

Mental Health communicating for the benefit of their patients

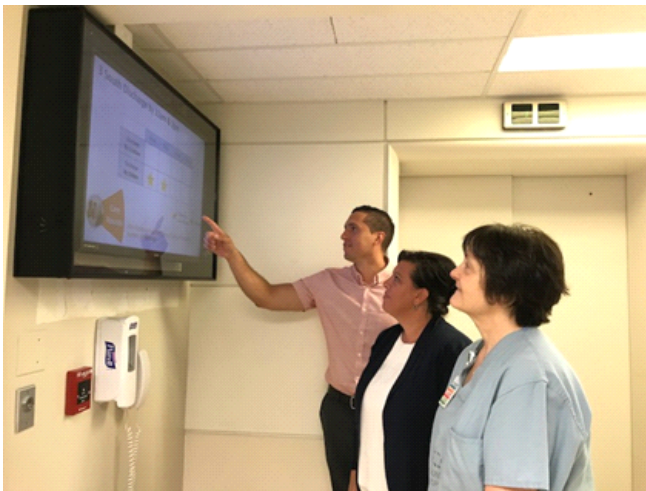
The SOP team is pleased to share an update on behalf of the Mental Health program as they implemented Standard Unit bundles over the last year. Daily Care Rounds and use of an electronic Care Rounds Board is a true success story!

“The morning care rounds have improved staff efficiency in day-to-day functioning, while also giving an excellent opportunity to enhance quality patient care,” said Amanda Lefrancois M.A., M.S.W., R.S.W. Multidisciplinary care rounds provides patient centered care planning, sharing of tasks, prevention of harm and improved patient outcomes.

The multidisciplinary team meet daily to discuss events over the last 24 hours, address safety issues, patient and family concerns, and follow up on the previous days' plan of care, and review discharge plans.



Mental Health team attend Care Rounds on 3North



Mental Health Performance Board officially launched July 18

Luke DiPaolo, Operations Manager of PICU states “Care Rounds have been exceptional for the Mental Health unit. Since inception, our team has witnessed stronger communication and clinical input amongst our multidisciplinary team; ultimately, improving patient care and discharge planning.”

Shoulder Arthroplasty

This past week the Shoulder QBP (Quality Based Procedure) team began trialing the new Order Set, Clinical Pathway and Patient Experience Brochure for reverse and total arthroplasty. With all of the Wave 1 & 2 QBPs (Hip Replacement, Knee Replacement, Knee Arthroscopy, Stroke, CHF, COPD and Pneumonia), the content was reviewed and trialed by patients and frontline staff. The feedback of staff and patients is vitally important to the creation of our QBP bundles to ensure we can create tools that are easy to use by staff and ensure standardized quality care to all patients. Thank you to all who have provided feedback!



Patient Flow Metrics Report - Medicine Only



Targets are set as 20% improvement since Oct 23rd launch, exceptions include: ALC, DC by 11&14 where corporate targets already existed

Reporting for the week of July 06 - July 12

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)	
Admit to Bed Times (in hours)*	A - Janice N	11.0	0	M: 3 O: 5	2.0	2.3	3.9	5.7	8.6	7.1	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%	N/A+	22 out of 122 (18%)	34 out of 122 (28%)	N/A+	39 out of 126 (31%)	36 out of 126 (29%)	Met: 34 less patients beyond EDD >5 avg./day Due: 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	1	1	3	9	6	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	8	10	13	16(8)	19	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	0	0	2	4	5	4	M: 6 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%	34%	31%	15%	18%	16%	D/C 11: Met 1% decrease, Due remains the same D/C 14: Met 4% decrease, Due 3% increase
Discharge by 14:00	D - Monica S	M:72% O:54%	70%	70%	68%	66%	68%	60%	59%	57%	
Weekend Discharges (avg # discharged on: weekdays/Saturday/Sunday)	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	12.2/8/3 66%/25%	13.1/7/5.8 53%/44%	14.5/7.5/8 52%/55%	18.4/9/7 49%/38%	16.1/9.5/6.3 59%/39%	16.7/9.6/7 58%/42%	M: 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%	69 out of 74 (93%)	291 out of 307 (95%)	2663 out of 2818 (95%)	48 out of 59 (81%)	182 out of 225 (81%)	1839 out of 2115 (87%)	M: 95% of pts in assessment bays (since launch) O: 87% of pts in assessment bays (since launch)
# of Grey Days (total for the week, avg. 4 weeks, avg. 1 year)***	TBD	NA	0	TBD	7	1	Coming: August	30	5	Coming: August	

*Technical Data under review

**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.

***NEW - Count of grey days by site, NOT individual patients. Trending will start in July after 4 weeks of data collection.

*** As of March 2017, this metric does not include overflow areas 524 & 7

- 17 ALC TOTAL, 6 of which are on 2N

Patient Flow Update - July 19, 2018

Over the past few weeks the Patient Flow Assessment Bay team has finalized the development of signage that will be posted in the Medicine Assessment Bays. These posters are intended to concisely communicate to patients the nature of the Assessment Bays and what they can expect as patients. It is described as an area for all genders with a dedicated washroom, and that it enables them to be moved out of the Emergency Department as quickly as possible, in order to better facilitate their care. Supporting the release of the new mobility bundle, patients are also encouraged to maintain their activity level while in the Assessment Bay. These laminated posters will be deployed to the Medicine Assessment Bays in the coming days.

Welcome To The Assessment Bay

- This is an area for all genders, with a dedicated washroom for its patients.
- Our goal is to have admitted patients moved out of the Emergency Department as quickly as possible.
- You will be seen by a physician, utilization nurse and primary nurse who will work together on your plan of care.
- We encourage you to maintain your usual activity level, while in the Assessment Bay and throughout your stay at Windsor Regional Hospital.
- If you have any questions, please speak to your nurse.