

5th International Conference on

Pediatric Nursing and Healthcare

July 11-12, 2016 Cologne, Germany

Reducing waiting time for children in accident and emergency, the lean way

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Background: Unplanned nature of patient attendance in A&E leads to unnecessary waiting time for children. This process has a clinical and operational part to it. While doing my course, I realized lean strategies could be utilized to reduce waiting time in A&E.

Aims: This project is to identify and reduce the number of non-value added steps along the patients' journey (Children of 0-14 years of age) attending emergency department at Mayo General Hospital. This is aimed to reduce the waiting time, reduce the overall time, and thus, improve the patient experience and render better patient care attending emergency department at Mayo General Hospital.

Methods: I have formed a team, which was duly approved by hospital management. The team has hardworking, experienced, dedicated and committed hospital staff. The team consisted of: - Paediatric Consultant, Registrar, senior house officer (NCHDS) - PROJECT MANAGER: Myself - Clinical Nurse Manager III- Paediatrics, A&E. - Assistant Staff Officer. - Staff nurses-Paediatric, A&E. - Other members will be co-opted as necessary - And last but the most important- the patient; children. The team has been established and is already undertaking a number of activities and weekly meetings. The main steps included: - Establish clearly existing waiting times for paediatric patient. - Establish clearly the existing patient journey - Identify stakeholders to involve in the process mapping session. - Identify issues/ solutions/bottlenecks/ decision points. - Identify where value added and non-value added activity exists. - Explore options to improve the position. This should ideally include: 1. Implementation of improvement plans 2. Re-evaluation of the effectiveness of improvement plans. - And last but the most important- the patient, children. To further my lean project I formulated a document to record time taken for children in accident and emergency in the various stages of their waiting period-current visual map. This format mapped the time taken for paediatric patients at various stages that a patient generally has to undergo i.e. in medical terms, history & examination, differential diagnosis, investigation, interpret results, definitive diagnosis, determine care plan, implement and follow up review.

Results: Future VSM was formulated taking care of the variations /delays seen. Discussions were made with paediatric consultants, senior staff nurses, senior house officers, registrars and their observations and opinions were taken into account. We have a system already in place. To introduce improvement into it, the following current recommendations were suggested, based on current value stream map analysis.

Limits: Old staff resisting change, some NCHDs non-compliant.

Conclusions: Reducing waiting for children in ED. Lean thinking is about team involvement. Lean thinking is about team involvement. It focuses on the process, not on individuals. This is because teams are superior to individuals at identifying and implementing improvement opportunities. I have had meetings with the medical, the surgical and the obstetric team and have persuaded them to have projects on similar lines, to discuss and be familiarized with Lean Tools (5S, Value Stream Map, Kanbans, Kaizen events, Visual Display), and formulate a Current Value Stream map. Formulating Current Value Stream Map for each individual Team will help them to 'go and see' and give them their 'waste goggles'. This will help the above team doctors to redesign care accordingly and reduce waiting time in accident & emergency for the adult patients as well, thus delivering best possible care. Our aim is to deliver the best for patients, for staff, for our community and for the taxpayer.

Biography

Alok completed his training in Paediatrics from RCPI, Ireland. He is currently working as a General Paediatric Consultant at Mayo University Hospital, Ireland. He applied the Lean methodology to eliminate waste and thus improve patient flow. He has presented this topic as Poster presentation at EBHC (Taormina- 2013), International Quality and Safety meeting – BMJ, Paris and received a good response, and other different interesting facets were discussed for reducing waiting time in Accident and Emergency.

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