

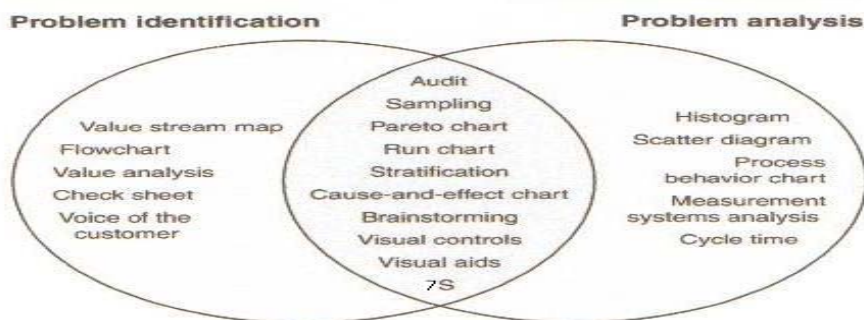
The Search for Lean Six Sigma in the Healthcare Practice

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Under the Patient Centered Medical Home (PCMH), it appears that we are returning to the idea of having the primary doctor being more of the central figure in working with patients to improve quality of health. The challenge of this developing concept is that now the doctor must become effective in both the medical process as well as the business process of patient healthcare. The challenges of meeting government regulations and requirements, the payer demands for procedures, the cumbersome (at best) pay codes that are required and all of the other demands on time and resources make for challenges beyond any of their past training in running a business Practice.

There is no “magic pill” that will solve all of the problems in healthcare. One business process that has been getting some medical literature review of late is called Lean Six Sigma (LSS). LSS is a merging of two methodologies (Lean Thinking and Six Sigma Problem Solving {similar to the basic Scientific Method}) that is used on the business side of their Practice. There are numerous individual tools within LSS that can be used to look at how effective the business process of the Practice is functioning and allows for a review of the system for improvement opportunities which in turn will help the doctor, the staff and patients realize the end goal of better patient healthcare.

Common Tools:



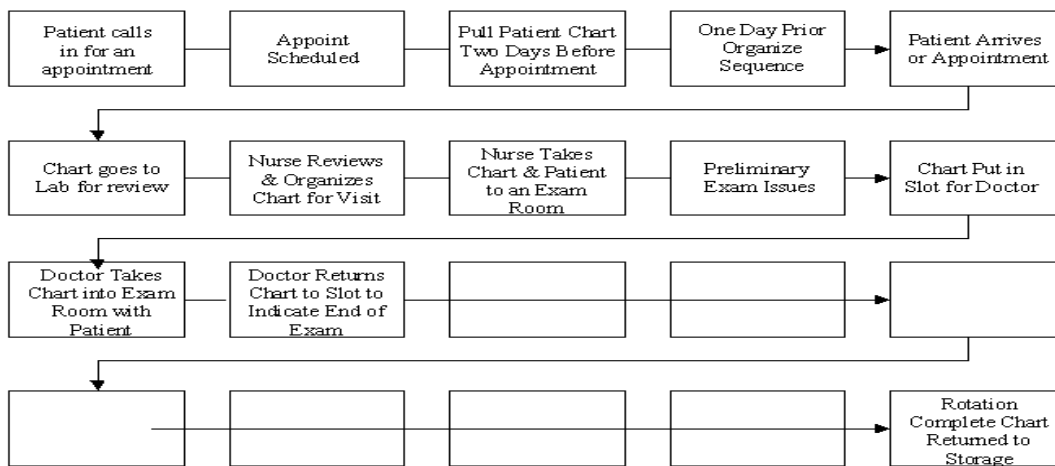
Two tools of LSS that a doctor and their staff may learn to use early on are the Check Sheet (sometimes called cheat sheets) and the Flow Chart (other derivatives of this are called Value Stream Map or Process Map). {These tools are in figure 1 under the Problem Identification oval.} Your Practice may already be using one or both of these tools. They help to reduce variation in the Practice to ensure a more consistent look at the patients for the issues that your Practice may specialize in.

Check Sheets: the nurse or medical assistant may already be using some device to organize patient data to ensure that everything that is being required to be reviewed with the patient is

actually done. This could be due to any number of issues (your protocol direction, payer requirements, etc). A check sheet can also be used to organize the patient charts to allow you to find important patient information quicker (you do not want the patient to see you fumbling with their chart trying to find pertinent information related to your discussion with that patient). Check Sheets can be used anywhere that numerous tasks need to be done in a short time frame. They are a reminder of the various items to do, or accomplish, without missing something. Many EMR/EHR and Registries will print out various Check Sheets to assist with patient visits to capture needed information.

Flow Charts: are a graphical representation of how a process is, or should be. There can be different levels of flow charts depending on the amount of detail is needed. However, many are very simple and break the process down into basic steps that are to be done. One popularly used initial flow chart that the quality coaches will create with a Practice involves looking at the flow of the patient medical chart.

Imagine the patient chart as the item going through your Practice. What can happen to the chart as it leaves the storage area goes through various steps in your Practice as it follows the patient and then all of the steps that it may have to go through to finally being returned to the storage area? As you build a picture of the process, there are a number of questions to be asking to ensure that the picture is an accurate depiction of the current state of the process. How many times is the chart actually handled and by whom? How much time does the chart sit around without be handled? Do charts ever come up missing (even for short periods of time) in your Practice? Once the chart leaves the storage area, how does your staff know where to find it at any given time? See figure 2 as a starting flowchart of the rotation cycle.



A picture is worth a thousand words and many doctors, once they see the actual path that the charts take through their Practice can immediately see opportunities to stream line the process to start handling the patient chart less and still get the desired results. If you attached time and dollar value to that chart being out of the storage area, you can quickly see a cost savings in how work is handled (in this case the use of the patient chart to generate a cash flow for your Practice). This exercise along with then creating a new flow chart of how to improve the process (which then should become the new process to follow) is the basis behind the Cost of Current

Quality example being used by the Michigan Improving Performance In Practice (IPIP) where in one office of 20 doctors, a cost saving of \$90K annual savings was achieved.

Your Practice is probably a lot smaller so you will not see that amount of saving, however, relative to your Practices size, you should see some savings in this initial process. If you Flow Chart this process before you consider bringing in an EMR/EHR or Registry, the savings will magnify itself over time as you will have a Lean system to start with and thus not have to relearn/recreate computer templates to make changes later.

Next Steps: To continue using the process improvement tools in your Practice, it is suggested that you use *The Lean Six Sigma Road Map for the Practice* by asking yourself and your staff where they think problems might be found in Practice. Flow Chart the process to look for obvious issues or bottlenecks. There are many other tools that can be used in the quest for improving the Practice. The Check Sheet and Flow Chart are two initial steps that are always good starting points.