

the Standard



Reducing ED Wait Times with Assessment Bays

October of 2017 marked the launch of the Windsor Regional Hospital Patient Flow Project. With a commitment to patients that “we will not waste a day of your life,” the Patient Flow Team embarked on a journey to ensure that admitted medicine patients receive the care they need each day of their hospital stay and are given *Outstanding Care, No Exceptions!*

Most patients enter the hospital system through the Emergency Department (ED). This entry point was identified as a critical component of the patient journey. So the process was re-designed to better support this part of the journey and ensure that admitted Medicine patients get the right care, in the right place, as quickly as possible.

Prior to the Patient Flow Project, admitted medicine patients were waiting in the Emergency Department (ED) for an average of 11 hours before being transferred to an inpatient unit. This is not ideal for the patients who require timely access to diagnostics and treatment focused on their specific conditions. Having these

patients held up in the ED also puts pressure on the system and increases ED wait times for everyone.

To improve the flow of these patients, WRH created Assessment Bays - designated rooms on the appropriate Medicine Units that serve

tests of change based on best practice and continuing to monitor outcomes. The results have been a consistent improvement in several patient outcomes.

The wait time in ED at Met campus has been reduced from 11 hours to 3.8 hours, a 65% reduction.

There has been a 35% decrease in ED wait time at the Ouellette Campus; admitted medicine patients now wait an average of 7.1 hours.

In addition, the number of patients that are admitted “off service”, that is to units that are not best suited to meet their medical needs, has decreased dramatically.

Prior to this project, an average of 38 patients were admitted to off-service areas each week. Now the number at each campus is consistently less than 5 per week. This improves the care we provided to patients by

getting them the right care, in the right place, the right time immediately.



Admitted medicine patients used to wait in the ED for an average of 11 hours for a bed,. Thanks to the work of the Patient Flow team, that time has been significantly reduced.

as an extension of the ED, allowing for diagnosis confirmation, care plan development, and the front loading of tests and diagnostics.

The Patient Flow Project continues to improve both flow and the patient experience by implementing small

UPDATE: Mobility, the 9th Standard Unit Bundle, *Movement Matters*

Since April of this year WRH has embarked on an ambitious journey to greatly improve current practices surrounding the mobilization of patients. The multidisciplinary “Mobility Team” worked with a coach from Ontario’s Mobilization of Vulnerable Elders (MOVE) initiative to pilot, then fully implement and integrate Mobility as the 9th standardized bundle within the medical/surgical units at both Met and Ouellette campuses.

Mobilization is known to prevent three serious complications of hospitalization that affect older people: delirium, functional decline and falls. The ability to reference common tools to classify the mobility level of a patient provides more clarity to the care team about how to best achieve daily and progressive mobility goals suited to the patient’s needs.

Patient Brigida Califano shares that it is her responsibility to be motivated to get out of bed to get stronger. Having someone like Tara helping her walk around the unit builds up her strength and independence. “When I first came to the hospital I wasn’t confident to walk alone but now I am gaining confidence.”

Padma Ravi, a frontline RN who has been a very active member of the Mobility Team, shares her experiences on her medical unit with the rollout of Standard Unit’s 9th Bundle focused on mobility, “Movement Matters”:

“This bundle has been a learning curve. Following the roll out of the bundle nurses are more prompt to address the mobility needs of the patient. The Mobility bundle has reinforced the importance of movement in every patient’s plan of care. The lack of mobilization in hospital has been brought to the forefront. Nurses are responsible for the initial mobility assessment of their patients. By making a proper assessment nurses make appropriate referrals to Physio



Patient, Brigida Califano, Tara Corra-Pella, Ambulation Assistant

and Occupational Therapists, freeing the therapists up for the patients that really require their services.”

Padma also shares that the staff are engaged and are familiar with the mobility level terminology of A, B, C, which represents the ability of patients to move around on their own or with assistance. This terminology is used when staff attend Care Rounds and when providing shift to shift report.

There are many benefits to this program for the patient. Padma says, “I feel comfortable in identifying the mobility level as an A, B or C and incorporating

mobility in my care plan. I am able to work with families and include them in their loved ones' care. It is especially beneficial for someone who is able to walk and has behavioral issues. Ambulating on the unit keeps them active and in some cases we are using less sedatives as they tend to calm down and even sleep better."

She continues, "An elderly wife of one of my patients was ecstatic to see her husband up walking. She said that was his normal activity level and she was thankful that he was able to walk to get back home with her."

"...Ambulating on the unit keeps them active and in some cases we are using less sedatives as they tend to calm down and even sleep better." - Padma Ravi, RN

Kuljeet Kalsi, RN who is also on the Mobility Team and helped implement the bundle to other units shares his thoughts:

"As nurses we are taught to use our critical thinking when taking care of our patients, but sometimes we forget the basics of our fundamental nursing. Patients feel more energized when they mobilize more and it

"When I first came to the hospital I wasn't confident to walk alone but now I am gaining confidence."
Brigida Califano, Patient

acts as a catalyst in their healing process. The Mobility bundle is a best practice bundle to ensure and enforce that our patients are mobilizing or having active range of motion done every day to prevent pressure ulcers, pneumonia, depression, and delay in their discharge. I feel that very soon all of the interdisciplinary teams at the hospital will be speaking the same language of mobility bundle "A, B, C" and we would see a decrease in patients' length of stay and a decrease in hospital acquired pressure ulcers."

Ambulation Assistants work in collaboration with the nurse. Tara Corra-Pella shares:

"The mobility initiative is an excellent program that focuses on the importance of preventing deconditioning for all patients at Windsor Regional Hospital. This program uses a team work approach. As an ambulation assistant it is very rewarding to be part of a program that provides an opportunity for patients to maintain or strengthen their abilities and gives them confidence to reach successful outcomes."



QBP Stroke Experience

Since implementation of Wave 1 and 2 QBP (Quality Based Procedure) Bundles there has been great feedback from patients, their families, nursing staff and physicians on the improvement of patient care. Each QBP Bundle includes best practice physician Order Sets, standardized care plans (Clinical Pathways), and day-by-day guides for patients and their families, (Patient Experience Pathways). The QBPs completed to date include

Ischemic Stroke, Congestive Heart Failure, Hip Fracture, Chronic Obstructive Pulmonary Disorder (COPD), Community Acquired Pneumonia, Hip Replacement, Knee Replacement, Bilateral Joint Replacement, Knee Arthroscopy, Hemorrhagic Stroke and Trans-Ischemic Attack (TIA).

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QBP Stroke Experience Continued ...

The evidence based physician order sets ensure each patient admitted in with a QBP condition gets the same, optimal care. Dr. Elaine Stresman, Hospitalist, says, “The implementation of QBP bundles has benefitted the patients because we have been able to streamline the processes which enables patients to have the best care possible in a timely manner.” **Since implementation, the readmission rate of discharged patients with ischemic stroke has decreased from 4% of patients being readmitted within 7 days to 3.13% of patients.**

The QBP Clinical Pathways are diagnosis-specific guides to care that nursing staff follow daily. Aimee, an RPN on the stroke unit at Ouellette campus, has seen some great benefits. “It is a good tool for nurses to map out how our days go and what needs to be done. Sometimes with comorbidities we don’t always know how to gauge the expected progress of the patient. The Clinical Pathway helps to eliminate that issue and ensures patients are meeting their goals. Since I mostly see stroke patients, when a patient is admitted to my floor with a different QBP diagnosis that I am not as familiar with, for example Pneumonia, it is very helpful to be able to follow the Clinical Pathway and ensure that the patient is getting the best care possible.”

Aimee adds, “With the Patient Experience Pathway, patients know what is happening to them, where they are in their journey and the daily goals they need to achieve.” The Patient Experience Pathway includes a brochure, as well as the WRH My Care Journey Mobile App. “For patients and their families it is nice that the app and brochure are in patient friendly language so they can better understand the clinical language in laymen’s terms.”

Helen, a stroke patient, found the Patient Experience brochure helpful throughout her stay. “It has everything that needs to be done for me and has been a good way to follow each day and know what to expect. It also has allowed me to know when I am going home.”

The QBP teams are currently working on Order Sets, Clinical Pathways and Patient Experience Pathways for four more QBP conditions, including breast cancer surgery, cancer related hysterectomies, cancer related prostatectomies and reverse and total shoulder surgery.

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