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Process Management – February 2009

All consultants in private practice - regardless of how you are set up, as a sole practitioner, in a group, or running your own clinic – can learn something from the Toyota Production System.

What, I hear you ask has a Japanese maker of cars got to do with the UK private healthcare market and what could we possibly learn from a mass-manufacturer? The answer is plenty. Toyota's commitment to people and customers is expressed through the Toyota Production System. At its heart is an ongoing, consistent process of continual improvement from the bottom up or KAIZEN to give its Japanese name. Toyota's objectives are to provide customers with the highest possible quality of car (how many times do Japanese cars break down?) at the lowest possible cost and in a timely manner. All its employees are engaged in the process, giving them work satisfaction and Toyota the flexibility to respond to the market and make profits (Toyota has always been at the forefront of new technology in cars and has certainly been a hugely profitable company for many years). I was lucky enough to see the process in action at first hand when I lived and worked in the car industry in Japan. If you imagine a vehicle assembly line, down which the product is passed to different people (or robots), who will complete different tasks culminating in the production of a new car, maybe you can start to see the distinct similarities with the patient journey from the first consultation right through to being discharged after surgery. Toyota studied these interactions on the same product and decided to eliminate the many areas of often invisible "waste" or MUDA inherent in the process. Identifying waste, eliminating it and establishing standard processes which add value in all critical areas are some of the major practical steps involved in the Toyota Production System. Toyota work on seven key areas of waste, each of which is relevant

1. **Waiting time**. Time spent not adding any value is time wasted as is time that a patient spends not being treated. Therefore you and your team should work on identifying these times and thinking of ways to make better use of them or reduce them. Patient waiting time, telephone response, office talk, planning and scheduling.
2. **Defects**. Fix things straight away. Whether its repairs to clinical equipment or office machines and computers. Also think about patient safety and assure yourself that you have this area completely covered. How many times do we seem to work around a broken machine or problem rather than repair and solve it!
3. **Motion**. Identify any activities that are not adding value. Do you have unnecessary steps in procedures or do you do things in certain ways out of habit rather than out of the need to be efficient? Every move made by you, your team and your patients whether it is physical or administrative, must add value.
4. **Inventory**. You should hold limited stocks of both clinical and office supplies. Order only what you need over a certain time and avoid stockpiling, which can cost you money.
5. **Overproduction**. This area of waste is the least appropriate to private practice perhaps. It is however worth making the point that too much paper is wasted when printing and photocopying so restrict this as much as you can. Savings can be surprisingly high.
6. **Transport**. How do you, your patients and staff move around during the course of the typical day? This is valid particularly in a clinic where the patient sometimes needs to move between the reception area, consulting suite, diagnostics and testing rooms. Is the flow optimised, does the timing work, are there too many redundant times and steps? This not only impacts on cost but also on the patient's perception of the service they are receiving. Think also of how scans and test results are chased and paper files are carried and located. Each step must be optimised and scrutinised for value.
7. **Processing.** All activities must enhance patient satisfaction and be cost effective to your practice. If the activity is adding value then create a robust process for it to ensure, each time, it is delivered in the same way and to the same standard – billing, patient filing, dictation and transcription, patient registration and theatre booking are all critical activities, which must be challenged individually and then to see how they interlink with others along the patient journey.

You can now hopefully begin to see the potential merits in borrowing systems from all types of industry not just the service industry. Identifying waste in the global healthcare arena would save huge amounts of money and time and provide a far superior service to patients both in the private and public sector. But don't fall into the trap of thinking that such work is not worth undertaking in your own practice. It certainly is and how many other systems potentially add patient value AND reduce your costs! The two most critical success factors in today's and, without a shadow of doubt, tomorrow's marketplace.

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