Welcome to Enhancing Practice Conference 2018 Basel

Challenge the further development of PD-culture and Lean Hospital

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To share experiences in bringing together PD culture and Lean Hospital and how to develop strategies for an inter-professional approach

Our questions:

- Why implementing a new approach to improve quality nursing care when there is already a well-established way of doing it with PD?
- What is the contribution of Lean Hospital to a culture of effectiveness and specifically on a person-centred care?

Who are we?
University Hospital Basel - Facts & Figures (2017)

- 54 clinics and medical centers under one roof
- Outpatient contacts 1,047,452
- Inpatients 37,891
- Beds 691
- Average length of stay (d) 5.9
- Employees* 7,219
- Trainees/Interns 697
- Research staff (FTE) 470
- Nationalities 88
- Planned merger with the Cantonal Hospital of Basel-Land

*Including positions funded by third parties, hourly rate posts, ZF staff (central pool of temporary work) and trainees/interns

Discussion

- Go to www.menti.com and use the code 39 96 42

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PD culture and the way forward

How it all began…

A step-wise process in the direction of a high quality care with highly qualified professionals

Practice development…

- … is defined as a continuous process of improvement towards increased effectiveness in patient-centred care. This is brought about by helping healthcare teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic rigorous continuous processes of emancipatory change that reflect the perspectives of service users.

(Gravell & McCormack in McCormack et al. 2004:34)

Three fields of action…

- … for nursing in collaboration with other professionals in hospital and with external partners
Vision

Success through nursing excellence

- We promote person-centred care
- We support effective models of care and initiate innovation
- We strengthen nursing authority and autonomy, and participate in networks

Strategic domain: we promote person-centred care

- Purposeful integration of patient preferences into care processes
- Ensuring continuity and effectiveness in all aspects of care delivery
- Creating/supporting a healthy work environment
- Promoting staff members’ potential
- Assigning staff according to their skill level: ‘the best at the bedside’
- Ensuring person-centredness while considering values and cultural norms

Strategic domain: we support effective models of care and initiate innovations

- Promoting advanced nursing practice
- Building a climate/culture that ensures patient safety
- Ensuring best practice through hospital-wide practice development
- Building a nursing culture that refers to the best evidence available
- Supporting and conducting nursing research

Strategic domain: we strengthen nursing authority and autonomy and participate in networking

- Expanding expert knowledge
- Taking an active role in creating care processes
- Targeted use of internal and external networks
- Expanding shared governance
- Building cooperation for knowledge management
- Strengthening international practice development networks
Key activities

- Assignment of nurse facilitators at unit level in order to implement Best Practice – Best Care
- Systematic support of nurse facilitators
- Development, implementation and evaluation of evidence-based guidelines & programmes in collaboration with Advanced Practice Nurses
- National and international collaboration in the development of guidelines

Bringing PD methodology into practice

- Qualification for facilitators at a Master level
- Support from nursing management
- Support from senior facilitators & the PD-Unit
- Internal network
  - Reflective learning
  - Enhancing specific knowledge
  - Enhancing methodological knowledge and skills
- PD-School
- External Network – national and international

What are the strength and weaknesses of PD methodology for us as leadership team?

- Participation is a real asset for effectiveness
- Participation also influences interprofessional collaboration
- Focus on person-centred and evidence-based practice
- PD attracts new staff
- PD in Huddle and CI-process

- It is left to the facilitators, too much on one shoulder
- Continuous process sometimes dragging
- Other professionals are not involved and not committed
- Our team is not ready for participation

What aspects influence your work as facilitators?

- We’re always challenged with changes and new things and it’s therefore important to have a clear strategy for a way forward
- It depends quite a bit on the nurse manager
- PD-School was a milestone
- I use all lean facilities and instruments
- Evaluation, data and evidence
- Staff commitment
Lean Hospital Management: Why, how and a challenge for PD?

Katharina Rüther-Wolf, MD, MBA
Head of Patient-Centered Management Division, Medical Board
University Hospital Basel

Lean Hospital as a comprehensive management system supports the divisions reach their targets

- Lean Hospital Management is a comprehensive management system adopted by the Executive Board of the University Hospital Basel in 2016 in order to address its strategic target areas.

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<tr>
<th>Strategic Target Areas</th>
<th>Aspects of Lean Hospital</th>
<th>Lean Hospital Principles</th>
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<td>Leadership</td>
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Lean Hospital focuses on the patient and improves quality, productivity and employee satisfaction

- More time for the patients
- Focus on value-added activities
- Continuous improvement by the help of all employees
- Improved interprofessional collaboration

We organize our work so that the patient profits the most healthwise, experiences optimal processes, and the overall performance of our hospital is supported in the best possible way («Lean Hospital»).

For example: Our hospital-wide program «Lean@USB» supports us reaching our quality and productivity goals – so that there remains more time for the patient and employees can work more effectively.
The 'Lean@USB House' defines the frame for the application of Lean Hospital at the University Hospital Basel

**Lean@USB**

- **Lean Methods:** «Huddle», «Gemba Walk», 5S, Continuous Improvement Process, Value Stream Mapping, Simulation, etc.
- **Lean Principles:** We develop our competences according to the USB Mission. We focus on the patient benefit and on value-added activities. We use standards as basis for quality and support for patients and employees through visualization. We continuously improve our performances. We use the concepts for quality and support for patients and employees through visualization.
- **USB Mission:** The University Hospital Basel stands around the clock for the best medical treatments and patient-oriented care, promotes innovation and is characterized by excellent teaching and research.

Lean is the conscious investment of time and brainpower into the improvement of the «fitness» of the hospital

The patient benefit is at the center of attention and reflected upon during all our activities

- **Quality:** Was the medical achievement good?
- **Velocity:** Was the duration of stay appropriate?
- **Flexibility:** Was an interest shown in the patient needs?
- **Reliability:** Were the arranged appointments abided?
- **Costs:** Were the costs for the treatment justified?

The implemented Lean Hospital methods lead to a measurable impact

An example of a surgical ward:

- **Kanban logistical system**
- **Huddle**
- **Continuous Improvement Process**
- **Shrink**
- **Hourly Rounding**
- **Flow Board**
- **Report cards**
- **Patient boards**
- **Return of material (once 43'000 CHF)**
- **Less time for search and walking time (7 hours/day)**
- **Regular pain control**
- **Less meeting time (19 min instead of 60 min)**
- **40% less material cost (-4'000 CHF/ month)**
- **Less express orders (-85'000 CHF/ Jahr)**
- **Patients feel safer: no negative feedbacks regarding nursing care in 2017**

Planned activities

<table>
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<th>Influencable through Lean</th>
<th>Direct influence</th>
<th>Indirect influence</th>
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<tbody>
<tr>
<td>INPUTS</td>
<td>OUTPUTS</td>
<td>OUTCOME</td>
</tr>
<tr>
<td>Implementation of Lean Hospital methods and instruments</td>
<td>More time for value-added activities, less waiting time (60 min/day)</td>
<td>Increase in quality of hospital stay, Reduction of fall rate</td>
</tr>
<tr>
<td>Patients feel safer: no negative feedbacks regarding nursing care in 2017</td>
<td>40% less material cost (-4'000 CHF/ month)</td>
<td>Cash receipt increase (-85'000 CHF/ Jahr)</td>
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Discussion: Interfaces and differences of Lean Hospital and Practice development?

- Person-centered healthcare delivery with a focus on nursing and midwifery
- Transforming context and culture nursing care
- Facilitators as part of the team
- Increase effectiveness in patient-centered care
- Empowerment of employees
- Optimising processes to increase the overall performance of the hospital
- Encompassing management system, focus on leadership
- Culture of continuous improvement
- Interprofessional and interdisciplinary collaboration
- Focus on value-added activities throughout the full cycle of care

Where we are…

PD Culture and Lean Hospital: Building bridges…

Anja Ulrich, MNS, RN
Head of Nursing, Medical Department
University Hospital Basel

Discussion

- Go to www.menti.com and use the code 39 96 42
How we work together

- Giving space for new ideas and development
- Living shared values and visions
- Developing nursing practice through critical thinking and reflective learning
- Living person-centredness and having a collective understanding of it
- Facilitating shared knowing and handling
- Enabling participation in change processes

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How did our leadership and our staff bring Lean and PD together?

Leadership Team Department of Internal Medicine

- Building bridges!
- Step one step back to be able to step three steps forward
- Participation is fundamental
- Standardization yes, but with considering specific patient needs and context
- Trigger, observe, change and adapt

Leadership Team Department of Internal Medicine

- We used PD methods to implement Lean structures: How does it fit with our setting, context and experiences?
- Nurses noticed that they are able to create new processes together
- Colleagues are pulling in the same direction
- Lean ideas had to fit in their team culture
- Different generations of nurses brought different and helpful experiences
Leadership Team Department of Internal Medicine

Change is not new
Our culture is participative and strong
Unit Councils were vital
Our nurses know what the best for them is. Just ask them
Often we had lunch together and discussed
PD is a very strong method to facilitate own skills and knowledge. Over the years it helped a lot to promote nursing careers

Leadership Team Department of Internal Medicine

It needs power of endurance to understand the meaningfulness of both approaches together
To impose something, did not mean to be better organized
Leaders are participants or sharers of the change (not staying outside)
PD means person-centred thinking and working
Lean means developing business and organization
Collective thinking for improvement: multi-professional team work improved

Unit Council Leaders

It was helpful, that leaders communicated open and transparent
PD means for me to work effective and near the patients
Lean labelled: things we already did, for example hourly rounding
I appreciated that changes were implemented in small steps successively
We had time to adapt things, to adapt us

Unit Council Leaders

Sharing ideas, energy and commitment with nurses to improve quality of care
Involvement in identifying problems and developing questions – thinking of new possibilities

Unit Council Leaders
Staff nurses

We went together through changes and adjustments
The stronger ones have pulled the weaker ones along
We need each other to ask and discuss
If something new occurs, we want to try things out and maybe even to be wrong
It really went well for our team
We made new blocks!

Staff nurses

At the beginning we weren’t aware of the differences and the similarities of PD and Lean
We just used the new things for us
Lean with the CI-Process was never a competitor for PD or Unit Councils because the topics were disposed in a way that they ended up with the right person
We were encouraged to reflect and to speak up
It is very important for us to participate and to work outcome-oriented for our patients

Conclusion

Use Lean Hospital and do not dispose on PD cultural aspects
Both approaches have room and both approaches can inspire each other
So, learn to use them together in the right moment

Discussion

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