

Patient Flow Surge Planning

As we move into the winter months, there is a known increase in patient demand which provides an opportunity for the Medicine Patient Flow Teams to review our current processes and proactively plan for the coming months. With increased system pressures, the organization will frequently face occupancy exceeding 100%, therefore triggering the initiation of surge processes. These surge process plans include the opening and closing of designated overflow areas, as well as communication and corporate planning strategies. The surge plan will provide space for patient admissions while ensuring appropriate care and promoting timely admissions for patients from the Emergency Department (ED). Communication strategies for additional staffing based on daily demand, as well as corporate notification, will ensure service requirements are clearly communicated. During the surge plan, the team will monitor metrics to determine the impact on patients, and ensure our patients still receive “Outstanding Care – No Exceptions!”.



Patient Flow uses electronic data to support surge planning and processes as we move into the winter 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 November 10, 2018 - November 16, 2018

Metric	Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD Oct 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 September
Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	6.2	5.3	3.2	6.4	9.4	7.8	Admitted patients wait 5.7 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%	58 out of 122 (48%)	55 out of 122 (45%)	38 out of 122 (31%)	74 out of 126 (59%)	73 out of 126 (58%)	41 out of 126 (33%)	M: 8 more patients beyond EDD >5 avg./day O: has 18 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	1	6	3	7	5	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	14	13	13	26	25	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	2	3	1	3	5	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%	32%	28%	33%	18%	17%	17%	O: 11:30 Met 2% increase, Oue 1% increase D: 14:30 Met 2% decrease, Oue 3% increase
Discharge by 14:00	D - Monica S.	M: 72% O: 54%	70%	70%	76%	77%	71%	62%	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	12.2/5/10 100%/41%/82%	14.2/7.8/5.8 100%/55%/41%	13.9/7.4/7.2 100%/53%/52%	16.2/9/3 100%/56%/19%	14.0/8.5/6.3 100%/61%/45%	16.1/9.5/7.2 100%/59%/45%	M: Sat 1 increase in patient discharge / 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%	54 out of 58 (93%)	249 out of 278 (90%)	3871 out of 4105 (94%)	37 out of 39 (95%)	140 out of 158 (89%)	2532 out of 2914 (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	1	2	1	1	8	

*Data source changed from Care Round Boards to Medworks on July 20th, 2018

†This metric measures how long a patient waits from the time the bellows-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

More Patients Benefit From Condition-Specific Standardized Care as Part of the QBP Program

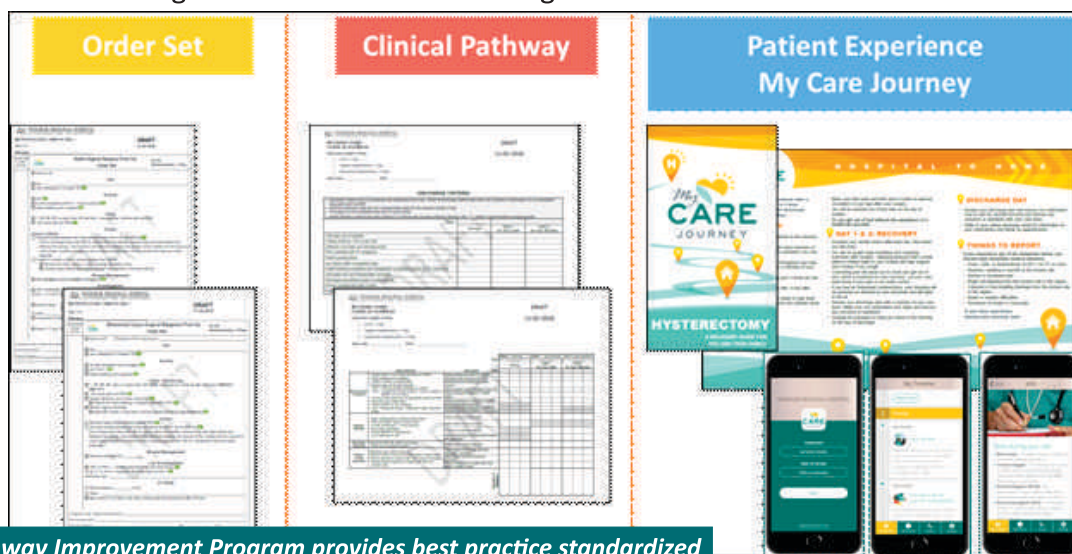
On December 3rd, the next round of Quality Based Procedure (QBP) Bundles will be launching for patients with selected conditions. These Bundles include Physician Order Sets, standardized care plans called Clinical Pathways, day-by-day guides called Patient Experience Pathways, and valuable information for patients and family members on the WRH My Care Journey mobile app.

New or revised bundles will be available for the following conditions/procedures:

- Breast Surgery – Lumpectomy, Mastectomy & Breast Reconstruction
- Hysterectomy
- Prostatectomy

Don't forget that patients with COPD, Pneumonia, Heart Failure, Ischemic Stroke, Hemorrhagic Stroke, TIA, Hip Fracture, Hip Replacement, Knee Replacement and Knee Arthroscopy should be on the new QBP Clinical Pathways and have all elements of the bundles in use.

Ask your Operations Manager or Clinical Practice Manager for more information!



The QBP Pathway Improvement Program provides best practice standardized care and involves patients and their family members in their care.

Medical /Surgical Unit Activity Follows

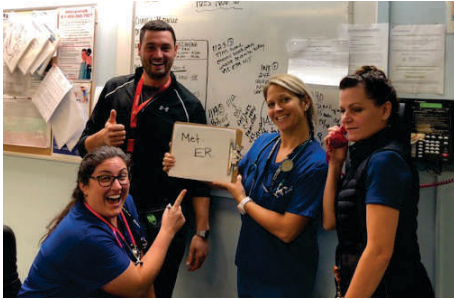
Over the next few months, all medical/surgical units will have SOP, LEAN green/yellow belts, and staff volunteers follow nurses as part of the Standard Unit sustainment plan.

All units have previously undergone the 5S process. Has this been sustained on the units? During these activity follows, observers will be documenting activities that nurses are completing over a 12 hour period, and looking for opportunities to increase nursing time spent at the bedside with the patients.

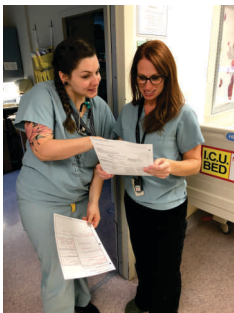
Results from last year showed that nurses had spent, on average, an extra 50 minutes with their patients. Once the current activity follows are completed, data will be shared for comparison.

We will be seeing you soon!

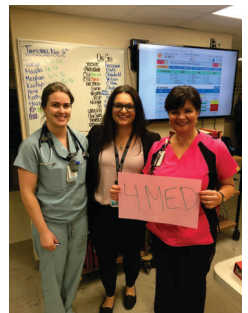
Friday, November 23, 2018



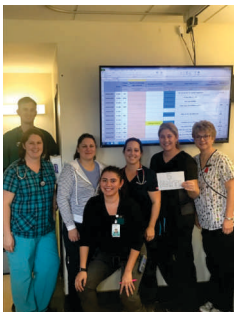
In Pursuit of OUTSTANDING CARE



The Standard Unit bundles provide framework so staff can provide the same safe quality care to patients across both campuses. The change of season brings with it a surge of patients. Keeping the integrity of each bundle as it is intended can be a challenge when units become busy. The “In Pursuit of Outstanding Care” contest gave teams a chance to review the bundles, highlighting a fact from each bundle and provided an opportunity to have a little fun. Daily prize winners received a goody package supplied by the Public Affairs office.



18 Standard Unit teams and 35 Non-Standard Unit teams participated over the 2 week period. See the winning teams posted at http://wrhintranet.wrh.on.ca/Site_Published/intranet/SiteContent.aspx?Body.QueryId=129620&LeftNav.QueryId.Categories=140
Thank you to all the teams that participated.



TOA stories:

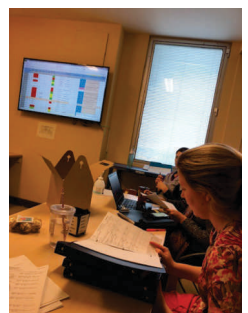
Renal Dialysis

In our inpatient unit post dialysis, we send a TOA back to the floor; this is very important to communicate the actions taken during their dialysis treatment. HD patients can be very hemodynamically unstable at times and this is important to communicate this to the floor nurses to ensure stability and safety for the patient. We also ensure a verbal report has been given.



ICU

In ICU we have recently decided to incorporate the TOA into our organ donation cases. Not previously used, as the patient leaves ICU and goes to the OR for donation - not to return - typical care needs are not a concern at this point. We have brought the TOA into a new use! The TOA in organ donation cases will help personalize the patient to the OR staff, and hopefully provide closure to the family - who we hope will listen in on this last report.



8 East

The TOA helps with making sure you cover all of the essential information prior to sending the patient. Prior to the formal TOA, nurses would just report what they felt was important and a lot of information was missing. The TOA helps in arranging your thoughts and critical information.

