

Friday, October 6th

## *Moving forward with Patient Flow*

Many people are curious about the window frosting that was added to the SOP Office at the Met Campus earlier this week. This change is in preparation for an important part of our Patient Flow Improvement Program – the Command Centre.

The Command Centre will be a central hub of information about patient flow and will track and monitor the movement of inpatients throughout our hospital. There will be a Command Centre at each campus – one at the Met Campus SOP Office and the other at the Ouellette Campus in the Board Room. Because there will be screens located on the wall with patient information, the glass frosting was added at the Met Campus so those walking by would not be able to easily see the information. The Command Centre at the Ouellette Campus will also be undergoing some changes as it converts to a Command Centre. This room is no longer available for meeting bookings.

Stay tuned for more exciting updates about the Command Centre and other patient flow initiatives coming soon!



*The SOP Office at the Met Campus takes on a new look, and soon a new function – A command center to better manage patient flow.*

## *Listening to staff and improving QBP Order Sets*

Wave 1 of the QBP Pathway Improvement Program launched on August 21st. This includes Order Sets, Clinical Pathways and My Care Journey Booklets for patients with COPD, Pneumonia, CHF, Stroke and Hip Fracture. Since then, project teams have been collecting staff feedback and discussing improvement opportunities as part of the Plan, Do, Check and Act (PDCA) cycle.

One of the changes that will be made on Tuesday October 10<sup>th</sup> is to replace the current Order Sets with new versions and change the process to make the prescriber's intentions clearer to the front line staff. This change will affect physicians, NPs, nurses, clerks, and pharmacy. More details can be found on the next page. If you have questions, please ask your Operations Manager or CPM.

Have a great weekend!

The SOP Team

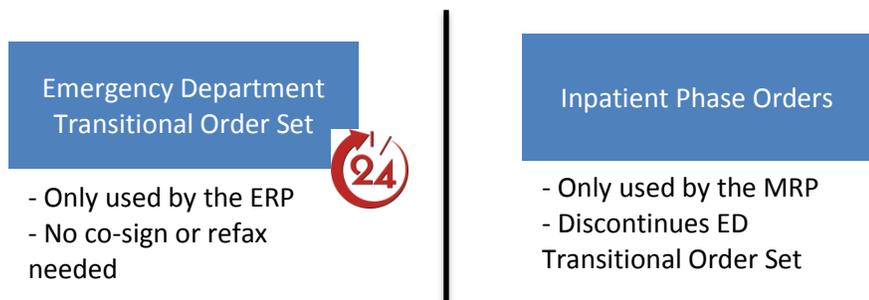
[future@wrh.on.ca](mailto:future@wrh.on.ca)

# Change to QBP Order Set Process – Effective October 10<sup>th</sup>

## Explanation of Change

On October 10<sup>th</sup>, the Order Sets for COPD, Pneumonia, CHF, Stroke and Hip Fracture will change. Please replace the old Order Sets with the newly revised Order Sets (Revision Date of 10/2017) in your Pathway Packages on October 10<sup>th</sup>. They will be available on the Order Set Library or from Print Shop on October 9<sup>th</sup>.

**Medicine:** The Emergency Department Transitional Orders are only to be used by the ERP and automatically expire when the MRP initiates the Inpatient Orders (or 24 hours, whichever comes first). The Emergency Department Transitional Orders no longer need to be co-signed by the MRP and re-faxed to pharmacy. The MRP completes the Inpatient Orders.



**Urgent Surgery:** Pre-Operative Orders can be started by the ERP but must be reviewed and co-signed by the MRP within 24 hours. In this case, these must be re-faxed to pharmacy when co-signed by the MRP. The third page (Antibiotic Prophylaxis) is only for the MRP. The post-operative orders are to be completed only by the MRP.



## Background

**History:** Originally QBP Wave 1 Order Sets were divided into Transitional Orders and Inpatient Orders. The ERP would start the Transitional Orders which would expire after 24 hours. Upon rounding the MRP was to co-sign all Transitional Orders for continuation and refax to pharmacy. The MRP would continue with the Inpatient Orders.

**Problem:** The Transitional Orders co-sign and refax was an “all or nothing”, causing the sequencing of the intentions of the prescriber to be confusing to nursing and pharmacy staff. For example, upon rounding, the MRP may co-sign the Transitional Orders to continue, initiate the Inpatient Orders, and write additional medication orders. All are faxed and arrive at the same time to pharmacy with unknown sequence.

**Solution:** Transitional Orders will be renamed “Emergency Room Transitional Orders”. These orders will only be used by the ERP and are in place until the MRP arrives. These orders no longer need to be co-signed and refaxed to pharmacy. All best practice medical orders from the Transitional Phase are repeated on the Inpatient Phase. The Inpatient Phase will include a pre-checked order to “Discontinue the Emergency Room Transitional Order Set orders”. The MRP completes the Inpatient Orders.