

Discussing mobility at care rounds

During care rounds the operations manager prompts discussion about every patient's mobility level. Nurses must come prepared to know their patient's mobility plan and whether or not it has been achieved within the last 24hrs. By doing this, further planning can be discussed with the team to support the patient and prevent delays to discharge due to immobility and deconditioning. After care rounds the nurse can talk with the patient about their mobility plan and record it on the in room whiteboard.

Encouraging and ensuring appropriate activities will prevent risks to mobility and allow our patients to take “steps” in the right direction.



Sonny Arya Ambulating with Sherry Kabenick a patient on 6 East

Scrubs Thursday Continue



Leaders were on the units again this week to participate in Scrubs Thursday.

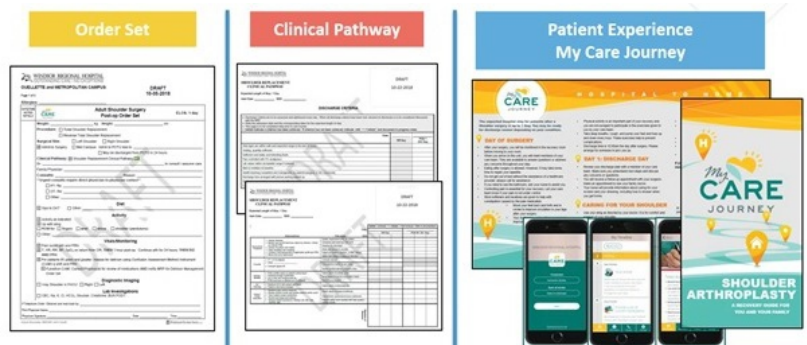
Every Thursday morning and afternoon for 2-3 hours all of WRH's Vice Presidents, Clinical Directors and Managers put on their scrubs and go to a designated nursing unit. While leaders are on the unit they select a nurse, and are their “support”. During this 2-3 hour time period the leader will shadow the nurse as he/she goes through regular duties and activities. This is an opportunity to see first-hand, on a regular basis, how process changes like standard unit and patient flow are impacting the care providers, patients and family.

Staff are encouraged to share their experiences about Scrubs Thursday with their managers at staff meetings and this information will be shared with the senior leadership team.

More patients benefit from condition-specific standardized care as part of the QBP Program

On March 4th, a new Quality Based Procedure (QBP) Bundle will be launching for patients undergoing Shoulder Arthroplasty. This QBP Bundle includes a physician best practice Order Set, standardized care plan called a Clinical Pathway. A day by day guide, called a Patient Experience Pathway, provides valuable information for patients and family members, including the WRH My Care Journey mobile app about what to expect while in the hospital. Don't forget that patients with COPD, Pneumonia, Heart Failure, Ischemic Stroke, Hemorrhagic Stroke, TIA, Hip Fracture, Hip Replacement, Knee Replacement, Knee Arthroscopy, Prostatectomy, Hysterectomy and Breast Surgery should be on the new QBP Pathways and have all elements of the bundles in use.

Ask your Operations or Clinical Practice Managers for more information!



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

Intensive Hospital to Home Rehab Services (IHH) Initiative

Patients will benefit from increased access to rehab care through a new initiative in partnership among WRH, the Erie St. Clair LHIN, and Hotel-Dieu Grace Healthcare.

WRH is partnering to provide patients who would benefit from in-home rehabilitative services following their discharge from hospital with quicker access to rehab care, through the Intensive Hospital to Home for Rehab Services (IHH) Program. Appropriate patients will be able to recuperate at home to achieve their rehab goals. In doing so, they can progress along their recovery path in a familiar environment, rather than remaining in an acute care hospital bed for an extended period of time. We look forward to this partnership with our community partners to further fulfill our commitment to our patients by providing outstanding care - no exceptions.

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 Jan 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 January |
| Admit to Bed Times (in hours)* | A - Janice N. | 11.0 | 0 | M: 3 O: 5 | 2.0 | 2.2 | 3.3 | 3.3 | 3.6 | 6.6 | Admitted patients wait 6.1 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% | 41 out of 122 (34%) | 40 out of 122 (33%) | 39 out of 122 (32%) | 56 out of 126 (44%) | 56 out of 126 (44%) | 45 out of 126 (36%) | Met: 1 less 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 | 0 | 6 | 4 | 4 | 4 | 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 | 11 | 12 | 12 | 25 | 23 | 22 | M: 6 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 - Janice N. | M:8 O:16 | 0 | M:2 O:3 | 0 | 0 | 1 | 1 | 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% | 33% | 32% | 33% | 21% | 16% | 17% | D/C 11: Met 2% increase, Oue 1% increase D/C 14: Met 2% decrease, Oue 3% increase |
| Discharge by 14:00 | D - Monica S. / Kristi C. | M:72% O:54% | 70% | 70% | 77% | 72% | 70% | 48% | 50% | 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 | 12.2/6/11 100%/49%/90% | 14.5/8.0/7.0 100%/55%/48% | 14.0/7.5/7.2 100%/54%/51% | 14.8/14.0/8.0 100%/95%/54% | 15.5/10.8/6.5 100%/69%/42% | 16.1/9.5/7.3 100%/59%/45% | M: Sat remains the same/ Sun 1 increase in patient 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% | 78 out of 81 (96%) | 298 out of 317 (94%) | 4804 out of 5108 (94%) | 32 out of 38 (84%) | 139 out of 162 (86%) | 3054 out of 3514 (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 | 1 (1) | 1 | 2 | 17 (13) | 14 | 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