

Sustaining Efficient Emergency Department to Inpatient Unit Transfer

Admitted patients are benefitting from work being done to improve transfer times to a hospital bed, thanks to the work of Medicine Patient Flow project teams and hospital leadership.

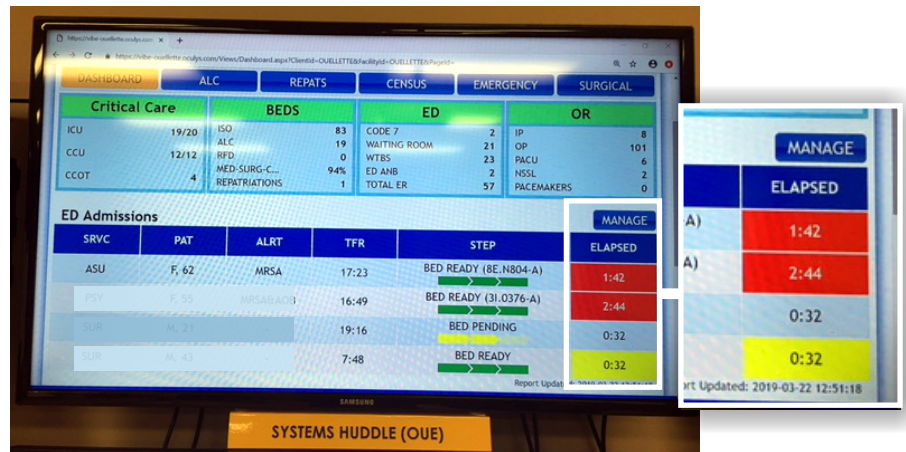
As a part of continuous improvement, attention is being placed on the earliest phase of an inpatient's journey – the time they were admitted to the hospital in the Emergency Department (ED), to the time they arrived in an inpatient bed. There are numerous processes that occur as a part of this transfer, and every effort is made to ensure that this transfer happens as timely as possible. During fiscal year 2016/17, at 7:00am there was an average of 8 medicine patients at the Met campus and 16 medicine patients at the Ouellette campus who were admitted in the ED and did not have an inpatient bed on the appropriate Medicine unit readily available. Currently, those average numbers are 1 and 2 patients for Met and Ouellette respectively. Even though as an organization we

have achieved some of the best patient transfer times in the province for moving patients from the ED to their unit, there is always room for improvement.

Focus is now being placed on these "Admit No Bed" patients who wait 3 hours or greater to arrive to a Medicine inpatient bed. With support from the SOP department, when cases like this happen the transfer is analyzed to understand what contributed to the



Many patients are able to be transferred to medicine units in wheelchairs. This reduces transporting delays.



Using our software system called Vibe, the Command Centre can see how long admitted patients have been waiting in the ED. The time is flagged red when a patient has waited a significant amount of time.

delay. Doing so allows the team to identify the challenges and assist in developing ways to improve the process. The patient-centered goal is to have the transfer to the unit happen as quickly as possible and eliminate or minimize any delays in this transfer process. The expectation is that patient transfers occur long before a red flag needs to be raised. The 3 hour delay marker serves as that red flag that lets us know that an ED to unit transfer has not occurred in the manner expected. In the Command Centre there are tools used such as VIBE which help to manage the transfer. Other efforts to assist in a timely transfer include the use of a wheelchair for patients whose medical and mobility status allow it.

Patients will directly benefit from these improvements as it minimizes their length of stay in the ED and allows their care plan to be started sooner as a result of timely arrival to the appropriate inpatient unit. Staff have worked very hard to achieve excellent results so far, and their efforts will help ensure these results can be sustained long-term.

Quality Based Procedures (QBP) Improvements

The Wave 4 QBP teams have begun meeting to plan developing their materials and make improvements to their respective QBPs. Wave 4 include:

- Colorectal Surgeries (Cancer Related)
- Neuro Surgeries (Cancer Related)
- GI Endoscopy
- Aortic Aneurism Repair & Repair of Lower Extremity Occlusive Disease

These multidisciplinary teams will be working on bundles for each of these surgical procedures. The Bundles will include physician Order Sets, standardized Care Plans called Clinical Pathways and day by day guides called Patient Experience Pathways. The patient experience pathway will also include the addition of these QBPs to the WRH My Care Journey mobile app!



Patient Flow Metric Report-Medicine Only

Targets are set at 20% improvement since Oct 23 launch, exceptions include: ALC, DC by 11 & 14 where corporate targets already existed



Reporting for the week of March 16, 2018 - March 22, 2019

Metric	Lead	FY 16/17			Met Campus			Ouellette Campus			Results YTD Feb 1-28th
		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 February
Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	2.5	2.2	3.1	4.8	4.4	5.7	Admitted patients wait 6.2 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%	44 out of 122 (36%)	44 out of 122 (36%)	39 out of 122 (32%)	49 out of 126 (39%)	53 out of 126 (42%)	46 out of 126 (37%)	Met: 1 more patients beyond EDD >5 avg./day Doe: 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	6	5	4	28	21	5	33 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	8	11	12	16	21	22	M: 6 less alternate level of care patients/wk O: 8 less alternate level of care patients/wk
# of Admit No Beds (avg. per day at 7am)	A - Janice N.	M:8 O:16	0	M:2 O:3	0	1	1	3	2	3	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. / Kristi C.	M:31% O:16%	32%	32%	38%	32%	33%	24%	24%	17%	D/C 11:30Met 2% increase, Que 1% increase D/C 14:30Met 1% decrease, Que 3% increase
Discharge by 14:00	D - Monica S. / Kristi C.	M:72% O:54%	70%	70%	79%	73%	71%	54%	61%	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	16.6/8.0/4.0 100%/48%/24%	15.1/7.0/7.0 100%/47%/47%	14.0/7.5/7.2 100%/53%/51%	15.0/11.0/9.0 100%/73%/60%	17.4/10.0/8.0 100%/57%/46%	16.1/9.5/7.4 100%/59%/46%	M: Set 1 / Sun 1 increase patient in discharges O: Set 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%	62 out of 71 (87%)	284 out of 303 (94%)	5155 out of 5483 (94%)	28 out of 34 (82%)	123 out of 167 (74%)	3214 out of 3724 (86%)	M:34% 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)**	D - Kristi C.	NA	0	M:0 O:0	7 (6)	2	2	20 (18)	13	9	

*Data source changed from Care Round Boards to Medscore 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