The impact Covid has had on lean thinking in healthcare

John S. Toussaint M.D.

Necessity is the mother of invention

.... Plato
Remarkable Innovations quickly implemented

Which of these 5 questions can you answer yes?

1. Do you offer drive through visits?
2. Does the patient wait less than 5 minutes?
3. Does the patient only register once?
4. Is a video visit available?
5. Do you offer the patient PPE?

Christie Clinic

Multispecialty physician group in Champaign Illinois
10 clinics
200+ providers
2200 patient visit per day
Bring the care to the patient

1. Idea from staff
2. They dedicated an urgent care clinic to COVID curbside care and started seeing patients in their cars.
3. When symptomatic patients called their primary provider at other sites, they were directed to the COVID designated urgent care center.
4. Advanced practitioners, in protective gear stood in a makeshift car port on the side of the building and not only tested suspected COVID patients but also examined them.
5. If lab or x-rays were ordered, patients entered the clinic through a side door and donned PPE given to them by staff. Patients went directly back to their car after testing to wait for results and prescriptions.
6. No other patients were exposed because they didn’t check in at the desk and they didn’t sit in the waiting room.
7. Results: empty waiting rooms

Prep work reduces Clinic time

1. A team of medical assistants (MAs) and nurses had the idea to prescreen patients on the phone.
2. They could easily gather information before the patient arrived at the clinic and speed the visit process.
3. This reduced rooming time from 11 minutes to 3 minutes.
4. The MAs gathered the same information as before COVID including medication reconciliation, allergies, med/surg history and chief complaint without seeing the patient.
5. The result: 70% of the patients were prescreened.
One piece flow for the visit

1. Patients were instructed to come only 5 minutes before their scheduled appointment unless they had ambulation issues.
2. Pre-COVID all patients had to register first at central scheduling at Christie’s large multispecialty clinic. There are 115 physicians and 85 advanced practitioners covering 40 departments at all of the campuses. Then they had to register again at the specific specialty office. Then they sat in the waiting room.
3. Christie team created a new process in which there was fast check-in at the clinic, meaning no stop at central scheduling.
4. Results: 3 minutes for registration, pt immediately goes to exam room.

Reduce transportation

1. Many visits have transitioned to video visits
2. About 20% of all visits are virtual
3. Video visits have had unintended positive consequences. Providers who were chronically behind in their daily schedule began to intersperse video visits with face-to-face visits. This allowed them to catch-up as the video visits were usually check-ins for follow-up, which were less intensive.
4. Some patients still don’t want to be seen, the video visit designed to protect them.
5. Physicians have realized how effective video visits can be. A physician recently commented, “I can see where the patient lives, meet their cat, and have a more personal connection”
6. Results: Precovid they were seeing 2200 patients a day as of the week of June 15th they were at 2000 +per day and increasing.
• 8:30 am Safety Huddle
• 11:30 am Bed Huddle
• 3 pm Next Day Discharge Huddle
• Weekend AM Huddle

Emergency Department
Mount Sinai Morningside Manhattan Leadership Reflections

- Practiced behaviors and relationships, which cross siloes -formed during daily safety huddles- made the incident management response more efficient
- Huddles were an important component of the communication strategy but were not sufficient
- Having a staff which was comfortable with PDCA cycles made innovation move quickly and set the tone for eliciting numerous ideas
- Connecting the process improvement team (Lean team) to the incident management team provided a structure for rapid response to problems brought forth in the incident management huddle

Quote from Senior VP physician in a large multispecialty group in California

“It took us 10 years to get to 10% virtual visits it took 10 days to get to 90% with Covid. The challenge is how do we maintain it”? 
What is a care model development system?

The more efficient you are at doing the wrong thing, the worrier you become. It is much better to do the right thing worrier than the wrong thing righter. If you do the right thing wrong and correct it, you get better.

Russell L. Ackoff
Four Functions in an Organization

The Care Model