

the Standard



Highlighting some key moments from the Wave 1 SOP Project teams since their conception in 2014!

Celebrating Wave One Accomplishments



It was the autumn of 2014; a newly developed department called Standardization and Optimization Process (SOP) conducted four process mapping events that marked the launch of the Wave One, Priority Projects. On Friday, April 8th, these Wave One projects will celebrate their journey into either Alumni Status or Transition into a Wave Two project. Alumni status is given to SOP projects that have proven that they are fully capable of achieving their project goals without SOP support.

Three Wave One projects—OR Scheduling, MRI Wait Times, and Cardiac Cath Lab - will move into the Alumni status, while Medication & IV Fluids will combine with the Medication Reconciliation project. These teams have worked tirelessly over the last 20 months with enormous success. Take for example, Met MRI wait times plummeting from over 100 days to just over 40 days, or the Cath Lab's development of a more efficient scheduling system.

However, it is not the success of the teams that prove their readiness for independence – rather, it is how these teams work through problems. While the challenges each of these teams faced were unique, every team solved these problems in the same systematic and practical way. Take for example how the OR Scheduling team struggled with incomplete referrals from doctors' offices. The team worked to determine the root cause, collect

data, develop a strategy to trial potential solutions, and then tried all of them until the problem was solved. This formula for problem-solving is consistent in all of the SOP teams.

So, what is next for the Alumni Status teams? More learning, of course! Representatives from all teams will attend a one-day refresher course to ensure they are familiar with all necessary project management skills going forward. Then we celebrate!

All available employees are invited to attend a 1pm huddle and celebration—with cake—in the SOP Office at the Ouellette Campus on Friday, April 8th.

Looking further down the road, these teams aim to accomplish even more. The Med Fluid team envisions a WRH without any medication errors causing harm. They understand the ambition of this goal, but know that the answer lies in collecting more accurate and more timely data – a sentiment that warms the heart of all SOP team members.

On behalf of the entire SOP team, congratulations to all Wave One Project team members! The project accomplishments have made some exceptional improvements for WRH patients, families and staff members! In this month's issue of the Standard, we will recognize some of the most notable Wave 1 accomplishments.

OR Scheduling/ Pre-Surgical Screening

Primary Knee surgery is a high volume procedure done by all 11 Orthopedic Surgeons at the Met and Ouellette campuses. At the start of this project, there was a significant variation between campus wait times, with patients waiting over the provincial wait time target.

This project started by focusing on the scheduling of these Primary Knee cases at both the Met and Ouellette campus for all surgeons. A plan was formulated and executed to ensure that complete referrals were received in the OR booking office in a timely manner, reducing rework and process delays.

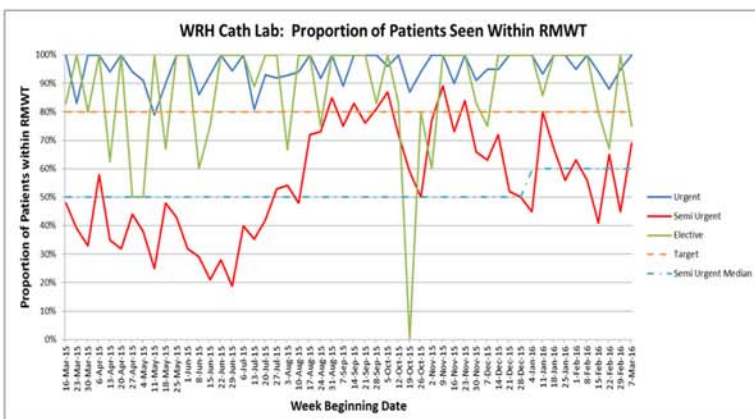
Early in the plan, the team coordinated with the surgeons' office staff members in the community. We provided "Lunch and Learns", face-to-face meetings, information faxes, and phone

support. It was crucial that the original booking from the surgeon's office was complete (requiring 5 documents) and that the electronic booking was accurate (example: co-morbidities). Ensuring that all this was done right the first time, reduced the amount of time it took to complete a booking and therefore no delay in the scheduling of the OR.

Through these process improvements, the team has been able to increase complete bookings from 40% to 95%, provide Pre-Assessment with more lead time (from 1-2 days to 21 days), and reduce the patient wait by 10%.

The success of this service has spread to ENT, and has plans to spread to other services. Without the engagement and cooperation of our community partners and WRH staff, we would not have been able to achieve such impressive results!

Highlights from the Cath Lab



HITTING OUR TARGETS: The Cath Lab team is seeing more semi-urgent patients within their recommended wait time. Great news for all involved!

The Cath Lab SOP Team has been steadily working toward decreasing the wait time for the Semi-Urgent Patient population.

The team was able to increase the percent of Semi-Urgent Patients who are seen within their recommended wait time, from

a range of 25% to 40% in early months, to an average of 60% today. The goal is to have all Semi-Urgent Patients seen within the recommended wait time, and the short term target is to reach the provincial average of 85%.

Engagement has been a key element to the success of this project. Initial activities focused on the more administrative elements of the Cath Lab, which required working with referring physicians as well as Cath Lab physicians to better understand challenges and requirements. Using data to highlight their role and impact on the target, opened new avenues of change that had not been previously available.

The Cath Lab Team has grown steadily over the past year, with more front-line staff involvement. The Team is now focusing on activities within the Lab, examining new McKesson turn-around time data. Gaining this insight from the OR Turn-Around-Time SOP project, has sparked new ideas in the Cath Lab Team and is helping to refine their processes further, sustaining the work done previously and reaching new goals.

Lean Tool of the Month: Visual Management

Visual management is useful in various ways for both the staff and patients. As hospitals are large and busy places, wayfinding, a common visual management tool reduces challenges for patients in finding the right place. Offering additional visual management for information, i.e. wait times for ED appointments, or the status of key performance indicators which allows patients to better understand the status of the organization. Patients can then better anticipate the parameters and challenges of their interaction, allowing for more choice and better planning, creating more control over their own experience.



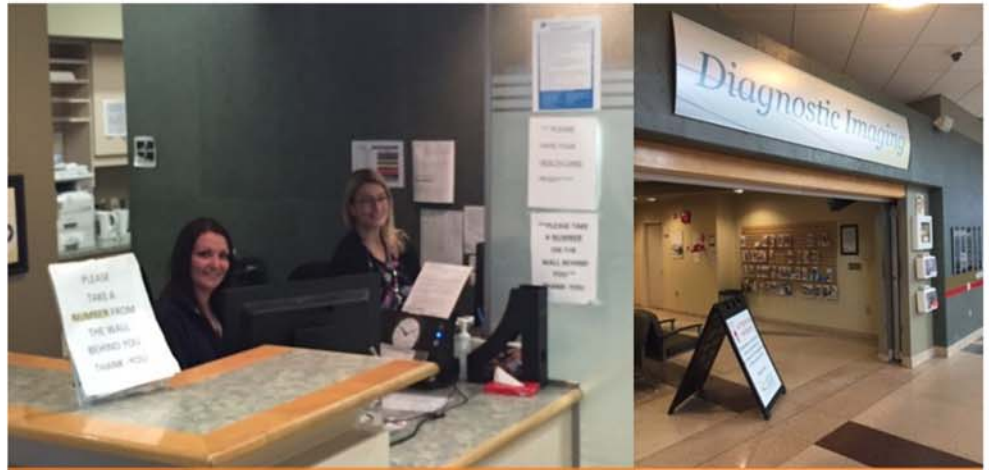
MRI Wait Times

The MRI Wait Times SOP Projects notifies patients of their appointment within 48 hours of receiving their requisition!

As we look back on the MRI SOP number of successful initiatives come to mind; optimizing of the electronic appointment grid, in-depth data recording, standardized screening process, improved patient information website and last but certainly not least 48 hour notification of appointment time once the patient requisition has been received.

Early on during our mapping session, the MRI SOP team received clear feedback that if patients could be notified of their appointment date more quickly that would greatly relieve any undo stress surrounding their MRI appointment. After reviewing current processes, we were able to implement a 48 hour notification of appointment once the MRI requisition was received. Being able to notify patients more quickly of their appointment time has greatly reduced the number of inquiries from patients regarding their appointments.

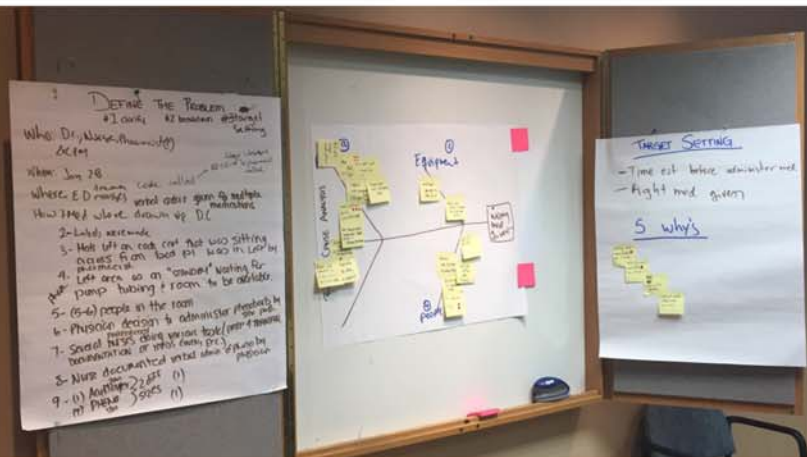
achievements to date, a



Scheduling clerks in Diagnostic Imaging experience less phone calls from patients who are waiting to find out when their MRI appointment will be. This allows the clerks extra time to focus on booking other patients!

Medication and IV Fluids

The team is working towards achieving no medication incidents that reach the patient and causing them harm.



The medication and IV Fluids team has been using a Lean Tool called "Practical Problem Solving (PPS)" to determine the root cause of a medication incident. Allowing the team to develop countermeasures and prevent reoccurrence of the same problem.

The Medication and IV Fluids SOP team has the objective to reduce medication incidents, particularly those causing patient harm. One way to reduce incidents is by developing, testing and implementing counter-measures to determine the root causes of each incident. That's exactly what the Medication and IV Fluids team is doing! By testing and implementing a new incident investigation tool, finding root causes to medication incidents and developing and implementing counter measures will be easier. This in turn will create a safer more reliable medication process for patients.

One of the ways that the Medication and IV Fluids SOP team has created a safer medication process is by increasing the hours that the Pharmacy is open. What this

accomplishes is when a medication is

needed and an order is sent to the Pharmacy, the Pharmacy staff are able to review the medication order for any possible drug interactions or incorrect dosing as well as make the required medication available for the patient without the nurse having to override the electronic Pyxis machine without a thorough review.



Reflections: Cath Lab



This month, as our Wave 1 leads get ready to move to the next phase of the project, two individuals who have been with us since Day 1 in the Cath Lab Team, - Lesley Borrelli (left) and Sharra Hodgins (right) - reflect on their journeys:

At first I couldn't imagine how we could possibly spend 2 days in a room mapping out the process of "receiving a referral in the Cath Lab office". In addition, the thought of inviting a patient to participate was something very new. Thinking about it now, the mapping session opened the doors to the start of some great new changes for the Cath Lab and was the start of something very positive.

Some time has passed now, and our process for receiving referrals and booking patients has improved greatly. All of our Cath lab data is entered into a ministry data base through the Cardiac Care Network of Ontario. The data was always there, but we never knew how to extract and use this data to our advantage. With help from the SOP team and I.T. we are now able to run reports hourly, weekly, monthly, track wait times, cancellations and use this data to change our process and improve patient wait times. As we move to the next stage in the project with less direct support from the SOP team, we have a wealth of data to begin the process and make improvements to our patients' journeys.

The next item on our list of improvements involves the flow of patients through the Cath Lab and turn around times. We are looking forward to more positive changes ahead! **Lesley Borrelli**

Before SOP, I knew that there was opportunity for some little changes to make our department more efficient; however once we started the project, it has evolved so much more than I could ever imagine.

At the start of the project, it was focused on our referrals and all the handling of the paperwork. The mapping session was a huge eye opener to all the waste that was in our process for one patient. Since December 2014, our focus has shifted into various aspects of our daily routine. Currently we are focusing on more clinical processes which will be a great opportunity for staff to be more involved in the process changes based on the data we are gathering.

One of changes that had a huge impact on our patients was the wayfinding project. Before patients had a difficult time finding the Cath Lab. With the assistance of one of our patients, we developed a red tape line from admitting, all the way down to the Cath lab. Patients now find it easier to locate the Cath Lab.

I was never a data person before, but now I look at data in a different way and see how it impacts our process and guides us to make changes. The skills that I have learned in gathering and analyzing data have meant a big change to my day to day job, but I also enjoy this ability to know what all the numbers and graphs mean. **Sharra Hodgins**

SOP Project Contacts:

OR Turn Around Times Project Leads:

Christine.McDonough@wrh.on.ca
Michelle.McArthur@wrh.on.ca

Outpatient Clinics Project Leads:

Jennifer.Williams-Crew@wrh.on.ca
Cheryl.Brush@wrh.on.ca

Critical Care Project Leads:

Denise.Deimling@wrh.on.ca
Loretta.Gallo@wrh.on.ca

Surgical Inpatient Project Leads:

Pam.Essery@wrh.on.ca
Wendie.Turnbull@wrh.on.ca

OR Scheduling , IT Systems, and PSS Project Leads:

Diane.Gouin@wrh.on.ca
Marylynn.Holzel@wrh.on.ca

MRI Wait Times Project Lead:

Michael.Reinkober@wrh.on.ca

Cath Lab Project Leads:

Lesley.Borrelli@wrh.on.ca
Sharra.Hodgins@wrh.on.ca

Med Fluids Project Leads:

Charlene.Haluk-McMahon@wrh.on.ca
Jennifer.Shepley@wrh.on.ca