

REDESIGNING THE PATIENT JOURNEY

A practical approach

Projects that generate measurable results and increase staff capability are a practical starting point for many redesign programs. As well as measurable results, such projects provide a vehicle for an organisation to learn and adapt proven improvement methods to their requirements. This can take place while the critical and more far reaching leadership and cultural change elements are developed.

The following projects have delivered results and staff with increased capability and confidence in the science of deliberate improvement.

Case Study: - Peter James Centre & Wantirna Health: "Model of Care"

The challenge

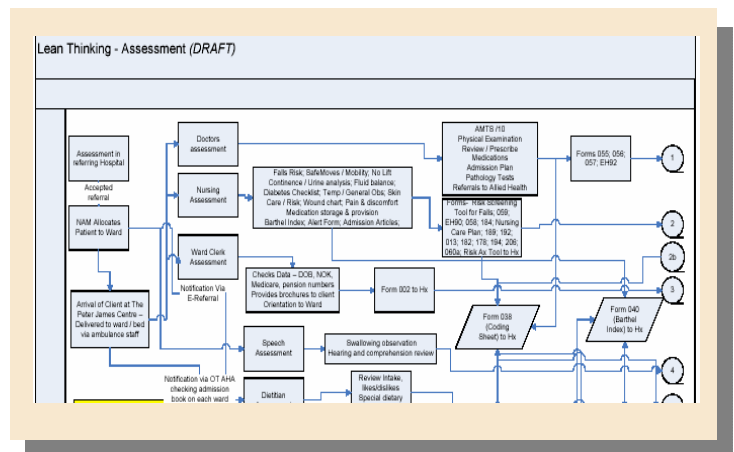
The Peter James Centre and Wantirna Health (PJC & WH) provides a broad range of sub-acute services to clients within the Eastern Health catchment of some 800,000 people. These services focus on aged care, rehabilitation and palliative care.

Following a series of staff workshops in December 2006, a project team was established to focus on improving the efficiency and patient outcomes of its core care process. The core care process was divided into four stages: access, assessment, care planning & evaluation, and discharge.

The approach

The deliberate improvement methods of Lean Thinking were chosen as the foundation of the approach. They were seen to be congruent with approaches being developed and deployed at other leading hospitals, the Victorian Department of Human Services, and by successful organisations in other industries.

ACIG was engaged to bring the method and experience of deliberate improvement to the project, particularly the concepts and tools of Lean Thinking. The hospital working parties and facilitators were introduced to ACIG's DIAGNOSE project method, and then coached throughout the period of the project.



The method and associated support included:

- A one day action learning exercise where the trainee facilitators and facility staff were introduced to the principles of Lean Thinking and the tools of improvement in a case study based exercise.
- Coaching to develop the capability of the facilitators throughout the course of the working parties. This coaching included the principles and tools of Lean Thinking, as well as team facilitation.

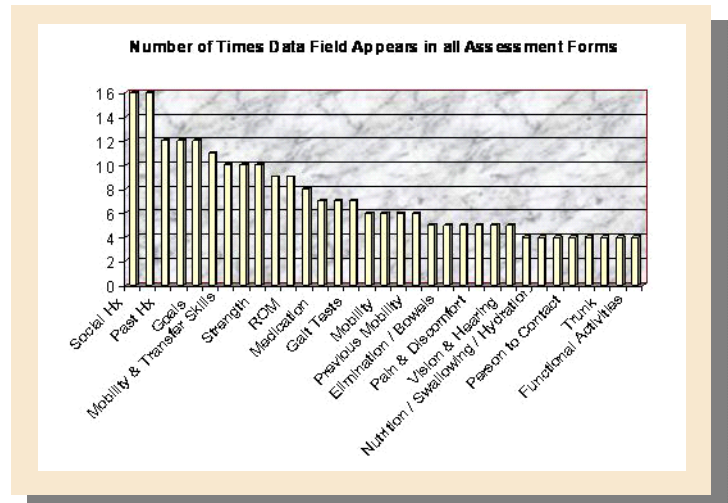
The deliverables required by PJC & WH included capacity building throughout the organisation to provide staff with the skills to facilitate ongoing deliberate improvement activities.

The Findings

Four working parties were facilitated through a process that included mapping the activity stream for their stage of the patient journey. Team based mapping always has an impact as those involved see the frustration of daily work appear as a braided stream of activity and visible confusion; these working parties were no different. Each of the four working parties identified many opportunities for improvement. Findings included:

- Referral forms typically contained missing or incorrect information for many fields. For example - 53% for entries in medication fields for external hospital referrals. This generated a large aggregate amount of wasted professional staff time.
- Up to 7 disciplines interviewed patients on day one. Patients were often overwhelmed by the process.
- No single clear description of patient goals or a care plan eventuated from the assessment. This meant an absence of a reference point for later decisions.
- Team care conferences were found to be very inefficient: 32% of patients did not have a care planning discussion documented in their medical record.
- Discharge was often delayed due to delays accessing handyman services to modify patients' homes.

These findings are not unique to Peter James Centre – they are typical of many health services. However, the process by which they were discovered, by a working party of clinical and service professionals using the tools of deliberate improvement, ensured there was a strong commitment to change.



Pareto charts help to identify improvement priorities

The Results

Results have been dramatic and include:

- 47 admission assessment form options have been reduced to 7 – an 85% improvement. Similarly the number of different data fields has reduced from about 215 in those 47 forms to about 75 aligned across the 7 forms – a 65% improvement.
- Over 50% of patients now have documented evidence of functionally based goals – previous audits indicated that no patient file had such documented evidence. In addition there is now clear documentation of team meeting outputs in line with functional domains.
- Every patient now has a designated Key Contact Person to reduce the frustration, confusion and misunderstandings for patients, their families and staff that previously occurred as the result of mixed communication channels.

Perhaps the most exciting outcome had been the increased capability of staff in the use of the tools and methods of Lean Thinking. They have since gone on to tackle other problem areas in their drive for improvement.

Critical success factor

A critical factor in the success of this phase of change at Peter James Centre has been the leadership of the General Manager, Ms. Janet Compton. ACIG has observed over many years of contribution to change and deliberate improvement projects that success and sustainability are ultimately dependent on the quality of leadership. This leadership was evident by the commitment of resources, public support and recognition for the teams, a clear expectation of the outcome, flexibility with the specific recommendations to edify the involved staff, and providing facilitators the time to learn and apply the Lean Thinking methods.

Case Study – Outpatients Department: “The Red Tick”

The challenge

The Maroondah Hospital Outpatients Department experiences a high volume of patient traffic and, like all outpatient departments, is an important interface between the hospital and the community.

The hospital identified a number of concerns that affect outcomes for patients and impact on the workload and professional satisfaction of staff. These included:

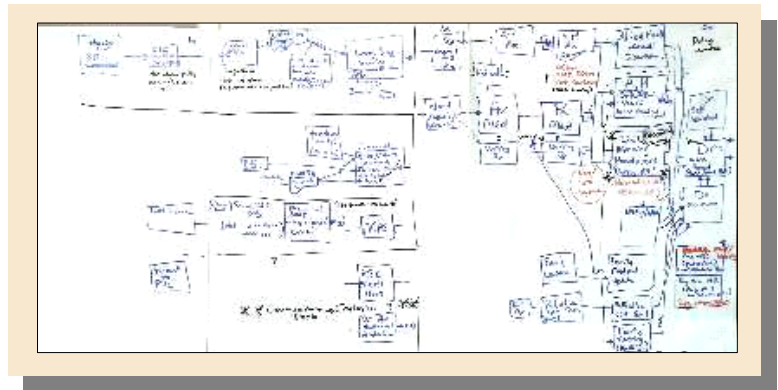
- Cumbersome administrative processes due to the volume of patients attending the clinics.
- Habitual overbooking to counter the ‘failure to attend’ issues, however this created workload issues for administration and clinical support staff.
- Counter queues, frustration and crowding in the outpatient clinic reception and waiting areas.

The approach

The hospital decided to apply a ‘Lean Thinking’ approach and build on previous deliberate improvement efforts such as the Patient Flow Collaborative.

The deliverables required by Maroondah Hospital were:

- Specific recommendations to visibly and measurably improve the work and service within outpatients.
- Capability development. Maroondah expects that significant improvements to the Outpatient Department will require many successive projects due to the complexity of the service. Developing staff capability with deliberate improvement is seen as a foundation element to this program of improvement.



Mapping processes helps to identify improvement opportunities

ACIG was engaged to bring experience and method to the project. The hospital working party and facilitators were introduced to ACIG’s ‘DIAGNOSE’ project method, and then coached throughout the period of the project.

The Findings

The project team identified issues which they felt would make a significant initial improvement and were within their control. Two opportunities were chosen for immediate attention: ‘failure to attend’ and the ‘movement of patient histories’.

Activity stream mapping and floor plan mapping of the movement of patient histories identified four opportunities for immediate improvement, one of which was the ‘Red Tick’. At the end of every clinic nursing staff would put a red tick next to the name of every patient on the clinic list whose history was in the file trolley. Files were later scanned by HIS staff on removal from the trolley. The ‘Red Tick’ took 10-20 minutes per clinic and was determined to have no value – it was a process habit.

The Results

The red tick activity was immediately ceased! This one change was estimated to release about 350 nurse hours per year. This time is now available for direct patient care.

The most important result was working party and facilitator confidence with the methods and tools of deliberate improvement. Enthusiasm soared to apply other identified improvements, such as the relocation of history preparation and storage.

Case Study – Effective Discharge

The challenge

Williamstown Hospital saw an opportunity to improve the discharge planning process and took up the challenge.

Improvement teams, led by the Nursing Unit Managers (NUMs), were set up in the surgical/obstetrics ward, the medical ward and the aged care unit.

ACIG tailored the approach and training to Williamstown Hospital's needs. Participants included doctors, physiotherapists, occupational therapists, nursing and administrative staff. ACIG then supported the teams through the early stages of planning and analysis.

The Results

A suite of positive outcomes resulted from the project.

- Specific changes due to the three projects included: case conference restructure, changes to the medical record structure, medical records forms redesign, the installation of a document control system, and a data suite to ensure the required patient data would be collected at admission.
- The project was presented at the Australasian Association for Quality in Health Care conference.
- The Victorian Department of Human Services recognised the Hospital for its achievement and its improvement in discharge planning with a monetary bonus.

The Success...

The intention was to move from a culture described as people jumping to quick fixes based on little data and consultation to one where everyone would be involved with determining the underlying or root-cause of the problem, then coming up with a solution that everyone understands and supports.

"It was a lesson in clear thinking", explained Liz, NUM of the Surgical/ Maternity ward. "It enables you to take a step back and see the whole process".

Rebecca, Medical Ward NUM, said, *"We learnt that with a proper analysis we have evidence to present to people; it is easier to sell the change".*

The General Manager summed up the process as *"...the most successful quality improvement project I have done."*



Effective team facilitation is a critical success factor

ACIG – www.acig.com.au

ACIG was founded in 1992 to meet the needs of business and government by providing services to improve performance, productivity and teamwork. We do this by working with clients to understand their requirements and then deliver programs that focus on domains such as organisational culture, change management, deliberate improvement, customer service, human resource management, financial management and quality assurance.

David Smith has over 20 years experience in both the private and public sectors as a consultant and organisational change agent in deliberate continuous improvement and quality management. The primary focus of David's experience has been in health services and local government.

To find out how you can achieve results similar to these case studies call David on 03 9650 7222 or 0414 858 576.

