



Sustainable Achievement of 18 weeks Gynaecology Patient Journey Times

Understanding the Current Position

- ✓ Met with key personnel from across the patient pathways to gain their perspective
- ✓ Looked at historic HRG data to identify high volume procedures
- ✓ Viewed 'Which Doctor' to understand referral, activity and PTL data and how used to manage 18 weeks AND focus improvement efforts
- ✓ Undertook a mapping event focusing on a high volume procedure (Hysterectomy) patient pathway
- ✓ Gained insight into current approach to managing demand and capacity
- ✓ Defining the 'clock start and stops' within Gynaecology

Understanding the Current Position

At all times the view was to consider:

- ✓ ‘What adds value for the patient’?
- ✓ ‘What reduces avoidable additional effort by staff and time pressured working’?
- ✓ How do we develop a LEAN approach ‘pulling’ patients through the system as opposed to the current ‘push’ approach?
- ✓ How do we ensure capacity matches and flexes with demand?

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Key Findings

All staff are highly committed to achieving 18 weeks

There is a lot of energy used to manage and prevent breaches

The hospital has good data sets available showing demand trends and activity

The demand trends for Gynaecology are predictable

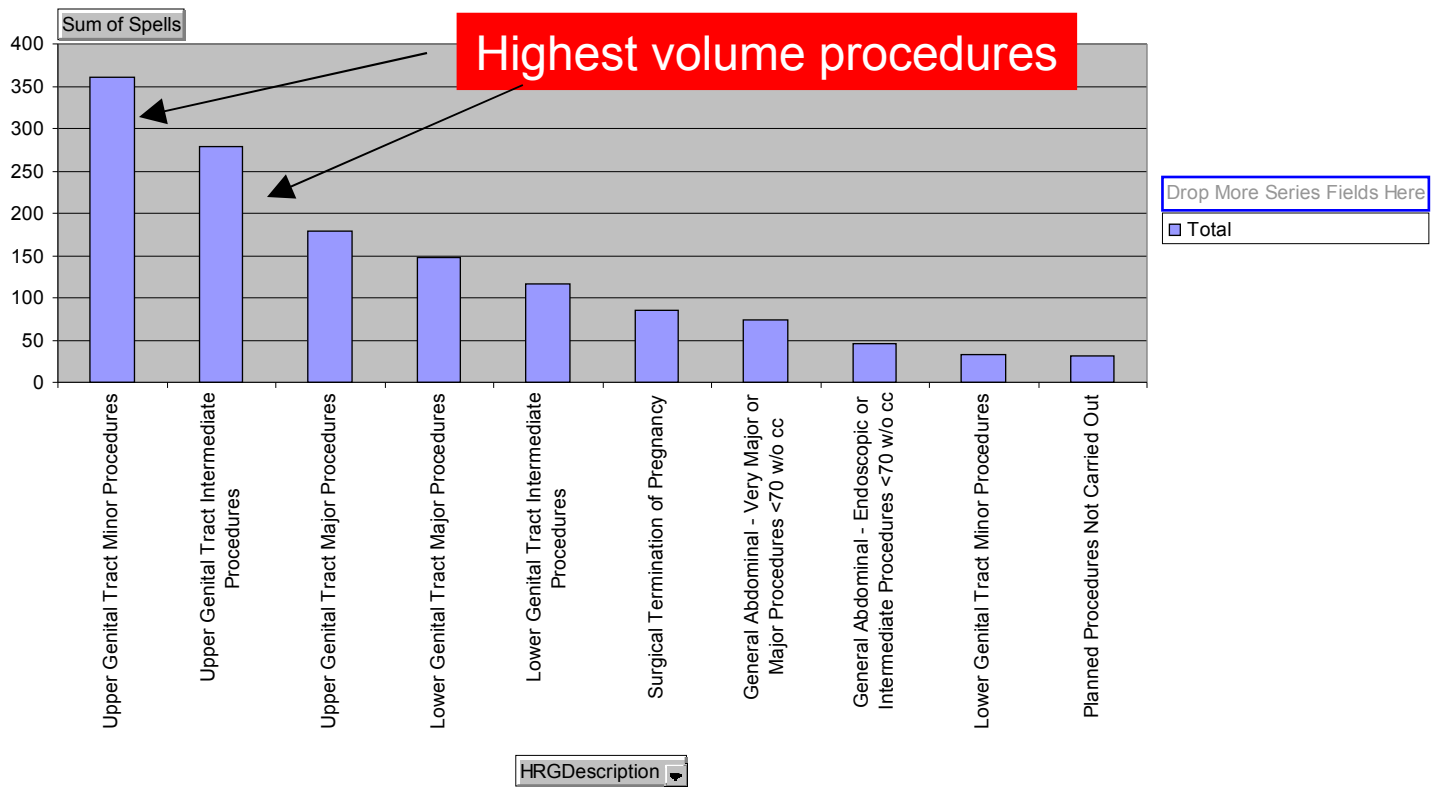
The highest volume procedures in Gynaecology are Hysterectomy, Mirena Coils, D+C, Fertility, Lap. Lasers and diagnostic (MO5)

There is wide variation in the patient journey times that could be minimised

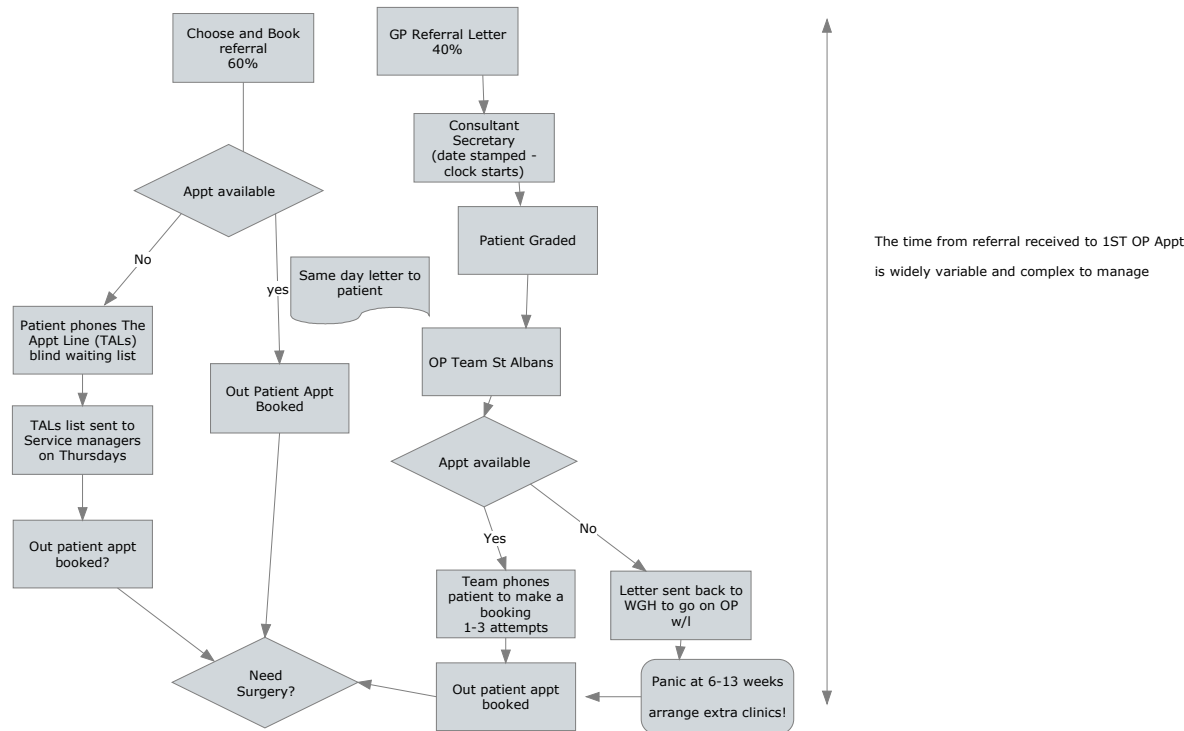
No one is currently managing the flow or the whole patient pathway

Completed Spells April 2008-Sept 2008

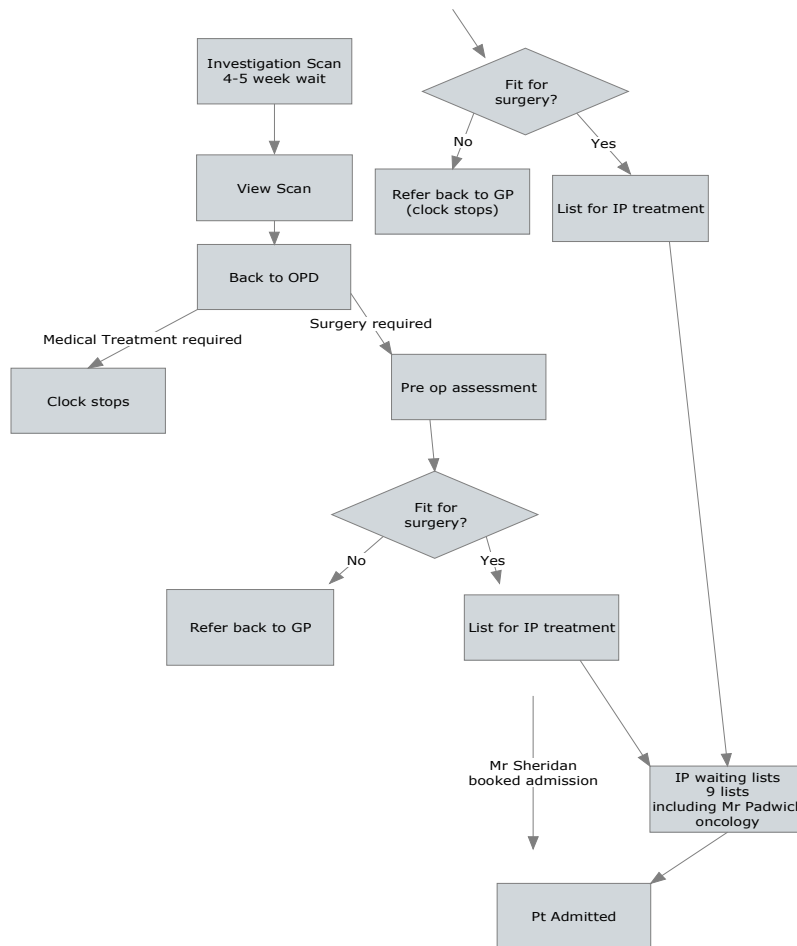
Total



Mapping Hysterectomy Pathway (Referral Received to 1st OP Appt)



Mapping Hysterectomy Pathway (Decision to Admit to Patient Admitted)



There is continued wide variation in patient pathway

If patients need a scan to make a decision this should be done before Out Patient Appt

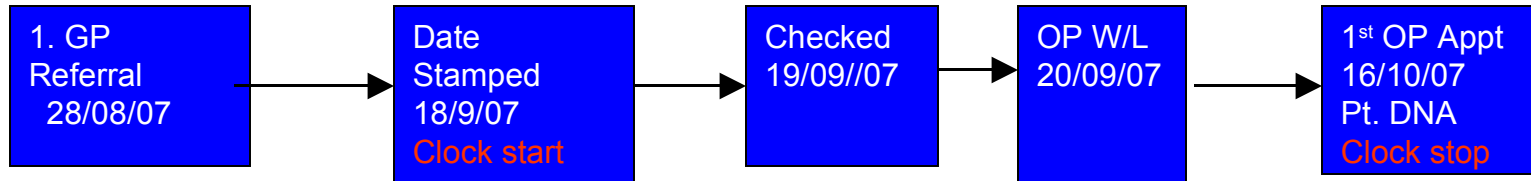
Pre Op Assessment should always happen before listing patient for surgery

Managing 10 IP lists adds to complexity of booking patients in date order

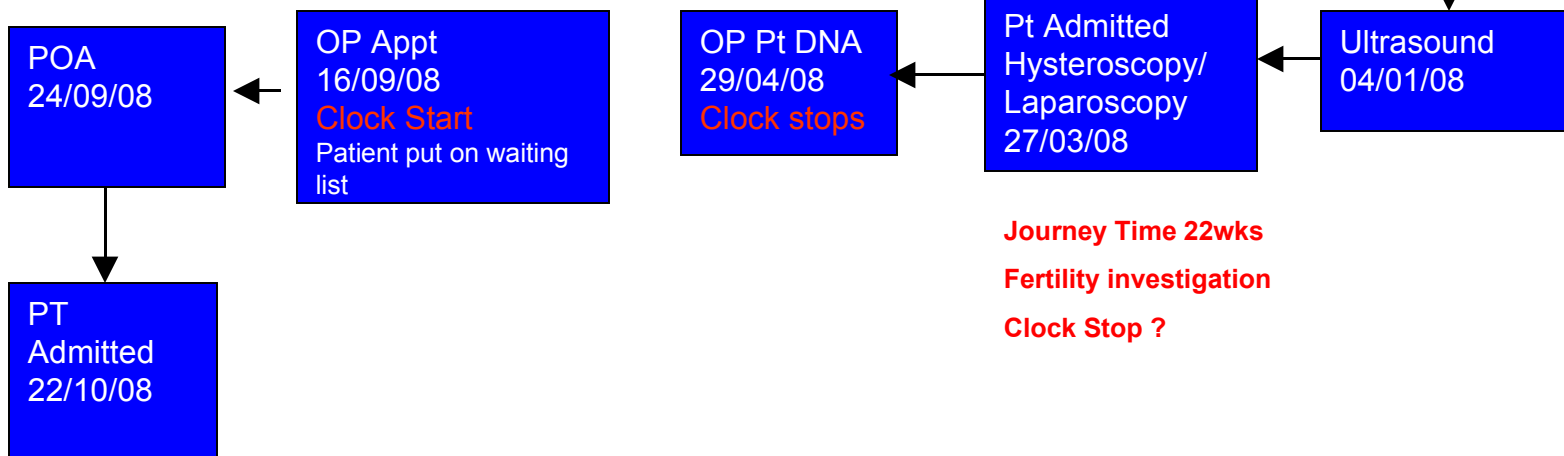
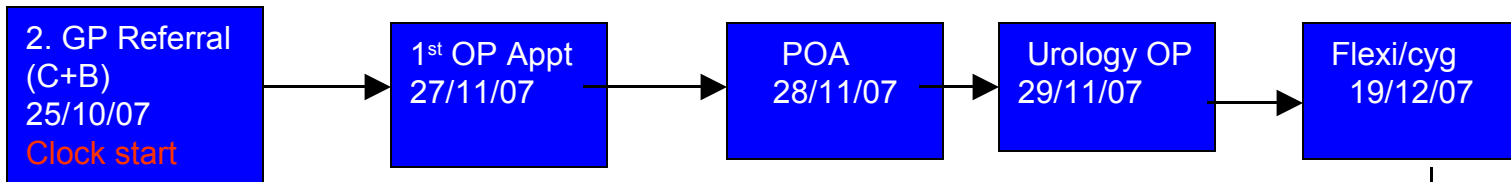
Specialist skill should be ring fenced for specialist procedures

The bottle neck in the pathway is the shared resource of theatres and beds

Tracking a Real Hysterectomy Journey via Patient Notes



Journey Time 4weeks



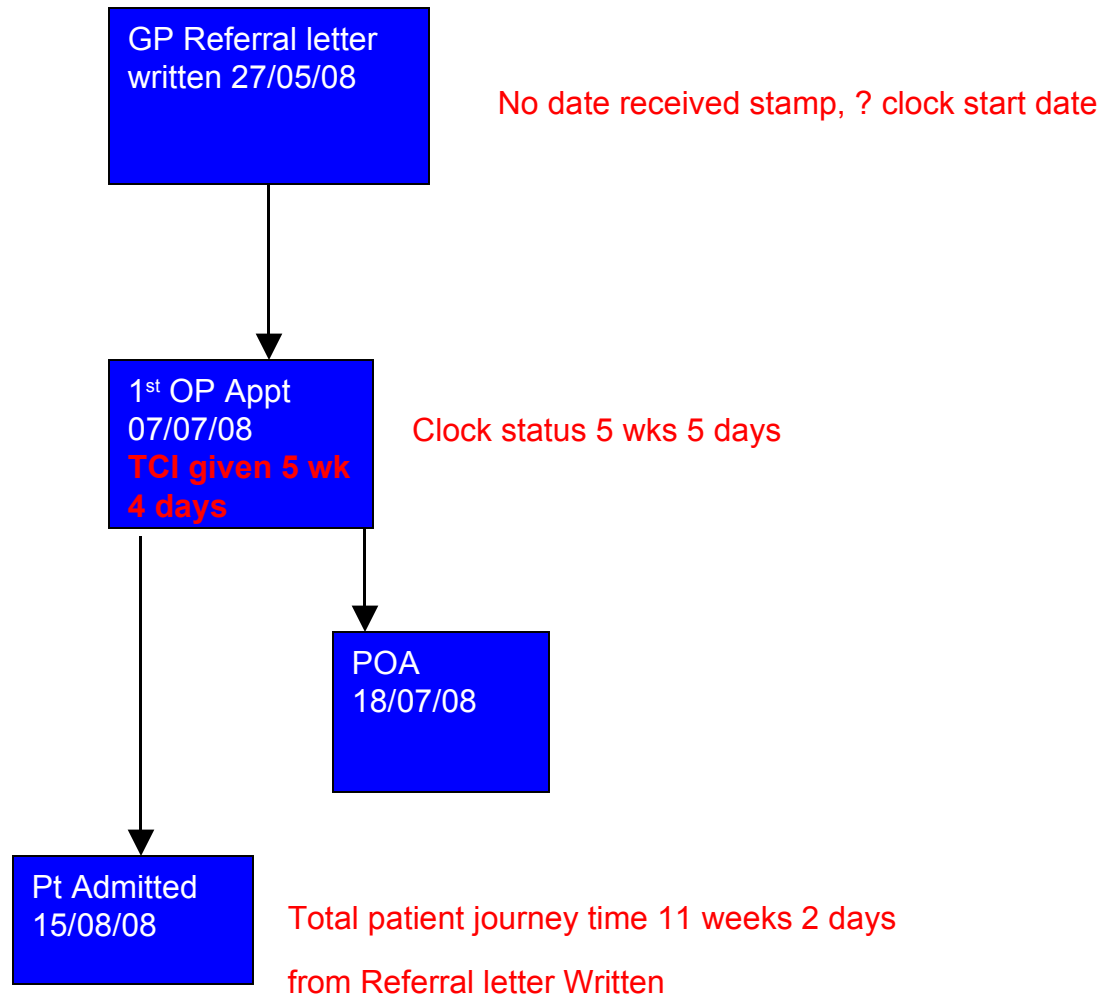
Journey Time 22wks

Fertility investigation

Clock Stop ?

Journey time 5 wks

Tracking a Real Hysterectomy Journey via Patient Notes



Key Recommendations

- ✓ Establish a service improvement team representative of all parts of the pathway
- ✓ Design pathway for flow
- ✓ Use data for forward planning and managing the flow
- ✓ Manage demand and capacity
- ✓ Make the most of the resources you have got
- ✓ Highlight importance in 'Business' terms to staff of managing 18 weeks

The Service Improvement Team

'Owning the Problem'

Led by Clinical Director

Facilitated by Service Manager

Representative of all parts of the pathway – including medical secretary, information and finance

Regular meetings to plan and review improvements made

Use data for improvement

Create an improvement plan

Use Plan, Do, Study, Act (PDSA) cycles to record and track progress

Communicate, communicate, communicate – news letter, peer meetings, team meetings, other directorates, patients, other stakeholders

Design the Pathway for Flow

Plan ahead – make theatre lists as predictable as possible for high volume procedures, equipment available, plan discharge, plan holidays

Do things in right order – e.g. diagnostic tests before OP Appt to support diagnosis and reduce delay

Look at information flows – letters, referral letters

Reduce the number of queues – current 3 OP queues, 10 IP queues makes treating people in date order difficult. PLUS urgent, 'soons' routines! Learn from Mr Sheridan's 'booked' IP Lists

Specialists doing specialist work – Mr Padwick, Mr Hextall

Over Emphasis on Activity Reports



Dashboard Information



Use data for Improvement

'Information is data processed to be useful'

Golden rule - Use graphs NOT spread sheets

Record OPCS code on waiting list

Understand waiting list by OPCS code

Plot demand, capacity, activity and waiting list on same graph, showing trends over time

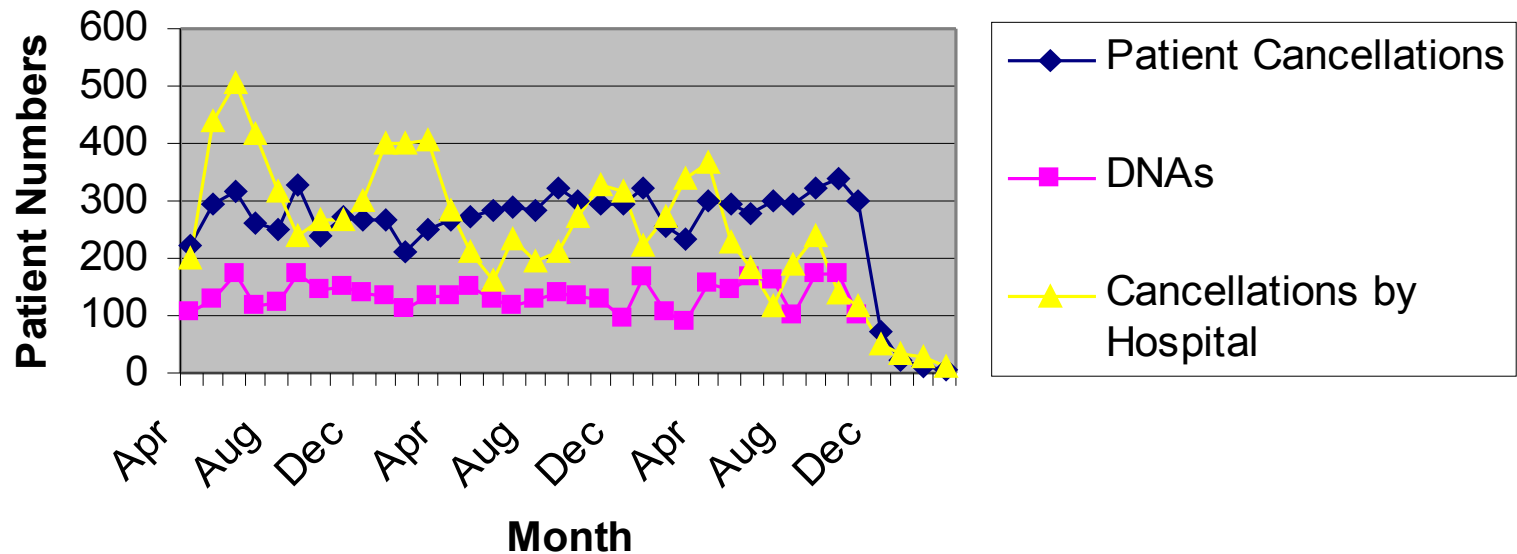
Add SLA monthly agreed target

Feed information back to team to use for improvement

Use information for planning ahead – Clinicom, Which Dr?

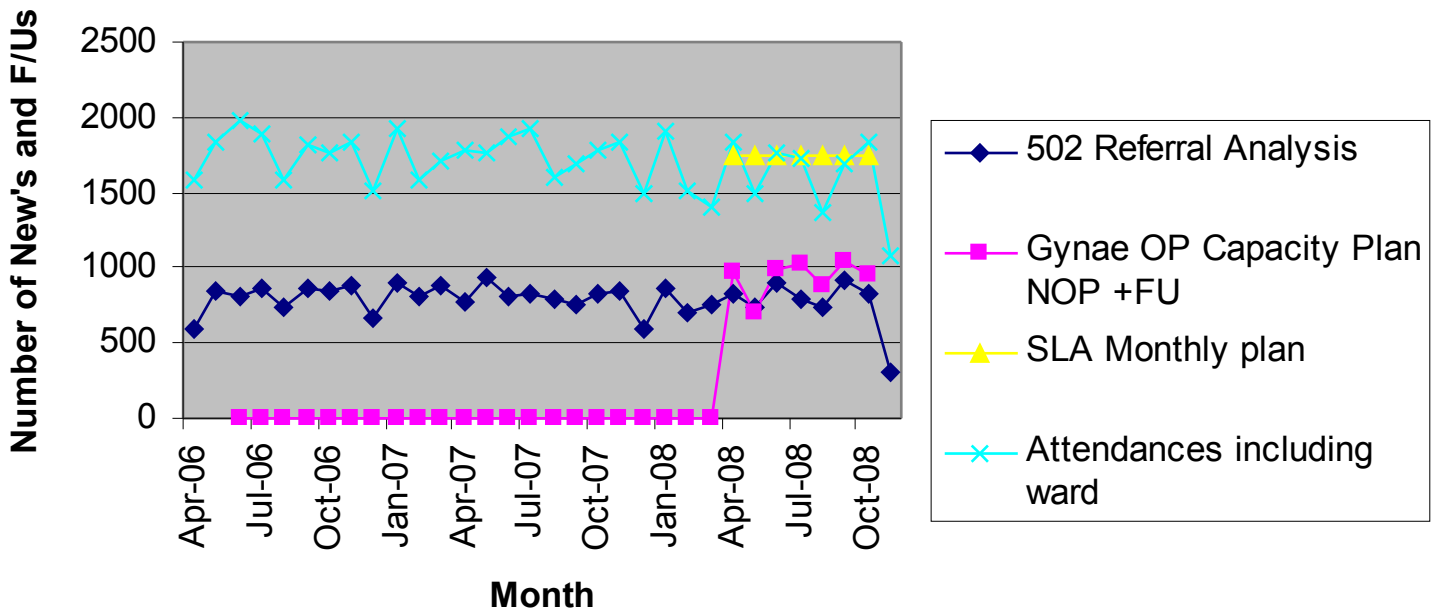
Use data for Improvement

Gynaecology Outpatient Appt Analysis including Ward Attenders Apr 2006 - Nov 2008

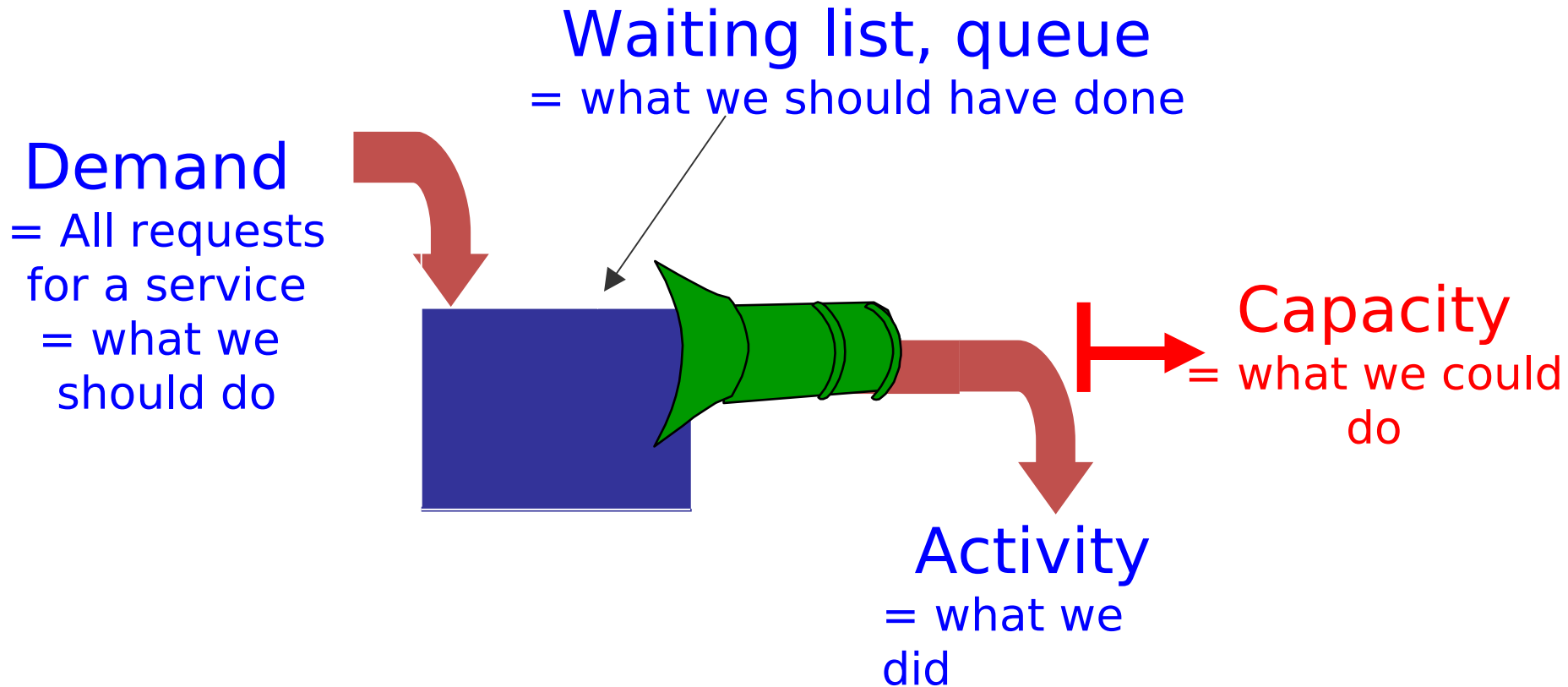


Use data for Improvement

Trying to understand contracted activity v capacity, referrals and activity



Demand and Capacity Definitions



Manage Demand and Capacity

'flow in MUST match flow out otherwise you get a queue'

Understand demand on a day by day, week by week, month by month year by year basis

Understand demand changes - e.g. CAT referrals, C+B (more work for secretaries, less for OP)

Match capacity to meet demand – flow in matching flow out.

Manage demand and capacity together

- flex outpatient booking rules to suit demand - work in 10mins slots – 2 slots = NP, 1slot = F/U

- understand reason for cancellations, DNAs – work to minimise

- manage planned leave - Consultants

- manage theatre capacity - create predictable lists for the high volume procedures. Booked IP (Mr Sheridan)

Manage Demand and Capacity

'flow in MUST match flow out otherwise you get a queue'

Manage demand and capacity together cont'd

- specialists doing specialist work
- maximise specialist capacity – do specific demand and capacity work
- if really no capacity, look cost saving potential of internal investment v outsourcing
- manage LOS – protocol led discharge
- bottlenecks = shared resources e.g. beds elective v emergency

Manage the Business

Emphasise importance in business terms of managing 18 weeks

Involve all staff in the process

Clearly define clock start/ stops

Explain importance of recording clock status

- non coding delays payment
- late coding skews monthly activity
- poor coding creates incorrect picture (shows breach when not)

Demonstrating Value for Money

- opportunity cost of lost capacity – adds pressure and is waste
- cost of out sourcing
- financial penalties

Remember

You will never solve the problem with the mindset that created it

