

# **Sincerv Sincerv Roma** 24-26 MAGGIO 2018

# Lean management in the Emergency Departement Subproject Manchester Triage System



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#### **Mission of Emergency Department and Lean Management**

- The role of the emergency department is to diagnose and treat acute and urgent illnesses and injuries
- The role of Lean Management is the diagnosis and treatment of processes
- The goal is to give healtcare professionals a new way to look at their processes using a small Lean toolset





#### Lean Production Strategy

• In a simple definition, we could say that lean thinking is: "A management strategy that aims to improve processes, create value and

eliminate waste through standardization of processes and staff training".







#### Hospitals are under growing pressure





#### **CURRENT SITUATION**

Challenges and drivers in the healthcare sector

- Growing competition and cost pressure
- Growing bureaucracy
- Demographic change and rising long-term care
- Increasing requirements on working efficiency and productivity
- **Limited resources** (staff, capital,...)
- Time pressure and call for shorter treatment and residence times
- Rising health awareness













La follia sta facendo la stessa cosa più e più volte e aspettandosi risultati diversi.



# The road is clear for a new beginning





Since 24-26 MAGGIO 2018



#### **Objectives of the Lean Healthcare / Lean Hospital multiannual program**

- Satisfied patients
- Higher level of quality and safety: fewer mistakes, accidents, errors, so that the processing times and the length of stay will be reduced
- **Improved availability of services:** achieving better health care in a short time by optimizing care processes, workflows and interfaces
- Improved performance: visible performance, avoidance of duplication, faster turnaround times and more transparent costs through integration of IT systems, streamlining of administrative processes, reduction of waste, reduction of inventories and improvement of productivity;





#### **The 5 Lean Principles**











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#### Value: Value-adding activities make up only a small part of the work process

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#### Lean workshop









#### Lean workshop – Value stream analysis





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#### Lean workshop – Value stream analysis







#### DLZ: 159-259 Min Aufnahm Wertsch: 79-129 Min (~50%) Int Abt. Krankenakte MR+Schlanders Andere KH-Info-System concerto KH ZUHAUSE Magic-Röntgenbild spartito web Zugriff KIS ca. 10 Pat./Tag Röntgenbild nur wenn PAT EHaufgenomme Eliot OBI Prgr 0 Blutbeutel Anfrage Labor spende OBI 5 Pat. Notarzt Befunde ZKH Neuro/Thorax Anamnese, 5 Pat. Ambulanz Name, Anfrage Arzt über EH-EH italparameter Geburtsdatum<sup>1</sup> (Rx,Labor, Prgr. was wurde Facharzt) 3 durchgeführt<sup>2</sup> FH VRN/INN Proto Amputation 0 Schockraum ingang Tests Abst. Ärzte Triage egistrierun Diagnostik ersuchu bstimmung der /erwaltungstech. Anfrage Tests Labor Intersuchung im ehandlung und /H-Protokoll. 1. Phase Vitalfunkt. Eingang Befunde RX und Labortests Arzte zur Therapie Entlassung/Verlegu FIFO und RX Registrierung FIFO Zuteilung Farben Labor und Information Befunde, INAIL, 2. Phase Untersuch. Schockraumng/Aufnahme olizeiliche Meldun Sportunfall .... Barcode, Ausdruck Auswertung Angehörige AZ: 24/7 AZ: 07:00-22:30 / AZ: 24/7 Z: 24/7 #Pers: 3KP,1-2AZ, 1055 #Pers: 1-2 AZ, 2 KP, 1 OSS #Pers: 1VW #Pers: 1KP #Pers: 1AZ #Pers: 1-2 LAB #Pers: 1AZ #Pers: 1-4 AZ #Pers: 1 AZ #Pers: 1 AZ Freq: / PRZ: 1 Min PRZ: 3 Min VBZ: / PRZ: 5 Min VBZ: / PRZ: 24 Min PRZ: 1 Min VBZ: / PRZ: 5 Min VBZ: / PRZ: 5 Min PRZ: 10-45 Min PRZ: 15 Min PRZ: 10 Min VBZ: VBZ: / VBZ: / VBZ: 15 Min VBZ:/ VBZ: / /w Facharzt ehandlung und nformation Labor gehörige AZ: 24/7 Blutkomponenten #Pers: 1-4 AZ 💌 usw. Freq: / PRZ: 15-45 Min VBZ: 10-60 10 min min >40 min >20 min 10-60 24 min. 1 min. 1 min. 3 min. 15 min. 5 min. 5 min. 5 min. 10 min. DICINA min. R R R R R Rightsize (reduzieren!) SIMEU Südtiroler Sanitätsbetrieb | SAB-13-01 Projekt Lean Healthcare 2013 - ©2013 by Matt & Partner

#### Value stream – code yellow

# Lean Management in Pronto Soccorso

#### **Checklist of results**



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Management of patient paths (and waiting times)

Planning and management of return patient flows (medication, wound inspections, ecc.)

Integration of processes and systems with laboratory services

Integration of processes and systems with Radiology services

Identification of patients to improve safety and privacy

Optimization of work scheduling and data coverage for Monitoring and Performance Management

Optimization of structures and visual paths



## SUB PROJECT MANCHESTER TRIAGE SYSTEM Dr. Norbert Pfeifer

CCC

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We don't know what we don't know We can't act what we don't know We won't know until we search We won't search what we don't question We don't question what we don't measure Hence, We just don't know

Vision of Six Sigma - Anonymous







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#### **Overcrowding**







#### **Solutions?**











		Triag	e-Systeme			
				]		
Nationale Tri	age-Systeme		Internat	cionale Triage-S	Systeme	
GFT	GTT	START	MTS	ATS	CTAS	ESI
Gruppo Formazione Triage	Gruppo Triage Toscano	SimpleTriage And Rapid Treatment	Manchester Triage System	Australasian Triage Scale	Canadian Triage and Acuity Scale	Emergency Severity Index
1996 wurde die "GFT" nach einer Serie von Arbeitstreffen zwischen Ärzten, Stationsleitungen und Pflegenden aus verschiedenen italienischen Regionen mit ihrem Sitz in der Republik San Marino gegründet.	In 2001 wurde die GITT (Gruppo interaziendale Toscano Triage) gegründet mit den 5 Farben rot, gelb, grün, blau und weiß (Dgrt n. 736/2001. Wird derzeit nur regional eingesetzt ohne internationalen Standard.	Hauptsächlich für Einsatzkräfte zur Triage am Ort des Unfall- geschehens (Bsp. Katastrophen) Weniger geeignet für den Einsatz im Krankenhaus Italien (Decreto 13.02.2001)	1997 in Manchester entwickelt und Anwendung in Australien, Brasilien, Japan, Kanada, Neuseeland. Nationaler Standard in GB, IRL, NL, P. Immer mehr Anwendung in Deutschland. 50 Diagramme mit speziellen Indikatoren.	Entwicklung in 1995 und Anwendung in Australien und Neuseeland. Die Einteilung in eine Triagekategorie erfolgt auf Grund der Beurteilung von Atmung, Atemwegen, Kreislauf, des Bewusstseins und von Schmerzen.	Entwicklung in 1995 und Veröffentlichung sowie nationaler Standard in1999 in Kanada. Die Einteilung erfolgt nicht nach Tabellen oder Flussdiagrammen, sondern anhand von von Krankheitsbildern oder Krankheitszuständen.	Entwicklung Ende der 90er Jahre in den USA. Einstufung nach Erkrankungsschwere und Ressourcenbedarf. Als Ressourcen gelten Röntgenuntersuchung oder Verabreichung intravenöser Medikamente.
Farbkodexe Rot (sofort) Gelb (10-15 min) Grün (30-60 min) Weiß (60-120 min)	Farbkodexe Rot Gelb Grün Blau Weiß	Farbkodexe Rot Gelb Grün Schwarz	Farbkodexe Rot (0 min) Orange (10 min) Gelb (30 min) Grün (90 min) Blau (120 min)	Farbkodexe ATS 1 (sofort) ATS 2 (10 min) ATS 3 (30 min) ATS 4 (60 min) ATS 5 (120 min)	Kodexe 1 (sofort) 2 (30) 3 (30 min) 4 (60 min) 5 (120 min)	Farbkodexe ESI 1 (sofort) ESI 2 (10 min) ESI 3 (n.d.) ESI 4 (n.d.) ESI 5 (n.d.)
symptomorientiert	symptomorientiert	symptomorientiert	symptomorientiert	diagnoseorientiert	diagnoseorientiert	ressourcenorientiert



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New strategies...?

# TRADITION







#### **Solutions?**





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#### **Preparation for implementation – Emergency-Pass**

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INNOVATION

#### The choice is clear: we choose the path of innovation

# TRADITION



# HEDICINA DIENTER CENTURY















XI congresso nazionale

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Adulto collassato	Ferite		
Aggressione (esiti di)	Genitori preoccupati		
Allergia	Infezioni sessualmente acquisite	rosso-Rot	
Ascessi e infezioni locali	Lesione cranica	Vie respiratorie a rischio	
Asma	Lesione torso	Respiro insufficiente?	
Autolesione	Mal di gola	Shock?	
Bambino irritato	Mal di schiena	Ipoglicemia?	
Bambino zoppicante	Mal di testa	Convulsione persistente?	
Bambino che piange	Malattia psichiatrica	1.51	
Cadute	Malessere negli adulti	200	
Cardiopalmo	Malessere nei bambini		
Comportamento vistoso	Morsi e punture		
Contatto con sostanze chimiche	Problema in gravidanza	5	
Convulsione	Problemi alle estremità		
Corpo estraneo	Problemi alle orecchie	- Contract Contra	
Diabete	Problemi dentali	the start of the start	
Diarrea e vomito	Problemi facciali	the design of th	
Dispnea negli adulti	Problemi oftalmici		
Dispnea nei bambini	Problemi urologici	and the country of	
Dolore cervicale	Sanguinamento gastrointestinale	- DATE AN- DATE	
Dolore testicolare	Sanguinamento vaginale	had a grand a grand	
Dolore toracico	Sovradosaggio e avvelenamento	and the provident of a	
Dolori addominali negli adulti	Stato di ebbrezza apparente	the second second	
Dolori addominali nel bambino	Trauma maggiore	Ero I Charles II	
Eruzioni cutanee	Ustioni e scottature	The rall sub- 1 rall	

















#### Glasgow Coma Scale PERSELLO ALESSANDRO (04.12.1973) VIA PETRARCA 24 MERANO (04.10.1973) VIA PETRARCA 24 MERANO (04.10.1973) VIA PETRARCA 24 MERANO (04.10.1973) VIA PETRARCA 24 MERANO (04.1973) VIA PETRARCA 24 MERANO (04.1973)

4 <--- Spontanea

#### Risposta motoria

1 <--- Nessuna risposta

2 <--- Estensione allo stimolo doloroso

3 <--- Anormale flessione allo stimolo doloroso

4 <--- Flessione/Ritrazione allo stimolo doloroso

5 <--- Localizzazione dello stimolo doloroso

6 <--- Obbedisce ai comandi

#### **Risposta verbale**

Conferma

1 <--- Nessun suono emesso

2 <--- Suoni incomprensibili

3 <--- Parla e pronuncia paroloe, ma incoerenti

4 <--- Confunsione, frasi sconnessi

Annulla

5 <--- Paziente orientato, conversazione appropriata

















#### Conclusion

Challenges are what make life interesting; overcoming them is what makes life meaningful Joshua J. Marine









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Kevin Mackway-Jones, Janet Marsden, Jill Windle **Manchester Triage System** Trad. di P. Solazzo, M. Prantl, G. Magnarelli Casa Editrice Ambrosiana. Distribuzione esclusiva Zanichelli 2017





# http://www.manchestertriagesystemitalia.it





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#### Initial situation – Data collection for subjectivity in triage







In order to prove the subjectivity of triage with data, 13 case studies were elaborated with different pathologies and severities. 32 nurses of 4 different South Tyrolean regions carried out a first assessment of the different pathologies by the assignment of different Codes.

The nurses were categorised as follows:

Triage-experience < 2 years

Triage-experience > 2 years

Each nurse evaluated all 13 case studies with one of the following codes:

- WHITE
- GREEN
- YELLOW
- RED
- NOT ASSESSABLE\*



#### **Initial situation – results**





#### Initial situation – Data collection for subjectivity in triage







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#### **Initial situation – results**





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#### Initial situation – results

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#### Analysis of common triage systems

- Trend towards internationally recognised **5-level-systems**.
- The aim of modern emergency department triage is to structure the severity of the emergency patient's illness, prioritize the treatment order, and assign patients to the appropriate treatment location.
- Five-level triage instruments are considered the gold standard in emergency clinical medicine.
- The Manchester Triage System (MTS) and the Emergency Severity Index (ESI) are already available in a German translation and are already used in various German emergency departments. The Italian translation is not yet available for no one of the mentioned triage systems.
- A validated 5-level triage system should also be introduced in South Tyrolean emergency departments in order to ensure, in particular at capacity bottlenecks, through a structured approach countrywide high process reliability.





#### Results

# Standardization and improvement of the reliability of the Triage due to the introduction of the new MTS Triage

- All the emergency units of the Province have adopted the MTS system
- MTS is internationally certified with 5 levels of urgency
- The evaluation of the patient is based on standardized protocols shared and recognized through a stable guided process
- Continuous and progressive review of the protocols
- Fewer mistakes and less pressure on triage
- More opportunities for verification and improvement of quality (systematic periodic audits)
- Comparability of structures





#### Results

#### Valorization of waiting time at the first visit and acceleration of patient paths

- For certain symptoms and levels of emergency validated internally and compliant from a legal medical point of view, they will allow the Triage to activate diagnostic and / or pain therapy useful to transform the waiting time to the first visit from pure waste to "nonvalue" but necessary time
- In other words: the physician will visit the patient for the first time with a basic diagnostic available, evaluating the opportunity to complete the patient's pathway with a single visit. Short throughput times, minor workload on the physicians (free up resources to speed up the pathway of other patients too).





#### **Concrete recommendation of the TF to the operation management**

- The task force "Triage" recommends after an extensive research the use of a scientifically and legally validated triage system with operational launch in June 2015
- Within the task force, several systems have been analysed and tested about their applicability in South Tyrol
- The Manchester Triage System (MTS) is a very good solution and was tested in the hospital of Merano as a pilot project from early May 2014 until the end of October 2014, with positive results regarding its applicability and will therefore be recommended by the Task Force as future South Tyrolean triage system





