IN ROOM PATIENT WHITE BOARDS – Our patients' perspectives

This week's focus on In Room Patient Whiteboards honours former WRH patient and Windsor Star journalist, Ted Whipp who passed away August 5th from cancer. Ted and his wife, Karen, often shared their experiences from a patient and family perspective to help us achieve our vision of *Outstanding Care – No Exceptions!*

Communication was a focus of many of Ted's presentations to WRH teams which helped validate the need to incorporate and expand the use of in room whiteboards as a standard unit "bundle". Whiteboards are now in use on med/surg, critical care, and emergency departments. The Mental Health program will be installing their whiteboards very soon. Ted wanted to express that care providers ensure patients don't feel like strangers and understand how important it is for patients and their families to know what's going on. The whiteboard in Ted's room gave him hope when he saw what was planned.
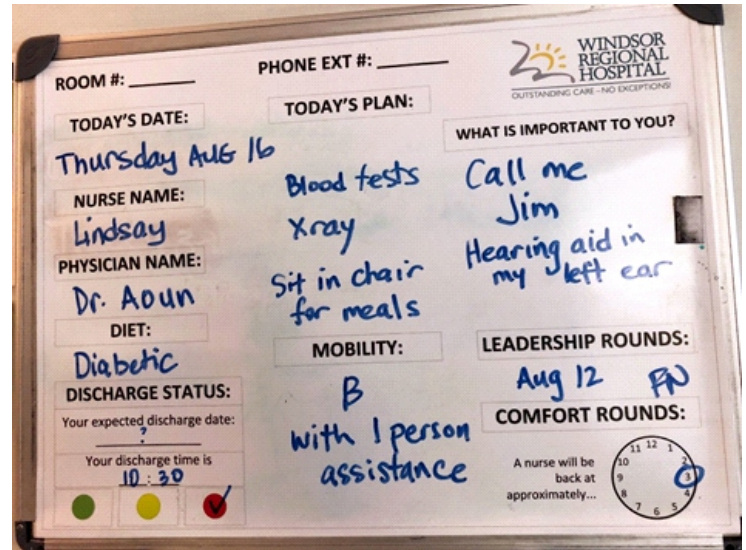
An example of an In Room Patient Whiteboard completed in terms that patients can easily understand

Some recent feedback from patients about their whiteboards:
- *"They're pretty straight forward to understand. It helps me to know today's date, my Doctor's name and my nurse's name. There are a lot of people who see me every day"*
- *"I want to know what's happening to me today so I can explain to my family what tests I had done"*
- *"I got a little scared when the nurse check-marked the red circle on my board instead of the green one. It didn't seem like that was a good thing. I still don't know what it means"*
- *"Some of the things are written in short form and I have no idea what it means so I can't explain it to my family"*
- *"The Phyisotherapist wrote down the exercises I had to do on the board and it's really helpful"*
- *"Tell the staff to make sure we can read what they write, sometimes if they use the side of the marker the letters are too thin, it's hard to read from far away"*

Whiteboards are one of the primary tools to let patients know about their plan of care so it's important that the messages on them are phrased in patient-friendly terms and not with medical abbreviations. Unit managers take the opportunity to talk with patients during Leadership Rounds and reference the whiteboards to ensure the patients are true partners in their care.

Continuing Care in Long Term Care Homes for QBP Patients

The QBP COPD, CHF and Pneumonia teams are working closely with the WRH Nurse Practitioner Led Outreach Team (NLOT) to reduce patients being readmitted to hospital after they are discharged to Long Term Care Homes (LTC). All patients who have been diagnosed with COPD, CHF or Pneumonia and are being discharged to a LTC Home will be referred to the NLOTs by the Utilization Nurses to be followed in the LTC home. This new process will be tested starting on Monday August 20th for two weeks on 7 Medical at Ouellette Campus and 4 North at Met Campus. The hope is to create a more seamless communication between the Inpatient Care teams and the NLOTs seeing the patients in the LTC Homes and ultimately reduce readmissions and ensure quality patient care. Stay tuned for implementation on other medicine units!

Patient Flow Metrics Report - Medicine Only

Reporting for the week of August 03, 2018 - August 09, 2018

Metric	Admission (A) Discharge (D) Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD July 1st- 31st)
					This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	Improvement Since Launch for June
Admit to Bed Times (in hours)*	A - Janice N	11.0	0	M: 3 O: 5	3.4	2.7	3.8	7.9	5.7	7.0	Admitted patients wait 5.2 hours less for an inpatient bed
# of Patients Beyond EDD by 5 Days or More (avg. per day)+	D - Michele/Marie	N/A	0	24%	43 out of 122 (35%)	35 out of 122 (29%)	34 out of 122 (28%)	48 out of 126 (38%)	48 out of 126 (38%)	37 out of 126 (29%)	Met: 15 less patients beyond EDD >5 avg./day Oue: no less patients beyond EDD >5 avg./day *4 week average - since Oct 23,2017
# of Patients Admitted Off Service (total for the week)***	N/A	38	0	M: 3 O: 4	3	1	3	9	4	5	34 less patients admitted off service
# of ALC patients (avg. per day)	D - Michele/Marie	M:18 O:30	0	M:18 O:26	15	12	13	16	20	22	M: 5 less alternate level of care patients/wk O: 8 less alternate level of care patients/wk
# of Admit No Beds (avg. at 7am)	A - Debbie R	M:8 O:16	0	M:2 O:3	1	1	1	3	3	4	M: 7 less admitted pts without a bed at 700 O: 12 less admitted pts without a bed at 700
Discharge by 11:00	D - Monica S	M:31% O:16%	32%	32%	41%	44%	32%	22%	20%	16%	D/C 11:Met 1% increase, Oue remains the same D/C 14:Met 3% decrease, Oue 3% increase
Discharge by 14:00	D - Monica S	M:72% O:54%	70%	70%	80%	79%	69%	56%	59%	57%	
Weekend Discharges (avg. # discharged on: Weekdays/Sat./Sun.) (% discharged Sat/Sun)	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	12.8/4/3 31%/23%	13.6/7/5.5 51%/40%	14.2/7.3/7.4 51%/52%	11.2/9/8 80%/71%	14.4/8.5/6.8 59%/47%	16.4/9.2/7.2 56%/44%	M: Sat remains the same/Sun 2 increase in patient discharges O: Sat 1/ Sun 1 increase in patient discharges *Improvement since FY16/17
# of Patients to Assessment Bays (medicine only)	A - Emily C	N/A	100%	100%	64 out of 67 (96%)	299 out of 311 (96%)	2954 out of 3120 (95%)	43 out of 46 (93%)	174 out of 192 (91%)	1983 out of 2267 (87%)	M:95% of pts in assessment bays (since launch) O: 87% of pts in assessment bays (since launch)
# of Grey Days (weekly total, weekly avg. for last 4 weeks, weekly avg. since data collected)**	TBD	NA	0	TBD	3 (3)	3	5	2 (2)	10	17	

*Data source changed from Care Round Boards to Medworx on July 20th, 2018
*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.
**Total # of grey days for current week displayed, with the # of impacted patients in brackets. 4 week weekly avg. and weekly avg. since start of data collection also displayed.
***As of March 2017, this metric does not include overflow areas 524 & 7

Weekend Handoff to Support Patient Flow

The Patient Flow team has been working on ways to improve discharges on weekends and to identify the opportunities to reduce or remove barriers that would delay discharge. One opportunity identified was to enhance communication between the weekday and weekend teams. The Weekend Discharge Team launched the trial of a handoff package that allows identification physician planned discharges for the Medicine units, and the actions required to facilitate the discharge. Another component of the package is a data collection tool to identify and track specific barriers that might prevent discharge. Although this may appear as a simple change to the way our teams communicate, formalizing this process assists the weekend Utilization Nurses in prioritizing their work, and helps reduce the amount of time spent investigating where potential discharges are throughout the hospital. Furthermore it supports the philosophy of our Patient Flow project - "we will not waste a day of your life." Whether weekends or weekdays we want to ensure our work is supporting this goal. We look forward to sharing the results from the process change and the experiences of the staff.

Unit	Friday Date (MM/DD/YY)	Room #	Patient Initials	MRN	D/C Barrier to be Addressed (Clinical or Non-Clinical)	Being Discharged To? E.g. Home	Predicted D/C SAT (Y/N)	Patient D/C SAT (Y/N)	Predicted D/C SUN (Y/N)	Patient D/C SUN (Y/N)	Predicted D/C Holiday (Y/N)	Patient D/C Holiday (Y/N)
6N	7/26/2018	5112B	X.X.	608-222-XXX	MRI Completion	Home with Wife	Y	N		Y		
4N												

This is the form used by the Utilization Nurses from each Medicine unit that identifies potential discharges for the weekend team.