

Reflection

In 2007, prior to my role as Stroke Resource Nurse, I worked as a staff nurse caring for medical patients. I was recruited at that time to be a part of the process improvement team within our unit. Using LEAN methodologies we were able to make process changes in charting and improve patient flow not only within our unit but also the organization. I was also asked to participate in the green belt certification program and I was once again looking forward to being involved in the change process within our organization.

Participating in the development of the QBP pathways, order sets, and “We Care” mobile app for Stroke patients has been rewarding. As a green belt, I worked closely with the SOP team, yellow belt, and the project sponsor. This project allowed me to once again develop positive process changes for our patients from the ground up relating to my topic of passion, Stroke. Admittedly there were some fears surrounding roll out to front line staff; however, having invited front line staff to the development meetings, keeping them updated as the process grew, and getting real time feedback of draft documents did put some of those fears aside. Staff embraced the changes and by keeping them involved they felt ownership over the changes. Prior to our development and roll out, much of our discussion regarding patient stays and meeting length of stays didn’t exist. Now 5 months later, our daily rounds includes discussion of day of hospitalization, discharge destination, and discharge barriers.

Patients and families are feeling more involved, and armed with knowledge, therefore, feeling empowered in making decisions for themselves or their loved ones. Overall I believe that this work has truly focused the care of our patients in order to provide the best care we can and ultimately work towards the goal of transitioning the patient from acute care to their next destination.



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Command Centre is Helping Patients Flow Through the System

Met Command Centre Team



Ouellette Command Centre Team



When the Patient Flow Improvement Team launched the Command Centres at each campus 5 months ago, they knew it would make a positive impact on our patients. It was clear that focusing on placing the patient on the correct unit and bed in a more timely way was the right thing to do. At the time, the team also thought that these clear, standard, transparent processes would also help our patients in time of surge (example: flu season) – but we now know for certain the impact the Command Centre has made over the last few challenging months.

In David Musy’s most recent report to the Board, he stated “WRH admitted 295 more patients compared to the same time period last year” (Dec 2017 / Jan 2018). This year, however, the challenges have mostly been circumvented as clear processes have been established for flowing our patients to the correct location in a timely manner.

Despite increases in volume, the Command Centre has been the central hub of the process ensuring patients have reduced waits in the Emergency Department (Admit no Beds at 7am have reduced by 70%), and the time taken from the ED Decision to Admit to bringing a patient up to the inpatient floor has been reduced at both Met/Ouellette by 60% and 20% respectively.

Thank you to the Met and Ouellette Command Centre teams! Our patients appreciate all of the hard work you do to keep patient flow moving!

QBP Pathway Program Improving Patient Care

Over the last year, a great deal of hard work has taken place to create clinical standards and patient information material as part of the Quality Based Procedures Pathway Improvement Program.

Eight months after implementing the first wave of conditions, the winners are our patients.

The QBP Pathway Program focuses on providing best practice care and communications for patients with specific conditions. Patients experiencing COPD, Pneumonia, Heart Failure, Hip Fracture, Ischemic Stroke, TIAs, Hemorrhagic Stroke, Knee Replacement and Hip Replacements are benefiting from this program. Order Sets, Clinical Pathways, Patient Experience Pathways and the new WRH My Care Journey App are used as part of each patient's pathway to drive standardized care and communicate at the bedside.

Some highlights from the QBP program include:

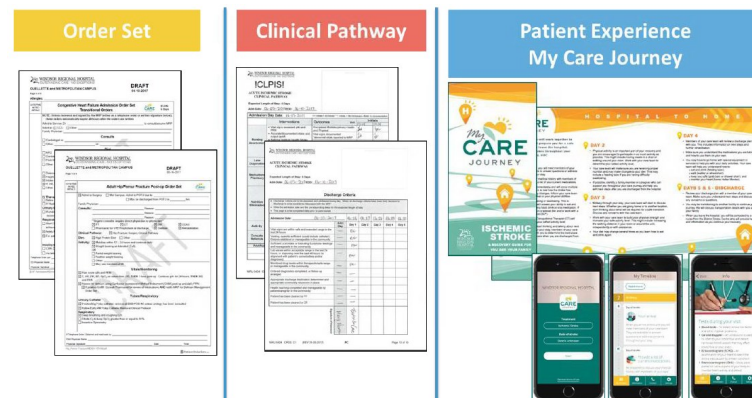
Over 1,000 patients, visitors and staff have downloaded the WRH My Care Journey app. This helps our patients know what to expect in the hospital, understand next steps, and play a more active role in treatment.

Nearly 100% of patients admitted with a Stroke, Hip Fracture, Hip Replacement or Knee Replacement are benefitting from best practice medical treatment found in newly implemented Order Sets (evidence-based orders from physicians that standardize diagnosis and treatment). Order Set usage for medical conditions are 3 times more than before implementation.

COPD, Pneumonia, and Hip Fracture patients are leaving the hospital 1 day earlier compared to this time last year.

Patients continue to share positive feedback about their care and communication. One patient shared that the mobile app answered questions he did not even think about asking. Another family member prepared the day before for the physiotherapy visit so they and the patient could more fully participate in post-operative exercises.

Cross-functional teams are meeting weekly to continue to review patient outcomes and process measures to ensure this program is sustained and integrated with the other SOP program, like Patient Flow and Standard Unit.



Mobility, the 9th Standard Unit Bundle- Movement Matters

Mobility is an essential life skill, but it can be easily compromised by even brief periods of immobilization and as early as after 2 days of hospitalization. It is estimated that every day of immobility results in a 5% loss of muscle strength! Optimizing patient mobility through early assessment and early mobilization interventions is known to reduce three serious complications that especially affect elderly patients: delirium, functional decline and falls. Poor or no mobility has a negative impact on patients resulting in deconditioning, longer lengths of stay, and poor patient experiences.

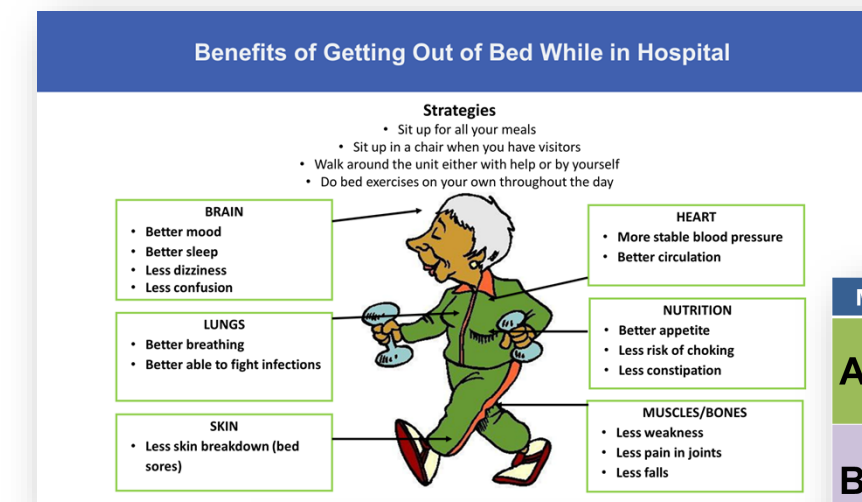
Recognizing this, WRH is committed to improve current practices through a multidisciplinary "Mobility Team" in partnership with Ontario's Mobilization of Vulnerable Elders (MOVE) initiative. Units will soon be able to incorporate Mobility as the 9th standardized bundle.

This bundle will be launched as a pilot project on 5E at Ouellette campus and 4N at Met campus over the month of April. Once these best practice methods are tested, they will be expanded to the medicine/surgical team.

The mobility bundle will help to ensure that patients are:

- ◆ On admission, assessed by the nurse to determine their level of mobility (A, B, or C) and determine if physiotherapy is required – see the diagram below which describes the different mobility levels; and
- ◆ Mobilized on a regular basis by members of the multidisciplinary team to prevent deconditioning and improve patient outcomes.

The WRH Mobility Standard Unit Bundle is one more best practice initiative introduced by WRH to ensure that our patients are provided outstanding care.



Mobility Level (A, B, C)	You are encouraged to...
A	<p>Able to Ambulate</p> <ul style="list-style-type: none"> • Get up and move 3 times or more a day. • Ask for assistance if needed
B	<p>Bed to Chair Transfers</p> <ul style="list-style-type: none"> • Sit up in the chair 3 times per day, for example at meal time • Use the commode chair if able • Exercise in bed
C	<p>Cannot stand to transfer</p> <ul style="list-style-type: none"> • Sit upright for meals • Be as active as possible in bed (personal hygiene, turning, self-feeding) • Active and passive exercises in bed • Mechanical lift to chair daily

