SOP UPDATES
Standardization & Optimization Process

WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

Scrubs Thursday Experiences Shared

Since Scrubs Thursday launched in February, WRH's clinical leadership team have been able to don their scrubs and spend part of their Thursdays on the inpatient units to provide experiential support to frontline staff. The Transfer of Accountability process and In Room Patient Whiteboards were observed in action and how they impact patient safety and satisfaction.

Though most whiteboards were completed, staff and patients shared that placement of them in some rooms were a challenge due to limited wall space. Patients valued the information written on them and knowing who their nurse is was very important. During Scrub Thursday leaders have not only been sharing their findings with each other to help remove barriers, but also showcasing how their frontline partners embed the standardized best practices into caring for patients.

Managers from Women & Children's Services observe Care Rounds on a Medicine Unit

April's focus is Care Rounds and as the saying goes, "Success is a journey, not a destination". Scrub Thursdays are allowing all WRH staff to improve the patient experience.

Medicine Patient Flow Metrics: How They Benefit Our Patients
"You can't manage what you can't measure" – Peter Drucker

The Medicine Patient Flow scorecard metrics released weekly reflect the collective impact of the work being done in the Medicine Program to enable patients to efficiently move from admission to discharge. We measure ten metrics, four apply to a patient's admission, and six focus on their discharge.

Medicine admission process metrics

Metric	What it Measures	Why it is Measured
Admit to Bed Time (in hours)	The weekly average length of time for a patient to arrive to a Medicine Assessment Bay or an inpatient bed, if appropriate.	To ensure admitted medicine patients do not wait in the ED before being transferred to an appropriate inpatient bed.
# of Patients Admitted Off Service	The weekly total number of Medicine patients initially admitted to an alternate service because no Medicine bed was available at the time of admission.	To ensure that patients are admitted to the right bed, at the right time, the first time.
# of Admit No Bed Patient at 7am	The daily average number of Medicine patients admitted in the Emergency Department for whom no Medicine bed is available by 7am.	To monitor and improve our patient flow through timely admission and discharges.
# of Patients to Assessment Bays	The weekly total number of admitted Medicine patients who were transferred to an Assessment Bay.	To reduce the wait in ED and provide more timely testing and diagnostics.

Medicine Patient Flow Metrics continued

Medicine discharge process metrics

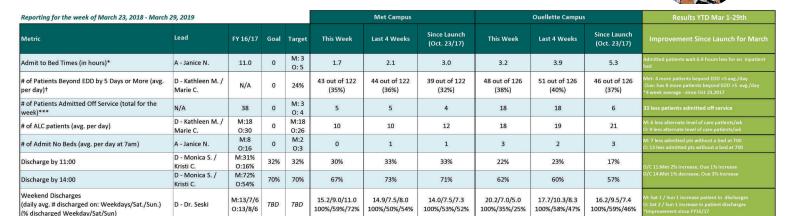| Metric	What it Measures	Why it is Measured
# of Patients Beyond EDD by 5 days or more	The daily average number of patients who have remained in hospital 5 days or more past their Estimated Date of Discharge.	To reduce the length of time a patient stays in the hospital.
# of ALC Patients	The daily average number of Alternate Level of Care patients who are admitted to the Medicine Program.	To ensure that non-acute patients are placed in the most appropriate care setting as soon as possible.
Discharge by 11:00	The weekly percentage of patients discharged daily by or before 11:00 am.	To provide timely, planned discharges and help maintain patient flow .
Discharge by 14:00	The weekly percentage of patients discharged daily by or before 2:00 pm.	To provide timely, planned discharges and help maintain patient flow .
Weekend Discharges	The total number of patients discharged on Saturday and Sunday.	To ensure that patients are discharged home without delays, even on weekends.
# of Grey Patients	The weekly total number of days spent by Medicine patients during which not all planned care items were performed.	To ensure that patients receive care each day that are part of the care plan: "We will not waste a day of your life".

By looking at weekly performances of each metric, including a comparison to the metrics from the previous four weeks and the differences in performance since the launch of the Medicine Patient Flow, we are able to see the progress we have made. We are also better able to identify the opportunities for improvement, and can develop actions to move us closer to our goals and, ultimately, benefit our patients.

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 March 23, 2018 - March 29, 2019

Metric	Lead	FY 16/17	Goal	Target	Met Campus This Week	Met Campus Last 4 Weeks	Met Campus Since Launch (Oct. 23/17)	Ouellette Campus This Week	Ouellette Campus Last 4 Weeks	Ouellette Campus Since Launch (Oct. 23/17)	Results YTD Mar 1-29th Improvement Since Launch for March
Admit to Bed Times (in hours)*	A - Janice N.	11.0	0	M: 3 O: 5	1.7	2.1	3.0	3.2	3.9	5.3	Admitted patients wait 6.9 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%	43 out of 122 (35%)	44 out of 122 (36%)	39 out of 122 (32%)	48 out of 126 (38%)	51 out of 126 (40%)	46 out of 126 (37%)	Met: 4 more patients beyond EDD >5 avg./day Oue: has 8 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	5	5	4	18	18	6	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	10	10	12	18	19	21	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	1	1	3	2	3	M: 7 less admitted pts without a bed at 700 O: 13 less admitted pts without a bed at 700
Discharge by 11:00	D - Monica S. / Kristi C.	M:31% O:16%	32%	32%	30%	33%	33%	22%	23%	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%	67%	73%	71%	62%	60%	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	15.2/9.0/11.0 100%/59%/72%	14.9/7.5/8.0 100%/50%/54%	14.0/7.5/7.3 100%/53%/52%	20.2/7.0/5.0 100%/35%/25%	17.7/10.3/8.3 100%/58%/47%	16.2/9.5/7.4 100%/59%/46%	M: Sat 1 / Sun 1 increase patient in discharges O: Sat 2 / Sun 1 increase in patient discharges *Improvement since FY16/17
# of Patients to Assessment Bays (medicine only)	A - Emily C.	N/A	100%	100%	55 out of 57 (97%)	266 out of 284 (94%)	5210 out of 5540 (94%)	40 out of 46 (87%)	135 out of 167 (81%)	3254 out of 3770 (86%)	M:94% of pts in assessment bays (since launch) O: 86% 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	2 (2)	3	2	14 (13)	13	9	

† Data source changed from Care Round Boards to Medworxx 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