

News from WAVE 2 Standard Units

The Wave 2 Standard Units in Mental Health, Critical Care, and Emergency have been very busy this fall developing their standard unit bundles for implementation. One of the first bundles to help set the foundation for all other work is the “5S” event. During these events teams *Sort, Set, Shine, Standardize, and Sustain* work spaces so staff spend less time bogged down in clutter and more time with patients.

The Emergency Departments held very successful 5S events in September.

The leadership team supported both sites in identifying many opportunities to standardize work thanks to the feedback from frontline staff. One of the most significant gains was the use of the main storage room at the Ouellette Campus.

Once a room full of supplies where staff spent a lot of time searching for items, is now an area streamlined to quickly find what’s needed. A dedicated area created to store patient belongings was especially helpful!

Met 5S– Before & After



“The storage room looks great! There is no more clutter and now you can walk in and immediately find what you are looking for.” Mark Dowhan, RN

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PROVIDING TIMELY CARE FOR MEDICINE PATIENTS: For the past several months, the patient flow project teams have been working at laying the important foundation for improving patient flow for medicine patients. They have been mapping, shadowing, investigating, data crunching, and learning about how patients move through the hospital system. They have identified and implemented “quick wins” that removed some of the immediate barriers to effective patient flow. A group of team members also traveled to Ipswich, England to see best practices that have improved patient flow and the patient experience.

THE PATIENT FLOW PROJECT COMMITMENT: “I WILL NOT WASTE A DAY OF YOUR LIFE”

The evidence that WRH needed to improve patient flow was compelling: On average, medicine patients are staying one day longer than expected. Improving discharge means they will get home to their families and homes sooner. While improvements have been made, patients admitted to the medicine program still stay an average of 20 hours in the Emergency Department (ED) waiting for a bed.

In addition, patients are being admitted to units that are not best suited to meet their needs. This can result in multiple

bed transfers. And finally, discharge rates are 30% less on weekends than during weekdays. The time for change is now.

Every day is valuable to the patient and their loved ones. A hospital stay is only one part of the life journey and we want to make sure that we provide meaningful care each and every day, and not cause delays or barriers that prevent people from returning to their homes and families. “I will not waste a day of your life”. Our best practice strategies to improve patient flow in the medicine program

were launched at both Met and Ouellette Campuses on Monday, October 23, 2017 and highlighted below.

Bed Allocation: Queuing and simulation techniques were used to determine the correct number of beds needed on every inpatient medicine unit. The appropriate number of beds was added to the unit and all medicine patients are admitted to the correct unit. This ensures Right Service, Right Unit, Right Bed – the first time to avoid patient bed transfers.

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Patient Flow Project - continued from pg. 1

Pulling Patients from the ED - Assessment Bays: Every admitted medicine patient is brought from the ED to an assessment bay on the appropriate medicine unit and that is where the patient receives care from the medical team focused on immediate issues. Patients remain in the assessment bay for no longer than 24 hours, during which time the decision is made whether to discharge them or move them to an inpatient bed.

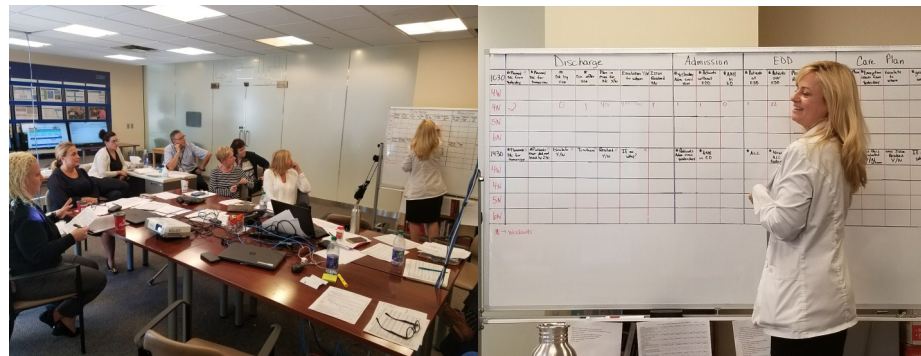
Daily Care Rounds – Grey to Blue Days: We will add value every day during a patient’s length of stay. Daily care rounds continue with greater physician involvement and more focus on plan of care and removing barriers to discharge. When we add value through a planned intervention, we change the patient status on the Care Round board from a grey day to a bright blue day.

Command Centre: Each campus now has a Command Centre. It is the central hub for program and system communication, escalation, and operational decision-making. The Command Centre is open 24 hours a day, 7 days a week, and will be the location for several huddles with different care team members. The huddles focus on removing both barriers for individual patient care and systems barriers that impact patient

flow. These innovative strategies could never have been possible without the assistance and hard work of many. The patient flow project teams have been working for months to set the stage for these improvements. The efforts of those that have resulted in significant, and sustained, decreases in the number of Alternative Level of Care (ALC) patients at both campuses have allowed for changes in bed allocation so acute care patients can be placed on the right unit.

The WRH Board of Directors has been extremely supportive and forward thinking by approving the reallocation of funds shifting from overflow and intake beds to the addition of permanent acute care beds in the medicine program.

Please see more info on each of these initiatives on pg. 3 →



Huddle Time: Rehearsing the huddle before going live from the command centre.

DOWNLOAD TODAY: WRH My Care Journey Mobile App

Now available for download in the Apple App Store and the Google Play store is the **WRH My Care Journey App**, a recovery guide for patients and their family. This app provides useful information about the patient’s condition, a daily guide to what patients can expect while in the hospital and tips to prepare them for next steps after leaving the hospital.

The app is designed for patients as well as those caregivers who are supporting patients throughout their recovery.

As part of our internal launch, “app champions” from the medical and surgical units will receive training and bring this exciting new tool back to their units to promote with their patients and family members.

For more information about implementation, visit <http://www.WRHow.ca>

Stay tuned for more launch activities!



Now includes daily recovery guides for patients with:
Congestive Heart Failure, Ischemic Stroke,
Hip Fracture, Pneumonia & COPD

Download the WRH My Care Journey app for free!



Bed Allocation and Assessment Bays: Right Service, Right Unit, Right Bed

From a patient’s perspective, being in a bed on the “wrong” unit and transferred several times can be more than unsettling. Recent research found that being an off-unit patient increased the risk-adjusted in-hospital mortality by over 40%. Fifty per cent of deaths in the off-unit group occurred within 48 hours of admission. Keeping admitted patients in the ED for an extended length of time may also compromise their safety and outcomes.

Two best practice initiatives have been launched to combat both these issues. Leadership worked for several months using queuing and simulation techniques to determine the required number of beds needed on each medicine unit for optimal patient flow. They also identified a select number of beds on each unit at both campuses to be used as assessment bays.

Now, every patient admitted as an inpatient will immediately go to an assessment bay on the appropriate unit so the medical team can focus on issues and better address their care needs. Patients will stay in the assessment bays for a maximum of 24 hours, during which time the decision will be made if they will be discharged from the assessment bay or moved to an inpatient bed.

It’s about the patient experience – keeping them safe and maximizing their care during the time they will spend in hospital. Pulling patients from the ED to an assessment bay will allow for better flow in the ED, minimize the patients’ wait times in ED and get them to the right service on the right unit immediately.

Grey to Blue Days: Adding Value Every Day During A Patient’s Stay

When the WRH group went to England on a site visit, they were struck by two important concepts. One was the patient-centered focus that promised patients: “I will not waste a day of your life”. Patients stay in hospital expecting that there will be relevant actions each and every day that will improve their health or get them closer to discharge and back home to their families. Every day is valuable. As care providers we cannot waste a day of their lives. This also aligns with our vision of Outstanding Care, No Exceptions!

The other best practice was the concept of Red2Green days. Since red and green colours already have a different meaning at WRH we have modified that concept to Grey to Blue Days. When we provide value to the patient by completing

interventions based on their plan of care it moves them closer to discharge and moves their status from grey (day of no value) to blue (a day of value). No Exceptions. Tracking of grey to blue days will happen during the daily Care Rounds. Care Rounds happen every day on each medicine unit. During Rounds the care providers review the expected date of discharge, plan of care for that day and the action plans for removing barriers to discharge. When we do activities and remove barriers, then the patient’s status moves from grey to blue on the Care Round Board.

Tracking grey to blue days will be a highly visual way of monitoring whether we are providing timely and meaningful care and adding value to the patient’s care journey, every day, no exceptions.

Command Centre – It’s all about Communication

The Command Centre is another best practice component that is established as part of the Patient Flow Improvement Program initiative. There is a Command Centre at both campuses – in the SOP office at Met (first floor by the escalators) and in the boardroom at Ouellette (first floor in the Admin. Hallway).

The Command Centre is the central hub for all communication, escalation and operational decision-making. It will be staffed by an Admitting Clerk and a Nurse, who will provide clinical guid-

ance for proper placement of patients. It will operate 7 days a week to provide continuity and consistency. Huddles will be held several times a day. Unit Patient Flow Huddles focus on immediately escalating and removing barriers to individual patient care. Systems Huddles focus on systems issues that impact patient flow. The technology in the Command Centre will evolve, but right now it is a very effective and visual way to see what is happening throughout the hospital.