



Agenda

- Learning to See The Lenses of Waste
- 2. Examples of the 8 Wastes
- 3. How to Fight your War on Waste









1. Learning to See







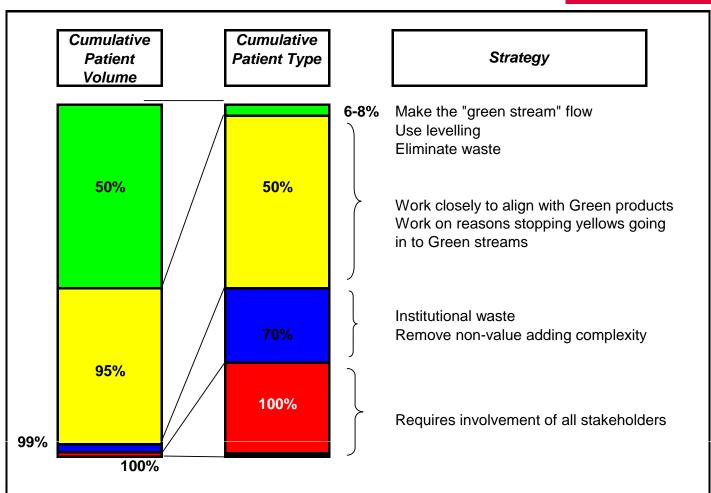






Glenday Sieve







1. Learning to See the Waste



Value Add (Typically 5-15% value add) OUT IN Non Value Added Waste Waiting Overproduction Rejects **M**otion **Processing** Inventory **T**ransport ED XRay Theatre Ward **S**taff Utilisation



Waiting – for people, signatures, and/or information is waste. This is "low hanging fruit" which is easy to reach and ripe for the taking.

- Waiting in ED to be seen, waiting to be admitted or discharged
 - Waiting 17 months for a Diabetes Referral,
 - Waiting 5 years for Cataract Surgery
- Dependency on others to complete tasks
- Delays for test results









Overproduction – producing work prior to it being required is waste and is the greatest of all the wastes

- Meds given early to suit staff schedule
- Testing early to suit lab schedule
- Producing reports no one needs or reads
- Batch processing scripts, referrals,
 pharmacy protein drinks





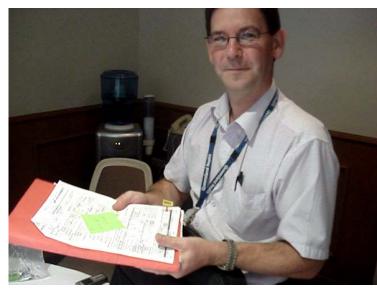
Rejects - refers to all processing required creating a defect or mistake and the additional work required to correct it

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An adverse event with serious consequences occurs in about 15% of overnight stays (Jackson, Duckett et al 2006, J Health Serv Research 11:21-6)

- Adverse Events (sentinel events, medication errors)
- Wrong or missing patient or staff information (only 1% of forms correct after 13 manager checks)
- Forwarding partial documentation to the next process
- Lost files or records
- "only 10% of the time is everything right when we go to theatre"







A Sad Error



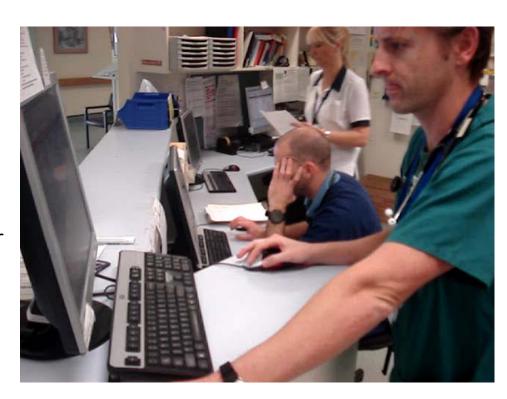




MOtion - any movement of people, paper, and/or electronic exchanges that does not add value is waste

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- Searching for patients
- Searching for work documents
- Searching for medications
- Searching for computer files on your desktop
- Hand-carrying paper work to another process
- Searching for poorly located supplies
- Walking to equipment that is not centrally located



25 Kms walked by staff in a clinic = 5,000+ Kms / yr = Perth to Sydney





Processing - putting more work or effort into the work required by internal or external customers is waste or doing the steps in the wrong order

- Duplicating tests, reports or information 25 Functional Asx
- Ordering more diagnostic tests than the diagnosis warrants
- Completing excessive paperwork Obstetric Theatre 5 copies
- Entering repetitive data / information
 - Multiple Demographic Histories
- Rewashing wounds with saline after pt has showered
- Constantly revising documents



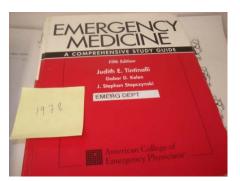




nventory - work piles, excessive supplies, and excessive signature requirements are waste

- Duplicate medications and supplies in excess of normal usage – 20K excess dialysis fluid
- Files awaiting tasks completion or approval by other
- Extra or out-dated manuals, newsletters or magazines
- Purchasing excessive office supplies
- Obsolete files, and equipment













Some of our Records









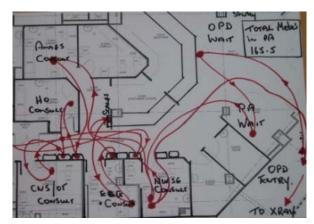


Transport – the extra or unneeded time element associated with the delivery of work to a process

- Transporting patients to surgery prematurely or unnecessarily moving them around
- Placing a gurney in the hall and constantly having to move it
- Moving samples, specimens, documents, equipment early /late or to the wrong location
- Delivering documents that are not required
- Excessive filing of work documents











Staff Utilisation - is a result of not placing people where they can (and will) use their knowledge, skills, and abilities to the fullest

- Not using staff ideas move the in tray
- Not maximizing staff time on core tasks
- Project deadlines not being met
- Staff assignments not evenly balanced due to lack of cross-training or certification
- High absenteeism and turnover
- Inadequate performance management system
- Incomplete job skill assessment prior to hiring



















Our Definition of Normal







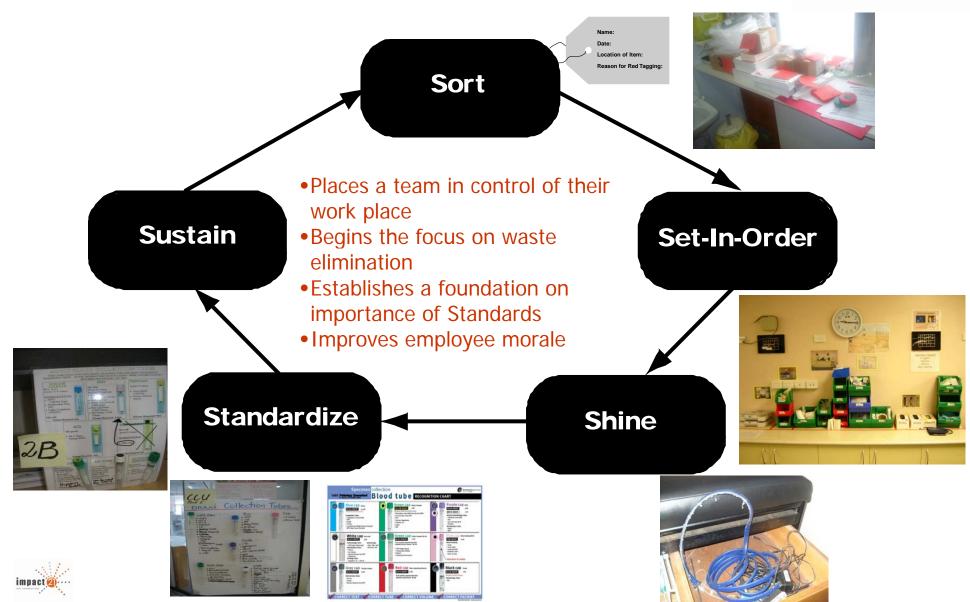
Good Normal

Bad Normal



5S – a process to ensure work areas are systematically kept clean and organized

















5S - PHYSIOTHERAPY



5S - PHARMACY - BEFORE impaction







5S – PHARMACY - AFTER

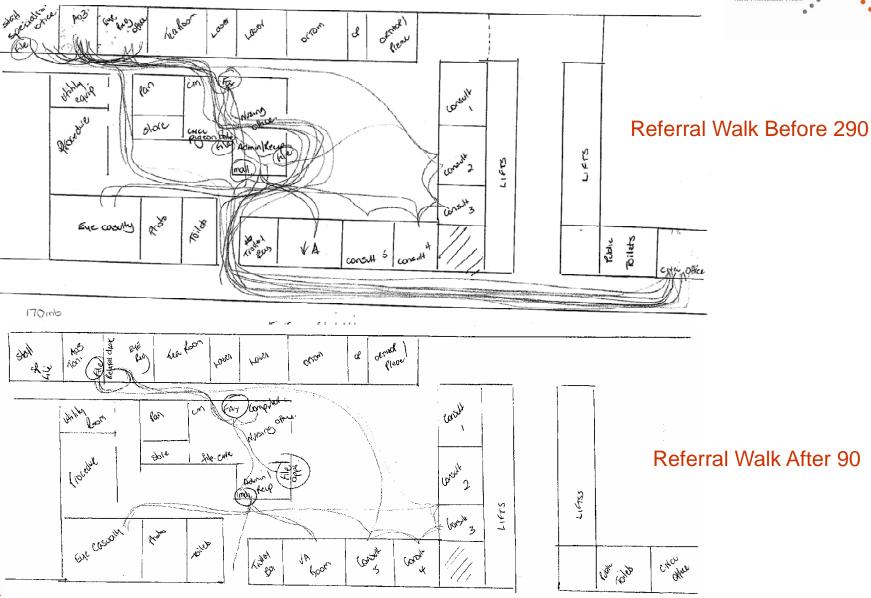






Physical Layout Changes







Education/Interview Room Before





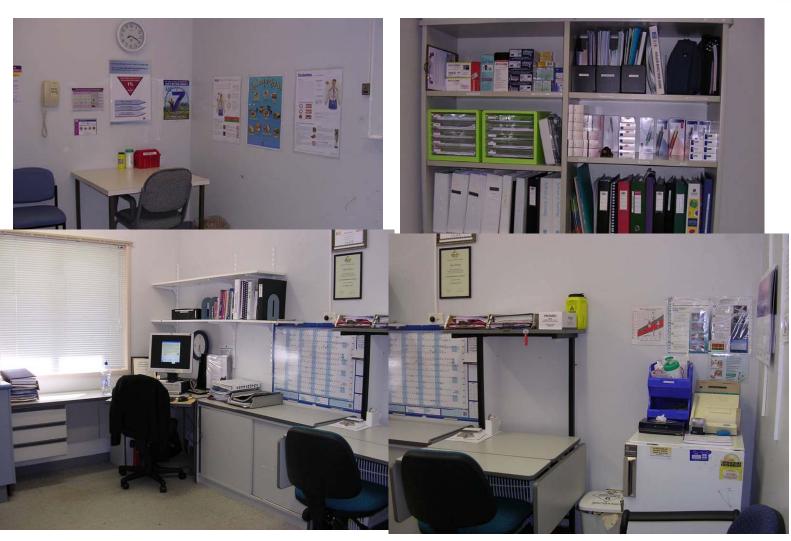






Education/ Interview Room - After









It's the patient's time that matters...

If we value this, everything else will follow

