

the Standard



Our ICU team takes some time out during their mapping session to huddle up and see what is in store for them next month.

A Month of Mapping

For the last month, it seems that we have been engulfed in a sea of stickies and actually we have. We began this mapping quest back in the 3rd week in May with the ICU group looking at how patients flow through the units at each campus. And we finished up our journey with the inpatient Standard Unit team the 3rd week in June.

There has been lots of discovery with the groups uncovering opportunities for improvement, getting to know our patients, all while having a laugh or two on the way.

Mapping is about bringing people together with different viewpoints to discover how we can make things work better for our patients.

Coming Next Month

Wave 2 joins the Friday huddles

Friday huddles—where we come together and discuss each project—have become part of our weekly routine. The priority project team leads have the opportunities to share the successes and challenges of the projects.

It is time for our Wave 2 projects leads to join in and tell us about these new projects as they start to unfold.

We will keep our start time the same at 11 am and 1 pm, but will expand our time to accommodate the new teams. Come join us on July 17th .

MAPPING HIGHLIGHT WAVE 2

The Fracture Clinics team has just finished its Current and Future state mapping. The staff worked very hard to come up with a future state map that is ambitious and has a big impact! Among the bigger changes, the team will be looking at how patients are scheduled for a fracture clinic appointments and create a more efficient scheduling grid that will greatly lower the waiting time for patients. Also, the team will be looking into how the referrals for appointments come in and standardize it so that it's always the same, arrives on time, and it's right the first time. There are more objectives that the team will be working on starting next week when the team meeting starts.

Thanks to Heidi Grusas Morris who acted as our patient representative for the OR Turn-around time mapping. Through Heidi's story, the team learned not only about the process but also the gaps in our communication to the patients.

Any operation is an anxious time for the patient and their family as we all know. With Heidi's help, the team began its work on a better approach to bringing patients into the OR, one that maximizes the time with their family and provides a better understanding of what they can expect once they reach the OR. The group is anxious to get started on testing some of these improvements.

The ICU group mapped out the flow for patients coming into the unit and transferring out of the unit. They too discussed patient communication specifically with the families because many times ICU patients are incapacitated which adds to the family stress.

One of the first activities the group has been working on since the mapping session is standardizing a 'flow board' and the associated process for both campuses to allow for better planning for patients transferring in and out of the unit.

The Pre Surgical Screening (PSS) group knew there were differences between campuses but discovered during the mapping session just how varied the experi-

ence is for our patients. Our Ortho patients at WRO have 2 visits prior to their surgery while WRM patients only have one visit. WRO has an in depth hands on Physio component which allows patients to trial exercises and equipment before surgery, which WRM would like to incorporate. A '1-stop shopping' approach for our patients is on the horizon for this team regardless of the campus.

Our final mapping session was also our largest group for mapping as it covered the inpatient surgical group working on Standard Unit. The goal of this project is to standardized the inpatient units so that the patient experience is the same.

One of the key areas mapped was the admission and discharge processes for our patients. We have touched on patient anxiety in our OR turnaround project but streamlining our admission process will help our patients settle into the hospital prior to their surgery. Standard unit is a systematic process for making improvements to our already great level of care. Top notch organizations like ours always look for ways of making our patient experience better.



Thanks Heidi Grusas Morris for bringing the patient voice to the discussion.



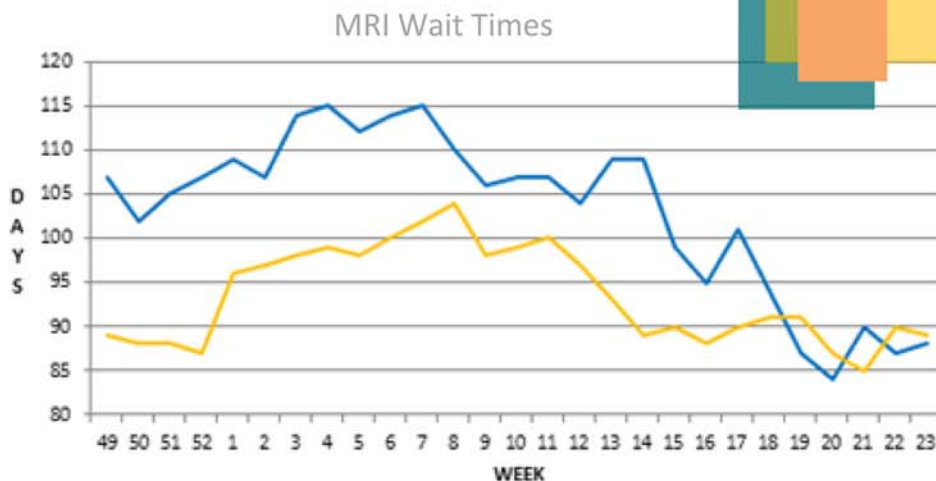
Tours of each campus help us to better understand and appreciate the work of our colleagues.

PRIORITY PROJECT HIGHLIGHTS

MRI WAIT TIMES DOWN

One of the major frustrations that we see and hear from our patients is the waiting for procedures and appointments. It is great when we see that our activities really make an improvement like we have seen with MRI. Our current wait times are down 10 days from when we started.

Over the next few months, the team is driven to see this trend continue downward.



OR SCHEDULING: OFFERING PATIENTS PEACE OF MIND

This team has been hard at work on the OR booking process as well as the Pre Assessment booking process. Previously, our primary knee replacement patients were being called 5 days before their appointment, and being Pre Assessed approximately 5-10 days before surgery. We are happy to report that patients are now receiving information about their appointment 2-3 weeks in advance, and receiving their Pre Assessment 3 weeks before their surgery. Preparing for surgery can be an unsettling experience. This groups work over the past 8 months has helped provide the patients more information and more time to prepare.

CATH LAB CREDITS

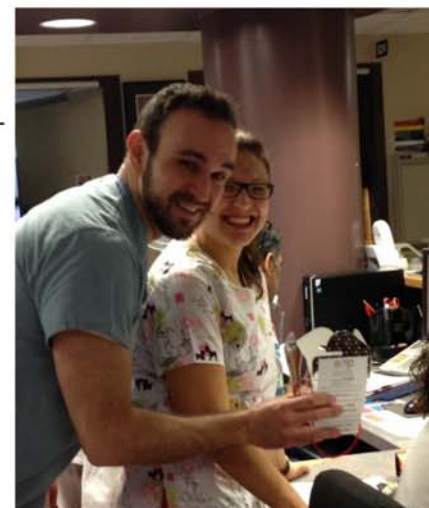
Over the course the projects our teams have become more and more engaged with their activities. The Cath Lab group, as an example, has been experimenting with a number of ideas, their grid, patient way finding and referral process changes, etc. The results: a better patient experience. There has been more throughput on a daily basis, up from a median of 8 patients per day to a median of 10 patients per day. Patient cancellations has decreased which lessens the chances of these elective patients deteriorating and becoming semi urgent .

We now have a surge protocol in place to address increases in our inpatient demand that would typically through our daily operation into chaos.

PATIENTS RESPOND TO MED FLUID SURVEY

The med fluid team is the most far reaching project of our

first four as med administration is across the entire hospital. The extension of Pharmacy hours has had a dramatic effect on supporting the units. The Pyxis overrides have almost been cut in half since the introduction of the new hours. The group continues to work with the staff and patients on the units developing patient focused surveys to better understand how to make the process better. A quote from one of the patient sums up how safe they feel as they are receiving their medication. *"the nurses are relaxed so that makes me relaxed even though they are running their butts off"* .



Reflections



David Hudson,, Schulich School of Medicine, Windsor Program.

Reflecting on my experiences over the past 6 months with the Standardization and Optimization Process (SOP) at Windsor Regional Hospital, I keep going back to one of the most common questions asked:

“Why do you perform that specific task, action or practice one specific way?”

The question appears simple. For the answer, team members usually recalled past experience or reflected on their own beliefs. But since everyone here has different past experiences, conceptions and beliefs, when this question is asked, there are many different answers. All the answers together - shaped by the individual experiences of each team member – help define the hospital’s corporate culture.

Corporate culture is defined as the collective beliefs, attitudes and views of the members of an organization. It affects how we do our jobs, how we interact with one another and how we interact with patients. Corporate culture plays a very large role in team dynamics.

Through my own past experiences, the most common response to the question posed above, is this:

“We have always done it that way.”

This response reflects a learned workplace behavior and culture. Just as one can change his or her own perceptions and beliefs, the culture of the workplace can also change. It is a tough and often daunting task, but not impossible.

One of the most exciting observations I have made through my participation in the SOP projects at Windsor Regional Hospital is the change in culture promoted through education, engagement, ownership and accountability of the parties concerned. Positive change was made possible because those asked to make these tough changes were the same ones who were asked to come up

with the improvement plan in the first place.

In the Cath Lab Priority Project, I witnessed team members who were once trepid about their involvement in optimization projects, begin to warm up to the project and embrace the opportunity for change. As the team became more united over time, members began to question their own current practices and look for better ways of doing what they had “always done.”

Through opportunity searches, time studies and scheduling adjustments, the cath lab team became aware of the challenges in their own culture and together realized the need for change. This led to the cultivation of a new culture, a culture that embraced change.

The question of “why do you do it that way” has evolved into “how can things be improved for our patients”.

I feel this major shift is happening not just within the SOP teams, but throughout the entire hospital.

There is a noticeable excitement amongst staff and patients as they are recognize the role they are playing in shaping the future of Windsor Regional Hospital as it moves toward a New Single-Site Acute Care Hospital.

I am grateful to have been a part of the first wave of SOP projects. The experience allowed me to see healthcare through a different lens. There is so much more to healthcare than what we see in the “traditional clinical setting” where medicine is taught.

Going forward I will continue to ask myself:

“Why do I act, practice or complete a task a certain way?”

I will continue to challenge my own personal beliefs in order to stimulate personal growth and continuously improve.

Thank you to the staff at Windsor Regional Hospital for giving me the opportunity to participate in SOP projects. I look forward to continuing this quest for continuous improvement with staff in the next couple of years as I become a part of the family, as a clinical clerk (a third year medical student).



Wave 2 SOP Project Contact List

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