



Redesigning Care @ STV

*Specialist Clinics redesign
demonstration project*

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St Vincent's

*Continuing the Mission of
the Sisters of Charity*

Outline

- Redesigning Care @ STV program framework
- Specialist Clinics at St Vincent's
- Developing a team model of care

STV Executive team

Redesigning Care Steering Committee

Redesigning Care Working Groups

Organisation wide strategy for service improvement

Data
and
information

Understand organisational flow and processes and interdependencies

People
and
processes

Broad based team to review processes that integrate people's roles and responsibilities in patient care. Commitment of time to meet regularly with strong executive and clinical lead sponsorship

Improvement

What are we trying to accomplish?

Identify improvements and define how you want to change → big picture

How will we know that a change is an improvement?

Identify baseline and *what* will be measured to make sure the change is truly an improvement.

What changes will help us improve?

What options are most likely to work? What do we think is a good idea? What have other people done? Keep objectives in mind → test improvements

About St Vincent's Clinics



70,000 people visit Specialist Clinics at St Vincent's each year

STV Clinics provide:

- 20 public clinics across range of the speciality areas: cardiology, dermatology, gastroenterology, neurosurgery, oncology, vascular surgery, respiratory, orthopaedics, infectious diseases, plastics, urology, haematology, rheumatology, colorectal, endocrinology, nephrology, hepatobiliary surgery, and ear, nose and throat
- diagnostic support for GPs
- review pre and post hospital admission and ED referrals

Clinics' team: 16 EFT nursing, 12 EFT clerical staff, 4.15 EFT allied health, visiting medical consultant staff and access to internal/external interpreters



Previous redesign in STV Clinics



STV has a strong record in collaboration in improvement including:

- Patient Flow Collaborative
- Better Clinics Project
- Outpatient Care Pathway project
- Review of referral processes and communications*
 - *GP referral guidelines developed for neurosurgery, gastroenterology, liver, orthopaedics and urology clinics*
- Referral Guidelines evaluation – *to assess impact for clients of unnecessary appointments and impact on communication with GPs*
- Clinical Leads project
 - *restructured to single manager role with 6 clinical leads, NUM and clerical team leader*

* Review team redesigned how referrals were managed by clinic staff to allow for timely communication with GPs. The team also developed letters to improve how blood tests and x-ray results were transferred from the GP to clinic staff. Guidelines available at www.svhm.org.au/gp

Opportunity for improvement—selected to participate in the Demonstration Project

Scoping (April 2009)

- project initiation
- engage executive sponsor, confirm working group membership

Diagnostics

- big picture mapping
- patient/staff observations
- data collection –**6 problem areas identified from BPM**

Detailed Diagnostics

- data snapshots of referrals to assess FTQ
- patient journey tracking
- assess IT system capability
- review discharge practices and observation of clinicians workflow and room utilisation

Intervention/change management (November 2009)

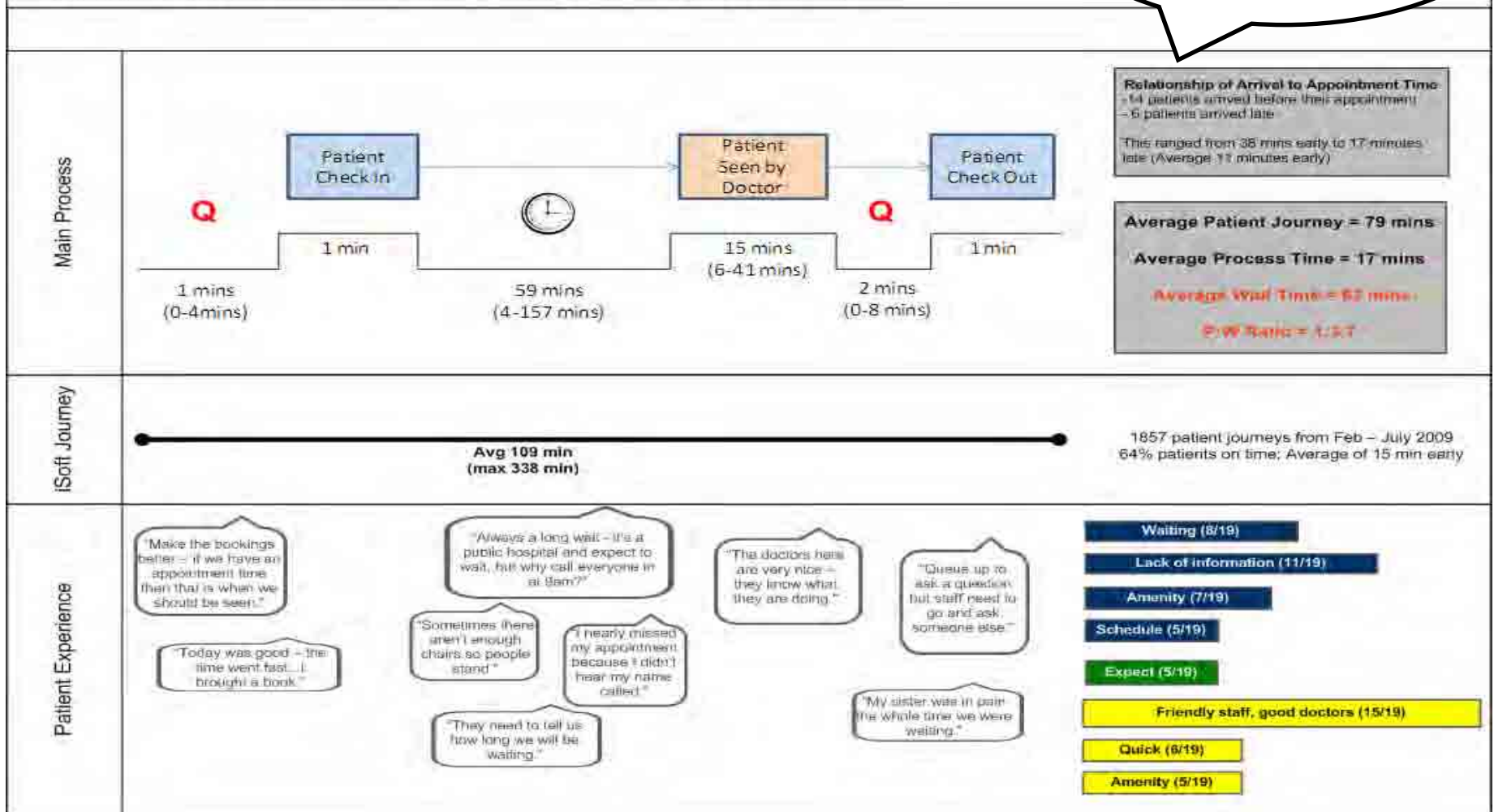
- Two ½ day intervention workshops facilitated by consultants and redesign team
- Interventions endorsed by Steering Committee
- Form improvement teams – collaborative improvement

Measurement/evaluation –ongoing improvements built into quality plan - knowledge transfer

Patient value streams

- Ortho 78% wait time
- Patient visit not optimal
- Minimal nursing interaction (except fracture)

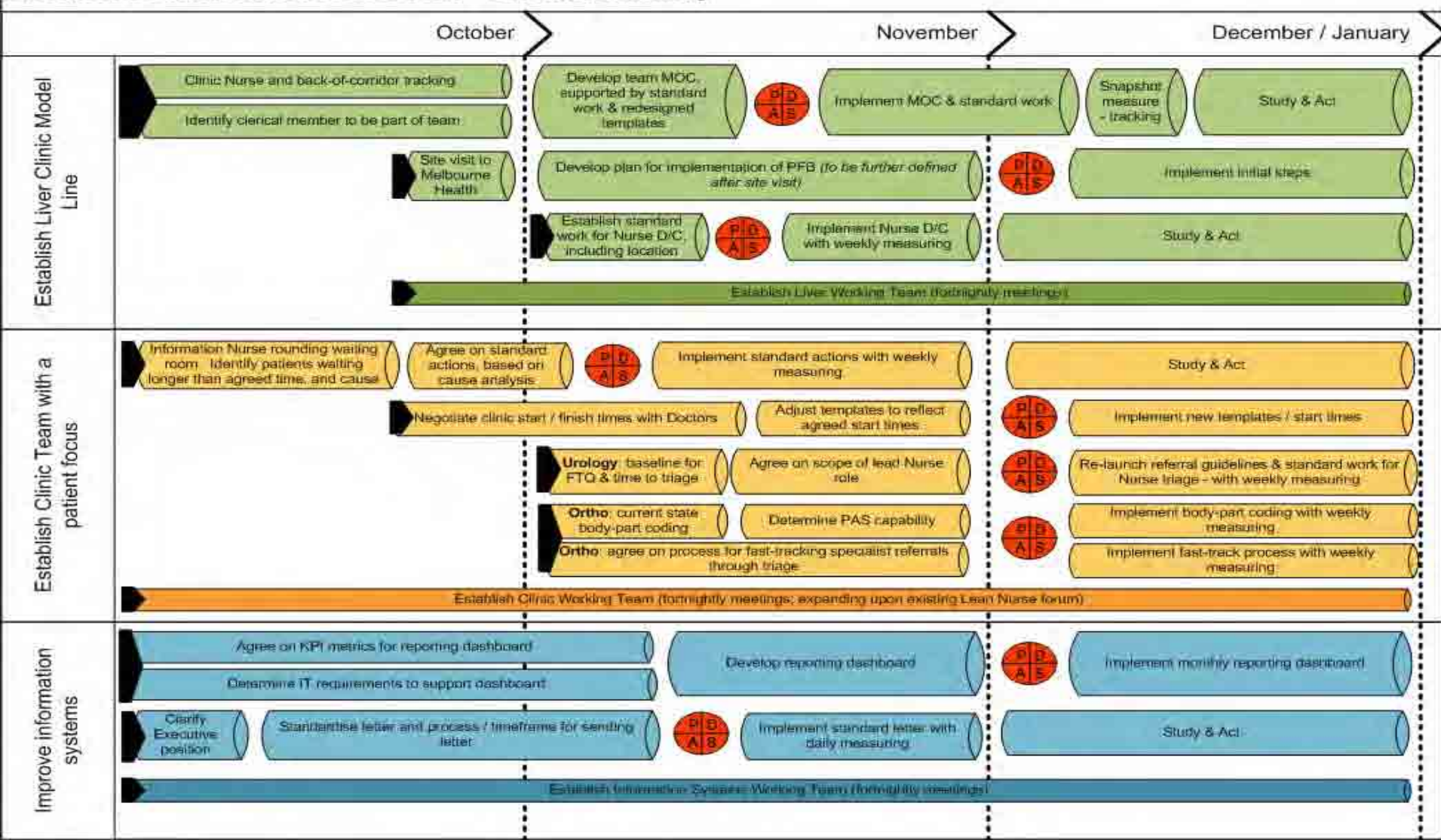
St. Vincent's Orthopaedics Clinic Value Stream Map: 20 Patient Journeys



Redesigning Care @ STV Clinics



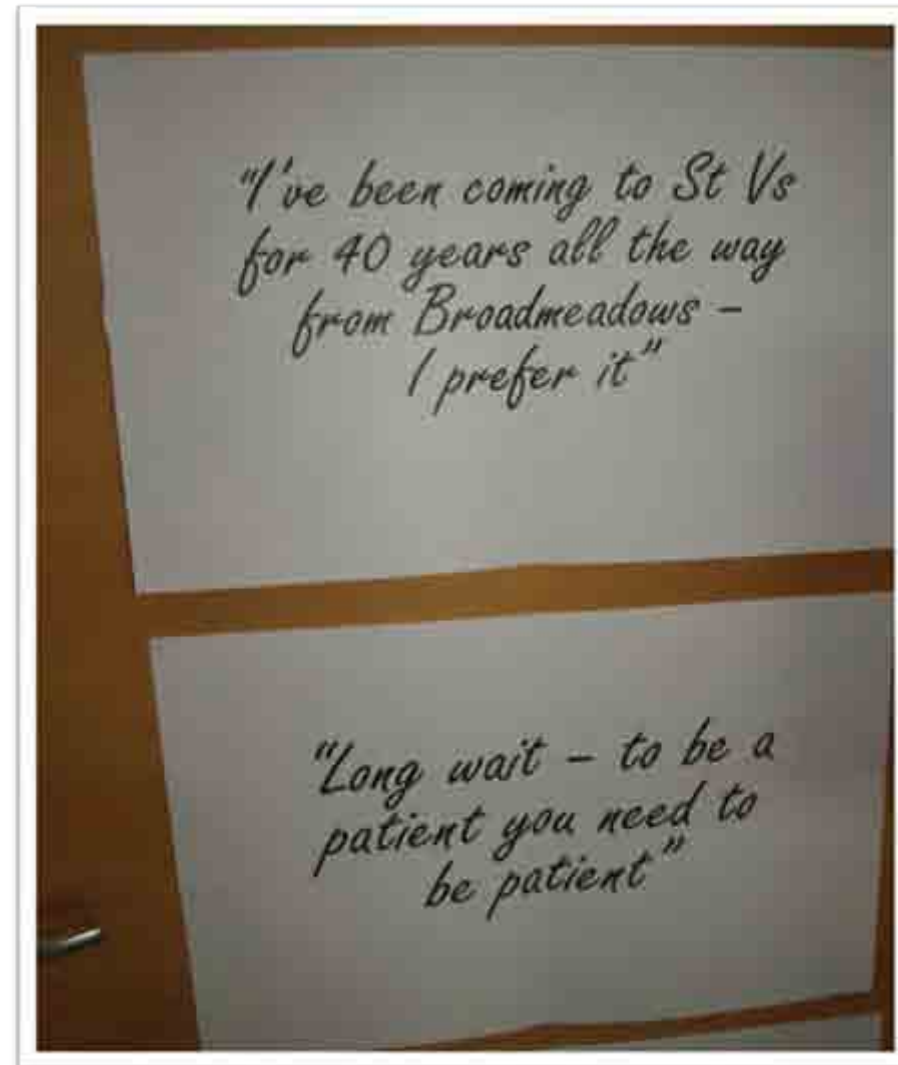
St. Vincent's Intervention Action Plan – 3 month summary



Improvements tested

Liver Clinic model of care redesigned

- › Introduced standard front desk check-in and reduced bottleneck in waiting room
- › Established discharge nurse role to provide patient information and reduce overbooking and support waiting room safety and information
- › Patients involved in supporting self management – now weigh themselves and use simple green card to record weight and identify liver clinic patients in waiting room - previously dedicated RN role
- › Team review trial each week and plan next PDSA cycle



Team model of care

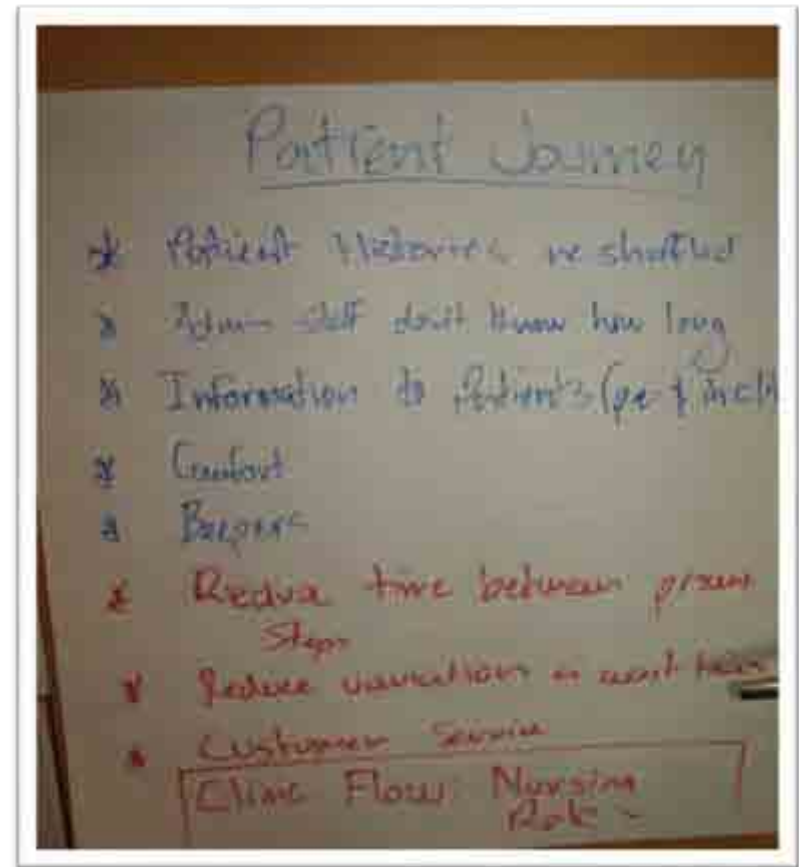
A photograph of a whiteboard displaying a handwritten clinical schedule. The board is divided into sections for different times of the day, with columns for various activities and patient counts. The text is written in red and black markers. The schedule includes sections for 'Monday', 'Tuesday', and 'Wednesday', with columns for '10:00-11:00', '11:00-12:00', '12:00-13:00', '13:00-14:00', '14:00-15:00', '15:00-16:00', and '16:00-17:00'. The data is organized into a grid format, with rows representing different activities or patient groups and columns representing time slots. The board also includes notes and instructions, such as 'ON DREAM' and 'NEW NEGATIVE GOTH KIDNEY'. The overall appearance is that of a busy clinical environment where staff use the whiteboard to coordinate their work and patient care.

Improved information and reporting

- Developed standard kick start meeting for team identifying today's team, clinic activity and planned capacity
- Developing standard metrics report on planned and actual capacity and match to business model
- Lead nurse now advises patients in waiting room of clinic start up and changes to wait times
- Information nurse does rounds of waiting room to review patient comfort and safety – identifying medication needs etc

Ongoing redesign and improvements

- Liver team move to introduce plan for patient focussed booking from July 2010
- Fast track orthopaedic patients post inpatient admission
- Redesigned patient correspondence to align with access and referral guidelines – linking this to redesigned FTQ process in Urology Clinic
- Established Improvement Steering team to oversight all improvement activity in clinics
- Workshop planned to review evaluation results and establish ongoing quality improvement plan and schedule



- Ongoing work to develop collaborative relationships with senior medical staff

Thank you