

Paul Monaghan Associates Limited

The Improvement Journey at Wirral University Teaching Hospital

March 5th 2014

Presentation for Today.....

- A quick Introduction
- The Challenges faced at Wirral
- How to achieve the vision?
- WEHS and the 5 year plan of improvement
- Infrastructure to support WEHS and key activity
 - Rapid Process Improvement Workshops
 - Leadership Training
 - Model Wards
- Lessons Learned
- Key results
- Q & A

A Very Quick Introduction

Paul Monaghan
Managing Director



- An Operational Improvement professional with expertise in the design & delivery of large scale Lean transformation programmes
- 13 years in Management Consulting, both Nationally and Internationally across a wide range of sectors

Management Experience

Kaizen Institute Consulting Group: Senior Consultant

Wirral University Teaching Hospital: Deputy Director of Improvement

The Manufacturing Institute: Head of Client Services

Cranfield University: Consultant and Lecturer

BICC Cables: Group Improvement Manager

Unipart Industries: Kaizen Engineer

Education

MSc Operations Management: Nottingham University

BEng (hons) Manufacturing Systems Engineering: Salford University

A little bit about the hospital...

- Operating Income of C£300m (2012/13)
- 6000+ staff
- Serve a local population of 400,000 people
- In 2008/09 named 'best large acute hospital' outside of London in Dr Foster Good hospital guide



On a daily basis they....

- Provide 1,300 Outpatients appointments
- Admit 255 patients into A & E
- Perform 120 day case and 35 elective operations
- Serve 5,200 patient and visitor meals
- Deliver 10 babies into the world!

The Drivers for Change

We were faced with some serious challenges...

Increasing demand for care

Increasing age profiles
Increasing life expectancy
Demand for the best treatments
Effective use of capacity

Improving the quality of care

Access to hospital
Infection rates
Medication errors
Waiting times
Length of Stay

Any
qualified
provider

Staff shortages

Low staff morale
Poor working environments
Absenteeism and sickness

Budgetary pressure

The need to do more with less
CIP targets
PBR
QIPP's

'Healthcare providers must become
more efficient – not if, but when'

Gershon review - 2004

The Challenge at a Hospital Level

- Conflicting strategies
- Barriers to flow at every stage of the patient journey
- Services designed around the provider, not the patient
- Lack of process standardisation
- Many stakeholder groups and sub-cultures
- Lack of joined up process thinking
- Non-value adding activity makes it hard to add-value
- Inappropriate measures and targets
- Lack of root cause problem solving
- Improvement was someone else's job

The Vision – but how to get there?

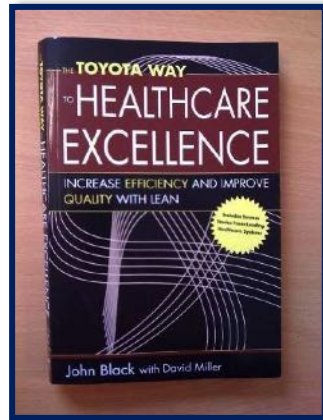


Where the Journey Began...

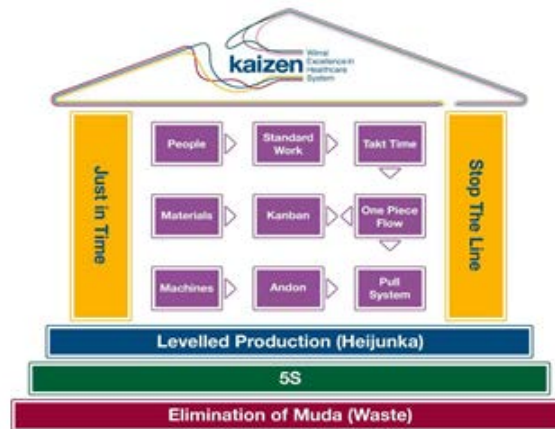
2008



Len Richards - CEO

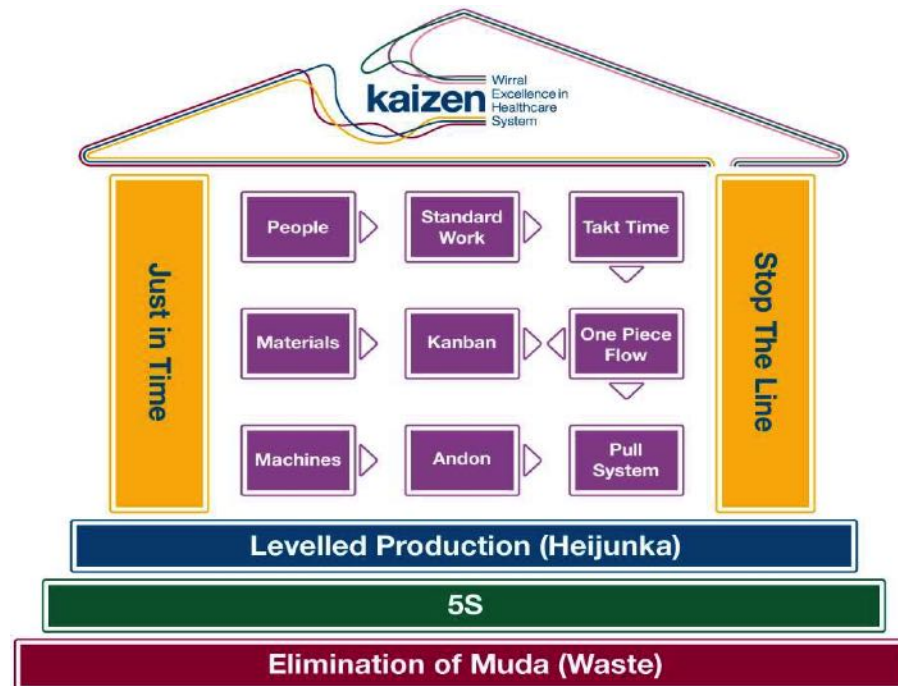


Christina Saint Martin

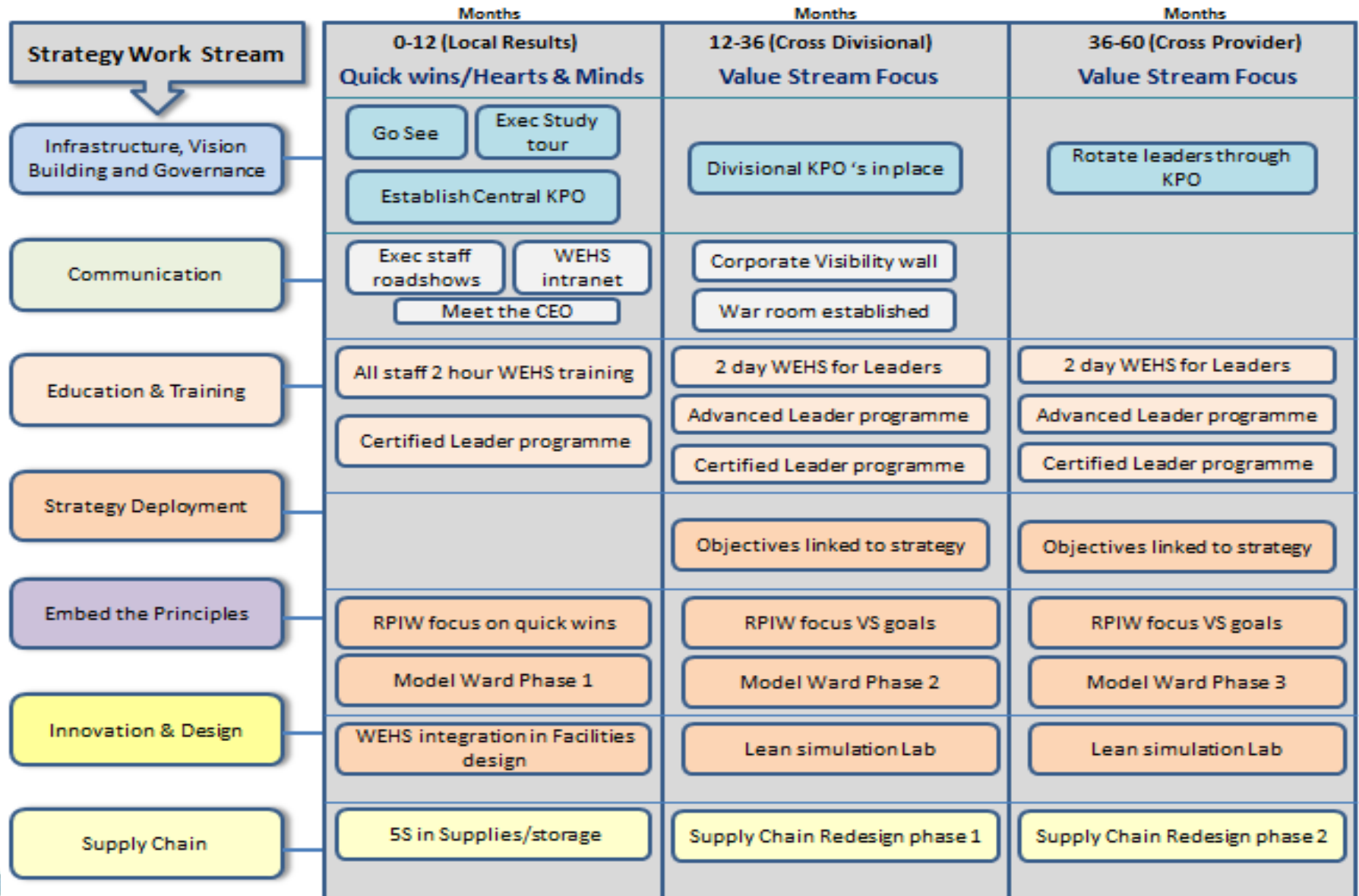


Wirral Excellence in Healthcare System - WEHS

- An operating philosophy based directly on TPS principles
- An Enterprise Wide Transformation Model
- The System to help deliver the trust vision
- Focused on putting the patient first



WEHS 5 Year Strategic Plan



Healthcare Paradigms

There were many challenges to overcome

Traditional thinking

- Provider First
- Waiting is OK
- Errors are to be Expected
- Add Resources to solve problems
- Standardisation is impossible
- Reducing cost
- Management don't need to be visible
- We don't *really* have to change

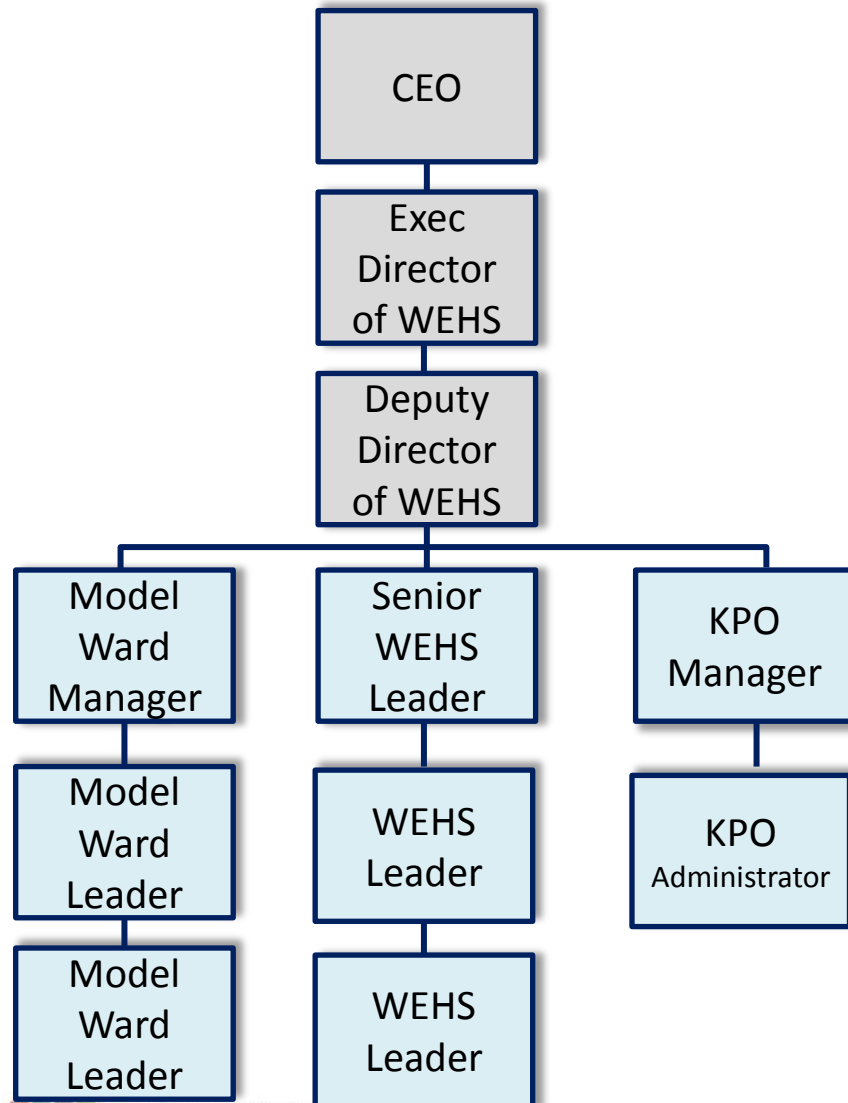
WEHS thinking

- Patient First
- Waiting is not OK
- Defect-free Medicine
- Utilise fully existing resource
- Standardisation is desirable
- Reduce Waste
- Management at the Gemba
- We Have **No** Time to waste!

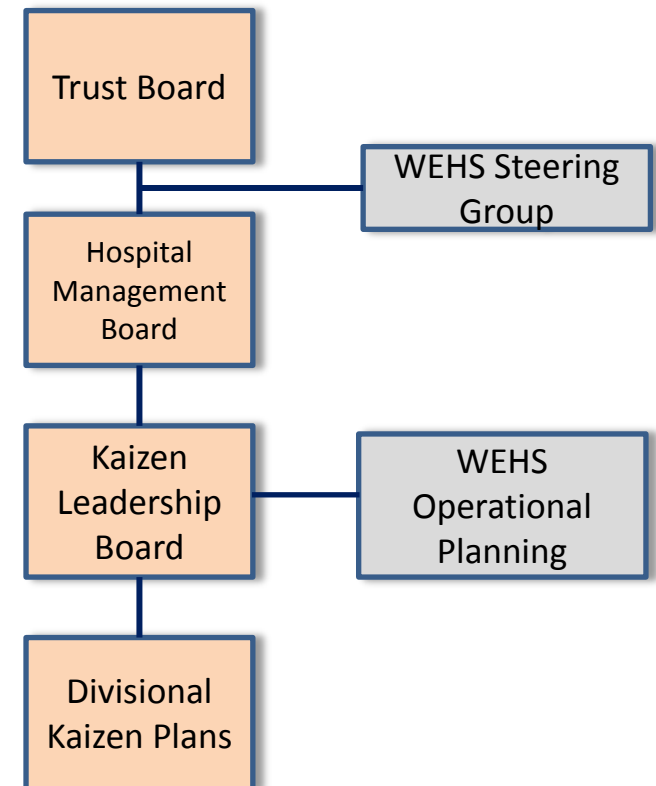
We don't make cars – We treat patients!

WEHS Infrastructure – The Kaizen Promotion Office

Operational Structure



Governance Structure

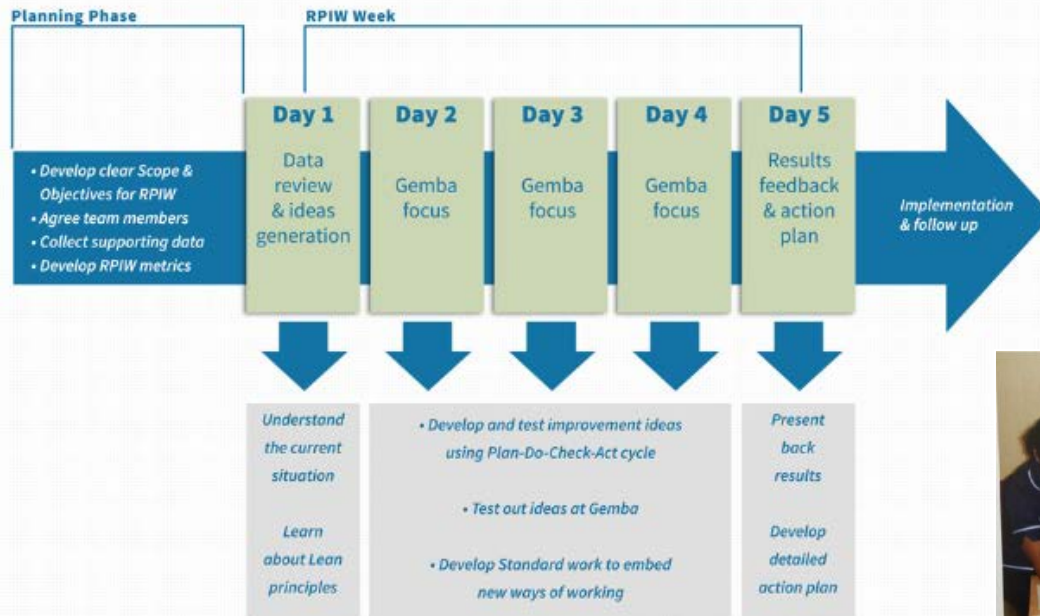


The Kaizen Promotion Office (KPO) – The Role

The KPO was responsible for:

- Leading the Implementation of WEHS Principles throughout the Trust, through RPIW's
- Teaching and coaching all 6000 staff in WEHS
 - Certified Leader training/Advanced Leader Programme
 - WEHS for Leaders training
 - Staff induction
- Ensuring alignment of RPIW to trust goals
- Working with local Operations to ensure sustainment
- Capturing 'Everyday' Lean ideas and act upon these with local leadership
- Tracking and reporting Improvement metrics

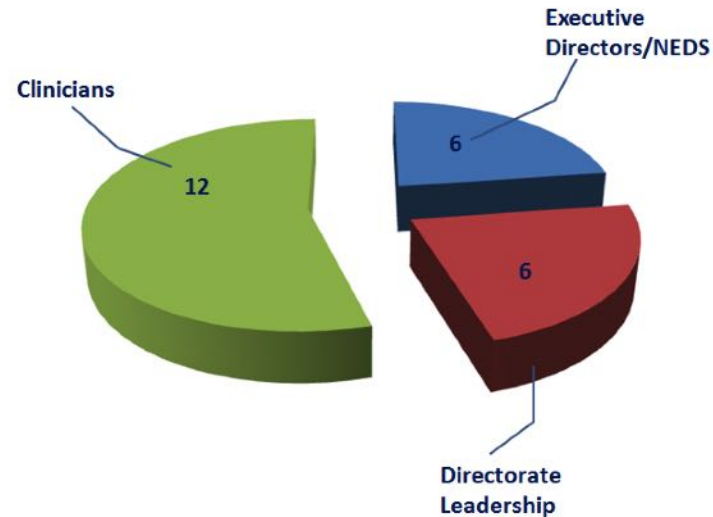
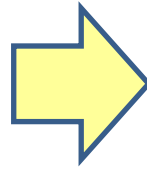
KPO – Rapid Process Improvement Workshops



Year 1 and 2 activity included

- * TTH Meds
- * Medical records
- * Goods receiving/ward delivery
- * A&E Minors layout
- * CDU/MAU flow
- * Model Ward rounding
- * MRI Utilisation
- * Complex Discharge process
- * Accounts payable
- * Antenatal booking process
- * Ophthalmology clinic utilisation
- * Endoscopy clinic redesign
- * Clinical coding
- * Theatre set-up and turnaround

The KPO – Certified Leader Training



- 8 full days of training in Lean/TPS
- Written exam and 30 minute presentation
- Sign up to participate in 2 and lead 2 RPIW's in first year
- Champion WEHS in own areas
- Participate in 2 best practice visits

The KPO – Model Ward Development

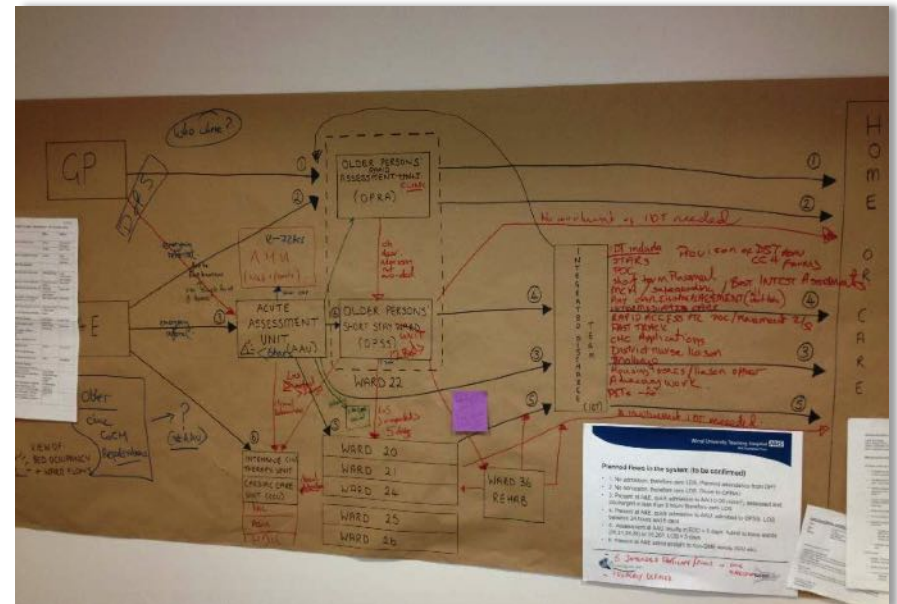


Year 3 – Focus on System Level Improvement

Improve the care & recovery of patients out of hospital

Improve the Delivery of Unplanned care

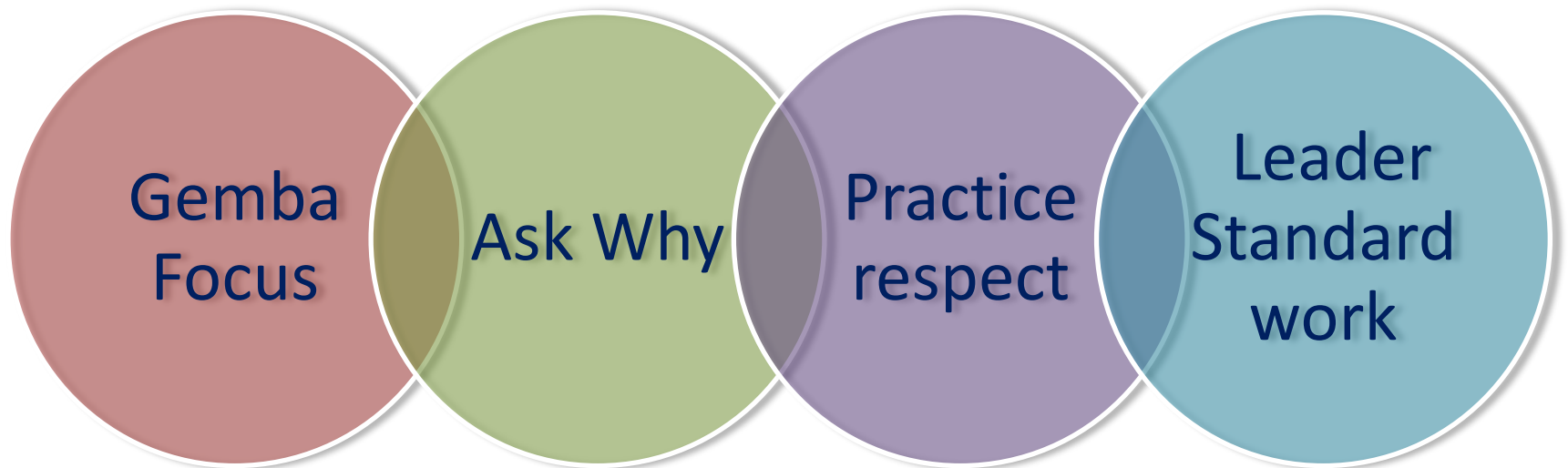
Improve the Delivery of Planned care (Elective Surgical Pathway)



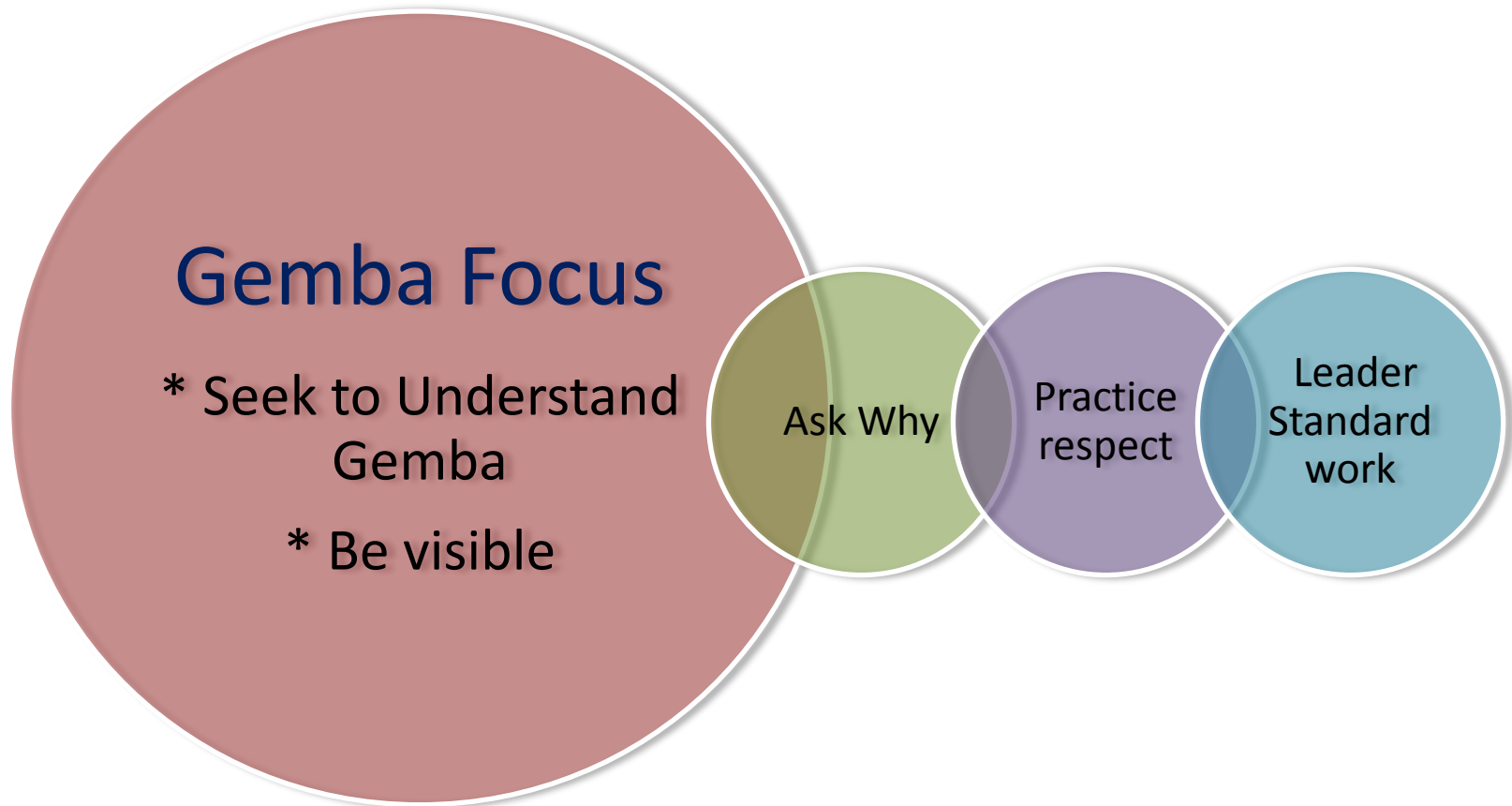
What We Learned Along The Way

1. System Thinking is key
2. Leadership Behaviours drive culture
3. Leadership Participation is vital
4. You need to communicate the 'need'
5. Conflicting Business Metrics cause problems
6. Be really explicit about benefit/results
7. Free up time for improvement
8. The Quit point is real!
9. De-Mystify the language without compromising the principles
10. Understand the Voice of the Patient!

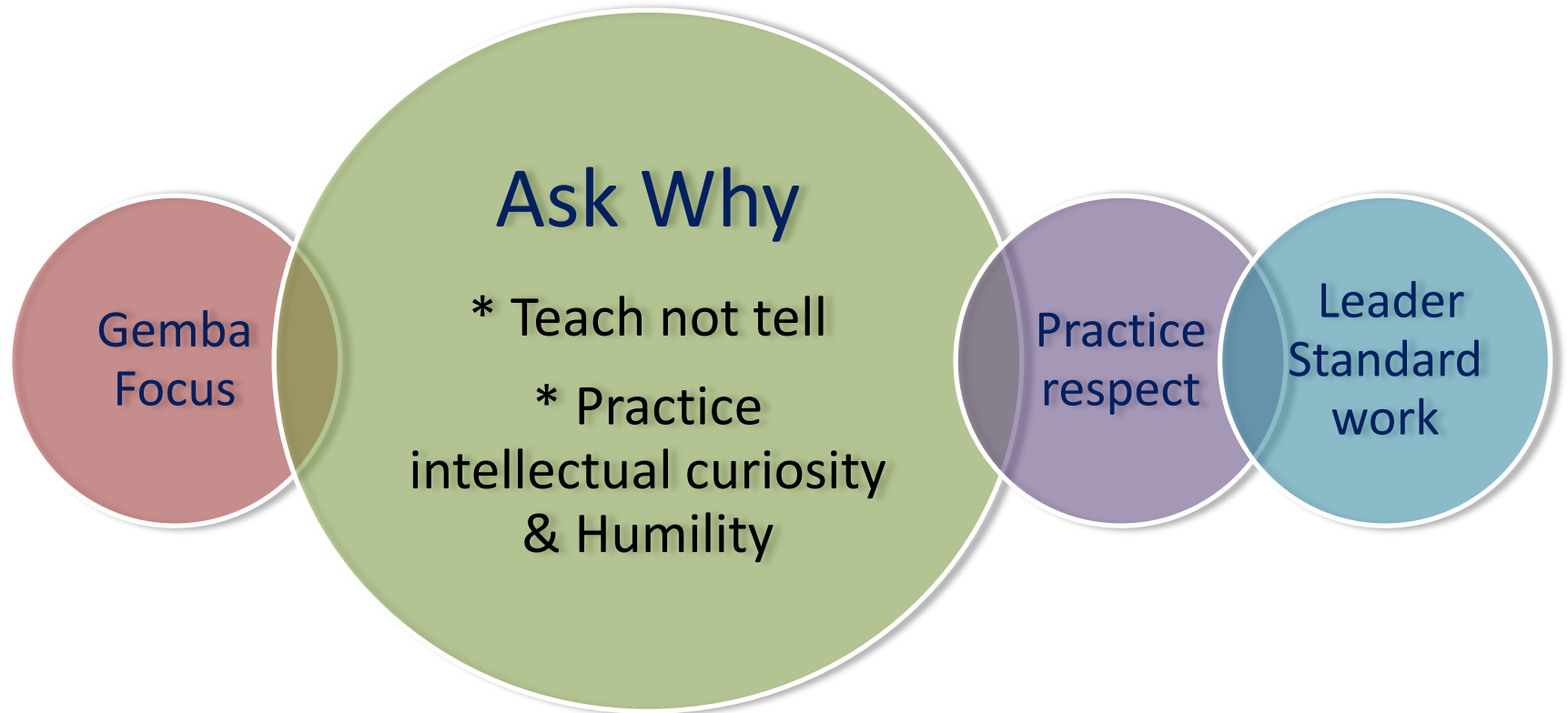
4 Important Leadership Characteristics that Help



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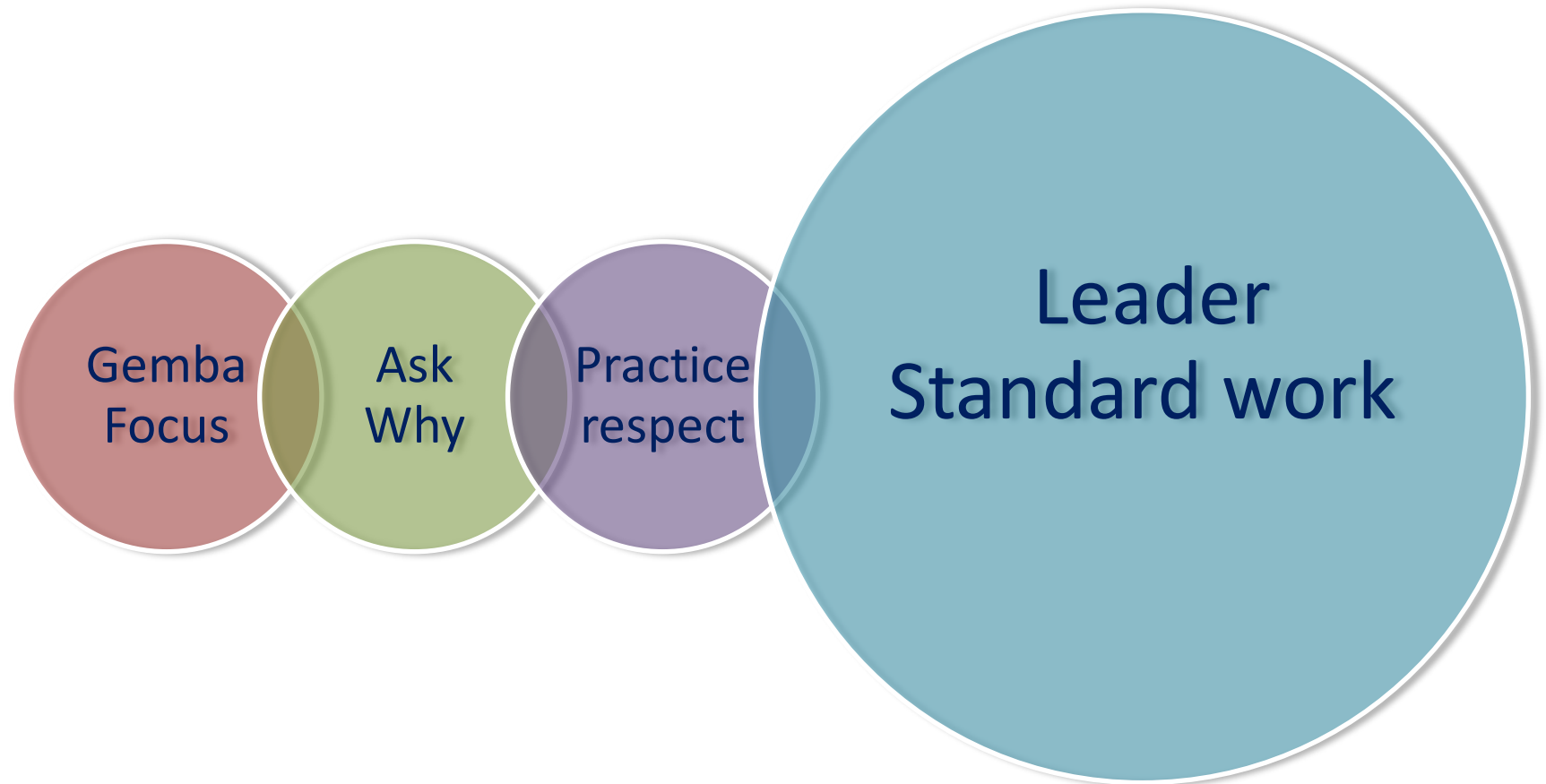
4 Important Leadership Characteristics that Help



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There are 4 really important Leadership characteristics that need to be practised

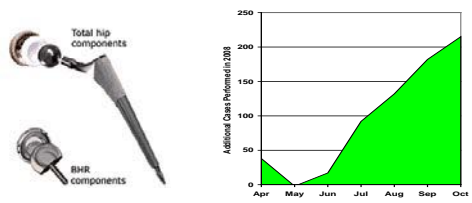


Top Level Results 2011/12

Operational Performance

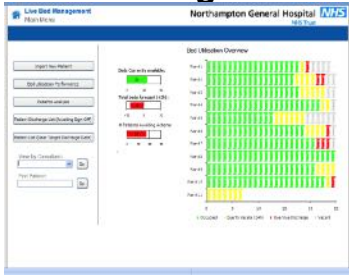
Utilisation of Assets

Theatres and Procedure Rooms
Utilisation increase worth £1.4m p.a.



Resource Planning

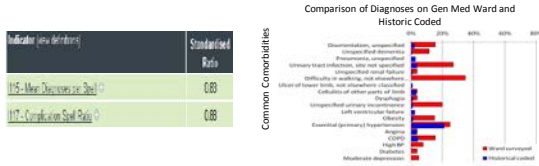
Bed Management



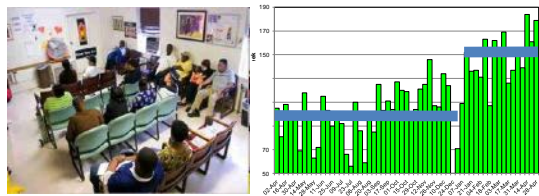
Financial Performance

Costs and Revenue

Increased Coding Revenues
£1.6m p.a. increase in revenue by recoding comorbidities

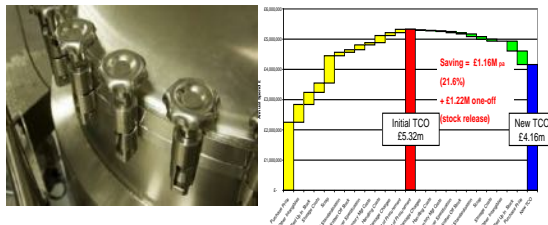


Clinics and Outpatients
20% increase

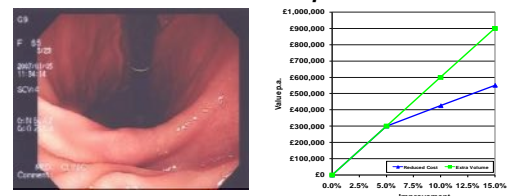


Far better patient experience!

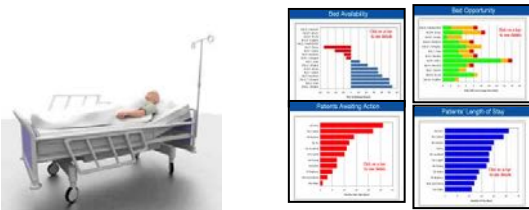
Procurement
£1.1m cash plus 7% reduction



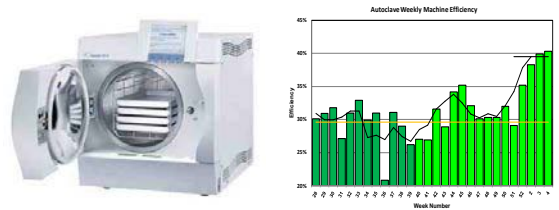
Services and Diagnostics
£425,000 p.a.



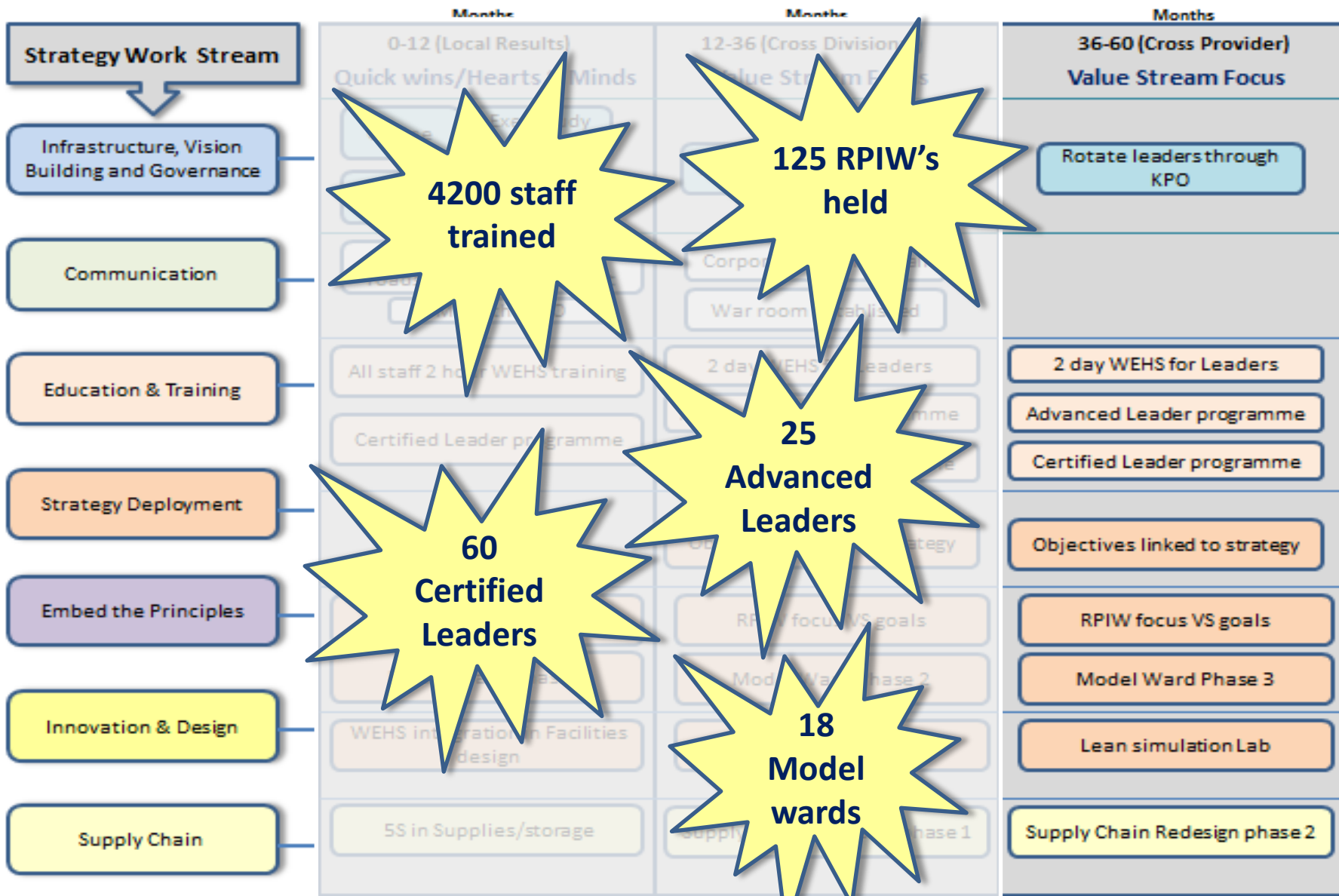
Length of Stay
£725,000p.a.



Capex Reduction
£1m saved on facility costs



What Next?



Thank you

Q & A

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