

Friday, August 3, 2018

Benefits of Daily Care Rounds

Each day, the Medical/Surgical multidisciplinary teams meet to discuss patient care plans during care rounds. Dr. Ian Mazzetti, BSc, MD, FRCPC (Internal Medicine, Critical Care) shares his perspective on care rounds as he rounds on the inpatient units at Windsor Regional.

“Care rounds are very high yield for patient care because they get all the members of the patient care team in the same room, to review/update daily. It is a very efficient way for us all to get together and share information that is key to patient-centered care. Particularly from a physician perspective it gives me a greater insight into some of the dispositional issues that at times can be outside of the usual ‘medical expert’ realm. As we all know there is more to the patient’s journey than successful diagnosis and treatment!”

While covering the Clinical Teaching Unit (CTU) he commented on one day in particular, “Care rounds ran very smoothly, the unit today wasn’t as busy as it can be, but the smooth workings of our unit during less busy times can be applied to the times when things do get hairy. As well I find the rounds are useful for the senior residents; sometimes on the CTU the house staff lose sight of the overall picture, focusing solely on the medical diagnostic/treatment part.”

As an added bonus to the rounds Dr. Mazzetti says it is also a great way to get to know the nurses, especially for someone who doesn’t attend all that often on the CTU. “From my perspective, on day one taking over a new patient list, it is very high yield in terms of learning about the patients.”



Dr. Ian Mazzetti

The **WRH MY CARE JOURNEY** App helps **YOU** and your **FAMILY**:

- ✓ Know what to expect in the hospital
- ✓ Play an active role in your treatment
- ✓ Understand next steps in your care

FREE
and
EASY
to use

DAY 1
How long
will I stay?



Patient Flow Metrics Report - Medicine Only



Corporate targets already existed

Reporting for the week of July 20 - July 26

Metric	Admission (A) Discharge (D) Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD (June 1st- 30th)
					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	2.3	2.4	3.8	4.0	6.3	7.2	Admitted patients wait 5.3 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%	31 out of 122 (25%)	25 out of 122 (21%)	33 out of 122 (27%)	50 out of 126 (40%)	43 out of 126 (34%)	36 out of 126 (29%)	Met: 14 less patients beyond EDD >5 avg./day Oue: 4 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	0	0	3	3	4	5	34 less patients admitted off service
# of ALC patients (avg. per day - 2N ALC patients in brackets)*	D - Michele/Marie	M:18 O:30	0	M:18 O:26	7	9	13	23(8)	20	22	Met: 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	2	4	4	Met: 8 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%	44%	41%	31%	21%	20%	16%	D/C 11: Met 1% decrease, Oue remains the same D/C 14: Met 4% decrease, Oue 3% increase
Discharge by 14:00	D - Monica S	M:72% O:54%	70%	70%	75%	73%	69%	66%	60%	57%	
Weekend Discharges (avg. # discharged on: Weekdays/Saturday/Sunday)	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	12/9/6 75%/50%	14.4/7/5.8 49%/40%	14.3/7.3/7.6 51%/53%	14/6/9 43%/64%	15.9/8.5/7.3 54%/46%	16.5/9.2/7.3 56%/44%	Met: Sat 1/Sun 2 increase in patient discharges O: Sat 2/Sun 1 increase in patient discharges Improvement since FY16/17
# of Patients to Assessment Bays (medicine only)	A - Emily C	N/A	100%	100%	75 out of 79 (95%)	299 out of 314 (95%)	281 out of 2973 (95%)	36 out of 39 (92%)	176 out of 211 (83%)	1890 out of 2167 (87%)	Met: 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	1(1)	6	6	19(8)	21	21	

*Data source changed from Care Round Boards to Mednotes 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 divided, 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 one-flow areas 524 & 7

**Avg. of 23 ALC this week at WRH, of which 2 patients are on 2N

Patient Flow Update - August 3, 2018

As a part of the continuous improvement process to support efficient patient flow at WRH attention is being focused on the 10:30am and 2:30pm patient flow huddles conducted at both campuses. In the past month, a revised patient flow huddle question set was trialed on one medical unit at each campus in an effort to support patient discharge. This pilot test resulted in a favourable outcome, and together with the efforts and commitment of staff on the trial units, the collected data showed a reduction in the number of patients who were still in our hospital 5 days or more beyond their estimated date of discharge. Given the positive outcome, this revised question set has been deployed across all medicine units at both campuses. SOP looks forward to supporting our medical unit staff as together we continue to refine this process where necessary, for the benefit of the patients in our care at WRH; honoring our commitment to them that “we will not waste a day of your life.”

COMPASSION is our
PASSION