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Patient First Improvement Stories

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PFIS 2022/23

Paediatric Unit

Reducing the number of outstanding discharge summaries

How the Improvement Opportunity was identified

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We identified this improvement opportunity during PFIS wave training, as an improvement aligned to our first driver metric, which we agreed would be discharges.

Discharge Summary management, as part of the wider discharge metric, is key to True North as its putting the patient first and foremost. Ensuring that patients have the discharge summary at point of discharge means that there is no lag in GP's being updated etc.

Our Problem Statement

One of the Trust's main targets is to improve patient experience. The discharge process on our unit is not as efficient as it could be.

As of June 2022, we have **376 outstanding discharge summaries**. This has the potential to compromise patient safety and delay new admissions. Also causing extra work for nursing and medical teams on following shifts.

Before Data

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Discharge Summary Completion - 2022

400
350
300
250
200
150
100
50
0

100
276
57
115

01-Jun
04-Jul

During PFIS training, we began to engage our staff with the A3 and problem we had identified.

This engagement of medical and nursing teams had an immediate impact to the numbers, as seen in the July data, however no sustainable process improvement had been created at this stage.

Goal / Target

Goal

To discharge 100% of patients in a timely manner with a discharge summary, TTO’s and any ongoing plan

Target

To only have 30 outstanding Discharge Summaries by end of August 2022

Top Contributors and Root Causes

PROBLEM

Patients leaving ward without TTOs and Discharge Summaries. Why does this happen?

Process of improvement

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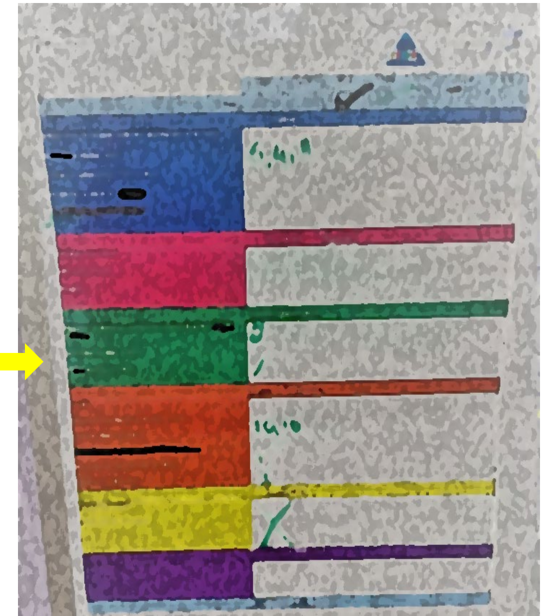
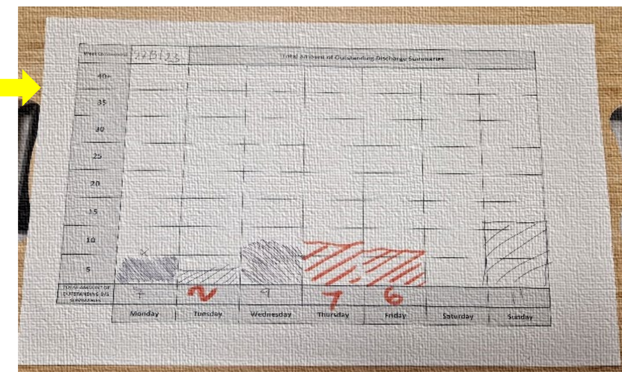
Across 3 months, we provided training to empower nurses not to send patients home without a DS.

To sustain our improvement, we've added the question "how many discharge summaries outstanding?" to our status sheet so it is discussed daily and highlighted when increasing.



Ward manager liaised with clinical director around education for Medical Staff to raise awareness the issue and a teaching session was implemented on induction for the medical staff.

Following the training and support provided, we continued to monitor outstanding DS daily, through our performance board



After Data

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Outstanding Discharge Summaries Total Number

STARTING POINT - JUNE 2022 = 376

For the period of August 2022 - March 2023 data was not being captured routinely. This was higlighted as an issue during A3 work and implemented

Trendline

- In March 2023, a daily discharge summary tracker was introduced on the ward. The data above reflects the sustainability of the improvement following the training and root causing done to understand and reduce the initial backlog.

- Due to the impact of Doctor's strikes in March and April 2023, there was an unavoidable increase in outstanding discharge summaries around this time.

Impact of improvement

Staff

Less time chasing medical staff to complete and taking vast amounts of phone calls from GP's and parents asking why they hadn't received one, GP hadn't been updated so couldn't prescribe more medications etc.

Patient

Easily able to access more medication from GP due to it being received in a timely manner, not having to phone the ward, have copy for school/insurance purposes etc.

Continuous Improvement

Highlighted at Clinical Governance and St Richard's Clinical Director has asked how we have achieved this so they can implement for their site, in response to a similar issue.

Learnings and reflections from our first A3

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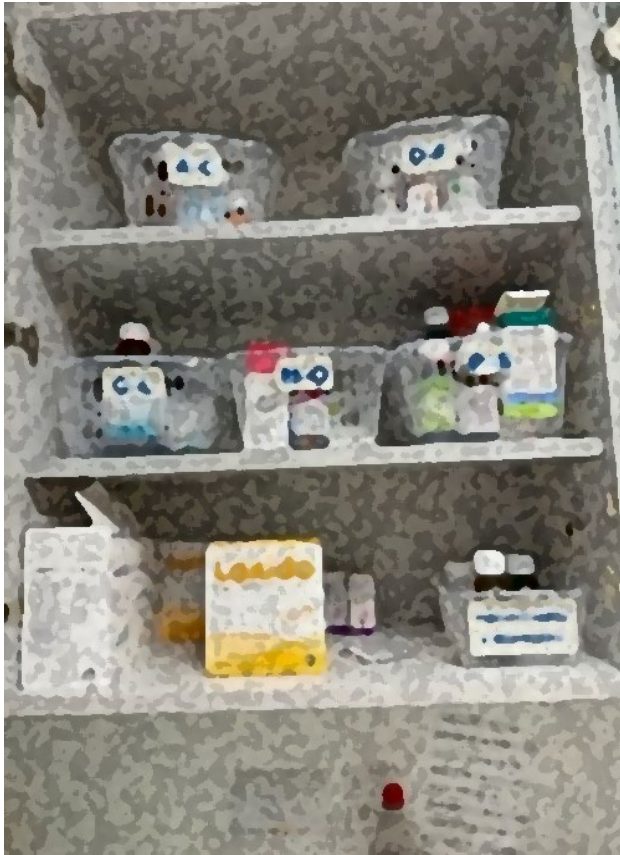
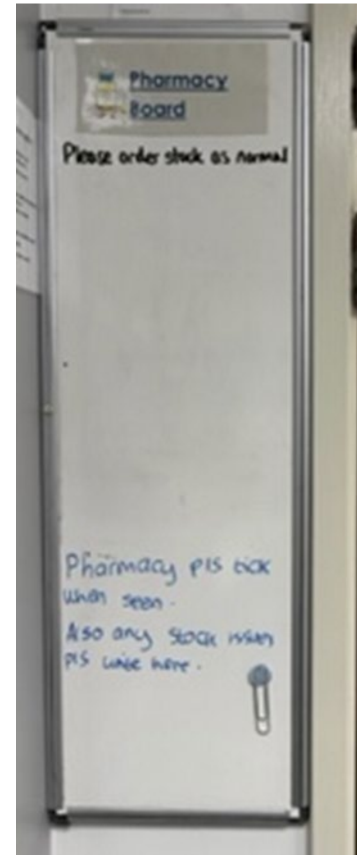
- The problem statement led to the right improvement for the ward.

- Maintaining the improvement was initially harder than anticipated, due to the system change from PAS to Careflow, and constant rotation of medical staff. These changes had an impact on consistency.

Further Improvements and visual management

Drug Room 5S





Colour Coding Observation Machines

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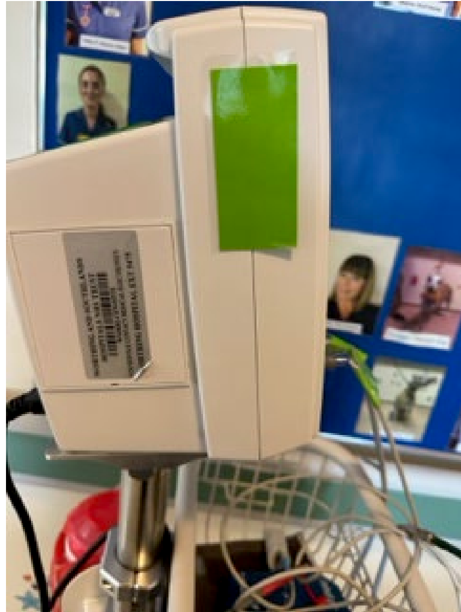

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Cellular Pathology - Patient First

IMPROVEMENT PROJECT NAME : Histopathology Turnaround Times

PFIS Tools: Status Sheet

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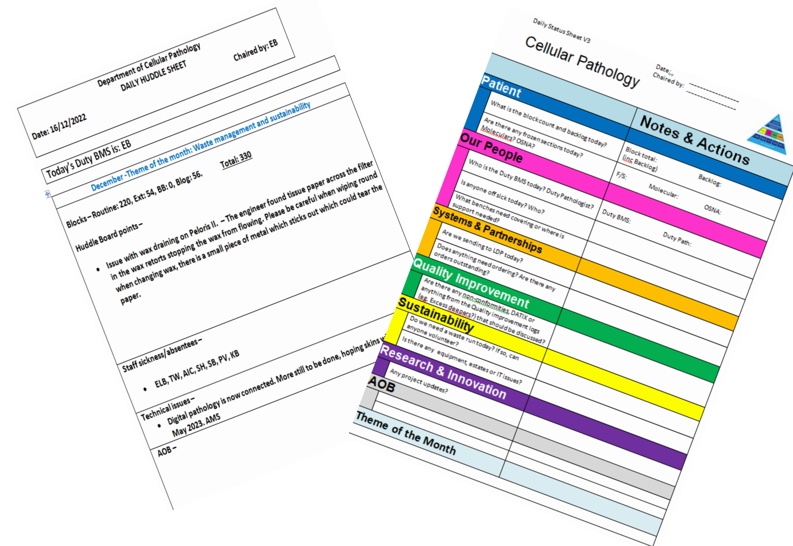
- **Previous** - Daily huddle took place but lacked content
- **Current** - Status sheet document used in daily huddle aligning to Trust objectives and TN
- **Impact** - Improved communication within team and provides Lead BMS succinct information for escalation as part of golden thread. Team at WTG now feel more connected with the team as the huddle is in person as well as over teams



Department of Cellular Pathology
DAILY HUDDLE SHEET
Chaired by: EB

Date: 16/12/2022

Today's Duty BMS is: EB

December -Theme of the month: Waste management and sustainability

Blocks – Routine: 220, Ext: 54, BB: 0, Blog: 56. Total: 330

Huddle Board points –

- Issue with wax draining on Peloris II. – The engineer found tissue paper across the filter in the wax retorts stopping the wax from flowing. Please be careful when wiping round when changing wax, there is a small piece of metal which sticks out which could tear the paper.

Staff sickness/absentees –

- ELB, TW, AIC, SH, SB, PV, KB

Technical issues –

- Digital pathology is now connected. More still to be done, hoping skins w… May 2023. AMS

AOB –

Daily Status Sheet V3

Cellular Pathology

Date:
Chaired by:

	Notes & Actions
Patient	
What is the blockcount and backlog today?	Block total: (inc Backlog) Backlog:
Are there any frozen sections today? Moleculars? OSNA?	F/S: Molecular: OSNA:
Our People	
Who is the Duty BMS today? Duty Pathologist?	Duty BMS: Duty Path:
Is anyone off sick today? Who?	
What benches need covering or where is support needed?	
Systems & Partnerships	
Are we sending to LDP today?	
Does anything need ordering? Are there any orders outstanding?	
Quality Improvement	
Are there any non-conformities, DATIX or anything from the Quality improvement logs (eg. Excess deepers?) that should be discussed?	
Sustainability	
Do we need a waste run today? If so, can anyone volunteer?	
Is there any equipment, estates or IT issues?	
Research & Innovation	
Any project updates?	
AOB	
Theme of the Month	

PFIS tools: Improvement Huddles

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- **Previous** - Staff complete staff suggestion form, but ineffective with little uptake. Staff reflected in appraisals that they weren't listened to around their ideas
- **Current** - Improvement huddles occur twice weekly. Over 20 tickets raised and implemented
- **Impact** - Empowering staff and improved communication of change.

PFIS tools: 5S

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- **Previous** – Space in the lab and admin room hard to come by. Materials to do the job all over the place, hard to locate and hard to manage stock
- **Current** – 2 bin kanban system implemented, place for everything, everything its place and par levels set
- **Impact** – Less time is taken to find stock (~20mins per person) as a quick glance shows where item is. Easier to manage stock and when stock needs to be ordered
- The teams larger stock room is currently being 5S'd and a 2 bin kanban system is being put in place

PFIS tools: Leader standard work

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- **Problem:** Lack of structure and routine especially for new Medical Laboratory Assistants working on rotation at spoke site (Worthing lab). Lots of waste in the process
- **Solution:** Documented process with times to ensure tasks are completed, in order to meet deadline such as cross-site transport.
- **Impact:** Team have set routine activities to ensure the process at WTG is as efficient as possible. Team feel better supported and more engaged

Leader Standard Work
What to Do and When

Time of Task	Frequency	Task Type	Duration In minutes	Task	Value Rating	Comments
08.00 14.00	Daily Daily	Specimen Collection	20-30	Theatre & Endoscopy Run	3	
08.00	Daily	Cut Up Lab based	10	Check & record weighing scales, dry store & cryostat temperature	3	
09.30	Daily	Specimen via Hospital Transport	60	SRH Consultant & BMS dissection	3	
09.30	Wed & Thursdays	Cut Up	10	Set up cut-up bench & assist for Consultant Cut up	3	
11.30 - 12.00	Daily	Collect Red Box		Hospital Transport delivery of Red Boxes from SRH		
11.45	Daily	BTMS Transport	5	Sending Cytology and specimens	3	
13.00	Daily	BTMS Transport	5	Sending Cytology and specimens	3	
13.45	Daily	H&N Transport	10	Send H&N + Colorectal specimens to Brighton Cellular Pathology	3	
14.00 15.00 15.30	Daily Daily Daily	Blocks for Extended Processing Blocks for Routine Processing	10	Send Blocks for processing via BTMS Transport + Cytology and specimens for Cut up	3	
15.30	Daily	Cytology	5	Last Collection except CSF	3	
14.30	Daily	Post	5	Collect Histology Post from	3	
16.00	Daily	BTMS	5	Sending specimens &	3	

Process Standard Work (PSW)

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Duties comprise:
Morning (*7 am start):
- Turn on SPECTRA stainer and top up any reagents if required*
- Stain H&E control & ICC control*
- Receive any samples from specimen reception*
- Book on any samples to ensure they are ready for the rapid run*
- Prepare extra requests if required
- Make sure first rack of slides is on stainer as soon as the control slides have been deemed acceptable

All day:
- Regularly collect and place slides into SPECTRA (~every 20 minutes after QC slides have been checked)
- Deliver coverslipped slides to QC benches
- Collate slides on QC bench
- Regularly collect and place any spare slides in the oven
- Remove slides after 40 minutes and leave to cool before filing
- Unpack deliveries
- Accession check request forms
- 'Scrape' tissue blocks

End of the day:
- Make sure last racks for staining are placed on stainer at 4:00pm
- If there are any slides remaining to be stained after 4:00pm, place in SPECTRA racks to be stained for the following morning
- Once last rack is finished, carry out SPECTRA stainer and coverslipper maintenance
- Prepare extra requests if required
- Replenish distilled water stocks if required

When time is available:
- Assemble block storage boxes
- File away spare unstained slides
- Decant older block and slide storage boxes to laboratory block/slide store
- Assist with waste solvent run
- Discard old unstained spare slides
- Check sharps bins located around the department, discard and replace any full sharps bins

- Process standard work was written to support the new process
- No variation in the process if there is the team get to get to look at non-compliance and adjust standard work as they go
- Standard work is placed at relevant work stations and reviewed on a monthly basis with team involvement

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Childrens Unit Improvement Story

Background

The unit is a 26 bed medical ward comprised of bays and side rooms.

We look after patients from 0-17 years of age and with a variety of conditions including mental health, oncology, diabetes, respiratory issues and metabolic conditions.

We have a ratio of 1:4 (with the nurse in charge being 1:2) so aim to staff to 7 nurses on shift with 1 HCA.

Driver Metric & A3

- Earlier Discharges/Home for Lunch

Problem Statement

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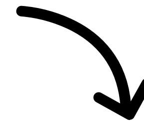
The unit is a 26 bed paediatric medical ward. Currently, the majority of discharges occur after 17:00.

This does not align with the Women & Children divisional driver metric target that the median hour of discharge is to be between 10:00 – 10:59.

The current median hour of discharge on the unit contributes to poor flow through the hospital and increases family frustrations and impacts patient safety. These factors align to the Trust's True North Strategic themes of Patient and Systems & Partnerships.



Median Hour of Discharge -	
Year	2022
Time	17:19

Current Progress..

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Top Contributors Identified:
Length of ward round
Time taken to get TTO written
Pharmacy delays

Identified through data collection/observations and general feedback from team.

Median Hour of Discharge	
Date	Time
January 2023	17:02
February 2023	18:16
March 2023	18:16
April 2023	17:33
May 2023	16:52
June 2023	17:00
July 2023	17:00

Improvements Implemented

Most common drug prescribed on the ward upon discharge is Co-Amoxiclav. We have discussed with Pharmacy and they have agreed that Level 9 can keep the drug on ward and nurses be able to dispense as a countermeasure to Pharmacy delays.
We are awaiting a fridge to be brought up by Integral Estates to store this.
Once in place we will PDSA and note improvements in median hour of discharge.

Median Hour of Discharge	
May	Time
W/C 1st May	16:30
W/C 8th May	16:20
W/C 15th May	16:40
W/C 22nd May	18:00
W/C 29th May	16:50

Improvement in MHD seen in May due to drive from nursing staff to prompt medical team to see potential discharges at beginning of ward round.

Next Steps for A3..

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Implement next countermeasure around Pharmacy delays.
Timely POD medication checks on ward during patient stay so that Pharmacy aren't checking/labelling all of a patient's meds on the day of discharge and contributing to delays.
PDSA.

Await ward fridge to store medication. PDSA and see if this affects the MHD.

Support from Medical Team to implement next countermeasure - look at standardising the ward round in order to make it more productive and address varying lengths.
E.g. see the urgent patients first, followed by the identified potential discharges.
PDSA.

We have found it beneficial to use A3 thinking to approach this project. It has been useful to structure the problem solving to fully understand the issue before looking at countermeasures.

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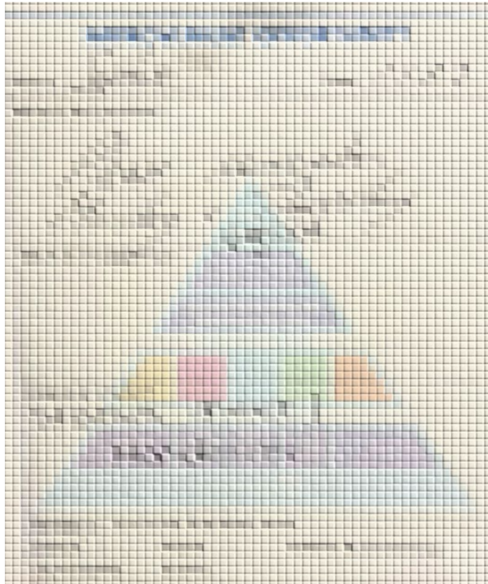
Other Patient First Tools

Status Sheet

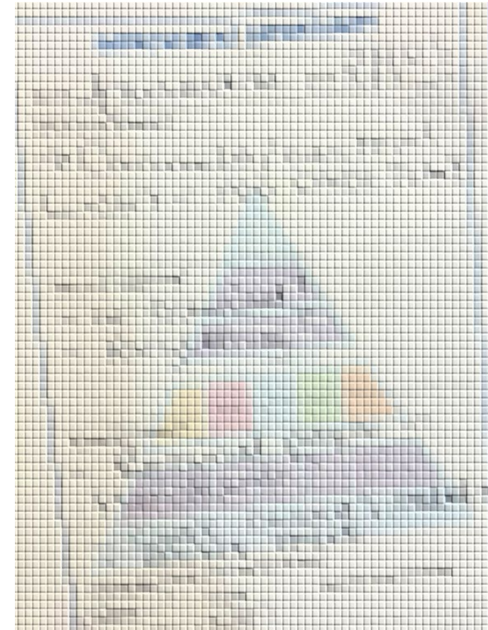
- Our Status Sheet is completed daily at 10:00. We encourage all multidisciplinary staff to attend including pharmacy and the safeguarding team.
- Feedback from staff is that this is a very valuable touchpoint during the morning to discuss discharges, staffing levels as well as identifying learning opportunities for nurses and students.
- Staff have also commented on this during their appraisals.

Improvement Huddles

- We are in the process of bringing our Improvement Huddles back to standard and routinely having them.
- Improvement Huddles have been difficult to implement due to low numbers being able to attend PFIS at the time due to staffing levels.
- Staff have shown interest around the board and we are positive it will bring improvements for staff and patients.



Improvement implemented around regular weighing of patients – added to Status Sheet as a Monday & Thursday question as a prompt.



Improvement implemented around care plans for cannula/central line patients – added to Status Sheet as reminder, also audited to maintain compliance until ensured a standard.

Process Standard Work

Process standard work has been a very valuable asset to the ward. We have created these for parent teaching of administering buccal midazolam, BM teaching and taking a group and save.

These have enabled staff to undertake these tasks independently and feel confident in doing so. This saves the clinical educator and nurse in charge time on a busy shift and supports quicker discharges.

Observations and Feedback on PFIS

What went well?

- **5S** –
  - We were able to disperse surplus uniform that we found to other departments such as CED - a uniform ordering cost saving.
  - We removed anything no longer needed and keep a better track of stock levels.
  - This also saves time for staff that go in looking for certain uniform in certain sizes

BEFORE 5S

AFTER 5S

A3 Thinking - Learning A3 thinking and how we can use it to best approach our discharges project

Time and space away from the ward to learn and think about how we can implement the tools.

What could be better?

- The challenges of PFIS were, and still do continue to be, getting engagement from staff. Nursing staff have engaged with some of the tools however, we feel if we had been able to get more staff to attend it would have increased this. Unfortunately, due to staffing levels at the time, we couldn't release more than we did.
- The only thing we think could be better about the training is maybe if the Kaizen Team were able to attend on the ward for some of the sessions as this might have helped improve engagement.