

Fairview Lakes Health Services: Taking Lean In-House

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Background

- 55 bed hospital
- 9 specialty and satellite clinics
- 90 physicians
- 4,900 patients admitted per year
- 160,000 clinic visits per year



As more and more healthcare organizations learn about the benefits to be gained from Lean-improvement campaigns, some may wonder if such efforts are out of their reach because of smaller size and cost constraints. They may mistakenly believe that such projects necessarily require the constant presence of consultants and a substantial budget.

Fairview Lakes Health Services—based in Wyoming, Minnesota, about 25 miles north of St. Paul—is a relatively small system. Nevertheless, it was determined to not let its size stand in the way of reaping the benefits of Lean. CEO/President Dan Anderson, Vice-President Deb Stumm and the rest of the system's leadership decided to test the Lean approach largely on their own.

To help get their project under way, Fairview Lakes turned to RWD longtime experts in Lean methodologies. A three-person RWD team traveled to Wyoming to assess the two targeted clinics and provide Lean training to clinic leaders and Lean team members. Beyond that point, Fairview Lakes would be going it alone.

“We’re getting other departments, other areas, calling and saying, ‘Can you help us look at our processes?’ ”

-Kathy Green
Lean team member
and certified medical
assistant

“We knew what Lean could do”

Fairview Lakes —part of Minneapolis-based Fairview Health Services— operates a 55-bed hospital with nine specialty clinics, and satellite clinics in five outlying communities. Ninety physicians are on its staff. It admits about 4,900 patients per year and has about 160,000 clinic visits in the same period. Fairview Lakes serves suburban, exurban and rural areas.

Anderson and his team had realized for some time that Fairview Lakes was a good prospect for a Lean process improvement—being aware of inefficiencies and waste. Moreover, they clearly understood the possibilities of Lean, because of Stumm being educated and certified in Lean Healthcare. In addition to leading the Lean project, Stumm had years of experience in quality improvement initiatives and had championed a previous successful Lean lab initiative.

“We knew what the Lean process could do for us,” says Anderson. “I was getting resources focused in the organization and we knew how we wanted to proceed.”

“I didn’t feel that I could do this on my own,” recalls Stumm. “So we asked RWD to come out and do an assessment for us. They did that [in August 2006]. In that assessment, they looked at our business processes at the front of two clinics.”

The Internal Medicine Clinic was selected in part because of its relatively high cost structure versus the second clinic, Family Practice, which is the highest volume clinic. The RWD experts spent two weeks focusing on the front of the clinics—appointment scheduling, telephone answering, patient arrivals and co-pay collections.

“They saw that it was taking too long to register people,” Stumm says. “They saw that we were not right-sized [in the number of workers]. In one task, we might have more people than we needed and in the next task, we did not have enough workers.”

Several weeks later RWD’s Lean specialists provided a week-long training session for Anderson, Stumm, and nearly 30 other Fairview Lakes staff—including Stumm’s Lean team. They learned about Lean terminology and methodologies that could be applied in the clinics, and they performed various Lean learning exercises.

Redesigning Processes

After RWD departed, it took Stumm a number of weeks to pull her nine-person Lean team from their normal duties and get ready for action. She simultaneously began to create value stream maps of the Family Practice and Internal Medicine clinics—showing where opportunities existed for

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improvements—and bring her team members up to speed.

“We started with phone calls,” Stumm says, “tackling all of the front-end work. So how do we understand pre-registration? How do we understand scheduling? What are the dynamics? We watched these processes and sub-processes and documented them. As we did that, and talked about it, and learned from it, we came up with improvement strategies. This team’s role was to define the processes, figure out what needed to be accomplished to eliminate waste, and define solutions for leadership. Clinic leadership met every week and decided which solutions would be implemented.”

The clinic staff was kept in the loop, as well—through weekly stand-up meetings in their clinic and written communications. Staff provided many key ideas, including: standardized flags and dots for rooming; nursing home communications; on-time boards; printer locations; and much more. “We’re very careful to listen to staff,” says Lynne Wilkerson, a Lean team member and medical assistant, “and very careful at how we present and bring things forward.”

One main improvement in the clinics involved patient arrivals. Patients had literally been met at the front of the clinic with a “Stop” sign and often encountered a long queue of people. Frequently patients were waiting several minutes in long lines. Some patients walked out in frustration. During arrival, patients would be asked questions that would take up to three minutes—including private medical queries that may be overheard. Patients might then see their doctors quickly, or not, and were not routinely informed of delays when they occurred.

Stumm and the Lean team determined that to eliminate the bottlenecks of the queue, long-line waiting and three-minute counter times, patients would be asked to provide all necessary demographic and insurance information on the telephone when scheduling their appointments. Insurance information is verified online with payers prior to the patients’ appointments. Phone answering duties were also separated from patient arrivals. Every arrival had to go quickly and smoothly, including co-pays. “Now you walk up,” says Stumm, “the arrival persons say, ‘Hi, how are you? What’s your name? Are you here to see Doctor X?’ Instead of ‘What is your insurance? Who do you work for? What are you here for today?’”

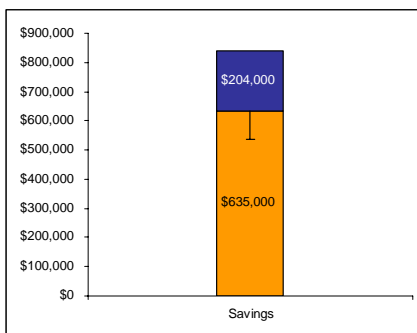
To keep patients informed of waiting times, the clinic staff and Lean team created an “on-time board.” This displays the names of physicians, and whether they’re on-time or how late. Patients may not be happy about waiting, but now they can make informed decisions about whether to stay or reschedule.

“One of the things we developed for the medical assistants and LPNs,” says Wilkerson, “is a standard rooming process [getting patients from lobby to examination room and ready for the physician], because



Some of the key benefits of Fairview Lakes' go-it-alone Lean improvements include:

- Savings of \$635,000 with \$204,000 yet to be realized—far exceeding the \$400,000 target
- Eliminating two to three fulltime positions held by temps
- Reduction of patient arrival process times from three minutes to 20 seconds, virtually eliminating the waiting queue
- A significant rise in patient-satisfaction levels, after five years of flat ratings
- Better-quality, more consistent patient rooming



everybody was rooming in a different way.” The rooming time hasn’t changed, but quality and consistency has improved. All patients now get the best practice for rooming.

Lean team member Angie Cook notes how they were able to reduce waste. Though already on an electronic medical record, they learned that “we did not use the stickers that we kept printing with the patient’s name and all these labels. Why do we even keep making these? Because we always did it that way. We now no longer print a page full of stickers, walk them to the back of the clinic, only to throw them away when the visit is complete.”

Stumm and her team also learned that their clinics had a higher no-show rate than average for Minnesota. But reminder phone calls had no impact on improving no-show rates. The solution was simple: Move the phone-callers to other duties and eliminate the task. No-shows haven’t improved, but resources are no longer being wasted.

Amazing results

While Fairview Lakes’ CEO and President charged the two clinics to be Lean-improved in four months, Deb Stumm believed from the outset that this wasn’t feasible. And that proved to be the case. At the end of four months, Anderson extended the time for completion. All told, it took 12 months for both clinics to be completed.

“It may have taken us longer [without RWD],” notes CEO Anderson, “but the results that we’ve gotten and been able to see are very, very rewarding.”

“We’re getting other departments, other areas, calling and saying, ‘Can you help us with this? Can you help us with that?’” says Kathy Green, a Lean team member and certified medical assistant. In fact, Family Practice physicians have asked Stumm and her Lean Team to Lean the physician processes, as well.

“Looking back at what we’ve done,” Stumm concludes, “I’m absolutely amazed that this team has been able to accomplish what it has accomplished with no experience. I’m thrilled and so is the organization. Therefore, we’re going to hire five [more Lean] staff and to spread this [throughout Fairview Lakes].”