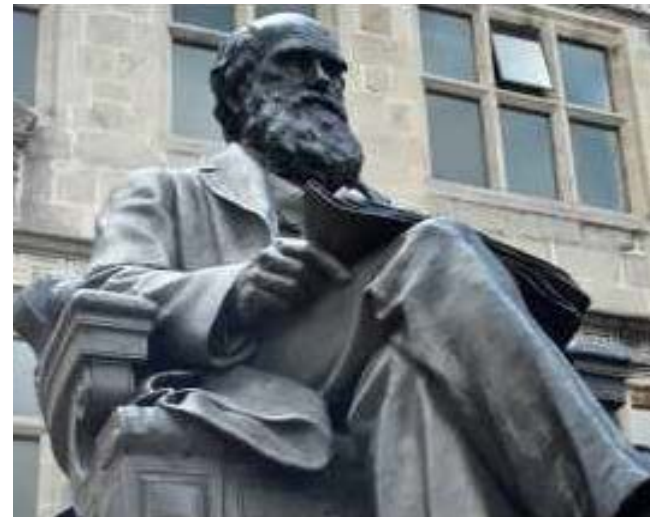


Transforming Care Production System

Report Out June 2016

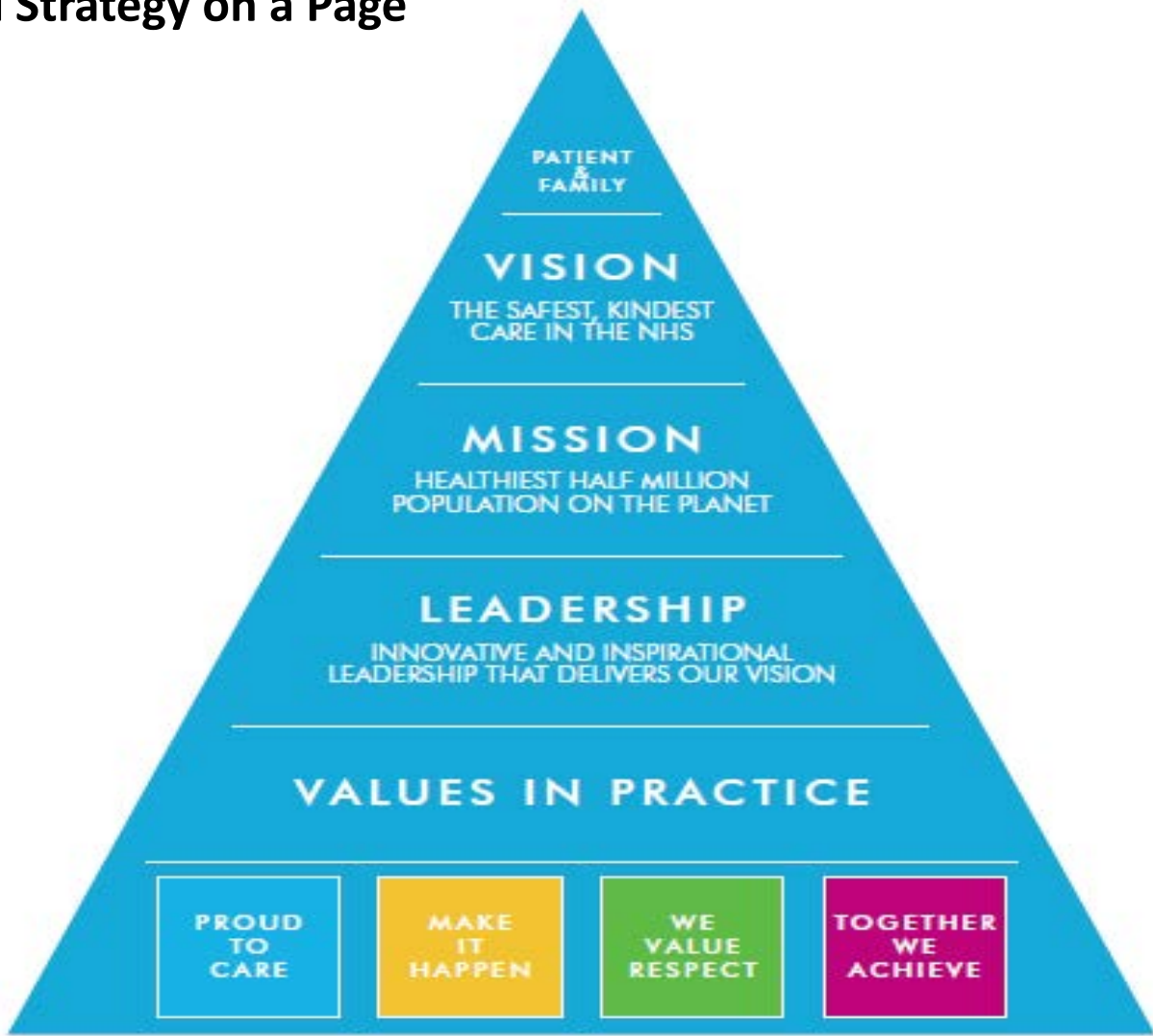
❖ **Simon Wright**
Chief Executive Officer



Belong to something .. transforming

❖ **Cathy Smith**
KPO Lead

Organisational Strategy on a Page



Transforming Care Production System REPORT OUT

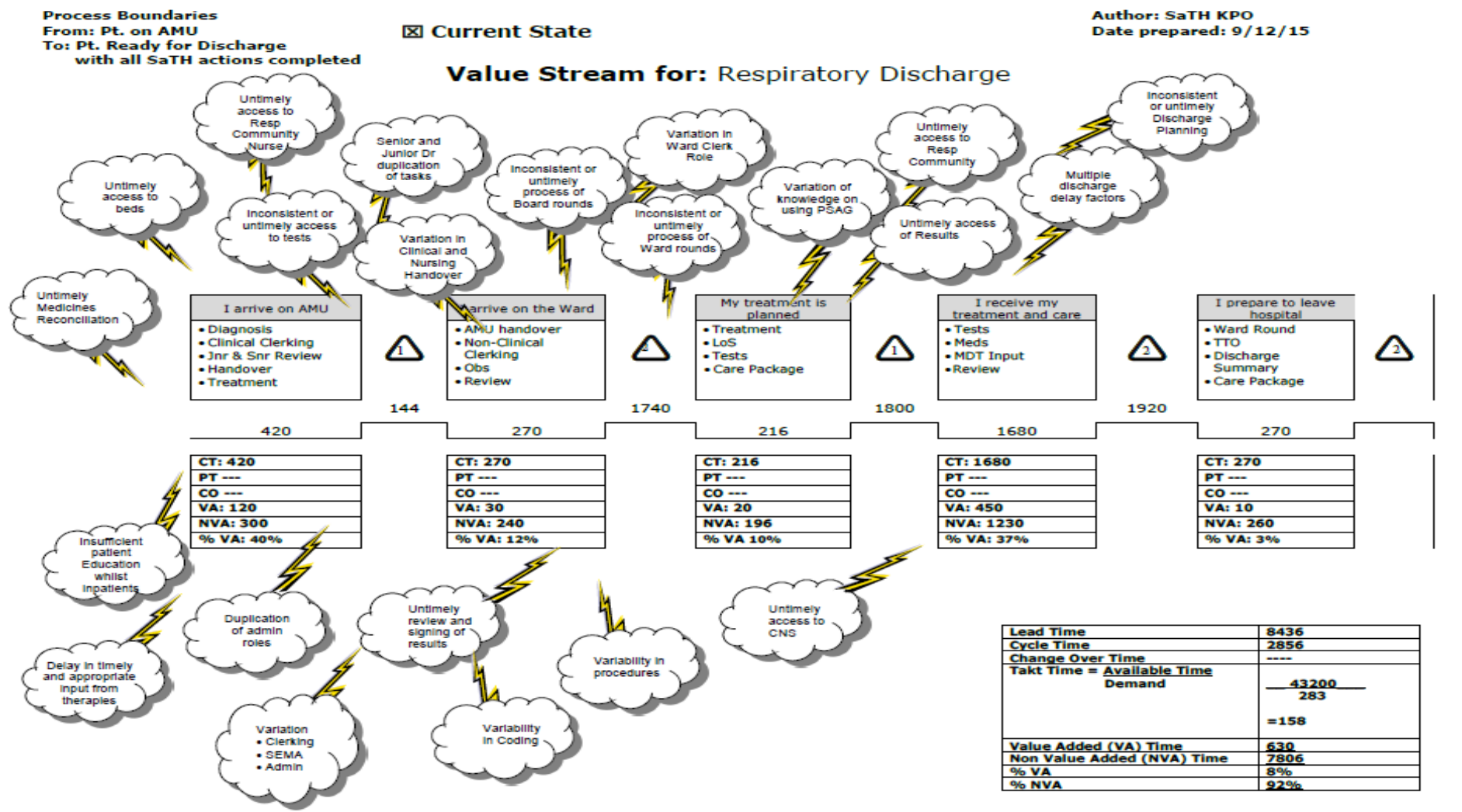
Value Stream #1 – Respiratory Discharge - Metric

Value Stream Metrics	Source	Baseline (Q3 2015)	Target	1 st Quarter 2016/17 (Jun 16)	% Change
Service Metric 1: A. Ward to Board Audit (nursing care element of discharge)	Quality Improvement Dashboard	Wd 9: 86% Wd 27: 100%	100%		
Service Metric 2: A. Ward to Board Audit (patient experience)	Quality Improvement Dashboard	Wd 9: 82% Wd 27: 74%	100%		
Quality Metric 1: A. Target % of discharges per week per day	Unscheduled Care Group	Wd 9: 78.6% Wd 2: 87.1%	100%		
Quality Metric 2: A. Performance against number discharges prior to 1pm	Information Team	Wd 9: 53.6% Wd 27: 21.4%	35%		
Delivery Metric 1: A. Actual against next day discharge list	PSAG	Wd 9: 67% Wd 27: 88%	90% 95%		
Delivery Metric 2: A. Readmissions within 72 hours	Info department	Wd 9: 1 Wd 27: 1	≤1 0		
Delivery Metric 3: A. Lead time	KPO	Wd 9: 140.6 Wd 27: 140.6	7-5 days 4.5 days		
Morale Metric 1: A. Staff engagement score	Workforce	Wd 9: 3.36 Wd 27: 3.51	5		
Morale Metric 2: A. Sickness rates	Workforce	Wd 9: 13.08% Wd 27: 7.06%	3.5%		
Cost Metric 1: A. Days beyond Trim Point	Information Team	Wd 9: 28 Wd 27: 58	30%		
Cost Metric 2: A. Temporary staffing usage (#shifts covered agency/bank)	Workforce	Wd 9: 101/47 Wd 27: 146/113	50%		

Key Dates

- Sponsor Team Monthly Meeting 14.06.16
- VS#1 RPIW #1 90-day remeasure due 10.06.16
- VS#1 RPIW #1 120-day remeasure due 10.07.16
- VS#1 RPIW #2 (Internal discharge planning) 20.06.16 – 24.06.16
- VS#1 RPIW #3 (Handover to Inpatient Ward) 10.10.16 – 14.10.16

Value Stream #1 – Respiratory Discharge – Macro VSM



Value Stream #1 – Respiratory Discharge – Future VSM

Process Boundaries
From: Patient on AMU

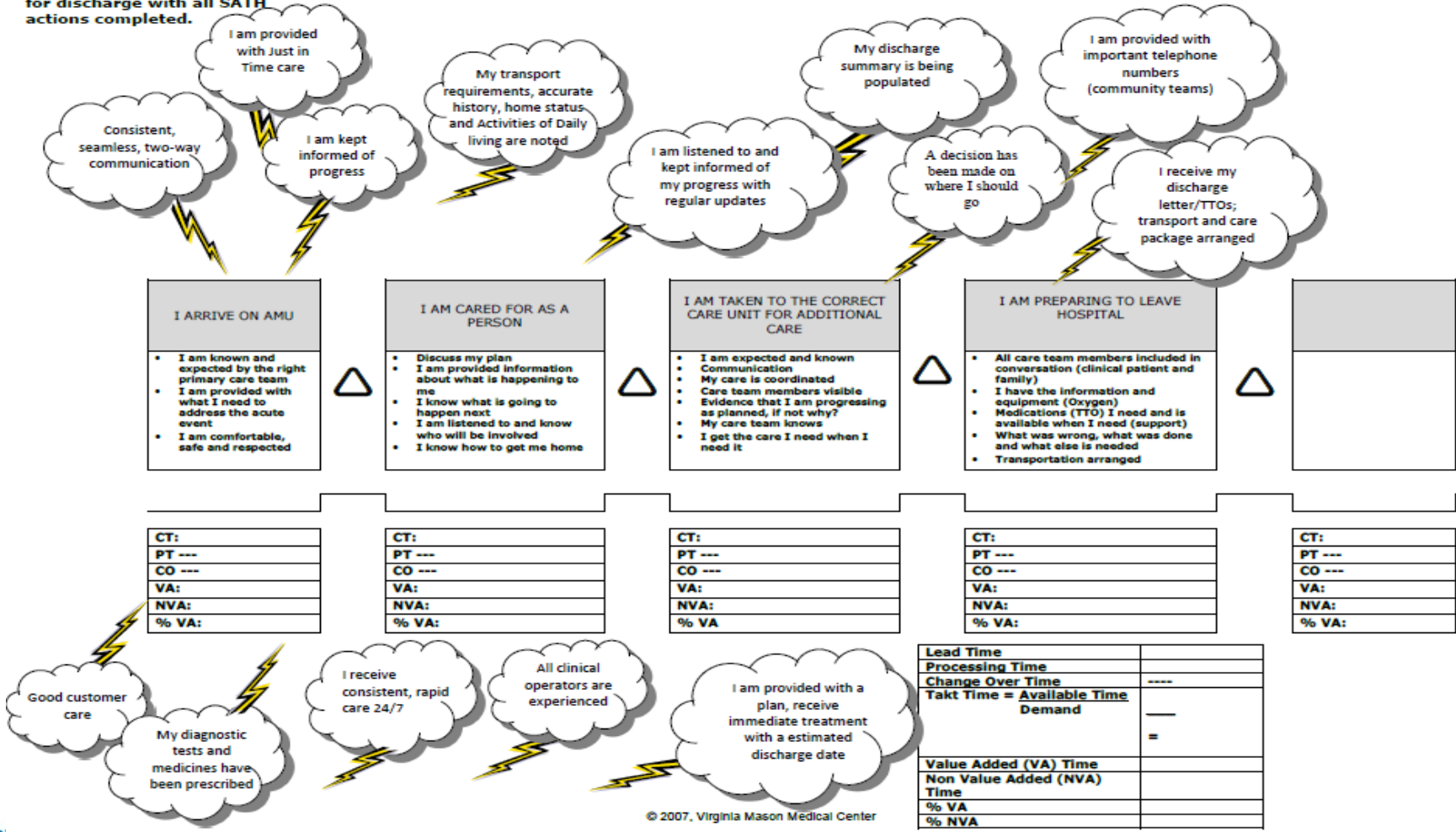
☒ Future State

Author:

Date prepared:

To: Patient ready for discharge with all SATH actions completed.

Value Stream for: Respiratory Discharge



© 2007, Virginia Mason Medical Center

Next Steps 120 days

Value Stream #1 (Respiratory) – RPIW #1 (Front Door) - Target Progress Report (TPR)

Metric (units of measurement)	Baseline	Target	Day 2	Day 3	Day 4	Final	30 days 11/4/16	60 days 11/5/16	90 days 13/6/16	% Change
Space Square footage utilized in the process		Refer to VSM								
Inventory Dollar value of supplies on the shelf waiting to be used		Refer to VSM								
Walking Distance Distance measured in steps traveled by the staff in the process.		50% reduction								
ACP/Jnr DR	462	231	N/A	N/A	10	10	4	9	10	98%
RN	420	210			161	161	76	30	80	81%
HCA	246	123			38	38	60	10	76	69%
Patient	92	46			20	20	30	31	28	70%
Parts Travel Distance Distance measured in feet traveled by the parts in the process		50% reduction								
ECG machine	102	51	N/A	N/A	14	14	0	0	0	100%
Observation machine	32	16			0	0	0	0	0	100%
Lead Time Time measured in minutes or seconds as appropriate to the process being studied Lead time (minutes)		65 % reduction			(SIM)	(SIM)				
	3hs 24 min	1hr 12min	N/A	N/A	2hr 3min	2hr3min	1hr 30min	3hr 13min	4hr 46 min	-29%
Sum of Cycle Times (minutes)	2hr 27min	51 min			1hr6min	1hr6min	52min	60min	51min	68%
Work in Process (WIP) Counted number of work within the process at a specific point in time (document time)	2		N/A	N/A	2	2	2	2	2	0%
Standard Work In Process (SWIP) Lead time divided by takt time. Percent target should be the same as lead time target. Must be a WHOLE number.	1		N/A	N/A	1	1	1	1	1	0%
Quality (defects)(%) Defects measured as a percent of total products/services produced. You must include specific data (e.g., "3 defects of 12 products) in this box.										
% of X-ray request forms with missing MD initials/GMC No/illegible	75%	0%			6.6%	6.6%	50%	3%	9%	88%
Missing stock items	80%	0%	N/A	N/A	17%	17%	3.3%	0%	0%	100%
Privacy and dignity (swab/blood/history taken in public area)***	80 %	0%			0%	0%	0%	0%	0%	100%
Productivity Gain		Refer to VSM								
Environmental, Health & Safety (5S) Measured as a Level from 1 to 5 (there is no level 0), as described in the 5S Audit Tool. (Consultant room 1)	Level 1	Level 4	N/A	N/A	Level 2	Level 2	Level 3	Level 3	Level 4	75%



Kaizen Promotion Office in partnership with Virginia Mason Institute

Proud To Care
Make It Happen
We Value Respect
Together We Achieve

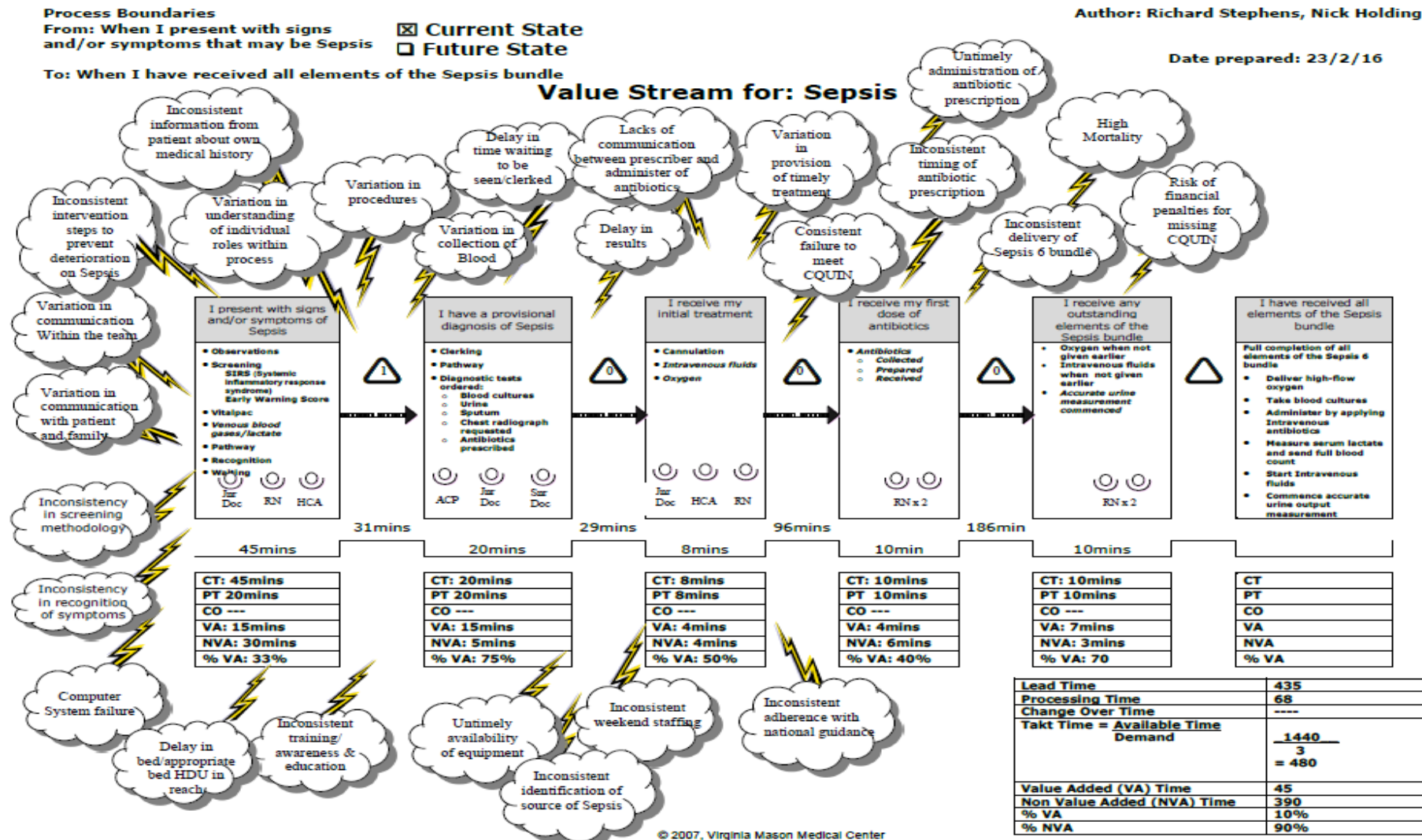
Value Stream #2 – Sepsis - Metric

Value Stream Metrics	Source	Baseline (Q3 2015)	Target	1 st Quarter 2016/17 (Jun 16)	% Change
Service Metric 1: A. <i>Patient/carer aware of their plan of care</i>	Ward to Board – Patient Experience Question	Q3 2015 84.8%	100%		
Service Metric 2: A. <i>Patient Experience Score – Overall score</i>	Ward to Board – Patient Experience	Q3 2015 84.0%	90%		
Quality Metric 1: A. <i>Sepsis 6 delivered in 1hr</i>	CQUIN	Q2 2015 21.9%	100%		
Quality Metric 2: A. <i>Sepsis related deaths (Trust-wide)</i>	Mortality trending data	Q3 2015 4 per month	0		
Delivery Metric 1: A. <i>Lead time</i>	KPO Team observations	Initial observations 427 mins	60 mins		
Delivery Metric 2: A. <i>Length of Stay</i>	Info department	Q3 2015 8.6 days	5 days		
Morale Metric 1: A. <i>Staff Engagement Score</i>	Annual Staff survey	2015/16 3.7 (out of 5)	5 out of 5		
Morale Metric 2: A. <i>Staff Satisfaction ("I am satisfied with care I give" – those who agree)</i>	Annual Staff survey	2015/16 51%	100%		
Cost Metric 1: A. <i>Delivery of Care (Trust-wide)</i>	Finance	Q3 2015 £278,733.00	TBC		
Cost Metric 2: A. <i>Average Cost per Case (Trust-wide)</i>	Finance	Q3 2015 £1,336.00	TBC		

Key Dates

- Sponsor Team Monthly Meeting 13.06.16
- VS#2 RPIW #2 60-day remeasure due 24.06.16
- VS#2 RPIW #2 90-day remeasure due 22.07.16
- VS#2 RPIW #2 (Commencement of Sepsis 6) 08.08.16 – 12.08.16

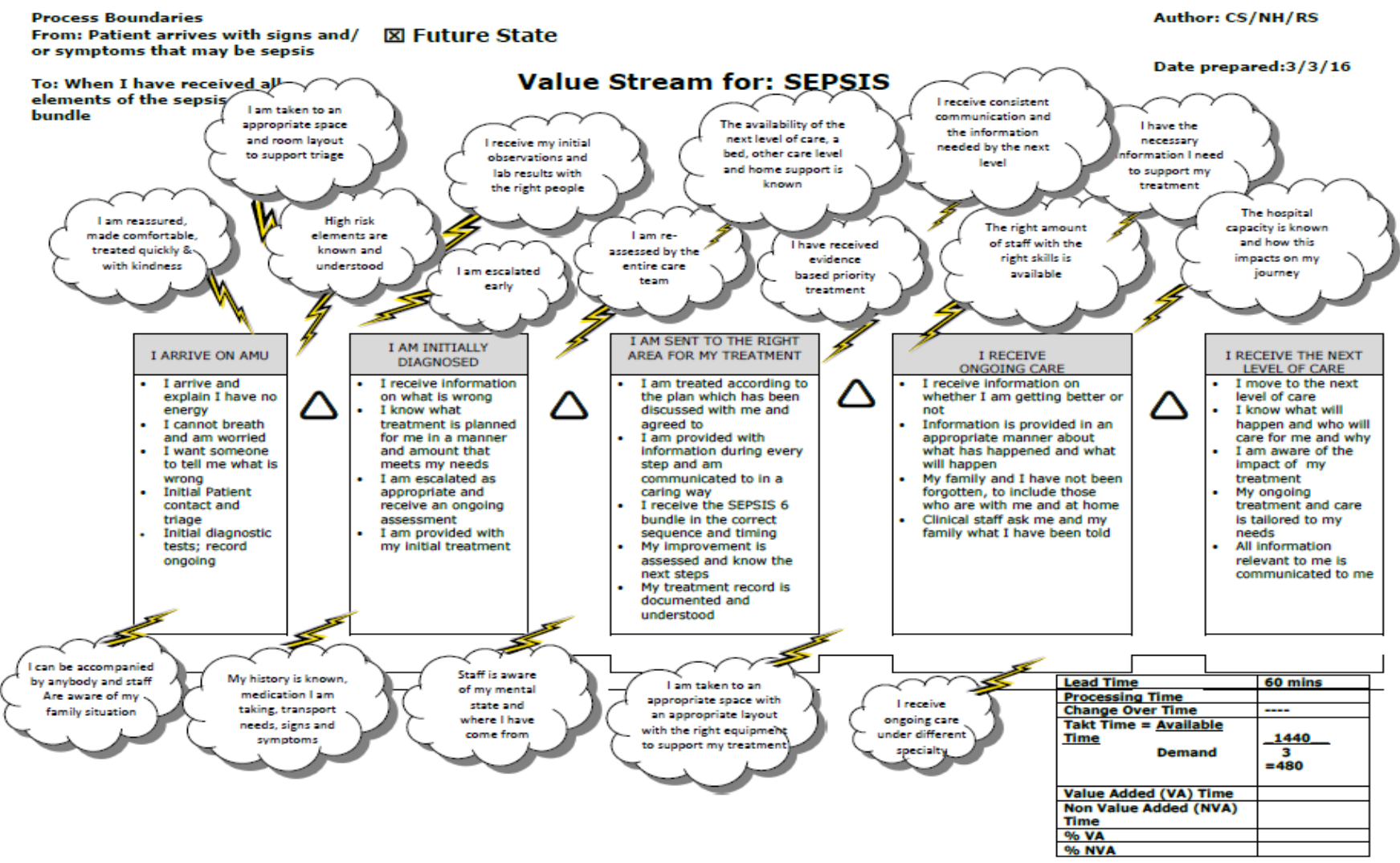
Value Stream #2 – Sepsis – Macro VSM



Kaizen Promotion Office in partnership with Virginia Mason Institute





Value Stream #2 – Sepsis– Future VSM



Value Stream #2 Sepsis – RPIW #1 (Screening and Recognition) Target Progress Report (TPR)

Metric (units of measurement)	Baseline	Target	Day 2	Day 3	Day 4	Final	30 days 27/05/16	60 days 24/06/16	90 days 22/07/16	% Change
Walking/Travel Distance Distance measured in feet traveled by patient in the process. <ul style="list-style-type: none"> Number of steps taken by patient before they are reviewed for signs and/or symptoms of Sepsis 	84	50% reduction 42	N/A	22	22	22	22	Next step		74%
Parts Travel Distance Distance measured in steps traveled by the parts in the process. <ul style="list-style-type: none"> Observation machine Wheelchair 	62 409	50% reduction 31 204	N/A	2 29	2 29	2 29	2 29			97% 93%
Lead Time Time measured in minutes or seconds as appropriate to the process being studied <ul style="list-style-type: none"> Lead time (minutes) Cycle Time for completion of Nursing Documentation. (which may include unnecessary elements leading to delay in continuing patient care) (minutes) 	76mins 45mins	50% reduction 38mins 22mins	N/A N/A	N/A N/A	31mins 11mins	31mins 11mins	36mins 10mins			53% 78%
Work in Process (WIP) Counted number of work within the process at a specific point in time	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Standard Work In Process (SWIP) Lead time divided by takt time. Percent target should be the same as lead time target. Must be a WHOLE number.	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Quality (defects)(%) Defects measured as a percent of total products/services produced. You must include specific data (e.g., "3 defects of 12 products) in this box. <ul style="list-style-type: none"> % of patients who did not have a screening tool used during their observations and assessment % of patients who did not have a standardised basic review (sepsis) on arrival % of patients who had intervention* undertaken in public area (privacy and dignity) *observations/swab/history 	100% 100% 80%	0% 0% 0%	N/A N/A N/A	N/A 0% N/A	0% 0% 0%	0% 0% 0%	30% 0% 0%			70% 100% 100%
Environmental, Health & Safety (5S) Measured as a Level from 1 to 5 (there is no level 0), as described in the Consultation Room	Level 1	Level 4	Level 2	Level 3	Level 3	Level 3	Level 3			50%
Remarks: (Team Leader to complete):										

Organisational Objectives	Value Stream	Report Out Updates	KPO Overview	Improvement Stream
<p>Trust Strategy launch planned for 20.07.16</p>  <p>Transforming Care Institute September 2016</p> <p>Leadership Academy October 2016</p> <p>Integration System</p> <p>Sustainability Plan</p> <p>Transforming Care Production System</p> <p>Leadership Academy</p> 	<div>Value Stream #1 Discharge process for respiratory patients. From the patient arrives to ready for discharge</div> <ul style="list-style-type: none"> 5 topics for RPIW's identified Executive sponsor: Debbie Kadum (COO). First RPIW held March 2016 120-day re-measure due 10.07.16 Second RPIW [Early Discharge Plan] planned for 20.06.16 – 24.06.16 Third RPIW [Handover to inpatient Ward] planned for 10.10.16 – 14.10.16 <div>Value Stream #2 Pathway for Patients with signs of Sepsis</div> <ul style="list-style-type: none"> 4 topics for RPIW's identified Executive Sponsor: Edwin Borman (Medical Director) RPIW held April 2016 60-day re-measure due 24.06.16 Second RPIW [Commencement of Sepsis 6] planned for 08.08.16 – 12.08.16 <div>Value Stream #3 Recruitment</div> <ul style="list-style-type: none"> Executive Sponsor: Victoria Maher Value Stream boundaries created SDS anticipated September 2016 	<div>Communication and Media</div> <ul style="list-style-type: none"> CEO accountability board functional National Communication Plan developed Implementation of Local Communication Plan commenced Transforming Care Weekly Newsletter produced by KPO Story Board created for local video <div>National Sharing & Learning Event in Coventry 29.06.16</div> <div>Engagement and Pace</div> <div>Compact Development</div> <ul style="list-style-type: none"> Jack and Mary– Jane supporting medical and leadership Compact development Leadership Compact Day on 21.06.16 Over 195 members of staff engaged with VMPS Over 775 members of staff educated from awareness level with VMPS <div>Policy</div> <ul style="list-style-type: none"> Genba Walk Policy complete Genba Walks commenced <div>Learning</div> <ul style="list-style-type: none"> KPO Leads developing learning log to escalate, adopt and spread processes Lean for Leaders launched and participants invited 	<div>Infrastructure / Resources</div> <ul style="list-style-type: none"> KPO Training Plan remains on target Review of organisational meeting structure in progress Standard work for leaders developing <div>Education and Training</div> <ul style="list-style-type: none"> Education and Training Plan on target Transforming Care Methodology Orientation delivered to 64 staff VMPS included in all staff induction Consideration being given for ALT training for Executives and Senior Leaders <div>Lean for Leaders July 2016</div> <div>Future Dates</div> <p>RPIW Weeks:</p> <ul style="list-style-type: none"> RPIW #3 w/c 20.06.16 RPIW #4 w/c 08.08.16 RPIW #5 w/c 10.10.16 RPIW #6 w/c 21.11.16 	<div>Innovation</div> <div>Transforming Care Methodology training in action</div> <ul style="list-style-type: none"> ➤ Cohort #4 08.07.16 ➤ Cohort #5 16.09.16 ➤ Cohort #6 06.12.16 • SAFER • Exemplar Ward <div>TCPS Elements</div> <p>Improvement work within the postal/portering system utilising 5S, Waste Wheel, Standard work sheet, Genba</p> <p>Process improvement work for patient meal service including waste utilising Waste Wheel, Takt Time, Value Stream Mapping, Genba</p> <p>Mapping of HR procedures to identify delay and variability in process utilising Current and Future State Value Stream Mapping</p> <p>Improvement of ward store rooms utilising 5S, Genba</p> <p>Review of IT processes to ensure customer is at the forefront of design and implementation utilising 5 Whys</p>

Engage 100

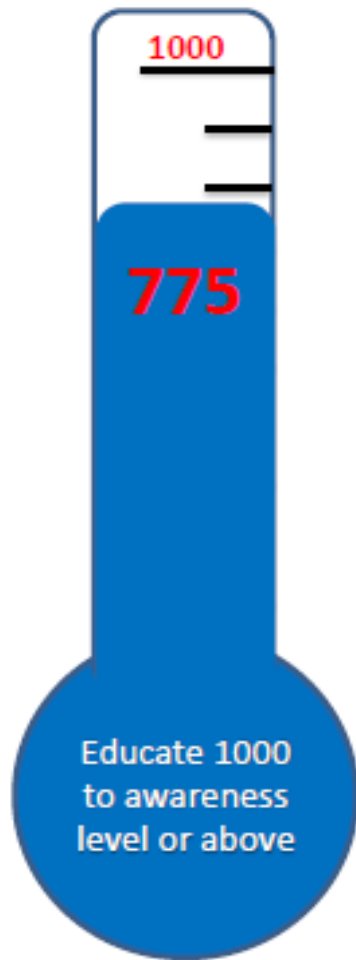


- Almost 200 staff members have now received training and will use the tools/methodology to improve process

Work being undertaken includes:

- Areas of improvement identified within the postal/portering system
- Process improvement for the meal service including waste in the process and over production
- Mapping HR procedures to highlight areas of delay and variability in the process
- Improvement of ward store rooms using 5S tools
- Review of IT processes to ensure the customer is at the forefront when new IT systems are being designed and implemented

Educating 1000



- Induction continues
- Continued Patient Experience & Involvement Panel (PEIP) engagement
 - Genba Walks
 - Feeding into RPIWs
 - Receiving Weekly TC Newsletter
- Non-Executive presentation undertaken at Trust Board Development
- Genba walks used to support embedding of RPIW improvements
- Presentation to Therapy Services