Our Approach

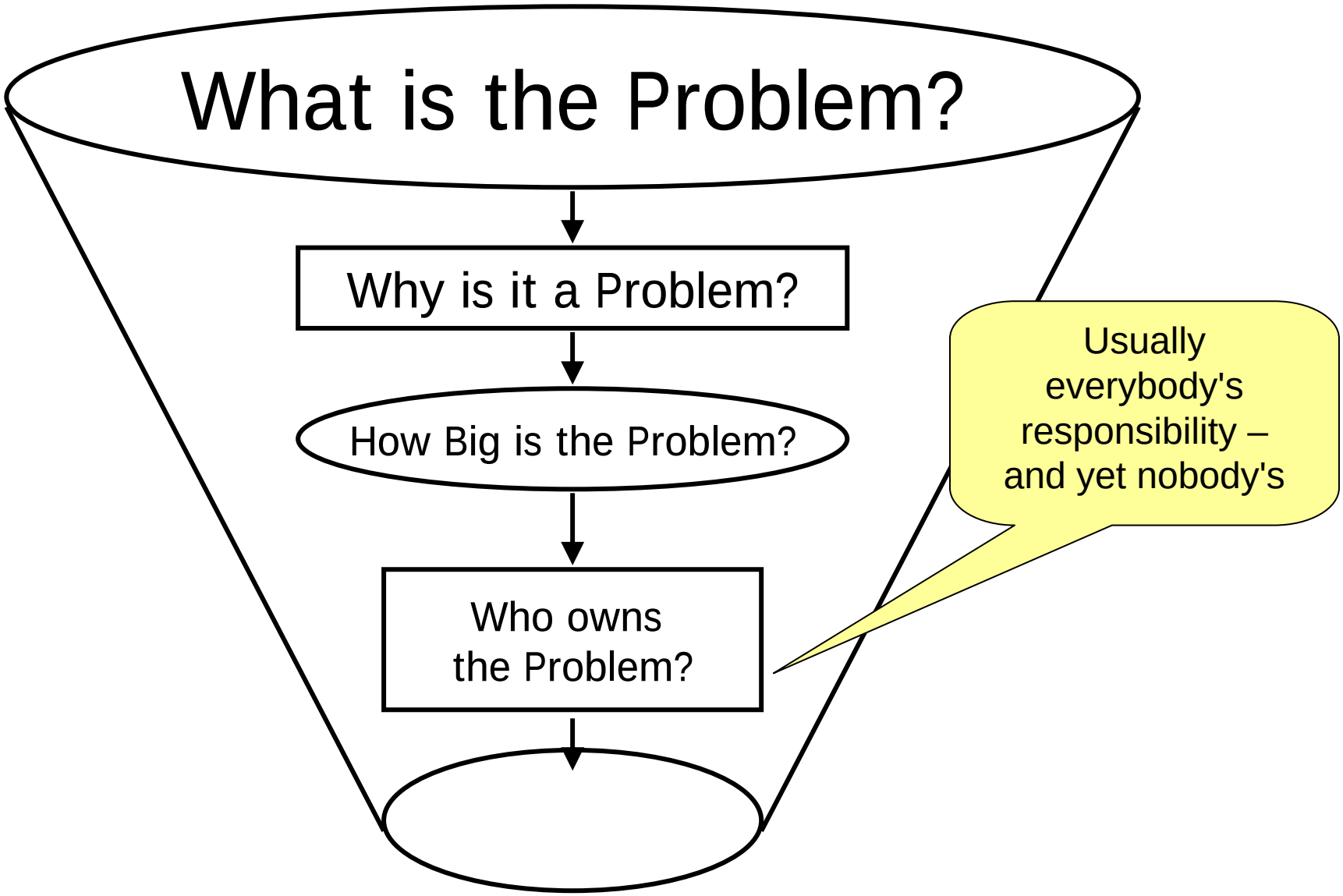
“I can’t see it”

(If you can’t see it - then how can you do something to improve it)

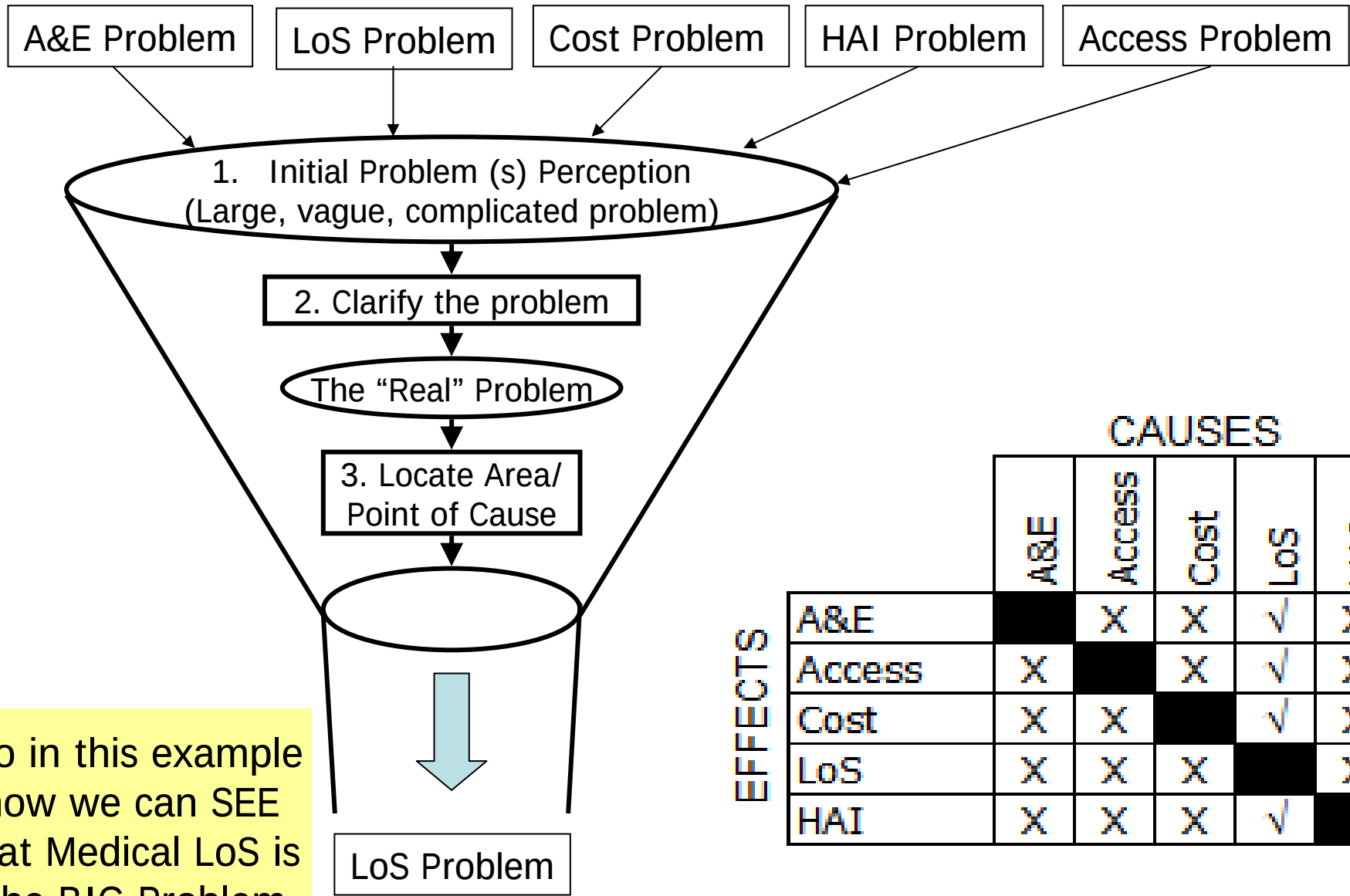
Need to visualise your problems, processes, capacity, demand…..

Anything you’re trying to improve is attempting to address a problem……..

… but are you working on the right Problem



Further down the funnel



CAUSES

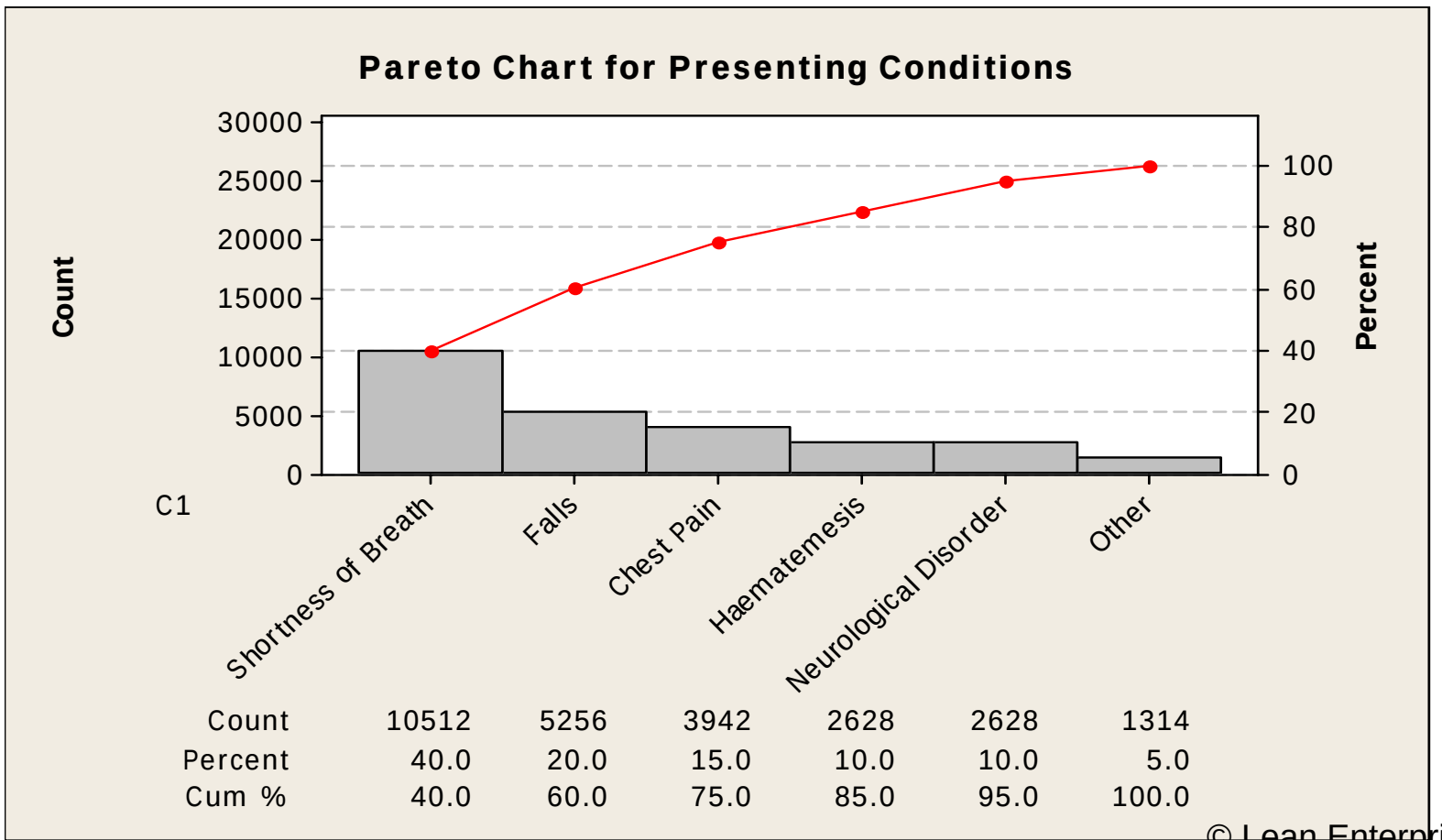
EFFECTS	A&E	Access	Cost	LoS	HAI
A&E		X	X	√	X
Access	X		X	√	X
Cost	X	X		√	X
LoS	X	X	X		X
HAI	X	X	X	√	

So in this example now we can SEE that Medical LoS is the BIG Problem

Chest Pain	3942	(15%)
D&V	1314	(5%)
Haematemesis	2628	(10%)
Shortness of Breath	10512	(40%)
Falls	5256	(20%)
Neurological Disorder	2628	(10%)
Total	26280	

So now we'll need to SEE what Medical Demand looks like – the size of it, the shape of it.

But all patients are different!!!! – Lets SEE



But all patients are different!!!! – Well lets SEE

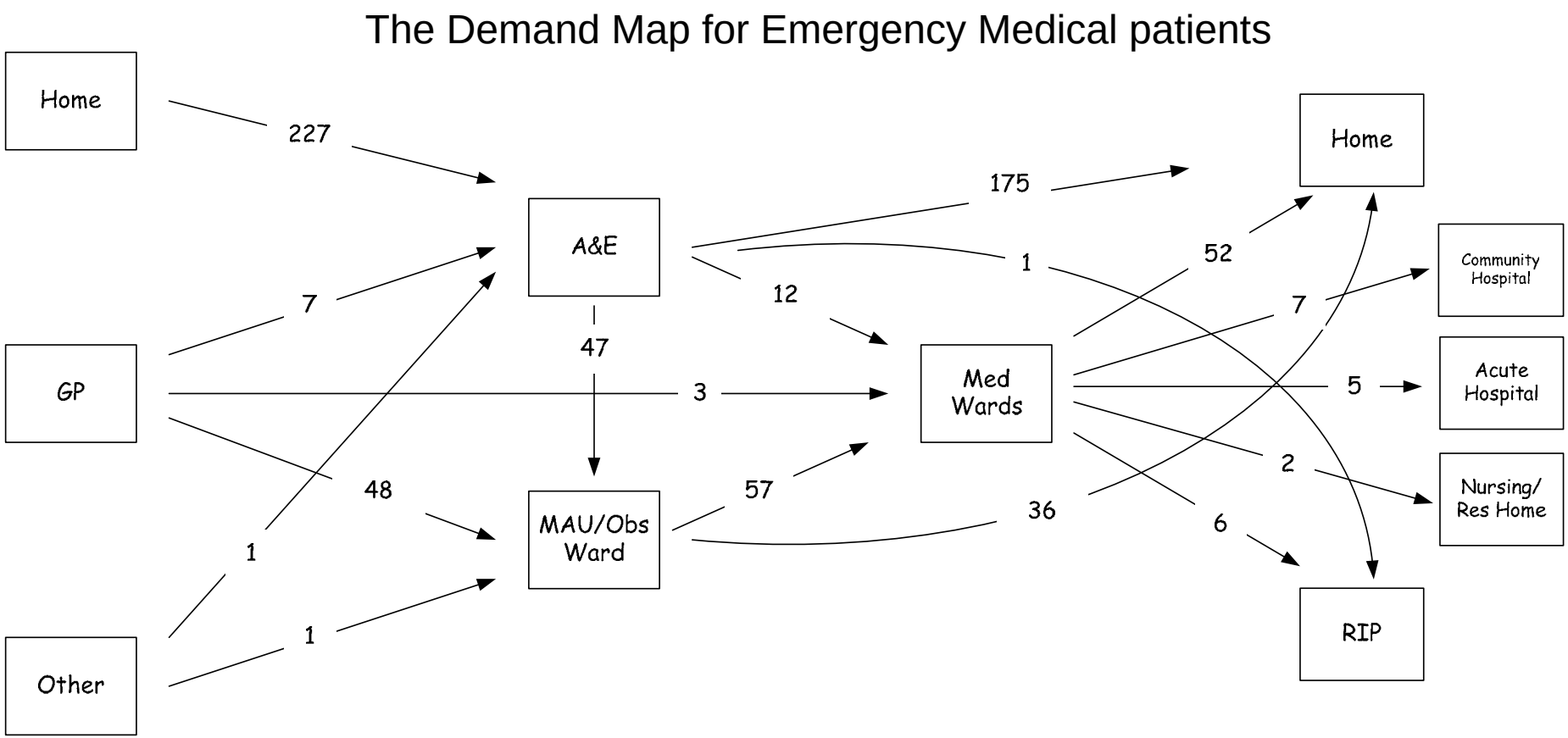
	15%	5%	10%	40%	20%	10%
	Chest Pain	D &V	Haematemesis	Shortness of Breath	Falls	Neurological Disorder
Ward	X	X	X	X	X	X
Pathology	X	X	X	X	X	X
Pharmacy	X	X	X	X	X	X
X-Ray	X	X	X	X	X	X
Medical Assesment unit	X	X	X	X	X	X
ED	X	X	X	X	X	X
Dietetics				X	X	
Physiotherapy				X	X	X
Speech & language Therapy						X
Occupational Therapy				X	X	X
Theatres						
Outpatients	X	X	X	X	X	X
Admin (incl bed mgt)	X	X	X	X	X	X
Catering						
Cardiology Investigations	X			X	X	
Medical Records	X	X	X	X	X	X
Doctors	X	X	X	X	X	X

In this example it soon becomes apparent that if you map Shortness of Breath you will also capture all the process steps for the remaining presenting symptoms (with the exception of the Speech & Language Therapy process step contained within Neurological Disorder) at least 90% of demand

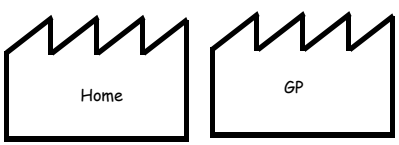
Therefore Mapping Shortness of Breath represents your ‘biggest bang for your buck’

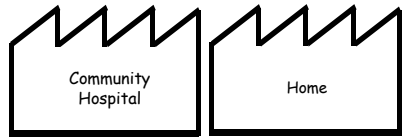
We need to see:

- *Where they come from & where they go*
- *What points can they enter the system & leave*
- *The numbers*



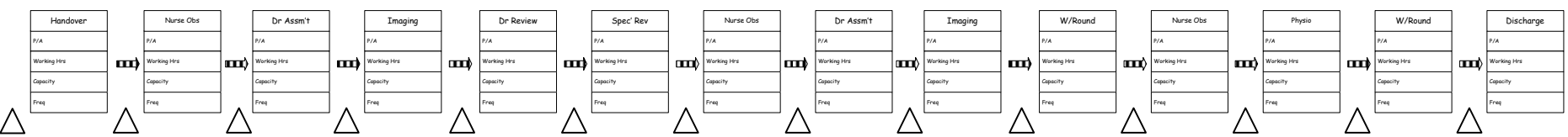
Now we need to see the Patients Journey in detail (Door to Door)





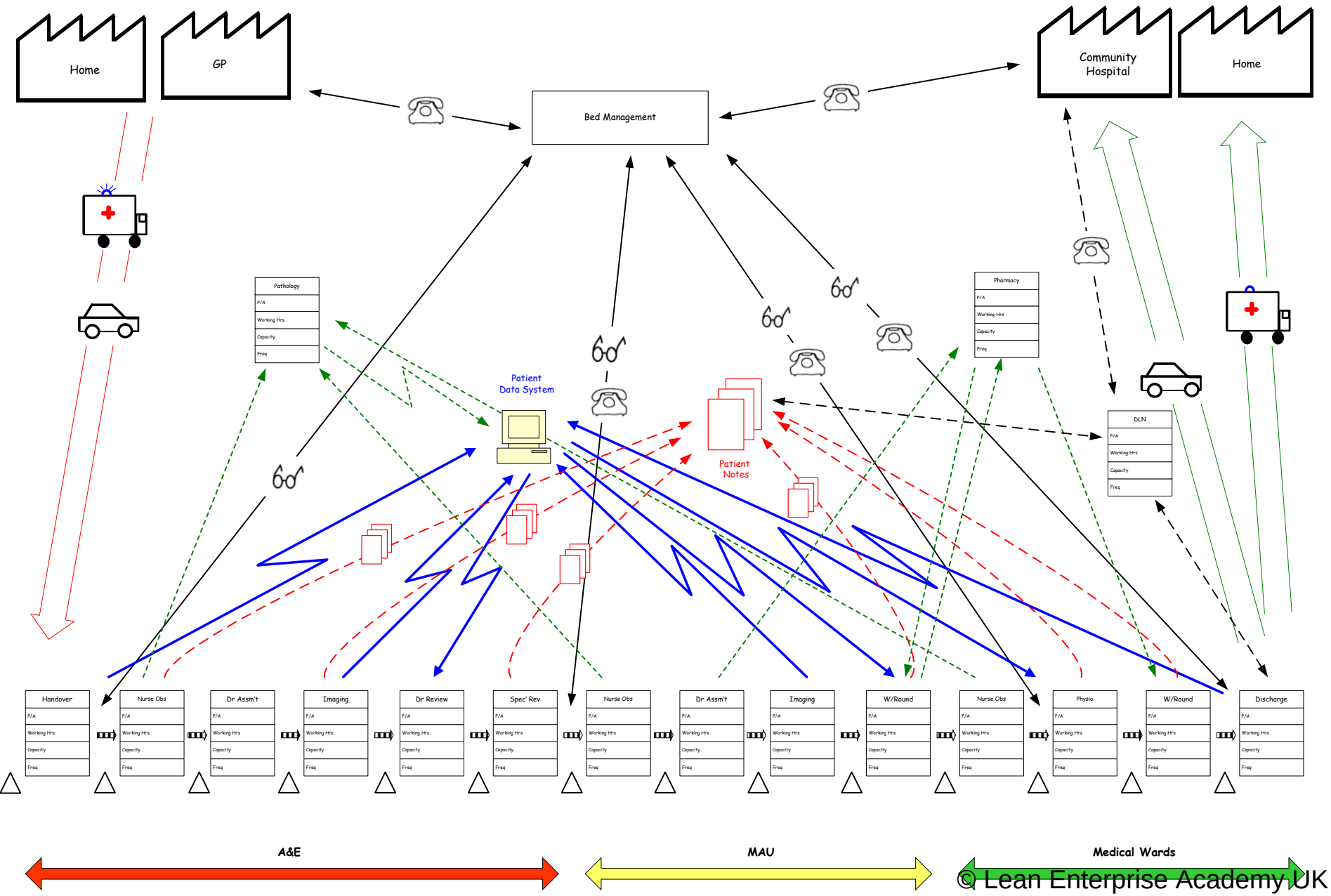
What are the steps they go through (the boxes), the delays they experience (the Triangles)

Important here is the data in the boxes:
Plan & Actual (is there one for every box)
Capacity (staff not beds - % against planned establishment)
Opening Hours (24/7 or 09:00 -17:00 Mon – Fri etc)
Frequency (PRN or once a dat etc)

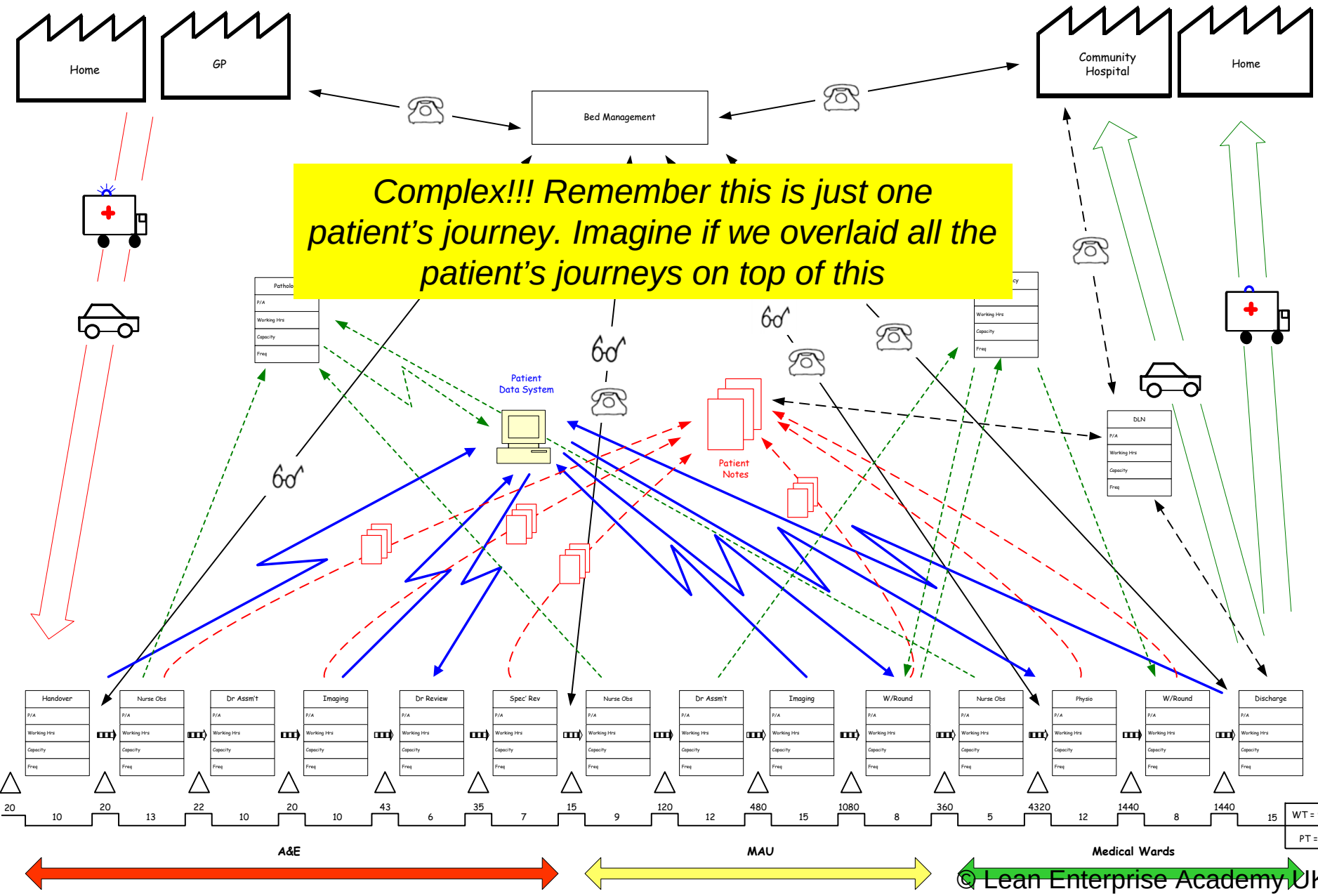


A&E MAU Medical Wards

2nd add the offline activities, information flow & sceduling activities

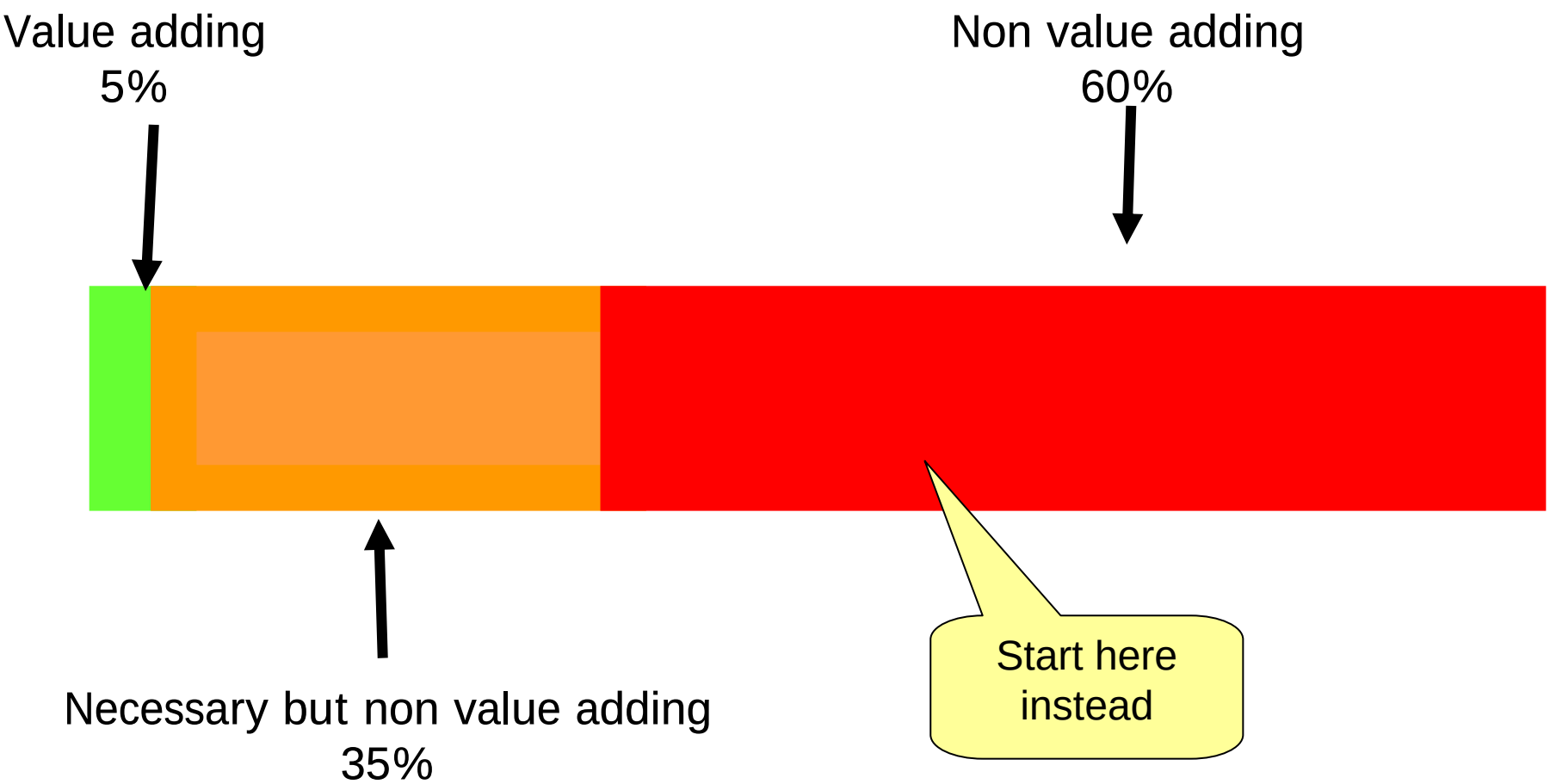


Finally add the Timelines at the bottom – Process Steps & Delays (& add them up)



Typical NHS Mgmt approach – Squeeze the Boxes

Why - Because they can't see the Triangles



Value Stream Map is a Snapshot

Purpose: Answer the questions:

- Were are we now?
- Where do we need to go?
- What are the obstacles in our path?

What the Data Boxes Tell Us:

Root Cause Analysis
For the presence of the Triangles:

- Lack of Patient Planning
- Lack of Capacity Planning (Staff)
- Opening Hours not Synchronised
- Lack of Real Time Management Data

.

Our Observations:

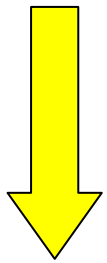
Current state problems.....

- Visual management is weak: standards are ‘invisible’
- Information flow is chaotic: no coherent system
- Ops Mgmt is weak: Line managers don’t know their problem areas & expected ‘functional’ groups(HR, Quality, Bed Management) to solve their problems
- Division/Department meetings are long & dull
- Problem solving is sporadic & ineffective: no standard approach.
- Little evidence of staff involvement: Day job.....

Why not just go to Improvements?

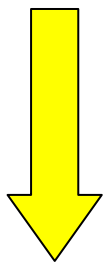
- We see many ‘Current State’ maps……..
- We’ve done a lot of Science to just relegate it to an ‘aide memoir’ for brainstorming.
- Signals & Noise……..

Process, obviously needs Re-designing but.....



Stability 1st

Then



Re-design

So what is stability & how do you get it.....

What is a Stable Process?

- Every step and connection is:

✓**Capable** – a good outcome every time.

✓**Available** – ready whenever needed.

✓**Adequate** – just enough capacity.

Note: Capability x Availability x Adequate = Stability.

Why is it so important?

To tell you whether any changes made are effective?

So how do we get Stability?

.....Through Operations Management

Definition:

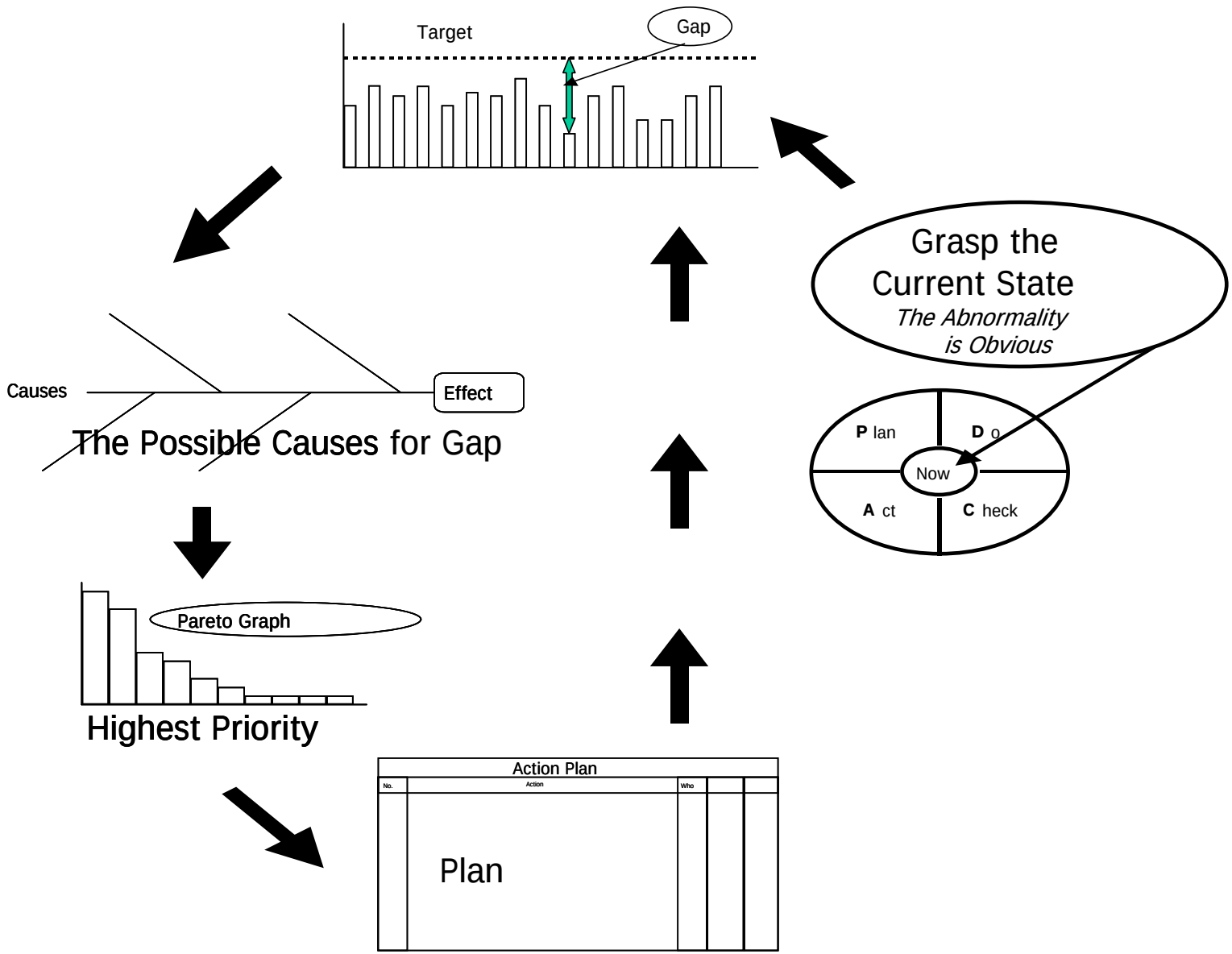
Operations management is the field of science that focuses on the provision of services, and involves the responsibility of ensuring that operations are efficient and effective. It is the management of resources, the distribution of services to patients, and the analysis of data

Operations management provides the Stability & Measures required to provide a platform that will enable Safe Experimentation (Re-design)

Key Components of Operations Management

- The Scientific Method: PDCA
- Management Process: Visual
- Alignment: Clear goals & R&Rs
- Management Timeframes
- Structured Problem Solving:

Operations Management - The Scientific Approach



What does Operations Management give you

- Focus: shared understanding of our critical few goals
- Alignment: ensuring all activities are necessary, sufficient and are focussed on our few common goals
- Quick response: identify problems quickly and fix them

To Summarise

- Defining the Problem
- Sizing the Problem
- Visualising the Current State
- Setting Target Condition
- Root Cause Analysis
- Proposed Countermeasures.

But.....

How will you get agreement from everybody else to do this????

Who, currently, has the time to do this????..... Do you????

If you agree that this is the right approach, what current activities can/will you de-select to give you time to do it