

the Standard



Photo Credit: Cath Lab Mapping Session

Process Mapping

SOP ON THE MOVE

In October, the SOP team launched the first four priority improvement projects with the selection of project leads and teams. The next step was 2 day process mapping sessions that were held late October and early November. In each of the sessions the teams identified the detailed process steps that take place today and then identified where improvements could be made. The groups then re-designed the pro-

cess with waste removed and efficiencies increased (the future state).

Patients Involved

Patient representatives were in attendance throughout the entire sessions in each of the mappings and were invaluable in helping the teams work through the process relating their experiences both positive and negative.

Outside Help

In the OR Scheduling session two administrators from the surgeons' office joined for the two days. They provided insight into the process within the doctors office so that information flow could be better understood.

This approach to the process mapping allowed for the development of solid improvement plans.



MRI HIT WITH HIGH DEMAND

Even though the MRI departments at both campuses are operating at higher than provincial efficiency standards, the current demand is pushing our patients into wait times longer than we would like

The mapping session for the MRI group took place on Oct 30th & 31st with a cross sectional group participating in the development of the current state and the future state.

The three main work streams identified by the group was the booking process, protocoling of the request by a Radiologist, and optimization of the scheduling grids.

The current booking practice has some of the patients waiting weeks to find out their appointment date & time. This leaves patients with a level of uncertainty that is unacceptable to our standards. Booking and notifying patients within a 48 hour window will eliminate this uncertainty.

A key component for providing a consistent patient experience across both sites is the standardization of services. In MRI this means moving towards developing common protocols for scans. The starting point in this project is to standardize the protocol for common knee MRI's. This standard protocol definition should be finalized by November 26th, 2014.

The groups next key work stream is updating daily scheduling for the MRI machines to reflect current scan time improvements. Initial data indicates that up to 8 more outpatients per week could be achieved at the MET site. The Ouellette site is also looking to rearrange their schedule to improve throughput.

Now that the work streams have been identified, the tasks for each are organized into a master schedule that tracks progress and ensures any obstacles are addressed and progress towards the future state is achieved.

As the work streams progress, Key Performance Indicators (KPI's) are tracked to determine the benefit to Patient wait times, etc. In addition, process measures have been established and baseline measures taken to understand improvements in the process that will roll up to the overall improvement of the wait time.

CATH LAB

Preparing for expanded hours and a second table

The Cath Lab Table utilization mapping session highlighted that the current processes design contributes to a high number of day of procedure patient cancellations and increased wait time.

The group determined that the major contributing factor to poor patient experience is the scheduling grid that does not reflect the current procedure times or allowances for urgent inpatient demand. The group also found that the referral package they receive is often incomplete or inaccurate leading to checking and rechecking until necessary information is received and correct. A standard referral package has been developed and the Cath Lab coordinator will be visiting referring MD offices to update their staff on the process, and the importance or receiving complete accurate information once.

The Inpatient demand is being also being analyzed to determine if there are higher demand days during the week. A new scheduling grid has been developed that reflects actual procedure times and allowances for ED / IP slots. The MD's have agreed to submit their schedule to the booking group monthly to allow for more timely advanced scheduling.

“Just do it” tasks similar to patient ‘way finding’ will be implemented in the next few weeks.

Many changes will be implemented at the beginning of January with measurements that will be tracked to tell the group if the changes are achieving improvements as expected.

DID YOU KNOW?

The SOP Project Teams Huddle Every Friday in the SOP Offices!

*Friday's 11:00 AM - OR Scheduling & Cath Lab Projects
Friday's 1:00 PM - MRI Wait Times & Med Fluid Projects*

Everyone is welcome and encouraged to attend the huddles to ask questions and provide feedback to the teams.

Ouellette– Amherstburg Room (first floor near the Chapel)
Metropolitan - First Floor Library (West Side)

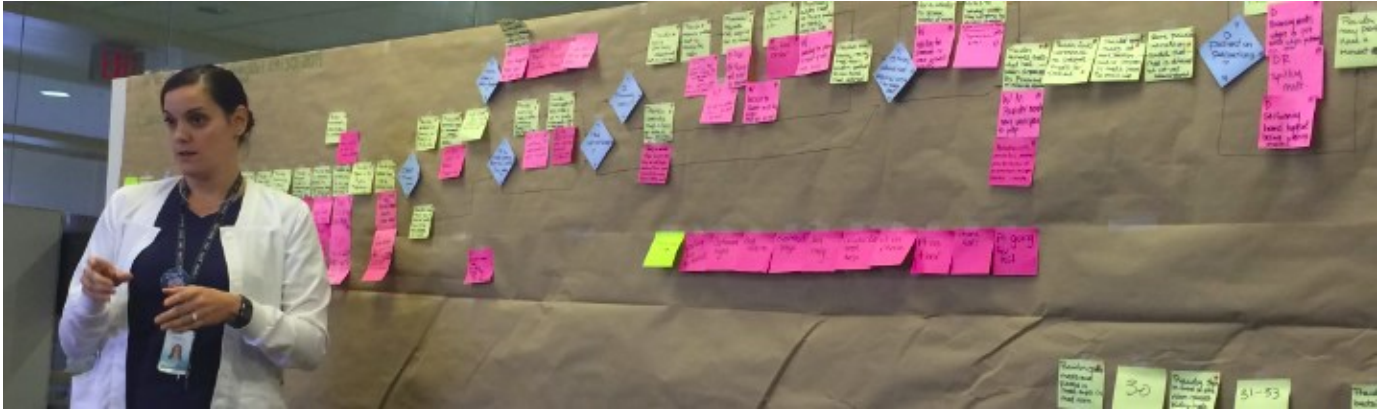
OR Scheduling

Key to this project is standardization across both campuses

The OR group highlighted drastic differences between the process at the two campuses. One standardized approach was developed and the group has created a plan to test using the PHS System to schedule Knee surgeries at both campuses. During the mapping session, administrators from two external Surgeons offices were involved. They helped the group understand their portion of the booking process and how it integrated with the OR booking. Accuracy of data was identified as an area of opportunity and actions have been developed to improve this.

Over the next month, the efforts to coordinate a pilot with PHS is underway to test a common booking practice. Stay tuned for more details.





Med Fluid Incidents

Med Fluid Incidents is a project that gets to the heart of the entire hospital and the goal of improving the patient experience

One of the main elements within the Med Fluid project is the lack of standardization for med administration between campuses and also within campuses. The development of standard work will not only provide the basis for eliminating patient harm caused by medication /IV fluid administration, but it will also serve as the basis for continuous improvement.

There have been a number of quick win tasks that have been implemented across the hospital such as getting all staff to use hand sanitizer prior to logging onto the Pyxis system for medication administration.

A standardized approach to med admin has been developed by the group and will be adopted across both campuses in the coming weeks. An E-learning video is being prepared as a training aid for the new process.

The group is using a systematic approach to address problems for consistency of physicians orders, and policy synchronization across both campuses, etc.

As Med Fluid administration processes reach across the entire organization and involve so many staff, the project team recognizes the importance of engaging and reaching as many staff as possible to participate in, and provide feedback on the future state process that has been designed. Please stay tuned for more information on staff engagement sessions coming to you soon.

Project Contact List

Questions or feedback for the project teams? Please reach out to us!

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