

# Lean hospital

A participative approach to improve quality of service and operational efficiency in hospitals

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**Organisation:** Secretariat General for Government Modernisation (SGMAP)

**Country:** France

**Level of government:** Local government

**Sector:** Health

**Type:** Methods, Organisational Design

**Launched in:** 2009

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# Description

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The French ministry for Health, supported by the Secretariat General for Government Modernisation (SGMAP), has launched a programme of performance projects in public health institutions in order to improve the quality of service and reduce the financial deficit in hospitals. The approach is based on participative management (lean management) in order to obtain the objectives of improving the quality of service, global efficiency and working conditions. A pilot project had been conducted in a training hospital. After positive results, a specific agency, the ANAP (National agency to support performance in hospitals) has spread the methodology and supported hospitals in its implementation.

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## Why the innovation was developed

(1) There were strong expectations from users regarding the accessibility and quality of medical care (waiting time in emergency rooms around 5 hours on average, waiting time for outpatient consultations...). (2) Another reason was the high deficit in hospitals. In 2007, the cumulated deficit was estimated EUR 745 million. There was a risk that hospitals would not be able to deliver the adequate quality of medical care. (3) Finally, the HPST Act ("Hôpital, patients, santé, territoires") which was an important reform of the French Health Care system adopted in 2009 had to be implemented.

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## Objectives

Develop staff capacity, Improve effectiveness, Improve efficiency, Improve service quality, Improve user satisfaction

- Develop access to medical care.
  - Improve the quality of service, the global efficiency, internal processes and working conditions.
  - Improve the quality of medical care, in particular by reducing the time spent by patients in emergency rooms by 20% to 30%.
  - Improve the overall performance by increasing the occupancy rate of operating rooms by 10 or 20% and therefore reduce waiting time before surgeries.
  - Optimise functioning interfaces and coordination between various teams and occupations (doctors, nurses, caregivers, stretcher-bearers...).
  - Reduce hospitals' deficits.
  - Contribute to the implementation of public health policies (HPST Act).
  - Mobilise employees on objectives to reach and on project management.
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## Main beneficiaries

General population, Government bodies, Government staff

- Patients in hospitals e.g. in emergency rooms and operating rooms.
  - Staff e.g. the training hospital of Nancy takes care of 45 000 patients per year.
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## Existing similar practices

### Lean management in public services

In public administration of my country

Secretariat General for Government Modernisation (SGMAP) has developed similar initiatives based on lean management in other public services that are very important for users, e.g. secure documents delivery (ID card, passport, driving license, etc.), prefectures, and jurisdictional system.

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# Results

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## Efficiency

In each hospital, a savings plan is supposed to reduce charges by 2% and the deficit by 20% each year which means EUR 350 million on the 30 current projects. Earnings come from support functions and consumption of medical services. For each project, at least 70% of earnings are due to reduction of charges.

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## Service quality

### Accessibility:

- The new organisation of the emergency room has allowed a reduction of 28% of the average waiting time thanks to a participative approach involving the medical and paramedical staff of the service and the diminution of non-value added tasks.
- An optimisation of the operating room has increased the occupancy rate by 20% by the end of January 2010, notably by closing four operating rooms. These closures were possible thanks to an optimisation of technical equipment and a better monitoring of the activity.

### Other:

The project has favoured a more comfortable atmosphere when dealing with patients or their relatives (reduction of the waiting time in the emergency room reduces the aggressiveness).

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## Other improvements

The project has:

- Simplified the daily functioning of the service. Process analysis allowed reduction or termination of useless tasks or moves. Most of them were due to previous dysfunctions (reduction of the time spent by doctors to correct medical records, better integration of non-residential medical students, suppression of redundancy in questions asked to patients, diminution of the time needed to look for materials...).
- Aligned the management tools thanks to staff meetings and sharing of waiting time indicators.
- Favoured the position of senior nurses as middle management to lead and deploy the continuous improvement approach within the service.
- Reinforced communication and dialogue between different occupations (e.g. regarding the emergency room, workshops allowed to put words on difficulties and to conceive and implement solutions to improve internal functioning and functioning with other services of the hospital).

# Development

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## Testing

- A pilot project has been performed in the training hospital of the town Nancy. The objectives were to obtain tangible results within 6 months and to use duplicable participative methodologies to improve the functioning of organisations and to create a dynamic of transformation and change management at the scale of a hospital. This leads to positive outcomes on quality of service objectives and economic efficiency.
- Each Department Head concerned with the approach chaired a steering committee. A weekly scoreboard was also created to assess progress and imagine action plans to be implemented.
- A strategic committee was also created, chaired by the Managing Director of the hospital to follow all the processes on a monthly basis.

Testing time: 6 months

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## Implementation

### Tools used:

- An approach of change management inspired by the participative methodology of “Lean Management”.
- Step-by-step transformation (diagnosis of existing organisation and engagement on a level of results, workshops with staff involved in dysfunctional activities in order to identify effective causes and solutions, experimentation or implementation of optimisation levers).
- Capitalisation on results (once they are deployed, solutions are reinforced, readjusted on a continuous improvement dynamic).
- Staff mobilisation on the objectives to reach and on technical modalities of project management.
- Hand-over to the ANAP (National agency to support performance in hospitals), responsible since January 2010 for implementing the approach in three waves in 50 hospitals and finally in every French hospital as part of the “programmes of performance projects in public health institutions” associating Regional Agency for Health (ARS) and each institution. Two phases for each project:
  - A diagnosis and at the same time the implementation of “quick wins” on strategic issues with solutions inspired by the pilot project in Nancy.
  - A medium-term transformation based on a specific performance contract between the hospital, the ANAP and the ARS. This transformation is formalised on a road map based on the diagnosis.

### Resources used:

- Pilot project was led with a support from the Secretariat General for Government Modernisation (SGMAP), the ANAP (National agency to support performance in hospitals) and external consultants.
  - Diagnosis is based on data from the information system of the hospital.
  - Staff during pilot project:
    - 1 project manager and 2 project leaders from the SGMAP.
    - 5 employees from the financial department.
    - 0.5 project manager and 0.5 project leader from the ANAP.
    - 3 employees from the Hospital supervision.
    - 20 employees from the Emergency service.
    - 3 x 15 employees from the operating rooms service.
    - 9 external consultants during 6 months.
  - Finally, 240 people were involved in the project.
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## Diffusion

- An interdepartmental committee of the national government - chaired by the Chief of Staff of the Ministry of Health and composed of the Secretary General of the Ministry, the Managing Director for Healthcare, the Managing Director for State Modernisation, the Managing Director of the ANAP (National agency to support performance in hospitals) and a representative of the Director for Budget - assessed results of the experimentation. The committee decided on the direction of the diffusion plan in other services or other hospitals. It also managed the implementation of the different waves of deployment.
  - Mobilisation of the Department Heads and the Managing Director from the training hospital of Nancy to support the project.
  - Introduction of associated staff members to concepts and tools of the lean methodology (“Lean-Kaizen workshops”).
  - In-depth training on lean methodology for “manager of change” (doctors, chiefs of nurses...) to teach to their staff.
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## Partnerships

### Health administration

Other Public Sector

- There is a partnership with central directorates of the Ministry for Health and the ANAP (National agency to support performance in hospitals).
  - The project associates the Regional Agency for Health to lead the implementation of the programme in hospitals of the region.
  - Hospitals' management is involved in the approach.
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## Lessons Learned

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### Lessons Learned

1. To define a strategy to spread the approach thanks to strong management involvement and governance encouraging hospitals to join the programme.
2. To fix ambitious objectives conciliating the three dimensions (quality of service, efficiency and improvement in working conditions) mobilising the staff and making them aware of the need to substantially improve the global performance of the hospital.
3. To give a sense of responsibility to the top management (Managing Director, Departments Head...) and to the middle management to implement the project.
4. To identify as soon as possible "agents du changement" (change officer) who need to be taught before they can take the lead on the deployment and the extension of the approach.
5. To carry out a strong training operation (coaching, support to innovators, support to development of new projects).

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