



**Barwon
Health**

Daily Management

Operations & Strategy

2015-2020 Strategic Pillars

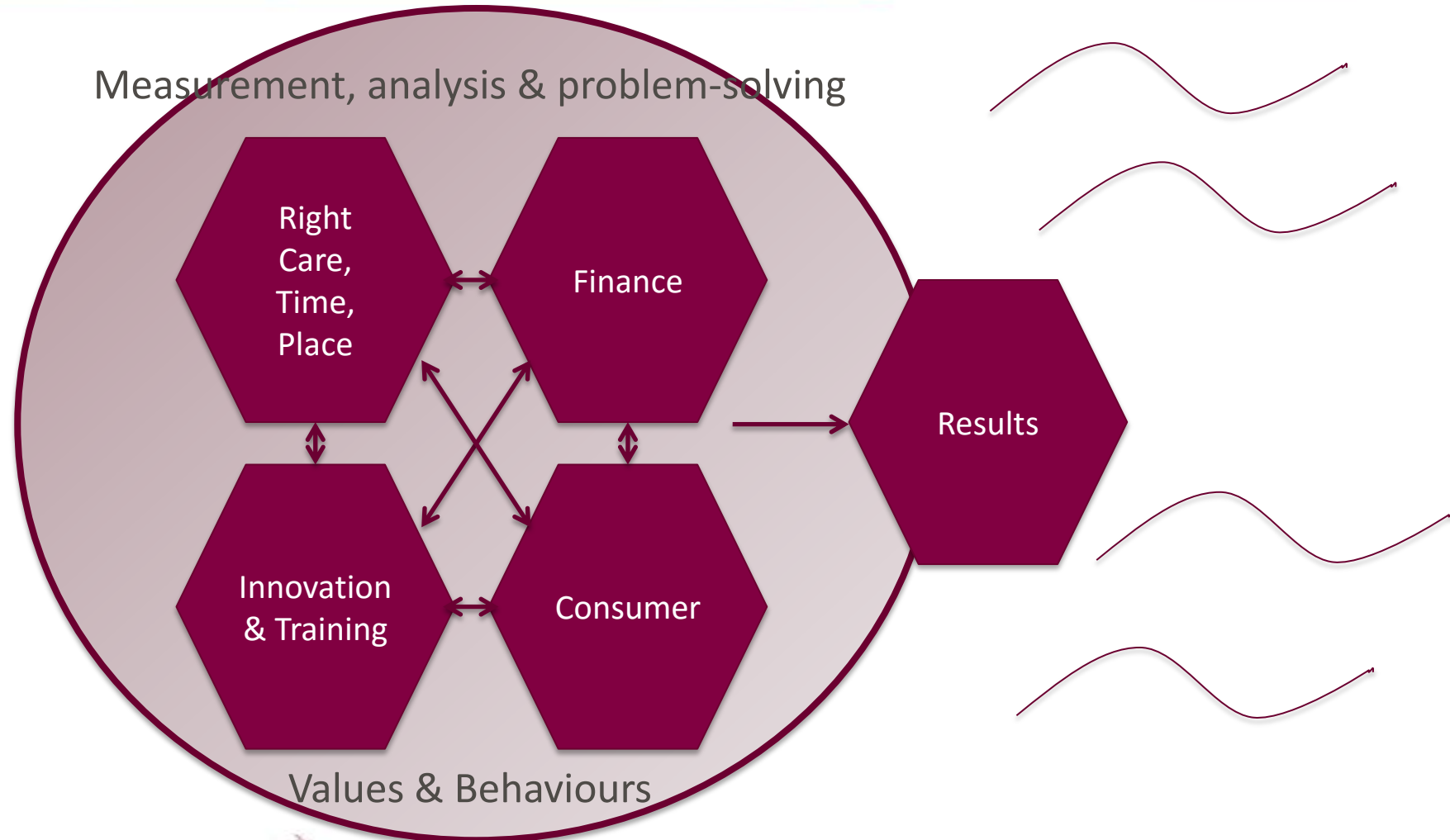
Our Consumers at the Forefront

Our People at their Best

Right Care, Time, Place

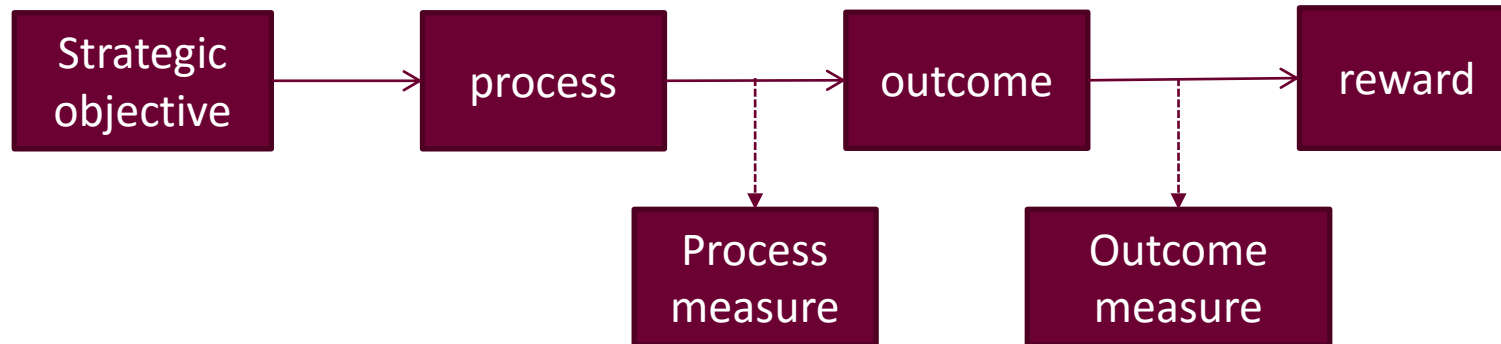
Research, Education & Training for Excellence

Our Community's Wellbeing



Daily Management

Align strategy with process with measures



Why Daily Management

Trying to change outcomes by only looking at the final result

which is like trying to steer using the rear view mirror



Need a mix of process measures and outcome measures



A Balanced Day

We can focus on cutting costs but quality may suffer.

We can be lavish in care and allow pts to stay for as long as they wish but blow the budget and provide untimely access to care for other more needy patients.

We can skimp on training which might make the budget look good in the short term but in the long term we will fall behind – training is an investment in the future.

Thus we need to balance our measures and focus on them all at the same time.



A Balanced Team

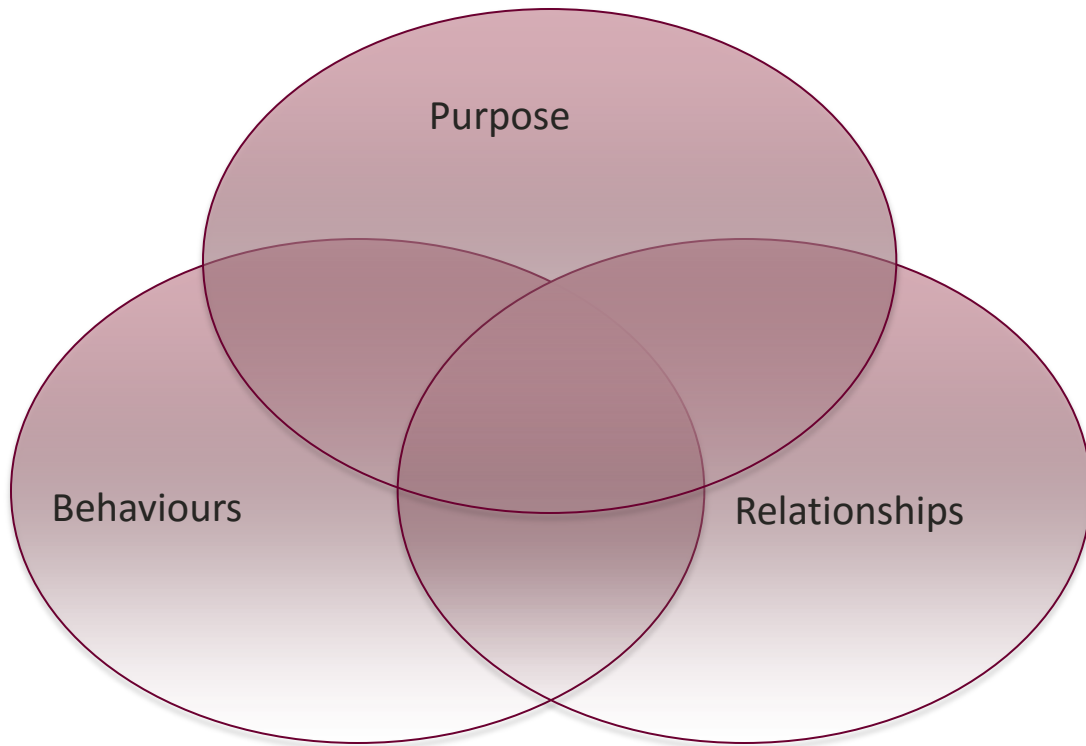
The goal is to engage the whole team in managing all the domains

Daily awareness and problem solving of issues

See discharge scheduling for a good example



Functional Team Dynamics



Clarity of **Purpose** – Why Does our Team exist
What outcome do we wish to achieve?

What are the key **Behaviours** that we need to exhibit to be successful as a Team?

How strong are our Team **Relationships**? What are the Strengths? What needs to be worked on for the good of the team



What's being 'managed'...



Right
Care,
Time,
Place

Operations

Right time (acute care)

- *Discharge scheduling:*
 - 90% agreed day prior
 - 90% out at scheduled time
 - 40% out before 11am
- Empty bed time (turn around time)
- Ward 4 hr Emergency access KPI
 - eg. segment of that that the ward team can actually influence



What's being 'managed'...



Right
Care,
Time,
Place

Operations

Right care

- Pressure injuries
- *Hand hygiene*
- Falls
- Medication errors
- Incidents
 - ISR 1s & 2s,
 - number reported
- OH&S
 - Eg. Needlestick, violence

Right place (non-acute)

- HITH utilisation
- Longstayers
 - Prediction tools
 - Day 10 reviews
- Handover
 - Discharge summary completion rate



What's being 'managed'...



Finance

- Staffing
 - Rostering
 - Sick leave
 - Agency
 - CPOs
 - Overtime
 - Leave liabilities
- Non-Labour Expenses
 - *Pathology ordering*
 - Imaging ordering
 - High cost drugs
- Equipment Investment
- Revenue
 - WIES (Public & Private)
 - Separations
 - Yield
 - Other income
 - TAC
 - DVA
 - Medicare
 - Grants



What's being 'managed'...



Innovation
& Training

Workforce

- | | |
|--|--|
| <ul style="list-style-type: none">• <i>Competencies</i><ul style="list-style-type: none">– Mandatory– Clinical• Performance Development• Training courses attended<ul style="list-style-type: none">– Leadership (Empower)• Policies & Standard Work• A3s completed• Staff ideas implemented | <ul style="list-style-type: none">• <i>Formal complaints & compliments</i>• Daily feedback system• Consumer at forefront of change |
|--|--|



Consumer



From Kaizen to Daily Management

Creating Successful Problem Solving Teams

Functional Team Dynamics

Clarity of Purpose

Successful Team Behaviours

Getting to know your Team

Safe & risky communication

Problem Solving Methodology

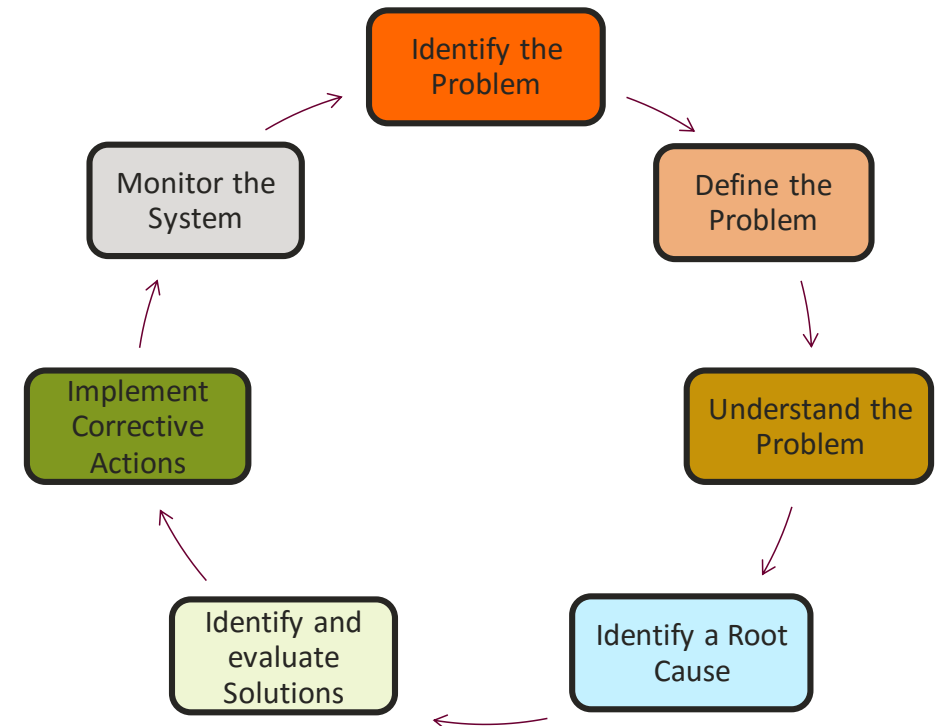
The cycle

The 5 – Why method

Ishikawa Diagram

5-S

Standard Work



Improvement Teams

Key processes (that add value from customer perspective)

The outcomes we want

Process measures & targets to attain the outcomes

Acceptable variations (control limits)

Key Process	Outcomes	Process measures & targets
Discharge Scheduling	16 beds available for Emergency patients each day	90% agreed day prior 90% out at scheduled time 40% out before 11am
Hand Hygiene	>90% Hand Hygiene compliance across MDT	Ward set-up daily 90% MDT complete online training (3 years) 90% MDT complete simulation training (annual) 90% MDT satisfied with simulation training



Implementation into Daily Management structures

5. Leader Standard Work

1. Stable and Standard Processes

Reliable Methods/
Standard Work

Standard Work
Instruction

Training Matrix

Defined Audit
Process

2. Problem Identification

Visual
Management

Measures

Standard Work
Audits

Abnormality and Andon Alert

3. Daily Accountability Processes

Tiered Huddles and Escalation

Gemba Rounds

4. Local Problem Solving

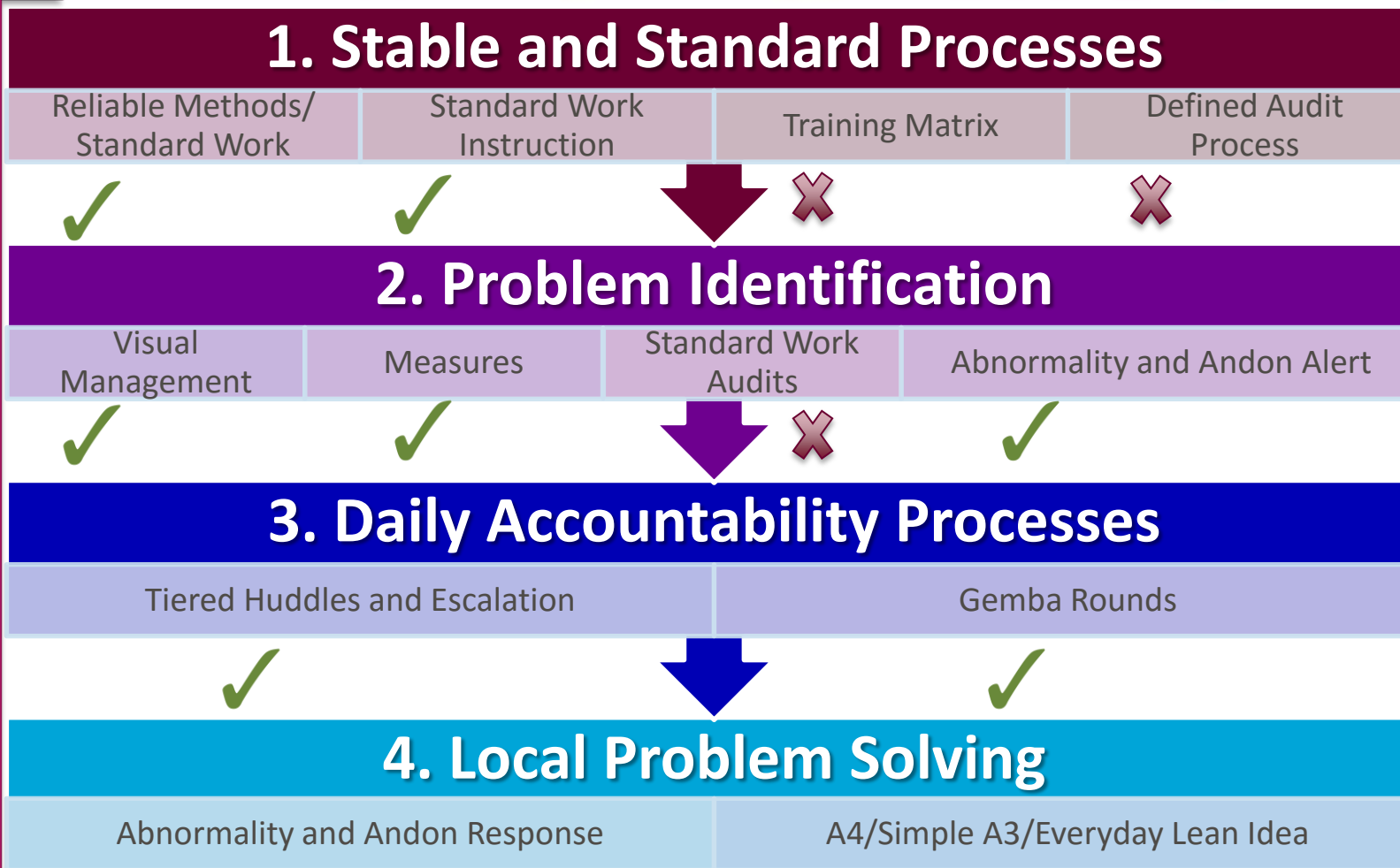
Abnormality and Andon Response

A4/Simple A3/Everyday Lean Idea



Implementation into Daily Management structures

5. Leader Standard Work

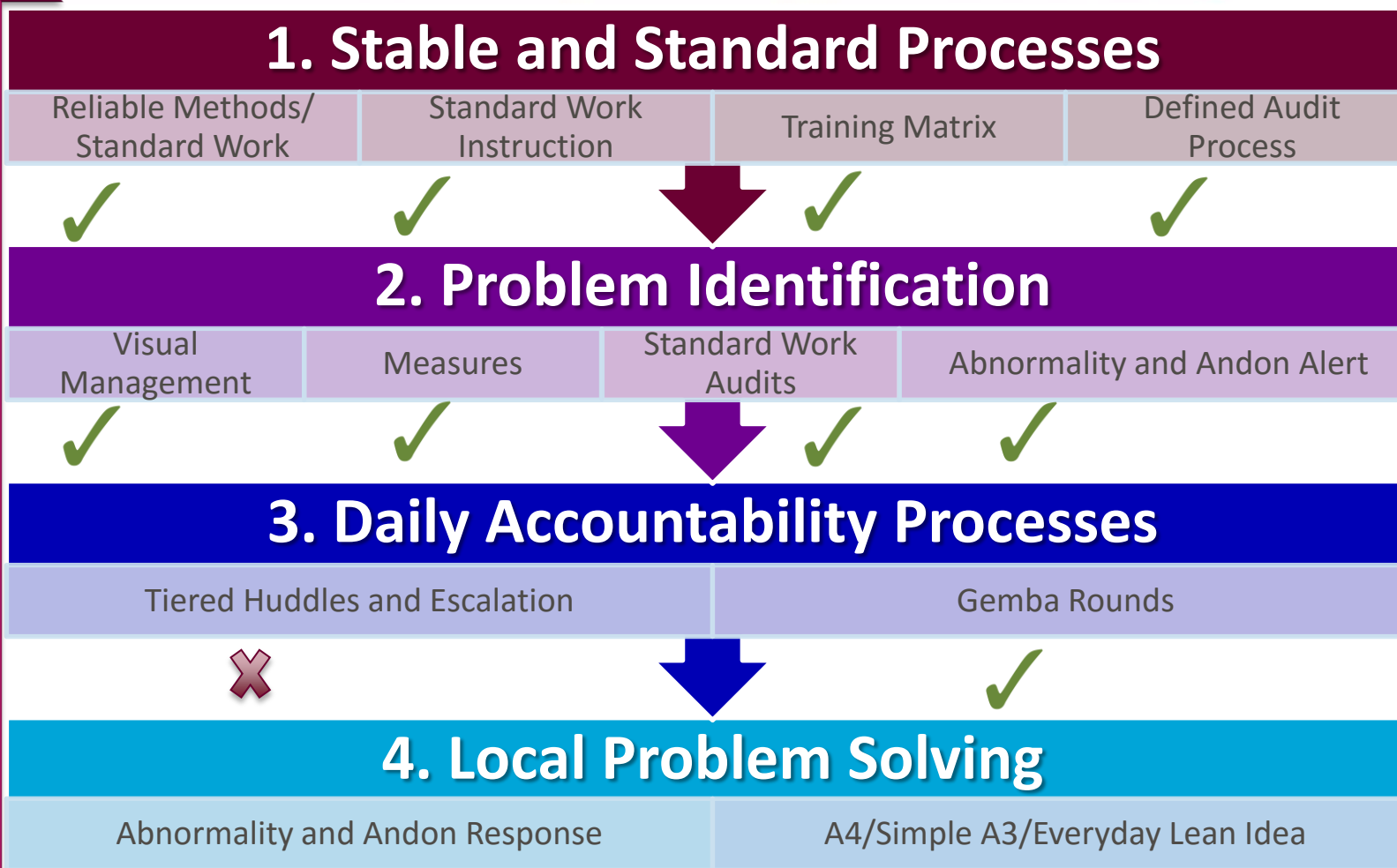


Discharge
Scheduling



Implementation into Daily Management structures

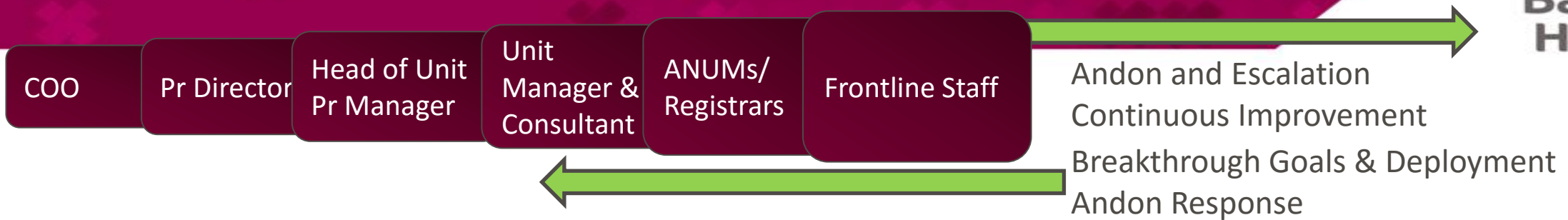
5. Leader Standard Work



Hand
Hygiene



Tiered Huddles, Rounds & Escalation



Huddle	Checking Frequency/ Duration	Content
AM round: UM, HOU, PM	Everyday/10-15 minutes	Long-stay patient reviews (Clinical & Service issues) Staffing & non-labour resources
11:30 MDT meeting: Consultant ANUMs, Regs	Everyday/20-30 minutes	Discharges: today, yesterday, tomorrow Feedback on ward/program BSC results/Rewards/Organisational Info
11:50 Programme MDT meeting PD, PM, HOU, Consultant, UM	Everyday/10 minutes	Daily discharge & long-stay results/plans from ward level Feedback on program BSC results/Reward/Organisational info
PM round: ANUM, Reg, HOU/PD	Everyday/10-15 minutes	Planning for tomorrow's discharges
Right Care, Time, Place: PD, PM	Weekly/ 15-45 minutes	Review of week from patient flow perspective
Directors Meeting: PD, COO	Weekly/30 minutes	Planned versus actual performance for the previous week Plan for this week and Organisational info
Balanced Scorecard: NUM, PM	Weekly/30 minutes	Planned versus actual operational performance Breakthrough improvements status
Program Leaders Meeting	Monthly/60 minutes	Monthly view of above at program level