

Navigating The Rapids

Penny Impey
Service Improvement Manager
ADHB



MOH Expectations

The MOH have issued a Faster Cancer Treatment (FCT) health target:

85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer (HSC) and a need to be seen within two weeks by July 2016,

Increasing to 90 % by June 2017.

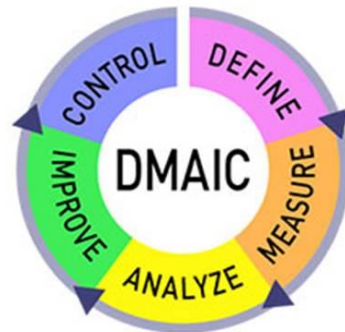
Indicator 1: 62 Days



Rapid Improvement Events

A Rapid Improvement Event is a highly facilitated programme that begins with a problem and concludes with a tested, approved, and in many cases, implemented solution through the application of lean six sigma tools and techniques.

We ran a two day event for the Genitourinary Tumour Stream with 20+ attendees.

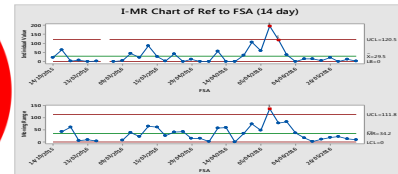


GU Event Preparation

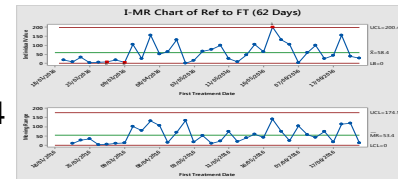
Preparation for a Rapid Improvement Event is arguably the most important element in determining the event’s success. A minimum of one month prior to the event is required to complete the following activities:

- Define the problem
- Measure & quantify “As-Is” performance
- Complete the “As-Is” process map

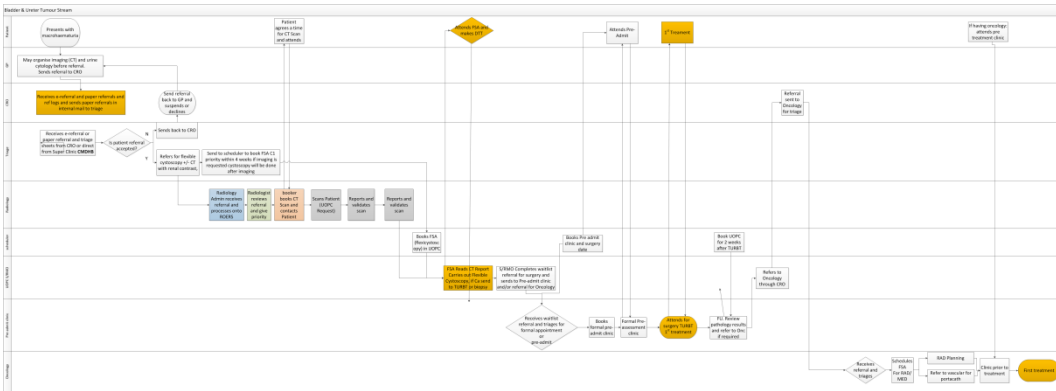
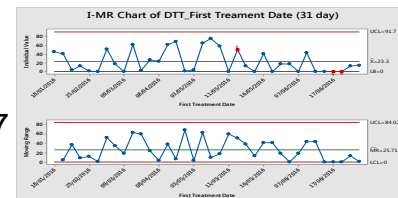
14 Day
MR 34.2



62 Day
MR 53.4



31 Day
MR 25.7



- Form the team
- Communicate the purpose

The Event

- We held the Event on-site to allow clinicians to be available if necessary



- We started the event with introductions and an icebreaker, the whole team worked through the process maps for Bladder, Kidney, Prostate and Testicular Tumour Streams to identify opportunities for improvement



- We worked in groups and were tasked with identifying possible solutions and actions to achieve these
- We also identified other processes that could be improved such as how we manage referrals from other DHBs
- We ran 'Open Homes' at the end of each day to allow other stakeholders to come and see what progress we had made.

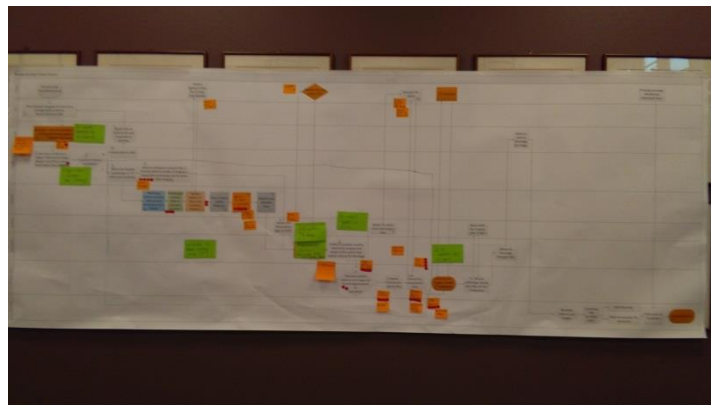


Ground Rules



Auckland District Health Board

Identifying OFI on the existing process map



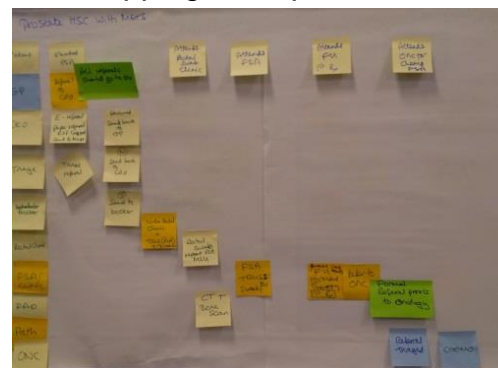
The Event Agenda



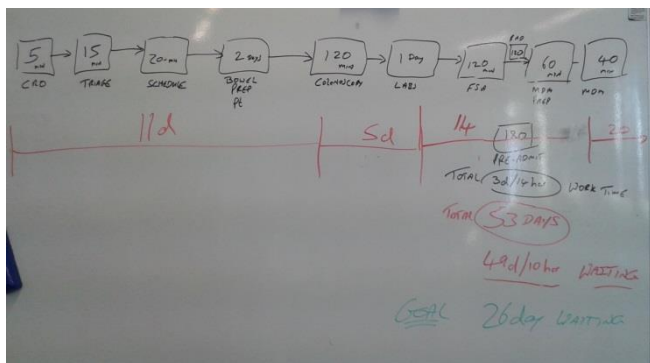
The GU Team



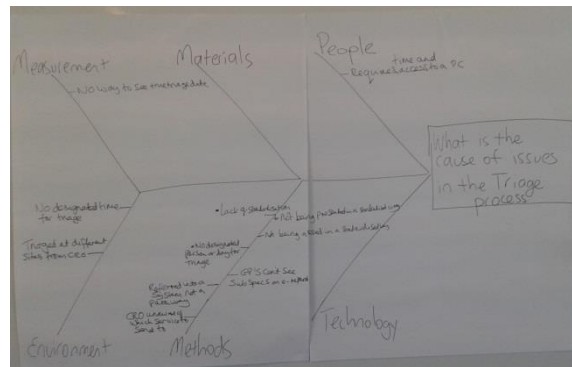
Mapping other processes



Understanding flow



Cause and effect analysis



Action Plan

Haematuria Clinic Pilot process - system in place in 2-3 weeks, then start booking patient for first clinic tentatively scheduled for 2 May						Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9																
#	Action	Detail	When	Who	Notes	24-Mar	28-Mar	04-Apr	05-Apr	11-Apr	18-Apr	25-Apr	02-May	03-May	09-May	10-May	11-May	12-May	13-May	16-May	17-May	18-May	19-May	20-May	23rd May	24th May	25th May	26th May	27th May	30th May
1.1	Identify suitable patient at time of triaging	select clinic patients, including selecting HSC flag	24-Mar	SVR	Completed																									
1.2		Investigate the use of a dropdown box in e-referrals	31-Mar	PI	Completed																									
2.1	ROERS request	Design and document how to request ROERS at the time of triage	11-Apr	AL	Completed																									
2.2		Understand workload on Radiology and ensure capacity exists for clinic	11-Apr	AL	Completed																									
2.3		Talk to Judy regarding Cytoscopy and Ultrasound	01-Apr	MG	Completed																									
3.1	Live booking process	Agree and document the live booking process	01-Apr	SS	Completed																									
4.1	Pre-admit	Advise Rita of need to relocate for clinic	01-Apr	LF	Completed																									
5.1	Consider workload and hours	Understand overall process and impact on staff working hours	08-Apr	PI	In progress																									
5.2		Extend appointment times as needed	08-Apr	PI	In Progress																									
5.3		Understand impact on registrars and brief registrars - consider longer time needed to discuss options with patients	08-Apr	SVR	Monitoring																									
6.1	Standard operating procedures	Document in full the new 'pilot' process	11-Apr	PI	Completed																									
6.2		Ensure CNS process to contact patient in known and understood by CNS	11-Apr	MG	Completed																									
7.1	Communication	Patient - prepare 'script' to advise	11-Apr	MG	Completed																									
		Advise GPs of pilot	14-Apr	KM	April Newsletter																									
		Advise impacted / interested parties	14-Apr	PI	Completed																									
8.1	Measures	Agree success criteria	11-Apr	PI	In progress																									
8.2		Design and implement patient survey	11-Apr	PI	In progress																									
8.3		Design and collect staff feedback	11-Apr	PI	In progress																									
	Meeting to test readiness for pilot	Date to be confirmed (potentially 18th May)	13-Apr	PI	Aiming for 30th May																									
	Launch pilot		31st May																											
	First clinic	Set for 31st May	31-May																											

RIE Achievements

- Whole Team Approach

- Building enthusiasm for improvement
- Increasing visibility and communication
- Building capability around the DMAIC approach



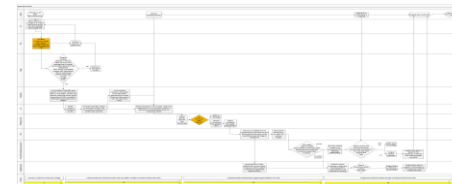
- Haematuria Clinic ‘One Stop Shop’

- ROERS referrals, Haematuria clinic code
- USS - Flexi Cystoscopy
- FSA - Pre-Admit Assessment



- Patient Experience:

- *‘Having an interpreter was good, we were well informed. It was better for him to have them all done at the same time.’*
- *‘Better communication about clinic times, but being there for the whole day was brilliant’*
- *‘It’s a much better system’*



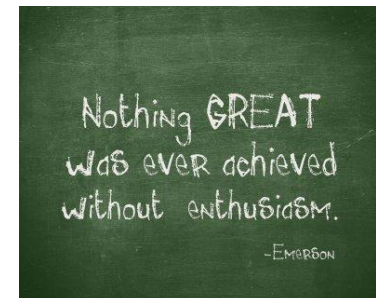
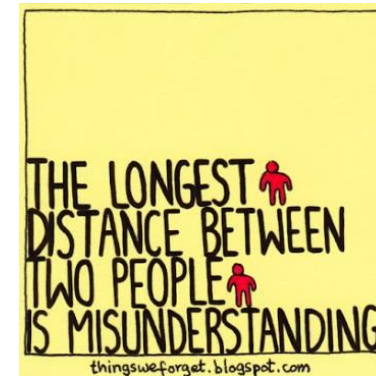
- Surgical Booking Process

- Patients now get a surgical date within 24 hours of their FSA



What is required for RIE success?

- Stakeholder engagement is vital
 - First time all stakeholders were in the same room with each other
- Using the right messaging
 - Clinicians are not engaged by MoH Targets
- Keeping enthusiasm post event
 - What was agreed is not always deliverable
 - What is deliverable might not affect the target



Acknowledgements: John McTaggart, Master Trainer
Paul Birch, Project Manger ADHB.