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

BICS GREEN LEVEL AWARENESS:  
Did you know that a Core Dimension of the KSF is Service Improvement? This is a key aspect of all jobs as every member of staff has a role in improving services in the interest of patients and other customers. The improvements within KSF include making changes in your own practice, offering suggestions and working with others to develop and implement improvements.

Attending Green Level Awareness will help provide the evidence that you are working to meet this KSF Dimension and it will give ideas and a way to make these changes.

Green (and 6S) can help to make your everyday working life better. How much time do you spend chasing things up, waiting for things to happen, re-doing things that have not been done correctly, or looking for things? The training will help to give you ideas about how to reduce these frustrations and problems that you may have to deal with everyday as you have to work within difficult processes.

Attending Green will also help you to meet the objectives that many of you will be set within your annual appraisals as it supports the delivery of key Department, Divisional and Trust Objectives. Participants will receive a certificate for their portfolio and be registered on ESR.

Dates available in June are:
- Tues 8th June
- Wed 9th June
- Tues 22nd June
- Wed 23rd June

For more information about other dates, please refer to the BICS Learning and Development pages on our intranet site, or use the following link:

If you should wish to book on any of our courses, please email Bics@rbh.nhs.uk

POST-NATAL LENGTH OF STAY:  
Postnatal length of stay for normal deliveries has increased and the discharge process needs to improve to cope with the forthcoming increased demand. The team held a problem solving event to:

- Improve the discharge process to reduce the length of stay for normal deliveries.
- Provide a structured pathway for women with a baby on the neonatal unit.
- Improve and standardise communication and information for women in the antenatal period.

SOLUTION APPROACH/BENEFITS
It was soon realised that improved communication was the answer to many of the issues. Three rapid experiments are planned that will introduce different ways of working:
1. The postnatal ward will be divided into high and low risk women to improve the discharge pathway for women who have a normal delivery.
2. A holistic discharge pathway will ensure that women are able to go home when ready, rather than being delayed due to admin processes.
3. Postnatal checks will be carried out on the Neonatal Unit to ensure that women do not miss their appointments.

The team also completed a number of Just Do Its in week, having an immediate impact on the service including:
- A diary to check that women have had their postnatal care
- Increased UNICEF breastfeeding training to support the community midwives in the early postnatal visits.
- Community midwives to discuss expected length of stay with women/families in the antenatal period to ensure better planning and communication
- Improved administration process enabling more women to be discharged from Central Delivery Suite.

PROCUREMENT:
The Integra ordering system and e-catalogue has been developed to reduce expenditure and improve processes; however this has not yet be rolled out to the wider organisation. There are also many pockets of procurement who all use different processes to order goods

REASON FOR ACTION
- Standardise processes to give assurance that what was ordered had been delivered at the cost agreed
- Reduce the variation in processes used by different departments to purchase goods
- Plan savings projects
- Ensure the procurement teams in all areas have the correct level of knowledge and skills to deliver the service
WHAT WAS FOUND:
- A lengthy, complicated and inefficient system – creating many queries, delays and interruptions
- Paper based – with no robust audit trail
- Orders received, did not reflect what has been ordered
- No assurance paying the best price for items
- Areas have large stock holdings due to lack of confidence in system – orders just in case not just in time

The team came up with their future state for the improved process:
- Use of e-procurement system – one standardised system for all users combining stock and non-stock systems
- Electronic link to invoicing which enables pairing of order and invoice.

BENEFITS OF FUTURE STATE:
- Quicker, more efficient system, savings time
- Electronic system - easy audit trail
- Environmentally friendly – less paper
- Less handoffs of information, from 27 to 7
- More transparent system – visible pricing
- Increased confidence in the system
- Ensuring the best price is negotiated
- Ensuring the delivery of the correct products, in the right quantity.
- Encourages lower stock holding due to better knowledge of supplier lead times – leading to buying just in time not just in care
- Greater ownership of the acquisition system encourage by the greater number of authorizers and requisitions.

ELECTIVE PATHWAY – ACHIEVING 18 WEEKS
In 2010/11 the Trust must deliver 18 weeks from referral to first definitive treatment for every patient in all specialties. Challenges exist regarding capacity, referrals are not always made within agreed timeframes and the Trust is not accurately recording the required information.

REASON FOR ACTION
- Improve number/accuracy of admitted and non admitted 18 week and clinic outcomes sheets
- Deliver 18 week standards in all specialties
- Reduce the rework and time spent caused by standby’s cancellation and rebooking of patients attending the Trust

WHAT WAS FOUND:
- A complicated process with ambiguity around roles and responsibility.
- Lack of clarity of the patient’s status on the 18 week journey, e.g. breech date.
- There are no standard protocols across teams
- Lack of patient agreed appointments with many DNA’s
- Incorrect data was recorded and inputted on the system

The team developed an improved process which could reduce the length of the pathway from a potential 23 weeks to 12 weeks. Then problem solved the issues that were preventing the achievement of “18 weeks” in all specialties.

G5 ASSESSMENT AND OBSERVATION UNIT - 90 DAY UPDATE
The event focussed on improving the flow of patients through the paediatric assessment and observation unit on G5. The team have worked hard and maintained the triage room as a private, confidential space to assess patients. The introduction of a reception desk has had a great impact on the initial welcome and service patients and their parents are given on the ward. The visual management board has highlighted, improving patient safety; it is also allowing the team to prioritise patients that have been on the unit for 4 hours or more.

The team have run rapid experiments to determine whether they would improve patient flow. Reserving a bed for A&E patients proved successful and this will now be implemented. A full 3 months length of stay data will be analysed to assess the impact of the work on all children’s waiting times.

BENEFITS OF THE EVENT:
- Clarity around issues and problems in the process
- Identified immediate actions that will improve performance in q1
- Agreed a simplified tool to plan and manage the 18 week pathway
- Outlined the programme structure and agreed workstreams to deliver 18 weeks in every specialty.

THEATRE 4
Main Theatres are continuing with their 6S work programme that began over 12months ago. They are now revisiting areas for a “second pass” to see if further improvements can be made. Theatre 4 led by Cath Marrion and her team have been working on their stock levels and now only hold items needed for an emergency and stock required for the current operating list. Their use of a shopping list ensures that they only replace items that have been used. This excellent work avoids the temptation to overstock which has resulted in expired stock being wasted in the past.
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:
- 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 BRONZE CERTIFICATION – OCTOBER AND NOVEMBER 2010
Places are now available for BICS Bronze Certification, in October and November 2010. Bronze Certification is the second level of the BICS Learning and Development Academy and aims to give a better understanding of BICS tools in particular
- Problem Solving
- A3 Thinking
- Seeing Waste

BICS SILVER CERTIFICATION – PLACES NOW AVAILABLE FOR AUTUMN
We are now taking applications for BICS Silver Certification, in September and October 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 build on your experience of using BICS tools. Also to explore leading in a BICS environment and understanding your role as a leader embedding BICS within the Trust. In particular:
- Value Stream Analysis
- Leading in a BICS Environment

For further information about any of our courses, including pre-course application criteria, please refer to the learning and development section of our website or contact the BICS Team via BICS@rbh.nhs.uk

The Advancing Quality Alliance (AQuA) is offering the opportunity to participate in free Virtual Online Learning Sessions, throughout May, June and July. Forthcoming sessions in June include:
- Aqua, QIPP, CQIN – What it all means
- Developing a Safety Network for Pressure Ulcer Prevention
- IHI (Institute for Healthcare Improvement) Global Trigger Tool
- Identifying benefits from service improvement work streams
- Enabling change through the Model for Improvement
- Triple Aim™ – Overview and Early Success
- Medication Errors

For more information, the list of programme dates and instructions for how to sign up, please see the flyer on our BICS intranet site, under the “latest news” section.

INVITATION TO MASTERCLASS
Masterclass with Peter Fahy
Chief Constable of Greater Manchester Police
Tuesday 8th June 2010
6.30pm – 8.30pm
Lecture Theatre, Education Centre

Refreshments are available from 5.30pm

Throughout his career as a chief officer Peter has been a strong advocate of police reform and innovation and has implemented a major change programmes to establish neighbourhood policing units and strengthen the intelligence led effort.

If you would like to reserve a place on the masterclass, please email BICS@rbh.nhs.uk

SHARING THE LEARNING: HANDY HINTS!!
During 2010/11, BICS are continuing to support the work in place to achieve the Trust’s Mortality Reduction Plan, led by Dr Jackie Bene and Maria Sinfield, which involves:
- Continuation of the good work in Respiratory
- Care bundles for high volume, highest mortality conditions
- Improved responsiveness to the deteriorating patient
- End of life recognition and planning
- Quality of documentation
- Clinical collaboration for coding

TOP TIPS FOR MEDICS:
As part of this a list of Top Tips for Medics has been developed:
- Remember the “golden hour” in sepsis – antibiotics and fluids
- Record all know co-morbidities especially, dementia, liver disease, heart failure, chronic kidney disease and cerebrovascular disease on admission
- Where diagnosis on admission is not clear record symptoms
- Where patients have clearly been admitted for terminal care – record that they require and refer to palliative care teams
- Ensure that DNR decisions are made/validated by senior doctors
- Where death seems likely please discuss end of life arrangements with families and offer alternatives to hospital.
June Events

Event week 14th June

Outpatient Booking

Next BICS Outbrief – Friday 18th June, Sports and Social Club everyone welcome! This will also include feedback from the following teams:

Safer Clinical Systems
Respiratory Specialist Nurses
Best Practice Visit – Clydesdale Bank

Other events in June:

Theatre Productivity
HR Recruitment
Thoracic Medicine

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