

Friday, December 21, 2018

## Technology Changes-Stay Track Launches on the Medical & Surgical Units



7 North Care Rounds Using The Stay Track Board

Care rounds across the Medical Surgical units at both campuses launched the new Oculys - Stay Track boards on December 10<sup>th</sup>. Standard unit leads have been working with the Oculys team over the past several months to improve and streamline these new care round boards. Previously units were using an excel spread sheet to run and record the daily patient care rounds.

The new Stay Track boards update automatically any time admitting receives and enters a new admission, discharge or transfer. In the past, when a patient was transferred to another unit the information shared during care rounds was lost and the new unit had to populate the board, losing the plan of care for the patient. Now this information follows the patient keeping the plan of care consistent as discussed by the health care team. This helps to improve the continuity of care and prevents “Grey Days”, when planned interventions are not completed.

Operational managers have commented, “It is going to take some time to learn the new board, but it will be better in the long run for our patients.”



## Staying Home For The Holidays

With our current Quality Based Procedure (QBP) bundles we had the opportunity to positively impact 4,608 patients' lives in FY 2017/18. Out of those 4,608 patients, 170 were readmitted within 7 days of being discharged and 464 were readmitted within 30 days of being discharged. In the past 6 months, there have been 81 patients readmitted within 7 days of being discharged, which is well above our target of 63 patients.

Chart audits were completed for all of these patients to help to identify trends that could have helped to prevent these readmissions. Some of the common elements that were missed that could have helped to prevent the readmission included: the QBP pathway was not initiated, Clinical Pathway was not filled out, discharge criteria was not assessed each day, condition-specific patient and family education was not completed, follow-up appointments were not scheduled and ESC-LHIN services were not put in place prior to discharge.

All of our QBP bundles are based on best practice and were designed to provide effective, efficient and standard patient care. WRH is the only hospital in Ontario to include 3 parts to our QBP bundles – Order Sets, Clinical Pathways and Patient Experience Pathways. If the QBP bundles are used and the standard work surrounding the bundles is followed, patients should be staying in hospital for their expected length of stay, they should be supported for discharge and readmission rates should be lower. On all our units, it is important to ensure that the QBP clinical pathway is being initiated and completed, regardless of Physician Order Set usage. By completing all elements of the QBP bundles, the goal is to reduce readmission rates and to ensure our patients are “Staying Home for the Holidays” and are not readmitted within 7 or 30 days. For more information on the QBP Standard Work please visit [www.WRHow.ca](http://www.WRHow.ca).

## Patient Flow Update



Windsor Regional Hospital continues to implement measures that reinforce our commitment to patients that “we will not waste a day of your life”. The Medicine Patient Flow project has recently supported the implementation of one such measure – The **Grey to Blue** initiative. This initiative centers on early identification of any risks or potential for delays to a medicine patient's plan of care for the day. Delays in planned care actions can result in an acute care patient spending an additional day(s) in hospital that provides no value to the patient. These non-value added days spent in hospital resulting from delays in care are referred to as **Grey Days**. The **Grey to Blue** initiative models itself on proven concepts that are part of England's National Health Service. Our goal is to ensure that all patients receive all care interventions according to plan, for the entirety of their stay in hospital.

Days when care actions occur according to plan are referred to as **Blue Days**. **Blue Days** add value to a patient's care in hospital. A robust mechanism has been implemented to escalate and address the risk factors for patients who might experience delays in care, which may result in the patient experiencing a **Grey Day**. However, in the event that a patient experiences a **Grey Day**, these occurrences and the contributing factors will be tracked and reviewed to ensure that measures are put in place to reduce or eliminate recurrences where possible.

The number of **Grey Days** incurred weekly will be measured and published as part of the Medicine Patient Flow metrics scorecard; the weekly goal is to have zero patients who experienced a **Grey Day**. In addition to the accountability and visibility of **Grey Days** via the Patient Flow scorecard, posters are also placed on Medicine units that visually show our commitment to valuing the time of all our patients. Through the tireless work of all those involved, it is yet another way that the Medicine Patient Flow program is seeking to directly benefit the patients in our care, delivering “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 Nov 1-30th
					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	3.2	4.2	3.4	3.8	3.5	7.1	Admitted patients wait 5.6 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%	52 out of 122 (43%)	51 out of 122 (42%)	39 out of 122 (32%)	57 out of 126 (45%)	58 out of 126 (46%)	43 out of 126 (34%)	Met: 15 more patients beyond EDD >5 avg./day Que: has 28 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	19	7	4	5	2	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	9	11	13	22	24	22	M: 5 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 - Rose D.	M: 8 O: 16	0	M: 2 O: 3	2	2	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.	M: 31% O: 16%	32%	32%	27%	29%	33%	18%	15%	17%	D/C 11: Met 2% increase, Que 1% increase D/C 14: Met 2% decrease, Que 3% increase
Discharge by 14:00	D - Monica S.	M: 72% O: 54%	70%	70%	76%	68%	70%	49%	58%	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	13/10/8 100%/77%/62%	13.3/9/6.3 100%/68%/47%	13.9/7.5/7.2 100%/54%/51%	16/6/8 100%/38%/50%	16.0/6.3/7.3 100%/39%/45%	16.0/9.3/7.1 100%/58%/44%	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%	59 out of 67 (88%)	244 out of 265 (92%)	4115 out of 4370 (94%)	43 out of 49 (88%)	164 out of 184 (89%)	2696 out of 3098 (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)**	TBD	NA	0	TBD	0	0	2	0	0	7	

\*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