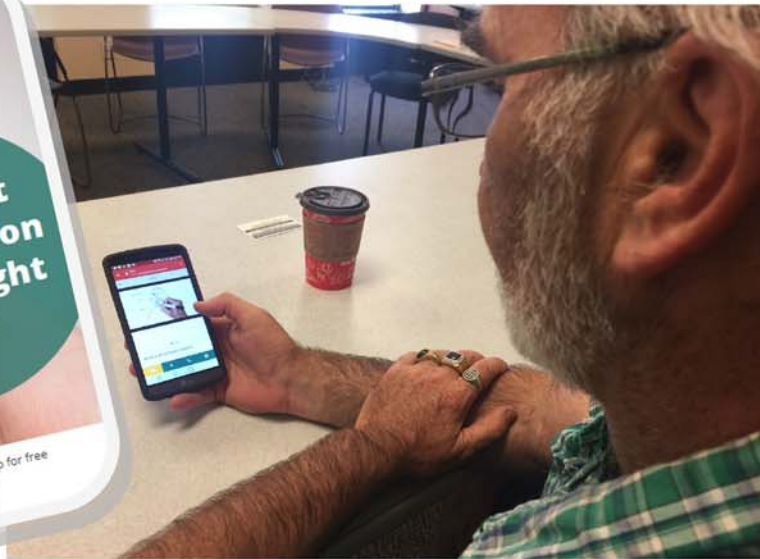
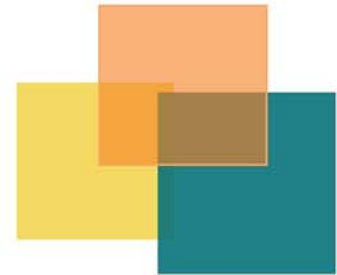


the Standard



COMING SOON: THE WRH MY CARE JOURNEY MOBILE APP

This fall, the QBP team is introducing the WRH Patient Journey App, a recovery guide for patients and loved ones. The app provides useful information about patient conditions, a daily guide to what patients can expect while in the hospital and tips to prepare them for next steps after discharge.

Once patients install the app from the iTunes or Google App Store, they will simply choose their diagnosis and the date of admission. When they press start, a personal timeline will be created and they will receive notifications with tips that will help them play an active role in their recovery.

During conversations with patients on the units, and in focus groups, two themes emerged. First, not knowing what to expect in the hospital made patients feel anxious and afraid. Second, after a life altering diagnosis, it is hard to remember and absorb everything that your care team is telling you.

“There are two times when it is particularly hard to concentrate,” said Tom Vida, focus group participant and member of the WRH Patient Experience Task Force. “When you are diagnosed with a serious illness and when you are told you are going home. At those moments it is like you are in a wind tunnel and you don’t hear anything else.”

The app helps fill in the blanks by giving patients information about their diagnosis, journey and next steps, right at their fingertips so they can refer to the information at any time.

The WRH My Care Journey mobile app, is part of the QBP Pathway Improvement Program (see page 2 for details).

After completing a pilot test with patients and staff, the app will roll out across the hospital in the next few weeks for the first 5 conditions with more to be added in the next 12 months. Watch for more information to come!

EVERYONE ON THE SAME PAGE

QBP Pathway Improvement Program launches for first 5 conditions

Order Set

Clinical Pathway

Patient Experience My Care Journey

CLEAR EXPECTATIONS: The QBP Program includes standardized care plans and expectations. These are communicated to physicians, nurses and patients using the above tools.

WRH rolled out the QBP Pathway Improvement Program in August for patients diagnosed with **Chronic Obstructive Pulmonary Disorder (COPD), Community Acquired Pneumonia, Congestive Heart Failure, Ischemic Stroke and Hip Fracture.**

Now, when someone is admitted with these conditions, a standardized care plan is put in motion so that everyone – clinical staff, physicians, patients and family members – know what to expect throughout the patient journey.

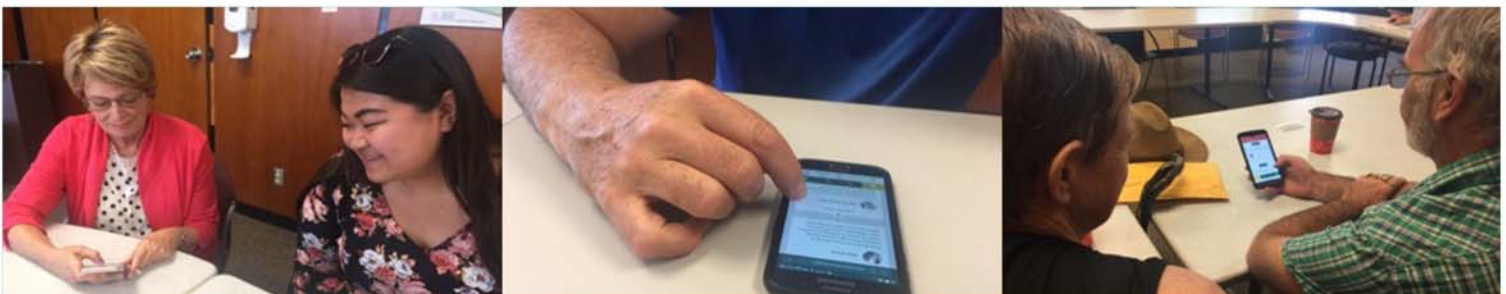
The program includes the following:

Order Sets: Evidence-based, conveniently grouped, physician-led medical orders that standardize diagnosis and treatment. They follow recommended best practices to improve quality of care while reducing clinical variation.

Clinical Pathways: These provide a guide to care, suggesting specific interventions to consider and outcomes that should be achieved along the patient journey towards discharge.

Patient Experience Pathways: These outline the Clinical Pathway in patient-friendly language. They set clear expectations regarding each day of the patient’s stay. This information is provided to patients when they arrive in the form of a brochure. It is available online (in 5 different languages) and will soon be available in the WRH My Care Journey app.

The program was implemented for patients with Ischemic Stroke QBP in May, with promising results. Preliminary data shows that the acute length of stay for these patients has been reduced by about 1 day, as care teams are aligned around clear discharge criteria.



PATIENT PERSPECTIVE: Former patients testing out the My Care Journey app at a recent focus group said the app is easy to use and understand. All participants felt it would be a useful tool for both patients and loved ones during and after a hospital stay.

Riding the Wave!

Standard Unit moves from Wave 1 to Wave 2

The Standard Unit team has been working diligently all summer to complete the rollout of all 8 bundles within the Surgical and Medicine programs.

Wave 1 (Surgical and Medical Units) is now focusing on continuously improving the content of their Standard Work in order to incorporate new opportunities from the SOP Patient Flow and QBP teams. Integration of these three programs will assist in the creation of safe and seamless care for our patients.

Wave 2 (Critical Care, Emergency Department, Mental Health) have recently joined the Standard Unit team. They are working on adopting and adapting the 8 bundles to meet their unique needs and provide their patients with a standardized and outstanding experience. We look forward to seeing their results over the coming months!



QUICK WINS IN PATIENT FLOW

Early this year the patient flow teams developed a current state map of the patient flow processes at both campuses. The map outlined what happens between when the decision is made to admit a patient to the time the patient is discharged. In April, several opportunities for improvement were identified by both team members and staff.

Thirty of these opportunities were identified as “quick wins”. These contribute to the patient experience, quality and safety

but are not complex. They use existing resources, and can be accomplished in a short period of time (usually within 12 weeks). Quick wins help to build momentum for teams as they move forward with major improvements. The chart below highlights some of the “quick wins” the team has completed.

Next the patient flow teams will integrate these wins and best practices we have learned to build the future state of patient flow at WRH.

Highlights from Patient Flow

- Implemented a standard process for removing isolation signage from rooms after patients are discharged. This allows for the room to be properly cleaned while creating less rework, and reducing time patients spend waiting for inpatient beds. The team also standardized the policy for Nocospray – a special disinfectant that helps reduce hospital acquired infections.
- Standardized the flow of the admission form from ED clerk, ED Registration clerk, and Admitting Department. This resulted in an 8 minute reduction in patient wait times.
- Improved communication so staff can see the demand for beds in the Emergency Department using a software called Vibe. This has been installed on all nursing units and is available to staff. This information creates an awareness about the patients waiting for a bed and next steps everyone needs to take to move them into an inpatient bed.
- Standardized the use of the complex discharge screener tool. This assessment tool is used to determine if a patient will require home care assistance after discharge. Identifying this need consistently, and at the start of a patient’s stay, will ensure the right conversations are happening early, so the best services are in place before discharge.

Critical Care		BEDS		ED		ANB		OR	
ICU	17/20	ISO	93	CODE 7	1	TOTAL ED	22	IP	8
CCU	9/12	ALC	26	WAITING ROOM	3	ADMIT UNIT	4	OP	117
CCOT	8	RFD	35	WTBS	5	ROOM 5524	0	PACU	8
		MED-SURG-C...	103%	TOTAL ER	41	INTAKE (2N)	10	HSSL	2
								PACEMAKERS	0

SRVC	PAT	ALRT	TFR	STEP	ELAPSED
SUR	F, 88	-	27:01	BED PENDING (BE)	0:17
CTT	M, 51	-	22:36	ADMIT (4M)	19:27

UNDERSTANDING NEED FOR BEDS: Staff on all units can now see how many patients are waiting in ED for a bed.

The Big Picture

Building on the Standardized Unit Foundation Wave 2

Two years ago, the Standardized Unit(SU) team started a monumental task of standardizing all units at both WRH campuses. In August, SOP SU team leads met with leaders from different hospital programs to review the work done so far, talk about how the bundles are impacting patient care and how this work will set the foundation for SOP work going forward.

“We have done a lot of work on standardization,” said Diane Hernandez, SOP Coordinator, “Now we can strengthen the focus on optimization.”

Moving forward, there will be opportunities to use the SU tools to achieve goals in other areas including SOP work in Quality Based Procedures and Patient Flow.

“We are now at a spot where we are getting to develop our future state,” said Karen McCullough “We want to make sure all of us know we are not in this alone. “



CONNECTING THE DOTS: Part of the discussion at the Standardized Unit Overview included chances to brainstorm opportunities and build on the success of the SU work.

The SOP Team

In June, we ended our formal relationship with our consultants, KM&T. We now continue our quality improvement work using the structure and tools we learned from the KM&T professionals.

This work is supported by leadership, the SOP Coordinators, the newly certified Lean Six Sigma Belts, and the hundreds of staff who have been involved in our many standardization and optimization projects.



Back Row Left to Right – Karen Denomme, Kyle Shafer, Dayna Eagan, Allison Johnson, Diane Hernandez, Ben Parent. **Front Row Left– Right** – Linda Morrow, Dr. A. Petrakos

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