Lean Thinking in Urgent Care: Patients' Perspective of Value

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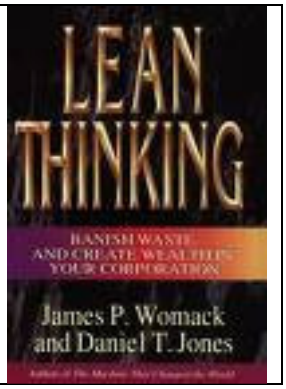
Over the past 30 years, academic engineers have embraced "lean thinking" as a way to improve yields, reduce scrap, and reinforce quality in the *production of goods* ranging from a Toyota Camry to a McDonald's Big Mac. The basic premise is to define "value" from the customer's perspective and then eliminate everything from the production process that does not directly create or facilitate delivery of that value (activities known as "waste").

"Lean principles" can likewise help the urgent care operator evaluate a center's processes from the patient's perspective, and by eliminating "waste"— realize such benefits as shortened wait times, increased staffing efficiencies, and higher patient retention.

"Lean thinking" is the "endless transformation of *waste into value* from the (patient's) perspective."

--Lean Thinking: Banish Waste and Create Wealth for Your Corporation
by James P. Womack and Daniel T. Jones
http://www.amazon.com/Lean-Thinking-Corporation-Revised-Updated/dp/0743249275



If "lean thinking" is defined as the "endless transformation of *waste into value* from the patient's perspective," then what exactly does a patient *value* in an urgent care encounter? Ultimately, patients define value as *how well the service resolves whatever health episode brought them into the center*—allowing the patient to return to work and life as quickly, cheaply and hassle-free as possible.

Neighborhood convenience; clean, modern facilities; extended evening and weekend hours; friendly, competent staff; affordable prices; and short wait times differentiate urgent care centers from other health care venues—but such delivery factors can become irrelevant if the patient's health episode is not satisfactorily resolved.

Likewise, patients may *say they value* factors like board certified providers, digital x-ray, and quality accreditation—but in actuality, patients ascribe value to such factors *only insofar as they support* resolution of their health episode. Such factors are more likely to impress payers and other providers because most patients have insufficient medical background to understand their impact on clinical outcomes.

Therefore, taking a strict view of "value" from the patient's perspective, every activity in an urgent care center can be classified into one of three categories:

- Value-Added: Activities contributing directly to what the patient values
  - Activities that resolve the health episode that brought the patient into the center
  - Examples: Interaction with providers, clinical procedures, pharmaceuticals dispensed

- Non-Value Added but Essential: Activities required to allow value-added activities to occur
    - Activities that support the provider and staff in resolving the patient's health episode
    - Such activities may be required by payers, regulators, or as part of a quality program
    - Examples: Insurance verification, documentation of patient history and physical, diagnostic tests

- Non-Value Added: Activities that do not directly or indirectly contribute to what the patient values
    - Examples: Wait time, time in transit, redundancy in data entry, idle time of providers and staff

Given this framework, the clear purpose of "lean" in urgent care is to reduce the impact of every activity does not directly resolve the patient's health episode. Such *non-value added* activities can be considered "waste" as they consume unnecessary time, money, and effort. Consider Table 1—do any of these common categories of "waste" occur in your urgent care center?

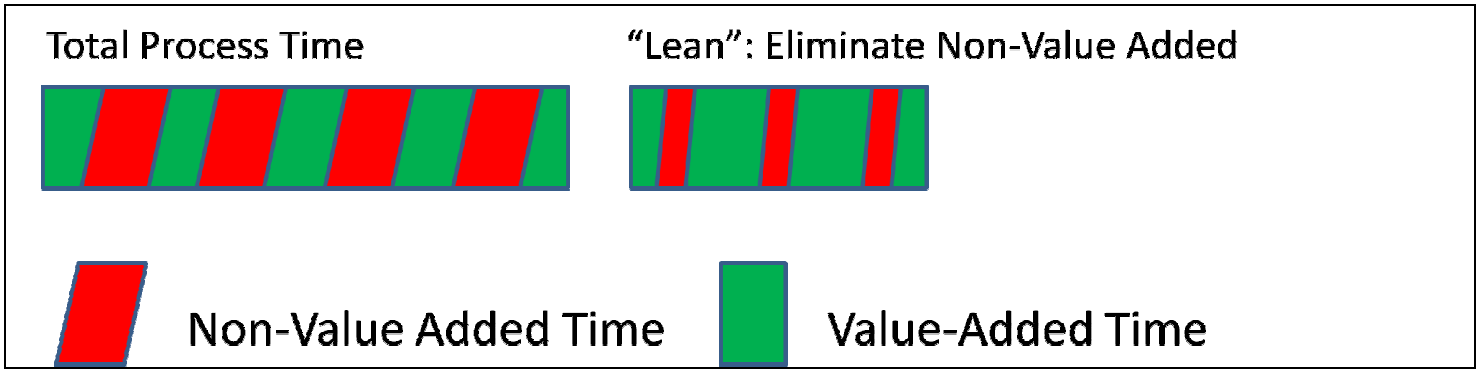
Table 1: Common Areas of "Waste" in Urgent Care

Waste Category	Definition	Urgent Care Examples
Correction of Defects	Rework because of omissions, errors, poor quality, or lack of attention to detail.	• Prescription form incomplete, inaccurate or illegible causing pharmacy to call for clarification. • Registration data entry errors causing insurance claim to be rejected.
Overproduction	Inappropriate production—producing more, sooner, or faster than what's required by the next step in the process.	• Unnecessary tests ordered. • Unused printed results or reports.
Motion	Unnecessary staff movement (travel, searching, walking).	• Provider walking to his office after every encounter to perform dictation/data entry. • Provider looking for supplies because room inventory was not replenished.
Material Movement	Unnecessary patient or material movement.	• Patient making multiple trips to the front desk to complete registration paperwork. • Supplies stored in "temporary" locations.
Waiting	People, equipment and information idle time.	• Patient waiting for staff to process registration paperwork before proceeding to exam room. • Provider waiting for radiology technician to process images before making a diagnosis.
Inventory	Information, material, or patient in queue or stock.	• Patient waiting in exam room while provider treats patients who arrived sooner. • Purchasing supplies without counting inventory resulting in excess stored supplies.
Processing	Redundant or unnecessary processing.	• Patient writing the same information on multiple forms. • Front office staff entering patient demographics in billing system, then again for insurance verification and yet again to create a chart in the EMR.
Underutilization of Employee	Underutilizing employee insights, creativity, initiative, and abilities.	• Nurses cleaning exam rooms. • Doctors engaged in simple patient education.

Sources: University of Michigan; Adapted from Womack & Jones: Lean Thinking

By identifying activities that do not add value, the urgent care operator can take steps to eliminate, consolidate, automate, and streamline processes to shorten the total patient encounter—as illustrated in Table 2.

Table 2: Illustration of Reduced Process Time by Eliminating Non-Value Added Activities



The more that non-value added activities are eliminated through "lean" processing, the greater the benefits accruing to the urgent care operator including:

- Improved patient experience with shorter wait times and less administrative hassle.
- Improved staff engagement through participation in process development and reduced operational stress.
- Improved quality of care and greater accuracy through stronger controls, measures and reporting.
- Improved financial performance through greater productivity and capacity to treat more patients.

Search the Internet for "lean health care" and you'll find a growing wealth of resources addressing nearly every aspect of service delivery. If the volume of information seems daunting, remember there is no need to tackle every problem at once. In manufacturing, a hallmark of "lean" is that it involves *continual effort*. Therefore, the starting point is to understand how your center's processes contribute to what's important to patients and then adopt a mindset of constantly evaluating every activity in light of patient "value."

Alan Ayers will explore methods for gathering process data and identifying non-value added activities in his presentation "Measuring Patient Flow in Urgent Care" at the National Urgent Care Convention, May 10-13, 2011 in Chicago. For more information, visit: http://www.ucaoa.org/education_annualconvention.php