Can Lean be Humanized?
The South-Swedish Highland

115 000 inhabitants
Area 5 200 km²

Höglandssjukhuset, Eksjö
Pseudoinnovation: the development and spread of healthcare quality improvement methodologies

KIERAN WALSHE

Health Policy and Management Group, Herbert Simon Institute, Manchester Business School, Booth Street West, Manchester M15 6PB, UK

Abstract

Background. Over the last two decades, we have seen the successive rise and fall of a number of concepts, ideas or methodologies in healthcare quality improvement (QI). Paradoxically, the content of many of these QI methodologies is very similar, though their presentation often seeks to differentiate or distinguish them.

Methods. This paper sets out to explore the processes by which new QI methodologies are developed and disseminated, and the impact this has on the effectiveness of QI programmes in healthcare organizations. It draws on both a bibliometric analysis of the QI literature over the period from 1988 to 2007 and a review of the literature on the effectiveness of QI programmes and their evaluation.

Results. The repeated presentation of an essentially similar set of QI ideas and methods under different names and guises is a process of ‘pseudoinnovation’, which may be driven by both the incentives for QI methodology developers and the demands and expectations of those responsible for QI in healthcare organizations. We argue that this process has had benefits because QI programmes need sustained and long-term investment and support in order to bring about improvements. The repeated redesign of QI programmes may have damaged or limited their effectiveness in many instances.
”They are trying to kill me”

Capt. John Joseph Yossarian
(“Catch-22” by Joseph Heller)
VIETATO APPOGGIARSI
PLEASE, DO NOT LEAN
The entire system
Ie: the Airport, Airlines, aso

The local system
Ie: immigration office

The customer
Ie: you
Every system is perfectly designed to get the result it gets

Donald Berwick
From a Functional towards a process directed Healthcare organization

Traditionell "funktionell"

Patientfokuserad "aktiviteter och delprocesser
organiserade efter prioriterade patientvärden"

Pat söker primärvården

Undersökning primärvården

Diagnos & beslut

om åtgärd PV/
Sjukhuset

Rehabilitering
Primärvården

Esther

pat sjuk

Pat söker primärvården

Undersökningar Sjukhuset

Behandling
Sjukhuset

Rehabilitering
Kommunen

pat färdig beh
Nätverk för utveckling av äldrevården på Höglandet

EUROPEISKA UNIONEN
Europeiska socialfonden
Government

In the social sciences, the term government refers to the particular group of people, the administrative bureaucracy, who control a (nation-)state at a given time, and the manner in which their governing organizations are structured.

“Free” Market

Economy with prices controlled by customers. an economic system in which prices, salaries, and the supply of goods are controlled by what and how much people buy, not by the government.
The entire system

The local system

The customer
Market Economy
Components

Productionline
Teams co-working to accomplish a well defined part of process
Acting in a free globalized market

- Can produce whatever profitable
- Can choose how and where to produce
Acting in a free globalized market

Advantages for the nation:

“System”-improvement

- Better or cheaper product ie more “Value for Money”.

Dangers to the company:

- Competition
- Other entrepreneurs
- Creative Destruction
Planned Economy

Lack of

• Entrepreneurs
• Competition
• Creative Destruction

Which will result in

• Static System
• Lack of Improvement
Planned Economy

- Entrepreneurs
- Competition
- Creative destruction
Planned Economy

Lack of
• Entrepreneurs
• Competition
• Creative Destruction

Which will result in
• Static System
• Lack of Improvement
"Sacred House"
Culture
eat
systems
for
lunch
Conventional roles

Patient

Physician

Nurse

Assistant nurse

Medical secretary

welfare officer

Nutritionist

Other resource
Ancoats Hospital Outpatients' Hall  (L.S. Lowry, 1952)
The patient as "customer"
<table>
<thead>
<tr>
<th>VAD</th>
<th>NÄR</th>
<th>HUR</th>
<th>VEM KAN</th>
<th>OBS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackor i frukftjänst</td>
<td>Ångjutning</td>
<td>Alla</td>
<td>Finns inte</td>
<td>Instrument ansvarig</td>
</tr>
<tr>
<td>US Plan gastro</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vem ska varn på numret?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cato</td>
<td>Fylla på?</td>
<td>Vem när?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Röster</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ska allt placeras?</td>
<td>Bort skrotar av</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undantag</td>
<td>Städa?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>När fot har grym</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ett förord</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tidig</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beslutande medres</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*läs nedräkning:*

<table>
<thead>
<tr>
<th>Vad gjorde vi som var bra för verksamheten?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Skapa vis spraya alla.</td>
</tr>
<tr>
<td>2. Om USK sprayar, läkare döker in journal.</td>
</tr>
<tr>
<td>3. Yxlocain spray ska gasa.</td>
</tr>
<tr>
<td>Håll om detta är ett underlag.</td>
</tr>
<tr>
<td>Hållandam, kan der ge och sigra?</td>
</tr>
<tr>
<td>Vem gör? Olika varianter?</td>
</tr>
<tr>
<td>Testar om så kan skriva Skapar värde för verksamheten?</td>
</tr>
<tr>
<td>Bar finnas i närhet för att Snabbt komma in igen</td>
</tr>
<tr>
<td>Snag in och ut på rummet Uppföljning på om, hur det funkar, tackar kurer, hentar.</td>
</tr>
<tr>
<td>Tänk steget före respekters Vi kan lite vararefors kompetens.</td>
</tr>
</tbody>
</table>
The patient as "customer"
“Industrial Lean”
The patient as "customer"

"Industrial Lean"
The entire system

The local system

The customer
Ie: you and me
Paternalism
Attitude or a policy reminiscent of the hierarchic pattern of a family based on patriarchy

Autonomy
In medicine, respect for the autonomy of patients is an important goal, though it can conflict with a competing ethical principle, namely beneficence. Autonomy is also used to refer to the self-government of the people.
The "team" from the patients point of view:

Co-production
New roles & New rules

Patient

Other resources

Physician

Nurse/Assistant nurse
Co-production

Mr Andersson

Husband/wife

Friends

Children

Parents

Nurse/Assistant nurse

Physician

Other resources

“Humanized Lean”
A question of focus
Some consequences:

- Individualize the care to meet the patients actual needs
- Cooperate with the patients
- Utilize the competence of the patients
- Define the boundary between different professions – mainly nurses contra physicians

Suggestion:

- Physicians task is to diagnose and initiate treatment
- Nurses do follow up when the patients condition is stable
Redesigned follow up

Patients with
• Unstable disease
• Need of surveillance colonoscopies
• Treatment with immunosuppressive drugs
• Intellectual handicaps
or
• Wish to visit a physician

Traditional outpatient clinic

Follow-up at nurse practice

Patients with stable disease

The patient is supposed to contact the clinic whenever he is in need of support
Number of emergency visits to the unit:

2001: 2/day

2005: 2/week

Why???

Changed behavior from our side – ”tougher”?
Changed patient behavior – securer?
Contact at an earlier time => not that ill?
Greater acceptance of self-care (from healthcare)?
Better adherence to medical treatment?
Inpatient care for IBD.

enskilda patienter som vårdats för IBD vid Höglandssjukhuset Eksjö n(1998)=64 n(2008)=35
enskilda patienter som vårdats för IBD i Sverige n(1998)=4100 n(2008)=4000
Highland District County Hospital: Gastroenterology Care in Sweden

In spring 2009, Dr. Jörgen Tholstrup, head of the gastroenterology unit at Highland District County Hospital in Eksjö, Sweden, reflected on the restructuring process his team had undergone over the past eight years. In 2001, when he had been the hospital’s sole gastroenterologist, wait times for nonurgent follow-up appointments were as long as two years. Inpatient and outpatient gastroenterology care had been delivered in separate parts of the hospital. By 2009, Tholstrup led a team of four physicians and over 20 nurses and nurse assistants. Wait times were dramatically lower, and a brand new gastroenterology unit co-located inpatient and outpatient care.

Throughout the process, Tholstrup had initiated a number of modifications aimed at integrating care delivery for inflammatory bowel disease. Tholstrup knew that some of the changes were considered unconventional, and felt that measuring and demonstrating improved results would be key to clinician acceptance of future initiatives. He was also concerned about recent trends toward productivity-based reimbursement for care elsewhere in Sweden. If similar systems reached Eksjö, how would they affect the gastroenterology unit?
The executing team

Patient  ---  Assistant nurse

Nurse

Physician
Can you talk to the staff at the round?

- **Walking round**
  - Yes: 7
  - Partially: 1
  - No: 8

- **New round**
  - Yes: 8
  - Partially: 0
  - Don't know: 0

- **Utlämnad**
  - Yes: 8
  - Partially: 0
  - No: 8
Are you involved in decisionmaking at the round?

Trad. Rond

Ny rond

- ja, fullständigt
- ja, delvis
- nej
- vet ej
Do you fell comfortable during the round?

- Trad. Rond: ja
- Ny rond: nej
If you can choose how the round is performed, which would you choose?

![Bar chart showing choices between trad.rond and Ny rond](chart.png)
Next step:

In-depth interviews

• Patients
  ○ Result: Nothing new…

• ”Virgin” employees
  ○ Result: Little new…

Present projekt:

”Patients” writing diaries
  Book
  Blog

○ Result???
New Questions:

Is it possible to individualize the round to encounter the patients actual needs?

• Who told us that all patients should do the round every morning?
  − What will happen if “the round” is done when the patient need it?
    » As the patients condition is altered ie unstable
    » As result from investigations (bloodtests, X-rays..) emerge

• How to minimize the risk to fail to notice the patients needs??
  => How can we control the process?
The entire system

The local system

The customer
I.e.: you and me
Co-production

Husband/wife

Friends

Children

Parents

Nurse/Assistant nurse

Physician

Other resources

“Humanized Lean”
Who designed this?
- guests or engineers
"He who seeks will find..."

jorgen.tholstrup@lj.se