# SOPUPDATES
Standardization & Optimization Process

**WINDSOR REGIONAL HOSPITAL**
OUTSTANDING CARE – NO EXCEPTIONS!

**Friday, August 9, 2019**

## Accreditation Ambassadors Helping Spread the Word!

### COMING TOGETHER ~ WORKING TOGETHER ~ SUCCEEDING TOGETHER

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**ACCREDITATION CANADA**

### ACCREDITATION 2019

We are now four months away from our on-site Accreditation Canada surveyor visit which will take place **November 25-29, 2019**.

On-site surveyors will observe and approach staff about all aspects of their work on the front lines.

We are excited to report that over 77 frontline staff (i.e. nurses, clerks, technicians, physicians & allied health workers) and 13 administrative staff (coordinators, managers, administrative assistants & secretaries) have volunteered to help share accreditation information, as well as provide education for their co-workers on how standards are met in their departments.

Much of the work achieved through SOP projects: Standard Unit bundles, QBP Pathways, and Patient Flow, contribute directly to meeting many of the accreditation standards already, so stay tuned for updates in the months ahead.

A sincere thanks to all 2019 Accreditation Ambassadors!

## Best Practice Pathways Supporting WRH Nurses

**My CARE JOURNEY**

Quality Based Procedure (QBP) Pathway bundles include physician Order Sets, standardized Care Plans called Clinical Pathways, day by day guides for patients and families called Patient Experience Pathways, and condition specific discharge sheets that are provided to the patient. QBP Pathway Bundles are particularly helpful for newly hired nurses and for nurses taking care of a patient type they are not as familiar with.

Kathleen Davidson RN, a recent hire on the 7th floor at the Ouellette campus stated, "Where I am working, we often use the COPD and pneumonia QBPs. They are nicely laid out so you know the goals and outcomes for that patient". She also stated, "It helps a lot in explaining to patients and families what the goals are for care. It is nice to see all information in one organized place".

The QBP Pathways bundles are all based on best practice research and evidence to help support the care team, patients and families on their journey at WRH.

Be sure to use these pathway documents when caring for your patients!

## Welcome Back Dayna!

The SOP team would like to welcome Dayna Eagen, Manager of Standardization and Optimization Process back from her maternity leave. When you see her, be sure to say hi as she reacquaints herself with the staff and SOP projects.

Anna Mullins, who has been covering Dayna's maternity leave over the past year, will be staying on with the SOP team continuing her work with the QBP and Patient Flow projects.

# Medicine Patient Flow Scorecard - June 29-July 26, 2019

*Red if 4 week results/Since launch are 60% worse than target.*
*Yellow if 4 week results/Since launch are 40-60% worse than target.*

| Team | Metrics | Campus / Service | Target | Last 4 Weeks Results | | Since Launch | |
|---|---|---|---|---|---|---|---|
| ED LOS Team | Avg. Admit to Bed Time (Daily)* | MET | 3 | 2.3 | | 2.3 | |
| | | OUE | 5 | 5.3 | | 4.2 | |
| | Avg. # of Patients Waiting > 3 Hrs for a Bed (Weekly) | MET | 8 | 15 | 🟥 | 11 | |
| | | OUE | 13 | 33 | 🟥 | 19 | 🟨 |
| Assessment Bay Team | % of Patients Admitted to an Assessment Bay | MET | 90% | 93% | | 94% | |
| | | OUE | 90% | 79% | | 85% | |
| Corporate D/C Team | Avg. # of Patients Admitted Off Service (Weekly)** | MET | 3 | 4 | | 4 | |
| | | OUE | 4 | 14 | 🟥 | 6 | 🟨 |
| | % of Patients Beyond EDD by 5 Days or More† | MET | 24% | 28% | | 32% | |
| | | OUE | 24% | 44% | 🟥 | 37% | 🟨 |
| | Avg. # of ALC patients (Daily) | MET | 18 | 7 | | 11 | |
| | | OUE | 30 | 23 | | 21 | |
| | % of Patients Discharged by 11:00 | MET | 32% | 35% | | 33% | |
| | | TEL/MED | | 36% | | N/A | |
| | | ONC | | 31% | | N/A | |
| | | HOS/SSM/UNA | | 44% | | N/A | |
| | | OUE | 32% | 16% | 🟨 | 17% | 🟨 |
| | | CTT/TEL | | 18% | 🟨 | N/A | |
| | | CTU | | 9% | 🟥 | N/A | |
| | | HOS/UNA | | 23% | | N/A | |
| | | ASU | | 13% | 🟨 | N/A | |
| | % of Patients Discharged by 14:00 | MET | 70% | 74% | | 71% | |
| | | TEL/MED | | 69% | | N/A | |
| | | ONC | | 66% | | N/A | |
| | | HOS/SSM/UNA | | 82% | | N/A | |
| | | OUE | 70% | 49% | | 57% | |
| | | CTT/TEL | | 46% | | N/A | |
| | | CTU | | 35% | 🟨 | N/A | |
| | | HOS/UNA | | 62% | | N/A | |
| | | ASU | | 52% | | N/A | |
| | Avg. # of Grey Patients (Weekly) | MET | 3 | 2 | | 3 | |
| | | OUE | 13 | 10 | | 15 | |
| Weekend Discharge Team | Avg. # of Patients Discharged on a Weekday vs. Weekends (Weekday/Sat/Sun) | MET | TBD | 16.0/6.5/6.5 | N/A | 14.1/7.5/7.4 | N/A |
| | | OUE | | 15.8/8.0/9.8 | N/A | 16.1/9.3/7.4 | N/A |

*This metric measures the time the decision-to-admit is made to the time the patient leaves the Emergency Dept.*
**As of March 2017, this metric does not include overflow areas 524 & 7*
†Data source changed from Care Round Boards to Medworxx on July 20th, 2018*