

## WRH Blazing a Trail

Several hospitals have contacted WRH after seeing the outcomes from our various process improvement project, and are interested in understanding how we are able to achieve what we do. The short answer is that we do many things quite differently.

A team of nine representatives from London Health Sciences Centre (LHSC) took part in a two day site visit this week, with the aim of understanding our methods and processes for delivering outstanding care to our patients. This visiting team was immersed into WRH's daily operations and invited to experience the critical elements that were developed to improve patient flow, as well as understand the rigorous planning that goes into effective and efficient patient care and discharge.

WRH patient flow team leaders and staff showcased many of the elements that make up effective patient flow: bed allocation, standard unit bundles and standardized work, assessment bays, grey days, and the command centre.



**“Do not go where the path may lead, go instead where there is no path and leave a trail.”**  
- Ralph Waldo Emerson

The leaders from LHSC were also given the opportunity to follow the journey of a patient in our care from the ED to the inpatient unit, understand how care planning happens during a patient's stay, and how discharge needs are planned for and implemented.

London Health Science Centre is not the first organization to come and see what we do differently, and certainly will not be the last. Congratulations to staff for the excellent work being done. This work is being noticed; we will continue to blaze a trail.

## 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

| Metric  | Lead                       | FY 16/17               | Goal | Target         | Met Campus                |                             |                            | Ouellette Campus         |                             |                              | Results YTD Jan 1-31st   |
|---|----------------------------|------------------------|------|----------------|---------------------------|-----------------------------|----------------------------|--------------------------|-----------------------------|------------------------------|--|
|   |                            |                        |      |                | This Week                 | Last 4 Weeks                | Since Launch (Oct. 23/17)  | This Week                | Last 4 Weeks                | Since Launch (Oct. 23/17)    | Improvement Since Launch for January   |
| Admit to Bed Times (in hours)*  | A - Janice N.              | 11.0                   | 0    | M: 3<br>O: 5   | 2.0                       | 2.2                         | 3.3                        | 4.6                      | 4.1                         | 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%            | 40 out of 122 (33%)       | 39 out of 122 (32%)         | 39 out of 122 (32%)        | 54 out of 126 (43%)      | 57 out of 126 (45%)         | 45 out of 126 (36%)          | Met: 1 less patients beyond EDD >5 avg./day<br>Due: has 14 more patients beyond EDD >5 avg./day<br>*8 week average - since Oct 23, 2017        |
| # of Patients Admitted Off Service (total for the week)***  | N/A                        | 38                     | 0    | M: 3<br>O: 4   | 8                         | 4                           | 4                          | 1                        | 3                           | 5                            | 34 less patients admitted off service  |
| # of ALC patients (avg. per day)  | D - Kathleen M. / Marie C. | M: 18<br>O: 30         | 0    | M: 18<br>O: 26 | 12                        | 11                          | 12                         | 22                       | 22                          | 21                           | M: 6 less alternate level of care patients/wk<br>O: 9 less alternate level of care patients/wk   |
| # of Admit No Beds (avg. per day at 7am)  | A - Rose D.                | M: 8<br>O: 16          | 0    | M: 2<br>O: 3   | 0                         | 0                           | 1                          | 3                        | 2                           | 4                            | M: 7 less admitted pts without a bed at 700<br>O: 12 less admitted pts without a bed at 700  |
| Discharge by 11:00  | D - Monica S.              | M: 31%<br>O: 16%       | 32%  | 32%            | 28%                       | 25%                         | 33%                        | 14%                      | 16%                         | 17%                          | D/C 11: Met 2% increase, Due 1% increase   |
| Discharge by 14:00  | D - Monica S.              | M: 72%<br>O: 54%       | 70%  | 70%            | 69%                       | 73%                         | 70%                        | 49%                      | 56%                         | 57%                          | D/C 14: Met 2% decrease, Due 3% increase   |
| Weekend Discharges (daily avg. # discharged on: Weekdays/Sat/Sun.) (% discharged Weekday/Sat/Sun) | D - Dr. Seski              | M: 13/7/6<br>O: 13/8/6 | TBD  | TBD            | 14.8/11/2<br>100%/74%/14% | 14.6/10/4.3<br>100%/68%/29% | 14/7.6/7.1<br>100%/54%/51% | 14.6/9/6<br>100%/62%/41% | 17.0/10.3/6<br>100%/60%/35% | 16.1/9.4/7.3<br>100%/58%/45% | M: Set remains the same/ Sun 1 increase in patient discharges<br>O: Set 1 / Sun 1 increase in patient discharges<br>*Improvement since FY16/17 |
| # of Patients to Assessment Bays (medicine only)  | A - Emily C.               | N/A                    | 100% | 100%           | 71 out of 79 (90%)        | 295 out of 315 (94%)        | 4649 out of 4945 (94%)     | 30 out of 37 (81%)       | 148 out of 177 (84%)        | 2985 out of 3434 (87%)       | M: 94% of pts in assessment bays (since launch)<br>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<br>O: 0   | 0                         | 2                           | 2                          | 17                       | 13                          | 7                            |  |

\*Data source changed from Care Round Boards to Medwar 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.

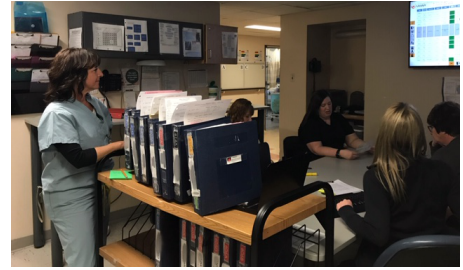
\*\*\*\*As of March 2017, this metric does not include overflow areas 524 & 7

## Scrubs Thursday

Starting this week, every Thursday morning and afternoon for 2-3 hours all of WRH's Vice Presidents, Clinical Directors and Managers will put on their scrubs and go to a designated nursing unit. While leaders are on the unit, they will select a nurse, and be their "support". During this 2-3 hour time period, the leader will shadow the nurse as he/she goes through their regular duties and activities. This is an opportunity to see first-hand, on a regular basis, how process changes like standard unit and patient flow are impacting the care providers, patients and family experience.

While there is no intention of making significant changes to the established best practice bundles, there might be opportunities to "tweak" some of the practices to better suit the physical environment and continue to improve patient care. Most importantly, this creates protected time for the clinical leaders to offer 'experiential support', develop stronger relationships, and get feedback. At Windsor Regional Hospital, we all have a commitment to our patients and families and the community we serve.

Staff are encouraged to share their experiences about Scrubs Thursday with their managers at staff meetings and this information will be shared with the senior leadership team.



(Upper) Karen Riddell, VP, attending Care Rounds on 6E; (Lower) Jonathan Foster, Director of Mental Health and Renal shadowing Annie Winkler, RN, on 6N

## Mobility is Vital!

Mobility for hospitalized patients is essential and can easily be compromised even by brief periods of immobility. Most hospitalized older adults spend the majority of their time in bed. It is estimated that every day of immobility results in a 5% loss of muscle strength. A study conducted by Division of Rehabilitation Sciences at the University of Texas Medical Branch found that patients who increased their walking by at least 600 steps from the first day to second day were discharged approximately two days earlier than those who did not.

In early 2017, WRH medicine units at both campuses listed "clinical condition" and "mobility" as the top 2 barriers to discharge. This prompted the implementation of the Mobility bundle for Standard Units. Now that everyone is talking the same language, the key focus area is helping patients achieve their daily mobility goals. Nurses are the key healthcare providers who assess and identify a mobility level to develop a mobility plan that the patient and all team members can follow.

## Complications of Immobility

