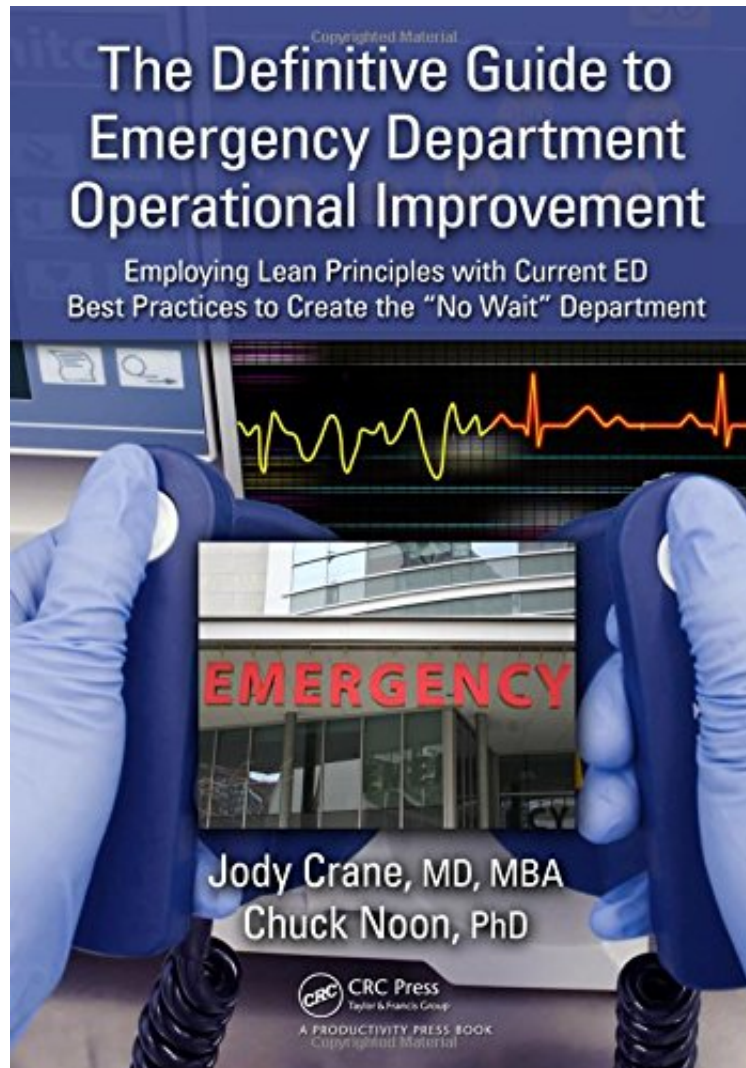


(Pdf free) The Definitive Guide to Emergency Department Operational Improvement: Employing Lean Principles with Current ED Best Practices to Create the "No Wait" Department

The Definitive Guide to Emergency Department Operational Improvement: Employing Lean Principles with Current ED Best Practices to Create the "No Wait" Department

*Jody Crane MD MBA, Chuck Noon PhD
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Jody Crane MD MBA, Chuck Noon PhD : The Definitive Guide to Emergency Department Operational Improvement: Employing Lean Principles with Current ED Best Practices to Create the "No Wait" Department before purchasing it in order to gauge whether or not it would be worth my time, and all praised The Definitive Guide to Emergency Department Operational Improvement: Employing Lean Principles with Current ED Best Practices to Create the "No Wait" Department:

1 of 1 people found the following review helpful. IT IS THE DEFINITIVE GUIDE TO EMERGENCY DEPARTMENT OPERATIONAL IMPROVEMENT By S Kanji We're currently in the process of reworking the flow in our ED. Dr. Crane's book has been an invaluable resource in helping us through this process. The book explains queuing theory and lean principles as well as how to apply theory into practice. This book provides a complete guide to any emergency department that is looking to improve their operations. 3 of 5 people found the following review helpful. Over Priced By Ben Hassler What is this a college textbook? \$80 for a softcover and the pictures are in black and white! You can't even read a few of the pie charts because they are in black and white and you can't decipher 6 different shades of gray.... The content is decent but there isn't anything in there that the million other Lean books don't have, it's just in the context of emergency services and priced 5 times as much. Basically the professor (Dr. Noon) saw an opportunity to partner with an ED physician (Dr. Crane) he had in his MBA class to take the same material that is in every other lean book, put a different context around it then price it like other professors price their text books. 1 of 1 people found the following review helpful. No Wait ED By Mark Harris Do you want a no-wait ED? The patient's perception of care in the emergency department is critical to growing market share and for enhancing revenue capture under value-based-purchasing (HCAHPS performance). Given that quality care is often assumed by patients, traction towards improving the patient experience lies in delivering expedited compassionate care. This book's brilliant use of queuing theory, the theory of constraints, Lean, and targeted best practices will assist any physician, nurse, or hospital administrator in creating an "ED Center of Excellence". Queuing Theory Noon Crane's approach begins by mapping out the flow of patients through your emergency department in order to identify the queuing interfaces your patients will likely experience. A queuing interface occurs any time a server (nurse, physician, bed, lab, etc.) must perform a service on arriving patients. Using a well described Takt time methodology, the reader can calculate the demand (patient arrivals) on each server and explore whether that server has enough capacity to meet that demand. If the demand for a server is greater than their service capacity (a demand-to-capacity mismatch), queuing of patients will occur. Theory of Constraints Next, the book applies the theory of constraints to the overall Lean strategy. In essence, the flow of patients through your ED will occur at the rate of your slowest (least capacitated) server. In the theory of constraints, this server is called the "bottleneck server". Once identified, the book demonstrates how to target your Lean strategies (waste removal, standard work, load-leveling, etc.) to resolve the bottleneck server's demand-to-capacity mismatch ... and, thus, improve flow. If the bottleneck server remains undercapacitated despite exhausting the targeted Lean strategy, then, and only then, is consideration given towards increasing server capacity and an effective provider and bed staffing methodology is clearly explained. Given that provider compensation and construction costs are some of healthcare's greatest costs; it behooves every administrator that manages an emergency department to understand the tenants of these chapters. Best Practices Lastly, this book describes, in detail, multiple innovations that can help improve patient flow (e.g., intake systems; provider-in-triage; modular designs; supertracks; etc.). It is important to note that the authors do not subscribe to the notion that there is "one way" to fix an ED, but give you enough of the "secret sauce" that allows each reader decide what innovation makes sense for them to deploy. Summary In summary, anyone who has managed emergency departments knows that there is no such thing as a "quick fix" to such a complex organism. However, having a methodical approach, by a dedicated process improvement team ... who fully understands the tenants of queuing theory, demand-to-capacity staffing, and Lean methodology ... can ultimately achieve a "no wait ED", using these authors' principles. In this regard, this book is a must read for all of my medical directors and client service VP's. Mark Harris, MD, FACEP

In a unique and integrated approach, *The Definitive Guide to Emergency Department Operational Improvement: Employing Lean Principles with Current ED Best Practices to Create the "No Wait" Department* exposes you to the academics behind managing the complex service environment that is the ED. The book combines applied management science and ED experience to create a model of how to improve your emergency department operations. After summarizing the current state of emergency medicine, the book offers an in-depth presentation of Lean tools used in the ED along with basic and advanced flow principles grounded in queuing theory and the theory of constraints. It then shows how these concepts are applied in the emergency department and why they work, supported by a comprehensive case study in which Lean principles were used to transform an underperforming ED into a world-class operation. The authors highlight three commonly referenced intervals in the ED: door to doc (input), doc to disposition (throughput), and disposition to departure (output). After reviewing best practices, the authors explain how to achieve excellence in your own environment by discussing change management, leadership, dealing with resistance, and other critical elements of creating a culture of change. Under any scenario realized by healthcare reform, this book provides the tools and concepts to improve your ED for patients, staff, the organization, and ultimately, society.

hellip; for practical reasons there is value in translating TPS to the healthcare arena. Jody Crane and Chuck Noon do this well, providing meaty examples and a level of technical depth that go beyond other Lean healthcare books that I have seen. Jeffrey K. Liker, Professor of Industrial and Operations Engineering, University of Michigan, and Shingo Prize-Winning Author of *The Toyota Way* hellip; this book will help you and your leadership team create a culture

where a community of scientists continually improves and better serves patient, hospital, and societal needs improving quality while simultaneously reducing cost. Mark Graban, MS, MBA, Shingo Prize-Winning Author of *Lean Hospitals: Improving Quality, Patient Safety, and Employee Satisfaction* will open your eyes to cutting-edge concepts that drive ED operations. Maureen Bisognano, President and CEO, Institute for Healthcare Improvement About the Author About the Authors: Joseph T. Crane, MD, MBA is one of the nation's leading experts in emergency department (ED) operations. He is an emergency physician practicing at Mary Washington Hospital in Fredericksburg, Virginia. In addition to his clinical responsibilities, from 2002 to 2009, he served as the business director of his group, Fredericksburg Emergency Medical Alliance. In 2004, he graduated from the Physician Executive MBA Program (PEMBA) at the University of Tennessee, where he is currently an adjunct professor teaching physician-led operations improvement. Dr. Crane's work focuses on innovative approaches to ED and hospital-wide operational and patient flow improvement, specifically addressing the application of Lean manufacturing concepts within the healthcare environment. He also specializes in leadership and change management for operational and clinical improvement. Dr. Crane is an emergency medicine faculty member of The Institute for Healthcare Improvement. His company, X32 Healthcare, teaches and consults with organizations on process improvement using Lean applications. Through these engagements, Dr. Crane has worked with hundreds of EDs from around the world on adopting innovations in the delivery of emergency care. He has taught and worked in a wide variety of settings in the United States, Canada, Europe, South America, and the Middle East, including courses or sessions at The University of Tennessee, The University of Kansas, George Mason University, and Harvard University. Charles E. Noon, PhD is a professor of management science in the College of Business at the University of Tennessee. He is a founding member of the highly ranked Physician Executive MBA Program and continues to teach in the program. He holds a PhD in industrial and operations engineering from the University of Michigan. His teaching interests include operational improvement, business modeling, simulation, and decision analysis and support. His applied research concerns computer-based models and process improvement, and his papers in these areas have appeared in *Interfaces*, *Journal of Healthcare Management*, and *Networks and Spatial Analysis*. Dr. Noon also teaches in the full-time MBA program, the Management Science PhD program, and various nondegree executive education programs, including a new offering entitled *Lean for Healthcare*. He is the recipient of numerous teaching awards and serves as a teaching mentor for junior faculty. To stay current, he periodically consults with hospitals on process improvement, capacity planning, and staff scheduling.