

## QBP Discharge Sheets

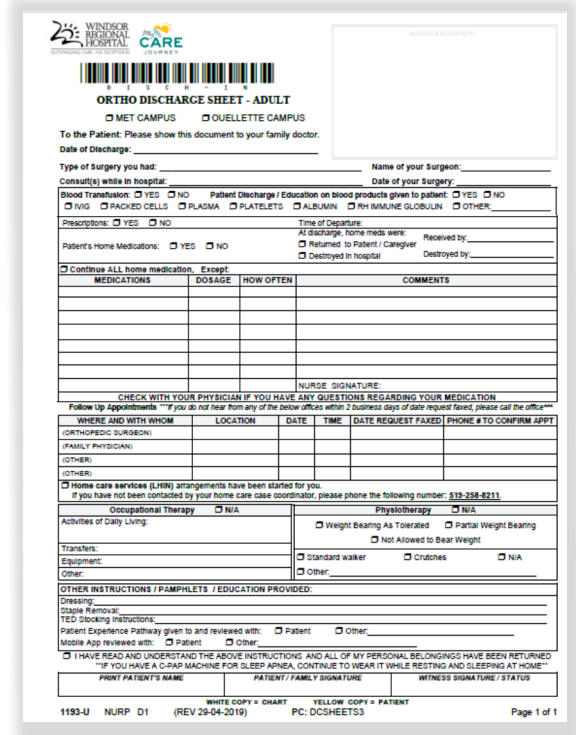
Condition specific discharge sheets will be going live on Monday, May 6th for all inpatient Quality Based Procedure (QBP) conditions.

These sheets include:

- Orthopedic Discharge Sheet (Hip Replacement, Knee Replacement & Shoulder Arthroplasty)
- Prostatectomy Discharge Sheet
- Hysterectomy Discharge Sheet
- COPD Discharge Sheet
- Pneumonia Discharge Sheet (Community Acquired Pneumonia)
- CHF Discharge Sheet
- Stroke (revision to current discharge sheet)

This type of condition specific best practice discharge checklist was tested over the past six months for Stroke patients with great success. There was a noted reduction in readmissions to hospital within 7 and 30 days. Since implementation of the checklist only 1.1% of patients have been readmitted within 7 days; prior to the discharge checklists approx. 2.7% of patients were readmitted within 7 days. Since implementation of the checklist only 2.2% of patients have been readmitted within 30 days; prior to the discharge checklists approx. 8.6% of patients were readmitted within 30 days.

Due to the tremendous success of the Stroke discharge sheets we are now implementing this type of discharge sheet for all of the inpatient QBP conditions. The goal of the new discharge checklists is to reduce readmissions by ensuring all patient education and follow ups are in place prior to patients being discharged from hospital. These discharge sheets will replace the standard discharge sheet for patients who are discharged home. Keep an eye out for the new discharge checklists in your area!



**ORTHODISCHARGE SHEET - ADULT**  
 MET CAMPUS     OUELLETTE CAMPUS  
 To the Patient: Please show this document to your family doctor.  
 Date of Discharge: \_\_\_\_\_  
 Type of surgery you had: \_\_\_\_\_ Name of your surgeon: \_\_\_\_\_  
 Date of your surgery: \_\_\_\_\_  
 Consult(s) while in hospital: \_\_\_\_\_  
 Blood Transfusion:  YES  NO    Patient Discharge / Education on blood products given to patient:  YES  NO  
 IVF     PACKED CELLS     PLASMA     PLATELETS     ALBUMIN     FETAL HEMALINE GLOBULIN     OTHER: \_\_\_\_\_  
 Prescriptions:  YES  NO    At discharge, home meds were: \_\_\_\_\_  
 Patient's Home Medications:  YES  NO     Returned to Patient / Caregiver     Destroyed in hospital     Destroyed by: \_\_\_\_\_  
 Continue ALL home medication, Except: \_\_\_\_\_  

MEDICATIONS	DOSAGE	HOW OFTEN	COMMENTS

 NURSE SIGNATURE: \_\_\_\_\_  
 CHECK WITH YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS REGARDING YOUR MEDICATION  
 Follow Up Appointments: \*If you do not hear from any of the below offices within 2 business days of date request faxed, please call the office\*\*  

WHERE AND WITH WHOM	LOCATION	DATE	TIME	DATE REQUEST FAXED	PHONE # TO CONFIRM APPT

 (FAMILY PHYSICIAN): \_\_\_\_\_  
 (OTHER): \_\_\_\_\_  
 (OTHER): \_\_\_\_\_  
 Home care services (LHIN) arrangements have been started for you.  
 If you have not been contacted by your home care case coordinator, please phone the following number: 519-258-8211.  
 Occupational Therapy  N/A    Physiotherapy  N/A  
 Activities of Daily Living: \_\_\_\_\_  
 Weight Bearing As Tolerated     Partial Weight Bearing  
 Not Allowed to Bear Weight  
 Transfers: \_\_\_\_\_  
 Standard walker     Crutches     N/A  
 Equipment: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 OTHER INSTRUCTIONS / PAMPHLETS / EDUCATION PROVIDED:  
 Dressing: \_\_\_\_\_  
 Double Reminder: \_\_\_\_\_  
 TED Stocking Instructions: \_\_\_\_\_  
 Patient Experience Pathway given to and reviewed with:  Patient     Other: \_\_\_\_\_  
 Mobile App reviewed with:  Patient     Other: \_\_\_\_\_  
 I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS AND ALL OF MY PERSONAL BELONGINGS HAVE BEEN RETURNED  
 "IF YOU HAVE A C-PAP MACHINE FOR SLEEP APNEA, CONTINUE TO WEAR IT WHILE RESTING AND SLEEPING AT HOME"  
 PRINT PATIENT'S NAME: \_\_\_\_\_ PATIENT / FAMILY SIGNATURE: \_\_\_\_\_ WITNESS SIGNATURE / STATUS: \_\_\_\_\_  
 1193-U    NURP    D1    WHITE COPY = CHART    YELLOW COPY = PATIENT    (REV 20-04-2019)    PC: DCSHEETS3    Page 1 of 1

## EXPERIENTIAL SUPPORT Plan for May



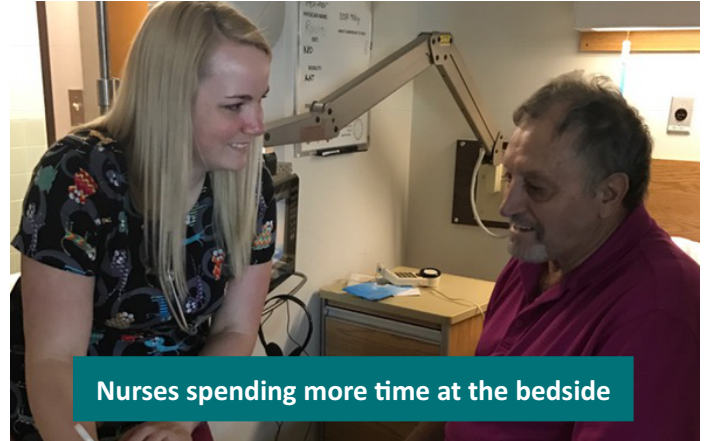
For the month of May, the focus of Scrubs Thursdays are Performance Boards. Performance Boards are the electronic information boards located in the hallway of each standard unit. The boards display corporate, program, and unit specific metrics for each of the patient safety, quality, and patient flow indicators.

Visiting staff will be asked to review performance boards with the unit to provide an opportunity to celebrate successes and develop opportunities for improvement.

## More Time At The Bedside

In a 24 hour period, Nurses are spending 1 hour and 35 minutes longer with their patients compared to 2017.

Following 5S events on the medical and surgical units, standard unit bundles were implemented. These bundles each effect nursing time at the bedside (direct time to care). For the past three years, nursing time at the bedside has been monitored through activity follows. Activity follows give a snapshot of nursing time at the bedside by following various nurses over a 12 hour period. Nursing time at the bedside has consistently increased over the past three years at both campuses in medicine and surgery programs.



Nurses spending more time at the bedside

## Movement Matters - Making Strides with Patients

As part of the ongoing feedback from staff, and in conjunction with members of the Mobility Team, an opportunity arose for patients to be more engaged in their daily plan of care. For patients who are able to walk independently or with some assistance, a "Mobility Resource Binder" is available for patients to track their own progress as their ability to walk distances improves. Instructions about how to download a health app on their mobile device which track steps, is also available. Mobility logs with distance information are available so patients can record their steps for the day. These resources are being piloted on 7 Medical (Ouellette) and 4 North (Met).



### Scrubs Thursday WINNING Ticket # 282316

Check your ticket from Scrub Thursday's Performance Board review for the winning number: 282316  
Contact [Karen.Denomme@wrh.on.ca](mailto:Karen.Denomme@wrh.on.ca) and the prize will be delivered to the appropriate campus.

## 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 April 20, 2018 - April 26, 2019

Metric	Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD Mar 1-29th
					This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	Improvement Since Launch for March
Avg. Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	2.2	2.0	2.6	2.9	3.2	4.2	Admitted patients wait 6.9 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%	40 out of 122 (33%)	36 out of 122 (30%)	39 out of 122 (32%)	50 out of 126 (40%)	50 out of 126 (40%)	46 out of 126 (37%)	Met: 4 more patients beyond EDD >5 avg./day Duc: has 8 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	7	2	4	7	11	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	17	17	21	M: 8 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	1	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%	22%	32%	32%	15%	16%	17%	O/C 11-Met 2% increase, Que 1% increase
Weekly % of Patients Discharged by 14:00	D - Monica S. / Kristi C.	M:72% O:54%	70%	70%	68%	74%	71%	59%	58%	57%	O/C 14-Met 1% decrease, Que 3% increase
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	11.8/8.0/6.0 100%/68%/51%	12.6/6.8/9.0 100%/52%/76%	14.0/7.5/7.4 100%/53%/53%	16.0/10.0/8.0 100%/63%/50%	15.5/9.5/7.5 100%/61%/49%	16.1/9.5/7.4 100%/59%/46%	M: Sat 1 / Sun 1 increase patient in discharges O: Sat 2 / Sun 1 increase in patient discharges *Improvement since FY18/17
Weekly Total # of Patients Admitted to Units with Assessment Bays	A - Emily C.	N/A	100%	90%	77 out of 80 (96%)	291 out of 308 (95%)	5519 out of 5865 (94%)	40 out of 49 (82%)	140 out of 164 (85%)	3406 out of 3963 (86%)	M:84% 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	4	2	2	15	17	14	
Weekly Total # of Patients Waiting Greater Than 3 Hours for a Bed††	A - Kristi C.	N/A	0	M:0 O:0	9	6	7	16	15	17	

\*Data source changed from Care Round Boards to Medworx on July 2008, 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 324 & 7

††† Total # of ALC/Off-bed patients for current week displayed, 4 week weekly avg. and weekly avg. since start of data collection also displayed.