November 2015

SOP Standardization & Optimization Process
WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

the Standard

FRACTURE CLINIC REFERRALS

Standardizing Referrals across the hospital based on testing cycles.

The staff in the Fracture Clinic review the new referral form and make some adjustments based on feedback

The Fracture Clinics at Windsor Regional Hospital have been testing a new referral form within the hospital to ensure clerks have the information needed to book appointments. Currently all inpatient units are using the form at both campuses, and both emergency departments.

The SOP team has been assisting the Fracture Clinic team in doing trials rather than an implementation of the form. The advantage of this approach is that when a problem is identified, the team can quickly make changes and adapt until the desired outcome is achieved.

As the new form has been developed and trialed on units, the form has changed based on the feedback of the clerks filling out the form. The referral form is on its sixth version, and will likely change again. Every time we improve the form, the percentage of referrals with complete information increases. The goal is for all referrals to be complete, preventing phone tag.

As process problems are identified, solutions are suggested and trialed. The solutions are coming directly from the ingenuity of our skilled and experienced staff who make and receive referrals every day. This is true innovation, with solutions tailored to our workplace. Solutions that work are adopted and ones that don't are abandoned.

Some of the successful changes tested so far include:

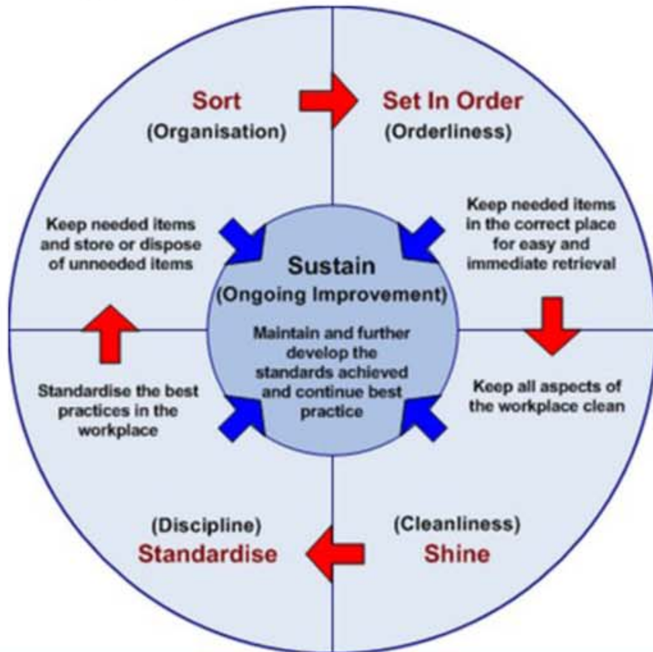
- Using the bottom section of the form as an appointment card for patients.
- Setting up the form so demographic information can be completed by addressograph, addressograph sticker or hand written.
- Allowing physicians to use the referral as an order for x-ray, or injections.
- Putting the referral source and fax number at the top so that this information isn't missed.
- Pre-populating information that doesn't change for units that frequently refer to the Fracture Clinic.

The processes surrounding the referrals will continue to improve as well. The team identified early the benefit to patients if they could get their appointments back from the clinic before they leave the hospital or doctor's office. This will require the ability to book appointments 24 hours a day, and possibly other innovations to allow for a fast turn around of referrals.

Patients of our other clinics may benefit from the innovations tested in the fracture clinics.

THE 5S METHODOLOGY

Building quality into daily work



5S is a workplace organization methodology that involves arranging spaces for an efficient, effective and safe work environment.

The standard unit team will be starting the 5s process on surgical units at both campuses.

THE CENTRAL BOOKING PROCESS

Bringing our campuses together

Much of our work within SOP to date has been streamlining and improving processes and standardize them for each campus. MRI group is breaking new ground by starting work on centralizing our booking process to bring the campuses together.

How hard can that be since we are just booking appointments? Well, there are a few things that we have to consider before we get on the phone and start calling patients. We have information that needs to get back and forth between campuses and a community of physicians that need to be informed of new processes.

Some people have asked, "Why start this now? Why not wait until we get under one roof?" The answer is simple: Why would we postpone the benefit to our patients?

Central booking will make it possible to give our patients who need an MRI the first available appointment in the city.

Of course there are things that must be overcome and changes that need to be introduced, but we will work through them one at a time.

It may take us some time to get all the systems organized properly but we will get there.

FREEING UP TIME TO CARE

The standard unit team is conducting activity tracking to identify and eliminate waste.

"Staff members understand that there are activities that are taking them away from the bedside or patient care and there are activities that they deem as wasteful. These tools are really shedding light on that and bringing the evidence forward. This will give these teams an opportunity to correct and reduce some of that waste in this process and lead to lasting change." *Rachel Twohey, SOP Surgical Inpatient*

Activities are tracked on a minute by minute basis.

Project Co-Lead Wendy Turnbull conducts activity tracking on 8 West, Ouellette Campus. The goal: Eliminate and reduce waste so nurses can spend more time with patients.

GETTING PATIENTS WHERE THEY BELONG

Striving to hit the target of 90 min for ED Patients that are transferred to the ICU

The ICU team discusses the outcomes from the mini mapping session that focused on the transfer of patients from the ED to ICU.

Our priority for patient transfers between the ED and ICU is that they are done quickly and comfortably.

Recently our ICU team came together with the ED team to map out the process of transferring critical patients in ED to ICU. The government mandate time for hospitals to get critical patients between the units is within 90 minutes. This provides us with a baseline target but our goal is to make this process as quick as possible to ensure patients are receiving the best possible care.

During the mapping session, the group highlighted a number of challenges. Each campus has a different process in place for getting critical patients from the ED to ICU, due to the different patient populations at the campuses and the processes that have been developed based on each campus. Developing this better understanding for each other's process opened a good discussion on things that could be trialled.

Both campuses are agreed on when the clock starts for transfer times and the ED team will be implementing a tracking form to assist in the ICU team's data collection. The SOP ICU team is working closely with both the ED and the ICU teams to see how a consistent uniform process across the campuses can be formed and how to improve the time for transfers between the two units.

MEDICATION ADMINISTRATION — MAKING IT POSSIBLE

Medication administration is a common process that is done several times per day across the hospital; patients are constantly receiving the medication they need in order to help them heal. For a nurse taking care of patients; picking, preparing and administering medication during your shift can be stressful. There are competing priorities; several patients are trying to get your attention, other fellow nurses might require your assistance, you might have to admit a patient or toilet another patient. Now, imagine all these distractions happening within the last hour of your shift while you are administering medication to your patients. It is definitely a challenge!

There is a higher risk of having a medication error during the last hour of your shift and there's also a risk of not being able to catch new orders that prescribers may have written down at some point during the day that you were not aware of or forgot to process. This increases the risk of medication orders not being processed on time and patients not receiving their prescribed medication on time.

How do we prevent these orders from being missed? That was the subject of a mini process mapping that the Medication & IV Fluids incidents project team did 2 months ago. Out of that mapping, the nursing representation concluded that checking for new orders and processing them within the last hour of the shift was the best way. However, during the last hour of a nurse's shift, there are a lot of priorities competing with medication administration for time. If we could change the time medication is administered so that it doesn't land in the last hour of an 8 hour shift for example, it will free time to check for new orders in the last hour of your shift.

Based on the suggestions of the nursing representation during the mini mapping session, the Medication & IV Fluid Incidents SOP Team decided to work on changing the medication administration time from 6pm to 5pm and from 2pm to 1pm to allow for an end of shift check process to be successful. The change in times will hopefully begin early in the New Year and will only affect the Ouellette campus as the times are already in place at the Metropolitan Campus. This is a big change – it will take time to communicate it and go through the proper approvals. However, the team will work hard to make it happen and move a step forward towards a standardized, optimized and safer medication administration process.

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REFLECTIONS: 1 PERCENT GAINS

By Mike Reinkober
MRI Project Lead

We've all been there. The New Year approaches and we think about monumental resolutions that can be made. We boldly proclaim our intentions to our friends and family. Our desire to lose 25 pounds, exercise everyday and quit smoking. Two weeks later, we've gained 5 pounds, our new treadmill looks more like a clothesline and well, we're still smoking.

Human nature dictates that we want to make changes that will have the single greatest impact often overlooking the numerous minute, easily attainable changes that can have the same monumental impact as one drastic – typically unrealistic change.

Recently the MRI SOP team reviewed an article by James Clear that reinforced the idea that all of the small changes we are working on are worth the effort. James Clear is a writer and researcher who focuses on behavioral psychology, habit formation and performance improvement. The article was titled ***"This Coach Improved Every Tiny thing by 1 Percent and Here's What Happened."***

In it, Clear talks about Dave Brailsford who took on the challenging role as General Manager and Performance Director for Great Britain's professional cycling team. His task: win the Tour de France, a feat never before accomplished by a British cyclist. Brailsford got to work with a goal of changing history.

Here is an excerpt from the article detailing his approach to improvement:

> *Brailsford believed in a concept that he referred to as the "aggregation of marginal gains." He explained it as "the 1 percent margin for improvement in everything you do." His belief was that if you improved every area related to cycling by just 1 percent, then those small gains would add up to remarkable improvement.*
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> *They started by optimizing the things you might expect: the nutrition of riders, their weekly training program, the ergonomics of the bike seat, and the weight of the tires.*
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> *But Brailsford and his team didn't stop there. They searched for 1 percent improvements in tiny areas that were overlooked by almost everyone else: discovering the pillow that offered the best sleep and taking it with them to hotels, testing for the most effective type of massage gel, and teaching riders the best way to wash their hands to avoid infection. They searched for 1 percent improvements everywhere.*
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> *In 2012, Team Sky rider Sir Bradley Wiggins became the first British cyclist to win the Tour de France. That same year, Brailsford coached the British cycling team at the 2012 Olympic Games and dominated the competition by winning 70 percent of the gold medals available.*

As we continue down the SOP road, we try to remember James Clear's words, "Almost every habit that you have — good or bad — is the result of many small decisions over time."

As a team, we have to strive to keep the importance of the small decisions that seemingly would yield little results at the forefront of our decision making. The MRI SOP team has made great strides in reducing wait times and improving the overall patient experience.

Over the last few weeks, we have searched for 1 percent improvements in smaller, less visible areas. We continue to seek out the small seemingly insignificant areas that often are ignored or overlooked; however, we have learned it's the small things that when investigated and acted on can yield significant, long lasting change.

In the long run, it is the small improvements that can have the biggest impacts. Stay the course!

SOP Project Contacts:

OR Turn Around Times Project Leads:
Christine.McDonough@wrh.on.ca
Michelle.McArthur@wrh.on.ca

Outpatient Clinics Project Leads:
Jennifer.Williams-Crew@wrh.on.ca
Cheryl.Brush@wrh.on.ca

Critical Care Project Leads:
Denise.Deimling@wrh.on.ca
Loretta.Gallo@wrh.on.ca

Surgical Inpatient Project Leads:
Pam.Essery@wrh.on.ca
Wendie.Turnbull@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 Fluids Project Leads:
Charlene.Haluk-McMahon@wrh.on.ca
Jennifer.Shepley@wrh.on.ca