A pragmatic approach to delivering a service improvement project; framework, tools and live coaching

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Session Contents

Introduction to the Session

A 5 step approach to running any Service Improvement project

Opportunity for ‘live project coaching’

Tools to utilise at each key stage
The Inconvenient Truth......
Popular Service Improvement theories/approaches, and advice on when to use ....

- **Lean** — cultural, as well as pragmatic change, where you want **everyone** to be involved

- **Theory of Constraints** — ‘flow’ based issues and identifying and alleviating bottlenecks

- **Six Sigma** — very process based, and data driven.
Better for you – 5 step process

1. Set-up and plan
2. Discovery
3. Design and Trial
4. Implementation and Roll-out
5. Embed and Sustain

- Project Management
- Service Improvement
- Problem Solving
- Leading Change for Quality Improvement
- Introduction to Measurement for Improvement
Set Up and Plan - Aims

To develop and agree a ‘project scope’ – what do we think that we will do/what benefits do we expect

To identify any resources that you may need to take the project further - people, funding, data

To begin to canvas people’s views, and agree a list of stakeholders/communication plans
Set Up and Plan Tools

A ‘spider’ stakeholder diagram

Figure 1. Example of a stakeholder analysis context diagram.
# RACI – Role, Responsibility, Accountable, Consult, Inform

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Role</th>
<th>Responsible</th>
<th>Accountable</th>
<th>Consulted</th>
<th>Inform</th>
<th>Comments</th>
</tr>
</thead>
</table>
| John Simpson/Jenny Leggott         | ● Mandates the project  
   ● Releases resources                                           | √           |             |           |        |                               |
| John Korna Executive Lead – Estates| ● Chairs the Steering Group  
   ● Ultimately accountable for the project  
   ● Ensures that the project delivers the benefits  
   ● Provides the focus                                           |             | √           |           |        | Focus needed on developing project benefits |
| Ceri Charles Programme Lead – Better for You | ● Given the authority to run the project on a day to day basis, as laid down by the Better for You Steering Group  
   ● To develop the required processes, and plan and monitor  
   ● Produce project documentation  
   ● Liaise with TPMO (Transformational Programme Management Office) to ensure that work is cohesive  
   ● Overall responsibility for the use of resources and progress  
   ● Take corrective action  
   ● Liaise with others to ensure the overall integrity of the project |             |             |           |        |                               |
Communicating The Project
STAY ON THE SIDE OF THE PROBLEM…..

If you work on the wrong problem, you’ll get the wrong solution
Root cause analysis or the 5 Whys

The memorial is crumbling!

Why?

Being cleaned daily

Why?

Excessive bird poo

Why?

Too many birds now

Why?

Lots more spiders

Why?

Lots more gnats

Why?

Lights coming on at dusk attract them
Tips for analysis

Include quantitative and qualitative data

Use experts as data sources

Use 80/20 thinking

Be creative

Draw 4 straight lines through all 9 dots without lifting the pen

Share good ideas with the team

Good idea!
Tools to help you understand the problem and potential solutions

• Speaking to patients – patient stories, interviews, observations, experience based design
• 5 whys/root cause analysis
• Process mapping
• Spaghetti diagrams
• Value mapping
• Demand and capacity
Plan, Do, Study, Act

What are the problems here?

Headless Chicken approach

Structured approach

Time

P D S A

NUH Patient Safety Conference 2015
Key Question: What does true transformation look/feel/sound like?

Agree a ‘Problem Statement’ i.e. how are we going to reduce costs by 10% by June 2015 and improve/maintain a safe service?
Children going through chemotherapy are given a treatment that contains a ‘superformula’ along with a special comic book that has a story of the superhero going through a similar situation.
What would other people do?
Staff involved in defining, measuring and evaluating the trials…their feedback/ideas on opening a Respiratory Unit

Clear, functional, operational policy and bed management process

HCA/NA to cannulate and venepuncture, not just RNs

Clear structure for medical management. Please involve H@N in decisions so we can ensure safe/productive transitions

RAU ward will be great if:
- All CQC guidelines implemented before opening

Productive Ward assessment done before opening

Staff nurse to manage beds/accept admissions, speed up transfers
Implementation and Roll out

Communicate, communicate, communicate.......a compelling story.......as an elevator pitch
Respiratory Assessment Unit

Problems to solve

- Increasing demand for respiratory beds
- High outliers meaning that patients are not always getting into the right beds and seeing the appropriate professionals

Current state – City Campus

- City Respiratory arrivals to SRU and wards
- RAU was previously piloted in 2011
- Project was managed by Respiratory and supported by Better For You

Future state – City Campus

- Commenced Nov 2012
- RAU focus on COPD patients
- City Respiratory arrivals to RAU
- RAU stream to have a maximum LOS of 24 hours and to assess, treat and discharge where appropriate
- Onward admission to Southwell or Fleming
- Discharge beds on SRU

Benefits & Measures

Forecast benefits include:

- Reduced LOS for patients with COPD
- A reduction in respiratory outliers
- A reduction in readmissions for COPD patients

RAU - Admissions per day

<table>
<thead>
<tr>
<th>Month</th>
<th>RAU admissions</th>
</tr>
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<tbody>
<tr>
<td>Nov '12</td>
<td>9</td>
</tr>
<tr>
<td>Dec '12</td>
<td>11</td>
</tr>
<tr>
<td>Jan '13</td>
<td>8</td>
</tr>
</tbody>
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COPD HRGs - % LOS Distribution by time band - City Campus

<table>
<thead>
<tr>
<th>City - COPD</th>
<th>Oct 11 - Nov 12</th>
<th>Nov 12 - Jan 13</th>
</tr>
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<tbody>
<tr>
<td>Mean</td>
<td>6.48</td>
<td>5.86</td>
</tr>
<tr>
<td>SD</td>
<td>8.54</td>
<td>7.66</td>
</tr>
<tr>
<td>N</td>
<td>1152</td>
<td>373</td>
</tr>
<tr>
<td>P</td>
<td>-0.3902 to 1.6093</td>
<td></td>
</tr>
<tr>
<td>95% CI</td>
<td>-0.3902 to 1.6093</td>
<td></td>
</tr>
</tbody>
</table>
**GROUP 1:** Acute Medicine (AM) short stay patients with an expected LoS 0-24 hrs prior to discharge home from LJU

**Patients From:**
ED or Ambulatory Care

**Inclusion Criteria:**
Must meet inclusion criteria on AM Group 1 pathway:
- EWS ≤3 = Automatic admission to LJU
- EWS ≥ 4 = Admission if appropriate following Consultant review by ED/LJU or AM

**Documentation:**
Complete actions and sign off Group 1 paperwork (available on EDIS Protocols or in hard copy folder) and assign G1 pathway diagnosis on EDIS (LJU staff can add this). Document clear plan in notes.

**Patient Care:**
Day to day care by LJU Nursing Team
Acute Medicine Medical Cover 7/7:
- SHO: 08:00 – 21:00
- Consultant: 08:00 – 20:00
Overnight: Hospital@Night Team via Nerve Centre
Immediate access to ED Senior Doctor for deteriorating patients 24/7

**GROUP 2:** ED short stay patients with an expected LoS 0-24 hrs prior to discharge home from LJU

**Patients From:**
ED or Ambulatory Care

**Inclusion Criteria:**
Must meet the inclusion criteria on one of the ED Group 2 pathways:
- Recovery post sedation
- Post-Ictal
- Moderate Asthma Exacerbation
- Severe Allergic Reaction
- Head Injury
- Non specific trauma
- Alcohol Intoxication
- Uncomplicated Cellulitis
- Awaiting Transport
- Joint Aspiration

**Documentation:**
Complete actions and sign off Group 2 paperwork (available on EDIS Protocols or in hard copy folder) and assign G2 pathway diagnosis on EDIS.

**Patient Care:**
Day to day care by LJU Nursing Team with aim of Nurse Facilitated Discharge
ED Medical Cover 7/7:
- Consultant ward round am and pm
Immediate access to ED Senior Doctor for deteriorating patients 24/7

**On LJU:**
- Keep destination up to date (for the majority of patients this will be home)
- If a patient requires > 24 hour LoS please identify required destination clearly to enable a timely move, e.g. HCOP etc
“People take their cues from those whom they consider as ‘significant others’ and model their behaviour accordingly.”

Konrad Lorenz

“It is difficult to behave in a different way if the behaviour is inconsistent with your view of the world.”

Leon Festinger - Cognitive Dissonance is the excessive mental stress and discomfort.

“Adults learn through a trial and error approach.”

David Kolb -

“The prize for behaving differently must be greater than the perceived pain involved in entering into the new behaviour.”

Kert Lewin
Four Levers of Influence

Role-modelling

'-I see my leaders, colleagues and staff behaving in the new way'

Fostering understanding and conviction

'-I know what is expected of me - I agree with it, and it is meaningful'

Developing skills required for change

'-I have the skills and competencies to behave in the new way'

Reinforcing with structures and processes

'.The structures, processes and systems reinforce the change in behaviour I am being asked to make'

"I will change the way I work if....."
Further resources:

- www.institute.nhs.uk
- www.leanhealthacademy.co.uk
- www.nhsiq.nhs.uk
- www.mindtools.com
- Sustainability model - http://www.institute.nhs.uk/sustainability_model/general/welcome_to_sustainability.html
THANK YOU

ANY QUESTIONS?

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