

Friday, June 10, 2016

Making a Difference with Changes to the ICU Transfer-Out Process

Often, simple changes yield impactful results. The ICU at the Met Campus is no exception to this phenomenon. There are upwards of 16 patients in the ICU on any given day and some patients wait hours just to get transfer orders.

Dr. Ian Mazzetti, an Intensivist at Windsor Regional and a member of the Critical Care SOP Project Team, examined the transfer-out process and its dependence on patient rounding in the ICU. Since a patient is not able to leave the ICU until transfer orders are written – which is typically done during rounds— Dr. Mazzetti noticed an opportunity to improve patient flow. He suggested changing the process to include rounding on patients awaiting transfer first, when possible.

The team tested the change and was astonished by the numbers. The median time for ‘decision to transfer’ to ‘transfer orders written’ dropped from 60 minutes to 17 minutes. These are very impressive results! Thanks to Dr. Mazzetti for this suggestion and his leadership in implementing the change!



Dr. Ian Mazzetti discussing the patient flow process at the May 2016 mapping event.

Care Provider Assessment: NEWS and PCNA

NEWS	3	2	1	0	1	2	3
Physiologic Parameter							
Respiration Rate	Less than or equal to 8	9-11	12-20	21-24	Greater than or equal to 25		
SpO2	92-93%	94-95%	Greater than or equal to 96%				
Supplemental O2	Yes						
Temperature (C)	Less than or equal to 36.0C	36.0-36.0C	36.1-36.0C	36.1-36.0C	Greater than or equal to 38.1C		
Systemic BP	Less than or equal to 90	91-100	101-130	131-229			Greater than or equal to 230
Pulse Rate	Less than or equal to 40	41-50	51-60	61-130	111-130		
Level of Consciousness			Alert				Agitated or Confused to 3/5 (Raggs) to 4/5 (Limpson)
Score Total							

PCNA Summary

Overall, how stable is this patient?	Very Stable	Very Unstable
Overall, how complex is this patient?	Less Complex	Highly Complex
Overall, how predictable is this patient?	Very Predictable	Less Predictable
Overall, how at risk is this patient for negative	Less Risk	High Risk

A snippet of the NEWS and PCNA Tools being introduced with Shift-to-Shift reporting.

NEWS & PCNA Tools: Improving Patient Outcomes at Shift-to-Shift

New to the process at the Ouellette Campus are the National Early Warning Score (NEWS) and the Patient Care Needs Assessment (PCNA) Tools which have been rolled out to aid in shift-to-shift report.

The NEWS tool, first developed by the Royal College of Physicians, uses a simple scoring method based on six criteria (patient vital signs) and reflects how much a patient’s status varies from the norm. Similarly, the PCNA tool is used to assess a patient’s stability, along with their complexity and predictability of the patient’s care needs. This will help the care team when planning appropriate care.

When used in combination, these tools are helpful in determining the acuity of a patient, as well as gauging appropriate assignments when handing off a patient to oncoming staff. This new change is very significant to patient safety and ensures the appropriate level of care is being provided to our patients. A big thank you for all the patience and teamwork demonstrated by the staff on 8E!

Pre-Surgical Screening (PSS): Mapping Success Achieved!!

On June 2, 2016, the OR PSS Mapping team met with the main goal— to streamline the patient chart documentation pathway. The amount of time involved in processing the patient’s chart and searching for missing medical reports and consults often leads to increased wait times during the patient’s visit at the PSS clinic. This can also result in the cancellation of the patient’s surgery— sometimes occurring the day of their scheduled procedure!

While the team is still working to finish their future state design, based upon all the feedback from the mapping session, various changes are underway. Some elements of the future state include fast-tracking ortho patients at the start of day so they may see their first clinic provider directly after being admitted. This avoids any further delays due to time needed for processing the chart by the PSS Clerk. To support a complete chart for the patient, the team is looking to involve the PSS nurse at the end of day to assist in identifying missing chart documents using a new visual management tool. Stay tuned for more changes to come.

Congratulations to the mapping team for their dedication to improving patient outcomes!

Have a great weekend!

The SOP Team

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Above: The current state map with over 70 incidents of waste noted by the OR PSS Mapping Team.

Below: The OR PSS Mapping Team identifying solutions to reduce patient wait times and ensure a complete patient chart.