Solid gains throughout an Acute Hospital

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Mark de Kiewiet

After a successful career starting as a Metallurgist in Gold and Diamond mining, ending up as the Operational Manager of an Alumina refining and Chemical Plant, Mark established an Industrial Educational Company helping individuals, organizations and companies achieve the extraordinary.

Mark was introduced to Elli Goldratt and TOC in 1978, Project Management in 1977, Lean in 1979, and Six Sigma in 1996. It was not until 1999 that Mark combined all four methodologies to help companies. Mark's goal was to develop a methodology that was technology independent and could be used across any field and culture.

Having worked in food, oil, automotive, refining, smelting, logistics, banking and insurance, Mark entered the Healthcare industry in 2004 helping Kaiser Permanente in 4 out of their 6 regions. In 2009, Mark started with the NHS in the UK.

De Kiewiet Associates

The Acute Hospitals

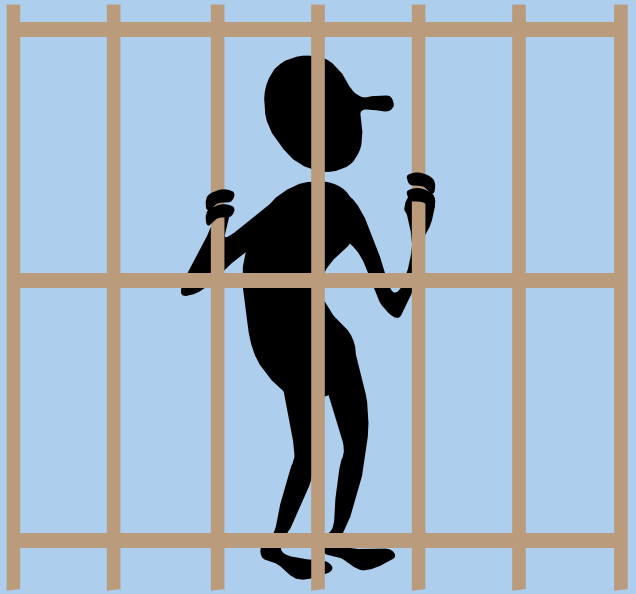
- Three former district hospitals formed a trust in 1999
- They served a permanent population of around 260,000 people and have one of the highest proportions of older people in the country
- With 518 inpatient beds, employ around 2,900 staff and seeing more than 390,000 patients a year
- It also is a coastal resort area attracting more than 5M visitors, placing a non-predictable seasonal demand on healthcare
- Adding to the complexity, it is the regional Spinal Injuries Centre servicing an additional 8M people
- Pathology reports 6.9 million test results annually
- Rotate in (25) junior doctors twice a year
- Hospital sterilization and decontamination unit handles 900 kits per week

The Burning Platform

- Need to achieve Foundation Trust status
- Need an annual savings of 6%
- Missing key government performance metrics
- Have to do more with existing or less resources

Paradigms

- Policy
- Micro-focusing leads to better service
- Batching is more efficient
- Job quality - ignoring flow
- I know the Customer
- Trust is managed through Departments (sub-optimization)



Dealing with Resistance to change

- Kotter – 1% of organizations are coping with change.
- Emphasis that they (the staff) are the subject matter experts. My expertise is process and systems.
- Small tests of change, then leverage the change throughout the rest of the organization.
- What is in it for them?
- “The Mermaid”; What is it? Is it realistic? Can it come along?
- What are the alligators?

Staff need to personalize the patient journey

Rollout

- This needed to be self funding – Used the RHS of the S&T tree for buy-in
- Direction Top down, implementation bottom up
- COO as sponsor
- Open peoples' minds – Create a vision which can be internalize
- Hoshin planning – every project undertaken had to link to either an operating or strategy item; verify using the X-matric
- Tool training JIT and project specific
- Hospital wide communication
- Each change seen as a project – objective, end date, start date, Knowledge Notebook or One Point Lesson
- Learn to see

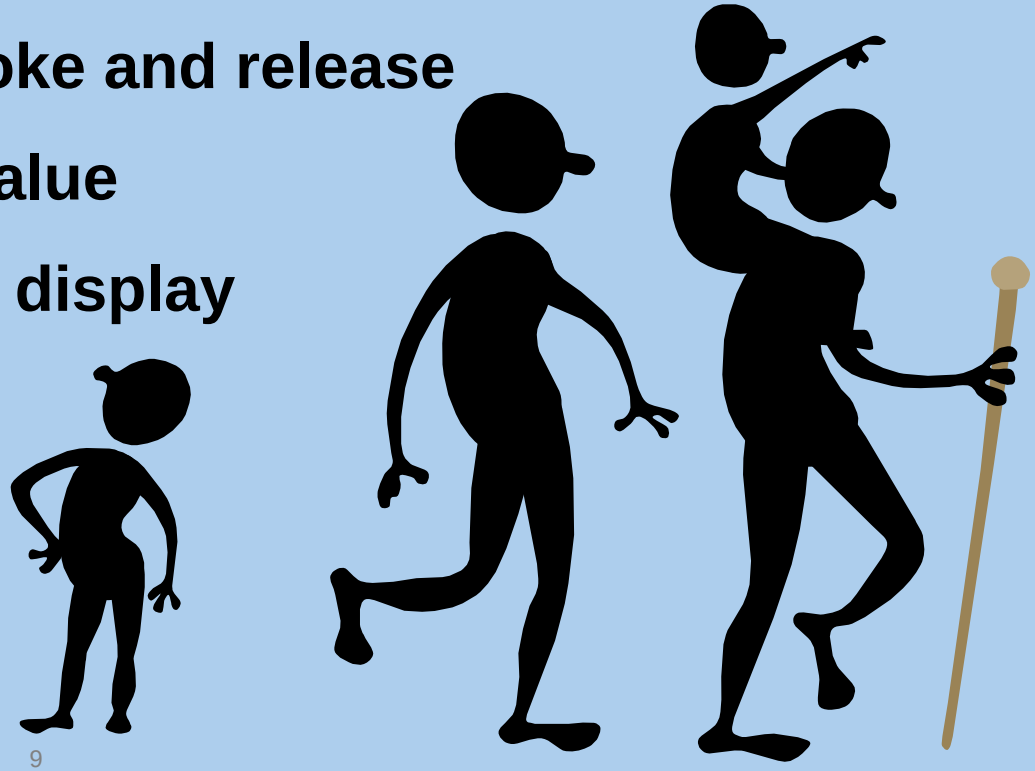
If the patient was you or your child would you accept the current service?

Complete Kitting

- Coming on shift
- A patient for an operation
- Sending a patient to another department or ward
- A patient for discharge

Project Management

- Schedule projects based on resource availability
- Project prioritization criteria
- Projects divided into three categories
- Phased Project Pipeline – choke and release
- Projects have a net present value
- Project dashboard and visual display
- Define meetings



Issues

- Time to care
- Bed board - nightly scramble to find beds for the night and for reserve
- Patients triaged several times
- Improvement teams had to be lead by a physician
- It is not “if” something can be done, it is “how” can things be done.
- Flow needed to include process, information and patient

Issues

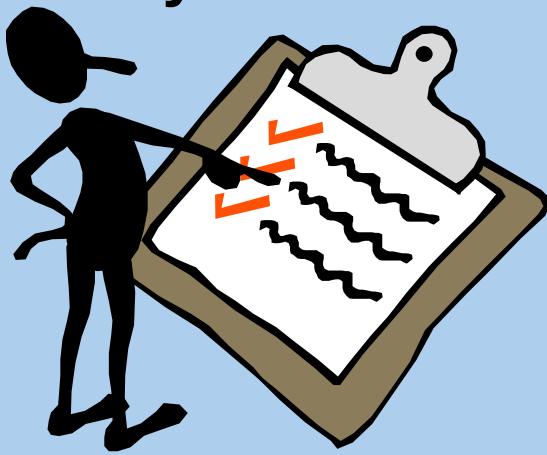
- Beware of goals
- “it is what it is” It is not a blame game, but a land of opportunity.
- When results were not forthcoming, pressure was exerted on the staff rather than focusing on the process which produces the results
- Emails became a replacement for face-to-face or phone calls

Changes made

- Discharge lounge
- Short stay unit
- Appointments – while you wait
- Every project had a visual display
- Wards treated as buffers
- Buffer management for discharge dates
- Pre-op surgical lounge
- Matched staffing levels to demand
- Added metrics to control points in pathways to monitor flow and predict future needs

Lessons Learnt

- Flow should be considered from a system or Pathway and not just a department perspective
- Physicians need to champion projects
- Need early big successes to obtain credibility
- Do not forget to celebrate and allow soak time



- Needed to have spent more time with Leadership up front – understanding and buy-in
- It is not just about operations, Finance and HR need to get involved
- Sometimes, so busy being busy, that you cannot move forward – need time to reflect

Lessons Learnt 2

- Focusing step important to get everyone on the same page
- DBR worked well in X-ray
- Reduce batching – A&E, X-ray, Pathology, Sterilization
- Prioritization is a form of batching
- Need a fulltime internal Champion who has political savvy and can bat for you.
- Triad approach – technical (tools) , Organizational (People), and Structure (Processes, procedures and policies)

Lessons Learnt 3

- Communications – timely, frequent and simple/short
- Pathways – patient focused journeys
- IT is an enabler – to serve not be served
- Simple fixes before high tech
- Nothing replaces Common sense
- Successes told by those involved is more powerful than by management
- Immediate Non-financial rewards more effective
- Before and after data need to be recorded
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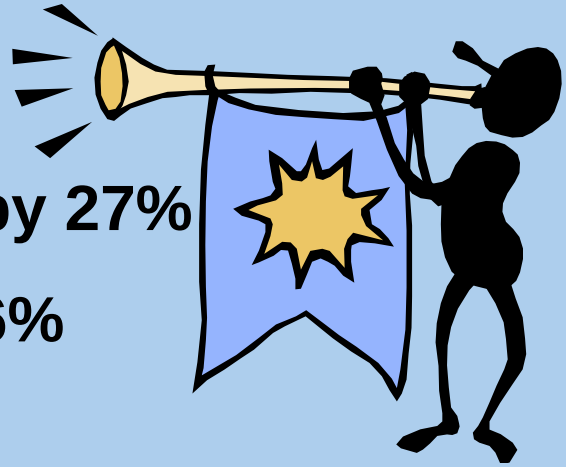
First Year Results Sustained

- 5S
- 25 Knowledge Notebooks completed
- Improved utilization of the Treatment Centre by 27%
- LoS beyond target discharge date down by 96%
- Re-admissions down by 45%
- Hospital (and A&E) admissions down by 12%
- X-ray minor injury patients past 30 min. reduced by 87%
- Radiology Reporting times reduced by 27% and a 97% reduction in the number of outstanding report days
- Extra meals ordered reduced by 35%



Results cont.

- Histopathology – 84% reduction in process time and 100% on time delivery. Zero overtime
- 100% On-time start in ORs
- OR utilization up from 11% to 18%
- Reduced backlog in Surgery by 10% per month
- 12% reduction in handling time for medicines
- Closed a ward
- 100% A&E wait targets met

Results cont.

- Clinics from 30 to 95% profitable and backlogs down by 50%
- Knock-on effect of projects
- Second and third projects completed
- Appointment schedule while you wait
- Many ‘Just-do-it’ projects done
- A&E Triage down to max twice per Patient
- Sterilization and decontamination department overtime down to zero, variation on SLA for equipment reduced