SOP UPDATES
Standardization & Optimization Process

WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

Friday, January 11, 2019

The Importance of Standard Work

Standard Work is one of the most powerful process improvement tools. The Lean Enterprise Institute states that, "By documenting the current best practice, standardized work forms the baseline for continuous improvement. As the standard is improved, the new standard becomes the baseline for further improvements, and so on. Improving standardized work is a never-ending process." Standard Work consists of elements and procedures that are organized in a way that ensures they are easily understood and reflect the most reliable, safest, accurate and efficient methods for optimal care.

WRH Standard Work

Title:	**Objective:**	**Creation Date:**
Grey Day Identification and Escalation Process	To standardize the process for Grey Day identification and escalation actions for each participating role.	November 27, 2018
		Owner: Theresa Morris

STEP	ROLE	ACTION	FREQUENCY
1	UN	Review escalated patient interventions/services. Determine which patients experienced a Grey Day the previous day, based on criteria *(see visual aid "1")*.	Daily
2	UN	Notify the Program Director of the Patients who experienced a Grey Day and the associated reasons by 8:00am using the communication method agreed upon with the Director.	Daily
3	Director	Report the number of patients in the Program who experienced a Grey Day yesterday and the associated unresolved escalations at the 8:30am Systems Huddle.	Daily
4	OM/ UN	Update StayTrack at Care Rounds to reflect patients who experienced a Grey Day on the previous day.	Daily
5	UN	Review the plans of care for patients at Care Rounds with physician and multidisciplinary team for all patients on the unit and identify any patients at risk for experiencing a Grey Day.	As Required
6	UN	Escalate all patients with Grey Day risks to the Operations Manager.	As Required

VISUAL AID

1

Grey Day Criteria

All services should be actioned within the appropriate timelines:
- STAT – Immediately
- URGENT – 4 hours
- Regular – 24hrs

All actions requested for patient care should be initiated within 24hrs. If the request has not been actioned within the appropriate timeframe, escalate the risk for a Grey day to the OM prior to 10:30 huddle.

Types of Requests include:
- Consults
- Diagnostics
- Referral
- Procedures

Standard Work is central to the Standardization and Optimization Process (SOP) projects. It provides the framework for project processes with efficiency and quality built into the design. Standard Work is based on best practice, and leverages quality improvement principles and measurement to further improve the process. The project teams regularly review and where necessary, update the project Standard Work documents as a means of continuous improvement.

> **"Without a standard, there is no logical basis for making a decision or taking action."**
>
> **– Joseph M. Juran**

As 2019 begins, the pressures brought by the influenza season will undoubtedly be felt throughout WRH. However, it is during these times of increased pressure that the effectiveness of Standard Work can be shown. The consistency of steps and sequences in Standard Work helps to ensure that patients receive the same benefits even when the hospital system is facing increased resource pressures.

Activity Follows Continue to Show Positive Results

Another round of "Activity Follows" on the Medicine and Surgery inpatient units started in November 2018 and continue through the month of January. Over the next few weeks, SOP team members, WRH Green/Yellow Belt trained staff and staff volunteers are following frontline nurses to see if workflow improvements continue to be sustained. Efficient workflow allows staff more time spent with their patients.

The Activity Follows completed this time last year showed nurses had spent, on average, an extra 50 minutes more direct time with their patients compared to time spent before the implementation of standard unit bundles.

All units that have had activity follows during this round so far (4W, 4N, CTU) continue to show improvements related to time devoted to direct patient care. These results can be seen on each unit's electronic Performance Boards. Staff are always welcome to provide feedback to their managers or to those doing activity follows.

Thank you to all frontline nurses who have allowed us to partner with them so far!

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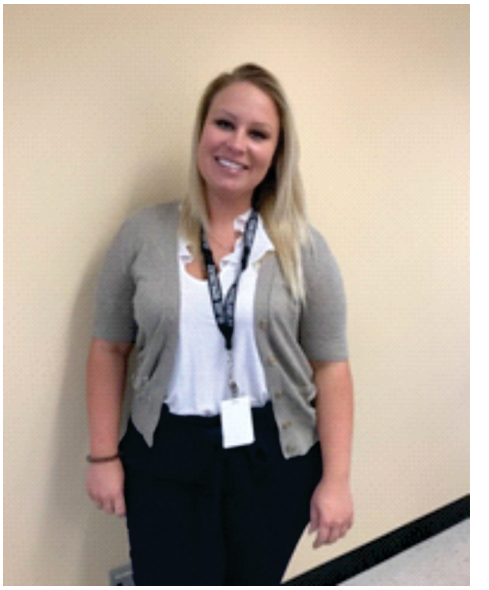
Thank you and Good Luck Natasha!!



The SOP team has been fortunate to have Natasha Sheeler back as part of the SOP team. Natasha has been involved at WRH in the SOP department twice throughout her time working as a consultant for KM&T. Natasha has worked on many projects in SOP including the Standardized Unit project and the Medicine Patient Flow project. Her contribution on these projects has been pivotal in helping design a foundation for the SOP department. We are grateful for her time with us and wish her all the best as she furthers her career in healthcare at the Erie St.Clair LHIN!

Patient Flow Metric Report-Medicine Only

Targets are set as 20% improvement since Oct 23rd launch, exceptions include: ALC, DC by 11&14 where corporate targets already existed

Reporting for the week of December 29, 2018 - January 4, 2019					Met Campus			Ouellette Campus			Results YTD Dec 1-31st
Metric	**Lead**	**FY 16/17**	**Goal**	**Target**	**This Week**	**Last 4 Weeks**	**Since Launch (Oct. 23/17)**	**This Week**	**Last 4 Weeks**	**Since Launch (Oct. 23/17)**	**Improvement Since Launch for December**
Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	2.3	2.6	3.4	6.9	4.6	6.8	Admitted patients wait 5.9 hours less for an inpatient bed
# of Patients Beyond EDD by 5 Days or More (avg. per day)†	D - Kathleen M. / Marie C.	N/A	0	24%	45 out of 122 (37%)	46 out of 122 (38%)	39 out of 122 (32%)	61 out of 126 (48%)	59 out of 126 (47%)	44 out of 126 (35%)	Met: 6 more patients beyond EDD >5 avg./day Oue: has 16 more patients beyond EDD >5 avg./day *4 week average - since Oct 23,2017
# of Patients Admitted Off Service (total for the week)***	N/A	38	0	M: 3 O: 4	8	8	4	3	5	5	33 less patients admitted off service
# of ALC patients (avg. per day)	D - Kathleen M. / Marie C.	M:18 O:30	0	M:18 O:26	11	9	13	20	22	21	M: 5 less alternate level of care patients/wk O: 9 less alternate level of care patients/wk
# of Admit No Beds (avg. per day at 7am)	A - Rose D.	M:8 O:16	0	M:2 O:3	1	1	1	2	2	4	M: 7 less admitted pts without a bed at 700 O: 12 less admitted pts without a bed at 700
Discharge by 11:00	D - Monica S.	M:31% O:16%	32%	32%	23%	27%	33%	14%	14%	17%	D/C 11:Met 2% increase, Oue 1% increase D/C 14:Met 2% decrease, Oue 3% increase
Discharge by 14:00	D - Monica S.	M:72% O:54%	70%	70%	69%	68%	70%	46%	50%	57%	
Weekend Discharges (daily avg. # discharged on: Weekdays/Sat./Sun.) (% discharged Weekday/Sat/Sun)	D - Dr. Seski	M:13/7/6 O:13/8/6	*TBD*	*TBD*	14.6/2/11 100%/14%/75%	13.9/7.3/8.8 100%/52%/63%	13.9/7.4/7.2 100%/53%/52%	15.8/7/9 100%/44%/57%	15.9/9.3/10.5 100%/58%/66%	16.0/9.3/7.3 100%/58%/46%	M: Sat remains the same/ Sun 1 increase in patient discharges O: Sat 1 / Sun 1 increase in patient discharges *improvement since FY16/17
# of Patients to Assessment Bays (medicine only)	A - Emily C.	N/A	100%	100%	87 out of 94 (93%)	298 out of 327 (91%)	4354 out of 4630 (94%)	42 out of 49 (86%)	184 out of 208 (88%)	2837 out of 3257 (87%)	M:94% of pts in assessment bays (since launch) O: 87% of pts in assessment bays (since launch)
# of Grey Days (weekly total, weekly avg. for last 4 weeks, weekly avg. since data collected)**	D - Monica S.	NA	0	M:0 O:0	0	0	2	3	3	7	

*Data source changed from Care Round Boards to Medworxx on July 20th, 2018

*This metric measures how long a patient waits from the time the decision-to-admit is made in the Emergency Dept. to the time the patient reaches the bed. This includes bed cleaning and availability.

**Total # of grey days for current week displayed, with the # of impacted patients in brackets. 4 week weekly avg. and weekly avg. since start of data collection also displayed.

***As of March 2017, this metric does not include overflow areas 524 & 7