

# the Standard



## A Sea of Sticky Notes Wave 2 Mapping Sessions are Now Underway

This month the Wave 2 SOP projects have started their two-day process mapping sessions. The goal is to understand, and analyze the current state processes at each site and to then work as a team to design one standardized future state process that will improve the quality of care and experience for our patients.

On May 14 and 15 the Critical Care, Wave 2 SOP team, led the pack with their mapping session.

The teams had a fun and challenging two days where they sought to understand their work from a different lens. They also got feedback from other areas from which they receive patients including the OR and the ED.

In the end the team came up with a future state process that will improve

communication with other departments in the organization and ensure that Critical Care patients are brought into the unit in a timely manner. The target is 90 minutes and we don't always achieve this now.

The team will also work with the Utilization Teams to move patients that no longer require Critical Care services to an appropriate unit. This will ensure there is space available when patients require unplanned Critical Care services

# INTRODUCING OUR WAVE 2 CLINICAL SPONSORS



Dr. I. Mazzetti (Left) and Dr. N. Malus (Right) lead their mapping teams on a process tour of the Critical Care Units at Ouellette and Met Campus.

The role of the Clinical Sponsors in the SOP projects is critical to the projects success. The Sponsors provide the team with the “providers” perspective and advise the project teams on clinical interdependencies throughout the project. In a previous edition of The Standard, we heard from Dr. Andrew Petrakos, the SOP Clinical Lead about his experience working with the SOP team and program. This month we wanted to introduce you to the Clinical Sponsors of the Wave 2 SOP Projects. The teams have been working with the new clinical sponsors to define the projects scope, objectives and team membership. The Wave 2 Clinical Sponsors are:

**OR Turn Around Times Project:**

- Dr. McCaffrey
- Dr. Llolli
- Dr. Hsia

**Outpatient Clinics Project:**

- Dr. Elashaal

**Critical Care Project:**

- Dr. N. Malus
- Dr. Mazzetti

**Surgical Inpatient (Standard Unit) Project:**

- Karen Riddell

**OR IT Systems and PSS Project:**

- Dr. Koppert



SOP Coordinator Dayna Roberts prepares for a shadowing opportunity in the Met OR in preparation for the Wave 2, OR Turn Around Times Project Process Mapping on June 1st & 2nd.

## Wave 2 SOP Projects Contact List

**OR Turn Around Times Project Co-Leads:**

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

**Outpatient Clinics Project Co-Leads:**

*Jennifer.Williams-Crew@wrh.on.ca*  
*AnneMarie.Herlehey@wrh.on.ca*

**Critical Care Project Co-Leads:**

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

**Surgical Inpatient Project Co-Leads:**

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

**OR Scheduling Roll out, OR IT Systems, and PSS Project Co-Leads:**

*Diane.Gouin@wrh.on.ca*  
*Mary-Lynn.Holzel@wrh.on.ca*





## Cath Lab

### *Planning for surges in inpatient requests at WRH*

This month the Cath Lab team is excited to share that they have a finalized and approved a Surge Protocol that will be initiated at times when inpatient demand for procedures in the Cath Lab significantly increases. This is important as the team is working to decrease outpatient and day-of-procedure cancellations. The Surge Plan now allows the team to change the appointment scheduling grid to include more inpatient slots at times when demand is high. This is also important because the team does not want inpatients to remain in hospital longer than necessary because they are waiting for their procedure. The team is also celebrating the approval of a contingency plan that can be put in place when the Cath Lab table is down for maintenance or repairs, this will again ensure that Inpatients do not wait in hospital for their procedures any longer than is necessary.

## Med/Fluid

### *Rolling out the Medication Administration Process*

This month the Med/Fluid team has been busy implementing the Medication Administration Process as the Met Campus. As part of the implementation, nursing is asked to complete an e-learn through the learning management system that includes a video outlining the Future State Process that the team designed early on in their mapping session. Highlights of the new process include taking the Computerized Medication Administration Record (CMAR) to the bedside for all administrations, taking medications to the bedside in their packages and educating the patients about their medications as they are observed taking their meds. The Clinical Practice Managers have been very supportive of the new process and report the results of their audits to the project team for analysis weekly. Next month the process will be rolled out at the Ouellette Campus.

## OR Scheduling

### *Ready to spread improvement in scheduling across the Orthopedics Service*

With the success of the projects work in their pilot procedures (Total Knee and Total Hip replacements) the team is ready to spread their future state booking process to all Orthopedic Surgeries at WRH. This means that when any Orthopedic Surgery is booked the request will only be accepted if it is 100% complete (i.e. includes: Antibiotic prophylaxis orders, History & Physical, Patient Consent, etc.) By only accepting complete bookings received in a timely manner, the office can ensure that the Pre-Surgical Screening Department has all of the information they require to safely prepare the patient for surgery. The team has also been busy preparing for the launch of the PHS scheduling software implementation at the Ouellette Campus, led by Shannon Nicholls.

## MRI

### *Successful early results with the new MRI scheduling grid!*

This month the MRI team is pleased to announce that initial trials of the new scheduling grid have been very successful! In the grids first week of implementation at the Met Campus, the MRI department performed more scans than any previous week measured to date. They did this while staying on or ahead of schedule much of the time. It's successes like this that show the team the value of all of the hard work, testing, and feedback that went into developing the new grid. The team continues to monitor and evaluate the new grid to ensure that patients are receiving their scans and not waiting beyond their scheduled time to be brought into the department.



*This month, as four new teams begin the SOP journey, one of our veteran team members shares her story. Christine Donaldson, Director of Pharmacy Services, begins where all SOP projects do: the mapping session.*



I have to be honest, when we left that room after spending two long days together going over every detail of the medication administration process, most of us weren't really sure what would ever come of the experience.

Some members of our combined team of nursing and pharmacy representatives had participated in similar, but less focused, exercises in the past. They wondered if this time would be different. Would anything really change as a result? Others had never experienced anything like this and were uncomfortable voicing their ideas at first. In addition, there was an actual oncology patient in the room – she was part of the team. How much did we want to say about where things go wrong in our system in front of her?

We started off slowly, with some trepidation. We told our stories - proudly recounting times where things worked really well. We also shared examples of times we failed and found it difficult to uncover the root causes. It was humbling, to say the least, but everyone was honest and told it straight. As a group, this inspired us to open up and that's when the vision started to take shape.

Our common purpose and mutual passion - to improve our overall medication process for the safety of our patients - became our shared vision. Why couldn't we define our procedures at the bedside better? How could we best educate our frontline staff on standard practices for medication administration? We could improve and we would!

One of the most striking moments for me was hearing a nurse say, "Pharmacy is always closed when I work." I didn't understand how this could be true until she explained that she normally works nights and weekends. It was a huge wake-up call. Our nurses are our primary customers, and we were not meeting their needs. That began an entire new conversation and led to some significant changes. On April 13, we launched expanded hours for both campuses. Pharmacy is now available to support patient care until 11pm.

The SOP project gave us a forum to continuously learn from each other – between disciplines and between campuses. We discussed best practice, defined shared goals and implemented plans to meet them. We challenged ourselves and it paid off. We learned that every little change in process can affect another department or individual. We learned to 'seek first to understand, then to be understood'. New partnerships formed between pharmacy and nursing.

I feel privileged to work at a hospital that is large enough to deliver high-caliber priority programs, yet small enough to make rapid changes within a strong, patient-focused culture. The lasting relationships we've built throughout this process between our campuses will enhance our ability to move forward together. These relationships are based on a mutual respect and many 'a-ha moments'.

The risks of delivering a highly complex medication system are constant, but we are ever vigilant within our SOP team to protect our patients. We've become obsessed with learning about our system and its weaknesses, so we can learn and continuously improve. I'm confident our SOP initiatives will standardize many more steps in our process to reduce medication incidents and improve the patient experience for all!

For those about to embark on the process, get ready, this is a rare opportunity that has the potential to truly redefine who we are as an organization.

## Priority Project Contact List

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

**SOP Team:**  
[future@wrh.on.ca](mailto:future@wrh.on.ca)

**OR Scheduling Project Lead:**  
[Diane.Gouin@wrh.on.ca](mailto:Diane.Gouin@wrh.on.ca)

**Cath Lab Project Lead:**  
[Lesley.Borrelli@wrh.on.ca](mailto:Lesley.Borrelli@wrh.on.ca)

**MRI Wait Times Project Lead:**  
[Michael.Reinkober@wrh.on.ca](mailto:Michael.Reinkober@wrh.on.ca)

**Med Fluid Project Co-Leads:**  
[Charlene.Haluk-  
McMahon@wrh.on.ca](mailto:Charlene.Haluk-McMahon@wrh.on.ca)

[Kristi.Cecile@wrh.on.ca](mailto:Kristi.Cecile@wrh.on.ca)