

Seize the opportunity to play an active part in change



As a result of the combination of an aging population and poor lifestyle choices, today's general practitioners and specialists are dealing with a growing number of patients who present with two or more chronic diseases simultaneously. Unfortunately, clinics and hospitals often lack the necessary infrastructure to treat and manage such diseases. Concerned physicians wonder whether the tsunami bearing down

on the front line will eventually get the better of their own practice.

But rather than throwing in the towel, they should seize this opportunity to play an active role in change, namely by adopting appropriate information technology immediately and introducing it to their colleagues. Physicians must also focus on new healthcare models that call for close collaboration with professionals from other fields. It is also the responsibility of today's physicians to encourage patients and their loved ones to change their lifestyles in order to prevent the onset of chronic disease.

The QMA is intent on helping its members achieve these vital goals. The simple, effective and cost-efficient solutions needed to fight this impending crisis already exist. Thus, we have organized a seminar on precisely that theme: "Will chronic disease get the better of my medical practice?" Renowned experts will share their visions of the future and introduce participants to clinical organizational models and the IT resources that will be needed to put these models into practice. I plan to attend the conference on January 21, 2011, at Montreal's Hôtel Vogue, and I sincerely hope to see you there.

Waste: the hunt is on!

The seminar entitled "Will chronic disease get the better of my medical practice?" is a follow-up to the preconference sessions focusing on Lean Healthcare that were held on April 22, 2010. In organizing the sessions, the QMA had set out to acquaint attendees with the ins and outs of the Toyota approach and encourage physicians to play an active role in effecting change. We make no claims to the effect that Lean Healthcare is a cure-all for our health system's many ills. Indeed, in addition to delivering compelling testimonies, the speakers, panellists and participants also raised questions that begged further reflection.

Over the course of the day, we bore witness to a wonderful mix of theory and practice, which made for an extremely enriching experience. As the following articles will attest, we have discovered that Lean Healthcare brings benefits not only to patients and staff, but also to physicians and the healthcare system as a whole. Moreover, we have realized that physicians absolutely must play a leading role in carrying out Lean projects at healthcare establishments. Indeed, their leadership is key to success. We have also learned that the short-term costs associated with this wind of change need to be seen as an investment. After all, clinging to our old ways has a heavy cost of its own. The fact is, it's open season on waste and the hunt is on!

As the QMA has always been interested in innovative practices, we were pleased when conference participants raised the idea of creating a sort of Lean Club. Needless to say, we will take part and keep you abreast of our members' accomplishments.

Dr. Jean-François Lajoie

President

Quebec Medical Association



2010 Family Physician of the Year

The Quebec College of Family Physicians has named Dr. Ruth Éline Vander Stelt its “2010 Family Physician of the Year” for Quebec. Dr. Vander Stelt is a member of the QMA’s board of directors. She practices at the *CSSS du Pontiac*, where she is currently Head of the Department of General Medicine, as well as the medical coordinator for patients without a family physician.

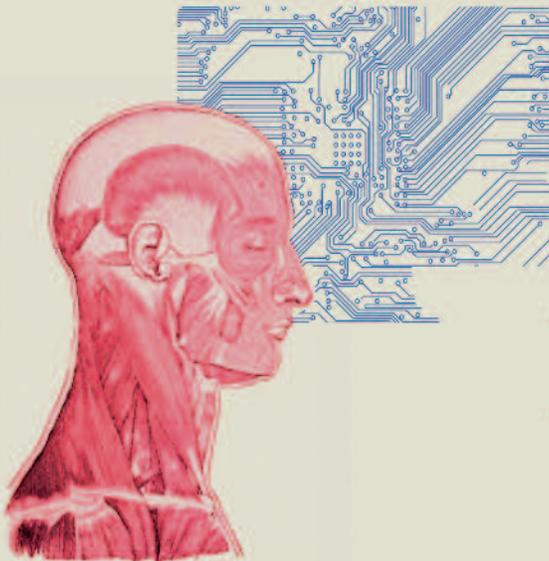
Pontiac, where she is currently Head of the Department of General Medicine, as well as the medical coordinator for patients without a family physician.

Bursaries program

Every year, the QMA and the Canadian Medical Association award bursaries to students at all four of Quebec’s medical schools. Last year, the two associations handed out a combined total of \$16,000 in bursaries to help med students complete their studies. If you would like to support tomorrow’s physicians by contributing to the Canadian Medical Foundation, please complete the form inserted into this issue of QMA info.

JANUARY 21, 2011, LOEWS HOTEL VOGUE, MONTREAL

Symposium on computer solutions to the problems of organizing medical care



WILL CHRONIC DISEASES GET THE BETTER OF MY MEDICAL PRACTICE?

- My medical practice is in a state of flux: over half of my patients have at least one chronic disease, and most have two or more, if not five.
- While my clinic is overflowing with cases of chronic disease requiring continuous, long-term care, I sometimes lack the help I need to provide this kind of service.
- My patients no longer have the same needs as they once did and are more demanding; as a result, I feel a need to modify the very nature of the services I provide.

The Quebec Medical Association is convinced that **simple, effective and economical solutions** are available to counter the tsunami of chronic diseases that is about to drown those on the front lines of our healthcare organizations. That’s why the QMA encourages you to **mark January 21, 2011, in your personal organizer**. The symposium will bring together internationally renowned experts on chronic disease management who work in both hospitals and medical clinics.

FEE:
\$350 QMA member
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The Lean Healthcare Approach

A different way, a better way

Since Yves Bolduc took the helm of the *Ministère de la Santé et des Services sociaux*, the term “Lean Healthcare” has been on everyone’s lips. Often uttered in the same breath as the taboo word “productivity,” the Toyota Method is not a hit with everyone. To gain a better understanding of the concept, most people who attended the 2010 QMA Convention also took part in the preconvention sessions on the topic. They emerged with a full set of tools they can use to improve the way they do things.

According to Sylvain Landry, Professor and Associate Director of the HEC Montréal Healthcare Management Hub, a platform created to promote knowledge development and the transfer of its outcomes to the healthcare sector, health networks are among the world’s most complex systems, and nurses spend around 10% of their time solving recurrent problems. He is convinced that the time-tested Lean approach is the best way to confront the seven-headed serpent that the health network has become.



Sylvain Landry

Mr. Landry suggests that we should learn to look at our environment in a different way. He gives the example of the Virginia Mason Medical Center in Seattle, which instilled in its team members a culture that ran completely contrary to their usual ways of doing things. Ever since, each and every one of them has been on the lookout for delays, errors and superfluous movements. “It’s not the complicity between individuals that leads to success, it’s being able to refer to the same set of standards.”

The methods are sometimes remarkably simple, like drawing lines on the floor, using colour-coding, or placing a waste receptacle closer to its user. While the investment is often minimal, the payoff can be significant. Regardless, as pointed out by one of the attendees, doing nothing costs even more. One of the best ways to save time and money is simply to stop wasting human and material resources!

Like the previous speaker, Camil Villeneuve reminded the audience that only a change in an organization’s culture can

ensure the longevity of a new work organization. The Lean approach is not a fad, it’s a time-tested practice used worldwide. However, if it does not become an integral part of the organization’s culture, the approach will fail. “Do organizations always need to depend on an external consultant?” asks Mr. Villeneuve, VP of Lean Solutions at Fujitsu Consulting. “Not at all! What you need is for the expertise to be transferred. Otherwise, the culture will never develop.”

The cost of wasted time is astronomical, but invisible. “The first step in solving a problem is admitting that you have it.” As part of one of his mandates, Mr. Villeneuve observed a physician in two different settings. He wondered why the same person used 75% of her time to produce added value according to the Lean concept when she was at her clinic, but only 20% when she was in Emergency. His conclusion: “The hospital’s complex environment leads to considerable time losses. The culprit: processes.”



Camil Villeneuve

Patients, administrators and staff stand to benefit from these ways of doing things, and so do physicians. The work environment will be more pleasant, the workload will be lighter, and relations between colleagues will improve. Considering the influential role physicians play, it will be worth their while to become not only strong proponents of this approach, but also lead actors in its implementation. As leaders of change, they are well-placed to encourage teams to become creative in finding solutions.

The presentations are available online at qma.ca.

The Lean Healthcare Approach

Three conclusive experiences



Sylvain Chaussé

After implementing the Lean approach in an industrial setting, Sylvain Chaussé now has the responsibility of deploying it at the *Centre hospitalier universitaire de Sherbrooke* (CHUS). “I was hired a month before Minister Bolduc took office, proof that the CHUS is very forward-thinking indeed!”

Mr. Chaussé, a continuous improvement consultant, systematically sets his sights on institutionalized waste: medication management problems, superfluous movements, inefficient use of equipment, a lack of communication

between software programs, wasted time... The challenge is daunting. You also have to fight against established frameworks and encourage all stakeholders, and physicians in particular, to take part in the exercise and break out of the administrative silos, to name but a few examples. Among the keys to success, he highlights the need to have support from “champions” of the Lean approach and the participation of critical partners. He also believes in the need to foster the transfer of knowledge and, above all, to provide follow-up.

“The Lean method is not merely about re-examining processes. It’s a mindset,” says Sylvain Chaussé, backed by his experience at CHUS. “Don’t take on only large projects: the Emergency ward and surgery department are not the only places where savings can be made. Small projects in various units will serve to promote this approach among all staff members. And don’t just plan it: do it!”

Dr. Louis-Marie Simard, Director of Professional Services at Montreal’s Sacré-Cœur Hospital, was the medical director at Dr. Georges L. Dumont Regional Hospital in Moncton, New Brunswick, when the Lean model was adopted by the oncology and surgery departments.

According to Dr. Simard, the physicians had their reservations at first, especially seeing that the consultant was not native to the medical field. They were also sceptical, having seen gurus and miracle cures come and go over the past 10 or 15 years. “Physicians have a background in science, a domain in which strong evidence must be presented before change can be accepted. They appreciated the contribution of the engineers, whose methods are rigorous and who know how to demonstrate what they propose.”

The hospital in Moncton serves a very large area, with some patients coming from as far as 300 km away. To save these patients from having to return to the hospital three times for radiation therapy, the hospital combined certain activities, thereby eliminating one of



Dr. Louis-Marie Simard

the visits. Moreover, once they changed the way appointments were scheduled, the waiting room in the radio-oncology ward was literally “emptied,” according to Dr. Simard. Needless to say, a packed waiting room was a major irritant for physicians, who above all else wish to provide patients with good service.

In the surgery department, the hospital’s objective was to improve productivity by 10%. Considering that all of the riskiest procedures were carried out by physicians, they needed some convincing. One of the surgeons, who had been practicing for over 30 years, understood the justification for the exercise once he realized, after watching a procedure that had been recorded on video, that he could cut the length of the operation by 40% by changing the order in which tasks were performed.

Dr. Simard notes that another physician who was particularly resistant at the start of the project went on to become one of the Lean method’s most vocal evangelists after discovering just how many problems the method could help him solve.

On the verge of jumping ship, the head of the *CSSS de Trois-Rivières* Emergency ward was looking for ways to improve her working conditions and those of her team. Having read a great deal about the Lean approach, Dr. Valérie Garneau saw in it a ray of hope; she proposed a project to the managing director, who gave her his unconditional support. She then formed a committee and tackled 67 sources of waste in one fell swoop.

Collective prescriptions, physicians and nurses working in tandem, nurses prepping patients before the physician arrives, computer workstations, layout redesigns and smaller inventories all produced spectacular results: the average stay of patients on a stretcher dropped from 17.4 to 4.2 hours, and for outpatients, from 4.9 to 1.8 hours; the number of visits to Emergency increased

from 85 in 24 hours to 90 in 16 hours (as called for in the contingency plan); the number of people who left Emergency without seeing a physician dropped by half.

The presence of a highly motivated leader was among the top factors for the successful implementation of the Lean approach. By taking on the role, Dr. Garneau completely changed her professional life. Now that she has all the tools she needs to change things, she no longer wants to abandon ship.



Dr. Valérie Garneau

The Lean Healthcare Approach Open to debate

At a round-table meeting held during the preconvention sessions, participants expressed their hopes, enthusiasm and fears. They also shared their personal experiences. Four experts were invited to open the discussion.

In Dr. Michèle Pelletier's estimate, those in charge of healthcare systems around the world are recognizing that overall performance improvements depend heavily on physicians playing an active role in strategic decision-making. The benefits most often cited are the emergence of a common language for administrators and physicians, transparency, and consensus-building. However, the idea is not to try to persuade physicians by confronting them with a *fait accompli*. According to Dr. Pelletier, Assistant Managing Director and Director of Medical and University Affairs at the *Association québécoise d'établissements de santé et de services sociaux*, "They need to play an active part in decision-making from the outset."



Dr. Michèle Pelletier

For the Lean approach to work, leadership is a must, a point stressed by a number of speakers and participants throughout the day. Ralph Dadoun, Vice-president of Corporate and Support Services at St. Mary's Hospital Centre in Montreal, believes that the key to being a good leader is being a good listener: "The word 'listen' contains the same letters as the word 'silent.' Being a good listener is really about knowing when to be quiet." He insists on the necessary presence of physicians at the discussion table, the concrete commitment of administrators, and planning for an initial investment to get the ball rolling. "It has to be seen as an investment, not an expense," he adds.

Dr. Geneviève Desbiens, a urologist at the *CSSS d'Abundisic et Montréal-Nord*, is keenly interested in seeking



Ralph Dadoun



Dr. Geneviève Desbiens

continuous improvements in processes. Why does she believe that the Lean approach is different, and that the odds are high that she will succeed where so many others have failed? "Because it's an integrated system for managing quality, innovation and change. This is the first time we've seen this kind of management system." However, one must always keep in mind that hospitals are complex and politicized organizations. "Power is split between the 'clinical' and 'administrative' sides, though physicians always have the option of vetoing administrative decisions." In her view, physicians need to be the ones leading Lean projects.

According to Dr. André Simard, Consulting Physician at CIM (*Conseil en immobilisation et management inc.*), "Physicians and nurses will invest themselves in a project if it improves quality and helps cut down on wasted time." He is convinced that the "industrial" Lean approach cannot be applied to healthcare, and that healthcare establishments cannot be changed radically, adding that "hospitals are complex, and the way Quebec's healthcare system is managed only multiplies that complexity!" He proposes giving healthcare professionals and administrators the time to get used to the tools, and ensuring that managers receive proper training and have the opportunity to acquire experience in projects they are capable of seeing through to the end.



Dr. André Simard

Watch the debate that ensued at qma.ca: it's like being there!

Let's get Lean!

Prior to April 22, I knew next to nothing about Lean Healthcare. By the end of the day, I was struck by how seemingly small changes could make such a significant difference in a healthcare setting. To illustrate the Toyota approach, Sylvain Landry used a well-known fast-food chain as an example. Having worked in such a restaurant myself, in a country where I spoke not a single word of the language, I can tell you that it was very easy to understand who did what and where to find the tools I needed to do my job.

In healthcare, it's not like that at all. For example, at the nurses' station, the inexperienced student that I am has a hard time finding the information I'm looking for. In fact, what was most striking in the presentations given by experts who have applied the Lean method in their respective environments was the simplicity and logic of the approach. Although it takes time to get to know the method, it is simply based on the idea that you need to recognize a problem and develop a plan to ensure that the problem does not reoccur.

The speakers highlighted a few of the hurdles to implementing a Lean project, including scepticism on the part of healthcare workers, and believing that it will result in "having to work

more." But in each of the cases presented, experience won out over the fears: thanks to the application of a solid framework and proper training for those involved, not to mention continuous monitoring of the method, the actual outcomes included better work conditions, shorter wait times and workplace optimization.

No, Lean will not solve every problem, nor can it be qualified as revolutionary: those who have worked in healthcare for a few years can recall other healthcare organization methods which, at the time, promised to solve everything. Nonetheless, the Lean approach has survived the test of time and works well in environments where it is applied by local stakeholders.

One fundamental notion of the Toyota approach is that each and every person involved has the power to recognize problems and help solve them. In implementing the Lean method, every stakeholder has the ability—and the responsibility—to improve the healthcare system.

Louis Couturier
Chairman of the QMA Student Group
Preclinical Representative – Université de Sherbrooke

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Québec Medical Association
 380 Saint-Antoine Street West
 Suite 3200
 Montreal, Québec H2Y 3X7
 Phone: 514-866-0660
 1-800-363-3932
 Fax: 514-866-0670
 E-mail: info@qma.ca

www.amq.ca