Airedale NHS
NHS Trust

Lean and Maternity Services

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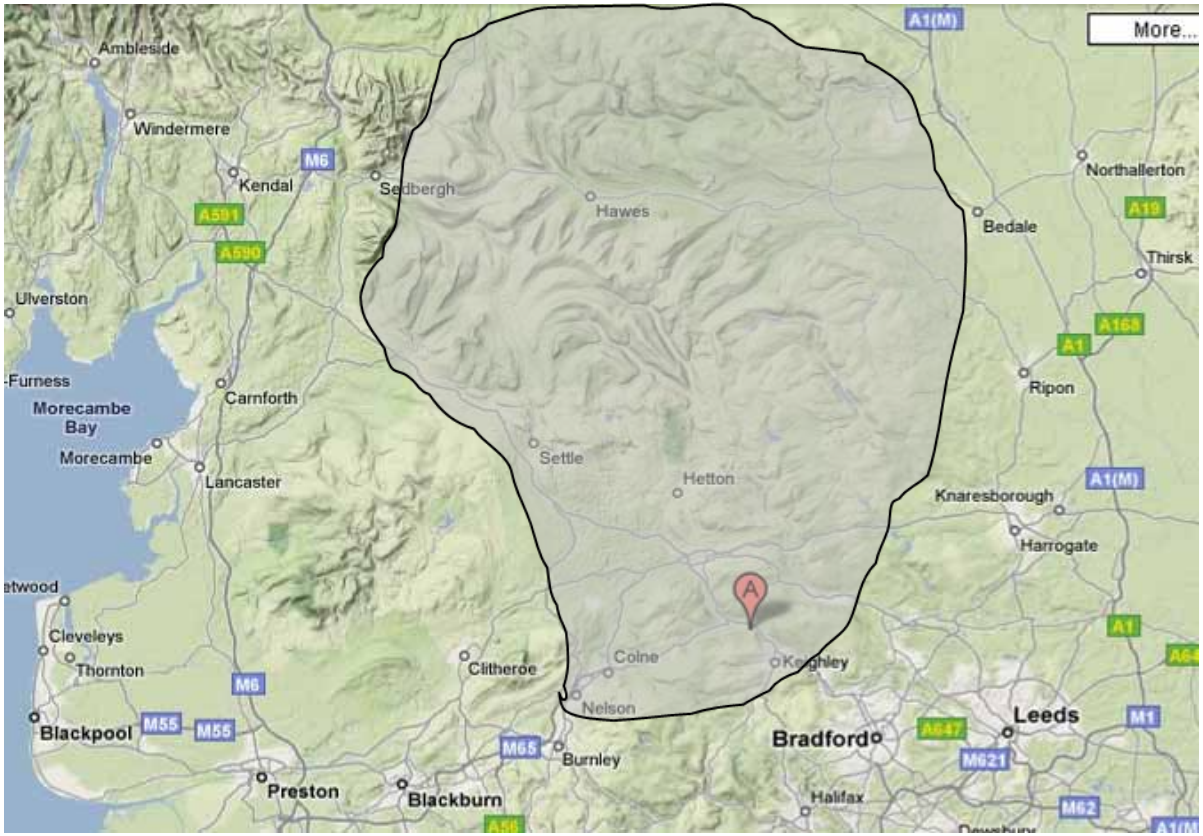
Supervisor of Midwives

Head of Lean Improvement

Aims and Objectives

- Where is Airedale?
- What is Lean?
- Projects undertaken;
- Induction Suite
- IUGR
- LSCS
- Maternity referrals
- Productive ward
- SOP's

Airedale NHS Trust



•200,000 people
•vast geographical area covering 500 square miles
•stretching as far as the Yorkshire Dales and the National Park in North Yorkshire, reaching areas of North Bradford in West Yorkshire and extending into Colne and Pendle in the East of Lancashire.

What is Lean?

A philosophy of;
Best practice,
Continuous Improvement
and Elimination of Waste

The lean philosophy is to include *EVERYONE* and charge them with making small incremental improvements as well as supporting the step changes.

SPECIFY VALUE

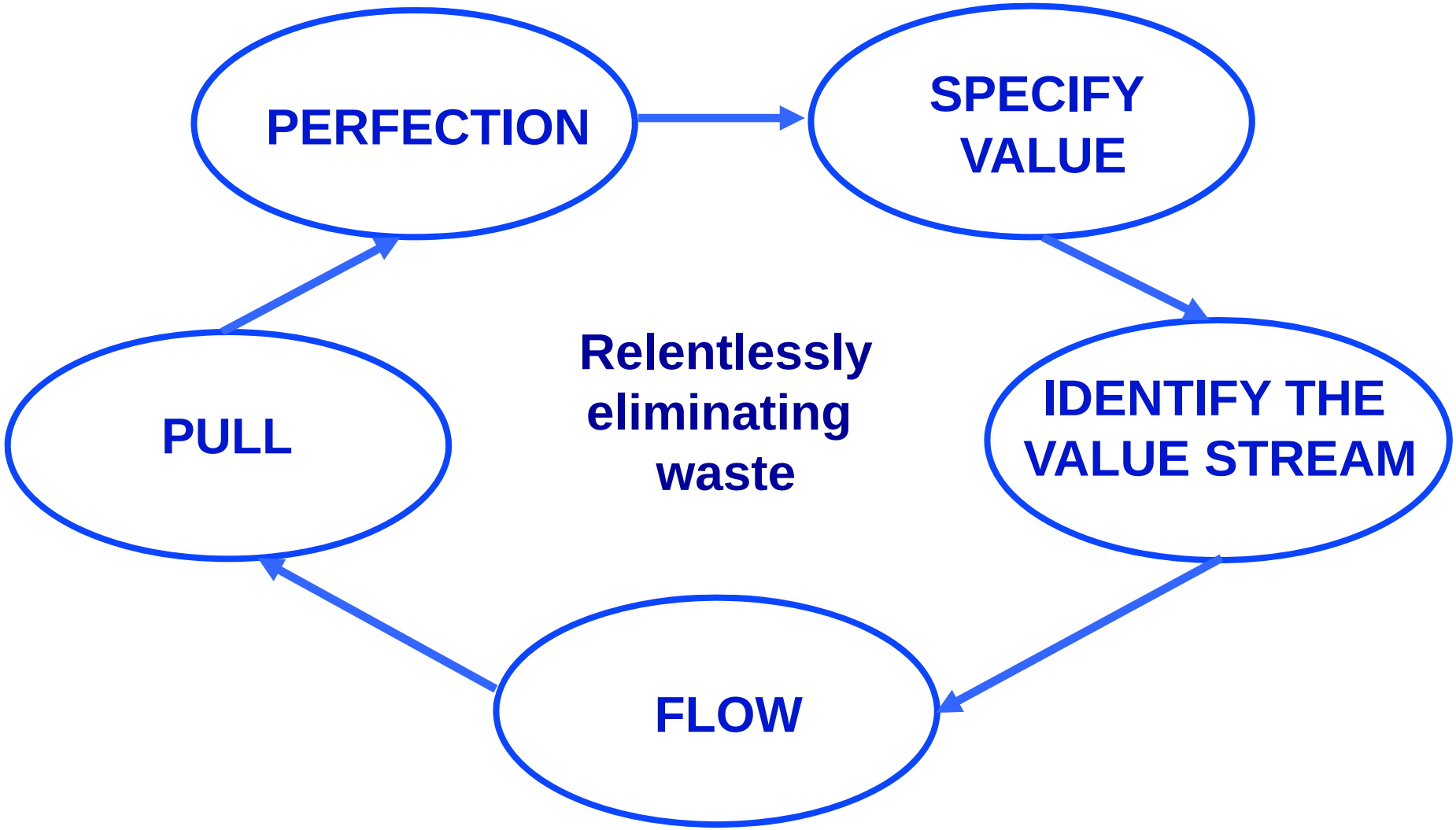
What is the value *you* provide?

In Healthcare there are typically only 4 types of value add.

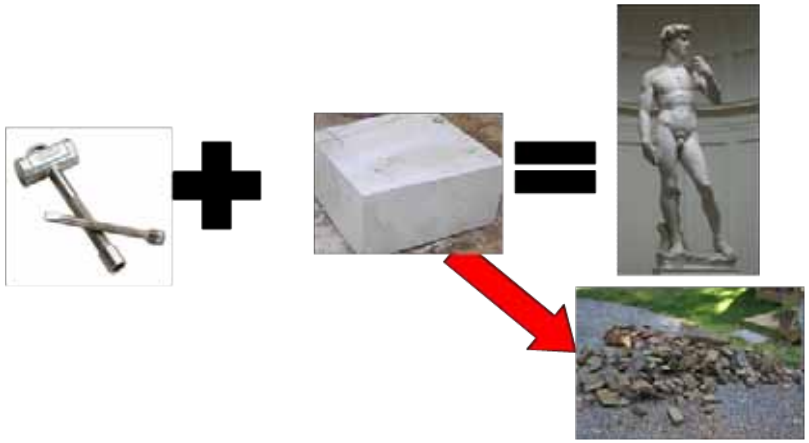
Prevention | Diagnosis | Treatment | Care

+ any decision point relating to these 4

Lean Principles



A few words on Lean and tools



A Using tools does not guarantee success.

B The tools are nothing without the skill of the user

Lean≠Tools

Masterclass tools
6S workplace organisation
SOPs Standard operating procedures
Process Flow
Visual Management
Capacity and demand
SMED
Poka Yoke

Induction Suite

Rationale –

Modernisation money.

Disused area on Labour Ward

Complaints of the service

Reduced IOL from 27.4% to 19.2%

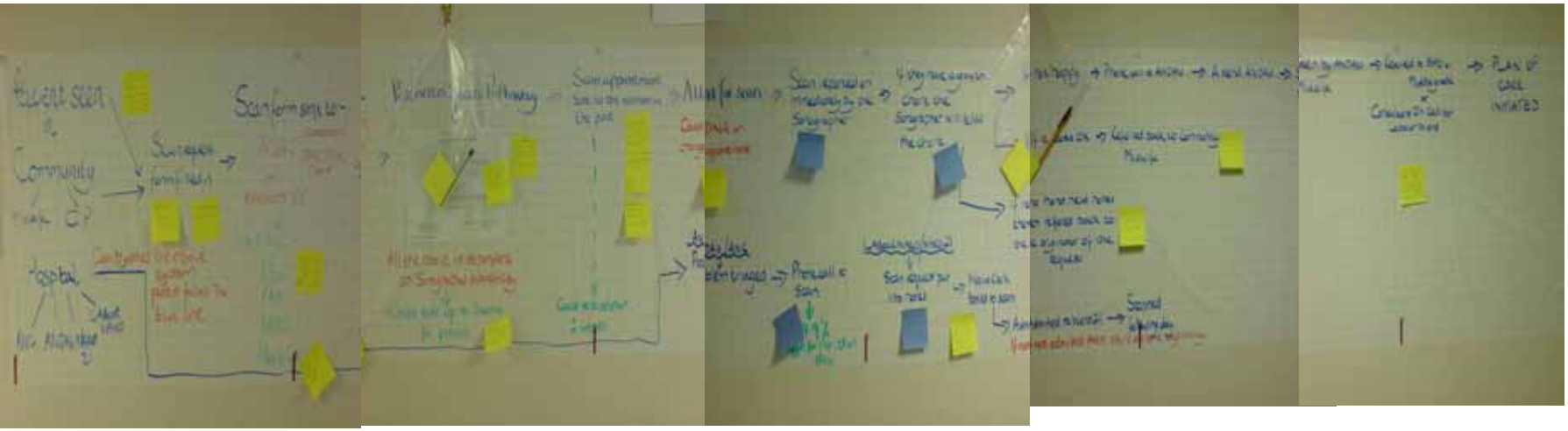
Successes

- Diary
- T^{+12} - reduced induction rate by 5%
- Direct referral via Midwife
- Membrane sweeps
- Numbers reduced
- Reduced workload in Consultant clinics
- Numbers of complaints reduced - "positive feedback"

IUGR Project

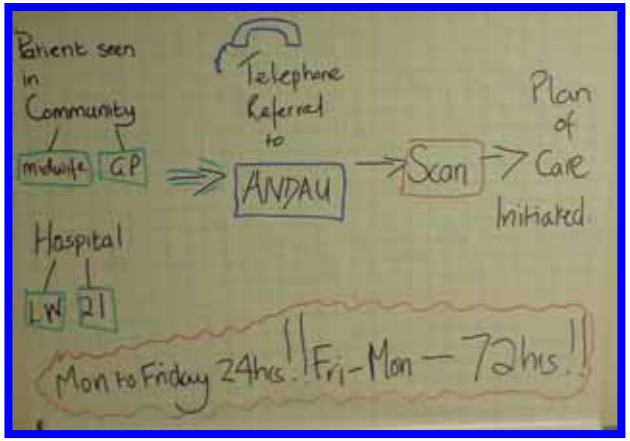
"6 weeks to 24 hours"

IUGR current state map



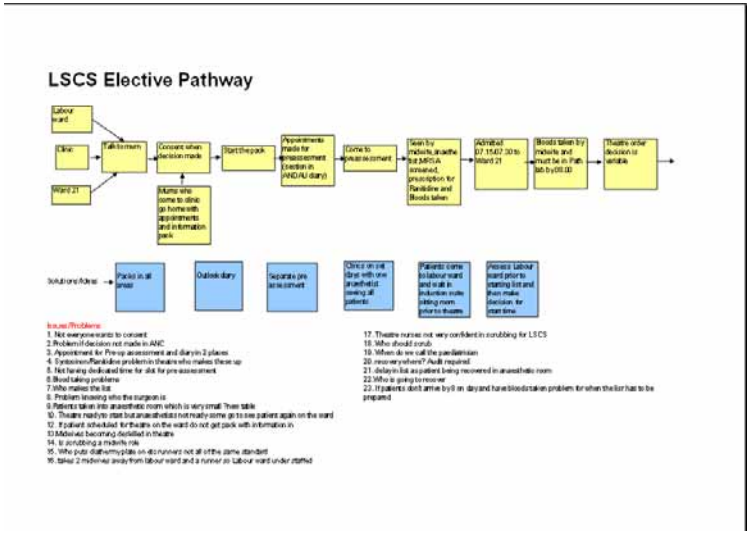
Future state map

Triage with 24/72 hrs at ANDAU who arrange same day scan and reserves slot
Same stakeholders, same entry points
Telephone referral
Ownership of process transferred from administration to ANDAU

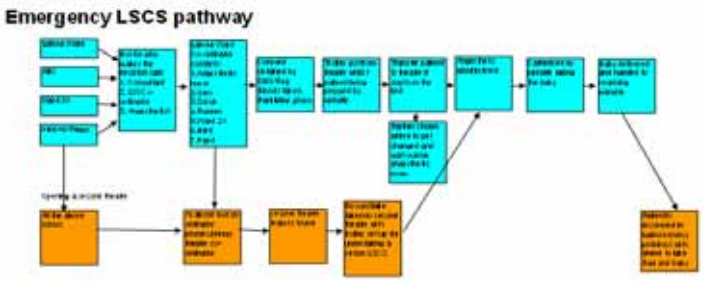


Elective Caesarean Section Pathway

Elective sessions were in an afternoon and often ran over having serious effects on medical and midwifery staffing, some operations had to be postponed until the day after



Whole process mapped



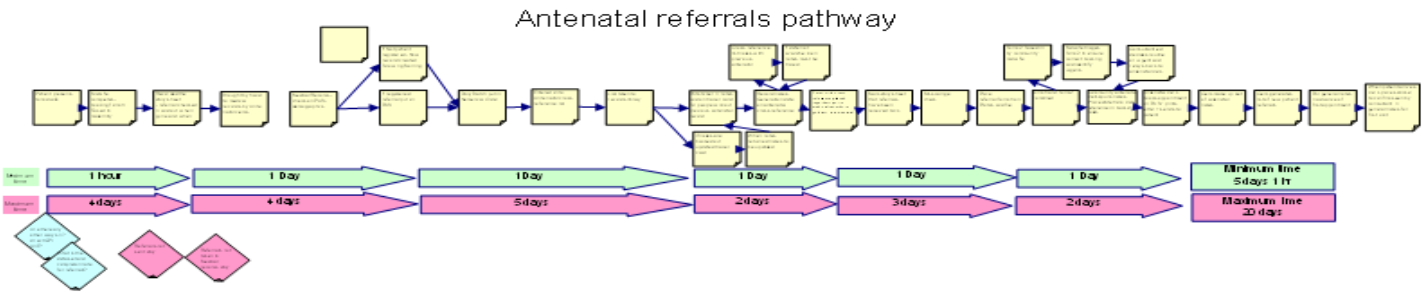
Successes 2007/08

- Pre-op pathway reviewed
- Lists moved to mornings with no extension of length of stay
- Integrated care pathway developed
- **2009**

Elective pathway Scrub cover
Emergency pathway Recovery

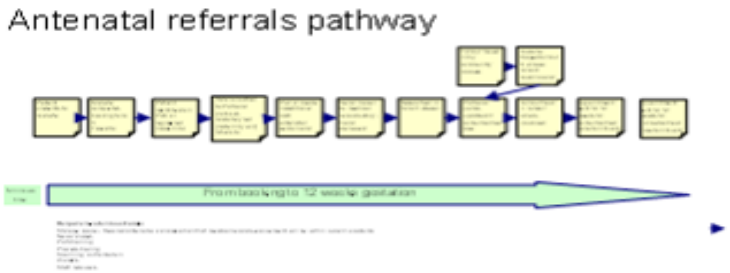
Maternity Referrals

Current state



- Rationale – to ensure all the relevant patients are reviewed by a Consultant at 12 weeks gestation.
- Involved combining notes
- Storage of notes both general and maternity
- Destruction of notes over 25years old

Redesign

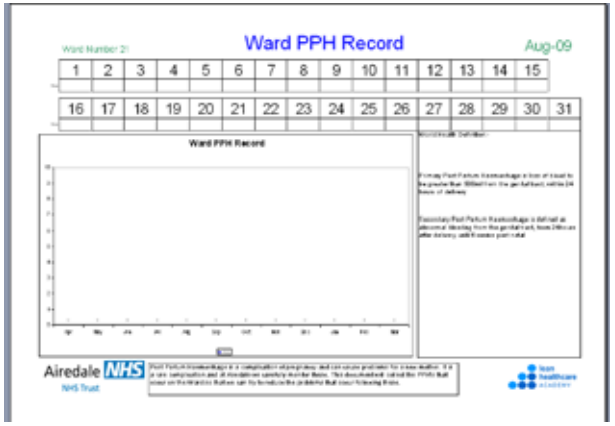


Productive ward

Roll out plan

Metrics

Communication



Productive Ward- Well Organised Ward

Before

After

Example SOPs

Transporting Placentas to Pathology

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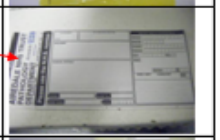
Transporting Placentas for Histology

	Risks identified with performing this Standard Operation	Countermeasure
1	Risk of infection if the practitioner does not follow infection control guidelines	To be aware of content of guidelines and be up to date with infection control training
2	Risk of cross infection due to disposal of clinical waste	To be aware of current infection control guidelines and good practice

Individuals permitted to carry out this SOP - All qualified midwives

No	Instruction	Photograph/ Diagram
1	DO NOT send placentas to pathology with the stillbirth baby over 24 weeks gestation	
2	Double bag the placenta with a patient label on each bag	
3	Complete the histology form	
4	Place the placenta and form in a plastic container Place in the metal box	
5	Contact the porter on 4221 to collect Pathology opening hours Monday to Friday 08.30 to 17.00	

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IF IN DOUBT DO NOT USE

Disposal of Blood Products

Disposal of blood stained waste

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Department: Maternity Author: CDUW

	Risks identified with performing this Standard Operation	Countermeasure
1	Infection	To be aware of content of guidelines and be up to date with infection control training
2	Public access	The bins MUST be kept locked at all times

Training needs - Training given at induction to Labour Ward

Individuals permitted to do this procedure - All staff inducted to the area

No	Instruction	Photograph / Diagram
1	When disposing of clinical waste ensure that the yellow bag is securely fastened by double tying the bag	Check if need identifying
2	Get the key from utility room	Photo of key
3	Unlock the bin dispose of waste Put the yellow bag in the bin. Relock the bin	
4	Return the key to the utility room	

IF IN DOUBT CONTACT LABOUR WARD CO-ORDINATOR

Other Projects Undertaken

Midwife led care

Early pregnancy assessment unit

Pre – op/ANDAU

Antenatal Clinic

Lean and Maternity Services at Airedale General Hospital

Thank you

Any Questions