Using Wheelchairs For Transporting Patients

Medicine patient flow continues to look for opportunities to benefit our patients and improve efficiencies within our processes. Over the last few weeks the ED length of stay team has been examining ways to reduce the amount of time it takes for admitted medicine patients to be transferred to their destination unit. The outcome of this work is a set of criteria developed to support frontline staff in their decision making process for transporting medically stable patients to the unit in wheelchairs. This criteria works in conjunction with the Standard Unit Mobility Bundle, and helps those patients who are medically stable and with "A" or "B" mobility designations to be transported by the nurse from the ED to the Assessment Bay or inpatient unit. Transporting patients, when appropriate, via wheelchairs eliminates the time it takes to request a transporter, and for the transporter to arrive in the ED. Wheelchair use further allows quicker turnaround time compared to stretcher use, since the time to clean a wheelchair is less than time to clean a stretcher. For the patient, this reduction in time means that he/she benefits by being transferred to the unit with minimal delay. This criteria will be circulated to staff in the coming days.

Patient Flow Metrics Report - Medicine Only

Reporting for the week of August 17, 2018 - August 23, 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	1.9	2.5	3.6	2.7	5.4	6.8	Admitted patients wait 5.2 hours less for an inpatient bed
# of Patients Beyond EDD by 5 Days or More (avg. per day)†	D - Kathleen M. / Marie C.	N/A	0	24%	39 out of 122 (32%)	40 out of 122 (33%)	34 out of 122 (28%)	51 out of 126 (40%)	50 out of 126 (40%)	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	6	3	3	8	5	5	34 less patients admitted off service
# of ALC patients (avg. per day)	D - Kathleen M. / Marie C.	M:18 O:30	0	M:18 O:26	10	13	13	15	17	21	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	1	2	3	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%	38%	36%	32%	35%	25%	17%	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%	87%	80%	70%	68%	63%	58%	
Weekend Discharges (avg. # discharged on: Weekdays/Sat./Sun.) (% discharged Sat/Sun)	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	10.8/5/4 46%/37%	11.9/7.3/4.5 61%/38%	14.1/7.3/7.3 52%/52%	14.0/11/3 79%/21%	14.7/10.0/5.0 68%/34%	16.3/9.3/7.1 57%/43%	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%	67 out of 70 (95%)	280 out of 290 (97%)	3091 out of 3263 (95%)	62 out of 66 (94%)	194 out of 208 (93%)	2084 out of 2375 (88%)	M:95% of pts in assessment beys (since launch) O: 87% of pts in assessment beys (since launch)
# of Grey Days (weekly total, weekly avg. for last 4 weeks, weekly avg. since data collected)**	TBD	NA	0	TBD	0 (0)	1	4	2 (2)	4	15	

*Data source changed from Care Round Boards to Medworxs 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

Reducing Readmissions for QBP Wave 1 Conditions

Looking at the most recent data from FY18/19, all 5 of the Wave 1 QBPs (Ischemic Stroke, CHF, COPD, Pneumonia and Hip Fracture) have seen a decrease in 7 day readmission rates since implementation. Two of the Wave 1 QBPs, Pneumonia and Hip Fracture, are currently both sitting well below FY2017/2018 targets. Ischemic Stroke has seen an improvement in 7 day readmissions since implementation, but is still slightly above target. CHF has seen a gradual decrease of 7 day readmissions and is currently only 0.3% away from meeting target. COPD is currently 0.8% away from meeting target, and has seen a large decrease in 7 day readmissions from the end of FY2017/2018 to FY2018/2019, from 8.52% to 5.20%. This is all due to the amazing work being done on all of the units across the hospital to ensure patients are receiving outstanding care – no exceptions and are discharged at the right time with the right services. Keep up the great work!

Wave 1 Quality Based Procedure(QBP) Program Results – 7 Day Readmissions					
		7 Day Readmits Target (FY17/18)	**Pre Implementation - 7 Day Readmissions Actual** (FY17/18 April-August)	**Post Implementation - 7 Day Readmissions Actual** (FY17/18 September-March)	**Post Implementation - 7 Day Readmissions Uncoded** (FY18/19 April - July)
Stroke	Corporate	2.90%	4.00%	3.13% ⬇	3.60% ⬇
CHF	Corporate	4.90%	9.09%	6.01% ⬇	5.20% ⬇
COPD	Corporate	4.60%	7.19%	8.52% ⬆	5.20% ⬇
Pneumonia	Corporate	3.80%	7.41%	6.80% ⬇	2.50% ⬇
Hip Fracture	Corporate	2.60%	4.35%	3.81% ⬇	1.50% ⬇

QBP Pathway Improvement — Order Set | Clinical Pathway | Patient Experience My Care Journey