

Cut the Clutter with CYCLE TIME REDUCTION

Abstract: Users of cycle time reduction create process maps to identify and eliminate wasted resources. Consider implementing a similar proposal to streamline your facility's nursing model. [Nurs Manage 2003:24(3):42-44]

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You wouldn't imagine that an automobile manufacturer could offer any valuable pointers when it's time to revamp your facility's nursing care model. Think again.

Major consumer business leaders such as Chrysler, Ford, General Electric, Intel, Texas Instruments, and Bissell use a process called *cycle time reduction* to reduce costs and improve quality. This same process can work for you when developing a nursing care delivery system, one that creates a brand of service that helps distinguish your facility from others within the health care industry.

This process helps corporate giants eliminate extraneous costs and resources to enhance customer service and employee satisfaction. What can it do for your facility?

Targets for change

Specifically, cycle time reduction involves reviewing an existing process that provides a product or service, determining where there's wasted time or effort, and developing an improved, streamlined way to achieve the same results more efficiently. One advantage to this approach is that the individuals who will use the process are the ones who develop it. By involving these individuals from the beginning, you foster buy-in and the incentive for them to push the change process. Cycle time reduction also uses the strengths of the existing model to develop the new approach. And by creating your own unique solution, you're able to brand it as such and market your success – a true benefit when consider that branding remains one of the best ways to improve nursing's triage and recruitment and retention strategies.

Cycle time reduction begins with goal statement. What's your facility trying to achieve...more cost-effective care? Better working conditions to improve employee satisfaction? Once you've determined what you want accomplish, write it in such a way as to communicate the goal simply. This isn't the time or place for eloquent prose; focus on reality. Then, let your goal statement guide your project's boundaries.

Next, establish a budget. Although there's no way to hit the target exactly at this time, decide on a maximum amount that you're willing to spend, which will give your team an idea of what it can reasonably expect. Try to keep the cost low.

At this point select your "champion" – someone within your organization with the position and authority to bring about cooperation and break down barriers. Consider adding a member of the senior administrative team; likely candidates include your chief nursing officer, chief operations officer or human resources

representative. Although not involved with the project's daily operations, this individual should receive regular progress reports and remain available for additional needs.

When choosing participants to help design to change process, select

staff members who "live" the present process. Also include representatives from ancillary groups that may be affected by changes. Typically, teams consist of one or two managers, nurses, nursing assistants, and clerical staff. In addition, you may need to involve staff from laboratory, radiology, physical therapy, occupational therapy, housekeeping and dietary.

Two other key players include a facilitator and an outside observer. Pick a facilitator who's not vested in the process but who understands its importance, which will ensure that he remains neutral. Consider enlisting the help of consultant, an affiliated university faculty member, or a staff member from social services or human resources. This outside observer serves as your fresh eyes, someone who injects innovation into the process because she has questions that no one else would think to ask, providing insight on how patients may perceive certain tasks. Good candidates for this role include staff members from engineering, patient accounts, or a member of a lay advisory board.

Staying on task

Once you've assembled your team, it's time to implement the cycle time reduction project. Your team's first task is to develop a block

diagram, which breaks down the process into its major components, including patient admission, daily care, education, and discharge. Then, describe each task in a sentence or less. Under each block, list the tasks associated with the component. Also identify stakeholders in each task and an average time frame for completion.

Next, develop a wall map to display each component with its associated tasks in order of occurrence, with time frames attached. Using paper and removable sticky notes, assign a specific time value to each note and list involved parties on the paper's side margin. Assign the appropriate number of minutes to each task completed by each person (See "Creating a flowchart".) This part of the process often generates a great deal of discussion, as patient waits, staff effort duplications, and other wastes of time, supplies, and manpower becomes obvious.

The group then breaks into smaller subsections to closely examine those areas requiring streamlining. Then, using the devised solutions, the groups create a functions chart to determine each task's required staff and skill sets. From there, the team creates a process map that denotes the estimated completion time for each care component's required actions. This step enables the team to set tangible, achievable time frames for efficient care provision. (See "Process mapping.")

With these actions completed, the group should move onto creating the actual cycle time reduction process—examining the current process and determining how it can ideally function. General guidelines include keeping the best of the present process, improving what warrants change, discarding repetition, eliminating waste, and developing new methods of completing care functions. Consider addressing thought provoking queries such as "Why have we always done it that way?" "Does that task require a nurse?" "How many staff members should be involved at this point?" "What delays do we encounter when trying to accomplish this task?" The better your brainstorming questions the better your ultimate results.

After creating your facility's ideal process, identify and rank improvement opportunities. Follow this with a force field analysis, during which the team identifies the forces that will assist with system implementation and those that will impede it. Discuss these findings with your initiative's champion to determine where to concentrate change tactics.

At this point, you're ready to draft the new process and present it to your facility's administrative team. Conduct a dry run of the presentation to your champion, which will enable him or her to identify any oversights or address any obstacles to the proposed process. Once you

and your team have finished the professional change proposal, pilot it, which allows you to work through any problems before total rollout.

Making your mark

Cycle time reduction offers the potential to craft a nursing care delivery system that's uniquely suited to your facility. As a promising way to create a brand of nursing care that's recognizable and marketable, it offers nurses an opportunity to take better control of their practice – which enhances job satisfaction and reduces turnover. And that means less waste, more results.

References

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