

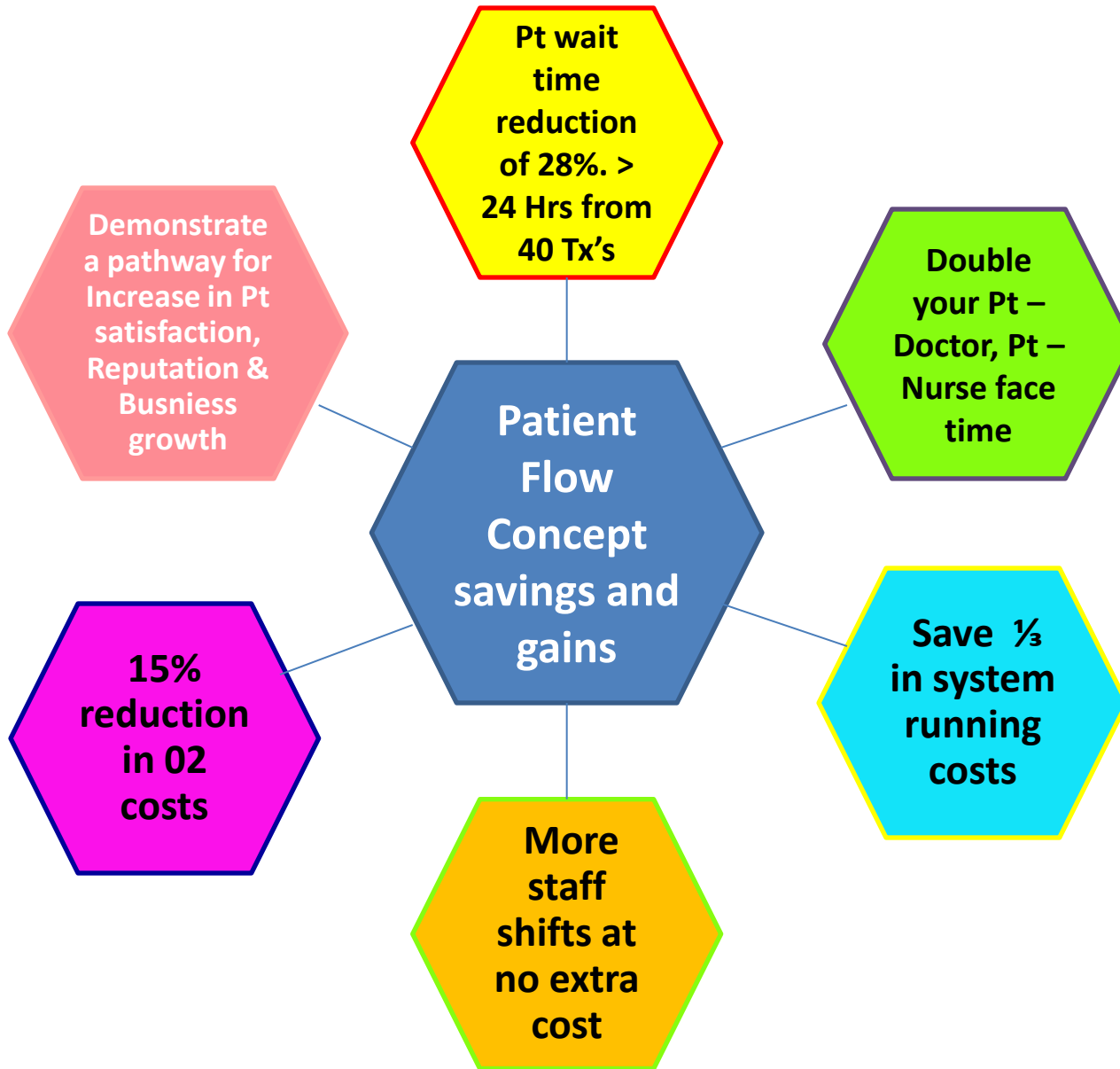


THE WESLEY CENTRE FOR
HYPERBARIC MEDICINE

Lateral Application to Accelerating Patient Flow in the Hyperbaric Chamber

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Background

- “Lean Six Sigma for Hospitals” *Jay Arthur*

These impact points resonated about our unit:

- We (The clinical team) have become immune to the effects of delay and looking at delay from the patient’s viewpoint.
- We are guilty of trying to train our Pt’s to speak ‘our language’ when in fact we should be first, identifying our customers needs and finishing with satisfying them.
- If you stop watching the staff & start watching how long the Pt is waiting for the next step of their care then process improvement becomes transparent.

- What is the one constant our patients dislike most about HBOT?.....**WAITING**
- The market audience is convenience driven, time poor and motivated to move on if their needs are not being met.
- The Robert Wood Johnson Hospital, (NJ) 15/30ED programme 1998: (Baldrige Award Winner)
 - No-brainer for the soccer Mom's – they took their kids to the hospital with the fastest ED, in & out 38 min vice 3.0Hrs everywhere else.

What is it!



SECTION E-E

1 C 11

Small Treatment Compartment

Transfer Lock

Main Treatment Compartment

Pt Group 2 – In 0830

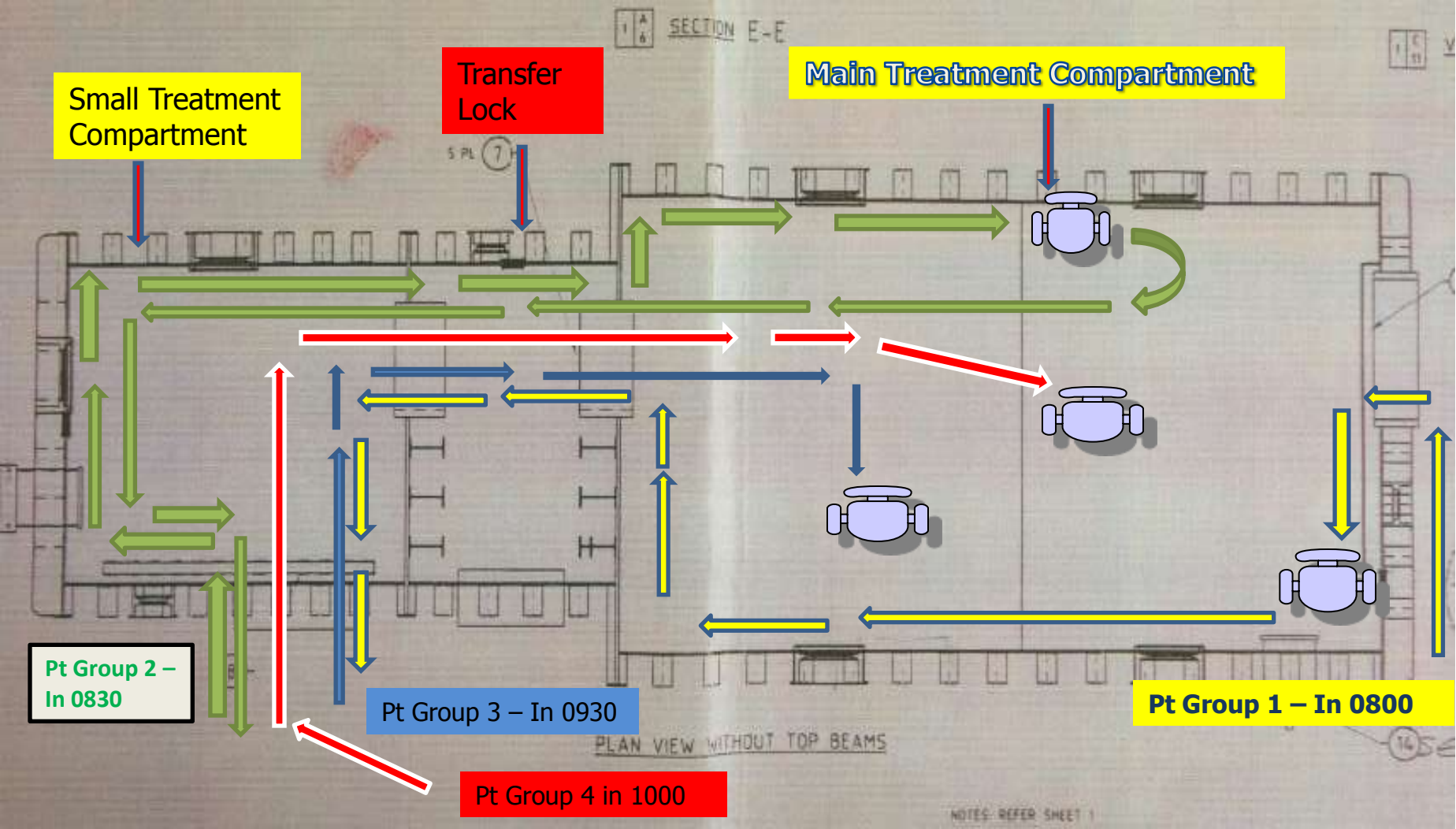
Pt Group 3 – In 0930

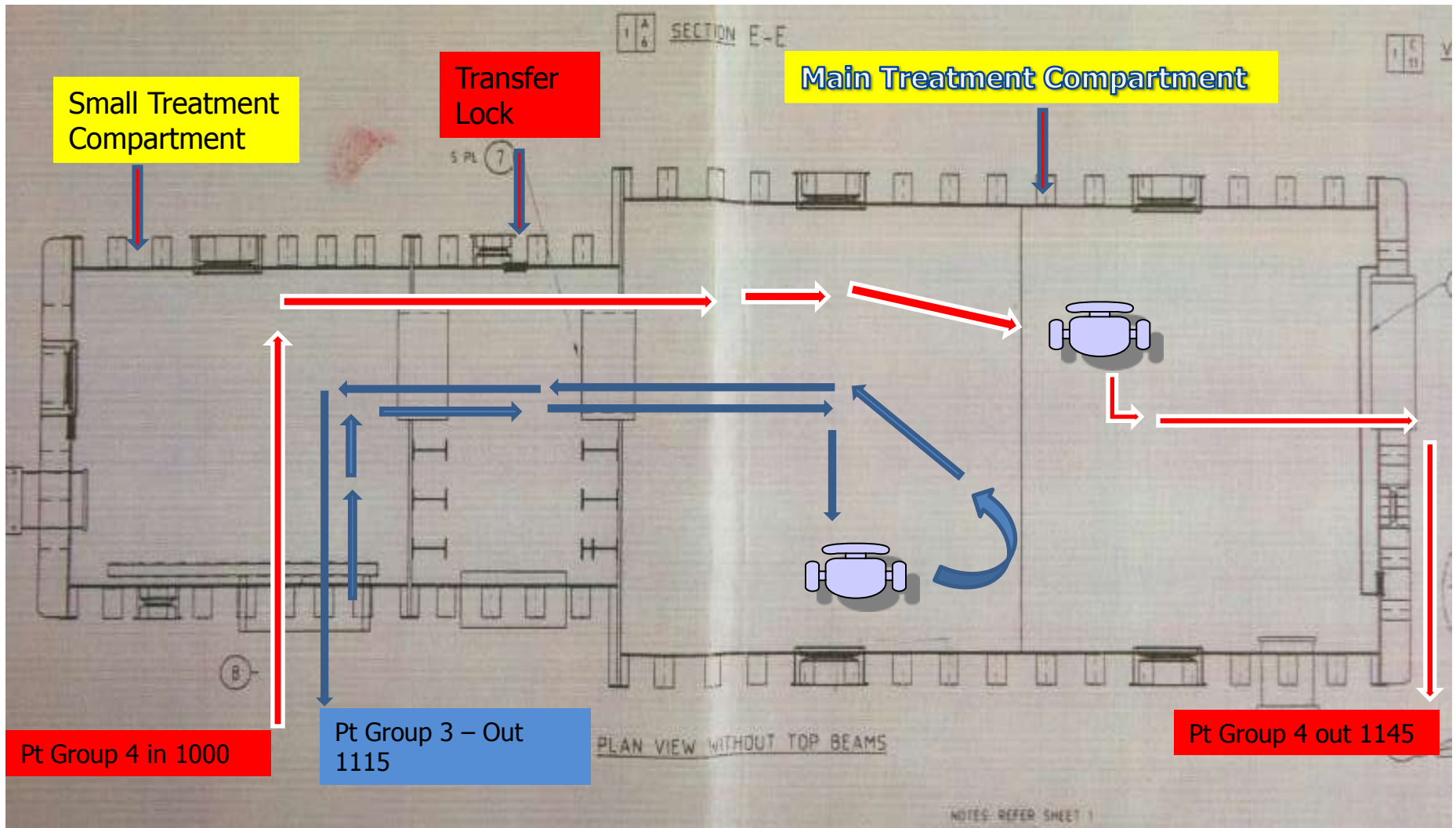
Pt Group 1 – In 0800

Pt Group 4 in 1000

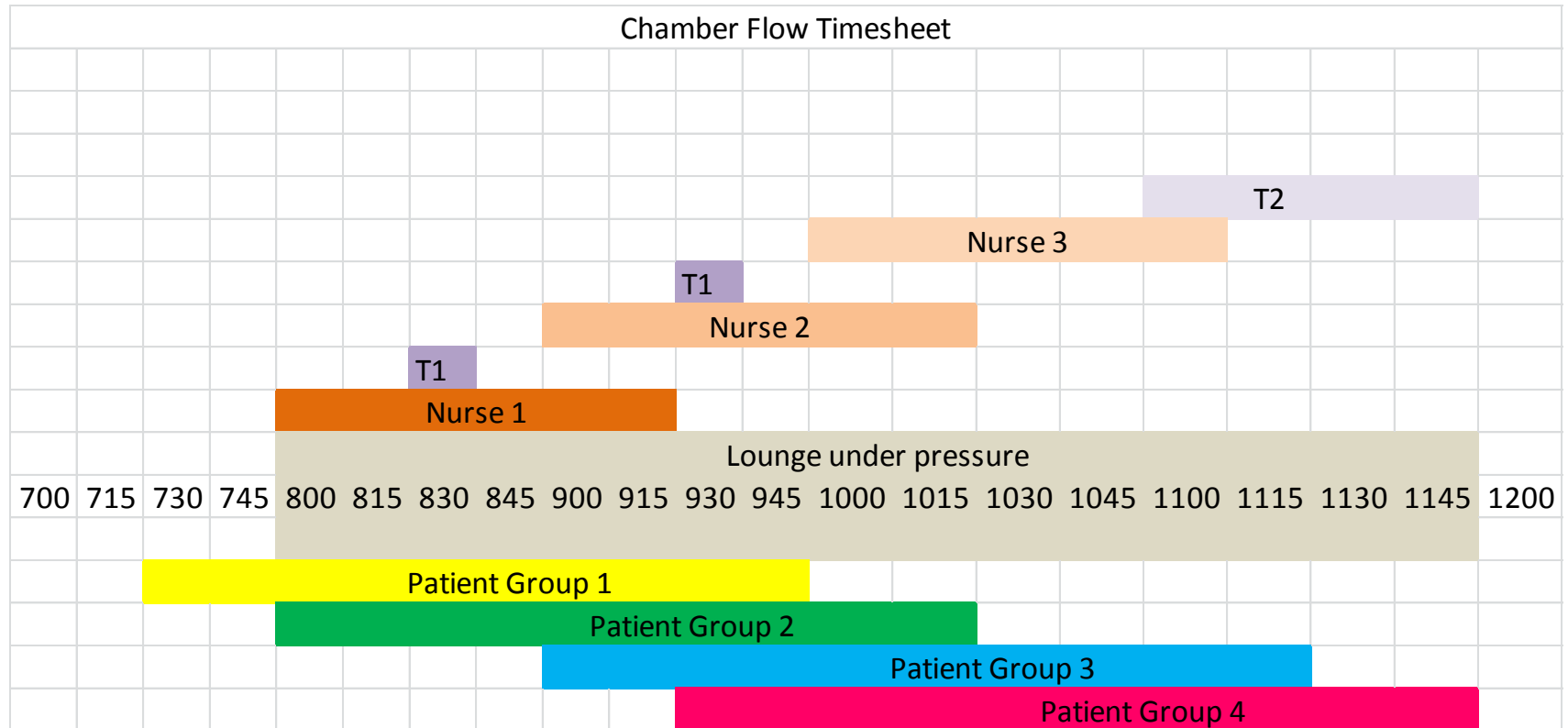
PLAN VIEW WITHOUT TOP BEAMS

NOTES: REFER SHEET 1





Doctor version



Process Benefits



- Stagger Pt arrival times - less delay.
- Smaller Pt groups – provides a **two-fold increase** in face time for Dr and Nurse daily check in, (if required) which in turn increases Pt exposure, improves quality of care and reduces potential error. (picking up those Pt co-morbidities on a daily basis).
- Common misconception - is that Nurses and Dr's will be required to work harder

Not so, the focus is on speeding up the patient with good process.

Process Benefits

- Pt's save 15 min of Tx time as they do not require a slow ascent – they can be escorted directly to the surface as no deco obligation exists for attendants.
- Each inside attendant is replaced by another (entering and leaving) through other compartments by the 75min mark (The max No-D limit) . This will continue until all Pt's have completed T-14 Tx's.
 - They too can come directly to the surface. If required after a 30 min SI, they can be repet dived (adds redundancy). Potentially further minimises DCI risks to inside attendants.

Outcomes at Tx completion

- Total Pt individual time at unit, door to door per day is 2Hr 05 min – 2Hr 20min. Our current average is 2Hr 45min – 3.0Hr +. Individual Pt time saved over 40 Tx's – 26.6Hrs.
- Patient satisfaction increase 
- Reduction in chamber running time/ costs from 6Hr 15 min to 4Hr 35 min: 25-30% reduction (2 x Tx per day). For a 3 x Treatment runs day the saving is the same.
- Higher nurse throughput (slightly shorter shifts) but more nurse rotations – more shifts available. Increase in employee satisfaction 

Outcomes at Tx completion

- 15% reduction in Pt O2 costs
- 100% reduction in O2 costs for Inside Attendants – No deco obligation and more redundancy with repet dives & potentially reduction of DCI incidence.



- Reputation growth for efficiency & Patient satisfaction
- Business growth – more patients

Physical Trial

Our regret is that we are not presenting with an actual trial behind us. We are working on some engineering limitations and hurdles to get to that point.

We may not be able to get there with the existing challenges, but that's not stopping your unit – especially if you are equipped ie. A three (or more) compartment multiplace with rectangular doors.

??Any Questions??

Thank you

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