Value Added & Non-Value Added Work

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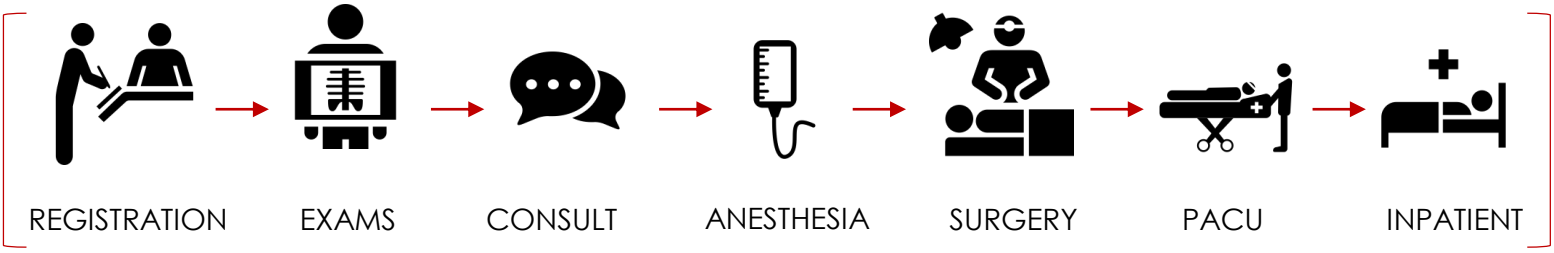

upstream **YOU** downstream

In every process there are **value added steps** + **non-value added steps** (waste)
Value added = an activity that transforms/adds to the product/service being created

A step is value-added if it **adds to the patient's care provision** or **information about that care**

WASTE	EXAMPLES	SYMPTOMS
Defects	Duplicate patient numbers, misdiagnoses, hospital acquired conditions	Decisions, jumping to solutions
Over-production	Delayed discharges, urinary catheter staying in too long, patient staying on a ventilator too long	Poorly defined goals, objectives not clarified
Waiting	Patients waiting to see the doctor, nurses and doctors waiting for patients, waiting for supplies	Lack of empowerment, poor communication and/or planning
Transportation	Moving patients from department to department, or information through email or medical record	Proximity to work, availability of tools and supplies
Inventory	Drawing and keeping blood samples, overstocked consumables, too much bedside equipment, pre-printed forms	Back log of work, too much on plate, connection to organization tools
Motion	Extra steps due to inefficient process layout, walking to find supplies, bending or lifting to reach supplies	Interruptions, poorly laid-out facilities
Over-processing	Ordering and completing unnecessary tests, prescribing more medication than needed, double data entry	Inappropriate level of detail, fear of failure