

Improving Access, Quality and Safety: LEAN Implementation in Specialized Child and Adolescent Eating Disorder Services



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Disclosure

- The presenters have no relationships or involvement with industry that may be perceived as potentially influencing the presentation of the educational material.

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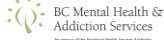


Learning Objectives

Participants will:

- Understand how LEAN methodology was applied to improve care at the Provincial Specialized Eating Disorder Program for Children and Adolescents in Vancouver, BC
- Learn how to assess the possible use of LEAN in their clinical environments for the continuous improvement of eating disorder services
- Be introduced to our new meal support coaching and education process for families and caregivers established through a LEAN Rapid Process Improvement Workshop (RPIW) including the new Family Based BCCH Meal Support Education Video.

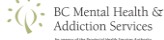
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Overview

- Overview of LEAN process improvement methodology within the Provincial Specialised Eating Disorders Program
- Access: Referral to Assessment
 - Wait times
- Providing Tertiary Care
- Continuum of Care
 - Continuum of E.D. Services in BC
- Family Education Program
 - Meal Support Video
 - Workshops
 - 1-1 work with families

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What is LEAN at the Provincial Specialised Eating Disorders Program?




- CW CYMH implemented LEAN in 2009
- Based on the principles of the Toyota Production System, employees are empowered to redesign their work processes to reduce waste and improve patient safety, quality and outcomes.
- Continous review of value stream
- Front line staff as drivers of change

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Team Goal Setting: Driving Continuous Improvement



- LEAN Methodology drives goal setting for RPIWs in the following dimensions of LEAN healthcare: **Quality, Safety, Delivery, Cost, Satisfaction**
- Program goals are aligned with PHSA/BCM HAS strategic planning goals
- Accreditation Canada ROPs are considered in the development of RPIW projects

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Performance Wall – Staff Engagement and LEAN Program Management



- Goals set through annual team goal setting process and Value stream map
- EDP Team meets once a week for a stand up meeting at the wall (5-10 minutes) facilitated by Program Director, Clinical Director, and Quality Analyst
- These meetings are an opportunity for staff who are accountable for process improvements to discuss audit results and other program metrics with the team

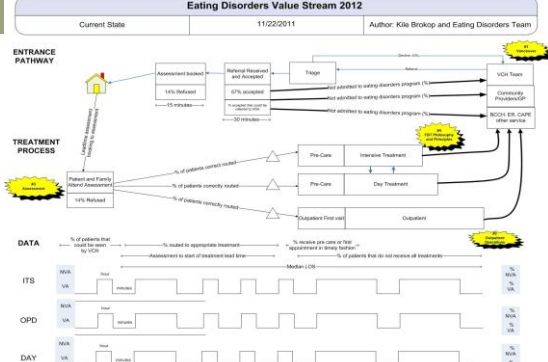
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Value Stream Mapping

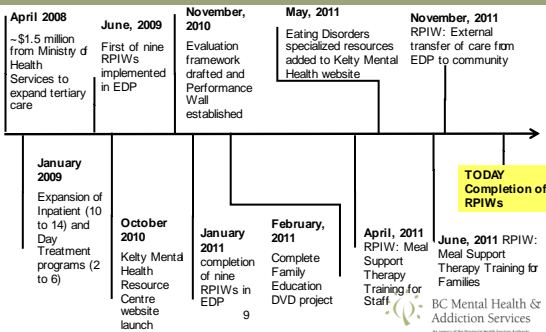
Eating Disorders Value Stream 2012

Current State 11/22/2011 Author: Kite Brokop and Eating Disorders Team



The VSM diagram illustrates the current state of the eating disorder treatment process. It starts with an 'ENTRANCE PATHWAY' where patients are assessed and referred. The 'TREATMENT PROCESS' shows various stages like 'Pilo Case', 'Intensive Treatment', and 'Day Treatment'. 'DATA' points are marked throughout the process to track performance. A timeline at the bottom shows the process flow from 'INTS' to 'OPD' to 'DAY'.

Our LEAN journey



The timeline highlights several key milestones:

- April 2008:** ~\$1.5 million from Ministry of Health Services to expand tertiary care
- January 2009:** Expansion of Inpatient (10 to 14) and Day Treatment programs (2 to 6)
- June, 2009:** First of nine RPIWs implemented in EDP
- October 2010:** Kelly Mental Health Resource Centre website launch
- November, 2010:** Evaluation framework drafted and Performance Wall established
- January 2011:** completion of nine RPIWs in EDP
- February, 2011:** Complete Family Education DVD project
- May, 2011:** Eating Disorders specialized resources added to Kelly Mental Health website
- April, 2011:** RPIW: Meal Support Therapy Training for Staff
- June, 2011:** RPIW: Meal Support Therapy Training for Families
- November, 2011:** RPIW: External transfer of care from EDP to community

TODAY Completion of 16 RPIWs

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Access

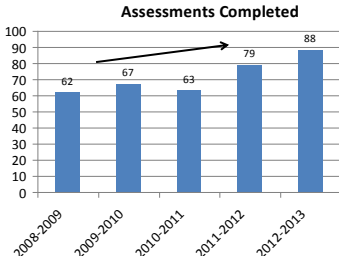
- Access: Referral to Assessment - Wait times

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Steady Increase in Demand for Tertiary Services

Assessments Completed



Year	Assessments Completed
2008-2009	62
2009-2010	67
2010-2011	63
2011-2012	79
2012-2013	88

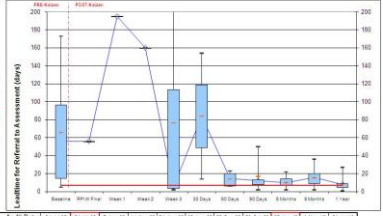
2012-2013 data is a projection based on year to date.

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Ensuring timely access to tertiary services

BCMHA04ED: ED Referral to Assessment Leadtime Reduction

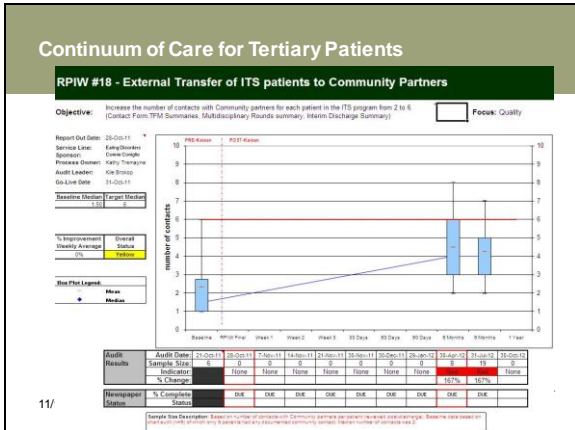
Objective: Reduce Leadtime for Eating Disorders Referral to Assessment from a median of 56 days to 7 days. Focus: Delivery



The chart shows a significant reduction in leadtime over the five-year period. The median leadtime decreased from approximately 56 days in 2008 to 7 days by 2012. A table below the chart provides detailed data for each year.

Year	Median	Target	% Improvement
2008	56	7	87%
2009	50	7	86%
2010	45	7	84%
2011	15	7	53%
2012	7	7	0%

lth & ices



Communication with Community Partners

Perinatal Specialist Existing Programs for Children & Adolescents

Information for Community Providers: Improving Transition of Care to the Community

Background: BCCH is the only long-term inpatient treatment program (ITP) designed for children with severe mental health problems. In 2008, the unit after a period of 10 days, finding a permanent placement for each patient. The program is designed to provide a safe and secure environment for children and adolescents with severe mental health problems. The program is designed to provide a safe and secure environment for children and adolescents with severe mental health problems. The program is designed to provide a safe and secure environment for children and adolescents with severe mental health problems.

Rapid Process Improvement Workshop (RPW): The program was designed to provide a safe and secure environment for children and adolescents with severe mental health problems. The program is designed to provide a safe and secure environment for children and adolescents with severe mental health problems. The program is designed to provide a safe and secure environment for children and adolescents with severe mental health problems.

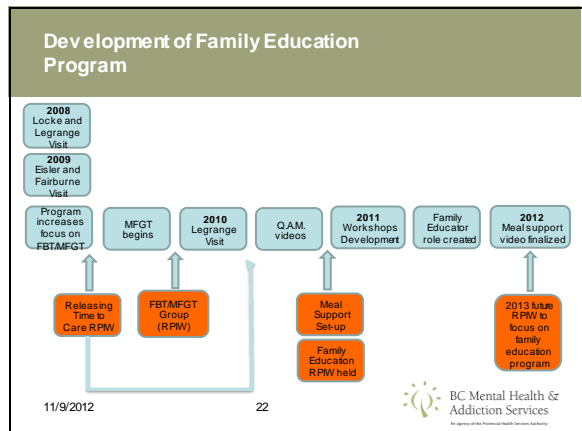
As a community provider knowing that services and support regarding their transfer of care were not just heard but addressed by a tertiary program was such a gift. I left the week feeling a part of a team of one provider - not separate one provider.

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Family Education Program

- Motivational enhancement towards family centered approach
- Family Education Program as an example of how LEAN work helped us to best meet patient and family needs

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RPIW#16: To reduce the variation in delivery of Meal Support education to caregivers prior to patient's first pass off ITS.

Pre-Kaizen:

- Meal support video (and manual)
- Discussion after video
- Supported snack and meal
- Passes
- Questions, Answers and More
- Components inconsistently given

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Family Education - Roadmap

Meal Support Education Road Map for Caregivers


Stage	Before admission	In admission	Approximately 3-4 week post
Pre-Care	Preparation for Admission	Orientation to Unit and Meal Support Process	Orientation to Unit and Meal Support Process
Education	Education	Education	Education
Supported Meals w/ Hospital Food	Supported Meals w/ Hospital Food	Supported Meals w/ Hospital Food	Supported Meals w/ Hospital Food
Pass w/ Hospital Food	Pass w/ Hospital Food	Pass w/ Hospital Food	Pass w/ Hospital Food
Parents bring meal to ITS	Parents bring meal to ITS	Parents bring meal to ITS	Parents bring meal to ITS
Review Pass Menu	Review Pass Menu	Review Pass Menu	Review Pass Menu
Pass off Hospital with own food	Pass off Hospital with own food	Pass off Hospital with own food	Pass off Hospital with own food

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Supporting Materials Produced

- Parent Self evaluation
- 2 Workshops
- Educational Road Map for Caregivers
- standard work for supported meals
- meal planning worksheet
- EPIC form for documentation

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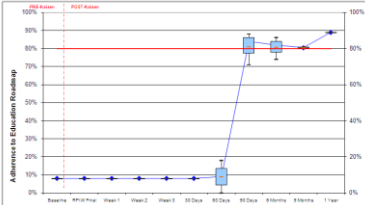


Family Education Program – Meal Support

BCMHA516: Improve consistency of Meal Support Education


Objective: Increase compliance with the education roadmap from 8% to 89%.

Feasibility/Quality:



Baseline	9/14/12	10/1/12	10/15/12	10/29/12	11/12/12	11/26/12	12/10/12	12/24/12	1/7/13	1/21/13	2/4/13	2/18/13	3/4/13
8%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	89%

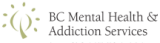
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Family Education Program – Meal Support Video

- 87% found it helpful
- 91% felt more confident
- But:
 - Scenarios cheesy
 - Did not reflect changes in approach
 - Did not integrate well into education program
 - A bit unfocused


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Family Centered

- Feedback showed that hearing from youth and family voice “most helpful”
- No “Experts”
- “I don’t want to hear from experts, I want to hear from my daughter”
- Realistic scenarios
- Short and practical
- Important points repeated and validated
- Compatible with other elements of our education program

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Cast of Characters



09/10/12




Planning Meals

- Lowest Anxiety
- Minimalst Negativity
- Ensures Adequate Nutrition



09/10/12



Take away messages

- Connection
- Understanding
- Hope
- Empowerment
- Introduction
- Experiential

Format

1. Scenario – “The problem”
2. Youth – “The problem” – focus on feelings
3. Voice over – The solution”
4. Scenario – “The solution”
5. Parents “The solution” focus on action
6. Youth “The solution” validation

MST Video Clip



Available at:
<http://www.youtube.com/user/KeltyMentalHealth>

Future Directions

- Bulimia Nervosa video (supplemental to meal support video)

Manual

Jessica: Uncertainty in parents is REALLY easy to pick up on, and eating disorders LOVE anxious parents and uncertain parents who don't really know what they're doing and are walking on eggshells around you and it's really hard for the child as well - I found it really hard - because I KNEW those moments and all I wanted was for my parents to be like strong for me... It was just why can't you know that what you did is good?

Discussion