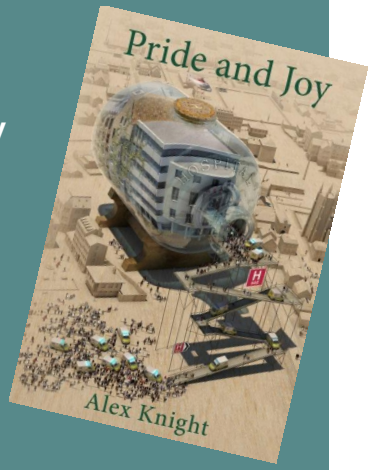
ACHIEVING A BREAKTHROUGH IN THE QUALITY, SAFETY, TIMELINESS AND AFFORDABILITY OF CARE

UTAH OPS & GOLDRATT CONSULTING

Alex Knight,
Author of Pride and Joy

September 7-8, 2017



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BREAKTHROUGH RESULTS FOR GOVERNMENT AND BUSINESS

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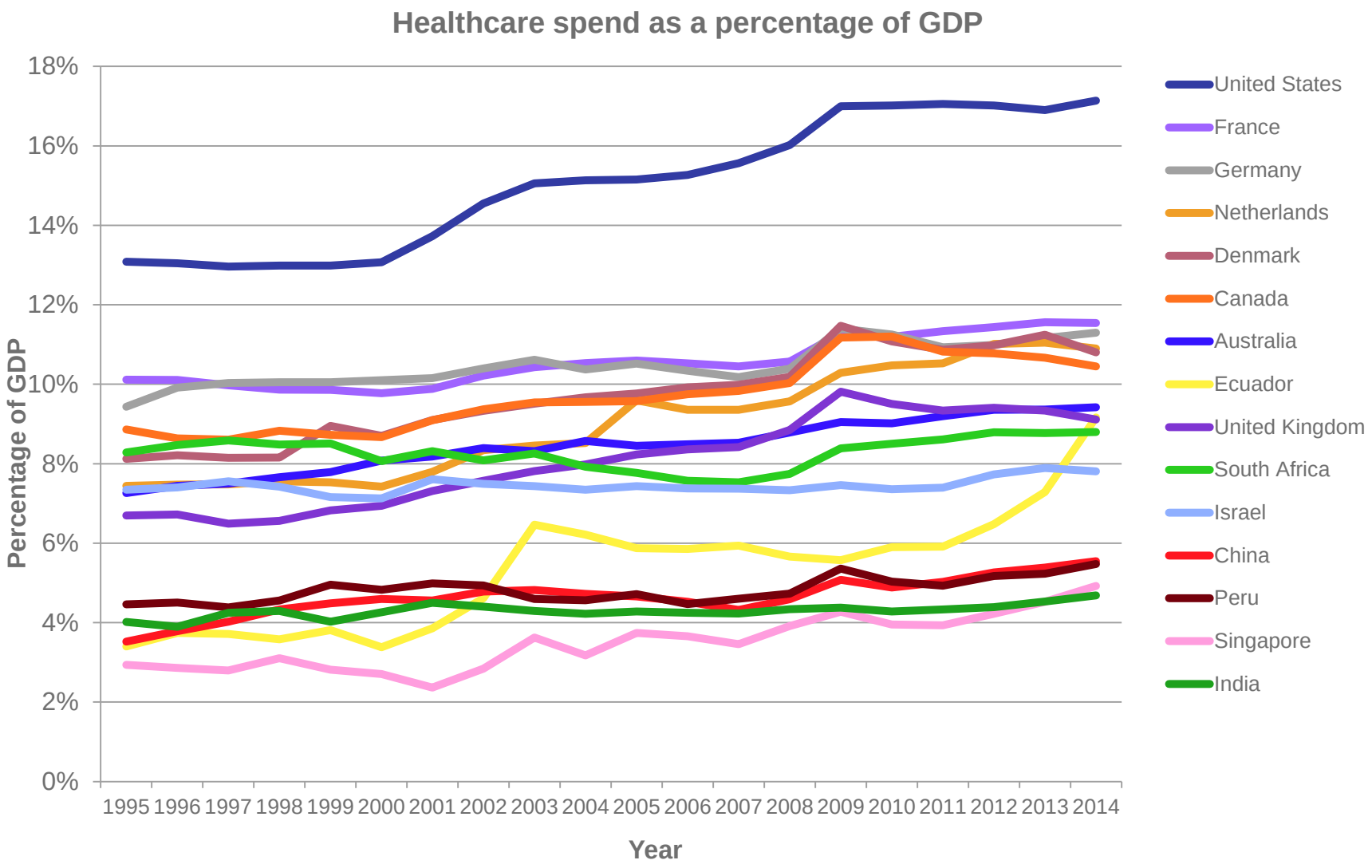
Pride and Joy



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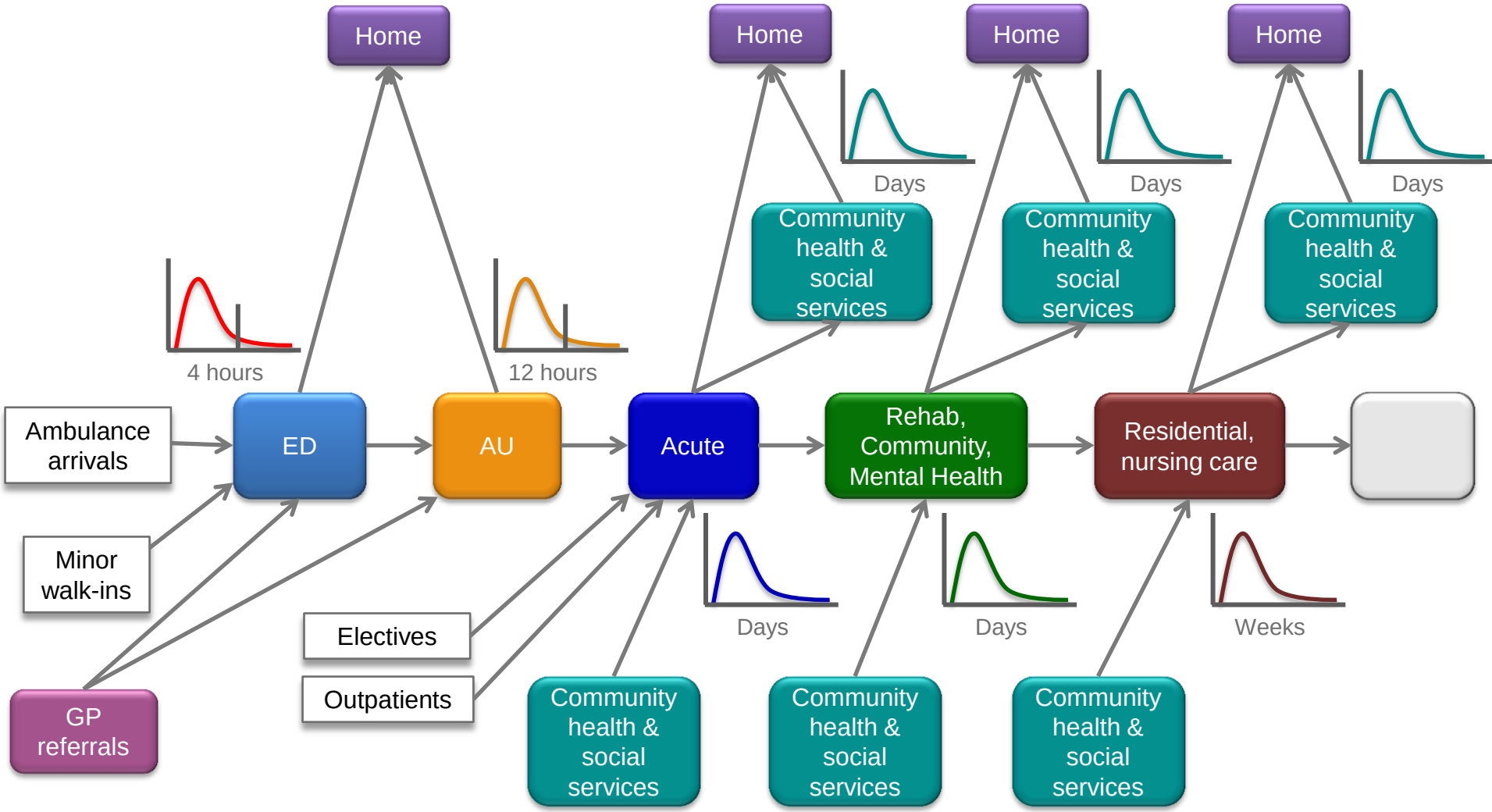
A health and social care system



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The core problem

OBJECTIVE

Be an ever-flourishing healthcare system

REQUIREMENT

Provide high-quality, safe and timely care for all patients

ACTION

Add more (front-line) resources

Budget overruns

CONFLICT

Conflicting decisions about where best to spend money

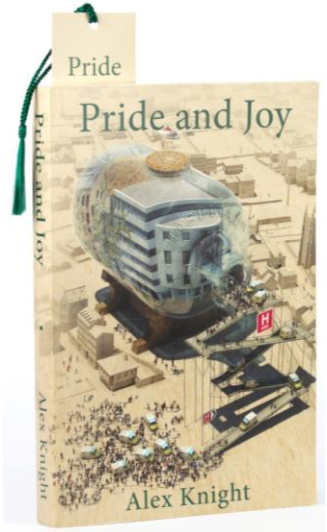
REQUIREMENT

Be financially stable

ACTION

Reduce (front-line) resources

Clinical targets not met



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Criteria against which a solution should be judged

Any solution must *simultaneously*:

- create an ever-flourishing health and social care system
- rapidly improve the quality, safety and timeliness of health and social care
- rapidly improve the affordability of health and social care
- all without creating more complexity for staff.

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Error #2: Balancing flow is entirely different to balancing capacity. This is a common mistake when trying to improve such systems.

In goal-oriented systems of dependent activities each experiencing variation (such as health and social care) there will be, in fact, only a few places limiting the performance of the *entire* system: the system ‘constraints’.

The Five Focusing Steps

Step 1: Identify the system’s constraint(s)
Step 2: Decide how to exploit the system’s constraint(s)
Step 3: Subordinate everything else to the above decision(s)
Step 4: Elevate the system’s constraint(s)
Step 5: Go back to Step 1.
Warning: do not allow inertia to cause a system’s constraint.

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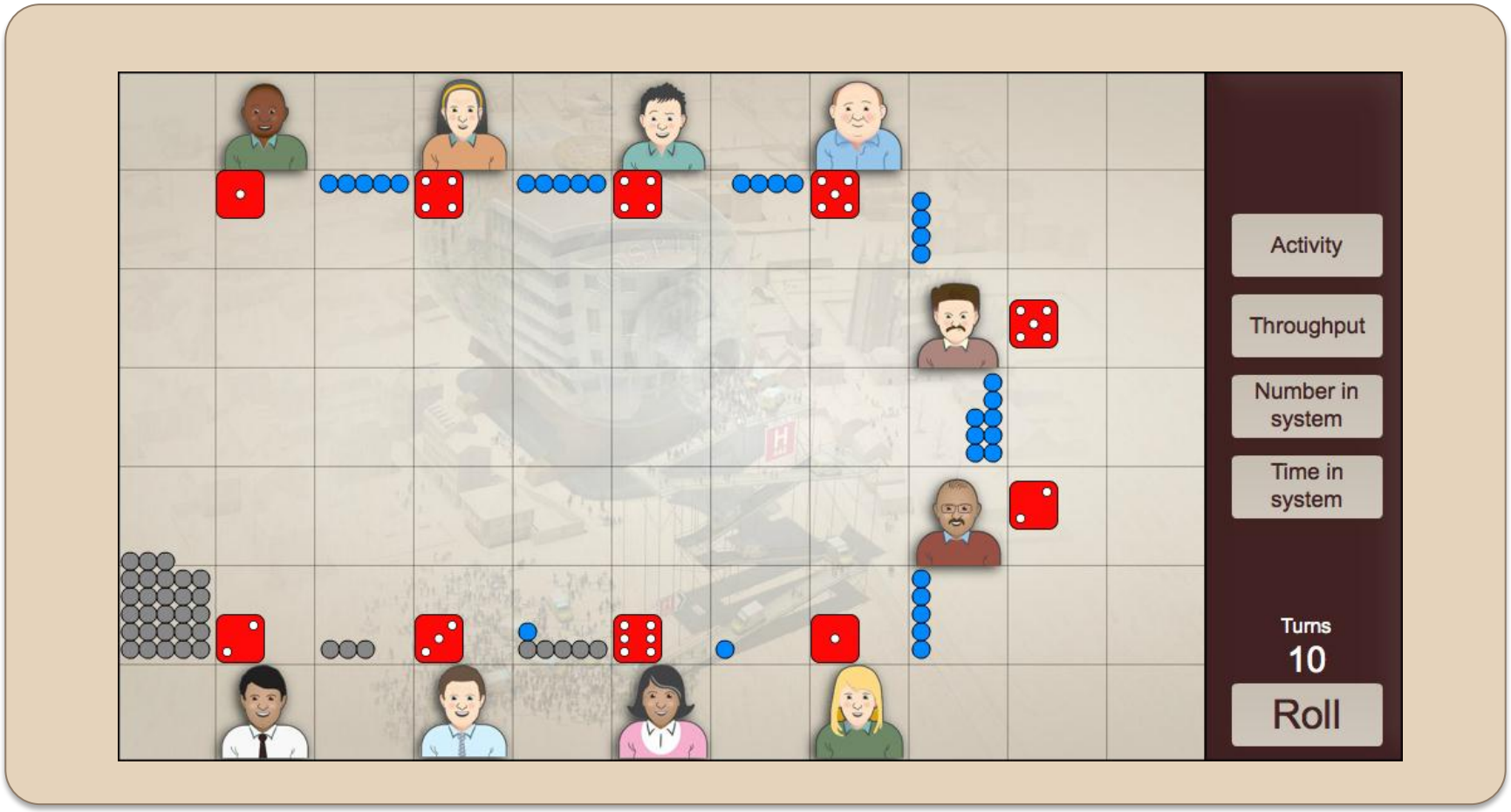
Dice game #1: managing flow



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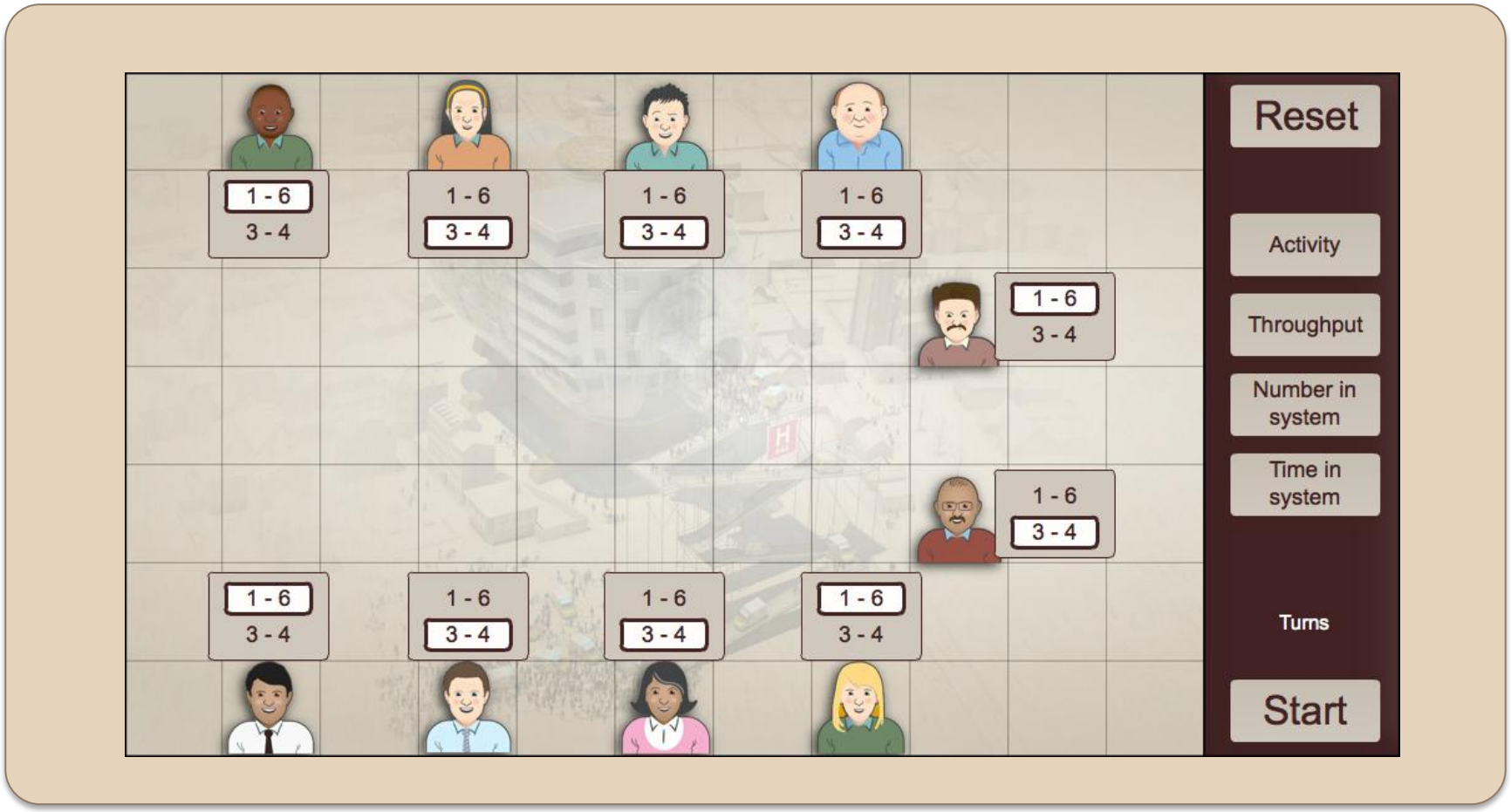
Dice game #2: reducing variation



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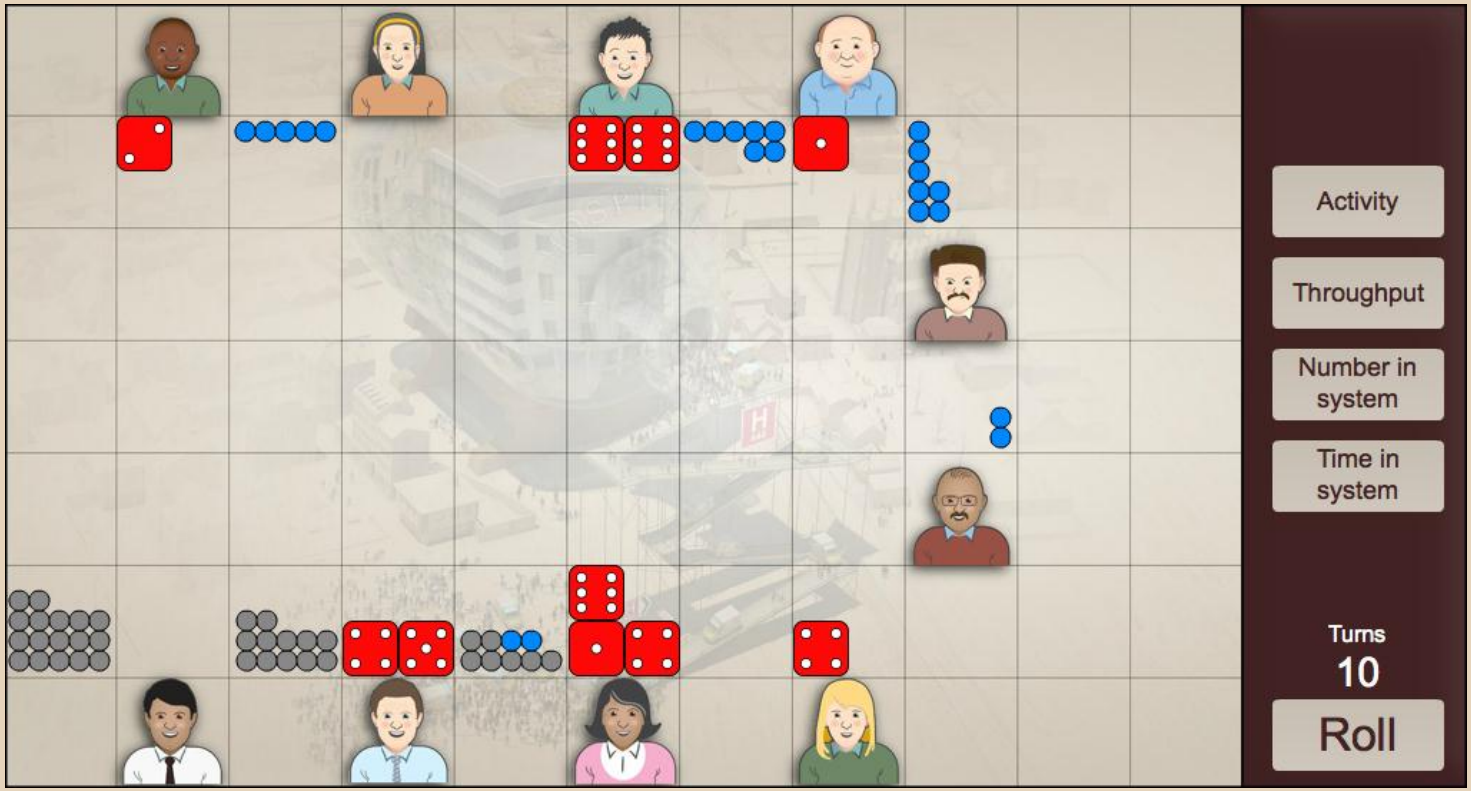
Dice game #3: management intervention



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The four critical patient flow questions

Of all the patients I could work on next, which one should I work on next?

Of all the things I could improve, which one should I improve first?

What capacity is actually needed and where by time of day and day of the week now and into the future?

What is the impact on quality, safety, timeliness and affordability of care under various '*What if*' scenarios?

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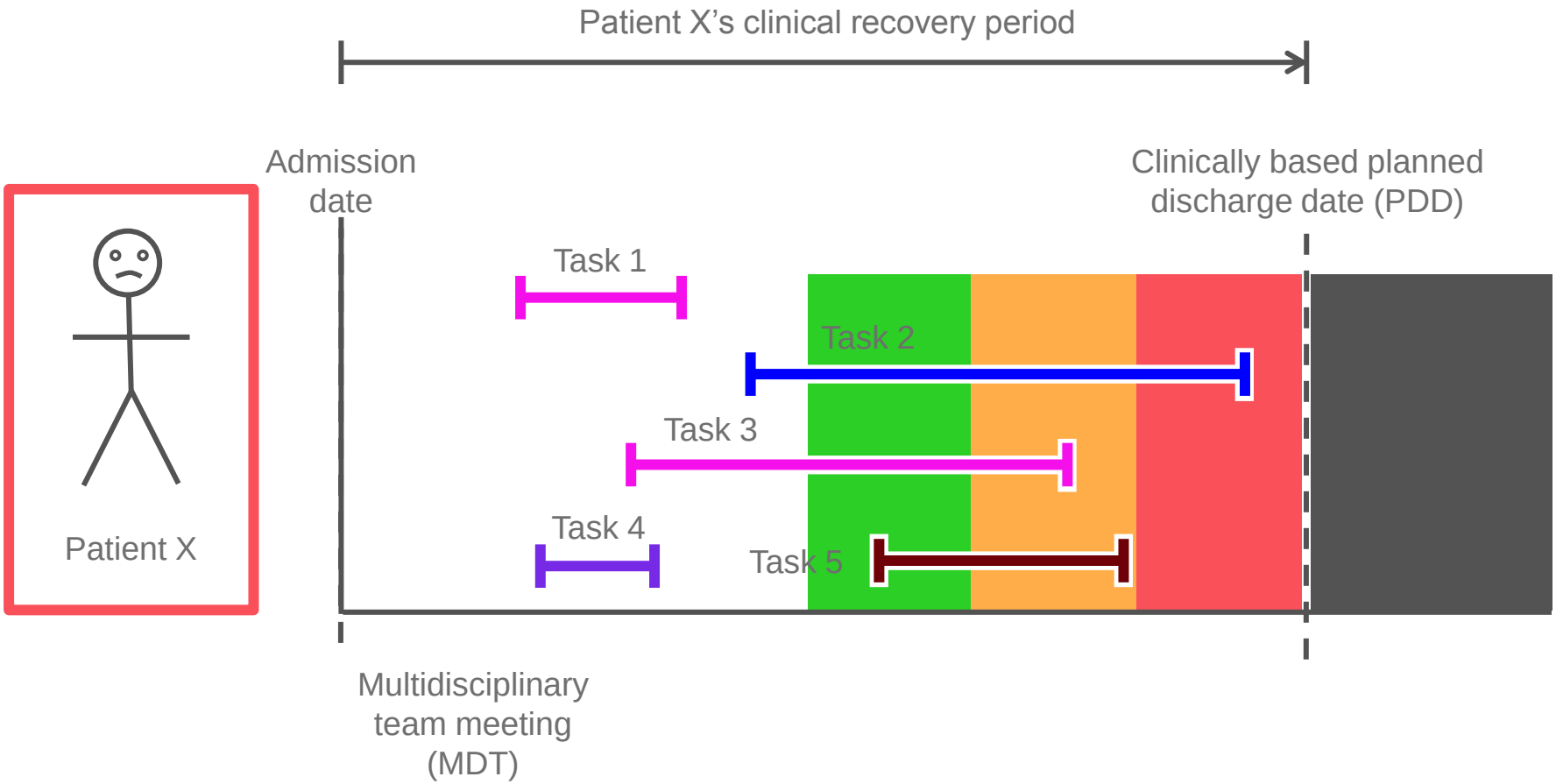
Identifying the system-wide limiting factor(s)



Patient X is in the red zone, caused by the estimated end date of Task 2, for which the blue resource is responsible. However we can analyse the variation in task duration start and completion.

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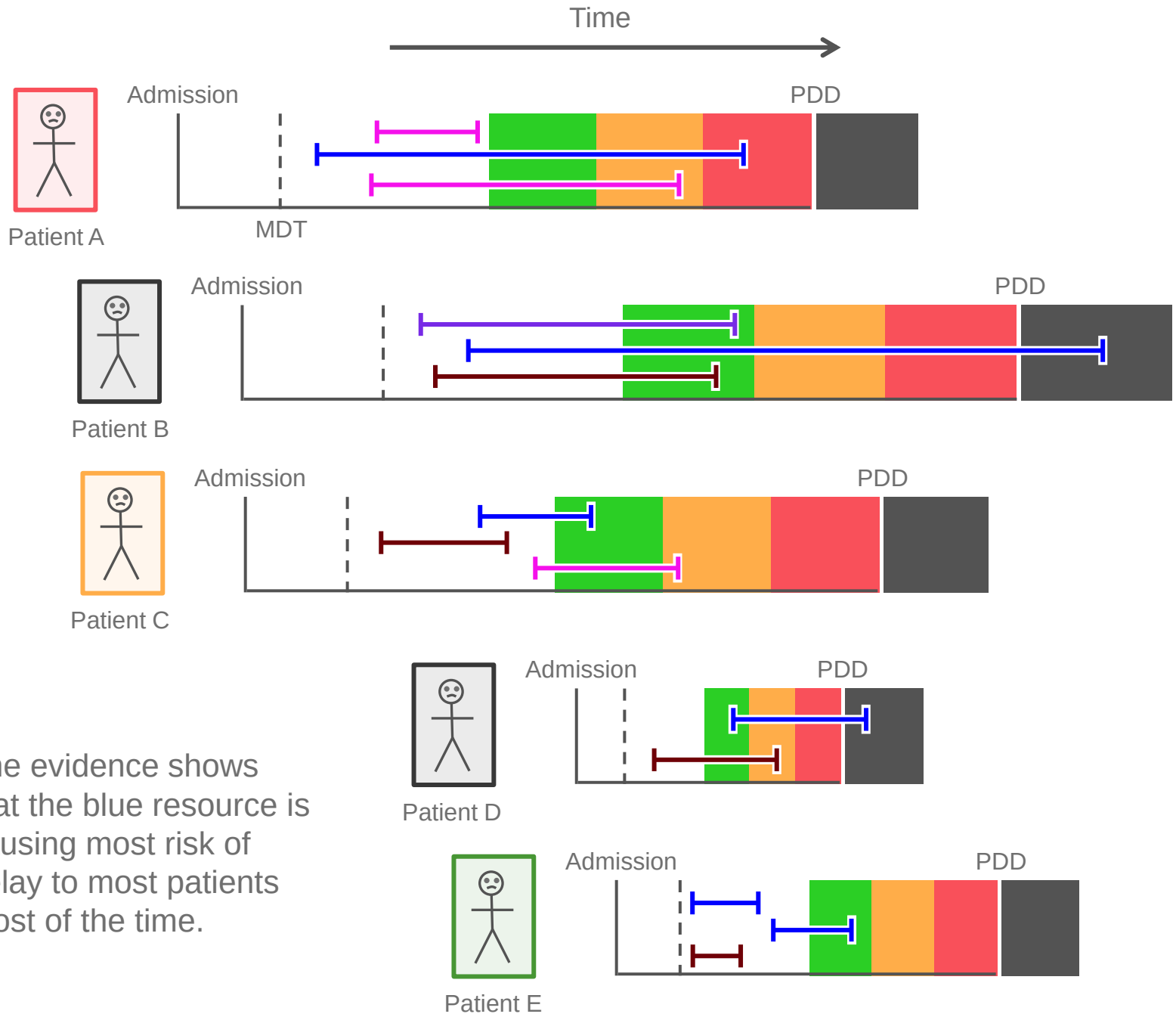

The evidence shows that the blue resource is causing most risk of delay to most patients most of the time.

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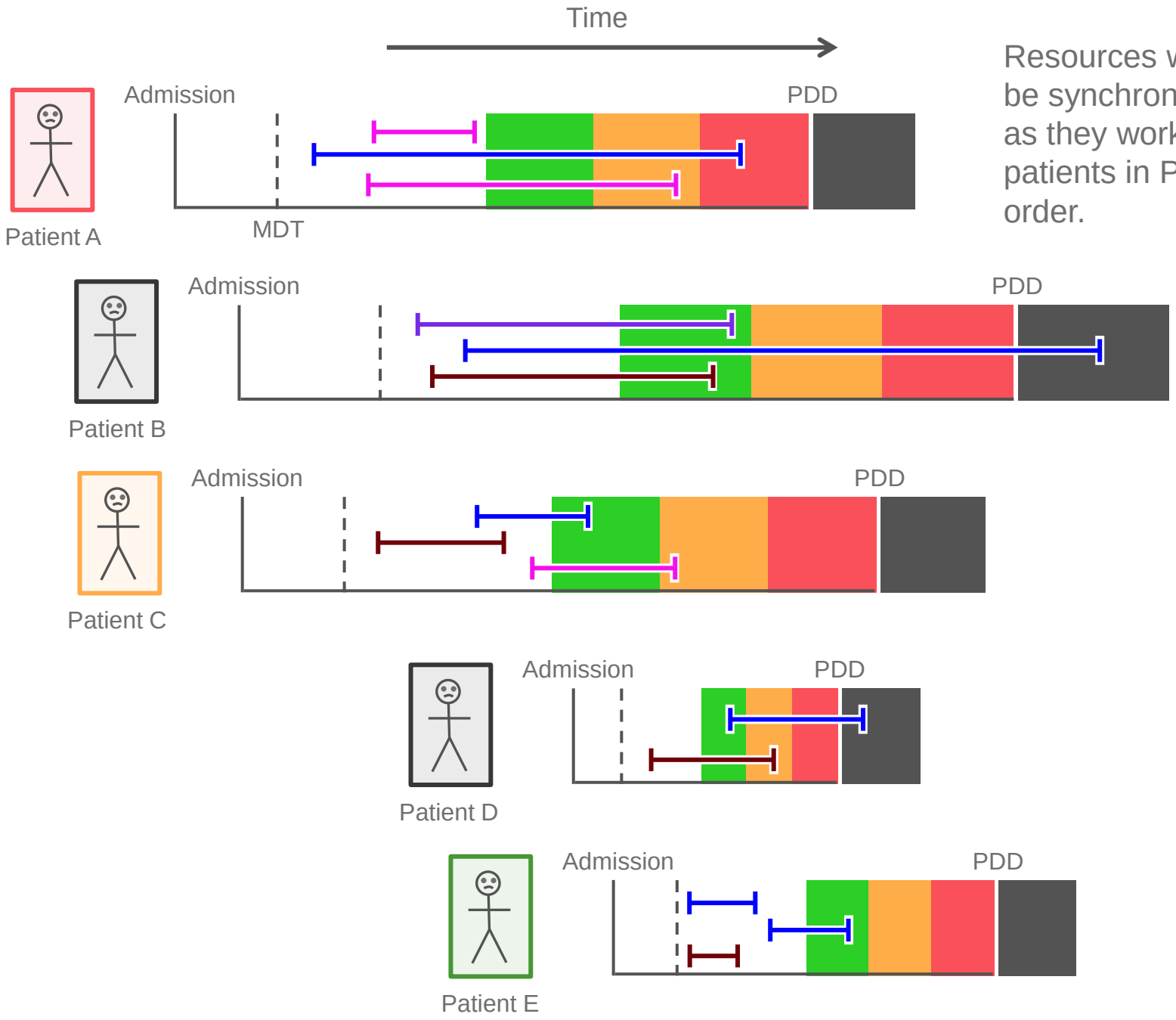

Resources will be synchronised as they work on patients in PDD order.

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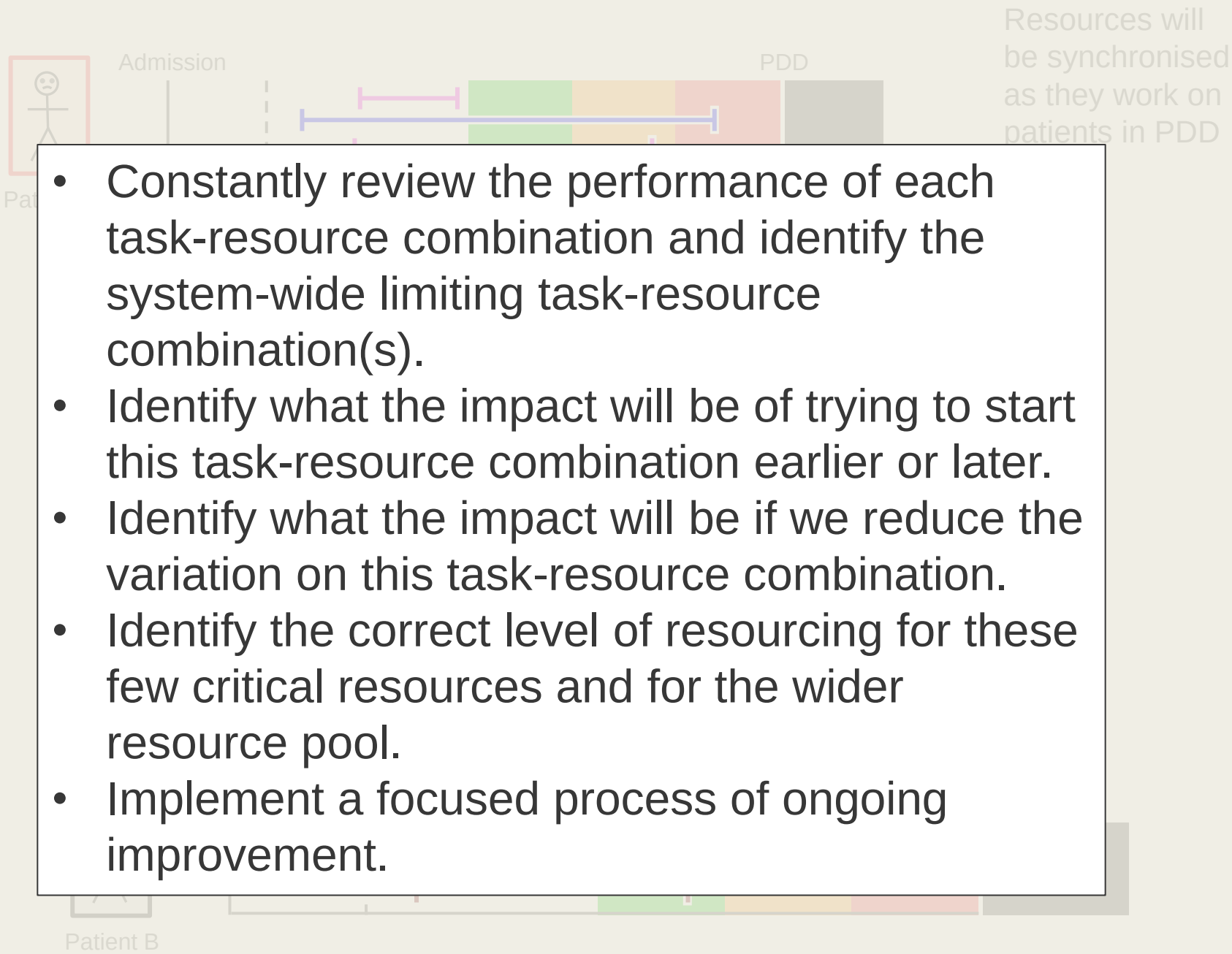
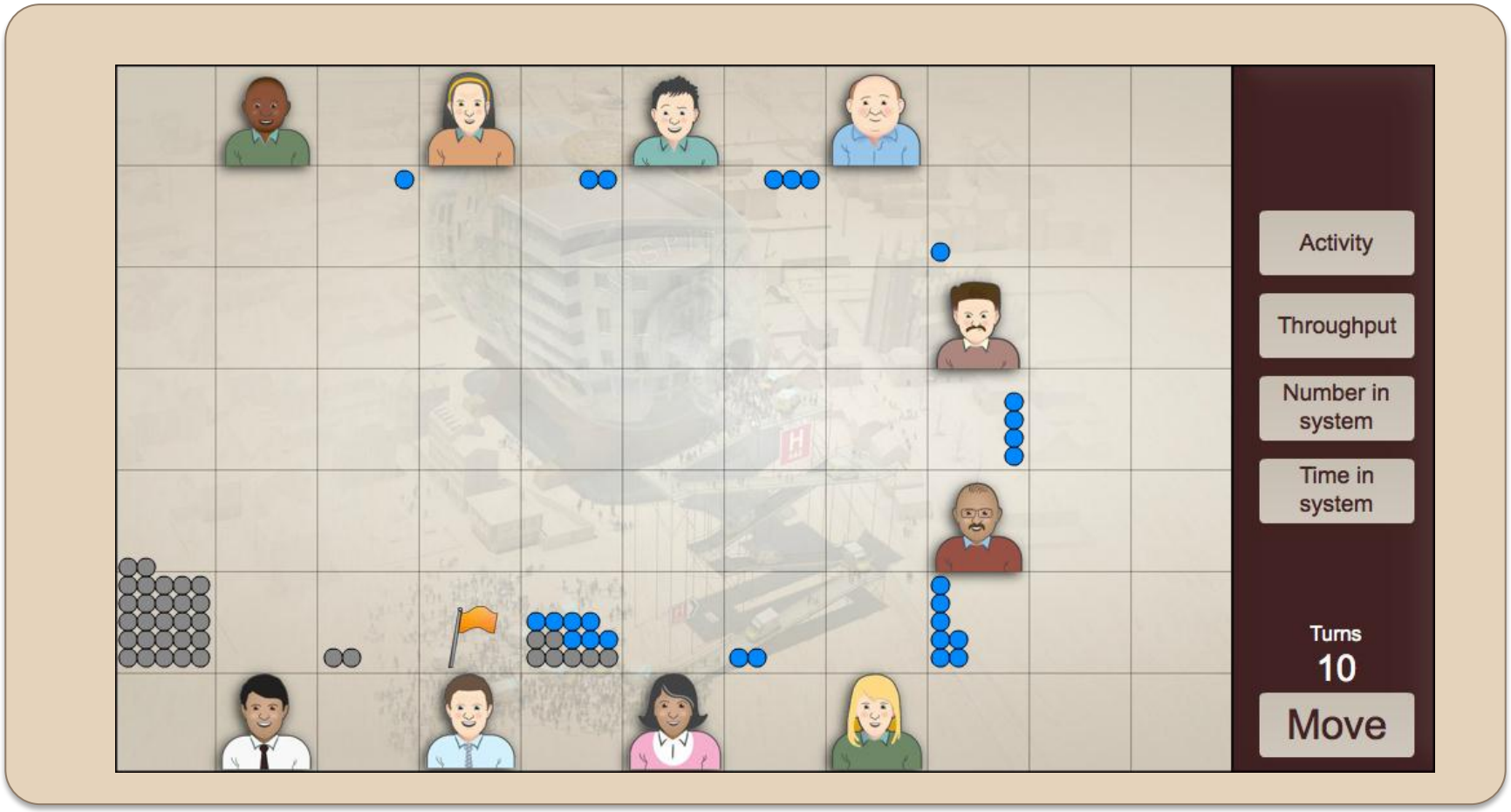


- Constantly review the performance of each task-resource combination and identify the system-wide limiting task-resource combination(s).
- Identify what the impact will be of trying to start this task-resource combination earlier or later.
- Identify what the impact will be if we reduce the variation on this task-resource combination.
- Identify the correct level of resourcing for these few critical resources and for the wider resource pool.
- Implement a focused process of ongoing improvement.

Dice game #4: understanding time-buffer management



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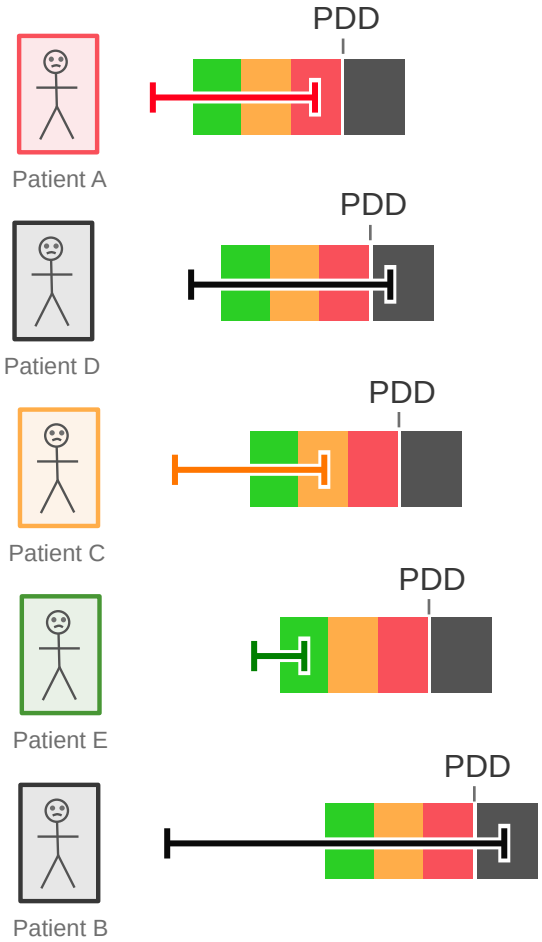
The primary objective is to improve patient flow through all pathways simultaneously

A patient-centred, clinically led approach

Of all the patients I could work on next, which one should I work on next?



A focused process of ongoing improvement

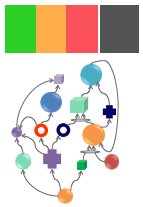
Of all the things I could improve, which one should I improve first?

Daily priorities meeting

Top delays meeting

Steering meeting

AnalyTOCs

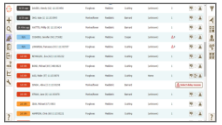


Systematically identify and address the system-wide constraint causing the most delay to the most patients

Removing local measures of optimisation

Without removing these measures, local optimisation will continue to disrupt patient flow and stagnate the process of ongoing improvement.

Patient priority list



Task priority list

Patient plans

- ✕ *Mis-synchronisation*
- ✕ *Bad multitasking*
- ✕ *Parkinson's Law*
- ✕ *Student Syndrome*
- ✕ *Local efficiency*
- ✕ *Batching*
- ✕ *Cherry-picking*

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The Pride and Joy software

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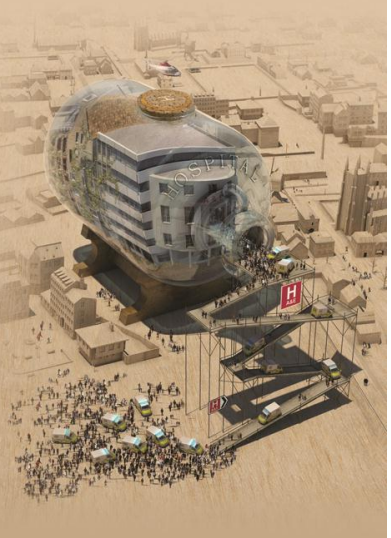

Misunderstanding of throughput

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Error #4: not fully understanding the implications of the differences between the cost world and the throughput world

Scenario	Revenue (£m per year)	Total variable costs (£m per year)	Throughput (£m per year)	Operating expenses (£m per year)	Profit (£m per year)

- Explaining the connection between a reduction in length of stay and the finances is key.
- The direct impact of eliminating unnecessary expenses and delivering improved service levels is clear.
- However, the indirect impact on freeing up capacity to increase the number of patients treated without any further addition to operating expenses is much greater.
- Higher quality, safer and more timely care can be achieved while simultaneously transforming the finances of the health and social care system.
- Asset utilization can be dramatically improved.

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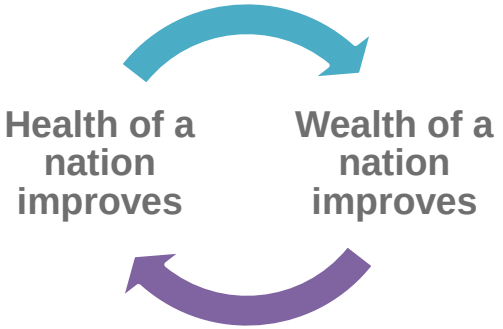
Transforming the health of a nation: a breakthrough in the quality, safety, timeliness and affordability of health and social care

A mammoth and unprecedented challenge



- Evaluating such a breakthrough can be achieved
- Verifying the approach will work in your country
- Building the internal capability to deliver the breakthrough

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A mammoth and unprecedented challenge

STRATEGY	Stakeholders believe there is a real chance to safely transform the health and social care system of their nation
VIABILITY ASSUMPTIONS	Most national leaders, politicians and stakeholders believe it is either impossible or far too risky to attempt to transform the health and social care system rapidly and painlessly
TACTIC	Have a logical and evidence-based approach that offers all parties the opportunity to examine how such a vision could be realistic. This must be supported by a process to firstly evaluate, then verify and finally agree whether or not it can be achieved.
SUFFICIENCY ASSUMPTION	The diversity of stakeholders is immense and any one of them has the power to either stop or ensure its death by snail-like progress in the discussion of whether it should go ahead or not. Full agreement to go ahead is worthless without the capacity and capability to deliver the level of change required.

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Evaluating such a breakthrough can be achieved

NECESSARY ASSUMPTION	All stakeholders are keen to contribute to the improvement of their country's health and social care system but as long as it doesn't entail imprudent risks.
STRATEGY	Stakeholders believe there is a real chance to safely transform the health and social care system of their nation
VIABILITY ASSUMPTIONS	Even a full logical explanation showing how the approach can deliver a breakthrough is insufficient Relevant examples of an impressive track record are essential
TACTIC	My presentation yesterday and this workshop today which will provide greater detail on the approach.

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Verifying the approach will work in your country

NECESSARY ASSUMPTION	Without first completing the necessary check to verify the approach is valid in your nation, it would be foolhardy to push ahead however convinced stakeholders are. Such a mammoth and unprecedented challenge is best tackled with all links in the health and social care chain in full agreement.
STRATEGY	All stakeholders believe the approach is not just valid but has been verified to check the approach will deliver the claimed results in all sections of the health and social care system.
VIABILITY ASSUMPTIONS	Although every nation does have differences, all nations are challenged with the same core dilemma described in Pride and Joy. A carefully designed and controlled set of experiments based on piloting the approach in small and large acute, community and mental health settings is a sufficient and safe check for the whole nation.

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Verifying the approach will work in your country continued

TACTIC	Design and run a controlled set of experiments that systematically verify all the key elements of the vision for all the different health and social care settings without presenting any risk to the healthcare system and be relatively inexpensive to conduct. Carefully guide these experiments to ensure they are successfully executed and that the results do verify the main elements of the vision: • To check the size of the results are as predicted from the initial analysis (better than expected results should be treated with as much caution as results that are smaller than hoped as both indicate there may be something wrong in the underlying logic) • To check the results from the pilot are representative for the nation as a whole • To measure over time the nation's spend on health and social care as a percentage of GDP is stabilizing or reducing • To evaluate over time if having an effective health and social care system gives your nation a decisive competitive edge • Those conducting the experiments understand they are leading the pilots, not simply for the pilot organisation but on behalf of the nation as a whole (no rookies, I'm afraid).

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Building the internal capability to deliver the breakthrough

NECESSARY ASSUMPTION	Although history has proven to us it is only ever a few people who have changed the world, such a mammoth and unprecedented challenge will require a cadre of strong leaders.
STRATEGY	The chosen cadre of leaders have a deep understanding of the Pride and Joy vision and how to make it realistic. They understand they have been chosen to lead the pilots on behalf of the nation.
VIABILITY ASSUMPTIONS	The book, Pride and Joy, has proven to be an excellent tool for gaining agreement across a wide stakeholder group The Pride and Joy Strategy and Tactic tree that provides the fully detailed implementation process has been proven to be an effective way of guiding and auditing the implementation of the Pride and Joy approach The Pride and Joy software is highly effective at carrying out the analysis required to guide implementations and ensure a breakthrough is achieved in a rapid timescale

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Building the internal capability to deliver the breakthrough continued

TACTIC	Goldratt Consulting and the Pride and Joy team have developed the four key ingredients, namely: • Use the book, Pride and Joy, to seed a deeper understanding across all stakeholders. • Train the chosen cadre of leaders in the Pride and Joy Strategy and Tactics tree and mentor them through the pilots. • Use the Pride and Joy software to guide and audit the pilot implementations to ensure a breakthrough is achieved in a rapid timescale. • Cascade the approach both within and across the health and social care system

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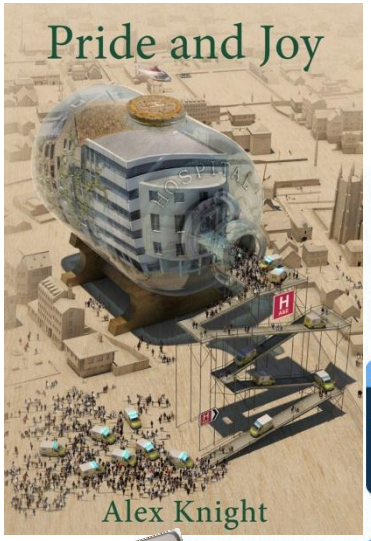
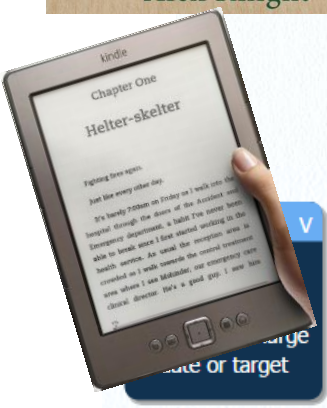
The Pride and Joy elements



Improving patient flow and simultaneously improving the quality, safety, timeliness and affordability of patient care without creating more complexity for staff



Telefónica UK is delighted to be introducing the Pride and Joy approach to its healthcare customers in the UK. After reading the book and seeing the full solution for myself I am excited to be working with Alex and his team to deliver a true breakthrough in performance for our clients. Alex Walter, Managing Partner, Healthcare, Telefónica UK Ltd

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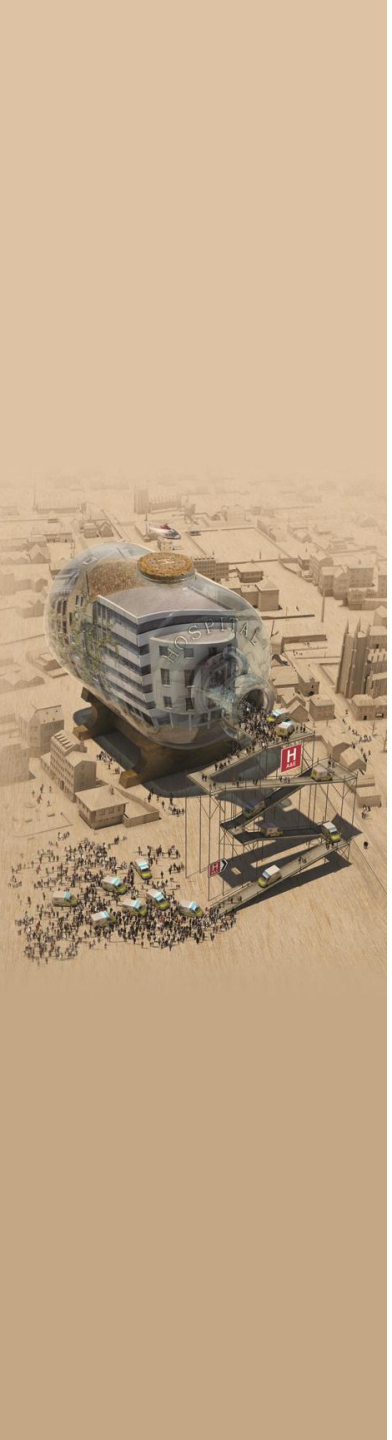
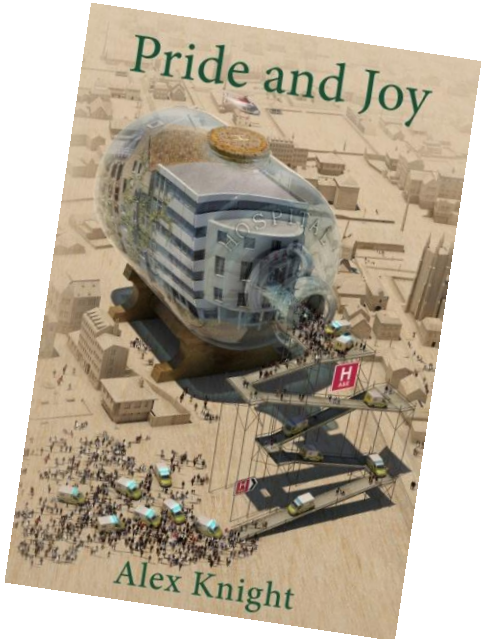


Thank you

This is a must read for politicians, policy makers, clinicians and managers. It tells the story of how healthcare systems can be managed in a sustainable way with the patient at the centre of decision making.
Dr Mike Williams



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