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MO-ACHE Student Essay
Agile Transformation Guides Healthcare Process Improvement Initiatives

According to *Health Affairs*, one-third or more of what the U.S. spends annually on healthcare may be waste, including failure of care coordination, overtreatment, administrative complexity, pricing failure, and fraud and abuse.[1] While there is a myriad of contributing factors, what remains constant is that people lie at the center of any health system, and the development of human capital is the highest priority to handle rapid, uncertain changes in delivering care and to to sustain an organization's mission. Organizational challenges are not unique to healthcare. The root of many team-based dysfunctions are ubiquitous across industries, including: absence of trust, fear of conflict, lack of commitment, avoidance of accountability, inattention to results.[2] However with an aging population, increases in chronic diseases, and a stronger focus on value-based, and informed care, healthcare leaders operate largely in a world of uncertainty, balancing what is known with a changing landscape. Given these uncertain facts and urgent decisions, the management of change requires a delicate balance between people-oriented solutions and technology. By shifting from linear to cyclical thinking through Agile methodology, many of these challenges become opportunities to improve patient-centered care.

Despite its origin in software development, Agile's guiding principles of iteration and adaptability, can be successfully translated to healthcare processes and align with the IHI Triple Aim Model of improving patient experience, improving the health of populations, and reducing the per capita cost of healthcare.[3] Based on lean thinking, Agile implementation helps organizations quickly adapt to or anticipate change, and make changes more quickly when issues arise.[4] Complementary to lean, Agile is a people-centric approach, focusing on empowering teams, adaptive planning, and continuous improvement. Agile's values of trust and accountability ground the principles and practices to foster a culture that can sustain an organization's business value. The four principles include: individuals and interactions over processes and tools; working software over comprehensive documentation; customer collaboration over contract negotiation, and responding to change over following a plan. This methodology transcends the limits of the manufacturing industry and can affect all areas of a healthcare organization: operations, strategic planning, and the ability to innovate products, processes and business models.

Under time and resource constraints, Agile may be able to deliver solutions faster than traditional, waterfall project management in a healthcare organization. While traditional project management can be beneficial in certain scenarios, Agile may be the preferred methodology in healthcare when there is a high degree of uncertainty, when the solution is not fully understood, and when there may be several changes to the scope of the project.[5] Agile may not be successful in situations where the tolerance or threshold for imperfection is low, such as surgery, when the cost of extensive planning and measurement beforehand is justified by mitigating potential risks and producing the desired outcome of saving a patient.[6] But some form of Agile delivery can be successful as long as a learning organization is established and customer or patient feedback is critical to the success of an initiative. The highest priority is to satisfy the customer.

Communicating patient information to members of a healthcare team or provider is a critical aspect of medical care and patient safety. Yet one of the leading causes of medical errors is patient handoffs. Communication can breakdown at various levels and seamless coordination is difficult to achieve. It's also an area that can be improved to prevent these types of errors. The very definition of a handoff, when considered in the context of a relay race, requires not only speed, but strategy, synchronization, and adaptability among team members in order to be successful. Similarly, this notion of small, fast, and frequent feedback cycles underpins Agile principles, favoring iteration and individual accountability over rigid project plans. Agile

requires constant, face-to-face communication and feedback among self-organizing teams to keep a pulse on team member engagement. In a hospital, for example, components of a scrum framework can be adopted, such as creating a list or backlog of prioritized work, displaying public boards on the walls so teams can track progress, or holding 5-10 minute daily stand-ups to discuss the status of any project, what work is being accomplished, and any obstacles the team is facing. In these meetings, teams should be encouraged to talk about what worked and what didn't. Based off that discussion, the team can make any improvements to the workflow. Regular reflections or retrospectives should also be conducted to make any necessary changes and become more effective.

The team must be comfortable with experimenting and trying new approaches, as well as transparency and visibility in their activities. There must also be organizational buy-in from direct leaders and executives, as well as from customers, sales, and other departmental teams. When leaders and executives are invested in improving, team members will embrace its importance, thereby strengthening teams through incremental improvements in an effort to build strong habits across the organization. To achieve buy-in, teams can introduce facilitation as a way to make meetings more engaging, identify evangelists or champions who can support the adoption, but most importantly, identify which value statements and principles are applicable to the business.

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