Transforming Care Production System

Report Out
June 2016

❖ Simon Wright
Chief Executive Officer

❖ Cathy Smith
KPO Lead

Belong to something .. transforming
Organisational Strategy on a Page

VISION
THE SAFEST, KINDEST CARE IN THE NHS

MISSION
HEALTHIEST HALF MILLION POPULATION ON THE PLANET

LEADERSHIP
INNOVATIVE AND INSPIRATIONAL LEADERSHIP THAT DELIVER OUR VISION

VALUES IN PRACTICE

PROUD TO CARE
MAKE IT HAPPEN
WE VALUE RESPECT
TOGETHER WE ACHIEVE

Kaizen Promotion Office in partnership with Virginia Mason Institute
## Value Stream #1 – Respiratory Discharge - Metric

<table>
<thead>
<tr>
<th>Value Stream Metrics</th>
<th>Source</th>
<th>Baseline (Q3 2015)</th>
<th>Target</th>
<th>1st Quarter 2016/17 (Jun 16)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Metric 1:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A. Ward to Board Audit (nursing care element of discharge)</td>
<td>Quality Improvement Dashboard</td>
<td>Wd 9: 86% Wd 27: 100%</td>
<td>100%</td>
<td></td>
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<tr>
<td>Service Metric 2:</td>
<td></td>
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</tr>
<tr>
<td>A. Ward to Board Audit (patient experience)</td>
<td>Quality Improvement Dashboard</td>
<td>Wd 9: 82% Wd 27: 74%</td>
<td>100%</td>
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<tr>
<td>Quality Metric 1:</td>
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<tr>
<td>A. Target % of discharges per week per day</td>
<td>Unscheduled Care Group</td>
<td>Wd 9: 78.6% Wd 2: 87.1%</td>
<td>100%</td>
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<tr>
<td>Quality Metric 2:</td>
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</tr>
<tr>
<td>A. Performance against number discharges prior to 1pm</td>
<td>Information Team</td>
<td>Wd 9: 53.6% Wd 27: 21.4%</td>
<td>35%</td>
<td></td>
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<tr>
<td>Delivery Metric 1:</td>
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</tr>
<tr>
<td>A. Actual against next day discharge list</td>
<td>PSAG</td>
<td>Wd 9: 67% Wd 27: 88%</td>
<td>90% 95%</td>
<td></td>
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<tr>
<td>Delivery Metric 2:</td>
<td></td>
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</tr>
<tr>
<td>A. Readmissions within 72 hours</td>
<td>Info department</td>
<td>Wd 9: 1 Wd 27: 1</td>
<td>≤1 0</td>
<td></td>
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</tr>
<tr>
<td>Delivery Metric 3:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A. Lead time</td>
<td>KPO</td>
<td>Wd 9: 140.6 Wd 27: 140.6</td>
<td>7-5 days 4.5 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morale Metric 1:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A. Staff engagement score</td>
<td>Workforce</td>
<td>Wd 9: 3.36 Wd 27: 3.51</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morale Metric 2:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Sickness rates</td>
<td>Workforce</td>
<td>Wd 9: 13.08% Wd 27: 7.06%</td>
<td>3.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost Metric 1:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A. Days beyond Trim Point</td>
<td>Information Team</td>
<td>Wd 9: 28 Wd 27: 58</td>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost Metric 2:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Temporary staffing usage (shifts covered agency/bank)</td>
<td>Workforce</td>
<td>Wd 9: 101/47 Wd 27: 146/11.3</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

Process Boundaries
From: Pt. on AMU
To: Pt. Ready for Discharge
with all SaTH actions completed

Current State

Value Stream for: Respiratory Discharge

I arrive on AMU
• Diagnosis
• Clinical Clerking
• 3hr & Srn Review
• Handover
• Treatment

CT: 430
PT ---
CO ---
VA: 120
NVA: 30B
% VA: 40%

I arrive on the Ward
• AMU handover
• Non-Clinical Clerking
• Obs
• Review

CT: 270
PT ---
CO ---
VA: 20
NVA: 240
% VA: 12%

My treatment is planned
• Treatment
• LoS
• Tests
• Care Package

CT: 215
PT ---
CO ---
VA: 20
NVA: 196
% VA: 10%

I receive my treatment and care
• Tests
• Meds
• MDT Input
• Review

CT: 1680
PT ---
CO ---
VA: 450
NVA: 1230
% VA: 37%

I prepare to leave hospital
• Ward Round
• TTO
• Discharge Summary
• Care Package

CT: 270
PT ---
CO ---
VA: 10
NVA: 240
% VA: 3%

Insufficient patient education whilst inpatients

Delay in timely and appropriate input from therapies

Variability in procedures

Untimely review and signing of results

Untimely access to CNO

Variation
• Clinking
• CEMA
• Admin

Variability in Coding

Insufficient patient education whilst inpatients

Delay in timely and appropriate input from therapies

Variability in procedures

Untimely review and signing of results

Untimely access to CNO

Variation
• Clinking
• CEMA
• Admin

Variability in Coding

Lead Time 9436
Cycle Time 3055

Change Over Time

Takt Time - Available Time
Demand 43200 283
= 158

Value Added (VA) Time 830
Non Value Added (NVA) Time 2906
% VA 9%
% NVA 91%
Value Stream #1 – Respiratory Discharge – Future VSM

**Future State**

**Value Stream for: Respiratory Discharge**

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**I ARRIVE ON AMU**

- I am known and expected by the right primary care team
- I am provided with what I need to address the acute event
- I am comfortable, safe and respected

**I AM CARE FOR AS A PERSON**

- Discuss my plan
- I am provided information about what is happening to me
- I know what is going to happen next
- I am listened to and know who will be involved
- I know how to get me home

**I AM TAKEN TO THE CORRECT CARE UNIT FOR ADDITIONAL CARE**

- I am expected and known
- Communication
- My care is coordinated
- Care team members visible
- Evidence that I am progressing as planned, if not why?
- My care team knows
- I get the care I need when I need it

**I AM PREPARING TO LEAVE HOSPITAL**

- All care team members included in conversation (clinical patient and family)
- I have the information and equipment (Oxygen)
- Medications (TID) I need and is available when I need support
- What was wrong, what was done and what else is needed
- Transportation arranged

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**Lead Time**

<table>
<thead>
<tr>
<th>Processing Time</th>
<th>Change Over Time</th>
<th>Total Time</th>
</tr>
</thead>
</table>

**Takt Time = Available Time**

<table>
<thead>
<tr>
<th>Demand</th>
<th>Value Added (VA) Time</th>
<th>Non Value Added (NVA) Time</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Metric (units of measurement)</th>
<th>Baseline</th>
<th>Target</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Final</th>
<th>30 days</th>
<th>60 days</th>
<th>90 days</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space (square footage utilized in the process)</td>
<td>Refer to VSM</td>
<td></td>
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<tr>
<td>Inventory (dollar value of supplies on the shelf waiting to be used)</td>
<td>Refer to VSM</td>
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<td><strong>Walking Distance</strong></td>
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<tr>
<td>Distance measured in steps traveled by the staff in the process</td>
<td>50% reduction</td>
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<tr>
<td>ACP/Jr Dr</td>
<td>462</td>
<td>231</td>
<td>N/A</td>
<td>N/A</td>
<td>10</td>
<td>16</td>
<td>4</td>
<td>9</td>
<td>10</td>
<td>98%</td>
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<tr>
<td>RN</td>
<td>420</td>
<td>210</td>
<td></td>
<td></td>
<td>161</td>
<td>161</td>
<td>76</td>
<td>30</td>
<td>80</td>
<td>83%</td>
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<tr>
<td>HCA</td>
<td>246</td>
<td>123</td>
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<td>38</td>
<td>38</td>
<td>60</td>
<td>10</td>
<td>76</td>
<td>65%</td>
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<tr>
<td>Patient</td>
<td>92</td>
<td>46</td>
<td></td>
<td></td>
<td>20</td>
<td>20</td>
<td>30</td>
<td>31</td>
<td>28</td>
<td>70%</td>
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<tr>
<td><strong>Parts Travel Distance</strong></td>
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<tr>
<td>Distance measured in feet traveled by the parts in the process</td>
<td>50% reduction</td>
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<tr>
<td>ECG machine</td>
<td>102</td>
<td>51</td>
<td>N/A</td>
<td>N/A</td>
<td>14</td>
<td>14</td>
<td>0</td>
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<td>0</td>
<td>100%</td>
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<tr>
<td>Observation machine</td>
<td>32</td>
<td>16</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>100%</td>
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<tr>
<td><strong>Lead Time</strong></td>
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<tr>
<td>Time measured in minutes or seconds as appropriate to the process being studied</td>
<td>65% reduction</td>
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<tr>
<td>Lead Time (minutes)</td>
<td>3hrs 24min</td>
<td>1hr</td>
<td>12min</td>
<td>N/A</td>
<td>N/A</td>
<td>2hrs</td>
<td>1hr 6min</td>
<td>1hr 6min</td>
<td>52min</td>
<td>60min</td>
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<tr>
<td><strong>Work in Process (WIP)</strong></td>
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<tr>
<td>Counted number of work within the process at a specific point in time (document time)</td>
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<td>2</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0%</td>
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<tr>
<td><strong>Standard Work In Process (SWIP)</strong></td>
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<tr>
<td>Lead time divided by cycle time. Percent target should be the same as lead time target. Must be a WHOLE number.</td>
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<td></td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0%</td>
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<tr>
<td><strong>Quality (defects)(%)</strong></td>
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<tr>
<td>Defects measured as a percent of total products/services produced. You must include specific data (e.g., &quot;3 defects of 12 products&quot;) in this box.</td>
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<tr>
<td>% of X-ray request forms with missing MD initials/GMC No/Illegible</td>
<td>75%</td>
<td>0%</td>
<td></td>
<td></td>
<td>6.6%</td>
<td>6.6%</td>
<td>50%</td>
<td>3%</td>
<td>9%</td>
<td>88%</td>
</tr>
<tr>
<td>Missing stock items</td>
<td>80%</td>
<td>0%</td>
<td>N/A</td>
<td>N/A</td>
<td>17%</td>
<td>17%</td>
<td>3.3%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Privacy and dignity (swab/blood/history taken in public area)***</td>
<td>80%</td>
<td>0%</td>
<td>N/A</td>
<td>N/A</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
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<tr>
<td><strong>Productivity Gain</strong></td>
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<tr>
<td>Environmental, Health &amp; Safety (5S)</td>
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<tr>
<td>Measured as a Level from 1 to 5 (there is no level 0), as described in the 5S Audit Tool (Consultant room 1)</td>
<td>Level 1</td>
<td>Level 4</td>
<td>N/A</td>
<td>N/A</td>
<td>Level 2</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 3</td>
<td>Level 4</td>
<td>75%</td>
</tr>
</tbody>
</table>

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**Next Steps 120 days**
## Value Stream #2 – Sepsis - Metric

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

### 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

Process Boundaries
From: When I present with signs and/or symptoms that may be Sepsis
I present with signs and/or symptoms of Sepsis

Variation in communication within the team
Variation in communication with patient and family
Inconsistency in recognition of symptoms
Inconsistency in screening methodology

I receive my provisional diagnosis of Sepsis
I receive my first dose of antibiotics
I receive any outstanding elements of the Sepsis bundle
I have received all elements of the Sepsis bundle

Consistent failure to meet CQUINs
Risk of financial penalties for missing CQUINs
High Mortality
Un timely administration of antibiotic prescription
Inconsistent delivery of Sepsis bundle

Consistent timing of antibiotic treatment
Inconsistent failure to meet CQUINs

Delay in time waiting to be seen/cleared
Lack of communication between prescriber and administer of antibiotics
Variation in provision of timely treatment

Consistent failure to meet CQUINs
Risk of financial penalties for missing CQUINs
High Mortality
Un timely administration of antibiotic prescription
Inconsistent delivery of Sepsis bundle

Consistent timing of antibiotic treatment
Inconsistent failure to meet CQUINs

Delay in result
Delay in time waiting to be seen/cleared
Lack of communication between prescriber and administer of antibiotics
Variation in provision of timely treatment

Consistent failure to meet CQUINs
Risk of financial penalties for missing CQUINs
High Mortality
Un timely administration of antibiotic prescription
Inconsistent delivery of Sepsis bundle

Consistent timing of antibiotic treatment
Inconsistent failure to meet CQUINs

Inconsistent information from patient about own medical history
Inconsistent intervention steps to prevent deterioration on Sepsis

Variation in understanding of individual roles within process
Variation in procedures
Variation in collection of Blood

I present with signs and/or symptoms of Sepsis

I have a provisional diagnosis of Sepsis

Clincing
Pulse
Diagnostic tests ordered
Blood cultures
Urine
Chest radiograph
Antibiotics prescribed

ACP
Doc
NCA
RN

CT: 45mins
PT: 20mins
CO...
VA: 15mins
NVA: 30mins
% VA: 33%

CT: 20mins
PT: 20mins
CO...
VA: 15mins
NVA: 4mins
% VA: 25%

CT: 8mins
PT: 8mins
CO...
VA: 4mins
NVA: 6mins
% VA: 40%

CT: 10mins
PT: 10mins
CO...
VA: 7mins
NVA: 3mins
% VA: 70%

Value Stream for: Sepsis

Excel Data Document

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Lead Time = 435

Value Added (VA) Time = 45

Non Value Added (NVA) Time = 390

% VA = 10%
% NVA = 90%
Value Stream #2 – Sepsis – Future VSM

**Process Boundaries**
From: Patient arrives with signs and/or symptoms that may be sepsis
To: When I have received all elements of the sepsis bundle

**Future State**

Value Stream for: SEPSIS

- I am taken to an appropriate space and room layout to support triage
- I receive my initial observations and lab results with the right people
- I am reassured, made comfortable, treated quickly & with kindness
- High risk elements are known and understood
- I am escalated early
- I am reassessed by the entire care team
- I have received evidence based priority treatment
- The right amount of staff with the right skills is available
- The availability of the next level of care, a bed, other care level and home support is known
- I receive consistent communication and the information needed by the next level
- I have the necessary information I need to support my treatment
- The hospital capacity is known and how this impacts on my journey

**I ARRIVE ON AMU**
- I arrive and explain I have no energy
- I cannot breath and am worried
- I want someone to tell me what is wrong
- Initial Patient contact and triage
- Initial diagnostic tests; record ongoing

**I AM INITIALLY DIAGNOSED**
- I receive information on what is wrong
- I know what treatment is planned for me in a manner and amount that meets my needs
- I am escalated as appropriate and receive an ongoing assessment
- I am provided with my initial treatment
- I can be accompanied by anybody and staff are aware of my family situation
- My history is known, medication I am taking, transport needs, signs and symptoms
- Staff is aware of my mental state and where I have come from

**I AM SENT TO THE RIGHT AREA FOR MY TREATMENT**
- I am treated according to the plan which has been discussed with me and agreed to
- I am provided with information during every step and am communicated to in a caring way
- I receive the SEPSIS 6 bundle in the correct sequence and timing
- My improvement is assessed and know the next steps
- My treatment record is documented and understood
- I am taken to an appropriate space with an appropriate layout with the right equipment to support my treatment

**I RECEIVE ONGOING CARE**
- I receive information on whether I am getting better or not
- Information is provided in an appropriate manner about what has happened and what will happen
- My family and I have not been forgotten, to include those who are with me and at home
- Clinical staff ask me and my family what I have been told
- I receive ongoing care under different specialty

**I RECEIVE THE NEXT LEVEL OF CARE**
- I move to the next level of care
- I know what will happen and who will care for me and why
- I am aware of the impact of my treatment
- My ongoing treatment and care is tailored to my needs
- All information relevant to me is communicated to me

| Lead Time | 60 mins |
| Processing Time | |
| Change Over Time | ---- |
| Total Time = Available Time | 1440 |
| Demand | 3 |
| =400 |

**Value Added (VA) Time**

| Non Value Added (NVA) Time | |
| % VA | |
| % NVA | |
# Value Stream #2 Sepsis – RPIW #1 (Screening and Recognition) Target Progress Report (TPR)

<table>
<thead>
<tr>
<th>Metric (units of measurement)</th>
<th>Baseline</th>
<th>Target</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Final</th>
<th>30 days</th>
<th>60 days</th>
<th>90 days</th>
<th>% Change</th>
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<tbody>
<tr>
<td>Walking/Travel Distance</td>
<td>84</td>
<td>42</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>27/05/16</td>
<td>24/06/16</td>
<td>22/07/16</td>
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<td>Parts Travel Distance</td>
<td>62</td>
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<td>2</td>
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<td>409</td>
<td>204</td>
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<tr>
<td>Lead Time</td>
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<tr>
<td>Work in Process (WIP)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
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<tr>
<td>Standard Work In Process (SWIP)</td>
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<tr>
<td>Quality (defects) (%)</td>
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<tr>
<td>Environmental, Health &amp; Safety (5S)</td>
<td>Level 1</td>
<td>Level 4</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 3</td>
<td>Level 3</td>
<td>Level 3</td>
<td>Level 3</td>
<td>Level 3</td>
<td>50%</td>
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</table>

**Remarks:** (Team Leader to complete):

Kaizen Promotion Office in partnership with Virginia Mason Institute
<table>
<thead>
<tr>
<th>Organisational Objectives</th>
<th>Value Stream</th>
<th>Report Out Updates</th>
<th>KPO Overview</th>
<th>Improvement Stream</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Strategy launch planned for 20.07.16</td>
<td><strong>Value Stream #1 Discharge process for respiratory patients. From the patient arrives to ready for discharge</strong>&lt;br&gt;- 5 topics for RPIW’s identified&lt;br&gt;- Executive sponsor: Debbie Kadum (COO).&lt;br&gt;- First RPIW held March 2016&lt;br&gt;- 120-day re-measure due 10.07.16&lt;br&gt;- Second RPIW [Early Discharge Plan] planned for 20.06.16 – 24.06.16&lt;br&gt;- Third RPIW [Handover to inpatient Ward] planned for 10.10.16 – 14.10.16</td>
<td><strong>Communication and Media</strong>&lt;br&gt;- CEO accountability board functional&lt;br&gt;- National Communication Plan developed&lt;br&gt;- Implementation of Local Communication Plan commenced&lt;br&gt;- Transforming Care Weekly Newsletter produced by KPO&lt;br&gt;- Story Board created for local video</td>
<td><strong>Infrastructure / Resources</strong>&lt;br&gt;- KPO Training Plan remains on target&lt;br&gt;- Review of organisational meeting structure in progress&lt;br&gt;- Standard work for leaders developing&lt;br&gt;<strong>Education and Training</strong>&lt;br&gt;- Education and Training Plan on target&lt;br&gt;- Transforming Care Methodology Orientation delivered to 64 staff&lt;br&gt;- VMPS included in all staff induction&lt;br&gt;- Consideration being given for ALT training for Executives and Senior Leaders</td>
<td><strong>Innovation</strong>&lt;br&gt;- Transforming Care Methodology training in action&lt;br&gt;- Cohort #4 08.07.16&lt;br&gt;- Cohort #5 16.09.16&lt;br&gt;- Cohort #6 06.12.16&lt;br&gt;- SAFER&lt;br&gt;- Exemplar Ward</td>
</tr>
<tr>
<td>Transforming Care Institute September 2016</td>
<td><strong>Value Stream #2 Pathway for Patients with signs of Sepsis</strong>&lt;br&gt;- 4 topics for RPIW’s identified&lt;br&gt;- Executive Sponsor: Edwin Borman (Medical Director)&lt;br&gt;- RPIW held April 2016&lt;br&gt;- 60-day re-measure due 24.06.16&lt;br&gt;- Second RPIW [Commencement of Sepsis 6] planned for 08.08.16 – 12.08.16</td>
<td><strong>Engagement and Pace</strong>&lt;br&gt;- Jack and Mary– Jane supporting medical and leadership Compact development&lt;br&gt;- Leadership Compact Day on 21.06.16&lt;br&gt;- Over 195 members of staff engaged with VMPS&lt;br&gt;- Over 775 members of staff educated from awareness level with VMPS</td>
<td><strong>Future Dates</strong>&lt;br&gt;- RPIW #3 w/c 20.06.16&lt;br&gt;- RPIW #4 w/c 08.08.16&lt;br&gt;- RPIW #5 w/c 10.10.16&lt;br&gt;- RPIW #6 w/c 21.11.16</td>
<td><strong>TCPS Elements</strong>&lt;br&gt;- Improvement work within the postal/portering system utilising 5S, Waste Wheel, Standard work sheet, Genba&lt;br&gt;- Process improvement work for patient meal service including waste utilising Waste Wheel, Takt Time, Value Stream Mapping, Genba&lt;br&gt;- Mapping of HR procedures to identify delay and variability in process utilising Current and Future State Value Stream Mapping&lt;br&gt;- Improvement of ward store rooms utilising 5S, Genba&lt;br&gt;- Review of IT processes to ensure customer is at the forefront of design and implementation utilising 5 Whys</td>
</tr>
<tr>
<td>Leadership Academy October 2016</td>
<td><strong>Value Stream #3 Recruitment</strong>&lt;br&gt;- Executive Sponsor: Victoria Maher&lt;br&gt;- Value Stream boundaries created&lt;br&gt;- SDS anticipated September 2016</td>
<td><strong>Compact Development</strong>&lt;br&gt;- Genba Walk Policy complete&lt;br&gt;- Genba Walks commenced</td>
<td><strong>Policy</strong>&lt;br&gt;- KPO Leads developing learning log to escalate, adopt and spread processes&lt;br&gt;- Lean for Leaders launched and participants invited</td>
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<tr>
<td>Integration System</td>
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<td>Sustainability Plan</td>
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<td>Transforming Care Production System</td>
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<tr>
<td>Leadership Academy</td>
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</tbody>
</table>
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
• 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