

# Improvement Governance and Sustainability



Health Innovation in Victoria Showcase

Julia Harper, Director Business Improvement

24 February 2010

# The Improvement Journey at MH

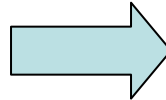
2007 – 2009:

Access Improvements

Range of project areas

Good awareness of the program

Next: Need tangible results, clear framework and education



2009 - 2011:

New framework

Improved governance

Tangible results

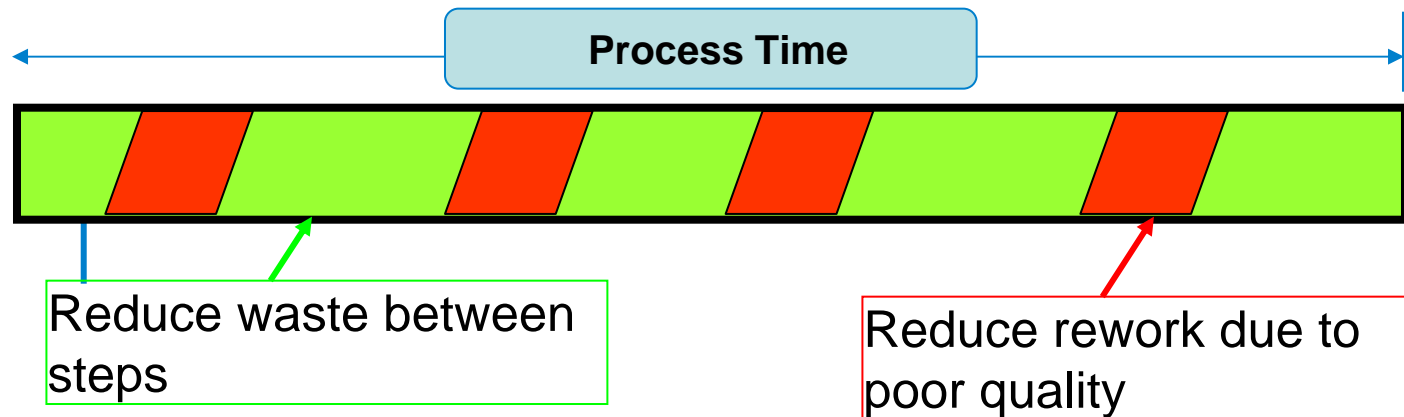
Education program



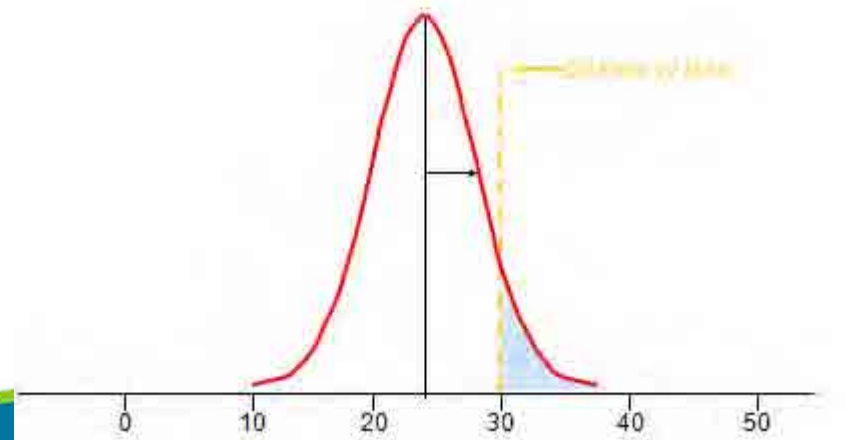
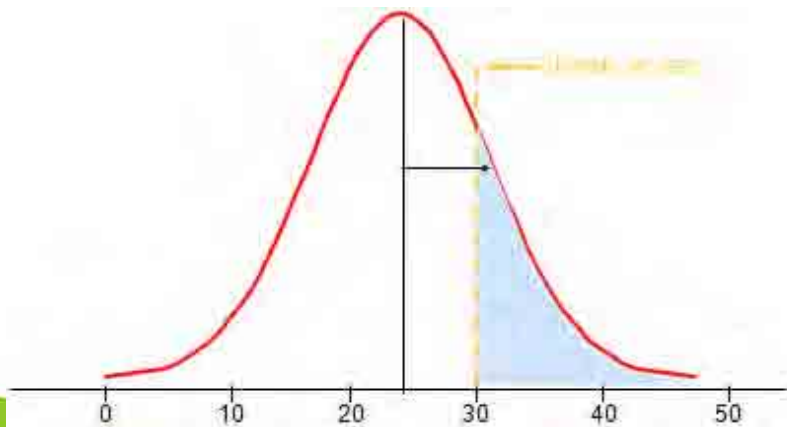
# Improvement Framework

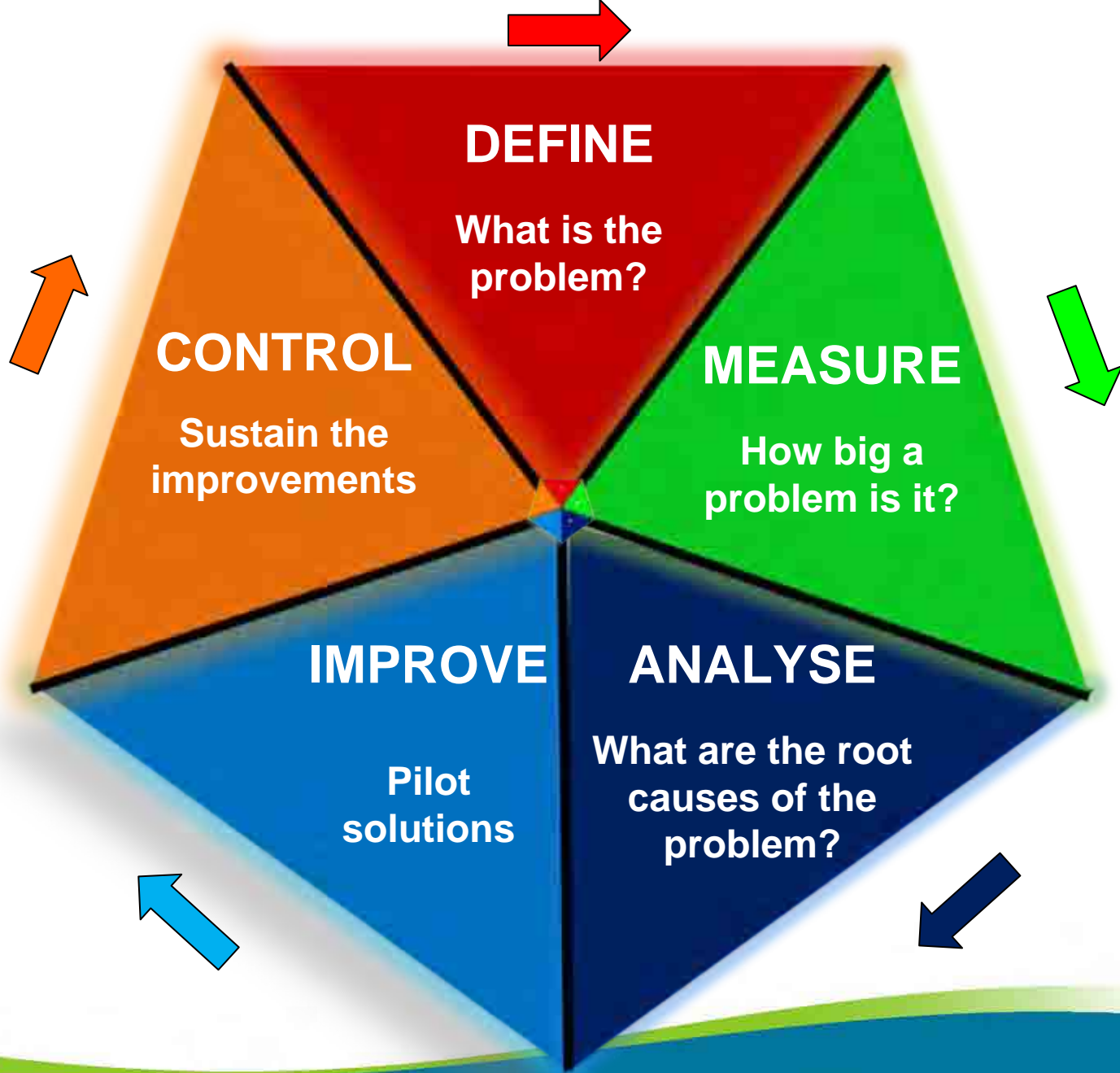


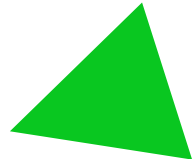
# How does lean six sigma work?



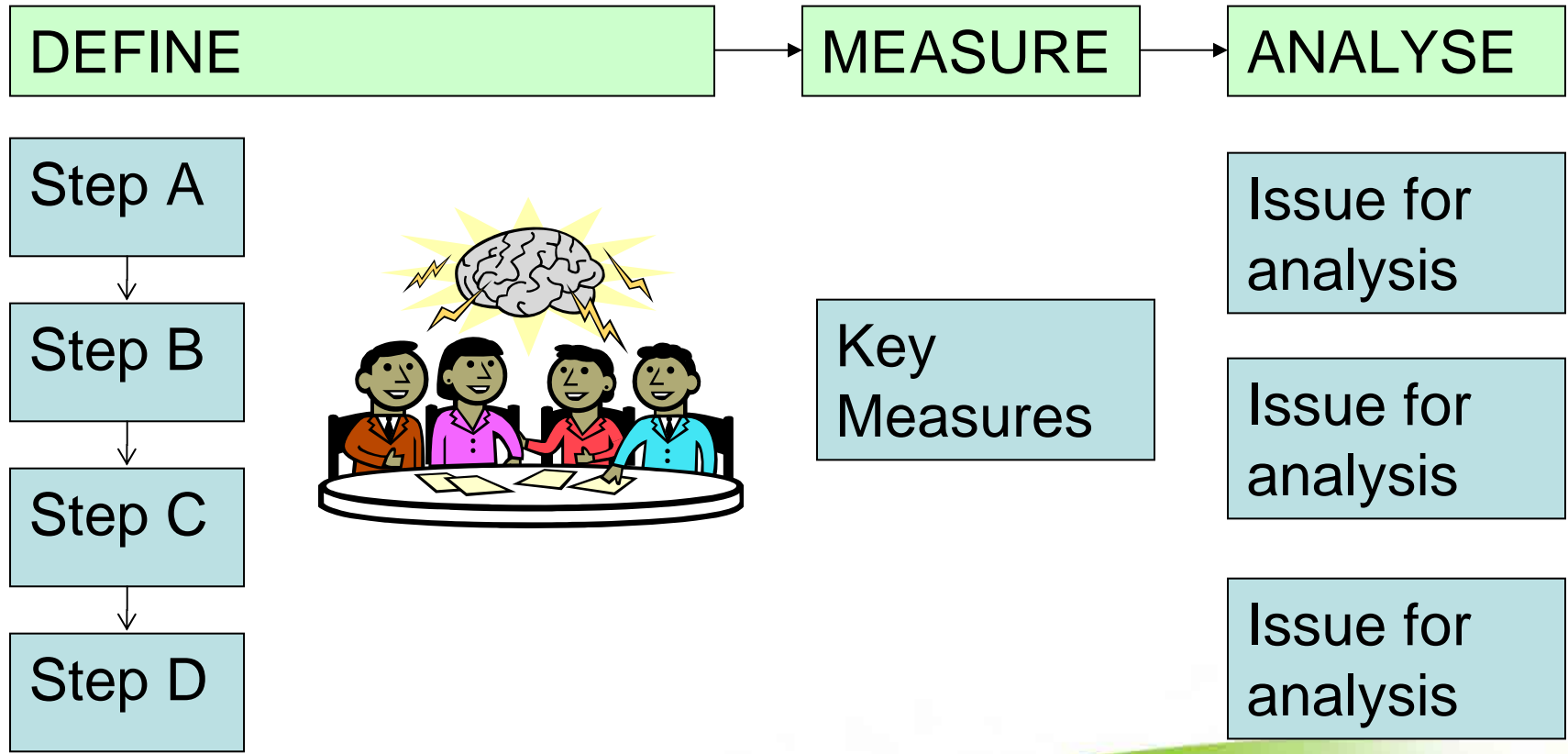
Reduce time, improve quality and reduce variation



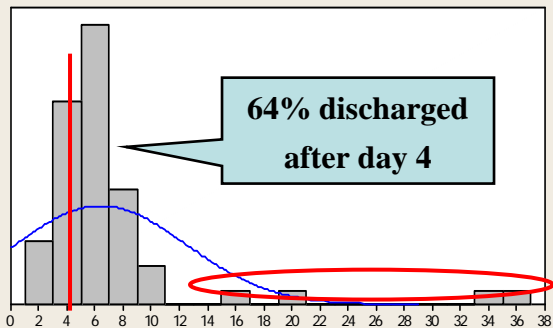




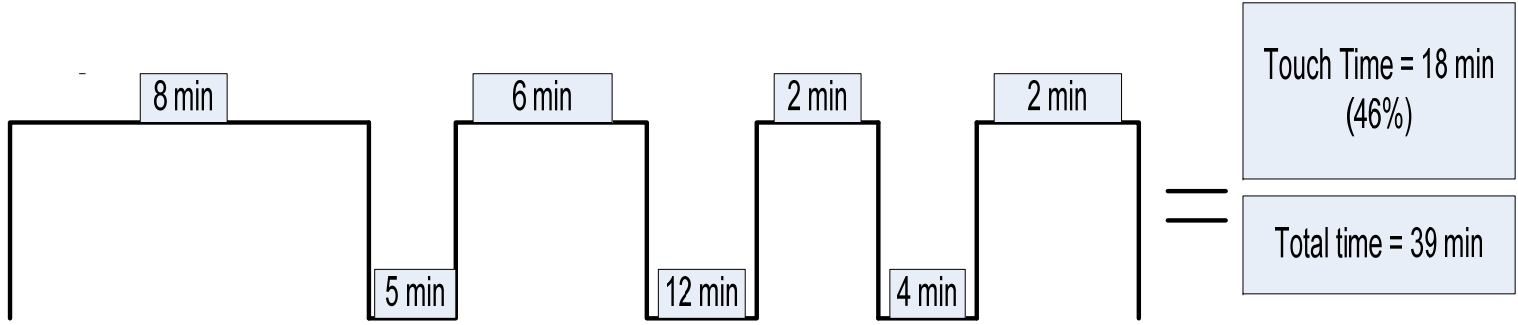
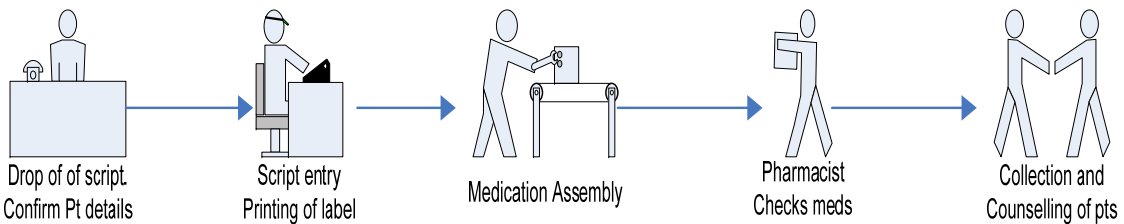
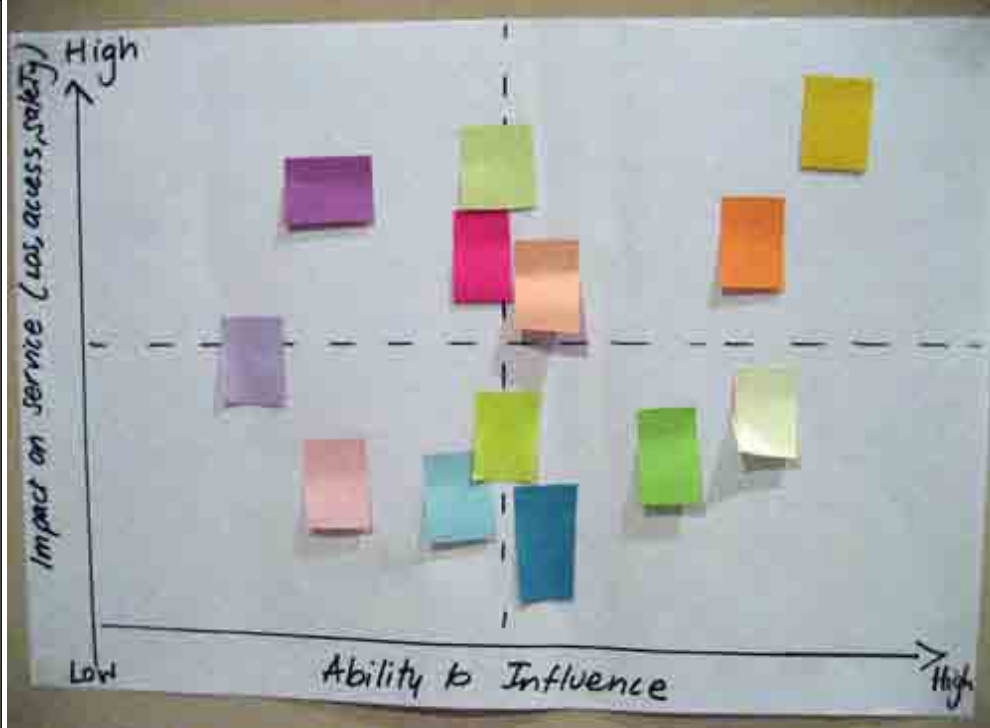
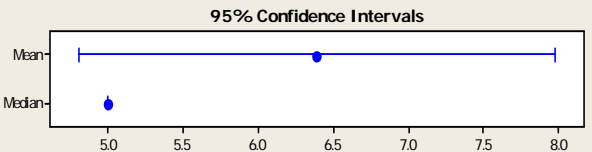
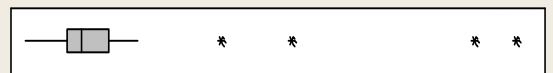
# Measure what your customers said was important



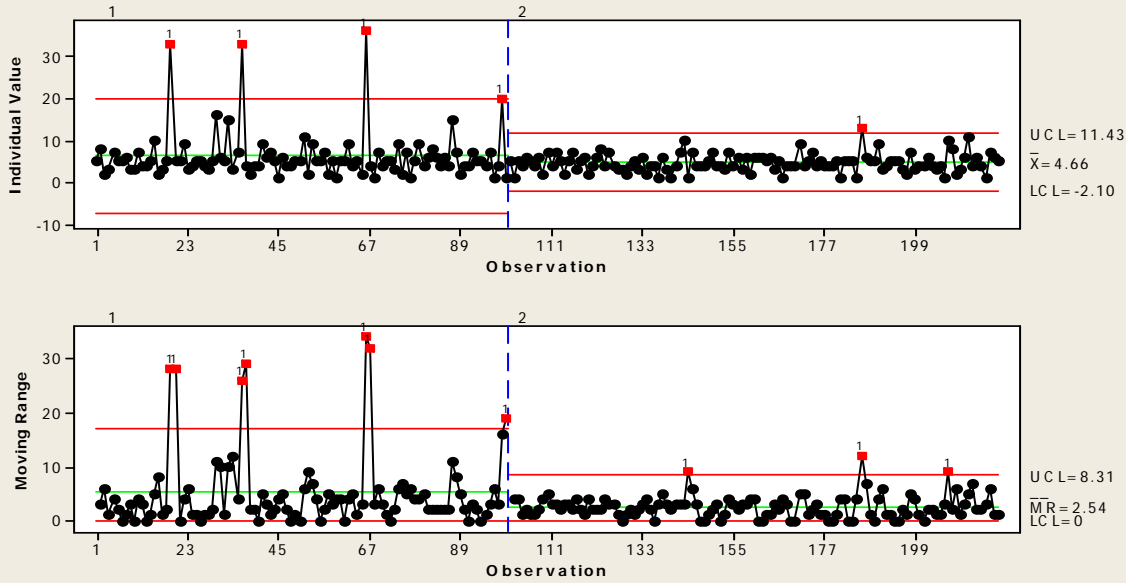
# LOS Steri July -Dec 2008



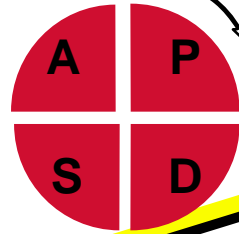
Anderson-Darling Normality Test	
A-Squared	8.83
P-Value <	0.005
Mean	6.3898
StDev	6.0856
Variance	37.0351
Skewness	3.7193
Kurtosis	15.1663
N	59
Minimum	1.0000
1st Quartile	4.0000
Median	5.0000
3rd Quartile	7.0000
Maximum	36.0000
95% Confidence Interval for Mean	
	4.8039 7.9758
95% Confidence Interval for Median	
	5.0000 5.0000
95% Confidence Interval for StDev	
	5.1517 7.4364



I-MR Chart of C1 by practice control



Improvement



Improvement Projects

Quality Continuous Improvement

Lean Six Sigma

Improvement Projects



Define

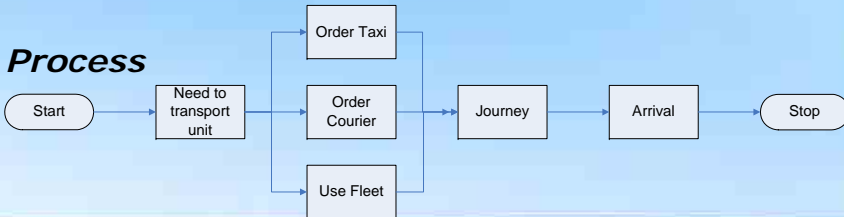
**WHAT WAS THE PROBLEM?**

Melbourne Health spent \$1.9 million on taxis and couriers in 2007/08. We knew that with better coordination across the organisation on use of taxis, couriers and pool cars we should be able to provide a better service at a lower cost.

**Goal**

To provide a taxi a courier service that meets service needs at a lower cost.

**Process**



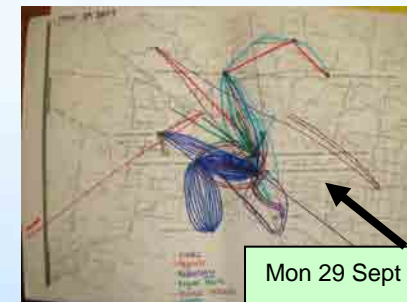
Measure & Analyse

**Baseline Process Performance**

- \$1.9m spend in 07/08 on taxis and internal & external couriers
- 74% spend in pathology, NWMH, ACC, VIDRL and Payroll
- 20,000 taxi journeys a year
- Pool car utilisation 24%

**Root Causes**

- No data
- No monitoring of e-tickets
- No rules on taxi use
- No central responsibility
- Rapid service need
- Inadequate software
- Lack of coordination & communication
- Use of paper timesheets



Mon 29 Sept 2008  
Different couriers are doing the same trips at the same time

**Metric**

- \$ spent on taxis and couriers
- Number of journeys
- Fleet car utilisation

Reduction in courier spend of \$156,000 per year  
Reduction in taxi spend on \$78,000 per year  
Improve fleet utilisation to 40% (ongoing)

**Realised Benefit**

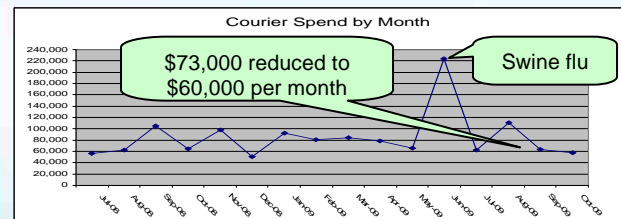
Improve

**WHAT SOLUTIONS DID WE IMPLEMENT?**

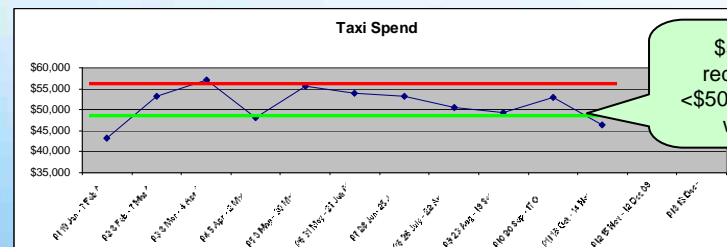
- Couriers
  - Reviewed site and service needs
  - Removed duplicate and unnecessary trips
  - 1107 site stops per fortnight for in-house couriers, path & payroll reduced to 705 (36% reduction)
  - Merged internal couriers into one team
  - Improved OH&S – breaks, hands free, spill kits
  - Improved work practices: run sheets, timings, cover, run rotation, RMH loading dock
- Taxis
  - Piloted e-ticket tracking and data reporting
  - Education re urgent specimens for dialysis, Royal Park and Western
  - Roll-out to rest of MH

Control

**HAVE WE DELIVERED A SUSTAINED CHANGE?**



KPIs reported monthly.  
Quarterly courier run review  
Spot audits of taxi use in depts

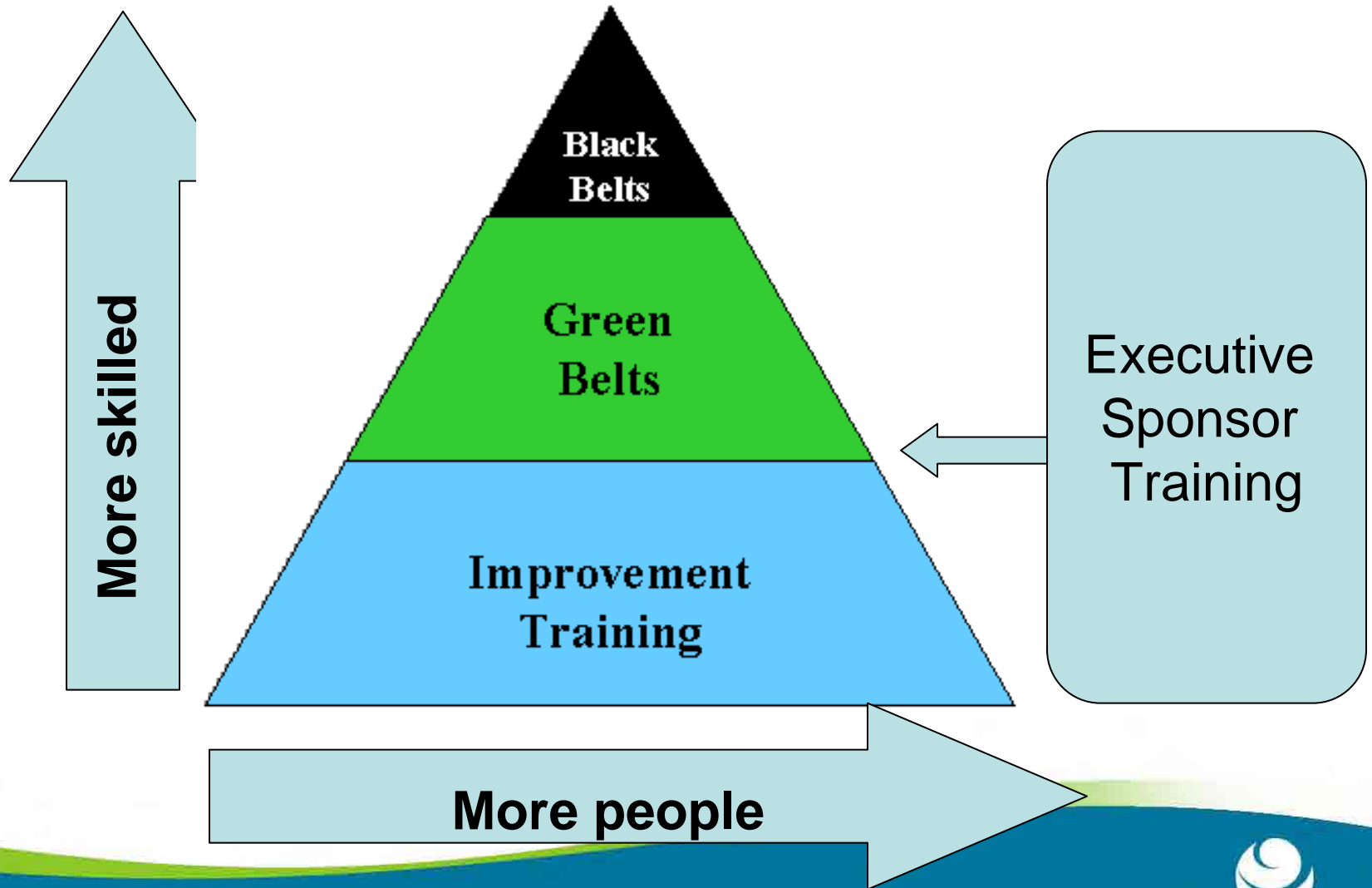


\$56,000 reduced to <\$50,000 per 4 weeks

# Education



# Our Education Strategy



# Governance

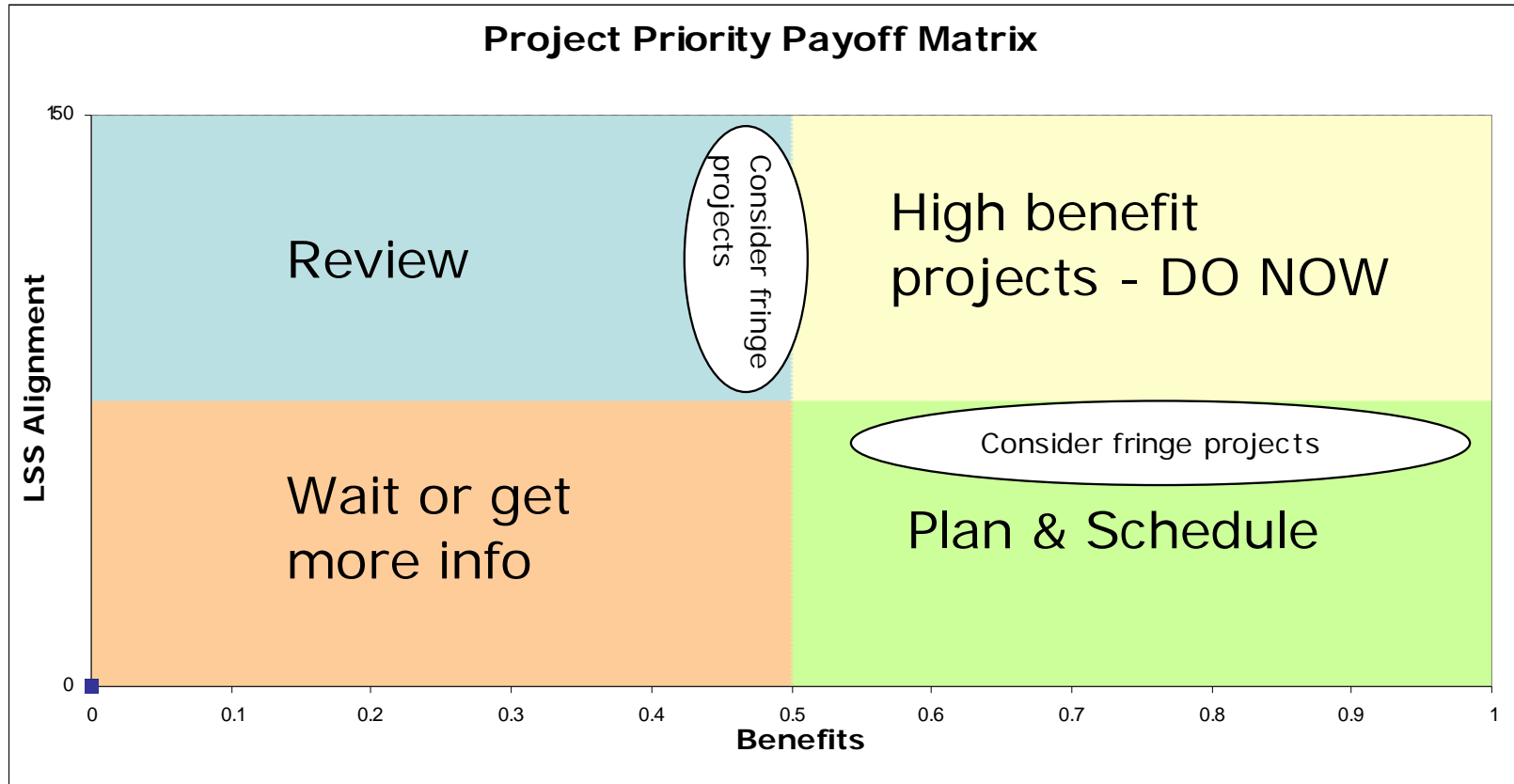


# MH Improvement Steering Committee

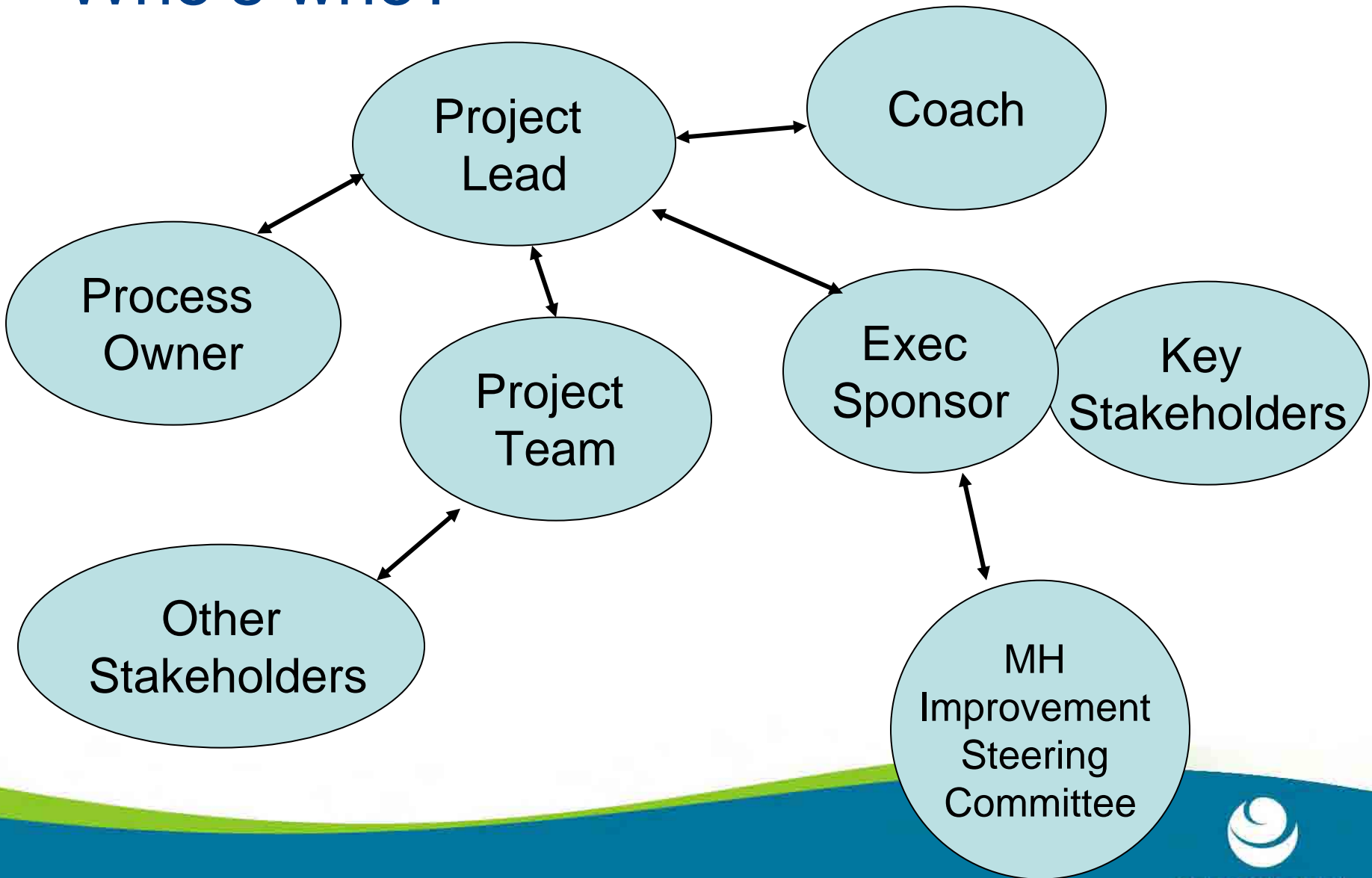
- Prioritises organisation-level projects
- Oversees the education program
- Prioritises people for further training
- Oversees high level project progress
- Receives copies of all tollgates



# Project Priority Matrix



# Who's who?



# Project Reporting

Melbourne Health Improvement Projects				Update: 30 January 2010				On track	On track but delayed	Issue for discussion/action	Complete	Current work stage
<b>DMAIC Projects</b>												
Project Title	Exec Sponsor	Project Lead (greenbelt)	Improvement Support (greenbelt)	Coach	Status	DEFINE	MEASURE	ANALYSE	IMPROVE	CONTROL	Comments and Risks	
Prosthetics	DG	Malcolm Wells	Jane Gilchrist	ANZ - TR		Jul-09	Sep-09	Sep-09	Nov-09	Feb-10	Analyse activities underway	
Absence Management	CF	Maurice Davoli	na	JH		May-09	Jul-09	Aug-09	Sep-09	Oct-09	Workshop held 8 Jan. Presenting to EMT in February	
Agency Staff - Clinical	DH	Felicity Topp	na	ANZ - GK		Jun-09	Jul-09	Aug-09	Sep-09	Dec-09	Analyse stage underway	
Medical Staffing	PB	Cherie Hunter & Nicole Ah Yick		ANZ - GK		Sep-09	Nov-09	Dec-09			Analyse activities being planned eg focus groups	
Hospital at Night	DH	Alison Dwyer	Lesley Ritchie	JH							Solutions workshop held - ideas being developed further	
Linen	DG	Paula Stephenson	Lies vanCaelenberg	JH		Aug-09	Sep-09	Oct-09	Nov-09	Feb-09	Final amendments to tollgate required from ANZ. Pilot planning underway.	
Travel Costs	AC	Owen Bradfield	Laura Piu	JH		Sep-09	Oct-09	Dec-09	Dec-09	Mar-10	Improve workshops underway	
IV Consumables	DH	Colin Dawson	Lies vanCaelenberg	na							Rollout to radiology, 6SE, theatres and 3W pending. Financial reporting updated	
Pharmacy	DG	David Ford & Elfie Ho	Lesley Ritchie & Jane Gilchrist	JH			Aug-09	Sep-09			Solutions in progress. Weekly reporting to be set up from 7/12. Interim results to present to DG Jan	
Orthopaedics	DG	Andrew Bucknill	Lesley Ritchie	ANZ - MV		Sep-09	Nov-09				Analysis underway	
Renal OPD	DG	David McCallum	Jane Gilchrist	JH		Jun-09	Jul-09	Aug-09	Sep-09	Nov-09	Solution workshop 8/12. Making some progress with clinical team	
Pathology CSR	PB	Scott Jansson	na	JH		Sep-09	Nov-09	Dec-09	Jan-10	Mar-10	Preparing measure tollgate.	
Cardiology DRG	DG	Leanne Grigg	Laura Piu	JH		Aug-09	Sep-09	Nov-09	Dec-09	Mar-10	Solution planning underway. Tollgate 18 Jan	
Allied Health Equip	PB	Lucy Smith	Laura Piu	JH							Measure plan developed	

# Active Projects: February 2010

- ED Radiology
- ED Ambulance
- 8 hours
- Discharge tools
- Colonoscopy
- Cardiology
- Orthopaedics
- Mental health acuity
- Community prescribing
- Person centred care
- Pathology
- Patient alerts
- Patient equipment
- Pharmacy
- Prosthetics
- Hospital after hours – communication & handover
- Renal outpatients
- Paper usage
- Patient registration
- Travel
- Linen
- Supply processes
- Nurse agency
- Junior medical overtime
- Electricity usage
- Accrued leave
- Absenteeism



# Reflections



# The challenges

- Improvement skills part of core skill set
- Balancing time for improvement with clinical work
- Spending time on robust diagnostics before solutions
- Data reporting
- Complexity of health care



# What we are most proud of

- Staff development
- Using patient and staff views together with data
- Adoption of a new framework
- Outcomes than we can measure
- Discovery – learning and evolving



Thank You

