

KAIZEN IN THE HOSPITAL SETTING

To Eliminate Wasteful Steps from the Discharge Process



Background

Memorial Hospital West (MHW) is a 478-bed acute care hospital serving Broward County, Florida; and a hospital within the Memorial Healthcare System (MHS). MHS is among the nation's largest public healthcare systems; consisting of a major tertiary care hospital, a freestanding children's hospital, five primary care centers, four community hospitals, skilled nursing facility, two same-day surgery centers, a large freestanding 24/7 urgent care center, and a home health agency.

Description

The Discharge Process from "Discharge Order" to "Patient Leaving the Unit" to Home, is not simple. It is not well coordinated amongst care team members and therefore takes more time to complete than it should. Many times, operational inefficiencies result in patients being rushed out without having critical conversations prior to Discharge. Kaizen Events with front-line care team members, that provide the care, can bring about standardizing and simplifying process steps. Eliminating wasteful Non-Value Added Steps and defining who does what/when; and determining how the action/steps are communicated can lead to a safe discharge in less time.

Aim

Standardize and simplify the discharge process to minimize wasteful steps and ensure defined roles and responsibilities.

Actions Taken

Process Mapping illustrates the current Process Steps, Decision Points and Non-Value Added Steps. As a team, through Brainstorming and the use of a Benefit & Effort Matrix, the participants were able to identify and prioritize their ideas. They focused on the attainable, High Benefit + Low Effort opportunities that could be tackled in a relatively short period of time. Developing a Future State Process Map enabled them to visually implement their identified brainstorming solutions which demonstrate the steps that are Value and Non-Value Added. Standardizing steps and actions taken by the team, enabled them to ensure proper communication and safe discharge.

Summary of Results

Kaizen is a Japanese word that means "Change for the Good". While Lean is about implementing rapid change; it is also about "Respect" for people. Kaizen Events empower employee participants by listening to them; their knowledge and expertise. Listening to those that do the work and then implementing their ideas, is the best way to gain "buy-in" to bring about meaningful and sustainable change. Eliminating unnecessary steps allows them to discharge more patients in less time. Discharging patients sooner has resulted in admitting patients from the Emergency Room and PACU sooner; lowering costly "Holdover Hours" from the ED and OR as well as lowering LOS.

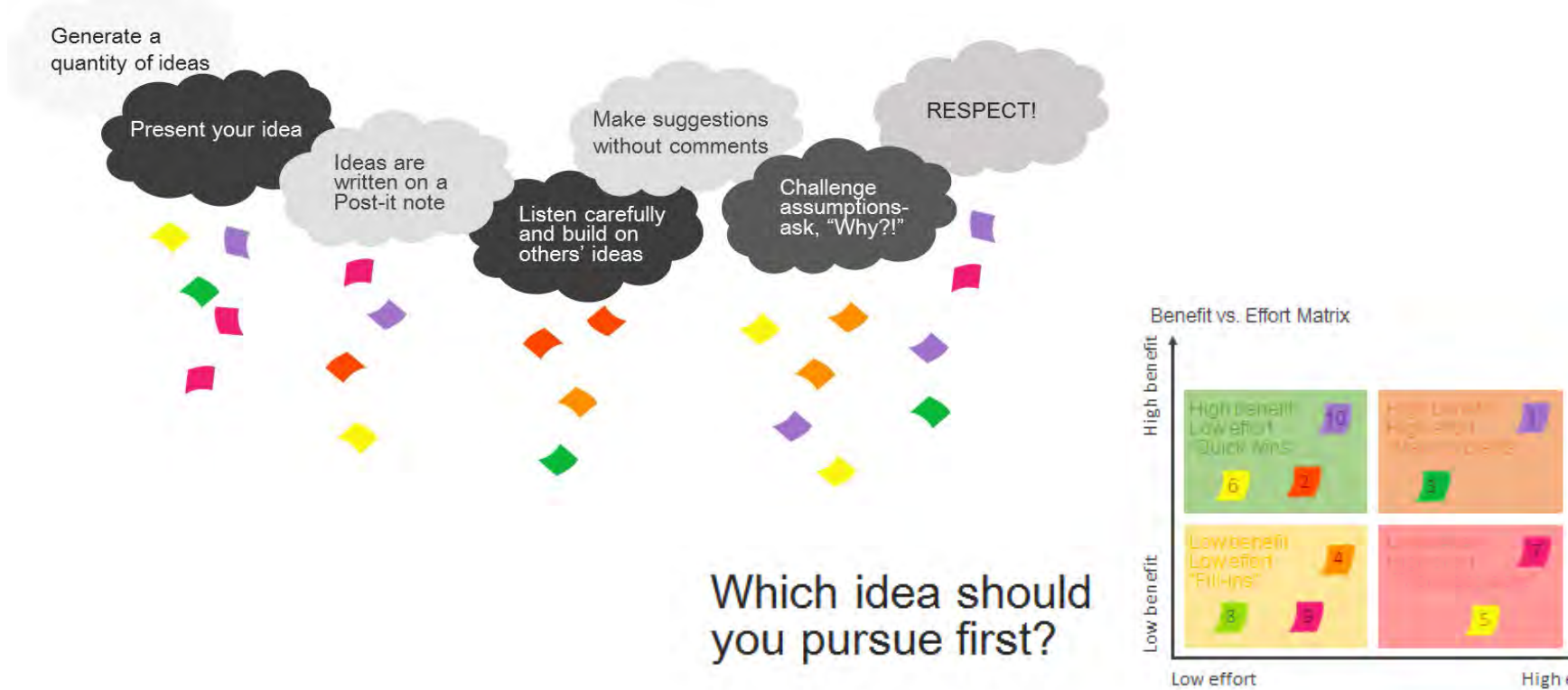
Process Mapping of the Current State to visualize what is going on and identify NVA Steps



Current State of Process Steps

- 83 Process Steps
- ◆ 30 Decision Points
- 26 NVA Steps

Brainstorming Ideas



Process Mapping of the Future State > Significant Reduction in Process & NVA Steps



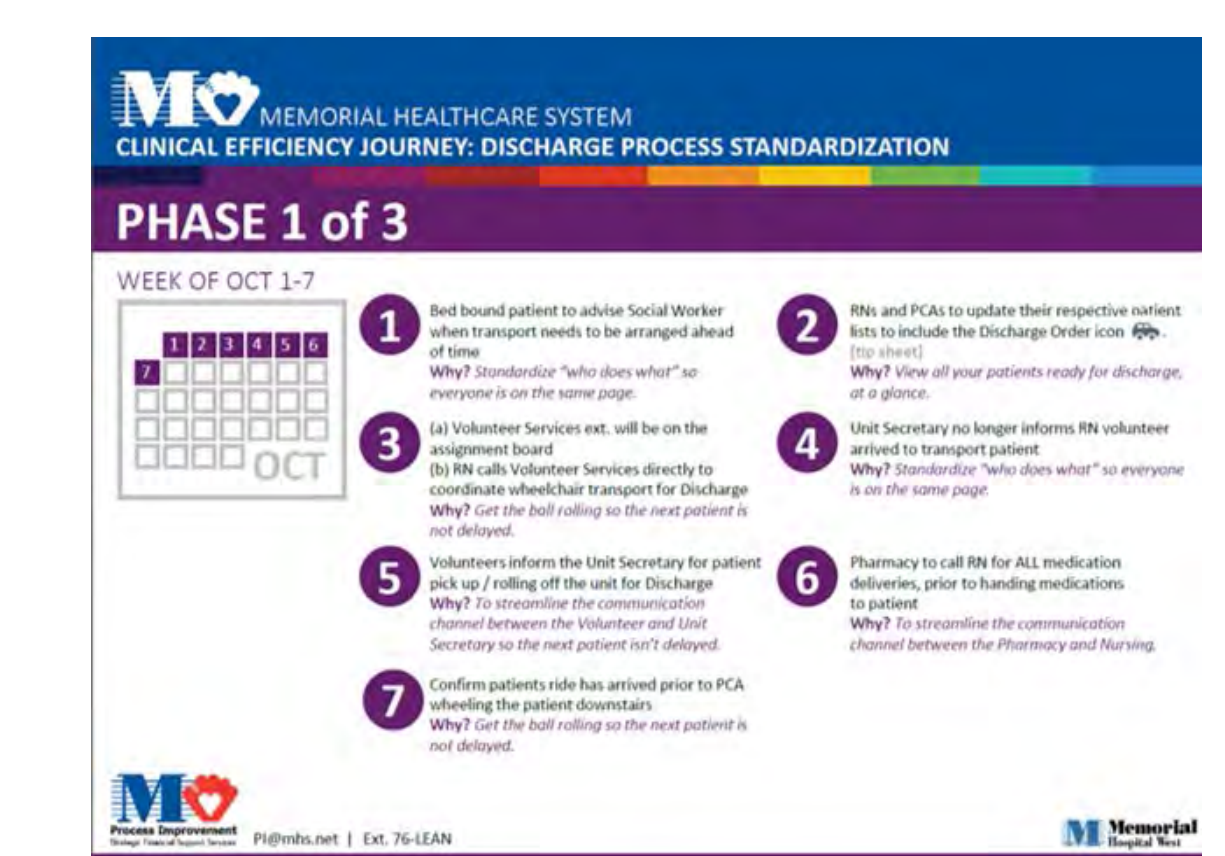
Future State of Process Steps

- 41 Process Steps
- ◆ 7 Decision Points
- 11 NVA Steps

Recommendations to the Leadership

#	Action Item	GO/NO GO	FEEDBACK
1	Pharmacy to reconcile medications within Epic orders, prior to delivering medications to the floor (to avoid missing any medication changes)	GO	
2	Pharmacy to call RN for ALL medication deliveries, prior to delivering medications to patient	GO	
3	Pharmacy Tech to deliver "needs to be"?	GO*	Need Director of Pharmacy feedback to move forward.
4	ER staff to be responsible for verifying patient's name and profession of nurse	?	Needs further research. Is this part of the ER process?
5	(a) Utilize QIP Coverage Pharmacist questions (b) Questions to be completed by Admissions/RN	GO	Need QIP Pharm feedback. QIP Pharm needs a "reference tool" to educate patients on their services (Denise)
6	(a) Default All Physicians to co-scribe for all RNs (b) Admissions RN to confirm Pharmacy checked in Epic	GO	
7	Update Pharmacy benefits link when Physicians orders Rx	GO	QIP Pharm "own" this process.
8	Link Epic with Med Fax; Create best step improvement DC order input within Med Fax; complete. If medications changed after Med Fax, Epic to be completed	GO*	Need further discussion for Physician input. Dr. Training to provide further feedback.
9	Discharge Order trigger to Social Worker for Medication/Pharmacy/Insurance/Rx	GO	
10	Security to check for assignment issues to coordinate directly with RN to handoff patient to nurse	GO	
11	Physician publish Discharge Orders immediately after Physician rounds on patient / No coverage DC orders	NO GO	GO issues to not have late Discharges the following day.
12	Call Physician Call Phone directly only Enter into Discharge System call Physician Consensus?	NO GO	Needs further discussion.
13	Verbal updating of Physicians regarding Discharge process	NO GO	Utilize the Discharge Codes on Care TV when patient receives a Discharge order have the PCA turn the TV on to the channel to address the patient (Denise)
14	Develop Physician Discharge checklist: (a) Medication, Return to Work/Other Role, and other documents as needed	GO	
15	Admission nurse messages to trigger the Return to Work/Other Role	GO	
16	(a) Admission to work from table to AVS (b) Provide RN permission to document date and residence location Physician notes	GO	
17	Physician to respond immediately with Social Worker for patient's name and location	GO	
18	"Visual cue" (pictures) for patient to have of all team members that are responsible to check them for discharge (Admission and Consulting Physicians)	GO	
19	(a) Add call order after "CALL ORDER" to RN patient list (b) Use Discharge process call order	(a) GO (b) NO GO	(b) Do NOT stop having QIP call RN when they see DC order; implement a process that ALL RN know the correct call (Denise). Volunteers should "own" a volunteer during their shift. If they are called to transport a patient, they should do so with a volunteer. Volunteer and other Transporter arrive with a volunteer prior to arriving to the unit / parking patient.
20	All units to have a certain number of wheelchairs assigned to dedicated area on unit	NO GO	
21	Transporters bring their own wheelchair	GO	
22	Transportation Team dedicated to help for Discharge	GO	This hospital is large enough, with this will be explored and required in the next Budget (Denise)
24	Reconfirm patient to utilize Social Worker when transport needed to be arranged instead of ER	GO*	Needs further discussion.
25	Transportation Team dedicated to help for Discharge	GO	Have the ER coordinate transport for these patients as a priority option (Denise).
26	(a) Utilize Secondary Services number will be used when assigned based (b) RN calls Volunteer Services directly to coordinate (patients scheduled to transport for Discharge)	GO	
27	Volunteers informed that Unit Secretary for patient pickup/rolling off the unit for Discharge	GO	
28	Confirm patients have arrived prior to PCA heading the patient downstairs	GO	

Rollout of Future State Steps



Kaizen participants consisted of "frontline" RNs, PCAs, Unit Secretaries and Nurse Managers from 3 patient care units as well as representation from Clinical Informatics and Pharmacy