Sheffield Children's NHS
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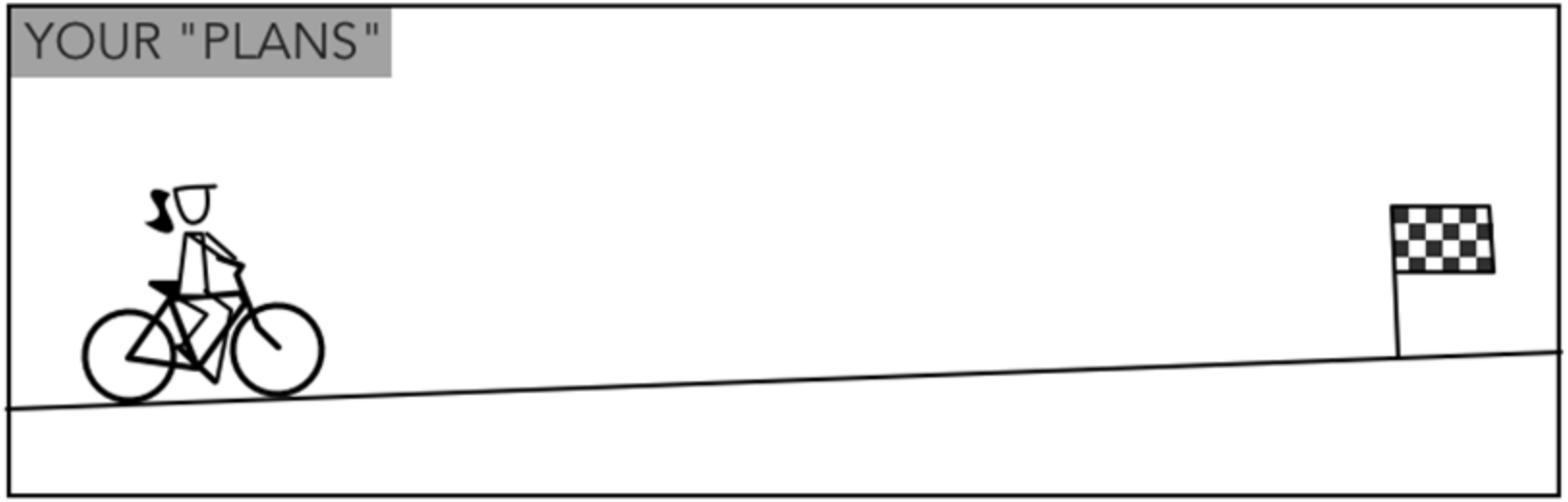
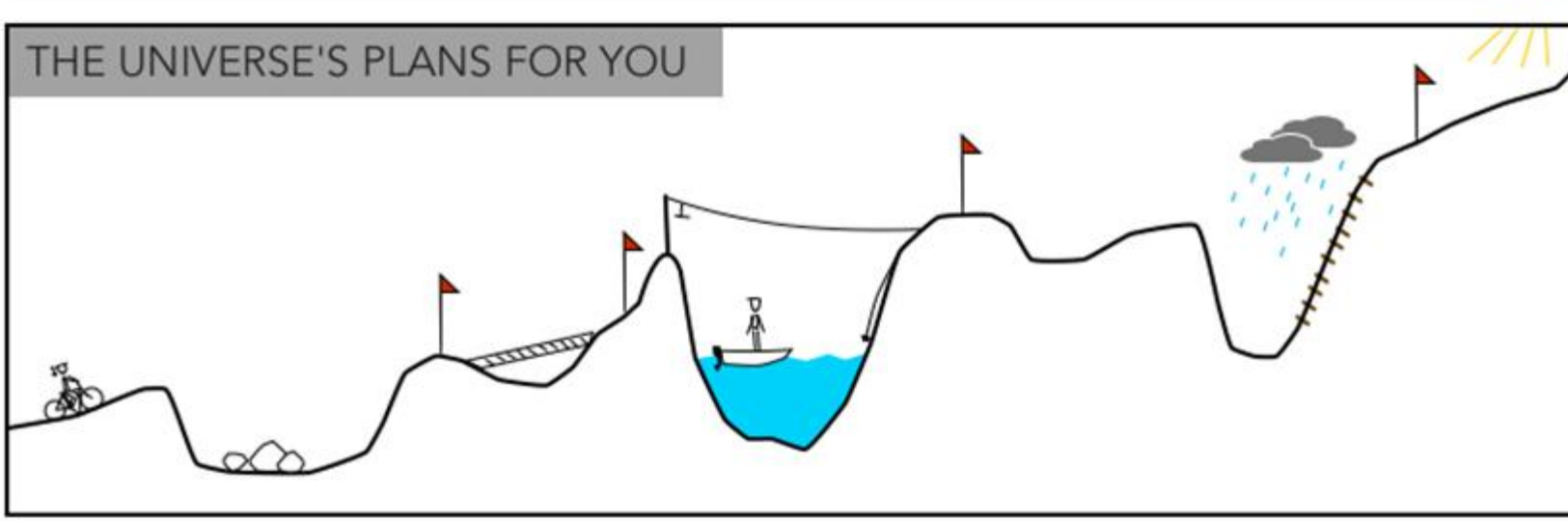
Implementing & Embedding Microsystem Improvement at Sheffield Children's Hospital


YOUR "PLANS"


THE UNIVERSE'S PLANS FOR YOU

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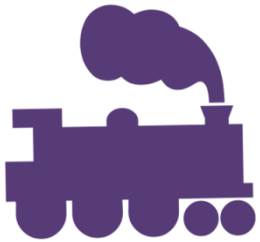
Our Journey

Joint
Application to
Health Foundation

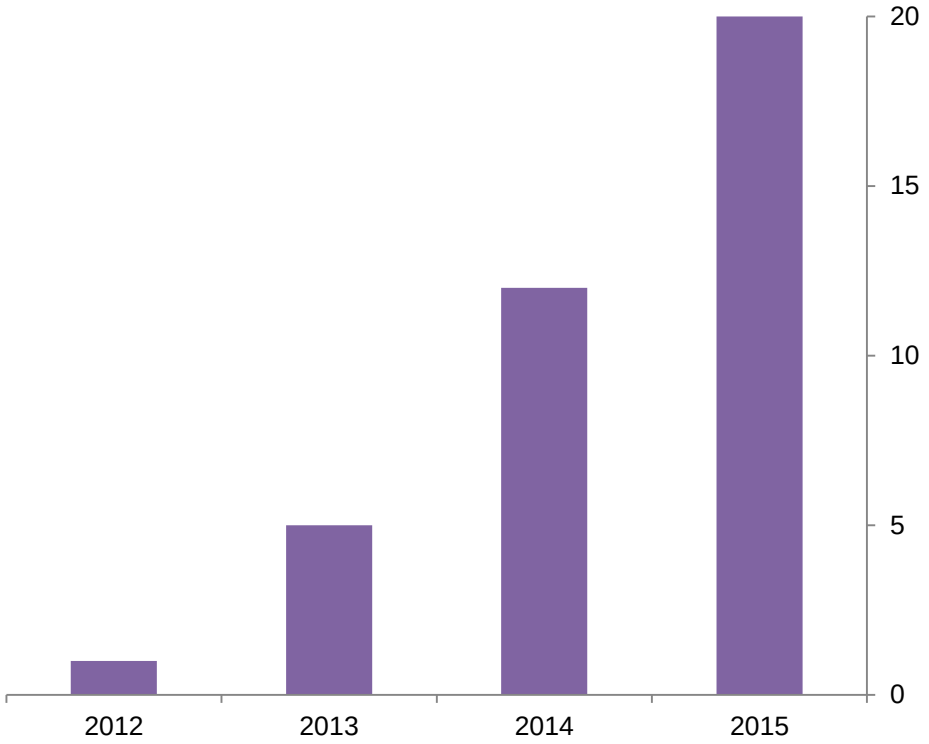


Full
Steam Ahead
Training Coaches

Focus
On Preparing
The Conditions

Establishing
Credibility Through
Stories & Experience

2 Day Quality Improvement Course



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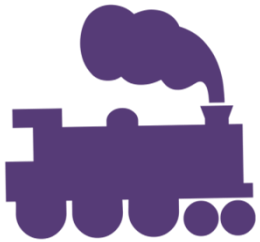

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Reception → Orthoptist
Wait to get to reception
Wait for interpreter
Notes not put in tray
Wait for nurse to see
Wait for Dr's to see
Bring back Dr's/clinic
Waits for Dr's/Optom
Box at reception post to inform nurse for patients
Fits all
Orthoptists dilating Optom patients
Pt seen out of order
As requiring interpreter
Drops don't take effect - another instillation
Extras + long consultations
Admin ie. consent forms
Inpatient admin in dept
Seeing different clinician
Clinical distractions eg meeting Dr re drops, flap etc.
Nurse delays due to keep answering
Ward emergencies requiring immediate attention which delays pts in clinic
Not put in a time order
Slow ICE EDT not available
Drs morning clinic over running
Extra tests requested which into the orthoptic loop
Car parking/ transport probs for pts + staff
Pt has an appt in another dept
Drops @ home patients do not require check
Drops not worked
Not enough rooms sometimes
Junior Drs visiting Drs - slowing clinic
Insufficient equip. - have to go+fetch
Pt late for clinic + doesn't come back on time - knock on effect for rest of pt
Pt more complex than expected eg need admission/ scans etc.
Waiting for interpreter
Unexpected / planned patients
Parent been seen out of order
Extra Patients
Room Sharing Orthoptists/ nurse dilating
Student in clinic
Case mix + complexity
Write up of notes after assessment
Incorrect sheets in Record
Should see pts now to early if dealt with they are late arrivals

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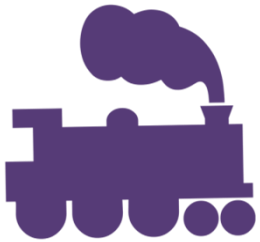

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Case Study

Hearing Services department

Coach – Sam Brown

Introduction

Video intro by project lead

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Logistics

Where and when?

Who volunteered?

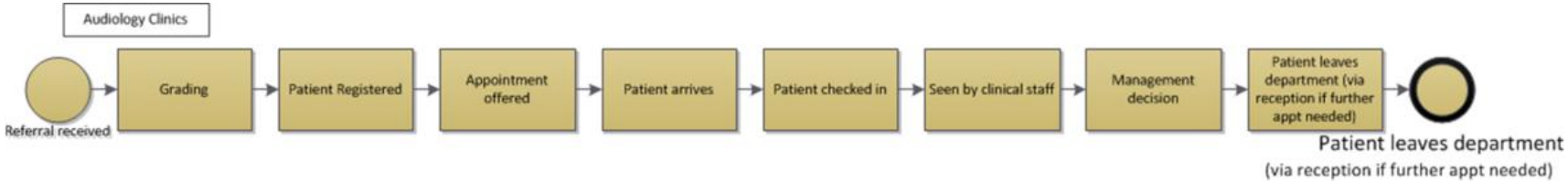
The meetings

Starting Out

Planning the changes - Themes

Planning the changes

- The themes (IT Systems and Clinic flow) were then looked into using a variety of tools such as process mapping to determine how we could improve things.
- Gave teaching sessions – helped engage the team



- This generated objectives of things we wanted to see
- Aims converted into tangible ideas

Planning the changes

Global aims

- "Decrease amount of clinic slots cancelled by the department every month by 20% by reviewing the way in which staff take leave"
- "Help provide support for a business case to upgrade clinical IT systems"
- "Improve workflow and efficiency in the clinical workshop by reviewing the repairs process and work environment"

Making the changes

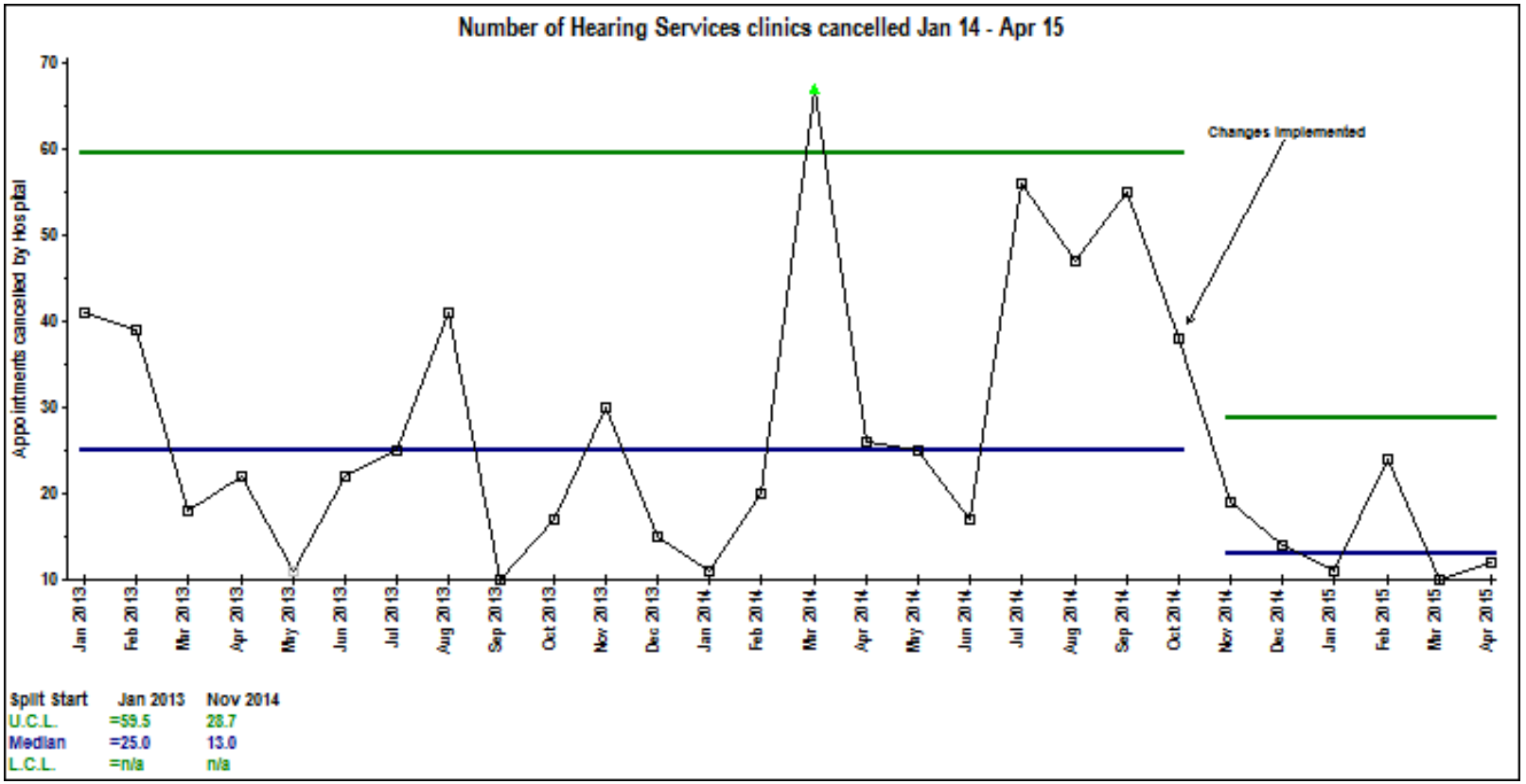
Principles

- Tried to ensure we understood baseline data before we made changes
- Trialled changes and tweaked as necessary – tests of change

Benefits of changes made - IT

- Implementing new IT system will save time for clinic and admin staff and improve safety

Making the changes



Benefits of changes made – 41% decrease in cancellations

Culture / other benefits

- Helped foster a culture of improvement in the department.

- Not just about the changes we have made so far – about embedding learning and culture.
- Ran sessions on specific tools, e.g. process mapping / visual management

Review

- Positive changes made
- Personal development
- Culture / Teaching sessions

- What was hard?
- Starting out as a coach whilst simultaneously learning theory
- Being disciplined
- Taking on too much
- Didn't have patient involvement

Team views

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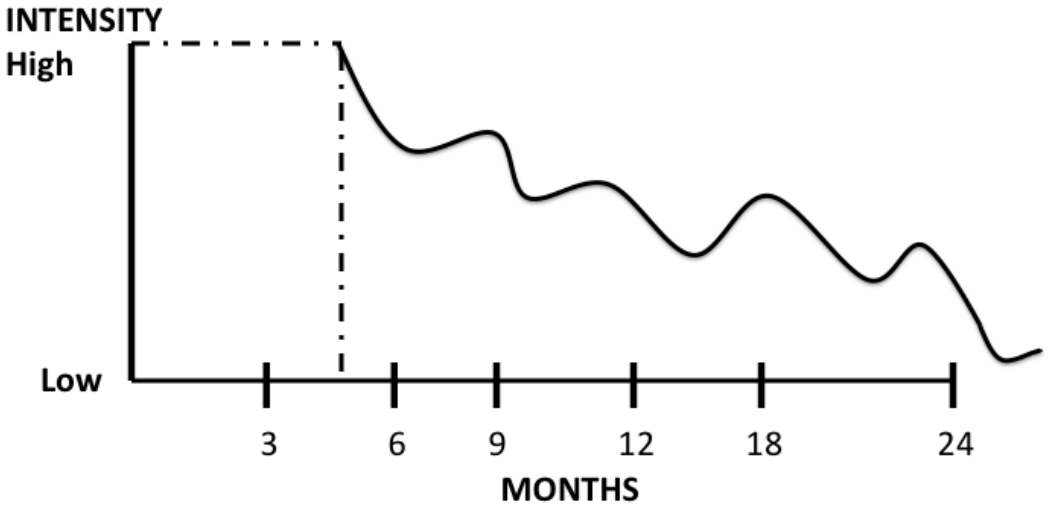
Video review from project lead

Moving forward

- New project launched by department
- Coach involvement decreasing



Questions?