

OR Tracking Event Answers Question: “Where’s My Patient?”

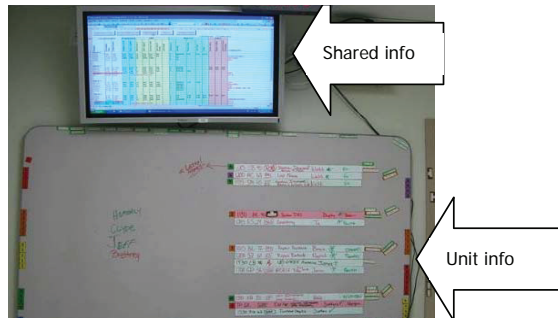
Outcomes

- Immediate virtual elimination of patient location inquiries - from 75 per day to zero the day after implementation
- Low-tech solution using a spreadsheet and stock monitors provided immediate visual controls to all affected employees

A Kaizen event usually lasts five days, so asking busy clinicians and hospital staffers to participate is a big request. But when staff members have to continually work around a complex and irritating problem, they are eager to participate in trying to fix it so that it doesn't recur. Such was the nature of the problem with patient tracking through the operating room (OR) at an Oklahoma City hospital.

Confusion was the norm

“Where is my patient?” was the frequent question. Was the patient in the waiting room? The prep area? The surgery suite? Was surgery being concluded now, and should the next patient be readied? Was the patient in recovery? Ready to go to the unit? Where are we in the process? What's next?



Respect for the worker

One basic tenet of Lean involves respect for the worker—they deserve to know the steps in their process, whether they are ahead or behind, and what comes next. The team focused on making the steps visible to everyone along the continuum.

The Kaizen group included people from the entire work continuum, from prep through recovery, and involved not only nurses and a doctor, but representatives from registration and IT.

Low-tech gets the job done

The idea was to develop a way to share information simultaneously across the many areas of the work continuum. Current IT software solved some, but

not all, of the tracking problems. The Kaizen team started from scratch with a simple Excel spreadsheet, displayed on stock, large-screen TVs in each patient area. The team created an easy, visual way to track patients through the entire process, while guarding patient confidentiality. Everyone could see, at a glance, where each patient was.

Of course the Excel solution was not as sophisticated as the IT software, and it involved some manual input from the managers. But it was exactly—not approximately—what was needed, and after the Kaizen, it was implemented. The IT department went to work customizing the software so that it could, for example, draw information out of the electronic medical record. They also eliminated the need for that manual input.

From “Where’s my patient?” to “Where are my phone calls?”

One unit secretary kept count of the phone calls asking, “Where’s my patient?” before and after the new system was implemented. The day before implementation, she took 75 phone calls. The day the new spreadsheet went up, calls went to zero.

In addition to the general flow indicated on the spreadsheet, a manual white-board is kept in each area to track more specific information for each step in the process. In the case of monitoring clean and dirty rooms, for example, the white-board cues housekeepers when a room needs to be cleaned. For this level of local detail, a manual tracking system is best.

