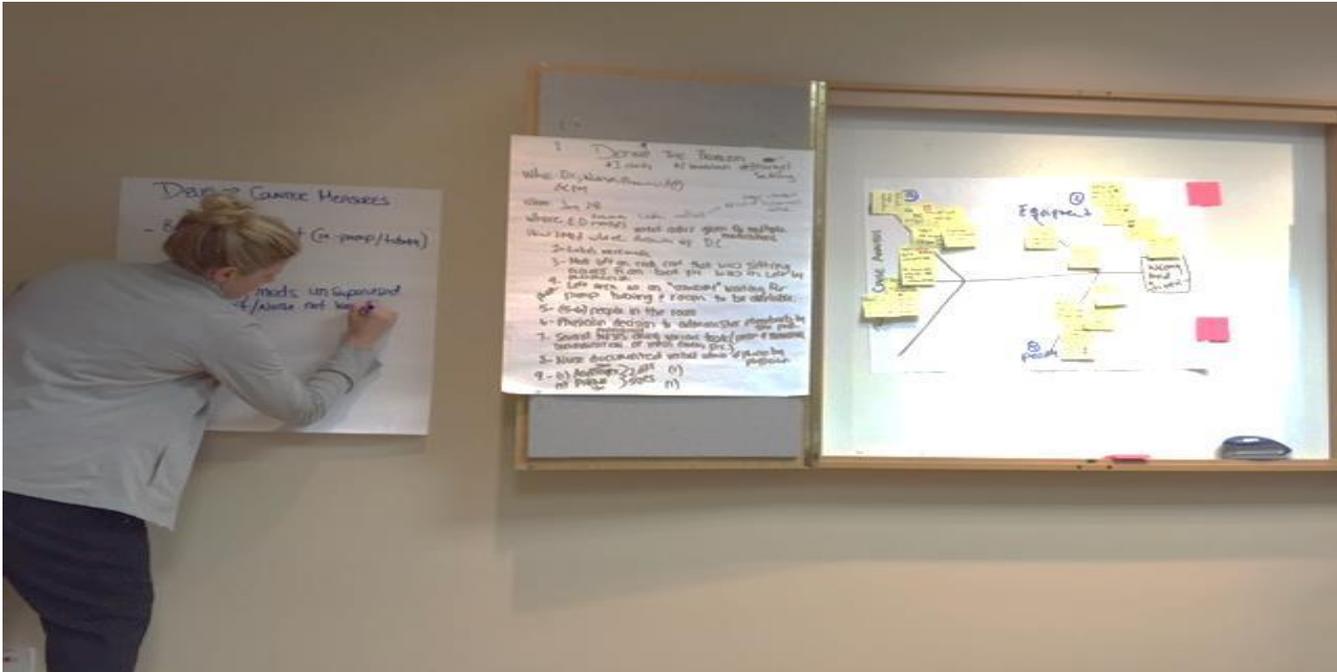


February 19, 2016

Understanding the Causes of Medication Incidents Using Practical Problem Solving(PPS)



Medication & IV Fluid SOP Team Lead Jennifer Shepley capturing counter measures developed by those involved with the medication incident.

The Medication & IV Fluid Incidents SOP team completed its first Practical Problem Solving (PPS) exercise with representation from both the Emergency and Pharmacy Department staff to determine the root cause of a recent medication incident.

With help from those involved, the team was able to unveil some “ah-ha” moments to determining root cause through the use of the PPS tool.

Through the use of the PPS technique, the team developed counter measures to prevent this error from reoccurring. The Medication & IV Fluids SOP Team is looking forward to imbedding the PPS tool into their regular incident investigation process to better understand the root cause of incidents.

Fracture Clinics: Improving Patient Flow

Improving patient flow through the fracture clinic is a major focus of the Ambulatory Clinics SOP Project Team. Scheduling process changes have led to a significant decrease in patient wait times, and now the team has identified its next challenge of sustaining and further decreasing the wait time experience by patients.

Through review of the patient and chart flow in the fracture clinic, the team has identified other opportunities to eliminate waste, decrease variation, and standardize processes across the Ouellette and Metropolitan Campus clinics. Stay tuned for more news to come on the improvements and progress made by the Clinics Team!

MRI Reaching Targets for InPatient Scans

The MRI Wait Times SOP Project Team recently set a target to scan 85% of all priority 2 inpatients within 48 hours. To achieve this target, the team has been focused on reviewing inpatient volumes across both campuses and adjusting the electronic schedule to accommodate the required time for these scans. The team has also been trialing a dedicated porter at the Ouellette campus to maximize table utilization, reduce delays, and improve work flow.

Before these changes, less than 80% of priority 2 inpatients were being scanned within 48 hours of their requisition. Since initiating these changes, the MRI SOP Project team has made great progress and both WRO and WRM have achieved their goals of 86% and 90% of the time respectively. In the spirit of continuous improvement, the team has now increased its target to see all Level 2 inpatients within 48 hours 90% of the time.

Have a great weekend!!

The SOP Team

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