The CHANGE room story

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Where are we from?

• Brearley 1-4
• Respiratory Medicine Wards
• Northern General Hospital
HOW DID THE JOURNEY START?

Rita’s story

‘A Doctor told me last week she thought I’d be home by the end of the week. I said I hope so! But I’m still here a week later. Nothing really happened over the weekend’

‘I’ve been in here quite a few times but I wish they knew about your medical history. It always surprises me that nobody knows about you, what tablets you are on, so you get asked the same questions over and over’

‘On MAU they did tests, blood tests and that, and I had a chest x-ray. Then I had the same tests again here, more blood tests. I was asked the same set of questions in A&E, MAU and then here, over and over. It’s what happens when you come in here—same questions, same tests over and over’
Visit to Bolton……..

What we agreed

• Ownership not Buy In
• ‘Mesosystem’ – 4 wards work together to learn and share ideas
• Create a space for the meeting and to share the metrics that matter – the CHANGE room
• Coaching Support from MCA (Steve and Garry Fothergill)
December 2011

The CHANGE Room
CHANGE room Improvement
- The structure

SDSA ‘Standardise’
PDSA
Change Ideas

Assessment - 5Ps
Define Themes

5Ps – Identifying themes
• Understanding the system -

'I've been in here quite a few times but I wish they knew about your medical history. It always surprises me that nobody knows about you, what tablets you are on, so you get asked the same questions over and over'
5Ps - Learning

• Lots of variation in ward round, ward and MDT processes across the four wards
• Communication highlighted as an issue by all the staff
• Discharges peaked late in the day delaying flow
• Drug rounds were regularly interrupted
• TTO process caused delays
CHANGE Themes

Ward rounds and MDT processes

Coding

Medicines Management

Brearley Ward Process map
First PDSA – BOARD ROUNDS

- Specific aim - to achieve daily 9am MDT face to face communication and problem solving across all 4 Brearley Wards 100% of the time for the successive 2 weeks.
First PDSA – Board Rounds

- Initial test for 2 weeks w/c 16\textsuperscript{th} July 2012
- Measures
  - attendance
  - time taken
  - time of referral to OT or PT
  - qualitative survey monkey after test

4 Step Board Round Structure

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Medically fit?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Sick needing immediate review?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Social issues?</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

\textbf{NB.} Please prioritise sick patients and those who are medically fit with no social issues for review first on WR - and do TTOs immediately
Do you think the daily board rounds should continue?

CHANGE room
Improvement - The structure
PDSA’s tested to date

<table>
<thead>
<tr>
<th>Idea</th>
<th>PDSA</th>
<th>Standardised</th>
<th>Ongoing work</th>
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</thead>
<tbody>
<tr>
<td>Board rounds &amp; Huddles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pharmacy run</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Virtual checking station</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Labelling notes trolleys</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Bed Wizard</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
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<tr>
<td>White boards</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Stock Room standardisation</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Near INR patient testing</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Drug omissions</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
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<tr>
<td>Baseward summary Drs sheet</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Ward round check list</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
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<tr>
<td>Medicines reconciliation</td>
<td>Yes</td>
<td></td>
<td>Stalled</td>
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<tr>
<td>Drug rounds</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Nurse handover</td>
<td>Yes</td>
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<tr>
<td>Paperwork filing</td>
<td>Yes</td>
<td>Yes</td>
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<td>On-line anticoag appointments</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Open visiting</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Red ‘social’ folder</td>
<td>Yes</td>
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<td>Parked</td>
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<td>D2A</td>
<td>Yes</td>
<td>Yes</td>
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<td>TTO delays</td>
<td>Yes</td>
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<tr>
<td>Admission HCA protocol</td>
<td>Yes</td>
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CHANGE room
Improvement - The structure

- **PDSA**
- Change Ideas
- Assessment - 5Ps
- Define Themes
STANDARDISATION ON WARDS
Stocktake

<table>
<thead>
<tr>
<th>Successes</th>
<th>Ongoing Testing</th>
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<tbody>
<tr>
<td>Board Rounds</td>
<td>Ward round checklists</td>
</tr>
<tr>
<td>Drug Rounds</td>
<td>Bed Wizard</td>
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<tr>
<td>Standardisation</td>
<td>INR testing</td>
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<tr>
<td>Open Visiting</td>
<td>Patient Information</td>
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<tr>
<td>Stock storage</td>
<td>Laundry and Pyjamas</td>
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<tr>
<td>Nursing handover</td>
<td>O₂ use</td>
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<tr>
<td>Visual management</td>
<td>Use of CF beds</td>
</tr>
<tr>
<td>Drug Omissions (Empty Boxes)</td>
<td>Front Door Processes</td>
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WHAT DO THE STAFF THINK?
Do you think that the CHANGE room should continue?

Responses

What resources could help improve your working day?

Responses
WHAT HAS THE CHANGE ROOM CHANGED?
Hospital Standardised Mortality Ratio (HSMR)
Patients discharged from Respiratory Medicine
Rita’s story

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Ongoing work – flow through the system

What are we learning from this approach - Strengths and ‘challenges’

+  
  • Engaging staff  
  • Measured improvements

–  
  • ‘mesosystem’  
  • traditionalists  
  • ‘Lifestyle change’
THANK YOU

MCA expo

• 1st & 2nd June 2015
• National & International Speakers
• Case studies, Quality Improvement
• Networking