

Standardization & Optimization (SOP) at WRH

Standardization & Optimization (SOP) at WRH

The goals of WRH's SOP team are to improve the patient experience, standardize seamless care between campuses, and identify, implement and create a foundation of best practices at both campuses, in all programs and services

The following 3 projects are currently underway at both campuses of WRH:

1. Patient Flow
2. Quality Based Procedures (QBPs)
3. Standard Unit

Patient Flow

- “Patient Flow” is the movement of patients and the coordination of their care throughout their hospital stay
- Flow is the continuum of ensuring timely access to the most appropriate acute care bed, focused care delivery that supports achieving length of stay targets, and a well-planned discharge that facilitates the transition home
- Optimal patient flow allows for efficient use of hospital resources (beds, staff and supplies) and enhances the patient’s experience throughout their stay
- Poor patient flow delays the admission process and negatively impacts care and discharge planning. Patients wait for care, experience delays in moving to the appropriate level of care, are more likely to be harmed in the hospital, and return to the Emergency Department after discharge

Patient Flow

- Optimizing patient flow and moving patients smoothly through their acute care hospital visit is crucial to achieving WRH's vision of *Outstanding Care, No Exceptions*

WRH is focusing on:

- Command Centres at each campus to serve as “air traffic control” to manage Medicine patient process flow
- Pulling patients out of the Emergency department faster (to assessment bays) to get them to the appropriate floor for their care
- No longer off-servicing medicine patients; making sure that they get to the appropriate unit the first time

Quality Based Procedures (QBP's)

- QBP's are groups of patients with similar diagnoses
- Two waves of QBP improvements have included ischemic stroke, hemorrhagic stroke, TIA, congestive heart failure, hip fracture, hip replacement, chronic obstructive pulmonary disorder (COPD), community acquired pneumonia (CAP), knee replacement, knee arthroscopy, and bilateral joint replacement
- The third wave will include breast (cancer related), hysterectomy (cancer related), prostate (cancer related) and shoulder (reverse and total)
- There are 3 main documents associated with QBP's:
 1. Order Sets
 2. Clinical Pathways
 3. Patient Experience Pathways

Order Sets

- Evidence-based, conveniently grouped, physician-led medical orders that standardize diagnosis and treatment
- Consists of 2 parts: **Transitional** and **Inpatient Phase**
- Based on the **primary admitting diagnosis**, the Pathway Improvement Bundle is initiated at the point of admission
- Transitional Orders are initiated in the ED and signed by the ED physician, in consultation with the MRP
- Admitting Physician (MRP) checks the box and signs each Transitional Phase page, indicating that s/he will continue with the management of the patient
- Continue with Inpatient Phase Orders

Clinical Pathways

- A diagnosis specific to care, including interventions and outcomes, that should be achieved along the patient journey towards discharge
- Interventions are reviewed and outcomes documented as achieved or not achieved by Care Teams every shift
- The Pathway is brought to Care Rounds to discuss barriers to discharge
- In-Room white boards encourage communication about the day's plan of care and estimated discharge date
- Discharge criteria helps guide conversations and set expectations with physicians, patients and families about length of stay at admission
- The last page of the pathway has the diagnosis-specific discharge criteria – once all are achieved, the MRP is notified to consider discharge

Patient Experience Pathway

- Encourages patients and families to be partners in the care plan
- Sets clear expectations regarding each day of the patient's stay in patient-friendly language
- Launched as *My Care Journey*, it consists of 3 components:
 - **Patient Booklet** – a daily guide for patients
 - **Website** (WRHCareJourney.ca) – provides additional supporting information about the condition, with links to additional resources
 - **Mobile App** - to share with family members away from the bedside – A first in Canada to focus on what to expect during the hospital stay

Standard Unit Bundles

Goals:

- Reduce/eliminate patient harm by following “Best Practices” among all care providers
- Create an environment where all patients receive the same care at both campuses
- **Met Campus Standard Units:** 4W, 4N, 5N, 6N and 7/8N
- **Ouellette Campus Standard Units:** 6E, 6W, 7 Med, 8E, 8W, 5 CTU
- Each Standard Unit has a Performance Board that displays corporate, program and unit-specific metrics for safety, quality and flow

Processes/Practices on Standard Units

5S

- An organizing process to *sort, set, shine, standardize* and *sustain*
- Increases nursing time at the bedside with patients; decreases HAIs

Care Rounds

- Daily 30 minute unit-staff meetings to discuss plans of care and barriers to discharge
- Helps length of stay and discharge indicators stay within target

Processes/Practices on Standard Units

In Room White Boards

- Communicates real-time information to patients and their families
- Increases patient satisfaction and improves communication and discharge

Shift to Shift Report

- Formal shift “hand off” process utilizing standard tools and assigned nurses working in shared modules
- Decreases patient harm incidents; rapidly identifies changing patient status on “hand off”, continuity of care using “common language”

Processes/Practices on Standard Units

Transfer of Accountability

- Verbal and written process for patients “transferred” to another unit, program or campus
- Decreases patient harm incidents; increases safe patient transfers and communication between sending & receiving physician/nurse

Leadership Rounds

- Structured activity in which nursing leaders personally ask patients at the bedside standard questions about their stay
- Increases patient satisfaction; increases opportunities to acknowledge outstanding staff and/or to develop service recovery plan, if necessary

Processes/Practices on Standard Units

Safety Huddles

- Conducted by unit staff within 2 hours of shift change to communicate actual/potential issues to the team (5 minutes or less)
- Decreases patient harm incidents; patient and unit issues addressed or escalated in real time

Comfort Rounds

- Proactive rounding on patients every 2 hours to address 5 specific needs (pain, position, pump, personal needs, personal items)
- Decreases falls and pressure ulcers; increases patient satisfaction

**You have completed the SOP Review.
Click on another content area for more
information. Once done reviewing all
content slides, please complete the post-
test**

Thank you