Background

Hospital operates two urgent care sites: FirstCare North (FCN) and FirstCare South (FCS). Time spent in an urgent care is critical to patient satisfaction. In September of 2011, LOS was observed to be an average of 99 minutes, which could cause patients to present to the ED (a serious business and quality concern).

Goal

LOS from Registration to Discharge Median < 60 Minutes & Defects (>90 min) <20%

Team

Multidisciplinary including physician, nursing, and support staff. Supported by a team leader, Champion and Black Belt.
Current Situation
Analysis

Peak Time

Cause Mapping

Why?
- Many patients arrive at the same time.
- Many patients arrive before FC opens.
- Document Process
- Physician has difficulty keeping pace.
- There is one physician per site.

Visits are not scheduled or many patients arrive before FC opens.

Industry Norm and also a CTQ for patient.

Patients believe it will be faster.

Walking to Document or charting patients together for documentation.

They may not be aware that it is our busiest time.

Wants/Needs time in Office or doesn't want to chart in exam room.

Test demand or consider NP or doesn't want to be interrupted by patient and/or believes faster.

Sometimes, even one physician is without any patients.

Visits are not scheduled or 3rd site.

Possible Solutions:
- Continue Myth Busters and redirect patients
- Create Standard Work

Evidence:

Niche

Education

Create Standard Work

Test in-room documentation

Believes faster

Avoids walking
Recommendations

- Work Leveling
- Visual Management System
- Standard Work

Transition from brainstorming solutions to developing process improvement systems.
Plan

11/30/2011
Identify project goals, metrics & key steps

9/30/2011
Revised project scope to...

1/16/2012
Value Stream Mapping Workshop

1/1/2012
5S/Training Std Work & Leveling Kaizen

4/3/2012
5S/Follow-up

4/1/2012
Visual Mgmt Planning

6/28/2012
Level 1 Workshop

6/6/2012
Poster Session

9/12/2012
2013 Shingo Assessment

8/15/2012
9/1/2011
Gate 1: Problem Statement Review

10/1/2012
Gate 2: Stability Review

2/8/2012
Gate 3: Flow Review

6/11/2012
Gate 4 Review

12/15/2012
11/30/2012
11/16/2012
2013 Hoshin Kanri Planning

10/1/2012
12/15/2012
Future State

Peak Period (11am - 2pm)

<table>
<thead>
<tr>
<th>PT Processing Time in Minutes</th>
<th>TOTAL Registration</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.45</td>
<td>8.25</td>
<td>10.2</td>
</tr>
<tr>
<td>FTE</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Cycle Time (CT) = PT / FTE</td>
<td>5.41</td>
<td>4.13</td>
</tr>
<tr>
<td>Demand</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Time available in Minutes</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>takt = available time / demand in minutes</td>
<td>9.47</td>
<td>9.47</td>
</tr>
<tr>
<td>Utilization = CT / takt</td>
<td>57%</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>54%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>74%</td>
</tr>
</tbody>
</table>
Results Report

Data has been transitioned from a monthly view to a daily view. Issues with stability continue, but the process is capable albeit subject to variability due to patient demand.
Conclusion

Year to date 2012 has a median length of stay from Registration to Discharge of 55 minutes which exceeds the project goal of 60 minutes.

There was a 44% reduction in length of stay from 2011, and it is anticipated that additional throughput and efficiencies will be achieved by work leveling during peak times.
Next Steps

- Project Handoff
- Standard Work
  - Control Plan Auditing
  - Tiered Management
- Work Leveling
- Aligned Incentives
Key Learnings

• Culture eats change for breakfast.
• Developing systems was more important than well executed events.

Changing the management system within the department has created a meaningful way for communicating. It is being viewed as a system and not a solution.