The Art of translating improvement concepts to engage the Hearts of clinicians

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I have nothing to disclose.
Objectives

After this presentation, you will be able to:

- Describe the importance of translating 'improvement language' for clinical audiences
- Propose methods for the design and improvement of complex systems at micro and meso system level

“I am concerned that improvement has become too technical.
It is about people.”

Marjorie Godfrey, 29th February 2012
(at 15:06)
A patient story

- Painful hand
- Surgery
- Monday
- Wednesday
- Thursday
- Oral antibiotics
- IV antibiotics
- Discharge
TOYOTA PRODUCTION SYSTEM

Stabilization

Job Shop to Focused Factory

Chaotic Push to Self Pacing Pull

Improvisation to Repeatable Standard

...Engineer...

Chaos Out

Stability In

TOYOTA PRODUCTION SYSTEM
Thedacare, WI

TRUE NORTH METRICS
Safety/Quality
- Preventable Mortality
- Medication Errors

Customer Satisfaction
- Access
- Turnaround Time
- Quality of Time

People
- Preventable Mortality
- Wrist Program
- Employee Engagement Scores

Financial Stewardship
- Operating Margin
- Productivity

Magee Women’s Hospital, PA
LEARNING FROM FAILURE

Microsystem

- Redesign of Sheffield’s Falls Management Clinic
- Combined methodologies;
  - Dartmouth Clinical Microsystem coaching
  - Esther Project fictional patient
Who is Evie?

A fictional typical falls clinic patient. She is;
• 83 years old
• Lives on her own
• Widowed 5 years ago
• Broke her wrist in a fall 6 years ago
• This year has started to have dizzy episodes and has fallen 5 times
• Her GP has referred her to the Falls clinic

A Review of Current processes using a process map

For each step the team considered –
Would Evie experience it?
Would Evie want it to happen?
Would Evie care if we changed it?
Patient Flow

- In/Out
- OT Assessment
- Physio Assessment
- Consultant
- Nursing Assessment
- Waiting Area

PDSA cycles to improve flow

- Patient stays in one room
- Introduced pull system
- Standardised equipment
- Removed the 14 week review – replaced by a telephone assessment
Benefits Realised - Savings

Monday
Complex Frail Elderly

Wednesday
Falls Clinic
Falls Programme

AM PM
Benefits Realised - Savings

<table>
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| Wednesday |       |
|           | AM    |
| Complex Frail Elderly |       |
| Falls Clinic |       |
| Falls Programme |       |
| PM         |       |

Benefits Realised – Patients and Staff
‘Hard’ Savings

Staff savings –
0.8 WTE band 5 nurse – c £22k per annum
0.8 WTE band 2 support worker c £14k per annum
0.6 WTE band 2 clerical – c £10k per annum

Catering saving – No cooked lunches required for Monday and Wednesdays – c 1100 lunches per year, c£2k

Total £48k

Return on Investment (ROI)

• Service Improvement Support - £2.5k
• Staff time for meetings and Improvement work - £5.5K

ROI = Savings – Investment = 48 – 8 = 5:1

Investment 8

Context Specific….
A patient story

Mesosystem

- Sheffield’s Hospital Geriatric Medicine Service (~330 beds)
- Redesign using translated Toyota Oobeya methodology
2003 Toyota Corolla

Toyota Oobeya (‘Big Room’)
To be a ‘special cause’ a patient needs to be in hospital for more than 73 days!

First find a room
Let me introduce ‘George’

- 82 years old
- Lives independently and wants to continue doing so
- Widowed 5 years ago
- Has mild dementia
- Daughter lives locally
- Losing weight and finding walking more difficult
PDSA tests of moving from ‘post take’ to ‘on take’

GSM PTWR PDSA Cycles - Time From arrival at Hospital to Senior Review

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<th>21/03/11</th>
<th>02/04/11</th>
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<td>2539.4</td>
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Count of OP Referrals and NEL Admissions for GSM

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<th>Start</th>
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<tbody>
<tr>
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George’s Board

Metrics board
Action Board

Issues
Current Challenge Board
Reporting out in action

A patient story

- Painful hand
- Workaround surgery
- Antibiotics late
- Wound examined
- Antibiotics late
- 3 hours to access
- IV antibiotics
- Wound examined
- Antibiotics late
- Calls unanswered
- Oral antibiotics
- Second operation
- Staph / Step mop
- Discharge
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
Quality
Access
Affordability

Compromise

Great

Lousy

Quality
Access
Affordability
Compromise

Quality Access Affordability

Great

Lousy

Excellence is possible

Quality Access Affordability
Excellence is possible

We are embedded in complex systems
Innovation is a necessity, not a choice.

Inspiration is not necessary.
Innovation depends on a set of skills that can be learned

A patient story
Within 2 weeks two adults died of identical strain of streptococcal infection

A successful outcome:
• due to fantastic individuals
• despite the system

But what if ‘ideal’ systematic had been care delivered?

• Would patient satisfaction have been higher?
• Would length of stay have been shorter?
• Would second operation have been necessary?
• Were the two deaths avoidable?
Conclusion

• Modern health care is complex - excellence is possible
• Requires capacity for continuous innovation and improvement
• The skills can be taught – translation to be clinically engaging accelerates pace
• Patient stories combined with data are powerful – when personal, the impact is likely to be greater
• Improving teams are happy teams

Thank you

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