

Windsor Regional Hospital Supports Students

Schulich Students

WRH is working with two groups of second year students from the Schulich School of Medicine & Dentistry, Windsor Campus, who are working on process improvement projects as part of their course requirements. One group is working on a project related to Quality Based Procedures (QBP). They will be examining strategies for improving physician adoption of order sets and measuring the impact of pathway documents on length of stay. The second group of medical students is focused on the Patient Flow Improvement Program. They will be examining the impact of the assessment bays on clinical indicators and patient outcomes including length of stay, readmission rates, and discharge rates.



Anna Mullins, MBA Student

Each year, Windsor Regional Hospital provides guidance and mentorship to students who are enrolled in a variety of academic programs. This is part of our commitment to life-long learning and investment in our community.

Anna Mullins, a student in the MBA program at the University of Windsor, recently completed her placement with the SOP team. In the following paragraphs, she reflects on what she has learned working with the SOP teams and at WRH.

During my time with the WRH Standardization & Optimization Process Team, I had the privilege of being a part of some truly special projects and initiatives at WRH. I assisted in the Patient Flow project which opened my eyes to how important every step of a patient's journey is to their recovery and how committed WRH employees are to ensuring the patients are receiving outstanding care every step of the way. The participation and buy in on this initiative from all levels of the organization, frontline staff to executives was truly amazing.

I leave knowing a little bit more about the healthcare industry and WRH thanks to everyone who helped me along the way and made this experience so rewarding.

I also had the pleasure of assisting the Standard Unit team in 5S events on both Mental Health and ICU at the Ouellette campus. It was amazing to see how committed the frontline staff were to creating a better more efficient workspace for themselves and their coworkers. WRH is truly a forward thinking, innovative organization that is committed to delivering outstanding patient care and I am honoured to have been given this opportunity to be a part of it.

SOP Project Lead Contacts:

Standard Unit

Medicine & Surgery
Jeff Geml & Irene Vermeij

Emergency Department
Theresa Morris

Mental Health
Jonathan Foster

Critical Care
Kristin Kennedy

Safe Medication Bundles
Charlene Haluk-McMahon & Antoinette Duronio

Quality Based Procedures

COPD & Pneumonia
Irene Vermeij

Congestive Heart Failure
Kristin Kennedy

Stroke (Ischemic, Hemorrhagic & TIA)
Linda Truong

Hip Fracture & Joint Replacement
Monika Marshall

Patient Flow

Command Center
Gina Bulcke

Unit Flow
Theresa Morris

Physician Advisors

Dr. Elaine Stresman
Dr. Rob Seski
Dr. Andrew Petrakos

the Standard



In the Command Centers at each campus, decisions about patient flow are made together and issues are escalated frequently, to avoid delays in patient care. ABOVE: Gina Stefina, Command Centre Clerk (Left) and (Right) Sandi Yott, Command Centre Clerk, Marie Lachappelle, Patient Flow Manager and Kathy Koutelas, Utilization Nurse

Patient Flow Improvement Program

Early results show positive changes for medicine patients

On October 23rd, Windsor Regional Hospital officially launched the Patient Flow Improvement Program. The initial focus is on providing seamless care for patients who are admitted to the Medicine Program. Medicine patients represent the majority of patients admitted from the Emergency Department (ED).

There are several key improvements that were launched to improve patient flow. One of these innovative improvements is the Command Centre. The Command Centre at each campus acts as the central hub for system communication, escalation, and operational decision-making. By centralizing decision-making, WRH aims to improve the flow of patients through the hospital.

One of the goals of the program is to ensure that patients are placed on units that are best suited to meet their needs. In the past, because of poor patient flow, patients were often placed "off service", not on the right unit and often moved several times. Last year, there was an average of 38 patients on the incorrect unit every day. Three weeks after the launch of the command centres, this has decreased to an average of only 2 patients on the incorrect unit each day.

"It's working," says Met Campus Patient Flow Manager Marie Lachappelle, "everything is at our fingertips so we can get on top of any issue right away."

Continued on page 2 →

Patient Flow Improvement Program (Continued)

Marie attributes the success of the Command Centre to streamlined communication, centralized decision making, and a strong team. "You wouldn't fly a plane without air traffic control, so it makes sense to manage patient flow the same way. Having people from every department in here several times a day allows us to eliminate barriers for our patients immediately."

Kathy Koutelas, Utilization Nurse in the Command Centre, explains how a trip to the United Kingdom influenced WRH. She was one of the employees who visited Ipswich Hospital in the UK to see their Command Centre and how they addressed patient flow issues. "England gave our patient flow team the blueprint. We made it work for us and for our community." Sandi Yott, Command Centre

Clerk, explains the importance of teamwork, "It takes a team to be successful. We are a team that cares about patients so we are motivated to fix problems that come up for them."

The teams recognize that there are still growing pains that come along with any new endeavor. The Patient Flow Improvement Team will be focusing on solidifying the standard work for each role in the patient flow project and managing "drift," which is the tendency for people to return to old habits after a change takes effect. "We are still working out some kinks, but everyone is noticing the improvement," Marie adds.

The positive results are hard to ignore! Take a look at the preliminary results below.

For week of November 20, 2017

Metric	FY 16/17	Goal	Target	Met	Ouellette
Admit to Bed Times (in hours)*	11.0	0	5.5	2.8	7.1
# of Patients Beyond EDD by 5 Days or More (avg per day)**	N/A	0	0	36 out of 122	30 out of 106
# of Off Service Patients (avg per day)	38	0	0	0	0
# of ALC patients (avg per day - 2N ALC patients in brackets)	M:18 O:30	0	M:18 O:26	13	11 (10)
# of Admit No Beds (avg at 7am)	M:8 O:16	0	0	2	4
Discharge by 11:00	M:31% O:19%	32%	32%	23%	15%
Discharge by 14:00	M:71% O:61%	70%	70%	69%	60%
Weekend Discharges (avg # discharged on weekdays / avg # discharged on weekends)	20%	29%	29%	14.4 / 7.0	16.8 / 11.0
# of Patients to Assessment Bays (medicine only)	N/A	100%	100%	57 out of 72	36 out of 38

*This metric measures how long a patient waits from the time the decision-to-admit is made in the ED to the time the patient reaches the bed. This includes bed cleaning and availability. **4 Medical at Ouellette is omitted from this metric.

Launching the new WRH My Care Journey mobile app: Helpful information and recovery guides for patients and families

Giving patients and their family members the right information at the right time, in the palm of their hands, is the goal of the new mobile app now available from Windsor Regional Hospital. Available in the Apple App Store and the Google Play Store, patient and family members can download the **WRH My Care Journey** mobile app to learn more about what to expect while in the hospital.

As part of the soft launch, 90 front-line staff learned about the benefits of the app for our patients and downloaded the app to see for themselves. These App Champions are located across medical and surgical units at both campuses and are sharing details and uses of the app with their co-workers. The internal promotion includes posters, post-cards and other ads on the in-patient units. In January 2018, the app will be promoted more widely and include 5 conditions: COPD, Congestive Heart Failure, Pneumonia, Ischemic Stroke, and Hip Fracture. Soon, more conditions will be added including Hemorrhagic and TIA Strokes, elective Hip and Knee replacements and Knee Arthroscopy.

Download the mobile app now, and remember to share details of the app with every patient and their family members.

Ask the App Champion on your unit for more information or email app@wrh.on.ca.



Model of Care and Standard Unit — Wave Two Launch In Progress

In June of 2016, WRH launched its new Model of Care program. Starting in the Medical and Surgical programs, it included an improved philosophy that allows nurses, both RNs and RPNs, to focus on a patient-centered partnership of care. During this time, the hospital also launched best practice bundles (the Standard Unit.) These bundles provide a structured approach to organizing and delivering nursing care to patients. They define how care is provided to every patient, every day, on every medicine and surgical unit.

The program is now being expanded to a second wave of programs including Mental Health, Critical Care, and the Emergency Departments. Staff from these programs are receiving Model of Care training to learn the Model of Care philosophy and specifics of each Standard Unit bundle. About 640 staff members from the Medicine and Surgical programs have attended the training sessions which are led by WRH VPs.

Wave 2 staff have also been working to develop their own bundles following the best practice structure provided by their



Wave 1 colleagues. While there may be some modifications needed to meet the needs of their specific patient populations, the development of bundles in these three additional program areas will expand the ability of WRH to provide Outstanding Care - No Exceptions!

MEASURING SUCCESS: Each month, patient outcome indicators related to the work done through model of care and standard unit are presented to the Quality of Care Committee. The Corporate Quality scorecard as seen below, allows us to measure our progress and continue working toward safer and effective patient care.

