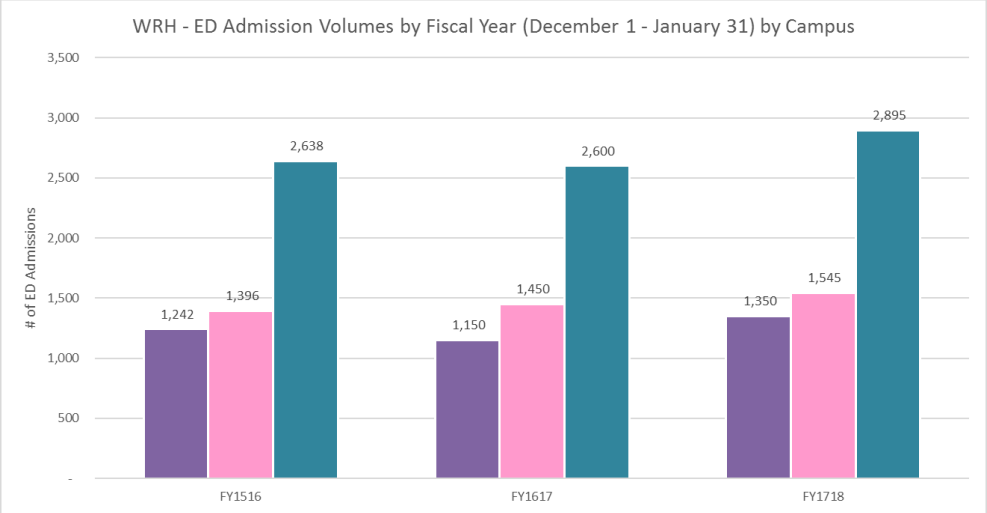
Report of the President & CEO to the Board of Directors

Date: March 2018

Patient Flow Improvement Program Withstanding the "Storm"

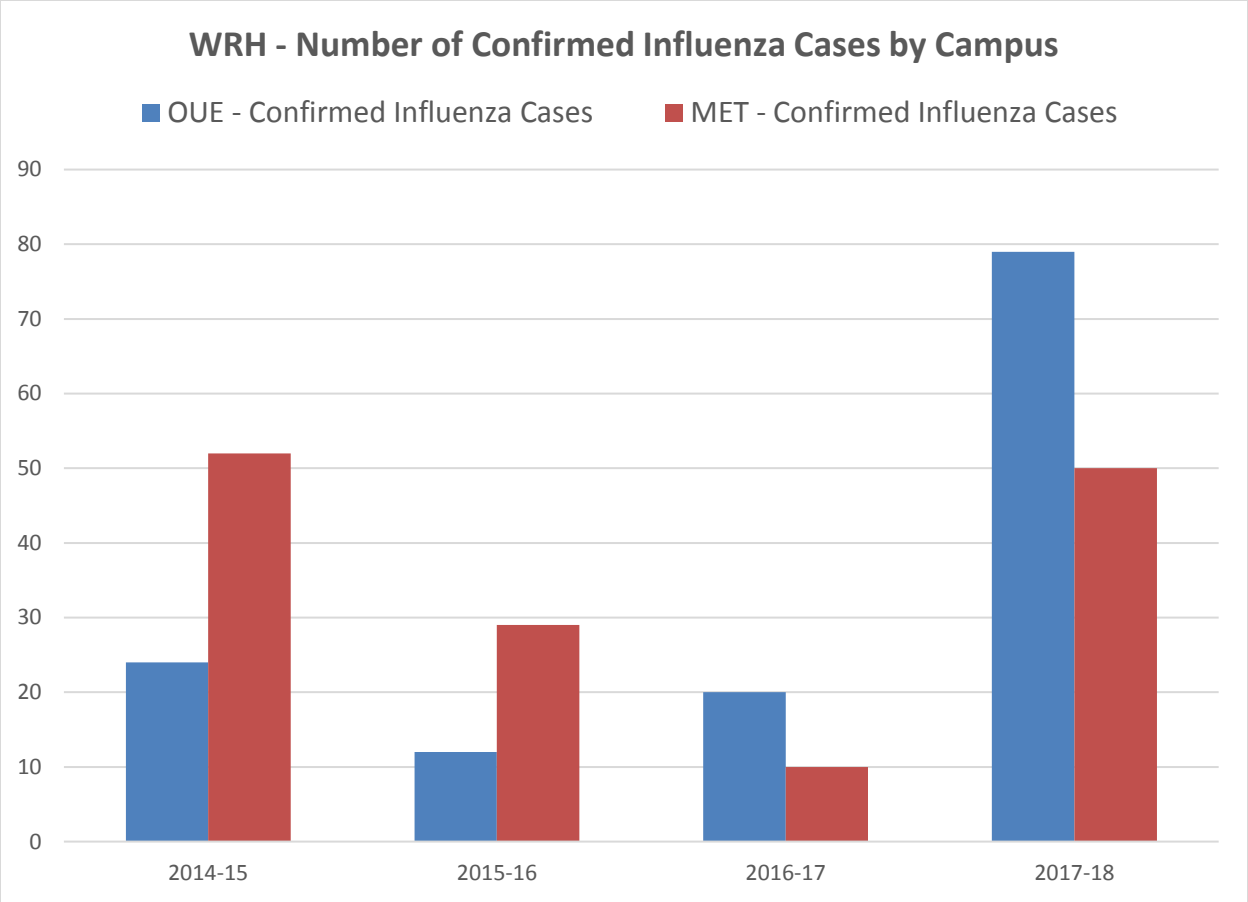
This winter has been challenging. The extremely cold winter weather wreaked havoc with the roads and brought people into hospital with various storm related ailments. It is especially challenging for everyone when there are great changes in weather conditions. A dramatic snowfall followed by warming weather and only to turn cold and icy again creates major issues for individuals that sometimes result in various accidents, be it vehicular or while ambulating.

When looking specifically at the two months of December 2017 and January 2018, overall WRH admitted 295 more patients compared to the same time period last year (Ouellette campus admitted 95 more patients, Met campus admitted 200 more patients)



This season was especially difficult. We were provided with some advance warning that due to the influenza season experienced in Australia, that predates our own, it was predicted ours would be more severe than in the past and far more prolonged. Those prognostications were 100% accurate. See my October Report http://www.wrh.on.ca/Site_Published/wrh_internet/Document.aspx?Body.Id=85487&LeftNav.QueryId.Categories=294

The chart on the next page shows the dramatic increase in confirmed influenza cases this year as compared to previous years.



In addition, last year we had 7 influenza outbreaks at the local long-term care homes and seniors facilities. This year it is already at 26 outbreaks. This creates stress on the elderly residents at the homes and results in greater visits to the hospital from the long-term homes as well as larger admission rates. In addition, this creates stress on returning or placing patients into LTC facilities.

There were 160 lab-confirmed cases of influenza from hospitals or an outbreak last flu season, and the region is already at 205 confirmed cases this year, she said. The lab doesn't confirm cases from doctor's offices.

Many hospitals across the Province have suffered with census above 100% since early December 2017. Due to the changes I highlighted in my December Report http://www.wrh.on.ca/Site_Published/wrh_internet/Document.aspx?Body.Id=87406 we did not experience the surge until the end of January 2018.

As highlighted in my January 2018 Report https://www.wrh.on.ca/Site_Published/wrh_internet/Document.aspx?Body.Id=87821 the goals and objectives we set for realignment are paying dividends for our patients, community and staff. The consolidation of all acute care services under one organization, even if still on two campuses, has resulted in significant Standardization and Optimization (SOP) gains.

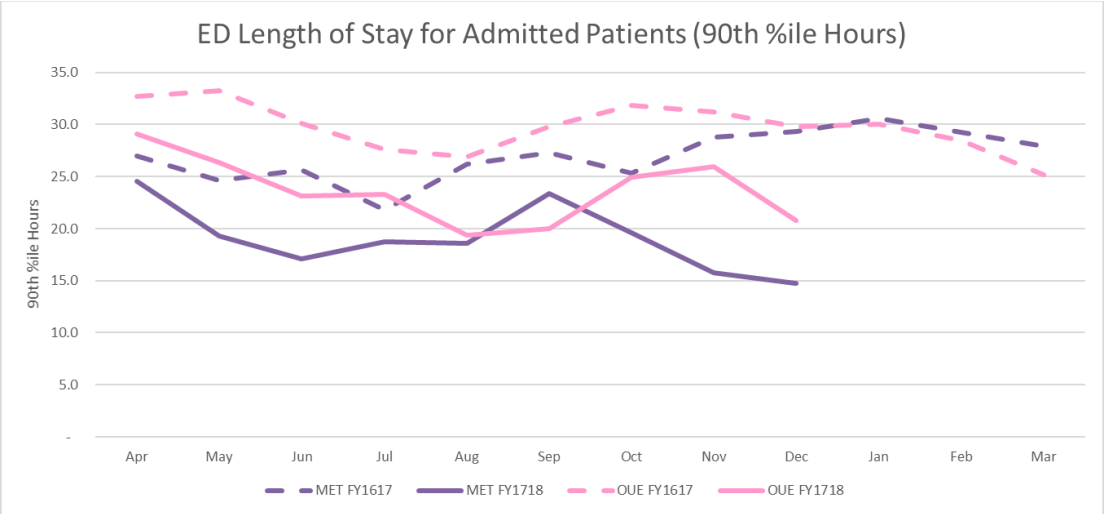
This year, however, the challenges to patient flow were met with some significant positive influences. **The Patient Flow Improvement Program**, which began in the medicine program on October 23, 2017, had already put processes in place that helped guide our decisions and assist WRH during these challenging days. While our wait times in ED and inpatient medicine units did increase as compared to "normal" times since the launch of the new patient flow processes, many staff commented that it was far better than previous years and all the elements associated with the Patient Flow Improvement Program including the Command Centre, Assessment Bays, Bed Allocation, Care Rounds, etc. helped to create a structure that improved our ability to provide effective and efficient patient care during very busy times.

Theresa Morris, Director of Emergency Services commented, "compared to previous holidays and winters, patient flow was improved because of the processes and the standard work that was already in place. It helped to guide our decisions during these hectic times".

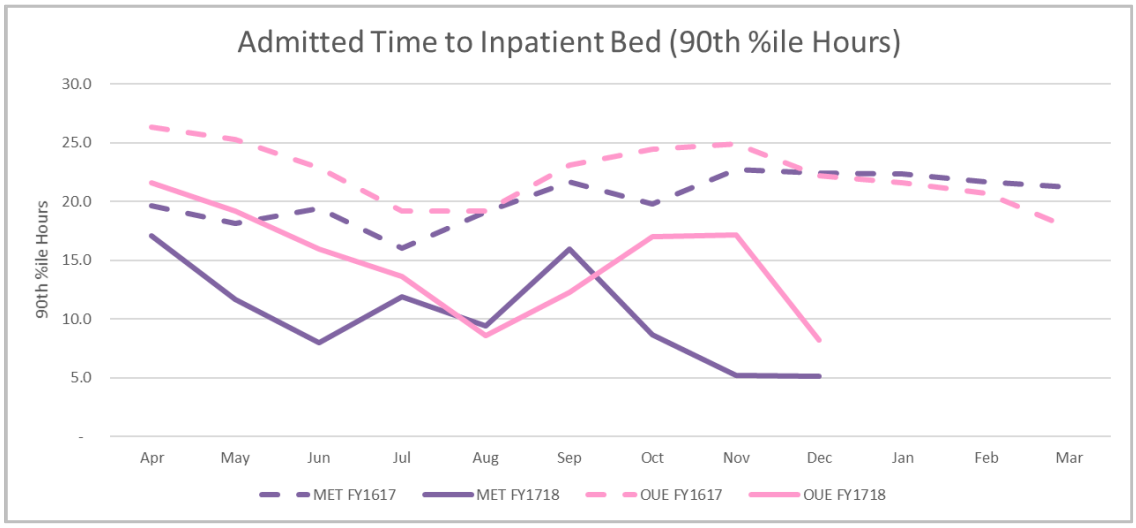
Despite the challenges of patient volumes, acuity in the ED and the inpatient units, the number of "Admit No Beds", (admitted medicine patients waiting in the ED for an inpatient bed at 7am) was only 3 at the Met campus and 4 at the Ouellette campus during the last four weeks, compared to an average of 8 and 16 last fiscal year. So instead of 16 admitted patients occupying space in the ER, we have only 4. That is dramatic. This creates more capacity for the patients needing to be seen in the ED, reduces EMS offload delays and Code 7s (EMS waiting in ED to "offload" a patient).

The 90th percentile ED length of stay for admitted patients (from triage to the time left the ED) decreased this year compared to last year. Comparing December 2016 to December 2017,

Ouellette saw a reduction from 29.8 hours to 20.7 hours (9.1 hour improvement) and Met saw a reduction from 29.3 hours to 14.7 hours (14.6 hour improvement).



From fiscal year 16-17 to fiscal year-to-date 17-18, there has been a reduction in the time a patient spends in the ED: from the time a decision is made to admit to the time they are in an inpatient bed. As of December, the time it takes 9 of 10 patients to reach an inpatient bed after the decision to admit is made has dropped from 22.4h to 5.1h at the Met Campus and from 22.2h to 8.2 h at the Ouellette Campus.



Below are the patient flow metrics for the week of February 5, 2018.

Patient Flow Metrics Report - Medicine Only

For week of Feb 5th 2018 - Feb 11th 2018

				Met Campus			Ouellette Campus		
Metric	FY 16/17	Goal	Target	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)
Admit to Bed Times (in hours)*	11.0	0	5.5	3.4	4.9	3.6	5.6	6.3	5.9
# of Patients Beyond EDD by 5 Days or More (avg per day)**	N/A	0	0	46 out of 122	47 out of 122	38 out of 122	39 out of 106	34 out of 106	34 out of 106
# of Patients Admitted Off Service (total for the week)	38	0	0	10	17	4	15	11	3
# of ALC patients (avg per day - 2N ALC patients in brackets)	M:18 O:30	0	M:18 O:26	13	14	13	6 (22)	5 (21)	21
# of Admit No Beds (avg at 7am)	M:8 O:16	0	0	1	3	2	3	4	3
Discharge by 11:00	M:31% O:16%	32%	32%	29%	28%	26%	14%	17%	16%
Discharge by 14:00	M:72% O:54%	70%	70%	63%	65%	66%	62%	64%	57%
Weekend Discharges (avg # discharged on: weekdays/Saturday/Sunday)	M:13/7/6 O:13/8/6			15.8 / 3 / 9	14.1 / 5.5 / 9.5	14.1 / 6.7 / 8.2	16.8 / 7 / 7	17.6 / 7.0 / 6.3	16.2 / 9.1 / 7.3
# of Patients to Assessment Bays (medicine only)	N/A	100%	100%	67 out of 70	268 out of 283	1119 out of 1179	44 out of 47	222 out of 236	777 out of 835

**This metric measures how long a patient waits from the time the decision-to-admit is made in the Emergency Dept to the time the patient reaches the bed. This includes bed cleaning and availability.*

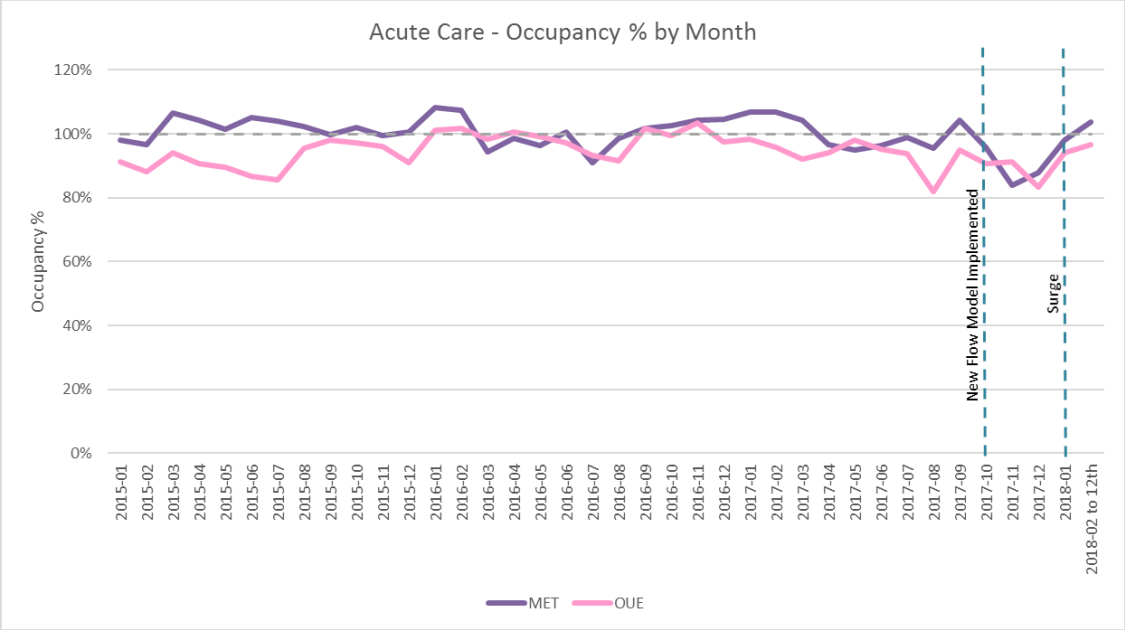
***The 4Medical floor at Ouellette is omitted from this metric*

The effective creation and use of "assessment bays" at each campus facilitate this quicker "pull" of patients from the ED. Since we have approximately only 20% private rooms between the two campuses, the use of assessment bays affords the "pulling" approach as soon as the patient is admitted. A great video showing what happens once a patient is admitted from our EDs when we only have 20% private rooms can be found at https://youtu.be/BY5mFz0HKVk.

Again, by using assessment bays, patients are pulled from the ED faster, without having to wait for all the "moves to occur" that are described in the video. This creates needed capacity in the ED and provides the patient a better overall experience. A patient's stay in an assessment bay should not exceed 24 hours. Within that time period, the necessary accommodations outlined in the video can occur.

Effective systems should be designed to withstand pressures when it is overburdened. The patient flow teams will continue to look at improvements and processes and continue to identify strategies to ensure they remain effective during these challenging times.

After the roll-out of the Patient Flow Improvement Model in October 2017, Ouellette and Met Med-Surg-Critical Care occupancy dipped to a low of 83%. From October 2017 to December 2017, occupancy ranged from a low of 83% to 91% at Ouellette, and 84% to 96% at Met. In January 2018, occupancy rates at OUE and Met exceeded 105%. Once we are through this surge period, I expect to return to the activity we experienced in November and December 2017 and see some amazing results on census, patient flow and outcomes. Stay tuned.



Next on the list will be the surgical program. The Patient Flow Improvement Program will be examining historical data to project the needs of the program at both campuses to accommodate both surgical patients from the emergency department and those prescheduled/elective needs.

The future looks very bright for our patients and community thanks to all of you! Congrats!