and Health officers for patients and attendants in the waiting areas twice a week.

Results we saw an increased number of community TB detection by HEW and we achieved our objective

Conclusions Almost all hospitals in developing area face problems and challenges, but more than half of them can be solved by using model for improvement and a creative change idea.

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APPLIED LEAN PRINCIPLES DECREASED DOOR-TO-FLOOR LENGTH OF STAY

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10.1136/bmj-2019-ihl.25

Abstract 25 Figure 1

Abstract 25 Figure 2

Reducing Discharge Effective Time*: Percentage of Discharges with an Effective Time of Less Than Five Minutes by Inpatient Unit

Abstract 25 Figure 3

Abstract 25 Figure 4

Abstract 25 Figure 5

Background Patients admitting from the ED to inpatient units can be delayed for a variety of reasons including high ED volume, practice variation among key admissions personnel, or the lack of open, clean, and staffed beds.

Objectives To reduce the median length of stay for admitted patients from 310 minutes to 251 minutes through the elimination of waste and creation of standard work throughout the Door-to-Floor value stream.

Methods 1. Direct observation of patients, operators, and processes within the Door-to-Floor value stream 2. 'Waste Walks' with frontline staff to identify wastes that could be immediately eliminated or developed into larger projects 3. Rapid Process Improvement Workshops (RPIW) with frontline staff to identify and prioritize solutions associated with observations 4. Plan-Do-Study-Act (PDSA) cycles: (1) Discharge Effective Time (2) Right Patient, Right Floor (3) Microsoft OneNote to create a 'pull' system (4) Standardized ED Handoff Report.

Results Overall median LOS for admitted patients reached 251 minutes in October 2018 and has remained below the lower control limit. Through creation of standard work, Discharge Effective time of <5 minutes increased from 50% to 90%. Charge RNs using OneNote and the standardization of patient type to appropriate unit, resulted in decreased bed-requested to bed-assigned times from 37 to 13 minutes. A standardized ED Handoff Report did not result in time savings, but did increase the quality and consistency of patient information transfer.

Conclusions By using Lean applications of observation, eliminating waste, data control charts, and standard work, the median LOS for admitted patients decreased by one hour.

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IMPROVING TIMELINESS OF SPECIALIST REFERRAL AND DIAGNOSIS FOR PATIENTS WITH SUSPECTED LUNG CANCER THROUGH STANDARDIZATION

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10.1136/bmj-2019-ihl.25

Background Delays in lung cancer (LC) diagnosis are associated with worse clinical outcomes. Our rapid assessment LC clinic identified referral delays following thoracic imaging suspicious for LC and delays associated with unstructured triage.

Objectives Decrease time from suspicious CT chest to LC clinic referral and decrease time from referral to diagnosis and staging.

Methods Retrospective baseline chart review (Jan–Apr 2018) and prospective monitoring (May 2018–May 2019). PDSA cycles: 1) Standardized Triage Pathways (nurse-physician triage to diagnostic pathways, pre-ordered staging tests, small nodule clinic); 2) local standardization and regional implementation of CT reporting recommending LC clinic referral (March 2019). Data include dates of: imaging suspicious for LC, CT chest, specialist referral and assessment, staging tests, radiologist recommendations and diagnosis. Data are reported as mean days; statistical process control XbarS charts and unpaired t-tests were used to assess for significance.

Abstract 26 Figure 1