

Live, Monday, July 20, 2009

Live Webinar: How the auto industry could save Canadian health care

Join health-care consultant Dr. Tim Hill at 9 a.m. PT (noon ET) to discuss the state of health care in Canada – and how hospitals can improve efficiency by taking a cue from the automotive industry.

When experts teamed up with doctors and nurses to analyze every step in a patient's journey through the eye clinic at Royal Jubilee Hospital in Victoria, what they found was waste.

As Justine Hunter reports in Saturday's Globe and Mail, Hospitals across Canada, the U.S. and Britain have adopted the Toyota/lean concept because it promises a way to manage scarce dollars in the face of escalating costs and growing demand. But is it a fad diet or a lifestyle change?

"We've had Ontario hospitals talking about being 'lean like Toyota does it.' Then a few years later, the money's been spent without net benefits," said consultant Dr. Tim Hill, an expert in adapting Toyota management to health-care settings.

He said many Canadian hospitals haven't figured out how to stay lean because they look at it only as a cost-cutting measure. "As hackneyed as it sounds, this is a journey, not a destination."

The Globe is pleased to have Mr. Hill with us Monday at 9 a.m. PT (noon ET) to discuss the state of health care in Canada – and how hospitals can improve efficiency by taking a cue from the automotive industry.

Dr. Tim Hill has been consulting globally for over 25 years, with hundreds of organizations. He is Canada's leader in best practices in Lean process improvement and Human Capital. He is a Consulting Industrial and Organizational Psychologist and an Invited Professor in the Economics, Business and Mathematics Department at King's University College at the University of Western Ontario, where he is listed as an expert on human resources, Lean and corporate social responsibility.

Mr. Hill works with people and organizations that can see value in measurable, continuous improvement led to his concentrating on healthcare and manufacturing - two important segments in Canada's economy.

He writes a regular Lean Insights column for Manufacturing Automation and is the author of "The Future of Lean in Healthcare" in "Applying Lean in Healthcare: A Collection of International Case Studies" due out in October from Productivity Press.

The Webinar: How the auto industry could save Canadian health care

- 8:57 Globe and Mail: Thanks for joining us for this live discussion with health-care consultant Dr. Tim Hill. We'll be starting in a moment -- if you have any questions, please feel free to post them now and Tim will get to them as soon as he can.
- **9:01 [Comment From Dr. Tim Hill] Hi, Tim is here now**
- 9:02 Globe and Mail: Thanks a lot for taking part today, Tim. We should have some questions for you soon.
- **9:03 Dr. Tim Hill: Great, am here, spoke with Sean and waiting**
- 9:04 [Comment From Gayle Hallgren-Rezac] I read the Globe and Mail article this weekend and can see that certain sectors of health care in specific hospitals, specific regions implement changes that make a difference but can you give an example where a whole health care system has been overhauled comprehensively, not bits and pieces? What kind of time frame?
- **9:05 Dr. Tim Hill: Three very good examples of enterprise-wide change are: US: Virginia Mason, UK: National Health Service, Australia: Flinders. They have built their enterprise change on the whole organization and done so with good measurement**
- 9:05 [Comment From Stephen] Thanks for participating in this, Tim. As a resident in family medicine, I share your concern in working to create a health-care system that is both highly effective and highly efficient. To that end, what would you say is the most pressing area of waste in health-care today?
- 9:06 [Comment From Justine Hunter, G&M] Hi Tim - While researching the article on this subject last week, I followed the patient journey through an emergency department and saw a lot of people just waiting – waiting for a bed, waiting for a doctor, waiting for test results. The hospital had improved treatment time by 30 per cent, but they still ended up getting backed up because most of the ER beds were held by patients waiting to be transferred somewhere else. How do you begin to take apart a large, chronic problem like that?
- **9:06 Dr. Tim Hill: Hospitals are largely where manufacturing was 30 years ago. They need to stop spending huge sums on treating symptoms and eliminate (not manage) true root causes for problems**
- 9:08 [Comment From Dave] How would a Lean Practitioner make the move from manufacturing to health care?

- **9:08 Dr. Tim Hill: For Justine, the waiting largely comes from all of the connected systems being *unconnected* There are beds (often) but not AVAILABLE beds. The concept of just-in-time hasn't made it yet, so hospitals are great at creating opportunities to wait**
- 9:09 [Comment From Anne MacLeod] Given some of the comments on the G&M website, how do you encourage acceptance and participation in improvements?
- **9:09 Dr. Tim Hill: Manufacturing - to - healthcare -- be sure to specify value and the ability to address true problems and their root causes. Toyota is great because their "wits not wallets" gets people to eliminate problems and not create "manage them" overhead. If it's waste or impedes flow, get rid of it**
- 9:09 [Comment From Bill] Many hospitals decide how to use Information technology in an independent manner. Since health delivery is so ad hoc, how can ERP & automotive systems help?
- 9:09 [Comment From Duncan Smith] Tim; Could you give an example of the "Toyota lean concept" and how exactly it translates to the healthcare settings, perhaps with an example?
- 9:09 [Comment From Bill] The taxonomy of most, if not all EHR systems, is that they are designed to support an ERP business model. Healthcare providers are faced with the quintessential square peg in a round hole conundrum; trying to get BRPs into an ERP type system. Since much of the ROI in the EHR comes from being able to redesign the workflows,
- **9:10 Dr. Tim Hill: Anne, it's largely that sustained success speaks for itself. Hospitals need to move away from expensive reports and base performance on measured gains.**
- 9:10 Justine Hunter, G: A number of people I spoke to in the health care system stressed that change won't stick unless frontline workers buy in. We know it can be difficult to persuade health care workers to get a flu shot or wash their hands as much as they should. How do you get doctors, nurses and other health care workers to accept that they need to change longtime habits?
- 9:11 [Comment From Gayle Hallgren-Rezac] The Vancouver Board of Trade is doing a series of health care forums. Do you have a contact name at Virginia Mason, someone who could share their success story with BC?
- **9:11 Dr. Tim Hill: Two comments -- Toyota lean and ROI -- I recommend looking at any of the good books about Toyota and how they deal with leadership, reducing waste and increasing flow. People can buy in. For ROI, we must move to tangible items that save**
- **9:11 Dr. Tim Hill: For Justine, once people see that their problems go away, their buy-in goes up.**
- **9:12 Dr. Tim Hill: For Gayle, I will look into that for you. Please email me at drtim@kyoseicanada.ca so I don't forget to do that for you. One of my team trained with John Black**

- **9:12 Dr. Tim Hill: I'm not the greatest typist, did I miss anyone?**
- 9:13 [Comment From Bill] Just me
- 9:14 [Comment From Gayle Hallgren-Rezac] How did the UK and Australia make the changes happen? What were key changes to health care system and how long did it take. Can this be applied to Canada? Who would take the lead role. I go back to the comment about 'ad hoc'....
- **9:14 Dr. Tim Hill: For Bill, I agree re round/square ERP systems propagate poor practices if no one puts best practice in first. I have seen this in IT healthcare implementations. In manufacturing (can share more later) many ERP systems were removed since they didn't generate good data for lean decision-making**
- **9:16 Dr. Tim Hill: For Gayle - Problem solving for root causes to high-touch and high-frequency issues. Problems were ranked, actionable items were reviewed for root causes and finally counter-measures were applied. This led to "A3" business cases or PDCA cycles to fix, resolve and move on. Today's challenges were tomorrow's standard work**
- 9:16 [Comment From Joe Aherne] Hi Tim, just to comment on progress in Lean Healthcare in Canada. We are doing a lot of work with organizations in BC such as Northern Health Authority, Interior Health and Vancouver Coastal Health. I am very impressed with the Lean initiatives being undertaken in these organizations. The key here is education in the principles and techniques of Lean in Healthcare. Otherwise it will not be sustainable!
- 9:16 [Comment From Duncan Smith] I believe that one of Toyota's strategies involves using input from all levels - from CEOs down to line workers. How can hospitals utilize this concept given the current hierarchy?
- **9:16 Dr. Tim Hill: Gayle, can answer more thoroughly later**
- **9:17 Dr. Tim Hill: Joe, Agreed!**
- 9:17 [Comment From Tim A] I think mindset has to change in hospitals first before any process changes can take place. That is the biggest challenge I see.
- **9:17 Dr. Tim Hill: Duncan, the people at the top must buy in and there are ways of helping them to do that. Lean is 10-20% tools and the rest leadership. No silver bullets**
- 9:18 Dr. Tim Hill: Tim A - yes! As long as expensive consultants leave large reports with "do nothing" or "close beds" options, we will never improve
- 9:18 [Comment From Duncan Smith] Does this translate into pay structure as well?
- **9:19 Dr. Tim Hill: Duncan, certainly for consultants and for senior C-Suite hospital people. This is another shift in thinking, but I prefer to start with the process savings. That other challenge will come. Pay-for-performance is likely around the corner**

- 9:19 [Comment From Anne MacLeod] Do you think there is any appetite in Health Care for A3 Project Management tool sets - Project Charters, Project Delivery Schedules?
- 9:20 [Comment From Justine Hunter, G&M] Some of the numbers you have cited in terms of infections and error rates in Canadian hospitals are pretty shocking. And that is a very good reason to look at change. What can you tell us about how the Canadian health care system is doing, and how the Toyota lessons can make a difference in this area.
- **9:20 Dr. Tim Hill: Anne, there *should* be and many have that appetite. Organizations that still want to do nothing will shy away from accountability and A3s. We all saw what happened in the auto sector with the "do nothing" option**
- **9:22 Dr. Tim Hill: Justine, the CBC in Canada has carried great stories. Hospitals need standard work to reduce (e.g.,) hospital infections. Public accountability is one way, but visual management for all issues will become a must. MRSA and a few others are just the start. Patient experience should be a performance metric, too. PBS did a great series on Remaking American Healthcare-- all Lean success stories, they just don't mention that**
- **9:23 Dr. Tim Hill: (quiet spot) To Joe and others doing great measurable work, Thanks! I would be pleased to continue any of these threads later**
- 9:24 [Comment From Duncan Smith] Could you apply any of these measures to medical education?
- **9:26 Dr. Tim Hill: Duncan, certainly! I have started CME education credits discussion for Lean in medical schools in parts of Canada. It's early though, but I hope to make this a learning requirement. Right now, medical people doing Lean still tend to rush to action, use poor data for implementation and treat symptoms. Not to be rude, but if they had better skills, they could do better work. Many early adopters had their efforts stall or fail -- unfortunately, they're now out on the talk circuit for free.**
- 9:28 [Comment From Gayle Hallgren-Rezac] You have a book coming out in September. Is it for the general public or an academic read for health care providers? What is date of release?
- 9:28 [Comment From Julie G.] How do you reconcile streamlining processes for maximal efficiency with the fact that the management of our patients - eg. in acute care & cancer care - is becoming more complex with more frequent branch points on the care pathway?
- **9:29 Dr. Tim Hill: Date of release is end of September, it's from Productivity Press and I share Lean in healthcare articles on my site. Glad to share**
- 9:29 [Comment From Justine Hunter, G&M] We've covered a lot of ground but I'd like to go back, if you would, to the example of Virginia Mason. Can you elaborate on what they are doing that is working? You have raised

some concern about sustaining change and I'd like to hear a bit more on what makes that difference?

- **9:29 Dr. Tim Hill: Julie, it's not so much that the processes are complex, it's that they are not connected well.**
- 9:31 [Comment From Joe Aherne, Leading Edge] The publication in October by Productivity Press "Applying Lean in Healthcare: a collection of international case studies" should be of great benefit to any organization or individual embarking on a Lean journey
- 9:31 [Comment From Duncan Smith] As a medical student currently, I find it bothersome that we receive 0 (with a capital Z) education on the workings of our health-care system. What would you recommend to someone in my position to prepare me for a "Lean" future?
- **9:31 Dr. Tim Hill: Justine asked about VM. One of the biggest reasons for success there is that they made Lean an organization-wide initiative and made it stick. No "flavour of the day" and no magic bullet. This is imperative. For people who were reluctant, they were won over with the visual displays, sharing of success and the culture of participating in fixing problems. They were entrusted to fix the problems, but trained to do so and not just thrown into the fray**
- 9:32 [Comment From Tino] Change management in a complex organization is critical - are hospital staff equipped to implement Lean and ensure its ongoing success? Also, how will "sacred cows" be overcome?
- **9:33 Dr. Tim Hill: Thanks for that 411, Joe. Duncan, review the "Toyota Bookshelf" pieces -- there's great utility in some of those (can share offline) I would also suggest reading on basic statistics and getting an understanding of how to reduce variability in outcomes. Toyota suppliers have many times less product variability than Old Big suppliers**
- 9:34 [Comment From Duncan] Thanks for the suggestions, Tim.
- **9:34 Dr. Tim Hill: Tino, CM can be done, there's lots of evidence, but people need to be included in the process and understand that their training is to empower them to find answers to questions. Leaders train others to help them lead themselves. Leaders build great human capital by facilitating learning.**
- 9:35 [Comment From Earl M] In production you have control over your inputs and the process flow. In healthcare so much is dependent upon when and what type of person shows up at the door and the length of stay required in hospital for their care. With all of these variables, how can lean optimize the health care system? Additionally from your view, how do you define the system? Does it start with the primary care physicians and follow all the way through to LTC facilities and retirement homes?
- **9:35 Dr. Tim Hill: Duncan, you're certainly welcome & welcome aboard!**
- **9:37 Dr. Tim Hill: In healthcare, you still have control over *many* things. Information in forms, for example, should not for 4-5 days for someone else to fix an upstream (earlier) problem Accountability and**

quality at source issues make things look worse than they are. For the system, I often use a "tracer" model for the complete patient journey and include the steps that support that journey -- all the way to end-of-life considerations.

- **9:38 Dr. Tim Hill: Note: The reason that huge portions of the working day in healthcare are classified as "waste" is because of the huge amounts of time spent doing non-purpose tasks like looking for things**
- **9:39 Dr. Tim Hill: Thanks to all, I must run!**
- 9:40 Sean Stanleigh: Thanks very much for taking part! Tim points out he's happy to take more questions via the email address he cited earlier. Over and out.

From: <http://www.theglobeandmail.com/news/national/british-columbia/how-the-auto-industry-could-save-canadian-health-care/article1223234/> (with corrections to my typing!)