

November 14, 2014

Now that we have completed the mapping sessions in each of the projects, we have a clearer vision we can share about where we are heading with each of the 4 current projects.

The project teams all took part in 2-day intensive process mappings sessions where the current state was mapped in detail, assessed and then the future state designed to be more efficient, and provide better experiences for our patients. This work – which is summarized below – is the groundwork for what each project team will work to accomplish over the next 5 months and beyond.

CATH LAB:

The goal of this session was to understand the current state of the patient booking process (time from referral received → patient has appointment and is off listed). The team identified several main areas that they will be working on over the next 5 months.

- Process for obtaining MD schedule in advance (in order to book patients further in advance)
- New scheduling grid (to book patients – both inpatient and outpatient – according to the amount of time required for a given procedure)
- Referral completion (to ensure we receive completed referrals in order to minimize rework for staff, and ensure we book an appropriate slot)
- Measure and improve the patient experience
- Review and improve the flow of referrals within the scheduling office
- Help patients find the Cath Lab



OR SCHEDULING:

The scope of mapping in this area was the scheduling of primary knee surgeries at both WRH campuses (from the time the referral was received → patient receives confirmed appointment). The team had representatives from the Surgeons offices and WRH reps from preadmission. The goal here was to understand the booking process and opportunities for improvement.

The team identified several areas that will be addressed over the next 5 months:

- Investigate PHS access for Ouellette staff (to eliminate paper and allow capability of booking staff to work as one team)
- Ensure History and Physical documentation are present at time of booking (so that booking can be made for patients / reduce rework)
- Create a visual board for both campuses to monitor # of patients / # of slots in real time (to ensure we book the correct # of patients and adhere to combined QBP targets)
- Special equipment form (trial electronic process to contacting procurement / eliminate paper)
- DART education (ensure patients preference on surgery times are captured in our electronic system in order to provide patients with accurate wait times, ensure our reported data linked to funding is correct)
- Novari alert review (review data to determine if all alerts are being captured in system)
- Pre-Admission chart printing (work with pre-assessment to determine method for information transfer and paper reduction)
- Surgeons office – to book 6-8 weeks out and communicate ‘tentative’ date to patients (to ensure WRH has enough time to book preadmission successfully, and that patients receive correct information)
- Provide patients with comprehensive resources (to ensure patients have what they need, when they need it)



MEDICATION/IV FLUID INCIDENTS:

The mapping scope in this area was the process of medication administration only. The purpose of the event was to look for ways to eliminate errors in medication administration.

The team identified several areas they will be working on over the next 5 months.

- A standardized way of documenting and storing CMAR (Medication record) between sites
- Processes to ensure all patients have legible armbands to ensure the use of 2 patient identifiers for all medication administrations
- Discussions around pharmacy hours of operation
- Strategies to reduce distractions during medication administration
- Re-organization of medication rooms/Pyxis areas



MRI WAIT TIMES:

The mapping sessions included MRI Techs and Booking Clerks from each site, a patient who has had an MRI, as well as members of the Diagnostic Imaging Leadership team. The scope of the map was from the point a referral for MRI is received → the time the referring physician receives the final report.

The team identified opportunities for improvement in three work streams:

- Booking: Re-designing the booking process to provide patients notification of their apt. date/time within 48 hours – includes strategies to ensure requisitions are complete and accurate allowing immediate protocoling (triaging) by a radiologist
- Protocols: Standardization of the sequences (views) that will be taken during a standard knee MRI between sites
- Day of Exam: Re-organizing the schedule to ensure Inpatients are seen in a timely manner and time between patients is optimized.

The very first opportunity for improvement being worked on is catching up on the Ouellette backlog of patients awaiting notification of their appointment time. These are patients that have seen their doctor, an MRI has been ordered, but they haven't received their appointment time yet due to the volumes of patients waiting to be called and notified. The goal is 48hrs from time the referral is received to the time the patient is notified.



Thanks again to everyone who participated in the mapping sessions. We are looking forward to working through these goals over the next 5 months and are confident that by working together, we will see great results!

The SOP & KM&T Team