

Kaizen Implementation: A Lean Strategy to Improve Healthcare Performance

Ana Carolina Sanches Zeferino

 <https://orcid.org/0000-0003-1213-0964>

Fluminense Federal University, Brazil

José Ricardo de Souza Ramos

Fluminense Federal University, Brazil

Alexandre Beraldi Santos

Fluminense Federal University, Brazil

Eduardo Guilherme Satolo

 <https://orcid.org/0000-0002-8176-2423>

Sao Paulo State University, Brazil

Olavo Braga Neto

Fluminense Federal University, Brazil

Saulo Cabral Bourguignon

Fluminense Federal University, Brazil

EXECUTIVE SUMMARY

The use of the lean philosophy in healthcare environments has been reported in different countries, both in the private and the public sectors. However, there is not much information on how to apply the Kaizen concept to healthcare services, notably in hospitals and emergency services, which are increasingly challenging environments given the aging of the world population and the degradation of human conditions in several countries. Existing publications on the topic expose different forms of Kaizen use in healthcare services, which may cause misunderstanding and confusion. This chapter describes and brings light to the Kaizen approach in lean implementations and discusses its challenges, barriers, and success factors using a case study of a non-governmental organization (NGO) that started its lean journey with Kaizen implementation in late 2019. It also describes strategies to use it according to up-to-date publications and presents the benefits, the challenges, and the framework to successfully implement Kaizen.

INTRODUCTION

Organizational Background

Health systems around the world face similar difficulties, such as an aging population; the increase in demand for health services; new technologies and expensive services; all while experiencing increasing financial constraints. In this context, providing high quality services that meet patient expectations with minimal resources is a major challenge, and has led some healthcare organizations to explore Lean methodology – which focuses primarily on improving processes, reducing and eliminating waste (Kelendar et al., 2020).

The authors present the case of Kaizen practice as part of a Lean implementation strategy for a Non-Governmental Organization (NGO) – specifically, a Social Health Organization –, with contracts in the countryside of Rio de Janeiro, Brazil. Non-Governmental Social Health Organizations are nonprofit institutions of the third sector, responsible for managing Brazilian public Health System (SUS) institutions throughout the country, in partnership with municipal and state health departments. Despite being characterized as a private company, it is subjected to the same public compliance regulations, which in turn have implications on company directions and strategy when compared to purely private companies. They are guided by the needs of the population and not by capital.

The company in question operates at all levels of public health, managing primary care, secondary care, and tertiary care units. Primary care is guided by the Family Health Strategy and was designed to be a space for health promotion and prevention, operating mostly with scheduled appointments and not answering to emergencies. Secondary care, which is sometimes referred to as “hospital and community care”, can either be planned (elective) care such as medical treatment with specialties like physical therapy, or urgent and emergency care such as the treatment fractures (the facilities are called UPAs). Tertiary care refers to highly specialized treatment, for which hospitals are allocated.

Non-Governmental Social Health Organizations are funded by public resources according to Brazilian regulation. Human capital is based on the contract established with the municipalities, which in turn is supposed to be based on technical guidelines provided by the Ministry of Health. It is also important to note that this kind of contract is based on compliance requirements, and each contract lasts between 1 and 4 years.

The company operates in four different municipalities. For this case they will be referred to as A, B, C and D. Table 1 presents information about each of these municipalities.

SETTING THE STAGE

Lean Practices in Healthcare

The adoption of Lean practices has been studied and reported as success stories of strategic changes in healthcare organizations (Lordelo et al., 2021). Many authors report success cases like the ones of Bolton Improving Care System – BICS –, Virginia Mason Medical Center (Womack & Jones (2003), Kelendar et al. (2020); ThedaCare (Barnas, 2014), Baptist Hospital in Pensacola, IU Health Goshen Hospital, Franciscan St. Francis Health, Newton Medical Center (Kansas), Riverside Medical Center (Kankakee, Illinois), Seattle Children’s Hospital (Seattle, Washington), Delnor Hospital (Geneva, Illinois), Denver

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