



Lean Healthcare Transformation
SUMMIT2018
EUROPE
OCT 9-10 AMSTERDAM

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WELCOME – BIENVENUE – WELKOM

Welcome to the 4th Lean Healthcare Transformation Summit – Europe, one of the premier opportunities each year for healthcare leaders across Europe to come together to share learning, connect with each other, explore new ideas from around the world, and get re-energized.

The goal of the Summit is to offer insights that will enable leaders like you to dramatically improve your healthcare systems, change organizational behaviors, and enhance the delivery of patient care. Our 2018 Summit features inspiring addresses from global leaders and work from organizations that are fundamentally improving healthcare.

We have a great mix of keynote and learning sessions and encourage each of you to engage actively in the programs, share your own experiences, and reflect. We hope you will take away new ideas to experiment with and share your progress at next year's Summit!

The days will be filled with intense learning, sharing, and connecting. Let each of us determine to arrive with open minds, participate fully, and depart with deeper passion and commitment!

Thank you for making a difference in the work you do every day!

Rachel Regan
Catalysis Director of Events

WELCOME – BIENVENUE – WELKOM

Bienvenue au 4ème congrès annuel Lean Healthcare Transformation Summit-Europe. C'est une réelle opportunité pour les leaders européens de se rencontrer pour partager leurs expériences, se connecter à un réseau, explorer des idées nouvelles venues du monde entier et faire le plein d'énergie !

L'objectif de ce congrès est de donner de l'inspiration pour améliorer significativement le management de nos structures de soins, de changer nos comportements et d'améliorer la qualité des soins que nous offrons aux patients.

Les conférenciers ayant réalisé des améliorations significatives dans leur établissement partageront leurs expériences tout au long du congrès. Nous proposons un large éventail de sessions plénières et d'autres en groupes plus restreints. Ces dernières vous donneront l'occasion de dialoguer avec des experts et des leaders reconnus dans le domaine.

Nous espérons que ces rencontres vous donneront de nouvelles idées à expérimenter dans votre propre établissement et vous donneront l'envie de partager vos propres expériences lors de la prochaine édition de ce congrès. Laissez-vous emporter par l'enthousiasme et l'expérience des intervenants, participez activement et gardez l'esprit ouvert !

Merci d'avance pour votre présence qui fera toute la différence.

Rachel Regan
Catalysis Director of Events

Download the Summit App

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<http://bit.ly/EU18app>

Enter EUSummit18 for event code



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Give our team feedback to improve for the future.

<http://bit.ly/EU18eval>



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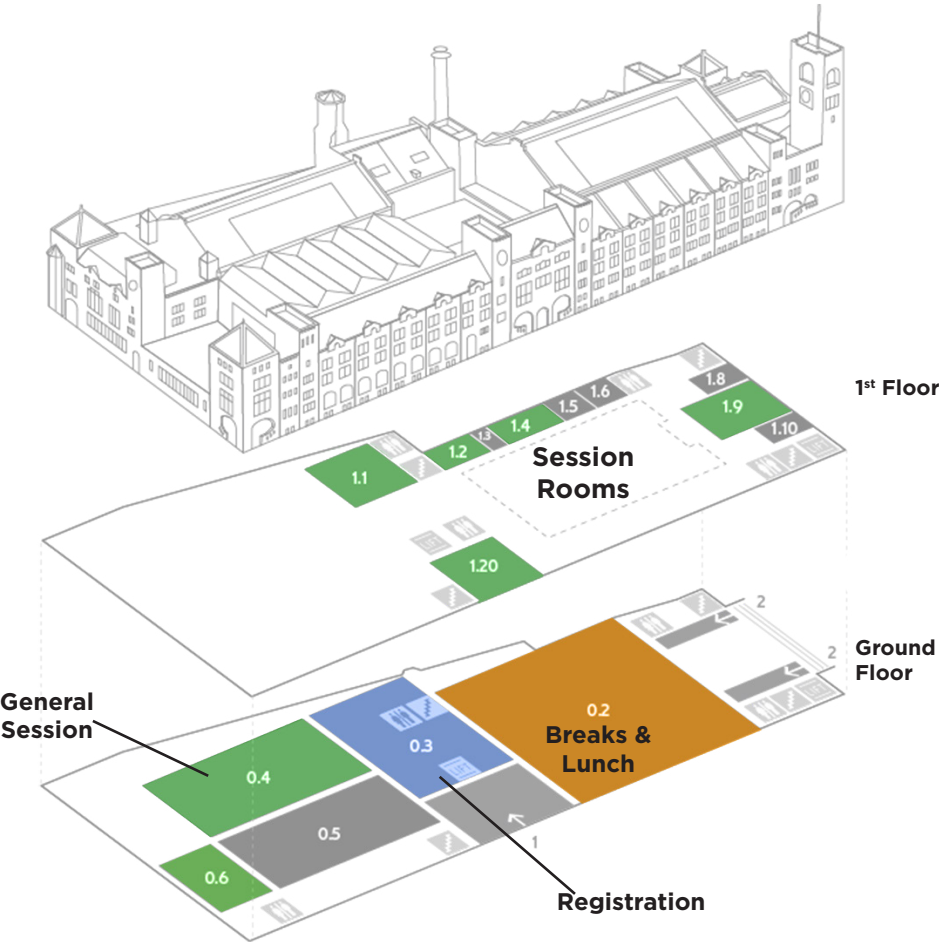
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MAP



AGENDA

TUESDAY, 09 OCTOBER

08:00 – 09:00	Registration	Beurs van Berlage
09:00 – 09:15	Welcome and Opening Remarks: Rachel Regan	0.4 Effectenbeurszaal
09:15 – 10:15	Opening Keynote: John Toussaint	0.4 Effectenbeurszaal
10:15 – 10:45	Break	
10:45 – 11:30	Keynote: Rob Dillmann	0.4 Effectenbeurszaal
11:30 – 11:45	Short break	
11:45 – 13:00	Learning Sessions (choose 1 of 6)	
13:00 – 14:00	Lunch	0.2 Grote zaal
14:00 – 15:15	Learning Sessions (choose 1 of 6)	
15:15 – 15:45	Break	
15:45 – 16:30	Physician Panel	0.4 Effectenbeurszaal
16:30 – 17:00	Wrap Up: Kim Barnas	0.4 Effectenbeurszaal
17:00 – 18:00	Walking Tour (optional) or Free Time	
18:00 – 19:00	Attendee Reception	0.2 Grote zaal

WEDNESDAY, 10 OCTOBER

07:00 – 08:00	Registration	Beurs van Berlage
08:00 – 08:15	Welcome: Helen Zak	0.4 Effectenbeurszaal
08:15 – 09:15	Keynote: Isao Yoshino	0.4 Effectenbeurszaal
09:15 – 09:30	Short Break	
09:30 – 10:15	Keynote: Elaine Mead	0.4 Effectenbeurszaal
10:15 – 10:45	Break	
10:45 – 12:00	Learning Sessions (choose 1 of 6)	
12:00 – 13:00	Lunch	0.2 Grote zaal
13:00 – 14:15	Learning Sessions (choose 1 of 6)	
15:00 – 15:30	Break	
15:30 – 16:15	Closing Keynote: Ken Snyder	0.4 Effectenbeurszaal
16:15 – 16:30	Wrap Up: Rachel Regan	0.4 Effectenbeurszaal

THURSDAY, 11 OCTOBER

08:00	Depart for (optional) gemba visits	Doubletree by Hilton Amsterdam Centraal Station
	Gemba visit	
15:00	Return from gemba	Doubletree by Hilton Amsterdam Centraal Station

LEARNING SESSIONS

TUESDAY 09 OCTOBER

Choose a Learning Session Suited for Your Needs

Descriptions on following pages

	<i>Country</i> Organization - Speaker(s)	Session Title
1	<i>Canada</i> HEC Montreal - Sylvain Landry	Why organizations do not learn and how Kata and Obeya can help Pourquoi les Organisations n'Apprennent pas et Comment le Toyota Kata et les Salles de Pilotage Peuvent Aider
2	<i>USA</i> Katie Anderson with Isao Yoshino	Asking Effective Questions: The fundamental skill to develop a problem-solving culture
3	<i>Netherlands</i> Tergooi Medical Center - Dr. Rutger van der Waal; Yvonne Born	Learning and Leading Lean for Healthcare
4	<i>Netherlands</i> Arlijne/LUMC - Walter van der Wilt; Enrike van der Linden; Ben Nijman; Ilse Beunder-Hattink	Policy Deployment: Lessons learned about the x-matrix in Dutch healthcare
5	<i>Belgium</i> Antwerp University Hospital/UZA; Stijn Sloopmans, Ingrid Roosen	Using UZA Lean in the Journey of Care Excellence
6	<i>UK</i> Berkshire Healthcare NHS/KPMG; Caroline Attard, Nimalan Chandran	Quality improvement in mental health - the patient voice

				11:45 - 13:00	14:00 - 15:15
	Beginners	Advanced	MDs	AM Location Language	PM Location Language
		●		0.4 Effectenbeurszaal French (translated into English)	1.4 Verwey English
o	●	●		1.4 Verwey English	0.4 Effectenbeurszaal English (translated into French)
	●		●	1.9 Berlage-zaal English	1.9 Berlage-zaal English
			●	1.20 Veilingzaal English	1.20 Veilingzaal English
		●		1.1 Administratiezaal English	1.1 Administratiezaal English
:	●			1.2 Mendes-da-Costa English	1.2 Mendes-da-Costa English

LEARNING SESSIONS

TUESDAY 09 OCTOBER

1 **Why organizations do not learn and how Kata and Obeya can help – Sylvain Landry (HEC Montreal)**

Over the years, countless authors have drawn portraits of continuous improvement, tracing its roots and trying to identify the keys to its successful implementation. Yet for organizations across the globe, the challenge of unlocking its mysteries remains. Organizations aren't learning and keep making the same mistakes. In a world of massive distraction and information overload, our brains cannot always keep up, nor can organizations. However, Toyota kata and Obeyas are emerging as levers that may help organizations become learning organizations and achieve the sustainable implementation of a corporate culture of continuous improvement.

2 **Asking Effective Questions: The fundamental skill to develop a problem-solving culture – Katie Anderson and Isao Yoshino**

In order to create an organization filled with problem solvers at all levels, leaders must deepen both their technical competencies in problem-solving and their social capabilities of how to effectively develop others to become capable problem solvers and leaders.

The most fundamental skills that leaders can develop that supports the development of a problem-solving culture is that of asking effective questions.

During this session, you will learn why asking questions is an essential leadership skill, be exposed to a framework for understanding different types of questions, and practice asking and receiving questions.

3 Learning and Leading Lean for Healthcare - Rutger I.F. van der Waal, MD, PhD and Yvonne Born (Tergooi Medical Center)

For centuries, doctors have been trained by master vocational education, with medical specialists as teachers of their students. Recently, medicine has made much progress by technological developments. At the same time, patients may have as much information at hand from Internet as doctors, shifting the role of doctors from God to guide. Hence, current medical teaching for students and doctors not only requires top-down transfer of knowledge and techniques but also coaching capabilities of the mentor involved.

Until recently, doctors have not yet been educated with intentional focus on continuous improvement. We feel the urge and have a drive to lead Lean learning, thinking and acting to anchor continuous improvement both in medical education and in healthcare work.

4 Policy Deployment: Lessons learned about the X-matrix in Dutch Healthcare - Walter van der Wilt, Enrike van der Linden, Ben Nijman, Ilse Beunder-Hattink (LUMC/Arlijne)

The x-matrix is a tool that seems simple to apply. However, working with the x-matrix requires change management; actively involve stakeholders and ownership in result by the employee. Leadership is essential for the success of policy deployment. During this session the attitude and behaviour of the leader is the central theme from different points of view in healthcare.

**5 Using UZA Lean in the Journey of Care Excellence –
Stijn Slotmans, Ingrid Roosen (Antwerp University Hospital (UZA))**

The Antwerp University Hospital started the adoption of Lean Management in 2011 with the aim to create an organisational culture of continuous improvement. This culture shift was needed to enforce the journey to care excellence with engagement of staff. The hospital did an application for the Joint Commission International accreditation and the Magnet Hospital Recognition to evaluate the performance of the organization within an international framework. In 2011 the Lean program was implemented within the hospital to achieve daily improvements in patient care, install a performance management focus, strategy deployment and feedback by all staff.

In this approach the PDSA-cycle is the guiding framework, the hospital's Business Intelligence Centre supports the focus on data driven improvement and executive management involvement to support frontline staff in their journey.

**6 Quality Improvement in Mental Health – the Patient Voice –
Caroline Attard and Nimalan Chandran (NHS Berkshire & KPMG)**

Berkshire healthcare (a mental health and community health provider in the UK) have been 15 months into a lean transformation involving rolling out a series of improvement projects and a management system based on Kim Barnas' book *Beyond Heroes*. Whilst most of the components of the deployment have been similar, one key theme that has been particularly pertinent is patient involvement, particularly in the mental health units.

In their Mental Health Hospital, Prospect Park, there has been a shift in the culture and associated benefits through going through a Lean transformation. Through involving patients in improvement, they have witnessed a reduction in aggressive behaviour from patients and an improved patient experience.

Whilst there are still challenges, staff would describe a marked improvement through involving patients in their lean transformation.

LEARNING SESSIONS

WEDNESDAY 10 OCTOBER

Choose a Learning Session Suited for Your Needs

Descriptions on following pages

	<i>Country</i> Organization - Speaker(s)	Session Title
1	<i>USA</i> Jeff Hunter	Patient-Centered Strategy
2	<i>South Africa</i> Gauteng Province Health - Gladys Bogoshi	Changing organizational culture through leaders' behaviours: Lessons from South Africa
3	<i>Switzerland</i> University Hospital Basel - Katharina Ruther-Wolf, MD and Sarah Niederberger	Initiating Lean in Hospitals - A Cross-Country Comparison
4	<i>Netherlands</i> St. Antonius - Erik Scholten, MD and Marc Rouppe van der Voort, PHD	How Value Based Healthcare (VBHC) and Lean can work together
5	<i>Denmark</i> Mental Health Services in the Capital Region of Denmark - Line Duelund; Per Sørensen; Lars Sabroe Thomsen; Jesper Brenholdt	The 8 CI leadership/Management Actions and competencies assessment tool
6	<i>France</i> APHP - Patrick Henry, MD, Eve Parier, Houriya Zaouch	Accepter et pérenniser le lean : l'expérience d'un hôpital universitaire parisien Implementing and Sustaining Lean: The Experience of a University Hospital in Paris

				10:45 - 12:00	13:00 - 14:15
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		●	●	1.20 Veilingzaal English	1.20 Veilingzaal English
		●		1.2 Mendes-da-Costa English	1.2 Mendes-da-Costa English
			●	0.4 Effectenbeurszaal French (translated into English)	1.4 Verwey French

LEARNING SESSIONS

WEDNESDAY 10 OCTOBER

1 Patient-Centered Strategy – Jeff Hunter

CEOs and senior leaders want to align the organization on the critical few initiatives that are going to create unique and relevant value for their customers and propel the organization toward True North; but are often frustrated by a sense of staff overburden, a lack of resource alignment with the critical few, and slow progress toward the completion of these initiatives.

Senior leaders in successful organizations make difficult choices of those discrete initiatives to pursue now, and those to defer for later. They model PDSA thinking and coaching in the deployment process when they create expectations and align resources. And they actively engage in the learning cycles through the use of standard work.

2 Changing organizational culture through leaders' behaviours: Lessons from South Africa – Gladys Bogoshi (Charlotte Maxeke Johannesburg Academic Hospital (CMJAH))

Leading with humility requires embracing and consciously working on fundamental behaviours that create the culture of developing people to solve problems. In 2016, CMJAH embarked on the lean journey to improve the patient's experience. A process of deselection of activities that were not adding value to the patient's experience was done in order to redefine the True North.

Four model cells were implemented to reduce waiting times in the HIV clinic, pharmacy, reducing infection in a neonatal unit and improving the payment of companies who provide a service to the hospital. Additionally, coaching took place from the CEO to build confidence in the teams, developing them to solve problems using the lean approach, practising fundamental behaviours and humble enquiry during Gemba visits.

3 Initiating Lean in Hospitals - A Cross-Country Comparison - Katharina Rüther-Wolf, MD, MBA and Sarah Niederberger (University Hospital Basel)

More and more hospitals worldwide are adapting Lean Hospital Management (LHM). However, research on how to effectively initiate the lean transformation remains scarce. When comparing US and Swiss hospitals, we can observe differences in initiating lean due to their maturity level. While the role models are the same, the interpretation of LHM, the main triggers to initiate the transformation, first implementation steps as well as the dedicated resources vary across countries. While many authors discuss the success factors of and the barriers to a successful implementation, they do not give specific implementation details. During this learning session, the main differences as well as the advantages and disadvantages of different lean initiation models are portrayed and discussed. During the learning session, the lean journey of the University Hospital Basel including challenges and lessons learned will be presented.

4 How Value-Based Healthcare (VBHC) and Lean can work together - Erik Scholten, MD and Marc Rouppe van der Voort, PhD (St. Antonius Hospital)

The application of both Lean and VBHC have grown fast in hospitals in many countries the past years. So far, the application has been mostly separated. In literature and in summits there are few references to each other. Furthermore, presentations of hospitals that apply both concepts on their progress show mostly the same disconnectedness. This is something to wonder about, because both concepts are aimed at increasing value for patients and reducing unnecessary activities. And both concepts aim to improve the way care is delivered.

The St. Antonius Hospital has invested quite heavily in both Lean and VBHC concepts and since 2017 started to gradually integrate both concepts with the shared core value of Continuous Improvement.

5 The 8 CI leadership/Management Actions and competencies assessment tool (Mental Health Services Denmark)

1st session: Line Duelund and Lars Sabroe Thomsen

2nd session: Per Sørensen and Jesper Brenholdt

We are working with implementing a leadership driven model for “8 Leadership and management activities, that are driving a Leadership driven continuous improvement culture. As a part of this work, we are (re) training every leader at every level (+350), in module-based training sessions, which are developed to support each of the 8 leadership and management actions.

6 Accepter et pérenniser le lean : l'expérience d'un hôpital universitaire parisien – Patrick Henry, MD; Eve Parier; Houriya Zaouch (St Louis Lariboisiere Fernand Widal hospitalisation group (APHP))

Une expérience Lean management a été mise en place dans le groupe hospitalier St Louis, Lariboisiere, Fernand Widal en 2015 dans 3 unités : l'unité d'exploration coronaire invasive, la radiologie et la stérilisation. Les problématiques visées par cette action étaient différentes dans chacune des 3 unités : pour la première unité qui a une activité soutenue intercalant urgences et programmés, l'action était centrée sur le délai d'attente patients. Dans la deuxième unité, la problématique était celle de la fluidité de fonctionnement du scanner. Enfin dans l'unité de stérilisation, l'organisation interne pour obtenir un meilleur flux de stérilisation des boîtes chirurgicales a constitué l'objectif principal de l'expérience. L'accueil de la procédure lean a été très différent dans chacune des unités. La question de la pérennisation de la procédure lean a également constitué une problématique importante y compris dans l'unité dans laquelle le lean a été le mieux accueilli. L'objet de cette session interactive est de discuter les éléments qui ont permis l'acceptation et le succès d'une procédure lean, d'analyser la question de la pérennisation de cette procédure et l'introduction de nouveaux projets par la suite.

Accepting and sustaining lean: the experience of a university hospital in Paris - Patrick Henry, MD; Eve Parier; Houriya Zaouch (St Louis Lariboisiere Fernand Widal hospitalisation group (APHP))

A Lean management experiment was set up in the Saint Louis, Lariboisiere, Fernand Widal hospital group in 2015 in 3 units: the invasive coronary exploration unit, radiology and sterilization. The issues targeted by this action were different in each of the 3 units: for the first unit, which has a sustained activity between emergencies and programmed, the action was focused on patient waiting time. In the second unit, the problem was that of the fluidity of operation of the scanner. Finally, in the sterilization unit, the internal organization to obtain a better flow of sterilization of the surgical boxes was the main objective of the experiment. The reception of the lean procedure was very different in each unit. The issue of sustainability of the lean procedure has also been an important issue even in the unit in which lean has been most welcome. The purpose of this interactive session is to discuss the elements that have allowed the acceptance and success of a lean procedure, to analyze the question of the sustainability of this procedure and the introduction of new projects thereafter.

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