

Medical Students partner with SOP on the Quality Improvement Journey

As part of their academic year 2018-19, three 2nd year student groups from the Schulich School of Medicine & Dentistry will be partnering with the SOP teams on the following Quality Improvement projects:

1. Improve post-stroke patient/family education through the development of standard physician scripting.
2. Impact of nursing standard work for mobilizing patients on pressure injury incidents.
3. Impact of standardized Clinical Teaching Unit (CTU) physician rounding times on Discharge by 11am & 2pm targets.

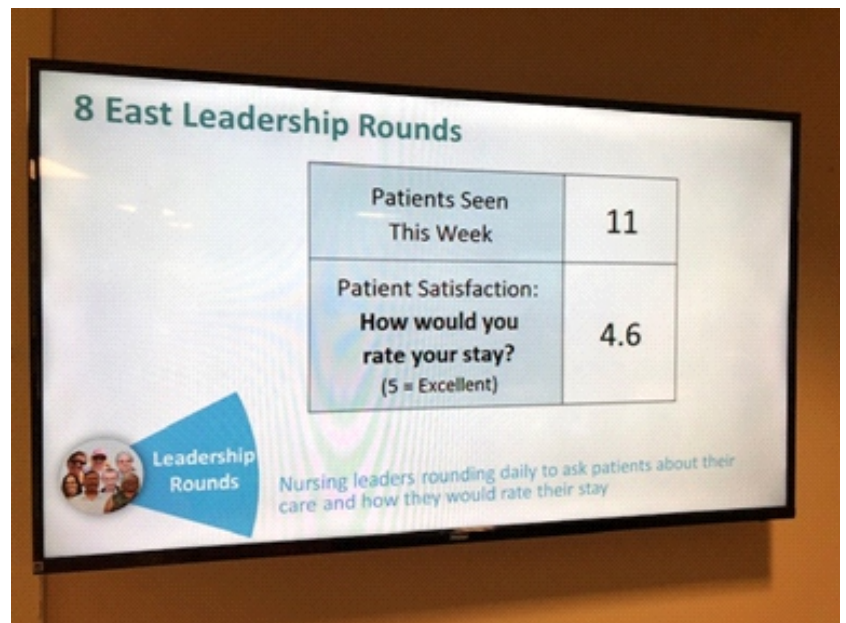


This work is part of the medical curriculum that focuses on quality improvement and professional identity. The students will be researching and evaluating best practice literature, working with the various SOP teams, and likely visiting patient units at both campuses to conduct observations. Their report will include feedback from frontline staff pertaining to the standard work they are doing with regards to improving patient care. At the completion of these projects, the student groups will present their work to SOP and Senior Management as well as their classmates both in Windsor and London. One project will be selected as a poster presentation for a regional conference.

What's on those TVs?

The electronic information boards known as the Performance Boards are located in the hallway of each in-patient unit. They display Program, and Unit specific results for each of the Patient Safety & Quality, and Patient Flow indicators. This information updated weekly, provides an opportunity to celebrate successes and to develop opportunities for improvement.

Next time you walk by one of the Performance Boards, stop and take a few minutes to see how your unit is doing.



WRH to Present at University of Windsor Great Lakes Conference

WRH staff have been invited to present at the 7th Great Lakes Biennial Nursing Conference, hosted by the University Of Windsor Faculty Of Nursing. This event will take place on Friday, November 2, 2018 at Caesars Convention Centre. The theme of this year's conference is "Integrating Research, Theory, and Practice to Advance Informed Decision-Making in Nursing".

WRH will be leading two presentations related to our SOP work:

- **"I Will Not Waste a Day of Your Life: Working Together to Improve Patient Flow in Medicine Units"** will focus on the great work to date related to the Medicine Patient Flow Program, especially the impact on wait times and reduction in off-service placements.
- **"How Standardized Practices Assist Nurses in Providing Safer Patient Care"** will highlight our work related to the Standard Unit Bundles and the positive impact on patient safety.

We will also feature our work related to mobility by presenting a poster titled **"Nursing Staff Take a Leadership Role in Improving Mobility for Patients"**. This poster will showcase the work done in launching the "Move On" mobility program.

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 September 28, 2018 - October 4, 2018					Met Campus			Ouellette Campus			Results YTD Sept 1-30th
Metric	Lead	FY 16/17	Goal	Target	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	Improvement Since Launch for September
Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	2.6	3.0	3.2	12.6	9.9	6.7	Admitted patients wait 6.1 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%	46 out of 122 (38%)	49 out of 122 (40%)	36 out of 122 (30%)	59 out of 126 (47%)	57 out of 126 (45%)	39 out of 126 (31%)	Met: 9 more patients beyond EDD >5 avg./day Que has 14 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	5	5	3	4	6	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	13	11	13	20	16	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	7	6	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%	41%	35%	32%	19%	18%	17%	O/C 11:Met 1% increase, Que 1% increase D/C 14:Met 2% decrease, Que 3% increase
Discharge by 14:00	D - Monica S.	M:72% O:54%	70%	70%	77%	73%	70%	58%	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	15.2/4/8 100%/26%/53%	13.56/6.3/8.0 100%/46%/59%	14.0/7.2/7.4 100%/51%/53%	16.0/12/8 100%/75%/50%	15.9/12.0/8.3 100%/76%/52%	16.4/9.6/7.2 100%/58%/44%	M: Sat remains the same/Sun 1 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%	71 out of 77 (92%)	280 out of 297 (94%)	3492 out of 3694 (95%)	37 out of 44 (84%)	141 out of 182 (78%)	2321 out of 2665 (87%)	M: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)	1	3	3 (2)	3	9	

*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