

Transforming Care Update (VMI partnership programme) Trust Board Meeting - April 2016

1.0 Introduction

This paper provides the Trust Board with an update of the Transforming Care programme in partnership with Virginia Mason Institute (VMI). Together we aim to make SATH the safest and kindest hospital in the NHS. Our work is now underway to create the climate that supports continuous improvement within our healthcare community and teach the methodology and philosophy that accelerates change.

2.0 Background

SaTH is now 6 months into this accelerated transformation programme, and along with 4 other Trusts are supported by VMI, NHSE and NHSI. The KPO Team is established and the results from the first RPIW for Value Stream #1 (Respiratory) are encouraging and demonstrate the methodology works.

3.0 Approach

This first RPIW (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) focussed on from when 'the respiratory patient arrives at AMU to when the patient learns of their diagnosis/treatment plan and decision to admit or discharge home'.

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

RPIW Roles:

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.

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.

3.1 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 Maps].

RPIW #1 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).

RPIW Leaders:

RPIW 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	Target	Final Day RPIW	30 Day Remeasure	% Change (Baseline 30 day)
Walking Distance					
ACP/Junior Doctor	462 steps	50% reduction	10 steps	4 steps	98%
Nurse	420 steps		161	82 steps	Reduction
HCA	246 steps		steps	60 steps	82%
Patient	92 steps		38 steps 20 steps	30 steps	Reduction 75% Reduction 78% Reduction
Parts Travel Distance					
ECG Machine	102 steps	50% reduction	14 steps	0 steps	100% Reduction
Observation Machine	32 steps	50% reduction	0 steps	0 steps	100% Reduction
Quality (Defects)					
X-ray request forms	75%	0%	6.6%	50%	35% Reduction
Missing stock items	80%	0%	17%	3.3%	96% Reduction
Privacy and Dignity	80%	0%	0%	0%	100% Reduction
Lead Time					
Time measurement of the process being studied	3 hr 24 min	65%	2 hr 3 min	1 hr 30	56%

The 30 day measures were supported by the Kaizen Promotion Office Team who ensured that the methodology and philosophy was followed. Direct observation has been completed on the Genba (RSH ambulatory care) over several hours and was undertaken by Sarah Kirk (Process Owner), and Carla Webster (KPO facilitator) supported by Debbie Kadum, RPIW Sponsor

Even at this early stage the results demonstrate achievement of many of the improvements targets which is a reflection of the commitment of the AMU staff and RPIW teams to continue the improvement work.

The work continues; to sustain these improvements and remove barriers to achieving all targets set for this RPIW. The observations and measures will be repeated at 60 days and repeated again at 90 days. The Value Stream Team will oversee the overarching Value Stream and report via Debbie Kadum, Executive Sponsor, to the Guiding Team.

Value Stream #2 RPIW #1

Value Stream #2: Screening and recognition of Sepsis

We know that at least 4 of our patients at SaTH will die each month from Sepsis and within the UK, 44,000 people die each year. Early recognition and screening for Sepsis is vital to ensure timely and effective treatment. Within this value stream we are looking to improve the ability to quickly recognise the signs and symptoms of Sepsis in a consistent and standardised way, using the concepts of standard work, mistake proofing and set up reduction. [Please see Appendix 2 for Value Stream Maps].

RPIW Boundaries:

Observational boundary: Patient arrives at AMU with signs and symptoms which may be Sepsis, until the patient has initial diagnosis. (Out of boundary: ED, treatment phase).

Teams:

Sponsor: Jo Banks

Workshop Lead: Cathy Smith

Team Leader: Nick Holding

Process Owner: Viola Jones

Away Team:

Jane Houlston

Christine Evans

Julie Congrove

Jenny Lawson

James Nottle

Emma Salvoni

Samantha Turner

Home Team:

Supported by Tracy Smith (Ward Manager)

Debbie Archer

Penny Plover

Philip Lowe

Courtney Pugh

Anna Reeves

Fran Revitt

Karren Shaw-Jones

Sally Shephard

Kerry Tasker

Fong Liu

Jaynie Edwards

Helen Hesbrook

Sarah Moody

Kate Hyde

Sean Ecclestone

Joanne Fletcher

Teresa Smith

Carol Wassell

Louisa Webb

Yvonne White

Danny Murphy

Alison Downes

Sharon Farmer

Marianne Rogerson

Louise Killman

Jane Northall

Emma Budge

Abbie Watts

Sally Jones

Kerry Jordan

Doreen Hardy

Maxine Robinson

Donna Lawrence

Jane Titley

Betty Arnold

Dr Mamood

Dr Arhmed

Dr Haralock

Dr Khan

Dr Tanswell

Dr Ahmad

Advisor Team:

David Chan

Keith Sillitoe

Shelly Church

Tom Wood

Kirsty Ditcher

Lynne Breakall

Dr Fiona Jutsum

Sheila Fryer

Adam Huxley

Rachel Holloway

Dr Ian Tanswell

Nick Evans

*Debbie Jones
Julie Lloyd
Sam Carling
Vanessa Roberts*

*Janette Pritchard
John Kirk
Mark Bolam*

*Fran Owen
Dr Gill Clements
Dr Patricia O'Neill*

3.1 Education and Training

The KPO's successful training continues. Cathy Smith was successful in her assessment of RPIW Team Lead, and is now undertaking her assessment for RPIW Workshop Lead; Nick Holding was successfully assessed at the Sponsor Development Session, and is now undertaking his assessment for RPIW Team Lead. Louise Brennan and Tracy Rowson have both been certified following their ALT training programme, and Louise will commence her RPIW Team Lead assessment in June 2016.

The proposal submitted to the TDA for a fourth training place with VMI was successful and Richard Stephens has now been appointed as KPO Specialist. Richard will travel to Seattle in May 2016 to undertake Session 1 of his ALT training, returning in July 2016 to complete Session 2.

The Virginia Mason Institute offers ongoing support from experienced Sensei, Melissa Lin who will be onsite in April 2016, and Rhonda Stewart in June 2016.

Melissa Lin, MS, CPHQ, LSSBB, coaches and guides health care leaders and providers worldwide through their cultural transformation toward Lean as their management method. Prior to joining Virginia Mason Institute, her national experience in healthcare strategy consulting gives her breadth and depth across a number of domains, with a particular focus on strategic planning, board governance, and partnerships. With her Lean background, she led training and coaching engagements for small and large hospital groups, implemented organization-wide strategies and has spoken at numerous regional and national health care conferences.

Melissa is certified in the Virginia Mason Production System® and certified in TapRoot Root Cause Analysis. With her continuous improvement foundations originating from The Dartmouth Institute of Health Policy and Clinical Practice, she is a Lean Six Sigma Black Belt and a Certified Professional of Healthcare Quality.

3.2 Engagement and Pace

3.2.1 Guiding Board meetings

The National Guiding Board Meetings continue to 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. This took place on 11th March 2016. The Guiding Board will oversee contribution to the Coventry Sharing Event in June 2016.

3.2.2 Guiding team meeting

SaTH's Guiding Team Meetings are well established, and are 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 healthcare 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 Trust values adopted by our employees provide a great building block on which to develop the leadership behaviours within the Trust, supporting an environment for 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'.

The KPO team will :

- Provide the expert knowledge to support the rapid improvement events for the value stream work.
- Provide 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
- Deliver the lean for leaders programme for selected departmental leaders during 2016/17.

3.4 Communication and Media

Adrian Osborne, Director of Communication has led SaTH's approach to communication of this transformation programme which includes:

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

Julia Clerk has joined the guiding team and will take the Executive lead for communication.

3.5 Policy

Neil Nesbitt has a responsibility within the guiding team for helping to identify and resolve issues where current policy recreates barriers to transforming care. This work is accelerating as the RPIW teams seek to sustain improvements.

4.0 Conclusion

It is wonderful to see the enthusiasm of so many of our staff to be part of the transforming care work. The engagement with Sponsor Development Days, Value Stream Teams, RPIWs, Report Out, Transforming Care Methodology training has been incredibly inspiring. Further opportunity will soon be available as we launch induction sessions, Lean for Leaders modules (course of 6 over 8 months) and genba walks.

The encouraging measures at 30 days from our first RPIW demonstrate that we are beginning to realise the first of our objectives in our journey of continuous improvement for the benefit of patients and staff.

We are particularly proud of the improvements achieved through the RPIW, considering the additional challenges of high activity levels, industrial action and high numbers of vacancies. We now look forward to the next RPIW for our second value stream, the pathway for the septic patient

5.0 Recommendation

The Trust Board is asked:

1. To acknowledge the improvements at 30 days achieved from the first RPIW in partnership with VMI.
2. To acknowledge the continued work by the two value stream teams (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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Transforming Care in partnership with the Virginia Mason Institute

Date: April 2016

Appendix 1a: Value Stream #1 (Respiratory) Value Stream Map – Overarching

Process Boundaries

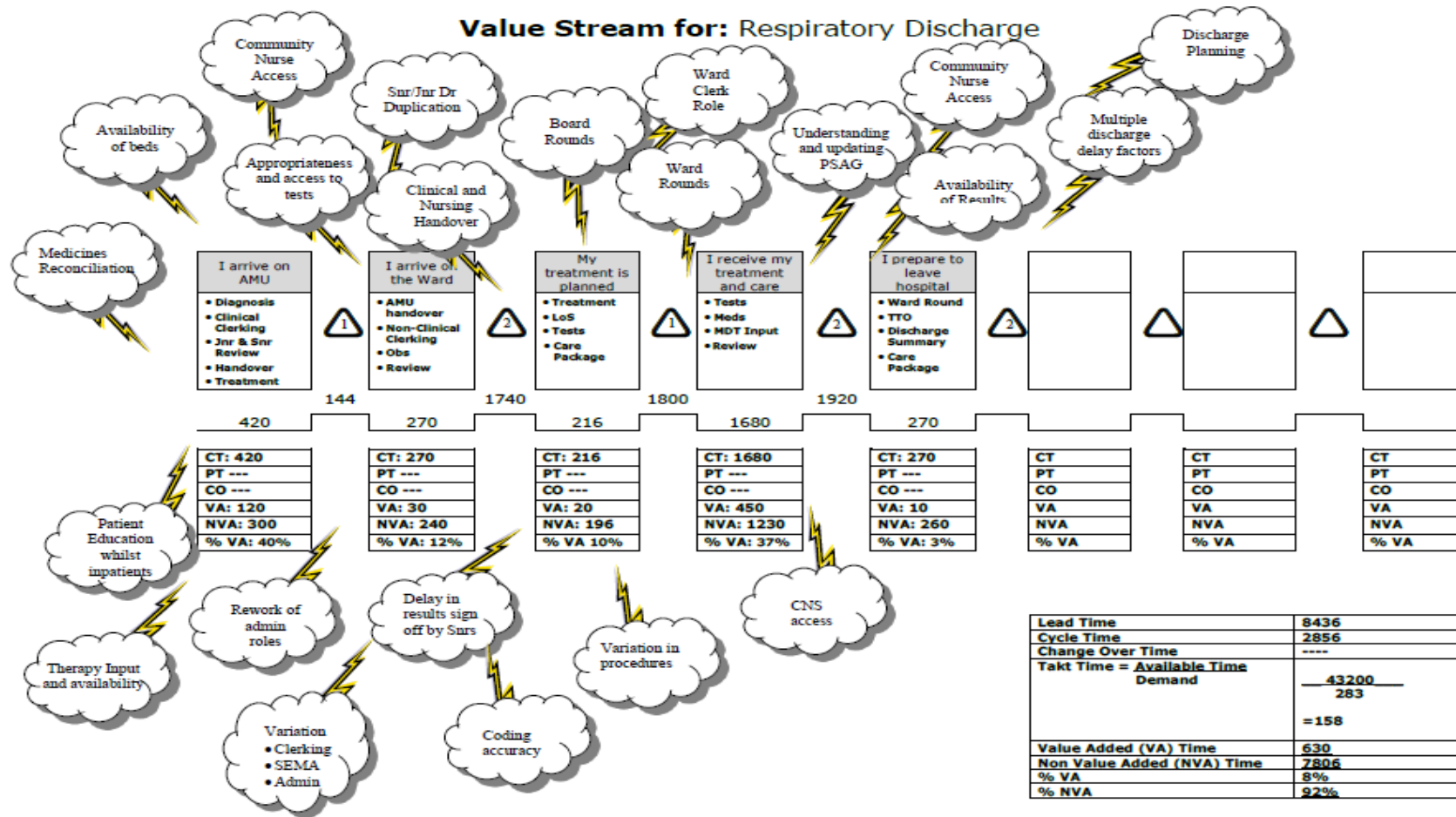
From: Pt. on AMU
To: Pt. Ready for Discharge
with all SaTH actions completed

☒ Current State

☐ Future State

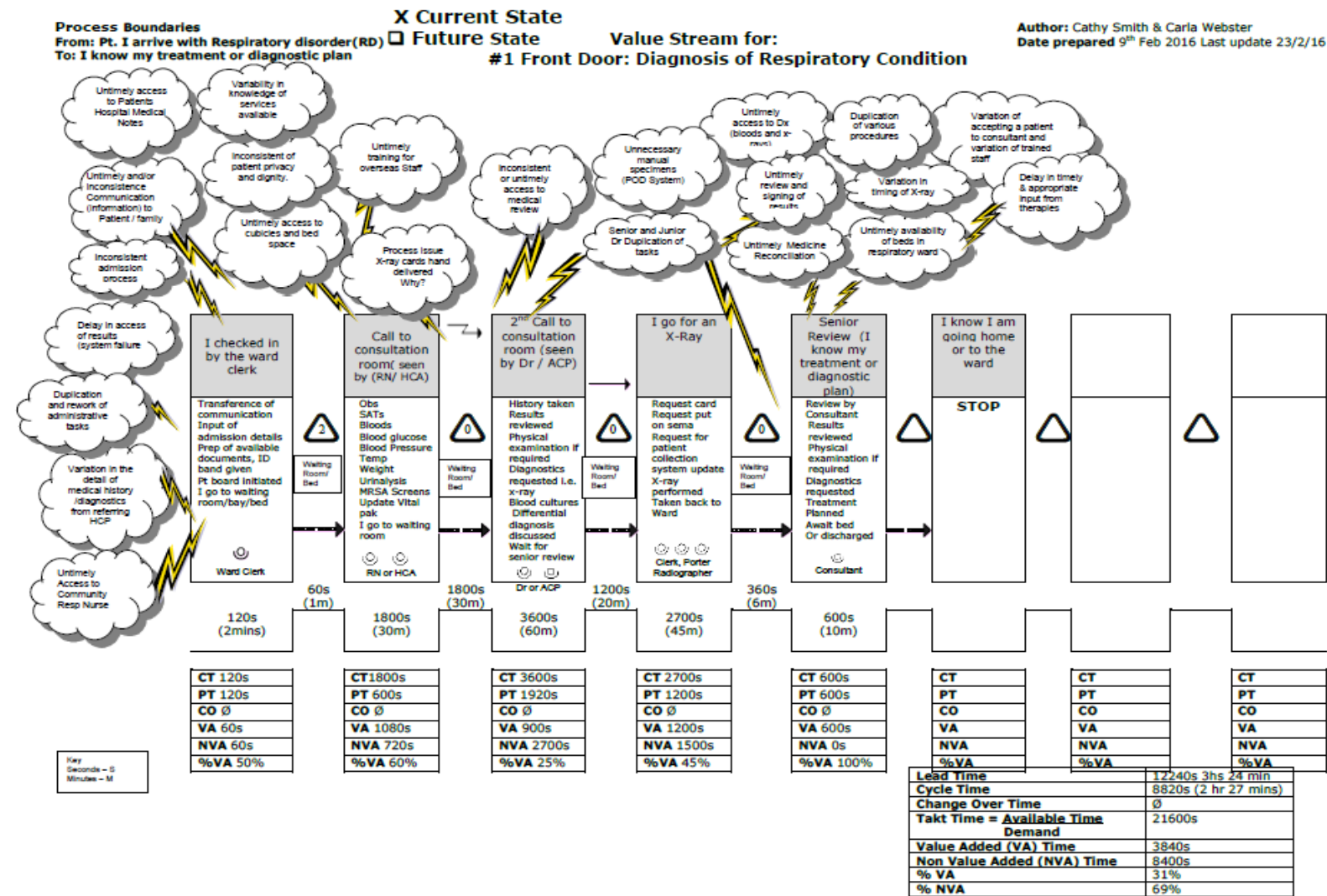
Author:

Date prepared: 9/12/15



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Appendix 1b: Value Stream #1 (Respiratory) Value Stream Map – RPIW #1 Front Door



Appendix 2a: Value Stream #2 (Sepsis) Value Stream Map – Overarching

Process Boundaries

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

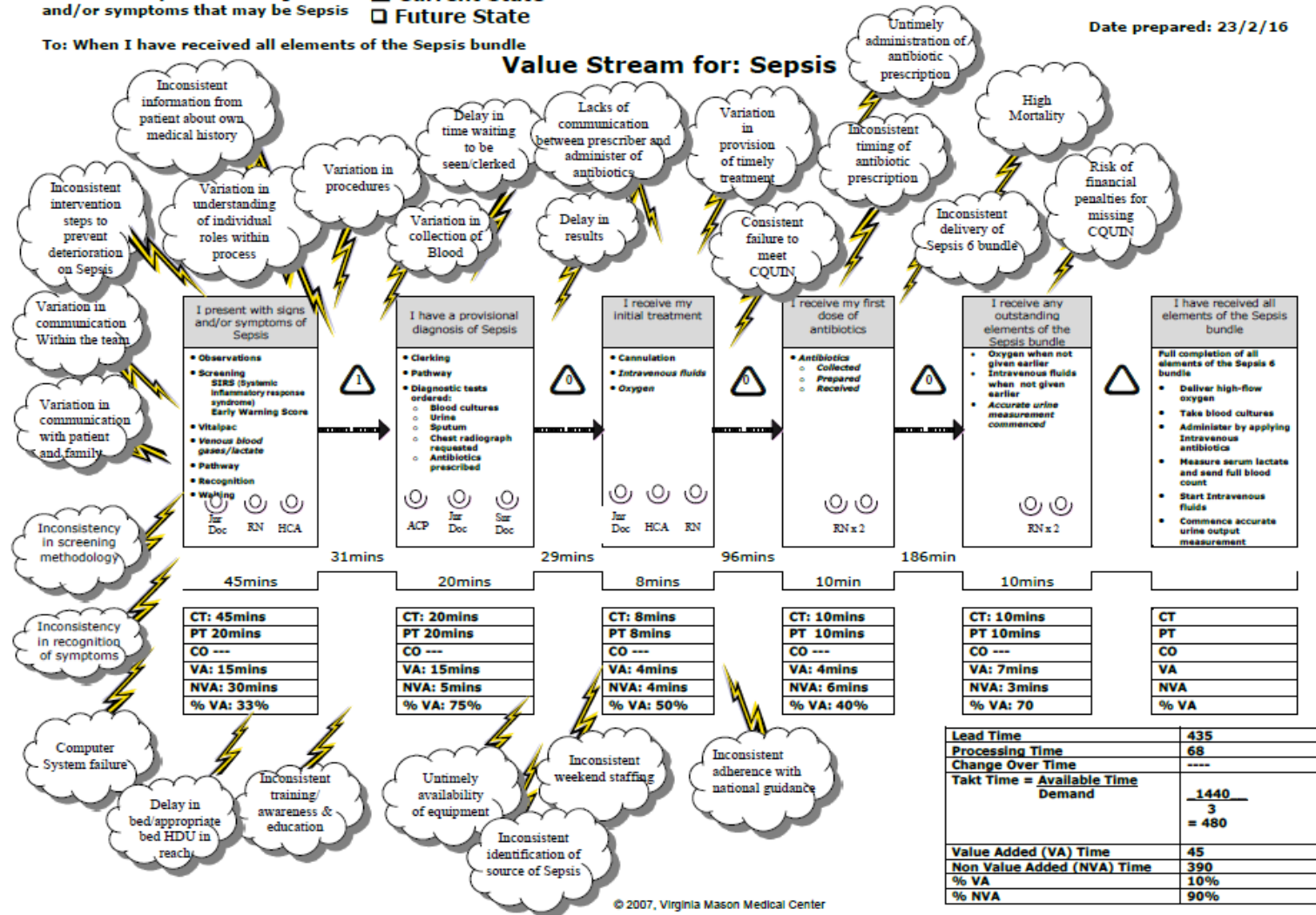
☒ Current State
☐ Future State

To: When I have received all elements of the Sepsis bundle

Author: Richard Stephens, Nick Holding

Date prepared: 23/2/16

Value Stream for: Sepsis



Appendix 2b: Value Stream #1 (Respiratory) Value Stream Map – RPIW #1 Recognition and Screening

