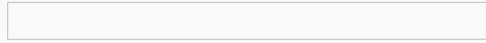

On the frontlines

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Part II in a series about Lean and the Dr. F. H. Wigmore Regional Hospital

In 2011, the Times-Herald ran a story about Saskatchewan's health care system undergoing a massive change and shifting towards what was termed the "Lean system of management."

The idea was to make things simpler and more efficient for patients and staff, and to eventually save money as well. In 2015, the new Dr. F.H. Wigmore Regional Hospital — whose design was informed by that Lean method — officially opened its doors. This is the second in a series of articles meant to take the pulse of the health care system in Moose Jaw, as well as the temperature of the people interacting with it. Please see yesterday's and Saturday's papers for more points of view.

From the start, the new hospital was a controversial thing.

The idea was to decrease the number of inpatient beds, but make better use of the space in the new facility, as well as to accommodate more people in other facilities and through home care. The Lean model is meant to create more flexibility in resources so that one area isn't in the weeds while another is twiddling their thumbs.

Part of the Lean model dictates that changes that will lead to greater efficiency should come from the staff on the frontline. The Times-Herald reached out to several employees at the hospital, two of whom spoke on condition of anonymity (we will call them Nurse A and Nurse B) about their experiences in the system.

Nurse A said that while Lean is great in theory and has led to some improvements, there are problems with understaffing.

"The amount of staff that is in the Lean office at work is crazy," they said. "We need that staff on the front lines way more. On one unit, one nurse is in charge of 10 patients at night. That is obscenely unsafe."

Nurse A said there is also a charge nurse on the shift, but that they are not available to care for patients the same way because they are busy getting people ready for the operating room or calling doctors when things go wrong.

In terms of benefits, they said procedures around day surgery have allowed for better patient flow and a much quicker pre-operation and admittance experience. Nurse A also said the supply management aspect of the system was a good one — when properly applied.

"If the staffing was there to make Lean processes run smoothly, it would be great. Keeping enough of anything on hand is a great idea," they said. "However, hospitals are not factories. What works for one person is not going to be the same for another."

For example, they said, one patient may go through significantly more bandages and dressing supplies than another, and there is no way to accurately predict what each individual will need.

“We don’t have the supplies we need when we need them. The staff needed to keep LEAN operating efficiently isn’t there. They don’t even come to stock things every day,” they said.

“The staffing ratios are atrocious. There aren’t enough staff positions to do all of the jobs that need to be done.”

As to whether the staff dealing with any arising issues were consulted, Nurse A said they were, but that their suggestions were often changed after the fact.

Nurse B agreed that Lean includes some good ideals, like gathering people from a variety of roles to solve problems together and getting rid of unnecessary materials and processes, but that the way it has been implemented is flawed.

“What ruins it is when upper management has already decided what should be done and direct the whole process to their intentions,” they said, adding that building a hospital centered around patients sounds wonderful, but that the people who work there need to be taken into consideration when decisions are made.

“There is no one who knows what is needed better than hands-on staff. It’s frustrating to see requests for more nursing staff being passed over yet more management positions created.”

Nurse B said they haven’t seen much in the way of actual positive change as a result of Lean, but instead have witnessed morale amongst the staff suffering, along with an increase in distrust of upper management and Lean in general.

Like some of the system’s detractors, Nurse B said they have serious doubts about using a method developed by Toyota for the manufacturing of vehicles for treating sick and injured human beings.

“Hospitals should never function or plan on ‘best-case scenarios,’” they said. “At the hospital, it is often where you are in the worst case scenario.”