South Africa’s public hospital sector services 80 per cent of the country’s patients with limited resources. Complaints about the quality of care are common, relating not only to the actual medical services offered, but also to factors having a direct impact on the patient experience of the facility. Such factors include waiting times, negative staff attitudes, drug shortages, unreliable services, and navigation of the process, with the shortage of resources being the principal issue.

The management of resources in public hospitals in South Africa is suboptimal, with many debates around the optimisation of resources and matching of patient load with resource availability. Lean Management is an approach used effectively across the globe to improve patient experience without necessarily investing additional financial resources. Originating from Japan, the potential role for ‘Lean’ thinking in health care management has gained increasing recognition. Centred on the elimination of wasteful blockages in system flows (of people or of products), it could improve the quality of public health services in South Africa and should therefore be of interest to policy-makers, practitioners and planners.

Lean Management improves efficiency by removing all process elements that do not add value to the final product, rather than by hastening constructive activities. The tendency in health care management has been to do the opposite: for example, as patient loads increase, doctors cut consultation time (a valuable activity) rather than consider ways to reduce patient waiting time (a wasted opportunity).

A growing body of evidence demonstrates the success of Lean thinking in improving health care around the world. Over 20 different health facilities in South Africa are running Lean projects. Hospice homecare nursing, for example, used Lean Management to improve reimbursement processes by medical aids for medication distributed by homecare nurses, and GF Jooste Hospital in the Western Cape used Lean Management methodologies to improve flow between their Casualty Department and other wards.

This chapter presents a case study conducted in New Somerset Hospital (NSH) in Greenpoint, Cape Town. NSH runs 30 specialist outpatient clinics every week, which offer a valuable service but have experienced high levels of patient dissatisfaction, particularly in
relation to long waiting times. Problems are exacerbated in the Orthopaedics Outpatient Department (OOPD) clinics, each of which serve between 40 and 70 patients, many being ‘walk-ins’ (who do not have a booked appointment on the ClinicCom system).

The study aimed to reduce waiting times in the clinic and improve patient satisfaction. Four key interventions were piloted, including new X-ray forms, additional signage, a new patient numbering system and staggering of patient appointments.

Initial results showed a 39.4% reduction in patient waiting time. A three-month follow-up yielded that an 18.2% reduction in waiting time had been sustained. The key Lean methodology variable was the ratio of “non-value-added: value-add time”. This ratio improved from 5.76 at baseline to 3.76 in the short term and 3.45 at three-month follow-up. Qualitative data indicated that both patients and staff were more satisfied with the system.

Overall, the study proves the potential for Lean methodologies to reduce waiting time in the OPD setting, which represents just one of the many examples of ‘waste’ in the healthcare sector. By reducing waste and maximising value-added activities, the quantity and quality of care are increased.

Findings also demonstrate that significant improvements in efficiency are possible – increased quantity and quality of care can be offered without additional resource investment. This is most important in altering the mindset of healthcare providers who typically assume that only an increase in resources can achieve an improvement in the quality and coverage of health services.

Further research and implementation of Lean projects is recommended, recognising that such projects can be undertaken at all levels of care.

**SOURCE:**
