Lean Methodology Improves Throughput and Safety in Behavioral Health Care

New Study in June 2017 Issue of The Joint Commission Journal on Quality and Patient Safety

(OAKBROOK TERRACE, Illinois, May 18, 2017) – Lean methodology has been increasingly applied in health care to reduce waste and improve quality, particularly in fast-paced and high-acuity clinical settings such as emergency departments. A new study from the June 2017 issue of The Joint Commission Journal on Quality and Patient Safety describes how Lean principles were applied to improve clinical operations at the Crisis Response Center, a behavioral health facility specializing in emergency psychiatric care, in Tucson, Arizona.

Lean methodology is defined as “a well-defined set of tools that increase customer value by eliminating waste and creating flow throughout the value system,” according to The Joint Commission Center for Transforming Healthcare. Lean’s focus on the engagement of frontline staff in problem solving also is a common catalyst for organizational change.

The study, “Using Lean to Rapidly and Sustainably Transform a Behavioral Health Crisis Program: Impact on Throughput and Safety,” describes how Margaret E. Balfour, MD, PhD, vice president for Clinical Innovation and Quality, ConnectionsAZ, and assistant professor of Psychiatry, University of Arizona, and co-authors, used Lean methods to engage a multidisciplinary team of management and frontline staff to define values-based outcomes measures, map current processes and develop improved processes.

Phase I of the study was implemented three months after ConnectionsAZ, a physician-led professional consulting and management firm, assumed operations of the Crisis Response Center. It involved a redesign of patient flow, space utilization and clinical protocols. Phase II was implemented three months later to improve the provider staffing model. Organizational changes such as the development of shift leads and daily huddles were implemented to sustain change and create an environment supportive of future improvements.
After Phase I there were significant decreases (pre- vs. post-implementation and one-year post-implementation) in median door-to-door time or the time between when a patient checked-in and was discharged from the urgent care clinic (343 minutes vs. 118 and 99 minutes), calls to security for behavioral emergencies (13.5 per month vs. 4.3 and 4.8 per month) and staff injuries (3.3 per month vs. 1.2 and 1.2 per month). After Phase II there were decreases in median door-to-doctor time in the 23-hour observation unit (8.2 hours vs. 1.6 and 1.4 hours) and hours on diversion (90 percent vs. 17 and 34 percent).

The study suggests that Lean methods can be applied to achieve rapid and sustained improvements in throughput and safety while also supporting patient-centered clinical goals unique to the behavioral health population.

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Note for editors
The article is “Using Lean to Rapidly and Sustainably Transform a Behavioral Health Crisis Program: Impact on Throughput and Safety,” by Margaret E. Balfour, MD, PhD; Kathleen Tanner, MA, LSSBB; Paul J. Jurica, PhD; Dawn Llewellyn, BA; Robert G. Williamson, MD; Chris A. Carson, MD, MBA. The article appears in The Joint Commission Journal on Quality and Patient Safety, volume 43, number 6 (June 2017), published by Elsevier.

The Joint Commission Journal on Quality and Patient Safety
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