

Cytology Department Performance Improvement Using A Rapid Improvement Event (RIE)

Client:

NHS – Primary Care Trust Hospital

Background & Challenge

Our client, a Primary Care Trust (PCT) hospital, provides women's medical services to the surrounding area. It had recognised the need to significantly improve its testing turnaround time to achieve both existing and future national targets within its Cytology Department.

The current targets imposed by the PCT were 80% of all results needing to be returned within 14 days of testing and 100% within 28 days. At the time, the department performance achieved only 8.6%. New targets imposed by the NHS within six months of the project start dictate that 100% of results were to be completed within 14 days. Failure to achieve this would result in fines from the PCT of up to £750K.

Compounding the performance was heightened public awareness generated by increased public media coverage of cervical cancer, resulting in a doubling of the number of tests being taken and a need for additional temporary resource. Added to this, the department was already suffering from headcount reduction targets being imposed and a restriction on staff screening time of no more than 4 hours.

Solution

Spitfire Consultancy was appointed to work with the Cytology Department's team to evaluate the situation, reduce process time and improve overall performance.

To support the department in achieving the current and future targets, it was necessary to fully understand what 'waste' was evident within their current process. The methodology deployed to achieve this was a Rapid Improvement Event (RIE) which also served as a tool to develop the process improvements required.

Implementation

As part of the RIE, the complete process was mapped out by the existing Cytology team under the coaching of our consultants; this gave a clear indication of areas of waste. By visualising the process and examining each process step, it quickly became clear which parts of the process added little or no value, these included:

- Transport of samples to the wrong department
- The 'errors process' was too complicated
- Screening process time was interrupted by other tasks
- Pathologists were not entering or authorising their own reports
- Document control was too complicated
- Availability of equipment often caused delays

Once the initial improvement areas had been identified, an action plan was then developed. To address the concerns, operational best practice and lean techniques were used to develop the countermeasures. The plan was also divided into two – a short term plan to achieve the 'quick wins' and a long term plan to drive the implementation of the longer lead time improvements.



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Case Study - S003

Results

The RIE took place over 3 weeks with the short term improvements having an immediate effect. The longer lead-time improvements would add increased weight once implementation was complete.

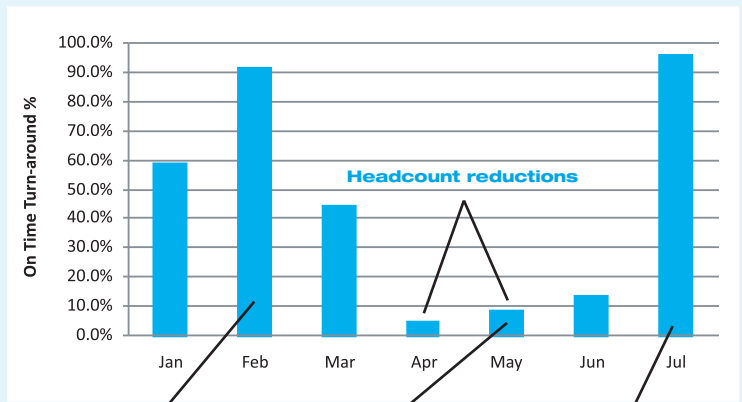
A summary of the results from the activity are as follows:

- **96%** turnaround time achieved with 14 days from time of test
- Errors process steps reduced from 34 to **4 - 1hr per day saved**
- Changing delivery point of samples - **1 process day saved**
- Additional equipment for screeners – **2.5hrs per day saved**
- Pathologists entering own reports - **1 process day saved**
- Improved document control through long lead-time action plan

Cytology Department Process Mapping



Test Turn-around Performance Improvement



Additional resource used to support increased media coverage

Spitfire RIE commenced

RIE actions implemented



Testimonial

"At the end of the RIE we had made quite a few changes to our existing systems. Quite possibly the best outcome is the change to the way we now think within the department whenever we are reviewing even the simplest of procedures, we find ourselves applying the 'lean' way of thinking and continue to make improvements."

Cytology Manager



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