



Background to study

Gemba findings

Lilly Walsh

Details of study – DMAIC

Lean Sigma Black Belt

Results analysed

One year on ....

CORK UNIVERSITY  
HOSPITAL



Lean Six S  
Toolbo



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

CUH

Ospidéal Ollsco  
Cork University H

# Background to ED study



- CUH is routinely experiencing overcrowded conditions resulting in long waits, ambulance delays, patients boarding in hallway and patients leaving without treatment.

- Exceeding both 6hr and 9 hr *PET* targets



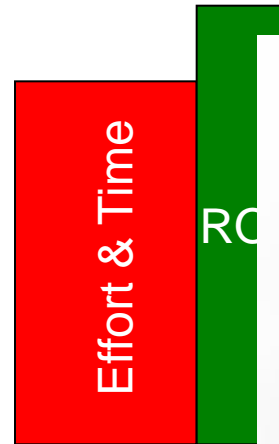
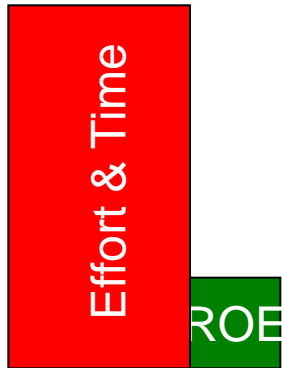
- Staff Frustration



- Poor Patient Satisfaction



# Gemba – walk the patient pathway



**Act** on the *IMPORTANT* not **react** to the *URGENT*

# Study details (Feb 2014)

“A bad system will defeat a good person every time.” – Deming



*“Tell me and I will forget,  
Show me and I may remember,  
Involve me and I’ll understand.”*

– Chinese Proverb

What



Who

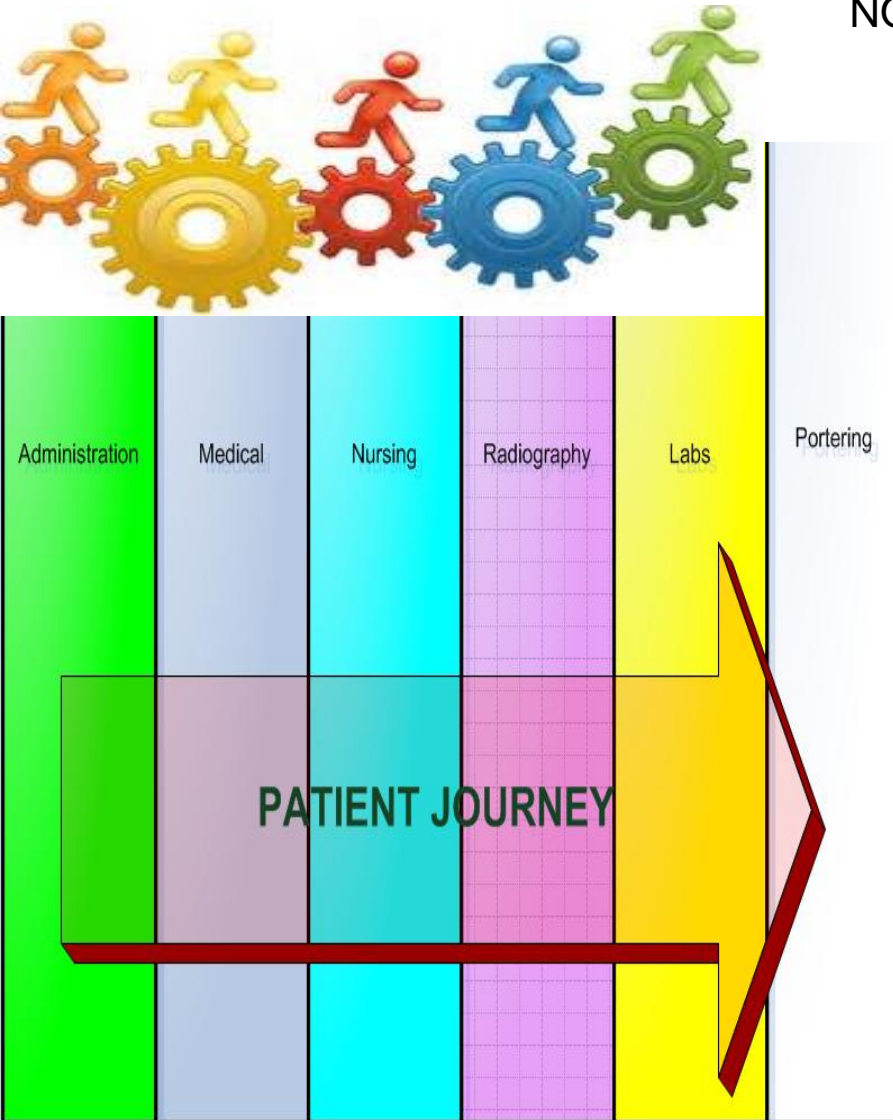
When

- Map the patient path from attendance to discharge
- Design data collection sheets
  - Collaboration with E.D staff
- Agree start date for the study
  - Other hospital staff
- Communication to all hospital staff
  - UGC medical students 2014
- Medical students
- Information sessions
- Posters in E.D. *Monday 24/7 thereafter*
- Assign *08:00 – 17:00* “Lead” person for each day
- Collected data – VSM with timeline
- Analyse the ‘overall’ picture

# Value stream mapping with time line

*Review of steps the patient takes to get treated*

*NOT the steps the clinician takes to treat the patient*



Time saved by improving a process that is not a bottleneck will **not** improve the overall performance

National Emergency Care Programme 2012

the **patient journey** – significant steps relating directly to diagnosis

the **processes** supporting these activities

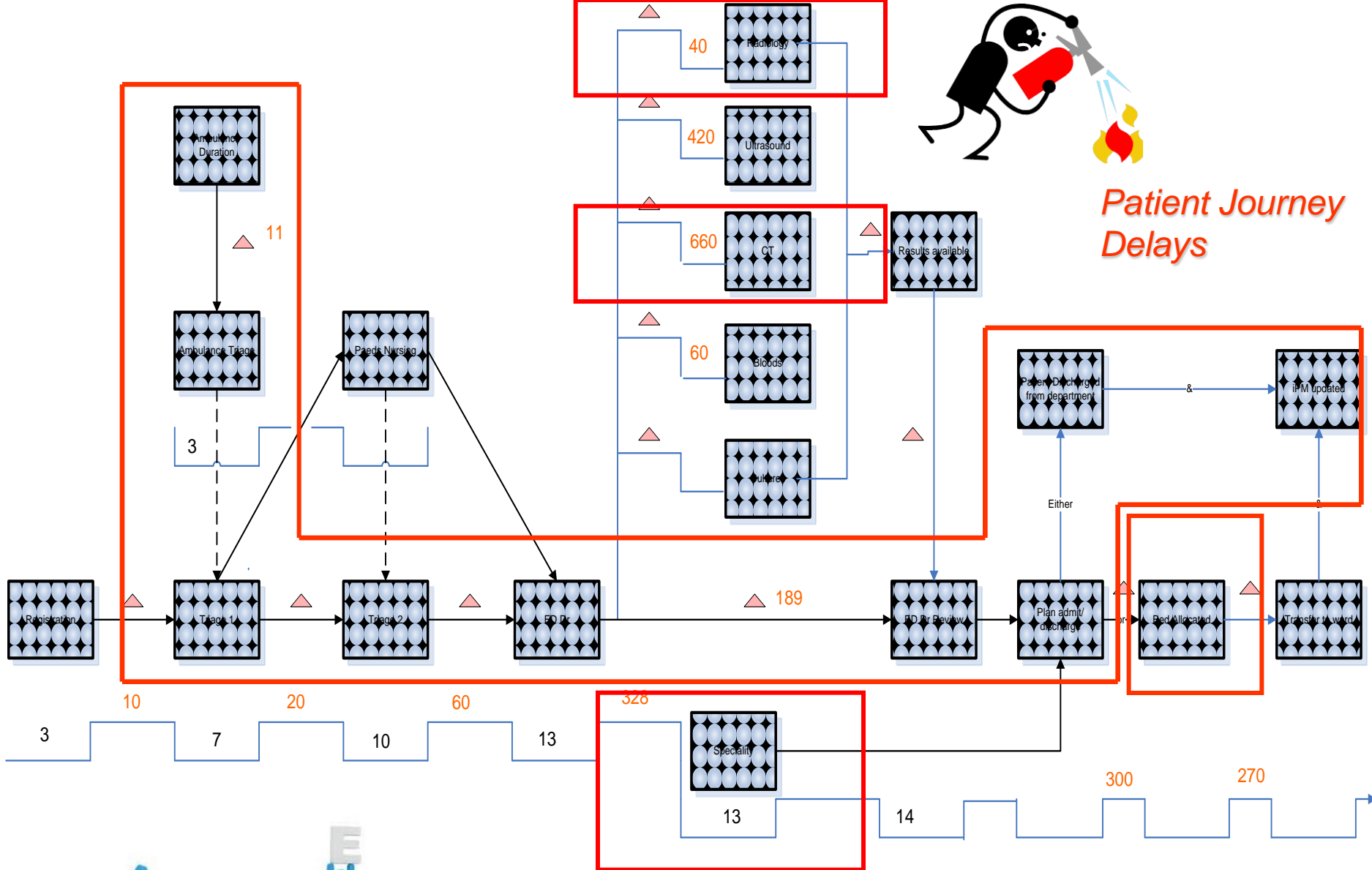
the **delays** providing the service

the **information flows** that report and coordinate these activities

the **management / coordination** that 'ties' them all together – manage the flow



# Patient Journey Delays

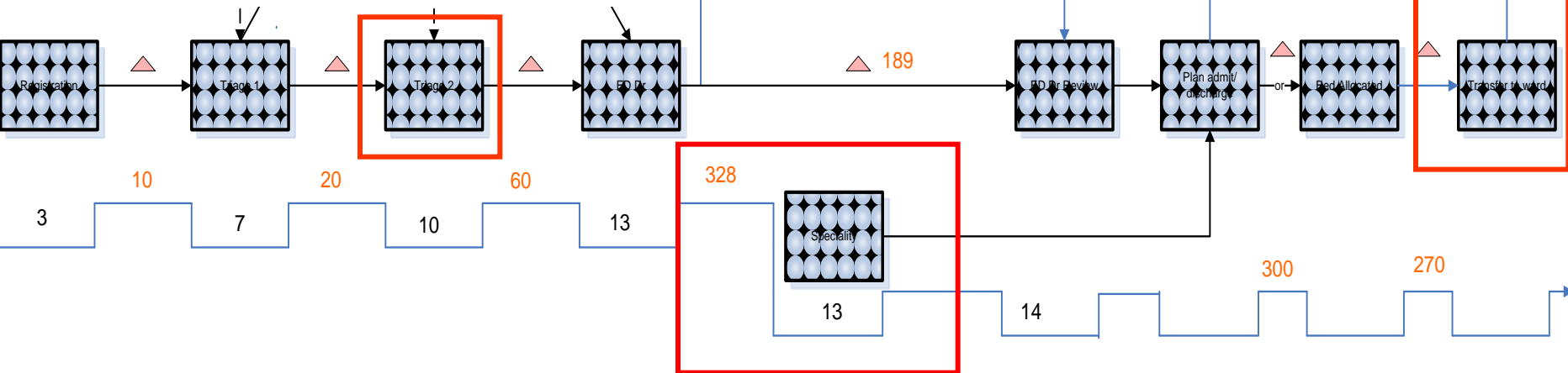


14%  
Value  
Added

### Average waits by speciality

- Medical : 4 hours ( 30 – 1105 mins)
- Neuro : 2 hours ( 24 – 280 mins\*)
- Ortho : 3 hours ( 2- 1040 mins)
- Surgical : 10 hours ( 11 – 2280 mins)

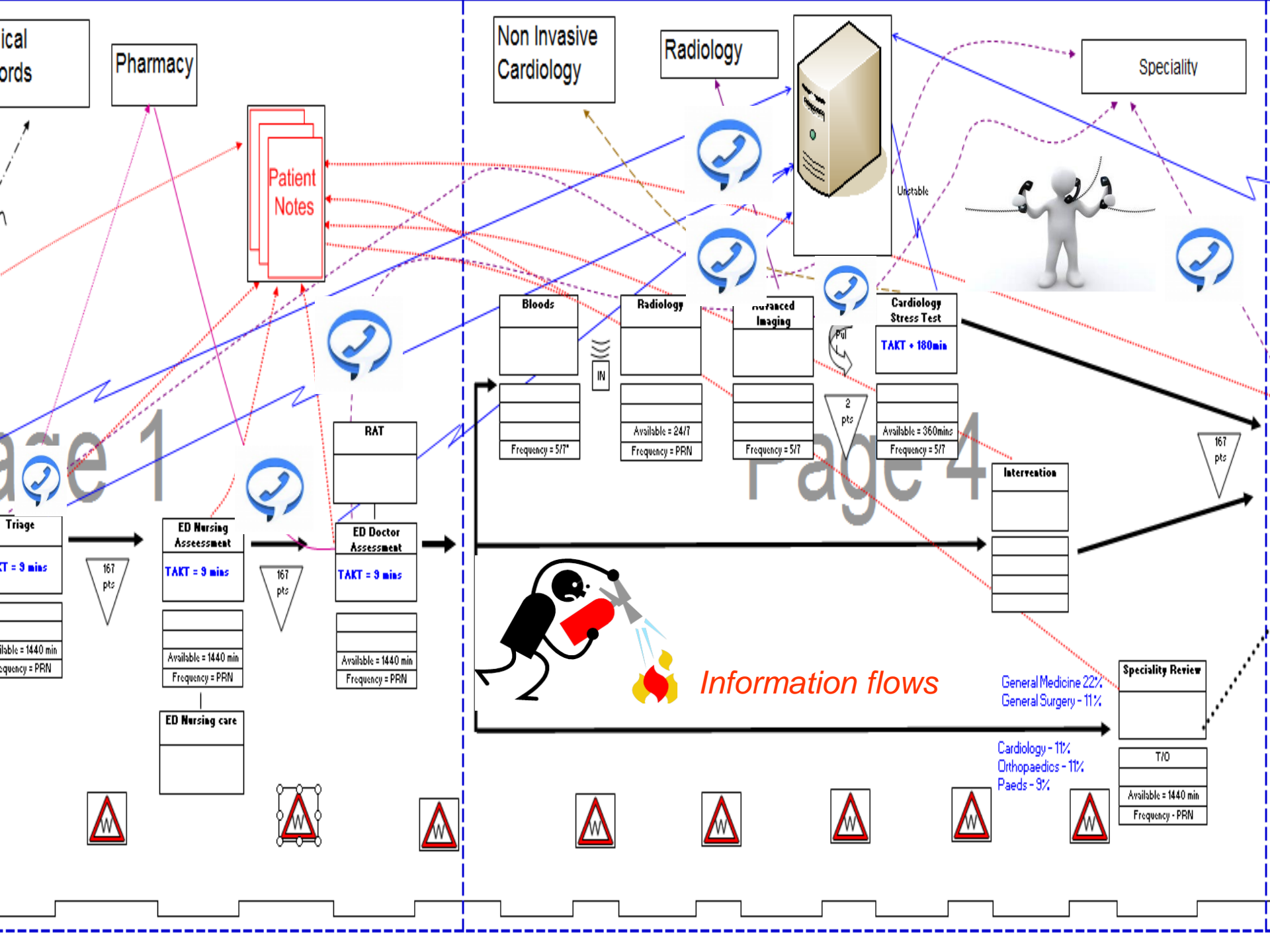
# Waste of Human Resources



*Supporting processes*

Average waits by speciality

|          |                           |
|----------|---------------------------|
| Medical  | 4 hours (30 – 1105 mins)  |
| Neuro    | 2 hours (24 – 280 mins*)  |
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Manage and  
co-ordinate patient flow  
in Emergency dept

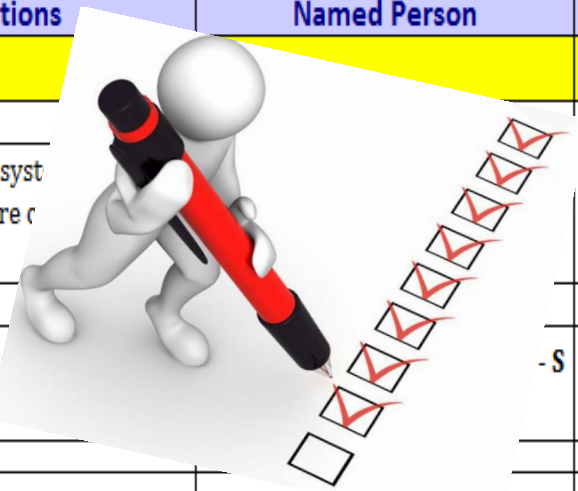




# One year on .....

## Appendix 2

| Action Plan for CUH Unscheduled Care Improvement Plan          |   |   |             |           |           |           |           |           |  |
|--|---|---|-------------|-----------|-----------|-----------|-----------|-----------|--|
|  |   |   |             |           | Completed |           |           |           |  |
|  | <b>DRAFT</b>  |   |             |           | B         | On-going  |           |           |  |
|  |   |   |             |           | C         | At risk   |           |           |  |
|  |   |   |             |           | D         | Deferred  |           |           |  |
| High Level Task  | Actions   | Named Person  | Target Date | 2014      | 2015      |           |           |           |  |
| Front end Inflow   |   |   |             | Quarter 3 | Quarter 4 | Quarter 1 | Quarter 2 | Quarter 3 |  |
| (1) Time stamping visibility                                   | (a) implement system accurate capture of data in the ED                           |   | Current     | B         |           |           |           |           |  |
| (1) Role out Plan for every Patient                            | (a) Implement patient in ED   | - S   | Current     | B         |           |           |           |           |  |
| (2) Initially No patient should be > than 24 hrs on a trolley. |   | ED Team / Bed Management Team<br>- Lead S. Cotter                         | Current     | B         |           |           |           |           |  |
| ED Flow coordinator role to be assigned to RGNs in ED          | (a) Role of patient flow coordinator to be assigned to staff nurses within the ED | Assistant Director of Nursing /<br>Director of Nursing - Lead - S Scanlon | Current     | B         |           |           |           |           |  |



# Thank you for your attention

I am **NOT** a  
product of my  
circumstances.  
I **AM** a  
product of  
my decisions.  
Stephen Covey

## CONCLUSION

Background to study

Gemba

Details of the study

Results analysed

Where we are today .....

