



# WORKING WISELY AT FREEMASON'S HOSPITAL

## THEME 3: Reducing patient harm – have we been revolutionary enough?

One of the serious hidden issues in healthcare is the amount of time spent fixing system problems and failures. This is time taken away from providing safer and more focused patient care.

In 2004 the Freemason's Hospital established the WorkWise project. The objective was to identify and then realise process and quality improvement opportunities in The Patient Journey – the process representing the pathway from entry to hospital to discharge. To date this project has enabled us to reduce time wasted by approximately 650 hours per month.

The project was operated in collaboration between Freemasons Hospital staff and Bevington Consulting personnel, using a process improvement methodology known as XeP3. This is a simple, fast and effective system for driving quality improvement and change.

### METHODOLOGY- BASED ON THREE PREMISES:

- Even the best run organisations have opportunities for process improvement;
- The people who know the day-to-day activities best are those who do the work;
- The best way to ensure positive process change is to train selected staff in a proven methodology. Then have these trained staff supported by expert mentors, engage with the staff who do the work.

**STEP 1: Methodology training** for the Freemason's project team.

**STEP 2: Discovery Stage** - conduct workshops with a cross section of staff who do the work. This stage documented what actually happened rather than what should happen.

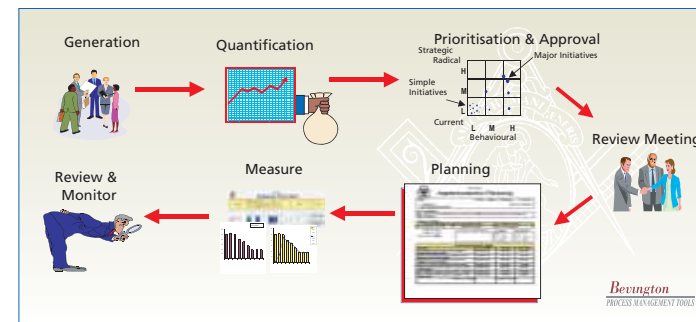
**STEP 3: Definition Stage** - the processes were analysed to identify the size of the current problems (described as "Noise" activities which needed to be eliminated as much as possible) and quantify the opportunity for improvement. Effort was being consumed by process failures like, rework, searching for equipment and chasing up other miscellaneous. All impacted, either directly or indirectly on the quality and safety of care delivery for patients.

**STEP 4: Solutions** - Confirmed an opportunity to improve the work processes of the patient journey at Freemasons Hospital by 24%.

### IMPLEMENTATION - HOW WE USED THIS INFORMATION?

Who better than the staff doing the work to provide solutions for the accepted process failures? Ideas generation sessions were conducted with the staff, who identified numerous practical ideas to address the noise related process issues. Staff ownership of solutions was of the essence. Flow Diagram 1 below details the steps involved in implementation.

Flow Diagram 1: Implementation Process



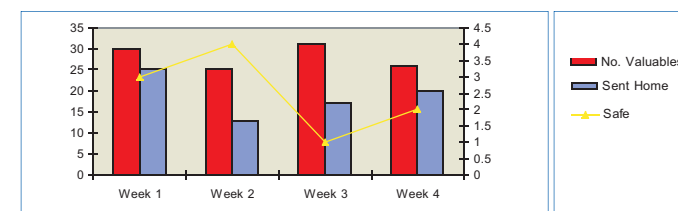
Freemasons Hospital Implementation commenced in September 2004 with very positive initial results. Key performance indicators were established for each initiative and appropriate behavioural change indicators (BCIs) were developed to monitor the effectiveness of the agreed system improvements.

BCIs provided evidence based analysis for the priority and selection of many additional quality improvements.

#### Examples:

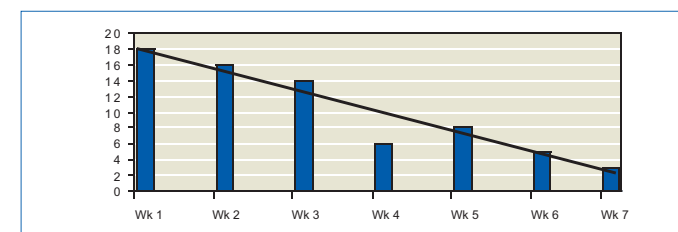
1. Management of Valuables - 70% reduction in the number of valuables entering the hospital

Graph 1: BCI for Patient Valuables



2. Reduction in missing specified items per week from 18 to three over a period of seven weeks in theatre.

Graph 2: BCI for unavailable Theatre items



### HOW TO REINVEST THIS TIME/SAVING

Not all savings will necessarily be directly reflected as a positive variance in the profit and loss

statement but more usually as an increase of value added activities such as improved patient safety, quality of care, staff and patient satisfaction, staff retention, reduction in sick leave and agency use.

Time saved on extraneous process activities also means patients with co morbidities are able to receive additional supervision thus reducing the risk of falls and other preventable occurrences.

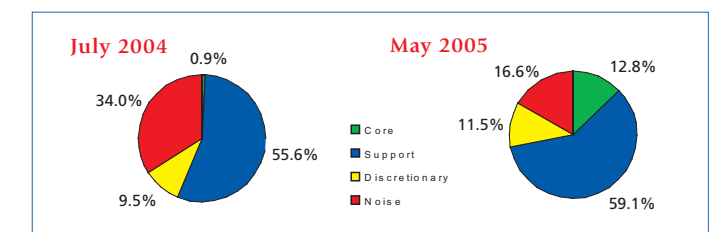
The WorkWise Project has demonstrated evidence based learnings and changes generated from existing system failures. The rationale for change initiatives was supported by quantifiable data and pro-active management of information.

The resultant redesign of processes within The Patient Journey continues to improve the safety and quality of care delivered to patients at Freemasons Hospital and to enhance the work experience for our staff.

Classification of tasks - CSDN

	Definition	Example
Noise	Non-value adding activities which cost the business money, reduce service levels and waste staff time	• If Equipment not available go find • Chase up PSA • Take extra meal orders because of room changes
Discretionary	Activities that can be done now or later, a little or a lot or not at all, at your organisations 'discretion'	• Putting valuables in safe • Get signoff by NUM
Support	These activities required to support core, current revenue streams & service delivery	• Collecting patient history • Medicating patients • Prepare meals
Core/Value Driving	Direct value gaining increasing revenue, reducing cost or proactively manage patient/assets.	• Booking extra Theatre session • Recommend other activities to Doctor eg. physio • Discuss pain management with patient

The "Operate on a patient" process of the patient journey



The "Admissions" process of the patient journey

