

# Results

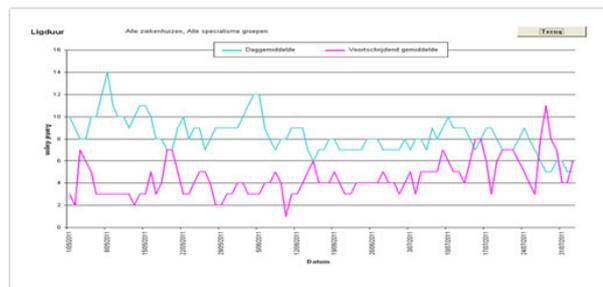
## Acute Hospital, The Netherlands: creating clear blue water.

Amphia Ziekenhuis is a well-respected 850-plus bedded teaching hospital in The Netherlands which is located over three sites and provides a full range of inpatient and outpatient services. Already a high-performing hospital, Amphia Ziekenhuis is working with QFI to create clear blue water between itself and its competitors.

In April 2011 Amphia Ziekenhuis and QFI started implementing QFI-Discharge-Jonah at the Molengracht site (650 acute care beds). This first phase focused on 20% of the total bed base over two specialties: orthopaedics and surgery. Both these specialties were already performing well relative to other Dutch hospitals and the test was to see what further improvement could be achieved.

Within four months there was an 18% reduction in length of stay across four surgical inpatient units and 14% reduction across two orthopaedic inpatient units.

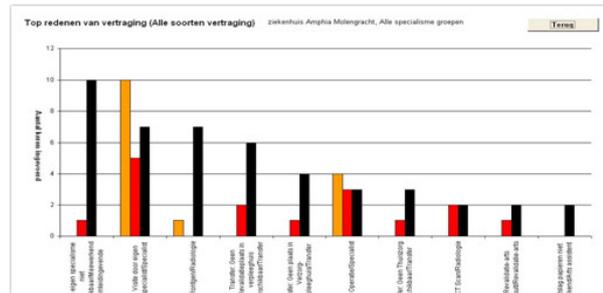
### Length of stay



Graph 1 illustrates two different measures of length of stay of all patients on Jonah. The traditional measure of average length of stay for orthopaedic and surgical patients (blue line) dropped from ~10 days to between 4 and 7 days. The pink line represents the average length of

stay of patients who were discharged from hospital over the previous three days. One can see that at the start of the project there was a significant difference between the two lines. In essence this gap represents the delay some patients were experiencing and it was only by addressing these underlying delays that all patients could achieve timely and non-delayed discharge. The steep and relatively brief inclines in the pink line indicate moments when delayed/longer stay patients left the hospital. As the blue line declines it indicates that all patients are experiencing shorter delays and the average length of stay is decreasing.

## Addressing causes of disruption and delay



In the orthopaedic and surgery units the top resource and associated task identified as causing the most disruption/delay across the most patients had been the Transfer (Discharge) Team and nursing home replacement. This delay reason was highlighted early in the

implementation and required specific work with both the Transfer Team and the units. The emphasis of the work was to explore the potential causes of this disruption/delay, understand the transfer process for patients and the working practices of the relevant stakeholders involved. A specific project was allocated to eradicating this disruption/delay. This involved further analysis and the adaptation of a well-proven QFI solution for this type of disruption/delay. As a result, within eight weeks the Transfer Team was no longer the number one cause of delay across the units. Once this cause of delay was addressed all improvement efforts were moved to the second cause of delay, which focused on eradicating internal doctor delay. This was achieved by notifying each doctor when they were at risk of becoming the primary cause of delay and helping them to know which patient to focus their attention on next. By identifying and eradicating the next top cause of delay this initiative has resulted in a focused process of ongoing improvement.

*“With the start of the TOC-programme in hospitals in the UK, USA and Australia we were able to see that their results in healthcare were improved. This success was a reason for the Amphia Hospital to invite QFI, the developers of this simple Jonah approach. In a few months the first results were visible: the average length of stay decreased. A practical approach and not just a beautiful story in a book!”*

**Mary Groenewoud**, Director, Amphia Ziekenhuis