

the Standard

Lean Green Machines



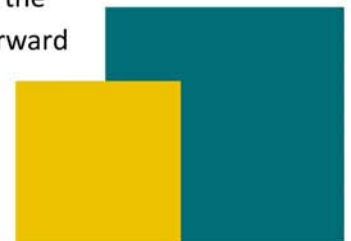
During Green Belt training, participants identify "value added" and "non-value added" steps in their process map of planning a European vacation.

management projects. Lean Six Sigma training provides an understanding of how to perform and interpret Six Sigma and how to use standard principles of Lean.

We turned to Devon Lanspeary, one of our Green Belt participants, who shared some insight on her experiences thus far. "I think it is an outstanding way to bring many areas and disciplines together to create positive changes which will improve efficiency and streamline the jobs we do each day." Green Belt training provides participants with the opportunity to bring forth changes that will improve the patient journey throughout Windsor Regional Hospital. Lanspeary says, "the emphasis on data to quantify the need for change is a great way to heighten interest and facilitate buy-in when implementing change." Throughout the training sessions, participants will gain the skills required to obtain, measure and analyze

On October 12, 2016 the first wave of Green Belt Training began. You might be wondering, *what is a Green Belt?* Well, a green belt is a professional who is versed in the Lean Six Sigma Methodology and is able to lead or support quality improvement projects. In order to receive a Green Belt, participants attend in-class educational sessions that will provide them with practical, hands-on skills to lead change

data that reflects an area of improvement to benefit patient care. "I am excited to see what the next sessions bring and look forward to the many positive changes this training will have on our organization!"



“One Stop Shopping” for Pre- Surgical Assessment Clinics



On September 30th, the OR Turnaround Time SOP project officially became an Alumni project. An Alumni project is a project that has graduated from requiring direct SOP support and is able to continuously improve independently. After sixteen months of data collection, analysis, brainstorming, communicating, trialing, tracking, and communicating some more, the team is now focused on sustainment. In order to sustain the improvements that the project has gained to date, the Turnaround Time team implemented a control plan that preserves the gains from Standard Room Layout and OR Cleaning Redesign.

Standard Room Layout is the process that ensures the OR is properly set up for the next case after the OR is cleaned. Nurses communicate to the OR aides which case types are scheduled throughout the day, and the OR aides set up the OR equipment according to the layout map for each case type. “The number one thing I am proud of is the standard room layout process,” says Christine McDonough, OR Nurse at the Met campus and project co-lead, “It has decreased the amount of time the nurses spend rearranging the equipment in the room which means a faster turnaround.” Standard room layout is shown to save 4 minutes per turnaround. With a target turnaround of 15 to 20 minutes, 4 minutes is a significant savings. In order to sustain these savings, the team instituted regular auditing of the standard room layout process. Audits are completed on a weekly basis. Then, the following week, the results of the audits are shared at the OR morning huddle. Training, education, and follow up are used when audits show drift from the intended process.

OR Cleaning Redesign is the initiative that restructured how operating rooms are cleaned after surgery. There was a large disparity in how long ORs took to clean between the campuses. After redesigning the cleaning process, room cleaning times are now nearly equal between campuses. Auditing, sharing of results, and follow up are also part of sustaining the gains from this initiative.

So, while the project team is moving on from the support of SOP, the team will continue to improve the turnaround process using the skills and knowledge they have acquired over the past sixteen months. The SOP team wishes them luck and reminds them that the door is always open for help and guidance.

Congratulations to the OR Turnaround Time Team!



The ENAP team eagerly shared information with local family practitioners and community members.

Sharing the ENAP Referral Process

The ENAP team, armed with props, posters and poise, presented to an attentive group of family practitioners at last month’s Windsor-Essex Medical Society Education Day which took place at the Caboto Club. It was an opportunity to share their updated referral process, documentation, and triage criteria geared at increasing emergency patients’ access to neurosurgeons. As the success of this initiative depends primarily on the quality of collaboration, it is the ENAP team’s hope to participate in similar events in the future.



“One Stop Shopping” for Pre-Surgical Assessment Clinics

A Pre-Surgical Assessment appointment includes multiple services such as Lab, Pharmacy, Physiotherapy, Occupational Therapy, Nursing, Anesthesia and Internal Medicine. WRH has created a “One Stop Shopping” experience so patients can get all of this in one visit. Patients who used to come for two separate three hour appointments for Pre-Assessment and Joint clinic (Physiotherapy and Occupational Therapy) at Ouellette, now come for one three hour all inclusive appointment.

As of October 3, 2016, Internal Medicine has been added to the Clinic at Ouellette to mirror the service at the MET campus. Internal medicine consults are automatically generated by the booking system based on the patient’s health history, or at the surgeon’s discretion. Prior to the addition of this service to the clinic, patients would have to see the Internal Medicine physician at a separate appointment.

Total Hip and knee replacement patients at the MET Campus

presently have group physiotherapy and occupational therapy appointments preoperatively. As of October 18, 2016 they will be



providing “hands on” individual appointments to standardize with the Ouellette campus. Patients will receive personalized preoperative instructions and individual assessment for their discharge needs. Patients will be provided with a one-on-one demonstration on use of crutches, stairs, bath and other activities for daily living.

“One Stop Shopping” minimizes the need for the patient to make arrangements for multiple appointments, reduce parking cost, and the amount of time patients have to take off from work. A thorough patient preparation for surgery will decrease the chance of cancellation and improve patient outcomes.



Lean Quote of the Month:

“Measurement is the first step that leads to control and eventually to improvement. If you can’t measure something, you can’t understand it. If you can’t understand it, you can’t control it. If you can’t control it, you can’t improve it.”

- H. James Harrington

Fracture Clinic



The main objective of this project was to improve patient experience and reduce wait times. At the onset of the project, patients were waiting 83.6 minutes to be seen in the Fracture Clinic. The team reviewed the process, baseline data and set an eager target of 20 minutes.

The project team embarked on an extensive journey reviewing data from 9,200 patient appointments. From there, the team conducted a deeper analysis looking at times to first provider, appointment and x-ray times across both campuses. It was identified that the Fracture clinic was experiencing high wait times attributed to volume, clarity of information provided to patients, time between booked appointment and entering the X-ray room as well as variation across appointment types. This was causing scheduled patient appointments to be delayed, resulting in

rework of schedules and poor patient experience. After identification of the current challenges, our team along with frontline staff initiated standardization throughout the Fracture Clinic to improve the process. One of the major contributors of standardizing the process was the creation of the Scheduling Grid. The grid allows for predetermined time allocation for appointments depending on the patients requirements.

For the week of October 10, 2016 patients experienced an average wait time of 28.3 minutes. *What are our patients saying?* One patient commented that just over a year ago, her appointment in the Fracture Clinic required her to take a full day off of work. However, in her most recent experience she mentions that she was able to park the car and complete the appointment within an hours time.

As this project moves into Alumni status, the staff in the Fracture Clinic at Windsor Regional Hospital will continue to audit their wait times, patient experiences and share their results during monthly SOP huddles. It is their goal to continue to make improvements for their patients so that patients can receive *Exceptional Care, No Exceptions!*

Reflecting on Standardized Unit



This month, Kristin Kennedy reflects on her experience of implementing Standardized Unit for the staff and patients of 8 East and 8 West at the Ouellette Campus:

I started my role as Operations Manager for 8 East and 8 West at Windsor Regional Hospital almost two years ago. With a background in research and redesign I immediately saw opportunities to introduce more structure in the units and recognized the value and vision in the work SOP was providing.

The Standardized Unit project encompassed many small projects of a larger outcome. As part of this project we are asking employees to change not just the way they deliver care, but their entire thought process, work environment and structure. We are now just past the one year point in the project and staff members are starting to realize the positive outcomes this offers to patients.

The care round process was the first project that we tackled. We introduced a daily meeting where staff from the multidisciplinary team discuss the status of each patient - assessing how to efficiently get them discharged at the right time and to the right place. As a result of these conversations our patients are going home earlier.

Shift to shift was our next undertaking. This process included the scoring of patients at the end of each shift followed by a verbal conversation that takes place between nurses at the beginning and end of each shift, as they are handing over patients. The scoring of patients assists in determining the most appropriate care provider—RN or RPN. By appropriately assigning staff, we can confidently deliver safe and efficient care. These verbal discussions mimic the care round discussions with a patient focused goal to work efficiently to meet the patient needs, get our patients well and home in an appropriate time. By decreasing the time our nurses spent doing reporting paperwork, they can now spend more time with patients at the bedside.

Our unit was the trial unit for these changes so the changes were tested and evaluated on 8 East. Sometimes that meant we were the first to experience new processes that worked. Other times our feedback was important to help further develop the process before introducing them across both campuses.

The 8th floor is in the sustainment phase and helping other floors achieve the successes we have seen with patient care. I am proud of the team for embracing these changes. They have implemented such significant changes for our patients and throughout the process they've also grown as a team, developed as role models, and work more collaboratively - eliminating the silos that existed in the past. It is good for our patients, good for our staff and good for the future of Windsor Regional Hospital as we move toward a single-site acute care hospital.

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