

Purpose

A project to enable clinical and other staff to deliver greater time for direct care to patients by minimising non-value added activities. The project will use a multidisciplinary inclusive approach focussing on team collaboration to improve ward processes and environment with the ultimate aim of improving patient safety and reliability of care. The techniques being applied are from Lean Thinking concepts.

Key Deliverables

Standardised principles for a well organised ward and implementation of 5S practices.	●
Implementation of the Collaborative Framework for the Delivery of Nursing Care policy.	●
Implementation of an effective system for communicating patient status for the whole multidisciplinary team.	●
Implementation of a process redesign for a key priority area on each pilot ward.	●
Financial Investment (excludes project resource)	\$39,000

Progress

Phase 3

- Work ongoing to address 'marbles' and 'tennis ball' issues. Wards have completed between 30—90% of marbles (target = 100%)
- Wards have chosen specific activities around handover, medication processes and stock ordering using problem solving methodologies. Opportunities exists for wards to work together on these issues.
- 5S of medication rooms complete. Awaiting completion of tasks by Maintenance department and external contractors in ward offices. This has slowed down progress and causes staff frustration. Meeting occurred with new Maintenance co-ordinator and new process discussed for next Phase.
- Standardised documentation module completed on 4 of the 5 wards.

Progress Update

● **Week Ending: 19 February 2010**

- Patient status communication board module underway on Wds 25 and 12. Preparation on other wards has begun and prototype trial will commence week of 22 February.
- Planning to redesign electronic whiteboard on Gynae ward to align with standardised patient status communication board. IS pre-acceptance document is being written.
- Patient Focussed Team Nursing module has begun on Wds 16 and 17. Medical wards are awaiting planned introduction of Practice Partnership model of nursing care.
- Wards are preparing for showcases. Invites have been sent out and showcases are spread across weeks 22 Feb– 10 Mar.
- Post MT4C baseline data being collected by wards—patient and staff satisfaction surveys

Phase 2

Med/Surg

- All wards have completed the mandatory modules ie. team nursing, patient status communication board, 5S and fast track standardisation. Ongoing work needed to embed the changes.
- Final patient status communication boards have been installed on Wds 18, 26 and 31. Ward 19 are in the process of signing off their final board.
- Wards undertaking post programme staff/patient surveys and audits. Activity follow data demonstrated problems in methodology. Investigating use of radio frequency technology for Phase 4.
- Wards and nursing management have committed to ongoing MT4C initiatives. However, no dedicated resource assigned.

Maternity

- Project lead resource has been extended. MT4C programme will be ongoing until April 2010.
- Improvement activities underway: Team Midwifery, drug cupboard swipe card access, planned discharge process, hand hygiene

- Post programme surveys and activity follows underway. Patient satisfaction survey results showed significant improvement in staff hand hygiene and knowledge of discharge date.

Orthopaedic Rehab Unit/Surgical Orthopaedic Unit

- Project lead resource available to continue the MT4C programme until Phase 4.

Pilot Wards

- Consolidation phase required to embed changes and sustain improvements

Fast track standardisation

Put It Back Jack (PIBJ), Documentation, Patient Status Communication Boards, Team Nursing and IV trolley modules

- Full time project resource seconded for 4 months. Time-frame to be extended
- Intranet based training packages have been created for Put It Back Jack and Patient Status Communication Boards. Standardised documentation module not suitable for this model
- PIBJ module started on Wd 27 and TPMH. Implementation timeframes have been pushed back at request of wards. Post implementation results still to be compiled.
- Master list for standardised documentation filing now finalised. Retrospective roll out to pilot and Phase 2 wards.
- Patient Status Communication board trial underway on Wd 23 (non MT4C ward). Trials completed and final boards for 5 rehab wards at TPMH being delivered next week.

Next Steps

- Plan for MT4C consolidation phase
- Clinical project resource for fast track roll out returning to ward duties. Replacement needs to be found to support fast track roll out and MT4C consolidation phase.
- Meet with Specialist Mental Health Service re PSCB module
- Phase 3 showcases