

Person-Centred Improvement: What Does it Look Like, and How Does it Fit with Lean?



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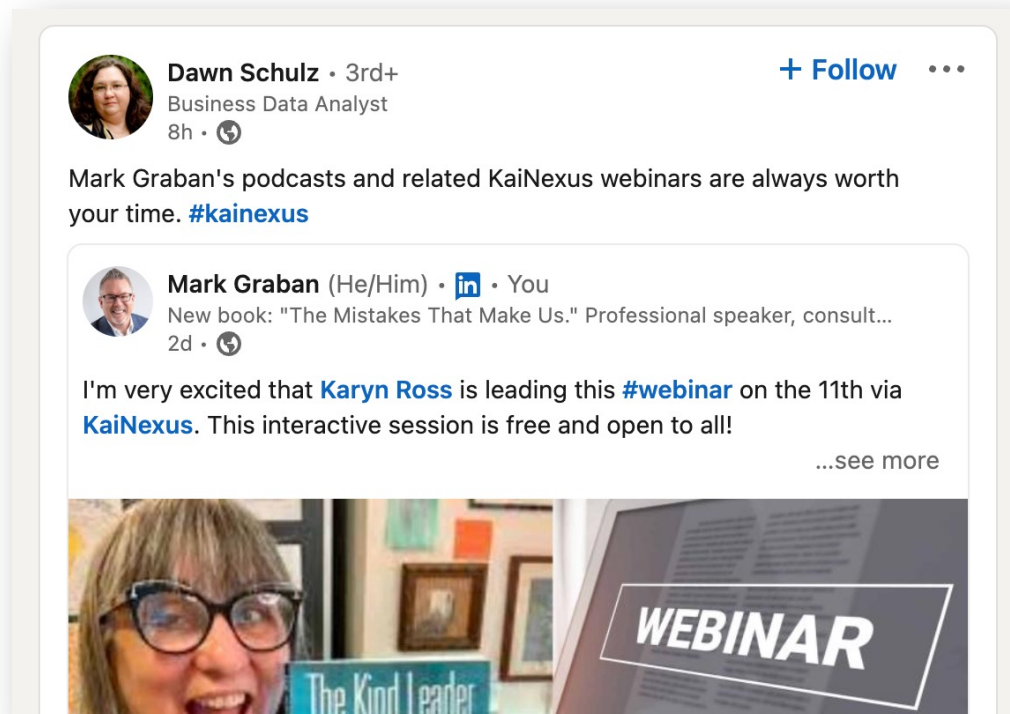
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About Seán Paul Teeling



- Programme Director for the Professional Certificate and Graduate Certificate in Process Improvement in Health Systems at University College Dublin Health Systems.
- Formerly Lean Manager at the Mater Misericordiae University Hospital Dublin
- Accredited facilitator of Person-centred Cultures in Healthcare
- Lean Six Sigma Master Black Belt
- Honorary lecturer: Queen Margaret University, Edinburgh
- Degrees: PhD, MBA (Merit), MA, BSc Health Service Management (hons), BMus, H.Dip Nursing (distinction)

Person-Centred Improvement - What Does it Look Like, and How Does it Fit with Lean?



Queen Margaret University
CENTRE FOR PERSON-CENTRED
PRACTICE RESEARCH



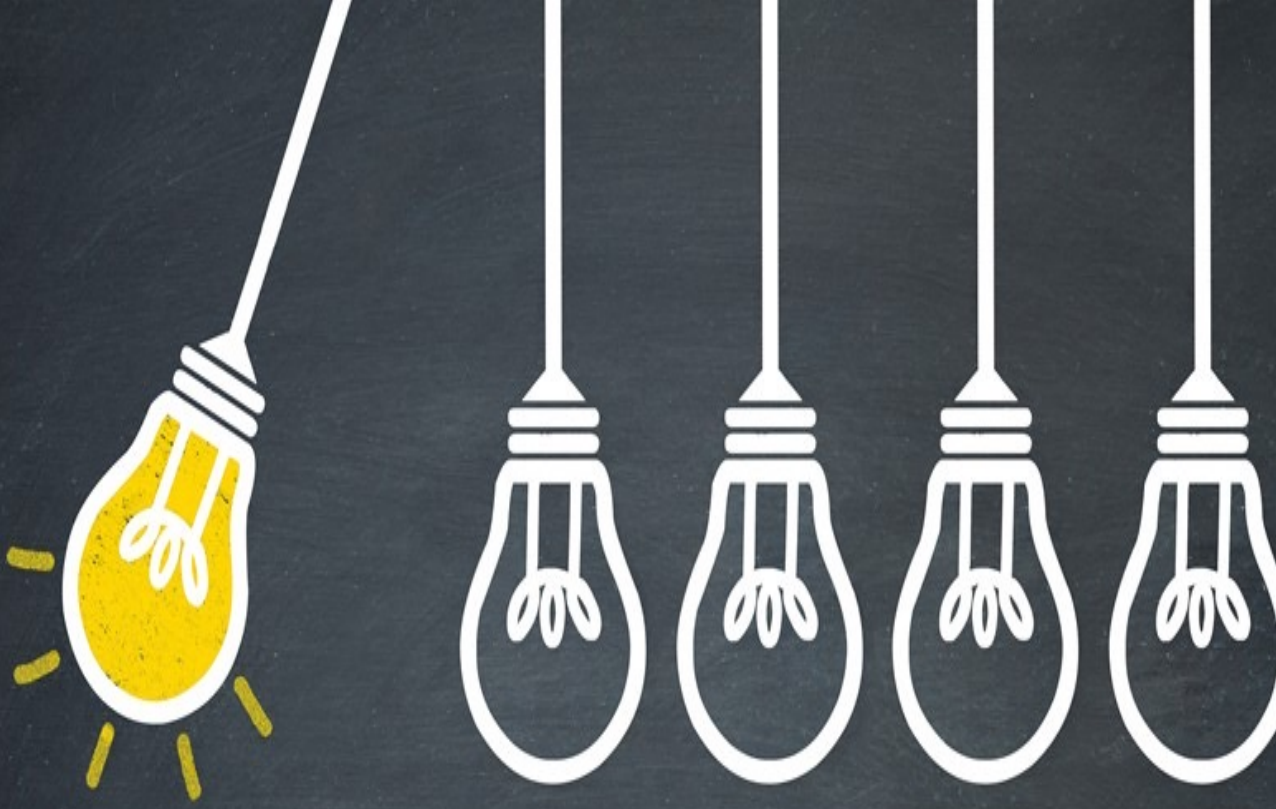
UCD School of Nursing, Midwifery
and Health Systems
UCD College of Health
and Agricultural Sciences



Mater Lean Academy
Person-centred Improvement in Health Systems



Beacon Hospital
RESEARCH INSTITUTE

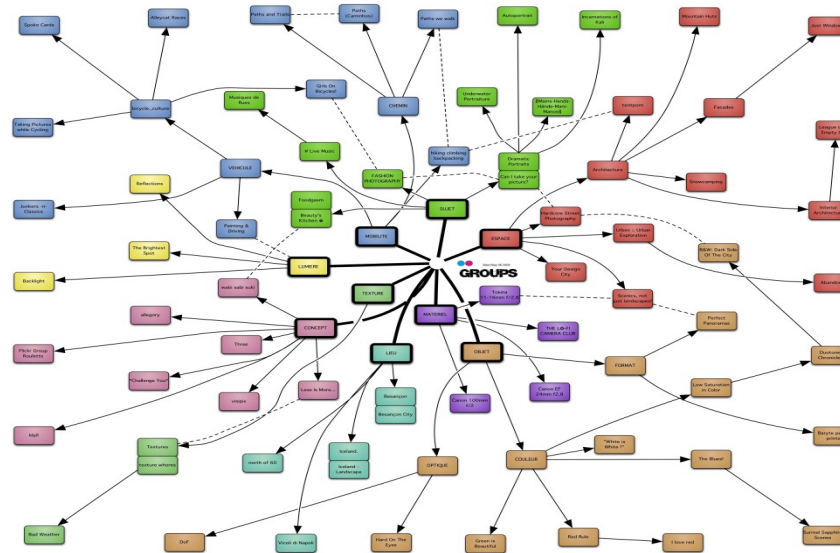


WHAT WILL I LEARN?

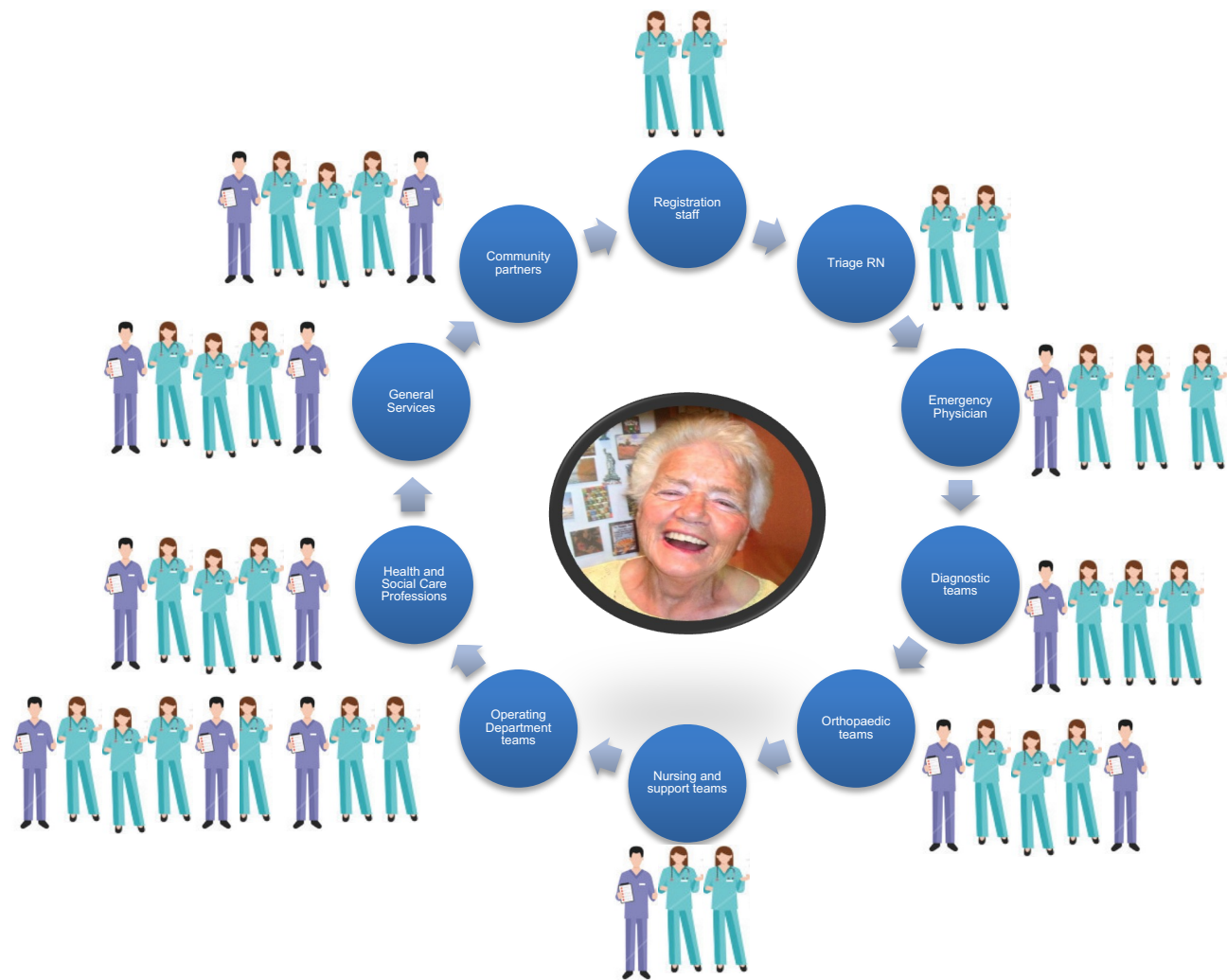
- Understand what is meant by person-centred improvement
- Identify the synergies between Lean and person-centred improvement
- Understand where person-centred improvement diverges from Lean and how to address it
- Be able to incorporate person-centred approaches into your Lean work

The Complexity of Healthcare

Healthcare ‘the most complex of any industry’ Peter Drucker.









Lean



Six Sigma



Person-Centredness



Collaborative, Inclusive, Participative



Queen Margaret University
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PRACTICE RESEARCH

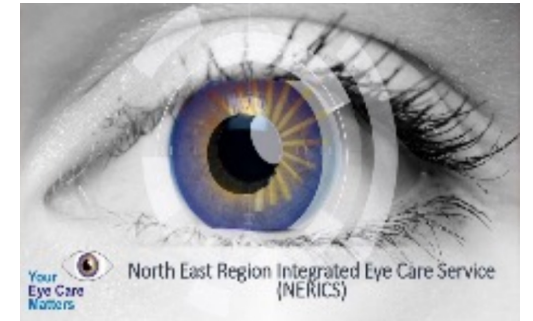
Person-centred



Lean Six Sigma

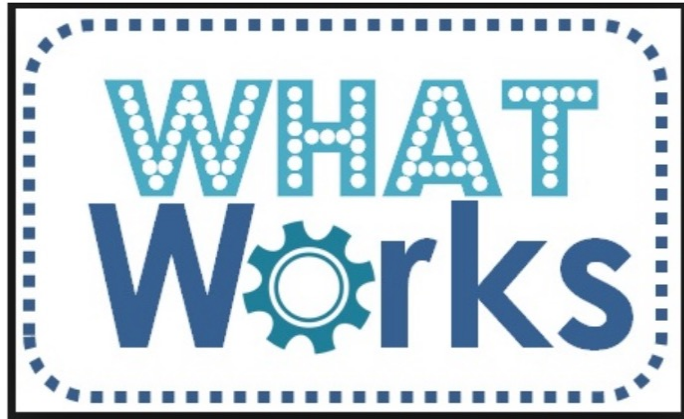


Study Site



Full Deployment







Queen Margaret University
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PRACTICE RESEARCH

Discussion Paper

A Discussion of the Synergy and Divergence between Lean Six Sigma and Person-Centred Improvement Sciences

^{1,2,4}Seán Paul Teeling, ²Jan Dewing and ^{2,3}Deborah Baldie

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²Queen Margaret University, Centre for Person-Centred Practice Research, Division of Nursing, School of Health Sciences, Queen Margaret University Drive, Musselburgh, East Lothian EH21 6UU, UK

³NHS Tayside, Dundee DD91SY, UK

⁴Mater Misericordiae University Hospital, Dublin, D07 AX57, Ireland



International Journal of
Environmental Research
and Public Health



Article

A Realist Inquiry to Identify the Contribution of Lean Six Sigma to Person-Centred Care and Cultures

Seán Paul Teeling ^{1,2,3,*}, Jan Dewing ³ and Deborah Baldie ^{3,4}

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 - ⁴ Nursing and Midwifery Directorate, NHS Grampian, Scotland AB25 2ZN, UK
- * Correspondence: sean.p.teeling@ucd.ie

Open Access Article

Developing New Methods for Person-Centred Approaches to Adjudicate Context–Mechanism–Outcome Configurations in Realist Evaluation

by Seán Paul Teeling ^{1,2,3,*}, Jan Dewing ³ and Deborah Baldie ^{3,4}

- ¹ UCD Centre for Interdisciplinary Research, Education and Innovation in Health Systems, School of Nursing, Midwifery & Health Systems, University College Dublin, D04 V1W8 Dublin, Ireland
- ² Mater Misericordiae University Hospital, Eccles Street, D07 AX57 Dublin, Ireland
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- ⁴ NHS Grampian, Aberdeen AB25 2ZN, UK

* Author to whom correspondence should be addressed.



International Journal for Quality in Health Care, 2019, 31(S1), 3–5
doi: 10.1093/intqhc/mxz074
Perspectives on Quality



Perspectives on Quality

Developing a university-accredited Lean Six Sigma curriculum to overcome system blindness

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¹UCD School of Nursing, Midwifery and Health Systems, College of Health and Agricultural Sciences, Dublin 4, Ireland
²Mater Lean Academy, Mater Misericordiae University Hospital, Eccles St, Dublin 7, Ireland

Open Access Article

Using a Combined Lean and Person-Centred Approach to Support the Resumption of Routine Hospital Activity following the First Wave of COVID-19

by Ailish Daly ^{1,*}, Seán Paul Teeling ^{2,3}, Suzanne Garvey ¹,
 Marie Ward ⁴ and Martin McNamara ²



International Practice
Development Journal



Online journal of FoNS in association with the IPDC and PcP-iCoP (ISSN 2046-9292)

ORIGINAL ARTICLE

The application of a person-centred approach to process improvement in ophthalmology services in the North East of the Republic of Ireland

Seán Paul Teeling*, Anne-Marie Keown, Úna Cunningham and David Keegan

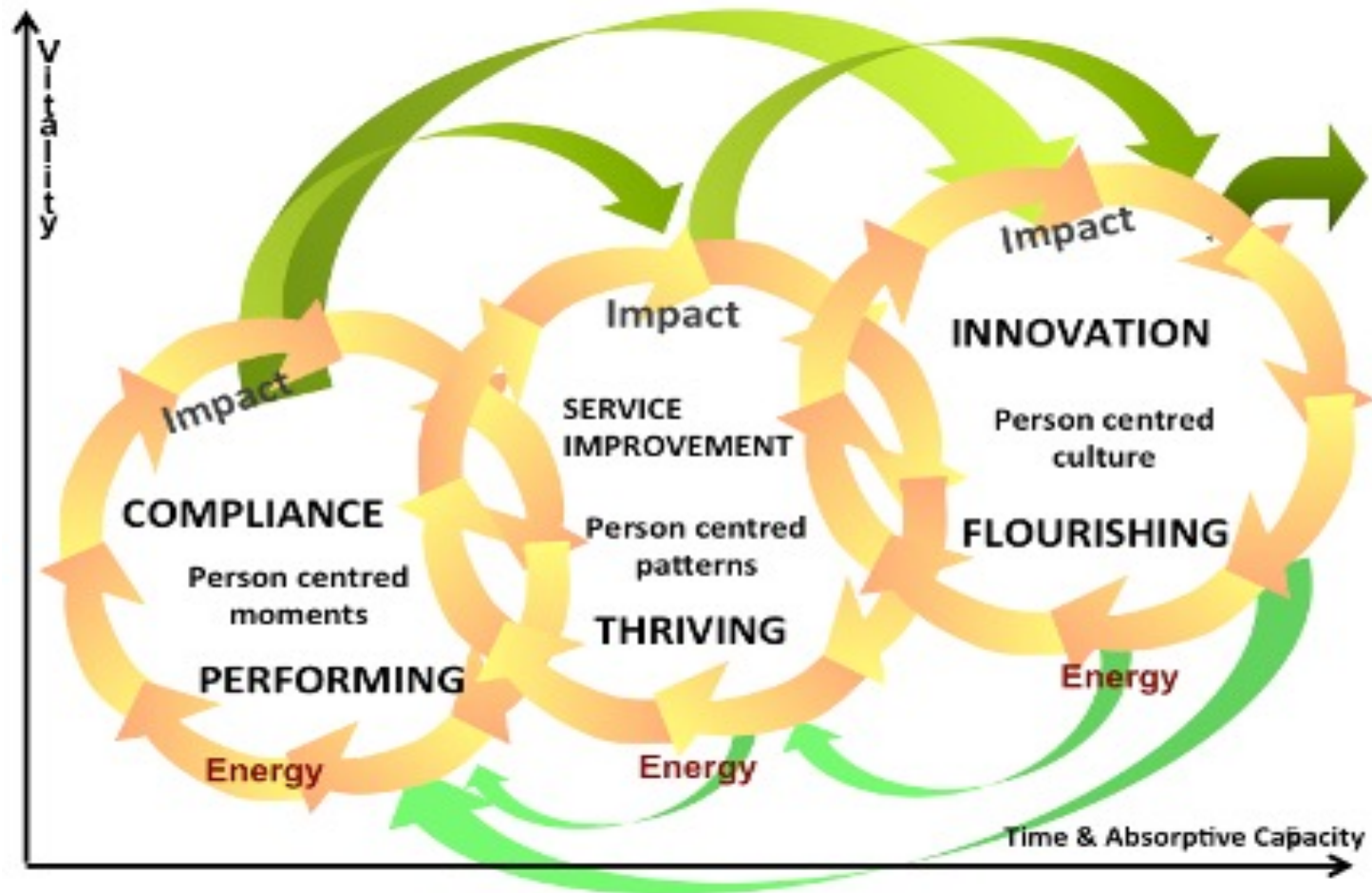




“

an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding.

MCCORMACK & MCCANCE | 2017P.3.



Dewing 2015; Dewing and McCormack 2017

The Compliance Service Improvement and Innovation Model (CoSIITI) (Dewing and McCormack, 2017)

Attribute	Patient-centred care	Person-centred care
Focus	Patient welfare	Respect for persons, reciprocated care
Personhood	Implicit	Explicit
Goal	Health maximization	Living as good a life as possible
Philosophy	Acting in socially defined, functional categories (e.g., patient) that carry rights, duties and expectations (role theory)	Respect for the centrality and absolute value of persons as relational beings (personalism)
Ethics	Professional duty	Moral values and virtues of persons
Principles	Patients come first (primacy of patient welfare) Respect for patient autonomy, patient agency	Persons come first Moral authority, equal moral interests are considered equally Authenticity, mutual agency and bridging of competing moral interests
Care	Clinicians manage how they display their feelings (emotional labor)	Joyful and authentic care
Science	Historically quiet on science	Humanizes scientific practice

Synergy



Voice of the
customer



Observational
studies

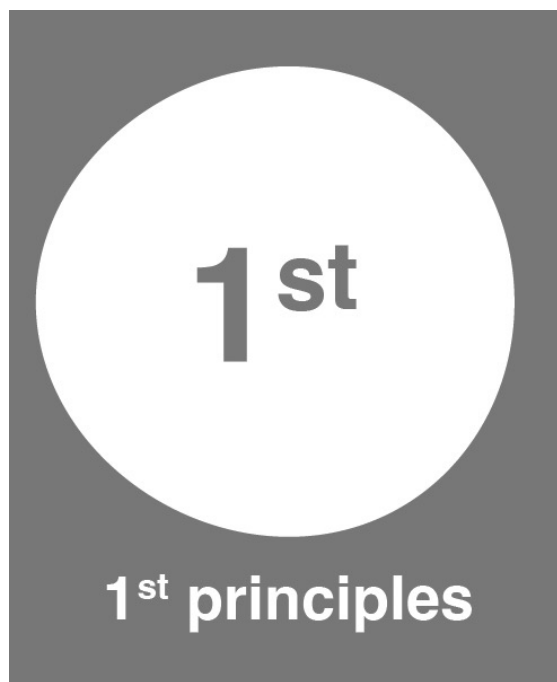


Respect for
Person



Staff
empowerment





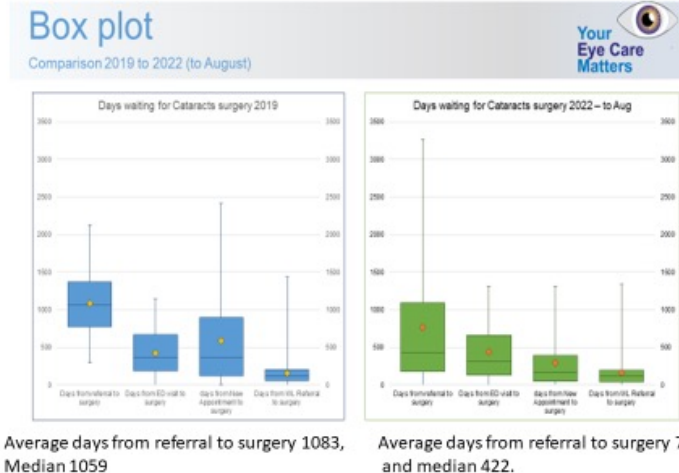
Divergence

Applied in practice

Ophthalmology Cataract Pathway



- RFT referrals now 95%.
- Optometrist first referrals 80%
- Conversion rate to surgery 95%
- Time returned to care for regional GP's 51 days in 2022.
- Increased patient and staff satisfaction.
- Decreased travel time for patients with one pre-operative visit.
- Median time to surgery reduced by >50%.



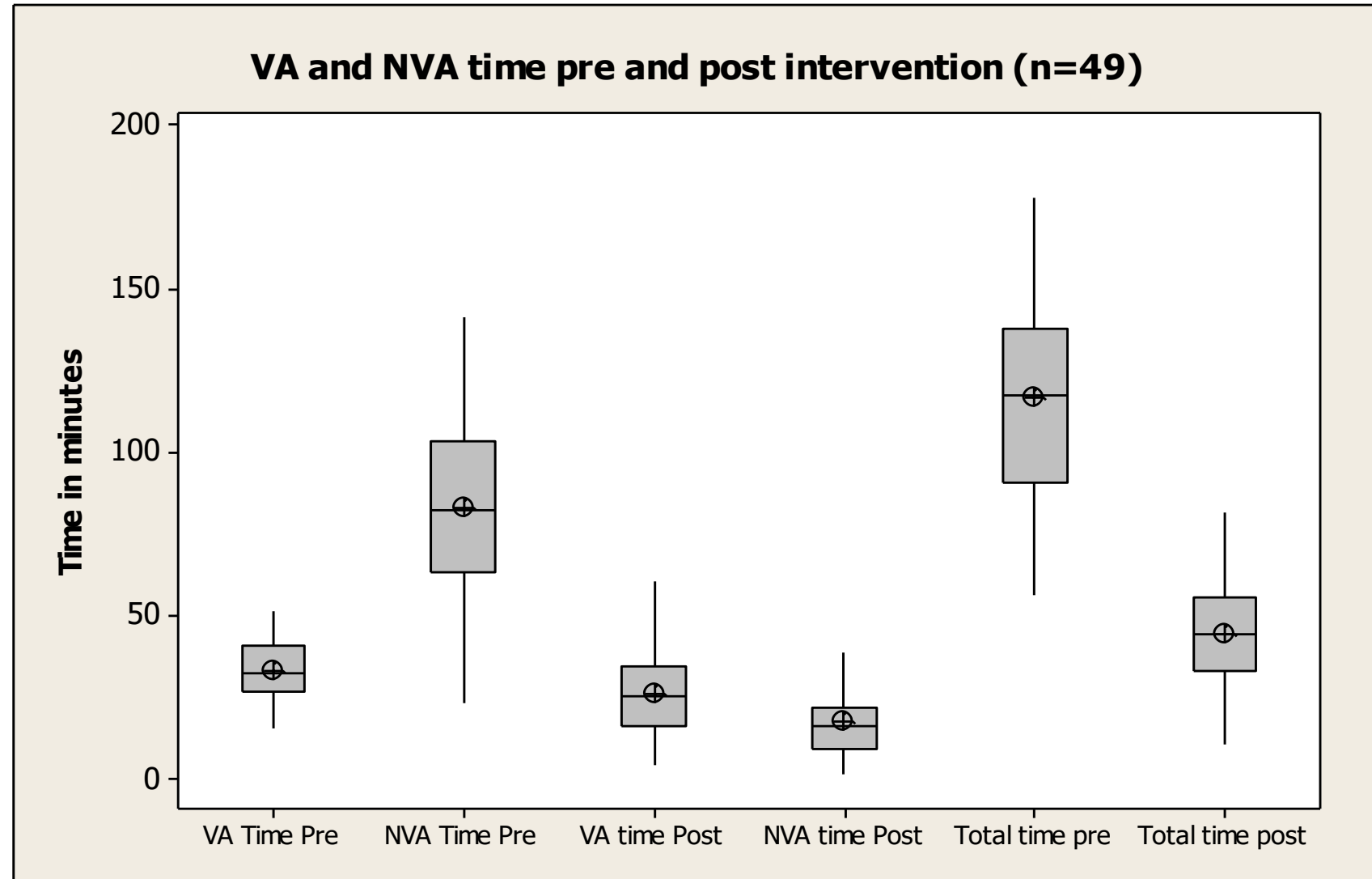
Quantification of GP visit time saved as a result of Streamlined Referral Process for Cataract Surgery

County of Residence	# GP Visits North East Region All aged ≥ 50 years Source: TILDA 2020	Annualised # GP referrals to Mater Oph OPD Year 2022 ALL Ages		GMS GP referrals Source: Mater # %		Estimated GP visits saved with NERIECS Cataract Referral Form**	Estimated GP time/DAYS saved with NERIECS Cataract Referral Form***
Louth	31,530	343	1%	139	41%	124	4
Meath	48,190	722	1%	317	44%	262	9
Cavan	22,490	262	1%	111	42%	95	3
Monaghan	17,830	192	1%	70	37%	70	2
Dublin Nrth	68,585	2,415	4%	1,255	52%	876	31
	188,625	3,934	2%	1,893	48%	1,427	
TOTAL GP time freed up [Days]							51
GMS patient time freed up [Days]							25



Applied in practice

Pediatric Cardiology Pathway



Applied in practice

Cardiology Remote Monitoring Clinic

Main outcomes measures Number of unscheduled attendances to clinic and RM enrolment.

Results At baseline, the clinic was processing 102 RM follow-up checks with 140 unscheduled attendances on average per month. Following implementation, RM enrolment increased to 335 RM follow-up checks (194% increase), with 41 unscheduled attendances on average per month (70% decrease). These results were sustained one-year post-implementation.

Conclusions These process changes have streamlined workflow by reducing the number of unscheduled attendances to clinic and increased the use of RM among the eligible patient population. This has meant safer, more timely responses to cardiac events and enhanced care quality.



Applied in practice

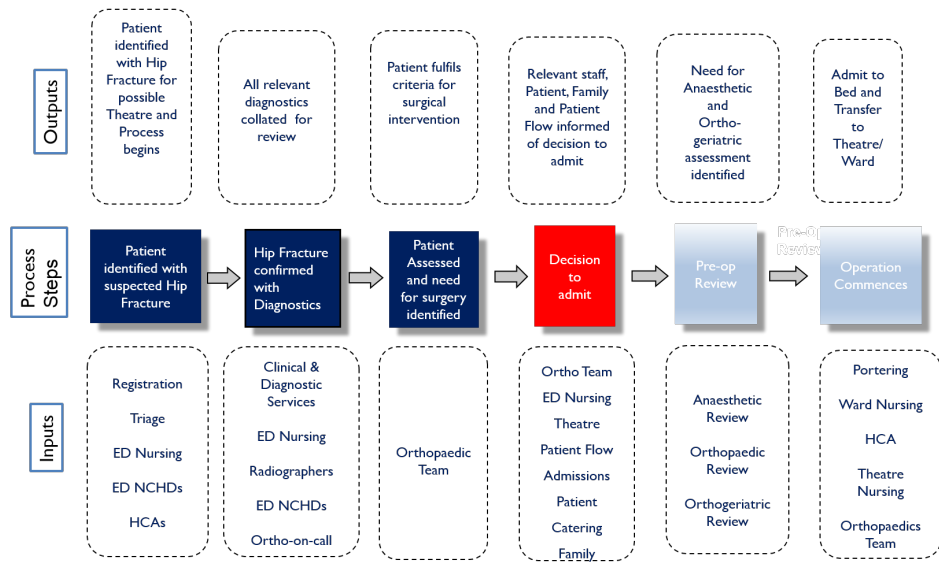
Resumption of Routine Hospital Activity following the First Wave of COVID-19

Table 5. Results post-resumption of services in June 2020.

Metric	2019	2020	Meets Target
Inpatient occupancy	88%	75%	Yes—meets 75% target
Number of surgeries	17,378	15,377	Yes—exceeds 75% target
Number of outpatient visits	112,906	124,362	Yes -despite 3 months of reduced activity 2020 visits exceed 2019
Patient satisfaction	93%	95%	Yes
Inpatient COVID-19 transmission (July to December 2020)	Not applicable	0	Yes

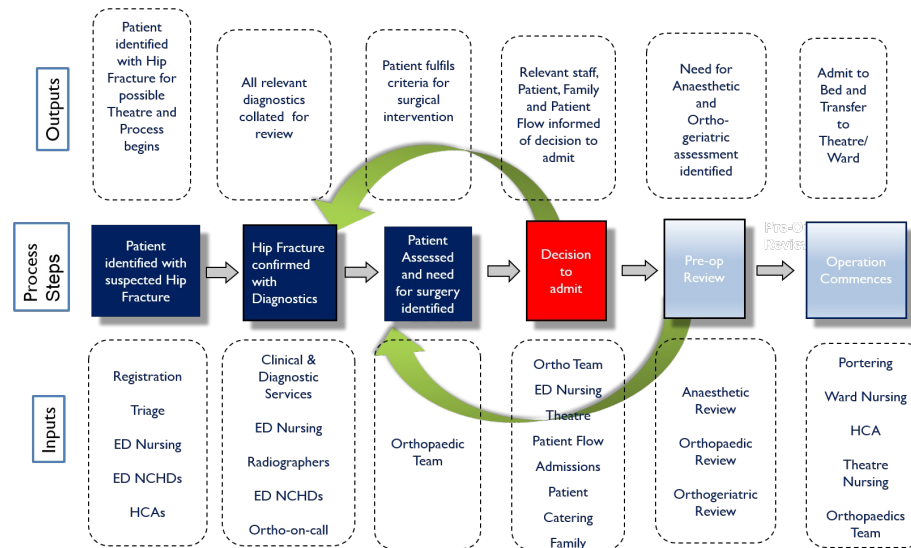
Applied in practice

Hip fracture trauma – time to surgery



IMPROVE

IPO PROCESS MAP



RESPECT FOR
PERSON



STAFF
EMPOWERMENT



THE VOICE OF
THE CUSTOMER



Reference List

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Thank You.

Go Raibh Míle Maith Agaibh.

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March 8, 2023

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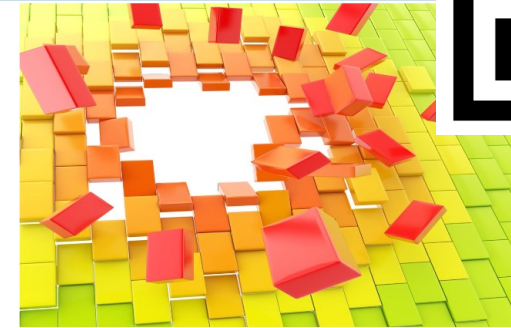


How Lean Healthcare Management Can Elevate Patient Care

March 7, 2023

Although the [Lean quality improvement methodology](#) was initially developed to improve the quality and productivity of automotive factories,...

[Lean](#)



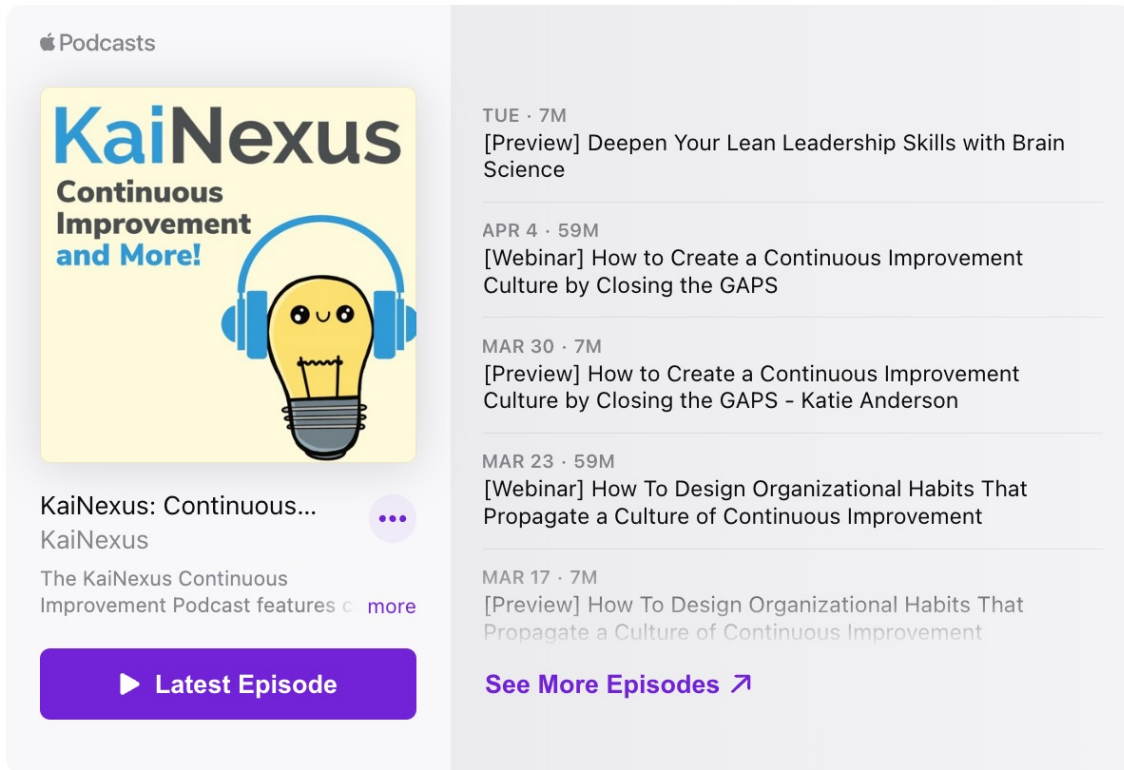
Five Brilliantly Simple Root Cause Analysis Techniques

March 2, 2023

A root cause analysis is a structured method for finding the underlying causes of process problems and undesirable outcomes. Root cause...

[Improvement Process](#), [Improvement Methodology](#)

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