

Rocking the Boat...and staying afloat!

The journey of the RBWH through process change

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Queensland Government

Queensland Health

Cancer Care @ RBWH

- Largest cancer care provider in Queensland – includes Radiation Oncology, Medical Oncology, Haematology (malignant & non-malignant), Bone Marrow Transplant and statewide Haemophilia services
- Provide tertiary and quaternary services to Queensland and beyond
- Provides 52% of Qld cancer treatments
- Activity has increased in Cancer Care on average 15% in last 2 years
- Predicted population increase of 680 000 in Central Health Service Districts (Brisbane – Rocky) in next 10 years
- Increase in cancer incidence
- Increase in screening; early detection



Activity data



Cancer Care Services @ Royal Brisbane and Women's Hospital

- 6000+ New patients per year
- 63 inpatient beds
- Up to 90-110 patients/day in Day Therapy Unit & Outpatient Procedure Unit
- 200+ patients per day having XRT
- 200+ patients per day through clinics

Overarching Drive for Change

- Queensland Health Outpatient Reform Agenda
- Updated SOP policy framework 2008 (from 2005)
- Aim - policy compliance and standardisation throughout the state
- Concerns/issues highlighted mirror issues from other states – FTAs, N to R ratios, capacity, waiting lists



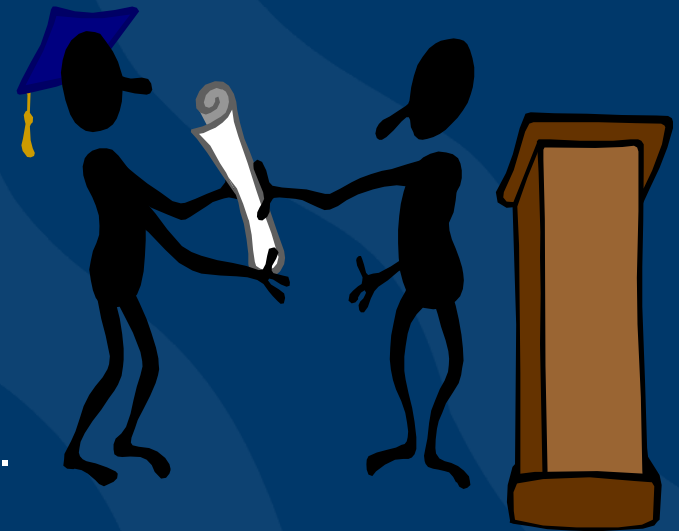
Issues in Cancer Care Services

- Move to new building (2003) and merge of Radiation Oncology, Medical Oncology and Haem/BMT specialities into one location & shared resources
- During the move, little review of processes and flows – new building, same practices
- Since the move – growth of activity = compounding inefficiencies of 3 separate processes



Our reform processes...

- Invitation sent out to all to nominate for Lean Thinking training
- Key team of nursing, radiation therapy and administration staff attended two-day course hosted by QHealthClinical Practice Improvement Centre
- Principles learned
 - Process mapping
 - Gap analysis
 - Right way first time
 - Eliminate waste
 - Future planning
 - 5Ls of Lean – Sort, Set in Order, Sweep & shine, Standardise, Sustain.



Staff responses

- Most of the staff came with apprehension and misunderstanding of goals of Lean training
- Slow to participate initially, some overt disengagement

Change of attitude during mapping

18 “champions” left training ready to change the world...

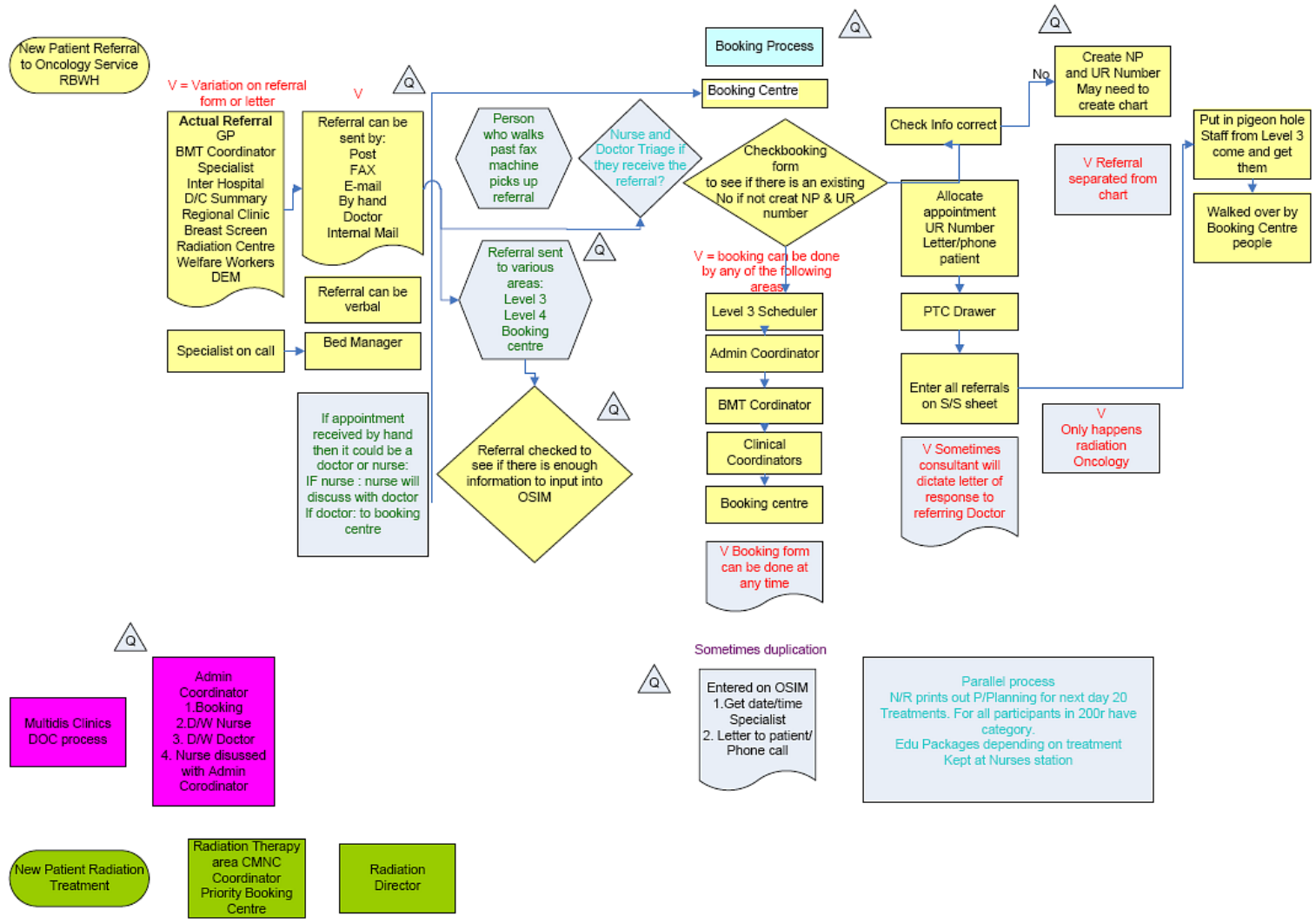


What was revealed.. process map

1. Referrals Management could be a 'quick win'
2. Mapping of referrals occurred
3. Complex unclear referral paths
4. Many identified gaps to potentially 'lose' patients
5. Up to 53 entry points of referral suspected (many fax machines, mail entry points, phone calls, corridor conversations)
6. Once completed – map displayed in communal area for comment by whole CCS
7. Many registration systems –
 1. not all patients on all systems



Referrals “as is” Process Map



Booking Centre observation

- Conducted for 2 days
- Referrals not stamped & dated “received” here
- Findings:
 - Referral process involves registration and accessing many databases. Average time to process one referral (not known to RBWH) is 11 minutes. If patient known to RBWH = 2 minutes
 - 6% of daily work time spent away from desk, checking possible places of referrals/booking slips. Not regulated – “when available”
 - Referrals through clinics (already received and triaged by nurse/consultant) are not on Excel referral database until received by Booking Centre = hidden wait
 - Clinical staff (nurses in clinic) separated from Booking Centre and important in triage process
 - Triage process for referrals is unclear – many processes clinic/pigeon holes/direct contact with Consultant/Reg

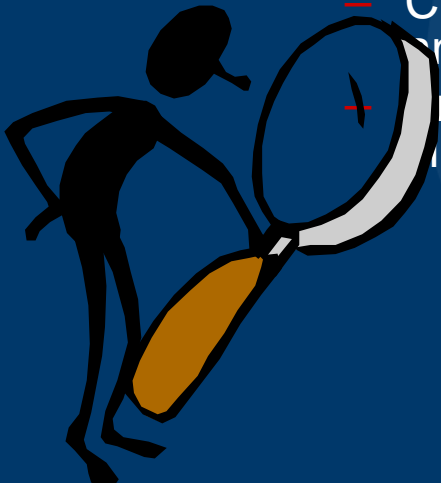


Chart audit

- Conducted on all New patients for February 2008 – 281 charts total
- Findings:
 - Significant number of charts had referrals with missing data
 - 32% had full patient demographic (name, address, contact, DOB)
 - 7% had Medicare number
 - 19% had medications listed
 - 23% had pathology or scan reports
 - 61% referring practitioner full name and signature

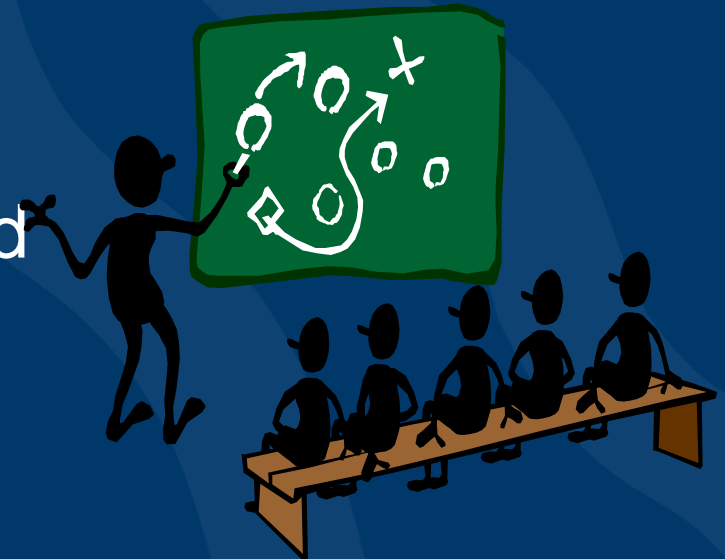


Clinic review with Medical Staff

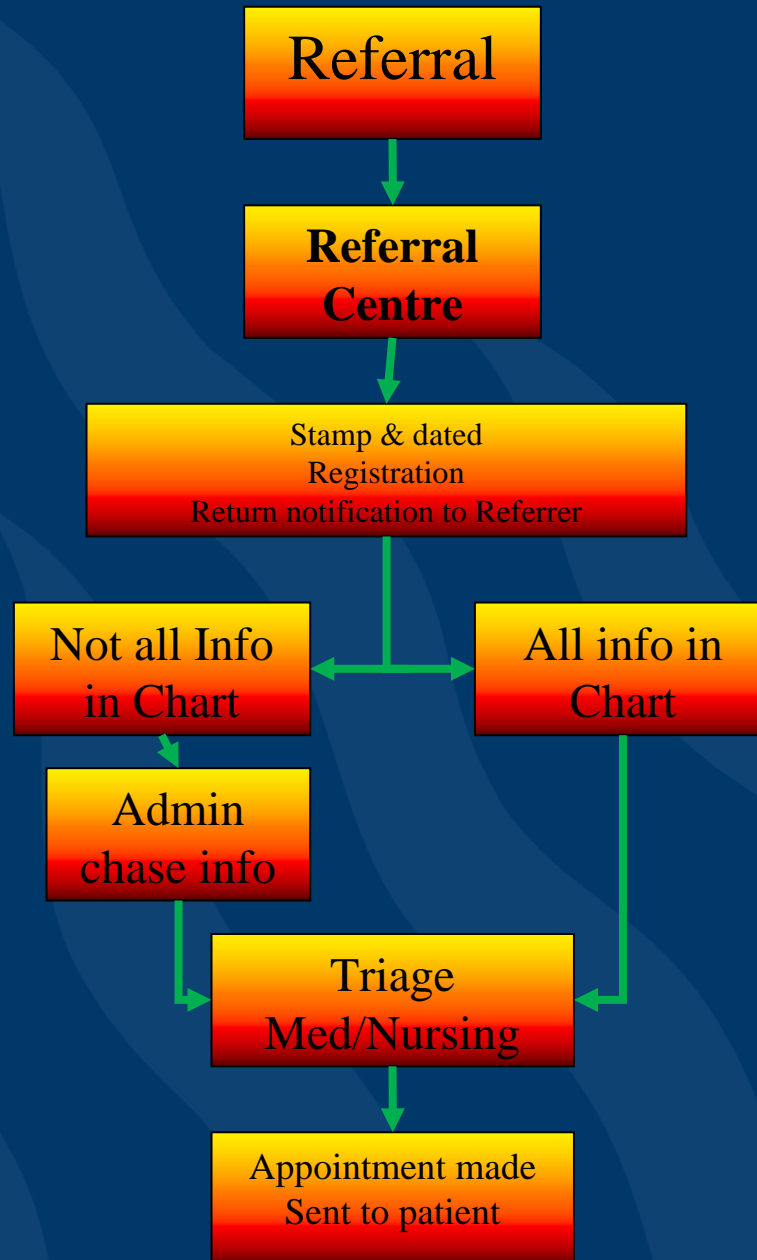
- Findings
 - Not all info supplied by our Consultants from Outreach clinics appears in the chart
 - Waiting time for new patients to arrive in consult room a problem
 - Referral content quite vague, not enough information available to make any decisions
 - Internal referrals (lack of written documentation) are an issue – causes workload issues and unwanted delays
 - Request to remind new patients day before appointment to lower FTAs
 - Demographic information such as contact numbers and addresses are missing from referrals/chart
 - Lack of path & scan results at consultation
 - Lack of medication list and medical history in referral
 - Chasing info from other hospitals that support the referral would be good

Making Plans for New Pathway

- Used the 2008 policy to set standardised path for referrals
- Benchmarked against other cancer facilities and OPDs
- Designed a New Pathway map to illustrate changes
- Promote, educate, prepare environment, implement and review...forever



Lean Map



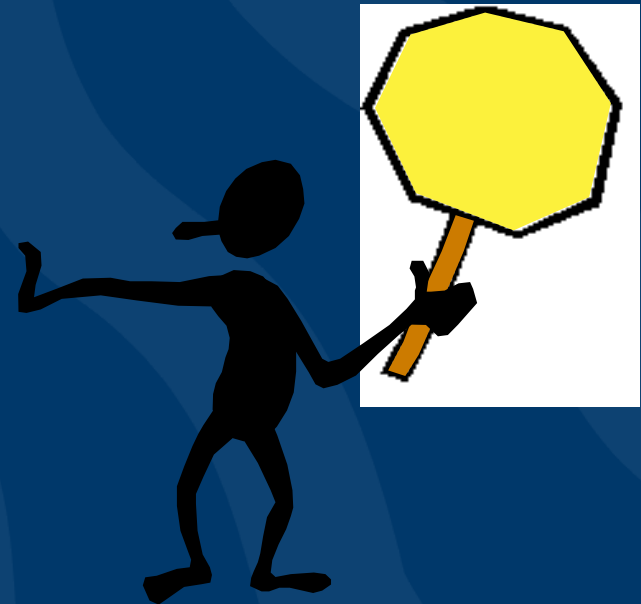
Communication Strategy

- New Referral Centre will have 1 phone number; voice mail; one fax number and an email address
- Referrals for New and Review patients will be managed here
- Strategy for communicating changes in response to incorrectly sent referrals
- Medical Transcription Services will attach a flyer to the correspondence for 2 months
- Fax/email to existing referrers on CAS database
- Flyer/advertisement in GP newsletters



Challenges to change

- Changing old culture
- Medical hierarchy and misunderstandings
 - Boundary issues
- Physical accommodation/capacity
- Maintaining momentum
- Consultation
 - How to get to EVERYONE
 - What is negotiable or not?
 - Decision making



Strategies used for addressing challenges

- Looked for inspiration in the literature and best practice in Australia and around the world
- Regular meetings with RBWH Project Manager implementing the Policy
- Continual presence at Management Advisory meetings – curly questions with great answers
- Making ‘political’ alliances within the service line to assist with engagement – who can help us? Keep them updated and excited by the opportunity



Future work

1. The middle of the patient journey – New to Review, FTA management, overbooking, scheduling, unplanned medical leave
2. Discharging patients

Will be achieved by:

- Staying focussed on end point
- Listening to the concerns and having the answers and reassurances (not false ones)
- Risk management
- Perseverance, presence, diligence and vigilance

