

Bevington Change Network

23 June 2009

Structure of today's discussion

- Background
- Lean Thinking in Health
- HIS
- Restructure

In the beginning..

- The Planning and Innovation Unit commenced in July 2008
- Driving force for the development of a change management team was from the CEO and Bendigo Health Board
- Establishment of Executive Lean Thinking sub-committee

Lean Thinking in Health Care?

Lean in Healthcare

GENERAL	HEALTHCARE
1. Overproduction – Producing more than is needed	<ul style="list-style-type: none">• Ordering a battery of Pathology tests, which are not clinically indicated, “just in case”...
2. Excess Inventory – Too much work in progress	<ul style="list-style-type: none">• Too much stock on shelves - “just in case”• Too many planned admissions, not
3. Defects – Rework due to faulty processes – Repeating things because correct information was not provided in the first place	<ul style="list-style-type: none">• Human Error• Chasing up missing information• Lost test results
4. Non-Value Added Processing (Over-processing) – Performing unnecessary process steps that do not add value	<ul style="list-style-type: none">• Ritualistic practice –we’ve always done it this way• Waiting for the doctor to physically review patient before discharge

Lean and Healthcare

GENERAL	HEALTHCARE
5. Waiting – People unable to process their work because they are waiting for people, equipment or information	<ul style="list-style-type: none">• Wait lists• Waiting for OPD appointments• Waiting for theatre
6. Underutilised people – People sitting idle	<ul style="list-style-type: none">• Too many staff rostered for number of patients• Staff suggestions and problems not listened to
7. Excess motion – Unnecessary people motions, travel, walking or searching	<ul style="list-style-type: none">• Poor physical space layouts• Treatment/ store rooms located far from beds• Transporting paperwork
8. Transportation – Moving materials unnecessarily	<ul style="list-style-type: none">• Transporting people between departments

Health Information Services

The Role of HIS in Health Care and Staffing

- Approx 40 staff
- Responsible for management of all medical records
 - Over 1000 incoming and outgoing files daily
- Clinical Coding (\$\$)
 - >3000 episodes monthly
- Audio typing
 - >1000 letters monthly
- Emergency Department clerks
- Manage all Sub-Acute (ACC) medical records

Health Information Services

- First Major Lean Thinking Project
- Main focus on:
 - Service improvement
 - Response time (record management and typing)
 - Productivity
 - Files Processed
 - Requests Satisfied
 - Turnover reduction etc
 - Increased core improvement (e.g. training / education)
 - Financial
 - Reduced cost growth
 - Increased WIES and Revenue
 - Documentation accuracy and education
 - Coding opportunity (e.g. moving to different DRG category)

The Approach

- Data was collected from all staff representing 19 'roles'

- **2615 individual process steps were collected from:**
 - Business Manager
 - Health Information Managers
 - 6 different 'roles'
 - Filing Clerks
 - 7 different 'roles'
 - Receptionists
 - 2 different roles
 - Audio Typists
 - Discharge Clerk
 - Freedom of Information (FOI) Officer
- Staff were very positive about the project and readily contributed their time to discuss the challenges they faced in their roles

Tasks and activities are categorised for their relationship to the strategic direction

Code	Definition	Example	
Noise <small>25%+</small>	Non-value adding activities which cost the organisation money, reduce service levels and waste staff time. Usually symptomatic of process failure	<ul style="list-style-type: none"> • Rework/recovery from error • Duplicated activity • Request sent to wrong location • Wrong Information • Activity performed at wrong point 	}
Discretionary <small>10%</small>	Activities that manage risk to the organisation and/or introduce management approval/checking steps. Usually their frequency or level is adjustable and is at management's discretion	<ul style="list-style-type: none"> • Checks • Approvals/ delegation signoff • Audits • Reports • Meetings 	
Support <small>60%</small>	These activities enable efficient delivery of a current service – they represent the normal, actual work being done right	<ul style="list-style-type: none"> • Processing • Data entry (the first time!) • Make payment • Answer calls • Deliver the service 	}
Core / Value Driving <small>5%</small>	These few activities directly increase service, reduce cost or enhance capability. They positively change the status quo to <i>drive</i> performance improvement in the organisation	<ul style="list-style-type: none"> • Core delivers organisational strategic objectives • Often that which <i>enhances</i> efficiency, effectiveness or revenue • Improving health & safety 	

As we suspected, there is a lot of Noise in HIS...

Support 51.44%

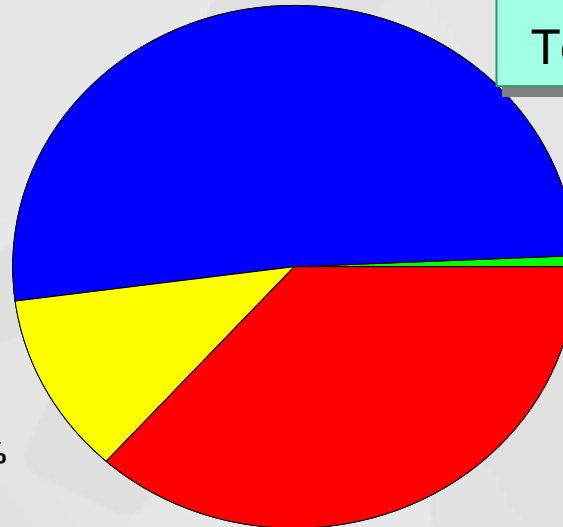
SUPPORT EXAMPLES

- Receive call from ward and type UR number into Homer to track record
- Locate patient record in Homer and if located in HIS, retrieve record from shelves

Discretionary 11.26%

DISCRETIONARY EXAMPLES

- Periodically look up the system to check that the episode of care has been cancelled before coding the record
- If urgent letter page author (not specialists) to sign letter immediately



Noise 36.64%

NOISE EXAMPLES

- If patient details are not correct, amend on Homer
- When coding, if history is too large for one volume, or is falling apart, try to make minor repairs and take extra care whilst handling history
- If find information is missing while coding, place pink sticker on cover (review of record sticker) noting missing information, date and initial
- (When taking histories to Dr's boxes) if find doctor has in fact left hospital, document on Deficiency sticker that Dr has left, then access computer on Level 2 and re-track history to coding

ALL STAFF

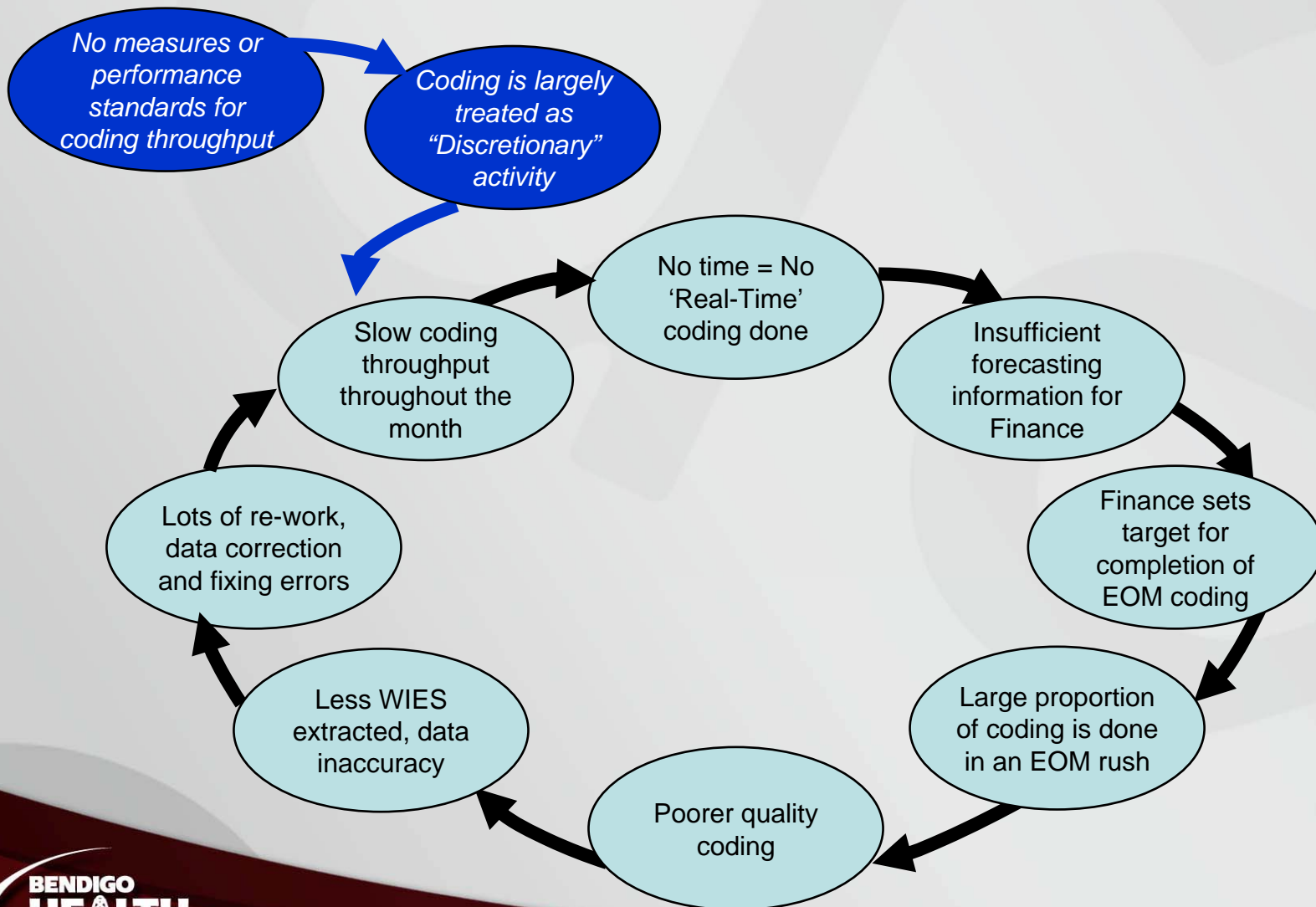
Total Hours = 3,311.0 hrs

Core 0.67%

CORE EXAMPLES

- When reviewing history, pick up extra or additional code-able information that requires coding that may or may not enhance the DRG
- Review DRG and select higher code if appropriate

The problems can manifest as a vicious cycle...

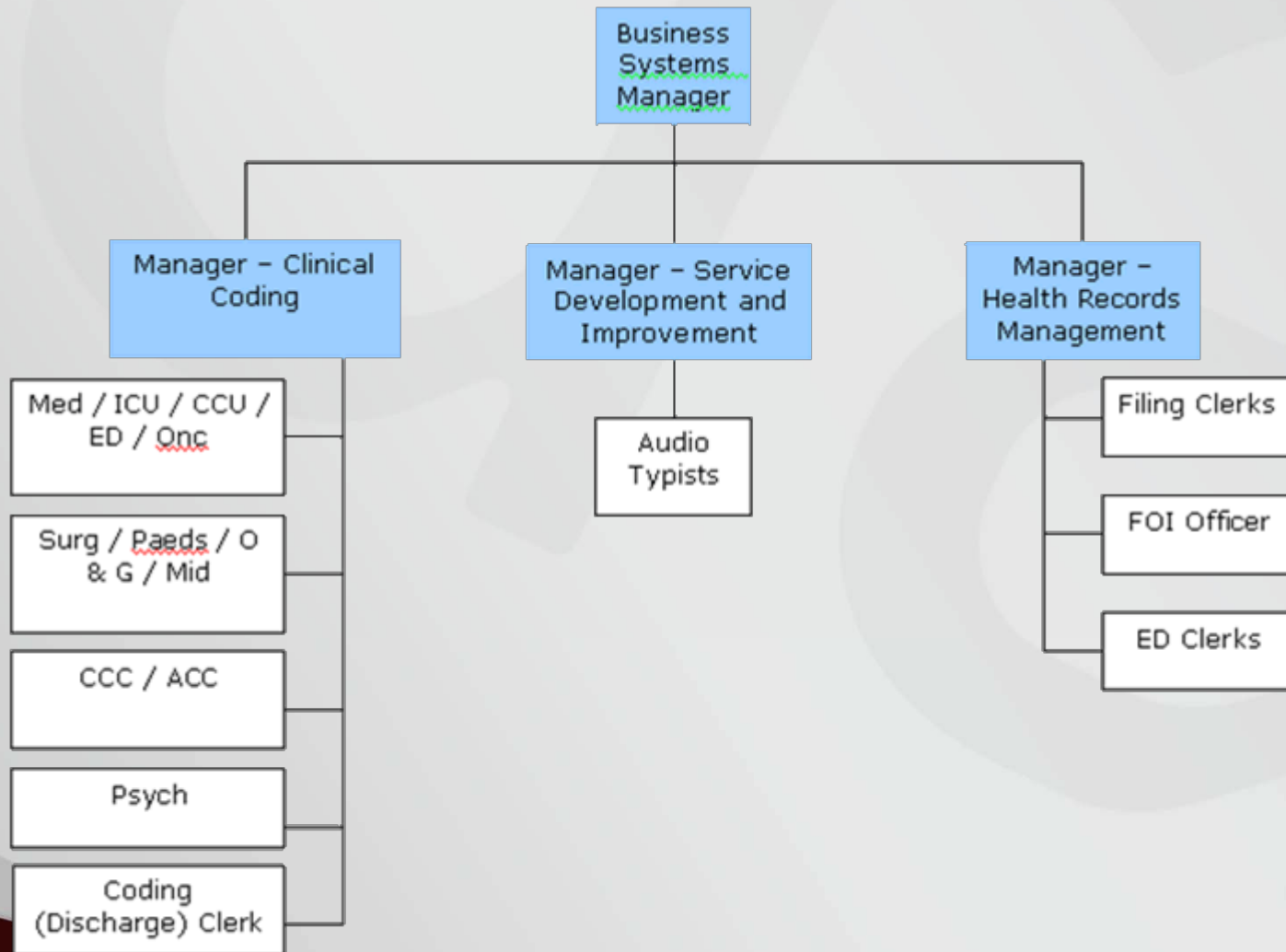


The Challenge....Underlying Issue

- Very little strategic focus
- Lack of process and / or systems
- Communication
- Integration within the health service

Restructure

The New Management Structure



The benefits of restructure

- Sound management structure to achieve operational goals
- Strategic focus
- Link with the organisation
- Service development and improvement
- Platform to sustainable and ever improving change

Restructure - The Challenges in Public Health

- Not always as timely as one would like!!
- Can be associated with toe cutting
- Can damage the image of a lean or redesign team
- Delay project and its traction

Issues Problems

- Engagement throughout the whole process
 - We lost traction for a period
- Don't take on too much
 - Smaller projects took focus away from major lean projects
- Delay in restructure

Important Lessons Learnt



- The one making the change should not be interim manager..

What the Future Holds for HIS

- Moving towards the electronic medical record
- Electronic typing Voice recognition
- Paperless
- More than 80 other major change initiatives
- Maximisation of revenue per coded episode
- These will be owned and driven by HIS