

# the Standard



## 2016—Improving the Patient Experience

2016 has brought many exciting successes, new beginnings, and an abundance of changes through the 10 projects that SOP supported with goals to improve the patient experience at Windsor Regional Hospital. Some of the patient focused project goals included reducing wait times, reducing the number of hospital appointments, or increasing the amount of time spent with the patient’s healthcare providers. As we look back on the year, our data and monitoring reflect the improvements we have made and patient feedback points to improved experiences. That is what truly matters and shows we are making a difference.

One of this year’s highlights is the MRI Wait Times project. The team was able to meet their goal to scan 95% of all priority-2 in-

patients within 48 hours, meeting an average of 88% of the time across both campuses. The MRI Wait Time project reviewed and revised their volumes and schedules. It also dedicated a porter at the Ouellette Campus to assist with the large amount of in-patient scans.

Other projects such as OR Scheduling, OR Pre-Surgical Screening and Ambulatory Clinics followed similar reviews and implementation strategies, which promoted an optimized work flow allowing us to service more patients and reduce the often anxious wait times our patients experienced.

Throughout the year, our patients and staff heard the terms “5S

## Transfer of Accountability

In the model of care training, Senior Leaders shared a story about an elderly patient with dementia who was sent to the ED from a secure unit at a nursing home. During the transfer, proper reporting did not take place and as a result, staff didn't fully understand her condition, and did not communicate well about her needs. Though discharged, she was not capable of leaving on her own and was found wandering the street on a winter night with no proper footwear. As a corporation, we feel our patients deserve better, they deserve "Outstanding Care No Exceptions".

The Transfer of Accountability (TOA) tool is a communication tool that was implemented to standardize the transfer process of patients throughout the organization and prevent instances like this from happening. There are two versions of the Transfer of Accountability tool— *General* and *Surgical (procedural)*. This tool is

used to share information about our patients when transferring between units, campuses or outside of the organization. By including the most accurate and up to date information staff have the means to provide safe quality care for our patients. When a patient is being transferred, the nurse provides a verbal report to the receiving nurse by providing all the information as listed on the TOA. The receiving nurse can then ask for clarification or additional information as needed. Capturing "time out" on the TOA is a way to safe guard and confirms that communication has occurred between the primary nurses sending and receiving the patient.

The new process includes clear guidelines for follow-up if the correct process is not followed. It is our hope by using the TOA, patients will no longer fall through the cracks.

## Kaizen: Yellow Belt

The first wave of Yellow Belt candidates earned their yellow belts by successfully completing a Kaizen event. A Kaizen event is a rapid improvement project, focused on a single objective to be completed in a very short time frame.

For this event, the group chose to focus on improving the accuracy and efficiency of the after hours reporting method. They wanted to consolidate reporting to one tool used throughout the week for important communication throughout the organization. In order to achieve this objective the team used various LEAN processes and tools such as a SIPOC, process map, root cause analysis, and an implementation plan.

The group identified what was really needed in this reporting tool. With the help of the SOP team, a new after hours report was created, which compiles each unit's schedule and care round into one report. This new report was trialed on 7&8N, and trial has started on 4N, with other units to soon follow.

Gina Bulcke, Director of Organizational Effectiveness, described the Kaizen event as "a great opportunity to bring different aspects of a process together, and come up with a solution that helps us to achieve our objective."

Monica Staley, RVP Cancer Services/Renal/Patient Relations/Legal Affairs, shared "it's great to see collaboration between groups with the SOP team, to identify a focused problem, and work collaboratively to find a solution".



Yellow belts mapping out the process for a new after hours tool

Kelly Heron, Director of Surgical Services, said the event was "an enlightening team building experience which breaks down a process clearly so we can focus on improvement. It assists you to visualize waste in a process you have been living in for some time that may not be evident on a daily basis".

This new report drastically reduced the time it takes for managers to input the information by roughly 75%.

It not only makes after hours reporting more efficient, it enhances communication ultimately improving patient safety!

## ICU Rooms are Ready— For Anything!

The Critical Care project team has been working hard to ensure rooms are ready for newly admitted ICU patients. Room readiness, as it is called, improves patient safety by ensuring necessary equipment is always within reach in a standard location. When clinical staff can find the right equipment at the right time, patients benefit from timely care. Room readiness occurs after housekeeping has cleaned the room, to ensure that the rooms are prepped and ready for a new patient admission.

Jane Alfini, an RN in the ICU at the Ouellette campus, shares a story where room readiness ultimately helped save a patient:

“A patient was ambulating a loop around the intensive care unit with a physiotherapist and two nurses.

“One nurse followed behind in a wheelchair, in case the patient needed to rest. Suddenly, the patient stopped talking and collapsed. The patient was eased into the wheelchair and rushed to the nearest empty patient room. The patient had suffered a respiratory arrest, but was successfully resuscitated and stabilized using the pre-stocked equipment in the empty room.”

Because the room was standardized with appropriate equipment and supplies for an emergency, staff were able to respond quickly and with confidence. It may also have made a huge difference in this patient’s outcome.

A great example of how room readiness can improve patient safety and outcomes.

## The Catheterization Lab Journey

The Cath Lab continues to improve the journey for our patients before and after their angiogram. This was done through looking at ways to improve the flow of work being done, always keeping the patient’s experience at the forefront. Keeping in-line with a continuous improvement methodology, the team revised the flow of work and kept a close eye on the changes over a two week period. They found that some changes could be made, so as a team they stopped and relooked at some other changes that could be made.

The team sought advice from staff and found that the process of preparing patients for their procedures could be done in a timely manner. One of the changes made was to support the morning nurse in order to facilitate the patient’s arrival into the procedure room. This was done by changing the flow preparing for scrubbing into the procedure so that the patient’s procedure could begin promptly at 7:15 am.

One of the key players on the Cath lab team is the physician who performs the procedure. To improve the process for the physicians, the team implemented a standard call in time for the second doctor of the day to arrive in time to start the

afternoon cases.

As an organization we know how important communication is in order to stay on the same page. A white board is being installed in the Cath lab procedure area as a way to indicate important information and provide clear communication for the day to all staff. This information will be updated daily with key times being tracked!

Patient care is so important to us and we continue to look at ways to improve our process.



*Denise Deimling (co-lead of ICU SOP project) and Jane Alfini (ICU RN) pose under the orange Room Readiness sign. The bright sign indicates that the empty patient room is stocked with all necessary equipment and is ready for a new patient to be admitted.*



# 2016—Improving the Patient Experience Cont'd

events” and “Wayfinding” repeatedly. With our focus on improving the patient experience, the Standardized Unit team sorted, set, cleaned and standardized the areas in the Patient Surgical and Medicine units—this was known as the 5S event. Each event resulted more time for nurses to provide direct patient care.

Visual aids such as red tape were used to mark item locations for easy identification. When the Cath Lab identified a need to help patients with wayfinding, red tape and signage were used as visual management. The tape now runs from entry at the Ouellette Campus to the previously difficult-to-find Cath Lab. It's a clear indicator of the most suitable path to the lab – helping patients and their loved ones find their way.

After making significant patient improvements, the MRI Wait Times, Cath Lab and OR Scheduling teams moved to Alumni Status. They continue to work on continuous improvements projects, without direct support from the SOP team.

“You have grown, professionally,” Ralph Nicoletti, VP, Medicine and Emergency Services, told the graduating project leads at a celebratory huddle earlier this year. “You are leaders and we are thankful that you have taken the time and put yourselves out there. We are a better organization for it. Our patients will be better served as a result.”

Medication & IV Fluids, our final Wave 1 project, continues to make organization-

wide best practice improvements while support from the SOP team continues. One of the improvements made by the Medication team this year was the implementation of an end-of-shift check. This created a process for nurses to check orders before ending their shift. This way no orders get missed.

Another proud moment for SOP was during the Great Lakes Biennial Nursing Conference where three posters were presented on the “Standardized Unit: Enhancing Patient Care”, “Shift to Shift Report: Standardized Reporting for Improved Patient Safety” and “Care Rounds: Taking Action to Improve Discharge and Length of Stay”. During the presentations, the Standard Unit team was able to share all of the improvements and new processes that have been implemented across the organization and the positive impact it has on our patients.

As we look forward to 2017 and begin the launch of our Wave 3 projects we know one thing will remain the same, our focus on improving the patient experience at WRH will remain our main objective.

As we close out the year, we wrap up the Lean Six Sigma Yellow and Green belt training which gives us a bright horizon, one where we are able to expand our quality improvement resources throughout the organization reaching departments and patients who have yet to experience the benefits associated with quality improvement and standardization. Looking to always make our patients experience

## SOP Project Lead Contacts:

### OR Turn Around Times Project Leads:

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

### Ambulatory Clinics Project Leads:

*Jennifer.Williams-Crew@wrh.on.ca*  
*Cheryl.Brush@wrh.on.ca*  
*Daniella.Dickens@wrh.on.ca*  
*Sharon.Allen@wrh.on.ca*  
*Darlene.Parent@wrh.on.ca*

### Critical Care Project Leads:

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

### Standard Unit Project Leads:

*Wendie.Turnbull@wrh.on.ca*  
*Julia.Masotti@wrh.on.ca*  
*Karla.CeaMartinez@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 Process Improvement Project Leads:

*Charlene.Haluk-McMahon@wrh.on.ca*  
*Tammy.Baillargeon@wrh.on.ca*

