

## Standard Unit Mobility Bundle Spotlight: Ambulation Assistants!



**Nurses and Ambulation Assistants working as a team to mobilize their patient**

The new standard unit “Mobility Bundle” was successfully implemented on the Medical and Surgical units through the month of June. This week we feature our Ambulation Assistants!

Ambulation Assistants function under the direction of a Nurse to identify any of their patients who are at risk for deconditioning and would benefit from regular ambulation and mobilization. Patients who need that little bit of extra help to walk around as much as they can to reach their daily goals are the ideal patients who can be referred to Ambulation Assistants! Some common misconceptions are that they must be referred by a Physiotherapist before seeing a patient or that they do the initial assessments before getting a patient out of bed to move. Nurses have been provided with resource information and referral criteria to improve communication to ensure our patients receive the appropriate level of care required for their needs.

## QBP Program Meeting Targets

The QBP program Wave 1 and 2 (COPD, Pneumonia, CHF, Stroke, Hip Fracture, Hip Replacement, Knee Replacement, Knee Arthroscopy) conditions have made some great progress over the past couple of weeks with tremendous effort and support from the project teams and employees across the organization. This past week there was only one patient readmitted within 7 or 30 days of their initial visit for ALL Wave 1 and 2 QBPs. This means that our frontline staff has been doing an amazing job ensuring that patients are better prepared for discharge and are well educated on their plan of care post hospital stay. With the help of the work of Patient Flow, corporately for the past two weeks the average decision to admit to time left ED for Pneumonia patients was just over 2 hours, which is well below our target of 4 hours. This shows how the various SOP projects interconnect to provide patients with safer, more effective care. Additionally, this past week QBP Physician order sets were used 100% of the time for Hip Fracture and Stroke patients. Keep up the great work!

## 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 June 22-28th

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	2.7	2.6	4.2	8.5	7.4	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%	22 out of 122 (18%)	26 out of 122 (21%)	35 out of 122 (29%)	41 out of 126 (33%)	39 out of 126 (31%)	35 out of 126 (28%)	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	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	9	11	13	18(8)	18	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	2	6	4	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%	33%	38%	30%	22%	15%	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%	65%	73%	68%	65%	56%	57%	
Weekend Discharges (avg # discharged on: weekdays/Saturday/Sunday)	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	13.6/7/7 51%/51%	13.8/7.3/7.8 53%/56%	14.5/7.5/8 52%/55%	13/5/9 38%/69%	16/10.5/7 66%/44%	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%	78 out of 83 (94%)	296 out of 312 (95%)	2518 out of 2665 (95%)	36 out of 46 (78%)	177 out of 215 (82%)	1743 out of 1993 (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)**	TBD	NA	0	TBD	3	Coming: June	Coming: June	19	Coming: June	Coming: June	

\*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 June after 4 weeks of data collection.

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

~ 17 ALC TOTAL, 8 of which are on 2N