



Define Opportunity

Background, Problem Statement, Goal Statement:

Background: The SCOPE program for endoscopy patients includes two processes; looking after patient files prior to their procedure (Pre-Procedure) and patient follow-up after the procedure (Post Procedure)

Problem: Processing time, especially the time from procedure to GP (general practitioner/family physician) letters sent (Post Procedure time), is taking too long. Post Procedure average time is 12 months vs Pre-Procedure average time of 5.5 months. These long wait times have caused patients to lose faith in the health care system as evident by their increased worry, stress and anxiety. Extended wait times have also created delays in patient follow-up procedures and resulted in additional rework for staff.

Goal: The goal was to reduce the Post Procedure processing times to 9.6 months (20% decrease) by September 30, 2016 while maintaining pre-procedure processing times at 5.5 months. Achieving this goal would improve patient care and help to restore their confidence in our healthcare system.

Improvement Selection & Implementation Plan:

Utilizing brainstorming and a priority matrix together with group discussion, the following solutions were identified for the key issues:

- The team reduced the redundant steps by eliminating or combining tasks.
 - “Clerk Reconcile File” was combined with “Print Reports”
 - “RN First Review” was combined with “RN Triage.”
 - The Binder Review work was eliminated.
- Reduced the most significant wait times by consolidating a 6 Step Process into 4 Steps (saved >100 weeks).
- These changes together with reassigning some tasks and introducing standard work made it possible to not only keep up-to-date with the new files arriving daily but also provide enough time to reduce the backlog.

The team communicated these changes to the department and then conducted a series of seven trials, Plan- Do- Study- Act (PDSA) cycles, to test the changes, collect timing data (collected manually during the trials), and identify other opportunities for improvement for the next trial.

Build Understanding

Process Assessment, Cause Analysis:

A process map was first drawn to understand the process. This map was followed by the development of a current state Value Stream Map (VSM):

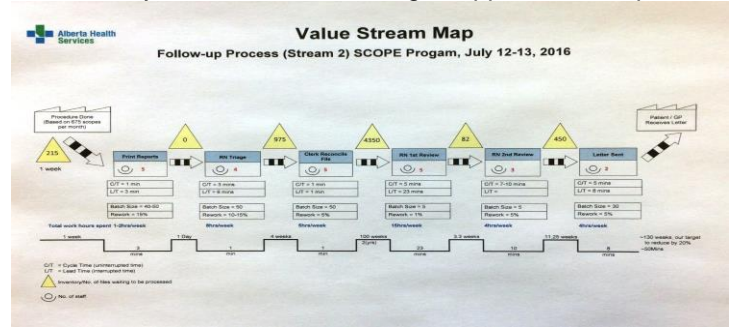
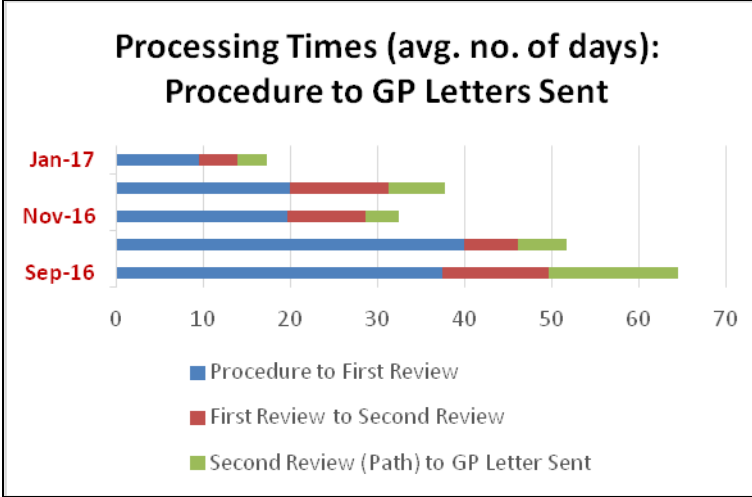
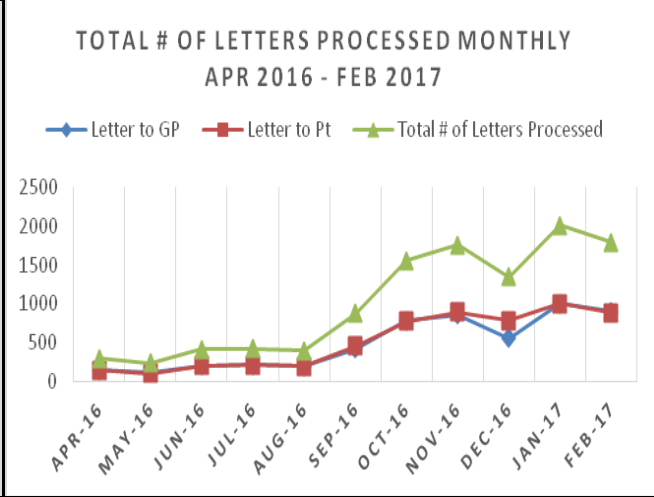
- Included workplace observation and task-specific interviews with the employees who complete each step of the work.
- Initially data consisted of the best estimates of the team members together with data from the SCOPE application software - a specific application built for SCOPE (MS-Access front end and Oracle back end).
- Through gaining a better understanding of the current state, the team was able to develop the desired future state they hoped to accomplish.
- Key questions considered by the team when analyzing the current state map:
 - What (if any) steps can be eliminated?
 - What (if any) tasks can be taken from an RN and delegated to a clerical team member?
 - What (if any) steps can be combined to reduce waste and rework?
 - How can we reduce the amount of time spent during each step of the process?

The key issues identified during the process analysis were:

- Redundant steps were present in the process.
- Many delays existed between process steps, the greatest was approximately 100 weeks, on average, between reconciling patient files and RN reviews.
- These delays resulted in a backlog of approx. 4,350 patient files

Project Team:

- Sponsors:
 - Barb Moysey, [Manager PC & SCOPE](#)
 - Donna Chapman, Office Manager
- Internal Support (Site)
 - Linda Hickie, Assist Head Nurse (Team Lead)
 - Melanie Peters, Clerk
 - Janet George, RN
 - Steve Sisson, Clerk
 - Ana Guerrero, Business Analyst
 - Hazel Rabacio, Secretary
 - Sharron Krill, RN (~4 mo. May to Sep 2016)

Summary of Results:

- Between Mar. 2016 and Jan. 2017, decreased the average time from post procedure to GP follow-up by approximately 95% (from 12+ months to 17.2 days for current charts not including backlog)
- Overall, the number of patient files processed per month increased by 506% (from 295 to 1789) between April 2016 and February 2017. See above chart.
- For patients who had procedures between Sep. 2016 and Jan. 2017, increased number of patient files completed with follow-up letters sent by approx. 2900% (from 19 to 578/month).
- Between Jan. and Feb. 2017, reduced the backlog by 29% to 1,470 patient files from approximately 5,000 (total backlog in Dec. 2016)

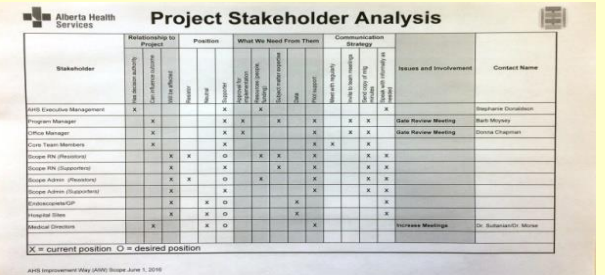
Reinforce Ownership, Measurement & Continuous Improvement:

- Sustaining the results and improving beyond them will be the joint effort and responsibility of the entire team.

Manage Change

Stakeholder & Communication Strategies:

- Project status and activities were included on the agenda at staff meetings.
- Visual charts were posted to indicate the results achieved.
- A series of three Gate meetings we held to review the progress of the project and plan for the next phase of the project.



Lessons Learned: (Identify and share with groups who may benefit from your experience - inside and outside of your team.)

Shared Learnings – Lessons Learned

- Clarify roles and responsibilities of the project team with the sponsors at the start of the project
- Increase on-going collaboration between sponsors & team.
- Develop strategies to gain more buy-in with the whole team.