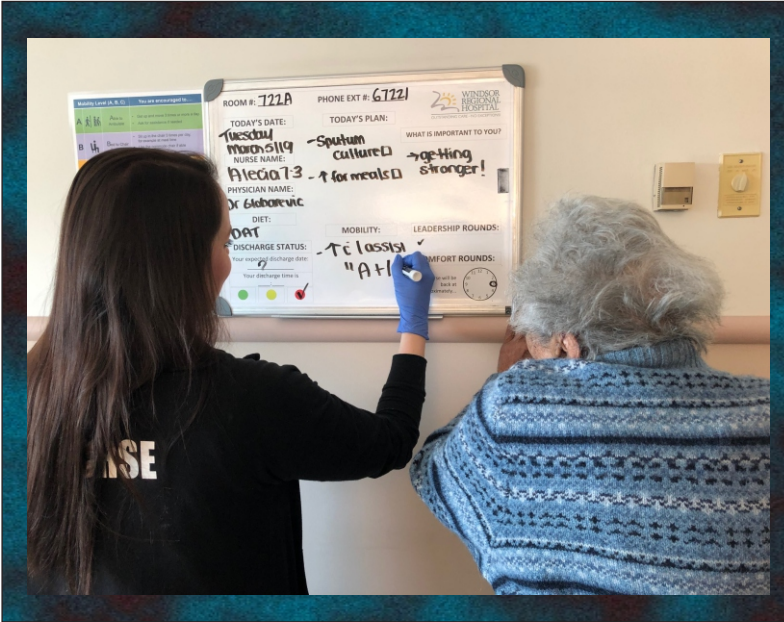


Mobility and Patient Whiteboards

Mobilizing patients, communicating the plan for all in-room patient whiteboards



Alecia Penney (nurse) showing a patient the Whiteboard

In-Room patient whiteboards are tools that can be improved upon when communicating mobility needs of the patient. Whiteboards cannot replace person-to-person communication, however they can serve as a bridge for better communication. Effectively completed whiteboards improve patient knowledge and support, and strengthen interprofessional communication. By providing a clear picture about when and how a patient can move, whiteboards help facilitate teamwork and reassure the patient that everyone on their team is aware of their specific mobility care plan.

Any nurse who enters the room can assist a patient without delay. Family members can safely and confidently be a part of the patient's care.

The focus on enhancing patient overall health with early ambulation is a team effort. The plan needs to be shared so all can participate.

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

Metric	Lead	FY 16/17	Goal	Target	Met Campus			Ouellette Campus			Results YTD Feb 1-28th Improvement Since Launch for February
					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	2.3	2.2	3.2	5.4	4.9	6.4	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%	46 out of 122 (38%)	41 out of 122 (34%)	39 out of 122 (32%)	57 out of 126 (45%)	57 out of 126 (45%)	46 out of 126 (37%)	Met: 1 more patients beyond EDD >5 avg./day Oue: 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	7	5	4	30	12	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	12	11	12	26	24	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	1	1	1	2	2	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. / Kristi C.	M:31% O:16%	32%	32%	28%	32%	33%	28%	19%	17%	D/C 11: Met 2% increase, Oue 1% increase D/C 14: Met 1% decrease, Oue 3% increase
Discharge by 14:00	D - Monica S. / Kristi C.	M:72% O:54%	70%	70%	66%	73%	71%	65%	54%	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	15.8/7/7 100%/44%/44%	13.8/6.3/10.0 100%/45%/72%	14.0/7.5/7.2 100%/54%/52%	19.0/6.0/4.0 100%/32%/21%	16.1/10.8/8.5 100%/67%/53%	16.1/9.5/7.3 100%/59%/46%	M: Sat 1 / Sun 1 increase patient in discharges O: Sat 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%	73 out of 76 (96%)	295 out of 311 (95%)	4944 out of 5256 (94%)	18 out of 34 (53%)	124 out of 157 (79%)	3109 out of 3591 (87%)	M: 94% 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	0 (0)	2	2	13 (9)	18	8	

*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 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

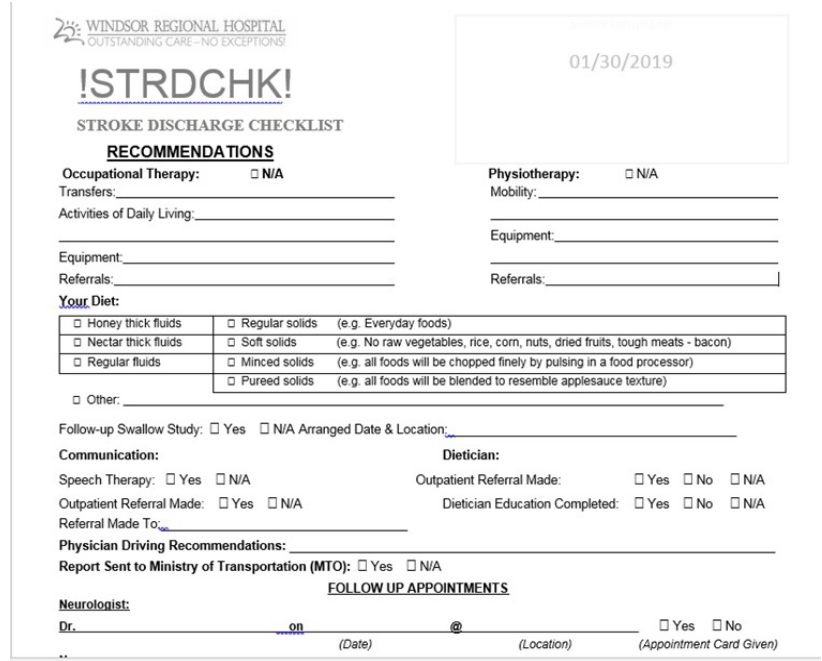
Condition Specific Discharge Checklist

A condition specific best practice discharge checklist was tested over the past 4 months for stroke patients. This discharge checklist replaces the standard discharge sheet for patients who are discharged home. This checklist includes information specific to the condition and helps to ensure everything is in place for patients upon discharge and that patients are well informed. Since the implementation of this discharge checklist, there has been a significant reduction in the number of stroke patients readmitted within 7 and 30 days of discharge.

The stroke discharge checklist has shown success as there were only 2 stroke patients readmitted within 7 or 30 days, usually the average number of patients readmitted during this same time period would be approximately 11 patients.

As a result of the great success with the stroke discharge checklist, all other QBP teams are now currently working on condition specific discharge checklists for other inpatient QBP patients. These QBPs include: Shoulder Arthroplasty, Hysterectomy, Prostatectomy, Hip Replacement, Knee Replacement, COPD, CHF and Community Acquired Pneumonia. Keep an eye out for the new discharge checklists in your area!

Here is an example of the type of information that is included on the discharge checklists.

!STRDCHK!
STROKE DISCHARGE CHECKLIST

RECOMMENDATIONS

Occupational Therapy: N/A

Transfers: _____

Activities of Daily Living: _____

Equipment: _____

Referrals: _____

Physiotherapy: N/A

Mobility: _____

Equipment: _____

Referrals: _____

Your Diet:

<input type="checkbox"/> Honey thick fluids	<input type="checkbox"/> Regular solids (e.g. Everyday foods)
<input type="checkbox"/> Nectar thick fluids	<input type="checkbox"/> Soft solids (e.g. No raw vegetables, rice, corn, nuts, dried fruits, tough meats - bacon)
<input type="checkbox"/> Regular fluids	<input type="checkbox"/> Minced solids (e.g. all foods will be chopped finely by pulsing in a food processor)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Pureed solids (e.g. all foods will be blended to resemble applesauce texture)

Follow-up Swallow Study: Yes N/A Arranged Date & Location: _____

Communication:

Speech Therapy: Yes N/A

Outpatient Referral Made: Yes No N/A

Outpatient Referral Made: Yes N/A

Referral Made To: _____

Physician Driving Recommendations: _____

Report Sent to Ministry of Transportation (MTO): Yes N/A

Neurologist:

Dr. _____ on _____ @ _____ Yes No

(Date) (Location) (Appointment Card Given)

FOLLOW UP APPOINTMENTS

Discussing the Alternate Level of Care Patient

Windsor Regional Hospital, in conjunction with the Erie St. Clair LHIN and Hotel-Dieu Grace Healthcare, hosted a presentation given by Dr. Robert Sibbald entitled “The Alternate Level of Care Patient – Ensuring Ethical Discharges.”

Dr. Sibbald’s credentials include: Bioethicist at London Health Sciences Centre and Adjunct Professor in the Department of Family Medicine at Western University, as well as Co-Director of the Canadian Unit of the International Network of the UNESCO Chair in Bioethics.

Dr. Sibbald's presentation was interesting as he examined both the concept and practice of Alternate Level of Care (ALC) Patients in the Ontario health system. His research expertise was evident during his insightful presentation and discussion, particularly about the ethical landscape surrounding ALC patients. Dr. Sibbald emphasized the need for community partners to work together to ensure that ALC patients receive the most appropriate care for their needs.

Windsor Regional Hospital's partnership with the LHIN and Hotel-Dieu Grace Healthcare for the Intensive Hospital to Home Rehab Services Initiative (IHH) supports the provision of that care for appropriate ALC patients.