

Lean in District Nursing



From Possibility...

BACKGROUND

City Health Care Partnership Community Interest Company (CHCP) became the provision delivery arm of Hull Primary Care Trust in November 2008, delivering health care services such as district nursing, sexual health services and health visiting, with this list continuing to grow. CHCP became a social enterprise Community Interest Company (CIC) on June 1st. 2010. There are many changes associated with becoming a CIC, one of which is that they will be operating in a competitive environment and will have to demonstrate value for money to the commissioning arm of the Trust when services are reviewed.

After an initial meeting with the CHCP Senior Management Team (SMT) in late 2009 looking at how the use of Lean tools could make CHCP more competitive and delivery better quality services, we were invited to complete a mini Lean diagnostic. This mini diagnostic was completed free of charge by Ad Esse consultants and looked at the District Nursing teams across CHCP. Following the presentation of the initial diagnosis in February 2010, we were asked by the SMT to start a full Lean review and implementation across the District Nursing Service. The service operates out of five different offices across Hull.

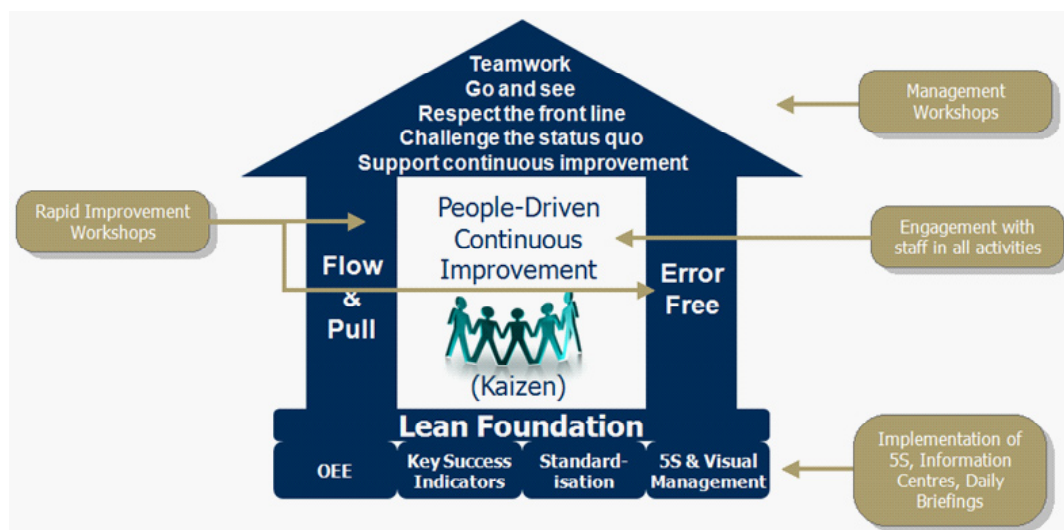
CHCP had four key project requirements. The project had to deliver:

- Improved service delivery & patient care
- Standardisation of practice throughout District Nursing
- Increased capacity could can be taken either as cost savings or re-invested back into service delivery
- Quick wins that could demonstrate the benefits of applying Lean Thinking in CHCP to the SMT and staff teams.

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OUR APPROACH

Ad Esse's approach to Lean Systems Thinking is based firmly on the original Toyota Production System. Although we have adapted this to fit with the environment and realities of public sector organisations, the key to our approach is about balancing top-down service review and redesign and culture change activity with bottom-up engagement of staff in improvement. The diagram below shows how the Lean pilot work in CHCP addressed some of the areas that would be covered in a full Lean implementation.



STEP 1 - DIAGNOSIS

The initial stage consisted of gathering information to assess the 'as-is' picture of activity across the teams. This was achieved by meeting with team managers and by shadowing and interviewing district nurses and admin staff. Using this information, and working with the District Nursing management team, we were able to identify the areas of focus for the subsequent improvement activity.

Key findings arising from the diagnostic were:

- Varied utilisation of the administrative support functions – particularly the secretarial role
- No common or documented approach to caseload management or workload allocation
- Although communication was generally good, it was dependent on individuals taking the initiative
- A sizeable chunk of nursing time was spent on non-value adding activities like stock taking, stock ordering and putting stock away
- Working spaces were limited and the space was not always utilised as effectively as possible
- A backlog of daily activity sheets meant that meaningful or accurate performance data was difficult for managers and staff to obtain.

To Actuality...

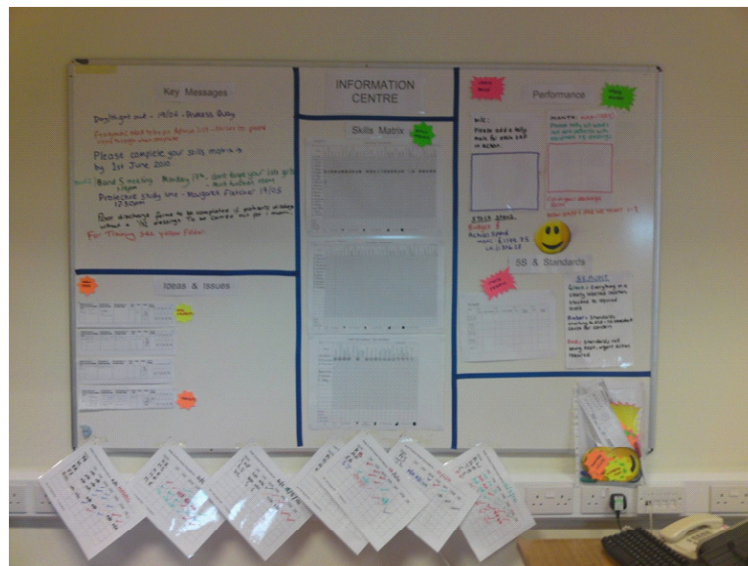
STEP 2 - IMPLEMENTATION

Lean Foundation Activities

The Ad Esse consultant team focused on introducing two key Lean Foundation tools with the District Nursing teams. These were the launching of 5S activity in the office and stock areas, and the setting up of Information Centres and daily briefings in each team area. We held briefing sessions with the Nurses and admin teams to explain both these tools and then set about implementing them in their own work bases.

Information Centres provide a central location for the visual display of key performance data and are supported by daily 10 minute meetings. These are facilitated by any member of staff in rotation. Each base had on average 24 nursing staff, all of whom spend little time at the office. It was agreed that teams would have their briefings at around midday, when most staff return to the office to pick up their messages and supplies for their afternoon patients.

INFORMATION CENTRE



The 5S activity was carried out in the Nursing Offices and stock rooms and involved:

- Clearing out-dated and obsolete stock
- Sharing excess stock around the city locations
- Clearly labelling locations of key items
- Implementation of Kanbans (visual indicators or when to re-order) for paperwork
- Sorting through, and clearly displaying, important and relevant information



BEFORE 5S



... AFTER 5S



Rapid Improvement Workshops (RIWs)

Rapid Improvement workshops are short, focused workshops which get a range of staff involved in improving process performance. We ran two workshops. One looking at 'Stock Ordering and Management' and the other 'Caseload Management'. The RIWs were each four days long and involved groups of approximately 10 members of District Nursing staff from all grades and roles. The teams worked through the current situation and problems. Potential solutions were then generated which were then refined and rolled out with immediate effect.

The main changes were:

Stock Ordering and Management

- Agreement of a standardised process
- 5S activity in stock areas
- "Standard Product List" - The addition of new regularly used items and removal of items not used reduces time spent ordering STOCK AND FINDING where to record stock taken
- Kanbans will further reduce administration time for counting and ordering stock

Caseload Management

- Agreement of standardised processes for caseload management, allocations and weekend allocations
- Standardised materials to support the new process
- Introduction of an audit of the daily contact sheets – through introduction of daily collections via Info Centre
- Margin for re-work reduced by starting the weekend staffing process as late in the week as possible
- Time spent chasing for additional referral information is eradicated through introduction of robust screening at referral stage and implementation of Lean concept 'no error forward'

Management Workshops

Throughout the diagnostic phase and the implementation Ad Esse have run Management workshops involving heads of District Nursing Service and Nursing Managers. These workshops were used to discuss the Lean approach, to agree dates, develop Lean understanding and skills and report on progress.

The Nursing Managers, in particular, have had a very important role in the implementation of all Lean activities, providing support for the teams and taking ownership for implementing changes from the Rapid Improvement Workshops.

STAGE 3 – THE BENEFITS

Within a month of the workshop being completed, all staff across all offices were operating using the new processes and resources. The Information Centres and daily meetings were operational over this period of change and made tracking the improvement activity easier. The backlog of activity sheets had been cleared and accurate data was being recorded.

ACTIVITY AREA	BENEFITS
INFORMATION CENTRES	Improved communications within and across teams Replaces longer, less frequent meetings Supports roll out of changes from RIWs
5S – WORKPLACE ORGANISATION	Less time spent looking for stock and paper work Notices and important information are clear to all in the office
STOCK ORDERING AND MANAGEMENT	Stock levels can be kept at minimum Time reduced for counting, ordering, searching for and putting away stock Reduced time spent typing in the order each week Allows non-nursing staff to locate and place stock
CASELOAD MANAGEMENT	Movement of administrative functions to the secretary role Time reduced allocating patients to Nurses Reduced re-work from allocating work too early Allows anyone to complete the allocations in case of absence Reduction in time wasted chasing paperwork Reduction in errors through not having complete patient information



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MANAGEMENT WORKSHOPS	Managers developed in Lean tools Managers capable of supporting team based activity
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By working together with Ad Esse and developing standardised, improved ways of working across the different offices, CHCP has the capacity to move resource where the greatest need is, to cover staff absence or shortages without the worry of having to induct that member of staff to 'the way we do things in this office'.

There are many benefits to be realised from this Lean implementation. Just taking into consideration the benefits from the RIWs we estimate there is an increased staff capacity of 5% across the district nursing teams (excluding Band 6s) that will occur naturally through improved communications, reduced time searching for stock and paperwork and elimination of duplication in recording of the activity sheets. This is the equivalent of approximately 3 FTE Community Nurses.

The amount of time saved through implementing Lean means that CHCP has the potential to create up to 35% more Band 6 District Nurse capacity which can be used to deliver improved patient care and to provide support to their teams. This is the equivalent of approximately 7 FTE District Nurses.

“Ten independent minded nurses working differently coming together through a process of instruction and discussion and achieving a common goal ably guided by someone with the ability to motivate and guide on a path to reconciliation” – Band 6 District Nurse

“The 4 day workshop facilitated teams of district nurses in coming together and brainstorming current working systems. We were able to standardise ways of working across the city and the process assisted us in reaching consensus.” – Band 6 District Nurse

FURTHER INFORMATION

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