

Comfort Rounds – What's in it for the Patients (and Staff)?

Comfort Rounds is a process of interacting with patients on a planned and regular basis to anticipate their care needs. Research has shown that rounding on patients every 1-2 hours decreases incidents of patient falls and pressure injuries and increases patient satisfaction. It also benefits staff by reducing patient call bell use and improving nursing workflow.

The top 5 reasons patients ring their call bell for assistance are:

- Pain - I need my medication,
- Personal Needs- I have to use the bathroom,
- Position (Reposition)- I need to sit up in bed,
- Personal Items – I can't reach my Kleenex,
- Pump (IV) – My IV pump is beeping.

Comfort Rounds is beneficial for patients with different needs. Specialized rounding on the Mental Health unit helps meet patients' emotional needs and allows more opportunity for one-on-one time with staff. Behavioral health patients often isolate themselves when they are suffering. Customizing the comfort round approach to this population addresses their mood, thoughts, and at risk behaviors allowing staff to engage in therapeutic conversations. This makes patients feel they are in a safe place with empathetic caregivers.

When comfort rounds are done properly, patient needs are addressed, adverse events are reduced and more importantly patients are less anxious after being offered greater comfort.

Don't forget: Prior to leaving the patient ask, "Is there anything else you need? I have the time. I will be back at (time)". This lets them know you will be returning and reassures them.



WRHow!...Do You Do That?

WRHow.ca is the site where you will find practical and relevant information about many of the processes and tools needed to provide Outstanding Care – No Exceptions! It's your online, quick reference guide.

There are many helpful tools on the site including information from monthly "Journey to Zero" sessions and resources about "Just Culture". The three current SOP projects: Patient Flow, Quality Based Procedures, and Standard Unit are also listed on the site including standard work documents, forms, and reference information. Everything is accessible for clinicians and leaders alike.

Be sure to check back often as resources continue to be added and updated!



Reducing Readmission Rates for QBP Patients

For each of the Quality Based Procedure (QBP) conditions there are multiple metrics that are tracked and analyzed by the QBP teams. One of these metrics is Readmissions within 7 days of Discharge from Hospital. WRH has 11 inpatient QBPs with associated QBP bundles affecting approximately 4,000 patients per year. Tracking patient readmissions is important – it allows us to see if any gaps in care resulted in patients returning to hospital, and it is also a required metric that is tracked across the province. In the table you can also see the targeted readmission rates compared to the current rates this fiscal year (ending in February 2019). We continue to work towards lowering the actual readmission rates to get to our targets.

The QBP Bundles were designed to provide patients with effective and efficient patient care through the use of best practices and standardized care plans. By ensuring patients have met all goals prior to discharge, providing patient education in multiple ways, ensuring proper follow up appointments are scheduled and community resources are in place, we can help to lower the readmission rates for these patient populations. The QBP order sets, clinical pathways, patient experience brochures, My Care Journey mobile app and condition specific discharge sheets all help to aid in a thorough and safe discharge. Remember to use these documents when caring for your patients with QBP conditions!

Corporate QBP 7 Day Readmission Rates FYTD Through Feb (Coded)		
	7 Day Readmissions Target	7 Day Readmission Actual
CHF	5.9%	9.3%
COPD	6.4%	6.6%
Pneumonia	5.5%	7.8%
Ischemic Stroke	2.7%	4.9%
Hip Fracture	3.2%	2.7%
Hip Replacement	0.2%	0.3%
Knee Replacement	1.2%	1.3%
Prostatectomy	1.6%	0.0%
Hysterectomy	1.4%	1.8%
Shoulder Arthroplasty	2.1%	3.2%
Reverse Shoulder Arthroplasty	0%	0%

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 June 01, 2019 - June 07, 2019					Met Campus			Ouellette Campus			Results YTD May 1-31st
Metric	Lead	FY 16/17	Goal	Target	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	This Week	Last 4 Weeks	Since Launch (Oct. 23/17)	Improvement Since Launch for May
Avg. Admit to Bed Times (In hours)*	A - Janice N.	11.0	0	M: 3 O: 5	2.8	2.6	2.2	4.2	4.0	4.2	Admitted patients wait 7.8 hours less for an inpatient bed
Daily Avg. # of Patients Beyond EDD >5 Days or More†	D - Kathleen M. / Marie C./Kristi C.	N/A	0	24%	42 out of 122 (34%)	40 out of 122 (33%)	39 out of 122 (32%)	50 out of 126 (40%)	58 out of 126 (46%)	47 out of 126 (37%)	Met: 2 less patients beyond EDD >5 avg./day Oue: 15 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	6	5	4	7	10	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	9	12	22	19	21	M: 6 less alternate level of care patients/wk O: 5 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	1	1	1	2	2	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					26%	33%	33%	23%	21%	17%	
Weekly % of Patients Discharged by 11:00 per Service	D - Monica S. / Kristi C.	M:31% O:16%	32%	32%	TEL/MED - 28% ONC - 31% HOS/SSM/UNA - 22%			CTT/TEL - 6% CTU - 8% HOS - 43% ASU - 23%			O/C 11 Met 2% increase, Oue 1% increase
Weekly % of Patients Discharged by 14:00					67%	71%	71%	59%	59%	57%	
Weekly % of Patients Discharged by 14:00 per Service	D - Monica S. / Kristi C.	M:72% O:54%	70%	70%	TEL/MED: 60% ONC: 63% HOS/SSM/UNA: 73%			CTT/TEL - 45% CTU - 42% HOS - 74% ASU - 77%			O/C 14 Met 1% decrease, Oue 3% increase
Daily # of Patients Discharged on Weekends (Weekday Daily Avg. Sat. Sun.)	D - Dr. Seski	M:13 7 6 O:13 8 6	M: 9 9 O: 11 9	M: 9 9 O: 11 9	14.6 7 6	15.2 11.0 8.5	14.0 7.6 7.4	21.6 7 10	17.4 9.0 7.5	16.2 9.4 7.4	M: Sat 1 / Sun 1 increase patient in discharges O: Sat 2 / Sun 1 increase in patient discharges Improvement since FY16/17
Weekly Total # of Patients Admitted to Units with Assessment Bays	A - Emily C.	N/A	100%	90%	67 out of 71 (94%)	284 out of 300 (95%)	5947 out of 6320 (94%)	64 out of 71 (90%)	165 out of 201 (82%)	3714 out of 4324 (86%)	M: 54% 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	3	9	3	24	25	17	
Weekly Total # of Patients Waiting Greater Than 3 Hours for a Bed††	A - Kristi C.	N/A	0	M:0 O:0	14	13	9	25	15	15	

*Data source changed from Care Round Boards to Medviews 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 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.

††Total # of Grey patients for current week displayed. 4 week weekly avg. and weekly avg. since start of data collection also displayed.

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