

# 11 Reisman Day to Day Productivity

## The Problem

Clinical staff on inpatient units spend significant time on non-clinical tasks impacting efficiency, productivity, and patient satisfaction. Patients want safe, timely, and coordinated care from their caregiver team. The 11 Reisman staff noted many barriers to providing quality care, including:

- Not well coordinated communication between MDs, RNs and PCTs.
- Workplace organization resulting in inefficient workflow.
- Missing standard procedures for continuous and level admits and discharges.

## Aim/Goal

The team applied Lean, or principles of Toyota Production System (TPS), on 11 Reisman to identify and eliminate non-value added tasks in 11 Reisman's workflow. The team's goal was to improve efficiency and patient satisfaction by targeting wastes in their workflow. The goals were:

- Implement standard work.
- Identify and eliminate barriers to providing safe, efficient care on 11 Reisman
- Increase involvement of patients in their care.

## The Team

- Team Leaders: Sucharita Kher, MD and Mary O'Connell, RN Manager
- RNs: Anne Brown, John Deckro Kristen Kilduff, Alyssa Montouri, Joanne Passucci, Danielle Pero, Marlana Pettit, Christine Saba, Katie Whetstone
- PCTs: Sonia Barros, Martha Clinton, Mydrie Douyon
- Unit Coordinators and Assistants: Kenila Barros, Gino Cammosse, Zobeida Colon
- Lean Program Team

## The Interventions

### 5S Workplace Design for flow:

- Created satellite linen carts to reduce walking
- Co-located items by function to increase efficiency
- Moved precaution signs to point of use on every patient door to reduce searching
- Designated homes for clinical equipment so staff can reliably locate and return after use
- Labeled workstations and printers to eliminate guesswork for finding print-outs

- Moved Zettler paging system so all staff could use, which reduced Unit Coordinator interruptions
- Created signal cards to indicate when a patient and their chart are off the floor, which reduced searching by clinicians for charts
- Located MD and RN forms where they are used, versus a central location, to reduce fetching

### Clean Utility Supply Chain:

- Clearly labeled items to reduce searching and errors
- Adjusted par levels so there is not too much, not too little, but just enough supplies

### Discharge:

- Piloting admit RN role to balance RN daily workload
- Piloting discharge facilitator role to assist with administrative tasks to expedite discharge
- Created coordinated patient assignments to MD and RN micro teams

## The Results

Metrics	Baseline (Oct '07)	Target	Results (as of Feb '08)	% Change
Minutes to gather and administer a new IV	5:30 min	2:45 min	3:03 min	45% ↓
Minimum minutes spent per shift by PCTs to get linen	14:00 min	<7 min	6:20 min	55% ↓
Minutes spent finding supplies in clean utility room by RN (no training, no publicizing, one instance)	3:17 min	1:38 min	1:22 min	58% ↓
Minutes spent in daily multidisciplinary rounds by RN	45:00 min	15:00 min	11:40 min	74% ↓

## Lessons Learned

Using Lean, significant staff time was saved in the inpatient setting. This was achieved by many simple, small changes that produced significant, measurable results. As a result more time is now available to **provide direct patient care.**

## Next Steps/What Should Happen Next:

11 Reisman's next Rapid Improvement Event (RIE) is focused on day-to-day processes. The work will focus on further standardizing daily tasks for RNs and PCTs to reduce wastes and increase value-added time for patient care.

