Introduction

How often have you and your colleagues debated ways to improve something but failed to agree on what needed to be fixed or how to fix it, or worse, knowingly picked a solution without sufficient buy-in and support—and then suffered through a difficult and unproductive change? For groups working in healthcare to make effective change *together*—change that produces wanted and/or needed improvements—there must be agreement on the problem, on its importance to your organization and the care it provides, and on a set of solutions.

Perfecting Patient Journeys presents a method for healthcare providers to:

- Identify and agree on a problem,
- Collaboratively develop a set of potential solutions to the problem,
- Experiment in order to find the best solution to address the problem,
- Communicate, share, and learn from the results.

If it were only that simple, you would not need a guide.

The method—value-stream improvement—is based on lean thinking, which has been around for decades and had its origins in manufacturing in Japan. Lean thinking has spread worldwide and throughout virtually every product and service business, including healthcare. Lean thinking looks at the delivery of services or goods as a stream of activities in which, ideally, all participants along that stream are creating value that meets customer (e.g., patient) needs and minimizes activities that do not create or add value.

Many in healthcare are new to lean and this concept of "value streams." Others have become keenly aware in the past five to 10 years of its applicability to the challenges that confront healthcare organizations and providers today. Patient journeys travel through many health-care value streams, and the quality and efficiency of these journeys in most organizations is insufficient. Improving patient journeys requires intervention at the value-stream level.

Examining and working to improve healthcare value streams addresses problems affecting your organization now, and it also develops the skill sets and mindsets for a new way to work, manage, and lead. This guide presents a method for you and your colleagues to sort through the maze of problems within your function, unit, department, facility, or organization; establish priorities; and focus as a group on solving the right problems together. And by "you" we mean managers, staff, specialists, *and doctors* on the frontlines of healthcare. This guide also will help senior leadership support system-level improvements in their organizations, but it is primarily intended for those in direct contact with patients and/or the individuals who support their work.

For the past eight years, we have helped healthcare organizations learn how to make real and sustainable change using the value-stream improvement method and have helped healthcare providers develop an adaptive, problem-solving culture—one that focuses on preventing fires rather than constantly fighting them. Results at these organizations have included:

- Reduced the average length of stay (LOS) in a large emergency department by 30%,
- Reduced the number of patients who left without being seen (LWOBS) by 60% in the same hospital,
- Increased independently gathered customer (patient) satisfaction scores by 73%,
- Reduced operating-room changeover time, which increased the number of surgical procedures performed by 20%,
- Reduced annual staff turnover by as much as 67%.

Step-by-step in this guide, you and your colleagues will learn how to make incremental improvements *as a team* and begin to develop a new way of looking at problems (value-stream mapping) and a new way of solving problems (the scientific method). Gradually you'll overcome five shortcomings of most group problem solving:

- 1. Failure to get agreement on the problem to be solved,
- 2. Lack of a common process for discovering the underlying causes of the problem and building consensus for solutions,
- 3. Failure to take a systemic view of the problem and potential solutions,
- 4. Failure to see problem solving as an experimental process,
- 5. Inability to engage the people necessary for change, those who will design the experiments and evaluate their outcomes.

It is our hope that by patiently working through the steps in this guide, you will learn how to identify and select a problem in the performance of a specific value stream, define a project scope, create a shared understanding of what's occurring in the value stream, develop a shared vision of an improved future, and work together to make that vision a reality. You will understand that anything labeled "best practice" should be qualified with "right now." That is to say, it is the best practice you know right now. Tomorrow, or some other time in the future, there will be a better practice—there is always a better way, it just isn't known yet. And by continuing the search for the better practice and experimenting, you will develop a culture of true continuous improvement. Value-stream improvement does not rely on huge training budgets or teams of consultants. But it does require a few key individuals to learn how to lead, engage, and champion the effort, as well as external lean coaches/facilitators if your organization is unfamiliar with the application of lean concepts. It involves intensive skills-building but includes little conventional training. It focuses on solving real organizational problems by those living with and working in the problems, but it still has formal connection to and support from senior leadership through a "champion" role and a leadership panel. And value-stream improvement does not assume that all your problems will be eliminated, but it does help your organization build capability to solve its own problems.

Most important, attacking your organization's problems with this method actively engages the people closest to the work and most knowledgeable about the problems to collectively develop workable solutions. And by doing so, they view problems and improvement in a new light and renew their commitment to providing safe, effective, efficient, and timely patient care.

—Judy Worth Tom Shuker Beau Keyte Karl Ohaus Jim Luckman David Verble Kirk Paluska Todd Nickel

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