huge sums of money in hiring new staff or engaging consultants; just have a coffee with someone who lives and breathes process management (Lean Sigma if you will). Walk around your hospital with them. Have them conduct a few very small and focused Kaizen events, and quantify the improvements. Read a few case “lean healthcare” studies.

Eventually you can appoint someone to be responsible for Business Process Management, but do not bury him or her deeply in the organization. Have them make regular reports to the C-Suite and Board of Directors. I would argue that this person warrants as much face time as that with the CFO

– if not more. Of course, this person should not be expected to do all of the process management work themselves and will need the support of a qualified outside Business Process Management service provider, of which there are numerous hiding under various banners, such as Lean Sigma, Kaizen and more. [Full Disclosure: I do not provide this sort of service – but when I am running a hospital, I certainly hire people who do.]

Before you build a great icon...

And if you are thinking of building a new hospital – give this some thought: Design your processes before you start designing your facility. Instead of getting consumed with creating a massive marble-clad icon, invest some time in first mapping out (in great detail) what will be done; specifically how it will be done, by whom it will be done, how long it should take to do it. Also, work out what this will cost to do, and how it will all be continually assured, measured, and approved. After you have done this, then start to create a facility to house these thou-

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sands of processes. Or you could do it the same old way it has been done for years, which results in the labyrinthine mazes we currently have to live with.

If not now, then when? If not you, then who?

The Internet is filled with case studies about organizations who for decades professed to be “lean and efficient” and then proceeded directly to the edge of bankruptcy and receivership. It was only then, at the edge of the abyss, that they accepted the need to truly look inside for improvements, and in all instances they found tremendous amounts of organizational “waste.” Not small measures, but 20-30% improvements (rumor has it that it may be as high as 60%). You have this much waste in your current organization – of course this is hard to believe, but I am confident it is there - it is always there.

I promise you, I guarantee you, and I challenge you to become process literate and be a leader in improving healthcare efficiency and performance. The world agrees that the current trend in spending is not sustainable, but few are really doing anything about it. Lead by example; find the waste that is right under your feet every day.

Case study for the Healthcare Case for Hyperbaric Medicine

As hospitals offer more highly-technical services, senior administrators and medical staff members often construct new wings or buildings to accommodate these new services.

One hospital’s senior officials planned to construct a new building to house its hyperbaric medicine program. Before leaping ahead and constructing yet another new “wing” they applied the “Lean principles” of waste reduction,



5S, value stream mapping, and physical layout to the project and current facilities. Thanks to a greater understanding of the Lean tools, the senior officials discovered that the hospital had sufficient space within the existing building. The results were a savings of US\$2m and increased patient satisfaction and safety because patients would not have to be transported from one building to another. I have had similar experiences regarding requests for more operating theatres and MRIs that were in fact not needed at all.

About the Author

Brian de Francesca is an international healthcare executive with over 20 years experience having worked in Asia, the Middle East, Europe and the USA. He is devoted to achieving healthcare greatness and strives towards delivering “perfect healthcare.”

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