



**Aim: To reduce the Stranded patients in Surgical and AT&R by 20%**

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Hospital : VERITAS

# Summary of Outcomes

## In last 3 months

- ❖ Silo reduction within secondary services and community
- ❖ Improved communication tools
- ❖ Introduction of lean thinking to the staff
- ❖ Improved use of IT supports (Read only access for InterRAI)
- ❖ Improved referral times to AT&R.
- ❖ Evaluate reasons for readmissions 48hrs/30 days
- ❖ Highlight patient in ED and on Ward and in system

# Measure

- ❖ Reduce the number of patients whose total length of stay is >21 days in AT&R and >8 Days in Surgical by 20% by November 2014
- ❖ Represent data in Jul 2015
- ❖ Balance: Reduce re-presentation rate to meet national target of 7.1%

# BACKGROUND

❖ What are the drivers for doing this work?

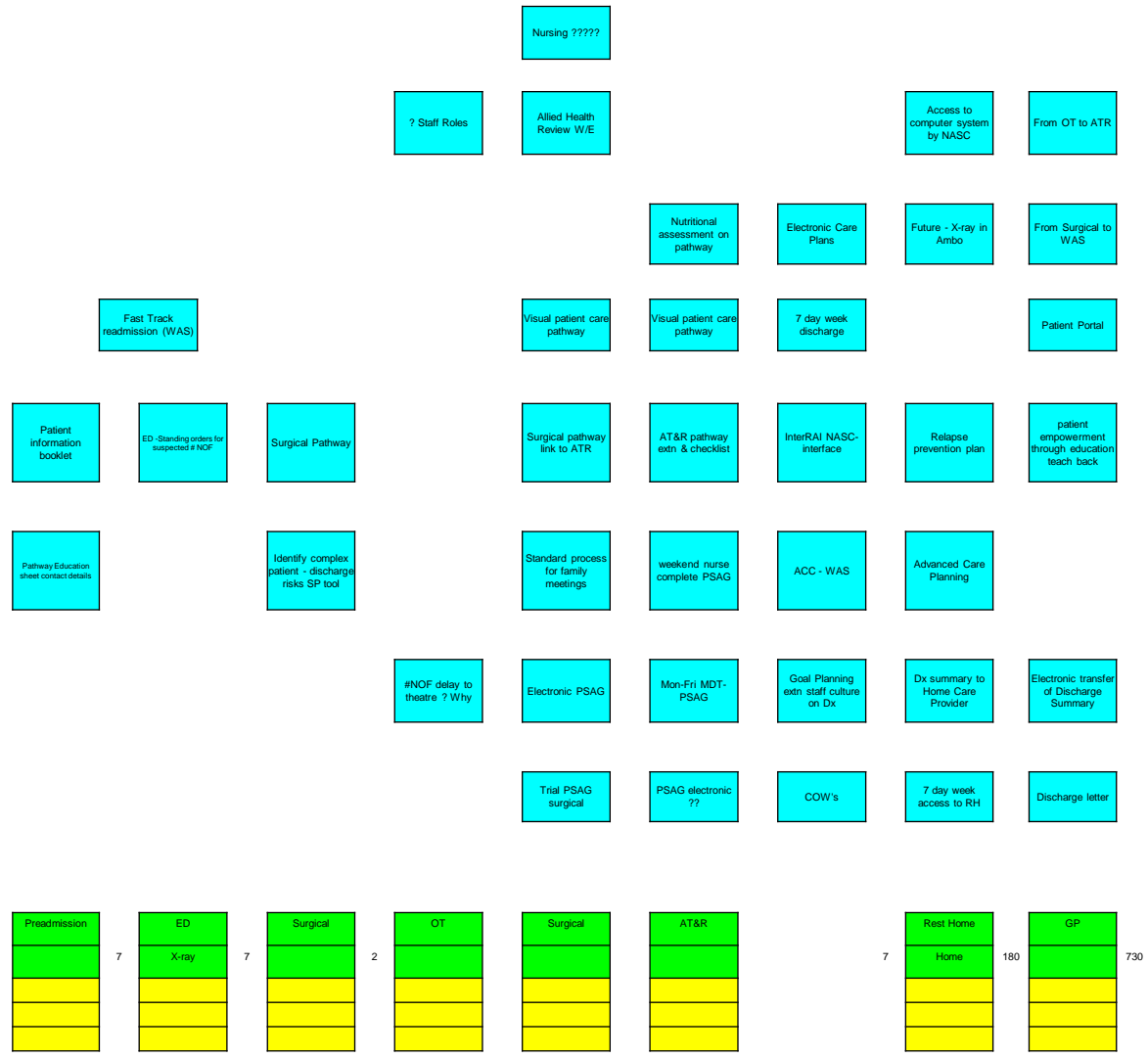
Reduction in waste (time) for both patients and staff.

Key Wastes identified	Impact + Time or inventory lost per year
Lack of standardised processes between wards eg use of PSAG boards, standardised documentation	Resulting in delays for transfer between units
Waiting –Delay in assessment to determine the level of services required post dx.. The average number of days taking out outliers is 3 days from referral to assessment completion	<p>Average number of days = 3.58 days from referral to assessment 2014 YTD (equates to 260 assessments x 3.0 = 780 days per year ) <b>re jig no's</b></p> <p>Moving to 2 days from referral to assessment (equates to 260 assessments x 2 = 520 days per year)</p> <p><b>Reduction</b> of 260 bed days per year</p>
Length of time to complete InterRAI documents due to lack of information in patient record.	Assessment tool took 3-4 hours to complete for patients in secondary services

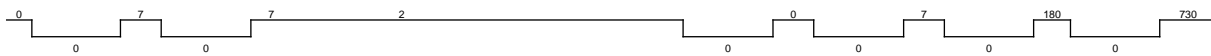
# FUTURE STATE VALUE STREAM MAP

## TIMARU HOSPITAL

Jun-15



DAYS  
MINUTES



Total Lead Time (dsys)	933.0
Wait Time (days)	933
Processing Time (minutes)	0
Percentage Value Add (%)	0.0

# AAA-HAAA Moments

- ❖ One piece flow – exercise one person quicker than having a conveyor belt of people.
- ❖ Impact of silo's within secondary services and primary
- ❖ Impact of culture. Often service delivery is determined by staff needs not necessarily patient needs.
- ❖ If you investigate one area a number of other issues come to light that need addressing.

# Summary of Good Ideas

Lean tools used to make improvements

- ❖ Value stream mapping
- ❖ One piece flow
- ❖ Pull system
- ❖ PDSA Cycle
- ❖ 5 whys
- ❖ Branding ( in progress)
- ❖ **Stranded patient tool (still being localised)**

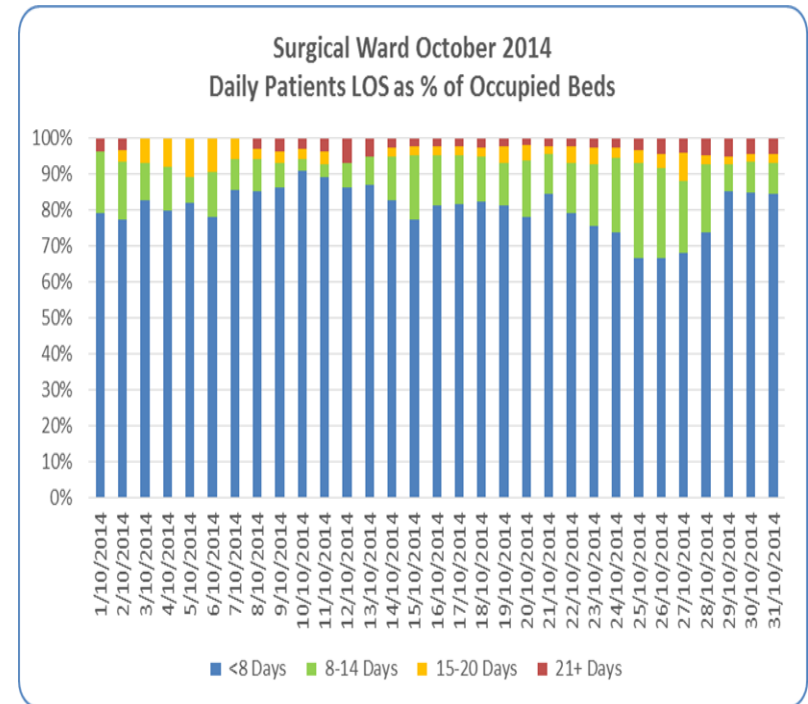
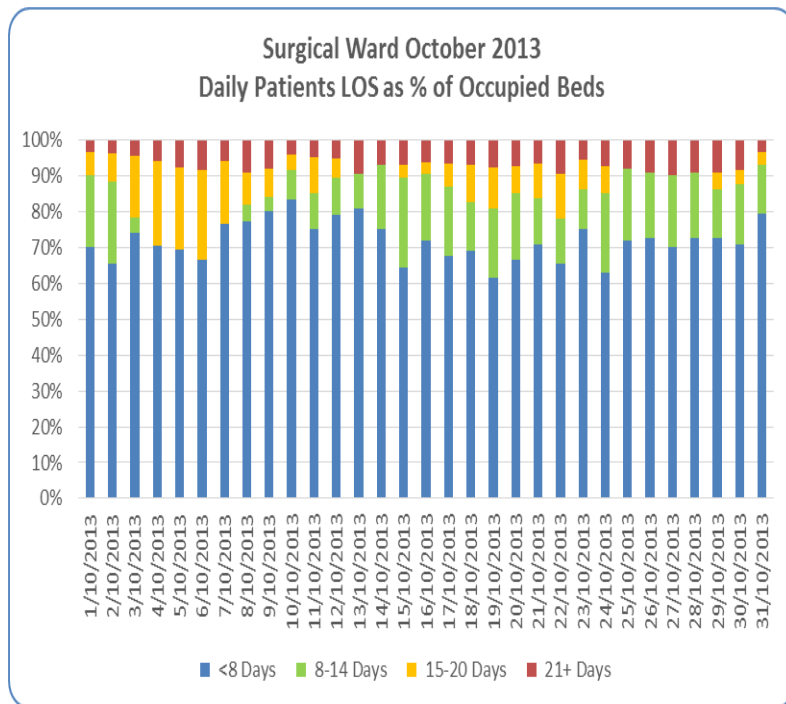
# Changes / Wins

- ❖ Standardisation of format for family meeting in all wards
- ❖ Re-introduction of PSAG board to AT&R
- ❖ InterRAI undertaken by NASC
- ❖ Stranded Patient MDT checklist
- ❖ Access to discharge summary report
- ❖ Use of blister packs in AT&R to assess self-medication ability
- ❖ Approval for Wallet – transfer information with patient
- ❖ Referral form to assist in transfer of information from hospital to community.
- ❖ Improvements in AT&R – Electronic discharge summary template
- ❖ Implementation of the Wrap Around Service



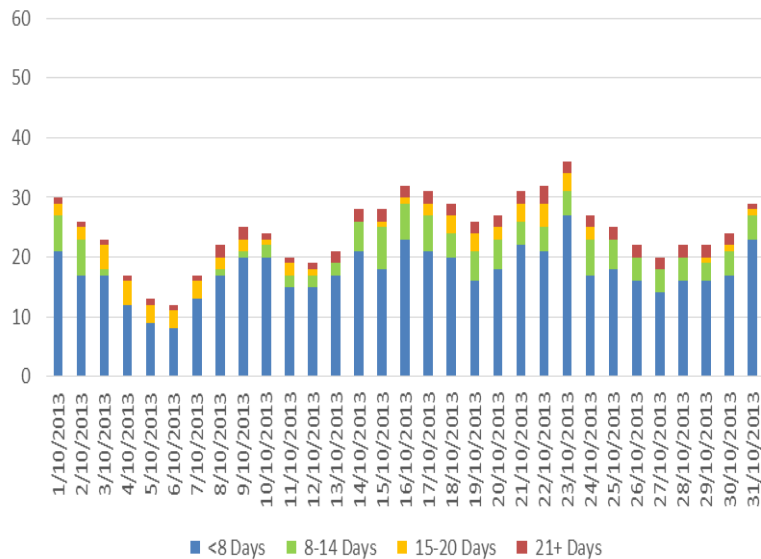
# Surgical Ward

## Daily Patients LOS as % of Occupied Beds

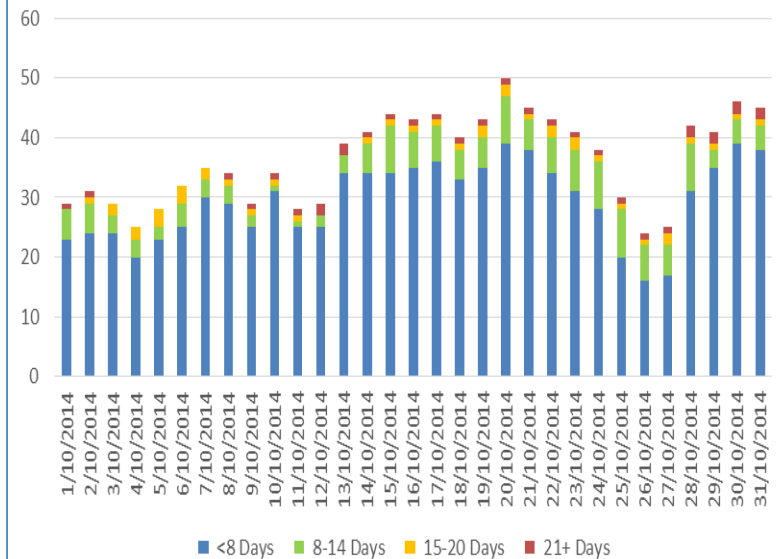


# Surgical Ward - Daily Patients LOS

Surgical Ward October 2013  
Daily Patients by LOS



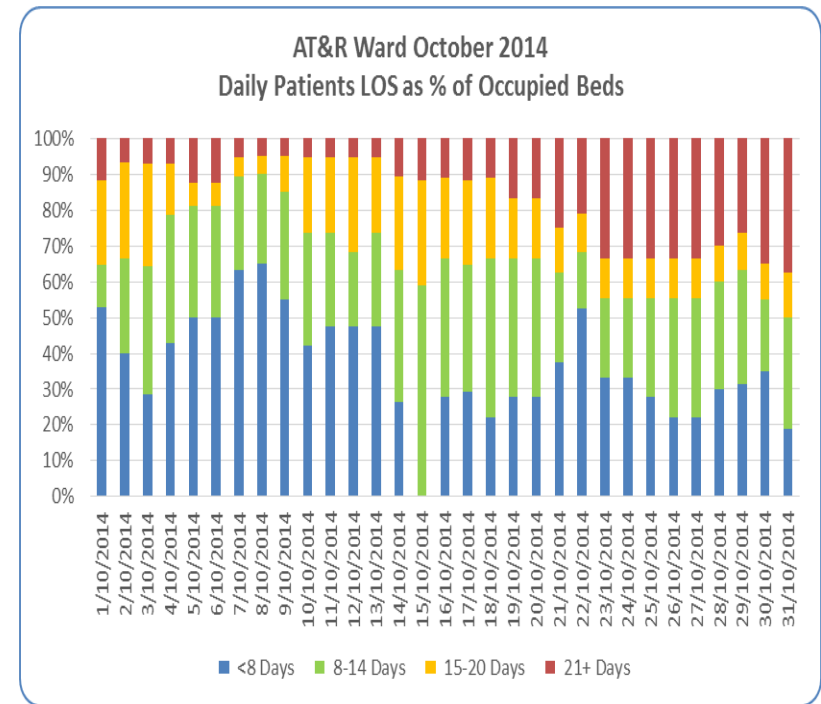
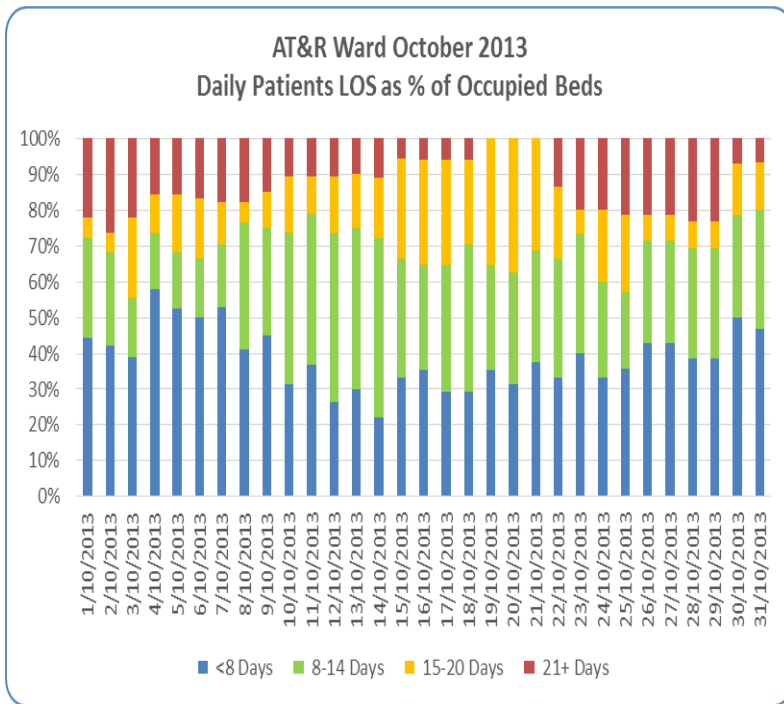
Surgical Ward October 2014  
Daily Patients by LOS



# AT&R Ward

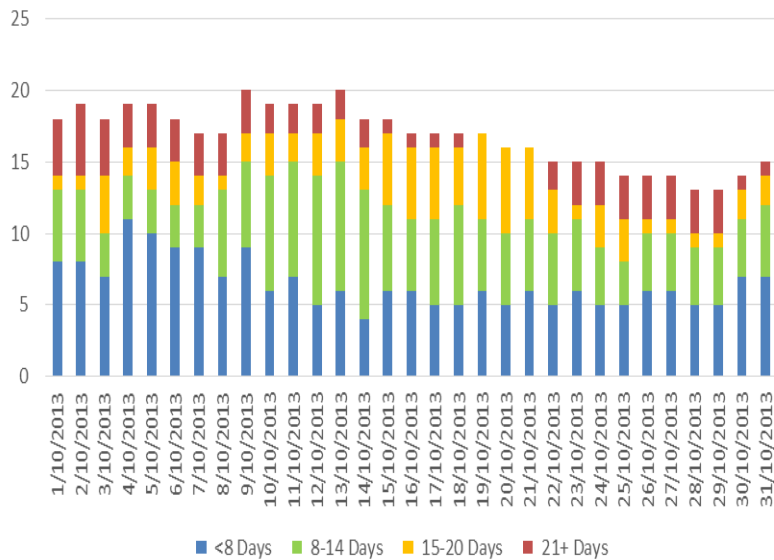
## Daily Patients LOS as % of Occupied Beds

Take out stroke patients

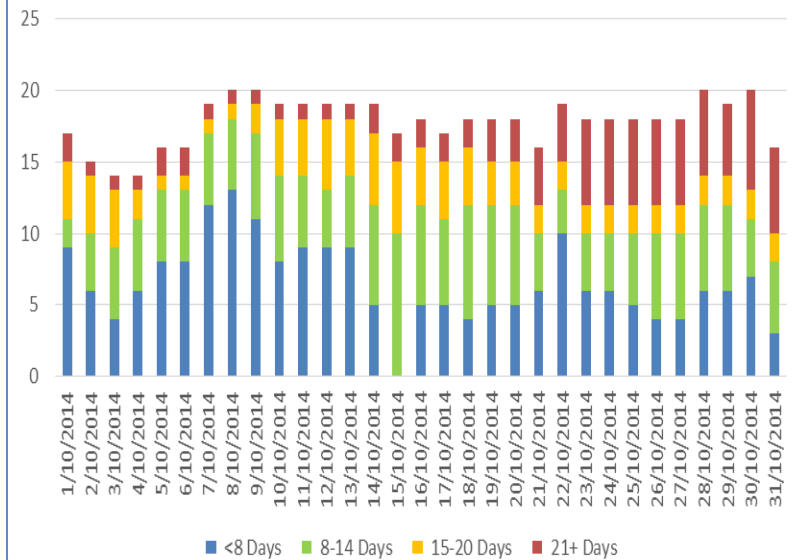


# AT&R Ward - Daily Patients by LOS

AT&R Ward October 2013  
Daily Patients by LOS



AT&R Ward October 2014  
Daily Patients by LOS



# Where to next? Plan for the next 6-12 months

## Short Term Strategies

- ❖ Branding for stranded patient (Why is Wally Waiting)
- ❖ Key focus on evaluation of new initiatives
- ❖ Development of the HOP **Community** Team
- ❖ Marketing of outcomes of changes to frontline staff
- ❖ Standardised terminology between disciplines.

## Long Term Strategies

- ❖ Review client pathway from admission – dx following implementation of new initiatives.
- ❖ Electronic A to D Document/care planning
- ❖ Video interviews of patient experience
- ❖ Utilisation of Lean Tools within future projects
- ❖ Management Plan for non-weight bearers

# Reflections on Our Journey

- ❖ Improved collaboration between Surgical and AT&R
- ❖ Platform for staff to promote ideas for improving the patient journey
- ❖ Realisation of number of silos within DHB
- ❖ This is not a standalone process and needs to be incorporated into other patient focused projects.
- ❖ Need to sell successes to staff
- ❖ Present to CME

