



9th International Conference of the
TOC Practitioners Alliance - TOCPA

www.tocpractice.com

Nov 1-2, 2013 Utrecht, The Netherlands

**Decrease Stress
AND
Increase Quality of Care
BY
Increasing Throughput**

Gijs Andrea, International House of TOC

November 2, 2013

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Gijs Andrea

Founder International House of TOC
Consultant, Implementor, Trainer

- MSc TOC Healthcare Management
- 25 years experience in Health
- Train people & improve processes



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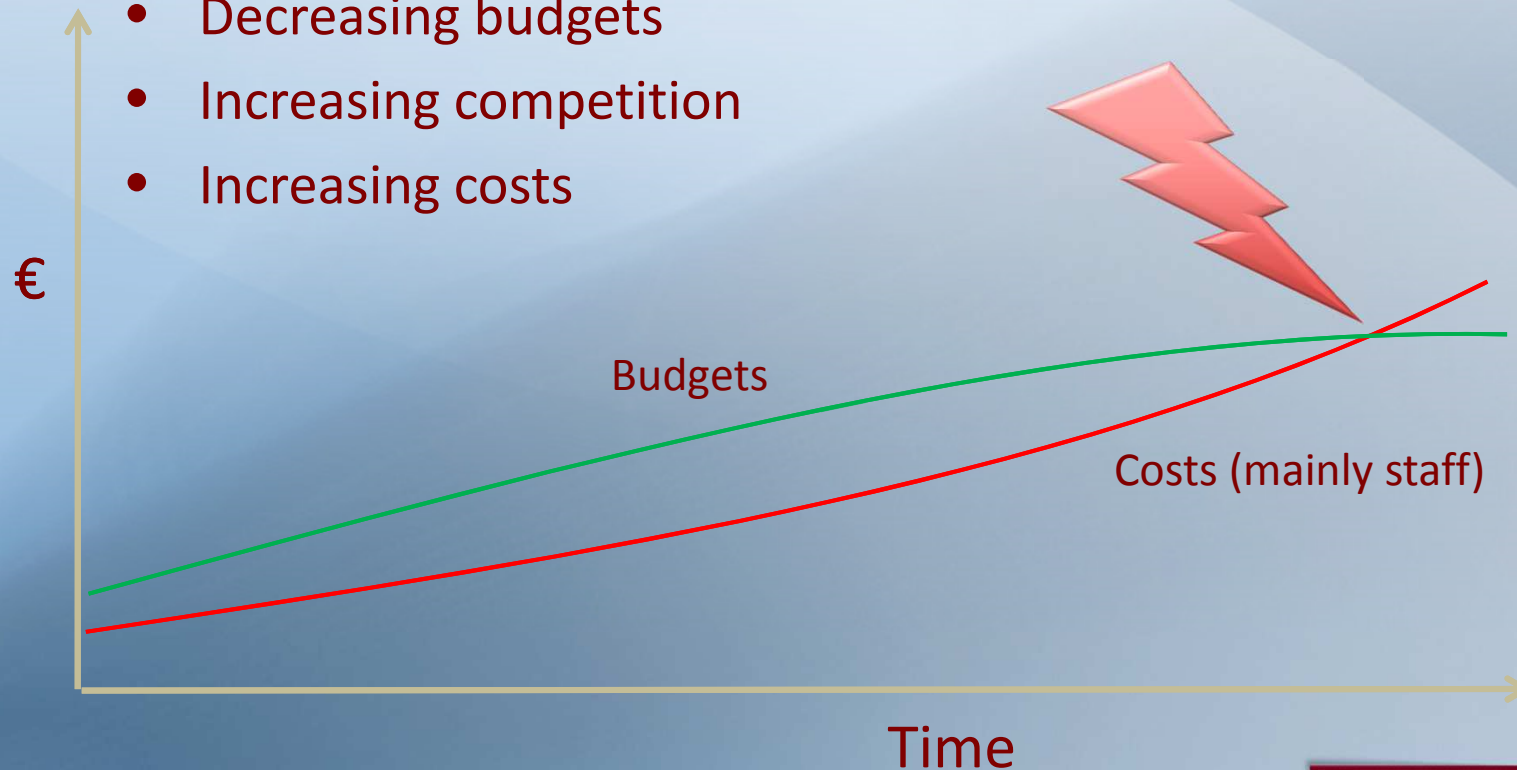
Outline

- ❖ Introduction
- ❖ What's the problem
- ❖ What to change to
- ❖ How to cause the change
- ❖ Some results

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Why Improve Healthcare?

- Increasing demand
- Decreasing budgets
- Increasing competition
- Increasing costs



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What's the dilemma?



Really?

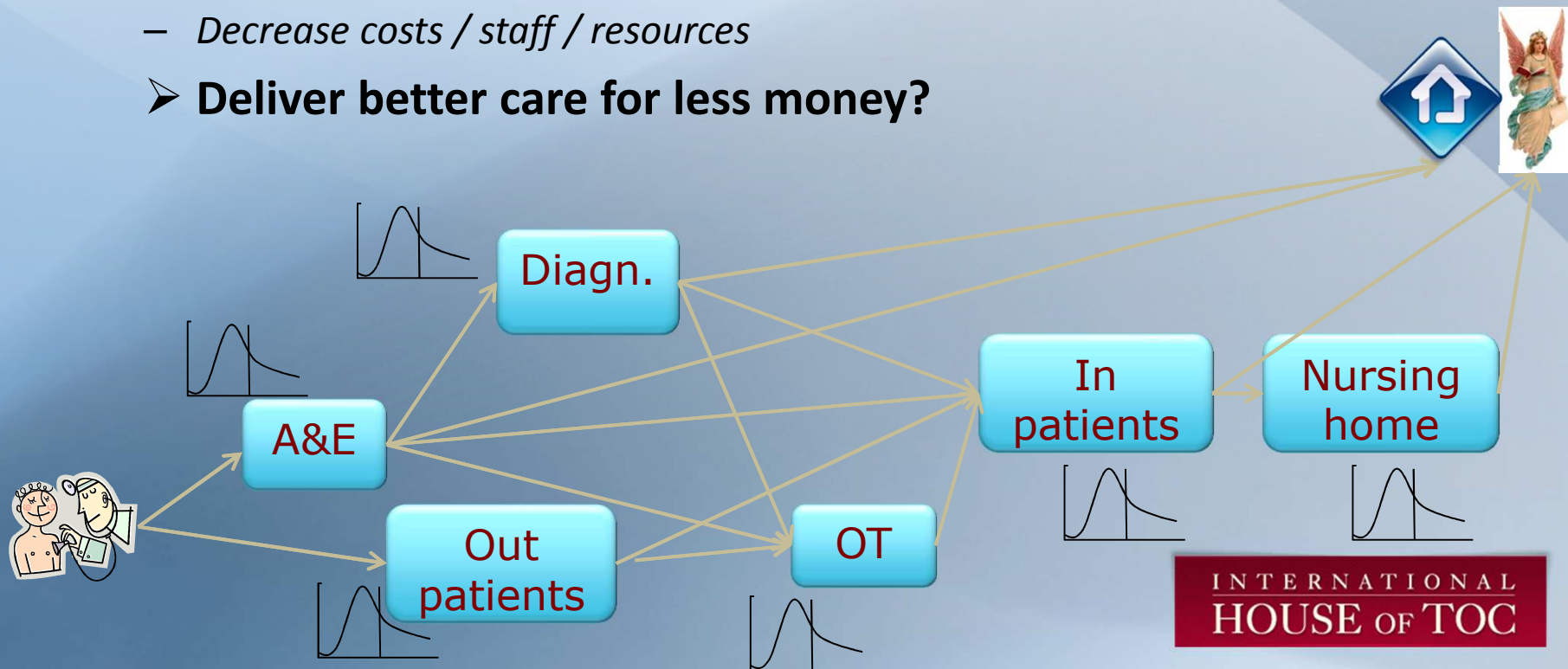
Assumption: We can not improve our quality of care significantly with the current people/money



How to plan – manage – improve?

How to

- Increase timeliness of care
- Increase due date performance
- Increase production
- Decrease costs / staff / resources
- **Deliver better care for less money?**





The Hospital



- General Hospital, North East of the country
- 283 beds clinical capacity
- 82.000 first consultations, 27.600 inpatients
- 25 specialties
- Merging with hospital Dokkum

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What's going wrong?

- Waiting for other resources
- Sometimes unable to admit patients on “home” specialty ward
- No beds available (full-house)
- Nurses/doctors have to deliver care on other wards
- Sometimes patients are discharged too early
- Nurses/doctors often experience a high level of stress

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Quantify the Undesirable Effects

	A1	A2	A3	B2	B3	Total
Beds	36	38	33	38	36	181
Admissions¹	458	526	481	606	679	2750
Days¹	4242	4121	3173	4755	3746	20037
ALOS¹	9,3	7,8	6,6	7,8	5,5	7,3
Capacity	4320	4560	3960	4560	4320	21720
Occupation	98%	90%	80%	104%	87%	92%
Median	7	5	4	6	4	5
Days/Med	1105	778	657	966	880	4602
Days > med	74%	82%	79%	80%	77%	77%
Transitions	290	100	30	260	80	760

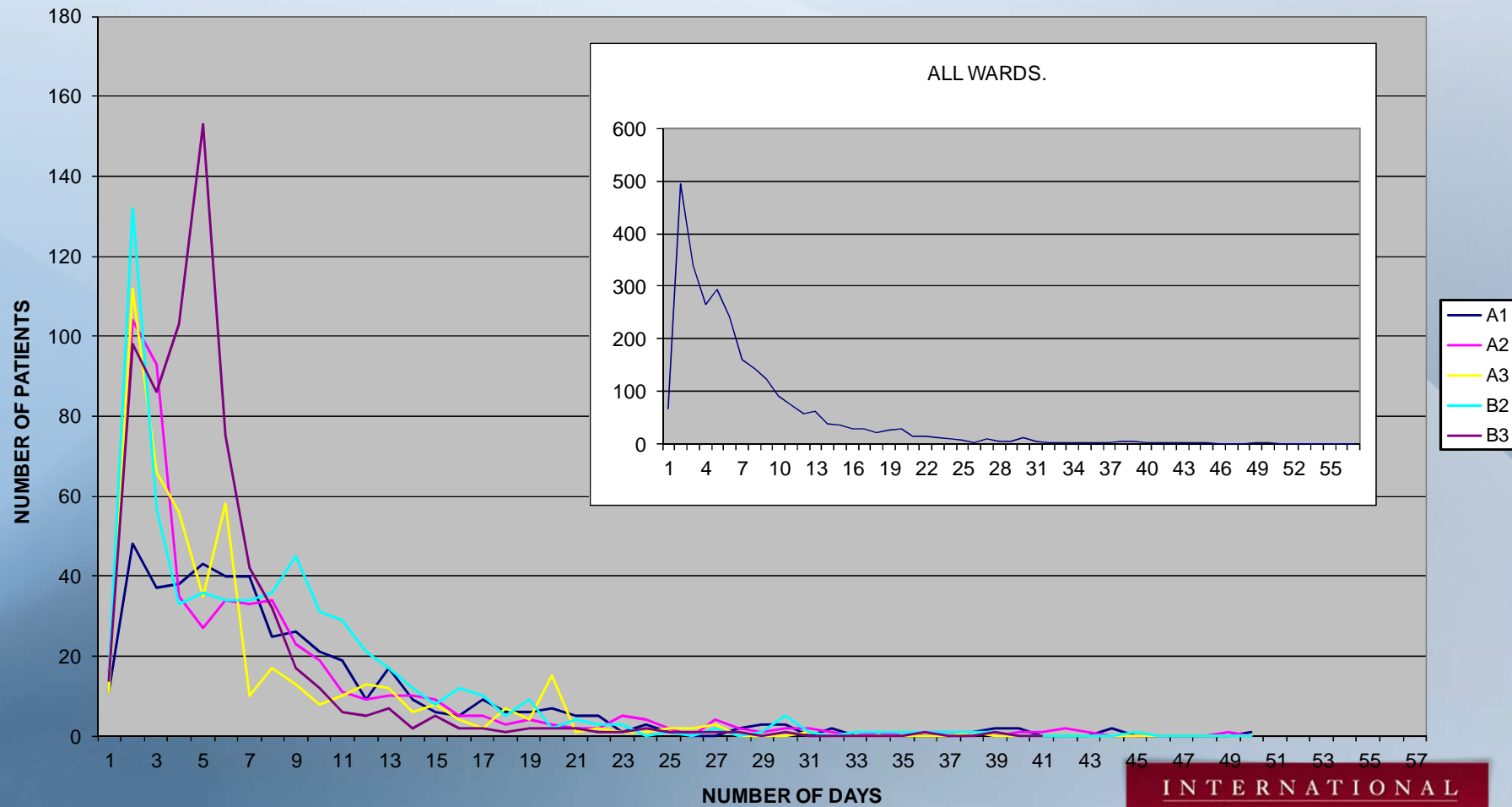
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¹jan-apr 2010 HIS data Nij Smellinghe



Display the Undesirable Effects

SPREAD LENGTH OF STAY



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Rootcauses for Delay

- **Work in Process (WIP)**
 - High Occupancy rates

- **Multitasking**
 - Performing too many tasks

- **Priorities**
 - Not available
 - Incorrect, unreliable

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Criteria for a Solution

- Increase Flow = Decrease ALOS
- Eliminate Guests
- Eliminate Admission stops
- Decrease waiting times & lists
- Decrease workload, pressure & stress
- Increase production and/or Decrease costs

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Elements of the Solution (1)

Reduce non-medical waiting times by:

1. State your Goal: Estimated Date of Discharge (EDD)
2. Collect and update Discharge Related Tasks (DRT)
3. Daily: Prioritise each DRT and register reasons for Delay

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EDD – DRT – Buffer Management

2. Define tasks DRT

3. Apply priorities (Buffer Management)

1. State the Goal EDD

The screenshot shows a project management interface with the following details:

- Navigation Bar:** Includes icons for Prioriteiten, Projecten, Inrichting, Bedrijven, and Statistiek.
- Summary Bar:** Displays a bar chart with values: 100 (46%), 69 (32%), 33 (15%), 17 (8%), and 169 (77%).
- Project Details:**
 - Projectnummer: 22280
 - Projectidentificatie: Gijs Andrea
 - Project: Standaard Opname A2
 - Projectleider: Acc A2 -
 - Opdrachtgever: Acc Gijs, Michel en Hans
 - Leverdatum en Tijd: 21-10-2013, 14:25
 - Omschrijving/doel/resultaat: NR Beleid: ooo, Diagnose: xxx, Infuus: yyy
- Task List:**
 - VOD is vastgesteld (N): 128%
 - Patient is aangesterkt: 21%
 - Misch technische h: 77%
 - org is geïnventaris: 61%
 - biotherapie is afger: 0%
 - patient is ontslagen: 0%
- Gantt Chart:** Shows a timeline from day 13 to 21 with various colored bars representing task durations.



Work Top - Down

Prioriteiten

Projecten

Inrichting

Bedrijven

Statistiek

100 (46%)

170 (78%)

70 (32%)

34 (16%)

15 (7%)

<< < 1 van 1 > >>
Projecten

Project	Status(%)	Projectleider	Opdrachtgever	Leverdatum	Projectstatus	Acties
314-02 - mv A M Ja	310%	Acc A3 -	Acc NEU -	15-10-2013 10:42	Actief Product	
310-02 - mv E Kik	302%	Acc A3 -	Acc NEU -	11-10-2013 10:40	Actief Product	
313-02 - mv R Viss	203%	Acc A3 -	Acc NEU -	25-10-2013 10:00	Actief Product	
301-01 - mv M E M	156%	Acc A3 -	Acc DER -	18-10-2013 13:00	Actief Product	
304-01 - mv A A Fle	151%	Acc A3 -	Acc DER -	18-10-2013 16:03	Actief Product	
305-02 - mv F M Be	116%	Acc A3 -	Acc NEU -	17-10-2013 15:30	Actief Product	
315-01 - mv T Jee	106%	Acc A3 -	Acc DER -	18-10-2013 11:00	Actief Product	
306-01 - mv T Veer	98%	Acc A3 -	Acc CHI -	17-10-2013 17:54	Actief Product	
318-01 - dhr H Viss	98%	Acc A3 -	Acc NEU -	17-10-2013 15:31	Actief Product	
302-01 - mv M Stah	97%	Acc A3 -	Acc DER -	18-10-2013 12:30	Actief Product	
305-01 - mv A M M	96%	Acc A3 -	Acc NEU -	17-10-2013 15:30	Actief Product	
305-03 - mv A Vinn	94%	Acc A3 -	Acc NEU -	17-10-2013 16:00	Actief Product	
317-01 - dhr H Sch	89%	Acc A3 -	Acc NEU -	23-10-2013 10:00	Actief Product	
305-04 - mv S de Vr	70%	Acc A3 -	Acc NEU -	18-10-2013 16:00	Actief Product	
316-01 - mv A Brar	56%	Acc A3 -	Acc CHI -	01-11-2013 11:00	Actief Product	
307-02 - dhr R Wolf	51%	Acc A3 -	Acc NEU -	18-10-2013 11:02	Actief Product	
304-02 - mv R C Kc	43%	Acc A3 -	Acc DER -	25-10-2013 21:09	Actief Product	
303-01 - mv C de Br	26%	Acc A3 -	Acc DER -	25-10-2013 19:55	Actief Product	
303-02 - mv W H M	17%	Acc A3 -	Acc DER -	01-11-2013 15:53	Actief Product	
302-02 - mv M C	17%	Acc A3 -	Acc DER -	01-11-2013 16:25	Actief Product	
309-01 - mv A E E	100%	Acc A3 -	Acc NEU -	18-10-2013 10:00	Inactief Product	
312-01 - mv M van	100%	Acc A3 -	Acc NEU -	20-10-2013 11:09	Inactief Product	

nce - TOCPA



Elements of the Solution (2)

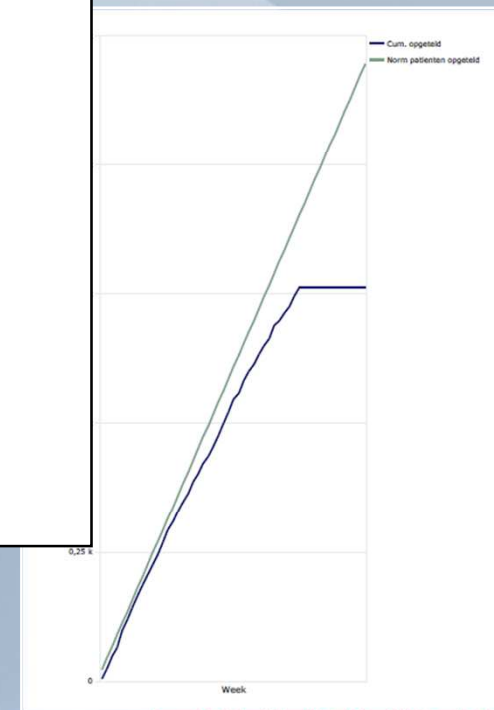
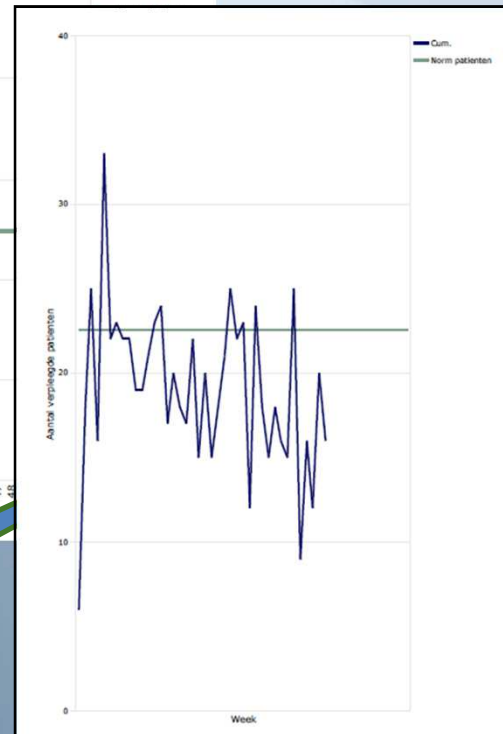
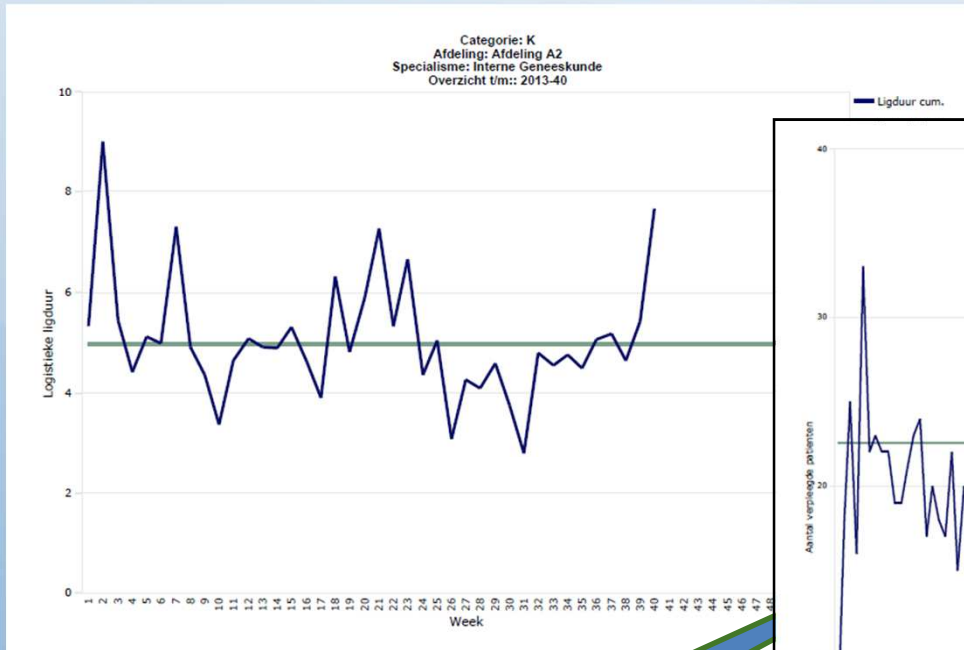
Reduce non-medical waiting times by:

1. State your Goal: Estimated Date of Discharge (EDD)
2. Collect and update Discharge Related Tasks (DRT)
3. Daily: Prioritise each DRT and register reasons for Delay
4. Weekly: monitor production, LOS, Top 20 delayed patients
5. Monthly: production, LOS, most relevant reason for delay
6. Quarterly: production, LOS, top 3 delay reasons (hospital level)

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Managing the Operation (1)

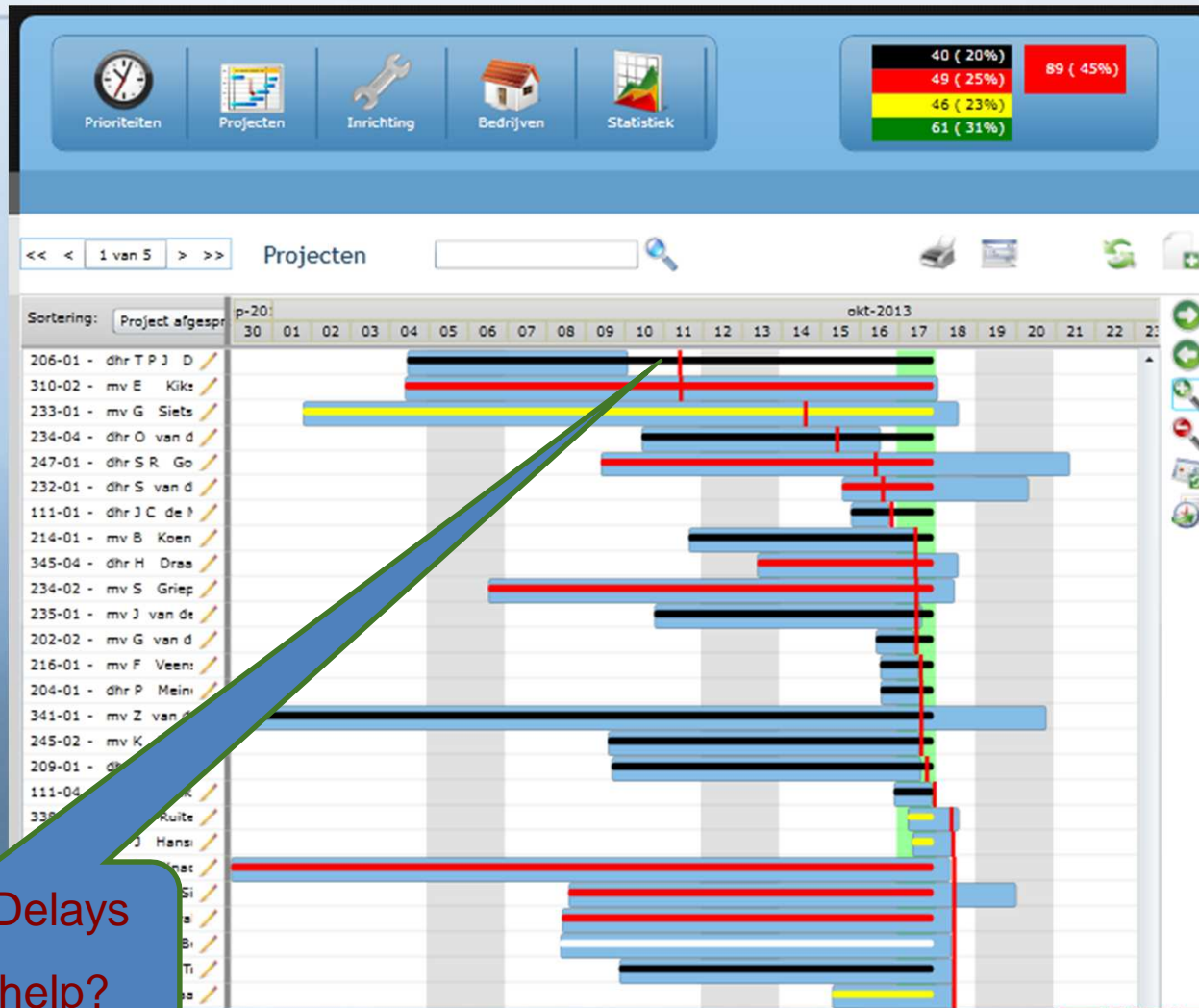


1. Production + LOS
=> What to do now?





Managing the Operation (2)



2. Top 20 Delays
=> Need help?





Managing the Operation (3)

CTM Rapport (3) - Microsoft Excel

Hulpmiddelen voor draaitabellen

Bestand Start Invoegen Pagina-indeling Formules Gegevens Controleren Beeld Ontwikkelaars Opties Ontwerpen

Calibri 11 A A

Lettertype

Uitlijning

Getal

Stijlen

Cellen

Bewerken

A6

	A	B	C	D
1	OnslagWeek	(Alle)		
2	Wachtrenddag	(Alle)		
3	Specialist	(Alle)		
4	Afdeling	(Alle)		
5				
6		Waarden		
7	OBT per wachtreden	Aantal van Vertragsredenen	Som van GerealiseerdeVertragsdagen	Som van GerealiseerdeTaakVertraging
8	0	6133	0,00	0
9	0	6133	0,00	0
10	Overige	36	3,00	238
11	Opnamedatum VPH/VZH is bekend	2	9,00	9
12	Patient is aangesterkt	2	3,00	31
13	Onderzoek overig is uitgevoerd	1	1,00	1
14	3. Onderzoek functieafdeling is uitgevoerd	2	0,00	0
15	Verpleegkundig techn. handeling is uitgevoerd	1	0,00	10
16	Gesprek familie heeft plaatsgevonden	1	0,00	0
17	Nazorg is geïnventariseerd	17	-4,00	151
18	VOD is vastgesteld (NIET SCHUIVEN)	10	-6,00	36
19		3263	-755,00	3579
20	Patient is ontslagen met nazorg	58	30,00	26
21	Onderzoek andere instelling is uitgevoerd	16	19,00	-8
22	Patient is overgeplaatst andere instelling	22	13,00	-9
23	Gesprek familie heeft plaatsgevonden	11	11,00	40
24	Patient is ontslagen	170	7,00	10
25	Consult ander specialisme	56	7,00	4
26	Onderzoek CA	14	6,00	1

Lijst met draaitabelvelden

Velden kiezen om toe te voegen aan rapport:

- TaskID
- Produktnaam**
- Behandelgroep
- ProjectID
- Project
- Taaknaam
- AangemaaktOp
- Levermoment
- Description
- AfgerondOp
- AfgerondMetBM%
- LaatsteUpdate
- DoorlooptijdTaak
- Deinstafunctie

Velden slepen tussen onderstaande gebieden:

Rapportfilter

OnslagWeek

Wachtrenddag

Specialist

Afdeling

Rijlabels

Vertragsre...

Produktnaam

Kolomlabels

Σ --waarden

Σ --waarden

Σ --waarden

Σ --waarden

Bijwerken van indeling ...

Bijwerken

3. Reasons for Delay
=> Start a project



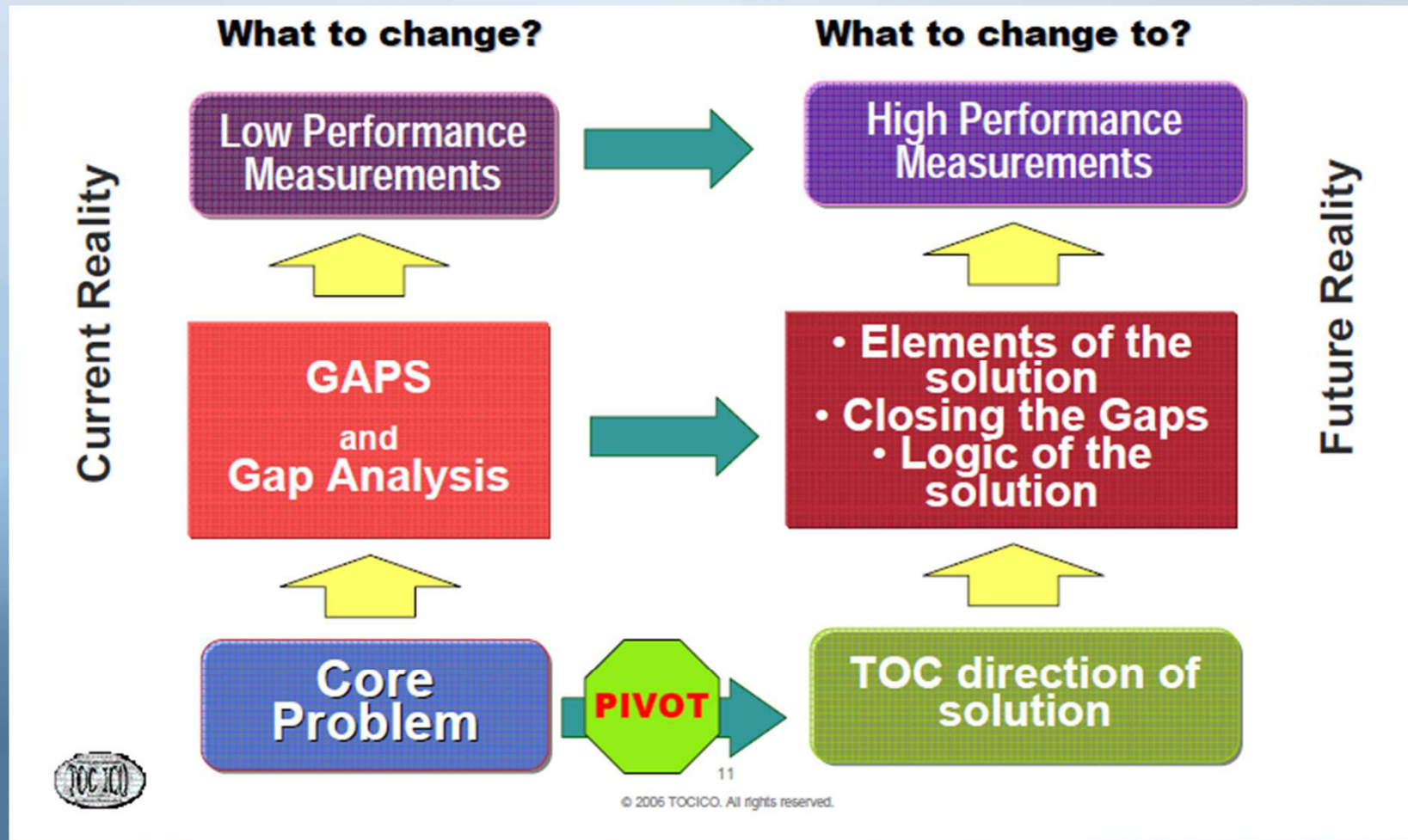


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Understand Layers of Resistance



SOURCE: Oded Cohen (2006)



Create & Execute

- Workshop to create buy-in:
 - Current Reality
 - TOC principles
 - Elements of Solution => IO's
 - Obstacles and PUDE's => IO's
 - Implementation plan: IO's + Time
- Execute the plan
 - People & Structure
 - Monitor & Manage

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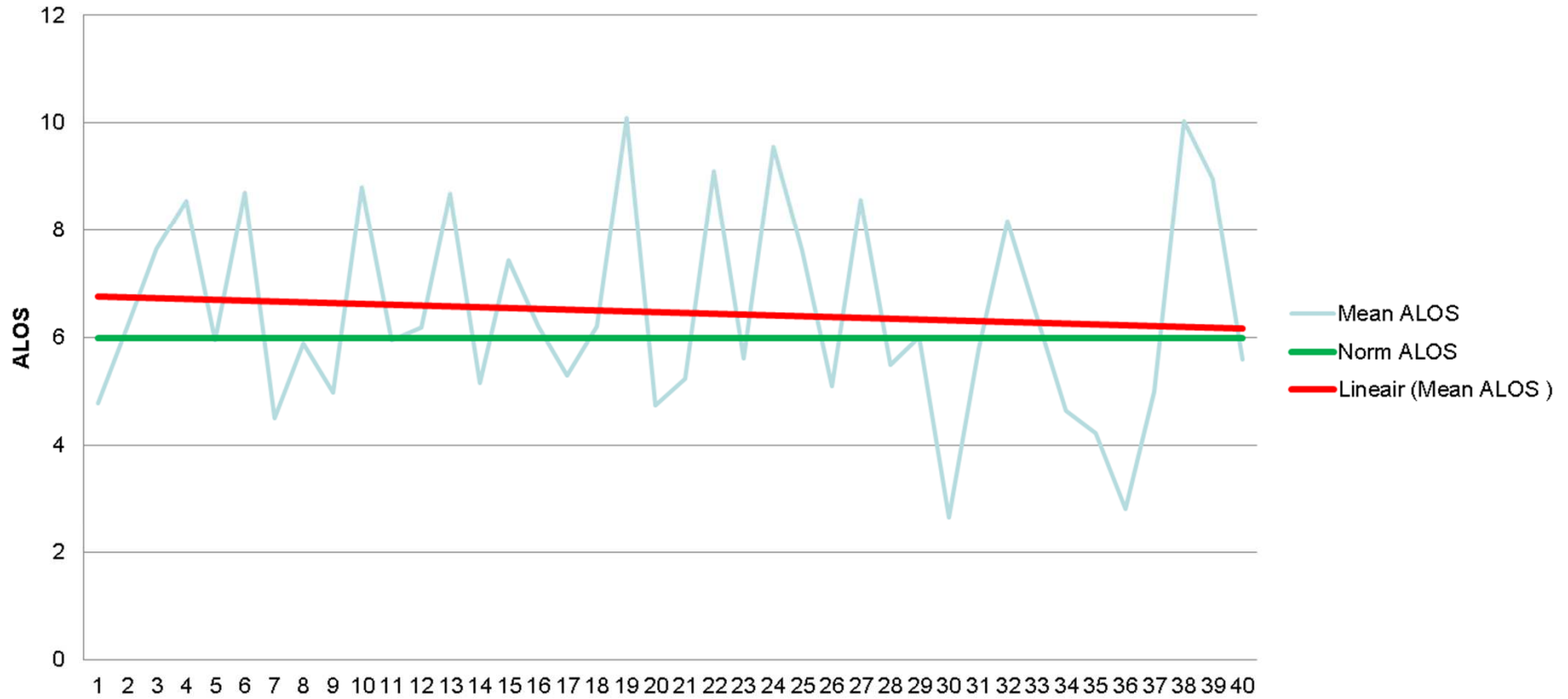


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Pulmonology ALOS Ward B2



ALOS 2012 week 1 – 40 (start)

7,53 mean of all patients

ALOS 2013 week 1 - 40

6,43 mean of all patients

Reduction:

15% mean diff.

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ALOS Internal Medicine Ward A2 (pilot)



ALOS 2011 week 1 – 40 (start year) 7,02 mean of all patients

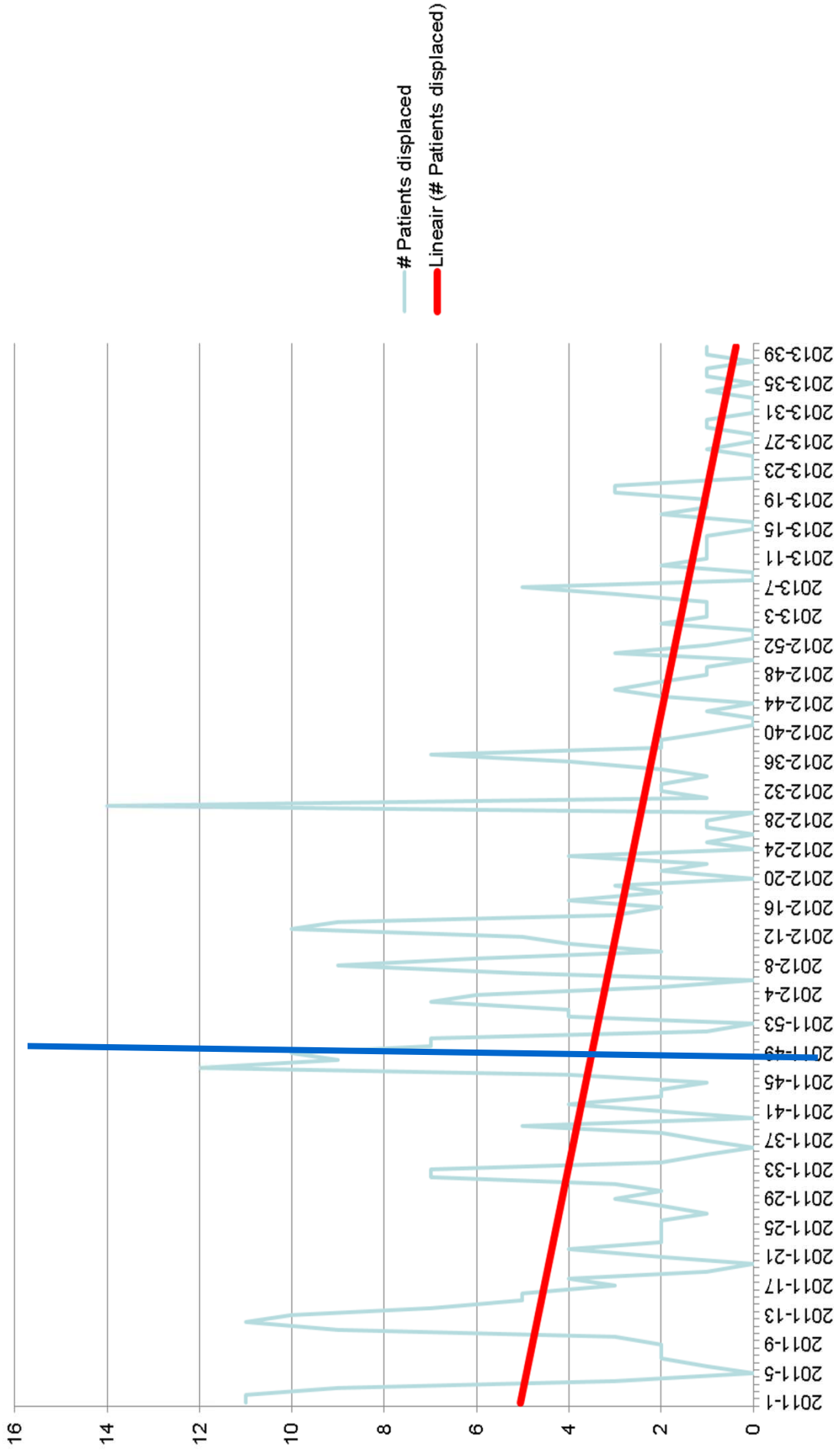
ALOS 2012 week 1 – 40 6,33 mean of all patients

ALOS 2013 week 1 - 40 5,06 mean of all patients

Reduction: 28 % mean diff.

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Patients Displaced Internal Medicine Ward A2





Check the Criteria

- ✓ Decrease ALOS
- ✓ Eliminate Guests
- ✓ Eliminate Admission stops
- ✓ Decrease waiting times & lists
- ✓ Decrease workload, pressure & stress
- ✓ Increase production and/or Decrease costs???

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Critical Success Factors

- Non-Aggressive Aim (synthesis):
 - reduction of LOS → effect of improved quality of care
 - approaching medical LOS

- Connect primary HIS with TOC software (data entry)

- Focused Operational Meetings on the Ward (daily / weekly)

- Implement in ‘the system as a whole’

- Search for integration in existing “systems”
 - Patientlist (on paper / tablet)

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Quotes we like....

"I just have to admit...

Focus on your goal increases both timeliness of care and flow of patients.

I can always admit my patients now!"

Medical Doctor

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More information

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