Benefits Of Getting Out Of Bed While In Hospital - *Preventing Pressure Injuries*

The mobility team has partnered with the Enterostomal (ET) Nurses, and have standardized the tools used for pressure (ulcer) injury risk assessment, mobility assessment and RL6 reporting. Mobilizing patients early will help prevent pressure injuries. Nursing staff assess patients' skin integrity each shift using the Braden Score and interventions, and assess a patients' skin on transfer out of an Assessment Bay, or more frequently if there has been a change in patient condition.

Monitoring the incidence of pressure injuries through RL6 reporting and other trends will help the teams concentrate on improving mobility initiatives. Early identification of persons at risk for pressure wound development and prompt interventions, remain key to pressure injury prevention. Interventions for care are based on the patient's risk factors.

Standardization And Optimization Initiatives Highlighted At Quality Of Care Committee Meeting

The Quality of Care Committee kicked off their September meeting with an orientation focused on the key quality indicators related to patient safety and satisfaction. The Quality of Care Committee is comprised of Board members, as well as some community representatives. Committee members rotated through various "stations" to get an interactive look at many of the processes set in place to positively impact our quality indicators. Staff were present to showcase our standardized processes related to transfer of accountability (TOA), falls prevention/comfort rounds, care rounds, leadership rounding, and HAIs/hand washing, Quality Based Procedures. The committee then made a final stop to the Command Centre.

Managers, Daniella Dickens and Jen Cameron provided a mock comfort round for committee members to see the interventions that are in place to prevent falls.

Committee members commented on how "amazing" it was to see the work and processes that have been developed to provide safe and effective patient care.

WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

Friday, September 28, 2018

Patient Flow Celebration

On Thursday September 13th, the four Patient Flow teams (Corporate Discharge, Weekend Discharge, ED Length of Stay and Assessment Bay) came together to celebrate the work from the past year. As the teams approach the one year mark since launch, they took the opportunity to reflect on their progress and share their plans to continue success throughout the winter months. The hard work will now begin in order to sustain the changes we have made. A HUGE thank-you to all members of the Medicine team, as the accomplishments would not be possible without the commitment from the entire team!

Karen McCullough addresses the Patient Flow Team

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 14, 2018 - September 20, 2018					Met Campus			Ouellette Campus			Results YTD Aug 1-31st
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 August
Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	3.2	3.2	3.4	8.9	7.3	6.5	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%	51 out of 122 (42%)	51 out of 122 (42%)	36 out of 122 (30%)	53 out of 126 (42%)	50 out of 126 (40%)	38 out of 126 (30%)	Met: 5 more patients beyond EDD >5 avg./day Oue: has 6 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	4	4	3	7	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	12	13	13	14	15	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	1	1	1	5	5	4	M: 7 less admitted pts without a bed at 700 O: 13 less admitted pts without a bed at 700
Discharge by 11:00	D - Monica S.	M:31% O:16%	32%	32%	30%	32%	32%	22%	20%	17%	D/C 11:Met 1% increase, Oue 1% increase D/C 14:Met 2% decrease, Oue 4% increase
Discharge by 14:00	D - Monica S.	M:72% O:54%	70%	70%	77%	69%	70%	61%	59%	58%	
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	13.6/9/7 100%/66%/51%	12.1/6.8/6.8 100%/56%/56%	13.9/7.3/7.2 100%/52%/52%	17.2/15/5 100%/87%/29%	15.9/11.5/6.8 100%/72%/42%	16.5/9.5/7.1 100%/58%/43%	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%	71 out of 75 (95%)	260 out of 281 (93%)	3351 out of 3544 (95%)	33 out of 41 (80%)	168 out of 205 (82%)	2252 out of 2580 (87%)	M:95% of pts in assessment bays (since launch) O: 88% 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	2 (2)	2	4	4 (3)	4	13	

†Data source changed from Care Round Boards to Medworxx 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

SOP Standardization Optimization Process

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