

Meet your Mobility Champions on 'Walking Wednesdays'

While patients get up every day, the mobility team has designated Wednesday's as "Walking Wednesdays". To make it easy to recognize the mobility champions among us, the team will be wearing grey t-shirts with the "Movement Matters" logo on the back. Our mobility champions are comprised of clinical practice managers, nurses, ambulation assistants, and physiotherapists.

Nurse champions have been identified on 7Med and 4 North. These nurses encourage their patients to mobilize daily. Their role is to serve as a resource on the unit and to assist their peers with the mobility bundle.

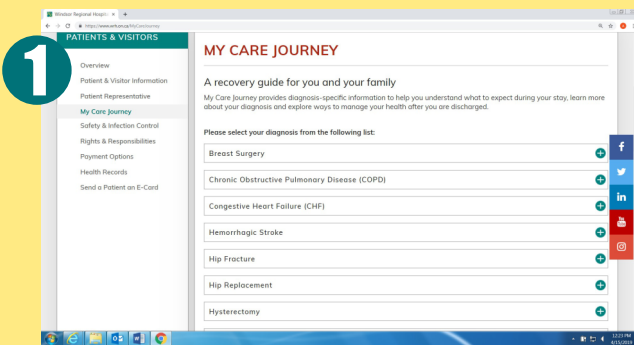
Ambulation Assistants work on all medicine and surgery units and receive referrals for patients who are identified as mobility level "A" by the nurse. They are all mobility champions and can answer any questions on behalf of the mobility team. The team has been working to improve mobility so patients can maintain or return to their baseline functional status. Developing a mobility plan and setting goals on admission prevents functional decline which can happen within just 2 days of hospitalization.



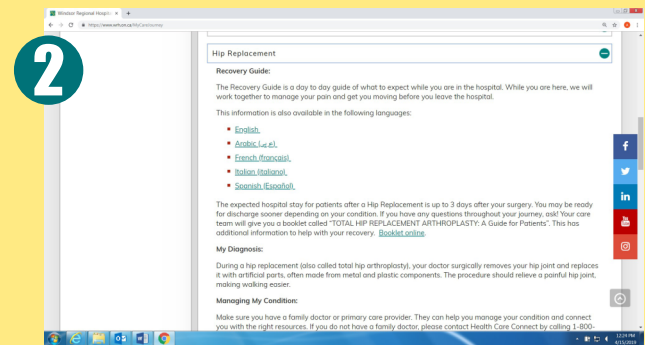
Walking Champions Melissa & Tara

My Care Journey Brochures Available in Multiple Languages

Did you know the WRH My Care Journey brochures are also available for printing in French, Arabic, Italian and Spanish? Follow the 4 easy steps below to access all of the QBP diagnosis in these languages! QBP diagnosis include; Knee Replacement, Hip Replacement, Knee Arthroscopy, Prostatectomy, Hysterectomy, Breast Surgeries, Shoulder Arthroplasty, COPD, Heart Failure, Community Acquired Pneumonia, Ischemic Stroke, Hemorrhagic Stroke and TIA.



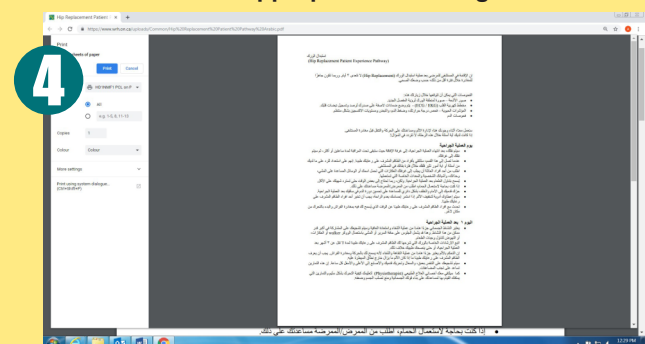
Go to www.wrhmymcarejourney.ca on your web browser



Select the appropriate QBP diagnosis.



Select the language required



Print the pathway for your patient!

Medical Students Involvement in Quality Improvement

On April 22nd, three student groups from the Schulich School of Medicine & Dentistry presented their work done with Patient Flow and QBP Pathway Improvement programs. The three projects were focused on pressure injury prevention, the effect of physician rounding on discharge times and driving recommendations post stroke. In depth and comprehensive literature reviews were shared along with valuable observations that highlighted the need for continuous process improvement.

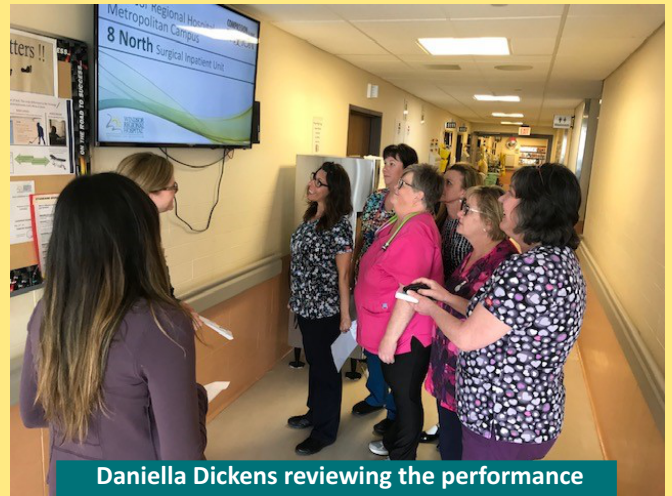
Recommendations made through their presentations align with work being done at WRH for patients to receive timely and efficient care supported by current best practices and clinical guidelines. Well done students!

Winning teams, winning ticket

During the month of May, leaders will be up on the units sharing unit specific performance results with staff that are displayed on the TV's in the hallways. They are highlighting the great work that staff have been doing in preventing harm to our patients.

On May 2nd, staff were given a raffle ticket for a large glass Hershey's Kiss with Hershey's kisses inside donated from the foundation office. Rachel Donally from 4North, Met Campus had the winning ticket. Rachel attended the sharing of performance results on 4 North lead by Daniella Dickens.

Rachel stated "I never really took the time to look at the performance board before, but now I understand the information on it and am happy to see the good results."



Daniella Dickens reviewing the performance board with 8North staff

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

Metric	Lead	FY 16/17			Met Campus			Ouellette Campus			Results YTD Apr 1-30th
		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 April
Avg. Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	2.6	2.2	2.3	5.9	3.6	4.1	Admitted patients wait 7.75 hours less for an inpatient bed
Daily Avg. # of Patients Beyond EDD by 5 Days or More†	D - Kathleen M. / Marie C./Kristi C.	N/A	0	24%	34 out of 122 (30%)	37 out of 122 (30%)	39 out of 122 (32%)	48 out of 126 (38%)	48 out of 126 (38%)	46 out of 126 (37%)	Met: 3 less patients beyond EDD >5 avg./day Que: 5 more patients beyond EDD >5 avg./day *4 week average - since Oct 23, 2017
Weekly Total # of Patients Admitted Off Service***	A - Theresa M.	38	0	M: 3 O: 4	2	3	4	7	6	6	33 less patients admitted off service
Daily Avg. # of ALC patients	D - Kathleen M. / Marie C.	M:18 O:30	0	M:18 O:26	8	7	12	16	16	21	M: 6 less alternate level of care patients/wk O: 9 less alternate level of care patients/wk
Daily Avg. # of Admit No Bed Patients at 07:00	A - Janice N.	M:8 O:16	0	M:2 O:3	0	0	1	2	1	3	M: 7 less admitted pts without a bed at 700 O: 13 less admitted pts without a bed at 700
Weekly % of Patients Discharged by 11:00	D - Monica S. / Kristi C.	M:31% O:16%	32%	32%	31%	31%	33%	17%	17%	17%	D/C 11: Met 1% increase, Que 1% increase D/C 14: Met 1% decrease, Que 3% increase
Weekly % of Patients Discharged by 14:00	D - Monica S. / Kristi C.	M:72% O:54%	70%	70%	72%	72%	71%	62%	58%	57%	
Daily # of Patients Discharged on Weekends (Weekday Daily Avg./Sat./Sun.) (% discharged Weekday/Sat/Sun)	D - Dr. Seski	M:13/7/6 O:13/8/6	TBD	TBD	12.2/10.0/7.0 100%/82%/57%	13.1/7.3/9.3 100%/56%/71%	14.0/7.5/7.4 100%/54%/53%	15.8/5.0/5.0 100%/32%/32%	14.9/9.8/6.5 100%/66%/44%	16.1/9.5/7.4 100%/59%/46%	M: Sat 1 / Sun 1 increase patient in discharges O: Sat 2 / Sun 2 increase in patient discharges *Improvement since FY16/17
Weekly Total # of Patients Admitted to Units with Assessment Bays	A - Emily C.	N/A	100%	90%	75 out of 78 (96%)	296 out of 315 (94%)	5663 out of 6020 (94%)	39 out of 47 (83%)	167 out of 194 (86%)	3499 out of 4070 (86%)	M: 94% of pts in assessment bays (since launch) O: 86% of pts in assessment bays (since launch)
Weekly Total # of Grey Patients**	D - Kristi C.	NA	0	M:0 O:0	1	3	2	14	15	14	
Weekly Total # of Patients Waiting Greater Than 3 Hours for a Bed††	A - Kristi C.	N/A	0	M:0 O:0	14	9	8	8	10	15	

*Data source changed from Care Round Boards to Medworx 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 leaves the Emergency Dept.
 †Total # of Grey patients for current week displayed, 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
 †† Total # of ANB>3hrs patients for current week displayed, 4 week weekly avg. and weekly avg. since start of data collection also displayed.