

the Standard



Partners in Design: Meaningful Patient Engagement in Process Design

At a recent conference hosted by Accreditation Canada in Montreal, we had the opportunity to discuss how the SOP teams are standardizing care at our two campuses with different histories and cultures, using real patient experience to drive the change.

We told the audience about our history: Two organizations coming together with the expectation of providing exceptional patient care. We discussed our task of standardizing and optimizing care to ensure the same optimal experience for our patients regardless of which site they visit.

"Anyone who has participated in the SOP projects knows patients are key to our decision making" as noted by Marie Marchand (Operational Manager OR/PACU) and Kelly Heron (Director Surgical Services). Both staff were selected to present their success involving patients in improvement projects at Accreditation Canada's annual Quality Conference.

Anyone who has participated in the SOP projects knows patients are key to our decision making. With the help of the patient advocate and physicians, we

connected with our patients to help understand current gaps from their perspective in order to identify what needs to be improved and how. It was important to have patients that had positive and negative experiences so we could have a better understanding of what we do well and what we can improve upon. Patients attended mapping sessions and walked us through their experience. Patients participated in developing processes that would help improve other patient's pre - registration journey. They were involved in the creation of material for primary hip and knee patients.

Sharing this journey with others at the conference was very enlightening and positive not only for the presenters but the group attending. It was reassuring to see nodding in the crowd as we discussed WRH's journey and our learnings. Being able to connect with other hospitals was encouraging to know we were all on similar paths together.





“Pulling” in the Right Direction

The Critical Care SOP Project Team is working with unit nurses to improve transfers for patients.

When working in a busy and fast-paced environment, we are all too familiar with the scenario of missing important calls. Although we try to avoid it, it is a common occurrence at WRH— especially for nurses when it comes time to give a patient report.

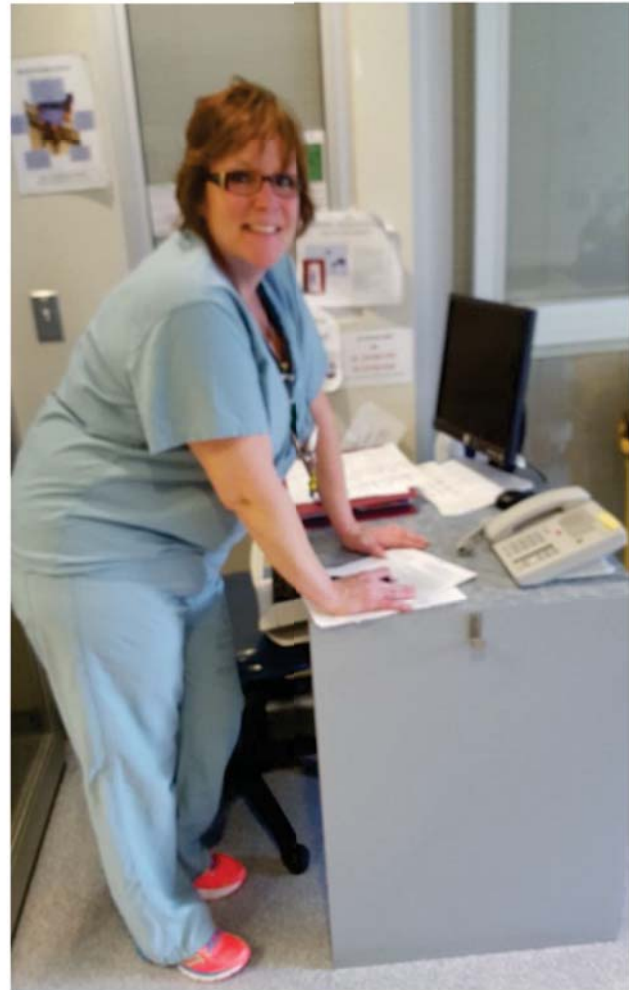
Currently, when a patient transfers out of the Intensive Care Unit (ICU) to an inpatient floor, the ICU nurse calls the receiving nurse to give a report. However, more often than not, the receiving nurse is not available to take the report at that time, thus ‘telephone tag’ begins. This unwanted game of tag leads to delays in the transfer-out process— often about a 30 minute delay. Since the target time of transferring a patient from the ICU to an inpatient floor is 4 hours— 30 minutes is a significant amount of time.

So, what does one do? Since ICU nurses are trying to “push” the patient report to the receiving nurse, the Critical Care SOP team thought it

would be worth trialing “pulling” the report. In other words, could there be fewer delays if the responsibility was flipped and the receiving nurse called the ICU for report?

Denise Deimling, co-lead of the Critical Care SOP Project, charts in an ICU patient room at the Ouellette Campus.

Starting on May 4th, the ICUs at each campus are trialing this process change in conjunction with 8 East at Ouellette, and 4 North at Met. It is still too soon to draw conclusions on whether or not this change will actually save time, but data is being collected and reviewed weekly. The trial is slated to end on June 1st. Credit goes to Standard Surgical Unit Co-Lead, Pam Essery, for sharing this idea. She believes that better outcomes are possible when each person “takes control” of their day. Check the weekly SOP Update for the results of this trial.



Lean Tool of the Month— Go to The Gemba!



Gemba is defined as “actual place” in Japanese. It involves going to the actual site for firsthand knowledge, focusing on the actual situation with firsthand understanding and making decisions based on actual facts. It is the place where value is created. It is a lean management practice for grasping the current situation through direct observation and inquiry before taking action. Gemba walks can be conducted by following a patient-focused process from start to finish across departments and functions to understand firsthand what our patients experience and where we can improve. It is one of the steps in preparing for mapping the process.



Ambulatory Clinics: Welcoming New Project Leads and Patient Designate

Enhanced Neurological Access Program (ENAP) SOP Project Leads and Patient Designate

On Friday, May 6, staff from the ENAP Clinic gathered to begin the process of improving wait times for patients with urgent neurosurgical conditions.

During the ENAP Team’s Value Stream Mapping Event, they focused on identifying opportunities for improvement in the current state and designing a future state to support a more timely provision of services for patients.

As is standard approach with all SOP mapping events, the ENAP Team invited a patient designate to join them to better comprehend the challenges that patients face in accessing



Valerie Oltean—patient designate, ENAP project

services. Valerie Oltean volunteered to support this project as our patient designate and was instrumental in pointing out areas of concern and difficulty for patients as well as providing input on proposed improvements.

The ENAP Team will continue to work closely with Valerie, seeking further input to guide them where necessary.

The ENAP SOP Team is being led by



Left: Daniella Dickens—Eye Surgery Project Lead

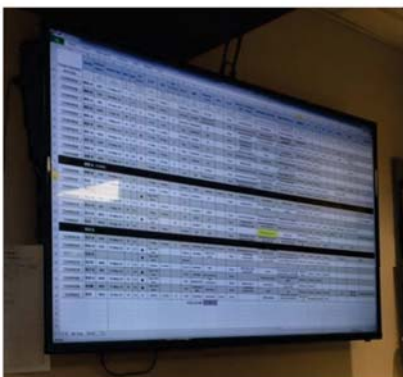
Right: Sharon Allen and Darlene Parent—ENAP Project Leads

Sharon Allen, an NP Manager at WRH and Darlene Parent, the ENAP Clerk who will work with the other members of the ENAP SOP Team to move the improvements forward. The SOP Team would like to welcome Sharon and Darlene to the SOP.

Please welcome Daniella Dickens, Ouellette Campus OR manager, and now Project Lead for the Eye Surgery SOP Project. Daniella and her team are embarking on a journey to help improve the patient’s wait time while they’re waiting for their surgery.

A New Care Round Board and Process

Reducing time in rounds for nursing and allied health staff



As we test the implementation of electronic care round boards, the SOP Team has worked with staff to support the refinement of the standard work for conducting care rounds. The standard work document provides a framework for activities for each role when preparing for, during and post care rounds. To support the implementation of the standard work for the electronic care round boards, the team has developed additional tools including scripting to guide the exchange of information during the rounds. The scripting helps support staff by focusing on the key patient information that is required for the care round reporting to enable proactive discharge planning by identifying barriers to discharge and in the creation of action plans to address identified barriers and the patient’s plan of care.

Sustaining Change is Difficult

After identifying the issues, trialing solutions, implementing and spreading change improvements, it is sustaining those gains in the work environment that is arguably the most difficult piece.



Sustaining change is difficult. Many organizations struggle to implement sustainable change. One of the toughest challenges that we are going to face, now that we have come this far, is not going backward.

What is sustainability?

Is it a concept, a process, a set of tools or a mind set? It is all of these and more. Health Quality Ontario (HQO) and the National Health Service (NHS) in the UK define sustainability as holding onto improvements made and evolving as required. At this stage in the SOP process it is important to focus on this so we do not go back to our old ways.

What does that mean?

It's about creating new ways of thinking and working, where improved outcomes become the norm. It involves more than process change and measuring outcomes, it is about shifting organizational thinking, attitudes and systems to support continuous improvement over time. We started working on this in the planning phase of this initiative by including frontline staff to help design the processes and carry them forward.

Why?

The goal of the SOP team from the beginning was to standardize services for our patients by implementing best practices that we can transfer to a new hospital. As we move forward as an organization it is important that we continue to build on the work we have done by ensuring that that continuous improvement is ingrained in the new process so that it becomes part of the culture to continually seek a better way of working.

How is this achieved?

Like everything we do in SOP, there is a framework! By using the 'Plan, Do, Study, Act' (PDSA) cycle a team ensures that that they have reached the change that is most appropriate and has been undertaken with the involvement of staff and patients. This ensures that the change that has been recommended and tested is an improvement before it is implemented and sustained.

Can you measure sustainability?

Yes, we can, and we will. We can monitor and report on the data regarding the specific change that was the project focus, using it to communicate the sustainability of the change. As we move forward, those involved in the process can expect to be part of discussions about how to make sure the changes we have implemented, tested and agreed on, stick.

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