

Transformation Programme (VMI) Update Trust Board Meeting (31.03.16)

1.0 Introduction

This paper provides the Trust Board with the latest update of the Transforming Care transformation programme with Virginia Mason Institute (VMI). Together we aim to make SaTH the safest and kindest hospital in the NHS. We will create the culture and provide a methodology and philosophy to support continuous improvement within our healthcare community.

2.0 Background

SaTH is one of five NHS Trusts on this accelerated transformation programme, made possible with the substantial funding from NHS England, considerable support provided by the Trust Development Authority (TDA) and NHSI. The KPO Team have just supported their RPIW for Value Stream #1 (Respiratory) RPIW #1 Front Door: Diagnosis of Respiratory Condition. The RPIW was hugely successful and attracted generous praise from Kirsten Turner, Executive Sensei from VMI.

3.0 Approach

An RPIW is a five-day workshop focused on a particular process in which people who do the work are empowered to eliminate waste and reduce the burden of work.

An RPIW can:

- Improve patient satisfaction
- Improve staff satisfaction
- Empower and engage staff to make their own areas better
- Provide protected time to accomplish a large amount of work
- Accelerate improvement using Plan Do Study Act (PDSA) approach
- Occurs after direct observation of work

Teams:

Away Team: A maximum of 9 individuals make up the Away Team. They represent the functions of the staff providing care during the process and topic of the RPIW.

Home Team: These are the staff working in the area (the genba) being studied and who will be asked to try new ways of working during the RPIW.

Advisory Team: Those experts who can enable change during the RPIW.

Sponsor: Provides challenge and removes barriers.

Workshop Lead: Enables the RPIW and ensures processes and outcomes.

Team Lead: Supports and guides the Away Team to success.

Process Owner: Supports the Home Team and is responsible for implementation.

Value Stream #1 RPIW #1

Value Stream #1: Front Door: Diagnosis of Respiratory Condition

This pathway was chosen for our first value stream as we could see great opportunities to improve the patient experience for those admitted with respiratory disease to our service. 40% of all our emergency admissions to the Trust have a respiratory disease and are admitted via AMU. [Please see Appendix 1 for Value Stream Map].

RPIW Boundaries:

Observational boundary: Arrival at AMU with respiratory disorder, until senior doctors confirm treatment/diagnosis or discharge plan.

Out of boundary: A&E/ED, discharge planning and handover.

Teams:

Sponsor: Debbie Kadum

Workshop Lead: Melissa Lin (VMI)

Team Leader: Cathy Smith

Process Owner: Sarah Kirk

Away Team:

Emma Jones

Heather Brown

Saskia Jones-Perrott

Hannah Griffiths

Luisa Webb

Angela Kremmyda

Deb Archer

Ellie Jehu

Home Team:

Supported by Lesley Stokes (Ward Manager)

Hannah Pope

Mirian Gilbert

Di Foster

Kerry Goodwin

Sister Giggs

Zoe Scott

Ian Griffiths

Kirsty Williams

Kally Wilcox

Graham Harvey

Helen Harvey

Martin Yearn

Advisor Team:

Vicky Jefferson

Natalie Dulson

Elsa Davies

Tony Fox

Bruce Jenkins

Angela Lewis

Helen Jenkinson

Karen Lee

Dr Simon Chapple

Linda Izquierdo

Steve Darlington

Jill Dale

Alex Pitias

Ruth Dudgeon

Outcomes:

Metric	Baseline	Final Day RPIW	% Change
Walking Distance			
ACP/Junior Doctor	462 steps	10 steps	98% Reduction
Nurse	420 steps	161 steps	62% Reduction
HCA	246 steps	38 steps	85% Reduction
Patient	92 steps	20 steps	78% Reduction
Parts Travel Distance			
ECG Machine	102 steps	14 steps	85% Reduction
Observation Machine	32 steps	0 steps	100% Reduction
Quality (Defects)			
X-ray request forms	75%	6.6%	91% Reduction
Missing stock items	80%	17%	79% Reduction
Privacy and Dignity	80%	0%	100% Reduction
Lead Time			
Time measurement of the process being studied	3 hr 24 min	2 hr 3 min	40%

The RPIW work is supported by the Kaizen Promotion Office Team who ensure that the methodology and philosophy is followed, which will maximise our opportunity for success. Direct observation has to be completed on the Genba over several hours and planning meetings have enabled the production of appropriate targets (TPR). This provides the focus and discipline needed to run the RPIW involving staff from many backgrounds.

Once these changes are implemented, the sustainability and success of these are followed up with a 30, 60, 90 and 120 day report, complimented with support and challenge from the Executive Sponsor for the value stream and oversight from the Trust Guiding Team.

3.1 Education and Training

The KPO's successful training continues. Cathy Smith was successful in her assessment of RPIW Team Lead; Nick Holding was successfully assessed at the Sponsor Development Session, and Louise Brennan and Tracy Rowson have been certified following their ALT training programme.

The proposal submitted to the TDA for a fourth training place with VMI was successful and recruitment is underway.

The Virginia Mason Institute offer an opportunity to witness first-hand the culture of engagement, innovation, continuous improvement and lifelong learning, focussed on improving patient safety, patient experience and staff experience within the health care setting.

3.2 Engagement and Pace

3.2.1 Guiding Board meetings

The National Guiding Board Meetings provide an environment for candid discussion around how best to accelerate our Transforming Care programme and align with Trust and National objectives. One of the outputs of this group was to organise an event with Gary Kaplan, CEO of Virginia Mason Hospital, will attend to share some of his experience.

3.2.2 Guiding team meeting

SaTH's Guiding Team Meetings are well established, supported by Kirsten Turner from Virginia Mason who continues to challenge and support in her role of coach to the Guiding Team. The success of the Guiding Team Meeting is now evident with the Transforming Care work transitioning into 'every day work'.

3.2.3 The Way we Work

The Guiding Team remains committed to ensuring that our approach to transforming care within the Trust compliments the climate within Shropshire. The work to review the 'way we work' within the Trust is coming to its conclusion and is a great opportunity to align the Transforming Care work with Trust strategy.

3.2.4 Leadership behaviours

The values (listed below) adopted by all SaTH employees is a great building block to further develop the leadership behaviours within the Trust, ensuring that the approach supports continuous improvement. These expected enhanced leadership behaviours will become explicit in documentation (Compact) for senior leadership and clinicians working within our Trust during this year, support by compact development experts Amicus.

3.2.5 Improvement work and 'Report Out'

The improvement work not directly from value streams such as the process for obtaining medication for patients to take home on day of discharge has led to the identification of the opportunity to reduce the process time for obtaining medication by 3 hours. These 'improvement stream' outcomes will also be shared at regular Friday lunch time Report Outs to all our staff.

3.3 Infrastructure

We are delighted that the Kaizen Promotion Office team will extend by a further KPO Specialist and therefore a third value stream can commence in the Autumn and will focus on 'recruitment and induction'.

The KPO team will provide:

- The expert knowledge to support the rapid improvement events for the value stream work.
- The expert knowledge to teach techniques at the leadership and orientation training
- Teach techniques and support departmental continuous improvements

- Support 100 staff members to personally improve the care/experience of their patients in the first 12 months of the programme
- Educate 1000 staff members in the transforming care methodology
- The KPO leader will deliver the lean for leaders programme for selected departmental leaders during 2016/17.

3.4 Communication and Media

Adrian Osborne, Director of Communication continues to lead SaTH's approach to internal and external communication of this accelerated transformation programme, and will now have:

- National video
- Local video in production
- Monthly updates to the Trust Board
- Weekly Transforming Care newsletter

3.5 Policy

Neil Nesbitt, Guiding Team Member, has a responsibility for helping to identify and resolve issues where current policy recreates barriers to transforming care. This work is becoming increasingly important as the RPIW's commence and the need to change is identified.

4.0 Conclusion

It is wonderful to see so many enthusiastic staff at the Report Out. The possibility for improvement became reality, benefiting patients and staff.

We are very proud of the team's improvements during the RPIW, proving those who do the work really do make the best changes.

Work has now begun on the second value stream, the pathway for the septic patient and with leaders of this work identified and an update will be provided to the board next month.

5.0 Recommendation

The Trust Board is asked:

1. To acknowledge the considerable work undertaken in the RPIW in partnership with VMI.
2. To acknowledge the continued work in the two value streams (respiratory discharge and pathway for patients with signs of sepsis).
3. To note an open invitation to make contact with the KPO team and explore opportunities to take a closer look at this work.
4. Note the next RPIW (25.04.16 – 29.04.16) and Report Out on Friday 29th April 2016 at 12.00 noon.

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Date: March 2016

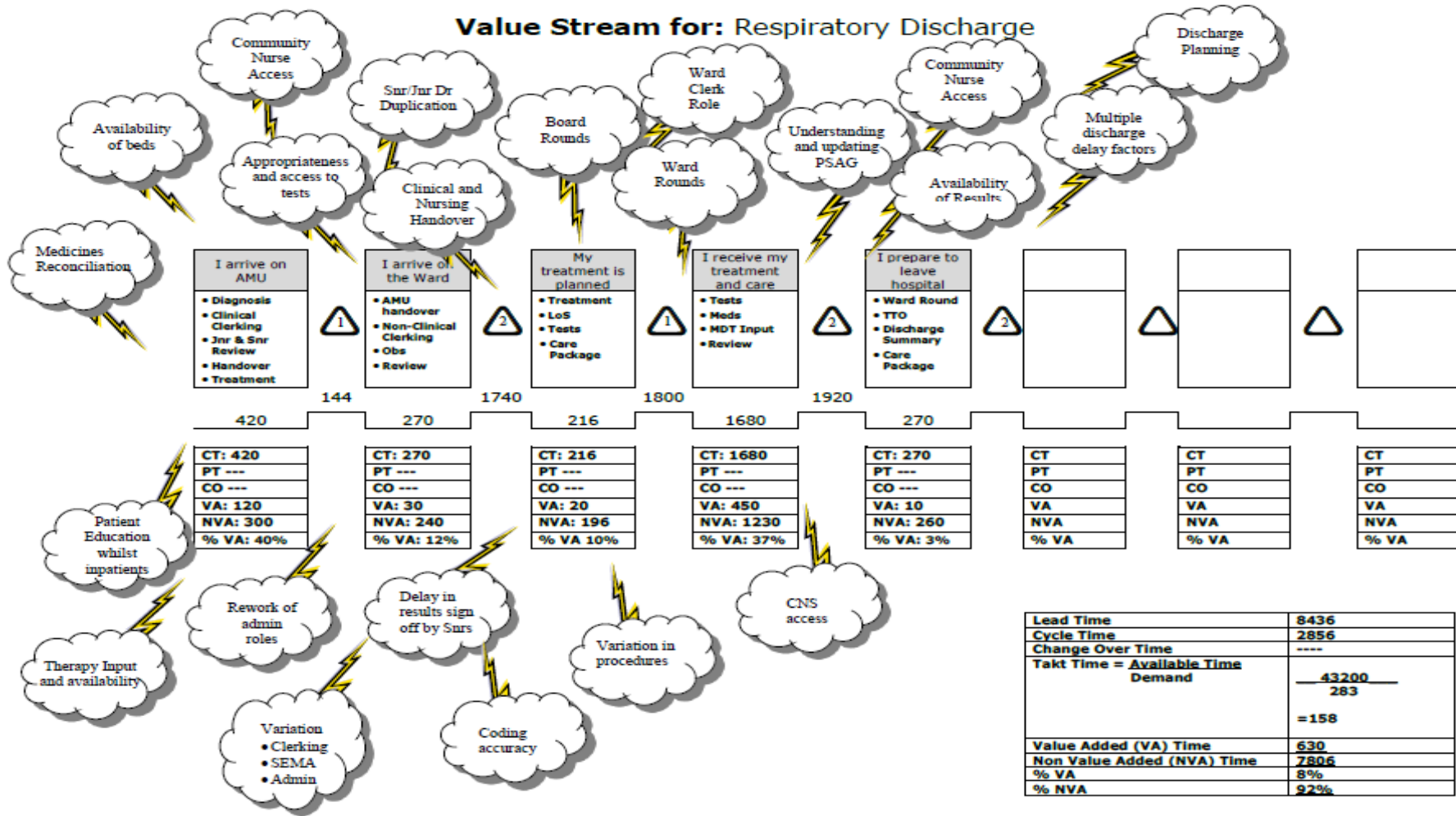
Appendix 1: Value Stream #1 (Respiratory) Value Stream Map

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

Current State
 Future State

Author:
Date prepared: 9/12/15

Value Stream for: Respiratory Discharge



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