

kinetik solutions



Lean Principles and Processes - Understanding 'Value' to drive change

November 27 2009



Recap – What is Lean?

- Focus on Value from a **Customer (Patient) point of view** on every step of process
- **Obsession on removing waste** within the ‘whole system’
- Bottom up approach in identifying value and waste – assumption that **much of waste and value is hidden**
- A true lean system would “flow” and need **little command and control**



What does Value mean?

Value

What this means

- The customer normally defines value
- What does the process 'change' that someone is willing to pay for

What this means in the NHS

- Anything that *transforms* patient care and experience, otherwise it is waste:
 - meets expectations all the 'value' elements of a journey
 - would recommend the experience to a friend/relative
- Customer is normally the patient/GP, but may be other stakeholders (who is the customer?)



In implementing Lean we sometimes focus on ‘waste’ without proper consideration of the ‘value’ part.

- The cost of poor patient experience has a huge effect on both individual trust and society at large
- We sometimes make assumptions about ‘what value’ is and then put our efforts to ‘value stream map’ a better ‘pathways’
- Recording of patient experience helps, but the quality of question design and analysis is critical to understand true needs



Current patient satisfaction measures are inadequate at improving experience

- The returns are low and statistical significance is questionable
 - People likely to fill in questionnaire are likely to be biased against the overall cohort of service users
 - The questions have set gradations wholly based on patient expectation (e.g. very good to poor) which in itself offers little insight
- On a conscious level patients find it difficult to articulate their true priorities, they are often unable to articulate exactly what is driving their expectations
 - It assumes a linear relationship between matching expectations and providing more of a specific type of service
- It assumes that there is infinite resource (good is defined as having the highest mark on all 76 questions)
- The feedback mechanism for change and improvement of services is slow, lacking enough details and frequency to create any impetus in service change



The overall Cost of poor patient experience is huge to the NHS and society

- c100,000 complaints (most around experience)
 - Administration of complaints and dealing with stakeholder
 - Poor morale (staff do not have means to tackle root cause)
 - Reputation of trust
- Loss to Society
 - Frustration, worry, bad feelings
- Effect on Health Outcomes
 - Poor and good patient experience has been shown to have a ‘placebo’ effect on outcomes
 - Loss of confidence
- Unnecessary resource expended e.g.:
 - Use of A&E services due to lack of confidence in primary care patient service
 - Patients become the ‘worried’ well

Poor Patient Experience is due to poor understanding of ‘value’



Current methods of patient experience analysis are poor and reveal little

“We need a tool that provides rapid, simple feedback from patients to staff in order to improve their performance. The current method is not helpful to those of us who wish to improve the patient experience”

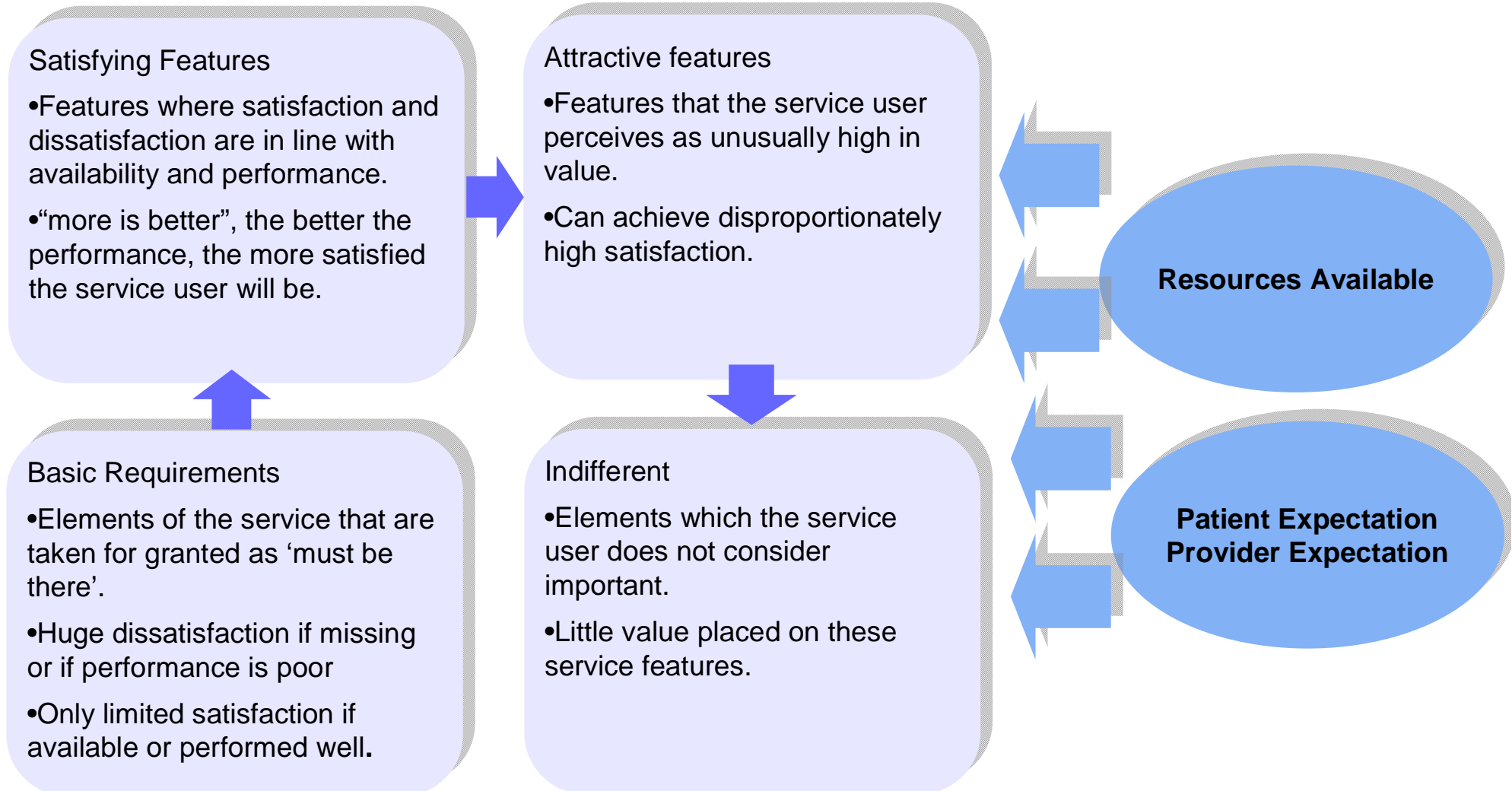
Dr John Coakley – feature writer HSJ journal July 2008

“Patient experience - Quality of care includes quality of *caring*. This means how personal care is – the compassion, dignity and respect with which patients are treated. It can only be improved by **analysing and understanding patient satisfaction with their **own experiences”****

Lord Darzi- NHS Next Stage Review June 2008

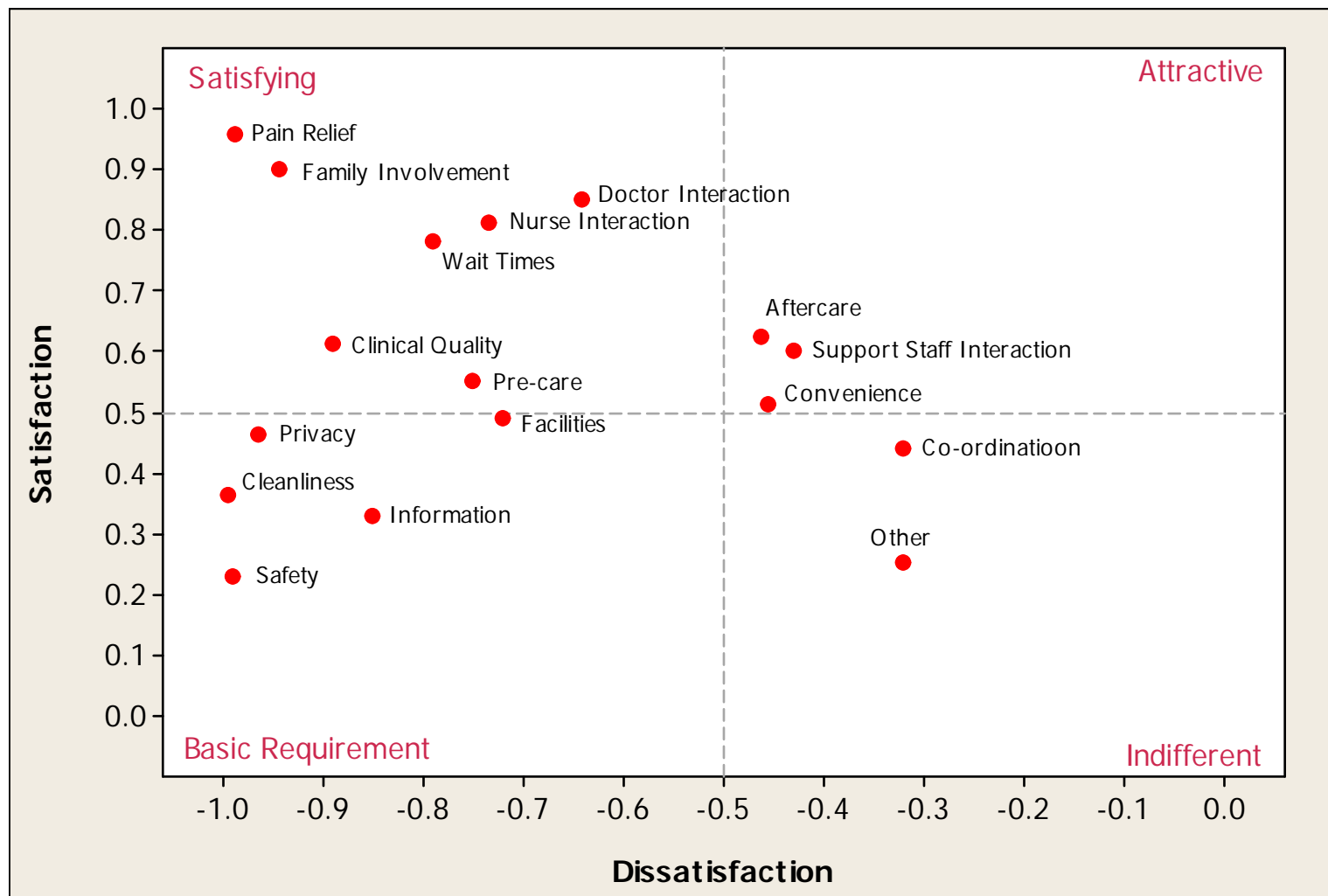


Patient/Stakeholder value is based around four attributes and managing expectations





Elements of the patient experience should be categorized around a matrix of satisfaction/dissatisfaction



Source: Monitor



Mismatch in Expectations is a critical element of measurement

Example – Diagnostic Area

Patient/Stakeholder Expectations

Basic

- Need to know in advance how much money to put in car park
- How long will I wait?
- Where are the nearest toilets
- Professional service

Satisfying

- Easy to change in cubicle
- Quicker the journey the better
- Speedier the results the better
- Adapted X-Ray for certain patients*

Attractive

- Prefer appointment date/time of their choice

Trust Expectation

Basic

- People arrive dressed appropriately
- Professional clinical service

Satisfying

- Quicker the journey the better
- Speedier the results the better
- Little re-work for diagnostic test (right first time)

Attractive

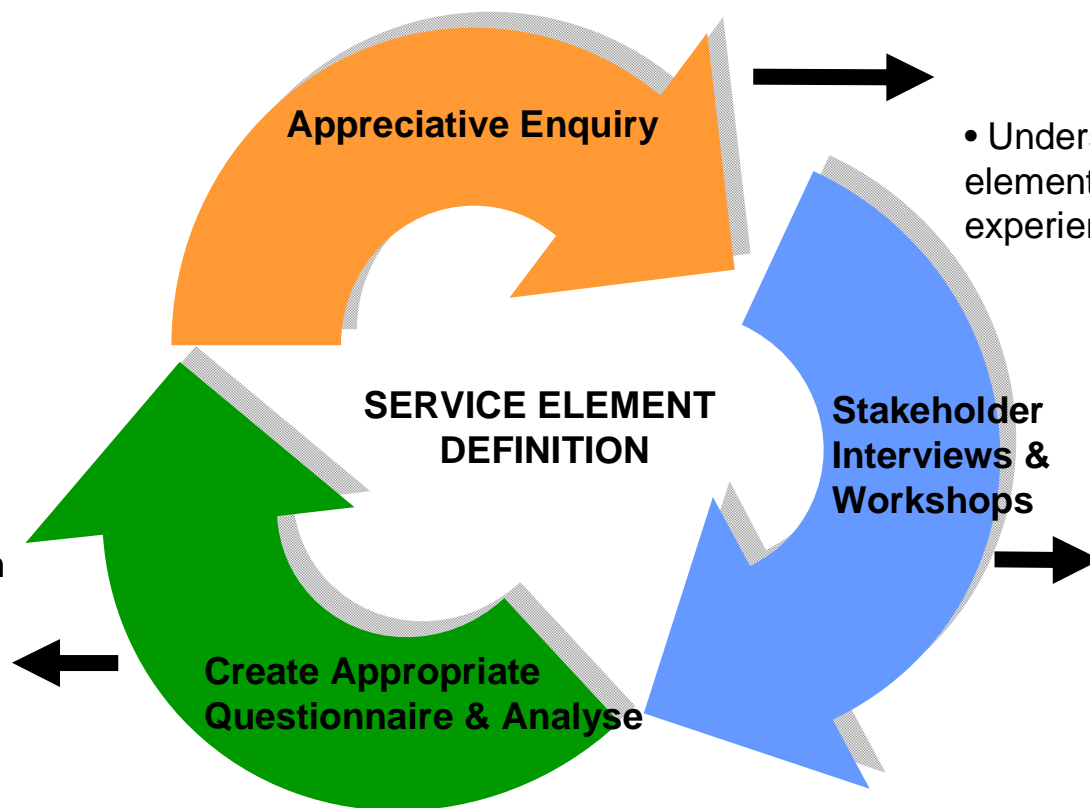
- Absence of DNA



Gathering patient experience information needs to be done in a 3 leg approach



- Understand latent and functional elements with a dialogue on the experiences of a sample of patients.



- Articulate a list of features and functionality with a wide range of stakeholders (including clinicians, GPs, administration)



- Focus on giving choice in the fields of basic, satisfying, attractive.

Our approach for defining service elements is in depth and ensures our Kano Survey is enabled for success



A proper analysis of value, helps us ask the following questions, before dwelling into service redesign

- The aim is to improve the service, where should resources be focused?
- What investment will give the best returns in terms of perceived quality of service and satisfaction?
- Where do we need to manage patient expectation?
- Which elements of services do we need to ‘downgrade’?
- What elements can we adapt, based on the individual or a smaller cohorts of patients?
- Where do we focus staff training and behaviours?



The value part of Lean needs more exploration in an NHS service environment

- **Current methods of the ‘value’ a service provides needs exploration in four dimensions**
- **Exploring ‘value’ mismatches from stakeholders is what the start point of sustainable service improvement**
- **Value can be delivered before doing detail process mapping/Value stream mapping**