

BMI Healthcare is the acute private hospital division of General Healthcare Group and is the largest independent provider of private health care in the UK. It has over 70 hospitals nationwide, each serving the health care needs of the local community, handling over 250,000 in-patient and 1,000,000 out-patient visits each year.



THE CONSULTANTS' CHOICE

### Lean Team

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### Lean Project Objectives

The BMI Lean Team carried out analysis of statistics early on in the projects and created the following process problem statement:

**"Between 1st January 2010 and 30th June 2010, the National Enquiry Centre answered 228,378 calls. Of these, 31% converted to appointments and 54% were classed as non-appointment calls, totalling 1814 hours for the six month period"**

This analysis created a focus for improvement as advisor availability is clearly reduced having a negative impact on productivity. Overtime payments of £25k have been incurred as a result.

### Utilising Lean Tools

The team used key lean tools such as:

- Process Mapping – visibly demonstrating how the processes have evolved highlighting the disconnects
- Why / Why Root analysis – The team created a why/ why tree analysis following the major inefficiency from the problem statement through to a series of possible root causes
- Ishikawa diagrams – Connecting the time spent on unproductive times through to potential root causes looking at methodologies, equipment, people and measurement issues
- Pareto Analysis – identifying the vital few areas of concern by categorising inefficient activities and collating real data to hone in on the opportunities to prevent these.

### Creating a "Lean Objective"

The team produced some very powerful figures and displayed the Lean tools highlighted above across the business for all to see where performance could be improved. This led the team to creating an objective statement as described:

**"Our overall objective is to reduce the number of hours spent on unproductive call by 10%. This will increase advisor productive time maximising potential for appointment conversion, increasing clinical outcomes while delivering an enhanced patient experience"**

This demonstrated a project improvement that would reduce business costs whilst improving customer performance.

### Findings from further analysis

Over a 6 month period, interdepartmental transfers account for 980 hours (131 advisor days) of unproductive calls. Upon analysis of coded calls, the team determined that advisors handle an average 4.8 internal transfer calls each day that are non value added. The plan is to reduce this by 50% equating to 614 hours.

### Implementing "Lean" Improvements

#### Short term plan

- Amend email appointment confirmation signatures
- Amend IVR supported hospital website home page
- Attach simple IVR service to generic website

#### Long term plan

- Upgrade telephony system to remove internal call transfer to non-designated numbers

The number of internal transfers had steadily increased as the enquiry centre has grown but the improvements identified and a drive to change behaviours through lean thinking has projected significant benefits

### Metrics to drive change

- Total unproductive coded calls, referred to as "Noise calls"
- Total internal transfer calls - Volume
- Total internal transfer calls - length
- Monthly overtime payments

The team have introduced monthly 'Lean Management' meetings to assess the impact of the changes and maintain open communications across the business. This will drive further improvements as more is learned about their processes.

### Business Benefits

Tangible business benefits have been measured which are confidential to the business but which incorporate the following:

#### Advisors

- Increased investable hours
- Increased efficiency

#### Patients

- Protection of BMI brand
- Reduced abandon rates
- Enhanced patient journey with more "right first time" activities

#### Centre benefits

- Increased capacity for the increase in business activity