Kaizen

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Kaizen is a Japanese word with a two-part meaning: "kai" means "change" and "zen" means "good." The philosophy of Kaizen, which is at the core of LEAN, applies small, incremental changes across an institution to reduce waste and improve efficiency.

Kaizen encourages staff to make suggestions and provide ideas for improvement. Once Kaizen becomes part of an area's culture, everyone understands that an important part of their job is to make suggestions for system changes that will improve outcomes and/or make it easier to achieve these outcomes. By encouraging engagement of all staff, the working relationship between staff and managerial leadership becomes more cohesive. In a hospital setting, this can allow healthcare workers to feel empowered to improve their work environment as well as to improve care given to patients. By striving for incremental perfection over time and building on the suggestions from those who do the work, efficiencies and other improvements have a better chance of longevity.

Some organizations hold formal Kaizen events, which are short term campaigns where employees focus on a specific workflow or part of a workflow with the goal of improvement. In healthcare, it is critical that all of those affected by the workflows and proposed changes, (i.e. physicians, allied healthcare professionals, nurses, front desk staff, housekeeping, etc.) work cohesively on these projects. This is integral for Kaizen success.

Once the proper culture is established, Kaizen can start with any member of the healthcare team who has an idea for a small improvement. Even small changes should be vetted by the group affected by the change. This group will approve the change, monitor the change, and reverse it if it does not live up to its promise. Designating a project facilitator can be helpful. This team member can provide overall change management and monitor the effectiveness of the change, so that others can focus on the changes made.

Example:

Your labor and delivery unit is working to improve efficiency for labor inductions. At a unit daily huddle, where patient cases are reviewed with the team, it was noted that there can be a time lag between ordering and placing vaginal Cytotec. The quality improvement team, which contains providers, nurses and pharmacists (among others) quickly approves an initiative where oral Cytotec is used when a patient is due for the next dose but a provider is not available to place it vaginally. A standing order in the electronic medical record is made so that if the patient meets criteria, she can have her next dose orally. One of the resident physicians volunteers to champion the project and a faculty OB attending agrees to serve as facilitator for this project. The group plans to review the interval of time between Cytotec





orders and doses after 1 month of this initiative. By using Kaizen to involve frontline care workers to identify barriers to improvement, an overall improvement in labor management efficiency can be made.

Additional Reading

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