

the Standard

“Having convenient 'one-stop shopping' for these patients will make things much easier for everyone. They come in once, see the team, and leave with all of the information that they need. We are looking forward to it!”

Lucy Saliba, RPN, Total Joint Clinic



‘One-Stop Shopping’ Coming to the Ouellette Campus!

Two walks down the long hallway from the parking garage, two waits in different waiting rooms, two different groups of pamphlets and paperwork, two sets of education materials, with repeated information—all this is typical for our patients who require two hospital visits to prepare for their total joint surgeries.

Currently, patients scheduled for a total hip or knee replacement at the Ouellette Campus are slotted in for two appointments before their surgery even takes place – one at the Total Joint Clinic and one at the Pre-Surgical Screening Clinic. Feedback from patients told us they’d be happier with one, all-inclusive appointment.

The Pre-Surgical Screening SOP team has worked hard to merge the two clinics.

The go-live date for this one-appointment process, is March 1, 2016. This will guarantee that patients can be properly screened and educated in a single, redesigned visit.

"This will be a huge change for our patients," said Lucy Saliba, RPN, Total Joint Clinic. "They come in once, see the team, and leave with all the information they need. We are looking forward to it."

After March 1, 2016, the team will look to patient experience surveys to see if the patient experience has truly improved.

MRI—Decreasing Waits for In-Patient Scans

Full speed ahead—MRI sets another target to keep things moving quickly at both campuses!

As the MRI, SOP Project Team continues to seek further gains, the team is focusing on how to improve outcomes for the priority 2 inpatient population. The province has set targets that require priority 2 inpatients to be scanned within 48 hours of their referral. In order to achieve this goal, the team has been involved in implementing the following:

Review of inpatient Volumes - The team reviewed volumes and determined that additional inpatient minutes should be allocated to the electronic schedule. The number of minutes that were added were a direct reflection of the current inpatient volumes being realized at both campuses.

Dedicated Porter - The Ouellette Campus has an incredibly demanding inpatient volume. On average they scan over 30 inpatients per week. To help improve flow and to ensure table time was maximized, a dedicated porter was provided to the MRI team during its scheduled inpatient slots to optimize work flow and volume.

The team set a goal to scan 95% of all priority 2 inpatients within 48 hours. Since January 1st, 2016, WRO and WRM have achieved that goal 86% and 90% of the time respectively. Prior to the changes implemented above, only 80% of inpatients were being scanned within 48 hours of their referral.

As always, the MRI, SOP Project Team has worked tirelessly to ensure Outstanding Care – No Exceptions!



Lean Tool of the Month— Practical Problem Solving

PPS is a word you will hear often in SOP meetings. It is an 8-step, structured methodology that involves people, data, and lean tools. We search for all possible causes of a problem, develop solutions and then test the solutions to see if they work.

The first step in PPS is **clarifying the problem**. We ask the questions **Who** is involved? **What** is happening? **When**, **Where** and **How** the problem is occurring?

Next the team **breaks down the problem**, distinguishing what happened versus what should've happened. Team members review the data, often using lean tools such as process mapping to help identify where the process broke down.

The next step is **setting the target** or identifying exactly what the outcome should be, and how we plan to make this happen.

The image shows a completed PPS worksheet. Key sections include:

- Background:** Team is looking at improving its internal feedback loop to reduce cost of delay, particularly when rework is involved.
- Current Situation:** Lead-time of reworked stories: 14.6 days; Processing time: 2.8 days.
- Current State Map:** A process flow diagram showing steps from 'Request' to 'Deliver'.
- Problem Statement:** Expectation: Lead-time of reworked stories: 10d; Discrepancy: Team takes 4.6d longer to deliver a reworked story; Extent: The problem affects about 15% of all stories; Rationale: If no action is taken, customers will continue to suffer delays.
- Target:** Reduce lead-time of reworked items from 14.6d to 10d by July 31st 2011.
- Analysis:** A fishbone diagram identifying causes like 'Tests accumulate in large batches at deploy stage', 'Functional test performed once a week', 'No dedicated tester', 'Official (test) build are not built weekly', and 'Nightly build not configured to build 0.5d'.
- Countermeasures:** A table with columns: Cause, Countermeasure, Description, Benefit, Effect, and Status.
- Future State Map:** A revised process flow diagram.
- Action Plan:** A table with columns: What, Who, Where, How, Due, Action.
- Indicators:** A table with columns: Name, Date, Metric, Target, Status.
- Follow-up:** A table with columns: Countermeasure, Goal, Start, End, Status.

KEEP IT SIMPLE — Part of PPS is making things simple. Every PSS involves display all 8 steps on a single piece of paper similar to the one you are reading now!

Lean Tool of the Month– Practical Problem Solving Cont'd

Then you move onto the fun stuff – “**analysing the root cause.**” To find out what is causing our problem, lean tools such as fishbone diagrams, 5 why’s, cause and effect matrix etc. are used. By breaking down the causes into categories such as, equipment, process, environment, and people, the team then identifies the most probable cause of the problem.

Once we know what is causing the problem, we see what can be done to **contain the problem** in the short term before “**developing counter measures** to eliminate it.

In order to make sure the counter measures are working, they are tested on a small scale. If the data supports a successful change, the **process will be standardized** before being implemented across a program or the entire organization.

Moving CARE Rounds in the Medical and Surgical Programs into the electronic era!

From a sea of coloured buttons to a clean visual solution that highlights barriers to discharge!



From a variety of the different manual CARE Round Boards in place to today (Left) to one standardized electronic format for all Surgical and Medical units (Right).

Why does the type of board we use and coloured buttons really matter to the outcome of CARE Rounds? The Standardized Unit SOP Team sought out to answer this question over the last several months by documenting and observing the different types of boards in use today and the ways in which CARE Rounds take place across the Surgical and Medical Units at both the Ouellette and Metropolitan Campuses.

A lot of differences were noted in how the boards are laid out, how coloured buttons are used, and how discussions take place at the boards during CARE Rounds. A team of staff from Medicine, Surgery, Utilization, and Allied Health came together in response to these observations to look at all of the different information displayed across the various units, discuss how the information was being used, and

determine what information really should be on a CARE Round Board to support efficient and timely conversations that identify and remove barriers to discharge.

One “aha” moment for the design team was that there wasn’t a consistent place on many of the current boards to document actions for the care team to remove the barriers to discharge. This is now a new column on the standardized electronic CARE Round boards that have been tested on 8N and 6E over the last several months.

Some of the feedback received to date on the trial versions of the electronic boards include “The board is much more organized and easy to read, I love it!” and “I like that the action plans are written with the whole team”.

The new 55 inch format TV’s to support the electronic CARE Round will be installed on 6E & 8E at the Ouellette Campus and will then be rolled out to the rest of the Surgical Inpatient Units. The Medicine units will then be next up to receive their electronic CARE Round Boards.

Feedback from the Board—You are Making a Difference!



By Lynne Watts, Vice Chair, Windsor Regional Hospital Board of Directors

Two years ago the Board was asked to approve a project requiring a significant investment of resources, both financial and human. The case was well-made, but I remember thinking at the time that it appeared to be such a huge task. A couple of years later, I feel I have a much better understanding of what the project is accomplishing and the significance of those accomplishments.

The Board of Directors has an important role to play in the Standardization and Optimization Process (SOP) from initially approving the project to receiving regular reports on its progress.

The Board is concerned with meeting the needs of our community in a safe and timely manner, and overseeing the effective and efficient expenditure of resources. We are guided by our vision of Outstanding Care – No Exceptions! And by our mission to deliver an outstanding care experience driven by a passionate commitment to excellence.

With the amalgamation of the two hospitals there was a need to ensure that similar practices were in place at both sites and that these are best practices. Equally important, this project will position us for the future when we are in one location.

Board Chair, Bob Renaud, and I attend monthly SOP Steering Committee meetings to receive a high-level briefing on progress and to help to eliminate any barriers to success. I also chair the Quality of Care Committee, the focus of which is the continuous improvement of quality and patient safety. We receive regular reports from hospital programs about their progress towards meeting their objectives in terms of quality and safety. Often the work of the SOP team is mentioned as a major factor in their progress.

At our February Board meeting, the SOP team made a presentation on the progress of the various projects and there was much interest and many questions from the Board.

These are the ways in which we are involved in the oversight of this project. In addition, the weekly and monthly communications which are provided by project staff are an excellent way to keep us all informed.

As well as the efficiencies which lead to better and more timely care for our patients and more effective use of our resources, I have been impressed by the teamwork. My observation is that this project has allowed physicians and staff to work together and accomplish remarkable change.

The project is now at the point where we are looking forward to having our first project reach the patient outcome target, in other words getting “green” status. That will be cause for celebration, and I know this group is good at celebrating milestones along the way.

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