

Friday, December 7, 2018

Quality Based Procedures-Preparing Patients for their Journey

On December 3rd, three new QBP bundles were launched – all of which were Cancer related Surgeries. These bundles were:

- Breast Surgeries: Lumpectomy, Mastectomy & Breast Reconstruction
- Prostatectomy
- Hysterectomy

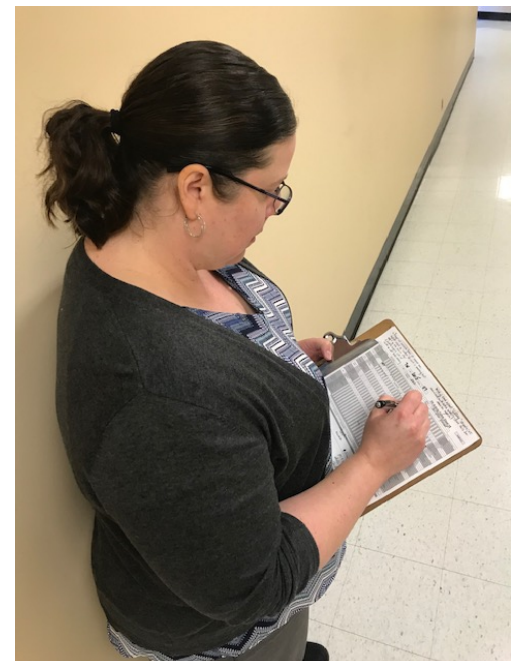
All patients who had their pre-admission session after December 3rd will have the NEW QBP Order Sets, Clinical Pathways and Patient Experience Pathways for these conditions. All of our QBP bundles are based on Best Practice with the goal of providing effective and efficient patient care.

The information in the Patient Experience Pathway is based on the QBP Order Sets used by the physicians and QBP Clinical Pathways used by the nursing staff. With all of our elective surgical QBPs we have found it is very important to let the patients know what to expect in hospital as early as possible. During patients' pre-admission sessions, they are to receive the Patient Experience brochure as well as information about the *WRH My Care Journey* mobile app. This information helps prepare patients and their families for their journey at WRH. When the patients arrive on the day of surgery, they are aware of what to expect while in hospital and can be better prepared for discharge. The Patient Experience Pathway also helps the inpatient surgical staff to clearly communicate to their patients verbally, as well as on their inpatient white boards. Keep an eye out for the NEW QBP Bundles!



Are nurses spending more time at the bedside with their patients?

An important part of measuring whether we are sustaining the Standard Unit bundles includes conducting activity follows. Activity follows allow observers to watch nurses' activity over a period of time and track how their time is being spent. Research indicates that using standard work and having an organized unit or workspace will help increase time at the bedside and reduce time spent on activities like hunting and searching for equipment. Over the next two weeks, staff on 4 Medical and 7 Medical at the Ouellette campus will have observers conducting activity follows. Observations will allow us to track the time spent at the bedside and identify additional opportunities for improvement. Providing nurses the opportunity to spend more time at the bedside allows for better quality care for patients and helps prevent patient harm throughout the hospital stay. Results from the activity follows already completed on 4 West, 4 North, and CTU will be shared shortly so stay tuned!



Jen Cipkar-Youssef, one of the observers is seen here compiling data from shadowing a nurse at the Ouellette Campus

The MBA Experience at WRH

Last Friday, November 30th the SOP team took a moment to thank Don St. John, this year's MBA student from the Odette School of Business. During Don's placement with SOP he was able to provide valuable insight from both a business and frontline staff perspective. Don supported many SOP initiatives, and more specifically the QBP project. He worked on key elements including the preparation for Wave 3 QBPs and the success of the QBP mobile app. We wish Don the best of luck in all his future endeavors!



The SOP Team take time to thank Don, our MBA student for his support and engagement over the past months.

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 October 12, 2018 - October 18, 2018

Metric	Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD Sept 1-30th Improvement Since Launch for September
					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	3.3	3.1	3.1	11.0	11.0	7.1	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%	49 out of 122 (40%)	47 out of 122 (39%)	36 out of 122 (30%)	62 out of 126 (49%)	60 out of 126 (48%)	40 out of 126 (32%)	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	2	4	3	4	4	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	14	13	21	22	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	6	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%	49%	43%	32%	17%	16%	17%	D/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%	80%	75%	70%	51%	55%	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	13.6/13/5 100%/96%/37%	13.8/8/8.5 100%/58%/62%	13.9/7.3/7.3 100%/53%/53%	16.4/11/10 100%/67%/61%	15.2/11/9 100%/73%/59%	16.4/9.6/7.2 100%/59%/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%	60 out of 61 (98%)	271 out of 283 (96%)	3622 out of 3827 (95%)	34 out of 44 (77%)	140 out of 176 (80%)	2392 out of 2756 (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	0 (0)	1	3	3 (3)	2	9	

*Data source changed from Care Board Boards to Medwarx 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