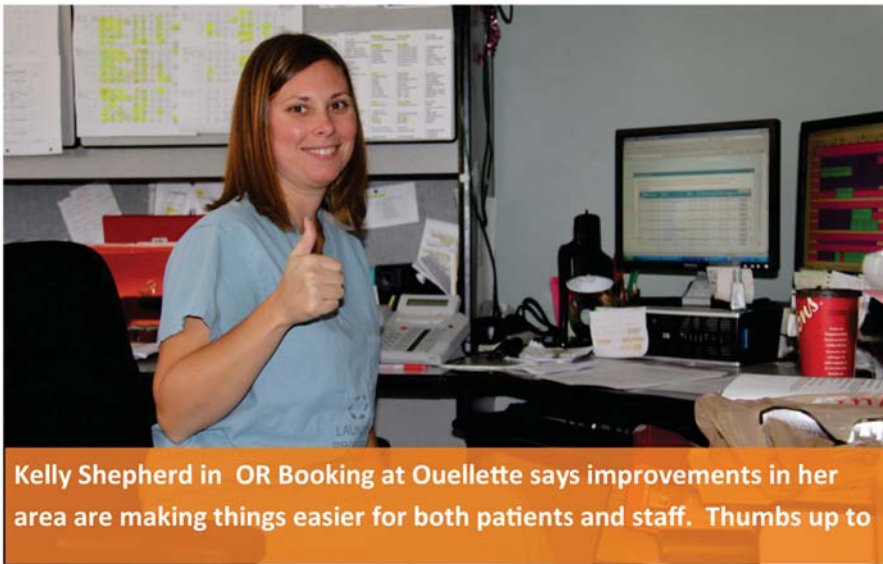


the Standard

KICKING IT UP A NOTCH IN OR BOOKING

Success in total knee surgery bookings leads to expanded initiatives in all Orthopedic surgery bookings



Kelly Shepherd in OR Booking at Ouellette says improvements in her area are making things easier for both patients and staff. Thumbs up to

Nearly a year ago, the OR Scheduling team began making changes to how total Knee surgeries are scheduled. After months of studying the impact of these small changes, they are taking what they've learned and applying it to new areas.

As of September 8th, the OR Scheduling Team expanded the changes to all Orthopedic surgeries. The team is hopeful that this expansion will mimic the same benefits as the original trial: more advanced notice of surgery dates for patients, and less phone calls for staff.

The total knee trial has already increased the lead time a patient receives for his or her knee replace-

ment – what used to be as little as three weeks notice is now upwards of nearly two months.

“It’s exciting! To know that our work over the last year is successful enough to expand is worth celebrating,” says Kelly Shepherd, an OR Scheduling clerk at the Ouellette Campus.

However, patients are not the only benefactors, as follow up phone calls for missing documents are nearly eliminated.

“I used to have to make dozens of calls each week asking for missing documents,” Kelly explains. “Now we can look forward to even more improvements.” She is hopeful that the expansion of the new scheduling process will lead to even more patients enjoying advanced notice, and more time spent on the important tasks for her.

As of this month, all orthopedic surgeries require five documents from surgeons’ offices in order to book a surgery. By these five documents becoming mandatory, the booking process shifts from a system of tentative bookings to a system that is very black and white. Surgeon offices will now immediately know whether any orthopedic surgery is confirmed or rejected by the WRH OR booking office.

Small tests of change – it is the concept that all SOP teams use to trial adjustments to the current process and see if it makes a difference. For the OR Scheduling team, the roll out of the new process to the entire orthopedic service is not just a new trial – it is proof that of all the work done in the last year has led to positive change. The next step is to roll out the new scheduling process to a second surgical service within three months and to all services within the next year.

PHYSICIAN PARTICIPATION IN THE SOP PROCESS



Dr. Ian Mazzetti, Co-Clinical Sponsor for the Critical Care Project in action during a mapping session.

The success of SOP is directly tied to the participation of our staff – including professional staff.

Meaningful change can only come from individuals who are directly tied to our processes. Since the beginning, the SOP team has encouraged physician participation.

Dr. Andrew Petrakos, the SOP Clinical Lead, says physicians have a major stake in the process changes. “For example, the changes the team is making in OR turnaround times have the potential to lead to more quality based procedures (QBPs). That affects everyone.”

Dr. Petrakos has attended several physician group meetings to keep them informed about what is happening and make sure their voices are included in the discussion. Petrakos says as a physician he feels the role of his peers is vital to the success of the process and the future of WRH.

“A new hospital is on the horizon,” he says. “We all have to be on the same page when we get there. We can’t start this important work a week before.”

The SOP team encourages all physicians and staff members to attend our Friday huddles for a weekly dose of SOP updates and information (Fridays 11:00 & 1:00 in the SOP Offices at Met and Ouellette). For more information on how to get involved in SOP projects and discussions, email us at future@wrh.on.ca.

KEEPING EVERYONE UP TO DATE & ON THE SAME PAGE

SOP ICU Team launches first performance board

Information about the SOP project is now available to staff in the ICU at both campuses, right in their units!

Performance boards have been installed in the ICU units at both campuses to keep those working on the units informed about what the SOP team is working on in their area. It really is all about communication—making sure this information is shared with staff on various shifts, full time, part-time, etc.

Like the huddle boards found in the SOP offices, the performance boards will contain information about the projects Key Performance Indicators, and Master Schedule as well as daily measures that the teams are tracking (ie. Room readiness rate, bullet rounds, etc.) That is one half of the board. The other half of the board will provide information on the unit scorecard, with key information all in one place.



TESTING IN PROGRESS : A test board has been installed in the ICU at both campuses as our testing site for the communication boards

Those working in the areas are encouraged to post ideas, reflections or experiences related to the tests being performed right on the boards.

Denise Deimling, team lead, summed it up like this, “I think the performance boards are a great asset to our unit. They will help us to engage and communicate with the front line staff on what SOP is doing in the unit, what projects we are working on and next steps in the process.”

The SOP team is working closely with the ICU Team to see how the boards work and how they can be improved before use in other departments.

TAKING A PAGE FROM THE KINGS OF TURNAROUND

Hitting targets in OR turnaround times requires many small changes and all hands on deck

Think of a Formula 1 racing pit stop – the car pulls in, stops, and a team of multiple people swoops in around the car to change the tires in seconds. It wasn't always this way. In 1950, a pit stop took over a full minute. Today, the same pit stop can be done in less than 5 seconds. However, this drastic reduction in time was not due to one simple change; rather it was accomplished from many small changes suggested by many different people. Turning over an OR room is much the same way.

To shave even two minutes off of OR turnaround times, the sum of many small changes is needed, and in order to implement these changes successfully, there are many voices that need to be heard. Turnaround time refers to non-surgical time in between surgical cases; this includes transferring the patient out of the room, cleaning the room, and setting up for the next case, among other tasks.

The first change being trialed by the team is to set up the OR in a standard layout for all total knee and total hip surgeries. The early results are encouraging, according to orthopedic surgeon, Dr. Michael McCaffrey, "There are early signs of improvement in the turnaround times. It's positive. I think these early results are due to the increased awareness on everyone's part, but the real work of adjusting the process is what will sustain the improvements."

If the history of auto racing is any indication, Dr. McCaffrey may be right to believe that it is too early to draw conclusions. The next change the team aims to implement is to standardize the way in which instruments are opened and laid out in the OR prior to a case starting.



Just as is the case in Formula 1 racing, in the SOP we set a targets and then we take small steps of improvement to obtain our goals.

OR TURNAROUND TARGETS

WHEELS IN TO WHEELS OUT

CURRENT MET: 23 min.

CURRENT OUELLETTE: 17 min.

TARGET: 15-20 min. at both campuses

CLOSE TO CUT

CURRENT MET: 58 min.

CURRENT OUELLETTE: 50 min.

TARGET: 35-45 min. at both campuses

HUNTING DOWN AND GETTING RID OF WASTE

During SOP activities, the team often speaks to staff about the identification and removal of **process 'waste'**. Waste refers to additional steps within a process that do not add value for our patients or staff members. Categories of waste include: defects, overproduction, waiting, non-utilized talent, transportation, inventory, motion and extra processing. By learning to see and remove waste from their processes, staff can help increase the value added activities that our patients experience!



Reflections



As an employee at Anchor Danly, the idea of process improvement is something I am familiar with. But having the opportunity to participate as a patient with the Cath Lab team on the SOP project gave me a whole new appreciation for the process and the results.

I was asked to participate because of my own experience as a patient in the Cath Lab last summer. Before my procedure, it was cancelled at least 3 times. When I got in, I ended up having to wait 12 hours before anything happened.

I don't really think they realized the ripple effect that it caused for me and my family. I had my wife and daughter

By Dan Howell
SOP Cath lab team member
& former patient

waiting and they were in the hospital as long as I was, only they didn't have a comfortable bed to wait in. They were worried and didn't even want to venture to the cafeteria to get a sandwich, because they didn't know when they would be needed.

When I was first asked to participate in the SOP, I was a little intimidated. Like I said, I am familiar with process improvement, but this is different. We were not dealing with machines here, we were dealing with people.

I felt a little odd you could say when I first walked into the mapping session. It was a room full of doctors and nurses. These were all health care professionals, what did I have to offer? But it was clear from the start that my opinion was valued. I was treated as part of the team, no longer a patient left to wait.

For me being part of this process was about making things better for other patients and families like mine.

Earlier this year I was invited back to see the results of the team's work. I cannot express how grateful I was to see that someone had listened to what I had to say.

Clearly marked lines throughout the hospital now help patients find their way to the seemingly hidden Cath Lab. The waiting area for families has been improved to give families more privacy and a warmer environment. There are also fewer cancellations and a shortened wait list.

They weren't just making noise with this project, they were making real change. Knowing that I was part of that is gratifying. Throughout the process I learned that all ideas were respected and valued.

I am extremely grateful to have had this opportunity. It is nice that the "little guy" got to be part of this big change.

Thanks!

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
AnneMarie.Herlehey@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