Using a Rapid Improvement event to kick start reforms in outpatients

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Health Services Innovation

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Department of Health (DoH) → Tasmanian Health Assistance Package → Innovation in Clinical Services – Clinical Redesign
Key Priority Areas selected by Health Partners
Consortium/Commonwealth

- Emergency Access
- Elective Surgery
- Bed demand and capacity
- Specialist Outpatient Clinics
- Mental Health
Building capability in the system

- Clinical Redesign
  - 3 THOs
  - State-wide and Local initiatives and outcomes

- Undergraduate Programs
  - Nursing
  - Medicine
  - Paramedics
  - Pharmacy

- Postgraduate Programs
  - Professional honours in CR
  - Working with People
  - Leadership
Concertinaed time frames

Year One

Year Two

Year Three

Year Four

Year One

Year Two

Year Two +

One Year
Pitfalls of Traditional methods

- Repeat information every time you meet.
- Required to bring new stakeholders up to speed.
- Difficulty with meeting time schedules.
- Not meeting regularly enough to get any actions occurring.
- Loose momentum.

“Here are the minutes from our last meeting:
Marty wasted 12 minutes, Janice wasted 7 minutes,
Carl wasted 27 minutes, Eileen wasted 9 minutes...”
‘Rapid improvement events’

- Sometimes known as ‘Kaizen’ events
  - ‘Kaizen’ meaning continuous improvement
Benefits of Rapid Improvement Events

– Brings all the stakeholders together

– Allows time and head space to actually get things done

– Given resources and the correct people to make decisions in a timely way

– Builds relationships for future work.

– Values staff
What is a Rapid Improvement Event?

Small to large periods of time, ranging from 2-3 hours to 5 days

<table>
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<th>Kaizen method</th>
<th>Scope of Problems</th>
<th>Duration</th>
<th>Examples</th>
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<td>Point Kaizen</td>
<td>Small</td>
<td>One – two days</td>
<td>Acute Assessment Unit Outpatients</td>
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<tr>
<td>Kaizen / Rapid improvement event</td>
<td>Medium</td>
<td>One week Planning extra</td>
<td>Nursing works Planning services</td>
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<td>System Kaizen</td>
<td>Large</td>
<td>One week intensive + 9 – 18 weeks</td>
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<td>‘Kaizen plus’ weekly meetings</td>
<td>Small to large</td>
<td>Intensive + Hours to weeks</td>
<td>Discharge flows Regional flows Surgical flows</td>
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Pre ‘Rapid Improvement Event’

How did we decide who was to be involved?

High Level diagnostics

- Sorted by volume, opportunities
  (DNA rate, cancellations, wait list and overboundary numbers and clinical engagement)
- Clinical Lead discussions with Unit heads
- Executive support: crucial

Logistics

- Offsite- balance: but close enough
- Pre-organise equipment and staff that they may require e.g. articles, equipment
Pre ‘Rapid Improvement Event’

Prep work  (completed by Clinical champion and lead nurse)

– What does our specialty consist of?
– What are we good at?
– Staffing?
– Governance and Reporting structures?
– Policy/procedures/protocols?
– Workload
  – Including current state data, Bookings, attendances, cancellations, DNA’s, Discharge rate, New to review ratio. New referrals per week?
– Are we accessible? Wait times per category
– Are we sustainable?
– What factors influence our service?
Specialist outpatients

- RIE March 2015 (two day workshop)
  - Units involved
    - Ophthalmology
    - ENT
    - Plastics
    - Neurosurgery
    - Gastro
Typical plan / agenda

– Clinical Champion presents current state (each unit)
– Waste identification training
– Big picture map
– Discuss: What should our core business be?
– Alternative pathways
  – Primary Health Tasmania, GP liaison
– Lean, standard work and visual management training
– What does the patient value?
– Establish a Future State (usually within existing resources)
– Trial experiments or Plan, Do, Study, Act cycles
– Standardise
– Action plan
– Meeting times
Who should you invite to RIE?

Each Unit
- Clinical Champion
- Lead nurse
- Scheduler/Clerk
- Registrars
- Allied Health

Experts in their field

GP Liaison
Primary Health Tasmania

Encourage specialists to discharge patients back to GP

Operational Management

Ability to work with redesign, assist with constraints

Enhance/promote community resources

Executive Report back
- Director of Nursing
- Director of service groups

Share progress. Ability to work with redesign, assist with constraints at a higher level

Ability to work with redesign, assist with constraints
Common Themes identified across specialities

• Referral guidelines outdated and variation in adherence
• Long wait lists
• Waiting list management variation in practices
• No standard clerical audit practices
• Absence of discharge guidelines
• Absence of DNA (do not attend) policy
• Missed opportunities for billing
• Non standard Referral management to wait list
• No visibility of service demand and delivery
• Lack of communication with GP’s of referral status
OPD Program system improvement

• **Revised referral guidelines** per speciality & uploaded to OPD website

• **GP Liaison on each work group**
  • Feeding back to the GP community on changes, initiatives
  • Feedback from GP’s: Require timely discharge letter including a clear plan
  • GP’s are encouraging specialists to share care and discharge patients

• **Primary Health Tasmania** (formerly TML) on some workgroups, enhancing Tasmanian Health Pathways

• **Optimise billing opportunities**

• **DNA policy endorsed**
  • New Patient x 1 = Discharge
  • Review x 2 + Discharge (clinician discretion)
OPD Program system improvement

• Improving communication with the GP
  • Refined feedback to GP regarding information inquiries versus referrals
  • Letter GP now includes wait list category, instead of just referral acknowledgement
  • Reinforcing referral criteria by referring back to Outpatient website
  • Standardised non-acceptance of referral letter with links to referral guidelines
• Visibility of wait times for GP’s and consumers
• Developing and socialising Discharge guidelines
• Focusing on short term cancellations (in our control)
• Data dashboards
Ophthalmology

- **Redefining Core business**
  - Working with Ophthalmologists, Optometrists, Orthoptists and patients to reduce follow up of Diabetic retinopathy screening

- **Standardised referral** management
  - Clerical and clinician

- Cat 1 clerical wait list **audit**; July 2015

- Paediatric clerical **audit**

- DNA **audit**

- Template **audit** (redefining templates to clinicians available)

- Building capacity to incorporate outsourced patient reviews
ENT

– Created separate wait list for **Paediatrics**
– Template audit (redefining templates to clinicians available)
– Imbedded **ENT advice** form into website (GP emergency contact)
– Revisited Red flagging system
– **Auditing over boundary** planned appointments
– Developing **Nurse led clinic**
– Developing **postop care/chronic care pathways**
Plastics

• Helicopter model
  • Enhances discharge and teaching

• Revised discharge guidelines

• Alignment of nurses & medical officers to rooms
  • Reduced the chaos

• Nurse led clinics
  • Standard Criteria
  • Paediatrics to be fast tracked
  • Ward reviews (short) now booked directly with clinics
Neurosurgery

• **Standardised referral** pathway
• Establishing **telehealth** for NW patients
• **Helicopter model** adopted
• Developing triage protocol
Outcomes:

• Reducing the chaos on clinic day (reducing overburden)
• Developing capacity to see new patients
• Discharges improving
• Developing teams
Ear, Nose & Throat

OPD WAITING LIST

- ADDED
- REMOVED
- NET
- WAITLIST (right scale)

RIE 20 Mar
Next Round

- Gynae
- Pre admission
- General Surgery Including Colo-rectal
- Ophthalmology
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