Improvement initiative in stroke care

Iniciativa em melhoria da assistência ao AVC

We read with interest the article by Li and Johnson¹ in which they demonstrated that improvement initiatives were able to reduce alarm-to-needle time in acute stroke care by applying the Lean Six Sigma approach. In Brazil, the Unified Health System is challenged to improve efficiency with limited budgets by ensuring that the right things are done by the right people at the right time. Successful implementations in the National Health System² (United Kingdom) have shown that Lean thinking contributes to improve daily processes, eliminating waste and focusing in what really matters for the patient³.

In the *Hospital de Clínicas* at University of Campinas, together with a multidisciplinary team, we started an improvement initiative in stroke care. Instead of jumping into quick-fix solutions, neurologists, researchers, a nurse, a physiotherapist and a secretary were gathered to analyze the current status of the Neurology Outpatient Clinic. According to Kahneman⁴, winner of the Nobel Prize in Economics, people tend to identify problems and jump into solutions. He explains the two systems that drive the way we think: System 1

is fast, intuitive, and emotional; System 2 is slower, more deliberative, and more logical.

In order to engage the most efficient system of thoughts, we applied the SWOT analysis. Service perspectives were shared in sticky notes, strategically placed on posters under each of the four SWOT categories: Strengths, Weaknesses, Opportunities and Threats. Two groups of 3-4 participants were given five minutes to list those items, interspersed with two-minutes-presentations between rounds⁵. Different members presented in each round, assuring full engagement of both groups. Afterwards, they agreed upon priorities to design a strategic plan in the next workshop. Within this 80-minutes workshop, endless problems and nightmares were transformed into a clear pathway for an effective group effort in service improvement. Changes in the mindsets of medical and administrative staff will create capacity for better services and establish collectively new, efficient and effective ways for delivering care2. After all, 'time is brain'.

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References

- Li LM, Johnson S. Lean thinking turns 'time is brain' into reality. Arq Neuropsiguiatr. 2015;73(6):526-30. doi:10.1590/0004-282X20150047.
- Souza LB. Trends and approaches in lean healthcare. Leadership in Health Services 2009;22(2):121-39. doi:10.1108/17511870910953788.
- Li LM, Johnson S. Stroke care within the golden hour. JAMA Neurol. 2015;72(4):475. doi:10.1001/jamaneurol.2014.4568.
- Kahneman D. Maps of bounded rationality: psychology for behavioral economics. Am Econ Rev. 2003;93(5):1449-75.
- Perera R, Peiró FP. Strategic planning in healthcare organizations. Revista Española de Cardiología (English Edition) 2012;65(8):749-54. doi:10.1016/j.rec.2012.04.004.

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