BOLTON IMPROVING CARE SYSTEM (BICS)
NEWSLETTER – April 2010
Using Lean for Continuous Improvement

BICS PRIORITY WORKSTREAMS 2010/11
During 2010/11 the BICS Team will be working with a focus on the following areas:
• Elective Care Transformation Programme
• Continuation of Urgent Care Transformation Programme
• Reducing length of stay, improving ward and A&E processes
• Theatre and Outpatient productivity and safety improvement
• Safer Clinical Systems

If you have any ideas that may impact on any of the above areas, please get in touch Bics@rbh.nhs.uk

INFLIXIMAB FOLLOW-UP EVENT:
Infliximab is a drug for the treatment of Crohn's disease, which must be given in hospital under clinical supervision. Since its re-modelling in 2008, the service has expanded which led to some delays, patients’ status hard to track and the decision making process was no longer clear and transparent. Furthermore, a new treatment, Adalimumab is to be introduced as recommended by NICE and patients receiving this drug will need to be managed in a different way.

WHAT WAS IT LIKE?
• Poor communication between departments - causing delays and waste in process.
• Poor documentation in the patients’ notes.
• Referral process unclear.

SOLUTION APPROACH/BENEFITS:
• The process control board was re-designed so that:
  o It enabled pharmacy to project demand – improving communication and team working between departments.
  o There was clarity of process, enabling a clearer decision making process
  o The progress of Adalimumab patients can be tracked effectively.
• A new referral form was designed and the Biologics Policy updated.
• A future state was also created which can be taken to the PCT for approval
• A streamlined service with fewer delays

PRE-OPERATIVE PRE-ASSESSMENT EVENT:
The pre-assessment and anaesthetic departments held an event to improve the service so that fewer operations are cancelled on the day.

WHAT WAS IT LIKE?
• 15% of cancellations on the day are due to “anaesthetic” reasons – i.e. patient are chronically unfit and has not been optimised for surgery or the appropriate level of post-operative care is unavailable. Last minute cancellations are distressing for the patient, frustrating for the staff and waste limited theatre capacity:
• No formal structure for a review by an anaesthetist prior to the operation and many requests for an anaesthetic opinion are received too late for any intervention to be possible.
• DNAs also have a great impact on theatre productivity and the data shows that the majority of these have not had a pre-assessment.

SOLUTION APPROACH/BENEFITS:
The pre-assessment process:
• Created standard work
• Reviewed the orthopaedic pre-assessment clinic staff rota - resulting in the creation of 8 extra appointments without extra resource
• Underutilisation capacity in the NHS Direct Telephone Pre-assessment Service that the team could use - this will contribute to the aim of achieving 100% pre-assessment (including local anaesthetics).
• The work towards achieving 100% pre-assessment will be audited in relation to improving patient outcomes, reducing cancelled operations and reducing DNAs.

Designed an anaesthetic review clinic.
• Using the “7 Flows” tool to ensure that they had thought of everything that was required.
• Anaesthetic referral process was overhauled and standardised,
• Email address for the clinic and general queries
• The anaesthetic review clinic will be staffed initially for 2 sessions (10 patients) per week.
• A 6 month audit will establish the impact of the clinic (improving patient outcomes, reducing cancelled operations).
WELL DONE TO C3!
Congratulations to C3 Ward who have successfully implemented a number of improvements in clinical practice and overall ward processes, which have had beneficial impact in reduction of patient length of stay and patient mortality, as the graph demonstrates:

Some examples of improvements are:
- Implementation of standard work
- Revision of ward round time and daily MDT to ensure good communication and highlight issues and identify actions relating to patients’ progress.
- The implementation of a daily consultant ward round
- Implementation of Patient gateway to check patients’ progress is on track and support safe and timely discharge.
- Using 6S methodology to physically improve the ward environment (please see below)

C3 TREATMENT ROOM – 6S EVENT:
In order to work towards having a ward organised to optimum standards the team highlighted the need to improve the ward’s Treatment Room through a 6S improvement event, which would also assist the ward in achieving Exemplar Ward status.

WHAT WAS IT LIKE?
- No identified area for ANTT
- Some medications not stored appropriately
- Room cluttered and not set up for flow
- No stock level and stock management process
- Hazards for staff using the area
- Take time to find items – time away from patient care
- 6S pre-score 8.5%

SOLUTION APPROACH/BENEFITS:
- Removed excess, out of date/open stock
- Amended stock and pharmacy items/levels – better value for money, Easier to control stock levels – to eliminate overstocking/running out of stock
- Cleaned and implemented a cleaning rota
- Grouped items according to type and use
- Created Specific ANTT area – enhanced patient safety
- Visual management, easier/less time spent looking for items, 65% reduction in time spent looking for stock – more time on direct patient care/other tasks
- Safer and more professional working environment for staff, 6S score increased to 90%

ENDOSCOPY - 90 DAY REVIEW
The Endoscopy team are now at their 90 day milestone following their event in December 2009. The progress is as follows:
- Following the in week review of patient slots there has been an increase in slots available. The templates have been subsequently further reviewed following discussions with the Clinical teams
- Changes to the department have taken place which has improved the flow of patients through the department and reduced over burden to staff
- The team have reviewed the support given to the wards to ensure effective use of inpatient slots
A further problem solving event is now being planned to look at reducing the flow time of the investigation.

6S TRAINING – PLACES STILL AVAILABLE:
These sessions are suitable for all levels of staff working in the area that you wish to physically improve. 6S is applicable to clinical and non-clinical departments and is especially relevant to those ward/departments who are participating in the Exemplar Programme. Available dates are:
- Monday 24th May 1.00pm - 2.30pm
- Thursday 24th June 1.00pm - 2.30pm
These 6S sessions do not replace the green training sessions but will help to equip you with the knowledge to get the best out of this aspect of your improvement work. If you would like to attend please email BICS@rbh.nhs.uk with a preferred date or alternatively telephone ext 5482

BICS SILVER CERTIFICATION – PLACES NOW AVAILABLE FOR AUTUMN
We are now taking applications for BICS Silver Certification, starting in September 2010.

Silver Level training is the third level of the BICS Learning and Development Academy and aims to further develop the understanding of BICS tools and philosophy to support the delivery of key objectives.

For further information about course pre-requisites and what the course involves, please refer to the learning and development section of our website or contact the BICS Team via BICS@rbh.nhs.uk
**DID YOU KNOW?**

In 2009/10, the BICS Academy trained the following number of staff on a variety of sessions:

- 828 Green Level Awareness
- 58 Bronze Level Accreditation
- 13 Silver Level Accreditation
- 13 Gold Level Accreditation
- 124 6S
- 34 A3 thinking

Congratulations to all those who have successfully implemented improvements as a result of their learning. If you would like to know more about any of our courses, take a look at our BICS Learning and Development Academy pages on the intranet.

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**SHARING THE LEARNING: HANDY HINTS!!**

Each month we will be running a handy hints section that may be of use to some departments when they improve their area.

**A3 THINKING:**

An A3 is a communication tool following a logical and standard structure for every improvement cycle. The A3 document tells the story of each cycle with 9 sections:

1. **Reason for Action**
2. **Initial State** – what it is like now
3. **Target State** – what trying to achieve
4. **Gap Analysis** – the difference between initial and target
5. **Solution Approach** - what was done during the improvement cycle
6. **Rapid Experiment** -
7. **Action Plan** – next steps/project plan
8. **Confirmed State** – current status compared to target State
9. **Insights** - lessons learned from the improvement cycle and any benefits realised as a result of improvements made

The updated **A3 template** is now available to download from our intranet site, along with a **Guide to Using the A3 Document** User Guide to guide you through each stage. Please use the following link:

http://intranet.xrbh.nhs.uk/applications/articles/articleList.asp?typeid=242&catid=1670

If you need help with your A3 or would just like some advice, please contact the BICS Team

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**WEBEX - QUALITY AND SAFETY**

On Thursday 13th May at 2pm, the Lean Healthcare Academy is hosting a free online interactive Healthcare Seminar (webinar) looking at Quality & Safety within the NHS and how it can be improved.

This webinar looks at how Lean principles make the reliable and safe delivery of care possible, whilst meeting the measurement for the Quality Improvement agenda. It will highlight issues within existing systems and give examples of what can be done to improve quality, mitigate risk and deliver high quality care for all.

If you would like to take part in this session please click the link below. Once you have signed up you will be sent a login and further details of how and when to access the webinar. If you have any questions about the session please contact **Kim Holden** on 01943 885084.

**Sign me up for the free Healthcare webinar.**

**Forthcoming WebEXs from the Advancing Quality Alliance (AQuA)**

Tuesday 18th May 2010:

- Lean for Managers
- Simplifying Measures for improvement

For more information, click on the link below

https://aqua.webex.com/mw0306ib/mywebex/default.do?site url=aqua

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**May Events**

**Event week 17th May**

- **Procurement**
- **Surgery 18 weeks**
- **Post-natal Length of Stay**
- **Respiratory Specialist Nurses Rapid Experiment**

Next BICS Outbrief – Friday 21st May 11.00am Sports and Social Club, everyone welcome! This will also include feedback from the following teams:

- **C3 Treatment Room – 6S**
- **G5 Flow**
- **Respiratory Admin Cell**

If you would like more information about any of our courses or about BICS in general, please refer to our intranet site “Bolton Improving Care System” or email BICS@rbh.nhs.uk