

Improved Patient Flow this Flu Season

“ You can’t manage what you can’t measure. ”
- Peter Drucker

Medicine patients are waiting less for a hospital bed this flu season thanks to the work of everyone involved in the Medicine Patient Flow initiative.

Winter is typically a busy time in the hospitals with more patients experiencing flu symptoms taking up beds and creating backups in the system. This winter, despite this seasonal increase, hospital staff are noticing a smoother flow through the system with fewer patients waiting for beds, thanks in part to the work of the teams.

As part of the project, the team measures the amount of time it takes for a patient to go from the ED to the right place to receive their treatment, once they are admitted. This is called the “Admit to Bed Time.” The data shows that two years ago, patients waited in Emergency an average of 11 hours to get into a bed. This month, nearly a year and a half after the start of the patient flow project, that wait is 3 hours. That is a 73% reduction!

Another measurement the team looks at is how many admitted patients are in the Emergency Department (ED) waiting for beds each morning. The data shows that since the project was launched, there are 87% fewer patients in the ED on an average morning waiting for a bed. Reducing the number of admitted patients waiting in ED eases the strain on the system.

There are a number of process changes that have contributed to the reduced wait times. One is the introduction of the Command Centre, which identifies open beds within the system and coordinates efficient patient movement. In addition, new processes have been implemented to alert units when a patient is admitted and to start the transfer process.

Since flu season is when the system is typically most stressed, it is also the best time to evaluate patient flow initiatives. This year, the data shows a significant improvement in getting our patients to the right place at the right time and easing the strain on the entire system. Congratulations to all involved for a job well done. Let’s keep working on sustaining these improvements.

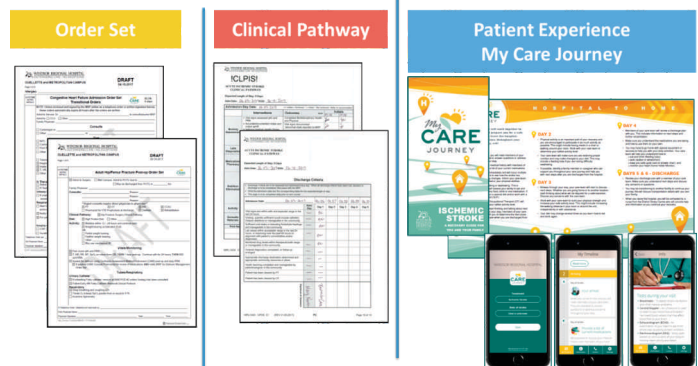
The Importance of QBP Clinical Pathways

Clinical Pathways are one of the three elements of the Quality Based Procedures (QBP) bundles. They are an interdisciplinary plan outlining each of the treatment steps to follow on each day of the patient's stay. The pathway is based on best clinical practices, and providing recommendations, processes and time-frames for care.

The nursing team and other care providers reference the clinical pathway to ensure best possible patient care and to prepare the patient for discharge. Clinical pathways, to a large extent, determine the expected length of stay.

It is important for every QBP patient to be on the clinical pathway to ensure patients receive care that is aligned with QBP-specific best practices, including, ensuring the appropriate care needs are addressed each day of the patient’s stay, patients are staying in hospital for the expected length of stay and are prepared and supported for discharge. QBP Clinical Pathways can be initiated by Nursing without Physicians, using the QBP Order Set.

Pathway Improvement Bundle



A Collaborative Approach to Improving Patient Care

The 4 north team at Met Campus has been piloting Nurse Practitioner (NP) and Physician Assistant (PA) attended Care Rounds for the past week. By involving the NP/ PA along with the rest of the care team, the team is looking to establish a daily plan of care and remove existing barriers. The NP/PA ask “is there anything being done today to prepare the patient for discharge tomorrow?”. They address any mobility concerns. They are predicting discharges 24-48 hours in advance, so services can be arranged at home in a timely manner and family arrangements can be made. It has been proven that when patients are better prepared to go home, readmission rates are reduced.

Irene Vermy, 4 North Operation’s Manager had this to say, “The change in rounds went better than anticipated. It is very helpful to have the NP/PA establish the plan of care. Nurses were prepared and arrived on time consistently. Rounds took less time and we got more information than in the past. Overall it is great change so far.” Both Angela Italiano NP and Bill Wilson PA feel rounds are going well. “They are collaborative, structured, focused and productive.” We are looking forward to seeing great results for the patients.



Patient Flow Metric 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 January 12, 2018 - January 18, 2019

Metric	Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD Dec 1-31st Improvement Since Launch for December
					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	3.4	4.0	4.9	6.8	Admitted patients wait 5.9 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%	37 out of 122 (30%)	39 out of 122 (32%)	39 out of 122 (32%)	57 out of 126 (45%)	59 out of 126 (47%)	45 out of 126 (36%)	Met: 6 more patients beyond EDD >5 avg./day Oue has 16 more 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	2	4	3	4	5	5	33 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	9	10	12	22	21	21	M: 5 less alternate level of care patients/wk O: 9 less alternate level of care patients/wk
# of Admit No Beds (avg. per day at 7am)	A - Rose D.	M:8 O:16	0	M:2 O:3	0	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%	40%	31%	33%	14%	16%	17%	D/C 11: Met 2% increase, Oue 1% increase D/C 14: Met 2% decrease, Oue 3% increase
Discharge by 14:00	D - Monica S.	M:72% O:54%	70%	70%	74%	70%	70%	56%	56%	57%	
Weekend Discharges (daily avg. # discharged on: Weekdays/Sat./Sun.) [% discharged Weekday/Sat/Sun]	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	13.2/9/7 100%/68%/53%	14.6/7.5/8.8 100%/51%/60%	14.0/7.5/7.2 100%/54%/52%	20.6/10/9 100%/49%/44%	16.5/10.3/10.0 100%/62%/61%	16.1/9.4/7.3 100%/58%/45%	M: Sat remains the same/ Sun 1 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%	82 out of 84 (98%)	332 out of 355 (94%)	4506 out of 4791 (94%)	44 out of 56 (79%)	170 out of 199 (85%)	2915 out of 3352 (87%)	M:94% 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)**	D - Monica S.	NA	0	M:0 O:0	3	1	2	8	7	7	

*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