Identifying Waste At The Front-Line

Institute for Healthcare Improvement

Hospital Inpatient Waste Identification Tool

Interior Health
IHI Hospital Waste Identification Tool

1. What is It?
2. Try it Out!
3. How Interior Health Has Used It

Background, Experience, Application
IHI Hospital Inpatient Waste Identification Tool

What Is It?
...connecting front-line staff with system level Improvement
<table>
<thead>
<tr>
<th>Procedure Complications</th>
<th>Flow Delays</th>
<th>Adverse Drug Events</th>
<th>Unnecessary Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Associated Infections</td>
<td>Clinical Care Delays</td>
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hospital resources that are used, consumed, spent or expended where, from the perspective of the patient, the hospital, or the community, patient care is not enhanced as a results of such expenditures (IHI, May 2010)

Waste
Five Modules
Intended to be **customized** for the area of use

- Diagnosis Module
- Patient Module
- Patient Care Module
- Treatment Module
- Ward Module
• Identify and categorize actual or potential waste from the perspective of front-line staff
• Assess if waste is present
• Move from qualitative to quantitative data

Waste Reduction
Use to prioritize action, further review, and develop a business case for improvement.
## Engagement

### Front-Line Qualitative Evaluation
- Modules Selected
- Wards Selected
- Tool Instruction
- Review Conducted
- Potential Waste ID

### Leadership Quantitative Evaluation
- Implement
- Strategies
- Decision to Resource
- Financial Implications
- Enriched Review
IHI Hospital Inpatient Waste Identification Tool

Try It Out!
Try it Out!

» Ward Module
  » Review Module Instructions
  » Watch Video
  » Complete Ward Module
» Discuss Results
» Discuss Next Steps
Review Ward Module

**Review** Ward Module and Instructions
Review Ward Module

Count Down
Review Ward Module

Count Down
Experience

Play Trailer and Video Simulation
Waste Tool Trailer
Waste Tool Sample Patients

- What wastes do you identify?
- What percentage waste is there (of the 3 patients)?
- What might be some next steps?
Waste Tool Sample Patients
Discuss Waste Identified, Percentage Waste and Next Steps

Count Down
Discuss Waste Identified, Percentage Waste and Next Steps

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Discuss Waste Identified, Percentage Waste and Next Steps

Count Down
Discuss Waste Identified, Percentage Waste and Next Steps

Count Down
• What wastes did your table identify?
• What percentage waste did you see?
• What might be some next steps?

Debrief
How Interior Health Has Used It
Still Early....

On the Journey
Our Experience

» Identified a site and an inpatient ward
» Identified reviewer (s)
» Selected module (s)
» PDSA cycles
  » Trialed and customized
» Front-line staff used the tool
  » Indicated yes/no if waste was present
  » At moment of module use
» Total # of beds (percentage waste)
» Ward Module (Medical & Surgical Wards)

» Combined Treatment/Ward Module (ICU/SDU)

» Patient Care Module in Planning Phase (Medical Ward)
Surgical Ward
Modified Ward Module
6 North Total Waste per audit

In Practice – 6 N Results
Clinical Care Delay


[Graph showing clinical care delay from December 2010 to February 2012 with data points for each month showing variations in delay percentage.]
In Practice – 6 N Results

» Clinical Care Delay
  » Diagnostic Imaging
  » Commitment from Leadership to Address
  » Almost Immediate Results

» Creeping up Again
  » Order Delays an Issue
In Practice – 6 N Results

Procedure Complication


Procedure Complication
In Practice – 6 N Results

» Venous Thromboembolism Waste
  » Chart Review
  » Project with Surgical Network
  » VTE Prophylaxis CCM

» Pressure Ulcer Waste
  » Focused Project
  » 11 of 33 Patients

» Surgical Site Infections

» Urinary Tract Infections
Moving Forward – 6 North

» Clinical Care Delays
  » Procedure Delays
    » VTE Prophylaxis
    » Surgical Network Actions
    » NSQIP (Surgical Site and Urinary Tract Infections)

» Flow Delays
  » Alternative Level of Care
  » Discharge Orders
  » Progress Notes
    » Targeted Physician Lead Project
“Reinforces what I knew was a problem”
“Helps to direct change”

Deb Chaplain, Director Patient Care Services, RIH
Intensive Care/Step Down Unit Treatment/Ward Module
ICU Total Waste per audit
In Practice – SDU/ICU

Invasive Tools


- 0.0%
- 5.0%
- 10.0%
- 15.0%
- 20.0%
- 25.0%
- 30.0%

Invasive Tools
In Practice – SDU/ICU

» Targeted Staff Practice
  » Foley Catheters
  » Art Lines
  » Central Lines Versus Peripherally Inserted Central Catheters
  » Richmond Agitation Sedation Scale Scores
  » “Teachable Moments”
Moving Forward – SDU/ICU

» Interventions
» Richmond Agitation Sedation Scale Scores
» Clinical Care Delays
  » Consult Delays
  » Procedure Delays
» Flow Delays
  » End of Life
“I’ve got people disengaging because the system is so overburdened right now. It [the IHI waste tool] brings their attention back to providing good, safe, quality care....to get them [the patient] home.”

Sandy Semograd, Manager ICU/SDU
“A wonderful opportunity to connect with staff and for them to connect in a learning way.”

Sandy Semograd, Manager ICU/SDU

ICU/SDU Feedback
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• Sandy Semograd, Manager ICU/SDU
• ICU/SDU Team
• Layla Mault, PCC 6 North
• 6 North Team
• IH West Quality Team
  • Naomi Erickson (Pressure Ulcers)
  • Julie Wootton (NSQIP)
  • Jennifer Stieda (Patient Module)
  • Jen Treger (Admin Support Extraordinaire)

Thank You
Questions?
Hospital Inpatient Waste Identification Tool