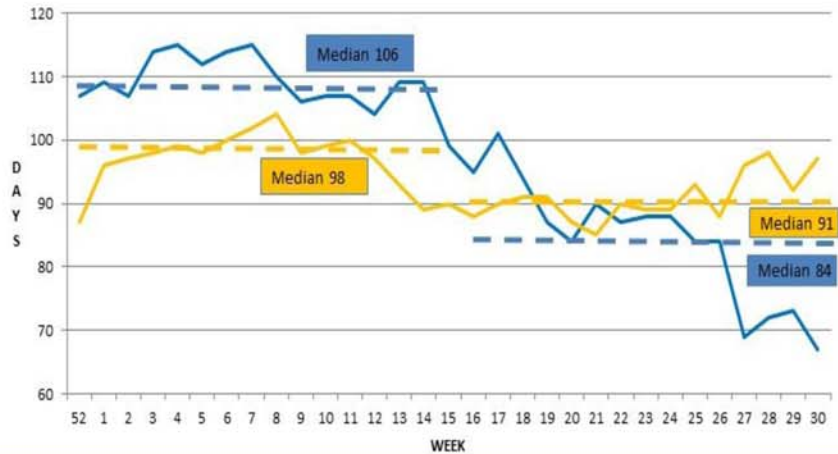
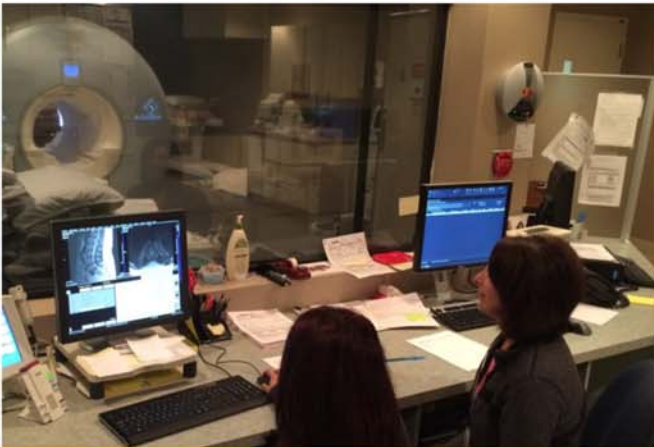


# the Standard



**DRIVING DOWN WAIT TIMES:** The chart above shows movement in the right direction—shorter wait times at both campuses.

## Reducing MRI Wait Times

Last year, when the MRI Wait Times team met with patient representative Martha Marks for the first time, she told us waiting for a test can be frustrating, exasperating and stressful for both the individual patient and his or her family.

Staff in the MRI departments have similar frustrations as they see their patients come in after waiting months to receive their scans.

With this in mind, the team got to work and as you can see from the downward trend in the chart above, it is paying off. The wait for an MRI at the Met Campus has gone from 106 to 84 days and at the Ouellette Campus the wait has gone from 98 to 91 days.

This significant and steady decrease is cause for celebration!

While we don't have any control of the demand for MRI scans, we do have control over our throughput. The team has adjusted its grid to better match the demand and staff members have responded by effectively implementing the changes.

We are still about 5% away from our target and will continue to look for new ways to improve and keep chipping away at the wait times.

### We Asked—You Responded!

A few weeks ago, through our weekly updates, we asked for your input on how we could reduce 'No Shows' in the MRI department.

Here are some of the many suggestions we received:

*"Hi, I work at the switchboard at the Met campus. Something I have addressed to Diagnostic Imaging on a few occasions is the automated reminder they send out to patients. Many patients are elderly and do not have a pen or pencil handy when the phone rings, the system says the appointment and they can't remember and when trying to make it repeat, it hangs up."*

*"Just a suggestion, not sure if this is already in place or not but worth a try-- day before reminder calls, transportation assistance, also another possibility is counseling of patient on the importance of test and showing up to calm nerves about having such an investigative test done."*

*"Point of contact: Sometimes people do not have telephones so no one can contact them, ask them if texting will work. Also, ask them for an alternate number to contact so that they can get the message. "*

## WORKING WITH OUR PARTNERS IN EDUCATION

*The SOP team welcomes four MBA students from the University of Windsor, Odette School of Business*



MEET OUR NEWEST TEAM MEMBERS: Samantha Martin, Connor Paterson, Renato Galusic and Amy Flemming.

action.”

The students will be involved in the SOP Program and projects until the end of the year.

If you see these smiling faces around the hospital, please give them a very warm welcome. The MBA students from the University of Windsor are the latest group of students to work with the SOP team.

Last fall we worked with students from the Schulich School of Medicine and Dentistry, Windsor Program, as well as students from the University of Windsor Nursing and Communications Programs.

Andrea McInerney, Managing Consultant with KM&T onsite at WRH, says, “the value of teaching students improvement while they are specializing in their careers, is job candidates who can do their work and lead conversations about how to make it better when they graduate”.

Roger Bryan, MBA Student Coordinator, describes the opportunity as a place for the students to “experience real life change management in

## REDUCE WAIT TIMES FOR FRACTURE CLINIC PATIENTS

Anyone who has experienced a fracture knows the pain and discomfort involved, while trying to access care. If it is a child or an aging parent with a fracture then waiting to see a physician can be even more challenging, adding insult to injury.

The teams in the orthopedic fracture clinics at Met and Ouellette campuses of Windsor Regional Hospital care for roughly 2000 patients per month providing exceptional patient care. It is because of their dedication to their patients that they started a project, with the support of the Standardization and Optimization Process, to decrease patient wait times in both clinics.

Over the years people developed a habit of arriving early to the fracture clinics in case they could squeeze into an earlier time slot so they would not wait as long in the clinics. Occasionally this worked, strengthening this rumour to the point where this is common knowledge in the community. This only made things more chaotic in the waiting room.

If you walk through a fracture clinic you notice the full waiting room, people trying to comfort their loved ones and clerks rushing to get patients registered and into the clinic. One of the reasons the clerks are so busy is that they receive referrals currently in many different ways from many different sources. Although there is some common information on the forms, it would be very difficult to easily locate the information needed to book an appointment when looking at so many different forms.



The clinics have already started to communicate to patients to come to the clinic at their scheduled time (not two hours earlier). Over the next few weeks the fracture clinic project team will introduce a new standard referral form and get feedback from the Emergency Department and some of the inpatient units, while testing the improvement to see if it results in more complete information. If successful this will expand out to community referrals, and decrease time spent processing referrals.

While this improvement will not solve the entire waiting problem, it will lead the way to other innovations, such as a more accurate appointment scheduling system, and a way to ensure that x-rays are available to physicians without fail when patients arrive at their appointment. Perhaps this will help to take some of the sting out of an appointment at the fracture clinics.



## Reflections

I started my journey with SOP about a year ago, during the Wave One projects, as a member of the Med/Fluid Team. At the time, the ripples of realignment were still working their way through the organization.

My approach in many of the early discussions – like many of my colleagues at the time – was driven by an “us vs. them” way of thinking. At times, I felt the need to protect the practices and processes that had been developed by my colleagues and peers prior to realignment. Deep down, I felt the SOP might just be a nice way of imposing one campus way of doing business on another.

The opportunity to work on this project with the SOP team, has helped me realize this is not the case. The changes we have implemented so far are evidence based and it is hard to argue with facts when the goal is patient safety.



**By Pam Essery,**  
**Project Lead, Surgical**  
**Inpatient**

Working with a team of my coworkers from different departments and from both campuses has really helped break down some barriers. What I have learned over the past year is that that the “us vs. them” mentality holds us back. No matter where we started or how we got here, we are all the same. We all have the same issues. We all want what is best for our patients and we are all on the same exciting path to a new, single-site acute care hospital.

This summer I took on a new role, transitioning from my position as a member of the Med/Fluid team, to the team lead for the Standard Unit project.

The goal of this project is to create organized and efficient units. This will free up staff so we have more time to care for our patients.

Every nurse wants to come into work and do a good job. No one wants to harm patients. We all want to see them get better and go home. This will all be so much easier if we aren't wasting time looking for supplies or searching for paperwork.

This project will also make it easier for our nurses to flow back and forth between campuses. As a nurse at WRH, I should be able to work on a surgical floor at Met Campus or Ouellette Campus and not notice a difference in the way things are done or how they are organized.

Reaching our goals will require some changes in all units, and commitment from my colleagues on every single WRH patient unit.

Those of us at the Ouellette Campus may remember previous attempts at making our units more efficient. About 10 years ago, we went through a 3-day lean exercise that helped organize and standardize the units here. For a while, things worked better; they were smoother. But over time, we forgot what we learned, we got lazy and we reverted back to our old ways.

This time, I am confident the change will be lasting. For one, we are helping to create this change – it is a change that makes sense for us – and it is up to us to make sure it is a lasting change.

I commit to leading by example, trusting the process and contributing my input and experience when possible and I encourage my colleagues at both campuses to do the same.

### 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 Roll out, OR IT Systems, and PSS Project Leads:

*Diane.Gouin@wrh.on.ca*  
*Robin.Owchar@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*