Applying Clinical Service Redesign in the GPLO Role

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Session Outline

- Clinical Service Redesign (CSR) Methodology
- Patient flow
- CSR Phases
- Value vs Waste: a Lean Perspective
- Mapping activity
- Paradigm shifting activity
- Current CSR activity
- Resources
Clinical Services Redesign (CSR)

- CSR is the underpinning methodology for all large-scale improvement in the Department of Health
  - concerned with improving patient journeys by making them simpler and better coordinated.
  - patient focused,
  - led by clinical staff,
  - Systematic, methodical and
  - quick with tight timeframes
CSR a blend of methodologies

- Reduces waste
- Adds Value
- Reduces variation
- Systems approach
- Continuous improvement
• Provides a structured method, tools and a plan for making improvements
What is patient flow

- Tools used focus on achieving change by following the patient through their entire health care journey
- Focus on operational efficiencies allows for a smooth process
Flow video
CSR Phases

5 key phases:

Phase 1: Project Launch Can be 1-4 weeks
- Mobilise project team
- Establish governance
- Conduct stakeholder analysis
- Data requests made
- Plan key project activities

Phase 2: Diagnostics Can be 2-6 weeks
- Diagnostics showcase
- Data analysis
- 'Voice of the Patient' activities
- Process mapping
- Issues prioritisation
- Data driven hypothesis testing

Phase 3: Solutions Design Can be 1-4 weeks
- Solutions design workshops
- Detail plans of how the solutions will be implemented
- Solutions Fair
- Implementation planning

Phase 4: Implementation Can be 6-12 weeks
- Implementation planning and preparation
- Timelines allocated
- Teams assigned and mobilised
- Transition to business as usual

Phase 5: Sustain Can be 6-12 months
- Continue implementation
- Measure progress
- Implement corrective responses
- Identify learning's
- Share knowledge and outcomes
- Tollgate reviews

✓ Project governance established
✓ Project Plan
✓ Diagnostic report
✓ Solution design report
✓ Implementation report
✓ Tollgate reviews
✓ Project close out

Great state. Great opportunity.
Project launch / Planning Phase

**Key Activities**
- Establish team
- Define problem
- Establish governance
- Establish goals
- Develop communication plan
- Identify data requirements
- Stakeholder analysis

**Key milestones and deliverables**
- Project plan or charter
- Communication plan
- Risk register
- Steering committee established

**Benefits**
- Clarity of roles
- Leadership support
- Clear timelines
- Clear goals
Project Goals and Objectives

• Need a burning platform
• Goals and Objectives should be set early in project design
• Destination thinking is key
• Short, succinct better than long and boring
Bottlenecks
• OPD appointments, surgical waiting lists
• Inpatient beds, operating theatres

Stress of overwork
• Doctors, nurses, staff running faster
• Healthcare provider shortage

Care & Coordination
• Transfer of patients back to GP care
• Multiple appointments in the OPD
What’s the problem?

- Approximately 80 percent of medical errors are system-derived. *Achieving Safe and Reliable Healthcare: Strategies and Solutions*

- The most effective way to prevent errors is to fix systems and procedures rather than blame individuals. *Harvard Medical School’s consensus statement following an adverse event*
Learn to See Value

What do patients really want?

Diagnosis
Treatment
Advice

Respect

Cost Effective

Convenient

Good clinical outcomes
What is Waste?

- Uses resources but does not add value
- Activity that the customer would not be willing to pay for in time or money
GPLO Role as Key Stakeholder

Transform waste into value from the customer’s perspective

Add Value | Eliminate Waste
Total Time & Value added time

- Value Added Time is only a very small percentage of the Total time
- Traditional Cost Savings focused on only Value Added Items
- LEAN FOCUSES ON reducing NON-VALUE ADDING ITEMS
- REMOVE THE WASTE!

Adapted from J. Liker, Optiprise
Traditional Vs Lean Results

Traditional improvement Approach

Focus on non value added items

Adapted from J. Liker, Optiprise
Teamwork Video
Diagnostic Phase

Key Activities
- Collecting qualitative and quantitative data
- Process mapping
- Engaging patients
- Engaging staff
- Tracking / shadowing
- Root cause analysis
- Issues prioritised
- Analyse data

Key milestones and deliverables
- Prioritised root causes
- Identified waste
- Identified unnecessary variation
- Identified Quick Wins
- Diagnostic report

Benefits
- Stakeholder engaged in issue identification and prioritisation
- Robust data
- Address root cause and not symptoms
- Highlight waste and valuing adding activity
PROCESS MAPPING
A DIAGNOSTIC TOOL
Process Mapping

• Process maps are a potent set of tools that, when used properly, can unlock urgent opportunities to:
  – Increase efficiency
  – Eliminate non-value-added activities
  – Reduce total time
  – Expand service capabilities
  – Simplify work flow
  – Minimise dependencies
  – Gain buy-in and organisational support for change
Process mapping - getting started

• Identify the right people
• Determine what you expect to get from the map
• Identify who will use it and how
• Define the level of detail
• Establish boundaries of the process to be improved
How to Map

- Set the scene – start & end points
- Nominate a scribe
- Map the “usual”, i.e. what happens 80% of the time
- Record the steps and the variables that influence each step
- Create a shared understanding of the process, gain consensus
Mapping Rules

- It is about the patient and their journey
- Looking at systems **not** individuals
- Important to discuss all processes as they are, not what you think they should be
- Don’t interrupt
- Issues not related to this process but are important are placed in the **parking lot**

**DEFER JUDGEMENT**
There are no bad ideas at this point. There is plenty of time to judge later.

**ENCOURAGE WILD IDEAS**
It’s the wild ideas that often provide the breakthroughs. It is always easy to bring ideas down to earth later!

**BUILD ON THE IDEAS OF OTHERS**
Think ‘and’ rather than ‘but’

**STAY FOCUSED ON TOPIC**
You get better output if everyone is disciplined.

**ONE CONVERSATION AT A TIME**
That way all ideas can be heard and built upon.

**BE VISUAL**
Try to engage the left and right side of the brain.

**GO FOR QUANTITY (NOT QUALITY)**
Set an outrageous goal and surpass it!
Types of Waste in a Healthcare Setting

- **Defects rework**: Repeating blood tests due to specimen mislabeling, medication errors (wrong dosage), non-compliance with agreed practice.
- **Overproduction**: Ordering of X-ray daily in ICU, mixing drugs in advance, hourly monitoring of patient when not required, printing of sticky labels before patients’ admission.
- **Waiting**: Doctor waiting for mobile X-ray at OT, waiting to be discharged, waiting for bed assignments, waiting for treatment, waiting for diagnostic tests, waiting for approval, waiting for supplies, waiting for doctor/nurse.
- **Not using staff talents**: Supervisors giving solutions without discussing with staff, nurses couriers routine samples to lab, nurses collecting medicines from pharmacy, nurses taking phone calls which can be dealt with by AO.
- **Transportation**: Retrieval of notes from another place, movement of required equipment or supplies from another place.
- **Inventory**: Stocking of unnecessary supplies, lab specimens awaiting analysis, over ordering supplies even if enough stock, stock obsolete items, insufficient stock.
- **Motion**: Doctor walking back and forth to look for KY jelly (lubricant), nurses looking for case notes and supplies, doctors rounding in different wards/buildings because of overflow, delivering medicines.
- **Excessive processing**: Asking patients repeatedly for same info, duplication of paperwork, redundant processes (repeated faxing as a form of communication), repeating lab tests unnecessarily, repeat phone calls to clarify information.
Activity

Map typical a GP presentation

- Start point: Patient feels unwell
- End Point: Patient leaves after treatment

- Once complete identify value and waste
ROOT CAUSE ANALYSIS
Root Cause Analysis

“RCA is a structured investigation that aims to identify the true cause of a problem, and actions necessary to eliminate it.”

Anderson & Fagerhaus
JCAHO

- Proximate causes correctly identified
- Analysis of underlying systems and processes
- Inquire into all important areas
- Identify error prone points in process
- Potential improvement by risk reduction
- Measurement strategy
Cause & Effect Diagram (RCA)

Methods

Machinery

Environment

Materials

Manpower

Problem
Distinguish Symptoms from the Cause

First Why
- Symptom

Second Why
- Excuse

Third Why
- Blame

Fourth Why
- Cause

Fifth Why
- Root Cause

- Symptoms are superficial
- Root causes are the “real issues”
Distinguish Symptoms from the Cause

Patient waits 4 hrs in ED • Symptom

Discharge pt. still occupying bed

Discharge pt. awaiting script • Excuse

Discharge planned on day of discharge

No established EDD process • Blame

Discharge planned on day of discharge • Cause

No established EDD process • Root Cause

• Further breakdown is not possible (last why)
• If the root causes are corrected, the problem will be solved
• The solutions are clear
Solution Design Phase

**Key activities include:**

- Solutions design workshops with key stakeholders to explore and discover ideas to fix the issues identified
- Development of the detail plans of how the solutions will be implemented
- Solutions Fair – showcase to the organisation the ideas to solve the issues and create urgency for change
- Implementation planning – high level plans for what will be needed should the solution be endorsed by the steering committee

**Deliverables**

- Solution design report

**Benefits from this phase:**

- Staff have a say in what needs to change
- Ownership at the local level
- Clarity of how change will be measured
- Patients participating in co-designing solutions
**Solution Design Phase**

**Key Activities**
- Solution design workshop with key stakeholders
- Ideal state and future state
- Paradigm shifting
- Guiding principles
- Solution fair to showcase solutions
- High level solution plans with milestones and accountability

**Key milestones and deliverables**
- Solution selection prioritisation matrix
- Solution design Report with identified key measures

**Benefits**
- Staff engaged have involved in creative solution design
- Includes continuous communication with stakeholders
- Clarity around measurement of the solution and impact upon KPI's
- Patients can participate in co-design
Paradigms

• **par·a·digm (n)**
  – in the philosophy of science, a generally accepted model of how ideas relate to one another, forming a conceptual framework within which (scientific) research and development is carried out
• We use these models to interpret behavior
• They help us create order

Every act of creation is first of all an act of destruction - Pablo Picasso
Paradigm Effect

• BUT we only see what we want to see
  – if it does not fit the paradigm we often miss it.
• We get Paradigm Paralysis
• We miss opportunities

• The more we have invested in our process the greater
  the risk of the Paradigm Effect.
# Healthcare Paradigms

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients stay in bed after operation</td>
<td>Early post-operative ambulation</td>
</tr>
<tr>
<td>Patients go to clinic or admit for infusions /injections</td>
<td>Patients can self-infuse / inject</td>
</tr>
<tr>
<td>Doctor must sign off on every discharge</td>
<td>Nurse-led discharge (e.g. day surgery)</td>
</tr>
<tr>
<td>Elective surgery patients come in the night before theatre</td>
<td>Day of Surgery Admission</td>
</tr>
<tr>
<td>Medical staff must review every patients in ED</td>
<td>Nurse Practitioners</td>
</tr>
</tbody>
</table>
Paradigm Examples

Exercise:

1. Split into groups
2. Identify Paradigms in your work processes
   • Current Work Models or Ideas.
3. Identify which paradigms you can change and which ones you can’t?
   • Circle of influence
4. Why can’t you change them?
Select Solutions for greatest benefit

- Focus on items that will produce the greatest benefit based on analysis
- has **greatest opportunity**
- Focus on Items that are:
  - Effective (corrects the root cause)
  - Within your control
  - **Quick to implement** (today!)
  - Easy to implement
  - At low costs or no costs
- What can be done now vs later?
  - **Short term** temporary countermeasures
  - **Long term** permanent countermeasures
Solution Objective: Statement of the issue, written as an objective

Solution Strategies
List the high level parts of the solution here. What initiatives does the project want to introduce?

Ownership
Executive Sponsor:
Clinical Lead:

Display Prioritisation matrix
List who has been identified to support this solution at the executive level and who will lead this solution during implementation

Expected Benefit
List the key benefits of this solution in bullet points.

KPI's of this solution
List the main KPIs of this solution. How will progress be measured?
Implementation Phase

Key Activities
- Implementation planning and preparing
- Times allocated
- Resources allocated
- Champions identified to support change
- Change implemented
- Results monitored

Key milestones and deliverables
- Implementation report

Benefits
- Detailed plan with clear accountabilities and timelines
- Easily identifiable measurement of improvement
- Resources and training required are identified and delivered
- Plan signed off to proceed
The purpose here is to highlight how the project intends to implement the solution during the next phase. Create a broad outline of what the project may do.

**Phase 1: Collaborate & Consult**
- Hold implementation planning meeting to allocate priorities, timeframe and responsibility
- Identify members to form program specific working groups
- Drafting the procedure to support the new process and circulate for input and comment
- Establish an agreed method for contacting all on call specialty teams
- Seek endorsement from Steering committee for new process

**Phase 2: Communicate & Educate**
- Distribute and communicate key contact numbers for consultant medical staff in ED and speciality programs for visibility to enable streamlined escalation
- Distribute and communicate hospital wide marketing and information material on the NEAT patient journey targets
- Conduct education programs and monitor attendance
- Collect baseline of staff satisfaction and patient satisfaction

**Phase 3: Trial & GO LIVE**
- ED compliance with EDIS data entry
- Review trial progress and develop corrective action as required
- Second phase implementation – significant engagement with other speciality group commencing with presentation of current data and LOS in ED
- Communicate learnings with district and develop district strategies for phase 3 implementation

**Communicate & Educate** –
This is where you will educate and share the changes with stakeholders and prepare the organisation for change.

**Trial & GO LIVE** –
Consider what activities you may need during a trial and when the changes are ‘business as usual’

**How long should each phase take?**
This will depend on the complexity of the solution, how ready the stakeholders are to create the change, and if there are other areas the solution is dependent on.
Sustain Phase

Key Activities
- Document new process and metrics
- Monitor impact and patient staff feedback
- Transfer to business as usual
- Celebrate

Key milestones and deliverables
- Final report with clear lines of ongoing accountability and willingness to continually improve

Benefits
- Identify lesson learnt
- Business as usual approach
- Increased staff capability to continually improve
CURRENT CSR ACTIVITY SUPPORTED BY CARU
CSR in Queensland so far..

- 2009 – Auditor General Report into patient flow
- April 2010 – Patient Flow Strategy Launched
- September 2010 – commenced the Clinical Services Redesign Program
- November 2011 – commenced the Metropolitan ED Access Initiative process
- July 2012 – commenced the ‘macro NEAT’ clinical services redesign project
- September 2012 – launched the QuICR
- May 2013 – commenced the Scalpel ‘macro NEST” clinical services redesign project
Results to date…

Improvement across the balanced scorecard:

– Budgetary performance – especially released capacity across the system

– Better access performance
  • Elective Surgery
  • Emergency Departments
  • Shorter hospital stays

– Quality and safety

– Patient experience
Quality & Safety

Qld Health Mortality Rate

Mortality Rate vs Qtr
Where to now for clinical services redesign in Queensland?

- A focus on multi-site projects to drive peer-to-peer engagement and interaction
- Clinical services redesign as the underpinning methodology for all large-scale improvement
- Focus on building an internal capacity for clinical services redesign across Queensland – the QuICR
- Renewed focus on knowledge management – refresh the Patient Flow website including new service delivery models and revised evidence
Resources

- Seven Leadership Leverage Points: for Organization-Level Improvement in Healthcare (Institute for Healthcare Improvement) Leadership White Paper – 2005
- Health Services Under Siege: The case for Clinical Process Redesign (Medical Journal of Australia – 2008)
Questions?

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