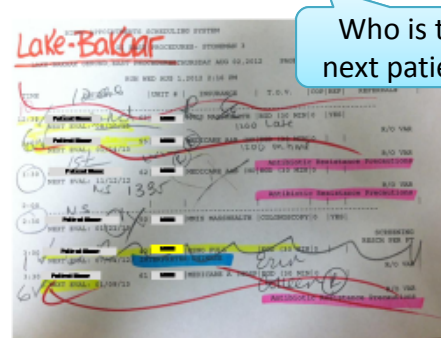


5 Feet in 5 Seconds: An Application of Lean Visual Management

Owner/Date	6/29/12 GI Lean Team	7/27/12 GI Lean Team	9/5/12 GI Lean Team	11/1/12 GI Lean Team
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Problem Background

On Stoneman 3, the physical design of the unit is broken into 3 separate pods: admitting, recovery and procedures. Previously, nurses used printed schedules taped to a cluttered 'admitting board', which were layered over time with check marks, RN initials, highlight markers, Resource RN notes and cross outs in an effort to better manage patient flow. Further complicating the issue, the admitting and procedure areas were at separate ends of the unit, meaning the primary communication method was constant phone calls to the Procedure Hall RN who is responsible for coordinating patients, physicians, nurses and equipment among 10 procedure rooms.



Who is the next patient?

Current Condition & Cause Analysis – Gathered data through observation & mapped the current process

Observations for 133 minutes were completed on a 'typical' day, in that time:

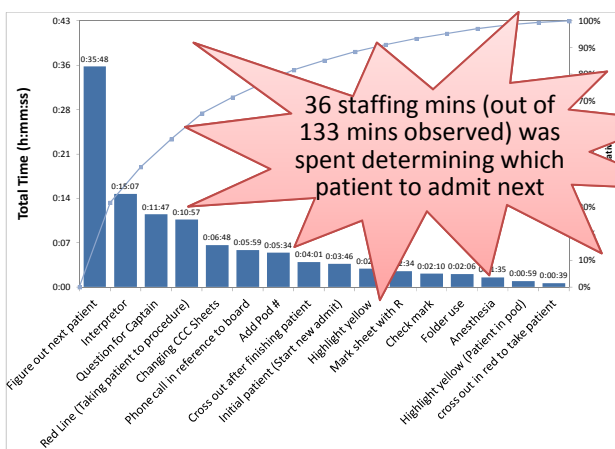
- More than 1 person was at the board on **24 occasions** (ranging from 2 – 6 people)
- Board referenced **123 times (once every 65 secs)**
- Max time spent at the board by a RN = **8:32 mins**
- Total RN time spent at the board = **68 mins**
- Total staff time spent at the board = **112 mins**

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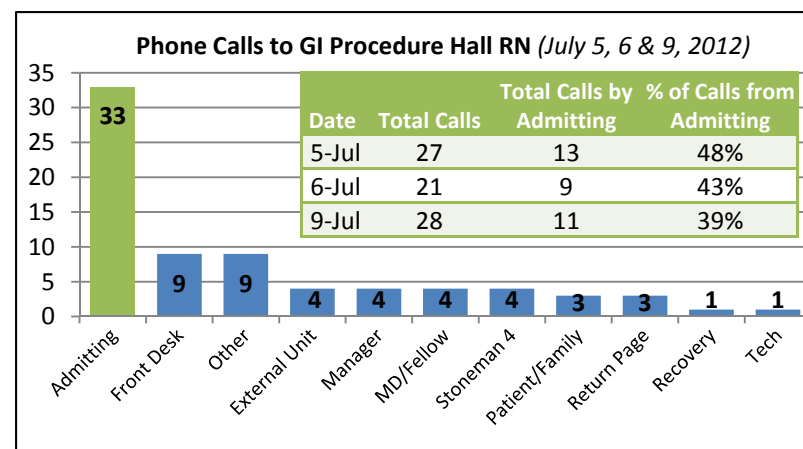
How much time do we spend coordinating activities at the "Admitting Board"?

What is the "Admitting Board" being used for?



Can we decrease the unnecessary & repetitive decision making on who to admit next?

Who is calling the Procedure Hall RN?



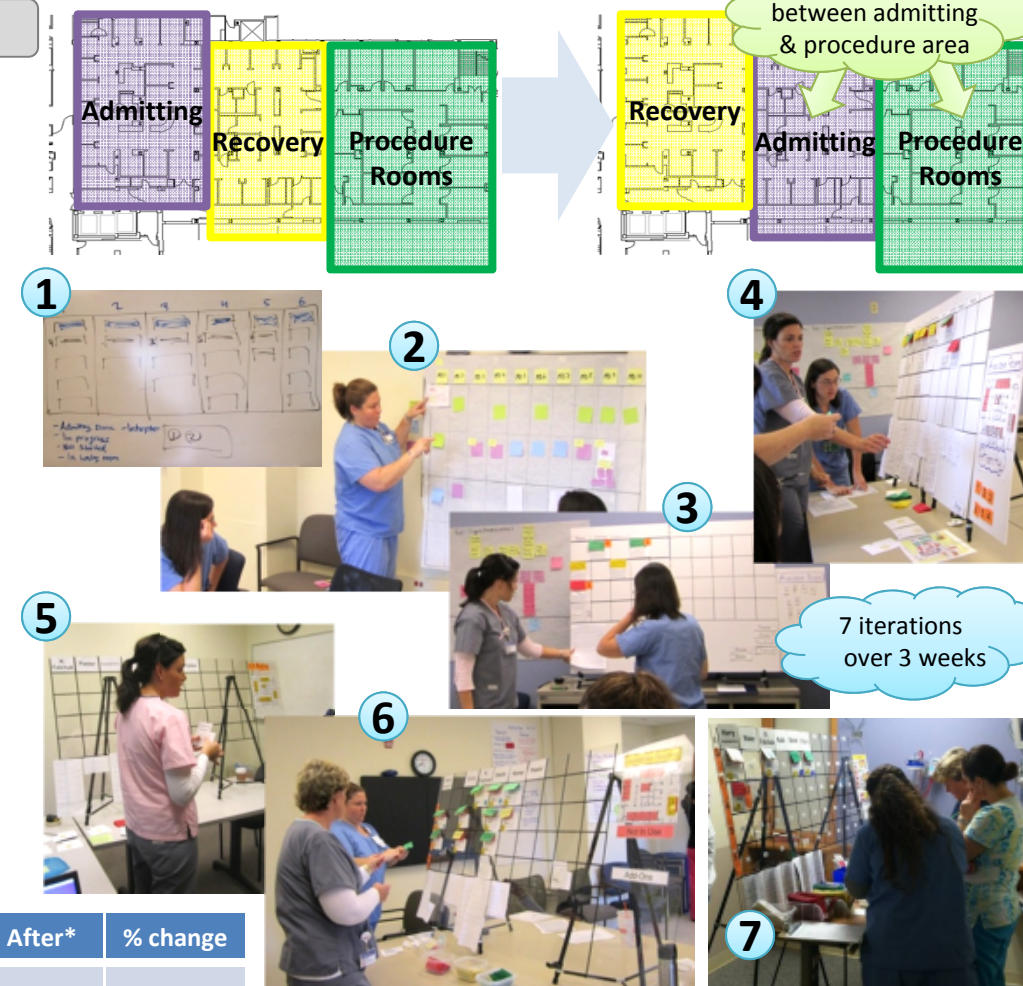
Why is admitting calling the procedure hall RN? If the Procedure Hallway RN has the most up-to-date information needed to prioritize patients in admitting, how can admitting receive that information without having to call?

Goal

Develop a Visual Management System that would improve communication and our ability to consistently synchronize an available room, patient, physician, nurse with all required equipment

The Interventions – Future State Design

- Switched the Admitting and Recovery areas to create line-of-sight between the 2 areas
- Iterated 7 versions of a visual management board, finally implementing a strategically placed, transparent board viewable from both the procedural hall and admitting area
- Reformatted previously available information with color codes, maps, flags, and automated patient arrival labels
- Collaborated with nursing, technical, and physician staff to develop standardized work to support the function of the new board



Results

Measures of Success	Before	After*	% change
Total RN time spent at the board (out of 133 minutes observed)	68 mins	18 mins	↓74%
Total staff time spent at the board (out of 133 minutes observed)	112 mins	50 mins	↓55%
RN time spend determining which patient to admit next	36 mins	12 mins	↓69%
Daily phone calls between admitting & procedure hall RN	11	2	↓82%

*Observations completed after implementation on a 'typical' day for 133 minutes

Staff feedback post-implementation:

- Better communication between admitting to procedure hallway & no phone calls
- Obvious for admitting RNs which patient to admit next, greatly reducing time spent at the board
- All disciplines can get needed information at a glance

Lessons Learned

- When developing a visual management board, it is necessary to be mindful of who the target users will be. Having a balanced representation of any associated disciplines that may rely on information provided by the board will lead to a more successful process improvement.
- The commitment to implement a change and acknowledge the stressors that are associated with it will also contribute to success

Next Steps/What Should Happen Next

- Ongoing continuous improvement of the admitting visual management board
- Create connecting visual management boards to improve information flow throughout entire unit



"I am able to get the information I need in 5 seconds from 5 feet away"