

Date: September 2017



From the beginning we've stated that the Standardization & Optimization Process is a journey, it's not a destination. The teams involved had to learn to walk before they can run. Now, after building a solid foundation of process improvement tools and resources, the journey has kicked into high gear.

The first wave of projects involved program and service specific improvements and have been successful in a variety of ways. One example is OR Scheduling. The completion of software modifications allowed Preoperative History and Physical dictations to be directly uploaded from Lanier Dictation System into Novari WRH Operative Booking System. This standardized process ensures that a patient's history and physical is seamlessly integrated into their chart without the need for follow up or rework by hospital or office staff. This process also ensures that all necessary patient information is available for their Pre-assessment visit with Internal Medicine and/or Anesthesia. Standardization of required documentation required for booking an elective operative case has been carried out for four Departments- Orthopedics, Plastics, ENT and Urology. All four Departments have 100% compliance for document submission. All wave one initiatives are also refining their sustainability plans so they can monitor results and deal with any challenges for sustaining improvements.

Now we are moving toward larger scale initiatives and long-term organizational change that is benefitting our patients, staff and will eventually guide future planning of the new acute care hospital.

The SOP teams are currently focusing on 3 areas: Standardized Units, Patient Flow and QBP Pathway improvements.

STANDARDIZED UNIT



Two years ago, the Standardized Unit (SU) team started a monumental task of standardizing a number of best practice patient safety processes across both campuses. The SU includes 8 bundles (5S, care rounds, in-room white boards, shift to shift report, transfer of accountability, leadership rounds, safety huddles and comfort rounds) that are designed to improve communication and patient safety. These bundles have now been implemented on inpatient medical and surgical units.



Here are some highlights:

1) Discharges by 11 am & 2 pm

Care Rounds were implemented to support proactive discharge planning by identifying barriers to discharge and creating action plans to address patients' barriers and plan of care. An example of gains made since 2015 can be seen below. These improvements have been sustained.

Target: 32% of discharges by 11 am and 70% of discharges by 2 pm.

Discharge Before 11am				
Unit	Feb '15	Mar '15	Apr '15	Total
6E	10.1%	15.9%	12.8%	13.0%
6W	12.4%	9.7%	22.8%	15.5%
Total	11.2%	13.4%	17.7%	14.1%

Discharge Before 11am				
Unit	May '17	June '17	July '17	Total
6E	34%	27%	33%	31.3%
6W	18%	33%	28%	26.3%
Total	26%	30%	30.5%	28.8%

Discharge Before 2pm				
Unit	Feb '15	Mar '15	Apr '15	Total
6E	66.7%	66.7%	63.2%	65.6%
6W	52.2%	53.8%	64.2%	57.1%
Total	59.9%	61.5%	63.7%	61.7%

Discharge Before 2pm				
Unit	May '17	June '17	July '17	Total
6E	75%	74%	75%	74.6%
6W	63%	76%	57%	65.3%
Total	69%	75%	66%	70%

2) Leadership Rounding:

Leadership rounding is a structured nursing activity by nursing leaders who personally visit with patients and ask questions about their stay. The process is designed to show WRH's commitment to patient satisfaction by visiting every inpatient at least once during their visit. Since the implementation of standardized Leadership Rounding (March 2017), over 2000 patients have been seen by Leadership.

WRH patients have 'rated their stay' as 4.6/5!





3) 5S: Organized and efficient work spaces

Through a process called 5S, the teams are creating and sustaining an organized working environment, to allow staff to spend more time at the patient bedside and reduce rework and searching for supplies.

In August, staff within the Ouellette Mental Health unit participated in their first 5S event. Nurses on that unit were spending an average of 6 min/ hour searching for patient's personal items. Now that a clear and organized system has been designed for patient belongings, nurses can find what they are looking for at a glance! The team is now working on sustaining their gains.

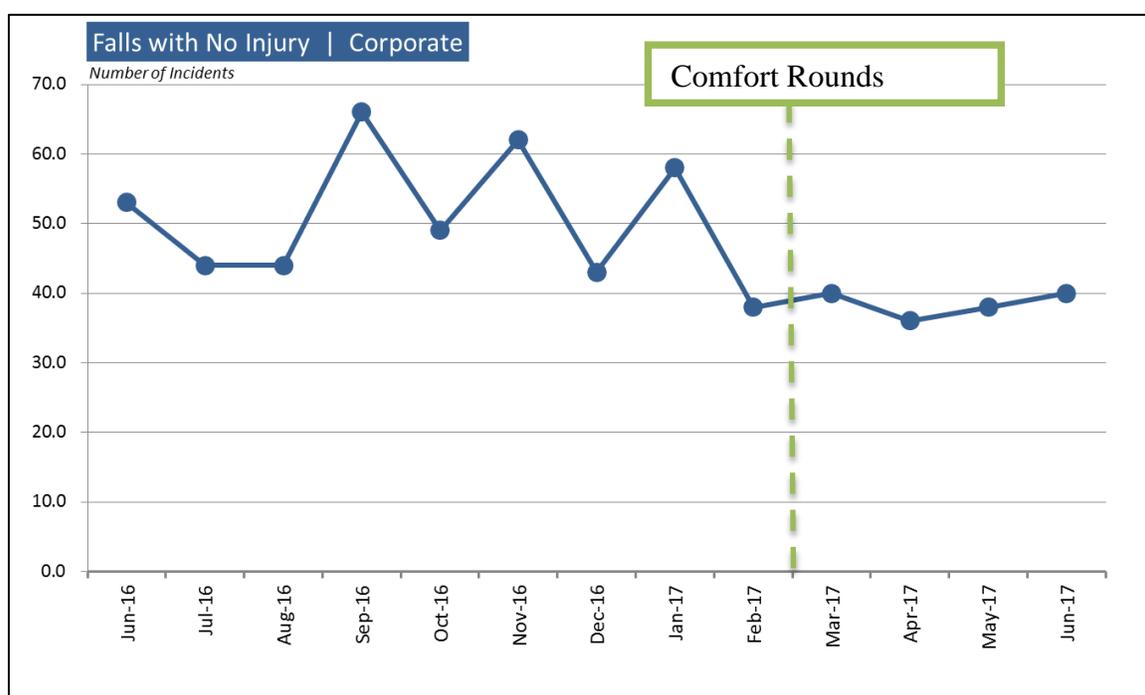


BEFORE AND AFTER: The 5S, day-long cleaning and organizing event can be a bit disruptive at times as team members sort through clutter, but as the image above shows, short-term pains lead to long term gains for patients and staff!

4) Comfort Rounds:

Comfort Rounding is a proactive approach to patient rounds. The goal is to reduce patient falls and improve patient satisfaction. It occurs every 2 hours and addresses specific patient needs.

A process refresh was completed for Comfort Rounds across Surgical and Medicine floors. Since the re-launch of this proactive approach, there has been a clear reduction in falls within the organization, as you can see in the chart below.



PATIENT FLOW IMPROVEMENT (ADMISSION AND DISCHARGE)

“Patient flow” is the movement of patients and the coordination of their care throughout their hospital stay. Flow is the continuum of ensuring timely access to the most appropriate acute



care bed, focused care delivery that supports achieving length of stay targets, and a well-planned discharge that facilitates the transition to home.

When patients experience poor patient flow, patients find themselves waiting for care, experience delays in moving to the appropriate level of care, are more likely to be harmed in hospital and return to the Emergency Department after discharge. When patients experience optimal patient flow, their entire hospital experience is enhanced – patients receive timely access to care, clear communication, and expectations are met or exceeded.

At the beginning of the summer, the Patient Flow Improvement Program identified 30 potential ‘quick win’ opportunities for an improved patient experience. Since that time, the team has been working diligently to achieve these goals.

- 1) Reduced patient wait time by 8 min by restructured paperwork flow from the Emergency Department to the Admitting department. The admitting department now receives the admission request sooner, expediting patient flow. Every minute saved means less time our patients spend waiting.
- 2) Implemented a standard process for removing isolation signage from rooms after patients are discharged. This allows housekeeping staff to properly identify the method required for cleaning the room, reduces rework, reduces wait time for patients to be moved into their room.
- 3) Standardized the process for requesting a Porter for patient transport. Porters are now notified when the patient is ready, thereby reducing porter rework and overall porting related delays in the system.
- 4) Standardized the policy for determining when patient rooms should be treated with Nocospray – a special disinfection method that aids in reducing patients’ likelihood of acquiring a hospital acquired infection. This ensures time is being spent spraying necessary rooms which is safer for our patients.
- 5) Vibe - a patient flow tracking software program – is now available to all nursing staff on units. As you can see in the image below, this now enables staff to see how many patients are waiting in the Emergency Department, and provides the information necessary to trigger actions focused on improved patient flow.



OUELLETTE OCC			OUELLETTE CAMPUS			Welcome, you are logged in as: guest			
Red	8	22	Call actual discharges to Admitting promptly			Red	3	8	
DASHBOARD			ALC	DIRECT	CENSUS	EMERGENCY	SURGICAL		
Critical Care		BEDS		ED		ANB		OR	
ICU	17/20	ISO	93	CODE 7	1	TOTAL	22	IP	8
CCU	9/12	ALC	26	WAITING ROOM	3	ED	8	OP	117
CCOT	8	RFD	35	WTBS	5	ADMIT UNIT	4	PACU	8
		MED-SURG-C...	103%	TOTAL ER	41	ROOM 5524	0	NSSL	2
						INTAKE (2N)	10	PACEMAKERS	0
ED Admissions								MANAGE	
SRVC	PAT	ALRT	TFR	STEP		ELAPSED			
SUR	F, 88	-	27:01	BED PENDING (8E)		0:17			
CTT	M, 51	-	22:36	ADMIT (4M)		19:27			

- 6) The team piloted a patient focused ‘Cut the band, Wave the hand!’ process on select patient units. In this new process, the patient now stops at the nursing station on discharge to ensure all personal belongings and home medications are in the patient’s possession. Once this happens, the patient wristband is cut off, and the unit staff wave goodbye to the patient. A prompt call to Admitting is made to ensure an efficient turnaround of the bed. This process not only improves the experience for our patients, it allows staff to ensure an efficient turnaround of the bed and triggers the room cleaning process.

QBP QUALITY PATHWAY IMPROVEMENT PROGRAM

After months of coordination between staff and physicians and the QBP team and extensive patient engagement, Windsor Regional Hospital rolled out the QBP Pathway Improvement Program in August. This program begins with newly admitted patients with primary diagnoses of **Chronic Obstructive Pulmonary Disorder (COPD), Community Acquired Pneumonia, Congestive Heart Failure (CHF), Ischemic Stroke and Hip Fracture.**

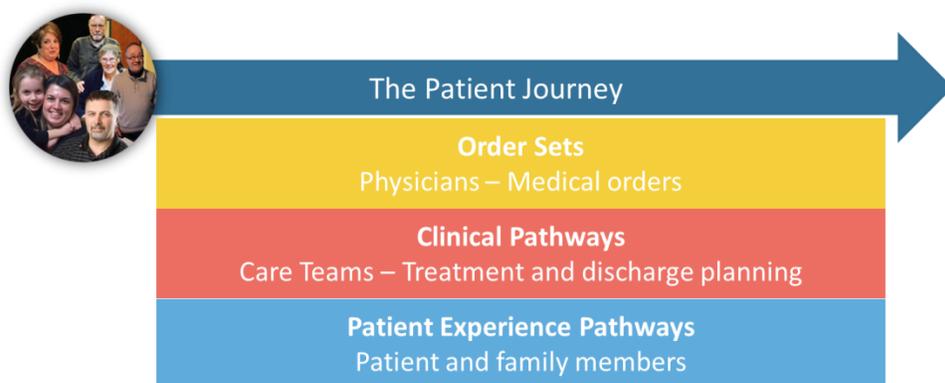
Now, when someone diagnosed with any of the above conditions is admitted, a standardized care plan is put in motion so that everyone – clinical staff, physicians, patients and family members – know what to expect throughout the patient journey. The program includes best practice medical orders (Order Sets), guides to care (Clinical Pathways) and patient and family information (Patient Experience Pathways).



The goals of the QBP Pathway Improvement Program are to ensure:

- Patients receive care that is aligned with QBP-specific best practices
- Patients are informed of and understand their care plan for each day of their stay
- Patients are staying in hospital for the expected length of stay and are prepared and supported for discharge
- Patients/families receive the patient pathway and discharge information using innovative methods to prepare them to leave the hospital

To accomplish these goals, 3 components form a cohesive package that will be implemented upon admission to the hospital.



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: Provides a guide to care, suggesting specific interventions that should be considered and outcomes that should be achieved along the patient journey towards discharge

Patient Experience Pathways: Outlines the Clinical Pathway in patient friendly language. Works to inform and set clear expectations regarding each day of the patient’s stay

Order Set

Clinical Pathway

Patient Experience My Care Journey

This new program changes care at the bedside by leveraging existing Standard Unit processes with condition specific tools.

The Ischemic Stroke QBP Pathway Bundle was implemented 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.

With additional information provided, patients and family members are telling us that they better understand what to expect while in the hospital and are better prepared for discharge.

- The brochure is clearly written and doesn't have medical terminology.
- It was very helpful to understand what my dad could expect while he is here.

With COPD, Pneumonia, CHF, Ischemic Stroke and Hip Fracture now launched, teams are now working on the next wave of conditions to follow the new pathway process.



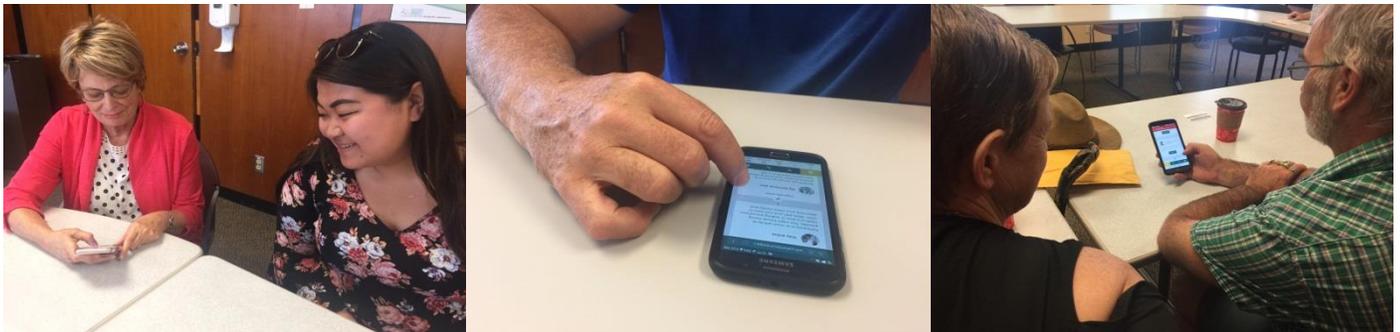
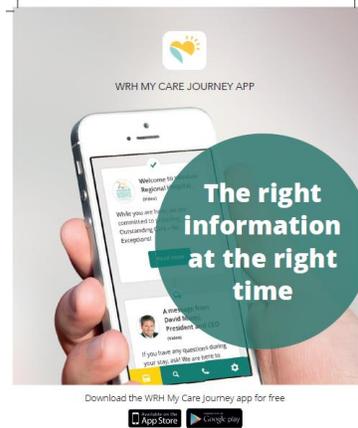
COMING SOON: THE WRH MY CARE JOURNEY MOBILE APP

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 they can expect while in the hospital and tips to prepare them for next steps after discharge.

Once patients install the app from the 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 remain active role in your recovery.

The team recently held a focus group to get feedback from patients and family members about the new My Care Journey App. Those at the session were excited about how easy the app was to use and understand. All participants felt it would be a useful tool for both patients and loved ones during their hospital stay, and after they leave.

“When you have a life changing situation, you cannot get enough information,” said Robert Catherine, a former patient and focus group participant. “You would want that app and that information!”



CONTINUOUS LEARNING AND IMPROVING:

In June, over 20 improvement leaders received their Lean Six Sigma Green Belt certification. Joining their Yellow Belt colleagues, Windsor Regional Hospital has graduated over 65 change agents and improvement leaders. The Lean Six Sigma Belt training programs are designed to help embed continuous quality improvement into the Windsor Regional Hospital culture and offer individuals an opportunity to take the skills they’ve learned so far during the SOP program

to a higher level. The knowledge and expertise of Belt Training offers the ability to translate patient needs into standard, consistent care processes that deliver positive patient experience. Also 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.



Next Steps:

Briefly, here’s what lies ahead for these projects in the immediate future. Standardized Unit: The team is now working with Mental Health, Emergency, and Critical Care to adapt the standard unit bundles for use in those areas.



Patient Flow: The teams will be looking at best practices from the recent site visit and literature review to develop the future state map for patient flow and validate and verify with a variety of stakeholders.

QBP: The first set of QBPs will launch the new My Care Journey Mobile App. The next set of QBPs will also begin its planning and implementation.

