

**Boundary Trails Health Centre:  
IMPACTS Team**

# **Quality Improvement Project Report Out**

**Finalized August 30, 2012**

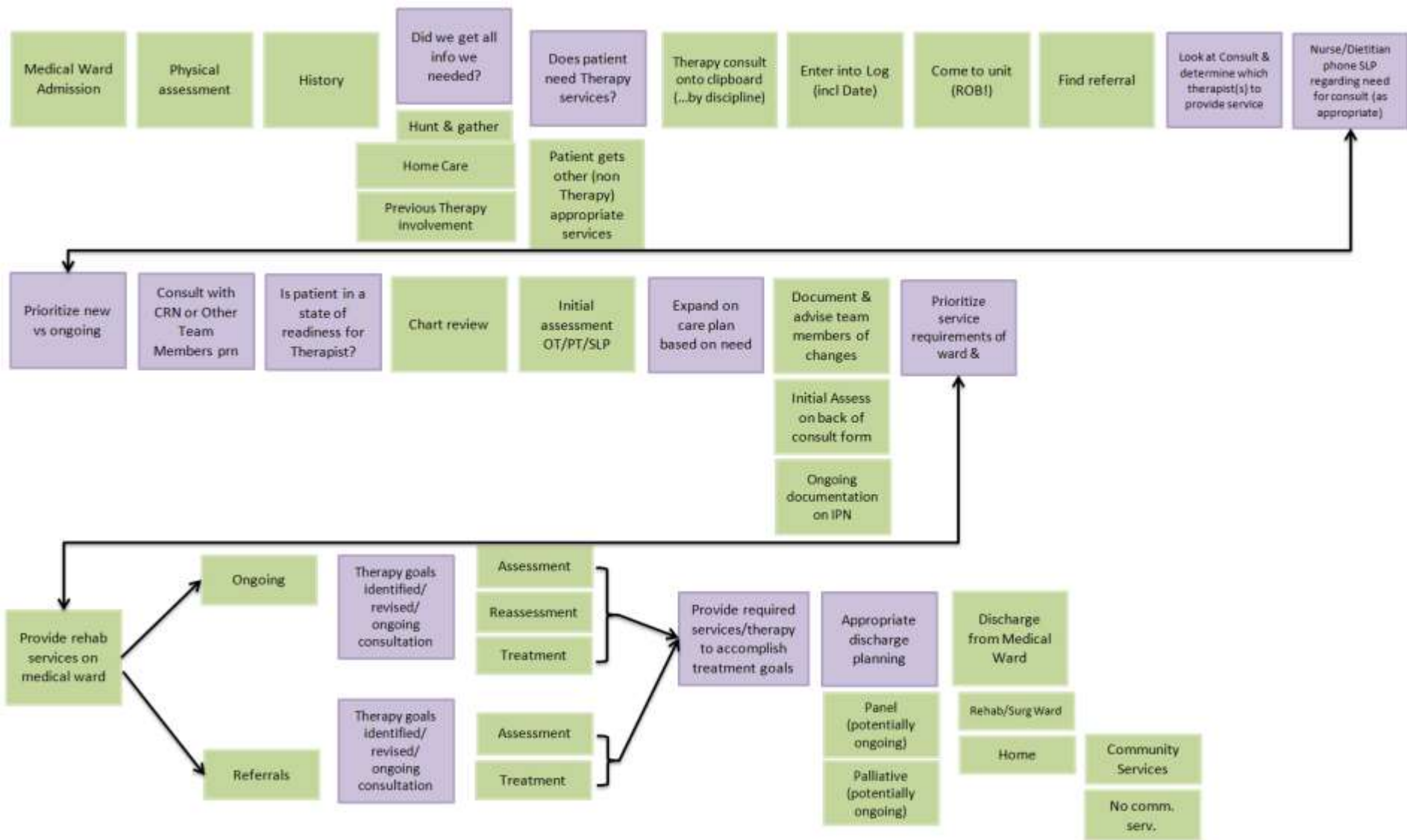
# Define

What process did we look at?

Improving Medical Patient Access and Care to Therapy Services (IMPACTS)

Review the process from Medical Ward Admission to Medical Ward Discharge focusing on when & how Therapy Services are provided

*Problem Statement: Increased volume of admissions and complexity of the patients, together with facility constraints on bed usage/utilization, impacts timely & effective Rehab service provision to the patients on the medical ward.*



# Original Process Map

Slide 3

The time spent performing process steps will vary, depending on patient needs. Patient needs will also dictate the exact route the process will need to follow and the resources required to complete the patient-specific process.



# Define

Why did the organization chose this as a project?

**Increased occupancy** – providing the right services at the right time in the right place.

**Service expectations from health care providers** – expectations by clients and their families

**Complex care** – policies, admission and discharge criteria have changed provider scope of services

**Facility & resources** – types of services within BTHC have expanded and changed to meet the demands of the population, resources sometimes follow suit

Examples: Isolation, interim bed policy, palliative care expansion, demographics (population), catchment area, volume

# Measure

What did we measure and why? How are the measures related to the process?

Clipboard – Patient Admission Date, Referral Date and Date Seen by Therapy discipline

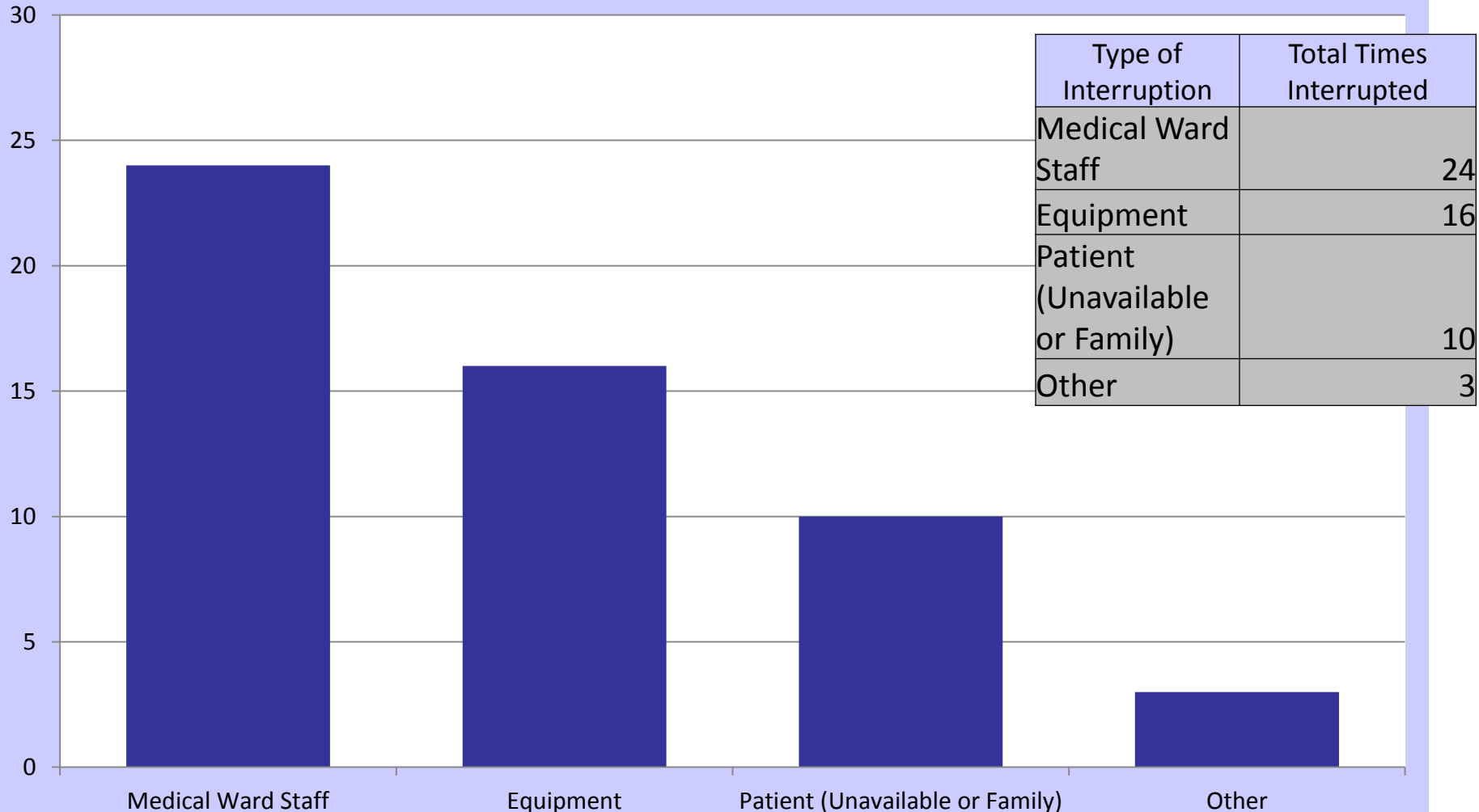
Detailed Therapy Timeframes – therapist time spent in defined activities

Interruptions – therapist time spent in unscheduled conversations, waiting, & searching

# Analyze

\* Interruptions have a strong impact related to the chaotic process flow; high number of occurrences and high number of minutes

**BTHC-# of Times Interrupted-17 Day Data Collection-March & April 2012**

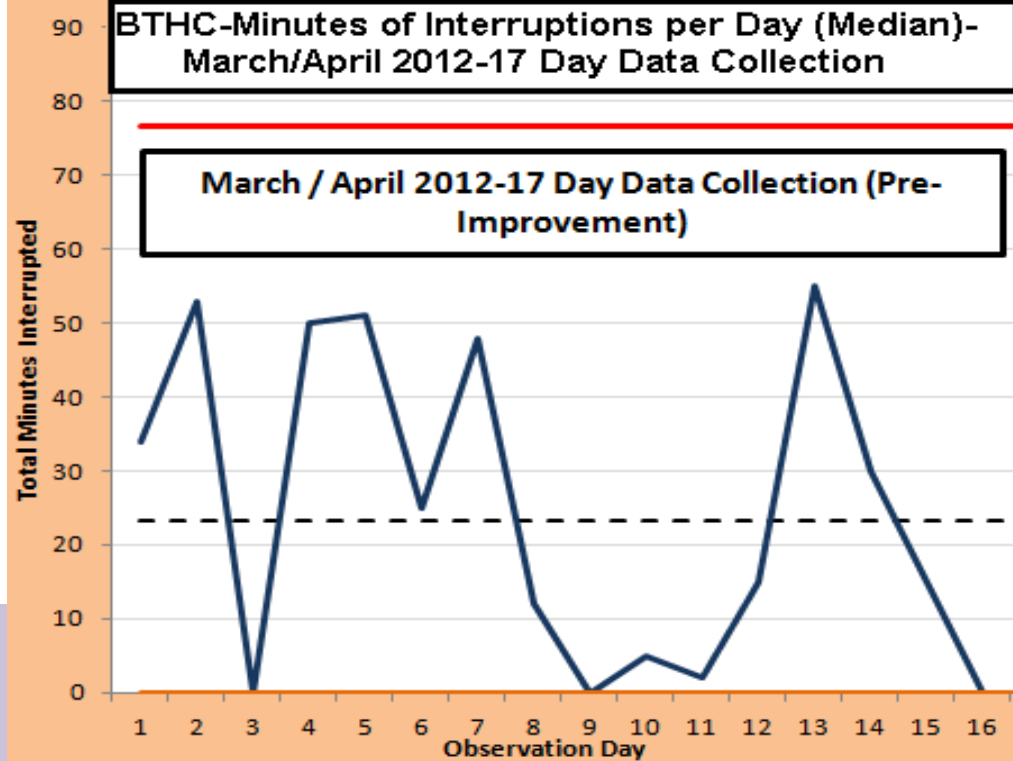
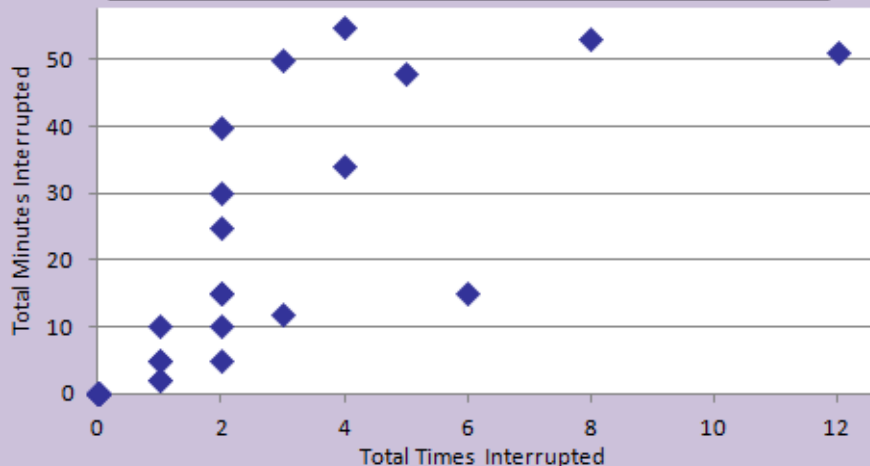


# Analyze

- The Scatterplot diagram shows a positive correlation between the variables (times & minutes)

- Average number of interruptions per day is 3.12, for an average of 23.24 minutes per day

**BTHC-Total Times vs. Total Minutes of Interruptions-  
17 Day Data Collection in March & April 2012**



Improvements available with:

- Communication between Medical Ward Staff to reduce Interruptions
- Equipment access
- Patient readiness

# Analyze

What story did our measures tell us about our system?

- Interruptions occurred frequently; 23.24 minutes of interruptions per day
- Dynamic/chaotic environment; Requiring adaptable flow
  - Patient needs can change quickly on the ward (as the admitted patients are generally acutely ill), requiring instantaneous service delivery process flow changes
  - Therapy staff have their offices located in a separate part of the facility and their knowledge of any new or changed activities on the ward would occur upon entering the ward at the start of a shift
- Multiple disciplines involved in care delivery, vying for time
- Analysis shows these 3 areas may contribute to improved efficiencies:
  - Communication between staff members to reduce interruptions
  - Equipment access
  - Patient readiness



# Improve

## Aim Statement:

*An opportunity exists to:*

- *improve communication between staff members,*
- *reduce interruptions,*
- *improved access to equipment, and*
- *examine philosophies of care delivery to patients requiring therapy services.*

*Success will be measured by achieving improved communication between staff, increase access to appropriate equipment, and have patients ready at the appropriate time resulting in a decrease in minutes of unscheduled interruptions by at least 50%.*

# Improve

What improvements did our team come up with?

Brainstorming ideas included:

- Wheelchair assembly
- STAXIS as transport chairs
- Use of rehab gym
- Aide assistance (Rehab Aide and/or Health Care Aide)
- Patient whiteboards
- Clustering patients
- Staffing guidelines or best practices
- Therapy supply toolkit

# Improve

What changes were implemented?

PDSA (Plan-Do-Study-Act)

PDSA 1 - "Therapy in Session" sign; creating private therapy space during patient interventions (similar to other clinical disciplines).

PDSA 2 - Posting Therapist Calendar; identify when therapist expected on ward providing direct patient care, identify when therapist within the facility providing other patient care, result in increased appropriate communications.

# Improve

## Implemented Changes Continued

PDSA 3 - Place Notepad by Clipboard; reducing the types, forms, and processes of communication to allow for more consistent service delivery to patients.

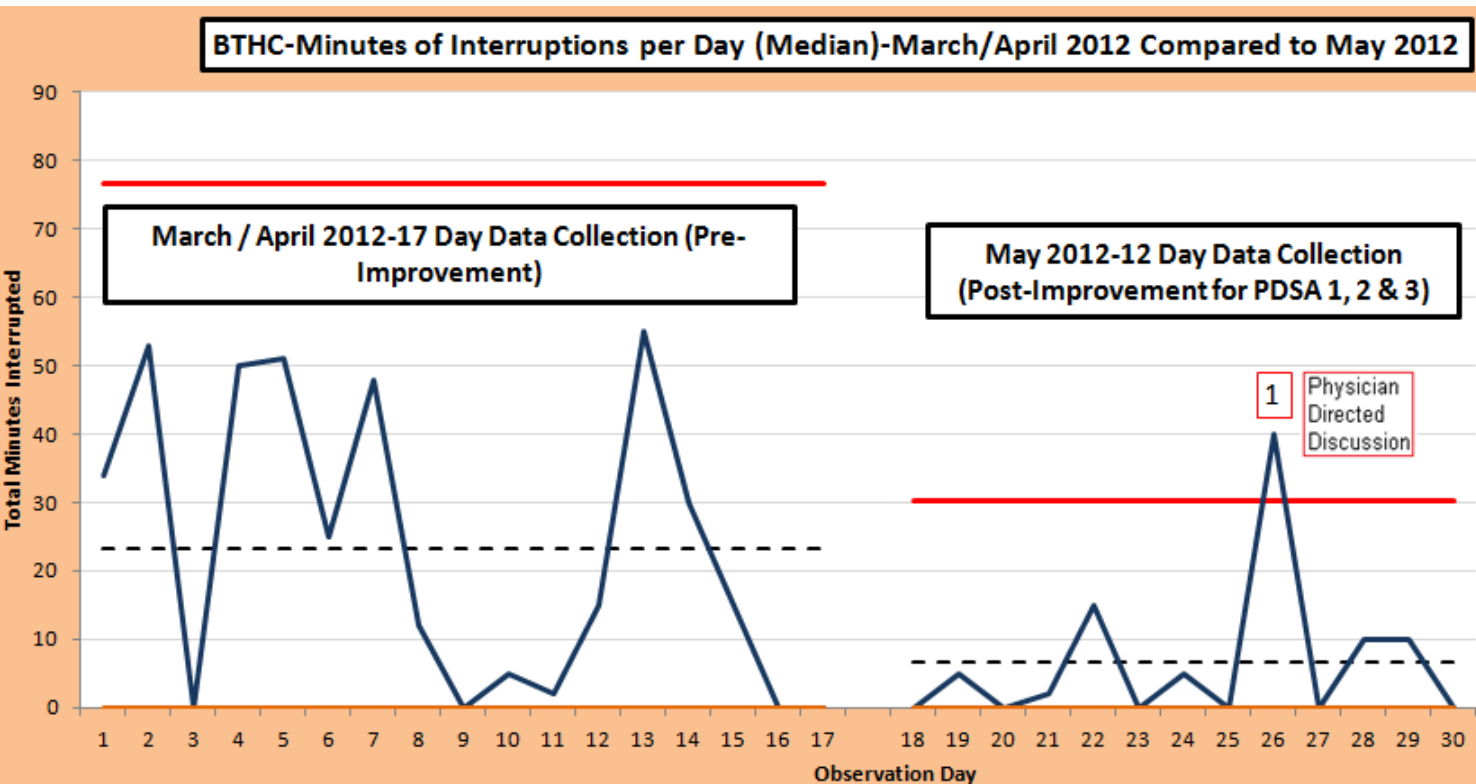
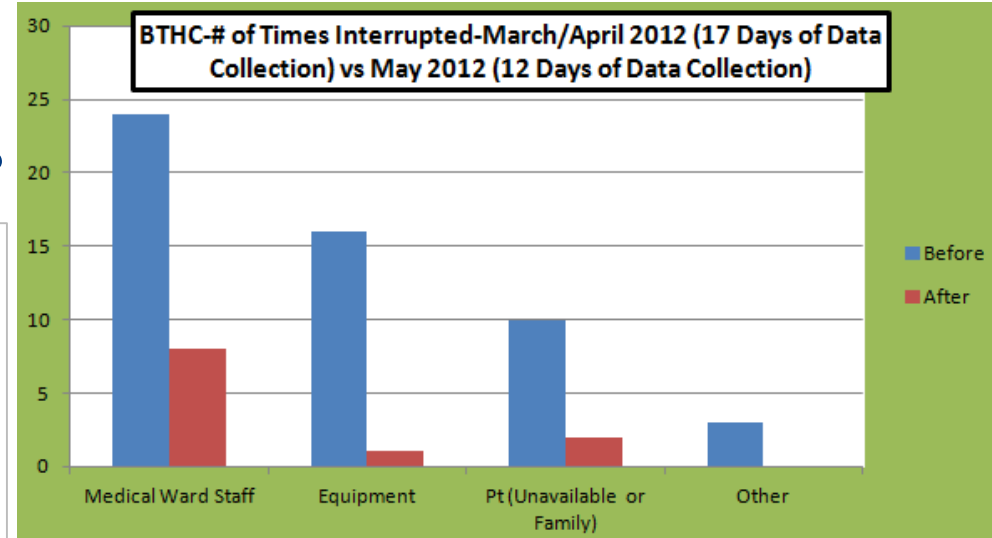
PDSA 4 - Storage Room Reorganization; use defined 5S methodology to organize storage areas including creating charting space in Electric Alley, to allow for more accessibility to products/equipments needed at the source

PDSA 4 implementation scheduled for September 2012

# Outcomes

## What were the results of the changes?

- 71% reduction in interruption minutes per day, from an average of 23.24 minutes to an average of 6.69 minutes
- 73% reduction in the number of interruptions per day, from an average of 3.12 per day to an average of 0.85 interruptions per day
- One outlying data point in post-improvement data due to hallway conversation with physician
- 301 staff hours saved annually



# Control

What controls are in place to ensure that performance does not lapse?

## Clipboard

- Nursing-cheat sheet on therapy notebook
- Therapy-already part of daily routine & to be placed on algorithm

## Whiteboard

- Nursing-Standard of Practice (standing Agenda item on Ward & A&D)
- Therapy-becoming part of daily routine & to be place on algorithm

## Calendar

- Therapy Only-Outlook Calendar reminder

## “Therapy in Session” sign

- 2 Cues (door closed & sign on door)
- Imbed in Culture; Visitor Policy
- Nursing-Standard of Practice
  - standing Agenda item on Ward & A&D

# Lessons Learned

What were some of the key things we learned about quality improvement while doing this project?

- Study highlights the importance of communication and the need to establish structure within the existing workplace to achieve efficiency
- Personal characteristics of all staff required to manage your time while working in a dynamic environment (time management, dedication, organization)
- Working through the DMAIC cycle ensures structured dialogue and process thinking is maintained through all Team discussions
- **Measurements and Controls are key for sustainability!**

# Lessons Learned

## Feedback on Improvements

- Drop in # of unscheduled discussions
  - Whiteboard "tracking" is useful
  - Reduced nursing time looking for therapists
  - Reduced phone messages
  - Communication has improved
  - Increased planning
- The LEAN Process has improved: teamwork, cohesiveness, structured dialogue, measurable outcome (objective)



# Lessons Learned

## Continued Work

- Orientation to the Ward (documented algorithm)
- Standardized assessment forms - regional application
- Reorganization of storage room
  - Inventory
  - Frequency of use
  - Discard as necessary
  - Identify appropriate permanent place

## Sharing (Spread)

- Discussions with Regional, Facility & Therapy Management
- Equipment Inventory
  - Facility Wide at BTHC
  - Wheelchair Inventory August 15 & 16, 2012

# Lessons Learned

## Time Saved (Re-Deployment):

- Deploy time spent to increase time with or # of patients
- Thoroughly reviewed & tweaked processes and shaved off inefficiencies
  - Working almost to optimal capacity
- Add resources to increase service capacity
  - Rehab Aide - appropriate staff performing appropriate services

To ensure ongoing sustainability of Controls ownership needs to be transferred from the Green Belt facilitator to someone closer to the process (hopefully a member of the LEAN Team)

# The Team!



Diana Kissick, Gail Brewis, Mona Livingstone, Rob Sinclair  
Ainsley Wiebe, Tina Bueckert, Jackie Derksen  
Missing: Linda Buhr (Executive Sponsor)

