







Table 1. Ranked list of the adoption of lean tools

Rank	Lean Tool	Mean Score
1	SOPs	4.70
2	Root cause analysis	4.50
3	Downtime and performance	4.50
4	Visual management	4.45
5	Kaizen	4.40
6	5S	4.35
7	PDCA	4.25
8	Kanban	4.00
9	Value stream mapping	3.60

Table 1 presents a ranked list of lean tools in terms of mean score on the level of adoption of the tools. The study found out that the level of adoption of lean tools was largely moderate in most of the medical laboratories. More specifically, the study showed that the SOPs, key performance indicator, root cause analysis, downtime and performance, and visual management were the most adopted tools. Contrary to most of the studies in the literature (Joosten et al. 2009; Poksinska, 2010), value stream mapping and 5S methodology were not considered key lean tools, and were surprisingly moderately practised. Findings in past studies emphasize value stream mapping as the most implemented tool in healthcare, appearing in almost all papers on the lean healthcare (Poksinska, 2010).

#### 4.2 Perceived importance of lean tools in the laboratories

Participants were asked to respond on a five-point scale to rate their level of understanding of the importance of each of the identified lean tools in their laboratories. Table 2 presents a rank analysis of the perceived importance of applying lean tools, in terms of mean score. It can be seen from this analysis that the most common perception is that adoption of lean tools is crucial for quality improvement with a mean score of 4.72. Furthermore, the analysis shows that other most important factors or drivers to lead adoption are for competitive advantage and for improving turnaround time. One other important factor is for improving operational performance. Finally, increasing staff motivation and cost reduction were found to be of moderate importance.

Table 2. Perceived importance of lean tools in medical industry

Rank	Perceived Importance	Mean Score
1	Quality improvement	4.72
2	Competitive advantage	4.65
3	Improve turnaround time	4.65
4	Improve operational performance	4.17
5	Increase staff motivation	3.61
6	For cost reduction	3.33

#### 4.3 Major Findings

From the analysis of the level of adoption of lean tools and the perceived importance of lean tools in the medical laboratory industry, the following were identified as major findings from the study:

1. SOPs emerged as the most utilized lean tool in the Namibian medical laboratory industry. This is because each laboratory is required to have standard operating procedures, which are sets of documents that define practices which need to be strictly followed by all employees, without fail.
2. The most common understanding from this study is that adoption of lean tools is crucial for quality improvement, which is a positive road map to improving the quality of service.
3. One other finding was that internal motivation, 5S methodology, Kanban and continuous improvement were moderately applied in the industry. This indicates that medical laboratory services are trying their level best to apply the most advanced improvement tools in order to improve their quality of service, as also postulated by Gomez et al. (2013).

### 5. Conclusions

This research analyzed the usage and impact of lean tools, as well as the perceived importance of tools in the Namibian medical laboratory industry. Results of the study showed that standard operating procedure is the most adopted tool in the Namibian medical laboratories, contrary to most extant studies which show that value stream mapping as the most frequently used tool used in healthcare. Furthermore, results of the study indicated that lean is

commonly implemented for quality improvement in the industry, rather than for turnaround time improvement. Overall, lean is a useful tool for identifying and eliminating the wastes, defined in terms of transportation, defect, over-production, over-processing, inventory, motion and waiting. Further research may be essential to evaluate why lean tools are not fully utilised and incorporated into the laboratory day-to-day activities to influence the success and the sustainability of lean principles in the Namibian medical laboratory industry. Studies on the importance of value stream mapping is suggested as it the best tool for mapping and identifying loop holes in the process flow by identifying value adding and non-value adding activities, and allowing for corrective actions to be taken.

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## **References**

- Alem, G. (2013). Reducing turnaround time for CD4 laboratory test results in Wukro Hospital. pp. 1-29. Retrieved from <http://hdl.handle.net/123456789/5253>
- Biswajit, D., Jyotsna, N. B., and Montosh, C. (2013). Laboratory turnaround time. *International Journal of Health Sciences and Research*, 3(5), 82-84.
- Boaden, R., Harvey, G., Moxham, C., Proudlove, N. (2008). *Quality improvement: Theory and practice in healthcare*. NHS Institute for Innovation and Improvement
- Coons, A. J. (2007). Beginning the lean improvement journey in the clinical laboratory. Retrieved from <https://www.iienet2.org/.../Beginning%20the%20Lean%20Improvement>
- D'Andreanmatteo, A., Iannia, L. and Lega, F. (2015). Lean in healthcare: A comprehensive review. *Health Policy* 119 (9), 1197–1209
- Dey, B., Bharti, J. N., and Chakraborty, M. (2013). Laboratory Turnaound Time. *International Journal of Health Sciences and Research*, 3(5), 1-4.
- Gomez, J., Frick, R., Dietenberger, J., and Solak, K. (2013). Systemic management of laboratory supplies. *Medical Laboratory management*, 2(4), 2. Retrieved from [www.medlabmag.com](http://www.medlabmag.com)
- Hawkins, R. C. (2007). Laboratory turnaround time. *The Clinical Biochemistry Reviews*, 28(4), 179-194.
- Joosten, T., Bongers, I., & Janssen, R. (2009). Applicatios of lean thinking in Health care: Issues and observations. *International Journal For Quality in Health Care*, 21(5), 341-347. doi:10.1093/intqhc/mzp036
- Kovacheva, A. V. (2010). Challenges in Lean implementation: Successful transformation towards lean enterprise. 1-84.
- Lawal, K. A., Rotter, T., Kinsman, L., Sari, N., Harrison, L., Jeffery, C., Flynn, R. (2014). Lean management in health care: definition, concepts, methodology and effects reported (systematic review protocol). *Biomedical Central*, 1-9. doi:10.1186/2046-4053-3-103
- Leslie, M., Hagood, C., Royer, A., Reece, C. P. and Maloney, S. (2006). Using lean methods to improve OR turnover times,” *Aorn Journal*, 84 (5), 849-855.
- Mallick, Z., Ahmad, S., and Bisht, L. S. (2012). Barriers and enablers in implementation of lean six sigma in Indian manufacturing industries. *International Journal of advanced Research in Management*, 3(1), 11-19. Retrieved from [www.iaeme.com/ijarm.html](http://www.iaeme.com/ijarm.html)
- Mazzocato, P., Savage, C., Brommels, M., Aronsson H., Thor, J. (2010). Lean think-ing in healthcare: a realist review of the literature. *Quality & Safety in Health Care*;19(5), 376–82.
- Moyo, K., Porter, C., Chilima, B., Mwenda, R., Kabue, M., Zungu, L., & Sarr, A. (2015, November 18). Use of laboratory test results in patients management by clinicians in Malawi. *African Journal Laboratory Medicine*, 4(1), 277-283. doi:10.4102/ajlm.v4i1.277
- Mutingi, M., Monageng, R., and Mbohwa, C. (2015). Lean healthcare implementation in Southern Africa: A SWOT analysis. *Preceedings of thr World Congress on Engineering*, 2, pp. 1-4. London. Retrieved from [www.iaeng.org](http://www.iaeng.org)
- Nelson-Peterson, L. D. (2007). Creating an environment for caring using lean principles of the Virginia Mason Production System. *The Journal of Nursing administration*, 37(6), 287-294.
- NIP. (2014). Namibia Institute of Pathology Annual report. Windhoek. Retrieved from [www.nip.com.na/wp.../NIP-2014-annual-report-lores\\_20141028pdf](http://www.nip.com.na/wp.../NIP-2014-annual-report-lores_20141028pdf)
- Pokinska, B. (2010). The current state of lean impementation in health care: Literature review. *Quality Management in Health Care*, 20(2), 319-329. doi:10.1097/QMH.0b013e3181fa07bb

- Radnor, Z., Walley, P., Stephens, A., Bucci, G. (2006). Evaluation of the Lean approach to business management and its use in the public sector. Scottish Executive Edinburgh, 2006.
- Rosmulder, R. W. (2011). Improving healthcare delivery with lean thinking: Action research in an emergency department. Utrecht: Wohrmann Print service. doi:10.3990/1.9789036532587
- Rutledge, J., Xu, M., and Simpson, J. (2010). Application of the Toyota Production System improves core laboratory operation. *American Journal of Clinical Pathology*, 24-31.
- Sandle, T. (2014). The lean laboratory and its application for the review of environmental monitoring samples. *Journal of Intitute of Validation Technology*, 20(2), 1-5.
- Series, I. (2005). Going lean in health care. (D. Miller , Ed.) pp. 1-16. Retrieved from [www.ihl.org](http://www.ihl.org) >...>IHI White Papers
- Stankovic, K. A. (2008). Developing a lean consciousness for the clinical laboratory. *Journal of Medical Biochemistry*, 27(3), 354-359. doi:10.2478/v10011-008-0015-2
- Teich, S. T., and Faddoul, F. F. (2013). Lean management - The Journey from Toyota to healthcare. *Rambam Maimonides Medical Journal*, 4(2), 1-5. doi:10.5041/RMMJ.10107
- Thomas, J., & Lanone, C. (2017). Reduction in turnaround time for stat specimen within regional health system clinical laboratory. Retrieved from <https://www.iinet2.org/uploadedfiles/.../Stat%20Lab%20Speimen.pdf>
- Venugopal, G. (2013). Lean strategy implementation methodology. Retrieved from [www.slideshare.net](http://www.slideshare.net)
- White, A. B., Baron, M. J., Dighe, S. A., Camargo, A. C., & Brown, F. D. (2015). Applying lean methodologies reduce ED laboratory turnaround times. *The American Journal of Emergency Medicine*, 33(11), 1572-1576. doi:10.1016/j.ajem.2015.06.13
- Womack, J. P., and Jones, D. T. (2003). *lean thinking: Banish waste and create wealth in your corporation*. New York: Free Press.
- Womack, J.P., Miller, D. *Going lean in health care*. Cambridge, MA:Institute for Healthcare Improvement; 2005.

## **Biography**

**Michael Mutingi** is a Senior Lecturer in Industrial Engineering at the Namibia University of Science and Technology, Namibia. He is also a Senior Visiting Research Associate at the University of Johannesburg, South Africa. He obtained his PhD in Engineering Management from the University of Johannesburg, South Africa. He also holds a MEng and a BEng in Industrial Engineering from the National University of Science and Technology, Zimbabwe, where he served as a Research Fellow and a Lecturer in Industrial Engineering. Michael Mutingi also served as a Research Associate at the National University of Singapore, Singapore, and a Lecturer at the University of Botswana, Botswana. His research interests include operations management, quality management, multi-criteria decision making, and operational excellence in healthcare. He has published two books and more than 90 articles in international journals and conference proceedings.

**Hilma Dhiginina Isack** is a master of Industrial Engineering student in the Faculty of Engineering at Namibia University of Science and technology, Namibia. She obtained her Bachelor of Biomedical Sciences from Namibia University of Science and technology, Namibia, in 2013. She is currently working as Medical technologist at Namibia Institute of pathology. Her current research focuses on the application of Industrial Engineering tools and techniques in Healthcare for efficient and effective service delivery.

**Hileni Kandjeke** is a Lecturer in the department of Mechanical and Marine Engineering at the Namibia University of Science and Technology, Namibia. She obtained her Master in Mechanical Engineering Technology from the University of Jana Evangelisty Purkyně, Faculty of Production Technology and Management, Usti nad Labem, Czech Republic. Currently, she is a PhD student at the Namibia University of Science and Technology, Namibia. Her research interests include lean management in healthcare, process re-engineering, supply chain management, renewable energy - biochar, biogas and solar drying. She has two articles in reputable international journals and conference proceedings. She is a member of the Engineering Professions Association of Namibia.

**Charles Mbohwa** is an established Researcher and Professor at the University of Johannesburg. He has a DEng from Tokyo Metropolitan Institute of Technology, masters in operations management and manufacturing systems from the University of Nottingham and a BSc (honors) in Mechanical Engineering from the University of Zimbabwe. He has been a British Council Scholar, Japan Foundation Fellow, a Heiwa Nakajima Fellow, a Kubota Foundation Fellow and a Fulbright Fellow. His research interests are in operations management, engineering

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management, energy systems and sustainability assessment. He has published a book, several book chapters and more than 150 articles.