Microsystem Festival

C5, 13.30 - 14.30

The Mastery of Your Daily Work – From structures to feelings

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The KPS process

1. Need analysis
2. Strategic planning
   - Production plan
   - Resource plan
3. Tactical planning
   - Schedule activities
   - Schedule resources
   - Invite patients
4. Operative planning
   - Daily management
5. Follow-up and reflection

Capacity- and production planning program (KPS)

[Diagram showing the KPS process and capacity- and production planning program with meeting dates and milestones]
Why working with this?

• The whole process is unbalanced.
• We tend to work in our silos.
• Earlier concepts have been effective, but we need to focus on culture and behaviors.
• We need to work more from the customers’ perspective.

Questions

• Is access important and communicated at all levels in your organization?
• Do you have organized follow ups and agreements around data?
• Do you have regular structured meetings for follow ups and analysis at all levels in your organization?
• Do you have strategic planning around access?
Example from Women health care

• Contact due to a change in organization
  – Centralize to one physical place

Why, why, why?

• What will you accomplish with an organizational change?
• What is your goal?
• When you look a year ahead – what do you see?
• Is an organizational change the solution to your experienced problems?
• What facts have you built this idea on?
Model for improvement

What are we trying to accomplish? = Goal

How will we know that a change is an improvement? = Measure

What change can we make that will result in improvement? = Ideas

Plan, do study, act! = Test

The process

- Identify the team
- Time plan
- Balance calculator (BR)
- KPS-program
- 3TT (the third available time)
- Quality improvement approach
Balance calculator

External demand
Internal Demand

"Backpack"

Capacity

What can you get?

- Structure
- Agreements
- Different cultures

- BR gives the big picture of the daily work
Designing the Balance calculator

- Different conditions
- Different needs
- Different view of how it is
- Different routines
- Big variation

Total Demand (h)

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Demand (h)</th>
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<tbody>
<tr>
<td>Norrahammar</td>
<td>140</td>
</tr>
<tr>
<td>Mullsjö</td>
<td>120</td>
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<tr>
<td>Gränna</td>
<td>100</td>
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<tr>
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<tr>
<td>Dalvik</td>
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<td>Bankeryd</td>
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<td>Habo</td>
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<td>Rosenlund</td>
<td>4</td>
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<tr>
<td>Väster</td>
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</tbody>
</table>
"Over capacity"

Total demand and planned capacity

- Norrhemnor
- Mullsjö
- Bankeryd
- Dalvik
- Tenhult
- Gränna
- Narenland
- Överehaga
- Väster
- Habo
- Huskvarna
- Rådött
Capacity for reception (visits, telephone)

Other, total capacity: planned and outcome
How the rest of the capacity is spent

Results from the Balance calculator

- Big variation
- All units have over capacity
- Administration is more than planned
- The access wasn’t as good as we thought
- We don’t have equal care (access).
Time spent talking

- Gynecology
- Pregnancies and birth control

Number of patients

Outcome 2016-2018
Visits to Physician
Data from Diver

- Outcome visits
- Production plan
- Difference in visits vs. production plan
Number of ongoing pregnancies

- >6% The midwife has too many patients at the moment
- 1/4 6% The midwife has a reasonable number of patients at the moment
- <4% The midwife has the possibility of taking care of new patients

<table>
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<th>Midwife</th>
<th>%</th>
<th>Number of ongoing pregnancies</th>
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<td>60.0%</td>
<td>47</td>
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<tr>
<td>Midwife 2</td>
<td>100.0%</td>
<td>47</td>
</tr>
<tr>
<td>Midwife 3</td>
<td>30.0%</td>
<td>8</td>
</tr>
<tr>
<td>Midwife 4</td>
<td>100.0%</td>
<td>59</td>
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<tr>
<td>Midwife 5</td>
<td>17.5%</td>
<td>11</td>
</tr>
<tr>
<td>Midwife 6</td>
<td>100.0%</td>
<td>6</td>
</tr>
<tr>
<td>Midwife 7</td>
<td>16.8%</td>
<td>16</td>
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Number of ongoing pregnancies per unit

- >6% The unit has too many patients at the moment
- 1/4 6% The unit has a reasonable number of patients at the moment
- <4% The unit has the possibility of taking care of new patients

<table>
<thead>
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<th>Unit</th>
<th>Number of ongoing pregnancies</th>
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<td>Unit 2</td>
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<td>Unit 11</td>
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<tr>
<td>Unit 12</td>
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Goal

- The women will get an appointment, to the Women health care in Jönköping, within five days to "her" midwife in the preferred unit by May 2018.
  - Measure access
Movie

Reflections

• Looking at the results caused anxiety
• Purpose is very important
• How will this help us?
• The possibility to talk about variation
• It didn’t mean that someone had to leave or move to another unit, but to structure the daily work and even out the work load and improve access for our patients.
**The Process of Transition**

- **Happiness**
- **Fear**
- **Threat**
- **Guilt**
- **Depression**
- **Hostility**
- **Moving Forward**
- **Gradual Acceptance**
- **Valley of despair**

![Diagram](image)

**Source:** Kübler-Ross

Ref: Picture from the book “Produktionsstyrning i sjukvården” by Ritva Rosenbäck
Question

- Do you have something similar (measurements)?
- How is the reaction from the result?
Facts are fun!

- The management is more confident and braver – they have found a way to describe and put in context
- They have become more clear as leaders
- Certain areas have historically got too much attention despite their small size (infertility).

Lessons learned

- Before, we built the schedule and routines from the organizational perspective, not from the customers’ perspective.
- The whole picture wasn’t clear despite the hard work to be flexible, helping the women to get the best service.
- Service versus flexibility – what is service in health care?
Lessons learned

• The capacity- and production file turned out to match the Balance calculator.
• Had never reflected over how much time they had to put in to production or which competence that was most effective
• Other things ruled the schedule
  – Based on the needs from the staff. Did not see the whole picture
  – Personal interests which complicates the working environment and causes vulnerability

Reflection

• When are you fully booked?
Question

- What is service in health care?

What’s next?

How to secure the best possible plan?

- Named coordinators responsible for reporting measurements and follow up scheduled plan
- Standard that allows minimal variation
- Based on competences
- Communication
- Building participation
- Prioritize
What’s next?

- Establish the new way with the co-workers
- Continue measuring (hard facts)
- Measure the work environment
- Backup plan
- Do improvement work along the way

Sustainability

- Plan for structured meetings (how often, how/where, participants, agenda)
- Follow up on a regular basis (weekly and monthly)
- Clear leadership
Guidelines

- For scheduling
- For measuring
- For vacation, absence, …
- For common routines
- For meetings

Tools and methods is not the goal
The real work is to meet each other in the daily work

Movie
Questions

Thank you!