Safe morning discharge of Patients

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Piervigilio Parrella - Senior Patient First Improvement Lead
Helena Bird - Interim Head of Pharmacy

6 July 2017

“Western Sussex has the best learning culture across the whole of the NHS”
– Jeremy Hunt, Secretary of State for Health and Social Care (1 Feb 2018)
Todays presentation

- Patient First & our Kaizen approach
- ‘Safe Morning discharge of Patients’ Project
- Sharing & Collaboration
- Final Reflections
- Q&A
Critical ‘enablers’ to drive Lean / Change programmes

- Clear Strategy in place
- Communication across all Levels
- Roles & Responsibilities Clear and Understood
- Teamwork / Problem Solving in place and in use
- Performance Management to show Winning or Losing (using real-time information)
- Standard Work Documented Processes
- Alignment of stakeholders to common goals
- Strong culture of Continuous Improvement
- Decision-making using facts & data
Our Strategy - ‘Patient First’ Triangle

TRUE NORTH

Patient Care & Experience

Managing Budget

Patient Flow

Staff Engagement

Avoidable Harm & improve Mortality

STRATEGIC THEMES

STRONG FOUNDATIONS

SUSTAINABILITY

OUR PEOPLE

QUALITY

IMPROVEMENT

SYSTEMS & PARTNERSHIPS

- The Patient first and foremost
  - Kind, Respectful, Professional, Teamwork, Friendly, Compassionate
  - Everyone passionate about delivering excellent quality every time “where better never stops”

- Financial sustainability
- Governance Systems and Processes
- Information
- Learning and Development
- Research and Innovation

Western Sussex NHS Foundation
The FIVE Pillars
The FIVE Pillars

Shortlisted “Patient Safety Awards” 2018 - for Education and Training
The FIVE Pillars
The FIVE Pillars

Exec approved - Series of High Impact large improvement initiatives using Lean methodology - aligned to True North and Breakthrough Objectives eg, **Safe Morning Discharge of Patients**
The FIVE Pillars

“Front line” Daily Improvement Huddles including alignment to Trust (Strategy Deployment) through “Driver Metrics”
Safe Morning Discharge of Patients Improvement Project

Piervirgilio / Helena

6th July 2018
Problem Statement – *its evolution*

2016: Non Elective Flow  
2017: Increase Discharges for Short Stay Wards  
2018: ‘Safe morning discharges of Patients’
Safe Morning Discharge of Patients

Discharges by Hour, with LOS >0, over 18 age group, Feb 2017 - Jan-2018

Admissions

Discharges

A&E

EF

WARDS

From a PUSH to a PULL System
Baseline: 16%

Morning Discharges

Our Challenge

- Hard goal: 45%

Interim Target

Top 3 Issues

- Transport for eol
- Haematology waiting senior review in the afternoon
- TTOs

Problems

Baseline:

Morning Discharges

Challenges:

- Balcombe Ward
- Divisional Coach: Jeannie Baumann
- Exec Sponsor: Nicola Ranger

Send 1 patient discharge per ward (2 per EF Zone) into the morning by 3 hours =

31.6 beds become free in the morning
Kaizen Approach & RACI

- Sponsor
- Daily Escalations Accountability
- Gemba and Coaching
- Develop A3 and RCA

- Exec Medical Director
- COO
- Flow Director
- Medicine Director

- Ward Coach CGM
- Ward Coach CGM
- Ward Coach CGM
- Ward Coach CGM

- EFs
- Gastro
- Dome
- Resp
- Mix
Ward - Problem solving & Data Collection

Coaching session
Divisional Buddy and Ward Sister

Kamishibai Board
Performance Management – in operation

Visible KPIs (weekly trends)

Agenda & IPO

Top 10 Target Wards and weekly RAG status

Actions & Accountability

Weekly Project Huddle (15min)

Leader Standard Work

Exec Sponsorship
Wards identify their Top 3 Issues

• Internal challenges:
  - Time of Board-round
  - Communication

• External challenges: (escalated to Sponsor and Directors)
  - TTOs
  - Time of Package of Care availability
  - Procedure of booking Transport
Patient deemed MFFD

TTO prescribed on EPMA

DOCTOR - Record date & time

EDS narrative completed on SEMA

DOCTOR - Record date & time

TTO screening by Pharmacist started

PHARMACIST - Record Y or N

1) Record how informed
2) Record date & time screening started

PHARMACY TECHNICIAN
1) Record where dispensed (ward or dispensary)
2) Record date & time

DOCTOR - Record date & time

TTO correct?

Yes

TTO screening by Pharmacist completed

PHARMACY TECHNICIAN

TTO dispensed by Pharmacy

DOCTOR actioned - TTO corrected

How did you contact the doctor?

No
Problem Statement:
The TTO turnaround process has a high level of NRFT (50%). This level of efficiency is not fit to meet bed turn demand.

Current state:
RFT 50%

Target:
RFT 75%  (Ambition 100%)

Solution:
• Pilot on Becket Ward: Doctor and pharmacist will write TTOs together in designated time.
• There are two dedicated slots:
  • 1 in the morning for discharges in the same day
  • 1 in the afternoon for discharges for the next day (Aligned to SAFER CQUIN). This will be the majority for discharge planning and foreseen.

Benefits:
• RFT TTOs % will be increased to at least 75% and fulfilled in real time.
• Quality of information, particularly for medicine changes, will be improved.
• Reduction in the number of post discharge follow up conversations.
• Reduced risk of printing wrong TTOs and being fwd out.
• Education for Junior Dr in relation to medicine.
• Referral of high risk medicine e.g. Warfarin.
• LOS reduction up to 1 day (0.5 on average)

Key Metric(s):
• TTOs RFT%
• Time to complete TTOs

Results:
RFT 97%
Time to completion TTO decreased from 4 hours to 20 min
**Data - Summary**

**Non-Elective Flow Improvements**

- **Time to Process TTOs (minutes)**
- **TTOs Right-First-Time %**

**Problem Solving Workshop with Pharmacists / Junior Doctors & Kaizen Team**
Monitoring phase

Median Time of Discharge

% of Morning Discharges

Discharge Hour  3 per. Mov. Avg. (Discharge Hour)
What our Staff say?

“Release patients in the morning enable the staff to concentrate on the sickest patients with full staff availability”
- Alma Depena – Durrington Ward Sister

“As the NHS is 70 today and I’ve been working for 39 years in many roles!! I’ve seen lots of quality improvement initiatives come and go but I have to say the Kaizen approach we are following at Western is the most inclusive and successful philosophy I’ve experienced”
- Jeannie Baumann – Flow Director
Next Steps

- **Internal Challenges**
  - **Sustainability**
  - **R&R of Coaches/Directors/Exec**
  - **Leader Standard Work / Gemba programme**

- **External Challenges**
  - **Booking Transportation / Packages of Care**
  - **Further Kaizen Workshops planned**
Project alignment to Patient First

Safe managed Patient Care

Managing Budget

Earlier ‘Bed’ availability

Staff teamwork / clearer R&R

‘Leaner processes’
Sharing and Collaboration
Final Reflections

CEO & Exec Leadership

Patient First (True North) Strategy

High Performing Kaizen Team

Engaged Staff & Communication

Lean / Six Sigma Structured approach

Benchmarking
Thank you!

Contact details: Anil.Mathew@wsht.nhs.uk

Follow us on Twitter: @WSHTKaizen

Western Sussex Trust “Open Day” – Friday 5th October!
Western Sussex Kaizen Way

BACK UP
Let the **Patient First** triangle direct your improvements

**What is True North?**

The patient is positioned at the top of the triangle - everything we do should always contribute to improving patient experience. This is the ‘True North’ of our organisation - the one constant all improvements should strive to achieve, directly or indirectly.

The colour-coded strategic themes help shape this ambition and staff should align improvements to help deliver the True North goals shown below. In turn, each True North goal is supported by a breakthrough objective - these are shorter term in-year priorities that will help us deliver the longer term True North goals.

- **Our People** - listen to, empower and equip colleagues to provide or support ever-improving care. We want to be the top trust in the country in terms of staff engagement.
  - Breakthrough objective - increase number of staff who say they are able to make improvements in Staff Survey from 61% to 68%.

- **Sustainability** - balance the books and deliver a surplus in 2017/18 so we can continue to invest in staff and services to provide better patient care. The aim is to.
  - Breakthrough objective - reduce by £3m the cost of using agency staff, as well as paying our people to do more work than contracted hours.

- **The Patient** - continually improve patient experience so that at least 97% of patients recommend our care and 40% complete the Friends & Family Test.
  - Breakthrough objective - reduce the number of clinical complaints by 30%.

- **Quality Improvement** - reduce avoidable harm and improve mortality to benefit all our patients - deliver 99% Patient Safety Thermometer score and be in the top 20% of trusts for best mortality rates (HSMR).
  - Breakthrough objective - reduce the number of falls by 30% and grade 2 pressure ulcers or worse by 10%.

- **System & Partnerships** - streamline our processes to reduce delays and waiting times - deliver 95% 4-hour A&E & 18 week referral to treatment targets (RTT).
  - Breakthrough objective - increase by 7% the number of daily discharges.

**Patient First** - “where better never stops”