



Pittsburgh Regional Healthcare Initiative

Reprinted from *PRHI Executive Summary*, July 2002

Naida Grunden, editor

Quality Before Quantity at West Penn

Starting a Perfecting Patient Care Learning Unit requires a commodity that's both rare and counterintuitive in a pressured healthcare system: *patience*. It also requires starting small—a small unit, just a few beds, one or two “minor” problems. Just getting to the starting gate involves a “culture change” in the organization, emanating from top leadership

Staff members begin to learn how to solve the problems that crop up in the course of their work, with back up from their full-time, dedicated Team Leader, who will trace a problem to its root cause and fix it. It takes time to learn the principles and disciplined methods of the Perfecting Patient Care System (adapted from the Toyota Production System as applied to health care). It takes time to *learn to see* problems instead of working around them.

During the first few months on the Ambulatory Surgery Center (ASC) Learning Unit at West Penn, several improvements were made. But a more dramatic story was under way—the notion that change was possible.

“Now that everybody's catching on, it's out of control!” muses Gloria Teichman, RN, the Team Leader on the West Penn ASC Learning Unit. “People are identifying problems, identifying waste—and now they feel like they have what they need to actually fix what's wrong.”

Ramp up, Toyota style

America's fast-paced culture creates expectations of instant results, and wide, fast dissemination of new ideas. In industry, where TPS originated, management is usually asked to achieve full production as soon as possible—volume first, quality second.

In manufacturing, TPS requires ramp-up at a slow and deliberate pace. The focus during start-up is on the customer—and that means quality first. Quantity is

achieved “as quality permits.”

Why go slow? First is that big prerequisite, culture change, emanating from top management. This change involves creating a work environment that's safe emotionally, professionally and physically. People then need time to learn, understand and adapt to a new way of working.

In his case study on Toyota's Georgetown, Kentucky plant, Harvard professor Kazuhiro Mishina stresses the importance of setting “a deliberately slow ramp up schedule.” Mishina notes that workers adapting to this new system of work must learn certain principles and arrive at that *eye-opening moment*—which varies among individuals—when they at last fully comprehend how it can work for them in their own environment.



Increasing Patient Dignity

After locating several unused recliners in other areas of the hospital, ASC nurses used them to replace the cold, uninviting tables in the evaluation area. Here, Mary Shane, RN, shows the result. *Patients vastly prefer these comfortable chairs!*

Turning off the Bubble Machine!

The post-operative area for the ASC is a short stay recovery unit with 7 beds. However, one badly needed patient care space was consumed with supplies. The team called their leader, Gloria Teichman, RN, who discovered that the space was virtually overrun with boxes of gynecological pads.

Why weren't they on the storage shelves? Because it, too, was full of boxes of pads. A nurse informed Teichman, "We have more boxes stored down the hall in the bathroom."

In all, 3,588 pads—a generous year's supply—were stored on the floor, with more arriving all the time. Teichman discovered that the pads were not being ordered, but had been placed on "auto order," leaving workers to scurry around to find more storage spaces.

Teichman suspended the auto order, returned many of the boxes, and effectively turned off the bubble machine. All 7 beds in the recovery unit are now ready to accept patients.

For Example . . .

Sometimes the epiphany comes from solving one key problem to root cause—not a "manufactured" problem, but one encountered in the everyday work routine. For example, at the West Penn ASC, workers noticed that patients' waiting times varied wildly. Over half of the patients were waiting for 1½ hours—some as many as 5 hours. Yet other patients were rushed through the system.

Initial experiments centered around a "signal" from the operating room (OR). When surgeons began the closing procedures for one surgery, which usually takes 45 minutes, a signal would be sent to the patient holding area so that preparations could be properly concluded on the next patient. This experiment was promising: the signal reduced waiting times for four patients from 2 hours to between 40 and 65 minutes.

But these initial experiments revealed another systemic flaw. Upon arrival, patients were to have blood drawn, so that the lab results would be available in plenty of time for the scheduled surgery. However, when operating rooms become available, patients could be rushed in ahead of schedule, only to then have to

wait for the results delaying both the patient, the surgeon, and the operating team.

The team concluded that the signal for drawing blood must be a well understood part of the pathway. It must be done before the patient enters the holding area. It must be done in a reliable location—a room dedicated to pre-op blood draws.

A supply closet was converted into a blood draw room, based on a Patient Care Associate's detailed specifications and understanding of the work pathway. Patients now have their blood drawn immediately after registration. While the patient awaits the signal from the operating room, the lab processes the blood.

Unraveling the cause of a single problem can lead in unanticipated directions. Reducing patients' waiting time revealed underlying problems with OR timing, lab scheduling, physical space, and sequencing of the work. Fixing a small problem to root cause can have the unexpected "side effect" of fixing several larger, systemic problems.

Contagion—the Good Kind

As Team Leader Teichman has noticed after 6 months of experience with this

Learning Unit, problem solving has become contagious among the staff. By focusing on what patients need, the Learning Unit team has created:

- A more compassionate patient experience through:
 - Reducing waiting times.
 - Eliminating hallway chairs as waiting spots.
 - Using comfortable recliners in the pre-evaluation area instead of uninviting tables.
- A more compassionate work place by:
 - Expanding the desk area.
 - Reducing duplicative work.
 - Streamlining processes for physician orders and history and physicals.
 - Organizing supplies and locating them more conveniently.

When courageous hospital leaders focus on deliberate ramp-up, insisting on quality for each patient and healthcare worker before wider dissemination, success is contagious and sustainable. ☞

