



NEWS RELEASE

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Lean management associated with positive hospital performance

Study in May 2021 issue of The Joint Commission Journal on Quality and Patient Safety

(OAKBROOK TERRACE, Illinois, April 27, 2021) – While there is evidence of some progress in patient safety and quality improvement in health care over the last two decades, recognition continues to grow that more is needed to achieve substantial and sustainable improvement. A new study in the May 2021 issue of *The Joint Commission Journal on Quality and Patient Safety* analyzed the impact of Lean management on hospital-wide performance.

Lean management emphasizes culture, continuous improvement, alignment and results. It looks to remove waste and increase efficiency within a value stream. The study, "Lean Management and Hospital Performance: Adoption vs. Implementation," by Stephen M. Shortell, PhD, MPH, MBA, and colleagues at the University of California, Berkeley (UC-Berkeley), used the 2017 National Survey of Lean/Transformational Performance Improvement in Hospitals results and 2018 publicly available data from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) to examine 10 quality/appropriateness of care, cost and patient experience measures.

The researchers found that a higher degree of Lean implementation was significantly associated with:

- Lower adjusted inpatient expense per admission
- Lower 30-day unplanned readmission rate
- Appropriate/efficient use of imaging better than the national average a measure of low-value care
- Higher Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores

Based on the findings, the authors conclude since Lean is an organization-wide, sociotechnical performance improvement system, the actual degree of implementation throughout an organization, as opposed to mere adoption, is more likely to be associated with positive performance on at least some measures.

"Given these findings, it may be time for policymakers, payers and related change makers to explicitly promote health sector-wide implementation of the underlying principles of the Lean management system and address the deep-seated cultural barriers to empowerment of the frontline workforce," said Shortell.

"Shortell et al.'s study demonstrates the importance of measuring fidelity when assessing the implementation of any program designed to improve care," notes Kevin J. O'Leary, MD, MS, and Cynthia Barnard, PhD, MBA, in an <u>accompanying editorial</u>. "Optimal measurement of fidelity will help inform adjustments during implementation, support meaningful evaluation of results, and help us learn how these methods can live up to their potential to deliver better, safer and more cost-effective care."

Also featured in the May issue:

- Rapid Development and Deployment of a Learning Management System to Train an Interprofessional Team to Manage Surgery for a COVID-19–Positive Patient (MaineHealth, Portland, Maine)
- <u>Tools for Distributed Teamwork and Rapid Adaptation to Change: COVID-19 and</u> <u>Frontline Learning</u> (editorial)
- <u>RADAR: A Closed-Loop Quality Improvement Initiative Leveraging A Safety Net Model</u> <u>for Incidental Pulmonary Nodule Management</u> (Brigham and Women's Hospital, Boston)
- <u>A Visual Dashboard to Monitor Restraint Use in Hospitalized Psychiatry Patients</u> (Yale New Haven Psychiatric Hospital, New Haven, Connecticut)
- <u>Self-Reported Learning (SRL), a Voluntary Incident Reporting System Experience</u> <u>Within a Large Health Care Organization</u> (Kaiser Permanente Southern California, Pasadena, California)
- <u>Perceptions of Institutional Support for "Second Victims" Are Associated with Safety</u> <u>Culture and Workforce Well-Being</u> (Duke University Health System, Durham, North Carolina)
- <u>Ongoing Professional Practice Evaluation for Emergency Medicine Physicians in a Large</u> <u>Health Care System</u> (Cleveland Clinic Health System, Cleveland)
- <u>Universal Protection: Operationalizing Infection Prevention Guidance in the COVID-19</u> <u>Era</u> (HCA Healthcare, Nashville, Tennessee)

For more information, visit <u>*The Joint Commission Journal on Quality and Patient</u></u> <u><i>Safety* <u>website</u>.</u></u>

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Note for editors

The article is "Lean Management and Hospital Performance: Adoption vs. Implementation" by Stephen M. Shortell, PhD, MPH, MBA; Janet C. Blodgett, MSc; Thomas G. Rundall, PhD; Rachel Mosher Henke, PhD; and Elina Reponen, MD, PhD. The article appears *in The Joint Commission Journal on Quality and Patient Safety*, volume 47, number 5 (May 2021), published by Elsevier.

The Joint Commission Journal on Quality and Patient Safety

<u>The Joint Commission Journal on Quality and Patient Safety</u> (JQPS) is a peer-reviewed journal providing health care professionals with innovative thinking, strategies and practices in improving quality and safety in health care. JQPS is the official journal of <u>The Joint Commission</u> and <u>Joint Commission Resources</u>, Inc. Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.