

The logo for the Health Management Institute of Ireland (HMÍ) features the letters 'HMÍ' in a stylized font. The 'H' and 'M' are green, while the 'Í' is blue with a green accent on its dot. The letters are bold and modern.

# HMÍ

Health Management Institute of Ireland

A large, abstract geometric graphic on the left side of the page, composed of overlapping triangles in shades of blue, orange, and yellow. A white rectangular frame is overlaid on this graphic, containing the main text.

GETTING IT

**RIGHT**

Making better choices

# Lean management: a German Perspective

**Dr. Josef Dullings**

President of the German Association of Hospital Managers (VKD) and  
CEO, Hospitals of Saint Vincenz, Paderborn, Germany



St. Vincenz-Krankenhaus Paderborn  
Akad. Lehrkrankenhaus der Universität Göttingen



## Lean management – a German perspective

Dr. Josef Düllings

CEO St. Vincenz-Hospital GmbH, Paderborn

President of the German Association of Hospital Managers



## St. Vincenz-Hospital

Am Busdorf 2  
Paderborn



## Women's and Children's Hospital St. Louise

Husener Straße 81  
Paderborn



## St. Josefs-Hospital

Dr.-Krismann-Straße 12  
Salzkotten

## Zahlen, Daten, Fakten 2015

Daughters of Charity of  
St. Vincent de Paul  
founded 1901

2.200 Employees

756 Beds

45.000 Inpatient Cases

80.000 Outpatient Cases

3.000 Births

16 Special Clinics

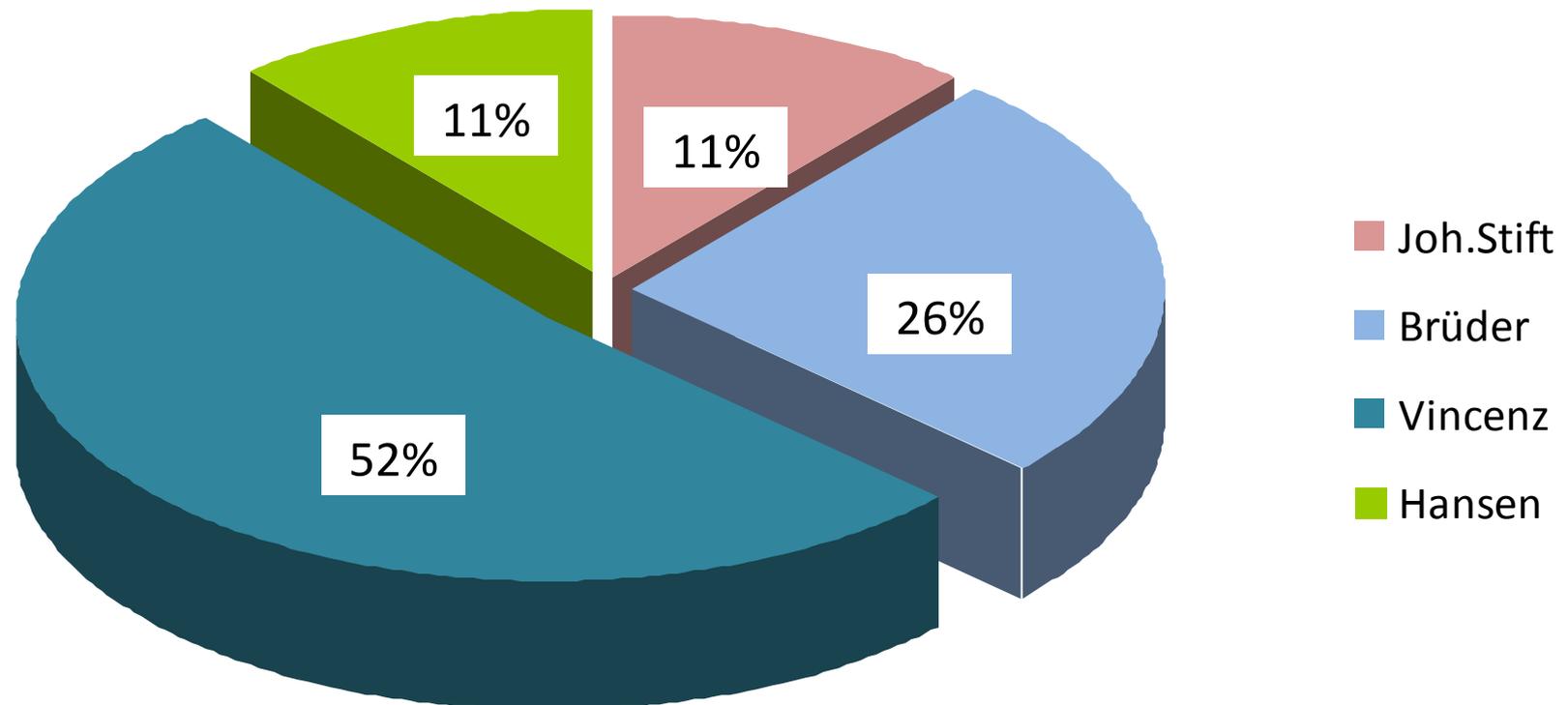
8 Centers

3 Centers of affiliated  
Physicians

160 Mio. € Turnover

# Hospitals in Paderborn district: % portions of inpatient cases

Anteile stationärer Fälle 2013 (Kreis insgesamt: 77.000)



Population 2015 Paderborn district: 300.000. Hospital admission rate about 25 %.

- 1.600 acute care hospitals, including 800 hospitals below 250 beds (50 %) in 2014
- 19 Mio. Inpatients 2014 (82 Mio. Population). Rate = 23 %. Increase since 2004: +2 Mio. Inpatients
- 1,2 Mio. Employees, growing economic factor
- 1.200 DRGs: Federal Level: Case mix. 16 Länder: case price (NRW = 3.300 Euro). Local: discharges and revenue
- Turnover = 100 Bill. Euro incl. investments = 6 Bill. Euro
- dualistic financing system (Sickness Funds / Länder)
- Ambulatory care: outside hospitals physician's practice

# Current reform act „Krankenhausstrukturgesetz 2015“



- Quality Initiative of the Federal Government: quality indicators, pay for performance, quality guidelines
- no solution of the under-investment (- 3 Bill. Euro per year)
- DRG-Systems forces revenue line below cost line
- Not enough investments for structural change (Länder).
- New: „Structurel Fonds“ with 1 Bill. Euro 2017-2019 (1 % of TT)

# How to cope with challenges



- Best quality of medicine and nursing care
- Highest efficiency
- Highest patient satisfaction
- As a charitable hospital: make profit to make investments
- Highest employee satisfaction (shortage of personal)
- Personal: Find satisfaction und motivation in your work
- What is helpful ... appeals? visions? mission statements?
- **Is there a master plan?**

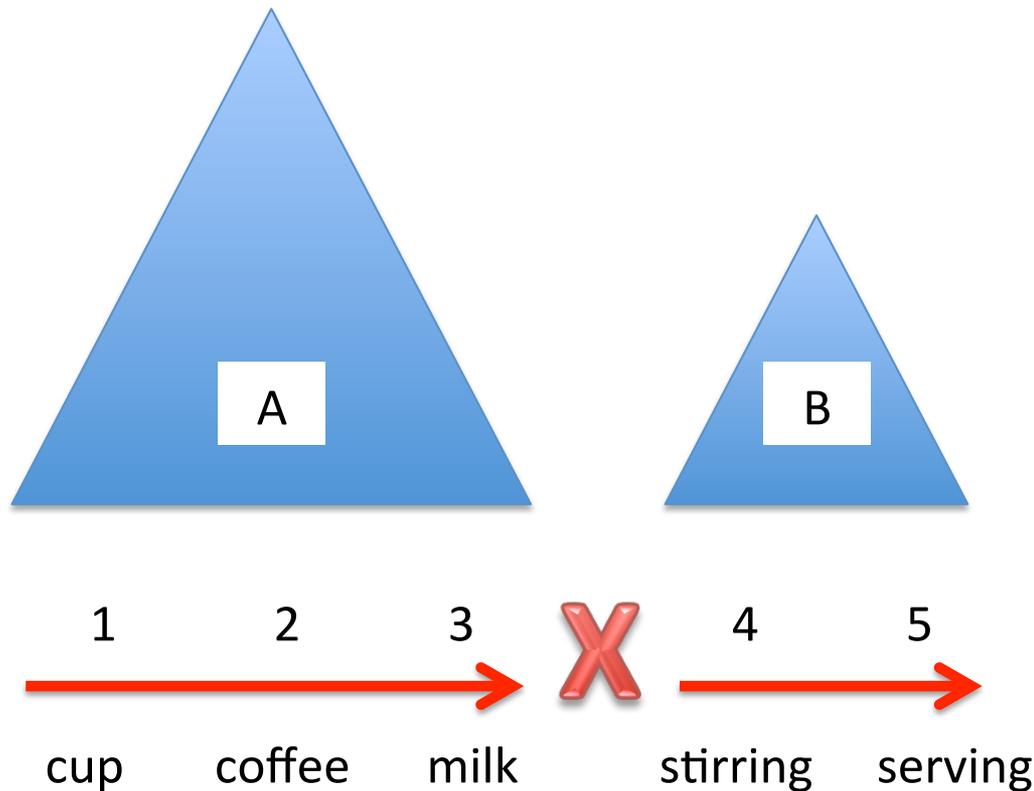
# German Hospitals

## „structure organization“



- Professionals: physicians, nurses, administrative staff ...
- Departments: internal medicine, surgery, cardiology ...
- „box thinking“ triggered by DRGs
- Hierarchy: chief physician, senior physician, assistant physician
- Ambulatory care → break → inpatient care (hospital)

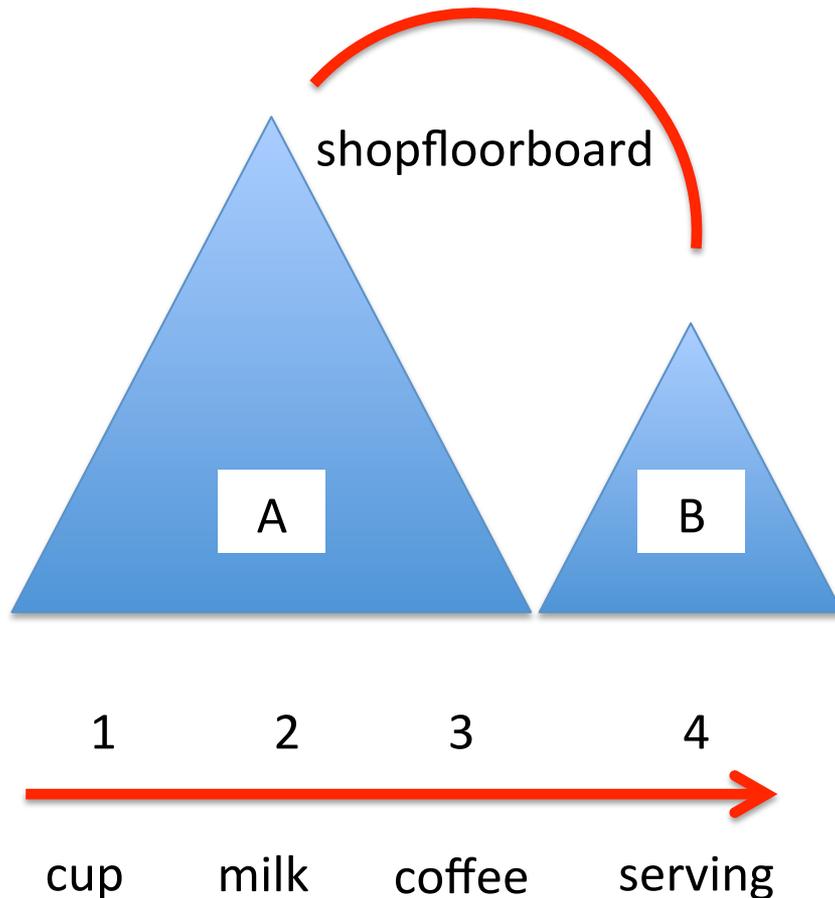
# „structure organizations“ – Example „serving coffee“



## Deficiencies:

- Patient across interfaces
- Waiting times
- Risk of error (to err is human)
- Loss of information
- Loss of patient focus
- Lower quality of care
- Lower patient satisfaction
- Waste

# Shift to „process organisation“ – Example „serving coffee“



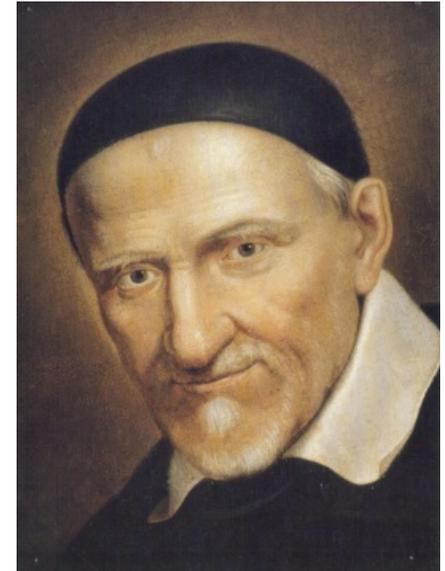
## Improvements:

- Constant and higher quality of care
- Reduction of waiting times
- Reduction risk of error
- Cost reduction 20 %
- Reduction material costs
- Potential for additional patients
- Lower frustration for employees

*„We are never at the end, but always on our way.“*

*„Be good, and they believe you.“*

(Vincenz von Paul)





2014 – discussion about lean management (hospital board)

2015 – first projects: accounting department, internal medicine, pediatrics

2016 – accelerating implementation in clinics (annual strategy talks)

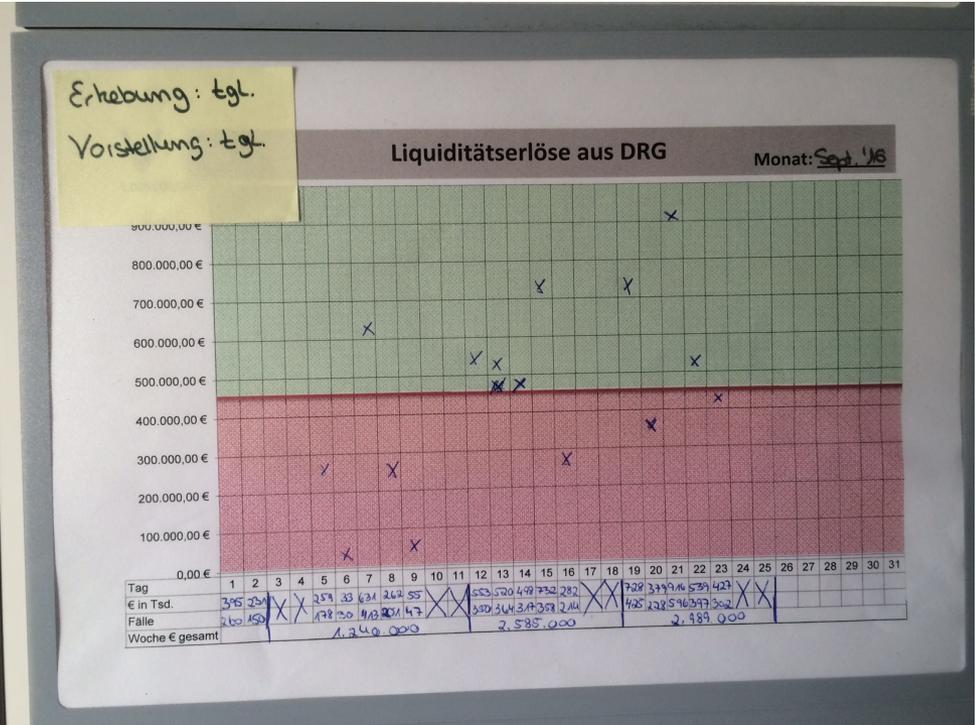
2016 – projects\* in each clinic and departments. Starting SFB

2017 – Roleout of SFB

2018 – ...

\* Evaluation of projects (status quo ante → LM → status quo post)

# Accounting Department Starting SFM in 2015



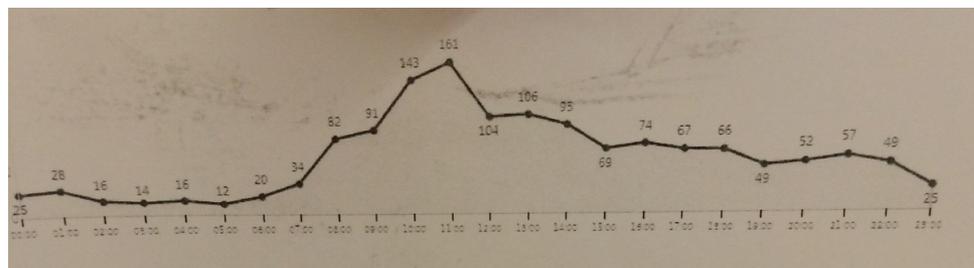
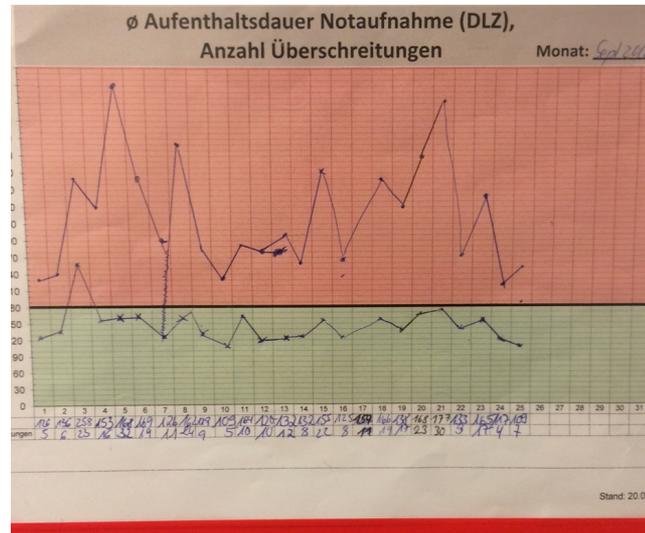
Open invoices declined Jan (2,1 TO p.m.) to Sep 2016 (1,7 TO p.m.) about 9 Mio. € p.m. Inpatients only

# Emergency room, outpatient visits

## Starting SFM in 2015



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Throughput time: 180 > 120 m (-33%)  
Cases above limit (180 min): 30 > 10  
Cases: 20 (6 a.m.) to 160 (11 a.m.)

# Lean Hospital – some progress

## financial results

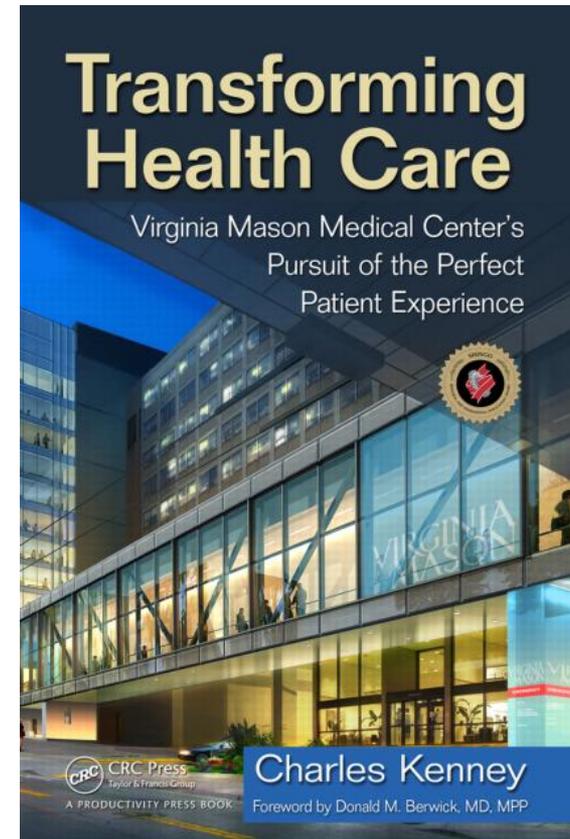
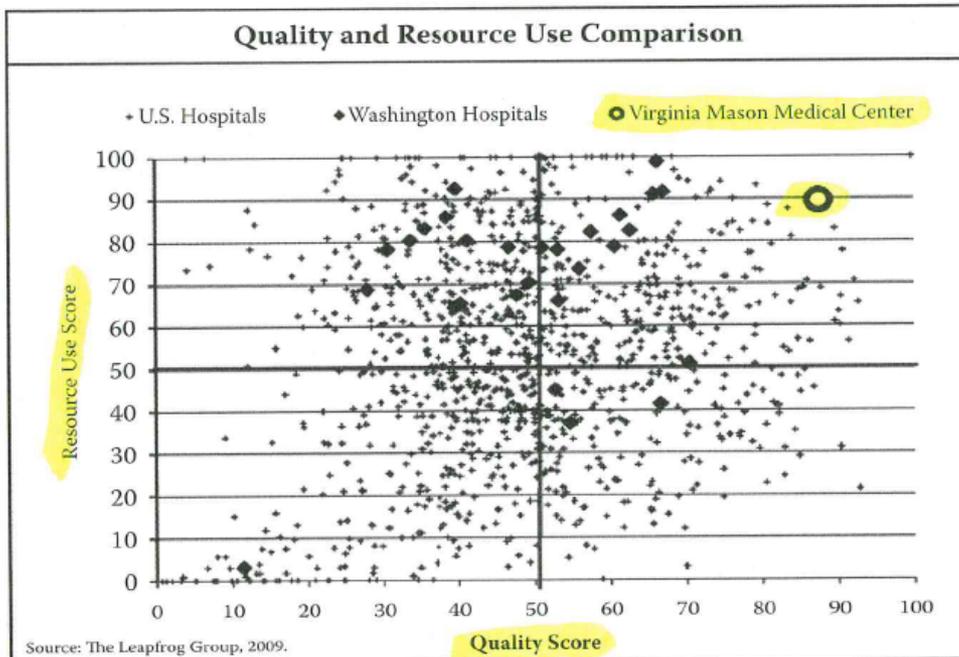


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<u>Position</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
TO mio. €	150,0	154,0	161,0
Surplus mio. €	+ 1,3	+ 1,5	+ 2,1
Incl. Investments mio. €	- 3,2	- 3,2	- 3,2
<u>Yield mio. €</u>	<u>4,5</u>	<u>4,7</u>	<u>5,3</u>

Source: St. Vincenz-Hospital GmbH Paderborn

# Lean Hospital – St. Vincenz perspectives and objectives



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