Southern Health - Sante Sud

# Quality Improvement Project Report Out
# Law and Ordering

August 11, 2016

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# Define

*The focus of the Law and Ordering Team has been to understand the process of procuring Nursing and Home Care Attendant supplies in the St. Claude office.*

***Problem Statement***

The current process for inventory management is inefficient, time-consuming, wasteful and costly which lends itself to delays for the home care team to perform optimal client care. There is ambiguity with regards to roles of the team, the process and accountability.

***Aim Statement***:

**Decrease cycle time and interruptions/delays by 50% by June 20, 2016.**

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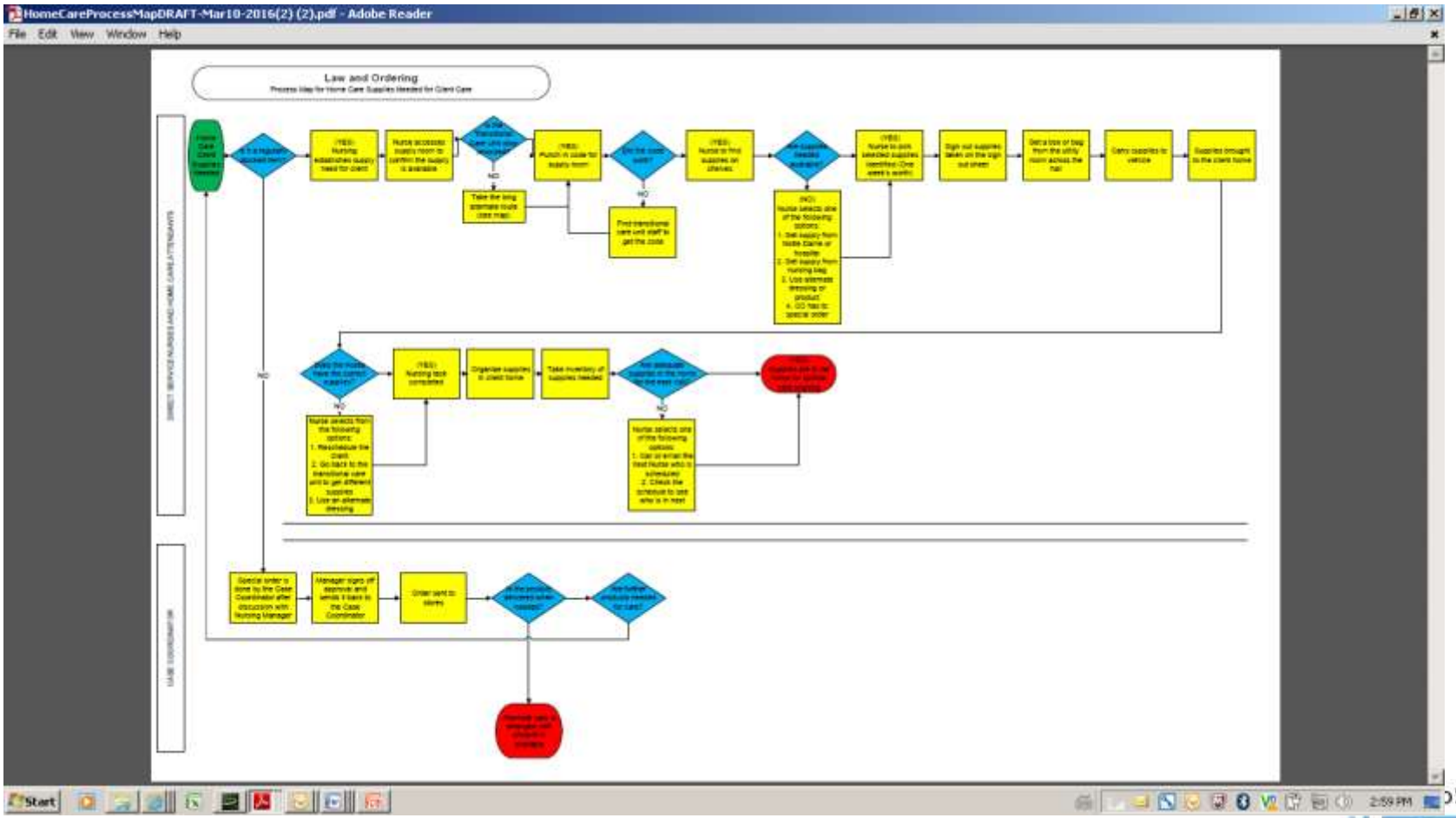
SUPPLIES NEEDED
for Nursing
Punch in code for supply room
Did the code work
Time to gather supplies in ICU
NURSE to Find Supplies on Shelves
ARE SUPPLIES NEEDED AVAILABLE?
Yes
Nurses to Pick selected Supplies Identified (1 week)
SIGN OUT SUPPLIES TAKEN ON 5/6 SHEET
How often does code not work
No
Stop - Time to find someone if code doesn't work
ICU Staff to get code
nurse selects option below
Nurse finds supplies elsewhere
or at no hospital
organize what you need the day prior
Discuss with CC or nursing supervisor
CC/manager makes special order
Nurse uses alternate supply.
A Cart supplies from the bag they carry
Yes
Are further Products needed for care?
Yes
How many times does Client need alternate care?
No

# Define


HomeCareProcessMapDRAFT-Mar10-2016(2) (2).pdf - Adobe Reader
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Law and Ordering

# HomeCareProcessMapDRAFT-Mar10-2016(2).pdf

## HomeCareProcessMapDRAFT-Mar10-2016(2).pdf

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# Measure

- Cycle time for gathering supplies
- Number of times supplies needed are not available
- Number of interruptions/delays when gathering supplies



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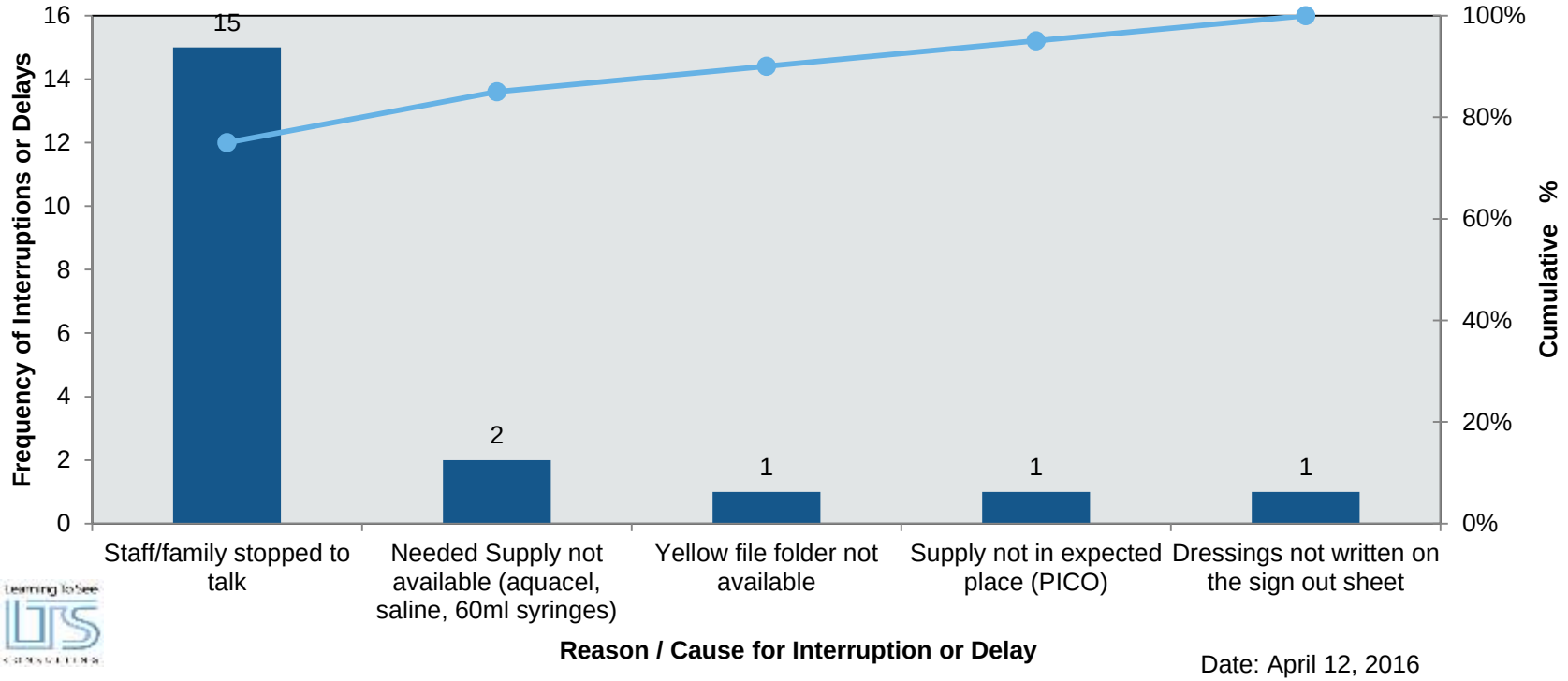
# Analyze

## Pareto Chart for: Reason for Interruption or Delay in Procuring Supplies (March 3rd to April 11th)




Date: April 12, 2016

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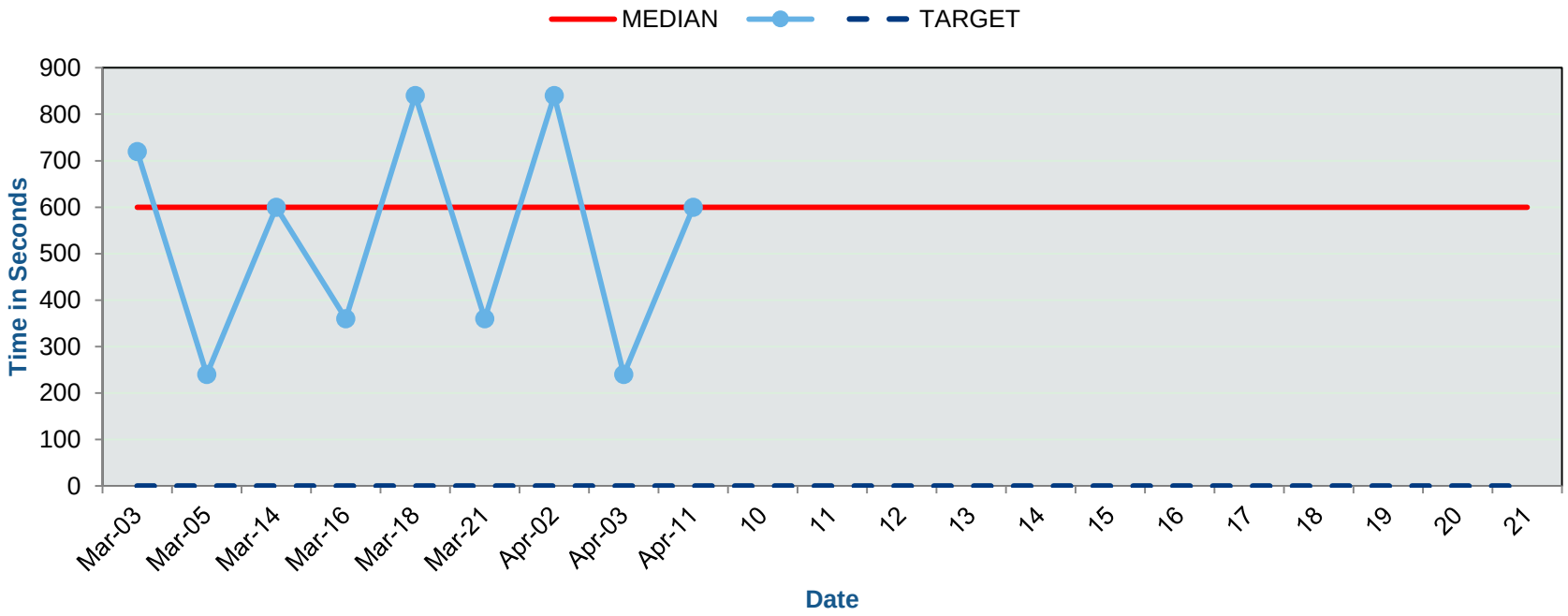
# Analyze

## Run Chart for: time Nurse was in the building March 3rd to April 11th in St. Claude (Pre-Improvements)

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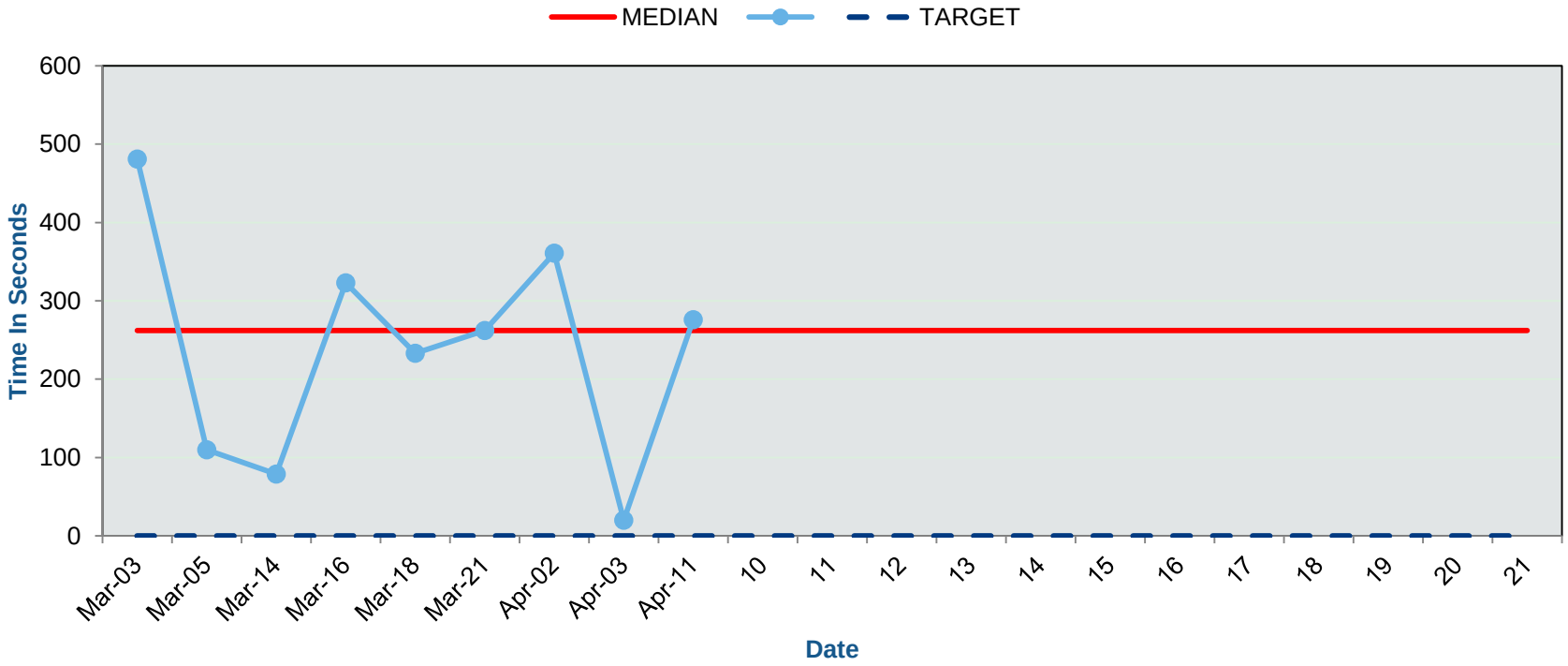
# Analyze

## Run Chart for: time for Nurse to pick supplies March 3rd to April 11th in St. Claude (Pre-Improvements)

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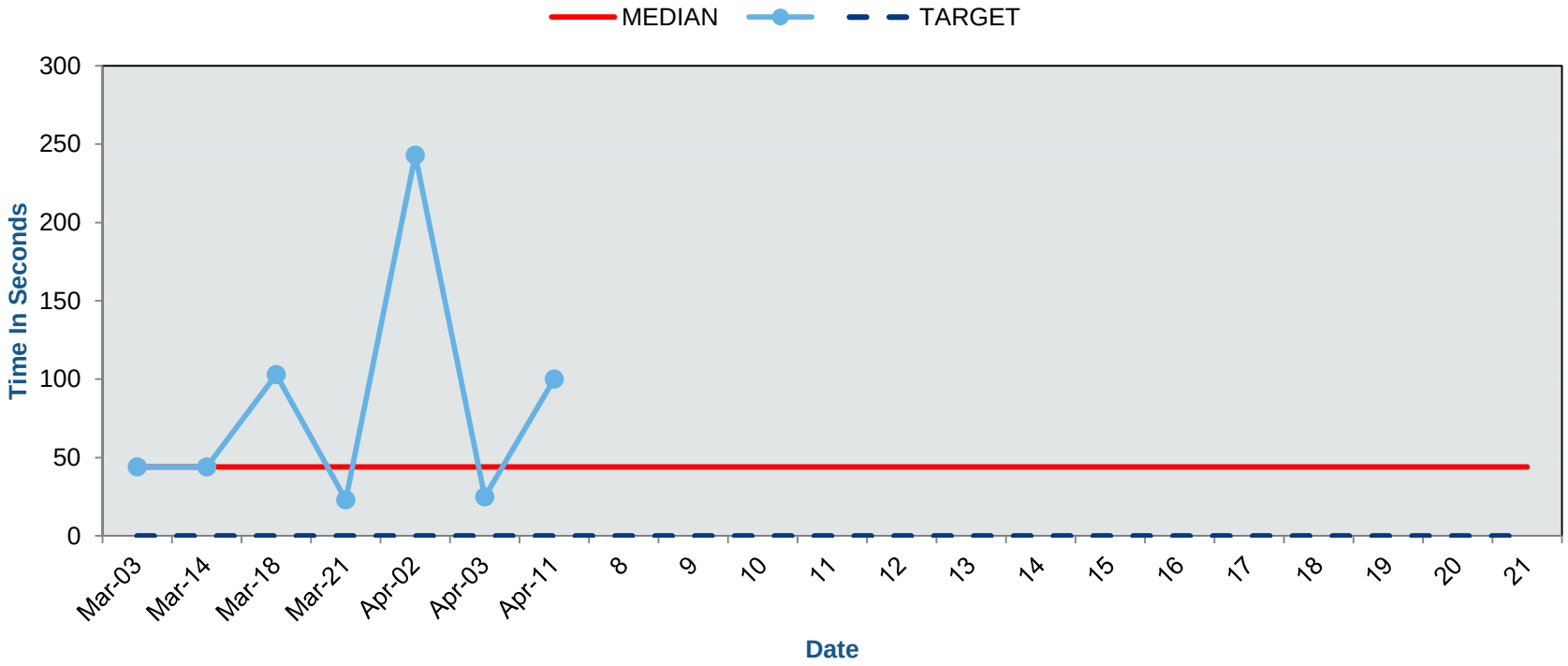
# Analyze

## Run Chart for: Time for Nurse to sign out supplies March 3rd to April 11th in St. Claude (Pre-Improvements)

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# Improve

**Aim Statement:**

## Decrease cycle time and interruptions/delays by 50% by June 20, 2016.

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# Improve

*PDSA 1*

*Create a top up list. Instead of working with the entire list of supplies that are carried by Materials Management, a top-up list identifies the specific supplies needed in a particular office. It is created by analyzing the usage of supplies in the past year. When analyzing the usage of supplies in the past year, one can also make a prediction of the minimum and maximum quantity of supplies needed in each office for a specified period of time (ie. for a week).*

*Date Implemented: May 13, 2016*

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# Improve

*PDSA 2*

*Organize the space in the new location (supply closet)*

*Date Implemented: May 31, 2016*

*Before and after pictures on the next slide.*

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# Before

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# After:
# Organizing the New Space

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# Improve

*PDSA 3*

*Develop a process  for ordering supplies and putting the supplies in to the supply room.  Communicate the process. This process clarifies roles and responsibilities so the team knows who is responsible for each step in the process.*

*Date Implemented: June 16, 2016*

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# Future State Process Map

- Future State Visio-HomeCareProcessMapDRAFT-Aug10-2016.pdf



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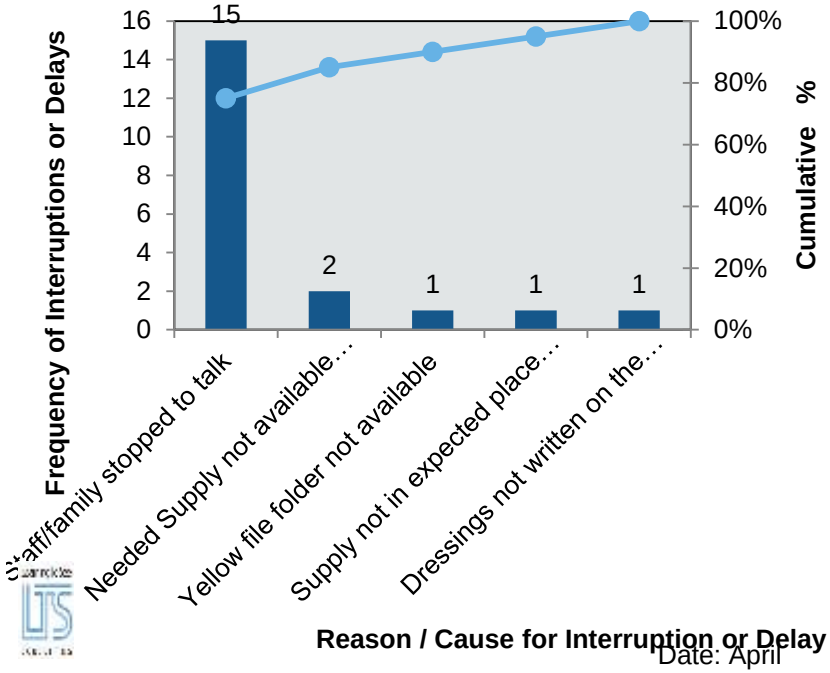
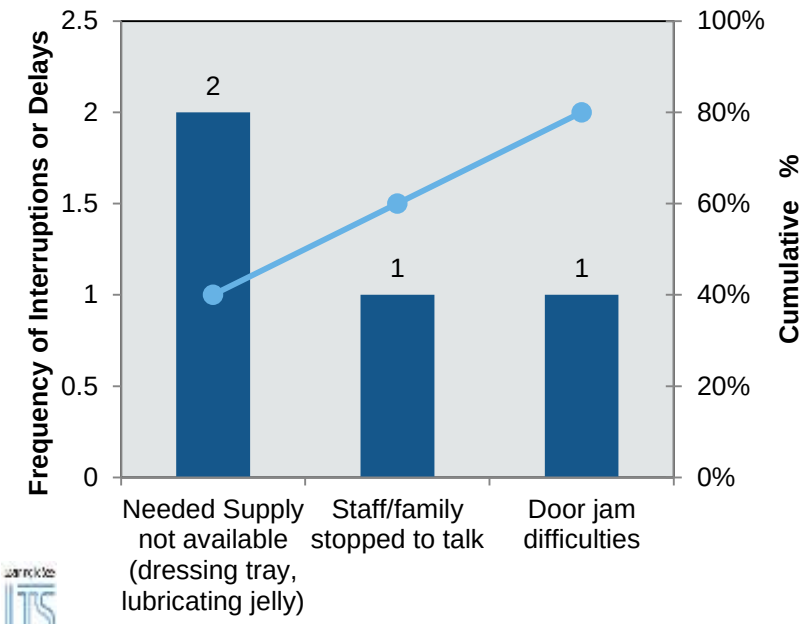
# Analyze/Improve Interruption/Delays

## Pareto Chart for: Reason for Interruption or Delay in Procuring Supplies (March 3rd to April 11th)




Date: April

## Pareto Chart for: Reason for Interruption or Delay in Procuring Supplies (June 20th to July 29th)




Date: April

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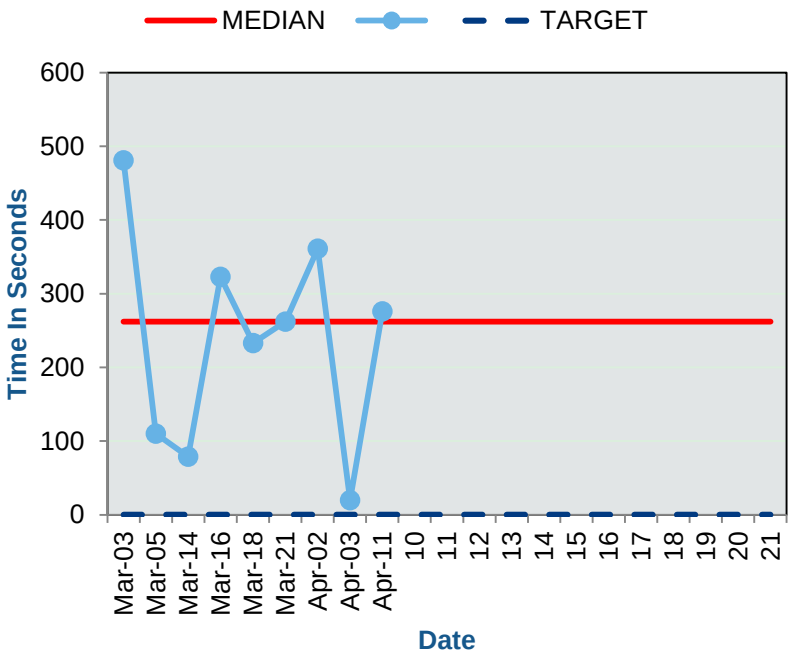
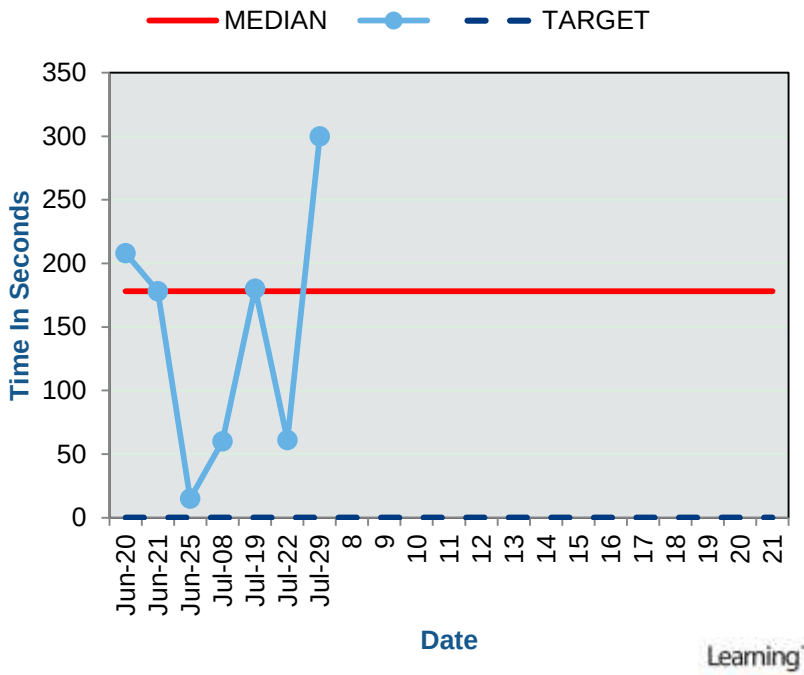
# Analyze/Improve
# Time to pick supplies

## Run Chart for: time for Nurse to pick supplies March 3rd to April 11th in St. Claude (Pre-Improvements)




## Run Chart for: time for Nurse to pick supplies June 20th to July 29th in St. Claude

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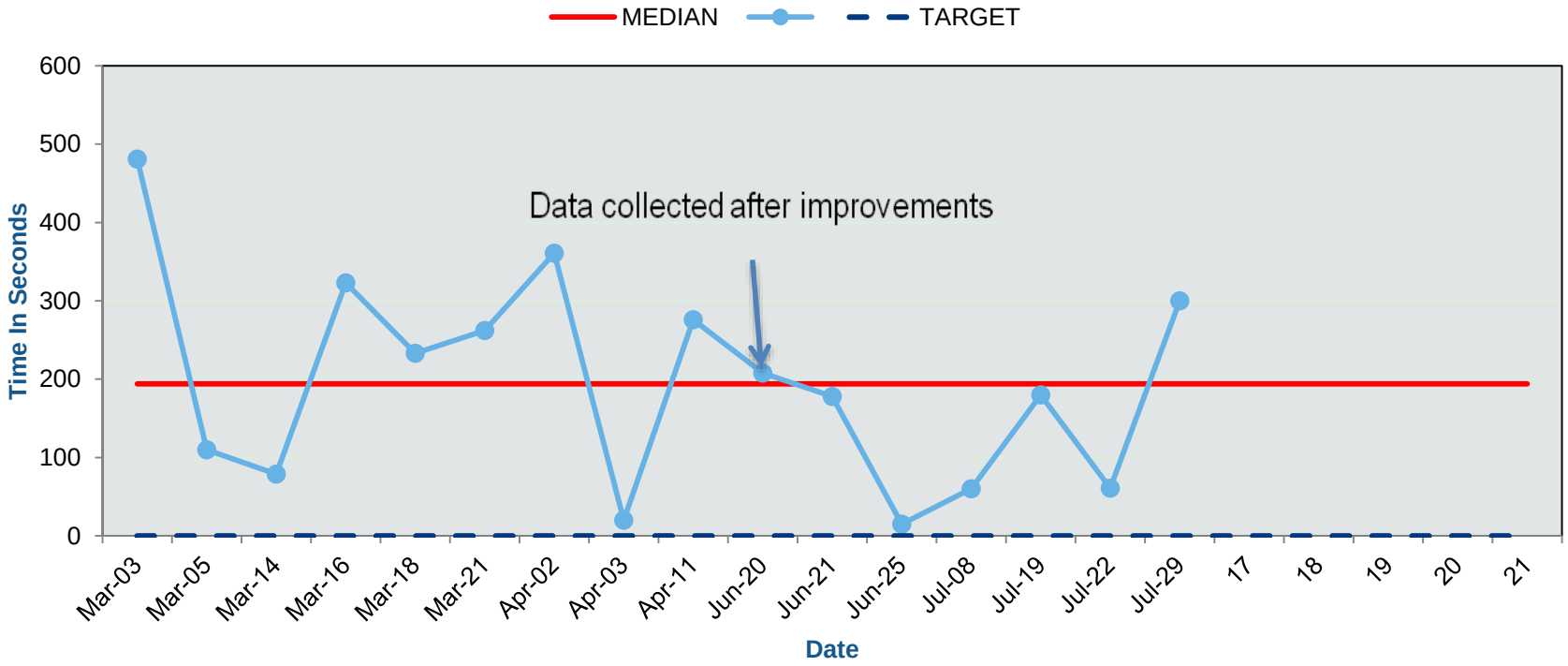
# Analyze/Improve
# Time to pick supplies

## Run Chart for: time for Nurse to pick supplies March 3rd to July 29th in St. Claude (Start of project to end of project)

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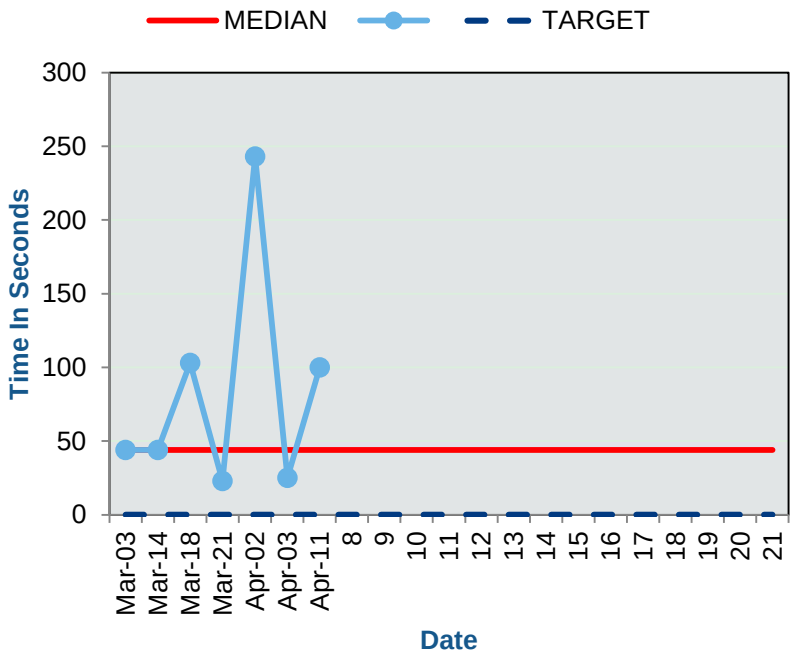
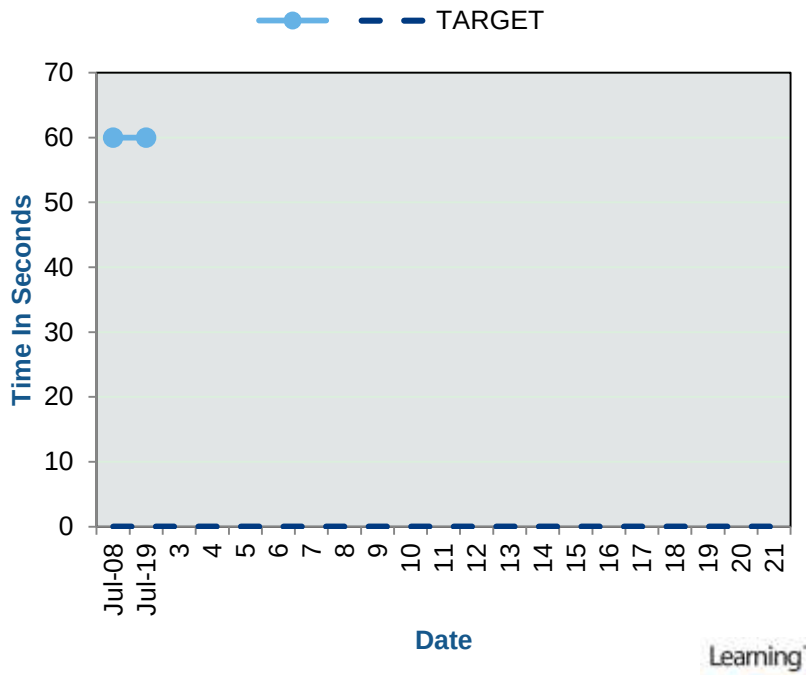
# Analyze/Improve
# Time to sign out supplies

**Run Chart for: Time for Nurse to sign out supplies March 3rd to April 11th in St. Claude (Pre-Improvements)**




**Run Chart for: Time for Nurse to sign out supplies March 3rd to April 11th in St. Claude (Post-Improvements)**

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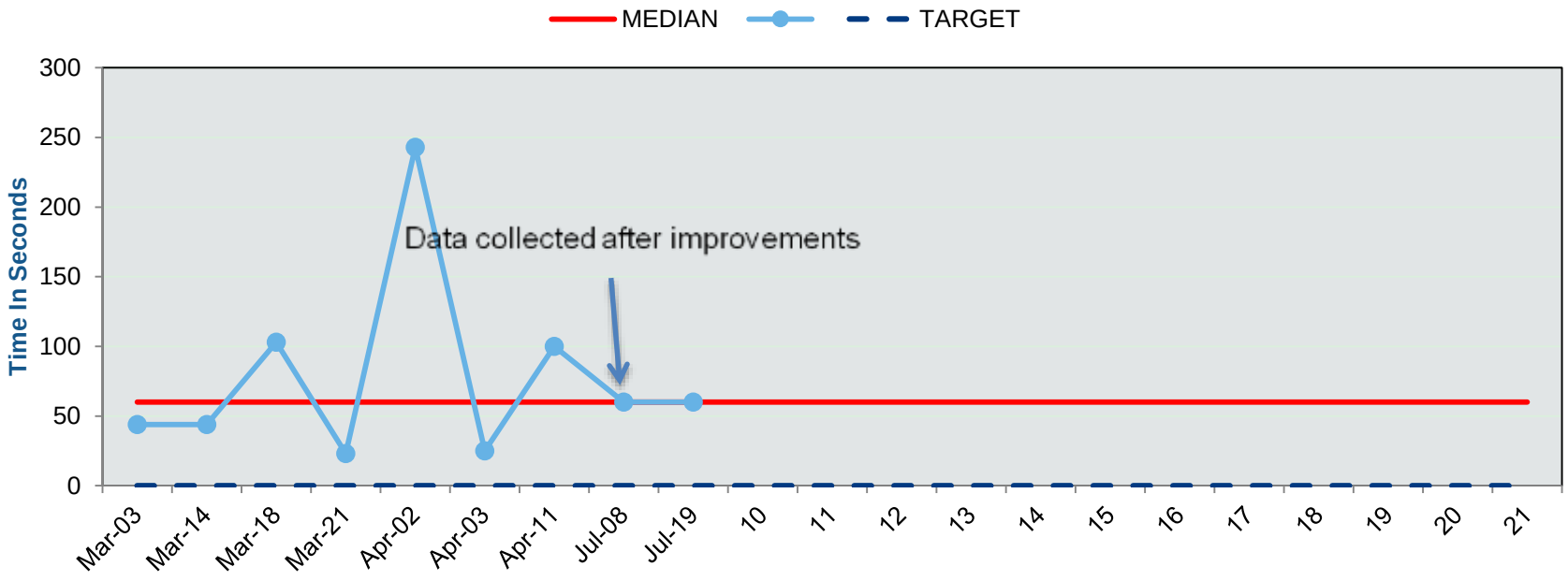
# Analyze/Improve
# Time to sign out supplies

## Run Chart for: Time for Nurse to sign out supplies March 3rd to July 29th in St. Claude (Start of Project to End of Project)

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# Analyze/Improve
# Time to package supplies

- Time to package supplies was initially collected. Pre-improvement, there were 4 out of 12 occasions where information was documented regarding the time to package supplies. Post-improvement, there was 1 occasion.
- Due to a low volume of data points, a graph was not included for this measurement.



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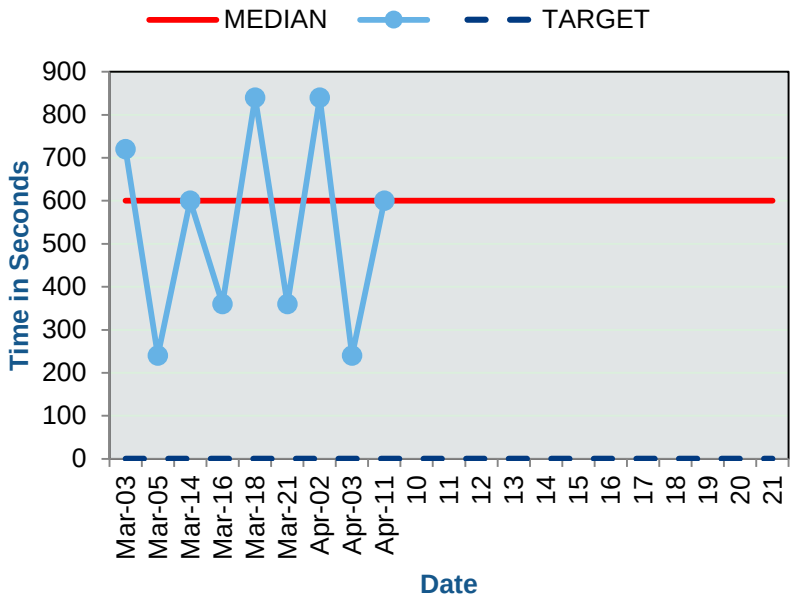
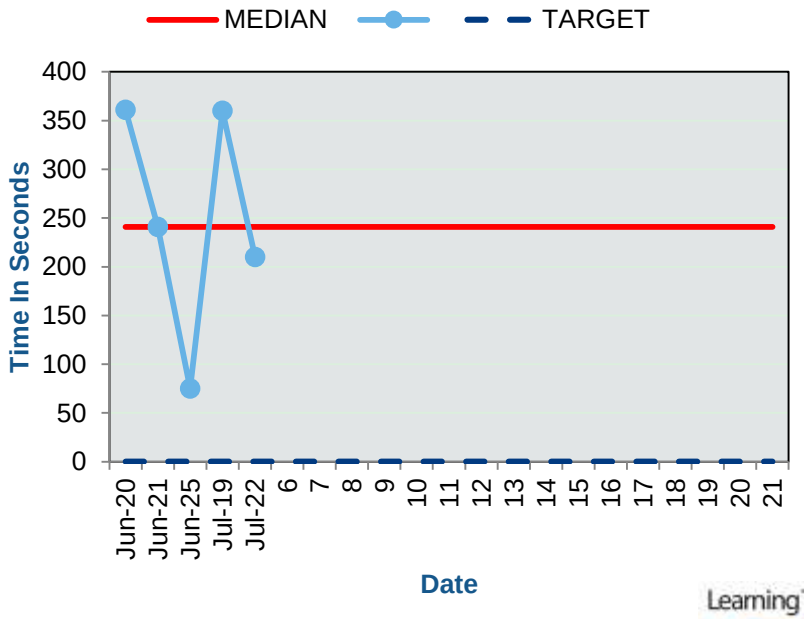
# Analyze/Improve
# Time nurse was in the building

**Run Chart for: time Nurse was in the building March 3rd to April 11th in St. Claude (Pre-Improvements)**




**Run Chart for: time Nurse was in the building June 20th to July 29th in St. Claude (post - improvements)**

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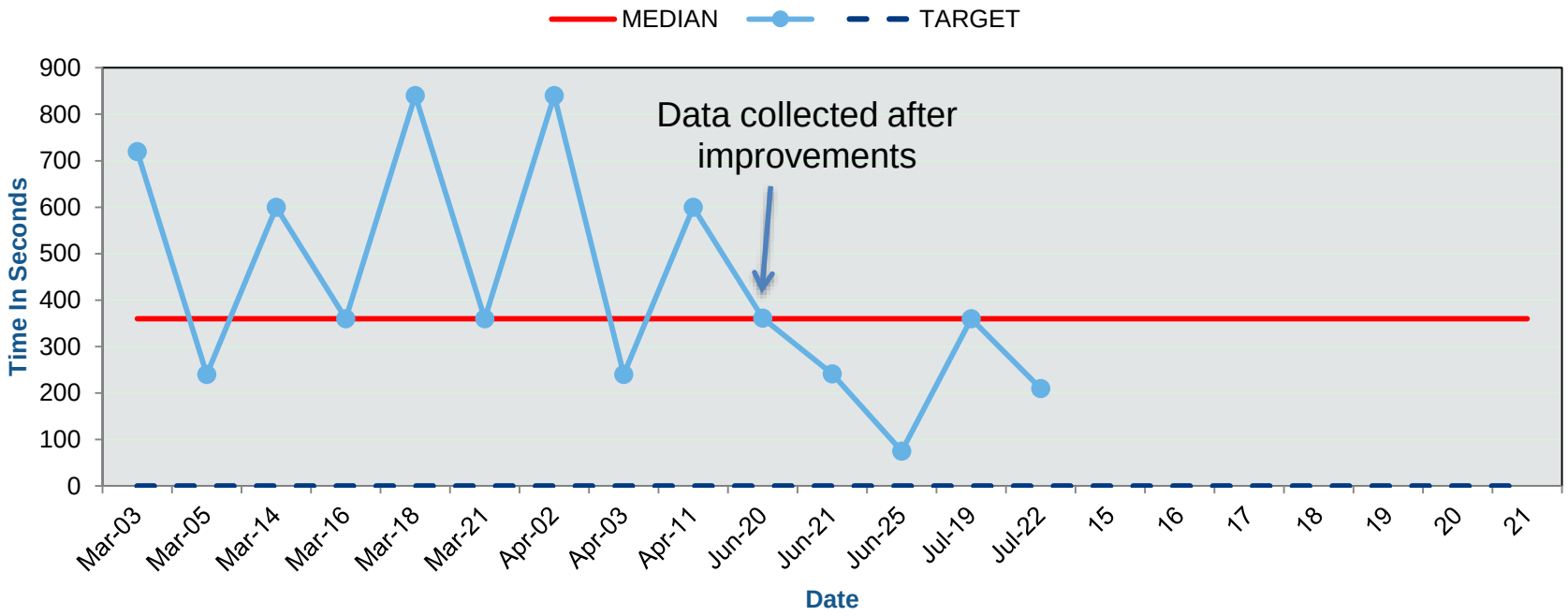
# Analyze/Improve
# Time nurse was in the building

## Run Chart for: time Nurse was in the building March 3rd to July 29th in St. Claude (Start to Finish)

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# Analysis

## Pre-Improvements

1. There were 2 times when the needed supply was not available (regular stock item)
2. 5 different types of interruptions or delays (defects).
3. 20 interruptions all together
4. The median time to pick supplies: 262 seconds (4.37 minutes) .
5. The median time to sign out supplies (nursing): 44 seconds (just under 1 minute).

## Post-Improvements

1. There were 2 times whent the needed supply was not available (regular stock item)
2. 3 different types of interruptions or delays
3. 4 interruptions all together
4. The median time to pick supplies: 179 seconds (3 minutes).
5. The time to sign out supplies was 60 seconds on one occasion.

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# Analysis

## Pre-Improvements

1. The median time to package supplies (nursing): 60.6 seconds (1min 6 seconds).
2. The median time from entering the building to exiting the building (nursing) was: 600 seconds (10 minutes).
3. There is a median of approximately 4 minutes that are related to delays during the cycle time.

## Post-Improvements

1. No conclusion drawn about the time to package supplies due to low volume of data points
2. The median time from entering the building to exiting the building was 241 seconds (4 minutes).
3. There is a median of 1 minute that is related to delays during the cycle time.

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# Improve

*Aim statement :*

## Decrease cycle time and interruptions/delays by 50% by June 20, 2016.

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# Improve

- *Cycle time for time in the building was reduced by 6 minutes (60% improvement)*
- *The amount of time in the cycle that is unaccounted for reduced from 4 minutes to 1 minute (75% improvement)*
- *There was a reduction of 16 interruptions/delays (80% improvement)*
- *Cycle time for picking supplies was reduced by 1.37 minutes (31% improvement).*

***The Aim statement has been met as the overall cycle time improved by 60%.***

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# Improve

*Staff comments and customer feedback on the improvements*

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# Control

*What controls have we put in place to ensure that performance does not lapse?*

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# The Story

- The data from this project needs to be interpreted with caution given the low volume of data points.
- Picking supplies off shelves was reduced by1.37 minutes.  This may be related to changing the location of the supply room, 5Sing the supply room and reducing the number of supplies.  The staff designed the layout of the supplies in a way that made sense to them.  Only the necessary supplies that were needed for home care were included in the supply room, as compared to the Transitional Care Unit (TCU).
- The amount of time unaccounted for was reduced by 3 minutes. This means that there is less time wasted in the building, which results in a slight increase in efficiency in workflow.
- If a nurse (RN Nurse II at level 5) was to access supplies every other day, the savings would be approximately $380 a year.



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# The Story

- The 80% reduction in interruptions/delays may be related to the change in location of the supply room as the staff did not need to walk on to the Transitional Care Unit where other staff and family members are located.
- The top up list that was created reduces waste of unnecessary supplies.
- Roles and processes have been clarified related to the ordering process.



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# The Story

**It's the right person doing the right job at the right time to enhance the amount of time the staff have to spend with client's and provide service.**



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# Lessons Learned

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

*Perhaps we should have had the staff identify at what point in the cycle they were interrupted.*

*The amount of supplies that was being picked up may have been good to include in the cycle time measurements to provide context.*

*This project validates:*

- *the use of top up lists in management of supplies.*
- *the importance of defining roles and responsibilities when it comes to ordering and managing supplies*
- *that efficiencies can be found with 5sing the supply space*
- *That efficiencies can be found by home care owning the supply ordering supply*

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# Lessons Learned

*Co-facilitation helps with the success of a project and drawing on individual strengths of the team members.*

*Other leadership engaging in the project helps to gain a deeper understanding of quality improvement principles and how it helps with decision making.*

*Weekly Yellow Belt calls helped in keeping the project on track and gave an opportunity to ask questions.*

*Improvements for future:*

- *–More thorough review of data being collected at the check points.*
- *–Find different ways to engage the staff that are not on the team*
- *– Take caution when scheduling a project over summer months*

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# Next Steps

What next QI project or where is the project spreading?

Develop an action plan to spread the lessons learned from the project that include:

- Tracking supply usage and comparing it with client needs.
- Reviewing the usage report to develop top up lists
- Top up list in each office
- 5S each supply room in each office
- Environmental scan to identify key pieces (who does the ordering, is there a top up list, how often are supplies ordered?).

Check out our project on the Internal Portal Service. Link: http://portal/AdminRefLib/QI_RiskMgnt/lean/Pages/lao.aspx

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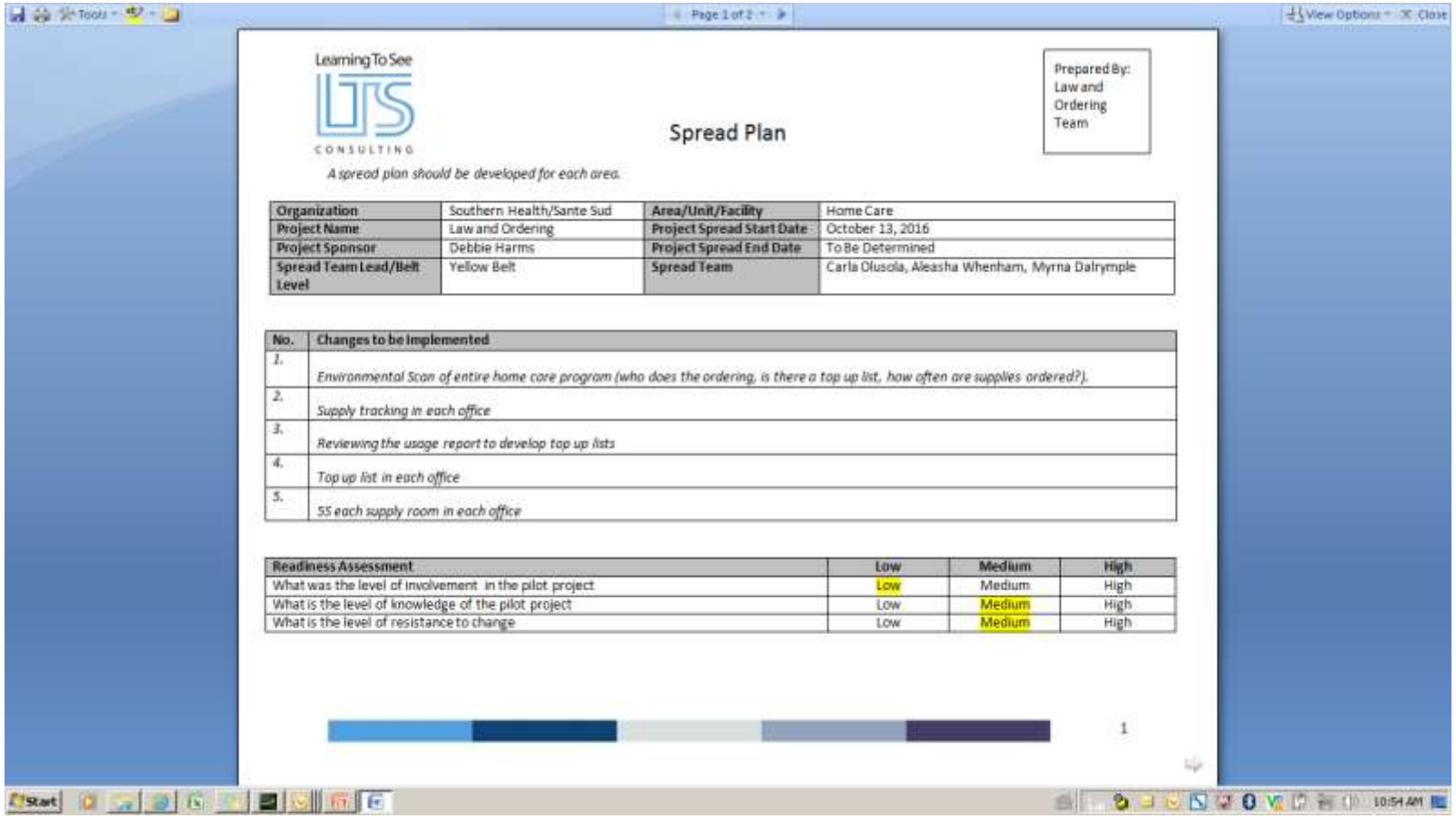
# Spread Plan



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Prepared By: Law and Ordering Team

## Spread Plan

*A spread plan should be developed for each area.*

| | | | |
|---|---|---|---|
| **Organization** | Southern Health/Sante Sud | **Area/Unit/Facility** | Home Care |
| **Project Name** | Law and Ordering | **Project Spread Start Date** | October 13, 2016 |
| **Project Sponsor** | Debbie Harms | **Project Spread End Date** | To Be Determined |
| **Spread Team Lead/Belt Level** | Yellow Belt | **Spread Team** | Carla Olusola, Aleasha Whenham, Myrna Dalrymple |

| No. | Changes to be Implemented |
|---|---|
| 1. | *Environmental Scan of entire home care program (who does the ordering, is there a top up list, how often are supplies ordered?).* |
| 2. | *Supply tracking in each office* |
| 3. | *Reviewing the usage report to develop top up lists* |
| 4. | *Top up list in each office* |
| 5. | *5S each supply room in each office* |

| Readiness Assessment | Low | Medium | High |
|---|---|---|---|
| What was the level of involvement in the pilot project | Low | Medium | High |
| What is the level of knowledge of the pilot project | Low | Medium | High |
| What is the level of resistance to change | Low | Medium | High |

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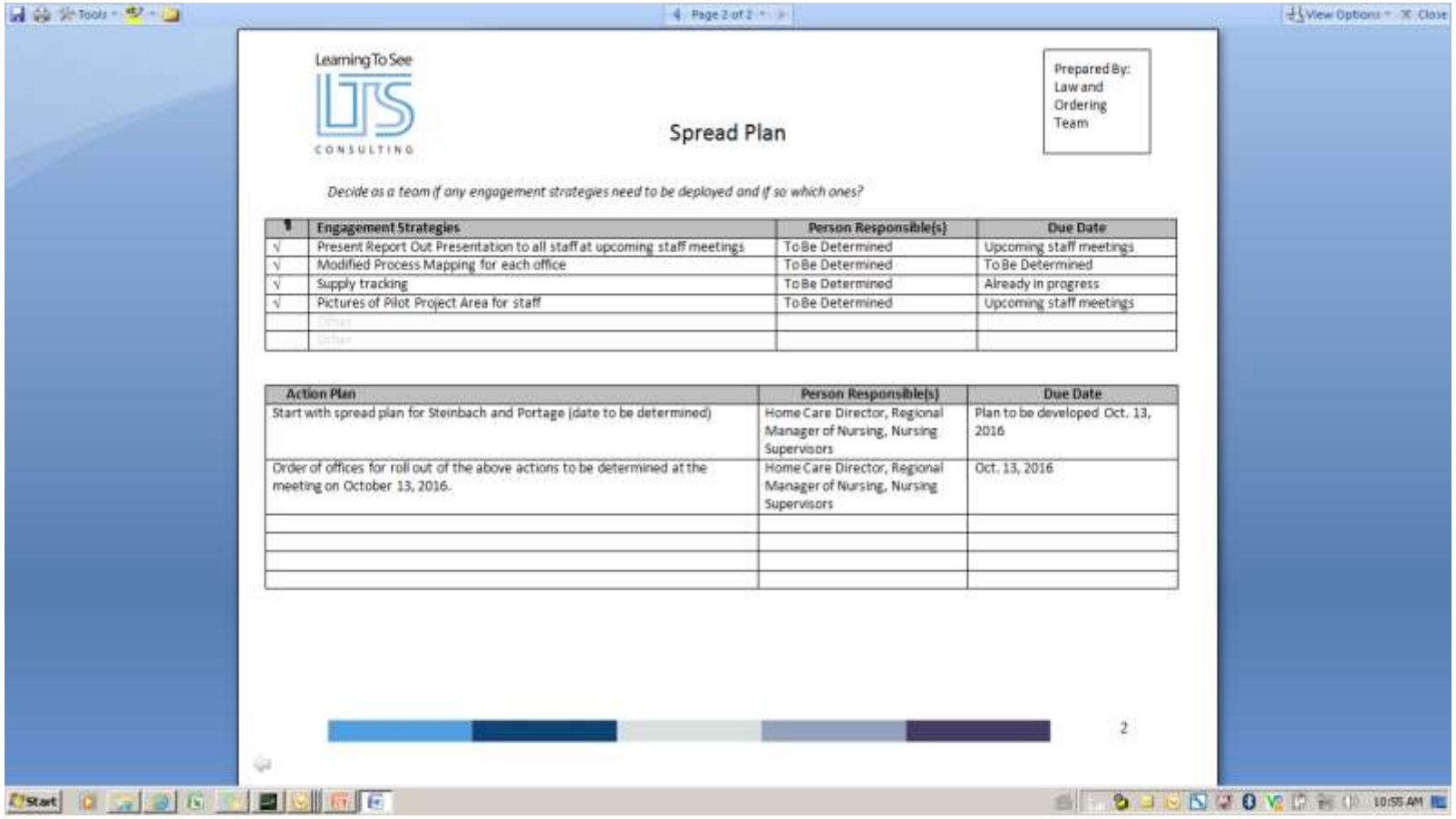
# Spread Plan



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Prepared By:
Law and Ordering Team

## Spread Plan

*Decide as a team if any engagement strategies need to be deployed and if so which ones?*

| | Engagement Strategies | Person Responsible(s) | Due Date |
|---|---|---|---|
| √ | Present Report Out Presentation to all staff at upcoming staff meetings | To Be Determined | Upcoming staff meetings |
| √ | Modified Process Mapping for each office | To Be Determined | To Be Determined |
| √ | Supply tracking | To Be Determined | Already in progress |
| √ | Pictures of Pilot Project Area for staff | To Be Determined | Upcoming staff meetings |
| | | | |
| | | | |

| Action Plan | Person Responsible(s) | Due Date |
|---|---|---|
| Start with spread plan for Steinbach and Portage (date to be determined) | Home Care Director, Regional Manager of Nursing, Nursing Supervisors | Plan to be developed Oct. 13, 2016 |
| Order of offices for roll out of the above actions to be determined at the meeting on October 13, 2016. | Home Care Director, Regional Manager of Nursing, Nursing Supervisors | Oct. 13, 2016 |
| | | |
| | | |
| | | |
| | | |

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# Control Plan

**Fundamental Change:**

- Moved the storage area to a different area. It is owned by home care in terms of maintaining the space and ordering. No one else has access.

**Visual Control:**

- Labeling of supplies for each bin is in place.
- Future control that can be implemented: Cost of each supply on the label. Take a picture of what the closet should look like and post it on the door. Could put pictures of individual products on the bin. Kanban system or flags to identify when a product requires re-ordering.

**Standard Work:**

- Top up list with minimums and maximums. Written process for ordering supplies and maintaining the supply space.
- Future control: Ensure that labels are regularly checked and updated.

**Training:**

- Incorporate the procedure that was established in orientation of new staff.

**Continue To Measure:**

- Future control: Point in time audits of the space. Periodic evaluation of top up list, minimums, maximums and usage reports incorporating evidence based products.

**Audit:**

- Future control: Audit of the space once a month to see if all products are in their correct spots

**Checklist:**

- Top up lists.
- Sign out sheets.

**Policy and Procedure:**

- Procedure established; 7 days of supplies taken in to homes; Supply ordering process

**Written Sign**

- Labeling of supplies.



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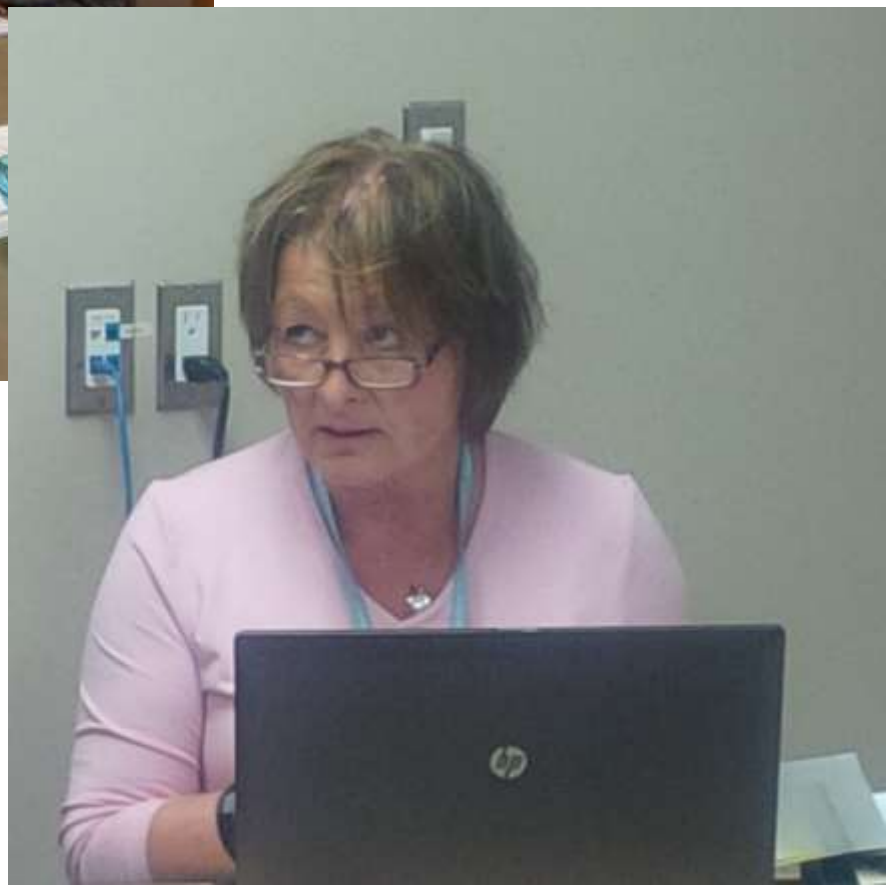

7/14/2017

# The Team!

*Lisa Breland,*
*Bev Hamm,*
*Myrna Dalrymple,*
*Carla Olusola,*
*Nicole Comte,*
*Claudette Dupasquier,*
*Michelle Dequier,*
*Aleasha Whenham,*
*Kristine Hannah,*
*Debbie Harms (not pictured)*

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